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DREF Final Report Influenza Outbreak: Bolivia

 International Federation
of Red Cross and Red Crescent Societies

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Date of issue: 20 February 2019	Operation timeframe: 3 months Operation end date: 16 September 2018
DREF requested: CHF 72,274	
Total number of people at risk: 165,015 people	Number of people reached: 10,393 people
Host National Society presence: Bolivian Red Cross (BRC) has nine departmental branches and 1,200 volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Pan American Health Organization (PAHO) and Bolivia's Ministry of Health (MoH).	

<For the final financial report, click [here](#). For contacts, click [here](#).>

A. Situation analysis

Description of the disaster

On Epidemiological Week 16 (15-21 April), the Pan American Health Organization (PAHO) reported an influenza outbreak¹ in Bolivia's Santa Cruz department.

In response, on 8 May, the Ministry of Health (MoH) began a nationwide influenza vaccination campaign mainly targeting at-risk groups such as children between the ages of 6 and 24 months, pregnant women, adults over 60 and people with chronic diseases (hypertension, obesity, immunological issues, etc.) that could lead to complications. Coverage of 25 per cent had been achieved by early June.

By Epidemiological Week 22 (27 May to 2 June), the Santa Cruz Departmental Health Service (SEDES) reported 5,334 suspected cases, 1,428 confirmed cases and 23 deaths.

Unlike previous years, this outbreak was characterized by a high lethality rate (1.61 per cent) among at-risk population groups, mainly affecting people with underlying chronic diseases.



Bolivian Red Cross volunteers promote hand-washing as a means to prevent influenza. *Source: BRC, Santa Cruz branch*

¹ https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=influenza-incluye-pandemia-h1n1-2009-2152&alias=44623-30-abril-2018-influenza-alerta-epidemiologica-623&Itemid=270&lang=es

According to PAHO and the MoH, the lethality of the outbreak was attributed to two main factors: a) people who died from influenza had not been vaccinated; and b) people delayed seeking medical attention up to three or four days after the onset of symptoms.

The number of new cases began to decrease by Epidemiological Week 26 (24-30 June), a trend that continued during the following epidemiological weeks. By 30 July, the incidence of cases fell below the alert threshold for the influenza endemic channel. The following table provides information on the annual history of influenza cases between 2009 and 2018:

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 *
Suspected Cases	14492	306	3154	2563	2991	2143	836	2617	2119	6027
Confirmed Cases	1485	5	867	534	624	504	177	701	865	1489
Deaths	14	2	4	3	5	10	5	25	7	31

* Epidemiological Week 36

Source: Santa Cruz SEDES, Epidemiology Unit

By Epidemiological Week 36 (2-8 September), there were 1,489 confirmed cases of influenza and 31 deaths.

Summary of response

Overview of Host National Society

The Bolivian Red Cross (BRC) has its national headquarters in La Paz and in each of the country's nine departments, as well as municipal branches. At the national level, the BRC has 1,200 total volunteers. The BRC branch in Santa Cruz, located in the area of the outbreak, has 60 stable volunteers, as well as administrative staff, with experience in community actions and projects.

The BRC changed the composition of its governance body in 2018 and subsequently modified its management structure. These changes have strengthened the programmatic completeness of community-level activities. Activities to respond to this epidemic outbreak were coordinated at the national level by the Health Unit and the Communications Unit, with monitoring from the National Society's Research and Development Unit.

At the local level, and under the coordination of the departmental board, the Santa Cruz branch implemented community-level actions as established in the emergency plan of action. The local DREF coordinator met repeatedly with Departmental Government representatives in order to coordinate and carry out joint activities. These included the dissemination of information while accompanying Departmental Health Service personnel in their vaccination of at-risk groups, as well as working with Departmental Education Service representatives to conduct influenza prevention activities in schools.

In August, various activities to benefit the population were coordinated with District 7 Health Centres (Vida y Esperanza, Buen Samaritano, Preventiva Sur).

Overview of Red Cross Red Crescent Movement in country

Bolivian Red Cross maintained permanent coordination with the Health Unit at IFRC's Americas Regional Office (ARO) and with IFRC's Disaster Manager for South America, first for monitoring the evolution of the influenza outbreak and later for implementing the DREF influenza operation. IFRC's Andean Cluster provided financial, logistical, administrative and reporting support to the National Society during this emergency.

