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DREF Final Report

Vanuatu: Dengue Fever Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: Vanuatu Dengue Fever Outbreak	Operation n° MDRVU003
Date of Issue: 30 September 2017	Glide n° EP-2017-000006-VUT
Date of disaster: 17 January 2017	
Operation start date: 26 January 2017	Operation end date: 31 May 2017
Host National Society: Vanuatu Red Cross Society	Operation budget: CHF 80,910
Number of people affected: 20,000 at risk	Number of people assisted: 6,250 directly; 13,200 via text message; 20,000 via TV and radio
N° of National Societies involved in the operation: 1 As in-country partners, the Australian Red Cross (ARC) and French Red Cross (FRC) have also been engaged in the response.	
N° of other partner organizations involved in the operation: 4 Government of the Republic of Vanuatu via the Vanuatu Ministry of Health and Ministry of Education, World Health Organisation (WHO), Vanuatu Police Force and the Adventist Development and Relief Agency (ADRA)	

On behalf of the Vanuatu Red Cross Society, the International Federation of Red Cross and Red Crescent Societies would like to thank all partners for their generous contribution to the replenishment of this disaster relief emergency fund (DREF). The total expenditure recorded is CHF 59,063 leaving a balance of CHF 21,847 which will be returned to the DREF.

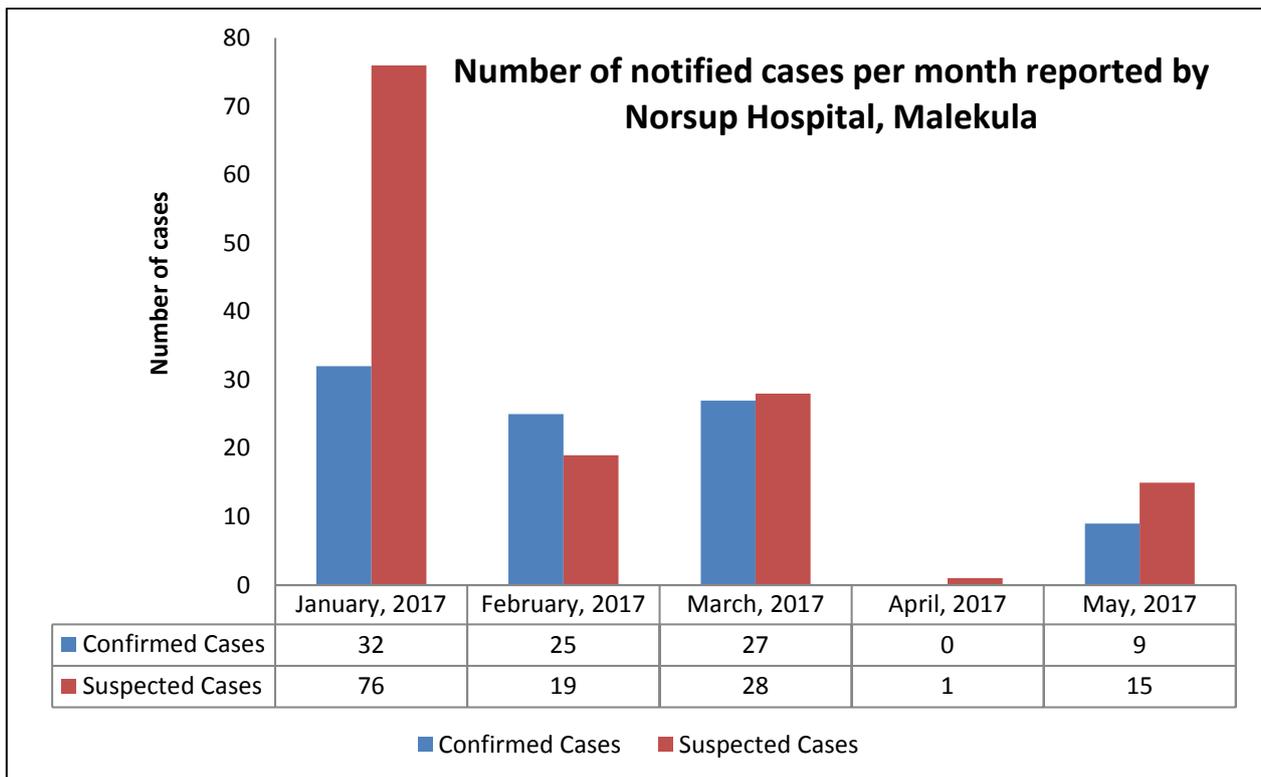
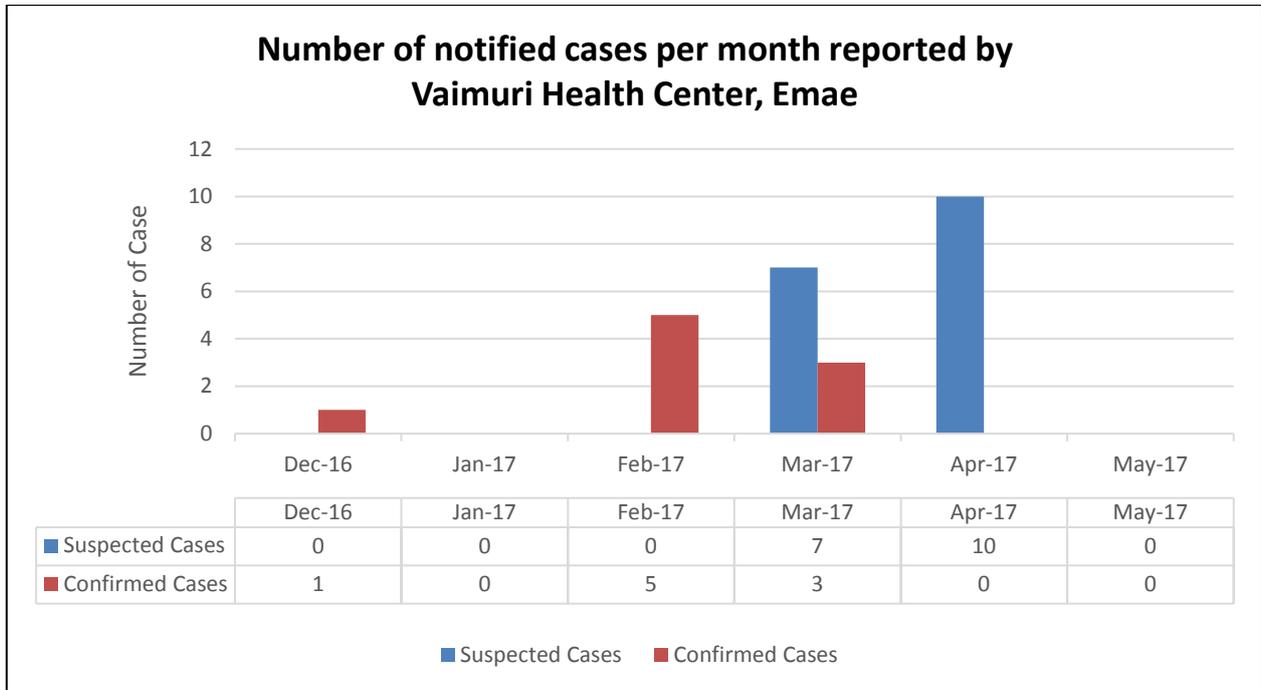
A. Situation analysis

