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Emergency Plan of Action Final Report

Papua New Guinea: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPG009	Glide n° EP-2018-000080-PNG
Date of issue: 4 March 2019	Operation timeframe: 5 months
Operation start date: 6 July 2018	Operation end date: 6 December 2018
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 128,582	
Total number of people affected: 21 confirmed Polio cases and 7 confirmed close contacts – cVDPD1	Number of people assisted: 125,447 through awareness campaign in the affected and at-risk areas
Host National Society(ies) presence (n° of volunteers, staff, branches) Papua New Guinea Red Cross Society (PNGRCS) has 500 volunteers, 18 headquarter staff, seven branch staff and a presence in 13 administrative units of the country through branches	
Red Cross Red Crescent Movement partners actively involved in the operation: The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC). The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC). A RDRT member in Emergency health, from the Indonesia, was deployed for one month.	
Other partner organizations actively involved in the operation: Department of Health Public Health & Surveillance Team, National technical agencies, provincial disaster committees (PDC), WHO and UNICEF; other humanitarian actors such as Centres for Diseases Control (CDC) and Christian Health Service	

Summary:

The International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) was granted on 6 July 2018 for CHF 128,582 to the PNGRCS. The DREF reached over 125,477 people directly/indirectly reached through vaccination/mobilisation messages from social mobilisation campaign in 33 villages.

Since December 2018, no new Polio cases were reported, and the epidemic is fairly under control. The declaration of Polio outbreak has yet not lifted. The Department of Health and WHO requested the PNGRCS volunteers to focus on social mobilization in the three target provinces. There were changes in the operation's targets and timeframe.

With the DREF allocation, PNGRCS met the needs of affected people and implemented a strategy that included hygiene information dissemination and community awareness to minimize or contain the spread of Polio over the five-month timeframe. The scope and budget for this operation enabled the targeted population of approximately 50,000 people to be reached directly. The implementation of activities for the operation was successfully concluded by 6 December 2018. A total of CHF 60,320.00 was returned to DREF. The final financial report is available here.

Summary of major revisions made to emergency plan of action:

Following the addition third and fourth rounds of vaccinations that were explained in [operations update #2](#) and to address the needs of the emergency operation, we also revised the strategy of the ECV (Epidemic Control for Volunteer) training for PNGRCS staff and volunteers. We conducted the training into two rounds. The first round was the ECV training for volunteer which focusing on polio outbreak response. That was one day training to get our volunteers ready to mobilize on the emergency response of polio outbreak. The second round was ECV training as part of capacity building to strengthen PNGRCS staff and volunteers on epidemic/pandemic preparedness and response. This has not impacted the budget lines dedicated for this activity

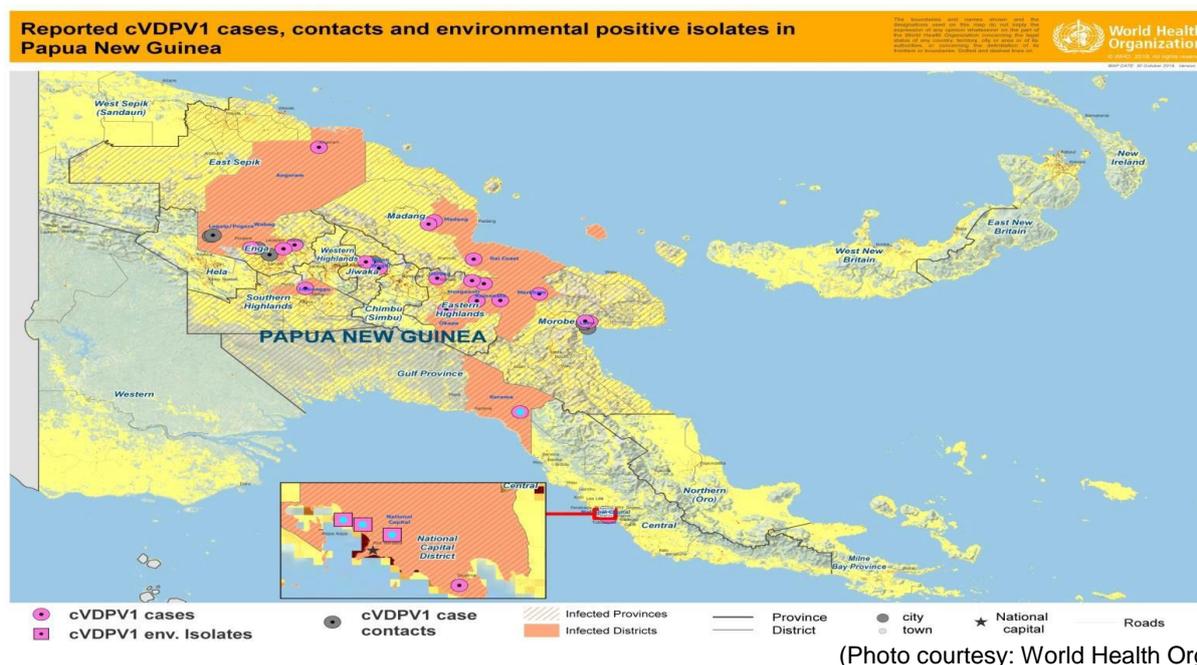


Figure 1: PNGRCS volunteers providing awareness messaging to public during polio campaigns – (Photo: PNGRCS)

