

# DREF Final Report

## Saint Lucia: Dengue

<b>DREF n°:</b> MDRLC004	<b>Date of Issue:</b> 28 October 2021
<b>Operation start date:</b> 2 November 2020	<b>Operation end date:</b> 31 March 2021
<b>Host National Society:</b> Saint Lucia Red Cross	<b>Operation budget:</b> 131,125 Swiss francs (CHF)
<b>Number of people affected:</b> 1,318 cases of Dengue officially reported as of epidemiological week 52.	<b>Number of people assisted:</b> 3,060 people (1,020 families).
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The International Federation of the Red Cross and Red Crescent Societies (IFRC) - Americas Regional Office (ARO); Country Cluster Delegation (CCD) - Port of Spain (POS); Regional Intervention Platform for the Americas and the Caribbean (PIRAC).	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health and Wellness, Gros Islet Town Council, Ministry of Youth & Sports, Youth Emergency Action Committees (YEAC).	
<b>The Saint Lucia Red Cross spent a total of 79,570 CHF. The remaining balance of 51,555 CHF will be returned to the Disaster Relief Emergency Fund.</b>	
<i>The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the SVGRC, would like to extend thanks to all for their generous contributions.</i>	

[<Click here for the final financial report and here for the contact information.>](#)

## A. SITUATION ANALYSIS

### Description of the disaster

#### Context

On 26 August 2020, St. Lucia's Ministry of Health and Wellness declared an outbreak of dengue fever. The Syndromic Surveillance report for epidemiological week 42 (dated 22 October 2020) indicated 801 confirmed cases on the island with a further 333 suspected cases. According to the Surveillance Report for epidemiological week 52 (dated 7 January 2021), there were 1,318 confirmed cases of Dengue, with 500 suspected cases. This represented a 127% increase in the number of cases since 22 October 2020.

Country or Subregion	Serotype	Year	Epi. Week (a)	Total of Dengue Cases (b)	Incidence Rate (c)	Laboratory Confirmed	Severe Dengue (d)	(SD/D) x100 (e)	Deaths	CFR (f)	Population X 1000
Saint Lucia		2021	12	11	6.59	11	0	0.00	0	0.000	167
	DEN 2,3	2020	53	1,318	732.22	1,318	0	0.00	0	0.000	180

Serotype analysis showed the presence of Dengue-3 (88 cases) and Dengue-2 (20 cases), with a third unknown serotype also confirmed. A total of 266 confirmed cases, or 20% of the infected population, were required to be hospitalized during this period. The Caribbean Public Health Agency (CARPHA)<sup>1</sup> reported three confirmed deaths from dengue infection (Case fatality is 0.2%).

51% of the cases were male, indicating a continued slightly higher occurrence in that population than women. The districts with the highest cases include Gros Islet, Castries, Vieux Fort, Castries B, Micoud, and Dennery. A substantial decline was reported in the number of confirmed Dengue cases for 2021. As of April 10, 2021, the Ministry of Health reported 11 confirmed cases for the year 2021.

Districts	# of cases per 10,000
Gros Islet	109.6
Vieux Fort	82.7
Babonneau	84.8
Dennery	76.5
Micoud	69.7
Laborie	69.9
Castries	59.8
Castries - B	53.1
Anse La Raye	43.9
Choisuel	38.9
Soufriere	30.3

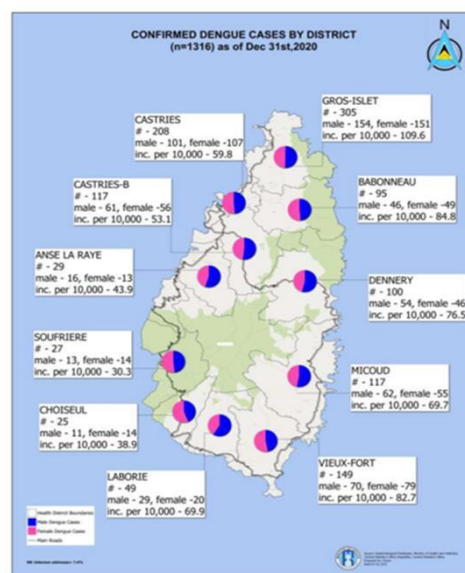


Figure 1 - Updated confirmed cases of Dengue by District as at Epi week 52, Source; Ministry of Health, Saint Lucia.

