

Emergency Plan of Action operation update Vanuatu: Dengue Fever Outbreak

DREF n° MDRVU003	GLIDE n° EP-2017-000006-VUT
EPoA update n° 1 Issued on: 13 April 2017	Timeframe covered by this update: 26 January 2017 to 4 April 2017 ¹
Operation start date: 26 January 2017	Operation timeframe: 4 months (to 31 May 2017)
Overall operation budget: CHF 80,910	
N° of people being assisted: 6,250 directly; 20,000 indirectly	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Vanuatu Red Cross, International Federation Red Cross Red Crescent Societies, Australian Red Cross.	
Other partner organizations actively involved in the operation: Vanuatu Ministry of Health, World Health Organisation, Ministry of Education	

Summary of major revisions made to emergency plan of action:

This update details progress of the operation from start, 26 January 2017 to 4 April 2017, and extends the operation by approximately 6 weeks (from 26 April 2017 until 31 May 2017) to allow monitoring and evaluation (M&E) and lessons learnt activities to be finalized without haste, also considering that the Cat 2 Tropical Cyclone Cook passed over Vanuatu on 9 April, even if impacts are considered minor. As expected however, the Vanuatu Red Cross Society (VRCS) staff and volunteers have been involved in assessments and an elevated risk of increased incidence of vector borne disease due to the amount of rainfall and flooding exists in some areas. The Health RDRT is about to finish his mission in Vanuatu on 15 April and the regional health manager of the IFRC Pacific country cluster support team will continue to provide technical support to the VRCS for the rest of the operation, namely the M&E and learning activities, and therefore, a one week support mission in the end of April will be covered by the operation for quality assurance and operational sustainability.

Changes to the original EPoA activities were initially made on 8 February when the VRCS entered into a contract with telecommunications company, Digicel, to provide a communication campaign utilizing SMS messages. These messages are focused geographically in the two provincial locations where community mobilization and other activities are provided as part of this operation. The decision to incorporate the Digicel SMS campaign into this operation was twofold. Firstly, the Digicel campaign expedited the dissemination of targeted communication to the dengue 'hotspot' locations which the Ministry of Health (MoH) had requested assistance with.

Secondly, several activities included in the EPoA were superfluous because they duplicated MoH activities. By eliminating, reducing and rationalizing some activities, significant savings were achieved that were able to be applied elsewhere. In this case, savings were directed to finance the cost of the Digicel campaign (VUV 648,000 approximately equivalent to CHF 5,950). This course of action, as detailed in the below table, has been achieved without impact on anticipated outcomes although reach of communications activities to an anticipated 20,000 indirect beneficiaries has been revised down to 10,000. The breakdown below provides specific detail.

Original EPOA activity	Change	Rationale
1 Volunteer Facilitator workshop in Vila (flights, accommodation, venue, materials)	Instead of 1 workshop in Vila, 2 workshops were held at the provincial level.	This rationalized the activity and saved VUV 200,000 by eliminating the need for flights, accommodation and other associated costs with holding the one workshop in Port Vila.

¹ The financial report attached reflects reporting period up to 28 February 2017

Community prevention workshops for 30 volunteers (2 areas)	Community prevention workshops were combined with the above activity	Holding separate workshops for volunteer coordinator volunteers would have resulted in significant additional workload for the team and unnecessary costs with no gains in outcomes. Combining the workshops saved VUV 80,000
Production and broadcasting of radio spots	Broadcasting cancelled.	Duplication of activity with MoH is poor operational practice and results in a waste of human and financial resources. Savings achieved by rationalizing this activity amount to VUV 60,000
Publication of informative press releases in written media	Reduce to 2 press releases	Duplication and funds needed to be reallocated due to the Digicel campaign. Charges vary for publishing press releases, averaging VUV 80,000. Savings achieved VUV 80,000
Production of information materials (brochures, banners, posters)	Reallocate partially to cover shortfall created by Digicel.	Funds of VUV 228,000, need to be reallocated due to the Digicel campaign.

A. Situation analysis

Description of the disaster

On November 2016, the Ministry of Health (MoH) has observed an increased reported number of dengue fever cases 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 9 December, the MoH 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 (NDTF) 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 MoH through the NDTF, 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.

