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DREF Operation Update

Vanuatu: Ambrym Volcanic Eruption & Earthquake



International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRVU007	GLIDE n° VO-2018-000424-VUT
EPoA update n° 1; Date of issue: 27 February 2019	Timeframe covered by this update: 27 December 2018 – 15 February 2019
Operation start date: 27 December 2018	Operation timeframe: 4 months End date: 27 April 2019
Overall operation budget: CHF 126,456	
N° of people being assisted: 1,508 (350 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Vanuatu Red Cross Society (VRCS) is working with the International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: The Government of the Republic of Vanuatu through the Vanuatu National Disaster Management Office (NDMO) and Malampa Provincial Government through Provincial Disaster Committee, Area council secretary and Village Chiefs and community Leaders.	

Summary of major revisions made to emergency plan of action:

- Emergency Plan of Action (EPoA) was disseminated in December 2018 which had a budget head of Distribution costs – Land transportation costs. Government had provided the transportation for the logistics and this un-spent amount of VUV 3,000,000/- (approx. CHF 27,600) is needed for other activities (mentioned below) by VRCS.
- In Shelter part, volunteers need more continued support to monitor and guide beneficiaries. Cost of ten volunteers VUV 150,000/- (approx. CHF 1,300) has been added to the revised budget for 15 days. Amount is added in existing head of expenses for volunteers' allowances in Shelter output 1.2.
- Provision of Menstrual Hygiene Management (MHM) kits (Dignity kits) to both evacuees and host families is required. An estimated cost of VUV 1,020,000/- (approx. CHF 9,300) is required for 250 MHM kits to be procured locally and its distribution cost along-with the transportation is added under the WASH output 1.2. Beneficiaries have been selected from the needs assessment based on household (HH) data of the number of females in reproductive age specifically between 12 to 45 years.
- Protection, Gender and Inclusion (PGI) activities shall also be continued for awareness raising and dissemination to the communities which shall require VUV 190,000/- (approx. CHF 1,700) for the teams working on ground under PGI output 1.1. Awareness and activities will be carried out at door-to-door HH level and community level. This involves utilizing PSS activities and awareness combined with the posters provided for use by the Gender & Protection (G&P) cluster. Both activities complement each other and focus on reducing stress levels via awareness of coping mechanisms, communication, violence prevention and referrals.
- An amount of VUV 120,000/- (approx. CHF 1,100) for four extra-large community First Aid Kits has also been included in the revised budget for distribution and First Aid services as a Psychosocial Support activity. First Aid kits will be signed over to the local community volunteers for quicker response to any health emergency situation that may arise during this emergency response phase. It's under Health (PSS) output 1.4.
- Epidemic Control for Volunteers (ECV) activities also need an amount of VUV 65,000/- (approx. CHF 600) to have more IEC materials for the DREF Operation intervention period. This cost is added in Health output 1.4.
- As it was already mentioned by VRCS that funds VUV 200,000/- (approx. CHF 1,800) for Lessons Learnt Workshop (LLW) are not sufficient as volunteers and branch staff shall travel from their islands to Malekula Island and the duration of the workshop shall be increased to three days instead of one. An increase of VUV 498,790/- (approx. CHF 4,500) in allocated budget for LLW has been included for this revision under output S3.1.2.
- Post Distribution Monitoring (PDM) shall be conducted by Planning, Monitoring, Evaluation & Reporting (PMER) Officer of VRCS and two other VRCS HQ concerned staff shall accompany to get the feedback from evacuees and host families / beneficiaries. It was not initially budgeted in EPoA and has been added in monitoring part output S3.1.2. of the budget costs VUV 203,900/- CHF 1,800).
- WASH team needs tippy taps material for evacuation centres under output 1.5 of WASH in which the cost shall not be more than VUV 60,000/- (CHF 550) and adjusted from the cost savings.

A. SITUATION ANALYSIS

Description of the disaster

The Malampa province in the archipelago of Vanuatu has a volcanic island Ambrym which consists of a population of approximately 7,286 people according to the census of 2016. The volcanic major unrest continued since January 2018 which caused the raise of alert level 3 by 15 December 2018 with minor eruption confirmed by the seismic data analysis of 16 – 17 December 2018. An ongoing emission of ash or/and gas column from eruptive vents from Benbow and Marum craters with earthquake in Southern part of Ambrym activated the Emergency Operations Centre (EOC) in Malampa province. Vanuatu Metrology & Geo-hazard Department (VMGD) issued a bulletin No. 11 on 18 December 2018 regarding the expected earthquakes in Ambrym and neighboring islands. The satellite imaginary analysis confirmed land deformation at a large extent. North, East and West of Ambrym had heavy ash fall and cracks, most affected part was the southeastern part of the island.

Ambrym volcano is a very active volcano in Vanuatu with a large caldera of 12km in diameter and 2 active craters Marum and Benbow. The volcano has a history of being active at both summit and flank vents, producing moderate explosive eruptions and lava flows that have reached the coast. The significant events include eruptions in 1820, 1894, 1913 or 1929. Over the last seventy years, there were no extra-caldera eruptions. The eruption of 1988, 2015 and now are focused in the caldera.

