RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

MADAGASCAR

RAPID RESPONSE

Plague Outbreak

2018

18-RR-MDG-33194

RESIDENT/HUMANITARIAN COORDINATOR	**Violet Kakyomya**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An After-Action Review (AAR) was conducted from 2 to 3 May 2019. While this AAR focused on the overall response, it was mainly in line with the CERF projects as early actions and responses were mainly funded by CERF allocation.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

This report was shared with HCT members, Ministry of Health, National Office for Disaster and Risk Management, and implementing partners.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
This joint CERF project - involving three UN Agencies (UNICEF, IOM and WHO) – helped to prevent the escalation of the 2018 plague outbreak in Madagascar through timely and effective early action to interrupt transmission in affected areas, care for those affected, control vectors and reservoirs and engage and mobilize affected communities. It was a real success, only with a minimum of budget while several lives have been saved; as talking about trigger to declare officially an epidemic situation is not evident and sometimes it is too late to respond, people die, and population lose their confidence to health actors. Government, UN System and other partners need to work and communicate together that if early actions are taken on time, we can save lives, save money and respond better. People become more confident and more proactive to reach health centers if suspected case is detected at the community level. For more detail, go through the video in the following link: *https://youtu.be/TBIp_qX00_M*

1. OVERVIEW

18-RR-MDG-33194 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**13,600,000[1]**
FUNDING RECEIVED BY SOURCE	
CERF	1,000,000
COUNTRY-BASED POOLED FUND (if applicable)	0,00
OTHER (bilateral/multilateral)	550,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**1,550,000**

18-RR-MDG-33194 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Allocation 1 – date of official submission: 09/11/2018			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	18-RR-IOM-036	Health - Health	100,000
UNICEF	18-RR-CEF-118	Health - Health	150,000
WHO	18-RR-WHO-048	Health - Health	750,000
TOTAL			**1,000,000**

[1] This budget is based on the worst case scenario, which was not happened during the 2018-2019 plague season.

18-RR-MDG-33194 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**869,257,27**
Funds transferred to Government partners*	130,743
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**130,743**
TOTAL	**1,000,000**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

After a large-scale plague outbreak in 2017, which killed 250 people, Madagascar faced an increase in plague cases between August and October in 2018. At the same time, multiple risk factors highlighted the possibility of the 2018/2019 outbreak escalating into a new large outbreak, as follows.

- The presidential election campaign started in October 2018 and continued through December 2018. Presidential candidates were organizing meetings across the country, and there were lots of crowding opportunities, increasing the risk of the disease spreading. The presidential campaign also influenced disinformation and false information related to plague by political contenders, which made effective plague control more difficult. During that period, different health authorities were involved in the political activities, impacting on vigilance related to the plague.

- Plague transmission usually occurs from September to April each year. Early cases of pneumonic plague – transmitted more easily, and more fatal, than the bubonic form - in the 2018-2019 season highlighted the risk of rapid spread of the disease, including in districts along the main national road with important population mobility flow and traffic: Miarinarivo, Tsiroanomandidy, Ambalavao, Ankazobe and Ambatofinandrahana.

- A total of 103 cases were registered from 19 August to 30 October 2018, including 37 confirmed cases and 10 deaths (6 pneumonic and 4 bubonic), and there were concerns that the number of cases could increase and become uncontrolled if early actions were not taken to increase control measures. At the same time, laboratory issues remained very challenging due to unreliability of Rapid Diagnostic Test and delays in confirming cases.

- The presence of reservoirs of Yersinia Pestis in major cities, including Antananarivo, increased the risk of an urban pneumonic plague outbreak which could be catastrophic and difficult to control, heightening the risk of international propagation.

- At the same time, the country was facing measles and malaria outbreaks, including in Antananarivo urban districts. This was the first measles outbreak since 2003. Inadequate sanitation and environmental hygiene situation increased the risk of spread of each of these communicable diseases, including the plague, particularly in major cities, including Antananarivo. The recrudescence of measles and its coexistence with the plague outbreak made the plague outbreak even more difficult to manage due to the fragility of the health system, as well as the possibility that the frightened population may undertake panicked movements.

