

Final Report

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

Emergency Appeal	Operation n° MDRPH032
Date of Issue: 03 June 2021	GLIDE n° EP-2019-000110-PHL
Operation start date: 28 September 2019	Operation end date: 31 December 2020
Host National Society: Philippine Red Cross (PRC)	Operational Requirements: CHF 1,990,056
Number of people affected: 11 million ¹	N° of people assisted: 1.2 million N° of people reached: 777,120
Red Cross Red Crescent Movement partners currently actively involved in the operation: PRC worked with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. International Committee of Red Cross (ICRC) supported PRC along with other in country PNS.	
Other partner organizations that were actively involved in the operation: 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 were involved in the response. OCHA, the Humanitarian Country Team and Health Cluster also provided coordination.	

A. SITUATION ANALYSIS

Timeline

19 September 2019: The Department of Health (DOH) confirmed the re-emergence of polio in the Philippines and declared a national polio outbreak.

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 months age group through social mobilization, health promotion and oral vaccination against polio.

15 November: As new cases continued to emerge, the polio emergency plan of action (EPoA) was revised and integrated as part of the revised emergency appeal MDRPH032 "Re-emergence of vaccine preventable diseases" (previously known as "Philippines: Measles Operation"). The revised Emergency Appeal supported the Philippine Red Cross in its operations against measles and polio. Although each operation had its respective EPoA, they were placed under a common appeal to benefit from operational synergies and to improve efficiency. Under Emergency Appeal MDRPH032, the polio response plan was scaled-up to an amount of CHF 1,990,056 to reach 1.2 million people over 16 months and included mid-term routine immunization enhancement and epidemic preparedness.

23 December 2019: Operations Update #2 for the polio outbreak was published.

6 January 2020: The DOH announced the extension until April 2020 of the synchronized polio vaccination campaign "Sabayang Patak Kontra Polio".

16 March 2020: Philippines raised the COVID-19 Alert System to Code Red sublevel 2 with consequent measures to combat the spread of the coronavirus.

18 March 2020: DOH suspended the Extended Vaccination Round until further notice, as the response to COVID-19 pandemic was prioritized.

20 July 2020: Vaccinations resume in Mindanao and extend through to 2 August 2020.

14 September 2020: Vaccinations in regions 3 and 4A resume and extend through to 27 September 2020.

¹ 1 As published by DOH and validated by the joint Sitreps #11 of UNICEF and WHO.

Description of the disaster



Volunteers supporting the vaccination program hike to rural communities in Regions 3 and 4A September 2020 (Photo: Philippines Red Cross)

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, in accordance with international health regulations. It was declared after environmental samples taken in Davao City and Metro Manila tested positive, and a human case of circulating VDPV polio was reported in Mindanao. This was quickly followed by a second case of human infection in Laguna province, southeast of Manila. The re-emergence occurred almost 20 years after the Philippines was declared polio-free in 2000 and the last case of wild poliovirus was recorded in 1993.

The declaration of a polio outbreak followed a confirmed Vaccine Derived Poliovirus Type 2 (VDPV2) case in a three-year old child in Lanao de Sur (Mindanao) reported on 16 September 2019. Subsequently, another VDPV2 case of polio was confirmed on 20 September, this time in a five-year-old boy who was immunocompromised from Laguna which is adjacent to Metro Manila.

There have been no new polio cases reported after 15 February 2020.

The resurgence of polio in the Philippines came as the DOH and other partners were responding to outbreaks of dengue and measles. According to the Philippines Epidemiological Overview 2020 as of 8 February 2020, between 1 January to 8 February 2020, there were 25,502 cases of dengue and 38 deaths reported, as well as 1,433 cases of measles and 12 deaths¹An increasing number of cases of diphtheria were also reported, with the DOH confirming 167 cases and 40 deaths in 2019 compared to 122 cases and 30 deaths in 2018². Furthermore, since January 2020, the country has been wrestling with the continuing spread of COVID-19.

All these health emergencies occurred concurrently while the government and its partners were responding to natural disasters in the country: the earthquakes in [Mindanao \(MDRPH036\)](#) in October 2019, the [Typhoon Kammuri \(MDRPH037\)](#) in November 2019, followed by [Typhoon Phanfone \(MDRPH038\)](#) in December 2019, and the eruption of [Taal Volcano \(MDRPH039\)](#) in January 2020.

Summary of response

Overview of host National Society

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. It has at least 1,000 staff at national headquarters and chapter levels, and approximately one million volunteers and supporters, of whom some 500,000 are active volunteers. Each chapter has a programme called Red Cross 143 (RC143), which aims to put in place 44 volunteers in each community (1 leader, 43 members) to enhance the overall capacity of the National Society to prepare for and respond in disaster situations.

Overview of the response

The PRC led the International Red Cross and Red Crescent Movement response to the outbreaks. The following activities were conducted in consultation with the DOH, following the declaration of the polio outbreak:

- In accordance with PRC response Standard Operating Procedures (SOP), the operations centre (OpCen) was placed on call 24/7 to monitor the situation; and provided regular updates to leadership staff.
- At the national level the PRC coordinated, with DOH Epidemiology Bureau, to update and monitor cases.
- In support of DOH, PRC alerted its local chapters to activate community-based volunteers (RC143) and chapter-based volunteers (RCAT) to disseminate health information, conduct community surveillance and support vaccination as part of the government regional and provincial epidemiology program.
- PRC prepared key messages on polio. These were published through its social media accounts to inform, educate and warn the public on the dangers of the 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 were held on 12 October 2019
- The Department of Health requested additional PRC support for the City of Manila, considered ground zero for the outbreak of polio. Volunteers and other stakeholders were mobilised on 17 October 2019.

