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Emergency Plan of Action (EPoA)
Papua New Guinea: Measles

International Federation of Red Cross and Red Crescent Societies

DREF Operation n° MDRPG006	
Date of issue: 3 November 2017	**Date of disaster: 23 August 2017**
Operation manager: Udaya Regmi, IFRC head of country office	**Point of contact:** Ishmael Robert, Programme Manager, PNG Red Cross Society
Operation start date: 1 November 2017	**Expected timeframe:** 3 months
Overall operation budget: CHF 88,808	**Operation end date:** 31 January 2018
Number of people affected: 57 reported measles cases	**Number of people to be assisted:** 60,000[1] through awareness campaign in the affected and at-risk areas
Host National Society presence (n° of volunteers, staff, branches): Papua New Guinea Red Cross Society 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 (if available and relevant): 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), UN agencies including WHO and UNICEF; other humanitarian actors such as PSI and AMS and logistics/transport companies for vaccine transport and cold chain	

A. Situation analysis

Description of the disaster

On 23 August 2017, the first case of measles was reported in the Vanimo Green District (VGD) of West Sepik Province in North-West Papua New Guinea (PNG), near the border with Indonesia. As of 31 October, 57 cases have been reported, with eight having been confirmed by laboratory tests, and two deaths. Figure 1 below shows the affected and immediate risk districts identified by the National Department of Health and the National Measles Outbreak Taskforce. A measles outbreak has been ongoing in areas of neighbouring Indonesia directly beside the Vanimo Green District. The high mobility of people along this border may have resulted in measles being brought over to PNG, including new cases. The vaccination coverage rates on the Indonesia border side are low. The government is putting in place vaccination at the official border crossing; however, there are also other border sites where the spread of measles can occur.

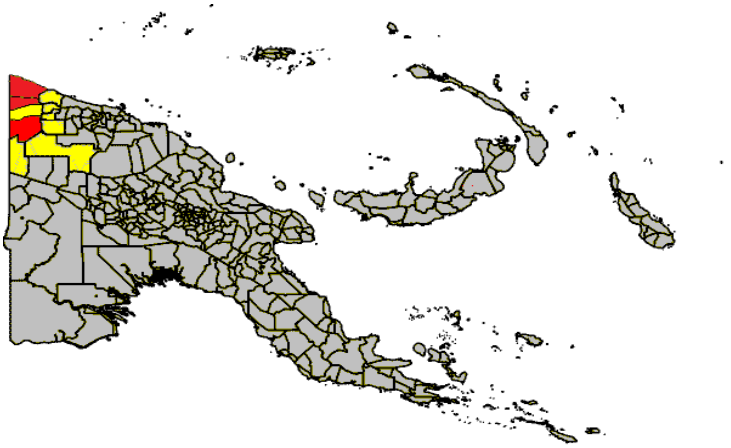

Figure 1 (left): Local-level Government (LLG) areas affected by outbreak measles cases (red) and surrounding LLGs at immediate risk for spread (yellow), as of 25 September 2017.

Map from Papua New Guinea National Department of Health.

[1] This number has been calculated based on the number of people in the affected areas as well as the capacity of the National Society to respond, in addition to information provided by the government and other partners (WHO and UNICEF). Further targeting will be done during the implementation phase, and this number may change.

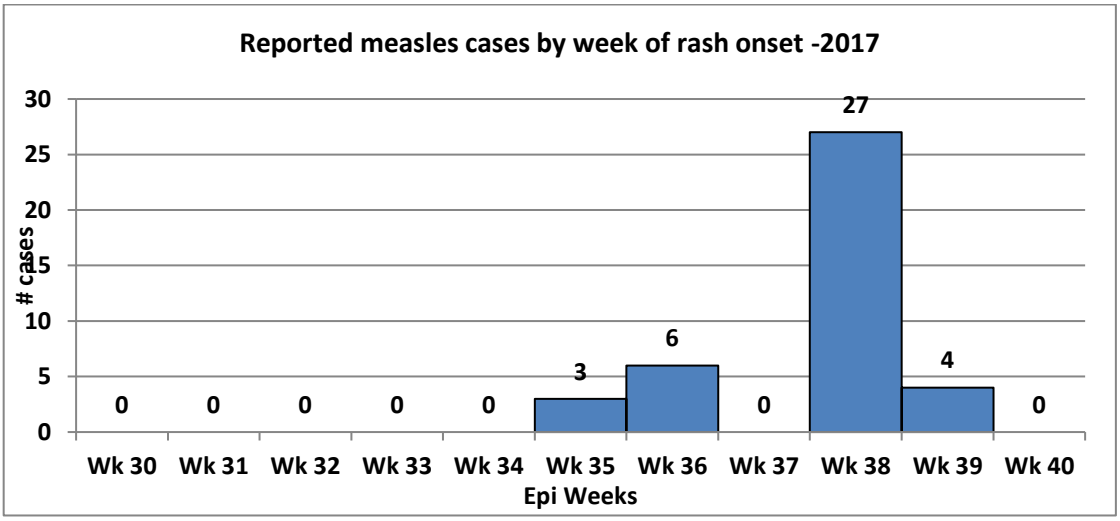

Figure 1: Epidemic curve of suspected measles cases from Vanimo Green District, by epiweek, as of 25 September 2017. Figure from Papua New Guinea National Department of Health.