ARO's Disasters and Crisis Department deployed a Health RIT member from Argentine Red Cross to assist the National Society with the field epidemic outbreak impact assessment, prepare the emergency plan of action and coordinate with the National Society for the implementation of this DREF operation.

ARO also deployed the Andean Cluster's Communications focal point to help the National Society develop the communications strategy regarding influenza based on the Community Engagement and Accountability (CEA)

approach, as well as the Health Officer from the Andean Cluster to monitor and provide technical support during the DREF's final activities.

Overview of non-RCRC actors in country

In coordination with SEDES epidemiology staff, hospital directors, experts from the National Health Laboratories Institute (INLASA) and the National Centre for Tropical Diseases (CENETROP), the Bolivian State put in place a strategy to respond to the epidemic that focused on the following four response pillars:

- a) Strengthening of the laboratory network
- b) Increased epidemiological surveillance
- c) Improved care to patients
- d) Strengthening of communications

The Pan American Health Organization advised the Ministry of Health on the identification, implementation and continuous consolidation of the four pillars used to respond to the influenza outbreak. PAHO also facilitated the acquisition of influenza vaccines through its Revolving Fund, which the Ministry of Health used for vaccination campaigns.

In late April, the government of Bolivia acquired 1.8 million influenza vaccines, of which approximately 1.73 million were used for 432,000 children and 1,301,000 adults. These mainly were administered in Santa Cruz and La Paz departments. In addition, each SEDES in the nine departments in the country received 400 courses of influenza virus treatments (oseltamivir).

The nationwide influenza vaccination campaign began on 8 May and continued through to December. By 14 July, the Ministry of Health reported a 63 per cent influenza vaccination coverage at the national level. Thanks to the efforts of the Ministry of Health and institutions such as Bolivian Red Cross, coverage was above 80 per cent by 10 August. Santa Cruz is one of the departments with high coverage in the country. On 10 August, the Santa Cruz departmental health authorities declared the influenza outbreak under control.²

Needs analysis and scenario planning

Type A (H1N1 - H3N2) and type B viruses have historically circulated within Bolivian territory during the winter, causing annual increases in mild to moderate cases. This outbreak occurred in summer and caused a very high incidence of cases compared to previous years. An influenza outbreak of this magnitude had not been seen in Bolivia since 2009.

Another characteristic of this outbreak was its high lethality rate among at-risk populations (with chronic underlying conditions such as hypertension, obesity, immunological issues, etc.). These people died because they were not vaccinated on time or because they were late in seeking medical attention (three or four days after the onset of symptoms).

The influenza vaccination campaign, organized and carried out by the Ministry of Health, began in early May. Five weeks into the campaign, however, vaccination figures at the national level were relatively low (32 per cent coverage among the target population).

Data provided by the Ministry of Health indicated that the incidence of cases had decreased by early June, but the active circulation of all three types of influenza virus and the low vaccination coverage increased the likelihood of a potential scenario of increased morbidity and mortality rates, especially given that winter would be arriving soon.

Targeting

Since Santa Cruz was the region with the highest number of influenza cases, the proposal focused on Municipal District 7 in the city of Santa Cruz de la Sierra (Santa Cruz Department, an area with a population of 165,015).

Beneficiary selection criteria focused on members of at-risk groups:

- Children under the age of two
- People over the age of 60
- Pregnant women
- People with pre-existing chronic illnesses

These criteria were based on scientific evidence that shows that these population groups are more vulnerable to complications from influenza because of their compromised immune systems.

