

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**
Operation Update no. 2
7 November 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the International 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 October to 7 November 2009.

Summary:

The International 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 in delivering immediate assistance to some 5,000 beneficiaries on 7 September 2009 in response to the outbreak. The Papua New Guinea Red Cross Society 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).



Information booth that Papua New Guinea Red Cross Society volunteers are using to disseminate information on cholera and how to prevent it in Lae, Morobe Province.
Photo credit: International Federation

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

The situation

1. Background

The Papua New Guinea national government declared a health emergency in Morobe province following the cholera, dysentery and influenza outbreak on 11 September 2009. The provincial

authorities, with assistance from the national department of health and partner agencies, established a provincial outbreak response committee (PORC) comprising of representatives from 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 the World Health Organization (WHO).

Following a deterioration of the outbreak situation, the Papua New Guinea Red Cross Society (PNGRCS) national headquarters requested support for a joint assessment from the International Federation and Australian Red Cross (ARC). Then, an assessment team was formed with representatives from PNGRCS' national headquarters, PNGRCS' Morobe branch, two Australian Red Cross delegates and one disaster response delegate from the International Federation. The team conducted a rapid assessment at the most affected districts in Morobe Province and the findings of the assessment team during its field visit to Morobe were presented to PNGRCS' management. After that, PNGRCS launched a massive hygiene promotion campaign nationwide.

After the peak of cholera cases tapered out toward the end of September, early October 2009 saw the number of newly reported cases decrease in the Morobe Province as the situation stabilized.

Recently, on 25 October 2009, suspected cases of cholera were reported and confirmed in the Madang Province of Papua New Guinea. It is likely that the outbreak may continue to spread, and become worse if prevention efforts are not in place.

Below are the table of the cumulative cases of cholera, dysentery, and influenza (Papua New Guinea government figures).

1.1 Morobe: Cumulative cases of cholera, dysentery and influenza

DISTRICT	CHOLERA		DYSENTERY		INFLUENZA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
* not confirmed						
Lae	168	5	NR	NR	NR	NR
Tewai- Siassi	156	9	NR	NR	NR	NR
Finschafen	2*	2	NR	NR	NR	NR
Huon	15	0	26	1	0	NR
Nawae	2*	0	NR	NR	NR	NR
Kabwum	2*	3	NR	NR	NR	NR
Bulolo	0	0	8	0	NR	NR
Menyamya	0	0	1236	43	4,917	62
Total	345	20*19	1, 270	44	4, 917	62

1.2 Eastern Highlands: Cumulative cases of cholera, dysentery and influenza

DISTRICT	CHOLERA		DYSENTERY		INFLUENZA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
* confirmed						
Goroka	4	0	15	0	NR	NR
Daulo	1* (1 new)	0	12	0	NR	NR
Henganofi	NR	NR	NR	NR	NR	NR
Obura Wonenara	NR	NR	193	39	0	0
Unggai Bena	NR	NR	NR	NR	NR	NR
Lufa	NR	NR	2	NR	NR	NR
Kainantu	NR	NR	NR	NR	NR	NR
Total	6	0	222	39	0	0

1.3 Western Highlands: Cumulative cases of cholera, dysentery and influenza

DISTRICT	CHOLERA		DYSENTERY		INFLUENZA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
* confirmed						
Mt. Hagen	70	2	0	0	NR	NR
Total	70	2	0	0	0	0

1.4 Madang: Cumulative cases of cholera, dysentery and influenza

DISTRICT	CHOLERA		DYSENTERY		INFLUENZA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
* confirmed						
Madang	*7 & 230	1	29	0	NR	NR
Total	237	1	29	0	0	0

Coordination & Partnerships

1. PNGRCS Supports Provincial and National Department of Health

Since the beginning of the outbreaks the national and provincial departments of health organized a cholera task force in Lae (provincial level) and in Port Moresby (national level). Most of the actors intervening in the response attended the meetings for strengthening the coordination aspects regularly.

This includes sharing the information related to who is doing what and where in order to avoid duplication. Information, education and communication (IEC) materials have been standardized (with PNGRCS support) and important lessons have been learnt. In particular, on how to reinforce coordination between national and provincial levels.

