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Emergency Plan of Action Final Report

Madagascar: Measles Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n°: MDRMG014**
Date of Issue: 18 March 2020	**Glide number: 2018-000417**
Operation start date: 28 March 2019	**Operation end date: 28 June 2019**
Host National Society(ies): Malagasy Red Cross	**Operation budget: CHF 89,297**
Number of people affected: 98,415 cases recorded	**Number of people reached:** 2,220,380 people reached in 13 districts • Direct reached: 670,288 children for immunization • Indirect reached: 1,550,092 for sensitization
N° of National Societies involved in the operation: Four (4) including German Red Cross, Danish Red Cross, Luxembourg Red Cross, French Red Cross through the Indian Ocean Regional Intervention Platform (PIROI)	
N° of other partner organizations involved in the operation: Three (3) including Ministry of Health, World Health Organization (WHO), The United Nations Children's Fund (UNICEF)	

<Please click here for the final financial report and click here for the contacts>

The major donors and partners of the Disaster Relief Emergency Fund (DREF) included the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as Director General European Civil Protection and Humanitarian Aid Operations (DG ECHO) and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Canadian Government contributed in replenishing the DREF for this operation. On behalf of Malagasy Red Cross Society (MRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

In July 2018, the first case of measles was notified in the urban health centre of the district of Antananarivo Renivohitra in Madagascar. According to the World Health Organization (WHO), from 4 October 2018 to 7 January 2019, 19,539 measles cases and 39 "facility-based" deaths (case fatality ratio: 0.2%) were reported by the Ministry of Public Health (MoH) of Madagascar. Cases were reported from 66 of 114 total districts in all 22 regions of Madagascar.

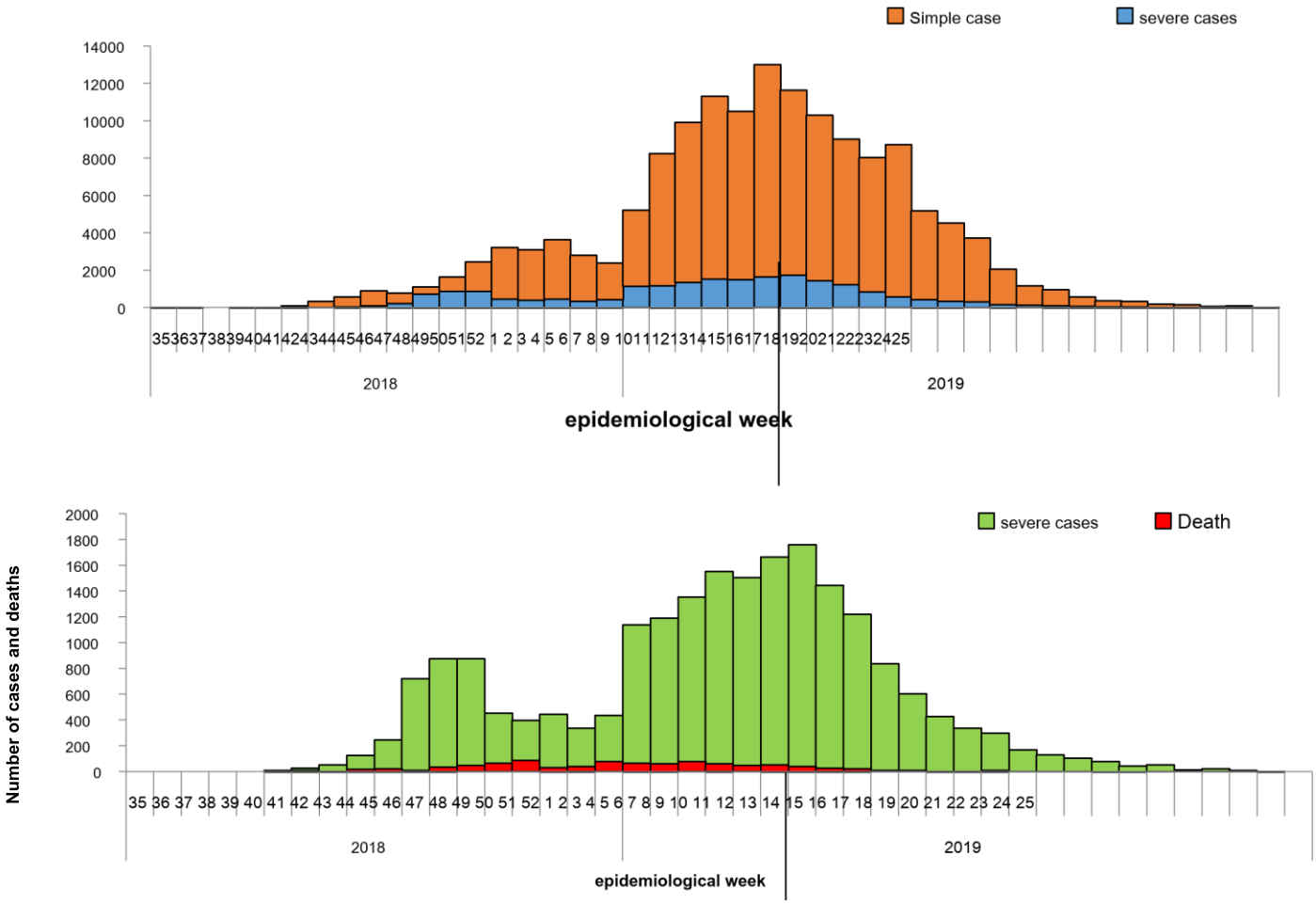
In February 2019 (weeks 7 to 8), an overall 774 new cases were recorded in 3 newly affected districts including ANDILAMENA (145 cases in week 7 and 167 cases in week 8); MAHAJANGA II (142 cases in week 7

