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## Revised Emergency Appeal Philippines: Re-emergence of vaccine preventable diseases

 International Federation  
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRPH032

1.9 million people to be assisted

Appeal launched March 2019

Glide n°:

[EP-2019-000023-PHL](#)

[EP-2019-000110-PHL](#)

517,719 Swiss francs DREF allocated

Revision n° 2 issued November 2019

2,700,000 Swiss francs current Appeal budget

Appeal ends December 2020

2,100,000 Swiss francs funding gap

Extended 12 months

The Philippines has experienced a number of deadly outbreaks of vaccine preventable and mosquito borne diseases in 2019. Between February and September 2019, three separate outbreaks of measles, dengue and polio have claimed the lives of more than 1,700 people and put enormous pressure on an already burdened public health system. The most affected age group for death are children below the age of one year.

This revised emergency appeal seeks a total of **2,700,000** Swiss francs to enable the IFRC to support the Philippine Red Cross to expand and scale up their responses to **measles and polio outbreaks** so far covered separately for measles (MDRPH032) and for polio (MDRPH035). A separate response for the dengue outbreak is supported by a DREF (MDRPH033). The appeal has been expanded to support some **1.9 million people for 21 months** with a focus on **Health, water, sanitation and hygiene promotion (WASH), protection, gender and inclusion and National Society development**. The scale up of activities requires training and mobilization of around 2,600 volunteers across 25 chapters to support the Department of Health. The revised emergency appeal also includes a longer-term component to enhance immunization coverage to achieve 95 per cent fully immunized children in the operational area of this project, which is across 25 chapters in Luzon, Visayas and Mindanao, covering 70,000 children below the age of five years.

### The disaster and the Red Cross Red Crescent response to date

**6-7 February 2019:** The Department of Health (DOH) declared a measles outbreak in the National Capital Region (NCR) and six other regions.

**12 February 2019:** IFRC activated CHF 181,417 from its DREF to support PRC in the measles outbreak response. This was later scaled up to an **emergency appeal on 6 March 2019** for CHF 2 million. On **6 September 2019, the emergency appeal was revised** down to CHF 653,334 based on the resources available.

**19-31 August 2019:** DOH undertook a Supplementary Immunization Activity for Polio (Mop up campaign with bivalent OPV1 for children in the age group of 0-59 months) in Manila city and reached a coverage of 53.8 per cent.

**4-5 September 2019:** PRC conducts a workshop for global micro planning on immunization for 10 chapters across Luzon and Visayas to plan to reach 70,000 children in the age group of 6-59 months with measles vaccine, by 31 December 2019.

**19 September 2019:** DOH declared a polio outbreak based on a human case in Lanao Del Sur of cVDPV2, two environmental samples of VDPV2 (vaccine-derived polio virus type 2) in Davao waterways and five



In support to the Government, PRC started its mobilization of doctors, nurses and community health volunteers to do vaccination campaign in communities due to the overwhelming number of measles patients admitted in the hospitals. (Photo: Ryan Jopia / PRC)

environmental sample of VDPV1 (vaccine-derived polio type 1) in Manila sewage treatment plants. On **20 September 2019**, DOH identified one more human case of cVDPV2 in Laguna, which is 700 km away from the first case and close to Manila.

**1 October 2019:** IFRC activated CHF 336,302 from its Disaster Relief Emergency Fund to support PRC to the DOH effort in outbreak related immunization for polio in Mindanao and Metro Manila.

**14 October 2019:** DOH launched its 'round 0' of monovalent type 2 vaccination for 427,000 children in the age group of 0-59 months, in Mindanao and also launched the round 2 vaccination for bivalent OPV1 and round 3 for 1.27 million children in the age group of 0-59 months, in National Capital Region (NCR).

**21 October 2019:** PRC reached 51,745 children in the age group of 0-59 months with polio vaccine in Mindanao and NCR.

**25 October 2019** – Third case of VDPV2 is confirmed in a four-year old child in Datu Piang, Maguindano, Mindanao. This represents an expansion of the outbreak in Mindanao as it reaches a newly infected province.