### Summary of response

Throughout the Dengue DREF operation in Saint Lucia, the Saint Lucia Red Cross (SLRC) worked to reduce the risk of the spread of the Dengue virus using a multi-faceted, community-assisted approach. This approach utilized physical vector control activities, public information campaigns, and the provision of targeted commodities such



Figure 2: Sign Board Dengue Prevention Measures.

as mosquito repellents. Throughout the response, the SLRC's focus was to use these activities as mechanisms for behavior change, thereby improving actions around improper garbage disposal and safe water storage.

With 100 volunteers on the ground, the project team was able to meet targets by completing a total of 5 community cleanups and making safer water barrels through the installation of 109 drum covers in 70 households across the island. In the selection process for cleanup sites, consideration was given to communities with high indices for breeding the vector, based on data from the Ministry of Health and Wellness

<sup>1</sup> Ministry of Health and Wellness. CARPHA confirms previous dengue-related deaths. 17 October 2020.

(MOHW). In addition, priority was placed on public places where people congregated, demonstrating a need for cleanup activity. Information dissemination campaigns were conducted in conjunction with physical vector control activities to ensure that residents understood the risks caused by the improper disposal of garbage and the recommended actions they needed to take to prevent the breeding of mosquitoes. The project surpassed the target of five sessions and completed a total of eight extensive awareness-raising sessions.

As part of our public information and disease prevention messaging, the National Society installed six “stop the bite” vehicle banners for six public passenger vehicles.

In addition, a signboard was installed at the Saint Lucia Red Cross Headquarters to increase the awareness of visitors and passersby of the need to reduce and eliminate breeding sites on the island.



Figure 3: Volunteers help with Drum Proofing in the community of Flossaic, Marc- Source: St Lucia RC.

The project successfully reached 21 communities with the distribution of kits containing repellent and insecticide-treated bed nets. This activity reached 3,060 people (1,020 families) island-wide, including the Castries district in the north of the island, which showed the highest incidence of the virus. Further details are provided in the Operational plan section of the report.



Figure 4: Beneficiary receiving kit containing insecticidal nets and repellents from NS Project Manager – Source: St Lucia RC.

The St. Lucia Red Cross’ response to this outbreak was made possible through the support and assistance of the Red Cross Community Based Disaster Response Team (CDRT), community groups, and many concerned stakeholders on the island. The Dengue DREF project also accomplished its objectives by building on the legacy of the Zika Response and Prevention project with the retention of the human resources to conduct activities under the DREF project. The operation continued to operate within the context of the COVID-19 pandemic and adhered to COVID-19 protocols and guidelines by ensuring that staff and volunteers were provided with the necessary PPEs when going into the field to conduct activities.

## Overview of Red Cross Red Crescent Movement in Country

During the Dengue DREF operation, the IFRC Country Cluster Delegation in Port of Spain (POS CCD) was instrumental in providing technical support and monitoring the implementation of the program in the following ways:

- IFRC Programme Manager from the POS CCD supported monitoring during the implementation of the operation
- POS CCD has assisted with the procurement and delivery of 1,400 long-lasting insecticide-treated mosquito nets by PIRAC from Guadeloupe to Saint Lucia.
- The ARO RLU has shipped an additional 1,600 long-lasting insecticide-treated mosquito nets from Panama to St. Lucia.
- Health Focal Point continued to provide information used to guide the National Society interventions.

- Information messages will continue to provide information on the national context, National Society, and IFRC actions.

