

FEDERATED STATES OF MICRONESIA: CHOLERA OUTBREAK

6 March 2001

Appeal No. 16/2000

Launched on: 16 June 2000

Period covered: 28 June - 31 December 2000

The operation implemented by the Micronesia Red Cross Society (MRCS), supported by the Federation, proved successful in that objectives related to the plan of action covering immediate needs were achieved. The intervention of the MRCS contributed to a death rate which was relatively low, given the overall numbers of cholera cases recorded. Furthermore, the visibility of the National Society in formation was enhanced through its community initiatives.

The Context

The Micronesia Red Cross Society, a Society in formation, was granted legal recognition by its congress in May 2000 and has set up three chapters in four states.

A state of emergency was declared on 9 May as a result of an outbreak of cholera in the Federated States of Micronesia (FSM). This was extended on a monthly basis by the legislature until August 2000. During the emergency, all schools as well as local Sakau bars were closed. Of the four states in FSM, the cholera outbreak was restricted to the Island State of Pohnpei with a population of 36,500. However, two States put travel regulations in place for all those leaving the state of Pohnpei and travelling to these States. By mid November, the health department had treated a total of 3,431 cases of cholera: 1,816 as outpatients, 782 were treated in rural dispensaries, 792 were admitted to hospital and 41 were treated privately. The number of deaths recorded was 19, of which 4 occurred in the hospital. The Ministry of Health and the WHO conducted a vaccination campaign in mid September using a relatively new vaccine, effective for a six month period, for public health control of cholera.

The Federation appeal aimed at extending community and public education sessions on the prevention and treatment of cholera, distributing water containers to each household on the main island and assisting the government hospital with medical supplies, as necessary.

The Micronesia Red Cross responded to the emergency from the outset. It was an active member of task forces set up by the hospital and the governor to deal with the outbreak. The National Society was able to mobilise and train in a short period of time 30 youth members, who started dissemination work in the community. The number of youth members rose to 62 as activities increased. A Federation delegate seconded by the Australian Red Cross joined the team to facilitate an initial assessment and the programme implementation over the first 3 months.

Red Cross/Red Crescent action

Objective 1: To immediately extend and continue community and public education sessions on the prevention and early treatment of cholera.

Achievements: 72 MRCS volunteers were trained in the prevention and early treatment of cholera. Initially, volunteer training sessions took place three times a week. House to house teaching sessions in the communities by two to three teams of volunteers took place on a daily basis. Briefing and debriefing sessions were also organised each day in order for the teams to clarify issues that arose. In all, 300 health education sessions were conducted during the programme and between 30 and 120 people attended each session. During the house visits, if there was a person identified who may have been suffering from cholera, the patient and a caregiver were transported to a health facility by the Red Cross vehicle.

Community education sessions were carried out on an “identified needs” and request basis. Banners and billboards with messages on the prevention of cholera were placed in strategic places. Furthermore a cholera prevention video featuring the people on the island and shot in a culturally-appropriate manner was produced. The local television company broadcast the video daily during the outbreak. Furthermore, 10,000 pamphlets and 1,000 posters were designed, produced and distributed in the community.

Some of the key volunteers in the health education programme were those who were trained as trainers for community based first aid earlier in the year. Volunteers provided assistance to the MoH by carrying out interviews during a health education survey. Health education teams communicated using radio equipment which was purchased through the appeal.

Constraints: As it was not possible to carry out quality printing in FSM, posters and pamphlets were ordered in Guam. However, as a result, it took time for the posters to be produced and they arrived towards the end of the programme. However, the posters were distributed through health care centres and a quantity has been stocked in the event of similar outbreaks in the future.

The volunteers who gave health education sessions were well trained, however, given their youth, community members did not necessarily always value their advice.

Objective 2: To distribute immediately 5 gallon water containers to each household on the main island.

Achievements: Firstly, jerry cans were taken from the disaster preparedness container (donated by the Japanese Red Cross Society); following which 5,810 jerry cans were procured, of which 5,670 were distributed to 3,300 households and 48 institutes (health care centres and schools). The remaining 140 jerry cans were used to replace items in the disaster preparedness container. Furthermore 119 buckets were allocated to the households and 1,730 gallons of bleach were also distributed from stock. All distributions were accompanied by

health education sessions and several sessions also included the demonstration of the hand washing system using three buckets.

Constraints: Initially, distribution was hampered because of communication problems. In some places, community members were not present at the distribution site despite discussions with community leaders. In some cases, it was not easy to obtain lists of households.

Objective 3: To assist the government hospital with medical supplies, as necessary.

Achievements: Distribution of 600 (1 litre) bottles of intravenous fluid, lactated ringers and 300 (10 ml) containers of potassium chloride to the local hospital was carried out to assist in the treatment of severely dehydrated patients. Furthermore, a cholera kit was purchased to meet medical needs.