## The operational strategy

### Needs assessment and targeting

On 7 February 2019, the Department of Health (DOH) declared the first outbreaks of measles. On 19 September 2019, the DOH confirmed the re-emergence of polio (vaccine-derived poliovirus, VDPV) in the Philippines and declared a national polio outbreak. The re-emergence comes almost 20 years after the Philippines had been declared polio-free in 2000 and the last case of wild poliovirus was recorded in 1993.

Children below the age of five – particularly in urban slums, rural areas, migrant families, indigenous communities – suffer from prolonged vulnerability and disadvantage resulting in a chronic humanitarian situation with increased risk for preventable disease and death. Underlying conditions for this situation include low vaccination coverage, unsafe water, poor sanitation, poor living conditions and lack of access to health services.

Mindanao province has been previously affected by periods of unrest, which has impacted accessibility to some areas by other organizations. However, PRC has been able to have continued access, and acceptance amongst the communities, meaning it is well placed to reach the most vulnerable and at-risk of the polio outbreak.

**Measles outbreak:** Since late 2018, there has been a dramatic increase in localized measles outbreaks across the country. Since the national measles outbreak was declared, there have been at least 42,004 cases and 563 deaths reported between 1 January and 28 September 2019. In the same period for 2018, there were 14,985 cases 128 deaths with an overall total of 202 deaths in 2018. Most deaths are children with a median age of one year. The peak of the outbreak was January to May 2019. While cases and deaths are still reported, the overall trend has reduced.

Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreaks. It is reported that fully immunized children for measles vaccine reduced over the last five years from 91 per cent to less than 40 per cent. The 2018 estimate is that 3.7 million children under five years old are still susceptible to measles infection.

Measles is a highly contagious virus that lives in the nose and throat mucus of an infected person. It can spread to others through coughing and sneezing. Additionally, measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. Children below five years of age are more susceptible to this virus and it is also transmitted through breast milk to newborn children, if the mother has measles. Measles is a vaccine preventable disease and a herd immunity against measles can be achieved by immunizing at least 95 per cent people in a community.

**Polio outbreak:** So far there have been three positive human cases of cVDPV2 reported and 10 positive environmental samples of CVDPV1 and 2. Two of the human cases are in Maguindano, Mindanao and one in Lanao del Sur, Mindanao. The environmental cases have been recorded in both Manila and Davao City.

Polio virus usually enters the environment in the faeces of someone who is infected. In areas with poor sanitation, the virus easily spreads from faeces into the water supply or by touch into food. In addition, because polio is so contagious, direct contact with a person infected with the virus can cause polio infection. Among those infected, 25 to 30 per cent develop mild symptoms, and 1 per cent develop Acute Flaccid Paralysis (AFP). 50 per cent of those paralysed develop lifelong disability and 0.2 per cent of those infected may die. Polio infects everyone, but children below five years are most at risk of developing lifelong disability and death. Polio is also a vaccine preventable disease and a herd immunity against polio can be achieved by immunizing at least 95 per cent people in a community.

Based on the current outbreak analysis, the DOH plans to vaccinate 3.1 million children in Mindanao and 1.27 million children in National Capital Region, as per the following schedule:

Round	Vaccine	Date	Area	Number of Children
Round 0	mOPV2	14-27 Oct 2019	Lanao Del Sur, Davao City and Davao Del Sur (Mindanao)	427,000
Round 2	bOPV1 & 3		Manila NCR	1.27 million
Round 1	mOPV2	25 Nov-6 Dec 2019	Entire Mindanao	3.1 million
Round 3	bOPV1 & 3		Manila NCR	1.27 million
Round 2	mOPV2	06-18 Jan 2019	Entire Mindanao	3.1 million

So far between 14 and 24 October 2019, a total of 1,499,699<sup>1</sup> children have been vaccinated in the target areas, representing 88 per cent of the total target.

The current outbreaks of measles and polio in the Philippines represents a risk for sliding back to a situation where there is endemic spread of the vaccine preventable diseases. While mass immunization successfully implemented will stop the transmission, significant efforts are required through enhanced vaccination to bring the disease to a level of control. Elimination and eradication are further down the line and will only be restored after several years. In the Philippines, elimination efforts for polio peaked in the 1990's, (the last case of polio was documented in 1993) and it took another 10 years to reach eradication in the year 2000.

