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## Emergency Plan of Action (EPoA) Philippines: Polio Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n°</b> MDRPH035	<b>Glide n°</b> <a href="#">EP-2019-000110-PHL</a>
<b>Date of issue:</b> 28 September 2019	<b>Expected timeframe:</b> 4 months <b>Expected end date:</b> 28 January 2020
<b>Category allocated to the of the disaster or crisis:</b> Yellow	
<b>DREF allocated:</b> CHF 336,302	
<b>Total number of people affected:</b> 2 confirmed cases of VPDV2 in humans; 4 environmental samples tested positive for VPDV1 and 2 environmental samples tested positive for VPDV2.	<b>Number of people to be assisted:</b> 30,000 children in the age of group of 0-59 months through social mobilization, health promotion and oral polio vaccination.
<b>Host National Society presence (n° of volunteers, staff, branches):</b> Philippine Red Cross (PRC) is the nation's largest humanitarian organization and works through 104 chapters covering all administrative districts and major cities in the country. PRC has more than 1,700 staff at national headquarters and chapter levels, and approximately two million volunteers and supporters, of whom some 500,000 are active volunteers. At the chapter level a programme called Red Cross 143 is established that sees volunteers trained, equipped and in place at the community (barangay) level - enhancing the overall capacity of the National Society to prepare for and respond to disaster situations.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> The International Committee of the Red Cross (ICRC) is coordinating with PRC and IFRC with regards to the response in parts of Mindanao.	
<b>Other partner organizations actively involved in the operation:</b> Department of Health (DoH), World Health Organization (WHO), Health Cluster partners.	

## A. Situation analysis

### Description of the disaster

On 19 September 2019, the Department of Health (DOH) confirmed the re-emergence of polio in the Philippines and declared a national polio outbreak<sup>1</sup>. This follows a confirmed Vaccine Derived Poliovirus Type 2 (VDPV2) case in a three-year old child in Lanao de Sur (Mindanao). Subsequently, another case of polio (strain to be confirmed) was reported on 20 September and this time in a five-year-old boy from Laguna, bringing the total number of people afflicted with the disease to two. The re-emergence of the disease comes almost 20 years since the Philippines was declared polio-free in 2000. The last known case of wild poliovirus recorded in the Philippines was in 1993.

Between 1 July and 27 August 2019, four environmental samples tested positive for VDPV1 from Tondo (Manila) with no genetic linkage found with any known VDPV1, indicating new emergence. Between 13 and 22 August 2019, two environmental samples tested positive for VDPV2 from Tondo (Manila) and Davao City. Both Type-2 samples were found to be genetically linked. As a result, VDPV2 was classified as circulating (cVDPV2).

<sup>1</sup> WHO. *Philippines Situation Report 1: Polio Outbreak*. Online at [https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20WHO%20PHL%20SitRep1\\_Polio%20Outbreak\\_19Sep2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20WHO%20PHL%20SitRep1_Polio%20Outbreak_19Sep2019.pdf), 19 September 2019.

According to the WHO, VDPVs are rare strains of poliovirus that have genetically mutated from the strain contained in oral polio vaccines (OPV). VDPVs occur on rare occasions in areas with inadequate sanitation: in seriously under-immunized populations an excreted vaccine virus can mutate and cause acute flaccid paralysis (AFP). VDPVs, therefore, pose a risk of reintroduction of poliovirus after polio eradication.

The re-emergence of polio in the Philippines comes as DOH and other partners continue to respond to the ongoing dengue fever and measles outbreaks. According to the latest reports until end of August 2019, there have been 271,480 dengue cases and 1,107 deaths, and 41,024 measles cases and 552 deaths<sup>2</sup>. There has also been increasing numbers of diphtheria being reported, with DOH reporting 167 cases and 40 deaths in 2019 compared to 122 cases and 30 deaths in 2018<sup>3</sup>.

## Summary of the current response

### Overview of Host National Society

PRC is leading the International Red Cross and Red Crescent Movement response to the polio outbreak and has demonstrated experience in social mobilization and awareness raising through response to dengue and measles outbreaks. The following activities are ongoing and others being initiated in consultation with DOH, UNICEF and WHO following the declaration of the national outbreak:

- In accordance with PRC response standard operating procedures (SOP), the operations center (OpCen) is on call 24/7 monitoring the situation; and providing regular updates to leadership staff.
- PRC is coordinating with DOH Epidemiology Bureau to continue updating and monitoring of cases. For relevant information sharing and support, PRC continues to engage and coordinate with the National Capital Region (NCR) Infectious Diseases Cluster.
- PRC alerted its local chapters to activate community-based volunteers (RC143) and chapter-based volunteers (RCAT) to organize health information dissemination.
- Community mobilization of RC143 community health volunteers (CHV) are being mobilized for health campaigns.
- PRC are preparing key messages on polio to be published through its different social media accounts to inform, educate and warn the public on the dangers brought by this disease outbreak.

Philippine Red Cross has been supporting DOH as an auxiliary to the government in all the outbreaks. During the measles outbreak, they cared for 3,735 patients through seven measles care units (MCU) across six hospitals, vaccinated 16,956 children between 6-59 months of age across 20 chapters and reached over 1.9 million people with information on measles through different media channels. As of 24 September 2019, as part of the dengue operations, PRC has treated 4,923 patients through nine dengue emergency medical units (DEMU) across eight hospitals and is planning to reach 60,000 people with messages on dengue prevention and management, through direct community mobilization. 50 PRC chapters will undertake health promotion activities to reach the maximum number of people with information and environment clean up drives.

Prior to the recent outbreaks, Philippine Red Cross administered vaccines to more than 500 children in Taguig village of Metro Manila in March 2019. PRC responded to the smaller and localized outbreaks of measles in Sarangani, General Santos in December 2019. In 2011, PRC recruited nearly 500 CHVs who undertook health and hygiene promotion to reach 1,300 households, as well as reaching and vaccinating up to 117,427 children nationwide in its measles campaign<sup>4</sup>.