² <http://www.eldeber.com.bo/extra/Declaran-controlada-la-epidemia-de-influenza-estacional-20180809-0075.html>

Operation Risk Assessment

Operational risks initially identified included:

- Inadequately trained volunteers
- Volunteers without the influenza vaccination
- Volunteers without protection gear
- Volunteers without visibility equipment (uniform)
- Key information on proper hygiene not understood (overly technical or unclear language)
- Dissemination activities in public areas due to rain

Based on these potential risks, the Bolivian Red Cross took the following prevention measures were implemented for all volunteers who participated in this operation:

- Received comprehensive training to enhance their capacity to provide adequate messages on influenza prevention and complications.
- Influenza vaccination
- Transmission of key messages on proper hygiene habits
- Early and adequate medical assistance at the onset of symptoms
- Psychosocial support
- Provision of protection materials (N95 facial masks, alcohol gel and gloves)

B. Operational strategy

2. Proposed Strategy

OVERALL OBJECTIVE

Reduce the risk of contracting influenza for 8,250 people through health and care actions, while also promoting vaccination for at-risk groups (through communications and dissemination campaigns) in order to avoid influenza-related complications and deaths.

Intervention strategy

- The Community Engagement and Accountability approach was used to create a communications strategy that helped to reduce the number of people who contracted or could die due to influenza. This communications strategy was based on promoting the influenza vaccination among the at-risk population and promoting health behaviours that reduced the risk of contracting influenza for the general population.
- More than 8,250 people received information on ways to prevent influenza. This information was based on active promotion of influenza vaccination among at-risk groups and healthy behaviours that reduce the effective circulation of the influenza virus (protocol for coughs, personal space, hand-washing, etc.) in the general population.
- The Ministry of Health conducted influenza vaccination promotion activities with the at-risk population. The BRC, in coordination with the Ministry of Health, organized health fairs in areas where large numbers of people gather (markets, public parks and city squares). BRC volunteers conducted influenza vaccination promotion activities with at-risk groups and promoted healthy behaviours among the general population. The Ministry of Health provided influenza vaccines to at-risk target populations during these fairs.

Human resources

A national project coordinator, a local project coordinator and a local financial officer were hired for the duration of this three-month operation. In addition, the National Society made its headquarters' technical and administrative staff available for the operation. The 60 stable volunteers from the BRC branch in Santa Cruz were available for operation activities.

As part of the assistance and technical support provided by IFRC, a Regional Intervention Team (RIT) member, specialized in health, was deployed for two months to support operation activities.

Furthermore, IFRC provided the necessary technical guidance during the duration of this operation through its Country Cluster Support Team (CCST) office for the Andean countries in Lima and the Americas Regional Office (ARO) in Panama.

Logistics and supply chain

All acquisitions related to this operation were made in accordance with IFRC procurement procedures and BRC standards, as well as Sphere standards for the medical goods. The acquisition of goods and services met the necessary conditions based on the needs of the affected population and/or areas of operations, thus, ensuring the appropriate level of supplies and optimal performance. All purchases were made in-country with support from a Regional Logistics Unit (RLU) procurement officer.



BRC volunteers provided information in high density areas. Source: BRC, Santa Cruz branch.

Communications

The National Society's Communications Unit, with support of the CCST's communications officer, implemented communications actions using the CEA approach to identify key messages and outreach methods.

Printed materials and radio spots were aimed at promoting influenza prevention measures (mainly targeting vaccination of at-risk populations), identifying symptoms and seeking timely assistance in health centres if symptoms were present.

Materials with key prevention messages included: flyers, magnetized vaccination calendars, 2019 calendars, radio spots, flip charts, rulers and note pads.

Likewise, the BRC's key messages, dissemination material and activities to address the influenza outbreak were posted on the institutional social network ([Facebook](#)) accounts.

Security

Staff members and volunteers who participated in dissemination activities were properly uniformed, used appropriate safety items (N95 facial masks, gloves and alcohol gel), practiced proper hand-washing and were vaccinated against influenza.

Planning, monitoring, evaluation and reporting

A time schedule for operational activities was created to enable the monitoring of activities. The national coordinator made three monitoring visits (17 July, 24-25 August and 14-15 September) to the affected areas.

ARO deployed the CCST's Health Officer to monitor and provide technical support to project activities and assist with the planning of final project activities.

Administration and finance

The local finance officer monitored the project's expenses and budgets and implemented expenditures as scheduled.

The CCST financial team in Lima provided operational support to review and validate budgets and bank transfers, as well as technical assistance during expense financial reporting processes including the review and validation of invoices.

C. Detailed Operational Plan

The actions undertaken by the Ministry of Health, Bolivian Red Cross and other institutions contributed to the national-level reduction of the incidence of influenza cases. The incidence of cases gradually began to decrease by Epidemiological Week 26, falling below the alert threshold for the influenza endemic channel on 8 September.

