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EPOA operation update

Philippines: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPH032	GLIDE n° EP-2019-000023-PHL
Date of issue: 10 May 2019	Timeframe covered by this update: 12 February to 10 May 2019
Operation start date: 12 February 2019	Operation timeframe: 7 months
Overall operation budget: CHF 1,999,930	N° of people being assisted: 101,990
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Philippine Red Cross (PRC) is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. PRC received bilateral support for this operation from four in-country Partner National Societies. The International Committee of Red Cross (ICRC) supports PRC in some areas of Mindanao.	
Other partner organizations actively involved in the operation: The Philippines Department of Health (DOH) is the lead Government Agency. The Health Inter-Agency Standing Committee (IASC) cluster has been activated in support of the Government. International agencies are responding, such as, WHO, UNICEF, IOM, UNFPA, Americares, International Medical Corps, ReachHealth (USAID-funded).	

A. Situation analysis

- 6 February 2019:** The DOH declared a measles outbreak in the National Capital Region (NCR) and Region 3 (Central Luzon). PRC escalated preparations at chapter and National HQ levels and started to mobilize community health volunteers for rapid assessment and disease surveillance.
- 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).
- 12 February 2019:** IFRC launched CHF181,417 from its Disaster Relief Emergency Fund to support PRC plan of action.
- 6 March 2019:** IFRC launched an [emergency appeal](#), seeking a total amount of CHF2 million for PRC to scale up its emergency response.
- 3 April 2019:** IFRC [Emergency Plan of Action](#) published.



PRC has started its first round of vaccination campaign in Barangay Baseco, Manila. As of reporting, a total of 16,759 has been vaccinated. (Photo: Patrick Elliott / IFRC)

Description of the outbreak

On 7 February 2019, the Philippines Department of Health (DOH) declared the first outbreaks of measles in five Regions (Region NCR, and Central Luzon Regions III, IV-A, VI, VII). Since then til 6 April, the number of regions with outbreaks has increased to 17.

From 1 January to 27 April 2019, there have been 33,559 cases with 466 deaths recorded by DOH. For the same period last year, there were 7,618 cases and 65 deaths. In the whole of 2018, there were 21,812 measles cases reported with 199 deaths.

So far for this year on average, over four children are dying every day from the current measles outbreaks.

The map shows the spread of cases and corresponding deaths.

To address the outbreak, the DOH mounted another round of supplemental immunization program targeting 3.8 million children aged 6 to 59 months. DOH issued guidelines for nationwide measles vaccination accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution, prioritising unvaccinated children between 6 and 59 months; schoolchildren from kindergarten to grade 6; and adults who voluntarily wish to be vaccinated against measles.

Summary of current response

PRC's Operations Centre is collecting and collating all the data on measles cases and PRC's ongoing response and issue regular updates. The PRC Health Service through their chapters and trained volunteers continues to scale up the monitoring of cases and the response to affected communities on the ground. PRC is coordinating with the DOH Epidemiology Bureau. For relevant information sharing and support, PRC also continues to engage and coordinate with the NCR Infectious Diseases Cluster.

In support of the DOH, PRC have carried out the following activities:

- mobilized six Measles Care Units (MCUs) to help support hospitals that were being overwhelmed with measles cases. So far 3,442 patients have been treated.
- mobilized vaccination teams to support the mass vaccinations of children. So far 16,956 children have been vaccinated.

See Section C for the latest activities. For PRC activities the location of MCU's and vaccinations carried out is shown on the following link <https://drive.google.com/open?id=1bzws5uiEiEKXDNFJ6Qtpj2SixOzk7ZwW&usp=sharing>

According to the joint UNICEF-WHO¹ Situation Report up to 3 April 2019, 4,758,520 individuals have been vaccinated against measles and rubella: 2,964,843 aged 6 to 59 months, 825,725 school-going children, and 967,952 children older than 12.

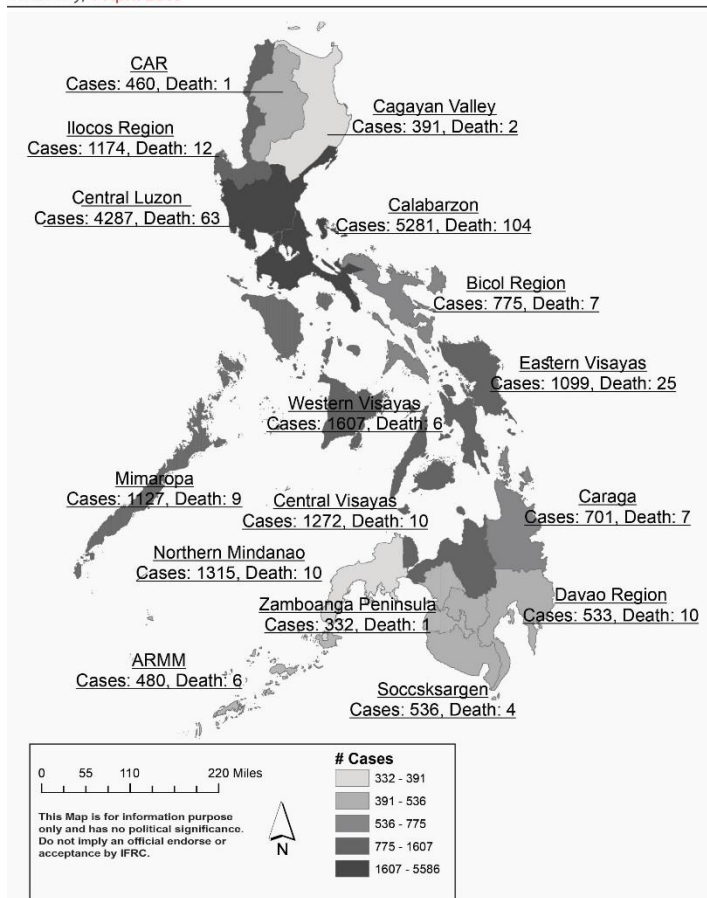
Overview of Red Cross Red Crescent Movement in-country

PRC is leading the overall response operation. PRC works with the IFRC, ICRC and 10 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, Norwegian Red Cross, Spanish Red Cross and Qatar Red Crescent Society.

