TROPICAL CYCLONE PAM: Vanuatu

HIGHLIGHTS:

• **Funding Gap:** The TC Pam Flash Appeal launched on the 24th of March requested 29.9 Million USD for the overall post-cyclone response. The funding situation improved from 23% last week to 35.7% by today, mainly through CERF. The Government of Japan approved a donation of 600,000 USD to UNICEF for emergency response to affected countries by Cyclone Pam. The Australian Government has contributed extensively through in kind donations and FMT support. Russia-funded health kits are on the way to Vanuatu and expected to arrive next week.

• **Drugs and Medical Supplies:** since 13 March the Central Medical Store of the Ministry of Health has dispatched 508 units of urgent drugs and medical supplies, including Interagency Emergency Health- and Reproductive Health Kits to 22 Islands across 5 provinces. One Interagency Diarrhoeal Disease Kit, including additional Oral Rehydration Salt and Zinc tablets, was dispatched to Lenakel Hospital in Tanna in response to the increase of diarrhoeal disease on the Island.

• **FMTs:** a total of 20 Foreign Medical Teams (FMTs) have provided support to Vanuatu so far; 7 remain active in the field across Shefa, Tafea and Malampa provinces. 2 more teams of foreign medical experts are planned to deploy before the end of April, 2 more teams will leave the country before the end of next week.

• **Emergency Medical Evacuations:** Tanna Island had the most medical evacuations (30) out of a total of 67 medevacs to date, with only 3 during this week. The number of medevacs is decreasing, however is still far above the annual average in Vanuatu of less than 0.6 per week.

• **Disease surveillance:** 16 of 17 operational sentinel sites have reported into the disease surveillance system in week 14, with no major risks detected so far. An increase in diarrhoea cases continue to
be reported in Tanna and influenza like illness remain above threshold on the Island while it plateaued at the Vila Central Hospital in Efate.

- **Government led assessments**: Of the 71 facilities that have been assessed there were 6 facilities that were destroyed and 10 facilities with major damage. Minor damage was reported in 35 facilities and there was no damage reported from 19 facilities. Data entry concluded, and final analysis will be completed by next Tuesday.
- **Nutrition**: 5,192 children have been screened for acute malnutrition in Sanma
- **Vector control**: As stocks are limited and the funding situation for health activities is critical, the Ministry of Health (MoH) approach to mosquito net distribution is to confirm the condition of existing (pre-cyclone) nets before distributing new nets.

**HEALTH SECTOR UPDATES**

- 20 Health Cluster Partners are actively engaged in the health sector response under the leadership of the MoH.
- 7 FMT’s continue to support the MoH indirect health service provision in areas with disruption of the health service delivery, a further 2 are awaiting accreditation.
- In response to the increased number of diarrhoeal disease stocks of ORS, Zinc tablets and an IDDK kit have been dispatched to Tanna Island. IEC messages are being distributed through civil society groups, during the vaccination campaign, and over text messaging and radio.
- 20,000 people have received hygiene kits, and 400 dignity kits have been distributed to pregnant and lactating women.
- 16,347 (66%) out of the target of 24,826 children aged 6 - 59 months received measles vaccinations as of this week, along with deworming treatment, vitamin A and soap across Shefa and Sanma provinces. The vaccination campaign commenced in Tanna this week.

**IMPACT ON THE AFFECTED POPULATION:**

- Over 160,000 people are affected on 22 islands
- 11 confirmed cyclone related deaths
- 30,000 school-age children affected
- 110,000 people without access to safe drinking water
- 50,000 people received emergency shelter assistance but many still living in crowded community halls and houses
- Adequate nutrition required for over 160,000 people affected; in particular, nutritional support for pregnant and lactating women and children under-5 years.
CURRENT SITUATION

Almost one month after Cyclone Pam, some areas continue to require emergency health interventions, but the overall numbers of population in such need is declining. FMTs are reporting a decrease of patients attending the mobile health team clinics. The number of emergency medical evacuation also show a reduction during this week, with only three patients evacuated to the VCH.

