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Emergency Plan of Action (EPoA) Philippines: Dengue Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPH033	Glide n° PHL-2019-000085
Date of issue: 24 July 2019	Expected timeframe: 3 months Expected end date: 24 October 2019
Category allocated to the of the disaster or crisis: Yellow	
DREF allocated: CHF 149,557	
Total number of people affected: 106,630 dengue cases	Number of people to be assisted: 121,800 Number of direct and indirect beneficiaries, together: 300,000
Host National Society presence: Philippine Red Cross (PRC) is the nation's largest humanitarian organization and works through 104 chapters covering all administrative districts and major cities in the country. PRC has more than 1,700 staff at national headquarters and chapter levels, and approximately two million volunteers and supporters, of whom some 500,000 are active volunteers. At the chapter level a programme called Red Cross 143 is established that sees volunteers trained, equipped and in place at the community (barangay) level - enhancing the overall capacity of the National Society to prepare for and respond to disaster situations.	
Red Cross Red Crescent Movement partners actively involved in the operation: There are eight Partner National Societies with presence in the Philippines.	
Other partner organizations actively involved in the operation: The National Disaster Risk Reduction and Management Council (NDRRMC) with Department of Health (DOH) is leading the coordination of the response. Other government ministries and agencies at national and regional levels involved are Department of Social Welfare and Development (DSWD), local government units, Philippine Armed Forces; Philippine National Police Force and etc. World Health Organization (WHO) is providing support to the government agencies. The Humanitarian Country Team with the support of OCHA coordinate the non-government humanitarian response with I/NGOs and UN Agencies.	

A. Situation analysis

Description of the disaster

From 1 January to 6 July 2019, 115,986 dengue cases have been officially reported nationwide through the Philippines Integrated Disease Surveillance and Response (PIDSRS), an 86 per cent increase from the 57,564 cases reported over the same period in 2018¹. Also reported are 491 deaths compared to 317 deaths for the same period last year.

On Monday, 15 July 2019, the DOH has declared a national dengue alert amid the surge in reported cases of the mosquito-borne viral illness. Region III, X, XII and Autonomous Region of Muslim Mindanao (ARMM) have exceeded the alert threshold whereas, region IVA, V, VI, VIII and IX have exceeded the epidemic threshold.

The national dengue alert was issued to urge regional DOH offices to step up dengue surveillance,



Children listening attentively to PRC volunteers doing dengue awareness and prevention campaign in Camarines Sur. (Photo: PRC)

¹ Philippines Integrated Disease Surveillance and Response (PIDSRS) [report](#) dated 17 July 2019, covering between January 1 and July 6, 2019 (MW 1 – 27).

case management and outbreak response in primary health facilities and hospitals, as well as through community and school-based health education campaigns, clean-up drives, surveillance activities, case investigations, vector control, and logistics support for dengue control (insecticides, rapid diagnostics tests, medicine, etc.).



On 17 July 2019, NDRRMC called a Health Cluster Meeting attended by PRC and DOH Secretary Duque to discuss the outbreaks and coordinate the response. (Photo: PRC)

The National Disaster Risk Reduction Management Council (NDRRMC), has raised the [Code Blue](#) alert, activating the national Health Cluster, led by DoH and PRC is cooperating/supporting DOH on the responses. This is a response level alert for 50 per cent agency resource mobilization. This means that teams have been mobilized to augment existing regular day-to-day resources.

The Department of Health (DOH) Epidemiological Surveillance Units at municipal, provincial and regional level are proactively looking for clusters of dengue cases up to the barangay level, to launch specific response activities in line with identified needs. Regional Dengue Coordinators are currently submitting weekly dengue outbreak response reports to DOH to provide a comprehensive overview of all response actions and where needed, to mobilise additional resources. Rapid diagnostics at barangay level is facilitated through the distribution of Rapid Diagnostics Tests (RDT).

The DOH is undertaking a nationwide public information campaign to follow the '4-S method' which stands for "search and destroy" mosquito-breeding sites, employ "self-protection measures" such as wearing pants and long-sleeved shirts, and daily use of mosquito repellent, "seek early consultation", and "support fogging/spraying" in areas where an increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

This rise in dengue cases comes as the DOH and PRC continue to respond to the ongoing dengue outbreak. The latest reports for the period 1 January to 29 June 2019 notified that there are 106,630 dengue cases and 456 deaths.