The Netherlands Red Cross supports the appeal through remote data analysis. In the first phase of emergency response, focus will be on data analysis on 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 vaccination campaign targeting.

MEASLES OUTBREAK IN THE PHILIPPINES

Thursday, 1 April 2019



¹ UNICEF-WHO Philippines MEASLES OUTBREAK Situation Report 9

ICRC will be supporting PRCs plan of action in parts of Mindanao. Canadian Red Cross have supported PRC with local hired staff expert in epidemiology.

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 affected by the outbreaks.

Overview of non-RCRC actors in country

Coordinating with the authorities

As an auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation and collaboration with DOH. 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 (LGUs) 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.

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.

Coordinating with non-RC-RC actors:

UNICEF² reports that the first batch of 1 million measles-rubella (MR) vaccines procured through UNICEF arrived on 6 March 2019, and an additional 5 million doses of MR vaccine arrived on 19 March.

Rapid Coverage Assessments (RCA) conducted by UNICEF and WHO in nine Regions found that 91 per cent of all checked children are vaccinated. The most common reasons for non-vaccination were lack of information about the measles campaign, procrastination, and/or sickness. 50 per cent of parents who refused their child to be vaccinated declined to mention why; 25 per cent replied they feared the vaccine, and 12 per cent mentioned Dengvaxia. Major weaknesses identified are: Challenge in reaching remote, indigenous populations and seasonal workers (76 per cent); No proof of child's vaccination (56 per cent); No waste management plan (42 per cent); Confusing guidelines and instructions and inconsistent provision of Vitamin A (32 per cent); Defective AD syringes (31 per cent); Lack of safety boxes for used needles (26 per cent); and Shortage of vaccines (19 per cent).

Overview of UNICEF and WHO engagement so far:

- Facilitation of procurement of additional 6,000,000 doses of measles and polio vaccines
- Provision of tents to hospitals
- Deployment of additional manpower to support the national immunization team and DOH NCR
- Planning for measles outbreak response in DOH-BARMM
- Supported the development and signing of the Fatwa or Islamic Ruling on immunization
- Dissemination of key guidelines and IEC materials to health partners
- Updating of guidelines on:
 - o Primary Health Care Facilities and Hospitals
 - o Measles Post-Exposure Management
 - o Measles Case Classification and Management
 - o Supplementary Immunization Activities (SIA) and Outbreak Immunization (ORI)
 - o Technical support in development of Measles control and elimination plan at national and specified regional level
 - o Documentation of the 2018/2019 measles response to ensure the gaps and lesson learned are adapted on ensuring effective measures for measles control in future
- Development of more detailed communication plan for measles outbreak response with DOH-HPCS
- Development of field monitoring tools and updating of Rapid Coverage Assessment (RCA) tool
- Ongoing monitoring of measles immunization activities and conducting RCA
- Technical support to DoH at all levels

Other agencies responding: Americares; The International Medical Corps (IMC); The USAID-funded ReachHealth; IOM.

² UNICEF-WHO Philippines MEASLES OUTBREAK Situation Report 9

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.

Members of the Health Cluster has met and IFRC are coordinating and sharing information. PRC and IFRC have also participated in surveillance meetings with DOH, WHO etc. There has been a series of coordination meetings with DOH and members of the Health Cluster such as WHO and UNICEF. Orientation on the Measles Vaccination Monitoring Tools was conducted on 11 March 2019 with WHO and UNICEF.

Needs analysis and scenario planning

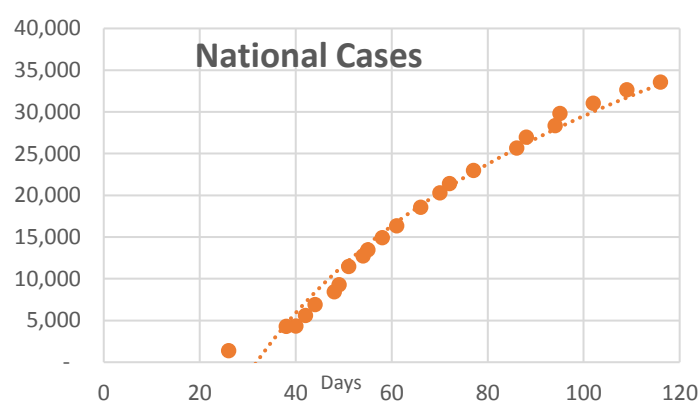
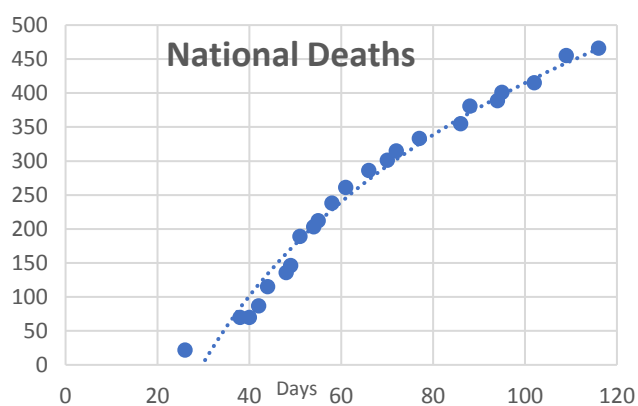
Needs analysis

DOH noted that immunization rates in the country has been declining in the past 5 years with only about 40 per cent of fully immunized children in 2018 compared to 75 per cent in 2014.³ With the decreasing coverage, more unvaccinated children are being vulnerable. Measles remains a major cause of death among young children even though a safe and cost-effective vaccine has been available for many years.

