Papua New Guinea: Cholera, dysentery and influenza outbreaks

The International Federation’s Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation’s disaster response system and increases the ability of national societies to respond to disasters.

CHF 43,878 (USD 41,339 or EUR 28,923) has been allocated from the Federation’s Disaster Relief Emergency Fund (DREF) to support Papua New Guinea Red Cross Society (PNGRCS) in delivering immediate assistance to some 5,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary:
A State of Emergency has been declared in Morobe Province, Papua New Guinea in response to outbreaks of cholera, influenza and dysentery across two districts within the province. There have been 99 reported cases of cholera and 9 deaths reported in the district of Tewai – Siassi to date. In Menyamya district there are 205 reported cases of dysentery and 17 reported deaths as a result. In addition, there was a further 278 reported cases of influenza with 14 reported deaths. The Papua New Guinea Red Cross is in the process of mobilizing volunteers and relief stocks in an effort to support the containment of the diseases.

The International Federation in support of Papua New Guinea Red Cross Society released the amount of CHF 43,878 (USD 41,339 or EUR 28,923), in response to the outbreak through the Secretariat’s Disaster Relief Emergency Fund (DREF).

This operation is expected to be implemented over four months, and will therefore be completed by 7 January, 2010; a Final Report will be made available three months after the end of the operation (by 7 April, 2010).

The major donors and partners of the DREF include the Danish Red Cross, Irish Red Cross/ Irish government, Japanese Red Cross, Monaco Red Cross/ Monaco government, Netherlands Red Cross/ Netherlands government, Norwegian Red Cross/ Norwegian government, Swedish Red Cross/ Swedish government, Italian government, United Kingdom Department for International Development (DFID), ECHO, OPEC Fund for International Development, and corporate and private donors. Details of all donors can be found here. The International Federation, on behalf of the Papua New Guinea Red Cross Society, would like to thank all donors for their generous contributions.

<click here for the DREF budget, here for contact details>
The situation

A cholera outbreak in Morobe province, Papua New Guinea which is said to have been first detected on 28 July, was first reported to health personnel on 4 August. While the outbreak was initially concentrated in the village of Nambariwa in the district of Tewai - Siassi, it had spread to a further three villages: Lambutina, Towat and Wasu by 6 August. As of 2 September there were also cases being reported in a further two villages: Woka and Lailo. There is also growing concern regarding the population of Lae in the Morobe provincial capital, (which has a population of 300,000), where there have been 14 reported cases and one reported death.

Simultaneously in the district of Menyamya, there have been 278 reported cases of influenza resulting in 14 reported deaths; and a further 205 reported cases of dysentery with 17 reported deaths. The outbreaks in Menyamya are currently isolated to three villages: Hakwenge, Wapi and Kome.

Water specialists are looking at the chlorination levels of the water supply in Lae as it is a transit point for the five highland provinces, the four Momase provinces: East Sepik, Madang, Morobe, and West Sepik (Sandaun). This also includes the provinces of Milne Bay and Oro.

Two health assessment teams headed by the national department of health have been into the cholera affected areas to assess the situation and determine response needs. The villages affected by influenza and dysentery in the district of Menyamya are in a very remote area of the Morobe province; and the district has limited communication. Health teams have to be air dropped as there are no roads into this mountainous area. A health assessment team went to Menyamya on 4 September and is expected to return to Lae on 7 September.

Coordination and partnerships

Papua New Guinea Red Cross Society (PNGRCS) is working with all relevant government and non-governmental organizations in-country to address the outbreak.

A coordination and command centre for response operations, has been established in Port Moresby and led by the outbreak coordination committee under the auspices of the national department of health. This committee is supported by the government ministries and supported by the national agriculture quarantine inspection authority (NAQUIA), the National Disaster Central, the World Health Organization (WHO), Médecin Sans Frontières (MSF), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), Australian Agency for International Development (AusAID) and the PNGRCS. A sub-command centre is being set up in Lae at the provincial division of health. Up to two health staff have been deployed to the Wasu area to support community health workers. There are three WHO staff, based in Lae providing technical and practical support for coordination, clinical management and hospital infection control. Up to 300,000 oral rehydration salt (ORS) sachets ordered by WHO are expected to arrive over the weekend with a further 200,000 ORS as well as aquatabs and water containers on order. MSF are also supporting the national department of health in their clinical response to the outbreaks.