Summary of the current response

Overview of Host National Society

In accordance with PRC response Standard Operating Procedures, the Operations Center (OpCen) monitors the emergencies and disaster and corresponding response, providing regular updates.

Following the declaration of dengue alert, PRC has alerted its local chapters to activate Red Cross (RC) 143 and Red Cross Action Team (RCAT) Health volunteers and organize health information dissemination on dengue. The following activities are ongoing while others are underway:

- PRC OpCen is on call 24/7, providing updates on all responses.
- PRC alerted its local Chapters to activate community-based volunteers (RC143) and chapter-based volunteers (RCAT) and organize health information dissemination on dengue.
- PRC is organizing for the deployment of four Dengue Emergency Medical Unit (DEMU) or hospital extension wards to hospitals as support to the ongoing dengue outbreak in Iloilo province.
- PRC Iloilo chapter will mobilize their volunteer nurses within the pool of the chapters' regular volunteers, medical associations, hospital and academic partners and will be operationalized in two shifts per day.
- Community mobilization of RC143 community health volunteers (CHV) are being mobilized for health campaigns and clean-up drives.



Loading the tents and equipment for the Dengue Emergency Care Units going to Iloilo. (Photo: PRC)

Overview of Red Cross Red Crescent Movement in country

PRC is leading the overall response operation. In addition to the IFRC, there are presence of significant number of Movement partners in the country; the International Committee of the Red Cross (ICRC), American Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Spanish Red Cross and Qatar Red Crescent Society.

The IFRC country office is supporting PRC in disseminating updates to Movement partners with in-country presence and coordinating with the Asia Pacific Regional Office (APRO) in Kuala Lumpur in accordance with the IFRC Secretariat's Emergency Response Framework. IFRC country office is also coordinating with PNSs and remains in close contact with ICRC on any security-related considerations. For large scale disasters PRC, ICRC and IFRC refer to the Movement Coordination Agreement for cooperation during emergencies. Reference is also made to the 'Access Map for RCRC the Movement'.

Overview of non-RCRC actors in country

Coordinating with the authorities

Republic Act 10072 (Philippine Red Cross Act of 2010) recognizes PRC as an independent, autonomous, non-governmental organization auxiliary to the authorities of the republic of the Philippines in the humanitarian field. Since the establishment of the National Disaster Risk Reduction and Management Council (NDRRMC), the PRC has served as one of the original member agencies and the only non-government agency seating in the council members. As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with (i) the NDRRMC; (ii) the provincial, municipal and barangay (community) disaster risk reduction and management councils; and (iii) the local government units defined in the Disaster Risk Reduction and Management

Inter-agency coordination

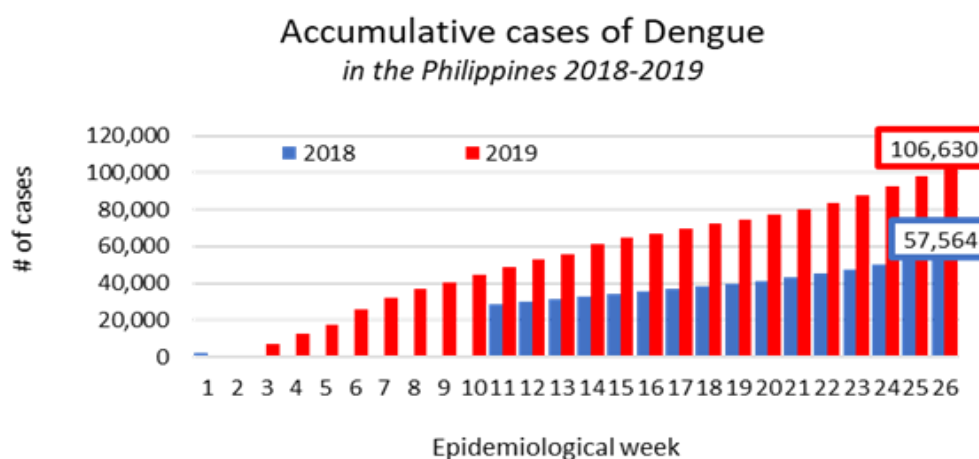
At country level, PRC and IFRC are observers to, and participate in, meetings of the Humanitarian Country Team (HCT) held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant clusters as required.

