HEALTH CLUSTER BULLETIN # 5

25 April 2015

TROPICAL CYCLONE PAM: Vanuatu

HIGHLIGHTS:

- **Reactivation of health activities:** Procurement of, and arrangement for transportation of equipment, infrastructure and supplies needed to restore health services at 8 priority sites ongoing. Human resource identification to fill vital gaps in service provision (national and international through FMT with specialised care capacity) continues.

- **Funding Gap:** The funding situation for the health sector has improved over the past week with the OCHA financial tracking system (FTS) reporting that USD 2,344,813 (52.4%) of the requested USD 4,924,200 million for life saving emergency response activities has been covered. Health cluster partners have submitted project proposals in line with the Humanitarian Action Plan (HAP) requesting an additional 3.6 million USD to conduct vital early recovery activities.

- **FMTs:** Foreign medical teams have provided medical consultations to over 10,500 patients in response to the cyclone.

- **Emergency Medical Evacuations:** 73 medical evacuations have occurred in the past 6 weeks and while reducing in numbers are still directly (injuries) and indirectly (decreased service delivery capacity) related to the effects of cyclone Pam on the health system in Vanuatu.

- **Disease surveillance:** 23 out of the planned 24 sentinel sites have come online now covering 14 islands across all 6 provinces. Diarrhoeal disease trends in Tafea and Shefa continue to increase including cases of bloody diarrhoea which are currently being investigated. Diarrhoeal disease is not only related to lack
of, or poor quality of water but also to poor hygiene practices which need to be addressed through targeted IEC campaigning

- **Vector-borne disease**: Environmental conditions (rubble, weather conditions, peak season for vector borne disease) proliferate the risk of vector breeding and vector borne disease respectively. Close collaboration between disease surveillance, information, education and communication (IEC) actors and partners engaged in community mobilisation are needed to monitor disease trends, sensitise the affected communities and ensure reduction of breeding sites through clean up campaigns

- **Nutrition**: 6,390 children 6 to 59 months were screened for acute malnutrition in Tafea Province and 4,196 mothers of children under 24 months were reached with basic Infant and Young Child Feeding messages, or counselling

### HEALTH SECTOR UPDATES

- The measles vaccination campaign concluded this week and reached a very satisfactory 97% coverage of children 6-59 months in Santo, Efate and Tanna Island. Rapid Convenience Assessments (RCA) post campaign in priority areas are now being initiated in Lugganville and Port Olry in Sanma Province to determine if there are still pockets of populations missed during the campaign as basis for mopping up to ensure high campaign coverage.

- The health cluster strategic plan is in its final draft state and has functioned as basis for the health sector input to the Humanitarian Action Plan which was submitted to the government of Vanuatu on the 23rd of April. 10 health cluster partners submitted project proposals addressing key issues identified during the second phase harmonized assessment process and in line with the strategic objectives of the HAP. 3.6 million USD are required to implement the projects.

- The Vatu Maui Consortium teams that conducted IEC activities in Tafea and Penama Provinces have returned to Vila with valuable community feedback on priority needs within the affected communities, highlighting that water remains the single most urgent concern for the population. The absence of sufficient water prevents communities from adhering to the healthy lifestyle promoted through IEC campaigns. The reduction in availability of health services, including outreach activities to the community is a further concern.

- Health WASH and Infrastructure partners are consolidating efforts in rehabilitating destroyed and damaged health infrastructure. Simultaneous strengthening of health service provision is vital to maintain the health status of the communities. Foreign medical teams continue to support the MoH, however the MoH with the support from health cluster partners is working on developing an essential packages of health services in order to ensure the quality of service provision at every level of health care. This requires a clear delineation of roles between each level of service provision (hospital, health centre, and dispensary) to ensure maximisation of capacity at each level of care.

