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Emergency Plan of Action Final Report

Madagascar: Plague (Epidemic)

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMG013	**GLIDE n°** EP-2017-000144-MDG
Date of Issue: July 2019	
Date of disaster: August 2017	
Operation start date: 6 October 2017	**Operation end date:** 30 April 2019
Host National Society presence (n° of volunteers, staff, branches): the Malagasy Red Cross (MRCS) mobilised Initially the IFRC's DREF operation mobilised 700 volunteers that covered 7 Regions. At the launch of the appeal, MRCS scaled up its response to a total of 903 volunteers that have all been trained on main priority areas of intervention. After review of the appeal, from November 2018, the intervention areas were reduced to 7 regions to where the risk of plague is important.	**Operation budget:** CHF 2,191,472
Number of people affected: From august 2017 to April 2018 there were 2671 cases and from august 2018 to April 2019, 257 cases.	**Number of people assisted:** 960,000
The Red Cross and Red Crescent Movement partners are actively involved in the operation: The start of the outbreak mobilized the deployment of the Red Cross and Red Crescent movement. the IFRC has deployed its emergency tools: FACT, ERU, RDRT and technical experts with strong operational coordination, public health, health promotion skills in epidemiology, in hygiene/infection, prevention and control (IPC) and a plague treatment technician as well as surge support services in logistics, finance and PMER to support the National Society. In addition, the ICRC, the French Red Cross (PIROI), American Red Cross, British Red cross, Danish Red Cross, Italian Red Cross, Japanese Red Cross, Red Cross of Monaco, Swedish Red Cross, Norwegian Red Cross, Germany Red cross, Turkish Red Crescent Society, Canadian Red Cross and the Netherlands Red Cross have all provided considerable support for this operation.	
The other main partner organizations actively involved in the operation are: European Commission (DG ECHO), BP Foundation, European Centre for Disease Prevention and Control (ECDC), Chinese Centre for Disease and Control (CCDC), WHO, the Ministry of Public Health (MoH), the National Office of Risk and Disaster Management (BNGRC) of the Ministry of the Interior and Administration, Institut Pasteur Madagascar (IPM), UNICEF, OCHA, USAID, CDC-Atlanta, MDM and MSF.	

The Emergency Appeal launched on 6 October 2017 sought a total of 2.19 million Swiss francs to enable the IFRC to support the Malagasy Red Cross (MRCS) to deliver assistance to some 960,000 people in seven regions over a 19 month period (to April 2019) and contribute to the reduction of mortality and morbidity due to the plague outbreak through effective prevention, response and capacity building activities.

The timeframe was initially for 9 months but due to the need to continue post-epidemic and prevention activities, the operation was extended twice, firstly for 6 months, with an end date of 31 December 2018, and for the second time to cover the whole 2018-2019 plague season until the end of April 2019. The focus of the final extension period was on preparation for the next epidemic and to ensure project continuity, sustainability and strong community engagement.

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

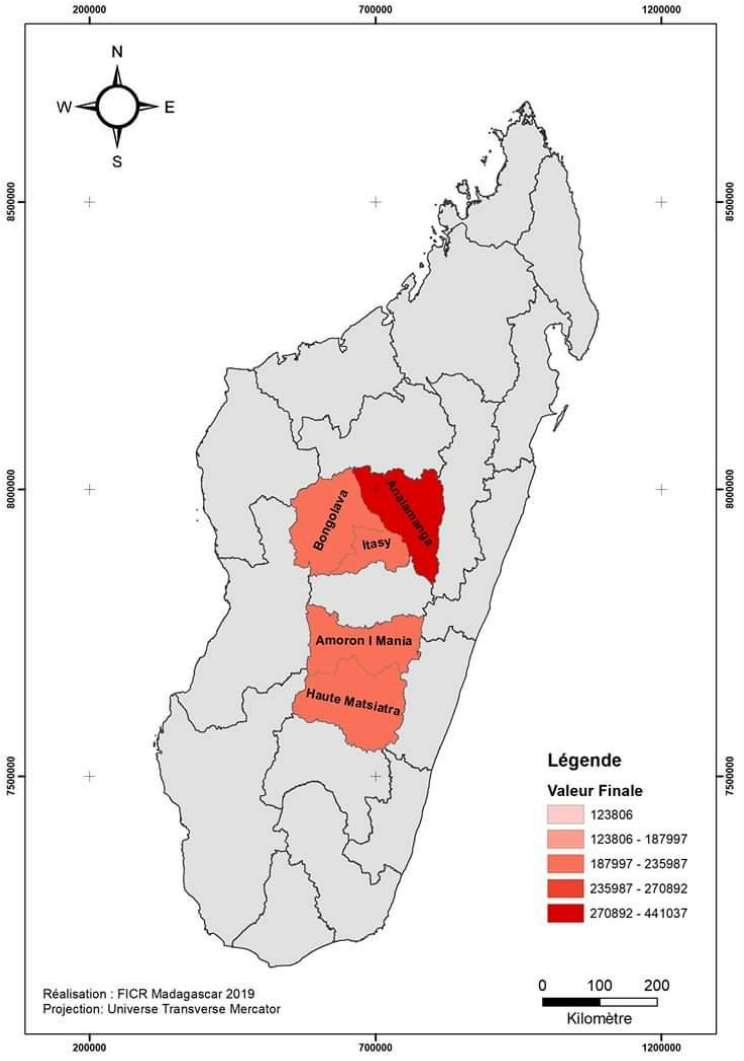
Summary of major revisions made to EpoA:

August 2017: First death was recorded of a patient infected with plague in Madagascar.

September 2017: MRCS responded with initial actions in sensitization, identification of suspected cases and training in communities affected.

October 2017: 1,000,000 Swiss francs was allocated from the IFRC's Disaster Relief Emergency Fund (DREF). Surge was deployed including a Field Assessment and Coordination Team (FACT), Head of Emergency Operations, Regional Disaster Response Teams (RDRT) and IFRC-led Emergency Response Unit (ERU). The IFRC launched an emergency appeal for 5.5 million Swiss francs, covering 10 affected regions.

December 2017: Operations Update was published, the budget was reviseddown in-line with the decreased caseload and focused on effective prevention, response and capacity building activities. MRCS governance election from 20th November to 13th December 2018 slowed planning of the activities and the implementation of plague field activities. Some of the activities planned to begin on December 2017 were reported to have begun on January 2018.



A. SITUATION ANALYSIS

Description of the disaster

Madagascar experienced an outbreak of plague between August and end of November 2017. total of 2417 cases of plague were confirmed, causing a death toll of 209. Of these cases, 77% were pneumonic and the remainder bubonic, with one case of septicaemic plague.. Cases were mainly reported in the capital Antananarivo and the port city of Toamasina on the east coast. In addition, sporadic cases of pneumonic plague without apparent epidemiological links to the initial chain of transmission were reported in several regions across the country.

The plague in Madagascar was mainly transmitted by zoonotic transmission[1]. It is an infectious disease caused by the bacterium *Y. pestis*, a zoonotic bacterium, usually found in small mammals and their fleas and is transmitted between the animals through their fleas. Humans may be infected by the bite of infected fleas, by direct contact with infected or inhaled material known as bubonic plague, or by person-to-person transmission through droplets known as pulmonary plague and can trigger serious epidemics. Plague can be a very serious disease in people, especially in its septicaemic and pneumonic forms, with a case fatality rate of 30% to 100% and is invariably fatal (within 18 to 24 hours of onset of illness) unless it is treated early and is particularly contagious. Early diagnosis, referral and treatment are essential for survival and reduction of transmission and complications. Antibiotics and supportive therapy are effective against plague if patients are diagnosed on time.

