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# Operations Update

## Philippines: Re-emergence of vaccine preventable diseases – Measles outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n° MDRPH032</b>	<b>GLIDE n° <a href="#">EP-2019-000023-PHL</a></b>
<b>EPoA 12-month update</b> <b>Date of issue:</b> 12 March 2020	<b>Timeframe covered by this update:</b> 12 February 2019 to 12 February 2020
<b>Operation start date:</b> 12 February 2019	<b>Operation timeframe:</b> 22 months (extended from 31 December 2019 to 31 December 2020)
<b>Funding requirements:</b> CHF 657,524	<b>N° of people being assisted:</b> 103,455
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> 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.	
<b>Other partner organizations actively involved in the operation:</b> 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).	

## 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.
- 2 April 2019:** IFRC [Emergency Plan of Action](#) was published.
- 10 May 2019:** [Operations Update No. 1](#) was published.
- 6 September 2019:** Revised [Emergency Plan of Action](#) and [Operations Update No. 2](#) were published.
- 13 November 2019:** [Revised Emergency Appeal](#) was published, 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 measles and polio.
- 30 January 2020:** [Revised Emergency Plan of Action 2](#) seeking an amount of CHF 657,524 and extending the timeframe for the measles outbreak plan of action until 31 December 2020 and [Operations Update No. 4](#) were published

*As a reminder, 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. The measles plan of action was extended 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 was planned to start during third quarter of the year. However, measles related activities were overtaken with polio activities, following the government’s declaration of national polio outbreak on 19 September 2019. Based on the current response to polio activities, Phase 2 activities for the measles operation is expected to start from mid-March 2020.*

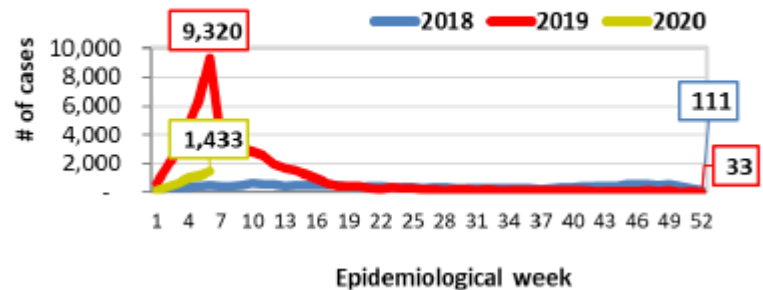
## Description of the disaster

The number of measles cases has increased in the Philippines in recent years, with a dramatic increase in cases across the country in late 2018. On 7 February 2019, the Philippines' Department of Health (DOH) reported outbreaks of measles in five Regions, namely the National Capital Region, Central Luzon (III), CALABARZON (IV-A), Western Visayas (VI) and Central Visayas (VII). In the following weeks, the outbreaks reached 17 Regions. [See maps.](#)

Based on the DOH's Measles and Rubella Surveillance report and WHO Epidemiological Overview 2020, between 1 January and 31 December 2019, a total of 47,871 cases of measles, including 632 deaths, were recorded, with a case fatality rate (CFR) of 2.6 per cent. Most cases were recorded in the first three months of 2019. For the year 2018, there had been 20,827 cases reported with 199 deaths. So far, for 2020, between 1 January and 1 February, 1,189 cases and 10 deaths have been reported. The reported cases in January 2020 were approximately 82 per cent lower compared to the same period in 2019; the median age of people dying is two-years old and the case fatality rate at an average of 0.8 per cent.

### Measles Cases by Week of Rash Onset

1 January 2018-8 February 2020

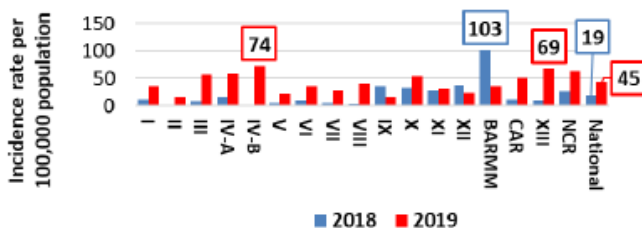


Source: WHO, Philippines Epidemiological Overview 2020, 24 February 2020

Between January 2018 and December 2019, measles outbreaks developed differently between affected regions, according to the incidence rates and case fatality rates shown in the following two charts provided by WHO (24 Feb 2020).

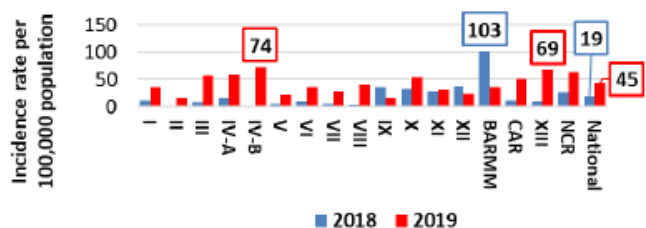
### Measles Incidence per 100,000 Population by Region

1 January 2018-31 December 2019



### Measles Incidence per 100,000 Population by Region

1 January 2018-31 December 2019



Source: WHO, Philippines Epidemiological Overview 2020, 24 February 2020

Poor immunization coverage is widely recognized by health specialists as the root cause of the measles outbreaks. Prior to the outbreaks, children fully immunized against the measles vaccine have reportedly gone from 91 per cent to less than 40 per cent in the past five years. It was estimated in 2018 that 3.7 million children under the age of five were susceptible to measles infection. The highly contagious nature of the disease and the low vaccination rate by international standards resulted in multiple outbreaks. Dense, urban, poor environments and the refusal to vaccination exacerbated the situation favoring the rapid spread of the disease.