Description of the disaster

In November 2016, the Vanuatu Ministry of Health (MoH) observed an increase in the reported number of dengue fever cases in the country. Like other Pacific Island countries and territories, Vanuatu is prone to dengue outbreaks. The country has experienced five major outbreaks since 1970, the worst of which occurred in 1989 with over 3,000 admissions and 12 deaths. Since the 1989 outbreak, the government has upgraded its surveillance and control system and developed dengue preparedness plans.

On 30 December 2016, the MoH declared a dengue outbreak and as of 31 May 2017, a total of 2,820 suspected cases had been reported to the MoH during the outbreak period. Of these 641 cases were confirmed positive. In accordance with the request of the MoH and Vanuatu Red Cross Society (VRCS), this DREF operation was supporting the VRCS to focus on the islands of Emae (Shefa province) and Malekula (Malampa province) where the following number of cases were reported and confirmed as at 31 May 2017:

Province	# of reported cases	# of confirmed cases
Emae	17	7
Malekula	139	93



Summary of response

Overview of Host National Society

The Vanuatu Red Cross Society (VRCS) works through one headquarters office in Port Vila and six branches covering all administrative provinces of Vanuatu. VRCS has 34 staff based in the national office and nine staff in the provinces in addition to approximately 508 active volunteers throughout the country. Together with Movement partners, VRCS coordinates prevention actions within the various projects being implemented across Vanuatu.

Following the MoH declaration on 30 December 2016, VRCS conducted immediate and detailed needs assessments within the two islands, Emae and Malekula, designated to VRCS to respond. A DREF allocation of CHF 80,910 was released by the IFRC to support VRCS in the provision of humanitarian assistance to the communities of Emae and Malekula via clean-up campaigns, health messaging and the distribution of IEC materials.