## **Overview of non-RCRC Actors in Country**

The Ministry of Health and Wellness was tasked with coordinating the emergency response at the national level with various stakeholders. The Ministry utilized vector control methods such as chemical fogging and mobilized the broader community for clean-up activities. Interventions included risk communication by airing PSAs on Dengue on local television and radio stations and other public information campaigns. Provision of regular Epidemiological Surveillance reports has been made available to the Red Cross and other relevant agencies by the MOHW.

## **Needs analysis and scenario planning**

### **Assessment Overview**

Two major assessments were conducted during the response timeframe. The primary tools used by the project team during the evaluation included community mapping activities and transect walks, which were supported by secondary information from Surveillance Reports from Saint Lucia's Ministry of Health. This made the assessment process less time-consuming as much of the required information was already available. Through the Enhanced Community Based First Aid and Health Assessment (eCBHFA) model, transect walks were conducted to identify potential cleanup sites. During the assessment process, CDRT teams and various community group members residing in the target communities were consulted and confirmed the community's needs.

Continuous assessments were conducted to review data and provide a targeted response based on the number of affected persons, their locations, and the existing needs of the affected population.

The initial and follow-up Need Analysis confirmed that mosquito repellents, drum-proofing, cleanup activities, and other vector control remained essential for Dengue prevention activities during the project. Engagement programmes and information dissemination of educational material remained relevant for the successful implementation of the response.

While evidence from Surveillance reports suggested a decline in the number of Dengue cases during December 2020, January, and February of 2021, the St. Lucia health authorities advised that there could be a resurgence due to the cyclical nature of the Dengue virus. Furthermore, Saint Lucia is one of many countries with a temperature and humidity conducive to breeding the *Aedes Aegypti* mosquito. The project team worked assiduously to support affected communities to minimize the chances and effect of the next outbreak.

Job losses and reduced income from the Coronavirus pandemic meant that many Saint Lucians lacked the resources to obtain commodities such as repellents and treated bed nets. Despite the pandemic challenges, the National Society ensured that commodities were made available to the most vulnerable and placed them in a better position to protect themselves against the Dengue virus and other mosquito-borne diseases.

During the beneficiary selection process, special consideration was given to the following groups:

- Low-income households
- Elderly, physically or mentally challenged
- Families with pregnant, or nursing women
- Unemployed
- Marginalized Minority groups

## Scenario Planning

The following scenarios listed below advised project implementation. These scenarios were possible, depending on the implementation of vector control activities, community mobilization, and strengthening of activities being conducted by the Ministry of Health and Wellness.

Scenario	Humanitarian Consequence	Potential Response
Scenario A Best Case Scenario	Low number of Dengue cases. The government can address the outbreak with local resources.	Health promotion, dengue prevention, and vector control activities are successfully carried out in at-risk communities in coordination with the Ministry of Health, Wellness, and Environment. Cases will decrease over time, and existing cases will receive proper medical treatment. Communities are sensitized and will initiate vector control. Breteau* index falls in at-risk communities. Stabilization and reduction of the number of new dengue cases. Sensitized communities identify early signs and symptoms of severe dengue.
Scenario B Likely scenario	A low number of Dengue cases. The government can address the outbreak with local resources.	Isolated health promotion, dengue prevention, and vector control activities at the community level will take place Breteau* index remains the same/increases in at-risk communities Some communities will have no perception of risk regarding the dengue outbreak Increased incidence of dengue cases Saturation of hospitalization services in COVID19 pandemic time.
Scenario C Worst case scenario	A moderate number of Dengue cases. The government can address the outbreak but needs extra support.	Few health promotion and dengue prevention activities at the community level. The population has no perception of risk regarding the dengue outbreak. Increase in the number of severe dengue cases. The collapse of emergency and hospitalization services in Ministry of Health hospitals. Increase in the number of deaths.