To cope with the outbreaks, the DOH implemented an immunization program, targeting 3.7 million children aged 6 to 59 months. DOH has published guidelines and led a national measles vaccination campaign, including oral polio vaccine (OPV) and vitamin A distribution, prioritizing unvaccinated children aged 6 to 59 months; schoolchildren from kindergarten to grade 6; and adults who voluntarily wish to be vaccinated against measles.

As the graph above shows, the peak of the outbreaks occurred in January-February 2019, with the highest number of weekly cases recorded in the first four months of the year. The latest [DOH](#) Measles and Rubella Surveillance report, released on 14 February 2020, shows that the number of cases per week is now lower than that for the same period in 2019. This indicates that the epidemic has stabilized since its deadliest phase. The main priority for the government initiatives to prevent preventable diseases is now to ensure that at least 95 per cent of the population is provided with measles containing vaccine (MCV), be it Measles, Mumps and Rubella (MMR) or Measles and Rubella (MR), OPV and Vitamin A (as proposed by the DOH).

The high number of measles cases has strained the existing public health system. As an auxiliary to the public authorities, PRC was invited to support the DOH in its response to the epidemics. Supported by the IFRC Emergency Appeal, the PRC has given priority to three response mechanisms: (i) support to the hospitals that are overcrowded, (ii)

support to the DOH's Outbreak Response Immunization campaign to vaccinate the 3.7 million children who have never been vaccinated with Measles Containing Vaccine, and (iii) ensure social mobilization and awareness.

## Summary of current response

The PRC response is divided into [three phases](#) on this operation. From 10 February to September 2019, PRC mainly conducted the following response activities:

- Measles Care Units (MCUs): PRC set up seven MCUs in six hospitals, treated 3,735 patients and cared for their immediate family members.
- Vaccination: PRC teams with more than 2,000 volunteers vaccinated a total number of 16,956 children, supported by 20 chapters in 21 cities and municipalities. These were undertaken in coordination with the DOH who provided vaccinations and cold chain management as well as one roving field doctor to support senior health personnel from PRC and oversee the administration of the vaccines, in accordance with DOH protocols for vaccine management.
- Training: Training of Trainers (ToT) on epidemic control for volunteers (ECV) and the immunization compliance module.
- Accountability: Throughout the response, the PRC's Operations Centre (OpCen) has been collecting and collating all data on measles cases and the current response, and published regular updates.
- Section C and the [PRC platform](#) present more details on activities carried out, the places of vaccinations and MCUs.

Phase 1, which focused on setting up measles care units (MCUs), conducting direct vaccination, and WASH activities, ended in September 2019. Phases 2 and 3 aim to support government routine immunization activities, ensuring continuity of measles prevention. The Phase 2 of the project was planned to start during third quarter of the year. However, measles related activities were overtaken with polio activities, following the government's declaration of national polio outbreak on 19 September 2019. Based on the current response to polio activities, Phase 2 activities for the measles operation is expected to start from mid-March 2020. At the same time, the PRC is also responding to multiple operations both health emergencies ([Dengue](#), [Polio](#) and [COVID-19](#)) and health in emergencies ([Batanes Earthquake](#), [Mindanao Earthquake](#), [Typhoon Kammuri](#), [Typhoon Phanfone](#), [Taal Volcano](#)). This resulted in a prioritization of activities with resulting delays. Phase 2 activities for measles operation are expected to start from mid-March 2020.

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

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

The Netherlands Red Cross supports the appeal through remote data analysis. In Phase 1 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 Phase 2 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 (CO) is supporting PRC in disseminating updates to Movement partners with in-country presence and coordinating with the Asia Pacific Regional Office (APRO) in Kuala Lumpur, Malaysia 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-Red Cross Red Crescent actors in country

#### *Coordinating with the authorities*

As an auxiliary to public authorities, the PRC maintains close relations with government agencies through its participation or collaboration with the DOH. Through the chapters, the PRC engages with local health authorities at the provincial, municipal and barangay (village) levels.

DOH activated its incident command structures at regional level, to facilitate coordination with local government units (LGUs) and health facilities. The DOH Health Emergency Management Bureau compiled commitments from partners who have assumed responsibility for surveillance, particularly in geographic areas where they are normally active, to ensure that local data are available from a relatively large area. UNICEF and WHO continue to provide technical, financial and logistical support to DOH in planning, implementation and monitoring activities to respond to measles outbreaks. The NDRRMC convened the Response Cluster to which the member agencies committed their technical, logistical and human support to deal with the outbreaks. The NDRRMC coordinates, monitors and publishes regular status reports.

## Coordinating with non-Red Cross Red Crescent actors

The PRC coordinated mainly with the UNICEF, Americares, the International Medical Corps (IMC), the USAID-funded Reach Health, IOM and WHO.