The most effected population registered by VRCS since 8 January 2019 as follows:

Summary of evacuated communities

Community Name	Total HH	Total Population	Male	Female
Bamal	35	141	73	68
Asse	34	137	79	58
Sameo	63	258	135	123
Total	132	536	287	249

Sex & Age wise data of evacuated communities

Male (in Years)						Female (in Years)					
0 – 2	3 – 5	6 – 12	13 – 18	19-54	55+	0 – 2	3 – 5	6 – 12	13 – 18	19-54	55+
16	21	32	27	128	25	19	29	48	37	127	27

Summary of host communities

Community Name	Total HH	Total Population	Male	Female
Ulei	37	165	87	78
Endu	83	361	198	183
Bethal	28	151	82	69
Moru	34	153	68	85
Taveak	36	142	74	68
Total	218	972	509	463

Sex & Age wise data of host communities

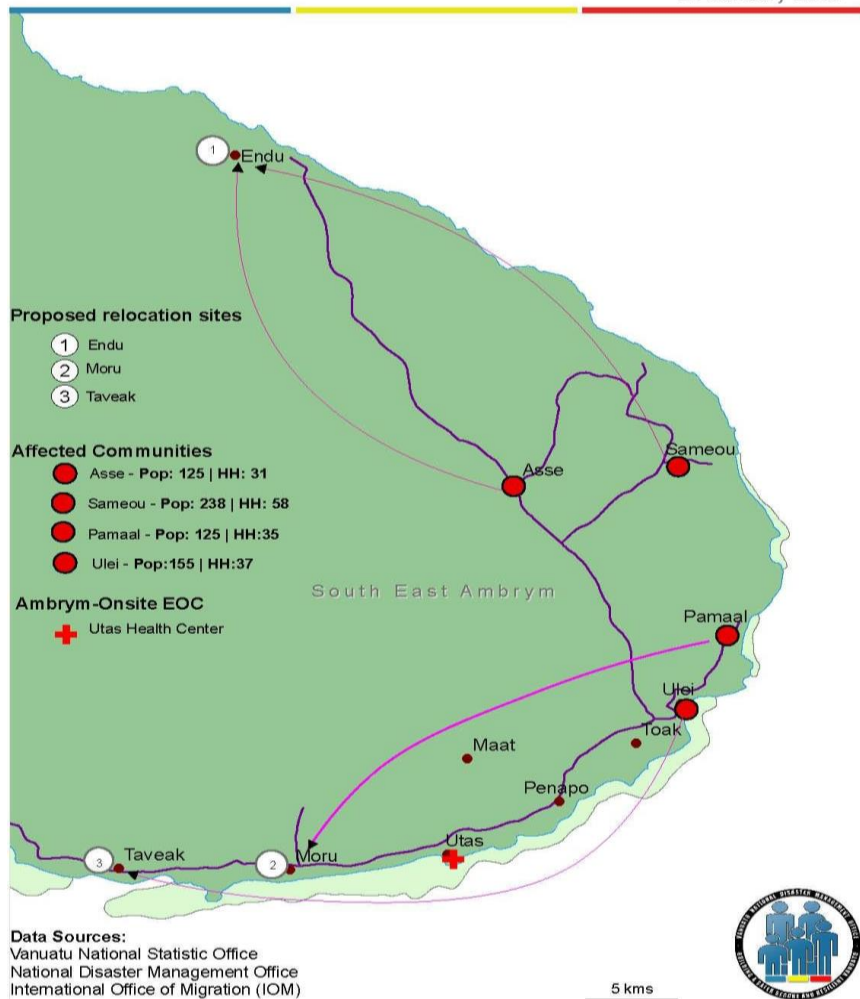
Male (in Years)						Female (in Years)					
0 - 2	3 - 5	6 - 12	13 - 18	19-54	55+	0 - 2	3 - 5	6 - 12	13 - 18	19-54	55+
29	44	70	71	200	49	34	26	95	80	225	49

Map of the movement

Ambrym Relocation Planning

Population & Government Services

24 January 2019



The information in this map is from a range of sources. The NDMO takes no responsibility for the accuracy of the information provided.

Source: NDMO Ambrym operation Situation Report 5

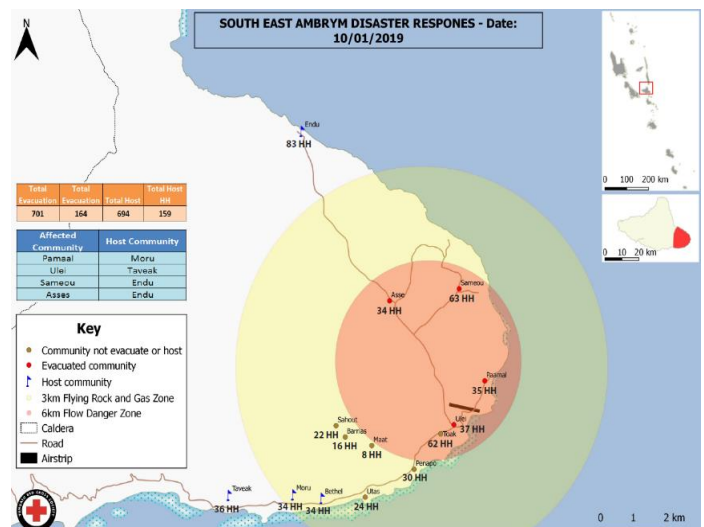
Summary of current response

Overview of Host National Society

VRCS has been dealing with frequent disasters and following the experiences of Cyclone Pam in 2015 and Ambae Volcanic Eruption 2017, VRCS had taken significant measures in developing its capacity in disaster response. More than 100 volunteers have been trained in emergency response and pre-positioning of relief supplies strategically to better response to disasters country wide and this is one of the main objectives of the society. VRCS has sufficient experience in dealing with two volcanic eruptions in 2017 under two DREF operations (MDRVU005 and MDRVU006) with the support of IFRC. The National Society has been placed in a good position to respond with its local volunteer's network on ground that is familiar with assisting affected people in a good manner. In addition, VRCS is the key actor in the government's disaster response plans and coordinates closely with the National Disaster Management Office (NDMO) and other stakeholders.

