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DREF Final Report

Solomon Islands: Dengue outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation MDRSB005	Date of disaster: 24 October 2016
Date of issue: 30 June 2017	Operation budget: CHF 78,771
Operation start date: 1 November 2016	Operation end date: 28 February 2017
Target population (catchment area of affected provinces): 69,000	Number of people assisted: 19,725 (directly); many more were indirectly reached via radio spots, newspaper articles and the SIRC Facebook page
Host National Society: The Solomon Islands Red Cross Society (SIRC) is one of the leading humanitarian actors in Solomon Islands. SIRC works through six branches in Guadalcanal (including Honiara where the headquarters of SIRC is located) and in five other provinces (Malaita, Makira, Renbell, Western Province and Temotu).	
N° of National Societies involved in the operation: 1 As in-country partners, the Croix-Rouge Française (CRF) and Australian Red Cross (ARC) have also been engaged in the response and provided support through their existing long-term programmes.	
N° of other partner organizations involved in the operation: 1 The primary supporting partner has been the Government of the Solomon Islands through the Ministry of Health and Medical Services (MHMS) as the lead agency. The World Health Organisation (WHO), UNICEF, World Vision and Save the Children have also participated in a Risk Communication Committee convened and coordinated by the MHMS.	

This final report provides an overview of the progress made throughout the operation which concluded on 28 February 2017. An allocation of CHF 78,771 was made from the IFRC Disaster Relief Emergency Fund ([DREF](#)) on 1 November 2016 to support the Solomon Islands Red Cross Society in delivering immediate humanitarian assistance, of which CHF 70,106 has been utilized. The balance of CHF 8,665 will be returned to DREF.

On behalf of the Solomon Islands Red Cross, IFRC would like to thank the Canadian Red Cross/Canadian government for the generous contribution to the replenishment of this DREF.

A. Situation analysis

Description of the disaster

From August 2016, an unusual increase in dengue-like illness, including the number of confirmed Dengue cases, was observed through the National Syndromic Surveillance System of the Ministry of Health and Medical Services (MHMS) in the Solomon Islands. An outbreak of dengue was declared by the Solomon Islands Government for Honiara city and the Guadalcanal province on 8 October 2016 and surveillance of dengue cases was increased by the Honiara City Council, other private practitioners and in the Guadalcanal province. This was expanded to include Gizo township (Western province) and the Auki township (Malaita province) on 19 October 2016.

Between 15 August and 16 October 2016, a total of 1,212 suspected dengue cases were reported in Guadalcanal (including Honiara), Malaita and Isabel provinces (798 additional cases were reported in situation report #3 of the MHMS for the week of 10-16 October 2016) and at least three dengue-like illness cases reported for Gizo City in the Western Province.

In situation report #26 issued by the MHMS for week 12¹, 2017 of the Dengue outbreak, the MHMS advised that a total of 12,030 line-listed cases of suspected dengue had been reported across all 10 provinces of the Solomon Islands since week 33², 2016, and that 96% of the cases had been reported from the Honiara and Guadalcanal provinces. To date, a total of 3,360 rapid diagnostic tests have been conducted. Of these, 1,455 (44%) were positive for Dengue. Dengue virus serotype 2 (DENV2) was also detected in 35 out of 51 samples that were sent to the New Zealand Institute of Environmental Science and Research Limited (ESR) in December 2016.

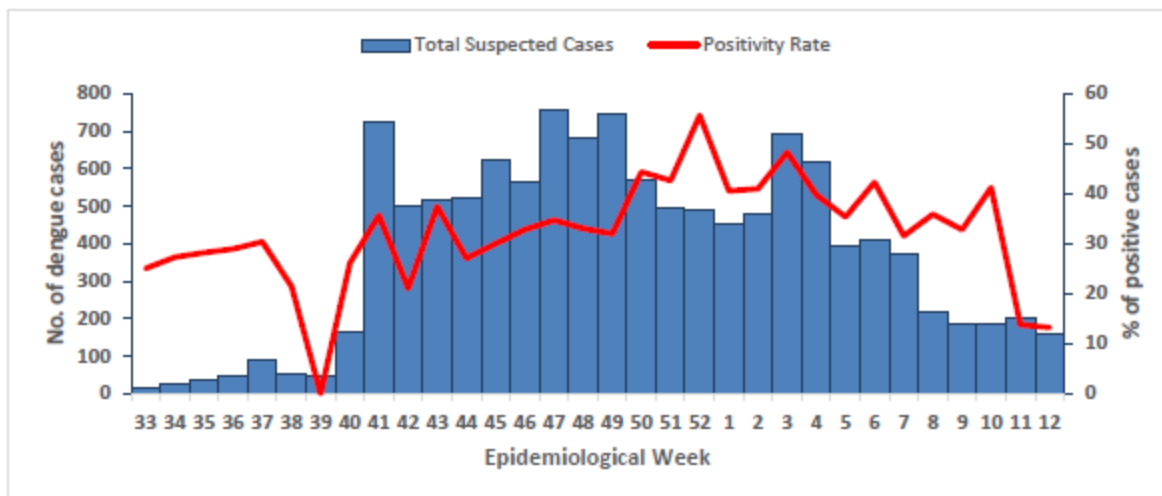


Figure 1: The number of suspected dengue cases and rate of NS1 positive cases (n=12,030) Week 33, 2016 – Week 12, 2017 (MHMS, 2017)

The MHMS further reported a total 824 hospitalizations since week 33, 2016 within which 62% of the admitted cases were below 24 years of age. From October 2016 until January 2017, 15 deaths were associated with the outbreak, 60% of which were in persons aged 50 years or older. The MHMS advised a decrease in the weekly trend of reported dengue cases and that overall data indicated that the number of cases had decreased significantly indicating a possible slowing down of the outbreak.

The Ministry of Health Emergency Operation Committee (MHEOC) stood down its operation in mid-April 2017. This decision was based on the epidemiological trend, which showed a consistent decrease in the number of cases from February 2017. In addition, the current case load of dengue admissions to the National Referral Hospital (NRH) is manageable under routine operational capacity.