## Inter-agency coordination

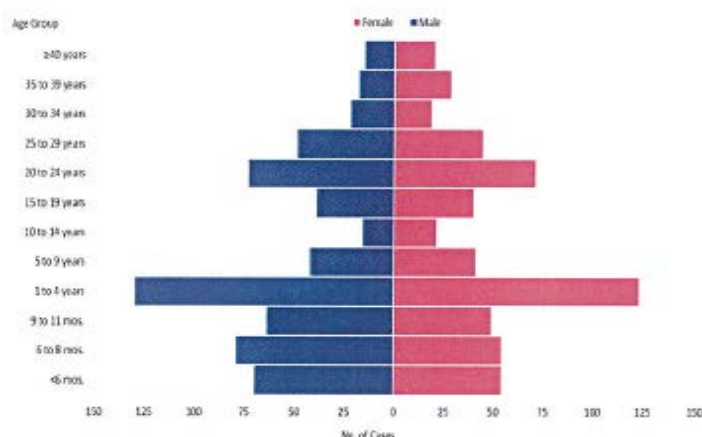
At country level, PRC and IFRC are observers to, and participate in, meetings of the HCT and Inter Cluster Coordination held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC 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 entities such as the DOH and WHO.

Currently, the PRC and the IFRC are working closely with DOH, WHO and UNICEF to plan a conference on vaccine-preventable diseases in the Philippines entitled 'Answer to Outbreak Summit' to examine the root causes of the low coverage, the low efficacy of the vaccine and the role of the different partners in ensuring adequate individual resilience and collective immunity in the Philippines. The same forum will also serve as a platform to highlight lessons learned from the response to measles outbreaks and review plans to secure collective immunity and address the root causes of poor coverage and low effectiveness.

## Needs analysis and scenario planning

### Needs analysis

In 2019 for the whole year, 47,871 cases of measles, including 632 deaths, were recorded. Based on the latest available DOH data, from January 1 to February 1, 2020, there have been 1,189 measles cases with 10 deaths recorded. The cases reported of measles for week 5 (MW 5) are 82 per cent lower than the same period in 2019 when, at its peak, the measles epidemic had made 6,513 cases. The weekly measles cases chart [above](#) showing the overall trend in cases and deaths indicates a continuing overall trend in the increasing number of cases and deaths in the first three months of 2019, then a steady decline in the number of cases and deaths. However, although their frequency is reduced, measles continues to claim lives, mainly children below the age of four.



Age group	No. of cases	% of cases
<b>Total</b>	<b>1,189</b>	<b>100</b>
≥40 years	35	3
35 to 39 years	46	4
30 to 34 years	40	3
25 to 29 years	93	8
20 to 24 years	144	12
15 to 19 years	79	7
10 to 14 years	37	3
5 to 9 years	83	7
1 to 4 years	253	21
9 to 11 months	113	10
6 to 8 months	133	11
≤6 months	124	10
No data	9	1

**Source:** DOH, Measles-Rubella Surveillance Report, 14 February 2020

The age range of measles cases reported as of 14 February 2020 is less than a year to 78 years of age, with a median of four years. Of this total, 21 per cent were one to four years old while 31 per cent were less than one year old. For those who have died from measles, they range from less than a year to 30 years, with a median age of two years. Of this total, 50 per cent are between one and four years old. Both male and female are equally affected. Of those who died, 80 per cent had not been vaccinated, the rest have an unknown vaccination status (10 per cent) or unknown number of doses received (10 per cent).

When comparing the case fatality rate (CFR) for the same period (MW 1-5) in 2019 and 2020 and by regions, the decrease in measles cases, deaths and CFRs is notable with an overall CFR of 0.8 per cent for 2020 compared to 2.6 per cent for the same period in 2019, when the outbreak was at its peak. The epidemic has stabilized since its deadliest phase for several months although the transmission of measles is still underway in several regions. The development of outbreaks in several densely populated urban areas can promote the rapid spread of the disease. In addition, the risk is high in remote areas where public health services and immunization coverage are low.

Region	2019			2020		
	Cases	Deaths	CFR	Cases	Deaths	CFR
<b>Philippines</b>	<b>6,513</b>	<b>168</b>	<b>2.6</b>	<b>1,189</b>	<b>10</b>	<b>0.8</b>
I	240	7	2.9	32	0	0
II	24	0	0	5	0	0
III	950	32	3.4	49	1	2.0

IV-A CALABARZON	1,526	41	2.7	89	0	0
IV-B MIMAROPA	218	3	1.4	96	0	0
V	97	4	4.1	14	0	0
VI	286	3	1.0	48	0	0
VII	167	4	2.4	22	0	0

VIII	232	12	5.2	31	0	0
IX	49	0	0	68	1	1.5
X	277	3	1.1	171	3	1.8
XI	108	2	1.9	199	2	1.0
XII	134	1	1	100	2	2.0
ARMM	194	4	2.1	68	1	1.5
CAR	129	0	0	56	0	0
CARAGA	79	0	0	47	0	0
NCR	1,803	52	2.9	94	0	0

**Source:** DOH, Measles-Rubella Surveillance Report, 14 February 2020

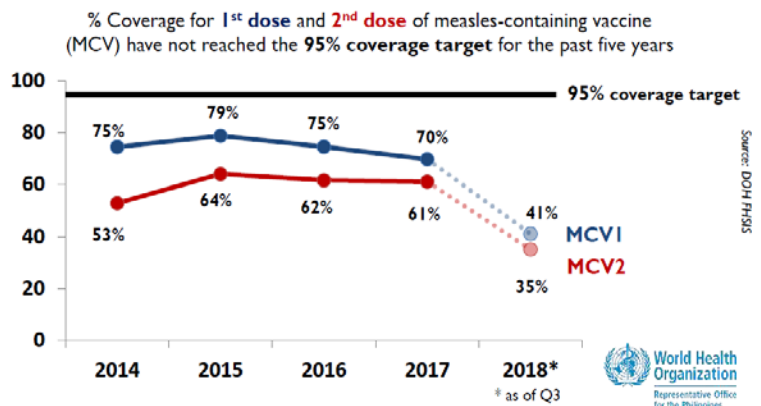
The DOH requested support from the PRC to reach unvaccinated children. The PRC mobilized its large network of RC143 volunteers to support DOH vaccination. In addition, the six hospitals sent official letters to the PRC, requesting support with additional wards/units to support segregation, treatment and

