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Emergency Plan of Action (EPoA) Colombia: Dengue Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRCO016 For DREF; Date of issue: 12 September 2019	Glide n° EP-2019-000105-COL Expected timeframe: 3 months Expected end date: 12 December 2019
DREF allocated: CHF 247,408	
Total number of people affected: 79,639	Number of people to be directly reached: 10,500 Number of people to be reached indirectly: 900,000
Host National Society presence (n° of volunteers, staff, branches): The Colombian Red Cross Society (CRCSSS) has 27,076 volunteers, 1,793 employees and 229 local units.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) ¹	
Other partner organizations actively involved in the operation: Ministry of Health, National Health Institute, Pan American Health Organization (PAHO), local health secretariats in the selected municipalities.	

<Click [here](#) for the DREF budget, [here](#) for the map of affected areas and [here](#) for the contact information. >

A. Situation analysis

Description of the disaster

As part of the current dengue outbreak in the Americas, Colombia has reported 84,664 cases of dengue and 919 cases of severe dengue. As of Epidemiological Week (EW) 35² (25 to 31 August 2019), the Pan American Health Organization (PAHO) indicated that Colombia has the second highest incidence in this new cycle of the epidemic. The cases have been centred in the departments of Meta, Tolima, Huila, Santander, Norte de Santander, Casanare, Cesar and Antioquia, which represent 66.2% of cases nationwide. This outbreak has caused 169 deaths in 2019 according to Colombia's National Institute of Health's EW 35 Epidemiological Report. At the national level, from EW 8 of 2019 onwards, the epidemic curve is above the upper limit for expected cases compared to what has been historically observed (2011 to 2018), placing the country in a new epidemic cycle. In terms of the epidemic profile 4.4% are male; 25.6% with severe dengue are children under five years of age; and 1.3% are Indigenous and 1.5% are Afro-Colombians.



The Colombian Red Cross Society is skilled in community-based vector control activities.
Source: IFRC, 2019.

Dengue is endemic in Colombia transmission commonly occurring in 778 municipalities, a historical circulation of the four serotypes of the virus and epidemiological peaks every three years (2010-2013-2016). In response to the increase in cases from EW 42 in 2018 to EW 35 in 2019, reported as of the 31 August, Colombia is in a state of alert with higher than expected cases in the departments of Meta (Villavicencio), Huila (Neiva), Cucuta (Norte de Santander), Casanare (Yopal), Tolima (Ibagué) and Santander (Bucaramanga).

¹ The IFRC's Americas Regional Office is closely supporting National Societies responding to dengue outbreaks through a tailored approach that is based on the level of the outbreak in each country, existing capacities of the National Society to respond and ongoing response by national authorities. Thus far, DREF-funded operations have been launched in Honduras, Guatemala and Nicaragua. IFRC continues monitoring the outbreaks in case further scale up is needed.

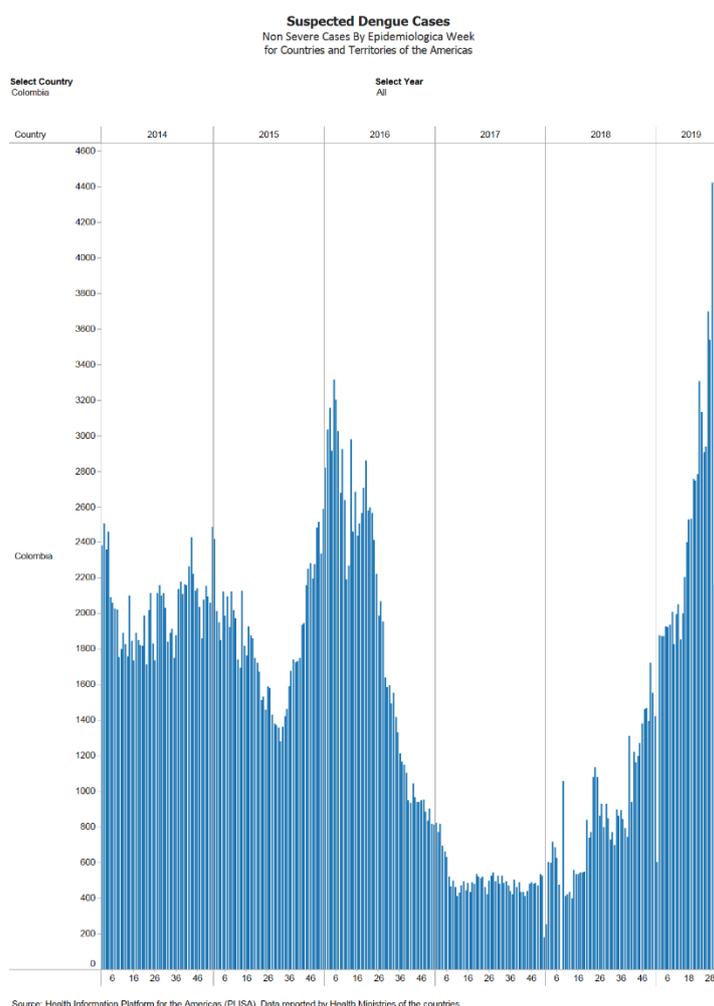
² National Health Institute for Colombia (INS). [Epidemiological Bulletin, EW 35](#).