IFRC and PRC are coordinating with WHO on the response, sharing information and contributing to updates. WHO co-chairs the National Health Cluster coordination through NDRRMC mechanism led by DOH.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

PRC continues to monitor the situation through the OpCen from its chapters and has carried out several visits to hospitals to assess the current situation and coordinate with health officials. Secondary data has also been collected and analysed. There is an active Health Cluster in the Philippines who is also providing analysis of the needs. World Health Organization (WHO) has issued their first situation report on 16 July 2019 and confirmed that there was an increase of 86 per cent of reported cases from 2018 as of 16 July 2019. Chart below shows the comparison of dengue cases in the Philippines for the year 2018 and 2019 as of 29 June 2019.



With 456 deaths recorded, the case fatality rate (CFR) is 0.43 per cent, lower than 0.55 per cent in the same period last year. The median age of deaths is nine years with a range of <1 to 88 years old. The most affected age group among dengue cases is five to nine years old (23 per cent). The most affected age group among dengue deaths is also five to nine years old (30 per cent).

The map (right side) shows the reported cases by province². The most affected areas are Western Visayas (Region VI), which had the greatest number of reported dengue cases so far this year with 13,164, (12 per cent) followed by Calabarzon (Region IV-A) with 11,474 cases (11 per cent), Central Visayas (Region VII) with 9,199 (9 per cent) cases, Region XII 9,107 (8 per cent) cases and Northern Mindanao 8,738 cases³ (8 per cent).

The provinces/city with highest dengue deaths are:

- Cebu with 35 deaths (9.8 per cent)
- Negros Occidental with 24 deaths (5 per cent)
- Iloilo with 24 deaths (5 per cent)
- Zamboanga Del Sur with 22 deaths (4 per cent)
- Bohol with 18 deaths (4 per cent)

Iloilo, Aklan, Antique and Guimaras provinces in Western Visayas declared an outbreak, with many municipalities seeking a state of calamity⁴.

Detailed breakdown of cases and comparison with 2018 is shown in Table 1.

Iloilo province declared the dengue outbreak on 5 July 2019. The provincial government reported that there are 12 licensed hospitals which can accommodate up to 615 patients daily; with the dengue outbreak, the bed occupancy rate went up to 316 per cent or 1,863 patients and continues to increase. PRC has received a request from the Governor of Iloilo to provide support to the hospitals that are overwhelmed with cases.

According to WHO dengue cases have been observed to peak every 3-4 years. The last peak occurred in 2016. WHO consider the risk of the current dengue situation as high at the national level, and low at regional and global levels.

Below, is a summary of the analysis to consolidate the main factors related to this dengue outbreak:

1. Though the cases and deaths have been recorded since January 2019, the numbers have intensified recently, which makes this as an acute phase of a chronic situation.
2. Dengue cases in the Philippines show seasonal peaks between July and September each year, following the rainy season. With a delayed rainy season due to weak El Niño, it is likely to continue until August 2019. The number of cases