Since January 2020, the country has been wrestling with the continuing spread of COVID-19. This has involved imposing stringent measures on the entire country including social distancing, enhanced community quarantines and limitation of movement within the country which had significant impact on polio outbreak response activities. The DOH

began to implement the rapid response vaccinations in selected areas of region 3 and the third round in Mindanao. This was originally scheduled to begin on 23 March 2020 however it was postponed, due to restrictions introduced associated with COVID-19. Vaccinations resumed in July 2020 in Mindanao regions (8, 9, 10, 11, 12 and BARMM) and continued through to August 2020 with 102,567 children being vaccinated, exceeding the initial target of 80,000 (28%). In regions 3 and 4A, vaccinations resumed in September 2020 with 50,603 children vaccinated, exceeding the initial target of 40,000 by 27%.

The following table provides DOH and PRC targets and achievements throughout rounds of the vaccination campaign “Sabayang Patak Kontra Polio” (SPKP).

Activity	Date	Area	DOH National Target	DOH National Output	PRC Target	PRC Accomplishment	
Round 1	14 to 27 Oct 2019	National Capital Region Mindanao selected areas (Davao City Davao del sur, Lanao del sur and Marawi City)	1,706,996	1,629,649	65,000	62,843	97%
Round 2	25 Nov to 7 Dec 2019	National Capital Region and all Mindanao areas	4.4 million	4,309,566	100,000	155,424	156%
Round 3	20 Jan to 2 Feb 2020	All Mindanao areas	3.1 million	3.1 million	60,000	105,417	176%
Extended Mass Polio Vaccination							
Extended rounds for Mindanao	17 Feb to 1 Mar 2020	All Mindanao areas	3.1 million	3,439,585	80,000	147,284	184%
	23 Mar to 4 Apr 2020	All Mindanao areas	3.1 million	postponed	80,000	Postponed due to COVID-19 priority	
	20 Jul to 02 Aug 2020	All Mindanao areas	3.1 million	NA	80,000	102,567	128%
Extended rounds for NCR	27 Jan to 7 Feb 2020	National Capital Region	1.2 million	1.4 million	80,000	114,617	143%
	24 Feb to 8 Mar 2020	National Capital Region	1. million	1,432,065	80,000	143,520	179%
Round 1	3 to 31 Aug 2020	Region 3 and 4A	2.5 million	NA	40,000	31,880	80%
Round 2	14 to 27 Sept 2020	Region 3 and 4A	2.5 million	NA	40,000	50,603	127%

Source: WHO/UNICEF Situation reports 15, 16 and 18 and PRC operational updates.

The below table summarises achievements between 20 July – 2 August 2020.

Final report for round 1: 20 July to 2 August 2020

Region	Chapter	Target	Accomplishment	
		# children to be vaccinated	Children vaccinated	Percentage of accomplishment
Mindanao		80,000	102,000	128%
Region 8	Agusan del Norte	2,500	5355	214%
	Agusan del Sur	1,500	2363	158%
	Surigao del Norte	3500	7514	215%
Region 9	Zamboanga City	12000	27394	228%
Region 10	Bukidon	1500	1301	87%
	Iligan	3000	3369	112%
	Gingoog	5000	6576	132%
Region 11	Davao City	800	2118	265%
	Davao del Norte	3000	3045	102%
	Davao del Sur	5070	8415	166%
	Davao Oriental	2000	3767	188%
Region 12 - Soccskargen	General Santos - Sarangani	2000	3131	157%
	Sultan Kudarat	3500	4382	125%

Barmm	Cotabato	3500	3574	102%
	Lanao del Sur	3500	2092	60%
	Sulu	4000	8792	220%
	Tawi-Tawi	6500	9379	144%

Source: Philippines Red Cross

The below table summarizes achievement for round 2 – September 14 - 27 regions 3 and 4A

Final Report for Round 2: 14 - 27 September 2020 - Regions 3 & 4A

Dates covered	Region	Chapter	Target # Children to be vaccinated	Accomplishment	
				Children Vaccinated	Percentage of accomplishment
Round 1, Regions 3 & 4A			40,000	50,603	127%
September 14 - 27 ,2020	Region 3	Bataan	1600	2534	158%
		Bulacan	500	1556	311%
		Tarlac	2000	3712	186%
		Olongapo	1200	455	38%
		Zambales	1500	2952	197%
		Pampanga	1500	1290	86%
	Region 4A	Laguna	22000	25624	116%
		San Pablo	350	875	250%
		Rizal	4000	6595	165%
		Cavite	4000	5010	125%

Source: Philippines Red Cross

In addition to health emergencies Re-emergence of Vaccine Preventable Diseases ([MDRPH032](#)) and COVID-19 ([MDRCOVID19](#)) operations, the PRC, with IFRC support, responded simultaneously to the following operations: Mindanao Earthquakes ([MDRPH036](#)), Typhoon Kammuri ([MDRPH037](#)), Typhoon Phanfone ([MDRPH038](#)) and Taal Volcano ([MDRPH039](#)) which started sequentially in September 2019.

Overview of Red Cross Red Crescent Movement in-country

The PRC led the overall response operation. The IFRC Country Delegation (CD) coordinated with Partner National Societies (PNS) in Philippines, including the American Red Cross, Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands Red Cross and the Spanish Red Cross. PRC is also supported by the International Committee of Red Cross (ICRC) in this polio response for selected areas with high security risks, particularly in Mindanao. 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.

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 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.

In this response, the PRC cooperated closely with the DOH, which lead the “Sabayang Patak Kontra Polio” campaign at both national and local levels.

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. In this response, PRC participates in the Health Cluster and Inter-Cluster Coordination Group meetings.

