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Emergency appeal Philippines: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRPH032

260,000 people to be assisted

Appeal launched March 2019

181,417 Swiss francs DREF allocated

Appeal ends September 2019

2 million Swiss francs current Appeal budget

This appeal seeks a total amount of **CHF 2 million** to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to support **Philippines Red Cross (PRC)** to respond to the current measles outbreaks across the Philippines from March until September 2019. The number of measles cases continues to increase particularly in National Capital Region and isolated provinces. Health facilities and public health institutions are overwhelmed, due to influx of active measles cases particularly among children aged six months to five years.

Following the emergency phase, IFRC plans to support PRC with longer-term actions to address the issue of low routine vaccination rates across the Philippines. Activities will include social mobilization, health promotion and community-based surveillance. This longer-term plan will be implemented from October 2019 to December 2021 and will be incorporated into the IFRC Country Operational plan, and IFRC seeks support for this longer-term action. Further information will be available in the emergency plan of action (EPoA) in the coming days.

The crisis and the Red Cross Red Crescent response to date

6 February 2019: The Department of Health (DOH) declared a measles outbreak in the National Capital Region (NCR) and Region 3 (Central Luzon).

7 February 2019: DOH announced that the measles outbreak had spread to more areas in Luzon and Visayas in CALABARZON, Region 6 (Western Visayas) and Region 7 (Central Visayas), Region 8 (Eastern Visayas) and Region 10 (Northern Mindanao).

12 February 2019: IFRC activated CHF 181,417 from its Disaster Relief Emergency Fund to support PRC in providing assistance to most affected vulnerable population.

2 March 2019: Since January 2019, there have been 16,349 cases of measles reported nationwide, with 261 deaths recorded.



In support to the Government, PRC started its mobilization of volunteer doctors and nurses, and community health volunteers to do the vaccination campaign in the communities. In support to the overwhelming number of measles-patients admitted in the hospitals, PRC deployed measles care units in five different hospitals in Metro Manila. (Photo: Ryan Jopia / PRC)

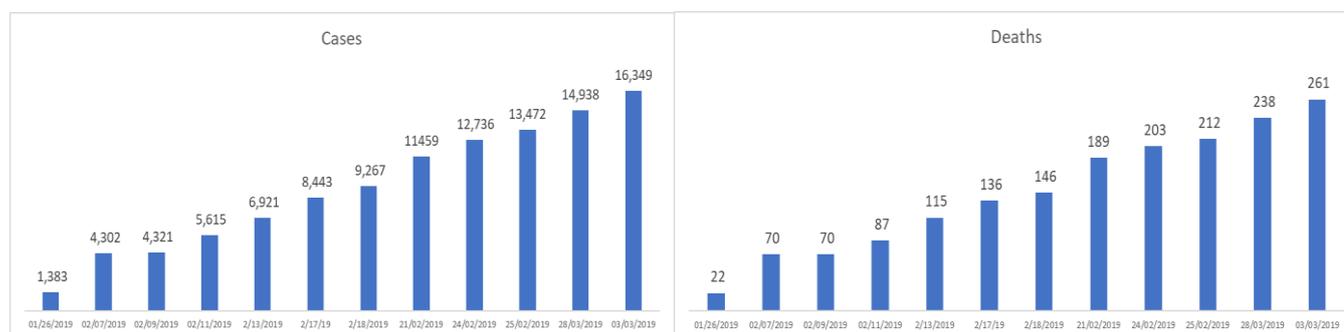
The operational strategy

Background

The number of cases of measles has been increasing in the Philippines over the past several years, but since late 2018 there has been a dramatic increase in cases nationally. There has been 261 deaths between 1 January and 2 March 2019 in comparison to 202 deaths in 2018. Between 2017 and 2018, there was a 547 per cent increase of measles cases reported nationwide¹.