Nevertheless, the demand for health care services is expected to remain higher than normal as long as people continue to live in inappropriate shelter, limited access to normal nutritional diet and safe water, and with limited resources to maintain healthy behaviors.

The assessment of the health facilities has been completed across all affected islands, indicating 6 of them destroyed, 10 with major damages, 35 with minor damages and Affected health facilities around the country sustained varying degrees of damage, with some being totally destroyed b19 not affected. The table below presents the breakdowns by type of health facility.

Few health workers have not yet returned to their workplaces since the cyclone, but the limited health workforce before the cyclone is hampering the overall capacity of the health system to cope with the increased health needs of the population, and it calls also for an extended period of deployment of the FMTs.

The expansion of the syndromic surveillance has progressed well, as well as 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 further informed by the joint analysis of the outcome of the sectorial assessments as soon they will be available.

The number of cases of acute diarrhoea in Tanna continues to be closely monitored, and it is showing an increase. With over 100 cumulative number of acute diarrhea cases reported so far, concerns are high regarding people’s limited access to clean water, poor hygiene practices and many still living in crowded conditions after their houses were destroyed.

Influenza-like illness (ILI) rates in Tanna remain above average, and there are also rumors of increased cases of yaws in Tanna and the Shepard Islands.
Health Sector Response

**Health Facility Assessments**

There are 71 health facilities on islands affected by cyclone Pam, excluding aid posts. Assessments have been conducted in 70 facilities (table 1). The single facility that has not been assessed is a Municipal dispensary in Port Vila that is fully functioning. Of the 70 facilities that have been assessed there were 6 facilities that were destroyed and 10 facilities with major damage. Minor damage was reported in 35 facilities and there was no damage reported from 19 facilities.

**Table 1:** Damage to health facilities by health facility type on affected islands, Vanuatu, March 2015

<table>
<thead>
<tr>
<th>Province</th>
<th>Health zone</th>
<th>Island</th>
<th>Facility name</th>
<th>Type of Facility</th>
<th>Status</th>
<th>Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shefa</td>
<td>3</td>
<td>Tongariki</td>
<td>Ambhoh</td>
<td>D</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Shefa</td>
<td>3</td>
<td>Tongoa</td>
<td>Nimair (bongabonga)</td>
<td>D</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Shefa</td>
<td>2</td>
<td>Efate</td>
<td>Paunangisu</td>
<td>HC</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Shefa</td>
<td>4</td>
<td>Epi</td>
<td>Port Quimimie</td>
<td>D</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Shefa</td>
<td>3</td>
<td>Tongoa</td>
<td>Silimauri</td>
<td>HC</td>
<td>FF</td>
<td>Major</td>
</tr>
<tr>
<td>Shefa</td>
<td>2</td>
<td>Nguna</td>
<td>Silimoli</td>
<td>D</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Shefa</td>
<td>3</td>
<td>Tongoa</td>
<td>Tavalapa (Leimutuk)</td>
<td>D</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Shefa</td>
<td>4</td>
<td>Epi</td>
<td>Vaemali</td>
<td>HC</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Shefa</td>
<td>3</td>
<td>Emae</td>
<td>Vaemauri</td>
<td>HC</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Tafea</td>
<td>2</td>
<td>Tanna</td>
<td>Green Hill</td>
<td>HC</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Tafea</td>
<td>1</td>
<td>Tanna</td>
<td>Ikiti</td>
<td>D</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Tafea</td>
<td>3</td>
<td>Tanna</td>
<td>Kitow (Nagu Kasaru)</td>
<td>HC</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Tafea</td>
<td>1</td>
<td>Tanna</td>
<td>Lenakol</td>
<td>Prov. H</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Penama</td>
<td>8</td>
<td>Pentecost</td>
<td>Bwatinagne</td>
<td>D</td>
<td>PF</td>
<td>Major</td>
</tr>
<tr>
<td>Penama</td>
<td>5</td>
<td>Maewo</td>
<td>Naviso</td>
<td>D</td>
<td>NF</td>
<td>Destroyed</td>
</tr>
<tr>
<td>Malampa</td>
<td>11</td>
<td>Ambrym</td>
<td>Utas</td>
<td>HC</td>
<td>PF</td>
<td>Major</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.