	2019 (2018 same reporting period)	
	Cases	Deaths
	33,559 (7,618)	466 (65)
Case Fatality Rate	1.39% (0.85%)	
Age	<1 month to 88 years	<1 month to 36 years
Median age	3 years old	1 year old
1-4 years	27%	43%
<9 months	25%	41%
Female	47%	42%
Male	53%	58%
Not vaccinated	58% (<6 months old 19%, > 6months old 81%)	80% (< 6 months 25%, > 6 months 75%)

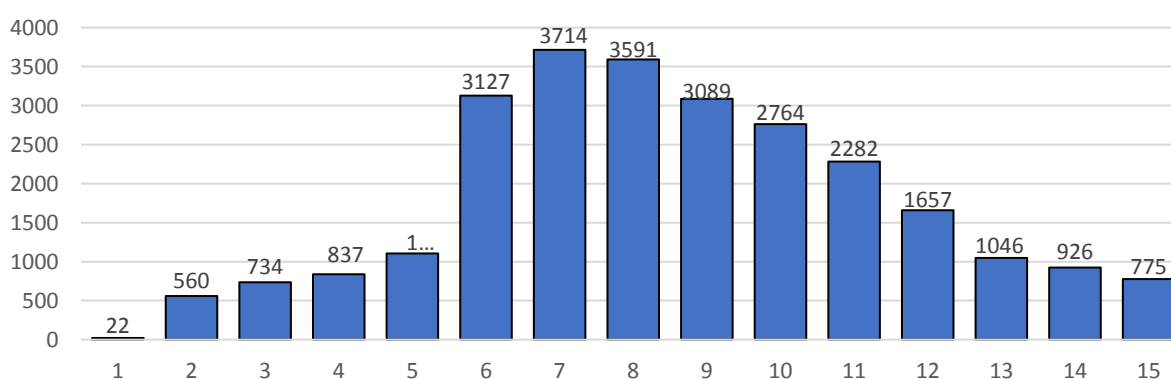
The table summarizes the profile of cases and deaths up to 27 April as reported by the DOH.

Since the start of the outbreaks the overall national level of cases and deaths continue to grow but vary regionally.



Newly reported cases reported cases are reported as follows:

Newly Reported Measles Cases by Epidemiological Week 1 – 15, 2019



³ Based from DOH 2018 data as of 3rd quarter target.

Measles can be serious in all age groups. However, children younger than five years of age are more likely to suffer from measles complications. For these outbreaks' children from 1 to 4 years age group are the most affected comprising 27 per cent of the cases. The majority are males at 53 per cent.

Among the 17 Regions with outbreaks, seven Regions comprise >80 per cent of susceptible under five-year-old children (Region 4A, 3, NCR, 6, 8 and 7). In the recent update from DOH covering Jan 1 to April 6, it is reflected that four out of these seven Regions have the highest number of reported deaths and corresponding high case fatality ratio (CFR).

Region	Cases	Deaths	%CFR
Region 8	1,389	30	2.2%
NCR	6,574	111	1.7%
Region 4A	6,306	117	1.9%
Region 03	5,600	106	1.9%

The government has responded with a mass immunization campaign to reach a 95 per cent coverage rate, which translates to some 13 million people in three subgroups:

- Children 6 to 59 months old – 3.8 million
- Children from kindergarten to grade 6 – 7 million
- Adults - 2.6 million - adults who have not been vaccinated and have not had measles.

The joint UNICEF and WHO Sitrep⁴ recorded, up to 24 April 2019, 5,379,927 individuals have been vaccinated against measles and rubella: 3,512,350 aged 6-59 months (93 per cent of the target population of 3,784,099).

A micro planning meeting was held on the 12 April with 17 PRC chapters. The micro planning workshop and the chapter and regional level data clearly showed that the outbreak has not yet stabilized. This means, the response and preparation for addressing the root causes, which are poor health seeking behavior and poor coverage of routine immunization, need to be addressed through longer term interventions to ensure optimum coverage of the vaccination safety net across the most vulnerable areas.

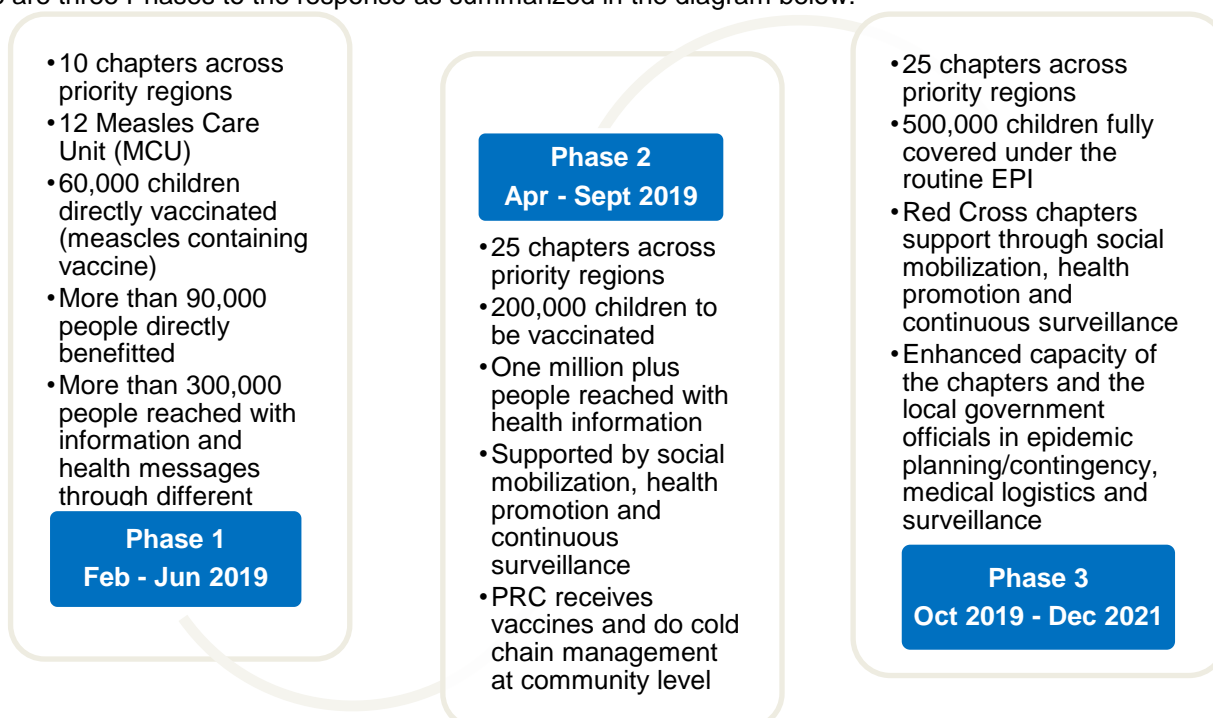
For details on needs analysis, targeting and scenario planning, refer to the Measles [Emergency Plan of Action](#).