A. SITUATION ANALYSIS

Description of the disaster

On 25 June 2018, the National Department of Health declared a Polio Outbreak in Papua New Guinea and subsequently on 26 June 2018, the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as a National Public Health Emergency. National Department of health priority was to respond and prevent more children from being infected by the polio disease. WHO, UNICEF and Health Department worked together with other partners including IFRC and PNG Red Cross Society (PNGRCS) to conduct a large-scale immunization campaign and strengthen surveillance system to combat the virus. National Department of Health also collected stool specimens from family members of patients and the community in a “mop-up” immunization campaign targeting children. A system was put in place to rapidly detect and identify cases of polio through enhanced surveillance for acute flaccid paralysis (AFP). By 30 September since the confirmation of the outbreak, Papua New Guinea had reported 21 cases of polio in nine provinces including one in the National Capital District. Last confirmed case had an onset on 18 October 2018.



On 29th June, the National Department of Health and WHO requested engagement from PNGRCS and IFRC to support the mobilization of volunteers for awareness raising and disease prevention activities. This request was made during the polio outbreak urgent health cluster meeting. There were three most high-risk provinces of disease transmission had been identified following the confirmed case of polio was found in Lae, Morobe province.

Due to low immunization coverage in another bordering province, Madang and Eastern Highland were also targeted for polio awareness and immunization which was started in July 2018.

Table 1: vaccination coverage (%) across the provinces.

Province	2014	2015	2016	2017
Morobe	28 %	76 %	61 %	35 %
Eastern Highlands	60 %	57 %	41 %	43 %
Madang	15 %	46 %	39 %	27 %
Overall in PNG	64 %	74 %	73 %	47 %

As WHO stated that the version of the virus circulating in the settlement is a "vaccine-derived poliovirus", meaning it is a mutated version of the weaker polio virus used in vaccinations. Vaccine-derived polioviruses are rare and tend to occur in populations with very low vaccination rates. They develop when unvaccinated children are in contact with the excrement of vaccinated children and are exposed to the weaker virus. The WHO and PNG authorities launched an emergency immunization campaign to try to prevent other children from becoming infected.

Lae is the second largest city of PNG located in Morobe province. Morobe province reportedly had a polio vaccination rate of 61 per cent prior to the outbreak. PNG Health Authorities said 845 children had been immunized since the virus was first detected. According to WHO the index case is a six-year-old boy from '4 mile' settlement in Lae, Morobe, VDPV type 1 confirmed from the child's stool - confirmed by VIDRL (Victorian Infectious Diseases Reference Laboratory) on

21 May 2018. As per WHO guidelines, the total of 22 from Morobe and 20 from Eastern Highlands children in the index case community contacts were tested, to determine if the virus was circulating. On 21 June, results received from lab that the same virus was found in two contacts in Lae. This demonstrates that the virus was circulating in Lae, Morobe; however, missed transmission in other areas could not yet be ruled out.

On 22 June, the National, International Health Regulations (IHR) focal point of Papua New Guinea notified WHO of the index case of cVDPV1 and the confirmation cVDPV1 among two asymptomatic community contacts of the index case. The Government committed PGK 6.7 million (CHF 2 million) to support outbreak response. The Global Polio Eradication Initiative (GPEI) provided initial supported to Papua New Guinea with USD 500,000 (CHF 497,000) for response activities. On 27 June 2018, the National Department of Health activated the National Emergency Operations Centre and formed a National Emergency Response Team.

On 7 September 2018, one new case of polio had been confirmed in 6 - year old boy from 5 - mile settlement, Port Moresby. This is first case reported from Port Moresby, the capital of Papua New Guinea. The National Department of Health (NDOH) announced the finding after laboratory tests conducted by the Victorian Infectious Disease Reference Laboratory, a World Health Organization (WHO) Polio Regional Reference Laboratory in Australia. The United States Centre's for Disease Control and Prevention confirmed that this case was linked to the ongoing polio outbreak in the country. By this date, Papua New Guinea had confirmed a total of 18 polio cases in the country affecting seven provinces: six in Eastern Highlands, three in Morobe, three in Enga, three in Madang, one in the National Capital District, one in Jiwaka and one in East Sepik.

A National Capital District campaign started on 24 September 2018 and continued nationwide for the 3rd and 4th rounds of vaccination.

