TROPICAL CYCLONE PAM: Vanuatu

HIGHLIGHTS:

- **Health facilities repairs:** Tents have been erected on Tongoa and Tongariki islands and a shipment of tents and ancillary equipment has been sent to Tanna Island. Procurement of materials for repairs to Naviso and Utas health centres and other priority sites are ongoing.

- **Funding gap:** While total humanitarian funding and flash appeal funding continued to improve this week, funding for the health sector remained the same. 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:** The Vanuatu Humanitarian Action Plan has been approved by the government for implementation over the next 3 months.

- **Foreign Medical Teams:** There are 8 FMTs currently deployed, including 3 FMTs with a permanent presence in Vanuatu. 2 FMTs demobilized this week. 1 additional FMT is planned to arrive in the coming weeks. The Filipino team has cancelled their mission. 17 FMTs have demobilized since the start of the response operations.
• **Medical Evacuations**: Management and coordination of medical evacuations will now operate through the MoH. No medical evacuations were conducted this week.

• **Disease Surveillance**: 20 sentinel sites reported this past week. The last planned site has been activated on Epi Island this week. The number of cases reported this week of notifiable diseases is declining across the country.

• **Vector Control**: 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 IEC campaign continues to disseminate key health messages through health cluster partners, written materials and radio. This week, the Daily Post released a news story on the success of the measles vaccination campaign, which reached over 95 per cent of the target coverage. The SMS text messaging campaign finished last week and reached almost 90,000 people over April to May.

• **Nutrition**: 35 cases of severe acute malnutrition were identified and treated at three inpatient treatment facilities from the onset of Pam to 04 May. The distribution of micronutrient powders will begin next week.

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**CURRENT SITUATION**

Seven weeks after Cyclone Pam hit Vanuatu, the situation is now transitioning into the recovery and rehabilitation phase. There is a strong focus on sustainable improvement of health service provision across all health care service levels and to ‘build back better.’

A lessons-learned workshop is being planned for future disaster planning and preparedness.

The Government has approved the Humanitarian Action Plan (HAP). Proposals submitted under the HAP are still awaiting approval of funding, however some activities have already commenced. The government has requested fortnightly reporting against HAP objectives as well as financial reports. Reporting of the HAP will be tied in with the 3Ws and submitted over the next three month period. Following this time, the Government of Vanuatu’s longer-term Sustainable Action Plan (GoV SAP) will carry out activities related to longer-term rehabilitation and redevelopment of the health sector.

The Health Cluster Strategic Plan has been presented and approved by the Ministry of Health Acting Director General and Executive Committee. The Acting Director General and Executive Committee will oversee the four working groups charged with implementing the strategic plan.

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**HEALTH SECTOR RESPONSE**

**Reactivation of Health Activities**

Tents have been erected and generators installed at Amboh, Nimair and Tavalapa health facilities on Tongoa and Tongariki islands. Overseen by MoH staff, the tents will be used to provide temporary consultation rooms, staff housing and storage spaces. MoH staff have identified shortfalls in critical equipment at these sites and are in the process of procuring these items with a view to fully equipping the facilities within the next 10 days.

A further shipment of tents and ancillary equipment has been dispatched to Tanna Island. Due to delays caused by bad weather, the equipment arrived on 8 May and will be moved to and installed at Green Hill,
Ikiti and Kitow health facilities by 12 May. A 72sqm tent donated by UNICEF has been erected at Lenakel Hospital to expand the existing facility.

Equipment is being procured for the restoration of Naviso Health Centre (Maewo) and Utas Health Centre (Ambrym). It is anticipated this will be ready for distribution by 15 May. WHO are currently working with the logistics cluster to identify the quickest means of transporting these items.

**Foreign Medical Teams (FMTs)**

There are currently eight FMTs deployed in Vanuatu, including three that provide services on a permanent basis. Two teams (Kaleva Yacht Service Vanuatu and Fiji Military Medical Team) left this week. The Dragonfly Yacht is planned to arrive in the upcoming week. The Filipino government sent its regrets for cancelling the mission of the Department of Health team that was anticipated in country next week.

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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<td>08-May</td>
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<td>Location</td>
<td>No. of Consultations</td>
<td>Date deployed</td>
<td>Date end</td>
<td>Duration in days</td>
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<td>Tanna, Lenakel Hops + mob. clinics</td>
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<td>30-Mar</td>
<td>15-Apr</td>
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<td>(Japan)</td>
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<td>07-Apr</td>
<td>14</td>
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<td>25-Mar</td>
<td>29-Mar</td>
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<td>05-Apr</td>
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<td>10-Apr</td>
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<td><strong>Total</strong></td>
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**Medical Evacuations**

The management and coordination of medical evacuations have been handed back to the MoH, as it was operating before TC Pam. The cyclone brought about an increase in the number of medical evacuations, which warranted coordination and logistics assistance. Seventy-five medical evacuations have been carried out since TC Pam.
Disease Surveillance

Twenty sentinel sites reported this past week. The last of the planned 24 sentinel sites has been activated at the Vaemali Health Centre on Epi Island this week. Two epidemiologists, one from MoH and one from WHO, are currently providing training to staff on the EWARN reporting system and on diarrhea case management. Depending on weather and road conditions, the surveillance team will also follow up on rumours received recently regarding the situation in Votlo.

