

DREF Final Report Colombia: Dengue Outbreak

DREF No. MDRCO016	Glide n°: EP-2019-000105-COL
Date of Issue: 12 April 2020	Operation end date: 12 January 2020
DREF allocated amount: 247,408 Swiss francs (CHF)	
Total number of people affected: 79,639	Number of people to be directly reached: 10,500 Number of people to be indirectly reached: 900,000
Presence of National Host Society (number of volunteers, staff members, branches): The Colombian Red Cross Society has 27,076 volunteers, 1,793 employees and 229 local units.	
Partners of the Red Cross and Red Crescent Movement actively participating in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC). ¹	
Other partner organizations actively participating in the operation: Ministry of Health, National Health Institute, Pan American Health Organization, local health secretariats in the selected municipalities.	

<Click [here](#) for the Final Financial Report. Click [here](#) for Contacts.>

A. Situation analysis

Description of the disaster

The dengue outbreak in 2019 was one of the worst in the recent history². Dengue is a public health issue caused by various factors, including climate change, population growth, migration, poverty, lack of basic services, especially those related to water supply and liquid and solid waste disposal. Of the latter, discarded tires and plastic containers increase the number of breeding sites for vectors, such as the *Aedes Aegypti* mosquito, the main vector for the dengue virus.

As of the closing of the operation, and according to the Epidemiological Week (EW) 1 of 2020 report, 1,069 cases of dengue were reported in Colombia, of which 48.8 per cent included no warning signs; 50.1 per cent showed warning signs; and 1.1 per cent were classified as severe.

Dengue was detected in more than half of the country, with 20 departments showing an increase in cases and 12 departments under a dengue alert. Four departments (Norte de Santander, San Andrés and Providencia, Quindío, and Guainía) remained within the expected parameters and did not have a decline in cases.



Colombian Red Cross Society (CRCS) volunteers disseminated dengue prevention measures, Villavicencio, Meta department. Source: CRCS.

¹ The IFRC Americas Regional Office (ARO) closely supports National Societies responding to dengue outbreaks, based on the existing National Society response capacity and the ongoing response from national authorities. To date, DREF operations are active in Honduras, Guatemala and Nicaragua.

² [National Health Institute for Colombia \(INS\), Epidemiological Bulletin, Epidemiological Week 52.](#)

Considering the health situation in Colombia and to respond to identified needs, Colombian Red Cross Society (CRCS) implemented actions based on a community strategy with a comprehensive health and water and sanitation approach, aiming to ensure increased coverage and the continuity of services as well as adequate sanitation and hygiene management - a fundamental factor in reducing breeding sites. In addition, an inter-institutional coordination strategy was developed that included various actors such as the Ministry of Health, hospitals, health centres and other service providers, and the education sector.

Summary of the current response

Overview of Host National Society

Given the nationwide dengue outbreak, Colombian Red Cross Society prepared a response strategy at the national and local levels aimed at addressing the situation through strengthening and taking advantage of capacities in the prioritized branches in Tolima, Meta, Casanare, Santander and Huila.

The National Society was involved in the planning, organizing and training of the staff that would be rolling out community actions, as well as in guiding the processes with the supplies and equipment necessary for implementing the actions proposed in the operational plan. This process took into account each actor and the factors that influence health in prioritized areas, and included inter-institutional coordination and a monitoring and evaluation process that allowed for continuous improvement.

Colombian Red Cross Society implemented the following lines of action in order to assist with care in view of the potential impact to communities exposed to the vector.

Health: focused on reducing the immediate health risks of affected populations through health promotion, elimination of breeding sites, protective actions for dengue symptoms and warning signs, aligned with community-based health and first aid (CBHFA) methodologies, as well as through refresher training sessions on dengue diagnosis and clinical management of patients with dengue or other arboviruses to health professionals in selected institutions.

In addition, Colombian Red Cross Society's strategy contemplated epidemic prevention and control measures through epidemiological surveillance, the creation and training of brigades to fight dengue in target communities (elimination of breeding sites, protective actions, dengue symptoms and warning signs) and the performance of community observation activities (Ovitrap).

Water, sanitation and hygiene promotion (WASH): Collective vector control actions were implemented, such as activities to eliminate stagnant water, weeds, and solid and liquid waste management. In addition, CRCS sought to optimize resources and join efforts to combat dengue through intersectoral management led by local authorities, which it supported.

Similar actions, including the delivery of solid waste management kits, were carried out simultaneously in homes and schools in target areas. These kits contributed to behaviour change and led to the adoption of more sanitary practices based on people's reality and the local environment.

Overview of the Red Cross Red Crescent Movement in the country

The Colombian Red Cross Society shared information about the dengue outbreak with different members of the Movement including American Red Cross, German Red Cross, Norwegian Red Cross, Spanish Red Cross, International Committee of the Red Cross (ICRC) and the IFRC. The Movement supported CRCS campaigns against vector-borne diseases, including dengue fever.

The CRCS maintained constant communication with the IFRC. It published reports on the International Federation's GO information platform. Since the beginning of the new cycle of the epidemic, the IFRC Disaster Management Coordinator for South America and the IFRC office in Colombia provided support to the National Society. The IFRC also provided support services in the areas of planning, monitoring, evaluation and reporting (PMER) and finance from the country cluster support team (CCST) for the Andean countries, located in Peru. The IFRC Disaster Management Coordinator conducted support missions and facilitated the lessons learned workshop.

The IFRC concurrently supported the CRCS to respond to the population movement with the Emergency Appeal operation (MDRCO014) and programme-based support through the Monarch Butterfly project.

Overview of non-RCRC actors in the country

At the start of this operation, the CRCS held a strategic meeting with the Minister and Vice-Minister of Health and Social Protection and the National Society's president, executive director and integrated health manager to discuss the scope of this DREF operation.

At the national level, the Ministry of Health, the National Health Institute and local health secretariats in the selected municipalities implemented actions to address the outbreak. The Ministry of Health and Social Protection implemented the "Cut the Wings off Dengue" (*Córtale las alas al dengue*) campaign to reduce the dengue outbreak, as well as conducted prevention and containment actions that included warnings to strengthen dengue prevention, care, surveillance and control actions.

The Pan American Health Organization supported and implemented actions to respond to this epidemic.