¹ http://www.ndrrmc.gov.ph/attachments/article/3633/Update_SirRep_No_06_re_Measles_Outbreak_as_of_24_February_2019_5PM.pdf

On 6 February 2019, Department of Health (DOH) declared the first measles outbreak. As of 2 March, eight regions have declared outbreaks and the province of Cavite has declared a state of calamity. The overall cases and deaths recorded to 2 March 2019 are depicted below:



Based on the most recent DOH data available, the age group of cases reported as of 2 March is less than one year old to 88 years old with a median of two years. Of the total, some 30 per cent are aged one to four years and 26 per cent less than nine months. With regards persons who have died, these range from less than one year old to 36 years of age with a median of one year old. Of the total, some 48 per cent are aged one to four years and 38 per cent less than nine months. The average of fatalities is currently at 1.6 per cent (range 0 to 3 per cent) compared to 0.93 per cent for the whole of 2018.

The government has responded with a mass immunization campaign to reach the target 95 per cent coverage rate equating to about 12 million people. The breakdown of the 12 million is as follows:

- Children six months to 5 years old: 2.6 million.
- Children from grade 1 to grade 6: 7 million.
- Susceptible adults: 2.6 million adults who have not been vaccinated and have not had measles.

The high numbers of measles cases have put a strain on the existing public health system. Wards are overcrowded and the normal resources which are usually stretched are now being overwhelmed in some situations.

Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreaks. The WHO² has reported that immunization rates were well below the target of 95 per cent and decreasing. In 2016, the rate was about 75 per cent but fell close to 60 per cent in 2018. It is reported that fully-immunized children for measles vaccine reduced over the five years from 91 per cent to less than 40 per cent. The 2018 estimate is that 2.6 million children under five years old are at risks of measles.

As auxiliary to the public authorities, PRC was requested to support the DOH in their response to the outbreaks. Supported by the IFRC DREF allocation, PRC are prioritising two rapid response mechanisms: (i) support to the hospitals that are overcrowded and (ii) support to the DOH's Expanded Programme on Immunisation (EPI) campaign. From 10 February up to the 4 March PRC has set up six Measles Care Units in support of hospitals mainly in Metro Manila with a total capacity of 160 beds and have treated over 1,700 patients. PRC have also vaccinated over 8,500 children from eight Chapters.

The number of measles cases and corresponding fatalities continues to increase. The highly contagious nature of the disease and the low vaccination rate by international standards means this trend will continue at least in the short term. Dense, urban, poor environments exacerbate the situation promoting the rapid spread of the disease. These current outbreaks are an acute phase of a chronic issue and require a rapid humanitarian response.



The MCU set up by PRC in Amang Rodriguez Memorial Medical Hospital has been catering to 118 patients. (Photo: PRC)

² Sit Rep #3, WHO-UNICEF joint publication

Needs assessment and beneficiary selection

Needs analysis

Based on surveillance and analyses of secondary data, the case load of measles and corresponding deaths associated with measles continue to rise. Based on this, the needs analysis is summarised as follows:

Immediate needs: The most pressing and immediate need is to support the already impacted population in the health facilities. This can be achieved by supporting the overwhelmed health institutions with additional space (suitable temporary structures), beds and bedding, mobile and potable water, sanitation and hygiene (WASH) facilities, provision of hygiene management, and providing safe segregation of cases at different levels of care needs. The units are also supported with PRC volunteer nurses and doctors who are acknowledged as a much-required support to the hospitals with limited HR.

At the community level, PRC volunteers are needed to inform people about the early signs and symptoms of measles and support them with household level management of the cases. The volunteers also need to identify the cases most at-risk such as malnourished children, infants with mothers never vaccinated or exposed to the measles virus and immunocompromised children and adults, and immediately refer them to health facilities to reduce morbidity and complications. The disease complications included diarrhoea, middle ear infection, pneumonia (infection of the lungs), encephalitis (swelling of the brain), malnutrition and blindness. Along with social mobilization, information dissemination and referral, the PRC is expected to reach out to the most vulnerable segments of the community with direct provision of vaccination, particularly in areas such as the urban slums.

