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DREF Final Report

Madagascar: Plague outbreak



International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n°: MDRMG010 ; Glide n°: EP-2013-000156-MDG
Date of Issue: 1 December, 2014	Operation start date: 13 January, 2014
Date of disaster: December 2013	Operation end date: 30 June, 2014
Operation budget: CHF 137,131	Number of people to be assisted: 37,125 (directly) and (128,688 Indirect)
Host National Society: Madagascar Red Cross Society	
N° of other partner organizations involved in the operation: UNICEF	

A. Situation analysis

Description of the disaster

Since the start of 2013 until 13 January 2014, 660 cases (27.6 per cent confirmed) of the plague were reported on Madagascar. Of these cases, 463 (166 confirmed) were recorded as the bubonic form of the disease, 187 (11 confirmed) as the pulmonary form, and 10 (5 confirmed) as pneumonic. Of the total reported cases during the period, 113 deaths (43 confirmed cases) have occurred. The prolonged political crisis has resulted in a deterioration of sanitation and housing conditions in cities and highly vulnerable and underserved communities in the remote highland areas. Of the 22 regions that make up the country, 11 were affected by the outbreak: Alaotra, Amoron' I Mania, Analamanga, Analanjirofo, Betsiboka, Bongolava, Boeny, Diana, Haute, Itasy, Mahatsiatra, Mangora, Sava, Sofia, Vakinankarata and Vatovavy.

Tsunami Residual Funding and DG ECHO contributed towards a partial replenishment of the DREF allocated for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

IFRC on behalf of MRCS would like to thank all partners for their continued support.

[<click here for the final financial report and here for the contact details >](#)

Summary of response

Overview of Host National Society

On 13 January, 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 137,131 from the Disaster Relief Emergency Fund (DREF) to support the Malagasy Red Cross Society (MRCS) in delivering assistance to some 33,125 beneficiaries in the 6 districts of Ikongo, Ivongo, Mandritsara, Manjakandriana, Soanierana and Tsiroanomandidy.

A few weeks into the operation, after the MRCS had completed identifying volunteers for training and deployment as well as having finalized the analysis of data collected, MRCS received a letter from the Ministry of Health proposing new intervention areas. These areas include, Ankazobe (Region of Analamanga), Ambadofinandrahana and Manandriana (Region of Amoron'i Mania), Faratsiho (Region of Vakinankaratra) Miarinarivo (Region of Vakinankaratra), and Tsiroanomandidy (Region of Bongolava). This delayed the implementation of activities, since a new assessment mission led by the Malagasy Government through the Ministry of Health (MoH) was held in December 2014 in the affected zones namely Ikongo, Ivongo, Mandritsara, Miarinarivo and Sonierana. The Pasteur Institute team of Madagascar was also in the field for the assessment and then, the MoH in collaboration with the United Nations Children's Fund (UNICEF) started trainings for community agents and journalists on how to sensitize people in those affected zones.

During the implementation of outreach activities through this DREF operation, for the period April-May 2014, the following progress was achieved by MRCS:

- Strong motivation of volunteers and coaches who achieved more than was planned.
- Volunteers quickly understood the local situation as well as community mobilization techniques and adapted them to the situation.
- Monitoring of the response operation activities.
- Availability of inputs which have largely contributed to the achievement of tangible results in the short term
- Positive response by the beneficiaries who adopted positive hygiene practices.
- Recognition of the MRCS volunteers for continued support to the affected as well as heightened sensitization in their communities.
- Both MRCS volunteers and community volunteers identified at village meetings trained thus strengthened resilience of the population in terms of awareness and education.

Overview of Red Cross Red Crescent Movement in country

- The ICRC has and continues to implement effective plague prevention programs focusing on flea and rat control in eight prisons in the affected areas. They have published and shared a documentary about the response.
- IFRC has supported the MRCS with training on managing DREFs.