Needs analysis, targeting, scenario planning and risk assessment

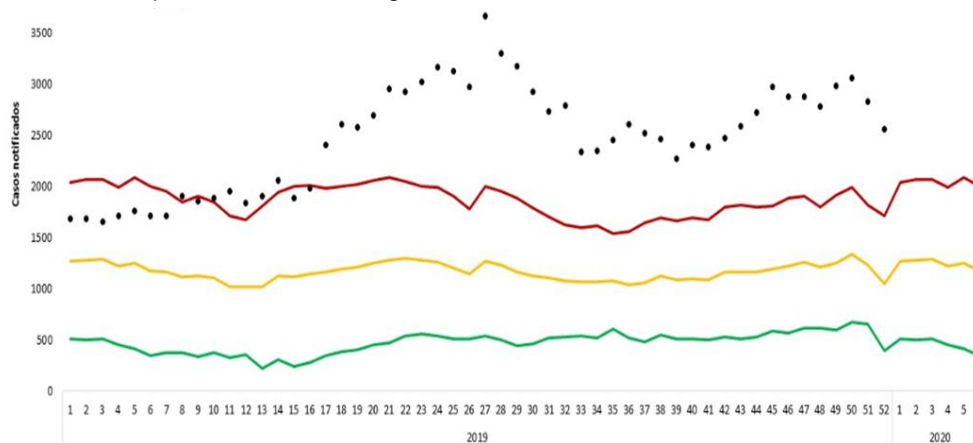
Needs analysis

According to the Epidemiological Week 1 report, dengue cases were reported in 35 territorial entities, 3 districts, 247 municipalities and 3 countries. 51.6 per cent (546) of dengue cases were reported in 24 municipalities, most frequently in: Cali, with 11.3 per cent (120); Neiva, with 3.7 per cent (39); Barranquilla, with 3.0 per cent (32); Cartagena, with 2.7 per cent (29); Ibagué, with 2.6 per cent (28); Valledupar, with 2.5 per cent (26); Villavicencio, with 2.4 per cent (25); and Palmira, Puerto López, and Saldaña, with 2.3 per cent (24).

These cities accounted for more than 90% of the reported cases, the majority of which are urban and peri-urban communities and settlements that lie 2,200 meters above sea level and generally have limited or no access to basic services such as safe drinking water and environmental sanitation. These areas experience unmet basic needs and limited economic opportunities. Such conditions are the result of limited access to resources, as well as low levels of community organization and a weak connection with territorial health structures for the early detection of cases of normal and severe dengue fever. These situations increase the level of individual, family and collective risk of dengue.

The dry season, which affected water supply in several municipalities, worsened conditions as people stored clean water in water tanks or lidless containers, often outdoors, fostering the environment in which the dengue vector lays its eggs.

The following table charts the reported cases of dengue from EW 1 to EW 52 in 2019 and EW 1 in 2020:



Source: Colombian National Institute of Health, SIVIGILA, 2019 -2020.

The needs outlined in the Emergency Plan of Action remain, the CRCS has conducted the following actions to respond to these:

Health: Health promotion activities reduced immediate health risks for affected populations. These actions contributed to the elimination of reproductive sites, protective actions and awareness raising about dengue symptoms and warning signs in accordance with established methods. Sessions were conducted to update health professionals on the diagnosis and clinical management of patients with dengue and other arboviruses in selected health institutions.

Epidemic prevention and control actions were focused on epidemiological surveillance, creating and training brigades to combat dengue in target communities (elimination of breeding sites, protection actions, dengue symptoms and warning signs), as well as community observation activities (ovitrap).

Water, Sanitation and Hygiene Promotion (WASH): Actions to implement collective vector control actions such as activities to eliminate stagnant water, remove brush and weeds, and improve solid and liquid waste management. The CRCS was involved in intersectoral management led by local authorities to optimize resources and combine efforts to combat dengue.

Similar actions were required at household and school levels in the intervention areas. This was achieved by providing solid waste management kits that contributed to behaviour change and the adoption of healthier practices based on individuals' realities and the local environment.

This project was prioritizing health providers, the Ministry of Health and municipal and/or departmental health secretariats to strengthen public health actions and support the prevention, promotion and reduction of dengue.

Target population

Based on the trends of the dengue outbreak and the capacities of the CRCS at the national level and its branches, the target population was 1,375 families and 10,500 individuals in the departments of Meta, Huila, Santander, Tolima and Casanere, in addition to a communications campaign to reach 900,000 people.

Operation Risk Assessment

National-level events in recent months affected the implementation schedule. While some of these were planned, the most salient were spontaneously organized and entailed a modification of CRCS activities.

- National elections on 27 October 2019 caused a delay in community actions. The political situation required that activities were paused during the final period of the electoral campaign. In a polarized context in which public disturbances could occur, political campaigns could have implied risks to the operation team. The CRCS implemented preventive measures before and after the elections. Local branch staff in Casanare had difficulties entering the community after the elections because the results were protested.
- A national strike held on 21 November 2019 had an impact on different CRCS branches. Unions and independent groups paralysed many public and private entities, including schools and universities. The CRCS paused actions prior to the announced strike and in the aftermath. To date, protests at the national level continue. In the case of the Santander branch, the university community-led protests paralysed the city of Bucaramanga.
- Insecurity in the territories where the Meta branch operates affected the mobility of volunteers to conduct actions; the local branch office was robbed. Even though there were no material losses, activities were delayed due to the loss of documents caused by the theft.

Because of the above, the operation was extended for one month to 12 January 2020, which allowed 100 per cent completion of programme implementation and to reach a greater number of targeted population and communities.

The Colombian Red Cross Society issued memos to promote the safety of its staff, as well as the required compliance with security protocols for its volunteers.

OPERATIONAL STRATEGY

Proposed strategy

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

The CRCS implemented a three-pronged intervention model at the community level, in educational institutions and health centres.

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

- **Community:** With a focus on two prioritized neighbourhoods, communities or settlements, based on the guidance of local health entities in accordance with SIVIGILA report, in the five target departments, the CRCS worked with community leaders to identify the scope and focus of the intervention.
- **Schools:** Actions focused on educational institutions (schools, child development centres and children's homes), with the guidance of the 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 also participated in this process.
- **Health institutions:** With a focus on hospitals, health centres and other service providers, the CRCS project staff worked with the health secretariat in each municipality or neighbourhood.

Human Resources

The project formed the work teams at National Headquarters through national-level project coordination led by the National Health Directorate and its respective coordination in each of the five branches. In turn, these had the active participation of volunteer teams, as fundamental support for the project's implementation in the field.

Logistics and supply chain

At the beginning of the operation, a meeting was held with various areas in order to begin with administrative planning, budgeting, and personnel recruitment processes, including Procurement, Finance, Strategic Partnerships, Human Resources, the comprehensive health manager and the health team.

