HIGHLIGHTS:

- **Funding gap:** 29.9 Million USD was requested for the overall response (all sectors) through a Flash Appeal launched on 24th of March, with only 29% being funded so far, mainly with CERF; in Health, out of the 4,924,200 USD requested, only 23% has been met (1,131,718 USD) to date

- **FMTs:** a total of 20 Foreign Medical Teams (FMTs) arrived in Vanuatu so far, currently 11 remain active in the field, 5 have demobilized, 3 are planned to deploy next week and 1 is pending allocation

- **Emergency Medical Evacuations:** Tanna island had the most medical evacuations (28) out of a total of 62 medevacs to date (21 children <5; 41 adults)

- **Disease surveillance:** The first Early Warning (EWARN) report was issued early this week for week ending 29th of March (week 13), reporting on the monitoring of potential disease outbreaks; 8 sentinel sites have reported into week’s 13 report, with no major risks detected so far

- **Government led assessments:** The MoH and health cluster partners are participating in a Government led multi cluster assessment. Results will complement existing assessment findings and will be used to identify ongoing humanitarian priorities and gaps in life-saving assistance, as well as early recovery needs. To date 43 out of the 59 health facilities assessed have been damaged by the Cyclone Pam a further 12 facilities still need assessing

- **Food situation:** Tropical Cyclone Pam destroyed 96% of crops, with no alternative food stocks. Large numbers of livestock have died due to the event. Current food distribution to about 110,000 people is close to completion in Shefa, Tafea, Malampa and Torba provinces.

- **Nutrition:** The screening for acute malnutrition in children under five is ongoing jointly with the mass measles vaccination campaign, highlighting low acute malnutrition so far. The dissemination
of messages around infant and young child feeding practices started, as an important component of IEC campaigns.

- **Vector control**: Around 12,000 of the target of 23,000 insecticide treated mosquito nets have been distributed by the Ministry of Health in Port-Vila and surrounding areas. The Ministry’s approach is to confirm the condition of existing (pre-cyclone) nets before distributing new nets, especially given limited stocks.

**HEALTH SECTOR UPDATES**

- 24 Health Cluster Partners are actively engaged in the health sector response under the leadership of the MoH
- 10 FMT’s continue to support the MOH in direct health service provision in areas with disruption of the health service delivery, further 3 are awaiting accreditation
- Distribution of basic and supplementary Interagency Emergency Health Kit took place over last week in Tafea Province, complementing the emergency resupply of the health facilities conducted by MoH Central Medical Store
- 400 dignity kits have been distributed to pregnant and lactating women
- 12,114 out of 24,826 children vaccinated against measles in Efate, campaigns to start on Tanna and Santo Island in the coming week
- Adequate nutrition required for over 160,000 people affected; in particular, nutritional support for pregnant and lactating women and children under-5 years.

**IMPACT ON THE AFFECTED POPULATION:**

- Over 160,000 people are affected on 22 islands
- 11 confirmed deaths
- 75,000 people in need of shelter
- 110,000 people without access to safe drinking water

**CURRENT SITUATION**

It has been 3 weeks since TC Pam hit Vanuatu and at present the health needs in country are still great. The number of medical evacuation continue to be high, with still a high proportion due to untreated injuries related to the TC Pam, and to peripheral health facilities with limited capacities due to damages caused by the event. Field deployments of FMTs are mainly with mobile type 1 teams doing outreach in unserved affected areas, particularly in Tanna and Pentecost islands.

The workload of the VCH is still showing an extra-workload due to victims of the TC Pam, particularly in the surgical department, managed also with the support of two specialized FMTs.

The damages on health facilities have resulted in interruption of routing vaccination services due to the extensive damages of the cold chain and the waste of the distributed vaccines stocks, and the decreased availability maternal and newborn and child services, increasing the need of referral to secondary care.

The reported number of acute diarrhea among under five population (?) for week 13 is low in the reporting sites, considering the overall number of consultations performed, but the situation needs to be carefully monitored. The expansion of the syndromic surveillance has progressed well during last week, as well the prompt field investigations of alerts. The poor water supply and sanitation conditions after the TC Pam is a concern that needs increased exchange of information between health and WASH clusters to identify possible hot spots with risk of water borne diseases. The exchange of information is ongoing and will be...
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further informed by the joint analysis of the outcome of the sectorial assessments as soon they will be available.

