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# Emergency Plan of Action Final Report

## Mauritius: Plague Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n° MDRMU001</b>
<b>Date of Issue:</b> 23 May 2017	<b>Glide number:</b>
<b>Operation start date:</b> 20 October 2017	<b>Operation end date:</b> 20 January 2018
<b>Host National Society:</b> Mauritius Red Cross	<b>Operation budget:</b> CHF 39,650
<b>Number of people affected:</b> 1,263,000	<b>Number of people assisted:</b> 0
<b>No. of National Societies involved in the operation:</b> IFRC, French Red Cross, PIROI – Regional Intervention Platform for Indian Ocean, and ICRC.	
<b>No. of other partner organizations involved in the operation:</b> World Health Organisation and Ministry of Health and Quality of Life	

## A. SITUATION ANALYSIS

### Description of the disaster

In October 2017, a plague outbreak in Madagascar raised concern in neighbouring countries. By 12 October 2017 a total 684 cases (suspected, probable and confirmed) including 57 deaths (CFR 8.3%) had been reported from 35 out of 114 districts. Of these 684 cases, 474 were clinically classified as pneumonic plague.

The Ministry of Health in Madagascar reported on 16 October that caseload was 805 (confirmed and suspected) with 74 deaths. While Madagascar is accustomed to seasonal bubonic plague outbreaks, the 2017 outbreak was characterised by a combination of pneumonic and bubonic plague. Pneumonic plague which accounted for 65% of the caseload, is transmitted from person to person and the fact that most of the cases occurred in urban areas, made this outbreak a serious concern not only for Madagascar but for the entire region.

Consequently, WHO classified the outbreak in Madagascar as a grade 2 emergency and the WHO liaison officer expressed concern of the outbreak and considered Mauritius as a priority country. He equally emphasized that preparedness was essential and stated that support could be provided.

Plague can be a very severe disease in people, particularly in its septicemic and pneumonic forms, with a case-fatality ratio of 30%-100% if left untreated. The pneumonic form is invariably fatal unless treated early, is especially contagious and can trigger severe epidemics through person-to-person contact via droplets in the air<sup>1</sup>.

Through this DREF operation, Mauritius RC was granted CHF 39,650 for plague preparedness for 315,750 people (25% of the caseload) at risk for 03 months through provision of training for volunteers on the plague, prepositioning of PPE and IEC materials to be used in time of need. Following the launch of the DREF operation and release of the funds, WHO revised the risk of the plague outbreak spreading beyond the borders of Madagascar. This resulted in a change in strategy especially, affecting the activities that could be implemented in Mauritius. Indeed, recommendations were made to stop implementation of community-based activities on the plague.

<sup>1</sup> <http://www.who.int/csr/disease/plague/en/>

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of the Mauritius Red Cross Society (MRCS), the IFRC would like to extend its gratitude to all partners for their generous contributions.

## Summary of response

### **Overview of Host National Society**

The MRCS works in the areas of Health and Care including first aid, promotion of humanitarian principles and values, disaster risk management as well as vulnerability and capacity assessment at the community level. The MRCS has six local branches and committees (including Rodrigues, an outer island). It has a strong community presence through its volunteer network with its volunteers integrated into the community. As such, the NS enjoys strong recognition from both the local population and local authorities.

The MRCS through its mandate as an auxiliary of the public authorities and at the request of these authorities, is engaged in the monitoring of disaster related situations and mobilized from the first monitoring meetings on the risk of spread of the epidemic. Indeed, experience gained during previous epidemics (H1N1, chikungunya) prepared MRCS a privileged intervener in the management of an eventual plague outbreak in Mauritius.

The MRCS is involved in national level preparedness of epidemics, including through participation in coordination meetings and drafting of the national contingency plan.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC supports MRCS through its Eastern Africa and Indian Islands Cluster office in Nairobi. The IFRC provides technical support to MRCS through trainings to staff and volunteers in disaster preparedness and response.

PIROI supports the Indian Ocean Islands in disaster preparedness and response through the PIROI, (the Regional Intervention Platform for Indian Ocean) programme which is a partnership of the Indian Oceans Islands, Tanzania and Mozambique National Societies.