The El Niño Southern Oscillation (ENSO) phenomenon, the country's geographical conditions, and the natural cycle of the disease have generated an increase in dengue cases since the final quarter of 2018. The increase in the average temperature and the increase in the use of water storage containers generate ideal conditions for mosquito breeding, which leads to an increase in the morbidity due to dengue.

A 50% to 70% reduction in rainfall is expected, mainly affecting the Caribbean, Andean and Orinoco regions. Reduced rainfall will cause families to make higher use of water reservoirs, increasing the risk of having mosquito breeding sites if the reservoirs are not properly managed. Thus, it is necessary to strengthen integrated management, promotion, prevention, surveillance and control actions throughout the country to control morbidity and prevent mortality caused by this disease.

In this context, the Ministry of Health and Social Protection, the National Health Superintendent and the National Health Institute issued [Joint External Memo number 8 \(2019\)](#) for all public and private territorial entities. This memo provides instructions on the intensification and strengthening of integrated assistance, surveillance, prevention and control of dengue in the country. Until the moment no national emergency statement has been issued.

The following table charts suspected dengue cases in Colombia from 2014 to present, indicating the upswing in cases in 2019:



Summary of the current response

Overview of Host National Society

The Colombian Red Cross Society (CRCS) is knowledgeable about actions to combat vector-borne diseases, particularly the *Aedes aegypti* mosquito, which is responsible for the transmission of dengue, Zika and chikungunya. From 2016 to mid-2019, the CRCS implemented actions to prevent Zika and eradicate this vector through the Community Action Zika Health (CAZ) programme. These activities promote and prevent arboviruses through the eradication of breeding sites and awareness raising about the risk of illness and death caused by complications from this disease. The project reached communities, students, grassroots organizations and health institutions in nine departments of the country most affected by the Zika outbreak (Antioquia, Atlántico, Cesar, Córdoba, Magdalena, Meta, Tolima, Risaralda and Valle del Cauca). This entailed work with 69 communities, 68 educational

institutions, 547 volunteers and 9 local branches in 32 municipalities. The CAZ project reached a total of 5,741,804 people, of which 147,239 were directly reached and 5,594,965 who were indirectly reached. A total of 68 schools implemented campaigns to eliminate breeding sites; 30,955 students received information about the prevention and control of the Zika virus; 2,355 homes were visited for the implementation of actions that contributed to the control and elimination of breeding sites; and more than 900 pregnant women received key messages about the prevention and control of the virus. For this DREF operation, products and tools developed by the Community Action on Zika project will be used for the community approach proposed, considering not only the aspect of the dengue approach but also the prevention of Zika and chikungunya. To date, there is no information that indicates that the locations of the current dengue outbreak overlap with those reached by the CAZ project. However, if this were the case, the National Society will build on existing capacities.

CRCS has a Social and Humanitarian Development area that includes Integrated Health Management and Integrated Disaster Risk Management. These teams lead the intervention areas of community health, promotion and prevention, water, sanitation and hygiene promotion included in this EPoA. The National Society participates in coordination spaces at national and territorial levels in these sectors. CRCS has a Strategic Partnerships department that manages and mobilizes cooperation resources, partners and donors, which could support the continuity of some of the actions.

The CRCS has active branches in each of the departments targeted by the intervention. At the local level there is minimal infrastructure for offices, storage, vehicle fleet and human resources (staff and volunteers) to support and accompany some of these processes.

Overview of Red Cross Red Crescent Movement in country

The Colombian Red Cross Society provides information and updates about the dengue outbreak to other members of the Movement, namely American Red Cross, German Red Cross, Norwegian Red Cross, Spanish Red Cross, the International Committee of the Red Cross (ICRC) and the IFRC. At this time, the Movement partners consider campaigns against vector-borne diseases, such as dengue, as a key priority.

The Colombian Red Cross Society is in constant communication with the IFRC. It has issued reports on IFRC's GO information platform. The IFRC has been providing monitoring and support since the start of this new cycle of the epidemic through its Disaster Management Coordinator for South America and the Country Office in Colombia. Support services in Planning, Monitoring, Evaluation and Reporting (PMER) and finances have been provided by the Country Cluster Support Team in Lima, Peru. Moreover, the IFRC is also providing support to the CRCS to respond to the population movement with an Emergency Appeal operation (MDRCO014) and with programmatic support via the Monarch Butterfly project. The latter will support prevention actions against dengue in Cucuta (Norte de Santander), the third most affected municipality by the dengue epidemic; the actions will be implemented through the attention unit for migrants installed near the border with Venezuela.

