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DREF Operations Update
Sri Lanka: Dengue

International Federation of Red Cross and Red Crescent Societies

DREF Operation n° MDRLK007	**GLIDE n° EP-2017-000086-LKA**
Operation update n° 2; **Date of issue:** 9 October 2017	**Timeframe covered by this update:** 10 July to 30 September 2017
Operation start date: 10 July 2017	**Operation timeframe:** 6 months, until 10 January 2018
Revised DREF budget: CHF 475,924	**DREF amount initially allocated:** CHF 295,352
N° of people being assisted: 651,000 direct and 14 million indirect beneficiaries	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) has been actively supporting the Sri Lanka Red Cross Society (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.	
Other partner organizations actively involved in the operation: MoH, National Dengue Control Unit, local authorities, municipal council, Grama Niladari (GN) – smallest government administration unit WHO, Dialog Axiata mobile network, Hiru Television and Radio network and community-based organizations.	

Summary of major revisions made to this DREF Operation:

There is an additional allocation of CHF 180,572 of the DREF bringing the total overall budget allocation for the DREF operation to CHF 475,924.

Budget allocations under different activities were modified based on operational needs. The major budgetary change was made to cover new activities such as: community-based Dengue surveillance, Dengue vector elimination media campaigns and Dengue prevention activities in schools in six additional districts. Another major change in the budgetary is the de-prioritization of toilets, water points construction and setting up water tanks; which will be replaced with WASH activities in hospitals.

A. Situation analysis

Description of the disaster

Sri Lanka has been facing an unprecedented outbreak of Dengue fever. Sri Lanka is a tropical country with two monsoon seasons. With each monsoon rain brings in, two peaks of Dengue fever characterize the Dengue pattern of Sri Lanka, making it an endemic disease. However, 2017 started with exceptionally high number of Dengue cases which shot up to an outbreak by May-June 2017, creating the largest Dengue outbreak experienced by the country for last three decades.

A total of 155,715 suspected Dengue cases have been reported to the Epidemiology Unit of the Ministry of Health (MoH) of Sri Lanka from all over the island, for the last 9 months of 2017 with over 320 deaths. All four Virus types of Dengue have been seen in Sri Lanka. The current outbreak is predominantly due to Dengue Fever Virus Type 2 (DEN-2), which is not the usual type circulating in Sri Lanka. According to the WHO this is a 4.3-fold higher than the average number of cases for the same period between 2010 and 2016.

SLRCS volunteers conducting the door-to-door dengue vector breeding site clean-up campaign with the community, (***Photo: SLRCS***)

It is evident that the number of Dengue cases is coming down drastically with the control interventions. There could be other contributory factors such as less rains and less pooled water collections etc., but latest data shows that the peak of the outbreak has passed, nevertheless it is extremely important to keep the dengue control efforts high, as preventive measure for the next expected peak following monsoon rains. However, Dengue cases are emerging in districts where the present outbreak was not previously reported. Historical data shows always there are two peaks of Dengue incidence in Sri Lanka. One during Southwest monsoons and another during Northeast monsoons. Analysis of the data on the present outbreak shows the incidence of Dengue is getting higher in eastern province and districts adjoining to western province. Especially with the commencement of the North-Eastern monsoons, there is a risk of Dengue outbreaks in more districts. The MoH **has requested from SLRCS with a second letter dated 11 September 2017 to scale up the activities at community level.**

In addition to the initial DREF operation, which covers Colombo, Gampaha and Kalutara districts, the SLRCS is requesting for a second DREF allocation to support sustainable interventions in six more districts. The revised plan of action is attached at the end of this DREF operation update (**click here**). The DREF operation timeframe of six months is unchanged, however, an exceptional extension may be needed depending on the state of the outbreak.

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	MoH of Sri Lanka 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.

The table below details the activities conducted by SLRCS in Colombo, Gampaha and Kalutara districts during the period July – September 2017 of the operation.

Activity	Unit	Total number reached
Dengue vector breeding site clean-up campaigns, IEC material[1] distribution and awareness raising – community.	Households	8,750
Dengue vector breeding site clean-up campaigns, IEC material distribution and awareness raising – schools.	Students	31,000
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 42,843 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.