Intermediate and longer-term needs: As broadly agreed by health specialists, poor immunization coverage is the root cause of the outbreak. With a significant number of the population unvaccinated – particularly children below five years of age. There is a need for collection, validation and analysis of the sub regional data to identify the areas, most at risk and make micro plans and strategies for covering these areas with vaccines, adequately trained human resources and provisions.

Systemic interventions and need to sustain the efforts: Community mobilization is needed to ensure that prevention and management of measles are initiated at the community level, especially for children between the ages of six months to five years, ensuring they are immunized through the routine immunization services. Systems need to be established at the regional level including regular updates involving PRC volunteers in monitoring and surveillance at the community level are required to support the reporting of suspicious cases and non-compliance of immunization for the targeted children. At the same time, PRC needs to work closely with the DOH, WHO and other partners in improving the Government supply chain management, community-based surveillance and forecast/trigger-based financing for outbreak and epidemic prevention as well as early detection and management of the same.

Targeting

PRC will support the DOH strategy to ensure vaccination of all children in the age group of six to 59 months in the targeted areas. PRC will support community mobilization and vaccination of children in a fixed place in a given time in a Barangay/Municipality and, also support reaching out to the most difficult to reach children through roving teams of health promoters and vaccinators. Target duration of the mobilization and vaccination in NCR Manila with a focus on Manila City will be in the month of March 2019. Post vaccination monitoring, supportive supervision and rapid coverage assessment may also be a major part of this activity.

The beneficiary targeting is being done separately for different stages. For the immediate response stage, the children, their siblings and their parents or attendants are targeted with services at the measles care units. Moreover, immunocompromised children/adults, malnourished children, adults with history of or active tuberculosis and other health complications are being given priority. Priorities for targeting with regards social vulnerabilities will consider issues such as densely populated urban slums, poverty, poor access to services, etc.

Coordination and partnerships

Overview of Red Cross Red Crescent Movement in-country

PRC is leading the overall response operation. PRC works with the IFRC, ICRC and ten Partner National Societies in-country: American Red Cross, Australian Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, The Netherlands Red Cross, Spanish Red Cross, Norwegian Red Cross and Qatar Red Crescent Society.

The Netherlands Red Cross will support the appeal by offering PRC remote data analysis support. In the first phase of emergency response, this will focus on making sense of the health data collected during the outbreak; identifying trends,

risk areas and visualization of the information. In the second phase of the operation the support will focus on analysing the field data collected by PRC for the targeting of the vaccination campaign.

Movement coordination

PRC maintains close coordination with in-country Movement partners and continues to provide updates. PRC has had several Movement coordination meetings to discuss the possible scenarios and corresponding plans of action with partners. The IFRC country office is supporting PRC in disseminating updates to Movement partners with in-country presence and coordinating with the Asia Pacific Regional Office in Kuala Lumpur in accordance with the IFRC Secretariat's Emergency Response Framework. PRC and IFRC are coordinating with ICRC concerning the areas that are conflict sensitive in Mindanao and also affected by the outbreaks.

Overview of non-RCRC actors in country

As an auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with Department of Health. Through the chapters, PRC engages with local health authorities from the provincial, municipal and barangay (village) levels.

DOH has activated its incident command structures at regional level, to facilitate coordination with Local Government Units and health facilities. DOH Health Emergency Management bureau is currently compiling commitments from partners who can monitor in those geographical areas where they are normally active, to ensure a large geographical spread. UNICEF and WHO are providing technical, financial and logistics support to DOH in the planning, implementation and monitoring of measles outbreak response activities.

The National Disaster Risk Reduction and Management Council (NDRRMC) has convened the Response Cluster to which member agencies committed their technical, logistical and manpower support to address the outbreak. NDRRMC are coordinating, monitoring and posting regular situation reports.

It is reported³ that UNICEF is facilitating procurement of additional Measles-Rubella (MR) and OPV vaccines to augment current in-country stocks. To date, DOH requested procurement of six million doses of MR vaccines and five million doses of OPV. One million doses will be delivered to the Philippines on 8 March 2019. UNICEF Supply Division is working with all its suppliers for expedited delivery of the remaining five million doses.

