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Emergency Plan of Action Final Report

Vanuatu: Ambae Volcanic Eruption 2018

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRVU006
Date of Issue: 4 February 2019	Glide number: VO-2017-000140-VUT
Operation start date: 26 April 2018	Operation end date: 27 October 2018
Host National Society: Vanuatu Red Cross Society	Operation budget: CHF 298,654
Number of people affected: 10,488	Number of people assisted: 5,470
N° of National Societies involved in the operation: 1	
N° of other partner organizations involved in the operation: VRCS has coordinated with relevant government departments including NDMO, DoWR, MoH, DWA, PWD. Other agencies responding to affected populations include CARE International, ADRA, Oxfam and Save the Children. VRCS partnered with IsraAid in some aspects of the PSS programming.	

A. SITUATION ANALYSIS

Description of the disaster

In October 2017, the entire population (approximately 11,000 people) of Ambae, an island in the north of the Vanuatu archipelago, were temporarily evacuated due to increased volcanic activity. At that time, Vanuatu Red Cross (VRCS) launched a DREF emergency response which was successful in reaching all displaced people. Assistance was provided in the form of distribution of non-food items (NFI), evacuation camp support, beneficiary registration and community awareness campaigns. The population returned to their island on the 22 October 2017 after three weeks living in evacuation centres and camps. The volcano's activity was then downgraded to level 2.

On the 18 March 2018, the volcano alert level was raised again to level 3 and populations in West and South Ambae reported experiencing heavy ash fall which caused some local-style structures to collapse, contaminated water sources and destroyed food gardens. The government re-evacuated 606 people from the South of Ambae and moved them to evacuation centres in East Ambae, others evacuated voluntarily from the island.

Increased ash fall in April saw houses, other structures and trees collapse under the weight of the ash. Large fallen trees blocked road access to some communities in the North, while dangerous landslides believed to be linked to the heavy deposits of ashfall destroyed an entire village.

On the 12 April, the Council of Ministers declared a State of Emergency (SOE) for the entire island of Ambae for a period of 3 months. The SOE also came with indication of the plan by the National government to assist with voluntary evacuations up until 30 April. After this, they planned for mandatory evacuations over a 2-week period until 15 May. Following this initial decision, resistance from the provincial government and a reduction in the severity of the effects of the volcano prompted the government to revise their decision to allow for voluntary evacuation rather than mandatory. However, in mid-July the volcano's activity increased again and on the 21 July, the level was again increased to level 3. This prompted the government to order the compulsory evacuation of the entire island. During the first week of August, the people of Ambae were either evacuated to nearby



A woman digs under the ash in Ambae to collect water, (Photo: VRCS)

Maewo island by the government or chose to make their own way to the island of Santo. Approximately 2,600 evacuees relocated to Maewo and 6,500 to Santo.

Summary of response

Overview of Host National Society

VRCS coordinated with the government and other agencies through inter-agency meetings organized by the NDMO and cluster meetings for Shelter, WASH, Health, Education and Gender & Protection clusters. VRCS received an official request for assistance from the NDMO on 19 April.

The uncertainty of the movement of the population and the changes to the government planning delayed the implementation of the VRCS response. Whilst monitoring the situation, VRCS focused on preparation for the possible scenarios through ongoing assessment, mobilising volunteers and resources and local procurement of materials required for the response including some NFIs.

VRCS altered its response plan as required to cater to the change in government evacuation plans and the needs of the affected population.

The VRCS National Headquarters mobilised staff in the disaster management, health, logistics, PMER and finance departments to coordinate the various elements of the response. Volunteer teams in both Sanma and Penama branch underwent refresher trainings and briefings in shelter, ECV, PSS, WaSH and gender and protection prior to deployment as part of the response. The Disaster Management Coordinator was deployed to Ambae to assess the situation and plan the response.

Prior to the decision on the compulsory evacuation, four volunteers were stationed in the evacuation centres on the island to prepare them for the arrival of the displaced population (repairing roofs and digging toilets) and to register evacuees. Prior to this, VRCS volunteers conducted awareness campaigns in host communities to encourage acceptance of the displaced population. VRCS also distributed tarpaulins and jerry cans, which were pre-positioned in the Penama branch office, to evacuees. VRCS volunteers on Ambae also assisted in the evacuation of schools and delivery of water through the WASH cluster. A team of staff and volunteers also supported the National Disaster Management Office in collecting data on populations who nominated to evacuate voluntarily. As free-will movement to Santo increased, the Santo branch team monitored the number of incoming people and worked to ascertain potential needs on the ground. 36 Santo volunteers were mobilised to assist the Provincial Disaster Officer in the setup of 18 tents (funded by UNICEF and Save the Children) at schools to accommodate the evacuated students from Ambae.

Relief items were distributed to the most affected populations, reaching 1,094 households. At the time of distribution, VRCS teams facilitated hygiene promotion and shelter awareness, specifically in the proper use of the distributed items.

Following the compulsory evacuation to Maewo and Santo, VRCS volunteer teams on both islands provided ongoing psychosocial support. This was complemented by the distribution of community PSS kits and phone credit to connect separated families. Volunteer support was provided to the Gender and Protection cluster in Sanma province and the Sanma volunteer PSS team had an ongoing presence in the facility established to house evacuated people with a disability. Health and hygiene promotion activities were also ongoing in the evacuation sites.

Overview of Red Cross Red Crescent Movement in country

VRCS worked with IFRC and the International Committee of the Red Cross (ICRC) through their regional structures, as well as with VRCS' in-country partner French Red Cross (FRC).

IFRC supported the response through surge support in shelter, logistics, finance, cash transfer and coordination.

French Red Cross mobilised funding from the French government to facilitate the delivery of NFIs for 150 households to support the response. In addition, this funding covered local procurement of additional NFIs and supported distribution costs.

Overview of non-RCRC actors in country

Following the April increase in volcanic activity, the Vanuatu government developed a plan to support the voluntary evacuation of people to Maewo, this plan was delayed, during which time the volcanic activity increased again. The government then took the decision to decree a compulsory evacuation of the island. The government planned to relocate people to Maewo island and coordinated through the clusters to begin planning and preparing the relocation sites on Maewo for the arrival of the evacuees. Populations who evacuated voluntarily to Santo were not initially supported by the government.

The National Disaster Management Office (NDMO), through its Cluster System, continues to coordinate the on-ground response as the State of Emergency has now been extended to 26 November 2018.

The government, through the NDMO, activated the following mechanisms to manage the emergency response:

National level:

- National Emergency Operations Centre
- Provincial Emergency Operations Centre
- Provincial Disaster & Climate Change Committee

Provincial level:

- Area Council Secretaries
- Line Ministries represented at the province
- Provincial Health Coordinator

The NDMO has coordinated food distributions to affected populations and is working with local chiefs and provincial authorities to secure permanent relocation sites for evacuees.

