

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Papua New Guinea: Cholera, dysentery and influenza outbreaks

DREF operation n° MDRPG004
GLIDE no. [EP-2009-000185-PNG](#)
Update no. 1
7 October 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Period covered by this update:
7 September to 7 October 2009.

Summary:

The Federation's Disaster Relief Emergency Fund (DREF) extension has been granted for CHF 359,058 to the Papua New Guinea Red Cross Society on 7 October 2009 to directly reach 300,000 people in 13 out of 20 provinces.

Initially, CHF 43,878 (USD 41,339 or EUR 28,923) was allocated from DREF to support Papua New Guinea Red Cross Society (PNGRCS) in delivering immediate assistance to some 5,000 beneficiaries on 7 September 2009 in response to the outbreak. Unearmarked funds to repay DREF are encouraged.

PNGRCS will continue to meet the needs of the people affected by extending the existing DREF and implementing a strategy that includes hygiene information dissemination and community awareness to minimize or contain the spread of cholera, dysentery and influenza over a three-month timeframe. Recent developments include increasing the scope and the budget for this operation, which will now directly reach approximately 300,000 people, and indirectly reach 2.4 million people. The budget for the operation has been significantly increased and is now approximately CHF 359,058 (USD 348,498 or EUR 237,112).

This operation is expected to be implemented in three months, and completed by 7 January 2010. In line with Federation reporting standards, the narrative and financial final reports will be posted 90 days after the end of the operation (by April 2010).

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Major donors and partners of the DREF include the Danish Red Cross, Irish Red Cross/Irish government, Japanese Red Cross, Monaco Red Cross/Monaco government, Netherlands Red Cross/Netherlands government, Norwegian Red Cross/Norwegian government, Swedish Red Cross/Swedish government, Italian government, United Kingdom Department for International Development (DFID), ECHO, OPEC Fund for International Development, and corporate and private donors. Details of all donors can be found [here](#). The International Federation, on behalf of the Papua New Guinea Red Cross Society, would like to thank all donors for their generous contributions.



The Chairman of the Papua New Guinea Red Cross Society gaining insights at ground level assessment. Photo: International Federation

The situation

The Papua New Guinea National Government has declared a health emergency in Morobe province following the cholera, dysentery and influenza outbreak on 11 September 2009. The provincial authorities, with assistance of the national department of health and partner agencies, established a provincial outbreak response committee (PORC) comprising representatives of the relevant national and provincial authorities and co-chaired by the provincial health advisor and the provincial health director. The co-chairs operate the coordination and command centre at the Lae provincial health office, Morobe Province, with the support of World Health Organization (WHO).

The government, the PNGRCS and other organizations reacted immediately but due to the magnitude of the disaster, there is a need for additional support. The PNGRCS has been coping with the disaster at every level from volunteers to district, to provincial and national levels.

Over this reporting period, following a deterioration of the outbreak situation, the PNGRCS national headquarters requested support for a joint assessment from the International Federation and Australian Red Cross (ARC). Then, an assessment team was constituted with representatives from PNGRCS' national headquarters, PNGRCS Morobe branch, two Australian Red Cross delegates and one disaster response delegate from the International Federation. The purpose of the assessment team's visit to the affected areas in Morobe is to further analyze the outbreak situation in the province, and to identify urgent and priority needs of the most vulnerable people affected by cholera, dysentery and influenza.

Although the number of newly reported cases per week has decreased since the beginning of the outbreak, it is still likely that the outbreak may continue to spread, and become worse if prevention efforts are not addressed.

The national government, has developed an action plan for October-December 2009 in response to the outbreaks. The plan of action includes the following sectors: coordination; surveillance; case management, infection control and training for health staff; logistics; water and sanitation, and environmental activities; and communication for information, education and communication materials and general awareness.

Coordination and partnerships

The PNGRCS is working with all relevant government and non-governmental organizations in-country to address the outbreak.

A national coordination board centre for response operations has been established in Port Moresby and is led by the outbreak coordination committee under the auspices of the national department of health. This committee is supported by the government ministries and by PNGRCS, the national agriculture quarantine inspection authority (NAQUA), the national disaster centre, WHO, Médecins Sans Frontières (MSF), UNICEF, UNDP, and AusAID. A sub-command centre is being set up in Lae at the provincial division of health. Two health staff members have been deployed to the Wasu area to support community health workers. There are three WHO staff, based in Lae, providing technical and practical support for coordination, clinical management and hospital infection control. Up to 300,000 oral rehydration salt (ORS) sachets ordered by WHO are expected to arrive over the weekend with a further 200,000 ORS as well as aquatabs and water containers. MSF are also supporting the national department of health in their clinical response to the outbreaks.

