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# Emergency Plan of Action Operation Update

## Madagascar: Plague (Epidemic)

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRMG013</b>	<b>GLIDE n° EP-2017-000144-MDG</b>
<b>EPoA n° 3:</b> 07 December 2018	<b>Timeframe covered by this update:</b> 6 October 2017 to 19 November 2018
<b>Operation start date:</b> 6 October 2017	
<b>Overall operation budget: CHF 2,191,472</b> <b>DREF allocated: CHF 362,937</b> <b>2nd DREF allocation: CHF 637,063</b>	
<b>N° of people being assisted:</b> 1,2million people reduced to 960,000 people <sup>1</sup>	<b>Project Manager/Budget Holder IFRC:</b> Youcef Ait Chellouche, in-country Head of the Indian Ocean Cluster (responsible for implementation, compliances, monitoring and reporting)
<p><b>Host National Society presence (n° of volunteers, staff, branches): the Malagasy Red Cross (MRCS) mobilised</b> 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.</p> <p>After review of the appeal, for the extension, November to December 2018, the intervention areas are reduced to the 7 regions<sup>2</sup> mentioned on the initially IFRC's DREF and active volunteers to 613</p> <p>At the National Societies, there is 8 staff which 1 national focal point and 7 regional focal points.</p> <p>With the problem at the national societies, a restricted representative committee of the SN composed by 3 persons is set up to support the interim manager.</p>	
<p><b>The Red Cross and Red Crescent Movement partners are actively involved in the operation:</b> 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<sup>3</sup>), 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.</p>	
<p><b>The other main partner organizations actively involved in the operation are:</b> 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.</p>	

**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 960,000 people in the targeted regions over 19 months (to April 2019) **and contribute to the reduction in mortality and morbidity due to the plague outbreak in 7 priority regions through effective prevention, response and capacity building activities.**

The Emergency Appeal timeframe was initially for 9 months in 10 regions but due to the need to continue post-epidemic and prevention activities, the operation has been extended the first time over 15 months until 31 December 2018 and will be extended over 19 months to cover all period of plague season until the end of April 2019 considered as the end of the plague season.

From 19 august to 26 November, 124 cases of plague have been recorded with 91 bubonic form (73.4 %), 31 pulmonary form (25%), 1 septicaemia case and one unspecified. A quarter of the cases a pulmonary originated from the plague form which can be transmitted from human to human and causes an outbreak as it happens last year.

<sup>1</sup>The 1,2 million people corresponds to the resident from the initially 10 intervention areas or 311 fokontany; 960,000 people corresponds to the new list of the 217 intervention fokontany of the 7 regions selected. A fokontany is a basic Malagasy administrative subdivision and include hamlets, villages or neighbourhoods.

<sup>2</sup> Analamanga, Itasy, Vakinankaratra, Amoron'i Mania, Haute Matsiatra, Bongolava, Alaotra Mangoro.

<sup>3</sup>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=AOvVaw3B6H93XcO8DyCOegH64V8W](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=AOvVaw3B6H93XcO8DyCOegH64V8W)

Some bubonic cases evolving into pulmonary cases when not detected early and treated early were recorded and documented.

One hundred twenty-four (124) cases were reported from 24 districts coverings 10 regions. From the 24 districts which reported plague cases, 5 are currently active meaning that they reported new cases since the last 15 days.

Among the 16 reported death from Plague, 15 are community death which need strong community surveillance, early detection and early action in collaboration with PHC local structures.

IFRC will continue support MRCS volunteers to continue support community engagement and accountability/sensitization (CEA), early detection and early action (CBS), vector control explaining to communities the preventive measures to put in place and ensure the anti-stigma activities in relation to people and villages affected by plague are conducted. IFRC is also taking the lead in organising stakeholder dialogue and building structure at local level, involving community leaders, mayors, health officer, local authorities to enable dialogue between actor and improved coordination. These sensitization and surveillance activities seem to have improved efforts for prevention of potential outbreak during September-April season.

The request for extension is justified as well by the fact that after the results of the audits targeting Madagascar Red Cross activities, hard mitigation measures have been put in place to ensure appropriate use of resources under direct responsibility of the Federation.

At National society level, The IFRC recruited an interim manager of the MRCS to ensure continuity of Programme implementation and specific Banque account was opened with the interim manager as a signatory.

The recommendations of previous audit were revisited to ensure to no make the same errors as the one made in the past.

The operation restarted effectively in October 2018 and implementation in the field with direct disbursement by the IFRC needed to put in place risk mitigation measures to ensure appropriate use of resource. These measures slowed down the implementation rhythm of the activities.

The focus of the appeal remains on health promotion through **CEA** for behaviour change, on **CEBS** to help detect any unusual health problems and refer suspicious plague cases to existing health structures, and on Psychosocial Support (**PSS**) to give a new courage to those affected people and to reduce fear and rumours in the society. 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 fleas and rodents, so a distribution of sanitation kits for the community is planned from next week. Capacity building activities and refresh training of the volunteers has been realized.

The focus of the previous operation update was to focus on the 7 regions plague endemic region. There are relatively few cases of plague which are located in 10 regions. IFRC will deploy teams in the affected regions to avoid further spread of the epidemic focusing on community sensitisation and in collaboration with partners and MOH at national and local level.

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

**Funding Status:** the funding coverage to date stands at 75%. While the implementation rate is projected to be 90% by 31 December 2018.

**Main achievements:**

- 240,000 households (1,200,000 people) reached
- 10,964 vehicles controlled
- 640 vehicles disinfected
- 479 community meetings held

**Summary of revisions made to emergency plan of action:**

The operation covered 10 regions in 9 months during the epidemic period and has been extended to 15 months (to December 2018) to cover 7 endemic regions readjusting the focus on preparation for the next epidemic. The epidemic season started in September and the total number of cases as of 19 November 2019 is 118 with 31 cases of pulmonary cases which could be spread from human to human. To ensure project continuity, sustainability and have a strong community engagement, the activities should continue and be strengthened. So, the timeframe of the appeal is being extended from 15 months to 19 months until the end of April 2019.

