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Emergency Plan of Action Operation Update

Papau New Guinea: Measles



DREF Operation n° MDRPG006	GLIDE n° EP-2017-000158-PNG
DREF update n° 1 Issued: 19 December 2017	Timeframe covered by this update: 1 – 30 November 2017
Operation start date: 1 November 2017	Operation timeframe: 3 months ending 31 January 2018
Overall operation budget: CHF 88,808	DREF allocation: CHF 88,808
N° of people being assisted: 9,132 people from where the 57 cases were identified were directly reached through vaccination/mobilisation messages; while over 50,000 people were indirectly benefited from social mobilisation campaign in 33 villages.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: 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 local branches. The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC), RDRT Health supported was provided by Australian Red Cross for one month.	
Other partner organizations actively involved in the operation: Department of Health - Public Health & Surveillance Team, National technical agencies, provincial disaster committees (PDCs), UN agencies including WHO and UNICEF; other humanitarian actors such as PSI and AMS and logistics/transport companies for vaccine transport and cold chain.	

Summary of major revisions made to DREF Operation emergency plan of action (EPoA):

Since 19 October there has been no new measles cases reported and the epidemic was completely under control. The declaration of measles outbreak was lifted on 19 November and the Department of Health has since diverted the focus to a “mop-up” MR vaccination campaign. The Vanimo-Green District Health Manager requested the PNGRCS volunteers to focus on social mobilization in the three target areas. Therefore, the DREF operation budget is being revised from CHF 88,808 to CHF 67,452 to reflect the changes in the operation’s targets and activities. These included scaling down the target numbers from 60,000 to 50,000 people, and adding a new activity - mass awareness campaign through radio programming.

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 had 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 for immediate action. 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. To further increase the risk, 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.

In late 2013 into 2014, a nationwide measles outbreak occurred in PNG. The outbreak started in the same province and rapidly spread into other province, making its way into Solomon Islands and Vanuatu over an eight-month period. Indications pointed to similarities with this outbreak. In 2014, 54% of the reported cases occurred among children under the age of 5, and 12 per cent occurred in children between the ages of 5 to 9. This is a similar age distribution to what was 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. In 2014, the outbreak was contained with only 49 of 3,469 suspected measles cases tested in 2016 and no lab-confirmed cases. The National Department of Health and the National Measles Outbreak Taskforce wanted to ensure the quickest possible containment of cases and hence declared an outbreak. Due to the remarkably low (14%) indicator for laboratory confirmation, alongside incomplete or partially available data on epidemiological linkage, there is a very high chance of there being clinically measles compatible cases. However, given the context, it was more prudent to label everyone as “suspected measles” cases and do a blanket campaign for ALL which helped in containing the outbreak within certain districts in the Province.

The last case of measles was confirmed on 19 October. After a grace period of 30 days with no further reports of outbreaks, the National Department of Health and the National Measles Outbreak Taskforce declared an end to the outbreak on 28 November. A mass vaccination campaign had already commenced in Sandaun Province, focusing on the areas where cases were confirmed. With that, improved cold chain capacities were put in place. Initially there was very poor operational cold chain facilities in the remote locations where cases were detected. The cold chain coverage stood at no more than 10% within the Vanimo-Green District area. UNICEF assisted to ensure adequate cold chain in the affected areas by installing new fridges in designated health facilities. Measles vaccines as well as vaccines for routine immunisation programs were transported and available to launch regular vaccination campaigns. The District Health Manager for Vanimo-Green, nonetheless received information that a number of children under 15 years of age in three areas of Vanimo Green district were left out of the campaign. As such, it was decided to launch a “mop-up” vaccination campaign in those areas. The District Health Manager requested the involvement of PNGRC to support in awareness campaign. The target population for measles mop-up campaign is children between 6 months and 15yrs in three areas of Vanimo-Green District.