\*Breteau index measures the number of water containers containing the vector, per 100 houses inspected

## Risk Analysis

The project's distribution of relief supplies like repellents and insecticidal nets, and other community-based activities was delayed in late January and February due to increases in the number of COVID-19 cases in St. Lucia and the corresponding need to reduce social contact and social gatherings. During this period, Saint Lucia declared the State of Emergency and announced the implementation of stricter social distancing protocol, which encouraged persons to restrict their movements to their households. The National Society could meet the remaining targets as the COVID-19 infection rate declined and protocols were lifted.

The National Society continued to reduce the risk of Coronavirus infection by ensuring that volunteers were supplied with adequate PPE, reducing the number of volunteers working in a team, practicing social distancing, and ensuring that Volunteers were briefed on recommended prevention measures.

## B. OPERATIONAL STRATEGY

### Overall Operational Objective:

The project's main objective was to reduce the immediate risk of spreading the dengue fever virus to 1,000 families (3,000 people) in the most affected areas in St. Lucia.

### Proposed strategy

- The National Society encouraged community participation using CDRT groups that live in the communities and are essential in disseminating and mobilizing communities. However, it is understandable that not all communities will meet the requirement for substantial participation due to the COVID-19 pandemic.
- In keeping with IFRC standards, the National Society encouraged equal participation of both men and women throughout the project. Special attention was paid to protecting high-risk groups such as pregnant and feeding mothers, babies, infants, and older people. In addition, the project adhered to sphere recommendations for Vector control which includes the distribution of insecticide-treated bed nets (ITN). Our programmes continue to be guided by entomological assessments and expertise. A total of 3,021 people were directly assisted through the response.

## C. DETAILED OPERATIONAL PLAN



### Health

**People reached:** 3,060 people (1,020 families)

**Male:** 1,522

**Female:** 1,538

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

Indicators:	Target	Actual
# of families reached	1,000	1,020

#### ***Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines***

Indicators:	Target	Actual
# of assessments carried out jointly with the government	2	2

#### ***Health Outcome 4: Transmission of diseases of epidemic potential is reduced***

Indicators:	Target	Actual
# of families reached	1,000	1,020

#### ***Health Output 4.1: Community-based disease control and health promotion is provided to the target population***

Indicators:	Target	Actual
# of awareness-raising sessions at the community level	5	8

#### ***Health Output 4.2: Vector-borne diseases are prevented***

Indicators:	Target	Actual
# of long-lasting insecticidal net distributed (3 per family)	3,000	2,800

# of community cleaning kits distributed	5	3
# of families receiving repellent (3 repellents per family)	1,000	1,020
# of community-based clean-up campaigns carried out	5	5
# of water storage containers made safer	100	102

**Health Output 4.6: Improved knowledge about public health issues among the identified target population and areas**

Indicators:	Target	Actual
# of awareness-raising sessions at the community level	5	8
# of awareness-raising sessions in schools (families)	1,000	Schools are closed due to community transmission of COVID-19

**Narrative description of achievements**



Figure 5. Volunteer discusses preventative measures and Drum proofing in the community of Flossaic, Marc- Source: SLRC.

Under the Dengue DREF operation, the National Society successfully implemented interventions to reduce vector breeding sites and reduce the risk of dengue infection.

**Assessments:** Locations were selected based on need, considering the socio-economic factors jointly with the government. Not all communities store rainwater, but primarily those where the supply of pipe-born water is inconsistent or where rainwater is stored for other purposes such as agricultural production.

**Awareness-raising sessions:** Risk communication of key messages on Dengue prevention was done during the community cleanup. Potential breeding sites such as plastic bottles, plastic wrappers and open receptacles were collected from locations.

