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Emergency Plan of Action Final Report

Papua New Guinea: Measles

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRPG006	GLIDE n° EP-2017-000158-PNG
DREF Final Report Issued: 30 April 2018	Timeframe covered by this update: 1 November 2017 – 31 January 2018
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 of which 57 cases were identified as directly reached through vaccination/mobilisation messages; 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 (PNGRCS) 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). A RDRT member in health, from the Australian Red Cross, was deployed for one month.	
Other partner organizations actively involved in the operation: National Department of Health (NDoH) - Public Health and Surveillance Team, national technical agencies, provincial disaster committees (PDCs), UN agencies including WHO and UNICEF; other humanitarian actors such as Population Services International (PSI) and logistics/transport companies for vaccine transport and cold chain.	

Summary:

The International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) was granted on 1 November 2017 for CHF 88,808 to the PNGRCS. The DREF reached 9,132 people, of which 57 cases were identified as directly reached through vaccination/mobilisation messages; over 50,000 people were indirectly benefited from social mobilisation campaign in 33 villages.

Since 19 October, no new measles cases were reported and the epidemic is 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" Measles-Rubella (MR) vaccination campaign. The Vanimo-Green District Health Manager requested the PNGRCS volunteers to focus on social mobilization in the three target areas. Changes in the operation's targets and activities were reported in Operation Update -1. 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.

With the DREF allocation, PNGRCS met the needs of affected people and implemented a strategy that included hygiene information dissemination and community awareness to minimize or contain the spread of measles over the three-month timeframe. The scope and budget for this operation enabled the targeted population of approximately over 9,000 people to be reached directly, and a further 50,000 people indirectly.

The implementation of activities for the operation was successfully concluded by 31 January 2018. A total of CHF 45,998 was returned to DREF pot. The final financial report is available [here](#).



Figure 1- Awareness materials - Credit: PNGRCS

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. By 31 October, 57 cases had been reported, with eight confirmed by laboratory tests and two deaths. Figure 1 below shows the affected and immediate-risk districts identified by the NDoH and the National Measles Outbreak Taskforce for immediate action. A measles outbreak was ongoing in areas of neighbouring Indonesia directly adjacent the Vanimo Green District. The high mobility of people along this border may have resulted in the transmission of measles to PNG. Further increasing the risk is the low vaccination coverage rates on the Indonesia border. The government provided vaccinations at the official border crossing; however, this measure has not been done in other border crossings.

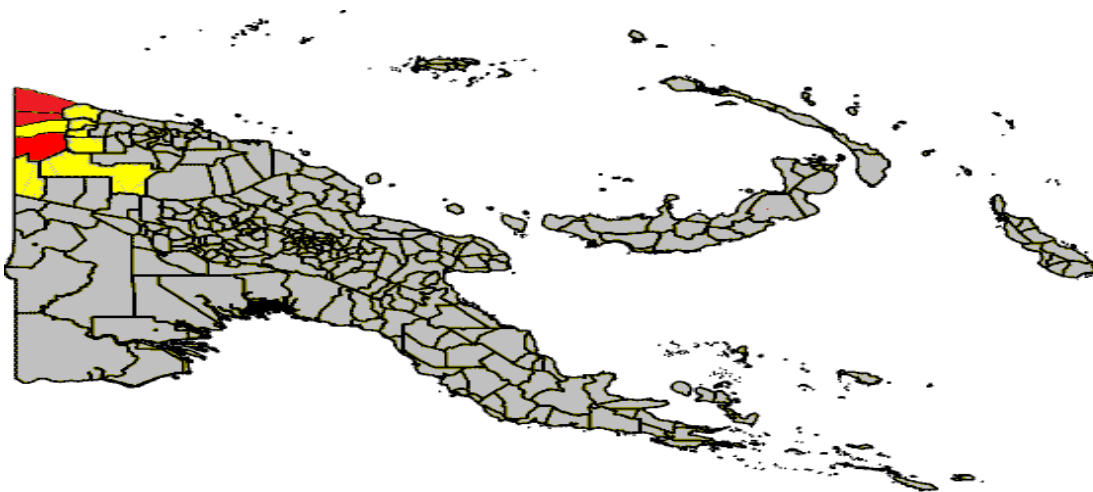


Figure 1: Local-level Government areas (LLGs) affected by outbreak measles cases (red) and surrounding LLGs at immediate risk for spread (yellow), as of 25 September 2017. Source: Papua New Guinea National Department of Health.

