

# Operation Update Report

## Pakistan: Dengue Outbreak

<b>DREF Operation n° MDRPK017</b>	<b>GLIDE n° <a href="#">EP-2019-000123-PAK</a></b>
<b>Operation update n° 2: 28 February 2020</b>	<b>Timeframe covered by this update:</b> 11 October 2019 to 21 Jan 2020
<b>Operation start date:</b> 11 October 2019	<b>Operation timeframe:</b> 5 months, ends on 31 March 2020
<b>Overall operation budget:</b> CHF 124,337	
<b>N° of people being assisted:</b> 210,270	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The International Federation of Red Cross and Red Crescent Societies (IFRC)	
<b>Other partner organizations actively involved in the operation:</b> 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 further extends the DREF operation's timeframe from four months to five months, with a new end date of 31 March 2020. This timeframe extension will allow the National Society to submit the financial report of all activities including procurement of Long-Lasting Insecticidal Nets (LLINs). All the other activities have been completed and reports have also been submitted to IFRC.*

## **A. Situation analysis**

### **Description of the disaster**

According to the Federal Disease Surveillance and Response Unit from Field Epidemiology and Disease Surveillance Division – National Institute of Health (NIH) in Islamabad, as of 22 December 2019 over 53,000 Dengue cases were reported with 95 fatalities. Community awareness and sensitization about Dengue prevalence was a critical need, for which Pakistan Red Crescent Society (PRCS) support was sought from the Health Department, considering the acceptability, presence and effective response capacity of PRCS. Key response included distribution of preventive and protective material which includes mosquito repellents, Long Lasting Insecticidal Nets (LLINs) and blood screening from skilled health care workers. Project has been 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.

### **Summary of current response**

#### **Overview of Host National Society**

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 was 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.

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.

As of reporting period, following are key activities that have been carried out:

- 92 CBVs trained on Dengue case response and community sensitization activities. PRCS established a Dengue Response team within the society volunteer network. The Response team comprised of five CBVs and programme manager PRCS and IFRC. Terms of Reference (ToRs) of this team was developed in consultation with DoMC, Ministry of Health. In total 27 locations had been covered under this project across Rawalpindi and Islamabad.
  - **Islamabad:** Sector G/6, G/7, G/8, G/9, F/6, F/7, I/9, I/10, I/8-1
  - **Rawalpindi:** Dhoke Munshi, Rehmat Aabad, Kotha Kalan, Morgah, Dhama Syedan, Gangal, Dhamial, Allamaiqbal Colony, Ahmed Abad, Kamalabad, Tench Bhatta, Westridge, Chammanzar, Rahemabad, Dhoke Farman Ali, Dhoke Chiragh Din, Dhoke Hassu.
- 92 PRCS volunteers were engaged to run this campaign in targeted locations of Islamabad and Rawalpindi. Five to six member teams were deployed to each area and were switched on weekly basis. In this way they covered 27 locations in two months.
- The members of each team gathered citizens in groups as well as individually and briefed them about ways of dealing Dengue while at home, workplace or outside during travel. Most of the beneficiaries had a positive response towards the campaign and expressed the need for this kind of awareness regarding Dengue and its treatment. The provision of mosquito repellents and LLINs was highly appreciated by the community members. Volunteers also received positive comments regarding their hard work and efforts especially for the marginalized segments of the society.
- 28,823 households received information about Dengue in the twin cities. Due to the volatile security situation in the two cities, PRCS could not start the field work as per the agreed workplan and timeline, however, training of CBVs, procurement of repellents, diagnostic kits and printing of IEC material was started timely.
- 28,823 households were reached out and guided through a 5-10-minute session regarding Dengue surveillance.
- Mosquito repellents and screening kits procurement started in October 2019, soon after getting formal approval.
- 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 2019, therefore, PRCS changed the initial plan of ambulance deployment in these areas. However, the screening kits had been procured and will remain in PRCS warehouse to support the Government in identification and timely management of future positive cases.
- Mosquito repellents distributed to 37,672 people in the twin cities and 2,572 people in vulnerable communities received LLINs to prevent themselves and their families from Dengue and malaria in the coming months of summer and rainfall when outbreak of Dengue becomes most prevalent.
- 20,000 students of 16 primary and secondary schools sensitized and received information through detailed classroom sessions from PRCS trained volunteers. These students will work as agents of change in their families, and their change of behaviour towards their health and hygiene will help combat the lethal outbreak of Dengue and other vector borne diseases in urban slums of Pakistan.
- Additionally, two focus group community consultations were conducted on 13 November 2019 and 3 January 2020 to discuss the feedback and outcomes of PRCS activities.
- Lesson Learnt Workshop: The Department of Malaria Control and Health Minister, Ministry of Health Pakistan expressed their interest to attend the lesson learnt workshop to discuss the best practices and recommendations. However, their presence couldn't be materialized at the LLW workshop which was held on 20 January 2020.
- PRCS distributed LLINs to the target communities from their existing stock in December 2019, keeping in view the urgency of the response. Total target for LLIN distribution was 3,000 for treated and discharged Dengue positive patients from hospitals, but due to the fall in patient/case influx in hospitals, the plan was shifted to distribution in vulnerable and high-risk communities of the target area. Total 2,572 LLINs have been distributed and the rest 428 are in their stock for next response.
- LLIN procurement: PRCS procurement department initiated the LLIN procurement process to replenish the existing stock in January 2020. However, the procurement process is an extensive and time taking exercise, for which the extension of DREF timeline was required until 31 March 2020, to complete the necessary financial requirement.