HEALTH SECTOR RESPONSE

As of 29 March, Vila Central Hospital (VCH) has attended to a total number of 1,148 patients in the Emergency Department since the cyclone. This includes 368 Cyclone Related Cases and 785 routine cases. There have been 120 (25 Medical, 16 Pediatric, 72 Surgical, 6 Maternal, 1 ICU) admissions since the cyclone.

Foreign Medical Teams continue to support the Ministry of Health in the provision of primary and secondary health care services. Over a 2 week period twice as many medevacs took place than the average number of medevacs in a 12 months period. (Average annual medevac = +/- 30 cases, over 60 took place since the onset of this emergency). All medical evacuations are referred to VCH including 21 children under 5 and 41 adults. 31 of these were from Tafea province (28 from Tanna); 21 were from the Shepherd Islands.

Health assessments that took place over the past 2 weeks are now being complemented by a government led inter-sectoral assessment in which MoH and NGO assessment teams screen health facilities and key informants in critically affected areas of Vanuatu for health information including level of damage to the facility and effect of the cyclone on staff capacity and service delivery.

Routine drug and medical supply have been strengthened through the dispatch of Interagency Emergency Health Kits to health facilities in the affected areas. However the medical supply system which was partially affected by the cyclone has been re-established and routine drug dispatches will continue to take place from the Central Medical Store to the Provincial Health Offices from where they are further distributed. Access issues and other logistical constraints might continue to slow down the dispatch to health facility level for another while. FMT’s have been instrumental in many places in overcoming these constraints.

Over the past 2 weeks, EWARN has been set up in 17 sites in affected islands with 8 of those reporting on the 8 syndromes week 13. It is expected that further sites will report in week 14. As of 2 April, “influenza-like illness” (ILI) is the most commonly notified syndrome, representing 500 of the 1489 consultations reported from 7 sites. 257 cases of ILI were reported at Lenakel Hospital in Tanna. Increasing numbers of conjunctivitis across the country have also been reported to the MoH. An increase in
diarrhea was also reported from Tanna Island. Safe water and hygiene messages are being reinforced in the community. There have been 4 cases of clinically diagnosed leptospirosis (not laboratory-confirmed) that have presented to Vila Central Hospital (VCH) as of 31 March; two of which are deceased. It is important to note that 2 cases were infected prior to cyclone, including 1 deceased. Two additional cases were reported following the cyclone, including 1 death. All cases are from Port Vila. There is no lab test for leptospirosis available at the moment but WHO have procured rapid tests that are due to arrive next week. Clinicians have been reminded to treat suspected leptospirosis cases early with antibiotics without awaiting laboratory confirmation. Leptospirosis occurs sporadically in Vanuatu, the environmental conditions after the heavy rains accompanying the cyclone may increase the likelihood of the incidence of the disease.

The Information, Education, Communication (IEC) working group continues to support health cluster partners and civil society including faith based groups in the dissemination of health promotion messages via media, SMS and community groups on the vaccination campaign, maternal and child health, psychosocial support, and the prevention of water-borne and vector-borne diseases.

Dignity Kits are being distributed across all affected provinces through the reproductive health working group, and bed net (LLIN) distribution started 24 March in Port Vila by 5 teams of 5 Red Cross volunteers. 15,096 bed nets have been distributed in Shefa.

Immunisation Activities

MOH has prioritised measles vaccination for children aged 6 – 59 months in affected provinces. Health partners - Save the Children, UNICEF, World Vision and WHO - are implementing the campaign and Efate was completed this week. 12,114 children aged 6 - 59 months have received measles vaccination, along with deworming treatment, vitamin A and soap in Port Vila, North Efate and surrounding islands. MoH, UNICEF and SCA are completing micro-planning in Sanma province and will commence vaccinations shortly. MoH, WHO and World Vision are finalizing micro-planning for immunisation on Tanna Island. UNICEF provided 15 vaccine carriers with 48 ice packs for the outreach vaccination teams for the ongoing measles campaign. Additional support for immunization is being provided from the UMA Japan Health Mission.