As a result, catch-up campaigns for both supplementary immunization activities (SIA) and outbreak-related immunization (ORI) never reach these areas, compromising the vaccine safety net. The PRC has targeted some of the densest urban poor areas. The PRC also targeted indigenous communities who are often left out of the safety net due to poor health seeking behaviour, lack of follow-up and social mobilization. In the emergency phase, the PRC targeted these populations with vaccination services, undertook refusal management activities and ensured that in all communities where PRC undertook vaccination campaigns, at least 95 per cent of children between the age of 6 and 59 months are vaccinated against measles.

**Other associated illnesses:** Many children have been reported to have died from complications from measles such as pneumonia, often due to late referrals. Malnutrition is another risk factor for complications, including death. Lack of nutrition is also one of the main factors, why some are more likely to develop complications from measles.

**Low immunization rate:** The Philippines has experienced a drop in the vaccination rate for the first dose of measles vaccine in several years: 80 per cent in 2008 to 70 per cent in 2017 and it continued to decrease in 2018. As a result, many children have become susceptible to measles. WHO estimates that 3.7 million children under the age of five are unprotected against measles. This is illustrated in the graph on the right.

## Declining measles vaccination coverage



If routine immunization remains low in the Philippines, the country will continue to experience periodic measles outbreaks, which could become more lethal over time and put more pressure on the country's public health system.

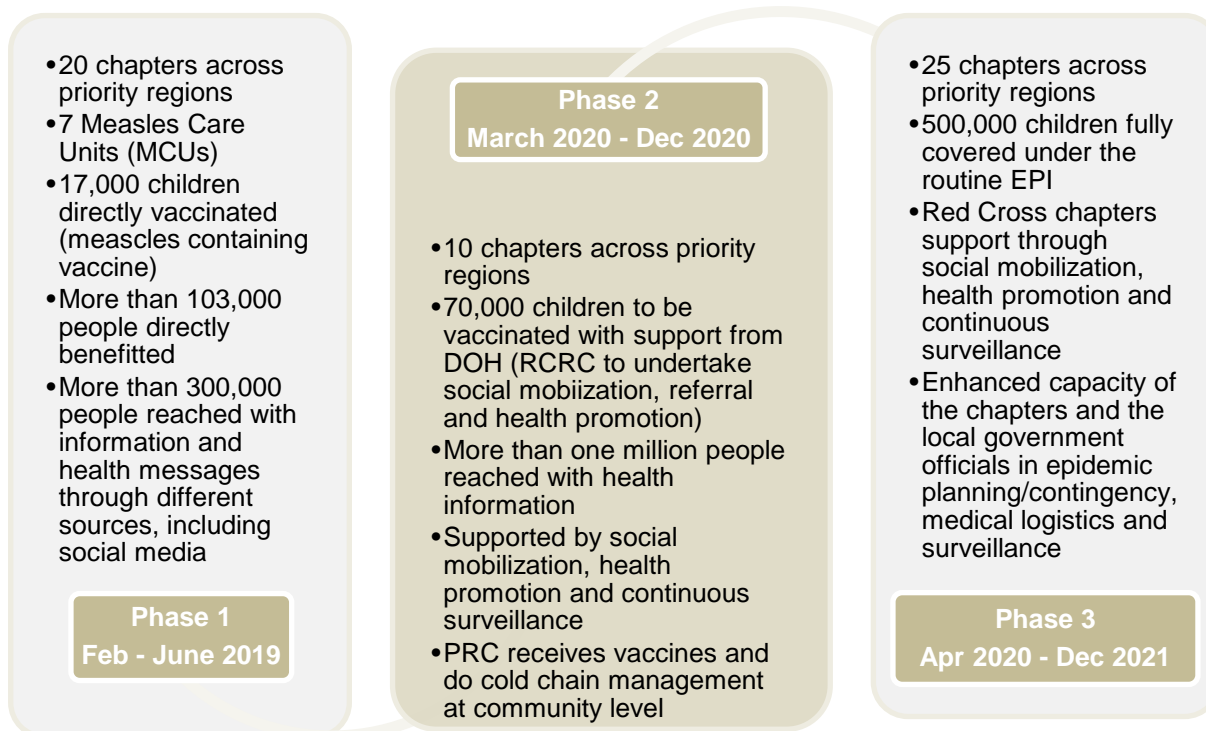
## B. OPERATIONAL STRATEGY

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.

This appeal covers the emergency phase of a longer-term planned programme. Phases 1 and 2 are covered under this emergency appeal from February 2019 to December 2020 (previously March 2020). In Phase 1, the interventions reached 16,956 children aged 6 to 59 months and 67,824 members of their immediate family with information and hot meals, 3,735 patients in the MCUs and 14,940 of their immediate attendants and family members with treatment, counselling, hygiene materials, sanitation facilities, drinking water, etc. This represents 103,455 people directly reached in the acute response phase. Through the community level health activities and the social media, at least 300,000 people have been reached in the acute phase. This is a very conservative estimate and the total number of social media count will be added to the figure for Phase 2, amounting to a total indirect reach of 1.3 million for the emergency appeal. The second phase will also reach 70,000 children and 280,000 members of their immediate families and siblings through information, referral and telemedicine services. There is also a planned Phase 3 which will examine the longer-term issue of the low routine vaccination rates and will be implemented from April 2020 to December 2021. Phase 3 will be incorporated into the IFRC Country operational plan, with funds sought for this longer-term phase.

