

www.ifrc.org
Saving lives,
changing minds.

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

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPG009	Glide n° EP-2018-000080-PNG
Date of issue: 6 July 2018	Expected timeframe: 4 months, Expected end date: 6 November 2018
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 128,582	
Total number of people affected: 1 Polio case and 2 contacts – cVDPD1	Number of people to be assisted: 50,000 through awareness campaign in the affected and at-risk areas
Host National Society(ies) presence (n° of volunteers, staff, branches) Papua New Guinea Red Cross Society (PNGRCS) has 500 volunteers, 18 headquarter staff, seven branch staff and a presence in 13 administrative units of the country through branches.	
Red Cross Red Crescent Movement partners actively involved in the operation: The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: Department of Health Public Health & Surveillance Team, National technical agencies, provincial disaster committees (PDC), WHO and UNICEF; other humanitarian actors such as Centres for Diseases Control (CDC) and Christian Health Service.	

A. Situation analysis

Description of the disaster

Papua New Guinea (PNG) health authorities have confirmed that the country is experiencing its first polio outbreak in 18 years, after one case of the virus was confirmed in an urban settlement in the country's second largest city. The virus was first detected in late April, and confirmed in late May. Experts say the virus is now "circulating" in the affected community. PNG was certified polio-free in 2000, and has not had a case since 1996. PNG's Department of Health is working alongside the World Health Organisation (WHO) to respond to the outbreak of the potentially deadly virus, which can cause lifelong paralysis in children.

The Department of Health and World Health Organization (WHO) confirmed in a joint statement, that the virus was first detected in a child in April and a vaccine-derived poliovirus type 1 (VDPV1) was isolated as the cause of paralysis in May. Earlier this month, the United States Centers for Disease Control and Prevention confirmed that the virus was circulating in the community after stool samples from two healthy children in the same area tested positive for the virus. This represents an outbreak, said the World Health Organization (WHO). Ministry of Health priority now is to respond and prevent more children from being infected. WHO and the Health Department have been working together with other partners including IFRC/PNGRCS to conduct a large-scale immunization campaign and strengthen surveillance systems that would detect the virus. National Department of Health are also collecting stool specimens from family members of patients and the community in a "mop-up" immunization campaign targeting children.

As the Polio is an infectious disease which normally spreads through the faeces of an infected person contaminate the water or food. Urban settlements in PNG's major cities has no proper water and sanitation facilities, also lack of health awareness in settlement areas in towns. People living in the settlements are migrants from rural areas for economic opportunity.

As WHO stated that the version of the virus circulating in the settlement is a "vaccine-derived poliovirus", meaning it is a mutated version of the weaker polio virus used in vaccinations. Vaccine-derived polioviruses are rare, and tend to occur in populations with very low vaccination rates. They develop when children who have not been vaccinated come into contact with the excrement of vaccinated children, and are exposed to the weaker virus. The WHO and PNG authorities have launched an emergency immunization campaign to try to prevent other children from becoming infected.

Lae is the second largest city of PNG, which is located in Morobe province. Morobe province reportedly had a polio vaccination rate of 61 per cent prior to the outbreak. PNG Health Authorities said 845 children had been immunised since the virus was first detected. Due to low immunization coverage in other bordering province Madang and Eastern Highlands are also targeted for polio awareness and immunization campaign which will start in July 2018.

According to WHO, the index case is a six-year-old boy from '4 mile' settlement in Lae, Morobe, VDPV type 1 confirmed from child's stool - Confirmed by VIDRL (Victorian Infectious Diseases Reference Laboratory) on 21 May 2018. As per WHO guidelines, the total of 22 from Morobe and 20 from Eastern Highlands children in the index case community contacts were tested, to determine if the virus is circulating. Figure 1 below shows the affected and immediate risk districts identified by the National Department of Health and the National Polio Outbreak Taskforce.