Overview of non-RCRC actors in country

The stakeholders on the ground, including CRC, Institute Pasteur, MoH, UNICEF, World Health Organization (WHO), as well as the MRC and the regional IFRC delegation were working together to try and ensure all priority actions to control the epidemic were taken:

- MoH (supported by WHO) undertook surveillance, and ensured access to treatment for suspected cases. However, whilst the plague is curable, death rates remained high because people could not or did not access treatment in time.
- The MoH, plague and communication divisions led on co-ordinating external partners.
- Local authorities in the affected areas worked closely with the branches of the MRC by facilitating the acceptance of the community agents.
- Journalists who received training on the plague by UNICEF and the MoH disseminated free messages for a specified period.
- Other organizations such as the Adventist Church and the Scouts Association in the region of Amoron'i Mania disseminated messages received from the MRCS to their followers.
- UNICEF in collaboration with MoH developed IEC messages, designed posters and radio messages, and trained 185 MoH community workers to disseminate the messages. However partners had limited resources to pay for the dissemination IEC materials and to network to reach a significant portion of the affected communities.
- The Pasteur Institute advised the MoH on which tools are the most effective to use and also identified the tools and approaches used to implement this DREF.

During the implementation of outreach activities through this DREF operation, for the period April-May 2014, the following progress was achieved by MRCS in partnership with other non-RCRC actors:

- Good collaboration with local authorities as well as their support for the smooth running of activities: Heads of districts, mayors of intervention Commons, Head neighbourhoods/hamlets and mobile neighbourhoods.
- Close partnership between the Ministry of Health and MRCS not only on the choice of target areas, but also on the strategy of intervention based on the national fight against the plague policy. This MoH is also seeking the full involvement of the MRC on the campaign against the plague in other areas such as disinfection. The Ministry is seeking other partners to participate due to low capacity of the government to intervene.
- Collaboration between the MRCS and health officials at all levels: Doctors heads of health services in the district health workers.
- Actors interested in sanitation and monitoring of the activities of MRCS among other NGOs ADEMA Miarinarivo

Table 1: Summary of the plague cases

District Public Health Centre	Suspect cases		Bubonic Plague		Pneumonic Plague		Non-precise		Deaths	
	Registered	Confirmed	Registered	Confirmed	Registered	Confirmed	Registered	Confirmed	Suspect	Confirmed
Analamanga										
SDSP ankazobe	48	31	46	29	0	0	2	2	9	6
Vakinankaratra										
SDSP faratsiho itasy	44	10	23	8	21	2	0	0	2	2
SDSP miarinarivo	31	7	24	6	5	1	2	0	8	3
amoron' i mania										
SDSP ambatofinandrahana bongolava	49	15	40	14	9	1	0	0	0	0
SDSP tsiroanomandidy	42	23	42	23	0	0	0	0	7	6
Total	214	86	175	80	35	4	4	2	26	17

Source : “Division Peste du Service de la Lutte contre les Maladies Epidémiques et Négligées”

Needs analysis and scenario planning

From the first occurrence of plague in Madagascar in 1898 until the 1920s, it occurred in several harbors along the coast of island. Its occurrence progressively lessened from the coastal areas as it spread to the central highlands where, above an altitude of about 800m, it found a conducive environment to survive. Since 1998, there have been between 200-400 bubonic plague cases reported annually in the central and northern regions of Madagascar, predominantly from the highland areas. However, in late 2013, some cases occurred at the coast again in Mahajanga, raising fears that cases may escalate to lower altitudes as they did during outbreaks in 1996-1998.

B. Operational strategy and plan

Overall Objective

The overall objective was to contribute to reducing mortality and morbidity due to the plague in the affected areas. The intended outcomes were:

- Mobilizing the population in the fight against the plague through education
- Facilitating the transfer of patients to emergency treatment centres
- Providing support to health workers on awareness raising and on improving people's knowledge on the fight against the plague.

