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Emergency Plan of Action Operation Update

Papua New Guinea: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPG009	Glide n° EP-2018-000080-PNG
DREF operation update n° 1; Date of issue: 24 August 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	

Summary of major revisions made to emergency plan of action:

The Papua New Guinea Red Cross Society has experienced with managing emergency operation both for natural hazard and health crisis. PNG continues to face outbreaks of endemic infectious diseases such as cholera, measles and now they have polio outbreak.

To address the current needs of the emergency operation, we've revised slightly the strategy of the ECV (Epidemic Control for Volunteer) training for PNGRCS staff and volunteers. We have conducted the training into two rounds. The first round is the ECV training for volunteer which focusing on polio outbreak response. This is one day training to get our volunteer ready to mobilize on the emergency response of polio outbreak. The second round would be the ECV training as part of capacity building to strengthen PNGRCS staff and volunteers on epidemic/pandemic preparedness and response. This is not impacting the budget lines dedicated for this.

A. SITUATION ANALYSIS

Description of the disaster

On 25 June 2018, the National Department of Health has declared a Polio Outbreak in Papua New Guinea and subsequently on 26 June 2018, the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. National Department of health priority now is to response and prevent more children from being infected by the polio disease. WHO, UNICEF and Health Department have been working together with other partners including IFRC and PNG Red Cross Society to conduct a large-scale immunization campaign and strengthen surveillance system that would be detect the virus. National Department of Health are also collecting stool specimens from family members of patients and the community in a "mop-up" immunization campaign targeting children.

On 29th June, the National Department of Health and WHO requested engagement from PNGRCS and IFRC to support the mobilization of volunteers for awareness raising and disease prevention activities. This request was made during the polio outbreak urgent health cluster meeting. There are three most high-risk provinces of disease transmission have been identified following the confirmed case of polio was found in Lae, Morobe province. Due to low immunization coverage in another bordering province, Madang and Eastern Highland are also targeted for polio awareness and immunization which has been started in July 2018.

Low vaccination coverage (%) across the provinces.

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

As WHO stated that the version of the virus circulating in the settlement is a "vaccine-derived poliovirus", meaning it is a mutated version of the weaker polio virus used in vaccinations. Vaccine-derived polioviruses are rare and tend to occur in populations with very low vaccination rates. They develop when unvaccinated children are in contact with the excrement of vaccinated children and are exposed to the weaker virus. The WHO and PNG authorities have launched an emergency immunization campaign to try to prevent other children from becoming infected.

Lae is the second largest city of PNG located in Morobe province. Morobe province reportedly had a polio vaccination rate of 61 per cent prior to the outbreak. PNG Health Authorities said 845 children had been immunized since the virus was first detected. According to WHO the index case is a six-year-old boy from '4 mile' settlement in Lae, Morobe, VDPV type 1 confirmed from child's stool - confirmed by VIDRL (Victorian Infectious Diseases Reference Laboratory) on 21 May 2018. As per WHO guidelines, the total of 22 from Morobe and 20 from Eastern Highlands children in the index case community contacts were tested, to determine if the virus is circulating. On 21 June, results received from lab that the same virus was found in two contacts in Lae. This demonstrates that the virus is circulating in Lae, Morobe; however, missed transmission in other areas cannot yet be ruled out.

On 22 June, the National, International Health Regulations (IHR) focal point of Papua New Guinea notified WHO of the index case of cVDPV1 and the confirmation cVDPV1 among two asymptomatic community contacts of the index case. The Government committed PGK 6.7 million (~CHF 2 million) to support outbreak response. The Global Polio Eradication Initiative (GPEI) provided initial supported to Papua New Guinea with USD 500,000 (CHF 497,000) for response activities. On 27 June 2018, the National Department of Health activated the National Emergency Operations Centre and formed a National Emergency Response Team.

Summary of current response

Overview of Host National Society

Papua New Guinea Red Cross Society has started to address the needs of the affected communities in July 2018 with the public awareness at the risk populations together with the national health department and the social mobilization for polio vaccination campaign. PNGRCS is working in close coordination with health local authorities, health clinics and community leader in conducting need assessments, monitoring the situation, providing the referral symptoms of disease and socializing the polio vaccination as well as good health practices to reduce the risk of disease transmission. In total 21,559 beneficiaries have been covered by the PNGRCS in the first round of polio vaccination campaign through public awareness and social mobilization in three affected provinces: Morobe, Madang and Eastern Highland. Though support from IFRC, PNGRCS has continued its collaboration with national government actors in country.