Constraints: The Federated States of Micronesia is an island State with limited medical stocks. During emergencies, the most rapid way to forward goods to FSM is by plane from Guam.

Conclusion

The programme was successful. The National Society in formation enhanced its image through a timely and effective response. Furthermore, the Japanese Red Cross Society chapters in Tokyo and Kanagawa had funded disaster preparedness containers enabling the MRCS to start the programme without delay. According to the WHO cholera consultant, the death count in FSM was below anticipated numbers in relation to 3,000 cholera cases. The Micronesia Red Cross Society intervention certainly contributed to reducing the death rate.

At the close of the programme, the regional health delegate visited FSM and conducted a SWOT analysis. This indicated that the MRCS had demonstrated strengths during the operation as regards health education, use of WHO cholera guidelines, presence in the task forces from the outset and the holding of regular briefings. Some of the weaknesses identified were initial lack of acceptance of the health education messages and difficulties in the co-ordination of volunteers' time. Opportunities included continued use of CBFA methodology, testing of financial reporting procedures and the development of distribution guidelines, rather than overall distribution of jerry cans. Finally, threats included the need for continued involvement of youth members, the fact that the National Society invested its own funds which it has no means of recovering and that Red Cross visibility will decrease with the close of the cholera programme.

In view of the above, and following the reimbursement of CHF 25,000 to DREF, donors are requested to approve the transfer of the positive balance on the programme to the Micronesia Red Cross Society to be used for development programmes in 2001.

Peter Rees-Gildea
Head a.i.
Relationship Management Department

Hiroshi Higashiura
Head
Asia & Pacific Department

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Federated States of Micronesia - cholera						
Appeal No: 16/2000						
Period: up to 12/2000 provisional						
Currency: CHF						
III - Budget analysis / Breakdown of expenditures						
Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
SUPPLIES						
Shelter & Construction						
Clothing & Textiles						
Food/Seeds	680					680
Water	1,020					1,020
Medical & First Aid	25,000	8,812			8,812	16,188
Teaching materials						
Utensils & Tools	118,320					118,320
Other relief supplies	27,401					27,401
Sub-Total	172,421	8,812			8,812	163,609
CAPITAL EXPENSES						
Land & Buildings						
Vehicles						
Computers & Telecom equip.	24,290					24,290
Medical equipment						
Other capital expenditures						
Sub-Total	24,290					24,290
TRANSPORT & STORAGE	39,105	11,269			11,269	27,836
Sub-Total	39,105	11,269			11,269	27,836
PERSONNEL						
Personnel (delegates)	59,862			9,513	9,513	50,349
Personnel (local staff)						
Training						
Sub-Total	59,862			9,513	9,513	50,349
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts						
Travel & related expenses	18,282					18,282
Information expenses	20,400					20,400
Administrative expenses	6,885					6,885
External workshops & Seminars						
Sub-Total	45,567					45,567
PROGRAMME SUPPORT	42,176	8,128			8,128	34,048
OPERATIONAL PROVISIONS						
Transfer to National Societies		93,614			93,614	(93,614)
TOTAL BUDGET	383,421	121,823		9,513	131,336	252,085
Consumption rate:	Expenditures versus income		88%			
	Expenditures versus budget		34%			

Federated States of Micronesia: cholera outbreak						ANNEX 1
APPEAL No.16/2000		PLEDGES RECEIVED			23.05.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				383'421		TOTAL COVERAGE 43.4%
Balance carried forward from 1999				0		
CANADIAN - RC		5'000	CAD	5'612	18.07.00	
ICELANDIC - RC		500'000	ISK	11'182	28.06.00	
JAPANESE - RC				19'000	04.07.00	
JAPANESE - RC		1'200'000	JPY	18'686	07.07.00	
KOREAN, REPUBLIC - RC				6'427	04.07.00	HEALTH OPERATION
MONACO - RC		60'000	FRF	14'376	16.06.00	
SPANISH - RC		1'000'000	ESP	9'352	10.07.00	
SWEDISH - RC		300'000	SEK	56'490	03.07.00	
SUB/TOTAL RECEIVED IN CASH				141'125	CHF	36.8%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIAN - RC		9'721	AUD	9'513	30.05.00	ASSESSMENT MISSION COST DELEGATE
AUSTRALIAN - RC		16'107	AUD	15'584	22.08.00	ALL IN-AUSTRALIA COSTS OF EXTENSION MISSION OF HEALTH DEL.
SUB/TOTAL RECEIVED IN KIND/SERVICES				25'097	CHF	6.5%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIAN GOVT		20'000	AUD	19'400		INFORMATION MATERIALS
SUB/TOTAL RECEIVED				19'400	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						
PFM501						