Summary of current response

Overview of Host National Society

PNGRCS started to address the needs of the affected communities in July 2018 with the public awareness at the risk populations together with the national health department and the social mobilization for polio vaccination campaign. PNGRCS closely coordinated with the National Department of Health and the National Polio Outbreak Taskforce since the beginning of the outbreak. It was identified in the early stages that PNGRCS would require technical support during this operation, as such a call for an PHiE RDRT was deployed for the duration of the operation. The PHiE RDRT member was deployed from 9 August to 10 September 2018. Planning sessions were held with PNGRCS secretary general, PNGRCS programme manager, IFRC head of country office and the PHiE RDRT.



Polio outbreak control training for volunteer using the ECV toolkits. (Photo: PNGRCS)

PNGRCS worked in close coordination with health local authorities, health clinics and community leaders in conducting need assessments, monitoring the situation, providing the referral symptoms of disease and socializing the polio vaccination as well as good health practices to reduce the risk of disease transmission. In total 125,477 beneficiaries were covered by the PNGRCS in the polio vaccination campaign through public awareness and social mobilization in three affected provinces: Morobe, Madang and Eastern Highland. Though support from IFRC, PNGRCS has continued its collaboration with national government actors in country.

During the first and second phases of the campaign, PNGRCS provided support social mobilization targeted to those highest risk and unregistered children. Together with vaccination teams from health clinics, PNGRCS volunteers targeted particularly densely populated areas such as settlements, boarder migrant communities and areas where there is significant movement of people to ensure that all children are vaccinated and protected against polio. PNGRCS mobilized 60 trained volunteers in total to 3 high - risk targeted provinces and conducted social mobilisation targeting those at risk and unregistered children. PNGRCS intervention covered areas as listed in the table below:

Table 2: PNGRCS areas of activities

Province	Selected areas
Morobe	It was covering the hot spots of the disease transmission in two districts: <ul style="list-style-type: none"> • Lae district: Tenth city clinic; Bumayong; Centre Marcy; Kamkumu; West Taraka; Hikos Clinic; Four mile • Huon Gulf district: <i>Wampar; Clinic 5 mile</i>
Madang	Madang district which covered high - risk areas on seven health clinics (Tawn, Jumba, Sisiak, Yagaum, Danban, Baitabag and Alexishafen)

Eastern Highland	Targeting hot - spot areas with density population such as settlements. The areas are: Goroka District Health Services and covering parts of bordering Districts of Unggai Bena and Daulo.
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The Third and fourth round of polio vaccination was conducted from the first week of October all over the country which included <15 years of age group, however this report covers only three targeted provinces and till 5 December 2018. The polio outbreak control and ECV training for the Eastern Highlands were conducted in late September 2018.

Table 3: Vaccination campaign coverage statistics by province

Province	No. of children in 1 st and 2 nd round	Children coverage in 2 nd round				Total	No. of social campaign coverage in 3 rd & 4 th round
		0-11 months		12-59 months			
		Male	Female	Male	Female		
Madang	10,599	522	490	2,477	2,680	6,169	21,763
Eastern Highland	7,460	252		1,657		1,909	19,412
Morobe	3,500	23,810				23,810	30,825
Total 1st round	21,559	Total 2nd round				31,888	Total in 3rd and 4th round
							72,000

Overview of Red Cross Red Crescent Movement in country

The IFRC Country office in Papua New Guinea monitored and provided technical support to PNGRCS, IFRC also assisted PNGRCS with coordination with the other Red Cross Red Crescent partners as well as liaising with WHO, UNICEF and CDC representatives in the country.

The IFRC Papua New Guinea country office provided guidance and support to PNGRCS throughout the duration of the operation. In recognition of the lack of a PNGRCS health focal point, the Asia Pacific regional health team supported the operation and provided technical support remotely as required. An RDRT was deployed to provide support during the DREF operation for a period of one month during the first two phases.

Overview of non-Red Cross Red Crescent actors in country

Following the gradual increase the number of polio cases, the National Department of Health (NDOH) and World Health Organization (WHO) jointly deployed experts to conduct surveillance and are working with partners to engage with communities on polio prevention and reporting of suspected cases. NDOH and partners are working closely with health promotion colleagues in implementing social mobilization and community engagement. They appeal to community and church leaders to support the health promotion and vaccination teams to gain access and effectively deliver the essential health service.

The Government of Papua New Guinea declared a Public Health Emergency on 26 June 2018 after confirmation that poliovirus was circulating in the country. A polio vaccination (ongoing by WHO-Govt) campaign is currently ongoing to vaccinate children under five years old in Morobe, Madang, Eastern Highlands, Enga, Chimbu, Southern Highlands, Western Highlands, Jiwaka and Hela. Vaccination teams are intensifying efforts particularly in densely populated areas such as settlements, mining communities and areas where there is significant movement of people to ensure that all children are vaccinated and protected against polio.

