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## DREF Operations Update Sri Lanka: Dengue

 International Federation  
of Red Cross and Red Crescent Societies

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| <b>DREF Operation n° MDRLK007</b>  | <b>GLIDE n° <a href="#">EP-2017-000086-LKA</a></b>                      |
| <b>DREF operation update n° 3;</b><br><b>Date of issue:</b> 22 December 2017   | <b>Timeframe covered by this update:</b><br>10 July to 15 November 2017 |
| <b>Operation start date:</b> 10 July 2017  | <b>Operation timeframe:</b> 6 months, until 28 February 2018            |
| <b>Revised DREF budget:</b> CHF 475,924  | <b>DREF amount initially allocated:</b> CHF 295,352                     |
| <b>N° of people being assisted:</b> 651,000 direct and 14 million indirect beneficiaries   |   |
| <b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b><br>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. |   |
| <b>Other partner organizations actively involved in the operation:</b><br>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 emergency plan of action:

This operation update informs on the extension of the implementation timeframe until 28 February 2018. The implementation timeframe of the school activities need to be adjusted due to school holidays and public awareness public education (PAPE) on Dengue prevention via mainstream media will need to continue into February as with awareness in schools, thus one month extension is sought. There is no change in the overall budget allocation for the DREF operation.

## 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 brings in two peaks of Dengue fever making it an endemic disease in Sri Lanka. However, 2017 started with an exceptionally high number of Dengue cases which shot up to an outbreak in May-June 2017, creating the largest Dengue outbreak experienced by the country for last three decades.

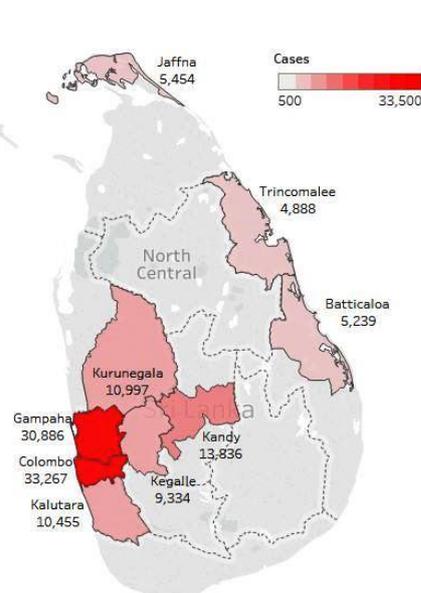
During the last 11 months of 2017, a total of 174,889 suspected Dengue cases have been reported to the Epidemiology Unit of the Ministry of Health (MoH) of Sri Lanka with over 320 deaths. Approximately 41.93 per cent of Dengue cases were reported from the Western province. The highest numbers of Dengue cases were reported during the 29<sup>th</sup> week of 2017. 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.



School clean-up campaign by SLRCS Gampaha branch,  
(Photo: SLRCS)

Monthly reported Dengue cases are varied depending on the rains received. In July 2017 the highest number of Dengue cases was reported where 23 per cent of the total Dengue cases reported. Presently it can be seen that there is a reduction in Dengue cases reported; 5 per cent in the month of November 2017.

It is expected that the country will face another outbreak after the monsoon rains in months of January and February 2018. However, Dengue cases are emerging in districts where the present outbreak was not previously reported. Historical data shows that there are always 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 had requested from SLRCS with a second letter dated 11 September 2017 to scale up the activities at community level.



Dengue worst affected districts in Sri Lanka, (MoH)

Since the schools have been considered as a hot spot for Dengue in Sri Lanka and are closed in the month of December. Considering there is trend of outbreak in January and February, SLRCS requested for one month extension till 28 February 2018, to allow sufficient time to complete the school awareness activities and to conduct public awareness public education (PAPE) on Dengue prevention via mainstream media. The plan of action is attached at the end of this DREF operation update ([click here](#)).