B. OPERATIONAL STRATEGY

Overall objective

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.

There are three Phases to the response as summarized in the diagram below:



⁴ Situation Report 10 Measles Outbreak

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 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 Philippines 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.

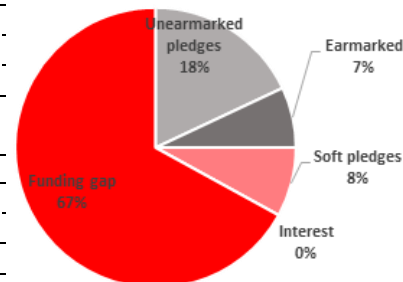
This appeal is currently funded by CHF 657,336 with a funding gap of 67 per cent.

As such, if there is no further income to the appeal the activities will be prioritised and revised to meet the actual income available.

Philippines: Measles Outbreak

Appeal code	MDRPH032	
Timeframe	12/2/2019	30/9/2019
Report updated	22/4/2019	

Budget CHF		Coverage (%)
Total hard pledges	503,053	25%
of which cash	503,053	25%
of which in-kind	-	0%
Total soft pledges	154,283	8%
Total pledges	657,336	33%
Total interest/negotiation	-	0%
Funding gap	1,342,664	67%



Proposed strategy

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:** DOH has requested RCRC 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 especially in urban slums and difficult to reach areas. 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.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 101,990

Male: 53,034

Female: 48,956

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

Indicators:	Target	Actual
# of people reached to lessen immediate risks to health	266,000	101,990 ⁵

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

Indicators:	Target	Actual
# of people provided with support services as part of hospital support and welfare desk	30,000	3,442 ⁶
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	720	48 ⁷ per day
# of volunteers and staffs provided with PPE for protection from measles, while responding	1,000	2,048

Progress towards outcomes

At the start of the outbreaks several Metro Manila hospitals became inundated with measles patients, particularly San Lazaro Hospital which is a national referral facility for Infectious/Communicable. In support of DOH, PRC set up Measles Care Units (MCU's) in six hospitals – five in Metro Manila and one in Rizal Province (adjacent to Metro Manila). Details shown in the table below.

PRC has developed an Emergency Medical Unit Measles Response Checklist that states the minimum assets and staffing requirements necessary to run the MCU's. Operating the MCUs follows the hospital guidelines on clinical management.

The MCU's consist of a series of tents and supporting equipment to make them suitable to provide health services that include:

- One large scale tent to act as the ward (Rubber Halls or Alpinter tents);
- Two tent halls to interconnect as emergency rooms;
- One family tent as stock room;
- One gazebo tent as waiting area; temporary flooring;
- Beds; chairs; linen sets; pillow sets;
- Aircons; lighting; electric fans;
- IV stands; nebulizers;
- Staff PPE.

The MCU's will continue to offer support to the overwhelmed hospitals as per needs. Presently, there are five operational MCU in four hospitals of Manila NCR. The MCU in San Lazaro and PGH have been wrapped up, since the case load in these facilities decreased and the hospitals expressed their ability and willingness in managing the cases on their own.



MCUs deployed and set-up by PRC has been catering to patients. The MCU serves as an extension ward for the hospital. PRC also stationed volunteer nurses who support the basic operation in the MCU. (Photo: Maria Theresa Baylon / IFRC)

⁵ Number of vaccinated, plus number of patients in MCU including household members.

⁶ 3,442 patients catered in six MCUs

⁷ 48 volunteer nurses and PRC staff and volunteers have been mobilized in the MCUs per day (4 volunteers per shift (AM and PM))

Status on the deployment and operationalization of MCUs are as follows:

No.	Hospital	Location	No. of Beds	No. of Patients Catered	Update
1	Philippine General Hospital	Manila	10	12	medical tent packed down 27 Feb
2	San Lazaro Hospital	Manila	50	2,636	closed April 04
3	Quirino Memorial Medical Center	Quezon City	25	197	ongoing operation
4	Cainta Municipal Hospital	Cainta Rizal	20	123	ongoing operation
5	Amang Rodriguez Memorial Medical Hospital	Marikina City	40	328	ongoing operation
6	Rizal Provincial Hospital System Antipolo Annex 1	Antipolo Rizal	15	146	ongoing operation
TOTAL			160	3,442	

Each MCU is assigned a team composed of one volunteer nurse three health volunteers supporting the hospital staff in providing basic health care services to the patients admitted in the MCUs. Each MCU has team of staff with a minimum of four members per shift (am and pm) as follows:

- One Team Leader (Volunteer Nurse) – overall supervision and monitoring
- One Red Cross Health Volunteer – support in getting patients vital signs
- One Red Cross Health Volunteer – admin and logistics support
- One Red Cross Health Volunteer – provide psychosocial support in the welfare desk

All staff and volunteers mobilized in the MCUs are provided with Personal Protective Equipment (PPE) – gloves and N95-mask. PPE is also provided to all the staff and volunteers mobilized during the social mobilization for vaccination and dissemination of key information about measles. So far, PRC have mobilized at least 2,000 trained volunteers for the vaccination campaign and 48 for the MCU's.

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

Indicators:	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	1,200,000	101,990
# of volunteers mobilized to support measles prevention and management activities in the communities	1,500	2,048 ⁸

Progress towards outcomes

In coordination with the DOH, PRC is supporting the mass vaccination campaign. PRC continues to map and monitor areas with lower vaccination coverage and areas with high attack rates are prioritised for the vaccinations.

