DREF Operation-Final Report

Malawi | Polio outbreak

DREF Operation n° MDRMW016	**Glide number: EP-2022-000181-MWI**
Operation start date: 05 March 2022	**Operation end date: 30 September 2022**
Host National Society(ies): Malawi Red Cross Society (MRCS)	**Operation budget: CHF 300,080**
Number of people affected: 1 confirmed Polio case in Lilongwe district	**Number of people assisted:** 2,125,324 people in 6 districts, *749,605 people with direct volunteers visits.*
Red Cross Red Crescent Movement partners currently 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: UNICEF, WHO, CDC, and the Malawi Government	

The major donors and partners of the Disaster Response Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Malawi Red Cross Society (MRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

Malawi's Ministry of Health reported a confirmed case of Type 1 wild poliovirus (WPV1) in Lilongwe district on 17 February 2022 which was followed by a declaration of an outbreak by the Head of State. This was the first case since 1992 and it was also the first detection of a case of WPV1 in Africa since 2016. The African continent had 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 that was circulating in Pakistan's Sindh Province in 2019, indicating that this was 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 an effective and at-scale response to prevent spread.
Following this development, the Ministry of Health, with support from partners, put in place strategies for the elimination of polio in the country which are in line with the World Health Organization (WHO) through the Global Polio End Game Strategy. Ministry of Health had already developed a National Expanded Programme on Immunization (EPI) which dealt with vaccine-preventable diseases including Polio, Measles, and Neonatal Tetanus. These diseases are undergoing eradication and elimination. Immunization of all children is a key health priority area of the Government of Malawi as outlined in the Second Health Sector Strategic Plan (HSSP II) and the Third Malawi Growth and Development Strategy (MGDS III). Through the HSSP II, which is operationalized through the Essential Health Package (EHP) (2017-2022)1 and several issue specific strategic plans such as the Multi-Year Plan for the Expanded Program on Immunization (2017-2021), the Government has committed itself to improve access, equity and quality of primary, secondary and tertiary health services. Immunization is a key area under primary and preventive health.

Malawi's Expanded Program on Immunization (EPI) has been one of the most successful in Africa, although immunization coverage has trended downwards since 2014. The national EPI program primarily covers children below one year of age, through a strong community outreach program, which has significantly improved coverage of immunization services. For many years, the program has sustained a high coverage of immunization above 80%, High immunization rates in Malawi have resulted in reduced burden of vaccine preventable infectious diseases. The percentage of children aged 12-23 months in Malawi who have received all basic vaccinations declined from 82% in

1992 to 64% in 2004 before surging to 81% in 2010. Between 2010 and 2015/16, the percentage dropped slightly to 76%. During this same period, the proportion of children who received no vaccinations remained low between 2% and 4%, (Source: Malawi Demographic &and Health Survey, (MDHS) (2015-/16).
Malawi administered over 90% of the planned vaccination targets in three out of four categories of traditional vaccines. In 2021, Government successfully administered traditional vaccines with OPV being the highest as 95% of the planned OPV was administered. BCG had the lowest execution rate with 88% of the planned vaccination rolled out. (UNICEF: Expanded Programme on Immunization (EPI) & COVID-19 Vaccination MALAWI BUDGET BRIEF -2021 – 2022).

Like many other countries in the world, Malawi provides a Polio Vaccine that targets Poliovirus 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 its introduction in 2018 as vaccines are the most effective and available prevention strategy for this disease, in addition to improved water and sanitation practices.

In this response, the Malawi Government through the Ministry of Health launched vaccination campaign for polio which was done in four rounds; Round 1;(21-24 March 2022), Round 2 ;(21-24 April 2022), Round 3; 11-14 August 2022) and Round 4; (13-16 October 2022). The vaccination campaign targeted 2.9 million children of 0-5 years. This operation contributed to scale-up the achievements for these vaccination plan.

