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Emergency Plan of Action (EPoA)

Vanuatu: Dengue fever outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRVU003	Glide n° EP-2017-000006-VUT
Date issued: 27 January 2017	Date of disaster: 17 January 2017
Manager responsible for this DREF operation: Stephanie Zoll, disaster risk management coordinator, IFRC country cluster support team (CCST) Suva	Point of contact: Jacqueline de Gaillande, CEO, Vanuatu Red Cross Society
Operation start date: 26 January 2017	Operation end date: 26 April 2017
DREF operation budget: CHF 80,910	Expected timeframe: three (3) months
Number of people affected: 20,000 at risk	Number of people to be assisted: 6,250 directly; 20,000 indirectly
Host National Society presence (number of volunteers, staff, and branches): One headquarters office, six branches, 200 volunteers, 55 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation: The Vanuatu Red Cross Society is coordinating, together with Movement partners, prevention and fumigation actions within the various projects being implemented in the country	
Other partner organizations actively involved in the operation: Ministry of Health, Shefa Health Office, municipal mayors' offices, Vanuatu Police Force and the Adventist Development and Relief Agency (ADRA)	

A. Situation Analysis

Description of the disaster

In November 2016, the Ministry of Health (MOH) has observed an increased reported cases of dengue infection in the country. Like other Pacific Island countries and territories, Vanuatu is prone to dengue outbreaks and epidemics. The country has experienced five major outbreaks since 1970 – the worst 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. With the rainy season in full effect from November to April, it is feared that this dengue outbreak could expand considerably without appropriate and timely intervention.

As of 23 January 2017, there were 919 suspected cases of dengue fever and 142 confirmed cases. There are more cases being reported and confirmed on Efate, Urban Port Vila and nearby rural areas and cases are also coming in from Sola in Torba province, Luganville in Sanma, Emae in Shefa, Norsup in Malampa province and Lenakel in Tanna, Tafea province. The current dengue epidemic of serotype 2 affects all age groups and therefore is a national threat that warrants national responsibility, public, private and communal response.

Of the 919 suspected cases, 142 have been confirmed positive, four of them severe. Twenty-four per cent of the cases are found among children between five and 14, 24.2 per cent are found among those between the ages of 15 and 24, and 19.4 per cent are among those between 25 and 34, and 18.8 per cent of patients above the age of 34, i.e. 86.6 per cent of cases have been found in the population above four (4) years of age. As of 9 December, the Ministry of Health announced that they would no longer send all cases for testing. Only cases from new sites, severe dengue cases and about two cases per day will be tested to detect potential introduction of new dengue virus serotypes and/or Zika virus and/or Chikungunya virus. The number of confirmed cases may therefore not accurately reflect the true extent of the outbreak.

With this current situation, the National Dengue Task Force (NDF) has issued a press statement to focus on education and awareness as the key preventive measure to control this epidemic. On 30 December 2016, the Ministry of Health, through the NDF, established a stratified Orange Alert due to the growing number of cases of dengue fever in the country. Orange Alert for Port-Vila 4 municipal Ward, Yellow Alert for Efate rural areas, Lenakel-Tanna, Luganville-Santo, and Sola- Banks, and Green alert in the remaining areas of country where dengue cases were not reported. Alert levels may continue to vary according to the level of propagation and detection of cases.

On 17 January 2017, the Vanuatu Red Cross Society (VNRC) has received a formal request from the Director of the Public Health Department to assist the health response field teams to conduct community education and awareness, and to work closely with the national office of the Public Health Department as the lead coordinator in this response.

