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# Emergency Plan of Action (EPoA) Sri Lanka / Dengue

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation MDRLK007</b>	<b>Glide n°</b> <a href="#">EP-2017-000086-LKA</a>
<b>Date of issue: July 23 July 2017</b>	<b>Date of disaster: Slow onset (Government request on 18 July 2017)</b>
<b>Operation manager (responsible for this EPoA):</b> Gerhard Tauscher, Operation Manager, Sri Lanka Country Office	<b>Point of contact:</b> Gerhard Tauscher, Operation Manager, Sri Lanka Country Office
<b>Operation start date:</b> 10 July 2017	<b>Expected timeframe:</b> 6 months
<b>Overall operation budget: CHF 295,352</b>	<b>Categorization of disaster<sup>1</sup>:</b> Orange
<b>Number of people affected<sup>2</sup>:</b> 103,114	<b>Number of people to be assisted:</b> 309,600 <sup>3</sup>
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> The Sri Lanka Red Cross Society (SLRCS) is a voluntary humanitarian organization; SLRCS has a strong branch network in all the 25 districts of the country and headquarters located in Colombo. There are around 6,000 volunteers across branches out of which 3,500 are trained on First Aid (FA). Over 500 staff and volunteers are trained in disaster response. National Disaster Response Teams (NDRT), Branch Disaster Response Teams (BDRT) and Divisional Disaster Response Teams (DDRT) are available at National, District and Divisional levels. At present SLRCS is mobilizing 300 volunteers for the support of this operation.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):</b> The International Federation of Red Cross and Red Crescent Societies (IFRC) has been actively supporting the SLRCS in developing the Emergency Plan of Action for the DREF request and coordinating with SLRCS for information sharing with the Movement and external partners.	
<b>Other partner organizations actively involved in the operation:</b> National Dengue Control Unit, local authorities, municipal council, Grama Niladari (GN) – smallest government administration unit and community-based organizations	

## A. Situation analysis

### Description of the disaster

A total of 103,114 suspected dengue cases have been reported to the [Epidemiology Unit](#), Sri Lanka from all over the island for the last 7 months in the year of 2017 with over 296 deaths. The trend diagram below clearly shows the outbreak proportions dengue is taking in the year 2017 in comparison to each year from 2010 to 2017. The current outbreak is predominantly due to Dengue Fever Virus Type 2 (DEN-2), to which the population has become susceptible due to immunological mechanisms.

Approximately 43.67% of dengue cases were reported from the Western province, namely the three districts of Colombo, Gampaha and Kalutara.



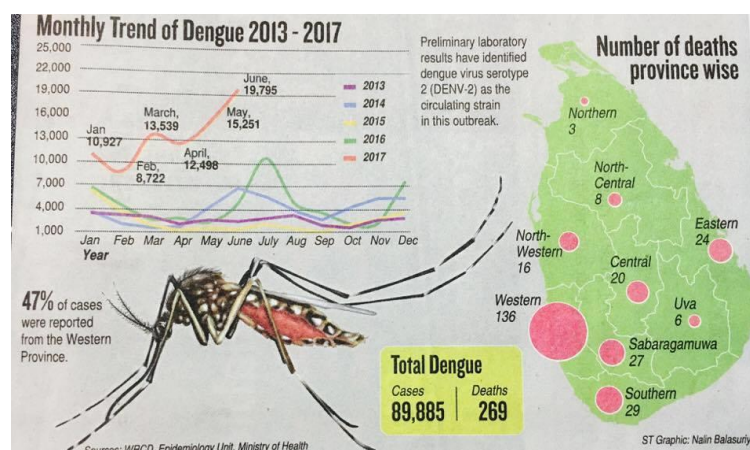
Red Cross Volunteer assisting Negombo Hospital, (Photo: SLRCS Gampaha Branch)

<sup>1</sup> Based on the IFRC Secretariat's Operational Response Framework. This categorization implies that the response intervention is within the capacity of the National Society of an affected country to manage with resources available in-country. If requested, the IFRC Country Office may provide any necessary technical or management support to the National Society, and if required, the IFRC Regional Office may support the mobilization of regional disaster response tools, with Geneva supporting the allocation of Disaster Relief Emergency Funds (DREF).

