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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
EPoA update n° 2; Date of issue: 6 September 2019	Timeframe covered by this update: 12 February to 12 June 2019
Operation start date: 12 February 2019	Operation timeframe: 9 months
Overall operation budget: CHF 1,999,930	N° of people being assisted: 103,455
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 three 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 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).	

Summary of major revisions made to emergency plan of action:

For phase 1: The plan was to reach 6,000 people and their immediate family members with direct services in the Measles Care Units (MCU's) and 60,000 children with direct vaccination. However, due to the available resources (the emergency appeal is only 33 per cent funded as of June 2019) and accounting the DOH and other agencies responses, PRC has only reached 3,735 patients through the 6 MCUs and vaccinated 16,956 children in the age group of 6 – 59 months.

For phase 2: The initial plan was to reach 200,000 children across 25 chapters, with direct vaccination. However, due to available resources and taking into consideration the DOH and other agencies responses the target and strategy have changed. Through community – based social mobilization, PRC will reach up to 70,000 children, in the age group of 6 – 59 months, to be vaccinated through the DOH's Expanded Program on Immunization (EPI).

Time frame: he activities planned for Phase 2 will be **extended by three months (until 31 December)**. These activities will be transferred to the 2019-2020 Country Office Operational Plan, through the carry over funds earmarked to the measles-related activities. IFRC and PRC will also continue to advocate for longer term support to an Expanded Program on Immunization programme to reduce the impact of outbreaks in the future.

Details of target revisions per output in [annex](#) of this report. The [revised EPoA](#) is available online.

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.

10 May 2019: [Operations Update No.1](#) was published.

Description of the disaster

On 7 February 2019, the DOH declared the first outbreaks of measles in 5 Regions (Region NCR, and Central Luzon Regions III, IV-A, VI, VII). Since then, the number of regions with outbreaks has increased to 17.

Based on the DOH's Measles and Rubella Surveillance Report – for the reporting period 1 January to 29 June 2019 –, there have been 38,602 measles cases reported, with 522 deaths. For the same period last year, there were 10,148 cases and 86 deaths. In the whole year of 2018, there were 21,812 measles cases reported with 202 deaths. The median age of people dying is one year old and the case fatality rate is high, at an average of 1.4 per cent with a range of 0.2 per cent to 2.2 per cent. So far, on average, 20 children are dying per week from measles this year.

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 a nationwide measles vaccination, accompanied by Oral Polio Vaccine (OPV) and Vitamin A distribution, prioritising unvaccinated children between 6 and 59 months; school children from kindergarten to grade 6; and adults who voluntarily wish to be vaccinated against measles.

DOH's latest reporting show the number of cases per week has now returned to below the number of the same period in 2018. This indicates that the epidemic is stabilizing from its most deadly phase. The main priority now should be supporting the government initiatives to ensure at least 95 per cent coverage of population will be provided with measles containing vaccine (MCV) – be it Measles, Mumps and Rubella (MMR) or Measles and Rubella (MR) –, OPV and Vit. A (as proposed by the DOH).

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.

From 10 February up to the 12 June PRC has carried out the following response activities:

- Measles Care Units (MCUs): set up MCUs across six hospitals and treated 3,735 patients and supported their immediate family members.
- Vaccination: PRC teams with more than 2,000 volunteers has vaccinated a total number of 16,956 children, supported by 20 chapters across 21 cities and municipalities. Each vaccination team comprised of one doctor or senior nurse and three vaccinators (who are essentially practicing nurses), 2 recorders, 2 social mobilizer/health promoters and one person responsible for community mobilization and basic logistics. The doctor or the senior nurse was the team leader, who was responsible for quality of the vaccination, refusal management, waste management and ensuring that the adverse effects are well explained to the beneficiaries before the vaccination is administered. He/ She also responsible for overall quality and universal precaution compliance before during and after the vaccination. The team is generally given a two hours orientation at the chapter level by PRC staffs and the nearest health centres' doctors on the dos and don'ts of mass vaccination in an Out-Break Immunization model for through selected beneficiary selection strategy.

See Section C for the latest activities. For PRC activities, the location of MCU's and vaccinations carried out can be accessed [here](#).

According to the latest joint UNICEF-WHO [Situation Report](#), 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).



