



## HEALTH CLUSTER BULLETIN # 4

18 April 2015

# TROPICAL CYCLONE PAM: Vanuatu

### HIGHLIGHTS:

- **Reactivation of health activities:** 1 provincial hospital and 2 health centres have been repaired to the extent that vital health services can be provided at an increased level. Temporary infrastructure is currently being mobilized to enable a further 13 critically affected sites to function.
- **Funding Gap:** According to UNOCHA FTS, 50% of the requested USD 30 million for the Cyclone Pam Flash Appeal has been met. Of the USD 5,038,408 in CERF funding, over USD 2.3 million has been disbursed within the health sector, towards the restoration and improvement of health services and public health interventions in cyclone-affected areas, reproductive health, and emergency health and nutrition support. The Australian government announced this week a further AUD 1.5 million to repair health infrastructure, re-stocking of pharmaceutical supplies, strengthening of immunization and support to the cold storage and transport of medicines. Of this, AUD 250,000 will be dedicated to the coordination of health cluster partners and continued disease surveillance and outbreak response.
- **Drugs and Medical Supplies:** The Central Medical Store continues assisting in the distribution of emergency medical drugs and supplies to health facilities with increased needs while fully resuming its routine supply services.
- **FMTs:** the number of operational foreign medical teams further decreased this week to six – with two having left Efate and Tanna islands in the middle of the week, and one commencing mobile (ship) services to remote islands in Tafea province as of Friday. The government of Fiji is expected to deploy nine midwives at the end of April to support VCH for one month. Department of Health midwives and one doctor from the Philippines will be deployed to support LCH in Tanna and provide in-service capacity building. .

- **Emergency Medical Evacuations:** 71 medevacs have been carried out to date, 4 of which were this week. While the number of medevacs is decreasing the medical referral system that was severely hampered by lack of communication and transport is picking up as the situation stabilizes.
- **Immunization:** 7,100 children have been immunized in Santo, which concludes the campaign for that island.
- **Disease surveillance:** 45 cases of acute fever and rash (AFR) on Erromango were investigated this week and clinically diagnosed as chicken pox. There was an increase in reports of AFR in Port Vila and ILI in Tanna. Four newly diagnosed cases of TB were also reported on Tanna island. The high number of diarrhoea cases continues to be monitored in Tanna. EWARN systems being set up on Pentecost and Maewo islands.
- **Vector-borne disease control:** As of Tuesday 14 April, 23,540 bed nets have been distributed to protect 30,076 persons in northern parts of Port Vila.
- **Government led assessments:** The harmonized assessment led by the government and covering 5 sectors has been concluded. Key findings for health are:
  - A high proportion of health facilities were damaged, however all but 7 remain partially (19) or fully (45) functioning.
  - The provision of health services has decreased in all sectors of health care delivery, in particular in the general clinical services and in the child health ones.
  - Overall the impact on the capacity of the health services to deliver curative and preventive services has been significant, in a very fragile health system with a low level of health staff particularly in regards to medical doctors and midwives before the cyclone.
- The World Bank led Post Disaster Needs Assessment (PDNA) indicates that the total effect of tropical cyclone Pam on the health sector is estimated to be approximately VT 976.2 million, split VT 869.9 million (89%) for damage and VT 106.3 million (11%) for loss.
- **Nutrition:** 3,484 children have been screened for acute malnutrition in Tanna as part of the immunization campaign. Three cases of severe acute malnutrition were detected during the campaign.
- **IEC:** the SMS health alerts campaign continues, with more text messages planned on nutrition and vector-borne disease prevention. Health messages continue to be disseminated through local radio and newspaper. Members of the Vatu Mauri Consortium also returned this week from Tanna and the Shepherd islands from disseminating health messages to community leaders.

## HEALTH SECTOR UPDATES

- MoH and health cluster partners are finalizing a health cluster strategy in response to Cyclone Pam. An overall Humanitarian Action Plan is developed by NDMO and OCHA and incorporating the health strategy.
- 18 Health Cluster Partners continue to be actively engaged in the health sector response under the leadership of the MoH.
- The number of FMTs is further decreasing. Two specialized teams are on their way to Vanuatu to provide technical support in reproductive health and disease surveillance. This indicates the transition from FMTs to targeted service strengthening where critical weaknesses have been identified.
- IEC health messages continue to be distributed through civil society groups, during the vaccination campaign, and over text messaging, radio and newspaper.
- 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.
- 3 Cases of SAM and 3 cases of MAM have been identified during the MUAC screening activities on Tanna Island. Nutrition surveillance has been instigated at 8 sentinel sites in Efate; reporting from these sites can be expected soon. 2,831 pregnant and lactating women have received education and counselling on appropriate and continued breastfeeding, and complementary feeding.

