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Emergency Plan of Action Operation Update

Philippines: Dengue Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPH033	GLIDE n° EP-2019-000085-PHL
EPoA update n°2; 4 September 2019	Timeframe covered by this update: 24 July to 8 August 2019
Operation start date: 25 July 2019	Operation timeframe: 3 months and ends on 24 October 2019. Extended by 2 months to 24 December 2019) through this Operations Update
Overall operation budget: CHF 149,557	
N° of people being reached: 123,254	
Red Cross Red Crescent Movement partners currently actively involved in the operation: There are eight Partner National Societies with presence in the Philippines. At the time of publication, Philippine Red Cross (PRC) has received bilateral support from German Red Cross.	
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 level are part of the response: Department of Social Welfare and Development (DSWD), Local Government Units; Philippine Armed Forces; Philippine National Police Force; etc. WHO are providing support to Government agencies. The Humanitarian Country Team with the support of OCHA is coordinating the non-government humanitarian response with I/NGOs and UN Agencies.	

This operations update provides the latest details on the response activities of PRC and request for a two months extension of the DREF (from 24 October 2019 to 24 December 2019), with the same overall budget of CHF 149,557.

The overall dengue caseload and the death-toll in the Philippines is still on the rise. As such, by the 24 October, it's probable that the same number of patients will keep coming to the hospitals. This means that the hospitals or at least some of them will continue to require the Dengue Medical Emergency Units (DEMU) support.

Moreover, the country is experiencing the effects of South West Monsoon (Habagat). This mixed with the typhoon season may further intensify flooding and lead to a spike in the number of mosquitoes, resulting in more dengue cases. The extension will also allow for time to demobilize the DEMUs.

Hence, there is a request to extend the DREF by two months to continue to support the dengue epidemic in the Philippines. At this time, the costs of the extension can be absorbed within the original DREF budget.



PRC volunteer nurse assists the patient inside the DEMU. Medical volunteers of PRC continuously attending to the needs of patients inside the DEMU. As of reporting, there are already 1,957 patients being catered. (Photo: Maria Francisca Noguera/IFRC)

A. SITUATION ANALYSIS

Description of the disaster

Number of cases for dengue in the Philippines has increased dramatically in 2019 compared to previous years. On 6 August 2019, the Government of the Philippines, through the DOH and NDRRMC, declared a national dengue epidemic. This is in response to the 188,562 cases recorded between January to 3 August compared to 93,149 for the same period last year (102 percent increase). With 807 deaths recorded compared to 464 for the same period last year (62 percent increase). The case fatality rate (CFR) is 0.42 per cent, lower than 0.53 per cent in the same period last year, but still significantly higher than the regional average of 0.22 per cent in the Western Pacific.



“Dengue won’t stop my child’s learning,” Manirose insists as she teaches her daughter, Jaris, while inside a mosquito net. Jaris got confined at the Philippine Red Cross dengue medical tent in Dasmarinas, Cavite for a week and she had to skip school for weeks to get treatment and rest. The DEMU is equipped with beds, mosquito nets, and air-conditioning unit to support patients’ recovery from dengue. (Photo: Maria Franca Noguera/IFRC)

The declaration was to ensure public safety and welfare amidst the increasing cases of dengue, and to ensure a whole-of-nation approach in addressing and halting dengue epidemic.

Based on the DOH Dengue Surveillance Report, 10 out of 17 Regions have exceeded the epidemic threshold of dengue in the past three consecutive weeks. These regions are: Region IV-A, IV-B, V, VI, VII, VIII, IX, X and BARRM. The most affected Regions are Region VI (Western Visayas) had the greatest number of cases and deaths at 32,515 cases and 126 deaths followed by Region IV-A (CALABARZON) with 19,732 cases and 74 deaths, Region X (Northern Mindanao) with 14,349 cases and 70 deaths, Region IX (Zamboanga Peninsula) with 13,579 cases and 69 deaths and Region XII (SOCCSKSARGEN) with 12,506 cases and 57 deaths.

There are 12 Provinces which declared state of calamity due to dengue: Aklan, Albay, Cavite, Capiz, Eastern Samar, Guimaras, Iloilo, Leyte, North Cotabato, South Cotabato, Western Samar and Zamboanga Sibugay.