### Overview of Red Cross Red Crescent Movement in country

PRC leadership has requested the IFRC country office (CO) to activate the Disaster Relief Emergency Fund (DREF) to support this response. The IFRC CO has supported the PRC health team in the development of this emergency plan of action. The IFRC CO has coordinated with the IFRC Asia Pacific Regional Office (APRO) based in Kuala Lumpur and in accordance with the IFRC secretariat's Emergency Response Framework. The IFRC CO has a dedicated Operations Manager and a Health Manager who are providing technical support to the PRC as requested. There are ongoing DREF and emergency appeal operations being implemented in response to dengue ([MDRPH033](#)) and measles ([MDRPH032](#)) outbreaks. The IFRC APRO Surge Desk is coordinating with other National Societies to identify a specialist in epidemiology to support these operations, which would then also be extended to the polio disease outbreak if required.

<sup>2</sup> DOH. *Dengue and Measles Philippine Integrated Disease Surveillance and Response (PIDSRS) (01 Jan-06 Sept 2019)*. Published 20 September 2019.

<sup>3</sup> ABS CBN News. *DOH says Manila student died of diphtheria*. Online at <https://news.abs-cbn.com/news/09/26/19/doh-says-manila-student-died-of-diphtheria>, 26 September 2019.

<sup>4</sup> PRC. *Health Services Annual Report covering 01 Jan to 31 Dec 2011*. Published 26 April 2012.

The CO is coordinating with Partner National Societies (PNS), which include American Red Cross, The Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, The Netherlands Red Cross and Spanish Red Cross, as well as with International Committee of Red Cross (ICRC) on any security related considerations. For larger scale disaster situations, ICRC, IFRC and PRC refer to the Movement Coordination Agreement for cooperation during emergencies. Reference is also made to the “Access Map for Red Cross Red Crescent the Movement”.

The first polio case identified was in Marawi, Mindanao, southern Philippines. Here PRC will be supported by ICRC in their response. PRC and IFRC will coordinate closely with ICRC in the response.

## **Overview of non- Red Cross Red Crescent actors in country**

### ***Coordinating with authorities***

Republic Act 10072 (Philippine Red Cross Act of 2010) recognizes PRC as an independent, autonomous, non-governmental organization auxiliary to the authorities of the republic of the Philippines in the humanitarian field. Since the establishment the National Disaster Risk Reduction and Management Council (NDRRMC), PRC has served as one of the original member agencies and the only non-government agency sitting in the council membership. As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with (i) the NDRRMC, (ii) the provincial, municipal and barangay (community) disaster risk reduction and management councils, and (iii) the local government units defined in the disaster risk reduction and management.

### ***Inter-agency coordination***

At country level, PRC and IFRC are observers to and participate in meetings of the Humanitarian Country Team (HCT) held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant clusters as required.

IFRC and PRC are coordinating with WHO and UNICEF on the response, sharing information and contributing to updates. WHO co-chairs the National Health Cluster coordination through NDRRMC mechanism led by DOH. A health cluster coordination meeting was held in the last week of September to discuss health partners’ possible interventions in the polio outbreak response. The cluster is requesting partners to share their plans in support of the response, particularly in affected areas (Davao, Lanao del Sur and Metro Manila).

The following urgent activities are being prioritized by DOH in collaboration with UNICEF, WHO and other partner organizations:

- Second round of synchronized polio vaccinations (being planned in October 2019).
- Development and dissemination of appropriate risk communication messages.
- Further case investigation and case finding; community search for AFP cases and close contact sampling.
- Enhance AFP cases search and environmental surveillance by review of charts in all hospitals and health centres, and supporting community search and adding more environmental surveillance sites in Metro Manila.
- UNICEF will support the government to procure and ensure the availability of the required vaccine supplies for the campaigns.

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

There is no cure for polio. It can only be prevented through the polio vaccine. To stop the spread of polio, at least 95 per cent of people need to be vaccinated. However, polio vaccination coverage in the Philippines has been steadily declining. According the WHO, the estimated vaccination coverage for children aged below 1 year with the required three doses of bivalent oral polio vaccine in the Philippines for 2018 was 66.8 per cent (compared to the recommended 95 per cent), and for inactivated poliovirus (IPV) coverage has been below 50 per cent since its introduction in 2016. In 2019, it is currently at 23 per cent.

Cumulative reported cases of acute flaccid paralysis (AFP) from 1 January to 7 September 2019 reached 264 country-wide. Among the AFP cases, 113 (43 per cent) were discarded as non-polio, nine (3 per cent) were classified as not AFP and 142 (54 per cent) are still pending classification. Age of cases ranged from 3 months to 22 years (median is 9 years). 38 per cent of cases are among children aged 10 to 14 years. With regards to vaccines, 103 (49 per cent) of them had received three doses of OPV, 11 (4 per cent) received two doses, one (0.4 per cent) received five doses and

four (2 per cent) received one dose. 13 (5 per cent) were not vaccinated and 105 (40 per cent) had an unknown history of vaccination<sup>5</sup>.

The Western Pacific Regional Commission for Certification of Poliomyelitis Eradication (RCC) also regards the Philippines as being high-risk for polio transmission in case of emergency and circulation of VDPV, due to the following factors:

- Chronic sub-optimal vaccination coverage for polio vaccines.
- Sub-optimal performance of AFP surveillance.
- Poor sanitation and hygiene conditions.

There are also large numbers of overseas Filipino workers (OFW) and WHO considers the regional risk of the outbreak to present across international borders as moderate.

Due to suboptimal performance of AFP surveillance – attributed to the long circulation period of the VDPV (both types 1 and 2) – there are lost cases and numerous latent carriers, who are potential source of infection. This especially to children with poor immunity and other opportunistic infections, and particularly dwelling in hygiene and sanitation compromised areas.