**Long-lasting insecticidal nets and repellents distribution:** A total of 3,060 people island-wide received repellents through our distribution programs and of these a total of 2,800 people received mosquito nets. 3,100 mosquito nets were procured under this DREF, but some families preferred not to receive mosquito nets, leaving 300 to be pre-positioned for another emergency. The 21 communities reached were Anse La Raye, Gros Islet, Baboneau Proper, Fond Assau, Balata, Aux Lyons, La Guerre, Dennery Village, Mon Repos, Praslin, Trois Piton, Vieux Fort, Jacmel, Millet, Bexon, Marc and Castries environ, La Clery, Marchand, Forestierre, Ti Rocher and Trois Piton.

It was noted that there were a few instances where people were not willing and not receptive towards using a mosquito bed net. In these instances, persons showed a greater willingness to use the repellents as a form of protective barrier and requested the repellents rather than the nets.



Figure 6. Volunteers and Project Manager assist with cleanup in the community of Marc- Source: SLRC.



Figure 7. Person reached from Millet community receives a Dengue Prevention Kit- Source: SRLC.

**Community cleaning kits distribution:** As part of our intervention, three Red Cross CDRT groups received community cleaning kits containing tools and gloves to increase their preparedness for cleanup activities. These groups were selected based on their initiative in organizing and mobilizing the community for cleanup activities. Since some CDRT groups had already received these supplies via earlier projects, so only three cleaning kits were distributed to support the activities.

**Water storage containers made safer:** The Dengue response was able to cover a total of 102 water barrels in the communities of Marc and Anse La Raye during drum proofing activities.

**Community based clean-up and CEA activities:** The project surpassed the target of 5 community awareness-raising sessions and completed 8 sessions with the support of volunteers. IEC materials such as brochures, posters, and printed reusable bags with dengue key messages were prepared as an essential part of our risk communication. In addition, bulk waste items which were left outside people's homes and would only compound the mosquito-breeding in the community were collected. Approximately 15 truckloads of garbage were hauled from these sites for onward delivery to the designated dumpsite.

These activities helped to encourage and inform preventative action at the household and community level. CEA activities were also conducted during these events.

A thirty-second PSA created, which provided key messages on Dengue prevention, was designed, and aired on local television. Information campaigns included billboards and public vehicle banners which were mentioned earlier in the report.

### Community



Figure 8. Project Manager shares Dengue Prevention Messaging with Vendor- Source: SLRC.

**Awareness-raising sessions in schools:** The National Society could not conduct any interventions in schools as they remain closed due to the COVID-19 outbreak.

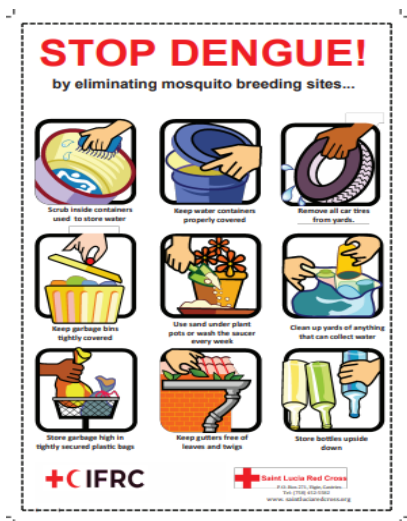


Figure 9. IEC Materials utilized by the National Society to teach preventative measures to communities in Saint Lucia.

### Challenges

- In several instances, community-based activities had to be paused due to a surge in the number of COVID-19 cases following the Christmas holiday season. Social media and WhatsApp platforms were used to counteract this challenge, continue disseminating information about Dengue prevention, and limit person-to-person contact.
- Despite the initial challenges of procuring repellents, the National Society was able to reach communities in need. Suppliers noted that many of the islands within the region were actively sourcing the same item during this period, making it difficult to obtain at the start of the project.
- The National Society could not import these items due to Government's import restrictions, limiting imports of this commodity to authorized suppliers.

### Lessons Learned

- During the project, volunteers and the project team learned to adapt to the changing context of the COVID-19 pandemic. For example, implementing some of our tasks while maintaining social distancing, we conducted activities on a one-on-one basis to limit crowding and social contact.

