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Revised Emergency Plan of Action Operation Update Madagascar: Plague (Epidemic)

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMG013	**GLIDE n° EP-2017-000144-MDG**
EPoA n° 1: November 2017	**Timeframe covered by this update:** 6 October to 30 November 2017
Operation start date: 16 October 2017	**Revised operation timeframe:** 9 months from October 2017 to June 2018
Revised overall operation budget: CHF 2,191,472 from CHF 5 million	**Total DREF amount allocated: CHF 1,000,000** An initial DREF of CHF 363,937 was released for National Society response activities that took place early October followed by a second DREF of CHF 636,063 released to partly cover the costs of the Plague Treatment UNIT (PTU) and the medical team.
N° of people being assisted: 1,2 million people[1]	**Project Manager/Budget Holder IFRC:** In-country Operations Manager, Youcef Ait Chellouche followed by Marshal Mukuvare, DM Delegate, EAIOI CCST
Red Cross Red Crescent Movement partners currently actively involved in the operation: 900 volunteers from the Malagasy Red Cross (MRCS) have been and will be trained or retrained and mobilised in the plague response operation for a total of 9 months. The initial DREF operation supported the activities of 700 volunteers working in ten regions. The National Society has 39 National Disaster Response Teams (NDRT) and Branch Disaster Response Teams (BDRT) and 27 full-time national staff and eight branches. IFRC tools such as FACT, ERU and other technical resources have been deployed to support the National Society in addition to the in-country support received from the ICRC, French Red Cross (and its PIROI[2]), Danish Red Cross, Norwegian Red Cross, German, Swiss, and Italian Red Cross. The Canadian Red Cross and Finnish Red Cross have also provided surge support for this operation.	
Other main partner organizations actively involved in the operation are: WHO, Ministry of Public Health (MoH), the Bureau National de Gestion des Risques et des Catastrophes/ National Office of Risk and Disaster Management (**BNGRC**) from the Ministry of the Interior and Administrative Reform, Institut Pasteur Madagascar (IPM), UNICEF, OCHA, USAID, CDC-Atlanta, the European Centre for Disease and Control (ECDC), the Chinese Centre for Disease and Control (CCDC), MDM and MSF.	

This revised Emergency Appeal seeks a total of 2.19 million Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Malagasy Red Cross Society (MRCS) to deliver assistance to **some 1.2 million people over 9 months** (until June 2018), **to contribute to the reduction in mortality and morbidity due to the plague outbreak in 10 priority regions** (reduced from 22) **through effective prevention, response and capacity building activities**. The focus of the appeal is on Health promotion and Community Engagement and Accountability (CEA) for behavior change, Community-Based Surveillance (CBS), Clinical Case Management through running the Plague Treatment Unit (PTU) and vector control, sanitation and hygiene support. Capacity building activities and trainings are also to be carried in the areas of Psychosocial Support (PSS) and Safe and Dignified Burials (SDB).

Funding Status: The funding gap is currently CHF 1,297,334. We are in discussion with some partners who have indicated potential funding interest for an additional CHF 500,000 Additional resources are urgently required as there is still a significant funding gap which might affect operational continuity"

Summary of major revisions made to emergency plan of action (EPoA):
With the plague caseload decreasing over the last few weeks and the epidemic currently under control, the operational strategy was modified to meet the actual needs on the ground. Therefore, the Emergency Appeal has been revised with budget reduction and scaling down of some immediate response activities, while the capacity building component

[1] The beneficiaries have been selected from 292 plague-affected fokotanys from the 10 affected regions; a fokotany is a basic Malagasy administrative subdivision and include hamlets, villages or neighborhoods.

[2] Plate-forme d'Intervention Régionale de l'Océan Indien (http://piroi.croix-rouge.fr/) the French Red Cross Indian Ocean regional support platform.

is being scaled up and trainings increased to reach over 900 volunteers who will carry out community based and preparedness activities to be able to respond in case of new epidemic peaks.

The highlights of this revision are as follows:

The operation will focus on ten regions (see list below) instead of the 22 regions originally intended.
The timeframe has been decreased from 18 to 9 months (until 17 June 2018)
The budget has been reduced from CHF **5,5 m** to CHF **2,19 m**
The 6 pillar-response strategy will now focus on 4 pillars which are:

1. Health promotion and Community Engagement and Accountability for behavior change.
2. Community-Based Surveillance.
3. Clinical Case Management and running the Plague Treatment Unit (PTU) at the Andohatapenaka Hospital which will be kept on alert, with core staff ready to welcome plague patients and organize training in plague treatment, prevention and control.
4. Vector control, sanitation and hygiene activities.

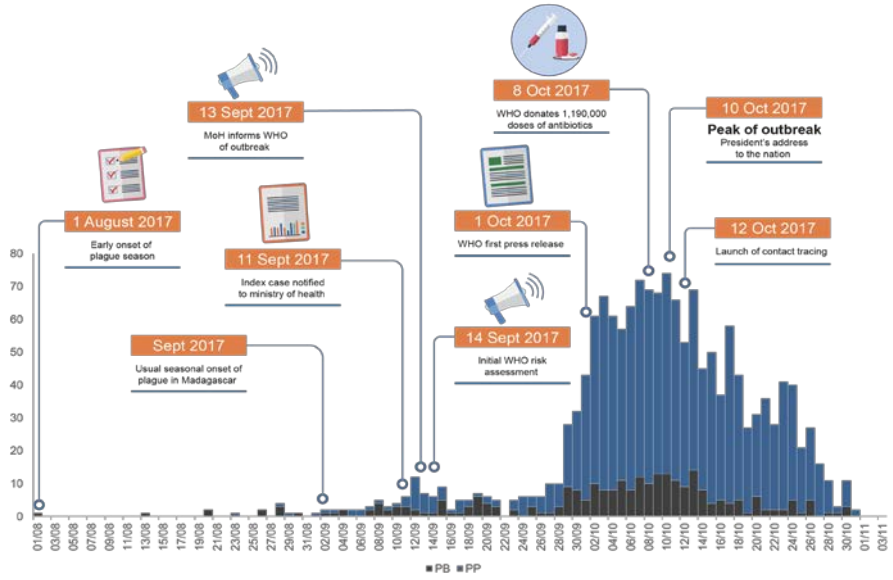
Psychosocial Support (PSS) capacity building, PSS activities and anti-stigma campaigns will also be carried out alongside the four main pillars above. In terms of Safe and Dignified Burials (SDB), 30 staff and volunteers will be trained in SDB preparedness training. However, at this time, burials will only be initiated in case of a high number of plague deaths that the authorities would be unable to handle and subject to the SDB protocol being approved by the authorities.

