Operation Update 1
Malawi: Polio DREF

<table>
<thead>
<tr>
<th>DREF n°: MDRMW016</th>
<th>GLIDE n°: SS-2021-000196-MWI</th>
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<tbody>
<tr>
<td>Operation update n° 01; 07 July 2022</td>
<td>Timeframe covered by this update: From 5 March to 06 July 2022</td>
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<td>Operation start date: 05 March 2022</td>
<td>Operation timeframe: 6 months (new end date: 30 September 2022)</td>
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Funding requirements (CHF): CHF 300,080

N° of people being assisted: 61,515 people in 14 districts

Red Cross Red Crescent Movement partners currently actively involved in the operation:
IFRC

Other partner organizations actively involved in the operation:
Ministry of Health, WHO, World Bank

Summary of major revisions made to emergency plan of action:
This operation update is to inform stakeholders that the Ministry of Health changed the third round of vaccination from June to July 2022, resulting in the need for Malawi Red Cross to extend the implementation timeframe of this operation by two months to cover the 3rd and 4th rounds of the vaccination campaigns. As such, the new end date is changed from 31 July 2022 to 30 September 2022.

A. SITUATION ANALYSIS

Description of the disaster
On 17 February 2022, Malawi’s Ministry of Health reported a confirmed case of Type 1 wild poliovirus (WPV1) in Lilongwe district, followed by a declaration of an emergency by the Head of State. This was the first case since 1992 and it is also the first detection of a case of WPV1 in Africa since 2016.

The African continent has been declared free of wild poliovirus since 2020 and Malawi obtained a Polio free status in 2005. Genetic sequencing of this case 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, represented an emergency that required effective and at-scale response to prevent spread.

Following this development, the Ministry of Health (MoH), with support from partners, put in place strategies for elimination of polio in the country in line with the World Health Organization (WHO)'s Global Polio End Game Strategy. Ministry of Health developed National Expanded Programme on Immunization (EPI) which deals with vaccine preventable diseases including Polio, Measles and Neonatal Tetanus. Generally, there is high number of children who are vaccinated in urban areas as compared to the rural areas. The Ministry has also 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. 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. To reduce the spread and further risks and in line with the WHO guidance and the International Health Regulations (IHR), the country has put in place additional activities to help in reducing further spread of the virus in the country. The country is also working very closely with the neighbouring countries, as these countries are also at risk of this outbreaks.
Malawi Red Cross Society, through this DREF Operation, is also supporting the polio eradication campaigns with social mobilisation and polio messaging activities in 6 districts across the country namely, Mzimba, Mzuzu, Dowa, Lilongwe, Mangochi and Mulanje.

**Summary of current response**

**Overview of Host National Society**

The Malawi Red Cross Society, as one of the leading humanitarian organizations supporting the Government of Malawi in Polio response, is working hand in hand with Ministry of Health in polio messaging and social mobilisation interventions. MRCS is also integrating Polio response in its existing projects. Furthermore, MRCS has prepositioned its volunteers in other districts to support polio messaging social mobilization interventions. Malawi Red Cross through this operation, in collaboration with the Ministry of Health and other relevant actors, has undertaken the following actions:

- **Media Orientations**: The National Society has conducted media orientation on polio messaging in two (2) regions (Southern and Northern regions) for a total of 60 participants (30 participants each region) reaching 29 males and 31 females.

- **National level message development, pretesting and designing**: MRCS supported MoH in radio message development and pretesting at national level.

- **Production of radio jingles in different languages**: Each district has produced 2 radio jingles (6 in total) promoting the upcoming polio vaccine and polio prevention. The jingles have each been translated to two languages: national language (Chichewa) and specific local language in each district where specific languages are spoken such as in Mzimba, Mzuzu and Mangochi.

- **Airing of radio jingles in different languages**: A total of 668 slots of radio jingles have been aired 5 days per week, on community radios, and each of the radio jingles have been aired in local languages in each district through, reaching a total of 1,340,490 people with polio messages.

- **Training of Staff, Volunteers and Health Surveillance Assistance (HSA) in Polio messaging and social mobilization**: A total of 690 people (Staff, Volunteers and HSAs) have been trained in the 6 project districts. The volunteers and HAS have been working in collaboration in House-to-house visits. A total of 12,303 Households were visited.

