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# Operation Update Report

## Philippines: Re-emergence of vaccine preventable diseases (polio)

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n°</b> MDRPH032	<b>GLIDE n°</b> <a href="#">EP-2019-000110-PHL</a>
<b>Operation update n° 3:</b> 23 December 2019	<b>Timeframe covered by this update:</b> 28 September to 15 November 2019
<b>Operation start date:</b> 28 September 2019	<b>Operation timeframe:</b> 15 months ending on 31 December 2020
<b>Funding Requirements:</b> CHF 1,990,056	<b>N° of people being assisted:</b> 1.2 million <b>N° of people reached:</b> 777,120
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> PRC is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. International Committee of Red Cross (ICRC) are also supporting PRC along with other in country PNS.	
<b>Other partner organizations actively involved in the operation:</b> Government agencies including the Department of Health (DOH), Department of Interior and Local Governments (DILG), Department of Public Works and Highways (DPWH), National Disaster Risk Reduction and Management Council (NDRRMC), Department of Social Welfare and Development (DSWD) and local government units are aiding affected households. International agencies such as WHO (World Health Organization) and UNICEF are also responding. OCHA, the Humanitarian Country Team and Health Cluster are also providing coordination.	

## A. SITUATION ANALYSIS

### Description of the disaster

On 19 September 2019, the Department of Health (DOH) confirmed the re-emergence of polio (vaccine-derived poliovirus, VDPV) in the Philippines and declared a national polio outbreak. The re-emergence occurs almost 20 years after the Philippines was declared polio-free in 2000 and the last case of wild poliovirus was recorded in 1993.

Between 1 July and 3 December 2019, six human cases and 13 environmental samples were confirmed with cVDPV2, all genetically related. All human cases were reported from BARM<sup>1</sup>, while environmental samples were found in Davao Region and National Capital Region (NCR). The environmental samples of 13 cVDPV1 found in Manila are genetically linked, while the first human case confirmed with VDPV1 from the island province of Basilan in BARM was found not to be closely related to



*To support the government's effort in reaching many children to be vaccinated, PRC, through its chapters, has been mobilizing trained volunteers to vaccinate children. (Photo: France Noguera/IFRC)*

<sup>1</sup> Bangsamoro Autonomous Region in Muslim Mindanao.

cVDPV1 detected in Manila, but with a possible genetic link possible that will be confirmed or not following evolutionary analysis pending.

According to the World Health Organization (WHO), VDPVs are rare strains of genetically mutated poliovirus derived 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 resurgence of polio in the Philippines comes as the DOH and other partners continue to respond to dengue outbreaks and measles outbreaks. According to the latest reports, as of 29 November 2019, there had been 402,694 cases of dengue and 1,502 deaths, and 43,390 cases of measles and 573 deaths<sup>2</sup>. An increasing number of cases of diphtheria are also being reported, the DOH confirming 167 cases and 40 deaths in 2019 compared to 122 cases and 30 deaths in 2018<sup>3</sup>.

On 28 September 2019, at the request of the PRC, the IFRC launched a DREF operation in response to polio outbreaks in the Philippines for an amount of CHF 336,302 to reach 30,000 children in the 0 to 59 age group through social mobilization, health promotion and oral vaccination against polio.

The polio emergency plan of action (EPoA) was then revised and integrated as part of the revised emergency appeal MDRPH032 "Re-emergence of Vaccine Preventable Diseases" (which was previously known as "Philippines: Measles Operation"). This revised emergency appeal was published on 13 November 2019. The revised Emergency Appeal now supports the Philippine Red Cross in its operations against measles and polio. Although each operation has its respective EPoA, they have been placed under a common appeal to benefit from operational synergies and to improve efficiency.

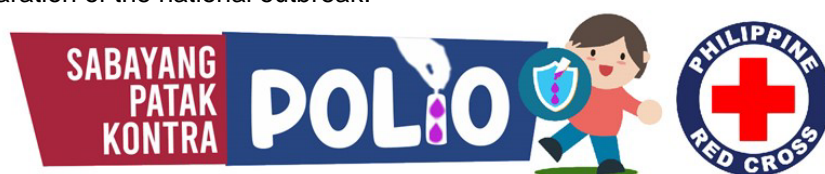
Under Emergency Appeal MDRPH032, the polio response plan is scaled-up to an amount of CHF 1,990,056 to reach 1.2 million people over 16 months and now includes mid-term routine immunization enhancement and epidemic preparedness.

This operation update is the first update on the polio response since the revision and integration.

## Summary of 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 its experience in social mobilization and awareness raising through dengue and measles outbreaks responses. The following activities are ongoing and others are being launched in consultation with DOH, UNICEF and WHO, following the declaration of the national outbreak:



## Philippine Red Cross Polio Outbreak Response 2019



Source: PRC, Round2 Vaccination Update, December 7, 2019

<sup>2</sup> DOH. *Dengue and Measles Philippine Integrated Disease Surveillance and Response (PIDSR) (01 Jan-16 November 2019)*, published 29 November 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>, published 26 September 2019.