Key activities to date; 900 volunteers have/ are being trained in CEA, out of which 600 are trained in CBS, 300 in vector control activities, 100 in PSS and 30 staff and volunteers in SDB. Since the plague season usually goes to April, plague cases are still possible to occur, and vigilance must be maintained with a MRCS core national team[3] in place at the PTU ready to treat plague patients and able to continue to train medical and para-medical staff. Overall, the funds of all operational partners are running low whilst support is still needed to maintain the capacity at the PTU at least to the end of the plague season, to strengthen outbreak and vector control and to focus on capacity building of MRCS in community preparedness and reinforce prevention measures.

A. SITUATION ANALYSIS

Description of the disaster

Plague[4] is an infectious disease caused by the bacteria *Yersinia pestis*, a zoonotic bacterium. Humans contract the disease through the bite of infected rat fleas, through direct contact (from a ruptured bubo, infected animal - scratches, skin lesion, mucous membrane, or consumption - or via person-to-person of pneumonic transmission to lungs). It is also transmitted between animals through fleas. There are three forms of plague, depending on the route of infection: bubonic, septicemic and pneumonic, for more information



Source: WHO/MoH Nov 2017

[3] Additional surge capacity is being discussed between the MoH and the IFRC-MRCS.
[4] http://www.who.int/csr/disease/plague/en/

http://www.who.int/mediacentre/factsheets/fs267/en/. Plague can cause a very severe illness in people, particularly in its septicemic and pneumonic forms, with a case-fatality ratio of 30%-100% if left untreated. Pneumonic plague is more virulent or damaging and is an advanced form characterized by a severe lung infection that can be transmitted from person to person via droplets through coughing or sneezing. The incubation period is short, and an infected person may die within 12 to 24 hours. Both forms can be treated with antibiotics, making early detection a priority. People infected with plague usually develop acute febrility with other non-specific systemic symptoms after an incubation period of one to seven days. Common symptoms include sudden onset of fever, chills, head and body aches, weakness, vomiting and nausea. Infected persons can then develop septicemia (bacteria in the bloodstream) or progress to the secondary pneumonic plague. Once this has occurred, these cases can spread the disease from person-to-person, with a much shorter incubation period increasing substantially the number of people that can be infected, especially in urban areas. Antibiotics and supportive therapy are effective against plague if patients are diagnosed on time. Untreated pneumonic plague can be rapidly fatal within 12 to 24 hours of the disease onset and early diagnosis, referral and treatment are crucial for survival, the reduction of transmission and complications.

Plague is endemic to Madagascar, with an estimated 400 cases reported every year, mostly the bubonic variety; the current outbreak has affected more areas and started earlier than usual. The plague season usually runs between September and April. This year it began with the death of a person on 27 August, caused by pulmonary plague, who traveled by bush taxi from Ankazobe to Toamasina. This year's outbreak was predominantly pneumonic and has affected both endemic and non-endemic areas, including major urban centres such as Antananarivo and the port city of Toamasina.

According to WHO latest situation report[5] of 27 November, from 1 August to 24 November 2017, a cumulative total of 2 384 confirmed, probable and suspected cases of plague, including 207 deaths (case fatality rate 9%), have been reported from 57 of 114 (50%) districts in Madagascar. Overall, 14 of the 22 regions, the Analamanga Region in central Madagascar, where the capital Antananarivo is located, has been the most affected, with 68% of all recorded cases. Since the start of this outbreak, the vast majority of cases have been treated and have recovered. As of 24 November 2017, only 11 people were hospitalized for plague. There has been no international spread outside the country. The majority of the reported cases (1 828, 77%) have been clinically classified as pneumonic plague, 347 have been classified as bubonic plague (15%), one was septicemic, and 208 have not yet been classified (further classification of cases is in process). Eighty-one (81) healthcare workers have had illness compatible with plague but none have died. 33 isolates of Yersinia pestis have been cultured and are sensitive to all antibiotics recommended by the National Plague Control Programme.

Due to concerted national and international response the current and unprecedented outbreak of plague in Madagascar, which started in August 2017, the overall risk at the national, regional and global level is considered to be low. However, as mentioned earlier, vigilance and response capacities by all will be maintained until the end of the plague season.