## IMPACT ON THE AFFECTED POPULATION:

- Over 160 000 people are affected on 22 islands
- Based on the latest assessment findings the education cluster had to correct the number of affected school children upwards from initially estimated 30.000 to approximately 60,000
  - *Education in emergencies* supplies for Tafea Province outer islands will be distributed over the next couple of days. The education supplies for Tanna Island are expected to be transported and distributed later this week
- The results of the WASH sector assessments indicated that two-thirds of communities surveyed had severe WASH needs that require immediate attention.
  - Emergency distributions of water, sanitation, and hygiene supplies have reached an estimated 46,910 people
- 50,000 people received emergency shelter assistance but many still living in crowded community halls and houses – enumerators are currently updating census data and damage information in order to better define the remaining shelter assistance gaps.
  - Current distribution information from Cluster agencies shows that distributions have been completed or are ongoing to 12,996 households. This includes 7,969 households in the Shefa Province, with 1,917 of these in the Port Vila area, and 4,557 households in the Tafea Province.
- Adequate nutrition required for over 160,000 people affected; in particular, nutritional support for pregnant and lactating women and children under-5 years
  - The first round of food distribution has concluded and the second round under way. A third round is expected for June. The long-term food security response requires: Fishing gear, including boats and fishing nets; Livestock welfare support, in particular animal feed, water and shelter.

## CURRENT SITUATION

The current situation is best described through presenting a summary of the findings of the harmonized assessment now that data analysis and report writing has concluded and published. While the assessment took place numerous response activities were carried out addressing many of the findings identified in the assessment, the type of activities outlined in the Health Sector Response chapter (page 7 onward) and the Partner Update summary table on page 12.

Cyclone Pam hit Vanuatu on 13 March affecting 22 islands in four provinces. Rapid assessments conducted during the first 2-3 weeks were detailed enough to inform immediate response planning and the development of the Flash Appeal launched on 24 April. However, it lacked the depth to advise medium and longer-term planning of humanitarian response and early recovery. The Government of Vanuatu, therefore, decided to undertake Second Phase Harmonized Assessments at the community level in the five most-severely affected provinces of Shefa, Tafea, Malampa, Penama and Torba. From 1 to 8 April, 25 government-led teams assessed 23 islands in those provinces. The teams assessed humanitarian needs across six thematic areas: Water, Sanitation and Hygiene (WASH); Shelter; Health and Nutrition; Education; Gender and Protection; and Early Recovery, including Agriculture.

Within the 22 affected islands there are 71 health facilities: hospitals (2), health centres (19) and dispensaries (50) all of which have been assessed using the same standardized assessment format.

### KEY FINDINGS

1. A high proportion of health facilities were damaged, however all but 7 remain partially (19) or fully (45) functioning

2. The provision of health services has decreased in all sectors of health care delivery, in particular in the general clinical services and in the child health ones
3. Overall the impact on the capacity of the health services to deliver curative and preventive services has been significant, in a very fragile health system with a low level of health staff particularly in regards to medical doctors and midwives before the cyclone

Shefa was the most affected province and 21 of 24 (87.5%) of health facilities have been damaged with 3 of 4 health facilities on Tongairiki and Tongoa destroyed (table 2).

In Tafea province, 9 of 12 dispensaries and all 4 health centres were damaged. The Provincial hospital was severely damaged (82% of all facilities). Ikiti dispensary and Kitow health centre are not functioning.

In Penama (excluding Ambae), 11 of 31 (36%) of health facilities are damaged. All are still functioning.

In Malampa (excluding Malekula), 6 of 8 (75%) facilities were damaged.

Damage to health facilities by health facility type on affected islands, Vanuatu, March 2015.

Facility	Destroyed	Major	Minor	None	Total
D	5	2	28	15	50
HC	1	6	7	5	19
Prov. H		1			1
Ref. H			1		1
<b>Total</b>	<b>6</b>	<b>9</b>	<b>36</b>	<b>20</b>	<b>71</b>

Current Human Resources in Affected Islands. The Sphere Standards in Health Action, one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response, require a minimum of 22 health workers/10,000 people in population. Health Workers in Vanuatu include the following categories: doctors, nurse practitioners, midwives, registered nurses and nurse aids.