Should the current mass immunization efforts fail to reach the targets, the opportunity costs for interrupting the chain of transmission will become significantly higher and increasingly difficult to achieve, hence the risk of endemicity.

Referring to the Western Pacific Regional Commission for Certification of Poliomyelitis Eradication (RCC), the Philippines is regarded as being high-risk for polio transmission in case of emergency and circulation of VDPV, due to the following factors:

- Chronic sub-optimal vaccination coverage for polio vaccines
- Sub-optimal performance of Acute Flaccid Paralysis (AFP) surveillance
- Poor sanitation and hygiene conditions

A combination of effective outbreak acute response with high coverage of outbreak related immunization, scaled-up surveillance and care for the sick at the community level may bring back the herd immunity and improve health protection for children under five in the Philippines, but this will not be enough to prevent future outbreaks or sustain protection of new children who will be born.

PRC will continue its support to DOH to ensure 95 per cent coverage of immunization towards achieving a herd immunity, which is pivotal in arresting the spread of virus and thus prevents outbreaks due to vaccine preventable diseases. Herd immunity is a form of indirect protection from infectious diseases that occur when a large percentage of a population has become immune to an infection, thereby providing a measure of protection for individuals who are not immune. Herd immunity is a desired state of immunization, where at least 95 out of 100 children are fully vaccinated (thus, protected) against a particular vaccine preventable disease (polio, measles, etc.). In this environment, the virus does not spread and even if it exists, it cannot infect children. Any few children who are not vaccinated (in this case, 5 out of 100 children) stay disease free, since the virus is not circulating in the environment.

### Summary of Red Cross and Red Crescent response to date

**Measles outbreak:** In response to the declaration of a national measles outbreak on 6 February, PRC mobilized staff and volunteers to support two strategies. Firstly, to support the overcrowded hospitals with Emergency Measles Units – these are fully equipped temporary wards staffed by PRC volunteers. Secondly, PRC directly vaccinated some of the most vulnerable at-risk and hard to reach children. Details of the measles response are reported in [Operations Update no. 2](#) and summarized below:

- PRC cared for 3,735 patients through seven measles care units (MCU) across six hospitals.



PRC vaccination team visits a family and administers vaccination. (Photo: PRC)

<sup>1</sup> UNICEF/WHO sitrep #5

- PRC vaccinated 16,956 children between 6-59 months of age across 20 chapters and reached over 1.9 million people with information on measles through different media channels.
- Micro-planning and operations in 10 chapters across priority regions (NCR, Regions I, III, IV-A, V, VI, VII, VIII, IX and CAR) to reach 70,000 children to be vaccinated with support from the DOH (Red Cross Red Crescent to undertake social mobilization, referral and health promotion).

The project has successfully responded to the measles outbreak and PRC received formal appreciation from the DOH, for their relevant and timely support. PRC also received a Measles/Rubella Champion Award, from the Measles Rubella Initiative, which is a global consortium of the American Red Cross, CDC, USAID, BMGF, etc.

**Polio outbreak:** In response to the declaration of a polio outbreak on 19 September, PRC scaled up their activities in Mindanao and National Capital Region. PRC are targeting the most vulnerable, hard to reach communities. This includes the urban slums of Manila and the remote highlands of Mindanao. This often requires the vaccination teams to walk house to house to find and vaccinate the children and provide basic health and hygiene promotion.

#### Summary of activities up to 26 October 2019:

- Number of chapters mobilized: 18
- PRC staff and volunteers mobilized: 63 staff, 557 volunteers
- Children vaccinated: 61,805
- Hygiene promotion activities: 709
- Hot meals provided: 1,130

#### Summary of assets mobilized:

- Cars with loudspeakers
- Vans to transport volunteers
- Refrigerators
- Vaccine carriers
- Personal micro phones

#### Coordination and partnerships

##### **Red Cross Red Crescent Movement in-country**

The IFRC Country Office has a dedicated Operations Manager and a Health Programme Manager who are providing technical support to PRC as requested. The IFRC Asia Pacific Regional Office Disaster and Crisis, Prevention, Response and Recovery (DCPRR) Unit, Health and Care, and Surge Desk are providing support and coordinating with other National Societies to source relevant support.