Apart from polio, health officials warned that cases of other infectious diseases have also emerged in some parts of the country due to low vaccination coverage. It's been reported that cases of diphtheria – a bacterial infection affecting the nose and throat – were recorded in several regions including the Cordillera Administrative Region. Due to poor immunization and an overwhelmed public health system, the Philippines record a number of re-emerging diseases in the country such as leptospirosis (with 1,763 cases and 179 deaths as of 7 September 2019)<sup>6</sup>, pertussis (74 cases and 6 deaths as of 15 June 2019), diphtheria (87 cases and 22 deaths as of 15 June 2019)<sup>7</sup>, etc.

Other factors that influence the spread of vaccine preventable diseases in the Philippines are the fast-growing urban population (fast and at scale), internal mobility and density of population, especially in the urban slums. This put more children at risk of contracting the virus, incur disability and in worst cases, loss of lives. Additionally, 95 children in the Philippines die from malnutrition daily. 27 out of 1,000 Filipino children do not get past their fifth birthday. A third of Filipino children are stunted or short for their age. Stunting after 2 years of age can be permanent, irreversible and even fatal<sup>8</sup>. On top of that, an average of 32 people was infected with HIV every day in 2018, according to DOH data.

This is exacerbated by natural disasters and climate change that impact one of the most disaster-prone countries in the world. The Philippines is at high risk from cyclones, earthquakes, floods, landslides, tsunamis, volcanic eruptions and wildfires. Since 1990, the Philippines has been affected by 565 natural disaster events that have claimed the lives of nearly 70,000 Filipinos and caused an estimated USD 23 billion in damages<sup>9</sup>.

## Targeting

A total of 30,000 children in the age group of 0-59 months will be targeted through this DREF operation, which has been calculated based on the number of people in the most at-risk areas, as well as the capacity of the PRC to respond, in addition to information provided by DOH and WHO. These children will be covered through direct social mobilization, health promotion and oral polio vaccine administration activities in a campaign mode. However, to reach out and serve these 30,000 children, the DREF seeks to generate awareness to 300,000 community people in the most vulnerable and at-risk areas. Another 1.2 million people will be reached through health promotion messages through multiple media platforms (Facebook, Twitter, TV/Radio, etc.). Further, targeting will be done during the implementation phase and this number may change.

The project will target the most vulnerable cluster of population, including but not limited to people living in urban slums, people living in remote areas, indigenous people, people in conflict zones, etc. Note that the location of the activities to be conducted has been confirmed by the Global Polio Advisory Group, and includes Davao, Lanao Del Sur and Metro Manila.

<sup>5</sup> DOH. *PIDSR for the MW 36 (Jan 01 to Sept 07, 2019) for Acute Flaccid Paralysis*. Published 20 September 2019.

<sup>6</sup> DOH. *PIDSR, Leptospirosis MW 36 (Jan 1 – Sept 7, 2019)*. Published 20 September 2019.

<sup>7</sup> DOH. *PIDSR, VPD – MW24 (Jan 1 – Jun 15)*. Published 29 June 2019.

<sup>8</sup> UNICEF. *Child survival*. Online at <https://www.unicef.org/philippines/child-survival>.

<sup>9</sup> Global Facility for Disaster Reduction and Recovery. *GFDRR Annual Report 2016: East Asia and Pacific*. Online at <https://www.gfdrr.org/en/ar2016/program>.

For round zero of OPV2 vaccination in Mindanao, three areas identified by DOH will be targeted, namely Davao city, Davao Del Sur and Lanao Del Sur. Based on this, the same three PRC chapters will be supported. Out of these areas, ICRC has strong presence in Lanao Del Sur and Davao City and hence PRC will coordinate with ICRC in these areas.

In first and second rounds for Mindanao, PRC plans to reach out to around 30 per cent of the total population through 10 to 14 chapters. Out of them, ICRC may support four to six chapters, where they have strong presence and the rest will be supported by IFRC DREF. The total number of children to be covered in round zero is around 526,000 and in first and second rounds, the total number of children to be covered is 3.1 million.

For Metro Manila, the first round has already happened for Manila City, which had a coverage of 53.8 per cent. For second and third rounds, the area of coverage will be the entire Metro Manila and PRC will support DOH by mobilizing 10 chapters. The chapters will be decided in close coordination with DOH, which is due to happen in the coming weeks. Some of the areas will be the same as the measles operation and Marikina may be selected as an intervening chapter, which also overlaps with the dengue outbreak operation.

### Scenario planning

Possible scenarios are:

	Best case scenario	Likely scenario	Worst case scenario
<b>Case load</b>	Human cases are contained at the present level in the same geographic area and within the same subtype of polio.	More human cases will be found in the same geographic area and some cases of VDPV1 are also found.	More VDPV1 and VDPV2 human cases are found across the country.
<b>Response capacity</b>	DOH has the capacity to cover 95% of the targeted population with vaccine supported by UNICEF.	DOH manage to cover the targeted population with more than 80% coverage with support from health cluster partners.	DOH and health cluster partners cover less than 80% of the targeted population.
<b>Availability of vaccines</b>	OPV and IPV are available in adequate quantity and the cold chain is managed throughout the supply chain.	OPV and IPV are available in adequate quantity with some delay in supplies. The cold chain is managed in most cases and geographic areas.	OPV and IPV are not adequately available and the cold chain is compromised.