The measures for mitigating the risks for travellers to endemic plague areas include:

- International travellers being informed about the current plague outbreak and that plague is endemic in Madagascar.
- Use of personal protection against fleabites. As Madagascar is a malaria endemic area, the use of mosquito repellents for malaria prevention can protect against flea bites.
- Avoidance of direct contact with sick or dead animals.
- Avoidance of close contact with sick persons and with patients diagnosed with pneumonic plague or patients with symptoms consistent with pneumonic plague.
- Avoidance of crowded areas where cases of pneumonic plague have been recently reported.
- Contacting travel clinics before departure to get information about the current plague outbreak in Madagascar including preventive measures and symptoms of pneumonic plague.

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

2017-2018 Plague season

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

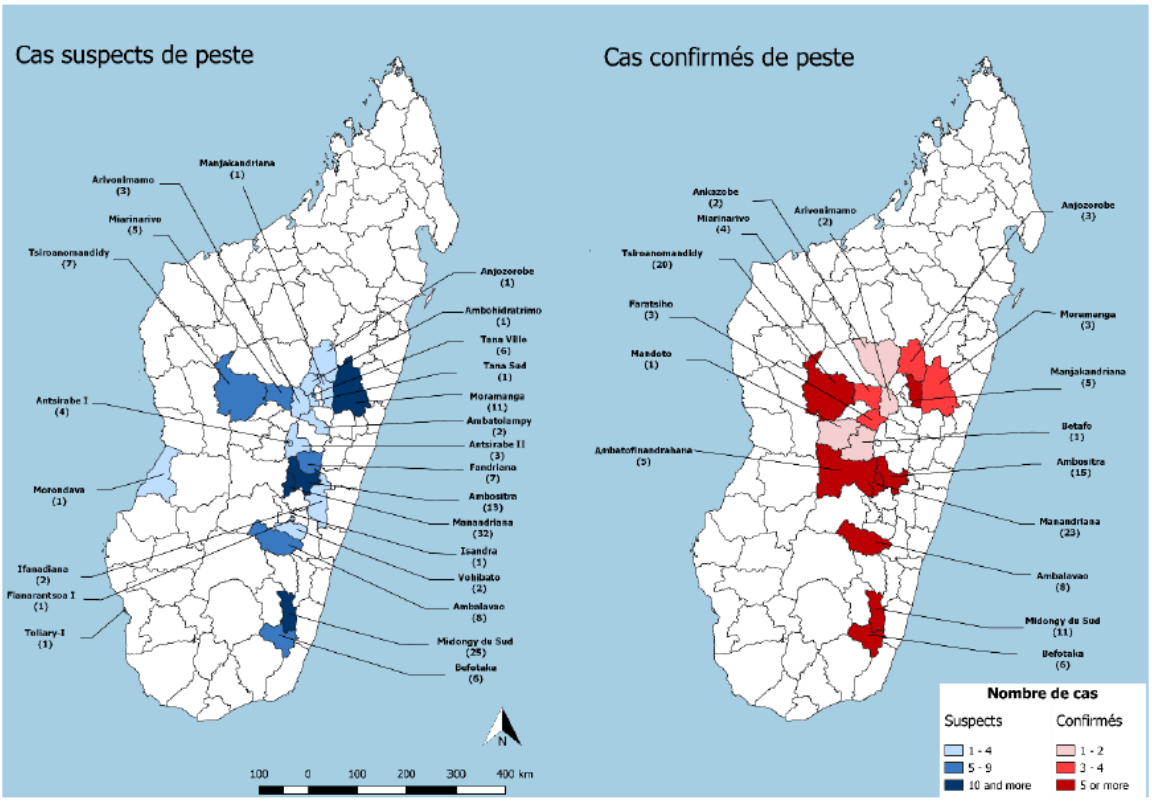
Confirmed, probable and suspected cases of plague reported from August 2017 to November 2017 [2]					
Pneumonic	Bubonic	Septicemia	unspecified	Total	Deaths (8.6%)
1,791 (22% confirmed, 34% probable, 44% suspicious cases)	341	1	215	2,348	202

2018-2019 Plague season

[1] Fact sheet: http://www.who.int/en/news-room/fact-sheets/detail/plague

[2] Source : WHO's report. http://www.who.int/csr/don/27-november-2017-plague-madagascar/en/

On 19th December 2018, the first confirmed case for the new plague season (2018-2019) occurred in the district of Ankazobe, the same case of the index at the origin of the epidemic outbreak of pneumonic plague during the previous season and which is located at a hundred kilometers from the capital. Since then, other cases of all types were notified in 23 other districts in 10 regions.



Geographical distribution of confirmed and probable pneumonic plague cases recorded.
Source: WHO Disease outbreak news November 7, 2019.

Confirmed, probable and suspected cases of plague reported from August 2018 to April 2019 [3]					
Pneumonic	Bubonic	Septicemia	unspecified	Total	Deaths
42 (16.44%) 28 suspicious and 14 confirmed cases	211 (82,74%) 112 suspicious cases, 98 confirmed cases 1 waiting for analysis	1 suspected case	1 suspected case	255	34 (13,33%) 22 bubonic form and 12 pulmonic form

[3]Source: WHO's report. Situation reporting No 27 in April 7 2019

Summary of response

The National Society (NS) rapidly mobilised its trained and specialized volunteers to support community-based surveillance (CBS) and community sensitisation activities to raise awareness on the plague and avoid panic. A first DREF was initially released to help the NS cover these emergency costs and further train and equip a total of 700 volunteers in 10 regions affected by the plague outbreak. MRCS staff and volunteers have been responding to plague outbreaks over the past three years including through a longer-term prevention and surveillance project. The NS supports community mobilisation, community sensitisation and key messaging in plague outbreaks. While the National Society and institutions in Madagascar have good experience in responding to the bubonic form of plague, there is limited knowledge in the detection and control of the deadlier pneumonic form. Outbreaks of pneumonic plague are very rare and require specific expertise to ensure adequate response.

IFRC supported MRCS volunteers to continuously engage the community/sensitization (CEA) onearly detection and early action (CBS), vector control and explaining to communities the preventive measures to put in place and ensure the anti-stigma activities in relation to people and villages affected by plague are conducted. IFRC also took the lead in organising stakeholder dialogue and building structures at the local level, involving community leaders, mayors, health officer, local authorities to enable dialogue between actors and improved coordination. These sensitization and surveillance activities seemed to have improved efforts in prevention of potential outbreak during September-April season.

The focus of the appeal following the operations update was on health promotion through CEA for behaviour change, on CEBS to help detect any unusual health problems and refer suspicious plague cases to existing health structures, and on Psychosocial Support (PSS) to give a new courage to those affected people and to reduce fear and rumours in the society.

IFRC deployed teams in the affected regions to avoid further spread of the epidemic focusing on community sensitisation and in collaboration with partners and MOH at national and local level.

MRCS used outbreak assessment data and high-risk locations identified as priorities to define the areas of intervention in ten priority affected regions to address emergency needs. To be better prepared for a possible future pulmonary plague outbreak, which may occur again. The MRCS is continuing preparedness and prevention activities in the 7 endemic regions from October 2018 to December 2018. This area was reduced to 5 regions after review of the appeal for the period January 2019 to April 2019.

Since the restart of the activities on October 2018, activities carried out were as:

- A refreshment training of the volunteers on the CEA approach with its activities and PSS, CEBS, and Vector Control
- Mass sensitization and sensitization through household visits, focus group, community meetings about plague knowledge, vector control, CBS system, PSS, hygiene and sanitation
- Hygiene and sanitation campaigns followed by a collective cleaning, distribution of sanitation kits (ongoing)
- stakeholders' workshops at local level and coordination meeting to strengthen and support the different committees in order to empower communities to lead activities in plague preventions
- Lesson-learned workshops.

Overview of Host National Society

The response to the plague epidemic was carried out through a rapid and comprehensive system which includes early identification through CEBS and referral, effective risk communication and community engagement, infection identification and prevention, and activities in hygiene, sanitation and vector control.

The MRC 's initial response to the outbreak was supported with 1 million CHF DREF loan. This allowed the NS to send rapid mobilization of volunteers to support community engagement and accountability (CEA), community-based surveillance (CBS), with alerts sent in 34 districts where suspected, probable and confirmed cases were reported and activities to sensitize the community against the plague. The volunteers and MRCS received the appropriate response

in suspected and confirmed cases and to support Psychologically the released person and the community to avoid a panic.