From late 2013 to 2014, a nationwide measles outbreak occurred in PNG. The outbreak started in the same province and rapidly spread, making its way into Solomon Islands and Vanuatu over an eight-month period. In 2014, 54 per cent 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 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 with no lab-confirmed cases. Given this history, 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 per cent) indicator for laboratory confirmation, alongside incomplete or partially available data on epidemiological linkage, there was a very high chance of clinical measles-compatible cases. However, given the context, all cases were labelled as “suspected measles” and a blanket campaign was launched to contain the outbreak within certain districts in the province.

The last case of measles for this latest outbreak was confirmed on 19 October 2017. After a 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 2017. A mass vaccination campaign had commenced in Sandaun Province, focusing on the areas where cases were confirmed. With that, improved cold chain¹ 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 per cent within the Vanimo-Green District area. UNICEF assisted to ensure adequate cold chain in the affected areas by installing new refrigerators in designated health facilities. Measles vaccines, as well as vaccines for routine immunization programmes, were transported and made available to launch regular vaccination campaigns. However, the District Health Manager for Vanimo-Green 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 PNGRCS to support the awareness campaign. The target population for measles mop-up campaign was children between 6 months and 15 years of age in three areas of Vanimo-Green District.

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

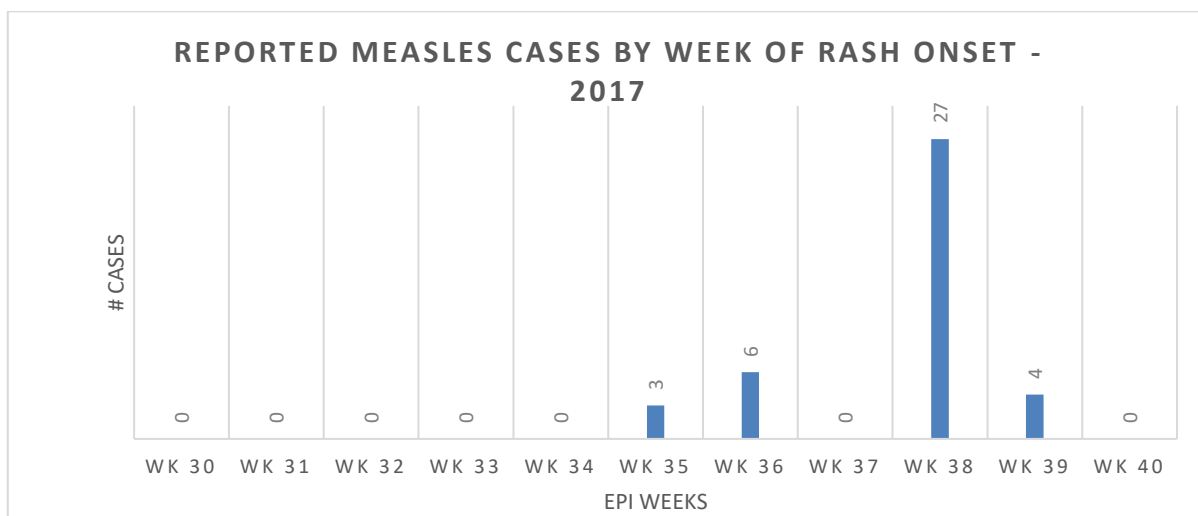


Figure 2: Epidemic curve of suspected measles cases from Vanimo-Green District, by Epi Weeks, as of 25 September 2017. Source: Papua New Guinea National Department of Health.

¹ Cold chain is referring to the refrigeration system put in place to maintain vaccines refrigerated and preserve their quality.