#### Human Resources in 22 Affected Islands, March 2015

Province	Island/Health Zone	Population	Medical Doctor	Nurse Practitioner	Midwife	Nurse	Nurse Aid	Total number of health workers	Health workers / 10,000 population
Malampa	Ambrym	8481	1	1	2	4	3	11	13
	Paama	1708	0	0	0	2	2	4	23
Penama	Pentacost	17525	2	0	2	17	12	33	19
	Maewo	7275	0	0	0	4	5	9	12
	Health Zone 1 Islands included - Efate (excluding Paunangisu Health Centre), Erakor, Ifira	77386	13	4	11	116	17	161	21

Shefa	Health Zone 2 Islands included - Emau, Lelepa, Moso, Nguna and including Paunangisu Health Centre	8311	0	0	1	4	4	9	10
	Health Zone 3 Islands included - Emae, Tongariki, Tongoa	3512	0	0	2	5	4	11	31
	Health Zone 4 Islands included - Epi Island	8691	0	0	1	4	1	8	9
Tafea	Tanna	30894	1	0	5	26	8	40	13
	Other Islands - Aneityum, Aniwa, Erromango, Futuna	3864	0	0	0	6	1	7	18
Total numbers of health workers		167647	17	5	24	188	57	293	17

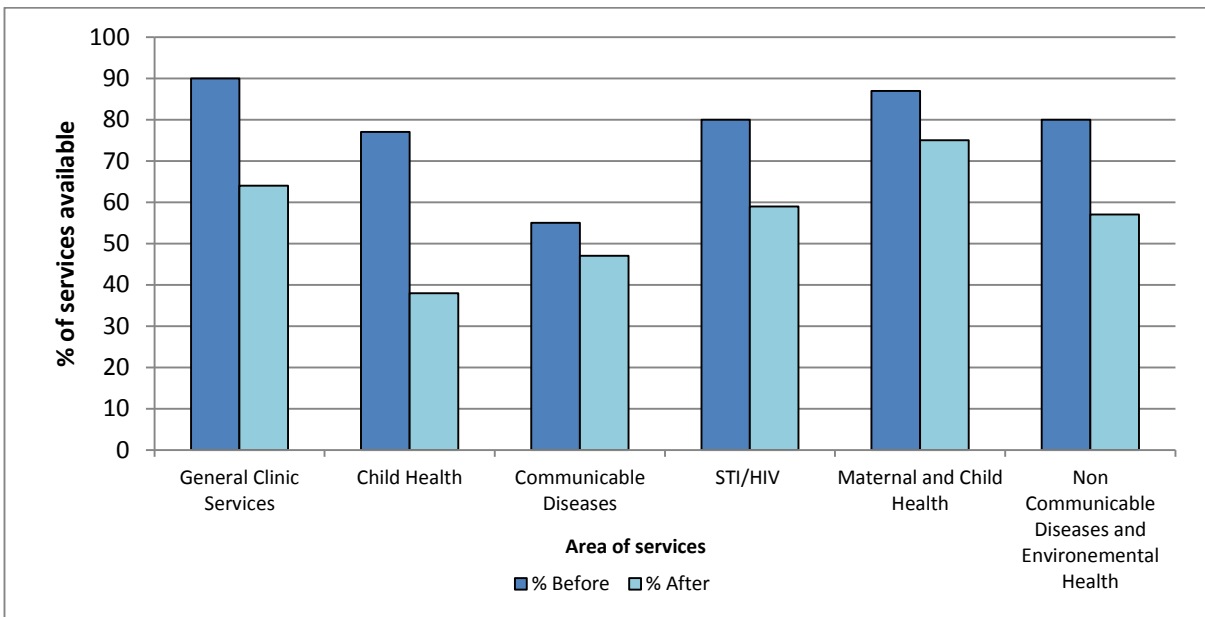
The numbers of health staff presented in the data include health workers at government and municipal operated health facilities. Privately owned hospitals and clinics were not included in the dataset. The numbers of health staff presented were assessed as before TC Pam. Of the data that was collected after TC Pam, there was a decrease of only four health staff noted. This included one midwife in Malampa province and three nurses in Tafea province. The staff of the health facilities destroyed have been repurposed to serve other areas or the ongoing measles vaccination campaign.