## Strategies for Implementation

**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**

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
# PPE kits distributed to volunteers	100	100

### Narrative Description of Achievements

**PPE Kits distributed to volunteers:** By the end of the response, a total of 100 PPE kits have been distributed to Volunteers.

Video instruction was made available to a total of 37 volunteers. The content focused primarily on the donning and doffing of 2-piece PPE, mainly used during our project activities. Standards and procedures recommended by the United States Centers for Disease Control and Prevention (CDC) were used in the video presentations.

This was an excellent alternative to face-to-face meetings when large social gatherings were not advisable. The National Society continues regularly providing this information through its social media platforms.

**Community feedback mechanisms in place:** Feedback was initially collected through Red Cross CDRT Leaders who are well placed within the community to provide updates on how the program may or may not be meeting the needs of the communities. Initial feedback revealed that residents appreciate the distributions of nets and repellents, which led to increased requests from the community for these items. Therefore, the National Society continued to assess the community's needs to determine the extent to which the National Society should meet these requests based on resources, location of the outbreak, and vulnerability factors.

A Google survey form was created to serve as the official beneficiary feedback mechanism and was administered as a telephone survey. The survey results revealed that most respondents believed that the programme was reaching the most vulnerable in the community. When asked about how satisfied they were with Red Cross assistance, 90% of the respondents were extremely satisfied. Persons with larger families were in favor of receiving more repellants, however the limit was three repellants per household.

**Lessons Learned Workshop:** A Lessons Learned Workshop was not convened due to challenges associated with the COVID-19 Pandemic. Volunteers and the project team learned to adapt to the changing context presented during the project. For example, to implement some activities that would have required having gatherings, the National Society instead did so on a one-on-one basis to limit crowding and social contact.

**IFRC Monitoring and Support Visits:** The IFRC could not carry out any field visits as this DREF was being carried out when the country of St. Lucia was experiencing an upsurge in the number of COVID-19 cases, and for the most part, the country was on lock-down, with banned international flights. Also, the COVID-19 pandemic adversely affected the availability of flights within the region.

### Challenges

- **COVID-19 Pandemic** – In several instances, community-based activities had to be paused due to the increases in COVID-19 cases on the island, particularly after the spike in cases after the Christmas Holidays. Social media and WhatsApp platforms were used to counteract this challenge, limit person-to-person contact, and continue disseminating information about Dengue prevention.
- **Procurement of Repellents** – Despite the initial challenges of procuring repellents locally, the National Society was able to reach communities in need. Suppliers noted that there was high demand and limited supply available across the Caribbean Region for these items during this period. This made it challenging to obtain the quantities needed at the start of the project. The National Society could purchase and distribute these items closer to the end of the operation. Local procurement was available to the National Society, as only licensed distributors can import certain products, such as insect repellents.
- **Industrial Action** – There were strikes by members of essential services (namely public transportation providers) which further prohibited the movement of staff and volunteers.

### Lessons Learned

- Being adaptable in engaging communities in the face of a lockdown proved to be quite beneficial in attaining the number of persons reached. Engaging the communities via social media and WhatsApp was beneficial for the National Society considering the Government imposed restrictions for limited movements.
- Being able to leverage existing relations in communities, especially those with active CDRT Teams, proved beneficial. Direct contact with focal points within these communities established over the years of work by the National Society assisted the National Society significantly in effectively carrying out its activities and disseminating information during the response.

- Engaging local suppliers for critical products and services needed for the operations. The National Society was able to leverage existing relationships with suppliers to get goods that were limited in supply and discounts, which led to savings in the project.

## D. Financial Report

See [Annex](#).