Red Cross and Red Crescent action

PNGRCS is working closely with the coordination body at the national level and also at the provincial level through its Morobe branch where the branch is monitoring information and sending updates to the headquarters. The Papua New Guinea government coordination body has requested the assistance of PNGRCS in the dissemination of hygiene promotion materials to the affected communities and to assist with efforts to contain the spread of disease.

PNGRCS has mobilized an assessment team to go to the affected province. They are expected to mobilize teams of volunteers to go to the affected areas to support the dissemination of information and hygiene awareness materials as well as water containers and purification tablets in affected and surrounding communities in coming days.

Since 25 August, PNGRCS has been a member of the national coordination team, coordinating and working with other stakeholders at national and provincial level to facilitate prevention activities and the promotion of good health with education, awareness and environmental health management in communities.

Gender, stigma, discrimination and other aspects are considered by PNGRCS in these activities to ensure that the information and messages reach the most vulnerable groups in the community context.

There are many players involved in responding to public health in an emergency. The Red Cross role as agreed by the national coordination taskforce as well as the national and provincial command and control centres in Port Moresby and Morobe is to: "Conduct hygiene information dissemination and community awareness to minimize or contain the spread of cholera, dysentery and influenza."

The hygiene promotion campaign of the PNGRCS will carry a very important role in stopping the spread of the diseases.

At the end of the operation, a final evaluation/lessons learnt workshop will be conducted by the PNGRCS. The PNGRCS with the International Federation's support can offer to help local agencies facilitate a contingency process so as to be prepared for the future; and to introduce international disaster response laws (IDRL) and other useful tools for disaster preparedness.

Since 24 August:

PNGRCS in Lae, Morobe province has mobilized and trained 62 volunteers on good hygiene practices to contain and minimize the spread of cholera, dysentery and influenza. Volunteers have been disseminating information using the door-to-door approach, conducting awareness campaigns and distributing soap, toilet tissues and water containers in Lae city to two settlement areas. The branch also supported and provided water containers and toilet rolls to the hospitals and health centre in the Lae area.

Information booths have been installed in strategic transit places. On 8 October Papua New Guinea received a tsunami alert and a large number of people came to this information point to find out more about the situation. PNGRCS provided information about the alert launched and distributed hygiene promotion material.

PNGRCS has conducted a rapid assessment in Lae, with the support of two delegates from Australian Red Cross, and one disaster response from the International Federation's disaster management unit. More assessments are being conducted by PNGRCS in Wasu and Menyamy, where the national society has distributed information, education and communication (IEC) materials and is setting up two booths for disseminating information on basic hygiene.

Until 23 September:

It has become obvious that PNGRCS must scale up its response to address all levels of population in the country to assist in the containment of the current spread of the diseases. This covers not the Lae urban areas and border communities in Gulf Province, Eastern Highlands Province, Madang Province, Oro Province and National Capital District, but also nationwide. There is now an urgent need to specifically target the transit points of travel and where people converge for commercial purposes and social events.

The national society seeks directly reaching a total of 300,000 people in 13 out of 20 provinces through effective and efficient information dissemination. To do so, PNGRCS will utilize the network of volunteers from 13 branches. There are more than 700 volunteers. These volunteers will use different methods or approaches and in diverse languages used in the country such as Pidgin Inglis, Police Motu and English, to ensure all target populations are reached.

Indirectly, the PNGRCS expects to reach 2.4 million people through national TV (EMTV) channels and different radio stations such as local radio stations "FM Morobe", and national radio such as "FM 100", "Now FM" and Karai Radio network.

Some basic equipment for Morobe province (e.g. telephone and fax) are included in this plan of action as it is necessary to have a system in place to collect the information and monitor the situation while the hygiene promotion campaign is ongoing.

Regular contact will be maintained between PNGRCS's headquarters and the 13 branches. The headquarters is coordinating this national campaign and will ensure quality and standardization of material and messages through the 13 branches. All planned training is related to the emergency and the dissemination of the hygiene promotion campaign.

The transport costs in Papua New Guinea (PNG) are high. Most of the roads out of Port Moresby do not exist or are not in good condition, and often the only option to travel from the capital to other branches is by air. From the branches to the communities, there are also other transport challenges such as trips by boats.

Communication is also difficult in PNG. PNGRCS' national headquarters communicates with the branches by fax or high frequency (HF) radio. In many branches, PNGRCS does not have an HF system and communication is done with the use of HF radios installed in the clinic centres.