The overall national ratio is far from the minimum threshold indicated by SPHERE and WHO of 22 health workers per 10,000. The breakdown by island or health zone presented in table 3 indicates an unequal distribution of the health workers with a high concentration in the capital town, which bring the ratio up to 21 for almost a quarter of the population of the country. While in other provinces the ratio drop down to 13, with the exception of small islands where the very small population of catchment areas of their health facilities increases the ratio. The table present the total population by island and zone to weight which proportion has a high or low ration of health workers per 10,000.

A second important observation relates to the composition of the overall workforce. Midwives and nurse practitioners undertake four years and 6 months of training, registered nurses undertake three years of training, and nurse aids undertake only nine months of training. Whilst nurse aids have limited official training time, they often replace registered nurses as the only health staff for some dispensaries in more remote areas due to the lack of staff available. With nurse aids representing 36% of the workforce outside the referral hospital, quality of care becomes a concern particularly in dispensaries operated only by a nurse aid.

Within the overall 17 health workers nationwide ratio for 10,000, the proportion of medical doctors and midwives remains very low, representing a concern for the services provided particularly to mother and new-born, with high maternal and neonatal mortality.

The **provision of services declined in all areas** following the cyclone. The greatest decline was in the provision of child health services, mainly due to the interruption of the immunization activities and school visits.



You can download the full Second Phase Harmonized Assessment Report at:

<https://www.humanitarianresponse.info/en/operations/vanuatu/document/second-phase-harmonized-assessment-report-april-2015>

### Post Disaster Needs Assessment

The Post Disaster Needs Assessment was conducted in parallel to the harmonized multi-cluster assessment with focus on damages and losses that occurred to the government of Vanuatu due to Cyclone Pam. While the final report is still outstanding preliminary results show that the total effect of tropical Cyclone Pam on the health sector is estimated to be approximately VT976.2 million, split between VT869.9 million (89%) for damage and VT106.3 million (11%) for loss.

From the four affected provinces, the Ministry of Health sustained major damage and loss to health facilities in Shefa and Tafea and minor damage and loss to health facilities in Malampa and Penama. The health sector was unaffected in the remaining two provinces of Torba and Sanma.

## HEALTH SECTOR RESPONSE

### Reactivation of Health Activities

Among 16 health facilities that have received major damage or been fully destroyed 3 have been repaired to enable service provision through Australian and New Zealand defence forces. Establishment of temporary facilities (tents) at the remaining 13 severely affected sites is currently ongoing and will be completed before April 30<sup>th</sup>. In the meantime planning for full repair of health facility damage is ongoing and will commence once detailed site assessments have been undertaken. To date 3 of these detailed site assessments have been completed.

#### Tafea Province:

Facility Name	Type of Facility	Status	Damage	Quick fix	Temporary	Partner, Status, date of completion
Green Hill	HC	PF	Major	To be planned	72 sqm tent	UNICEF, by 30 April
Ikiti	D	NF	Destroyed	To be planned	45 sqm tent	WHO, by 30 April
Imaki	HC	PF	Minor	To be planned	6m x 6m tent & 4m x 4m tent	MoH by 30 April
Kitow (Nagus Kasaru)	HC	NF	Destroyed	To be planned	36 sqm tent	UNFPA, date TBC
Lenakel	Prov. H	PF	Major	In patient wards		Completed by Aus Army
				MCH clinic		To be completed by 22 April, Samaritans Purse.
				Water system		On going, Samaritans Purse.

#### Shefa Province:

Facility Name	Type of Facility	Status	Damage	Quick fix	Temporary	Partner, Status, date of completion
Amboh	D	NF	Destroyed	To be planned	6m x 6m tent & 4m x 4m tent	MoH by 30 April
Nimair	D	NF	Destroyed	To be planned	6m x 6m tent & 4m x 4m tent	MoH by 30 April
Paunangisu	HC	PF	Major	To be planned	To be planned	
Port Quimmie	D	PF	Major	Complete		Repair of roof and solar power completed by NZDF
Silimaui	HC	PF	Major	To be planned	To be planned	