The extension is sought for operation until the end of plague season. Some national context as presidential election and complications in the National Society has slowed and disrupt the planned of activities.

The MRCS governance election from local to national are planned to be held from 20 November to 13 December 2019 will also disrupt the implementation of plague field activities.

The second round of presidential election is planned to be held on December 19, 2019 and has great potential for localise conflicts and tensions and will disrupt local coordination and implementation of activities.

Since the restart of the activities on October 2018, refreshment training of the volunteers, a hygiene and sanitation campaigns are being prepared and stakeholders workshops at local level are in progress.

The activities like community workshops; stakeholders' workshop, coordination meeting will be strengthened and supported to set up different committees in order to empower communities to lead activities in plague preventions and participate in lesson-learned workshops.

Regarding the increase of the plague cases epidemic from 7 to 10 region new team will be deployed to cover all affected areas if resources allows.

The priority areas of action will be:

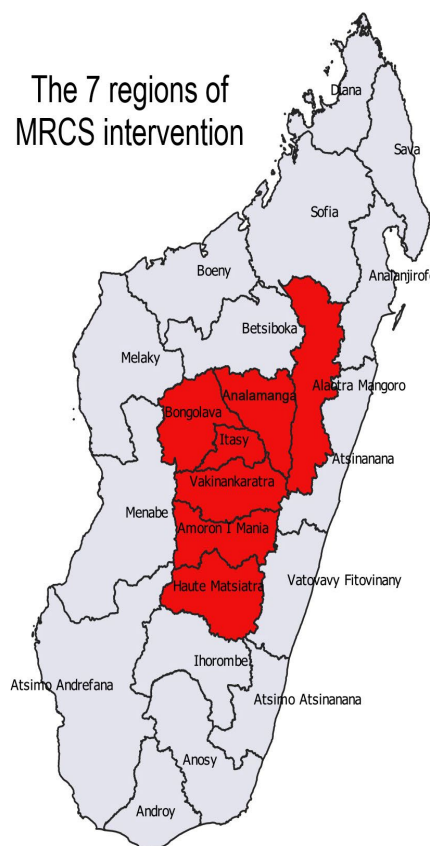
CEA to ensure community sensitisation and engagement of community at risk, CBS to ensure early detection and early response to plague cases, vector control with hygiene and sanitation activities as well as local coordination of involved actors and local authorities including community representative.

The Safe and Dignified Burials (SDB) activities planned for the extension can't be done because of the SDB protocol was not approved by the competent authorities due to Malagasy tradition and local context.

Madagascar is currently facing of measles epidemics, 4104 cases registered in which 207 confirmed by the laboratory and 3897 cases by epidemiological link (Source : WHO 26/11/2018). Some affected areas are the same of the intervention of plague operation.

The timeframe extension would provide the opportunity to mitigate plague risk, align programs on partners plague programmes, reinforce community and volunteer's capacity building and improve the resilience of the community to future plague epidemic.

The 7 regions of MRCS intervention



## A. SITUATION ANALYSIS

### Description of the disaster

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)<sup>4</sup>. 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

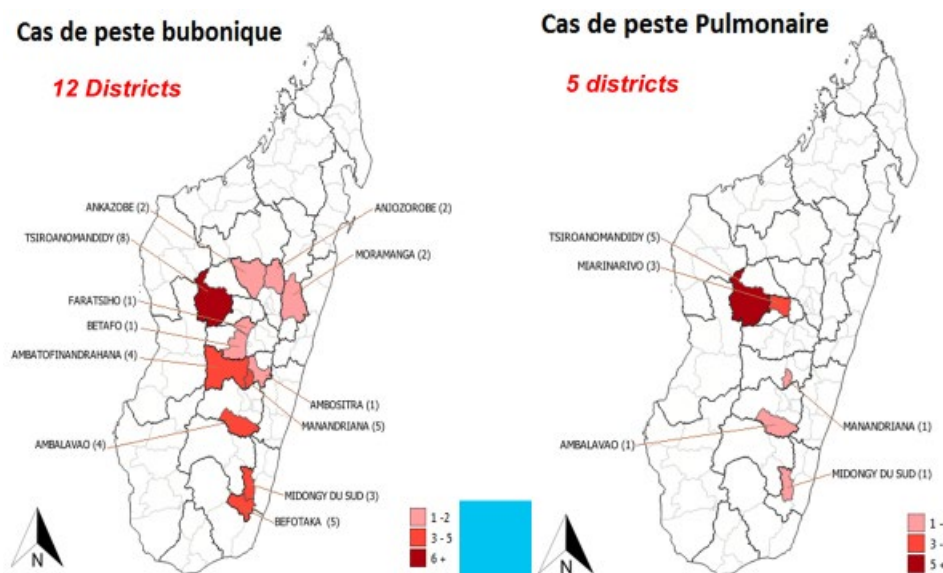
<sup>4</sup> Fact sheet: <http://www.who.int/en/news-room/fact-sheets/detail/plague>

and can trigger serious epidemics. Plague can be a very serious disease in people, especially in its septicaemia 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.

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.

According to WHO's report<sup>5</sup>, 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 (MoH) 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.



Geographical distribution of confirmed and probable pneumonic plague cases recorded.  
Source: WHO Disease outbreak news 26 November 2018.

In an article of 13 March 2018<sup>6</sup> - 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.