The Country Office is coordinating with Partner National Societies (PNS), which include American Red Cross, The Canadian Red Cross Society, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, The Netherlands Red Cross and Spanish Red Cross, as well as with International Committee of Red Cross (ICRC) on any security related considerations. For larger scale disaster situations, ICRC, IFRC and PRC refer to the Movement Coordination Agreement for Cooperation during emergencies. Movement-partners also refer and align to the "Access Map for Red Cross Red Crescent the Movement". The first polio case identified was in Marawi, Mindanao, southern Philippines. Here, PRC will be supported by ICRC in their response. PRC and IFRC will coordinate closely with ICRC in the response in selected chapters with high security risk.

##### **Coordinating with authorities**

Republic Act 10072 (Philippine Red Cross Act of 2010) recognizes PRC as an independent, autonomous, non-governmental organization, auxiliary to the authorities of the Republic of the Philippines in the humanitarian field. Since the establishment of the National Disaster Risk Reduction and Management Council (NDRRMC), PRC has served as one of the original member agencies and the only non-government agency sitting in the council membership.

PRC has received a formal request from the DOH, Government of the Philippines to support their efforts in measles and polio



PRC car with loud speakers in Manila City 26 Oct giving communities information on vaccination for polio. (Photo: PRC)



PRC assembling at health centre with DoH to coordinate on the communities to be vaccinated for the day – 26 Oct Manila City. (Photo: PRC)

outbreak response. The DOH appreciates PRC's role in supporting the immunization programme by using PRC's extensive network of Red Cross 143 volunteers, who deal with critical issues around refusal and improve the health seeking behaviour of the parents, which are critical for the success of the DOH's Expanded Programme on Immunization (EPI).

### **Inter-agency coordination**

At country level, PRC and IFRC are observers to and participate in meetings of the Humanitarian Country Team (HCT) held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant clusters as required.

IFRC and PRC are coordinating with WHO and UNICEF on the response, sharing information and contributing to updates. WHO co-chairs the National Health Cluster coordination through NDRRMC mechanism led by the DOH. A health cluster coordination meeting was held in the last week of September to discuss health partners' possible interventions in the polio outbreak response. The Cluster is requesting partners to share their plans in support of the response, particularly in affected areas (Davao, Lanao del Sur and Metro Manila).

## Proposed Areas for intervention

This appeal covers four areas of programming namely:

1. The **measles outbreak** response
2. The **polio outbreak** response
3. Support **enhanced routine immunization** and WASH improvement
4. PRC's epidemic preparedness.

PRC are responding to the polio outbreak by supporting the DOH in reaching the target of 95 per cent coverage in Mindanao and Metro Manila, to achieve a 'herd' immunity. PRC will target the most vulnerable, hard to reach families. PRC will continue to support Rounds 0, 1 and 2 in Mindanao by mobilizing 11 most affected chapters and Round 2 and 3 in Metro Manila through mobilization of nine most affected chapters. Hygiene promotion and WASH activities will be included in the outbreak's responses. This outbreak response support will continue until at least until January 2020.

PRC is also supporting the DOH with Active Case Finding, in close collaboration with Metro Manila and Mindanao Regional Epidemic Surveillance Unit (RESU).

From January 2020, PRC will work with 25 selected chapters to reach out to 70,000 children through a network of 1,000 volunteers to ensure that these children below five years of age, are fully immunized for all vaccine preventable diseases. Their immediate family members and other people in these communities (estimated at 300,000 people) will be supported with basic health promotion messages and WASH interventions (provision of safe water, promotion of hygienic practices including hand washing, and food and water safety, promotion of latrine use etc.) **particularly in dense urban areas** and over 1.9 million people will be reached with messages on vaccine preventable diseases and importance of vaccination.

