

DREF operation update

Solomon Islands: Dengue outbreak

DREF Operation n° MDRSB005	DREF operation budget: CHF 78,771
DREF operation update n° 1 Date of issue: 31 January 2017	Timeframe covered by this update: 1 November to 31 January 2017
Operation start date: 1 November 2016	Operation timeframe: 4 months (to 28 February 2017)
N° of people affected: 372,000	N° of people being assisted: 69,000
Red Cross Red Crescent Movement partners currently actively involved in the operation: Solomon Islands Red Cross (SIRC), New Zealand Red Cross and IFRC	
Other partner organizations actively involved in the operation: Ministry of Health and Medical Services (MoHMS), Ministry of Education and Human Resources Development (MoEHRD).	

Summary of the revisions made to emergency plan of action:

Based on the dengue outbreak situation report #16 (covering up to 15 January 2017) from Ministry of Health and Medical Services received by SIRC on 26 January and information from a meeting between SIRC and MoHMS technical teams that took place on 30 January 2017, the dengue outbreak has not yet been contained in the country. This Operation Update #1 provides information on the implementation of the operation from 1 November 2016 to 31 January 2017 and extends the operation by one month to 28 February 2017. Some activities under the communication component of the operation, such as a national radio spot in coordination with MoHMS, awareness raising activities and overall follow-up actions to consolidate the outcomes of the operations are still to be completed in February. In addition, data entry and dengue desk supported by SIRC volunteers in the National Referral Hospital have been identified as key support to the MoHMS and is planned to be continued through February 2017.

An additional hotspot has been identified on the remote island of Renbell in mid-January 2017, part of Renbell-Belona Province with an estimated population of over 3,572 (census 2009), with 65 cases of dengue suspected and five cases confirmed by RDT (rapid dx test), as of 27 January. Some changes are being considered under the revision of this emergency plan of action (EPoA) as per the latest information coming through the SIRC branch in Renbell, including a visit on 24-26 January by SIRC operations team health focal point to Renbell island to assess the situation, train volunteers and plan small scale awareness raising activities to be conducted through the SIRC branch in February. Situation report #16 from the MoHMS that covers up to 15 January 2017 confirms that Honiara city remains a hotspot. However, this report does not yet include reports from all provinces, including Renbell Province. The long annual leave period around Christmas and New Year have likely impacted the reporting.

The originally identified beneficiary target numbers for Honiara city/Guadalcanal Province, Malaita Province and Gizo city in Western Province were estimated based on the population living in the communities of the catchment areas of the identified clinics and hospitals that were identified as hotspots (with positive and suspected dengue cases) in coordination with the MoHMS. The total population in these catchment areas was estimated as 69,000 people including:

- 24,000 people in catchment areas of 8 health clinics in Honiara/Guadalcanal,
- 25,000 people in catchment area of 1 hospital and 2 clinics in Guadalcanal,
- 11,000 people in catchment area of 1 hospital and 1 clinic in Malaita Province, and
- 9,000 people in catchment area of Gizo hospital in Gizo city in Western Province.

This Operation Update #1 reports that through the SIRC dengue operation up to 16,000 people have been directly reached with the dengue public awareness and public educational activities, including clean-up campaigns in above hotspots. The numbers for directly reached people are still being compiled and will be reported in the final report together with estimated numbers of people reached through the different PAPE channels, besides the direct beneficiaries.

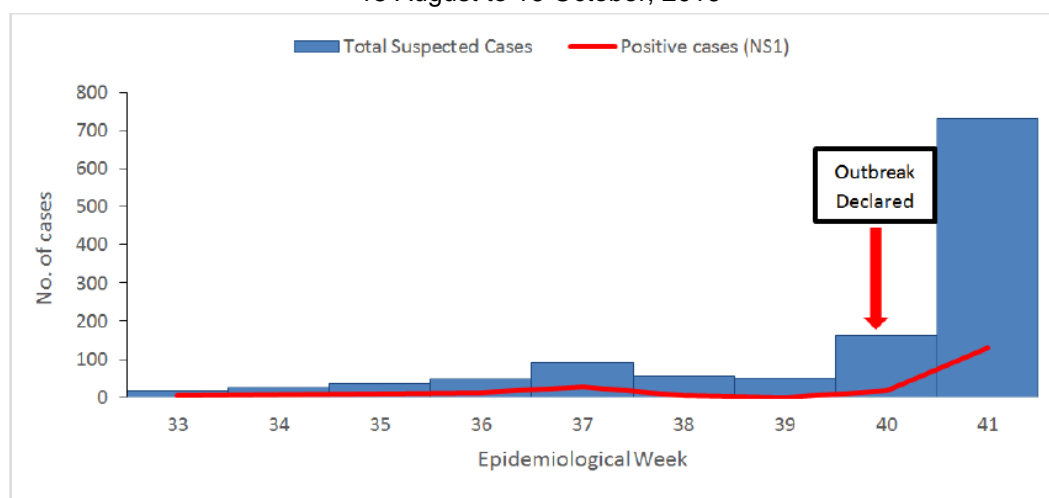
A. Situation analysis

Description of the disaster

Since August 2016, an unusual increase in dengue-like illness, including the number of NS1 positive cases, has been observed through the National Syndromic Surveillance System of the Ministry of Health and Medical Services (MoHMS). An outbreak of dengue was declared by the Government of Solomon Islands for Honiara, the capital of Solomon Islands, and other parts of Guadalcanal province on 8 October 2016 and expanded to other provinces on 19 October. Surveillance for dengue has been enhanced in Honiara City Council and expanded to other private practitioners and Guadalcanal province.