Nutrition

MOH and UNICEF have been conducted training on nutrition assessment for nurses in vaccination teams and health centres, and Save the Children staff. UNICEF is supporting the MoH to strengthen existing services for the management of severe acute malnutrition in accordance to global standards. Protocols for the referral of children with Severe Acute Malnutrition (SAM) have been developed and supplies for treatment are available at the hospitals for the SAM cases with medical complications. The MoH is conducting screening for acute malnutrition using the middle upper arm circumference (MUAC) during the ongoing measles immunisation campaign.

MOH and UNICEF, in partnership with Save the Children, World Vision and Food Security Cluster, has integrated the delivery of education and counselling to pregnant and lactating women for the appropriate and continued breastfeeding and complementary feeding of children through the immunisation campaign, health posts and food distributions in affected areas.

Foreign Medical Teams

Since the cyclone, 20 Foreign Medical Teams (FMTs) have arrived in Vanuatu. The first teams arrived within 2 days after the cyclone, some of which have since returned to their countries of origin. New FMT’s continue to arrive and fill positions of those that had to demobilize. Currently, 10 FMTs are deployed, 5
have demobilized, 3 planning to deploy next week and 2 are pending allocation. New teams that have arrived and started, include 2 HUMA (Humanitarian Medical Assistance) teams from Japan, 1 Fijian Military Medical Team and 1 NZMAT team. The JICA medical team departed Penama on 27 March (Abwatuntora Health Centre) and will not be replaced at this stage unless further needs arise. FMTs cover islands across three provinces including: Tanna x4, Ambrym x1, Epi x1, Tongoa x1, Nguna x1, North Efate x1, and x5 FMTs in Port Vila (including Vila Central Hospital) and surrounding districts.

As per WHO Foreign Medical Team Guidelines FMTs are classified into 3 types:

- **FMT Type 1**: Outpatient care, fix and/or mobile
- **FMT Type 2**: Outpatient care and Inpatient care, with one OT
- **FMT Type 3**: Outpatient care and Inpatient care, with two OTs, Intensive Care Unit (ICU), and Specialist referral care
- **FMT specialized**: specialized health services such as mental health, orthopedic surgery, others

All FMT's deployed to Vanuatu are of FMT Type 1, expect one FMT Type 2, and two FMTs specialized both deployed at the VCH.

**FMT Capacity by profession**

- **Cumulative number of health workers deployed (16/3/15 – 31/3/15) 166**
  - 54 Doctors
  - 40 Nurses
  - 24 Paramedics
  - 12 Midwives
  - 6 Pharmacists
  - 35 Support Staff

- **Average stay per team**
  - **14 DAYS**
However, MoH database.

Assessments of Penama health facilities revealed that minimal damage was sustained.

Of those assessed, 43 sustained some degree of damage (29 with limited damage only). 53 are out of 71 health facilities have been assessed (including hospitals, health centres, and dispensaries; excludes aid posts). Of those assessed, 43 sustained some degree of damage (29 with limited damage only). 53 are known to be functioning.

Assessments of remaining facilities have been completed and the data are currently being entered into the MoH database. Assessments of Penama health facilities revealed that minimal damage was sustained. However, facilities are requiring restock of supplies.

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Foreign Medical Team deployments 04/04/2015