PRC teams are working closely with local health authorities and going door to door to provide vaccinations. Being part of the community makes it easy for the volunteers to reach out to parents and convince them of the importance of measles vaccinations. (Photo: Susan Cullinan/IFRC)

Overview of Red Cross Red Crescent Movement in-country

PRC is leading the overall response operation. PRC works with the IFRC, ICRC and 8 Partner National Societies in-country: American Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands 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, the focus was on analysis of 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.

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 or 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 compiled commitments from partners who took up the responsibility of monitoring, in particular geographic areas where they are normally active, to ensure that local data is available from a relatively large area. NDRRMC convened the Response Cluster to which member agencies committed their technical, logistical and manpower support to address the outbreak. NDRRMC is coordinating, monitoring and posting regular situation reports.

UNICEF and WHO continue to provide technical, financial and logistics support to DOH in the planning, implementation and monitoring of measles outbreak response activities.

Coordinating with non-RC-RC actors:

UNICEF¹ 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. Other agencies responding are Americares, The International Medical Corps (IMC), The USAID-funded ReachHealth and IOM.

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 met and IFRC are coordinating and sharing information. PRC and IFRC have also participated in surveillance meetings with DOH, WHO, etc.

Needs analysis and scenario planning

Needs analysis

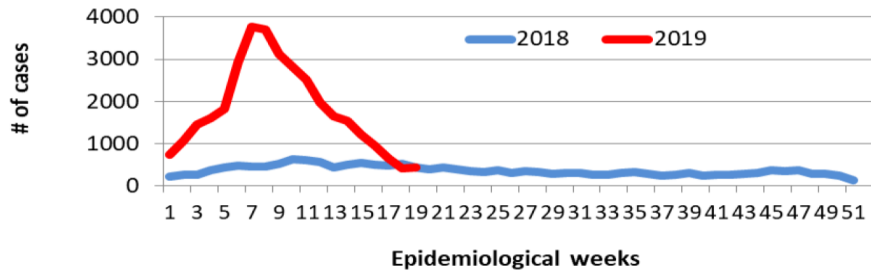
Based on the latest data available from DOH, there are 38,602 cases recorded and 522 deaths. Graphs showing the overall trend of cases and fatalities are shown below detailing the overall trend in the increasing number of cases and deaths in the first three months and thereafter a steady decline in the number of cases and consequently deaths.

	Breakdown of cases and deaths for measles			
	Cases		Deaths	
	2019	2018	2019	2018
	38,602	7,618	522	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%)	

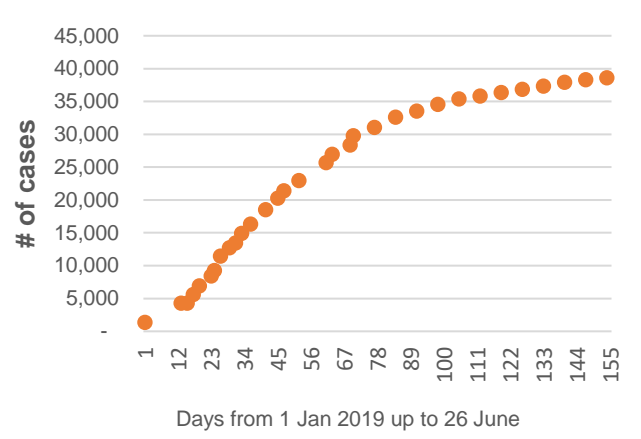
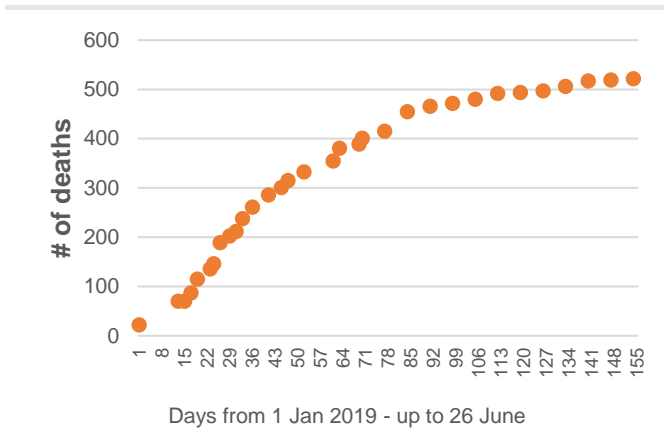
The newly reported measles case in 26th week (23 – 29 June) was 30.48 per cent, lower than in the same time period in 2018. It indicates that the epidemic is stabilizing from the its most deadly phase.

