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Emergency Plan of Action Operation Update

Madagascar: Plague (Epidemic)

Emergency appeal n° MDRMG013	**GLIDE n° EP-2017-000144-MDG**
EPoA update n° 2: 1 June 2018	**Timeframe covered by this update:** 6 October to 18 May 2018
Operation start date: 6 October 2017	
Overall operation budget: CHF 2,191,472 **DREF allocated: CHF 362,937** **2nd DREF allocation: CHF 637,063**	
N° of people being assisted: 1,2million people[1]	**Project Manager/Budget Holder IFRC:** Youcef Ait Chellouche, in-country Head of the Indian Ocean Cluster (responsible for implementation, compliances, monitoring and reporting)
Host National Society presence (n° of volunteers, staff, branches): the Malagasy Red Cross (MRCS) mobilised 903 volunteers that have been supporting 10 regions. Initially the IFRC's DREF operation mobilised 700 volunteers that covered 7 Regions. At the launch of the appeal, MRCS scaled up its response to a total of 903 volunteers that have all been trained in Community Engagement and Accountability (CEA) with teams among these trained in Community Based Surveillance (CBS), in basic Psychosocial Support (PSS) and in vector prevention and control. The National Society has 39 National Disaster Response Teams (NDRTs) and Disaster Assistance Response Teams (DARTs) and 27 full-time national staff and eight branches.	
The Red Cross and Red Crescent Movement partners are actively involved in the operation: at the start of the outbreak, the IFRC has deployed its emergency tools: FACT, ERU, RDRT and technical experts with strong operational coordination, public health, health promotion skills in epidemiology, in hygiene/infection, prevention and control (IPC) and a plague treatment technician as well as surge support services in logistics, finance and PMER to support the National Society. In addition, the ICRC, the French Red Cross (PIROI[2]), Danish Red Cross, Norwegian Red Cross, Germany Red cross and Swiss Red Cross as well as the Canadian Red Cross and Finnish Red Cross have all provided considerable support for this operation.	
The other main partner organizations actively involved in the operation are: WHO, the Ministry of Public Health (MoH), the National Office of Risk and Disaster Management (BNGRC) of the Ministry of the Interior and Administration, Institut Pasteur Madagascar (IPM), UNICEF, OCHA, USAID, CDC-Atlanta, European Centre for Disease Prevention and Control (ECDC), Chinese Centre for Disease and Control (CCDC), MDM and MSF.	

The Emergency Appeal seeks a total of 2.19 million Swiss francs to enable the IFRC to support the Malagasy Red Cross (MRCS) to deliver assistance to some 1.2 million people over 15 months (to December 2018) **and contribute to the reduction in mortality and morbidity due to the plague outbreak in 10 priority regions through effective prevention, response and capacity building activities**. The appeal timeframe was initially for 9 months but due to the need to continue post-epidemic and prevention activities, the operation is being extended over 15 months. The focus of the appeal remains on health promotion through Community Engagement and Accountability (CEA) for behaviour change, Community Based Surveillance (C**BS**) to help detect any unusual health problems and refer suspicious plague cases to existing health structures. The Plague Treatment Unit (PTU), which was operational from November 2017, was closed in April 2018. Vector control, sanitation and hygiene support activities have also been key to fighting pests and rodents and capacity building activities and training have and are to continue in PSS (Psychosocial Support) and initial training in Safe and Dignified Burials (SDB) is still to take place during the extension period to prepare a core team of staff and volunteers in case the need arises.

Click here for details available in the Emergency Plan of Action (EPoA) http://adore.ifrc.org/Download.aspx?FileId=178925

Funding Status: the funding to date stands at 74%.

Summary of revisions made to emergency plan of action: *The operation covers 10 regions and due to some delays in implementation and further needs in continued capacity building, particularly in activities covering early warning, prevention, preparedness, and sensitisation of the post-epidemic phase into the next plague season, the time frame of the Appeal is being extended from 9 months to 15 months to end in December 2018.*

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[1]The beneficiaries had been selected from initially 292 plague-affected fokontany from the 10 affected regions; a fokontany is a basic Malagasy administrative subdivision and include hamlets, villages or neighbourhoods. During the operation a total of 311 fokontanys were reached.

[2]Link to French Red Cross "Direction des relations et des opérations internationales" (PIROI)
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwj0_qu1neraAhWJ7xQKHdjEB6YQFgg4MAE&url=http%3A%2F%2Fpiroi.croix-rouge.fr%2F-001-la-piroi-&usg=AOvVaw3B6H93Xc08DyCOegH64V8W

The extension is sought for operation to transit between both seasons, from the emergency and post-emergency response to the previous outbreak in 2017 and the preparedness for the next one in 2018. Some delays occurred in the implementation of MRCS activities at regional level as the KAP survey started much later than planned and was finally completed in April - findings not yet officially shared.

Other reason for delay in implementation involves structural changes that occurred with the appointment of new regional coordinator, which impacted meeting the timeframe.

Important activities still to be carried out, such as community workshops, tailored to increase the empowerment of communities to lead activities in plague preventions and participate in lesson-learned workshops.

The Ministry of Public Health only recently approved the protocol for the Safe and Dignified Burials (SDB) at country level but the agreement still needs to be formally signed by the authorities. In the event that MRCS would have to engage in SDB there are still sensitive issues to be considered for the population to accept and allow this to be done by the MRCS.

The timeframe extension would provide the opportunity to focus more in-depth consultation with staff and volunteers around addressing SDB actions and concentrate on training in SDB.

MRCS is a key partner working with WHO in new strategy for preparedness. WHO is planning a new strategy as of June, based on social mobilization and the distribution of improved rat-traps that will also allow better preparedness of the population for the next plague season. WHO confirmed that the participation of the Red Cross would be crucial for rolling-out of this strategy, particularly since the MRCS has a wide network of volunteers working in 10 regions affected by plague.

