

# Emergency Plan of Action operation update Sri Lanka: Dengue

<b>DREF Operation n° MDRLK007</b>	<b>GLIDE n° <a href="#">EP-2017-000086-LKA</a></b>
<b>EPoA update n° 1</b> <b>date of issue:</b> 6 September 2017	<b>Timeframe covered by this update:</b> 10 July to 10 August 2017
<b>Operation start date:</b> 10 July 2017	<b>Operation timeframe:</b> 6 months, until 10 January 2018
<b>Overall operation budget:</b> CHF 295,352	<b>DREF amount initially allocated:</b> CHF 295,352
<b>N° of people being assisted:</b> 309,600 <sup>1</sup>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The International Federation of Red Cross and Red Crescent Societies (IFRC) has been actively supporting the SLRCS in developing the Emergency Plan of Action for the DREF request and coordinating with SLRCS for information sharing with the Movement and external partners.	
<b>Other partner organizations actively involved in the operation:</b> National Dengue Control Unit, local authorities, municipal council, Grama Niladari (GN) – smallest government administration unit and community-based organizations	

## A. Situation analysis

### Description of the disaster

A total of 142,361 suspected Dengue cases have been reported to the Epidemiology Unit, Sri Lanka from all over the island for the last 8 months in the year of 2017 with over 320 deaths. All four Virus types of Dengue has seen in Sri Lanka. Dengue virus type 2 is not the usual major circulating type in Sri Lanka. The current outbreak is predominantly due to Dengue Fever Virus Type 2 (DEN-2), to which the population has become susceptible due to immunological mechanisms.

Approximately 44 per cent of dengue cases were reported from the Western province, namely the three districts of Colombo, Gampaha and Kalutara.

Cases reported in August is reduced to 14,962 when compared 40,453 cases reported in July. The main reasons for the reduction is the integrated vector control measures; elimination of breeding sites, garbage collection, fogging etc.



School clean-up campaign in Colombo, (Photo: SLRCS)

### Summary of current response

#### Overview of Host National Society

10 July 2017	SLRCS initiated its assistance by deploying volunteers to assist dengue case management in Negombo hospital at Gampaha district.
18 July 2017	Government requested assistance from SLRCS.
23 July 2017	IFRC granted DREF allocation of CHF 295,352 to support 309,000 people over 6 months' period.
18 August 2017	Deployed a Surge support to assist DREF operations for one month's period.

<sup>1</sup> Most of the activities are prevention, therefore this figure includes indirect beneficiaries.

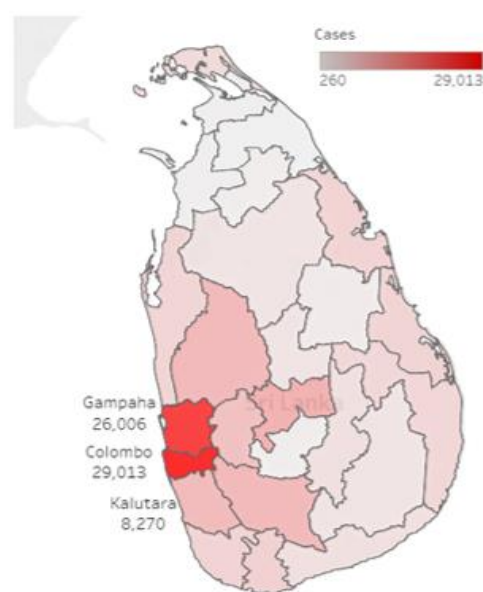
The tables below have details of the activities conducted by SLRCS within the first month (July - August) of operation.