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

IFRC has a Country Office in Pakistan and receives technical support, when needed, from the Asia Pacific Regional Office (APRO) in Kuala Lumpur, who have been kept in loop regarding sharing the information and updates. Continuous guidance has been provided by the APRO on the operation.

Alongside the 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

## 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.

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. WHO has also provided IEC material and Combo RDT kits for outbreak response activities in district Lasbela. The corporate sector was 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

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.

Repellents and screening kits procurement started in October 2019, soon after getting formal approval. In November 2019, household 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 had dropped in November 2019, some households were reluctant to spare time to CBVs for sensitization activities at the beginning. However, as per the need analysis, CBVs focused on prevention measures, which are important for households to know, when facing the possible peak season in the coming year.

### Operation Risk Assessment

Implementation phase started with slow pace in early November due to protests in Islamabad, however, daily household coverage was increased after the protests end on 30 November 2019. 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. Visits to household, hospitals and university was started from early December 2019 from Islamabad only, and teams didn't move to Rawalpindi until first week of December 2019. To accelerate the progress and achieve the targets by the end of operation, it was decided that from early December 2019, the targeted number of households to be reached for raising awareness will be 1,000 households per day.

Procurement of LLINs to replenish the existing stock at PRCS was initiated in December 2019 with the technical support of IFRC and PRCS Health and Procurement focal persons. Procurement process was initially planned to be determined through pre identified vendors for LLIN purchase, however, due to non-availability of required specification of LLIN as per the World Health Organization (WHO) standards, it took much longer than normal procurement time. Therefore, considering the longer procurement period, extension for this financial activity was required.

## B. Operational strategy

### Proposed strategy

National Society regularly conducted assessment of proposed strategy to ensure inclusive approach and gender mainstreaming in all activities. Vulnerable communities were specially taken care of throughout the project cycle and special focus was given to needs of women, children, elderly population and disable people. Operational strategy included regular coordination with all health stakeholders within and outside the organization. The Global Fund supported LLIN Mass Campaign project was consulted for replenishment of LLIN stock at PRCS warehouse. ICRC supported First Aid programme was also 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 sessions were communicated to Director of Malaria Control to be mentioned in the consolidated monthly report, which was published online at the end of every month.