In response to the polio outbreak in the country, an outbreak response plan was developed and included four sub-national and national vaccination rounds as well as enhanced surveillance activities. The total estimated budget for the plan is US\$ 15.4 million, against which the Government committed approximately US\$ 2.2 million (PNG Kina 6.6 million), releasing PNG Kina 2 million for the first and second rounds.

Financial support for the outbreak response includes the Bill & Melinda Gates Foundation, United States Agency for International Development (USAID), Canada and the Republic of Korea. The Global Polio Eradication Initiative (GPEI) partners, in partnership with the Government, will continue to work with donors to secure the urgently required outbreak response funding.

Needs analysis and scenario planning

Needs analysis

A key challenge was poor surveillance and reporting from the provinces on status of the outbreak, coupled with the very low vaccination coverage. The issues of the accessibility of geographical, physical, economic and poor health literacy status of the community influenced these immunization coverages. Almost 700,000 children were vaccinated countrywide during first to fourth round of the polio immunization campaign which are still ongoing in Papua New Guinea.

Over 304,000 children vaccinated only in three severely affected province Morobe, Madang and Eastern Highland. The National Health Department has stated 96 per cent coverage during polio campaign. However, for polio vaccinations to be successful, a 100 per cent coverage is recommended. As the cases remained active, additional rounds of vaccinations to increase coverage have been needed. Currently to address the need the national strategy is to organize a fourth and final round as explained in the section above.

Recently the National Health Department reported that there were new polio cases confirmed, two in Enga, two in Madang, one in Jiwaka and one in the National Capital District (NCD), Papua New Guinea. The National Department of Health of Papua New Guinea (NDOH) and the World Health Organization (WHO) announced these cases of polio in those provinces and NCD. The case, fourteenth in the country, following confirmation of two cases from Lae, Morobe Province in June and July 2018; and a polio case was also reported by the National Department of Health of Papua New Guinea (NDOH) and the World Health Organization (WHO) in a 22-month old girl from Eastern Highlands Province.

Operation risk assessment

MOH's surveillance team conducted a surveillance of suspected polio cases in the province of Morobe, Madang and Eastern Highland in order to have a better view on the selection of affected population, immunization coverage in the areas and to prioritize the subsequent vulnerable areas. PNG Red Cross Society acted to secondary data collection to reach out of maximum targeted beneficiaries. The selection criteria were finalized together with PNGRCS and provincial health department in affected areas. While government authorities used their resources to cover the targeted children through health clinic facilities and households registered in the community level, the most vulnerable children were those unregistered, who were not being actively targeted. These unregistered children included children from mobile population, migrant children, and children who have poor access to health facilities. Unless specifically targeted, thousands of these children will remain unimmunized and at high risk.

During the three initial phases of the campaign, IFRC and PNGRCS provided support social mobilization targeted to those at highest risk and unregistered children. As an auxiliary to the government, PNGRCS has taken added value actions on filling the missing gaps of the campaign. This plan under DREF support focussed in three provinces: Morobe, Madang and Eastern Highland. Under the DREF operational plan, PNGRCS provided assistance to 50,000 affected people through awareness campaign and mobilizing volunteers to support the four rounds of polio campaign. PNGRCS intervention covered the areas as listed below:

Province	Selected areas	Number of volunteers
Morobe	4 districts (Bulolo, Markham, Nawae and Houn Gulf)	34 volunteers
Madang	Madang district which covered six health clinics (Tawn, Jumba, Sisiak, Yagaum, Danban, Baitabag)	22 volunteers
Eastern Highland	Focus in urban settlement in Goroka town which included eight villages (Piswara, Genoka, Mamabu, Asariufa, Kama, Sipiga Seigu, Faniufa, Komiufa)	20 volunteers

PNGRCS compiled a recipient list in coordination with provincial health department and other partners within the operation. People with vulnerabilities were prioritized such as children under 5 years of age, disabled, pregnant women, parents. It is in these interventions that PNGRCS volunteers played a key role, working alongside the Provincial Disaster Committee, WHO, UNICEF and other stakeholders to carry out area selection and response to the disaster. PNGRCS also considered the advice from the National Polio Outbreak taskforce to utilize local volunteers and staff from the affected provinces to ensure community acceptance and minimise security risks during the operation.

WHO in collaboration with provincial health department conducted polio campaign trainings for volunteers to be prepared for the response operation. However, the training only focused on polio vaccination administration, including vaccines logistic management and reporting. Therefore, there was a need to conduct volunteer specific training on polio outbreak control including how polio is spread, detection and referral to minimise risk to volunteers and families as well as ensure the vaccination coverage is justified. In order to provide targeted population with rapid medical management of injuries and diseases, PNGRCS volunteers were also equipped with first aid kits, phones with credit and emergency water in operational locations.