Administrative processes were carried out with support from the procurement department in order to purchase the necessary supplies to implement the project, per the Plan of Action and based on activities within the planning, monitoring and evaluation matrix.

Below is a list of the kits and components distributed in various branches according to need:

NATIONAL SOCIETY PURCHASES
Community solid waste management kit
Health brigade kit
Household disinfection and cleaning kit
Solid waste management kit for schools
Repellent
Long-lasting insecticidal nets
Screen installation kit
Volunteer protective and visibility equipment
Purchase of window screens

Communication

Communication for this DREF operation was handled based on the lessons learned from the past Community Action on Zika (CAZ) project, which were appropriately adapted to CRCS's communication strategy by modifying certain aspects to disseminate key prevention and awareness messages.

The following materials were produced:

- Brochures to distribute to communities
- Project visibility banners
- Stickers for notebooks

- Backpacks
- Informational flipcharts

These articles were distributed in different locations, reaching prioritized communities with dengue prevention and reduction messages. It was used as a dissemination strategy in high-traffic areas and in highly visible places such as shopping centres, transport terminals and main streets in targeted cities.

These materials were complemented by campaigns conducted in social networks: Facebook/cruzrojacolombiana, reaching 1,600,460 individuals via six promotional posts; and Instagram/cruzrojacol, reaching a total of 1,773,624 individual via six promotional posts, for an overall total of 3,374,084 people reached

The radio campaign reached 493,100 people, which account for 2.58 per cent of the country's population. Each person heard the campaign over RCN Radio an average of nine times.

Planning, monitoring, evaluation and reports (PMER)


The project had a monitoring and evaluation plan that ensured the tracking of indicators, frequency and methods for data collection and use of such information, as well as tools and systems to strengthen monitoring mechanisms aimed at fulfilling the established plan of action. This DREF operation's monitoring plan was built based on objectives and indicators set during the formulation phase, specifically in the logframe. The means of verification of the implementation and achievement of project activities were established based on these indicators.

In addition, formats and a database were created for the information that CRCS branches gathered, which ensured tracking and monitoring of activities, deadlines and the budget. This made it possible to collect and consolidate the information of the beneficiaries served in each of the project's strategic lines; ensure proper execution of actions and detection of potential non-fulfilment of targets; and to submit periodic reports on activities conducted and expense reports. These reports showed achievements, challenges, constraints and corrective measures, as well as the participants and users.

Administration and Finance

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

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 15,870</p> <p>People targeted: 10,500</p> <p>Male: 45%</p> <p>Female: 55%</p>	
Health Outcome 1: The immediate risks to the health of affected populations are reduced.		
Indicators:	Target	Actual
# of people reached with hygiene promotion actions	10,500	15,870
Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines.		
Indicators:	Target	Actual
# of people trained at the community level	5,500	7,730
# of schools reached with solid waste management kits ³	10	16
People attending dengue prevention events in schools ⁴	5,000	8,140
# of CRCS volunteers trained in epidemic control and sanitation and hygiene promotion	750	964
# of people reached by key messages in the media	900,000	3,334,084

³ This cross-sector indicator also is reported on in the WASH Area of Focus below.

⁴ The CRCS added this indicator to better define its actions conducted.

# of households reached with repellents	1,375	3,620
# of households reached with LLINs	5,500	5,444

Progress towards outcomes

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.

72 community health promotion workshops for the elimination of breeding sites, protection actions, dengue symptoms and signs of alarm, aligned with CBHFA and PHAST methodologies, were held in the municipalities of Yopal, Villavicencio, Bucaramanga, Ibagué and Neiva in the departments of Casanare, Meta, Santander, Tolima and Huila respectively, reaching 7,730 people - 4,732 women and 2,598 men (Annex 1).

Sessions with target schools on health promotion for the elimination of breeding sites, protective actions, dengue symptoms and warning signs, aligned with CBHFA and PHAST methodologies.

Activities carried out in educational institutions were attended by 8,140 individuals, including students and teachers, of whom 3,993 were female and 4,147 were male. These individuals came from 16 institutions: five in Yopal, five in Villavicencio, two in Bucaramanga, two in Ibagué and two in Neiva. A total of 27 sessions were conducted in schools, which met the target set. A considerable number of beneficiaries were reached (Annex 2).

Distribution of surveillance and prevention items

In order to strengthen capacity and key messages on dengue prevention through the delivery of various items to protect against mosquito bites, 5,444 mosquito nets and 3,620 units of repellent (as seen in Table 7) were delivered to 6,838 people in 24 communities in the 5 capital cities of the departments of Casanare, Meta, Santander, Tolima and Huila (Annex 3).

Sessions to update health professionals on the diagnosis and clinical management of patients with dengue or other arboviruses at selected health institutions

389 professionals were trained in managing patients with dengue, of whom 259 were female and 130 were male, through six workshops in six health institutions that are part of the five branches where the project was implemented (Annex 4).

Supply of window screens and installation health centres

Screens were installed in windows in ten health centres in the four capital cities of the departments of Casanare, Santander, Tolima and Huila, were installed in 8 health centres in Yopal, Bucaramanga, Ibagué and Neiva. In the case of Villavicencio in the department of Meta, no authorization was given by the health authorities for the installation.

National Dengue Communication Strategy

The strategy reached a total of 3,374,084 individuals via 12 posts: 1,600,460 individuals on Facebook and 1,773,624 individuals on Instagram

Key messages over the radio reached a total of 4,266,500 people, which account for 2.58 of the country's population. Each heard the campaign approximately nine times. The campaign was broadcast over two radio stations in Meta, one in Tolima, one in Huila, one in Santander, one in Zapatoca and one in Casanare (Annex 5).

The campaign included the following spots:

- Spot 1: mosquito breeding sites
- Spot 2: root them out
- Spot 3: cover tanks
- Spot 4: screens
- Spot 5: mosquito nets
- Spot 6: protection rules

As part of the communication strategy, 13,640 people in different locations in capital cities received brochures, stickers for notebooks, posters, backpacks and stickers for doors.

A dengue prevention video was produced, which can be seen at this [link](#).



The CRCS distributed information bulletins to inform about dengue and the prevention measures. Source: CRCS.

National workshop for CRCS focal points at target local branches on Enhanced Vector Control (EVC), sanitation, and hygiene promotion.

A national induction workshop was held from 7 to 9 October 2019 with 25 participants. This included 3 people each (Local Coordinator, Accountant and Volunteer) from the Tolima, Meta, Casanare, Huila and Santander branches. Participants also included technical team (National Coordinator, PMER, Accountant), the integrated health management team (Health Leader, Health and Emergency Officer, Water Sanitation Technician, Health Services Officer and Resilience Project Coordinator), and Ministry of Health representatives. This had the objective of designing the actions that will be implemented through project.

