HEALTH CLUSTER BULLETIN # 8

16 May 2015

TROPICAL CYCLONE PAM: Vanuatu

HIGHLIGHTS:

- **Nutrition**: MoH and UNICEF through Save the Children have officially launched the Micronutrient Powder campaign in Ambrym. Nutrition supplies have been released to the Central Medical Stores for distributed to affected areas. A Severe Acute Malnutrition referral pathway is being maintained, linking at risk children with the child protection cluster.

- **Disease Surveillance**: There are reports of measles occurring on Efate and health officials are following up. Public health alerts have been sent for distribution via SMS text message, radio, the Daily Post newspaper and community leaders.

- **Health Facilities Repairs**: Transport and installation of tents and ancillary equipment to priority health facilities continues. WHO and the MoH are working to transfer remaining emergency medical supplies to the Central Medical Stores for distribution to most needed health facilities.

- **WASH**: 11 LIFESTRAW chemical free water filtration systems are being distributed to the most affected health facilities and Imaki primary and secondary schools.
• **RMNCAH:** The Fijian midwives have completed 2 weeks of their support and have provided valuable feedback for short and long term action. A training of trainers on essential newborn care is scheduled for June for selected VCH and provincial staff.

• **Immunization:** The focus of the immunization response is now on cold chain restoration and upgrading of equipment. New cold room equipment has been procured to assist with the refurbishment of the current Ministry of Health cold room to meet global standards.

• **Health Cluster Strategic Plan:** The implementation of the Health Cluster Strategic Plan has commenced.

• **Foreign Medical Teams:** There are currently 6 FMTs deployed, including 3 with a permanent presence in Vanuatu.

**CURRENT SITUATION**

Two months after Cyclone Pam hit Vanuatu, the situation continues to transition into the early recovery phase. There is a strong focus on sustainable improvement of health service provision across all health care service levels and to ‘build back better.’

The implementation process of the Health Cluster Strategic Plan has started. The four working groups are; health services delivery, human resources, infrastructure and disaster management. The Acting Director General and Executive Committee is overseeing the four working groups charged with implementing the strategic plan.

The Government has approved the reporting template of the Humanitarian Action Plan (HAP). Fortnightly reporting tied to the 3Ws is proposed and the detailed approach will be finalised early next week. Proposals submitted under the HAP are still awaiting funding approval, but activities have begun in anticipation of approval.

A ‘lessons learned’ workshop is planned for the coming week for all partners to share experiences, provide feedback and strengthen preparedness for future disasters.

**HEALTH SECTOR RESPONSE**

**Nutrition**

**Highlight:** MoH and UNICEF, through Save the Children (SCA), have officially launched the Micronutrient Powder (MNP) campaign in Ambrym, the first of all affected areas to receive MNPs.

Implementation has begun with programme sensitisation, development of IEC materials, training of community health workers (CHWs) and meeting with provincial and village-level leaders. MNPs are an evidence-based, cost efficient and effective intervention to address iron-deficiency anaemia and prevent other micronutrient deficiencies in children 6 months to five years of age. MNPs are used to fortify food at a household level, providing micronutrients to vulnerable children by enabling families to fortify many different semi-solid foods in the home. During the HAP period, the MoH and UNICEF, through SCA implementation, aim to reach all children 6 months to five years of age in affected areas.

UNICEF continues to provide urgent nutrition support to treat and prevent deterioration of nutritional status of children and pregnant and lactating women (PLW) through delivery of infant and young child feeding support, treatment of severe acute malnutrition and the provision of micronutrients in affected areas.
Progress against WG targets:

- 4,207 mothers of children under 24 months were reached with basic infant and young child feeding (IYCF) messages and counselling in Sanma and Tafea from the onset of Pam to-date.
- Identified and treated 35 cases of severe acute malnutrition (with complications) children 6 to 59 months, and 2 children under 6 months, at three inpatient treatment facilities, Lenekal, VCH and Northern District hospitals from the onset of Pam to 04 May.
- Implementation of MNP campaign has begun.