PRC started its vaccination camping on 16 February in Baseco Compound, Manila City. This is one of the most dense and poorest areas in Metro Manila. Since then PRC continues to scale up its response and as of reporting, PRC through its network of trained volunteers were able to vaccinate 16,956 children.

Vaccination teams are formed to set up as static vaccination stations and roving teams to go door to door. The teams are composed of the following: (i) a team leader which is a medical doctor, (ii) at least four nurses/doctors' vaccinators, (ii) one logistics support, (iv) two health educators, (v) two marshals and (vi) two volunteers for recording of patient's data.

Trained volunteers are mobilized to conduct health promotion activities. Key topics during the information dissemination include the symptoms, prevention and immediate action when there is a child with mild measles and/or complicated measles. PRC printed 34,000 pieces of IEC materials for parents and guardians who brought their children for vaccination to raise awareness and inform the community of what to do when measles cases are identified. PRC is now planning to update the IEC materials.

The teams also identified possible measles cases and made immediate referrals to hospitals/health facilities. PRC also mobilized ambulances to support the referrals.

PRC mobilized a total of at least 2,000 trained volunteers including doctors and nurses with the support of partners such as:

- Volunteer doctor – Medical City Ortigas
- Volunteer nurses – University of the City of Manila, Far Eastern University

⁸ Trained volunteer's vaccination campaign plus MCU's.

- Volunteers (nonmedical) from AMA College Mandaluyong

Assets mobilized in support of the vaccinations are as follows:

- Hot Meals on Wheels
- Ambulances – for referrals
- Announcing Vehicles – with speakers
- Supporting Vehicles – to transport teams
- Tablets have also been provided. Electronic data collection using ODK tool is being used for recording family information and to make it readily available for analysis to support planning.

PRC organized a Measles Response Updating and Planning Workshop on 10 to 12 April in Manila to support DoH in halting the measles outbreak for the coming 6 months. A total of 66 people participated from 17 PRC chapters in Nueva Ecija, Bulacan, Zambales, Tarlac, Pangasinan, Marikina, Quezon City, Caloocan, Rizal, Manila, Laguna, Batangas, Mindoro Oriental, Cebu, Iloilo, Western Samar, and Leyte, as well as colleagues from regional DoH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities. The workshop objective was to capacitate the participants' knowledge, attitude and skills in developing and executing micro plans for measles outbreak at the municipal and barangay level. Representatives from American Red Cross, Canadian Red Cross, Finnish Red Cross, Japanese Red Cross Society, and Netherlands Red Cross also attended.

Another innovation which the PRC is considering is to use telemedicine in mapping, reporting and referral of measles. On 8 March, an orientation on the use of *Telemedicine* – the remote diagnosis and treatment of patients by means of telecommunications technology – approach using [TelenetDoctor](#) application was conducted. The orientation aims to orient train health workers to assess high risk signs of measles and to train on how to use the TeleMedicine and how to link patients to the partner Doctors. PRC partners such as Philippine Midwife Association, San Beda College of Medicine, UP National Telehealth Centre also participated in the orientation.

Output 1.4 Epidemic prevention and control measures are carried out

Indicators:	Target	Actual
# of people reached with vaccination for measles	260,000	16,956
# of people reached through direct social mobilization campaign and social media coverage	1,200,000	1,948,890 ⁹
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	112 ¹⁰

Progress towards outcomes

For the roll-out of vaccination activities, coordination and collaboration with DOH has been undertaken. Also, on the 14 February, PRC organized a meeting with 830 barangay captains in Metro Manila to support the mass vaccination campaign.

So far, more than trained 2,000 volunteers mobilized for the vaccination campaign, 112 chapter-based volunteers who have been reporting to the Operations Centre on measles situation.



PRC Vaccination Team conducts a house-to-house visit in Barangay Baseco, Manila to provide on-site measles vaccine to those children who have not vaccinated yet. (Photo: Maria Theresa Baylon / IFRC)

⁹ 1,948,890 people reached through social media post (Facebook)

¹⁰ Chapter Service Representative on health from 21 chapters who are actively engage in mobilization and monitoring of Measles Outbreak Response.

The vaccination activity of PRC has been carried out in the following 21 Chapters across 10 Regions:

Region	Location/chapters	No. of vaccinated Children
NCR	Manila, Marikina City, Quezon City and Paranaque	5,878
I - Ilocos	Ilocos Sur, La Union	217
III – Central Luzon	Bulacan, Nueva Ecija, Zambales, Olongapo and Tarlac	3,733
IV-A – CALABARZON	Batangas, Laguna, Antipolo and Binangonan in Rizal	2,393
V – BICOL	Camsur	97
VI – Western Visayas	Iloilo	155
VII – Central Visayas	Cebu	3,606
VIII – Eastern Visayas	Northern Samar	71
IX – Zamboanga Peninsula	Zamboanga City	567
CAR	Baguio City	94
Total		16,956

The Government is conducting a comprehensive information campaign on social media, TV and radio. At community level, there is a continuous promotion on measles immunization, targeting children 6 to 59 months old. PRC has also mobilized its communication network on the PRC weekly radio show, social media and mainline media to disseminate lifesaving messages.

As an example of public information, PRC mounted sound systems on cars to inform the community that there was an on-going vaccination activity in their area. PRC also printed and posted IEC materials on prevention, health risks and immediate action.

PRC also launched a social media campaign for the same outreach that recorded the following diagnostics:

Social Media	Posting	Reached 6 February to 30 March
Face Book	111 posts	1,948,890 people reached
Twitter	158 posts	1,510,687 impressions
Total	269 posts	

The highest post was on February 6 responding to the infographic about measles that reached 775,394 people.