<sup>2</sup> Epidemiological Unit, Ministry of Health 23 July 2017: [link](#)

<sup>3</sup> Most of the activities are prevention, therefore this figure includes indirect beneficiaries.

Most tertiary care government hospitals as well as private hospitals have exceeded their capacity due to heavy patient load. This led the Ministry of Health (MOH) to make an official request for assistance to Sri Lanka Red Cross on 18 July 2017. SLRCS had already foreseen the need and started to respond earlier in the month.



Summary on dengue trend, number of people affected and deaths,  
(Source: Sunday Times 16 July 2017)

**Table 1: Dengue cases reported by month by district<sup>4</sup>**

RDHS	January	February	March	April	May	June	July	Total Cases
Colombo	2,734	1,900	2,467	2,570	3,333	5,372	3,810	22,186
Gampaha	1,635	1,087	1,870	2,072	3,168	4,387	3,009	17,228
Kalutara	581	448	836	739	946	1,248	818	5,616
Kandy	252	205	368	445	864	2,295	1,588	6,017
Matale	129	103	145	120	165	403	284	1,349
Nuwara Eliya	50	32	42	37	57	94	209	521
Galle	872	567	424	265	394	582	435	3,539
Hambantota	301	225	339	333	272	320	243	2,033
Matara	431	382	337	354	488	581	800	3,373
Jaffna	625	478	863	499	301	288	244	3,298
Kilinochchi	55	84	35	46	21	21	63	325
Mannar	147	91	65	90	60	23	11	487
Vavuniya	58	76	143	83	65	81	75	581
Mulativu	37	32	21	16	27	29	37	199
Batticaloa	217	465	828	1,182	869	465	129	4,155
Ampara	51	51	59	72	75	105	105	518
Trincomalee	387	661	2,114	936	154	122	54	4,428
Kurunegala	403	381	505	615	1,244	1,905	961	6,014
Puttalam	196	132	212	318	612	779	662	2,911
Anuradhapura	166	147	255	193	249	362	235	1,607
Polonnaruwa	54	64	98	172	144	149	135	816
Badulla	226	130	139	167	186	385	483	1,716
Moneragala	97	97	112	126	164	449	335	1,380
Ratnapura	439	360	507	519	1,161	1,908	1,187	6,081
Kegalle	210	230	377	332	700	1,945	1,155	4,949
Kalmunai	574	294	378	197	162	125	57	1,787
<b>TOTAL</b>	<b>10,927</b>	<b>8,722</b>	<b>13,539</b>	<b>12,498</b>	<b>15,881</b>	<b>24,423</b>	<b>17,124</b>	<b>103,114</b>

<sup>4</sup> Epidemiological Unit, Ministry of Health (as of 23 July 2017).

## Summary of the current response

### Overview of Host National Society

Dengue control has been moved up in the priority list of SLRCS agenda, at national, branch and community level. At national level, SLRCS is represented in high level meetings organized by the Ministry of Health to plan, review and coordinate dengue control activities. At branch level, the respective SLRCS branch staff are in frequent coordination with the Regional Directors of Health services and district level health counterparts of the government. At community level, SLRCS volunteers are working hand in hand with the Medical Officer of Health (MoH) teams mobilized for dengue control activities. There is close coordination with the Public Health Inspectors (PHI), field environmental health and disease surveillance officers in the SLRCS dengue control activities.

SLRCS branches in the affected areas actively worked with their volunteers in government organized clean-up programmes to eliminate dengue vector breeding sites. The support of the SLRCS volunteers is much in demand at this critical period where large number of teams are mobilized urgently to eliminate dengue breeding sites.

SLRCS volunteers are supporting the Negombo Hospital to scale up its support services in a stressed human resource condition. Negombo Hospital attracts a large number of dengue patients from many parts of the country due to the fact that it provides the highest level of care and positive outcome of patients managed by its trained and experienced staff. Hence the SLRCS volunteers who are assisting the Negombo Hospital staff in the management of dengue fever patients are involved in a national endeavour. There are demands from other hospitals as well for volunteers which are being responded to using available funding from the respective branches.

Colombo, Gampaha and Kalutara branches have been provided with guidance and financial support to conduct special dengue vector breeding site elimination programmes.

