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Emergency Plan of Action (EPoA) Malawi: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRMW016	Glide n°:	SS-2021-000196-MWI
Date of issue:	7 March 2022	Expected timeframe:	4 months
Operation start date:	8 March 2022	Expected end date:	30 June 2022
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 300,080			
Total number of people affected:	1 confirmed Polio case	Number of people to be assisted:	604,588
Affected districts:	29	Targeted districts:	6
Host National Society presence (n° of volunteers, staff, and branches): Malawi Red Cross Society with 263 members of staff, 74,000 volunteers and 33 branches across the country.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Danish Red Cross, Netherlands Red Cross and Swiss Red Cross			
Other partner organizations actively involved in the operation: Government of Malawi (Ministry of Health), UNICEF and WHO			

A. Situation analysis

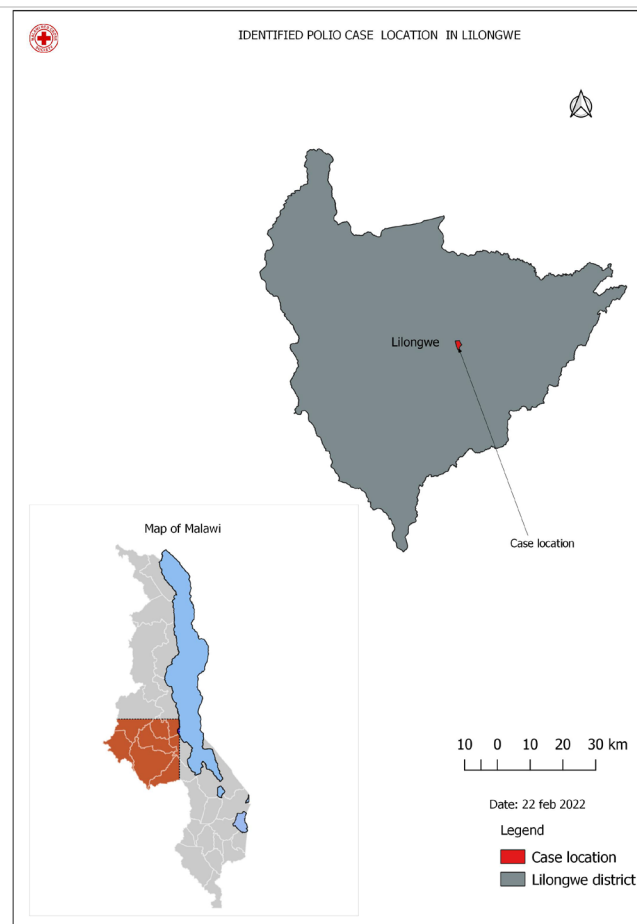
Description of the disaster

The Ministry of Health reported a confirmed case of Type 1 wild poliovirus (WPV1) in Lilongwe district, Malawi on 17 February 2022. Polio virus causes irreversible paralysis mainly in children zero to fifteen years of age. It also has the potential to infect immunocompromised adults. This is the first detection of a case of WPV1 in Africa since 2016. The African continent had been declared free of wild poliovirus since 2020. Genetic sequencing of this case has linked the virus to a strain circulating in Pakistan's Sindh Province in 2019, indicating that this is an imported virus. The detection of a single case of WPV1 outside of the world's two remaining endemic countries, Pakistan and Afghanistan, represents an emergency that requires effective and at-scale response to prevent spread. Normally, a child would present to a health facility with acute onset of limb weakness which progresses to paralysis. If it is a leg or an arm, it may become relatively smaller (wasted) than the normal body mass and lose. Polio is a disabling and life-threatening disease. Polio is an infectious disease that can be passed from one person to another through ingestion of food or water which is contaminated with polio virus. The high-risk groups are those that are unvaccinated or those that have received fewer doses of polio vaccines, particularly among communities with poor water and sanitation infrastructure.

Following this development, the Ministry of Health, with support from partners, has put in place strategies for elimination of polio in the country. These strategies are in line with the strategies recommended by the World Health Organization (WHO) through the Global Polio End Game Strategy. Vaccines are the most effective and available prevention strategy for this disease, in addition to improved water and sanitation practices.

The Malawi Government through the Ministry of Health established the National Expanded Programme on Immunization (EPI) in 1979 to deal with vaccine preventable diseases including Polio, Measles and Neonatal Tetanus. These diseases are undergoing eradication and elimination. The Ministry has therefore intensified surveillance for these diseases in line with the WHO recommendations. Malawi has sustained good coverage of its entire vaccine antigen above 80% now for two decades and polio vaccine is no exception. Like many other countries in the world, Malawi provides polio vaccine that targets Polio virus type 1 and type 3 following the global eradication of Poliovirus type 2. The country also vaccinates its children with Inactivated Polio Virus vaccine in all the 29 districts across the country with sustained good coverage to date since introduction in 2018. The overall Vax coverage for Lilongwe is over 80% which is beyond the coverage of most districts in the country. The location where the case was registered enjoys even better coverage than some areas within Lilongwe district.