Summary of response

Overview of Host National Society

Technical staff from the Solomon Islands Red Cross (SIRC) have actively participated in meetings of the MHMS chaired Communication Task Force³ which was first activated on 17 October 2016. The taskforce focused on coordination and communicating effective dengue information to the public. The committee held its last meeting on 11 January 2017 to discuss dengue suspected deaths.

The SIRC operations team activated for the response has been complemented by a team of 50 SIRC volunteers. However, the 7.8 magnitude earthquake that occurred on 9 December 2016 shifted the focus at national level from the dengue operation to an earthquake operation. SIRC emergency response team (ERT) trained volunteers were mobilized for the earthquake response to the provinces of Makira and Malaita, while most of the volunteers trained for dengue⁴ in the early stages of the operation continued to support dengue activities in Honiara city, and the Malaita (Auki township), Western (Gizo township) and Guadalcanal provinces. At headquarter level, the SIRC emergency response operations team health focal point (SIRC blood coordinator) and the IFRC mobilized Health RDRT⁵ member continued to support dengue operation activities, while the SIRC operations lead/disaster management team focused on supporting the implementation of the earthquake operation by SIRC volunteer teams in Malaita and especially Makira.

¹ Week commencing 26 March 2017

² Week commencing 15 August 2016

³ Communication task force is chaired by the MHMS and comprises representatives of: SIRC, World Vision, Oxfam, UNICEF, Save the Children, Caritas, Adra, Solomon Islands Planned Parenthood Association (SIPPA), Solomon Islands Development Trust (SIDT).

⁴ Some volunteers trained for dengue in Honiara were mobilized to support the earthquake operation in the Makira province where no SIRC branch exists

⁵ Regional Disaster Response Team (RDRT)

SIRC activities - February 2017

SIRC volunteers ceased manning the dengue desk at the NRH at the end of January however, continued to provide data entry support, through this DREF, until the end of February. Since the completion of the DREF, the data entry support from SIRC volunteers has been financially supported by the World Health Organization (WHO).

Other activities conducted in February include a MHMS initiated radio awareness campaign which SIRC supported with key content. The campaign comprised three radio spots per day over a one week period. In addition, approved dengue awareness messaging was broadcast over the national radio to all provinces including Honiara. Information, education and communication (IEC) materials of posters and pamphlets were sent to Renbell during February for dengue-trained Tigoa branch volunteers to distribute with the assistance of the local health clinic.

Overview of Red Cross Red Crescent Movement in country

In responding to the dengue outbreak, the SIRC has worked with the 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 Croix-Rouge Française (CRF).

The IFRC country cluster support team (CCST) in Suva and the Asia Pacific regional office (APRO) in Kuala Lumpur have continued to provide technical support to SIRC in the areas of operations management, health, finance and PMER both by distance and through in-country visits; and a Health RDRT member from the New Zealand Red Cross (NZRC) was deployed to support operations management and volunteer capacity-building (in respect of a public health emergency).

Throughout the response, the ICRC, ARC and CRF have also continued to provide support to programme staff who, within the scope of their institutional roles, have formed part of the response.

Overview of non-RCRC actors in country

WHO has worked closely with the MHMS and provided technical advice and support with dengue surveillance activities. The MHEOC slowed down its activities over the 2016/2017 Christmas and New Year period, however, weekly meetings and updates to partners were recommenced in January and continued for the duration of the declared outbreak.

Needs analysis and scenario planning

Following the outbreak of dengue declared for Honiara and the Guadalcanal province on 8 October 2016 and expanded to include Malaita, Isabel and Western provinces on 19 October 2016; there was a significant increase in the number of cases reported especially in Honiara and the Malaita, Western and Guadalcanal provinces. These provinces were considered at high risk for a further increase in cases due to their existing vulnerabilities and trends in past outbreaks, particularly in urban centres such as the township of Gizo.

Based on enhanced government surveillance, assessments and coordination, SIRC was requested to support awareness and cleaning campaigns in the affected and high-risk areas where SIRC had trained branch volunteers ready to be mobilized to support community-based activities. Government situation reports provided information and updates on the evolving situation and data from the National Syndromic Surveillance System. SIRC volunteers were mobilized in MHMS identified hotspots to provide awareness messaging and for community clean-ups. Community clinics, schools, market places and a Special Development Centre in Honiara were identified as high priorities.

Honiara and Guadalcanal province then Malaita (Auki township) and Western (Gizo township) provinces were identified as priority geographical areas where SIRC complemented on-going efforts to contain the outbreak. These were later expanded to include Renbell-Bellona in January 2017. Notwithstanding the 7.8 magnitude earthquake that occurred on 9 December 2016 shifted the focus at a national level from the dengue operation to the earthquake operation. Schools and government offices were also closed over the Christmas and New Year period from mid-December 2016 until 30 January 2017.

Throughout the response, it has been difficult to obtain data. Delays in receiving official surveillance data have also meant that the information received was often 3-4 weeks out of date making it difficult to analyse trends and accurately identify hotspots within the locations targeted by SIRC for intervention.

Monitoring and surveillance

Although the MHEOC has stood down its response operations in respect of the dengue outbreak declared on 8 October 2016, the Public Health Emergency and Surveillance Unit has continued to monitor the situation. In addition, a revised national dengue like illness surveillance and testing protocol was instituted in the NRH and Kukum clinic to monitor the occurrence of dengue cases on a week by week basis. The MHEOC continues to encourage the public and communities

to maintain environmental cleanness by removing and discarding any potential mosquito breeding sites from their premises and villages as the main intervention to mitigate the risk of diseases transmitted by mosquitoes.

SIRC will continue to monitor the surveillance data and ensure that dengue prevention and awareness messaging continues to be integrated into other SIRC programmes.

Risk Analysis

Risks were analysed daily throughout the operation by the operations team and volunteers by way of briefings and debriefings carried out after each activity and in activity reports completed by volunteer team leaders.

The primary risks associated with the operation were identified as the safety of volunteers undertaking awareness raising activities on foot and in isolated areas, and the risk of volunteers becoming ill with dengue. To mitigate these risks, volunteers were sent out in groups of six and provided with transport to and from the communities and schools that were visited. Each volunteer was also provided with mosquito repellent as a preventative measure.