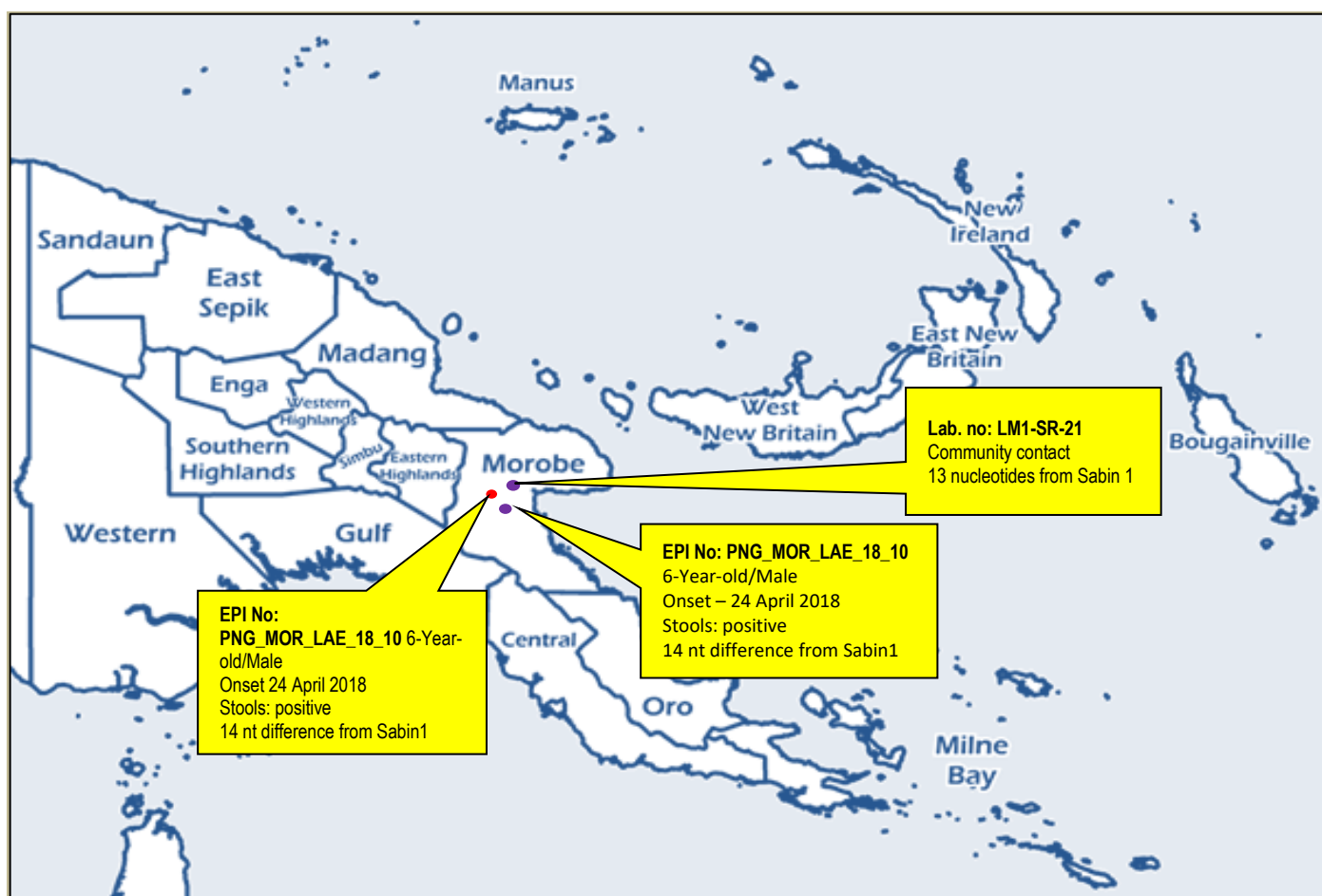


Figure 1: The affected and immediate risk districts. (Source: WHO presentation in Urgent Health Cluster Meeting, 29 June 2018)