<b>Silmoli</b>	D	PF	Major	To be planned	To be planned	
<b>Tavalapa</b>	D	NF	Destroyed	To be planned	6m x 6m tent & 4m x 4m tent	MoH by 30 April
<b>Vaemali</b>	HC	PF	Major	Complete		Repair of roof, electrical wiring, and water supply completed by NZDF
<b>Vaemaori</b>	HC	PF	Major	To be planned	To be planned	

## Penama Province

Facility Name	Type of Facility	Status	Damage	Quick fix	Temporary	Partner, Status, date of completion
<b>Naviso</b>	D	NF	Destroyed	To be planned	6m x 6m tent & 4m x 4m tent	MoH by 30 April

## Malampa Province

Facility Name	Type of Facility	Status	Damage	Quick fix	Temporary	Partner, Status, date of completion
<b>Utas</b>	HC	PF	Major	To be planned	To be planned	

## Foreign Medical Teams (FMTs)

The number of FMTs has further decreased over the past week. Teams remaining and incoming are mostly directed to Tafea province, with ProMedical and Health Systems Limited continuing their support to the VCH and Efate island communities. Feedback from IMC, HUMA, NYC Medics and others indicate that the areas covered by them in Northern Efate, Shepherd Islands and in Penama do not require further emergency health support in the form of FMTs. Issues highlighted however are closely related to the pre-cyclone existing inequities in health service provision.

Two newly scheduled FMTs are expected in the coming week, with specialized care capacity in reproductive health (OBGYN and midwives) as has been identified and highlighted as a gap in service capacity by the MoH and stressed in the assessment. As the situation in Vanuatu evolves the transition from mobile FMT's with emergency health capacity to more targeted specialized care service - including capacity building - is required to ensure coverage of gaps and strengthening services where critical weaknesses have been identified.



Foreign Medical Team deployments 18/04/2015								
Team	FMT type	Staff	Status	Location	No. of Consultations	Date deployed	Date end	Duration in days
TropoDoc (NZ)	1 (Mobile)	3	Deployed	Tanna Island outreach		11-Apr	25-Apr	14
Sea Mercy (USA)	1 (Mobile) Ship	2	Deployed	Southern Tafea Province		17-Apr	17-May	30
Promedical	Specialist (Mobile)	11	permanent	Efate Island		permanent	permanent	permanent
Pacific Isl.Orthopaedic Association	Specialist (Fixed)	2	permanent	Vila Central Hospital		permanent	permanent	permanent
NYC Medics (USA)	1 (Mobile)	6	Planned	Tanna, White Sands		19-Apr	27-Apr	8
Youth with a Mission (NZ)	1 (Fixed)	4	Planned	Tanna		06-Apr	16-Apr	10
Philippine DOH	Specialist (Fixed)	5	Planned	Tanna, Lenakel Hosp.		24-Apr	24-Jul	90
Fijian Midwives	Specialist (Fixed)	9	Planned	Vila Central Hospital		26-Apr	25-May	30
Fijian Military Medical team	1 (Mobile)	12	Demobilized	Tanna, Lenakel Hops + mob. clinics	578	24-Mar	17-Apr	24
Samaritan's Purse (USA)	1 (Mobile)	6	Demobilized	Tanna, Lenakel Hops + mob. clinics	1474	19-Mar	16-Apr	30
HUMA Primary care & Public health	1 (Mobile)	6	Demobilized	Northern Efate including Islands	438	30-Mar	15-Apr	10
NYC Medics (USA)	1 (Mobile)	8	Demobilized	Shepard Islands	1016	24-Mar	07-Apr	14
NYC Medics (USA)	1 (Mobile)	8	Demobilized	Green Hill Tanna Isl +mobile clinics	378	09-Apr	16-Apr	8
HSL Medical (Pacific)	Specialist (Fixed)	8	Demobilized	Vila Central Hospital		20-Mar	04-Apr	14
AUSMAT (Australia)	2 (Fixed)	24	Demobilised	Vila Central Hospital	1540	16-Mar	28-Mar	14
NZMAT (NZ)	1 (Mobile) Ship	11	Demobilized	Shepard Islands	109	25-Mar	07-Apr	14
JICA Medical (Japan)	1 (Mobile)	8	Demobilised	Abwatuntora, Pentecost	1019	17-Mar	29-Mar	12
Humedica (German)	1 (Fixed)	5	Demobilised	Tanna (Lenakel Hosp)	1256	18-Mar	25-Mar	8
Rescue Net (AUS)	1 (Fixed)	10	Demobilised	Whitesands Clinic / Pt Resolution, Tanna	532	21-Mar	30-Mar	10
International Medical Corps (USA)	1 (Mobile)	6	Demobilized	Ambrym	870	26-Mar	07-Apr	14
Dragonfly (USA)	1 (Mobile) Ship	5	Demobilised	Southern Tafea Province	80	20-Mar	24-Mar	10
Dragonfly (USA)	1 (Mobile) Ship	5	Demobilised	Sheppard Is;	71	25-Mar	29-Mar	10
Remote Medical (NZ)	1 (Mobile)	3	Demobilized	Vila Central Hospital, Efate		01-Apr	05-Apr	4
LDS Medical (USA)	1 (Mobile)	3	Demobilized	Northern Efate Islands only	330	01-Apr	10-Apr	10
Total		170			9691			