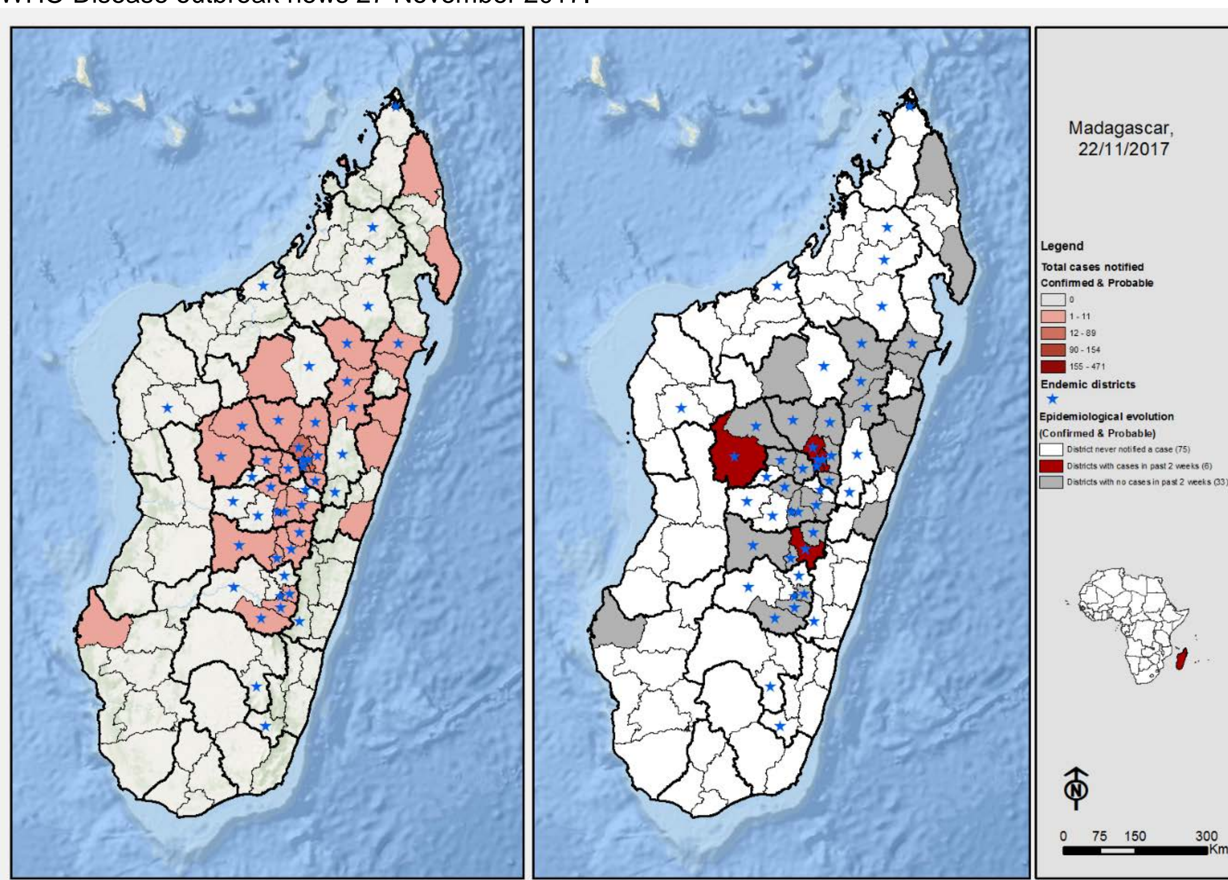
A. SITUATION ANALYSIS

Description of the disaster

Madagascar has experienced regular seasonal epidemics of bubonic plague over the last 4 years, usually extending from September to April of each year. However, a first case of person-to-person transmission through pneumonia occurred with the death of a patient with pulmonary plague that was officially notified on August 27, 2017.

As of 30 October 2017, a total of 57 of 114 districts of Madagascar (50%) were affected. The onset of pulmonary transmission in urban areas increased the risk of significant spread and required urgent and comprehensive response to save lives. Samples of suspected cases were submitted to the Institut Pasteur in Madagascar (IPM) and confirmed cases were identified either by a polymerase chain reaction or by rapid diagnostic tests. The capital, Antananarivo, was one of the most affected areas, followed by the port city of Toamasina, and the rural district of Faratsiho.

Geographical distribution of confirmed and probable pneumonic plague cases recorded. Source: WHO Disease outbreak news 27 November 2017.



According to WHO's report[3], from the 1 August through 22 November 2017, a total of 2,348 confirmed, probable and suspected cases of plague, including 202 deaths (case fatality rate 8.6 %), were reported by the Ministry of Health of Madagascar to WHO. There were 1,791 cases of pneumonic plague, of which 22% were confirmed, 34% were probable, and 44% were suspected. In addition to pneumonic cases, there were reports of 341 cases of bubonic plague, one case of septicaemia plague and 215 cases with type unspecified. In total, 81 healthcare workers have had illness compatible with plague, none of whom have died.

Plague is endemic in Madagascar with an estimated 400 cases of bubonic plague recorded annually. The plague in Madagascar is mainly transmitted by zoonotic transmission (bubonic)[4]. It is an infectious disease caused by the bacterium *Y. pestis*, a zoonotic bacterium, usually found in small mammals and their fleas. It is transmitted between the animals through their fleas. Humans may be infected by the bite of infected fleas, by direct contact with infected or inhaled material known as bubonic plague, or by person-to-person transmission by droplets known as pulmonary plague and can trigger serious epidemics. Plague can be a very serious disease in people, especially in its septicemic and pneumonic forms, with a case fatality rate of 30% to 100% and is invariably fatal (within 18 to 24 hours of onset of illness) unless it is treated early and is particularly contagious. Early diagnosis, referral and treatment are essential for survival and reduction of transmission and complications. Antibiotics and supportive therapy are effective against plague if patients are diagnosed on time.

In an article of 13 March 2018[5] - WHO announced it has implemented drastic changes in plague detection in Madagascar that led to the rapid decline in severity and scope of the outbreak, until it was declared over in late November 2017. The time between sample collection and laboratory analysis was reduced from days to just a few hours, significantly improving survival and reduction of complications in those infected. Improved systems that were put in place during the height of the outbreak should now be used for sustained detection and response to identify new cases still expected up until the end of the plague season in April 2018 and the next.

[3]http://www.who.int/csr/don/27-november-2017-plague-madagascar/en/
[4] Fact sheet: http://www.who.int/en/news-room/fact-sheets/detail/plague
[5]http://www.who.int/csr/disease/plague/en/

Summary of current response

From the start of this operation to combat pneumonic plague, a rapid and comprehensive response including early identification through CBS and referral, effective risk communication and community engagement, infection identification and prevention and activities in hygiene, sanitation and vector control were necessary. MRCS used outbreak assessment data and high-risk locations identified as priorities to define the areas of intervention in ten priority affected regions to address emergency needs. To better prepare for a possible future pulmonary plague outbreak, which may occur again as of August 2018, the MRCS is continuing preparedness and prevention activities in the ten regions.

Overview of Host National Society

At the start of the outbreak in October 2017, the Malagasy Red Cross (MRCS) triggered a red alert in 26 districts that reported suspected, probable and confirmed cases. The National Society (NS) rapidly mobilized its volunteers to support community monitoring and community activities to raise awareness of the plague and avoid creating panic. A total of CHF 1,000,000 was released from DREF to immediately mobilized, train and deploy at first 700 volunteers, a number which was further increased to 903 volunteers covering from seven to ten plague-affected areas. The funds also contributed to setting-up a functional Plague Treatment Unit (PTU) attached to the Andohotapenaka Hospital in Antananarivo. The PTU was set-up at a time when there were not enough medical centres able to handle plague patients, and more particularly able to handle a potential large outbreak of pulmonary plague patients.

The plague operation has focused on communities in the ten affected regions which are:

- Vakinankaratra
- Amoron'i Mania
- Alaotra Mangoro
- Atsinanana
- Analanjirofo
- Haute Matsiatra
- Boeny
- Itasy
- Analamanga
- Bongolava

While MRCS and institutions in Madagascar have experience in responding to bubonic plague, the knowledge in the management and response of pulmonary plague was limited, particularly since this form of the disease is more infectious and more lethal than the bubonic form to which the country is accustomed. Outbreaks of pulmonary plague have been extremely rare and require specific expertise to ensure an effective response. From the start, MRCS and the IFRC participated in the development of effective national collaborative prevention work with UNICEF, WHO and the Ministry of Public Health to produce key messages tailored to inform the population through social mobilisation and radio broadcasts to educate on the mode of transmission of the bacterium, on the need for sanitation and hygiene and on how to eliminate vectors, and also to avoid the risk of rumours and stigmatisation that can spread fear fast. MRCS with the support from the IFRC and Movement's partners, conducted training of its staff and volunteers in community awareness and knowledge on plague and adapted the tool from early detection to referencing; to strengthen understanding on both the bubonic and pulmonary forms of plague.

MRCS volunteers attending CEA and introduction to PSS

CEA activities were integrated into all prevention and intervention activities for both forms of the plague and a focus on community-based case identification, early referral for treatment, vector control and reduction were reinforced.

Finally, the MRCS is gaining expertise in psychosocial support, and as part of the CEA training has started to provide PSS to affected families and communities. In November, volunteers provided basic PSS support to the five patients and their families released from the PTU. More PSS training is being planned to take place in the coming months. Through the response operation, the MRCS is also working on a long-term prevention programme to be able to cope with future epidemic outbreaks.

Overview of Red Cross Red Crescent Movement in country

- During the height of the emergency, regular meetings updating the MRCS and the IFRC emergency response team and the in-country Red Cross partners working closely with the NS in the plague response have been monitoring the situation together, adjusting and developing response plans, mapping the available resources and identifying gaps for possible additional support.
- The Norwegian and Danish Red Cross Societies have supported 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 for a number of years, which greatly facilitated the operation's response.
- The Danish Red Cross contributed directly with Euro 28,000 to MRCS to start-up activities.
- The French Red Cross' PIROI provided technical support and in-kind contribution in human resources.
- Personal protective equipment (PPE) for staff and volunteers responding to the plague was donated by the German Red Cross ERU.
- IFRC Africa region and Geneva logistics unit have been responsible for the procurement of medical and protective gear.

