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Operation Update Report Philippines: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPH032	GLIDE n° EP-2019-000023-PHL
EPoA update n° 4; Date of issue: 30 January 2020	Timeframe covered by this update: 12 February to 12 November 2019
Operation start date: 12 February 2019	Operation timeframe: 22 months (extended from 31 December 2019 to 31 December 2020)
Funding requirements: CHF 657,524	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:

This operations update informs the extension of the measles plan of action from 10 to 22 months, which now ends on 31 December 2020. The Revised Emergency Plan of Action for Measles Outbreak operation can be accessed [here](#). The Phase 2 of the project is supposed to start during third quarter of the year. However, measles related activities were overtaken with polio activities, following Government's declaration of National Polio Outbreak on 19 September 2019. Based on the current response to Polio activities, Phase 2 activities for Measles operation is expected to commence in from mid-March 2020 onwards.

This project is now within a broader "Re-emergence of vaccine preventable diseases" Emergency Appeal, which encompasses the response phase to measles and polio, enhanced vaccination coverage, and outbreak, epidemic and pandemic preparedness under a holistic integrated approach.

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.
- 6 September 2019:** Revised [Emergency Plan of Action](#) and [Operations Update No.2](#) are published.
- 15 November 2019:** [Revised Emergency Appeal](#); seeking a total amount of CHF2.7 million as part of an integrated approach to address the re-emergence of vaccine preventable diseases in the Philippines, namely polio and measles.

Description of the disaster

On 7 February 2019, the DOH declared the first outbreaks of measles in five 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 22 November 2019 –, there have been 43,214 measles cases reported, with 570 deaths. For the same period last year, there were 17,630 cases and 162 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 at an average of 1.3 per cent.

To address the outbreak, the DOH mounted another round of supplemental immunization program, targeting 3.8 million children aged six 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 six to 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 the 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 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

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Philippine Red Cross conducted **community based measles control program** thru outbreak response immunization



17,000 children vaccinated

Delivered key messages on measles prevention, measles warning signs, measles vaccination and caring practices thru its community health volunteers.

2

In 2018, the measles vaccination coverage in the Philippines was very low at 40%.



At the height of the measles outbreak, government hospitals are over burdened.



3

Philippine Red Cross Measles Outbreak Response 2019

Objectives
To prevent the further spread of Measles by employing interventions targetting vaccine hesitancy, increasing vaccine coverage, information dissemination, care and support.



Scope of Intervention



Decongest hospitals



Vaccinate the unvaccinated



Educate the community

Supported by:  International Federation of Red Cross and Red Crescent Societies

4

Philippine Red Cross assisted **6 government hospitals** thru its measles care units.



Catered **3,700 patients**.



MEASLES CARE UNIT

IEC materials developed and disseminated to the community by PRC. (Photo: PRC)

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](#).

Overview of Red Cross Red Crescent Movement in-country

PRC is leading the overall response operation. PRC works with the IFRC, ICRC and 7 Partner National Societies in-country: American Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands Red Cross and Spanish Red Cross.

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 reported 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 2019. Other agencies involved in the response have been 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