This appeal will further support PRC's epidemic preparedness, which will work closely with PRC health team, DOH UNICEF, IFRC APRO and Global Health teams, etc. to ensure the Philippines has the corporate infrastructure, localized plans and adequate in-country capacity to respond to, manage and prevent epidemics, especially for vaccine preventable diseases. This initiative will also work closely with The Netherlands Red Cross (NLRC)-supported 510 secretariat and PRC's Operations Centre (OpCen) on data governance, risk modelling and targeting localized outbreaks, based on vulnerabilities to prevent outbreaks in the country and thus, reducing regional risk. This initiative will serve as a demonstration and learning platform for other National Societies working on outbreak and epidemic preparedness.

The following schematic intends to encompass the phases and initiatives with the basic information, in a holistic manner.



PRC in coordination with DOH going house to house to vaccinate children. (Photo: PRC)

## OVERALL PROGRAMME APPROACH

### Accomplished



#### Measles Outbreak Response

- MCU: 3,735 people served
- MCU: 18,000 people reached with WASH
- 16,956 children (6-59 months) vaccinated for measles
- 300,000 people reached with health promotion messages
- 1.9 million people reached through social media
- Emergency appeal raised for CHF 2 million (raised CHF 654,000)
- Timeline: February - September 2019

### Ongoing



#### Polio Outbreak Response

- Mindanao to cover 3.1 million children below 5 years of age
- Metro Manila to cover 1.27 million children below 5 years of age
- 20 Oct: 51,745 children covered by PRC (Target for first round: 65,000 / Next round: 100,000)
- Mobilized 500 volunteers and 50 staffs (1,000 volunteers targeted in the next round)
- Project area: 20 chapters in Mindanao and Metro Manila
- Target areas: Urban slum and geographically isolated and disadvantaged areas (GIDA)
- DREF released for CHF336,302
- Timeline: September 2019 - January 2020

### Starting Jan 2020



#### Immunization Enhancement

- 70,000 children
- 300,000 family members
- 1.2 million people with messages on vaccine preventable diseases
- 25 chapters
- 1,000 volunteers
- WASH in households, communities and health centres
- Work closely with DOH (main implementer), WHO (technical and surveillance partner) and UNICEF (supply side)
- Timeline: January - December 2020
- Revised appeal budget: CHF2,630,868



#### Epidemic Preparedness in the Philippines (EP2) Initiative

- Outbreak monitoring
- Risk modeling and data governance for better preparedness (in collaboration with NLRC 510 secretariat)
- Chapter level preparedness
- Corporate infrastructure development for PRC
- Knowledge management on EP2
- Serve as a demonstration and learning hub for outbreak and epidemic management
- Linking to Urban WASH hub and Resilience Centre
- Starting: Jan 2020

## Areas of Focus



### Health

**People targeted: 1.9 million**

Male: 960,000

Female: 940,000

**Requirements (CHF): 1,700,000**

Health interventions is planned for three parts:

1. Immediate outbreak response phase for measles
2. Immediate outbreak response phase for polio
3. Support enhanced immunization
4. PRC's epidemic preparedness

#### ***Needs analysis and population to be assisted***

**Measles outbreak:** During the first measles outbreak PRC supported the DOH by mobilizing measles care units to hospitals with high caseloads, and to vaccinate children and provide health promotion messages in urban slums and geographically isolated and disadvantaged areas (GIDA).

**Polio outbreak:** In the polio outbreak, PRC will support the DOH to reach urban slums and GIDA with health and hygiene messages and vaccines. Some of these areas are known to have very poor vaccine compliance, sub optimal coverage and refusal by the parents. PRC will also support the DOH the RESU in undertaking active case finding in the most at-risk areas and strengthen the Acute Flaccid Paralysis (AFP) surveillance at the local level. PRC is planning to cover close to 100,000 children in the age of 0-59 months with oral polio vaccine (OPV) through mobilization of 1,000 volunteers and 50 staffs.