### Operation Risk Assessment

The project's success will also be dependent on no significant changes in the following variables:

Risk	Mitigations
Lack of vaccines	Coordinate with DOH, local government units (LGUs) and UNICEF on the availability of vaccines to support the campaign.
High refusal	Build in refusal management mechanism as part of social mobilization strategy. There is an approved refusal management protocol, developed by WHO and followed by DOH. All vaccinators, including PRC volunteers will follow the protocol in totality.
Vaccination takes longer than expected and case load continues to grow.	Scale up the response in terms of scope and time. Use the additional vaccines as ordered by the UNICEF and scale up PRC response capacity in relation to geography and most vulnerable areas.
Side effects to vaccination	In most cases, DOH vaccination teams will handle this. However, PRC volunteers will be oriented on the side effects and the parent/guardians' consent is to be recorded prior to vaccination. Each vaccination team will have a doctor or a senior nurse, who will ensure quality control of the process and cold chain.
Adverse effect of the vaccine (vaccine-associated paralysis or the OPV attenuated virus becoming neurovirulent and transmissible).	As part of the orientation, the vaccinators and the health educators were informed about these including Guillain–Barré syndrome (GBS <sup>10</sup> ), etc. Though these are rare, but information and precautions at the vaccinators' level and informed vaccination save the team's reputation and morale and they tend to value lives of people even more.

<sup>10</sup> A rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system.

Risk	Mitigations
Cold chain failure	In this case, the effectiveness of the vaccine will reduce and people will receive a false sense of security, which is dangerous. These kinds of cases/episodes should be immediately reported to DOH and arranged for the next round of vaccination in the same area, at the earliest. In places where PRC volunteers administer the OPV, they will be trained on cold chain management, along with other essential topics and they will pick up the vaccine box and the icepacks from the local health station and return the unused vaccines to the health station/centre. A joint team of local health experts from DOH and PRC will continue to monitor the efficacy of vaccine and quality of service delivery on a regular basis. Moreover, WHO monitors the performance of UN supplied vaccines in the field on a continuing basis. This monitoring includes testing of vaccine lots used in the field, review of complaints received from users and investigation on reports of adverse events following immunization <sup>11</sup> . The same practices will be observed by WHO in close coordination with DOH and PRC will be open to receive quality control and efficacy management recommendations from WHO and DOH, in order to ensure adequate efficacy of the vaccine through optimal, field-level cold chain management.
Large to catastrophic disaster in the country, multiple operations	Apply country level contingency plans, including coordination with ICRC in regards to the country level security framework.
Major political unrest and possibilities of armed conflict in one of more areas of the country	As above.
Capacity of PRC and IFRC insufficient	PRC Health unit is currently looking after multiple operations: measles emergency appeal, dengue DREF and health activities in the Mangkhut emergency appeal. They also have their regular programming.  Surge support will be required.
Working in conflict affected areas	Coordinate with ICRC in areas of Mindanao.

## B. Operational strategy

### Overall operational objective

PRC supports DOH and other health partners in contributing towards achieving 95 per cent coverage of polio vaccine among the most vulnerable population in the Philippines, through social mobilization, health promotion and oral polio vaccine administration at the local level.

### Proposed strategy

The proposed operational strategy aims to complement DOH vaccination campaign for children (in the age group of 0-59 months) with messaging on the importance of polio vaccination through social mobilization, health promotion among parents and caregivers in geographical areas that have been identified as being most at risk.

Targets are:

- 30,000 children in the age group of 0-59 months, reached with oral polio vaccine.
- 300,000 people reached with services in relation to polio prevention and management.
- 1.2 million people reached with IEC materials.

It is pivotal to support the vaccination campaign through community mobilization and health promotion prior to the vaccination in a barangay. The same process will repeat along with administration of oral polio vaccine, as directed by DOH. A team of house-to-house vaccinators accompanied by the social mobilization teams will ensure at least 95 per cent coverage in all targeted barangay by reaching out to the 'missed-out' children in each targeted barangay. The micro-planning and actual campaign will be jointly coordinated with DOH, UNICEF, WHO and other partner

<sup>11</sup> WHO. *Oral poliomyelitis vaccine (OPV)*. Online at [https://www.who.int/immunization\\_standards/vaccine\\_quality/ga\\_production\\_control\\_pg\\_11july2012.pdf?ua=1](https://www.who.int/immunization_standards/vaccine_quality/ga_production_control_pg_11july2012.pdf?ua=1).

organizations, at the national level. The same process will be repeated by the PRC chapters with the LGU partner, at the provincial/municipal level.

Main activities under this DREF operation will include:

**Administration of oral polio vaccine (OPV):** As requested by DOH, directed by the health cluster partners (especially WHO and UNICEF), will take up the responsibility of administering oral vaccine to selected population, especially the cases missed-out by the main campaign and difficult to access areas. This activity will involve coordination with the local health system to ensure quality control, cold chain management and guidance provided by qualified government health service providers. This process will require training of vaccination volunteers (preferably, trained nurses and midwives) on the risks, possible adverse effects and refusal management. Training will be done by DOH with support from WHO. These vaccinators will need to get the consent forms signed by the children's parents/ guardians, prior to administration of the vaccine. A total of 600 volunteers will also be mobilized on the actual vaccination days to support DOH (30 volunteers in 20 chapters) for five days.

**Social mobilization:** The social mobilization teams will follow the chapter level micro-plan, which is developed in close coordination with the LGU through its local health offices. The social mobilization team will visit a barangay twice. First, prior to vaccination to identify children, undertake a house-listing and conduct health promotion to ensure adequate footfall on the day of vaccination. Second, the same team will accompany the team of vaccinators on the day of vaccination and help with follow up of cases to achieve a near 95 per cent coverage of vaccine in the barangay. A total of 1,000 volunteers will conduct social mobilization, health and hygiene promotion activities (50 volunteers in 20 chapters at high risk of polio) for 10 days. All 1,000 volunteers will receive training (two batches) on the Epidemic Control for Volunteers (ECV) toolkit, with particular focus on polio virus modules, and information collection and reporting. Each chapter team will be equipped with a tablet to support data collection and reporting at the vaccination sites.

**Health promotion:** The health promotion will also happen in tandem with the social mobilization and will have dual purpose, (i) to generate awareness on polio, transmission routes, prevention, etc, (ii) and to generate interest, reduce fear of vaccine and proactive refusal management prior to and on the day of vaccination.