Between 15 August and 16 October 2016, a total of 1,212 suspected dengue cases have been reported in Guadalcanal (including Honiara), Malaita and Isabel provinces (798 additional cases reported in situation report #3 of MoHMS for the week of 10-16 October 2016) and at least three dengue-like illness cases reported for Gizo City in Western Province. The upward trend shown in figure 1 below is also partly due to the enhanced surveillance sites in the country.

Figure 1: Total number of suspected dengue cases by week in Solomon Islands (n=1212), 15 August to 16 October, 2016

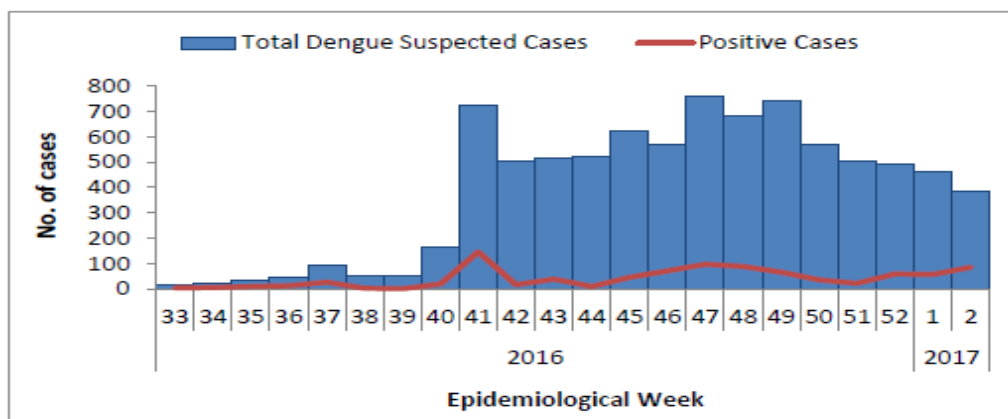


Source: Ministry of Health and Medical Services, Government of Solomon Islands.

A total of 8,538 line cases of suspected dengue have been reported nationwide up to 15 January 2017 (MoHMS). There were 383 line listed cases reported from Honiara, Guadalcanal and Choiseul in week 2 January 2017.

In the first weeks of 2017 dengue numbers appear to be reducing slightly everywhere except Honiara as population movements occur post-Christmas and New Year.

The situation report shows a further decline in the number of cases in Week 2 of January 2017, compared to Week 1¹. No line listed data received from Kilu'ufi in Malaita province in Week 2. No reports were received from Central, Isabel, Makira, Renbel and Western in Week 2.²



Source: Ministry of Health and Medical Services, Government of Solomon Islands

¹ However, data was not received from many sentinel sites during this time, so we are unsure if this decline is truly representative of the situation given the sites that did not send in reports. This will be clearer in week 3 and 4 data is received – and therefore there is a need to continue with the activities to ensure a decrease occurs.

² There may still be gaps in reporting.

In Week 2 of January 2017, 43 patients with dengue were admitted to the National Referral Hospital (NRH), 17 of them were below 15 years of age. No new deaths were reported in Week 2. A total of seven (7) deaths have been reported since the outbreak was declared. A review of the death cases will be conducted by the clinical team to determine if they are associated with dengue.

A total of 2,222 rapid diagnostic tests have been conducted from Week 33, 2016 to Week 2, 2017 and 924 (41.6%) were considered positive. In Week 2 (9-15 January), 2017 a total of 166 cases were tested in Honiara and Choiseul and 85 (51.2%) were positive indicating a recent dengue infection. Dengue virus serotype 2 (DENV2) was detected in 35 out of 51 samples that were sent to Institute of Environmental Science and Research Limited (ESR), New Zealand in December of 2016.

Below are two key recommendations for public risk communication from MoHMS:

- Public is advised to enhance personal protection against dengue and continue cleaning up of their home environment to reduce the breeding sites of mosquitoes transmitting this disease.
- Public is also advised to seek health services if having dengue like signs and symptoms such as fever, rashes, muscles pain and red eyes.

Summary of current response

Overview of Host National Society

Technical staff from SIRC have been attending meetings of the Risk Communication Task Force Committee, which is chaired by the MoHMS and was activated on 17 October 2016. The taskforce focuses on coordination and effective risk information communication to the general public. The last taskforce meeting took place on 11 January to discuss suspected dengue deaths. The senior management of the SIRC have continued to meet with the MoHMS to clarify the SIRC support to the dengue outbreak response operation. In early January, SIRC continued to attend meetings called by the government and other stakeholders on Health, Nutrition and WASH relating to the dengue operation. Technical meetings continue sporadically. The SIRC operations team initially activated for this response has been further complemented by a team of 50 volunteers.

The earthquake of magnitude of 7.8 that took place on 9 December 2016 shifted the focus at national level from the dengue operation to the EQ operation. SIRC emergency response team (ERT) trained volunteers were mobilized for the EQ response to Makira and Malaita, while most of the volunteers trained for dengue in the early stages of the operation continued to support the dengue activities in Honiara city/Guadalcanal Province, Malaita Province and Gizo city in Western Province. Some of the volunteers trained in Honiara were mobilized to support the EQ operation in Makira province (no SIRC branch exists there at the moment). At HQ level, SIRC emergency response operations team health focal point (SIRC blood coordinator) and the IFRC mobilized RDRT Health continued to support mainly the dengue operation activities, while the SIRC operations lead/DM team focused on supporting the implementation of the EQ operation by the SIRC volunteer teams in Malaita and Makira provinces, especially the latter province.