Overview of non-RCRC actors in country

In February 2019, the Ministry of Health and Social Protection launched the "Cut the Wings off Dengue" (*Córtale las alas al dengue*) campaign as a response to the current dengue cycle. This campaign includes issuing alerts regarding the need to strengthen dengue prevention, assistance, surveillance and control, especially in areas where the number of cases has increased more than expected since October 2018. As mentioned, the Ministry of Health and Social Protection, the National Health Superintendent and the National Health Institute issued External Joint Memo number 8 aimed at territorial health entities for the management and accompaniment guidelines.

Other humanitarian organizations currently support and/or implement actions for respond to this epidemic, including Pan-American Health Organization and at a national level the Ministry of Health, National Health Institute, and local health secretariats in the selected municipalities.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The reports for each epidemiological week indicate that the highest number of new cases are in the departments of Meta, Tolima, Huila, Santander and Casanare, composing more than 50% of dengue cases at national level. The following details the new cases in these departments: Villavicencio with 7.7% (6,455); Neiva with 5.7% (4,792); Cúcuta with 3.7% (3,125); Ibagué with 2.6% (2,194); Yopal with 2.3% (1,929) and Bucaramanga with 2.0% (1,675). (EW 35, 2019).

The number of cases in this outbreak have surpassed the highest peak of the disease with approximately more than 90% of cases. The majority of cases are from urban and peri-urban communities and settlements that are located at 2,200 meters above sea level, which generally have limited or no access to basic services such as safe drinking water and environmental sanitation, as well as experience unmet basic needs and limited economic opportunities. These conditions are the result of limited access to resources as well as low levels of community organization

and poor connection to territorial health structures for the early detection of cases of normal and severe dengue. These situations increase individual, family and collective level of risk of dengue fever.

These conditions have worsened due to the current dry season, which has affected the water supply in several municipalities. People are storing clean water in water tanks or containers without lids, which are often located outdoors, which creates an environment in which the vector dengue transmitter deposits its eggs.

In order to minimize these population groups' exposure to the risk of dengue transmission, there is a need to implement water, sanitation and hygiene activities that complement health actions. These activities should be focused on having an impact on the vector's reproduction zones to reduce its population density. Measures such as protecting water storage sources, ensuring adequate solid waste management and social mobilization and communication strategies will help reduce both vector larval habitats and adult vector populations.

Additional actions are required with targeted households, school and health centres. Intervention will be carried out in the municipalities with the highest number of cases and with none or limited attention from the health authorities, based on prior coordination with the community focal points. Complementary assessments will determine the schools and health centres in selected municipalities that have the highest level of risk due the presence of the disease.

The CRCS will identify the households with the highest level of vulnerability in the target areas. With regards to schools, solid waste management kits will be distributed to reduce vector breeding sites. As local health centres are responding to this outbreak, this operation will provide protection articles, such as screens to prevent the entry of vectors into areas in which people are being treated and working.

Targeting

Epidemiological reports on dengue have been used to prioritize target locations. For each targeted city, the communities/neighbourhoods/settlements approach is used, which identifies the specific zones with the highest number of cases, as reported by territorial health entities in the SIVIGILA programme. An additional focus will be on community spaces such as schools, child development centres or group homes for children. The institutional component will focus on health service providers (hospitals, health centres and health service providers) located in the areas of influence in each of the target locations by providing cleaning kits, long-lasting insecticide-treated nets (LLIN) and to offer sessions to refresh the knowledge on how to conduct a diagnosis for dengue fever. The latter action will be carried out in coordination with the authorities from the Ministry of Health.

Departments	Communities	Families	People	Students in schools	CRCS volunteers	Public health officials	People to be reached indirectly
Meta	2	275	1100	1000	150	30	180000
Huila	2	275	1100	1000	150	30	180000
Santander	2	275	1100	1000	150	30	180000
Tolima	2	275	1100	1000	150	30	180000
Casanare	2	275	1100	1000	150	30	180000
Total	10	1,375	5,500	5,000	750	150	900,000

The selection of the prioritized departments is focused on the five most affected departments; the Norte de Santander department will be reached though activities coordinated with Monarch Butterfly programme. Additionally, the selection criteria considered the local capacities of each of the CRCS branches in areas such as: infrastructure and logistics (headquarters, vehicles, storage spaces); volunteers (number of volunteers and volunteers with water, sanitation and health promotion and health knowledge); administrative and financial strengths; and background and previous experiences with community work and institutional coordination.

Scenario planning

Based on the Institute of Hydrology, Meteorology and Environmental Studies (IDEAM) data, there is a 50% chance that the climate conditions caused by the El Niño Southern Oscillation phenomenon will continue during September and November. ENSO-neutral is considered the most likely scenario for the remainder of the second half of the year. Below-average rainfall has been recorded in the Andean region, specifically in the departments of Huila, Tolima and Santander, while temperatures that are +1.0 °C above average have been reported in parts of the departments of Casanare and Tolima. The Department of Meta has normal temperature conditions.