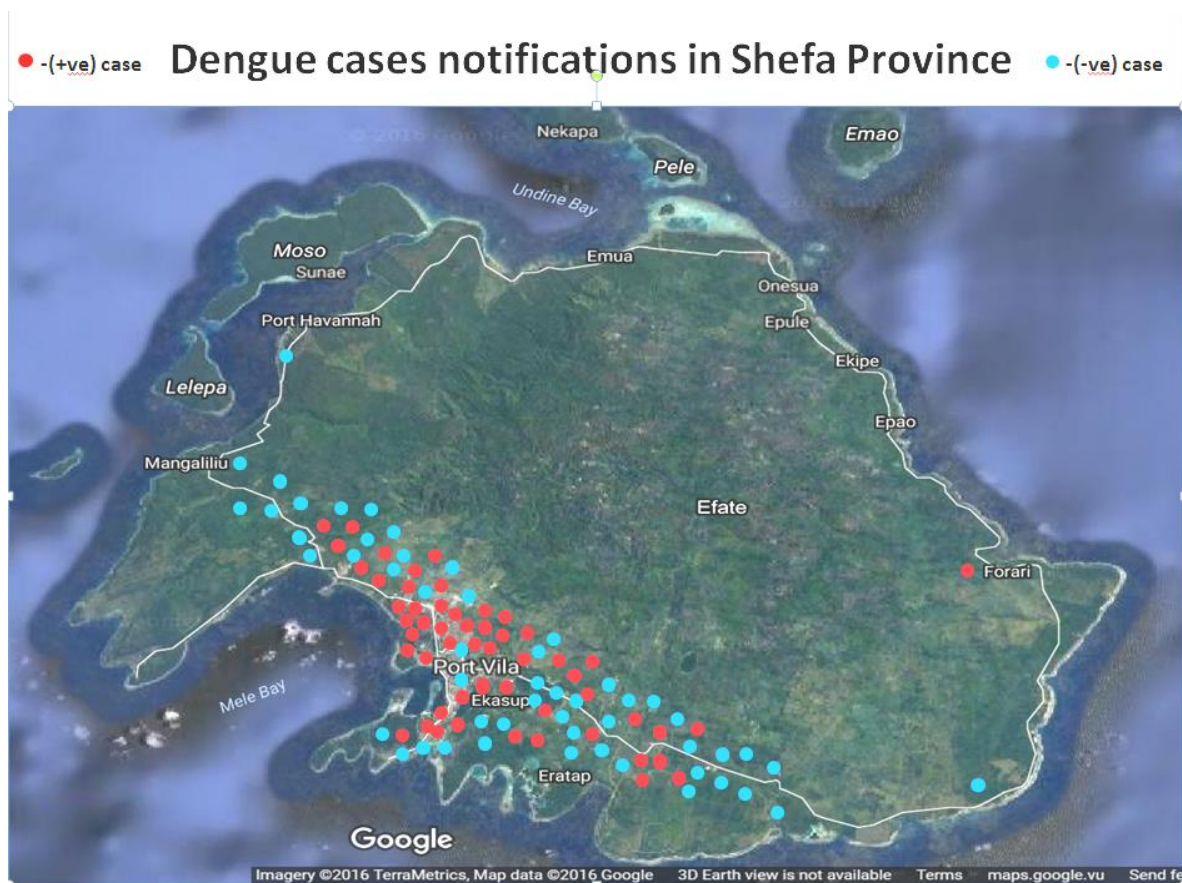
Currently, Vanuatu has had an increase in dengue cases that exceeds the trends in recent years. Four out of the six provinces of Vanuatu have reported dengue cases, which may mean that the vector, the *Aedes Aegypti* mosquito, is circulating in different parts of the country. Approximately 20,000 people across these four provinces are considered to be at risk should they not take preventive measures and get exposed to virus via mosquito bites.

Hospital (Island/Province)	Confirmed Positive cases (+)	Total suspected cases
Vila Central Hospital & Emae (Shefa)	98	575
Northern Provincial Hospital (Sanma)	14	180
Lenakel hospital (Tafea Province)	14	101
Quatvaes Hospital (Torba)	0	1
Lolowai hospital (Penama)	0	0
Norsup hospital (Malampa)	10	60
TOTAL	136	917

Suspected cases of Dengue in Vanuatu – 2017 (data as of 23 January 2017)

Source: Ministry of Health

**provincial data is not updated as frequently as the total count so numbers may not match*



Trend of suspected and confirmed dengue cases 2016
(Epidemiological week 52 – 25-31 December 2016)

Summary of current response

Overview of the Red Cross - Red Crescent Movement in the country

Since the Tropical Cyclone Pam hit Pacific islands including Vanuatu in March 2015, the International Federation of the Red Cross (IFRC), French Red Cross, Australian Red Cross, and New Zealand Red Cross have been actively supporting Vanuatu Red Cross Society in the relief and recovery projects. The operation was extended to September 2017.

The Vanuatu Red Cross Society 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, are being used and contributed to the current epidemic response.

Vanuatu Red Cross Society has been keeping in close contact with the Ministry of Health; target areas have been confirmed and staff and volunteers in targeted areas have been put on standby.