A separate plan and budget is available for Phase 3 for PRC to support the government's routine expanded program of immunization (EPI) of a further 500,000 children through social mobilization, health promotion and community-based surveillance.

The overall planned three phases as summarized in the diagram below:




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

- **Epidemiology:** PRC will focus on community-based surveillance using the established network of trained volunteers and will report back to the Operation Centre and the local health network to establish a clear and detailed picture of the situation, which is otherwise missing, since the present reporting is based on cases enrolled in the health system. Secondary data will be explored to identify areas of outbreak and trained volunteers will validate the same and identify critical cases in the community and ensure accompanied referral to the nearest health facility. This will support early reporting and management of the critical cases and thus lower mortality.
- **Measles Care Unit (MCU):** PRC set up seven Measles Care Units (MCUs) and welfare desks in six hospitals in the National Capital Region (NCR). The MCUs were staffed with 24-hour, 7-day, trained volunteers and volunteer nurses. These nursing staffs/PRC volunteers along with the welfare desk volunteers, ensured that positions were never unmanned and staffed, and that the quality of services provided to the people in the MCUs remains. Overall, the seven MCUs across six hospitals reached 3,735 patients with quality medical services. A total of 18,675 people, including the patients and their immediate attendants and family members, were reached with quality medical services, counselling, registration services, water and sanitation services, etc. The MCUs were withdrawn gradually as the occurrence of cases reduced in the NCR. At the written request of the host hospitals and acknowledging their restored capacity, the PRC gradually withdrew its MCUs. As of 11 June 2019, all MCUs have been removed, packaged and transferred to PRC's Subic warehouse.
- **Vaccination campaign:** DOH asked the Red Cross Red Crescent (RCRC) to support the DOH's vaccination efforts, by mobilizing volunteer nurses, doctors, and midwives to immunize in a planned and appropriate manner, especially in urban slums and difficult to reach areas. It also involves social mobilization, vaccination through static and roving teams, reporting, health promotion, refusal management and referral of active cases to the nearest health facilities. This strategy is supported by sub-strategies such as provision of hot meals on wheels for children and their attendants who take them to vaccinators and public announcements on the prevention of measles in designated areas using roving PRC units.

According to the latest data (10 June 2019), volunteer nurses and doctors from PRC vaccinated 16,956 children aged 6 to 59 months. This happened between February and June 2019, at 22 sites in 20 chapters of the PRC. The PRC will mainly do social mobilization and health promotion to bring unvaccinated children to DOH health services at the local level. However, the PRC will be ready to vaccinate children through its trained nurses and doctors, in locations where no DOH/ LGU health services are available. Compliance data will be shared with the DOH so that their system can be updated based on RCRC actions.

- **Enhancing public education:** The PRC has been actively disseminating timely and related information to ensure positive behaviour changes towards measles immunization, early referral and management of measles, and updates on health resources and health-related needs at all levels. This will be one of the key strategies of the Phase 2, when public awareness generation and social mobilization of unvaccinated children will be the key activity. The PRC volunteers will compile a list of houses in each targeted barangay/ municipality and provide details of unvaccinated children. Volunteers will provide information to reduce fear, improve health seeking behaviour and also seek consent for children to be vaccinated in a particular area.
- **Strengthening the capacity of the National Society** to respond to outbreaks by strengthening its capacities in surveillance, micro-planning, social mobilization, validation and notification of cases via the PRC Operations Centre system. The PRC and the IFRC have been working with the Netherland Red Cross 510 initiative (NLRC 510), which provides remote support in data modelling, recommending areas of priority and the missed cases - based on the secondary data sources. Going forward, NLRC 510 will continue to strengthen the PRC Operations Centre with secondary data source management through tagging systems and filter application to predict trends and localized outbreaks. This will be linked to ECV and community-based surveillance, through which trained volunteers can reach these areas for validation, identification and management of localized outbreaks.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b>  <b>People reached: 103,455</b>  Male: 51,727  Female: 51,728</p>								
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>								
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>						
# of people reached to lessen immediate risks to health	90,600	103,455 <sup>1</sup>						
<b>Output 1.2: Target population is provided with rapid medical management of injuries and diseases</b>								
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>						
# of people provided with support services as part of hospital support and welfare desk	18,000	18,675 <sup>2</sup>						
# of volunteers mobilized in the response phase, providing direct services to people through the measles care unit	400	273 <sup>3</sup>						
# of volunteers and staff provided with PPE for protection from measles, while responding	1,900	2,048						
Progress towards outcomes								
<b>Phase 1 through the MCUs</b> The PRC has completed Phase 1. The Measles Care Units (MCUs) set-up in six hospitals were able to cater to 3,735 patients. The operationalization of MCUs was completed in June. A team composed of one volunteer nurse and three health volunteers was assigned to each MCU to support the hospital staff in providing basic health care services to patients admitted to the MCUs. Each MCU had a staff team comprising at least four members per shift (morning and afternoon). 273 volunteers were mobilized to support the MCUs. See the breakdown for the operationalization of the MCUs in the table below.								
<b>Breakdown of operationalization of MCUs</b>								
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

<sup>1</sup> Number of vaccinated, plus number of patients in MCUs including household members.