To date, the SIRC dengue operation response can be summarized as the following:

- A total of 75 staff and volunteers have been trained/refreshed in dengue awareness, of which 50 volunteers mobilized for dissemination of dengue key messaging and other response support tasks in Honiara city/Guadalcanal Province, Gizo city in Western Province and Malaita Province:
- A total of 30 volunteers were mobilized for Guadalcanal including Honiara City on 1 November 2016; however, due to the increase of cases a surge in the number of volunteers was deemed warranted by the operations team with the support of the senior management. A further 16 volunteers consisting of recently graduated nurses were called in to support the response.
- In Western and Malaita Provinces, three branch officers and 23 volunteers were mobilized and provided with training before implementing activities. A few additional volunteers (in addition to the 20 planned) were taken on board in case some volunteers return to their villages for the festive season.
- In addition, during the first week of December a meeting was held by the MoHMS and SIRC on a further surge (reasons being of issues such as exhaustion, staff shortage and sick leave from MoHMS) to the support currently provided.
- Up to 16,000 affected and at risk people have reached directly (as of 31 January 2017) with SIRC volunteers giving key messages, pamphlets and posters in Honiara/Guadalcanal, Western Province and Malaita) through visits to markets, clinics, churches and house to house visits.
- Up to 44 schools in Honiara/Guadalcanal, Western Province/Gizo and Malaita have been visited for dengue and environmental sanitation awareness raising prior to Christmas break twice to each school (lower grades and higher grade)

- Up to 4,000 young people (15-18 years old) were reached during a Youth Camp that was attended by 16 SIRC volunteers (and RDRT Health) in December to give dengue messages in Guadalcanal for four days through information booth and awareness raising programmes.
- Every day 2-3 SIRC volunteers have manned dengue help desks at the National Referral hospital (for persons not admitted to the hospital for dengue, they are advised to receive dengue awareness messages from the SIRC volunteers), at eight (8) Honiara City Council clinics as well as at two clinics in Guadalcanal.
- Three SIRC volunteers have been seconded volunteers to the emergency operations centre (EOC) (for data entry for surveillance from clinics) Monday to Friday starting from the end of November.
- SIRC staff and volunteers have participated in Community 'Clean Ups' and SIRC HQ and Provincial offices 'clean ups'; in Guadalcanal on 5 December International Volunteers Day, and government declared clean-up day on 21 December. Beneficiary satisfaction surveys started in January 2017 and was used to inform the national radio spot campaign.
- A full day clean-up of Special Development Centre (SDC) in Honiara was conducted by 23 volunteers and staff.
- Communicated via radio spots (1 minute spots aired 3 times for one week, in Gizo/Western Province), Facebook (dengue activities posted in SIRC Facebook page), church notices (in Gizo), posters/pamphlets. Some web stories were published on the IFRC website ([link](#)).
- Besides dengue IEC materials received from MoHMS and MoEHRD, SIRC have printed out 2,500 more dengue pamphlets and 1,000 more dengue posters for dissemination.



16 SIRC volunteers (and RDRT Health) attend a Youth Camp in Guadalcanal, December 2016 reaching 4,000 young people with dengue prevention messages by performing a skit on dengue signs and symptoms.
Photo: IFRC

Overview of Red Cross Red Crescent Movement in country

The SIRC works with IFRC and the International Committee of the Red Cross (ICRC) through their regional structures, as well as with SIRC's in-country partners Australian Red Cross (ARC) and French Red Cross (FRC). The IFRC country cluster support team (CCST) in Suva and Asia Pacific regional office (APRO) in Kuala Lumpur continue to provide technical support SIRC on operations management, health, finance and PMER both from distance and through in-country visits.

ICRC, ARC and FRC support financially programme staff who as part of their institutional roles form part of the SIRC emergency response operations structure. In addition, an RDRT specialized in Health from the New Zealand Red Cross has been deployed to support operations management and capacity building of volunteers for the response with regards to public health emergency.

Overview of non-RCRC actors in country

The World Health Organization (WHO) is working closely with the MoHMS and is providing technical advice and support in surveillance. World Vision and Save the Children are mainly involved in the EQ response. MoHMS emergency operations centre (EOC) slowed down their activities due to the Christmas and New Year break, however, weekly meetings now recommenced in January as well as updates due to be done and shared with partners.

Needs analysis and scenario planning

An outbreak of dengue was declared for Honiara City and Guadalcanal Province on 8 October 2016 and expanded to include other provinces on 19 October. A significant increase in number of cases has been reported comparing MoHMS situation report #2 (18 October) and situation report #3 (24 October), the latter including an increase of cases especially in Guadalcanal (including Honiara City), Malaita and Western Province are considered as at-high-risk provinces for further increases of cases due to their existing vulnerabilities and past outbreak trends especially in urban centres, such as Gizo City.

Based on the enhanced surveillance, assessments and coordination conducted by the government, SIRC has been requested to support awareness and cleaning campaigns in the affected and high-risk areas, where SIRC have trained branch volunteers ready to be mobilized to support community-based activities. The government situation reports provide data and information and updates on the evolving situation. Firstly, Guadalcanal (including Honiara) provinces, and secondly in Malaita and Western provinces have been identified as priority geographical areas, where SIRC is complementing the other on-going efforts to contain the outbreak. The earthquake of magnitude of 7.8 that took place on 9 December 2016 shifted the focus at national level from the dengue operation to the EQ operation. Schools and government offices were closed around the Christmas and New Year period from mid-December until 30 January.