Inter-agency coordination

At country level, PRC and IFRC are observers to, and participate in, meetings of the HCT and Inter Cluster Coordination held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant clusters as required. The Health cluster has also met and IFRC are coordinating and sharing information.

Proposed areas for intervention

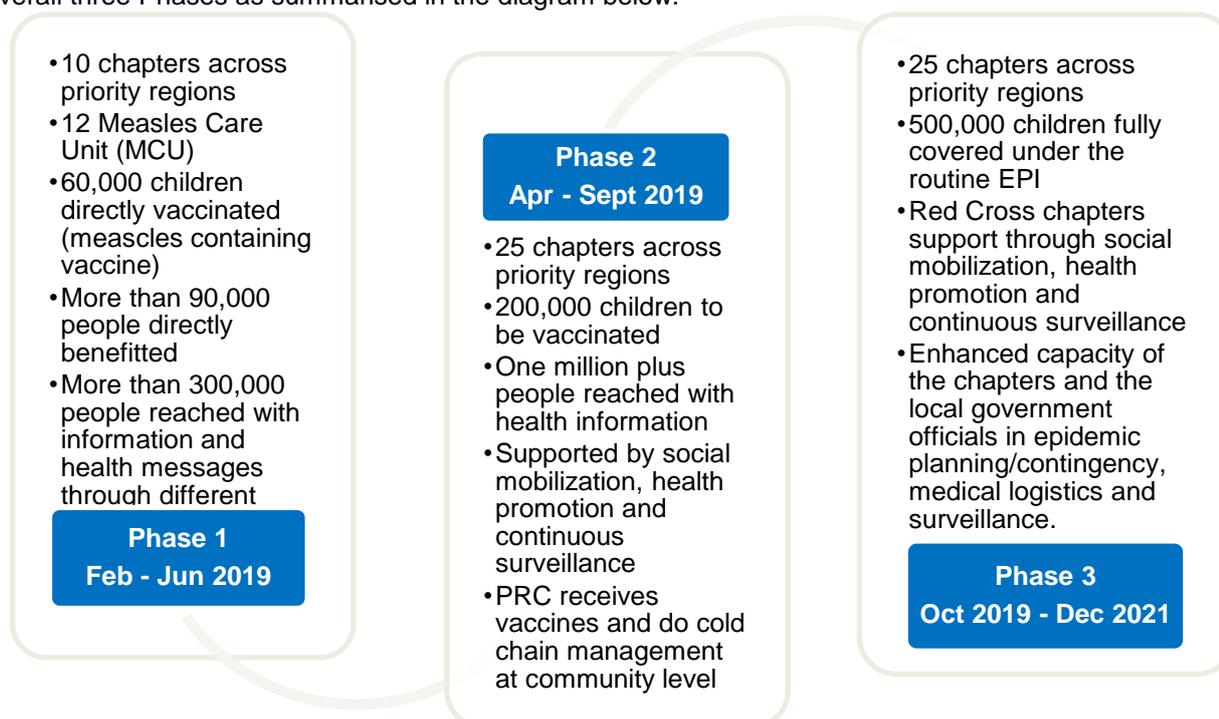
The overall objective of this appeal is to contribute to preventing and reducing morbidity and mortality resulting from the current measles outbreaks in the Philippines.

This appeal covers the emergency phase of a planned longer-term programme. Phase 1 and 2 are covered under this emergency appeal for the first nine months from February to September 2019. There is also a planned Phase 3 that will look at the longer-term issue of the low routine vaccination rates and be implemented from October 2019 to December 2021. This Phase three will be incorporated into the IFRC Country Operational plan, we are now also seeking funds for this longer-term Phase.

A separate plan and budget is available for Phase 3 and will be launched separately to seek a further CHF 2.8 million for PRC to support the routine EPI of a further 500,000 children through social mobilization, health promotion and community-based surveillance.