Summary of response

Overview of Host National Society

Malawi Red Cross Society (MRCS), with its auxiliary role to the Government, continued to work hand in hand with Ministry of Health in social Mobilisation and polio messaging activities. In this Response, through the Disaster Response Emergency Fund (DREF) Polio Project, MRCS trained 600 volunteers, 60 health workers and 30 staff members who were implementing social mobilisation and polio messaging activities such as providing awareness on the importance of the polio vaccine and how to address myths and misconceptions related to polio in 6 districts within the country. MRCS has also supported Ministry of Health in mobilising communities for Vaccination through radio programs and other awareness activities. More specifically, MRCS has achieved the following:

- *Media Orientations*: The National Society 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 (31,988F 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.

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

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent (IFRC) and Partner National Societies (PNCs) have established offices in Malawi. In this Polio DREF Project, MRCS has been working closely with different Red Cross Movement (RCM) members 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 has advocated for integration of Polio in existing programmes.

Overview of non-RCRC actors in country

To reduce the spread and further risks, and in line with the WHO guidance and the International Health Regulations (IHR), the country worked very closely with the neighbouring countries, as these countries were also at risk of these outbreaks.

Within the country's jurisdiction, the government through the Ministry of Health (MoH) established an Emergency Operation Centre (EOC) where partners (including MRCS) met daily to deliberate on potential plans and strategies of responding to the Polio outbreak. Several Sub-committees such as Surveillance, service delivery, logistics & Supply, Social Working RCCE Groups etc. were established to provide specific support to the intervention.
Ministry of Health also developed Risk Communication Plan and Supplementary Immunization activities (SIA) implementation plan wherein MRCS also participated actively in the processes. The 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 the communities. There were also existing rumours and hesitancy with COVID-19 vaccine versus the Polio vaccination campaign. In addition to that, the Ministry of Health, with support from the WHO, started a national campaign on Supplementary Immunization.

The first and second rounds were completed in March and April respectively. Two (2) more rounds were implemented in July and August 2022.

Needs analysis and scenario planning.

Need analysis.

Analyses show that WPV1 mostly exists in communities where vaccination coverage is very poor. The virus is associated with low levels of polio vaccination (including in small, concentrated pockets of un- or under-immunized people of all ages), and poor water and sanitation infrastructure that allows for the contamination of drinking water with faecal 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.
Secondary sources also revealed that high population movements across the neighbouring 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 show that the girl who was identified with polio, did not complete her polio vaccination schedules. 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.

Risk Analysis

- Several health challenges faced in the same period in the country:

Malawi has been hard hit by COVID 19 pandemic since December 2019. While still grappling with the impacts of the Covid-19, the country found itself in a Cholera outbreak as of March 2022. The Ministry of Health (MoH), as the responsible arm, has been responding to the COVID 19 and cholera outbreaks and the resurgence of Polio outbreak disrupted the fight against COVID 19 and Cholera, hence overstretching the overstrained Ministry of Health. Against this background, at the onset of Polio DREF implementation, the Ministry of health failed to support the implementation fully and implementation of activities delayed. However, MRCS continued to engage MoH and participated in Emergency Operation Centres (EOC) surveillance and health Cluster meetings to provide information on progress of the project, challenges, and plans both at district and National level. MRCS also built the capacity of Health Surveillance Assistants (HSAs) to be able to support surveillance of Polio suspected cases. Furthermore, during Polio sensitisation sessions, issues of COVID 19 and Cholera prevention were also integrated taking advantage of the fact that most of the preventive measures are similar.

- Another challenge anticipated was the hesitancy and misunderstanding of affected communities to take polio vaccine at the beginning of the project.

At the start of the campaigns, communities became confused and had misconceptions as to why they needed to have their children vaccinated against polio again as routine vaccination schedules were still in force. There were also misunderstandings on why one case of polio could be of public health concern that needed extra efforts by communities. MRCS made efforts to raise awareness amongst media personnel and the traditional authorities and took that opportunity to define their roles in prevention of Polio, COVID 19, and Cholera. In addition, radio Program helped to clear the highlighted misunderstandings as communities were given chance to ask question during the airing. The role of volunteers in supporting HSAs helped to reach more people than planned.

- Reported agenda for the vaccinations campaign.

In a course of the operation, the month for the third round of vaccination has been changed from June to July 2022 necessitating a timeframe extension as highlighted above. Thankfully, the operation was initially 4 months, given space for an extension of 2 months. The DREF extension has allow the National Society to participate and support the 3rd and 4th rounds of vaccination campaigns. Proactively, NS has also increased the social mobilization and communication with benefit of the weeks between the various campaigns. Contributing to the number of people reached.