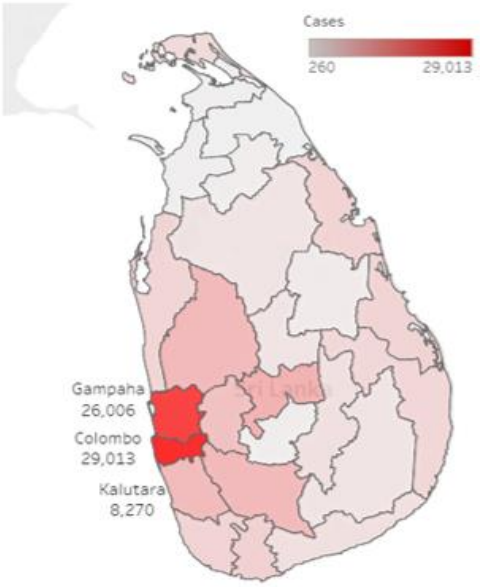
Schools have been considered as a hot spot for dengue in Sri Lanka. According to Ministry of Education over 4.1 million children are enrolled in schools. School program was initiated in September with the commencement of new school semester.

[1] IEC material includes Basic information on dengue, symptoms, treatment, prevention etc.

Overview of Red Cross Red Crescent Movement in country

SLRCS is receiving technical support for the IFRC offices in Sri Lanka, New Delhi Country Cluster Support Team (CCST) and Asia Pacific Regional Office (APRO) in Kuala Lumpur. A Health surge delegate was deployed to assist SLRCS with the operation in September.

There is an initial agreement with one of the leading mobile service providers, Dialog Axiata Sri Lanka, to customize an application (VETA) which they have developed for Dengue reporting for SLRCS use. SLRCS volunteers and staff will have free data access. In the initial discussions IFRC and Dialog Axiata Sri Lanka agreed on further improvements to the existing "VETA" application.



Dengue cases worst affected districts in Sri Lanka.

Overview of non-RCRC actors in country

Government of Sri Lanka (GoSL)

- The Government of Sri Lanka has initiated several programmes, to prevent the escalation of the outbreak and to provide medical services to the affected communities.
- The MoH has reviewed its National dengue prevention and control National Strategic framework (2016 - 2020) to align their action with the WHO Global strategy for Dengue prevention and control (2012 – 2020). The proposed SLRCS action is aligned with the MoH's strategies.
- 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 Program 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 (MoH) 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.
- Dengue breeding site clean-up program 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.
- Selected patients are being monitored on out-patient basis to minimize hospital over-crowding.

<u>Response by other stakeholders</u>
An expert team from the World Health Organization (WHO) submitted a report to the Ministry of Health on sustainable solutions to the dengue outbreak. It consists of a strategy to 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 social media.

B. Operational strategy and plan

Overall objective

The objective is to reduce the morbidity and mortality of the targeted population due to Dengue during the project period. The project targeting 651,000direct beneficiaries and 14 million indirect beneficiaries, who are living in very high risk and high-risk districts, by outbreak of dengue in Sri Lanka. The operation will be implemented over a 6-month period.

Proposed strategy

Summary of planned activities and target population

Targeted people				
Outcome	**Timeframe**	**Target areas**	**People reached**	
			Unit	**#**
Mosquito density in the targeted communities are reduced due sustained Community based vector control measures and good solid waste management practices (**270,000 people targeted)**	6 months	9 districts	Person	270,000
Children act as agents of change at all levels school, home and neighbourhood (**288 schools targeted 288,000 students)**	6 months	9 districts	Students	288,000
Volunteers support for Dengue case management, IEC material distribution and awareness raising at hospitals	1 month	1 district	Patients	3,000
Emergency sanitation and water supply facilities at hospitals.	6 months	3 districts	WASH facilities will be provided to 3 hospitals	
The risk of dengue transmission of the target community is reduced by raising awareness through health risk communication campaign.	6 months	9 districts	Person	14,268,004
Early detection and early action due to community based surveillance has contributed to prevention of dengue occurrence goes into outbreak proportions – Pilot project in 3 districts **(Target 90,000 people)**	6 months	3 districts	Person	90,000