B. Operational strategy and plan

Overall Objective

Following the request and recommendations of the MHMS, this DREF operation aimed to provide support to contain the dengue outbreak in the Solomon Islands, in close coordination with the MHMS and with technical and funding support from the IFRC, by mobilising:

- SIRC volunteers to raise community awareness;
- Community members to undertake cleaning campaigns.

SIRC mobilised around 75 staff and volunteers for dengue awareness raising activities and clean-up campaigns to eliminate breeding sites initiated specifically for dengue fever prevention over a period of four months throughout the rainy season. At least 40 communities and 30 schools (or 69,000 people) in Honiara city, Auki and Gizo townships and zones 1 and 6 of the Guadalcanal province were targeted for dengue awareness messaging.

Throughout the response, SIRC volunteers have provided valuable support to the MHMS in their national campaign of dengue prevention and awareness raising activities and made a significant contribution to the dissemination of key messaging and community engagement.

Presently, communities who have received dengue awareness messaging are demonstrating increased awareness of the signs and symptoms of dengue and knowledge of preventative measures. Community members appear to be visiting clinics or hospitals more readily when dengue-like signs and symptoms appear, and have actively participated in clean-up processes.

Overall population assisted

Honiara/Guadalcanal province

SIRC has directly engaged with a total of 16,379 beneficiaries within the Honiara/Guadalcanal province via dialogue, posters, pamphlets, drama and song. A beneficiary survey completed with 332 beneficiaries in Honiara/Guadalcanal during February 2017 indicates that approximately 54-55%, or approximately 26,705 people, of the target population of 49,000 within the catchment area for Honiara/Guadalcanal has been reached with dengue prevention and awareness messaging. This has been estimated based on beneficiary responses to the following two survey questions:

- Were you aware the Solomon Islands Red Cross offered information and assistance with the Dengue Fever outbreak?
- Did you receive information on Dengue Fever from SIRC officers?

The beneficiary survey further indicates that written information in the form of posters and/or pamphlets has reached 54% of the population (a figure considered acceptable given the remoteness of many households and villages). Respondents rated the usefulness of the information provided whether oral, pamphlet, poster, drama or song at 91%.

Throughout the response, youth (15-18yrs) were a primary target for Dengue prevention and awareness activities in the hope that they would discuss what they had learned with parents/family members and significant others once back in their home environment. Responses to the question of whether a beneficiary's children had received information on Dengue Fever suggest that SIRC's targeting of children reached 53%.

Malaita province (Auki township)

SIRC has directly engaged with a total of 817 beneficiaries within the Malaita province (Auki township and surrounding areas). Dengue prevention and awareness messaging was provided by three groups of four SIRC volunteers and reached:

- 10 communities – 817 people (468 adults, 352 children)

Western province (Gizo township)

SIRC has directly engaged with a total of 2,529 beneficiaries within the Western province (Gizo township and surrounding areas). Dengue prevention and awareness messaging was provided by two teams comprised of five SIRC volunteers, a technical representative from the MHMS, and the RDRT Health support; and reached:

- 4 schools – 496 people: 22 adults (8m, 14f) and 474 children (229m, 245f) via pamphlets, posters, and song;
- 10 communities – 419 people: 248 adults (119m, 129f), 171 children (88m, 83f) via pamphlets, posters and talks;
- House to house visits – 1,614 people / 227 households: 840 adults (429m, 411f) and 547 children⁶ via awareness talks, advocacy, pamphlets and posters.

Many more beneficiaries have also been reached throughout Honiara, Guadalcanal, Malaita and Western provinces via radio spots, newspaper articles and the SIRC Facebook page.



The SIRC Dissemination and Communications Officer, Health RDRT Member, and SIRC BDR Coordinator Photo: SIRC

Proposed strategy

To ensure area coverage and the effectiveness of the campaign, SIRC adopted a community and school-based approach, primarily targeting communities and schools within hotspots identified by the MHMS. Schools were especially targeted with dengue awareness raising messages using song, drama and pamphlets in the hope that children would share and discuss what they had learned with their parents, families and significant others in their home environment. Fifty⁷ dengue-trained SIRC volunteers from the SIRC headquarters in Honiara, and Auki and Gizo branches were mobilised to roll-out awareness raising activities and cleaning campaigns in coordination with MHMS' vector control activities.

Initial training for volunteers was followed by community visits with a three week pause over the 2016/2017 Christmas and New Year period. A refresher training in dengue and behaviour change communication was also undertaken and designed to complement on-going trainings in emergency response and WASH in emergencies to ensure the knowledge and skills of the volunteers involved in the campaign was optimized prior to their participation in field activities.

Awareness raising sessions were conducted by SIRC volunteers in public areas, markets, clinics and via household visits. Volunteers also worked together with target communities on cleaning campaigns to eliminate mosquito breeding grounds in the surrounding areas. SIRC headquarter and branch staff were trained in the use of Epidemic Control for Volunteers (ECV) and Zika, Dengue and Chikungunya (ZDC) Prevention Toolkits by the Health RDRT member⁸ who was mobilised to support the operation. However, the toolkits have not been used as significant time is needed to

⁶ Gender segregated data not available

⁷ 75 volunteers were trained in dengue awareness however, 25 of the volunteers have continued to support the concurrent earthquake operation

⁸ The Health RDRT member was mobilised for this operation by the New Zealand Red Cross via the IFRC Asia Pacific regional office

prepare the toolkits and tailor them to the local context. This would have significantly delayed the implementation of the planned activities.

The operation has been managed in collaboration with the MHMS based on the continuous assessment and analysis of surveillance data and information as well as beneficiary feedback received during the implementation of activities and monitoring visits. Due to the overwhelming demand on its services, SIRC has been committed to assisting the NRH in its Dengue Fever outbreak operation and provided support to MHMS with:

- the expansion of clinical areas in the Emergency Department;
- seconding SIRC volunteers to the MHMS to enter and manage surveillance data;
- volunteer nurses to man the NRH dengue desk.