- **Conduct social mobilization**: Van publicity and door to door sensitization by volunteers, radio programmes and community meetings have been conducted in the project districts. A total of 749,605 people has been reached with Polio prevention messages and importance of polio vaccine: 283,690 people (147,518 F and 136,172 M) through van publicity, 61,515 (31,988 F and 29,527 M) through 12,303 Door to Door visits, Phone in Programmes 404 400 people (210,285 Males and 194,115 Females).

- **Conduct KAP assessment** (Social Investigation): MOH, World bank and UNICEF supported this activity in the country.

- **Complaints and Feedback Mechanism**: Complaints and feedback sessions have been conducted to check community vies on the vaccine through door-to-door visits. There is indication there are misconceptions and myths for the vaccine, they are linking polio virus to COVID 19 vaccine.

- **Data entry**: Data entry is being conducted by volunteers and analysed for action. This has also been an important tool during the vaccination campaigns.

- **ToT on Polio Interpersonal Communication with District Stakeholders**: A total of 120 (55 Females and 65 Males) People were trained in interpersonal communication.

- **Developed of volunteer pocket guide**: In collaboration with Ministry of Health, Malawi Red Cross has developed pocket guide for volunteers to standardise polio messaging to the community. This will be distributed in the districts for use.

- **Visibility materials**: MRCS has procured 600 Bibs and 600 T- Shirts for volunteers as visibility materials

- **National and Community sensitization sessions**: Traditional leaders, Civil Societies, Faith Groups: Sensitisation meetings have been done both at National, district and Community level for stakeholders and volunteers. The meetings targeted Traditional leaders, Civil Societies, Faith Groups and other influential leaders. Reaching a total of 751 people (438 Males and 313 Females).
• **National and District Level coordination and Meetings & Reviews:** MRCS at National and district have been participating in a number of technical working groups level such as health and WASH clusters, Surveillance, Social Working (RCCE) Groups and Health Emergency Technical Working Group committees. MRCS also conducted staff and stakeholder induction for the 6 Districts implementing DREF Polio Project which included introduction of the project and its objectives, roles of stakeholders and planning of the project activities basing on district needs. In addition, Project staff have also been conducting reviews with District Health clusters reaching a total of 148 People (were reached with information.

• **National and District Level Monitoring and Supervision:** MRCS at district and national level supported supportive Supervision in collaboration with MoH and other partners for polio vaccine campaign, second phase of the polio vaccination mass campaigns held from 26 to 28 March 2022 and in the 6 districts of Mzimba, Mzuzu, Dowa, Lilongwe, Mulanje, Mangochi.

• **Support volunteers and HSAs to conduct household visits on IPC focusing on polio:** District project staff and stakeholders have been supporting volunteers to conduct door to visits. A total of 12,303 households have been visited during this period.

• **Orient frontline health workers (HSAs & Volunteers) on IPC focusing on polio:** Training conducted in all districts reaching to 690 People. MOH facilitated the trainings.

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

In Malawi, IFRC is present through the Senior Coordination Officer, supporting designing, implementation, and monitoring of the interventions under this operation. He reports to the Harare Cluster Office. Additionally, Danish Red Cross and SWISS Red Cross are key partners present in-country. However, they are not supporting the interventions directly now. The available plan from these partners at the moment, is integration of the POLIO messaging into the existing program activities.

No participating National Society is supporting the operation at the moment. IFRC is doing the coordination through regular Partner meetings and technical supervision.

**Overview of non-RCRC actors in country**

The MoH established an EOC where partners, including MRCS, meet daily. Several Subcommittees such as surveillance, service delivery, logistics & supply, Social Working (RCCE) Groups etc. have been established to provide specific interventions. Ministry of Health has also developed Risk Communication Plan and Supplementary Immunization activities (SIA) implementation plan and MRCS participated in this development. In addition, Ministry of Health conducted a Rapid Social listening and risk assessment in the country. Results of the assessment indicated sentiments of lack of knowledge, lack of trust in government preventive measures and poor attitudes towards Polio by communities. There is also existing rumours and hesitancy with COVID 19 vaccine versus the Polio vaccination campaign. Ministry of Health, with support from World Health Organization, started national campaign on Supplementary Immunization. First and second rounds were completed in March and April respectively. Two (2) more rounds are to be implemented in July and August 2022 respectively.

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**Needs analysis and scenario planning**

**Needs analysis**

Ministry of Health conducted a Rapid Social listening and risk assessment results indicated sentiments of lack of knowledge, lack of trust in government preventive measures and poor attitudes towards Polio. There is also existing rumours and hesitancy with COVID 19 vaccine versus the Polio vaccination.