Most behavioural change communication programmes on dengue have used a strategy to invoke fear associated with the consequences of the dengue fever. However, this is in contrary to many evidence from research which prove that evoking fear will not lead to change in behaviour at least in the long run. Negative reinforcement in the form of legal action and fining too has not been effective in most instances. SLRCS has initiated an innovative, positive reinforcement based dengue mosquito breeding place clean-up programme titled “Dengue Nethnam Salli Thamai<sup>5</sup>” in collaboration with the National Dengue Control Program and a private media television and radio channel.

SLRCS team at national, branch and community level are daily reviewing the status of the dengue response through daily meetings to ensure the best possible support to the government during this public health crisis.

SLRCS has been working in supporting dengue activities for many years, which includes a [DREF](#) operation in 2009.

### Overview of Red Cross Red Crescent Movement in country

The IFRC is assisting in the operations. The country office in Sri Lanka together with the IFRC Country Cluster Office based in New Delhi and Asia Pacific Regional Office (APRO) in Kuala Lumpur are closely monitoring the situation, exchanging technical support to the SLRCS for the preparation of a DREF and other support to reach out to the affected people. A [DMIS](#) entry was posted by IFRC on 18 July to give an update on the evolving situation. IFRC is coordinating with SLRCS in the dengue response.

### Response by the Government of Sri Lanka (GoSL)

The Government of Sri Lanka has initiated a number of programmes, both to prevent the escalation of the outbreak as well as to provide curative health services to the affected communities. The Presidential Task Force on Dengue (PTF) and National Dengue Control Unit of the Ministry of Health, Nutrition and Indigenous Medicine has launched a Rapid Intersectoral Programme for prevention and control of dengue as a national level initiative which enlists a range of activities including community-driven mosquito breeding site removal, enhanced surveillance and legal action.

In addition to the Emergency Operation Center which was established at the National Dengue Control Unit which managed preventive health activities, a separate Emergency Operations Center has been established at the Disaster Preparedness and Response Division to cater to the needs of hospitals.

Dengue breeding site clean-up programmes are under way with the participation of field health staff, other government field staff, Tri Forces, Civil Defence and Police. Active contribution of the private sector and non-government sector has been sought by the government.

Emergency measures have been taken to enhance the treatment capacity through establishment of temporary wards at existing hospitals and upgrading of divisional hospitals with high dependency units. Essential medical supplies and critical equipment are being supplied to the hospitals.

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<sup>5</sup> If no dengue, you will be rewarded”.

In the meantime, selected patients are being monitored on out-patient basis to minimize hospital over-crowding.

### **Response by other stakeholders**

An expert team from the World Health Organisation (WHO) submitted a report to the Health Ministry on sustainable solutions to the dengue outbreak. It consists of a strategy that is capable of reduce the current dengue mosquito density and the number of dengue patients in the country by 50 percent within a period of four weeks.

The corporate sector is also involved in dengue control activities with the widespread distribution of key messages on dengue prevention and control via print and electronic media..

## **Needs analysis, beneficiary selection, risk assessment and scenario planning**

### **Need analysis**

The current number of dengue cases surpass previous years, and it is expected that the number will continue to rise and possibly spread with the ongoing monsoon rains.

The need for **environmental management for clean-up of dengue vector breeding sites** remain the main stay of managing the outbreak. It is unlikely that a quick fix solution such as a biological agent or vaccination will be useful, at least to the scale of a public health intervention in the recent times to come, and also due to the type of dengue being reported.

The **government-lead clean-up campaigns** are being conducted. However, the resource exhaustion, both from human resources as well as physical resources are very likely. At present, corporate sector is showing satisfactory interest, but it could be a challenge sustaining this.

**Hospital capacity** has been extremely challenged with large number of dengue cases being reported. This is a positive feature since it reflects good health seeking behaviour by the patients. However, quality of care provided could be challenged in this scenario. Health staff are overburdened with exceptionally high patient load.

One positive factor which has contributed to low mortality ratio due to dengue has been rapid adoption of standard treatment guidelines with modern diagnostic and therapeutic facilities which include automated Full Blood Count Analysers, portable ultra sound scanners, multi parameter patient monitors and infusion pumps. With the ever-rising patient load, the **need for such equipment** on extremely urgent basis has been much discussed by health authorities.