2. PNGRCS Helps National Department of Health Identify Messages to be Disseminated

PNGRCS was part of the communication sub-group (led by UNICEF), mandated by the national department of health in identifying the messages to be disseminated into the affected communities, as well as to develop culturally appropriate IEC materials.



PNGRCS volunteer distributing information, education and communication (IEC) materials in Lae at the Morobe Province.

Photo credit: International Federation

3. Médecins Sans Frontières Recognizes that PNGRCS has Good Hygiene Awareness Activities

One of the first actor's responding to the cholera outbreak was Médecins Sans Frontières (MSF). Since the beginning MSF supported the Angau Hospital in Lae. When cases arrived at the hospitals, MSF referred PNGRCS to the areas most in need of awareness on hygiene practices to prevent Cholera and Diarrhoea. This is because MSF recognized that PNGRCS has good hygiene awareness activities. In addition, 28 volunteers from PNGRCS' Lae Branch received a two-hour basic training run by MSF on cholera and how to prevent it.

4. PNGRCS and Adventist Development and Relief Agency (ADRA): Collaborative Training

In collaboration with ADRA, 20 PNGRCS volunteers from the Lae branch received basic training on cholera. The collaborative training session included how to prevent cholera, and the importance of hygiene promotion.

Red Cross & Red Crescent Action

A rapid assessment was conducted by PNGRCS for the most affected districts in the Morobe Province the first week of October. The findings from the assessment as reported by the assessment team during its field visit to Morobe were then presented to the PNGRCS management.

Following, the same assessment team also identified the following relief needs to solve the above problems:

- Provision of water tanks (for drinking), and water drums (for washing).
- A massive hygiene promotion campaign is recommended to all districts visited. In order to prevent increases in such diseases, basics from PNGRCS' hygiene promotion should be highlighted. This should include: clean-up activities; the provision of water storage containers; and the sensitization about the improvement of latrines and toilets.
- The dissemination of messages for the collection of rubbish and the construction of latrines is highly recommended.

On 14 October, PNGRCS launched a national hygiene promotion campaign to reach 300,000 people in 13 out of 20 provinces and 2.4 million people indirectly through national TV and radio stations. PNGRCS has developed a training package for volunteers' health orientation and dissemination.

The different branches and volunteers are now conducting campaigns for health awareness in public places; demonstrations are held in public places; and dissemination booths stand at transit and converging points disseminating messages at public places. In addition, a door to door strategy is also being conducted in the most vulnerable locations.

A system for collecting information from the different branches and relaying that information to PNGRCS' national headquarters has been established. A reporting format has also been developed to help PNGRCS get information from the different branches and monitor the situation of the outbreaks.



A PNGRCS volunteer conducting hygiene promotion.
Photo credit: International Federation

Relief Distributions (food and basic non-food items)

1. Hygiene Packs and Relief Supplies

PNGRCS decided to distribute relief items to the most affected areas in the districts of Wasu and Menyamy in the Morobe Province. Access to both districts is challenging. Delivering items to the affected areas requires the use of helicopters or planes or boats.

For this reason distribution was done in collaboration with the Morobe Province. The Morobe Province's Disaster Committee, a government authority, took the responsibility of sending the items to the PNGRCS distribution point. Then PNGRCS, volunteers distributed the items.

PNGRCS distributed items to the most vulnerable communities within the districts. They delivered 19,680 bars of soap; 300 water containers (20 litres each); and 6,000 toilets rolls.

Hygiene Promotion

2. Volunteer Training Package: Orientation and Health (Intermediate)

The PNGRCS health team together with the support of the Australian Red Cross' health delegate finalized 'Volunteer Training Package: Orientation and Health (Intermediate)' (training package) for volunteers.

The objective is to provide volunteers of the 13 PNGRCS Branches with training to enable the volunteers to implement Hygiene Promotion activities in their respective communities.

PNGRCS staff at NHQ assigned six health facilitators to deliver the training package to the Branches.

To date the training session: 'Volunteer Training Package: Orientation and Health (Intermediate)' was delivered to five branches out of 13 in the following five provinces of Papua New Guinea (PNG): Morobe, National Capital District (NCD) Central, Eastern Highlands, Madang, and Oro.

Priority was given to provinces that were most affected by cholera, dysentery or influenza and are in the high risk category of being affected.

Following is a table that shows the number of volunteers trained in each branch.