Public health in emergencies and current status

The national society's findings on the cholera, dysentery and influenza situation show the following:

Table 1: Statistics from 24 August to 15 September 2009 (source: PNG government)

		Cholera	Dysentery	Influenza	Total
Morobe province	Confirmed	307	768	4,022	5,165
	Deaths	21	39	1	
	New cases	7	0	0	
	Total	335	807	4,023	

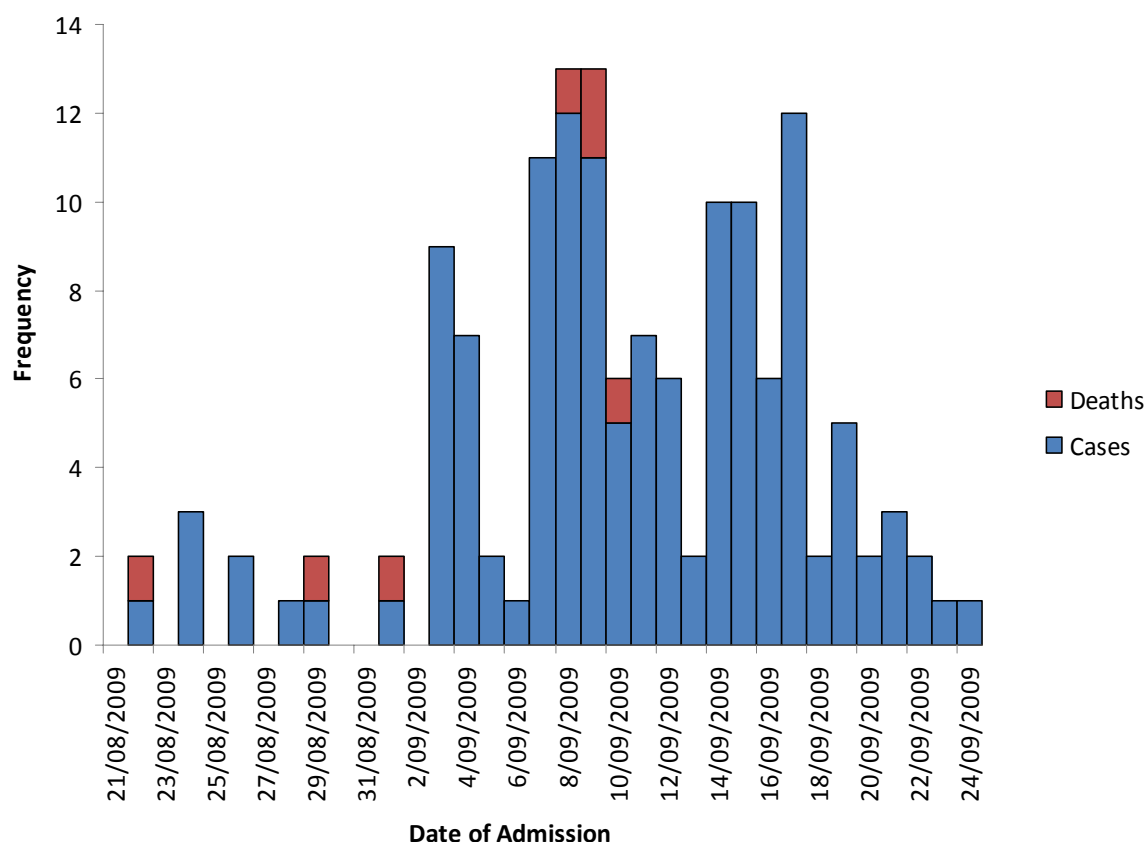
Table 2: Statistics from 15 September to 23 September 2009 (source: PNG government)

From the table below, it shows that outbreak of these diseases are now spreading from Morobe Province to other parts of the PNG.

		Cholera	Dysentery	Influenza	Total Affected
1. Morobe Province	Confirmed	290	1149	4733	13,007
	Deaths	20	40	60	
	New cases	47	1923	4745	
	Total	357	3112	9538	
2. Eastern Highlands Province	Confirmed	10	29	88	126
	Deaths			29	
	New cases	4			
	Total	14		117	
3. Madang Province		Cholera	Dysentery	Influenza	Total
	Confirmed				2
	Deaths				
	New cases	2			
Total	2				
4. Gulf Province	Confirmed				398
	Deaths		2	2	
	New cases		187	207	
	Total		189	209	
Cumulative total					13533

There are as yet no reported cases of cholera, dysentery or influenza in the national capital district (NCD) or Oro province.