In total 700 volunteers were mobilized which was increased to 903 volunteers covering the ten regions of in 2017. Refreshment of the MRCS volunteers on the early detection and rapid response on both the bubonic and pulmonary forms of plague was carried out due to the limited knowledge and experience on the pulmonary forms. The refreshment of the volunteers was done each time activities restarted, or when the extension of operation was performed. The refreshment was required to help maintain their competency and to increase efficiency about fighting against the plague. Two workshops were held during the first week of October 2018 and November 2018. The focal points within the 5 endemic regions organized the refreshment of the volunteers on the spot of each region during the second week of March 2019. The refreshment included the basic information about CEBS, CEA, PSS Vector control, hygiene and sanitation activities throughout the fighting against the plague.

The revitalization of committee and training of committee which involved local coordination were carried out with a purpose to acquaint new skills, methods, and processes required to improve their performance on fight against the plague. Courtesy visits to public and health authorities were carried out to maintain and to develop the cooperation with the local government. A workshop with other actors involved through the fighting against the plague such as WHO and the Ministry of Health was held at the end of the operation. This workshop was an opportunity to strengthen community-based surveillance and to improve the coordination system between the Ministry of Health and the MRCS.

Overview of Red Cross Red Crescent Movement in country

- MRCS and IFRC significantly improved coordination from October 2018. Two Operations and Finance RDRTs along with a Financial and Administration Delegate were deployed to support technically the National Society.
- Regular meetings were conducted between MRCS and IFRC Staff during the emergency response to update the team and to work closely with available information and resources. Those meetings were necessary to identify any gaps through the activities. The adjusting response plan for possible additional plan are developed as outcome of the meetings.

Partner	Type of support	Level of support
Norwegian Red Cross and	MRCS and CEBS activities	Training of MRCS Staff to enhance their response capacity to epidemics outbreaks
Danish Red Cross	MRCS and CEBS activities	Training of MRCS Staff to enhance their response capacity to epidemics outbreaks. They allocated CHF 77,717 to start up the activities
French Red Cross (PIROI)	MRCS activities and mobilized human resources in support	
German Red Cross		Provided Personal Protective equipment (PPE) for MRCS and volunteers
IFRC Africa Region and Geneva logistics		Procured medical and protectives gears
American Red Cross	Financial support	Contributed directly with CHF 49,231
British Red Cross	Financial Support	Donated CHF 65,588
Italian Red Cross	Financial support	Contributed 58,478CHF and supplemented with an addition 28,196CHF to fill the gap for the extension
Japan Red Cross	Financial Support	Contributed of CHF 87,251
Red Cross of Monaco	Financial support	Contribution of CHF 29,938
Swedish Red Cross	Financial Support	Contribution of CHF 237,006
Canadian Red Cross	Financial support	Contribution of CHF 153,310

Turkish Red Crescent	Financial support	Contributed of CHF 10,000
Netherland Red Cross	Financial Support	Contributed of CHF 525,007

Overview of non-RCRC actors in country

- BP Foundation contributed with CHF 24,421 to cope with the fight against the plague with MRCS
- CDC Centers for Disease Control and Prevention deal with CHF 73,194 into the operation and European Commission - DG ECHO subsidised CHF222,680 as part of their contribution
- The WHO deployed experts working with the MoH developing and adjusting the response plan, printing and distributing pamphlets with key messages for prevention and the community sensitisation campaigns. WHO and other stakeholders supported the MoH of Madagascar to maintain vigilance and to sustain a strong alert and response system able to rapidly detect and respond to new plague cases as they emerge during the next rainy season. They mobilized resources to enhance surveillance and response activities such as the dispatching of tablets, power banks or trainees to strengthen the use of Kartman traps.
- WHO has implemented drastic changes in plague detection which involved a decline in scope of the outbreak.
- The Ministry of Public Health of Madagascar coordinated the response, with the support of WHO, the Institute Pasteur of Madagascar, and other agencies, stakeholders, and partners. The main organisations involved in this operation were WHO, MoH, UNICEF, OCHA, USAID, CDC from Atlanta, Europe and China, MDM and MSF.
- The MoH convened Crisis and Cluster meetings three times a week at the WHO office to which MRCS/IFRC and the main partner organizations actively involved in the operation participated.

Coordination

National Level

Every week a coordination meeting was held at the Ministry of Health. This meeting was chaired by minster of his Secretary general, WHO co-chaired the meeting. This meeting brought together humanitarian actors and financial partners. These weekly meeting had as objectives:

Information on activities carried out in the field

Plague epidemic situation

Resource mobilization rate and gaps

Strategic and technical orientations for the continuation of filed activities

The MoH of Madagascar activated crisis units in Antananarivo and Toamasina to coordinate the outbreak response efforts.

All cases and contacts were provided free treatment or prophylactic antibiotics to get away from any cost to themselves.

<u>Regional level</u>

One of the difficulties in carrying out the operation was the weakness of coordination at the local level. Stakeholders worked without formal consultation. To cope with this situation, we initiated weekly meetings with the Ministry of Health at the regional level, with the aim of organizing local coordination meetings. These steps paid off because the ministry found the need for the establishment and revitalization of a local coordination unit. As a result, we initiated the first stakeholder coordination meetings in the seven Regions of the operation. These meetings brought together the following stakeholders:

- Regional director and head of health districts
- Communities represented by the Fokontany chiefs
- Chairpersons of the community's management committees
- Representatives of the associations the traditional doctors.
- IFRC and CRM participated and had the roles of organizing the meeting and facilitating
- NGOs present in the Region.

Terms of reference for the management of these coordination meetings at local level are validated by the stakeholders. A significant improvement in coordination along the fields was noted after the implementation of stakeholder coordination meetings. As a result, the lessons learned during the workshop were jointly established

between the participants including The Ministry of Health, the local authorities, Malagasy Red cross and he regional focal points of WHO. Therefore, the outcome of these meetings are:

- Improvement of communication and coordination within the local level.
- Facilitating of the information access about plague disease for all stakeholders.
- Promotion of the broadcasting the actor's responsibility on the plague response at the regional and local level.
- Establishment of an effective coordination, sharing of tasks for each stakeholder
- The selection and review of the most relevant areas according to fight against the plague.

Needs analysis and scenario planning

Needs analysis

Madagascar is endemic for plague and the country is been the most affected by the plague for past decade, with around 400 cases of mostly bubonic plague reported annually.
The outbreak the Movement responded to through the Emergency Appeal affected densely urban areas including the capital Antananarivo and the port city of Toamasina.In addition, sporadic cases of pneumonic plague without apparent epidemiological links to the initial chain of transmission were reported in several regions across the country. While plague outbreaks in Madagascar are not unexpected, the high proportion of pneumonic plague cases is of concern. The risk of further transmission in this country was considered very high until public health prevention and control measures are fully implemented with international partners working in the country such as WHO and IFRC. The risk of regional spread in the Indian Ocean region is considered moderate. Under the leadership of the Minister of Health, a multisectoral national response coordination committee for the response to the plague outbreak was set up. MRCS/IFRC supported the Minister of Public Health in technical and operational activities involved in infection prevention and control of the plague outbreak.
The transmission is highlighted by the provision of care by traditional healers, unsafe burial practices, the limited application of infection control in healthcare settings, and the lack of compliance with public health precautions by some cases or contacts

Operation Risk Assessment

The target of the operation focused on the most at risk areas of plague epidemic because MRCS prioritizes the most vulnerable households among affected populations. The selection was carried in close coordination with the local authorities. Priority was given to the people where the cases or suspicious cases were noted to affect people. The priority is also giving to the region where the community of the patient and their families were located because of the stigmatization about the plague which release those people.

In its responses, MRCS ensures that programmes under this operation are aligned with its gender -age commitments as well with the IFRC minimum require diversity in emergency programming. Specific considerations include the elderly, people with a disability, pregnant and lactating women, women-headed households, and households with infants or young children. These groups were the more susceptible to diseases and infections because of the challenges to access to nutrient-rich food and safe water.