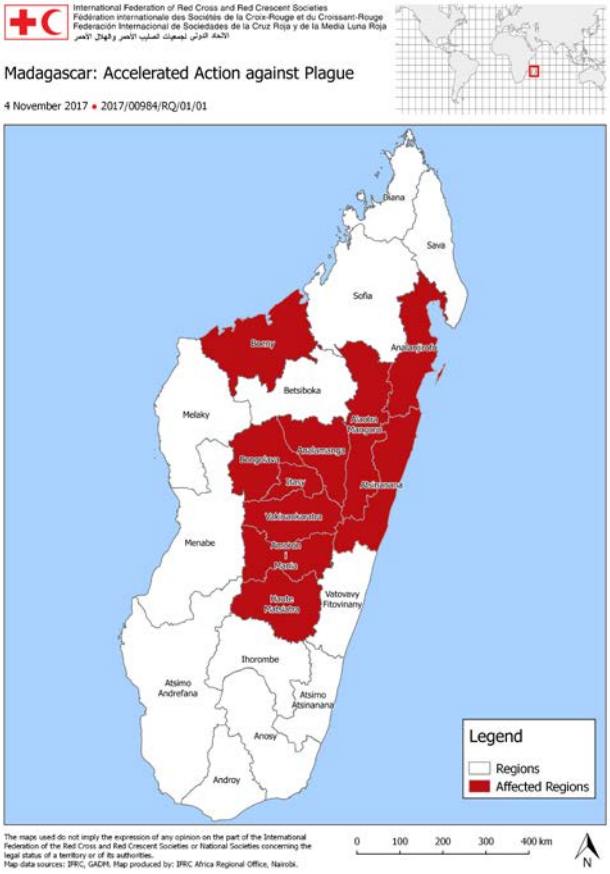
Summary of current response

Overview of Host National Society

In early October, the Malagasy Red Cross Society (MRCS) has activated a red alert in 26 districts, which have reported suspected, probable and confirmed cases. The National Society (NS) rapidly mobilised its trained and specialized volunteers to support community-based surveillance (CBS) and community sensitisation activities to raise awareness on the plague and avoid panic. A first DREF was initially released to help the NS cover these emergency costs and further train, equip a total of 700 volunteers in 10 regions affected by the plague outbreak. MRCS staff and volunteers have been responding to plague outbreaks over the past three years including through a longer-term prevention and surveillance project. The NS supports community mobilisation, community sensitisation and key messaging in plague outbreaks. However, the transition to pneumonic plague requires additional technical and implementation support. The NS is currently using CBS and Community Based Health First Aid (CBHFA) modules for community-based activities also in areas adjacent to the affected districts where the CBHFA approach was recommended. In addition, MRCS has distributed antibiotics received from the MoH to volunteers who have been responding to the outbreak at the initial stage of the operation. Despite the initial high alert and fear of a major plague outbreak throughout the country, the reality is that out of the 22 regions, 14 regions (64%) in Madagascar were affected by plague. MRCS is focusing its operations in 292 most affected fokotanys in 10 regions.

[5] http://apps.who.int/iris/bitstream/10665/259514/1/Ex-PlagueMadagascar27112017.pdf

MRCS has been implementing a CBS programme for some years; the methodology can be seen on: https://www.youtube.com/watch?v=pXkXyb6xTdE&feature=youtu.be CBS has been scaled-up and re-activated by the NS for this operation. In addition to the emergency response activities, the NS will continue to concentrate on longer-term preparedness and prevention programmes to enhance its capacities to deal with future outbreaks with the support of the in-country Partner National Societies (PNS).



The response activities of the MRCS cover the 10 regions where plague cases have been found. Training of trainers (ToT) on the CEA, CBS, vector control and PSS has taken place in Antananarivo from 30 October and throughout November 2017 benefiting 10 coordinators and 35 supervisors. Over the month of November, the ToT and NS technical staff will be fully engaged in cascading the training to national staff and volunteers from the 10 regions who will in turn cascade the acquired knowledge through mass sensitisation and home visits to the concerned communities.

A one-day preparedness training will also take place in SDB training for 30 volunteers.

Training and refresher trainer with the specific objective to update on plague with adequate response at community level, capacity building of volunteers on community awareness of the plague epidemic, the strengthening of the MRCS's community approach methodology through the CEA approach, strengthening the capacity of volunteers to mobilize the community in the fight against plague and vectors, to assure that updates on the key information has been passed to the community, building the capacity of volunteers to identify and stop the transmission of plague in the community and enable communities to take measures to stop the transmission chains and improve health outcomes by increasing the speed with which suspected cases of plague and diarrheal diseases (as usually carried out through CBS activities) are identified in order to receive care and finally to strengthen the capacity of volunteers to support communities in adopting improved health practices and prevent rumours and discrimination.

The plague operation will focus on communities in the ten affected regions which are:
Alaotra Mangoro, Amoron'i Mania, Analamanga, Analanjirofo, Atsinanana, Boeny, Bongolava, Haute Matsiatra, Itasy and Vakinankaratra**.**

Activities that have and will be carried out by the Malagasy Red Cross are as follows[6]:

- Since September MRCS has been responding with initial actions in sensitization, identification of suspected cases and training in communities affected.
- Transmission of key messages from volunteers to the population was carried out as well as sensitisation at the level of the areas presenting the suspect cases.
- Identification of suspected cases and referral to health structures (PTU) for rapid case management was carried out in collaboration with the team from the MoH.
- The training of 900 volunteers from 292 fokontany[7] in the 10 most affected regions benefits from interventions in CEA / community mobilization and in CBS / Wash - vector control started mid-November.

Region / Districts	Activities	Outcome
AMORON'I MANIA: Ambositra, Fandrina and Manandriana	• Awareness on the fight and prevention against plague through home visits and mass awareness campaigns.	✓ 4,991 families/households and 30,693 people were sensitised.

[6] Malagasy Red Cross - SITUATION REPORT # 007 -Plague epidemic / Madagascar / to 8 November 2017

[7] A fokontany originally is a traditional Malagasy village. Today a fokotany is a basic Malagasy administrative subdivision and includes either hamlets, villages or neighborhoods.