As of 19 March 2017, up to 2,043 suspected cases of dengue fever have been reported nationwide to the MoH during the outbreak period. 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. Two imported cases of Dengue-1 with travel history to Vanuatu were reported by New Caledonia Department of Health and Social Affairs for the period: 01/01/2017 to 03/02/2017. Of the 2,043 suspected cases, 351 have been confirmed positive

Forty-four per cent (44%) of positive cases are found among children aged between five and 14, 29.1 per cent are found among those between the ages of 15 and 24, and 17.4 per cent are among those between 25 and 34. Ninety-one per cent (91%) of cases have been found in the population above four (4) years of age.

As at 3 April, total number of cases notified for the two provinces where the EPoA is focused are Shefa 1,271 and Malampa 166. In terms of the two Island locations that the EPoA community mobilization and awareness activities are focused: Emae has had three cases confirmed and 11 cases suspected (source: Emae health center).

Malekula has had 166 notified cases (source: MoH website).

According to the data provided by the MoH, dengue cases have showed a downward trend since peaking at the end of January 2017. Data provided by the MoH may have limitations due to issues associated with reporting. Data presented does not take into account unreported cases of dengue.

With this current situation, number of cases suspected 2,358 with 446 confirmed, the National Dengue Task Force (NDTF) has issued a press statement to focus on education and awareness as the key preventive measure to control this epidemic.

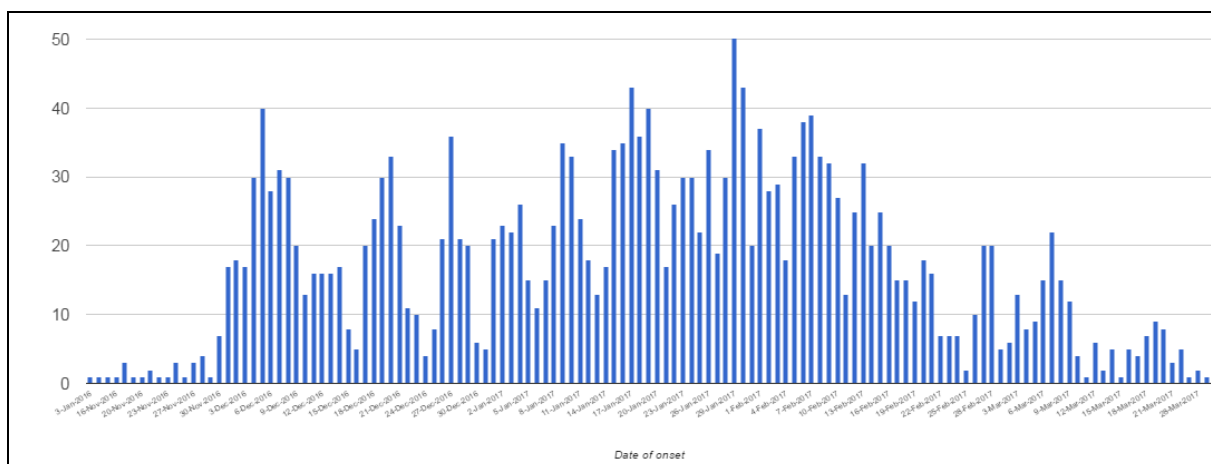


Table above - Epicure of suspected cases notified. Source: Ministry of Health, Government of Vanuatu.