On week 18, the number of watery diarrhea cases is stable across sites compared to the previous week. Four new cases of bloody diarrhea were recorded on Efate and at Silimauri Health Centre on Tongoa. One case of malaria (Plasmodium Vivax) was reported at Paunagisu Health Centre on Efate. Reported cases of prolonged fever have decreased from 24 cases in week 17 to seven cases in week 18.

Acute fever and rash (AFR) cases are stable, with two cases reported on Efate (Namburu and NTM clinics) and two cases reported in Northern Provincial Hospital in Santo to be further investigated.

Out of 18 samples sent to Fiji for testing for measles, three came back positive (one sample collected pre-cyclone and two samples for which date of onset of fever is unknown).

One suspected dengue case (blood sample collected post-cyclone) was confirmed as dengue serotype 1 by Pasteur Institute in New Caledonia. Additional blood samples were sent to Noumea, New Caledonia, to detect possible cases of Zika or Dengue virus. Results are still pending.

There have been reported cases of a syndrome with associated acute fever, swollen legs and sores with pus on Ambrym. Three cases have been reported at Utas Health Centre and an unknown number in a neighbouring village. Further investigation will be conducted next week.

Two epidemiologists from SPC returned this week to Penama province (1 in Ambae and 1 in Pentecost) to follow up and supervise the data collection for the EWARN system.

Immunization Activities

The final measles campaign coverage reports that 24,336 (98%) of 24,826 eligible children 6 to 59 months received a dose of measles vaccine, Vitamin A and albendazole in Shefa (Zones 1,2,3); Sanma (Zone 1-4, 8 and 9); and Tanna (Zone 1-4) provinces. Children in Tanna and Sanma also received additional protection of Rubella due to a scale up of the measles rubella vaccine.

Rapid Convenience Assessments were done by MOH, UNICEF, WHO and Save the Children in Shefa and Sanma. Assessments were carried out in areas that were dense and considered high risk for potential indigenous measles virus transmission to see if there were missed children during the campaign.

Final results report that in Shefa, 99% of 507 children 6-59 months in 14 villages and 280 households received measles vaccine during the past month’s campaign. This was validated through card checks or recalled by mothers and caregivers. In Sanma, 672 out of 745 (92%) of children 6 to 59 months seen in 10 villages and 504 households received the measles vaccine.

The quick assessment and mop up strategy following vaccinations have been found to be feasible in Vanuatu. This has contributed to high campaign coverage that can be used during routine vaccinations to ensure high coverage in all locations. Furthermore, it has demonstrated that with MoH commitment, increased partner support and resources, population-based preventive public health programs can easily be scaled up to reduce health risks to children and the overall population.
**Nutrition**

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 Working Group (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. Currently awaiting updates from WG partners.
- Identified and treated 35 cases of severe acute malnutrition (with complications) at three inpatient treatment facilities, Lenakel, VCH and Northern District hospitals from the onset of Pam to 04 May.
- Zero children under five have received Micronutrient powders. Programme implementation will begin next week.

WG Activities:

- Nutrition supplies have been released to the CMS, MoH, however still in UNICEF warehouse due to stormy weather (trucks are not covered).
- World Vision (WV) received nutrition supplies from UNICEF (height boards and scales) to assist with trainings, growth monitoring and other nutrition programming in Tanna.
- PCA signed with SCA to implement MCH, immunisation and nutrition activities. Nutrition activities include provision of MNPs, and IYCF counselling. A central level MNP training was conducted by MoH and UNICEF on 08 May. Participants included SCA, WHO, UNICEF and MoH.
- Maintaining referral pathway linking 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, 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).
- Rollout acute malnutrition screening, and IYCF messaging at aid posts (supported by SCA).

**WASH**

An in depth water safety evaluation was carried out at three health facilities; Lenakel hospital, Ikiti Dispensary and Whitesands Health Centre, on Tanna Island by a WHO Environmental health officer on the 20-24 April.

The water at Lenakel hospital was assessed by conducting a H2S test and the result indicates the presence of bacteria. However, a 6000L water tank has been chlorinated by Samaritan’s Purse for use by hospital staff and patients. At the time of assessment, the hospital has access to 40,000L of water. A water agency from New Caledonia is in Tanna who will work on the hospital water system.
The water supply system at Ikiti Dispensary was completely destroyed by TC Pam. There is a spring water source nearby, however H2S testing has confirmed the presence of bacteria due to upstream contamination. Additionally, the water source stops flowing during the dry season. A new water source was negotiated to allow year round access which was safe for drinking.

The water supply system at Whitesands Health Centre is operational after the water source was fixed by the local staff. However further work still needs to be carried out on leaking pipes and treatment of the reservoir is required before safe human consumption.

Key health messages of washing hands with soap and boiling water have been distributed to surrounding communities.