Following the mass vaccination campaign a Rapid Convenience Monitoring (RCM) was conducted in Vanimo-Green district. Twenty household in each of the three areas were randomly selected to assess coverage of the target group (6 months – 15yrs). As Ossima area has an overall immunisation rate of 29%, a RCM was not done here but instead the area was immediately prioritized for inclusion in the measles mop-up campaign. Results of the RCM revealed coverage of 77% for measles in Vanimo urban catchment; 83% in Lote catchment. The District Health Manager requested PNGRC volunteers to focus on social mobilization and awareness in these three areas (Lote, Vanimo urban and Ossima) to precede and support the health department’s mop up immunisation schedule commencing on 27th Nov 2017.

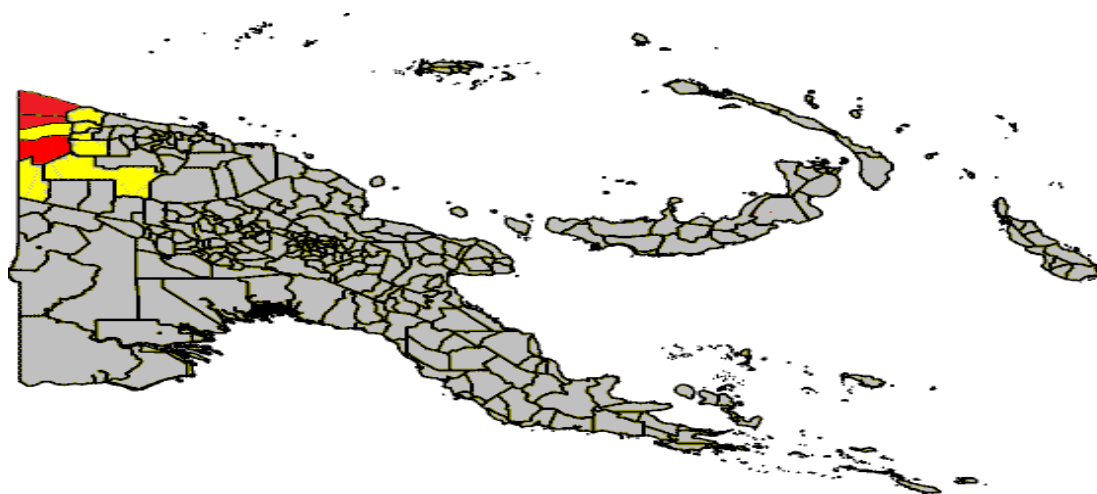


Figure 1: Local-level Government areas (LLGs) affected by outbreak measles cases (red) and surrounding LLGs at immediate risk for spread (yellow), as of 25 September 2017. Map from Papua New Guinea National Department of Health.

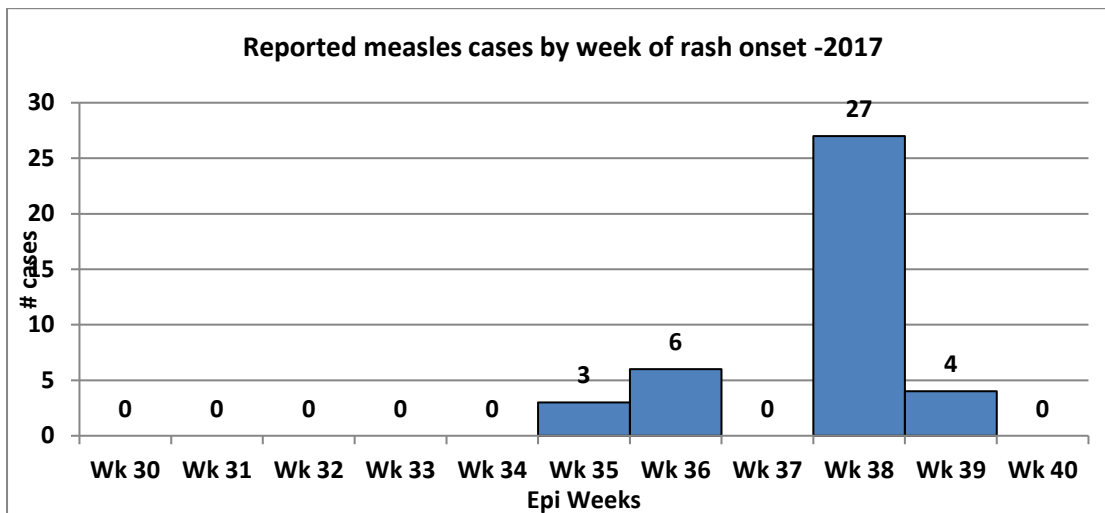


Figure 1: Epidemic curve of suspected measles cases from Vanimo-Green District, by Epi Weeks, as of 25 September 2017. Source: Papua New Guinea National Department of Health.