## Summary of current response

### Overview of Host National Society

|                         |  |
|-------------------------|--|
| <b>10 July 2017</b>     | SLRCS initiated its assistance by deploying volunteers to assist Dengue case management in Negombo hospital at Gampaha district. |
| <b>18 July 2017</b>     | MoH of Sri Lanka requested assistance from SLRCS.  |
| <b>23 July 2017</b>     | IFRC granted DREF allocation of CHF 295,352 to support 309,000 people over 6 months' period.                                     |
| <b>18 August 2017</b>   | Deployed a Surge support to assist DREF operations for one month's period.   |
| <b>9 October 2017</b>   | IFRC granted second DREF allocation totalling to CHF 475,924 to assist 651,000 direct and 14 million indirect beneficiaries.     |
| <b>29 November 2017</b> | Health RDRT deployed for a month, with special focus on developing a long-term plan on Dengue.                                   |

The table below details the activities conducted by SLRCS in all nine districts during the period July to 15 November 2017 of the operation.

| Outcome   | Planned Activity and target                 | Completed activities   |
|---|---|--|
| Mosquito density in the targeted communities are reduced due sustained Community based vector control measures and good solid waste management practices                              | Conduct 216 community clean-up campaigns    | Completed 78 community clean-up campaigns                                  |
| Children act as agents of change at all levels school, home and neighbourhood   | Conduct 288 school clean-up campaigns       | Completed 208 school clean-up campaigns                                    |
| Volunteers support for Dengue case management, IEC material distribution and awareness raising at hospitals   | Volunteer assistance at hospitals           | Provided assistance in Negombo hospital                                    |
| Emergency sanitation and water supply facilities at hospitals.  | WASH facilities in 3 hospitals              | Initiated work in 2 hospitals  |
| The risk of Dengue transmission of the target community is reduced by raising awareness through health risk communication campaign.   | Media campaign (TV and radio)               | Video and voice clips produced, to be broadcasted from 1st week of Dec, 17 |
| 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 | Community based surveillance in 3 districts | Volunteer training is ongoing in 2 districts                               |

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.

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

SLRCS is receiving technical support from 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. In November, another RDRT member with health background was deployed to develop a longer-term plan for Dengue for one month.

There was 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 to Dengue reporting. SLRCS staff and volunteers will be trained on how to use the mobile application.

#### **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.

Response by other stakeholders:

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 the WHO strategies, the prevention and control of Dengue outbreak depend 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 651,000 direct beneficiaries and 14 million indirect beneficiaries, who are living in a high-risk districts for Dengue outbreak in Sri Lanka. The operation will be implemented over a 7-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 <b>(270,000 people targeted)</b>                           | 6 months  | 9 districts  | Person  | 270,000    |
| Children act as agents of change at all levels school, home and neighbourhood <b>(288 schools targeted 288,000 students)</b>  | 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 <b>(Target 90,000 people)</b> | 6 months  | 3 districts  | Person  | 90,000     |

The districts supported under this DREF are Colombo, Gampaha, Kalutara, Batticaloa, Jaffna, Kandy, Kegalle, Kurunegala and Trincomalle, which based on epidemiological and gaps in services and activities.

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 are being organized for inspection and clean-up of Dengue breeding sites. These campaigns are on schools, households and communities. In each community, a half-day training on detecting and eliminating Dengue vector breeding sites, operational details and reporting systems is being conducted for 25 SLRCS volunteers on the day prior to the actual campaign under the guidance of the health authorities. During the community and school outreach programmes, teams are advising 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 provide briefing to the households on Dengue eradication, elimination and actions to be taken if Dengue is diagnosed. During school cleaning campaigns, students are briefed during morning assembly on Dengue. Information, education and communication (IEC) materials containing details on Dengue were printed and distributed among households and schools during these cleaning campaigns.

Self-care packs are provided to each volunteer mobilized for the programme, which contains mosquito repellents, gloves and hand sanitizers. In addition, each branch are organizing Dengue Vector Elimination Campaigns in all the 9 districts, reaching 288 schools in total.

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

288 schools are receiving three sets of solid waste sorting bins along with training. Junior First Aider clubs are being trained to promote the use of the bins and income generated through selling of garbage will be utilized for school environment improvement activities. Student are briefed during school morning assembly on waste disposal and usage of bins.

