

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](#)
Operations Update no. 3
18 December 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:
Update till the 18 December 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 (PNGRCS) in delivering immediate assistance to some 5,000 beneficiaries on 7 September 2009 in response to the outbreak. The 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 International Federation reporting standards, the narrative and financial final reports will be posted 90 days after the end of the operation (by April 2010).



Papua New Guinea Red Cross Society (PNGRCS) volunteers disseminating information on cholera and how to prevent it in Popondetta, Oro Province. Photo credit: PNGRCS

The situation

1. Background: Overall

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. In addition, this was also 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 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's Disaster Management Unit (DMU) in Kuala Lumpur at the Asia Pacific zone office. 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.

After the peak of cholera cases toward the end of September 2009, and at the beginning of October 2009 the number of newly reported cases per week decreased in the Morobe Province and the situation stabilized.

On the 25 October 2009, suspected cases of Cholera were, then confirmed, and reported in the Madang Province of Papua New Guinea. It is still likely that the outbreak may continue to spread, and become worse.

The 6 November 2009, saw an outbreak of acute watery diarrhoea suspected to be cholera. This was reported by the district Health Extension Officer of the Angoram Village in the East Sepik Province of Papua New Guinea (PNG). Then, the WHO epidemiologist confirmed that the cases were cholera.

A cholera treatment centre was set up in Kambaramba Village and by the 19 November an additional 111 cases of acute watery diarrheal was counted. Following, they were then confirmed as cholera and five deaths were registered.

PNGRCS does not have an office in East Sepik; but they established communication with other NGOs who were already implementing humanitarian programmes in East Sepik and that have operational offices in Wevak (East Sepik Province Capital) for potential support such as providing information, education and communications (IEC) materials, and water container.

Cholera may spread in PNG and it is a major challenge to contain it, as there are many remote areas affected. These areas could hide cases and related deaths that the national society are unaware of. The outbreaks are highlighting the poor hygiene conditions of PNG. In addition, it also indicates that a majority of the PNG population do not have access to safe drinking water.

Following are the tables for the cumulative cases of cholera, dysentery, and influenza.

1.1 Morobe – Cumulative

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

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

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

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

1.5 East Sepik – Cumulative

DISTRICT	CHOLERA		DYSENTERY		INFLUENZA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
* confirmed						
Angoram	12* 190	6	90	0	NR	NR
Total	205*	6	90	0	0	0

Red Cross & Red Crescent Action

On 27 November 2009, following two days of heavy rain, the Oro Province was affected by severe floods.

Following an initial assessment done by the Papua New Guinea Red Cross Society (PNGRCS) volunteers from the Oro Branch, it was estimated that 18 villages were affected and approximately 10,000 people in need of clean drinkable water.

The following week 22 volunteers from PNGRCS' Oro Branch, in collaboration with three Delegates from the Australian Red Cross (ARC) responded to the Oro Floods, and provided 28,000 liters of drinkable water to 5,600 most affected people. This is to prevent the possibility of recurring conditions for cholera or dysentery.

Together with water distribution, hygiene promotion activities were also carried out. The kind of activities and interventions that followed were all planned for under this DREF; and 550 handouts on correct hygiene practices were distributed.



PNGRCS volunteers from the Oro Branch taking water from the river and treating it for distribution.
Photo credit: International Federation

Hygiene Promotion

2. Volunteer training -- Intermediate level: Orientation and health

The objective is to provide volunteers of the 13 PNGRCS branches with training to enable volunteers to implement hygiene promotion activities in their respective communities.

In the initial plan, seven facilitators were identified to train volunteers at branch level. During the months of October and November 2009, other minor natural disasters occurred in PNG (such as the floods in Oro Province), and required attention. As such, there were only four staff members who doubled as training facilitators in the "HIV and health risk reduction" department. As a consequence the trainings at the branch level had delays. At the moment eight branches out of 13 received the "orientation and health" training package.

Major difficulties were faced in aspects related to communications at a provincial level. The majority of the branches do not have internet connections, and/or fax machines available; and often mobile coverage is poor. This delays the flow of information between the national office and the branches and it slows down the operation.