- In accordance with PRC response standard operating procedures (SOP), the Operation Center (OpCen) is on call 24/7, monitoring the situation and providing regular updates to leadership staff.
- At the national level, PRC is coordinating with DOH Epidemiology Bureau to continue updating and monitoring cases. For relevant information sharing and support, PRC continues to engage and coordinate with the National Capital Region (NCR) Infectious Diseases Cluster.
- In support of DOH, PRC alerted its local chapters to activate community-based volunteers (RC143) and chapter-based volunteers (RCAT) to organize health information dissemination, carry out active community surveillance and support vaccination as part of the work of the Government's regional and provincial epidemiology program.
- PRC prepared key polio messages to be published through its various social media accounts to inform, educate and warn the public of the dangers brought by this disease outbreak.
- Planning meeting was held with NCR and three Mindanao Chapters on 3 October 2019.
- Technical review of plans of chapters of NCR and three Mindanao Chapters was held on 12 October 2019
- The Department of Health has asked PRC to provide additional support to the City of Manila. The mobilization of volunteers and other stakeholders was carried out on 17 October 2019, during which challenges and solutions were discussed.

Chapters and branches		Target Children	Accomplishment Vaccinated	Percentage
<b>Overall Total</b>		<b>100,000</b>	<b>155,424</b>	<b>155%</b>
<b>Metro Manila</b>		50,000	91,915	184%
Quezon City		9,000	18,781	209%
Pasay		9,000	22,134	246%
Manila		7,000	6,401	91%
Marikina		7,000	11,163	159%
Caloocan		3,500	5,631	161%
Navotas		1,500	3,449	230%
Malabon		1,500	5,017	334%
Valenzuela		1,500	2,272	151%
Rizal (branches)	Pasig	3,000	3,710	124%
	Las Piñas	3,000	3,398	113%
	Taguig	2,500	3,924	157%
	Muntinlupa	2,500	2,282	91%
	San Juan	1,500	1,724	115%
	Paranaque	1,500	1,343	90%
	Mandaluyong	1,000	686	69%
<b>Mindanao</b>		50,000	63,509	127%
Zamboanga City		12,500	16,505	132%
Davao City		3,000	3,313	110%
Davao Del Sur		3,000	5,077	169%
Davao Del Norte		2,000	2,160	108%
Davao Oriental		2,000	2,149	107%
General Santos		3,500	3,616	103%
Sultan Kudarat		1,500	1,672	111%
Surigao Del Norte		3,500	3,914	112%
Agusan Del Norte		2,000	2,131	107%
Agusan Del Sur		2,000	2,004	100%
Lanao del Sur		5,000	7,070	141%
Cotabato		2,000	1,735	87%
Bukidnon		2,000	1,271	64%
Iligan City		1,500	3,526	235%
Sulu		1,500	2,260	151%
Tawi Tawi		1,500	4,730	315%
Misamis Oriental			376	

Source: PRC, Round2 Vaccination Update, December 7, 2019

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

On 28 September 2019, by the request of the PRC, IFRC launched a DREF operation in response to polio outbreak in the Philippines for an amount of CHF 336,302. This DREF was targeting to reach 30,000 children in the 0 to 59 age group through social mobilization, health promotion and oral vaccination against polio. The polio EPoA was then revised and integrated with the already existing [measles EPoA](#). The integrated operation is now all under the revised emergency appeal [MDRPH032 "Re-emergence of Vaccine Preventable Diseases"](#) published on 13 November 2019. The [polio EPoA](#) was scaled-up to an amount of CHF 1,990,056 to reach 1.2 million people over 16 months and now includes mid-term routine immunization enhancement and epidemic preparedness.

For this operation, the IFRC Country Office (CO) has coordinated with the IFRC Asia Pacific Regional Office (APRO), based in Kuala Lumpur, 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.

The IFRC APRO Surge Desk has coordinated with other National Societies to deploy specialist surge support with public health and PMER profiles.

The IFRC CO coordinates with Partner National Societies (PNS), including the American Red Cross, the Canadian Red Cross Society, the Finnish Red Cross, the German Red Cross, the Japanese Red Cross Society, the Netherlands Red Cross and the Spanish Red Cross, as well as with the International Committee of Red Cross (ICRC for any questions relating to security. For larger scale disaster situations, the ICRC, the IFRC and the 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. PRC will be supported by ICRC in their response in selected chapters with high security risks. PRC and IFRC will coordinate closely with ICRC in the response.

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

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

The 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 of 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).

## **Needs analysis and scenario planning**

### **Needs analysis**

On 19 September 2019, Philippines declared a polio outbreak in the country with four environmental sample tested positive from Davao and Metro Manila. Currently, six human cases are confirmed with circulating Vaccine Derived Polio Virus - Type 2 (cVDPV2), and one case with Type 1 (VDPV1), all from the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). There is also one case with immunodeficiency related VDPV Type 2 (iVDPV2) from Laguna.

According to WHO, with an increasing number of human cases and environmental samples testing positive for poliovirus type 1 and 2, the risk of subsequent transmission of polio continues to be considered high at the national level, due to chronically suboptimal vaccination coverage, suboptimal performance of AFP surveillance, and poor sanitation and hygiene conditions.

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<sup>4</sup> of people need to be vaccinated. However, polio vaccination coverage in the Philippines has been steadily declining. According to the WHO, the estimated vaccination coverage for children aged under one 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. More details on the needs can be found in the [revised Emergency Plan of Action](#).

### **Targeting**

For this section, kindly refer to the [revised Emergency Plan of Action](#).

### **Scenario planning**

For this section, kindly refer to the [revised Emergency Plan of Action](#).

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<sup>4</sup> Polio is a vaccine preventable disease and a herd immunity against polio can be achieved by immunizing at least 95 per cent people in a community.

## Operation Risk Assessment

For this section, kindly refer to the [revised Emergency Plan of Action](#).

## B. OPERATIONAL STRATEGY

### Overall operational objective

The overall objective of this appeal is to contribute to preventing and reducing morbidity and mortality resulting from vaccine preventable diseases with a focus on the current declared polio outbreaks in the Philippines targeting 1.2 million people over 16 months.