Household visit: Sensitization and identification of measles case by MRCS and IFRC.

and 241 cases in week 8) and MAHANORO (22 cases in week 7 and 57 cases in week 8).

This DREF operation was launched on 28 March 2019, targeting an overall 1,946,656 people (524,868 children for immunization and 1,421,788 people for sensitization) in the 10 districts including Manandriana, Tsiroanomandidy, Anjozorobe, Mahanoro, Brickaville, Mahajanga II, Faratsiho, Vangaindrano, Farafangana and Miarinarivo. This target represents 13.71 per cent of the total population (14,195,141 people) of the 67 districts in 22 regions which were agreed with the Ministry of Health for intervention with the aim of reducing mortality due to the measles outbreak by supporting mass vaccination campaign through social mobilization activities in coordination with the Ministry of Health, UNICEF, WHO while improving community monitoring and reporting

of measles cases.



Weekly progress of measles cases and deaths in Madagascar, from September 2018 to March 2019.

Measles had spread quickly from the onset of the outbreak, however after sensitization and several vaccination campaigns conducted by the Ministry of Health, there was a significant regression of cases. The community-based CRM approach, supported by the IFRC, strengthened awareness and identified non-immunized children. This made it possible to reach a vaccine coverage of over 95 per cent. The regions targeted by this operation are among the endemic areas in relation to this outbreak. The Malagasy Red Cross, with support from IFRC assumed its responsibilities as an auxiliary of the Government authorities and also ensured volunteers were mobilized and trained to ensure smooth implementation of this operation in the 9 regions and 13 Health Districts reached.

Summary of response

Overview of Host National Society

Several meetings held at the National level. Malagasy Red Cross Society (MRCS) attended meetings of the National Coordinating Committee for the Response, particularly in the Social Mobilization Committee led by WHO and UNICEF, with support of the head of Community event-based surveillance (CEBS) within IFRC. These meetings were held every Monday and were led by the Secretary General (SG) when available.

MRCS assisted by identifying volunteers and alerting the Malagasy Government concerning the measles project MRCS worked on. By doing so the government gave authorization to conduct household visits. Volunteers were present in all affected districts and regions and had previous experience in implementing DREF operations for epidemics like the Plague, as well as emergency relief programs throughout the country, with support from various donor partners and partner National Societies (pNS). MRCS volunteers assisted in community sensitization and mobilization. This was done by visiting households, identifying non-vaccinated children and supporting in vaccination phase.