Dengue causes flu-like illness, including a sudden high fever coming in separate waves, pain behind the eyes, muscle, joint and bone pain, severe headache, and a skin rash with red spots. Those with symptoms get ill between 4 to 7 days after a bite from an infected *Aedes* mosquito. The illness may progress to potentially fatal Severe Dengue, characterised by severe abdominal pain, vomiting, diarrhoea, convulsions, bruising, uncontrolled bleeding, and high fever which can last from 2 to 7 days. Complications can lead to circulatory system failure, shock, and death.

Summary of 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. The following are summary activities:

- All PRC chapters have been monitoring suspected dengue cases in their respective areas through close coordination with local health authorities and reporting to PRC OpCen.
- PRC OpCen has been providing updates.
- PRC alerted its local Chapters to activate community-based volunteers (RC143) and chapter-based health volunteers (RCAT) and organized health information dissemination on dengue using IEC materials on dengue prevention and control measures.
- PRC deployed nine medical tents in seven government hospitals as support to the high cases of dengue. These are referred to as Dengue Emergency Medical Units (DEMU's) and come fully equipped and resourced to take patients.



PRC Blood Service is preparing blood units to be shipped in different chapters. So far, PRC was able to dispense 10,255 blood units from 1 January to 20 August 2019. (Photo: PRC)

- Seven PRC chapters are mobilizing their volunteer nurses within the pool of the chapters' regular volunteers, medical associations, hospital and academic partners and are operationalizing in three shifts per day in every DEMU.
- Community mobilization of RC143 community health volunteers (CHV) are being mobilized for health campaigns and clean-up drives.
- PRC has been supporting hospitals and the DEMUs with blood units to ensure that there is adequate supply for the dengue patients

Highlight story

Julia Strikker, 21-year old tourist from Holland, contracted dengue while on vacation, with a friend, in Palawan. Strikker's mother, Renate Beuting sent an email to Philippine Red Cross and IFRC Philippines country head, Chris Staines, on 11 August asking for assistance for her daughter who was diagnosed with dengue in Coron. On 12 August, Strikker with only 120 blood platelet count, sought treatment at Coron Government hospital where she was told to come back the next day to undergo another blood test.

PRC communicated with Beuting in Holland to get her daughter's details and health condition update. PRC NHQ coordinated with Palawan chapter to help locate the patient and assess her health condition.

Palawan chapter assigned one volunteer to assist the patient with her needs and assess the best option for her to get immediate treatment. Because Coron General Hospital can no longer accommodate Strikker, PRC arranged for her to be transferred in Manila. She was confined in Medical City with the company of her parents, who flew in from Holland.

PRC migration team regularly communicated and visited her to get an update about her condition.



PRC provided the necessary support to Julia Strikker in order to received immediate medical attention. **Photo: Maria Francisca /IFRC**

Overview of Red Cross Red Crescent Movement in country

PRC is leading the overall response operation. In addition to the IFRC, the International Committee of the Red Cross (ICRC) is present in country along with Movement partners; 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.

German Red Cross is supporting PRC bilaterally supporting one DEMU set up in Iligan province to support the local hospital in catering increase patients of dengue.

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 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 serving as one of 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. DOH together with other government agencies, LGUs, schools, offices, and communities will conduct the clean-up campaign known as "simultaneous 4-o'clock habit of cleaning to prevent dengue", focusing on search and destroy of mosquito breeding sites. This is one of the primary interventions to prevent and control dengue. The DOH is calling for a meeting with health partners to discuss the response to the dengue epidemic and the ways interested partners may provide support. The DOH called for a meeting with health partners to discuss the response to the dengue epidemic and the ways interested partners may provide support. The requested supports include: Review of the dengue clinical management guidelines; Data analysis, data management; Logistic support – NS1 Rapid Diagnostic Test kits (RDT),

tents; Support to information campaign and advocacy; Implementation of the enhanced 4S strategy (Search and destroy breeding sites, Secure self-protection, Seek early consultation, Say yes to fogging); and human resource – to form monitoring teams.