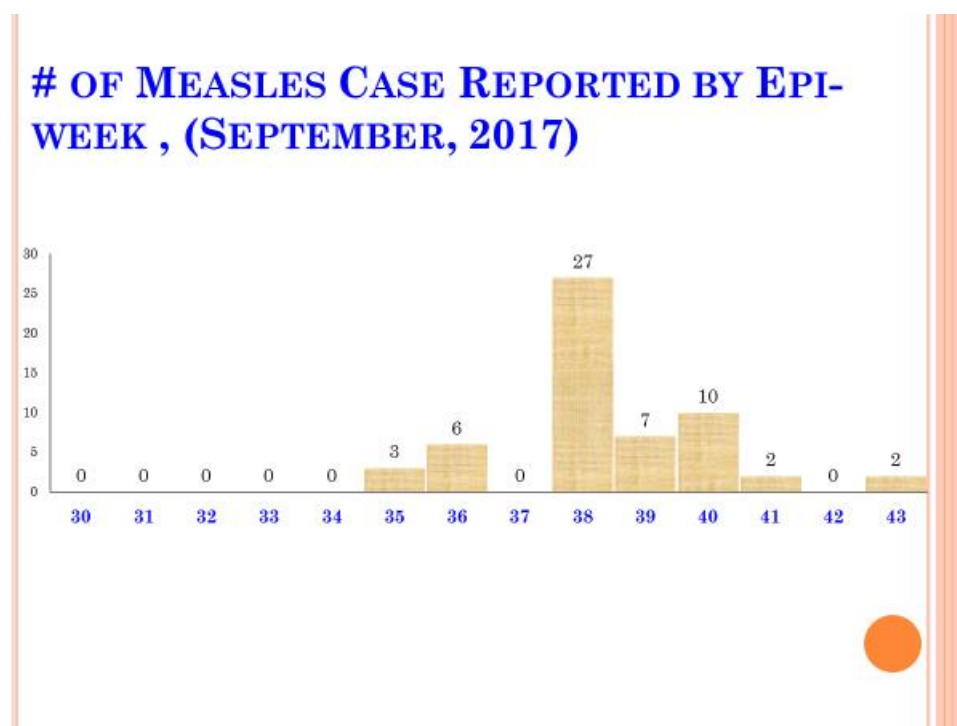
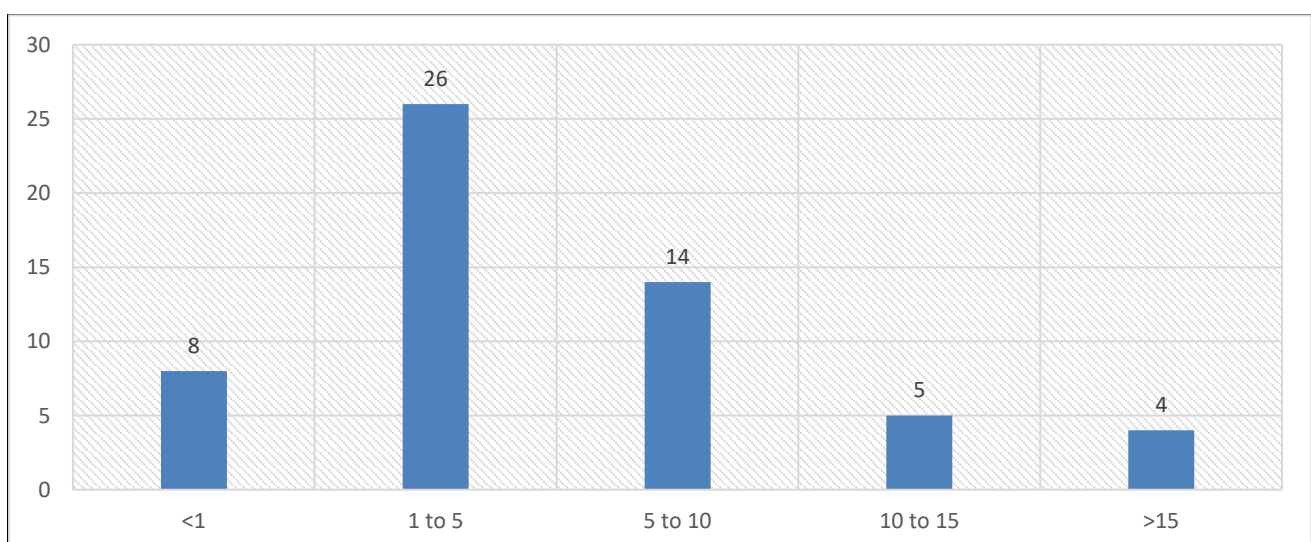