A multi-sectoral Capacity Assessment team was deployed to Ambae on 17 April 2018 via RVS Tukoro along with the Vanuatu Joint Police Force. The Capacity Assessment team assessed the selected on-island relocation sites identified by the Penama provincial government.

The following clusters mobilized to coordinate their response:

- WASH
- Health
- Food Security & Agriculture
- Gender & Protection
- Education
- Logistics
- Shelter

VRCS worked with the WASH, Health, Shelter, Gender & Protection and Education clusters during this operation.

CARE International, Save the Children and ADRA are conducting response activities on Maewo in the areas of PSS, education, WASH and DRR.

Needs analysis and scenario planning

Given the changing plans for evacuation, VRCS was constantly revising its response plans and analysing potential scenarios. Prior to the off-island evacuation, VRCS worked to ascertain the needs of people living in evacuation centres on Ambae, many of which were overcrowded.

Scenario planning identified that the needs of the population would be largely similar, regardless of the location. VRCS maintained flexibility in its response to ensure that the activities undertaken could be adapted to the changing situation.

The distribution of relief items and delivery of community awareness activities was delayed as VRCS waited for government plans on population movement to be confirmed. The operation timeframe was extended two months to account for these delays. The budget was also increased as it became clear that VRCS would need to respond in multiple locations, thereby increasing logistics costs.

Ongoing assessment conducted in partnership with the NDMO attempted to ascertain the exact numbers of people who had relocated to each location, this proved to be a difficult task as ongoing movement made data collection challenging. As it became clear that the majority of evacuees had chosen to relocate to Santo island, VRCS adapted its response to include assistance to these populations in addition to those on Maewo island.

Needs of the affected population were assessed through the cluster system and VRCS utilised this information to inform its response. This included emergency shelter needs, water assistance, and health. The health cluster continued to highlight psycho-social support as a priority need stating that post-traumatic symptoms remained prominent in the communities due to the uncertainty of information and the trauma from the previous evacuation re-surfacing. PSS was a significant component of the VRCS response.

Risk Analysis

Heavy ash-fall posed health and safety risks for VRCS staff and volunteers deployed to the island. Health risks include respiratory illness, contaminated water and lack of food. Safety risks include low visibility, structures collapsing and trees falling. The ash-fall also blocked road which made access to the worst affected communities difficult. The distribution team was able to overcome these challenges to access by utilising banana boats to reach some of the more remote communities. Some personal protective equipment (PPE) was provided to volunteers but the distribution teams were caught off guard when the volcano increased its activity suddenly whilst the team was on the island. The team in the East were particularly affected by this and ensuring sufficient PPE for all volunteers is a key lesson learned from this operation.

The changing volcanic activity also affected the plans of the government from a voluntary to compulsory evacuation. This meant that VRCS had to adapt its planning and target two islands for implementation (Maewo & Santo) instead of one. As VRCS had undertaken detailed scenario planning in the uncertain first stages of the operation, this did not pose any significant issues or cause any unnecessary delays.

B. OPERATIONAL STRATEGY

Proposed strategy

VRCS' strategy for implementation had to be constantly revised as the situation changed and developed. The Penama and Sanma province branch offices were continuously assessing the needs of the affected people, both prior to and following the eventual compulsory evacuation. Initial assessments suggested that psycho-social support, emergency shelter and household items were the greatest needs for the affected population and VRCS based its operation on meeting these needs for 1,000 households.

VRCS' response strategy focused on three main areas of support – supplying the affected population with essential NFIs (household items, emergency shelter), ensuring key information reaches the affected population and providing health support through psycho-social support and first aid as required. VRCS' activities were managed jointly by the HQ, Sanma and Penama branches.

Distribution of relief items

Emergency shelter assistance and essential household items were distributed to 1094 households, VRCS coordinated with partners to allow for a full suite of NFIs, a “family kit”, to be provided for 501 households. 593 households received only some of the items based on need. Distribution of the items took place in Ambae, prior to the evacuation. Due to a sudden increase in volcanic activity, the compulsory evacuation was announced as the distribution was taking place. Beneficiaries were advised to travel with their items when they left the island. The beneficiary satisfaction survey highlighted that over 50% of surveyed households did not bring their items, or only brought some with them as they preferred to keep them safe for use when they returned.

Information & Communication

VRCS played a crucial role in disseminating information to the affected population. Prior to the evacuation, VRCS worked with the NDMO to relay information regarding the evacuation plan. Health and hygiene promotion awareness sessions were conducted at the time of distribution as well as following the evacuation to encourage populations to take preventative measures in managing their health. In addition, emergency shelter awareness sessions were conducted for the population evacuated to Maewo to assist them in the use of the shelter tool kits and tarpaulins which had been distributed by VRCS.

Psycho-Social Support (inclusive of Cash-transfer Programming)

VRCS partnered with the Ministry of Health and IsraAID to develop a plan for psycho-social support awareness delivery in communities. In addition to the PSS awareness plan, VRCS distributed community ‘comfort’ kits which included activity equipment to allow communities to participate in stress-relieving activities. Items included sporting equipment and art supplies for children. In addition to the distribution of these kits, teams of trained volunteers made regular visits to evacuation centres and sites to talk with evacuees and were able to refer cases as required.

VRCS also piloted a cash-transfer programme through the supply of pre-paid phone credit to displaced households to support the maintenance of family links and family support. 1251 households received phone credit to stay connected with their families. Cash-transfer programming has not previously been employed by VRCS. Beneficiary feedback from the distribution was overall very positive.

Following this 3-pronged strategy, the operation consisted of the following lines of action:

1. Advocate for the prioritization of the most vulnerable people for evacuation;

2. Facilitate awareness sessions on preparedness measures and evacuation procedures;
3. Conduct hygiene promotion activities in evacuation centres, host communities and relocation sites;
4. Conduct epidemic control awareness activities in evacuation centres, host communities and relocation sites;
5. Distribute NFIs to the evacuated populations in East Ambae and at out-of-Ambae evacuation sites;
6. Conduct psycho-social support awareness in evacuation centres and host communities;
7. Distribution and facilitation of community PSS kits
8. Promote family links through distribution of phone credit to evacuated populations
9. Assist in Restoring Family Links if required;
10. Conduct evacuation site assessments where necessary;
11. Coordinate with the NDMO, VMGD and other actors to closely monitor situation and plan for alternative response if required.

VRCS designed this response after briefings with NDMO and relevant clusters. All response activities were implemented in close coordination with, and facilitated by, volunteers from the VRCS trained Community Disaster & Climate Change committees (CDCCCs), local authorities, Area Council Secretary (ACS), and communities.


VRCS ensured coordination between sectors through regular operations meetings and integration of multiple sectors within field activities.

VRCS remained accountable through working directly with the affected populations, continuously monitoring changing needs and adjusting the response as required. An anonymous beneficiary feedback system was also established through the placement of suggestions boxes at both the Sanma and Penama branches.