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

In July 2017, 17 health staff in Negombo hospital reported to be stressed with overburdened 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.

### 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. With the coordination of Ministry of Health (MoH), three hospitals are being identified to top-up its WASH facilities.

### 5. **Risk communication to the general public and advocacy**

IFRC and SLRCS are developing key messages in coordination with MoH, WHO and other partners and disseminate them through context appropriate channels.

Each very high-risk district branch is establishing community action team with a pool 30 community volunteers representing the high-risk community, and undertaking 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 are engaged in dissemination of risk messages to the community.

The SLRCS Communication Department is spearheading 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 is aimed in 3 levels; The grass-root level, the regional level and national level.

At **grass root level**, volunteers are expected to provide door-to-door services and work with people to change practices towards keeping their environment clean and continue to do so. Another focus is to educate people on how to identify Dengue symptoms and to take precautionary measures from the onset. Village level meetings in high-risk communities are being held to ensure that communities come together to face this crisis.

At **regional level**, the focus is mainly on educating school children in the districts. Dengue handbooks in partnership with the MoH, that includes educative information along with specific tasks are being provided to the students for them to ensure their surroundings within the school are kept clean and free from mosquitoes. Teachers are tasked with monitoring the students who are doing good jobs and to reward them accordingly.

At **national level** is where the message of safeguarding from Dengue to the bigger audience which cannot be catered through from the previous two levels. Through advertising of Dengue related messages utilizing electronic media, it is intended to ensure that various groups receive the message of being safeguarded from Dengue.

### 6. **Community-based surveillance**

Community based surveillance system are being implemented in three district branches. A team of 30 community volunteers in each district are being trained on establishing Community-Based Surveillance (CBS) System. Trained volunteers are going to work with the SLRCS volunteers at the divisional level to train 100 volunteers on CBS.

Trained SLRCS volunteers are being utilized to map and report their work within their respective communities on daily basis using mobile application 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.

## **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<sup>1</sup>

### Health & care

| Sector | Need analysis  | Assistance planned and population to be assisted   |
|--------|--|--|
| Health | <ul style="list-style-type: none"> <li>• 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<sup>2</sup>.</li> <li>• High risk of Dengue, breeding grounds created within area has the potential to increase the risks needs continuous action to eliminate vector breeding sites</li> <li>• For early detection and action there is gap in community based information gathering system related to Dengue</li> </ul> | <ul style="list-style-type: none"> <li>• 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</li> <li>• 400,000 IEC materials, 50,000 posters and 75,000 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>(targeted 270,000 people)</b></li> <li>• Conduct Dengue vector breeding site clean-up, IEC material distribution and awareness raising campaigns in schools <b>288 schools targeted (288,000 students)</b></li> <li>• Volunteers support for Dengue case management at hospitals <b>1 hospital targeted (3,000 patients)</b></li> <li>• Setting up community based surveillance system in 3 PHI areas <b>(Targeted 90,000 people)</b></li> </ul> |

<sup>1</sup> Detailed plan of action for revised activities is attached at the end of this DREF operation update.

<sup>2</sup> <http://www.who.int/csr/don/19-july-2017-Dengue-sri-lanka/en/>

| Health & care  |  |        |   |
|--|--|--------|---|
| Outcome 1:<br>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:<br>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  |        |   |
| 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      |   |

| Progress towards outcomes  |
|--|
| <p>SLRCS printed and distributed IEC materials to raise awareness among communities and school children on how to identify and clean Dengue breeding sites, and how to take care of Dengue patients. These materials were printed in three languages; Sinhala, Tamil and English. IEC materials include; leaflets, posters, cards and workbooks.</p> <p>Furthermore, to advocate a wider group of people through TV and radio, a promotional video<sup>3</sup> and three voice clips were produced. Video and radio clips will be broadcasted on three TV channels and three radio channels starting from December 2017.</p> <p>SLRCS is holding a press conference on last week of December 17 to aware people through print media.</p> <p>Setting up hot lines to collect public complains and feedback; since the Government of Sri Lanka has set-up a hotline to collect public complains and feedback, SLRCS will not set-up a separate hotline, instead advocate people to use the same hotline.</p> |