Region / Districts	Activities	Outcome
ANALAMANGA: Urban commune of Antananarivo (UCA), Antananarivo, Atsimondrano, Manjakandriana and Ambohidratrimo	• Since 20 September, the intensification of prevention measures in the fight against plague in Antananarivo with a communication of proximity in the different neighbourhoods at risk of the city by our volunteers and the community agents have taken place. • Ambulances of the MRCS were officially mobilized to support the medical evacuation of suspected cases identified by local health officials. • Insecticide spraying and disinfections by the team of the MoH in collaboration with the MRCS has taken place for sensitisation in 7 fokontany. • Referral and orientation of suspect plague case. • Training of trainers in awareness raising for the fight against plague and CBS • Visit of the Secretary General (SG) of the IFRC to Antananarivo to see first-hand the plague situation. • Training of medical staff and hygienists at the University Hospital's PTU. • On November 02, 2017, opening of the MRCS-IFRC Andohatapenaka PTU to welcome the first plague cases.	✓ 3,948 families visited. ✓ 16,994 people sensitised through mass campaigns in 59 fokontany. ✓ Since 6 October to 8 November, 27 suspect cases were referred to existing PTUs. ✓ 212 houses were sprayed and 3,936 households were sensitised. ✓ 22 supervisors and 8 specialized coordinators from the 8 regions of intervention of the MRCS were trained towards the fight against plague. ✓ field visit of the IFRC's SG took place in Ambohipo including a courtesy visit to the MoH and the Primature. ✓ 5 suspect cases were referred to the newly opened Red Cross PTU.
ANTSINANANA	• Volunteers no longer provide assistance in road health checks.	
ITASY	• Raising awareness around plague control and prevention through home visits.	✓ 161 families and 981 people from 15 fokontany were sensitised.
MENABE: Morondava and Mahabo	• Raising awareness about plague control and prevention through home visits.	✓ 1,875 families sensitised.
SOFIA: District of Antsohihy	• Information sessions and mass awareness campaigns on symptoms and preventions against plague.	✓ 583 people and 250 students sensitised.
VAKINANKARATRA: Faratsiho	• Raising awareness about plague control and prevention through home visits.	✓ 1,760 families and 7,915 people were sensitised. ✓ 90 sensitisation sessions took place through house-to-house visits.
Branches from seven regions have sent their activity reports confirming that: 16,671 families/households and 57,416 people were sensitized, and 212 houses were sprayed with insecticides and disinfected by Red Cross volunteers. Three regions have not yet reported back.		

Overview of Red Cross Red Crescent Movement in country

With the launch of an Emergency Appeal in March 2017 to respond to the **Tropical Cyclone Enawo** (see the revised Emergency Appeal http://adore.ifrc.org/Download.aspx?FileId=175825) that affected the country, the IFRC deployed an Operations Manager who has been based at the NS HQ. As the cyclone season is approaching yet again, MRCS is, in addition to responding to plague, also preparing another possible cyclone emergency response.

In response to the risk of international spread of plague exit screening measures and advice to traveler and from Madagascar were in place. In order participate and mitigate the possible spread of plague; the IFRC has supported plague preparedness activities through the release of DREF to several National Societies of at-risk surrounding countries.

To bring the adequate operational technical support for this plague operation, the IFRC has deployed its emergency tools: FACT, ERU, RDRT and deployed technical experts with strong operational coordination, public health, health promotion skills in epidemiology, in hygiene/infection, prevention and control (IPC) and a PTU technician as well as surge support services in logistics, finance and PMER.

In addition to the surge staff, the IFRC's EAIOI cluster office and Regional Office are providing technical guidance and support services to the operation.

MRCS/IFRC technical (experts (Photo: IFRC)

The Norwegian and Danish Red Cross Societies have implemented plague prevention and response activities enhancing the capacity of MRCS to respond to various epidemic outbreaks and have been supporting the NS with a CBS programme, which greatly facilitated in the planned response. The Danish Red Cross has also committed 28,000 Euro to MRCS to support its response. The French Red Cross' PIROI has provided technical support and in-kind contribution in human resources. Personal protective equipment (PPE) for staff and volunteers responding to the plague was deployed through the German Red Cross ERU. IFRC Africa region and Geneva logistics unit have been responsible for the procurement of medical and protective gear.

In addition to the courtesy visibility visit of IFRC's Secretary General in October, the IFRC's Director for Africa region has paid a high-level visit to the Ministry of Public Health and WHO promoting the essential preparedness, sensitisation and community-based work of the MRCS, its staff and volunteers. She also reviewed the Emergency Plan of Action and the pillar response with the National President of Malagasy Red Cross who validated the approach.

Movement Coordination
The Head of the health department of MRCS who is also the Director of Programmes, has been convening regular meetings updating the IFRC emergency response team and the in-country PNS who are working closely with MRCS in the plague response and are monitoring the situation together, adjusting and developing response plans, mapping the available resources and identifying gaps for possible additional support.

Overview of non-RCRC actors in country
The WHO has deployed experts working with the MoH developing and adjusting the response plan, printing and distributing pamphlets with key messages for prevention and the community sensitisation campaigns. The MoH is convening the Crisis and Cluster Meetings three times a week that take place at the WHO office to which MRCS/IFRC and main partner organizations actively involved in the operation attend. Discussions with the Malagasy authorities are on-going in respect of further needs and the possible needs for additional deployment of technical experts. The main organisations involved in this operation are WHO, MoH, UNICEF, OCHA, USAID, CDC from Atlanta, Europe and China, MDM and MSF.

Needs analysis and scenario planning

While the authorities, the National Society and the institutions in Madagascar have experience in responding to the bubonic form of plague, there is limited knowledge in the detection and control of the pneumonic form. The outbreaks of pneumonic plague have been sporadic and require specific expertise to ensure adequate response.

MRCS requested support in developing effective preparedness, prevention and response strategies in coordination with partners to develop, scale up and implement key messages on plague. The production of IEC materials with key messages on the plague, training and or refresher training of volunteers and staff in community based sensitisation have started and are being rolled out and adjusting the CBS tool to include early warning and referral, CEA, hygiene and vector control and PSS activities. All the NS staff and volunteers involved in the operation are being equipped with appropriate PPE and prophylactic antibiotics based on their task.

The fear of plague in the community has fuelled rumours and fear, which in some cases, has limited the capacity of the MRCS and local authorities to respond in community engagement. The fear and rumours must be addressed and social mobilisation and CEA activities are integrating sensitisation with a focus on preventing stigmatisation as well. Preparedness, prevention and response to both major forms of the plague are imperative specifically for case identification and treatment, early referral, reduction of pest and vectors, risk of transmission and addressing rumours and fear, which are all key to controlling the diseases rapidly.