<sup>5</sup><http://www.who.int/csr/don/27-november-2017-plague-madagascar/en/>

<sup>6</sup><http://www.who.int/csr/disease/plague/en/>

Since August 2018, there was over 100 cases, confirmed and suspicious cases mixed as seen below

	PB		PP		PS	Total cas résultats dispo	Cas en attente		Total des cas notifiés
	Confirmé	Suspect	Confirmé	Suspect	Suspect		PB	pp	
Midongy du sud	3	17	1			21	5		26
Tsiroanomandidy	7	1	5	1	1	15	1		16
Befotaka	5	4				9			9
Manandriana	4	3	1	1		9			9
Ambalavao	4	3	1	2		10			10
Fandriana		2		5		7			7
Ambatofinandrahana	4					4			4
Antsirabe I		1		3		4			4
Miarinarivo		3	2			5			5
Anjozorobe	2	1				3			3
Ambositra	1			2		3			3
Antananarivo Renivohitra		1		2		3			3
Moramanga	2			1		3			3
Ambatolampy		2				2			2
Ankazobe	2					2			2
Antsirabe II		1		1		2			2
Ifanadiana		2				2			2
Vohibato		1		1		2			2
Ambohidratrimo		1				1			1
Arivonimamo				1		1			1
Betafo	1					1			1
Faratsiho	1					1			1
Morondava		1				1			1
Isandra		0					1		1
<b>Total général</b>	<b>36</b>	<b>44</b>	<b>10</b>	<b>20</b>	<b>1</b>	<b>111</b>	<b>7</b>		<b>118</b>

*The epidemic of plague Situation until 19 November 2018*

**Source : World Health Organization**

### Summary of current response

From the beginning of this operation to fight against pneumonic plague, a rapid and comprehensive response including early identification through CEBS 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 be better prepared for a possible future pulmonary plague outbreak, which may occur again. Since October 2018, the MRCS is continuing preparedness and prevention activities in the 7 endemic 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 34 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 mobilize, 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.



MRCS volunteers attending CEA and introduction to PSS

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.

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. 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 2017, volunteers provided basic PSS support to the five patients and their families released from the PTU. Through the emergency appeal operation, the MRCS is also working on a long-term prevention programme to be able to cope with future epidemic outbreaks.

Since October 2018, the activities started again. A cropping workshop for the focal points has been performed, 217 Fokontany of the 7 endemic regions were selected and the active volunteers of the precedent operation were contacted to update the number of the volunteers about their availability and the refresher training needed for the extension. Courtesy visits to public and health authorities were carried out to develop the cooperation.

For November 2018, refreshment training of the volunteers was done during the second week, including, a refresh about CEA, CEBS, vector control and PSS activities, was done. Stakeholders workshop was done in two regions and is being implemented in the other regions to improve the reactivation or creation of community management structure for investigation and response. CEA, CEBS, PSS, Vector control activities will be delivered in integrated way when possible. Household visits, focus group discussion, radio shows already started.

In addition, sanitation kits will be dispatched in each region and sanitation campaign is planned for December 2018 to reduce the vector – rats- proliferation.



Refreshment training of the representative volunteers in Bongolava

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

- Regular coordination meetings are organised by IFRC cluster with all movement partners based in Madagascar and some other connected via skype or other internet means.
- The coordination between MRCS and IFRC improved. Since October 2018, a bank account was created for plague project under the responsibility of the IFRC to avoid any misuse. Two RDRTs, logistic and operation manager, and a financial and administration delegate have been deployed support the National Society and the implementation of plague operational plan.
- During the height of the emergency, regular meetings updating the MRCS and the IFRC emergency response team and the in-country Red Cross Movement partners working closely with the National Society 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 Red Cross and Danish Red Cross have supported plague prevention and response activities enhancing the capacity of MRCS to respond to various epidemic outbreaks and have been supporting the National Society 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 gears.

#### 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.
- IFRC and MRCS are part of the national plague coordination meeting led by MOH and WHO.

## 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 have allowed to measure the level of knowledge of the population and the capacity of the community to identify and fight against plague and allowed filling some gaps to concentrate activities on. The preliminary comprehensive findings of the KAP have been made available in May 2018 and have already shared to partners.

### Operation Risk Assessment

The most pressing problem with this particular 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 MoH 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 including the implementation or revitalization of different committee at national, regional and fokontany level to promote the coordination between the stakeholders and to improve

the autonomy of the community. PSS was included in the CEA activities to give support to those affected people or fighting against plague or to those who are afraid because rumours about plague.

- contact tracing, through **community Event-based surveillance** (CEBS) 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; set up garbage pits; provision of kits in the community.
- deployment and setting up of a fully operational **Plague Treatment Unit (PTU)** with a core trained medical and paramedical team.

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

### 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 engaged 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.

A **refreshment session** have been realized during the week of 5 November 2018, in the 7 regions with 190 participants in which, 1 Operational manager (RDRT), 4 technical IFRC staff, 1 national focal points, 7 regional focal points, and 37 mentors as facilitators and technical supports, 2 doctors in Bongolava and Amoron'i Mania who were presented the local situation of the plague epidemic, and 138 volunteers who are represented the Fokontany of intervention. The refresh is about CEA activities including PSS and CEBS including Vector control, sanitation and hygiene.

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 <sup>7</sup>	240,000	121,816	Households	307,887 <sup>8</sup>
Community Meetings	300	479	Meetings	8 866
Mass Awareness	Maximum <sup>9</sup>	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 <sup>10</sup>
Disinfection of Household	Maximum	1,233	House	6 165
Disinfection of Vehicles	Maximum	640	Vehicles	3 200
PSS of patients and their family <sup>11</sup>	Maximum	5	PTU's Patients	25

<sup>7</sup> Household visits include: CEA – CBS – Vector control, if needed disinfection/insecticide spraying/WASH – PSS basic sensitization sessions.

<sup>8</sup> Number of people present during the household visit

<sup>9</sup> 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.

<sup>10</sup> Population in the 21 fokontany of the region of Vakinankaratra

<sup>11</sup> 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.