Overall objective and methodology of community sensitization adopted by CBVs:

1. To create awareness among general population about Dengue.
2. To develop a comprehensive Dengue response plan for the ongoing Dengue outbreaks. The plan is to cover Dengue surveillance and community mobilization and coordination.
3. To communicate about Dengue by elaborating main points of safety which are:

- Clean the tray back side of the fridge.
  - Cover underground tanks properly.
  - Avoid watering flowers, so that clean water does not stay in the flowerpots since the Dengue mosquito breeds in clean water which stays in shaded area.
  - Covering, emptying, and cleaning of all water storage containers on a weekly basis. In addition, recommended insecticides at exact dosage can be used in water storage containers.
  - Personal protective measures, such as use of clothing that minimizes skin exposure during daylight hours is recommended.
  - Repellents may be applied to exposed skin or to clothing. Insecticide-treated mosquito nets provide good protection for those who sleep during the day (e.g. infants, people confined to beds due to illness or age, Dengue patients, and night-shift workers) as well as during the night to prevent mosquito bites.
  - For indoors household aerosol products, mosquito coils, or other insecticide vaporizers may reduce biting activity and should be used according to the instructions on the label.
  - Household fixtures such as windows, door screens, and air conditioning units can also reduce biting.
4. To donate mosquito repellents and LLINs along with Dengue awareness flyers/brochures, which will be distributed in schools, railway stations and other public places to provide information on the Dengue virus.
  5. To deploy rapid response teams to conduct active response at household level and in infected areas.

PRCS interventions reached out to 210,270 people within three months with no change in plan in originally identified hotspot areas of Rawalpindi and Islamabad as per the cases reported. However, the number of people reached exceeded the original plan and total 224,333 beneficiaries were reached. The activities took momentum as soon as the political protests came to an end.

PRCS was accountable to local health department, government and people of the affected community throughout the operation through mainstreaming Community Engagement and Accountability (CEA) and regular data sharing with Department of Malaria Control, which is focal department of Ministry of Health in Pakistan regarding activity updates and community feedback during weekly meeting with the DoMC and Directorate of Health Services.

Community feedback was sought in identified areas through informal meetings with community elders and other community stakeholders such as religious leaders and community influential persons. Feedback was used to evaluate sensitization activities conducted by PRCS volunteers. Also, this feedback was used to identify risk and behaviour change towards prevention and early diagnosis of Dengue cases. Feedback report will be shared with DoMC for future activities such as sweeping of mosquito breeding sites which is planned by the department in March 2020. 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 was ensured including local and national authorities at all stages of response. For example, consultative meeting with the affected communities was 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, where challenges, entry points and mobilization plan for awareness raising campaign in household was discussed with them. Their feedback was duly taken into consideration and plans were designed accordingly. 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 were 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.

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 had declined since November 2019. 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 in the future.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 224,333

**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	28,823

**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	224,333

**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	2,572
# of people that have received repellents and its use	46,200	37,672

**Output 1.3: Community based surveillance implemented**

Indicators:	Target	Actual
# of weekly surveillance reports submission from both districts	8	8
# of coordination meetings with the CBVs team and MoH staff	3	3

**Output 1.4: Dengue case management strengthened**

Indicators:	Target	Actual
# of schools strengthened for Dengue case management	16	16

**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 attributed 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 were designed for households, schools and hospitals as part of the Dengue operation.

