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## Emergency Plan of Action (EPoA) Madagascar: Measles Outbreak



International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n°: MDRMG014 / PMG033</b>	<b>Glide n°:</b>
<b>Date of issue:</b> 28 March 2019 <b>Operation start date:</b> 28 March 2019	<b>Expected timeframe:</b> 3 months <b>Expected end date:</b> 28 June 2019
<b>Category allocated to the of the disaster or crisis:</b> <b>Yellow</b>	
<b>IFRC Focal Point:</b> Youcef Ait CHELLOUCHE, Head of Indian Ocean Islands & Djibouti (IOID) CCST will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliance.	<b>National Society focal point:</b> Andoniaina Ratsimamanga – Secretary General
<b>DREF budget allocated:</b> CHF 89,297	
<b>Total number of people affected:</b> 98,415 cases recorded	<b>Number of people to be assisted:</b> 1,946,656 people <sup>1</sup> in the 10 targeted districts - Direct targets: 524,868 children for immunization - Indirect targets: 1,421,788 for sensitization
<b>Host National Society presence of volunteers:</b> Malagasy red Cross Society (MRCS) with 12,000 volunteers across the country. Some 1,030 volunteers 206 NDRT/BDRTs, 10 full-time staff will be mobilized through the DREF in the 10 districts	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), German Red Cross, Danish Red Cross, Luxembourg Red Cross, French Red Cross through the Indian Ocean Regional Intervention Platform (PIROI).	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health, WHO, UNICEF.	

## A. Situation analysis

### Description of the disaster

Measles, a highly contagious viral disease, remains a leading cause of death amongst young children around the world, despite the availability of an effective vaccine. In July 2018, the first case of measles was notified in the urban health centre of the district of Antananarivo Renivohitra in Madagascar. According to WHO, from 4 October 2018 to 7 January 2019, 19,539 measles cases and 39 “facility-based” deaths (case fatality ratio: 0.2%) were reported by the Ministry of Public Health (MoH) of Madagascar. Cases were reported from 66 of 114 total districts in all 22 regions of Madagascar.

In February 2019 (weeks 7 to 8), an overall 774 new cases were recorded in 3 newly affected districts including ANDILAMENA (145 cases in week 7 and



Team of volunteers in awareness activities in the region of Itasy Region ©MRCS

<sup>1</sup> 13.71% of affected population

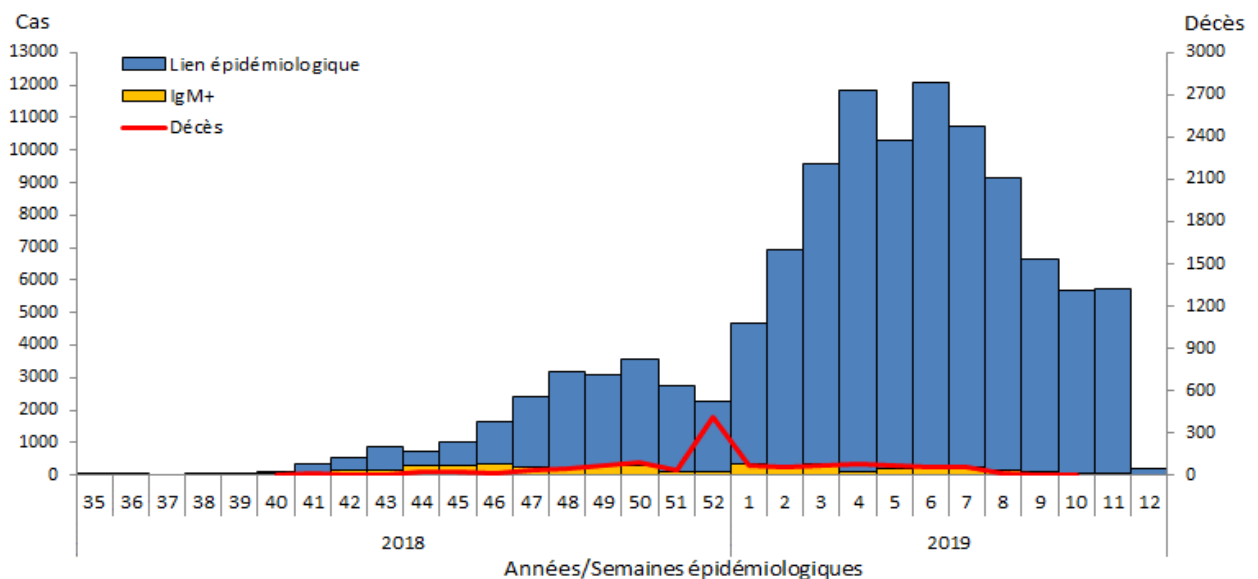
167 cases in week 8); MAHAJANGA II (142 cases in week 7 and 241 cases in week 8) and MAHANORO (22 cases in week 7 and 57 cases in week 8).