VRCS has previously had experience in responding to dengue outbreaks including the most recent dengue epidemic in 2014. The resources obtained through funding provided by the Red Cross Society of China in 2014, such as hygiene awareness materials, have been used and contributed to this epidemic response.

DREF history:

30 December 2016

The Vanuatu Ministry of Health declares a dengue outbreak.

27 January 2017

CHF 80,910 is allocated from the [DREF](#) to support VRCS in reaching 6,250 people directly and 20,000 people indirectly.

13 April 2017

- A no-cost revision was made to the Emergency Plan of Action (EPoA) through an [operation update](#) to reflect:
 - the reallocation of communications and information material funds to a communication campaign utilizing SMS messages in partnership with Digicel;
 - the elimination, reduction or rationalizing of some activities which were found to duplicate Ministry of Health (MoH) activities.
- The operation was extended by five weeks to enable monitoring and evaluation, and lessons learned activities to be carried out without haste; also in consideration of Tropical Cyclone Cook which passed over Vanuatu on 9 April and initially raised concerns that the Dengue outbreak may intensify.

Overview of Red Cross Red Crescent Movement in country

Since Tropical Cyclone Pam hit the Pacific islands including Vanuatu in March 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC), ARC, FRC, and New Zealand Red Cross (NZRC) have been actively supporting VRCS in their relief and recovery projects which will continue until the closure of the operation in September 2017.

Throughout the operation, the IFRC country cluster support team (CCST) in Suva and the Asia Pacific regional office (APRO) in Kuala Lumpur have provided on-going technical support to VRCS. The regional Emergency Health coordinator (Asia Pacific) has also been active in providing technical support and an RDRT Health member was appointed in February to support operations management and provide technical support to VRCS until 15 April 2017. Since April, the newly appointed Health manager within the Pacific CCST has continued to provide technical support and in-country assistance to VRCS.

Overview of non-RCRC actors in country

The MoH as lead agency has coordinated and implemented the response to the dengue outbreak. Other partner organizations actively involved in the operation have included ADRA, the World Health Organization (WHO), local government, the Vanuatu Police Force, and the Ministry of Education.

The MoH has conducted epidemiological surveillance, case detection and treatment through its network of hospitals and health centers as well as establishing a national dengue task force (NDF) comprising representatives from the relevant MoH sections, WHO, the New Zealand Aid Programme (NZAID) and VRCS. VRCS participation in these meetings established clear communication channels with the MoH and WHO enabling the ready identification of any potential areas of duplication in the response. The MoH also developed and implemented a mass media campaign comprising TV spots, an SMS campaign (using TVL, the alternative provider to Digicel) and newspaper articles.

At a provincial level, collaboration between Provincial Health and VRCS in Emae and Malekula has been very strong. In Emae, Provincial Health have supported the VRCS response team with transportation and the use of facilities. Provincial Health nursing staff have also participated in, and significantly contributed to, VRCS trainings.

Needs analysis and scenario planning

In accordance with the request of the MoH, the VRCS response focused on the municipalities of Emae and Malekula and targeted the most vulnerable communities based on the following vulnerability criteria:

- High population density;
- High incidence of suspected dengue cases;
- Greater population of elderly and children;
- Presence of schools.

The following table details the population directly targeted by the operation:

Hotspot zone	Island / Province	Population	Households
Emae island	Emae, Shefa province	750	150
Lakatoro & surrounding villages, Lamap	Malekula, Malampa province	5,500	1,100
Total		6,250	1,250

In addition, through its contribution to the MoH mass media campaign (social media and news articles), VRCS has aimed to reach 20,000 people across the four affected provinces of Shefa, Sanma, Malampa and Tafea whom were considered at risk should community members not practice preventive dengue measures.

Risk Analysis

The primary risk to the operation was the deployment of emergency response team (ERT) trained volunteers to hotspot areas where they may be exposed to the dengue virus. This risk was mitigated through proper health briefing and the provision of Personal Protective Equipment (protective gloves, mosquito repellent cream, etc.) to all volunteers working in the field.

B. Operational strategy and plan

Overall Objective

To reduce the immediate risk of spread of the dengue virus for people in the most affected semi-urban and rural areas of Emae and Malekula. The DREF Operation directly targeted 1,250 households (population: 6,250 people) through dengue prevention and awareness activities; and 20,000 people indirectly across the four affected provinces of Shefa, Sanma, Malampa and Tafea through dengue awareness social media campaigns.