During the latter stages of the response, SIRC volunteers also manned dengue awareness desks in eight Honiara City Council Clinics.

At an international level, the IFRC Pacific country cluster support team (CCST) in Suva and IFRC Asia Pacific regional office (APRO) in Kuala Lumpur have provided technical support and routine monitoring. They have also assisted coordination with relevant agencies at a regional level and provided coaching support and feedback for SIRC staff and volunteers to ensure that the operation was conducted effectively.

Revision to strategy

Throughout the operation, SIRC have continued to assess needs and analyse the situation using official information provided by the MHMS i.e. SITREPs and feedback received from communities.

As at mid-January 2017, the dengue outbreak had not been contained and an additional hotspot was identified on the remote island of Renbell. The SIRC Emergency Plan of Action was revised and the timeframe of the DREF extended by one month until 28 February 2017 to enable response activities to continue. It was reported that Renbell, a province with an estimated population of over 4,650⁹, had 65 suspected and 5 confirmed (by rapid dx test) cases of dengue. Dengue awareness training was carried out for 10 volunteers (including the branch officer) from the Tigoa (Renbell) branch over 24-26 January 2017 and an action plan and budget prepared for awareness activities in Renbell. IEC materials were subsequently dispatched to Renbell for dissemination and distribution by the dengue-trained Tigoa branch volunteers.

Beneficiary consultation and participation

Beneficiary feedback was gathered in Honiara/Guadalcanal using a 10-question questionnaire. A total of 332 beneficiary questionnaires were completed by SIRC volunteers using interview techniques and providing answers in written form. Additional beneficiary written comments were collated afterwards. These comments will be integrated into the planning of future dengue awareness raising or response activities and added to the contents of the Dengue Resource Kit for SIRC. Feedback has also been gathered orally by volunteers during awareness raising activities in the field and fed back to SIRC headquarters during debriefing sessions.

SIRC has ensured that beneficiary participation has built on local capacities and knowledge by using examples from within the community during awareness raising sessions and focusing messaging on the local context and environment. There were no specific needs identified relating to gender, ethnicity, age, disability or disease that may increase vulnerability however, SIRC has actively supported the MHMS in targeting messaging towards children and schools.

Integrating dengue awareness into other SIRC programmes

Dengue messaging has been integrated into other SIRC programmes in terms of communication and awareness; and many SIRC staff and volunteers are now knowledgeable about dengue and able to talk about dengue prevention and awareness. For example, dengue awareness messaging was included in health and hygiene promotion activities completed as part of the Solomon Islands earthquake response in Makira in January 2017.

Promoting early recovery

Although the MHEOC has now stood down its dengue response activities, SIRC is committed to integrating dengue awareness messaging into other relevant SIRC programmes e.g. WASH. Presently, three SIRC volunteers (1m and 2f) funded by WHO, continue to provide surveillance data entry assistance to the MHMS. This is likely to continue into June 2017.

⁹ Solomon Islands 2012/13 Household Income and Expenditure Survey Provincial Analytical Report

Operational support services

Human resources (HR)

SIRC is a small National Society with approximately 39 staff and 480 active volunteers serving a wide geographically scattered area, and has limited experience in managing health emergency operations.

An operations team was 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, Dissemination and Communications Officer, Gizo Branch Coordinator and Auki Branch Officer. The IFRC provided support to SIRC throughout the operation and from 19 November 2016 until 2 February 2017 a Health RDRT member was deployed to support the operation and undertake a review of the use and roll-out of IFRC/Climate Centre ZDC toolkits and prevention activities using ECV toolkits. A short-term finance delegate was also deployed by the Pacific CCST and Australian Red Cross (ARC) to provide surge support in January 2017.

At Branch level, the Auki Branch in Malaita and Gizo Branch in the Western province have led the operation in their areas of responsibility with the support of the SIRC headquarters. At field level, volunteers have been mobilised to raise awareness on dengue and engage community members in affected and high-risk communities as indicated below:

Province	# volunteers mobilised
Auki	10
Gizo	10
Guadalcanal	20
Honiara	
Renbell	10

This DREF has covered the costs of volunteers mobilized for the operation, including insurance, travel costs and per diems, national society staff supporting the operation and local travel costs of the Health RDRT member including the travel costs of SIRC staff. The Health RDRT member's travel, salary and in-country costs (except for operation related in-country travel costs as noted above) were provided by the New Zealand Red Cross (NZRC). The DREF has also covered electricity expenses for air conditioning in the meeting room at the SIRC headquarters which has been used as a training and work space for staff and volunteers throughout the operation.

Logistics and supply chain

Logistics activities have aimed to effectively manage the supply chain including the procurement, storage and transport of NFIs to distribution sites in accordance with the operation's requirements and IFRC logistics standards, processes and procedures.

The procurement of equipment and tools for environmental cleaning, personal protective equipment and IEC materials under this DREF operation was conducted locally by the SIRC following IFRC standard procurement procedures. Due to the limited capacity of the SIRC fleet, the SIRC blood van and hire vehicles and buses were used to transport volunteers and materials. The IFRC logistics manager based in Suva also extended remote technical logistics support with backup support from IFRC regional logistics unit (RLU) in Kuala Lumpur.

Communications

The IFRC has supported the visibility of SIRC's work with internet articles and other media throughout the operation. SIRC and Pacific CCST staff in the field have also collected photos and materials to be used in communications. Planned field visits by the SIRC Communications Officer were unable to take place due to the priority of the concurrent earthquake operation. However, the Health RDRT member provided content from the trainings she conducted at a provincial level to enhance the internal and external communications of the dengue operation.

Throughout the operation, SIRC have contributed to raising the profile of dengue awareness messaging in public forums through radio spots, an SIRC radio programme, regular Facebook posts, print and online articles. A link to the relevant articles is provided in Section C.

The cost of telephone communications was included in the operational support budget and SIRC headquarters has provided printed materials to Auki, Gizo and Tigoa branches.

Security

A code of conduct was issued to all volunteers involved in the response by the Dissemination and Communications Officer who was also tasked with day-to-day volunteer management.