At present, Colombo, Gampaha and Kalutara districts have been highly affected. Considering the high mortality rates in these districts, focussed action in these districts is justifiable. However, neighbouring districts as well as others run the risk of outbreaks due to **continuous interrupted monsoon rains** and heavy movement of people from the affected districts.

Even in the current outbreak setting, targeting interventions to high risk Grama Niladhari (smallest local administrative unit) has been recommended by the epidemiologists from the Ministry of Health. Hence, beneficiaries of any intervention need to be selected on the risk backed by epidemiological evidence and gaps in services and activities. This is possible since Sri Lanka has a robust epidemiological surveillance system to capture, at least a large proportion of dengue cases.

### **Risk assessment**

The operation faces some risk factors including deploying trained volunteers to the hotspots areas which might pose a risk of contracting the dengue virus during exposure. This risk will be mitigated through providing self-care packs, which consist of mosquito repellents, gloves and hand sanitizers, to all volunteers working in the field. The continuous interrupted monsoon rains might also interfere with the implementation phase of the response operation.

**Table 2: Summary of planned activities and target population**

Activity	Timeframe	Target areas	People reached	
			Unit	#
Dengue vector breeding site clean-up campaigns, IEC material distribution and awareness raising – community.	Six months	Three districts	Households	90,000
Dengue vector breeding site clean-up campaigns, IEC material distribution and awareness raising – schools.	Six months	Three districts	Students	144,000
Support proper solid waste disposal in schools	Six months	Three districts	Students	
Volunteers support for Dengue case management, IEC material distribution and awareness raising at hospitals.	Six months	Three districts	Patients	75,600
Emergency sanitation and water supply facilities at hospitals.	Six months	Three districts	In 9 hospitals - 90 toilets, 90 water points and 18 water tanks <sup>6</sup>	
			<b>Total</b>	<b>309,600</b>

## B. Operational strategy and plan

### Overall objective

This operation aims to assist 309,600 people affected by outbreak of dengue in Western Province of Sri Lanka, namely Colombo, Gampaha and Kalutara districts. The operation will be implemented over a 6-month period.

### Proposed strategy

The strategy for this operation is fully in line with SLRCS and IFRC policies, procedures, commitments and mandates. Following are the main interventions identified;

1. SLRCS volunteers mobilized for dengue vector breeding site clean-up
2. Good solid waste management practices promoted
3. Hospitals supported through SLRCS volunteers
4. Emergency water and sanitation facilities strengthened in hospitals

#### 1. Dengue vector breeding site clean-up campaigns

Cleaning campaigns will be organized in high risk areas as suggested by the health authorities for inspection and clean-up of dengue breeding sites. These campaigns will focus on schools, households and communities. Every Friday campaigns will be organized in schools, while every Saturday/Sunday campaigns will be organized in communities and households.

In each community, a half a day training on detecting and eliminating dengue vector breeding sites, operational details and reporting systems will be conducted for 25 SLRCS volunteers on the day prior to the actual campaign under the guidance of the health authorities. Furthermore, the trained 25 SLRCS volunteers will be joined by 25 community members at community clean-up campaigns and 25 SLRCS junior first aiders at school programmes. School Dengue Circles will be established in school where the cleaning campaigns are being conducted and encouraged to maintain a clean environment. Towards the end of the programme, a competition will be organized to appreciate well-maintained schools. During such community and school outreach programmes, teams will advise any patients who are having febrile illness having not yet gone through medical assessment to seek medical advice urgently.

During the door-to-door cleaning campaigns, volunteers together with community members will brief the household on dengue eradication, elimination and actions to be taken if identified with dengue. During school cleaning campaigns, students will be brief at morning assembly on dengue. Furthermore, information, education and communication (IEC) materials containing details on dengue will be distributed among households and schools during these cleaning campaigns.

<sup>6</sup> Actual usage per day may vary and will be difficult to quantify

- The Ministry of Health Emergency Rapid Response activities include mass awareness, breeding site reduction plus larva sighting, IEC material distribution, surveillance and investigation as well as immunization. The messages will include basic information on dengue, symptoms, treatment, prevention etc.