The MRCS with support from the Italian Red Cross is upgrading its ambulance service and increased the capacity of its volunteers.

The ICRC's Regional Delegation for the Indian Ocean Islands is based in Mauritius and provides support to MRCS.

### **Overview of non-RCRC actors in country**

At governmental level, a plague preparedness plan was developed. Restricted technical meetings (Ministry of Health / WHO) were held where public messages were published on local newspapers.

The public Health Department of the Ministry of Health and Quality of life increased vigilance at airport and port (points of entry) and concerned departments increased rodent control in port area and airport (cargo and passenger entry).

At regional level, the Indian Ocean Commission's Health Surveillance Unit set up a mechanism for preparing IOC Member States at risk by supplying the competent administrations of Comoros, Mauritius and Seychelles via the Pasteur Institute of Madagascar with rapid diagnosis kits in case of suspected plague in any traveler returning from Madagascar.

## Needs analysis and scenario planning

There was moderate risk of importation of the plague due to the persistent evolution of the epidemic in Madagascar and because the maritime and air movement were maintained by the authorities of the Republic of Mauritius. Indeed, due to the incubation period of the disease, an infected person could develop symptoms after his or her trip. Merchandise boats also represented a high risk with the potential to transport vector animals. This risk was enhanced by the clandestine nature of many boats docking in informal places. Mauritius including Rodrigues, being a tourist industry and pillars of the economy, are also the gateways of travelers. Thus, the constant movements of travelers between Madagascar and Mauritius exposed the country to the risk of contamination.

Nine countries and overseas territories were identified as high risk for the plague outbreak because of trade and travel links to Madagascar. These priority countries included Comoros, Ethiopia, Kenya, Mauritius, Mozambique, Reunion, Seychelles, South Africa, and Tanzania.

There is limited knowledge on the plague in Mauritius, which would have affected early detection and reporting of the outbreak thereby limiting the capacity to contain the outbreak. However, and fortunately, following the launch of the DREF operation and release of the funds, WHO revised the risk of the plague outbreak spreading beyond the borders of Madagascar. This resulted in a change in strategy, especially in the activities that could be implemented in Mauritius. As such, recommendations were made to stop implementation of community-based activities on the plague.

### Targeting

The DREF operation planned to target 120 volunteers and staff of MRCS through capacity building on the Plague. The operation also aimed at enabling and supporting MRCS to coordinate with the Ministry of Health and Quality of life, government departments and WHO in planning the response to the potential outbreak of plague.

### Risk Analysis

There was no anticipated operational risk in the implementation of the preparedness activities. However, detection of cases could have led to a temporary travel ban from and to Mauritius.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The overall objective of the operation was to contribute to the preparation of the Republic of Mauritius to a potential outbreak of the plague. This was planned to be achieved through training of MRCS volunteers and dissemination of key messages developed in collaboration with the Ministry of Health and Quality of Life to improve the population's knowledge on the Plague.


The main activities which were planned to achieve the objective included:

- Coordination meeting with MoH and MRCS branches about preparedness planning
- Training of volunteers on the plague
- Training of volunteers in contact tracing and social mobilization
- Procurement of personal protective equipment (PPE)
- Development and dissemination of key messages on the plague

However, following the downward revision of the risk of the plague beyond the borders of Madagascar and a change in the preparedness guidelines for implementation of DREF Operations for plague preparedness,

Mauritius RC decided to return all the funds received back to the DREF and stop implementation of all preparedness activities.

## C. DETAILED OPERATIONAL PLAN

 <b>Health</b> People reached: 0		
Indicators:	Target	Actual
Number of people reached with community-based epidemic prevention and control activities	315,750	0
Number of coordination meetings held	10	0
Number of volunteers trained on the plague	120	0
Number of volunteers trained in contract tracing and social mobilization	120	0
Number of sensitization campaigns through animation and community meetings done	4	0
Number of sensitization campaigns through radio and TV	20	0
Number of PPEs procured and distributed to the volunteers	240	0
Number of messages published in newspapers	10	0
Narrative description of achievements		
No activities implemented due to downscaling of the risk of spread of the outbreak.		
Challenges		
The risk of the plague spreading to Mauritius was revised downwards resulting in most planned being ineligible. As such the NS was not able to implement the planned operation.		
Lessons Learned		
The plague preparedness DREF was launched in anticipation of an outbreak in Mauritius, where the communities and NS had limited understanding of the plague. This support was aimed at enhancing the capacity of the NS to respond to a potential outbreak.		
However, through monitoring and analysis of the evolution of the outbreak in Madagascar the NS and IFRC were able to review the implementation strategy and ensure the funds were not used and refunded to the DREF.		