CERF funds were needed to support early action to interrupt plague transmission in affected areas, to care for those affected, to control vectors and reservoirs and to engage and mobilize affected communities. The total population for the 14 targeted health districts was 4,267,000; the CERF funds were expected to serve 1,460,000 beneficiaries. The beneficiaries were between 15 and 64 years old, representing the most affected age group. The CERF funds were catalytic and were supplemented by

other additional funding. The overall results were: minimization of plague cases and deaths; significant improvement in performance indicators of plague control; and effective control of risks related to population movements.

3. PRIORITIZATION PROCESS

The CERF request was based on discussions held in the HCT, which strongly supported early action in order to prevent the risk of the 2018/2019 plague outbreak reaching the same proportions as in 2017. Health and WASH sectors were prioritized; their components included vector control, surveillance system, case management, communication and community engagement, control of population mobility and promotion of hygiene and sanitation, especially waste management.

These prioritized early actions were fully in line with the agreed priorities from the After-Action Review Workshop conducted prior to the beginning of the 2018 – 2019 plague season. The Preparedness and Response Plan established after the AAR Workshop, called for US$13.6 million. However, mobilising resources for the plan proved to be very difficult. The UN System, led by the UN Resident Coordinator, therefore supported this CERF application in order to ensure that the top priority activities could be implemented.

4. CERF RESULTS

CERF allocated $1 million to Madagascar from its rapid response window to undertake early action to prevent a large-scale plague outbreak, benefitting 1,520,799 people (of which 1,460,000 people by health activities and the rest were additional beneficiaries from WASH activities), and contributing to a significant reduction in plague cases and deaths in 2018 (50 deaths) compared to the 2017 plague emergency outbreak (more than 220 deaths).

Through this CERF Rapid Response grant, IOM, UNICEF, WHO and partners provided health care to 257 plague patients and chemoprophylaxis to 235 contacts of pneumonic plague patients. In addition: 213 disinfestations and 64 disinfections were carried out around these cases; 328 health workers were trained on surveillance and case management with a new treatment protocol; and vector and rodent control were implemented, emphasizing infection prevention control measures. Electronic based surveillance was implemented in 279 health-facilities across 9 districts and 2 major cities with 383 trained health workers and district focal persons. Sentinel surveillance of plague risk indicators was also implemented in 3 major cities - Antananarivo, Antsirabe and Fianarantsoa - and 12 vector control campaigns were carried out.

Population Mobility Mapping (PMM) tools enabled data collection in and around 3 major cities and the reports prepared were shared through HCT and other means. 221 local Health Screening Points' stakeholders (HSP) were trained on the establishment, workflow and management of HSP facilities with 10 fully equipped HSPs pre-positioned.

The CERF grant enabled significant outreach and engagement with affected communities: 634,475 people were reached through media programs, community dialogues, advocacy meetings, and dissemination of 70,000 communication materials (leaflets); 1,340 Community Agents, volunteers and young peer educators were trained to conduct interpersonal communication and participative dialogues; 123 communities across the 13 targeted areas benefited from Risk Communication and Community Engagement activities; and 3,520 people were consulted for behaviour communication. Finally, more than 10,560 tons of waste was evacuated in Antananarivo and Antsirabe towns.

5. PEOPLE REACHED

The CERF joint project reached 2,534,680 people (of which 1,460,000 people by purely health activities and the rest were additional beneficiaries from WASH in health activities) in the 14 targeted districts. These people benefited directly or indirectly through health and WASH activities, including activities related to community engagement, health screening points and waste management.

The final number of people reached is higher than targeted due to the additional people who benefited wash intervention in Antananarivo and Antsirabe towns, i.e. number of people reached by WASH activities is higher than those of Health activities in both towns. The reason is that the use of new trucks belonging to the Ministry in charge of Water, hygiene and Sanitation avoided the vehicle rental for waste transportation, hence more budget was available for fuel and allowed to collect more volume of waste in the entire of both cities (10,560 tons collected against 6,000 tons planned).
Therefore, the calculation of the final number of beneficiaries is based on WASH activities for Antananarivo and Antsirabe, while it is based on health activities for the rest of the districts.