Despite stabilizing in some areas, the above-mentioned spikes show that the epidemic is progressing, and the epidemic is now posing significant risk to remote and hard to reach communities as seen in below table, which summarizes the rate at which the disease has been spreading with 7,288 new cases in March 2019 (weeks 9 to 12).

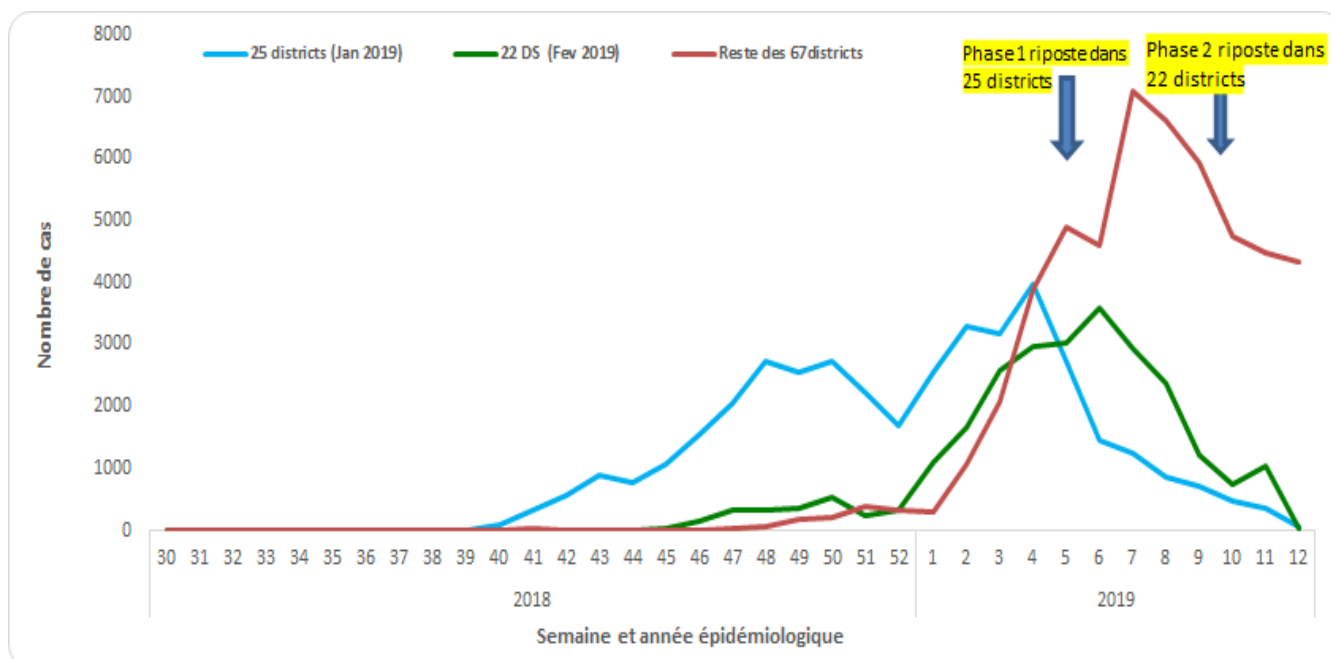
Measles spread rate over the last 4 weeks				
District	Week 9	Week 10	Week 11	Week S12
ANDILAMENA	59	106	223	0
VAVATENINA	6	2	55	5
TAOLAGNARO	106	100	29	1
MAHANORO	114	106	144	1
Vohibinany (Brickaville)	31	21	87	10
Mahajanga II	695	532	58	4
MITSINJO	165	94	99	0
SOALALA	97	48	30	0
FENOARIVO-AFOVOANY	27	13	42	5
AMBANJA	111	96	95	1
Antsiranana I	316	101	178	5
Antsiranana II	102	142	155	3
NOSY-BE	93	89	210	10
SOAVINANDRIANA	84	112	103	7
SAMBAVA	8	105	48	0
VANGAINDRANO	242	245	436	1
VONDROZO	275	346	246	5
Antsirabe I	73	71	46	13
<b>Total</b>	<b>2,604</b>	<b>2,329</b>	<b>2,284</b>	<b>71</b>