Polio outbreak control training for volunteer using the ECV toolkits, (Photo: PNGRCS)

This reporting period has been dedicated to the following activities in three targeted provinces:

- Ongoing assessment and evaluation of the emergency response of polio outbreak.
- Finalizing and distributing material for all targeted PNGRCS branches to provide people in affected area with key messages on polio vaccination and how to protect them from disease transmission, hygiene promotion, etc.
- Mobilizing the National Disaster Response Team (NDRT) in the country to assist the emergency operation in affected provinces.
- In collaboration with health provincial department, WHO and UNICEF, conducting polio vaccination training which focusing on administer vaccines for volunteer. Our volunteer must follow the SOP and mechanism on delivering the vaccination to the children. Ensuring two drops orally administered in the child's mouth. They've also trained on how to manage the vaccination supplies such as ice packs, OPV (oral polio vaccine) droppers and vial, finger marker, tally sheet and OPV report.
- Mobilizing 60 PNGRCS volunteers to do social mobilization and public awareness to support polio mass vaccination campaign.
- Trained 56 volunteers on polio outbreak control using the ECV (Epidemic Control for Volunteer) toolkits.

- Procurement of first aid kits for volunteers to provide target population with rapid medical management of injuries and diseases.
- Delivering health education on polio vaccination and disease transmission.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country office in Papua New Guinea has been monitoring and providing technical support to PNGRCS. IFRC also assisting PNGRCS with the coordination with the other Red Cross Red Crescent partners as well as liaising with WHO, UNICEF and CDC representatives in the country.

The IFRC Papua New Guinea country office has provided guidance and support to PNGRCS throughout the duration of the operation. In recognition of the lack of a PNGRCS health focal point, the Asia Pacific regional health team has support the operation and provide technical support remotely as required. An RDRT has been deployed to provide support during the DREF operation.

Overview of non-Red Cross Red Crescent actors in country

The National Department of Health (NDOH) has enhanced surveillance system and continuously receives reports of suspected acute flaccid paralysis. To date, there are 65 suspected cases being investigated. The identification of the case highlights the risk of polio in children under five years of age. Children can be protected from polio only with vaccination. Children will need to receive multiple doses of oral polio vaccine, irrespective of previous immunization status.

Almost 300,000 children were vaccinated during the first round of the ongoing polio immunization campaign in Papua New Guinea. This wouldn't have been possible without dedicated outbreak responders, health workers, community volunteers who crossed rivers and worked incredibly long hours to reach every child and protect them from polio. The Government of Papua New Guinea plans to launch multiple rounds of polio vaccination to protect children under five years old from the disease. Four rounds are planned from July to October 2018. Detail schedule for polio vaccination campaign in Papua New Guinea is as follows:

- 1st round: 16 July – 3 August 2018 in Morobe, Madang and Eastern Highland.
- 2nd round: 20 August – 2 September 2018 in Morobe, Madang and Eastern Highland.
- 3rd round: 17 September – 30 September 2018 in Morobe, Madang, eastern Highland and NCD.
- 4th round: 15 October – 28 October 2018 in Morobe, Madang, Eastern Highland and NCD.

The campaign also will expand to six more provinces during the next round in late August and nationwide in September and October. The nine provinces for the next round include:

- 20 August to 2 September 2018: Morobe, Madang, Eastern Highlands.
- 27 August to 9 September 2018: Enga, Chimbu, Southern Highlands, Western Highlands, Jiwaka and Hela.

The immunization campaign was organized by the National Department of Health and Provincial Health Authorities, with support from the Global Polio Eradication Initiative, Rotary International, UNICEF and the WHO. The polio vaccination campaign in PNG has mobilized around 2,900 health workers and volunteers to vaccinate children under five years old in Morobe, Madang and Eastern Highlands.

Three Health Emergency Operations Centers (EOC) are now operational in Morobe, Madang and Eastern Highlands province to coordinate the day-to-day management of the polio response operations, including the mass polio vaccination in these provinces. The WHO supported the National Department of Health (NDOH) and Provincial Health Authorities/Office in the provision of equipment and supplies, and in establishing the system for the efficient delivery of health services to the affected communities.