The focus of the operation was to be on flea and rat control in areas of sylvatic transmission (all supported by social mobilization and communication)

Proposed strategy

For the targeted population living in precarious hygiene conditions, usually far from clinics or ignoring the signs and modes of transmission of the plague and seeking remedies from traditional healers, the National Society adopted the following strategy:

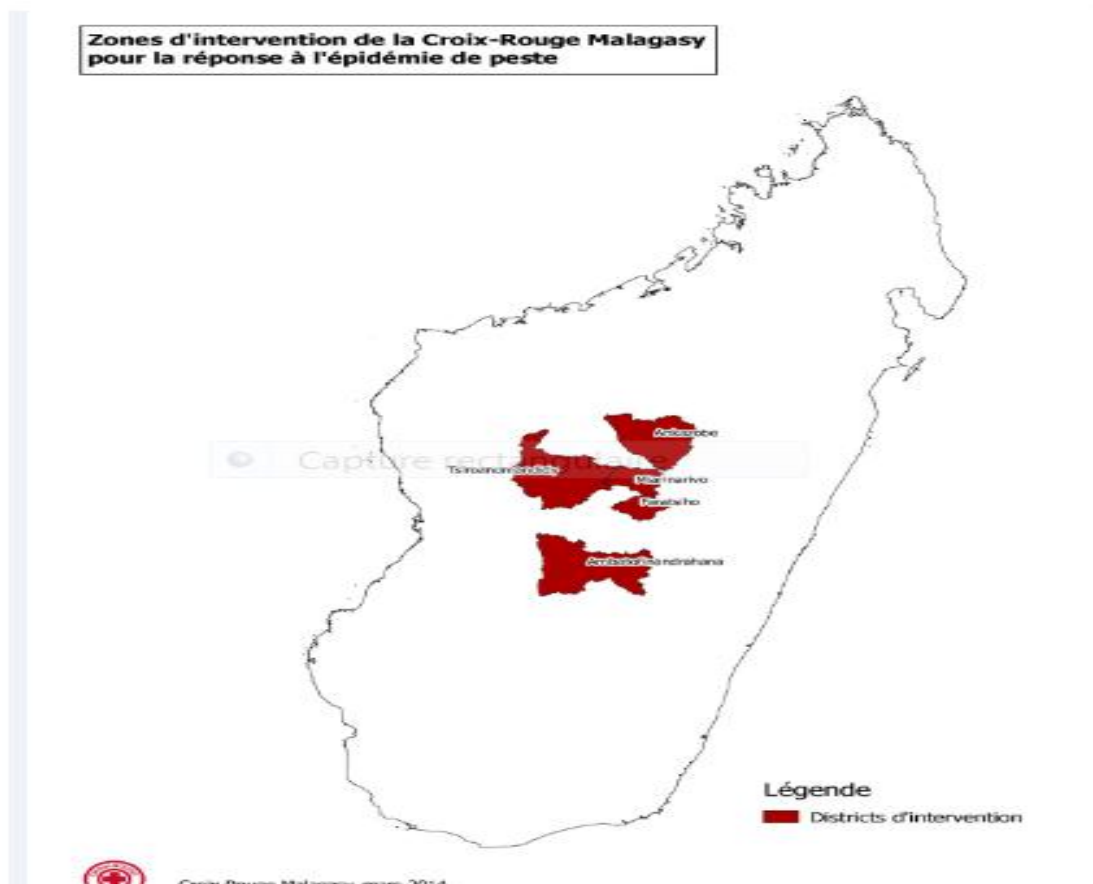
- To improve knowledge about the disease through intensive awareness campaigns
- The prevention of the spread of the disease using vector control.
- Strengthening the capacity of volunteers to refer, guide and assist patients to the nearest health facilities.

- Promotion of hygiene and sanitation activities in order to enhance the plans of villages to construct latrines and waste deposits sites in the community.

The Interventions focused on 12 villages or neighbourhoods in each of the six target districts, a total of 60 hamlets as shown in the map below. Volunteers were encouraged to reach other villages within the limits of their ability.

