

### DREF operation n° MDRET012 GLIDE n° EP-2013-000137-ETH 29 May, 2014

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary:** CHF 155,608 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 25 October 2013, to support the Ethiopia Red Cross Society (ERCS) in delivering immediate assistance to some 508,097 beneficiaries.

Six cases of Wild Polio Virus 1 (WPV1) were confirmed in Ethiopia in 2013 and the immediate priority was to stop the outbreak through repeated rounds of polio immunisation. A seventh case of polio was reported in January 2014.

With support from the DREF, ERCS supported Ethiopia Federal Ministry of Health (FMOH) by training and enhancing the capacities of polio supervisors on 28–29 November 2013 and further provided mobilisation support to FMOH during a national campaign of polio immunisation that took place between 20 – 24 December 2013.

In addition, up to 49 polio supervisors from 5 Zones (Warder, Koraha, Gode, Afder and Liben) of Somali region were trained in social mobilisation, mapping and surveillance methodologies in support of polio programming and response. Somali region, the location of the current polio outbreak in Ethiopia, has low routine immunisation coverage and is a high risk and inaccessible area bordering Somalia. The micro-planning, social mobilisation, supervision and mapping training was completed for 5 Zones. Up to 32 Woreda-level micro-plans were completed with the FMOH and partners and micro-planning of households and populations completed to ensure adequate coverage was reached.

The Ethiopia Red Cross could not fully implement all the activities planned under this DREF operation due to challenges encountered during the timeframe of the response operation and thus resulted in non-achievement of most of planned activities. After the polio supervisor training and due to a national event being held in Somali region there resulted in heightened security concerns over utilisation of mobile phones. The Somali Regional Health Bureau (SRHB) therefore requested that ERCS not participate further in planned activities of mapping, social mobilisation and surveillance during the polio immunisation campaign. Subsequent discussions with SRHB however, clarified the purpose of the mobile phone technology and its potential for future immunization campaigns. The FMOH and SRHB acknowledged the work of ERCS in training and building the capacity of polio supervisors, including the introduction of mobile information technology.

In view of the above circumstances, most of the planned activities under the DREF had to be cancelled



**Polio supervisors were trained in social mobilisation, mapping and surveillance methodologies using mobile information technology. Photo: Katherine Mueller/IFRC**

and the unutilised funds returned to DREF.

The Canadian Red Cross and Government, Netherlands Red Cross and Government, European Commission Humanitarian Aid and Civil Protection (DG ECHO) contributed to the DREF in replenishment of the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of ERCS, would like to extend thanks to all for their generous contributions.

[<click here for the final financial report, or here to view contact details>](#)

## The situation

Polio (poliomyelitis) is a highly infectious and potentially fatal disease caused by a virus that is spread by faecal-oral transmission from person to person. Most people infected with the poliovirus have no signs of illness and are never aware they have been infected. These symptomless carriers can “silently” spread the infection to thousands of others before the first case of polio paralysis emerges. One in 200 infections leads to irreversible Acute Flaccid Paralysis (AFP) in a matter of hours, usually in the legs, caused when the virus invades the central nervous system.

Polio can infect any age group, but it mainly affects children under the age of five years. There is no cure, but there are safe and effective vaccines and the strategy to eradicate polio is based on preventing infection by immunising every child until transmission stops as well as rapid response through vaccination campaigns to control an outbreak.

Six cases of Wild Polio Virus type 1 were confirmed in Somali region of Ethiopia in 2013. A seventh case was reported in January 2014. Prior to the current outbreak, Ethiopia had been wild poliovirus-free since 2008 but is situated in the “wild poliovirus importation belt” – a band of countries stretching from West Africa to Central Africa and the Horn of Africa which are vulnerable to re-infection with imported poliovirus. WPV1 was first confirmed in the Benadir region of Somalia and has continued to spread rapidly.

Vaccination coverage in Ethiopia is low, which is the major reason why the current outbreak has spread from neighbouring countries. Many high-risk population groups, including nomadic pastoralists, those living in remote scattered settlements, and cross-border populations, are also missed in census data and vaccination campaigns. Ethiopia has the largest number of unimmunised children under five in the Horn of Africa region, with an estimated 1.2 million unvaccinated in 2011. This Polio outbreak is likely to be prolonged and to spread quickly, requiring urgent co-ordinated action by Horn of Africa member states and between national and international partners.

National rounds of emergency polio immunisation were planned in November and December 2013, and ERCS was initially requested by the Federal Ministry of Health (FMOH) to support the emergency response to this outbreak with social mobilisation activities. The first round of immunisation was planned by the FMOH to take place during the week beginning 11 November 2013, but was subsequently delayed until 20 – 24 December 2013. Following training and capacity building of polio supervisors by ERCS on 28 – 29 November 2013, SRHB requested that ERCS not participate in further planned activities of mapping, social mobilisation and surveillance during the polio immunisation campaign. FMOH and SRHB acknowledged the work of ERCS in training and capacity building of polio supervisors, including the introduction of mobile information technology.

