HEALTH CLUSTER BULLETIN # 6

2 May 2015

TROPICAL CYCLONE PAM: Vanuatu

HIGHLIGHTS:

- **Health facilities repairs**: Repairs to 8 prioritized health facilities in Tanna, Maewo, Southeast Ambrym and the Shepherd islands are ongoing. Materials will be delivered this weekend to ‘quick fix’ damaged and non-functioning health facilities in Tongoa and Tongariki islands.

- **Funding gap**: Health sector funding improved over the past week. According to the OCHA Financial Tracking System (FTS), 52.4% (US $2.3 million) of the requested US $ 4.9 million requested by the Health and Nutrition Cluster has been provided.

- **Humanitarian Action Plan**: On NDMO request, the Vanuatu Humanitarian Action Plan has been revised to focus solely on life-saving activities and to cover 3 months, instead of 6. The HAP has been submitted for the government’s consideration.

- **Foreign Medical Teams**: There are 7 FMTs currently deployed, including 2 FMTs with a permanent presence in Vanuatu. 1 FMT demobilized this week. 1 additional FMT is
planned to arrive in the coming weeks. 17 FMTs have demobilized since the start of the response operations.

- **Medical Evacuations**: 2 medical evacuations to Vila Central Hospital (VCH) were conducted this week. A total of 75 medical evacuations have taken place over the past 6 weeks.

- **Disease Surveillance**: 23 of the planned 24 sentinel sites are active, covering 14 islands in all 6 provinces, and the last site is expected to launch this week. Over the past week, the number of new diarrhoea cases decreased in Tafea and Shefa; 2 cases of bloody diarrhoea in Tanna were reported; there was a spike in cases of Acute Fever and Rash (AFR) in Tongoa, Green Hill and Banks; 2 cases of malaria (Plasmodium Vivax) were reported at Norsup Hospital; and 1 confirmed case of leptospirosis was reported at VCH, referred from Ambrym, and a suspect case was reported at Northern Provincial Hospital.

- **Vector Control**: Bed net distribution was completed in Port Vila and surrounding areas. Plans are underway to distribute bed nets to rural areas on Efate and outlying islands. The disease surveillance and information, education and communication (IEC) partners continue to work to engage communities to raise awareness about infection prevention methods and to promote clean up campaigns to reduce breeding sites.

- **Risk Communications**: The last of the planned SMS text messages were issued this week with advice on nutrition/breastfeeding and vector-borne disease prevention. Recent SMS text messages on diarrhoea reached 140,000 people. Heath partners on Tanna island continue to disseminate health messages using IEC materials, with more materials in developed by Red Cross and UNICEF. Messages continue to be shared on a weekly talkback show every Wednesday on local radio in Bislama.

- **Nutrition**: 27 children, aged 6-59 months, were admitted for inpatient treatment for severe acute malnutrition (including some with complications) in Santo, Tanna, and Port Vila. 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. Nutrition supplies, including height boards, weight scales, therapeutic foods and essential medicines (e.g. antibiotics, deworming treatment, vitamin A), will be distributed.

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**CURRENT SITUATION**

Six weeks after Cyclone Pam hit Vanuatu, significant progress has been made in providing emergency relief where needed, and restoring access to adequate health services to the greater population.

The Government’s feedback on the proposed six month Humanitarian Action Plan (HAP) was received by UNOCHA on Tuesday April 28. The Government’s direction was to reduce the scope of the plan to emphasise life-saving activities and to change the implementation timeframe from six to three months. The HAP and its activities will be integrated into the overall health cluster strategy, which will form the foundation of the health component of the Government of Vanuatu’s longer-term Sustainable Action Plan (GoV SAP). Following the implementation of the HAP, activities will transition into longer-term rehabilitation and redevelopment plans of the health sector. The HAP has been revised by health sector partners and resubmitted to the Government.

Fewer medical evacuations have been needed, the success of the measles vaccination campaign is a positive achievement, and progress is being made in restoring health services. However, there are still serious threats to public health and major challenges in repairing and strengthening the health system to serve people in need.
Disease surveillance reveals a spike in acute fever and rash (AFR) in Tongoa, Green Hill and Banks. Two cases of malaria (Plasmodium Vivax) were reported at Norsup Hospital. One confirmed case of leptospirosis was reported at VCH, referred from Ambrym, and another possible case was reported by Northern Provincial Hospital.