Following to declaration of the polio outbreak as National Public Health Emergency in PNG, the government then launched the polio advisory for travelers to and from Papua New Guinea. WHO's International Travel and Health recommends that all travelers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than four weeks) from infected areas should receive an additional dose of bivalent oral poliovirus (bOPV) or inactivated polio vaccine (IPV) between four weeks and 12 months prior to international travel. International travelers undertaking urgent travel should receive a dose of polio vaccine at least by the time of departure. Travelers should be provided with a written record of such vaccination, preferably using the International Certificate of Vaccination or Prophylaxis. Some polio-free countries may require travelers' resident in polio affected countries to be immunized against polio to obtain an entry visa.

Needs analysis and scenario planning

Needs analysis

A key challenge for the moment is poor surveillance and reporting from the province on status of the outbreak, coupled with the very low vaccination coverage. The issues of the accessibility of geographical, physical, economic and poor health literacy status of the community have influenced these immunization coverages. There were almost 300,000

children were vaccinated during the first round of the ongoing polio immunization campaign in Papua New Guinea. The National Health Department has stated 90% coverage of first round polio campaign. However, for polio vaccinations to be successful, a 100 per cent coverage is recommended. This means that there is still a gap cases being reported can have a large impact on the spread of polio in the affected provinces.

Recent update from National Health Department reported that there was new polio case confirmed in Enga Province, Papua New Guinea. The National Department of Health of Papua New Guinea (NDOH) and the World Health Organization (WHO) announced a case of polio in a 3-year old boy from Mulitaka, Laigam District in Enga Province. The case is the fourth in the country, following confirmation of two cases from Lae, Morobe Province in June and July 2018; and a polio case was also reported by the National Department of Health of Papua New Guinea (NDOH) and the World Health Organization (WHO) in a 22-month old girl from Eastern Highlands Province.

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 has been part of the coordination meeting. Vaccinating children under the age of 5 years 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.

Operation risk assessment

Surveillance of Polio suspected in the province of Morobe, Madang and Eastern Highland have conducted to have a better view on the selection of affected population, immunization coverage in the areas and to prioritize the subsequent vulnerable areas. PNG Red Cross Society has acted to secondary data collection to reach out of maximum targeted beneficiaries. The selection criteria have been finalized together with PNGRCS and provincial health department in affected areas. While government authorities have used its resources to cover the targeted children in through health clinic facilities and household registered in the community level, the most vulnerable children are those unregistered, who are not being actively targeted. These unregistered children included children from mobile population, migrant children, and children who has poor access to health facilities. Unless specifically targeted, thousands of these children are remain unimmunized and at high risk.

During the first phase of the campaign, IFRC and PNGRCS provided support social mobilization targeted to those highest risk and unregistered children. As an auxiliary government, PNGRCS has taken added value actions on filling the missing gaps of the campaign. This plan under DREF support focuses in three provinces: Morobe, Madang and Eastern Highland. Under the DREF operational plan, PNGRCS will provide assistance 50,000 affected people through awareness campaign and mobilize volunteers to support the four rounds of polio campaign. PNG Red Cross Society intervention is covering areas as listed below:

Province	Selected areas	Number of volunteers
Morobe	4 districts (Bulolo, Markham, Nawae and Houn Gulf)	34 volunteers
Madang	Madang district which covered six health clinics (Tawn, Jumba, Sisiak, Yagaum, Danban, Baitabag)	22 volunteers
Eastern Highland	Focus in urban settlement in Goroka town which included eight villages (Piswara, Genoka, Mamabu, Asariufa, Kama, Sipiga Seigu, Faniufa, Komiufa)	20 volunteers

PNG Red Cross Society has done a recipient list in coordination with provincial health department and other partners within the operation. People with vulnerabilities has been be prioritized such as children under 5 years of age, disabled, pregnant women, parents. It is in these interventions that PNGRC volunteers has played a key role, working alongside the Provincial Disaster Committee, WHO, UNICEF and other stakeholders to carry out area selection and response to the disaster. PNGRCS has also considered the advice from the National Polio Outbreak taskforce is to utilize local volunteers and staff from the affected provinces to ensure community acceptance and minimise security risks during the operation.

WHO in collaboration with provincial health department conducted to organize polio campaign trainings for volunteers to be prepared for response. However, the training has only focusing on polio vaccination administer, including vaccines logistic management and reporting. Therefore, the current need to conduct volunteer specific training on polio outbreak control including how polio is spread, detection and referral to minimise risk to volunteers and families as well as ensure the vaccination coverage. In order to provide targeted population with rapid medical management of injuries and diseases, PNGRCS volunteers have also been equipped with first aid kits, phones with credit and emergency water in operational locations.