Under this DREF operation, SIRC activities aim at reducing the spread of dengue outbreak and will reach approximately 69,000 people from all levels of the community and in schools. SIRC activities will target 40 communities and 30 schools in Guadalcanal (including Honiara), Malaita and Western provinces. The operation will focus on the 'hot spots' identified in coordination with MoHMS in Honiara City and in the rest of Guadalcanal province (at least 30 communities and 20 schools or approximately 49,000 people), but also start dengue prevention awareness raising and cleaning campaigns in Malaita and Western provinces (at least five communities and five schools in each or approximately 20,000 people). This DREF allocation will enable SIRC to mobilize its volunteers in support of the action coordinated by MoHMS that aim at containing the outbreak.

There are gaps in the surveillance data regarding the outbreak, which does not allow accurate identification of the needs. Updates are being received from MoHMS, MoEHRD and SIRC branches in the usual intervals, i.e. two weeks after the end date of the reporting period. These gaps also include hotspots in different areas within the locations targeted by the National Society for intervention. SIRC branches through the HQ share information on the dengue situation in the provinces when complementary information becomes available. In January, the main hotspots identified are Honiara and Renbell Province. The beneficiary satisfaction survey results are used to tailor the messaging for the national radio spot campaign to continue the awareness raising in February with one dedicated radio spots campaign being developed through the SIRC support to MoHMS.

A hotspot has been identified on the remote island of Renbell in mid-January 2017, a province with an estimated population of over 3572 (census 2009), with 65 cases of dengue are suspected and 5 cases confirmed by RDT (rapid dx test). Some changes are being considered to this EPoA as per the latest information coming through the SIRC branch in Renbel province on dengue outbreak, including a visit on 24-26 January by SIRC operations team health focal point to Renbel province and small scale awareness raising activities through the SIRC branch and trained volunteers. Honiara City remains as a hotspot and activities have been carried out until the end of January 2017. Communication activities through radio spots are foreseen to continue still in February to continue with efforts to enhance public risk communications.

Risk Analysis

Risks are being analysed through the operations team with volunteers on a daily basis. This is done through briefings and debriefings carried out after every activity and reporting templates provided to team leaders who are required to complete them after every activity. The cyclone season continues up to April in the South Pacific. For this season, normal to elevated cyclone risk (1-2 cyclones) has been forecasted for the Solomon Islands by the National Meteorological Services.

B. Operational strategy and plan

Overall Objective

Following the recommendations and request of MoHMS, this DREF operation aims to support to contain the dengue outbreak through the mobilization of SIRC volunteers to raise community awareness and mobilize community members for cleaning campaigns in close coordination with the MoHMS with the technical and funding support from IFRC. SIRC will mobilize volunteers for dengue awareness raising activities and clean-up campaigns to eliminate breeding sites initiated specifically for dengue fever prevention over a period of up to four months through the rainy season targeting at least 40 communities and 30 schools (or 69,000 people), namely Guadalcanal (including Honiara), Malaita and Western provinces that have an approximate population of 372,000.

Proposed strategy

Following the recommendations and request of MoHMS, with the technical and funding support from IFRC, SIRC will mobilize volunteers for dengue awareness raising activities and clean-up campaigns to eliminate breeding sites initiated specifically for dengue fever prevention until the end of February 2017 through the rainy season in the agreed target areas, including the newly identified hotspots in Renbell. Awareness raising activities in schools that have reopened after the Christmas break, in close coordination with Ministry of Education, will continue to form an important part of the overall strategy in any newly identified hotspots.

SIRC will manage, implement, and adjust if needed, the operation in close coordination and collaboration throughout the operation with the MoHMS based on continuous assessment and analysis of surveillance data and information as well as based on beneficiary feedback received through implementation of activities and monitoring visits. The SIRC has committed to assisting the National Referral Hospital in its Dengue Fever strategic plan due to the overwhelming demand on its services through technical support for expansion of clinical areas in the Emergency Department and Dengue desk and SIRC Volunteer Nurses. SIRC supports MoHMS through seconding some of their volunteers to work on directly on the surveillance data entry and management at the National Referral Hospital. The SIRC volunteers are also rotating in manning a dengue awareness desk at the National Referral Hospital through most of the operation. During the later stages of the response operation, teams of SIRC volunteers are also manning dengue awareness desks in at least eight Honiara City Council Clinics in Honiara.

To ensure the coverage and effectiveness of the campaign, SIRC will continue to use its community and school based approach. Following an additional request from the MoHMS, SIRC has mobilized 50 trained volunteers (of the 75 trained, others continued to support the EQ operation) from SIRC Honiara, Guadalcanal, Malaita and Western Branches to roll out the awareness raising activities and cleaning campaigns in coordination with the Ministry of Health's vector control activities over the three-month operation with a special focus on Honiara and other 'hotspots' identified with MoHMS. First trainings were followed by community visits, there was a break for three weeks and community visits continued after New Year. Refresher trainings in dengue and behaviour change communication (that have already occurred) build on the successful trainings in emergency response, logistics and WASH in emergencies as planned to ensure the knowledge and skills of all the volunteers being used in this campaign are optimized prior to the planned field activities in schools and communities.