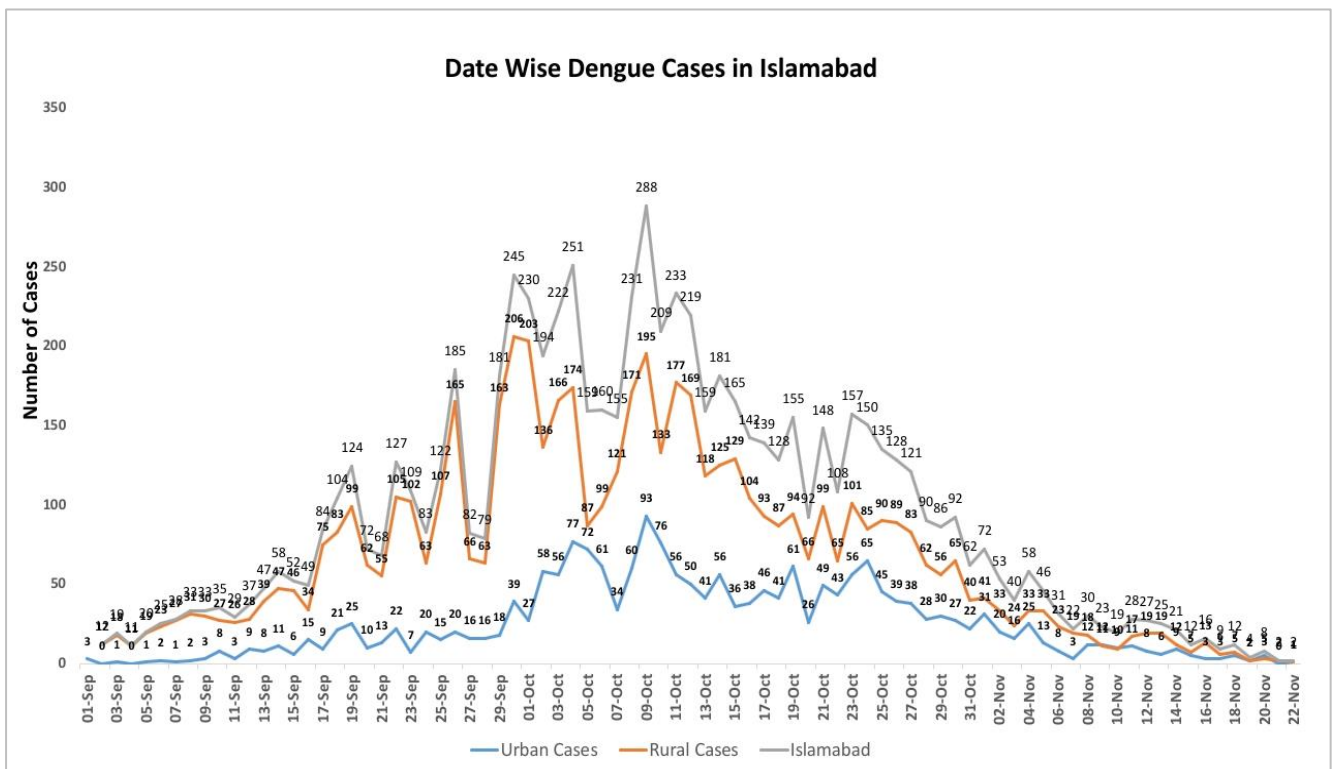
On 29-30 October 2019, a total of 92 CBVs were trained for awareness raising and prevention against Dengue virus to prevent further spread of the disease in addition to support for timely diagnosis, treatment, safe waste disposal practices and effective use of disposal system provided by the district authorities.

In November 2019, CBVs were deployed to the identified 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 to start the door-to-door sensitization activities first. The sensitization activities in Islamabad and Rawalpindi were completed by November 2019 through CBVs who visited households to talk about key messages on Dengue prevention measures. In addition, the CBVs completed the Dengue Larval Source Management (LSM) campaign in schools - 16 sessions were conducted for students.

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 2019, the number of daily new cases has dropped significantly in the twin cities<sup>1</sup>. In view of this situation, PRCS coordinated with the hospitals on change of distribution plan of LLIN. Total Target of LLIN distribution was 3,000 for treated and discharged Dengue positive patients from hospital but due to the fall in patient/case influx in hospitals, the plan was shifted to distribution in vulnerable and high-risk communities of the target area. Total 2,572 LLINs distributed and the rest 500 are in their stock for next response.

The data reported by the MNHSR&C for epidemiologic week 45 (3-9 November 2019) and week 46 (10-16 November 2019) showed 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<sup>1</sup>.

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.