VRCS gathered more formal feedback from communities through a household survey and focus group discussions towards the end of the operation. The beneficiary satisfaction survey targeted 100 households (10 per cent of targeted population) across evacuated populations in Maewo and Santo. Focus group discussions were gender-segregated and aimed to identify areas of the response operation that could be improved as well as those which appropriately met the needs of the population.

A lessons learned meeting was held towards the end of the operation, bringing together staff and volunteers from all three provinces involved in the response. The workshop allowed the team to reflect on the successes of the operation, address the most significant challenges and identify strategies to improve for any future emergency responses. Details of the challenges and lessons learned are included in the detailed operational plan below.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 4777 Male: 2473 Female: 2304</p>		
Indicators:	Target	Actual
# of targeted people with safe and adequate shelter and settlements	5,000	4,777
# of people provided with emergency shelter assistance	5,000	4,777
# of households provided with technical support and guidance, appropriate to the type of support they receive	1,000	1,000
Narrative description of achievements		

On 25 May 2018, a shelter delegate from the IFRC was deployed to Ambae along with the VRCS Operations Manager to conduct a training of trainers (ToT) for construction of emergency shelter utilising the distributed shelter tool kits. 15 volunteers in Ambae took part in this training so that they could assist the evacuated communities with the construction of their own shelters. During the first weeks of June, these trained volunteers worked in collaboration with the Penama Provincial Disaster Committee to continuously assess the situation on Ambae with a focus on the shelter needs at evacuation centres. They also assisted in the registration of people who were wishing to evacuate voluntarily to Maewo.



VRCS volunteers register voluntary evacuees on Amba, (Photo: VRCS)

On 17 July 2018, two distribution teams were deployed (one to the West of the island and one to the East) which included staff and volunteers from headquarters, Sanma and Penama branches. Over 30 local ERT volunteers were mobilised to distribute relief items to a planned 1000 affected households.



Distribution of relief items in a village on Ambae, (Photo: VRCS)

VRCS teams assessed 8534 people (4403 male, 4150 female) comprising 2296 households across Ambae. Vanuatu Red Cross was able to respond to 1094 of the most affected households, reaching a population of 4777 people with relief items. Details of the relief items can be referred to below.

List of relief items distributed by ward on Ambae

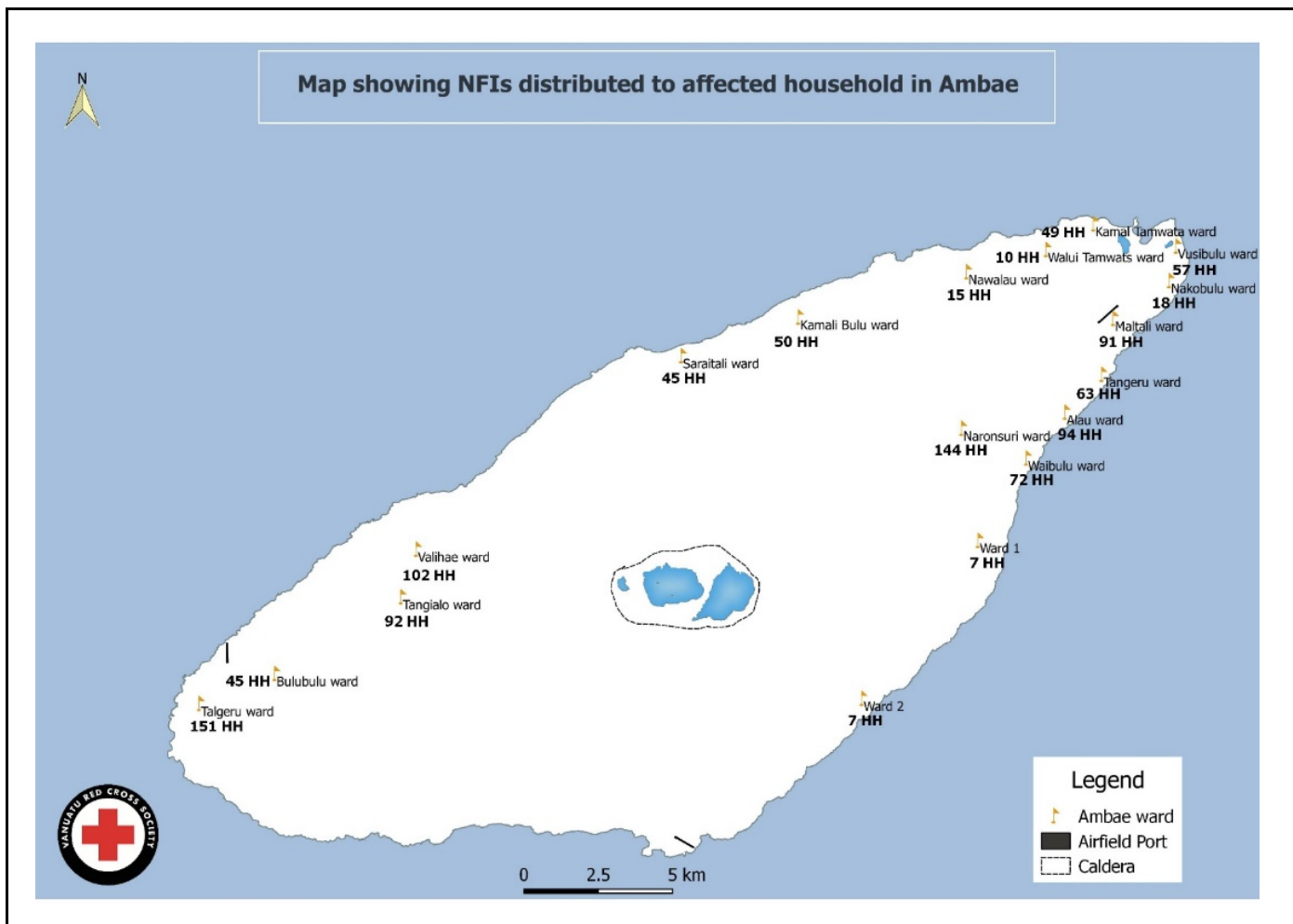
Ward	Blankets	Hygiene Kits	Jerry Cans	Kitchen Sets	Mosquito Nets	Shelter Tool Kits	Solar Lanterns	Tarpaulins	Sleeping mats
South	26	65	65	65	130	65	65	214	130
East	949	427	427	427	852	427	221	716	852
West	472	413	413	413	826	413	413	826	826
North	61	61	61	61	122	61	61	122	122
Total	1,508	966	966	966	1,930	966	760	1,878	1,930

Following the updated State of Emergency declaration issued on 26 July 2018 where a compulsory evacuation was declared, 2,710 people evacuated to Maewo – a total of 836 households. The Vanuatu Red Cross Penama branch office moved with the evacuees to Maewo to continue supporting the affected population. Twenty volunteers from Maewo were recruited to assist the 15 shelter trained volunteers from Ambae to conduct shelter awareness and build or assist in the building of emergency shelters for all 836 households on Maewo. 5 volunteers were also deployed from Santo to assist in the construction of the emergency shelters and to support the Ministry of Education through the setup of three temporary learning spaces (Nasawa Primary school, Gambule junior Secondary School, and Gnota primary school).