Proposed strategy

VRCS has worked directly with communities and in coordination with local authorities and the MoH. In accordance with the request of the MOH and VRCS capacities, VRCS prioritized its actions within the affected areas of Emae Island (10 communities) and Malekula Island (15 communities).

These actions have included:

- an initial assessment to determine the level of need in the affected communities;
- training of VRCS volunteers and community health promoters in the facilitation of community mapping, awareness campaigns and behavioural change communications (utilising the IFRC/RCCC Zika Dengue Chikungunya (ZDC) toolkit for communities and schools);
- a mass communications campaign through print and social media including a partnership with Digicel to disseminate dengue awareness and prevention messaging via sms and Facebook;
- a proper waste disposal campaign;
- community-led clean-up campaigns twice per month; and
- the distribution of cleaning kits to schools and communities.

Throughout the operation, VRCS has worked with local authorities and community leaders to review progress and coordinate the response.

Gender, protection and inclusion (GPI) principles have been incorporated into all activities through encouraging the involvement of women volunteers and the participation of vulnerable groups in community activities. In addition, VRCS ensured that the interventions were aligned with its own as well as IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming, for example by targeting families with children under the age of five, pregnant or lactating women, children made vulnerable by the outbreak, and families that had not received any or insufficient assistance from other sources or agencies.

Operational support services

VRCS developed an EPoA at the onset of the response and has organised its activities in accordance with the following work sectors:

- Planning and appeal;
- Support services to volunteers and branches;
- Logistic/administrative support services;
- Operations: areas targeted by the first-response operations sector;
- Response to emergency and rescue services;

- Health area;
- Monitoring and evaluation;
- Security in operations;
- Humanitarian assistance.

Human resources (HR)

Throughout the response, VRCS has mobilised its volunteer response teams specialized in health in emergencies to support the implementation of the EPoA.

The coordination of the response has been managed by the VRCS health coordinator with the support of the VRCS health officer. In addition, two volunteer field coordinators were enlisted and have coordinated all field activities and volunteers. Thirty-six volunteers were mobilised and supported through per diems and the issue of personal protective equipment.

One Health RDRT member was deployed to Vanuatu for a period of two months from 15 February to 15 April 2017 to assist VRCS with coordinating the implementation of activities under the DREF.

Logistics and supply chain

Logistics activities aimed to effectively manage the supply chain, including local procurement, fleet management, storage and transportation to distribution sites in accordance with the operation's requirements. VRCS logistics capacity was built up during the Tropical Cyclone Pam ("TC Pam") operation and VRCS has an existing logistics HR structure for the procurement of goods and services, with defined procedures which are compatible with the IFRC procurement standard systems and procedures. In addition, there is a secure warehouse in Port Vila to store any relief supplies required by the operation. Clean up and personal protection kits were procured locally and distributed in Emae and Malekula.

The IFRC logistics delegate based in the Pacific Country Cluster Support Team in Suva and the IFRC Regional Logistics Unit in Kuala Lumpur also provided technical logistics support to VRCS as required.

Communications

VRCS has a Communications department which provides information for internal and external publication as well as a Facebook page, website and Twitter account.

Throughout the operation, VRCS has undertaken or contributed to numerous communication and media activities, including:

- two articles on the VRCS Website: [Vanuatu Red Cross Dengue Fever Outreach 1](#) and [Vanuatu Red Cross Dengue Fever SMS Message Outbreak](#);
- an article "[Red Cross Fights Spikes in Dengue Across the Pacific](#)" written by the IFRC communications manager in Suva and published on the IFRC website;
- a phone interview between the VRCS health team and the United Kingdom based organization [Break Dengue](#); an article based on this interview was subsequently published online;
- nationally broadcast radio interviews, between the national broadcaster (Radio Vanuatu) and branch volunteers in Emae during the week of 3 April;
- an SMS campaign in partnership with Digicel, including the development and posting of VRCS content to the online Pacific news site [Loop News](#);
- 10 posts to the [VRCS Facebook](#):
 - 18 April: "Dengue Preventive Measures"
 - 13 April: "Dengue risky zones/areas"
 - 12 April: Radio interview between Emae Field Coordinator and Radio Vanuatu
 - 7 April: "Dengue treatment"
 - 5 April: "Dengue symptoms"
 - 3 April: "Vanuatu Red Cross Society and IFRC are helping Vanuatu communities fight Dengue"
 - 31 March: "Vanuatu Red Cross Society (VRCS) has been collaborating with the Ministry of Health to respond to the dengue fever outbreak"
 - 31 March: "Vanuatu Red Cross responds to dengue outbreak" (also posted on the Pacific online news website 'Loop News')
 - 15 March: Vanuatu Red Cross Dengue Fever SMS message
 - 28 February: Vanuatu Red Cross Dengue Fever Outreach
- 8 posts to the [VRCS Twitter](#) site:
 - 18 April: "Dengue Preventive Measures "