### IMPACT ON THE AFFECTED POPULATION:

- An estimated 68% of rainwater catchment structures are broken, 70% of wells have been contaminated and piped water systems have been damaged. An estimated 68% of sanitation superstructures have been destroyed, with open defecation reported at up to 45% in some places. WASH and health cluster partners need to intensify cooperation to mitigate the risk of potential disease outbreak.

- Nearly 14,000 people have received emergency shelter and the shelter cluster is tracking the distribution plans for a further 6,000 households. The Shelter Cluster is revising its target population from 15,000 to 18,000 households after the revision of population estimates. Plans are underway to return 53 displaced persons from Mataso Island currently residing in Port Vila. A multi cluster team has visited the Island on the 24th of April to ensure a safe and dignified return to the severely affected island is possible.

- 96% of crops were destroyed by the cyclone, with no alternative food stocks. Government-led food distributions for the second round of the food assistance program have begun on Erromango, Futuna, Aniwa (3,400 people) and Mere Lava (580 people). Food has been shipped for the second round to Tanna
(40,700 people), the Shepherd Islands (4,000 people) and Aneityum (1,200 people). Food will soon be shipped to rural Efate (7,300 people) and Pentecost (20,000 people).

- Access to information remains a critical area of need, particularly in remote areas. A lack of information about when help is coming and where services can be accessed adds significantly to the stress that vulnerable groups are experiencing in the current context, and exacerbates their vulnerabilities to protection related risks. Health Cluster partners have a significant responsibility in ensuring they communicate with the affected population on their plans and objectives including their capacity, and that they establish feedback mechanisms that allow for participation of the communities in the rehabilitation of services.

**CURRENT SITUATION**

While emergency health needs still exist and health cluster partners continue to support the MoH in emergency health service provision throughout the affected islands a lot of time was invested in the last week to consolidate key findings and develop a strategic plan for the transition from the emergency response phase to recovery of the health sector. The draft document was used as basis for the health sector component of the HAP which was submitted to the government on the 23rd of April.

The government of Vanuatu with support from OCHA have determined a 6 months period (May to end of October) as the implementation period of the HAP. The health sector response plan within the HAP therefore formulated objectives and indicators which will be achieved within this timeframe. However all partners agree that it will most likely take more time to ensure a full recovery of the health sector especially in view of a build back better approach, not just in infrastructure but also in the quality of health care service provision. While objectives and indicators of the health cluster strategy are aligned with those in the HAP the MoH and health cluster partners are currently considering to extend the time frame for the implementation of activities under this strategy to be extended until the end of 2015, if not further.

Please find below a short outline of the objectives of the DRAFT health cluster strategy. A last round of feedback from partners is currently being collected. Endorsement of the document can be expected in the coming week.

**Goal and Objectives of the Health Cluster Strategy:**

**GOAL:** To reduce morbidity and mortality associated with the destruction caused by TC Pam, and to restore the health system

1) To meet the remaining life-saving needs and basic health needs of people affected by TC Pam through efficient coordination of international and national assistance.

2) To work with existing health system to re-establish and strengthen health services across all affected areas.

3) To put in place mechanisms for preparation for future disasters using lessons learnt from response to TC Pam.
**Strategic Objective 1**

1.1 Repair of health facilities and restoration of functions

**ACTIVITIES**

1) Completion of health facility assessments and prioritisation
2) Quick fix of damaged health facilities and rebuilding/repair based on priority list
3) Erection of temporary health facilities
4) Resource mobilisation for urgent health facility repairs
5) Establishment of temporary facilities for restoration of essential primary health care services
6) Development of a Water Safety plan

1.2 Provision of continuing life-saving care and re-establishment of routine essential health services

**ACTIVITIES**

1) Human resource (HR) supplementation through expansion of FMTs
2) Establishment of a HR working group - HR recruitment, development and distribution as per MOH plans
3) Delivery of integrated health services including:
   a) *Continuing medical care in PHC facilities*
   b) *MCH & Child health and RH*
   c) *Nutrition*
   d) *Communicable disease*
   e) *STI and HIV/AIDS*
   f) *Sexual health and prevention of sexual violence*
   g) *Non-communicable disease (NCD)*
   h) *Mental health and psychosocial support*
   i) *Environmental health and hygiene*
5) In-service training and capacity building
6) Provision of medical supplies