**Foreign Medical Teams (FMTs)**

11 out of 20 FMTs have already left Vanuatu after completing an average 2 week deployment either at fixed locations or through mobile clinics across the 22 most affected Islands. The number of FMTs will further decrease in the coming 2 weeks with only 4 still operating at the end of the months, two of them being a permanent support to the health system in Vanuatu. Vanuatu has received support in health service provision through mobile clinics conducted by foreign medical teams for many years and it can be expected that this form of support will pick up again in the coming months.
The number of consultations indicates the contribution of FMT’s to the overall workload at health facilities when having been provided at health facility level. Care needs to be applied when receiving health information system data from health facilities to avoid potential double counting. In the absence of comprehensive health information system data it is impossible to measure the increase of health service needs due to cyclone Pam at this point in time. Once health facilities are able to communicate their data this will become possible.
Medical Evacuations

The number of medevacs is decreasing as was to be expected. However with several medevacs having occurred in week 14 and 15 the need for this service is still far above the average of 20014 which was under 0.58/week.

Communicable Diseases

In light of the increasing numbers of diarrhoea cases in Tanna, people are being urged through the dissemination of key health messages to boil or treat their water, wash hands often and lactating mothers encouraged to exclusive breastfeed their infants. Children with diarrhea should be assessed at a health facility. One IDDK was shipped to Tanna this week to supply additional medicine and equipment, as well as additional ORS and zinc tablets.

Rumors of increased cases of yaws in Tanna and the Shepard Islands are being investigated, however protocols are already in place to manage suspected yaws. Samples from 4 cases of Acute Fever and Rash (AFR) have being sent for testing in Fiji.

No new suspected cases of leptospirosis reported this week, after the 4 cases of clinically diagnosed leptospirosis (not laboratory-confirmed) that have presented to Vila Central Hospital (VCH) as of 31 March.

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. Insecticide treated bed net (LLIN) target increased to 24,000 LLIN /7,000 households/ 34,000 pers., initially within Port Vila.

Immunization Activities
Approximately 25,000 children aged 6-59 months targeted for vaccinations in the initial 1-2 months. Health partners - Save the Children, UNICEF, World Vision and WHO – continue to implement the campaign, reaching 15,574 children aged 6 - 59 months already, along with deworming treatment, vitamin A and soap in Shefa and Sanma provinces. The measles catch up vaccination campaign commenced in Tanna this week.

Nutrition

A nutrition working group has been formed under the overall coordination of the Ministry of Health and as component of the public health response to the emergency. Nutrition partners are aiming at providing urgent nutrition support to treat and prevent deterioration of nutritional status through delivery of infant and young child feeding support, treatment of severe acute malnutrition and provision of micronutrients. With CERF funding 19,000 beneficiaries are being targeted across all affected areas in Vanuatu. Nutrition activities include:

- Support existing service for management of severe acute malnutrition; conduct screening as a complementary activity to immunization campaigns and refer to services;
- Establish breastfeeding spaces;
- Deliver education and counseling to pregnant and lactating women for appropriate and continued breastfeeding and complementary feeding in the emergency situation;
- Distribute MNPs for 6-59 months;
- Distribute Vitamin A in conjunction with measles campaign;
- Deliver communication on nutrition activities to the affected population.