Epi-curve of suspected cholera cases admitted to ANGAU hospital (22 Aug - 24 Sept 2009) N=136



New and suspected cases for dysentery and influenza:

District	New in the past five days		Cumulative	
	Cases	Deaths	Cases	Deaths
Menyamya	107	4	1236	43
Huon (Salamaue Morobe)			26	1
TOTAL			1262	44

Suspected cases of dysentery (as of 24 September), source: PNG Government*

District	New in the past five days		Cumulative	
	Cases	Deaths	Cases	Deaths
Menyamya	184	2	4917	62

Suspected 'Influenza' cases (as of 24 September)*

*Data from the PNG Government including ANGAU hospital

Communications

Objective: To disseminate information in order to prepare for a more resilient community

Activities planned:

- Creation of training package (volunteer health orientation and dissemination)
- Elaboration of posters and other material for dissemination.
- Translation of materials into local languages
- Printing of material

- Face-to-face explanation of hygiene information and provision of feedback on questions raised by community member
- Distribution of hygiene materials
- Distribution of soap, toilet rolls and other items needed for demonstration of proper hygiene activities and practices
- Specific requests to volunteers to support and provide relevant assistance to people with special needs, women, children and elderly
- Identification of minority groups and preparation of messages for the communities, focused on women, children and maternal health
- Gathering of data on people visited, supported and engaged.

Secondary communication objectives on media direction

1. **The need:** Health awareness in public places where people converge, and drama presentations to help avoid stigma; and dissemination of pertinent IEC materials to educate the public on personal hygiene and sensitization
-

Activities planned:

Volunteers to use loud hailers including dissemination on the hygiene messages at:

- Marketplaces
- Town bus stops

Information on the location of PNGRCS information booths will also be provided for the public to visit for more detailed discussion, information sharing and more demonstrations. Volunteers will also participate in drama and role-play to raise awareness and sensitize communities on gender, stigma and discrimination issues of the most vulnerable.

2. **The need:** Red Cross information, demonstration and dissemination booths/stands at transit and converging points
-

Activities planned:

The transit points will be markets, harbours, schools, and other public places. Some of these places have been identified already and the PNGRCS is installing the information booths there:

Morobe:

- Nazab airport
- Lae wharf
- Aigris Market at Main Wharf
- Eriku bus stop
- Main Market where the Highlands highway buses stop
- Voco Point

Goroka and Madang

- Main marketplace

Oro:

- Main Town area – next to post office or Rainbow shop
- Kikiri Village - where betel nut sellers from Lae converge in Oro to buy bags of betel nuts for sale in Lae

National Capital District (NCD):

- Erima and Nine Mile markets
- Agevairu Station

3. **The need:** Efficient use of public notice boards and shop windows
-

Activities are targeted at effectively using public notice boards at locations like:

- Shopping centres
- The post office, and government offices

- Aid posts
- Hospitals
- Schools
- Health centres

4. **The need:** Effective use of all mass media on terrestrial stations

Activities include the airing of key messages on Tuesdays, Thursdays, Saturdays and Sundays for three weeks, everyday on prime time. These stations include:

- EMTV
- FM Morobe and FM 100
- Kundu 2
- Karai National Radio

This will be done nationwide to reach 2.5 – 3 million people via television channels and four million via radio.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

In Papua New Guinea Red Cross Society:

- Ms. Esme Sinape (Secretary General), email: hqpngrcs@online.net.pg, phone +675 325 2145. Pacific regional office in Suva, Fiji:
- Ms. Aurélia Balpe, Head of regional office, email: aurelia.balpe@ifrc.org, or Ms. Ruth Lane, Regional disaster risk reduction delegate, ruth.lane@ifrc.org, phone: +679 3311 855, fax: +679 3311 406
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- Jagan Chapagain (Deputy head of Asia Pacific Zone), email: jagan.chapagain@ifrc.org, phone: +6 03 9207 5700
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For pledges of funding: zonerm.asiapacific@ifrc.org

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DREF OPERATION BUDGET SUMMARY

Papua New Guinea : Cholera, dysentery and influenza outbreak

MDRPG004

	ORIGINAL
<u>RELIEF NEEDS</u>	
Clothing & Textiles	11,739
Water & Sanitation	30,263
Teaching Materials	9,828
Other Supplies & Services	120,413
Visibility materials (ID cards, aprons/bibs, etc)	7,800
Total Relief Needs	180,043
<u>CAPITAL EQUIPMENT</u>	
Computers & Telecom Equipment	2,340
<u>TRANSPORT, STORAGE & VEHICLES</u>	
Distribution & Monitoring	3,282
Transport & Vehicles Costs	35,226
<u>WORKSHOPS & TRAINING</u>	
Workshops & Training	53,161
Evaluation	17,940
<u>GENERAL EXPENSES</u>	
Travel	8,003
Information & Public Relations	24,149
Office running costs	5,803
Communication Costs	7,023
<u>PROGRAMME SUPPORT</u>	
Programme Support - PSR (6.5% of total)	22,088
Total Operational Needs	179,015
Total Appeal Budget (Cash & Kind)	359,058
Less Available Resources	
Net Request	359,058