Movement coordination

Any humanitarian action of the Red Cross Movement in Vanuatu will be conducted under one single plan of action to achieve better impact in communities. The plan's coordination and leadership falls to the Vanuatu Red Cross Society. In addition, actions are aligned to the Ministry of Health National Response Plan, and close communication has been maintained with all Movement representatives with both direct and indirect presence in the country. The Vanuatu Red Cross Society is an active member of the Vanuatu Health Cluster and is actively engaged in the dengue response activities strategic plan design.

The IFRC disaster risk management coordinator of the country cluster support team (CCST), based in Fiji is supporting the planning of the response and development of the emergency plan of action (EPoA) for dengue fever outbreak in support of the National Society.

Overview of non-Red Cross actors in the country

At the national level, the emergency is being coordinated by the Ministry of Health and WHO. The Vanuatu Red Cross Society is liaising closely with the Ministry of Health at the national level, planning activities with municipalities and organizations to implement actions to prevent, control and eradicate this outbreak.

The Ministry of Health is conducting epidemiological surveillance and case detection and treatment through its network of hospitals and health centers, and has been undertaking a communications campaign to prevent dengue fever. The Adventist Development and Relief Agency (ADRA) will join the response efforts.

On 30 November 2016, the Ministry of Health issued early warning in the local press after the first notified case was detected on 11 November 2016 at the Novomedical Center. The WHO Surveillance Team continue to monitor the nature of the dengue outbreak and confirmed in the Dengue Advisory 4 notice to the public on 30 December 2016 that the dengue outbreak is an epidemic in the country. The dengue began as a slow onset outbreak until January 2017 where the cases number exponentially increased; from two cases in early November 2016 and rapidly rising to 596 cases by 11 January 2017. In response to the dengue epidemic, the Ministry of Health formally requested assistance from VRCS on 17 January 2017. Currently, the epidemic is also spreading to the other islands in the outer provinces (Malampa, Tafea, Sanma and Torba) which poses a real threat to the population living in these areas given their poor community sanitation, large number of mosquito breeding sites (especially during the rainy season) and poor ability to protect themselves from mosquitoes. VRCS will support the Ministry of Health by mobilizing its branch volunteers in some of the affected areas to respond to the dengue epidemic.

The Ministry of Health has issued a national advisory throughout all six provinces to alert the populations to the current situation regarding the spread of dengue. To date, the Ministry of Health Dengue Task Force has deployed four teams of volunteers and are currently conducting Emergency Rapid Response in some of the dengue hotspot areas on the island of Efate, starting with Port Vila. The Ministry of Health Emergency Rapid Response activities include mass awareness, breeding site reduction plus larva sighting, information, education and communication (IEC) material distribution, surveillance and investigation, and immunization. The Ministry of Health has fumigated every home in the area where the first case was discovered. It is also supporting larvicide actions in all the municipality zones of Port-Vila. Health prevention sessions and solid waste collection campaigns are also being conducted.

Needs analysis, beneficiary selection, risk assessment and scenario planning

There are currently 919 suspected cases of dengue, distributed over the densely-populated centers in Vanuatu namely Port-Vila-Efate, Lenakel-Tanna, Emae-Shepherds, Sola-Vanua Lava, and Luganville-Santo, with the possibility of spreading to the rest of the country. Within that 919 suspected cases, 142 cases have been confirmed positive, six per cent of them severe.

Through the stratified alert issued by Ministry of Health, the municipalities under Orange Alert (established epidemic zones based on the classification by the Ministry of Health) have been defined according to the following parameters: suspected cases of dengue, confirmed cases of dengue, population density, house larval index, number of uninspected houses (reluctant or uninhabited) and confirmed cases of severe dengue.

The following are the areas under an Orange Alert:

- Port-Vila and Rural Efate – Efate (Priority 1)
- Lenakel-Tanna (Priority 2)
- Emae-Shepherds (Priority 3)
- Luganville-Santo (Priority 2)
- Norsup, Lakatoro-Malekula (Priority 2)
- Sola-Vanua Lava (Priority 3)

It is important to note that around 20,000 people across four provinces are considered to be at risk should community members not take preventive measures and get exposed to virus via mosquito bites. According to the current context and as analyzed by Ministry of Health's NDTF, the main actions should focus on:

- Early identification of signs in patients, and medical assistance to avoid deaths
- Monitoring and keeping records of vectors in each community, to observe trends
- Public awareness campaign to engage the entire population to play a role in cleaning up larvae breeding sites and early detection of signs and symptoms.
- Preventive education in schools targeting the school children and staff, with potential reach with the same prevention messages to their families.
- Campaign to identify and eliminate larvae breeding sites, targeting residential and workplace.
- Mosquito elimination campaign: fumigate locations where positive and suspected cases are reported.