Emergency shelters constructed by VRCS volunteers on Maewo, (Photo: VRCS)

As Vanuatu's cyclone season approaches (November to April), VRCS assisted the Shelter cluster and CARE International to conduct an assessment of evacuation centre capacity on Maewo.



Challenges

- Communication issues between authorities and responding agencies led to delays in shelter emergency response.
- Heavy ash fall disrupted the distribution of NFIs to the target beneficiaries.
- Data collection and documentation became confused as many agencies were collecting similar data.
- VRCS found that the standard shelter distribution of two tarpaulins and a shelter tool kit was not sufficient when people have been completely relocated.
- There is a lack of shelter trained personnel in the country to support shelter response technical planning.
- The post distribution monitoring suggested that more than 50 per cent of the evacuees left some or all of their relief items behind when they evacuated.
- Beneficiaries voiced concerns that the emergency shelters constructed will be inadequate in the case of a cyclone or tropical depression.
- Emergency shelter construction using local knowledge is inadequate.
- There was a delay in the shipment of NFIs from Port Vila to Ambae.

Lessons Learned

- Build back safer awareness sessions are necessary to help the beneficiaries understand how to build using the distributed shelter kits. Volunteers are also necessary to work with the beneficiaries to erect emergency shelters. Leakage in some of the emergency shelters was the result of limited understanding of utilizing tarpaulins for shelter.
- More in-depth training on shelter is required for VRCS staff and volunteers including gender and protection as it relates to shelter response.
- Utilising trained volunteers from Sanma branch assisted greatly in supporting the small volunteer team in Penama and helped to boost teamwork and morale. VRCS also needs to focus on recruiting more volunteers who are motivated to assist in times of disaster.
- Having NFIs pre-positioned allowed for a more efficient and timely response. VRCS will review its stock holding plan to ensure sufficient stocks are available in all locations.
- Having existing strong working relationships with the Area Council Secretaries and a strong volunteer ERT network assisted significantly in the good coordination of the distribution.

- Information management, including information sharing, needs to be improved for future operations to ensure accurate and efficient data is collected.
- There is a need for a standard sectoral assessment template for shelter. VRCS will work with the shelter cluster to develop this.
- Having standardized, appropriate personal protective equipment for volunteers responding to an ongoing disaster (like erupting volcanoes) should be a high priority in future responses.
- Whilst VRCS worked closely with the NDMO to coordinate the response, there is a need for more open dialogue to be taking place with the government at the national level to ensure a quality response operation.



Health

People reached: 5470

Male: 2775

Female: 2695

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	5,000	5,470
# of people reached with community-based epidemic prevention and control activities using community consultations	5,000	5,470
# of people reached by psychosocial support	5,000	5,470

Narrative description of achievements

Health Response Coordination

Health activities and actions were considered based on discussions with the Ministry of Health, Gender & Protection and WASH clusters as well as reports from the VRCS people on the ground. The core health needs that were focused on in the VRCS operation were epidemic control, first aid and psychosocial support (PSS).

The health team made considerable effort to closely coordinate the response with various departments within VRCS and with external cluster partners. Cluster representatives were consulted and invited to many of the orientation sessions as well as implementation on the field. This operation saw an integrated approach for Health and WaSH while considering protection, gender and inclusion (PGI) and violence prevention related issues. Integration between areas of intervention was seen as a priority and this was reflected in the awareness materials provided to communities during the response as well as how sessions and activities were structured.

A household health promotion and illness prevention booklet prepared in Bislama in consultation with Health and WaSH clusters was provided to 1094 households in Ambae. This booklet contained information on handwashing, epidemic control information focusing on Malaria, Dengue, Acute respiratory infection information, acute watery diarrheal prevention and management, safe food preparation, hygiene promotion such as tippy tap construction and household water filtration methods, PSS awareness, menstrual hygiene management (MHM) awareness, violence prevention and first aid DRSABC poster. The booklet was provided alongside health awareness sessions to 1094 households in Ambae at the time of relief distribution. Further awareness activities and awareness sessions were undertaken in Maewo, Santo and Malo following the evacuation of the Ambae population during August and September.



VRCS Volunteer in West Ambae going through the illness prevention and health promotion book that was given out during the distribution activities with an elderly evacuee, (Photo: VRCS)

Prior to implementation of community awareness activities, health orientation sessions were conducted for staff & volunteers from Sanma, Penama and HQ to refresh personnel on the information to be delivered. All sessions also discussed the VRCS child protection policy and code of conduct. Initial psychosocial support sessions were conducted in partnership with IsraAid, these sessions were then replicated as required for other groups of volunteers.

Health Orientation Sessions undertaken by VRCS Volunteers & Staff				
Orientation Topic	Total participants	Female	Male	PLWD
Epidemic control for Volunteers (ECV)	91	45	46	2
Psychosocial Support (PSS)	86	39	41	2
First Aid (F/A)	53	30	23	2

Psychosocial Support (PSS)

PSS activities in communities commenced in July 2018 during the distribution of relief items in Ambae. Volunteer health/PSS teams provided initial PSS awareness to beneficiaries following the distribution lists. 1094 households received this initial PSS awareness in the month of July. This awareness included sessions on self-care and supporting children in times of disaster and stress. Sections from the IFRC PSS toolkit were utilised for this having been translated prior to use. PSS awareness sessions in Maewo and Santo were structured alongside epidemic awareness, hygiene, first aid support and MHM sessions.

PSS activities were ongoing for the entirety of the operation, often at the request of communities. The range of activities included cooking demonstrations, sports games, art activities, referrals, assisting people with everyday tasks etc. PSS 'comfort' kits for the purpose of PSS support were also provided to a total of 50 communities in Maewo and Santo. Kits contained a range of sports equipment such as volleyball nets, volley balls, football and soft children's balls as well as paper and art materials and a small guitar. The comfort kits were utilised by communities at will to support their PSS needs and were also occasionally used by PSS volunteers during structured activities. Data for the distribution of these kits is provided below.

PSS Comfort Kit Distribution	
Location	No. of beneficiaries
Santo	1,880
Maewo	1,459
Total	3,339



Volunteers in Maewo August 2018 undertaking Health & WasH pre-deployment orientation and briefing. (Photo: VRCS)



Manioc leaf cooking demonstrations provided a substitute for green leafy vegetables. (Photo: VRCS)

PSS volunteers were stationed in Santo at Niscol Wharf, an evacuation centre specifically dedicated to people with disabilities, chronic illness and their carers. Activities undertaken by volunteers stationed at the Niscol Wharf terminal included social games, self-care and personal care support, cooking, cleaning, PSS awareness and individual support sessions.

PSS awareness and support were provided to communities and individuals or family PSS support sessions were also carried out using the FACE sheet (case note sheet) to record details and track community concerns (many of these were anonymous recording only demographic details).