Maintain and keep the PTU functional and running: Currently the medical team is composed by an ERU a medical coordinator, a nurse and a technician. To insure a smooth transition and hand-over of the PTU, Malagasy Red Cross has already assigned a medical coordinator, one nurse, one logistician and one technician. HR needs are now mainly focused on securing hygienists. When the PTU was set-up, the MoH provided doctors, nurses and the Ministry of Water

and Energy provided hygienists to follow the IPC rule. With the epidemic curve decreasing, some of the initial team members that were made available by the two ministries have recently been called-back. To insure a stable core team in the PTU able to manage a small-scale epidemic outbreak, the Emergency Appeal budget should cover the salary costs of a core medical team of national staff that will be composed of: the medical coordinator, a medical doctor, two nurses, one logistician, one technician, one chief hygienist and four hygienists – all need to be maintained up to April 2018. This core team will be able to manage six to eight pneumonic patients, a little more if these are bubonic patients, however, as soon as this threshold is passed, the team will be extended to include already identified trained professional medical personnel. This means that the PTU will be set-up as a **priority ward to treat plague patients** with the **other priority to focus on being a training reference centre able to train medical doctors, nurses and core staff** specialized in plague infection treatment able to be extended to the other health structures in Madagascar.

The PTU is set to function with 10, 20 and up to 50-bed capacity, the latter only with emergency surge support. To date the PTU has welcome and/or treated five patients: three bubonic and two non-plagues who were redirected to the emergency services of the hospital. The IFRC-ERU team members have trained health personnel as follows:

Medical personnel trained	**Number**
Doctors	21
Medical staff	2
Nurses	9
Midwives	7
Physiotherapist	1
Hygienists	40
Total	***80***

Initially, the Ministry of Public Health (MoH), released and made available medical staff as well as paramedical staff such as nurses to all the PTUs and the Ministry of Water and Energy (MoW) made available hygienists.

Operation Risk Assessment
Given the current limitations in the readiness to manage and respond in the case of another potential plague outbreak which may be difficult to contain; any significant spread of the disease could substantially impact both morbidity and mortality and daily life of the population and the economy with the closing of schools, markets, the reduction of international transportation, tourism with a long-term negative impact on financial and economic activities. Despite the fact that plague is endemic to many regions of Madagascar, there still seems to be limited knowledge and the fear within some communities could result in misconceptions, causing discrimination nationally and fear regionally. The IFRC and MRCS are conscious of the risks of exposure of the staff and volunteers, based on their tasks, those who will be conducting vector control, CBS, CEA and sensitisation activities and it is key to ensure that they are provided with sufficient PPE as well as the preventive antibiotics.

At this juncture of the operation it is important to assure that whilst the current trend is to scale down some of the activities that were earlier planned during the crisis period, that vigilance and the capacity of the PTU is maintained up to at least April 2018, which is the end of the plague season and a strong mechanism is in place to be able to scale up in case of the resurgence of plague in general and pneumonic plague in particular.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective
The operation contributes to the reduction of plague-related mortality and morbidity in ten priority regions through prevention and response activities.

Proposed strategy
MRCS is responding in four main areas of focus (CBS, CEA, the PTU for case management and vector control with capacity building activities in PSS and preparedness training in SDB) as part of a coordinated response effort. Given the potential reoccurrence and surge of plague cases, the response activities have to be carefully monitored and revised to be able to respond and adapt to the changing situation.

The response will now focus on four main pillars:

1. **Health promotion and CEA for behaviour change**

MRCS staff and volunteers will collect information and data on perceptions, put in place rumour tracking and capture the feelings and fears in the communities with regards to the plague, through focus group discussion, home visits and community meetings. In close cooperation with the BNRGC and the rumour-monitoring cell, feedback will be used to develop appropriate critical messages for behaviour change to be used in social mobilisation and public health information activities. The collected information will contribute to the development of a communication strategy to ensure quality accountable community outreach activities by volunteers, with the intention to raise awareness and health literacy in communities on the plague and related key issues on infectious disease outbreaks. Community mobilisation activities will also focus on rumour management, in relation to social, behaviour change and prevent discrimination. The targeting of health promotion and CEA activities is based on the latest WHO and MoH situation reports, where it appears that men are slightly higher at risk for contracting pneumonic (53%) and bubonic (56%) plague. Additionally, for pneumonic plague patients, 23% of all cases are under 10 years of age.

Photo credit: MRCS - CEA volunteers capture the feelings and fears in the communities

2. Community-based surveillance (CBS)

Early detection is a crucial element in any outbreak response. The IFRC is working with MRCS to build the capacity of its staff and volunteers to ensure quality implementation of CBS activities in identified regions. CBS has been ongoing in Madagascar since 2016, and has previously expanded in response to humanitarian needs during the Cyclone Enawo operations. CBS empowers trained Red Cross volunteers to report health risk in the community where they live using a mobile phone data collection allowing real-time disease surveillance and rapid response. CBS in Madagascar is tailored to address the risks of plague in communities and is especially beneficial for populations with reduced or delayed access to health services. CBS can capture community level information that might be the first indication of a potential plague cases at community level and initiate early response to the risk of plague. With the expansion of international humanitarian actors and scaled up response, CBS is being integrated into the existing contact tracing and community surveillance initiatives lead by other partners on the ground. Training and technical support will be provided in combination with the CBS system with activities to ensure the increased safety and well-being of communities' volunteers through the provision of PSS, and for staff and volunteers PPE and antibiotics.

3. Clinical case management – Plague Treatment Unit (PTU)

The outbreak has strained and stretched the capacity of health centres and most of them have been overburdened. The need for dedicated treatment centres to support plague patients was identified where all plague suspected, and confirmed cases can be referred to. Eight health centers have been designated by WHO to manage plague cases and alleviate the burden on hospitals and health clinics.