Activities	Branches x Provinces					PNG
	Morobe	Eastern Highlands	NCD Central	Oro	Madang	Total
Trained Volunteers - Basic Level	79	0	20	0	0	99
Trained Volunteers - Intermediate Level	21	22	20	26	22	111

The training sessions at the basic and the intermediate levels will gradually be tailored following the needs of volunteers in various situations within different branches. These training sessions will answer the volunteers' capacity and experiences. In addition, the facilitators' skills will gradually be improved and updated to ensure effective delivery.

One of the outcomes of training sessions at the basic and intermediate levels is that each branch will implement its own activities for the next three months following the plan of action. This includes four main areas. These areas include: public places awareness that highlights hygiene promotion activities and training sessions for volunteers; information booth campaigns; door to door dissemination and the use of media.

3. Public Place Awareness

Public Place Awareness: Using health as a topic platform is one of the ways PNGRCS acted in response to the cholera, dysentery and influenza outbreaks in the Morobe Province and in the others 12 Branches.

The method follows the 'Volunteer Training Package: Orientation and Health (Intermediate)' training that is received by the volunteers. The branches will start to disseminate hygiene promotion information in their communities in selected places where people converge. Examples include, market places, bus stops, and schools.

The branches that started to implement public place awareness following the training received are: Lae in Morobe; Port Moresby in NCD Central; and Goroka in the Eastern Highlands.

3.1 Information Booths

Volunteers from the branches set up booths in selected crowded places (e.g. airports, market) to disseminate information on cholera, how to prevent it, and to disseminate basic hygiene promotion information. To date, branches that are running information booths are in Morobe, Eastern Highlands, and NCD Central.

Following is a table that shows Public Places Awareness progress:

Activities	Branches x Provinces			PNG
	Morobe	Eastern Highlands	NCD Central	Total
Public Place Awareness - People Targeted	5,469	1,150	1,099	7,718
Public Place Awareness - Volunteers Involved x Day	12	10	10	32
Public Place Awareness - IEC Material Delivered – Leaflets	9,000	500	500	10,000

The booths run from 09.30 in the morning till 03.30 in the afternoon three days per week, depending on branch capacity and volunteer availability.

In addition to the information booths, in the three branches of Lae, Goroka, and Port Moresby, teams of three volunteers target other crowded places. Then with a loud speaker and handouts, the three member teams disseminate information on cholera, how to prevent it, and on basic hygiene promotion information.

Morobe Province: Lae

Public Place Awareness is conducted three days each week and started on the 25 September 2009. To date 5,469 people have received information on cholera, how to prevent it, and on the importance of having good hygiene practices to minimize the risk of infections.

10 volunteers are on duty on a daily basis, and are directly involved in this activity. On average, 200 handouts are distributed daily.

3.2 Eastern Highlands: Goroka

To date 1,150 people have received information on what is cholera, how to prevent it, and on the importance to have good hygiene practices to minimize the risk of infections.

10 volunteers are on duty on a daily basis, and are directly involved in this activity. On average, 120 handouts are distributed daily.

3.3 NCD Central: Port Moresby

Public Places Awareness is done three days each week and it started on 1 October 2009. To date 1,099 people have received information on what is cholera, how to prevent it, and on the importance to have good hygiene practices to minimize the risk of infections.

10 volunteers are on duty on a daily basis, and are directly involved in this activity. On average, 40 handouts are distributed daily.



PNGRCS volunteer conducting a cholera awareness session. Photo credit: International Federation.

4. Door to Door Dissemination

“Door to door dissemination” is another way that PNGRCS adopted in response to the cholera, dysentery and influenza outbreaks in the Morobe Province and in the 13 Branches.

Volunteers at branch levels identified the most affected areas, in groups of two volunteers per team. Households were visited, and volunteers provided people in their homes “face to face” explanations

on good hygiene practices. Volunteers also provided answers to questions raised by people in their homes.

4.1 Morobe Province: Lae

To date the only branch that has begun with this activity is the Morobe Branch.

“Door to door dissemination” for awareness is conducted three days per week and started on 15 October 2009. This has resulted in 320 households having been visited; this accounts for a total of 1,065 people who have received information on cholera, how to prevent it, and on the importance of good hygiene practices to minimize the risk of infections.