B. OPERATIONAL STRATEGY

Strategy

Malawi Red Cross implemented the polio response project based on the Polio Response plan that was developed in collaboration with Ministry of Health. Therefore, MRCS intervention main goal was to work on the Social and Behaviour change, being one aspect of that plan. The response targeted 6 districts namely; Dowa, Lilongwe, Mulanje, Mangochi, Mzimba and Mzuzu The MRCS response helped to address the community needs in terms of knowledge as found by

the assessment that was carried out by Ministry of Health. Following the initial plan, MRCS has been focused on implementing the strategy initially adopted in the EPoA which remained unchanged.
The Ministry of Health changed their third round of vaccination from June to July 2022, resulting in the need for Malawi Red Cross to extend the implementation timeframe of the operation by two months to cover the 3rd and 4th rounds of the vaccination campaigns. The contribution of MRCS on the vaccination campaign was effective and contributed to the increased vaccination as a result of the proactive and adaptative strategy in place, a good feedback management, a sensitive risk communication and social mobilisation, diverse communication support matching the preferences of communities etc.

MRCS was continuously collecting feedback from the communities and this feedback was used to address issues in the community. Strategies like Radio Programs and van publicity were intensified to ensure information reaches to a larger population than planned. Again, due to misconceptions and myths that were discovered during feedback collection, MRCS modified the awareness to target local leaders and religious leaders at higher and lower level since they are the custodians of culture, so that they could explain better to their subjects on the importance of the vaccines. This seemed to have worked well as the turnout at vaccination points was reported to have increased upon engaging the local leadership. MRCS staff at all levels were also oriented on the disease and how they can prevent themselves and their communities. The detailed implementation plan is presented in the Response. The detailed implementation plan is presented in the Emergency Plan of Action (EPoA) for the Polio Response.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 2,125,324 people (472,294 households)

Male: 1,048,284

Female: 1,077,040

Outcome 1: Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening

Indicators:	Target	Actual
% Of affected households reached with polio services.	107,482 80%	472,294
Output 1.1: Communities bordering at-risk areas are sensitised on the occurrence of polio case 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.	604,588	2,125,324
# Of frontline health workers (HSAs & Volunteers) oriented on IPC focusing on polio	115	690
Output 1.2: Communities mobilised to enhance community-based surveillance.		
# Of volunteers supported to enhance community-based surveillance	600	600
% Of CBS alerts responded to by authorities within 24 hours	100%	100%
% Of CBS volunteers who are active (based on zero report schedule)	>95%	100%
Output 1.3: Adoption of prevention measures		
# Of volunteers engaged in Polio prevention activities	600	600

Narrative description of achievements

MRCS implemented the DREF Polio MDRMW016 project in collaboration with Ministry of health based on Polio response plans which were developed in line with Ministry of health plans. Therefore, the operation involved Health workers from MoH and MRCS branches and HQ human resources for a total of 690 people deployed across the targeted areas to achieve the above-mentioned results. Include 30 staff, 600 volunteers, 60 HSAs Volunteers focus on social mobilization, capacity building, and awareness rising on Polio vaccination across the 6 target districts. Choler pocket guides were developed and printed for easy use by volunteers and this helped the volunteers during house to house visits.

MRCS reached out to 472,294 Households (2,125,324 people) with different messages related to the polio eradication campaign and routine immunization made of 1,077,040 females and 1,048,284 males: (Lilongwe; 468348, Mzuzu:110,123, Mzimba: 350,000; Mulanje: 200,000, Dowa; 320,000 and Mangochi 676,853). This achievement beyond the target was attributed to the multifaceted approach to the campaign which employed multiple media channels to complement each other's shortfalls. Hence, various communication channels were used, complementing the volunteer's door to door visits.