Activity	Unit	Total number reached
Dengue vector breeding site clean-up campaigns, IEC material <sup>2</sup> distribution and awareness raising – community.	Households	922
Dengue vector breeding site clean-up campaigns, IEC material distribution and awareness raising – schools.	Students	3,475
Support proper solid waste disposal in schools.	Students	1,260
Volunteers support for Dengue case management, IEC material distribution and awareness raising at hospitals.	Patients	1,833
Emergency sanitation and water supply facilities at hospitals - provision of toilets, water points and water tanks).	Caseload has reduced, considering the changing needs, NS has deprioritised this component	

SLRCS has assisted 6,260 people since 10 July 2017. involved in the cleaning up campaigns, assisting hospitals and aware people through IEC materials.

At national level, SLRCS is represented in high level meetings organized by the Ministry of Health to plan, review and coordinate dengue control activities. At branch level, the respective SLRCS branch staff are in frequent coordination with the Regional Directors of Health services and district level health counterparts of the government. At community level, SLRCS volunteers are working hand in hand with the Medical Officer of Health (MoH) teams mobilized for dengue control activities. There is close coordination with the Public Health Inspectors (PHI), field environmental health and disease surveillance officers in the SLRCS dengue control activities.

Schools have been considered as a hot spot for dengue in Sri Lanka. According to Ministry of Education there over 4.1 million children are enrolled in schools. At the moment, all the schools in the country are closed for holidays and will reopen for the new semester in the beginning of September. This will coincide with the beginning of the second phase of the monsoon. School program to be initiated immediately with the commencement of new school semester.



Dengue cases worst affected districts in Sri Lanka.

### Overview of Red Cross Red Crescent Movement in country

SLRCS is receiving technical support for the IFRC offices in Sri Lanka, New Delhi and APRO in Kuala Lumpur. A DMIS entry was posted by IFRC on 18 July to give an update on the evolving situation A Health surge delegate has been deployed to assist SLRCS with the operation for one month.

There is a first level agreement with one of the leading mobile service provider Dialog Axiata Sri Lanka to customize an application (VETA) which they have developed for Dengue reporting for Red Cross use. Red cross volunteers and staff will have free data access and they will create a separate interface for Red Cross users. IFRC made GIS products available to the developers. In the initial discussions IFRC and Dialog agreed on further improvements to the existing “VETA” application.

### Overview of non-RCRC actors in country

Government of Sri Lanka (GoSL)

- The Government of Sri Lanka has initiated a number of programmes, both to prevent the escalation of the outbreak as well as to provide curative health services to the affected communities.
- The Presidential Task Force on Dengue (PTF) and National Dengue Control Unit of the Ministry of Health, Nutrition and Indigenous Medicine has launched a Rapid Intersectoral Programme for prevention and control of dengue as a national level initiative which enlists a range of activities including community-driven mosquito breeding site removal, enhanced surveillance and legal action.
- An Emergency Operation Center was established at the National Dengue Control Unit which managed preventive health activities, a separate Emergency Operations Center has been established at the Disaster Preparedness and Response Division to cater to the needs of hospitals.

<sup>2</sup> IEC material includes Basic information on dengue, symptoms, treatment, prevention etc.

- Dengue breeding site clean-up programmes are under way with the participation of field health staff, other government field staff, Tri Forces, Civil Defense and Police. Active contribution of the private sector and non-government sector has been sought by the government.
- Emergency measures have been taken to enhance the treatment capacity through establishment of temporary wards at existing hospitals and upgrading of divisional hospitals with high dependency units. Essential medical supplies and critical equipment are being supplied to the hospitals.
- In the meantime, selected patients are being monitored on out-patient basis to minimize hospital over-crowding.

#### Response by other stakeholders

An expert team from the World Health Organization (WHO) submitted a report to the Health Ministry on sustainable solutions to the dengue outbreak. It consists of a strategy that is capable of reduce the current dengue mosquito density and the number of dengue patients in the country by 50 per cent within a period of four weeks. According to WHO strategies for prevention and control relies on reducing the breeding of mosquitoes through source reduction (removal and modification of breeding sites) and reducing human–vector contact through adult vector control measures. Both control measures need to be implemented simultaneously for effective control. Based on expert teams' recommendations the triage protocol was to assist with better management of the patients in the health facilities.

