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Emergency Plan of Action Final Report

Vanuatu: Ambrym Volcano & Earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRVU007
Date of Issue: 31 August 2019	Glide number: VO-2018-000424-VUT
Date of disaster: 15 December 2019	
Operation start date: 27 December 2018	Operation end date: 27 April 2019
Host National Society: Vanuatu Red Cross Society	Operation budget: CHF 126,456
Number of people affected: 2,170 people with 518 household across all 14 communities	Number of people assisted: 1,508 (350 households)
N° of National Societies involved in the operation: Vanuatu Red Cross Society	
N° of other partner organizations 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. International Federation of Red Cross, International Committee of the Red Cross.	

A. SITUATION ANALYSIS

Description of the disaster

The Malampa province in the archipelago of Vanuatu has a volcanic island Ambrym 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 imagery 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 large caldera of 12 km in diameter and two 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 affected 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

Female (in Years)						Male (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

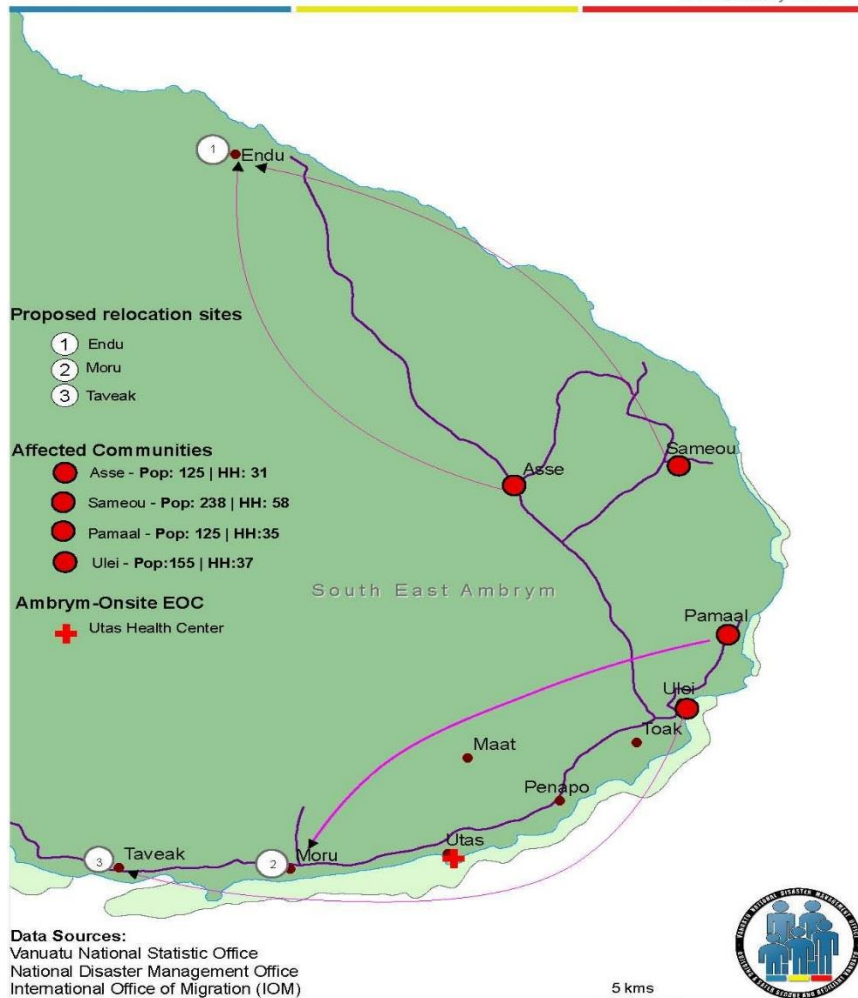
Female (in Years)						Male (in Years)					
0 - 2	3 - 5	6 - 12	13 - 18	19-54	55+	0 - 2	3 - 5	6 - 12	13 - 18	19-54	55+
29	44	70	71	200	49	34	26	95	80	225	49

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 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 were the main objective of the society. VRCS has a sufficient experience of dealing with two volcanic eruptions in 2017 with DREF Operation (MDRVU005) and last year (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 the ground who are familiar with assisting the affected people in a good manner. In addition, VRCS is the key actor in the government's disaster response plans and coordinating closely with the National Disaster Management Office (NDMO) and other stakeholders.

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 for the needs of the vulnerable groups in 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 an International 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. local NGOs) and any coordination mechanisms in place, such as clusters or government coordinating body.

Needs analysis and scenario planning

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 kits and training were to be provided to both host and evacuees.

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 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.

