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Emergency Plan of Action Operation Update Papua New Guinea: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPG009	Glide n° EP-2018-000080-PNG
DREF operation update n° 2; Date of issue: 5 November 2018	Timeframe covered by this update: 24 August until 4 November 2018
Operation start date: 6 July 2018	Original operation timeframe: 4 months; Revised timeframe: 6 December 2018
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 128,582	
Total number of people affected: 1 Polio case and 2 contacts – cVDPD1	Number of people to be assisted: 50,000 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).	
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 of major revisions made to emergency plan of action:

Following the remaining and discovery of new cases in August and September, the PNG health authorities in coordination with WHO and stakeholders had decided to conduct a third round of vaccinations and subsequently a fourth round. PNGRCS has worked closely with them to adapt to the continuous needs and the last vaccination round was originally set to be conducted between 29 October and 9 November. However due to last minutes changes, this fourth round will be conducted between 5 to 18 November 2018 nationwide, and therefore PNGRCS is requesting an additional month for the timeframe of the operation to extend its current end date of 6 November to 6 December 2018 in order to allow the activities to be completed under the DREF. Financial reconciliations are still ongoing, but there is still underspending with the DREF that would enable to activities to move forward. Activities will remain in additional populations within the same three provinces.

A. SITUATION ANALYSIS

Description of the disaster

On 25 June 2018, the National Department of Health has 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 National Public Health Emergency. National Department of health priority now is to response and prevent more children from being infected by the polio disease. WHO, UNICEF and Health Department have been working together with other partners including IFRC and PNG Red Cross Society to conduct a large-scale immunization campaign and strengthen surveillance system that would be detect the virus. National Department of Health are also collecting stool specimens from family members of patients and the community in a “mop-up” immunization campaign targeting children.

On 29 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 are three most high-risk provinces of disease transmission have 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 has been started in July 2018.

Low 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 have 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 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 is circulating. On 21 June, results received from lab that the same virus was found in two contacts in Lae. This demonstrates that the virus is circulating in Lae, Morobe; however, missed transmission in other areas cannot 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 has 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 is linked to the ongoing polio outbreak in the country. By this date¹, Papua New Guinea has 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 since October 2018 for the 3rd and 4th rounds of vaccination.



Polio Madang province 'mop up' activities 2nd round polio campaign. (Photo: PNGRCS)

Summary of current response

Overview of Host National Society

Papua New Guinea Red Cross Society (PNGRCS) has 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 team for polio vaccination campaign. PNGRCS is working in close coordination with health local authorities, health clinics and community leader 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 53,447 beneficiaries have been covered by the PNGRCS in the first rounds of polio vaccination campaign through public awareness and social mobilization in three affected provinces: Morobe,

¹ Latest official WHO report October 4ht 2018: <http://www.wpro.who.int/papuanewguinea/mediacentre/releases/20181004-polio-100-days.pdf>

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 are targeting 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. PNG Red Cross Society intervention is covering areas as listed in the table below:

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: Wampar; Clinic 5 mile
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.

The third round of polio vaccination was conducted during the first two weeks of October, but compilation of data is still under process and will be reported in the final report. The polio outbreak control and remaining ECV training for the Eastern Highlands were conducted in late September.

Vaccination campaign coverage statistics by province

Province	No. of children in 1 st and 2 nd round	Children coverage in 2 nd round				Total	Remark
		0-11 months		12-59 months			
		Male	Female	Male	Female		
Madang	10,599	522	490	2,477	2,680	6,169	Updated on 6 Sept 2018
Eastern Highland	7,460	252		1,657		1,909	Final updated on 7 Sept 2018
Morobe	3,500	23,810				23,810	Final updated on 5 Sept 2018
Total 1st round	21,559	Total 2nd round				31,888	

Overview of Red Cross Red Crescent Movement in country

The IFRC Country office in Papua New Guinea has been monitoring and providing technical support to PNGRCS. IFRC also assisting PNGRCS with the 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 has 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 has support the operation and provide technical support remotely as required. An RDRT has been 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 increasing number of polio cases recently, the National Department of Health (NDOH) and World Health Organization (WHO) have 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 is circulating in the country. A polio vaccination 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 has been developed and includes 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 has 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 for the moment is poor surveillance and reporting from the province 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 have influenced these immunization coverages. There were almost 300,000 children were vaccinated during the first round of the ongoing polio immunization campaign in Papua New Guinea. The National Health Department has stated 90% coverage of first round 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.