The epidemiological report, issued by the Ministry of Health on EW 36, provides a comparative analysis of the epidemiological situation (EW 1 to 36) in 2017 and 2018:

Virus	2017		2018	
	Cases	Deaths	Cases	Deaths
Influenza A(H1N1)	60	0	686	26
Influenza A(H3N2)	670	6	673	0
Influenza B	135	1	13	5

Total	865	7	1489	31
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Source: Epidemiology Unit SNIS VE-CENETROP-INLASA

Actions to address this disease were continuously strengthened, especially in geographical areas where vaccination coverage was low. Thus, the BRC's activities focused on:

- Raising awareness of the importance of getting vaccinated against influenza with the at-risk population
- Raising awareness of the signs and symptoms of the illness to encourage timely medical attention in case of presenting influenza symptoms
- Conducting campaigns to disseminate key influenza prevention messages in fairs, markets and places where large groups of people gather
- Improving individual and household protection measures for at-risk populations by facilitating access to Santa Cruz SEDES vaccination sites

Population assisted

At least 8,250 residents of Municipal District 7 in Santa Cruz de la Sierra reduced their risk of contracting or dying due to influenza. This risk reduction was achieved through communications campaigns promoting vaccination among at-risk populations, early identification of influenza symptoms to allow patients to seek timely medical assistance and by promoting healthy behaviours that prevent influenza.

	<p>Health Target Population: 8,250 People reached: 10,393</p>	
<p>Health Outcome 1: The immediate risks to the health of affected populations are reduced.</p>		
Indicators:	Target	Achieved
# of people that receive prevention information	Not Defined (ND)	10,393 (126%)
# of public health partners	6	6 (100%)
# of volunteers trained on influenza-related issues	50	71 (142%)
Narrative description of achievements		

Activity 1: Meetings with public entities for detailed situation assessments

To assess the influenza outbreak, the BRC held meetings with other institutions to obtain epidemiological information, to map the activities conducted and to identify the areas in which Bolivian Red Cross could complement MoH actions. These meetings were the basis of this operation's emergency plan of action.

BRC coordinated with local health centres and the Santa Cruz Departmental Health Service to monitor the number of cases in targeted areas, the programming of information campaigns (dissemination) and to prioritize the areas for dissemination activities.

As part of the response efforts, the BRC held meetings with the following institutions:

- Pan American Health Organization
- Ministry of Health (national level): Influenza Programme
- La Paz Departmental Health Service
- Santa Cruz Departmental Health Service
- Pocitos Municipal Hospital
- District 7 Health Centres - Santa Cruz (Vida y Esperanza; El Bueno Samaritano; and Preventiva Sur)

Activity 2: Rapid health assessment

In June, the IFRC ARO deployed the Community Health and Health in Emergencies Coordinator and a RIT member specialized in health in order to perform a rapid assessment with BRC headquarters and Santa Cruz branch staff.

Activity 3: 50 volunteers trained in prevention, diagnosis and treatment of influenza by Santa Cruz SEDES staff

In coordination with the Santa Cruz SEDES, 28 volunteers from BRC's Santa Cruz branch participated in a workshop for training on the most important aspects of influenza, focusing on key messages to promote vaccination and other influenza prevention measures.

In addition, two training sessions were conducted in volunteer recruitment and reinforcing the knowledge of previously trained volunteers. These were delivered by the local project coordinator at Santa Cruz branch premises. The table below details the three trainings that reached 71 volunteers (29 men and 42 women), exceeding the established target:

Training session	Date	Volunteers trained		
		Men	Women	Total
01	7 July 2018	11	17	28
02	28 July 2018	05	06	11
03	11 August 2018	13	19	32
Total		29	42	71

Challenges

- Organizing meetings with other entities was somewhat difficult because they were not aware of BRC's role in health emergencies.
- Obtaining epidemiological data from public institutions took time.