WG Activities:

- Nutrition supplies have been released to the CMS. The CMS, with support from UNICEF, will distribute items to 66 health facilities in affected areas.
- Save the Children received nutrition supplies from UNICEF (height boards and scales) to assist with trainings, growth monitoring and other nutrition programming in affected areas.
- Maintaining referral pathway linking several acute malnutrition (SAM) children due to possible neglect, with the Child Protection working group/protection cluster.

In addition to the above progress against targets, UNICEF, with the MoH and partners, continue to:

- Monitor nutrition surveillance through 8 WHO/MoH supported sentinel sites in Shefa province (supported by WHO).
- Strengthen the inpatient treatment programmes at three provincial hospitals through supportive supervision, provision of supplies, and strengthening of reporting against SPHERE standards (supported by WHO and World Vision).
- Rollout acute malnutrition screening, and IYCF messaging at aid posts (supported by SCA) as part of the integrated MNP campaign.

Disease Surveillance

There are reports of cases of measles on Efate. The MoH with partner support are managing the cases and response. Public health alerts have been sent for distribution via SMS text message, radio, the Daily Post newspaper and community leaders.

All 24 sentinel sites have reported the past week. The last sentinel site at Vaemali Health Centre on Epi Island (Shefa) has been activated and is now part of the surveillance system.

An investigation was conducted on Epi following information on diarrhoeal cases. The situation was found to be under control and all health facilities between Vaemali Health Centre and Votlo village were given supplies and information to manage future cases of diarrhoea.

In Penama, two investigations are ongoing - one at Melsisi health centre following an unusual increase of ILI (Influenza like illness) cases and another one in North Pentecost following information about a patient with fever and rash.

During week 19, the number of watery diarrhoea cases and ILI cases were stable across all sites.

At VCH, more information will be requested regarding surveillance results. The results have indicated an increase in reported cases, with 7 reports of AFR, 11 reports of prolonged fever, 125 reports of ILI (which has increased from 31 reports the week before) and acute jaundice syndrome.

On Emee Island, two cases of AFR have been mentioned along with one case of bloody diarrhoea at Whitesands health centre on Tanna.

Two malaria cases have been diagnosed; one case at Lolowai hospital (Ambae) and one case at Northern Provincial hospital (Santo).
A dengue serotype 1 has recently been identified. DENV-1 has been the predominant serotype circulating in the Pacific for the past 10 years. No DENV-1 outbreaks have been reported in Vanuatu, but there have been two large outbreaks in New Caledonia and other countries in the Pacific. As a result, it is likely that significant circulation has occurred in Vanuatu, however the surveillance system was not able to detect these cases. Therefore, the risk of a large DENV-1 outbreak in Vanuatu is low. Last year, the outbreak of dengue was serotype 3.

There have been more reported cases of syndromes associated with acute fever, swollen legs and sores with pus on Ambrym. Seven cases been reported at Utas Health Centre and an unknown number in a neighbouring village. A team has collected samples for testing.

Similar cases have been reported in Qatvaes (Banks Islands) and two of these cases were admitted to hospital.

**Restoration of Health Facilities**

**Infrastructure**

The transport and installation of tents and ancillary equipment to badly damaged and/or destroyed health facilities continues. MoH and WHO staff working on Tanna have erected tents and installed generators and lighting sets at Green Hills, Ikiti and Kitow health facilities. Tents and equipment for the remaining two priority sites, Utas and Naviso health facilities on Ambrym and Maewo islands respectively will leave Port Vila on 17 May on the Solomons Islands Patrol Boat. MoH and WHO staff will accompany the loads and supervise the installation of the equipment. In addition, a set of basic furniture is being supplied to enable the tents to be fully functional. WHO will also install community water purification systems at these sites, anticipated to be complete by 20 May.

Furniture, lighting sets and water purification systems are being loaded onto boats from the Sea Mercy fleet. These boats will leave Port Vila for Tongoa and Tongariki on 20 May. This will enable the installation of temporary facilities at Nimair, Tavalapa and Ambo health facilities to be completed by 26 May. Similar loads will also be prepared for distribution to Tanna. It is anticipated that this equipment will be moved by the Rainbow Warrior ship which arrives in Port Vila on 18 May.