Summary of the current operation

In response to the first Situation Report of the Ambrym Volcano and Earthquake by Malampa Provincial Government, VRCS had deployed its field team on 8 January 2019 for a rapid assessment to identify urgent



Infographics on South East Ambrym disaster response as at 10 January 2019. (Source: VRCS)

needs at South East of the island. This team consisted of six staff from HQ, three from Sanma and two from Malampa with the main task of verifying the data provided from census of 2016. One staff and ten Emergency Response Team (ERT) volunteers based in Malampa province as well as additional volunteers were mobilized from Malekula and West Ambrym to carry out detailed needs assessments and distribute NFIs (consist of shelter toolkits, hygiene kits and jerry cans) to the southeast side of the island - the worst affected area.

The initial assessment was to assist 350 affected families with NFIs along with the awareness activities on Safe Emergency Shelter, Health and Hygiene.

The first evacuation was made by the people of Pamal who evacuated to Ulei. However, since Ulei is also inside the 3km radius, the Pamal community had to relocate for the second time to Moru and Petel along with the communities of Sameu and Asse who have also evacuated to Endu Village.

On the other hand, Ulei was also in the 3km radius and was identified to evacuate to Tafeak respectively but due to some disagreement between community members, the people refused to evacuate from their village to Tafeak community.

Since the beginning of the operation, VRCS has worked closely with NDMO and Malampa Provincial Disaster Committee. Similarly, field teams have close working relation with Area Council, Counsellors and Chiefs for mobilizing the communities to better respond to the situation. There were four village identified close to the cracks and in high risk of exposure to gas and flank eruption as per the scenario shared by the VMGD. Thus, the consultation and consensus were made so that people from four Villages will evacuate to three host communities.

A total of 22 volunteers were mobilised locally for assistance in assessment, awareness sessions and distribution. In addition, awareness sessions on safe emergency shelter, health and hygiene were conducted across 14 communities and one evacuation centre.

Overview of Red Cross Red Crescent Movement in country

VRCS works with IFRC and the International Committee of the Red Cross (ICRC) through their regional structures. It has close contact with the IFRC disaster risk management (DRM) Team at CCST Suva, to mobilize DREF support according to plans of response and to the needs of those affected. IFRC will continue to provide support to NS on coordination relating to this DREF operation with Red Cross Red Crescent Movement partners.

Overview of non-RCRC actors in country

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

National level:

- Provincial Emergency Operations Centre;
- Provincial Disaster & Climate Change Committee;
- Cluster Leads to support the Provincial level.

Provincial level:

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

VRCS will continue to be involved in this process and advocate the needs of the vulnerable groups for the Government's plans. VRCS is working with WASH, Health, Shelter, Gender & Protection and Education clusters. It is not yet known whether other local, regional NGOs and INGOs will provide support as this is not a nationally declared disaster.

VRCS, during the onset of the disaster, conducted a simulation exercise for six communities on Ambrym Island, focusing on cyclone preparedness. This training was funded by Meiji Jingu Worshipers from Japan and also involved the Community Disaster Climate Change Committee (CDCCC), which are local Red Cross volunteers from the communities.

The following are different clusters and organizations currently responding in South-East Ambrym:

- Gender Protection Cluster from the Department of Women;
- WASH Cluster from the Malampa Province Rural Water Supplies;
- Health Cluster from the Malampa Province Health;
- Food Security Cluster from the Ministry of Agriculture;
- Disaster Management Unit from Malampa Provincial Disaster and NDMO;
- Education Cluster from the Malampa Province Education;
- Vanuatu Mobile Force from Port Vila ;
- International organisation on Migration.

Needs analysis and scenario planning

Needs analysis

South East Ambrym has a total population of 2,170 people with 518 household across all 14 communities, However, only three communities were being identified to evacuate to two host communities. The evacuated families were placed with specific host families thus both host and evacuees needed emergency shelter. A population of 536 people (132 households) were evacuated from Bamal, Asse, Sameo and and later Ulei Villages and was planned to be hosted by the Moru, Endu and Tafeak respectively. The host community has a population of 972 people (218 households), thus emergency shelter kit and training was to be provided to both host and evacuees.

Population to be assisted

The total population targeted with emergency shelter is 1,508 with 350 households, as outlined in the operation strategy, however only a population of 536 people were being evacuated (132 HHS) who were being evacuated to hosting families. Meanwhile, 22 of the shelter tool kits were given to people living with large family size, disabilities, female headed households, pregnant/breast feeding women, families with infants and elderly people.

Programmed standards/benchmarks

The activities seek to meet the Sphere standards for shelter assistance, ensuring that affected families have a minimum of 3.5 m² of covered roof area per person, or 17.5 m² for a family of five. A Hygiene kit for five persons per month and Jerry cans which are collapsible, 10 litres, food grade with zipper closing two per family.

Operation Risk Assessment

South East Ambrym has a total population of 2,170 people with 518 households divided in 14 communities. Only four communities have been identified for evacuation to their host communities, both host and evacuees were in need of emergency shelters. The evacuees were in total 536 people (132 HHS) and their hosts have population of 972 (218 HHS) which were provided support in shelter in terms of Shelter toolkit and training. The weather of the Pacific is a risk as recently Vanuatu has faced TC Oma which has affected the DREF operation activities but fortunately it has not affected the island much as compared to the western part of Malampa province. The Government is working with other organisation to disseminate key messaging information to communities living in the danger zone as per hazard mapping to move to identified evacuation sites and safe zones.

B. OPERATIONAL STRATEGY

Proposed strategy

NS's strategy for implementation is being constantly revised as the situation develops. The Malampa Branch Office is assessing needs of people living in host communities as well as those who have returned to their villages. They are also working to ascertain expected numbers of evacuees. The Branch is working to assess the needs on the ground. Initial assessments suggested that psycho-social support, emergency shelter and toolkit items are the needs of this population.