Key districts to be supported by DREF operation MDRLK007 and the 2nd allocation

Initial districts	Districts supported with the 2nd allocation
• Colombo • Gampaha • Kalutara	• Batticaloa • Jaffna • Kandy • Kegalle • Kurunegala • Trincomalle

The selection of the districts are based on epidemiological evidence and gaps in services and activities. Based on the number of Dengue cases reported in 2017, 2016 and 2015, a risk categorization was done as follows:

Very High Risk	High Risk	Moderate Risk
12 districts	**8 districts**	**6 districts**
Colombo	Hambantota	N Eliya
Gampaha	Puttalam	Ampara
Kalutara	Badulla	Vavuniya
Ratnapura	Apura	Mannar
Kurunegala	Kalmunai	Kilinochchi
Kandy	Matale	Mulativu
Kegalle	Moneragala	
Trincomalee	Polonnaruwa	
Batticaloa		
Matara		
Galle		
Jaffna		

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
5. Risk communication to the general public and advocacy.
6. Community based surveillance.

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 dengue is diagnosed. During school cleaning campaigns, students will be briefed 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.

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 contains:

- mosquito repellents
- gloves
- 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 9 branches will reach 216 communities during the operation timeframe. Furthermore, Dengue Vector Elimination Campaigns will be organized in all the 9 districts, reaching 288 schools in total.

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, 288 schools will be provided with compost bins and waste segregation kits.

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

During the month of July 2017, 17 health staff in Negombo hospital were over burdened with work load in hospitals. There was an urgent need to augment their capacity with volunteers to assist patients affected by dengue. Accordingly, Gampaha branch deployed its volunteers for a months' time to assist the hospital. Volunteers were able to assist 1,260 patients during the period.

The initial plan under DREF was to assist six high priority hospitals with heavy dengue patient load from Colombo, Gampaha and Kalutara districts. SLRCS only received request for assistance from one hospital, at present hospital can manage its own functionalities. Therefore, SLRCS deprioritised its initial plan to assistant six hospitals for six months.

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 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.

The initial plan was to assist one hospital each in Colombo, Gampaha and Kalutara with 10 emergency toilets, 10 water points and two water tanks. Considering the current need, SLRCS has revised the plan to assist in providing WASH facilities to the hospitals. This could either be toilets, water points or water tanks, based on the actual need in the hospital.

5. Risk communication to the general public and advocacy

Community mobilization and engagement through risk communication[2][3][4] has been used as one of the most effective method used in dengue control in many settings. Each Dengue outbreak depicts gaps in risk communication targeted for behavioral change. Therefore, different strategies will be used to communicate risk during the outbreak. Effective risk communication is useful not only during outbreak response but also during outbreak preparedness and prevention of occurrence of the next peak. Risk communication becomes especially important in the post outbreak period which is a grace period given by nature to prevent the emergence of the next outbreak.

IFRC and SLRCS will develop key messages in coordination with MoH, WHO and other partners and disseminate them through context appropriate channels. These include, TV, radio spots, posters, short educational videos for sharing on social media, brochures, billboards and direct messages carried by volunteers. Private partnerships with TV and Radio stations and mobile networks will be utilized to reach the wider public in an efficient and effective manner.

During this process, a six-step COMBAT model for community engagement for the prevention and control of the *Aedes aegypti* vector-borne diseases[5] will be used to implement volunteer action in risk communication (awareness and perception and behavior change):

1. Creating awareness and felt need in community
2. Organizing community action teams
3. Meeting to finalize community engagement plan and conduct capacity building
4. Bring resources together
5. Activate the plan, ensure communication leads to required actions
6. Track progress and ensure feedback into the process.

Each very high-risk district branch will establish community action team with a pool 30 community volunteers representing the high-risk community. They will undergo a quick training program using the IFRC Zika Dengue Chikungunya Toolkit which includes education for communities on how to identify and monitor their risks. These trained volunteers will be engaged in dissemination of risk messages to the community depending on the risk communication stage targeting Dengue including mapping and identification of breeding sites.

The SLRCS Communication Department will spearhead the overall risk communication campaign for the dengue response and prevention programme with the support from the branches the society intends to assist. The risk communication will be aimed at in 3 levels: The grass-root level, the regional level and national level.