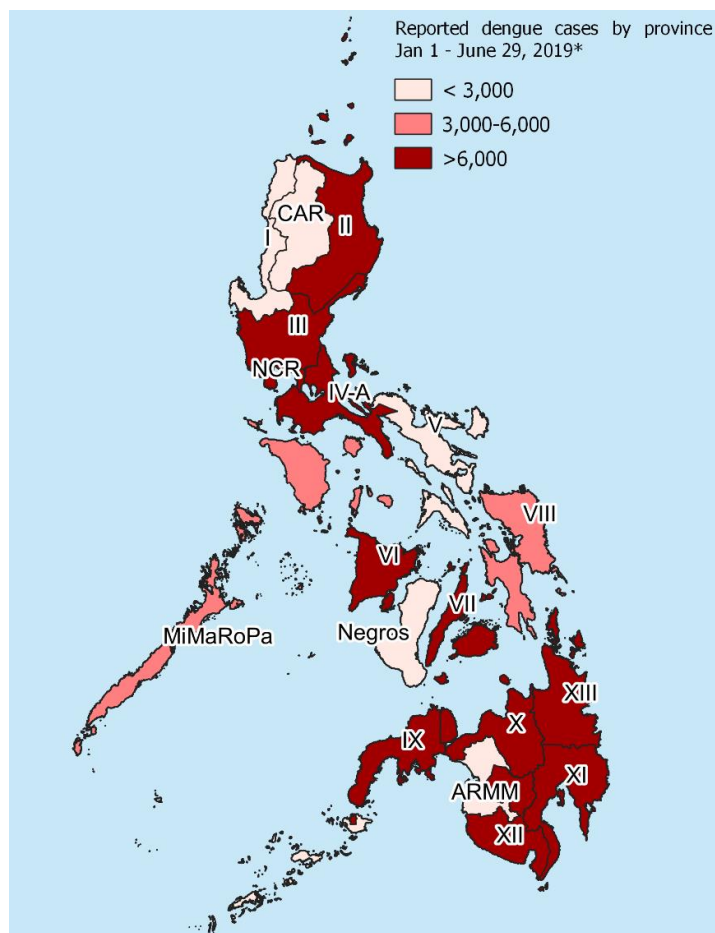


Table 1. Cumulative Reported Dengue Cases by Region January 1- July 6, 2019 vs January 1- July 6, 2018

Region	2019			2018		
	Cases	Deaths	%CFR	Cases	Deaths	%CFR
PHILIPPINES	115,986	491	0.4	62,267	336	0.5
I	2,968	5	0.2	3,728	14	0.4
II	6,731	25	0.4	1,830	8	0.4
III	7,796	20	0.3	9,313	23	0.2
IV-A	12,780	50	0.4	8,121	48	0.6
MiMaRoPa	3,337	9	0.3	1,973	11	0.6
V	2,549	27	1.1	1,306	15	1.1
VI	15,826	89	0.6	4,497	35	0.8
VII	9,259	60	0.6	3,522	25	0.7
VIII	4,471	17	0.4	2,440	20	0.8
IX	9,172	47	0.5	2,050	15	0.7
X	9,354	26	0.3	5,426	41	0.8
XI	3,595	7	0.2	1,710	6	0.4
XII	9,572	42	0.4	3,228	12	0.4
ARMM	1,928	17	0.9	987	13	1.3
CAR	2,514	5	0.2	1,642	4	0.2
Caraga	6,366	17	0.3	1,891	4	0.2
NCR	7,768	28	0.4	8,603	42	0.5

is already at 86 per cent higher than in the same period in

² World Health Organization, Situation Report 1 Dengue Outbreak, 1-2

³ World Health Organization, Situation Report 1 Dengue Outbreak, 1-2

2018. The dengue caseload is expected to significantly rise, possibly similar to large outbreaks which occurred in 2016, 2013 and 2010. This would be in line with a 3 to 4 years interval at which epidemics tend to occur in endemic countries. **Recently, in the week of 30 June – 6 July, more than 9,000 new cases and 35 new deaths was recorded.**

3. 2010, 2013 and 2016 outbreaks showed similar trends and turned into a bigger and wider epidemic. The cases this year has doubled the number compared to the last major outbreak in 2016 (59,585 cases), for the same period.
4. In previous dengue outbreaks, the health system was able to manage. This year, the health system has not only had dengue, but also large scale multi-regional outbreaks of measles that have impacted on the capacity of the DOH system.
5. The DOH in the Philippines has already declared a national alert for dengue.
6. PRC has been requested by the Iloilo Governor's office and the Iloilo Regional DRRMC office for hospital extension ward support. Considering that hospitals are being overwhelmed with patients, in comparison to their actual capacity.

Targeting

The operation aims to reach out to six chapters across the three most impacted regions; with IEC materials and social mobilization services to support the DOH strategy to reach out everyone with information on prevention and management of dengue. The operation aims to reach at least 300,000 community people through direct information dissemination. Targeting for the extended hospital support units will be carried out in coordination with DOH, based on the need for additional support to hospitals – where they are overwhelmed with cases, and will prioritized based on a vulnerability and capacity analysis.

Based on analysis of the data available and after consideration of the national alert and the seasonal vulnerability, the priority areas for prevention activities have been identified. The operation will focus in 60 barangays in six chapters in Regions III, IVA, VI, VII and NCR.

