
DREF operation n° MDRSS002
GLIDE n° EP-2013-000137-SSD
27 June, 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 168,065 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 25 October, 2013 to support South Sudan Red Cross Society (SSRC) in delivering immediate assistance to some 525,749 beneficiaries.

An active outbreak of polio is currently taking place in the Horn of Africa region and South Sudan is at high risk of a polio outbreak, given its borders with Kenya and Ethiopia and low rates of vaccination coverage.

With support from the DREF, SSRC supported two rounds of emergency polio immunization in South Sudan in November and December 2013 through implementation of mapping, social mobilization and post-campaign surveillance activities. The DREF operation took place in 24 counties in 3 states (West, Central and East Equatoria) of South Sudan; which are high risk areas that border Kenya and Ethiopia (where other Wild poliovirus type 1, WPV1, cases have been reported).

All activities planned were carried out, with overspends on volunteer and National Society staff lines as a result of under-estimating the required human resources to carry out the social mobilization campaign. In addition, all volunteers were provided South Sudan Red Cross T-shirts for visibility and identification, resulting in an overspend on the Information and Public Relations line. A balance of CHF 11,880 will be returned to DREF.

The Netherlands Red Cross/ Netherlands government contributed to the replenishment of the allocation made to this operation. The major donors and partners of this 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.



A polio supervisor for the South Sudan Red Cross, works with a local team of volunteers during a Polio vaccination programme in Juba. Photo/Susan Onyango/IFRC

The IFRC, on behalf of SSRC, would like to extend its thanks to all for their generous contributions. Details of DREF contributions are found on: <http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>

[<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 immunizing every child until transmission stops as well as rapid response through vaccination campaigns to control the outbreak.

South Sudan 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. An active outbreak of Polio is currently taking place in the region, which is likely to be prolonged and to spread quickly, requiring vigilance and urgent coordinated action by member states and between national and international partners.

South Sudan is at high risk of a polio outbreak, given its borders with Kenya and Ethiopia (where active cases are reported) and low rates of vaccination coverage. Three cases had been reported in South Sudan, but were retracted on 26 October 2013 due to laboratory error.

525,749 children under five in 24 Counties in 3 States (West, Central and East Equatoria) of South Sudan were targeted through the DREF operation to support two rounds of national emergency polio immunization in November and December 2013. The DREF operation has also provided a foundation for SSRC to leverage future funding from other partners (including WHO/UNICEF) in support of further rounds of vaccination in 2014.

Red Cross and Red Crescent action

SSRC is a member of the national Polio Task Force (led by the Ministry of Health (MOH) and health working groups. SSRC has been involved in the planning for the polio response and MOH requested SSRC to support social mobilization for vaccination and monitoring of the vaccination coverage in high risk and inaccessible areas.

IFRC Regional Office for Eastern Africa and Indian Ocean Islands (EAIOI) convened a regional Polio planning meeting of eight countries – including South Sudan – in Nairobi between 17 and 18 October 2013. National Societies, Ministries of Health and partners including WHO, UNICEF, ICRC, Centres for Disease Control (CDC) and Bill and Melinda Gates Foundation (BMGF) attended and 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, South Sudan was requested to assist MOH with social mobilization activities in the country, focusing on the most high risk and inaccessible areas of West, Central and East Equatoria.

SSRC mobilised volunteers from 24 Counties West, Central and East Equatoria States and, with support from IFRC, trained 52 supervisors in mapping, social mobilization and surveillance methodologies and use of mobile information technology between 11 and 12 November 2013. Up to 840 SSRC volunteers were

subsequently identified and recruited by these supervisors and trained on 16 November 2013 for participation in two subsequent rounds of national polio immunisation in November and December 2013.

IFRC provided technical support to SSRC through its country, regional and zone structures during the DREF operation. The IFRC regional health delegate provided extensive technical support in mapping, social mobilization and surveillance methodologies and use of mobile information technology while the IFRC Country Office ensured close monitoring and reporting of the intervention.