Dengue poster distributed among 144 schools, (Source: SLRCS)

<sup>3</sup> [https://drive.google.com/file/d/1eM1aMB1K1snSb3MiUYxTg-udzkrq\\_qXk/view?ts=5a1c8139](https://drive.google.com/file/d/1eM1aMB1K1snSb3MiUYxTg-udzkrq_qXk/view?ts=5a1c8139)

| Health & care   |                            |  |                       |
|---|----------------------------|--|-----------------------|
| Outcome 2:<br>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:<br>Dengue breeding site clean-up campaigns conducted |                       |
| Activities  | Is implementation on time? |  | % progress (estimate) |
|   | Yes (x)                    | No (x)   |                       |
| Print health education materials  | X                          |  | 75%                   |
| Procure self-care packs   | X                          |  | 100%                  |
| Procure community cleaning materials  | X                          |  | 100%                  |
| Train volunteers on Dengue breeding site clean-up   | X                          |  | 70%                   |
| Organize community clean-up days, IEC material distribution and awareness raising   | X                          |  | 40%                   |
| Organize school clean-up days, IEC material distribution and awareness raising  | X                          |  | 70%                   |
| Development of material on good solid waste management practices  | X                          |  | 70%                   |
| Develop community plans on community based vector control and waste management  | X                          |  | 30%                   |
| Support the selected communities' implementation of the community plans   | X                          |  | 30%                   |
| <b>Progress towards outcomes</b>  |                            |  |                       |
| <p>The self-care pack and the community cleaning materials have been procured. Those items were delivered to respective communities and schools. Self-care pack consists of mosquito repellents, gloves and hand sanitizers. Community cleaning materials include ladders for gutter inspection, mamoties, rakes, wheel barrows and knives<sup>4</sup>.</p> <p>A total of 78 community clean-up campaigns have been conducted. 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.</p> <p>Furthermore, school clean-up campaigns were organized in 208 schools where briefing were provided to school teachers and students. SLRCS will not be able to conduct school activities during December since the schools are closed for holidays. Schools will reopen in January and more focus will be given to clean up the schools.</p> <p>The output on providing Dengue breeding site clean-up campaigns is almost completed and contributed to achieve the targeted outcome.</p> |                            |  |                       |

<sup>4</sup> Knives are used to cut trees and branches during the clean-up activities.

| Outcome 3:<br>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      |
|--|---|--------|-----------------------|
|  | <b>Output 3.1:</b> Community based surveillance implemented |        |                       |
| Activities   | Is implementation on time?                                  |        | % progress (estimate) |
|  | Yes (x)   | No (x) |                       |
| CBS units are established in in 3 branches as pilot projects   | X   |        | 20%                   |
| Mobile application developed and tested  | X   |        | 100%                  |
| Coordination and reporting mechanism with MoH agreed upon  |   | X      | 10%                   |
| Volunteers and staff has been trained  | X   |        | 10%                   |
| Weekly community surveillance visits and reporting   |   | X      | Yet to be started     |
| Monthly coordination meetings with the CBS team and the MoH local staff  |   | X      | Yet to be started     |

| Progress towards outcomes  |
|--|
| SLRCS had conducted several meetings with Dengue Control Unit, Dialog and branches on the surveillance system. At present SLRCS together with the Dialog Control Unit are conducting trainings to volunteers on how to use the mobile application. This is going to be rolled-out in the communities starting mid December 2017. |
| Discussions are ongoing how best we could link the data gathered with the Government mechanism.  |