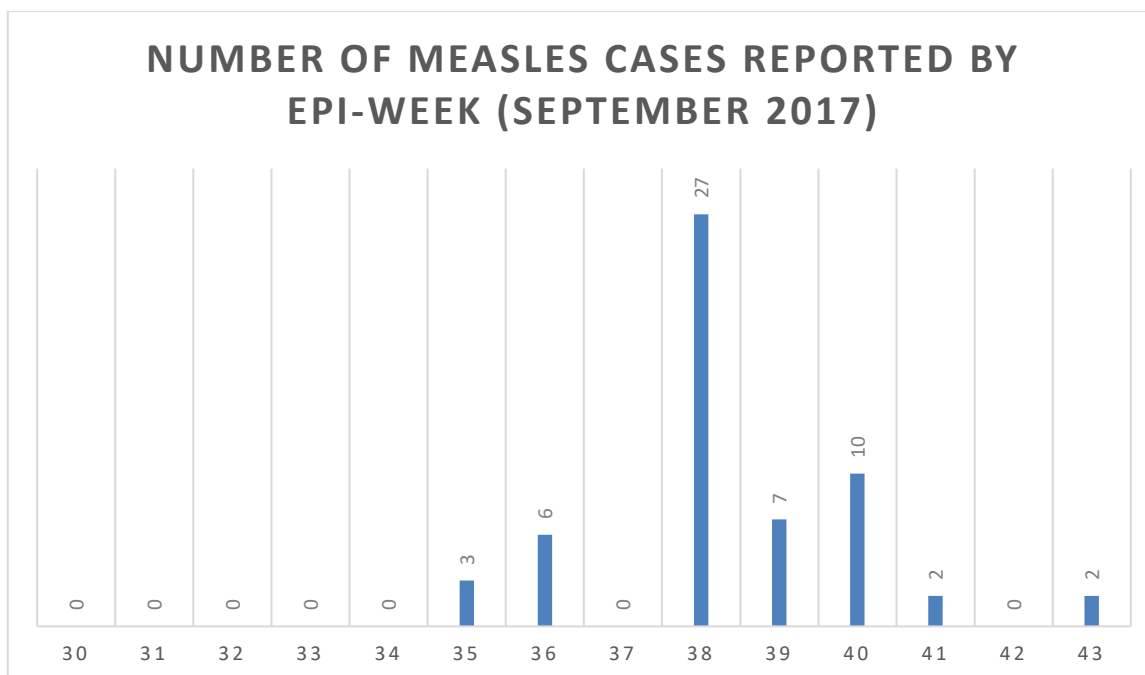
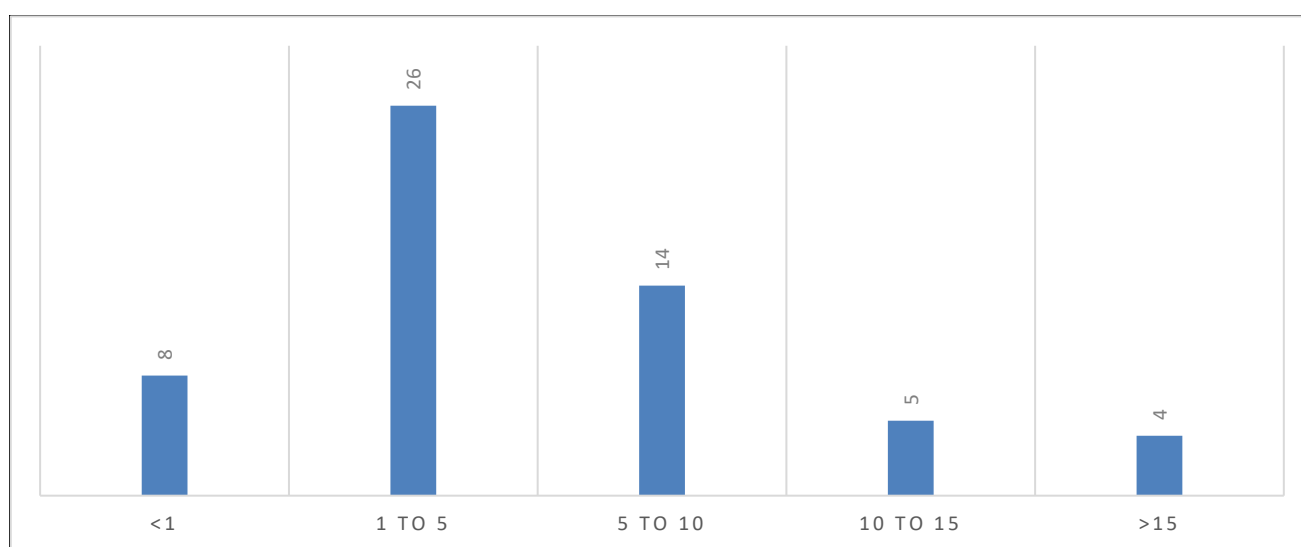


Figure 3: Epi curve of suspected measles cases from Vanimo Green District by Epi Weeks, September-October 2017.