Cases of dengue have increased in 332 territorial entities (departmental level and archipelago) and 778 municipalities. Although Colombia has endemic zones, the number of cases has now surpassed the incidence of endemic cases and curves. The conditions of vulnerability of communities in the detection of cases, inadequate management of water reservoirs especially in rural or peri-urban areas, in addition to limitations on access to health centres, can complicate the panorama and care needs of the population.

Brazil, Colombia, Honduras and Nicaragua are the four countries with the highest dengue rates in the Americas, according to the Epidemiological Update published by PAHO/WHO in Epidemiological Week 35;

ID	Country or Subregion	Year	Serotype	Epi. Week (a)	Total of Dengue Cases (b)	Incidence Rate (c)	Laboratory Confirmed	Severe Dengue (d)	(SD/D) x100 (e)	Deaths	CFR (f)	Population X 1000
1	Canada	2019		35	0		0	0		0		0
	United States of America	2019	DEN	35	404	0.12	404	6	1.49	0	0.000	326,767
	North America	2019			404	0.12	404	6	1.49	0	0.000	326,767
2	Belize	2019	DEN	32	1,477	386.65	814	53	3.59	0	0.000	382
	Costa Rica	2019	DEN 1,2	34	4,243	85.67		2	0.05	0	0.000	4,953
	El Salvador	2019	DEN 2	35	16,573	258.47	667	98	0.59	5	0.030	6,412
	Guatemala	2019	DEN 1,2,3,4	32	17,413	100.97	730	50	0.29	38	0.218	17,245
	Honduras	2019	DEN 1,2	35	71,216	777.64	128	14,379	20.19	128	0.180	9,158
	Mexico	2019	DEN 1,2,3,4	35	74,277	56.80	11,593	798	1.07	28	0.038	130,759
	Nicaragua	2019	DEN 2	35	94,513	1,503.79	4,729			15	0.016	6,285
	Panama	2019	DEN 1,2,3	34	2,871	68.96	1,320	8	0.28	3	0.104	4,163
	Central America Ithsmus and ...	2019			282,583	157.55	19,981	15,388	5.45	217	0.077	179,357
3	Bolivia	2019	DEN 1,2	35	8,779	78.27	4,431	37	0.42	18	0.205	11,216
	Colombia	2019	DEN 1,2,3	35	84,644	171.12		919	1.09	48	0.057	49,465
	Ecuador	2019	DEN 1,2	28	4,799	28.46	820	18	0.38	2	0.042	16,863
	Peru	2019	DEN 1,2,4	33	8,449	25.96		49	0.58	16	0.189	32,552
	Venezuela	2019	DEN 1,2,3	35	8,638	26.68	781	44	0.51	14	0.162	32,381
	Andean Subregion	2019			115,309	80.93	6,032	1,067	0.93	98	0.085	142,477
4	Argentina	2019	DEN 1,4	31	3,130	7.00	1,703	0	0.00	0	0.000	44,689
	Brazil	2019	DEN 1,2,3,4	35	1,958,031	939.13	1,033,505	1,141	0.06	607	0.031	208,495
	Chile	2019	DEN 1	35	29	0.16	28	0	0.00	0	0.000	18,197
	Paraguay	2019	DEN 1,2,4	35	8,608	124.81	614			9	0.105	6,897

Source: <https://www.paho.org/data/index.php/en/mnu-topics/indicadores-dengue-en/dengue-nacional-en/252-dengue-pais-ano-en.html>

The most likely scenario in Colombia corresponds to an increase in the number of reported cases. This is because the epidemic curve is above the upper limit for expected cases compared to what has been historically observed (2011 to 2018).

The planned actions are dependent on the following assumptions that will guarantee synergy with this operation:

- The health institutions (health secretariats, hospitals, State Social Enterprise- ESEs) effectively coordinate actions together and are committed to joint work in accordance with the intervention's actions.
- Targeted communities organize and mobilize in terms of public health actions to mitigate the risks of the progression of dengue.
- There is cohesion and coherence of the actions carried out and the perceived needs of the communities.
- Community structures are strengthened and have improved their knowledge, practices and attitudes about risk mitigation of the dengue disease.

Operation Risk Assessment

The operational risks possible are detailed below, based on a scale that refers to the probability that the phenomenon and the impact that could occur. This table includes a description of these impacts and proposed mitigation measures.

Probability of occurrence:

Very Probable
Probable
Unlikely

RISK	DESCRIPTION	PROB.	MITIGATING ACTION
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Security situation limiting the implementation of field activities	Events or situations such as urban clashes, limited mobility and access, invisible borders, curfews, militarization of areas and the presence of armed groups in urban areas.		<ul style="list-style-type: none"> Monitoring the security situations for the project's field team with community leaders (safer access), uniforms and visibility and institutional awareness raising before entering the community. Security Briefings and Operational Security Trainings.
Adverse weather events	Emergencies in the communities affected by high rains and gales.		<ul style="list-style-type: none"> Monitoring of the situation and rescheduling of activities
Co-opted by political candidates and events	Advocacy or participation of community leaders and political candidates in an active political campaign as part of the intervention's actions. This would generate doubts about the independence of the project's actions.		<ul style="list-style-type: none"> Socialized and approved schedule, rescheduling of activities and institutional dissemination.