This appeal covers the following objectives:

- Respond to the national polio outbreak, in line with the DOH plan.
- Strengthen routine immunization for 70,000 children below five years of age, by undertaking social mobilization through an extensive network of volunteers supported by strong PRC chapters.
- Establish and operationalize an epidemic preparedness plan for the Philippines (EP2) initiative.
- Strengthen PRC's planning, projection and modelling capacities for the outbreaks at all levels.

### Polio Outbreak Response

PRC has planned its strategies, in line with the DOH response strategies to the outbreaks, which are to:

- Synchronize polio vaccination in priority areas;
- Heighten acute flaccid paralysis and environmental surveillance;
- Deploy and mobilize human resources for health for the synchronized vaccination and surveillance;
- Engage with WHO, UNICEF and other stakeholders;
- Sustain and intensify advocacy campaigns via various platforms;
- Provision funds (regular and rapid response funds) to affected chapters for localized response;
- Strengthen advocacy on environmental management, proper use of basic sanitation facilities and personal hygiene.

### PRC strategies for the polio outbreak response

**Social mobilization:** Social mobilization teams will follow the chapter-level micro-plans, which are developed in close coordination with the local government units (LGU), through their local health offices. The social mobilization teams will visit each barangay twice. First, before vaccination to identify the children, undertake a house-listing and conduct health promotion to ensure proper circulation on the day of vaccination. Secondly, the same team will accompany the vaccinator team on the day of vaccination and help with case-tracking to achieve nearly 95 per cent vaccine coverage in the Barangay.

**Health promotion:** Health promotion will go hand in hand with social mobilization, with a dual purpose: (i) raise awareness about polio, transmission routes, prevention, etc.; and (ii) generate interest, reduce vaccine fear and proactively manage refusals before and during the day of vaccination.

**Hygiene promotion:** Promotion of hygiene will also be included in social mobilization. In addition to vaccination programmes, comprehensive long-term disease prevention and control requires safe, clean and adequate water and sanitation infrastructure and sustainable hygiene practices.

**Administration of Oral Polio Vaccine (OPV):** At the request of the DOH, led by the Health Cluster partners (particularly WHO and UNICEF) and as needed, the PRC may take responsibility for administering the oral vaccine to a selected population, particularly when cases are missed by the main campaign and in areas of difficult access. This activity requires good 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 the training of immunization volunteers (preferably trained nurses and midwives) on risks, potential adverse effects and refusal management. The vaccinators will have to have the parents/ guardians of the children sign well understood consent forms before administering the vaccine.

WHEN	WHAT	WHERE	WHO	TARGET
14 - 27 Oct 2019	cVDPV2 vaccination	Davao City Davao del sur, Lanao del sur including Marawi City	Children < 5 years of age	65,000
	cVDPV1 vaccination	National Capital Region		
	cVDPV2 vaccination	Mindanao (all six Regions)		

25 Nov - 7 Dec 2019	cVDPV1 vaccination	National Capital Region		100,000 <sup>5</sup>
20 Jan - 2 Feb 2020	cVDPV2 vaccination	Mindanao (all six Regions)		50,000
Oct 2019 - Jan 2020	Polio Immunization campaign	20 chapters in NCR Manila and Mindanao	Children < 5 years of age with vaccination Family members with messages Broder community with basic awareness	100,000 children 300,000 family members 1.2 million people over social and other mass media.

### Strengthening routine immunization

Routine immunization will be enhanced through extensive surveillance and mapping of newborns, local outbreak patterns and early prevention; based on outbreak/epidemic prevention and management plans (contingency plans) and validated data and information sets from multiple sources. Netherlands Red Cross (NLRC) led [510 initiative](#) will support in the modelling and speculation in relation to outbreak and help identify the most vulnerable areas.

The PRC will continue to conduct regular social mobilization and awareness activities and will ensure a steady improvement in the attendance rate of children during local immunization days. At the same time, the PRC will strengthen the capacity of the local chapters and governments' line departments in epidemic and pandemic planning, contingency planning, logistics, cold chain management and surveillance.

WHEN	WHAT	WHERE	WHO	TARGET
Jan – Dec 2020	Strengthen routine Immunization  Heighten environmental and acute flaccid paralysis (AFP) surveillance	25 at most at risk chapters that either responded to measles and polio outbreaks or responded to any of the outbreaks	Children, their family members and community people in general.	70,000 Children  300,000 people with hygiene promotion  1.2 million people with messages

The appeal aims to provide humanitarian assistance to the most vulnerable affected by the outbreaks, using the following overarching strategies:

**Community mobilization and awareness generation:** DoH has sought the support of PRC in its vaccination efforts., as auxiliary to the government. Volunteer nurses, doctors and midwives have been mobilized to immunize in a planned and appropriate manner, particularly in urban slums and hard-to-reach areas. PRC, in the measles and polio outbreaks, provided direct vaccination services to the most difficult to reach including the marginal population and the indigenous population, to ensure optimal coverage. It also involved social mobilization, vaccination through static and roving teams, reporting, health promotion, refusal management and referral.

In this phase of the program, the key is to support enhanced immunization through community mobilization and regular household level monitoring by Red Cross volunteers. Each Red Cross volunteer will cover a population of about 500 people in their locality and will focus on interventions with children in the age group of 0 to 59 months.