71% of the 70,000 people targeted have been reached with water, sanitation, and hygiene supplies, and hygiene promotion messages. However, serious WASH challenges remain for sustainable, disaster resilient recovery.

The drinking water quality in some locations falls short of international safety standards, including on Mataso Island, where samples from three locations were found to be unsafe. As the dry season approaches, access to clean water could remain a challenge given the reduced number of safe water catchments/tanks post cyclone. Access to sanitation also poses a major challenge. According to the second harmonized assessment report, only 30% of households practised proper hand washing, and some bathing facilities were found to be unsafe.

The Health Cluster strategic plan will be presented to the Ministry of Health Acting Director General and Executive Committee for approval this week. An oversight and monitoring committee will be proposed to oversee the four working groups charged with implementing the strategy.

**HEALTH SECTOR RESPONSE**

**Reactivation of Health Activities**

Restoration of the eight priority health facilities is underway. Temporary infrastructure and ancillary equipment were delivered to Tongoa and Tongariki islands for construction at the Amboh, Nimair and Tavalapa health facilities.

Repairs to damaged rainwater collection systems are underway. Assessments and repairs where possible to solar power systems and broken down vehicles needed for the response efforts are being undertaken. Replacement of destroyed or damaged medical equipment and supplies is planned for this week to enable the priority health facilities to resume operations as soon as possible.

Essential ancillary equipment (electrical cables, lighting, tents, etc.) is being procured and prepared for transportation to Tanna Island this week, where it will be delivered to the priority sites at Green Hill, Ikiti and Kitow. WHO is working with MoH to facilitate the movement of critical medical equipment to Lenakel Hospital and will be erecting a 72sqm tent donated by UNICEF to expand the existing facility.

Planning for the restoration of Naviso Health Centre (Maewo) and Utas Health Centre (Ambrym) is underway. Procurement of equipment and planning for transportation is underway.

A Chinese donation of biomedical equipment kit has been received by MoH, plus additional equipment received from Rotary International. A medical shredder and sterilization machine was also donated by an Australian company for medical waste disposal. Biomedical engineers and technicians are set to deploy to Tanna Island this week to assist local staff in assessing critical biomedical equipment needs at Lenakel Hospital (e.g. autoclave, oxygen concentrators etc.), and arrange for supply where possible.
### Foreign Medical Teams (FMTs)

There are currently seven FMTs deployed in Vanuatu, including two that provide services on a permanent basis. One team left this week and another is planned to arrive in the coming weeks.

<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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<td>25-Apr</td>
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<td>17-May</td>
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<td>Vila Central Hospital</td>
<td>21-Apr</td>
<td>30-Apr</td>
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<td>Lenakel Hospital</td>
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<td>8-May</td>
<td>14</td>
<td></td>
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<td>29-Apr</td>
<td>12-May</td>
<td>14</td>
<td></td>
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<td>Villa Central Hospital</td>
<td>26-Apr</td>
<td>25-May</td>
<td>30</td>
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<td>08-May</td>
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<td>Promedical</td>
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<td>11</td>
<td>Permanent</td>
<td>Efate Island</td>
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<td>End of June</td>
<td>6 weeks</td>
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<td>Lenakel Hospital, Tanna &amp; Ikiti HF</td>
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<td>19-Apr</td>
<td>28-Apr</td>
<td>8</td>
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<tr>
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<td>12</td>
<td>Demobilized</td>
<td>Lenakel Hospital, Tanna</td>
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<td>30-Mar</td>
<td>15-Apr</td>
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<td>Shepard Islands</td>
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<td>24-Mar</td>
<td>07-Apr</td>
<td>14</td>
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<td>Demobilized</td>
<td>Green Hill Tanna Isl</td>
<td>1016</td>
<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>04-Apr</td>
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<td>Vila Central Hospital, Efate</td>
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<td>16-Mar</td>
<td>28-Mar</td>
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<td>07-Apr</td>
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<td>14</td>
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<td>20-Mar</td>
<td>24-Mar</td>
<td>10</td>
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<td>5 Dragonfly (USA) 1 (Mobile) Ship Demobilised Sheppard Is; 151 25-Mar 29-Mar 10</td>
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<tr>
<td>Remote Medical (NZ) 1 (Mobile) 3 Demobilized Vila Central Hospital, Efate 01-Apr 05-Apr 4</td>
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<tr>
<td>LDS Medical (USA) 1 (Mobile) 3 Demobilized Northern Efate Islands only 330 01-Apr 10-Apr 10</td>
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<td><strong>Total</strong> 186 11000</td>
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**Medical Evacuations**

There have been 75 medical evacuations since Cyclone Pam. Two medical evacuations took place this past week, continuing the downward trend observed in recent weeks. A patient with suspected Steven Johnsons Syndrome was evacuated from Tanna on Sunday, April 27, illustrating the challenges many people face in accessing health facilities. The patient was unable to pay for transportation from her home to Lenakel Hospital after her condition deteriorated following initial treatment at the hospital. The patient was found by the New York City Medics team conducting outreach services and was transported to Lenakel hospital Saturday evening before the evacuation the following morning. The need for life saving health services remains, despite the reducing number of evacuations. 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.