- 13 April: "Dengue risky zones/areas"
- 12 April: Radio interview between Emae Field Coordinator and radio Vanuatu
- 7 April: "Dengue treatment"
- 5 April: "Dengue symptoms"
- 3 April: "Vanuatu Red Cross Society and IFRC are helping Vanuatu communities fight Dengue"
- March 31: "Red Cross fights spikes in dengue across the Pacific"
- March 31: "Vanuatu Red Cross responds to dengue outbreak"

Security

VRCS analysed security conditions considering information from local authorities and community leaders, and a security plan was drawn up based on IFRC minimum operational standards. Some measures included field operations to be in daylight hours only and all personnel and equipment to be clearly identified with the RCRC logo. All volunteers were issued with shirts that clearly identified the wearer as a VRCS volunteer and highlighted the dengue focus of the operation. Personal safety and security training was also conducted through two operational safety workshops held to build volunteer capacity and reduce security risks during field operations.

Throughout the operation, field movement planning, approval and monitoring systems were in place and staff provided with access to communications equipment for travel monitoring and emergency contact. Contingency plans were also in place for emergency situations.

Planning, monitoring, evaluation, & reporting (PMER)

The VRCS Health coordinator has monitored the implementation of the EPoA in cooperation with the VRCS disaster coordinator. Activities have also been monitored by the field coordinators, Health RDRT member, and latterly CCST Health manager.

Monitoring templates were developed and distributed for the operation and reporting has been carried out in accordance with the IFRC minimum standards. A knowledge, attitudes and practices (KAP) survey was also implemented in the early stages of the operation. The results of the survey were used to guide the operation and will be used to inform future dengue responses. Beneficiary satisfaction surveys and a multi-stakeholder lessons learned workshop were conducted at the operation's end.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Needs assessment			
Outcome 1 Operation design and implementation is informed by continuous and detailed assessments and analysis	Outputs		% of achievement
		Output 1.1 An initial needs assessment and ongoing monitoring activities are conducted in consultation with beneficiaries Output 1.2 Promote and facilitate safe access to Communities Output 1.3 Principles of gender, protection and inclusion are incorporated into all activities	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Coordination with community leaders and authorities to facilitate and ensure access to communities	x		100%
1.1.2 Detailed assessment of effects to communities	x		100%
1.1.3 Development of an operational and institutional safety plan for VRCS to implement the Plan of Action	x		100%

1.1.4 Operational safety workshops	x		100%
1.1.5 Support and monitoring from IFRC	x		100%
1.1.6 Lessons learned activity	x		100%

Achievements

Memorandums of understanding (MOU) developed and signed with relevant community stakeholders as part of the community engagement process and to facilitate the participation of all partner agencies and communities in the response, specifically;

- 25 MOUs with community leaders;
- 10 MOUs with provincial schools;
- 1 MOU with the MoH; and
- 1 MOU with the Ministry of Education (MoE).

Initial consultations with stakeholders in Emae and Malekula, including:

- the use of epidemiological data from the MoH;
- discussions with VRCS volunteer coordinators and volunteers;
- meetings with MoH staff;
- a baseline survey of affected communities in partnership with Digicel;
- a KAP survey to guide the design and implementation of the operation.

A detailed assessment conducted in 25 communities and 10 schools of Emae and Malekula. Thirty-five detailed assessment forms were completed by the VRCS Health coordinator and the information used to assist VRCS:

- make informed decisions and develop an operational plan for early intervention;
- measure the incidence of disease and collect data on the social and economic impact of dengue in the affected communities;
- monitor trends in the distribution and spread of dengue over time;
- evaluate the effectiveness of the VRCS dengue prevention and control program; and
- identify methods for disseminating key dengue response messages to the affected communities.

An operational plan to ensure the effective implementation of the EPoA. Thirty-six volunteer coordinators and volunteers completed safety training (Emae: 9 males, 5 females; Malekula: 17 males, 5 females) and were provided with personal protection kits during provincial level workshops.

Regular communication with the Health RDRT member, IFRC Regional Emergency Health Coordinator, and later the IFRC CCST Pacific Health Manager supporting VRCS in developing methods to monitor field activities.