Interventions will include registration of all children in the target area, social mobilization to ensure immunization of the children from 0 to 59 months, coordination with local health institutions to ensure supply/demand balance. The Red Cross volunteers will create a database of children under five in the affected population and update it continuously with their immunization status. The entire database will be available digitally on a real-time platform and the application will have a specific messaging based on algorithms, encrypted by entries made by the volunteers. The system will have a monitoring alert system based on services and follow-up times.

The monitoring alerts will be generated automatically by the system, according to predetermined algorithms. Based on alerts, volunteers will plan regular households' visits. Reporting and follow-up will also be done through the digital device. PRC volunteers will coordinate with midwives and nurses at local health centres and ensure that all eligible caregivers and children are present at a designated place for vaccination on the day indicated within a month. Children lost to follow-up will be contacted at the household level and if necessary, an accompanied referral will be arranged in the next month to ensure adequate coverage of vaccines.

<sup>5</sup> This 100,000 includes the previous 65,000 children in Metro Manila and Mindanao and 50,000 children in Round 2 of Mindanao campaign.

The volunteer network will be supported by project staff at the chapter-level, in each chapter. Staff will be responsible for overall management, technical delivery, data management; operational, financial and logistical issues, including the proper operation of the digital platform.

**The National Society's capacity to respond to outbreaks will be strengthened** by enhancing the capabilities of the PRC Operations Center system for surveillance, micro-planning, social mobilization, validation and case reporting. The PRC and the IFRC have been collaborating with the Netherlands Red Cross (NLRC) 510 initiative, which provides remote assistance for data modelling, recommends priority areas and missed cases – based on secondary data sources. In the future, NLRC 510 will continue to strengthen the PRC's OpCen with the management of secondary data source through tagging systems and filter application to predict trends and localized outbreaks. This will be linked to epidemic control for volunteers (ECV) and community-based surveillance, through which trained volunteers can reach these areas for the validation, identification and management of localized outbreaks.

**PRC Epidemic Preparedness:** A dedicated group of specialists will be recruited to provide ongoing support to PRC and other key stakeholders in better data analysis and undertake risk-based epidemic prevention measures. This team will also provide support to develop an EP2 plan for the PRC NHQ and chapters and disseminate information and learning widely, to the entire Asia Pacific (AP) region. The EP2 initiative will work closely with NLRC led 510 initiative and help establish and maintain better data governance and accountability mechanism.

- **Epidemiology:** PRC will focus on community-based surveillance (CBS) using the established network of trained volunteers and report to the Operation Centre and local health network to provide a clear and detailed picture of the situation, which is otherwise lacking, since the current reporting is based on cases enrolled in the health system. Secondary data will be explored to identify areas of outbreak. Trained volunteers will validate the same, identify critical cases in the community and ensure accompanied referral to the nearest health institution. This will support early reporting and management of critical cases and thus reduce mortality.
- **Telemedicine:** The telemedicine component, as facilitated by the community health volunteers, will ensure that cases of complications are identified and immediately referred to hospitals, thereby reducing the number of preventable deaths, due to the late identification of the danger signs and delayed referral.

**Ensure safe and adequate water, sanitation and hygiene conditions in the areas of operations.** PRC will assess the WASH situation in general in the communities and functional health centres within the project area through water quality testing, infrastructure gaps assessment and situational assessment. This information will be used to identify the overall gaps in WASH in communities and health centres. The PRC will advocate with LGUs, provincial health offices and other key stakeholders to address these infrastructure gaps. However, in a critical situation and in case of obvious need, PRC will provide physical infrastructure support in relation to piped water facility, sanitation facility and others, to selected health centres and households in targeted communities. This will be complemented by regular and long-term community hygiene promotion and quality control sessions to ensure reduced infection transmission due to the worsening of the WASH situation.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 155,424

Male: 77,712

Female: 77,712

#### Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached to lessen immediate risks to the health	90,600	155,424

#### Output 1.2: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
# of volunteers <sup>6</sup> mobilized in the response phase, providing direct services to people through the polio vaccination and surveillance	1,100	900
# volunteers and staffs <sup>7</sup> provided with PPE and immunization for protection from disease while responding	1,200	900

#### Progress towards outcomes

The PRC, in close coordination and collaboration with the DOH), health partners (WHO and UNICEF) and the rural health units, (RHU) conducted the first and second rounds of synchronized polio vaccination in nine cities of the National Capital Region (NCR) and 12 provinces in Mindanao from 14 – 27 October 2019, and from 25 November – 7 December. The PRC reached 155,424 children vaccinated against the goal of 100,000 children, mobilizing a total of 900 volunteers per day.



*In Zamboanga City chapter, parents/guardians who were gathered in a waiting shed were encouraged by PRC to let their children be vaccinated. (Photo: France Noquera/IFRC)*

During the two rounds, volunteers were divided into teams of the following composition: (i) a team leader to lead the in the identification and localization of children eligible for vaccination and responsible for ensuring that the vials used are stored properly; (ii) a volunteer to record relevant information about children and guardians and ensure informed consent for the administration of the vaccine; (iii) a hygiene promoter/ health educator to provide information on vaccine administered and provide information on hygiene and sanitation; (iv) a vaccinator to administer the polio vaccine and ensure the availability and safety of the vaccine's.

As part of the preparation, volunteers were oriented on the Polio's transmission and prevention/mitigation. They also received a vaccination team kit containing: (1) a vaccine carrier; (2) a first aid kit; (3) take-away cards containing information on polio and measures to prevent its transmission; (4) a set of gloves; (5) a mask; (6) reporting forms. The mobilized volunteers were also guided and trained by the DOH on vaccination procedures and protocols, with a focus on the proper disposal of used vials.