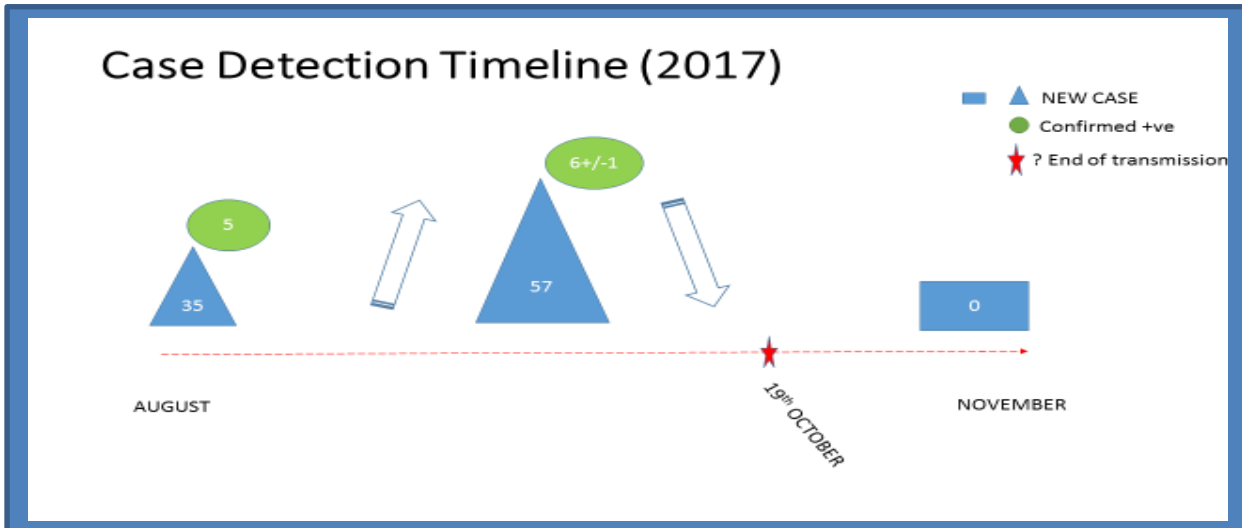
Figure 2: Epi curve of suspected measles cases from Vanimo Green District by Epi Weeks, September-October 2017.

Number of Measles Cases Reported by Age Group (Aug-Oct 2017)



- Throughout the outbreak period the highest (46%) number of cases were found to have occurred amongst children between the ages of 1 to 5 years.
- All 57 cases were reported as “suspected measles” during the 3-month period after having developed rashes; with the peak onset date having been on the 14 September 2017. This had been exactly when the outbreak was on the rise affecting the whole of the Walsa LLG after index cases were identified in the Vanimo Urban LLG and the Green River LLG; spreading outwards.