IFRC and PRC are coordinated with WHO and UNICEF on the response, shared information and contributed to updates. WHO co-chaired the National Health Cluster coordination through NDRRMC mechanism led by DOH. Health cluster coordination meeting were held on a regular basis to discuss health partners' progress and interventions during the polio response. Given the COVID-19 pandemic context, the [WHO](#) advocated the importance of continuing immunization programs and warned that suspending vaccination could give rise to other health crises.

Needs analysis and scenario planning

On 19 September 2019, Philippines declared a polio outbreak in the country with four environmental samples tested positive from Davao and Metro Manila. Overall, 17 cases were confirmed with vaccine-derived polio virus. There are 14 cases of cVDPV2, one case of cVPD1; one case of VDPV1; and one case of immunodeficiency related VDPV type 2. Philippines is affected by both cVDPV1 and cVDPV2. The cVPDV is considered a public health emergency of international concern (PHEIC).

According to the WHO, with an increasing number of human cases and environmental samples tested 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 sub-optimal vaccination coverage, sub-optimal performance of AFP surveillance, and poor sanitation and hygiene conditions. No new cases of polio were reported after 15 February 2020 in Philippines.

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 cent³ of people must 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 the inactivated poliovirus (IPV) the coverage has been below 50 per cent since its introduction in 2016. In 2019, it was at 23 per cent.

Targeting

On 6 January 2020, the DOH announced it was extending the polio campaign until April 2020 in all regions of Mindanao and the National Capital Region. The additional rounds for the "Sabayang Patak Kontra Polio" (SPKP) campaign were scheduled to address the reported positive polio cases from the Acute Flaccid Paralysis Surveillance in Mindanao and positive environmental samples in Metro Manila. With the extension of the campaign, the DOH aimed to achieve at least 95 per cent coverage in all identified areas for every SPKP round to ensure that there would be no child missed. For NCR, two additional rounds were scheduled on 27 January – 7 February 2020 and 24 February – 08 March 2020. For Mindanao, an additional two rounds for all regions in Mindanao scheduled on 17 February – 1 March and 23 March – 4 April 2020. As mentioned, the round scheduled 23 March to 4 April 2020 was postponed until recommencing in July 2020

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

Scenario planning

Possible scenarios that were anticipated are outlined in the following table:

	Best case scenario	Likely scenario	Worst case scenario
Case load	Human cases are contained at the present level in the same geographic area and within the same subtype of polio. Diagnosis for polio for suspected cases is done faster and support for families is in place through protocols that are implemented at all levels of the health system for public and private facilities.	More human cases will be found in the same geographic area and some cases of VDPV1 are also found. Diagnosis will continue to take too long. Surveillance at the community level will be weak and this could result in further spread of the disease despite vaccination.	More VDPV1 and VDPV2 human cases are found across the country. Hospitals with cases that are not managed well; hospitals are overwhelmed. Spread in health facilities. Increased demand for vaccination of all ages and inability to provide supplies.

	Children with disability are provided with rehabilitation services	Children with disability will be further marginalized.	
Response capacity	<p>DOH and local governments with partners has the capacity to cover 95% or more of the targeted population with vaccine supported by UNICEF.</p> <p>Strong leadership coming from the governors of provinces in the context of Universal Health Care implementation in January 2020.</p> <p>The opportunity is used to improve water and sanitation in all communities at risk and with ownership at the level of the household.</p>	<p>DOH manages to cover the targeted population with more than 80% coverage with support from health cluster partners.</p> <p>Inability to use the opportunity to strengthen surveillance in provinces and reliance on ad hoc epidemiologic interventions.</p> <p>Some areas with poor water and sanitation conditions will be improved.</p>	<p>DOH and health cluster partners cover less than 80% of the targeted population.</p> <p>Localized outbreaks continue requiring emergency responses.</p> <p>Waterways continue to be contaminated resulting in outbreaks of other types of waterborne diseases.</p> <p>Travel restrictions for Filipinos will continue and will increase the demand for vaccines of adults further displacing the focus on children.</p>
Availability of vaccines	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 identified risks and mitigation measures are summarized in the following table:

Risk	Mitigations
Lack of vaccines	Coordinated with DOH, local government units (LGUs) and UNICEF on the availability of vaccines to support the campaign.
Low health literacy and poor turn-out for vaccination	Supported PRC in communication strategies to reach the target populations, especially in vulnerable areas.
High refusal	Built in refusal management mechanism as part of social mobilization strategy. There was an approved refusal management protocol, developed by WHO and followed by DOH. All vaccinators, including PRC volunteers followed the protocol in totality.
Vaccination takes longer than expected and case load continues to grow.	Scaled up the response in terms of scope and time. Used the additional vaccines as ordered by the UNICEF and scaled up PRC response capacity in relation to geography and most vulnerable areas.
Side effects to vaccination	In most cases, DOH vaccination teams handled this. However, PRC volunteers were oriented on the side effects and the parent/guardians' consent was to be recorded prior to vaccination. Each vaccination team had a doctor or a senior nurse, who ensured 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 (GBS12), 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.
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 ¹³ . 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, to ensure adequate efficacy of the vaccine through optimal, field-level cold chain management
Large to catastrophic disaster in the country, multiple operations	Applied country level contingency plans, including coordination with ICRC regarding 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 Services has been 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 was required.
Working in conflict affected areas	Coordinated with ICRC in areas of Mindanao

B. OPERATIONAL STRATEGY

Overall operational objective

The overall objective of this appeal was to contribute to prevention and reduction of morbidity and mortality resulting from vaccine preventable diseases with an initial focus on a measles outbreak and then encompassing the declared polio outbreaks in the Philippines targeting 1.2 million people over 16 months.

This appeal covered the following objectives:

- Respond to the national polio outbreak, in line with the DOH plan.
- Strengthen routine immunization for 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.

For immunization, the PRC conducted 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 strengthened the capacity of the local chapters and governments' line departments in epidemic and pandemic planning, contingency planning, logistics, cold chain management and surveillance.