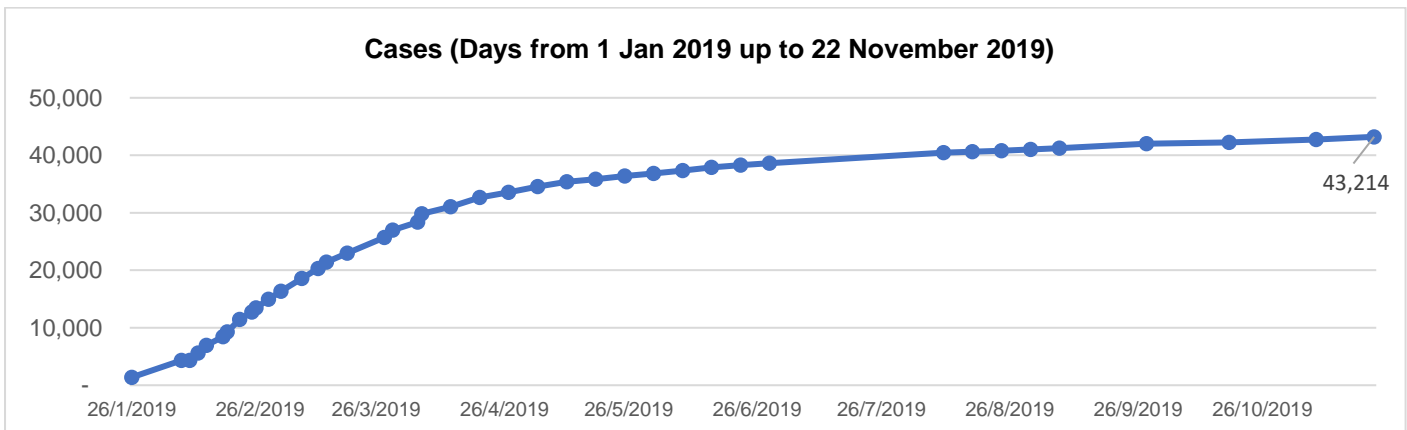
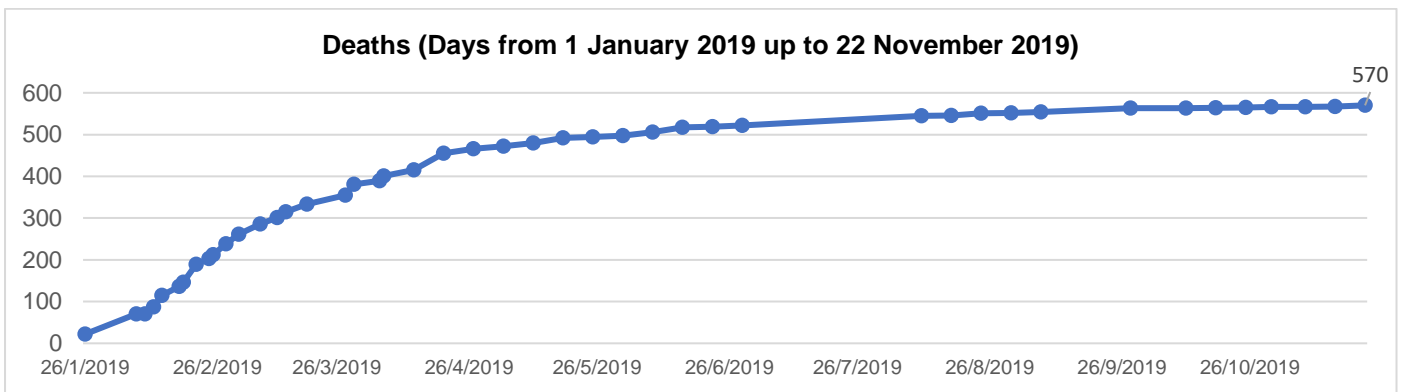
	Breakdown of cases and deaths for measles			
	Cases		Deaths	
	2019	2018	2019	2018
	43,214	17,630	570	162
Case Fatality Rate	1.39 % (0.85%)			

¹ UNICEF-WHO Philippines MEASLES OUTBREAK Situation Report 9

Age	<1 month to 88 years	<1 month to 77 years
Median age	3 years old	1 year old
1-4 years	26%	40%
<9 months	26%	41%
Female	47%	43%
Male	53%	57%
Not vaccinated	58% (<6 months old 18%, > 6months old 81%)	78% (< 6 months 25%, > 6 months 75%)

Needs analysis

Based on the latest data available from DOH, there are 43,214 cases recorded and 570 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.



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.

The case fatality rate continues to remain high at an overall average of 1.3 per cent, which ranges from 0.2 to 2.2 per cent, compared to 0.9 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	865	16	1.8	6,590	117	1.8
4A	1,611	20	1.2	7,782	127	1.8
4B	58	0	0	2,126	25	1.2
6	559	3	0.5	2,632	12	0.5
7	309	1	0.3	2,057	14	0.7
10	1,477	3	0.2	2,322	17	0.7
NCR	2,777	40	1.4	7,365	118	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 six 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.

According to the latest joint UNICEF-WHO [Situation Report](#), 5,369,746 individuals have been vaccinated against measles and rubella; 3,487,673 aged six to 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 vial opening, 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.

Trends related to vaccine preventable diseases

- Measles outbreak is an indication that the country's immunization program has not met its goals.
- As of 29 June 2019, there were 92 cases of Diphtheria with 24 deaths (CFR at 26 per cent).
- Zoonotic and vector borne diseases are at a record high (as of 17 September 2019: Dengue cases – 229,736/ 958 deaths, Leptospirosis – 1181/ 131 deaths).
- There are other cases of other diseases that increase vulnerability and make the situation complex such as: (i) human immunodeficiency viruses has 31 new cases every day, (ii) tuberculosis has 28,000 deaths and 260,000 incidents a year) and (iii) malnutrition (especially stunting – 33% children below 5 years, are stunted).
- On 19 September 2019, the Department of Health (DOH) confirmed the re-emergence of polio in the Philippines and declared a national polio outbreak. This has resulted in the prioritization by DOH with support from PRC on emergency rounds of vaccinations against polio.
- Vaccine preventable diseases will have huge burden on the public health expenditure of the country.

