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Emergency Plan of Action Operation Update
Pakistan: Dengue Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation n° MDRPK017	**GLIDE n°** EP-2019-000123-PAK
Operation update n° 1: 16 December 2019	**Timeframe covered by this update:** 11 October 2019 to 30 November 2019
Operation start date: 11 October 2019	**Operation timeframe:** 3 months, ends on 15 February 2020
Overall operation budget: CHF 124,337	
N° of people being assisted: 210,270	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Directorate of Malaria Control (DOMC), Ministry of National Health Services, Regulation & Coordination, Islamabad and local administration authorities.	

Summary of major revisions made to emergency plan of action:
This Operation Update extends this DREF operation's timeframe from three months to four months, with a new end date of 15 February 2020. This timeframe extension will allow the National Society to conduct the lessons learned workshop and is a no cost extension.

A. SITUATION ANALYSIS

Description of the disaster

A total of 19,296 dengue positive cases were confirmed and reported to Government Hospitals of Pakistan in October 2019. More than 30 deaths were reported in September based on Federal Disease Surveillance and Response Unit from Field Epidemiology and Disease Surveillance Division – National Institute of Health (NIH), Islamabad. Based on the case trend, daily 365 new cases in Rawalpindi and Islamabad were expected in Government Hospitals until January 2020. Number of cases have significantly dropped due to change in weather (current situation in the table below on page 3). Severity of the outbreak is confirmed by the numbers of 9,403 positive cases only in fifteen days with high percentage (51 per cent) of case reported in Rawalpindi and Islamabad. The International Federation of Red Cross and Red Crescent Societies (IFRC) / Pakistan Red Crescent Society (PRCS) was intimated by the Department of Malaria Control (DoMC), Ministry of Health about the dengue outbreak. Community awareness and sensitization about dengue prevalence was a critical need, for which PRCS support was sought from the Health Department, considering the acceptability, presence and effective response capacity of PRCS. Also, distribution of free of cost preventive and protective material were the main hallmark of this support, which includes mosquito repellents, Long Lasting Insecticidal Nets (LLINs)s and blood screening from skilled health care workers. Project is being implemented in identified risk areas of Rawalpindi and Islamabad with the aim to sensitize the affected community and their needs of timely diagnosis and referral to hospital. Total 28,800 households and 210,270 beneficiaries were planned to be covered through IFRC/PRCS support.

Summary of current response

Overview of Host National Society
In planning phase, coordination with DoMC and Directorate Health Services was regularly conducted to get the information about approved IEC material by Health Services Academy, specification of mosquito repellents, screening

kits and planning of orientation sessions for Community-Based Volunteers (CBVs). CBVs were also trained on Open Data Kit software for data collection, analysis and validation.

Implementation phase started with slow pace in early November due to protests in Islamabad, however, daily household coverage is expected to increase after the protests end. Desired results of household coverage will be achieved within the operation timeframe as per the plan. A famous religious political party demonstrated against Government at the main highways of Islamabad. As a security measure, law enforcement agency blocked the linking roads to Rawalpindi and some roads to high populated area to mitigate the potential risk from motivated religious groups. Alternative route was congested due to heavy diverted traffic from main routes. Therefore, initial activities remain limited to Islamabad only and teams didn't move to Rawalpindi. Crowd control management will be discussed in lesson learned workshop.

National Society has the capacity to achieve the desired results with trained CBVs and existing infrastructure of response and coordination mechanism with DoMC and Health Department.

Overview of Red Cross Red Crescent Movement in country
PRCS is the leading humanitarian organization in the country with well-established headquarters, provincial and district branches, transparent procedures and mechanisms, acceptance in the community and a volunteer-base with deep access into the communities along with the support of RCRC Movement partners in the country. The Health department of PRCS with support of staff and volunteers at all levels, works closely with the government authorities as well as other departments of the organization to respond to any major health situation in the country. The staff and volunteers are well trained and equipped with all the necessary tools (IEC Materials, reporting formats, visibility materials etc.). Mechanisms for monitoring are well established, enabling PRCS to play its role as an effective and efficient auxiliary body to the government. PRCS has been requested to assist the government in responding to the dengue outbreak and to help filling-in the gap in terms of service delivery to the affected and vulnerable population. The gaps of community-based awareness session, mobilizers to conduct household visit and support in preventive measures were highlighted during the meeting with health department. The interventions (screening camps and awareness campaigns) by PRCS have been acknowledged by the local authorities and requested to continue till the situation is under complete control.