The corporate sector is also involved in dengue control activities with the widespread distribution of key messages on dengue prevention and control via print and electronic media.

## B. Operational strategy and plan

### Overall objective

This operation aims to assist 309,600 people affected by outbreak of dengue in Western Province of Sri Lanka, namely Colombo, Gampaha and Kalutara districts. The operation will be implemented over a 6-month period.

### Proposed strategy

The strategy for this operation is fully in line with SLRCS and IFRC policies, procedures, commitments and mandates. Following are the main interventions identified;

1. SLRCS volunteers mobilized for dengue vector breeding site clean-up
2. Good solid waste management practices promoted
3. Hospitals supported through SLRCS volunteers
4. Emergency water and sanitation facilities strengthened in hospitals

#### 1. Dengue vector breeding site clean-up campaigns

Cleaning campaigns will be organized in high risk areas as suggested by the health authorities for inspection and clean-up of dengue breeding sites. These campaigns will focus on schools, households and communities. Every Friday campaigns will be organized in schools, while every Saturday/Sunday campaigns will be organized in communities and households.

In each community, a half a day training on detecting and eliminating dengue vector breeding sites, operational details and reporting systems will be conducted for 25 SLRCS volunteers on the day prior to the actual campaign under the guidance of the health authorities. Furthermore, the trained 25 SLRCS volunteers will be joined by 25 community members at community clean-up campaigns and 25 SLRCS junior first aiders at school programmes. School Dengue Circles will be established in school where the cleaning campaigns are being conducted and encouraged to maintain a clean environment. Towards the end of the programme, a competition will be organized to appreciate well-maintained schools. During such community and school outreach programmes, teams will advise any patients who are having febrile illness having not yet gone through medical assessment to seek medical advice urgently.

During the door-to-door cleaning campaigns, volunteers together with community members will brief the household on dengue eradication, elimination and actions to be taken if identified with dengue. During school cleaning campaigns, students will be brief at morning assembly on dengue. Furthermore, information, education and communication (IEC) materials containing details on dengue will be distributed among households and schools during these cleaning campaigns.

- The Ministry of Health Emergency Rapid Response activities include mass awareness, breeding site reduction plus larva sighting, IEC material distribution, surveillance and investigation as well as immunization. The messages will include basic information on dengue, symptoms, treatment, prevention etc.

Self-care packs will be provided to each volunteer mobilized for the programme. This is important to minimize the risk to volunteers due to dengue and other health risks. Self-care packs consist of mosquito repellents, gloves and hand sanitizers. In addition, necessary cleaning equipment will be provided for clean-up. Such equipment will include ladders for gutter inspection, rakes, wheel barrows and knives. Each branch will organize Dengue Vector Elimination Campaigns in 4 communities per month, with a plan to reach 24 communities in the 6 months. The 3 branches will reach 72 communities during the operation timeframe. Furthermore, each branch will conduct Dengue Vector Elimination Campaigns in 8 schools per month, with a plan to reach 48 schools in the 6 months. The 3 branches will reach 144 schools during the operation timeframe.

## **2. Support proper solid waste disposal in schools**

Indiscriminate solid waste disposal with potential dengue breeding containers such as yoghurt cups, empty cans, plastic bottles, polythene bags and plastic bags needs to be stopped urgently. Each school will be provided with three sets of solid waste sorting bins along with training on their proper use. These bins will include a compost bin and three colour coded bins to collect polythene/plastic, glass and metal. Junior First Aider clubs will be trained to promote the use of the bins and income generated through selling of garbage will be utilized for school environment improvement activities. At school morning assembly students, will be briefed on waste disposal and usage of bins handed over. During the operation, 144 schools will be provided with 3 waste segregation kits, totalling to 432 kits.