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:

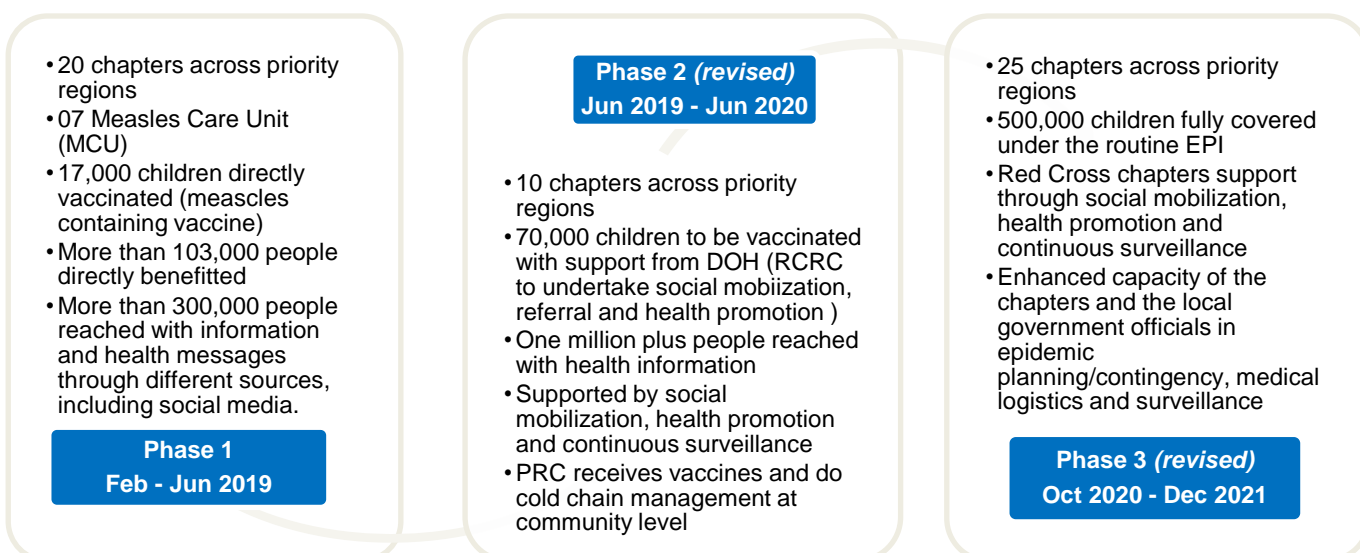
For phase 1: The plan was to reach 6,000 people and their immediate family members with direct services in the MCU's and 60,000 children with direct vaccination. However, due to the available resources and accounting the DOH and other agencies responses, PRC target and activities were reduced.

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 now continue until 30 June 2020). Phase 2 has been delayed due to the prioritization of the DOH with support from PRC on the response to the polio outbreak in September 2019, and is not expected to commence until mid-March 2020. There is also a plan 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 2020 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: 103,455 Male: 51,727 Female: 51,728</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

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

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	18,000	18,675 ³
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	400	48 ⁴ per day
# of volunteers and staff provided with PPE for protection from measles, while responding	1,900	2,048

Progress towards outcomes

Phase 1 through the MCUs

PRC has completed the Phase 1. The MCU's set-up in six hospitals were able to cater 3,735 patients. Operationalization of MCUs were completed in June. Each MCU is assigned a team composed of one volunteer nurse three health volunteers supporting the hospital staff in providing basic health care services to the patients admitted in the MCUs. Each MCU has team of staff with a minimum of four members per shift (am and pm).



Dave Guinobatas grandmother had insisted that her daughter, 24-year-old, Delijoy Barca, not vaccinate her grandson, because she was afraid the vaccine might cause him harm. Many patients who are affected by this disease are young children, like Dave., and the 10-month-old became an unsuspecting victim of this unfortunate attitude himself after arriving at the San Lazaro Hospital with an obvious rash but no fever. Dave and his mother are shown above in one of the Measles Care Units set up by the Philippine Red Cross. Six tent MCUs were erected at hospitals around Manila in order to care for ill patients, while limiting the spread of disease by isolating these patients from the general hospital population. The majority of the MCU's 2685 beneficiaries as of March 18th were unvaccinated young children and babies and their parents. Many people, like Dave's grandmother, do not know enough about vaccinations and are hesitant to allow their children or grandchildren to receive standard immunizations. Holding her 10-month-old son in the Red Cross Measles Care Unit at San Lazaro Hospital, 24-year-old Delijoy stated, "I'm very worried for my baby. My mother insisted I should not get him vaccinated because she was scared about the vaccine, but now I think it's very important. I am going to encourage all mothers to vaccinate their children."