Drawing on the capacity of the Movement's membership, the Malagasy Red Cross, with technical and financial support from the IFRC opened the PTU at the Andohatapenaka Hospital on 2 November 2017 with a capacity of 20 beds, plus two extra beds available if needed. This centre is functional and is currently managed by a mix of international and local doctors, nurses and has already screened and treated a total of five patients. Two children aged 3 and 5 suffering from painful lymphadenopathy and fever were treated and the people who escorted them received the necessary preventive medical treatments. Despite the decrease of the number of cases, the PTU will remain open and will continue monitor possible cases of plague and keep a core medical team trained and ready to respond. The PTU is able to expand its reception capacity in the event of another outbreak to 50 beds.

Another need identified in the sector cluster meetings is support-messaging with patients as they are admitted into PTU including reassurance, facilitating communication with families of the people posing a risk and with the plague patients leaving health centres before the end of the treating which are pausing further risks of infections and spread of the plague.

4. **Vector control**

An essential element of plague control is vector control for fleas and rats. Vector control for plague response includes separating humans from rats, chemical control of fleas, and pest control. As they are undertaken at the household level, these activities are time and labour intensive. A great deal of community engagement will be necessary to gain access to at-risk households. 300 staff and volunteers have been trained in the use of pesticides, insecticides and vector control activities to carry out spraying, placing rat raps and in sanitation activities to improve the hygiene of communities.

Capacity Building

PSS

Psychosocial support must have a high priority from the onset of a severe epidemic and be sustained throughout the epidemic response. Two entry points to PSS in outbreaks are care and support for staff and volunteers, and PSS interventions for the patients that have been released from the PTY, their family members and members of the population that have been affected and discriminated by plague. PSS is not only vital to ensure the well-being of the affected community, it also counteracts the threats to public health and safety that fear, stigmatisation and misconception pose.

SDB

The IFRC is drawing on its significant institutional knowledge developed from previous experience and lessons learned from recent epidemic outbreak. Dedicated training will ensure the safe implementation of SDB that align with the SDB protocol prepared for the plague; these capacity building efforts will continue beyond the initial emergency response phase. Staff and volunteers will be receiving thorough training, not only to be well prepared to take on this difficult and important task, but to ensure that this is done efficiently and safely, with careful timely interaction with communities and transparency to enhance community cooperation and trust to limit transmission, encourage safe practices with the deceased and be able to refer and isolate those community members that are indicating symptoms.

Staff and volunteers' safety and security is a priority across all activities and will be particularly important to assure in the event of rolling-out SDB.

C. DETAILED **OPERATIONAL PLAN**

Quality programming / Areas common to all sectors

MRCS will continue working and coordinating with the authorities, WHO, UNICEF and the other partners on the ground in conducting assessments and focus on the four-pillar approach of CEA, CBS, PTU and vector control, and in addition provide PSS to affected communities, staff and volunteers and carry out preparedness to 30 volunteers in SDB.

Health

People reached: 1,200,000

Male: # reached can be defined through the PTU, CEA, CBS and PSS in the next update

Female: # reached can be defined through the PTU, CBS and PSS in the next update

Outcome 1: **Reduced morbidity and mortality related to plague among 1.2 million people in 10 regions through CEA and social and behaviour change, disinfection and vector control activities, early case detection, provision of psychosocial support and trained in safe and dignified burial protocols and case management**

Indicators:	Target	Actual
Increased knowledge and awareness on hygiene and measure against the contamination of rats and fleas.	80%	20%
Number of community members that are contributing to surveillance activities	120,000	In progress
Percentage of affected community members that feel psychologically supported	70%	In progress

Output 1.1: **Community knowledge of, and engaged in plague prevention and control is ensured through active CEA and social mobilisation to change harmful behaviours to prevent further spread of the plague.**

Indicators:	Target	Actual
Increased knowledge and awareness by community members in contributing to the prevention and reduction of plague	80%	20%

Activities planned	Progress towards outcomes
The development and dissemination of behaviour change and prevention messages and other public health communication related to the outbreak	Work started, ongoing and rollout being completed.
Community workshop to ensure the integration of CEA principles in the response – 300 people - door to door visits and community meetings are implemented and adapted based on epidemiological data	Workshops to be rolled out. - see above outcomes in MRCS Situation report table.
Knowledge attitude and practices (KAP) survey – the survey will allow to measure progress.	Two surveys will take place.
Procurement of IEC, visibility and communication equipment and materials for social mobilization and CEA products and packages	Work started, ongoing and rollout being completed.
Radio, TV interactive-shows as well as social medial promotion for prevention addressing communities at risk	The BNRGC has put in place a rumour-monitoring cell with the main objective to collect rumours circulating in media and social media. They report on daily basis and MRCS is using the information for their social mobilization activities to soon be able to use for the radio shows. The priority is now to sign agreements with local radio stations and run radio shows in 2 affected regions namely ANALAMANGA and TAMATAVE. The KAP surveys on plague and the CEA technical focal points will be working on the questionnaire to ensure that the data captured from the rumour-monitoring cell will be used properly for the radio shows.

Output 1.2: **Malagasy Red Cross staff and volunteers are prepared, knowledgeable and trained in safe and dignified burial protocols**

Indicators:	Target	Actual
30 targeted staff and volunteer trained in SDB	30	Will take place
30 targeted staff and volunteers have received safety guidance and adequate PPE	30	Will take place

Activities planned	Progress towards outcomes
Training of 30 staff and volunteers on safe and dignified burials	The training of staff and volunteers on SDB guidelines will be taking place in a full-day workshop around safety and precaution measures, on hygiene, PSS tools to deal with the families, the proper safe use of PPE, body bags. SDB activities are not taking place because there are currently no burial needs and the authorities have not yet approved the SDB protocol.
Quality and safety assurance of staff and volunteers	Will take place through SDB training.

Distribution of prophylaxis treatments, protection equipment, boots, masks for volunteers and staff	Staff and volunteers received PPE and prophylaxis in the initial response in October and more will be distributed particularly to the volunteers engaged in SDB.