Lessons learned

- Fluid and constant communications with health entities are necessary to create and strengthen a strong inter-institutional relationship in times other than during emergencies. This will make it easier to coordinate activities (e.g. meetings) when an emergency does arise.
- Three training sessions had to be carried out because there were not enough volunteers at the beginning of the operation for the dissemination campaigns. It is therefore necessary to plan ongoing training on prevalent diseases or health risks in the region in order to have trained volunteers in the event of an emergency.
- The change in health programme directors in a short period of time affected the work coordinated with health centres.
- Maintaining an ongoing relationship with MoH entities in order to obtain epidemiological information in a timely manner.

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population.

Indicators:	Target	Achieved
# of printed materials and key messages identified	41,010	71,010 (171%)
# of people reached with information messages	8,250	10,393 (125.97%)
# of dissemination campaigns held	12	31(258.33%)

Narrative description of achievements

Activity 1: The communication strategy is designed and implemented using the CEA approach, with emphasis on encouraging and promoting influenza vaccination among vulnerable groups

The CCST's communications officer was deployed to Bolivia to work with the BRC national headquarters' communications manager, the local DREF coordinator and volunteers from the Santa Cruz branch to develop the communications strategy.



Bolivian Red Cross volunteers encouraging hand-washing in schools. Source: BRC, Santa Cruz branch.

During the message identification phase, people such as mothers of children under two and people over 60 were interviewed and visits were made to different sites such as health centres in District 7 and the Pocitos Hospital. The information gathered was used to tailor key messages according to the context and create communication materials.

The CEA-based communications strategy had the objective to promote influenza prevention actions among the at-risk population in Santa Cruz de la Sierra's District 7, encouraging and promoting vaccination. Messages targeted the risk groups and what it means to belong to one, promoted influenza vaccination among at-risk groups and promoted hand-washing as an element in influenza prevention

The BRC had the strategy of reaching the target population in the following four manners:

Interventions in fairs and parks: Using a Red Cross tent set up along high traffic areas, services such as measuring blood pressure were offered free of charge. Volunteers were deployed to targeted areas to deliver printed material and talk to the population about the campaign's key messages.

Door to door visits: Volunteers visited homes in Municipal District 7 neighbourhoods. Each team of volunteers carried a flipchart with them as support material for visits. This activity allowed receiving feedback from families and clearing any doubts regarding influenza and vaccination. As reinforcement, households were also provided printed material with the main messages - symptoms, prevention, risk groups and hand-washing as a prevention measure.

Campaigns in schools focused on reinforcing hand-washing as a measure to prevent various diseases such as influenza. Demonstration sessions and games were held to reinforce the message.

Social networks and radio spots: To enhance coverage, social networks were used to complement efforts, designing a series of spots on Facebook that were shared through the National Society's web pages, as well as digital content to be shared over WhatsApp through various neighbourhood groups. Two radio spots were aired over local radio stations.

Activity 2: Creation and printing of influenza prevention materials focused on promoting influenza vaccination by the MoH

Dissemination materials were developed and created as part of the communications strategy. A designer designed



Preventative health care staff vaccinating a member of an at-risk group. Source: BRC, Santa Cruz branch

the illustrations for the "All United against Influenza" campaign, which were printed in batches as per the communications strategy.

The table below lists the printed materials on influenza prevention (including handwashing), which were distributed during dissemination activities (parks, fairs, home visits, schools) and at the health informational fair that was held on 15 September:

Material	Number printed
Hand-washing flyers	24,000
2019 Calendar	5,000
Posters on influenza vaccination	5,000
Accordion brochure	12,000
Magnet-backed weekly hand-washing/vaccination calendar	12,000
Note pad	2,000
Sticker	5,000
Ruler	5,000
Flipchart with key influenza prevention messages	10
TOTAL	70,010

Materials were produced using the allocated budget.

For the health fair, four banners also were printed to achieve greater visibility and publicize the activity among the population: Influenza prevention (1), health fair (1) and institutional banner of the BRC, Santa Cruz branch (2).

Activity 3: Radio spot for mass dissemination of key messages, identified using the CEA approach, regarding influenza

Two radio spots were developed for the CEA-based communications strategy. The first spot focused on promoting vaccination and the second on influenza prevention measures.