Branch-level workshops for CRCS volunteers from target branches on EVC, sanitation and hygiene promotion

The training process aimed to build capacity in community dengue prevention control measures and household actions to improve basic sanitation and reduce disease transmission. A total of 964 volunteers were trained in epidemic control and sanitation and hygiene promotion, of whom 585 were female and 379 were male. A total of 32 workshops were held in the five capital cities: four at the Casanare branch, eight at the Meta branch, eight at the Santander branch, five at the Tolima branch and seven at the Neiva branch (Annex 6).

Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases.

Indicators:	Target	Actual
# of brigades to combat dengue created	10	13
# of kits distributed to brigades	10	12
# of community observation activities (ovitrap) ⁵	250	405
Informative meetings on the CRCS Epidemic Control Strategy to health secretariats and State Social Enterprises. ⁶	150	389
Field monitoring visits ⁷	3	3

Progress towards outcomes

Creation and training of brigades to combat dengue in the targeted communities

Community brigades were a key strategy for achieving the objectives, as their members not only participated in vector control activities within their communities during cleaning days, monitored ovitrap and participated in community hygiene days, they were also trained to respond to dengue and to other potential emergencies in communities. A total of 13 community brigades made up of 1115 people were trained, of whom 846 were female and 269 were male. 64 workshops were held in Yopal, Villavicencio, Bucaramanga, Ibagué and Neiva (Annex 7)

Distribution of equipment and materials for the brigades

⁵ The CRCS added this indicator to better define its actions conducted.

⁶ Ibid.

⁷ Ibid.

The table above shows the kits and materials delivered by the project to brigades to combat dengue in four communities in Neiva, two in Ibagué, two in Bucaramanga, two in Villavicencio and two in Yopal. A total of 12 kits were delivered, exceeding the target set at the beginning of the project (Annex 8).

Community observation activities (ovitrap)

Community observation was carried out in 255 homes, exceeding the scope. A total of 405 ovitrap were set up in Yopal, Villavicencio, Bucaramanga, Ibague and Neiva, allowing a training exercise through which communities acquire information and knowledge regarding vector monitoring and surveillance and its usefulness for health actions (Annex 9).

Socialization of the IFRC Strategy for the Control of Epidemics to Health Secretariats and State Social Enterprises

Thirteen meetings were held to socialize the strategy with municipal health entities. During these meetings, the CRCS explained the operation, indicating the intervention areas and activities. These meetings facilitated institutional coordination and scheduling of the different actions implemented at community and school levels. In addition, 389 health professionals were provided refreshers on caring for patients with dengue. These actions were coordinated with the Ministry of Public Health.

Field monitoring and evaluation of health actions to combat dengue

During the first week of November, the PMER officer conducted a field monitoring in Santander, specifically in the city of Bucaramanga and other departments. The PMER officer accompanied the implementation of field activities, provided feedback on the information collection process, applied verification mechanisms and reported on these activities.

Challenges

The communication strategy for preventing dengue and creating communication products experienced delays in the planning and implementation phases.

Civil protests happened and elections were conducted during the operation, which interrupted operational planning.

Lessons Learned

- Continue to implement activities to achieve the proposed goals and accompany the local branches.
- Work with communities and schools to implement sustainable knowledge and behaviour.
- Coordinate efforts with the media and disseminate communication pieces that promote dengue prevention in affected areas.
- Coordination with authorities and the public health ministry was essential for articulation of actions and synergy in dengue prevention and response.

Water, Sanitation and Hygiene



People reached: 1,156
People targeted: 10,500
 Male: 45%
 Females: 55%

WASH Outcome 5: Immediate reduction of risk of waterborne and water-related diseases in targeted communities.

Indicators:	Target	Actual
# of people with reduced risk to dengue because the adoption of adequate prevention measures and waste management	10,500	1,156

WASH Output 5.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

Indicators:	Target	Actual
# of WASH assessments	10	10

# of coordination meetings with local institutions involved in dengue control and prevention	10	17
Progress towards outcomes		
<p>Conduct diagnostic in WASH regarding needs and targeted population 10 WASH diagnostics were performed regarding people's needs in two locations per municipality. A total of 1,911 surveys were applied to 7665 families during the early phases of the project in order to identify the population's conditions and deliver health, water and sanitation interventions (Annex 10).</p> <p>Institutional articulation for the implementation of joint activities that contribute to dengue control and prevention Institutional articulation, including health secretariats, Community Action Boards, schools, as well as internal Red Cross departments in each of the local branches, was conducted in the five prioritized departments. A total of 17 meetings were held: five in Yopal, two in Villavicencio, six in Bucaramanga, two in Tolima and two in Neiva, which allowed joint actions to deal with and prevent dengue. These articulations currently continue to help to address the health situation (Annex 11).</p>		
WASH Output 5.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.		
Indicators:	Target	Actual
# of kits for solid waste management kit for communities distributed	10	12
# of schools reached with kits for solid waste management for schools	10	20
# of community clean-up days (solid waste management)	30	23
Progress towards outcomes		
<p>Distribution of 10 solid waste management kits to communities 12 solid waste kits were distributed to nine prioritized communities in Yopal, Villavicencio, Bucaramanga, Tolima and Neiva, most of which (4) were delivered to Bucaramanga because of its larger population (Annex 12).</p> <p>Distribution of 10 solid waste management kits for schools 20 solid waste kits were distributed to 16 schools in Yopal, Villavicencio, Bucaramanga, Tolima and Neiva (Annex 13).</p> <p>Organization with local authorities to hold community clean-up days (collection of unserviceable waste, disposal of breeding sites) 23 cleaning sessions were held in 11 communities in Yopal, Villavicencio, Bucaramanga, Tolima and Neiva, in which 1662 individuals participated (986 female and 676 male) (Annex 14).</p>		
WASH Outcome 5.3: Adequate sanitation that meets Sphere standards in terms of quantity and quality is provided to the target population.		
Indicators:	Target	Actual
# of household cleaning kits distributed	1,375	2956
# of families receiving hygiene promotion	1,375	1,396
Progress towards outcomes		
<p>Distribution of 1,375 household cleaning kits The National Society distributed 2956 household cleaning kits in 16 beneficiary communities in Yopal, Villavicencio, Bucaramanga, Tolima and Neiva (Annex 15). These kits included cleaning items and materials, including small tanks with a spigot.</p> <p>Hygiene promotion awareness raising activity A total of 6,965 individuals (1,393 families) from 17 communities in Yopal, Villavicencio, Bucaramanga, Tolima and Neiva participated in 74 hygiene promotion workshops, of whom 4,516 were female and 2,449 were male (Annex 16).</p>		
Challenges		

The CRCS faced challenges to obtain support from public waste collection services for their participation in the clean-up days.