Operation risk assessment and target

MOH's surveillance team conducted a surveillance of suspected polio cases in the province of Morobe, Madang and Eastern Highland have conducted 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 has acted to secondary data collection to reach out of maximum targeted beneficiaries. The selection criteria have been finalized together with PNGRCS and provincial health department in affected areas. While government authorities have used its resources to cover the targeted children in through health clinic facilities and household registered in the community level, the most vulnerable children are those unregistered, who are not being actively targeted. These unregistered children included children from mobile population, migrant children, and children who has poor access to health facilities. Unless specifically targeted, thousands of these children are 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 government, PNGRCS has taken added value actions on filling the missing gaps of the campaign. This plan under DREF support focuses in three provinces: Morobe, Madang and Eastern Highland. Under the DREF operational plan, PNGRCS will provide assistance to 50,000 affected people through awareness campaign and mobilize volunteers to support the four rounds of polio campaign. PNGRCS intervention is covering areas as listed below:

Volunteer number per targeted areas

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

PNG Red Cross Society has done a recipient list in coordination with provincial health department and other partners within the operation. People with vulnerabilities has been be prioritized such as children under 5 years of age, disabled, pregnant women, parents. It is in these interventions that PNGRCS volunteers has 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 has also considered the advice from the National Polio Outbreak taskforce is 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 response. However, the training has only focused on polio vaccination administration, including vaccines logistic management and reporting. Therefore, the current 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 have also been 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 now due to remaining cases and need for the two additional phases, it is expected to be completed by 6 December 2018 for a revised operational timeframe of five months. The proposed operational strategy aims at 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 care-takers in the affected areas and high-risk provinces including Port Moresby, NCD. The total number of people targeted is 50,000 in affected areas which would be covered through four phases of polio vaccination campaign in PNG.

PNGRCS, with support from IFRC, has 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 started the following activities as priorities:

- PNGRCS has 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.
- Attending to the emergency health cluster and public health and surveillance meeting to update regular disaster situation.
- Conducting orientation session among key staff, NDRT and volunteer leads who involved in the operation of polio outbreak operation response.
- Mobilizing 60 volunteers from three affected provinces on joint training on polio vaccination administer together with WHO and provincial health department.
- Conducting 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. Detail schedule of the training as listed below:

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

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

54,447 beneficiaries in total have been covered and compiled for the initial two rounds of mass immunization campaign in three targeted provinces. The data collection for the third round are still ongoing. However, during this period of reporting, the volunteers have only partially recorded and classified the beneficiaries according to gender and age balance. PNGRCS will ensure the disaggregation of data for the next rounds of the operation.

Operational support services

Human resources

To date, 60 trained volunteers have been mobilized in three effected provinces (Morobe, Madang and Eastern Highland). Each volunteer has been deployed for 14 days rounds 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 provided with first aid kit in case there is a need to provide first aid while being deployed.

The IFRC team is providing technical support to its PNGRCS counterparts and ensuring 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 has support the operation and provide technical support remotely as required. An RDRT has been deployed to provide support during the DREF operation.

Logistics and supply chain

Logistics activities aim 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, is on-going progressed by the PNGRCS with the support of IFRC country office. To meet current operational needs there is no anticipation for a need of international sourcing of relief items. All logistics activities, including procurement related to this operation has been carried out in-country and following the IFRC standards procurement procedures by the NS logistics. IFRC AP Operational Logistics, Procurement and Supply Chain Management department in Kuala Lumpur in monitoring the progress and providing technical logistics support to the NS and IFRC country office as needed.

Information technologies (IT)

All 60 volunteers have been provided with mobile airtime working in the affected areas to ensure access to communication for safety and security. In case of security concerns, the RDRT and IFRC/National Society headquarter staff supporting the operation may not be permitted to travel to the locations. All volunteers have access to means of communication at all times while in the field. This ensure they are contactable and can contact relevant emergency numbers as well as IFRC and PNGRCS staff for support if needed. Cell phone reception has been confirmed in the affected areas where volunteers will be traveling to.

Communications

As PNGRCS does not have a communication team, the IFRC AP regional Communication Manager is supporting the operation is needed. To this stage, PNGRCS has managed communication risk in accordance with national/provincial technical assistance. To produce advocacy and IEC materials, PNGRCS has referred the key message to national guideline.

The provision of information and two-way engagement with the affected population is a key point to consider during the response operation, so that PNGRCS activities can be adjusted according to the expectations, needs and concerns of affected communities. Beneficiary communication components and mechanisms will be 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 is applied throughout the duration of the operation to their staff and volunteers. The National Society has briefed its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. Should personnel under IFRC security responsibility, including PNS and surge support be deployed to the area, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. In this case, location specific safety and security assessments will be conducted. IFRC's regional security coordinator is closely monitoring the situation and will provide advice as required. Volunteers will be provided with mobile phones to ensure they have means of communication at all times throughout the operation.

Planning, monitoring, evaluation, & reporting (PMER)

The program manager at PNGRCS headquarters, with the support of IFRC, is guiding and monitoring the operation. The monitoring of PNGRCS activities will help to ensure the impact and appropriateness of the services provided. It will be carried out constantly with a bottom up and top down approach. PNGRCS assigns its staff and NDRT team to closely monitor the progress of the operation in each province. Reporting on the emergency plan of action has been carried out according to IFRC minimum standards Reporting from the field will be conducted daily by the branches (province level) and submitted to PNGRCS national headquarter. A lesson learned workshop will be conducted at the end of the operation by PNGRCS management and support by the IFRC head of country office.