18-RR-MDG-33194 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	414,373	789,182	**1,203,555**	429,415	721,710	**1,151,124**	843,788	1,510,892	**2,354,680**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

18-RR-MDG-33194 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	73,146	658,314	**731,460**	72,854	655,686	**728,540**	146,000	1,314,000	**1,460,000**
Reached	414,373	789,182	**1,203,555**	429,415	721,710	**1,151,124**	843,788	1,510,892	**2,354,680**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

18-RR-MDG-33194 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	1,460,000	2,354,680
Total (same as in table 5)	**1,460,000**	**2,354,680**

6. CERF's ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?

YES ☒ PARTIALLY ☐ NO ☐

In the spirit of early actions, the CERF funds were used to implement lifesaving interventions and early actions to prevent the escalation of the plague outbreak in 2018. In this emergency project, the suspect and confirmed patients benefited from good quality healthcare and response measures related to rodent and vector control put in place around cases. In addition, CERF funds allowed UN agencies and the government to mobilize their staff, materials and equipment to quickly conduct the planned activities to prevent the escalation of the outbreak, particularly in the two major cities of Antananarivo and Antsirabe. For the Community Engagement

activities, as soon as funds were received, the plague communication tool was multiplied and distributed to the target districts to make sure the whole population in the affected area received key messages on plague prevention and seeking treatment.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

These funds have allowed UN agencies to implement critical early actions, in line with the priority recommendations identified in the 2017 plague outbreak "After Action Review (AAR)". This included reinforcing active surveillance through early warning and detection system in affected communities and districts. At the moment of the plague outbreak, the most time-critical need was to provide key information to the population. Community engagement activities made sure that people were informed as soon as possible via interpersonal communication and participative dialogues to increase their engagement and actively contribute to reduce the spread of pneumonic and bubonic plague.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to reinforce the implementation of recommendations coming from the national coordination committee called "Operational General Headquarter". At the sector level, activities implemented through CERF funds strengthened the coordination of the WASH cluster and communication network. Based on the experiences from the plague outbreak in 2017, the Ministry of Public Health and UNICEF had set up a communication cell which coordinated all humanitarian actors intervening in the plague response. Within this structure, communication messages were developed and validated and eventually, could be transmitted by the different actors as part of their interventions, making sure that key information was aligned.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☐ PARTIALLY ☒ NO ☐

CERF funds allowed other partners – USAID and Resolve - to cover the cost of other key activities. However, due to the early actions implemented, a large scale of outbreak was avoided, and therefore the initially anticipated requirement ($13.6M) was not needed during the plague season. This highlights the value and cost effectiveness of early action.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF funds allowed UN Agencies to contribute to the implementation of After-Action Review recommendations to avert a large-scale plague outbreak during the plague season 2018-2019. Through this effort, the Health Ministry and partners acknowledged the importance of early action and its contribution to reducing the burden of plague in Madagascar. This experience is a very important added value on how health actors will work in the future. The rapid assessment after the intervention conducted in April 2019, supported by CERF, showed that the communication activities conducted by UNICEF and the Ministry increased the population's awareness of the plague and contributed to a change in the population's perception which needs to be built on for future epidemics. Another key added value of CERF funding was the opportunity to keep the communication cell operational and support the coordination of consistent messages across the different interventions of all humanitarian actors engaged in the plague response.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Early actions implemented on time are crucial to prevent the escalation of outbreaks in the future.	CERF should continue to analyze how to help countries to mobilize resources for early actions.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible**
By looking at the human mobility dimension of public health, relevant stakeholders who were not engaged in the 2017 plague outbreak response, such as public transportation stakeholders, were effectively joined to the 2018 response. Their capacities were leveraged to confront, contain, and respond to a new emergency outbreak – in support of public health stakeholders and local communities.	Reinforce effort on promoting the establishment and development of new partnerships and collaborations	HCT
The availability of medicines and supplies with qualified personnel, the reinforcement of surveillance through early warning, investigation and contact tracing, case management and contribution to rodent and vector control helped prevent and respond in timely manner for better results (the incidence of the disease decreased from more than 2,400 cases with more than 220 deaths in 2017 to 257 cases with 50 deaths in 2018).	Ensure a better and comprehensive preparedness approach, including capacity building of staff and pre-positionning of emergency stocks, and identify additional/alternate funding resources to support these efforts.	Health cluster
Sanitation through waste evacuation before rainy season.in urban areas contributed to the reduction of the risks of diseases or epidemic related to inadequate waste management in urban areas.	Continue the responsibility of Ministry of water (MEEH) by liaising with local partners to ensure the continuity of these sustainable measures and initiatives through development funding.	Wash cluster
Communication and community engagement activities enabled the Ministry of Health to reach directly 634,475 people in affected districts in order to increase their knowledge about the exact signs and symptoms of pneumonic and bubonic plague and to encourage communities and individuals to seek for treatment at health centers in case of suspected signs by interpersonal and participative dialogues activities	Ensure that the community takes ownership of maintaining vigilance for the plague and other public health events to be reported to health facilities.	UNICEF