Scenario planning

Possible scenarios are:

Status	Effect/Needs	IFRC response
<p>DOH prevention and management efforts require PRC to undertake public information dissemination and social mobilization campaigns to ensure acceptance of good practices like fogging, cleanliness drive, adequate clothing during daytime at the <i>barangay</i> level.</p> <p>PRC chapters' capacity needs to be enhanced: in terms of logistics, task shifting of the volunteers and social mobilization for cleanliness drive, health promotion and environmental interventions are supported at the local level</p> <p>PRC is required to provide blood and platelets to severe dengue cases through its own blood bank.</p>	Medium humanitarian needs	Extension of DREF.
<p>Cases of dengue continues to increase from NCR and provinces, including far flung areas with low health support capacity. The Government declares a national epidemic.</p> <p>More areas will be left out from public health safety nets that need immediate stabilization and long-term dengue prevention and management services.</p> <p>PRC is required to provide blood and platelets to severe dengue cases through its own blood bank.</p> <p>Health facilities and public health institutions are overwhelmed due to huge influx of active dengue cases.</p>	High humanitarian needs	Extension of DREF. Possible escalation to a long-term project as part of the Country Office Operational Plan to cater to the needs over a longer period.

Operation Risk Assessment

The project's success will also be dependent on significant changes in the following variables:

1. Absence of large to catastrophic disaster in the country.
2. Absence of major political unrest and possibilities of armed conflict in one or more areas of the country.
3. Presence of cooperation and support from the government and other major stakeholders.

B. Operational strategy

Overall objective

The overall objective of the operation is to reduce and prevent new dengue cases, support the overwhelmed healthcare system to manage critical cases and mitigate the impact of the current dengue outbreaks on the most vulnerable communities in coordination with the DOH. This operation is targeting to reach at least 300,000 people through social media campaigns. This operation is also targeting to reach 3,000 patients and their immediate attendants and family members accounting to 15,000 people through targeted hospitals (patients and family members); 120,000 people through community-based disease prevention (CBDP) activities across 60 barangays in six chapters in Regions III, IVA, VI, VII and NCR. These form part of an overall target of at least 300,000 people to be targeted through social media campaigns.

Proposed strategy

This DREF allocation aims to deliver humanitarian assistance to the most vulnerable affected by the dengue outbreaks under two strategic areas:

- Support to public health services responding to the outbreaks: Set up Dengue Emergency Medical Unit (DEMU) or hospital extension wards and welfare desks and equipping and providing nursing staff for them in collaboration with DOH and local government units.
- Enhancing public awareness through health promotion and community mobilization: Actively disseminating timely and related information to ensure positive changes of behaviour towards early referral and management of dengue, and updates on resources for health and health-related needs across levels.
- Environmental prevention and management of dengue: By undertaking barangay level cleanliness drive and applying *Bacillus thuringiensis subspecies israelensis* (BTI) into water sources. BTI is a group of bacteria used as biological control agents which produces toxins which are effective in killing various species including of mosquitoes.

Geographically, the operation will initially focus on the most affected areas of Region VI. As further information is made available through the ongoing assessments this may be revised.

The operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analyses to inform the design and ongoing implementation of the programme.
- Ongoing process of adjustments based on these assessments.
- Adherence to protection, gender and inclusion measures, with focus on disability inclusive response. The interventions will also ensure community engagement and accountability, as well as child protection and gender, diversity and disability inclusion.
- Establishment of mechanisms to facilitate two-way communications with, and ensure transparency and accountability to, disaster-affected people, and highlighting the nature of communication and information as a life-saving mechanism.
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.
- PRC, with the support from IFRC, will also ensure that lessons learned from this operation are gathered, recorded and analyzed to be used in future operations.

Support Services

Human resources

The CHV operation will support the National Society Development for Cross Volunteers (RC143), Red Cross Action Teams (RCAT143), National Disaster Response Teams, Selected Chapter staff and Chapter, national headquarters delivery and support services. For PRC all relief activities will be implemented by the PRC Chapters utilizing existing staff and Red Cross 143 volunteers, Red Cross Action Teams (RCAT134) and NDRT from other Chapters. A regional disaster response team (RDRT) member was deployed to strengthen community engagement and accountability of the operation of the operation as per PRC's request.

For IFRC country office we will support the National Society in providing technical and support service staff as required to ensure accountability and compliance with regards to the operation.