The volunteers were tasked to intervene in plague affected hamlets as identified during the previous plague outbreak by MoH and MRC in the last season, but they were also asked to work in adjacent hamlets depending on time and capacity. Thus the volunteers actually reached 195 per cent of targeted hamlets i.e. 117 hamlets instead of 60.

Figure 1: summary of the intervention areas



Région	District	Commune	Neighbourhood/Hamlets Targeted	Hamlets and neighborhoods reached
Analamanga	Ankazobe	Ankazobe	Tsisangaina	Tsisangaina
			Tsisangaina	Ambatabaina
			Ambohitrapovoany	Andoharano
			Ankazobe III	Fitososona
		Mahavelona	Andrianonimanjaka	Antsahamaina
			Ambohibe	Soatsihanenenana
		Tsaramasoandro	Irindra	Mangarano
			Irindra	Antokonana
		Antotohazo	Ambohimanoro	Bemamarivo
			Mangabe	Tsiefa

			Antotohazo	Ambohitrandrona
		Talatan'angavo	Androva atsimo	Antanetibe
Amoron'i Mania	Ambatofinandrahana	Soavina	Soavina	Andrefandalana
			Ilovoka	Ilovoka
			Miadakofeno	Miadakofeno
			Soanafindra	Ambilombe
			Lovasoatsihadino	Ambatolahy
			Voenana	Ankadimody
			Ambalakinana	Ambalakinana
			Fitamantsina	Ambolomborona
			Namoniana	Apongavato
		Ambondromisotra	Ambatolahy	Antaniditra
			Ambohimandroso I	Soanierana
Itasy	Miarinarivo	Miarinarivo	Andrefanihopitaly	Andohavary est
			Atsinananihopitaly	Atsinananihopitaly
			Antanambao atsimo	Ambonilalana
		Manazary	Maropapelika	Ankazo
			Ambohimanambola	Mangarano
		Analavory	Antanetimboahangy	Soanafindra
			Ambohimanana	Ambohimanana
			Ambohibary	Ambohibary centre
			Analavory	Analavory
		Mandiavato	Ambohimanazaka	Ambohibary
Soamahamanina	Mandrosoa	Andohavary		
Bongolava	Tsiroanomandidy	Miandrarivo	Ampitanimandridrano	Amparihikely
			Antorabato	
			Antsahanitavolo	Antsahanitavolo nord
				Antsahanitavolo sud
			Ambohidrangory	Ambohidrangory
				Antsahabe
			Antoby	Ambohimirahavavy toby nord
				Ambohimirahavavy toby sud
		Andohafarihy	Navokobe	
		Tsiroanomandidy	Avaratsena	1 quartier
Tsarahonenana	1 quartier			
Bongolava	Tsiroanomandidy	Tsiroanomandidy	Mangarivotra	1 quartier
			Amparihikambana	1 quartier
			Amparihibe	Amparihibe
Fihaonana	Andranomadio	1 quartier		
Vakinankaratra	Faratsiho	Faratsiho	Faratsiho	Antanifotsikely
			Soanierana	Anivosaha
			Soanierana	Ambohitsimiozona
			Ambohipoloalina	Anativato
			Antaboaka	
Ampizarankisoa	Ankafotra			

	Faravohitra	Faravohitra	Ampasanomby est
		Amparihimamga	Amparihy est
		Andrefanonibe	Andrefanonibe
	Antsapanimahazo	Ambohipianarantsoa	Ambohimahasola
		Avaratrakoholahy	Avaratrakoholahy
		Est Bevohoka	Ambohitrafovoany

Operational support services

Logistics and supply chain

For practical reasons, purchases were centralized at headquarters and transported to the sites to the level of access and transport areas were relayed by beneficiaries beyond.