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-CEF-118,18-RR-IOM-036,18-RR-WHO-048 - UNICEF, IOM, WHO

1. Project Information			
1. Agency:	UNICEF IOM WHO	**2. Country:**	Madagascar
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	18-RR-CEF-118 18-RR-IOM-036 18-RR-WHO-048
5. Project Title:	Early action in response to the 2018 plague outbreak in Madagascar		
6.a Original Start date:	15/11/2018 (UNICEF) 15/11/2018 (IOM) 15/11/2018 (WHO)	**6.b Original End Date:**	14/05/2019 (UNICEF) 14/05/2019 (IOM) 14/05/2019 (WHO)
6.c No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 13,600,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,450,000
	c. Amount received from CERF:	US$ 1,000,000
	d. Total CERF funds forwarded to implementing partners	**US$ 130,742.72**
	of which to:	
	▪ Government Partners	US$ 130,742.72
	▪ International NGOs	US$ 0,00
	▪ National NGOs	US$ 0,00
	▪ Red Cross/Crescent	US$ 0,00

2. Project Results Summary/Overall Performance
Through this CERF Rapid Response grant, IOM, UNICEF, WHO and partners provided health care to 257 plague patients and chemoprophylaxis to 235 contacts of pneumonic plague patients. 213 disinfestations and 64 disinfections as response measures were conducted around these cases. 328 health workers trained on surveillance, case management with new treatment protocol, vector and rodent control emphasizing infection prevention control measures. Electronic based surveillance implemented in 279 health-facilities for 9 districts and 2 major cities with 383 trained health workers and district focal persons. The sentinel surveillance of plague risk indicators implemented in 3 major cities Antananarivo, Antsirabe and Fianarantsoa and 12 vectors control campaigns.

The PMM tools contextualized with data collection in and around these 3 major cities and the reports prepared and shared through HCT and other means. 221 local Health Screening Points' stakeholders trained on the establishment, workflow and management of HSP facilities with 10 fully equipped HSPs pre-positioned.
A total of 634,475 people was reached through media programs, community dialogues, advocacy meetings, and dissemination of 70,000 communication materials (leaflets); 1,340 Community Agents, volunteers, young peer educators trained to conduct interpersonal communication and participative dialogues. 123 communities across the 13 targeted areas have benefited of Risk Communication and Community Engagement activities. 3,520 people consulted for behaviour communication.
Finally, more than 10,560 tons of waste was evacuated in Antananarivo and Antsirabe towns.

This project has contributed to the reduction of plague cases and deaths compared to 2017 plague emergency outbreak with 257 cases and 50 deaths this year. The community awareness increased with the improvement of waste management in the targeted areas and the health screening and PMM tools enhanced in country. The targeted 2,354,680 persons have benefited from the interventions of this project that has contributed to the improvement of health and propagation of in the vicinity areas.

3. Changes and Amendments

For UNICEF, the Ministry of public health, after the appointment of a new Minister and management team in January 2019, would like to consider additional studies about the "Safe and Dignified burial" protocol. Therefore, communication activity about this protocol was so far cancelled. By staying in the area of communication, this activity was replaced by another activity in Risk Communication and Community Engagement interventions. CERF Secretariat was informed about this amendment. In addition, due to accessibility issues (road and security conditions), 3 out of the 11 planned districts could not be reached for activity 8.3 to conduct a rapid assessment in terms of behaviour and communication at the end of the epidemic season.