10 volunteers are on duty on a daily basis, and are directly involved in this activity. On average, 5 handouts are distributed daily for each home visited.

Activities	Branches x Provinces			PNG
	Morobe	Eastern Highlands	NCD Central	Total
Door to Door - HH Visited	320	0	0	320
Door to Door - People Targeted	1,065	0	0	1,065
Door to Door - Volunteers Involved x Day	10	0	0	10
Door to Door - IEC Material Delivered - Leaflets	2,000	0	0	2,000

5. Use of MEDIA

The “use of media” is yet another way PNGRCS is using so to implement the “Nationwide Hygiene Promotion Campaign” in its response to the cholera, dysentery and influenza outbreaks in the Morobe Province and in Papua New Guinea.

The media plan is as follows:

- To produce announcement, on cholera and how to prevent it, to be transmitted on national television.
- To produce messages for radios, on cholera and how to prevent it; and to have those messages aired in several national and provincial radios.
- To produce a short documentary on cholera in Papua New Guinea and PNGRCS’ response.

5.1 Cholera Awareness Announcements (3 x 15 seconds)

Because of the important amount of information on cholera, PNGRCS decided to produce 3 separate messages/announcements of 15 seconds each. The three announcements are now ready, and they will be transmitted during prime time television on EMTV, Papua New Guinea’s national television station.

The three announcements were done with EMTV supporting filming. Over the next four weeks, starting from the 6 November 2009, the three announcements will be on EMTV every day from 06.30 in the evening till 10:00 at night. Each announcement will be transmitted once for a total of three announcements each day.

The three announcements will be uploaded on the International Federation’s website.

5.2 Radio

In the month of November 2009, with the final scripts written by EMTV, radio stations will be contacted and negotiations for air time. Messages on radio will air at the same time on the television.

5.3 Footage and Future Documentary

PNGRCS contacted the representative from Media Haus Productions for this task of keeping and cutting footage. Media Haus Productions is editing the video footage filmed at Lae in the Morobe Province. Media House Productions is also compiling written documentation for footage; and potential copy for the “future documentary”.

The next step will be to utilize all materials documented for producing a short documentary on cholera, and on PNGRCS activities. The cost for this would be around PGK 15,000 (CHF 5,668, EUR 3,751).

6. **Challenges and Lessons Learnt**

6.1 Main Challenges

- Volunteers have different levels of understanding when it concerns health issues. Consequently, facilitators struggle to keep participants active and awake.
- Some training topics require the facilitators to have important knowledge on health, which is not always available.
- Branches are not prepared for the training sessions as they do not have enough time.
- Volunteers lose concentration easily.
- Facilitators need to reinforce the quality of the training provided.
- Some information related to the branches is missed out once facilitators are back at NHQ.
- Some branches do not have reporting mechanisms in place.
- PNG is a country with 20 Provinces and the only possibility to reach most of them is by flight.
- Most of the provinces have poor communication systems; weak mobile networks, and no internet connectivity available. As a consequence, the reporting aspect becomes a challenge.

6.2 How to address it

- The NHQ staff need to be role models and need to treat people at all the branches in the same way.
- Strengthen the plan for visiting branches. Branches need to know training dates at a minimum of two weeks in advance.
- Make sure the training is well prepared in advance for the participants.
- Involve others stakeholder for delivering some training sessions.
- Take advantage of the branch capacity in delivering trainings (i.e. first aid instructors at branch levels can facilitate the first aid session).
- Training is not given to everyone. PNGRCS needs to reinforce the criteria for selections.

7. **Way Forward (NOVEMBER – DECEMBER 2009)**

Where	16 NOV - 20 NOV
Western Highlands Province	Training package to branch
	Three month budget/activity plan
	Organizational Development
West New Britain Province	Training package to branch
	Three month budget/activity plan
	OD

Where	23 NOV - 27 NOV
Manus	Training package to branch
	three month budget/activity plan
	OD matters
Sandaun	training package to branch
	three month budget/activity plan
	OD matters

Where	14 DEC – 18 DEC
Milne Bay	training package to branch
	three month budget/activity plan
	OD matters
East New Britain	training package to branch
	three month budget/activity plan
	OD matters

As a consequence of the training received, branches will start to implement hygiene promotion activities at community level.

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:

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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