Generally, there is high number of children who are vaccinated in urban areas as compared to the rural areas of the country. In order to reduce the spread and further risks and in line with the WHO guidance and the International Health Regulations (IHR), the country is immediately putting in place additional activities to help in reducing further spread of the virus in the country. The first step is declaring this as a Public Health Emergency: The President on 17 February 2022, through the minister of Health, declared a Public Health Emergency following confirmation of an imported case of polio in in Lilongwe districts.



The Emergency Operations Committee (EOC) was immediately established where meetings and a risk assessment of the situation is being done with support from partners such as the WHO. The country is also working very closely with the neighboring countries, as diseases know no borders. As stated earlier, the laboratory results show that this is an imported virus as there is no evidence of community circulation of the virus. The Ministry of Health has assured the nation that the situation is under control and would like to encourage the public to continue observing good personal hygiene practices since the virus is spread through ingestion of contaminated food or water. The public has therefore been informed that the polio outbreak has been declared a Public Health Emergency¹ by the Malawi Government.

Meanwhile, the Ministry of Health with support from The World Health Organization has called for a mass vaccination for children under 5 years across the country. There are already rumors around that the vaccination is a plan by government to increase COVID-19 vaccination. These rumours if not corrected may lead to low polio vaccine coverage. The Polio emergency is coming at a time that the country is responding to the effects of Tropical Cyclone Ana which has also greatly affected the Malawi health systems requiring more attention and resources by the ministry of health. There is therefore great need for supporting community mobilization to ensure good public awareness as well as need to support management of vaccination sites as the ministry of health still face human resources challenges in undertaking mass vaccinations.

The last polio case in Malawi was reported in 1992 meaning that this is the first case in thirty years. Malawi also obtained a Polio free status in 2005 while the WHO African region received its Polio free status certificate in the year 2020. These are remarkable milestones in the polio eradication initiative in the country. In practice, any child from zero to fifteen years of age coming with acute onset of flaccid paralysis or weakness is supposed to be reported as a suspected Polio case. The minimum standard is to report 2 non-polio AFP per 100,000 population, as well as adequate stool specimen

¹ <https://www.voanews.com/a/malawi-declares-health-emergency-following-polio-case-discovery/6447681.html>.

collection capacity. Malawi has been meeting these indicators throughout the years and sustained its Polio surveillance robustly.

Summary of the current response

Overview of Host National Society Response Action

The Malawi Red Cross Society is one of the leading humanitarian organizations supporting the Government of Malawi in Polio response. In this response, MRCS is working hand in hand with Ministry of Health providing overall technical coordination.

MRCS will integrate Polio response in its existing projects. Health projects implemented by MRCS include Community Resilience Project (COMREP), Integrated Community Health Project (ICBHP), Scaling Up Nutrition (SUN), First Aid, Mobile Outreach Clinics and Blood Donor Recruitment (BDR). The projects were implemented in a number of districts which include Mzimba, Mzuzu, Lilongwe, Salima, Chikwawa, Blantyre, Mulanje, Mangochi, Mwanza, Dedza, Ntcheu, Rumphu and Dowa districts. Health Department in line with its strategic implementation areas of Community Health & Nutrition, WASH, Blood Donor recruitment as well as First Aid received great support from a number of partners including: Consortium of Red Cross Partners (Danish, Iceland, Italian and Finnish Red Cross), SWISS, UNICEF, IFRC, ICRC and government subversion.

MRCS with its auxiliary role to the Government has well trained staff and volunteers in health emergency operation who will use its skills in Community based health and First Aid (CBHFA), Community Based Surveillance (CSB), and Community Engagement and Accountability (CEA) and have substantial experience in implementation of health programs including health in emergencies, training in cholera preparedness, prevention, and treatment. Furthermore, MRCS sits in a number of technical working groups such as Humanitarian Country Coordination Team (HCT), Health Cluster, WASH cluster, protection cluster, education cluster, food security cluster as well as Health Emergency Technical Working Group committees and cash technical working group. MRCS is thus, well established and well-connected and enjoys strong partnerships with various development partners, partner National Societies and IFRC. The current engagement of MRCS as outlined above presents the capacities, skills and the ability to coordinate with different agencies at local, national and international levels.

MRCS has been supporting a number of districts in Malawi with different resilience building, capacity building of integrated community-based health care and disaster management projects.

Malawi Red Cross Society has 33 Divisions (Branches) and a network of more than 74,000 volunteers countrywide. It is present in all the 29 districts of Malawi. MRCS has previous experience in implementing emergency relief programs throughout the country, with support from various donor partners, Partner National Societies (PNS) and the IFRC through the Disaster Relief Emergency Fund (DREF). This includes DREF operations and IFRC Emergency Appeals in Phalombe, Zomba, Blantyre, Nsanje, Chikwawa, Mangochi and Karonga districts.

At national level, MRCS has a pool of trained National Response Team (NRT) Surge members specialized in different fields such as Health & WASH, Relief support, First Aid, Community Engagement and Accountability, Shelter, Nutrition, Food security & Livelihoods, Protection, Gender & Inclusion, Data management and Communications. MRCS has strong experience and qualified staff to conduct this operation with 120 trained NRT. MRCS has institutionalized Cash and Voucher Assistance (CVA) by implementing cash transfers since 2009. Over this period, the National Society has acquired relevant equipment tools as well as well trained staff and volunteers in the implementation of CVA. MRCS has a full data team which facilitates mobile data management hence, efficient in cash delivery to the affected households.