³ Sit Rep #3, WHO-UNICEF joint publication

The overall three Phases as summarised in the diagram below:



This appeal aims to deliver humanitarian assistance to the most vulnerable affected by the measles outbreaks utilizing the following overarching strategies:

- **Epidemiology:** PRC will focus on community-based surveillance using the established network of trained volunteers and report back to the Operation Centre and local health network to establish a clear and detailed picture of the situation, which is otherwise missing, since the present reporting is based on cases enrolled in the health system. The secondary data will be explored to identify areas of outbreak and trained volunteers will validate the same and identify critical cases from the community and ensure accompanied referral to the nearest health institution. This will support early reporting and management of the critical cases and thus lower mortality.
- **Measles Care Unit (MCU):** Set up of temporary wards (measles care units) and welfare desks and equipping and providing volunteer nursing staff for them in collaboration with DOH and local government units to ensure quality services in every health institution.
- **Vaccination campaign:** Support the DOH efforts in vaccination, as auxiliary to the government efforts through mobilization of volunteer nurses, doctors, midwives to immunize in a planned and appropriate manner. This also involves social mobilization, vaccination through static and roving teams, reporting, health promotion, refusal management and referral of active cases to the nearest health facility. This strategy is supported by sub strategies like provision of hot meals on wheels for the children and their attendants who bring them to the vaccinators and public announcements on prevention of measles in the designated areas using roving PRC units.
- **Enhancing public education:** Actively disseminating timely and related information to ensure positive changes of behaviour towards measles immunization, early referral and management of measles, and updates on resources for health and health-related needs across levels.
- **Strengthening the capacity** of the National Society to respond to outbreaks by enhancing their capacity on surveillance, micro planning, social mobilization and validation and reporting of cases through the operations centre system.

National Society development – NHQ and chapter level

- PRC's capacity will be built on community-based surveillance (CBS). The emergency appeal will build national society headquarter and 25 chapters' capacity in continuous monitoring of the situation, data collection and data management on digital platform. For this purpose, there are provisions for training of selected chapter level volunteers on data analysis and validation of cases based on community-based surveillance.
- The chapter level volunteers will also be capacitated on collecting data and analysis. For this purpose, there are provisions for producing digital devices, which can be equipped with ODK supported formats and the house listing, actual vaccination and other details in relation to the vaccination and social mobilization, can be captured digitally and analysed quickly. The chapter may use the device for information generation and future community-based program monitoring and evaluation with support from trained volunteers.

- The chapter will capitalize on the existing relations that they have with the local government units and local health authorities and both the chapter and the LGU's capacity building and mentoring is planned in the EA on epidemic prevention, micro-planning, joint reporting and surveillance.
- Red Cross 143 volunteering system will be utilized for social mobilization, health promotion, follow up and refusal management. An immunization leader, from among the 143 volunteers will be nominated for covering 50 to 100 children in a Barangay. This campaign will help promote the RC143 system in many Barangays and create a momentum for increased volunteers' enrolment and education.
- This operation will also enhance PRC's capacity on medical logistics management and cold chain management at the field level.
- The model of Measles Care Unit (MCU) is important model for PRC and now PRC staff and volunteers are capable in setting up hospital extension wards for any outbreak or mass causality in the region.
- It will also enhance the chapters relation with and understanding of the Operations Centre and in the future may lead to better use of data and information to and from the Centre.