Radio programming	Minimum once a month	33 over three months	Programme	330,000 <sup>12</sup>
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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
Analanjirifo	38	12	25
Haute Matsiatra	60	20	40
Boeny	45	15	30
Itasy	115	38	68
Analamanga	300	100	218
Bongolava	30	10	20
<b>TOTAL</b>	<b>903</b>	<b>299</b>	<b>604</b>

### 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 program 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-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 MoH; 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. 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).

**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.

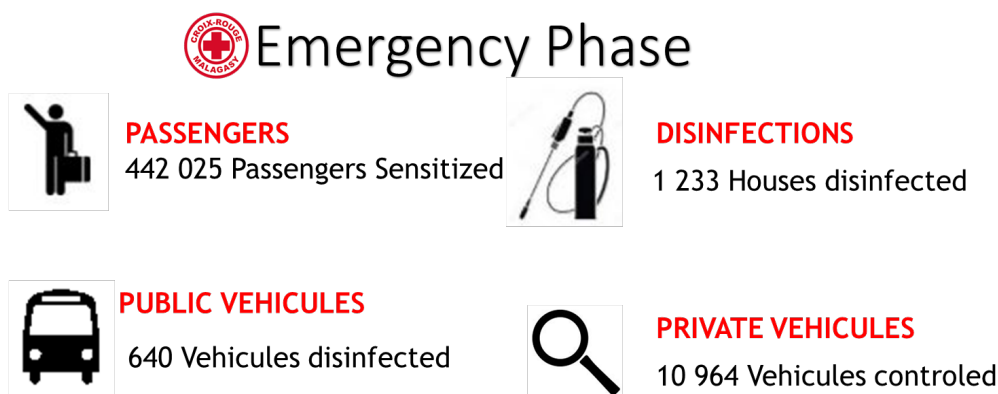
### ✓ **Emergency phase**

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

<sup>12</sup> On average 10,000 readers per issue

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:

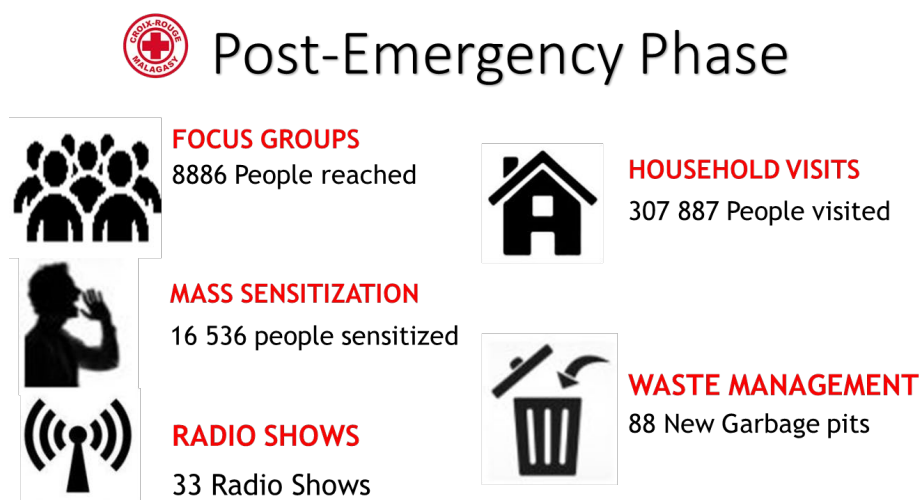


Simultaneously, the suspected cases were sent to the PTU at the Andohatapenaka Hospital that had opened on 2 November 2017 with a capacity of 20 beds, plus two extra beds available if needed. This centre was functional and was initially managed by a mix of international and local doctors and nurses. 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 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:



#### ✓ **Activities from October to December 2018, planned to continue until April 2019**

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

##### 1. **Community workshop and Lessons-learnt workshop**

- **Regional level:** as initially planned at regional 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.
- Stakeholders workshop are planned at local in all regions to involve all local actors and local authorities including primary health care officers, mayors as well as representative of communities to ensure early detection and early response as well as well coordinated action at local level. In some region the branch will play a lead coordinating /facilitator role.

## 2. **New and continued trainings – increased knowledge through refreshment training:**

The refreshment trainings benefit to a representative core group of volunteers (one person per fokontany except in Analamanga). In return, the refreshed volunteers will train and transmit key messages to the other 2 volunteers that are working in the same fokontany. The refreshment training is about Plague especially pneumonic type, CEA, CEBS system, PSS, Vector control, Sanitation and Hygiene activities. A capacity building of the volunteers to transmit the key messages and

- a. CEA: It has the responsibility to accompany the community in the sustainability of activities. The appropriation of the operation by the community remain the final goal. Reinforcement in sharing knowledge on the pneumonic form of plague appears necessary and is a good preparation exercise for the next possible plague outbreak.
- b. 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.
- c. CEBS system: CBS system changed to CEBS system. The activities aim to set up or revitalize an investigation, response and a surveillance committee, if it exists. The CEBS system is very important as a tool to prevent against an eventual outbreak by being an early warning system and ensure a rapid and efficient response. The surveillance committee will signal the suspicious events and confirm it to the local and health authorities and release it to the investigation and response committee for response.
- d. Vector control According to the field-monitoring visits, the knowledge of the communities around plague is generally good but need further efforts to understand the role of vectors rat and fly and the difference between bubonic and pulmonary.
- e. Coordination: IFRC and MRCS will continue to be part of the national coordination with MOH and WHO and will focus more on operational coordination at local level.

## 3. **Distribution of sanitation kits**

The distribution of 250 sanitation kits, composed by 2500 brooms, 250 wheelbarrows, 500 shovels, 500 rakes, 1250 pannier (sobika), is in line with the creation of committees at community level towards encouraged for their empowerment at being more autonomous. One sanitation kit is composed of 10 brooms, 1 wheelbarrow, 2 shovels, 2 rakes and 5 panniers that will be distribute to each fokontany.