There are been an anticipated operational risk during the intervention. The local coordination is implemented on tackling the response to potential outbreak of plague. The closest collaboration with the stakeholder is in pursue such as UNICEF, WHO, the MoH and the National Office of Risk and Disaster Management (BNGRC). Furthermore, MRCS tanks to renovate with close coordination with the government officials and relevant line ministries.
Risk analysis and scenario planning was continuous over the entire operation. The evolution of the situation, the changing needs, the scrutiny over the operation and its impact on local policy, the internal challenges in the Malagasy Red Cross, the competition among humanitarian actors, the lack of a master plan from the authorities are just some of the factors that made risk analysis and scenario planning a continuous process. The volunteers were aware to work in front of response because of the equipment provided with enough personal protective equipment (PPE) and

given prophylactic antibiotics to lead community-level interventions. They are the main actors to produce key messages tailored to educate and reduce the risk of social disturbance.

B. OPERATIONAL STRATEGY

a. Overall objective

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

b. Proposed strategy

MRCS intervention strategy was focused on support as well as technical and psychological to better understand and engage through the communities to help them to be a guarantor of development by healthy and safe practices. The main of the MRCS was to help the community to face on the disease and be able to provide an influence decision through positives decisions.

The response activities are basic to fight against the plague, a continual monitoring was implemented to carry on those activities and to check the changing situation along the operation. The MRCS activities was based on **four main pillar areas** which are the basic issue of coordination response effort alongside the operation including the 2 extensions:

- **Community engagement and Accountability** (CEA) which aimed to improve the accountability to communities and builds acceptance to programme outcome. CEA was integrated to help community by enabling them to become more knowledgeable, skilled, connected and to bring about the behaviour and social changes needed to address risks and underlying vulnerabilities. CEA activities ensure:

1. Community participation and feedback: the community can get free call in MRCS/IFRC offices and box plaint in local community to receive the main feedback of the operation. This system of feedback was introduced during the 2nd extension of the operation, in 2019, to perform the outcomes of the activities and analyse the impacts of the activities though the population. This feedback system is important to better tackle on the probable disease.
2. Providing information as aid through the broadcast of the key messages via household visit, community meeting, mass awareness or radio shows.
3. Behaviour and social change communication by including PSS support to support those affected people and released person because of the rumours about plague.

- **Community Event-based surveillance** (CEBS) ensured the widely sharing of information about suspicious cases to local health center. It required carefulness and ingenuity of the community to maintain satisfactory psychological state throughout the identification and monitoring of unusual cases of disease. This strategy requires also an identification of unusual amount of rodent mortality which may be closest in plague epidemic.#

- **vector control, sanitation and hygiene support** awas required to assist people of the plague disease. An appropriated sanitation is essential to fight against the vector of the plague. MRCS involved the population to eliminate the bacteria of plague by disinfection of public places such as market, road or public transportation, insecticide spraying, setting up garbage pits and providing sanitation kits to the community.

- **Plague Treatment Unit (PTU)** with a core trained medical and paramedical team was provided to the patients. Eight health centres were designated by WHO to manage plague cases and alleviate the burden on hospitals and health clinics. In the emergency response, IFRC and Red Cross ERU partners deployed and installed a treatment unit with emergency medical and paramedical technical staff, medical equipment and medicine centre to create a Plague Treatment Unit (PTU).

c. Volunteer capacity building

903 volunteers were involved in the plague operation. The volunteers were trained on CEA activities, CEBS and Vector control to master the sensitization activities and have the enough knowledge to support Psychologically the community in case of disease or releasement. Training of volunteers has been conducted in November 2017 to make in touch the volunteers about the fight against the plague. Each extension of the operation has begun in refreshment of the active volunteers about the main keys of plague prevention. A trainee is required for the new volunteers during those extensions. The volunteers involved in this operation are initiated to Vector control for fleas and rats, use of pesticides, basic PSS knowledge and CEBS system through the community to promote early recovery of plague disease.

d. Strategies for implementation

Human resources

The operational budget has covered 2 RDRT which are the Operation manager and the logistic during the 2 extension of operation to ensure the availability of the information needed by PMER.

Logistics and supply chain

Logistics support was provided through the IFRC logistics team who had provided necessary support to National Society to meet the operational needs. Logistics activities included the procurement, customs clearance, fleet, storage and transport relief items to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

The supply chain strategy for this operation was, to first use the in-country pre-positioned stocks of the National Society to quickly meet the basic needs of the affected population. In parallel, sourcing activities started in order to supply from providers, following IFRC procedures ensuring the efficient and timely delivery of these items for the success of the operation and replenishing the contingency stocks.

IFRC office provided logistics technical support to SLRCS ensured transparency and accountability in the procurement process.

Information technologies (IT)

High speed Wi-Fi internet connectivity was available in IFRC office. Staff members and volunteers in the field operation were supported by 3G modems and internet data packages on their smartphones which enabled them to communicate. Open Data Kit (ODK) based assessments were carried out electronically through mobile apps on digital tablets or mobile phones of the focal points to better collect the data.

Communications

MRCS communications staff worked in close coordination with the IFRC regional communications team to ensure that the evolving humanitarian needs. A proactive approach was taken to maintain media outreach and to produce communications materials including press releases, news stories, photos / video, key messages and infographics for external promotion by IFRC staff.

Planning, monitoring, evaluation, & reporting (PMER)

MRCS was responsible for all operational and implementation aspects of the plague operation. IFRC, through its office in Antananarivo provided technical support in program management, monitoring, evaluation and reporting to ensure the operation objectives met.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Achievements

✓ MRCS capacity building of volunteers, supervisors and regional coordinators from the 10 intervention regions were trained in social mobilization and community awareness activities around plague. Training on vector control allowed the volunteers to gain knowledge on the fight against fleas, understand the role of the rats in spreading the disease, get facts on vectors, on the management of waste and public sanitation, and how to install and use new rat traps, although this activity finally did not take place as taken on by other partners. Training in **CBS** allowed identifying suspected cases and referencing; community members were encouraged to detect sick people themselves, make a diagnosis of the person with buboes or spitting, and alert MRCS volunteers for the referral of suspect cases according to community case definitions. Suspicious case information is sent to MRCS headquarters via SMS via mobile phone, which is directly synchronized into the Power BI Zegeba system (www.cbsrc.org) used to direct or adjust actions in the locality with suspected cases. Generally, suspected cases and patients and their families receive **PSS** by volunteers to avoid stigma at the community level. As part of the volunteer training, activities related to **PSS** were widened to all households visited, to reduce household stress when faced with plague epidemic, noting that plague remains a sensitive subject, even a taboo in certain localities. To stimulate	✓ Management of the PTU In Analamanga (Antananarivo), people identified as a suspect case were transferred to the PTU for sorting and treatment. A core medical and paramedical team was set up by the MRCS to keep the PTU operational. After the departure of the ERU medical and logistics teams, a core medical and paramedical team was set up and trained, which consisted of: a coordinator, doctors, nurses and hygienists to remain in place up to April 2018. The team was able to treat from six to up to ten plague patients and be able to scale-up training to other medical staff. The PTU was closed and handed over to the authorities as planned. The Plague Treatment Unit (PTU), which was operational from November 2017, was closed in April 2018. Vector control, sanitation and hygiene support activities have also been key to fighting fleas and rodents, so a distribution of sanitation kits for the community is planned from next week. Capacity building activities and refresh training of the volunteers has been realized.	✓ Sensitization Communities were sensitized on the plague epidemic. Volunteers carried out awareness-rising programs in 311 communities (fokontany) spread over 10 regions. The sensitizations took place either through focus group sessions, home visits or mass grouping. Home visits inform and raises the awareness of people. Volunteers group reports together with their supervisors (at commune level) and send them to the regional coordination of the MRCS. The rumour-collection cards have been analysed with the coordination in order to guide or adjust the actions to be taken in the next interventions. Radio broadcasts were held periodically in each region, where partners at the regional plague response coordination level were invited to share knowledge and techniques to combat the plague epidemic.

communities to take on plague control, volunteers were trained on **CEA**. This approach allowed volunteers to stimulate and support initiatives; between-help and community ownership action plans to prevent the spread of the plague and improve response actions.		