Weekly trends in measles spread rates in high-risk districts, Madagascar, 20 March 2019 Districts ©Sitrep 11, (Week 12, 2019)

Indeed, from the onset of the outbreak until 20 March 2019, some 117,075 cases have been recorded with 638 deaths notified by health facilities, while 567 deaths have been reported within the communities (114 deaths related to measles and 453 unrelated deaths as per community volunteers). As per Ministry of health (MoH), about 56% of cases are unvaccinated or of unknown vaccine status. Most cases have been reported in children under 9 years old. Some 105 districts are currently in epidemic situation in the overall 22 regions of the country. The increase in cases can be seen in below graphs:



Daily progress of measles cases and deaths in Madagascar, from September 2018 to March 2019. ©Sitrep 11, (Week 12, 2019)



Comparative weekly evolution of measles cases according to the response immunization phases, Madagascar, September 2018 to March 2019 ©Sitrep 11, (Week 12, 2019)

Some 18 districts in 8 regions report 73% of the total cases registered countrywide over the last 4 weeks. An intensification of interventions in these districts will significantly reduce the number of cases reported at the national level. Of these 18 districts, 5 districts already benefited from the vaccination response in January (Antsirabe 1) and February (Ambanja, Antsiranana 1, Antsiranana 2, Nosy-Be). Further analysis of the trend of the epidemic in these regions is needed.

For the authorities, the epidemic was to be addressed between July-September 2018, unfortunately, lack of vaccines for good immunization coverage, lack of resources and partners for real social mobilization, did not allow the epidemic to be circumscribed, leading to more cases and deaths to be recorded. The Secretary General of the Ministry of Health, at the meeting of the National Coordinating Committee of 7 March 2019, informed that there is a financial gap of USD 1,707,908 to have a good coverage. The gap for social mobilization the gap is USD 368,604. The government has formally requested the contribution of all partners to participate in mobilizing resources for immunization and social mobilization.

The World Health Organization estimates at 58 percent, the measles vaccination coverage of Madagascar in 2016 and 2017, accounting for 80% of reported cases in children aged 14 and under. In Madagascar, vaccination campaigns for measles aimed at curbing the epidemic are followed by a national planned monitoring campaign every 3 years since 2004. However, access and support to the most heavily affected areas remain inaccessible to most actors.

Madagascar has not suffered any measles outbreaks in the last 13 years (since 2005) and was already on the road to eliminating measles. Due to the evolving situation of measles, the Ministry of Health (MoH) undertook a visit to some parts of the country to evaluate the extent of cases registered by health facilities. Upon confirmation of the situation, recommendations were made by the Ministry of Health, which is coordinating the response activities, with the support of WHO and other partners. Public Health response measures include:

- Enhancement of active surveillance (active case finding, community-based surveillance, distribution of specimen collection kits) in all affected districts.
- Completion of targeted vaccination campaigns:
  - Vaccination campaign conducted from 14 to 18 January 2019 (Phase 1) in 25 Districts -- The campaign targeted at least 95% of children aged between nine and 59 months. Preliminary results show coverage of 84% of the targeted population.
  - Vaccination campaign conducted in February 2019 (Phase 2) targeted children from 9 to 11 months. Note that for this phase, the MoH's strategy was to simply increase availability of routine vaccinations in health centres across the country, to reinforce routine immunization (one dose of measles-containing vaccine (MCV) as per the national immunization programme). Results for this phase is yet to be made available.
  - Vaccination campaign from 25<sup>th</sup> March to 5<sup>th</sup> of April 2019 (Phase 3) planned in 67 districts across the country.