Figure 2: Epi curve of suspected measles cases from Vanimo Green District by Epiweek, as of October 2017. Of note and not reflected in this graph, cases are now being reported in new and additional villages in the district and surrounds, indicating the outbreak is not contained. Further updates from the affected district are still forthcoming from the District Health Office due to communication challenges in the remote location.

The latest reported case was on 20 October, noting that there are delays with receiving up to date information from the field due to communication challenges. A concern is that new cases are now being identified in additional villages throughout the district, indicating the outbreak is not contained and spreading. With poor access to health services and reporting delays, case numbers are expected to be higher than identified at present. Vaccination campaigns have commenced in some villages; however social mobilization and awareness activities have been identified by the National Department of Health (NDOH) and partners as a major gap that will impact on the success of the vaccination campaign.

The last reported measles outbreak in PNG occurred in 2013-2014 and began in September 2013 in the same province. It spread to the western province in December 2013 and then cases were reported nationwide over the next eight months. The outbreak eventually made its way to Solomon Islands and Vanuatu. In 2014, the country reported 2,299 lab-confirmed measles cases from 22 provinces. During this outbreak, 54 per cent of cases occurred among children under the age of five, and 12 per cent occurred in children between the ages of five to nine. This is a similar age distribution to what is being seen in the current outbreak. More than 365 measles deaths were reported by the end of December 2014 with the case fatality rate (CFR) of 0.46 per cent. Following this outbreak, a dramatic decrease in reported suspected measles cases occurred, with only 49 of 3,469 suspected measles cases tested in 2016 and no lab-confirmed cases.

A large immunity gap affecting a wide age distribution exists in PNG, due to many years of extremely low routine and variable immunization coverage. This varies as well from province to province. Following the last nationwide outbreak, the same risk factors continue to exist for measles introduction, spread, and poor containment. Of particular concern is that the measles-mumps-rubella (MMR) vaccination coverage for the affected region over the last five years has never risen above 56 per cent, and is currently estimated at 33 per cent coverage. This is well below the recommended 95 per cent coverage rate to prevent an outbreak of cases. Measles mortality can be high in settings with high levels of under-nutrition and vitamin A deficiency. Treatment of acute cases with vitamin A can lower measles mortality. At present, PNG is facing a nutrition crisis with more than one in two children with chronic malnutrition, the fourth highest rate in the world and double the global average. According to a 2011 National Department of Health survey, rates of underweight children in rural areas are approximately 25 per cent, or one in four children, and wasting is at 11 per cent. The high rate of malnutrition, low vaccination coverage and poor access to appropriate health services means there is an urgent need to respond to prevent further cases from spreading[2].

Summary of the current response

Overview of Host National Society

Papua New Guinea Red Cross Society (PNGRCS) was established by an Act of Parliament in 1976, making it an auxiliary to the authorities. The National Society has a total of 500 volunteers, 25 staff and presence in all administrative units of the country through 13 branches. The PNGRCS has experience with managing five DREF operations in the past – including a cholera response in 2009 and a drought response in 2015, as well as part of the International Appeal response for Tropical Cyclone Pam in 2015.

The PNGRCS is liaising closely with the Department of Health Public Health & Surveillance Team and UN agencies involved in the current measles response, including attending the national taskforce for outbreak meetings. Although PNGRCS does not have a health focal point, the programme manager will take the lead for the operation, with technical support provided from the IFRC country and regional offices.

Overview of Red Cross Red Crescent Movement in country

IFRC has a country office in Papua New Guinea consisting of a head of country office as well as a finance delegate. Additional technical resources required to support this plan will come primarily from the Asia Pacific regional office based in Kuala Lumpur and IFRC country-cluster support team (CCST) office for the Pacific based in Suva, as well as the other Movement members, particularly those that have long standing cooperation with PNGRCS, such as Australian Red Cross, New Zealand Red Cross and the International Committee of the Red Cross (ICRC). Partners are working on longer term planning towards supporting PNGRCS with one aligned Movement support plan for greater efficiencies and drawing on the collective strengths of the Movement. The IFRC Papua New Guinea country office will provide 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 emergency health focal point will deploy to kick start the operation and provide technical support remotely and in-country as required. An RDRT Health with experience in vaccination awareness campaigns will be deployed as soon as possible for up to two months to provide support during the DREF operation.