Urban areas: About 26 per cent of the total population of Vanuatu lives crowded living conditions in the urban centers, mainly in the capital where dengue hotspot areas are more commonly found.

Rural areas: The remaining 74 per cent lives in the rural areas where they have little access to health services and their living conditions are conducive to the spread of the dengue virus (mosquito breeding sites, little protection against mosquitoes, poor sanitation).

The Plan of Action is intended to target most vulnerable communities based on the following vulnerability criteria:

- Communities located within the municipalities under an Orange Alert
- High population density
- Incidence of suspected dengue cases
- Populations with greater distribution of older adults and children
- Presence of schools

Risk assessment

The operation faces some risk factors including deploying emergency response team (ERT) trained volunteers to the hotspots areas might pose a risk of contracting the dengue virus during exposure. This risk will be mitigated through the provision of Personal Protective Equipment to all volunteers working in the field. The current cyclone season may also interfere with the implementation phase of the response operation.

B. Operational plan and strategy

Overall Objective

Reducing the immediate risk of spread of the dengue fever virus for people in the most affected semi-urban and rural areas in Malekula and Emae islands. The DREF Operation aims to target 1,250 families (6,250 people) through dengue prevention campaigns.

Proposed Strategy

The Vanuatu Red Cross Society will work directly with communities and in coordination with local authorities and the Ministry of Health. As per the Orange Alert, the request presented by the MOH and NS capacities, VRCS will prioritize its actions within the affected areas of Malekula island, Malampa province (15 communities) and Emae island, Shefa province (10 communities) as prescribed by the Ministry of Health. Through its mass media campaign, it will aim to reach 20,000 people across four affected provinces – Shefa, Sanma, Malampa and Tafea.

Population directly targeted by the operation

Hotspot Zone	Province Island/ Island Group	People	Families
Emae island	Emae, Shefa Province	750	150
Lakatoro & surrounding villages, Lamap	Malekula, Malampa Province	5,500	1,100
TOTAL		6,250	1,250

The following actions are proposed within the Plan of Action:

- Promotion of prevention and vector eradication
 - Community mapping, awareness & BCC campaign in affected and at-risk areas using the IFRC/Red Cross Red Crescent Climate Centre (RCCC) Zika Dengue Chikungunya (ZDC) Toolkit for Communities and Schools
- Mass communications campaign
 - Using social media, local press, and radio to increase awareness on prevention strategies.
- Waste disposal campaign
 - Community-led cleanup campaigns twice a month
 - Distribution of cleaning kits to communities and schools

An initial assessment will be undertaken to determine the level of need on communities. The response strategy will start with actions to train Red Cross volunteers and community health promoters in the facilitation of community mapping, awareness campaigns and behavioral change communications (utilizing the IFRC/RCCC ZDC Toolkit) regarding actions to prevent and eradicate the vector. A team of volunteers from each targeted area along with the volunteer field coordinator will be trained in the facilitation of community awareness and operational safety. They will then train a larger group of volunteers at the branch/sub-branch level who will be deployed to communities to undertake awareness and coordinate the cleanup campaign in communities, schools and public centres. An initial community-wide cleanup campaign will be facilitated in each community, after which VRCS volunteers will visit communities to encourage continued community-led cleanup activities.

A mass media campaign will be undertaken through print, radio and social media and will aim to reach 20,000 people in both the targeted areas and other affected areas with awareness on the prevention of dengue.

It will be strategic to work with groups organized and recognized within the communities to ensure sustainability of actions once Red Cross interventions are over. Twice-a-month meetings will be promoted between local authorities and community leaders to review progress of the actions and coordination of joint work.

The Vanuatu Red Cross proposed strategy involves close collaboration with the Ministry of Health to ensure a coordinated and cohesive prevention campaign. VRCS is currently attending regular Dengue Taskforce coordination meetings and will participate in a workshop run by WHO regarding dengue surveillance in communities. Coordination through these meetings will encourage a standardized approach to the dengue prevention campaign. VRCS will work with the provincial health authorities in each of the targeted areas and provincial health officers will be involved in dengue prevention trainings and activities where possible. After the VRCS operation has completed, the MOH will continue to monitor the situation.