<table>
<thead>
<tr>
<th>#</th>
<th>Team</th>
<th>FMT type</th>
<th>Team Status</th>
<th>Location</th>
<th>No. of Consultations</th>
<th>Date deployed</th>
<th>Date end</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AUSMAT (Australia)</td>
<td>2 (Fixed &amp; Mobile)</td>
<td>24 Demobilised</td>
<td>Vila Central Hospital, Efate</td>
<td>16-Mar</td>
<td>28-Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>JICA Medical (Japan)</td>
<td>1 (Mobile)</td>
<td>8 Demobilised</td>
<td>Abwatantora H/C, Pentecost</td>
<td>1019</td>
<td>21-Mar</td>
<td>27-Mar</td>
<td>10 days</td>
</tr>
<tr>
<td>3</td>
<td>Hume (German)</td>
<td>1 (Fixed)</td>
<td>5 Demobilised</td>
<td>Tanna (Lenakel Hosp)</td>
<td>1256</td>
<td>19-Mar</td>
<td>26-Mar</td>
<td>14 days</td>
</tr>
<tr>
<td>4</td>
<td>Rescue Net</td>
<td>1 (Fixed)</td>
<td>10 Demobilised</td>
<td>Whitesands Clinic / Pt Resolution, Tanna</td>
<td>532</td>
<td>21-Mar</td>
<td>30-Mar</td>
<td>10 days</td>
</tr>
<tr>
<td>5</td>
<td>Dragonfly (USA)</td>
<td>1 (Mobile) Yacht</td>
<td>5 Demobilised</td>
<td>TAFE: Erramong, Futuna, Aniwa, Aneityum</td>
<td>20-Mar</td>
<td>29-Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Samaritan's Purse (USA)</td>
<td>1 (Mobile)</td>
<td>6 Deployed</td>
<td>Tanna (Lenakel Provincial Office)</td>
<td>19-Mar</td>
<td>16-Apr</td>
<td></td>
<td>1 month</td>
</tr>
<tr>
<td>7</td>
<td>NYC Medics (USA)</td>
<td>1 (Mobile)</td>
<td>8 Deployed</td>
<td>Silumauri Health Centre, Tongoa</td>
<td>1016</td>
<td>24-Mar</td>
<td>15-Apr</td>
<td>1 month</td>
</tr>
<tr>
<td>8</td>
<td>International Medical Corps</td>
<td>1 (Mobile)</td>
<td>6 Deployed</td>
<td>Utas Health Centre, Ambrym</td>
<td>870</td>
<td>26-Mar</td>
<td>15-Apr</td>
<td>1 month</td>
</tr>
<tr>
<td>9</td>
<td>HUMA Primary care</td>
<td>1 (Mobile)</td>
<td>6 Deployed</td>
<td>Paungangisu Clinic, Efate</td>
<td>30-Mar</td>
<td>15-Apr</td>
<td></td>
<td>10 days</td>
</tr>
<tr>
<td></td>
<td>&amp; Public health (Japan)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fiji Medical Team</td>
<td>1 (Mobile)</td>
<td>12 Deployed</td>
<td>Lenakel Hospital, Tanna</td>
<td>24-Mar</td>
<td>10-Apr</td>
<td></td>
<td>14 days</td>
</tr>
<tr>
<td>11</td>
<td>HSL Medical (Pacific)</td>
<td>8 Deployed</td>
<td>Vila Central Hospital, Efate</td>
<td>20-Mar</td>
<td>04-Apr</td>
<td></td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pacific Island Orthopaedic</td>
<td>2 Deployed</td>
<td>Vila Central Hospital, Efate</td>
<td>23-Mar</td>
<td>04-Apr</td>
<td></td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association (Solomon Is)</td>
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</tr>
<tr>
<td>12</td>
<td>Promedical</td>
<td>1 (Mobile)</td>
<td>11 Deployed</td>
<td>Vila, Efate</td>
<td>Permanent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Remote Medical (NZ)</td>
<td>3 Deployed</td>
<td>Vila Central Hospital, Efate</td>
<td>01-Apr</td>
<td>05-Apr</td>
<td></td>
<td>4 days</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>French Military</td>
<td>2 Deployed</td>
<td>Whitegrass Airfield, Tanna</td>
<td>19-Mar</td>
<td></td>
<td></td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>LDS Medical (USA)</td>
<td>3 Deployed</td>
<td>Silimoli Clinic, Nguna</td>
<td>01-Apr</td>
<td>11-Apr</td>
<td></td>
<td>10 days</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>IsraeliAid (Israel)</td>
<td>8 Planned</td>
<td>Vila Central Hospital, Efate</td>
<td>06-Apr</td>
<td>20-Apr</td>
<td></td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Australian Medical</td>
<td>1 Planned</td>
<td>HMAs Tobruk Tanna</td>
<td>23-Mar</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Sea Mercy (USA)</td>
<td>1 Planned</td>
<td>Tbc</td>
<td>14-Apr</td>
<td>14-Jun</td>
<td>2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Youth with a Mission (NZ)</td>
<td>4 Planned</td>
<td>Mele Clinic Efate</td>
<td>06-Apr</td>
<td>16-Apr</td>
<td></td>
<td>10 days</td>
<td></td>
</tr>
</tbody>
</table>

Not all end of mission reports yet received, not FMTs deployed in the field have easy communication to report. We expect the data on consultations to be more complete in the next HC bulletin

Health Facility Assessments

There are 143 public health facilities across the country, namely hospitals, health centres and dispensaries. An important role in providing basic preventive interventions and curative care in remote island and rural communities is also played by the 224 are aid posts, staffed by volunteer village health workers. The MoH is assessing the functional status of all of these facilities. In the affected areas defined by NDMO/UNOCHA, 59 out of 71 health facilities have been assessed (including hospitals, health centres, and dispensaries; excludes aid posts). Of those assessed, 43 sustained some degree of damage (29 with limited damage only). 53 are known to be functioning.