Overview of non-RCRC actors in country

- The WHO 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 Ministry of Public Health of Madagascar coordinated the response, with the support of WHO, the Institute Pasteur of Madagascar, and other agencies, stakeholders, and partners. The main organisations involved in this operation were WHO, MoH, UNICEF, OCHA, USAID, CDC from Atlanta, Europe and China, MDM and MSF.
- The MoH convened Crisis and Cluster meetings three times a week at the WHO office to which MRCS/IFRC and the main partner organizations actively involved in the operation participated.
- The MoH of Madagascar activated crisis units in Antananarivo and Toamasina to coordinate the outbreak response efforts.
- All cases and contacts were provided treatment or prophylactic antibiotics at no cost to themselves.
- WHO and other stakeholders will continue to support the MoH of Madagascar to maintain vigilance and to sustain a strong alert and response system able to rapidly detect and respond to new plague cases as they emerge during the next rainy season.

Needs analysis and scenario planning

Needs analysis

The disease tends to make a comeback each hot rainy season, starting from August-September to April. On average, between 300 and 600 infections are recorded every year among a population approaching 25 million people, according to a UN estimate. Poor sanitation and hygiene and lack of vector control means that when plague comes again it can start from more stock, and the scale in the next transmission could be higher than in 2017 and the country could be more affected. The knowledge attitude and practices (KAP) survey – meant to allow measuring progress from the start of the operation - was unfortunately delayed and took place only in April 2018. Nevertheless, the findings will allow measuring the level of knowledge of the population and the capacity of the community to identify and fight against plague and allow filling some gaps to concentrate activities on. The preliminary comprehensive findings of the KAP have been made available in May but have not been officially released yet.

Operation Risk Assessment

The most pressing problem with this particularly plague outbreak has been the disarray it created within the Malagasy population due to the lack of initial understanding on the modes of transmission and treatment, particularly with the fear of the case of pulmonary plague in large cities. The closing of schools, markets and economic activities, reduction of international transport and with the impact on tourism, it was clear that this outbreak would have long-term economic consequences. The lack of knowledge, rumours and fear within the community associated with social stigmatization and cultural problems that created difficulties in setting-up effective control mechanisms. It is therefore critical to continue close collaboration with the main stakeholders: UNICEF, WHO, the Ministry of Public Health and the National Office of Risk and Disaster Management (BNGRC) and contribute to good coordination of activities and continue to produce key messages tailored to educate and reduce the risk of social disturbance.

The initial most pressing need has been the education and training of volunteers on the mode of transmission of the bacterium, the challenges around vector control, tracing and referencing of cases and help reduce risks of panics and share the acquired knowledge with the population. From the start IFRC and MRCS were concerned of the risks of exposure of the volunteers who were carrying out vector control, sanitation and hygiene activities, community

surveillance and awareness activities working on the front line of the response. These volunteers were equipped with sufficient personal protective equipment (PPE) and given prophylactic antibiotics to lead community-level interventions.

B. OPERATIONAL STRATEGY

Overall objective

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

Proposed strategy

This chart illustrates how the MRCS intervention strategy has aimed at placing the community at the heart of any action to foster and encourage resilience.

As part of a coordinated response effort, MRCS has been responding in the **four main pillar areas of focus**:

- CEA, social mobilisation and key messaging:
- contact tracing, through **community-based surveillance** (CBS) referral and the transfer of suspected cases to treatment centres dedicated to plague. CBS includes households and community monitoring for suspected cases or in identifying unusual amounts of rodent mortality (suspected of dying from plague);
- **vector control, sanitation and hygiene support**; disinfection of plague foci (suspected or not), disinfection of markets and public transportation; vector control and insecticide spraying activities to eliminate fleas that carry the bacteria that causes the plague;
- deployment and setting up of a fully operational **Plague Treatment Unit (PTU)** with a core trained medical and paramedical team.

In addition, providing and building NS capacities in **psychosocial support** to be able to bring support to those directly affected but also to those fighting against plague, including MRCS staff and volunteers, is an important element pending to have increased training. Initial training in **Safe and Dignified Burials (SDB)** has not yet taken place to prepare a core team of staff and volunteers. This will be planned as soon as the Council of Ministers sign the agreement -the protocol has been already validated by the MoH.

Given the potential reoccurrence and surge of plague cases, the response activities have to be carefully monitored, adjusted and possibly revised to respond and adapt to the changing situation.

REGION	Plague/CEA/PSS	Vector control/ WASH	CBS
Vakinankaratra	63	21	42
Amoron'i Mania	70	23	42
Alaotra Mangoro	89	29	58
Atsinanana	93	31	61
Analanjirofo	38	12	25
Haute Matsiatra	60	20	40
Boeny	45	15	30
Itasy	115	38	68
Analamanga	300	100	218
Bongolava	30	10	20
TOTAL	**903**	**299**	**604**

Volunteer capacity building

The MRCS volunteers' capacities were strengthened at community level, providing efficient and rapid assistance in each of the ten regions. In total 957 staff and volunteers were engaged in this operation: 903 volunteers, 44 mentors, 10 coordinators, all of which received training on fighting and preventing plague. All were trained or retrained in CEA and were initiated to basic PSS, out of which 604 were trained in CBS and 299 engaged in vector control for fleas and rats, and were trained in the use of pesticides, insecticides and vector control activities. These teams carried out spraying and took part in sanitation activities to improve the hygiene of communities. These volunteers were also to engage in distributing and

placing rat-traps, but this activity was taken on by other partners, and recently WHO stated its interest in the MRCS volunteers to engage in that activity, which might start in June 2018. During this operation, the MRCS has so far not undertaken any SDB activities.

MRCS has proven its expertise in the emergency response methodologies for bubonic plague. With this past experiences and expertise combined with all the training, relief and capacity building activities during the recent actions taken on during this emergency response, has demonstrated its capacities to combat pneumonic plague as well.

During the reporting period MRCS has provided support to the following number of beneficiaries:

Activities rolled-out around the four pillars strategy to fight against and prevent plague: CEA/CBS/Vector/ WASH/PSS	**People Reached (Target 1.2 Million People Or 240 000 Households)**			
	Direct Recipients			**Total People Reached**
	Total			
	Planned during the timeframe extension to December 2018	**Actual**	**Unity**	
Household Visit[6]	240,000	121,816	Households	307,887[7]
Community Meetings	300	479	Meetings	8,866
Mass Awareness	Maximum[8]	305	Sensitization	16,536
Controlled of Vehicles and Sensitization of Passengers (public/private)	Maximum	10,964	Controlled vehicles	442,025
Collective Cleaning	Maximum	33	Cleaning Session	11,914
Set-up Garbage Pits	Maximum	88	Garbage Pits	58,871[9]
Disinfection of Household	Maximum	1,233	House	6 165
Disinfection of Vehicles	Maximum	640	Vehicles	3,200
PSS of patients and their family[10]	Maximum	5	PTU's Patients	25
Radio programming	Minimum once a month	33 over three months	Programme	330,000[11]

MRCS is progressing with:

- Carrying out continuous needs assessment and analysis

Through these community-level interventions, MRCS volunteers harvest rumors at community meetings at the local level. For better analysis, the information will be shared centrally, and the results will allow the technical staff to define the needs, and to see the coherence with the expected results of the project. Action plans will be developed to meet basic needs, while respecting the gender approach.

- Integrated programming between sectors

During the emergency response phase of plague epidemic, the MRCS optimized CEA, CBS and WASH/vector control activity sectors to enhance the resilience and ownership of the community. During the post-emergency phase, the information and capacity-building actions of community members will help prepare them better for the next plague season. As such, these areas of activities will be carried-out mostly oriented for the preparation phase.

- Ensuring community and local government participation, and programme accountability to affected people

The operation provides local community meeting activities. The constraints and expectations of community members in the effective implementation of the response to combat the plague epidemic will be the main topics of consultation. These exchanges between the community and the volunteers will allow defining the roles of the communities in each key activity chosen during plenary meetings. While integrating partners will be the basis of the community lessons-

[6] Household visits include: CEA – CBS – Vector control, if needed disinfection/insecticide spraying/WASH – PSS basic sensitization sessions.