B. OPERATIONAL STRATEGY

Overall objective

Support the national immunization campaign through house-to-house social mobilization and community-based surveillance activities, jointly coordinated with the National Department of Health, WHO and partners, to curb the polio

outbreak in three provinces.

Proposed strategy

This DREF operation was originally expected to be implemented over four months but due to remaining cases and need for the two additional phases, it was extended to 6 December 2018 for a revised operational timeframe of five months. The proposed operational strategy aimed complementing the national immunization campaign for vaccination of children (up to age 5 years) with key messages on the importance of polio immunization through social mobilization and health & hygiene, water & sanitation awareness-raising activities among their parents and caretakers in the affected areas and high-risk provinces including Port Moresby, NCD. The total number of people targeted was 50,000 in affected areas which would be covered through four phases of polio vaccination campaign in PNG.

PNGRCS, with support from IFRC, conducted a quick assessment to identify current needs after the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. On the basis of the assessment, PNGRCS has conducted the following activities as priorities:

- PNGRCS conducted external coordination mechanism for polio response operation and established collaboration with national/provincial health department, WHO, UNICEF and other humanitarian stakeholders involved in national polio immunization campaign.
- Attended the emergency health cluster and public health and surveillance meetings to provide regular updates on the situation
- Conducted orientation sessions among key staff, NDRT and volunteer leads who were involved in the polio outbreak operational response.
- Mobilized 60 volunteers from three affected provinces for joint training on polio vaccination administering together with WHO and provincial health departments.
- Conducted one-day training on polio outbreak for volunteers using the Epidemic Control for Volunteer (ECV) toolkits in two affected provinces (Morobe and Madang). The training was mainly focus on polio outbreak control including how polio is spread, detection and referral to minimize risk to volunteers and families as well as ensure the vaccination coverage. The trained occurred as outlined below:

Table 4: Training schedule

Province	Date of Activity	Number of volunteers trained
Morobe	14 August 2018	34 volunteers
Madang	17 August 2018	22 volunteers
EHP	26 August 2018	18 volunteers

- Deployment of NDRT and trained volunteers to support immunization campaign in the target provinces through social mobilization. The activity covered the all the highest-risk population, such as mobile population, migrant children, and children who has poor access to health facilities at targeted provinces. The activity also included a door-to-door campaign, public sensitization on health & hygiene and WASH awareness.

Operational support services

Human resources

A total number of 76 trained volunteers were mobilized in three effected provinces (Morobe, Madang and Eastern Highland). Each volunteer was deployed for 14 days during the vaccination campaign and provided with volunteer insurance, per diem, funds for transportation as well as Red Cross visibility. Volunteers worked in pairs and were provided with first aid kit in case of a need to provide first aid while deployed.

The IFRC team provided technical support to its PNGRCS counterparts and ensured a smooth coordination with Red Cross Red Crescent and external partners. In recognition of the lack of a PNGRCS health focal point, the Asia Pacific regional health team supported the operation and provided technical support remotely as required. An RDRT with health profile was deployed to provide support during the DREF operation.

Logistics and supply chain

Logistics activities aimed to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

Local procurement, such as the sourcing of first aid kits and PPE required for successful implementation of this operation, was procured by the PNGRCS with the support of IFRC country office. All logistics activities, including procurement related to this operation were carried out in-country and followed the IFRC standard procurement procedures by the NS

logistics. IFRC AP Operational Logistics, Procurement and Supply Chain Management department in Kuala Lumpur monitored the progress and provided technical logistics support to the NS and IFRC country office as needed.

Information technologies (IT)

All 76 volunteers were provided with mobile airtime working in the affected areas to ensure access to communication for safety and security. All volunteers had access to means of communication at all times while in the field. This ensured they were contactable and could contact relevant emergency numbers as well as IFRC and PNGRCS staff for support if needed. Cell phone reception was available in the affected areas where volunteers were traveling to.

Communications

As PNGRCS sole communication person recently joined, the IFRC AP regional Communication Manager supported the operation. PNGRCS managed communication risk in accordance with national/provincial technical assistance. To produce advocacy and IEC materials, PNGRCS referred the key message to national guideline.

The provision of information and two-way engagement with the affected population was a key point that was considered during the response operation, so that PNGRCS activities could be adjusted according to the expectations, needs and concerns of affected communities. Beneficiary communication components and mechanisms were incorporated across the various sectors' activities and will be closely linked with planning, monitoring and evaluation processes to build an environment of transparency and accountability.

Security

The National Society's security framework was applied throughout the duration of the operation to their staff and volunteers. The National Society briefed its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operated safely. Volunteers were provided with mobile phones to ensure they always had a means of communication throughout the operation. The IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management applied for personnel under IFRC security responsibility that were deployed to the area. In this case, a location specific safety and security assessment was conducted. Area Specific Operating Procedures were developed and documented. A specific extended security briefing was also given to the deployed RDRT. IFRC's regional security coordinator closely monitored the situation and provided advice.