Lessons Learned

- Maintain permanent coordination channels between local institutions in order to provide better care coverage and complementarity to communities.
- Update knowledge on prevention and hygiene approaches in dengue outbreak and epidemics contexts.

Strategies for Implementation

Strengthening the National Society

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.

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

Indicators:	Target	Actual
CRCS local branches participating in this operation	5	5
CRCS volunteers mobilized	50	80

Progress towards outcomes

Hiring of operational staff (national and branch)

The CRCS provided operational staff for this operation. A selection process was established by the Human Resources Department, which consisted of filling out a matrix with the information and observations of at least 3 candidates for each position. Once the candidate was selected, the local branch sent the completed matrix and curriculum vitae to the national headquarters.

The operation had the following basic structure for the implementation of activities at the national level, including the following main positions:

- National Headquarters: a full-time National Project Coordinator; an Administrator/Accountant, and a Planning, Monitoring, Evaluation and Reporting Officer (PMER) were hired to ensure suitable technical monitoring and project reporting.
- CRCS branches: one Local Coordinator for each of the branches, along with 80 volunteers from CRCS branches who carry out their activities in accordance with CRCS National Volunteer Regulations.

Implementation support provided to local branches

A total of 80 people were mobilized to support the implementation of activities in each local branch. These volunteers received prior training on promotion subjects, hygiene prevention, community surveillance and other activities.

Provision of equipment for staff and volunteers

Supplies for the response team including repellent, protective clothing and sunscreen were purchased and sent to the local branches to be distributed to CRCS volunteers. For the field staff and national project coordinator, mobile phones and plans were purchased.

Monitoring activities

The National Health Directorate management team coordinated, implemented and monitored the operation through its participating branches. These activities were conducted on a monthly basis.

Meetings with work teams (induction, closure)

As mentioned above, induction meetings were held. The closure activity was planned for the conclusion of the operation.

A lessons learned workshop was held for the closing of the operation, which was attended by national and local Ministry of Health, National Health Institute and Health Secretariat authorities, collaborators from the five branches, local administrators, accounting staff and volunteers. The workshop was facilitated by the IFRC Regional Disaster Management Coordinator and the CRCS PMER team.

This was an interactive, participatory and practical event to present and analyse lessons learned using learning matrices. This allowed participants to provide meaningful input and recommendations for future emergencies and/or projects, mainly aimed at the health, WASH and operational lines. The following recommendations were made:

Health:

1. Channel queries according to community needs by establishing needs diagnostics documents.
2. Organize results and monitoring meeting with mayors, health secretariats and the CRCS
3. Review and standardize water and sanitation kits and baseline documents and methodology.
4. Establish a health and vector control information system
5. Improve administrative and financial planning, making drafts in real time per the established schedule.

WASH:

1. Channel queries based on needs on the ground
2. Review and standardize water and sanitation kits
3. Review the Magpi platform methodology for information collection
4. Request technical support from the health secretariat to address the epidemiological situation

Operational:

1. Resources must be delivered on time.
2. Information should be shared with support areas at the national and local levels.
3. A work team must be hired for each branch given the activity overload, and project implementation teams need require support with administrative and financial matters, so training volunteers to assist with this should be considered.
4. Budget planning should be done in a timely manner, since information was insufficient to revise item headings and line transfers.
5. Establish an epidemiological surveillance system within the national headquarters system.
6. Regarding kit management, check relevance and feasibility of using chlorine.
7. Include health emergencies within the National Society response system

International disaster response

Output S2.1 Effective and coordinated international disaster response is ensured-

Outcome S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained.

Indicators:	Target	Actual
IFRC monitoring visits	3	3

Progress towards outcomes

IFRC monitoring visits

Since the start of the dengue outbreak, IFRC maintained contact and support through its Disaster Management Coordinator, the health unit in the Americas Regional Office and the IFRC office in Colombia, which facilitated the design of the plan of action implemented and operational coordination.

In October, the Disaster Management Coordinator held the first meeting with the CRCS and IFRC team that involved the implementation of operational and financial induction activities. This led to the design of the plan of action, in addition to a presentation on financial requirements and supporting documentation, as well as the socialization of a planning, follow-up and monitoring matrix for the operation and financial management. In addition, key performance

indicators, the operation's timeline and financial allocations at national and local levels were established. This first session was involved working sessions with the teams and their focal points in the finance, Human Resources, communications, purchasing, cooperation, health and WASH areas. Virtual follow-up meetings also were conducted.

In addition, the CCST and the financial officer conducted missions in Colombia, which also provided support to the National Society. To close the Operation, the Regional Disaster Management Coordinator facilitated the lessons learned workshop.

An effective, reliable and accountable IFRC

Output S4.1 The IFRC enhances its effectiveness, credibility and accountability.

Outcome S4.1.4: Staff security is prioritized in all IFRC activities.

Indicators:	Target	Actual
Protection and visibility materials for volunteers involved in the emergency response	50	80

Progress towards outcomes

Protective and visibility materials for volunteers involved in the emergency response

As part of the administrative management actions carried out by the National Project Coordinator, supplies were purchased and distributed to staff and volunteers who implemented activities in the field to facilitate their mission. In this manner, CRCS promoted and provided security for its volunteers and staff.

This included the purchase of uniforms for the national team and volunteers. The purchase process was completed, and the uniforms were distributed to the target local branches.

Additionally, the administrative and financial processes were carried out using the CRCS's quality framework and in accordance with the IFRC's regulations. These processes supported all actions implemented by the humanitarian mission, ensuring the necessary levels of transparency and accountability.

Challenges

The CRCS's national leadership aimed to ensure the implementation of the project in accordance with IFRC requirements. This included the provision of technical and budgetary implementation reports that provided different options for information management.

Lessons Learned

To ensure the safety of staff and volunteers in the locations in which this operation was being implemented, preventive measures were established for the different risks present in the areas targeted by the operation, such as public and health risks, among others.

Foster continuous and willing participation of people who are volunteers for the local branches, achieving their commitment and strong performance in each of the actions implemented with the communities.