To date the training was delivered to eight branches out of 13 in PNG's eight provinces: Morobe, Eastern Highlands, National Capital District (NCD) Central, Oro, Madang, West New Britain, Western Highlands and Manus.

Priority was given to those provinces that were most affected or at high risk of being affected by the diseases.

Below is a table that shows the number of volunteers trained in each branch till the 4 December 2009.

Activities	Branches x Provinces								PNG
	Morobe	Eastern Highlands	NCD Central	Oro	Madang	West New Britain	Western Highlands	Manus	Total
Trained Volunteers - Basic Level	79	0	20	0	0	0	0	0	99
Trained Volunteers - Intermediate Level	21	22	20	26	22	21	24	21	177

Gradually, PNGRCS' facilitators skills in delivering the training package are increasing; and at least three facilitators felt confident in providing training sessions to the volunteers.

One of the outcomes of the training is that each branch sets its own activities for the next three months with a plan of action. The plan included the three main approaches for hygiene promotion activities. These are public places awareness campaign; information booths; and 'door to door' dissemination.

The general feeling is that the volunteers at the branch levels are committed and enthusiastic to move forward in implementing hygiene promotion activities at community level.

An area of future improvement lies in PNGRCS' national headquarters (NHQ) being more proactive in transferring funds to the branches for carrying out the hygiene promotion activities in communities in order to take the best from the enthusiasm of trained volunteers.

3. Public place awareness campaigns

Health awareness is one of the two issues adopted by PNGRCS in response to the cholera, dysentery and influenza outbreaks in the Morobe Province and in the other 12 Branches.

The methodology is that following the "Intermediate Level: Orientation & Health" training that is received by the volunteers, the branches start to disseminate hygiene promotion information in their communities in selected places where people converge (e.g. market places, bus stops, schools).

The branches that started to implement the public place awareness campaign following the training received are Morobe, Lae; Eastern Highlands, Goroka; NCD Central, Port Moresby; Oro, Oro; Madang, Madang, and West New Britain, Kimbe.

3.1 Information Booths (Info Booths)

Volunteers of the branches set up booths in selected crowded places like airports and market, to disseminate information on cholera (how to prevent cholera), and information on basic hygiene.

The booths run from 09.30 AM till 03.30 PM 3 days per week, depending on the branches capacity and the volunteers available.

Following is a table that shows the people reached in the public places awareness campaign till 4 December 2009.

Activities	Branches x Provinces								PNG
	Morobe	Eastern Highlands	NCD Central	Oro	Madang	West New Britain	Western Highlands	Manus	Total
Public Place Awareness - People Targeted	5,469	4,026	3,667	5,600	2,236	1,948	0	0	22,946
Public Place Awareness - Volunteers Involved x Day	12	8	10	22	14	11	0	0	77
Public Place Awareness - IEC Material Delivered	9,000	4,110	700	550	386	534	0	0	15,280

3.2 Morobe Province – Lae

The public place awareness campaign was conducted three days per week and was started on 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.

Ten volunteers are participated on a daily basis in this activity, and an average of 200 handouts were distributed daily.

3.3 Eastern Highlands – Goroka

The public place awareness campaign was conducted four days per week and was started on 26 October 2009.

To date 1,150 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.

Ten volunteers are participated on a daily basis in this activity, and an average of 120 handouts were distributed daily.

3.4 NCD Central – Port Moresby

The public place awareness campaign was conducted three days per week and was started on 1 September 2009.

To date 1,099 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.

Ten volunteers are participated on a daily basis in this activity, and an average of 40 handouts were distributed daily.

3.5 Oro – Oro

The public place awareness campaign was conducted for the same beneficiaries who received clean and drinkable water during the Oro Floods response.

To date 5,600 people have received information on what is cholera, how to prevent it, and on the importance of good hygiene practices to minimize the risk of being infected by cholera, dysentery and influenza.

22 volunteers were involved daily in this activity, and an average of 550 handouts were distributed daily.

3.6 Madang – Madang

The public place awareness campaign was conducted three days per week and was started the first week of November 2009.

To date 2,236 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.