In regard to support services utilized during the implementation of the operation, the PRC responded to the demands of the operation by engaging with a broad range of support available and this included shipment services by sending supplies to the chapters, fleet by dedicating vehicles to transport vaccination teams and deploying vehicles with public address, HR for hiring necessary personnel, and financial support for the timely issuance of cash advances and the screening of liquidations.

Elaboration of these objectives can be found on the [revised Emergency Plan of Action](#).

C. DETAILED OPERATIONAL PLAN



Health

People reached: 1,483,450

Male: 741,725

Female: 741,725

Indicators:	Target	Actual
# Of people reached to lessen immediate risks to the health	90,600	296,690
# Of volunteers ⁴ mobilized in the response phase, providing direct services to people through the polio vaccination and surveillance	1,100	1,900 ⁵
# Volunteers and staffs ⁶ provided with PPE and immunization for protection from disease while responding	1,200	1,900
# People reached with community-based disease prevention and health promotion programming	300,000	1,483,450 ⁷
# Of volunteers ⁸ mobilized to support outbreak prevention and management activities in the communities	1,100	1,900
# Of people reached through direct social mobilization campaign and social media coverage	1,200,000	1,400,000 ¹⁰
# Volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	1,900
# Of children below 5 years of age, reached with vaccination for polio	100,000	296,690
Narrative description of achievements		
<p>From 14 October 2019 to 31 December 2020, the PRC, in close coordination and collaboration with the DOH, other health partners (WHO and UNICEF) and the rural health units (RHU), completed three rounds and extended rounds of synchronized polio vaccination covering 852 communities in the National Capital Region, Region 3, Region 4A and the whole Mindanao areas. A total of 296,690 children aged five and under were vaccinated during the first three rounds and the extended rounds of vaccination.</p> <p>The PRC, through its chapters and partners, mobilized 1,900 volunteers and staff divided in teams of four members. For each round, 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. Vaccination teams ensured that eligible children receive and supplement their polio vaccine shots and that mothers have a good understanding of the vaccine; and received adequate health and good hygiene messages.</p> <p>Following round three, at the request of the government, PRC joined its DOH, WHO and UNICEF partners for the extended polio vaccination campaign, including additional vaccination rounds in Mindanao and NCR from February 2020 to September 2020. Originally, the plan was to conduct the extended round of vaccination between January to April 2020. However, as the government declared a National Emergency for the COVID-19 pandemic, with all ensuing measures restricting movement and activities, the activities of the polio campaign were suspended and health resources such as volunteers, staff and vehicles were redirected to the COVID-19 emergency.</p> <p>As part of the preparation, volunteers were oriented on the Polio's transmission and prevention/ mitigation. They received a vaccination team kit containing: (i) a vaccine carrier; (ii) a first aid kit; (iii) take-away cards containing information on polio and measures to prevent its transmission; (iv) a set of gloves; (v) a mask; (vi) reporting forms. The volunteers were guided and trained by the DOH on vaccination procedures and protocols, with a focus on the proper disposal of used vials.</p> <p>Given the pandemic, the polio vaccination operation proceeded as a COVID-19-safe operation for personnel and affected communities by incorporating the COVID-19 guidelines into the response protocols. This required PRC staff to use personal protective equipment (PPE), swab test prior to leaving to the field and for vehicles to be disinfected. Additionally, PPE training, health screening, COVID-19 orientation training for all personnel, and ongoing dissemination of relevant health messaging was provided. These measures mitigated exposure to contagion risks for staff, volunteers and recipients.</p> <p>The PRC has shared polio-related information⁹ through: (i) the publication on social media of key information on polio, (ii) the dissemination of Information Education and Communication (IEC) materials in the community,</p>		

(iii) public announcements in the community through mobile speakers, especially when inviting mothers/guardians to vaccinate their children. In addition, during vaccination, a hygiene promoter/ health educator ensured that mothers/parents received a takeaway card containing information on the polio vaccine, including the schedule for routine immunization. Materials provided to the community were mostly in local dialects to ease understanding of information. The team also provided information on hygiene and sanitation. The takeaway cards for mothers were made available in English, Filipino, and the local languages of the project areas. Translations were provided by the chapters to ensure that the messages would be understood by community members. In addition to the translated takeaways, recorded key messages were also translated.

The number of people reached with community-based disease prevention and health promotion programming was significantly higher than what was targeted. There are several reasons for the high accomplishment of the National Society in the polio vaccination campaign. First and foremost, the strong coordination links between the Chapters and their local health offices, supported further by the strong partnership of the National Headquarters and the National Department of Health, UNICEF, and WHO, paved the way for the acceptance of the local offices to our augmentation efforts. Social media postings were also overachieved through approximately 20 social media posting through the platforms utilized by the PRC.

The second factor was having multiple rounds in each area/region, as this allowed PRC vaccination teams to improve and learn as each round takes place. Mobilization strategies would constantly improve, and challenges would be addressed for each round. Because of this, we were able to secure a strong force of community health RC143 volunteers that could be tapped for every health initiative that arises. Health promotion activities, such as the broadcasting of key messages in the community using portable amplifiers and speakers mounted on vehicles also contributed to the high acceptance of parents towards having their children vaccinated.

In partnership with the DOH, the PRC was able to vaccinate a total of at least 296,690 children in NCR, Region 3, Region 4A and Mindanao. Visibility efforts were also conducted through social media to inform the public about the activities of PRC around polio, with total social media reach of 526,160. 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 would be left unvaccinated.

In addition to the vaccination activities, the team also **conducted an information campaign on hygiene and sanitation** and take-away cards were given to parents and/or guardians. Shared information included topics such as (i) what is polio? (ii) how can it 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 included information on measures to mitigate the spread of the polio virus and the importance of getting children vaccinated – this method was proven effective, with parents and guardians coming out of their homes upon hearing the message. In addition, a loudspeaker mounted vehicle was sent around the city to inform the community about synchronized polio vaccination.