Since the onset of the emergency following achievements can be reported on:

- Joint statement on appropriate infant and young child feeding signed and disseminated 18 March, and recirculated 4 March.
- Integration of acute malnutrition screening into all Efate sentinel sites for nutrition surveillance.
- Integration Vitamin A supplementation, deworming, IYCF messaging (mothers of children 0-24 months), and acute malnutrition screening into the measles campaign in Sanma and tafea.
- Integration of acute malnutrition screening at aid posts in Efate. To be rolled out nationwide (supported by SCA).
- 8 Health centres/dispensaries trained in IYCF counselling and received flipcharts.
- 3 inpatient treatment centres (santo, tanna, and PV) have received supplies for inpatient treatment of severe acute malnutrition.
- Nutrition working group currently working with the MoH to support the development of a micronutrient strategy, and to update the nutrition MoH nutrition policy in order to include micronutrients.

The Nutrition working group acknowledges the collaboration and contribution of the WG partners including MoH, WHO, World Vision and Save the Children. We invite all organisations working in nutrition to join this working group. We meet either before or after each health cluster meeting. Please contact Briony Stevens on nutritionworkinggroup.vanuatu@gmail.com to be added to the mailing list.

Health Messaging

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.

Health messages are being distributed on the ground in Tanna, Tongoa, Buninga and Epi by health cluster partners who are meeting with community leaders. Health alerts via SMS continue to be distributed to the general population, and local radio and print media are also helping to disseminate these messages.

Red Cross volunteers are being trained by IEC working group before they go to the affected areas to distribute health messages. Humanitarian Medical Assistance from Japan is funding the replication of IEC materials.

**PARTNER UPDATE**

This week a summary table of health activities conducted by health partners who reported into the 3 W (Who, What, Where) provides an overview of the activities that have been and are ongoing in week 15 and for the reminder of April. A preview of the downscaling of reported activities in the last column of the table below indicates a drastic decrease in health partner activities in the coming month. As the health sector remains critically underfunded it is vital that partners focus on essential health sector activities to prevent a deterioration of the overall health situation in Vanuatu. Once the assessment findings become fully available the emerging priority needs must be addressed in an overall strategic approach which is agreed upon by the Ministry of Health and health cluster partners.

Details on activities by partner and down to Island and health facility level can be taken from the 3 W update, posted in the respective folder in the Health Cluster Vanuatu google-drive.

https://drive.google.com/drive/folders/0Byp_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2ZNFHlb293ejrcnY3T1J3TDQ
## 3 W summary of ongoing health activities in week 15

<table>
<thead>
<tr>
<th>Province</th>
<th>Presence</th>
<th>Number of ongoing health activities</th>
<th>Key activities or health sector partners included</th>
<th>in May</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAFEA</td>
<td>Ministry of Health, Americares - NYC Medics, Fiji Medical Team, Samaritans Purse, Save the Children, TropoDoc, UNFPA, VANGO, Vanuatu Red Cross Society, World Vision, WHO</td>
<td>45</td>
<td>Basic First Aid, Disease surveillance, Foreign medical team assistance, Kit distribution, Measles vaccination catch up campaign, Nutrition screening and in-patient services for severe acute malnutrition, Preparing re-establishment of key health services like RH, Replenishment of medical drugs and supplies distribution including IEHK and RH kits, Risk communication, Health centre and aid post support</td>
<td>12</td>
</tr>
<tr>
<td>SHEFA</td>
<td>Ministry of Health, HUMA, LDS Church medical mission, Pacific Island Orthopaedic Association, Promedical, SAVE THE CHILDREN, UNFPA, VANGO, Vanuatu Red Cross Society, World Health Organization</td>
<td>83</td>
<td>Basic First Aid, Disease surveillance, Foreign medical team assistance, Kit distribution, Mosquito net distribution, Preparing re-establishment of key health services like RH, Replenishment of medical drugs and supplies distribution including IEHK and RH kits, Risk Communication - Public Health Messaging, Technical support provision, Health centre D10 and aid post support</td>
<td>22</td>
</tr>
<tr>
<td>PENAMA</td>
<td>Ministry of Health, Medical Santo, SAVE THE CHILDREN, UNFPA, UNICEF, World Health Organization</td>
<td>18</td>
<td>Disease surveillance, Foreign medical team assistance, Preparing re-establishment of key health services like RH, Replenishment of medical drugs and supplies distribution including IEHK and RH kits, Risk Communication - Public Health Messaging</td>
<td>3</td>
</tr>
<tr>
<td>MALAMPA</td>
<td>Ministry of Health, International Medical Corps, Medical Santo, SAVE THE CHILDREN, UNFPA, UNICEF, Vanuatu Red Cross Society, World Health Organization</td>
<td>40</td>
<td>Basic First Aid, Disease surveillance, Foreign medical team assistance, Health centre and aid post support, participatory hygiene and sanitation transformation program (WASH IECs), Preparing re-establishment of key health services like RH, Replenishment of medical drugs and supplies distribution including IEHK and RH kits, Risk Communication - Public Health Messaging</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>186</strong></td>
<td><strong>Key activities or health sector partners included</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