¹ UNICEF-WHO Philippines MEASLES OUTBREAK Situation Report 9

Figure 1. Measles Cases by Week of Rash Onset
1 January 2018-11 May 2019



Source: Philippines Department of Health Measles-Rubella Surveillance Reports 2019



The case fatality rate continues to remain high at an overall average of 1.4 per cent, which ranges from 0.2 to 2.2 per cent, compared to 0.93 per cent for the whole year of 2018.

Among the 17 Regions with outbreaks, the highest caseloads for 2019 for the same period for 2018 are reported in the table (right side).

Region	2018			2019		
	Cases	Deaths	% CFR	Cases	Deaths	% CFR
3	379	6	1.6	6,280	113	1.8
4A	556	6	1.1	7,120	122	1.7
6	145	0	0	2,354	8	0.3
7	212	1	0.5	1,913	11	0.9
8	48	2	4	1,695	38	2.2
10	1095	2	0.2	2,070	16	0.8
NCR	1,316	19	1.4	6,941	114	1.6

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 Sitrep No.11 recorded, up to 8 May 2019, 5,369,746 individuals have been vaccinated against measles and rubella: 3,487,673 aged 6-59 months (92 per cent of the target population of 3,784,099).

Micro plans were developed based on the inputs from all the required counterparts and stakeholders, however, the level of execution of these plans vary across different regions in the country. This has been further exacerbated by different factors such as, poor outreach, poor cold chain management (especially in extreme north and extreme south regions), poor knowledge about the vaccine, poor coordination between the social mobilizers and the vaccinators, refusal and fear of vaccine, poor health seeking behaviour, teen pregnancy etc. 10 chapters have now been prioritised to carry out the Phase 2 of the response.

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.

Proposed strategy

This operations update informs the revision of targets as follows:

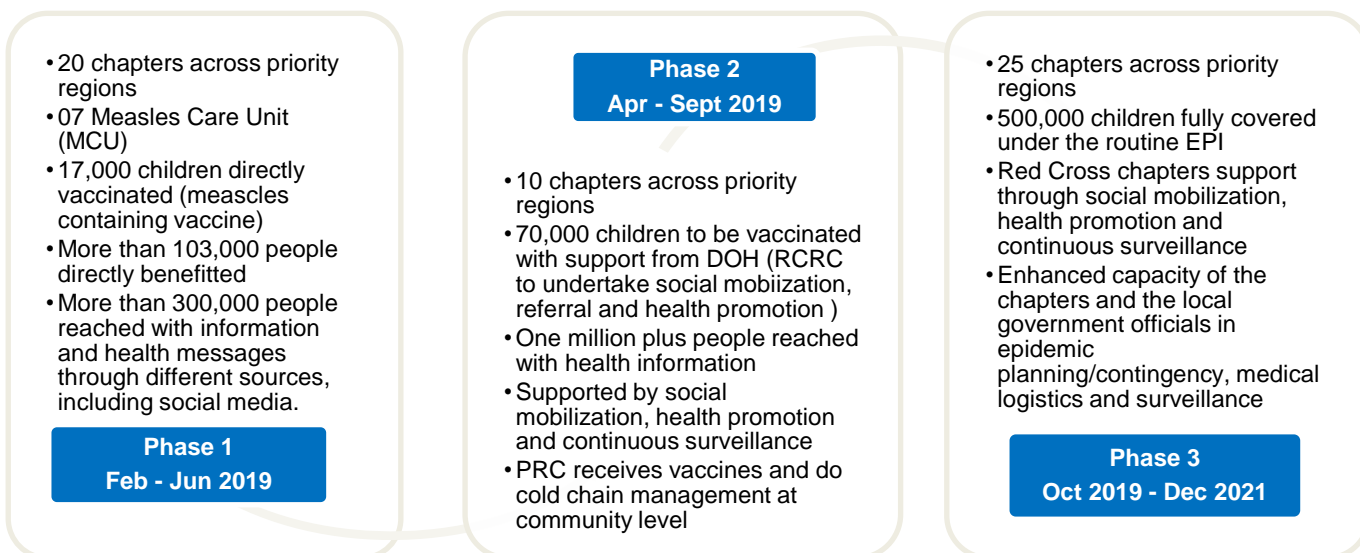
For phase 1: The plan was to reach 6,000 people and their immediate family members with direct services in the MCU's and 60,000 children with direct vaccination. However, due to the available resources and accounting the DOH and other agencies responses, PRC target and activities were reduced.