Beneficiary satisfaction surveys completed in Emae and Malekula with a sample size of 258 (160 males, 98 females). The results of the surveys indicate that:

- Volunteers reached 91% of the general population through community awareness;
- Targeting of children via school awareness campaigns reached 85%;
- 88% of the population was reached through the distribution of posters and pamphlets;
- 91% of the population confirmed that the information given was useful and that they would like to know more;
- 76% of beneficiaries learned about dengue from the radio;
- 97% of beneficiaries learned about dengue from health workers.

Provincial level lessons learned workshops in Emae and Malekula, and a national level multi-stakeholder lessons learned workshop were conducted in Port Vila. Participants at the national level workshop included representatives of the MoH, WHO, MoE, Shefa Health, Malampa Health, Digicel, ARC, FRC, VRCS, and a representative from the Eliminate Dengue programme at Monash University in Australia.

Challenges

Malfunctions with MagPi software being used for the KAP survey. To mitigate this, VRCS reverted to using a paper-based survey and manually entering data however, this process was very time consuming.

Limited human resource with knowledge of conducting a health emergency response operation. To mitigate this, VRCS conducted training workshops in Emae and Malekula for 4 staff and 31 volunteers involved in the response. The workshops ran for three days and provided an overview of the EPOA and training in all aspects of the operation.

To further support this, a PHiE training will be held in Vanuatu in October 2017 to further strengthen the PH capacity in country, funded by the Australian Red Cross (ARC) with coordination by the APRO and IFRC CCST Pacific.

Lessons Learned

The following were identified by VRCS and/or during the multi-stakeholder lessons learned workshop held on 30 May 2017 as potential areas for improvement:

- ensuring that all personnel involved in the response are familiar with the EPoA and aware of the available resources and how to access them;
- conducting regular simulation exercises;
- regular coordination meetings and communication with all partners/stakeholders;
- training opportunities for staff and volunteers involved in the response;
- identifying alternative data management tools (for in the case of a malfunction).

During the workshop, it was also discussed that the IFRC DREF requirement for a 60:40 ratio of direct beneficiary support to operational support costs is difficult to achieve in contexts such as Vanuatu where the time, resource and cost of reaching remote communities and far away islands is logistically intensive and very high. Workshop participants agreed the importance of raising the awareness of this issue with IFRC and seeking reconsideration of the ratio in specific contexts.



Lessons Learned Workshop, Port Vila, Vanuatu, 30 May 2017 (photo: IFRC)

Health and Care

Needs analysis:

The following were determined as the main requirements to reduce the spread of Dengue in Emae and Malekula:

- Provision of information to the population regarding the signs and symptoms of Dengue and the need to access quick and effective health care services to reduce morbidity and mortality;
- Monitoring and recording vectors in each community, to observe trends: community mapping using ZDC Toolkit;
- A public awareness campaign to engage the population and help prevent and/or reduce the number of cases.
- Dengue awareness education in schools.

Population to be assisted:

A total 6,250 people (1,250 households) in 25 communities across Emae and Malekula were targeted to receive direct assistance with preventing and reducing the spread of the Dengue virus by eradicating the vector that causes Dengue. This included ten schools (between approximately 1,500 and 2,000 students) which were targeted on the basis that students would share their learning in their home environments.

Health and Care

Health and Care			
Outcome 1 The immediate risks to the health of affected populations are reduced	Outputs		% of achievement
	Output 1.1 The immediate risks to the health of affected populations are reduced		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	

1.1.1 Equip and train volunteers, health promoters and teachers for engaging (using ZDC Toolkit) community members with public information campaigns, and awareness on prevention and early detection of dengue mapping	x		100%
1.1.2 Localize, adapt and reproduce information, education and communication (IEC) materials on dengue and Zika prevention	x		100%
1.1.3 Conduct awareness sessions on prevention, early detection and self-referral of dengue in schools and communities, targeting 6,250 people	x		100%
1.1.4 Undertake public information campaigns on prevention, early detection and self-referral of dengue in schools and communities, targeting 20,000 people	x		100%

Achievements

Thirty-six volunteer coordinators and volunteers received presentations by local health staff and instruction on ZDC toolkit topics including behavioural change and community mobilization. Volunteer action plans were also developed for implementation in the response.

The ZDC toolkit was adapted, translated into Bislama and reproduced for use in rural communities of Vanuatu. The adapted version was reduced in size to focus on dengue and meet the immediate requirements of the DREF operation¹. Thirty copies of the adapted toolkits were produced and provided to each volunteer who participated in the training. The toolkit is now readily available should another outbreak occur.