B. OPERATIONAL STRATEGY

Overall objective

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

Proposed strategy

This DREF operation 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 5 years) with key messages on the importance of polio immunization through social mobilization and health & hygiene, water & sanitation awareness-raising activities among their parents and care-takers in the affected areas and high-risk provinces including Port Moresby, NCD. The total number of people targeted is 50,000 in affected areas which would be covered through four phases of polio vaccination campaign in PNG.

PNG Red Cross Society, with support from IFRC, has been conducted a quick assessment to identify current needs after the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. On the basis of the assessment, PNGRCS has started the following activities as priorities:

- PNGRCS has conducted external coordination mechanism for polio response operation and established collaboration with national/provincial health department, WHO, UNICEF and other humanitarian stakeholders involved in national polio immunization campaign.
- Attending to the emergency health cluster and public health and surveillance meeting to update regular disaster situation.
- Conducting orientation session among key staff, NDRT and volunteer leads who involved in the operation of polio outbreak operation response.
- Mobilizing 60 volunteers from three affected provinces on joint training on polio vaccination administer together with WHO and provincial health department.
- Conducting one-day training on polio outbreak for volunteers using the Epidemic Control for Volunteer (ECV) toolkits in two affected provinces (Morobe and Madang). The training was mainly focus on polio outbreak control including how polio is spread, detection and referral to minimize risk to volunteers and families as well as ensure the vaccination coverage. Detail schedule of the training as listed below:

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

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

There are 21,559 beneficiaries in total has been covered during the first round of mass immunization campaign in three targeted provinces. However, during this period of reporting, the volunteers have not recorded and classified the beneficiaries according to gender and age balance. PNGRCS will the ensure the disaggregation of data for the next rounds of the operation. Detail result of the implementation as listed below:

Province	Number of volunteers mobilized	Number beneficiaries covered
Morobe	20	4,999 children through vaccination and awareness; and 2,461 beneficiaries for public campaign
Madang	20	10,599 children for vaccination and awareness activities
Eastern Highland	20	3,500 children for vaccination and awareness activities

Operational support services

Human resources

To date, 60 trained volunteers have been mobilized in three effected provinces (Morobe, Madang and Eastern Highland). Each volunteer has been deployed for 14 days during the vaccination campaign and provided with volunteer insurance, per diem, funds for transportation as well as Red Cross visibility. Volunteers worked in pairs and provided with first aid

kit in case there is a need to provide first aid while being deployed.

The IFRC team is providing technical support to its PNGRCS counterparts and ensuring a smooth coordination with Red Cross Red Crescent and external partners. In recognition of the lack of a PNGRCS health focal point, the Asia Pacific regional health team has supported the operation and provided technical support remotely as required. An RDRT has been deployed to provide support during the DREF operation.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

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

Information technologies (IT)

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

Communications

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

The provision of information and two-way engagement with the affected population is a key point to consider during the response operation, so that PNGRCS activities can be adjusted according to the expectations, needs and concerns of affected communities. Beneficiary communication components and mechanisms will be incorporated across the various sectors' activities and will be closely linked with planning, monitoring and evaluation processes to build an environment of transparency and accountability.

Security

The National Society's security framework is applied throughout the duration of the operation to their staff and volunteers. The National Society has briefed its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. Should personnel under IFRC security responsibility, including PNS and surge support be deployed to the area, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. In this case, location specific safety and security assessments will be conducted. IFRC's regional security coordinator is closely monitoring the situation and will provide advice as required. Volunteers will be provided with mobile phones to ensure they have means of communication at all times throughout the operation.