An inter-agency PSS referral form was presented to the Health, PSS & Gender and Protection clusters who commended the use by agencies. PSS referral forms allowed volunteers to flag key issues that arose in the field with the relevant agency. Referrals were made to the hospital, NDMO, and clusters including shelter, gender and protection and health. These referrals also acted as a feedback mechanism for VRCS and the clusters. Handling of these referral forms also meant that there was an increased awareness and respect for confidentiality between beneficiaries and VRCS staff and volunteers.

Summary of PSS activities and beneficiaries reached (post-evacuation)					
Session type	Location	No of sessions	No of beneficiaries	Female	Male
Self-care and PSS awareness	Maewo	18	1,306	686	620
	Santo & Malo	16	462	250	212
	Total	34	1768	936	832
Individual/family sessions (FACE sheets)	Maewo	481	1,892	983	910
	Santo & Malo	117	488	255	234
	Total	598	2,380	1,238	1,144
PSS Activities	Maewo	36	1,878	995	883
	Santo & Malo	21	563	303	256
	Total	57	2,441	1,298	1,139
PSS Referrals	Maewo	26	26+	N/A	N/A
	Santo & Malo	9	9+	N/A	N/A
	Total	35	35+	N/A	N/A

Cash Based Intervention (CBI) as part of the PSS response

As part of the psychosocial support response, VRCS distributed phone credit to affected households to allow them to reconnect with family who may have been separated during the evacuation. 1000 vatu was provided per household with the option to split the credit between two phones. VRCS worked with the two telecommunications providers in the country to devise a strategy for distribution. Phone numbers of affected households were collected at the time of the relief distribution to allow for electronic transfer of the credit to take place. PSS face to face support sessions in Maewo and Santo during the month of August were also utilised to capture the telephone numbers of households who scored higher on the vulnerability analysis such as; those who had a disability, was severely ill, was pregnant or breastfeeding, a widow or female headed household. Following the initial electronic transfer of credit, further distribution was undertaken through the physical handing out of phone cards to affected populations.



VRCS Volunteer in Maewo September 2018 handing over a PSS comfort kit to a community elder for use by the community, (Photo: VRCS)



VRCS Maewo Volunteer handing out phone cards in September 2018 (Photo: VRCS)

Although this part of the response faced some challenges, data from the beneficiary satisfaction survey shows that beneficiaries were overall very positive about the receipt of the credit saying that it allowed them to connect with family and especially children who were sent to schools away from their families.

The tables below show the distribution of phone credit by both phone cards and electronic transfers. In total, 1251 households were reached with phone credit.

Phone credit distribution (Phone Cards)					
Island	Total households reached	No. household received 500VT Digicel	No. household received 1000VT Digicel	No. household received 500VT TVL	No. household received 1000VT TVL
Maewo	200	200	0	200	0
Santo	385	127	142	123	106
Total	585	327	142	323	106

Phone Credit Distribution (Electronic Transfer)				
Total households reached	No. household received 500VT Digicel	No. household received 1000VT Digicel	No. household received 500VT TVL	No. household received 1000VT TVL
666	87	487	38	80
Unsuccessful DIGICEL numbers	4 Inactive numbers, 1 Deactivated number & 1 Postpaid number		TOTAL	6
Unsuccessful TVL numbers	1 Incomplete number, 9 Disconnected		TOTAL	10

*Note: some households provided incorrect numbers or deactivated numbers meaning that not all households received the full 1000 vatu.

First Aid

Approximately 90% of all volunteers mobilised for this operation were first aid trained. 8 first aid kits were procured for field teams and were carried throughout the operation by health field teams.

The majority of reported first aid cases were for household accidents with lacerations, wounds and bumps and bruises and infections recorded in 25 of cases. Over half of these were in small children with 2 hospital transfers referred to Kerebei health clinic. There were 6 cases of diarrhoea and vomiting where they were provided with ORS solution and 1 transferred to the hospital for severe diarrhoea. In Santo only 2 people were recorded as requiring First aid for wounds. Unfortunately, not all first aid response incidents were reported. Data on the reported first aid cases by island is presented below.



VRCS staff and volunteers providing first aid to a young child in Maewo, (Photo: VRCS)

Recorded first aid cases during operation			
Location	No. of Incidents	Female patients	Male patients
Maewo	27	18	9
Santo	2	0	2
Total	29	18	11

Epidemic Control Awareness

The IFRC Epidemic Control for Volunteers (ECV) toolkit was utilised to deliver health promotion awareness to evacuated communities. Awareness focused on diarrheal illness, respiratory illness, Malaria and Dengue Fever. The materials used were translated into Bislama and based on the Fijian Red Cross ECV tool kit model as it was the most similar contextually.

VRCS volunteers based in Ambae worked closely with the Ministry of Health. Health surveillance sentinel sites to identify cases of epidemic concern – this began during the previous DREF operation in February 2018 and continued until July 2018 when the evacuation again became mandatory. This made for easy exchange of information with the MoH surveillance unit and assisted VRCS' ability to identify key areas of intervention.

In addition to the awareness sessions, mosquito nets were distributed in Ambae to 1,079 households to help stop the spread of mosquito-borne illnesses.

Data may be seen below for the number of people reached additionally with epidemic control awareness.

Epidemic Control Awareness (Post- evacuation)				
Location	No. of sessions / interventions	No. of people attended / benefitted	No. of females in attendance	No. of males in attendance
Maewo	17	1312	681	631
Santo	11	379	211	168
Total	28	1691	892	799



VRCS volunteers in Santo play a mosquito and dengue version of the cat and mouse game during epidemic awareness, **(Photo: VRCS)**



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Front cover of the Epidemic control for volunteers IEC materials utilized during the response, **(Source: VRCS)**

Challenges

- There were many challenges with health as people were at first facing large ash falls in Ambae which had a significant effect on respiratory health of the population. The ash fall also had an effect on the availability of fresh foods and consequently the nutritional status of the affected people. This, coupled with the high density of people living in evacuation sites with limited capacity for hygiene, increased the risk of disease spreading. There continues to be a high level of concern for populations in evacuation sites with as many as 500 people occupying one camp in some areas.
- Prior to the operation, there were no formal PSS referral pathways. VRCS struggled with how this would be carried out in a systematic and confidential way. In the end this was assisted with the use of the inter-agency referral form which proved useful. However, there were persistent challenges as volunteers took time to understand the correct use of the form.
- There were very few existing data collection templates for health activities and these had to be created. This caused confusion for volunteers who had only previously been trained in the use of the standard disaster distribution forms. As such, some of the data was recorded incorrectly.
- The phone credit transfer were a difficult concept for many volunteers to understand and as such, this was not initially communicated well to the communities. This caused difficulty in collecting phone numbers as beneficiaries were not fully aware of the purpose and meant that there was a significant delay in completing the collection of numbers to facilitate the electronic transfer. VRCS responded by changing the modality of distribution to physical phone cards however this also faced challenges as reaching the very spread out population in very remote areas of Santo was logistically difficult.
- There were not enough first aid supplies to equip all field teams for the entire duration of the operation. First aid supplies were used more quickly than anticipated.
- There was also often not enough personal protective equipment (PPE) for volunteers and staff when implementing. This was a challenge in the early stages of the response whilst on Ambae with heavy ash fall.
- Ash fall also made it difficult to undertake community awareness activities on Ambae.
- The timing of the needs assessment meant that it was not able to be reviewed prior to distribution of relief items. This limited the responsiveness of the distribution.
- Many households left their mosquito nets behind in Ambae when they evacuated meaning that many were sleeping without mosquito nets.