Measles Case Detection Timeline during Outbreak



There was an increase in cases by 39% over a period of 2 months from August to October. It had been approximately 83 days since the onset of the outbreak and 37 days since the last new case was detected.

Summary of current response

Overview of Host National Society

PNGRC has been closely coordinating with the National Department of Health and the National Measles Outbreak Taskforce since the beginning of the outbreak. It was identified in the early stages that PNGRC would require technical support during this operation, as such a call for a regional health RDRT was planned for the duration of the operation.

The Australian Red Cross responded to the RDRT call and supported with a one-month deployment of a health RDRT from 12 November to 12 December. Planning sessions were immediately held with PNGRC's Secretary General, PNGRC's Program Manager, IFRC Head of Country Office and health RDRT. The outcomes of these planning sessions were:

- Finalization of list of procurement needs required for the field kits that would be used by the volunteers going to the target areas. Items include tents, sleeping bags, torch lights and visibility.
- Printing of measles campaign IEC materials after Program Manager, PNGRC receives approval of modifications from NDoH
- Decision to mobilise one PNGRC volunteer from Mt Hagen Branch as Program Coordinator to travel to Vanimo to assist the PNGRC's Sandaun interim branch with recruitment of volunteers and to partner with RDRT during operations in Vanimo.
- Attendance of health RDRT to the NDoH surveillance taskforce meeting, followed by travel to Vanimo to conduct training & mobilization of volunteers
- ECV toolkits to be printed through funding from the Japanese RC.

An initial coordination meeting with District Health Manager in Vanimo-Green District was organized and discussions were carried out to support in the planning of the vaccination team for mop up campaign. At that time, the Health Department requested PNGRC's involvement in awareness campaign targeting the population for measles mop up campaign in the three areas. As such, PNGRC actions towards the awareness campaign have been:

- A one-day orientation was held for forty-seven PNGRC volunteers. While the training served to orient the new recruits, which were the majority of the group, the orientation also served as a refresher to the older volunteer recruits. The training focused on the RC/RC Fundamental Principles and IFRC Code of Conduct.

- Planning with the District Health Manager in Vanimo-Green District on the PNGRC volunteers support to the mop-up vaccination campaign to the three districts was finalized on 23 November.
- On 24 November, the health RDRT conducted a training for the forty-seven PNGRC volunteers on measles identification, measles surveillance, MR vaccination campaign, the importance of routine vaccinations, and on social mobilization/community awareness messaging.
- PNGRC volunteers mobilized to villages and public areas in the three areas to deliver measles awareness and surveillance between 25 and 30 November. This mobilization occurred ahead of the mop up campaign organized by the DoH EPI teams.

After the declaration of the containment of the outbreak on 28 November, and with the launching of the mop-up campaign, the bulk of the activities planned for the remainder of the operation have been implemented.

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 operation came 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 PNG RC, such as Australian Red Cross, New Zealand Red Cross and the International Committee of the Red Cross. 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. IFRC Papua New Guinea Country Office is 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 deployed to kick start the operation and provide technical support remotely and in-country as required. An RDRT Health profile from the Australian Red Cross, with experience in vaccination awareness campaigns, deployed to support the operation for one month.

Overview of non-RCRC actors in country

The Department of Public Health & Surveillance Team was holding weekly meetings with WHO, UNICEF, PNGRCS and other humanitarian actors to discuss the response and the way forward. The last task force meeting was held on 28 November with the declaration of the end Measles Outbreak at a National level, and a confirmation of the continuation of the mop-up and regular vaccination campaigns. Throughout the operation, the health RDRT and PNGRC staff and volunteers coordinated and met regularly with Department of Health DHM Vanimo – Green.