Self-care packs will be provided to each volunteer mobilized for the programme. This is important to minimize the risk to volunteers due to dengue and other health risks. Self-care packs consist of mosquito repellents, gloves and hand sanitizers. In addition, necessary cleaning equipment will be provided for clean-up. Such equipment will include ladders for gutter inspection, mamotys, rakes, wheel barrows and knives.

Each branch will organize Dengue Vector Elimination Campaigns in 4 communities per month, with a plan to reach 24 communities in the 6 months. The 3 branches will reach 72 communities during the operation timeframe. Furthermore, each branch will conduct Dengue Vector Elimination Campaigns in 8 schools per month, with a plan to reach 48 schools in the 6 months. The 3 branches will reach 144 schools during the operation timeframe.

## 2. Support proper solid waste disposal in schools

Indiscriminate solid waste disposal with potential dengue breeding containers such as yoghurt cups, empty cans, plastic bottles, polythene bags and plastic bags needs to be stopped urgently. Each school will be provided with three sets of solid waste sorting bins along with training on their proper use. These bins will include a compost bin and three colour coded bins to collect polythene/plastic, glass and metal. Junior First Aider clubs will be trained to promote the use of the bins and income generated through selling of garbage will be utilized for school environment improvement activities. At school morning assembly students, will be briefed on waste disposal and usage of bins handed over.

During the operation, 144 schools will be provided with 3 waste segregation kits, totalling to 432 kits.

## 3. Volunteers support for dengue case management at three high priority hospitals in three districts

Health staff are over burdened with work load in hospitals. There is an urgent need to augment their capacity with volunteers to assist patients affected by dengue. Two high priority hospitals with heavy dengue patient load will be selected from each district, totalling to six hospitals. These hospitals will be provided with five SLRCS volunteers per day per hospitals for a period of three months. It's expected that the number of dengue cases will reduce after the initial three months of intervention. Hence scale of the programme will be reduced to two volunteers per day for five days a week from the fourth to sixth month. These SLRCS volunteers will be provided with a special orientation training on their roles<sup>7</sup> and responsibilities by the hospital staff.

When possible, volunteers will distribute IEC materials among the patients and their guardians.

In the initial three months, each branch will contribute 600 volunteer days and 240 volunteer days from fourth to sixth month, totalling to 2,520 volunteer days in the end of 6 months to support dengue case management...

## 4. Top-up of emergency sanitation and water supply facilities at three high priority hospitals in each of the targeted three districts

Most hospitals catering to the needs of dengue patients have exhausted their capacity to provide water and sanitation services due to heavy patient loads. In addition, critical case management needs such as close monitoring of urine output of affected patients has worsened this situation. There is an urgent need to top-up emergency sanitation and water supply facilities at hospitals managing dengue patients.

Two units of five toilets each constructed on emergency basis (total of 10 toilets) will be provided for each selected high priority hospital. In addition, 10 water points<sup>8</sup> will also be provided on emergency basis. Two water tanks will also be established. Therefore, each hospital will be provided with 10 toilets, 10 water points and 2 water tanks. Hence, each branch will be providing 30 toilets, 30 water points and 6 water tanks. In total, all three districts would provide 90 toilets, 90 water points and 18 water tanks to 9 high priority hospitals.

Monthly progress review meetings will be conducted and a lesson learned workshop will be conducted at the end of the programme.

## Operational support services

### Human resources

Volunteers will be mobilized including FA trained volunteers, and members of the BDRT and NDRT.

A full time SLRCS dengue response coordinator will be appointed to head the SLRCS Emergency Dengue Control Unit. One programme support officer will also be recruited to assist the dengue coordinator. Three emergency dengue response coordination cells will be established in three branches of Colombo, Gampaha and Kalutara districts. Branch emergency dengue response coordinators will be recruited and trained.

<sup>7</sup> The volunteers will not perform medical activities but provide support to the medical staff activities.

<sup>8</sup> Water point includes wash basin with a tap.

An information management system will be established to gather, consolidate and disseminate information about SLRCS emergency dengue control activities. A hotline will be established at the SLRCS Emergency Dengue Response Coordination Center as well as in the branch Emergency Dengue Response Coordination Cells. Rapid Deployment Teams will be kept on standby to provide volunteer support for clean-up in high risk areas.