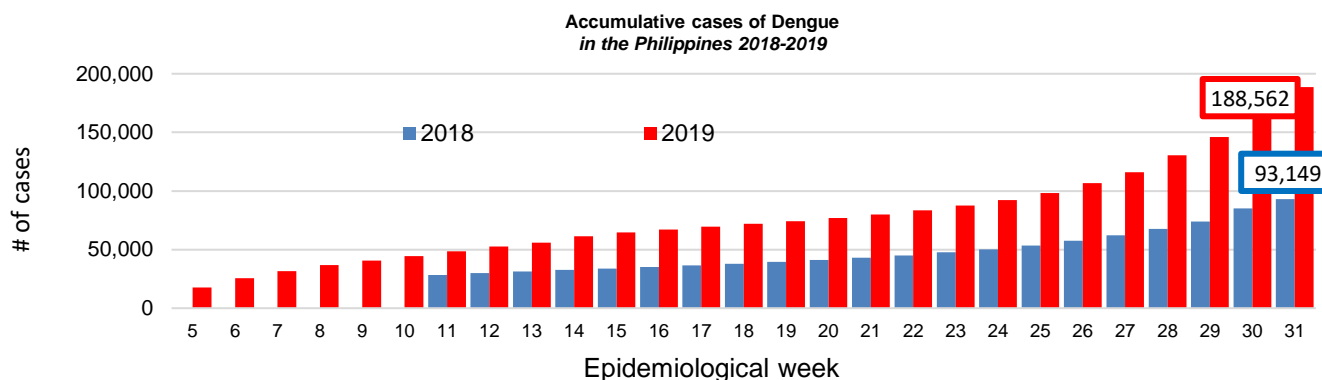
Inter-agency coordination

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. WHO continue to provide [situation reports](#) regarding dengue.

Needs analysis and scenario planning

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 Local and Regional health officials. Secondary data has been collected and analysed. There is an active Health Cluster in the Philippines who are providing analysis of the data and needs. World Health Organization (WHO) has issued their first situation report on 16 July 2019. The chart below shows the comparison of dengue cases in the Philippines for the year 2018 and 2019 as of 3 August 2019.



With 807 deaths recorded, the case fatality rate (CFR) is 0.42 per cent, lower than 0.53 per cent in the same period last year, but still significantly higher than the regional average of 0.22 per cent in the Western Pacific. 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).

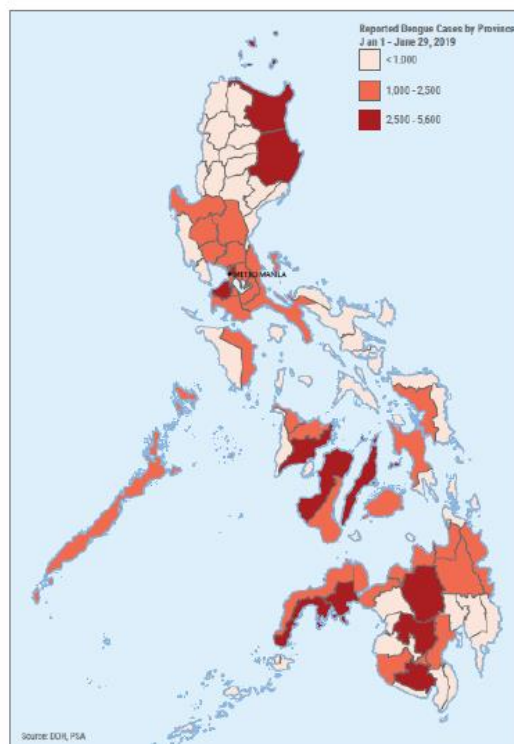
The map opposite shows the spread of measles up to 29 July.

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

Map: Reported dengue cases by province 1 January-29 July 2019*



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. 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.
6. On 6 August 2019, the Government of the Philippines, through the DOH and NDRRMC, declared a national dengue epidemic.

See [DREF EPOA](#) for the Scenario Planning and Operation Risk Assessment

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.

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 to everyone with information on prevention and management of dengue. 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). 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.