Assessments of remaining facilities have been completed and the data are currently being entered into the MoH database. Assessments of Penama health facilities revealed that minimal damage was sustained. However, facilities are requiring restock of supplies.
**Table 1**: Damage to health facilities by health facility type on affected islands, Vanuatu, March 2015

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Damage</th>
<th>Hospital</th>
<th>Health centre</th>
<th>Dispensary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No damage</td>
<td></td>
<td></td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Limited</td>
<td>1</td>
<td></td>
<td>5</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td>Severe</td>
<td>1</td>
<td></td>
<td>5</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Very severe</td>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Not assessed</td>
<td></td>
<td></td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
<td><strong>18</strong></td>
<td><strong>51</strong></td>
<td><strong>71</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Rebuilding health infrastructure**

A Recovery plan will have to address not only the repairing of the health facilities, but also their retrofitting in order to be safer for the hazards of the areas where they are located. Many of the health facilities, particularly the dispensaries, have been damaged due to the old infrastructures, and the inadequate roofing design to sustain high speed winds of cyclones of higher categories as the Pam one.

**PARTNER UPDATE**

Health Cluster partners continue to coordinate their activities under the leadership of the Ministry of Health supported by WHO. Coordination activities with other clusters have strengthened throughout the week especially on Information, Education and Communication activities with WASH and Education cluster partners. Coordination efforts on Tanna Island are led by the Provincial Health Office and supported by WHO team deployed there. Health Partners in Sanma province are supporting the nearby affected Islands of Ambrym, Paama and the Southeastern coast of Pentecost, in close coordination with the Provincial health Office.

**AmeriCares & NYC Medics** have provided mobile primary health care services to over 1000 patients on the Shepherd Islands including the provision of Vitamin A and deworming of children. A second rotation of medical staff is currently en route to Vanuatu to continue with mobile medical services on Tanna Island.

**HuMA (Humanitarian Medical Assistance)** have deployed their medical teams to the North of Efate to provide support to the health centre in Paunangisu and conduct mobile clinics, and health and hygiene promotion activities to surrounding islands. They have received support in the area by a team of medical specialist from the **Latter Day Saints Medical** who support the Silimoli Clinic on Nguna Island.
**Rescue Net:** The FMT from Australia has worked on Tanna and Pango Island in Tafea and Shefa Provinces from the 17th to 30th of March, providing primary health care services including basic dental care and vaccination to over 530 patients. 28 cases seen by the team had to be referred to the next higher level of medical care. Rescue Net has completed its deployment on March 30th.

**International Medical Corps**, in coordination with the Health and WASH Clusters, has provided:

Primary health care services have been delivered covering the entire island of Paama with 196 patient consultations, and the Southeast of Ambrym with 674 patient consultations. In addition 417 households in Southeast Ambrym have received hygiene kits and water purification tablets (in collaboration with OXFAM).

International Medical Corps continues to provide primary health care services with mobile clinics to all villages in North and West Ambrym, simultaneously distributing emergency WASH kits distribution (in collaboration with UNICEF).

**HSL Medical (Pacific), the Pacific Island Orthopedic Association and Remote Medics New Zealand** are currently providing a variety of specialist support to the Vila Central Hospital on Efate where Promedical is providing pre-hospital ambulance and emergency response services as a continuation of longstanding support to the health system in Vanuatu.

**International Organisation for Migration (IOM)** is assisting with repatriation of medevac patients currently in Vila Central Hospital to return to their homes in outlying islands. IOM has also supported NDMO for voluntary temporary relocation of vulnerable residents of Mataso Island.