## **3. Volunteers support for dengue case management at three high priority hospitals in three districts**

Health staff are over burdened with work load in hospitals. There is an urgent need to augment their capacity with volunteers to assist patients affected by dengue. Two high priority hospitals with heavy dengue patient load will be selected from each district, totalling to six hospitals. These hospitals will be provided with five SLRCS volunteers per day per hospitals for a period of three months. It's expected that the number of dengue cases will reduce after the initial three months of intervention. Hence scale of the programme will be reduced to two volunteers per day for five days a week from the fourth to sixth month. These SLRCS volunteers will be provided with a special orientation training on their roles<sup>3</sup> and responsibilities by the hospital staff. When possible, volunteers will distribute IEC materials among the patients and their guardians. In the initial three months, each branch will contribute 600 volunteer days and 240 volunteer days from fourth to sixth month, totalling to 2,520 volunteer days in the end of 6 months to support dengue case management...

## **4. Top-up of emergency sanitation and water supply facilities at three high priority hospitals in each of the targeted three districts**

Most hospitals catering to the needs of dengue patients have exhausted their capacity to provide water and sanitation services due to heavy patient loads. In addition, critical case management needs such as close monitoring of urine output of affected patients has worsened this situation. There is an urgent need to top-up emergency sanitation and water supply facilities at hospitals managing dengue patients. Two units of five toilets each constructed on emergency basis (total of 10 toilets) will be provided for each selected high priority hospital. In addition, 10 water points<sup>4</sup> will also be provided on emergency basis. Two water tanks will also be established. Therefore, each hospital will be provided with 10 toilets, 10 water points and 2 water tanks. Hence, each branch will be providing 30 toilets, 30 water points and 6 water tanks. In total, all three districts would provide 90 toilets, 90 water points and 18 water tanks to 9 high priority hospitals.

Monthly progress review meetings will be conducted and a lesson learned workshop will be conducted at the end of the programme.

## **Operational support services**

### **Logistics and supply chain**

Logistics support has been provided following IFRC procedures to ensure the efficient and timely delivery of these items for the success of the operation. IFRC will also keep close communication with SLRCS to ensure transparency and accountability in the procurement process.

### **Planning, monitoring, evaluation, & reporting (PMER)**

SLRCS will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the present operation in the affected area through its country-wide network of branches and volunteers. IFRC, through APRO and CCST New Delhi will provide technical support in operation management to ensure the operation objectives are met. Additionally, IFRC provided technical support to the SLRCS for the preparation of DREF request and updates. Operation updates will be scheduled to provide necessary information in relation to the progress of the operation, any changes in the situation during the reporting period, and any particular problems, constraints or unmet needs. A final report on the operation will be made available three months after the end of the operation.

<sup>3</sup> The volunteers will not perform medical activities but provide support to the medical staff activities.

<sup>4</sup> Water point includes wash basin with a tap.

## C. Detailed Operational Plan

### Health & care

Sector	Need analysis	Assistance planned and population to be assisted
Health	<ul style="list-style-type: none"> <li>High risk of dengue, breeding grounds created within area has the potential to increase the risks</li> <li>Hospitals are burdened with higher number of dengue patients</li> </ul>	<ul style="list-style-type: none"> <li>50,000 IEC materials and 20,000 check lists printing</li> <li>Self-care packs procured</li> <li>Community cleaning materials procured</li> <li>Half a day training for volunteers on detecting and eliminating dengue vector breeding sites, operational details and reporting systems</li> <li>Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns at communities <b>72 communities targeted (90,000 people)</b></li> <li>Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns in schools <b>144 schools targeted (144,000 students)</b></li> <li>Volunteers support for dengue case management at hospitals <b>09 hospitals targeted (75,600 patients)</b></li> </ul>

Health & care			
Outcome 1 Dengue prevention activities strengthened	Outputs		% of achievement
	Output 1.1 Dengue breeding site clean-up campaigns conducted		25 %
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Print health education materials		X	Not started
Procure self-care packs	X		75%
Procure community cleaning materials	X		75%
Train volunteers on dengue breeding site clean-up	X		10%
Organize community clean-up days, IEC material distribution and awareness raising	X		10%
Organize school clean-up days, IEC material distribution and awareness raising	X		10%