[7] Number of people present during the household visit

[8] Mass awareness sessions are an activity-complementing household visits. The government does not authorize placing a team in a public meeting place, but the mass campaigns can be performed along roads, at the public transportation stations, market, etc. However, house-to-house visit and meeting household is a main objective.

[9] Population in the 21 fokontany of the region of Vakinankaratra

[10] Direct PSS. Volunteers also received PSS sessions during the emergency phase and all were trained in PSS during the CEA training session; household visits also include basic PSS.

11 On average 10,000 readers per issue

learned workshops that will be held at the regional level, each stakeholder will be invited to define together the task of each post-emergency and the preparation needs for the next plague season.

- Promoting early recovery

The emergency phase officially was declared over in November 2017 by Ministry of Public Health; early recovery has meant reviving early-warning systems at community and MRCS volunteer level. The methodology consists of optimizing community consultations, to raise the awareness of community members, in particular revitalizing local health committees in each locality for case referencing and also focus on stimulation of inter-community awareness rising.

- MRCS, beneficiary participation and building on local capacities and knowledge

From the initial mobilization activities at the community level, a committed approach has put communities at the heart of all decision-making, considering and valuing their abilities and knowledge. CEA has been crucial from the start, and all staff and volunteers have received the adequate training. Outreach activities take into account the stigmatization of some community members due to plague and social perception. Volunteers have started carrying out basic PSS combined with CEA during home visits and mass outreach. Both men and women and all community members are informed through radio broadcasting on the MRCS actions. The post-emergency and preparation phase for the next plague season, beneficiaries will be further informed on measures to be taken to ensure their resilience is improvement against the next plague season. Beneficiaries' consultations through consultation meetings contribute to integrate the communities in the response and preparedness process.

MRCS engaging in educational radio broadcasting

Monitoring CEA is set up to allow the information flow between the phases, between the other pillar sectors, and the affected population, the local authorities, the donors and other implementing partners.

- Lessons-learned workshops (at regional and national levels) are planned before the end of this operation *(see more below under the Preparation and response activities for the next plague season).*

Intervention phases the plague response led by the MRCS includes three phases: the emergency phase, the post-emergency phase and the next-plague-season preparation phase. During these three phases, the strategy adopted has and is being adapted to the existing situations at defined times.

✓ ***Emergency phase***

At the setting of the outbreak, the MRCS optimized the setting up of tents to receive suspected cases (MRCS and BNGRC), knowing that with the epidemic the capacity of the existing health centres was quickly overwhelmed, and additional dedicated treatment centres to support patients with plague had been expressed. All suspected and confirmed cases of plague would then be referred to these centres. Eight health centres were designated by WHO to manage plague cases and alleviate the burden on hospitals and health clinics and recommended that at least ten treatment centres in six priority areas be created. In the emergency response, IFRC and Red Cross ERU partners deployed and installed a treatment unit with emergency medical and paramedical technical staff, medical equipment and medicine centre to create a Plague Treatment Unit (PTU).

To help control the spread of the disease, public transportation (buses, bush taxi, cars, etc.), drivers, passengers and users of bus stations were sensitized generally on pulmonary plague in the ten regions. A series of sensitization sessions were initiated at the household and community level and activities of disinfection and spraying of insecticides of the plague foci (bubonic and pulmonary) were carried out. During the epidemic phase the following number of people were sensitized and received vector control support:

Emergency Phase

PASSENGERS
442 025 Passengers Sensitized

DISINFECTIONS
1 233 Houses disinfected

PUBLIC VEHICULES
640 Vehicules disinfected

PRIVATE VEHICULES
10 964 Vehicules controled

Simultaneously, the suspected cases were sent to the PTU at the Andohatapenaka Hospital that had opened on 2 November 2017 with a capacity of 20 beds, plus two extra beds available if needed. This centre was functional and was initially managed by a mix of international and local doctors and nurses. The PTU screened and treated a total of five patients, including two children aged 3 and 5 who suffered 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 remained opened up until April 2018 with a core medical team of local staff, trained and ready to respond. The PTU was also able to extend its reception capacity in the event of another outbreak to up to 50 beds.

✓ ***Post-Emergency phase***

This phase starts at the set of the official declaration of the end of the epidemic late November 2017. From then, all the intervention activities were based on CBS and CEA including activities related to capacity building in PSS, sanitation and hygiene at community level with vector control.

During the post emergency phase, the MRCS was able to perform the activities with house-to-house visits, mass sensitization including of focus groups, of public transportation, drivers and passengers, vector control, sanitation and hygiene, waste management and radio shows reaching a total of 307,887 people as illustrated below:

Post-Emergency Phase

FOCUS GROUPS

8886 People reached

HOUSEHOLD VISITS

307 887 People visited

MASS SENSITIZATION

16 536 people sensitized

WASTE MANAGEMENT

88 New Garbage pits

RADIO SHOWS

33 Radio Shows

✓ ***Preparation and response activities for the next plague season***

Following a financial review and an update of the pending activities, the proposed areas of intervention during the timeframe extension should still cover:

1. **Community workshop and Lessons-learnt workshop**
   - Regional level: as initially planned at district level, with one workshop including people from several regions (more cost-effective with 3-4 workshops instead of 10 run that should take place during field-trips with volunteers from other regions mobilized for training) capturing feedback and lessons learned from communities during the plague intervention. The objective from the experience gained is also to empower communities in improving hygiene, sanitation and provide guidance for the creation of waste-management committees, etc.
   - National level (in Antananarivo): with the participants from MoH, WHO, IPM, MDM, etc. that have been involved in the plague response and sharing the information gathered during the workshops at regional level.
2. **2nd KAP survey**

   Since the first survey ended later than expected, undertaking a second KAP will be considered if it should or not take place at the end of the operation.
3. **New and continued trainings – increased knowledge refreshment sessions (903 volunteers):**
   a. PSS: although integrated in the CEA component, more in-depth PSS sessions and sounder know-how on how to approach patients, their families and communities is an essential capacity-building component for the Red Cross to undertake.
   b. SDB: MoH recently approved the SDB protocol and this could be an activity that the MRCS can engage-in, if needed, subject to the final approval by the Council of Ministers.
   c. Plague (pneumonic type): According to the field-monitoring visits, the knowledge of the communities around plague is generally good but still quite focused in the bubonic type. Reinforcement in sharing knowledge on the pneumonic form of plague appears necessary and is a good preparation exercise for the next possible plague outbreak.
4. **Procurement and distribution of sanitation kits**

   The procurement and distribution of sanitation kits are in line with the creation of committees at community level towards encouraged for their empowerment at being more autonomous. It will complement to the distribution of rat-traps that WHO is planning as a new strategy for the preparedness of the next plague season. WHO and WFP might be approached to request for their logistics support for the distribution of these kits if deemed necessary.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Done so far

✓ MRCS capacity building of volunteers, supervisors and regional coordinators from the 10 intervention regions were trained in social mobilization and community awareness	✓ Management of the PTU In Analamanga (Antananarivo), people identified as a suspect case were transferred to the PTU for sorting and treatment. A core medical and paramedical team was	✓ Sensitization Communities were sensitized on the plague epidemic. Volunteers carried out awareness-rising programs in 311 communities (fokontany) spread over 10 regions.