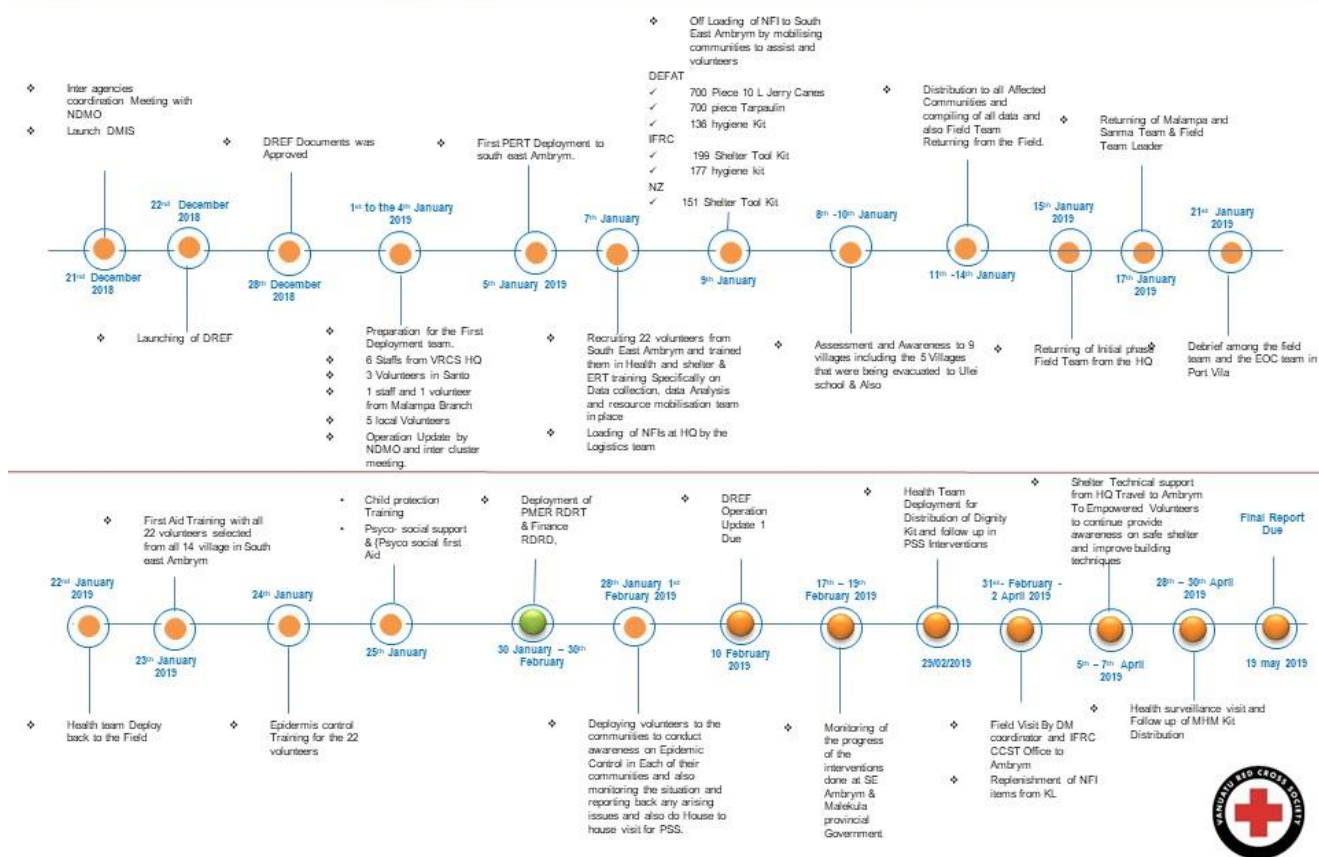
The initial assessment was to assist 350 affected families with NFIs along with the awareness activities on Safe Emergency Shelter, Health and Hygiene.

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.

Ambrym volcano and continues seismic activities. OPERATIONS UPDATE

Original VRCS Operation PLAN Timeline



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 villages 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 consensuses were made so that people from four villages will evacuate to three host communities.

A total of 22 volunteers were hired locally to Support the assessment and distribute assistance. In addition, awareness sessions on safe emergency shelter, health and hygiene were conducted across 14 communities and one evacuation centre.



TOTAL HOUSEHOLDS AT SOUTH EAST AMBRYM

Total population of Ambrym	7275
Total population Assesst in South East Ambry	2170
Total House Hold in South East Ambry	518
Total Houshold assisted with NFIs	350
Total popolation Reached with NFIs	1508
Total Population Reached with Awarness	2175