Outcome 2 Dengue case management strengthened	Outputs		% of achievement
	Output 2.1 Hospitals supported through volunteers		15 %
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Selected volunteers for support in hospitals	X		15%
Train selected volunteers	X		15%
Deploy volunteers in the selected hospitals	X		15%
Distribute IEC materials	X		15%

### Progress towards outcomes

SLRCS used 100,000 IEC materials from its stocks during the initial phase of the operation, until the new materials are printed. These IEC materials were used to aware people on how to identify and clean dengue breeding sites, symptoms of dengue fever and how to take care of a dengue patient etc.

Procurement of self-care pack and the community cleaning materials are ongoing. Items are being delivered to the warehouse, which will be delivered to respective branches in the coming week.

Self-care packs consist of mosquito repellents, gloves and hand sanitizers. Community cleaning materials include ladders for gutter inspection, mamoties, rakes, wheel barrows and knives<sup>5</sup>.



Volunteer support to dengue case management at Negombo Hospital, (Photo: SLRCS Gampaha Branch)

A total of 922 households have been reached through dengue vector breeding site clean-up campaigns in the community. Volunteers together with community members were involved in the campaigns. People were briefed on dengue eradication, elimination and actions to be taken if identified with dengue.

Furthermore, 3475 school students were reached through school cleaning campaigns in July. SLRCS was unable to conduct school activities during August since the schools have been closed for holidays. Schools will reopen in the month of September and more focus will be given to clean them up.

Negombo Hospital provides the highest level of care in the country for Dengue and is known for positive outcomes of patients managed by its trained and experienced staff; it attracts a large number of dengue patients from many parts of the country. Therefore, the capacity of the hospital has been exceeded with the Dengue patients. SLRCS volunteers are supporting the Negombo Hospital with non-clinical services to scale up its support services in this stressed human resource situation. Gampaha branch deployed volunteers to assist between July 3 and August 11. An average of seven volunteers were deployed daily.

This assistance will be provided on the case load, up-to now only Negombo hospital has requested assistance. Considering the current need, SLRCS might deprioritise assistance to hospitals.

<sup>5</sup> Knives are used to cut trees and branches during the clean-up activities.

## Water, sanitation, and hygiene promotion

Sector	Need analysis	Assistance planned and population to be assisted
WASH	<ul style="list-style-type: none"> <li>Most hospitals catering to the needs of dengue patients have exhausted their capacity to provide water and sanitation services due to heavy patient loads</li> <li>Indiscriminate solid waste disposal with potential dengue breeding containers needs to be stopped in an urgent basis</li> </ul>	<ul style="list-style-type: none"> <li>Construction of toilets and water points</li> <li>Procurement and putting up of water tanks</li> <li><b>90 toilets, 90 water points and 18 water tanks in 9 high priority hospitals (actual usage per day may vary and will be difficult to quantify)</b></li> <li>Procurement and distribution of garbage sorting bins</li> <li>Briefing on waste disposal and usage of bins <b>432 bins in 144 schools (3 bins per school)</b></li> </ul>

Water, sanitation, and hygiene promotion			
<b>Outcome 3 Dengue-related water, sanitation and hygiene improved</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 3.1</b> Emergency water and sanitation facilities constructed in hospitals		0%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
Identify site in hospitals for toilet construction and putting up water points		X	De-prioritized
Facilitate approval process for the bill of quantity (BOQ)/Drawings		X	De-prioritized
Construction of toilets and water points		X	De-prioritized
Procurement of water tanks		X	De-prioritized
Put up water tanks in hospitals		X	De-prioritized
<b>Outcome 3 Dengue-related water, sanitation and hygiene improved</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 3.2</b> Solid waste disposal to prevent vector breeding promoted		25%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
Procure garbage bins	X		75%
Distribute garbage bins (3 bins per school)		X	0% (being procured)
Briefing on waste disposal and usage of bins		X	0%

### Progress towards outcomes

Procurement of compost bins and set of garbage bins are in process, and items are being delivered to warehouse. Once the school holidays are over, these items will be distributed to 144 schools in-line with the cleaning campaigns. SLRCS is planning to reach 144,000 school students through this intervention.