## Red Cross and Red Crescent action

The ERCS is a key partner to the FMOH in the national Polio Task Force and has been involved in monitoring the situation and planning the national polio response. ERCS is also involved in looking at the longer term responses required to address the risks for further outbreaks, as well as regional efforts.

IFRC Regional Office for Eastern Africa and Indian Ocean Islands convened a regional Polio planning meeting of eight countries – including Ethiopia – in Nairobi on 17 – 18 October 2013. National Societies, Ministries of Health and partners including the World Health Organization (WHO), the United Nations

Children's Fund (UNICEF), the International Committee of the Red Cross (ICRC), the Centers for Disease Control (CDC) and the Bill and Melinda Gates Foundation (BMGF) attended. Country-level working groups were established to determine needs and how best National Societies could engage and support national Polio planning and response, including urgent action to control the active outbreak. During the meeting, Ethiopia Red Cross was requested to assist the FMOH with social mobilisation activities in the country, focusing on the most high risk and inaccessible areas of Somali region.

ERCS and SRHB mobilised volunteers from five zones of Somali region and, with support from IFRC, trained 49 supervisors in mapping, social mobilisation and surveillance methodologies and use of mobile information technology from 28 – 29 November 2013. The implementing structures for the operation were put in place, and preparatory work carried out for social mobilisation activities.

IFRC provided technical support to ERCS through its country, regional and zone structures during the DREF operation. The IFRC regional health delegate provided extensive technical support in mapping, social mobilisation and surveillance methodologies and use of mobile information technology. The IFRC Country Office ensured close monitoring and reporting of the intervention while the IFRC Zone Communications Manager facilitated the training of supervisors and revision of polio communication materials.

## Achievements against outcomes

Emergency Health and Care	
<b>Outcome: To reduce Polio morbidity and mortality and prevent Polio transmission among 508,097 children in 298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region, Ethiopia.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Micro-planning for delivery of household community-based activities have been completed and verified and 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region.	<ul style="list-style-type: none"> <li>• <i>National and Zonal micro-planning:</i> 1 national micro-planning and mapping training is completed for 5 Zones.</li> <li>• <i>Woreda micro-planning:</i> 28 Woreda-level micro-plans are completed with Ministry of Health and partners. Accurate micro-planning of target households and population groups not included in census data (for example nomadic and cross-border populations), is essential to ensure all children under five are vaccinated and adequate immunity is reached.</li> <li>• <i>Village mapping and reporting:</i> Mapping of villages omitted from desktop micro-planning exercises is completed by ERCS Woreda teams using mobile phone based mapping and reporting tool.</li> </ul>
298,881 households in 28 Woredas in 5 Zones (Warder, Korahe, Gode, Afder and Liben) in Somali region receive household or village level education and social mobilisation for Polio prevention.	<ul style="list-style-type: none"> <li>• <i>Training of supervisors:</i> Identify and train 50 Ethiopia Red Cross Society supervisors (1 per 10 volunteer teams) in 28 Woredas of Somali Region.</li> <li>• <i>Training of volunteers:</i> Identify and train 996 Ethiopia Red Cross Society community volunteers (2 per team) in 28 Woredas of Somali Region.</li> <li>• <i>Household or village level education and Social mobilisation:</i> Carry out four days of house-to-house and village-level education and social mobilisation activities prior to immunisation campaign activities (total of 1,898 volunteer days).</li> <li>• <i>Polio awareness and social mobilization via radio messages:</i> Radio jingles and messages will be broadcasted in the targeted areas for increasing awareness and mobilization purposes.</li> </ul>
Household-based cross sectional survey of education and campaign coverage is completed, indicating level of community awareness and coverage of immunization	<ul style="list-style-type: none"> <li>• <i>Survey training:</i> 50 teams (one supervisor and one volunteer per team) training in survey methodology.</li> <li>• <i>Coverage survey:</i> 50 teams visit two villages each day across all Woredas and survey 20 households per village (over four days).</li> </ul>

campaign.	<p><i>The coverage survey will measure:</i></p> <ul style="list-style-type: none"> <li>✓ household coverage of RC visit / education</li> <li>✓ children under five coverage of immunisation</li> </ul>
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**Impacts:** *National and Zonal micro-planning:* The micro-planning, social mobilisation, supervision and mapping training activity were completed for 5 Zones.

*Woreda micro-planning:* As a result of this activity 32 Woreda-level micro-plans were completed with the FMOH and partners. Micro-planning of households and populations was completed to ensure adequate coverage was reached.