Planning, monitoring, evaluation, & reporting (PMER)

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

Administration and Finance

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

C. DETAILED OPERATIONAL PLAN

<div style="display: flex; align-items: center;">  <div> <p>Health</p> <p>People targeted: 50,000 Male: 25,500 Female: 24,500 Requirement (CHF): 39,616 People reached (updated): 21,559</p> </div> </div>		
Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:	Target	Actual
# people reached by NS with awareness services to reduce relevant health risk factors	50,000	21,559
Output 1.1: Increases involvement of Papua New Guinea Red Cross Society volunteers in immunization activities particularly in under-immunized populations.		
Indicators:	Target	Actual
# of volunteers trained with immunization activities	60	60
Output 1.2: Target population is provided with rapid medical management of injuries and diseases		
Indicators:	Target	Actual
# of trained volunteers equipped with First Aid kits ¹	60	60
Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
# of affected people reached with prevention messages	50,000	21,559
Output 1.4: Epidemic prevention and control measures carried out.		
Indicators:	Target	Actual
# of NS volunteers trained in ECV	60	56
# of people reached with Polio/immunization IEC materials	50,000	Printing IEC is on-going
Progress towards outcomes		
<p>Through support from IFRC, PNG Red Cross Society has continued to support the national immunization through house to house social mobilization and community surveillance activities, jointly coordination with the National Department of Health (NDOH), WHO, UNICEF and partners, to curb the polio outbreak in three most high-risk provinces: Morobe, Madang and Eastern Highland.</p> <p>PNG Red Cross Society has conducted close coordination with NDOH and other partners (WHO and UNICEF) in country on targeting groups needs and appropriate collaboration response. PNG Red Cross Society has actively joined in national health cluster meeting for polio outbreak. PNG RC has got good acknowledgement form the government authorities in supporting polio vaccination campaign through social mobilization.</p>		
		
		<p>Polio Vaccine providing by PNGRCS trained volunteers. (Photo: PNGRCS)</p>
<p>There were 20 RC volunteers in each targeted province who trained by Provincial Health Office and WHO on polio vaccination administer. In Madang Province, some of the volunteers got the training from Officer in Charge (OIC) in government health clinics.</p>		

¹ The volunteers are equipped with the complete packages of first aid. There is no specific requirement of PPE for the polio outbreak at this stage, like shield clothing, boots, etc. All the minimum standard PPE tools (gloves, mask, hand sanitizer, etc.) for volunteers already included in FA kits.

The PNGRCS was supporting mass vaccination campaign through social mobilization and conduct monitoring in coordination with health authorities, WHO and UNICEF. There were 60 trained volunteers in total has been mobilized in three affected provinces. To the day, there were 19,098 children who been covered by vaccination and social mobilization activities while around 2,461 beneficiaries were covered by polio public awareness campaign. To provide the targeted population with rapid medical management of injuries and disease, PNG RC has purchased and distributed 20 first aid kits to all 20 volunteers at each province within 1st round of polio vaccination campaign.

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

Through support from IFRC, the PNG RC was ongoing to complete the process of printing and distributing information and visibility materials to reach out directly the beneficiaries. The process was planned to be done in second round of polio vaccination campaign. As suggested within the national health cluster meeting for polio outbreak response, PNG Red Cross is going to use the existing IEC material which been developed by NDOH to ensure the coherent key message to the community.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
The operation's EPoA is up to date for reference and guidance to the operation's team.	100%	100%

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of external communication is coordinated accordingly to IFRC communication guidelines	100%	100%

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

One lesson learnt workshop organised to evaluate the operation capture best practise	100%	0%
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Progress towards outcomes

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

PNG Red Cross Society, with support from IFRC, has been conducted a continuing assessment to identify current needs after the Papua New Guinea National Executive Council and Cabinet declared the polio outbreak as National Public Health Emergency. The operation's EPoA has being updated referring to the current needs from the emergency operation on the fields.

Through support from IFRC, PNGRCS has planned to conduct a lesson-learned workshop at the end of operation which will involve staff, volunteers and relevant stakeholders.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhance its effectiveness, credibility and accountability

Indicators:	Target	Actual
Effective performance of staff supported by HR procedures	100%	100%

Output S4.1.4: Staff security is prioritised in all IFRC activities

Indicators:	Target	Actual
All staff is brief the existing IFRC security plans and protocols	100%	100%

Progress towards outcomes

The National Society's security framework has applied throughout the duration of the operation to their staff and volunteers. All the security and HR procedures and guideline related to this operation which have been carried out in-country are following the IFRC minimum standards. All the staff, volunteers and partners involved in the operation has signed and understand the Code of Conduct, Child Protection Policy and Prevention of Sexual Exploitation and Abuse (PSEA) policy.

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

D. BUDGET

DREF OPERATION

3/7/2018

MDRPG009

Papua New Guinea Polio

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

Reference documents



Click here for:

- [DREF Operation](#)

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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**.