For IOM, considering the evolution of the plague situation and the results of the Population Mobility Mapping (PMM) report, 2 new Health Screening Points (HSP) kits and additional new items for all the HSP kits have been added in order to carry out the screening of passengers from all identified affected districts. In addition, due to measles outbreak, the Ministry of health teams were so busy to support and not available to focus on plague activities; this delayed the implementation and even led to reducing the duration of the workshop (e.g. instead of 2 days it became one day) and rented venues were not used and some activities took place at the working places. The change in the Ministries authorities delayed the endorsement of Standard Operating Procedures of HSP as key document for training. The PMM were planned for 11 health districts but because the MoH team were busy, these activities were implemented and consolidated in 3 major cities (Antananarivo, Antsirabe and Fianarantsoa) covering the 11 health districts. CERF Secretariat was officially informed by the Resident Coordinator about these changes.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Planned	73,146	658,314	**731,460**	72,854	655,686	**728,540**	146,000	1,314,000	**1,460,000**
Reached	414,373	789,182	**1,203,555**	429,415	721,710	**1,151,125**	843,788	1,510,892	**2,354,680**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0

Host population	0	0
Affected people (none of the above)	1,460,000	2,354,680
Total (same as in 4a)	**1,460,000**	**2,354,680**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The final number of people reached is higher than targeted due to the additional people who benefited WASH intervention in Antananarivo and Antsirabe towns, i.e. number of people reached by WASH activities is higher than those of Health activities in both towns. The reason is that the use of new trucks belonging to the Ministry in charge of Water, hygiene and Sanitation avoided the vehicle rental for waste transportation, hence more budget was available for fuel and allowed to collect more volume of waste in the entire of both cities. Therefore, the calculation of the final number of beneficiaries is based on WASH activities for Antananarivo and Antsirabe, while it is based on health activities for the rest of the districts.	

5. CERF Result Framework

Project Objective	To strengthen surveillance, treatment and prevention in support to early action to save lives and prevent further large spread of the plague epidemic during this plague transmission period in 11 affected districts and the 3 major cities in a three-month timeframe.

Output 1	Early warning system for rapid detection, investigation, contact tracing and response to the plague outbreak are strengthened in 11 districts and the 3 major cities			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Percentage and number of new cases notified compared to the received alert	80% (2237)	93% (257/275)	DVSSER
Indicator 1.2	Percentage of investigated cases compared to the received notification	100% (2237)	100 % (257)	SITREP and DVSSER Investigation report register
Indicator 1.3	Percentage of contact tracing conducted out of pneumonic plague cases notified	100% (8758)	100% (235)	SITREP and DVSSER Contact tracing register, activity report
Indicator 1.4	Percentage of contacts of pneumonic plague patients who have successfully completed chemoprophylaxis	100% (8758)	100% (235)	SITREP and DVSSER Contact tracing register, activity report
Indicator 1.5	Coverage rate of electronic based early warning system in 11 districts and the 3 major cities	100%	79% (11/14)	Activity report and DVSSER surveillance report
Indicator 1.6	Completeness and timeliness rates of weekly disease surveillance report in 11 districts and the 3 major cities (284 basic health centers)	80%	79% (279) for completeness and 71% (279) for timeless	IDSR data base from DVSSER
Indicator 1.7	Number of key locations established for targeted control measures (health screening points)	8	10	Activity report
Explanation of output and indicators variance:	**Indicator 1.4.** According to data related to the expected cases and contacts, the total reported patients have been investigated and those of pneumonic plague put under chemoprophylaxis, as the expected patients based on the initial target have drastically decreased due to the implemented prevention and response interventions.			

	Indicator 1.5. 2 districts (internet connection related problems) and 1 major city (receiving many daily consultations with different consultants at once) are not covered yet since the specific software is under development for collecting and sending data, but tablets are already available for implementation.