Planning, monitoring, evaluation, & reporting (PMER)

The program manager at PNGRCS headquarters, with the support of IFRC, guided and monitored the operation. The monitoring of PNGRCS activities ensured the impact and appropriateness of the services provided. It was carried out constantly with a bottom up and top down approach. PNGRCS assigned its staff and NDRT team to closely monitor the progress of the operation in each province. Reporting on the emergency plan of action was carried out according to IFRC minimum standards. Reporting from the field was conducted continuously by the branches (province level) and submitted to PNGRCS national headquarters.

Administration and Finance

The IFRC provided the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices. The IFRC team in PNG provided support to the operation.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People targeted: 50,000 Male: 25,500 Female: 24,500 Requirement (CHF): 39,616 People reached (updated): 125,447</p>	
<p>Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.</p>		
Indicators:	Target	Actual
# people reached by NS with awareness services to reduce relevant health risk factors	50,000	125,447
<p>Output 1.1: Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations.</p>		
Indicators:	Target	Actual
# of volunteers trained with immunization activities	60	76
<p>Output 1.2: Target population is provided with rapid medical management of injuries and diseases</p>		
Indicators:	Target	Actual
# of trained volunteers equipped with First Aid kits ¹	60	76
<p>Output 1.3: Community-based disease prevention and health promotion is provided to the target population</p>		
Indicators:	Target	Actual
# of affected people reached with prevention messages	50,000	125,447
<p>Output 1.4: Epidemic prevention and control measures carried out.</p>		
Indicators:	Target	Actual
# of NS volunteers trained in ECV	60	74
# of people reached with Polio/immunization IEC materials (1000 posters and 300 brochures distributed)	50,000	>125,447
<p>Progress towards outcomes</p>		
<p>Through support from IFRC, PNGRCS has continued to support the national immunization programme through house to house social mobilization and community surveillance activities in over 33 villages. This was conducted jointly in coordination with the National Department of Health (NDOH), WHO, UNICEF and partners, to curb the polio outbreak in three most high-risk provinces: Morobe, Madang and Eastern Highland.</p> <p>PNGRCS has conducted close coordination with NDOH and other partners (WHO and UNICEF) in country on targeted groups needs and appropriate collaboration response. PNGRCS has actively joined in national health cluster meetings for the polio outbreak. PNGRC has gained good acknowledgement from the government authorities in supporting polio vaccination campaign through social mobilization.</p>		
		
<p>Polio Vaccine providing by PNGRCS trained volunteers. (Photos: PNGRCS)</p>		

¹ The volunteers are equipped with the complete packages of first aid. There is no specific requirement of PPE for the polio outbreak at this stage, like shield clothing, boots, etc. All the minimum standard PPE tools (gloves, mask, hand sanitizer, etc.) for volunteers already included in FA kits.

There were a total of 76 RC volunteers in all targeted provinces who trained by Provincial Health Office and WHO on polio vaccination administer. In Madang Province, some of the volunteers got the training from Officer in Charge (OIC) in government health clinics.

The PNGRCS supported the mass vaccination campaign through social mobilization and conducted monitoring in coordination with health authorities, WHO and UNICEF. There were 76 trained volunteers in total including 74 ECV trained that were mobilized in three affected provinces. To date, as per a WHO report, there were 319,771 children who were covered by vaccination and social mobilization activities in three targeted provinces within 100 days while around over 125,447 beneficiaries were covered by polio public awareness campaign by PNGRCS.

To provide the targeted population with rapid medical management of injuries and disease, PNGRCS purchased and distributed a total of 60 first aid kits to the volunteers of all provinces within 1st round of polio vaccination campaign.

The Epidemic Control for Volunteer (ECV) training with focusing on polio outbreak control was conducted in 2 provinces of Morobe (on 14 August 2018), Madang (on 17 August 2018) and EHP (26 August 2018). 74 volunteers participated in the training. The training material included hygiene promotion and WASH campaign. There were some topics which aligned with polio disease transmission: promoting clean water; conduct proper sanitation; and handwashing with soap. All the trained volunteer conducted dissemination of disease prevention and hygiene/WASH campaign during 2nd round of polio vaccination campaign.

Through support from IFRC, PNGRC printed and distributed information and visibility materials to reach out directly to the beneficiaries. As suggested within the national health cluster meeting for polio outbreak response and approved by NDOH, PNGRC re-printed the existing IEC materials which had been developed by NDOH to ensure the coherent key messages to the community. PNGRCS and IFRC logo were inserted in re-printed IEC materials.

Challenges

Mobilizing volunteers to be involved in the operation was the first challenge. More volunteers were willing to participate however, we only required 20 for each of the four (4) phases in each of the three provinces. Branch leadership allocated different volunteers for different phases and assigned volunteers to the areas closer to where they resided. Red Cross could only reach out to the areas accessible by road. This helped with time management and made it easier for volunteers to communicate using public transport.