For phase 2: The initial plan was to reach 200,000 children across 25 chapters, with direct vaccination. However, due to available resources and taking into consideration the DOH and other agencies responses the target and strategy have changed as follows:

- Through community based social mobilization in ten priority chapters, PRC will reach up to 70,000 children and 280,000 of their immediate family members and siblings with information, referral and telemedicine services.
- PRC will support 70,000 children, in the age group of 6 – 59 months, to be vaccinated through the DOH's Expanded Program on Immunization (EPI).
- PRC will focus on remote areas and the dense urban slums where there are gaps in the public health system and a hesitancy towards vaccinations.
- The priority is to support the vaccination through the DOH's EPI; however, PRC might carry out direct vaccinations if needed.

Time frame: The activities planned for Phase 2 will continue beyond the time frame of this appeal (up to 30 September). These activities will be transferred to the 2019-2020 Country Office Operational Plan. There is also a planned that for Phase 3, IFRC and PRC will look at the longer-term issue of the low routine vaccination rates and this will be implemented from October 2019 to December 2021. This Phase three will be incorporated into the IFRC Country Operational plan, in which, CO is now seeking funds for this longer-term Phase.

The overall three phases as summarised in the diagram below:





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

- **Epidemiology:** PRC focuses on community-based surveillance using the established network of trained volunteers and report back to the Operation Centre and local health network. This is 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 is being explored to identify areas of outbreak and trained volunteers validate the same and identify critical cases from the community and ensure accompanied referral to the nearest health institution. This early support in reporting and management of the critical cases lowers mortality.

- **Measles Care Unit (MCU):** PRC set up fully equipped MCUs, at high intake hospitals with welfare desks, water and sanitation and volunteer nursing staff in collaboration with DOH and local government units to ensure quality services.
- **Vaccination campaign:** DOH has requested RCRC support in vaccination efforts, as auxiliary to the government efforts, through mobilization of volunteer nurses, doctors, midwives to immunize children, especially in urban slums and difficult to reach areas. This also involved 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 was supported by sub strategies such as (i) provision of hot meals on wheels for the children and their attendants who brought them to the vaccinators and (ii) 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

 <p>Health People reached: 101,990 Male: 53,034 Female: 48,956</p>		
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	90,600	103,455 ²
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	3,735 ³
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	720	48 ⁴ per day
# of volunteers and staff provided with PPE for protection from measles, while responding	1,000	2,048
Progress towards outcomes		
<p>PRC set up MCU's in six hospitals – five in Metro Manila and one in Rizal Province (adjacent to Metro Manila). This was to support the DOH following the outbreak declaration of measles which caused hospitals to become overwhelmed with patients. Together with DOH, PRC developed an Emergency Medical Unit Measles Response Checklist which stated the minimum assets and staffing requirements necessary to run the MCU's. Operating the MCUs follows the hospital guidelines on clinical management. PRC mobilized at least 2,000 trained volunteers for the vaccination campaign and 48 for the MCU's.</p> <p>In June 2019, all MCUs were dismantled considering the decrease of cases who were admitted in those hospitals. Currently these and other hospitals have the capacity to handle the current caseloads and, as such, all activities related to MCUs are now considered complete.</p>		 <p>PRC volunteers dismantle the MCU set up in Amang Rodriguez Memorial Medical Hospital. (Photo: PRC)</p>

² Number of vaccinated, plus number of patients in MCU including household members.

³ 3,735 patients catered in six MCUs

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

Breakdown of operationalization of MCUs:

No.	Hospital	Location	Bed Capacity	Water Distributed (liters)	Portable Toilets	No. of Patients Catered	Operational Date	Closing Date
1	San Lazaro Hospital	Manila	50	10,000	4	2,636	13-Feb-19	08-Apr-19
2	Philippine General Hospital	Manila	10	5,000	4	12	16-Feb-19	27-Feb-19
3	Cainta Municipal Hospital	Cainta Rizal	20	-	2	123	16-Feb-19	24-May-19
4	Amang Rodriguez Memorial Medical Hospital	Marikina City	40	-	2	447	16-Feb-19	05-Jun-19
5	Quirino Memorial Medical Center	Quezon City	25	5,000	2	371	17-Feb-19	11-Jun-19
6	Rizal Provincial Hospital System Antipolo Annex 1	Antipolo Rizal	15	-	-	146	24-Feb-19	07-Jun-19
Total			110	20,000	14	3,735		

More details of Phase 1 and the emergency vaccination are held in [Operations Update No. 1](#) the emergency vaccination.