| Outcome 4:<br>Children act as agents of change at all levels school, home and neighborhood (288 schools targeted 288,000 students)  | Outputs   |        | % of achievement          |
|---|---|--------|---------------------------|
|   | <b>Output 4.1:</b><br>Dengue circles have been established and the schools, and neighborhood is Dengue free |        | 70%                       |
| Activities  | Is implementation on time?  |        | % progress (estimate)     |
|   | Yes (x)   | No (x) |                           |
| Educational sessions in schools   | X   |        | 70%                       |
| Setting up school Dengue circles  | X   |        | 70%                       |
| Cleaning up campaigns in schools  | X   |        | 70%                       |
| Procurement and of waste management equipment's to schools  | X   |        | 100%                      |
| Promotion of waste segregation and management   | X   |        | 70%                       |
| Design and production of students' activity books with info on Dengue for 288 schools in 9 districts  | X   |        | 100%                      |
| Setting up the appreciation mechanism for the children actively involved in Dengue prevention activities  | X   |        | Scheduled in January 2018 |
| Promote sustainable Dengue free school concept and set up an appreciation mechanism   | X   |        | Scheduled in January 2018 |
| <b>Progress towards outcomes</b><br>School clean-up campaigns were organized in 208 schools. SLRCS will not be able to conduct school activities during December since the schools will be closed for holidays. Schools will reopen in January and more focus will be given to clean them up.<br><br>Furthermore, school competitions are planned to be held in the month of January upon starting of the school in the new year. |   |        |                           |

| Outcome 5:<br>Dengue case management<br>strengthened | Outputs                    |   | % of achievement      |
|--|----------------------------|---|-----------------------|
|  |                            | Output 5.1 Hospitals supported through volunteers |                       |
| Activities   | Is implementation on time? |   | % progress (estimate) |
|  | Yes (x)                    | No (x)  |                       |
| Selected volunteers for support in hospitals         | X                          |   | 100%                  |
| Train selected volunteers                            | X                          |   | 100%                  |
| Deploy volunteers in the selected hospitals          | X                          |   | 100%                  |
| Distribute IEC materials                             | X                          |   | 100%                  |

#### Progress towards outcomes

Negombo Hospital has provided the highest level of care in the country for Dengue and known for positive outcome of patients managed by its trained and experienced staff where the hospital attracts a large number of Dengue patients from many parts of the country. Therefore, the capacity of the hospital has exceeded with the increasing number of Dengue patients. SLRCS volunteers supported the Negombo Hospital with non-clinical services to scale up its support services in the stressed human resource situation. Gampaha branch deployed volunteers to assist the hospital between 3 July and 11 August 2017. An average of seven volunteers were deployed daily to support the hospital.

## 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 (De-prioritized)</li> <li>Procurement and putting up of water tanks (De-prioritized)</li> <li>WASH activities in hospitals in 3 districts (could be toilets, water tanks, which based on needs)</li> <li>Procurement and distribution of garbage sorting bins</li> <li>Briefing on waste disposal and usage of bins</li> </ul> <b>288 schools</b> |

### Water, sanitation, and hygiene promotion

| Outcome 6:<br>Dengue-related water, sanitation and hygiene improved | Outputs                    |  | % of achievement      |
|---|----------------------------|--|-----------------------|
|   |                            | <b>Output 6.1</b> Emergency water and sanitation facilities constructed in hospitals |                       |
| Activities  | Is implementation on time? |  | % progress (estimate) |
|   | Yes (x)                    | No (x)   |                       |
| WASH activities in hospitals  | X                          |  | 20%                   |

| Outcome 6:<br>Dengue-related water, sanitation and hygiene improved | Outputs                    |  | % of achievement      |
|---|----------------------------|--|-----------------------|
|   |                            | <b>Output 6.2</b> Solid waste disposal to prevent vector breeding promoted |                       |
| Activities  | Is implementation on time? |  | % progress (estimate) |
|   | Yes (x)                    | No (x)   |                       |
| Procure garbage bins  | X                          |  | 100%                  |
| Distribute garbage bins (3 bins per school)                         |                            | X  | 70%                   |
| Briefing on waste disposal and usage of bins                        |                            | X  | 70%                   |

### Progress towards outcomes

Ministry of Health (MoH) has identified three hospitals which requires top-up to its WASH facilities. Together with the MoH, SLRCS is in the process of building the required facilities.