On 21 June, results received from lab that the same virus was found in two contacts in Lae. This demonstrates that the virus is circulating in Lae, Morobe; however, missed transmission in other areas cannot yet be ruled out. The following day on 22 June, the National, International Health Regulations (IHR) Focal Point of Papua New Guinea notified WHO of the index case of cVDPV1 and the confirmation cVDPV1 among two asymptomatic community contacts of the index case. A few days later on 25 June, the National Department of Health declared a polio outbreak in Papua New Guinea. On 26 June, the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as a National Public Health Emergency. The Government committed PGK 6.7 million (~CHF 2 million) to support outbreak response. The Global Polio Eradication Initiative (GPEI) provided initial supported to Papua New Guinea with USD 500,000 (~CHF 497,000) for response activities. On 27 June, the National Department of Health activated the National Emergency Operations Centre and formed a National Emergency Response Team.

On 29 June, the National Department of Health and WHO requested engagement from PNGRCS and IFRC to support the mobilization of volunteers for awareness raising and disease prevention activities. This request was made during the Polio Outbreak urgent health cluster meeting.

Surveillance activities planned by WHO:

- Increase the target rate for non-polio AFP
 - **Increase the annualised target for non-polio Acute Flaccid Paralysis (AFP) rate to 3 cases per 100,000** population in the provinces of Chimbu, Eastern Highlands, Jiwaka, Madang, Morobe, Western Highlands and National Capital District.
 - **Increase the annualised target for non-polio AFP rate to 2 cases per 100,000** population in all other provinces.
- Collect stool samples from contacts of AFP cases
 - **Collect stool samples from 3 close family or household contacts of all AFP cases** in Goroka, Lae, Madang City and Port Moresby.
 - **Collect stool samples from 3 close family or household contacts of all AFP cases with inadequate stool sample collection** in the provinces of Chimbu, Eastern Highlands (outside Goroka), Jiwaka, Madang (outside Madang City), Morobe (outside Lae), Western Highlands and National Capital District.
- In seven highest risk provinces, (Morobe, Madang, Eastern Highlands Province, Jiwaka, Chimbu, Western Highland Province, National Central District)
 - Active search of AFP cases.
 - Review medical records for last 6 months.
 - Training on AFP surveillance for health care workers to be conducted.
- Implement environmental surveillance, initially in National Central District and Lae.

Table 1: Low Vaccination coverage (%) across the provinces

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

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 Measles Outbreak response in 2017, as well as Earth Quake Response in 2018.

The PNGRCS is liaising closely with the Department of Health, Public Health & Surveillance Team and UN agencies involved in the current Polio 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 and a driver. 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 support kick start the operation and provide technical support remotely 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, CDC, IFRC, 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.

The first Emergency Health Cluster meeting was organized on 29 June for coordination and situation update. PNGRCS and IFRC were present in the meeting. PNG will be considered an infected country for 12 months after the most recent detection. Other Member States to be alerted to the risk through Disease Outbreak Notification. Travelers' health will be updated also so that visitors to PNG may get vaccinated.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

A key challenge for the moment is poor surveillance and reporting from the province on the current status of the outbreak, coupled with the very low vaccination coverage. For polio vaccinations to be successful, a 100 per cent coverage is recommended. However, in the affected provinces, vaccination rates have not been higher than approximately 47 per cent as of to date information. This means that even the low number of cases being reported can have a large impact on the spread of polio in the affected region due to low vaccination coverage, poor water and sanitation condition, and poor access to health care services. The National Department of Health has sent task force team including medical personnel to the affected areas to provide additional support, particularly on coordination, reporting and vaccine management. PNGRCS provincial branch volunteers will be part of the coordination meeting.

Vaccinating children under the age of 15 is a key priority noting the low vaccination coverage. Currently UNICEF initiated shipment of 611,000 doses of polio vaccine to the country for outbreak response, which is sufficient now according to the National Department of Health to ensure appropriate vaccination coverage in the affected population.

