

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Measles epidemic in Malawi

DREF operation n° MDRMW006
GLIDE n°EP-2010-000117-MW1
29 March, 2011

The International Federation of Red Cross and Red Crescent (IFRC) 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.

CHF 125,701 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) in July 2010 to support the national society in delivering assistance to some 80,000 beneficiaries in eight districts of the country.

Summary:

From December 2009 to September 2010 Malawi experienced its worst measles outbreak in years, affecting all but one district in the country. About 113,838 cases were reported with 221 deaths.

Of the three regions in the country, districts in the Southern Region were most affected by the outbreak of measles, both in terms of the number of districts affected and the number of cases and deaths reported.

MRCS targeted 80,000 people from eight districts: four in the Central Region and four in the Southern Region, with social mobilisation and health promotion campaigns, as well as direct support to vaccination activities. Methods included training 800 volunteers on measles prevention and control using the Epidemic Control Manual, as well as the Community-Based Health and First Aid (CBHFA) methodologies; production of materials for training and health education; dissemination of measles and health related prevention messages and support to child vaccination efforts of the Ministry of Health.

The campaign was carried out in the month of August. Since the end of October, no additional new cases have been registered in the country, attesting to the success of the campaign.

Of the DREF funds allocated, a balance of CHF 19,457 remained unused at the end of the operation and will be returned to DREF.

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



Volunteers attending to children awaiting measles vaccination/ photo MRCS

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. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of all 2010 contributions to DREF can be found on:

www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf and for 2011 on:

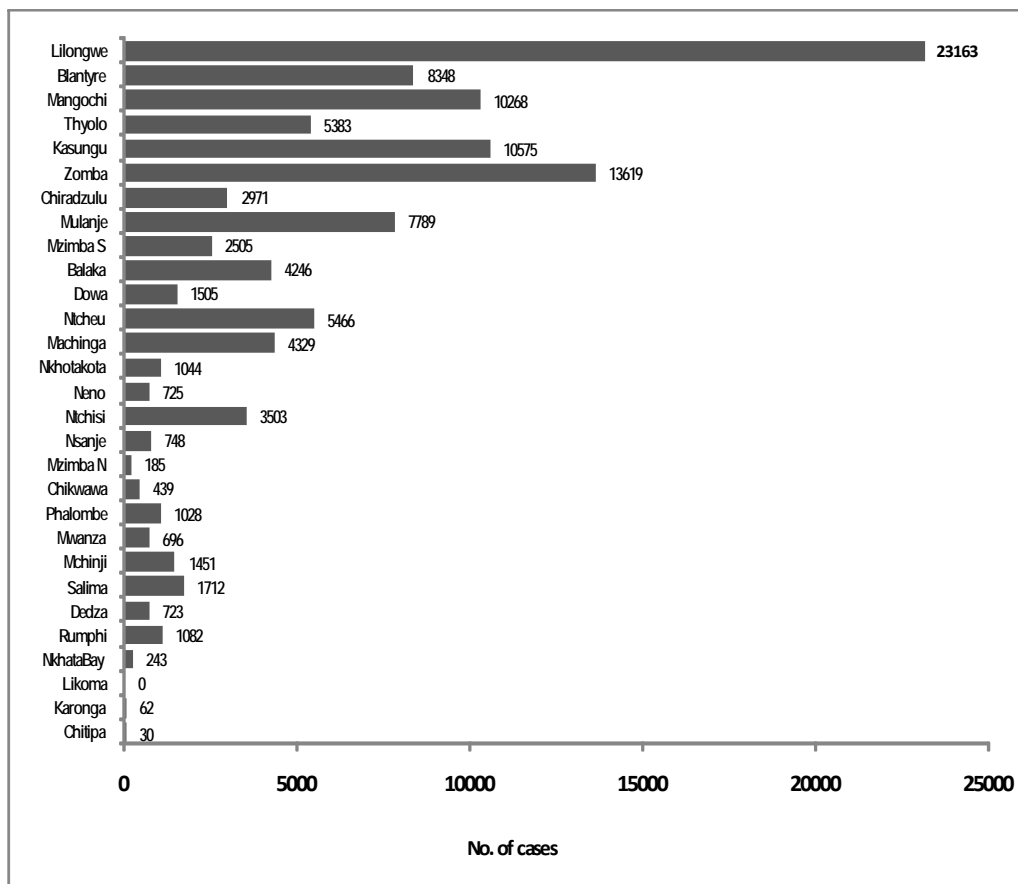
www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

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

The situation

In Malawi, measles used to be a major childhood public health problem until 1998 when the first catch-up campaign was done. In 1997 and 1998, 10,845 and 3,501 suspected measles cases were reported, respectively. Follow up campaigns were carried out in 2002, 2005 and 2008 and the impact was a huge reduction in the number of suspected cases.