4,000 pamphlets and 200 posters (copies of MoH IEC materials) were distributed by VRCS across the affected areas of Emae and Malekula. In addition, seven translated and laminated copies of the ECV toolkit were distributed to the two provinces along with soft copies. A further copy of the ECV Toolkit was provided to Provincial Health in Malekula at their request.

Strategies to develop health awareness in the target population n=6,250 (2,909 males; 3,341 females) were implemented. The thematic focus of the awareness messaging was prevention, early detection and self-referral of dengue.

A public information campaign using SMS messaging to target the affected population of Emae and Malekula was undertaken in partnership with Digicel. The campaign consisted of twelve SMS messages which were sent to all Digicel subscribers in the area over a 4-week period. To inform the content of the SMS messages the VRCS health team developed a basic phone interview questionnaire (baseline KAP survey) to be implemented by Digicel staff. Two hundred and fifty respondents were randomly selected in the target locations. The survey, although limited in scope, gleaned some useful information to inform the SMS messages which were then developed by the VRCS team and translated into Bislama. During visits to Emae and Malekula numerous community and branch members informed the VRCS team that they had received some of the SMS messages. Results of the baseline survey can be viewed at [Dengue response baseline survey](#). An endline KAP survey was also conducted by Digicel at the end of the campaign and can be viewed at: [Dengue response endline survey](#)

Approximately 20,000 people were reached indirectly throughout the campaign via social and print media including four media releases produced by the Vanuatu Daily Post; three articles published internationally by Dengue Break, IFRC and Loop News; the VRCS website, Facebook and Twitter. However, radio spots were cancelled and the number of printed resources (including banners) reduced so that these costs could be reallocated to the Digicel SMS campaign.

Challenges

The ZDC toolkit, translated and adapted for the local context, was not available at the onset of the operation. For this reason, and taking into consideration the many technical terms which were challenging to translate, the first four weeks of the operation were spent adapting and translating the kit documents. As this translation is now completed, this will no longer impact any future operations.

VRCS has a limited number of communications staff with additional responsibilities which can impact the timeliness of their availability to provide communications support. In addition, only the communications staff are presently able to post updates on the VRCS Facebook and Twitter. The VRCS health and communications teams will discuss how to better manage this process for future operations.

Lessons learned

¹ The original ZDC toolkit has been provided to the volunteer coordinators in Emae and Malekula for use as a resource

The following were identified by VRCS and/or during the multi-stakeholder lessons learned workshop held on 30 May 2017 as potential areas for improvement:

- Ensuring all materials are translated and adapted in advance of an outbreak, and the ready availability of the materials at VRCS headquarters and in the branches;
- Identifying and agreeing communication needs with all parties.

Water, Sanitation and Hygiene Promotion

Needs analysis:

For the majority of the operation, Vanuatu was in its rainy season. This period is favourable for the vector's proliferation because rains may be heavy for a short time or intermittent, which fosters the growth of *Aedes Aegypti* larvae in natural reservoirs or discarded containers. Accordingly, measures were required to eliminate the vector at various stages. The main requirement was to eliminate larvae breeding sites, through community and school clean-up campaigns.

Population to be assisted:

Clean-up, breeding site elimination and proper waste disposal campaigns were conducted in 25 communities and 10 schools within Emae and Malekula and coordinated by VRCS in collaboration with local authorities. Protective gear and cleaning tools were provided to those involved in the clean-up campaigns.

Water, sanitation and hygiene promotion

Outcome 1 Immediate reduction in risk of vector-borne diseases in targeted communities	Outputs		% of achievement
	Output 1.1 Practice of environmental sanitation in target population increased		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Equip and train volunteers, health promoters and teachers to mobilize community members for community and household-level clean-up campaigns	x		100%
1.1.2 Mobilize community members and students for clean-up campaigns to eradicate potential mosquito breeding sites	x		100%
1.1.3 Procure and distribute community and school cleaning kits	x		100%
1.1.4 Promote household-level clearing of potential mosquito breeding sites	x		100%

Achievements

The number of dengue cases in the target areas was reduced.

2,320 people participated in clean-up and waste disposal campaigns organised by VRCS volunteers. This included 739 people from the communities, and 1,524 students and 57 teachers.

31 volunteers were equipped and trained to mobilize communities (including 10 schools) to eliminate mosquito breeding sites.