**Medical Santo**, a Vanuatu based NGO has provided primary health care and minor surgical procedures to villages on South Pentecost and Paama. Three patients were referred to Vila for hospital care. They worked in conjunction with Santo businesses LCM and Santo Hardware providing food packs, water filters, water tanks, and NFIs To South Pentecost, South East Ambrym and Paama with donations from Rotary Australia and private citizens. Medical Santo plans to continue outreach health services in conjunction with German NGO Humedica, who will provide food and NFIs.

**Samaritans Purse** is providing fixed and mobile primary health care services in the Lenakel area on Tanna Island. Their medical teams are supporting the outpatient department of the provincial hospital. MoH, Samaritans Purse and the Fijian Military Medical Team are working hand in hand to provide the best possible care in the Provincial hospital in Lenakel.

**Save the Children** have provided a range of services over the past week including Village Health Workers Emergency In-Service Training in Mangalilu, Efate: 36 participants from Efate and the Northern Islands attended a two day in-service training on 1-2 April 2015 on emergency health, nutrition, WASH, child protection, and M&E, facilitated by Save the Children, UNICEF, World Vision, and MoH staff. This is a key activity to reactivate the Village Health Worker (VHW) network. The lessons learned from the first training of VHWs done in Efate will be formulated and presented to MoH and the other partners.

All Aid Posts in Efate have been assessed and a plan for their reopening will be discussed with MoH, including the assessments of Aid Posts in the other affected areas, and the distribution plan of health kits such as Reproductive Health, Interagency diarrheal disease kit, and Interagency Emergency Health Kit.

**Vanuatu Red Cross Society (VRCS)** is in the process of re-activating their vast volunteer network across all affected provinces. VRCS volunteers are mobilized to provide community-based health promotion and disease prevention communication (IEC) and basic first aid as well as participatory hygiene and sanitation transformation program (PHAST) in an integrated approach to health and WASH concerns.

**UNICEF** supports the restoration of the national cold store by provision of high voltage standby generators, stabilizers for the cold room, freezers and ice lined refrigerators. Installation is on way.
In the pipeline (expected delivery on 6 April 2015): Routine EPI vaccines such as 25,200 doses of PCV and 100,000 doses of MR vaccines will be delivered in the national cold store

UNICEF received additional funds from JICA in the amount of USD439, 200 for the upgrading for disaster resilient national cold store and cold chain equipment, temperature loggers monitoring system and supply chain and logistics strengthening system.

Maternal, Newborn and Child Health Services: In partnerships with International Medical Corps UNICEF provided 5 Basic Kits of the Interagency Emergency Health Kit for the direct provision of maternal and child health services for the aid posts in the provinces of Tafea, Shafea, Malampa and Penama. UNICEF is ready to provide 344,000 pcs of ORS and 330,000 Zinc tablets to support the replenishment of the Central Medical Store. Due to arrive in country are also selected IMCI (integrated management of Childhood Illness) drugs such as Amoxicillin and Metronidazole.

UNFPA: The following activities are being undertaken by UNFPA to support Vanuatu Emergency Response

Dignity Kits: 400 dignity kits are being distributed along with IEC materials explaining their purpose, content and an entry point to sensitize communities on SRH/GBV. Out of 400, 100 kits were given to Vanuatu women Center for distribution. More Dignity kits are under production.

RH kits and supplies: The first batch of emergency RH kits and other medicines/supplies arrived on 30 March. UNFPA is working closely with the National Reproductive Health Coordinator and the Central Medical Stores for distribution the most needed health facilities. These kits are expected to reach intended recipients before 10 of April, 2015.

Reproductive Health Task force: In order to ensure that Reproductive health needs of the affected population are properly addressed, UNFPA advocated and established a task force on Reproductive health under the leadership of the RH Coordinator of the Ministry of Health.

Deployment of staff: UNFPA has deployed emergency response staff from the region to work closely with the Ministry of Health and protection cluster partners.

WHO: WHO is supporting MoH in leading the Health Cluster, including the coordination of the FMTs. WHO co-leads and provide technical and operational support to MoH is the expansion and implementation of the EWARN and the investigation of public health events. WHO has procured rapid diagnostic tests for dengue and leptospirosis. The Secretariat of the Pacific Community (SPC) has sent 2 epidemiologists to work with WHO and the Health Cluster. These epidemiologists have been deployed to Tanna and Penama province to support EWARN and the investigation of public health events. In addition SPC has also deployed a laboratory expert to provide technical assistance to the, laboratory services at VCH, including the support of the testing of outbreak prone diseases and the shipping of sampling to overseas reference laboratories as required. The SPC committed to support the response t TC Pam over the next two months.