Targeting

Surveillance of Polio suspected province Morobe, Madang and Eastern Highland will be done early to have a better view on the possibly would be affected population, immunization coverage in the areas and to prioritize the subsequent vulnerable areas. The selection criteria will be finalized after PNGRC completes the assessments. However, PNGRC will take immediate action to secondary data collection, prepare IEC materials, to reach out minimum 50,000 people based on PNGRCS present capacities through awareness campaign, mobilize volunteers to support vaccination.

PNGRC will do a recipients list in coordination with other actions once a full assessment is completed. Based on the estimation that it will be some time together with WHO/UNICEF vaccination plan. People with particular vulnerabilities will be prioritized such as children under 15 yrs. of age, disabled, pregnant women, parents. It is in these interventions that PNGRC volunteers will play a key role, working alongside the Provincial Disaster Committee, WHO, UNICEF and other stakeholders to carry out area selection and response to the disaster. PNGRC SG is involved as a member of the National Disaster Committee and has many years of experience as a volunteer and responding to disasters.

During beneficiary selection, it is crucial to ensure that:

- Sex, age and disability disaggregated data is collected.
- Men, women, adolescent boys and girls are consulted separately when possible.

Awareness raising activities and community mobilisation occur in safe spaces which are accessible by all community members.

Scenario planning

The most likely scenario is that the PNG government has the capacity to support the affected population on those three provinces and beyond province with vaccine supported by WHO and UNICEF.

Nationwide awareness is being considered a priority by the government. Information, education and communication (IEC) materials specific to polio are approved by the NDOH but require funding for printing. Advocacy messaging is being targeted at all provinces, particularly those including Lea, Morobe Province, Madang, Eastern Highland 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 polio vaccination, and ensuring vaccination coverage of the target group.

The worst-case scenario is that if WPV spread in other bordering provinces and in an urban area where poor water and sanitation facilities such as settlement area of Port Moresby. If this happens, potential additional response by PNGRC would be requested and therefore this DREF would potentially need to be reviewed to address evolving needs in this particular scenario.

Protection concerns are exacerbated by a recent earthquake, pre-existing tribal conflicts and high levels of gender-based violence (two thirds of the country's women are affected).¹ Considering this volatile security environment, it is vital that IFRC and PNGRCS take preventative measures in its awareness raising and mobilisation of communities. These

¹ UNDP: http://www.pg.undp.org/content/papua_new_guinea/en/home/ourwork/womenempowerment/successstories/new-opportunities-for-tackling-gbv-in-papua-new-guinea.html

include implementing the health section of the *IFRC Minimum Standard Commitments on Protection, Gender and Inclusion during Emergencies*. Specifically, these minimum standards should be utilised during assessments of the IFRC/PNGRCS response.

Risk Assessment

The planned initial coverage areas are quite large and security situation need to be carefully dealt. 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 Polio Outbreak taskforce is to utilize local volunteers and staff from the affected provinces to ensure community acceptance, and minimise security risks. WHO is planning to organize polio specific trainings for volunteers to be prepared for response. The IFRC/PNGRCS is in discussion with WHO to include PNGRCS volunteers in the training for those volunteers available locally. Volunteers involved in the outbreak area will ensure vaccination coverage for Polio and have training on how polio 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 water in operational locations. They will also be given the polio vaccine if they have not already received three doses.

Additional measures which will increase the safety and accountability of this operation include:

- Gender and age balance among the volunteers who are raising awareness and mobilising communities.
- Ensuring that all staff, volunteers and partners involved in this operation sign and understand the Code of Conduct, Child Protection Policy and Prevention of Sexual Exploitation and Abuse (PSEA) policy.
- Coordination with other protection partners, such as UNICEF on safe referral pathways for GBV survivors and separated and/or unaccompanied children.