B. Operational strategy

Overall Operational objective: Reduce the risks of dengue for 10,500 people in 10 prioritized communities in the departments of Meta, Huila, Casanare, Tolima and Santander through prevention, health, hygiene promotion and the implementation of a community mobilization strategy.

Intervention strategy

Human resources

The operation will have the following basic structure for the implementation of activities at a national level:

- CRCS national headquarters: 1 full-time National Coordinator, 1 administrator-accountant and 1 Planning, Monitoring, Evaluation and Reporting officer, exclusively dedicated to the project and who will be responsible for the programmatic management, accountability, monitoring and reporting.
- CRCS branches:
 - 5 local coordinators (one each) in the target CRCS branches.
 - 50 volunteers (at least 10 volunteers per branch) to implement activities aligned with the CRCS's National Volunteering Regulations.

Logistics and supply chain

The CRCS National Society will make its logistics and purchasing area available to the project to ensure the supplies required for the project implementation. The supplies will be purchased through the National Directorate and the distribution will be made to local branches in accordance with the operation's requirements in each of the territories. For this process, Terms of Reference will be formulated for the call for tenders. The selected supplier will provide the items to each of the local branches. For suitable supply management, the CRCS will comply with IFRC's administrative processes.

The kits and their components are listed below:

SOLID WASTE MANAGEMENT KIT FOR COMMUNITIES	
10 kits	
COMPONENTS	QUANTITY
Wheelbarrow (75 litre)	1
Outdoor broom head with stick	2
Plastic garden rake (30-inch)	2
Machete (22 inch) with leather cover	4
Square shovel N° 2	1
Hoe	1
Pick	1
Canvas bag for collecting debris	30

Backpack-type fumigator (20 litres)	1
Gardening gloves	10
Double filter face mask	2
Herbicide (1 litre)	1

SOLID WASTE MANAGEMENT KIT FOR SCHOOLS 20 kits	
COMPONENTS	QUANTITY
Ecological bins (3 bins)	1
Broom	2
Mop	2
Bucket (8 litres)	2
Hand brush	2
Dustpan	2
Trio-pack Ecological Bin bags (65x85cm) - 30 units	10
Rubbish bin (5 litres)	5
Recycling station (Kit)	1

HOUSEHOLD CLEANING KIT 1,375 kits	
COMPONENTS	QUANTITY
Sodium Hypochlorite 5% x 1000 ml	1
Syringe (10 cc)	2
Hand brush	1
Large brush	1
Rubber gloves	1
Process information sheets	1
Water container (38 litres) with spout and lid	1
Mesh for containers and storage tanks	1

KIT FOR BRIGADES TO COMBAT DENGUE 10 kits	
COMPONENTS / ACTIVITIES	QUANTITY
Cap	15
T-shirt	15
Hip pack (32X15 cm)	15
Banner	2
Notebook	15
Pencil	15
Acrylic whiteboard (80X120 cm)	1
Stationery kit	1
Flipcharts	5

Community-Based Surveillance

The epidemiological information provided by the National Health Institute and the Ministry of Health will be constantly monitored in order to raise awareness about dengue risk mitigation measures at the territorial level. Community-based surveillance will be carried out with the communities that have received training on early warning signs and symptoms as part of the Community Mobilization Strategy. The [protocol](#) from the Colombian State's Sub-directorate for Dengue Surveillance will be considered. This will support communities and institutions to access assistance and coordination mechanisms provided by the Vector Control areas of the health secretariats and the local health system for case referral to health centres. Additionally, advocacy actions will be conducted so community members and CRCS local branch representatives can participate in the Community Epidemiological Surveillance Committees (COVECOM). The COVECOM is key to implementing a community-based dengue surveillance system especially for notification to the health centres.

Communication

This operation will engage in communication management that supports two-way accountability (between aid workers and the community). This will include mass media coverage and community-based strategies. As a result of the lessons learnt from the CAZ project, communication materials will be adapted for the digital channels managed by the CRCS National Society and strategies will be adapted to effectively provide information of interest that the targeted population needs to know. Additionally, periodic operational reports will be prepared by the CRCS to inform IFRC for the writing of update reports.

Activities	Number of actions	Cumulative population targeted
Production, taping and broadcast of 6 radio spots at the national level for community, regional and national radio stations throughout the duration of the operation.	6	150,000
Production, filming and broadcasting of a 30-second commercial that will be aired on community and regional channels in the 5 intervention areas, in addition to being broadcast on national channels throughout the duration of the operation.	6	150,000
Social network campaign for the You Got It, Dengue Control Strategy (song and music video)	1	100,000
Additional material (foldouts, posters, flipcharts, flyers, primers, etc.)	1	500,000
Total	14	900,000

Planning, monitoring, evaluation and reports (PMER)

The project will have a monitoring and evaluation plan that will define the indicators, methods and frequency of data collection and the usage of this information. This will also include tools and systems to strengthen monitoring mechanisms to comply with this action plan. In addition, the CRCS will present regular reports on implemented activities and justifications for expenses. These reports will highlight achievements, challenges, difficulties and corrective actions. Participants and users of the services provided will be recorded to create a reliable database. Additionally, at the end of the operation, a lessons learned workshop will carry out with key stakeholders that are involved during the implementation of the activities to analyse what worked well or can be improved in similar interventions.