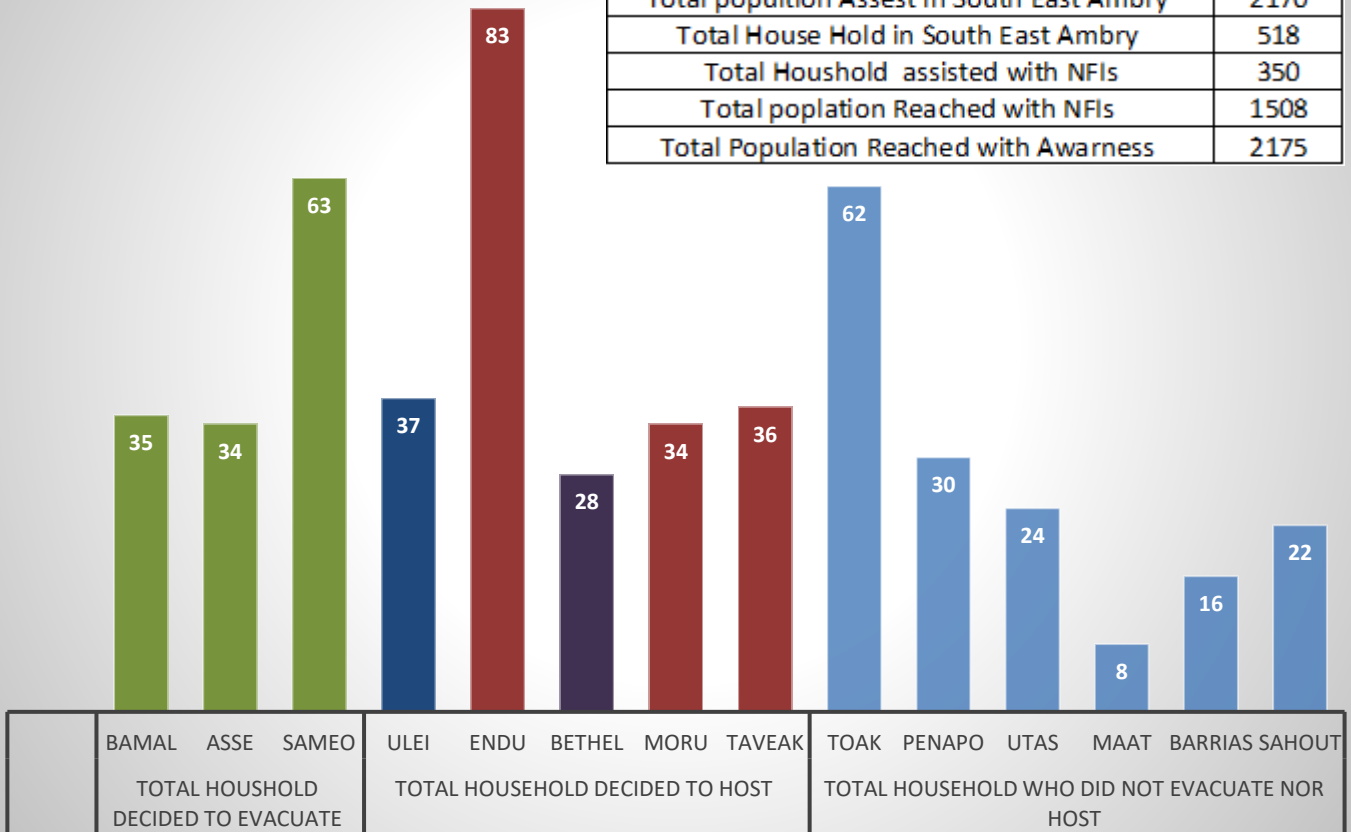
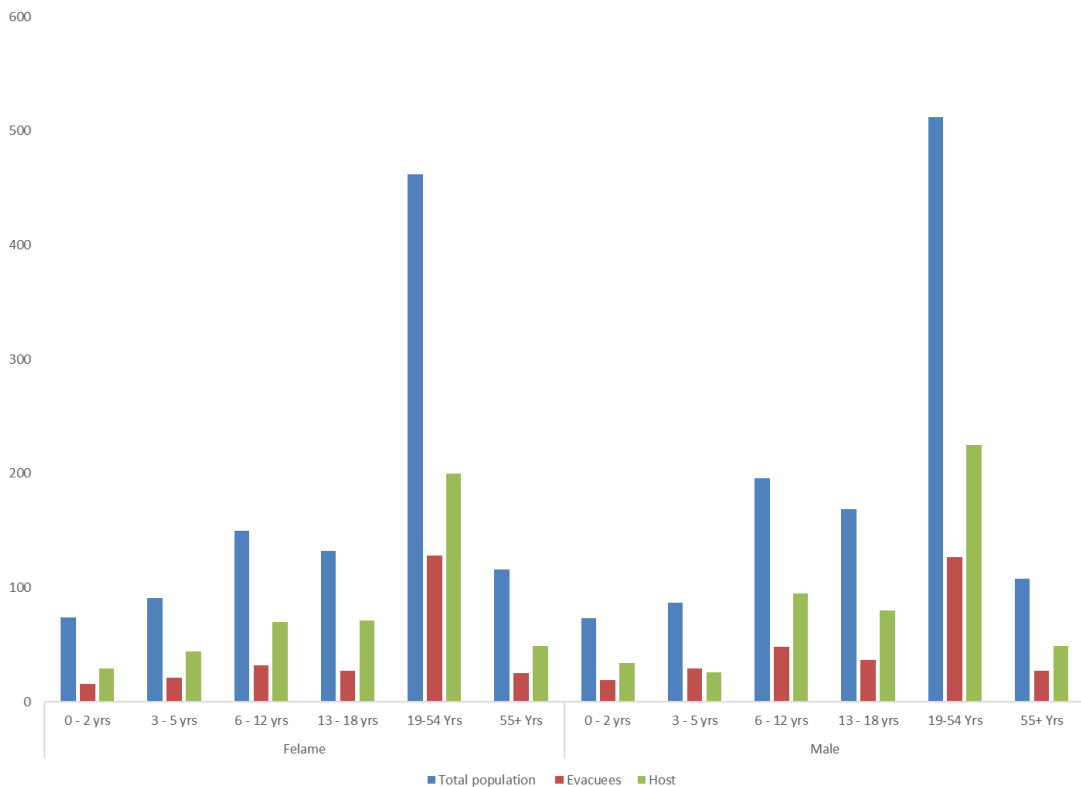


Chart above shows a summary of affected Communities who had evacuated and also Community who has Host along with the other communities that were not evacuated nor host. (Source: VRCS)

Affected Population Vs Asisited Popuoation



Bar Graph showing the Different gender and Age of the Total population, Evacuees and host communities. (Source: VRCS)