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	103,455
# of volunteers mobilized to support measles prevention and management activities in the communities	1,500	2,048 ⁵

Progress towards outcomes

This operation is being implemented in two Phases as follows:

Phase 1:

As part of the initial emergency phase PRC supported the DOH's mass vaccination campaign and were able to vaccinate 16,956 children through 20 chapters across 21 Cities and Municipalities to date. PRC started the emergency vaccination campaign on 16 February in Baseco Compound, Manila City. This is one of the most dense and poorest areas in Metro Manila. This emergency phase of the PRC is now completed.

PRC mobilized a total of at least 2,000 trained volunteers including doctors and nurses. Trained volunteers were also 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.



Prior to mobilization, all volunteers mobilized by PRC are being oriented and trained to bring life saving information and services in the community. (Photo: PRC)

As part of Phase 1, the project reached out to 16,956 children (between age group of 6 – 59 months) and their 67,824 immediate family members with information and hot meals. There were 3,735 patients reached through the MCUs, with their 14,940 immediate attendants and family members with treatment, counselling, hygiene materials, sanitation facility, drinking water etc. This accounted for 103,455 people directly reached in the emergency response phase.

Through the community level health activities and the social media, at least 300,000 people have been reached in the emergency phase. This is a very conservative estimate and the total social media count will be added to the second phase figure, amounting to a total indirect reach of at least 1.2 million for the emergency appeal.

More details of Phase 1 and the emergency vaccination are held in [Operations Update No.1](#)

⁵ Trained volunteer's vaccination campaign plus MCU's.

Phase 2:

PRC organized a Measles Response Updating and Planning Workshop on 10 - 12 April in Manila. A total of 66 people participated from 17 PRC chapters in Batangas, Bulacan, Caloocan, Cebu, Iloilo, Laguna, Leyte, Manila, Marikina, Mindoro Oriental, Nueva Ecija, Pangasinan, Quezon City, Rizal, Tarlac, Western Samar and Zambales as well as colleagues from regional DHH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities.

Through this workshop and subsequent planning, PRC have revised their strategy and target. PRC have identified ten chapters who will roll out Phase 2 of the response (details may be found in Proposed Strategy section).

PRC is developing its capacity and use of telemedicine in this response for mapping, reporting and referral of measles. Some activities are as follows:

- 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 aimed to train health workers to assess high risk signs of measles, and how to use the TeleMedicine 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.
- PRC are developing partnerships with groups of Doctors, e.g. the San Beda College of Medicine.
- PRC finalized the volunteers both from the Doctors and Nurses/Midwives and filled into the DataBase of Telenet Doctor.
- On 7 June, the 2nd session of training was completed, Telenet Doctor Platform is now linked with Doctors and Nurses/Midwives. The training was hosted by the San Beda College of Medicine.
- As a follow up, a 3rd training on Measles TeleMedicine was conducted on 21 June 2019 at the PRC Tower.



Participants during the workshop, organized by PRC, present their Measles Response Updating and Planning during group discussions. (Photo: PRC)

Output 1.4 Epidemic prevention and control measures are carried out

Indicators:	Target	Actual
# of people reached with vaccination for measles	17,000	16,956
# of people reached through direct social mobilization campaign and social media coverage	1,200,000	1,948,890 ⁶
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	112 ⁷

Progress towards outcomes

Phase 1:

The phase of this output for emergency vaccination is now complete. PRC is has started the activities for Phase 2. There were around 2,000 trained volunteers mobilized for the emergency vaccination campaign and 112 chapter-based volunteers who have been reporting to the Operations Centre on measles situation. Details of the vaccinations are in the table below.

The vaccination activity of PRC was 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

⁶ 1,948,890 people reached through social media post (Facebook)

⁷ Chapter Service Representative on health from 21 chapters who are actively engage in mobilization and monitoring of Measles Outbreak Response.