The WASH cluster is working with the Health cluster to conduct further in depth water safety assessments in the coming weeks to get severely damaged and destroyed sanitation and hygiene infrastructure back up and running.

Reproductive, Maternal, Neonatal, Child and Adolescent Health

Service Delivery: To better re-establish the maternal and newborn care in affected remote and hard to reach areas, the RMNCAH WG has agreed to distribute the essential community based Essential Newborn Package of supplies to health centres and dispensaries outside of Efate. These are: Tafea, Penama and Malampa provinces. MOH and VCNE have available updated human resource capacity mapping in these areas. This includes nurses or midwives trained on basic Essential Newborn Care which consists of re-warming babies, early initiation of, and exclusive breastfeeding, management of infections or sepsis and emergency newborn care. This information will be shared immediately and partners are requested to focus their support of trainings, supply and monitoring in these areas.

Capacity Building and Orientation: The RMNCAH Working group is reviewing the training mapping [what, when, where, who] in order to better strategize the capacity development plan for health staff across the country, especially health personnel who are working in TC Pam affected areas.

Advocacy and Awareness: The 5th of May was commemorated as International Midwives Day. It is celebrated every year to commemorate and increase awareness of the contribution of midwives all over the world.

Health Personnel from The Philippines: WHO was informed by the government of Philippines on 5th May that the medical team has been cancelled as their assistance is now diverted to the Nepal earthquake emergency response.

Additional Local Nurses/Midwives to Tanna: The Lenakel Provincial Hospital management team requests partners to assist the provincial teams in managing, restoring and strengthening MCH program services in Tanna. The already stretched team especially requires support with community outreach, ante-post natal care and training for the next three months. This is a transition to longer term human resources support to the MoH in line with the health sector strategy.

Information and Management / RMNCAH in Numbers: The following indicators that are outlined in the HAP will also be used by the RMNCAH Working Group to report on the ongoing efforts on ground:

- Number of health professionals trained on RMNCAH related issues [i.e.: Essential and Emergency Maternal Newborn Care];
- Number of health facilities provided with supplies to deliver RMNCAH services; and
- Number of beneficiaries accessing the basic RMNCAH services
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 Assistants to RH Unit of MoH: UNFPA has supported the MoH with two programme assistants in order to support administrative and financial related works of the reproductive health unit.

Information, Education and Communication (IEC)

The IEC campaign to disseminate key health messages continues via community-level engagement through health cluster partners, IEC materials, local newspaper and radio.

The SMS text messaging campaign, which was finalised last week, reached almost 90,000 people over April and May. With the most coverage across Vanuatu, telecommunications company Digicel was used to disseminate these alerts. Text messages regarding vector-borne diseases such as malaria and dengue reached almost 90,000 Digicel users. Nutrition health alerts were delivered to over 62,000 people and messages regarding child vaccination were targeted at users in Tanna and reached 6,300 people each time. SMS delivery reports are considered to have at least a 90 per cent viewing rate, however poor reception and illiteracy in more remote parts of Vanuatu may skew these numbers. Four text messages about how to avoid diarrhoeal disease were disseminated, reaching around 60,000 people each time.

One thousand copies of the Healthy Islands handbook that were donated by HuMA, as well as a further 250 copies by the WHO, will soon be distributed by the Ministry of Health to community leaders, health facilities and health partners in Shefa, Tafea, Malampa, Penama, and Sanma provinces.

Additional IEC materials regarding public health promotion are also being developed by Vanuatu Red Cross and UNICEF.

This week, local newspaper the Daily Post released a news story on the success of the measles vaccination campaign, which reached over 95 per cent of the target coverage. The article also gave important information regarding vaccination, and the causes and symptoms of measles, as well as what to do if adults or their children suspect measles.

A weekly talkback show on local radio in Bislama is expected to continue indefinitely, with discussions based on the key health messages, and the general public able to call in with their queries and interact with public health experts. Health alerts also continue to be aired in English during news bulletins on another local radio station.

Following the mission by representatives of the Vatu Mauri Consortium to Tanna, Epi and Tongoa islands, follow-up evaluations will continue monthly via phone call to the village chiefs and community leaders that participated in the key health message meetings. Evaluations will shed light on the effects of community-level dissemination of the key health messages.

In light of concerns from the returned representatives regarding people’s access to water and sanitation practices in remote islands, future IEC plans will focus on communicating convenient ways to access safe water and practise good hygiene.
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_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2NHFib293ejlrncY3T1J3TDQ

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

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

FUNDING UPDATE

While total humanitarian funding and flash appeal funding continued to improve this week, funding for the health sector remained the same. 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.

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<th>Total humanitarian funding</th>
<th>(Flash appeal) for Humanitarian Action Plan/ERP for Vanuatu</th>
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<td>$36 million</td>
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<td>$17.3 million</td>
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<td>$18.4 million</td>
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<td>(Flash appeal) Funding</td>
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<td>Other Funding</td>
<td>Unmet requirements</td>
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<td>Pledges: $13 million</td>
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* of the total funding reported, this amount is towards a response plan.

Future Response

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