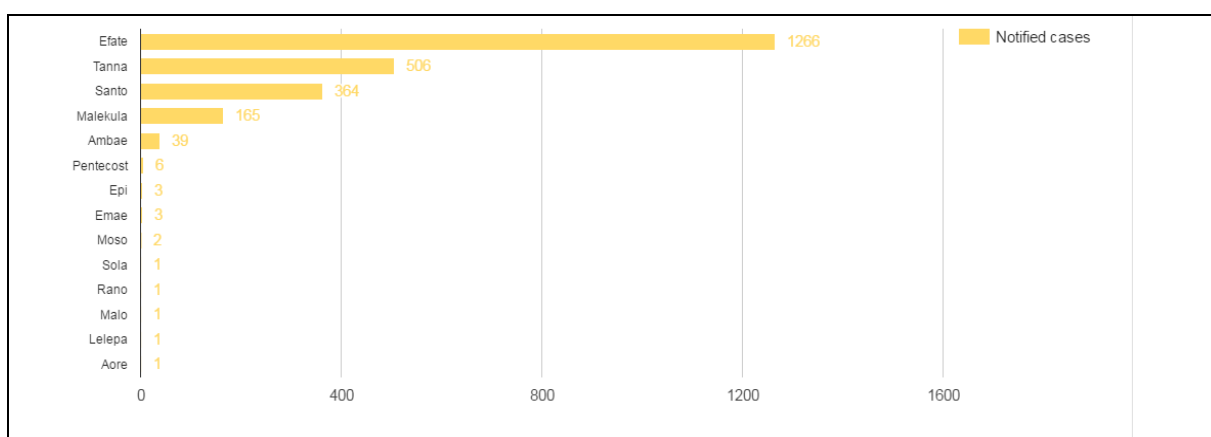


Table above - Total cases notified by Island. Source: Ministry of Health, Government of Vanuatu.

Summary of current response

Overview of Host National Society

The VRCS presence across the country includes one headquarters office, six branches, 200 volunteers, 55 staff members. The VRCS is coordinating, together with Movement partners, prevention actions within the various projects being implemented within 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 VRCS in the relief and recovery projects. The operation was extended to September 2017. The VRCS health team provides direct support to these projects and given this, they balance their work as best they can between these projects and the current dengue response operation.

The 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, are being used and contributed to the current epidemic response.

At the time of submitting this report, the VRCS dengue operation response is summarized with the following activities:

Preliminary tasks

- Memorandums of understanding (MOU) have been developed and signed with relevant community stakeholders for the purpose of ensuring access and collaboration with participating agencies and communities. Specifically;
 - 50 MOUs with community leaders have been signed;
 - 20 MOUs with provincial schools; and
 - 2 MOUs with Director Generals – MoH and Ministry of Education (MoE).
- Initial assessments have been conducted in the two provincial focus areas consisting of a KAP survey, community/village attributes and health status. The survey used convenience sampling with a total count of 44 questionnaires completed in Emae and 39 completed in Malekula. Thirty-five volunteers supported

implementation of the survey, 10 women and 25 men. The KAP survey data will be compiled and analyzed with the support of VRCS volunteers.

Training

- Red Cross principals, safety and security workshops have been completed in both provincial focus areas. (Malekula=22, Emae=14 total of volunteers and staff)
- Volunteer coordinator and volunteer training (ZDC Toolkit topics) has have been completed in both provincial focus areas. (Malekula=15, Emae=14 number of volunteers and staff). In addition to ZDC topics, this training has encompassed a range of other activities including presentations by local health staff and the development of volunteer action plans to be implemented during the coming weeks.

Printed resources produced and distributed:

- VRCS have printed 4,000 pamphlets and 200 dengue posters which have been distributed in the two provincial focus locations.
- ZDC toolkits have been adapted, translated and 30 have been distributed to volunteers (significant work was required by team to adapt and translate this resource so that it is appropriate resource for recipients).
- Epidemic Control for Volunteers Toolkits in Bislama have been acquired and distributed to volunteers.

Other resources procured and distributed:

- Volunteer personal protection kits 35 have been provided to provincial volunteers.
- Environmental clean-up kits 35 have been distributed to the two provincial operation sites and will be distributed in the coming days.

Community mobilization and awareness activities.

- Health awareness campaigns and community mobilization (schools and broader community) have been initiated and are currently being rolled out in both provincial focus areas.
- Social media, utilizing the VRCS Facebook and website, has and continues to be utilized.
- Digicel SMS communication campaign, focused on the two provincial focus areas, has been developed and initiated. This encompasses pre-test and end line surveys and sending of 12 different SMS messages in Bislama. Three SMS messages are sent each week during a 4-week campaign, initiated on 13 March. There are approximately 8,500 recipients of each message. This campaign has one more week to run before the end line survey will be conducted.

Monitoring and evaluation.