Lessons Learned

This experience provides an important lesson learnt for Branch leadership and coordination. Volunteer register must be updated annually with record of volunteer skills and interests. When the need for volunteers arises, the register will be used as a guide. In all three provinces, support of the HQ was imminent. This shows that capacity of Branch leadership and coordination needs enhancement or improvement.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
The operation's EPoA is up to date for reference and guidance to the operation's team.	100%	100%
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators:	Target	Actual
# of external communication is coordinated accordingly to IFRC communication guidelines	100%	100%
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
One lesson learnt workshop organised to evaluate the operation capture best practise	100%	Not Conducted

Progress towards outcomes

The IFRC Country office in PNG regularly monitored and provided technical support to PNGRCS. IFRC also assisted PNGRCS with the coordination with the other RCRC partners as well as liaison with WHO, UNICEF and CDC representatives in the country.

PNGRCS, with support from IFRC, conducted an assessment to identify the needs after the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. The first and second operation's update explained the current needs from the emergency operation in the field.

Through support from IFRC, PNGRCS had planned to conduct a lesson-learned workshop at the end of operation which would have involved staff, volunteers and relevant stakeholders. Unfortunately, in absence of IFRC Head of Country Office and Key personnel from PNGRCS this activity was not held.

Challenges

PNGRCS actively participated however inconsistency and ineffective communication from HQ emerged as major challenges. With RDRT joining later, communication improved. Availability of NDRT proved worthwhile.

Lessons Learned

PNGRCS key players must be committed to the operation and be consistent. In future DREFs if any, NDRT must support the RDRT as was the case in Polio operations.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhance its effectiveness, credibility and accountability

Indicators:	Target	Actual
Effective performance of staff supported by HR procedures	100%	100%
Output S4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Actual
All staff is brief the existing IFRC security plans and protocols	100%	100%

Progress towards outcomes

The National Society's security framework was applied throughout the duration of the operation to their staff and volunteers. All the security and HR procedures and guideline related to this operation which have been carried out in-country are following the IFRC minimum standards. All the staff, volunteers and partners involved in the operation signed and understand the Code of Conduct, Child Protection Policy and Prevention of Sexual Exploitation and Abuse (PSEA) policy.

The National Society staff and volunteers as well as PHiE RDRT were briefed about working in the field and on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely.

Challenges

Using public transport had a level of risk, but no other option was available. Volunteers managed on their own to commute to and from the vaccination stations. Branches without bank accounts increased the risk of carrying cash. Using personal accounts proved helpful but not very good practice.

Lessons Learned

Branches must open Bank accounts. Branches to better organize so volunteers do not use public transport as this poses a particular risk for females.

D. BUDGET

Note on budget: The overall expenditure for this operation was CHF 68,261 out of a total DREF allowance of CHF 128,582.00, which represents a spending rate of 53 per cent. The under expenditure was mostly due to training and workshop costs, which were provided by WHO to PNGRCS volunteers at local level in the provinces. Only ECV training organized for volunteers by PHiE RDRT also at local level which saved the travel and accommodation costs. Polio DREF Operation completely managed by provincial branches and their volunteers from the respective provinces resulted to significant underspend in travel cost from headquarters staff movement. Below are the details of some of the budget groups which variance of +/-10% or that required additional explanation:

Logistics, transport and storage: The overall spending of this budget group was CHF 5,375 out of CHF 7,407, which represents an expenditure rate of 72 per cent. This is basically due to the fact, PNGRCS mobilized volunteer's leader and volunteers from the local areas which did not required hiring vehicles for transportation. All volunteers use local transport services in their respective provinces.

Personnel: The overall spending of this budget group was CHF 41,647 out of CHF 46,886, which represents an expenditure rate of 88 per cent. This is explained mainly because of non-availability of PHiE RDRT for second round. Initially RDRT mobilized only for one month due to identified RDRT prior commitment, then after not able to find appropriate RDRT for Polio operation in PNG context.

Workshops and trainings: The overall spending of this budget group was CHF 1,998 out of CHF 28,858, which represents an expenditure rate of 7 per cent only. The under expenditure is mostly due to the training provided free of cost by WHO to PNGRCS volunteers at local level in the provinces. Only ECV training organized for volunteers by PHiE RDRT and volunteers already trained in ECV also organised training at local level which saved the travel and accommodation costs. Also, no lesson learnt workshop, which was supposed to takes place at the end of the DREF operation contributed to reducing the overall costs for the trainings against budget.

Total General Expenditure: The overall spending of this budget group was CHF 9,520 out of CHF 32,027, which represents an expenditure rate of 30 per cent only. As mentioned above, Polio DREF Operation completely managed by provincial branches and their volunteers from the respective provinces resulted to significant underspend in travel/accommodation cost from headquarters staff movement. This is the policy adopted in future by PNGRCS where appropriate and skilled volunteers available.