Prior to the synchronized vaccination, 25 volunteers were involved in active community-based surveillance of acute flaccid paralysis (AFP) in Davao City from 14 to 15 October 2019. They were able to conduct house-to-house surveys in communities situated around Davao river, where the strain of virus was found. The involvement of the PRC was welcomed by the Regional Epidemiology Surveillance Unit (RESU) which, thanks to the deployment of volunteers, was able to identify three possible cases within two days. The identified cases were reported to the RESU for further evaluation.

<sup>6</sup> 1,000 for Polio vaccination and 100 for surveillance.

<sup>7</sup> 1000 for Polio vaccination, 100 for Polio surveillance and 100 staff for surveillance for all the outbreaks.

The PRC organized a micro-planning workshop in Mindanao on 15 November 2019 and in NCR on 20 November 2019, in preparation for the second synchronized vaccination round. The aim was to guide the chapters on polio response-related activities and to map and address the challenges of the first round. During the discussions, the chapters mentioned the following challenges: lack of comprehensive training for vaccinators; limited vaccine given by the RHU to cover target children during the day; and lack of knowledge about how to intervene with parents who refuse to vaccinate their child.

To address the issues raised, PRC developed a guide for the volunteers. The guide covers the DOH's practical information on polio and what to do when a parent refuses vaccination. With respect to the limited vaccine given by the RHU, the chapters were asked to coordinate one day before the activity to ensure that the amount of vaccine allocated to them is sufficient.

The PRC is continuously coordinating with the health department from the start of the synchronized vaccination to the follow-up level called rapid coverage assessment (RCA). The RCA is checking for forgotten children in each community through random home visits. When the team identifies at least three missed children in each purok<sup>8</sup>, the information should be reported to the rural health unit and the vaccinators should revaccinate for the entire purok.

### Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
# people reached with community-based disease prevention and health promotion programming	300,000	777,120 <sup>9</sup>
# of volunteers <sup>10</sup> mobilized to support outbreak prevention and management activities in the communities	1,100	900

#### Progress towards outcomes

The PRC has shared polio-related information<sup>11</sup> through: (i) social media posting of key information on polio, (ii) the dissemination of Information Education and Communication (IEC) materials in the community, (iii) public announcement in the community through mobile speakers, especially when inviting mothers/guardians to vaccinate their children. In addition, during vaccination, a hygiene promoter/ health educator ensures that mothers/ parents received a takeaway card containing information on the polio vaccine, including the schedule for routine immunization. The team also provides information on hygiene and sanitation.

### Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target	Actual
# of people reached through direct social mobilization campaign and social media coverage	1,200,000	681,584 <sup>12</sup>
# volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	900
# of children below 5 years of age, reached with vaccination for polio	100,000	169,797

#### Progress towards outcomes

Thanks to its partnership with the DOH, the PRC was able to vaccinate a total of 155,424 children under 5: 46,651 in the first round and 71,593 in the second round, in Mindanao and NCR. Volunteers conducted house-to-house visits and set-up vaccination stations in key areas such as shopping malls, seaports, and bus stations to ensure that no children will be left unvaccinated.

In addition to the vaccination activities, the team also conducts an information campaign on hygiene and sanitation and take-away cards are given to parents and/or guardians. Shared information includes topics: such as (i) what is polio? (ii) how can this be prevented? (iii) what to expect after vaccination? (iv) how to prevent the transmission of the virus? (v) when will the next vaccination take place? and (vi) how to contact the red cross for questions and concerns?

In order to inform the public about ongoing vaccination activities, each team uses a speaker with a pre-recorded message informing the community. The message includes information on measures to mitigate the spread of the polio virus and the importance of getting their child vaccinated – this method has proven effective as parents and

<sup>8</sup> Municipalities and cities in the Philippines are subdivided into barangays and Purok is a division within a barangay.

<sup>9</sup> Number of children vaccinated and their household members.

<sup>10</sup> 1,000 for Polio vaccination and 100 for surveillance.

<sup>11</sup> Material developed by PRC based on the DoH, WHO and UNICEF standards.

<sup>12</sup> Social media reach and number of people vaccinated.

guardians gets out of their homes upon hearing the message. In addition, a loudspeaker was mounted on a vehicle that goes around the city to inform the community about synchronized polio vaccination.

During vaccination, some parents were reluctant to participate in the vaccination. In Badjo, for example, in the opinion of the tribal people, people should not receive artificial drugs, as this could be detrimental to their health. Despite this, some members of the tribe let their children get vaccinated after volunteers explained the benefits of vaccination to the family. A member of the tribe was also mobilized to help the vaccination team explain the effects of polio and how the vaccine can help protect their children. As it is customary for the community to move from one place to another the risk of spreading the disease is magnified.

#### Output 1.5: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of volunteers mobilized for Psychosocial support (PSS)	100	To be conducted

Progress towards outcomes

The PRC will organize a debriefing activity as a form of PSS for all the volunteers mobilized in this operation.

#### Outcome 2: The medium-term risks to the health of affected populations are reduced

Progress towards outcomes

Key activities such as Routine Immunization Enhancement and Epidemic Preparedness in the Philippines (EP2) Initiative are planned for January 2020.



### Water, sanitation and hygiene

People reached: N/A

Male: N/A

Female: N/A

#### Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people directly provided with safe water messages and services that meet agreed standards according to specific operational and programmatic context	300,000	To be conducted

#### Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of assessments/monitoring visits undertaken for Polio operation	2	To be conducted
# of water samples from each chapter across 20 chapters collected and tested for 3 times, within the operation period to formulate a risk profile	10	To be conducted

Progress towards outcomes

The majority of WASH activities (from Outcome 1: Outputs 1.1 and 1.5; and Outcome 2: Outputs 2.1 to 2.4) are planned for January 2020.

#### Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# volunteers involved in hygiene promotion activities	60	225

Progress towards outcomes

A member in each team is responsible for disseminating health and hygiene messages during the vaccination activity. The key messages provided are about personal hygiene and environmental sanitation. Volunteers will also be mobilized during WASH activities.



## Protection, Gender and Inclusion

People reached: N/A

Male: N/A

Female: N/A

**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**

Indicators:	Target	Actual
All people received Protection, Gender and Inclusion (PGI) services provided by PRC as part of the Public Health Emergencies operation by Dec 2020	Yes	Yes

**Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors**

Indicators:	Target	Actual
PRC ensured improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers trained for PGI activities	100	To be conducted
# of staff and volunteers mobilized to support PGI activities	100	To be conducted

Progress towards outcomes

The PRC Headquarters, through the Social Services Office, has begun all coordination of PGI activities at the chapter level. Guidance / training on protection, gender and inclusion (PGI) for staff and volunteers is provided in the Davao, Davao del Sur, Lanao del Sur and NCR chapters. PGI activities are planned to start in January 2020.

**Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children**

Indicators:	Target	Actual
# of staff and volunteers mobilized to support SGBV activities	100	To be conducted

Progress towards outcomes

The prevention of Sexual and gender-based violence (SGBV) is an integral component of all PGI activities. There is a plan for a stakeholders mapping and the establishment of a referral mechanism for SGBV and Child Protection, with details to be reported in the next operation update. These activities should also begin in January 2010.

**Output 1.3: National Society educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills**

Indicators:	Target	Actual
100 % of information, education and communication (IEC) and behaviour change communication (BCC) materials developed by and all training programs conducted by PRC, are compliant with the PGI minimum standards.	Yes	Yes

Progress towards outcomes

The PRC ensured that interventions are aligned with its own commitments, as well as those of the IFRC on minimum standard for protection, gender and Inclusion (PGI) during emergencies. In particular, IFRC has zero tolerance for any form of violence against children especially since this operation is targeting children under five. The child protection policy is part of the mandatory orientation provided to volunteers mobilized in this operation where all staff and volunteers signed a document that they have read, understood and would abide by the policy. Careful programming across all the sectors and operational areas of IFRC ensured that children were protected from exploitation and abuse regardless of their nationality, culture, ethnicity, gender, religious or political beliefs, socio-economic status, family or criminal background, physical or mental health or any other factors for discrimination.

Indirectly, all people reached through this operation, benefited from various services that meet the IFRC minimum standards in terms of protection, gender and inclusion.

## Strengthen National Society

**Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.**

Indicators:	Target	Actual
# of PRC chapters that are well functioning and prepared to manage outbreaks and prevent epidemics	25	25
<b>Output 1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
# of volunteers insured <sup>13</sup>	1,100	900
# of volunteers trained <sup>14</sup>	1,100	900

Progress towards outcomes

The PRC supported 25 chapters in NCR (Caloocan, Malabon, Manila, Marikina, Navotas, Pasay, Quezon City, Rizal and Valenzuela) and Mindanao (Agusan del Norte, Agusan del Sur, Bukidnon, Cotabato, Davao City, Davao del Norte, Davao del Sur, Davao Oriental, General Santos, Iligan City, Lanao del Sur, Sultan Kudarat, Sulu, Surigao del Norte, Tawi-Tawi and Zamboanga City). These chapters lead the overall response activity for the polio vaccination, with support from PRC NHQ.

All volunteers received appropriate training prior to mobilization. So far, at least 900 trained volunteers have been mobilized for the vaccination campaign in NCR and in Mindanao.

Proper security orientation was provided to volunteers before going to different communities, especially in the Mindanao areas.

All volunteers recruited and mobilized received orientation on the history and seven fundamental principles of the Red Cross Red Crescent Movement. All volunteers mobilized for this operation are insured under the Membership and Accident Assistance Benefit (MAAB) of PRC.



Chapter staff and trained volunteers are crossing muddy paddy to reach the coastal communities to administer polio vaccine to children. (Photo: France Noguera/IFRC)

**Output 1.1.6: National Societies have the necessary corporate infrastructure and systems in place**

Indicators:	Target	Actual
# of PRC chapters equipped and supported to actively and efficiently participate in the polio prevention and management campaign	25	25
# of staffs and chapter level volunteers from 25 chapters are equipped and trained to understand vaccine preventable diseases management activities and enhancing immunization	300	100

Progress towards outcomes

To support the government initiative for the first round of the polio vaccination campaign, PRC organized a technical training on polio and a response planning workshop on 3 October 2019 at PRC's Multi-Purpose and Logistics Centre. The workshop was a convergence activity to plan the response of the PRC. The workshop brought together nine chapters of the National Capital Region (NCR) (Manila, Quezon City, Caloocan, Pasay, Malabon, Valenzuela, Marikina, Navotas and Rizal - with its branches namely Pasig, Las Pinas, Taguig, Muntinlupa, San Juan, Paranaque and Mandaluyong) and two Mindanao chapters (Davao City and Davao del Sur) as well as representatives from WHO, DOH and UNICEF.