activities around plague. Training on vector control allowed the volunteers to gain knowledge on the fight against fleas, understand the role of the rats in spreading the disease, get facts on vectors, on the management of waste and public sanitation, and how to install and use new rat traps, although this activity finally did not take place as taken on by other partners. Training in **CBS** allowed identifying suspected cases and referencing; community members were encouraged to detect sick people themselves, make a diagnosis of the person with buboes or spitting, and alert MRCS volunteers for the referral of suspect cases according to community case definitions. Suspicious case information is sent to MRCS headquarters via SMS via mobile phone, which is directly synchronized into the Power BI Zegeba system (www.cbsrc.org) used to direct or adjust actions in the locality with suspected cases. Generally, suspected cases and patients and their families receive **PSS** by volunteers to avoid stigma at the community level. As part of the volunteer training, activities related to **PSS** were widened to all households visited, to reduce household stress when faced with plague epidemic, noting that plague remains a sensitive subject, even a taboo in certain localities. To stimulate communities to take on plague control, volunteers were trained on **CEA**. This approach allowed volunteers to stimulate and support initiatives; between-help and community ownership action plans to prevent the spread of the plague and improve response actions.	set up by the MRCS to keep the PTU operational. After the departure of the ERU medical and logistics teams, a core medical and paramedical team was set up and trained, which consisted of: a coordinator, doctors, nurses and hygienists to remain in place up to April 2018. The team was able to treat from six to up to ten plague patients and be able to scale-up training to other medical staff. The cooperation agreement between the MRCS and the Ministry of Public Health for SDB protocol has been finalized but not yet formally signed yet. The PTU was closed and handed over to the authorities as planned.	The sensitizations took place either through focus group sessions, home visits or mass grouping. Home visits inform and raises the awareness of people. Volunteers group reports together with their supervisors (at commune level) and send them to the regional coordination of the MRCS. The rumour-collection cards have been analysed with the coordination to guide or adjust the actions to be taken in the next interventions. Radio broadcasts were held periodically in each region, where partners at the regional plague response coordination level were invited to share knowledge and techniques to combat the plague epidemic.

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% of all people in the 10 regions increased their knowledge about it	Percentage to be evaluated during KAP (knowledge, attitude and practice) survey.
This indicator was modified to increased cooperation and communication between the members of the community and the MRCS volunteers to contribute to surveillance activities	100%: each region has community members who are able to identify and report the suspicious cases	Since the CBS activities, a total of 89 SMS alert from the 10 regions were sent out: - 22 suspicious cases, out of which 3 cases were confirmed and all survived - 33 suspicious deaths in the community, out of which 2 cases were confirmed - 34 suspicious cases of dead animals but no confirmed case but the community increased the precautions
Percentage of affected community members that received psychological support	70% of the patients and their family received PSS	5 PTU patients and their families received PSS during and after their treatment. All the 22 suspicious cases and their families, and the families of the 33 suspicious deaths in the ten target regions detected by the CBS received some basic principles of PSS[12]. Volunteers take advantage of home visits to provide basic principles of PSS to the visited household. Some, 121 816 households were visited with 307,887 people present reached.

***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%	To be seen post-KAP survey. The KAP survey took place in April 2018 three months later than planned. The findings of the survey are still being finalised.

Activities planned	Progress towards outcomes
The development and dissemination of behaviour change and prevention messages and other public health communication related to the outbreak	16,536 people reached with mass sensitization, 442,025 passengers of the public transportation were sensitized, in which 10 964 private and public vehicles controlled during the peak of the epidemic.
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	A community workshop was planned for end-April but has not yet taken place. This workshop is planned during the new timeframe. 479 community meetings in the form of focus groups have been held, with 8,866 persons having participated. Community meetings consist in inviting community members to exchange with volunteers around the role of the MRCS and how to develop a community-owned plan.
Knowledge attitude and practices (KAP) survey – the survey will allow to measure progress.	A KAP survey took place during the month of April with some considerable delay; another one is currently under discussion to decide whether it would still be relevant to take place before the end of the operation.
Procurement of IEC, visibility and communication equipment and materials for social mobilization and CEA products and packages	Subject to a final budget approval and the availability of funds, 320 sanitation kits should be purchased. These kits are particularly important for the sanitation prevention activities that should be rolled-out before the next plague season.

[12] Emotional support, sensitization and knowledge sharing around plague to reduce fear, distrust and the importance of sharing the burden of worries and fears

Radio, TV interactive-shows as well as social medial promotion for prevention addressing communities at risk	33 radio shows named "Andao hitafa" or "let's talk" reaching an estimated audience of 10,000 persons per show have been broadcasted. The radio shows took place on different channels in different regions and were tailored for the particular audience of the regions. The content of the shows covered overall information around plague symptoms and prevention with a presentation of the MRCS and its role with a main message: "Plague treatment exists and is free" - http://www.croixrougemalagasy.org/linformation-comme-forme-dassistance/	
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 staff and volunteers	See below
30 targeted staff and volunteers have received safety guidance and adequate PPE	30 staff and volunteers	See below
Activities planned	**Progress towards outcomes**	
Training of 30 staff and volunteers on safe and dignified burials	Due to the delay in the approval of a protocol by the MoH (which occurred in April*)* despite the numerous requests from the MRCS, this activity was cancelled for this epidemic season. **SDB** training of the staff and volunteers is due to take place within the timeframe extension.	
Quality and safety assurance of staff and volunteers	MRCS has assured that all staff and volunteers directly involved in the operation have benefitted from insurance coverage during all their activities.	
Distribution of prophylaxis treatments, protection equipment, boots, masks for volunteers and staff	3,000 tablets; 1,050 masks (according to the universal norm of PP1 and PP2); 30 protection suits; 30 pairs of boots and 700 gloves have been distributed to staff and volunteers through the whole emergency phase. Systematic disinfection of ambulances with High Test Hypochlorite (HTH) after evacuation of suspected cases. To avoid created additional fear among communities, volunteers hesitated to use PPE or masks.	
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**
Increased cooperation and communication between the members of the community and the MRCS volunteers is strengthening operationalizing CBS	100% of 311 fokontany of the 10 targeted regions	98% (or 306 out of 311 fokontany)
Increased cooperation and communication between the members of the community and the MRCS volunteers is strengthening operationalizing CBS	100% each community has members able to identify and report the suspicious cases	Since the start of CBS activities, a total 4,035 SMS zero[13] and 89 SMS alert messages from 306 fokontany covered were sent out: - 22 suspicious cases, out of which 3 cases were confirmed and all survived - 33 suspicious death in the community, out of which 2cases were confirmed - 34 suspicious cases of dead animals but no confirmed case, with the community increasing precautions.
Activities planned	**Progress towards outcome**	
Training of volunteers on community-based surveillance	296,604 volunteers were trained in CBS, covering 585 activities. CBS has and will be rolled out using the Zegeba software data collection systems. 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, 306 out of 311 fokontany are monitored	
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. 34 suspicious cases of dead animals (mostly rats) have been reported but no plague confirmed case, still the community has increased precaution measures.	
Output 1.4: **Those affected by the outbreak are supported through psychosocial support (PSS)**		

[13] SMS zero means that there is nothing worrying to report

Indicators:	Target	Actual
Released patients and their families have received PSS	100% patients and their family	5 cases (PTU's patients. See above in indicator 3 of outcome 1)
Percentage of staff and volunteers who suffer from stress and discrimination get PSS.	100% of staff and volunteers suffering	There is no case of volunteer or staff suffering from discrimination-induced stress.
Activities planned	**Progress towards outcomes**	
Training of volunteers in psychosocial support	903 volunteers received basic PSS principles during the CEA training. An increased training was to take place in April but is planned during the extension timeframe.	
Provide PSS to targeted people, and family members	On-going activity for moral support, supporting stigmatized people and families, was extended to the whole communities of the covered districts. 107,434 households have benefited from PSS through indirect targeting with home visits. 5 PTU patients and their family received PSS, 22 suspicious cases and their family and the family of the 33 suspicious deaths detected by the CBS received basic PSS. Basic principles PSS are delivered to the households, 121,816 households visited.	
Provide PSS to staff and volunteers	Staff or a volunteer in need of PSS, can contact the person specialized in PSS to receive the necessary support (see above indicator 2 of output 1.4).	
Community visits to reduce stigma and fear and provide support to those patients discharged from the PTUs.	5 PTU discharged suspect patients and their families have received PSS. Otherwise, anti-rumour management support and anti-stigma activities are taking place in every target fokontany.	
PSS material produced	Planned during the timeframe extension.	

***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%; suspected cases identified by the MRCS volunteers	5 suspected cases identified by the MRCS volunteers were transferred to the PTU, then shortly thereafter plague was soon under control and officially declared over at the end of November 2017.
PTU is set up with a core trained medical team are able to manage a small-scale epidemic outbreak	100%	100% the functional PTU was opened on 2 November 2017.
Activities planned	**Progress towards outcome**	
Procurement and deployment of required equipment and medical supplies for plague treatment	Medical items, equipment, chlorine and medicine were provided through the ERU and IFRC.	
Plague Treatment Unit – Set-up with 50[14] 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 were referred and treated at the PTU. At the height of the epidemic, a total of only five patients were referred and treated at the PTU in November and none were referred since.	