Overview of non-RCRC actors in country

The Department of Public Health & Surveillance Team is holding weekly meetings with WHO, UNICEF, PNGRCS and other humanitarian actors to discuss the response and the way forward. A mass awareness and vaccination campaign is currently being planned to curb the cases and stop the outbreak from spreading further. On 24 October 2017, the National Department of Health requested assistance from PNGRCS and IFRC to support with the mobilization of volunteers for awareness raising and disease prevention activities. This request was made during the measles outbreak response coordination committee meeting.

A joint National Department of Health/WHO outbreak investigation team arrived in the affected area on 20 September. The outbreak investigation included a risk assessment that involved the evaluation of outbreak response capability, cold-chain and vaccine stock management, and acute fever and rash surveillance. A rapid response team also travelled to Vanimo Green District to begin an emergency response immunization targeting children from the age of six months to 15 years, using existing measles vaccine stock and supported by roughly CHF 30,000 in operational funds provided by the West Sepik Province provincial government. Vaccinations have begun in some of the at-risk districts, however the rate of completion is low and there have been delays with commencement due to cold chain and the receiving of vaccines. The PNG Remote Sensing centre is being approached to be involved in the GIS mapping of cases and outbreak response, which will further enhance the information being received.

[2] National Department of Health 2011 Survey

Needs analysis, beneficiary selection, risk assessment and scenario planning

A key challenge for the moment is poor surveillance and reporting from the province on the current status of the outbreak, coupled with the remote location(s) of the outbreak and very low vaccination coverage. For measles vaccinations to be successful, a coverage of 95 per cent is recommended, however in the province affected, vaccination rates have not been higher than approximately 50 per cent for the previous five years. They are currently estimated at 35 per cent. This means that even the low number of cases being reported can have a large impact on the spread of measles in the affected region due to low vaccination coverage, low nutritional status, and poor access to health care services. The National Department of Health is planning to send a team to the affected areas to provide additional support, particularly on reporting and vaccine management.

Vaccinating children under the age of 15 is a key priority noting the low vaccination coverage. Currently there are around 700,000 vaccines in country, which is sufficient at this time according to the National Department of Health to ensure appropriate vaccination coverage in the affected population.

Nationwide awareness is being considered a priority by the government. Information, education and communication (IEC) materials specific to measles are approved by the NDOH but require funding for printing. Advocacy messaging is being targeted at all provinces, particularly those including Vanimo and the nearby provinces that share a provincial border. It is in these interventions that PNGRCS volunteers will play a key role in, working alongside the National Department of Health to mobilise communities on awareness, early detection, the importance of Vitamin A, and ensuring vaccination coverage of the target group.

Risk Assessment

The distance to reach the affected villages is quite far, six hours by road and four hours by boat, from the closest airport. This will be factored into the detailed planning and budgeting for the operation, and will include security considerations related to this. Advice from the National Measles Outbreak taskforce is to utilize local volunteers and staff from the affected communities to ensure community acceptance, and minimise security risks. Population Services International (PSI) previously implemented programs in malaria prevention in the affected areas, including training and mobilizing hundreds of volunteers from the area. The PNGRCS is in discussion with PSI about the utilization of these volunteers for the response, to add to the PNGRCS volunteers available locally. Volunteers involved in the outbreak area will ensure vaccination coverage for MMR and have training on how measles is spread, detection and referral to minimise risk to volunteers and their families. PNGRCS volunteers will also be equipped with first aid kits, phones with credit and emergency food/water in remote locations. They will also be given the measles vaccine if they have not already received it.

B. Operational strategy and plan

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 and partners, to curb the measles outbreak in West Sepik Province.

Proposed strategy

This DREF operation is expected to be implemented over three months, to be completed by 31 January 2018. The proposed operational strategy aims at complimenting the national immunization campaign for vaccination of children (up to age 15 years) with key messages on the importance of measles and rubella immunization through social mobilization and awareness-raising activities among their parents and care-takers in the affected districts (Green River, Vanimo Urban LLG and Walsa LLG) and high-risk districts of Amanab, West Aitap, West Wapei, East Wapei, Namon, Tunap and Yapaie. The total number of people targeted is 60,000, which has been calculated based on the number of people in the affected areas as well as the capacity of the National Society to respond, in addition to information provided by the government and other partners (WHO and UNICEF). Further targeting will be done during the implementation phase, and this number may change. Main activities include:

- One-day training sessions on the recognition of measles cases and measles and rubella vaccination and epidemic control for volunteer (ECV) for a total of 54 people (four staff and 50 volunteers) in the high risk and affected districts.
- Deployment of trained staff and volunteers to support the immunization campaign in the target districts through social mobilization. This social mobilization will cover the entire population of targeted districts, through a door-to-door campaign. It will also include public sensitization in places of worship, schools, markets and other public and community venues.
- Volunteers will assist in case finding and referral of suspected measles cases to treatment centres.
- Printing and dissemination of information, education and communication (IEC) materials.
- Procure and distribute first aid kits to volunteers.
- A ‘lessons learned workshop’ for participating staff and volunteers at the end of the DREF operation.