Gender, protection and inclusion principles will be incorporated into activities through encouraging the involvement of female volunteers, women's participation in community activities and monitoring through focus group activities with women and other vulnerable groups. Since the TC Pam operation, VRCS has formalized GPI best practices in all its activities.

Operational Support Services

The Vanuatu Red Cross Society organizes its disaster response at three levels - political, managerial and operational - through its response plan, which is being updated, and is organized according to the following work sectors:

- Planning and appeal
- Public and institutional information
- Support services to volunteers and branches
- Logistic/administrative support services
- Operations: The 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

For the planned actions, the Vanuatu Red Cross Society will mobilize its volunteer Response Teams specialized in health in emergencies to support the implementation of the Plan of Action.

The VRCS health coordinator will be responsible for the coordination of the response. In addition, two volunteer field coordinators will be enlisted and will coordinate activities in the field, logistics and volunteers; 30 volunteers will be supported through per diems and personal protective equipment.

One Health RDRT member will be deployed to Vanuatu for a period of two months to assist VRCS in the coordination of implementation of activities under this DREF operation.

In summary, the DREF operation will support National Society human resources through:

- two volunteer field coordinators
- 30 volunteers

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including local procurement, fleet management, storage and transport to distribution sites in accordance with the operation's requirements. The National Society has an existing structure for procurement of goods and services, with defined procedures which are compatible with the IFRC procurement standard systems and procedures. Likewise, there is a large and secure warehouse to store any supplies the operation may require.

The local supply chain is up and running normally and all sourcing planned by the National Society in the Plan of Action will be made locally. Due to large number of volunteers' participation, the Plan of Action includes the rental of one vehicle to transport staff and volunteers during community activities.

The IFRC CCST Suva office and regional logistics unit (RLU) in Kuala Lumpur is extending technical support to VRCS and the IFRC operation as needed.

Information Technology (IT)

The National Society has a computerized system and regular basic internet access. For this operation, the Magpi system will be used on tablets and mobile phones to collect information for the detailed assessment. Information will be managed through this program and will be the responsibility of the Health Coordinator.

Communications

The National Society has a specific Communication department which will be covering project actions and providing information so that the media can disseminate Red Cross actions both internally and externally. VRCS also has a Facebook page and website through which it can easily and effectively disseminate information. The Communication Team will maintain a close relationship and share information with the IFRC communications team.

Security

Vanuatu Red Cross Society will analyze security conditions beforehand together with the authorities and community leaders, and conduct its operations during daytime hours. All personnel and equipment will be properly identified and insured.

A security plan will be drawn up based on Stay Safe tools. Two operational safety workshops will be held for volunteers in order to build their capacity and reduce security risks during field operations, as well as to socialize the security plan and its procedures.

The health and safety of volunteers will be a priority. To mitigate the risk of them contracting the virus, activities will not be conducted during periods of increased risk of mosquito activity, and protection equipment and repellent will be used. Forty sets of protection equipment will be acquired for volunteers conducting community actions, also considering equipment for volunteer replacements. Should a volunteer contract the virus, they will be referred to the nearest health centre for care.

Personal Protection Equipment for community actions:

1	Cap
2	Protection mask
1	Long-sleeve t-shirts
3	Repellent
1	Rubber gloves
1	Red Cross emblem

Planning, monitoring, evaluation and reporting (PMER)

The National Society's health coordinator shall ensure the implementation of the Plan of Action, in cooperation with the disaster management coordinator. All activities will be monitored by field coordinators and the operations manager. The reporting will be carried out according to the IFRC minimum standards. In addition, VRCS will receive support from the IFRC regional disaster management coordinator during the corresponding process.

Coordination meetings will be held regularly over the phone with Vanuatu Red Cross Society branches to ensure effective implementation across project sites.

A lessons learned exercise is scheduled as part of the operation, aiming to improve humanitarian interventions to the affected population.

Administration and Finance

The Vanuatu Red Cross Society has a permanent administration and finance system which ensures the proper use of financial resources in accordance with conditions laid down in the memorandum of understanding between the National Society and the IFRC. Financial resources will be managed according to National Society regulations and DREF guidelines. In addition, the National Society's own procedures will be applied to the justification of expenses process and will be done according to IFRC formats.