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	From mid-October deployment and several rotations of FACT and ERU teams took place. The rotation ended in December: the last medical rotation includes the ERU Swiss Red Cross funded medical doctor and nurse who arrived early- and mid-November and core functions were taken over by competent trained national medical and paramedical staff. A transition plan was finalized, and the Malagasy doctor recruited by MRCS to manage the PTU with a local medical team. A PTU technician and logistician arrived mid-November to take over work from the ERU Finnish Red Cross technician. The capacity building provided by 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 was retaining key personnel 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 ended in December, core medical and paramedical functions were taken over by competent trained national staff consisting of: a coordinator, doctors, nurses and hygienists that remained in place up to April 2018 and then closed as planned.
Ambulance for transportation of patients to and from the PTU	The MRCS assured that an Ambulance was 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% of the activities planned	67 % (2 activities out of 3 planned were realized)
300 volunteers are trained and are carrying out vector control, spraying and using the new insecticides and pesticides	300 trained volunteers	To date, 299 were formally trained
Communities in regions more aware in the need for improved waste management	100% of reached communities of the 10 targeted regions engage in waste management	6 regions[15] out of the 10 targeted regions realized 33 collectives cleaning with the participation of 11 914 persons, and 2 regions[16] have put up 88 garbage pits

Activities planned	**Progress towards outcome**
Staff and volunteer training in vector control	299 volunteers are trained to roll out 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 took place in collaboration with team members from the MoH.1 233 houses and 640 public vehicles were disinfected. 88 new garbage pits were constructed to help manage rat population. MRCS may engage for the distribution of rat-traps from June upon the request of WHO.
Strengthening measures of protection of people by adopting new behaviour in hygiene, sanitation and waste management – making people safe from rats and fleas, promotes rat-proofing and prevent contamination of plague	33 sanitation campaigns mobilizing 11,914 people to do a collectives cleaning (see above). 305 mass awareness campaigns reached 16,536 people and house-to-house to 121,816 household reaching at total of 307,887 people with promoting WASH and vector control.

[15] Vakinankaratra, Alaotra Mangoro, Analanjirofo, Analamanga, Amoron'i Mania, Bongolava
[16] Analamanga, Vakinankaratra

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

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 Head of Operations, 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%	100% during the emergency phase
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, UNICEF and other partners	100% during emergency phase and is ongoing during post-emergency and preparation phases.
Participation in coordination and technical cluster meetings with Ministry of Public Health, WHO, UNICEF and other partners	100% during emergency phase and is ongoing during post-emergency and preparation phases.
Implementation plan is designed based on available epidemiological data and technical guidance	The MRCS/IFRC management and technical teams have monitored and maintained regular dialogue and contact with MoH/WHO and other lead partners on the ground on the epidemiological situation.
Joint planning with national and local authorities	100% during emergency phase and is ongoing during post-emergency and preparation phases.

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%	On-going

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	On KAP survey took place later than planned and the initial findings were delivered in May but have not yet been made officially available. Discussions will take place to see if the second survey is needed at the end of the operation.
Percentage of monitoring visits completed	100%	Ongoing along the timeframe of the operation
Number of lessons-learned and evaluation completed	Reginal and national level	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 903 volunteers have been trained in CEA: out of which 604 (increased from initially 585) volunteers focused specifically in CBS and 299 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[17] KAP surveys will be organized	MRCS has focused on communities and key messages have been developed in coordination and consultation with WHO and UNICEF. (See above on KAP).
Continuous monitoring of community knowledge, attitudes, beliefs and rumours inform CEA activities.	Through CEA and CBS regular monitoring has taken place.
Development and updating of assessment and monitoring tools.	MRCS has been reinforcing its PMER capacities with the support of IFRC.
Visibility – documenting the Red Cross plague response and preparedness experience	Visibility has occurred CEA teams through inter-active radio and tv programming on plague prevention and anti-stigma. Up to the end of the operation IFRC will continue to assist the MRCS to capture the knowledge and expertise developed and acquired. Documentation and a documentary have already been developed around MRCS's CBS expertise.
Lessons Learned workshops 1. Branch level with staff, volunteers, local stakeholders/partners (NGO) and authorities and 2. At national level with main stakeholders.	Lessons-learned workshops are planned and budgeted for and will take place by 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%

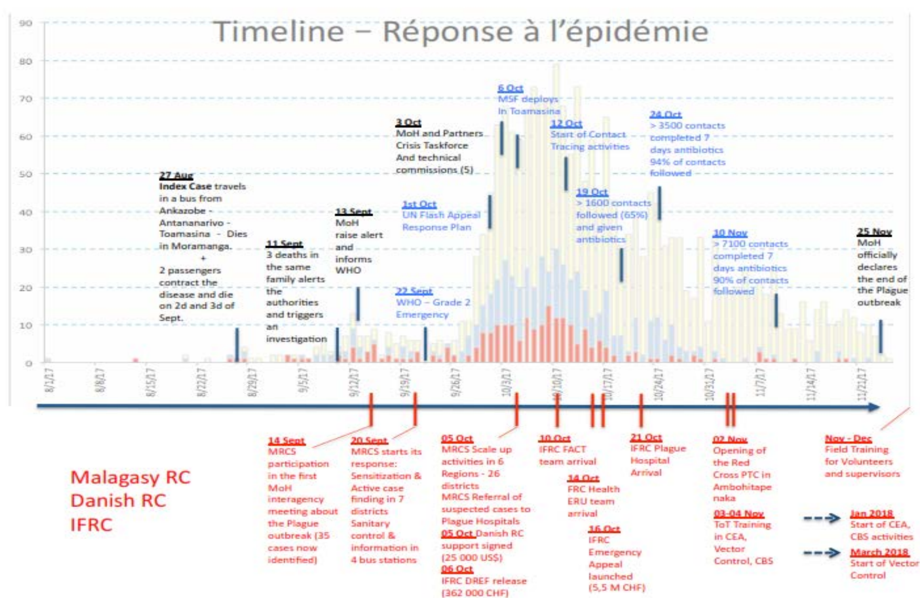
[17] KAP is CAP in French: connaissance attitude et pratique

Percentage of staff recruited for each position opened	100%	100%
Activities planned	**Progress towards outcome**	
Provide phones, laptops and internet to staff and volunteers to support the implementation of activities	Completed	
Equip office with adequate supplies to support the implementation of activities	Completed	
Recruit adequate national staff to support the operation	Completed	
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. 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. An audit has been planned with dates not yet confirmed.	

Annex 1/2

GENERAL FINDING
Limited intervention period

The plague epidemic has been an entry point to encourage people to change their behaviour to improve sanitation and social hygiene conditions. In reference to the timeline of the plague epidemic, the devices dedicated to the plague response were functional only after the soaring of registered cases. Communities were able to learn from this epidemic outbreak. However, taking into account behavioural change in term of actions was possible only post-epidemic. As such, the results obtained require even more time for the effective implementation of activities at the community level, to concretize the response itself, but also to help these communities to better prepare for the next plague season.



Coordination
In terms of coordinating the plague response, exchanges between key actors and partners within the Movement and even outside remains to be improved. Large numbers of information were misused, the system of sharing and collaboration were put in question on certain points such as on:

- ✓ The MoU with the authorities around SDB protocol has been approved but not yet formally signed.
- ✓ Charter (around questions of visibility, what logo used or not)
- ✓ Protocol (protocol around the references of the focal point between MRCS/IFRC, on finance and logistics)
- ✓ Engagement of each stakeholder (the expectation of each stakeholder: to whom we need to report? what activities are covered by the funds from financial partners, etc.)