*Training of supervisors:* 49 ERCS supervisors (1 per 10 volunteer teams) in 5 Zones of Somali Region were recruited and trained. The two day supervisor training took place on 28 – 29 November 2013 in Jijiga, Somali region of Ethiopia. The 49 polio supervisors who were trained came from 32 woredas and five zones (Afder, Shabele, Dollo, Korahe, Liben) of Somali region.

The supervisor training was organised by ERCS, SRHB and IFRC regional Health delegate. The IFRC Zone Communication delegate also assisted with facilitation of the training. UNICEF regional and zone communications focal points attended the training and helped to facilitate individual working groups.

*Survey training:* A total of 49 ERCS teams (one supervisor and one volunteer per team) were trained in post-campaign survey methodology. The *coverage survey* did not take place as envisaged due to circumstances beyond the control of ERCS.

#### **Challenges:**

- Full implementation of the planned DREF activities were discontinued due to challenges (both security and political) encountered during the proposed timeframe of this project. This therefore resulted in non-achievement of all planned activities. Following the polio supervisor training and due to a variety of circumstances outside ERCS control (National event being held in Somali region resulting in heightened security and concern over utilisation of mobile phones) ERCS was not able to fully participate in further planned activities of mapping, social mobilization and surveillance during the polio immunization campaign. Subsequent discussions with SRHB have clarified the purpose of the mobile phone technology and its potential for future immunization campaigns. SRBH have also reiterated their support for ERCS and its partners and have requested that ERCS continue to work in Somali region.
- The Polio immunisation campaign was postponed by the FMOH and SRHB, resulting in the need to change the plans and timing of ERCS supervisor training. Recruitment and mobilisation of supervisors in a short-time frame also posed a challenge in Somali region. The SRHB however, assisted ERCS in identification and recruitment of polio supervisors.

## **Contact information**

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

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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**Disaster Response Financial Report**

MDRET012 - Ethiopia - Polio Outbreak

Timeframe: 25 Oct 13 to 25 Jan 14

Appeal Launch Date: 25 Oct 13

Final Financial Report

**Selected Parameters**

Reporting Timeframe	2013/10-2014/3	Programme	MDRET012
Budget Timeframe	2013/10-2014/1	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		155,608				155,608	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		19,552				19,552	
<b>C4. Other Income</b>		19,552				19,552	
<b>C. Total Income = SUM(C1..C4)</b>		19,552				19,552	
<b>D. Total Funding = B +C</b>		19,552				19,552	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		19,552				19,552	
<b>E. Expenditure</b>		-19,552				-19,552	
<b>F. Closing Balance = (B + C + E)</b>		0				0	

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**III. Expenditure**

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>155,608</b>			<b>155,608</b>		
<b>Relief items, Construction, Supplies</b>								
Teaching Materials	2,963						2,963	
<b>Total Relief items, Construction, Sup</b>	<b>2,963</b>						<b>2,963</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	2,964						2,964	
<b>Total Land, vehicles &amp; equipment</b>	<b>2,964</b>						<b>2,964</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	69,399		1,051			1,051	68,348	
<b>Total Logistics, Transport &amp; Storage</b>	<b>69,399</b>		<b>1,051</b>			<b>1,051</b>	<b>68,348</b>	
<b>Personnel</b>								
National Society Staff	8,614		835			835	7,780	
Volunteers	35,492		353			353	35,139	
<b>Total Personnel</b>	<b>44,106</b>		<b>1,188</b>			<b>1,188</b>	<b>42,919</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	10,381		8,773			8,773	1,608	
<b>Total Workshops &amp; Training</b>	<b>10,381</b>		<b>8,773</b>			<b>8,773</b>	<b>1,608</b>	
<b>General Expenditure</b>								
Travel	5,581		3,495			3,495	2,086	
Information & Public Relations			112			112	-112	
Communications	8,840		1,989			1,989	6,850	
Financial Charges	494		1,751			1,751	-1,257	
Other General Expenses	1,383						1,383	
<b>Total General Expenditure</b>	<b>16,298</b>		<b>7,347</b>			<b>7,347</b>	<b>8,951</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recovt	9,497		1,193			1,193	8,304	
<b>Total Indirect Costs</b>	<b>9,497</b>		<b>1,193</b>			<b>1,193</b>	<b>8,304</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>155,608</b>		<b>19,552</b>			<b>19,552</b>	<b>136,056</b>	
<b>VARIANCE (C - D)</b>			<b>136,056</b>			<b>136,056</b>		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	155,608		19,552	19,552	19,552	0	
Subtotal BL2	155,608		19,552	19,552	19,552	0	
<b>GRAND TOTAL</b>	<b>155,608</b>		<b>19,552</b>	<b>19,552</b>	<b>19,552</b>	<b>0</b>	