The volunteers conduct awareness raising sessions in public areas, markets, clinics and through household visits to share the basic knowledge on dengue as well as work together with target communities on elimination of mosquito breeding places in surrounding areas through cleaning campaigns. In addition, SIRC has conducted dengue awareness sessions for its staff in NHQ and branch offices. Staff and volunteers are also trained by the RDRT Health mobilized for this operation from New Zealand Red Cross via APRO office to make use of the Epidemic Control for Volunteers (ECV) Toolkit and/or Zika, Dengue and Chikungunya (ZDC) Prevention Toolkit in this operation, especially targeting 'hotspots' in Honiara through implementing activities with selected clinics, schools, youth groups and communities, as well as staff who will continue to raise awareness beyond this operation time frame through integration in e.g. WASH programmes.

The IFRC CCST in Suva and APRO in Kuala Lumpur will continue to provide technical support as well as maintain coordination with relevant organizations at regional level, including routine monitoring, coaching support and feedback to SIRC staff and volunteers to ensure that the operation is conducted effectively. A workshop has been held in January 2017 at the conclusion of the main DREF community awareness raising activities to capture lessons learned so that these can be incorporated into any future outbreak response or planned interventions.

Operational support services

Human resources

An operations team has been activated to support the response, with the Community/Disaster Risk Manager as the overall operations lead supported by the Voluntary Non-Remunerated Blood Donor programme coordinator, disaster preparedness officer, logistics coordinator, disseminations/communications officer, Western Branch coordinator and Malaita branch officer. The IFRC mobilized an RDRT Health to provide support to the SIRC operation lead.

SIRC branches in Honiara, Guadalcanal, Malaita and Western (Gizo city) provinces are leading the operation in their geographical areas of responsibility with the support of SIRC HQ and, at the field level, mobilize their volunteers to raise awareness on dengue and engage community members at affected and at-high-risk communities. A total of 50 volunteers have been mobilized for the implementation of the activities of the dengue operation.

SIRC is a small National Society with about 35 staff and 200 active volunteers serving a wide geographically scattered area, and has limited experience in managing emergency health operations. IFRC CCST and APRO are supporting SIRC throughout the operation as needed while, over November-January, an RDRT Health has been deployed from

19 November 2016 until 2 February 2017 to support this emergency health focused operation, including a review of the use and roll-out of the IFRC/Climate Centre Zika/Dengue/Chikungunya toolkits and prevention activities using the Epidemic Control for Volunteers tool kit. IFRC CCST and ARC also deployed a short term surge support for finance in January 2017. PMER support from IFRC CCST is planned to be deployed in February to support final reporting.

The DREF will cover the costs of volunteers mobilized for the operation, including insurance, travel costs and per diem. The costs of NS staff supporting this operation and local travel costs of the RDRT Health will be covered by this DREF, including either travel costs for permanent staff and costs incurred due to hire of temporary staff to support the operation. The RDRT Health travel, salary and in-country costs (except operation related in-country travel costs) are covered with support from the New Zealand Red Cross. The DREF will cover electricity expenses generated from the A/C use of the HQ meeting room as training and work space for staff and volunteers working for the operation.

Logistics and supply chain

Procurement of equipment/tools for environmental cleaning, personal protective equipment and IEC materials under this DREF operation is done locally by the SIRC following IFRC standard procurement procedures. Due to limited capacity of NS fleet they must source transportation services from the private sector to transport volunteers.

Where relevant, technical support for logistics and procurement processes will be provided by the IFRC CCST office in Suva and/or IFRC APRO in Kuala Lumpur.

Information technologies (IT)

The cost of telephone communications has been included in the operational support budget. The HQ has provided print-out materials to the branches. The branches do not have access to internet.

Communications

IFRC CCST in Suva has supported in enhancing SIRC's visibility in disaster response through internet articles and other media from the start of the operation. SIRC and IFRC staff in the field are collecting photos and materials for communication purposes. The planned field visits by the SIRC communications officer did not take place due to the EQ operation becoming the priority. The RDRT Health however provided contents of the trainings she conducted also from the provincial level to enhance the internal and external communications of the dengue operation.

Security

A strict code of conduct has been issued to all volunteers as to avoid security situations when implementing activities during the response. This was done by the dissemination and coordination officer who is also tasked with day to day volunteer management.

Planning, monitoring, evaluation, & reporting (PMER)

Monitoring templates have been established for this operation. SIRC HQ staff conduct monitoring visits both during and at the end of the operation in the target areas. Beneficiary satisfaction surveys are rolled out to inform coordination and implementation decision. Lessons learnt from the dengue operation were collected at the branch level in Gizo/Western Province and Malaita Province to provide inputs to the lessons learnt workshop conducted at HQ level in the second half of January and to inform future operations. Reporting on the operation will be done in accordance with the IFRC minimum reporting standards. A final report will be available within three months after the end of this operation.

Administration and Finance

The IFRC, through its finance units, provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to National Society on procedures for justification of expenditures, including the review and validation of invoices. The IFRC finance and administration team of CCST will continue to provide the needful technical support in line of DREF guidelines. Financial charges related to this operation are included in the operational budget. Finance manager of IFRC CCST visited SIRC HQ in January 2017 to support finance reporting and management of the DREF operation, including assessment of the financial system against the requirements of the operation and assistance in preparing the financial acquittals.