Lessons Learned

- VRCS volunteers could benefit from more simulation exercises utilising all resources and forms throughout the year so that they are ready and confident during a response. Simulations are historically strictly DM related, an integration of emergency health and first aid into these simulations and ERT trainings would be of significant benefit.
- Personal protective equipment and first aid kits must be pre-positioned ready to go before a disaster happens.
- PSS sessions received good feedback from beneficiaries however they often were very time consuming, more time with PSS was often requested by beneficiaries. In future responses involving PSS, this should be accounted for as much as possible.

- All forms, surveys and IEC materials must be translated and contextualised, ready for a response as there may not be time after a disaster.
- Existing needs assessments forms must be reviewed between disasters and prior to use, collaboratively between all departments.



Water, sanitation and hygiene

People reached: 5470

Male: 2775

Female: 2,695

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# households reached with key messages to promote personal and community hygiene	1,000	1,094+
# people reached by hygiene promotion activities	5,000	5,470
# of households provided with WASH NFIs & household water treatment awareness	1,000	1,094

Narrative description of achievements

Coordination of WaSH

All VRCS WaSH activities were coordinated through the WaSH cluster and approved by the Department of Water Resources (DoWR). The DoWR focal point was consulted and also included in various orientations to ensure consistency of messaging. The WaSH cluster supported the WaSH awareness activities in Maewo with the provision of a vehicle for two weeks of the initial awareness.



Wash & MHM orientation in Maewo. (Photo: VRCS)

WaSH Orientation Sessions undertaken by VRCS volunteers and staff

Orientation Topic	Total participants across sessions	Female	Male	PLWD
WaSH	61	30	31	2
Menstrual Hygiene Management (MHM)	109	53	56	2

WaSH & MHM

The VRCS WaSH response focused on hygiene promotion and menstrual hygiene management awareness. To complement this, jerry cans and hygiene kits were distributed to 1079 households. Hygiene kits included soap, shavers, towels, underwear, disposable sanitary napkins and laundry soap.

Tippy taps (a simple setup to allow for hygienic hand washing in areas without running water) were built and demonstrated in every community that received health or WaSH awareness. This helped to address a considerable gap in communities with very few places for people to wash their hands especially after using toilet facilities.

Topics covered in awareness sessions included hand washing, MHM awareness sessions using the DAPS approach for males and females separately, keeping water safe, household water treatment, protecting rain water harvest systems and how diarrhea spreads using the F chart.

This was the first time that VRCS had undertaken MHM awareness with both males and females. Groups were split by gender and the same information provided to both groups. MHM awareness sessions and discussion groups also focused on reproductive health and violence prevention.

Initial awareness sessions for WaSH and MHM were provided to 1,094 households in Ambae, West, East, North and South during the month of July alongside the NFI distribution. Further awareness activities and awareness sessions were also undertaken. The additional data for sessions conducted outside of the distribution awareness sessions can be seen below.



MHM awareness session with women in Santo, (Photo: VRCS)



A woman reads the MHM IEC materials provided during the session, (Photo: VRCS)

WaSH & MHM awareness conducted post-evacuation					
Awareness sessions	Location	No of sessions	No of people in attendance	No of females in attendance	No of males in attendance
Menstrual Hygiene Management	Maewo	32	1,130	600	530
	Santo & Malo	22	379	211	168
	Total	54	1,509	811	698
Household water treatment, Handwashing/ tippy taps demonstration, F- chart, safe water	Maewo	17	1,262	666	596
	Santo & Malo	10	361	202	159
	Total	27	1,623	868	755

Challenges

- While in Ambae, communities expressed their concerns with lack of availability of water due to contamination by ash fall, this was noted and passed on however the population evacuated not long after.
- While in Maewo there were also issues with water source acceptance, even though clean water was readily available this often came from rivers and streams – many of the Ambae evacuees were used to using tank water and rain water and expressed their concerns and fears with using river water. VRCS volunteers would encourage water boiling and other household water treatment methods to reduce the concern among evacuees.
- In Maewo, some women were barred from using the rivers to bathe and wash with especially during menstruation, this made things difficult as many camps did not having appropriate bathrooms for women. This resulted in women awaiting till darkness to bathe which could have an impact on their safety. Disposal of sanitary pads was also a challenge due to cultural views and set up of camps.
- MHM products would run out in a month – there is an ongoing need for supplies
- There was a need for a variety of sanitary products provided to women as women and girls often preferred different products - some preferring disposable sanitary towels while other used cloth.
- Buckets and basin were not provided at all in relief distribution and this was noted as a gap in many of the response efforts. The WaSH cluster was informed of this to ask support from other responders.
- Many evacuation sites had insufficient number of toilets, not conforming with Sphere standards. There were cases where 70 or more people were using 2 toilets. Toilets were also not gender segregated.

Lessons Learned

- Hygiene kit contents and other WaSH relief items should be informed by previous responses and in consultation with the beneficiaries to ensure needs are being met. Buckets should be provided in hygiene kits for washing of sanitary products as well as separate buckets for household washing of clothes. Additional basins should be included in the Kitchen sets in order for the buckets for hygiene kits not being transferred for kitchen use.



Inclusion and Protection

People reached: N/A

Male:

Female:

Indicators:	Target	Actual
<i>DREF operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response</i>	Yes	Yes
<i># of consultations with Operations team and sectorial teams on approach</i>	4	4
<i>DREF operation demonstrates evidence of addressing sexual and gender-based violence</i>	Yes	Yes

Narrative description of achievements

Protection, gender and inclusion (PGI) was a cross-cutting theme in this operation, informing all response activities. Early in the operation, a half-day workshop was facilitated with all staff involved in the response to develop a PGI implementation plan. Planning was based on the IFRC Minimum Standard Commitments to Gender & Diversity in Emergency Response. This plan would guide the activities within the operation, ensuring that VRCS was prioritizing the most vulnerable, ensuring inclusive activities and recognizing the diversity of needs within the affected population. This is the first time that a workshop of this kind has been undertaken by VRCS and will go a long way to informing the activities of future responses. The actions outlined in the plan were implemented by teams in the field to ensure equitable and inclusive access to assistance for the affected population.

