

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Madagascar: Chikungunya Epidemic

DREF operation n° MDRMG005
Glide n° EP-2010-000032-MDG
24 November 2010

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 34,879 (USD 32,295 or EUR 23,889) was allocated from the International Federation of Red Cross and Red Crescent Societies (IFRC)'s Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 44,000 beneficiaries.

On 8 February 2010, the Institute Pasteur Laboratory confirmed an outbreak of Chikungunya epidemic. Hundreds of patients were treated daily at public health centres and no deaths were reported. Chikungunya is a vector-borne disease transmitted through mosquitoes active during the day.



MRCS Volunteers during a sensitization campaign
(Photo, MRCS)

With support from the French Red Cross led Indian Ocean Regional Intervention Platform (PIROI¹), the IFRC through the Indian Ocean Islands (IOI) Regional Representation office and other partners, the Malagasy Red Cross Society (MRCS) developed a hygiene sensitization and clean-up campaign in 15 communes of the three affected districts.

The Netherlands Red Cross made a contribution to the DREF in replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on:

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

[<click here for the final financial report, or here to view contact details>](#)

¹ In French: Plateforme d'Intervention Regional Ocean Indien (PIROI).

The situation

Since October 2009, the incidence of fever in health centres in the district of Mananjary, south-east coast of Madagascar, increased abnormally. On 8 February 2010, the Institute Pasteur Laboratory confirmed an outbreak Chikungunya epidemic. Hundreds of patients were treated daily at public health centres and no deaths were reported. The Malagasy Red Cross Society (MRCS), in collaboration with the Ministry of Health (MoH), is the only organization that responded to this health emergency, with a focus on prevention.

On 10 March 2010, Cyclone Hubert hit the south-eastern part of Madagascar and directly affected seven districts, resulting to floods and stagnant water as well as threatening the spread of the Chikungunya outbreak and malaria. This led to delays in implementing the clean-up activities necessary to prevent transmission chain of mosquitoes causing the epidemic. MRCS volunteers were supplied with mosquito repellent creams to protect them from the threat of vector borne diseases. Clean-up campaigns are believed to have helped reduce the number of people affected by Chikungunya. Sensitization campaigns in the communities were developed in partnership with the Ministry of Health and French Red Cross led PIROI.

Red Cross and Red Crescent action

The clean-up campaigns and education on prevention of transmission is the most appropriate response to Chikungunya epidemic. The MRCS worked in close collaboration with the Regional Direction of Health and district Health Services to elaborate key messages of Chikungunya prevention and response in Mananjary and Manakara districts. The DREF support complemented by technical and financial support from PIROI, supported MRCS in scaling-up its operations. In the initial phase of the response, the MRCS concentrated on sensitization and clean-up campaigns, and later scaled-up its operations to include vector spraying. This change in planned intervention allowed the MRCS to ensure a community-based operation, which empowered communities with knowledge on prevention of vector transmitted disease as well as a more technical approach of killing mosquitoes through spraying.

Achievements against objectives

The general objective of this DREF operation is to empower communities in 15 communes in Mananjary and Manakara districts with knowledge and skills on Chikungunya preventive measures.

Emergency Health
Objective 1: To break up the transmission chain of the Chikungunya mosquitoes.
Activities planned: <ul style="list-style-type: none">To train volunteers on Chikungunya prevention.To organize a one day cleaning on a monthly basis in 15 communes in Mananjary and Manakara districts.
Objective 2: To sensitize communities on Chikungunya prevention measures and inform them to seek treatment from the health centres in case of high fever.
Activities planned: <ul style="list-style-type: none">To develop tools for community sensitization.To mobilize volunteers for community sensitization.To sensitize students in schools and communities through door-to-door visits.

Impact

A technical expert from the office for sanitary and social services (DRASS²) in La Réunion was mobilized with support from the PIROI, to provide technical training to MRCS staff and volunteers in developing a sensitization campaign, as well as on the correct use of equipment for vector spraying. A total of 60 volunteers from Mananjary and 20 from Manakara were trained over three days in Chikungunya response and prevention. Forty nine communities have organized hygiene campaigns in ten communes to sensitize community members on prevention of vector borne diseases.