- Accelerate the implementation of the vaccination coverage survey; further analysis regarding districts presenting constraints, implementation of specific measures for districts with low-performance to conduct “sweep campaign” at schools and households within affected communities.
- Continued management of severe measles cases in referral hospitals, provided to patients free of charge. Vitamin A is being administered to patients under care in all referral and district health centres.
- Continued community mobilization and communication with the support of Red Cross volunteers, UNICEF and USAID, aiming to increase understanding of the disease as well as uptake of the vaccines from campaigns and routine vaccination -- Need for a Knowledge, Attitude and Practice Survey on population's perception of measles and to identify barriers regarding treatment and prevention.
- Reactivation of the 910 hotline, formerly used during the 2017 plague epidemic, for information sharing on measles.
- Continuous monitoring and update of epidemiological situation -- Pursue the mobilization of regions and districts on data reporting and the appropriation of the fight against measles.

### **Summary of the current response**

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

Malagasy Red Cross Society (MRCS) has been attending meetings of the National Coordinating Committee for the Response, particularly in the Social Mobilization Committee led by WHO and UNICEF, with support of the head of Community event-based surveillance (CEBS) within IFRC. So far, 1,030 volunteers and 206 supervisors have been mobilized for awareness on the forthcoming vaccination campaign (Phase 3), of which 400 volunteers were mobilized for the first two phases.

The National Society, with IFRC, is attending partnership meetings with the Ministry of Health, UNICEF, WHO, and donors where they discuss information sharing and coordination mechanism. The NS is currently using the CBS and CBHFA module for community-based activities. MRCS implemented a Community Based Surveillance (CBS) project which closed in the first half of 2017 and is now working to re-activate the CBS system. The NS will work towards a long-term prevention program to enhance capacities to deal with future outbreaks, which will be supported by partner National societies in country.

MRCS is currently under restructuring, with a new board set up in December 2018 and the general secretariat in January 2019, with key staff members under recruitment process supported by IFRC and PNSs. Due to the aforementioned, support to affected population has been slowed down but has not stopped. The NS is receiving finance support for current operations from IFRC, which also ensures project supervision. IFRC also supports the NS for plague epidemic response in 5 regions, and for floods in three regions and falling rocks in Antananarivo. During the Social Mobilization meeting, MRCS was yet to formally position itself in terms of funding to be provided but has supported awareness activities through messages delivered to volunteers via the media.

To note, MRCS has volunteers present in all affected districts and regions and has previous experience in implementing DREF operations for epidemics like the Plague, as well as emergency relief programs throughout the country, with support from various donor partners and Partner National Societies (PNS). MRCS staff and volunteers have been responding to outbreaks (plagues) over the last 3 years including a long-term prevention and surveillance project. The NS has the required capacity to support community mobilization, community sensitization and key messaging in outbreaks.

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

The IFRC is supporting the MRCS in the implementation of a second phase of the plague Emergency Appeal operation launched in 2017. Among the regions in the measles epidemic, six had experienced the plague epidemic. This is an opportunity for the NS to quickly implement the measles response operation rapidly. The Red Cross already has experience in these regions.

For the current operation (covering phases 3), the National Society has already mobilized 1,030 volunteers and 206 supervisors who will be working on:

- Community Based Surveillance
- Community engagement and accountability through radio show broadcasting

The IFRC Indian Ocean Islands & Djibouti (IOID) Country Cluster Support Team (CCST) Office will provide technical support to MRCS during the entire implementation period. A coordination structure will be designed, including coordination of RCRC Movement interventions at country level (PNS and the Indian Ocean Regional Intervention Platform - PIROI), joint coordination of the operation, monitoring, sharing of updates on the progress made, challenges etc. IFRC will also conduct a monitoring visit during the course of the operation.

A number of PNSs are working with MRCS with in-country presence. The Danish Red Cross will be implementing a Development Organizational project for 6 months -- an amount will be committed to emergencies. PIROI is strongly monitoring the situation in Madagascar and has personal protective equipment (PPE) in stock which are ready to be deployed to the NS. The German Red Cross is implementing a Food Security Resilience project in the south-eastern part of the country (Atsimo Atsinanana Region with two districts including Farafangana and Vangaindrano); and is mobilizing around 150 volunteers engaged in both emergency and long-term activities.