Visits to households (137 in Malekula and 101 in Emae), schools and communities produced maps identifying potential local mosquito breeding sites to inform the operational plan. Communities were mobilised and the plans rolled out to eradicate these sites. Each community mobilisation consisted of one-day comprising awareness raising activities in the morning and a clean-up campaign in the afternoon.

24 community and school cleaning kits ² were donated to 15 communities and 9 schools in Malekula; a further 11 kits were donated to 10 communities and 1 school in Emae.
Challenges
The primary challenge with respect to water, sanitation and hygiene promotion was the malfunction of the only shipping vessel to Emae. This delayed the shipment and distribution of the cleaning kits, and mass clean-up campaign activities in Emae by one week. All kits were eventually received by the communities and schools.
Lessons learned
The following were identified by VRCS and/or during the multi-stakeholder lessons learned workshop held on 30 May 2017 as potential areas for improvement: <ul style="list-style-type: none"> • pre-positioning community cleaning kits in each VRCS branch/warehouse; • localising communications and logistics in MOH sentinel sites³.

D. THE BUDGET

CHF 80,910 was allocated to respond to the dengue fever outbreak in the provinces of Malampa and Shefa. In all, the operation utilized CHF 59,063 recording 73 per cent utilization of the allocation. The balance of CHF 31,847 will be returned to the DREF pool.

The final financial report is appended to this narrative report.

Of note:

- Although the Lessons Learned Workshops in Port Vila, Malekula and Emae did not form part of the original budget, approval for the workshops was granted by the IFRC APRO and these costs were able to be absorbed within the original DREF allocation
- A cancellation of flights to Emae in the final week of the operation meant that the Lessons Learned Workshops continued slightly beyond the operation end date. For this reason, per diem payments for two personnel made prior to the end date of the operation for work undertaken on the 1 and 2 June in respect of the workshop in Emae have been allocated to the DREF.

² Community cleaning kits comprised: 4x iron rakes, 2x secateurs, 1x bushman shaw, 4x bush knives, 1x axe, 10 x 100L garbage bags, 1x grass gutter, 6x rubber gloves, 2x wheelbarrows, 2x square-tipped shovels. School cleaning kits comprised: 4x iron rakes, 1x secateurs, 1x bushman shaw, 4x bush knives, 1x axe, 10 x 100L garbage bags, 1x grass gutter, 6x rubber gloves, 1x wheelbarrow, 2x square-tipped shovels

³ Preferably hospitals and health centres

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Click here

1. Final financial report [below](#)
 2. Click [here](#) to return to the title page
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How we work

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

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRVU003 - Vanuatu - Dengue Fever Outbreak

Timeframe: 26 Jan 17 to 31 May 17

Appeal Launch Date: 26 Jan 17

Final Report

Selected Parameters

Reporting Timeframe	2017/1-2017/8	Programme	MDRVU003
Budget Timeframe	2017/1-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget				80,910		80,910	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>				80,910		80,910	
C4. Other Income				80,910		80,910	
C. Total Income = SUM(C1..C4)				80,910		80,910	
D. Total Funding = B +C				80,910		80,910	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income				80,910		80,910	
E. Expenditure				-59,063		-59,063	
F. Closing Balance = (B + C + E)				21,847		21,847	

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Reporting Timeframe	2017/1-2017/8	Programme	MDRVU003
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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						80,910	80,910	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	12,037			11,051			11,051	986
Teaching Materials	6,991							6,991
Total Relief items, Construction, Sup	19,028			11,051			11,051	7,977
Logistics, Transport & Storage								
Transport & Vehicles Costs	5,926			1,621			1,621	4,305
Total Logistics, Transport & Storage	5,926			1,621			1,621	4,305
Personnel								
National Society Staff	7,870			7,640			7,640	230
Volunteers	7,778			5,586			5,586	2,191
Total Personnel	15,648			13,227			13,227	2,421
Workshops & Training								
Workshops & Training	5,509			6,410			6,410	-901
Total Workshops & Training	5,509			6,410			6,410	-901
General Expenditure								
Travel	16,204			11,938			11,938	4,266
Information & Public Relations	11,111			9,755			9,755	1,356
Office Costs	833			798			798	35
Communications	972			618			618	354
Financial Charges	741			40			40	701
Total General Expenditure	29,861			23,150			23,150	6,712
Indirect Costs								
Programme & Services Support Recove	4,938			3,605			3,605	1,333
Total Indirect Costs	4,938			3,605			3,605	1,333
TOTAL EXPENDITURE (D)	80,910			59,063			59,063	21,846
VARIANCE (C - D)				21,846			21,846	