VRCS is ensuring coordination between sectors through regular operations meetings and integration of multiple sectors within certain activities.

VRCS has plans to gather feedback from communities and stakeholders through face to face interviews and focus group discussions during Post Distribution Monitoring (PDM). Random sampling method will be used for beneficiaries and as maximum as possible HHS shall be visited for both evacuees and hosts. Beneficiary Satisfaction questionnaires are being filled by the teams conducting awareness sessions following the distribution and shall continue till the conclusion of the operation. As the majority of response activities have been implemented, these surveys shall ensure constructive feedback and inform the remainder of the response.

VRCS remains accountable through working directly with the affected populations, continuously monitoring changing needs and adjusting the response as required. PMER Unit at HQ shall continue the monitoring of the project and shall also conduct a lessons learnt workshop at the end of the operation.

VRCS' current response strategy focuses on three main areas of support – supplying the affected population with essential NFIs (emergency shelter), ensuring essential information reaches the affected population and providing psycho-social support, Health & Hygiene and first aid.

VRCS has to reach to the 1,508 affected people through its response teams in South Eastern and Eastern Ambrym of Malampa Province. A total of 350 households have received NFIs (350 households from the original plan). Affected people who have evacuated along with host families have been supported according to the selection criteria include single/woman headed households, households with many children, and households with elderly, displaced, or pregnant members.

In the targeted area, affected people will be reached through the activities listed below:

- Completed activities:
 - Needs Assessment;
 - Support in Evacuation;
 - Stock check and distribution of NFIs amongst 350 HHs.

- Ongoing/ Planned activities:
 - Replenishment of NFIs;
 - Awareness sessions on health and hygiene;
 - Printing and distribution of materials on safe shelter awareness;
 - Visibility materials for volunteers;
 - Volunteer deployment kit and Red Cross jacket;
 - Joint Post Distribution Monitoring (PDM) by RDRT PMER and PMER VRCS;
 - Beneficiaries satisfaction survey.

Health and WASH teams consists of staff and volunteers who are on the ground to continue the soft part of the operation, including conducting sessions on personal health and hygiene.

Distribution of NFIs:

Emergency shelter assistance and NFIs are provided to 350 HHs at host communities and evacuees at villages of Moru, Taveak and Endu. If other agencies eventually clarify that they can mobilise their resources, VRCS will share the beneficiary list so the other agencies can complement what VRCS has already distributed to these selected families.

Communicating with the affected people

Through the volunteer networks in Ambrym and Provincial Branch, the affected population are being kept informed of updates on the evacuation process and planning. Awareness activities will also be conducted on hygiene promotion and epidemic control to reduce the immediate health risks in evacuation centres.

Communications

Communications and media coverage is essential for maintaining and building public, government and donor support, both locally and internationally. Close collaboration is maintained between the IFRC CCST office and Vanuatu Red Cross Society to ensure a coherent and coordinated communications approach. Media enquiries will be handled by the following staff:

- Communications Officer;
- DM Coordinator;
- CEO.

VRCS has actively used social media to provide updates on the volcano status and disaster response for general viewers and followers of the VRCS Facebook page. They have also been actively working with local media to keep the Red Cross response in the news.

VRCS and IFRC developed commonly agreed key messages and a communications plan, with outputs that include written and audio-visual content that could be used for on the VRCS website, FB page, for local and international media and on IFRC and Movement channels. This content will highlight the situation and the Red Cross actions on ground. This content will be produced following field trips by the VRCS Communications Officer, with support from the IFRC Communications Manager.

Psycho-Social Support

VRCS has been working with the Ministry of Health, local NGOs, to develop a plan for psycho-social support. This will deviate slightly from the original plan in that previously as small 'comfort kit' was to be distributed to each household on arrival in the relocation sites. As the evacuation looks to be for a smaller number of people, these kits will be altered to become larger community kits which include activities to promote psychological well-being. There is still a significant need for PSS for affected population.

Operational support services

Human resources

VRCS is coordinating with central and local governments through its headquarters in Port Vila and Provincial branch of the affected areas. So far, more than 37 volunteers (around 50 percent female) have been involved in this operation. All departments in concerned sectors of VRCS NHQ and IFRC CCST Office are involved in this operation.

Logistics and Supply Chain Management

The VRCS logistics team and logistics volunteers were trained during past operations by IFRC Logistics delegates and have acquired a good level of experience over previous DREF operations. VRCS is using IFRC warehouse management software Logic to manage the supply chain and following procurement practices aligned to IFRC standards.

VRCS has dispatched NFIs required for this operation from existing in country prepositioned stocks and arranged truck transportation and temporary storage on the affected island as required. In a collaborative approach, the Vanuatu NDMO supported the shipping of NFIs for distribution from Port Vila to the affected communities and this has represented a significant budget saving compared to original budget, which planned to charter a local cargo ship. The charter ship costs saved can now be allocated to other support required for the affected communities.

Replenishment of IFRC standard NFIs have been dispatched by the IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) unit from the Kuala Lumpur warehouse and are expected to arrive in Port Vila, Vanuatu on 23 March 2019. Items with local specifications (such as menstrual hygiene management kits and 20L rigid jerry cans) are being sourced and procured locally by the VRCS from in-country suppliers.

The IFRC Logistics Manager in Pacific CCST and IFRC AP OLPSCM unit in Kuala Lumpur will continue supporting the operation remotely for any further needs by NS.

Security

The IFRC CCST Office has a standard country security plan in place including contingency plans for Vanuatu, Relocation and Critical Incident Management. International delegates and local staff are familiar with the security procedures and contingency plans. The VRCS has easy access to the affected areas and enjoys excellent levels of cooperation with the government. Standard security measures such as fire extinguishers, fire management and evacuation plans are maintained in VRCS warehouses.