## 4. **Skills transfer**

A skills transfer and capacity building, at fokontany level, trough CEA and CEBS activities are planned for the extension to allow the committees to continue even the end of the operation.





## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

#### Done so far

<p>✓ MRCS capacity building of volunteers, supervisors and regional coordinators from the 10 intervention regions were trained in social mobilization and community awareness 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 <b>CBS</b> 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 (<a href="http://www.cbsrc.org">www.cbsrc.org</a>) used to direct or adjust actions in the locality with suspected cases. Generally, suspected cases and patients and their families receive <b>PSS</b> by volunteers to avoid stigma at the community level. As part of the volunteer training, activities related to <b>PSS</b> 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 <b>CEA</b>. 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.</p>	<p>✓ Management of the PTU</p> <p>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 set up by the MRCS to keep the PTU operational.</p> <p>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.</p> <p>The PTU was closed and handed over to the authorities as planned.</p>	<p>✓ Sensitization Communities were sensitized on the plague epidemic. Volunteers carried out awareness-rising programs in 311 communities (fokontany) spread over 10 regions. 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.</p> <p>The rumour-collection cards have been analysed with the coordination in order to guide or adjust the actions to be taken in the next interventions.</p> <p>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.</p>
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**Health****People reached: 960,000**

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 960,000 people in 7 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 all intervention regions increased their knowledge about it	73,7% of the population of the 10 targeted regions before is aware of the role of rat and fleas in the bubonic plague contamination
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% of all 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 targeted regions before 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. 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 in the 10 targeted regions before PSS is giving during the home visits if needed. The volunteers try to take contact with the persons affected and their family since August 2018 to give them PSS. Since November 2018, 2912 households are visited that reached 13876 persons. Households visits is always in progress in the 7 endemic regions

**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% of the trained volunteers in the ten target regions contribute to the prevention and reduction of plague	100% (903) of the trained volunteers are active in the 10 regions target regions before to contribute to prevent and reduce the disease With the revision, 100% (614) of the trained volunteers in the 7 endemic regions are active
<b>Activities planned</b>	<b>Progress towards outcomes</b>	

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 in the 10 targeted regions before.  Mass sensitization and sanitation campaigns are in progress in the 7 endemic regions	
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	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. 121 816 door-to-door is realized during the timeframe until Mars 2018. Household visits, focus group, community meeting and workshops continue in the 7 endemic regions in which the target is show in the table above. Since November 2912 households are visited that reached 13876 persons.	
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; A second is not pertinent due to delay of the first because the result didn't correspond to the initial knowledge of people, so the progress is difficult to be measured correctly.	
Procurement of IEC, visibility and communication equipment and materials for social mobilization and CEA products and packages	The order of 250 sanitation kits and tee-shirt for active volunteers have been sent and the dispatching is planned from the third week of November 2018. These kits are particularly important for the sanitation prevention activities and can be rolled up in each community mobilization. The visibility is very important to facilitate the approach of volunteers to people.	
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” - <a href="http://www.croixrougemalagasy.org/linformation-comme-forme-dassistance/">http://www.croixrougemalagasy.org/linformation-comme-forme-dassistance/</a> The radio show continues in the 7 intervention regions.	
<b>Output 1.2: Malagasy Red Cross staff and volunteers are prepared, knowledgeable and trained in safe and dignified burial protocols</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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
<b>Activities planned</b>	<b>Progress towards outcomes</b>	
Training of 30 staff and volunteers on safe and dignified burials	The SDB protocol wasn't approved by the MoH, so this activity was cancelled in the program.	
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. In order to avoid created additional fear among communities, volunteers hesitated to use PPE or masks.	
<b>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)</b>		

Indicators:		Target	Actual
Percentage of targeted fokontany covered by the CBS system	100% of 311 fokontany of the 10 targeted regions	98% (or 306 out of 311 fokontany) 100% of the intervention fokontany are covered by the CEBS activities including the 5 expected before. .	
Increased cooperation and communication between the members of the community and the MRCS volunteers is strengthening operationalizing CBS	100% of all the targeted Fokontans have members able to identify and report the suspicious cases to the MRCS volunteers	Since the start of CBS activities, a total 4,035 SMS zero 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.	
<b>Activities planned</b>		<b>Progress towards outcome</b>	
Training of volunteers on community-based surveillance	604 volunteers were trained in CBS, covering 585actives. 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. Since October, the system CBS change to CEBS or Community Event-Based Surveillance and a training on it is realized.		
Establish communication and engagement with communities related to case detection	306 out of 311 fokontany of the 10 targeted regions are monitored. The CBS activities continue in the 217 intervention Fokontans that include the 5 expected before. The implementation or revitalisation of an investigation and response committee composed by the members of the community, the NGO, and public authorities is an issue of the stakeholders' workshop to improve the communication and the engagement for a better autonomy and resilience of the community.		
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.		
<b>Output 1.4: Those affected by the outbreak are supported through psychosocial support (PSS)</b>			
Indicators:		Target	Actual
Released patients and their families have received PSS	100% patients and their family	In progress... 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.	
<b>Activities planned</b>		<b>Progress towards outcomes</b>	
Training of volunteers in psychosocial support	903 volunteers received basic PSS basic principles during the CEA training. During the refreshment sessions on November 2018, the PSS training was increased.		