The caseloads reported have reduced and this may due to the integration of vector control measures; elimination of breeding sites, garbage collection, fogging etc., and reduced precipitations. Therefore, the need for emergency sanitation and water supply facilities at hospitals has been deprioritised.

## Programming / Areas Common to all Sectors

The activities established for common areas will enable SLRCS better implement the programme. The operation will continue to analyse response options with close coordination of both SLRCS/IFRCS technical focal points.

Quality programming / Areas common to all sectors			
Outcome 4 SLRCS Dengue response strengthened	Outputs		% of achievement
		Output 4.1 SLRCS Dengue response coordination strengthened	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Establish NHQ Emergency Dengue Control Coordination Centre		X	Not started
Recruit of staff for the centre	X		50%
Establish three branch Emergency Dengue Control Coordination Cells.		X	Not started
Organize a lesson learned workshop		X	Not started
Conduct monthly dengue reviews		X	Not started
Progress towards outcomes			
SLRCS is in the process of recruiting the staff for national and branch level. At national level a dengue response coordinator and programme support officer will be recruited. At branch level three emergency dengue response coordinators will be recruited.			



Click for:

- [DREF Operation](#)

## Contact information

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

### In Sri Lanka Red Cross Society

- Neville Nanayakkara, director general; phone +94 773 261 444; email: [neville.nanayakkara@redcross.lk](mailto:neville.nanayakkara@redcross.lk)

### In IFRC Sri Lanka

- Gerhard Tauscher, operation manager; phone +94 777 557 001; email: [gerhard.tauscher@ifrc.org](mailto:gerhard.tauscher@ifrc.org)
- Radhika Fernando, senior programme manager; phone +94 773 576 411; email: [radhika.fernando@ifrc.org](mailto:radhika.fernando@ifrc.org)

### In CCST India

- Leon Prop, head of CCST; phone +91 11 233 24203; email: [leon.prop@ifrc.org](mailto:leon.prop@ifrc.org)
- Vijay Kumar Ummidi, senior response officer; phone: +91 8800 266 280; email: [vijaykumar.ummidi@ifrc.org](mailto:vijaykumar.ummidi@ifrc.org)

### Asia Pacific Regional Office, Kuala Lumpur:

- Martin Faller, deputy regional director; email: [martin.faller@ifrc.org](mailto:martin.faller@ifrc.org)
- Mathieu Léonard, operations coordinator; mobile: +60 19 – 620 0357; email: [mathieu.leonard@ifrc.org](mailto:mathieu.leonard@ifrc.org)
- Antony Balmain, communications manager; mobile: +60 12 230 8451; email: [antony.balmain@ifrc.org](mailto:antony.balmain@ifrc.org)

### For queries on resource mobilization and pledges:

- Please send all pledges for funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)

### For logistics and supply chain management queries:

- Riku Assamaki, regional logistics coordinator; email: [riku.assamaki@ifrc.org](mailto:riku.assamaki@ifrc.org)

### For planning, monitoring, evaluation and reporting (PMER) queries:

- Clarence Sim, PMER manager, [clarence.sim@ifrc.org](mailto:clarence.sim@ifrc.org)

### IFRC Geneva:

- Cristina Estrada, response and recovery lead; phone: +412 2730 4260; email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org)
- Susil Perera, senior officer, response and recovery; email: [susil.perera@ifrc.org](mailto:susil.perera@ifrc.org)

## 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**.