Indirect costs: The overall spending of this budget group was CHF 4,166 out of CHF 7,848 which represents an expenditure rate of 53 per cent. This is normal as they are calculated on a percentage basis against the expenditures.

Detailed expenditure is outlined in the [attached](#) final financial report.

Reference documents



Click here for:

- [DREF Operation](#)

For further information, specifically related to this operation please contact:

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In the IFRC Asia Pacific Regional Office

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How we work

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

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Disaster Response Financial Report

MDRPG009 - Papua New Guinea - Polio Outbreak

Selected Parameters

Reporting Timeframe	2018/7-2019/1	Programme	MDRPG009
Budget Timeframe	2018/7-2018/12	Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	TOTAL	Deferred Income
A. Budget	128,582	
B. Opening Balance		
Income		
Other Income		
<i>DREF Allocations</i>	128,582	
C4. Other Income	128,582	
C. Total Income = SUM(C1..C4)	128,582	
D. Total Funding = B + C	128,582	

* Funding source data based on information provided by the donor

Disaster Response Financial Report

MDRPG009 - Papua New Guinea - Polio Outbreak

Selected Parameters

Reporting Timeframe 2018/7-2019/1 Programme MDRPG009

Budget Timeframe 2018/7-2018/12 Budget APPROVED

All figures are in Swiss Francs (CHF)

III.Expenditure

Account Groups	Expenditure											Total	Variance	
	Budget	Strategy for implementation				Area of focus								
		SFI1 - Strengthen National Society capacities	SFI2 - Ensure effective international disaster management	SFI3 - Influence others as leading strategic partners	SFI4 - Ensure a strong IFRC	AOF1 - Disaster risk reduction	AOF2 - Shelter	AOF3 - Livelihoods and basic needs	AOF4 - Health	AOF5 - Water, sanitation and hygiene	AOF6 - Inclusion, gender and protection			AOF7 - Migration
A												B	A - B	
Budget (C)									128,582				128,582	
Relief items, Construction, Supplies														
Medical & First Aid	5,556								5,555				5,555	1
Total Relief items, Construction, Supplies	5,556								5,555				5,555	1
Logistics, Transport & Storage														
Transport & Vehicles Costs	7,407								5,375				5,375	2,032
Total Logistics, Transport & Storage	7,407								5,375				5,375	2,032
Personnel														
International Staff									195				195	-195
National Society Staff	1,667								4,511				4,511	-2,844
Volunteers	45,220								36,941				36,941	8,279
Total Personnel	46,886								41,647				41,647	5,239
Workshops & Training														
Workshops & Training	28,858								1,998				1,998	26,860
Total Workshops & Training	28,858								1,998				1,998	26,860
General Expenditure														
Travel	24,611								7,696				7,696	16,915
Information & Public Relations	6,090								676				676	5,414
Communications	926								1,031				1,031	-105
Financial Charges	400								117				117	283
Total General Expenditure	32,027								9,520				9,520	22,507
Indirect Costs														
Programme & Services Support Recov	7,848								4,166				4,166	3,682
Total Indirect Costs	7,848								4,166				4,166	3,682
Total Expenditure (D)									68,261				68,261	60,321
Variance (C - D)		0	0	0	0	0	0	0	60,321	0	0	0	60,321	

Disaster Response Financial Report

MDRPG009 - Papua New Guinea - Polio Outbreak

Selected Parameters

Reporting Timeframe	2018/7-2019/1	Programme	MDRPG009
Budget Timeframe	2018/7-2018/12	Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				128,582			128,582	
Relief items, Construction, Supplies								
Medical & First Aid	5,556			5,555			5,555	1
Total Relief items, Construction, Sup	5,556			5,555			5,555	1
Logistics, Transport & Storage								
Transport & Vehicles Costs	7,407			5,375			5,375	2,032
Total Logistics, Transport & Storage	7,407			5,375			5,375	2,032
Personnel								
International Staff				195			195	-195
National Society Staff	1,667			4,511			4,511	-2,844
Volunteers	45,220			36,941			36,941	8,279
Total Personnel	46,886			41,647			41,647	5,239
Workshops & Training								
Workshops & Training	28,858			1,998			1,998	26,860
Total Workshops & Training	28,858			1,998			1,998	26,860
General Expenditure								
Travel	24,611			7,696			7,696	16,915
Information & Public Relations	6,090			676			676	5,414
Communications	926			1,031			1,031	-105
Financial Charges	400			117			117	283
Total General Expenditure	32,027			9,520			9,520	22,507
Indirect Costs								
Programme & Services Support Recove	7,848			4,166			4,166	3,682
Total Indirect Costs	7,848			4,166			4,166	3,682
TOTAL EXPENDITURE (D)	128,582			68,261			68,261	60,321
VARIANCE (C - D)				60,321			60,321	