To strengthen the Mindanao chapters, PRC organized a polio response planning workshop with technical orientation for wider Mindanao on 15 November 2019 in Davao City. The activity aimed to (i) orient the chapter on the current

<sup>13</sup> 1,000 for Polio and 100 for surveillance

<sup>14</sup> 1,000 for Polio and 100 for surveillance

polio updates and government initiatives, (ii) provide technical orientation on polio and its vaccines, (iii) plan activities and response strategies of the chapter, and (iv) check the achievements and lessons learned from Davao City, Davao Sur and Lanao Sur and share it with the other Mindanao Chapters. The participants were the chapters Zamboanga City, Davao City, Davao del Sur, Davao del Norte, Davao Orinetal, Sultan Kudarat, Surigao Del Norte, Agusan Del Norte, Agusan Del Sur, Lanao del Sur, Cotabato, Bukidnon, Iligan City, and Sulu, as well as representatives from WHO, DOH and UNICEF.

On 20 November 2019, the PRC health services organized a polio outbreak response – post-round meeting and planning for NCR chapters, to update them on the first round of synchronized vaccination and to check challenges, issues and lessons learned. It was also intended to plan the chapter activities and intervention strategies for the second round.

As part of the preparation, the volunteers were oriented on polio transmission and prevention/mitigation measures. They also received a vaccination team kit that included: (1) a vaccine carrier; (2) a first aid kit; (3) take-away cards containing information on polio and measures to prevent its transmission; (4) a set of gloves; (5) a mask; (6) reporting forms. The mobilized volunteers were also oriented and trained by the DOH on vaccination procedures and protocols, with a focus on the proper disposal of used vials.

## International Disaster Response

### Outcome 2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Effective and coordinated international disaster response ensured	Yes	Yes

### Output 2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# RDRT/ global surge support members deployed in the country for the Public Health in Emergencies (PHE) operations	3	2

#### Progress towards outcomes

The PRC utilized the NHQ and chapters' existing staff, the Red Cross Action Teams (RCAT134) and the Red Cross 143 volunteers who are trained on WASH and Health to support the operation.

To support the PRC, the IFRC deployed two rapid response personnel members comprising): (i) one member, from November 2019 to early January 2020, with expertise in community mobilization and health promotion, community surveillance and project management; (ii) the second, from November 2019 to January 2020, provides PMER support for the operation. The same PMER also supports other emergency operations in the country.

### Output 2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
% of target population satisfied with level of consultation, information and involvement in the operation	80	To be conducted
% of target population satisfied with support received	80	To be conducted
% of affected population with awareness of RCRC action in their community	80	To be conducted
% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response	80	To be conducted
# of staff/volunteers trained to provide clear information to communities during assessments	100	900
% of the overall beneficiaries joined the client satisfaction survey	3	To be conducted

#### Progress towards outcomes

The Community engagement and accountability approach (CEA) has been integrated into programming to ensure that at-risk communities and affected people have direct access to information about the nature and scope of services provided by PRC and to ensure that they can participate and feedback to PRC.

In engaging with communities and providing lifesaving information, PRC has used different platforms:

- In undertaking communication with communities, PRC and IFRC have conducted informal assessment on media landscape and preferred communication channels and found that most at-risk communities in urban and rural areas have a broad access to mainstream platform and social media. With a large coverage of social media across the country, PRC regularly uses Facebook and Twitter to raise awareness about vaccination and engage with most at-risk communities.
- Volunteer visits to disseminate lifesaving messages and conduct meaningful dialogues with communities.
- Use of mobile loudspeakers for public announcement on the timing of vaccination in the communities and encouraging parents/guardians to vaccinate their children.
- Printed IEC materials, with key messages about polio, are posted in different location in communities, allowing the public to see the information.
- Cards provided to parents/guardians also contains PRC contact information they could contact in case of question, clarification or any form of feedback.

These activities aim to support the government's efforts to increase the national vaccination rate in addition to their on-going national polio campaign.

A client satisfaction survey is planned in the next round of synchronized vaccination activity in January 2020, which will help adjust programmes if needed.

#### **Output 2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Logistics department provides constant support to the National Society's logistics for replenishment and other procurements	Yes	Yes

Progress towards outcomes

Logistics activities aim to effectively manage the supply chain, including procurement, fleet, storage and transportation to distribution sites in accordance with the requirements of the operation and aligned with IFRC's logistics standards, processes and procedures. Logistical support for this operation is provided by the strong logistical capacity of the PRC built in recent years, supported by an experienced logistics team from the IFRC country office.

IFRC CO Logistics supports PRC with the rental of nine vehicles to be used when mobilizing volunteers. There are also four cameras that will be purchased for the operation.

#### **Output 2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced**

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of Government	Yes	Yes

Progress towards outcomes

On September 26, the PRC and IFRC health team participated in the WHO meeting of health partners for the polio outbreak response.

With the declaration of National Polio Outbreak, the Department of Health will organize another "Sabayang Patak Kontra Polio" campaign round that will cover all of Mindanao from 6 to 8 January 2020. PRC will deploy its full coverage support on the upcoming mass vaccinations for Mindanao as a whole.