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



- Throughout the outbreak period the highest (46 per cent) 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 on 14 September 2017. This was when the outbreak was on the rise and affected the whole of the Walsa Local Level Government (LLG), after index cases were identified in the Vanimo Urban LLG and the Green River LLG.

Summary of current response

Overview of Host National Society

PNGRCS closely coordinated 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 PNGRCS would require technical support during this operation, as such a call for a health RDRT was deployed for the duration of the operation.

The health RDRT member was deployed from 12 November to 12 December. Planning sessions were held with PNGRCS secretary general, PNGRCS programme manager, IFRC head of country office and the 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 in the target areas. Items included tents, sleeping bags, torch lights and visibility items.

- Printing of measles campaign information, education and communication (IEC) materials after PNGRCS programme manager receives approval of modifications from NDoH
- Decision to mobilize one PNGRCS volunteer from Mt Hagen Branch as programme coordinator to travel to Vanimo to assist the PNGRCS 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 and mobilization of volunteers
- Epidemic control for volunteers (ECV) toolkits to be printed with funding from the Japanese Red Cross.

An initial coordination meeting with district health manager (DHM) in Vanimo-Green District was organized and discussions were carried out to support the planning of the vaccination team for mop-up campaign. At that time, the Health Department requested PNGRCS's involvement in awareness campaign targeting the population for measles mop-up campaign in three areas: Lote district, Vanimo urban, and Ossima district. PNGRCS actions towards the awareness campaign were:

- A one-day orientation held for 47 PNGRCS volunteers. While this session served to orient the new recruits, which were the majority of the group, the orientation also served as a refresher for the older volunteer recruits. The training focused on the Red Cross Red Crescent fundamental principles and IFRC code of conduct.
- Planning with the district health manager in Vanimo-Green District on the PNGRCS volunteers' support to the mop-up vaccination campaign in the three districts was finalized on 23 November.
- On 24 November, the RDRT member conducted a training for the 47 PNGRCS volunteers on measles identification, measles surveillance, MR vaccination campaign, the importance of routine vaccinations and on social mobilization/community awareness messaging.
- PNGRCS 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 NDoH epidemiologist teams.

After the declaration of the containment of the outbreak on 28 November 2017, and with the launching of the mop-up campaign, the bulk of the activities planned for the remainder of the operation were 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 PNGRCS, 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 efficiency and drawing on the collective strengths of the Movement. IFRC Papua New Guinea Country Office provided guidance and support to PNGRCS throughout the duration of the operation. In recognition of the lack of a PNGRCS health focal point, the Asia Pacific Regional Emergency health coordinator was deployed to launch the operation and provide technical support remotely and in-country as required.

Overview of non-RCRC actors in country

The Department of Public Health and Surveillance Team held 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 2017 with the declaration of the end of the measles outbreak at the national level, and a confirmation of the continuation of the mop-up and regular vaccination campaigns. Throughout the operation, the RDRT Health member and PNGRCS staff and volunteers coordinated and met regularly with Department of Health DHM Vanimo – Green.

Additionally, other actors involved in this response included:

- UNICEF installed new refrigerators in health facilities in Vanimo – Green district (cold-chain support).
- CDC representative remained in the province to assist with epidemiology and surveillance.
- WHO had staff in the province coordinating the EPI workshop on microplanning for routine EPI activities in 2018. Micro-plans were completed; depending on funding, four rounds for routine EPI in more remote areas will be conducted as well as a plan for a programme every two-months in the more densely populated areas.
- The DHM coordinated with provincial partners to access further funding streams. Currently the logging camps assist the EPI teams with fuel for outreach programme.
- PSI had volunteers conducting awareness on malaria in the province and have been requested to share awareness of measles during the outbreak.
- Rotary Against Malaria (RAM) disseminated information alongside mosquito net distributions.

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 locations 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 a vaccination team to the areas with cases reported from 9 September. Problems with the cold chain were addressed by UNICEF with the installation of new refrigerators in the health facilities, prioritizing the affected areas. The availability of vaccines was not a concern as there were sufficient supplies in the province to respond to the demand.