The operation is also targeting 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 three strategic areas:

- Support to public health services responding to the outbreaks: Set up DEMU 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 focuses on the most affected areas of Regions III, IV-A, VI and VII.

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.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 9,785

Male: 1,957

Female: 1,957

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicator:	Target	Actual
# of people reached to lessen immediate risks to the health.	300,000	123,254

Output 1.2: Target population is provided with rapid medical management of diseases

Indicators:	Target	Actual
# of people provided with support services as part of hospital support and welfare desk.	9,000	9,785 ¹
# of volunteers mobilized in the response phase, providing direct services to people through the hospital support units (Dengue Emergency Medical Unit), and Welfare Desks.	72	108
# of volunteers and staffs provided with PPE for protection from dengue, while responding	100	108

Progress towards outcomes

In support of the Department of Health through its provincial hospitals and by the request of the local government units, PRC has set up and are operating Dengue Emergency Medical Unit (DEMU) – tents that act as hospital extension wards - to support the spike of patients admitted to hospitals due to dengue cases. In total, seven DEMU's (nine medical tents and one Rub Hall) have been set up, supporting seven government hospitals.

Breakdown of patients catered in different DEMUs set up by PRC

No.	Hospital	Location/Province	Bed capacity	Patients catered	Operational date
1	Balasan District Hospital	Iloilo	2 medical tents with 40 beds	229	22-Jul
2	Tapaz District Hospital	Capiz	1 medical tent with 20 beds	99	27-Jul
3	Bailan District Hospital	Capiz	1 medical tent with 20 beds	82	28-Jul
4	Guimbal District Hospital	Iloilo	1 medical tent with 20 beds	138	01-Aug
5	Sara District Hospital	Iloilo	2 medical tents with 40 beds	114	04-Aug
6	Aklan Provincial Hospital	Aklan	1 medical tent with 20 beds (2nd tent provided by Aklan Provincial Government)	1,240	04-Aug
7	Pagamutan ng Dasmariñas	Cavite	1 Rubhall with 30 double beds	55	10 Aug
8	Gregorio Lluch Memorial Hospital	Iligan	1 medical tent with 20 beds		Planned – supported by GRC
Total				1,957	


PRC also provided mosquito nets in each DEMs, two mosquito nets per bed, to minimize any transmission and spread of the dengue virus. Welfare desks are also set up along the DEMUs – see Output 1.5.

Each DEMU is accompanied with human resources to provide nursing staff to patients and family members. There are four volunteers per shift to support the hospital staff. In a day, there will be three shifts for the volunteers.

- One Team Leader (registered nurse) – overall supervision and monitoring
- 1 volunteer – support in getting patients vital signs
- 1 volunteer – admin and logistics support
- 1 volunteer – provide psychosocial support at the welfare desks

¹ Total number of patients in the DEMU and their family members

Output 1.4: Epidemic prevention and control measures carried out.		
Indicators:	Target	Actual
# of people reached with community-based social mobilization for dengue activities.	120,000	Ongoing
# of people reached through direct social mobilization campaign and social media coverage.	300,000	123,254
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response.	20	104
Progress towards outcomes		
Chapters are now working on identifying the communities to be supported. This will be followed with recruitment and training/orientation of community-based health volunteers to be mobilized.		
PRC NHQ through the Operations Centre has been sending health advisories to all chapters. For surveillance, all chapters are advised to coordinate with their respective local health authorities to monitor any suspected cases of dengue.		
PRC is posting dengue information on its social media accounts, emphasizing prevention and control measures to educate the wider public. So far, the highest social media engagement for PRC post is 123,254.		
Output 1.5: Psychosocial support provided to the target population		
Indicators:	Target	Actual
# of people provided with PSS	9,000	9,785 ³
# of volunteers mobilized for PSS	24	27
Progress towards outcomes		
PRC set up their Welfare Desk along with the deployment of DEMUs. The Welfare Desks serves 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.		
In this case, the Welfare Desks mainly support with PSS and other relevant welfare services available to all 1,957 patients. Attendants and caregivers also benefit from the services provided by the Welfare Desks. A total of at least 27 trained volunteers have been mobilized to carry out PSS activities.		