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct rapid training on case management, investigation and contact tracing electronic based integrated disease surveillance and response (IDSR)	WHO
Activity 1.2	Implement e-surveillance with IDSR approach within the 11 districts and 3 major cities	WHO
Activity 1.3	Immediately investigate all notified cases	WHO
Activity 1.4	Identify, put under chemoprophylaxis and follow-up contacts	WHO
Activity 1.5	Contextualize PMM tools;	IOM
Activity 1.6	Conduct PMM data collection in target areas;	IOM
Activity 1.7	Prepare and disseminate PMM reports to stakeholders	IOM

Output 2	Early management of plague cases to avoid deaths and to break the chain of transmission in 11 districts and the 3 major cities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Proportion of health workers trained on new treatment protocol and IPC for 11 districts and 3 major cities	100% (328/328)	100% (328)	Activity Report
Indicator 2.2	Percentage of plague patient receiving treatment according to new treatment protocol	100% (257)	100% (257)	Activity Report
Indicator 2.3	Proportion of deaths of plague that have been subject of safe and dignified burial according to the standard protocol	100%	100% (34)	Activity Report
Indicator 2.4	Case fatality rate of plague (among suspect and confirmed cases)	5% (112)	19.4% (50 deaths out of 257 cases)	Activity and SITREP
Indicator 2.5	Number of health workers contaminated by plague	0	0	Activity Report
Indicator 2.6	Number of trained Health Screening Points Stakeholders on the establishment, work flows and management of the facility	170	221	Activity report
Explanation of output and indicators variance:		The expected cases and deaths are reduced in absolute number due to different activities implemented during the project implementation period **Indicator 2.6**. The number of trained stakeholders was higher than expected, due to strong participation and engagement of stakeholders from multiple backgrounds in the location identified for the pre-positioning of Health Screening Points – including officials from the regional and district levels, health, transportation, and public security sectors.		

Activities	**Description**	**Implemented by**
Activity 2.1	Train 328 health workers of 11 districts and 3 major cities on new treatment protocol and IPC	WHO

Activity 2.2	Conduct supportive supervision of health workers at basic health facilities and at district level	WHO
Activity 2.3	Ensure procurement of drugs for cases treatment and contacts chemoprophylaxis; and kits for safe and dignified burial for deaths	WHO
Activity 2.4	Train 170 local Health Screening Points stakeholders in each of the Health Screening Points on the establishment, work flows, and management of the facility	IOM
Activity 2.5	Establishment of 8 fully equipped health screening points	IOM

Output 3	Rodent and vector control activities to reduce the risk of occurrence of human cases in the affected areas (in 11 districts and the 3 major cities)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Percentage of vector and rodent control response conducted around plague confirmed cases	100%(2237)	100% (77 bubonic plague cases and 22 related deaths	Activity report and SITREP
Indicator 3.2	Percentage of vector and rodent control campaigns based on sentinel surveillance of risk indicators conducted in 1 district and 3 major cities (Antananarivo Renivohitra, Antsirabe 1, Fianarantsoa, Befotaka)	100% (12: 3 per district)	100% (12)	Activity Report
Indicator 3.3	Number persons trained on rodent and vector control in affected and most at risk areas	42	42	Activity Report
Indicator 3.4	Coverage rate of vector control campaigns	80%	80%	Activity Report
Indicator 3.5	Volume of waste evacuated	6,000 tonnes	10,560 tons	MEEH/SAMVA report activities
Explanation of output and indicators variance:		**Indicator 3.1.** The total bubonic plague cases and deaths have benefited from vector control response and campaign carried out in the areas. **Indicator 3.5.** The use of new trucks belonging to the Ministry in charge of Water, hygiene and Sanitation avoided the vehicle rental for waste transportation, therefore more budget was available for fuel, which allowed to collect more volume of waste. The spirit of this indicator was to ensure that all the case of bubonic plague and deaths are supposed to have a relation with vector in the area and as such it is recommended to do vector control (use of insecticide) to reduce the impact of vector (fleas). This was done in the districts and Health Facilities teams to reduce this risk for occurrence of new cases. According to protocol around bubonic plague cases a response should be done (desinsectisation in the households).		

Activities	**Description**	**Implemented by**
Activity 3.1	Training on vector and rodent control (anti rat brigades)	WHO
Activity 3.2	Conduct the sentinel surveillance of risk indicators	WHO-IPM
Activity 3.3	Conduct vector and reservoir control campaigns	WHO-MoH
Activity 3.4	Waste management campaign in 2 urban areas (Antananarivo, Antsirabe)	MEEH (Ministry of Energy, Water and hydrocarbon), SAMVA (Autonomous Maintenance Service of the City of

		Antananarivo) and sanitation service in urban commune of Antsirabe.