Planning, monitoring, evaluation, & reporting (PMER)

Monitoring templates were established for the operation and monitoring visits to the target areas completed by SIRC staff both during and at the end of the operation. Beneficiary satisfaction surveys were also rolled out to inform decision-making and coordinate the operation. The results of these surveys are provided in Section C.

Lessons learned were collected at branch level in Auki and Gizo to provide inputs to a lessons-learned workshop which was held at the SIRC headquarters in Honiara on 27 February 2017. An in-country monitoring visit was also made by the IFRC APRO operations coordinator and IFRC Pacific CCST disaster risk management manager in January 2017.

This final report marks the completion of the operation and is made in accordance with IFRC minimum reporting standards.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Needs assessment			
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 Output 1.2 Mechanisms are in place to facilitate two-way communication with and ensure accountability to affected and at-high-risk people	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Monitor and assess implementation of activities	x		100%
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%
1.2.1 Field communication actions of the operation are conducted by SIRC communication officer	x		100%
1.2.2 Conduct beneficiary satisfaction surveys	x		100%
1.2.3 Support MHMS with radio spot campaign	x		100%

Achievements

Monitoring and assessment

SIRC has monitored and assessed the progress of activities and any challenges encountered through daily updates from Volunteer team leaders and debriefings carried out by the responsible staff. In addition, regular communication (at least twice per day) between SIRC headquarters and SIRC branches involved in the response has enabled SIRC to monitor the implementation at branch level and ensure consistency in the response activities and messaging.

Feedback

Beneficiary feedback in Honiara/Guadalcanal provinces

Beneficiary feedback collated and recorded by SIRC volunteers in Honiara/Guadalcanal, the worst affected provinces, has been used to inform this report and will be integrated into the planning of future dengue awareness raising or response activities as well as the contents of a Dengue Resource Kit for SIRC. A total 332 beneficiary questionnaires were completed by SIRC volunteers in February 2017 and indicated that:

- 54-55% of the target population in Honiara/Guadalcanal (approximately 26,705 people) has been reached with dengue information and assistance;
- 54% of the target population have been reached with disseminated written information in the form of posters and/or pamphlets;
- 53% of the target youth population (15-18yrs) have received information on Dengue Fever.

This process of seeking beneficiary feedback has also helped to increase volunteer engagement with the community and the capacity of the volunteers for reporting on future activities and responses.

Volunteer feedback

Feedback from volunteers has similarly been sought through regular debriefings, including an end of operation briefing for volunteers in Gizo and Malaita, and a lessons learned workshop for SIRC staff and volunteers from Honiara and Auki branch on 23 January 2017. The lessons learned workshop reviewed and analysed beneficiary feedback with a view to improving service delivery in future dengue responses.

Communication

SIRC have provided key support to an MHMS initiated radio spot campaign and were instrumental in translating content for the radio spot into Pidgin to ensure that it could reach and be understood by a wide audience. In response to beneficiary feedback, the radio spot aired with the Solomon Islands Broadcasting Corporation (SIBC) three times a day for one week in Gizo, Western province, during February 2017. Dengue messaging was also included in programmes that aired in October 2016 for a SIRC radio programme that ran from July to November 2016.

During the operation, SIRC published three articles on dengue awareness raising activities in each of two local newspapers, the Solomon Star and Island Sun, has provided information on the SIRC Facebook page and in church notices in Gizo and Honiara, and published three dengue stories on the IFRC website in collaboration with the Suva-based IFRC Communications Delegate and IFRC APRO:

- [Red Cross tackles dengue outbreak in Solomon Islands](#)
- [Red Cross helps communities fight Dengue in the Solomons](#)
- [Red Cross fights spikes in Dengue across the Pacific](#)

Overall, SIRC volunteers have been well received in the community; communities have been engaged and actively participated in clean-up campaigns.

Challenges

National Referral Hospital (NRH) secondments

SIRC initially encountered some challenges in monitoring the progress and activities of SIRC volunteers deployed to the MHMS headquarters and NRH as the volunteers reported directly to their designated areas of work rather than to SIRC headquarters. A system was therefore agreed between SIRC and the MHMS whereby supervision of the volunteers was provided by MHMS staff and reports submitted to SIRC headquarters on a weekly basis. Support for the management of this information within SIRC was provided by the Health RDRT.

Reliance on MHMS data

Time delays in receiving official MHMS surveillance data relating to the outbreak made it difficult to accurately identify needs throughout the response as the information also revealed hotspots in different areas of the locations targeted by SIRC for intervention. In these times, SIRC headquarters continued to seek and receive information from SIRC branches however, no action could be taken until official updates and information was received from the MHMS.

Communication

Due to reception difficulties in some areas of the response, it was not always possible to remain in contact with volunteers in the field. In addition, many volunteers did not have sufficient credit to make phone calls. For future responses, SIRC will explore options such as topping up the phones of volunteer team leaders to ensure that they can make calls.

Although participants in the lessons learned workshop provided very valuable feedback, only 22 volunteers attended the session. In the future, SIRC will endeavour to provide more notice of the workshops and better encourage volunteers to attend them as part of their involvement in the response. SIRC will also clarify meal and transportation provisions, which can be barriers for volunteers attending.

SIRC were active in supporting the MHMS initiated radio spot campaign and advocating for it to be aired in Pidgin as well as English. However, although the SIRC Dissemination and Communications Officer translated the MHMS message/script into Pidgin, there was a three-week delay before this was approved by the MHMS. The campaign was eventually aired in both English and Pidgin.

Logistics

In some instances, significant traffic congestion in Honiara has delayed the arrival of volunteers and staff at the SIRC headquarters for planned activities. This has reduced the time available for briefings, distributing materials and coordinating the activities and teams before setting out. At times, this has also meant that volunteers have had to wait for staff to arrive and receive the materials they need to take with them (e.g. posters and pamphlets). SIRC will

remind staff and volunteers of the importance of leaving home at a time that considers the traffic conditions and that staff should plan to arrive ahead of volunteers and ensure sufficient time for the organisation and coordination of activities.