Radio spots were broadcast over radio station [FM Tropical](#) from 17 July to 15 September (15 spots a day for approximately two months), as this radio station has the largest listening public in the targeted area. To reach more people, radio spots were also aired over LA 91 FM 3.000 radio station, which is also very popular in District 7. Spots were broadcast from 6 September to 30 September (17 spots a day, Monday to Friday). During visits to District 7, the target population mentioned that they had heard the spots aired over these radio stations.

Activity 4: 12 activities to promote influenza vaccinations by the MoH among the at-risk population, and other prevention measures as per the communications strategy developed under the CEA approach

In order to promote influenza prevention measures and encourage vaccination among vulnerable groups, dissemination campaigns were carried out in previously identified strategic areas: schools (primary and secondary), public spaces such as squares and markets, and home visits (door-to-door). Information activities were planned at the public university attended by youth from targeted areas, but these were not carried out due to the challenges involved in obtaining the permits to enter these areas. An informational fair was held in coordination with District 7 health centres, but health staff did not participate due to institutional activities.

Volunteers, using flipcharts and informational materials, implemented these activities. They approached people in these locations, recording the number of people reached.

Dissemination activities were carried out in coordination with Santa Cruz SEDES staff in charge of vaccination. This was a way to collaborate with the health system and increase vaccination coverage in the area.

The following activities were held in strategic sites within District 7:

- Interventions in fairs and parks: Information was well received by the population. Some of these activities had to be cancelled due to rain. Mothers of children under two took advantage of these activities to have their children vaccinated. Some mothers told volunteers that their children had not been vaccinated before because they had been sick when they came to the health centre. They were told by health staff that they should return to have their children vaccinated when they were no longer ill.
- Home visits (carried out with the health centre's vaccination team): Volunteers delivered talks on influenza using the flipcharts, taught proper hand-washing techniques and gave households printed material on influenza.
- Campaigns in primary and secondary schools: Children and youth participated in the games used to reinforce the influenza prevention messages. The target population were taught proper hand-washing.
- The project's final activity was an informational fair held on 15 September at the BRC Santa Cruz branch. Volunteers provided information not only on influenza, but also on other programmes such as those for dengue, Zika, vaccines, tuberculosis, road safety education, etc. Attendees received the information, dissemination material (calendars, notebooks, note pads, rulers, etc.) and free medical attention.

The following number of people were reached with influenza prevention and vaccination messages:

Activity site	Date	People reached		
		Female	Male	Total
Fair Barrio Lindo	14 July	251	68	319
24 de Septiembre Square	18 July	202	128	330
Fair Barrio Lindo	21 July	274	66	340
Parque Urbano Central	22 July	203	133	336
Market Mutualista	12 August	168	71	239
Home visits (D7)	16 August	70	35	105
School	16 August	90	91	181
Central Square and surrounding areas	17 August	239	177	416
Fair Barrio Lindo	18 August	190	75	265
Barrio Cordillera and San Antonio	21 August	142	56	198
Central Square (D7)	22 August	57	48	105
Schools	23 August	349	333	682
Fair Cumavi	23 August	141	60	201
Central Square (D7)	23 August	65	55	120
Central Square (D7)	24 August	122	82	204
Mercado Nuevo (D7)	25 August	308	136	444
Fair Pampa de la Isla	26 August	419	239	658
Home visit Barrio Villa Bolivia	27, 28 and 29 August	304	196	500
Home visit Barrio Miraflores	28 August	146	33	179
Market 16 de Julio (D7)	28 August	209	81	290

Educational session Educational Unit-school (U.E.) Alan Farah (M)	29 August	155	169	324
Educational session U.E. Alan Farah (T)	29 August	158	124	282
Educational session U.E. Luis Antonio Añez	30 August	218	232	450
Educational session U.E. Gualberto Villarroel	30 August	167	205	372
Home visit Barrio Urkupiña	30 August	184	118	302
Home visit Barrio Primavera	30 August	457	303	760
Vaccination session during Home visit Barrio Los Claveles	4 September	106	77	183
Educational session U.E. Andrés Ibáñez	4 September	217	190	407
Home visit Barrio Ecológico	4 and 6 September	614	491	1.105
Home visit and Vaccination session Barrio Guapilo Junin	12 September	32	14	46
Health fair	15 September	31	19	50
TOTAL		6,288	4,105	10,393