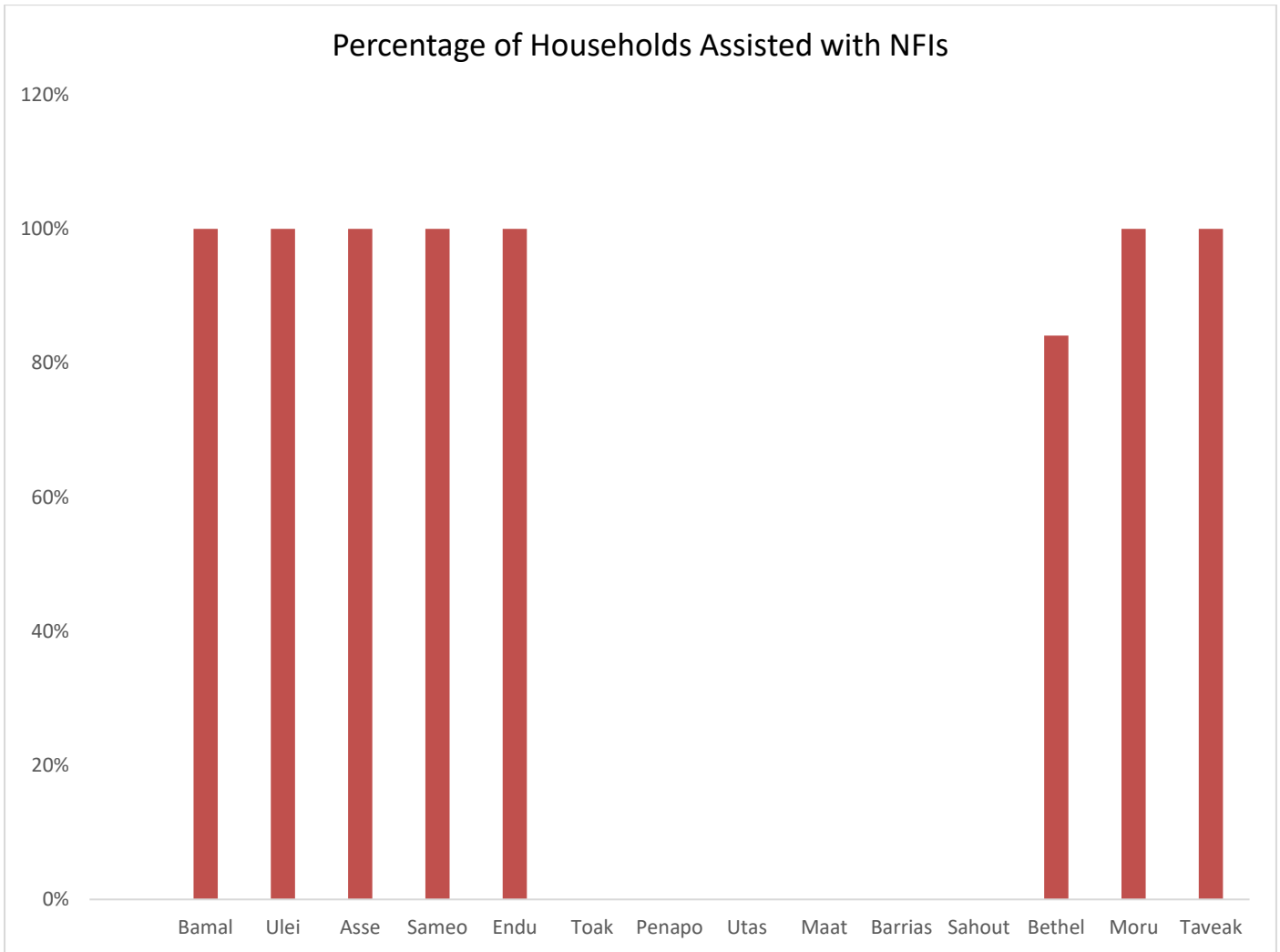


Chart above shows the percentage of Household Covered with the NFI Distribution, where by one household Received a .1 Shelter Tool kit, 2 Tubulin, 2 10L Jerry canes. (Source: VRCS)

Risk Analysis

The Operation occurred during Christmas and New Year’s celebration which caused a delay in the implementation of the plan of action. A standby team at the VRCS headquarters were deployed two days after the incident to support the operation set up on the ground. Some of the ports were also not accessible, so the operations team worked with the local communities to dig up an access road for the transfer of supplies from the boats to shore. The communities assisted by providing labor and lanterns to support the clearing of the path to the VRCS teams on the ground.

Other risks that were associated are the PPEs for the volunteers not being designed for the Volcanic eruption. The VRCS had to immediately procure appropriate PPEs for the field volunteers and staff and to also provide insurance for the volunteers and staff that were working in this response.

B. OPERATIONAL STRATEGY

Proposed strategy

VNRC’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 many 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 and 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.

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 were 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.

Human resources

VRCS coordinated with central and local governments through its headquarters in Port Vila and Provincial branch of the affected areas. More than 37 volunteers (around 50 per cent 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

The operation was also revised during the OU1, and the following were the main changes to the 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 needed 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.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 1508

Male: 796

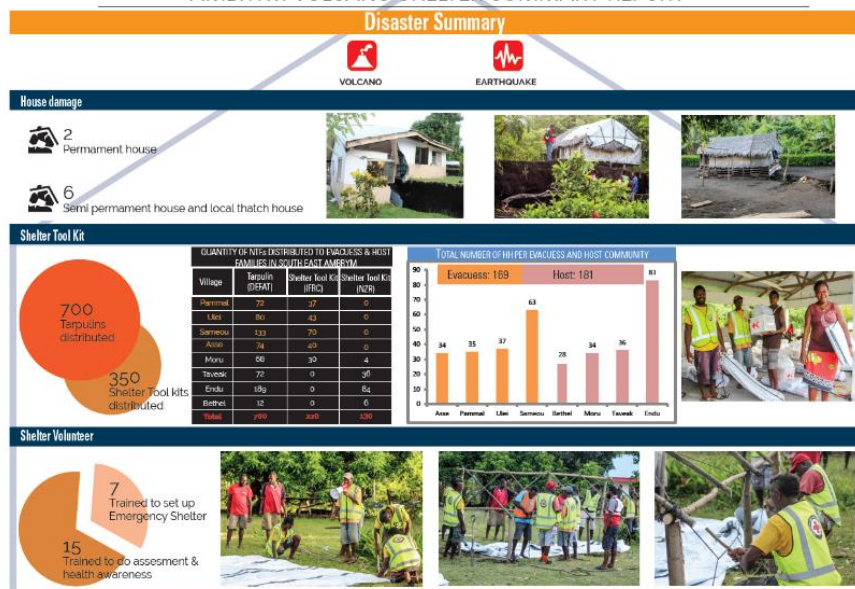
Female: 712

Indicators:	Target	Actual
# of target people with safe and adequate shelter and settlement	1,508	1,508
# of HH provided with emergency shelter assistance	350	350
# of people provided with technical support and guidance appropriate to the type they received	1,508	1,508

Narrative description of achievements

- 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 3 KM Radius will be Hosting thus emergency Shelter was priorities to be provided to the Evacuees and Host Families and also the category of special Needs, female headed household, and elderly.
- Analysed 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, Councillors and Community Disaster and Climate Change Committee to consult with the Village People, Especially the villages evacuating and hosting communities to come up with consensuses before moving the entire communities to their new host families in the other community.