Achievements against outcomes

Emergency Health	
Outcome: To reduce Polio morbidity and mortality and prevent Polio transmission among 525,749 children in 24 Counties in 3 States (West, Central and East Equatoria) of South Sudan	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Round 1 immunisation has been undertaken in 3 States (West, Central and East Equatoria) of South Sudan with logistics support and monitoring of community coverage from ERCS. 	<ul style="list-style-type: none"> <i>Logistics support:</i> Three branches provide logistics support to Ministry of Health Polio vaccination teams during Round 1 of vaccination. <i>Independent monitoring:</i> SSRC Supervisors will conduct independent monitoring of immunisation coverage of children under five during Round 1 of vaccination.
<ul style="list-style-type: none"> Micro-planning for delivery of household and community-based activities have been completed and verified for 24 Counties in 3 States (West, Central and East Equatoria) of South Sudan for preparation of Round 2 of immunisation. 	<ul style="list-style-type: none"> <i>National and State micro-planning:</i> 1 national micro-planning and mapping training is completed for 3 States. <i>County micro-planning:</i> 24 County-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. <i>Village mapping and reporting:</i> Mapping of villages omitted from desktop micro-planning exercises is completed by South Sudan Red Cross district teams using mobile phone based mapping and reporting tool (Magpi).
<ul style="list-style-type: none"> 525,749 households in 24 Counties in 3 States (West, Central and East Equatoria) received household or village level education and social mobilisation during Round 2 for Polio prevention. 	<ul style="list-style-type: none"> <i>Training of supervisors:</i> Identify and train 52 South Sudan Red Cross Society supervisors (1 per 10 volunteer teams) in 24 Counties of West, Central and East Equatoria States. <i>Training of volunteers:</i> Identify and train 1,031 South Sudan Red Cross Society community volunteers (2 per team) in 24 Counties of West, Central and East Equatoria States. <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 2,062 volunteer days). <i>Polio awareness and social mobilization radio campaign:</i> Production of radio jingles and messages to be broadcasted in 3 states in South Sudan for increasing awareness and mobilization purposes. The key messages will be delivered in Arabic language. One radio jingle will be run 3 times per day for 10 days in the targeted 3 states.
<ul style="list-style-type: none"> Household-based cross sectional survey of education and Round 2 campaign coverage is completed, indicating level of community awareness and coverage of immunization campaign. 	<ul style="list-style-type: none"> <i>Survey training:</i> 52 teams (one supervisor and one volunteer per team) training in survey methodology. <i>Coverage survey:</i> 52 teams visit two villages each day across all Counties and survey 20 households per village (over four days).

Impacts: During the response operation, SSRC mobilized volunteers from 24 Counties in West, Central and East Equatoria States and with support from IFRC, trained 52 supervisors in mapping, social mobilization and surveillance methodologies and use of mobile information technology from 11 to 12 November 2013. Subsequently, 840 SSRC volunteers were identified and recruited by these supervisors and trained on 16 November 2013 for participation in two subsequent rounds of national polio immunization in November and December 2013.

Micro-planning of target payams was completed by SSRC as well as mapping of population groups missed during previous vaccination rounds. House to house and community mobilization took place during the November and December immunization rounds to raise awareness of the vaccination campaigns. Additionally, 24 County-level micro-plans were completed with MOH and partners between 11 and 12 November 2013. Accurate micro-planning of target households and population groups not included in census data (for example nomadic and cross-border populations), was essential to ensure all children under five were vaccinated and adequate immunity was reached.

A post-campaign coverage survey of both education and vaccination coverage was completed by SSRC across all counties. The results of this survey will be reported separately.

This polio DREF operation has served a proof of concept for the application and use of mobile information technology to inform polio programming and provided a foundation for SSRC to leverage future funding from WHO/UNICEF in support of further rounds of vaccination in 2014.

Three branches were unable to provide logistics support to the Ministry of Health Polio vaccination teams due to the short timeline from DREF approval to implementation of Round 1 vaccination.