- Volunteer activity reporting sheets and volunteer consolidation sheets for coordinators have been developed and distributed. This documentation and associated activity aims to capture progress of activities versus the timeframe and any challenges encountered. A daily briefing and debriefing is conducted with volunteers by volunteer coordinators daily.
- Digicel end line telephone survey will be conducted during the week of 9th April.
- Final monitoring visits and stakeholder workshops have been scheduled to be implemented during the week of the 17 April. The extension to this DREF operation plans to put the final monitoring visits further back. This it is anticipated, will likely increase the quality of the M&E component of this operation.

Overview of Red Cross Red Crescent Movement in country

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 associated with Tropical Cyclone Pam which impacted Vanuatu in March 2015. The IFRC is winding up its in-country support with the recent departure of the operations manager. The IFRC finance manager connected to the Cyclone Pam response remains in-country until early April.

The IFRC country cluster support team (CCST) in Suva and Asia Pacific regional office (APRO) in Kuala Lumpur continue to provide technical support to the IFRC regional disaster response team (RDRT) and VRCS. The regional Emergency Health coordinator (Asia Pacific) has been active in providing technical support throughout this operation. With the newly appointed Health manager to the Pacific CCST in Suva, this assistance will now also be provided from Suva. An RDRT Health with a dedicated focus to this mission was appointed in February to support operations management and to provide technical support until 15 April 2017.

Overview of non-RCRC actors in country

The MoH is the lead agency that is coordinating and implementing the response to the dengue outbreak. Other partner organizations actively involved in the operation are the World Health Organization (WHO), local government, Vanuatu Police Force and the Ministry of Education. No international or local NGOs are known to be engaged with any response to the dengue fever outbreak. An overview of the VRCS dengue response plan has been communicated to all relevant NGOs established in Vanuatu in addition to WHO and MoH.

The MoH 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. With the aim of improving coordination and communication, the MoH has established a national dengue task force (NDTF) which holds periodic task force meetings, usually fortnightly. Representatives from relevant MoH sections, WHO and NZAID were in attendance at the last meeting on 24 February which VRCS attended. The VRCS participation in these meetings has established clear communication channels with the MoH and WHO. In turn, the MoH has provided their activity plan for community mobilization and mass communication. Through this process, significant duplication between the original VRCS plan of action and that of the MoH has been identified.

At the provincial level, in both Emae and Malekula, collaboration between Provincial Health and VRCS has been very strong. For example, the Senior Disease Surveillance Officer participated in and presented at the volunteer training workshop in Malekula. The officer was also provided with soft copies of relevant ZDC training resources and a hard copy of the Epidemic Control for Volunteers Toolkit, for which he was highly appreciative of because the Provincial Health Office receives very little resources in the way of community health training and information, education, communication (IEC) materials.

In Emae, support has been provided by Provincial Health to the VRCS response team by way of transportation and making available facilities to the VRCS team. Provincial Health nursing staff have also participated in and contributed significantly to the training.

At the national level, with agreement from the VRCS Secretary General, an offer of additional support (within the capacity of the VRCS) has been communicated with the MoH on 9 March. No response to this offer has been taken up or communicated with VRCS. The VRCS response team will continue to share information with the NDTF and participate in their meetings where possible.

Needs analysis and scenario planning

The dengue serotype-2 outbreak is ongoing and there are currently (as at 3rd April ²) 2,358 suspected cases of dengue, distributed over the densely-populated centres 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 the 2,106 suspected cases, 388 cases have been confirmed positive, six per cent of them severe. Seventy-four hospitalisations have occurred due to dengue since November 2016. The number of cases reported is now on a downward trend. Possible causes for the downward trend of reported cases may be due to reduced precipitation in populated areas as the wet season transitions into dry, activities implemented as a result of efforts by the MoH and partners including VRCS, greater awareness of dengue fever created by individuals becoming infected, or, a combination of these factors.

Through the stratified alert issued by MoH, 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)

Importantly, around 20,000 people across four provinces are considered at risk should community members not take preventive measures and get themselves exposed to the virus via mosquito bites. According to the current context, and as analysed 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.