VIII – Eastern Visayas	Northern Samar	71
IX – Zamboanga Peninsula	Zamboanga City	567
CAR	Baguio City	94
Total		16,956

The Government has conducted 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	Reached 6 February to 30 March	Posting
Facebook	1,948,890 people reached	111 posts
Twitter	1,510,687 impressions	158 posts
Total		269 posts

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

The DOH requested PRC's support to reach unvaccinated children. PRC uses its principle of "independence" to support the request. PRC mobilized its wide network of RC 143 volunteers to support the vaccination with DOH. Also, all six hospitals sent official letters to PRC, requesting support with additional wards/units to support the segregation, treatment and recovery of active measles patients. The DOH and the Epidemiological Bureau of the Philippines look up to the PRC for helping them with the community – based information, since the government data are coming from the hospitals, health centres and health stations and the cases, which are not reported at the health institutions remain unreported. PRC received its community-based reports from the network of RC 143 volunteers. The DOH value this data and information, which also give a broad picture and the trend and intensity of the epidemic.

There are illegal urban-settlement areas where the children are not being reached by the Government health system, since they are not registered. Hence, the catch-up campaigns, both for supplementary immunization activities (SIA) and Outbreak Related Immunization (ORI), never reach these areas, compromising the vaccine safety net. PRC targeted some of the dense urban poor areas. PRC also targeted indigenous communities who often feel left out of the safety net due poor health seeking behaviour, lack of follow up and social mobilization. PRC, in the emergency phase, targeted these populations with vaccination services, undertook refusal management activities and ensured that in all communities where PRC undertook vaccination campaigns, they had at least 95 per cent of children in the age group of 06 – 59 months vaccinated for measles.

Output 1.5: Psychosocial support provided to target population

Indicators:	Target	Actual
# of people provided with psychosocial support	15,000	12,371 ⁸
# of volunteers mobilized for PSS	100	12

Progress towards outcomes

PRC set up their Welfare Desks along with the deployment of the MCU's and were able provide PSS and other relevant welfare services to all 3,735 patients. Attendants and caregivers also benefited from the services provided by the Welfare Desks. A total of at least 12 trained volunteers were mobilized to carry out PSS activities. As part of welfare support, hot meals were also provided to the children and attendants who come to be vaccinated during the pilot vaccination in Baseco. Manila. These were provided by the PRC hot meals vans or by the chapter cooking directly. The breakdown of people provided with hot meals is as follows:

Phase 1 of this output is now complete; PRC will continue to provide PSS for Phase 2 to community and volunteers.

More details are held in [Operations Update No.1](#)

⁸ 3,735 patients in the MCUs provided with psychological first aid + 8,636 people provided with hot meals.



Water, sanitation and hygiene

People reached: 18,675

Male: 9,337

Female: 9,338

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	18,675

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 Outputs 1.2 and 1.3.

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	18,675 ⁹

Progress towards outcomes

To provide safe water to the MCU's the PRC WASH Unit installed water facilities (with varying water bladder capacities) to meet the needs of the patients. A total of 20,000 litres of water was distributed, supporting a total of 3,735 patients, their immediate families and staff in the MCUs.

Achievement towards the WASH outcome, and outputs 1.2 and 1.3 are at 62 per cent accomplished against its target. Targets were calculated based on optimum expected needs. However, actual need was less than expected. The same rationale with outputs 1.4 and 1.5.

This output is now complete. More details are held in [Operations Update No.1](#)

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	18,675 ¹⁰

Progress towards outcomes

PRC WASH Unit installed 14 portable toilets in the MCUs. PRC also coordinated the desludging of the toilets with the suppliers.

This output is now complete. More details are held in [Operations Update No.1](#)

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 were mobilized to support all WASH activities in all MCUs.

This output is now complete. More details are held in [Operations Update No.1](#).

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

⁹ 3,735 patients catered in the MCUs plus their attendants and other users

¹⁰ 3,735 patients catered in the MCU plus patients' attendants

Indicators:	Target	Actual
# of people provided with a set of essential hygiene items	6,600	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.		
This output is now complete. More details are held in Operations Update No.1		



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. This includes ensuring the MCU facilities met the basic needs of child patients and their parents.		
Phase 1 of this output is now complete; PRC will continue to provide PSS for Phase 2 to community and volunteers.		
More details are held in Operations Update No.1 .		