Communications

MRC's Communication Department was responsible for updating the IEC tools. For external communication, it also aired the project activities through various communication channels:

- Online media: website and blog of the National Society
- Social media
- Print: MRC's magazine published in April, and May 2014
- Radio and local and national television

For internal communication, staff was informed through briefings on the plague. Electronic versions of the posters were also sent to the regional coordinators and project teams in the branches to inform volunteers and community members.

Thanks to the collaboration of the branches of the MRCS with the local media, all activities were reported by local journalists and broadcasted on national radio stations, including the opening ceremonies of training and project closure. Broadcasting contracts were established with various stations on behalf of the project: the spots on plague continue to be broadcast on different channels of local and national radio stations until the beginning of the next plague season.

Planning, monitoring, evaluation and reporting (PMER)

Monitoring missions activities were conducted by the district supervisor and the regional coordinator. The district supervisor and the regional coordinator provided technical support as part of monitoring implementation of activities. The monitoring team also met with the volunteers and paid courtesy calls to the authorities. Coordination with local governance and visit to some households are the tasks undertaken by the supervisor and coordinator when they visit the field. Home visits were also made by the coaches and coordinators to check the effectiveness of outreach activities conducted by volunteers (mobilizers) and to investigate the satisfaction with the services offered by the MRC.

Monitoring missions for branch staff members were performed every month in the 5 districts. The purpose of the monitoring mission was to measure the progress of implementation of activities on ground according to the work plan.

Members of local governance have also been involved in monitoring activities. Their pass through the villages served as moral support to volunteers.

C. DETAILED OPERATIONAL PLAN

During the intervention period (April and May 2014), there were no cases of plague in intervention areas, including within 60 neighborhoods/hamlets. This period does not normally have a plague epidemic outbreak.

Health and Care	
Outcome 1: Reduced morbidity and mortality among approximately 30,000 people (6,625 families) through health promotion and disinfection activities, supporting early case detection and community case management in five districts	
Outputs :	Activities planned:

<ul style="list-style-type: none"> • The Red Cross volunteers have the necessary capacity to respond to the plague outbreak as well as prevent further outbreaks. • Up to 6,625 families have increased their knowledge on proper health practices necessary to prevent further spread of the plague in their communities. 	<ul style="list-style-type: none"> • Continuous assessment and reporting of the evolving situation and spread of disease • Organize training on plague outbreak management with the support of IFRC-contracted external technical support. • IEC/BCC materials (posters, flyers) on plague and ways to control its risk produced, printed and distributed to enhance positive behaviour change. • Produce 225 protective and visibility gear. • Train volunteers on health promotion messages to be disseminated. • Deploy volunteers to identify high risk areas. • Disseminate key plague prevention messages to communities using beneficiary communication tools such as public gatherings, home visits, and radio and television spots. • Conduct a lesson learnt workshop on the plague outbreak. • Refer suspected cases to closest available health facilities for treatment. • Monitor and report on activities
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Achievements

IEC tools previously developed by the MoH were updated and approved by the MRCS at a meeting with other stakeholders. Two posters were reproduced and placed in public places such as town hall offices, health facilities, and in crowded locations and leaflets from the plague division MoH were also reproduced and distributed.

The MRCS has adapted IEC messages developed by MoH and UNICEF and disseminated them through audio-visual medium. Contracts were established with local and national radio and television stations serving the affected areas to air these messages for free. The dissemination of these messages continues beyond the life of this operation.

The MRCS and community volunteers were tasked to intervene in plague affected hamlets as identified during the previous plague outbreak (in the last season) by MoH and National Society, but they were also asked to work in adjacent hamlets depending on time and capacity.

Two regional coordinators conducted an assessment mission to identify volunteers on the ground. The 4 day field missions allowed coordinators to provide support and develop a list of volunteers which was accepted by the communities through the chairs of the neighbourhoods/hamlets. These volunteers were then tasked with conducting outreach to their community and they pledged to continue beyond the project.