Additionally, a number of actors responded including:

- UNICEF installed new fridges in health facilities in Vanimo – Green district (cold chain support)
- CDC representative has remained in the Province to assist with epidemiology and surveillance
- WHO has had staff in the province coordinating the EPI workshop on microplanning for routine EPI activities in 2018. Micro plans are completed; depending on funding, four rounds for routine EPI in more remote areas will be conducted as well as a plan for a program every two-months in the more densely populated areas.
- The DHM is liaising with provincial partners to access further funding streams. Currently the logging camps assist the EPI teams with fuel for outreach program.
- PSI have volunteers conducting awareness re malaria in the province & have been requested to share awareness of measles during the outbreak (no confirmation that this actually occurred)
- RAM (Rotary Against Malaria) were also asked to disseminate information during their activities with mosquito net distribution

Needs analysis and scenario planning

Initially the challenge was poor surveillance and reporting from the province on the status of the outbreak, coupled with the remote location(s) of the outbreak and very low vaccination coverage. The National Department of Health sent teams to the affected areas to provide additional support, particularly on reporting and vaccine management. Rapid deployment of vaccination team to the areas with cases occurred from 9 September. Problems with cold chain were addressed by UNICEF with the instillation of new fridges in the health facilities, with a prioritization of the affected areas. The availability of vaccination wasn't a concern as there are sufficient vaccines in the province to cope with the current demand.

Nationwide awareness is considered a priority by the government. Information, education and communication (IEC) materials specific to measles are approved by the National Department of Health but require funding for printing. PNGRCS took on the role of social mobilization and as such took on the printing of laminated posters to support the social mobilisation plan (funded under this DREF). Quotes were obtained and printing and delivery was complete on 5 December in Vanimo, Sandaun Province.

Advocacy messaging is being targeted at all provinces, particularly those including Vanimo and the nearby provinces that share a provincial border. PNGRCS volunteers have played 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 in the Vanimo – Green District mop-up campaign which began on 27 November.

Following the Rapid Convenience Monitoring (RCM) which pointed to the low coverage rate for MR vaccination in Lote, Vanimo Urban area and Ossima, it was decided that these areas would be targeted for the mop-up campaign. The target group in these areas are all children between 6 months and 15 years of age; estimated population for these areas is 27,483.¹ District health vaccination teams have schedule of the areas that will be part of the mop-up campaign for the duration between 27 November and 15 December. Routine immunisation will be provided during these mop-up clinics as well.

Risk Analysis

As the measles outbreak was declared over on 19 November and the DoH is now focussing on the mop-up and MR vaccination campaign, the Vanimo – Green DHM requested PNGRCS volunteers to focus on social mobilization in the three target areas mentioned above. Most of these communities can be accessed by road and only a few required volunteers to camp overnight.

Many of the volunteers are from the areas targeted for this campaign, which reduces challenges to access and security. Community Leaders were informed in advance of the activities of PNGRC volunteers, and that they would be targeting house to house visits to encourage vaccination coverage for MR, the importance of vaccination, to provide information to families on how measles is spread and information on referral of suspected cases. The Community Leaders then informed the community of the schedule that is followed by the volunteers in each village.

Due to the late arrival of first-aid kits to Vanimo, PNGRC volunteers were provided at a later stage of the mobilization. Fifteen sets of mobile phones were purchased under this operation, which provided only one phone for each team. Many of the volunteers used their own phones with credit provided through this operation. Teams were dropped off and collected by the health RDRT and program coordinator at start and completion of each site (village, church, market, school, etc).

It was planned for the volunteers to have MR vaccination but the DHM and UNICEF deemed it not necessary as they would be mobilising in areas where there were no cases of measles diagnosed.

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 complementing the national immunization campaign for vaccination of children (up to 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. Three areas were prioritised for a mop up MR campaign due to low coverage rates: Lote district (83%), Vanimo urban (77%) and Ossima district (29%). The total number of children targeted is 27,483. The total number of people targeted is revised to 50,000 from 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 47 volunteers (F14 and M:33) in the high risk and affected districts. Epidemic control for volunteer (ECV) training for 24 (F:9 and M:12) volunteers involved in the current program will take place in December 2017 in Vanimo.
- 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-

¹ According to the Department of Health statistics November 2017

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

A gap in health capacities for the PNGRC was identified from the onset. As such, a RDRT Health was recruited from Australian Red Cross for one month (12th Nov – 12th Dec 2017). Except than the lesson learn workshop most of the activities has been completed, as such a second rotation for a RDRT Health in no longer needed. PNGRC volunteer from Mt Hagen branch was also mobilized as program coordinator for Vanimo for the period of 19 November to 8 December 2017. Forty-seven PNGRC volunteers from Sandaun Province (Vanimo area), many of them new recruits, were trained on measles identification, measles surveillance, MR vaccination campaign, and the importance of routine vaccinations. They also received a one-day induction on the Fundamental Principles and the Red Cross/Red Crescent Movement. Twenty-one of those volunteers were trained in ECV on 6 December and logistics supply chain.