PRC vehicle, mounted with a sound system, roams around the community to do public information regarding the ongoing community-based measles control program. (Photo: Maria Theresa Baylon / IFRC)

Output 1.5: Psychosocial support provided to target population

Indicators:	Target	Actual
# of people provided with psychosocial support	15,000	12,078 ¹¹
# of volunteers mobilized for PSS	100	12

Progress towards outcomes



Patients together with their guardians are being provided with psychosocial support by PRC volunteers inside the MCU. PRC also provided hot meals to a total of 8,636 people through its hot meals on wheels which was deployed in vaccination areas. (Photo: Maria Theresa Baylon / IFRC)

¹¹ 3,442 patients in the MCUs provided with psychological first aid + 8,636 people provided with hot meals.

PRC set up their Welfare Desk along with the deployment of MCUs. The Welfare Desks serves as a one-stop shop for the people which provide services such as: (i) restoring family links; (ii) tracing; (iii) psychosocial support; (iv) critical incident stress management; (v) guidance and counselling; (vi) inquiry and communications; (vii) contact of relatives; and (viii) referral.

In this case the Welfare Desks mainly support with PSS and other relevant welfare services available to all 3,418 patients. Attendants and caregivers also benefit from the services provided by the Welfare Desks. A total of at least 12 trained volunteers have been mobilized to carry out PSS activities.

As part of welfare support hot meals are also provided to the children and attendants who come to be vaccinated. These are provided by the PRC hot meals vans or by the chapter cooking directly. The breakdown of vaccinated children and attendants provided with hot meals is as follows:

Location	Hot Meals
Antipolo	1,011
Dr. Jose Rodriguez Memorial Hospital	420
Manila	5,506
Marikina	318
Olongapo	300
Quezon City	400
Rizal	624
Zambales	57
Total	8,636



Water, sanitation and hygiene

People reached: 17,210

Male: 8,605

Female: 8,605

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context	30,000	17,210

Output 1.1 Continuous assessment of water, sanitation, and hygiene situation is carried out in temporary hospital support units and welfare desks.

	Target	Actual
# of assessments/monitoring visits undertaken	3	6

Progress towards outcomes

PRC WASH team carried out assessments of each MCU location to identify what was needed to provide enough water and sanitation to service the facility. Based on the assessment, the needs for temporary latrines and water stations were identified. Details are held in Output 1.2 and 1.3. PRC continue to monitor to make sure the latrines and water stations are fully functional.

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

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	30,000	17,210 ¹²

Progress towards outcomes

To provide safe water to the MCU's the PRC WASH Unit installed the following to water facilities to meet the needs of the patients, attendants and care givers:

- 5,000-litre capacity water bladder in Philippine General Hospital
- 10,000-litre capacity water bladder in San Lazaro Hospital
- 5,000-litre capacity water bladder in Quirino Memorial Medical Centre.
- The Other MCUs has been provided with water through the hospital management.

A total of 20,000 litres of water was distributed supporting a total of 3,442 patients in the MCUs.

¹² 3,442 patients catered in the MCUs plus their attendants and other users

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

	Target	Actual
# of people with access to adequate sanitation facility	30,000	17,210

Progress towards outcomes

Providing enough access to toilets was identified as one of the needs in the MCUs. Hence, PRC WASH Unit installed portable toilets in the MCUs as follows:

Hospital	No. of portable toilets
Philippine General Hospital	4
San Lazaro Hospital	4
Quirino Memorial Medical Center	2
Cainta Municipal Hospital	2
Amang Rodriguez Memorial Medical Hospital	2
Total	14



PRC is also coordinating the desludging of the toilets.

PRC WASH Services installed portable toilets in Philippine General Hospital and San Lazaro Hospital, where there is a designated toilet for female and male. (Photo: PRC)

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

Indicators:	Target	Actual
# of volunteers involved in hygiene promotion activities	200	12
# of people reached with hygiene promotion activities	500	232

Progress towards outcomes

12 trained WASH volunteers have been part of the mobilization and set up at each MCU.

As part of the distribution of hygiene items, simple hygiene promotion activities were included where 232 people were reached with key messages on personal hygiene, water-borne diseases, safe drinking water and proper food handling, and vector-related diseases. IEC materials were also included as part of the installation of portable toilets and water bladders with tap stands.

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of people provided with a set of essential hygiene items	6,000	1,160

Progress towards outcomes

A total of 232 sets of hygiene items were distributed to families of patients admitted due to measles in San Lazaro Hospital, Santa Cruz, Manila. Each hygiene kit includes: toothbrush, toothpaste, shampoo, bath soap, face towel, hair comb, cotton buds, sanitary pads, nail cutter, detergent bar, disposable razor, toilet paper and a pouch bag.



Protection, Gender and Inclusion

People reached: 87,126

Male: 43,563

Female: 43,563

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
All people received PGI services provided by PRC as part of Measles operation by September 2019	Yes	Ongoing
Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
PRC ensures improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers mobilized to support PGI activities	90	Ongoing
# of staff and volunteers trained for PGI activities	90	Ongoing
Progress towards outcomes		
PRC ensures that interventions are aligned with its own as well as the IFRC minimum standard commitments to Protection, Gender and Inclusion during Emergencies. Indirectly, all people reached with health services will be supported with consideration on the minimum standard to Protection, Gender and Inclusion.		
PRC Welfare Desks in the MCU's and as part of the vaccination campaign support viewing the operation through the PGI lens. Particularly given the target group are primarily children. This includes ensuring the MCU facilities meet the basic needs of child patients and their parents.		

Strengthen National Society

Outcome 1: 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.

Indicators:	Target	Actual
# of NS branches that are well functioning	9	21
Output 1.1: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
% of volunteers insured	100%	100%

Progress towards outcomes

PRC has been supporting four chapters of Manila, Marikina, Quezon City and Rizal. These are the location in which MCUs have been deployed, so far. These chapters are leading the overall response activity in the MCU, with support from PRC NHQ.

For the vaccination, 21 chapters have been supported by the NHQ in terms of technical guidance and volunteer coordination. The following orientations and trainings have been carried out so far:

- Organizing Outbreak Response Vaccination: Technical staff from NHQ supported the chapters in organizing the vaccination activities in the target areas through coordination with the City Health Office and conducting of orientation for the vaccination teams. Together with the representative from City Health Office, an orientation was conducted to provide clear information of the volunteer's roles and responsibilities in each team (vaccinators, recorder, health educator, logistician, and documenter).
- During this activity, volunteers were also provided with a security briefing for their safety and protection before going to the field.
- Also, during the pilot vaccination activities, NHQ team supported the chapter in providing a small workshop for the volunteers using the ODK devices in collecting information from the communities.