Challenges:

- A discrepancy in rates of payment for social mobilization occurred between SSRC and the County health authority in Kajo-keji. There is a need to harmonize the rates of per diem and transport between SSRC, MOH and other partners in the future to avoid these differences.
- Some households in Northern Bari payam, Juba County refused vaccination of their children, due to misconceptions that the polio vaccine would make children infertile. This highlights the importance of community education and awareness by SSRC and MOH to overcome such misperceptions.
- Some MOH vaccinators did not observe appropriate infection control procedures and were observed to place the nipple of the vaccine bottle in the mouth of children rather than placing drops in the childrens' mouths. MOH vaccinators should be trained on appropriate infection control during vaccination.
- Some MOH vaccinators vaccinated all children regardless of the target age group (under five years). MOH vaccinators should be appropriately trained on how to identify and target children under five years to avoid vaccine wastage.
- Vaccine shortages were observed in some counties of Western Equatoria State, especially Mundri East. MOH should preposition sufficient vaccine stocks in each county during future campaigns.
- Inadequate supervision of MOH vaccinators meant some areas were missed during vaccination rounds. MOH should review monitoring of vaccinator schedules and work-plans, and consider employing new tools - such a mobile information technology - to assist in monitoring and decision making during implementation.
- An insufficient number of MOH vaccinators meant some areas were missed during vaccination rounds. MOH should consider increasing the number of vaccinators in some areas to achieve adequate coverage.
- MOH vaccinators lacked communication and social skills in some areas. Some communities complained that vaccinators were rude and did not introduce themselves appropriately. MOH should train vaccinators in appropriate communication and social skills for community and household vaccination campaigns.

- Some MOH vaccinators in Central Equatoria State provided polio vaccine dose according to the age group. MOH should train vaccinators on appropriate administration of vaccine and their dosages.

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.

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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.

Disaster Response Financial Report

MDRSS002 - Republic of South Sudan - Polio Outbreak

Timeframe: 25 Oct 13 to 31 Jan 14

Appeal Launch Date: 25 Oct 13

Final Report

Selected Parameters

Reporting Timeframe	2013/10-2014/4	Programme	MDRSS002
Budget Timeframe	2013/10-2014/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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
A. Budget		168,065				168,065	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		168,065				168,065	
C4. Other Income		168,065				168,065	
C. Total Income = SUM(C1..C4)		168,065				168,065	
D. Total Funding = B +C		168,065				168,065	

* 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. Opening Balance							
C. Income		168,065				168,065	
E. Expenditure		-156,185				-156,185	
F. Closing Balance = (B + C + E)		11,880				11,880	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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	
BUDGET (C)			168,065			168,065		
Relief items, Construction, Supplies								
Teaching Materials	7,833						7,833	
Total Relief items, Construction, Sup	7,833						7,833	
Land, vehicles & equipment								
Computers & Telecom	2,964		1,598			1,598	1,365	
Total Land, vehicles & equipment	2,964		1,598			1,598	1,365	
Logistics, Transport & Storage								
Distribution & Monitoring			518			518	-518	
Transport & Vehicles Costs	57,508		15,810			15,810	41,697	
Total Logistics, Transport & Storage	57,508		16,329			16,329	41,179	
Personnel								
National Society Staff	9,234		34,119			34,119	-24,884	
Volunteers	36,725		84,923			84,923	-48,198	
Total Personnel	45,959		119,041			119,041	-73,082	
Workshops & Training								
Workshops & Training	10,485		452			452	10,033	
Total Workshops & Training	10,485		452			452	10,033	
General Expenditure								
Travel	27,964		3,844			3,844	24,120	
Information & Public Relations	2,964		8,185			8,185	-5,222	
Communications	255		266			266	-11	
Financial Charges	494		-3,159			-3,159	3,653	
Other General Expenses	1,383						1,383	
Shared Office and Services Costs			96			96	-96	
Total General Expenditure	33,059		9,232			9,232	23,827	
Indirect Costs								
Programme & Services Support Recove	10,257		9,532			9,532	725	
Total Indirect Costs	10,257		9,532			9,532	725	
TOTAL EXPENDITURE (D)	168,065		156,185			156,185	11,880	
VARIANCE (C - D)			11,880			11,880		

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Budget Timeframe	2013/10-2014/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	168,065		168,065	168,065	156,185	11,880	
Subtotal BL2	168,065		168,065	168,065	156,185	11,880	
GRAND TOTAL	168,065		168,065	168,065	156,185	11,880	