Until the vaccination coverage and number of fully immunized children reaches at least 95 per cent, these kinds of outbreaks will keep repeating. This is made more complex by the existing prevalence of malnutrition and other diseases in this country, coupled with high rate of refusal, poor health seeking behaviours and fear of vaccine. The situation is made more volatile due to some supply side issues and also security risks in some areas of Mindanao. In this situation, it is imperative to strengthen the existing routine immunization through continuous and relevant social mobilization using the network of volunteers and improve the state of WASH in the households, communities and health centres.

There is a need to undertake risk modelling based on existing data and propose most at risk areas for immediate intervention. National and chapter level epidemic preparedness, informed by risk modelling and National Society development to ensure adequate availability of the corporate infrastructure is key to reduction of outbreaks and better management of outbreaks, in the future.

#### ***Activities***

**Measles outbreak:** During the measles outbreak, the DOH was supported with fully equipped measles care units (MCUs) with WASH and welfare desk facilities. These units were resourced with trained volunteers on a 24/7 basis and reached out to 3,735 patients with services and approximately 18,000 of their attendants with WASH, hot meals, psychosocial support and referral services.

A total of 16,956 children in the age group of 6-59 months were reached with direct vaccination services, whereas, approximately 300,000 people from these communities were reached with health promotion messages. Over 1.9 million people were reached with messages on social media and other mass media channels.

Micro planning and ongoing responses in 10 chapters across priority regions to reach 70,000 children that are being vaccinated by the DOH (Red Cross Red Crescent to undertake social mobilization, referral and health promotion).

**Polio outbreak:** In the ongoing polio outbreak, the DOH will receive support from PRC in relation to vaccination of around 100,000 children across 20 PRC chapter catchment areas in Mindanao and National Capital Region. This will be made possible by mobilizing 1,000 volunteers and 50 staffs. PRC will also support the DOH in active AFP case finding and undertaking basic WASH activities in the communities to arrest the spread of the virus.

In addition, 70,000 children in the age group of 0-59 months from across the catchment areas of 25 PRC chapters, will have continuous follow up by trained and local Red Cross 143 volunteers to ensure they are fully immunized to any vaccine preventable disease. The same group of children and their families will receive health and hygiene promotion messages and services. Approximately 300,000 family and community members will be targeted by this appeal to ensure a conducive environment for vaccination leading to compliance and herd immunity.

The appeal will support PRC's epidemic preparedness activities. This will work in close collaboration with all the relevant services, NLRC's 510 secretariat and PRC's OpCen to strengthen PRC's outbreak response and management preparedness at the national headquarters (NHQ) and chapters. This initiative will closely work with other partners including DOH, WHO and UNICEF to ensure a coordinated and technically accurate approach. This initiative will also serve as demonstration and learning centre in the Asia Pacific region for knowledge management and dissemination of learning in relation to epidemic preparedness, data governance and coordinated response.



The PRC vaccination model team used to train PRC staff and volunteers. (Photo: PRC)



## Water, sanitation and hygiene

**People targeted: 318,000**

Male:154,000

Female:164,000

**Requirements (CHF): 500,000**

WASH in the rural and urban context is an important part of this appeal; it supports the appeal in three parts:

1. WASH facilities and services at the emergency medical units
2. Infrastructure assessment and development at the community and health centres
3. Hygiene promotion and providing solution to urban WASH problems in most areas

### **Needs analysis and population to be assisted**

**Measles outbreak:** During the measles outbreak, the measles care units (MCUs) required WASH facilities to provide clean potable drinking water, temporary sanitation facilities and basic hygiene material and promotional activities for the patients and their attendants.

**Polio outbreak:** In the polio outbreak, PRC will support the DOH to reach out to the urban slums and GIDA with hygiene promotion messages and the provision of hygiene kits and jerry cans to households identified with an AFP case.

It is not only vaccination, but the overall state of WASH will also determine occurrence and reoccurrence of outbreaks and the overall standard of immunity of the children and vulnerability in a community. Health centres also need basic and functional WASH facilities to make sure that they are not assisting the spread of virus.

### **Activities**

**Measles outbreak:** During the measles outbreak phase, the MCUs received significant WASH services from PRC. The patients and their attendants received safe drinking water, clean sanitation and hand washing facilities, hygiene materials and basic knowledge, and information education communication materials on safe WASH practices. PRC reached out to approximately 18,000 people through its WASH services.