The National Society, with IFRC, attended partnership meetings with the Ministry of Health, UNICEF, WHO, and donors where they discussed information sharing and coordination mechanism. These meetings were held every 10days at the beginning of the project and as the project continued, the meeting was held every 15days. The NS used the Community Based Surveillance (CBS) and Community-Based Health and First Aid *(*CBHFA) model for community-based activities. MRCS implemented a (CBS) project which closed in the first half of 2017 and reactivated the CBS system.

A new board was restructured on January 2019 just before the measles response operation began. The NS received finance support for operations from IFRC, which also ensured project supervision.

Overview of Red Cross Red Crescent Movement in country

The IFRC supported the MRCS in the implementation of a second phase of the plague Emergency Appeal operation launched in 2017. Among the regions in the measles epidemic, six had experienced the plague epidemic. This was an opportunity for the NS to quickly implement the measles response operation rapidly.

The National Society mobilized 1,030 volunteers and 206 supervisors whose output were:

- Community Sensitization and Mobilization
- Community Based Surveillance
- Community engagement and accountability though radio show broadcasting

IFRC Indian Ocean Islands & Djibouti (IOID) Country Cluster Support Team (CCST) Office provided technical support to MRCS during the entire implementation period. A coordination structure was designed, including coordination of RCRC Movement interventions at country level. IFRC also gave financial support to all activities and supported the health system vaccination by identifying the non-vaccinated cases and accompanying them to the health centres for vaccination.

Overview of non-RCRC actors in country

Actor	Activity
WHO	Provided support to the Ministry of Health (MoH) with vaccination campaigns and bring in the necessary vaccines.
UNICEF	Provided support to the Ministry of Health (MoH) with vaccination campaigns and bring in the necessary vaccines.
Health Ministry of Malagasy	Coordinated the activities undertaken. At National Level they lead the meeting with all the partners working on the project. At Regional Level they gave authorization and support at district level where activities were implemented. At Local Level they supported the team with the advanced strategy of vaccination

Coordination workshop was held on the date of May 28 with representative from health administrations, i.e., Medical Inspector who led the meeting, representatives of the Regional Directorate of the Ministry of Health, heads Community-Based Surveillance (CBS) in the District, some leaders volunteer team of Malagasy Red Cross, representatives of the governance, representative of the communications department, a representative of the Urban commune of the 13 districts and finally the Regional Supervisor of the Red Cross who ensured the organization and facilitation of the workshop.

Needs analysis and scenario planning

The first sign of measles infection was a high fever, which occurred around 10 to 12 days. During this initial stage, it included rhinorrhoea (runny nose), cough, red and watery eyes and small whitish dots on the inside of the cheeks. The

rash is on the face and the top of the neck. Within three days approximately, the outbreak reached the hands and feet. It persisted for five to six days before it disappeared. It was observed on average of 14 days after the virus, in an interval of 7days to 18 days.

The main cause for the outbreak was the low vaccination rate. The weak coverage was mainly due to the lack of resources to procure enough vaccines and ensure good social mobilization. With more than 10% of Malagasy unvaccinated against measles, further spread of the disease was possible, explained doctors in affected health centres. The Ministry of Health had already given recommendations to the College of Physicians to remind its members on how to treat this disease. While the National Society and institutions in Madagascar have good experience in responding to the epidemic, an outbreak of measles does not require specific expertise to ensure adequate response. Nonetheless, for vaccination to be effective to a population level, coverage must remain at a minimum of 95%. According to Independent Monitoring, this rate had been consistently met during the first Phase of Vaccination Campaign (14 - 18 January 2019) for 25 prioritized districts. This first quality vaccination campaign was one of the conditions for the continuation of the response in the other districts not yet covered.