**Disease Surveillance**

All 23 sentinel sites reported this past week. The last of the planned 24 sentinel sites is to be activated at the Vaemali Health Centre on Epi Island this coming week. Two epidemiologists, one from MoH and one from WHO, will travel to train staff on the EWARN reporting system and on diarrhea case management. The surveillance team will also follow up on rumors received recently regarding the situation in Votlo.

On week 17, the number of watery diarrhea cases has significantly decreased. No new cases of bloody diarrhea were recorded on Efate. Only two cases of bloody diarrhea were recorded in Tanna, and the investigation into these cases is ongoing. While the decrease in watery diarrhea is positive, the reported cases of bloody diarrhea highlight the need for improved WASH and dissemination of risk communication messages.

Two cases of malaria (Plasmodium Vivax) were reported at Norsup Hospital. More blood samples were sent in Noumea, New Caledonia, to detect possible cases of Zika or Dengue virus. Results are still pending.

A spike in acute fever and rash (AFR) was recorded in Tonga, Green Hill and Banks.

One confirmed case of leptospirosis was reported at VCH, referred from Ambrym, and another possible case is being investigated at Northern Provincial Hospital.

Two epidemiologists from SPC are returning to Penama province to follow up on and supervise the data collection for the EWARN system.

There has been no reported measles outbreak during the past week, following the successful immunization campaign implemented by the Ministry of Health with support from UNICEF, WHO, and Save the Children.

**Immunization Activities**

The Ministry of Health, with support from UNICEF, WHO, and Save the Children, implemented a mass measles immunization campaign, reaching 24,336 children 6 months to 5 years old (98% of the target).
The children were also given Vitamin A supplementation and Albendazole in the areas of Shefa, Sanma and Tanna. Children in Tanna and Sanma also received Rubella vaccine.

Rapid Conveniencen Assessment (RCA) and mop up activities post-campaign in hard-to-reach and high risk communities, such as in the areas of Luganville and Port Orly in Sanma province, reported 90% coverage. This boosted the campaign’s quality assurance and was completed with the support from UNICEF and Save the Children. A 15KVA standby generator with an automatic start-up in the central cold store at VCH will be installed this week. This will enable continuous power and cold chain storage security to ensure the safety and potency of vaccines.

**Nutrition**

The Nutrition Working Group (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, treatment of severe acute malnutrition and the provision of micronutrients in affected areas.

- 6,390 children 6-59 months were screened for acute malnutrition in Tafea.
- 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.
- Identified and treated 30 cases of severe acute malnutrition (with complications) at three inpatient treatment facilities, Lenekal, VCH and Northern District hospitals.
- Nutrition supplies have arrived (with assistance from DFAT; ADF) and are ready for distribution through CMS – includes height boards and weight scales, therapeutic foods and essential medicines (e.g. antibiotics, deworming treatment, vitamin A, etc.).
- Revising micronutrient and GMP (growth monitoring) components of the national Nutrition Policy.
- Established a referral pathway linking Severe Acute Malnutrition (SAM) children due to possible neglect with the Child Protection working group/protection cluster.

In addition to the above progress against targets, the NWG continues to:

- Monitor nutrition surveillance through eight 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); and
- 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) on nutritionworkinggroup.vanuatu@gmail.com for more information.

**WASH**

**Water:** WASH cluster agreed to support the Shelter cluster’s agenda to prioritize tarpaulin distribution as a quick fix to restore rainwater-harvesting capacity. The New Zealand Defence Forces have helped to restore the rainwater harvesting systems in schools.

**Sanitation:** WASH cluster is doing “who’s doing what where” mapping to facilitate better coordination among WASH and Education cluster partners working in areas where the affected schools have been
identified. WASH is working with the Health cluster to intensify sanitation messaging through wider dissemination of IEC materials, and through radio. Oxfam’s partner WSB Theatre Group staged a two-day, well-attended play on Hand-washing and Sanitation, April 25-26, which helped to augment the message further.