Alongside the International Federation of Red Cross and Red Crescent Societies (IFRC), other RCRC Movement partners in the country including International Committee of the Red Cross (ICRC), Danish Red Cross, German Red Cross, Norwegian Red Cross, Turkish Red Crescent and UAE Red Crescent are well connected, and coordination and cooperation is ensured through frequent communication and information sharing

The IFRC has a Country Office in Pakistan and receives technical support, when needed, from the Asia Pacific Regional Office in Kuala Lumpur, who have been kept in loop regarding sharing the information and updates. Continuous guidance has been provided by the APR Office with regards to how to proceed further. IFRC has also supported PRCS in preparing the EPoA for this response operation along with the budget.

Overview of non-RCRC actors in country
A specialist team from the World Health Organization (WHO) submitted a report to the Ministry of Health on sustainable solutions for the dengue outbreak. According to WHO strategies for prevention and control relies on reducing the breeding of mosquitoes through source reduction (removal and modification of breeding sites) and reducing human–vector contact through adult vector control measures. Both control measures need to be implemented simultaneously for effective control. Based on specialist teams' recommendations the triage protocol was to assist with better management of the patients in the health facilities. The WHO has visited and conducted dengue outbreak investigations at district Lasbela to support district health teams in controlling outbreak and been working on short and long-term measures to control the outbreak. It has also provided IEC material and Combo RDT kits for outbreak response activities in district Lasbela.

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.

Needs analysis and scenario planning

Needs analysis
Need analysis was reconducted to assess the current situation of outbreak and response to address the deficiency and achieve the desired results. As a first step, the main deficiency in the health department was availability of community social mobilizers, who can sensitize the community for prevention. Provision and education of IEC material in easy language to the community in hotspot areas and urban slums area was also a challenge. As a first step, training was conducted to CBVs with the support of expert entomologist of DoMC. Resource gathering i.e. IEC materials, Long Lasting Insecticidal Nets (LLIN) (WHO standard HSHEMNETRXL, LLIN dimension 190x180x150 cm, white denier 150)

repellents and screening kits procurement started in October, soon after getting formal approval. In November, Household (HH) visits were hindered due to protests of anti-government party. This caused a delay in the regular plan and timeline. However, to mitigate the challenges, focus of activities was shifted to capacity building workshops of CBVs. Safe and nearest hotspot areas were covered during this time period. Since the number of new cases reported has dropped in November, some households were reluctant to spare time to CBVs for sensitization activities at the beginning. However, as per the need analysis, CBVs are focusing on prevention measures, which are important for households to know, when facing the possible peak season in the coming year.

Operation Risk Assessment
Visit to household, hospitals and university was hindered in November because of the anti-government protests in Islamabad which lasted for two weeks. Islamabad's main highway was blocked, making it difficult for staff and volunteers to travel between Rawalpindi and Islamabad, and the sensitization activities in unsafe hotspot areas were therefore temporarily called off. Field activities will resume normal after protests end and after security assessment. To speed up the progress and reach the planned target by the end of operation, it is decided that from early December, the targeted number of households to be reached for raising awareness will be 1,000 households per day.

B. OPERATIONAL STRATEGY

Proposed strategy

National Society regularly conducts assessment of proposed strategy to ensure inclusive approach and gender mainstreaming in all activities. Vulnerable community is specially taken care of throughout the project cycle and special focus is given to needs of women, children, elderly population and disable people. Operational strategy includes regular coordination with all health stakeholders within and outside the organization. Ongoing Global funds supported LLIN Mass Campaign project was consulted for replenishment of LLIN stock at PRCS warehouse. ICRC supported First Aid program has been informed about the ongoing CBVs field activities and to support in any critical situation at field level. Weekly performance of CBVs households' visits and school session are communicated to Director of Malaria Control to be entered in consolidated monthly report, which is published online at the end of every month. This report contains consolidated information from all partners/stakeholders who are involved in Dengue response including district health authorities and data from private hospitals.

PRCS maintains accountability to local health department, government and people of the affected community throughout the operation through mainstreaming Community Engagement and Accountability (CEA) through regular data sharing, activity updates and community feedback during weekly meeting with the DoMC and Directorate of Health Services.