Lessons Learned

What went well

Overall, SIRC volunteers have been very well received in schools and communities and the usefulness of the information provided by SIRC (in various media forms) rated very highly (91%) in meeting the needs of the affected population.

SIRC has been instrumental in ensuring dengue prevention and awareness information is understood and spread widely. Key examples of this include the catchy [dengue song](#) composed by two SIRC volunteers and the translation of radio spot content into Pidgin so that it could be aired in both English and in Pidgin.

What needs improvement

An area SIRC would like to improve in is its coordination with the MHMS; ensuring clarity on the roles and responsibilities of seconded volunteers and of each partner in supervising volunteer activities, the notification of planned activities to target schools and communities, and timely receipt of updated information on local hotspots.

Although SIRC has a standard volunteer report form, it is felt that this needs to be better customised to each response to assist volunteers in capturing and recording all the relevant information and data from their field activities. In addition, as communication can be challenging and there is a need to ensure the safety of volunteers in the field, an agreed process is needed for keeping in contact with volunteers and a means for volunteers to contact SIRC staff and headquarters.

Although volunteers who attended the lessons learned workshop in Honiara made a significant contribution, SIRC hopes to increase the number of volunteers attending these sessions in the future.

Given significant traffic congestion and resultant delays in and around Honiara particularly, further consideration of local transport issues is required in the planning of meeting points and response activities.

Focus of future planning

In planning any future dengue responses and activities, SIRC will seek to:

- Formalise arrangements with the MHMS, for:
 - volunteer secondment and supervision;
 - receiving early notice of emerging hotspots where there may be a delay in the publication of the SITREP.
- Explore communication options for volunteers in the field e.g. topping up the phones of volunteer team leaders so that they have credit to make calls.
- Encourage volunteers to attend lessons learned workshops as part of their involvement in the response and better explain how the information is used to improve SIRC's performance in future activities and responses.
- Ensure that further consideration is given to local transport issues in planning the timing and logistics of SIRC response activities.

Health and Care

Needs analysis:

SITREP 26 published by the MHMS Solomon Islands and current as at 26 March 2017 reported a total of 12,030 line-listed cases of suspected dengue across all 10 provinces of the Solomon Islands, and 96 per cent of cases having been reported from Honiara and Guadalcanal provinces. It further reported a total of 15 deaths associated with the outbreak from October 2016 to March 2017.

As of 13 April 2017, the MHEOC have stood down their dengue response activities however, there is a need for ongoing monitoring and surveillance to ensure responses can occur if case numbers increase again.

Population to be assisted:

The target population for the operation has been the affected areas of Honiara, Guadalcanal (Zones 1 and 6), Malaita (Auki township and surrounding areas) and Western (Gizo township and surrounding areas) provinces, a total of 69,000 people. The remote island of Renbell was also identified as a hotspot in January 2017.

Direct assistance has reached a total population of 19,725 and been targeted towards school aged children (via schools) and clinics in MHMS identified hotspots. Indirect assistance has also been provided to a larger population of the catchment area through radio spots and programming, Facebook post, print and online articles.

Health and Care			
Outcome 1 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: <ul style="list-style-type: none"> n° of people reached by community-based health activities (dengue awareness raising sessions in communities) n° of students reached by school-based health activities (dengue awareness raising sessions in schools) Output 2.2 Epidemic prevention and control measures carried out: <ul style="list-style-type: none"> 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) 	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.1.1. In close coordination with Ministry of Education and MHMS, 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 MHMS, 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		100%*
2.2.1. Procure equipment/tools (including PPE for SIRC staff and volunteers) for environmental cleaning for target areas	x		100%
2.2.2. In coordination with MHMS, mobilize community members with the support of SIRC volunteers for cleaning campaigns in target areas	x		100%
2.2.3. Conduct cleaning campaigns in surrounding areas of SIRC NHQ and branch offices	x		100%
2.2.4. Meetings with MHMS, Honiara City Council, WHO, other stakeholders on barriers to epidemic prevention and control measures, among other related issues, as per need	x		100%
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%
* SIRC reached 19, 725 beneficiaries directly, while many more people were indirectly reached via radio spots, newspaper articles and the SIRC Facebook page			
Achievements			
SIRC has directly engaged with 19,725 beneficiaries via key messaging and dialogue, pamphlets, posters, drama and song delivered by way of visits to markets, clinics, schools, churches and house-to-house calls in Honiara, Auki, Gizo and two zones of the Guadalcanal province. Many more beneficiaries have also been indirectly reached within the catchment through SIRC's contribution to MHMS radio spots and programmes, articles in local newspapers and on FedNet, and information posted on the SIRC Facebook page.			

Catchment Area	Target Population	Population directly reached by SIRC
Honiara city	49,000	16,379
Guadalcanal province (Zones 1 & 6)		
Malaita province (Auki township)	11,000	817
Western province (Gizo township)	9,000	2,529
Total	69,000	19,725

Note: Many more beneficiaries have also been reached through radio spots, newspaper articles and the SIRC Facebook page.

Key achievements include:

Training

- A total of three staff, three branch officers and 66 volunteers trained in dengue awareness over November/December 2016. This included three staff and 45 volunteers from the Guadalcanal province, one branch officer and 11 volunteers from the Auki branch, and two branch officers and 10 volunteers from the Gizo branch. Trainings in Auki and Gizo were conducted in Pidgin in collaboration with the principal Health Promotor from the MHMS. Fifty (50) of these trained volunteers were then mobilized to disseminate dengue prevention and awareness messages and complete other key support tasks in Honiara city, Auki and Gizo townships and the Guadalcanal province.
- The provision of on-going guidance and support for dengue volunteers in the coordination and planning of awareness raising activities including how to adapt dengue awareness messaging to different target groups such as schools, clinics, youth camps, and markets.
- A total of 14 SIRC volunteers trained in the use of Pacific ECV and ZDC toolkits.