Administration and Finance

Administrative and financial processes will be carried out within the CRCS's quality framework and in compliance with the IFRC's regulations. These processes ensure the required transparency and accountability.

The **intervention model** will have three components:

Community

This will be focused on two prioritized neighbourhoods, communities or settlements, which will be targeted with the support of local health entities in accordance with their SIVIGILA reports. The communities will be determined within the most affected municipalities from the five departments mentioned above. Information about the communities will be analysed by local branches, such as security issues and experiences of community work in the zones. Community leaders will be approached to socialize the scope and focus of the intervention, while the perception, response and acceptance of the intervention will also be assessed.

Schools

Actions focus on educational institutions (schools, child development centres and children's homes). The relevance of the work with institutions will be verified with the municipality's Secretariat of Education and the Colombian Institute for Family Well-being (ICBF for its acronym in Spanish) local office to socialize the intervention's objectives and scope. Community leaders will also encouraged to participate in this process.

Health institutions

This refers to actions with health service providers in hospitals, health centres and other service providers. Project staff will work with the health secretariat in each municipality or neighbourhood where each targeted health centre / hospital that receives patients from the targeted communities is located. Institutional capacities will be taken into account.

To address the community and school component in relation to health issues, the activities will use the community-based health and first aid (CBHFA) and Participatory Hygiene and Sanitation Transformation (PHAST) methodology. These includes health and WASH issues in their Housing and Healthy School modules.

A detailed description is found below of activities, number of people to be reached and description to be carried out in the Health and WASH sectors.

Sector	Activities	People to be reached by department					Total	Description
		Meta	Huila	Santander	Tolima	Casanare		
Health	Community meetings - key messages (5,500 people)	275	275	275	275	275	1375	Households
	School meetings - key messages (5,000 people)	2	2	2	2	2	10	Educational institutions
	Delivery of supplies (including repellent) (5,500 people)	1100	1100	1100	1100	1100	5500	Individuals
	Creation and support for brigades to combat dengue	2	2	2	2	2	10	Communities
	Training for community surveillance	50	50	50	50	50	250	Households
	Training for health institutions and other entities	30	30	30	30	30	150	Individuals
	Technical training for volunteers on community-based vector control	150	150	150	150	150	750	Individuals
WASH	Provision of solid waste management kits for communities (5,000 people)	2	2	2	2	2	10	Communities
	Provision of solid waste management kits for schools (5,000 people)	2	2	2	2	2	10	Educational institutions
	Day-long events for waste management	2	2	2	2	2	10	Communities
	Distribution of household cleaning kits (5,500 people)	275	275	275	275	275	1375	Households
	Hygiene promotion (5,500 people)	275	275	275	275	275	1375	Communities

C. Detailed Operational Plan



Health

People targeted: 10,500

Male: 45%

Female: 55%

Requirements (CHF) 95,176

Needs analysis: The *Aedes aegypti* mosquito affects people of any age. Its reproduction is often due to poor hygiene conditions in the home, the local environment, the forms of water management, including water storage, as well as waste that is not properly disposed of.

More than half of the Colombian population is at risk of dengue. The population with the highest susceptibility and risk of complications are children under 5 years of age, representing 25.6% (235 cases) of severe dengue cases in Epidemiological Week 35, as well as vulnerable populations in areas where social determinants worsen, thus increasing the risk of proliferation of the vector. Vector risk education is essential for communities in different sectors to facilitate community work. A total of 169 probable deaths due to dengue have been reported as of EW 35.

Targeted households, school and health centres will be reached with community-based actions to eliminate breeding sites, protect water tanks and control waste. This also includes particular attention to 1,375 households in situations of vulnerability, each of which will be reached with 4 long-lasting insecticidal nets (LLINs) and a repellent and 10 local health centres that will be provided with screens to prevent the entry of vectors. The CRCS will identify the households in the highest level of vulnerability in the target areas. With regards to schools, solid waste management kits will be distributed to reduce vector breeding sites. As local health centres are responding to this outbreak, this operation will provide protection articles, such as screens to prevent the entry of vectors into areas in which people are being treated and working.

Training of brigades to combat dengue will help for community-based vector control, and could contribute to the identification of early warning signs and symptoms. The latter could assist in the timely referral of people to community health centres, thus decreasing the likelihood of serious dengue or death.