The MRCS organised a training supported by the MoH which focused on general knowledge of the plague, interpersonal communication, WASH, community dialogue and home visit. It took place in Antananarivo from 20 to 24 March 2014. Five regional coordinators, district supervisors, voluntary national instructors in the field of health participated in the training.

The content of the training was endorsed by the MoH, in addition to the principles of the International Red Cross and Red Crescent Movement.

Some of the knowledge passed on during the training includes:

- The signs and symptoms of the disease: Community mobilisers were trained to teach the community on the signs of bubonic plague and signs of pneumonic plague (e.g. fever, head ache, fatigue, painful swelling in the neck, under armpits, in the groin, cough with sputum streaked with blood, all symptoms being sudden onset).
- The transmission modes: The plague is a disease transmitted from rats and fleas. Fleas will leave the bodies of dead rats and attach themselves to humans then bite the human host thus transmitting the disease. The plague is also transmitted by air through coughing in this way it causes rapid fatalities, yet it is curable if treated in time.
- The public must be aware of alertness, confidence health workers
- The means of preventing: Vector control, ensuring good hygiene in the dwellings places, raising the beds so as not to sleep on the floor and use of insecticides.
- Guarding against the invasion by rats: Control bush fire since bush fires push rats out of their natural habitat into the villages. There is a need to put protection on the corners of the walls of the houses so that rats do not get in, also to fill rat holes, also keeping domestic predators for rats (cats, dogs), lastly use traps to catch.
- The proper use of rat traps including the right location and the duration of the operation in each household for the traps provided by the MRC because in short supply.
- Treatment of rats caught: they must be killed or drowned in soapy water or slaughtered in jute bags in which they are dumped and burned and buried.

The Communication part of the plague training discussed; the basic techniques of interpersonal communication, home visits, community dialogue and communication for Behaviour Change.

The key WASH concepts taught included; key messages and waste management while the key concepts of volunteer management included definition of volunteering and voluntary service

Subsequently mobilizing training sessions were held in each district. The sessions were run by the coordinators, coaches and volunteers from the MRC service in regional health services or district. Each session lasted three days, participants were divided into 2 groups of 24 except Miarinarivo Itasy where there were only 24 participants were trained. A total of 219 people were trained consisting of 122 men and 97 women.

From the 6 of April to the 29 of May 2014, all 6036 households targeted in the villages were visited. In addition 1,389 other families from nearby villages also benefited from the awareness sessions on plague prevention, promotion of good hygiene practices using home visits and the leaflets developed. Thus a total of 7,425 households (112 per cent of target) received prevention and hygiene promotion messages using beneficiary communication tools such as public gatherings and home visits.

The mass sensitisation using local and national radio and television spots is estimated to have reached 128,688 people in Ambatofinandrahana (Region of Amoron'i Mania), Ankazobe (region of Analamanga), Faratsiho (Region of Vakinankaratra), Miarinarivo,(Region of Itasy), Tsiroanomandidy (Region of Bongolava) from the 60 neighbourhoods/hamlets

Challenges

Communication between the IFRC in Nairobi and Geneva gave different recommendations for the start of the project, which led to a considerable delay. Difficulty in access to volunteers due to poor communication networks i.e. Difficult access, some hamlets are outside telephone network, no electricity to recharge the batteries for phones. Possible solutions include requesting the assistance of the Ministry on the intervention areas and also sending message to the authorities (mayors, neighbourhood leaders) in order to reach the in accessible communities. The lesson learnt workshop on the plague outbreak was not conducted due to time constraints on the national society and the Disaster management Unit in the Regional and Zone offices.

Water, sanitation and hygiene promotion

Outcome: The immediate risks to the health of among approximately 30,000 people (6,625 families) through hygiene promotion and vector control activities in five affected districts are reduced.