Dengue awareness raising and messaging

- 30 volunteers mobilized to provide dengue prevention and awareness messaging for the Guadalcanal province (including Honiara); a further 16 volunteers consisting of recently graduated nurses were also called in to support the response as the number of suspected dengue cases increased.
- Three branch officers and 23 volunteers in Auki and Gizo mobilized and trained to support the response prior to implementing activities; additional volunteers were also taken on board to account for those returning to their villages over Christmas/New Year.
- Community awareness raising and the distribution of dengue posters on the main streets and central areas of Honiara carried out by groups of 6 SIRC volunteers.
- 44 school visits (two visits per school – lower grade and higher grade) in Honiara, Auki, Gizo and the Guadalcanal province to provide dengue and environmental sanitation awareness prior to the 2016/2017 Christmas break.
- 4,000 young people (15-18 years old) reached during a Youth Camp attended by 16 SIRC volunteers and the RDRT Health delegate in Guadalcanal from 12-16 December 2016. Dengue messages were delivered over four days via an information booth and awareness raising programmes.
- Completion of awareness raising sessions (via a dengue desk) in eight community clinic settings in the Honiara City Council, including White River, Rove, Bokona, Mbokonaver, Mataniko, Naha, Vura, Kukum.
- Support for dengue awareness raising activities and clean up campaigns held in Gizo during December 2016; this included:
 - Group awareness raising sessions and the distribution of pamphlets and songs for children in three schools and 10 communities reaching 941 people;
 - House-to-house visits in 10 communities reaching 1,614 people;
 - A government declared clean-up day on 3 December 2016 covering the main township of Gizo (population, 2,000).
 - Dengue awareness messaging disseminated to 90% of community members attending church.
 - A local radio campaign through Radio Happy Lagoon.
- 817 people in 11 communities of the Malaita province (Auki township and surrounding communities) reached with awareness raising activities undertaken in December 2016; as surveillance data did not indicate an increase in the number of dengue cases in Malaita, the sessions were targeted towards communities with positive and/or suspected dengue cases.
- A dengue awareness session for staff from SIRC, CRF, ARC and others (i.e. principal and parents from the SIRC Special Development Centre and new SIRC Secretary General) held at SIRC headquarters to ensure the safety of newly arrived staff and a cooperative, integrated programme approach to the ongoing delivery of key dengue awareness messages.
- A lessons learned workshop identifying what has worked well, what needs improvement, and focus areas for future planning, held in Honiara on 27 February 2017 and attended by 22 SIRC volunteers.

Communication

- The dissemination of three key messages for action within target groups/areas:
 - Cleaning-up home, workplace and community;
 - Visiting a clinic for advice if experiencing dengue-like signs or symptoms;
 - Going to the hospital straight away if dengue 'warning' signs appear.
- A very catchy dengue song composed by two SIRC volunteers and taught to school students in Honiara as part of dengue prevention and awareness raising activities.
- The dissemination of IEC materials developed and/or approved by the MHMS and MEHRD for dengue referral and environmental sanitation awareness raising: 2,500 dengue pamphlets and 1,000 posters in the identified hotspots of Honiara, Auki, Gizo, Renbell and two zones of the Guadalcanal province.
- 7-8 posts to the SIRC Facebook page providing information on dengue awareness and activities.
- Dengue awareness and activity information posted in church notices in Gizo and Honiara.
- Three articles on dengue awareness raising activities published in each of two local newspapers, the Solomon Star and Island Sun.
- Three web stories published on the IFRC website in collaboration with the Suva-based IFRC Communications Delegate.
- The translation of the script/material for an MHMS radio spot campaign into Pidgin to ensure that it could reach and be understood by a wide audience.

Support to the MHMS and National Referral Hospital

- The provision of dedicated support to the NRH:
 - SIRC trained volunteers and volunteer nurses (2-3) manned dengue help desks at the NRH (where persons not admitted to the hospital for dengue were referred to the SIRC for dengue awareness messaging), Honiara City Council clinics and two clinics in Guadalcanal.
 - SIRC volunteers were seconded to the Emergency Operations Centre (EOC) from Monday to Friday (commencing end of November 2016) to assist with clinic surveillance data entry. Note: SIRC volunteers have continued to provide data entry support at the MHMS with funding from the World Health Organisation (WHO).
- Support with content for MHMS national radio spots on dengue prevention and awareness.

Clean up campaigns

- The planning and implementation of targeted clean-up campaigns in collaboration with the MHMS; this has included:
 - A campaign in Gizo on 5 December 2016 covering a population of around 2,000 inhabitants;
 - A campaign in Honiara/Guadalcanal on 21 December engaging approximately 95 staff and volunteers in the areas surrounding SIRC headquarters in Honiara as well as their own homes, and mobilisation of a team of approximately 300 community members in Zone 6 of the Guadalcanal province.
- A full day clean-up of SIRC's Special Development Centre (SDC) in Honiara on 25 January 2017 carried out by 23 volunteers and staff; this directly benefited 9 staff and 115 enrolled students.
- Staff and volunteer participation in community and SIRC headquarter/branch clean-ups in Guadalcanal on International Volunteers Day (5 December 2016) and a national "Clean-up" day declared by the Minister of Home Affairs on 21 December 2016.

Challenges

On-going nature of the outbreak

Since the end of this operation on 28 February 2017, SIRC has continued to monitor the situation via MHMS SITREPS and SIRC involvement in the Risk Communication Task Force committee in addition to ensuring that dengue prevention and awareness messaging continues to be integrated into SIRC's programmes in other sectors. Although, the MHEOC has now stood down their dengue response activities as of 13 April 2017, this active monitoring and surveillance of the situation will continue in the coming months should the number of reported cases increase again.

Coordination with MHMS

In supporting MHMS initiated dengue prevention and awareness raising activities, there have been some challenges in coordinating the timing and receipt of information and materials as well as a lack of clarity on the roles and responsibilities of each organisation in respect of providing beneficiaries notice of planned activities. Delays in receiving approved materials for dissemination and distribution during school visits meant that these were not available until late November when students were sitting exams and about to go on their Christmas break. This limited the number of schools SIRC could reach in November/December. In addition, notice was not always provided to school principals and communities that SIRC would be visiting and providing dengue awareness sessions. This meant that there were times that only posters and pamphlets could be given out at schools and it was not possible

to conduct an awareness session at the same time. For future responses, SIRC will seek to clarify responsibility for beneficiary communications during the activity planning process.