**Strategic objective 2:**

2.1 Restoration and strengthening of services in the two most affected hospitals - VCH and Lenakel

**ACTIVITIES**

1) Recruitment of short-term local staff
2) Restoration of key hospital functions at VCH as the referral hospital and at Lenakal hospital
   • Strengthen hospital management committees in both VCH and Lenakel
   • Conduct regular hospital management meetings to support hospital policies and functions

3) Support Central Medical Store (CMS) to better manage and monitor medicines and supplies to avoid stock-outs, overstocking, unnecessary push-out of supplies and wastage.

2.2 Build provincial health systems to deliver improved primary health services and public health interventions

**ACTIVITIES**

1) Provincial health team: Train and capacity build the provincial health team to better manage provincial health services across all levels of health care (dispensary, health centres and hospitals)

2) Community-based collaboration: facilitate effective linkages between health centres, dispensaries, aid posts and NGOs

3) Integrated public health program: establish a strong public health team to deliver community based programs, outreach activities, on-spot training and supervisory visits to remote rural health facilities.

4) In-service training in primary health care

5) Role delineation: define appropriate functions for each level of health facility as basis for longer-term development of HR skills set, clinic equipment and standardised essential drugs and supplies for each health facility at each level of health care.

**Strategic Objective 3:**
**Preparation for future disasters – using “lessons learnt”**

**ACTIVITIES**

Use lessons learned and translate to actions for development of practical national disaster plan.

a) Review the MOH national disaster management plan

b) Capacity building and training staff on humanitarian response

c) Establish an MoH disaster management group
HEALTH SECTOR RESPONSE

Reactivation of Health Activities

Following repair work to critical health facilities conducted by a number of organisations, including the Australian Army, New Zealand Defence Force, Samaritans Purse and UNICEF, a health infrastructure restoration working group has been established to oversee the implementation of a plan for the restoration of further key health facilities using temporary infrastructure and to develop a plan for longer term rebuilding work.

In the short term the group is focussing on restoring health services to those facilities which have suffered major damage or have been destroyed by the cyclone and which currently have no or only very limited functionality. Reviewing existing assessment findings and consulting with partners returning from various islands with updated information on various health facilities corrected the number of these facilities from 15 down to 8. These 8 sites have been prioritised for initial restoration work:

1. Green Hill (Tanna)
2. Ikiti (Tanna)
3. Kitow (Tanna)
4. Amboh (Tongariki)
5. Nimair (Tongoa)
6. Tavalapa (Tongoa)
7. Naviso (Maewo)
8. Utas (Ambrym)

The group is now working with the WASH Cluster and Health Cluster partners to further refine its understanding of each site and to establish the level of service that is required at each of them including identifying, procuring and arranging the transport of equipment, infrastructure and supplies that will be required to restore each site. A full implementation plan is expected to be completed in the next week.

Foreign Medical Teams (FMTs)

With health services still hampered in the Shepard Islands a newly incoming FMT type 1 with mobile outpatient capacity will travel to the Islands in the coming week to support the MoH health staff on the islands with primary health care services for 10 days. A team of 5 volunteers from Youth with a Mission will replace the Americares funded New York City Medics to extend support to the outpatient department of Lenakel hospital and provide mobile clinics at Ikiti Health Facility on Tanna, where the damaged staff housing has hampered continuous service provision through the local nurse. Tanna hospital will also benefit from support of the LDS church who will second a paediatrician to the hospital for the coming weeks.