(i) social mobilization for sensitization on measles (origin, symptoms and transmission) and how vaccination protected the children from the virus
(ii) A measles vaccination campaign which reached children from 6 months to 9 years, irrespective of their vaccination status.
(iii) Advance strategy of vaccination was supported in the district where it was difficult for the family to get vaccines due to the distance

Given the rapid evolution of the outbreak, the calendar of the Ministry of Heath on Phases 3 and 4 of the Vaccination Campaign, the anticipated risks impacted the implementation of the operation and the inability to undertake social mobilization activities on time since Phase 3 was expected to start by end of March.

Risk Analysis

The anticipated risks which would have impacted on the implementation of the operation was the inability to undertake social mobilization activities on time since Phase 3 was expected to start by end of March. However, the scale training was conducted (training of trainers) so as at to mitigate the risk. This permitted us to train a maximum volunteer in a short period.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The overall objective of this DREF operation was achieved which was to contribute to the reduction in mortality due to the measles outbreak in 13 affected districts of Madagascar by supporting mass vaccination campaign through social mobilization activities in coordination with the Ministry of Health, UNICEF, WHO while improving community monitoring and reporting of measles cases. This DREF operation was implemented in the expected duration of three months and was completed by July 2019.

Proposed strategy

The proposed operational strategy aimed at supporting 95% vaccination coverage (670, 288 children were reached by MoH for Phase 3 of the vaccination campaign) aged from 6 months to 9 years through social mobilization and awareness-raising activities among their parents, care-takers and schools on the importance of measles immunization in the 13 districts among 67 prioritized districts selected by the Ministry of Health. The Ministry of Public Health adopted four main areas to fight against measles including:

i) Medical Care
ii) Monitoring
iii) Vaccine response
iv) Social mobilization and community surveillance

MRCS focused on social mobilization activities and community surveillance in partnership with UNICEF and WHO in Phase 3 vaccination campaign from 25th to 30th March 2019. The NS steered social mobilization actions in the communes for two months. MRCS conducted training of 1,236 volunteers in the affected communities on measles disease recognition and social mobilization methods. In addition to that, volunteers undertook door-to-door visits and implemented community awareness activities and reached 2,220,380 people of which 524,868 children with vaccines

for the 13 districts were reached through this DREF operation. Community mobilization activities focused on rumour management, social and behaviour change.

Specific outputs included:

- Strengthened capacity of Malagasy Red Cross Society to deliver emergency services during measles outbreaks
- Community knowledge and commitment for Measles prevention and control was increased. This was ensured through active CEA (including feedback mechanism) and social mobilization. which done through community meetings, radio shows, door to door and use of community structures.
- Printed information, education and communication (IEC) materials (20,000 leaflets, 5,000 posters). Suggestion boxes were setup in all regions for feedback on the operation.
- Volunteers were mobilized to support the Ministry of Health for immunization activities against measles (reached coverage >95% for 9 months to 9 years children (670,288 children) in 13 districts of 09 regions.
- Decreased new cases through early identification and referral of suspected cases by strengthened volunteers and community's capacities in community-based surveillance (CBS)
- Community structures in the 8 regions for effective participation of communities
- Information sharing and coordination at regional, local and community levels.

C. DETAILED OPERATIONAL PLAN

Health
People reached: 2,220,380
Male: 444,076
Female: 1,776,304

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	**Target**	**Actual**
# of people reached by NS with services to reduce relevant health risk factors	1,946,656 people	2,220,380
Output 1.1: The health situation and immediate risks are assessed using agreed guideline		
Indicators:	**Target**	**Actual**
# of volunteers mobilized for the operation	1,030 volunteers and 206 supervisors	1,030 volunteers and 206 supervisors
# of radio/TV shows broadcast	50	52
% of volunteers encouraging affected communities to provide feedback	100%	100%
Output 1.2: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	**Target**	**Actual**
# of children reached with immunization following NS awareness activities	524,868 children	670, 288 children
# of volunteers and NDRT who have received training/refresher on community screening, community mobilization and communicable disease surveillance	1,236 volunteers and 5 NDRT	1,040 volunteers and 9 NDRT
# of volunteers who have received CEA/CBS training	400	1,049
# of community members who have received CEA/CBS training	412	570
Output 1.3: Epidemic prevention and control measures carried out.		
Indicators:	**Target**	**Actual**
# of CBS committees set up	8 committees	9
Output 1.4: Psychosocial support provided to the target population		
Indicators:	**Target**	**Actual**