The following table details the various dissemination activities in the District 7 neighbourhoods, reaching a total of 469 people:

Activity site	Date	Volunteers		
		Female	Male	Total
Fair Barrio Lindo	14-Jul	16	6	22
24 de Septiembre Square	18-Jul	14	6	20
Fair Barrio Lindo	21-Jul	14	5	19
Parque Urbano Central	22-Jul	12	5	17
Market Mutualista	12-Aug	3	8	11
Home visits D7	16-Aug	8	5	13
School	16-Aug	8	5	13
Central Square and surrounding areas	17-Aug	20	12	32
Fair Barrio Lindo	18-Aug	8	10	18
Barrio Cordillera and San Antonio	21-Aug	7	5	12
Central Square D7	22-Aug	6	4	10
Schools	23-Aug	5	3	8
Fair Cumavi	23-Aug	8	5	13
Central Square D7	23-Aug	8	7	15
Central Square D7	24-Aug	6	5	11
Mercado Nuevo D7	25-Aug	14	8	22
Fair Pampa de la Isla	26-Aug	12	8	20
Home visit Barrio Villa Bolivia	27, 28 and 29 August	8	4	12

Home visit Barrio Miraflores	28-Aug	5	2	7
Market 16 de Julio D7	28-Aug	11	2	13
Educational session U.E. Alan Farah (M)	29-Aug	8	2	10
Educational session U.E. Alan Farah (T)	29-Aug	9	3	12
Educational session U.E. Luis Antonio Añez	30-Aug	12	1	13
Educational session U.E. Gualberto Villarroel	30-Aug	12	1	13
Home visit Barrio Urkupiña	30-Aug	8	1	9
Home visit Barrio Primavera	30-Aug	8	4	12
Vaccination session during home visit Barrio Los Claveles	4-Sep	14	6	20
Educational session U.E. Andrés Ibáñez	4-Sep	8	5	13
Home visit Barrio Ecológico	4 and 6 September	8	5	13
Home visits and vaccination session Barrio Guapilo Junin	12-Sep	6	0	6
Health fair	15-Sep	25	15	40
Total		311	158	469

Challenges

- The delay in securing the funds to prepare the dissemination materials in turn delayed the commencement of activities, but this was later corrected by their rapid execution.
- Sometimes activities had to be cancelled due to the weather (rains) as these were held in open spaces.

Lessons learned

- The bank accounts need to be opened as soon as projects are approved in order to avoid delays with the transfer of funds allocated to carry out programmed activities.
- The CEA strategy was used to prepare the DREF operation's communications strategy, which was important for preparing key prevention messages with the community's participation.
- To generate greater benefits to the population, activities must be in in coordination with partners, combining informational activities carried out by BRC volunteers with those carried out by the SEDES vaccination team in order to avoid missed opportunities (people willing to get vaccinated).
- Volunteers were properly equipped and identified during activities, thus gaining the beneficiaries' trust for the implementation of activities.
- It is necessary to involve male family members in their children's healthcare so that they know which vaccines have been administered to their children. When asked about their children's vaccines, many did not know.

Strategies for Implementation

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.

Indicators:	Target	Achieved
# of local and national coordinators hired	2	2
# of financial officers hired	1	1