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 to date is at 71, with 4 carried out this week. While the number of medevacs is decreasing, the medical referral system that was severely hampered by lack of communication and transport is picking up as the situation stabilizes. However, it must be expected that the number of medevacs will continue to be above the annual average, given that health needs will remain increased while provincial health services remain affected in the provision of specialized services and the management of medical complications.

## Disease Surveillance

Samples of cases of AFR from Tanna have been sent for measles testing. The report of suspected yaws cases from the Shepherd Islands was further investigated and determined not to be yaws. Forty-five cases of acute fever and

rash (AFR) were reported on Erromango this week. A team sent to investigate identified chicken pox to be the cause.

Four new cases of tuberculosis (TB) were identified at Lenakel Hospital this week. After initial concerns regarding the hospital's capacity to isolate the patients, some minor repairs have provided an adequate place for the patients' to stay. Additional medicines for TB treatment have been provided by the WHO PNG office.

As it is currently peak mosquito-borne disease transmission season, the population is at risk of being infected with diseases such as dengue fever and malaria. As of Tuesday 14 April, 23,540 bed nets have been distributed to protect 30,076 people in northern parts of Efate.

Epidemiologists from SPC have been initiating and supporting EWARN in Penema province and on Tanna. A significant diarrhoea outbreak is ongoing in Tanna. Analysis shows that cases of diarrhoea are occurring over a widespread geographical area. Cases are in children and adults. Disease appear to be mild with few hospitalisation and no deaths. Availability of safe drinking water and improved sanitation and hygiene is key to control the outbreak.

### Immunization Activities

A supplementary immunisation campaign for Measles, Vit. A and deworming is taking place across Efate, Santo and Tanna Island. The campaign finished in Efate in week 14, activities in Tanna will come to an end this weekend, while they continue into the next week on Santo. On Tanna the campaign included the screening of all children for malnutrition (MUAC). A comprehensive update on number of children reached will be shared in the next health cluster bulletin. In Santo: 6,440 children vaccinated with measles vaccine, in addition to having been provided with, Vit A supplements, deworming medication and IYCF promotion and messaging to mothers of all the children. Save the Children, in partnership with UNICEF, conducting Post Coverage Assessment in Santo.

### Nutrition working group update:

The impacts of cyclone PAM on the nutrition of children and women, particularly pregnant and lactating women who have higher nutrient and energy requirements are potentially very serious. Aggravating factors such as the likely rise in water-borne illnesses and other infections, limited access to safe water, reduced food intake (quality and quantity), increased time away from young children, psychological stress, limited access to health care and difficulty to adequately promote, protect and support optimal IYCF practices has the potential to significantly deteriorate the nutritional status of young children and mothers. While the pre-emergency levels of wasting are low (4%), cases of severe wasting are likely to increase and services to treat cases are critical.

The nutrition Working Group are responding to the emergency by providing urgent nutrition support to treat and prevent deterioration of nutritional status through delivery of infant and young children feeding support, treatment of severe acute malnutrition, and provision of micronutrients.

To date, the NWG have supported existing inpatient treatment of severe acute malnutrition services at three provincial hospitals (Tanna, Santo and Vila Central Hospital); 2,361 children have been screened for acute malnutrition in Tanna as part of the immunization campaign; nutrition surveillance has been integrated at 8 sentinel sites in Efate; and 2,831 pregnant and lactating women have received education and counselling on appropriate and continued breastfeeding and complementary feeding.

Please contact Briony Stevens on [nutritionworkinggroup.vanuatu@gmail.com](mailto:nutritionworkinggroup.vanuatu@gmail.com) for further information.

