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DREF operation update Ethiopia: Polio Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRET012 GLIDE n° EP-2013-000137-ETH Update n°1 – 24 January 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 and Red Crescent emergency response. 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.

Period covered by this update: 25 October to 8 January 2013.

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 poliovirus were confirmed in Ethiopia in 2013 and the immediate priority was therefore to stop the outbreak through repeated rounds of polio immunisation.

The first round of immunisation was planned by the Ethiopia Federal Ministry of Health (FMOH) to take place during the week beginning 11 November 2013, but was delayed until 20 to 24 December 2013. With support from the DREF; ERCS supported FMOH by training and enhancing the capacities of polio supervisors on 28–29 November 2013.

A total of 49 polio supervisors from 5 Zones (Warder, Korahe, Gode, Afder and Liben) of Somali region were trained in social mobilisation, mapping and surveillance methodologies in support of polio programming and response. The location of the current polio outbreak in Ethiopia is the Somali region which has low routine immunisation coverage and is a high risk and inaccessible area bordering Somalia.

This operation update informs of a request from Ethiopia FMOH to ERCS following the training and capacity building of polio supervisors by ERCS on 28–29 November 2013, Somali Regional Health Bureau (SRHB) requested that ERCS not participate in further planned activities of mapping, social mobilisation and surveillance during the polio immunisation campaign, and as a result therefore, the remaining activities under the DREF operation will not be implemented.

The FMOH and Somali Regional Health Bureau (SRHB) however acknowledged the work of ERCS in training and capacity building of polio supervisors, including the introduction of mobile information



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

technology.

The operation implementation period is three months and thus ends on 25 January 2014, and a final report will therefore be made available by 25 April 2014.

The Canadian Red Cross and Government, Netherlands Red Cross and Government, European Commission Humanitarian Aid and Civil Protection (DG ECHO) have contributed to replenish the DREF 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 to view contact details and here for the interim financial report>](#)

The situation

Six cases of wild poliovirus type 1 (WPV1) were confirmed in Ethiopia in 2013. 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 FMOH to support the emergency response to this outbreak with social mobilisation activities. The first round of immunisation was planned by 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, therefore the remaining activities under the DREF had to be cancelled.

Coordination and partnerships

ERCS is a member of the National Polio Task Force and a key partner of Ministry of Health in Polio planning and response.

The Global Polio Eradication Initiative (GPEI) is co-ordinating international and national partners, including World Health Organization (WHO), UN Children’s Fund (UNICEF), Bill and Melinda Gates Foundation (BMGF), Rotary and Centres for Disease Control (CDC) to support Horn of Africa member states in their Polio outbreak response activities. WHO has the mandate to provide technical support to member states and oversee surveillance of Polio outbreaks. UNICEF has a mandate to provide supply chain of vaccine stocks and communications for polio vaccination campaigns. CDC and BMGF provide technical support to member states in vaccination activities. .

IFRC East Africa and Indian Ocean Islands (EAIOI) regional office is providing technical support and guidance in the implementation of Red Cross Polio activities, including micro-planning and mapping of inaccessible areas.

The Red Cross Red Crescent (RC/RC) movement is working closely with other international agencies in Ethiopia, including the FMOH, CDC, UNICEF, WHO, BMGF and Rotary to ensure activities are aligned and

complement the national Polio plan of action. The IFRC Country Office is working closely with partners in country to ensure co-ordination, advocacy and information sharing (as part of the UN Humanitarian Coordination Group) and in supporting the ERCS to ensure effective management and oversight of the intervention.

UNICEF regional and zone communications focal points attended the recent training for supervisors and helped to facilitate individual working groups. SRHB supported the organization of the training and recruitment of supervisors.

Red Cross and Red Crescent action

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.

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

IFRC, through its country, regional and zone structures provided technical support to ERCS during this planning and training. In particular, the regional health delegate provided technical support in-country for planning, training, and overseeing the micro-planning and mapping exercises. The IFRC Country Office ensured close monitoring of the intervention. The IFRC Zone Communications Manager facilitated the recent training for supervisors and assisted in revising polio messaging materials to be provided by Red Cross volunteers.