Outputs	Activities Planned:
<ul style="list-style-type: none"> Up to 6,625 families have increased their knowledge on proper hygiene and sanitation practices necessary to prevent further spread of the plague in their communities 	<ul style="list-style-type: none"> Orient 225 volunteers on hygiene promotion and vector control activities. Conduct house to house visits for hygiene promotion and sanitation. Engage vector control specialist (focus and plague) for assessment and training. Deploy volunteers to identify high risk areas. Disseminate key plague prevention messages to communities using beneficiary communication tools such as public gatherings, home visits, radio and television spots Volunteers to guide heads of households and communities in rehabilitating their homes to prevent rats by blocking all holes. Volunteers to train heads of households and communities in hygiene promotion and environmental sanitation including garbage removal and the fight against the plague Procure and distribute protective gear for volunteers involved in vector control activities Monitor and report on activities

Achievements

After the combined Health and WASH training conducted by the MRCS for and supported by the MoH and the subsequent training of community mobilisers sanitation kits were purchased and delivered to the intervention sites.

The purchased items included 2 wheelbarrows , 2 shovels, rakes 2 , 3 brooms, 2 soubiques and 2 bags of jute per village, visibility and protection tools , insecticides, and training supplies was provided by the logistics department. The sets were delivered to the furthest point accessible by trucks where beneficiaries from the landlocked interior came to collect them.

Public awareness by mobilized volunteers, advocacy, group awareness and indoor home visit we conducted in the districts. A president of the neighbourhood/hamlet would pair with a volunteer to educate a group of working families. The volunteers would conduct a survey of the family during the home visits and outreach using different media (i.e. posters, flyers) and also answered questions from people visited. These visits lasted an average of 15 to 20 minutes per household.

In collaboration with the officer responsible for the neighbourhood mass awareness sessions were held in the various hamlets concerned, in order to sensitise on actions heed to be taken to prevent infection. The volunteers met with (teachers, neighbourhood committee members, religious leaders, chiefs traditional among others).

The public cleaning days were held and this was led by the volunteers. They worked with village authorities since this required a sizeable workforce. The kits sanitation kits provided by the CRM, as well as traps rats were made available to the villages. The volunteers ensured the proper use of the rat traps. Awareness on the construction and use of latrines was also conducted, because rats feed on trash and faeces.

From the 6 April to the 29 May 2014, all 6036 households targeted in the villages were visited. 1389 other families from nearby villages also benefited from awareness sessions. These households received at least a leaflet each. During the home visits, the family head or the one who received the MRC volunteers was invited to the mass awareness session during which various additional information and demonstrations were conducted.

It was during these mass sensitization sessions that collective cleaning and distribution of rat traps rats were conducted.

After sensitization by the MRCS volunteers, the community commenced construction of 719 pit latrines. These latrines are still in the pit digging stage and will be completed after the end date of the DREF.

In less than two months (50 days), 2,161 rats were caught. The rat traps have not yet made a round of all the households. The point of the rat trap intervention was to show people how to make and use the traps. Please note that the population has already used other methods: in some villages in Ankazobe, for example, each household has a cat.

Before the intervention both household and community garbage was neglected, but afterwards 385 new pits were dug and used. The goal was to understand the resourcefulness to the population.

Challenges

Limited capacity of the MoH in raising awareness and disinfection as well as use of insecticides in all regions. One solution is to strengthen the MRC capabilities in human resources and materials for disinfection and insecticides so as to be able to support the MoH.

D. Financial Variance Analysis

The balance of funds at close of operation of CHF 18,432 will be returned to DREF. Budget variances are explained as follows;

Transport and vehicles Costs	More was spent on renting vehicle and fuel for monitoring and evaluation, since the distance to the new areas identified by MoH were further than the original one budgeted for. Also the fuel for training volunteers also are booked in this line
National Society staff	The underspent is because the salaries for Finances and Logistics personnel were not paid by this project but were are paid under the Tsunami Legacy Fund project.
Volunteers	More tools purchased for volunteers needed in the field
Consultants	No consultant from IFRC was paid by this project. The consultant was paid for by EA regional office.
Workshops & Training	It was budgeted for 324 volunteers as a target. Due to the change of areas, the number of volunteers was decreased to 225.
Travel	This line is related to IFRC internal operation review and technical supports. The DREF review was not done.
Office Costs	The MRCS stationery costs were not are not paid for by this project but by the Tsunami Legacy funds project.
Communications	Due to distance the MRCS used more mobile phone credit in the field for communication to the volunteers, local authorities and other stakeholder.
Financial charges	It is due to the revaluation done with the working advance balance. There is Reduction in the value of MGA currency to CHF.