14 volunteers participated on a daily basis in this activity, and an average of 386 handouts were distributed daily.

3.7 West New Britain – Kimbe

The public place awareness campaign was conducted three days per week and it started on the first week of December 2009.

To date 1,948 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.

11 volunteers participate on a daily basis in this activity, and an average of 540 handouts were distributed daily.

4. “Door to door” dissemination

The “door to door” dissemination method is the second item PNGRCS adopted in response to the cholera, dysentery and influenza outbreaks in the Morobe Province with the aid of 13 PNGRCS branches.

Volunteers at branch level identified the most affected areas, and in groups of two, they started “door to door” dissemination of information. Households were visited providing “face to face” explanations on good hygiene practices. PNGRCS volunteers also provided positive answers to questions raised by people.

To date the only two branches started with this activity (NCD Central, and Morobe), the main reason is that the volunteers at branch level prioritizes the public place awareness campaign.

“Door to door” dissemination for awareness is conducted three days per week and started on the 15 October 2009. This has resulted in 400 households having been visited. This translates to 1,616 people who received information on cholera, how to prevent it, and on the importance of good hygiene practices to minimize the risk of infections.

14 volunteers are involved in this activity on a daily basis, and an average of five handouts is distributed per household (HH).

Below is a table that shows the “door to door” progress up to the 4 December 2009.

Activities	Branches x Provinces								PNG
	Morobe	Eastern Highlands	NCD Central	Oro	Madang	West New Britain	Western Highlands	Manus	Total
Door to Door - HH Visited	320	0	80	0	0	0	0	0	400
Door to Door - People Targeted	1,065	0	551	0	0	0	0	0	1,616
Door to Door - Volunteers Involved x Day	10	0	4	0	0	0	0	0	14
Door to Door - IEC Material Delivered	2,000	0	69	0	0	0	0	0	2,069

5. The Media Plan

The ‘use of media’ following the media plan was adopted to implement the nationwide hygiene promotion campaign in response to the cholera, dysentery and influenza outbreaks in the Morobe Province and in PNG.

The media plan accounted for media buys, television messages, radio messages. This was done by way of:

- Announcements, on cholera and how to prevent it, to be transmitted on national television.
- Messages for the radio, on cholera and how to prevent it, to be aired on several national and provincial radio stations.
- A short documentary on cholera in PNG and PNGRCS’ response.

5.1 Cholera awareness announcements (three television messages at 15 seconds each)

Three different announcements timed at 15 seconds each, were produced with the support of EMTV (PNG’s national television station). These were transmitted intermittently starting 6 November 2009 for 18 days on EMTV from 06.30 PM till 10:00 PM.

The three announcements were transmitted randomly five times per day on EMTV, and it was estimated that the messages reached 1,500,000 people per day for a total of 27,000,000 people over the 18 days.

Hygiene Promotion on TV - People Targeted	National Level - 18 days 5 Announcements x day transmitted on EM TV	27.000.000
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5.2 Footage and a documentary for the future

PNGRCS contracted Media Haus Productions to produce a documentary. Media Haus Production edited the video footage filmed during the October 2009 visit to Lae, Morobe Province, and the material is now available.

The footage material was also sent to the International Federation’s Asia Pacific zone office in Kuala Lumpur for archive needs.

6. Challenges and lessons learnt

6.1 Main Challenges

- Branches do not have enough time to be prepared for the training.
- Volunteers lose concentration easily.
- Some information related to the branches are missed out once back to the HQ
- Some branches do not have a reporting mechanism in place.
- PNG is a country with 20 Provinces and the only possibility to reach most of them is by flight.
- Difficulties are faced in aspects related to communications. A majority of the branches do not have internet connections, and/or fax, and often mobile coverage is poor or done by high frequency (HF) radio. This delays the flow of information between the national office and the branches and it slows down the operation.