The MRCS is a key partner in the Health and WASH Clusters, including coordination and technical working groups for Surveillance, immunization and RCCE for COVID 19 and other diseases. MRCS is also a member of the Polio Technical and RCCE Working Groups and continues to attend daily meetings at the EOC.

Main activities conducted include:

Meeting with UNICEF

On 18 February 2022, Malawi Red Cross Society (MRCS) held a meeting with UNICEF in the country to discuss the confirmed case and possible partnership in social mobilization and community engagement as the country is about to launch a mass vaccination campaign in the coming few days. UNICEF believes that MRCS is better placed to support

social mobilization, community engagement and social and behaviour change communication by taking advantage of its wide and organized network of volunteers and leveraging its auxiliary mandate to the Ministry of Health. The discussion also considered possibilities of MRCS supporting the Ministry of Health with issues of data management and monitoring using its network of volunteers to work hand in hand with government structures at community level. From the MRCS/UNICEF meeting, MRCS is in discussion with UNICEF on polio response to cover areas that are not covered by the DREF application.

Meeting with Ministry of Health

MRCS conducted a meeting with Ministry of Health through the Expanded Program on Immunisation (EPI) section, Health Education Services, Community Engagement section and Environmental Health sections on their plans and how MRCS can support. With the current situation and information gathered since 17 February 2022, MRCS proposes immediate preparedness and response activities in case of funding whilst consultations with relevant authorities are ongoing. These activities include:

- Conduct briefing meetings with IFRC and PNs
- Activate the National Response team
- Mobilise volunteers to be on alert

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC Harare Country Cluster Delegation continues to provide technical support during implementation of the response actions. IFRC will also conduct monitoring visits during the course of the operation and support deployment of surge in case the disaster spreads widely. MRCS is working hand in hand with different partners such as a consortium of PNSs led by Danish Red Cross (Icelandic, Italian and Finnish Red Cross), Swiss Red Cross, Netherlands Red Cross (remotely) and ICRC. MRCS is having discussions with PNS on integrating Polio response in the existing projects.

Overview of non-RCRC actors' actions in country

The most notable humanitarian partners present in the targeted districts is WHO and UNICEF. The two institutions are supporting Government in the Polio response through surveillance, service delivery, risk communication & community engagement and policy direction.

Government Actions

Since the declaration of the outbreak, the Malawi Government through the Ministry of Health has taken a number of critical actions as follows:

- Established an EOC at Community Health Science Unit (CHSU), where different MoH departments and partners are meeting on a daily basis. MRCS is attending these meetings. The ministry is supported by global technical expert that has arrived in the country led by the Polio Technical International Committee to support Malawi in conducting surveillance and roll out of mass vaccination campaign targeting children of under five years.
- Risk assessment is critical to informing the response and a report is expected in the week beginning 21 February 2022. The report was shared, and issues included knowledge gap on polio, some pockets of some children not fully vaccinated despite good national coverage of above 80%, poor sanitation and hygiene, vaccine hesitancy on COVID 19 which might affect Polio vaccination campaign. Samples collected from direct contacts were found negative of Polio. This necessitates national environmental surveillance.
- Establishment of a Risk Communication and Community Engagement (RCCE) Working Group within the EOC to work on Social Mobilization activities among other social mapping/assessment and community engagement. The group has started developing a Social Behavioural Change and Communication Plan for Polio. The group is also developing a Crisis Communication Plan with Key Messages on Polio that will guide Social Mobilization activities for the government and partners. MRCS has joined the RCCE group.
- Hiring of Global Experts to support the national Polio response operation. Round One for Bio PV: 31 March 2022 i.e., 6 weeks following notification of a case. Pre-implementation time frame ends on 30 March 2022 with a launch slated for 30 March. The target population for mass polio vaccination is 0- 59 months.

Targeting

MRCS will support the campaign through the following: Capacity building of staff, volunteers and stakeholders, social mobilization and demand creation (including door to door by MRCS volunteers), direct logistic support, crowd management and IPC during vaccination campaigns, community-based surveillance and coordination.

Malawi Red Cross Society will have prioritized 14 districts which are main points of entry with awareness to the general population and RCCE activities while also supporting HSAs during vaccination. The selected districts will include

Nsanje, Mulanje, Mwanza, Blantyre and Mangochi (Southern Region) Dedza, Ntcheu, Mchinji, Lilongwe (Central Region) Nkhatabay, Karonga, Chitipa, Mzimba and Rumphu (Northern Region).

Table below is a tentative distribution plan for Polio Oral Vaccine for Round 1 Malawi as shared by Ministry of Health.