Improvement of the coordination mechanism would help avoid penalizing the implementing partners such as the MRCS, who are already confronted with implementation timeframes and on being able to deliver on the planned activities. At the national level, the MRCS works with all stakeholders at each of the administrative levels. However, by not respecting its mandate as auxiliary to the public authorities, some fields of intervention remain limited. Because all decisions on the plague response have to be centralised around the Ministry of Public Health such as the official declaration of cases, the production of specific IEC material for pulmonary plague and other related matters that remain challenging dilemmas between the authorities and the intervening partners.

Perspective

Following the analysis of these findings, and also through visits of the partners of the plague Emergency Appeal such as the consultant of the Danish Red Cross, the Swedish Red Cross and by the Technical Advisor of ECHO, the perspectives of the MRCS in the plague response are summarized by needs as follows:

- ✓ Restructuring of the team at national and regional level;
- ✓ Development of activities towards preparatory actions;
- ✓ Budgetary adjustments (to support the restructuring and management of activities);
- ✓ Capitalization of actions taken at the PTU by the production and sharing of operational guides on the centre;
- ✓ Production of awareness and mobilization guides;
- ✓ Orientation of activities towards preparatory actions for the next plague season;
- ✓ Organization of community workshops and lessons-learned workshops in each region (or combining regions), followed by refresher training of volunteers and mentors on the themes involved in the plague response.

Annex 2/2: CBS Data Review

SMS RECEIVED

1		2017					2018																	
		November	December				January					February				March				April				
1	Plague suspected cases	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
alaotra_mangoro	**Alaotra Mangoro**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
amoron_i_mania	**Amoron'i Mania**	0	0	0	0	0	0	2	0	0	0	1	2	0	0	1	0	0	0	1	0	0	0	7
analamanga	**Analamanga**	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
analanjirofo	**Analanjirofo**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atsinanana	**Atsinanana**	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6
boeny	**Boeny**	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
haute_matsiatra	**Haute Matsiatra**	0	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	4
itasy	**Itasy**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
vakinankaratra	**Vakinankaratra**	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
2		2017					2018																	
		November	December				January					February				March				April				
2	Community plague suspected deaths	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
alaotra_mangoro	**Alaotra Mangoro**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
amoron_i_mania	**Amoron'i Mania**	0	0	0	0	0	0	1	0	0	0	0	3	2	1	0	0	0	0	0	0	0	0	7
analamanga	**Analamanga**	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
analanjirofo	**Analanjirofo**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atsinanana	**Atsinanana**	0	0	0	0	0	0	0	0	0	0	2	0	2	1	1	1	1	3	0	2	0	0	8
boeny	**Boeny**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
haute_matsiatra	**Haute Matsiatra**	0	0	0	0	0	4	3	3	0	0	1	2	0	0	0	0	0	0	0	0	0	0	13
itasy	**Itasy**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
vakinankaratra	**Vakinankaratra**	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4
3		2017					2018																	
		November	December				January					February				March				April				
3	Recorded animal deaths (rats)	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
alaotra_mangoro	**Alaotra Mangoro**	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
amoron_i_mania	**Amoron'i Mania**	0	0	0	0	0	1	2	5	2	3	1	0	1	0	0	1	2	0	0	0	0	0	18
analamanga	**Analamanga**	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2
analanjirofo	**Analanjirofo**	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3
atsinanana	**Atsinanana**	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1
boeny	**Boeny**	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
haute_matsiatra	**Haute Matsiatra**	0	0	0	0	0	0	1	0	3	0	0	0	2	0	0	0	0	0	0	0	0	0	6
itasy	**Itasy**	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

vakinankaratra	**Vakinankaratra**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0		2017					2018																
		November	December				January					February				March				April			
0	Zero SMS	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
alaotra_mangoro	**Alaotra Mangoro**	0	0	0	9	9	7	11	16	17	15	15	28	23	23	26	30	21	23	20	32	0	0	325
amoron_i_mania	**Amoron'i Mania**	0	0	0	3	16	16	14	25	18	19	25	17	24	18	18	16	20	20	18	27	0	0	314
analamanga	**Analamanga**	0	0	0	0	0	10	18	23	26	35	57	39	48	59	54	54	48	60	46	46	1	0	624
analanjirofo	**Analanjirofo**	0	0	0	2	8	5	3	11	9	9	8	8	10	8	8	6	5	7	7	4	0	0	118
atsinanana	**Atsinanana**	0	0	0	0	0	0	0	0	0	20	12	11	14	15	12	9	14	12	6	8	1	0	134
boeny	**Boeny**	0	0	3	29	24	19	26	22	25	31	26	21	28	26	27	25	19	23	24	21	3	0	422
haute_matsiatra	**Haute Matsiatra**	0	0	0	5	26	29	26	23	25	36	39	32	36	42	46	58	49	37	28	26	4	0	567
itasy	**Itasy**	0	0	0	4	25	22	23	18	16	20	26	18	22	31	20	85	48	34	34	25	1	0	472
vakinankaratra	**Vakinankaratra**	0	0	1	12	8	19	15	30	21	31	30	32	28	26	26	35	32	23	31	30	0	0	430

CONFIRMED CASE ALERTS

	2017					2018																
	November	December				January					February				March				April			
Suspect cases of plague	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Alaotra Mangoro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amoron'i Mania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirofo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Atsinanana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boeny	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haute Matsiatra	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0
Itasy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vakinankaratra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	2017					2018																
	November	December				January					February				March				April			
Suspect deaths that occurred in the community	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Alaotra Mangoro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amoron'i Mania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirofo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Atsinanana	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Boeny	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haute Matsiatra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Itasy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vakinankaratra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	2017					2018																
	November	December				January					February				March				April			
Death of animals (rats)	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Alaotra Mangoro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amoron'i Mania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirofo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Atsinanana	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Boeny	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haute Matsiatra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Itasy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vakinankaratra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PERFORMANCE OF VOLONTEERS

Regions	2017					2018																	Volunteers per region
	November	December				January					February				March				April				
	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Alaotra Mangoro	0	0	0	9	9	7	11	16	17	16	16	26	23	24	27	29	23	26	20	30	0	0	57
Amoron'i Mania	0	0	0	3	20	22	21	31	27	34	34	29	34	31	27	31	29	27	30	34	0	0	42

Analamanga	0	0	0	0	0	13	23	28	34	37	51	41	52	53	52	51	45	45	38	36	1	0	218
Analanjirofo	0	0	0	2	8	8	9	16	13	17	16	16	16	11	11	10	10	9	10	4	0	0	25
Atsinanana	0	0	0	0	0	0	0	0	0	27	36	46	48	46	37	34	37	43	33	31	5	0	61
Boeny	0	0	3	25	24	19	26	27	28	28	28	23	27	27	26	26	22	21	24	21	5	0	30
Haute Matsiatra	0	0	0	5	21	18	20	20	25	27	29	31	32	28	29	37	35	30	24	20	5	0	40
Itasy	0	0	0	4	26	27	30	28	23	30	31	32	31	35	27	40	32	23	23	17	1	0	68
Vakinankaratra	0	0	2	11	11	24	17	28	23	29	31	31	28	32	29	36	36	24	34	33	0	0	42
Alaotra Mangoro	0%	0%	0%	16%	16%	12%	19%	28%	30%	28%	28%	46%	40%	42%	47%	51%	40%	46%	35%	53%	0%	0%	
Amoron'i Mania	0%	0%	0%	7%	48%	52%	50%	74%	64%	81%	81%	69%	81%	74%	64%	74%	69%	64%	71%	81%	0%	0%	
Analamanga	0%	0%	0%	0%	0%	6%	11%	13%	16%	17%	23%	19%	24%	24%	24%	23%	21%	21%	17%	17%	0%	0%	
Analanjirofo	0%	0%	0%	8%	32%	32%	36%	64%	52%	68%	64%	64%	64%	44%	44%	40%	40%	36%	40%	16%	0%	0%	
Atsinanana	0%	0%	0%	0%	0%	0%	0%	0%	0%	44%	59%	75%	79%	75%	61%	56%	61%	70%	54%	51%	8%	0%	
Boeny	0%	0%	10%	83%	80%	63%	87%	90%	93%	93%	93%	77%	90%	90%	87%	87%	73%	70%	80%	70%	17%	0%	
Haute Matsiatra	0%	0%	0%	13%	53%	45%	50%	50%	63%	68%	73%	78%	80%	70%	73%	93%	88%	75%	60%	50%	13%	0%	
Itasy	0%	0%	0%	6%	38%	40%	44%	41%	34%	44%	46%	47%	46%	51%	40%	59%	47%	34%	34%	25%	1%	0%	
Vakinankaratra	0%	0%	5%	26%	26%	57%	40%	67%	55%	69%	74%	74%	67%	76%	69%	86%	86%	57%	81%	79%	0%	0%	
AVERAGE	0%	0%	2%	18%	32%	34%	37%	47%	45%	57%	60%	61%	63%	61%	56%	63%	58%	53%	53%	49%	4%	0%	
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