PRCS interventions will continue to reach 210,270 people within three months – as per approved DREF operation timeline with no change in plan in originally identified hotspot areas of Rawalpindi and Islamabad as per the case reported. As of now the activities are in momentum since the political protests have come to an end. Community feedback will be sought in identified areas through informal meetings with community elders and stakeholders. National society has identified volunteers from the same hotspot areas and built their capacity and knowledge so that they can carry out the activities within their respective areas. Selection criteria of repellent and LLIN distribution was shared with the CBVs to make certain inclusion and reaching out to the members of the affected community in order to ensure inclusion of a diverse set of views (i.e. through focus group discussions, informal interviews etc.).

PRCS endorses community Sphere Standards with the aim to improve the quality of assistance to the affected communities, following a right-based approach and highlighting the affected people's dignity and right to assistance and protection as set out in the Humanitarian Charter. To elaborate more, affected community participation is ensured including local and national authorities at all stages of response. For example, consultative meeting with the affected community is ensured before initiating the household visits. Community leaders were engaged in the initial plan and project information was briefly explained to them during community meetings. These committees were informed about the project team intervention and total household to be covered in their specific area. Also, to ensure transparency and accountability field monitoring visit, review and audit of data reports is carried out internally and shared with DoMC.

An Open Data Kit software system was introduced for correct data entry of IEC material and repellents distribution. Volunteers were trained on how to use the software application on their smart phone for daily data entry and reporting. Software link has been shared with Government focal person and IFRC for monitoring and data analysis and performance validation purpose. Lesson learnt workshop with all stakeholders is planned after completion of field activities.

There was no change in support services overall, except case management and screening through Medical Technicians in the hotspot area. The number of positive cases reported in Government hospital declined since November. Therefore, PRCS changed the initial plan of ambulance deployment in these areas, however the screening kits have been procured and will remain in the PRCS warehouse to support the Government in identification and timely management of positive cases next year.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 45,718

Outcome 1: **The risk of dengue transmission is reduced by raising awareness through health risk communication campaign**		
Indicators:	**Target**	**Actual**
# of households with reduced chances of transmission of dengue	28,800	7,329
Output 1.1: **Targeted population is provided with information on dengue transmission and prevention**		
Indicators:	**Target**	**Actual**
# of vulnerable people that are sensitized on dengue transmission and prevention	210,270	45,718
Output 1.2: NS develop the capacity to assess and provide relevant long-term health care support to vulnerable households		
Indicators:	**Target**	**Actual**
# of patients that have received LLIN and information on its proper use	3,000	0
# of people that have received repellents and its use	46,200	0
Output 1.3: Community based surveillance implemented		
Indicators:	**Target**	**Actual**
# of weekly surveillance reports submission from both districts	8	0
# of coordination meetings with the CBVs team and MoH staff	3	2
Output 1.4: Dengue case management strengthened		
Indicators:	**Target**	**Actual**
# of schools strengthened for dengue case management	16	15
Output 1.5: Hospitals supported through volunteers		
Indicators:	**Target**	**Actual**
# of cases managed through volunteers at hospital	3,000	0

Progress towards outcomes

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 identified hotspot areas of Rawalpindi and Islamabad including both urban and suburban areas. In view of the information gap, awareness campaigns have been designed for households, schools and hospitals as part of the dengue operation.