	<p>Water, sanitation and hygiene</p> <p>People reached: 9,785</p> <p>Male:4,895</p> <p>Female: 4,890</p>	
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in temporary hospital support units and welfare desks.		
Indicator:	Target	Actual
# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context.	9,000	Ongoing
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in temporary hospital support units and welfare desks.		
Indicator:	Target	Actual
# of assessments/monitoring visits undertaken	3	Ongoing
Progress towards outcomes		
<i>No update as of reporting</i>		
Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicator:	Target	Actual
# of people provided with safe water (according to WHO standards).	9,000	Ongoing
Progress towards outcomes		
<i>No update as of reporting</i>		

³ Total number of patients in the DEMU and their family members

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicator:	Target	Actual
# of people with access to adequate sanitation facility.	9,000	9,785
Progress towards outcomes		
All the DEMUs are set up near the sanitation facilities in every hospital. This ensures that patients and their attendants will have access to sanitation facilities.		
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicator:	Target	Actual
# of volunteers involved in hygiene promotion activities.	24	Ongoing
Progress towards outcomes		
<i>No update as of reporting</i>		
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicator:	Target	Actual
# of people provided with a set of essential hygiene items.	300	Ongoing
Progress towards outcomes		
<i>No update as of reporting</i>		



Protection, Gender and Inclusion

People reached: 2,825

Male: 1,412

Female: 1,413

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

Indicator:	Target	Actual
% of people received PGI services provided by PRC as part of direct beneficiaries of the Dengue DREF operation by October 2019	100%	100%

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
PRC ensured improve equitable access to basic services, considering different needs based on gender and other diversity factors.	Yes	Yes
# of staff and volunteers mobilized to support PGI activities.	60	Ongoing
# of staff and volunteers trained for PGI activities.	60	Ongoing

Progress towards outcomes

PRC ensures that interventions are aligned with its own as well as the IFRC minimum standard commitments to Protection, Gender and Inclusion during Emergencies. Indirectly, all people reached with health services through the DEMUs are being supported with consideration on the minimum standard to Protection, Gender and Inclusion.

In DEMUs, particularly given the considerations that many children are being admitted, PRC ensures, in coordination with local hospital management, that facilities meet the basic needs of child patients and their parents.

PRC Welfare Service is planning to do an orientation with the volunteers on PGI aspect, considering that most patients are children. Volunteers need to be trained on how to handle the needs of the patients and their attendants based on PGI lens.

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.

Indicators:	Target	Actual
# of staff and volunteers mobilized to support SGBV activities.	60	Ongoing
# of staff and volunteers trained on SGBV activities.	60	Ongoing

Progress towards outcomes

This operation will address prevention of and response to sexual- and gender-based violence (SGBV) and all forms of violence against children through the welfare desks. PRC will refer to its draft operational guideline and referral pathways in handling issues related to SGBV, in case there will be reported SGBV issues.

Strengthen National Society

Outcome 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.

Indicator:	Target	Actual
# of NS branches that are well functioning	6	6

Output 1. 4: National Societies have effective and motivated volunteers who are protected

Indicator:	Target	Actual
% of volunteers insured	100%	100%

Progress towards outcomes

Through this DREF operation, PRC NHQ is directly supporting seven chapters with technical support and budget to operate the DEMUs in different hospitals to properly support their local public health.

All volunteers mobilized for this operation were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC.

International Disaster Response

Outcome S1: Effective and coordinated international disaster response is ensured

Indicator:	Target	Actual
Effective and coordinated international disaster response ensured.	Yes	Yes

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicator:	Target	Actual
# of RDRT member deployed in the country	1	Ongoing

Progress towards outcomes

PRC has been utilising NHQ and Chapters existing staff and Red Cross 143 volunteers, Red Cross Action Teams (RCAT134) and NDRT from other Chapters.

PRC has already requested the profile for a RDRT member to be deployed in-country who has background on community mobilization and health promotion, community surveillance and project management. RDRT alert was released on 8 August requesting for health support to strengthen the efficiency and effectiveness of delivered services to the affected population and to implement health intervention in response to the evolving situation.