- Implementation of complementary tools for the CEA. These are the suggestion boxes, the telephone line. These tools enable the communities to do feedback on the activities carried out in the field.
- Establishment of management committees. Twenty-nine management and coordination committees were set up in 7 regions of the operations. Its management committees will be catalysts for the operation after April 2019. Their effective participation in Regional Coordination meeting and orientation workshops such as Stakeholder Workshop, the National lessons learned workshop, demonstrates their commitment to ensure to continuity of the activities after the operation
- Training of 412 community resident animators from communities (2 people by Fokontany) is carried out to ensure the continuity of prevention activities in the field after the operation

Health

People reached: 2293104

Male reached: 1,128,207

Female reached: 1,164,897

Outcome 1: Reduced morbidity and mortality related to plague among 1,200,000 people in 10 regions through CEA and social and behaviour change, disinfection and vector control activities, early case detection, provision of psychosocial support and trained in safe and dignified burial protocols and case management

Indicator	Target	Actual
Increased knowledge and awareness on hygiene and measure against the contamination of rats and fleas	80%	100%
Increased cooperation and communication between the members of the community and the MRCS volunteers to contribute to surveillance activities	100%	100%
Percentage of affected community members that received psychological support	70%	100%

Output 1.1: : **Community knowledge of and engaged in plague prevention and control is ensured through active CEA and social mobilisation to change harmful behaviours to prevent further spread of the plague.**

Indicator	Target	Target
Increased knowledge and awareness by community members in contributing to the prevention and reduction of plague	80%	100%

Narrative description of achievement

The volunteers were part of the community which contributed in prevention and reduction of the plague epidemic. The operation performed refreshment training to them in order to be aware of the plague and get enough knowledge to prevent the disease. 903 active volunteers received the training at the beginning of the operation and the extension was an opportunity to the 655 and 349 to pursue their activities during the extension of the operation.

Regions	Training in November 2017	Training and refresher training in November 2018	Training and refresher training in March 2019
TOTAL	**903**	**655**	**349**
Amoron'I Mania	70	67	124
Haute Matsiatra	60	63	74
Itasy	115	106	61
Bongolava	30	25	54
Analamanga	300	234	36
Alaotra Mangoro	89	92	
Vakinankaratra	63	68	
Atsinanana	93		
Analanjirofo	38	**Targeted area in 1st extension**	**Targeted area in 2nd extension**
Boeny	45		

The local committee to coordinate plague prevention were also receiving the training about the *prevention and reduction of plague.* This training provided measurement solution for managing the complex behaviour throughout the fight against the plague. The local community is important to provide the information that inform strategy planning, monitoring, evaluation and management. These committees which are 75 management committees and 72 supervisor committees, has been set up into the area of intervention and intend to tackle on hand himself the prevention of plague when the MRCS stop to support the activities through those regions.

Refreshment of the volunteers during the operation in 2019

Trainee for member of supervisor committee in March 2019

MRCS through the local community via mass sensitization, sanitation campaigns, focus group, community meeting and radio show

From the initial mobilization activities at the community level, a committed approach has put communities at the heart of all decision-making, considering and valuing their abilities and knowledge. CEA was an approach important to achieve the objective of accountability community, MRCS Staff and volunteers have received the adequate

training. Outreach activities to fight against stigmatization are necessary to ensure the social integration of the released person such as the patient and their families.

Household had received basic PSS support during the visit made by volunteers. This strategy ensured an increased number of beneficiaries of the PSS. The radio shows were broadcasted to reach more people through keys messages against plague. The household visits were increased during the post emergency phase to ensure the understanding of the prevention plague to the community. Monitoring of the activities throughout the operation noted that the volunteers had reached a numerous beneficiary as below:

People Reached	**Target 1.2 Million People Or 240 000 Households**		**Target 960,000 people or 192,000 Households**			
Activities rolled-out around the four pillars strategy to fight against and prevent plague: CEA/CBS/Vector/ WASH/PSS	**Planned to April 2019**	**October 2017 - March 2018**	**November 2018 - December 2018**	**March 2019 - April 2019**	**Unit**	**Total people reached/** participants
Household Visit	48,000	121,816	24,714	6,438	Households	764,840
Collective Cleaning	Maximum	33	84	100	Cleaning Session	Over 200,000[4]
Set-up Garbage Pits	Maximum	88	817	-	Garbage Pits	Over 125,000[5]
Radio Show	Min once a month	33	3	33	Programme	690,000[6]
Mass Awareness	Maximum	305	121	80	Sensitization	25,410
Focus Group	1846	479	235	140	Focus group	31,397
Community Meetings	Maximum		16	76	Meeting	2,630
Latrines create after sensitization	Maximum	-	446	-	Latrines	2,230
Stakeholders workshop	-	-	7	2	Workshop	182
Controlled of Vehicles and Sensitization of Passengers (public/private)	Maximum	10,964	-	-	Controlled vehicles	442 025
Disinfection of Household	Maximum	1,233	-	-	House	6 165

[4] Population in the intervention Fokontanys (branches into each region of intervention)

[5] 58,871 in the 21 fokontany of the region of Vakinankaratra to Mars 2018, From November 2018, 773 garbage pits setted up for households benefit to 3,865 people and 44 community garbage pits benefit to over 70,000 residents in the intervention fokontanys

[6] On average 10,000 readers per issue

Disinfection of Vehicles	Maximum	640	-	-	Vehicles	3 200
PSS of patients and their family	Maximum	5	0	0	PTU's Patients	25
					TOTAL of people reached	**2,293,104**

Public transportation a good way to ensure the sensitization:

The sensitization was ensuring in a crowed place to be more effective. The main place where this sensitization was conducted were public transportation (buses, bush taxi, cars, etc.), the school and the roads. 442 025 passengers of the public transportation were sensitized, in which 10 964 private and public vehicles controlled during the peak of the epidemic in the 10 targeted regions before.

The capacity of the health center at Andohatapenaka Hospital provided 20 beds, and treatment to 5 PTU patients. Despite of the improvement in capacity of health center which can provide 50 beds, no cases of PTU was noticed due to the decrease of the cases in November 2018.

Radio shows to intend more beneficiaries in improve knowledge about plague

The radio shows are important because they reached in average 10,000 audience per show. The focal points of the operation broadcasted the key messages and they tailored the main note about plague symptoms and prevention. 69 radio shows have been broadcasted into the region of intervention. The presentation along the radio shows enlightened "Plague treatment exists and is free" -http://www.croixrougemalagasy.org/linformation-comme-forme-dassistance/

Visibility and communication equipment and materials for social mobilization

The dispatching of 250 sanitation kits composed by 2500 brooms, 250 wheelbarrows, 500 pearls, 1250 baskets, 500 rakes, 500 plastic bowls has done in each area of intervention to ensure the demonstration and sensitization of the people.

One sanitation kit is composed of 10 brooms, 1 wheelbarrow, 2 pearls, 2 rakes, 5 baskets, 2 plastic bowls

The IEC materials were provided to the volunteers to emphasize the role of the MRCS in community and to facilitate the approach in prevention and sensitization. 700 tee-shirts and 700 caps were distributed for active volunteers

System of feedback improved due to CEA activities

The feedback from the community was collected through the phone (green line No 467) squared in the IFRC Office and the boxes plaints (74 fokontany) introduced in the region of intervention to improve their knowledge about the plague prevention.

The community felt free to call the Office and to post the plaint in the boxes.

Since the CBS activities, a total of 89 SMS alert from the 10 targeted regions before were sent out:

- 22 suspicious cases, out of which 3 cases were confirmed and all survived
- 33 suspicious deaths in the community, out of which 2 cases were confirmed
- 34 suspicious cases of dead animals but no confirmed case but the community increased the precautions

All the PTU patients and their families received PSS during and after their treatment.