A Regional Disaster Response Team (RDRT) member will also be deployed to support SLRCS for a period of 1 month.

### **Logistics and supply chain**

Logistics activities aim to effectively manage the supply chain, including local procurement, fleet management, storage and transport to distribution sites in accordance with the operation's requirements. The National Society has an existing structure for procurement of goods and services, with defined procedures. IFRC Country office is providing logistics technical support to SLRCS in ensuring transparency and accountability in the procurement process. Additional logistics support can be made available by the Asia Pacific Regional Operational Logistics, Procurement and Supply Chain Management department (OLPSCM) in Kuala Lumpur and Country Cluster Support Team in Delhi, as per needs.

A dedicated SLRCS Emergency Dengue Response Coordination Center will be established at SLRCS headquarters (HQ). A space will be rented out for the project period of six months.

### **Information technology (IT)**

High speed Wi-Fi internet connectivity is available in IFRC Sri Lanka Country Office as well as in SLRCS national HQ. Staff members and volunteers in the field operation will be supported by 3G modems and internet data packages on their smartphones which will enable them to communicate electronically with the headquarters and to send reports and pictures.

### **Communications**

SLRCS communications staff are working in close coordination with the IFRC regional communications team to ensure that the evolving humanitarian needs and SLRCS response is well profiled across social media platforms and in the national and international media. A proactive approach will be taken to maintain media outreach and to produce communications materials including press releases, news stories, photos/videos, key messages and infographics for external promotion by Partner National Societies in their networks.

### **Security**

At present, no specific security threats have been reported in the areas of intervention. SLRCS and IFRC continue to monitor the situation. Any security concerns will be handled with local authorities as per the existing security framework.

### **Planning, monitoring, evaluation, & reporting (PMER)**

SLRCS will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the present operation in the dengue affected area through its country-wide network of branches and volunteers. IFRC, through its Country office and Country Cluster Support Team in Delhi and Asia Pacific Regional Office in Kuala Lumpur will provide technical support in programme management to ensure the operation objectives are met. Reporting on the operation will be carried out in accordance with the IFRC DREF minimum reporting standards. Regular updates will be issued during the operation's timeframe and a final report within three months of the end of the operation.

### **Administration and Finance**

Operational expenses such as volunteer per-diem, accommodation, transportation, communication and coordination activities are factored in. Finance and administration support to the operation will be provided by SLRCS National Headquarters, with the assistance from the finance team of the IFRC country office.

## C. DETAILED OPERATIONAL PLAN

### Health

Sector	Need analysis	Assistance planned and population to be assisted
Health	<ul style="list-style-type: none"> <li>High risk of dengue, breeding grounds created within area has the potential to increase the risks</li> <li>Hospitals are burdened with higher number of dengue patients</li> </ul>	<ul style="list-style-type: none"> <li>50,000 IEC materials and 20,000 check lists printing</li> <li>Self-care packs procured</li> <li>Community cleaning materials procured</li> <li>Half a day training for volunteers on detecting and eliminating dengue vector breeding sites, operational details and reporting systems</li> <li>Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns at communities <b>72 communities targeted (90,000 people)</b></li> <li>Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns in schools <b>144 schools targeted (144,000 students)</b></li> <li>Volunteers support for dengue case management at hospitals <b>09 hospitals targeted (75,600 patients)</b></li> </ul>

<b>Outcome 1: Dengue prevention activities strengthened</b>						
<b>Output 1.1: Dengue breeding site clean-up campaigns conducted</b>						
<b>Activities planned</b>	July	Aug	Sept	Oct	Nov	Dec
Print health education materials						
Procure self-care packs						
Procure community cleaning materials						
Train volunteers on dengue breeding site clean-up						
Organize community clean-up days, IEC material distribution and awareness raising						
Organize school clean-up days, IEC material distribution and awareness raising						
<b>Outcome 2: Dengue case management strengthened</b>						
<b>Output 2.1: Hospitals supported through volunteers</b>						
<b>Activities planned</b>	July	Aug	Sept	Oct	Nov	Dec
Selected volunteers for support in hospitals						
Train selected volunteers						
Deploy volunteers in the selected hospitals						
Distribute IEC materials						