Planning has commenced for an expansion of the current work programme. Further temporary infrastructure will be established at Pauningisu Health Centre on Efate, where a double staff house was destroyed, as well as other sites determined by MoH staff. An outline plan for this activity will be completed by 22 May.

**Medical Supplies and Equipment**

WHO are working with the MoH to transfer all remaining emergency medical supplies to the Central Medical Store. This work includes developing a distribution plan for medical equipment to Health Centres and Dispensaries to replace equipment damaged or lost during the cyclone. This information will assist in the review of a standard equipment list for these facilities and will align with the existing role delineation work undertaken by the MoH.
WASH

Vanuatu Youth With A Mission (YWAM) has offered MoH with 11 LIFESTRAW systems. This is a fiber water filtrating system to be distributed to the 8 most affected health facilities as prioritized by the MoH, as well as Imkai Dispensary, Imaki Primary and secondary schools. The logistics team are currently working with WASH for distribution to the affected areas, starting in southeast Ambrym and Maewo this weekend.

LIFESTRAW is a high-volume, point-of-use community water purifier which has built-in safe storage and provides microbiologically safe drinking water for schools, health facilities, workplaces and community settings. It is a chemical free filtration system and prevents water-borne diseases including diarrhoea, typhoid, cholera, worms, and cryptosporidium.

The WASH cluster continues to work with the Health cluster to conduct further in depth water safety assessments to get severely damaged and destroyed sanitation and hygiene infrastructure back and running.

Reproductive, Maternal, Neonatal, Child and Adolescent Health

The eight midwives deployed from Fiji have completed 2 weeks of their support and have provided some constructive feedback for both short and long-term action. They highlighted that the shortage of midwives must be addressed because maternity care involves undertaking multiple highly skilled tasks. Quality of care is compromised when only two staff are rostered for an 8-hr shift with 5-10 deliveries. High-risk cases cannot be well managed due to the lack of staff. There is little attention given both mother and baby due to heavy clinical loads.

The Fiji midwives also highlighted the limited space and beds in the maternity ward, where overcrowding has forced some mothers to lay with their newborns on the floor. Some OHS (occupational health and safety) issues continue – leakages in bathroom, insufficient bedding and pushing patient trolleys on steep paths from wards to operating theatre especially when it rains. The visiting midwives highlighted the lack of use and reference to clinical guidelines and protocols, poor infection control, weak professional standards in maternity patient care and the lack of ward management and supervision. The Fiji midwives highlighted the potential to extend rooms for antenatal cases and postnatal cases. This report prompts action from partners in the coming weeks to address the issues highlighted to improve hospital-based maternity care.

Capacity Building and Orientation: The MOH and RMNCAH partners are planning the Training of Trainers on Essential Newborn Care, scheduled for 8-12 June. WHO will take the lead role to facilitate and provide resources and the MoH will coordinate the training. The training will occur in two phases, consisting of an intensive core trainer’s training at VCH, followed by the provincial core trainer’s training. There will be an accreditation system of these trainers to ensure meeting of global standards on skills and knowledge and of the Vanuatu Quality Assurance Accreditation System. A continuum of training for nurses, nurse practitioners, midwives at health centres and dispensaries will follow the core trainer’s training, all funded by WHO. In addition, plans will be made for improvements in maternity care based on the end of mission report from the Fiji midwives deployed at VCH.

Information and Management / RMNCAH in Numbers: The RMNCAH partners will establish a database to document and report key interventions in TC Pam recovery and restoration period including the number
of health professionals trained, number of health facilities provided with supplies to deliver RMNCAH services, volumes of supplies by type, and number of beneficiaries accessing basic maternal newborn and child services by provinces.

**Field monitoring team:** UNICEF will provide field monitoring teams over the next three months to priority and selected health facilities to assess the availability of basic maternal, child health and nutrition supplies, services and populations benefitting them.

**Programme support to RH Unit of MoH:** With UNFPA support, MOH has in place two local programme assistants to assist with administrative and financial related work of the reproductive health unit. This has been a boost to strengthen the capacity of the Ministry to progress on key RMNCAH interventions and work more effectively with partners and stakeholders.