62 volunteers involved in the operation across all 3 provinces underwent workshops in gender and protection in emergencies prior to deployment. These workshops provided the opportunity to identify concrete ways in which VRCS could ensure principles of equity and inclusion were prioritized in the response.

VRCS worked closely with the Gender & Protection (G&P) cluster to develop an inter-agency referral form allowing for issues in the field to be reported efficiently and confidentially to the appropriate agency. A total of 4 gender and protection related referrals were made to relevant agencies. The PSS teams who were working closely and regularly with the affected communities were the main utilisers of this mechanism. During PSS support sessions in Maewo several mothers approached staff and were concerned that community members in Maewo were asking to marry the Ambae evacuee girls younger than 16 years. This was reported to the gender cluster as the mothers did not want to engage with the police. In Santo a VRCS volunteer was stationed to support the G&P cluster for a period of 1 month in September. This was at the request of the G&P cluster and Department of Women's Affairs in Port Vila. This also enable smoother referrals between the field teams and the G& P cluster.

Challenges

- A main challenge in the field is ensuring representative field teams are deployed to communities. In Penama, the majority of existing volunteers were male and whilst some effort was made to recruit females to the team, the branch was unable to deploy well balanced teams which may have affected their ability to engage with communities.
- VRCS did not distribute dignity kits or menstrual hygiene management kits and this was discovered as a need during the operation.
- The cultural context means that sometimes VRCS teams lacked support from community leaders on matters relating to gender and protection.

Lessons Learned

- Further training of VRCS personnel is required for VRCS to ensure the response team has the necessary knowledge and skills to effectively include principles of gender, protection and inclusion in all activities.
- More awareness needs to be delivered in communities during normal times to encourage community acceptance of equitable response and targeting of the most vulnerable.

Strengthen National Society

Indicators:	Target	Actual
# of volunteers engaged with the operation	Not set	109
# of EOC operating and coordinating the response activities	3	3
# of VRCS ids, visibility identification issued	200	40
Narrative description of achievements		
<p>Emergency Operation Centres (EOCs) were established in Port Vila, Ambae and Santo to coordinate the response. These EOCs were managed by teams of staff and volunteers. At the VRCS headquarters in Port Vila, multiple departments were mobilised, including DM, Health & WASH, PGI, PMER, Finance, Communications and Logistics to ensure ongoing coordination. This is the first response that VRCS has coordinated in this manner and allowed for a much more in-depth and higher quality of response.</p> <p>Volunteers were an integral component of the VRCS response and delivered the majority of assistance in the affected communities. Due to the relatively small team of volunteers in Penama province, and the fact the those volunteers were also amongst the affected population, volunteers in neighbouring Sanma province were mobilised to support.</p> <p>Volunteers underwent briefings across the range of areas of implementation as detailed in previous sections of the report. Sectoral teams were established to spread the workload across the volunteer base. Volunteers were provided with ID cards and visibility materials to ensure safety and identification.</p> <p>Given the protracted nature of the disaster and response operation, volunteer welfare was a priority. Volunteers were rotated to avoid burnout and R&R activities were conducted in each province. All volunteers were insured for the duration of the operation.</p>		
Challenges		
<ul style="list-style-type: none"> The small number of volunteers was an issue, whilst the team of volunteers worked extremely hard, having a larger pool to call on in times of emergency would increase VRCS' capacity to deliver services more efficiently and also reduce the risk of volunteer burnout. Lack of logistics knowledge amongst volunteers in the branches made logistic activities more difficult to coordinate. Achieving gender balance in volunteer teams was an ongoing challenge due to the perception that females cannot tolerate the tough physical conditions of the emergency response. Despite undergoing briefings in all data collection tools, accurate data collection was a challenge throughout the operation with volunteers often not fully understanding the data requirements. Information management and sharing, whilst greatly improved from previous operations, continues to be a challenge. There is a need to both increase the level of information flow between the field and response management whilst also simplifying the process. 		
Lessons Learned		
<ul style="list-style-type: none"> Volunteer recruitment and engagement needs to be a core and ongoing activity for branches to ensure preparedness for response. Further logistics training at branch level would improve logistics capacity, especially in the movement and distribution of NFIs. In-depth training in data collection and information management should be conducted for staff and volunteers incorporating all response sectors. 		

International Disaster Response

Indicators:	Target	Actual
# of coordination internal and external coordination meetings attended	Not set	55
# of surge capacity roster members deployed	Not set	7
% of international procurement respecting the IFRC procurement procedures	100%	100%

Narrative description of achievements

VRCS internal coordination was greatly improved from previous responses, as was its coordination with relevant clusters. All VRCS work in shelter, WASH, health and gender and protection was delivered with the support of the clusters with VRCS working as an active member to assist in the overall coordination between agencies.

VRCS staff attended regular internal coordination meetings as well as participating in regular cluster and inter-cluster meetings organized by cluster leads and the NDMO.

The Senior Finance Officer had an opportunity to undertake training with IFRC CCST in Suva during the response which improved the capacity of the finance VRCS finance department to manage the financial processes of the operation. Finance surge support provided additional assistance in financial reporting which helped the VRCS finance staff in the production of reports.

The operation benefitted from surge support in the areas of shelter, health, logistics, coordination, finance and cash-transfer programming. IFRC and RDRT support assisted in the planning and implementation of response operations. Logistics support was provided in the planning of replenishment, local procurement and drafting of contracts with telecommunication providers for the transfer of phone credit. A cash transfer program RDRT support was deployed from Philippines Red Cross to provide planning and monitoring support for the delivery of the CTP component of the operation. Shelter support was provided by the IFRC through training of volunteers and assistance in shelter assessment. Assistance in conducting the epidemic control workshops was provided by IFRC surge support. Finance and operation coordination support was provided at the end of the period to assist VRCS in the wrapping up of the operation.

Challenges

- Due to the changing situation and subsequent delays in implementation, the timing of surge personnel was sometimes not ideal for purpose. For example, CTP surge support helped a lot with the planning but was unable to assist in implementation due to the delay.
- Local procurement was delayed due to a lack of available stock in country.
- Logistically, it is difficult to receive field financial acquittals in a timely manner which delaying financial processes

Lessons Learned

- Some elements of the surge support involved training of staff and volunteers, it would be better if this could be completed as a preparedness activity to ensure response activities are not delayed.
- An agreement with local suppliers to ensure appropriate stock is available at reasonable prices could assist in the local procurement process.
- Involvement of multiple departments across VRCS helped to share the workload but required a higher level of coordination, training on SOPs for full VRCS staff is necessary to ensure everyone has the required knowledge of the emergency response process.
- For this response, VRCS implemented a strong financial monitoring system which allowed greater understanding amongst operations staff of the financial aspects of the operation and allowed VRCS to avoid the issues it had had in previous operations. There was also a better coordination of budget expenses due to finance training undertaken within the past year. A higher level of awareness of financial procedures due to recent workshops allowed for a higher level of compliance in procurement procedures.