### **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**

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
IFRC and NS are visible, trusted and effective advocates on humanitarian issues	Yes	Yes

#### **Output 3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues**

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Communications plan is developed and implemented	Yes	Yes

# of different communications materials produced (social media engagement, news articles, interviews, AV materials, etc.)	8	61
Progress towards outcomes		
<p>The PRC communications team ensures that Red Cross response efforts are effectively communicated to key target audiences in a timely manner. PRC staff and volunteers across the country actively contribute to institutional communications through their own social media networks.</p> <p>Since September, there has been 36 different polio-related posts published on <a href="#">PRC Facebook page</a> while 68 posts on its Twitter account <a href="#">@philredcross</a>. Thus far, total Facebook reached is at 344,019 while Twitter has 182,141 impressions.</p> <p>In collaboration with PRC's communicators, IFRC communications generated dozens of photos, as well as videos, stories, infographics, key messages and reactive lines that were shared with IFRC global members in the <a href="#">ShaRED library</a> and via weekly Newswire updates and the internal Slack channel. IFRC Communications has also promoted PRC's activity with regional and international media.</p> <p>The Emergency Appeal has been covering costs of mobile phone credits and Internet cards for the chapters involved. The PRC ensures that staff and volunteers involved in the operation are accessible via mobile phones.</p>		
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2 evaluations (one review and one end term evaluation) of the response is undertaken and the findings are shared to a wider audience.	Yes	To be conducted
Progress towards outcomes		
<p>Reporting on the operation has been carried out in accordance with the IFRC reporting standards. The operation team has technical PMER capacity and additional technical support provided through IFRC APRO PMER team.</p> <p>A final evaluation of the appeal will be carried out to identify challenges, lessons learnt and recommendations.</p>		

<b>Effective, credible and accountable IFRC</b>		
<b>Outcome 4.1: The IFRC enhances its effectiveness, credibility and accountability</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Effective performance of staff supported by HR procedures	Yes	Yes
<b>Output 4.1.2: IFRC staff shows good level of engagement and performance</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of compliance with technical and managerial support as demanded by PRC	100	100
Progress towards outcomes		
<p>IFRC Human Resources (HR) across the movement support PRC in achieving its goals for this project following compliance on PRC HR standards.</p>		
<b>Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of financial reporting respecting the IFRC procedures	100	100
Progress towards outcomes		
<p>For the IFRC Country Office, technical support has been provided to the National Society to ensure accountability and compliance with regards to the Appeal. The IFRC finance team meets regularly with PRC Finance team to ensure 100 per cent compliance with standard operating procedures.</p>		

The IFRC, through the finance department, provides operational support for review, budget validation, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. The PRC – which takes part of the working advance system – has been supported for many years by the IFRC and is accustomed to these financial procedures. All financial transactions in this operation adhere to the IFRC’s standard financial procedures. The IFRC finance and administration team in Manila provides administrative and transport support at headquarters and in the field.

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

Indicators:	Target	Actual
% operational staff for IFRC that received security briefing	100	100

Progress towards outcomes

The IFRC security framework is applicable for this operation. With regards to PRC staff and volunteers, the National Society’s security framework will apply. Regular coordination is maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing has been maintained and specific security protocols for each security level.

In the country, PRC staff and volunteers were oriented about measles and polio, and were given prevention measures that they should apply at home and on their respective communities. All staff and volunteers are required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with personal protective equipment (PPE), to protect them against communicable diseases.

**D. BUDGET**

The [financial report](#) is attached at the end of this operation update.

## Reference documents



Click here for:

- [Information bulletin \(polio\)](#)
- [Revised Emergency Appeal](#)
- [Revised Emergency Plan of Action \(EPoA\) \(polio\)](#)
- [Revised Emergency Plan of Action \(EPoA\) \(measles\)](#)
- [Previous appeals and updates](#)
- [Previous DREF and update](#)

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

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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**.

# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/11	Operation	MDRPH032
Budget Timeframe	2019/2-2020/12	Budget	APPROVED

Prepared on 20 Dec 2019

All figures are in Swiss Francs (CHF)

## MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,700,000
AOF5 - Water, sanitation and hygiene	500,000
AOF6 - Protection, Gender & Inclusion	25,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	60,000
SFI2 - Effective international disaster management	385,833
SFI3 - Influence others as leading strategic partners	29,167
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>2,700,000</b>
<b>Donor Response* as per 20 Dec 2019</b>	<b>654,217</b>
<b>Appeal Coverage</b>	<b>24.23%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	25,422	0	25,422
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	578,548	352,641	225,906
AOF5 - Water, sanitation and hygiene	25,187	25,341	-153
AOF6 - Protection, Gender & Inclusion	4,096	25	4,071
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	11,668	8,473	3,195
SFI2 - Effective international disaster management	9,283	6,826	2,458
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	0	0
<b>Grand Total</b>	<b>654,204</b>	<b>393,305</b>	<b>260,899</b>

### III. Operating Movement & Closing Balance per 2019/11

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	654,217
Expenditure	-393,305
<b>Closing Balance</b>	<b>260,912</b>
Deferred Income	0
Funds Available	260,912

### IV. DREF Loan

* not included in Donor Response	Loan :	181,417	Reimbursed :	181,417	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/11	Operation	MDRPH032
Budget Timeframe	2019/2-2020/12	Budget	APPROVED

Prepared on 20 Dec 2019

All figures are in Swiss Francs (CHF)

## MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Australian Red Cross (from Australia - Private Donors*)	21,127				21,127		
British Red Cross	130,245				130,245		
China Red Cross, Hong Kong branch	25,312				25,312		
Finnish Red Cross	54,707				54,707		
Japanese Red Cross Society	90,380				90,380		
Red Cross of Monaco	16,834				16,834		
The Canadian Red Cross Society (from Canadian Gov	67,422				67,422		
The Netherlands Red Cross (from Netherlands Govern	218,191				218,191		
Turkish Red Crescent Society	30,000				30,000		
<b>Total Contributions and Other Income</b>	<b>654,217</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>654,217</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>654,217</b>	<b>0</b>	