Implement a public health strategy at the National Society, embedding it within the emergency system

Contact Information

For further information, specifically related to this operation please contact:

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- Jorge Zequeira, Interim Focal Point for Colombian Red Cross Society, email: jorge.zequeira@ifrc.org

In the IFRC regional office for the Americas:

- Jono Anzalone, Head of the Disaster and Crisis Department; email: jono.anzalone@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator for Disaster and Crisis Department; email: felipe.delcid@ifrc.org
- Diana Medina, Communications Unit Coordinator for the Americas; email: diana.medina@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- Sandra Romero, Head of Partnership and Resource Development and Planning, Monitoring and Reporting unit; email: sandra.romero@ifrc.org

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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.

www.ifrc.org
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.

Annex 1

Community sessions

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	N° TALLERES	Mujeres	Hombres	Total
Casanare	Yopal	Ciudadela la Bendicion	10	459	164	623
		Barrio 20 de Julio	5	203	87	290
		SERVICIO NACIONAL DE APRENDIZAJE SENA	3	410	197	607
Meta	Villavicencio	Nueva Colombia 1	7	540	258	798
		VillaJuliana	6	475	245	720
		La Nohora	1	58	58	116
Santander	Bucaramanga	Barrio Cristal Bajo - Comuna 10 Provenza	9	317	127	444
		Conjunto de apartamentos Altos de Betania, Barrio Café Madrid - Comuna 1 Norte	8	202	67	269
		Comedor escolar Luz y Vida - Café Madrid - Comuna 1 Norte	1	83	107	190
		Hospital Psiquiátrico San Camilo - Consulta Externa	1	19	11	30
Tolima	Ibague	Barrio Jardin Santander Etapa I	2	189	44	233
		Barrio protecho Topacio	4	394	206	600
		Barrio Los Mandarinos	2	158	102	260
Huila	Neiva	Barrio la Florida	1	58	42	100
		Barrio Brisas del venado	1	146	104	250
		Barrio Canaima	1	77	73	150
		Barrio Lomas de sampetro	1	77	73	150
		Barrio olaya herrera	1	141	108	249
		Barrio Limonar Bajo	2	184	148	332
		Barrio Limonar Alto	1	49	22	71
		Fundacion casa Habitantes de Calle	1	27	33	60
		Micro centro de neiva	3	305	229	534
		Resguardo la Gabriela	1	161	93	254
TOTAL			72	4732	2598	7330

Annex 2
Health promotion sessions in schools

Departamentos	Municipios	Escuelas	N° de talleres	Mujeres	Hombres	Total
Casanare	Yopal	COLEGIO LICEO FORMACIÓN INTEGRAL PALABRITAS.	2	57	57	114
		INSTITUTO EDUCATIVO MANUELA BELTRAN.	1	55	14	69
		Colegio Lucila Piragauta	3	257	260	517
		Megacolegio Llano Lindo	1	349	274	623
		JARDIN PEQUEÑOS INGENIOSOS	1	24	2	26
Meta	Villavicencio	COLEGIO JORGE ELIECER GAITAN	3	481	508	989
		institucion educativas las palmas	3	550	561	1111
		CDI Barrio Nohora , sesiones de formación para brindar mensajes clave	1	13	32	45
		CDI Barrio Comuneros , sesiones de formación para brindar mensajes clave	1	69	71	140
		CDI Llaneritos , sesiones de formación para brindar mensajes clave	2	138	141	279
Santander	Bucaramanga	Instituto Educativo INEM Sede B El Rocio	1	317	320	637
		Instituto Educativo INEM Sede F Barrio Carlos Toledo Plata - Comuna 10 Provenza	1	226	243	469
Tolima	Ibague	Institución Educativa Ismael Santofimio Trujillo	2	163	151	314
		Institución Educativa Augusto E. Medina Comfenalco	3	694	932	1626
Huila	Neiva	Institucion educativa Oliverio Lara Bonilla	1	263	268	531
		Institucion educativa Megacolegio Rodrigo Lara Sanchez	1	337	313	650
TOTAL			27	3993	4147	8140

Annex 3
Distribution of mosquito nets and repellent

Departamentos	Municipios	Lugar de Entrega	N° mosquiteros	Repelentes	Total
Casanare	Yopal	Barrio 20 de Julio	478	185	663
		Ciudadela la Bendicion	662	342	1004
		SERVICIO NACIONAL DE APRENDIZAJE SENA.	0	155	155
		Sede Cruz Roja Casanare	0	82	82
		Barrio llano lindo	0	171	171
Meta	Villavicencio	VILLAJULIANA	630	451	1081
		BARRIO NUEVA COLOMBIA 1	374	250	624
		LA NOHORA	0	105	105
Santander	Bucaramanga	ALTOS DE BETANIA	411	123	534
		CRISTAL BAJO	684	157	841
Tolima	Ibague	Barrio Protecho II - Topacio	565	59	624
		jardin santander	133	147	280
		secretaria de salud municipal	269	0	269
		Barrio Los Mandarinos	0	205	205
		Barrio Ambala	0	200	200
HUILA	NEIVA	BARRIO LIMONAR ALTO Y BAJO	1096	0	1096
		SECTOR LIMONAR ALTO (BRISAS DE JAMAICA Y LAGO	89	144	233
		SECTOR PRIMAVERA LIMONAR ALTO	53	63	116
		SEDE CRUZ ROJA HUILA	0	18	18
		DOLCEY ANDRADE	0	102	102
		BRISAS DEL PACANDE	0	110	110
		ALTO MIRADOR	0	128	128
		Barrio Limonar Bajo.	0	211	211
		BARRIO LIMONAR ALTO	0	212	212
TOTAL			5444	3620	6838

Annex 4
Refresher sessions on dengue to health professionals

Departamentos	Municipios	Centros de salud - lugar de ejecucion	N° de talleres	Mujeres	Hombre	Total
Casanare	Yopal	Centro salud de Pore	1	18	3	21
Meta	Villavicencio	HOSPITAL DE GRANADA Y VILLAVICENCIO	1	53	53	106
Santander	Bucaramanga	Cruz Roja Seccional Santander	1	45	5	50
Tolima	Ibague	Salon los Ocobos	1	53	23	76
Huila	Neiva	ESES CARMEN EMILIA OSPINA SEDE CANAIMA	1	15	15	30
		SSDPTAL	1	75	31	106
TOTAL			6	259	130	389