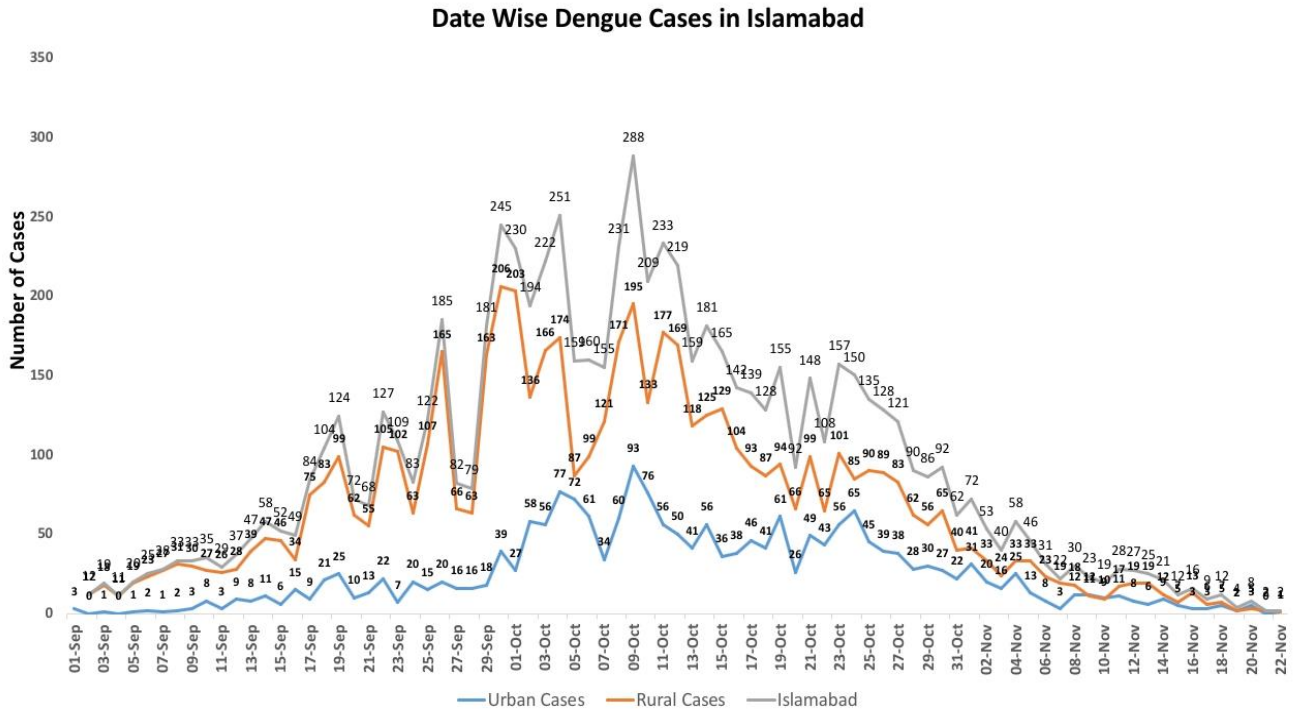
On 29 and 30 October, a total of 92 CBVs were trained for awareness raising and prevention against dengue virus to prevent further spread of the disease in addition to support for timely diagnosis, treatment, safe waste disposal practices and effective use of disposal system provided by the district authorities.

In November, the CBVs started to be deployed to the field where have been identified as hot spot areas in Islamabad and Rawalpindi by the Ministry of National Health Services Regulation and Coordination (NHSRC), which requested assistance from PRCS to support the dengue outbreak operation. The CBVs, which were split in eight teams, delivered key messages with IEC materials of prevention against dengue virus and introduced good practices to targeted community via door-to-door visit. Initially, it was planned to distribute the repellent to targeted households during the door-to-door visit, however, because it took additional time to finish the procurement of repellents, it was decided that the door-to-door sensitization activities to start first. It was expected that the sensitization activities in Islamabad to be completed by the end of November, and the CBVs to return to the households in the capital for repellent distribution so that the key messages especially on dengue prevention measures will be reinforced. In addition, the CBVs have started the dengue larval source management (LSM) campaign in schools. Fifteen sessions have been conducted to 3,150 students. According to the plan, the sensitization activity in Rawalpindi will go together with distribution of repellents and will complete within the operation timeframe.

In terms of distribution of LLIN, initially the plan was to distribute it to hospitals catering major workload of dengue patients in Rawalpindi and Islamabad. However, since November, the number of daily new cases has dropped significantly in the twin cities[1]. In view of this situation, PRCS is now coordinating with the hospitals on change of distribution plan of LLIN and cooperation in the operation.

The data reported by the MNHSR&C for epidemiologic week 45 (3 – 9 November 2019) and week 46 (10 – 16 November 2019) showing a declining trend in the number of new dengue cases in all regions except Sindh. During week 46, the total number of new reported cases in Islamabad, Punjab, KP, Baluchistan and AJK were 664 compared to 1,347 cases reported during week 45, which was around 50 per cent reduction. The declining trend in the number of new cases shows that outbreak surveillance, prevention and control measures have started showing results in most of the regions[2].

Since the dengue new cases have significantly decreased compared to that in October, instead of receiving weekly surveillance report from both districts, PRCS has been attending coordination meetings with the national and district health administration to receive surveillance update and to adjust the strategy and implementation plan as and when necessary.