### Dengue Situation Report, 22 December 2019

Province	Dengue Cases (2019)			Dengue Deaths (2019)		
	1 Jan-20 Dec	21 Dec	Cumulative	1 Jan-20 Dec	21 Dec	Cumulative
Islamabad <sup>2</sup>	13,924	0	13,294	22	0	22
Punjab	10,118	1	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	3	0	3
AJK	1,690	0	1,690	1	0	1
Gilgit Baltistan	0	0	0	0	0	0
Others	696	0	696	0	0	0
<b>Total</b>	<b>53,805</b>	<b>29</b>	<b>53,384</b>	<b>95</b>	<b>0</b>	<b>95</b>

<sup>1</sup> <http://www.emro.who.int/fr/pandemic-epidemic-diseases/Dengue/outbreak-update-Dengue-in-pakistan-16-november-2019.html>

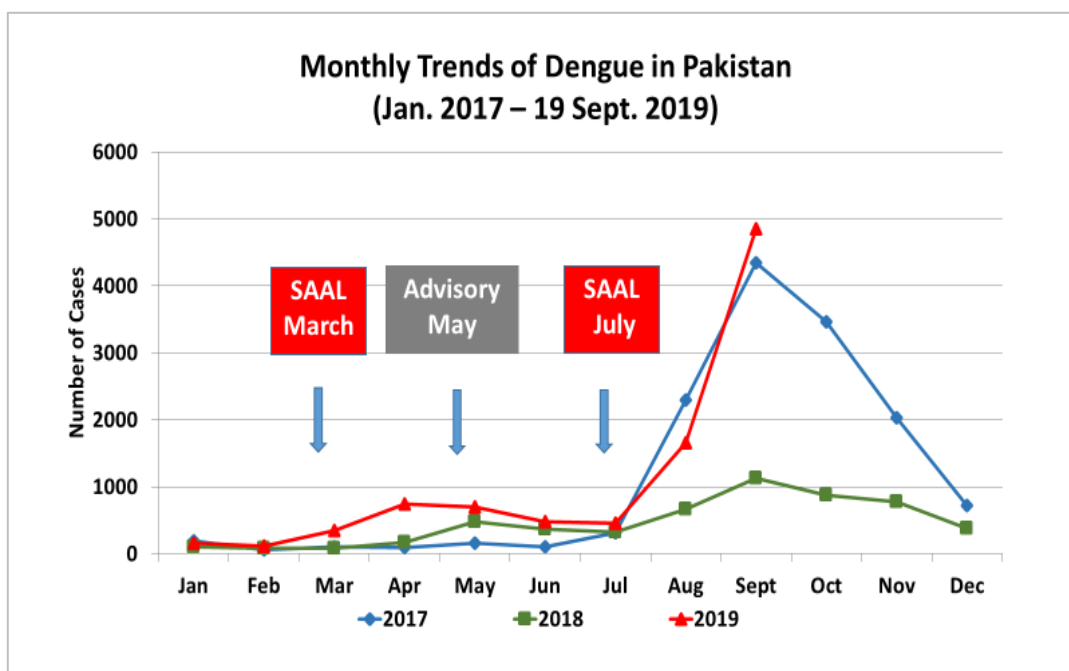
<sup>2</sup> Numbers in Islamabad can be interpreted in view of the active surveillance initiated by the Dengue Control Cell in the M/o NHSRC and integration of government and Private Sector hospitals with the PITB dashboard. Every suspected patient in the capital is tested by highly sensitive NS1 antigen.

PRCS regularly attended coordination meetings with the national and district health administration to receive surveillance update and to adjust the strategy and implementation plan as and when needed.

Weekly surveillance and epidemiological reports from NIH were closely monitored and required help was sought from DoMC to plan activities accordingly. Eight weeks surveillance reports were published by NIH and PRCS volunteers supported in disease surveillance, however, no case was reported in 27 hotspot locations during PRCS field activities. Eight weeks surveillance report was shared with no suspected case of Dengue and was also shared with DoMC.

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<sup>1</sup>. 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 November 2019, a diagnostic kit orientation session was conducted to provide 20 volunteers with a medical background and the essential knowledge and skills, in order to provide diagnostic and case management services at community level. Total 3,000 diagnostic kits were procured by PRCS with the support of DoMC. However, as the number of cases reported had declined in the hospitals, these kits will remain in PRCS medical warehouse, and will be used in next possible peak season, i.e. June and July 2020, with the advice of DoMC.