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	25
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers insured	1,500	On going
# of volunteers trained	690	On going
Progress towards outcomes		

Through this appeal PRC has been working in 4 chapters for the MCU's and 21 for the vaccination as part of the emergency Phase 1. PRC will work in a further ten chapters for Phase 2. Accounting for overlap in activities this amounts to 25 chapters being supported.

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.

More details of National Society Activities are held in [Operations Update No.1](#). This appeal will continue to support PRC in NSD for health including the telemedicine, pandemic preparedness, capacity development in related areas, etc.

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

	Target	Actual
# of PRC chapters are equipped and supported to actively and efficiently participate in the measles prevention and management campaign 10	10	To be conducted
# of staffs from 10 chapters are equipped and trained to understand direct measles prevention and management activities	600	To be conducted

Progress towards outcomes

600 staff and volunteers will be trained on Epidemic Control for Volunteers toolkit which is planned in August and September 2019.

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	2

Progress towards outcomes

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. A brief CEA strategy focusing on current activities and gaps was developed in coordination with the technical teams of PRC and IFRC CO. Informal discussions with OCHA and WHO were carried out to ensure that CEA mechanism are integrated within Measles operation.

For IFRC country office, technical support has been provided to the National Society to ensure accountability and compliance with regards to the Appeal. IFRC did an orientation among PRC technical staff on the minimum reporting requirements with regards to IFRC Appeals. IFRC finance team have a regular meeting with PRC Finance to ensure 100 per cent compliance with regards to finance standard operating procedures.

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

Indicators:	Target	Actual
# of complaints and feedback received and responded to by the NS	All	To be conducted
% of target population satisfied with level of consultation, information and involvement in the operation	80%	To be conducted
% of target population satisfied with support received (Target: 80%)	80%	To be conducted
% of affected population with awareness of RCRC action in their community (Target: 80%)	80%	To be conducted
% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response	80%	To be conducted

# of staff/volunteers trained to provide clear information to communities during assessments	300	To be conducted
% of the overall beneficiaries joined the client satisfaction survey	5%	To be conducted

Progress towards outcomes

Community engagement and accountability approach has been and will continue to be an important aspect of this response and 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.

More details on output 2.1.3 are held in [Operations Update No.1](#)

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.

More details on output 2.1.4 are held in [Operations Update No.1](#)

Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced

Indicators:	Target	Actual
A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of Government	Yes	Yes

Progress towards outcomes

All PRCs work has been coordinated with DOH and other partners. Phase 2 of the response is also directly in support of the DOH's strategy.

PRC has been closely coordinating the with DOH and the LGU at the chapter levels. The MCU are administered by the local hospital administration for quality and compliance. Whereas, the vaccination sites and the gap profile are jointly decided by the PRC and DOH as part of a joint coordination meeting that is attended by the DOH, Epidemiological Bureau and PRC representatives. For vaccines and cold chain management, PRC worked in close collaboration with the Research Institute on Tropical Medicine (RITM) Philippines and the local government led health stations and hospitals. PRC and the DOH doctors jointly supervised every vaccination drive, led by PRC to ensure compliance and to reduce risk of adverse effect led refusal. Each immunization was preceded by explaining the possible adverse effects and its chances by the health promoters, followed by physical monitoring of the child by the doctor/ senior nurse and filling up and signing of a consent form by the parent guardian of the child.

Up to 8 May 2019, 5,369,746 individuals have been vaccinated against measles and rubella: 3,487,673 aged 6-59 months (92% of the target population of 3,784,099). Extreme differences in coverage are mostly explained by inaccurate population data resulting in unrealistic coverage targets.

Approximately 7,5 million pupils up to 12 years of age remain to be vaccinated once schools are reopening in June. Following the effective implementation of the measles Outbreak Response Immunization (ORI) nation-wide, the DoH will intensify applying its new strategy *Pinaigting na Pagbabakuna*: to close the 'Last Mile' of containing measles outbreaks, and to reach at least 95% coverage of Fully Immunized Children (FIC) in all barangays, including Geographically Isolated and Disadvantaged Areas (GIDAs).