6.2 How to address it

- NHQ staff needs to be role models and to treat all the branch people in the same way.
- Strengthen the plan for visiting branches, and making sure that training is well prepared in advance.
- Involve other stakeholders in some training sessions and modules within sessions.
- Take advantage of the branch capacity in delivering the training (i.e. a first aid instructor at the branch level can take care of the first aid session).
- Facilitators need to be prepared and creative on how to run the training.
- Being prepared before a training session.
- A meeting with the branch executive as soon as arrived in the branch, then Volunteers involved for strengthening the transparency of the information.

7. Way Forward – January 2010

Where	Who	03 JAN – 09 JAN 2010
East New Britain	Jeffrey Philips	Training Package to Branch
		3 months budget/activity Plan
Sandaun	Delphine Nuia	Training Package to Branch
	Miriam Kamaso	3 months budget/activity Plan

Where	Who	12 JAN – 15 JAN 2010
New Ireland	Jeffrey Philips	Training Package to Branch
		3 months budget/activity Plan
NCD Central	Delphine Nuia	Training Package to Branch
		3 months budget/activity Plan

Where	Who	18 JAN – 22 JAN
Bougainville	Jeffrey Philips	Training Package to Branch (incl. ANCP)
		3 months budget/activity Plan

Where	Who	25 JAN – 29 JAN
Milne Bay	Delphine Nuia	Training Package to Branch (incl. ANCP)
		3 months budget/activity Plan

Following the schedule from the preceeding page the 13 branches of PNGRCS will receive the "Orientation & Health" training package

The monitoring exercise is a planned three day visit for February and March 2010. The trips will be done by the facilitators together with the senior governance and management personnel from PNGRCS.

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

A three month no cost extension was requested of the International Federation on 4 December 2009 upon the closing of this operation on 7 April 2010 due to the difficulties mentioned in this operations update.

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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International Federation of Red Cross and Red Crescent Societies

MDRPG004 - Papua New Guinea - Cholera, dysentery and

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/9-2009/11
Budget Timeframe	2009/9-2010/1
Appeal	MDRPG004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	359,058					359,058
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	359,058					359,058
C5. Other Income	359,058					359,058
C. Total Income = SUM(C1..C5)	359,058					359,058
D. Total Funding = B + C	359,058					359,058
Appeal Coverage	100%					100%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	359,058					359,058
E. Expenditure	-171,952					-171,952
F. Closing Balance = (B + C + E)	187,106					187,106

International Federation of Red Cross and Red Crescent Societies

MDRPG004 - Papua New Guinea - Cholera, dysentery and

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/9-2009/11
Budget Timeframe	2009/9-2010/1
Appeal	MDRPG004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		359,058					359,058	
Supplies								
Shelter - Relief		2,848				2,848	-2,848	
Clothing & textiles	11,739						11,739	
Water & Sanitation	28,930						28,930	
Teaching Materials	9,828						9,828	
Other Supplies & Services	120,413						120,413	
Total Supplies	170,910	2,848				2,848	168,062	
Land, vehicles & equipment								
Computers & Telecom	2,340						2,340	
Total Land, vehicles & equipment	2,340						2,340	
Transport & Storage								
Distribution & Monitoring	3,068	115				115	2,953	
Transport & Vehicle Costs	34,906	3,498				3,498	31,408	
Total Transport & Storage	37,974	3,613				3,613	34,361	
Personnel								
National Society Staff		293				293	-293	
Total Personnel		293				293	-293	
Workshops & Training								
Workshops & Training	72,342	1,039				1,039	71,304	
Total Workshops & Training	72,342	1,039				1,039	71,304	
General Expenditure								
Travel	7,736	14,354				14,354	-6,618	
Information & Public Relation	31,682	7,380				7,380	24,302	
Office Costs	5,803	773				773	5,030	
Communications	6,931	10,521				10,521	-3,590	
Financial Charges		12				12	-12	
Total General Expenditure	52,153	33,040				33,040	19,113	
Programme Support								
Program Support	23,339	11,177				11,177	12,162	
Total Programme Support	23,339	11,177				11,177	12,162	
Operational Provisions								
Operational Provisions		119,942				119,942	-119,942	
Total Operational Provisions		119,942				119,942	-119,942	
TOTAL EXPENDITURE (D)	359,058	171,952				171,952	187,106	
VARIANCE (C - D)		187,106				187,106		