**Hygiene promotion:** Long-term, comprehensive disease control and prevention requires safe, clean and adequate water and sanitation infrastructure and sustainable hygiene practices in addition to vaccination programmes. A total of 60 volunteers from across 20 chapters will receive training on emergency WASH (in two batches), and be mobilized for 20 days to conduct hygiene promotion and promote positive sanitation behaviour. The hygiene promotion will be done in close collaboration with the social mobilization and health promotion efforts.

**Water testing:** Additionally, water samples will be collected and tested in the most at-risk areas to see the amount of E. coli infection in the potable water (10 samples, three times, from each chapter and across 20 chapters).

This DREF operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analyses to inform the design and ongoing implementation of the activities planned.
- Ongoing process of adjustments based on these assessments.
- Adherence to protection, gender and inclusion (PGI) measures, with focus on disability inclusive response. PRC volunteers involved in the DREF operation will receive a PGI orientation (four sessions for 250 volunteers per session). The interventions will also ensure community engagement and accountability, as well as child protection and gender, diversity and disability inclusion. There will also be consideration of the Code of Conduct, Minimum Standard Commitments related to PGI and Sexual and Gender Based Violence (SGBV) in all trainings conducted.
- Establishment of mechanisms to facilitate two-way communications with, and ensure transparency and accountability to disaster-affected people, and highlighting the nature of communication and information as a life-saving mechanism.
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.
- PRC with support from IFRC, will also ensure that lessons learned during the workshop are recorded, analysed and used in future operations.

## Strategies for implementation

### Human resources

PRC will utilize national headquarters (NHQ) and chapters' existing staff and RC143 volunteers, and RCAT from other chapters. Each volunteer will be provided with PRC visibility, personal protective equipment (PPE) and first aid kit, in case there is need for it while in action. Those involved in the response will be provided with briefing and vaccination

prior to deployment and insurance coverage, as well as debriefing after deactivation. There will be psychosocial support sessions (caregiver workshop) held for staff and volunteers conducted during the operation. Temporary reallocation of existing PRC staff to support the operation will also be covered through the DREF.

The IFRC CO will support the PRC in providing technical and support service staff as required to ensure accountability and compliance with regards to the DREF. The IFRC CO will, where possible, seek to maximize synergies with the technical resource needs of the MDRPH032 and MDRPH033 operations, and ensure complementarity support that PRC can rely on. The initial profiles that will be requested are i) epidemiology, ii) social mobilization and iii) information management. These link directly into the activities outlined in this EPoA.

The scale of the outbreaks and substantial operational needs is expected to necessitate an adaptable approach to how the budget allocated for surge support is utilized. This will be informed by the profiles required, timeframe that candidates are available for and where the surge support is being deployed from. It may be required that surge support is deployed from outside the Asia Pacific region. Alerts are shared with other regions and networks.

### **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. Logistics support for this operation is being provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

### **Communications**

The PRC communications team will ensure that Red Cross Red Crescent response efforts are effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country are actively contributing to institutional communications through their own social media networks. A composite team of PRC and IFRC communications coordinator will work together to generate high quality photos, video clips and news stories for use across IFRC and PRC multimedia platforms. Mobile messaging groups (via Facebook Messenger) were set up between PRC's operations center, disaster management service, deployed assessment teams, PRC and IFRC communications focal persons to share real-time information and data from responders on the ground and vice versa.

### **Information technology and telecommunications**

The DREF operation will cover costs of mobile phone credits and internet cards for the chapters involved. PRC will ensure that staff and volunteers involved in the operation are accessible via mobile phones. Where necessary, satellite phones will be made available. The chapters will have enough computer software and hardware capacity, and support for the operational requirements – this includes providing tablets where required.

### **Security**

The PRC security framework will apply throughout the duration of the DREF operation to their staff and volunteers. For personnel under IFRC security responsibility, including surge support and integrated PNS deployed to the area, the existing IFRC Philippines CO security plan, including security regulations, contingency plans for medical emergencies, relocation and critical incident management will apply. A full security briefing covering identified risks and mitigation measures will be given on arrival. The IFRC security focal point will also brief personnel working in the field on the evolving situation, the relevant evacuation routes and contingency plan processes to ensure they operate safely. Safety and security risks are identified in the IFRC risk assessment for the Philippines. However, the current situation will potentially increase the risk level for health-related risks. All field movement of IFRC personnel is monitored by the security focal point via SMS and phone call. Adequate communications equipment and back up communications are required for all field travel, and dual SIM phones will reduce the challenges of network dead spots. For activities in new areas, location specific safety and security assessments and mitigation measures will be required.

### **Community engagement and accountability (CEA)**

Community engagement and accountability is critical in this operation to ensure that affected people receive timely, accurate and appropriate information on vaccination, and conduct meaningful dialogues with the PRC. CEA can help address misinformation and rumours that have contributed to the decline of vaccination across the country through the development of appropriate feedback systems.

Over the years, PRC has been strengthening its capacity in community engagement and accountability through a variety of community-based programs and projects, as well as emergency operations nationwide. PRC first established a systematic process for community participation and to gather feedback during the recovery phase of the Typhoon Haiyan operations (2013 to 2018). PRC uses trusted and preferred channels of communications, including radio, newspaper, telephone hotline, help desks, printed materials, SMS and social media – all were validated through community consultations.

Community engagement and accountability is integrated into relief and recovery programmes to ensure that affected populations have direct access to information on the nature and scope of services provided by PRC, as well as the mechanisms and processes that enable community participation and feedback. It is important to incorporate sustainable behaviour and practices within this humanitarian operation. Actions taken should cause no harm to the communities being supported.


### Planning, monitoring, evaluation and reporting (PMER)

Reporting on the operation will be carried out in accordance with the IFRC reporting standards. Regular updates will be issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team will have technical PMER capacity and additional technical support is provided through IFRC APRO PMER team. The operation monitoring teams will make field visits as needed. This will help identify and, where possible and necessary, resolve any issues.