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. 121,816 households have benefited from PSS through indirect targeting with home visits. Basic principles PSS are delivered to them. 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. In addition, since November 2912 home are visited during which PSS are delivered and household visits are always in progress. Volunteers try to take contact with the affected people to give them and their family a PSS but it's difficult due to the confidentiality law	
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). However, after each activity, there is a debriefing during what they can explain their feelings	
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	It's planned for the extension. No material will be produced. PSS will be conducted through sensitization programme.	
<b>Output 1.5: Clinical management (through the Plague Treatment Unit) of identified cases is reducing the impact and spread of the outbreak</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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.
<b>Activities planned</b>	<b>Progress towards outcome</b>	
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 <sup>13</sup> 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Ambulance for transportation of patients to and from the PTU	The MRCS assured that an Ambulance was made available when needed.	
<b>Output 1.6: The immediate risks to the health of the population in Madagascar is reduced through vector control activities in 10 regions (change to 7 regions)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Vector control, hygiene and sanitation activities are taking place in target areas	100% of the activities planned is realized	In progress... 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 targeted regions engage in waste management	In progress... 6 regions <sup>14</sup> out of the 10 targeted regions realized 33 collectives cleaning with the participation of 11 914 persons, and 2 regions <sup>15</sup> have put up 88 garbage pits
<b>Activities planned</b>	<b>Progress towards outcome</b>	
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. Over 300 rat traps will be distributed to the fokontany for the next weeks	

<sup>14</sup> Vakinankaratra, Alaotra Mangoro, Analanjirifo, Analamanga, Amoron'i Mania, Bongolava

<sup>15</sup> Analamanga, Vakinankaratra

<p>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</p>	<p>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.  88 new garbage pits were constructed to help manage rat population. And all targeted regions planned to construct minimum one garbage pit per fokontany in the suburban areas  Distribution of 250 sanitations kits or one for each fokontany and collectives cleaning are planned for next weeks to encourage community to practice regularly sanitation activities</p>
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 <p><b>Strategy for Implementation</b></p> <ol style="list-style-type: none"> <li>1 - Strengthening National Societies</li> <li>2 - International Disaster Management</li> <li>3 – Influence others as leading strategic partners in humanitarian action and resilience</li> <li>4 – A strong IFRC that is effective, credible and accountable</li> </ol>		
<p><b>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</b></p>		
<p><b>Output 2.1: National Societies have effective and motivated volunteers who are protected.</b></p>		
<p><b>Indicators:</b></p>	<p><b>Target</b></p>	<p><b>Actual</b></p>
<p>The number of insured volunteers able to inform and design actions</p>	<p>900 volunteers</p>	<p>100%</p>
<p><b>Activities planned</b></p>	<p><b>Progress towards outcome</b></p>	
<p>Insurance is provided for all working volunteers</p>	<p>Complete.</p>	
<p>Training of volunteers in relevant sectors</p>	<p>Complete.</p>	
<p><b>Outcome 3: Effective and coordinated international disaster response is ensured</b></p>		
<p><b>Output 3.1: Effective and respected surge capacity mechanism is maintained.</b></p>		
<p><b>Indicators:</b></p>	<p><b>Target</b></p>	<p><b>Actual</b></p>
<p>Percentage of surge requests are deployed to support the operation</p>	<p>100%</p>	<p>100%</p>
<p><b>Activities planned</b></p>	<p><b>Progress towards outcome</b></p>	
<p>Deployment of surge in Head of Operations, CEA, Public Health, Health Promotion, Logistics, IM, Finance, PMER and IPC</p>	<p>Complete.</p>	
<p><b>Output 3.2: Coordinating role of the IFRC within the international humanitarian system is enhanced.</b></p>		
<p><b>Indicators:</b></p>	<p><b>Target</b></p>	<p><b>Actual</b></p>
<p>Percentage of regular regional and national coordination meetings with partners and authorities are attended to ensure dialogue and complementarity in actions.</p>	<p>100%</p>	<p>100% during the emergency phase</p>
<p>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</p>	<p>10 regions</p>	<p>10 regions change to 7 regions since October 2018</p>
<p><b>Activities planned</b></p>	<p><b>Progress towards outcome</b></p>	

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%	80% ongoing

Activities planned	Progress towards outcome
Hire IFRC car rentals and drivers	Two vehicles rent and one 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	1 KAP survey took place later than planned and the initial findings were delivered in May. A second survey is not pertinent due to the considerable delay of the first.
Percentage of monitoring visits completed	100%	Ongoing along the timeframe of the operation
Number of lessons-learned and evaluation completed	Regional 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 <sup>16</sup> 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.	IFRC PMER is in charge of it.
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

<sup>16</sup> KAP is CAP in French: connaissance attitude et pratique

	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)	M&E tracking tables are developed. As 3W table is updating per week including the activities realized, in progress and planned. For each activity as household visit, CEBS, descent on the ground of the volunteers, there is a monitoring sheet that must be complete by the volunteers and analysed by each responsible and the PMER

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

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

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

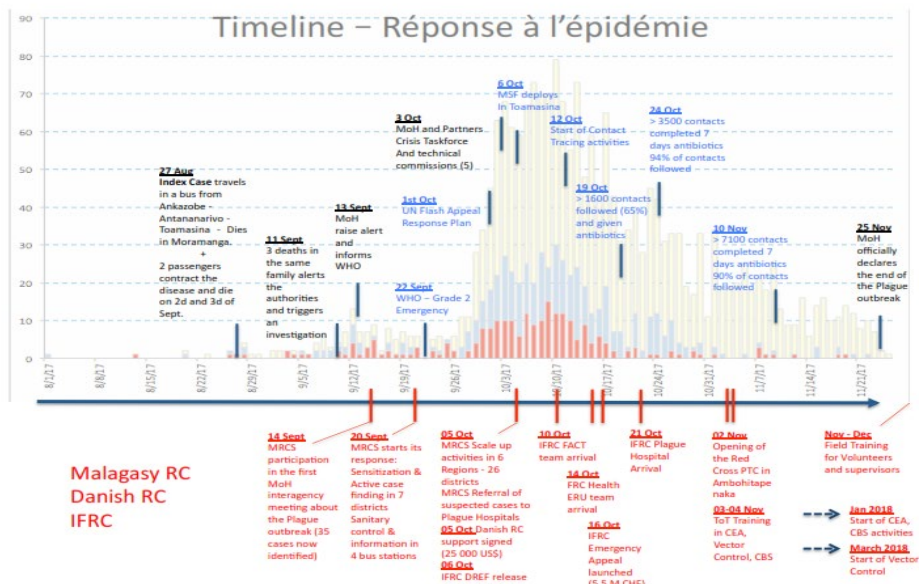
Indicators:	Target	Actual
Number of audits completed	1	Completed