Output 4	Community engagement and risk communication with a focus on awareness raising and safe and dignified burial procedures in 11 districts and the 3 major cities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of people directly reached through interpersonal communication and participative dialogues in Antananarivo, Antsirabe and Fianarantsoa	240,000	634,475	Activity Report
Indicator 4.2	Number of communication materials disseminated	112,028	70,000	Activity Report
Indicator 4.3	Percentage of consulted population in the 11 districts and 3 major cities who know the signs and symptoms of pneumonic and bubonic plague and will accept to seek treatment at health centres	75% (180,000)	70% of the sample group	Activity Report
Explanation of output and indicators variance:		**Indicator 4.1.** 634,475 people were directly reached by the Risk Communication and Community Engagement (RCCE) activity, more than the double of the planned result, because there was a high interest among the population to learn more about plague symptoms, protection etc. Thus, when the Community Agents and other actors conducted meetings, the number of participants was above the planned target. **Indicator 4.2.** The underachievement for this activity is due to the fact that communication activity around the "Safe and Dignified burial" was cancelled as the Ministry of Public Health would like to consider additional studies before largely communicating on this. **Indicator 4.3** It refers to 75% of people who participated in the rapid assessment, not 75% of the total targeted population. Therefore, a rapid assessment among a representative sample of 3,520 people in terms of behavior and communication at the end of the epidemic season in the main 11 districts affected by plague showed that 70% of the consulted population who know the signs and symptoms of pneumonic and bubonic plague will accept to seek treatment at health centres.		

Activities	**Description**	**Implemented by**
Activity 4.1	Conduct interpersonal communication activities and participative dialogues in 11 districts and 3 major cities to increase the engagement of population in reducing spread of pneumonic and bubonic plague (response to plague epidemic, hygiene and sanitation promotion, safe burial)	Ministry of Youth - UNICEF
Activity 4.2	Produce and disseminate traditional and technical communication materials on plague epidemic response, hygiene promotion and safe burial.	After printing, disseminated by Ministry of Youth] - UNICEF
Activity 4.3	Conduct a rapid assessment on communication and behaviour change aspect at the end of the implementation period.	Ministry of Health – UNICEF

6. Accountability to Affected People

A) Project design and planning phase:

Representatives from the affected people participated to the After-Action Rreview (AAR) and the CERF project was designed in line with the AAR finding and plan of action.

In addition, a rapid assessment on communication aspects (baseline) was conducted at the beginning of the epidemic plague in order to consult population about their Knowledge, Attitudes and Practices regarding the plague. In addition, the 910 hotline continued to allow people to call in for free, receive advice and report any information on the plague. The results of these activities oriented the design of the activities for the CERF funded project to maximize accountability toward the affected people.

B) Project implementation phase:

During the 2017 epidemic outbreak, it was observed that the local communities were reluctant and sometimes outright hostile to the setting up of Health Screening Points (HSPs) in their vicinity, and to collaborate with the officials in charge of their management and running, leading to tensions and violence at the local level. Therefore, for the IOM activities implemented in the context of the preparation of the PMM reports, such as the data collection exercises; and for activities related to the identification and assessment of sites for the setting up of HSP; the local authorities (Chef de Fokontany) were closely kept involved and informed throughout the process. This ensured that they had access to transparent information related to the purpose of the HSP and their management and running processes, and that they may give their opinions and feedbacks on proposed sites, in order to reach a consensus on the appropriateness of the sites that integrates and addresses local concerns.

In addition, based on the AAR, recommendations through participative and consultative approaches key identified activities were prioritized. In order to implement this project due to the resurgence of plague cases in last August 2018, by the channel of strategic and operational coordination committee the activities are presented and approved by the General Secretary of Health for implementation in targeted health districts. The districts were informed to benefit for plague fight interventions with related response measures in case of alert for suspected and confirmed plague cases. The community workers were sensitized through respective head of health centers in regards with community surveillance. The sentinel surveillance for plague risk indicators in the cities, obviously discussed jointly between IPM, WHO and MoH involving local political and health authorities on the activities to be carried out in markets for rat captures in order to increase acceptance and better orient prevention interventions based on key findings.