Reference documents

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

For further information, specifically related to this operation please contact:

In the National Society

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In the IFRC

- **IFRC Operational Manager for the Plague:** Javier Tena Rubio, Ops. Manager, Antananarivo email: javier.tena@ifrc.org

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- **IFRC Head of Country Cluster Indian Ocean Islands & Djibouti: Youcef Ait Chellouche,** Antananarivo| Madagascar**:** Temporary mobile phone: +261 327 789 507**;** email: youcef.aitchellouche@ifrc.org | Skype: youcef.ac |Twiter: @YoucefAC
- **IFRC Country** EAIOI **Cluster Support, Team office:** Marshal Mukuvare, DM Delegate, Nairobi, phone: +254 719 543 525, email: **marshal.mukuvare@ifrc.org**

For IFRC Resource Mobilization and Pledges support:

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

- **Fiona Gatere,** PMER Coordinator, phone: +254 202 835 185; email**: fiona.gatere@ifrc.org**

Contact Information

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.

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

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

Enable healthy and safe living.

Promote social inclusion and a culture of non-violence and peace.

D. Disaster Response Financial Report

Disaster Response Financial Report

MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 17 Jun 18

Appeal Launch Date: 17 Oct 17

Interim Report

Selected Parameters			
Reporting Timeframe	2017/10-2018/5	Programme	MDRMG013
Budget Timeframe	2017/10-2018/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		**674,850**	**1,405,600**			**2,080,450**	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross			*49,231*			*49,231*	
BP Foundation			*24,421*			*24,421*	
British Red Cross			*65,588*			*65,588*	
CDC Centers for Disease Control and Prevention			*74,475*			*74,475*	
Danish Red Cross			*77,717*			*77,717*	
European Commission - DG ECHO			*223,077*			*223,077*	
Italian Red Cross			*58,472*			*58,472*	
Japanese Red Cross Society			*87,251*			*87,251*	
Red Cross of Monaco			*29,938*			*29,938*	
Swedish Red Cross			*237,006*			*237,006*	
The Canadian Red Cross Society (from Canadian Government)*			*153,310*			*153,310*	
The Netherlands Red Cross (from Netherlands Government)*		*438,644*	*86,363*			*525,007*	
Turkish Red Crescent Society			*10,000*			*10,000*	
C1. Cash contributions		***438,644***	***1,176,849***			***1,615,493***	
Other Income							
DREF Allocations		*200,000*				*200,000*	
C4. Other Income		***200,000***				***200,000***	
C. Total Income = SUM(C1..C4)		**638,644**	**1,176,849**			**1,815,493**	
D. Total Funding = B +C		**638,644**	**1,176,849**			**1,815,493**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		638,644	1,176,849			**1,815,493**	
E. Expenditure		-636,120	-854,402			**-1,490,522**	
F. Closing Balance = (B + C + E)		2,524	322,448			**324,971**	

Disaster Response Financial Report

MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 17 Jun 18

Appeal Launch Date: 17 Oct 17

Interim Report

Selected Parameters			
Reporting Timeframe	2017/10-2018/5	Programme	MDRMG013
Budget Timeframe	2017/10-2018/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						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	TOTAL	
	A						B	A - B
BUDGET (C)			**674,850**	**1,405,600**			**2,080,450**	
Relief items, Construction, Supplies								
Seeds & Plants				31			**31**	**-31**
Water, Sanitation & Hygiene	106,588							**106,588**
Medical & First Aid	1,014,686			13,526			**13,526**	**1,001,160**
Teaching Materials	59,981							**59,981**
Other Supplies & Services	47,555							**47,555**
ERU			579,600	329,633			**909,233**	**-909,233**
Total Relief items, Construction, Sup	1,228,810		579,600	343,189			**922,789**	**306,021**
Land, vehicles & equipment								
Computers & Telecom	8,571							**8,571**
Total Land, vehicles & equipment	8,571							**8,571**
Logistics, Transport & Storage								
Storage			1,455	134			**1,589**	**-1,589**
Distribution & Monitoring				9,971			**9,971**	**-9,971**
Transport & Vehicles Costs	33,136			12,553			**12,553**	**20,583**
Logistics Services				2,521			**2,521**	**-2,521**
Total Logistics, Transport & Storage	33,136		1,455	25,179			**26,634**	**6,503**
Personnel								
International Staff	244,494		7,763	169,960			**177,723**	**66,771**
National Staff	18,000			3,819			**3,819**	**14,181**
National Society Staff	54,198			1,674			**1,674**	**52,524**
Volunteers	74,326			40			**40**	**74,286**
Total Personnel	391,019		7,763	175,493			**183,256**	**207,763**
Consultants & Professional Fees								
Consultants	17,143							**17,143**
Professional Fees	10,714							**10,714**
Total Consultants & Professional Fee	27,857							**27,857**
Workshops & Training								
Workshops & Training	92,098			5,343			**5,343**	**86,755**
Total Workshops & Training	92,098			5,343			**5,343**	**86,755**
General Expenditure								
Travel	9,912		8,038	34,779			**42,818**	**-32,906**
Information & Public Relations	115,998							**115,998**
Office Costs	24,394			325			**325**	**24,069**
Communications	8,576			2,193			**2,193**	**6,382**
Financial Charges	2,195		-42	1,192			**1,150**	**1,045**
Other General Expenses				300			**300**	**-300**
Shared Office and Services Costs	10,907		4	2,795			**2,799**	**8,108**
Total General Expenditure	171,982		8,000	41,585			**49,586**	**122,397**
Operational Provisions								
Operational Provisions				211,078			**211,078**	**-211,078**
Total Operational Provisions				211,078			**211,078**	**-211,078**
Indirect Costs								
Programme & Services Support Recove	126,976		39,302	49,897			**89,199**	**37,776**
Total Indirect Costs	126,976		39,302	49,897			**89,199**	**37,776**
Pledge Specific Costs								

Disaster Response Financial Report

MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 17 Jun 18

Appeal Launch Date: 17 Oct 17

Interim Report

Selected Parameters			
Reporting Timeframe	2017/10-2018/5	Programme	MDRMG013
Budget Timeframe	2017/10-2018/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						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	TOTAL	
	A						B	A - B
BUDGET (C)			**674,850**	**1,405,600**			**2,080,450**	
Pledge Earmarking Fee				1,937			**1,937**	**-1,937**
Pledge Reporting Fees				700			**700**	**-700**
Total Pledge Specific Costs				2,637			**2,637**	**-2,637**
TOTAL EXPENDITURE (D)	**2,080,450**		**636,120**	**854,402**			**1,490,522**	**589,928**
VARIANCE (C - D)			**38,729**	**551,198**			**589,928**	

Disaster Response Financial Report

MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 17 Jun 18

Appeal Launch Date: 17 Oct 17

Interim Report

Selected Parameters			
Reporting Timeframe	2017/10-2018/5	Programme	MDRMG013
Budget Timeframe	2017/10-2018/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	674,850		638,644	638,644	636,120	2,524	
Subtotal BL2	674,850		638,644	638,644	636,120	2,524	
BL3 - Strengthen RC/RC contribution to development							
Health	1,405,600		1,176,849	1,176,849	854,402	322,448	
Subtotal BL3	1,405,600		1,176,849	1,176,849	854,402	322,448	
GRAND TOTAL	**2,080,450**		**1,815,493**	**1,815,493**	**1,490,522**	**324,971**	