With 9 midwives from Fiji arriving to support the Vila Central Hospital the trend to provide specialized services over emergency health focused FMTs is much in line with the gaps identified during the assessments conducted throughout the past month. Incoming human resources are required to wear a double hat with respect to direct service provision and capacity building of in-country human resources as outlined in strategic objective 1 of the health cluster strategy.
Medical Evacuations

The number of medical evacuations since cyclone Pam stands at 73. Earlier this week the current system in place was put to test when the nurse in Nebul Health centre on Ambrym called for help with a complicated delivery. Helicopter and medevac nurse were mobilized and in the air within the hour of receiving the request for assistance. The baby however decided not to wait around for a trip to Port Vila and made it’s way with assistance of the nurse.

Foreign Medical Team deployments 18/04/2015

<table>
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<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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<td>3</td>
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<td>25-Apr</td>
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<td>17-May</td>
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<td>Lenakel Hospital, Tanna &amp; Ikiti HF</td>
<td>109</td>
<td>19-Apr</td>
<td>27-Apr</td>
<td>8</td>
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<td>21-Apr</td>
<td>30-Apr</td>
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<td>24-May</td>
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<td>14</td>
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<td>Permanent</td>
<td>Efate Island</td>
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<td>Planned</td>
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<td>9-Apr</td>
<td>12-May</td>
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<td>25-May</td>
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<td>Tanna, Lenakel Hops + mob. clinics</td>
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<td>19-Mar</td>
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<td>30</td>
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<td>Northern Efate including Islands</td>
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<td>24-Mar</td>
<td>07-Apr</td>
<td>14</td>
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<td>09-Apr</td>
<td>16-Apr</td>
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<td>16-Mar</td>
<td>28-Mar</td>
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<td>29-Mar</td>
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<td>07-Apr</td>
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<td>25-Mar</td>
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<td>1 (Mobile)</td>
<td>3</td>
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Health Cluster Bulletin # 5 | 7
on site before the helicopter arrived. Both, mother and child were in good health and the pilot and medevac nurse returned to Vila empty, somewhat relieved that they did not have to assist a complicated delivery up in the air.

The urgent medical evacuation of a young man with a septic injury incurred during Cyclone Pam from the Shepard Islands on Thursday the 23rd showed that despite decreasing in numbers there is still a demand for life saving health services.

In response to cyclone Pam medical evacuations are being supported by Pacific Advisory who arrange for all air assets required and facilitate the communication with air service providers e.g. on departure and arrival times.

**Disease Surveillance**

This week, the number of sentinel sites increased to 23, of which 21 have reported into the EWARN report for week 16. Sentinel sites are now present on 14 different islands across all 6 provinces, reporting on 8 syndromes to ensure the monitoring of communicable disease with outbreak potential.

Laboratory testing confirmed that the cases of acute fever and rash (AFR) taken post cyclone on Tanna are not measles. The most probable cause of the rash seems to be chicken pox. In Erromango, the AFR cases reported were investigated by the surveillance team and were clinically diagnosed as chicken pox. The investigation team have used the investigation as an opportunity to immunise 38 children in Happy Land village on Erromango against measles.

Watery diarrhoea cases are increasing in Tanna and Efate and event based surveillance reports are mentioning an increase of watery diarrhoea cases in the Shepard Islands.

Bloody diarrhoea cases started to occur in Efate in the past week, the ongoing investigation will need to continue in order to identify the cause which to date remains unidentified.

Sample results from the Pasteur laboratory in New Caledonia confirm one case of Zika and one case of dengue, both samples were taken prior to the cycone. One sample taken from a patient in Mele, Efate Island was confirmed positive for Malaria. Breeding sites for vectors of each of these disease have multiplied with the rubble prevalent across the affected islands and surveillance of the symptoms is crucial to prevent larger scale outbreaks. Environmental health measures including rubble removal, health messaging and distribution of mosquito nets are required to mitigate the risk of outbreaks.

A meeting has been organised in VCH between laboratory staff, clinical staff and the MoH/WHO disease surveillance team in order to improve the surveillance system in the hospital.

Epidemiologists from SPC have now finished their assignment in Tanna Island and Penama province, however laboratory assistance from SPC will continue to be provided at the Vila Central Hospital including the strengthening of the Provincial labs through basic laboratory supplies and reagents and some basic laboratory equipment's which is yet to arrive.