In the **grass root level**, volunteers will aim at going door to door and work with people to change practices towards keeping their environment clean and continue to do so. One of the problems faced by communities and one of the key factors where the dengue crisis continues to hit communities is when they fail to continuously attend to keeping their environment clean. When monsoonal rains come (in erratic patterns in the past few years), communities face a crisis by not consistently keeping their surroundings clean. Hence this campaign will aim at ensuring that the message of cleaning one's environment will be met all year around. Another focus would be as to educate people on how to identify dengue symptoms and to take precautionary measures from the onset. Village level meetings in high-risk communities will also be held to ensure that communities come together to face this crisis.

In the **regional scale**, the focus will mainly be on educating school children in the district. Several schools will be identified, and children will be trained and tasked with keeping their environment clean, and monitoring/identifying breeding sites. Dengue handbooks in partnership with the MoH, with educative information along with specific tasks will be provided to these students where as they must ensure keeping their surroundings within the school kept clean and free of Dengue. Teachers are tasked with monitoring the students who do a good job and will be rewarded accordingly.

At the **national level** is where we intend to take the message of safeguarding from dengue to the bigger audience which cannot be catered through from the above two levels. Through advertising the message utilizing electronic

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[2] Lessons Learned during Dengue Outbreaks in the United States, 2001–2011; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3309700/

[3] Towards active community participation in dengue vector control: results from action research in Santiago de Cuba, Cuba; https://academic.oup.com/trstmh/article-abstract/101/1/56/1938322

[4] http://www.who.int/tdr/publications/documents/planning_dengue.pdf?ua=1

[5] UNICEF (2017) *Risk Communication Guide for Zika Virus Dengue / Chikungunya,* Available Online: http://www.unicefrosa-progressreport.org/attachments/Risk_CommunicationGuideforZika.pdf

media, we intend to ensure that various groups despite whether they are at risk or not receive the message of being safeguarded from dengue. Radio and TV channels will be selected according to demographics and to ensure that the message will reach a further audience. Social media will be another avenue taken to reach a younger audience. Timely social media campaigns will be launched from time to time to ensure that the message of being safeguarded from dengue rings all year along.

6. Community based surveillance

Sri Lanka has a well-established health institution based disease surveillance system. The proposed Community-based surveillance system (CBS) will complement the existing health institution based disease surveillance system through improving the early detection and early response to outbreaks at the community level. At present, there is no well-established CBS in Sri Lanka. The current Dengue outbreak has clearly demonstrated the need for a well-functioning CBS. The present surveillance system is a health institutional based disease surveillance system. The link between the health institution and community is missing to identify early and react early before blowing in the epidemic proportions. A Such CBS system could be useful not only during current Dengue outbreak, but also during future Dengue and other disease outbreaks as well. Sri Lanka Red Cross Society through its well-established volunteer network has the necessary capacity to establish and maintain a CBS system. With large number of Dengue patients and high level of in-country movement of people, imported cases of Dengue could give rise to Dengue outbreaks in areas where the disease outbreak is not operating at present. Hence it is vital to pick up such cases at very early stages to curtail the expansion into a widespread outbreak.

During this period, this community based surveillance system will be implemented in three district branches. In each branch, it will focus on one Public Health Inspector division. This will be implemented in close coordination and guidance of the Public Health Inspector of the Division. A team of 30 community volunteers in each district will be trained on establishing Community-Based Surveillance System. These trained will work with the SLRCS volunteers at the divisional level to train 100 volunteers on CBS. A register of CBS volunteers will be maintained at each Medical Officer of Health office so that they could be contacted by local health authorities for any disease intelligence information and but also relationships established so that the CBS volunteers has a way of consistently feeding back information to the health system/MO.