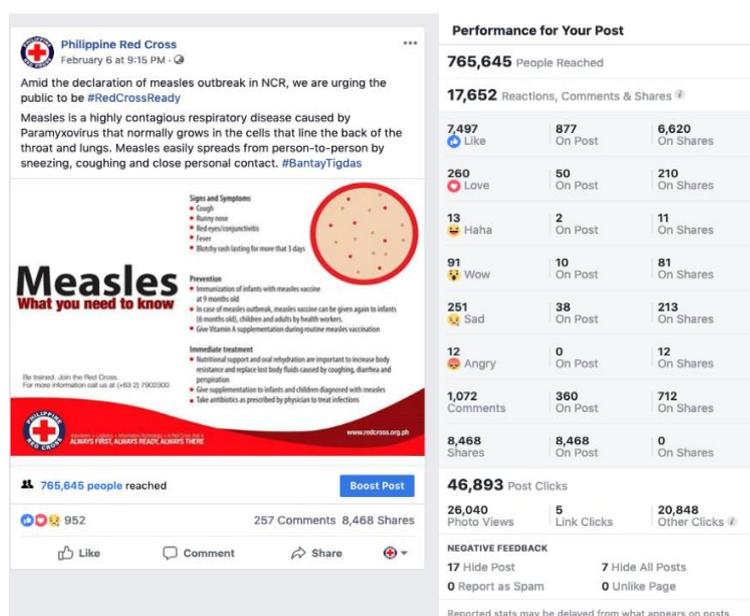
Communications Plan

The Government is conducting a comprehensive information campaign on social media, TV and radio as well as at community level are continuing to promote measles immunization targeting children six to 59 months old.

PRC has mobilised its communication network on the PRC weekly radio show, social media and mainline media. Some results are as follows:

- PRC social media posting: 196 (FB, Twitter, etc).
- Total FB people reached: 1,706,828 since February 6 to February 27,2019.
- Total Twitter impressions: 1,402,800 since February 6 to February 27,2019.

PRC have an existing package of information education and communication (IEC) materials available. These have been posted on social medial and printed for vaccination campaigns.



There was a need to provide information on what support were available from governmental or non-governmental agencies and how the affected population can access them. PRC monitor the needs of different populations to ensure that the support provided addressed specific needs. Community accountability and feedback/response mechanisms will be integrated into programming to ensure that affected populations have direct access to information on the nature and scope of services provided by PRC, along with processes that will enable community participation and feedback. Particular consideration will be given to messages around the possible side effects of the vaccines and how to manage it.

Operation Risk Assessment

The following risks have been identified in the planning for this operation:

Risk	Mitigations
Lack of vaccines	Coordinate with DOH, LGU's and UNICEF on the availability of vaccines to support the campaign.
High refusal	Build in refusal management mechanism as part of social mobilisation strategy
Vaccination take longer than expected and case load continues to grow.	Scale up the response in terms of scope and time. Use the additional vaccines as ordered by the UNICEF and scale up PRC response capacity in relation to geography an most vulnerable areas.
Side effects to vaccinations	Build in adverse effect management as a part of pre-vaccination orientation given to parents/attendants and their consent is to be recorded prior to vaccination.
Adverse effect of the vaccine (vaccine-associated paralysis or the OPV attenuated virus becoming neurovirulent and transmissible).	As part of the orientation the vaccinators and the health educators will be informed about these including GBS etc. Though these are rare incidence but information and precautions at the vaccinators' level and informed vaccination will save he team's reputation and moral
Large to catastrophic disaster in the country, multiple operations.	Apply country level contingency plans – including coordination with ICRC with regards the country level security framework.
Major political unrest and possibilities of armed conflict in one of more areas of the country.	As above

Areas of Focus



Health

People targeted: 260,000

Male: 127,400

Female: 132,600

Requirements (CHF): 1,570,000

Proposed intervention

Needs analysis: Based on the current epidemiological analysis, the outbreaks remain active across the nation. The situation continues to be serious and flexibility and continuous vigilance is needed in the response. There is a need to build the current momentum by increasing the coverage of the effective response with the DOH objective of the vaccinating an estimated 2.6 million children aged six months to 5 years without a documented history of two measles doses, as well as selective campaigns for schools' children grade 1 to grade 6, as well as susceptible adults. The non-selective method involves community-based, house-to-house vaccination. The selective method will be implemented in collaboration with DepEd and Department of Social Welfare and Development (DSWD) to target "unvaccinated/incomplete" children and adults.