Procurement of compost bins and set of garbage bins have been completed, and items are being delivered to respective schools. At each school clean-up campaign, these bins are distributed to 144 schools. Additional order will be placed to reach 144 more schools. SLRCS is planning to reach 288,000 school students through this intervention.

The progress to achieve the outcome of improving Dengue-related water, sanitation and hygiene is in progress.

## 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:<br>SLRCS Dengue response strengthened   | Outputs                    |  | % of achievement           |
|  |                            | Output 7.1 SLRCS Dengue response coordination strengthened |                            |
| Activities   | Is implementation on time? |  | % progress (estimate)      |
|  | Yes (x)                    | No (x)   |                            |
| Establish NHQ Emergency Dengue Control Coordination Centre   | X                          |  | 100%                       |
| Recruit of staff for the centre  | X                          |  | 100%                       |
| Establish three branch Emergency Dengue Control Coordination Cells.  | X                          |  | 100%                       |
| Organize a lesson learned workshop   | X                          |  | Scheduled in February 2018 |
| Conduct monthly Dengue reviews   | X                          |  | 50%                        |
| Progress towards outcomes  |                            |  |                            |
| <p>SLRCS has recruited a Dengue Coordinator and Program Support Officer at NHQ level. At branch level, nine Dengue Coordinators were recruited to strengthen the Dengue response coordination.</p> <p>Monthly progress review meetings are being conducted with participation of all the Field Coordinators, to discuss the progress, achievements, challenges and suggestions.</p> <p>Upon completion of the program, a lessons' learned workshop is planned to be held on February 2018.</p> |                            |  |                            |

## Contact information

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

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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.

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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**.

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## Disaster Response Financial Report

MDRLK007 - Sri Lanka - Dengue

Timeframe: 24 Jul 17 to 24 Jan 18

Appeal Launch Date: 24 Jul 17

Interim Report

## Selected Parameters

|                         |               |           |          |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe     | 2017/7-11     | Programme | MDRLK007 |
| Budget Timeframe        | 2017/7-2018/1 | Budget    | APPROVED |
| Split by funding source | Y             | Project   | *        |
| Subsector:              | *             |           |          |

All figures are in Swiss Francs (CHF)

## I. Funding

|                                      | Raise humanitarian standards | Grow RC/RC services for vulnerable people | Strengthen RC/RC contribution to development | Heighten influence and support for RC/RC work | Joint working and accountability | TOTAL   | Deferred Income |
|--------------------------------------|------------------------------|---|--|---|----------------------------------|---------|-----------------|
| <b>A. Budget</b>                     |                              |   | 475,924                                      |   |                                  | 475,924 |                 |
| <b>B. Opening Balance</b>            |                              |   |  |   |                                  |         |                 |
| <b>Income</b>                        |                              |   |  |   |                                  |         |                 |
| <u>Other Income</u>                  |                              |   |  |   |                                  |         |                 |
| <i>DREF Allocations</i>              |                              |   | 475,924                                      |   |                                  | 475,924 |                 |
| <b>C4. Other Income</b>              |                              |   | 475,924                                      |   |                                  | 475,924 |                 |
| <b>C. Total Income = SUM(C1..C4)</b> |                              |   | 475,924                                      |   |                                  | 475,924 |                 |
| <b>D. Total Funding = B + C</b>      |                              |   | 475,924                                      |   |                                  | 475,924 |                 |

\* 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>B. Opening Balance</b>               |                              |   |  |   |                                  |          |                 |
| <b>C. Income</b>                        |                              |   | 475,924                                      |   |                                  | 475,924  |                 |
| <b>E. Expenditure</b>                   |                              |   | -309,351                                     |   |                                  | -309,351 |                 |
| <b>F. Closing Balance = (B + C + E)</b> |                              |   | 166,573                                      |   |                                  | 166,573  |                 |