### Reproductive health task force update

**Service Delivery** – Samaritans Purse responded to the MOH request for quick fix of the Lenakel MCH clinic of which will be completed by Mid-next week. The group will work on the rest of the damaged facilities based on the recent health cluster assessment results.

Ensures that partners coordinate requests, distribution of kits, supplies and drugs with CMS and provincial pharmacies as well as to the aid posts through existing structures and systems to avoid duplications and waste of much needed resources. Agreements are in place with CMS, Save the Children, UNICEF and UNFPA.

Save the Children provided 100 Newborn Kits and 100 Hygiene Kits to newborns and their mothers at Vila Central Hospital from cyclone affected islands. Save the Children restocking of essential drugs in six Aid Posts in Epi, two Aid Posts in Tongoa and three Aid Posts in Ambrym.

Human resources being supported by the deployment of nine midwives next week for a period of one month, to be based at VCH. Four midwives and one doctor are also expected to be deployed from the Department of Health of the Philippines at the end of April to provide direct service delivery and capacity building on Essential Intra-partum and Newborn Care (EINC).

### IEC working group update

The Information, Education, Communication (IEC) working group continues to coordinate the dissemination of health messages in English and Bislama via local radio and newspaper, SMS and community groups on immunization, WASH, reproductive health, nutrition, vector-borne diseases and mental health.

Members of the Vatu Mauri Consortium who were on the ground in Tanna, Tongoa, Buninga and Epi have returned from meeting with community leaders about the key health messages. Evaluation is underway.

The Digicel SMS health alert campaign continues, with more text messages planned on nutrition and vector-borne disease prevention, etc.

250 copies of IEC 'Healthy Island' materials are in the process of being delivered, plus 1,000 copies were donated by HuMA this week. Time and location of the dissemination of these materials are yet to be allocated.

## **PARTNER UPDATE**

The OCHA led 3 W (who, what, where) information collection is a basic tool to present operational presence by activity and location of actors in an emergency response. The data can fulfil multiple functions not least to discover critical gaps in emergency service provision. Provided the data is comprehensively reporting against all ongoing and planned activities it can enable organizations to specifically target underserved locations or plan critically needed service provision. In health, where the continuum of care is vital to ensure the minimum requirements for the health status of the affected population are met, the 3 W provide a particularly important function in showing the completion dates of services as this must alert health authorities and partners of the potential risk of a deterioration of the health status of the affected population. While some activities are naturally short lived and their completion timely and without consequences, others – like the departure of foreign medical teams in locations where a high number of population will remain without access to health services – will leave critical gaps that need addressing. The recently concluded damage assessment has highlighted a number of such locations and in response remaining FMTs have been “re-directed” to ensure a continuum of care, e.g. the 3<sup>rd</sup> rotation of the Americares funded New York Medics team to Whitesands on Tanna Island.

The 3 W are only ever as good as the information provided to it. The reporting into it is often perceived as tedious and time consuming, especially in the first days and weeks and certainly not seen as priority amongst the many competing tasks in an emergency response. As cluster coordinator, who's role it is to ensure the 3 W are being filled it is a challenge to capture a comprehensive overview when partners fail to report entirely – or update when tasks are completed or new tasks commence. The 3 W for the health sector response in Vanuatu are currently indicating that the majority of response activities are coming to an end towards the end of April.

A closer look at the 3 W, e.g. by checking out the dashboard created by Palantir <https://cyclone-pam.palantircloud.com/slate/documents/vanuatu-3w> paired with reviewing the assessment data as summarized in this bulletin and in light of the 3 strategic objectives for the health cluster response plan (currently drafted) will highlight where further support to the Ministry of Health and the affected population in Vanuatu is urgently required and help decision makers to formulate efficient and effective response and early recovery projects.