Red Cross and Red Crescent action

PNGRCS is working closely with the coordination body at the national level and also at the provincial level through its Morobe branch; where the branch is monitoring information and forwarding it on to the headquarters. The Papua New Guinea government coordination body has requested the assistance of PNGRCS in the dissemination of hygiene promotion materials to the affected communities and to assist with efforts to contain the spread of disease. PNGRCS is mobilizing an assessment team to go to the affected province. It is expected that they will mobilize teams of volunteers to go to the affected areas to support the dissemination of information and hygiene awareness materials as well as water containers and purification tablets in affected and surrounding communities in coming days.
The needs
There have been requests from the Morobe provincial administration health advisor for drugs, blankets, water containers, tarpaulins and food to assist people who are moving away from the affected areas in fear of contracting disease.

The proposed operation
PNGRCS aims to support up to 5,000 people (approximately 1,000 families) for hygiene promotions and hygiene items distribution. PNGRCS hopes to support up to 2,500 people in Tewai – Siassi district and another 2,500 people in the Menyamya district.

Emergency health
Objective: Up to 5,000 people, (approximately 1,000 families) in Tewai – Siassi and Menyamya districts are provided with information, education and communication materials as well as hygiene items.

Activities planned:
- deployment of relief items and personnel to affected areas; and
- procurement of relief items including oral rehydration salt sachets and water containers
- printing of hygiene promotion materials and associated costs
- mobilization of the assessment team to affected areas

Capacity building
Objective: Improved capacity of PNGRCS staff and volunteers at branch and headquarters levels to manage disaster relief operations

Activities planned:
- training of volunteers
- replenishment of relief items deployed from the branch emergency container
- communications

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:
- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
### Contact information

For further information specifically related to this operation please contact:

- **In Papua New Guinea Red Cross Society:**
  - Ms. Esme Sinape (Secretary General), email: hqpngrcs@online.net.pg, phone +675 325 2145.
  - Pacific regional office in Suva, Fiji:
  - Ms. Aurélia Balpe, Head of regional office, email: aurelia.balpe@ifrc.org, or Ms. Ruth Lane, Regional disaster risk reduction delegate, ruth.lane@ifrc.org, phone: +679 3311 855, fax: +679 3311 406
  - Asia Pacific Zone office in Malaysia:
  - Jagan Chapagain (Deputy head of Asia Pacific Zone), email: jagan.chapagain@ifrc.org,
  - phone: +6 03 9207 5700
  - Disaster management unit: Mr. Daniel Bolaños González (Regional disaster response delegate), email: daniel.bolanos@ifrc.org; phone: + 60 3 9207 5729, mobile: +60 12 283 7305
  - Resource mobilization & PMER unit: Ms. Penny Elghady (RM & PMER coordinator), email: penny.elghady@ifrc.org, phone: +60 3 9207 5771
  - For pledges of funding: zonerm.asiapacific@ifrc.org

---

[DREF budget; click here to return to the title page]
**DREF BUDGET SUMMARY**

Papua New Guinea: Cholera, dysentery and influenza outbreak  
MRPG004

<table>
<thead>
<tr>
<th>RELIEF NEEDS</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water &amp; Sanitation</td>
<td>20,513</td>
</tr>
<tr>
<td>Total Relief Needs</td>
<td>20,513</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSPORT, STORAGE &amp; VEHICLES</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution &amp; Monitoring</td>
<td>3,282</td>
</tr>
<tr>
<td>Transport &amp; Vehicles Costs</td>
<td>4,923</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKSHOPS &amp; TRAINING</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops &amp; Training</td>
<td>2,461</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL EXPENSES</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>4,103</td>
</tr>
<tr>
<td>Information &amp; Public Relations</td>
<td>4,103</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>1,641</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAMME SUPPORT</th>
<th>Original</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Support - PSR (6.5% of total)</td>
<td>2,852</td>
</tr>
</tbody>
</table>

| Total Operational Needs      | 23,365   |
| Total Appeal Budget (Cash & Kind) | 43,878 |
| Less Available Resources     |          |
| Net Request                  | 43,878   |