² Ministry of Health, Dengue situation update, available <https://sites.google.com/view/dengue-vanuatu-2016/dengue-situation-update>

- 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 live crowded living conditions in the urban centres, mainly in the capital where dengue hotspot areas are more commonly found.

Rural areas: The remaining 74 per cent live 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

The VRCS aims to reduce the spread of activities by reaching 6,250 beneficiaries directly through community mobilisation and awareness raising. A further 20,000 beneficiaries will be reached through social media and news articles. Some activities, as mentioned, have been omitted from the original EPoA to accommodate the expense associated with the Digicel campaign and to avoid duplication with activities implemented by the MoH.

The team has been challenged with accessing updated and accurate surveillance data that could better inform the response. The MoH provides an online site which provides a daily dengue situational update which has been utilised by the team. In terms of behavioural surveillance, none has been provided or has been located. The team has utilised the initial Digicel baseline survey which, albeit limited, does provide some formative information from which the development of SMS messages and other response activities was guided.

Risk Analysis

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 continue to 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. Cyclone development continues to be monitored however no such events have occurred to pose a threat to this operation so far.

B. Operational strategy and plan

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 VRCS has and will continue to work directly with communities and in coordination with local authorities and the MoH. As per the Orange Alert, the request presented by the MOH and NS capacities, VRCS will continue to 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 contribution to the MoH mass media campaign (social media and press releases), 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, proposed within the Plan of Action, are currently being implemented:

- 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, to increase awareness on prevention strategies. ³
 - Waste disposal campaign
- Community-led clean-up campaigns twice a month
- Distribution of cleaning kits to communities and schools

An initial assessment has been undertaken to determine the level of need on communities. The response strategy has started with actions to train Red Cross volunteers and community health promoters in the facilitation of community mapping, awareness campaigns and behavioural 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 has been 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 clean-up campaign in communities, schools and public centres. An initial community-wide clean-up campaign will be facilitated in each community, after which VRCS volunteers will visit communities to encourage continued community-led clean-up activities.

A mass media campaign will be undertaken through print and social media and will aim to reach 10,000 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.

Gender, protection and inclusion (GPI) principles will be incorporated into activities through encouraging the involvement of women 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 VRCS 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 VRCS 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 has been deployed to Vanuatu for a period of two months from 15 February to April 15 2017 to assist VRCS in the coordination of implementation of activities under this DREF n° MDRVU003

³ <https://twitter.com/vanuaturedcross>
<https://www.facebook.com/VanuatuRedCross/>

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 logistics capacity was built up during the TC Pam operation and VRCS 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 that was constructed and funded by IFRC under the TC Pam operation to store any relief supplies the operation may require. Clean up and personal protection kits have been procured locally and have been distributed to the two provincial locations.

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

Information technologies (IT)

The National Society has a computerized system and regular basic internet access.

The initial Plan of Action encompassed utilizing the Magpi data collection system (tablets and mobile phones to collect information for the detailed assessment). Issues associated with loading of KAP survey documents and hardware issues (failure of some tablets) resulted in this approach being canceled. Issues became apparent at the field level. To overcome this, questionnaire documents were converted to MS Word and reproduced in paper form. The assessment surveys were then conducted using the print questionnaires. Whilst this has created additional work, particularly with data entry, it is anticipated that volunteer support will be utilized at Port Vila to assist with this task.

Communications

The VRCS has a specific Communication department which are 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 maintains a close relationship and share information with the IFRC communications team. An article has been produced by the IFRC communications manager in Suva, detailing this DREF operation and other Pacific related dengue responses by various NS, and has been published on the IFRC website.

A phone interview has been conducted between the VRCS health team and the UK based organization Break Dengue⁴. Break Dengue is an open online platform to share developments with all stakeholders who are responding to the dengue problem. An article has been developed based on the interview and published [online](#). It has been vetted by the Suva based IFRC Communications Manager.

Radio interviews, between the national broadcaster (Radio Vanuatu) and branch volunteers in Emae were conducted during the week of 3 April and broadcast nationally. The interview discussion focused on the dengue outbreak and response.