According to DREF procedures, the operation will not be supporting permanent structural costs, only the expenses incurred during the three-month operation.

Water, Sanitation and Hygiene Promotion

Needs analysis:

Currently, Vanuatu is 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. This situation requires measures to eliminate the vector at various stages. The main requirement to eliminate and eradicate the vector: Elimination of larvae breeding sites, through community and school cleanup campaigns

Population to be assisted:

Cleanup, breeding site elimination campaigns will be conducted in 25 communities and 10 schools in the targeted zones in the provinces of Shefa and Malampa. Cleanup and waste disposal campaigns in communities and schools and will be coordinated by the National Society with local authorities. Protective gear and cleaning tools (refer to Annex 1) will be provided to those who are involved in the cleanup campaigns.

OBJECTIVES		INDICATORS											
Outcome 1. Immediate reduction in risk of vector-borne diseases in targeted communities		<ul style="list-style-type: none"> % reduction of dengue cases in target areas N° of people that participate in cleanup and waste disposal campaigns. 											
Output 1.1. Practice of environmental sanitation in target population increased		<ul style="list-style-type: none"> N° of people from communities participated in the cleanup campaigns N° of students, teachers and school staff participated in the cleanup campaigns. 											
Activities	Week	1	2	3	4	5	6	7	8	9	10	11	
Equip and train volunteers, health promoters and teachers to mobilize community members for community and household-level cleanup campaigns													
Mobilize community members and students for cleanup campaigns to eradicate potential mosquito breeding sites													
Procure and distribute community and school cleaning kits													
Promote household-level clearing of potential mosquito breeding sites													

Quality programming/Areas common to all sectors

The activities established for common areas will allow performing field assessments, facilitating safe access to communities, and mentoring by the International Federation of the Red Cross in support to the National Society.

OBJECTIVES	INDICATORS
Outcome 1: Operation design and implementation is informed by continuous and detailed assessments and analysis	<ul style="list-style-type: none"> N° of assessments conducted
Output 1.1. An initial needs assessment and ongoing monitoring activities are conducted in consultation with beneficiaries	<ul style="list-style-type: none"> N° of communities surveyed N° of household surveys completed
Output 1.2. Promote and facilitate safe access to communities	<ul style="list-style-type: none"> N° of safety/security incidents reported N° of volunteers trained in operational safety
Output 1.3 Principles of gender, protection and inclusion are incorporated into all activities	<ul style="list-style-type: none"> Ratio of male to female volunteers trained in dengue prevention Ratio of male to female participants in community activities N° of women's (and other vulnerable groups) focus groups conducted as part of monitoring activities

DREF OPERATION

26/01/2017

MDRVU003 : Vanuatu Dengue Fever Outbreak

Budget Group	DREF grant Budget CHF
Water, Sanitation & Hygiene	12,037
Teaching Materials	6,991
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	19,028
Transport & Vehicle Costs	5,926
Total LOGISTICS, TRANSPORT AND STORAGE	5,926
National Society Staff	7,870
Volunteers	7,778
Total PERSONNEL	15,648
Workshops & Training	5,509
Total WORKSHOP & TRAINING	5,509
Travel	16,204
Information & Public Relations	11,111
Office Costs	833
Communications	972
Financial Charges	741
Total GENERAL EXPENDITURES	29,861
Programme and Supplementary Services Recovery	4,938
Total INDIRECT COSTS	4,938
TOTAL BUDGET	80,910

Contact Information

**For further information specifically related to this operation please contact:
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1. DREF budget **above**
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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 Humanitarian 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.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**

Annex 1

Below is a description of the different types of cleaning kits:

Community cleaning kits

10	Gallons of bleach
4	Rakes
1	15-metre hose
2	Flashlights
2	Pairs of batteries
10	Garden size bags (dozen)
4	Brooms
4	10-litre plastic bucket
4	Sponges
4	Pairs of rubber gloves
2	Wheelbarrows
2	Square-tipped shovels

School cleaning kits

5	Gallons of bleach
4	Rakes
1	15-metre hose
2	Waste baskets
4	Garden size bags (dozen)
4	Brooms
4	10-litre plastic bucket
4	Sponges
4	Pairs of rubber gloves
1	Wheelbarrows
4	Shovel with handle for trash