Monciar Datu, staff from Manila Chapter, providing an orientation to the volunteers on how to use the Open Data Kit (ODK) device in collecting information from the communities during the vaccination activities in Brgy. Baseco Compound, Tondo Manila. **(Photo: Ryan Jay Jopia / PRC)**

- Telemedicine: On 8 March NHQ and chapters technical staff were trained with a new skill with an orientation on *Telemedicine* – the remote diagnosis and treatment of patients by means of telecommunications technology – approach using [TelenetDoctor](#) application was conducted. The orientation aims to orient train health workers to assess high risk signs of measles and to train on how to use the TeleMedicine and how to link patients to the partner Doctors. PRC partners such as Philippine Midwife Association, San Beda College of Medicine, UP National Telehealth Centre also participated in the orientation.
- Micro Planning: During the reporting period, PRC national headquarters and IFRC have started the planning process to organize a Measles Response Updating and Planning Workshop. This is part of a broader plan to capacitate chapters on how to create micro plans on how to respond to the measles outbreak.
- Global 510 (Netherlands Red Cross) is supporting on the analysis and mapping of the data to support PRC's micro planning. However, detailed data at municipal and barangay level is not always available.
- Canadian RC and epidemiology: Through the support of Canadian RC, PRC was able to hire a consultant (Epidemiologist) that will be supporting the team in the operation by giving a good analysis of the data collected and help in understanding the key epidemiologic indicators that will guide the team with the strategies in planning for the interventions.

So far, more than trained 2,000 volunteers mobilized for the vaccination campaign, 112 chapter-based volunteers who have been reporting to the Operations Centre on measles situation, 12 volunteers involved in hygiene promotion and 12 volunteers mobilized to conduct PSS. All volunteers recruited and mobilized were provided orientation on the history and seven fundamental principles of the Red Cross Red Crescent Movement. All volunteers mobilized (except for volunteer doctor and nurses) for this operation are insured under the Membership and Accident Assistance Benefit (MAAB) of PRC.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Effective and coordinated international disaster response ensured.	Yes	Yes

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of RDRT member deployed in the country	2	1

Progress towards outcomes

PRC has been utilising NHQ and Chapters existing staff and Red Cross 143 volunteers, Red Cross Action Teams (RCAT134) and NDRT from other Chapters.

Two surge Communications delegates were deployed to strengthen communications plan and activity. The Regional CEA Delegate was also deployed for ten days to support the development of the CEA plan.

Information Management RDRT has been requested to support the CO and National Society in collecting and analysing data to improve effective data-driven decision making.

For IFRC country office, technical support has been provided to the National Society to ensure accountability and compliance with regards to the Appeal.

Reporting on the operation will be carried out in accordance with the IFRC Emergency Appeal reporting standards. Regular updates will be issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team has technical PMER capacity and additional technical support has been provided through IFRC APRO PMER team.

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# and types of methods established to share information with communities about what is happening in the operation	2	6
% of complaints and feedback responded to by the NS	100%	Ongoing

Progress towards outcomes

Community engagement and accountability approach has been integrated into programming to ensure that at-risk communities and affected people have direct access to information on the nature and scope of services provided by PRC and to ensure that they can participate and feedback to PRC.

In undertaking communication with communities, PRC and IFRC have conducted informal assessment on media landscape and preferred communication channels and found that most at-risk communities in urban and rural areas have a wide access to mainstream platform and social media. PRC has utilized multiple communication channels including social media, weekly radio shows, printed IEC materials, welfare desks, mobile loudspeakers, volunteer visits to disseminate lifesaving messages and conduct meaningful dialogues with communities. These activities aim to support the government efforts to increase vaccination rate nationwide in addition to their on-going national measles campaign.

With a large coverage of social media across the country, PRC regularly uses Facebook and Twitter to raise awareness about vaccination and engage with most at-risk communities. While viewing the effective use of social media in this response, PRC is planning to conduct Facebook LIVE to enable interactive and real-time dialogues with people across the 17 affected chapters. Additionally, PRC has set up welfare desks and mobilized health volunteers to carry out community education sessions and collect community feedback/ concerns to inform the operation.

To improve the current feedback and response mechanism, PRC has developed a standardized feedback system for measles response via simple Open Data Kit and centralized master log book to thoroughly record, analyses and act on community feedback and concerns. This feedback kit will be piloted in the areas severely affected by measles and will eventually be expanded in all programme areas. Through this kit, PRC will be able to regularly update feedback, concerns and inquiries from communities in measles programming. Some training plans for chapters have been developed and will be executed in the coming weeks.

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards

Indicators:	Target	Actual
Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements	Yes	Yes

Progress towards outcomes

Logistics activities aim to effectively manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Logistics support for this operation is being provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

IFRC logistics team supported the printing activity of 34,000 copies of IEC materials which was used for distribution during the vaccination activity in all target barangays within National Capital. It also supported with the procurement one-unit vaccine refrigerator to be used as measles' vaccine storage. Additionally, IFRC CO Logistics team supported NS with extending fleet support and procurement support to organize trainings, workshops, etc.

Influence others as leading strategic partner

Outcome S3.1: 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.

Indicators:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# and type of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation.	10	275

Progress towards outcomes

- PRC Communications Team published the following articles on its public website:
- [PRC ready to assist measles-stricken communities; Gordon, staff visit San Lazaro Hospital](#)
 - [PRC's medical tents fully-equipped to serve measles patients](#)
 - [Red Cross – provided extension ward to measles cases in San Lazaro now in full swing](#)
 - [Red Cross vaccinates 1,300 children in Baseco](#)

Some Facebook posts with high social engagement are as follows:

- [What you need to know about measles](#),
- [Sugpuin ang tigdas](#) (eradicate measles)
- [Setting up of measles care unit](#)

The PRC communications team is ensuring that Red Cross response efforts are effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country are actively contributing to institutional communications through their own social media networks.