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# of methods established to share information with communities about what is happening in the operation.	2	4
% of complaints and feedback received responded to by the NS.	100	Ongoing

Progress towards outcomes

Community engagement and accountability approach has been integrated into programming to ensure that at-risk communities and affected people have direct access to information on the nature and scope of services provided by PRC and to ensure that they can participate and feedback to PRC.

The methods established to share information with communities are:

- I. Social media posts. With a large coverage of social media across the country, PRC regularly uses Facebook and Twitter to raise awareness about dengue.
- II. Face to face feedbacking with PRC staff and volunteers. PRC has set up welfare desks and mobilized health volunteers to carry out community education sessions and collect community feedback/ concerns to inform the operation.

III.	Feedback box. Feedback box is also placed in every welfare desk in case people would not prefer to directly discuss their feedback with PRC.
IV.	IEC materials dissemination. PRC through its chapters, have been posting different IEC materials about dengue prevention and control measures in strategic locations in the communities.

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards

Indicator:	Target	Actual
Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements.	Yes	Yes

Progress towards outcomes

Logistics activities aim to effectively manage the relief items supply chain, including procurement, 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.

IFRC AP Operational Logistics, Procurement and supply Chain Management (OLPSCM) unit in Kuala Lumpur has supported with the international procurement of four multipurpose tents used for DEMUs in close coordination with the IFRC CO Logistics team. As of reporting time, the procurement process has been already completed and the supplier is preparing goods for the shipment, estimated time of arrival in Manila Philippines on September 2019.

Influence others as leading strategic partner

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.

Indicator:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicator:	Target	Actual
# of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation.	3	8

Progress towards outcomes

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.

PRC Communications Team published the following articles on its public website:

- [Red Cross intensifies counter-dengue ops with more tents, blood supplies](#)
- [Red Cross assures adequate blood supply amid dengue woes; Iloilo medical tent opens](#)
- [Red Cross deploys medical tents to dengue-stricken Iloilo](#)
- [PRC warns against leptospirosis, dengue this monsoon season](#)

IFRC has also published an article to its public website:

- [Philippines: Urgent action needed to halt deadly dengue outbreak](#)

IFRC and PRC communications team arranged media interviews to promote Red Cross efforts against dengue:

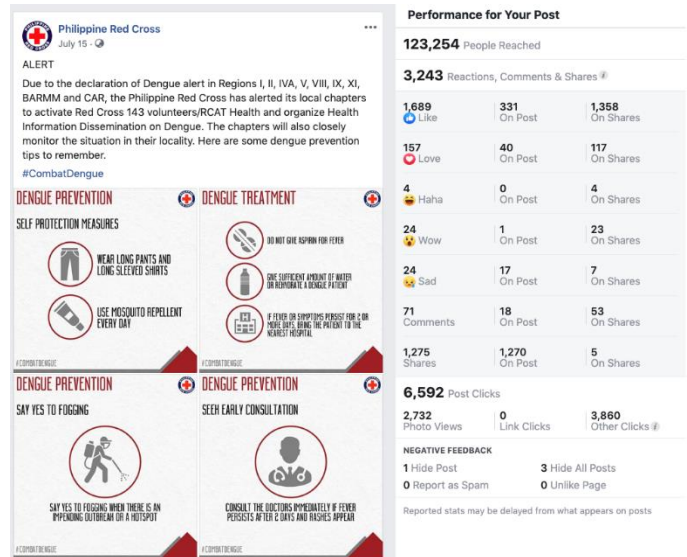
- BBC interview with Dr. Nalupta, 08 August 2019
- BBC interview with Chairman Gordon, 09 August 2019

- Netherlands media team visits DEMU in Cavite, 19 August 2019

IFRC communications team communicated and connected with Netherlands RC regarding the case of Dutch tourist. Provided videos and photos for release to the Dutch media.

IFRC and PRC communications team produced, posted and shared dengue awareness and prevention campaign materials as well as dengue map on social media to inform the public of the virus. Updates on the operation and anti-dengue campaigns progress (i.e. tents erected, patients served, blood units supplied) were shared on social media.

IFRC and PRC communications team will continue to generate communications materials to highlight and inform the public about dengue.