**Immunization Activities**

Following the completion of the measles campaign, the focus of the immunization response is now on cold chain restoration and upgrading of equipment.

To date, 11 health facilities in Tafea and Shefa have been restored through direct repair to damaged solar panels and poles. Currently, 18 health facilities have installations ongoing of new solar direct drive refrigerators and 9 health facilities will have newly replaced solar panels and stand poles. The aim is to complete these activities by 30 May 2015 with UNICEF support. An additional 18 refrigerators are on their way to arrive by the end of May 2015 with subsequent installations at health facilities. These restorations will not only strengthen the cold chain management system and reduce risks for future disasters, but also increase the storage capacity for future vaccine introduction in country.

UNICEF has procured new cold room equipment with an estimated arrival date for 30 Aug 2015. MOH has requested UNICEF to refurbish the current location to meet WHO global effective vaccine management standards. Refurbishment is planned to coincide with the arrival of a new cold room which will then be installed. Cold room installation of a 10 KVA standby generator with an auto start up for power failures was completed on 8 May 2015.

**Foreign Medical Teams (FMTs)**

There are currently six FMTs deployed in Vanuatu, including three that provide medical services on a permanent basis.

The Dragonfly Yacht is in country and focusing on provision of WASH services around the Shepherd Islands and Malampa province. The first rotation of the Sea Mercy fleet to Erromango, Tanna and Aneityum islands has finished. The second rotation of the Sea Mercy fleet will not provide health care services but focus on transportation of equipment and supplies as directed by the MoH.

Aside from FMT deployments, the Ministry of Health receives Technical Assistance from the Secretariat of the Pacific Community (SPC), UNFPA, UNICEF and the WHO.
<table>
<thead>
<tr>
<th>Team</th>
<th>FMT type</th>
<th>Staff</th>
<th>Status</th>
<th>Location</th>
<th>No. of Consultations</th>
<th>Date deployed</th>
<th>Date end</th>
<th>Duration in days</th>
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<tbody>
<tr>
<td>Fijian Midwives</td>
<td>Specialist (Fixed)</td>
<td>9</td>
<td>Deployed</td>
<td>Vila Central Hospital</td>
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<td>26-Apr</td>
<td>25-May</td>
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<td>Deployed</td>
<td>Lenakel Hospital, Tanna &amp; Ikita HF</td>
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<td>29-Apr</td>
<td>16-May</td>
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<td>(Mobile Ship)</td>
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<td>Deployed</td>
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<td>13-May</td>
<td>20-May</td>
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<td>Efate Island</td>
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<td>Sea Mercy (USA)</td>
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<td>Demobilized</td>
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<td>17-Apr</td>
<td>13-May</td>
<td>28</td>
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<td>LDS Church</td>
<td>Specialist (Fixed)</td>
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<td>Demobilized</td>
<td>Lenakel Hospital, Louiari (Jet) Dispensary</td>
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<td>07-May</td>
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<td>Tongariki, Buninga, Emae, Makira, Mataso, Emao, Pele, Nguna</td>
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<td>29-Apr</td>
<td>08-May</td>
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<td>Fijian Military Medical team</td>
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<td>Demobilized</td>
<td>Vila Central Hospital</td>
<td></td>
<td>21-Apr</td>
<td>30-Apr</td>
<td>9</td>
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<td>Demobilized</td>
<td>Tanna Island outreach</td>
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<td>11-Apr</td>
<td>25-Apr</td>
<td>14</td>
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<td>Demobilized</td>
<td>Lenakel Hospital, Tanna &amp; Ikiti HF</td>
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<td>19-Apr</td>
<td>27-Apr</td>
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<tr>
<td>Fijian Military Medical team</td>
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<td>12</td>
<td>Demobilized</td>
<td>Lenakel Hospital, Tanna</td>
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<td>24-Mar</td>
<td>17-Apr</td>
<td>24</td>
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<tr>
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<td>Tanna, Lenakel Hops + mob. clinics</td>
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<td>16-Apr</td>
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<tr>
<td>HUMA Primary care &amp; Public health (Japan)</td>
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<td>Demobilized</td>
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<td>15-Apr</td>
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<tr>
<td>NYC Medics (USA)</td>
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<td>Demobilized</td>
<td>Shepard Islands</td>
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<td>24-Mar</td>
<td>07-Apr</td>
<td>14</td>
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<td>NYC Medics (USA)</td>
<td>1 (Mobile)</td>
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<td>Demobilized</td>
<td>Green Hill Tanna Island</td>
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<td>09-Apr</td>
<td>16-Apr</td>
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<td>Demobilized</td>
<td>Vila Central Hospital, Efate</td>
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<td>20-Mar</td>
<td>04-Apr</td>
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</table>
### Team | FMT type | Staff | Status | Location | No. of Consultations | Date deployed | Date end | Duration in days
---|---|---|---|---|---|---|---|---
AUSMAT (Australia) | 2 (Fixed) | 24 | Demobilized | Vila Central Hospital, Efate | 1540 | 16-Mar | 28-Mar | 14
NZMAT (NZ) | 1 (Mobile) | 11 | Demobilized | Shepard Islands | 25-Mar | 07-Apr | 14
JICA Medical (Japan) | 1 (Mobile) | 8 | Demobilized | Abwatuntora, Pentecost | 1019 | 17-Mar | 29-Mar | 12
Humedica (German) | 1 (Fixed) | 5 | Demobilized | Tanna (Lenakel Hosp) | 1256 | 18-Mar | 25-Mar | 8
Rescue Net | 1 (Fixed) | 10 | Demobilized | Whitesands Clinic / Pt Resolution, Tanna | 532 | 21-Mar | 30-Mar | 10
International Medical Corps | 1 (Mobile) | 6 | Demobilized | Ambrym | 870 | 26-Mar | 07-Apr | 14
Dragonfly (USA) | 1 (Mobile) | 5 | Demobilized | Southern Tafea Province | 151 | 20-Mar | 24-Mar | 10
Dragonfly (USA) | 1 (Mobile) | 5 | Demobilized | Sheppard Is; | 151 | 25-Mar | 29-Mar | 10
Remote Medical (NZ) | 1 (Mobile) | 3 | Demobilized | Vila Central Hospital, Efate | 01-Apr | 05-Apr | 4
LDS Medical (USA) | 1 (Mobile) | 3 | Demobilized | Northern Efate Islands only | 330 | 01-Apr | 10-Apr | 10
**Total** | **200** | **11437**