**Immunisation Activities**

The vaccination campaign that took place in Efate, Santo and Tanna has been concluded this week. 23,962 (97%) children 6 to 59 months were vaccinated with Measles Vaccines, & given Vit A & Albendazole in all targeted areas. Respective reporting is currently being finalized. Rapid Convenience Assessments (RCA) post campaign in priority areas is now being initiated in Lugganville and Port Olry in Sanma Province. RCA is a validation process to determine if there are still pockets of populations missed during the campaign as basis for mopping up to ensure high campaign coverage.
With the campaign concluded the focus of immunization activities is shifting to the re-establishment of cold chain where affected and the uptake/continuation of routine EPI (Expanded Programme on Immunisation) services. This includes the installation of 9 solar refrigerators that have arrived in country and will be deployed to priority health facilities (health centres/dispensaries) across the affected islands.

**Nutrition Working Group update:**

The NWG 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, and treatment of Severe Acute Malnutrition (SAM). Now that the immediate emergency phase is over (first 30-days), plans are underway to:

- increase the coverage of Infant and Young Child Feeding counselling and acute malnutrition screening by integrating the two into HCs and aid post;
- strengthen referral of identified cases of SAM;
- establish outpatient treatment programmes for treatment of Severe Acute Malnutrition without complications at national and provincial hospitals, and selected health centres where there are pockets of acute malnutrition;
- strengthen existing inpatient treatment programmes for treatment of SAM with complications; set up nutrition surveillance across affected areas;
- provide micronutrients for children 6-59 months in affected area;

A focus on strategic actions for promoting resilience within the nutrition sector in Vanuatu will be prioritised, with a focus on building capacity for nutrition in emergencies within the MoH.

The NWG has achieved the following to-date:

As part of the integrated measles campaign, the MoH and UNICEF, through World Vision and SCA (as of 23/04):

- Screened 6,390 children 6 to 59 months for acute malnutrition in Tafea,
- Provided 4,196 mothers of children under 24 months with access to basic Infant and Young Child Feeding messages, or counselling; meeting 64.5% of the NWG target.
- Identified and treated 22 cases of severe acute malnutrition at three provincial-level hospitals (Sanma, Shefa and Tafea)

In addition the NWG continues to:

- Monitor nutrition surveillance through 8 WHO/MoH supported sentinel sites in Shefa (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 WV).
- Rollout acute malnutrition screening, and IYCF messaging at aid posts (supported by SCA).

The Nutrition working group acknowledges the collaboration and contribution of the WG partners including the MoH, WHO, UNICEF, World Vision and Save the Children. We invite all organisations working in nutrition to join this group. We meet either before or after the Health Cluster meetings. Please contact Louisa Tokon (MoH) or Briony Stevens (UNICEF) nutritionworkinggroup.vanuatu@gmail.com.
Reproductive, Maternal, Neonatal, Child and Adolescent Health Task Force

The RH working group now called the RMNCAH WG to better reflect inclusion of support for maternal and child (including new-born) health.

Under the leadership of the MoH, task force partners are coordinating their activities to align and harmonise efforts in the implementation of post cyclone priority interventions, in line with the strategic direction of the health cluster and the humanitarian action plan.

The Task Force is focusing on key RMNCAH interventions that are practical and feasible in the short-term recovery phase (May to Oct 2015), and building the foundation for longer term “build back better” activities. Key RMNCAH interventions include:

- Capacity building and staff training for restoration of quality services in RMNCAH
- Distribution of supplies including orientation of RH and new-born kits, other emergency drugs and supplies to enhance the essential package of quality care
- Support for primary health care facilities – health centres, dispensaries and aid posts, with community outreach
- Monitoring and reporting results of inputs provided
- Prioritization of health facilities where the needs and gaps are greatest for the affected women and children
- Development of a joint recovery work plan by Tues 28 April to minimise duplication of activities and ensure gaps in service provision are met while avoiding to overburdening the health system and staff with complex approaches to RMNCAH.