The Digicel contract to produce the SMS campaign includes developing and posting VRCS content to the online Pacific news site, Loop News⁵. Digicel is also developing a landing page which will soon be finalized. The purpose of the landing page is to act as a website that can be linked to social media, such as Face Book, and provides key information about dengue fever.

The team has faced been challenged with producing and posting social media due, initially, to a late start to the response and subsequent lack of content to post and support to develop content. As this DREF operation progressed, other challenges have presented that include the team involved with field activity where internet access is very poor and VRCS staff who control social media sites, being absent on provincial work. Furthermore, capacity of dedicated media staff at the VRCS to support the development of a strategic and effective social media campaign is extremely limited.

⁴ <https://www.breakdengue.org/break-dengue/>

⁵ <http://www.loopvanuatu.com/vanuatu-news/vanuatu-red-cross-responds-dengue-outbreak-55494>

Despite these challenges, the team has persevered and aims to post three newsworthy posts a week to Facebook. To date, seven posts to the VRCS Facebook has been made. The VRCS Twitter account, not used since April 2016, has been utilized as part of the social media campaign associated with this operation. Specific social media posts that have been uploaded during this operation include the following:

Posts to the VRCS Face Book to date include:

- 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

Posts, 'tweets' to the VRCS Twitter include:

- 7 April Dengue treatment
- 5 April Dengue symptoms
- 3 April "Vanuatu Red Cross Society and IFRC are helping Vanuatu communities fight Dengue"
- Mar 31 - Red Cross fights spikes in dengue across the Pacific
- Mar 31 - Vanuatu Red Cross responds to dengue outbreak

Security

The VRCS has analysed security conditions considering information from wider networks including the authorities and community leaders. A security plan has been drawn up based on IFRC minimum operational standards. A threat assessment has been conducted and mitigation measures have been incorporated into field operating procedures. Some measures include field operations to be in daylight hours only and all personnel and equipment are being clearly identified with RCRC logo. All volunteers have been issued with shirts that clearly identify the wearer as a VRCS volunteer and also highlights the dengue focus of this operation. Personal Safety and security training has been conducted with two operational safety workshops that have been held for volunteers in order to build their capacity and reduce security risks during field operations. Training has also taken place to disseminate and explain the security plan and its procedures.

Field movement planning, approval and monitoring systems are in place. Staff have access to communications equipment for travel monitoring and emergency contact. Contingency plans are in place for emergency situations.

Planning, monitoring, evaluation and reporting (PMER)

The VRCS Health coordinator is ensuring that the implementation of the Plan of Action, in cooperation with the disaster management coordinator. All activities are being 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.

Monitoring templates have been developed and distributed for this operation. A KAP survey, part of the assessment methodology, has been implemented which will inform this and be applicable for planning future dengue responses. Beneficiary satisfaction surveys will be conducted at the end of this operation. A lessons learned exercise is scheduled as part of the operation, aiming to improve humanitarian interventions to the affected population.

Administration and Finance

The IFRC has provided operational support for finance related activity through the CCST in Suva and the Vanuatu staff who have been dedicated to the cyclone Pam recovery response. VRCS finance staff that are assisting with financial task associated with this DREF have been supported by the Australian Red Cross finance delegate.

Detailed information about allocated funds spent can be found in the attached financial report.