### Information, Education and Communication (IEC)

As Health cluster partners transition into the recovery phase post-cyclone, IEC responsibilities will begin to be handed back to the Health Promotion Unit of the Ministry of Health.

WHO has donated VT 1.2 million towards Shefa Education for implementing public health components into the education system at seven primary schools.

Two news stories were printed in the local newspaper The Daily Post this week, which reaches around 21,000 people with each edition. The first story highlighted the importance of continued support from foreign medical teams, recounting a life-saving medical evacuation of a woman that suffered an acute reaction to medication, without access to health services. She was referred to VCH by NYC Medics.

The second story highlighted the successes of the IEC campaign, which reached most of the population of Vanuatu through nine SMS text messages, radio broadcasts, newsprint and direct community engagement in Tanna, Epi and Tongoa. One SMS message alone, reached almost 90,000 people.

The weekly radio talkback show held in Bislama on local radio station Radio Vanuatu will continue next week. It is expected to continue indefinitely, with various themes based on relevant public health issues.
PARTNER UPDATE

Individual organisations’ activities can be reviewed in the 3W which continues to be published in the Google drive, on the health cluster dashboard and on the humanitarian response homepage following the below links.

https://drive.google.com/drive/folders/0Byp_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UZfd0RYZH2NFHlb293ejlrcnY3T1J3TDQ

https://cyclone-pam.palantircloud.com/slate/documents/vanuatu-3w

https://www.humanitarianresponse.info/en/operations/vanuatu

FUNDING UPDATE

The funding to support the Health cluster Flash Appeal has not changed since last week. According to the OCHA FTS, 52.4% (USD 2,579,387) of the requested USD 4.9 million requested by the Health and Nutrition Cluster has been provided.

Future Response

Please refer to the Humanitarian Action Plan (HAP) for planned activities during the recovery phase.