Since the outbreak is already occurring they will be engaged in active case-finding using community case definition agreed with the health facilities/MoH. They will be reporting on few basic things through mobile application:

1. Confirmed dengue cases
2. Suspected cases based on the community case definition
3. Deaths due to dengue
4. Mosquito breeding sites
5. Garbage dumps
6. Cleaned up area
7. Number of people reached by CBS volunteers with community education on dengue
8. Number of households visited reached by CBS volunteers

Trained SLRCS volunteers will be utilized to map and report above within their respective communities with the use of suitable mobile application. This reporting in this outbreak should be daily and using the mobile based system. Such information gathered will be reported to the SLRCS Branch as well as to the Medical Officer of Health of the area for necessary action. SLRCS CBS volunteers will support the Public Health Inspectors in Dengue and other infectious disease case detection and community action. During this period, CBS volunteers at least once a week will monitor the area under his/her purview and report back. Where suspected dengue cases are found, efforts to observe contribution of potential risk factors such as the presence of breeding sites will be made, community education and will be conducted at the household level. Clear case definitions for the suspected cases will be developed with MoH as part of the initial design phase of CBS. Using the data collected from all volunteers on suspected cases, community mobilisers will plan targeted community action at places where cases are high or where cases exist/are detected or breeding sites – for example, leading community clean up actions. Local level MoH will be involved from the very beginning in analyzing data and planning action.

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 is overseeing 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 is providing technical support in operation management to ensure the operation objectives are met. Additionally, IFRC is providing technical support to the SLRCS for the preparation of DREF request and updates. Operation updates are done providing necessary information in relation to the progress of the operation, any changes in the situation during the reporting period, and any problems, constraints or unmet needs. A final report on the operation will be made available three months after the end of the operation.

C. Detailed Operational Plan[6]

Health & care

Sector	Need analysis	Assistance planned and population to be assisted
Health	• Heavy monsoon rains, public failure to clear rain-soaked garbage, standing water pools and other potential breeding grounds for mosquito larvae attribute to the higher number of cases reported in urban and suburban areas[7]. • High risk of dengue, breeding grounds created within area has the potential to increase the risks needs continuous action to eliminate vector breeding sites • For early detection and action there is gap in community based information gathering system related to Dengue	• Fourteen million very high-risk population from 9 districts will be targeted over a period of 6 months through risk communication campaign. This include, TV, radio spots, posters, short educational videos for sharing on social media, brochures, billboards and direct messages carried by volunteers Self-care packs procured • 400,000 IEC materials, 50,000 posters and 75,000 check lists printing • Self-care packs procured • Community cleaning materials procured • Half a day training for volunteers on detecting and eliminating dengue vector breeding sites, operational details and reporting systems • Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns at communities **(targeted 270,000 people)** • Conduct dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns in schools **288 schools targeted (288,000 students)** • Volunteers support for dengue case management at hospitals **1 hospital targeted (3,000 patients)** • Setting up community based surveillance system in 3 PHI areas **(Targeted 90,000 people)**

[6] Detailed plan of action for revised activities is attached at the end of this DREF operation update.
[7] http://www.who.int/csr/don/19-july-2017-dengue-sri-lanka/en/

Health & care			
Outcome 1: **The risk of dengue transmission of the target community is reduced by raising awareness through health risk communication campaign. (target population 14,268,004)**	**Outputs**		**% of achievement**
	Output 1.1: Targeted communities were provided with information on Dengue transmission and prevention		Most of the activities included in the revised plan
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Production of IEC material (leaflets, posters, videos etc.)	X		75%
Develop strategy CEA, plan and tools for the health risk communication campaign		X	Newly added
Production of visibility material		X	
Television campaign for 3 months in 2 selected National Stations (Sinhala & Tamil)		X	
Radio campaign for 6 months in selected 2 stations		X	
Collated website for dengue to share information (server space & design and maintenance)		X	
Social media campaign on both Facebook & Twitter		X	
Media visits to promote branches		X	
Media Conference		X	
Videography (3 times a month)		X	
Production of video clips (Shooting, editing), infographics, cartoons which are to be distributed among the branches for their activities		X	
Engage with communities through an intense public information campaigns		X	
Setting up hot lines to collect public complains and feedback		X	
Setting up a mechanism to address public complains on dengue control with authorities		X	

Outcome 2: Mosquito density in the targeted communities are reduced due sustained Community based vector control measures and good solid waste management practices (270,000 people targeted)	Outputs	% of achievement
	Output 2.1: 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%
Development of material on good solid waste management practices		X	Newly added
Develop community plans on community based vector control and waste management		X	
Support the selected communities' implementation of the community plans		X	