C. Detailed Operational Plan

Quality Programming			
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		60%
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		60%
1.1.6 Lessons learned activity	x		0%
Progress towards outcomes			
<p>Memorandums of understanding have been developed and signed with relevant community stakeholders for the purpose of ensuring access and collaboration with participating agencies and communities. Specifically;</p> <ul style="list-style-type: none"> ○ 50 MOUs with community leaders have been signed; ○ 20 MOUs with provincial schools; and ○ 2 MOUs with Director Generals – MoH and MoE. <p>Initial assessments have been conducted in the 2 provincial focus areas. Initial assessment activities include:</p> <ol style="list-style-type: none"> 1) accessing epidemiological data available from the MoH; 2) discussions with volunteer coordinators and volunteers; 3) meetings with health staff; and 4) Conducting knowledge, attitudes and practices (KAP) survey to assess community attributes. <p>The KAP survey was been completed on the 24 April. Data entry will be completed 5 April and analysis will be completed shortly afterwards. Information gleaned from this survey will assist in guiding the implementation of this operation. Furthermore, it can be utilised to inform the development of responses to future dengue and other vector borne disease outbreaks. Community and school based assessments will be conducted as part of the volunteers' community mobilisation activities, specifically, conducting risk mapping exercises with community members including students.</p> <p>An operational plan has been developed to ensure safe implementation of the Plan of Action has been developed. All volunteers have now completed the safety training that was provided to them during workshops at the provincial level. (Participants numbered: Malekul 22 and Emae 14 - 10 women and 26 men.) In terms of resources, volunteer personal protection kits (vector born risks) have been provided to all volunteers</p> <p>Support and monitoring from IFRC has been built into into the operational plan and is being implemented throughout the operation. This includes maintaining communication channels with the IFRC Health Manager and by way of the RDRT providing support to the VRCS to develop methods for monitoring field activities.</p> <p>The lessons learnt activity will be incorporated into the two final monitoring visits to the two provincial focus areas mid-April. Beneficiary surveys will also be conducted during this time.</p>			

Health & care			
Outcome 1: The immediate risks to the health of affected populations are reduced	Outputs		% of achievement
	Output 1.1.Epidemic prevention and control measures carried out		56%
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		65%
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		40 %
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	20 %
Progress towards outcomes			
<p>Volunteer coordinator and volunteer training (ZDC Toolkit topics including behavioral change and community mobilization) has have been completed in both provincial focus areas. (Malekula=15 Emae=14 number of volunteers and staff - nine women and 20 men). Duration of this training was 2 days. In addition to ZDC topics, this training has encompassed a range of other activities including presentations by local health staff and the development of volunteer action plans to be implemented during the coming weeks. Volunteers are now proceeding to implement their action plans that were developed during the training.</p> <p>The ZDC Toolkit has been adapted, translated and reproduced for use in rural communities of Vanuatu. The adapted version focusses mainly on dengue fever. The decision to reduce the content and focus on dengue was made by the team because the original ZDC Toolkit is a large volume of material, and encompassing three diseases, is superfluous to the immediate requirements of this DREF operation. The original ZDC toolkit, however, has been provided to both volunteer coordinators as a resource. Adapted toolkits have been produced (30 copies) and provided to each volunteer who participated in the training. Adapting the toolkit and translating required significant work by the team over several days. Whilst this contributed to the delays in engaging with field work it was necessary for the toolkit to have any value as a training resource and provides the VRCS with a dengue toolkit that is readily available for when the next outbreak occurs.</p> <p>Copies of IEC materials, provided by the MoH, have been reproduced (pamphlets 4,000, posters 200) by the VRCS. These materials have now been distributed in the two provincial focus areas.</p> <p>Seven translated and laminated copies of the resource, Volunteer Epidemic Control Toolkit, were already available at the VRCS office and these have been distributed to the two provinces along with soft copies. Provincial Health in Malekula also requested one copy of this Toolkit which was provided to them.</p> <p>Strategies to create health awareness in the target population (n=6,250) are currently being implemented. Thematic focus of awareness is prevention, early detection and self-referral of dengue. Volunteers in Malekula and Emae have developed action plans to implement this activity and are currently proceeding to implement them. Further information on this activity will become available after field monitoring trips have been conducted.</p> <p>A public information campaign utilizing SMS message communication by provider Digicel was included in this response before the arrival of the RDRT Health. Specifically, a contract was entered into between VRCS and Digicel to implement a SMS communications campaign targeting the two provincial locations. The campaign consists of 12 SMS messages which are sent over a 4-week period. The Digicel SMS reaches Digicel mobile users only. The VRCS Health Team developed a basic phone interview questionnaire to ascertain individuals KAP in each location. This survey was then implemented by Digicel staff. A sample of 250 respondents was randomly selected in the two target locations of Emae and Malekula. The survey, whilst basic and inherent with obvious limitations, did glean some useful information from which to inform the development of the twelve SMS messages, developed by the team. These</p>			

messages were then translated into Bislama. During visits to both Emae and Malekula numerous community and branch members did inform the team that they had received some of these SMS messages. Results of the survey can be viewed at the Survey Monkey website⁶. An endline survey will be conducted by Digicel at the end of the campaign which will provide evaluation data.