<sup>2</sup> 3,735 patients catered in six MCUs including household members.

<sup>3</sup> Volunteer nurses and PRC staff and volunteers have been mobilized from a pool of at least 273 volunteers in the six MCUs per day (4 volunteers per shift (a.m. and p.m.)).

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
<b>Total</b>			<b>160</b>	<b>20,000</b>	<b>14</b>	<b>3,735</b>		

**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	1,000,000	103,455
# of volunteers mobilized to support measles prevention and management activities in the communities	1,500	2,048 <sup>4</sup>

Progress towards outcomes

Community-based disease prevention and health promotion activities were to be 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. At least 2,000 trained volunteers, including doctors and nurses, were mobilized. Trained volunteers were also mobilized to carry out health promotion activities. The main topics discussed during the dissemination of information included symptoms, prevention and immediate action when a child has mild measles and/or complicated measles. The PRC printed 34,000 pieces of IEC materials for parents and guardians who had brought their children to vaccination, to raise awareness and inform the community of what to do when measles cases are identified.

In Phase 1, the project reached out to 16,956 children aged 6 to 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 services such as treatment, counselling, hygiene materials, sanitation facilities and drinking water. This represented 103,455 people directly reached during the emergency response phase.

**Phase 2**

The PRC organized a workshop from 10 to 12 April 2019 in Manila to update and plan the response. A total of 66 people participated from 17 chapters of the PRC, namely in Batangas, Bulacan, Caloocan, Cebu, Iloilo, Laguna, Leyte, Manila, Marikina, Mindoro Oriental, Nueva Ecija, Pangasinan, Quezon City, Rizal, Tarlac, Western Samar and Zambales. Colleagues from regional DOH offices in Eastern Visayas, NCR, Region 4B, 7, 1, 4A, the Philippine League of Government and Private Midwives Inc, WHO, UNICEF, and universities also attended the workshop.

Through this workshop and subsequent planning, the PRC revised its strategy and objectives. The PRC has identified ten chapters that will deploy 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 – remote diagnosis and treatment of patients using 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.

**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 <sup>5</sup>
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	100	112 <sup>6</sup>

<sup>4</sup> Trained volunteer's vaccination campaign plus MCUs.

<sup>5</sup> 1,948,890 people reached through social media post (Facebook)

<sup>6</sup> Chapter Service Representative on health from 21 chapters who are actively engage in mobilization and monitoring of measles outbreak response.

## Progress towards outcomes

### Phase 1 through emergency vaccination:

The phase of this output for emergency vaccination is now complete. Some 2,000 trained volunteers were mobilized for the emergency vaccination campaign and 112 chapter-based volunteers reported the measles situation to the Operations Centre. The PRC vaccination activity was carried out in the following 21 chapters in 10 Regions as follows:

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
<b>Total</b>		<b>16,811</b>

The government has carried out an extensive information campaign on social media, television and radio. At the community level, there is an ongoing promotion of measles immunization, targeting children 6 to 59 months of age. PRC has also mobilized its communication network on the PRC weekly radio program, social media and mainline media to broadcast vital messages. Through community level health activities and social media, at least 1.9 million people were reached with health messages during the emergency phase.

### Phase 2

On 4 September 2019, a project planning and orientation meeting on measles was organized for the 10 chapters. It was then followed by a training of trainers on epidemic control for volunteers (ECV) and the immunization compliance module (ICM) from 24 to 26 September 2019. The training aimed to contribute to reducing the morbidity and mortality related to public health emergency, especially disease outbreaks, through capacity building of PRC staff and chapter-based volunteers.

Deployment at the chapter level for Phase 2 measles activities was overtaken by the synchronized polio vaccination activity. As a result, measles control activities are being delayed. Full implementation of Phase 2 is planned from mid-March 2020.

### **Output 1.5: Psychosocial support provided to target population**

Indicators:	Target	Actual
# of people provided with psychosocial support	18,000	18,675 <sup>7</sup>
# of volunteers mobilized for PSS	100	12

## Progress towards outcomes

The PRC set up its welfare desks with the deployment of the MCUs and was able to provide psychosocial support (PSS) services and other relevant welfare services such as referrals to concerned agencies (e.g. Department of Social Welfare and Development) to all 3,735 patients. Attendants and caregivers also directly benefited from the services provided by welfare desks.

In total, at least 12 trained volunteers were mobilized to carry out PSS activities. As part of the welfare support, hot meals were provided to children and accompanying adults who came for vaccination during the pilot vaccination in Baseco, Manila. These were supplied by the PRC's hot meals vans or by the chapters, cooking directly.

Phase 1 of this output is now complete, and PRC will continue to provide PSS in Phase 2 to community and volunteers such as PSS post-round meeting debriefings.

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

<sup>7</sup> The figure 18,675 includes 3,735 patients in the MCUs as well as members of their household' and/or attendants who also received psychological first aid



## 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	18,000	18,675
<b>Output 1.1 Continuous assessment of water, sanitation, and hygiene situation is carried out in temporary hospital support units and welfare desks.</b>		
Indicator:	Target	Actual
# of assessments/monitoring visits undertaken	3	6
<b>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</b>		
Indicator:	Target	Actual
# of people provided with safe water (according to WHO standards)	18,000	18,675 <sup>8</sup>
<b>Output 1.3 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
Indicator:	Target	Actual
# of people with access to adequate sanitation facility	30,000 <sup>9</sup>	18,675 <sup>10</sup>
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
Indicator:	Target	Actual
# of volunteers involved in hygiene promotion activities	100	12
<b>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</b>		
Indicator:	Target	Actual
# of people provided with a set of essential hygiene items	3,600	1,160
Progress towards outcome and outputs		

All activities related to WASH outputs, as an integral component of MCUs mobilization, have been completed. More details are held in [Operations Updates](#). No additional WASH activity is planned for this response.