Communication

The PRC communications team is ensuring that Red Cross response efforts are effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country are actively contributing to institutional communications through their own social media networks. A composite team of PRC and IFRC communications officers will work together to generate high quality photos, video clips and news stories for use across IFRC and PRC multimedia platforms. Mobile messaging groups (via Facebook Messenger) was set up between PRC's operations centre, DMS, deployed assessment teams, PRC and IFRC communications focal persons to share real-time information and data from responders on the ground and vice versa.

Information technology and telecommunications

The DREF operation will cover costs of mobile phone credits and internet cards for the chapters involved. PRC will ensure that staff and volunteers involved in the operation are accessible via mobile phones. Where necessary, satellite phones will be made available. The chapters will have sufficient computer software and hardware capacity, and support for the operational requirements.

Security

The IFRC security framework is applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework will apply. Coordination will also be observed with the ICRC and implementing PNS through regular information-sharing in accordance with the existing and agreed arrangements. All PRC staff and chapter volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

Community engagement and accountability (CEA)

Community accountability and feedback/response mechanisms will be integrated into the operation to ensure that affected populations have direct access to information on the nature and scope of services provided by PRC, along with processes that will enable community participation and feedback.

Planning, Monitoring, Evaluation and Reporting (PMER)

Reporting on the operation will be carried out in accordance with the IFRC reporting standards. Regular updates will be issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team will have technical PMER capacity and additional technical support is provided through IFRC APRO PMER team. The operation monitoring teams will make field visits as needed. This will help identify and, where possible and necessary, resolve any issues. Necessary tools and templates for regular data collection and reporting will be adopted from existing PMER resources.

Administration and Finance

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to PRC on procedures for justification of expenditures, including the review and validation of invoices. PRC is accustomed to and competent in delivering these financial procedures to the required standards.

Logistics and Supply Chain

Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Logistics support for this operation is being provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

PRC dispatched relief items from existing in-country preparedness stocks with the support of IFRC country office team to meet the immediate operational needs. All in-country transportation of relief items is being carried out by utilizing PRC existing fleet. The process of replenishing relief items contributed under this operation and released from preparedness stocks is underway. Replenishment of items with local specification has been initiated by the IFRC country office whereas the replenishment of IFRC standard items has been initiated by the IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department in Kuala Lumpur. IFRC country office is also supporting PRC with the procurement of replenishment tents and AC's/fans and some NFI's for four Dengue Emergency Medical Unit. The IFRC country office also supporting the operation by deploying VRP vehicles and as per operational needs rented locally light vehicles to transport staff and volunteers. The IFRC Asia Pacific OLPSCM Department in Kuala Lumpur will extend its technical support to PRC and IFRC country office as needed.

C. Detailed Operational Plan



Health

People targeted: 300,000

Male: 152,060

Female: 147,940

Requirements (CHF): 116,499

Needs analysis:

Sector	Need analysis	Assistance planned and population to be assisted
Relief		
First Aid, Epidemic Prevention PSS	<p>Ongoing assessment and prioritization of the implementing strategies have identified the following needs:</p> <ul style="list-style-type: none"> • Continue to collect and analyse data at the regional level to understand the spread and impact of dengue and inform the response, prevention and management plan accordingly. • Continue close coordination with Rural Health Units and Barangay Health Stations at local government unit level on health education to the community members and health workers. • Provide community-based surveillance using a network of active RC143 volunteers to identify the most vulnerable areas and inform the health system, accordingly for environmental interventions. • Use the RC143 volunteers at the community level to support the DOH strategy to spread awareness, monitor that the environmental condition, organize cleanliness drive and provide community support system for fogging. • The patients and their immediate attendants and family members need quality services in the public health institutions and organized safe and hygienic space for them to attend the impacted people. This requires direct support to the public health system supporting the ongoing response in the outbreak areas. <ul style="list-style-type: none"> ○ Due to lack of space there is insufficient segregation of the cases at different stages, there is also a lack of adequate treatment and recovery space. As such, there is a need for 	<ul style="list-style-type: none"> • This operation is targeting 300,000 people, including: 3,000 patients and their immediate attendants and family members (accounting to 15,000 people) through targeted hospitals; 120,000 people through CBDP activities across 60 barangays in six chapter in Regions III, IVA, VI, VII and NCR. All 300,000 will be targeted through social media campaigns. • This operations aims to support six hospitals in Region VI (Iloilo, Antique, Aklan, Capiz and Negros Occidental), Region VII (Cebu, Bohol) and IVA (Cavite, Laguna, Rizal, Quezon, Batangas) over including 1,800 dengue cases (9,000 attendants and family member), in the extended hospital care units will be assisted. • The provision of medical tents (i.e. multi-purpose tents, etc), relevant non-food items such as mattresses, blankets, hygiene essential items, mosquito nets, water and sanitation. • Welfare desk (for registration, hot meals etc.) to support respective provincial/regional public health system in case of overwhelming footfall of dengue patients in the facilities. • Increased sanitation capacity through temporary latrines (portlets), waste management facility, etc. • PSS activities are also targeted to 9,000 people: patients and their attendants/family members in the hospital support and care centres (tents/rub-hall laid out by PRC). Volunteers will be mobilized for PSS activities at the welfare desk and as part of the social mobilization teams. The welfare desk will also serve as a one-stop shop for the people which provide services such as: (i) restoring family links; (ii) tracing; (iii) psychosocial support; (iv) critical incident stress management; (v) guidance and counselling; (vi) inquiry and communications; (vii) contact of relatives; and (viii) referral. • Six chapters in these regions with significant number of dengue cases and death cases will be also be provided with capacity building and planning support, so they can provide similar support to their respective local public health system and report relevant primary information back to the PRC Operations Centre. Through this route we expect to reach out to 300,000