B. Operational strategy

Overall objective

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

Proposed strategy

This DREF operation is expected to be implemented over four months, to be completed by 6 November 2018. The proposed operational strategy aims at complementing the national immunization campaign for vaccination of children (up to age 15 years) with key messages on the importance of polio immunization through social mobilization and health & hygiene, water & sanitation awareness-raising activities among their parents and care-takers in the affected areas and high-risk provinces including Port Moresby, National Capital District. The total number of people targeted is 50,000 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 polio cases, polio vaccination and epidemic control for volunteers (ECV) for a total of 60 volunteers in the high-risk provinces.
- One-day training on code of conduct for 60 volunteers and applicable sections of health chapter from the IFRC Minimum Standard Commitments on Protection, Gender and Inclusion in Emergencies.
- Deployment of trained staff and volunteers to support the immunization campaign in the target provinces through social mobilization. This social mobilization will cover the entire population of targeted districts of outbreak provinces, through a door- to-door campaign. It will also include public sensitization on health & hygiene and WASH awareness in places of worship, schools, markets and other public and community venues.
- Volunteers will assist in case finding and referral of suspected polio cases to treatment centres. Volunteers will be provided a reminder card with a picture of child with AFP to assist case finding.
- Printing and dissemination of information, education and communication (IEC) materials.
- Procure and distribute first aid kits to volunteers.
- Volunteers will undergo and complete briefings on volunteers' roles and the risks they face to ensure that they are aware of their rights and responsibilities. Volunteers' safety and wellbeing is ensured by providing them adequate training and making sure that they're insured.
- 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 (PHiE) 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, 60 volunteers and four staff will participate in the operation. Each volunteer will be deployed for 20 days during the vaccination campaign, and will be provided with per diem, funds for transportation as well as Red Cross visibility. Volunteers will be working in pairs and each pair will be provided a First Aid Kit in case there is need for it while in action. 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 and PPE 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)

All 60 volunteers will be provided with mobile airtime working in the affected areas to ensure access to communication for safety and security. In case volunteers do not have mobile phones, will purchase and provide. In case of security concerns, the RDRT and IFRC/National Society headquarter staff supporting the operation may not be permitted to travel to the locations. All volunteers 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 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.

	Detection and referral of polio cases identified in community and data management																
P&B Output Code	Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population	<i># of affected people reached with prevention messages</i>															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Dissemination of messages/social mobilization includes health & hygiene and WASH campaign	x	x	x	x	x	x	x	x	x	x	x					
P&B Output Code	Health Output 1.4: Epidemic prevention and control measures carried out.	<i># of NS volunteers trained in ECV # of people reached with Polio/immunization IEC materials Please include an indicator from the Key Data Sheet with a target</i>															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Conduct ECV training for volunteers and staff to reinforce hygiene and disease prevention messages		x		x		x										
AP021	Printing of information and visibility items (banners, leaflets, questionnaires)	x	x	x	x												
AP021	Distribute 1300 Polio/immunization IEC materials to reach out directly to 10,000 beneficiaries within 90 days.		x	x	x	x	x	x	x	x							

Budget

DREF OPERATION

MDRPG009

Papua New Guinea Polio

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

Reference documents



- N/A

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

In the Papua New Guinea Red Cross Society

- Uvenama Rova, Secretary General, PNG Red Cross Society; email: uvr6057@gmail.com

In the IFRC Papua New Guinea Country Office

- Udaya Regmi, Head of Country office, email: udaya.regmi@ifrc.org

In the IFRC Asia Pacific Regional Office, Kuala Lumpur

- Martin Faller, Deputy Director; email: martin.faller@ifrc.org
- Necephor Mghendi, acting head of disaster and crisis; email: necephor.mghendi@ifrc.org
- Johanna Arvo, Operations Coordinator; email: johanna.arvo@ifrc.org
- Ludovic Arnout, Regional WASH Coordinator; email: ludovic.arnout@ifrc.org

In IFRC Geneva

- Susil Perera, senior officer, response and recovery; phone: +41-2-2730-4947; email: susil.perera@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Sophia Keri, resource mobilization in emergencies coordinator; sopia.keri@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- Mursidi Unir, acting PMER manager, email: mursidi.unir@ifrc.org

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 (NGOs) 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**.