Province	Presence (in alphabetical order)	Number of ongoing health activities	Key activities of health sector partners include in broader categories (in alphabetical order):	Predicted number of activities ongoing in May
TAFEA	Ministry of Health Americares - NYC Medics Fiji Medical Team Samaritans Purse Save the Children TroppoDoc  UNFPA  UNICEF  Vatu Maui Consortium Vanuatu Red Cross Society WHO	50	Community-based health promotion and disease prevention communication (IEC) and basic first aid Disease surveillance Foreign medical team assistance Health centre and aid post support 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 including IEHK and RH kits Risk communication	23
SHEFA	Ministry of Health AmeriCares & NYC Medics Health Systems Limited NZMAT  Promedical  SAVE THE CHILDREN  UNFPA  Vanuatu Red Cross Society World Health Organization	86	Community-based health promotion and disease prevention communication (IEC) and basic first aid Disease surveillance Foreign medical team assistance Health centre and aid post support Kit distribution 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 including IEHK and RH kits Risk Communication - Public Health Messaging Technical support provision	46
PENAMA	Ministry of Health  SAVE THE CHILDREN UNFPA World Health Organization	18	Disease surveillance Emergency medical supply provision Health centre support and aid post support Kit distribution Risk Communication - Public Health Messaging	5
MALAMPA	Ministry of Health  SAVE THE CHILDREN UNFPA  Vanuatu Red Cross Society World Health Organization	42	Community-based health promotion and disease prevention communication (IEC) and  Disease surveillance Health centre support and aid post support Participatory hygiene and sanitation transformation program (WASH IECs) Risk Communication - Public Health Messaging	18

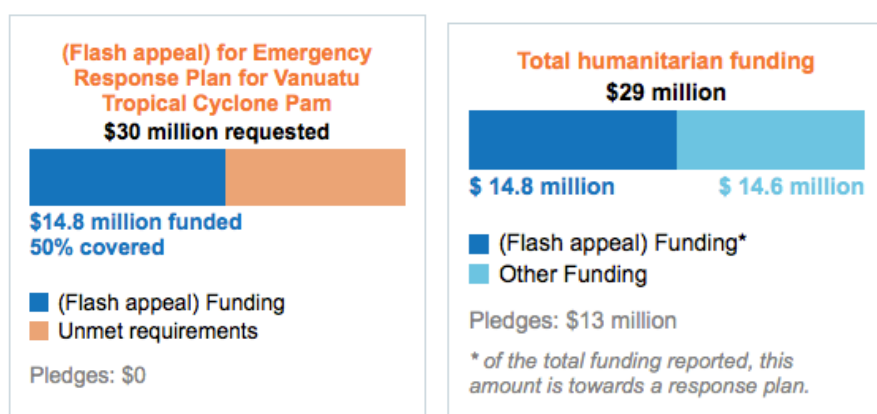
3 W analysis across all response sectors can be found at:

<https://www.humanitarianresponse.info/en/operations/vanuatu> and in the health cluster google drive 3 W folder:

[https://drive.google.com/drive/folders/0Byp\\_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2NHFIb293eIrcnY3T1J3TDQ](https://drive.google.com/drive/folders/0Byp_4UwN2cqIfmEwSGRmcnFVVTdOdWREUG05UUZfd0RYZH2NHFIb293eIrcnY3T1J3TDQ)

## FUNDING UPDATE

According to UNOCHA FTS, 50% of the requested USD 30 million for the Cyclone Pam Flash Appeal has been met. Of the USD 5,038,408 in CERF funding, over USD 2.3 million has been disbursed (<http://www.unocha.org/cerf/cerf-worldwide/where-we-work/vtu-2015>) within the health sector, towards the restoration and improvement of health services and public health interventions in cyclone-affected areas, reproductive health, and emergency health and nutrition support.



As Australian Defence Force assets and personnel are withdrawn, the Australian government announced this week a further AUD 5 million in funding towards the cyclone recovery effort, AUD 1.5 million of which will be to contribute to the repair of health infrastructure, re-stocking of pharmaceutical supplies, strengthening of immunization and support to the cold storage and transport of medicines. Of this, AUD 250,000 will be dedicated to the coordination of disease surveillance and outbreak response.

Japanese organisation HuMA donated 1,000 copies of IEC 'Healthy Island' materials containing important health messages to be distributed to affected islands.

## Future response: Priority Activities

### KEY RECOMMENDATIONS

1. Repair and reopen 6 destroyed and the 9 facilities with major damages, and re-establish all health facilities to fully functioning status, including adequate water and sanitation
2. Ensure adequate human resources are available to address the increased health needs of the communities, and avoid a drop in service delivery coverage following the departure of foreign medical teams
3. Ensure availability and distribution of essential medicines including immunisation and cold chain capacity
4. Finalize and start the implementation of a "building back better" strategic plan for health sector recovery addressing pre cyclone health inequities.