- In total, an estimated 2,125,324 people were reached against a target of 604,588 mainly due to the use of radio channels. 8 radio stations across the implementing districts aired jingles and conducted phone-in programs, an interactive educative session contributing also to collect and address feedback from the communities.
- About 327,119 people (161,321F; 165,798M) were reached through van publicity. A total of 88,792 households were reached through door the door visits totalling to 399,564 people (197,048 F and 202,516 M).
- In addition, more awareness activities were conducted than planned as a positive result of the postponed vaccination period by Ministry of Health. Providing space for more social mobilization and communication. See pictures of some of the activity photos below:

Polio vaccination and finger marking in Lilongwe

Project staff verifying finger marking for polio vaccination In Mzimba

Household visit Mzuzu

Volunteer marking Household that has received Vaccine Mzuzu

Volunteer training in Mangochi

Volunteer marking a finger for a child who has received vaccine in Lilongwe

All volunteers were insured during the project implementation period. MRCS procured 600 Bibs and 800 T-Shirts for visibility as well as protective equipment for the volunteers. MRCS hired 1 vehicle for Mulanje district to ease transport challenges during the implementation of the project.

MRCS was part of the Polio Coordination Team at National and district level, attending weekly and Bi-monthly surveillance and Health cluster meetings. MRCS participated in 48 meetings since the start of the polio epidemic. 93 People (52M; 41F) from 20 Media houses were capacitated on Polio Messaging to standardise messages on Polio. Malawi Red Cross Society engaged communities through use of community feedback forms which were administered during door-to-door visits, and the data collected was submitted to a centralized repository using the ODK platform. MRCS procured and distributed 6 phones and 1 desktop for data collection. 60 (19M; 41F) volunteers were trained on the ODK data collection tool compared to the planned 12 volunteers because project areas were later noted to be wide.

MRCS also used the Helpdesk toll-free line (1134) to collect feedback from volunteers in addition to the ODK data collection tool. Feedback collected was centrally analysed, addressed, and MRCS addressed the issues during subsequent social mobilisation activities. In total 3120 households were interviewed across the 6 implementing districts. In summary, the findings indicated the following.

- 85% of the respondents indicated that door-to-door visit was the most preferred channel of communication.
- 53% of the respondents reported that the decision to get the children vaccinated was influenced by messages from the health workers whilst 43% reported that MRCS messaging from staff/volunteers influenced their decision.

There were some underlying myths and misconceptions regarding the safety of the vaccine. In this regard MRCS engaged key community leaders, religious leaders and other influencers including media to dispel some of the misconceptions and fears.

MRCS conducted 2 documentary sessions instead of one session which was planned. Taking advantage of the extension of the vaccination period by Ministry of health as the project had asked for a no cost extension. At the end of the project, a meeting was conducted to review the implementation of the project and draw lessons that can be used to inform future implementation.

In summary, the project targeted 6 Districts 2 in the South 2 in the centre and 2 in the Northern region of the country and 100 volunteers were deployed in each districts making a total of 600. All the volunteers were ensured and they worked hand in hand with Health Surveillance Assistant. The volunteers helped a lot in community mobilisation for Vaccine as the number of HAS was minimal to reach every household, so volunteers were added to team of vaccination team where they could share roles with the government workers.

Below is the vaccination Trends.

Vaccination Trend

Districts	Round 1	Round 2	Round 3	Round 4
Dowa	100%	114%	92%	91%
Lilongwe	91%	110%	105%	92%

Mulanje	106%	103%	105%	93%
Mangochi	98%	101%	116%	102%
Mzimba	93%	113%	117%	104%
Mzuzu	91%	96%	91%	104%

General Achievements

1. MRCS Interventions contributed to increase in vaccination coverage -Volunteers and HSAs were able to explain the positive impact of social mobilization whereby immunization coverage had gone up. Find success story below;

KHONSOLO SUB DIVISION VOLUNTEERS BOOST IMMUNIZATION COVERAGE

Ministry of Health through Mzimba DHO was implementing SIA activities covering all 7 Traditional Authorities under Mzimba South. During the second round of the campaign the immunization coverage for TA Khonsolo area was at 86 % because HSAs and community mobilizers couldn't conduct door to door visits in all the targetted households due to vastness of the area.

After building the capacity of 14 volunteers and 1 HSA under Khonsolo zone, all the volunteers managed to visit all the households doing polio messaging prior to actual days of the campaigns.