Progress made to date:

Women are reached with mobile clinics providing antenatal care family planning and counselling to seek delivery by SBA.

Reproductive Health messages were disseminated via multiple media channels, encouraging women to seek early neonatal care, breastfeeding and alerting on neonatal danger signs.

On Saturday 18 April 2015, the medical and non-medical items and RH kits sent from Central Medical Storage have reached Tanna. The commodities will be used to support the provision of RMNCAH services in Lenekel Hospital and other health facilities across the Province.

Challenges: The shortage of staff to meet increasing demands for services while damaged health facilities prevent the return to full service provision. Damaged roads in the cyclone affected areas in Tanna have delayed the distribution of medical and non medical supplies which include commodities for RMNCAH services.

IEC Working Group update

The Information, Education, Communication (IEC) working group continues to coordinate the dissemination of health messages in English and Bislama via local radio and newspaper, SMS and community groups on immunization, WASH, reproductive health, nutrition, vector-borne diseases and mental health.
Members of the Vatu Mauri Consortium who were working on the ground in Tanna, Epi, Tongoa and Buninga came back this week from discussing and disseminating the key health messages to community leaders. Initial findings and feedback have been shared with health cluster members.

The SMS health alerts campaign continues. Two nationwide text messages were scheduled. SMS messaging on 24 April focused on exclusive breastfeeding. On 27 April, the messaging will convey key message on vector-borne disease prevention.

UNICEF, Red Cross, Save the Children and HuMA support disseminating IEC’s key health messages via replication of “healthy island” materials, leaflets, disease tools, training on the ground, and their respective networks.

Talkback shows on local radio regarding specific public health messages began this week, and will continue once a week. On Wednesday, the theme for the talkback was measles, with members of the public able to call the show and receive advice from experts about their concerns regarding measles.

**PARTNER UPDATE**

Health Cluster partners have unanimously decided in the last health cluster meeting to no longer require a partner update section in the health cluster bulletin but instead report their activities into each working group and present a joint portrait of the ongoing and planned work, challenges and achievements.

Individual organisations’ activities can be reviewed in the 3 W 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_4UwN2cqIfmEwSGRmcnFVVTDdWREUG05UZfd0RYZH22NHFlb293ejlrcy3T1j3TDQ

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

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

However the information provided through the 3 W is still not providing the full picture of concluded, ongoing and planned activities in the health sector as health cluster partners are still not submitting their information. This makes it almost impossible to predict potential unnecessary doubling of activities – or worse: gaps that will lead to service decrease in critical areas or locations.

All the 3 W is telling us at the moment is that there is a serious decrease in activities starting in May as visualized by the graph below, produced by Palantir based on the latest update of the 3 W. This is quite normal given that many of the activities are direct emergency response related (e.g. FMT deployments) however the 3 W should ideally now reflect the transition to recovery activities, especially in view of the concluded assessments and the strategic directions provided in the health cluster strategic plan.
FUNDING UPDATE

According to UNOCHA FTS, USD 16.4 million (55%) of the flash appeal that was launched 24 March has been met, which comprises more than half of the total humanitarian funding. Of the USD 4,924,200 million required by health cluster partners, USD 2,344,813 (52.4%) has been covered.

![Graph showing humanitarian funding and its allocation]

Around USD 70,000 worth of aid to the health sector arrived in Vanuatu this week, encompassing 10 IEHK basic units, 1 supplementary kit, including an IEHK PEP module, 2 trauma kits and 1 tent of 45m².

A further USD 3.6 million are requested by health partners to implement 10 different response and early recovery projects in the coming 6 months. The funding is requested through the HAP, which functions as a continuation/extension of the FLASH appeal.

Future response: Priority Activities

Please refer to the current situation update (page 3 onwards) where priority activities for the coming month are outlined.