Since 6 February, there has been 111 different posts related to measles which were posted on [PRC Facebook page](#) while 158 posts on its Twitter account @philredcross. Thus far, total Facebook reached is at 1.9 million while Twitter has 1.5 million impressions.

Working with PRC communicators, two communications delegates (in the last two weeks of February and between 25 March and 12 April) generated dozens of photos, along with videos, stories, infographics, key messages and reactive lines which were shared with global IFRC members in the ShaRED library and through weekly Newswire updates and the internal Slack channel. Delegates also promoted PRC activity with regional and international media. Material was generated in English, Turkish, Finnish and Swedish. More material is planned as of late April.

Two press releases about the measles outbreak were issued and picked up by partners such as the [Australian Red Cross](#):

- [Philippines: Deadly measles outbreak claiming lives of children under five](#)
- [Philippines: Deadly measles outbreak claiming Millions of children at risk as death toll rises in Philippines measles outbreak](#)

Stories and photo galleries were published on ifrc.org and Medium (external platform):

- [Ground zero at the measles outbreak in the Philippines](#)
- [Mothers of measles patients at risk](#)
- [The rush to vaccinate against measles in the Philippines.](#)

Infographics on the outbreak were among the most seen and shared posts for the [IFRC Asia Pacific Twitter account](#) in April. Material generated was shared by partners such as [OCHA](#).

Very high media coverage was generated by PRC's high local profile, with support from IFRC surge. Some was driven by international wire photographers being given access to PRC vaccination drives. Coverage included: [New York Times](#); [MSN](#); [Los Angeles Times](#); [ABS-CBN](#); [Allodocteur.fr](#); [Borneo Bulletin](#); [Time magazine](#); [Xinhua News](#); [New York Post](#). Media interest has been buoyed by news of outbreaks and measures to protect children in other countries, such as the USA.

The Emergency Appeal has been covering costs of mobile phone credits and internet cards for the chapters involved. PRC has been ensuring that staff and volunteers involved in the operation are accessible via mobile phones.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
# of post-distribution visits to affected communities	3	3
# of lesson learnt workshop conducted	1	To be conducted

Progress towards outcomes

On 17 February 2019, the Operations Manager and Health Manager conducted a monitoring visits in Barangay Baseco where the vaccination happened. IFRC Health Manager and OD Delegate also visited the MCU's. Before the end of the operation, a lesson's learnt workshop will be conducted to capture essential learnings and challenges that will be considered and applied in the future similar operation. The Head of Country Office also visited the MCU in Rizal and vaccinations in Queson City.

IFRC continue to support PRC with monitoring though IFRC staff and delegates and surge.

Effective, credible and accountable IFRC

Outcome S4 1: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
Effective performance of staff supported by HR procedures	Yes	Yes
Output S4.1.3: 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
% of financial reporting respecting the IFRC procedures	100%	100%
Progress towards outcomes		
<p>The IFRC, through the finance department, provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices. PRC – which is on the working advance system – has been supported for many years by the IFRC and is accustomed to these financial procedures. All financial transactions in this operation adhere to the standard IFRC financial procedures. The IFRC finance and administration team in Manila provides both administration and transport support at headquarters and in the field.</p>		
Output S4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Actual
Staff security is prioritised in all IFRC activities	Yes	Yes
Progress towards outcomes		
<p>The IFRC security framework is applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework will apply. Regular coordination will be maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing has been maintained and specific security protocols for each security level.</p> <p>In country, PRC staff and volunteers were oriented about measles and were given prevention measures that they should apply at home and on their respective communities. All staff and volunteers are required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.</p> <p>All staff and volunteers mobilized under this health emergency response were provided with PPE, to protect them against communicable diseases, particularly on measles.</p>		

D. BUDGET

Financial report is attached at the end of the operations update.



Click for:

- [Emergency Plan of Action](#)

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

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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (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**.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-3	Operation	MDRPH032
Budget Timeframe	2019/2-9	Budget	APPROVED

Prepared on 07 May 2019

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Measles Outbreak

Operating Timeframe: 12 Feb 2019 to 30 Sep 2019; appeal launch date: 06 Mar 2019

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	30,000
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,570,000
AOF5 - Water, sanitation and hygiene	200,000
AOF6 - Protection, Gender & Inclusion	5,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	110,000
SFI2 - Effective international disaster management	55,833
SFI3 - Influence others as leading strategic partners	29,167
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	2,000,000
Donor Response* as per 07 May 2019	532,088
Appeal Coverage	26.60%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	17,839	0	17,839
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	329,943	12,948	316,994
AOF5 - Water, sanitation and hygiene	25,142	0	25,142
AOF6 - Protection, Gender & Inclusion	2,876	0	2,876
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	31,617	0	31,617
SFI2 - Effective international disaster management	10,650	1,470	9,180
SFI3 - Influence others as leading strategic partners	12,780	0	12,780
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	430,846	14,418	416,428

III. Operating Movement & Closing Balance per 2019/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	335,065
Expenditure	-14,418
Closing Balance	320,647
Deferred Income	0
Funds Available	320,647

IV. DREF Loan

* not included in Donor Response	Loan :	181,417	Reimbursed :	181,417	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-3	Operation	MDRPH032
Budget Timeframe	2019/2-9	Budget	APPROVED

Prepared on 07 May 2019

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Measles Outbreak

Operating Timeframe: 12 Feb 2019 to 30 Sep 2019; appeal launch date: 06 Mar 2019

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Australian Red Cross (from Australia - Private Donors*)	21,189				21,189		
China Red Cross, Hong Kong branch	25,312				25,312		
DREF Allocations				181,417	181,417		
Japanese Red Cross Society	90,380				90,380		
Red Cross of Monaco	16,767				16,767		
Total Contributions and Other Income	153,648	0	0	181,417	335,065	0	
Total Income and Deferred Income					335,065	0	