Planning, monitoring, evaluation and reporting (PMER)


Both the VRCS and the IFRC CCST Office have well-functioning PMER processes to support the development of reports, updates and communication materials as necessary. Reporting on the operation will be carried out in accordance with the IFRC DREF minimum reporting standards. At least one update will be issued during the operation timeframe and a final report within three months of the end of the operation.

The VRCS and RDRT PMER have developed the PDM plan and questionnaire in line with the previously used beneficiary's satisfaction survey. VRCS PMER will conduct monitoring visits to the affected areas after distribution of the NFIs. A lessons-learned workshop on the response will be conducted at the end of the operation. VRCS keeps a gender and diversity balance in Human Resources (Red Cross staff and volunteers), making it easier to approach both male and female community members. This also makes it easier to ensure Community Engagement and Accountability in the operation. VRCS further applies a systematic approach from its provincial branch to HQs regarding reporting system, while Red Cross volunteers are delivering information about feedback and comments from community people to branch via volunteer's team leaders. VRCS staff and IFRC delegates have good access to the community to obtain feedback through household visits for cross-checks which can be included in the revised operation plan and implementation.

Administration and Finance

The IFRC CCST Finance and Admin unit has overseen all financial matters and reports in coordination with IFRC Asia Pacific regional finance for keeping the operation running smoothly

C. DETAILED OPERATIONAL PLAN

 Shelter People reached: 1,508 Male:796 Female:712		
Outcome 1: The immediate shelter and settlement needs of the target population are met		
Indicators:	Target	Actual
# of targeted people with safe and adequate shelter and settlements	1,508	1,508
Output 1.1: Emergency shelter assistance is provided to the affected population		
Indicators:	Target	Actual
# of HH provided with Emergency Shelter assistance	350	350

# of people provided with technical support and guidance, appropriate to the type of support they receive	1,508	1,508
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Progress towards outcomes

- Assessment of shelter needs, conducted in all 12 communities although according to the NDMO, only four communities close to the cracks will be evacuating and three communities far from the 3km radius will be hosting. Thus, emergency Shelter was prioritized to be provided to the evacuees and host families and also under the category of special needs, female headed household, and elderly.
- Analyzed the data and prioritized distribution to the most vulnerable population.
- Coordinated with the Malampa Provincial Disaster Committee and the south East Ambrym Council of Chiefs, Area Council, Councilors and Community Disaster and Climate Change Committee to consult with the village people, especially the villages evacuating and hosting communities to come up with consensus before moving the entire communities to their new host families in the other community.
- Coordinate with other Government and other stake holders through Cluster and inter cluster meetings and also being part of the National Emergency Operation Center in south east Ambrym and also the CEO was part of the National Disaster Committee Meeting.
- Shipment of NFIs (350 Shelter toolkits, 700 tarpaulins, 350 hygiene parcels and 700 jerry cans-10 liter) from Port Vila to South East Ambrym and transporting it to centralized Logistics Hub coordinated by Red Cross and NDMO logistics Team.
- Distribution of 1 shelter tool Kit and 2 tarpaulins to each household for 350 households evacuated and host families as per planned targeted HHS has been completed.
- A total of 22 volunteers selected from the 14 Communities of South East Ambrym trained in Emergency Shelter.
- Demonstration on how to build emergency Shelter is completed in eight communities who are both evacuating and hosting.

Major challenges and recommendations

- Some communities located within the 3km radius were not evacuated, thus it is important to conduct Early Warning Early Action (EWEA) for these communities specifically the CDCCC set up by ADRA.
- Shelter awareness and demonstration was conducted but not everyone in the communities attended. There is a need to empower the locally trained volunteers to continue monitoring and assisting any person who wants to build his/her emergency Shelter especially the vulnerable groups (e.g. elderly, female headed household, disabilities, etc).
- There is a need to have a volunteer supervisor in the field to supervise the volunteers and also report any arising issues for shelter in the field.



Health

People reached: 1,897
 Male: 911
 Female: 986

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	n/a	1,897

Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target	Actual
# of people reached through Epidemic Control Awareness sessions in evacuation centres & host communities	1,750	1,789
# of volunteers participated in ECV Orientation	15	37
# of people of took part in community clean-up campaigns to reduce mosquito borne diseases	Needs based	998

Progress towards outcomes

Health Wash and gender related activities were delivered concurrently and in an integrated manner throughout the operation. Hence some figures are the same for various areas and fields related to awareness and activity sessions.