AMBRYM VOLCANO SHELTER SUMMARY REPORT



- 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 liters) from Port Vila to South East Ambrym and transporting it to centralized logistics hub coordinated by Red Cross and NDMO logistics Team.
- Distribution of one shelter tool Kit and two sheets of tarpaulins to each household to 350 household evacuated and host families as per planned targeted HHs is completed.
- 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.
Guidance for the volunteers to continue with awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households and also improving shelter for learning space.

Challenges

- Due to limited network and internet facilities in Malekula, it was difficult to establish on ongoing communications with the branch officer and volunteers in Ambrym Island.
- Register dead people during assessment.
- Lack of community member to understand the importance of assessment and thus causing fault in assessment and thus confuse on site logistics team and distribution team.
- High cost of transportation.
- The island uplift has damaged the shipment anchorage and thus causing all NFIs to be off-loaded in a non-secured location and which was far from the access to road causing the unloading to off load of NFIs taken late in midnight.
- Long distance from distribution to storage site. In addition, the road use is too narrow which only fit one truck causing traffic congestion at times and longer time taken for transportation.
- Some NFIs cartoons were broken due to improper handling.
- Delay of the delivery of MHM kit.
- Not all community member were present during the demonstration of setting of emergency shelter caused information and skills were not disseminated effectively.
- The knives provided in the shelter kit were not good
- It was suggested to add more cable tied wire in the shelter tool kit and people require a proper machete.
- Delay of funding caused delay in entire operation.
- To consider privacy of woman in a household if the family size is too big and provide tarpaulin according to household size.

Lessons Learned

- Some of the 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 (i.e. elderly, female headed household, disabilities, etc).
- There is a need to have a supervisors in the field to supervise the volunteers and also report any arising issues for shelter in the field.
- There is a need to have a Wi-Fi device on the field for internet connection.
- To include finance briefing in the orientation module.
- Suggest to use VHF radio and Sat phone in the field and during emergency
- To review assessment form (change age to date of birth, need community leader to help volunteer to conduct assessment & convert to ODK).
- There was also suggestion to cascade idea using bottoms-up approach.
- There is a need of monitoring for shelter activities.
- Negotiation with the transport owners should be more effective.
- Need to identify good storage site.
- It was suggested to have two volunteers on standby when shipping of the NFIs (safety, security & company (PSS)).
- The shelter standard should meet the privacy & dignity requirements for women, people with disability and other vulnerable people.
- There is a need to conduct logistic training in each branch.
- Volunteer leaders must be involved as part of the deployment team in communities to control the volunteers' work, similarly finance staff must be involved as part of the deployment team in the communities to handle the cash transaction.
- To review and standardize the template form shelter activities.



Health

People reached: 1,897

Male: 911

Female: 986

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	n/a	1,897
# 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

Narrative description of achievements

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.
- Epidemic prevention and control measures carried out. – Target 1750 people reached with community-based epidemic prevention and control activities using community awareness and activities. Completed Key messages on vector-borne infection prevention delivered to evacuation centres, Host communities, and affected communities in South-East Ambrym. A total of 2165 people (1048 male, 117 female) received ECV awareness information. ECV Orientation for 15 volunteers Completed
- Psychosocial support orientation/refresher workshop provided to volunteers. 29(19F,12M). Psychosocial support teams deployed to (1) evacuation areas and (2) communities to carry out PSS awareness and activities. 1250 people reach trough PSS and activities.

- Psychosocial support team deployed to evacuation area to carry out Household PSS awareness. A total of 518 HH, approximately 2170 (1145 Male and 1025 female) people received stress and violence reduction awareness through HH visits
- Volunteers providing standby FA services in Evacuation centres and during house-to-house visitation. 2 first aid kits were provided with the 2 teams. 30 evacuees received basic first aid support
- Evacuated Communities (Aseh, Sameou, Ulei, and Pamal) received first aid Kit. 4 communities (Aseh, Sameou, Ulei, and Pamal) received first aid kits
- Ensuring PSS cases are properly handled and referred to appropriate service providers. An interagency Referral form was developed and used in the field. A total of 47 referral cases were properly handled and referred to appropriate service providers
- Print IEC materials. Printed and Distributed 400 Health Promotion Booklet. Printed two sets of Stress management in adult and kids PSS posters for awareness

The orientation was organised to prepare VRCS volunteers and staff responding to the South-East Ambrym Earthquake Emergency Response for implementation of Health, WaSH and PGI awareness and activities. Health activities includes Hygiene promotion, Epidemic control, and Psychosocial Support. PGI activities includes conducting awareness on violence prevention, child protection awareness, and referral pathways.

The main objective of the training is to teach volunteers how to use and apply the Psychosocial Support and Epidemic control tool kit, and effectively disseminate PGI key messages in a culturally appropriate fashion in the context of the South-East Ambrym Emergency Response and have the ability to adapt resources to the local context and need. Objectives of the training were to assist participants to have a general knowledge and understanding of:

- Basic first aid techniques
- Key epidemic related definitions and vocabulary
- How diseases spread
- Conducting surveillance and reporting/or making referral to Health facilities
- The epidemic response cycle and what activities/actions support each phase
- Use of the epidemic control tool kit
- Understanding of Menstrual Hygiene Management (MHM)
- Stigmas and Taboos when talking about Menstruation in Vanuatu culture
- How to engage men in the MHM awareness and activities
- Understanding of DAPS (Dignity, Access, Participation, safety) approach in Sanitation Design
- Water Safety and Security issues
- Understanding of stress and violence
- Stress coping mechanism
- Violence Prevention mechanism
- Understanding of importance of gender inclusion in every activity during an Emergency
- Child protection code of conduct identify any forms child abuse within the communities and make referral to Gender and Protection Cluster.
- Understanding the referral pathway mechanism