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

Advocacy messaging was targeted at all provinces, particularly those including Vanimo and the nearby provinces that share a provincial border. PNGRCS volunteers 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 that 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 27,483². District health vaccination teams have scheduled the areas that will be part of the mop-up campaign for the duration between 27 November and 15 December. Routine immunisation was provided during these mop-up clinics as well.

Risk Analysis

As the measles outbreak was declared over on 19 November 2017 and the DoH's focus was 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 of these 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 PNGRCS volunteers and that they would be engaging in house-to-house visits to encourage vaccination coverage for MR, highlight the importance of vaccination, provide information to families on how measles is spread and refer 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, PNGRCS volunteers were provided kits at a later stage of the mobilization. 15 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 RDRT health and programme 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 was 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 was expected to be implemented over three months, to be completed by 31 January 2018. The proposed operational strategy aimed 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. The total number of children targeted was 27,483. The total number of people targeted was revised to 50,000 from 60,000 which was 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).

² According to the Department of Health statistics November 2017

Main activities included:

- 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 (F:14 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 took 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 covered the entire population of targeted districts through a door-to-door campaign. It also included public sensitization in places of worship, schools, markets and other public and community venues.
- Volunteers assisted case findings and referral of suspected measles cases to treatment centres.
- Printing and dissemination of information, education and communication (IEC) materials.
- Procured and distributed first aid kits to volunteers.
- Province-wide measles awareness and hygiene promotion campaign via NBC Radio, Vanimo.
- A 'lessons learned workshop' for participating staff and volunteers at the end of the DREF operation.



Figure 2- One-day measles training session for volunteers - Credit: PNGRCS

Operational support services

Human resources

A gap in health capacities for the PNGRCS was identified from the onset. As such, besides the health RDRT, one PNGRCS volunteer from Mount Hagen branch with nursing background was also mobilized as programme coordinator for Vanimo for the period of 19 November to 8 December 2017. 47 PNGRCS volunteers from Sandaun Province (Vanimo area), many of whom were 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 of the Red Cross Red Crescent Movement. 21 of the volunteers were trained in Epidemic Control for Volunteers and logistics supply chain on 6 December.

By 30 November, 46 volunteers had been deployed for a total of four days each. A staff member from the Logistics department of PNGRCS supported with a two-day visit to the operation in Vanimo.

Logistics and Supply Chain Management

Logistics activities aimed 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, personal protection equipment kits for volunteers and visibility materials needed for the operation implementation was completed by the NS. IFRC AP Operational Logistics, Procurement and Supply Chain Management has been extending technical logistics support to NS and IFRC CO as needed.

Information technologies (IT)

A total of 15 phones were purchased, providing one phone for each team. Mobile phones and internet access are very limited in Sandaun Province. However, most of the volunteers have mobile phones and were instead provided credits to use during mobilisation activities.

Communications

The Head of country office took photos of activities during the monitoring visits and coordinated communications materials with APRO communications team. Health RDRT has supported in the production of advocacy and IEC messaging and ensuring communities have the information they need and volunteers were prepared to answer the questions and concerns of communities.

Security

The National Society's security framework applied throughout the duration of the operation to their staff and volunteers. The National Society briefed PNGRCS staff and volunteers deployed to the field on the evolving situation and the relevant evacuation routes and processes to ensure they operated 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 were conducted. IFRC's Regional Security Coordinator closely monitored the situation and was available to provide advice as required. Phones and telephone pre-paid credit were provided to PNGRCS volunteers to support in communication, and volunteers were dropped off and picked up by the Health RDRT and Programme Coordinator on specified locations and times. There were no travel restrictions or safety concerns in the areas covered under this current operation

Planning, monitoring, evaluation, & reporting (PMER)

A PNGRCS 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 was carried out according to IFRC minimum standards.

The IFRC head of country office lead 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 2018, a lessons-learned workshop was carried out with PNGRCS staff, volunteer and relevant stakeholders (see details under health log frame component in next section).