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

WHO, UNICEF and AfDB will be providing support to the Ministry of Health (MoH) over the next coming months with the vaccination (Phase 3 in March and April) campaigns and are bringing in the necessary vaccines. To note, these partners already provided support during Phase 2 of the vaccination rounds, in February.

Vaccination round 3 will start on the 25<sup>th</sup> March and will last 10 days -- the vaccination campaign will be focused in 22 districts that will target 1,242,262 children aged from 6 months to 9 years old.

MRCS is planning to work with both Ministry of Health, WHO and UNICEF to undertake social mobilization activities through this DREF operation before and after immunization campaign for phase 3.

## **Needs analysis, scenario planning, targeting and risk assessment**

### **Needs analysis**

The first sign of measles infection is usually a high fever, which occurs around 10 to 12 days. During this initial stage, it may include rhinorrhoea (runny nose), cough, red and watery eyes and small whitish dots on the inside of the cheeks. The rash is on the face and the top of the neck. Within three days approximately, the eruption progresses to reach the hands and feet. It persists for five to six days before disappearing. It is observed on average 14 days after the virus, in an interval of seven to 18 days.

The main cause for the current outbreak is the low vaccination rate. This weak coverage is mainly due to the lack of resources to procure enough vaccines and ensure good social mobilization. With more than 10% of Malagasy unvaccinated against measles, further spread of the disease is possible, explains doctors in affected health centres. The Ministry of Health has already given recommendations to the College of Physicians to remind its members on how to treat this disease.

While the National Society and institutions in Madagascar have good experience in responding to the epidemic, an outbreak of measles do not require specific expertise to ensure adequate response. Nonetheless, for vaccination to be effective to a population level, coverage must remain at a minimum of 95%. According to Independent Monitoring, this rate has been consistently met during the first Phase of Vaccination Campaign (14 - 18 January 2019) for 25 prioritized districts. This first quality vaccination campaign was one of the conditions for the continuation of the response in the other districts not yet covered.

Around 89 districts are planned to be covered for vaccine's response: 6 Regions for Phase 2 (Diana, Atsimo Andrefana, Boeny, Androy, Vatovavy –Fitovinany, Menabe with 22 districts) and 17 Regions for Phase 3 (Sava, Sofia, Alaotra Mangoro, Bongolava, Itasy, Atsinanana, Atsimo –Atsinanana, Haute Matsiatra, Ihorombe, Melaky, Menabe, Amoron'i Mania, Haute Matsiatra, Vakinankaratra, Anosy, Sofia, Atsinanana with 67 districts).

Even so, this next step is delayed by a context of limited resources and the delay on the vaccine's arrival. There is an urgent need to support the MRCS to develop effective prevention and response strategies in coordination with partners.

To respond to the measles outbreak and reduce further risk of measles to other districts, there is a need to reach the population in the affected district with:

- (i) social mobilization for sensitization on measles (origin, symptoms and transmission) and how vaccination will protect the children from the virus;

- (ii) a measles vaccination campaign which will target children from 6 months to 9 years, irrespective of their vaccination status.

### Scenario planning

The epidemiological status indicators of the Ministry of Health and WHO (IgM positive, number of cases, lethality rate, number of deaths) and the existing capacities of MRCS in managing emergency response in these areas recommends:

- The scale up of community mobilization and sensitization with focus on (i) ensuring clear, simple and updated health information on the measles epidemics for community information and (ii) the training of volunteers in community sensitization and community engagement.
- Further develop the community-based surveillance (CBS) tool to carry out investigation on cases reported by communities and monitoring to feed the vaccination coverage survey at the Ministry of Health.

Issues of investigation regarding the declaration of deaths related to measles at community level is a big discussion at the Ministry of Health. This is because people present signs of fever, red eyes but have no rashes; so they do not consult a doctor or go to Health centre. Thus, it is necessary to review the definition of community cases and reinforce awareness and referencing to the health centre.

In view of the above, the following two scenarios are being considered:

1. The epidemic continues to spread while claiming lives and the Government is unable to fully cover the need for vaccines. The focus is on a large social mobilisation and large vaccination campaign to limit the spread. The NS requests a DREF to support social mobilization and immunization actions by the MoH.
2. The epidemic resurfaces, affecting several health districts and needs become important and enormous. The SN will request the IFRC to support with an Emergency Appeal.