Epidemic Control

- With limited health services in the entire South-East of Ambrym seeing just one health centre in Utas, one Medical aid post in Aseh and one Dispensary in Endu there is an increased need for health-related support particularly in preventing illness from becoming epidemics. There were cases of conjunctivitis, cough and flu reported by the Malampa Health Surveillance officer. With evacuations and larger numbers of people located in a single area compelled with a lack of usual resources epidemic control is a priority in minimising health risks to evacuee and host populations. There have been two health deployments to date. The first from 6-13 January 2019 and the second 22 January - 3 February 2019. During the first deployment ECV orientation was undertaken with a total of 15 volunteers, five being female and 10 males.
- During the second deployment Utas Health center reported minor case of acute respiratory infections such as flu and cough, acute fever, and diarrhea amongst children due to lack of clean water. To combat these health issues, an ECV Orientation Workshop was held on 24 January 2019 and a total of 22 (14 females, and 10 males) staff, volunteers and community members were trained on how to deliver Epidemic Control for Volunteers awareness and implement Epidemic control activities within communities using Epidemic control for volunteers (ECV) toolkit. Key messages focused on how infection and epidemics spread using the three modes of transmission being: environment, person to person and vector transmission, reminding community members that germs are responsible for illnesses that are communicable. The workshop included a module on behavior change using the nudging technique and how to get communities to come up with their own solutions for preventing illness. The topics focused on were selected specifically for the Ambrym response and included signs, symptoms, prevention and actions for diarrheal, acute respiratory infection, and vector-borne infection particularly malaria and dengue as Vanuatu is currently in the high of the season. The health team conducted ECV awareness with a total of 1,789 people (846 males and 943 females) reached through community meetings and household visits.
- Due to the increase in watery diarrhea cases reported the health team conducted practical demonstrations of how to make ORS at home with simple everyday ingredients. A total of 14 communities with 413 people, 217 being male and 196 female received ORS demonstrations.
- With increased rainfall over three weeks during January saw a sharp increase in mosquito breeding sites, with increasing numbers of Anopheles and Aedes Egypti mosquitoes present and posing a risk to Malaria, Dengue, Zika and Chikungunya. Particularly concerning due to the larger numbers of people in the areas of evacuation sites and the lack of capacity for people to protect themselves from mosquitoes due to being away from their homes and mosquito nets. The health team assisted a total of 14 communities to develop community Health Risk Maps and Action Plans to facilitate community clean-up campaigns against diarrheal infections and vector borne diseases. A total of 998 people (475 males and 523 females) participated in the clean-up campaigns within their respective communities. Clean up campaigns also resulted in four dump sites being dug for disposal of cans and other rubbish in Ulei, Moru, Taveak and Aseh Communities.

Major challenges and recommendations

- Orientation workshop duration (3-day) was too short for newly recruited volunteers to grasp all the key health theory at once. Four days will be sufficient to properly orientate all volunteers.
- Over the coming weeks Epidemic control will continue to be an issue it is advised that health awareness and activities be ongoing as needs and conditions change.
- There is a need to have more experienced and seasoned health and WASH staff and volunteers in the field to supervise the new volunteers and also report any arising health and WASH related issues in the field.
- Orientations prior to each deployment are essential for getting on top of the issues mention in the above point.

Output 1.5: Psychosocial support provided to the target population

Indicators:	Target	Actual
<i># of Volunteers attended Psychosocial support orientation/refresher workshop</i>	15	41
<i># of community members who received personal PSS support and awareness</i>	1,750	1,460
<i># of beneficiaries who were reached with group PSS activities and awareness Sessions</i>	1,750	1,897
<i># of HHs reached through Psychosocial Support (PSS) teams deployed to evacuation areas to carry out Household-to-household PSS awareness (HHs reached) (including host community)</i>	350	586
<i># of people reached through volunteers providing standby First Aid services in Evacuation sites and during house-to-house visitation</i>	Needs based	11

Progress towards outcomes

Psychosocial Support (PSS)

PSS orientation workshop for volunteers is run alongside other health topics such as ECV, MHM, WASH and Gender protection. Most of the activities are integrated on the field. A few deployed staff and volunteers had already received PSS training and experience during previous operations however orientations are always conducted prior to deploying again on the ground to ensure continuity. A total of 41 volunteers and staff received orientation in PSS and the IEC materials used are those produced by IFRC and translated into National language Bislama. The Activities and awareness materials are the same messages used and approved by MoH. Many of the community members reported and displayed signs of trauma related to the earthquakes, leading to increased incidences of stress due to fears for personal safety, damage to properties, having to leave their homes and livelihoods and evacuate to another place where they had little of their possessions. In response to this need VRCS health team conducted Psychosocial (PSS) awareness and activities. PSS was also used as an entry into address any gender protection issues related to child protection, disability, caring for vulnerable groups, and reduce host and evacuee community tension. This was in response to requests from the Gender protection cluster, observations on the field and women expressing a lack of privacy and lack of feelings of overall safety. So far, a total of 1,897 evacuees (911 males and 986 females) within the host communities received stress-management and violence reduction awareness through group awareness sessions and household visits. These awareness sessions coupled with PSS support activities and referrals are a continuous activity during this response and are delivered on a needs basis.

Additional PSS related activities

A practical component of PSS support was seen as a need for evacuees and host communities as a complement to awareness and one on one sessions. A total of 1250 people in the communities including evacuees and host communities received specific additional violence reduction awareness and engaged in PSS activities such as physical activities, cooking demonstration, cleanup campaigns, sanitation system rehabilitation, and safe water (household water treatment) activities.

- As an additional PSS activity, 14 cooking demonstrations and nutritional awareness sessions were within undertaken with 14 communities using local island food.
- Approximately 1,188 people participated in physical activities organised by VRCS volunteers such as volley ball, soccer, gardening, 1km relay run, cleanup campaigns, swimming race, walk, and early morning exercise within two weeks duration.
- A total of 586 households, approximately 2,535 people were visited by house to house PSS teams and received stress and violence reduction awareness.
- In a partnership with VMF medic team, a total 31 people (10 males and 21 females) were screen for blood glucose and blood pressure as part of the PSS activity organized by the VRCS volunteers in Ulei community.
- An inter-agency referral form was developed and used in the field. A total of 44 referral cases were properly handled and referred to appropriate service providers such as Gender and Protection cluster, WASH, Health, and Education cluster.

Basic First-Aid Support

- There are only two health facilities operational in the area after the disaster, Utas health center and Endu Dispensary with only one nurse, one nurse aid, and three health workers. There is a need for having first aid volunteers within each of the communities to assist in providing basic first aid support to anyone injured. VRCS have conducted Basic first aid training for 22 volunteers (12 females, and 10 males). 5 first aid kits and refill kits were provided with the deploying team into the field. Eleven evacuees have been recorded so far as having received basic first aid support from the first-aid volunteers.