Challenges

Vaccine hesitancy was a key reason for decreased immunization coverage and was a challenge during the operation. To overcome this, different approaches and facts would be provided based on the nature of the parents' refusal. An example would be when a parent refuses to have their child vaccinated with a supplemental polio dose citing their compliance to and completion of routine doses, the volunteers would respond by briefing the parent about the ongoing polio outbreak and the need for a SIA campaign for additional protection against the poliovirus.

Diversity of languages in the operational locations was a challenge for communication. This was overcome with the provision of IEC materials (print and recorded) in local languages.

It was not uncommon to encounter families who had difficulty reading the text of the takeaway cards. In cases where parents encountered this barrier, volunteers would make use of their training on intrapersonal communication where they were taught the different approaches to educating community members about both routine and supplemental immunization. This entailed orienting the volunteers on common misconceptions and reasons for refusal about the vaccination.

The emergence of the COVID-19 pandemic in the Philippines in March 2020 re-directed health system focus from vaccination campaigns for polio and measles towards COVID-19 management. Consequently, some activities planned under the EPoA for Polio within the intended timeline were deprioritized, as it was not feasible to conduct those activities during the pandemic.

Incorporating COVID-19 safe operational measures to enhance and facilitate deliverables under this polio operation enabled activities to be implemented but at a much slower rate than would usually be possible. Furthermore, the

impact of COVID-19 necessitated compliance with COVID-19 guidelines. This required additional resources, particularly PPE, to be sourced and distributed to ensure the safe conduct of the operation.

Lessons Learned

Despite COVID-19 presenting many operational difficulties, these challenges could be largely overcome with the adaptation of remote technologies. For example, all training and meetings have shifted to the online platform.

The greater utilization of health promotion methods that use mass media and social media as communication channels minimized interpersonal contact. Health promotion methods utilizing interpersonal methods were deemed to pose too high a risk for COVID-19 transmission. To reduce risk of transmission of COVID-19, the giving of hot meals to parents and their children, and the giving of small tokens/toys for children, was prohibited.

Alternative communication channels considered less risky, were utilized successfully during this operation. They included social media, radio, and TV, all of which had a wide reach of consumers and could boost the demand for immunization services. Awareness campaign activities also focused heavily on the broadcast of key messages using portable amplifiers and portable speakers mounted on chapter vehicles. IEC materials were also displayed where people could read information provided.

Coordination links to local opinion leaders and experts were beneficial to awareness campaigns about the vaccination. In gated communities, for example, leaders were approached to communicate the objectives and benefits of the campaign, and later granted the entry of PRC vaccination teams.

Further, local volunteers walk by foot for couple of kilometres to ensure that they will be able to penetrate remote areas. The knowledge and familiarity of local volunteers in their own community helped in connecting with communities.



Water, sanitation and hygiene

People reached: 1,000,000

Male: 500,000

Female: 500,000

Indicator:	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	Deprioritized
# of assessments/monitoring visits undertaken for polio operation	2	Deprioritized
# 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	Deprioritized
# of volunteers involved in hygiene promotion activities	60	475

Progress towards outcomes

Majority of WASH activities (Outcome 1: Outputs 1.1 and 1.5; and Outcome 2: Outputs 2.1 to 2.4) were planned for January 2020. Unfortunately, due to the high number of disaster operations supported simultaneously by PRC and following the raise in Philippines of the COVID-19 alert system (raised to red sublevel 2 on 12 March 2020), activities under the emergency appeal were deprioritized however some activities were completed.

Technical trainings on Participatory Hygiene and Sanitation Transformation (PHAST) activities were conducted at the community level. Training of trainers (ToT) was also conducted. Chapters who were prioritized were those chapters in areas where there were identified positive environmental samples of the poliovirus as well as in areas where there were positive human cases of the poliovirus.

Hygiene promotion activities were also conducted at the community level. One member of each vaccination team was responsible for disseminating basic health and hygiene messages during the vaccination campaign. A total of 475 volunteers were involved in hygiene promotion activities and key messages provided, related to personal hygiene and environmental sanitation, reached approximately 1,000,000 parents/guardians of the children vaccinated.

Challenges

Concurrent disaster operations that PRC was responding to, in addition to this operation, impacted WASH programming and subsequently caused some activities to be deprioritized.

Lessons Learned

No lessons learned reported.



Protection, Gender and Inclusion

People reached: NA

Male: NA

Female: NA

Indicator:	Target	Actual
<i>All people received Protection, Gender and Inclusion (PGI) services provided by PRC as part of the Public Health Emergencies operation by Dec 2020</i>	Yes	Deprioritized
<i>PRC ensured improved equitable access to basic services, considering different needs based on gender and other diversity factors</i>	Yes	Yes
<i># of staff and volunteers trained for PGI activities</i>	100	Deprioritized
<i># of staff and volunteers mobilized to support PGI activities</i>	100	Deprioritized
<i># of staff and volunteers mobilized to support SGBV activities</i>	100	Deprioritized
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
Narrative description of achievements		
<p>Protection, Gender and Inclusion (PGI) related activities, including those to address Sexual and Gender Based Violence (SGBV), were deprioritised due to COVID-19 pandemic in country.</p> <p>The PRC ensured that interventions were aligned with its own commitments and those of the IFRC (minimum standard for PGI during emergencies). The IFRC has zero tolerance for any form of violence against children especially since this operation is targeting children under five years. The child protection policy is part of the mandatory orientation provided to volunteers mobilized in this operation where all staff and volunteers were required to sign a document that they had 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.</p> <p>Indirectly, all people reached through this operation, benefited from various services that meet the IFRC minimum standards in terms of protection, gender, and inclusion.</p>		
Challenges		
<p>PGI related activities, including those to address SGBV, were deprioritised due to COVID-19 pandemic in country. The deprioritization of planned PGI activities was due to the movement restrictions and lockdowns brought by the COVID-19 pandemic. During the rounds of the vaccination when the COVID-19 outbreak was occurring, it became the top priority of the Chapters to focus on penetrating the communities in coordination and compliance with COVID-19 restrictions established by the Inter-Agency Task Force (IATF). As the polio outbreak was occurring concurrently with the COVID-19 outbreak, it was important that the teams focused more on risk communication and infection, prevention, and control (IPC) guidance for community members to still avail of the polio vaccination activities.</p>		
Lessons Learned		
No lessons learned reported.		