# of PSS group discussion sessions held	8 (1 per region)	13
Outcome 2: The medium-term risks to the health of affected populations are reduced		
Indicators:	**Target**	**Actual**
# of satisfaction surveys held	1	13
Output 2.1: The health situation and immediate risks are properly assessed		
Indicators:	**Target**	**Actual**
% of affected persons participating in the satisfaction surveys held	at least 30%	70%
Output 2.3: Community -based disease prevention and health promotion measures provided.		
Indicators:	**Target**	**Actual**
# of CEBS set-up	8	9

Narrative description of achievements

During the two months of operations, there were various achievements:

Identifications fokontany: 9 regions and 206 health 13 districts Fokontany were identified. Some districts were recommended by health authorities in Madagascar. The authorities believed that the implemented activities would be more relevant in these regions that were not indicated in the DREF. These regions were added while the basic indicators were maintained

Identification of volunteers and team leaders*:* The identification of volunteers was fast overall. The previous Pestenous project helped to quickly achieve this goal as the volunteers were already identified. It was easy for to contact and mobilize them. However, for the new regions, the interventions took time. 1,030 volunteers and 206 supervisors were identified.

Meeting with partners*:* Both the national and local meetings with partners were conducted. Two national meetings and 13 local meetings were conducted.

Training of volunteers and team leaders: 206 team leaders and 834 volunteers were trained on several themes:

- *CEA*
- *CBS*
- *Community approach to measles outbreak*
- *Communication strategy during VAD*
- *The movement principles (The notion of volunteering)*

More than 23 courses of training were made in all 13 districts of interventions

Printing tools (collection and awareness) and equipment purchases: All volunteers were equipped with tools to collect the necessary information. Despite good planning these tools were proven to be deficient in some areas. In addition to that, printing and distribution of health equipment (20,000 leaflets, 5,000 posters) in 13 districts was achieved.

Home visits and support for immunization: Volunteers were mobilized for 17 days to undertake home visits in the community. They performed the following activities:

- Awareness on the theme measles
- Sensitization on the theme Immunization (EPI)
- Censuses of cases (children vaccinated, unvaccinated children)

35% of the days of interventions were as volunteers and not compensated.

Radio show: As part of the advocacy for prevention and fight against MEASLES, CRM made several radio programs (52). During these shows' health officials and Red Cross officials were invited to debate on the theme measles. After a discussion with the radio, it was estimated that 200,000 people on average were reached by the radio broadcast.

Focus Group*:* Red Cross volunteers held 13 focus group sessions. Participants at this meeting were:

- Representatives of the measles victim family
- Representatives of the family spared measles
- Representatives of the medical service team (AC)
- Representatives of the Red Cross

This meeting aimed to:

- Share experiences from the victims and their family. Also share on their ways of living with the epidemic and how make the victim's family.
- Try to redefine the Community definition of measles, and also to measure all devices in place (communication, awareness and key messages)
- Build on the achievements and to supplement or correct the deficiencies / errors found during the response period.

Satisfaction survey: In each district intervention, there was a satisfaction survey conducted. 38 investigators were selected and conducted the survey for 4 days and 18,240 households took part in the survey. (Analysis of survey are ongoing.

Challenges

When it came to identification of fokontanys, in some regions and districts local branches did not exist. It took a long time to reactivate these local branches and identify volunteers.

Given the short notice of the unavailability of some officials, the partner meetings were delayed which reduced the period of intervention on the ground.

Training of volunteers and team leader was a real challenge for the following reasons:

- Unavailability of trainers in CEA
- Difficulty in mobilizing a maximum of volunteers for training because of the great distances separating some fokontanys in the same district
- The information sent to regional supervisors were not well understood and sometimes it resulted in poor communication with volunteers

Some of the volunteers mobilized to undertake home visits and immunization did not take the 17 days of activities set out due to the short delays of intervention. However, Majority of households were visited, only 50,830 children are still not vaccinated whereas 670,288 children were vaccinated

Lessons Learned

The measles operation allowed NS to understand that the measles epidemic can arise and progress rapidly. It can also cause many deaths in a very short time. As such, the intervention must be rapid, multidisciplinary and integrate the community through the CEA approach. Community engagement is the key to fighting epidemics.