This DREF operation will address scenario 1, to ensure that all children in the targeted areas receive the needed vaccines and that both the communities and volunteers are well informed on the disease to ease referencing of any suspected or confirmed cases to the nearest health centre.

### Targeting

This DREF operation targets an **overall 1,946,656 people** in the 10 targeted districts of Manandriana, Tsiroanomandidy, Anjozorobe, Mahanoro, Brickaville, Mahajanga II, Faratsiho, Vangaindrano, Farafangana and Miarinarivo. These districts are located in 8 regions including Analamanga, Atsimo Atsinanana, Atsinanana, Boeny, Vakinankaratra, Bongolava, Itasy and Amoron'i Mania. The targets are distributed as follows and as seen in the below table:

- Direct targets: 524,868 children for immunization
- Indirect targets: 1,421,788 for sensitization through social mobilization

Table of implementation area and population targeted by MRCS

	Regions	Districts	Total population	Direct targets for MMR months - 9 years) 2019
	AMORON I MANIA	MANANDRIANA	133,988	37,115
	ANALAMANGA	ANJOZOROBE	225,784	62,542
	ATSINANANA	MAHANORO	285,252	79,015
		Vohibinany (Brickaville)	220,645	61,119
	BOENY	Mahajanga II	78,313	21,693
	BONGOLAVA	TSIROANOMANDIDY	27,060	
	ITASY	MIARINARIVO	283,550	78,543
	SUD-EST	VANGAINDRANO	418,473	115,917
		FARAFANGANA	24,764	
		VAKINANKARATRA	FARATSIHO	248,828
<b>Total</b>	<b>8</b>	<b>10</b>	<b>1,946,656</b>	<b>524,868</b>

The targeted population of this DREF operation represents 13.71 per cent of the total population (14,195,141 people) of the 67 districts in 22 regions which were agreed with the Ministry of Health for intervention. This is 14% (for social mobilization) and 13% (for immunization) of the Ministry of Health's overall target for all 67 affected districts.

### **Risk assessment**

Given the rapid evolution of the outbreak, the calendar of the Ministry of Health on Phases 3 and 4 of the Vaccination Campaign, the anticipated risks which might impact on the implementation of the operation is the inability to undertake social mobilization activities on time since Phase 3 is expected to start end of March. This could occur if the volunteer training is not conducted in time and community awareness materials are not produced. MRCS is mitigating this risk through pre-planning of the training, identification of volunteers and preparing all materials to be produced ahead of launching the DREF operation.

## **B. Operational strategy**

### **Overall Operational objective:**

The overall objective of this DREF operation is to contribute to the reduction in mortality due to the measles outbreak in 10 affected districts of Madagascar by supporting mass vaccination campaign through social mobilization activities in coordination with the Ministry of Health, UNICEF, WHO while improving community monitoring and reporting of measles cases. This DREF operation is expected to be implemented over three months, to be completed by July 2019.

### **Proposed strategy**

The proposed operational strategy aims at supporting 95% vaccination coverage (3,925,195 children targeted by MoH for Phase 3 of the vaccination campaign) aged from 6 months to 9 years through social mobilization and awareness-raising activities among their parents, care-takers and schools on the importance of measles immunization in the 10 targeted districts among 67 prioritized districts selected by the Ministry of Health.

The Ministry of Public Health has adopted four main areas to fight against measles including:

- i) Medical Care,
- ii) Monitoring,
- iii) Vaccine response,
- iv) social mobilization and community surveillance.

To reach this objective, MRCS will focus on social mobilization activities and community surveillance in partnership with UNICEF and WHO in Phase 3 vaccination campaign from 25 to 30 March 2019. In addition to the vaccination campaign, the NS will continue social mobilization actions in the communes for two months. MRCS will conduct training of 1,236 volunteers in the affected communities on measles disease recognition and social mobilization methods. Following the training, preceding and alongside the vaccination campaigns, volunteers will undertake door-to-door visits and implement community awareness activities with the hope of reaching some 1,946,656 people (approximately 389,331 households) of which 524,868 children with vaccines for the 10 districts are hoped to be reached through this DREF operation. Community mobilization activities will focus on rumour management, social and behaviour change.