Output 1.3: **Transmission of new cases is limited through early identification and referral of suspected cases through increased capacity in community-based surveillance (CBS)**		
Indicators:	**Target**	**Actual**
Percentage of targeted community members surveyed through CBS	100%	In progress
Percentage of community members able to identify and help refer cases (the number of community members will be provided at a later stage)	100%	In progress

Activities planned	**Progress towards outcome**
Training of volunteers on community-based surveillance	Training of trainers is cascading to staff and volunteers in the 10 regions (around 60 people per region, the number will depend on the epidemic situation and the regional context: in 292 fokotanys with 600 volunteers trained in CBS and 100 in PSS (all 900 volunteers have been or will be trained in CEA). CBS has and will be rolled out using the Zegeta software data collection systems or using new software. This software allows reporting suspect cases, which can automatically alert and refer cases.
Establish communication and engagement with communities related to case detection	On-going activity.
Community-Based Surveillance (CBS) of animal deaths	CBS activities include the detection of possible unusual high rate of deaths of rats, which could be suspected of dying of plague.

Output 1.4: **Those affected by the outbreak are supported through psychosocial support (PSS)**		
Indicators:	**Target**	**Actual**
Released patients and their families have received PSS	100%	5 cases
Percentage of staff and volunteers who suffer from stress and discrimination get PSS.	100%	In progress

Activities planned	**Progress towards outcomes**
Training of volunteers in psychosocial support	Training still to take place.
Provide PSS to targeted people, and family members	To be rolled-out for moral support, support stigmatized people and families.
Provide PSS to staff and volunteers	To be rolled-out for moral support, support stigmatized people and families.
Community visits to reduce stigma and fear and provide support to those patients discharged from the PTUs.	5 discharged suspect patients have received moral support
PSS material produced	Will be further developed and produced.

Output 1.5: **Clinical management (through the Plague Treatment Unit) of identified cases is reducing the impact and spread of the outbreak**		
Indicators:	**Target**	**Actual**
Plague Treatment Unit – Set-up with a capacity from 6 to 20 beds recognized by MoH and 50 bed capacity with surge support (done)	100%	100%
Procurement and deployment of required equipment and medical supplies for plague treatment (done).	100%	100%
Suspect and confirmed cases are being referred and treated at the PTU	100%	100%
PTU is set-up with a core trained medical team are able to manage a small-scale epidemic outbreak	100%	In progress

Activities planned	**Progress towards outcome**
Procurement and deployment of required equipment and medical supplies for plague treatment	A large quantity of medical items, chlorine and medicine has been received through the ERU and IFRC. Currently the remaining FACT/ERU and MRCS are establishing an inventory of all the items: what to keep in stock or dispatch to the branches, what to donate to MoH or use elsewhere before the expiry date of some medication.
Plague Treatment Unit – Set-up with 50[8] beds - Quality assurances of clinical services are being put in place and maintained.	FACT-ERU set-up a PTU that opened on 2 November 2017/ Suspect and confirmed cases are being referred and treated at the PTU – 5 patients have been treated in November.

Securing human resources for the running of the PTU with HR of core local trained medical / paramedical team capable of managing from 6 to 10 patients with onward and ongoing training	Since mid-October deployment and rotation of FACT and ERU teams taken place. The rotation is slowing down: the last medical rotation includes the ERU Swiss Red Cross funded medical doctor and nurse who arrived early- and mid-November and core functions will be taken over by competent trained national staff. A transition plan is being finalized during the reporting time. Malagasy doctor has been recruited by MRCS to manage the PTU with a local medical team. A PTU technician and logistician arrived mid-November to take over still needed work from the current ERU Finnish Red Cross technician. As capacity building the IFRC-ERU team trained: 21 doctors, 2 senior medical staff, 9 nurses, 7 midwives, 1 physiotherapist and 40 hygienists (a total of 80 people). The biggest challenge has been retaining key people in particular hygienists that had been put in place during the height of the emergency phase. Maintaining an operational and functional PTU: with expatriate rotations slowing down, core medical and paramedical functions are being taken over by competent trained national staff; the core medical team being set-up and trained will consist of: a coordinator, doctors, nurses and hygienists to remain in place up to April 2018 - able to treat from six to ten plague patients and able to continue to scale up training to other medical staff.
Ambulance for transportation of patients to and from the PTU	The MRCS will assure that an Ambulance will be made available when needed.

Output 1.6: **The immediate risks to the health of the population in Madagascar is reduced through vector control activities in 10 regions**

Indicators:	Target	Actual
Vector control, hygiene and sanitation activities are taking place in target areas	100%	In progress
300 volunteers are trained and are carrying out vector control, spraying and using the new insecticides and pesticides	300	In progress
Communities in regions more aware in the need for improved waste management	10	In progress

Activities planned	Progress towards outcome
Staff and volunteer training in vector control	300 volunteers have or are being trained to rollout vector control, using a new pesticide developed by IPM.
Promotion of use of household rat traps (Kartman kits) and other mechanical methods to reduce the risk of fleas and pest contamination	Disinfecting houses and pest-ridden areas has started in collaboration with team members from the MoH. PPE and boots will be distributed to the volunteers engaged in vector control.
Strengthening measures of protection of people by adopting new behaviour in hygiene, sanitation and waste management – making people safe from rats and flea contamination to prevent plague	Ongoing purchase and learning/teaching on the use of the new Kartman (IPM) pesticide and Nashrat (rat traps)
Strengthening measures of protection of people by adopting new behaviour keeping people safe from rats and fleas which promote rat-proofing	Ongoing with CEA teams – promoting increased care around hygiene and pest prevention measures.

Strategic Implementation
1 - Strengthening National Societies
2 - International Disaster Management
3 – Influence others as leading strategic partners in humanitarian action and resilience
4 – A strong IFRC that is effective, credible and accountable

[8] The PTU has been set-up with all the material capacity of up to 50 beds - HR needs are being put in place to manage 6 to 10 patients (to manage 20 to 50 patients - medical/paramedical surge will need to be deployed).