Outcome 3: Early detection and early action due to community based surveillance has contributed to prevention of dengue occurrence goes into outbreak proportions – Pilot project in 3 districts (Target 90,000 people)	Outputs	% of achievement
	Output 3.1: Community based surveillance implemented	0 %

Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
CBS units are established in in 3 branches as pilot projects		X	Newly added
Mobile application developed and tested		X	
Coordination and reporting mechanism with MoH agreed upon		X	
Volunteers and staff has been trained		X	
Weekly community surveillance visits and reporting		X	
Monthly coordination meetings with the CBS team and the MoH local staff		X	

Outcome 4: Children act as agents of change at all levels school, home and neighborhood (288 schools targeted 288,000 students)	Outputs		% of achievement
	Output 4.1: Dengue circles have been established and the schools, and neighborhood is dengue free		25 %
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Educational sessions in schools	X		20%
Setting up school dengue circles	X		20%
Cleaning up campaigns in schools	X		20%
Procurement and of waste management equipment's to schools	X		20%
Promotion of waste segregation and management		X	Newly added
Design and production of students' activity books with info on dengue for 288 schools in 9 districts	X		
Setting up the appreciation mechanism for the children actively involved in Dengue prevention activities		X	
Promote sustainable dengue free school concept and set up an appreciation mechanism		X	

Outcome 5: Dengue case management strengthened	Outputs		% of achievement
	Output 5.1 Hospitals supported through volunteers		50 %
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Selected volunteers for support in hospitals	X		50%
Train selected volunteers	X		50%
Deploy volunteers in the selected hospitals	X		50%
Distribute IEC materials	X		50%

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 where 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 deliver 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 includes ladders for gutter inspection, mamoties, rakes, wheel barrows and knives[8].

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

A total of 8,750 households have been reached through dengue vector breeding site clean-up campaigns in 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, roughly around 31,000 school students were reached through school cleaning campaigns 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 known for positive outcome 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 3 July and 11 August 2017. An average of seven volunteers were deployed daily.

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

[8] 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	• Most hospitals catering to the needs of dengue patients have exhausted their capacity to provide water and sanitation services due to heavy patient loads • Indiscriminate solid waste disposal with potential dengue breeding containers needs to be stopped in an urgent basis	• Construction of toilets and water points (De-prioritized) • Procurement and putting up of water tanks (De-prioritized) • WASH activities in hospitals in 3 districts (could be toilets, water tanks, which based on needs) • Procurement and distribution of garbage sorting bins • Briefing on waste disposal and usage of bins **288 schools**

Water, sanitation, and hygiene promotion			
Outcome 6: Dengue-related water, sanitation and hygiene improved	**Outputs**		**% of achievement**
	Output 6.1 Emergency water and sanitation facilities constructed in hospitals		0%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
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
WASH activities in hospitals		X	Newly added

Outcome 6: Dengue-related water, sanitation and hygiene improved	**Outputs**		**% of achievement**
	Output 6.2 Solid waste disposal to prevent vector breeding promoted		25%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
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. Additional order will be placed to reach 144 more schools. SLRCS is planning to reach 288,000 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 7: SLRCS Dengue response strengthened	**Outputs**		**% of achievement**
	Output 7.1 SLRCS Dengue response coordination strengthened		10%
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 is recruited. and programme support officer will be recruited in October. At branch level three emergency dengue response coordinators are recruited.			

Budget

REVISED DREF OPERATION

05/10/2017

MDRLK007 : Sri Lanka Dengue Fever Outbreak

Budget Group	DREF Grant Budget CHF
Water, Sanitation & Hygiene	27,000
Other Supplies & Services	195,456
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**222,456**
Distribution & Monitoring	15,600
Transport & Vehicle Costs	7,907
Total LOGISTICS, TRANSPORT AND STORAGE	**23,507**
National Society Staff	27,070
Volunteers	11,200
Total PERSONNEL	**38,270**
Consultants	7,000
Total CONSULTANTS & PROFESSIONAL FEES	**7,000**
Workshops & Training	40,168
Total WORKSHOP & TRAINING	**40,168**
Travel	14,690
Information & Public Relations	89,533
Office Costs	6,400
Communications	4,063
Financial Charges	791
Total GENERAL EXPENDITURES	**115,477**
Programme and Supplementary Services Recovery	29,047
Total INDIRECT COSTS	**29,047**
TOTAL BUDGET	**475,924**

Reference documents ↘

Click for:

- DREF Operation

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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.