Influence others as leading strategic partner

Indicators:	Target	Actual
<i># of communication materials produced</i>	Not set	70

Narrative description of achievements

With the ongoing changes to the situation and high level of national attention on the disaster, the VRCS communications team highlighted the work of VRCS through various communications materials including print media, radio, interviews and social media. These media releases also served as an important method of communication with beneficiaries to pass key messages on the response. Details of the communications materials produced is provided below.

Number of communications materials by type	
Type of communications	No. released/produced
Social Media	38
Newspaper articles	8
Interviews (Talkback radio, panel discussion)	2
News radio/TV	22
Total	70

The general public around the country, including from the region and abroad had access to regular updates on the VRCS Facebook page. These posts reached up to 32,700 people. Information on distributions, activities and assessments on the islands of Ambae, Maewo and Santo were collected from field teams and published as required.

Media releases were published by Daily Post newspaper, Radio Vanuatu News & Television News, Radio FM107, Radio Buzz 96, online Independent newspaper and Vila Times Newspaper. It is estimated that 60,000 people were reached through these media releases. Two live talkback shows were also complete on the National radio station and commercial radio FM 107 to provide information on what VRCS was doing on Ambae under its response plan. All press releases that were sent to media, were also used as new items for radio and television news.

Challenges

- Communication officer was not fully involved in the planning of the operation so found it difficult to understand the overall plan. The VRCS communication officer is also very new to emergency response.
- The communications officer found it difficult to get information from the field to provide timely updates
- VRCS did not have in place a proper channel for releasing information to the media.
- VRCS does not currently have a Standard Operating Procedure for communications in disasters and does not have communications trained focal points or volunteers in the branches.

Lessons Learned

- The communications team needs to be included in the planning process during emergency response.
- Daily planning needs to be shared to allow for communications staff to be present or to gather information as required
- It would be useful to have video files for archive purposes.
- Develop an SOP for communications in disaster response, include in this roles and responsibilities and reporting lines.

D. THE BUDGET

Note on expenditures and budget:

The revised budget from original budget of 277,550 to CHF 298,654 was done to include responding to on-island affected populations as well as off-island evacuees through inclusion of "Build back safer & better" awareness sessions to the shelter activities to complement the distribution of emergency shelter and essential household item assistance to affected households. This required an increase in budget of CHF 4,161 in the workshop and training budget line, and an increase of CHF 4,449 of the teaching materials which is due to the print out of 1,050 booklets for construction awareness to be distributed to the evacuated families.

Given the delays experienced in the response and the changes in the evacuation plan by government, the operation timeline was extended to 6 months to allow time for the response to off-island evacuees and for the replenishment of stock.

PSS household kits will be revised to larger community kits, and volunteers' costs was scaled up to incorporate refresher session on how to use of the kits in the awareness activities

Water filtration booklets and awareness have been removed following evidence that the previous distribution was not utilized.

Due to the changing situation, ongoing assessment was required to ascertain the needs of the affected population. Additional assessment budget allowed VRCS to collect accurate data as the response evolves.

Given the lack of experience within the National Society on Cash Transfer Programming (CTP), a briefing session was carried out for relevant staff and volunteers to introduce VRCS to the basic foundations of CTP. This also contributed to the increase of the Workshop & Training budget line.

Finally, the addition of few of these activities and extension of length needed is requiring a significant increase in the volunteer's costs budget line of an additional CHF 13,210 and other support cost such as transportation and Warehouse and storage.

The unspent balance after closure of accounts for this operation is CHF 33,632 and will be returned to the DREF pot. It represents 11.2 per cent of the total value of the operation. The detailed financial report is appended at the end of this report. Click [here](#)

Contact information

Reference documents



Click here for:

- [Previous Appeals and Updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

Contact information

For further information related to this operation please contact:

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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

MDRVU006 - Vanuatu - Ambae Volcanic Eruption 2018

Timeframe: 26 Apr 18 to 27 Oct 18

Appeal Launch Date: 26 Apr 18

Final Report

Selected Parameters

Reporting Timeframe	2018/4-2018/12	Programme	MDRVU006
Budget Timeframe	2018/4-2018/10	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		298,654				298,654	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		298,654				298,654	
C4. Other Income		298,654				298,654	
C. Total Income = SUM(C1..C4)		298,654				298,654	
D. Total Funding = B + C		298,654				298,654	

* 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		298,654				298,654	
E. Expenditure		-265,022				-265,022	
F. Closing Balance = (B + C + E)		33,632				33,632	

Disaster Response Financial Report

MDRVU006 - Vanuatu - Ambae Volcanic Eruption 2018

Timeframe: 26 Apr 18 to 27 Oct 18

Appeal Launch Date: 26 Apr 18

Final Report

Selected Parameters

Reporting Timeframe	2018/4-2018/12	Programme	MDRVU006
Budget Timeframe	2018/4-2018/10	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)			298,654			298,654		
Relief items, Construction, Supplies								
Shelter - Relief	13,920		11,334			11,334	2,586	
Clothing & Textiles	22,020		25,883			25,883	-3,863	
Water, Sanitation & Hygiene	15,150		6,630			6,630	8,521	
Medical & First Aid	1,621		1,622			1,622	-1	
Teaching Materials	8,105		6,780			6,780	1,325	
Utensils & Tools	36,859		25,794			25,794	11,065	
Other Supplies & Services	25,420		7,838			7,838	17,581	
Total Relief items, Construction, Sup	123,095		85,881			85,881	37,214	
Land, vehicles & equipment								
Office & Household Equipment			35			35	-35	
Total Land, vehicles & equipment			35			35	-35	
Logistics, Transport & Storage								
Storage	3,030		6,034			6,034	-3,004	
Distribution & Monitoring	43,433		29,117			29,117	14,315	
Transport & Vehicles Costs	15,289		13,493			13,493	1,796	
Logistics Services	5,200		5,139			5,139	61	
Total Logistics, Transport & Storage	66,952		53,783			53,783	13,168	
Personnel								
National Society Staff	17,566		15,329			15,329	2,237	
Volunteers	35,812		36,890			36,890	-1,079	
Other Staff Benefits			292			292	-292	
Total Personnel	53,378		52,511			52,511	867	
Workshops & Training								
Workshops & Training	6,003		10,706			10,706	-4,703	
Total Workshops & Training	6,003		10,706			10,706	-4,703	
General Expenditure								
Travel	20,262		25,972			25,972	-5,710	
Information & Public Relations	4,052		3,979			3,979	74	
Office Costs	2,809		3,328			3,328	-519	
Communications	3,776		12,186			12,186	-8,410	
Financial Charges	100		442			442	-342	
Other General Expenses			25			25	-25	
Total General Expenditure	31,000		45,932			45,932	-14,932	
Indirect Costs								
Programme & Services Support Recove	18,228		16,175			16,175	2,053	
Total Indirect Costs	18,228		16,175			16,175	2,053	
TOTAL EXPENDITURE (D)	298,654		265,022			265,022	33,632	
VARIANCE (C - D)			33,632			33,632		