### Challenges

Visit to households, hospitals and universities was hindered in November 2019 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 were resumed to normal after protests ended and after security assessment. To speed up the progress and reach the planned target by the end of operation, it was decided that from early December 2019, 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 dropped in November, some households were reluctant to spare time to CBVs for sensitization activities at the beginning. However, the situation improved significantly as CBVs focused 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 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: 224,333

### Outcome 1: Dengue -related water, sanitation and hygiene improved

Indicators:	Target	Actual
# of households provided information on solid waste disposal practices	28,800	28,823
<b>Output 1.1:</b>		
Indicators:	Target	Actual
# of people sensitized on waste segregation, disposal in hospitals and use of garbage bins	210,270	224,333

### 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), since garbage bins were not being emptied on a regular basis and waste segregation was not controlled in hospitals. Mosquito breeding sites, conducive environments and hygiene practices were main topics of these trainings, where CBVs were orientated on how to educate communities during their field visits to target areas and how mosquito breeding can take place

even in unnoticeable places. Cleanliness of their surrounding was discussed as one of the pertinent topics of the orientation training.

Since November, CBVs were deployed to the targeted community for sensitization, 92 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 to deliver key messages through door to door approach. 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 28,823 households received IEC material about information on Dengue control and prevention measures and solid waste disposal practices. IFRC and PRCS conducted monitoring visits and gathered feedback through HH visits and FGDs with the community. Feedback report will be shared in the final report. Additionally, CBVs were also trained to practice effective communication and provide ample chances to the community member to ask questions regarding information they received.



Surveillance activities and community awareness campaign about possible mosquito breeding sites. (Photo: PRCS)

### Challenges

Due to the protests in Islamabad, the progress of the activities was hindered and targeted HHs could not be covered as per the initial set target until November 2019. However, action plan was revised from early December to reach the targeted number of households, the number of CBVs was increased from 70 to 92 and ultimately daily target of CBVs was also increased to 1,000 HHs per day for raising awareness so that all identified hotspot areas in Rawalpindi and Islamabad can be covered. The protests delayed the project progress initially; however, it was smoothly covered later with increase of volunteers. Implementation plan with the hospitals was discussed and reviewed in December in view of the significant decrease in the number of daily new cases. PRCS response team will coordinate again with DoMC and respective Government hospitals in these hotspot areas to support and prevent any outbreak in the coming months after monsoon rains.



## Protection, Gender and Inclusion

People reached: 224,333

**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
<i>The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services</i>	Yes	Yes

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

Indicators:	Target	Actual
<i>NS ensure improved equitable access to basic services, considering different needs based on gender and other diversity factors</i>	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. PRCS ensured engagement of female volunteers in field related activities during the operation to safeguard 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	1

### Progress towards outcomes

PRCS National Head Quarter (NHQ) arranged briefing and orientation sessions for volunteers regarding the response operation and its objectives. 92 volunteers have been trained, which is more than the planned number, in order to ensure the pool has enough manpower to support the activities. NHQ has established a Dengue Response Team with the support of Youth and Volunteer Department. The response teams have developed a coordination mechanism in order to ensure that the communication between Government health departments and NHQ is smooth and regular meetings are convened. For future, DoMC has prepared a concept note to deal with vector borne diseases in Pakistan and has included PRCS/IFRC in their task force.

## 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	100%

### Progress towards outcomes

Coordinated by the IFRC APRO in Kuala Lumpur, the deployment of RDRT delegate was not possible due to visa issues. The selected candidate applied for Pakistani visa however he was not granted, therefore he could not support Dengue DREF operation. However, the project operations were managed by the PRCS health personnel and volunteers, and IFRC Country Office health focal person was overseeing and supported the overall operations of the project.