• 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 faecal matter. 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 neighbouring countries due to clan linkage, erratic weather patterns and other economical business create the risk of international spread.

• Again, Ministry of Health with support from World Health Organization started a national campaign on Supplementary Immunization. First and second rounds were completed in March and April respectively. 2 more rounds are to be implemented in July and August 2022. Malawi Red Cross through this DREF operation. Polio. The proposed two more rounds fall beyond the operation
implementation period hence, the need to extend the current timeframe period to September to effectively cover the planned immunization and any eventual sweep campaign.

Operation Risk Assessment
The operation currently is on course, however, the month for the third round of vaccination has been changed from June to July 2022 necessitating a timeframe extension as highlighted above. This will allow the National Society to participate and support the 3rd and 4th rounds of vaccination campaigns.

B. OPERATIONAL STRATEGY

Proposed strategy
The strategy initially adopted in the EPoA remains unchanged, except for the operational timeframe, which is extended for two months, until 30th September 2022, to accommodate the next two rounds of the vaccination campaign.

C. DETAILED OPERATIONAL PLAN

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<th>Health</th>
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<tbody>
<tr>
<td>People reached: 61514</td>
</tr>
<tr>
<td>Male: 29,526</td>
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<tr>
<td>Female: 31,988</td>
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Outcome 1: Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening

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<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
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<tbody>
<tr>
<td>% Of affected households reached with polio services</td>
<td>80%</td>
<td>TBA</td>
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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.

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<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># Of people sensitised on the occurrence of a polio case and the importance of vaccinating children against polio</td>
<td>604,588</td>
<td>1,607,427</td>
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<tr>
<td># Of frontline health workers (HSAs &amp; Volunteers) oriented on IPC focusing on polio</td>
<td>115</td>
<td>690</td>
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Output 1.2: Communities mobilised to enhance community-based surveillance.

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<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
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<tbody>
<tr>
<td># Of volunteers supported to enhance community-based surveillance</td>
<td>100</td>
<td>600</td>
</tr>
<tr>
<td>% Of CBS alerts responded to by authorities within 24 hours</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% Of CBS volunteers who are active (based on zero report schedule)</td>
<td>&gt;95%</td>
<td>100%</td>
</tr>
<tr>
<td># Of volunteers engaged in Polio prevention activities</td>
<td>600</td>
<td>600</td>
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Progress towards outcomes
The response reached out to 12,303 households with different messages related to polio eradication campaign and routine immunization, focusing on polio messaging and 1,607,427 people through social mobilization; capacity building, awareness creation on Polio vaccination covering all the 6 districts.

Strengthen National Society

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

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<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
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<tbody>
<tr>
<td>% of volunteers involved in the implementation of this operation insured</td>
<td>100%</td>
<td>100%</td>
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1 To be sourced from Ministry of Health
**Output 1.1:** National Societies have effective and motivated volunteers who are protected

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<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
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<tr>
<td># of Volunteers trained in data Collection</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td># of documentary films profiling NS response</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>% of feedback revised (Target: 90%)</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td># of assets to support operation (1 vehicle to support district Operation)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td># of equipment to support operation (6 Tablets and 1 Desktop)</td>
<td>7</td>
<td>7</td>
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**Progress towards outcomes**

Under this action, to expedite community mobilisation towards Polio vaccination, Malawi Red Cross Society will continue to engage communities using community feedback forms amongst other community engagement channels.

During door-to-door visits, the volunteers shall administer questionnaires to gather community feedback and the data collected will be submitted to a centrally repository using the ODK platform. MRCS has bought 6 phones and 1 desktop for data collection and processing. Sixty (60) (19 males and 41 females) volunteers in total have been oriented in ODK data collection tool to support the total of 6 volunteers planned in the project. This has been done to ensure effective coverage of the project area. The use of the MRCS Helpdesk toll free line (1134) will be encouraged as well. Feedback collected will be centrally analysed, addressed, and provided back to the communities. The feedback will also be shared during a lesson learnt workshop so as to inform future programming.

**D. Financial Report**

So far on this operation, a total of MWK 171,000,000 (CHF 160,000) has been transferred to MRCS, out of which MWK 120,000,000 (CHF 112,341) has been spent, leaving a balance of MWK 51,000,000 (CHF 47,745) showing a burn rate of 70%. These expenses are yet to be booked into IFRC accounting systems.
Contact information

Reference documents

- Click here for:
  - Previous Appeals and updates
  - Emergency Plan of Action (EPoA)

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

For Malawi Red Cross-National Society(ies)
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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.