Annex 5
Dissemination of messages over the radio

CUÑAS REALIZADAS					
CUÑA 1: CRIADEROS DE ZANCUDO	CUÑA 2: ELIMINALOS DE RAIZ	CUÑA 3: TAPAR TANQUES	CUÑA 4 : REDES	CUÑA 5: MOSQUITEROS	CUÑA 6: REGLAS DE PROTECCION
CUBRIMIENTO		EMISORA		TOTAL DE CUÑAS	
NACIONAL		RCN RADIO		10	
META - PUERTO LOPEZ		MARANDUA STEREO		41	
META-VILLAVICENCIO		LA VOZ DEL LLANO - CARIÑOSA		41	
META-VILLAVICENCIO		RADIO UNO - VILLAVICENCIO		41	
TOLIMA - IBAGUE		RADIO UNO - IBAGUIE		41	
HUILA GARZON		RADIO GARZON		41	
SANTANDER - ZAPATOCA		RADIO - LENGUERKE		41	
CASANARE - YOPAL		LA VOZ DE YOPAL		41	
8 CUBRIMIENTOS		8 EMISORAS		297	
TOTAL ALCANCE PERSONAS	% PERSONAS A NIVEL NACIONAL	FRECUENCIA DE VECES QUE LAS PERSONAS ESCUCHARON LA CAMPAÑA		TOTAL DE IMPACTOS	
493.100	2,58%	9		4.266.500	

Annex 6
Health promotion workshops for volunteers

Departamentos	Municipios	Centros de salud - lugar de ejecucion	N° de talleres	Mujeres	Hombres	Total
Casanare	Yopal	Sede Cruz Roja Colombiana Seccional Casanare	4	51	22	73
Meta	Villavicencio	CRUZ ROJA SECCIONAL META	8	165	125	290
Santander	Bucaramanga	Cruz Roja Colombiana Seccional Santander	5	69	28	97
		Sede recreativa Cajasan	3	58	43	101
Tolima	Ibague	Sede Administrativa C.R.C Seccional Tolima	5	49	31	80
Huila	Neiva	Sede seccional cruzroja colombiana seccional huila	4	107	76	183
		centro cultural Hernando Moncaleano Perdomo.	1	53	49	102
		Escuela CENFOCAR	2	33	5	38
TOTAL			32	585	379	964

Annex 7
Training of Community Brigades

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	N° TALLERES	Mujeres	Hombres	Total
Casanare	Yopal	Ciudadela la Bendicion	7	75	5	80
		Barrio 20 de Julio	6	53	18	71
Meta	Villavicencio	BARRIO NUEVA COLOMBIA 1	6	94	23	117
		BARRIO VILLA JULIANA	6	90	22	112
Santander	Bucaramanga	Barrio Cristal Bajo - Comuna 10 Provenza	6	106	18	124
		Comedor escolar Luz y Vida - Café Madrid - Comuna 1 Norte	6	165	50	215
Tolima	Ibague	Barrio Jardin Santander Etapa I	4	49	5	54
		Barrio protecho topacio	2	17	5	22
Huila	Neiva	Barrio Limonar Alto sector la isla-el lago-brisas de Jamaica-Primavera	5	45	6	51
		barrio limonar alto	2	10	12	22
		Barrio Limonar Bajo.	3	28	16	44
		Institucion educativa Oliverio Lara Bonilla	6	40	38	78
		Megacolegio Rodrigo Lara Sanchez	5	74	51	125
TOTAL			64	846	269	1115

Annex 8
Distribution of community brigade kits

Departamentos	Municipios	Lugar de Entrega	N° de kits distribuidos
Casanare	Yopal	Ciudadela la bendicion	1
		Barrio 20 de Julio	1
Meta	Villavicencio	BARRIO VILLAJULIANA	1
		NUEVA COLOMBIA 1	1
Santander	Bucaramanga	ALTOS DE BETANIA	1
		CRISTAL BAJO	1
Tolima	Ibague	Barrio Jardin Santander Etapa I	1
		Barrio Protecho II - Topacio	1
Huila	Neiva	Institucion educativa Rodrigo Lara Borrero	1
		Barrio Limonar Bajo.	1
		Barrio Limonar Alto sector la isla-el lago-brisas de Jamaica-Primavera	1
		Mega Colegio Rodrigo Lara Sanchez	1
TOTAL			12

Annex 9
Community observation (ovitrap)

Departamentos	Municipios	Ovitrapas Instaladas	Hogares Alcanzados
Casanare	Yopal	100	50
Meta	Villavicencio	55	55
Santander	Bucaramanga	50	50
Tolima	Ibague	100	50
Huila	Neiva	100	50
TOTAL		405	255

Annex 10 WASH needs diagnostic

Municipio	Localidad	# Familias	# Personas	Total Familias por municipio	Total Personas por municipio	Total Muestra	Total de Ejecución	Diagnosticos ejecutados o completados
Ibagué	Barrio Protecho - PROTECHO 2 - Topacio	450	2.250	850	3.850	177	179	1
	Barrio El Jardín Santander	400	1600			162	186	1
Villavicencio	Barrio Nueva Colombia 1	1708		4508		234	249	1
	Barrio Cambulos - villa juliana	2800				247	250	1
Yopal	Barrio 20 de julio			500	1589	68	72	1
	Ciudadela la Bendición -manzana 150-96	500	1589			176	205	1
Bucaramanga	Barrio Cafe Madrid - Comuna 1 Norte	420	121500	1420	171500	167	204	1
	Barrio Cristal Bajo - Comuna 10 Provenza	1000	50000			155	155	1
Neiva	Barrio Limonar Bajo - Comuna 6	387	5232	387	5232	211	216	1
	Barrio Limonar Parte Alta					194	195	1
TOTAL		7665	182171	7665	182171	1791	1911	10

Annex 11 Institutional articulation

Departamentos	Seccional	Reuniones
Casanare	Yopal	5
Meta	Villavicencio	2
Santander	Bucaramanga	6
Tolima	Ibagué	2
Huila	Neiva	2
Total		17

Annex 12
Community waste kits

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	Kits comunitarios
Casanare	Yopal	20 de julio	1
		La bendicion	1
Meta	Villavicencio	VILLA JULIANA	1
		NUEVA COLOMBIA 1	1
Santander	Bucaramanga	CRISTAL BAJO	4
			0
Tolima	Ibague	Barrio Jardin Santander Etapa I	1
		Barrio Protecho II - Topacio	1
Huila	Neiva	Barrio Limonar Bajo.	1
		Barrio Limonar Alto sector la isla-el lago-brisas de Jamaica-Primavera	1
TOTAL			12