Zones	District	0–5-year population	Vaccine request 2 Rounds (doses)
North	7	347,681	869,203
Central East	5	454,996	1,137,490
Central West	4	741,443	1,853,608
South East	6	818,831	2,047,078
South West	7	559,224	1,398,060
	29	2,922,175	7,305,438

The implementation dates for mass bOPV vaccination in Malawi are as follows:

- Round 1 – March 2022
- Round 2 - April 2022

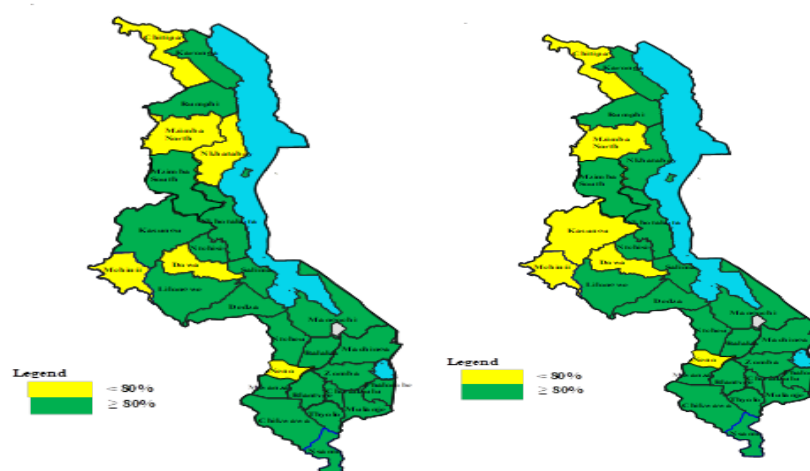
Needs analysis, targeting, scenario planning and risk assessment

Needs analysis:

Analyses show that WPV1 mostly exists in communities where children are not vaccinated with OPV, or where vaccination coverage is very poor. The virus is associated with insufficient high levels of polio vaccination (including in small, concentrated pockets of un- or under-immunized people of all ages within broader populations with high levels of immunization), and poor water and sanitation infrastructure that allows for the contamination of drinking water with fecal matter. Considering the intensity of population movements, one can easily imagine how fast the epidemic can spread not only to neighbouring districts, but also to neighbouring countries. Sensitization will be conducted before, during and after the vaccination campaign to ensure a maximum vaccination coverage rate is obtained.

Available administrative routine immunization data demonstrates good coverage above 80% at National level however some districts coverages have been below 80% for two years consecutive. High population movements across the neighboring countries due to clan linkage, erratic weather patterns and other economical business create the risk of international spread. Rapid Social mapping assessment that was conducted by ministry of health and its partners, has shown that the girl who has been identified with polio, did not complete her polio vaccination schedules. The mother is 20 years old, and she already has 2 children with the second child being less than 1 year.

Figures below provides a summary of vaccination coverage in Malawi in 2019 and 2020.



The MRCS overall target for this operation is 604,588 under five children across 6 districts in Malawi. This population will be targeted with four rounds of the vaccine doses.

The targeted districts were selected based on the following 2 reasons:

1. Being border districts since the virus is socially linked.

2. These districts are more urban with high potential of polio spreading.

WPV is public health concern globally. The last case in Malawi was reported in 1992, Immediately after getting confirmation of the results, International Health Regulations reporting was done, Government issued the Public Health Emergency statement, Regional Office immediately gave a Press Release. All neighbouring countries have been notified. Country teams immediately conducted detailed investigations through social mapping in the area following the identification of a child with the virus in Lilongwe. Six contacts children specimen were collected, and rapid immunization survey was done, and samples have been sent to South Africa for analysis. Regional Offices (UNICEF and WHO) appointed and deployed the Regional Rapid Response Team (RRT) under Global Polio Elimination Initiative (GPEI). SOPs require the team to arrive within 72 hours after notification to support the country which was done (with all COVID19 restrictions), All GPEI structure and Partners were informed – Regional and Global level, Centre for Disease Control (CDC) and Bill and Mellinda Gates Foundation (BMGF) also sending advance team to support the response.

Scenario planning

Since the operation has a limited timeframe of four (4) months and being cognizant of the possibility of the outbreak spreading to new areas and/or new AFP cases being detected. MRCS operation will be sustained through lobbying for more resources within the PNSs and IFRC to cover costs of the prevailing needs that may still require continued support. The planned response reflects the situation and information available as of 28 February 2022, considering the current situation and required adjustments to contextual changes. Government has called on partners to support the campaign aimed at stopping the WPV1 outbreak and eradicating poliomyelitis from Malawi. The best scenario is that MRCS will be supported by Government entities where necessary to implement the planned operation.

Three scenarios have been developed below to guide National Society's response actions, and the current response strategy is based on scenario 2 i.e., most likely scenario. This could be modified in the event of further damages or following detailed assessments.

Scenario	Humanitarian consequence	Potential Response
Scenario 1: Polio does not escalate, and no deaths / deformities recorded.	<ul style="list-style-type: none"> Polio being an almost forgotten disease creating a disturbing situation in the country. DREF assistance will be required for support. 	<p>The implementation of this DREF Operation is finalized, in coordination with National Authorities and other stakeholders.</p> <p>Environmental Surveillance indicators will be considered while being defined by MoH.</p> <p>Localized water treatment testing to monitoring quality.</p>
<p>Scenario 2: More Polio cases registered in the country with some deaths / deformities recorded</p> <p>WPV1 continues to be found in sewage samples in the affected area</p>	<ul style="list-style-type: none"> Surge and NRT teams activated to support the response due to exacerbated situation More damage to socio-economic instability. Disruption of livelihoods of the affected families 	<p>Continue monitoring while working closely with both local and national partners.</p> <p>Localized water quality monitoring and treatment</p>
<p>Scenario 3: Increased number of registered cases, deformities and deaths</p> <p>+ WPV1 is found in sewage sampling in areas beyond where the first case was detected</p>	<ul style="list-style-type: none"> Surge and NRT teams activated to support the response due to exacerbated situation Massive damage to socio-economic instability. Massive disruption of livelihoods of the affected families 	<p>Review of the current DREF operation to broaden the scope of the response, with a possible change in strategy, a longer timeframe, launch of an Emergency Appeal informed by the detailed assessment to implement a large-scale response operation.</p> <p>Intensified and localized water quality monitoring and treatment</p>