Major challenges and recommendations

- Poor road condition to access communities such as Endu and Aseh due to heavy rain in the past two weeks. Heavy rain has also opened the cracks that were buried by the community members so VMF continue to assist in temporally rehabilitating the road to ensure access to the communities.
- Air Vanuatu kept changing travelling ticket dates without the customer's concern. As a result, two deploying team members from Sanma VRCS Branch arrived one week later in the field.
- PSS is a major concern on the ground this activity must continue which was also highlighted and requested by the gender & protection cluster. VRCS is often first on the ground but also usually the first to complete the emergency phase.

It is recommended that all deployment team should reside in Utas community close to the PEOC to coordinate more closely with the PDC and PDO officer on the ground.

- There is an increased need for community volunteers trained in first aid to have access to a first aid kit. It is recommended that VRCS distribute these for use in the communities.



Water, sanitation and hygiene

People reached: 1,687

Male: 807

Female: 880

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached by conducting multi-sectoral key informant interview to identify and define hygiene issues and assess capacity to address the problem	70	66
# of people reached through MHM awareness conducted to both men and women separately at evacuation centers and communities	1,750	1,146
# of people reached through hygiene promotion, safe water awareness at evacuation sites and communities	1,750	1,687
# of MHM Kits shall be distributed amongst evacuees and host families (females)	250	0

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of HHs provided Jerry cans of 10 Litres (2 cans per HH)	350	350
# of HHs received Hygiene Kits	350	313
# HH who received awareness and built tippy taps installed in evacuation centres and host communities	350	232

Progress towards outcomes

- Safe water is the paramount concern due to numerous leakages along the water supply system which pose a risk of increasing diarrheal outbreak. Water handling was poor in most evacuation centres and host communities due to lack of water storage supplies. Sanitation is also a priority. Most toilets have no proper shelter, no hand-washing station, no door or no door locks. There are concerns for the safety of women using toilets especially during the night time. Also, there are no toilets that specifically meet the needs of children and people with disabilities. These WASH issues pose a risk to overall public health of the people. To combat this issue, HH water purification awareness and demonstrations were conducted. VRCS has also distributed 700 jerry cans for household water storage after purification usually by boiling has occurred. Besides this, VRCS have printed and distributed 400 health promotion booklets to each household and 22 volunteers. The health promotion booklet contains key messages on staying healthy, physically, socially and mentally. These messages have been developed in conjunction with the WASH, health and G&P clusters.
- A total of 66 multi-sectoral key informant interviews were made to identify and define hygiene issues and assess capacity to address the problem. The interview was conducted at an average of five key role people per community including elderly men, elderly woman, youth, people with disabilities, and a pregnant/breast feeding woman. Key concerns were around people's livelihoods, MHM, overall safety and privacy, domestic violence, safe water and psychosocial needs.
- F-diagram, MHM posters, hand washing, and water management posters were printed and used during educational awareness within the communities.
- MHM awareness sessions were conducted for men and women in separate groups with total numbers of community members as participants reaching 1,146 people (516 males and 630 females).
- A total of 1,687 people (807 males and 880 females) received hygiene promotion, safe water awareness, HH water purification within the communities through community meetings and hygiene promotion activities such as hand washing.
- As a separate activity to reinforce positive behavior around hygiene a total of 232 households built bamboo tippy taps for hand washing beside the toilet within the 14 target communities. Rope and soap are needed to be included.

- A total of 14 communities were engaged by VRCS in Drinking Water Safety & Security Plan (DWSSP) activities such as cleaning of rainwater catchment area, rain water gutter, trenching of exposed water pipe within their communities to prevent damage and leakages.
- A total of 14 communities received information on safe sanitation system design and individual households are working in improving their toilets such as replacing calico curtains with a strong door with lock, building hand washing stations and making it safe for women to use when they are menstruating.
- A great collaboration was established between Peace-Corp community health volunteers and VRCS volunteers in conducting health and hygiene promotion awareness and activities within the communities.

Major challenges and recommendations

- MHM kits are required to distribute amongst all females of reproductive age in evacuation centers and communities. 1 for every household member of reproductive age should be required due to the hygiene kits being shared among other household members and women's specific hygiene needs.
- Major challenges are in reaching Sphere standards for number of people per toilet and universal access. VRCS does not have the capacity to include hardware in the operation however a DAPS approach to constructing toilets was made an important component in the MHM awareness sessions in order to empower communities to include women and people with disabilities in the decision making for toilet and shower design and location.
- WASH activities should be ongoing based on need and until total numbers are reached



Protection, Gender and Inclusion

People reached: 1,897

Male: 911

Female: 986

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
# of consultations with Operations team and sectorial teams on approach	Needs based	31
# of female and male volunteers participated in Orientation/refresher on Gender and Diversity Inclusion, Sexual Gender Based Violence Prevention and Response, and Child Protection	15	30
# of HH received PGI awareness on Sexual and Gender Based violence and Child protection through household visitation	350	51
# of Domestic violence, SGBV and child protection issues referred	Needs based	1

Progress towards outcomes

- There were observations of stress causing several domestic violence incidents against women and girls, and several existing cases of sexual gender-based violence are currently under Police investigation –the cases were previously existing prior to the emergency however with an increase of NGO and authorities in the area the community used it as an opportunity to report as normally there is not a police post operating in the area. VRCS officers also referred concerned community members to the Vanuatu Women's Centre and discussed the occurrence with the Gender and Protection cluster. Women also expressed lack of privacy and freedom compared to what they normally experience in their own homes. To be prepared for these PGI issues, a Gender and Diversity Inclusion, Sexual Gender Based Violence Prevention and Response, and Child Protection orientation/refresher workshop was held on 25 January 2019 for 22 volunteers (10 males and 12 females). This was based on a direct request from the Gender and Protection cluster and its members. The refresher outlines what is abuse, how and who to refer to and how to discuss sensitive topics with communities as well as what to do and not to do in the instance of a disclosure. The workshop also focuses on what is acceptable conduct of VRCS personal around children. It also provides information on reporting lines within VRCS.
- PGI trained volunteers were deployed into the communities and conducted child protection awareness within the 14 communities' in conjunction with other health and PSS messages. A total of 1,897 people (911 males and 986

females) have been arches so far. As an additional awareness volunteers also visited HHs and provided additional information on child protection, as the volunteers have not yet visited all household the data for the breakdown of this households is not yet available.