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
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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.	12	275
Progress towards outcomes		
<p>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. There are 275 communications products produced for this operation. See Operations Update No.1 for details.</p> <p>As part of Phase 2 increased communications support will be provided through the IFRC CO communication coordinator.</p>		
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
# of end-term evaluation of the response is undertaken and the findings are shared to a wider audience	1	To be conducted
Progress towards outcomes		
<p>Reporting on the operation has been carried out in accordance with the IFRC Emergency Appeal reporting standards. One operations update has been 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.</p> <p>A final evaluation of the appeal will be carried out to identify challenges, lessons learnt and recommendations.</p>		

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</p>		

partners, as per existing security framework and Movement coordination agreement. Regular information-sharing has been maintained and specific security protocols for each security level.

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.

All staff and volunteers mobilized under this health emergency response were provided with PPE, to protect them against communicable diseases, particularly on measles.

D. BUDGET

Financial report is [attached](#) at the end of the operations update.



Click for:

- [Emergency Plan of Action](#)

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

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For IFRC Resource Mobilization and Pledges support:

- **In IFRC Asia Pacific Regional Office:** Pui Wah Alice Ho, Partnership in Emergencies Coordinator; email: alice.ho@ifrc.org

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

- Siew Hui Liew, PMER Manager; email: siewhui.liew@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 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**.

**Annex 1:
Breakdown of revision on the targets**

Outcome/Output Indicator	Original Outcome/Output Indicator	Original Target	New Target
Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached to lessen immediate risks to the health	266,000	90,600
Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases	# of people provided with support services as part of hospital support and welfare desk.	30,000	18,000
	# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit, Welfare Desks	720	400
	# of volunteers and staffs provided with PPE for protection from measles, while responding	1,000	1,900
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population	# of people reached with community-based disease prevention and health promotion programming	1,200,000	1,000,000
Health Output 1.4: Epidemic prevention and control measures carried out.	# of people reached with vaccination for measles	260,000	17,000
	# of people reached through direct social mobilization campaign and social media coverage	1,200,000	1,000,000
Health Output 1.5: Psychosocial support provided to the target population	# of people provided with psychosocial support	15,000	18,000
WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in temporary hospital support units and welfare desks.	# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context.	30,000	18,000
WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	# of people provided with safe water (according to WHO standards).	30,000	18,000
WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population	# of volunteers involved in hygiene promotion activities.	200	100
	# of people reached with hygiene promotion activities NEW		500
WASH 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	# of people provided with a set of essential hygiene items	6,000	3,600
S1.1: 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	# of PRC chapters that are well functioning	25	25
Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of insured volunteers	1,500	1,500
	# of volunteers trained	990	690
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place	# of PRC chapters are equipped and supported to actively and efficiently participate in the measles prevention and management campaign	25	10
	# of staffs from 10 chapters are equipped and trained to understand direct measles prevention and management activities	1,500	600
Outcome S2.2: The complementarity and strengths of the Movement are enhanced (to be deleted)	Justification: Due to availability of funding, activities under this Outcome will not be covered anymore.		

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/6	Operation	MDRPH032
Budget Timeframe	2019/2-2019/9	Budget	APPROVED

Prepared on 06 Sep 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 06 Sep 2019	599,510
Appeal Coverage	29.98%

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	542,542	192,692	349,851
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	2,876	0	2,876
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	40,472	0	40,472
SFI2 - Effective international disaster management	28,994	6,018	22,976
SFI3 - Influence others as leading strategic partners	42,600	0	42,600
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	657,485	198,710	458,775

III. Operating Movement & Closing Balance per 2019/06

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	599,510
Expenditure	-198,710
Closing Balance	400,800
Deferred Income	0
Funds Available	400,800

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	2019/2-2019/6	Operation	MDRPH032
Budget Timeframe	2019/2-2019/9	Budget	APPROVED

Prepared on 06 Sep 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*)	21,127				21,127		
British Red Cross	130,245				130,245		
China Red Cross, Hong Kong branch	25,312				25,312		
Japanese Red Cross Society	90,380				90,380		
Red Cross of Monaco	16,834				16,834		
The Canadian Red Cross Society (from Canadian Gov	67,422				67,422		
The Netherlands Red Cross (from Netherlands Govern	218,191				218,191		
Turkish Red Crescent Society	30,000				30,000		
Total Contributions and Other Income	599,510	0	0	0	599,510	0	
Total Income and Deferred Income					599,510	0	