Risk assessment

Malawi is generally a peaceful country much as the country has experienced some demonstrations to force government to fulfil its obligations to the people. This operation is assuming that the relative calm being observed will prevail until the end of the anti-polio campaigns. If this is not the case, it will be difficult to implement planned activities.

The ongoing demonstrations by Civil Society groups against Government fulfilment of its policies (manifestos) may have potential to affect Polio operation.

MRCS volunteers and staff deployed for the operation will be covered by an insurance in line with IFRC regulations. In addition, the MRCS Communications Specialist who is a focal point on security will be key in monitoring security during this operation. Where need be, a security delegate will be requested to travel to Malawi for support.

Below is a summary of key risks and anticipated mitigation measures for the action.

Risk	Probability of occurrence (High, medium, low)	Severity of the impact (High, medium, low)	Mitigation measures
Ongoing demonstrations led by Civil Society Groups	Low	Medium	The ongoing demonstrations by Civil Society groups against Government fulfilment of its policies (manifestos) may have potential to affect Polio operation. MRCS will continuously monitor the situation. MRCS will continuously monitor the situation.
Other compounding disasters: COVID 19, Stormy and heavy rains leading to floods	High	Medium	MRCS will promote use of PPE for staff and volunteers and observing public health and social measures for COVID-19 prevention in addition to the capacity building. The recent storms and flooding compromised access to safe water by sewage/water mixing with potential of amplifying the risk of WPV1 spread.

B. Operational strategy

Overall objective

The overall object of the response is to promote the overall population in 6 districts targeting 604,588 persons for a period of four (4) months.

Specific objectives

To sensitise communities bordering at-risk areas on the occurrence of a polio case and the importance of vaccinating children against polio.

MRCS will cover 604,588 people translating to 120,918 households. Therefore 4,031 volunteers will be engaged to support with Community based surveillance (each volunteer will cover 30 households). 162 supervisors will be engaged. The WHO standard for Community Based Surveillance (CBS) is 1 volunteer per 30-50 HH (500 pop). This is also in line with Malawi ministry of health guidelines. This is building on already existing CBS system for MRCS implementations including on COVID 19. Data will be collected by the volunteers using a standard community-based surveillance tool. MRCS will work in collaboration with MoH at this level in surveillance implementation, data collection and reporting.

To encourage the adoption of prevention measures.

Specifically, MRCS will facilitate promotion of polio vaccination and hygienic practice, adaptation of prevention measure, in addition to vaccination, would include and is not without safe water and sanitation supply

Implementation strategy

Community Based Surveillance

- Capacity building of Volunteers and Health Surveillance Assistant (HSAs) on Polio understanding and standard guidelines on Community based surveillance system
- Support Volunteers and HSAs in detection and reporting through Community Based Surveillance

- Conduct Knowledge Attitude Practices (KAP) assessment (Social Investigation) on Polio (2 districts each region, total 6)
- Orientate and mobilise volunteers and HSAs to increase community-based surveillance and active case finding of Acute Flaccid Paralysis (AFP) cases.
- Orientate and mobilise village chiefs, traditional/religious leaders to support HSAs community-based surveillance/ active case finding of AFP cases.
- Strengthen collaboration with traditional healers/doctors to encourage community-based surveillance and reporting of AFP cases to medical staff.

Messages and development of Information Education and Communication (IEC) materials & Review of Implementation Plan:

- Develop social and behaviour change messages informing the population of the polio case in Malawi, the risks and implications of contracting polio, and the need to take multiple doses of polio vaccine for individual protection.
- Social mobilization (radio jingles, van publicity, door to door by volunteers, radio phone in programs, interactive theatre and community meetings)
- Distribution of print communication materials to districts will be done through coordination with services taskforces. Broadcast content will be sent directly to the media houses.

Community mobilisation:

- Conduct advocacy meetings with District Commissioners, District Health Officers, District Environmental Health Officers, District Information Officers, District HES to support social mobilization agenda for the Polio vaccine campaign
- Conduct meetings with and provide information for community/religious leaders at district level.
- Identify community mobilisers/influencers to be integrated in vaccination teams.
- Conduct door-to-door mobilisation of parents/caregivers, through volunteers and Health Surveillance Assistants.
- Interactive theatre sessions in the community
- Community Feedback mechanism

Media:

- Produce radio spots at district level for broadcast on community radio (including translation and dissemination in local languages).
- Produce IEC materials: posters for health facilities/community spaces; and billboards on major roads and at border points.