PRC Facebook reached for dengue post (Source: PRC Facebook)

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicator:	Target	Actual
# of post-distribution visits to affected communities.	3	Ongoing
# of lesson learnt workshop conducted.	1	To be conducted

Progress towards outcomes

Reporting on the operation has been carried out in accordance with the IFRC Emergency Appeal reporting standards. This operations update is issued during this operation’s timeframe with a final report issued within three months after the end of the operation. The operation team has technical PMER capacity and additional technical support has been provided through IFRC APRO PMER team.

A lesson’s learnt workshop will be conducted to identify challenges, lessons learnt and recommendations.

Effective, credible and accountable IFRC

Outcome 1: S4.1: The IFRC enhances its effectiveness, credibility and accountability

Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicator:	Target	Actual
% of financial reporting respecting the IFRC procedures.	100	100

Progress towards outcomes

The IFRC, through the finance department, provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices. PRC – which is on the working advance system – has been supported for many years by the IFRC and is accustomed to these financial procedures. All financial transactions in this operation adhere to the standard IFRC financial procedures. The IFRC finance and administration team in Manila provides both administration and transport support at headquarters and in the field.

Output S4.1.4: Staff security is prioritised in all IFRC activities

Indicator:	Target	Actual
Staff security is prioritised in all IFRC activities.	Yes	Yes

Progress towards outcomes

The IFRC security framework is applicable for this operation. With regards to PRC staff and volunteers, the National Society’s security framework will apply. Regular coordination is maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing has been maintained and specific security protocols for each security level.

In country, PRC staff and volunteers were oriented about dengue and are given prevention measures that they should apply at home and on their respective communities. All staff and volunteers are required to complete the IFRC Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with PPE, to protect them against communicable and non-communicable diseases considering the current health situation in country: high cases of measles and dengue.

D. BUDGET

Financial report is [attached](#) at the end of the operations update.

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

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For IFRC Resource Mobilization and Pledges support:

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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.

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.

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/7	Operation	MDRPH033
Budget Timeframe	2019/7-2019/10	Budget	APPROVED

Prepared on 03/Sep/2019

All figures are in Swiss Francs (CHF)

MDRPH033 - Philippines - Dengue

Operating Timeframe: 24 Jul 2019 to 24 Oct 2019

I. Summary

Opening Balance	0
Funds & Other Income	149,557
DREF Allocations	149,557
Expenditure	0
Closing Balance	149,557

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	116,499		116,499
AOF5 - Water, sanitation and hygiene	19,426		19,426
AOF6 - Protection, Gender & Inclusion	533		533
AOF7 - Migration			0
Area of focus Total	136,457		136,457
SFI1 - Strengthen National Societies	3,515		3,515
SFI2 - Effective international disaster management	4,260		4,260
SFI3 - Influence others as leading strategic partners	5,325		5,325
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	13,100		13,100
Grand Total	149,556		149,556

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/7	Operation	MDRPH033
Budget Timeframe	2019/7-2019/10	Budget	APPROVED

Prepared on 03/Sep/2019

All figures are in Swiss Francs (CHF)

MDRPH033 - Philippines - Dengue

Operating Timeframe: 24 Jul 2019 to 24 Oct 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	27,840		27,840
Clothing & Textiles	7,200		7,200
Water, Sanitation & Hygiene	16,200		16,200
Utensils & Tools	240		240
Other Supplies & Services	4,200		4,200
Land, vehicles & equipment	20,700		20,700
Computers & Telecom	1,500		1,500
Others Machinery & Equipment	19,200		19,200
Logistics, Transport & Storage	11,454		11,454
Distribution & Monitoring	500		500
Transport & Vehicles Costs	10,154		10,154
Logistics Services	800		800
Personnel	51,777		51,777
National Staff	1,000		1,000
National Society Staff	11,800		11,800
Volunteers	38,977		38,977
Workshops & Training	13,450		13,450
Workshops & Training	13,450		13,450
General Expenditure	15,208		15,208
Travel	7,000		7,000
Information & Public Relations	5,400		5,400
Office Costs	2,700		2,700
Communications	108		108
Indirect Costs	9,128		9,128
Programme & Services Support Recover	9,128		9,128
Grand Total	149,556		149,556