By 30 November, forty-six volunteers had been deployed for a total of 4 days each. A staff member from the Logistics department of PNGRC supported with a two-day visit to the operation in Vanimo.

Logistics and Supply Chain Management

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. The procurement of first aid kits, PPE kits for volunteers and visibility materials needed for the operation implementation is completed by the NS and is being further distributed by the reporting time. IFRC AP Operational Logistics, Procurement and Supply Chain Management has been extending technical logistics support to NS and IFRC CO as per needed.

Information technologies (IT)

A total of fifteen phones were purchased, providing one phone for each team. Mobile phone and internet access is very limited in Sandaun Province. However, most of the volunteers have mobile phones and were provided credit to use during mobilisation activities. There are no travel restrictions or safety concerns in the areas covered under this current operation. All volunteers were provided contact details for RDRT and program coordinator in case of any incidents.

Communications

As PNGRCS does not have a communication team, the IFRC AP regional Communication Manager has supported remotely and the Head of Country office has captured some photos of the activities during this monitoring visit. Health RDRT has supported in 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 applies throughout the duration of the operation to their staff and volunteers. The National Society briefed PNGRCS staff and volunteers being deployed to the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. The RDRT was briefed on the existing IFRC country security plans, including contingency plans for medical emergencies, relocation and critical incident management. In this case, location specific safety and security assessments has been conducted. IFRC's Regional Security Coordinator has been closely monitoring the situation and is available to provide advice as required. Phones and telephone recharges were provided to PNGRC volunteers to support in communication, and volunteers were dropped off and picked up by the Health RDRT and Program Coordinator as specified locations and times.

Planning, monitoring, evaluation, & reporting (PMER)

A PNGRC programme coordinator was recruited to guide and monitor the Plan of Action. He was supported by the Health RDRT.

Reporting on the emergency plan of action is carried out according to IFRC minimum standards. A final report will be issued within three months after the end of the operation i.e. before 30 April 2018.

The IFRC head of country office will lead in continuing monitoring visits in Vanimo with the affected communities, where the Health RDRT had conducted interviews with beneficiaries and volunteers participating in the response.

At the end of the operation in January, a lessons-learned workshop will be carried out by PNGRCS staff, volunteer and relevant stakeholders.

Administration and Finance

The IFRC provided all 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 & care