Administration and Finance

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 provided 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		per cent of achievement
	Output 1.1. Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations.		100%
Activities	Is implementation on time?		per cent progress (estimate)
	Yes (x)	No (x)	
1.1.1 One-day training sessions on measles for PNGRCS3 to 4 staff and 50 volunteers	X		100%
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		100%
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		100%
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 Red Cross partners)	X		100%
1.1.10 Conduct lessons learnt workshop at national or district level	X		100%
Progress towards outcomes			
<p>1. Measles awareness and Hygiene promotion campaign:</p> <p>Since October 2017, the Papua New Guinea government requested that the PNGRCS works in coordination with the government to establish a Measles outbreak task force. PNGRCS did so gradually; and established and implemented MR awareness and hygiene promotion activities in Vanimo-Green district where the National Society has branches and volunteers available for disseminating information on Measles prevention and control, and basic hygiene messages.</p> <p>2. Volunteers Training:</p> <p>The objective was to train volunteers from Sandaun Provincial Branch to implement measles awareness and hygiene promotion activities in their respective communities. 47 volunteers were trained (Female: 14 and Male: 33) in the following topics: recognition of measles and surveillance; social mobilisation for current 'mop-up' vaccination campaign in Sandaun Province; community awareness on importance of routine vaccinations and referral mechanisms.</p> <p>Similarly, 21 volunteers (Female: 9 and Male:12) received one-day ECV training, which included disease awareness, prevention and health promotion. The technical information used during these trainings were from the IFRC Epidemic Control for Volunteers tool.</p>			

3. Public Awareness and Social Mobilization:

Following the training received by the volunteers, the branches started to disseminate information, equipped of IEC materials. Hygiene promotion information was then provided to communities at selected places where people converge (i.e. market places, bus stops, and schools). At the end of the activities on 15 December 2017, the Vanimo District-Wide Hygiene Promotion Campaign disseminated hygiene information to over 50,000 people in three districts in Sandaun Province.

Volunteers equipped with the IEC materials produced by PNGRCS in line with the National Department of Health's Measles Task Force and Communication Working Group, disseminated information on MR, immunization, importance of vaccination and on how to prevent it, and on the importance of having good hygiene practices. Normally, daily activities ran from 09.30am until 05.30pm five days a week by the trained branch volunteers.

Three areas in Vanimo – Green district were prioritised for a MR mop-up campaign due to low coverage rates: Lote district (83 per cent), Vanimo urban (77 per cent) and Ossima district (29 per cent). The total number of children targeted was 27,483.

All children aged 6 months to 15 years of age were targeted for MR vaccination as well as opportunistic routine immunisation catch up during 27 November until 15th Dec 2017.

Social mobilization activities included:

33 villages visited for awareness & surveillance (measles & routine immunization emphasized)
1,287 individual households visited

Villages visited	HH visited	0-4yrs Males	0-4yrs Females	5-15yrs Males	5-15yrs Females	Adults Males	Adults Females
33	1,287	890	766	1,243	1,159	2,434	2,640

16 community groups (churches, markets, schools) received measles awareness and information regarding routine immunization programmes conducted by NDoH. Attendance at these meetings:

Adult males	Adult females	Males <15yrs	Females <15yrs
407	486	721	963

The mop-up campaigns were concluded on 15 December in the villages where PNGRCS volunteers have completed the awareness activities. The remote area of Kamberatoro in VGD was not reached for vaccination due to lack of cold chain facilities. To complement this DREF, UNICEF installed new refrigerators and the district health vaccination team accompanied them when they chartered a plane to the area. Aitepe and Lumi districts are conducting routine immunisations now and the other district in Sandaun Province, Telefomin/Nuku is quite remote and required to fly the team in. Mass awareness campaign are being conducted through radio programmes, and led by DoH.

4. Volunteers Preparation:

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
Vests and caps	50
First aid kit	50
IEC material – poster	150
IEC toolkit	50 (printing covered by Japanese Red Cross)

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.

5. Coordination:

Coordination is key especially in times of disasters. PNGRCS was able to coordinate with NDoH and UN Agencies (WHO & UNICEF) as well as other concerned stakeholders like Population Service International (PSI). This resulted in 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 was done regularly once a week.

6. Measles and Hygiene Promotion Radio Campaign:

An important role for PNGRCS volunteers was to support social mobilisation messages by creating songs, drama and jingles which highlight advocacy messages; not only for measles but other health issues like routine immunisation, TB, HIV, etc. These were completed after two months of continuous broadcast by NBC Vanimo Radio.

The radio campaigns were done through 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).