Outcome 2: **National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**		
Output 2.1: **National Societies have effective and motivated volunteers who are protected.**		
Indicators:	**Target**	**Actual**
The number of insured volunteers able to inform and design actions	900 volunteers	In progress
Activities planned	**Progress towards outcome**	
Insurance is provided for all working volunteers	Complete.	
Training of volunteers in relevant sectors	Ongoing.	
Outcome 3: **Effective and coordinated international disaster response is ensured**		
Output 3.1: **Effective and respected surge capacity mechanism is maintained.**		
Indicators:	**Target**	**Actual**
Percentage of surge requests are deployed to support the operation	100%	100%
Activities planned	**Progress towards outcome**	
Deployment of surge in HEOps, CEA, Public Health, Health Promotion, Logistics, IM, Finance, PMER and IPC	Complete.	
Output 3.2: **Coordinating role of the IFRC within the international humanitarian system is enhanced.**		
Indicators:	**Target**	**Actual**
Percentage of regular regional and national coordination meetings with partners and authorities are attended to ensure dialogue and complementarity in actions.	100%	50%
Number of regions where MRCS and IFRC are positioned as credible based partners contributing to develop community actions to share important knowledge contributing to reducing and stopping plague outbreaks	10 regions	10 regions
Activities planned	**Progress towards outcome**	
Participation in coordination and technical cluster meetings with MoH, WHO, UNICER and other partners	Ongoing.	
Participation in coordination and technical cluster meetings with Ministry of Public Health, WHO, UNICEF and other partners	Ongoing.	
Implementation plan is designed based on available epidemiological data and technical guidance	The MRCS/IFRC management and technical teams are monitoring and maintaining daily dialogue and contact with MoH/WHO and other lead partners on the ground on the epidemiological situation.	
Joint planning with national and local authorities	Ongoing.	
Output 3.3: **Supply chain and fleet services meet recognized quality and accountability standards.**		
Indicators:	**Target**	**Actual**
Percentage of transportation needs are met to ensure implementation of the operation	100%	Ongoing.
Activities planned	**Progress towards outcome**	
Hire IFRC car rentals and drivers	Ongoing.	
Outcome 4: **The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable**		
Output 4.1: **IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**		
Indicators:	**Target**	**Actual**
Number of KAP surveys completed to help guide and measure the implementation process	2 KAP surveys	Not yet started
Percentage of monitoring visits completed	100%	Ongoing
Number of lessons learned and evaluation completed	3	Not yet started

Activities planned	Progress towards outcome
Continuous monitoring of community-based data informs the response and the CBS is being rolled-out in the 10 regions, including in the cities of Antananarivo and Toamasina (aka Tamatave)	All 900 volunteers are or have been trained in CEA: out of which 600 volunteers will be focused specifically in CBS including 100 in PSS-anti stigma and 300 focused on vector control, hygiene and sanitation activities.
Social and behavioural change communication assessments are undertaken in coordination with other partners to develop a coordinated community engagement strategy. Two[9] KAP surveys will be organized	MRCS is focused on communities and key messages have been developed in coordination and consultation with WHO and UNICEF. A KAP survey will be held in the following weeks and another is planned at the end of the emergency operation in June 2018).
Continuous monitoring of community knowledge, attitudes, beliefs and rumours inform CEA activities.	KAP surveys will be taking place in the coming weeks and at the end of the operation in June 2018.
Development and updating of assessment and monitoring tools.	MRCS is seeking to reinforce its PMER capacities with the support of IFRC.
Visibility – documenting the Red Cross plague response and preparedness experience	The NS has developed posters and prevention material, more visibility will occur when the CEA teams will start inter-active radio and tv programming on plague prevention and anti-stigma. IFRC will assist the NS to capture the knowledge and expertise developed by the NS. Documentation and a documentary has already been developed on MRCS's CBS expertise.
Lessons Learned workshops 1. Branch level with staff, volunteers, local stakeholders/partners (NGO) and authorities and 2. At national level)	Two lessons-learned workshops are planned and budgeted for and will take place at the end of the operation.
Evaluation activities and provide reports (M&E activities)	MRCS technical teams have developed their M&E tracking tables, whilst CBS will be using a data collection software (the same or similar that has been used in previous CBS monitoring activities)

Outcome 5: **The IFRC enhances its effectiveness, credibility and accountability**

Output 5.1: **Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.**

Indicators:	Target	Actual
Percentage of staff and volunteers provided with communication tools	100%	100%
Percentage of supplied required for a functioning office are provided	100%	100%
Percentage of staff recruited for each position opened	100%	Ongoing.

Activities planned	Progress towards outcome
Provide phones, laptops and internet to staff and volunteers to support the implementation of activities	Ongoing.
Equip office with adequate supplies to support the implementation of activities	Complete.
Recruit adequate national staff to support the operation	Ongoing.

Output 5.2: **Internal audit, investigations and legal advice are conducted/provided with a view to improving accountability.**

Indicators:	Target	Actual
Number of audits completed	1	Not yet started

Activities planned	Progress towards outcome
Conduct audit for all activities in line with the risk management approach agreed up on for this operation	A Risk Management workshop took place in Antananarivo 28 and 29 November 2017. The first day was devoted to MRCS management and staff and was formally opened by the President of the NS; the second day was attended by the IFRC and PNS. The workshop was interesting and revealing and brought about animated and useful interactive discussions. The purpose of this workshop was to facilitate the advancement of programmes and projects whose participants are in charge of

[9] CAP in French: connaissance attitude et pratique

	or provide support to. At the end of the training, the participants are meant to be able: ✓ To identify, evaluate and prioritize project risks and fraud risks. ✓ To identify the measures to be taken and which ones to propose. ✓ To draw up a synthetic table of the risks of their project. ✓ To know the specificities of risk management and fraud prevention at the IFRC. This workshop will help MRCS and IFRC to build long-term credibility and identify new opportunities.

D. BUDGET

Reference documents

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Click here for:

- **Previous Appeals and updates**

http://adore.ifrc.org/Download.aspx?FileId=173459

- **Emergency Plan of Action (EPoA)**

http://adore.ifrc.org/Download.aspx?FileId=172353

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.