**Hygiene:** WASH cluster is working with the Health cluster to get severely damaged and destroyed sanitation and hygiene infrastructure back and running. Ongoing activities include assessment of the WASH status of 71 health facilities in Tafea, Shefa, Penama and Malampa provinces.

**Reproductive, Maternal, Neonatal, Child and Adolescent Health**

Under UNFPA support, nine Fiji midwives arrived in country this week for a one month assignment. They will provide supplementary support to the staff in the maternity unit at Vila Central Hospital, allowing stretched midwives get a much needed break. The Minimum Initial Service Package [MISP] for RH was introduced to the midwives:

- Capacity building and staff training for restoration of essential 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;
- Mobile MCH clinics in selected communities where the needs and gaps are greatest for the affected women and children; and
- Public education through a radio talkback show by the MoH program manager on key messages for women and pregnant/lactating mothers to inform and increase their health seeking behaviours. The key messages include:
  - How to manage sick children who have minor health ailments
  - Antenatal care
  - Newborn and infant care, including exclusive breastfeeding for 6 months
  - Child immunisation
  - Family planning

UNICEF supplied 320 pieces of community-based maternal, newborn and child care booklets. The booklet will be distributed by MoH to serve as a guide for health professionals on community education and counselling on basic RMNCH and nutrition seeking and caring behaviours across the continuum of care during pregnancy, intra/postpartum, newborn, child and adolescence.

Progress made to date includes:

- More women and communities receive community child health services including antenatal care, family planning and counselling to seek delivery by SBA.
- Reproductive health messages continue to be disseminated via multiple channels, encouraging women to seek early neonatal care, breastfeeding and alerting on neonatal danger signs.
- Maternity services at the Vila Central Hospital have improved due to the additional help from Fijian midwives.
- RMNCH services have been more integrated into primary health care services.

**Capacity Building:** A total of seven males and seven females composed of health workers, police officers and staff from the Department of Women across Tanna attended a one-day orientation session on MISP. It included an introduction to Family Planning, Management of Sexual Violence, Prevention of STIs and HIV,
Maternal and Child Health in Emergency, Interagency Health Kit [IAHK], RH Kits, and Dignity Kits. It took place at Lenakel Hospital on Thursday, April 30.

**Service Delivery:** For the past week, a total of 20 normal deliveries were assisted at Lenakel Hospital. In addition, five cases were referred to Central Vila Hospital for caesarean section.

**Challenges:** The shortage of staff to meet the increased demands for services continues to pose a challenge to maternal, neonatal, child and adolescent health services. Access to these services will take time to restore as facilities and infrastructure are repaired.

**Information, Education and Communication (IEC)**

The IEC working group is coordinating the dissemination of the Ministry of Health’s key health messages on immunization, WASH, reproductive health, nutrition, vector-borne diseases and mental health. The messages are disseminated in English and Bislama through local radio and newspaper, SMS text messages and community groups on the ground.

Partners that visited the islands of Tanna, Epi, and Tongoa provided valuable feedback regarding the public health situation in remote places. The most urgent issue is the limited access to safe water, which is affecting people’s health and hygiene practices. More IEC materials are being developed by the Red Cross and UNICEF to address these challenges.

The Digicel SMS text message health alerts continued this week, with one message being disseminated on vector-borne disease in Bislama. Nationwide SMS alerts are targeted at 140,000 people, however limited telecommunication network in remote locations could result in a lower number of people reached.

A weekly talkback show on local radio in Bislama continues to disseminate messages regarding the key health messages.

**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_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2NHFib293ejlrcnY3T1J3TDQ](https://drive.google.com/drive/folders/0Byp_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2NHFib293ejlrcnY3T1J3TDQ)
- [https://cyclone-pam.palantircloud.com/slate/documents/vanuatu-3w](https://cyclone-pam.palantircloud.com/slate/documents/vanuatu-3w)
- [https://www.humanitarianresponse.info/en/operations/vanuatu](https://www.humanitarianresponse.info/en/operations/vanuatu)

**FUNDING UPDATE**

The funding situation for the health sector has improved over the past week. According to the OCHA FTS, 52.4% (USD 2,344,813) of the requested USD 4.9 million requested by the Health and Nutrition Cluster has been provided.
Future Response

Please refer to the current NDMO situation update where priority activities for the coming month are outlined.