Additionally, it is necessary to train volunteers and communities on community approach methodologies so that they can handle outbreaks and respond quickly to public health events. The replication activities will be implemented in each branch with the support of volunteers already trained as facilitators. They will then replicate action with volunteers and staff from the local branch. The project expects to reach at least 150 volunteers with this activity. For the implementation of training workshops for facilitators in community methodologies, IFRC Reference Centre for Disaster Preparation (CREPD) will provide support in order to update or train new volunteers in the CBHFA, Enhanced Vector Control (EVC) and psychosocial support (PSP), as well in pedagogical methodology, which is essential for the implementation of relevant activities in the different prioritized communities.

Population to be assisted:

The selected communities are in the population in the departments of Meta, Tolima, Huila, Santander and Casanare. According to the needs analysis conducted, these five departments have 48.6% of all the reported dengue cases at a national level. Actions in this area of focus are planned to reach at least 10,500 people.

For the training of volunteers on community tools, volunteers from the prioritized local branches (departments of Meta, Tolima, Huila, Santander and Casanare) will be targeted. The training will be extended to departments branches that also have significant numbers of dengue cases (departments of Norte de Santander, Cesar, Antioquia, Sucre and Córdoba). At least 750 volunteers will participate in the capacity strengthening process.

Programme standards/benchmarks: Actions in health will comply with the standards developed by the Colombian Red Cross Society through its ISO 9001-2008 quality management system that consists of protocols, forms and procedures. Additionally, the Ministry of Health and Social Protection's norms also will be followed, as well as any guidance from PAHO.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached with hygiene promotion actions Target: 10,500												
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of people trained at the community level # of schools reached with solid waste management kits # of CRCS volunteers trained in epidemic control and sanitation and hygiene promotion # of people reached by key messages in the media # of households reached with repellents and LLINs												
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
AP022	Sessions with target communities on health promotion for the elimination of breeding sites, protection actions, dengue symptoms and signs of alarm, aligned with CBHFA and PHAST methodologies.													
AP022	Sessions with target schools on health promotion for the elimination of breeding sites, protection actions, dengue symptoms and signs of alarm, aligned with CBHFA and PHAST methodologies.													
AP022	Distribution of surveillance and prevention items (5,500 LLINs and 1,375 repellents)													
AP022	Sessions to update health care professionals on diagnosis and clinical management of patients with dengue or other arboviruses in targeted institutions.													
AP022	Provision of screens and instalment kits to 10 health centres													
AP022	National Dengue Communications Strategy: Communication activities, dissemination of key messages in different local, regional and national outlets (radio, TV and social networks) and Community Engagement and Accountability (CEA) actions													
AP022	National workshop for CRCS focal points from target branches on EVC, sanitation and hygiene promotion													
AP022	Branch-level workshops for CRCS volunteers from target branches on EVC, sanitation and hygiene promotion													
P&B Output Code	Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases	# of brigades to combat dengue created # of kits distributed to brigades # of health professionals reached with training												
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12

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.

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Saving lives, changing minds.



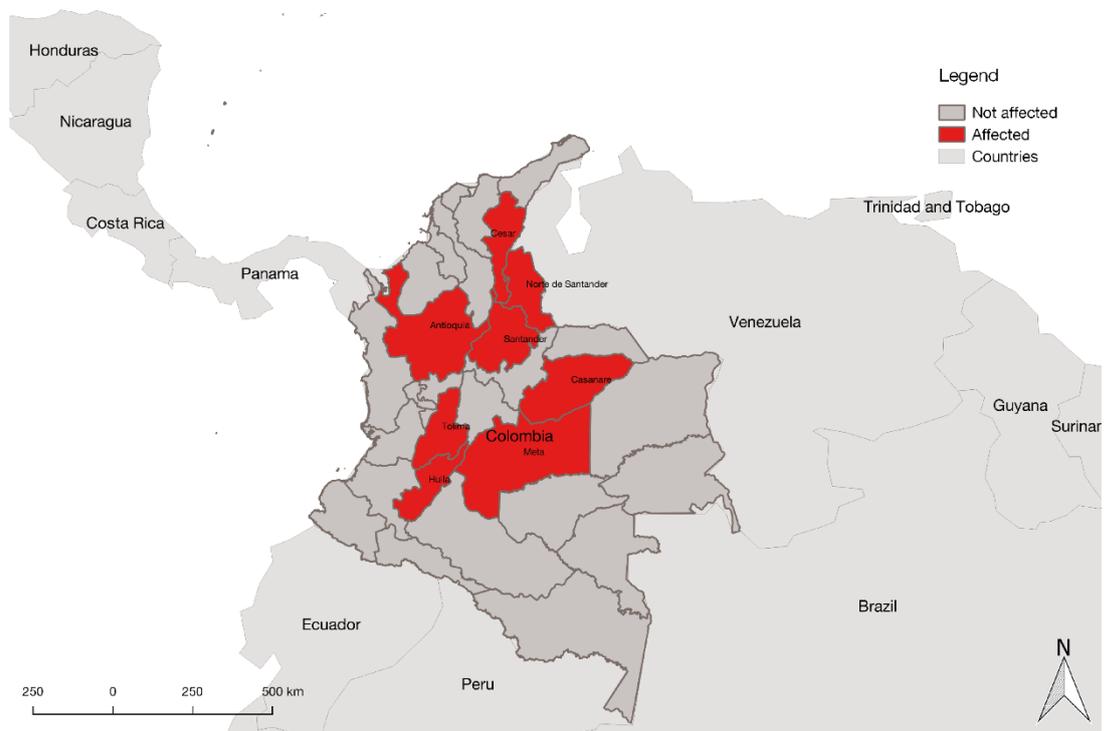
The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Annex1: Colombia, Map of affected departments by the Dengue Outbreak 2019.