1,783,960 people had received basic principles of PSS through household visit from November 2017 to December 2018. The progress of household visits in 2019 had reached 19,629 people. The number of beneficiaries PSS basic support is largely above of the target person which is 1,200,000

Malagasy Red Cross staff and volunteers are prepared, knowledgeable and trained in safe and dignified burial		
Indicator	**Target**	**Actual**
staff and volunteer trained in SDB	30 staff and volunteers	30 staff and volunteers trained in security safety
staff and volunteers who received safety guidance and adequate PPE	30 staff and volunteers	30 staff and volunteers

Narrative description of achievement

The SDB protocol wasn't approved by the MoH, so this activity to train volunteers was adapted to security safety instead in the program.

MRCS provided safety assurance of staff and volunteers who were directly involved in the operation.

The program included:

- Distribution of the prophylaxis treatment
- Protection equipment, boots, mask and raincoat for volunteers and staff are conducted to perform the objectives and facilitate the intervention of the volunteers.
- 3,000 tablets, 1,050 masks (according to the universal norm of PP1 and PP2), 30 protection suits, 30 pairs of boots and 700 gloves have been distributed to staff and volunteers through the whole emergency phase.
- Systematic disinfection of ambulances with High Test Hypochlorite (HTH) after evacuation of suspected cases.

Output 1.3: **Transmission of new cases is limited through early identification and referral of suspected cases through increased capacity in community-based surveillance (CBS)**		
Indicator	**Target**	**Actual**
Percentage of targeted fokontany covered by the CBS system	100% of 311 fokontany of the 10 targeted regions	98% (or 306 out of 311 fokontany)
Increased cooperation and communication between the members of the community and the MRCS volunteers is strengthening operationalizing CBS	100% of all the targeted fokontanys have members able to identify and report the suspicious cases to the MRCS volunteers or to the Primary health center (PHC)	100% of all the targeted fokontanys were able to identify and report the suspicious cases to the MRCS volunteers or to the Primary health center (PHC)

Narrative description of achievement

The CEBS or Community Event-Based Surveillance replaced the system of CBS to be more effective in community since October 2018. 604 volunteers received refreshment training where 585 are active into the operation and 19 were on stand-by. The CBS has and will be rolled out using the Zegeba software data collection systems. The new system CEBS used the referencing leaf to detect any unusual cases. In case of detection, the health center confirmed the cases and the volunteers reported to the focal point via phone.
The management committees were settled in 77 fokontany and the surveillance committees in 72 to handle with the early detection and prevention of the plague. Those committees received trainees about symptom recognition and the right duties in confirmed cases.
A closest investigation with the local stakeholders which are the leader of community, public authorities and NGO has been set up to facilitate and improve the engagement through the local community. In fact, the community were freer to be involved in resilience and autonomy. The CEBS was facilitate because the areas of intervention were covered by the Mobile network.

Since the start of CBS activities, a total 4,035 SMS and 99 SMS alert messages were sent out:
-23 suspicious cases, out of which 6 cases were confirmed and 4 were false alerts.
- 39 suspicious death, out of which 2 cases were confirmed and 1 was a false alert.
- 37 suspicious cases of dead animals including 3 cases confirmed and 2 false alerts

Those affected by the outbreak are supported through psychosocial support (PSS)

Indicator	Target	Actual
Released patients and their families have received PSS	100% patients and their family	100% patients and their family
Percentage of staff and volunteers who suffer from stress and discrimination get PSS.	100% of staff and volunteers suffering	There is no case of volunteer or staff suffering from discrimination-induced stress.

Narrative description of achievement

903 volunteers received basic PSS basic principles during the CEA training along the refreshment sessions in November 2018. The Pasic principles of PSS was provided to the communities during the household visits since November 2018. Otherwise, anti-rumour management support and anti-stigma activities are taking place in every target fokontany. The PSS support material were cancelled in the operation because the basic principles are directly revised during the spreading of key message in household visit.

Refreshment of the volunteers and PSS formation

Meeting of the volunteers after household visits and feedback of them to collect more information in the area of intervention

Output 1.5: Clinical management (through the Plague Treatment Unit) of identified cases is reducing the impact and spread of the outbreak

Indicator	Target	Actual

Plague Treatment Unit – Set-up with a capacity from 6 to 20 beds recognized by MoH and 50 bed capacity with surge support	100%	100%
Procurement and deployment of required equipment and medical supplies for plague treatment	100%	100%
Suspect and confirmed cases are being referred and treated at the PTU	100% suspected cases identified by the MRCS volunteers	100%
PTU is set up with a core trained medical team are able to manage a small-scale epidemic outbreak	100%	100% the functional PTU was opened on 2 November 2017

Narrative description of achievement

ERU and IFRC provide equipment and medical supplies for plague treatment during the PTU. The patient received medical item such as chlorine and medicine, and equipment. The quality assurances of clinical services have been improved and 50 beds were set up specially for the PTU which treated any Suspect and confirmed cases. The PTU ensure an improvement and only five patients were referred and treated at the PTU in November and none were referred since 2 November 2017 when the PTU was set up.

From mid-October deployment and several rotations of FACT and ERU teams took place. The rotation ended in December: the last medical rotation includes the ERU Swiss Red Cross funded medical doctor and nurse who arrived early- and mid-November and core functions were taken over by competent trained national medical and paramedical staff.

A transition plan was finalized, and the Malagasy doctor recruited by MRCS to manage the PTU with a local medical team. A PTU technician and logistician arrived mid-November to take over work from the ERU Finnish Red Cross technician.

The capacity building provided by IFRC-ERU team trained: 21 doctors, 2 senior medical staff, 9 nurses, 7 midwives, 1 physiotherapist and 40 hygienists (a total of 80 people). The biggest challenge was retaining key personnel hygienists that had been put in place during the height of the emergency phase.

Maintaining an operational and functional PTU: with expatriate rotations ended in December, core medical and paramedical functions were taken over by competent trained national staff consisting of a coordinator, doctors, nurses and hygienists that remained in place up to April 2018 and then closed as planned.

MRCS ensured the procurement of Ambulance in needed cases.

100% suspected cases identified by the MRCS volunteers which are 5 suspected cases identified and transferred to the PTU, then shortly thereafter plague was under control and officially declared over at the end of November 2017.

Output 1.6: The immediate risks to the health of the population in Madagascar is reduced through vector control activities in 10 regions (change to 7 regions then to 5 regions)

Indicator	**Target**	**Actual**

Vector control, hygiene and sanitation activities are taking place in target areas	100% of the activities planned is realized	100 %
Volunteers are trained and are carrying out vector control, spraying and using the new insecticides and pesticides	300 trained volunteers	299
Communities in regions more aware in the need for improved waste management	100% of reached communities of targeted regions engage in waste management	100%

Narrative description of achievement

299 volunteers were trained to roll out vector control, using a new pesticide developed by IPM. 179 representative volunteers benefited to a refresher training that include vector control. Disinfecting houses and pest-ridden areas took place in collaboration with team members from the MoH.1,233 houses and 640 public vehicles were disinfected.400 rat traps were distributed to region of intervention. The strengthening measures of protection of people by adopting new behaviour in hygiene, sanitation and waste management – making people safe from rats and fleas, promotes rat-proofing and prevent contamination of plague, the volunteers promoted WASH in the community: 305 mass awareness campaigns reached 16,536 people and household visit reached 121,816 household. Those sensitizations involved a total of 307,887 people with promoting WASH and vector control. 88 new garbage pits were constructed to help manage rat population. And all targeted regions planned to construct minimum one garbage pit per fokontany in the suburban areas.

Collective cleaning of volunteers and local community

Following sensitisation by MRCS, the community self-mobilised to construct 446 latrines, 1,210 garbage pits were set up, followed by collective cleaning[7].