Activities planned	Progress towards outcome
Conduct audit for all activities in line with the risk management approach agreed up on for this operation	<p>A Risk Management workshop took place in Antananarivo 28 and 29 November 2017.</p> <p>At the end of the training, the participants are meant to be able:</p> <ul style="list-style-type: none"> <li>✓ To identify, evaluate and prioritize project risks and fraud risks.</li> <li>✓ To identify the measures to be taken and which ones to propose.</li> <li>✓ To draw up a synthetic table of the risks of their project.</li> <li>✓ To know the specificities of risk management and fraud prevention at the IFRC.</li> </ul> <p>An audit has been planned with dates not yet confirmed.</p>

## 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, in order 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	<b>Alaotra Mangoro</b>	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	<b>Amoron'i Mania</b>	0	0	0	0	0	0	2	0	0	0	1	2	0	0	1	0	0	0	1	0	0	0	7
analama nga	<b>Analamanga</b>	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
analanjir ofo	<b>Analanjirifo</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atsinana na	<b>Atsinanana</b>	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6
boeny	<b>Boeny</b>	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
haute_m atsiatra	<b>Haute Matsiatra</b>	0	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	4
itasy	<b>Itasy</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
vakinank aratra	<b>Vakinankaratra</b>	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	<b>Alaotra Mangoro</b>	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	<b>Amoron'i Mania</b>	0	0	0	0	0	0	1	0	0	0	0	3	2	1	0	0	0	0	0	0	0	0	7
analama nga	<b>Analamanga</b>	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
analanjir ofo	<b>Analanjirifo</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atsinana na	<b>Atsinanana</b>	0	0	0	0	0	0	0	0	0	0	2	0	2	1	1	1	1	3	0	2	0	0	8
boeny	<b>Boeny</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
haute_m atsiatra	<b>Haute Matsiatra</b>	0	0	0	0	0	4	3	3	0	0	1	2	0	0	0	0	0	0	0	0	0	0	13
itasy	<b>Itasy</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
vakinank aratra	<b>Vakinankaratra</b>	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	<b>Alaotra Mangoro</b>	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	<b>Amoron'i Mania</b>	0	0	0	0	0	1	2	5	2	3	1	0	1	0	0	1	2	0	0	0	0	0	18



## 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	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	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirifo	0	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	0
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	0	0	0	0	0	0	0	0	0	1	0	2	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	0
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				
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	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	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirifo	0	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	0
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	0	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	0
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				
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	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	0
Analamanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Analanjirifo	0	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	0
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	0	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	0
Vakinankaratra	0	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																	Volun teers per regio n
	Novem ber	December				January					February				March				April				
	48	4 9	5 0	5 1	5 2	1	2	3	4	5	6	7	8	9	1 0	1 1	1 2	1 3	1 4	1 5	1 6	1 7	
Alaotra Mangoro	0	0	0	9	9	7	1	1	1	1	1	2	2	2	2	2	2	2	2	3	0	0	57
Amoron'i Mania	0	0	0	3	2	2	2	3	2	3	3	2	3	3	2	3	2	2	3	3	0	0	42
Analama nga	0	0	0	0	0	1	2	2	3	3	5	4	5	5	5	5	4	4	3	3	1	0	218
Analanjir ofa	0	0	0	2	8	8	9	1	1	1	1	1	1	1	1	1	1	1	9	1	4	0	25
Atsinana na	0	0	0	0	0	0	0	0	0	2	3	4	4	4	3	3	3	4	3	3	5	0	61
Boeny	0	0	3	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	5	0	30
Haute Matsiatr a	0	0	0	5	2	1	2	2	2	2	2	3	3	2	2	3	3	3	2	2	5	0	40
Itasy	0	0	0	4	2	2	3	2	2	3	3	3	3	3	2	4	3	2	2	1	1	0	68
Vakinan karatra	0	0	2	1	1	2	1	2	2	2	3	3	2	3	2	3	3	2	3	3	0	0	42
Alaotra Mangoro	0%	0%	0%	1	1	1	1	2	3	2	2	4	4	4	4	5	4	4	3	5	0	0	
Amoron'i Mania	0%	0%	0%	4	5	5	7	6	8	8	6	8	7	6	7	6	6	7	8	0	0		
Analama nga	0%	0%	0%	0	0	6	1	3	6	7	3	9	4	4	4	3	1	1	7	7	0	0	
Analanjir ofa	0%	0%	0%	3	3	3	6	5	6	6	6	6	4	4	4	4	3	4	1	0	0		
Atsinana na	0%	0%	0%	0	0	0	0	0	4	5	7	7	7	6	5	6	7	5	5	8	0		
Boeny	0%	0%	0%	1	8	8	6	8	9	9	9	7	9	9	8	8	7	7	8	7	1	0	
Haute Matsiatr a	0%	0%	0%	3	5	5	6	6	7	7	8	7	7	9	8	7	6	5	1	3	0		
Itasy	0%	0%	0%	3	4	4	4	3	4	4	4	4	5	4	5	4	3	3	2	1	0		
Vakinan karatra	0%	0%	5%	2	2	5	4	6	5	6	7	7	6	7	6	8	8	5	8	7	0		
AVERA GE	0%	0%	2%	1	3	3	3	4	4	5	6	6	6	5	6	5	5	5	4	4	0		

2 3 4 5 6 7 8 9 0 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 25

## Contact Information

### 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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### 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 31 Dec 18