Necessary tools and templates for regular data collection and reporting will be adopted from existing PMER resources. A lessons learnt workshop will be conducted at the end of the DREF operation. The lessons will inform subsequent planning for medium/longer term programming that will seek to address the ongoing public health risks and gaps in the Philippines, and therefore allocation has been made for an extended workshop to enable this.

### Administration and finance


The IFRC provides the necessary operational support for review, validation of budgets, bank transfers and technical assistance to PRC on procedures for justification of expenditures, including the review and validation of invoices. PRC is accustomed to and competent in delivering these financial procedures to the required standards.



## GABAY SA PAGSAGOT

sa mga tanong tungkol sa **polio**

Supported by:



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**Ano ang polio?**  
Ang polio ay nakahahawang sakit na dulot ng poliovirus. Ito ay maaaring maging sanhi ng pagkalumpo, hirap sa paghinga, at pagkamatay.

**May gamot ba laban sa polio?**  
Ang polio ay hindi nagagamot. Bakuna lamang ang pinakamabisang paraan para maging protektado laban sa polio.

**Paano nakukuha ang polio?**  
Ang polio ay maaaring makuha sa pagkain at pag-inom ng tubig at iba pang inumin na kortaminado ng dumi na may poliovirus.

**Ligtas ba ang Oral Polio Vaccine o OPV?**  
Ligtas at epektibo ang OPV at higit na kailangan para sa proteksyon ng bata laban sa polio. Ginagamit na ito sa maraming bansa. Ayon sa World Health Organization (WHO), mahigit 18M na ang nakaiwas sa pagkalumpo dulot ng polio sa higit na 30 taon na paggamit ng bakunang OPV.

**Nasa panganib ba ako sa polio? Nasa panganib ba ang aking mga anak?**  
Oo. Lubhang mapanganib ang polio, lalo na sa mga batang limang taong gulang pababa na walang proteksyon laban sa polio. Pagbabakuna ang pinakamabisang paraan para maiwasan ang polio.

**Ligtas ba na mabigyan ulit ng OPV ang mga bata, kahit na ilang beses na sila nakatanggap nito?**  
Oo, ligtas ito. Mahalaga na mabigyan ng OPV ang mga bata dahil ito ang nakapagbibigay ng kasiyuranhan ng proteksyon. Ang bawat karagdagang dose ay lalong nagpapatibay ng proteksyon ng isang bata laban sa polio.

**Ano ang maaaring gawin para maiwasan ang polio?**  
Bakuna kontra-polio ang pinakamabisang paraan. Dahil ang poliovirus ay nakukuha sa maruruming lugar, importante rin na mapanatiling malinis ang kapaligiran at bahay, maghugas ng kamay gamit ang sabon at tubig pagkatapos gumamit ng palikuran, bago kumain at maghanda ng pagkain, dumumi sa tamang lugar, at uminom lamang ng malinis na tubig.

**Ligtas ba na mabigyan ng OPV ang mga bagong silang na sanggol?**  
Oo, ligtas na ibigay ito sa mga bagong silang na sanggol. Sa katunayan, mahalagang mabigyan ng OPV ang mga sanggol na bagong silang dahil mababa ang kanilang immunity at mas nasu panganib sila sa polio. Lahat ng mga sanggol ay dapat mabakunahan sa Sabayang Patak Kontra Polio para mabigyan sila ng karampatang proteksyon laban sa polio.

**Bakit may magaganap na pagbabakuna sa polio?**  
Ang Pilipinas ay "high-risk" sa paglalaganap ng polio dahil maraming mga bata ang hindi bakunado o hindi kumpleto ang bakuna laban sa polio. Bukod dito, may problema rin sa kalinisan sa ating kapaligiran.

**Ilang doses ng OPV ang kailangan para maging protektado ang aking anak laban sa polio?**  
Kailangan makumpleto ang 3 doses ng OPV para makamit ang immunity laban sa polio. Ang bawat karagdagang dose ay lalong nagpapatibay ng proteksyon ng isang bata laban sa polio kaya't kinakailangan pa itong bigyan ng karagdagang bakuna sa Sabayang Patak Kontra Polio para sa mas malakas na proteksyon.

**Sino ang mga babakunahan kontra polio?**  
Lahat ng batang wala pang 5 taong gulang, mayroon man o wala pang bakuna kontra polio.





AP021	Follow up the lost cases and administer OPV, through house-to-house visit			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Continuous monitoring, data collection and reporting in coordination with Chapters and DOH/UNICEF/WHO	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Participate in the local and national planning meetings as organized by DOH to pledge support in relation to social mobilization for successful coverage of the polio vaccination campaign	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>P&amp;B Output Code</b>	<b>Health Output 1.5: Psychosocial support provided to the target population</b>	<i>300,000 people reached with PSS services</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Establish welfare desks at DOH vaccination points to support patients and their families			x	x	x	x	x	x	x	x	x	x					
AP023	Provide psychosocial support (caregiver workshop) for volunteers and staff involved in the operation														x	x		



## Water, sanitation and hygiene

**People targeted:** 300,000

Male: 152,000

Female: 148,000

**Requirements (CHF): 35,662**

Sector	Needs analysis	Assistance planned and population to be assisted
Emergency WASH	<ul style="list-style-type: none"> <li>There is also a need to conduct hygiene promotion activities to improve hygiene behaviour and bridge knowledge and practice of safe water and food handling as well as hygiene practices such as handwashing to mitigate the risk of oral-faecal contamination at the community level.</li> <li>There is a need to train staffs and volunteers on water safety, food safety and emergency WASH practices, including but not limited to household water treatment, safe keeping of water, household oral rehydration solutions making and administration, safe utilization of vessel and utensils for water and food, good cooking practices, basic hygiene practices, hand washing, basic sanitation safety, etc.</li> <li>There is a need to undertake water testing in sample location to see the amount of e coli infection in the potable water sources, as different points. This will help prioritize areas with higher risk of oral-faecal contamination.</li> </ul>	<ul style="list-style-type: none"> <li>300,000 people will be reached with sanitation and hygiene promotion activities</li> <li>60 volunteers from across 20 chapters will be trained in emergency WASH in two batches.</li> <li>At least 10 water samples from each chapter areas (from the most vulnerable and at-risk places) will be collected and tested for at least 3 times within the DREF timeframe.</li> </ul>