C. Detailed Operational Plan

Quality Programming			
Outcome 1: The management of the operation is informed by a comprehensive monitoring and evaluation system	Outputs		% of achievement
	Output 1.1 Monitoring information informs revisions of plan of action where appropriate.		80%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Monitor and assess implementation of activities	X		80%
1.1.2 Conduct lessons learned workshops with branches	X		100%
1.1.3 Provide training to SIRC volunteers on conducting beneficiary satisfaction surveys	X		100%
Output 1.2 Mechanisms are in place to facilitate two-way communication with and ensure accountability to affected and at-high-risk people.			
1.2.1 Field communication actions of the operation are conducted by SIRC communication officer	X		75%
1.2.2 Conduct beneficiary satisfaction surveys	X		50%
1.2.3 Support MoHMS with radio spot campaign	X		75%
Progress towards outcomes			
<p>Daily updates have been recorded and provided by the volunteer team leaders through standard daily activity reporting templates that captures and monitors the progress of activities versus the timeframe and challenges. In addition, a daily briefing and debriefing is conducted with all volunteers by responsible staff and communication with branches are done at least twice a day. One obvious challenge faced includes the monitoring volunteers that are deployed to the MoHMS headquarters and the National Referral Hospital. This is because they report directly to their designated areas of work rather than to the SIRC HQ. However, a system has been worked out by the NS and the Ministry whereby supervision is done by Ministry staff and reports submitted to NHQ on a weekly basis. The RDRT has supported the data and information management at SIRC HQ level.</p> <p>For SIRC staff and volunteers from Honiara/Malaita a workshop on “Lessons learnt” workshop was conducted on 23 January 2017 to improve upon service delivery of future dengue responses. A report has been prepared, beneficiary feedback and volunteer feedback was reviewed and analyzed. Gizo and Malaita collected feedback from volunteers through a de-brief session in the end of the awareness raising.</p> <p>Building on community engagement good practices of earlier SIRC operations, this operation also incorporates community feedback mechanism through beneficiary satisfaction surveys. On 23 January, a training has been rolled out for volunteers on beneficiary satisfaction survey using the revised SIRC beneficiary feedback questionnaire 2016/2017. This will support the beneficiary satisfaction feedback process. In addition, volunteers were trained in data entry of the collected beneficiary feedback to be utilised in reporting and ensuring capacity was built and clear dengue messages were received by beneficiaries. In additional a lessons learnt workshop was conducted on the same day.</p> <p>Beneficiary satisfaction surveys have been carried out in January 2017 after training in the use of the beneficiaries’ questionnaire was conducted with volunteers. This in turn will help inform all parties of the outcomes of the response from a Red Cross perspective. Beneficiary satisfaction surveys have been conducted in Honiara and Guadalcanal (two locations of the four target areas).</p> <p>Up to 78 beneficiaries satisfaction feedbacks have been obtained in week 2 of January 2017 and 80 beneficiary feedbacks via questionnaires have been obtained in week 3 of January 2017, which is less than planned due to cancellation of visit to zone 6 due to a death in the community. A total of 158 beneficiary feedback have been received so far from Honiara/Guadalcanal.</p>			

In the target areas, SIRC use IEC materials developed and/or approved by MoHMS for the dengue, referral and environmental sanitation awareness raising. The operation also supports MoHMS with radio spots campaign. A radio spot spoken entirely in Pidgin has been initiated with MoHMS following beneficiary feedback in the development of the radio spot to be aired for few times a day for a week in February. There have been articles published regarding dengue awareness activities in two local newspapers regularly throughout the outbreak.



Solomon Island Red Cross Society (SIRCS) staff and volunteers with repellent, getting ready to go into the field to conduct dengue awareness training in Honiara.

Photo: IFRC

Health and Care				
Outcome 2: The immediate risks to the health of affected populations are reduced.	Outputs		% of achievement	
	Output 2.1 Community-based epidemic prevention and health promotion is provided to the target population.		70% communities 100% schools	
Activities		Is implementation on time?		% progress (estimate)
		Yes (x)	No (x)	
2.1.1. In close coordination with Ministry of Education and MoHMS, conduct a refresher training in dengue awareness raising and behaviour change communication knowledge and practices for 50 volunteers for school sessions.		X		100%
2.1.2. In close coordination with MoHMS, conduct refresher training in dengue awareness raising and behaviour change communication knowledge and practices for 50 volunteers for community sessions.		X		100%
2.1.3. Print dengue awareness information, education and communication (IEC) materials		X		100%
2.1.4. Conduct school awareness raising sessions on dengue and environmental sanitation in target schools.		X		100%
2.1.5. Conduct community awareness raising sessions on dengue, referral and environmental sanitation for 69,000 people in target areas, public areas, markets, clinics (mothers and children) and households.		X		70%