WHO has deployed a team in Tanna with an epidemiologist (SPC), a logistician, and a driver and vehicle to support the Provincial Health Office in the overall coordination of the health response. The team is also supporting the expansion and functioning of the disease surveillance system, logistical needs and transport of medicines and supplies, and the investigation of diarrhoeal cases. An Inter-agency Diarrhoeal Disease Kit (IDDK) will be sent to Tanna to provide much needed supplies for the management of children with diarrhoea.

WHO with health partners has distributed more than 190,000 aqua tabs in the most affected areas in Tanna, Pentecost, and Ambrym islands.
In a donor meeting called by the Office of the Prime Minister (Vanuatu), it was clear that not enough funding was allotted for the health sector. Of the 4,924,200 USD requested, only 23% (1,131,718 USD) was met. Of the 29.9 million USD requested for the overall response, only 29% has been disbursed. Currently the funding gap stands at 71%.

![Funding Update Chart]

### Vanuatu Tropical Cyclone Pam Appeal 2015

**US$29.9 million requested**

- **Funded:** 29%
- **Unmet:** 71%

#### Funding by sector (in million US$)

- **Food Security and Agriculture:** Funded 8,175,373, Unmet 4,924,200
- **Health and Nutrition:** Funded 4,215,051, Unmet 4,181,560
- **WASH:** Funded 2,355,642, Unmet
- **Education:** Funded 2,310,500, Unmet 1,146,500
- **Shelter:** Funded 764,353, Unmet
- **Early Recovery:** Funded 250,000, Unmet 372,900
- **Logistics:** Funded 300,000, Unmet
Future response: Priority Activities

The development of the health sector response plan to cover the next 6 to 9 months and bridge the relief, early recovery and long term development interventions started during the week. The intention is to finalize such plan during the coming week through discussions with the health cluster partners at the next Health Cluster meetings, and taking stock of the results and the analysis of the assessments that will be available over next few days.

All health cluster partners have been invited to provide their contributions and suggestions, below the very first draft of the main strategic objectives and related key activities are outlined in order to further support the discussion and the contributions.

Overarching Goal

To reduce morbidity and mortality associated with the destruction caused by TC Pam, and to restore and strengthen the existing health system

Strategic Objectives

1. To ensure a coordinated and efficient approach to the delivery of international and national assistance to the MoH, in response to TC Pam, including immediate relief assistance and resources required for early recovery in the following areas:
   I. Health infrastructure – planning and resource mobilisation for rebuilding and/or repair of health facilities
   II. Provision of emergency medical care to affected populations – continuation of acute care assistance in areas with greatest health facility and other infrastructure loss and highest acute needs
   III. Maternal and Child Health – resumption of obstetric services and focus on quality neonatal care (How)
   IV. Nutrition – identification of malnutrition using MUAC and clear path of referral of high risk children; capacity building of tertiary facility staff to ensure quality treatment of severe malnutrition
   V. Communicable disease – Identification and response to outbreaks and significant events; Provision of information, education and communication regarding communicable disease risks (8 syndromes)
   VI. Non-communicable disease – ensure continuous supply of medications for chronic disease management and re-establishment of clinical care for chronic disease
   VII. Mental health – capacity building to assist in identification and management of mental illness at the primary health care level, with appropriate referral pathways to tertiary care where needed; immediate post-cyclone effects ‘mental health first aid’ (is this still happening??)
2. To work within the existing health system structures, to re-establish health services and strengthen the system at all levels, thereby ensuring we ‘build back better’. Key to this will be:
   I. Re-establishment of routine health services
   II. Capacity building to improve PHC services across health clinic and dispensaries
   III. Strengthen management systems, both within the MoH and Provincial Health Offices
   IV. Strengthen health information systems (HIS)
   V. Strengthen medical supply ordering and distribution
   VI. Creating clarification regarding role delineation and communication/linkages between services, both formal (hospital, health centre, dispensary) and informal (aid posts)

3. Preparation for future disasters – using ‘lessons learnt’ from this event