Narrative description of achievements		
Activity 1: One local coordinator and one national coordinator hired for the operation		
Both a national and local coordinator were hired to coordinate this operation at the national and local level. They participated in an induction meeting in the field together with the National Office Project Manager and the deployed RIT member.		
Activity 2: One financial officer is hired for the operation		
A local financial officer was hired to be responsible for accounting and administrative tasks for this emergency plan of action. The officer participated in an induction meeting with IFRC.		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Achieved
Initial operational start up support implemented by IFRC	1	1
# of monitoring visits by IFRC	1	1
# of RIT members deployed	1	1
Narrative description of achievements		
Activity 1: IFRC provides initial operational start up support to National Society		
IFRC deployed a RIT member specialized in health to help implement the first operational activities. Likewise, the CCST's communications focal point was deployed to Bolivia to assist with the formulation of the communications strategy.		
Activity 2: Monitoring visits by IFRC		
In August, the CCST's Regional Health Officer was deployed to provide monitoring and technical support to the project team to plan final activities and prepare reports.		
Activity 3: Deployment of Surge Health RIT		
One RIT member specialized in health was deployed for two months to assist with the epidemic outbreak assessment, preparing the emergency plan of action and implementing activities.		
Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability		
Output S4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Achieved
# of volunteers insured	60	92
# of protection and visibility materials for volunteers	60	60
Narrative description of achievements		
Activity 1: 60 BRC volunteers from the Santa Cruz Branch insured		
All Bolivian Red Cross volunteers who participated in operation activities had insurance provided by IFRC. This insurance was provided to 92 people, protecting volunteers during the DREF operation and all activities organized by the National Society during this period.		
Activity 2: Protection and visibility materials for 60 volunteers purchased.		
Volunteers who participated in DREF activities had the following protection and visibility materials (t-shirt, cap, alcohol gel, face mask and BRC vest).		
Institutional vests were provided since the DREF was developed in winter. Since volunteers were exposed to low temperatures, they wore winter attire that covered the Red Cross t-shirts that identified them. The vests were purchased during the last stage of the project. Providing sunscreen to volunteers had been considered given the intense sun, but funds to procure them were insufficient so this was not possible.		

Challenges
<ul style="list-style-type: none"> • The target population is often busy, and it is difficult to engage with them BRC volunteers managed to get their attention when things were explained in simple, clear words, especially when asked to participate in proper hand-washing demonstrations. • The population was hesitant to open their homes to strangers given the high levels of insecurity in the area. Furthermore, this door-to-door methodology has been devalued due to its misuse by other organizations unconnected to health prevention.
Lessons learned
<ul style="list-style-type: none"> • To be able to work in a timely and efficient manner during the planning and organizing of activities, operational personnel must be hired at the earliest stage of the operation. • Volunteers require the necessary visibility equipment (including identification) and material to carry out their activities to gain confidence of the target population and transmit the information.

D. Budget

Reference documents



Click here for:

[Emergency Plan of Action \(EPoA\)](#)

Contact information

For further information specifically related to this operation please contact:

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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.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2019/01	Operation	MDRBO011
Budget Timeframe	2018/06-2018/09	Budget	APPROVED

Prepared on 05/Mar/2019

All figures are in Swiss Francs (CHF)

MDRBO011 - Bolivia - Influenza Outbreak

Operating Timeframe: 16 Jun 2018 to 16 Sep 2018

I. Summary

Opening Balance	0
Funds & Other Income	72,274
DREF Allocations	72,274
Expenditure	-69,115
Closing Balance	3,159

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	42,616	39,823	2,793
AOF5 - Water, sanitation and hygiene			0
AOF6 - Inclusion, gender and protection			0
AOF7 - Migration			0
Area of focus Total	42,616	39,823	2,793
SFI1 - Strengthen National Society capacities	11,178	11,263	-85
SFI2 - Ensure effective international disaster management	16,643	16,413	230
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	1,838	1,616	221
Strategy for implementation Total	29,658	29,292	366
Grand Total	72,274	69,115	3,158

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2019/01	Operation	MDRBO011
Budget Timeframe	2018/06-2018/09	Budget	APPROVED

Prepared on 05/Mar/2019

All figures are in Swiss Francs (CHF)

MDRBO011 - Bolivia - Influenza Outbreak

Operating Timeframe: 16 Jun 2018 to 16 Sep 2018

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	30,688	31,062	-374
Teaching Materials	30,688	31,062	-374
Logistics, Transport & Storage	572	877	-305
Transport & Vehicles Costs	572	877	-305
Personnel	25,980	20,250	5,730
International Staff	11,831	8,596	3,236
National Society Staff	8,873	8,288	586
Volunteers	5,275	3,366	1,909
Workshops & Training	493	103	390
Workshops & Training	493	103	390
General Expenditure	10,131	12,606	-2,475
Travel	7,395	7,642	-247
Information & Public Relations	789	2,087	-1,298
Office Costs	592	1,242	-651
Communications	1,035	1,243	-208
Financial Charges	320	392	-71
Indirect Costs	4,411	4,218	193
Programme & Services Support Recover	4,411	4,218	193
Grand Total	72,274	69,115	3,158