Output 2.2 Epidemic prevention and control measures carried out. n° of people reached with community-based epidemic prevention and control activities (cleaning campaigns and other tailored activities/events conducted with specific target groups and areas)	X		
2.2.1. Procure equipment/tools ³ (including PPE ⁴ for SIRC staff and volunteers) for environmental cleaning for target areas.	X		90%
2.2.2. In coordination with MoHMS, mobilize community members with the support of SIRC volunteers for cleaning campaigns in target areas.	X		75%
2.2.3. Conduct cleaning campaigns in surrounding areas of SIRC NHQ and branch offices.	X		90%
2.2.4. Meetings with MoHMS, Honiara City Council, WHO, other stakeholders on barriers to epidemic prevention and control measures, among other related issues, as per need.	X		75%
2.2.5. Train selected staff, including branch officers and volunteers to make use of the Epidemic Control for Volunteers (ECV) toolkit and/or Zika, Dengue and Chikungunya (ZDC) Prevention Toolkit in this operation, especially targeting Honiara and other hotspots	X		100%
Progress towards outcomes			
<p><u>Volunteer trainings</u> Half-day refresher trainings on dengue awareness with a total of 75 volunteers have been conducted in November and December 2016, including:</p> <ul style="list-style-type: none"> • In Honiara city/Guadalcanal Province, 30 volunteers were trained on 6 November 2016 • In Honiara city/Guadalcanal Province, 3 staff and 15 volunteers (pre-registered nurses) were trained on 22 November 2016 • In Gizo city/Western Province, 2 branch officers and 10 volunteers were trained on 8 December 2016 • In Malaita province, 1 branch officer and 11 volunteers were trained on 8 December <p>The refresher trainings in Gizo city in Western Province and Malaita Province were conducted (in Pidgin) jointly with Principal Health Promotor from the MoHMS. The training session comprised of: overview of dengue, historical overview of the outbreak, geographical spread and statistics, including the fact that there was one death and another had been suspected, dengue awareness presentation with a focus on dengue vectors and three key messages: promotion, protection and prevention.</p> <p>No separate community and school focused trainings were conducted, however, the volunteers were further guided during their preparations how to adapt the contents to specific target groups, e.g. girls and boys/younger students and older students, household visits, people targeted at youth camps, clinics and markets etc. Coordination and planning meetings for the school and community work followed the training sessions.</p> <p><u>Information, education and communication (IEC) materials</u> Pamphlets and posters were initially received from the MoHMS and MoEHRD. 2500 amount of pamphlets and 1000 posters were printed with the DREF operation funds. Distribution to branches and target areas have been monitored. Posters were left with the teachers (who were first briefed by the Red Cross teams on the contents before the education sessions) and pamphlets given to girls and boys to take home and discuss with their parents/families.</p> <p>SIRC volunteers promote the following three main actions with the target groups:</p> <ol style="list-style-type: none"> 1. Cleaning-up home, workplace and community; 2. In the case of signs or symptoms of dengue – visit clinic for right advice; and 3. In the case of ‘warning’ signs – the situation can be life threatening - go to hospital straight away for more intensive treatment of symptoms. <p>A very catchy dengue song composed by two of the volunteers was then taught to the girls and boys and then sung together.</p>			

³ The planned cleaning tools consist of brooms, wheel barrows, machete, brush knife, digging bars, rake, garbage bags and digging spades.

⁴ The planned PPE consists of gloves, facemasks, and repellent.

Community awareness raising

The response has reached up to 16,000 direct beneficiaries (as of 31 January 2017) through messaging and awareness activities focusing on schools and communities/clinics in and around Honiara city/Guadalcanal Province, Malaita Province and Gizo city in Western Province.

In Honiara city/Guadalcanal Province the total people reached through dengue awareness raising and other support activities include:

- Through the National Referral Hospital in Honiara dengue awareness desk from 30 Nov until now people have been reached using key messaging by trained volunteers/nurses.
- Volunteer seconded to the National Referral Hospital for data entry of surveillance data have benefitted the affected and at risk population at large, as well as organizations working on the dengue response through the MoHMS information dissemination in the national radio and situation reports. MoHMS national radio dengue spots have been aired since the outbreak
- In December a youth camp was targeted with awareness raising sessions as more than 4,000 young people from around the country were in Guadalcanal for one week and were able to be accessed with dengue messaging and awareness on 12-16 December. The camp was a huge success for dengue messaging.
- Awareness raising sessions have been on-going from 23 January to 27 January in Honiara city/Guadalcanal Province by volunteers. Awareness raising in 8 community clinics setting in a dengue desk in HCC, including White River, Rove, Bokona, Mbokonaver, Mataniko, Naha, Vura, Kukum. Data on people reached will be updated by 30 January.

In Gizo city/Western Province the total people reached through dengue awareness raising activities and/or clean-up campaigns include:

- Group awareness raising sessions with pamphlets and songs with children were conducted in three schools and 10 communities in December 2016 reaching directly 941 people;
- House-to-house visits were conducted in 10 communities in December 2016 reaching directly 1,614 people.
- Clean-up day for 3 December was declared by the government covering main town area of Gizo town with a 2,000 population.
- Dengue messages were disseminated with 90 per cent of community members attending church.
- Radio campaign in the local radio was aired during 3 days over one week: the radio reach covers central part of Western Province, South Choiseul Province.

In Malaita Province the total people reached directly through awareness raising activities is 817 people in 11 communities in December 2016. Malaita was impacted by the 7.8M earthquake in December. Schools were not targeted as the school break had already started. The surveillance data did not indicate increase in number of dengue cases in Malaita therefore the response focused on awareness raising activities in communities that included those with positive and suspected dengue cases.

The statistics are leaning towards a fairly even split of male vs female beneficiaries except in market places where predominantly females are beneficiaries. In December, school visits indicated more than 90 per cent of the numbers were children and young people visited by volunteers and the MoHMS. One challenge was the early closure of schools in these locations particularly Early Childhood education (ECE), therefore emphasis was diverted to primary and secondary schools who were on their last week of the academic calendar.

Due to the closure of schools in December for Christmas and New Year break (until 30 January) awareness raising sessions were conducted in the target schools before mid-December. School visits have been completed. School age beneficiaries are still being targeted in community visits alongside adult and 'at risk' beneficiaries i.e. women, babies, elderly.

A final printing process has provided 2,500 pamphlets and 1,000 more posters for targeting 'hotspot' communities/Renbell in addition to markets and clinics in Honiara. Printed copies of pamphlets and posters have been received from the MoHMS and MoEHRD during the operation.