Beginning December, 2009, for the first time since the late 1990s, Malawi experienced a measles outbreak, which affected all but one district in the country. Only Likoma district—an island on Lake Malawi—did not register a case. A total of 113,838 cases were registered with 221 deaths. Geographically, districts of the Southern Region registered the highest incidence (60,689 cases with 107 deaths), followed by the Central Region (49,142 cases and 95 deaths), with relatively fewer in the Northern part of the country (4,107 cases and 19 deaths).



Registered cases by first week of September 2010 per District

In order to prevent further worsening of the epidemic, Médecins Sans Frontières (MSF) together with the Ministry of Health launched several mass vaccination 'mop up' campaigns. Médecins Sans Frontières teams

vaccinated more than 1.1 million children aged between six months and 15 years throughout Blantyre, Mzimba, Chiradzulu, Mangochi, Lilongwe and Thyolo districts.

Ministry of health then organized a national immunization campaign targeting 6 million children countrywide. The campaign was carried out with support from different partners, including Malawi Red Cross Society (MRCS). MRCS, with support from IFRC, supported social mobilization activities, orientation of staff carrying out the campaign, production of IEC materials and the actual campaign in 8 districts: Kasungu Lilongwe, Kasungu, Ntcheu, Lilongwe, Mchinji, Mulanje, Zomba and Balaka.

Coordination and partnership

Malawi Red Cross is auxiliary to the Government; hence for any problem affecting the community, MRCS is there to complement Government efforts. MRCS therefore has participated in a number of meetings at District as well as at National level. MRCS took part in four national meetings to discuss issues concerning preparations for the national campaign and the different roles of partners during and after the campaign. In all the targeted Districts, the MRCS Project Officers were part of the task forces organizing the campaign.

Other partners, particularly MSF and UNICEF, played an even larger role in supporting the Government to secure vaccines for the campaign and facilitate logistics. MSF also conducted mop up campaigns in some Districts before the national campaign was organized.

Red Cross Action

The National Society carries out most of its activities through utilizing its trained community-based volunteers. The MRCS is able to capitalize on its community knowledge, trust, and established infrastructure to mobilize an extensive network of branch offices and volunteers into social action. The MRCS volunteers are recruited from the same communities they serve. For this operation, 800 volunteers were recruited and trained to carry out health education and awareness creation before the campaign.

Beneficially selection

Measles has been known to mostly attack children between the ages of 9 months and 14 years. The vaccination campaign targeted children from 6 months to 15 years. The social mobilisation activities targeted the whole population in the 8 targeted districts. These activities were done by the volunteers together with the Health worker and local leaders at community level.



Volunteers who participated in the campaign



Volunteer t-shirt

Achievement of planned outcomes

Objective: To improve measles and immunization awareness before and during the national campaign by targeting communities in eight districts with social mobilisation and health promotion campaigns – with a special focus on marginalised populations at risk of non-attendance

Expected Results:

- The number of cases of measles is significantly reduced.
- Target communities are effectively mobilized to prevent the spread of measles

Activities planned	Target	Achieved
Participation in coordination meetings at national and district level	27 monthly meetings (three at national and three each in the eight targeted districts)	4 meetings were attended at National level and 28 meetings at District level
Sourcing and printing of IEC materials	8,000	Sourced from Ministry of Health
Visibility (procurement of bibs, t-shirts, reflectors)	1,000	1,000 t-shirts printed and distributed to volunteers and 90 reflectors
Provide logistical support to health workers and volunteers	80,000	800 volunteers supported during orientation and during the campaign period with allowances
Recruitment and training of volunteers and supervisors for social mobilisation	800	800 volunteers recruited and trained
Dissemination of messages (number of days pre/during campaign)		The volunteers disseminated education messages continuously before and during the campaign period
Support vaccination site activities		100 trained volunteers in each district supported the health workers in carrying out site activities during the campaign
Monitoring and supervision of activities at headquarters		Two supervisory visits conducted by Headquarter staff
Monitoring and supervision at district level		District Project Officers conducted continuous supervisory visits in their respective Districts

Social Mobilisation Capacity

Objective: To strengthen the capacity of the National Society to prepare for, mitigate and control the outbreak of epidemic diseases.

Expected Results:

- **The capacity and quality of MRCS social mobilisation activities are improved.**

The activities for the measles support originally targeted 50,000 people in the south, 20,000 in the central region and 10,000 in the North. Considering the severity of the problem in the South and Central Regions of the country, only people in the South and Central were targeted in the end, reaching 70,000 people in the South and 55,000 in the Central Region through health talks provided by the trained volunteers.