The following activities will be implemented under structured response:

Protection, Gender and Inclusion (PGI): The operation will ensure the promotion and participation of men and women including with persons with disabilities of different age groups in Polio awareness activities. A continuous dialogue among the different stakeholders will be fostered to ensure all programmes/sectors mainstream DAPS (Dignity, Access, Participation and Safety) approach ensuring the Minimum Standards on Protection, Gender and Inclusion in emergencies are met based on the identified needs and priorities of humanitarian imperatives on the ground. This operation will ensure all staff and volunteers are briefed on the Code of Conduct and on prevention and response to sexual exploitation and abuse and child safeguarding as they implement Polio interventions. It will ensure all NS, IFRC, PNS staff and volunteers involved have signed the Code of Conduct. PGI mainstreaming will be done per Minimum PGI standards in Polio interventions.

Community Engagement and Accountability (CEA): The MRCS will ensure that the already developed CEA tools, tailored to the Malawi context, are adopted and used to collect data relevant for planning CEA approaches and activities during implementation, gather community feedback and make sure of the feedback to generate ownership within the community during Polio operation. Prior to implementation of this DREF, MRCS will conduct consultative meetings with communities aimed at discussing preferences on feedback channels and the type of questions that they would like to have answers on. Meetings will be done with community feedback sessions. The community will initially be accessed and informed through the community leaders, before planning with them on how to engage the wider community including all components including vulnerable groups. A feedback mechanism will be put in place to get the necessary feedback from community members on issues related to the overall Polio response. This feedback will be shared at

different platforms at community, district and national including the technical and sub technical working groups that have been established under the polio response. The community members in the target areas will be involved as fully as possible in the planning stages and throughout the response to increase their ownership of the response sharing clear information about response activities, selection criteria and distribution processes with communities through community meetings and door to door activities. Feedback and complaints on Polio interventions will also be collected through community volunteers, community meetings, radios, focus group discussions and suggestion boxes and responses provided through community meetings and on a case-by-case basis where it is a sensitive issue or a concern shared by one person provided directly to the individual.

Frequently Asked Questions (FAQ's) will be developed in collaboration with ministry of health and shared with volunteers so they can address frequent questions, concerns and beliefs that are seen from the feedback data

Operational Support Services

Human Resources: Overall, 100 volunteers will be engaged per district in the Polio operation to support the various sectors. Some of the volunteers will be selected amongst the National Response Team members and will support in assessments, coordination and response. This will ensure that effective response preparedness and National Society surge capacity mechanism is maintained. Insurance for volunteers is covered in this operation as well as their per diem for each deployment. The operation will utilise staff in projects with running projects but in districts without a running project, a project officer will be recruited. The overall operation will be led by National Society Director of Programs and Operations.

To ensure proper technical capacity is in place, a community-based surveillance surge deployment has been added to the operational strategy for 4 months

PMER: MRCS Planning Quality and Learning department will support the DREF operation for Polio by providing technical inputs and support to the health department on planning, continuous monitoring, assessment results and information management. They will also support the development and implementation of assessments in this operation. Monitoring reports shall be used to make proper adjustments to the plans and inform on-going actions. At the end of the DREF, the PMER team will lead a lesson learnt workshop with all stakeholders to document lessons that can be incorporate in future such operation. MRCS will incorporate lessons learnt from pervious operations including the measles and rubella supplementary immunisation in 2017 mainly in the area's coordination, capacity building and general volunteer and operation management.

Communications: MRCS communication department will ensure the media coverage and visibility of the operation through press article during the implementation, photos and video documentary. Information related to the operation will also be disseminated through MRCS social media pages.

Procurement: Local procurement will be carried out in accordance with the IFRC standard procurement procedures.

Fleet: Local rental of vehicles will be required to support staff during the operation.

Security:

Major cities, including the capital Lilongwe and Blantyre (Southern region), experience higher rates of crime, particularly bag-snatching and mugging. In addition, urban areas are susceptible to sporadic outbreaks of social unrest. Continued economic hardship for the urban poor and widely publicised corruption scandals provide an underlying climate conducive to public protests in the foreseeable future. Precedent shows that any such demonstrations entail the credible risk of violence between protesters and the security forces.

To reduce the risk of Red Cross Red Crescent personnel falling victim to crime, violence or road hazards during this operation, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. Measures will be communicated to staff and volunteers. IFRC security plans will apply to all IFRC personnel throughout. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e., Stay Safe Level 1 Fundamentals, Level 2 Personal and Volunteer Security in emergencies, Level 3 Security for Managers).

Relating to safer access concern, one of the main benefits of the MRCS is the nationwide recognition of the National Society. This has made it easy to access affected communities.