Workshop Content

- Epidemic related definitions (using matching game in Bislama and English)
- How diseases spread chart/cycle
- F Chart diagram, talk about diarrhoea spread and prevention and management
- Focus on Acute watery diarrhoea and acute respiratory illness
- Simulation of community awareness – acute watery diarrhoea, acute respiratory illness, using the ECV Toolkit, Health promotion and illness prevention book.
- Menstrual Hygiene management (MHM) awareness and activities
- How to mix ORS (oral rehydration solution)
- Drinking Water safety and Security Plan approach in emergency (safe water)
- PSS what is stress and what are some stress reduction activities
- Confidentiality in PSS and PGI support
- Gender in Health and WASH, explaining and discussing importance of gender and inclusion in all health and WASH activities.
- Gender protection, gender protection issues, types of domestic violence and abuses, referral mechanism.
- Child protection, child protection issues, types of child abuses, referral mechanism.
- PSS and PGI activities planning
- Field Activities Templated and reporting



Twenty-two (22) volunteers attended day one orientation on Basic First Aid. Facilitated by Jocelyne Samuel, F/A Instructor at Benapo Village South East Ambrym. **(Photo: VRCS)**



25 January 2019 VRCS conducted three day's orientation on child protection and Psychosocial support. Poster from Gender & Protection cluster were distributed to each volunteer to be placed on the notice board within their respective communities. **(Photo: VRCS)**

24 January 2019, VRCS conducted two days Orientation workshop on Epidemic Control for Volunteers (ECV). **(Photo: VRCS)**



Community Health Risk Map were developed on 29 January 2019 for each of the 14 communities as part of ECV awareness against vector-borne diseases, diarrheal infections, and other water-borne diseases. **(Photo: VRCS)**

UTAS ECV ACTION PLAN				
Issue / Problem	Respons/Activity Solution	WHO?	Time / Day	Material / Equipment
Tall grass / Thick grass	-Katem ol grass	-Komuniti	-Monday osto 1 hour work	-knife -Bonem lo fire -Sakem i go to hol
Empty tin / shell kokonas / wheal blong trak / toti	-Barem ol empty tin -Bonem ol shell kokonut mo toti	-Wanwan haos hold -Komuniti	-Tuesday osto 1 hour work	-Spade -Matches wlo bonem toti, -Knife
Wota / Safmat long rood	-Barem ol wota / safmat long rood	-Komuniti	-Wednesday osto 1 hour work	-Spade
Wota long tram, well, dis, tank	-Kavremap ol wota long tram, well, dis mo tank weteng sclin	-Wanwan haos hold -Komuniti	-Thursday osto 1 hour work	-sisis blo katem sclin -Kavremap wot to katem -Kavremap dis to katem -Kavremap sclin wotem sclin.

Community Health Action plan were developed on January 29, 2019 for each of the 14 communities to mobilize community members to initiate clean-up campaigns against vector-borne diseases, diarrheal infections, and other water-borne diseases. (Photo: VRCS)



Elderly in Sahout community engaged in clean-up campaign. Communities implemented its ECV action plan and were engaged in clean-up campaign as a priority action to reduce mosquito breeding sites within their communities. (Photo: VRCS)



A rubbish dump at the evacuation centre in Endu community that was dug by Evacuees from Aseh community. Rubbish dump is a priority need in the community health action plan for each community for tins and cans disposal. (Photo: VRCS)



Health worker collaborating with volunteers in Sameou community in conducting ECV awareness. VRCS volunteers partnered with village health worker to carryout ECV awareness and activities within their communities. (Photo: VRCS)



Toak community engaged in clean-up campaign. Communities implemented their ECV action plan and continue to engage in clean-up campaign as a priority action to reduce mosquito breeding sites within their communities. (Photo: VRCS)

Psychosocial support activities



Island Cabbage Salad recipe demonstration in Taveak Community. Nutritional awareness and cooking demonstration were held in all 14 communities as a PSS activity educating people on the nutritional benefit of the local island food. (Photo: VRCS)



Left: Island Cornetto Desert demonstration in Taveak.

Right: Community Maat Community. Nutritional awareness and Healthy Island recipe demonstration was held in all 14 communities as a PSS activity educating people on the nutritional benefit of the local island food. (Photo: VRCS)



Children, youths, and adults playing soccer in Endu community as part of PSS activities. Each community participated in sports activities such as soccer, volleyball, 1 km relay, swimming race. (Photo: VRCS)

NGOs that were partnering with the VRCS on the ground:

- 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
- Community Health and Education Peace Corp Volunteers
- Village Health Workers

Challenges

- There is currently no midwife, registered nurse in the area. All serious cases are evacuated to northern district Hospital and Vila Central Hospital. Malampa Provincial Health is currently seeking a registered nurse, and midwife to be stationed at Utas health Centre to assist in providing essential health care services to the people in the area.
- Heavy rainfall in the area increased risk for vector borne infection within the communities.
- There is a need to have more experienced Health and WASH volunteers in the field to supervise the new volunteers and report any arising health related issues in the field.

Lessons Learned

- The three-day orientation workshop duration 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.



Water, sanitation and hygiene

People reached: 1,687

Male: 807

Female: 880

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	250
# 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

Narrative description of achievements

- 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 at night. 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).



Volunteers mobilized community members to build their tippy taps by the toilet after the handwashing awareness session. Bamboo tippy taps was used as it is cheap and readily available. **(Photo: VRCS)**