Achievement towards the WASH targets for outcome and outputs are at 62 per cent accomplished against its target. Targets were calculated based on optimum expected needs. However, actual needs were less than expected as some WASH activities planned by the PRC in hospitals were in fact carried out by the hospitals with other counterparts. The same rationale for outputs 1.4 and 1.5.



## 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**

Indicator:	Target	Actual
All people received PGI services provided by PRC as part of measles operation by September 2019	Yes	Yes
<b>Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.</b>		

<sup>8</sup> 3,735 patients catered in the MCUs plus their attendants and other users.

<sup>9</sup> Targeted people to be provided with access to adequate sanitation facility is the people provided with WASH activities.

<sup>10</sup> 3,735 patients catered in the MCU plus patients' attendants.

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	to be conducted
# of staff and volunteers trained for PGI activities	90	to be conducted
Progress towards outcomes		
<p>Phase 1 of this output is now complete.</p> <p>For each activity, the mobilized staff and the volunteers ensured that interventions were aligned with PRC's commitments as well as with the minimum standard commitments of the IFRC in terms of protection, gender and inclusion (PGI) during emergency situations. Indirectly, all people reached with health services (number of children vaccinated, plus number of patients in MCUs, including household members) were supported while taking into account the minimum standards of PGI.</p> <p>PRC through its welfare desks in the MCUs and within the framework of the vaccination campaign, supported viewing the operation through the PGI lens. This included ensuring that the MCU facilities met the basic needs of patients' children and their parents. More details are contained in the <a href="#">Operations Update No. 1</a>.</p> <p>To strengthen the integration of PGI at the chapter level, PRC will conduct PGI orientations in chapters from which volunteers will be mobilized during Phases 2 and 3.</p>		

<b>Strengthen National Society</b>		
<b>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.</b>		
Indicator:	Target	Actual
# of PRC chapters that are well functioning	25	25
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
# of insured volunteers	1,500	ongoing
# of trained volunteers	690	ongoing
Progress towards outcomes		
<p>Through this appeal, PRC has been working in four chapters with the MCUs and 21 chapters for vaccination in the context of emergency phase 1. PRC will work in ten other chapters for phase 2. Given the overlap in activities this amounts, 25 chapters are supported.</p> <p>To date, more than 2,000 trained volunteers have mobilized for the vaccination campaign, 112 volunteers based at chapter level who have been reporting to the OpCen on the measles situation, 12 volunteers involved in hygiene promotion and 12 volunteers mobilized to carry out PSS activities. All the volunteers recruited and mobilized received an orientation on the history and the seven fundamental principles of the RCRC. 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>		
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		
Indicators:	Target	Actual
# of PRC chapters 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 equipped and trained to understand direct measles prevention and management activities	600	32
Progress towards outcomes		
<p>Originally, 600 staff and volunteers were intended to be trained on the use of the epidemic control for volunteers (ECV) toolkit between August and September 2019. However, PRC was overwhelmed by polio activities following the national declaration of the polio outbreak on 19 September 2019.</p>		

The PRC organized a training of trainers on epidemic control for volunteers (ECV) and the immunization compliance module (ICM) from 24 to 26 September 2019. The training was attended by 32 chapter service representatives (CSR) for health, RCAT health as well as health project staff from 10 target chapters (Manila, Quezon City, Caloocan, Marikina, Zambales, Bulacan, Olongapo, Batangas, Rizal and Cebu).

The deployment of training on ECV and the Immunization Compliance Module in 10 chapters is now targeted in March and April 2020.

## International Disaster Response

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

Progress towards outcomes

All SFI 2 – “*International Disaster Response*” activities are underway and based on the EPOA targets. However, since January, no activity has been carried out due to the recent multiple operations to which the PRC is responding. See [Operations Update No. 2](#) for details.

## 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**

Progress towards outcomes

All SFI 3 – “*Influence others as leading strategic partner*” activities are being accomplished. However, since January, no activity has been carried out due to the recent multiple operations to which PRC is responding. See [Operations Update No. 2](#) for details.

## Effective, credible and accountable IFRC

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

Progress towards outcomes

All activities under Effective, credible and accountable IFRC have been following the IFRC standards. See [Operations Update No. 2](#) for details on Outputs 4.1.3 and 4.1.4.

However, it should be noted that an output was added during the revision of the EPoA, namely **Output 4.1.2 IFRC staff shows good level of engagement and performance**. Progress is reported against the indicator below.

### **Output S4.1.2: IFRC staff shows good level of engagement and performance**

Indicators:	Target	Actual
% of compliance with technical and managerial support as demanded by PRC	100	100

Progress towards outcomes

IFRC supported the recruitment of technical project staff in 10 chapters to support the operation.