[1] According to the weekly field epidemiology report from the National Institute of Health, the dengue cases in November reported in ICT (Islamabad Capital Territory) and Punjab (where Rawalpindi is located) are 0 and 561 respectively.
[2] http://www.emro.who.int/fr/pandemic-epidemic-diseases/dengue/outbreak-update-dengue-in-pakistan-16-november-2019.html

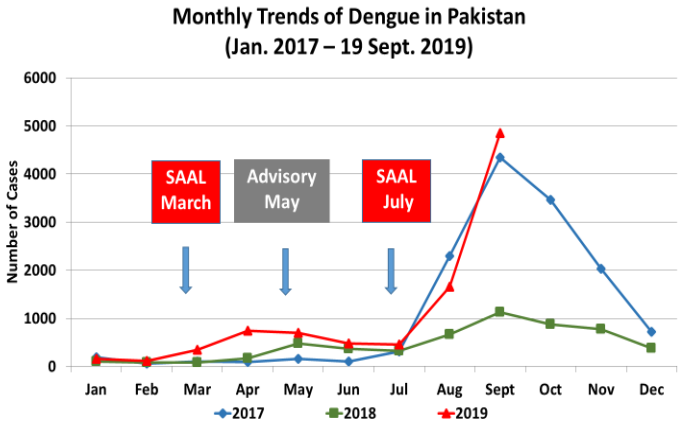
Dengue Situation Report, dated 22nd December, 2019

Province	Dengue Cases			Dengue Deaths		
	Jan 01 to Dec 20, 2019	21st Dec, 2019	Cumulative	Jan 01 to Dec 20, 2019	21st Dec, 2019	Cumulative
Islamabad*	13,294	0	13,294	22	0	22
Punjab	10,118	01	10,119	23	0	23
Sindh	16,657	28	16,685	46	0	46
Khyber-Pakhtunkhwa	7,082	0	7,082	0	0	0
KP Tribal Districts	794	0	794	0	0	0
Baluchistan	3,474	0	3,474	03	0	03
AJK	1,690	0	1,690	01	0	01
Gilgit Baltistan	0	0	0	0	0	0
Others	696	0	696	0	0	0
Total	**53,805**	**29**	**53,834**	**95**	**0**	**95**

***Note:** Numbers in Islamabad be interpreted in view of the active surveillance initiated by the Dengue Control Cell in the M/o NHSRC and integration of Government and Private sector hospitals with the PITB dashboard. Every suspected patient in the capital is tested by highly sensitive NS1 antigen.*

Pakistan dengue fever and dengue hemorrhagic fever are fastest emerging arboviral infections since 2005. During 1995 to 2004, only 699 dengue cases and six deaths were reported from three districts in the country while, these numbers have been dramatically increased to 127,500 and 709 deaths respectively effecting 105 out of 154 districts/ agencies/ territories during 2005 to 2018. The disease epidemiology is complex in nature and patterns of disease transmission is influenced by many factors which include weather and environmental changes, vector species composition, behavior, geographic distribution, population dynamics, degree of immunity among local population and density, and time required for development of virus in vectors.

Epidemiological trend diagram given below reflect a clear indication of disease outbreak in the year 2019 as compared to the last two years i.e. 2017 to 2019[1]. However, disease prevalence is expected to be decreased in the coming months starting from March 2020 onwards due to sensitized and aware community to manage the outbreak in a timely manner. Dengue prevalence is seen to be on the higher side from July onwards.



Epidemiology and Disease Surveillance Division – National Institute of Health (NIH), Islamabad
**Seasonal Awareness and Alert Letter (SAAL)*

PRCS has procured rapid diagnostic kits for screening and case management. In late November, a diagnostic kit orientation is planned to provide volunteers with medical background the essential knowledge and skills, in order to provide diagnostic and case management services at community level. As the number of case reports have declined in the hospitals, these kits will remain in PRCS medical warehouse, and will be used in next possible peak season, i.e. March and April, with consultation to DoMC.

Challenges:

- Visit to household, hospitals and university was hindered in November because of the anti-government protests in Islamabad which lasted for two weeks. Islamabad's main highway was blocked, making it difficult

for staff and volunteers to travel between Rawalpindi and Islamabad, and the sensitization activities were therefore temporarily called off due to security concerns. Field activities will resume normal after protests end and after security assessment. To speed up the progress and reach the planned target by the end of operation, it is decided that from early December, the targeted number of households to be reached for raising awareness will be 1,000 households per day.