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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 Disaster 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.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report**MDRMG010 - Madagascar - Plague Outbreak**

Timeframe: 12 Jan 14 to 30 Jun 14

Appeal Launch Date: 12 Jan 14

Final Report

Selected Parameters

Reporting Timeframe	2014/1-10	Programme	MDRMG010
Budget Timeframe	2014/1-6	Budget	APPROVED
Split by funding source	Y	Project	PMG025
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		137,131				137,131	
B. Opening Balance							
Income							
Other Income							
<i>DREF Allocations</i>		137,131				137,131	
C4. Other Income		137,131				137,131	
C. Total Income = SUM(C1..C4)		137,131				137,131	
D. Total Funding = B +C		137,131				137,131	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		137,131				137,131	
E. Expenditure		-118,699				-118,699	
F. Closing Balance = (B + C + E)		18,432				18,432	

Disaster Response Financial Report

MDRMG010 - Madagascar - Plague Outbreak

Timeframe: 12 Jan 14 to 30 Jun 14

Appeal Launch Date: 12 Jan 14

Final Report

Selected Parameters

Reporting Timeframe	2014/1-10	Programme	MDRMG010
Budget Timeframe	2014/1-6	Budget	APPROVED
Split by funding source	Y	Project	PMG025
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			137,131			137,131		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	18,375		18,450			18,450	-75	
Total Relief items, Construction, Sup	18,375		18,450			18,450	-75	
Logistics, Transport & Storage								
Transport & Vehicles Costs	8,969		11,430			11,430	-2,461	
Total Logistics, Transport & Storage	8,969		11,430			11,430	-2,461	
Personnel								
National Society Staff	19,875		8,821			8,821	11,054	
Volunteers	20,338		21,607			21,607	-1,269	
Total Personnel	40,213		30,428			30,428	9,785	
Consultants & Professional Fees								
Consultants	3,000						3,000	
Total Consultants & Professional Fees	3,000						3,000	
Workshops & Training								
Workshops & Training	25,995		18,616			18,616	7,379	
Total Workshops & Training	25,995		18,616			18,616	7,379	
General Expenditure								
Travel	6,000		3,155			3,155	2,845	
Information & Public Relations	24,710		24,122			24,122	587	
Office Costs	1,000		667			667	333	
Communications	500		907			907	-407	
Financial Charges			3,680			3,680	-3,680	
Total General Expenditure	32,210		32,530			32,530	-321	
Indirect Costs								
Programme & Services Support Recove	8,369		7,245			7,245	1,125	
Total Indirect Costs	8,369		7,245			7,245	1,125	
TOTAL EXPENDITURE (D)	137,131		118,699			118,699	18,432	
VARIANCE (C - D)			18,432			18,432		

Disaster Response Financial Report**MDRMG010 - Madagascar - Plague Outbreak**

Timeframe: 12 Jan 14 to 30 Jun 14

Appeal Launch Date: 12 Jan 14

Final Report

Selected Parameters

Reporting Timeframe	2014/1-10	Programme	MDRMG010
Budget Timeframe	2014/1-6	Budget	APPROVED
Split by funding source	Y	Project	PMG025
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	137,131		137,131	137,131	118,699	18,432	
Subtotal BL2	137,131		137,131	137,131	118,699	18,432	
GRAND TOTAL	137,131		137,131	137,131	118,699	18,432	