Annex: Revised Plan of Action

**Note: Coloured activities indicate newly added activities based on the revised DREF Operation budget.*

Health

Outcome 1: The risk of dengue transmission of the target community is reduced by raising awareness through health risk communication campaign							
Output 1.1: Targeted communities were provided with information on Dengue transmission and prevention							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Production of IEC material (leaflets, posters, videos etc.)							
Develop strategy CEA, plan and tools for the health risk communication campaign							
Production of visibility material							
Television campaign for 3 months in 2 selected National Stations (Sinhala & Tamil)							
Radio campaign for 4 months in selected 2 stations							
Collated website for dengue to share information (server space & design and maintenance)							
Social media campaign on both Facebook & Twitter							
Media visits to promote branches							
Media Conference							
Videography (3 times a month)							
Production of video clips (Shooting, editing), infographics, cartoons which are to be distributed among the branches for their activities							
Engage with communities through an intense public information campaigns							
Setting up hot lines to collect public complains and feedback							
Setting up a mechanism to address public complains on dengue control with authorities							

Outcome 2: Mosquito density in the targeted communities are reduced due sustained Community based vector control measures and good solid waste management practices							
Output 2.1: Dengue breeding site clean-up campaigns conducted							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Print health education materials							
Procure self-care packs							
Procure community cleaning materials							
Train volunteers on dengue breeding site clean-up							
Organize community clean-up days, IEC material distribution and awareness raising							
Organize school clean-up days, IEC material distribution and awareness raising							
Development of material on good solid waste management practices							
Develop community plans on community based vector control and waste management							
Support the selected communities' implementation of the community plans							

Outcome 3: Early detection and early action due to community based surveillance has contributed to prevention of dengue occurrence goes into outbreak proportions – Pilot project in 3 districts							
Output 3.1: Community based surveillance implemented							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
CBS units are established in in 3 branches as pilot projects							
Mobile application developed and tested							
Coordination and reporting mechanism with MoH agreed upon							
Volunteers and staff has been trained							
Weekly community surveillance visits and reporting							
Monthly coordination meetings with the CBS team and the MoH local staff							

Outcome 4: Children act as agents of change at all levels school, home and neighborhood							
Output 4.1: Dengue circles have been established and the schools, and neighborhood is dengue free							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Educational sessions in schools							
Setting up school dengue circles							
Cleaning up campaigns in schools							
Procurement and of waste management equipment's to schools							
Promotion of waste segregation and management							
Design and production of students' activity books with info on dengue for 288 schools in 9 districts							
Setting up the appreciation mechanism for the children actively involved in Dengue prevention activities							
Promote sustainable dengue free school concept and set up an appreciation mechanism							

Outcome 5: Dengue case management strengthened							
Output 5.1: Hospitals supported through volunteers							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Selected volunteers for support in hospitals							
Train selected volunteers							
Deploy volunteers in the selected hospitals							
Distribute IEC materials							

Water, sanitation and hygiene (WASH)

Outcome 6: Dengue-related water, sanitation and hygiene improved							
Output 6.1: Emergency water and sanitation facilities constructed							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Identify site in hospitals for toilet construction and putting up water points	Activities Deprioritized						
Facilitate approval process for the bill of quantity (BOQ)/Drawings							
Construction of toilets and water points							
Procurement of water tanks							
Put up water tanks in hospitals							
WASH activities in hospitals							
Output 6.2: Solid waste disposal to prevent vector breeding promoted							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Procure garbage bins							
Distribute garbage bins[9] (3 bins per school)							
Briefing on waste disposal and usage of bins							

[9] Briefing session for the volunteers will be provided before they start the activity.

Quality programming / Areas common to all sectors

Outcome 7: SLRCS Dengue response strengthened							
Output 7.1: SLRCS Dengue response coordination strengthened							
Activities planned	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**
Establish NHQ Emergency Dengue Control Coordination Centre							
Recruit of staff for the centre							
Establish three branch Emergency Dengue Control Coordination Cells.							
Organize a lesson learned workshop							
Conduct monthly dengue reviews							