<b>P&amp;B Output Code</b>	<b>WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in temporary hospital support units and welfare desks</b>	<i>300,000 people directly provided with safe hygiene and sanitation messages</i>																
	<b>WASH Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in the communities</b>	<i>10 water samples from each chapter across 20 chapters will be collected and tested for 3 times, within the DREF period to formulate a risk profile</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Collect and test water samples from the most at-risk areas (10 samples, each time for 3 times, from each chapter, across 20 chapters)		x	x	x													
<b>P&amp;B Output Code</b>	<b>WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>	<i>300,000 people reached with messages on good sanitation practices</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP029	Mobilize trained volunteers to promote positive sanitation behavior				x	x	x	x										
<b>P&amp;B Output Code</b>	<b>WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>	<i>60 volunteers trained and mobilized hygiene promotion activities</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Train 60 volunteers from across 20 chapters on emergency WASH (in two batches)		x	x														
AP030	Conduct hygiene promotion activities in all targeted communities, in close collaboration with the health community mobilization and health promotion efforts.				x	x	x	x										



## Protection, Gender and Inclusion<sup>12</sup>

**People targeted: 300,000**

Male: 151,000

Female: 149,000

**Requirements (CHF): 4,800**

**Needs analysis:** It is important that the targeting is inclusive, diversity-friendly, non-exploitative and sensitive to the needs of the most vulnerable population subsets, including women and girl children. The operation needs to integrate a 'do no harm' approach into all aspects of planning and programming. PRC will capture sex, age and disability disaggregated data (SADDD) for the purpose of accountability to communities, to analyse who is directly benefitting and who is not benefitting from services, and to understanding the number and specific vulnerabilities of females to males based on their gender roles and age. The chapter level staffs and volunteers are not oriented to monitor the programmes and its element on PGI lenses. It is expected that the vaccination campaign is following all protection and SGBV protection criteria and in infrastructure

<sup>12</sup> This area of focus is a merge of what previously was social inclusion and culture of non-violence and peace. It is under development, so for now it represents the physical merge of three existing relevant outputs.

and physical settings. For the vaccination campaign, the teams will make sure that pregnant, lactating women and mothers or attendants with disability should be involved in planning and none of the areas are left due to its remoteness or social exclusion within a barangay.

The volunteers' profile should have representation from different diverse sections, for understanding people's needs well and they should be able to make different groups confident about their disclosure.

**Population to be assisted:** PRC will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to protection, gender and inclusion during emergencies, including targeting women-headed households, pregnant or lactating women, and men and boys made vulnerable by the disaster. PRC will ensure prevention of sexual and gender-based violence, by mapping and distribution of safe referral pathways (in coordination with the Protection Cluster) and training of PRC volunteers on how to handle disclosures and refer individuals to appropriate services when necessary.

PRC will distribute child protection information materials. PRC will also ensure that protection and inclusion will be followed as cross cutting principle for this project. All the activities will be planned based on 'do no harm' principle and thus everyone reached through this project will be benefitted. 100 staff and volunteers from 20 chapters will be trained on PGI and SGBV and mobilized to undertake other interventions. These people will ensure that the minimum PGI standards are maintained at all time in the interventions.

**Programme standards/benchmarks:** IFRC Minimum Standard Commitments to Protection, Gender and Inclusion in Emergencies, Community Engagement and Accountability Minimum Standards, IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse, Code of Conduct.

<b>P&amp;B Output Code</b>	<b>Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs</b>	<i>People in need and the most vulnerable population from amidst the target beneficiaries, received PGI services provided by PRC as part of polio operation by January 2020</i>																	
	<b>Inclusion and Protection Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors</b>	<i>100 of staff and volunteers trained and mobilized to support PGI activities</i>																	
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP031	Ensure identification and proactive inclusion of different target groups – the factors include gender, diversity, disability, etc.				x	x	x	x	x	x	x	x	x	x	x	x	x	x	
AP031	One day chapter level orientation for staff and key volunteers on protection, gender and inclusion with specific focus on Minimum Standard Commitments				x	x	x	x	x	x	x	x	x	x	x	x	x	x	
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data				x	x	x	x	x	x	x	x	x	x	x	x	x	x	
AP031	Integrate sessions on the Minimum Standard Commitments into other sectorial trainings (ECV, PSS refreshers etc.)	x	x																
<b>P&amp;B Output Code</b>	<b>Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children</b>	<i>100 staff and volunteers mobilized to support PGI activities</i>																	
			<i>100 staff and volunteers trained and mobilized to support SGBV prevention and management activities as part of the polio campaign</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	



P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	2 methods established to share information with communities about what is happening in the operation 100% of complaints and feedback received responded to by the NS																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP042	Communicate and engage with communities on social media (Facebook and Twitter) using existing PRC networks and available, customized database	x	x	x	x	x	x	x	x	x	x	x	x	x				
AP042	Establish methods to share information with communities	x	x															
AP042	CEA awareness sessions for the staff and volunteers are conducted	x	x															
P&B Output Code	Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards	Logistics department provides constant support to the National Society's logistics for replenishment and other procurements from the Key Data Sheet with a target																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP050	IFRC country office's logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements	x	x	x														
P&B Output Code	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 Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues	IFRC and NS are visible, trusted and effective advocates on humanitarian issues Communications plan is developed and implemented																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP053	Communications work of the PRC is supported by the IFRC country office and regional office in Kuala Lumpur	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
AP053	IFRC and PRC are actively visible as a partner of DOH in the planning, response and social mobilization of mothers and attendants of children for vaccination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming	3 visits to affected communities 1 lesson learnt workshop conducted																
		Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP055	Assessment of needs, capacities and gaps as part of continuous surveillance, validation and pockets of maximum needs from with the areas of operation	x	x	x	x													
AP055	Identification of community participation modalities in programme design and implementation	x	x	x	x													
AP055	Post community information generation session monitoring visits to affected communities			x	x	x	x	x	x	x	x	x	x	x	x			