## Influence others as leading strategic partner

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

Indicators:	Target	Actual
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1 national appeal launched	Yes	No
<b>Output S3.2.1: Resource generation and related accountability models are developed and improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
1 lesson learned workshop conducted	Yes	Yes
<b>Progress towards outcomes</b>		

At the moment there is no plan to launch a national appeal. A national appeal will only be launched if there are limited capacity/resources of the relevant authorities to respond to the outbreak, 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 Lesson -Learned -Workshop (LLW) was convened on 20 January 2020 after the completion of field activities. PRCS and IFRC engaged 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, Health Ministry and PRCS newly appointed Chairman showed keen interest to participate in the lesson learnt workshop, however due to other prior commitments they were unable to participate. Key challenges, best practices and recommendations for future interventions were discussed in detail and were documented in a report.



Lesson Learnt Workshop, 20 January 2020 (Photo: PRCS)

Project timeline has been extended from 15 February to 31 March 2020 for completion of operational activities. PRCS has initiated the procurement of LLINs in January 2020 in order to replenish the existing stock.

## D. BUDGET

A total of CHF 124,337 has been allocated to PRCS to support the needs of 210,270 people in hot spot areas of Islamabad and Rawalpindi, through awareness campaign and distribution of repellents and LLINs. As of 31 January 2020, CHF 109,315 has been utilized (88 per cent utilization). For more details, refer to the attached financial report.



Click for:

- [Previous updates & EPoA](#)

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**For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**

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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	2019/10-2020/1	Operation	MDRPK017
Budget Timeframe	2019/10-2020/2	Budget	APPROVED

Prepared on 27/Feb/2020

All figures are in Swiss Francs (CHF)

## MDRPK017 - Pakistan - Dengue Outbreak

Operating Timeframe: 11 Oct 2019 to 15 Feb 2020

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>124,337</b>
DREF Allocations	124,337
<b>Expenditure</b>	<b>-109,315</b>
<b>Closing Balance</b>	<b>15,022</b>

### 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	42,891	26,654
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>69,545</b>	<b>42,891</b>	<b>26,654</b>
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	54,792	66,425	-11,632
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
<b>Strategy for implementation Total</b>	<b>54,792</b>	<b>66,425</b>	<b>-11,632</b>
<b>Grand Total</b>	<b>124,337</b>	<b>109,315</b>	<b>15,021</b>

# DREF Operation

interim FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/10-2020/1	Operation	MDRPK017
Budget Timeframe	2019/10-2020/2	Budget	APPROVED

Prepared on 27/Feb/2020

All figures are in Swiss Francs (CHF)

## MDRPK017 - Pakistan - Dengue Outbreak

Operating Timeframe: 11 Oct 2019 to 15 Feb 2020

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>59,700</b>	<b>37,888</b>	<b>21,812</b>
Clothing & Textiles	6,000		6,000
Medical & First Aid	53,700	37,888	15,812
<b>Logistics, Transport &amp; Storage</b>	<b>2,000</b>	<b>439</b>	<b>1,561</b>
Transport & Vehicles Costs	2,000	439	1,561
<b>Personnel</b>	<b>34,708</b>	<b>8,695</b>	<b>26,013</b>
National Society Staff	3,908		3,908
Volunteers	30,800	8,695	22,105
<b>Workshops &amp; Training</b>	<b>2,600</b>	<b>315</b>	<b>2,285</b>
Workshops & Training	2,600	315	2,285
<b>General Expenditure</b>	<b>17,740</b>	<b>2,802</b>	<b>14,938</b>
Travel	12,500	339	12,161
Information & Public Relations	5,100	2,130	2,970
Office Costs	100	276	-176
Communications	40		40
Financial Charges		56	-56
<b>Operational Provisions</b>		<b>52,504</b>	<b>-52,504</b>
Operational Provisions		52,504	-52,504
<b>Indirect Costs</b>	<b>7,589</b>	<b>6,672</b>	<b>917</b>
Programme & Services Support Recover	7,589	6,672	917
<b>Grand Total</b>	<b>124,337</b>	<b>109,315</b>	<b>15,021</b>