As per DOH guidelines, the measles vaccination campaign will be accompanied by Oral Polio Vaccine and Vitamin A distribution.

Population to be assisted:

Up to twelve Measles Care Units (MCU's) will be established to support up to 6,000 patients and their immediate attendants from cross priority regions for six months.

For vaccination, in tandem with the DOH guidelines, PRC has been vaccinating children between the age of six to 59 months and intends to vaccinate a total of 260,000 children over next six months (phase 1 – 60,000 and phase 2 – 200,000) across 25 chapters and priority regions (Phase 1 – 10 chapters and Phase 2 – 25 chapters).

At least 3,000 trained volunteers from across these 25 chapters will be fully capacitated on planning and executing community-based mobilization and immunization promotion activities.

Moreover, 102 chapters across the country will be capacitated on outbreak surveillance, data sourcing, reporting and validation through community-based surveillance. Information will be collected from communities and used to tailor and target prevention information.

Programme standards/benchmarks: The activities under this sector will follow the proven DOH vaccination strategies and international regulations and standards for preventing and controlling the spread of measles.

Health Outcome 1: The immediate risks to the health of affected populations are reduced.

Health Output 1.2: Target population is provided with rapid medical management of diseases.

Planned activities

- Mobilize Measles Care Units to provide support services in the health institutions.
- Mobilize volunteers (including doctors and nurses) to provide lifesaving services through the MCU's.

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population.

Planned activities

- Map out areas with lower vaccination coverage together with DOH.
- Mobilize community health volunteers for health promotion with a focus on measles sign and symptoms, ways of prevention, etc.
- Community health volunteers and RC143 volunteers to conduct household visits to provide health information and identify highest risk cases.

Health Output 1.4: Epidemic prevention and control measures carried out.

Planned activities

- Establish teams comprising of vaccinators, recorders, health promoters and logisticians and orient them on the SOP for vaccination.
- Conduct planning at the LGU/ Chapter level and divide the teams into roving and static teams to cover maximum number of children in a given geographic area.

- Ensure geographic division of the teams and equip them with consumables, vaccines, record keeping device, forms, IEC materials and essential items (like the syringe cutter, hard box etc.).
- Vaccinate children in the given geographic areas in collaboration with the local health institutions.
- Manage cases of refusal, identify complicated cases and active cases of measles and immediately refer them to the nearest health facility.
- Support the campaign with roving information dissemination unit that transmits information over amplifiers on diseases, ways of prevention and the schedule and location of the vaccination teams for that day.
- Support the campaign by providing 'Hot Meals on Wheels' for children and their immediate attendants in fixed locations.
- NHQ and chapter social media campaign and chapter level RC143 social mobilization generate information and mobilize people to vaccinate their children in their respective areas.
- Continuous monitoring and reporting back primary information to the local chapters.
- Validation and collation of information at the chapter level and reporting back the same to the Operations Centre
- Manage stand-alone cases of infection to prevent localized outbreak.
- Support volunteers to undertake community-based surveillance to report outbreaks and support the Surveillance in Post Extreme Emergencies and Disasters activities.

Health Output 1.5: Psychosocial support provided to the target population.

Planned activities

- Mobilize and register volunteers for PSS activities at the welfare desk and as part of the social mobilization teams at the community level.
- Support trained PSS volunteers to provide PFA and PSS to people in need, in the affected area.
- Provide PSS services to people in need.
- Provide PSS to the care giver/volunteers.



Water, sanitation and hygiene

People targeted: 15,000

Male: 7,000

Female: 8,000

Requirements (CHF): 200.000

Proposed intervention

Needs analysis:

There is a need for access to safe drinking water and suitable extra toilets in the MCU's and welfare desks. There is a need to provide hygiene materials for patients and immediate attendants to maintain minimum standard of hygiene and sanitation of the MCU's and welfare desks. There is also a need to conduct hygiene promotion activities to improve hygiene behaviour and bridge knowledge and practice of safe water and food handling as well as hygiene practices such as hand-washing to mitigate the risk of transmitting disease in the MCU's and at the welfare desks.