 International Federation
of Red Cross and Red Crescent Societies

Colombia: Dengue Outbreak - September 2019



The maps used do not imply the expression or any opinion on part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: Colombian Government, IFRC, Natural Earth, GADM - Produced by IM Americas.

Source: IFRC Information Management team.

DREF OPERATION

09/11/2019

MDR0016 - Colombia Brote de Dengue

Output code in financial system	Name in financial system (TBC)	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
					0
AP005	Shelter assistance to households	-			0
AP006	Shelter tech. support and awareness	-			0
	Total Shelter	0	0	0	0
		-			0
AP007	Improvement of income sources	-			0
AP008	Livelihoods assistance	-			0
AP009	Food production & income generation	-			0
AP081	Multipurpose cash grants	-			0
AP010	Livelihoods awareness	-			0
	Total Livelihoods & basic needs	-	0	0	0
		-			0
AP011	Health services to communities	-			0
AP012	Voluntary blood donation	-			0
AP013	Maternal newborn and child health	-			0
AP014	Nutrition	-			0
AP015	Road safety	-			0
AP016	NS capacity for health care	-			0
AP017	HIV and AIDS	-			0
AP018	Avian and human influenza pandemic	-			0
AP019	Malaria	-			0
AP020	Tuberculosis	-			0
AP021	Other infectious diseases	20,090			20,090
AP022	Health in emergency	75,087			75,087
AP023	Psychosocial support	-			0
AP024	Immunization activities	-			0
AP025	Health needs in complex settings	-			0
AP075	HIV/AIDS care and treatment	-			0
AP076	Malaria care and treatment	-			0
AP077	Tuberculosis care and treatment	-			0
AP078	RMNCH care and treatment	-			0
AP079	NCD care and treatment	-			0
AP080	Psychosocial support	-			0
AP082	Search and rescue	-			0
	Total Health	95,176	0	0	95,176
		-			0
AP026	Access to safe water	-			0
AP027	Treatment/reuse of wastewater	-			0
AP028	Reduction of open defecation	-			0
AP029	WASH knowledge and best practice	-			0
AP030	Hygiene promotion	60,755			60,755
	Total WASH	60,755	0	0	60,755
		-			0
AP031	Equitable access to services	-			0
AP032	Social inclusion-equitable status	-			0
AP033	Interpersonal violence prev/response	-			0
AP034	Response to SGBV in emergencies	-			0
AP035	NVP-education and advocacy programs	-			0
	Total Protection, Gender and Inclusion	-	0	0	0
		-			0
AP036	Migration assistance and protection	-			0
AP037	Migration awareness and advocacy	-			0

		-		
	Total Migration		0	0
AP001	Preparedness at community level	-		0
AP002	Response and risk red. at NS level	-		0
AP003	Green solutions	-		0
AP004	Climate change awareness	-		0
	Total Disaster Risk Reduction	0	0	0
		-		0
AP039	NS organisational capacity assessm.	-		0
AP040	NS volunteering development	-		0
AP042	NS corporate /organisational systems	62,021		62,021
	Total Strengthening National Societies	62,021	0	0
		-		0
AP046	IFRC surge capacity	-		0
AP047	Humanitarian principles and Rules	-		0
AP048	Integrated services for NS	5,940		5,940
AP049	IFRC coord. in humanitarian system	-		0
AP050	Supply chain and fleet services	-		0
AP051	Movement coordination	-		0
AP052	Movement shared services	-		0
	Total Influence others as leading strategic partner	5,940	0	0
		-		0
AP053	Advocacy on humanitarian issues	-		0
AP054	IFRC policies and positions	-		0
AP055	Research and evaluation	-		0
AP056	Advocacy on humanitarian issues	-		0
AP057	Support to NS in policy & advocacy	-		0
AP058	Planning and reporting	-		0
AP059	Resource generation	-		0
AP060	Emergency fundraising excellence	-		0
AP061	NS resource and partnership dev.supp	-		0
AP064	Financial management	-		0
AP065	Administration	-		0
AP066	Staff security	8,415		8,415
	Total Influence others as leading strategic partner	8,415	0	0
				0
	Programme and Supplementary Services Recovery	15,100		15,100
	Total INDIRECT COSTS	15,100	0	0
				0
	TOTAL BUDGET	247,408	0	0
				247,408