Operational support services

Human resources

As PNGRCS currently has no health focal point therefore a health RDRT will be deployed for at least two months of the operation to work alongside the PNGRCS programme manager and support the operation. Technical backstop will be provided by the IFRC Asia Pacific regional emergency health coordinator as required.

In total, 50 volunteers and four staff will participate in the operation. Each volunteer will be deployed for 11 days during the vaccination campaign, and will be provided with per diem, funds for transportation as well as Red Cross visibility. Those involved in the response will be provided with vaccination prior to deployment and insurance coverage.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, customs clearance, 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 required for successful implementation of this operation, will be done by the PNGRCS with the support of IFRC country office, and there is no anticipation of international procurement needs for this operation.

Information technologies (IT)

A total of 15 phones will be purchased with airtime for volunteers working in the remote areas to ensure access to communication for safety and security. Most volunteers do not have mobile phones, and due to security concerns, the RDRT and IFRC/National Society headquarter staff supporting the operation may not be permitted to travel to the locations. All volunteers will have access to means of communication at all times while in the field. This will 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 will support, if required. This support will include carrying out media relations, if required, and producing content that could include news articles, social media updates and key messages. This will also include managing communications risks, for example by producing reactive lines, where necessary. Assistance can also be provided on guidance for the production of advocacy and IEC messaging and ensuring communities have the information they need and volunteers are prepared to answer the questions and concerns of communities.

Security

The National Society's security framework will apply throughout the duration of the operation to their staff and volunteers. The National Society will brief 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 in order to ensure they have means of communication at all times throughout the operation.

Planning, monitoring, evaluation, & reporting (PMER)

The programme manager at PNGRCS headquarters, with the support of IFRC, will guide and monitor the Plan of Action.

Reporting on the emergency plan of action will be carried out according to IFRC minimum standards. Monitoring visits to the affected communities and interviews with beneficiaries, volunteers and others participating in the response will also be conducted to assess progress at regular intervals and guide any required adjustments to the proposed response. At the end of the operation, a lessons-learned workshop will be carried out by PNGRCS staff, volunteer and relevant stakeholders.

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 finance focal point in PNG will provide support to the operation.

C. DETAILED OPERATIONAL PLAN

Health

Outcome 4: Vulnerable people's health and dignity are improved through increased access to appropriate health services													
Output 4.1.5: Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations													
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	
One-day training sessions on measles for PNGRC 3 to 4 staff and 50 volunteers		X				X							
Printing of information and visibility items (banners, leaflets, questionnaires)	X	X	X	X	X	X	X	X	X	X	X	X	
Production of visibility outfits with RC logo	X	X	X										
Dissemination of messages/social mobilization	X	X	X	X	X	X	X	X	X	X	X	X	There are three phases for vaccination campaigns planned for 2-3 weeks each.
Ensure appropriate referral processes for detection and referral of measles cases identified in community and data management	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct ECV training for volunteers and staff to reinforce hygiene and disease prevention messages						X	X						
Procure and distribute first aid kits to volunteers													
Participation in planning and coordination meetings at national, regional and district level	X	X	X	X	X	X	X	X	X	X	X	X	
Joint monitoring with relevant partners (MoH, WHO, other RC partners)	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct lessons learnt workshop at national or district level												X	

Budget

DREF OPERATION **01/11/2017**

MDRPG006 Papua New Guinea Measles

Budget Group	DREF Grant Budget CHF
Medical & First Aid	3,968
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**3,968**
Transport & Vehicle Costs	2,413
Total LOGISTICS, TRANSPORT AND STORAGE	**2,413**
National Society Staff	916
Volunteers	34,321
Total PERSONNEL	**35,237**
Workshops & Training	10,400
Total WORKSHOP & TRAINING	**10,400**
Travel	18,697
Information & Public Relations	11,024
Communications	714
Financial Charges	300
Other General Expenses	635
Total GENERAL EXPENDITURES	**31,370**
Programme and Services Support Recovery	5,420
Total INDIRECT COSTS	**5,420**
TOTAL BUDGET	**88,808**
NET EMERGENCY APPEAL NEEDS	**88,808**

Reference documents ↘

Click here for:

- DREF Budget

Contact information

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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.