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

³ 3,735 patients catered in six MCUs including household members

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

Indicators:	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	1,000,000	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 through emergency vaccination

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 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.



In support to the government's effort to do a nationwide vaccination activity, PRC was able to vaccinate 16,956 children through its 20 chapters across 21 cities and municipalities. (Photo: PRC/IFRC)

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.

Phase 2

PRC organized a Measles Response Updating and Planning Workshop on 10 - 12 April 2019 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: Bulacan, Olongapo, and Zambales in Central Luzon; Caloocan, Manila, Marikina and Quezon City in Metro Manila; Batangas and Rizal in South Luzon; and Cebu in Visayas.

PRC is developing its capacity and use of telemedicine – a remote diagnosis and treatment of patients by means of telecommunications technology – in this response for mapping, reporting and referral of measles.

As mentioned, Phase 2 has been delayed and will be implemented from mid-March 2020 onwards.

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	1,000,000	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

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

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.

Phase 1 through emergency vaccination:

The phase of this output for emergency vaccination is now complete. 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
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. Through the community level health activities and the social media, at least 1.9 million people have been reached with health messages in the emergency phase.

Phase 2

On 4 – 5 September, a Measles Project Planning and Orientation Meeting was organized for the 10 chapters. It was then followed by the Training of Trainers on Epidemic Control for Volunteers on 24 – 26 September 2019. The training aimed to contribute in the reduction of morbidity and mortality related to public health emergency including disease outbreak, through capacity building of PRC staff and chapter-based volunteers.

Chapter level roll-out for the Phase 2 activities for measles was overtaken by the synchronized polio vaccination activity. Hence, activities for the measles is being delayed. Full implementation of Phase 2 is projected from mid-March 2020 onwards



PRC conducted a training of trainers for Epidemic control for volunteers who will be mobilized for the Measles Prevention Micro-Intervention – Bring Back Compliance to Vaccines. (Photo: PRC/IFRC)

Output 1.5: Psychosocial support provided to target population

Indicators:	Target	Actual
# of people provided with psychosocial support	18,000	18,675 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.

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 including household members



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

Indicator:	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.		
Indicator:	Target	Actual
# of assessments/monitoring visits undertaken	3	6
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		
Indicator:	Target	Actual
# of people provided with safe water (according to WHO standards)	30,000	18,675 ⁹
Output 1.3 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicator:	Target	Actual
# of people with access to adequate sanitation facility	9,000	18,675 ¹⁰
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
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		
Indicator:	Target	Actual
# of people provided with a set of essential hygiene items	6,600	1,160
Progress towards outcome and outputs		
All activities related to WASH outputs, as an integral component in the mobilization of MCUs have been completed. More details are held in Operations Update No.1 and Operations Update No. 2.		



Protection, Gender and Inclusion

People reached: 103,455

Male: 51,727

Female: 51,728

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	Yes

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

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
<i>PRC ensures improved equitable access to basic services, considering different needs based on gender and other diversity factors</i>	Yes	Yes
<i># of staff and volunteers mobilized to support PGI activities</i>	90	Ongoing
<i># of staff and volunteers trained for PGI activities</i>	90	Ongoing
Progress towards outcomes		
<p>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.</p> <p>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.</p> <p>Phase 1 of this output is now complete. More details are held in Operations Update No.1.</p> <p>For Phase 2, PRC will do a PGI orientation to chapters.</p>		

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
<i># of NS branches that are well functioning</i>	25	25
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
<i># of volunteers insured</i>	1,500	Ongoing
<i># of volunteers trained</i>	690	Ongoing
Progress towards outcomes		
<p>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.</p> <p>So far, more than 2,000 trained 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.</p>		
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
<i># of PRC chapters are equipped and supported to actively and efficiently participate in the measles prevention and management campaign 10</i>	10	To be conducted
<i># of staffs from 10 chapters are equipped and trained to understand direct measles prevention and management activities</i>	600	To be conducted
Progress towards outcomes		
<p>Originally, a 600 staff and volunteers are supposed to be trained on Epidemic Control for Volunteers (ECV) toolkit between August and September 2019. However, it was overtaken with the Polio activities following the National Polio Outbreak declaration on 19 September 2019. Training for ECV is now targeted in March and April 2020.</p>		