Strengthen National Society

Indicator:	Target	Actual
<i># of PRC chapters that are well functioning</i>	25	25
<i># of volunteers insured¹</i>	1,100	1,900
<i># of volunteers trained²</i>	1,100	1,900
<i># of PRC chapters equipped and supported to actively and efficiently participate in the polio prevention and management campaign</i>	25	25
<i># of staffs and chapter level regular volunteers from 25 chapters are equipped and trained to understand vaccine preventable diseases management activities and enhancing immunization</i>	300	300

Narrative description of achievements

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 their mobilization. At least 1,900 trained volunteers were mobilized for the vaccination campaign in NCR and in Mindanao.

Proper security orientation was provided to volunteers prior to travelling to 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 were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC

After the completion of the first two-rounds, the DOH recognized and commended the contribution of the PRC during the first two rounds of the “Sabayang Patak Kontra Polio” campaign, carried out in good coordination with their respective local health counterparts. The PRC chapters, with their solid network of volunteers, were able to respond to DOH’s request and mobilize their teams to work in geographically isolated and disadvantaged areas (GIDA) in order to vaccinate more children.

To reach more children than those initially targeted, PRC chapters increased their targets and mobilized additional staff and volunteers in the areas allocated to them. PRC Health at NHQ ensured that all staff and volunteers were equipped with skills and knowledge on vaccine preventable diseases and vaccination through pre-round meetings, orientations and daily briefings. PRC also provided the 25 chapters with the following booklets and manuals as a guide and reference for current activities:

- PRC handbook for vaccination teams – this is a practical / ready-to-use document for vaccination teams to which they can refer as a guide on the vaccination activities, their roles and responsibilities.
- PRC orientation module for polio vaccination teams – a presentation to orient and prepare volunteers to be part of the vaccination teams.

From 10 to 11 January 2020, PRC organized a post-round Meeting and Planning workshop in Davao City. The activity aimed to bring together updates on accomplishments and lessons learned from the Mindanao chapters of the concluded polio vaccination that took place from 25 November to 7 December 2019. In addition, the chapters discussed their plans and targets for the next round of 20 January to 2 February 2020. 16 chapters (Zamboanga City, Agusan Del Sur, Gingoog City, Davao Del Norte, Davao Oriental, Davao del Sur, Davao City, General Santos – Saranggani, Sultan Kudarat, Cotabato, Agusan del Norte, Sulu and Tawi-Tawi) and representatives from WHO, DOH, UNICEF, ICRC and IFRC, participated in the activity.

On 22 January 2020, PRC organized a technical orientation and planning meeting for the NCR chapters, in preparation of the extended polio outbreak response. It aimed to orient the chapters on the two additional rounds of vaccination and technical considerations, as well as to set targets for each chapter.

On 8 February 2020, PRC conducted a technical orientation and planning meeting for the Mindanao chapters in preparation of the extended polio outbreak response. 17 chapters from Mindanao participated. An orientation session on COVID-19 was integrated during the meeting to update the chapters on the latest situation and key messages.

Challenges

Movement restrictions associated with the pandemic impacted the training of volunteers through direct delivery and was therefore provided to volunteers via online platforms. The use of the online platforms for trainings made it possible to maintain communication and transparency with the implementing chapters. This, of course, came with challenges especially for connectivity in remote areas. Some chapters would have difficulty maintaining their connection to the meeting and would thus rely on shared training materials.

Transmission of COVID-19 infection amongst staff, volunteers and recipients was a significant risk and challenge to deal with.

Lessons Learned

Despite COVID-19 associated restrictions impacting many aspects of the operation, adaptation to activities and communication methods enabled programs implementation to progress. These adaptations included the delivery method of training from regular to online platforms achieved training objectives and modification to volunteer

management activities, such as conducting debriefing meetings online. Technical documentation was provided to volunteers to augment online training.

Risks of COVID-19 transmission could be managed. Staff and volunteers adapting to COVID-19 safe practices, through training, provision of PPE ensured that where necessary, community engagement activities (including vaccine administration) could take place with infection risks mitigated. Furthermore, PRC ensured that all project implementers were trained on Infection Prevention and Control (IPC) measures, especially for vaccination team members. Personnel involved with community engagement activities were screened daily.

International Disaster Response

Indicator:	Target	Actual
<i>Effective and coordinated international disaster response ensured</i>	Yes	Yes
<i># RDRT/ global surge support members deployed in the country for the Public Health in Emergencies (PHE) operations.</i>	3	4
<i>% of target population satisfied with level of consultation, information and involvement in the operation</i>	80	Deprioritized
<i>% of target population satisfied with support received</i>	80	Deprioritized
<i>% of affected population with awareness of RCRC action in their community</i>	80	Deprioritized
<i>% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response</i>	80	Deprioritized
<i># of staff/volunteers trained to provide clear information to communities during assessments</i>	100	2,020
<i>% of the overall beneficiaries joined the client satisfaction survey</i>	3	Deprioritized
<i>Logistics department provides constant support to the National Society's logistics for replenishment and other procurements</i>	Yes	Yes
<i>A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of the government</i>	Yes	Yes

Narrative description of achievements

The PRC mobilized 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 four global surge support members including: (i) a member with expertise in community mobilization, health promotion, community surveillance and project management from November 2019 to early January 2020, (ii) a member with expertise in PMER, to support the operation from November 2019 to March 2020, (iii) an operations manager from November 2019 to March 2020, iv) and a member with information management (IM) expertise in January 2020. The operations manager, IM and PMER also support the other ongoing DREF and emergency appeal operations.