UNICEF ensured fund management, implementation monitoring and supported advocacy for participation and engagement of the Government and existing structures in charge of waste management in each town. In order to ensure the accountability and continuity of waste management operation, the MEEH (Ministry of Energy, water and hydrocarbon, in charge of WASH) provided 16 trucks to SAMVA (structure in charge of waste management in Antananarivo town) to be used in Antananarivo; and the Municipality of Antsirabe has mobilized a backhoe and trucks for garbage extraction and evacuation. The achievement of the expected results for this waste management operation was ensured by the direct involvement of the Ministry in charge of WASH at regional and national levels, SAMVA and sanitation services in Antsirabe municipality. The existing structure of intermediate garbage collection at the fokontany level and the chief of the fokontany were also involved in the process, mainly in raising public awareness of the importance of complying with community waste management rules such as garbage deposit times, respect for cleanliness.

This operation has been able to ensure the accountability of Government services and WASH cluster members by reducing the risks of the proliferation of diseases or epidemics related to insufficient solid waste management in Antananarivo and Antsirabe, which was enormous prior to this operation. Through their regional branch, the MEEH could organize the urgent activities to strengthen the capacity of SAMVA and the Municipality of Antsirabe to anticipate diseases or epidemics related to waste (plague, cholera, tuberculosis, ...) before the arrival of the rainy season.

Finally, Risk Communication and Community Engagement (RCCE) activities were implemented in 11 districts including 3 urban areas affected by pneumonic and bubonic plague. RCCE interventions were based on interpersonal communication and participative dialogues conducted by Community Agents, volunteers, and young peer educators in 123 communities of the 11 districts. 1,340 community relays were trained and mobilized to conduct this RCCE.

C) Project monitoring and evaluation:

During the implementation of this project, joint supportive supervisions are organized in the targeted districts and key recommendations and actions followed up effectively to ensure quality of interventions and the situational weekly situation reports

shared with partners and coordination meetings held. On the other hand, a national After-Action Review was organized jointly with Ministry of Health and partners support WHO Headquarter to analyse the interventions and their impact on the plague resurgence and identify the learned lessons for improvement with outlook for future.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Choose an item.

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
Non	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)
N/A

8. Evaluation: Has this project been evaluated or is an evaluation pending?

On May 2 and 3 2019, an evaluation through a national After-Action Review (AAR) workshop took place to look at the activities implemented to control the plague outbreak for the season 2018–2019. This workshop helped to analyse key interventions implemented and assessed the level of implementation of 23 priority activities identified during Urban Pneumonic Plague outbreak 2017 AAR. Through this workshop, 18/23 activities were implemented and other were in progress. Based on this finding, recommendations were made based on the learned lessons and challenges. The 21 activities related to surveillance, case management, community engagement and rodent and vector control are therefore identified to be implemented for preventing plague outbreak for the next upcoming plague season.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
18-RR-CEF-118	Health	UNICEF	GOV	$92,655
18-RR-CEF-118	Health	UNICEF	GOV	$38,088

ANNEX 2: Success Stories

Here below are links to access to video summarizing the success of this joint project in term of early actions jointly implemented by the three agencies (IOM, UNICEF, WHO) avoiding a large scale of plague outbreak:

- https://youtu.be/TBIp_qX00_M
- https://afro.who.int/countries/madagascar
- https://afro.who.int/countries/multimedia?country=38

Here below links to access to video demonstrating the success of the community engagement implemented by UNICEF:

- https://www.youtube.com/watch?v=kP8_DoIPoF0
- https://www.facebook.com/UNICEFMada/videos/343116696426873/

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
DVSSER	Direction de Veuille Sanitaire, de Surveillance Epedemiologique et de Riposte
HCT	Humanitarian Counry Team
HSP	Health Screening Point
IDSR	Integrated Diseases Surveillance and Response
IPM	Institut Pasteur de Managascar
MEEH	Ministry of Energy, Water and Hydrocarbon
NGO	Non-Governenental Organisation
PMM	Population Mobility Mapping
RCCE	Risk Communication and Community Engagement
SAMVA	Service Autonome de l'Assainissement de la Ville d'Antananarivo
SITREP	Situation Report
WASH	Water, sanitation and hygiene