Annex 13
Solid waste kits for schools

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	Kits comunitarios
Casanare	Yopal	Colegio Lucila Piragauta	1
		Megacolegio Llano Lindo sede A y Sede B	2
		COLEGIO LICEO FORMACIÓN INTEGRAL PALABRITAS.	1
		JARDIN PEQUEÑOS INGENIOSOS.	1
		INSTITUTO EDUCATIVO MANUELA BELTRAN.	2
		CDI FAMILIAR LLANERO.	1
Meta	Villavicencio	COLEGIO LAS PALMAS SEDE CAMBULOS	1
		CDI ANIDAR	1
		COLEGIO JORGE ELIECER GAITAN	1
Santander	Bucaramanga	INSTITUCION EDUCATIVA INEM SEDE B	1
		INSTITUCION EDUCATIVA INEM SEDE F	1
		INSTITUCION EDUCATIVA LUZ Y VIDA	1
Tolima	Ibague	Institucion Educativa Ismael Santofimio	2
		Institucion educativa Augusto E. Medina	2
Huila	Neiva	Institucion educativa Rodrigo Lara Borrero	1
		Mega Colegio Rodrigo Lara Sanchez	1
TOTAL			20

Annex 14
Community cleaning days

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	N° TALLERES	Mujeres	Hombres	Total
Casanare	Yopal	La bendicion	3	29	14	43
		Barrio 20 de Julio	3	15	3	18
Meta	Villavicencio	BARRIO VILLAJULIANA	2	86	64	150
		BARRIO NUEVA COLOMBIA 1	2	106	64	170
Santander	Bucaramanga	Barrio Cristal Bajo - Comuna 10 Provenza	3	266	199	465
		Café Madrid	3	114	44	158
Tolima	Ibague	Barrio Jardin Santander	1	20	0	20
			0	0	0	0
Huila	Neiva	Institucion educativa Oliverio Lara Bonilla	1	85	85	170
		Barrio Limonar Bajo.	3	145	112	257
		Barrio Limonar Alto sector la isla-el lago	1	31	29	60
		Megacolegio rodrigo Lara Sanchez	1	89	62	151
TOTAL			23	986	676	1662

Annex 15
Household cleaning kits

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	Kits comunitarios
Casanare	Yopal	Ciudadela la Bendicion	429
		Barrio 20 de Julio	195
		Barrio llano lindo	60
Meta	Villavicencio	NUEVA COLOMBIA 1	216
		VILLAJULIANA	261
		LA NOHORA	105
Santander	Bucaramanga	ALTOS DE BETANIA	246
Tolima	Ibague	Barrio Protecho II - Topacio	198
		Barrio Jardin Santander Etapa I	192
		Barrio Ambala	210
		Barrio Los Mandarinos	290
Huila	Neiva	SECTOR LIMONAR ALTO (BRISAS DE JAMAICA Y LAGO)	124
		DOLCEY ANDRADE	102
		Barrio Limonar Bajo.	116
		BARRIO LIMONAR ALTO Y BAJO	112
		ASENTAMIENTO ALVARO URIBE COMUNA 10	100
TOTAL			2956

Annex 16
Hygiene promotion

DEPARTAMENTO	MUNICIPIO	COMUNIDAD	N° TALLERES	Mujeres	Hombres	Total
Casanare	Yopal	Barrio 20 de Julio	8	310	71	381
		Ciudadela la Bendicion	9	442	104	546
		Llano Lindo	1	18	0	18
		SERVICIO NACIONAL DE APRENDIZAJE	3	363	181	544
		CDI FAMILIAR LLANERO.	1	17	1	18
Meta	Villavicencio	BARRIO VILLAJULIANA	9	594	314	908
		BARRIO NUEVA COLOMBIA 1	7	456	207	663
		BARRIO LA NOHORA	2	104	122	226
Santander	Bucaramanga	Barrio Cristal Bajo - Comuna 10 Provenza	8	163	134	297
		Conjunto de apartamentos Altos de	7	295	142	437
Tolima	Ibague	Barrio Protecho II - Topacio	2	181	53	234
		Barrio Jardin Santander Etapa I	2	131	60	191
		Barrio Los Mandarinos	3	299	147	446
		Barrio La Ambala	2	140	77	217
Huila	Neiva	Barrio limonar bajo limonar parte alta	9	886	772	1658
		Barrio limonar bajo limonar parte baja	1	41	43	84
		COMUNA N° 10 ASENTAMIENTO	0	76	21	97
TOTAL			74	4516	2449	6965

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/02	Operation	MDRCO016
Budget Timeframe	2019/09-2020/01	Budget	APPROVED

Prepared on 12/Apr/2020

All figures are in Swiss Francs (CHF)

MDRCO016 - Colombia - Dengue Outbreak

Operating Timeframe: 12 Sep 2019 to 12 Jan 2020

I. Summary

Opening Balance	0
Funds & Other Income	247,408
DREF Allocations	247,408
Expenditure	-235,532
Closing Balance	11,876

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	101,363	123,797	-22,434
AOF5 - Water, sanitation and hygiene	64,704	50,312	14,392
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	166,067	174,109	-8,042
SFI1 - Strengthen National Societies	65,965	41,042	24,922
SFI2 - Effective international disaster management	6,414	5,080	1,334
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	8,962	15,301	-6,338
Strategy for implementation Total	81,341	61,423	19,918
Grand Total	247,408	235,532	11,876

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/02	Operation	MDRCO016
Budget Timeframe	2019/09-2020/01	Budget	APPROVED

Prepared on 12/Apr/2020

All figures are in Swiss Francs (CHF)

MDRCO016 - Colombia - Dengue Outbreak

Operating Timeframe: 12 Sep 2019 to 12 Jan 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	139,495	151,119	-11,624
Clothing & Textiles	29,067	31,379	-2,312
Water, Sanitation & Hygiene	4,950	200	4,751
Teaching Materials	58,205	59,090	-885
Other Supplies & Services	47,273	60,451	-13,178
Logistics, Transport & Storage	10,396	4,453	5,943
Distribution & Monitoring	7,425	779	6,647
Transport & Vehicles Costs	2,970	3,674	-704
Personnel	52,411	28,486	23,925
National Society Staff	46,470	21,852	24,619
Volunteers	5,940	6,635	-694
Workshops & Training	16,931	22,566	-5,635
Workshops & Training	16,931	22,566	-5,635
General Expenditure	13,075	14,532	-1,457
Travel	2,970	3,001	-31
Information & Public Relations	3,663	3,880	-217
Office Costs	1,584	5,235	-3,651
Communications	3,785	2,327	1,458
Financial Charges	1,072	89	983
Indirect Costs	15,100	14,375	725
Programme & Services Support Recover	15,100	14,375	725
Grand Total	247,408	235,532	11,876