## Water, sanitation and hygiene (WASH)

Sector	Need analysis	Assistance planned and population to be assisted
WASH	<ul style="list-style-type: none"> <li>Most hospitals catering to the needs of dengue patients have exhausted their capacity to provide water and sanitation services due to heavy patient loads</li> <li>Indiscriminate solid waste disposal with potential dengue breeding containers needs to be stopped in an urgent basis</li> </ul>	<ul style="list-style-type: none"> <li>Construction of toilets and water points</li> <li>Procurement and putting up of water tanks</li> <li><b>90 toilets, 90 water points and 18 water tanks in 9 high priority hospitals (actual usage per day may vary and will be difficult to quantify)</b></li> <li>Procurement and distribution of garbage sorting bins</li> <li>Briefing on waste disposal and usage of bins <b>432 bins in 144 schools (3 bins per school)</b></li> </ul>

Outcome 1: Dengue-related water, sanitation and hygiene improved						
Output 1.1: Emergency water and sanitation facilities constructed in hospitals						
Activities planned	July	Aug	Sept	Oct	Nov	Dec
Identify site in hospitals for toilet construction and putting up water points						
Facilitate approval process for the bill of quantity (BOQ)/Drawings						
Construction of toilets and water points						
Procurement of water tanks						
Put up water tanks in hospitals						
Output 1.2: Solid waste disposal to prevent vector breeding promoted						
Activities planned	July	Aug	Sept	Oct	Nov	Dec
Procure garbage bins						
Distribute garbage bins <sup>9</sup> (3 bins per school)						
Briefing on waste disposal and usage of bins						

## Quality programming / Areas common to all sectors

The activities established for common areas will enable SLRCS better implement the programme. The operation will continue to analyse response options with close coordination of both SLRCS/IFRCS technical focal points.

Outcome 1: SLRCS Dengue response strengthened						
Output 1.2: SLRCS Dengue response coordination strengthened						
Activities planned	July	Aug	Sept	Oct	Nov	Dec
Establish NHQ Emergency Dengue Control Coordination Centre						
Recruit of staff for the centre						
Establish three branch Emergency Dengue Control Coordination Cells.						
Organize a lesson learned workshop						
Conduct monthly dengue reviews						

<sup>9</sup> Briefing session for the volunteers will be provided before they start the activity.

## Budget

### DREF OPERATION

#### MDRLK007: Sri Lanka Dengue Fever Outbreak

Budget Group	DREF grant Budget CHF
Water, Sanitation & Hygiene	70,055
Medical & First Aid	37,986
Other Supplies & Services	119,172
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>227,214</b>
Transport & Vehicle Costs	5,628
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>5,628</b>
International Staff	6,000
National Society Staff	12,134
Volunteers	1,350
<b>Total PERSONNEL</b>	<b>19,484</b>
Workshops & Training	13,903
<b>Total WORKSHOP &amp; TRAINING</b>	<b>13,903</b>
Information & Public Relations	3,379
Office Costs	7,076
Financial Charges	641
Other General Expenses	0
<b>Total GENERAL EXPENDITURES</b>	<b>11,097</b>
Programme and Supplementary Services Recovery	18,026
<b>Total INDIRECT COSTS</b>	<b>18,026</b>
<b>TOTAL BUDGET</b>	<b>295,352</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>295,352</b>

Reference documents



Click for:

## Contact information

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### For queries on resource mobilization and pledges:

- Please send all pledges for funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)

### For logistics and supply chain management queries:

- Riku Assamaki, regional logistics coordinator; email: [riku.assamaki@ifrc.org](mailto:riku.assamaki@ifrc.org)

### For planning, monitoring, evaluation and reporting (PMER) queries:

- Clarence Sim, PMER Manager; email: [clarence.sim@ifrc.org](mailto:clarence.sim@ifrc.org)

### IFRC Geneva:

- Cristina Estrada, response and recovery lead; phone: +412 2730 4260; email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org)
- Susil Perera, senior officer, response and recovery; email: [susil.perera@ifrc.org](mailto:susil.perera@ifrc.org)

## 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**.