On 17 January 2017, 6 volunteers were mobilized to do community awareness raising on the main streets and central areas of the Honiara city with dengue posters.

Clean-up campaigns

Procurement of cleanup campaign tools (brooms, spades, etc.) and PPE were processed by the logistics team. Meetings with MoHMS focal points in implementing targeted cleanup campaign in identified hotspots took place. Gizo, Honiara and Guadalcanal Red Cross Branches also participated in this activity on 5 December in Gizo

city/Western Province and 21 December in Honiara city/Guadalcanal province at SIRC HQ and volunteers in their homes. In Honiara, in the SIRC HQ, 95 staff and volunteers cleaned up and mobilized people in the area of the HQ to do clean-ups. In Zone 6 of Guadalcanal, the volunteers mobilized approximately 300 people to do clean-ups.

Clean-up campaigns have been ongoing throughout the DREF operation. Dedicated clean-up campaigns took place in Gizo city (Western province) on 5 December and in Honiara city/Guadalcanal on 21 December in Honiara. In Gizo, the activity covered a population of around 2000 inhabitants in the township on 5 December. Clean-up campaigns were conducted at HQ and branch level as well in the neighborhoods of the volunteers. In the area of SIRC HQ about 95 staff and volunteers were engaged to clean-up campaign in the surrounding area of the HQ as well as their own homes, while a team of volunteer mobilized approximately 300 community members in Zone 6 in Guadalcanal province on 21 December.

On 25 January 2017, a full day clean-up of SIRC's Special Development Centre (SDC) in Honiara was conducted by 23 volunteers and staff. This benefits the 115 students enrolled and 9 staff. The Centre had been inundated by water and mud due to blocked drains from the road. This activity was conducted because the originally planned activity in Zone 6 in Guadalcanal Province was cancelled by the community with short notice due to a death in the community.

Trainings/recapping/sharing learning for sustainability

On 6 January, the SIRC Health lead (blood coordinator) and RDRT Health conducted a Zika, Dengue and Chikungunya (ZDC) Prevention Toolkit training on 6 January 2017 for 14 volunteers.. Covering the dengue aspect of the Toolkit, was really a matter of recapping prior knowledge and there certainly did not appear to be any gaps in knowledge. The Solomon Islands has never had cases of either Chikungunya or Zika. The volunteers were receptive to this new knowledge, aware that with climate change and global travel, there is always the possibility of either/both arriving in the Solomon Islands.

Further awareness raising will be backed up by French Red Cross supported programme staff and volunteers through their WASH and shelter activities.

On 24 January, a dengue awareness session was conducted for staff from SIRC, FRC, ARC and others i.e. principal/parents of RC Special Development Centre, new SIRC SG, at SIRC HQ to ensure safety of newly arrived staff and to ensure a cooperative, integrated program approach to ongoing delivery of dengue key messages. It is felt dengue is intertwined with blood services as well as Logistics, WASH and Shelter and therefore even after the dengue response is finished, other staff will have the skills and knowledge to keep up the key messages within the communities/areas visited, and to ensure their own health and safety whilst dengue mosquitoes prevail.

Reference documents



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



[Financial report up to 31 December 2016](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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

Disaster Response Financial Report

MDRSB005 - Solomon Islands - Dengue Outbreak

Timeframe: 02 Nov 16 to 31 Jan 17

Appeal Launch Date: 02 Nov 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/11-12	Programme	MDRSB005
Budget Timeframe	2016/11-2017/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			78,771			78,771	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			78,771			78,771	
C4. Other Income			78,771			78,771	
C. Total Income = SUM(C1..C4)			78,771			78,771	
D. Total Funding = B +C			78,771			78,771	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			78,771			78,771	
E. Expenditure			-31,968			-31,968	
F. Closing Balance = (B + C + E)			46,803			46,803	

Disaster Response Financial Report

MDRSB005 - Solomon Islands - Dengue Outbreak

Timeframe: 02 Nov 16 to 31 Jan 17

Appeal Launch Date: 02 Nov 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/11-12	Programme	MDRSB005
Budget Timeframe	2016/11-2017/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
BUDGET (C)				78,771			78,771	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	1,899							1,899
Teaching Materials	7,595							7,595
Other Supplies & Services				1,035		1,035		-1,035
Total Relief items, Construction, Sup	9,494			1,035		1,035		8,458
Logistics, Transport & Storage								
Transport & Vehicles Costs	12,013			698		698		11,314
Total Logistics, Transport & Storage	12,013			698		698		11,314
Personnel								
National Society Staff	4,658			858		858		3,801
Volunteers	18,821			6,178		6,178		12,642
Total Personnel	23,479			7,036		7,036		16,443
Workshops & Training								
Workshops & Training	6,756			11,367		11,367		-4,611
Total Workshops & Training	6,756			11,367		11,367		-4,611
General Expenditure								
Travel	20,318							20,318
Office Costs	1,265			8		8		1,257
Communications	570			84		84		486
Financial Charges	68			17		17		51
Total General Expenditure	22,221			110		110		22,112
Operational Provisions								
Operational Provisions				9,770		9,770		-9,770
Total Operational Provisions				9,770		9,770		-9,770
Indirect Costs								
Programme & Services Support Recove	4,808			1,951		1,951		2,857
Total Indirect Costs	4,808			1,951		1,951		2,857
TOTAL EXPENDITURE (D)	78,771			31,968		31,968		46,803
VARIANCE (C - D)				46,803		46,803		