Although assistance with manning dengue desks in the NRH and various clinics was requested by the MHMS there were no briefings provided for SIRC volunteers assigned to this task. SIRC communicated this to the person responsible within the MHMS and a meeting was held with the volunteers to better explain their role and responsibilities.

Logistics

To transport volunteers and materials for dengue awareness raising activities, SIRC used its only vehicle, a van primarily used for blood collection, and had made available to them the ad-hoc use of a Hilux from the Honiara City Council. It was also necessary to use hire vehicles and buses. This has highlighted the need for careful consideration of transportation requirements and costs when planning field activities.

Implementation delays and project tracking

The implementation and tracking of the project was primarily affected by the:

- requirement for MHMS approval to prepare and print the dengue posters and pamphlets; delays in receiving this limited SIRC in the number of schools it could visit prior to school closure for the Christmas break;
- limited or no notice provided to schools of SIRC's visit; this meant that it was not always possible for SIRC to conduct an awareness session or return to the school prior to its closure for the Christmas break.

These factors delayed SIRC's opportunity to respond and meant that some schools were not reached until February 2017.

For future responses, SIRC will seek to clarify coordination and beneficiary communications as part of the activity planning process.

Lessons learned

What went well

Overall, activities have been completed as planned and dengue messages received well and clearly by beneficiaries. SIRC volunteers have been cooperative and willing in their support for the operation and have actively engaged with communities and schools. Dengue awareness and refresher training has also helped to build solidarity among staff and volunteers, and the distribution of t-shirts and ID cards has helped volunteers to feel part of the wider organisation and Red Cross movement. Having a common place, such as SIRC headquarters, to meet prior to each activity has greatly assisted activity planning and the organisation of volunteers into sub-groups for their work in the field. Each group appointed a team leader and each volunteer allocated responsibility.

Working in collaboration with the MHMS has enabled SIRC to access a variety of media to distribute to schools and communities e.g. posters and pamphlets, and provided additional training opportunities for volunteers (e.g. data entry skills). Involving volunteer student nurses in the response has also proved very valuable and has been greatly received by non-medically trained volunteers who have gained in knowledge and experience from working with them.

What needs improvement

Areas identified for improvement by SIRC include ensuring that activities and timeframes are well coordinated and communicated between SIRC and partners, in this instance the MHMS. This includes agreeing the roles and responsibilities of each agency in informing beneficiaries of the planned activities and visits, as well as communicating timeframes for the availability of supporting materials. The quantity of materials required for planned activities needs to be actively monitored and arrangements made for the replenishment of materials at regular intervals to ensure volunteers have sufficient stock to distribute. It would also be considered valuable to have any print materials made available in both English and in Pidjin.

Further oversight of volunteers seconded to other partners and the punctuality of staff and volunteers will be monitored to ensure the timely implementation of activities. In addition, it is recommended that there be a dedicated volunteer team leader within the SIRC headquarters and appointed for each volunteer group conducting activities in the field.

Focus of future planning

In planning future responses and activities, SIRC will seek to:

- Agree coordination arrangements between SIRC and partners as part of the activity planning process.
- Ensure a mechanism is in place for informing beneficiaries (in this instance communities and schools) and the wider public of planned activities as well as for seeking permission from those responsible to conduct them.

- Include both staff and volunteers in activity briefings and debriefings.
Ensure volunteers are familiar with the seven fundamental principles prior to undertaking field activities.
- Appoint a dedicated volunteer team leader within SIRC headquarters and for each volunteer group conducting activities in the field.
- Monitor the use and distribution of materials; ensuring that there are sufficient materials available for use and replenishment at regular intervals.

D. THE BUDGET

A final financial report is appended to this narrative report.

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Click here

1. DREF Emergency Plan of Action ([EPOA](#))
 2. Final financial report [below](#)
 3. Click [here](#) to return to title page
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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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRSB005 - Solomon Islands - Dengue Outbreak

Timeframe: 02 Nov 16 to 28 Feb 17

Appeal Launch Date: 02 Nov 16

Final Report

Selected Parameters

Reporting Timeframe	2016/11-2017/5	Programme	MDRSB005
Budget Timeframe	2016/11-2017/2	Budget	APPROVED
Split by funding source	Y	Project	PSB008
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			-70,106			-70,106	
F. Closing Balance = (B + C + E)			8,665			8,665	

Disaster Response Financial Report

MDRSB005 - Solomon Islands - Dengue Outbreak

Timeframe: 02 Nov 16 to 28 Feb 17

Appeal Launch Date: 02 Nov 16

Final Report

Selected Parameters

Reporting Timeframe	2016/11-2017/5	Programme	MDRSB005
Budget Timeframe	2016/11-2017/2	Budget	APPROVED
Split by funding source	Y	Project	PSB008
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	1,898			82		82	1,817	
Teaching Materials	7,595			8,008		8,008	-413	
Total Relief items, Construction, Sup	9,493			8,089		8,089	1,404	
Logistics, Transport & Storage								
Transport & Vehicles Costs	12,013			4,610		4,610	7,403	
Total Logistics, Transport & Storage	12,013			4,610		4,610	7,403	
Personnel								
National Society Staff	4,658			443		443	4,215	
Volunteers	18,821			24,244		24,244	-5,423	
Total Personnel	23,479			24,687		24,687	-1,208	
Workshops & Training								
Workshops & Training	6,756			11,859		11,859	-5,103	
Total Workshops & Training	6,756			11,859		11,859	-5,103	
General Expenditure								
Travel	20,318			10,572		10,572	9,745	
Information & Public Relations				3,565		3,565	-3,565	
Office Costs	1,266			1,849		1,849	-583	
Communications	570			512		512	58	
Financial Charges	68			83		83	-15	
Total General Expenditure	22,222			16,582		16,582	5,640	
Indirect Costs								
Programme & Services Support Recove	4,808			4,279		4,279	529	
Total Indirect Costs	4,808			4,279		4,279	529	
TOTAL EXPENDITURE (D)	78,771			70,106		70,106	8,665	
VARIANCE (C - D)				8,665		8,665		