" We made sure that, each and every households was visited whether close or very far from our houses. We used very gathering to dessiminate Polio campaign messages, we had no time to rest, our aim was to ensure that every guardians has received the right message / information, said Boshiwe Nkhata – MRCS zone chairperson"

"The involvement of MRCS volunteers has really boosted up our immunizanisation in our area from 86 % to 112 % because we were able to get all targeted u/5 children in their homes and beyond and other designated areas without challenges. Even during actual days, MRCS volunteers were able to help us with finger and door markings as they move door to door again reminding guardians to stay put in their houses waiting for vaccinators. You have also held yourself, as the volunteers were explaning to your Coms Manager and TVM staff on their commendable work they have done in this area, concluded – Malumbo Mhone (HSA).In the picture – ***a volunteer getting feedback from a households.***

Challenges

- Ministry of Health continued to shift vaccination dates which resulted in extension of the implementation period of the project and MRCS applied for no-cost extension to align itself to the government schedule.
- Another challenge in the implementation of the project was delayed implementation of project activities because Ministry of Health was overwhelmed by two other outbreaks (COVID -19 and Cholera) and could not support implementation of Polio Project on time. MRCS continuously engaged the MOH through different fora (EOC, Health and surveillance clusters) to emphasize the need for support.
- There were some people whose religious belief did not allow their kids to get vaccinated.
- People with hearing challenges were not much considered on messaging. Most of the messages were oral.

Lessons Learnt

- Social mobilisation interventions need to target all levels of Community leadership and influencers as these are custodians of culture as seen by the presence of beliefs, Myths and Misconceptions which were transferred from one outbreak to another.
- In the case of multiple outbreaks, as was the case during the implementation of the project, integration of activities is important to ensure communities keep track on prevention measures.
- Communication and coordination are vital to ensure that all implementing partners at all levels are on the same page.
- Training of local leaders and volunteers enhanced the uptake of knowledge on the advantages of polio vaccination, signs and symptoms of polio among community members.

- Linking MRCS volunteers with the health workers were vital for teamwork and also coordination at community level.
- Message Dissemination to consider people with visual and hearing impairment as they also need to get first-hand information since most of the times rely on relatives to get information.
- Due to the success in the collaboration with Ministry of Health district Office it was recommended that in next operations Volunteers and HSA continue to be trained together so that they can support each other as in such operations HSA tend to be few and volunteers beef up their teams. In each vaccination team volunteer were included.
- Enhanced collaboration with Ministry of Health at National and district level will ensure effective response in future response.
- In future responses consider continuous engagement of key community leaders and influencers at all levels including community structures such as ADC and VDC as these have influence on community members and they can greatly support uptake of information.

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

Indicators:	Target	Actual
% of volunteers involved in the implementation of this operation insured	100%	100%

Output 1.1: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of Volunteers trained in data Collection	12	60
# of documentary films profiling NS response	1	2
% of feedback revised (Target: 90%)	90%	90%
# of assets to support operation (1vehicle to support district Operation)	1	1
# of Surge deployment to support the CSB and strengthen the NS capacity	1	0
# of equipment to support operation (6 Tablets and 1 Desktop)	7	7

Achievements

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

During door-to-door visits, the volunteers administered questionnaires to gather community feedback and the data collected was submitted to a centrally repository using the ODK platform. MRCS bought 6 phones and 1 desktop for data collection and processing. Sixty (60) (19 males and 41 females) volunteers in total were *oriented in ODK data collection tool to support the total of 6 volunteers planned in the project. This* was *done to ensure effective coverage of the project area. The use of the MRCS Helpdesk toll free line (1134) was encouraged as well. Feedback collected* was *centrally analysed, addressed, and provided* feedback *back to the communities.*

D. Financial Report

The overall allocation and budget remained unchanged at CHF 300,080 to be spent within 6 months. CHF 253,030 (84%) was spent as detailed per cost category available in the final financial report with a balance of CHF 47,050 that will be returned to the DREF Pot.