C. Detailed Operational Plan



Health

People targeted: 604,588

Male: 296,248

Female: 308,340

Requirements (CHF): 203,668

P&B Output Code	Health Outcome 1: The overall polio eradication campaign and routine immunization are promoted, focusing on polio messaging and social mobilization through capacity building, awareness creation on Polio vaccination in all the 28 districts for a period of four (4) months.	% of affected households reached with polio services (Target: 80%)															
	Health Output 1.1: Communities bordering at-risk areas are sensitised on the occurrence of a polio case in and the importance of vaccinating children against polio.	# of people sensitised on the occurrence of a polio case and the importance of vaccinating children against polio (Target: 604,588) # of frontline health workers (HSAs & Volunteers) oriented on IPC focusing on polio (Target: Each district: 5 Staff, 100 volunteers & 10 HSAs)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP005	Media orientation on Polio (3 regions, 30 participants each)	■															
AP005	National level message development, pretesting and designing (One workshop)	■	■														
AP005	Production of radio jingles in different languages (2 messages each district)		■	■													
AP005	Airing of radio jingles in different languages (2 messages each district aired 5 times a day for 10 days)			■	■	■	■	■	■								
AP005	Training of Staff, Volunteers and HSAs in Polio messaging and social mobilization (Each district: 5 Staff, 100 volunteers & 10 HSAs)		■	■													
AP005	Conduct social mobilization (radio jingles, van publicity, door to door by volunteers, radio phone in programmes, interactive theatre and community meetings)		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	Conduct KAP assessment (Social Investigation) on Polio (2 districts each region, total 6)				■	■											

	Complaints and Feedback Mechanism (in all districts implementing structured response package)																
	ToT on Polio Interpersonal Communication with District Stakeholders (Target: 20 each district)																
	Pocket guides for volunteers and HSAs (Target: 110 each district)																
	Visibility materials (Target: 110 Bibs & 110 T-shirts each district)																
	National and Community sensitization sessions: Traditional leaders, Civil Societies, Faith Groups (Target: 3 National, two each district)																
	Produce videos documentary on Polio RCCE activities (Target: 3 districts one each region)																
	National and District level Meetings & Reviews																
	National and District level Monitoring and Supervision																
	Visibility materials (110 Bibs& 110 T-shirts each district)																
P&B Output Code	Health Output 1.2: Communities mobilised to enhance community-based surveillance.	# of volunteers supported to enhance community-based surveillance. (Target: 100 volunteers per district) % of CBS alerts responded to by authorities within 24hours (Target 100%) % of CBS volunteers who are active (based on zero report schedule) (Target >95%)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Training of Staff, Volunteers and HSAs in Polio community-based surveillance (Each district: 5 Staff, 100 volunteers & 10 HSAs)																
	Volunteers and HSAs in Polio community-based surveillance (Each district: 5 Staff, 100 volunteers & 10 HSAs)																
	Conduct joint coordination meeting reviews on Polio surveillance (Target: Biweekly)																
P&B Output Code	Health Output 1.2: Adoption of prevention measures	# of volunteers engaged in Polio prevention activities (Target: 100 volunteers per district)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP006	Support volunteers and HSAs to conduct household visits on prevention measure (health and hygiene promotion) focusing on polio (Target: 110 each district)																