For intended beneficiaries in scope for indirect support (n=20,000), this activity is currently limited to communication channels of social media and print media with two media releases to be produced. Radio spots have been canceled, printed resources (included banners) have been reduced so that costs associated with the Digicel SMS communication campaign can be absorbed into the budget. Further, an elaborate mass media campaign has been developed and is currently being implemented by the MoH that includes a comprehensive range of activities including TV spots, SMS campaigns (utilizing the alternative provider to Digicel, TVL), newspaper articles. An offer by the VRCS to provide additional support for the dengue response has been put to the MoH but no response has been received.

Social media is being utilised using the VRCS Facebook site to provide information to the followers about the dengue outbreak and VRCS response to it. This information has been copied to the VRCS website as well. As new information and associated graphics has now been obtained from field activities, information will be more frequently uploaded to these sites for public awareness.

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		68%
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 cleanup campaigns	X		70%
1.1.2 Mobilize community members and students for cleanup campaigns to eradicate potential mosquito breeding sites	X		60%
1.1.3 Procure and distribute community and school cleaning kits	X		70%
1.1.4 Promote household-level clearing of potential mosquito breeding sites	X		70%
Progress towards outcomes			
Volunteers have been equipped and trained to mobilize communities (including 10 schools) to eliminate mosquito breeding habitats. Action plans have been developed and are currently being implemented. Activities such as household visits (1,250 households), school and community mobilization that produce outputs such as mapping to identify mosquito habitats are currently being implemented. The extent of implementation will be ascertained during the field visits in the coming weeks. Community mobilisation and relevant awareness activities aimed at eradicating potential mosquito breeding sites has started to be rolled out in Malekula and Emae. These activities will continue to be progressed during the coming weeks.			
Procurement arrangements for cleaning kits (35) have been completed. Delays associated with suppliers not being able to provide the entire manifest of equipment has delayed shipment of these items. All items have now been supplied and shipped to Malekula and Emae.			

⁶ <https://www.surveymonkey.net/results/SM-6S76WYVG/>

Click here for:

Emergency Plan of Action ([EPoA](#))

[Financial report](#) as at 28 February 2017

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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**.

Disaster Response Financial Report

MDRVU003 - Vanuatu - Dengue Fever Outbreak

Timeframe: 26 Jan 17 to 26 Apr 17

Appeal Launch Date: 26 Jan 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2	Programme	MDRVU003
Budget Timeframe	2017/1-2017/4	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>			<i>80,910</i>			<i>80,910</i>	
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			-32,763			-32,763	
F. Closing Balance = (B + C + E)			48,147			48,147	

Disaster Response Financial Report

MDRVU003 - Vanuatu - Dengue Fever Outbreak

Timeframe: 26 Jan 17 to 26 Apr 17

Appeal Launch Date: 26 Jan 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2	Programme	MDRVU003
Budget Timeframe	2017/1-2017/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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							12,037
Teaching Materials	6,991							6,991
Total Relief items, Construction, Sup	19,028							19,028
Logistics, Transport & Storage								
Transport & Vehicles Costs	5,926							5,926
Total Logistics, Transport & Storage	5,926							5,926
Personnel								
National Society Staff	7,870							7,870
Volunteers	7,778							7,778
Total Personnel	15,648							15,648
Workshops & Training								
Workshops & Training	5,509							5,509
Total Workshops & Training	5,509							5,509
General Expenditure								
Travel	16,204			2,624		2,624		13,580
Information & Public Relations	11,111							11,111
Office Costs	833							833
Communications	972							972
Financial Charges	741			40		40		701
Total General Expenditure	29,861			2,664		2,664		27,198
Operational Provisions								
Operational Provisions				28,100		28,100		-28,100
Total Operational Provisions				28,100		28,100		-28,100
Indirect Costs								
Programme & Services Support Recov	4,938			2,000		2,000		2,939
Total Indirect Costs	4,938			2,000		2,000		2,939
TOTAL EXPENDITURE (D)	80,910			32,763		32,763		48,147
VARIANCE (C - D)				48,147				48,147