Progress towards outcomes

Emergency Health and Care

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.	
Outputs (expected results)	Activities planned
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"> • <i>National and Zonal micro-planning:</i> 1 national micro-planning and mapping training is completed for 5 Zones. • <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. • <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.
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"> • <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. • <i>Training of volunteers:</i> Identify and train 996 Ethiopia Red Cross Society community volunteers (2 per team) in 28 Woredas of Somali Region. • <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

	<p>(total of 1,898 volunteer days).</p> <ul style="list-style-type: none"> • <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.
Household-based cross sectional survey of education and campaign coverage is completed, indicating level of community awareness and coverage of immunization campaign.	<ul style="list-style-type: none"> • <i>Survey training: 50 teams (one supervisor and one volunteer per team) training in survey methodology.</i> • <i>Coverage survey: 50 teams visit two villages each day across all Woredas and survey 20 households per village (over four days).</i> <i>The coverage survey will measure:</i> <ul style="list-style-type: none"> ✓ household coverage of RC visit / education ✓ children under five coverage of immunisation

Progress: A two day polio supervisors training was conducted between 28 and 29 November 2013 in Jijiga, Somali region of Ethiopia. In total, 49 polio supervisors (1 per 10 volunteer teams) from 32 woredas and five zones (Afdar, Shabele, Dollo, Korahe, Liben) of Somali region were recruited and trained.

The 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.

The Micro-planning, social mobilisation, supervision and mapping training was completed for 5 Zones, with 32 Woreda-level micro-plans completed through joint effort by FMOH and partners. The Micro-planning of households and populations was completed to ensure that adequate coverage was reached.

For the survey exercise, 49 ERCS teams (1 supervisor and 1 volunteer per team) were trained in post-campaign survey methodology.

Challenges: The polio immunisation campaign was postponed by FMOH and SRHB, which resulted 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. SRHB assisted ERCS in identification and recruitment of polio supervisors. Following polio supervisor training, SRHB requested that ERCS not participate in further planned activities of mapping, social mobilization and surveillance during the polio immunization campaign, with the consequence that the remaining activities of the DREF operation had to be cancelled.

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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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

MDRET012 - Ethiopia - Polio Outbreak

Timeframe: 25 Oct 13 to 25 Jan 14

Appeal Launch Date: 25 Oct 13

Interim Report

Selected Parameters

Reporting Timeframe	2013/10-2013/12	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
A. Budget		155,608				155,608	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		155,608				155,608	
C4. Other Income		155,608				155,608	
C. Total Income = SUM(C1..C4)		155,608				155,608	
D. Total Funding = B + C		155,608				155,608	

* 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		0				0	
C. Income		155,608				155,608	
E. Expenditure		-19,561				-19,561	
F. Closing Balance = (B + C + E)		136,047				136,047	

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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	
BUDGET (C)			155,608			155,608		
Relief items, Construction, Supplies								
Teaching Materials	2,963						2,963	
Total Relief items, Construction, Sup	2,963						2,963	
Land, vehicles & equipment								
Computers & Telecom	2,964						2,964	
Total Land, vehicles & equipment	2,964						2,964	
Logistics, Transport & Storage								
Transport & Vehicles Costs	69,399		1,051			1,051	68,348	
Total Logistics, Transport & Storage	69,399		1,051			1,051	68,348	
Personnel								
National Society Staff	8,614		820			820	7,794	
Volunteers	35,492		353			353	35,139	
Total Personnel	44,106		1,174			1,174	42,933	
Workshops & Training								
Workshops & Training	10,381		8,773			8,773	1,608	
Total Workshops & Training	10,381		8,773			8,773	1,608	
General Expenditure								
Travel	5,581		3,531			3,531	2,050	
Information & Public Relations			112			112	-112	
Communications	8,840		1,989			1,989	6,850	
Financial Charges	494		1,737			1,737	-1,243	
Other General Expenses	1,383						1,383	
Total General Expenditure	16,298		7,370			7,370	8,928	
Indirect Costs								
Programme & Services Support Recovt	9,497		1,194			1,194	8,303	
Total Indirect Costs	9,497		1,194			1,194	8,303	
TOTAL EXPENDITURE (D)	155,608		19,561			19,561	136,047	
VARIANCE (C - D)			136,047			136,047		

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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	155,608	0	155,608	155,608	19,561	136,047	
Subtotal BL2	155,608	0	155,608	155,608	19,561	136,047	
GRAND TOTAL	155,608	0	155,608	155,608	19,561	136,047	