AP006	Orient frontline health workers (HSAs & Volunteers) on health/hygiene promotion focusing on polio (Each district: 5 Staff, 100 volunteers & 10 HSAs)																		
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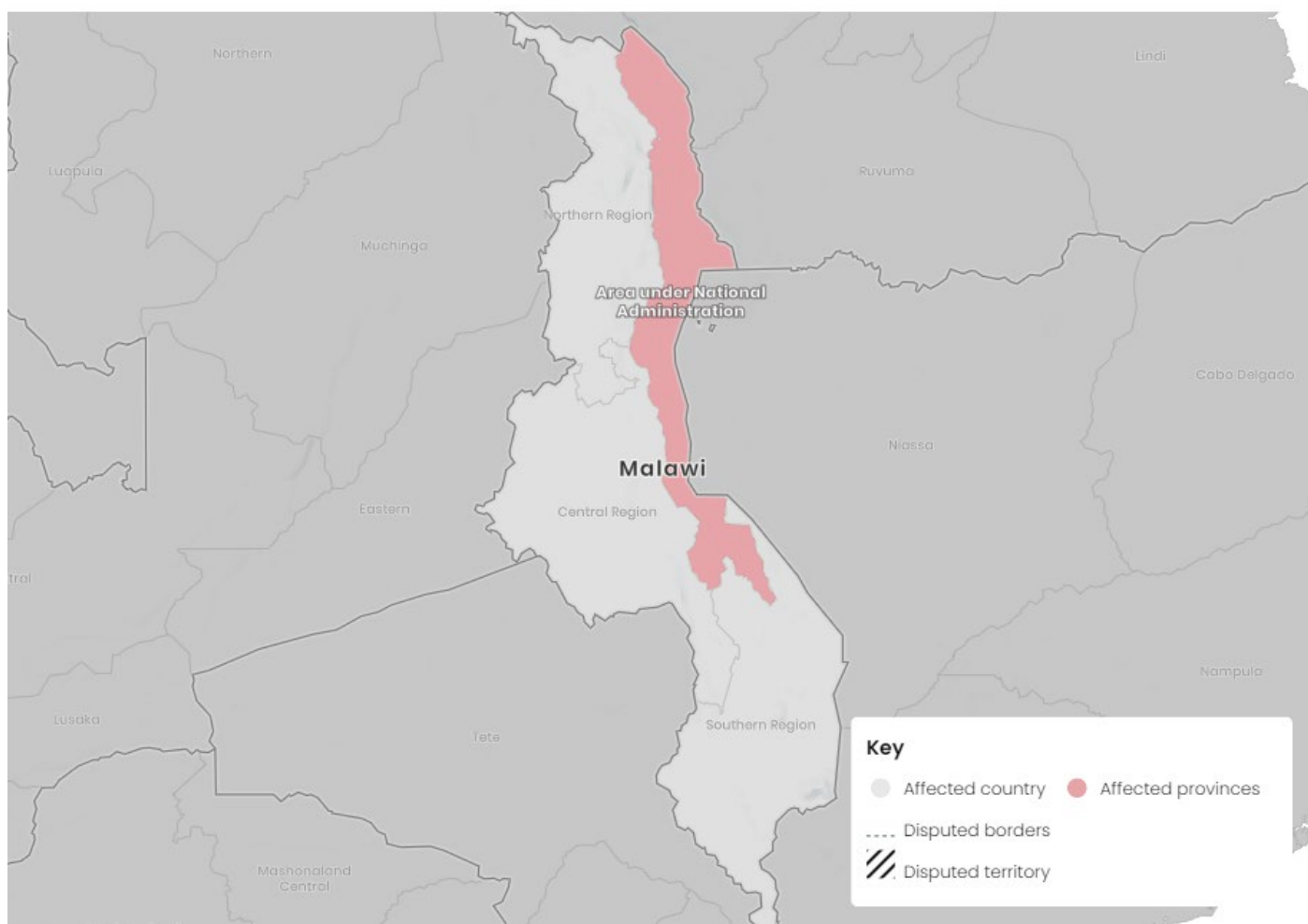
National Society Strengthening Requirements (CHF: 73,739)														
S1.1: National Society capacity building and organizational development objectives are facilitated so that National Societies have the legal, ethical and financial foundations, systems and structures, skills and capacities to plan and implement activities														
P&B Output Code	<i>% of volunteers involved in the implementation of this operation insured (Target: 100%)</i>													
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected													
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	<i># of volunteers equipped with protective equipment (Target: 100 volunteers per district)</i>
AP040	Ensure that volunteers receive adequate training in safety, PGI, and the operation													
AP040	Ensure that volunteers are insured													
AP040	Ensure that all staff and volunteers are briefed and sign the code of conduct													
AP040	Provide visibility items for volunteers (T-shirts, bibs, etc.)													
P&B Output Code	Output S1.1.6: National Societies have the necessary infrastructure and institutional systems													
	<i># of documentary films profiling NS response (Target: 1)</i>													
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	
AP042	Communication and coordination at field level and HQ													
AP042	The logistical support of the NS is ensured for the implementation													
AP042	The follow-up of the operation is ensured at the operational and support level													
AP042	Lessons learned workshop													
P&B Output Code	Output S2.1.3: Improved compliance of NS with principles and rules for humanitarian assistance													
	<i>% of feedback revised (Target: 90%)</i>													
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	
AP084	Community meeting to validate criteria and beneficiary lists													

AP084	Implement the CEA guidelines on the ground and in the communities												
AP084	Consult with communities on their preferred and trusted communication channels through focus groups												
	Ensure a strong IFRC Requirements (CHF: 22,673												
	CBS Surge deployment	X	X	X	X	X	X	X	X	X	X	X	X
	Coordination	X	X	X	X	X	X	X	X	X	X	X	X
	Reporting	X	X	X	X	X	X	X	X	X	X	X	X



AN UPDATE ON CONFIRMED POLIO CASE IN MALAWI, 21 FEBRUARY 2022

21 February 2022



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

Funding Requirements

Overall funding requested for implementation of this operation is **CHF 300,080** as detailed in attached budget, to be spent within a period of four months.

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRMW015 - Polio Malawi

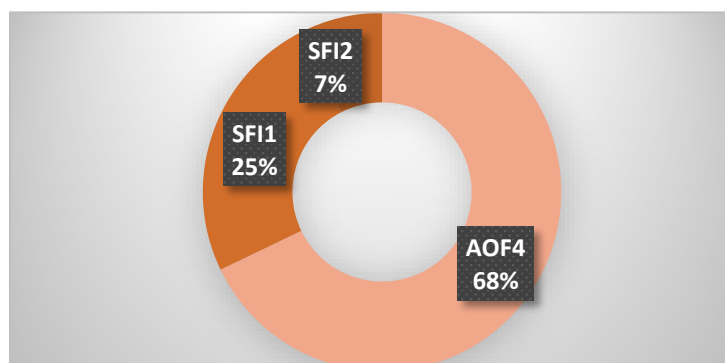
27/22/2022

Budget by Resource

Budget Group	Budget
Transport & Vehicles Costs	35 256
Logistics, Transport & Storage	35 256
International Staff	15 255
National Society Staff	14 446
Volunteers	38 497
Personnel	68 198
Workshops & Training	92 037
Workshops & Training	92 037
Travel	5 085
Information & Public Relations	48 585
Office Costs	4 746
Communications	7 563
Financial Charges	1 085
Other General Expenses	19 210
General Expenditure	86 275
DIRECT COSTS	281 765
INDIRECT COSTS	18 315
TOTAL BUDGET	300 080

Budget by Area of Intervention

AOF4 Health	203 668
SF11 Strengthen National Societies Effective International Disaster	73 739
SF12 Management	22 673
TOTAL	300,080



Contact information

Reference documents

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How we work:

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



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



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