	<p>temporary wards – this will be in the form of providing medical tents supported with relevant non-food items and providing nursing staff. These temporary wards will be used to support mild cases of dengue and recovery patients and hence provide more space within the normal medical treatment wards for active cases.</p> <ul style="list-style-type: none"> ○ Welfare desks will be set up for family members providing psychosocial support (PSS), hot meals and other PRC welfare services. ○ There is a need to provide ambulance services that the most critical cases can be transferred to a higher level of hospitals. 	<p>people with information on Dengue and environmental prevention and management, including cleanliness drive at the community level.</p> <ul style="list-style-type: none"> • The operation aims to reach six chapters across the three most impacted regions, with IEC materials and social mobilization services to support the DoH strategy to reach out to all with information on prevention and management of dengue. The operation aims to reach out to at least 300,000 community people through direct information dissemination.
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Summary of population assisted is as follows:

Key Target Hospitals for the Deployment of DEMU

Health Facility	No. of Target Hospital	Target No. of beneficiaries (individuals)	Volunteer Doctor and Nurses to Mobilized
Government Hospital	6 target hospitals esp. government will be targeted for extension ward assistance	1,800 individuals affected by dengue will benefit from the services of the extension wards. 9,000 family members and attendants will benefit from other services – PSS, WASH, and information dissemination	72 volunteer doctors and nurses will be mobilized to man the operations

Key Target Areas for information dissemination and Health Promotion Activities (To target around 50% of the affected chapters which is 15 chapters)

Region	Target Chapter and Communities	Target No. of beneficiaries (individuals)	CHV to be Trained / Mobilized
Region III	Bulacan	20,000 per chapter/6 chapters (total of 120,000 individuals direct)	80 per chapter/6 chapters (total of 480 CHVs)
Region IV-A	Batangas		
Region VI	Iloilo		
Region VI	Negros Occidental		
Region VII	Cebu		
NCR	Quezon City		
10 communities per chapter – for 6 chapter a total of 60 communities		At least 300,000 – through direct social mobilization campaign and social media coverage.	