## Disaster Response Financial Report

## MDRLK007 - Sri Lanka - Dengue

Timeframe: 24 Jul 17 to 24 Jan 18

Appeal Launch Date: 24 Jul 17

## Interim Report

## Selected Parameters

|                         |               |           |          |
|-------------------------|---------------|-----------|----------|
| Reporting Timeframe     | 2017/7-11     | Programme | MDRLK007 |
| Budget Timeframe        | 2017/7-2018/1 | Budget    | APPROVED |
| Split by funding source | Y             | Project   | *        |
| Subsector:              | *             |           |          |

All figures are in Swiss Francs (CHF)

## III. Expenditure

| Account Groups                                   | Budget         | Expenditure                  |   |  |   |                                  | TOTAL          | Variance        |
|--|----------------|------------------------------|---|--|---|----------------------------------|----------------|-----------------|
|  |                | Raise humanitarian standards | Grow RC/RC services for vulnerable people | Strengthen RC/RC contribution to development | Heighten influence and support for RC/RC work | Joint working and accountability |                |                 |
|  | A              |                              |   |  |   | B                                | A - B          |                 |
| <b>BUDGET (C)</b>                                |                |                              |   | <b>475,924</b>                               |   |                                  | <b>475,924</b> |                 |
| <b>Relief items, Construction, Supplies</b>      |                |                              |   |  |   |                                  |                |                 |
| Clothing & Textiles                              | 0              |                              |   | 13,500                                       |   | 13,500                           |                | -13,500         |
| Water, Sanitation & Hygiene                      | 27,000         |                              |   | 21,016                                       |   | 21,016                           |                | 5,984           |
| Other Supplies & Services                        | 195,456        |                              |   | 78,484                                       |   | 78,484                           |                | 116,972         |
| <b>Total Relief items, Construction, Sup</b>     | <b>222,456</b> |                              |   | <b>113,000</b>                               |   | <b>113,000</b>                   |                | <b>109,456</b>  |
| <b>Logistics, Transport &amp; Storage</b>        |                |                              |   |  |   |                                  |                |                 |
| Distribution & Monitoring                        | 15,600         |                              |   |  |   |                                  |                | 15,600          |
| Transport & Vehicles Costs                       | 7,907          |                              |   | 1,859  |   | 1,859                            |                | 6,048           |
| <b>Total Logistics, Transport &amp; Storage</b>  | <b>23,507</b>  |                              |   | <b>1,859</b>                                 |   | <b>1,859</b>                     |                | <b>21,648</b>   |
| <b>Personnel</b>                                 |                |                              |   |  |   |                                  |                |                 |
| National Staff                                   |                |                              |   | 10   |   | 10                               |                | -10             |
| National Society Staff                           | 27,070         |                              |   | 4,455  |   | 4,455                            |                | 22,615          |
| Volunteers                                       | 11,200         |                              |   |  |   |                                  |                | 11,200          |
| <b>Total Personnel</b>                           | <b>38,270</b>  |                              |   | <b>4,465</b>                                 |   | <b>4,465</b>                     |                | <b>33,805</b>   |
| <b>Consultants &amp; Professional Fees</b>       |                |                              |   |  |   |                                  |                |                 |
| Consultants                                      | 7,000          |                              |   |  |   |                                  |                | 7,000           |
| Professional Fees                                |                |                              |   | 1,133  |   | 1,133                            |                | -1,133          |
| <b>Total Consultants &amp; Professional Fees</b> | <b>7,000</b>   |                              |   | <b>1,133</b>                                 |   | <b>1,133</b>                     |                | <b>5,867</b>    |
| <b>Workshops &amp; Training</b>                  |                |                              |   |  |   |                                  |                |                 |
| Workshops & Training                             | 40,168         |                              |   | 1,980  |   | 1,980                            |                | 38,188          |
| <b>Total Workshops &amp; Training</b>            | <b>40,168</b>  |                              |   | <b>1,980</b>                                 |   | <b>1,980</b>                     |                | <b>38,188</b>   |
| <b>General Expenditure</b>                       |                |                              |   |  |   |                                  |                |                 |
| Travel   | 14,690         |                              |   | 5,998  |   | 5,998                            |                | 8,692           |
| Information & Public Relations                   | 89,533         |                              |   | 7,504  |   | 7,504                            |                | 82,029          |
| Office Costs                                     | 6,400          |                              |   | 11,020                                       |   | 11,020                           |                | -4,620          |
| Communications                                   | 4,062          |                              |   | 43   |   | 43                               |                | 4,020           |
| Financial Charges                                | 791            |                              |   | 4,905  |   | 4,905                            |                | -4,114          |
| <b>Total General Expenditure</b>                 | <b>115,476</b> |                              |   | <b>29,471</b>                                |   | <b>29,471</b>                    |                | <b>86,006</b>   |
| <b>Operational Provisions</b>                    |                |                              |   |  |   |                                  |                |                 |
| Operational Provisions                           |                |                              |   | 138,564                                      |   | 138,564                          |                | -138,564        |
| <b>Total Operational Provisions</b>              |                |                              |   | <b>138,564</b>                               |   | <b>138,564</b>                   |                | <b>-138,564</b> |
| <b>Indirect Costs</b>                            |                |                              |   |  |   |                                  |                |                 |
| Programme & Services Support Recover             | 29,047         |                              |   | 18,881                                       |   | 18,881                           |                | 10,166          |
| <b>Total Indirect Costs</b>                      | <b>29,047</b>  |                              |   | <b>18,881</b>                                |   | <b>18,881</b>                    |                | <b>10,166</b>   |
| <b>TOTAL EXPENDITURE (D)</b>                     | <b>475,924</b> |                              |   | <b>309,351</b>                               |   | <b>309,351</b>                   |                | <b>166,573</b>  |
| <b>VARIANCE (C - D)</b>                          |                |                              |   | <b>166,573</b>                               |   | <b>166,573</b>                   |                |                 |