- **The capacity of RC staff and volunteers on epidemic control is improved.**

A total of 800 volunteers were trained on campaign preparations in terms of information dissemination. These volunteers were involved in supporting the Health Surveillance Assistants in tallying the reporting forms and putting ink on children fingers for identification. The volunteers were supported with incentives in the form of T-shirts and meals during the campaign period.

A total of 26 District Project Officers of Malawi Red Cross were also trained on the Epidemic Control Manual. Training took place over five days, and all participants were provided with a training manual.

National Society visibility and relations

Objective: To improve relations with Ministry of Health and enhance visibility of the national society by contributing to human, material and financial resources through the DREF.

Expected Results:

-The partnership between MRCS and MoH is strengthened.

This was achieved through different meetings that were organised at National as well as at District level. A total of 4 meetings were attended by headquarter staff on campaign preparations while 28 meetings were attended by District Project Officers in the 8 Branches in readiness for the campaign. These meetings also promoted the visibility of MRCS in response to epidemics in the country.

- Visibility of Red Cross as a key actor in humanitarian work is enhanced.

MRCS was one of the few organisations in the country that played a major role in supporting measles epidemic control activities in the district in collaboration with the Ministry of Health. T-shirts and reflectors for volunteers were printed and distributed with measles control message.

Challenges

- There were some vaccine shortages in some Districts especially those neighbouring with Zambia and Mozambique but the Ministry stabilised the situation and the majority of people were immunised.
- Some religious sects could not allow their children to be vaccinated, risking continued spread of infection, but the Government intervened and more were vaccinated.
- The Yao tribe were doing their initiation ceremonies in the same month, requiring health workers to travel to their initiation places—sometimes far from the community—and leading to delays.

Impact of the operation

MSF assisted the Government by carrying out mop up campaigns in the districts that registered higher cases like Blantyre, Thyolo, Chiradzulu, Mangochi and Mzimba before the Government came up with the mass campaign. After the mop up vaccination campaigns, cases of measles, as well as deaths continued to rise. The campaign was conducted in the month of August as opposed to end July as was initially planned. Whereas by end July, cases continued to rise, but after the mass immunization campaign, cases started to decrease. By the beginning of September, no new cases were registered, and since the end of October, no additional new cases have been registered in the country. This shows that the campaign has been a success in stabilizing the outbreak.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in 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.

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.

Contact information

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

*Note that financial coding counted social mobilisation costs under 'workshops and training', resulting in expenditure that exceeded what was initially planned.



MDRMW006 - Malawi - Measles Epidemic

Appeal Launch Date: 18 jun 10

Appeal Timeframe: 18 jun 10 to 18 aug 10

Final Financial Report

Selected Parameters	
Reporting Timeframe	2010/6-2011/2
Budget Timeframe	2010/6-2010/8
Appeal	MDRMW006
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		125,701				125,701
B. Opening Balance		0				0
Income						
Other Income						
<i>Voluntary Income</i>		125,701				125,701
C6. Other Income		125,701				125,701
C. Total Income = SUM(C1..C6)		125,701				125,701
D. Total Funding = B + C		125,701				125,701
Appeal Coverage		100%				100%

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		125,701				125,701
E. Expenditure		-106,244				-106,244
F. Closing Balance = (B + C + E)		19,457				19,457

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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)		125,701					125,701	
Supplies								
Medical & First Aid	9,738							9,738
Teaching Materials	13,333							13,333
Total Supplies	23,071							23,071
Transport & Storage								
Storage	500							500
Transport & Vehicle Costs	3,760		8,871			8,871		-5,111
Total Transport & Storage	4,260		8,871			8,871		-4,611
Personnel								
National Society Staff	24,000		16,098			16,098		7,902
Total Personnel	24,000		16,098			16,098		7,902
Workshops & Training								
Workshops & Training	34,166		70,632			70,632		-36,466
Total Workshops & Training	34,166		70,632			70,632		-36,466
General Expenditure								
Travel	21,480		2,338			2,338		19,142
Office Costs	4,686							4,686
Communications	1,715		1,771			1,771		-56
Professional Fees	2,000							2,000
Financial Charges	2,652		50			50		2,602
Total General Expenditure	32,533		4,159			4,159		28,374
Programme & Service Support								
Programme & Service Support	7,672		6,484			6,484		1,188
Total Programme & Service Support	7,672		6,484			6,484		1,188
TOTAL EXPENDITURE (D)	125,701		106,244			106,244		19,457
VARIANCE (C - D)			19,457					19,457