Specific activities will include:

- Strengthening the capacity of Malagasy Red Cross Society to deliver emergency services during measles outbreaks;
- Increasing community knowledge and commitment for Measles prevention and control, which will be ensured through active CEA (including feedback mechanism) and social mobilization. This will be done through community meetings, radio shows, door to door, use of community structures, etc. by 400 volunteers who will receive training;
- Printing information, education and communication (IEC) materials (20,000 leaflets, 5,000 posters). Suggestion boxes will be setup in all regions for feedback on the operation, as well as a hotline opened for calls;
- Mobilizing volunteers to support the Ministry of Health for immunization activities against measles (Target: coverage >95% for 9 months to 9 years children (524,868 children targeted) in 10 districts of 08 regions
- Supporting the reduction of new cases through early identification and referral of suspected cases by strengthening volunteers and community's capacities in community-based surveillance (CBS);
- Setting up community structures in the 8 regions for effective participation of communities;

- Ensuring information sharing and coordination at regional, local and community levels.

The IFRC will work with MRCS in building the capacities of the staff and volunteers through trainings and technical support to ensure quality implementation.

## Operational support services

### Human resources

The following Human Resources will support the implementation of this DREF operation:

- MRCS national focal point of health will be the lead of field coordination, with support from disaster management coordinator who will support overall coordination of the operation.
- 08 MRCS Health NDRTs as team leader per region who will be deployed for a total of 35 days (including 8 days before campaign, 4 day during campaign), to continue mobilisation on importance of routine vaccinations.
- 1,030 volunteers and 206 supervisors of MRCS (5 volunteers per supervisor and per fokontany targeted through the DREF). These volunteers will be deployed as follows:
  - a. 1,030 volunteers and 206 supervisors deployed 8 days before campaign begins and during the 4 days the campaign will last;
  - b. 515 volunteers and 103 supervisors out of the above number, will be deployed for a two-day Sweep operation monitoring in coordination with MoH/ WHO to ensure no child is left unvaccinated in the communities where they are deployed.

In addition to the in-country staff, the IFRC will also deploy one RDRT for Emergency Health for 2 months, to support NS throughout the timeframe of operation.

### Logistic and Supply chain

Procurement of items required (IEC tools) will be carried out by the MRCS logistics with support of PIROI, in accordance with the MRCS logistics rules and procedures. The MRCS will utilize vehicles from its fleet for this operation and for the transportation of required visibility equipment.

### Information and Technology (IT)

Airtime and internet costs will be budgeted in the DREF operation to enable communication and easy coordination between MRCS and the affected districts. Twenty (20) tablets, already available at NS thanks to IFRC support, will be used and customized for the collect of information and for monitoring. The survey design will be elaborated and shared by the Ministry of Health and WHO.

### Communications

MRCS will work in collaboration with the IFRC IOID CCST and Africa Region Office to ensure communication on the DREF operation. Communication material press releases and photographs will be shared on IFRC communication and social media platforms. Visibility of the work of the MRCS volunteers will be ensured during the operation through local media and visibility material.

### Security

The main risks to RCRC Personnel in Madagascar include opportunistic petty crime such as pick pocketing, purse-snatching, mugging and kidnap for ransom, particularly in Antananarivo. IFRC personnel presence and field movements in Madagascar will be compliant with IFRCs security management procedures, including the security clearance process for travel to volatile and insecure areas. The Country Cluster Support Team (CCST) Office will closely monitor the security environment and ensure compliance with IFRCs minimum security requirements. All RCRC personnel actively involved in the operation must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Road travel also presents a considerable safety hazard, which should be addressed appropriately. Contingency plans must be in place to manage any eventual emergencies.

### Planning, monitoring, evaluation, & reporting (PMER)

IFRC will support MRCS to ensure the effective implementation, monitoring and reporting of activities planned. Assessments shared at coordination meetings have informed the activities planned within this DREF operation

### Administration and Finance

A DREF Project Grant Agreement will be signed between the IFRC IOID Country Cluster Support Team Office and Malagasy Red Cross Society (MRCS), articulating the roles and responsibilities in the implementation of the DREF operation. This agreement will ensure that DREF procedures are complied with, specifically in terms of its use, and reporting.