The Community engagement and accountability approach (CEA) based on the Movement-wide commitments and minimum actions for CEA was integrated into programming to ensure that at-risk communities and affected people had direct access to information about the nature and scope of services provided by PRC and to ensure that they could participate and feedback to PRC.

To engage with the communities and provide vital information, PRC established various initiatives and used different platforms:

- PRC and IFRC conducted informal assessments through face-to-face key informant interview and focus group discussion of the media landscape and preferred communication channels. Interviews were conducted with the community leaders and recipients of different PRC programmes. Based on the CEA assessment for the CEA Implementation Guideline, it was found that most at-risk communities in urban and rural areas have wide access to mainstream platforms like radio and television and social media. With extensive social media coverage across the country, PRC regularly uses Facebook and Twitter to raise awareness about vaccination and engage with communities most at-risk. More details on the social media reached can be found in SFI 3: Output 3.1.1. (Assessments of the media landscape and preferred communication channels were conducted through consultation meetings with the communications team, as well as consultation with the IFRC SURGE delegate. UNICEF C4D specialists also provided technical guidance on how to utilize various media channels such as print and audio materials to promote the campaign. On gender balance, there was an effort to encourage teams to balance out male and female members in the recruitment process).
- Volunteers visited communities to disseminate lifesaving messages and engage meaningful dialogues using their own local dialect.

- Mobile loudspeakers were used to make public announcement of scheduled vaccinations in communities and to encourage parents / guardians to vaccinate their children.
- IEC materials, with key polio messages, were printed and posted at different location in communities, allowing the public to see the information.
- Text- based messaging such as cards were provided to parents / guardians which contained PRC's contact details of the PRC for questions, clarifications, or any form of feedback. (Approximately a 100 text messages were received through the official number to inquire about the polio vaccination. The most common inquiry received through this channel was regarding the schedule of the second dose of the oral polio vaccine. Many parents also contacted the number to inquire about the vaccination site and schedule, and would often look for PRC vaccination teams, even in areas not reached by PRC teams. This was caused by the vast dissemination of leaflets/takeaways for parents about the campaign. In these instances, we would refer the parents to their local barangay health offices. Messages of thanks and appreciation were also received through this channel).

Feedback was resolved during face-to-face volunteer mobilizations and through a mobile phone number that was provided. Most of the feedback included the following topics:

- Questions about the schedule of vaccination
- Appreciation to PRC vaccination teams
- Inquiry related to the age of child qualified for the polio vaccine
- Signs and symptoms of polio
- Future visits of vaccination teams to provide the next round of vaccine

These activities aimed to support government efforts to increase the national immunization rate in addition to its ongoing national campaign against polio. Volunteers and staff provided clear information to communities during, pre and post workshops; they received guidelines and manuals, containing key messages and description of their duties and responsibilities. They also received daily briefings.

A client satisfaction survey was initially planned for the January 2020 synchronized vaccination round activity to help adjust programmes if necessary. However, the survey did not take place due to the high number of emergency operations supported simultaneously by PRC, which limited resources and led to prioritization. The PRC was also pre engaged with responding to the COVID-19 pandemic situation in the country.

Logistics activities aimed 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.

For this operation, IFRC CO Logistics supported PRC with the following activities:

- Rental of nine vehicles used when mobilizing volunteers during the polio vaccination.
- Procurement of four cameras and a printer to support the operation.
- Organization of hotel accommodation and food catering for each pre- and post-polio round meetings as well as during planning and technical orientation for staff and volunteers.
- Support with printing manuals and forms used for polio vaccination.

PRC supported by the IFRC ensures that all activities were in line with the national government plans, strategies and standards through regular information, planning and coordination meetings.

Challenges

The PRC was also over committed with responding to the COVID-19 pandemic situation in the country and this impacted the delivery of several activities. A lack of human resources, restrictions on movement of people and access to resources were key issues caused by the pandemic that impacted operations.

Lessons Learned

PRC NHQ must establish a strong partnership with key stakeholders to ensure that PRC's implementation is in line with the technical requirements of the main implementer, (the DOH) with support from WHO and UNICEF. These partnerships were especially important as the pandemic presents many challenges especially in terms of movement of vaccination teams. Proper coordination ensured that PRC was compliant to all rules and regulations set by the local government.

Partnership and coordination were strengthened at both levels through the conduct of partnership and stakeholder meetings, and the establishment of regular communication, updating, and reporting. Maintenance of these partnerships allowed the meaningful exchange of experiences and lessons learned during the operation.

Influence others as leading strategic partner

Narrative description of achievements

<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues</i>	Yes	Yes
<i>Communications plan is developed and implemented</i>	Yes	Yes
<i># of different communications materials produced (social media engagement, news articles, interviews, AV materials, etc.)</i>	8	61
<i>Two evaluations (one review and one final evaluation) of the response is undertaken and the findings are shared to a wider audience.</i>	2	1

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.

Daily monitoring of project progress was conducted through the following methods:

- SMS Reporting
- Email Reporting
- Facebook Messenger Groups

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Post-round workshops have been held after each round in the National Capital Region (NCR) and Mindanao to take stock of the campaign, highlight lessons-learned and prepare next rounds. These workshops brought together chapters' administrators, representatives of the chapters' health services involved in the specific round, and volunteer team leaders involved in mass vaccination. Representatives from DOH, UNICEF, WHO, IFRC and academic partners also participated in the workshop. The lessons learned report is available in the Teams [folder](#).