**Polio outbreak:** During the polio outbreak response, households with AFP will receive a safe WASH kit comprising of jerry can, hygiene kit, household water treatment orientation, and sedimentation and chlorination materials. The WASH team will continue to undertake water sample testing to assess the presence of E. coli in different water sources, which is an indicator of poor sanitation that can be used as a proxy indicator for risk of AFP, due to VDPV contamination.

The WASH component will support selected households, communities and health centres with basic WASH infrastructure and continue to promote health and hygiene in the communities to reduce the risk and vulnerabilities of disease and outbreaks. The WASH component will reach out to 300,000 people in the communities with services and direct hygiene promotion activities.



## Protection, gender and inclusion

**People targeted: 318,000**

Male:154,000

Female:164,000

**Requirements (CHF): 25,000**

Protection, gender and inclusion (PGI) will continue to be a cross-cutting theme of all the elements and phases of the operation. The PGI minimum standards, sexual and gender-based violence (SGBV) guidelines and sex age disability disaggregated data (SADDD) will be adhered for all programme components.

### ***Needs analysis and population to be assisted***

As followed in the measles outbreaks response phase, there is need to follow the minimum standards for PGI, child protection and gender and SGBV related policies while dealing with any beneficiaries and volunteers. This needs to be a cross-cutting area for the longer-term phase of this operation, as well. The chapters need to be oriented on all the above standards and SOP and continuous monitoring is needed to ensure, the standards are translated into practice during the field operations. SADDD needs to be an integral part of all the components of the project and continue to provide direction in relation to right and adequate targeting.

### ***Activities***

Like the measles outbreak response phase, the polio outbreak response and the longer-term routine immunization enhance project will observe orientation of key staffs and volunteers on minimum standards of PGI, SGBV guidelines, SADDD etc. Altogether, 180 volunteers will be trained on these topics across the NHQ and 25 operating chapters. This team with support from the NHQ PGI team, will continue to support the field operation in maintaining basic standards and adhere to quality of implementation.

## Strategies for Implementation

**Requirements (CHF): 475,000**

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.

The operation will continue to provide support to PRC in relation to technical accuracy, planning, programme monitoring and other areas of expertise, through in-house expertise and with support from surge delegates, through various mechanism, including but not limited to RDRT, global surge, FACT, etc. The project will have a significant focus on capturing learning, sharing the same with key stakeholders and dissemination the same for marking the urgency of the situation and to advocate for resource mobilization and diplomatic consensus building.

This process needs to have a strong documentation and communication focus, which will also ensure PRC's capacity enhancement in relation to these topics, for making a more human case.

Considering the nature and scale of the present health emergencies the appeal will also support National Society development to ensure a well-functioning national society, ready to respond to a regional outbreak and national epidemic, such as:

1. Development of PRC surveillance system, where the secondary data collected from the DOH is analysed and the most vulnerable areas are relayed to the respective volunteers, who perform active case findings and confirm the cases as part of community-based surveillance, manage the localized outbreaks and report back to the Operations Centre.
2. Development of epidemiological capacity of PRC by establishing an epidemiological department as part of the health services.
3. Development of epidemic response planning, better modelling capacity (with support from 510/NLRC) and long-term programming focusing routine immunization.
4. PRC will also have better medical logistics management and emergency extension ward management capacity that they would acquire by establishing, implementing and learning from the measles care units (MCU).

More details will be outlined in the revised Emergency Plan of Action.

## Budget

### *Philippines – Re-Emergence of vaccine preventable diseases Funding requirements - summary*

HEALTH	1,700,000
WATER, SANITATION AND HYGIENE	500,000
INCLUSION, GENDER AND PROTECTION	25,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	60,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	350,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	65,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>2,700,000</b>

*all amounts in Swiss Francs (CHF)*

**Elhadj As Sy**  
Secretary General

## Reference documents



Click here for:

- [Previous appeals and updates](#)
- [Previous Emergency Appeal](#)
- [Previous Emergency Plan of Action \(EPoA\)](#)

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and **peace.**