## C. Detailed Operational Plan



### Health

**People targeted:** 1,946,656 people<sup>1</sup>

Male: 981450 peoples

Female: 965206 people

**Requirements (CHF): 100,054**

**Needs analysis:** *Low vaccination rates have led to a measles outbreak in Madagascar. This weak coverage is mainly due to the lack of resources by government to procure enough vaccines and ensure good social mobilization. With more than 10% of Malagasy unvaccinated against measles, further spread of the disease is possible.*

**Population to be assisted:** *Some 1,946,656 people of which 524,868 children for immunization (direct targets) and 1,421,788 adults for sensitization (indirect targets) through social mobilization.*

**Programme standards/benchmarks:** *This DREF operation will seek, through its activities, to meet WHO standards in terms of measles prevention and control.*

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached by NS with services to reduce relevant health risk factors (Target: 1,946,656 people)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	<ul style="list-style-type: none"> <li>- # of volunteers mobilized for the operation (Target: 1,030 volunteers and 206 supervisors)</li> <li>- # of radio/TV shows broadcast (Target: 50)</li> <li>- % of volunteers encouraging affected communities to provide feedback (Target: 100%)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP011	Selection and mobilization of 1,236 MRCS volunteers (1030 volunteers and 206 supervisors) in the 10 targeted districts																
AP011	Awareness raising of volunteers and supervisors through trainings to support round 3 immunization campaigns and continued sensitization on importance of routine vaccinations																
AP011	Conduct Radio / TV interactive-shows in the 8 regions to raise awareness of wider population of the targeted 10 districts.																

<sup>1</sup> 50.41 % men versus 49.59% women in Madagascar

AP058	Set up feedback and complaints mechanism (suggestion box and Hot line)																	
P&B Output Code	Health Output 1.2: Community-based disease prevention and health promotion is provided to the target population	<ul style="list-style-type: none"> <li>- # of children reached with immunization following NS awareness activities (Target: 524,868 children)</li> <li>- # of volunteers and NDRT who have received training/refresher on community screening, community mobilization and communicable disease surveillance (Target: 1,236 volunteers and 5 NDRT)</li> <li>- # of volunteers who have received CEA/CBS training (Target: 400)</li> <li>- # of community members who have received CEA/CBS training (Target: 412 i.e. two per fokontany)</li> </ul>																
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Printing and distribute of health supplies materials (20,000 leaflets, 5,000 posters) to 10 districts																	
AP021	Equipment for volunteers (didactic materials: pens, guidelines, copybook, leaflets etc.)																	
AP021	Refresher training for 206 supervisors and 5 NDRT on registration and coaching during the vaccination campaign																	
AP021	Refresher and training 1,030 volunteers on community screening, community mobilization and communicable disease surveillance in coordination with MoH and District Health Offices																	
AP021	Refresh of 400 volunteers on CEA/CBS/ in the 8 regions																	
AP021	Training of 412 community members (residents) in the 8 regions on CEA/CBS/																	
AP021	Conduct mid-term coordination meeting (mini-workshop) with all stakeholders (MoH, WHO authorities and communities), to learn from round 3 campaign and discuss continued mobilisation strategies																	
AP021	Community level coordination meeting before and after the immunization campaign																	



## D. BUDGET

The overall funding required for this operation is CHF 89,297, as detailed in budget below.

### DREF Operation

28-Mar-19

#### MDRMG014: Madagascar - Measles Outbreak

Budget Group	DREF BUDGET (CHF)
Other Supplies & Services	7,075
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>7,075</b>
Transport & Vehicle Costs	6,498
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>6,498</b>
International Staff	14,000
National Society Staff	6,950
Volunteers	26,838
<b>Total PERSONNEL</b>	<b>47,788</b>
Workshops & Training	12,336
<b>Total WORKSHOP &amp; TRAINING</b>	<b>12,336</b>
Travel	2,700
Information & Public Relations	3,000
Office Costs	1,050
Communications	1,900
Financial Charges	1,500
<b>Total GENERAL EXPENDITURES</b>	<b>10,150</b>
Programme and Supplementary Services Recovery	5,450
<b>Total INDIRECT COSTS</b>	<b>5,450</b>
<b>TOTAL BUDGET</b>	<b>89,297</b>

## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

**For Malagasy Red Cross 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:

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