Challenges

There were certain instances where daily reporting messages through SMS were missed due to the bulk of messages that come in and out of the implementing office's official numbers. But these were very minimal and were easily addressed as chapters also received regular updates and could easily communicate to us if any reports were missed. Chapters were also advised to communicate to multiple channels as much as they could so that multiple project staff/officers at the NHQ could record simultaneously and could simply disregard any duplicate submissions. Overall, the benefits of having multiple channels for the daily reporting outweighed the risks.

Lessons Learned

The availability of multiple channels for reporting made the daily submission of data more accessible to chapters, especially to those with limited technology and connectivity for reporting.

Effective, credible and accountable IFRC

<i>Effective performance of staff supported by HR procedures</i>	Yes	Yes
% of compliance with technical and managerial support as demanded by PRC	100	100
<i>% of financial reporting respecting the IFRC procedures</i>	100	100
<i>% of operational staff for IFRC that received security briefing</i>	100	100

Narrative description of achievements

The IFRC Human Resources (HR) across the movement support PRC in achieving its goals for this operation following compliance on PRC HR standards.

For the IFRC Country Delegation, technical support was provided to the National Society to ensure accountability and compliance with regards to the Appeal. The IFRC Finance team met regularly with PRC Finance team to ensure 100 per cent compliance with standard operating procedures.

The IFRC, through the finance department, provided 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 adhered to the IFRC's standard financial procedures. The IFRC finance and administration team in Manila provided administrative and transport support at NHQ and in the field.

The IFRC security framework was applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework applied. Regular coordination was 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 advice to stay home and in their respective communities. All staff and volunteers were 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 themselves against communicable diseases.

IFRC supported the recruitment of technical project staff in ten chapters to support this operation.

Challenges

No challenges reported.

Lessons Learned

No lessons learned reported.

D. Financial Report

The appeal funding requirement was CHF 2,700,000 out of which the coverage was only 46.95% (CHF 1,267,762). The total income (including DREF Loan) was CHF 1,442,762. The total expenditure was CHF 1,416,539 (98% utilization).

The remaining balance of CHF 26,223 will reimburse the DREF Loan. Detailed expenditure is [outlined](#) in the final financial report at the end of this report. The IFRC, on behalf of the Philippine Red Cross would like to extend our gratitude to all contributing partners/donors for their generous contributions.



Click for:

- [DREF](#)
- [Emergency Appeal](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [Operations Update 4](#)
- [Revised Emergency Plan of Action 2](#)
- [Previous appeal updates](#)

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

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For IFRC Resource Mobilization and Pledges support:

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

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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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2021/4	Operation	MDRPH036
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 31 May 2021

All figures are in Swiss Francs (CHF)

MDRPH036 - Philippines - Mindanao Earthquakes

Operating Timeframe: 31 Oct 2019 to 31 Dec 2020; appeal launch date: 03 Nov 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	50,000
AOF2 - Shelter	1,000,000
AOF3 - Livelihoods and basic needs	500,000
AOF4 - Health	300,000
AOF5 - Water, sanitation and hygiene	400,000
AOF6 - Protection, Gender & Inclusion	75,000
AOF7 - Migration	30,000
SFI1 - Strengthen National Societies	120,000
SFI2 - Effective international disaster management	225,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	2,700,000
Donor Response* as per 31 May 2021	1,267,762
Appeal Coverage	46.95%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	54,256	67,332	-13,077
AOF2 - Shelter	563,637	563,812	-175
AOF3 - Livelihoods and basic needs	299,869	356,552	-56,683
AOF4 - Health	164,846	55,828	109,017
AOF5 - Water, sanitation and hygiene	205,758	291,649	-85,891
AOF6 - Protection, Gender & Inclusion	11,824	3,504	8,319
AOF7 - Migration	1,044	168	875
SFI1 - Strengthen National Societies	43,796	15,463	28,333
SFI2 - Effective international disaster management	82,724	62,151	20,573
SFI3 - Influence others as leading strategic partners	14,250	0	14,250
SFI4 - Ensure a strong IFRC	759	79	679
Grand Total	1,442,761	1,416,539	26,222

III. Operating Movement & Closing Balance per 2021/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,442,762
Expenditure	-1,416,539
Closing Balance	26,223
Deferred Income	0
Funds Available	26,223

IV. DREF Loan

* not included in Donor Response	Loan :	398,467	Reimbursed :	223,467	Outstanding :	175,000
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2021/4	Operation	MDRPH036
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 31 May 2021

All figures are in Swiss Francs (CHF)

MDRPH036 - Philippines - Mindanao Earthquakes

Operating Timeframe: 31 Oct 2019 to 31 Dec 2020; appeal launch date: 03 Nov 2019

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	370,826				370,826		
British Red Cross	100,374				100,374		
China Red Cross, Hong Kong branch	25,203				25,203		
DREF Allocations				175,000	175,000		
Finnish Red Cross	53,255				53,255		
Japanese Red Cross Society	89,100				89,100		
Red Cross of Monaco	10,817				10,817		
Spanish Government	110,120				110,120		
Swedish Red Cross	207,876				207,876		
The Canadian Red Cross Society	30,360				30,360		
The Canadian Red Cross Society (from Canadian Gov	96,693				96,693		
The Netherlands Red Cross (from Netherlands Govern	148,138				148,138		
Turkish Red Crescent Society	25,000				25,000		
Total Contributions and Other Income	1,267,762	0	0	175,000	1,442,762	0	
Total Income and Deferred Income					1,442,762	0	