- Posters provided by the Gender and Protection cluster and printed by VRCS were distributed in communities and discussed right of evacuees, referral points and awareness rising on rights of women and children and people with disabilities.

Major challenges and recommendations

- Poor mobile phone carrier network in the past two weeks due to heavy rainy weather
- Flights were cancelled due to bad weather conditions in South-East Ambrym.
- Lack of services and referral agencies on the ground to adequately and contextually deal with sexual and gender-based violence.
- Lack of female police officers on the field – at the beginning the police officer were all initially male.
- A lack of awareness and understanding by community members on the concept of child protection and child abuse. The law has little impact when people follow “kastom” (custom) practices.
- Fear by local people not to report, discuss or disclose sexual based violence due to a fear of “black magic” from the perpetrators.
- There is limited proper and safe storage facility in South Ambrym for the storage of dignity kits that will be shipped next week. It is recommended that the deployment team must arrived in SE Ambrym prior to the arrival of the NFIs to coordinate safe unload and distribution of NFIs to the communities.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
# of volunteers engaged and registered, motivated to support the operation	15	22

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers engaged with the operation	15	22

Progress towards outcomes

- A total of 22 volunteers were briefed on their roles and responsibilities and they are fully aware of their roles and responsibilities and the seven Fundamental Principles of the Red Cross Movement, safety and Security, Gender inclusion, Child Protection and Code of Conduct.
- Out of the 22 trained volunteers, 15 of them were being assigned and trained by the Health and Wash Team on specific topics such as ECV, WASH and MHM.
- Furthermore, seven volunteers were trained on how to conduct assessments, logistics, distribution, and how to build safe Shelter.
- Volunteer’s wellbeing is monitored everyday by having team leaders’ meetings while deployed and having extra credit to contact team leaders in case of emergencies.

Major challenges and recommendations

- As there are many trainings for volunteers, it would be good to organise detail of the same training to make sure the topics are well understood by these volunteers.
- It would be good if the CCST Office can assist to organise the volunteer’s insurance.

Output S1.1.7: NS capacity to support response and preparedness is strengthened

Indicators:	Target	Actual
# of EOC operating and coordinating the response activities	3	3
# of VRCS ids, visibility identification issued	60 Vest	24 Vest Used

Progress towards outcomes

- Three Emergency Operation Centres (EOCs) were activated, one at the HQ, one in the Malampa Branch and the last one is at Ambrym Island.

- Communications was established on the field to the headquarters and the Malampa Branch at 10am every day due to lack of reception in the Field, but all EOC are updated on the same information.
- All volunteers are provided with vest or ID Cards which they wore during the operations.

Major Challenges & Recommendations

- Establishing communications is quite hard especially in Ambrym, However, by establishing a time for communications makes it easier.

International Disaster Management

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Indicators:	Target	Actual
# of communications materials produced (social media, media articles, interviews, etc.)	5 Media outlets	5 Media outlets

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of communications materials produced (social media, media articles, interviews, etc.)	5 Media outlets	5 Media outlets

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
# lessons learned workshop conducted	1	Not started yet

Progress towards outcomes

- Daily update was provided to the CCST Office in Suva and also update made on the Vanuatu Red Cross Facebook page.
- A daily update to the Radio Vanuatu (Life Interview) every day at 10 am.
- Update used by News hours shared and used by:
 - FM 107, Paradise FM, Radio Vanuatu, Television Blo Vanuatu (TBV) news, All Facebook pages;
 - Loop Vanuatu;
 - Radio NZ;
 - The news was also translated to be used in a French programme.
- Also, the field team was part of a Talk back show on 18 January 2019.

Major Challenges & Recommendations

- There is poor coverage in south east Ambrym thus it is important that there is a vehicle hired only for the communication person to travel around collecting information and verifying with EOC before going to a hotspot village to transmit the information via all five media outlets.

D. BUDGET

The revised budget as shown below:

DREF OPERATION

MDRVU007

Vanuatu Ambrym Volcano 2018

Budget Group	DREF grant budget CHF
Shelter - Relief	18,632
Water, Sanitation & Hygiene	6,908
Medical & First Aid	3,592
Teaching Materials	3,546
Utensils & Tools	2,616
Other Supplies & Services	5,254
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	40,547
Storage, Warehousing	3,062
Distribution & Monitoring	14,400
Transport & Vehicle Costs	7,000
Logistics Services	3,767
Total LOGISTICS, TRANSPORT AND STORAGE	28,228
National Society Staff	16,196
Volunteers	11,772
Total PERSONNEL	27,968
Workshops & Training	4,166
Total WORKSHOP & TRAINING	4,166
Travel	11,420
Information & Public Relations	1,704
Office Costs	2,164
Communications	2,303
Financial Charges	100
Other General Expenses	138
Total GENERAL EXPENDITURES	17,829
Programme and Supplementary Services Recovery	7,718
Total INDIRECT COSTS	7,718
TOTAL BUDGET	126,456



Click here for:

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

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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**.