- Since the number of new cases reported has dropped in November, some households were reluctant to spare time to CBVs for sensitization activities at the beginning. However, the situation has been improved as CBVs try to focus more on the prevention measures, which are important for households to know when facing the possible peak season in the coming year. The acceptance level from the community to the sensitization activities has increased.


CBVs conducting door-to-door visit to households to deliver key messages with IEC materials of prevention against dengue virus and introduction to good practice. (***Photos: PRCS***)


School awareness sessions with students, and IEC materials distributed to reinforce the awareness campaign. (***Photos: PRCS***)

Water, sanitation and hygiene

People reached: 45,718

Outcome 1: Dengue-related water, sanitation and hygiene improved		
Indicators:	**Target**	**Actual**
# of households provided information on solid waste disposal practices	28,800	7,329
Output 1.1: Solid waste disposal to prevent vector breeding		
Indicators:	**Target**	**Actual**

# of people sensitized on waste segregation, disposal in hospitals and use of garbage bins	210,270	45,718

Progress towards outcomes

Demographic status and survey of the hotspot areas of twin cities and consultations with DoMC indicated the dire need of community awareness and sensitization about effective use and waste segregation of garbage bins provided by RDA (Rawalpindi Development Authority) and MCI (Municipal Corporation of Islamabad). Garbage bins were not being emptied on a regular basis. In hospitals, waste segregation was not controlled.

Since November, CBVs have been deployed to the targeted community for sensitization. 90 CBVs received training on WASH related interventions. CEA was part of the training as to how to engage the community members throughout the project cycle. key messages in the door to door awar people were informed on the importance of maintaining good solid waste disposal practices because otherwise it will breed mosquitos which spread the virus.

A total 7,329 HHs received IEC material about information on Dengue Control/Prevention measures and solid waste disposal practices. Feedback was not received on regular basis during HH visit. IFRC has started monitoring visit and gathering feedback through HH visits and FGDs with the community. Feedback report will be shared in the final report. CBVs were trained to practice effective communication and to give ample chances to the HHs to ask questions regarding information they received.

Survelliance activities and community awareness compaign about possible mosquito breeding sites.
(Photo: PRCS)

WHO approved IEC material which was distributed during household visits.

Challenges:

Due to the protests in Islamabad, the progress of the activities was hindered and targeted HHs couldn't be covered as per the initial set target. According to a revised action plan, from early December, the targeted number of households will be reached to 1,000 HHs per day for raising awareness. Implementation plan with the hospitals will be discussed and reviewed in December in view of the significant decrease in the number of daily new cases.

Protection, Gender and Inclusion

People reached: 45,718

Outcome 1: **National 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**

Indicators:	Target	Actual
The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services	Yes	Yes

Output 1.1: **National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
NS ensure improved equitable access to basic services, considering different needs based on gender and other diversity factors	1	1

Progress towards outcomes

Specific measures have been taken in order to ensure that the operation complies with the minimum standards for protection, gender and inclusion. For example, selection criteria of repellent and LLIN distribution was shared with the CBVs to ensure inclusion of diverse population groups, i.e. all activities must follow the criteria and take care of no discrimination on the basis of gender, ethnicity, age, disability, people living with HIV/AIDS and/or other factors that may increase vulnerability. Female staff and volunteers were involved in the assessment, training, distributions and sensitization activities in the community. Among the trained 92 CBVs, 30 of them were female. The PRCS will maintain the engagement of female volunteers in the deployment to the field during the operation to ensure equitable access to basic services and to increase the acceptance level from different groups from the community.

Strengthen National Society

Outcome **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.**

Indicators:	Target	Actual
# of NS branches that are well functioning in the operation	Yes	Yes

Output **S1.1.1: National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
# of volunteers involved in the operation provided with briefing/orientation	70	92
# of Emergency Dengue Control Coordinator Centre established at PRCS-NHQ	1	0

Progress towards outcomes

The PRCS NHQ is managing this DREF intervention and has been providing briefings and orientation to volunteers. So far 92 volunteers have been trained, which is more than the planned number, in order to ensure the pool has sufficient manpower to support the activities. Even though the NHQ did not establish an emergency dengue control coordination center primarily due to the significant drop of dengue cases, however a coordination mechanism is in place to ensure communication between health departments and NHQ is smooth and regular meetings are held.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Does the operation demonstrate evidence of effective and coordinated international disaster response?	Yes	Yes

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

Indicators:	Target	Actual
# of RDRT deployed	1	0

Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability standards

Indicators:	Target	Actual
Procurement is carried as per Sphere and IFRC standards and items replenished in PRCS warehouses within the operation timeline.	100% compliance	Ongoing

Progress towards outcomes

Coordinated by the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur, the deployment of a PMER delegate to support the dengue response will be confirmed by mid-November. During the one-month mission in December, the PMER delegate will support the monitoring and reporting for the DREF operation.