Administration and Finance

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

C. DETAILED OPERATIONAL PLAN

 <p>Health People targeted: 50,000 Male: N/A² Female: N/A Requirement (CHF): 39,616 People reached (updated): 53,447</p>		
Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:	Target	Actual
# people reached by NS with awareness services to reduce relevant health risk factors	50,000	53,447
Output 1.1: Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations.		
Indicators:	Target	Actual
# of volunteers trained with immunization activities	60	60
Output 1.2: Target population is provided with rapid medical management of injuries and diseases		
Indicators:	Target	Actual
# of trained volunteers equipped with First Aid kits ³	60	60
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of affected people reached with prevention messages	50,000	53, 447
Output 1.4: Epidemic prevention and control measures carried out.		
Indicators:	Target	Actual
# of NS volunteers trained in ECV	60	56
# of people reached with Polio/immunization IEC materials	50,000	N/A (materials printed and partially distributed, but exact figure still being compiled)
Progress towards outcomes		
<p>Through support from IFRC, PNGRCS has continued to support the national immunization through house to house social mobilization and community surveillance activities, jointly 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 targeting groups needs and appropriate collaboration response. PNG Red Cross Society has actively joined in national health cluster meeting for polio outbreak. PNGRCS has got good acknowledgement form the government authorities in supporting polio vaccination campaign through social mobilization.</p> <p>There were 20 RC volunteers in each targeted province 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.</p> <p>PNGRCS was supporting mass vaccination campaign through social mobilization and conduct monitoring in coordination with health authorities, WHO and UNICEF. There were 60 trained volunteers in total has been mobilized</p>		

² SAAD has not been gathered on first round and partially on second. It is being reconciled for third and fourth. The ratio obtained from the partial collection shows a balanced ration of about 50/50%.

³ 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.

in three affected provinces. To date, there were 53, 447 children who been covered by vaccination and social mobilization activities during the first two phases while around 2,461 beneficiaries were covered by polio public awareness campaign. The final data will be available in the final report as data for the third round is still being process at the time of this report.

To provide the targeted population with rapid medical management of injuries and disease, PNGRCS has purchased and distributed 20 first aid kits to all 20 volunteers at each province during the 1st round of polio vaccination campaign.

The Epidemic Control for Volunteer (ECV) training with focusing on polio outbreak control has been conducted in 2 provinces of Morobe (on 14 August 2018) and Madang (on 17 August 2018). 56 volunteers participated in the training. The training material has included hygiene promotion and WASH campaign. There were some topics which aligned with polio disease transmission are: promoting clean water; conduct proper sanitation; and handwashing with soap. All the trained volunteer has conducted dissemination of disease prevention and hygiene/WASH campaign during 2nd round of polio vaccination campaign.

Through support from IFRC, PNGRCS has printed out and distributed information and visibility materials to reach out directly the beneficiaries. As suggested within the national health cluster meeting for polio outbreak response, PNG Red Cross has used the existing IEC material which been developed by NDOH to ensure the coherent key message to the community.

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 started
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Progress towards outcomes

The IFRC Country office in PNG has been monitoring and providing technical support to PNGRCS. IFRC also assisting PNGRCS with the coordination with the other RCRC partners as well as liaising with WHO, UNICEF and CDC representatives in the country.

PNGRCS, with support from IFRC, has conducted continuous assessments to identify current needs after the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. The first operations update has explained the current needs from the emergency operation on the fields.

Finally, through support from IFRC, PNGRCS has planned to conduct a lesson-learned workshop at the end of operation which will involve staff, volunteers and relevant stakeholders. Findings and recommendations from these lessons learned workshop will be highlighted in the DREF final report.

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 has 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 has signed and understand the Code of Conduct, Child Protection Policy and Prevention of Sexual Exploitation and Abuse (PSEA) policy.

The National Society has briefed its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. Should personnel under IFRC security responsibility, including PNS and surge support be deployed to the area, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply.

D. BUDGET

DREF OPERATION

3/7/2018

MDRPG009

Papua New Guinea Polio

Budget Group	DREF Grant Budget CHF
Medical & First Aid	5,556
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	5,556
Transport & Vehicle Costs	7,407
Total LOGISTICS, TRANSPORT AND STORAGE	7,407
National Society Staff	1,667
Volunteers	45,220
Total PERSONNEL	46,886
Workshops & Training	28,858
Total WORKSHOP & TRAINING	28,858
Travel	24,611
Information & Public Relations	6,090
Communications	926
Financial Charges	400
Other General Expenses	0
Total GENERAL EXPENDITURES	32,027
Programme and Services Support Recovery	7,848
Total INDIRECT COSTS	7,848
TOTAL BUDGET	128,582
NET EMERGENCY APPEAL NEEDS	128,582

Reference documents



Click here for:

- [DREF operation](#)
- [Operation Update no. 1](#)

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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 Humanitarian 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.**