Distribution of 250 sanitations kits and collectives cleaning were dispatched in January 2019 to encourage community to practice regularly sanitation activities. Also, IFRC/MRCS provided 400 rats traps to enhance the vector control.

6 regions[8] out of the 10 targeted regions realized 33 collectives cleaning with the participation of 11 914 persons, and 2 regions[9] have put up 88 garbage pits

7 targeted regions realized 84 cleansing campaigns followed by a collective cleansing with the participation of the members of the community. 1,219 garbage pits are set up in which 446 for a household and 773 for the community

100% of the region of intervention were involved into the collectives cleaning since March 2019 : all the 5 regions targeted in 2019 were involved into the collectives cleaning. The realisation of those cleanings reached 100.

Challenges

[7] See above for details..
[8] Vakinankaratra, Alaotra Mangoro, Analanjirofo, Analamanga, Amoron'i Mania, Bongolava
[9] Analamanga, Vakinankaratra

- Arrangement of appointments and transportation of non-urgent cases of patients who still required higher level of medical support to and from the medical facilities had been an on-going challenge. MRCS had no Ambulance transport also.
- Other challenges included lack of availability and communication between volunteers and staff. The activities were facilitated with more communication between the actors, staff and other stakeholders.
- ODK, the data collection tool, had its limitations, for instance regarding qualitative data because most of the focal points found it difficult to manage this data
- Maintaining the local coordination was also a challenge because none of the volunteers sensitized the population after the plague operation. The dynamic and the refreshing of the volunteers should be sustained to ensure independence of these committees
- A common management system of volunteers was proposed and supported by the Head of the Operation to avoid some discordance during the payment of those volunteers. They tried to establish a system that avoids overlapping management of volunteers across all the sectors.

-

On Lessons learned

- ✓ Although improved over time, coordination mechanisms (i.e. regular technical meetings) within the Movement should have been more regular from the start of the operation for a more effective implementation.
- ✓ The importance of CEA activities during the exit phase was a significant lesson learned. The provision of accurate and enough information to the communities and other actors and authorities has been key to avoid conflicts and rumours that cause distress and misunderstandings among the target population (see below more on CEA)
- ✓ According to the final evaluation, across all three phases, the demand for all aspects of health services, especially those of the RC, were continuously in high demand, from both the target population and the authorities, and for many beneficiaries, RC was a synonym for health care. However, the handover of the services to local capacities, including the Ministry of Health, proved to be challenging. This was also attributed to the high standards of health services (both in quantity and quality) provided by RC that were not aligned with national standards, and therefore could not been maintained once handed over, further increasing the dissatisfaction of people living in the sites
- ✓ High engagement and participation of migrants in the design of PSS activities based on their needs created high level of ownership and interest amongst the recipients of this service
- ✓ Skill building activities through off-site excursions were favourable to the volunteers to exchange and discuss the experiences as well as the knowledges
- ✓ It was observed that a substantial proportion of the population in the community were fully or partially illiterate and based on that the face to face approach were the most successful. Face to face communication also ensured that access to information and participation was available to all and not filtered through self-proclaimed leaders of a group or a household.
- ✓ Towards the end of 2018 the systems were in place for collecting feedback and rumours and most staff and volunteers were trained on the key CEA approaches and messages to mainstream CEA into their sectors, but the final evaluation emphasized the need to strengthen the role of CEA from the outset of a population movement operation
- ✓ A great importance to put in place early support systems for volunteers and staff in frontline positions, including provision of training, support and PSS, and ensure such appropriate support is maintained throughout the response, including retention measures, recognition appropriate compensation

Conclusion:

The number of beneficiaries was largely exceeded (2,293,104) instead of 1,200,000 because of:

- the period of intervention which are extended: IFRC has extended the activities to 19 months instead of 12 months at the beginning of the project
- the communication channels used were reliable due to the mass media, the radio show

- the commitment of the volunteers who reached 12 households visits per day on average. It is to be noted that while the number of the regions has been reduced from 10 to 7 regions and from 7 to 5 regions, the efficiency and the focus of the volunteer's activities on sensitization is increased.

Strategic Implementation
1 - Strengthening National Societies
2 - International Disaster Management
3 – Influence others as leading strategic partners in humanitarian action and resilience
4 – A strong IFRC that is effective, credible and accountable

Outcome 2: **National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**

Output 2.1: **National Societies have effective and motivated volunteers who are protected.**

Indicators:	**Target**	**Actual**
The number of insured volunteers able to inform and design actions	900 volunteers	100%

Narrative description of achievement

All staff and volunteers have been ensured across their activity in the community. There have been trained to face up the difficulties such as the detection of unusual case of disease, the skills to sensitize the population and the knowledge about the plague operation and his prevention.

Outcome 3: **Effective and coordinated international disaster response is ensured**

Output 3.1: **Effective and respected surge capacity mechanism is maintained.**

Indicators:	**Target**	**Actual**
Percentage of surge requests are deployed to support the operation	100%	100%

Narrative description of achievement

Deployment of surge in Head of Operations, CEA, Public Health, Health Promotion, Logistics, IM, Finance, PMER and IPC have been completed to support the MRCS in this operation

Output 3.2: **Coordinating role of the IFRC within the international humanitarian system is enhanced.**

Indicators:	**Target**	**Actual**
Percentage of regular regional and national coordination meetings with partners and authorities are attended to ensure dialogue and complementarity in actions.	100%	100%
Number of regions where MRCS and IFRC are positioned as credible based partners contributing to develop community actions to share important knowledge contributing to reducing and stopping plague outbreaks	10 regions	7 regions

Narrative description of achievement

The MRCS with support from Federation established local coordination platform to harmonize operations intervention in the given localities. The coordination meetings with partners and authorities are attended to ensure dialogue and complementarity in actions. The local coordination committees involve partners, mayors, health district officers.

During the epidemic 10 regions were affected by the plague, 3 regions were not epidemic. The other 7 regions were epidemic. A meeting with MoH and it was discussed that they should focus on the epidemic region (regions) for the preparedness activities staring from 2018.

Output 3.3: **Supply chain and fleet services meet recognized quality and accountability standards.**		
Indicators:	**Target**	**Actual**
Percentage of transportation needs are met to ensure implementation of the operation	100%	100%
Narrative description of achievement		
IFRC hired and rented cars to be more proficient in their activities. 3 vehicles were rented to be mobilized during the operation.		
Outcome 4: **The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable**		
Output 4.1: **IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**		
Indicators:	**Target**	**Actual**
Number of KAP surveys completed to help guide and measure the implementation process	2	1
Percentage of monitoring visits completed	100%	100%
Number of lessons-learned and evaluation completed	2 lessons (Regional and national level)	2 lesson
Narrative description of achievement		
All 903 volunteers have been trained in CEA: out of which 604 (increased from initially 585) volunteers focused specifically in CBS and 299 focused on vector control, hygiene and sanitation activities. Social and behavioural change communication assessments are undertaken in coordination with other partners to develop a coordinated community engagement strategy. MRCS has focused on communities and key messages have been developed in coordination and consultation with WHO and UNICEF. Regular monitoring community knowledge, attitudes, beliefs and rumours have been done trhough CEA activities and CEBS. Visibility has occurred CEA team through inter-active radio and tv programming on plague prevention and anti-stigma. Documentation and a documentary have already been developed around MRCS's CBS expertise. Monitoring and Evaluation tracking tables are developed. As 3W table is updating per week including the activities realized, in progress and planned. For each activity as household visit, CEBS, descent on the ground of the volunteers, there is a monitoring sheet that must be complete by the volunteers and analysed by each responsible and the PMER. 1 KAP (Knowledge, Attitude and Practice) survey took place and the initial findings were delivered in May. A second survey is not pertinent due to the considerable delay of the first.		
Outcome 5: **The IFRC enhances its effectiveness, credibility and accountability**		
Output 5.1: **Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.**		
Indicators:	**Target**	**Actual**
Percentage of staff and volunteers provided with communication tools	100%	100%
Percentage of supplied required for a functioning office are provided	100%	100%
Percentage of staff recruited for each position opened	100%	100%
Narrative description of achievement		
The procurement of phone, laptops and internet to staff and volunteers have been done to facilitate the implementation activities. Also, the IFRC recruit adequate national staff to support the operation with the MRCS staff.		