D. THE BUDGET

The overall amount allocated for this DREF operation was CHF 89,297, of which 70,881 (79.37%) were spent. The balance of CHF 18,416 will be returned to the DREF.

Explanation of variances:

- **National Staff:** This line was overspent by CHF 1,369 due to it not being budgeted at the onset of the operation. This was contribution from the DREF to cover some NS staff cost who were specifically involved in epidemic response at National and regional level. As the NS was leading the local coordination and response DREF continued to support regional focal points.
- **Volunteers:** This budget line was overspent by CHF 6,145 (22%). The number of volunteers needed to cover all affected community was higher than expected as Malagasy RC was the only institution which could reach remote communities affected by the measles epidemic.
- **Travel:** This budget line was overspent by CHF 3,300 (122%). After on RDRT reached three months it was replaced by another one. Both had to travel within the country to support activities and ensure funds were spent appropriately to reduce integrity issues.
- **Office cost:** This line was overspent by CHF 3,179 (302%). All coordination meetings and most of the work of RDRT and NS measles focal point and regional focal point was organized through the IFRC office and had a consequence on communication, printer, ink, etc.

Reference documents

Click here for:

- Emergency Plan of Action (EPoA)

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

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For In-Kind donations and Mobilization table support:

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

- Philip Komo KAHUHO, PMER Coordinator; email: Philip.KAHUHO@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2020/2	Operation	MDRMG014
Budget Timeframe	2019/03-2019/06	Budget	APPROVED

Prepared on 18/Mar/2020

All figures are in Swiss Francs (CHF)

MDRMG014 - Madagascar - Measles Outbreak

Operating Timeframe: 28 Mar 2019 to 28 Jun 2019

I. Summary

Opening Balance	**0**
Funds & Other Income	**89,297**
DREF Allocations	89,297
Expenditure	**-70,881**
Closing Balance	**18,416**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			**0**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs	37,098		**37,098**
AOF4 - Health	52,199	55,494	**-3,295**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**89,297**	**55,494**	**33,803**
SFI1 - Strenghten National Societies			**0**
SFI2 - Effective international disaster management		11,211	**-11,211**
SFI3 - Influence others as leading strategic partners		1,761	**-1,761**
SFI4 - Ensure a strong IFRC		2,415	**-2,415**
Strategy for implementation Total		**15,386**	**-15,386**
Grand Total	**89,297**	**70,881**	**18,416**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/03-2020/2	Operation	MDRMG014
Budget Timeframe	2019/03-2019/06	Budget	APPROVED

Prepared on 18/Mar/2020

All figures are in Swiss Francs (CHF)

MDRMG014 - Madagascar - Measles Outbreak

Operating Timeframe: 28 Mar 2019 to 28 Jun 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**7,225**	**847**	**6,378**
Medical & First Aid	150		150
Other Supplies & Services	7,075	847	6,228
Logistics, Transport & Storage	**6,498**	**5,494**	**1,004**
Transport & Vehicles Costs	6,498	5,494	1,004
Personnel	**47,788**	**43,674**	**4,114**
International Staff	14,000	7,442	6,558
National Staff		1,369	-1,369
National Society Staff	6,950	1,880	5,070
Volunteers	26,838	32,983	-6,145
Workshops & Training	**12,186**	**1,819**	**10,367**
Workshops & Training	12,186	1,819	10,367
General Expenditure	**10,150**	**14,721**	**-4,571**
Travel	2,700	6,000	-3,300
Information & Public Relations	3,000	2,208	792
Office Costs	1,050	4,229	-3,179
Communications	1,900	705	1,195
Financial Charges	1,500	1,579	-79
Indirect Costs	**5,450**	**4,326**	**1,124**
Programme & Services Support Recover	5,450	4,326	1,124
Grand Total	**89,297**	**70,881**	**18,416**