III. Variance explanation by budget category & group					
Description	**Budget**	**Expenditure**	**Variance**	**Variance percentage**	**Explanations**
Logistics, Transport & Storage	**35,256**	**29,826**	**5,430**	**15%**	Vehicle cost for the displacements, travel, supervision and deployment of branches volunteers were less than required.
Storage		0	0	**0%**	
Transport & Vehicles Costs	35,256	29,826	5,430	**15%**	
Personnel	**68,198**	**59,050**	**9,148**	**13%**	The surge was finally not deployed, savings used to extend the branches staff, NDRT and volunteers on the field. Branches RDRT supports and volunteers' deployment required for more weeks than I initially planned in the launch.
International Staff	15,255		15,255	**100%**	
National Society Staff	14,446	19,863	-5,417	**-38%**	
Volunteers	38,497	39,187	-690	**-2%**	
Workshops & Training	**92,037**	**84,684**	**7,353**	**8%**	Final cost of the trainings less than planned in the branches.
Workshops & Training	92,037	84,684	7,353	**8%**	
General Expenditure	**86,275**	**64,027**	**22,247**	**26%**	The important balance of general expenditure and overall operation is the result of surge not deployed and IFRC supervision cost include was finally not fully needed to ensure the monitoring and evaluation. Hence, a lot of savings on vehicle, travel and communications, accommodation was recorded. This, added to the final cost of the information and telecommunication material, printings and educational session which ended being less expensive than planned.
Travel	5,085	1,008	4,077	**80%**	
Information & Public Relations	48,585	44,001	4,585	**9%**	
Office Costs	4,746	4,159	587	**12%**	
Communications	7,563	3,130	4,433	**59%**	
Financial Charges	1,085	1,094	-9	**-1%**	
Other General Expenses	19,210	10,635	8,575	**45%**	
Indirect Costs	**18,315**	**15,443**	**2,872**	**16%**	
Programme & Services Support Recover	18,315	15,443	2,872	**16%**	
Grand Total	**300,080**	**253,030**	**47,050**	**16%**	

Selected Parameters			
Reporting Timeframe	*	Operation	MDRMW016
Budget Timeframe	*	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 17/Mar/2023

All figures are in Swiss Francs (CHF)

MDRMW016 - Malawi - Polio

Operating Timeframe: 05 Mar 2022 to 30 Sep 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**300,080**
DREF Allocations	300,080
Expenditure	**-253,030**
Closing Balance	**47,050**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			**0**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs			**0**
AOF4 - Health	203,668	202,787	**880**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**203,668**	**202,787**	**880**
SFI1 - Strenghten National Societies	73,739	45,509	**28,230**
SFI2 - Effective international disaster management	22,673	4,275	**18,398**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC		458	**-458**
Strategy for implementation Total	**96,412**	**50,243**	**46,169**
Grand Total	**300,080**	**253,030**	**47,050**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	*	Operation	MDRMW016
Budget Timeframe	*	Budget	APPROVED

Prepared on 17/Mar/2023

All figures are in Swiss Francs (CHF)

MDRMW016 - Malawi - Polio

Operating Timeframe: 05 Mar 2022 to 30 Sep 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Logistics, Transport & Storage	**35,256**	**29,826**	**5,430**
Storage		0	0
Transport & Vehicles Costs	35,256	29,826	5,430
Personnel	**68,198**	**59,050**	**9,148**
International Staff	15,255		15,255
National Society Staff	14,446	19,863	-5,417
Volunteers	38,497	39,187	-690
Workshops & Training	**92,037**	**84,684**	**7,353**
Workshops & Training	92,037	84,684	7,353
General Expenditure	**86,275**	**64,027**	**22,247**
Travel	5,085	1,008	4,077
Information & Public Relations	48,585	44,001	4,585
Office Costs	4,746	4,159	587
Communications	7,563	3,130	4,433
Financial Charges	1,085	1,094	-9
Other General Expenses	19,210	10,635	8,575
Indirect Costs	**18,315**	**15,443**	**2,872**
Programme & Services Support Recover	18,315	15,443	2,872
Grand Total	**300,080**	**253,030**	**47,050**

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:

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries): IFRC Africa Regional Office: Beatrice Atieno OKEYO, PMER Coordinator, email: beatrice.okeyo@ifrc.org

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.

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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