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The health sector continues to be sorely underfunded. The TC Pam Flash Appeal launched on the 24th of March requested 29.9 Million USD for the overall post-cyclone response. The funding situation improved from 23% last week to 35.7% by today, mainly through CERF.

As of 8 April, OCHA’s Financial Tracking Service (FTS) recorded USD 25 million from donors. Of this, USD 10.7 million was contributed to the Flash Appeal for Tropical Cyclone Pam, which remains only 36 per cent funded.

Australia has provided more than AUD 10 million in humanitarian assistance to Vanuatu, including AUD 5 million to partners on the ground, distribution of Australian humanitarian supplies, including shelter, water and sanitation kits to assist more than 13,000 people, deployment of an Australian Medical Assistance Team (AUSMAT), an Australian Urban Search and Rescue (USAR) team, and Australian disaster experts embedded with the Vanuatu NDMO to boost coordination and aid delivery, and support for sexual and reproductive health activities to help women at risk following the cyclone.

In addition, the Australian Defence Force (ADF) continues to support the delivery of equipment, personnel and emergency relief supplies to people in need throughout Vanuatu. In total, the Royal Australian Air Force (RAAF) delivered over 156 aircraft pallets of emergency relief supplies and equipment to Vanuatu.

The Government of Japan approved the 600,000 USD to UNICEF for emergency response to affected countries by Cyclone Pam.

Russia-funded health kits are on the way to Vanuatu and expected to arrive next week.
Future response: Priority Activities

The development of the draft strategic health sector response plan presented in the last Health Cluster bulletin is still ongoing. Contributions from the health cluster partners still coming in and very much welcome over next week. At the same time, this process is going to benefit from the outcome of the harmonized multi cluster assessment, which has been completed during this week. The data have all been entered and the analysis is going to be completed early next week. The strategy document should be completed by 20 April, and should be a key document to inform the production of the health cluster section of the overall humanitarian plan, which should be delivered shortly after such date.

Gaps and Constraints

Prior to the cyclone, fees were charged (with discretion) for accessing health services at some facilities. The MoH is going to consider the temporary suspension of any user fee in the Cyclone affected areas.

Some concerns have been voiced by members of the public that some health facilities affected by the cyclone were without staff. MoH is investigating to ensure all available staff are attending to their posts to provide necessary services.

Military are no longer transporting personnel; only supplies and equipment. Partners will need to be mindful of impending departure of military ships/helicopters when organising future despatches to affected islands.

Some medicines in health centres and dispensaries will likely run out, due to increased demand for health services, despite health facilities being resupplied recently. The situation is being monitored closely by the MoH so that restocking can take place where required.

MoH prefers to confirm status of existing (pre-cyclone) bed nets before partners distribute any new nets. There are only around 35,000 nets in stock. It is important that agencies consult with the MoH before distributing new nets to ensure there is a good understanding of stocks available and to ensure stocks are distributed according to national plans and identified needs.