- 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 cleaning of rainwater catchment area, rainwater 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.
- The water system is currently up and running with few cuts, of once every two weeks. However, safe water continues to be the main priority due to existing leakages along the water supply system which poses a great risk of having diarrheal, acute respiratory infection outbreak.
- Most households have responded positively to the sanitation awareness and have slowly improved their sanitation facilities by building handwashing stations, routine inside cleaning, and building proper doors making sure it is safe for the women to use during night times.
- Menstrual Hygiene Management continues to be a priority need for evacuees within the host communities. Majority of women have expressed the need to have access to disposable sanitary pads. The disposable sanitary pads in the hygiene kit was not enough to sustain them within the 3 months of emergency situation living in a host community. The disposable pads is fairly costly, hence so they requested VRCS for an alternative solution. VRCS subsequently developed an MHM kit and distributed 250 MHM kits to 250 girls and women. A total 250 MHM kits was distributed to 250 girls and women across 10 communities in South Ambrym.
- VRCS continues to provide educational awareness on hygiene promotion, household water treatment, safe water, and safe toilet assisting communities to better prevent themselves from any WASH related diseases.
- VRCS have distributed 700 jerry cans for household water storage; 2 per household. Besides this, VRCS have printed and distributed 400 health promotion booklets to each 400 households and 22 volunteers.
- A total of 86 multisectoral 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 5 key role people per community including elderly men, elderly woman, youth, people with disabilities, and pregnant/breast feeding women
- F-diagram, MHM posters, handwashing, water management posters were printed and used during educational awareness within the communities.
- A total 2,015 (994 male and 1,021 female) people received hygiene promotion, safe water awareness within the communities through community meetings and hygiene promotion activities and demonstration such as household water treatment such as boiling water.
- A total of 258 bamboo tippy taps were built for handwashing besides the toilet within the 14 target communities.
- A total 250 MHM kits was distributed to 250 girls and women across 10 communities in South Ambrym.



Volunteers doing MHM awareness before MHM Kit Distribution. (Photo: VRCS)



VRCS volunteers packing MHM items into the MHM Kit and preparing for shipment to SE Ambrym. (Photo: VRCS)



Volunteers distributing MHM kits to women and girls within the communities. (Photo: VRCS)



VRCS Volunteers assist Aseh community resettling back in its home community after the relocation from Endu (host community). VRCS Volunteers assist in building Tippy Taps. (Photo: VRCS)



Volunteers conducting handwashing awareness for households with elderly people, and people with disabilities in Aseh Community. All 14 communities were mobilized to continue building their tippy taps by the toilet after the handwashing awareness session. (Photo: VRCS)



Left: Items provided inside the MHM Kit.
Right: MHM kits shipped to SE Ambrym. (Photo: VRCS)

Challenges

- Few communities have deaths and other commitments so the implementation of the ECV Action Plan is not yet complete. Few communities need some pushing from the volunteers to carry out VRCS activities specifically clean-up campaigns. However, there has been a great progress even though the entire community did not turn for awareness. VRCS volunteer have worked tirelessly within their communities to ensure everyone receives key ECV and WASH key messages to better prevent themselves from any epidemics.
- There is a continuous need to have more experienced WASH volunteers in the field to supervise new volunteers and report any arising health related issues in the field.
- There was a shortage of MHM kits. A total of 250 female population was based on the initial assessment data. However, number of women has increased due to continuous movement of people, resulting in a shortage of MHM kits. Therefore, there is a need to constantly monitor and update population data throughout an emergency operation to inform and ensure an effective distribution of WASH NFIs.

Lessons Learned

- MHM kits are required to distribute amongst all females of reproductive age in evacuation centers and communities. one 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.



Inclusion and Protection

People reached: 1,897

Male: 911

Female: 986

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

Narrative description of achievements

- 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 reached 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.
- There are several existing cases of sexual gender-based violence in the area. On February 22, 2019, the police have incarcerated the perpetrator of the 5 child rapes cases within the area. Evacuee women also expressed lack of privacy and freedom they normally have in their own homes.
- To combat these PGI issues, two Gender Inclusion and Diversity, Violence Prevention, and Child Protection orientation/refresher workshops were held on January 25, 2019 and February 25, 2019 for 29 (17 females and 12 males) volunteers. Each orientation were held at the beginning of each deployment to better prepare the PGI volunteers for PGI field work.
- PGI volunteers were deployed into the communities to conduct awareness on child protection, Sexual and Gender-based Violence and referral Pathways within the 14 communities. There was a positive response from the community's members. Key leaders, men, and women were very pleased about the awareness as they realize the importance of protecting their children, PWD, wives from any form of violence and being able to make any PGI referral to the Vanuatu women Center officers within their area. There are two officers in South East Ambrym. A total of 474 household received information on child protection which is a total of 1736 people 832 males, and 904 females. And a total of 442 household received information on SGBV and referral pathways which is a total of 1758 people 851 males, and 907 females.
- VRCS volunteers have distributed 350 posters, 350 pamphlets, and 50 Calendars from Vanuatu Women Center on Sexual, Gender-Based Violence Prevention and Referral Pathway to the 14 communities
- VRCS continue to assist communities of South East Ambrym with basic Psychosocial Support as there is evidence increased level of stress amongst evacuees within the host communities over having to leave their home and leaving their livelihood and properties behind. PSS awareness and activities was conducted to address any gender protection issues related to child protection, disability, looking after vulnerable groups, and reducing host and evacuee community tension. A total 2170 (1145 male, 1025 female) people in the communities including evacuees, the host and non-hosting communities received violence reduction awareness and engaged in PSS activities such as physical activities, cooking demonstration, clean up campaigns, Sanitation system rehabilitation, and Water safety (household water treatment) activities.
- Volunteers conducted 28 cooking demonstrations and nutritional awareness within the 14 communities using local island food as part of the PSS activities.
- A total of approximately 2168 (1077 male, 1091 female) people participated in physical activities organized by VRCS volunteers such as volley ball, soccer, gardening, 1 km relay run, reforestation, clean up campaigns, swimming race, walk, and early morning exercise within a four weeks duration.
- 518 households, approximately 2170 people visited and received stress and violence reduction awareness.
- An interagency Referral form was developed and used in the field. A total of 47 referral cases were properly handled and referred to appropriate service providers such as Gender and Protection, WASH, Health, and Education cluster.