Procurement of the repellents and LLIN is ongoing in November. The PRCS will make sure it is carried as per agreed IFRC standard procurement procedures within the operation timeline.

Influence others as leading strategic partner

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Indicators:	Target	Actual
1 national appeal launched	Yes	No

Output S3.2.1: Resource generation and related accountability models are developed and improved

Indicators:	Target	Actual
1 lessons learned workshop conducted	Yes	No

Progress towards outcomes

Now, there is no plan to launch a national appeal. A national appeal will only be launched if there is a limited capacity/resources by the relevant authorities to respond due to the extent and scale of disaster as well as if there is a need for a long term and large-scale intervention. According to the November report by the National Institute of Health, the dengue cases have started to decrease. In ICT (Islamabad Capital Territory), no cases have been reported since October.

A lessons learned workshop (LLW) is planned after the field activities are completed, where PRCS and IFRC will engage the involved staff, volunteers and other relevant participants for a review of the DREF operation, its learnings and recommendations for future similar interventions. Department of Malaria Control and Health Ministry has shown keen interest to participate in lesson learnt workshop about Dengue Response. PRCS newly appointed chairman will also participate in this workshop and collectively lesson learned will be discussed and way forward will be decided. Therefore, project timeline is requested to extend from 11 January to 15 February 2020 for operational activities, whereas financial and narrative reporting timeline will exceed from 11 February to 31 March 2020.

A comprehensive LLW report will be prepared and published separately from the final report of this DREF operation.

D. FINANCIAL REPORT

A total of CHF 124,337 has been allocated to PRCS to support the needs of 210,270 people in hot spot areas in Islamabad and Rawalpindi, through awareness campaign and distribution of repellent and LLINs. As of November 2019, CHF 108,920 has been utilized. Detailed expenditure is outlined in the interim financial report attached at the end of this update.

Reference documents ↘

Click here for:

- DREF Operation

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2019/11	Operation	MDRPK017
Budget Timeframe	2019/10-2020/1	Budget	APPROVED

Prepared on 03/Jan/2020

All figures are in Swiss Francs (CHF)

MDRPK017 - Pakistan - Dengue Outbreak

Operating Timeframe: 11 Oct 2019 to 11 Jan 2020

I. Summary

Opening Balance	**0**
Funds & Other Income	**124,337**
DREF Allocations	124,337
Expenditure	**-108,920**
Closing Balance	**15,417**

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	69,545		**69,545**
AOF5 - Water, sanitation and hygiene			**0**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration			**0**
Area of focus Total	**69,545**		**69,545**
SFI1 - Strenghten National Societies			**0**
SFI2 - Effective international disaster management	54,792	108,920	**-54,128**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total	**54,792**	**108,920**	**-54,128**
Grand Total	**124,337**	**108,920**	**15,417**

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2019/11	Operation	MDRPK017
Budget Timeframe	2019/10-2020/1	Budget	APPROVED

Prepared on 03/Jan/2020

All figures are in Swiss Francs (CHF)

MDRPK017 - Pakistan - Dengue Outbreak

Operating Timeframe: 11 Oct 2019 to 11 Jan 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**59,700**		**59,700**
Clothing & Textiles	6,000		6,000
Medical & First Aid	53,700		53,700
Logistics, Transport & Storage	**2,000**		**2,000**
Transport & Vehicles Costs	2,000		2,000
Personnel	**34,708**		**34,708**
National Society Staff	3,908		3,908
Volunteers	30,800		30,800
Workshops & Training	**2,600**		**2,600**
Workshops & Training	2,600		2,600
General Expenditure	**17,740**	**24**	**17,716**
Travel	12,500	24	12,476
Information & Public Relations	5,100		5,100
Office Costs	100		100
Communications	40		40
Operational Provisions		**102,248**	**-102,248**
Operational Provisions		102,248	-102,248
Indirect Costs	**7,589**	**6,648**	**941**
Programme & Services Support Recover	7,589	6,648	941
Grand Total	**124,337**	**108,920**	**15,417**