International Disaster Response

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

Indicators:	Target	Actual
<i>Effective and coordinated international disaster response ensured.</i>	Yes	Yes

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

Indicators:	Target	Actual
<i># of RDRT member deployed in the country</i>	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
<i>% of target population satisfied with level of consultation, information and involvement in the operation</i>	80%	On going
<i>% of target population satisfied with support received</i>	80%	On going
<i>% of affected population with awareness of RCRC action in their community</i>	80%	On going
<i>% of targeted population satisfied that they have access to information, feedback mechanisms and can influence the programme/response</i>	80%	On going
<i># of staff/volunteers trained to provide clear information to communities during assessments</i>	300	On going
<i>% of the overall beneficiaries joined the client satisfaction survey</i>	5%	On going

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
<i>Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements</i>	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.

APRO Operational Logistics, Procurement and Supply Chain Management (OLPSCM) and has supported the procurement of 10 multipurpose tents. Three laptops were also procured internationally through the OLPSCM.

IFRC logistics team supported the printing activity of 34,000 copies of IEC materials which was used for distribution during the vaccination activity in all target barangays within National Capital. It also supported with the procurement one-unit vaccine refrigerator to be used as measles' vaccine storage; 13 units of laptop, 54 units of tablet, 12 units of

printer and 2 units of camera. Additionally, IFRC CO Logistics team supported NS with extending fleet support and procurement support to organize trainings, workshops, etc.

In-country logistics will be supporting the procurement of 200 cot beds.

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

Indicators:	Target	Actual
<i>A coordinated and strategic response plan according to humanitarian minimum standards is adopted by actors in support of Government</i>	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 27 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). 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.

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
<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues.</i>	Yes	Yes

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

Indicators:	Target	Actual
<i># and type of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation.</i>	12	275

Progress towards outcomes

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.

As part of Phase 2 increased communications support will be provided through the IFRC CO communication coordinator. PRC and IFRC communications will produce materials featuring efforts to respond to the measles outbreak for social media and e-newsletter to bring the topic back.

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
Progress towards outcomes
See previous operations update for details on SFI 4 – “Effective, credible and accountable IFRC”.

D. BUDGET

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



Click for:

- [Revised Emergency Plan of Action – Measles outbreak](#)

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For IFRC Resource Mobilization and Pledges support:

- Alice Ho, partnership in emergencies coordinator; email: PartnershipsEA.AP@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**.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/11	Operation	MDRPH032
Budget Timeframe	2019/2-2020/12	Budget	APPROVED

Prepared on 03 Feb 2020

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; appeal launch date: 06 Mar 2019

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	1,700,000
AOF5 - Water, sanitation and hygiene	500,000
AOF6 - Protection, Gender & Inclusion	25,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	60,000
SFI2 - Effective international disaster management	385,833
SFI3 - Influence others as leading strategic partners	29,167
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	2,700,000
Donor Response* as per 03 Feb 2020	846,734
Appeal Coverage	31.36%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	25,422	0	25,422
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	1,083,506	352,641	730,864
AOF5 - Water, sanitation and hygiene	46,782	25,341	21,442
AOF6 - Protection, Gender & Inclusion	10,486	25	10,461
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	16,575	8,473	8,102
SFI2 - Effective international disaster management	15,673	6,826	8,848
SFI3 - Influence others as leading strategic partners	6,390	0	6,390
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	1,204,833	393,305	811,528

III. Operating Movement & Closing Balance per 2019/11

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	654,217
Expenditure	-393,305
Closing Balance	260,912
Deferred Income	0
Funds Available	260,912

IV. DREF Loan

* not included in Donor Response	Loan :	517,719	Reimbursed :	181,417	Outstanding :	336,302
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/11	Operation	MDRPH032
Budget Timeframe	2019/2-2020/12	Budget	APPROVED

Prepared on 03 Feb 2020

All figures are in Swiss Francs (CHF)

MDRPH032 - Philippines - Re-emergence of vaccine preventable

Operating Timeframe: 12 Feb 2019 to 31 Dec 2020; 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		
Finnish Red Cross	54,707				54,707		
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	654,217	0	0	0	654,217	0	
Total Income and Deferred Income					654,217	0	