Protection, Gender and Inclusion

People targeted: 120,000

Male: 55,000

Female: 65,000

Requirements (CHF): 533

Sector	Need analysis	Assistance planned and population to be assisted
PGI	<ul style="list-style-type: none"> It is important that the targeting is inclusive, diversity-friendly, non-exploitative and sensitive to the needs of the most vulnerable population subsets, including women and girl children. The operation needs to integrate a 'do no harm' approach into all aspects of planning and programming. PRC will capture sex, age and disability disaggregated data (SADDD) for the purpose of accountability to communities, to analyse who is directly benefitting and who is not benefitting from services; and to understanding the number and specific vulnerabilities of females to males based on their gender roles and age (i.e. to understand if a higher proportion of women, children or men are made vulnerable) and to provide age- and sex-appropriate clothing, hygiene materials and healthcare. The chapter level staffs and volunteers are not oriented to monitor the programmes and its element on PGI lenses It is expected that the Dengue Emergency Medical Unit (DEMU) are following all the protection and SGBV protection criterion the infrastructure and physical settings. Like the facilities should be well lit, the portalets (portable latrines) for men and women should not be together or facing each other, the facility is guarded etc. For the cleanliness drive the teams will make sure that pregnant, lactating women and mothers or attendants with disability should be involved in planning and none of the areas are left due to its remoteness or social exclusion within a Barangay. The volunteers' profile should have representation from different diverse sections, for understanding people' needs well and they should be able to make different groups confident about their disclosure. 	<ul style="list-style-type: none"> PRC will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to Protection, Gender and Inclusion during Emergencies, including targeting women-headed households, pregnant or lactating women, and men and boys made vulnerable by the disaster. The following considerations apply: <ul style="list-style-type: none"> Prevention of sexual and gender-based violence, by mapping and distribution of safe referral pathways (in coordination with the Protection Cluster) and training of PRC volunteers on how to handle disclosures and refer individuals to appropriate services when necessary. Women and child friendly spaces in any temporary housing arrangement. Distribution of child protection information materials. Protection and inclusion will be followed as cross cutting principle for this project. All the activities will be planned based on 'Do No Harm' principle and thus everyone reached through this project will be benefitted. 60 staff and volunteers from 6 chapters will be trained on PGI and SGBV and mobilized to undertake other interventions. These people will ensure that the minimum PGI standards are maintained at all time in the interventions.

Programme standards/benchmarks: IFRC Minimum standard commitments to protection, gender and inclusion in emergency

P&B Output Code	Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs	All people received PGI services provided by PRC as part of direct beneficiaries of the Dengue DREF operation by October 2019
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Strategies for Implementation

Requirements (CHF): 13,100

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.	<i>6 of NS branches that are well functioning.</i>											
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<i>100 % of volunteers insured.</i>											
	Activities planned	Month	1	2	3								
AP040	Visibility of the NS is ensured throughout the operation		x	x									
AP040	Ensure that volunteers are insured		x	x									
AP040	Provide complete briefings on volunteers' roles and the risks they face		x	x									
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<i>Effective and coordinated international disaster response ensured.</i>											
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	<i>1 RDRT member deployed in the country.</i>											
	Activities planned	Month	1	2	3								
AP046	Initial operational start up support implemented by IFRC for the host national society and participating national societies and other common services		x	x	x								
AP046	Deployment of RDRT member		x	x									
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<i>2 methods established to share information with communities about what is happening in the operation. 100% of complaints and feedback received responded to by the NS.</i>											
	Activities planned	Month	1	2	3								
AP084	Communicate and engage with communities on social media (Facebook and Twitter).		x	x	x								
AP084	CEA awareness sessions for the staff and volunteers are conducted		x										
AP084	Client satisfaction survey		x	x	x								
P&B Output Code	Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards	<i>Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements.</i>											
	Activities planned	Month	1	2	3								
AP050	IFRC country office's logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements		x	x	x								
P&B Output	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.	<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues.</i>											

Budget

DREF OPERATION

MDRPH033: Dengue Outbreak

Budget Group	DREF Budget CHF
Shelter - Relief	8,000
Clothing & Textiles	7,200
Water, Sanitation & Hygiene	16,200
Utensils & Tools	240
Other Supplies & Services	4,200
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	35,840
Computer & Telecom Equipment	1,500
Other Machinery & Equipment	11,200
Total LAND, VEHICLES AND EQUIPMENT	12,700
Distribution & Monitoring	500
Transport & Vehicle Costs	10,154
Logistics Services	800
Total LOGISTICS, TRANSPORT AND STORAGE	11,454
National Staff	2,000
National Society Staff	10,800
Volunteers	38,977
Total PERSONNEL	51,777
Workshops & Training	13,450
Total WORKSHOP & TRAINING	13,450
Travel	7,000
Information & Public Relations	5,400
Office Costs	2,700
Communications	108
Total GENERAL EXPENDITURES	15,208
Programme and Services Support Recovery	9,128
Total INDIRECT COSTS	9,128
TOTAL BUDGET	149,557

Reference documents



Click here for

- [Information Bulletin](#)

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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 (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Humanitarian Response \(Sphere\)](#) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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