Messages disseminated thru radios included:

- Significance of vaccine against measles
- Importance of nutrition
- Handwashing and sanitation
- Disaster preparedness, mitigation and adaptation
- Dissemination of PNGRCS/IFRC activities in the province and beyond

PNGRCS used NBC radio to implement the province-wide Measles and Hygiene Promotion Campaign to respond to the measles outbreaks in the Sandaun Province, Papua New Guinea. These were transmitted from 15 January 2018 for 60 days daily on NBC Vanimo Radio during 'prime-time' just before news hour. The three broadcasting sessions are estimated to have reached over 50,000 people every day.

7. Monitoring support and visits to Branch:

The facilitators' skills in delivering the training package increased. The three facilitators in total – one from branch and two from National Headquarters – are now confident in providing training sessions to the volunteers. Volunteers at branch levels are also committed and enthusiastic to move forward in implementing hygiene promotion activities at community level.

The IFRC HoCO and PNGRCS SG attended the ECV training and lesson learnt workshop, and visited DREF operational areas to monitor the operational impact and provide feedback and support in programme implementation.

8. Challenges and Lessons Learnt:

The following points were identified for improvement:

- **Reporting:** 1. Activity and expenditure reports to be compiled and faxed according to an agreed timeframe; and the originals will follow by post.
2. Cash Book and Acquittal Forms be used regularly as a cashbook to record all funds received (starting balance) and expenditure or costs incurred for particular activity/activities. The person(s)/volunteer(s) responsible for compiling this report needs to understand and adhere to reporting requirements.
3. It is important that the branches understand the reasons for reporting, and must report according to information on the Financial and Activity Reporting Formats.
- **Methodology:** It is important that materials of topics should reach on time and focus on one clear message to be disseminated on a timely manner in a targeted location. No materials or too much information distorts and creates confusion in people's thinking and important information may be lost.
- **Approach:** Number of volunteers reached to people and spreading messages in one-way manner is not an effective tool for the dissemination of information. A group of 10 to 15 people to one volunteer for specific topic with open discussions that allow questions and answers for specific topics, and disseminating the relevant IEC material to the topic discussed in that group are more effective. The different groups of community people are made up of men, women, girls and boys.

✓ **Lesson Learnt from the Operation:**

The lessons learnt workshop conducted on 18-20 January and included participation of beneficiaries, provincial administrators, provincial and district health managers, PNGRCS staff and volunteers, IFRC staff and other stakeholders (church groups, Vanimo Green district). A total of 19 participants attended the event (14 men and 5 women).

- ✓ The Detailed Lesson Learnt Workshop report is attached as an annex. Following are highlights from the workshop:

What worked well:

The mass immunization of the MR-vaccination in response to the measles outbreak was a success. The province successfully managed to contain the epidemic with the MR Vaccination coverage of over 100 per cent (Actual reported coverage of 105 per cent MR-Vaccination).

The strategies and processes that led to the success were captured in two categories: the first being the Provincial Health Authority and Vanimo Green District Health and the respective partners at the national and international level and the second was from the PNGRCS headquarters and Vanimo Interim Branch.

From the perspective of the PNG Red Cross Society/Vanimo Interim Branch:

I. Human Factors:

- ✓ Involvement of the PNGRCS Vanimo Branch was a success for the coverage of more than 95 per cent with MR vaccination. Additional 40 per cent of missed-out children was captured during mop-up through the involvement of PNGRCS Vanimo Branch as acknowledged by WSPHA, Sandaun Province.
- ✓ Existing volunteers and mobilization: With the presence of the volunteers on the ground, the Vanimo Branch was better prepared and could properly mobilize the volunteers for the social mobilization,
- ✓ Established volunteer database and local knowledge: The volunteer database and their local knowledge was a major factor to the success.

II. Overall:

The geographical set up of the province has indirectly prevented further infection. The rough terrain and distances also restricted the movement of people and that indirectly contributed to the slow spread of the measles virus any further.