Health & care							
Outcome 1 Vulnerable people's health and dignity are improved through increased access to appropriate health services	Outputs		% of achievement				
	Output 1.1. Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations.		80%				
Activities	Is implementation on time?		% progress (estimate)				
	Yes (x)	No (x)					
1.1.1 One-day training sessions on measles for PNGRC 3 to 4 staff and 50 volunteers	X		80%				
1.1.2 Printing of information and visibility items (banners, leaflets, questionnaires)	X		100%				
1.1.3 Production of visibility outfits with RC logo	X		100%				
1.1.4 Dissemination of messages/social mobilization	X		50%				
1.1.5 Ensure appropriate referral processes for detection and referral of measles cases identified in community and data management	X		100%				
1.1.6 Conduct ECV training for volunteers and staff to reinforce hygiene and disease prevention messages	X		100%				
1.1.7 Procure and distribute first aid kits to volunteers	X		80%				
1.1.8 Participation in planning and coordination meetings at national, regional and district level	X		100%				
1.1.9 Coordination with relevant partners (MoH, WHO, other RC partners)	X		100%				
1.1.10 Conduct lessons learnt workshop at national or district level	X		10%				
Progress towards outcomes							
Training conducted for 47 PNGRCS (Female:14 and Male:33) volunteers. Topics covered: recognition of measles and surveillance; social mobilisation for current 'mop up' vaccination campaign in Sandaun Province; community awareness re importance of routine vaccinations and referral mechanisms. Similarly, 21 volunteers (Female: 9 and Male:12) received one-day ECV.							
Three areas in Vanimo – Green district were prioritised for a MR mop up campaign due to low coverage rates: Lote district (83%), Vanimo urban (77%) and Ossima district (29%). The total number of children targeted is 27,483.							
All children aged 6 months to 15 years of age will be targeted for MR vaccination as well as opportunistic routine immunisation catch up during this period from 27 th November until 15 th Dec 2017.							
Social mobilization activities included:							
33 villages visited for awareness & surveillance (measles & routine immunization emphasized) 1287 individual households visited							
Villages visited	HH visited	0-4yrs Males	0-4yrs Females	5-15yrs Males	5-15yrs Females	Adults Males	Adults Females
33	1287	890	766	1243	1159	2434	2640
16 community groups (churches, markets, schools) received measles awareness and information re routine immunization programs conducted by DoH. Attendance at these meetings:							
Adult males		Adult females		Males <15yrs		Females <15yrs	
407		486		721		963	

The mop up campaign will conclude on 15 December in the villages where PNGRC volunteers have completed the awareness activities. Routine immunisation activities are due to commence in February 2018 (EPI Microplans completed with assistance from WHO). The remote area of Kamberatoro in VGD has not been reached for vaccination due to lack of cold chain facilities. UNICEF are to install new fridges and the district health vaccination team plans to accompany them when they charter a plane to the area. Aitepe/Lumi district are conducting routine immunisations now and the other district in Sandaun Province, Telefomin/Nuku is quite remote and will require to fly the team in. Mass awareness campaign will be conducted through radio programme. These activities are being led by the DoH.

To prepare volunteers for response the following items were procured and delivered to Vanimo:

Items	Quantity
Sleeping bag	50
Raincoat	50
Mobile phone	15
Sleeping tent	25
Bips and caps	50
First aid kit	50
IEC material – poster	150
IEC toolkit	50 (printing covered by Japanese Red Cross)

To note: the number of first aid kits was increased from 25 kits to 50 kits as the number of volunteers increased to 47 trained and available to mobilize.

Due to delay in printing/binding ECV toolkits (covered outside this operation), the toolkits were not delivered during the training session but made available at a later time.

Coordination is key especially in times of disasters. The PNG RC/IFRC was able to coordinate with National Department of Health(NDoH) and UN Agencies (WHO & UNICEF) as well as other concerned stakeholders like Population Service International(PSI). This resulted in a detailed information on the outbreak, and to develop surveillance reports that supported in the planning for the necessary response to the affected communities. There was extensive coordination at different administrative levels (i.e. National to Province to District). However, the operation faced challenges in communication from Local Level Governments (LLGs) to District level. There was an Outbreak Coordinating Team at all National, Provincial and district level with daily response meetings only at district level. National Level coordination meeting is done regularly once a week.

An important role for PNGRC volunteers is to support social mobilisation messages for NBC radio by create songs, drama, jingles which could highlight advocacy messages; not only re measles but other health issues like routine immunisation, TB, HIV, etc. Under the current DREF for 'social mobilisation' listed in operational plan to continue until 17 January (week 12).

Through radio talk back shows via the local NBC radio station using two frequencies; i.e. Medium Wave (covering both Rural/Urban areas of the province) and Frequency Model (only received in the township of Vanimo).

Radio Dissemination

- Radio talk show on Red Cross
- Significant of vaccine against measles
- Importance of nutrition
- Handwashing and sanitation
- Disaster preparedness, mitigation and adaptation messages
-

The lessons learnt workshop is planned for 18-20 January and will include participation of beneficiaries, provincial health members, PNGRC staff and volunteers, IFRC staff and other stakeholders.

Reference documents



Click here for:

- [DREF operation](#)

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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.