## D. BUDGET

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



Click for:

- [DREF](#)
- [Emergency Appeal](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [Operations Update 4](#)
- [Revised Emergency Plan of Action 2](#)
- [Previous appeal updates](#)

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## How we work

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



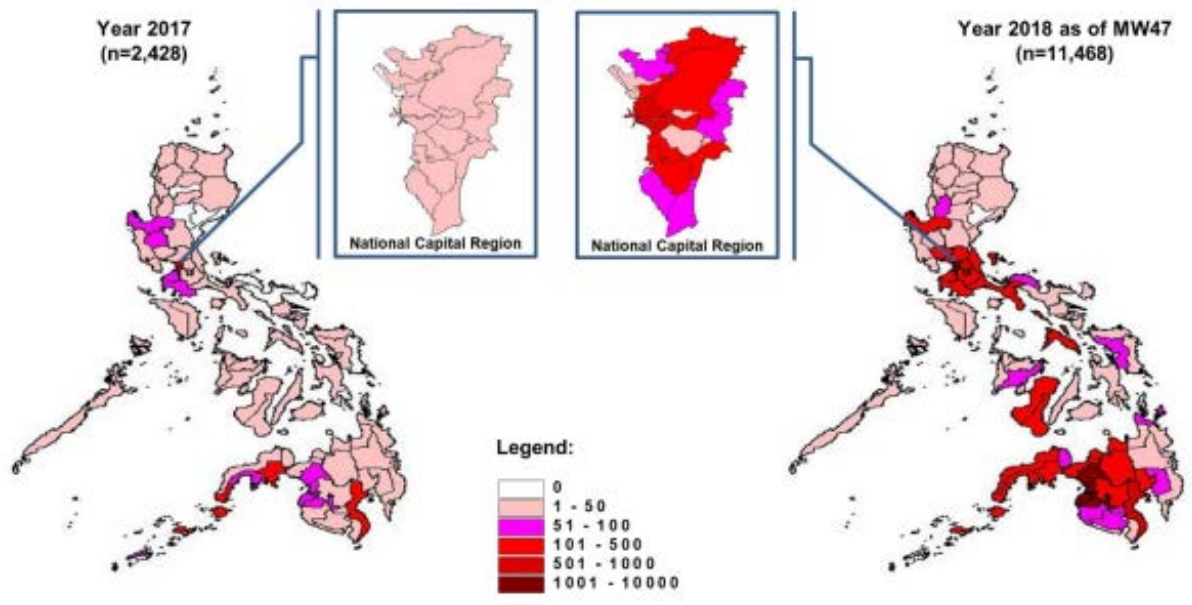
**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.

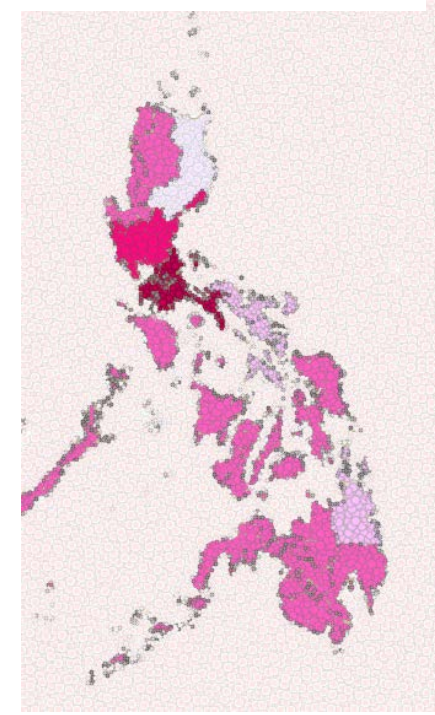
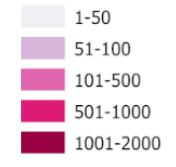


Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.



Source: WHO

### 2019 Measles Cases by Region



Source: IFRC using data from DOH – Measles Surveillance report, Feb 2020

# Emergency Appeal

INTERIM FINANCIAL REPORT

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

Prepared on 09 Mar 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
<b>Total Funding Requirements</b>	<b>2,700,000</b>
<b>Donor Response* as per 09 Mar 2020</b>	<b>840,524</b>
<b>Appeal Coverage</b>	<b>31.13%</b>

### 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	743,796	339,710
AOF5 - Water, sanitation and hygiene	46,782	28,089	18,693
AOF6 - Protection, Gender & Inclusion	10,486	4,670	5,816
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	16,575	8,473	8,102
SFI2 - Effective international disaster management	15,673	6,968	8,705
SFI3 - Influence others as leading strategic partners	6,390	0	6,390
SFI4 - Ensure a strong IFRC	0	0	0
<b>Grand Total</b>	<b>1,204,833</b>	<b>791,995</b>	<b>412,838</b>

### III. Operating Movement & Closing Balance per 2020/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,181,208
Expenditure	-791,995
<b>Closing Balance</b>	<b>389,213</b>
Deferred Income	0
Funds Available	389,213

### IV. DREF Loan

* not included in Donor Response	Loan :	517,719	Reimbursed :	181,417	<b>Outstanding :</b>	<b>336,302</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

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

Prepared on 09 Mar 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	255,590				255,590		
China Red Cross, Hong Kong branch	25,312				25,312		
DREF Allocations				336,302	336,302		
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	132,765				132,765		
The Netherlands Red Cross (from Netherlands Govern	218,191				218,191		
Turkish Red Crescent Society	30,000				30,000		
<b>Total Contributions and Other Income</b>	<b>844,906</b>	<b>0</b>	<b>0</b>	<b>336,302</b>	<b>1,181,208</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>1,181,208</b>	<b>0</b>	