|   |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Monthly coordination meetings with the CBS team and the MoH local staff |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|

|  |             |            |             |            |            |            |            |            |
|--|-------------|------------|-------------|------------|------------|------------|------------|------------|
| <b>Outcome 4: Children act as agents of change at all levels school, home and neighborhood</b>           |             |            |             |            |            |            |            |            |
| <b>Output 4.1: Dengue circles have been established and the schools, and neighborhood is Dengue free</b> |             |            |             |            |            |            |            |            |
| <b>Activities planned</b>  | <b>July</b> | <b>Aug</b> | <b>Sept</b> | <b>Oct</b> | <b>Nov</b> | <b>Dec</b> | <b>Jan</b> | <b>Feb</b> |
| 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                      |             |            |             |            |            |            |            |            |

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

## Water, sanitation and hygiene (WASH)

|   |             |            |             |            |            |            |            |            |
|---|-------------|------------|-------------|------------|------------|------------|------------|------------|
| <b>Outcome 6: Dengue-related water, sanitation and hygiene improved</b>     |             |            |             |            |            |            |            |            |
| <b>Output 6.1: Emergency water and sanitation facilities constructed</b>    |             |            |             |            |            |            |            |            |
| <b>Activities planned</b>   | <b>July</b> | <b>Aug</b> | <b>Sept</b> | <b>Oct</b> | <b>Nov</b> | <b>Dec</b> | <b>Jan</b> |            |
| WASH activities in hospitals  |             |            |             |            |            |            |            |            |
| <b>Output 6.2: Solid waste disposal to prevent vector breeding promoted</b> |             |            |             |            |            |            |            |            |
| <b>Activities planned</b>   | <b>July</b> | <b>Aug</b> | <b>Sept</b> | <b>Oct</b> | <b>Nov</b> | <b>Dec</b> | <b>Jan</b> | <b>Feb</b> |
| Procure garbage bins  |             |            |             |            |            |            |            |            |
| Distribute garbage bins <sup>5</sup> (3 bins per school)                    |             |            |             |            |            |            |            |            |
| Briefing on waste disposal and usage of bins                                |             |            |             |            |            |            |            |            |

<sup>5</sup> Briefing session for the volunteers will be provided before they start the activity.