<b>International Disaster Response</b>		
Indicators:	Target	Actual
Number of RDRTs deployed	1	0
Narrative description of achievements		
<i>No RDRT deployed</i>		
Challenges		
N/A		
Lessons Learned		
N/A		

<b>Influence others as leading strategic partner</b>		
Indicators:	Target	Actual
Lessons learnt workshop	1	0
Narrative description of achievements		

N/A
Challenges
N/A
Lessons Learned
N/A

## D. THE BUDGET

The IFRC transferred CHF18,150 to MRCS, however following the downward revision of the risk of the plague spreading to Mauritius, the NS indicated that they did not see the need to implement the proposed activities. The IFRC has managed to recover the funds which were transferred to MRCS while the funds which were to be spent by the IFRC remained unspent. The whole grant will be returned to the DREF.

- All costs budgeted as part of this operation were unspent due to the downscaling of the plague outbreak in Madagascar and planned activities becoming ineligible by the time of transfer of funds to NS.
- However, “Financial charges were incurred when funds were transferred to MRCS as this was not budgeted for due to an oversight at budget development resulting in an over expenditure of CHF 184.

## 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:

#### In the National Society

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#### For In-Kind donations and Mobilization table support:

- **Logistics Coordinator,** Rishi Ramrakha, Head of Africa Region Logistics Unit; phone: +254 733888022 / Fax +254 202712777; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

#### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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.

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**Saving lives, changing minds.**



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

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

## Disaster Response Financial Report

## MDRMU001 - Mauritius - Plague preparedness

Timeframe: 20 Oct 17 to 20 Jan 18

Appeal Launch Date: 20 Oct 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/10-2018/4	Programme	MDRMU001
Budget Timeframe	2017/10-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		39,650				39,650	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		39,650				39,650	
<b>C4. Other Income</b>		39,650				39,650	
<b>C. Total Income = SUM(C1..C4)</b>		39,650				39,650	
<b>D. Total Funding = B + C</b>		39,650				39,650	

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

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		39,650				39,650	
<b>E. Expenditure</b>		-196				-196	
<b>F. Closing Balance = (B + C + E)</b>		39,454				39,454	

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Subsector:	*		

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>39,650</b>			<b>39,650</b>		
<b>Personnel</b>								
International Staff	5,000						5,000	
Volunteers	180						180	
<b>Total Personnel</b>	<b>5,180</b>						<b>5,180</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	7,850						7,850	
<b>Total Workshops &amp; Training</b>	<b>7,850</b>						<b>7,850</b>	
<b>General Expenditure</b>								
Travel	3,000						3,000	
Information & Public Relations	19,850						19,850	
Office Costs	150						150	
Communications	1,200						1,200	
Financial Charges			184			184	-184	
<b>Total General Expenditure</b>	<b>24,200</b>		<b>184</b>			<b>184</b>	<b>24,016</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	2,420		12			12	2,408	
<b>Total Indirect Costs</b>	<b>2,420</b>		<b>12</b>			<b>12</b>	<b>2,408</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>39,650</b>		<b>196</b>			<b>196</b>	<b>39,454</b>	
<b>VARIANCE (C - D)</b>			<b>39,454</b>			<b>39,454</b>		

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Subsector:	*		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster management	39,650		39,650	39,650	196	39,454	
Subtotal BL2	39,650		39,650	39,650	196	39,454	
<b>GRAND TOTAL</b>	<b>39,650</b>		<b>39,650</b>	<b>39,650</b>	<b>196</b>	<b>39,454</b>	