Tropical Cyclone Harold: SPRINT Response

With support from the Australian Government, IPPF’s SPRINT Initiative is responding in Fiji, Tonga and Vanuatu following TC Harold in April 2020

Overview

Tropical Cyclone (TC) Harold made landfall in Vanuatu as a Category 5 cyclone on 6 – 7 April 2020, the eye of the cyclone passing over the islands of Santo, Malo, Pentecost, Ambrym, Malekula, Ambae and some parts of the Shepherds group, causing significant damage as it travelled east south east. In Fiji, TC Harold made landfall on the 8 April on Viti Levu, Kadavu and the Southern Lau islands as a Category 4 cyclone. It then entered Tongan waters on the 9 April 2020. Strong wind and storm surge were felt across the islands of Tongatapu, 'Eua, Ha’apai and Vava’u. Sea surges and heavy swells combined with king tides impacted most of the coastal areas.

During crises there is a need to respond to the sexual and reproductive health (SRH) needs of the affected population; IPPF does this through the implementation of the Minimum Initial Services Package (MISP) for SRH in crisis. TC Harold occurred during the COVID-19 pandemic, which meant all three countries were experiencing government mandated States of Emergency, and with this, challenges in stock acquisition, information gathering and movement to sites.

IPPF’s Member Associations in these countries, the Reproductive and Family Health Association of Fiji (RFHAF), the Tonga Family Health Association (TFHA), and the Vanuatu Family Health Association (VFHA) were provided support by the Australian Government to be able to provide life-saving SRH care in the hardest hit communities through humanitarian action.

Successes

✔️ In Fiji, prioritising villages that have been impacted most by TC Harold has meant that those reached are some of the most vulnerable and marginalised communities. As expressed by one RFHAF client who received clinical services and counselling as part of the response, “It was the first time a team has come, sit down with me to talk to share openly… and provide services” (woman, Davinqele village, Kadavu).

✔️ As this is TFHA’s second response effort in ‘Eua, having previously responded there after Cyclone Gita in 2018, the field team were well received by the local district and town officers, NEMO staff and hospital staff. Local communities contributed by organizing the community halls for mobile clinics stations and NEMO offered to support with local transport especially when referral of clients to the main hospital was necessary.

✔️ Given that Vanuatu is still under a State of Emergency due to COVID-19, VFHA’s staff and volunteers were able to pivot their usual response delivery modality by demonstrating and maintaining hand washing and social distancing in every community where people attended health services.

KEY SPRINT INDICATORS

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Protection</td>
<td>Couple Year Protection Across Three Responses</td>
<td>450</td>
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<tr>
<td></td>
<td>Total Beneficiaries Reached</td>
<td>4,698</td>
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<tr>
<td></td>
<td>GBV Survivors Rec’d First Line Support</td>
<td>100%</td>
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<tr>
<td></td>
<td>Coordination of Response w/ Key Partners</td>
<td>100%</td>
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Country Impact

**Fiji**
- Clients received clinical services during the first month of the response: 630
- Total services provided: 3,126
- Of all clinical services were sexual and reproductive in nature: 85%

**Tonga**
- Beneficiaries reached during the first month of the response, covering 18 village communities: 1,935
- Of target beneficiaries reached in the first month: 140%
- Gender-based violence cases were identified and received first line support from the SPRINT response team: 59

**Vanuatu**
- Total clients reached in the first month of the response: 2,093
- Sexual and reproductive health related services provided: 1,305
- Beneficiaries were people with disabilities: 45
COVID-19 IMPACT

• Thanks to additional funding, Member Associations (MAs) were able to advocate with governments and maintain SRH services as an essential health service.

• MAs needed to draw on in-country supplies (including SRH commodities), particularly in the first weeks of the response – this meant MAs have had to use their own stock for response, topping up what could be obtained through Ministries of Health.

• Virtual training was used to provide infection prevention control training to response team members and clinicians.

![Total Clients Receiving Contraceptives](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>Clients Receiving Contraceptives</th>
</tr>
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<tbody>
<tr>
<td>Fiji</td>
<td>61%</td>
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<tr>
<td>Vanuatu</td>
<td>27%</td>
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<tr>
<td>Tonga</td>
<td>12%</td>
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