Output 5.2: **Internal audit, investigations and legal advice are conducted/provided with a view to improving accountability.**

Indicators:	**Target**	**Actual**
Number of audits completed	1	1

Narrative description of achievement

Conducted audit for all activities in line with the risk management approach agreed upon for this operation through a Risk Management workshop which took place in Antananarivo 28 and 29 November 2017

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Challenges

- The lack of MRC volunteers (in number and qualifications) to support the activities was a challenge, the importance of properly investing in improving the volunteer management system, selection mechanisms and volunteer policy was highlighted for future operations
- It is important to mention that RC did not have full control of WASH hardware in most of the region because of the lack of rat traps issues relating to vector control
- Due to the current status of affairs of the MRCS, coupled with the challenging financial situation in the country, and the possibility of restrictive interventions by the CICR, the risk associated with MRCS managing the whole operation was considered a significant challenge

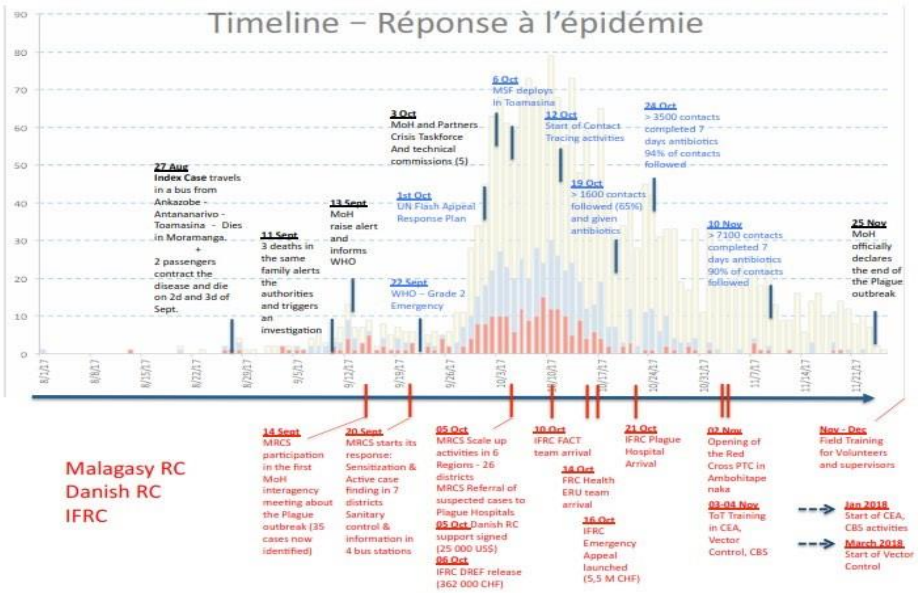
Lessons learned

- ✓ Trained staff which are also adequately supervised has been a key issue since the beginning of the programs;
- ✓ For the Mobile Unit, it was challenging to work with different actors, as the unit needed to adapt the services to their needs and way of working. At the same time, this allowed to demonstrate the high responsiveness, versatility and flexibility of the Mobile Units.
- ✓ Having the right person in the right position changed the dynamics in a very positive way
- ✓ The collaboration with partner national societies and IFRC was fruitful for exchanging ideas and knowledge and sharing experiences
- ✓ Actors such as private, non-governmental and public services can access the accompanied referrals through an online inter-agency referral

Annex 1/2

GENERAL FINDING

Limited intervention period



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

Coordination

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

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

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

Perspective

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

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

Reference documents

Click here for:

- **Previous Appeals and updates**
  http://adore.ifrc.org/Download.aspx?FileId=173459

- **Emergency Plan of Action (EPoA)**
  http://adore.ifrc.org/Download.aspx?FileId=172353

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

In the National Society

• **Malagasy Red Cross:** Dr. Izaka Rabeson Harizaka, Programme Director, Malagasy Red Cross; phone: +261 32 03 221 11; **email: grc-rrc@crmada.org**

In the IFRC Geneva

Antoine Belair, Antoine BELAIR <Antoine.BELAIR@ifrc.org> **In Regional Office for Africa**

- IFRC Regional Office for Africa: Adesh Tripathee, Head of DCPRR, adesh.tripathee@ifrc.org, phone: +254 20 283 5000

- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

- **IFRC Head of Country Cluster Indian Ocean Islands & Djibouti: Youcef Ait Chellouche,** Antananarivo| Madagascar**:** mobile phone: +261327789507**;**email: youcef.aitchellouche@ifrc.org

For IFRC Resource Mobilization and Pledges support:
Franciscah Cherotich KILEL, Senior PRD Office, phone +254 712867699
Franciscah.KILEL@ifrc.org

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

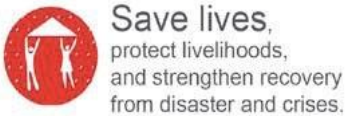
- **Fiona Gatere,** PMER Coordinator, phone: +254 202 835 185
  email: fiona.gatere@ifrc.org

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:



D. Disaster Response Financial Report

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/10-2019/07	Operation	MDRMG013
Budget Timeframe	2017-2019	Budget	APPROVED

Prepared on 30 Aug 2019

All figures are in Swiss Francs (CHF)

MDRMG013 - Madagascar - Plague

Operating Timeframe: 06 Oct 2017 to 30 Apr 2019; appeal launch date: 17 Oct 2017

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,522,970
AOF5 - Water, sanitation and hygiene	149,091
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strenghten National Societies	85,952
SFI2 - Effective international disaster management	253,048
SFI3 - Influence others as leading strategic partners	84,502
SFI4 - Ensure a strong IFRC	95,909
Total Funding Requirements	**2,191,472**
Donor Response* as per 30 Aug 2019	**1,640,010**
Appeal Coverage	**74.84%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	1,339,692	1,284,848	54,844
AOF5 - Water, sanitation and hygiene	32,599	32,599	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	54,760	22,194	32,567
SFI2 - Effective international disaster management	356,024	308,378	47,646
SFI3 - Influence others as leading strategic partners	33,384	36,543	-3,159
SFI4 - Ensure a strong IFRC	179,430	146,656	32,774
Grand Total	**1,995,889**	**1,831,218**	**164,671**

III. Operating Movement & Closing Balance per 2019/07

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,840,671
Expenditure	-1,831,218
Closing Balance	**9,453**
Deferred Income	0
Funds Available	9,453

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	800,000	**Outstanding :**	**200,000**

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/10-2019/07	Operation	MDRMG013
Budget Timeframe	2017-2019	Budget	APPROVED

Prepared on 30 Aug 2019

All figures are in Swiss Francs (CHF)

MDRMG013 - Madagascar - Plague

Operating Timeframe: 06 Oct 2017 to 30 Apr 2019; appeal launch date: 17 Oct 2017

V. Contributions by Donor and Other Income

Opening Balance	**0**

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
American Red Cross	49,231				**49,231**	
BP Foundation	24,421				**24,421**	
British Red Cross	65,588				**65,588**	
CDC Centers for Disease Control and Prevention	73,194				**73,194**	
Danish Red Cross	77,717				**77,717**	
DREF Allocations				200,000	**200,000**	
European Commission - DG ECHO	221,369				**221,369**	
Italian Red Cross	86,639				**86,639**	
Japanese Red Cross Society	87,251				**87,251**	
Red Cross of Monaco	29,938				**29,938**	
Swedish Red Cross	237,006				**237,006**	
The Canadian Red Cross Society (from Canadian Gov	153,310				**153,310**	
The Netherlands Red Cross (from Netherlands Govern	525,007				**525,007**	
Turkish Red Crescent Society	10,000				**10,000**	
Total Contributions and Other Income	**1,640,671**	**0**	**0**	**200,000**	**1,840,671**	***0***
Total Income and Deferred Income					**1,840,671**	*0*