Left: Female Volunteers were grouped into a group and discussed Menstrual Hygiene Management. Right: Male volunteers were grouped into a group and discussed Menstrual Hygiene management. (Photo: VRCS)

Challenges

- Referral pathway is still a major issue for most communities in SE Ambrym as in Vanuatu as whole. Most community member have limited knowledge on how to make a referral. Now, only few people reported PGI case to the Vanuatu Women Center (VWC) officers in the area and are referred directly to VWC in Port-Vila for further assessment. There is an existing gap in the referral system as there is no police presence in the area, and other essential service providers to assist the survivors of violence and their families experiencing any form of violence. A SGBV Committee was formed on March 15, 2019 in Port-Vila comprised of partners from VRCS, Strong Fiuja, UNWomen, Save the Children, Vanuatu Family Health Association, VPride, Police Family Protection Unit who are keen in collaborating to the referral pathways specific to SGBV in Vanuatu. There is a need of more partners consultation meetings to identify these gaps and come with constructive solutions that will better address the PGI issues.
- Poor mobile phone carrier network 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.

Lessons Learned

- VRCS to develop its PGI position in terms of policy and deployment SOP and to work in collaboration with other agencies in Vanuatu to avoid duplication of work.
- Ongoing capacity building for volunteers on PGI Tools in emergencies.
- Integration of PGI Assessment tools into the IDA forms and systems.

Strengthen National Society

Indicators:	Target	Actual
# of volunteers engaged and registered, motivated to support the operation	15	22
# of volunteers engaged with the operation	15	22
# of EOC operating and coordinating the response activities	3	3
# of VRCS ids, visibility identification issued (vests)	60	60

Narrative description of achievements

- 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.
- 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.

Challenges

- Briefings on HR support was lacking for volunteers and staff
- No NS Volunteers and Staff insurance and not properly briefed on these matters before deployment.

Lessons Learned

- As there are many trainings for volunteers, it would be good to organize 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 organize the volunteer’s insurance.
- Establishing communications is quite hard especially in Ambrym, However, by establishing a time for communications makes it easier.

International Disaster Response

Indicators:	Target	Actual
# of communications materials produced (social media, media articles, interviews, etc.)	5	5
# of communications materials produced (social media, media articles, interviews, etc.)	5	5
# lessons learned workshop conducted	1	1
Narrative description of achievements		
<ul style="list-style-type: none"> • Daily update was provided to the CCST Office in Suva and also update made on the Vanuatu Red Cross Facebook page. • A daily update aired on 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 and Radio NZ. • The news was also translated to be used in a French programme. • In addition, the field team was invited to provide session on a Talk back show on 18 January 2019. • Lessons learned workshop was completed and results and recommendations are reflected in this report. 		
Challenges		
<ul style="list-style-type: none"> • There is a poor coverage in south east Ambrym and options of getting stories from the beneficiaries were reliant on paper forms and very delayed to the public. 		
Lessons Learned		
<ul style="list-style-type: none"> • 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. THE BUDGET

DREF allocation received was CHF 131,432 out of which CHF 120,926 has been utilized. The balance of CHF 10,506 will be returned to the DREF pot. Detailed expenditure of the operation is outlined in the attached final financial report at the end of this final report.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions. The NLRC has replenished the DREF in the occasion of this operation.

Contact information

Reference documents



Click here for:

- [DREF Operation](#)
- [Previous Appeals and Updates](#)

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**.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/12-2019/7	Operation	MDRVU007
Budget Timeframe	2018/12-2019/04	Budget	APPROVED

Prepared on 16/Aug/2019

All figures are in Swiss Francs (CHF)

MDRVU007 - Vanuatu - Ambrym Volcano & Earthquake

Operating Timeframe: 27 Dec 2018 to 27 Apr 2019

I. Summary

Opening Balance	0
Funds & Other Income	131,432
DREF Allocations	131,432
Expenditure	-120,926
Closing Balance	10,506

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	33,783	41,270	-7,488
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	13,984	13,706	278
AOF5 - Water, sanitation and hygiene	23,553	18,597	4,955
AOF6 - Protection, Gender & Inclusion	2,920	3,162	-241
AOF7 - Migration			0
Area of focus Total	74,239	76,735	-2,496
SFI1 - Strengthen National Societies	7,175	9,299	-2,124
SFI2 - Effective international disaster management	32,123	27,695	4,427
SFI3 - Influence others as leading strategic partners	10,949	6,602	4,347
SFI4 - Ensure a strong IFRC	1,970	594	1,377
Strategy for implementation Total	52,217	44,190	8,027
Grand Total	126,456	120,926	5,531

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/12-2019/7	Operation	MDRVU007
Budget Timeframe	2018/12-2019/04	Budget	APPROVED

Prepared on 16/Aug/2019

All figures are in Swiss Francs (CHF)

MDRVU007 - Vanuatu - Ambrym Volcano & Earthquake

Operating Timeframe: 27 Dec 2018 to 27 Apr 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	40,547	36,499	4,048
Shelter - Relief	18,632	17,637	995
Construction Materials		57	-57
Water, Sanitation & Hygiene	6,908	11,051	-4,144
Medical & First Aid	3,592	3,294	298
Teaching Materials	3,546	2,495	1,051
Utensils & Tools	2,616	1,965	651
Other Supplies & Services	5,254		5,254
Logistics, Transport & Storage	28,228	17,460	10,768
Storage	3,062	1,986	1,076
Distribution & Monitoring	14,400	10,164	4,236
Transport & Vehicles Costs	7,000	1,923	5,076
Logistics Services	3,767	3,387	380
Personnel	27,968	35,556	-7,587
International Staff		5,576	-5,576
National Society Staff	16,196	14,087	2,109
Volunteers	11,772	15,893	-4,120
Workshops & Training	4,166	4,246	-81
Workshops & Training	4,166	4,246	-81
General Expenditure	17,829	19,785	-1,955
Travel	11,420	11,876	-455
Information & Public Relations	1,704	2,882	-1,178
Office Costs	2,164	2,345	-181
Communications	2,303	2,542	-239
Financial Charges	100	140	-40
Other General Expenses	138		138
Indirect Costs	7,718	7,380	338
Programme & Services Support Recover	7,718	7,380	338
Grand Total	126,456	120,926	5,531