What did not work well:

Challenges noted from the perspective of the PNG Red Cross Society/Vanimo Interim Branch:

- ✓ Delayed response: Much time was taken by the Society to respond to the epidemic was due to the delay of the availability of IEC materials and other visibility items for the social mobilization, peer mobilization and database: regular and ongoing update of the volunteer database is paramount. on the availability of the IEC materials and other visibility items for the social mobilization.ter mobilization & Database: Regular and ongoing update of the volunteer database are paramount
- ✓ Non- visibility of PNGRCS/Vanimo Interim Branch in the province: Despite the existence of the interim branch, they are seen as non-existent. An ongoing partnership with the Provincial Disaster Coordinator is paramount to be able to gain recognition within the Provincial Administration. As a way forward, an opportunity has emerged for the PNGRCS to establish dialogue with the Provincial Administration to start the process for recognition as the fully pledged branch of the National Society.
- ✓ Local Resources: Limited capacity of the volunteers. Lack of resources including funding are real setbacks for the PNGRCS/Vanimo Interim Branch in responding to the local epidemics. More capacity building for the local volunteers in health-related awareness is required. Additionally, basic and important resources such as IEC materials, funding for emergency volunteers' mobilization, communication equipment and others should be locally available for times of need.
- ✓ Lack of effective partnership with the local stakeholders has been noted for improvement. Proper stakeholder mapping and partnership needs improvement to enable convenient mobilization of the limited resources to enhance effective coordination and response is also needed.

Lack of proper office: The volunteers and the management do not have proper space to convene official meeting and duties, and this will remain a challenge for the branch.

D. The budget

CHF 88,808 was allocated to respond to the measles outbreak in Papua New Guinea. In all, the operation utilized CHF 42,810 (48 per cent of the allocation). The balance of CHF 45,998 will be returned to the DREF pot.

Reference documents



Click here for:

- [DREF operation](#)

Contact information

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

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For Planning, Monitoring, Evaluation and Reporting (PMER) queries

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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**.

Disaster Response Financial Report

MDRPG006 - Papua New Guinea - Measles

Timeframe: 01 Nov 17 to 01 Feb 18

Appeal Launch Date: 01 Nov 17

Final Report

Selected Parameters

Reporting Timeframe	2017/11-2018/3	Programme	MDRPG006
Budget Timeframe	2017/11-2018/2	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			88,808			88,808	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			88,808			88,808	
C4. Other Income			88,808			88,808	
C. Total Income = SUM(C1..C4)			88,808			88,808	
D. Total Funding = B +C			88,808			88,808	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			88,808			88,808	
E. Expenditure			-42,810			-42,810	
F. Closing Balance = (B + C + E)			45,998			45,998	

Disaster Response Financial Report

MDRPG006 - Papua New Guinea - Measles

Timeframe: 01 Nov 17 to 01 Feb 18

Appeal Launch Date: 01 Nov 17

Final Report

Selected Parameters

Reporting Timeframe	2017/11-2018/3	Programme	MDRPG006
Budget Timeframe	2017/11-2018/2	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
BUDGET (C)						88,808	88,808	
Relief items, Construction, Supplies								
Medical & First Aid	3,968			740		740	740	3,228
Total Relief items, Construction, Sup	3,968			740		740	740	3,228
Logistics, Transport & Storage								
Distribution & Monitoring				1,615		1,615	1,615	-1,615
Transport & Vehicles Costs	2,413			5,199		5,199	5,199	-2,786
Total Logistics, Transport & Storage	2,413			6,814		6,814	6,814	-4,401
Personnel								
National Staff	916							916
National Society Staff	34,321			1,391		1,391	1,391	32,930
Volunteers				7,776		7,776	7,776	-7,776
Other Staff Benefits				2,629		2,629	2,629	-2,629
Total Personnel	35,237			11,796		11,796	11,796	23,441
Workshops & Training								
Workshops & Training	10,400			9,635		9,635	9,635	765
Total Workshops & Training	10,400			9,635		9,635	9,635	765
General Expenditure								
Travel	18,697			4,264		4,264	4,264	14,433
Information & Public Relations	11,024			6,252		6,252	6,252	4,772
Office Costs				387		387	387	-387
Communications	714			217		217	217	498
Financial Charges	300			94		94	94	206
Other General Expenses	635							635
Total General Expenditure	31,370			11,213		11,213	11,213	20,157
Indirect Costs								
Programme & Services Support Recove	5,420			2,613		2,613	2,613	2,807
Total Indirect Costs	5,420			2,613		2,613	2,613	2,807
TOTAL EXPENDITURE (D)	88,808			42,810		42,810	42,810	45,998
VARIANCE (C - D)				45,998			45,998	