² In French: Direction Régionale des Affaires Sanitaires et Sociales (DRASS)

The National Society conducted a workshop to elaborate key messages in Chikungunya prevention. In attendance were regional and district health authorities, volunteers and governance in Mananjary and Manakara districts.



MRCS volunteers and community members during clean-up activities (Photo, MRCS)

A total of 57,685 people from Mananjary and Manakara districts were sensitized on Chikungunya prevention techniques. This was done through door-to-door approach and during public meetings. Seventy six volunteers were mobilized to conduct these sessions. In addition, 2,498 pupils from 22 schools were sensitized on Chikungunya prevention techniques.

The Ministry of Health and local authorities were involved in sensitization campaigns through facilitating community mobilization and administrative procedure as well as validation of prevention messages. The communities and pupils that participated in these campaigns are knowledgeable about the origin of Chikungunya epidemic and know how to prevent it. The local communities are empowered and have committed themselves to conduct similar campaigns on a regular basis in their communities. Knowledge of Chikungunya prevention is believed to have reduced the impact of the epidemic on targeted communities. According to reports from health centres, the prevalence of Chikungunya epidemic did not increase even after the passage of Cyclone Hubert. This is due to increased awareness on how to prevent its transmission.

Challenges:

The political environment is still unstable, which made the operating environment volatile. However, there were no reported incidences of violence. Some communities were hardly accessible because of damaged roads caused by Cyclone Hubert that led to flooding. The volunteers had to go on foot to carry out sensitization activities in the target communities. The limited access made information gathering and monitoring of activities difficult and inconsistent. In addition, sensitization campaigns and clean-up activities were temporarily stopped for three weeks in the targeted areas. Some targeted communes remained inaccessible for several months and the volunteers could only get access in June 2010. Despite the end of this operation, the volunteers are still conducting clean-up and sensitization campaigns in close collaboration with the community members.

How we work

All International Federation 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 Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The International Federation'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.

Contact information

For further information specifically related to this operation please contact:

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[<Final financial report below; click here to return to the title page>](#)

MDRMG005 - Madagascar - Chikungunya Outbreak

Appeal Launch Date: 22 feb 10

Appeal Timeframe: 22 feb 10 to 22 jun 10

Final Financial Report

Selected Parameters	
Reporting Timeframe	2010/2-2010/11
Budget Timeframe	2010/2-2010/6
Appeal	MDRMG005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	34,879					34,879
B. Opening Balance	0					0
Income						
Other Income						
<i>Voluntary Income</i>	33,245					33,245
C6. Other Income	33,245					33,245
C. Total Income = SUM(C1..C6)	33,245					33,245
D. Total Funding = B + C	33,245					33,245
Appeal Coverage	95%					95%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	33,245					33,245
E. Expenditure	-33,245					-33,245
F. Closing Balance = (B + C + E)	0					0

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		34,879					34,879	
Supplies								
Water & Sanitation		1,441				1,441	-1,441	
Teaching Materials	9,500						9,500	
Utensils & Tools	11,500	6,112				6,112	5,388	
Total Supplies	21,000	7,553				7,553	13,447	
Transport & Storage								
Storage		452				452	-452	
Transport & Vehicle Costs	1,200	1,870				1,870	-670	
Total Transport & Storage	1,200	2,322				2,322	-1,122	
Personnel								
National Staff		1,834				1,834	-1,834	
National Society Staff	8,200	8,022				8,022	178	
Total Personnel	8,200	9,856				9,856	-1,656	
Workshops & Training								
Workshops & Training	1,850						1,850	
Total Workshops & Training	1,850						1,850	
General Expenditure								
Travel		1,860				1,860	-1,860	
Information & Public Relation		19				19	-19	
Office Costs	300	3,887				3,887	-3,587	
Communications	200	1,330				1,330	-1,130	
Financial Charges		4,389				4,389	-4,389	
Total General Expenditure	500	11,485				11,485	-10,985	
Programme Support								
Program Support	2,129	2,029				2,029	100	
Total Programme Support	2,129	2,029				2,029	100	
TOTAL EXPENDITURE (D)	34,879	33,245				33,245	1,633	
VARIANCE (C - D)		1,633				1,633		