## D. Budget

### DREF OPERATION

26/09/2019

#### MDRPH035 Philippines: Polio Outbreak

<b>Budget Group</b>	<b>DREF Budget CHF</b>
Water, Sanitation & Hygiene	7,200
Medical & First Aid	5,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>12,200</b>
Computer & Telecom Equipment	10,000
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>10,000</b>
Transport & Vehicle Costs	45,700
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>45,700</b>
National Society Staff	10,350
Volunteers	108,615
<b>Total PERSONNEL</b>	<b>118,965</b>
Workshops & Training	52,262
<b>Total WORKSHOP &amp; TRAINING</b>	<b>52,262</b>
Travel	40,500
Information & Public Relations	18,000
Office Costs	11,500
Communications	6,650
<b>Total GENERAL EXPENDITURES</b>	<b>76,650</b>
Programme and Services Support Recovery	20,526
<b>Total INDIRECT COSTS</b>	<b>20,526</b>
<b>TOTAL BUDGET</b>	<b>336,302</b>

Reference documents



Click [here](#) for Information Bulletin

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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 (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.



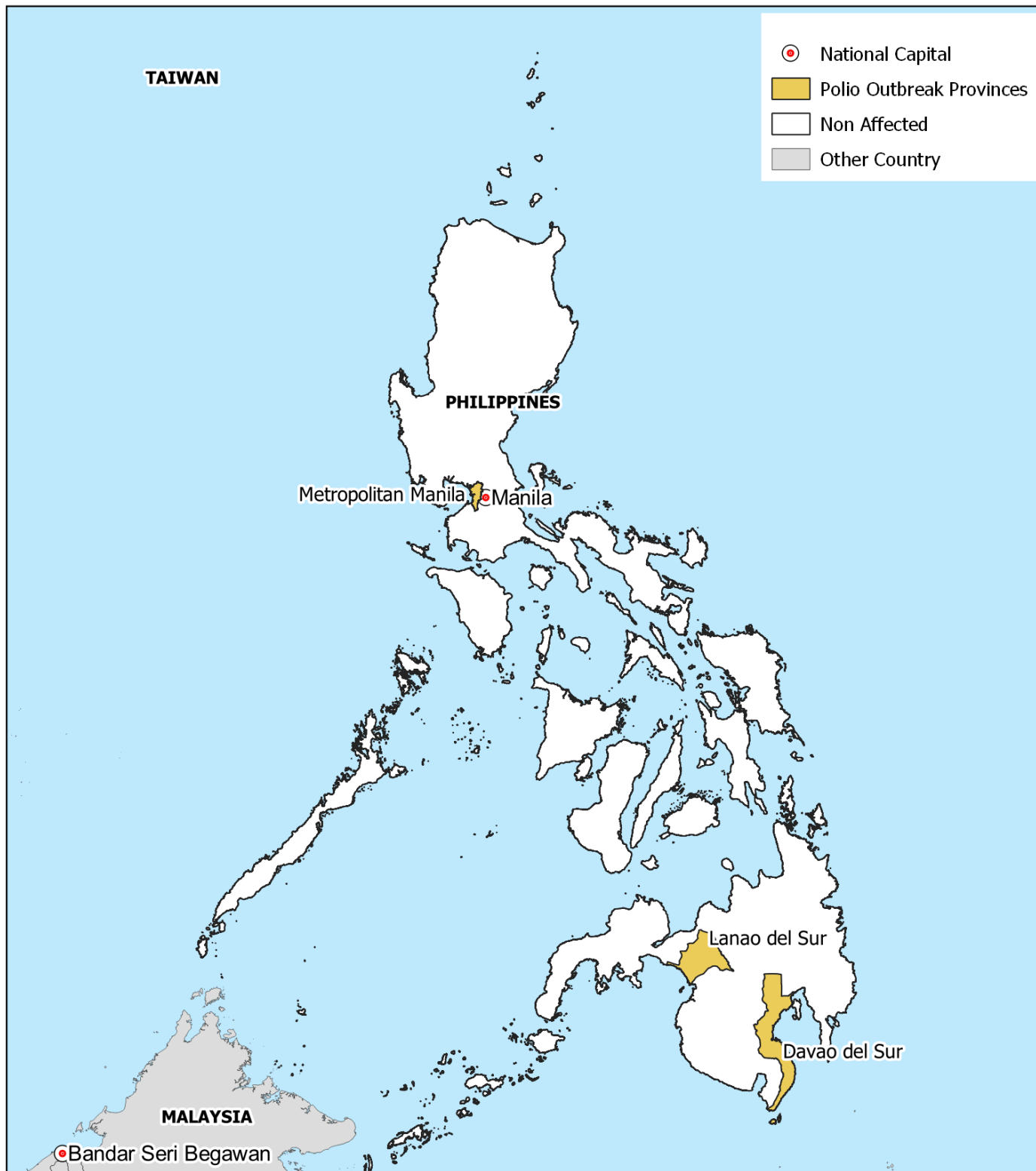
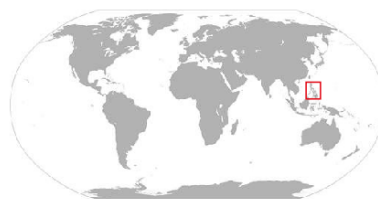
Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.

**Philippines, Polio Outbreak:  
Informal Update**

20 September 2019



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