Appeal Launch Date: 17 Oct 17

12 month update

Selected Parameters			
Reporting Timeframe	2017/10-2018/10	Programme	MDRMG013
Budget Timeframe	2017/10-2018/12	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>			1,813,815			1,813,815	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
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			73,194			73,194	1,674
Danish Red Cross			77,717			77,717	
European Commission - DG ECHO			222,680			222,680	
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*)			525,007			525,007	
Turkish Red Crescent Society			10,000			10,000	
<b>C1. Cash contributions</b>			<b>1,613,815</b>			<b>1,613,815</b>	<b>1,674</b>
<b>Other Income</b>							
DREF Allocations			200,000			200,000	
<b>C4. Other Income</b>			<b>200,000</b>			<b>200,000</b>	
<b>C. Total Income = SUM(C1..C4)</b>			<b>0</b>	<b>1,813,815</b>		<b>1,813,815</b>	<b>1,674</b>
<b>D. Total Funding = B + C</b>			<b>0</b>	<b>1,813,815</b>		<b>1,813,815</b>	<b>1,674</b>

\* 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>			0	1,813,815		1,813,815	1,674
<b>E. Expenditure</b>				-1,585,906		-1,585,906	
<b>F. Closing Balance = (B + C + E)</b>			0	227,909		227,909	1,674

## Disaster Response Financial Report

## MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 31 Dec 18

Appeal Launch Date: 17 Oct 17

12 month update

Selected Parameters			
Reporting Timeframe	2017/10-2018/10	Programme	MDRMG013
Budget Timeframe	2017/10-2018/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		
All figures are in Swiss Francs (CHF)			

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		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>1,813,815</b>		<b>1,813,815</b>		
<b>Relief items, Construction, Supplies</b>							<b>7,730</b>	
Clothing & Textiles	7,730					31	0	
Seeds & Plants	31			31			10,000	
Water, Sanitation & Hygiene	10,000					13,526	0	
Medical & First Aid	13,526			13,526		262	0	
Other Supplies & Services	262			262		909,233	-72,376	
ERU	836,857			909,233		923,051	-54,646	
<b>Total Relief items, Construction, Sup</b>	<b>868,405</b>			<b>923,051</b>				
<b>Land, vehicles &amp; equipment</b>							<b>0</b>	
Computers & Telecom	22,319			22,319		71	0	
Office & Household Equipment	71			71		22,389	0	
<b>Total Land, vehicles &amp; equipment</b>	<b>22,389</b>			<b>22,389</b>				
<b>Logistics, Transport &amp; Storage</b>							<b>0</b>	
Storage	1,589			1,589		10,221	-8,409	
Distribution & Monitoring	1,811			10,221		24,730	-6,381	
Transport & Vehicles Costs	18,350			24,730		2,521	0	
Logistics Services	2,521			2,521		39,061	-14,790	
<b>Total Logistics, Transport &amp; Storage</b>	<b>24,271</b>			<b>39,061</b>				
<b>Personnel</b>							<b>33,148</b>	
International Staff	237,896			204,747		12,982	20,394	
National Staff	33,376			12,982		30,218	10,539	
National Society Staff	40,757			30,218		43,718	17,415	
Volunteers	61,133			43,718		291,666	81,497	
<b>Total Personnel</b>	<b>373,162</b>			<b>291,666</b>				
<b>Consultants &amp; Professional Fees</b>							<b>24,730</b>	
Consultants	32,027			7,297		7,297	24,730	
<b>Total Consultants &amp; Professional Fees</b>	<b>32,027</b>			<b>7,297</b>				
<b>Workshops &amp; Training</b>							<b>-56,516</b>	
Workshops & Training	39,036			95,552		95,552	-56,516	
<b>Total Workshops &amp; Training</b>	<b>39,036</b>			<b>95,552</b>				
<b>General Expenditure</b>							<b>3,271</b>	
Travel	63,349			60,077		780	2,375	
Information & Public Relations	3,155			780		497	2,286	
Office Costs	2,783			497		4,915	8,419	
Communications	13,335			4,915		3,165	691	
Financial Charges	3,857			3,165		308	0	
Other General Expenses	308			308		11,513	26,806	
Shared Office and Services Costs	38,319			11,513		81,256	43,849	
<b>Total General Expenditure</b>	<b>125,105</b>			<b>81,256</b>				
<b>Operational Provisions</b>							<b>189,876</b>	
Operational Provisions	214,571			24,695		24,695	189,876	
<b>Total Operational Provisions</b>	<b>214,571</b>			<b>24,695</b>				
<b>Indirect Costs</b>							<b>13,910</b>	
Programme & Services Support Recovt	110,434			96,524		96,524	13,910	
<b>Total Indirect Costs</b>	<b>110,434</b>			<b>96,524</b>				
<b>Pledge Specific Costs</b>								

12 month update

Prepared on 28/Nov/2018



International Federation of Red Cross and Red Crescent Societies

## Disaster Response Financial Report

## MDRMG013 - Madagascar - Plague

Timeframe: 06 Oct 17 to 31 Dec 18

Appeal Launch Date: 17 Oct 17

12 month update

Selected Parameters			
Reporting Timeframe	2017/10-2018/10	Programme	MDRMG013
Budget Timeframe	2017/10-2018/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		
All figures are in Swiss Francs (CHF)			

## III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>1,813,815</b>			<b>1,813,815</b>	
Pledge Earmarking Fee	2,875			2,875			2,875	0
Pledge Reporting Fees	1,540			1,540			1,540	0
Total Pledge Specific Costs	4,415			4,415			4,415	0
<b>TOTAL EXPENDITURE (D)</b>	<b>1,813,815</b>			<b>1,585,906</b>			<b>1,585,906</b>	<b>227,909</b>
<b>VARIANCE (C - D)</b>				<b>227,909</b>			<b>227,909</b>	