Population to be assisted: 15,000 individuals, including 3,000 measles cases will be targeted by supplying water in jerry cans and supplying hygiene items. The jerry cans will be used in the MCU's supporting the hospital for storing potable water to help the patients and their attendants store clean water for personal consumption and/ or making ORS. These families will also be reached with hygiene promotion activities and access to clean and safe potable drinking water.

WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in MCU's and welfare desks.

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in MCU's and welfare desks.

Planned activities

- Continuously monitor the water, sanitation and hygiene situation in MCU's and welfare desks.

WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.

Planned activities

- Transport and storage of water to MCU's and welfare desks.
- Distribute jerry cans (10-litre capacity).

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.

Planned activities

- Provide temporary toilets based on consultation the health teams with considerations for cultural preference, safety, access for children and disabled, cleansing practices, national standards and menstrual hygiene, as well as environmental impact.
- Ensure toilets are maintained and monitored by the volunteers.
- Mobilize trained volunteers to promote positive sanitation behaviour.

WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Planned activities

- Conduct hygiene promotion activities in the MCU's.

WASH Output 1.5: Hygiene-related items which meet Sphere standards.

Planned activities

- Provide hygiene essential items to patients.
- Monitor use of hygiene essential items through the volunteers.
- Review of the support provided.



Protection, Gender and Inclusion

People targeted: 75,000

Male: 25,000

Female: 50,000

Requirements (CHF): 5,000

Proposed intervention

Needs analysis: During times of humanitarian crisis, affected people are made more vulnerable. Vulnerable population such as children, elderly, persons with disabilities and people sick are at higher risk of exploitation and abuse. There is a need to protect these population and incorporate their different needs into the programming.

Population to be assisted: Support to all the people who will be supported by this operation will aligned to the will be minimum standard of protection, gender and inclusion.

Activities planned to be carried out.

- Provide follow up and technical support in compliance with IFRC Minimum Standard Commitments to Protection, Gender and Inclusion in Emergency Programming.
- Support activities of the PRC Welfare Desks: (i) psychosocial support; (ii) critical incident stress management; (iii) guidance and counselling.
- Support SGBV reference system at chapter and MCU's.
- Provide psychosocial support to children.
- Provide essential services (including reception facilities, RFL, and access health, shelter, and legal services) to unaccompanied and separated children and other children on their own.
- Volunteers, staff and contractors sign, are screened for, and are briefed on safeguarding and PSEA policy/guidelines.
- Three monthly awareness-raising session on gender-based violence (GBV) for all teams, its prevention and response (through adherence to the Minimum Standard Commitments to Protection, Gender and Inclusion in Emergency Programming). All volunteers and staff to receive a pocket card with guidelines and updated community-based GBV assistance information, as well as orientation on child protection reporting lines and practices.
- Volunteers trained in gender-based violence (GBV) in humanitarian settings to assess immediate and longer-term GBV needs. The assessment results will be built into the continuous planning and design across the operation.

Strategies for Implementation

Requirements (CHF):

PRC's 102 chapters will be supported with capacity development in community surveillance and mandatory reporting of measles cases. In addition, the capacity in 25 chapters will be enhanced on epidemic preparedness, micro planning and community surveillance.

Based on the demand for the technical and coordination support required to deliver this operation, the following programme support functions will be established to ensure effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.**

Funding Requirements (in CHF)

SHELTER	30,000
HEALTH	1,570,000
WATER, SANITATION AND HYGIENE	200,000
PROTECTION, GENDER AND INCLUSION	5,000
STRENGTHENING NATIONAL SOCIETIES	110,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	50,000
INFLUENCE OTHERS AS A LEADING STRATEGIC PARTNER	35,000
TOTAL FUNDING REQUIREMENTS	2,000,000

Elhadj As Sy
Secretary General

Reference documents



Click for:

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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 (NGOs) 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**.