Reference documents  
Click here for:

- [DREF Plan of Action \(EPoA\)](#)
- [Operation Update no. 1](#)

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

**In the Saint Lucia National Society:**

- Hubert Pierre, President; [deltaorion@hotmail.com](mailto:deltaorion@hotmail.com), 1 758 4545582
- Terrencia Gaillard; Director General; [terenciag@gmail.com](mailto:terenciag@gmail.com), 1 758 452 5582

**In the IFRC Country Cluster Support Team:**

- Ariel Kestens, Head of Country Cluster Delegation, [ariel.kestenl@ifrc.org](mailto:ariel.kestenl@ifrc.org)
- Nasir Khan, Programme and Operations Manager, [nasir.khan@ifrc.org](mailto:nasir.khan@ifrc.org)
- Tanesha Thompson, Programme Manager, [tanesha.thompson@ifrc.org](mailto:tanesha.thompson@ifrc.org)

**In the IFRC regional office for the Americas:**

- Roger Alonso, Head of the Disaster and Crisis Department; [roger.morgui@ifrc.org](mailto:roger.morgui@ifrc.org)
- Felipe Del Cid, Continental Operations Coordinator for Disaster and Crisis Department; [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org)
- Susana Arroyo, Communications Unit Coordinator for the Americas; [susana.arroyo@ifrc.org](mailto:susana.arroyo@ifrc.org)
- Sandra Romero, Head of Partnerships and Resource Development; [sandra.romero@ifrc.org](mailto:sandra.romero@ifrc.org)
- Maria Larios; Planning, Evaluation, Monitoring and Reporting Manager; [maria.larios@ifrc.org](mailto:maria.larios@ifrc.org)

**In Geneva:**

- Eszter Matyeka DREF, Senior Officer; email: [eszter.matyeka@ifrc.org](mailto:eszter.matyeka@ifrc.org)
- Antoine Belair, Senior Officer for Operations Coordination for the Disaster and Crisis (Prevention, Response and Recovery); email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

## 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

Selected Parameters			
Reporting Timeframe	2020/11-2021/8	Operation	MDRLC004
Budget Timeframe	2020/11-2021/06	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Oct/2021

All figures are in Swiss Francs (CHF)

### MDRLC004 - Saint Lucia - Dengue 2020

Operating Timeframe: 02 Nov 2020 to 31 Mar 2021

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>131,125</b>
DREF Allocations	131,125
<b>Expenditure</b>	<b>-79,570</b>
<b>Closing Balance</b>	<b>51,555</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	89,704	69,141	20,563
AOF5 - Water, sanitation and hygiene	9,302	5,341	3,962
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>99,006</b>	<b>74,481</b>	<b>24,525</b>
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	32,119	5,089	27,030
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
<b>Strategy for implementation Total</b>	<b>32,119</b>	<b>5,089</b>	<b>27,030</b>
<b>Grand Total</b>	<b>131,125</b>	<b>79,570</b>	<b>51,555</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2020/11-2021/8	Operation	MDRLC004
Budget Timeframe	2020/11-2021/06	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Oct/2021

All figures are in Swiss Francs (CHF)

### MDRLC004 - Saint Lucia - Dengue 2020

Operating Timeframe: 02 Nov 2020 to 31 Mar 2021

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>70,907</b>	<b>40,473</b>	<b>30,434</b>
Clothing & Textiles	6,915	5,611	1,304
Water, Sanitation & Hygiene	62,560	33,930	28,630
Medical & First Aid	820	820	0
Teaching Materials	611	111	500
<b>Logistics, Transport &amp; Storage</b>	<b>25,313</b>	<b>13,456</b>	<b>11,857</b>
Storage	3,209	3,209	0
Distribution & Monitoring	11,273	8,273	3,000
Transport & Vehicles Costs	2,204	704	1,500
Logistics Services	8,627	1,270	7,357
<b>Personnel</b>	<b>6,551</b>	<b>4,331</b>	<b>2,220</b>
National Society Staff	6,551	4,331	2,220
<b>Workshops &amp; Training</b>	<b>2,643</b>	<b>643</b>	<b>2,000</b>
Workshops & Training	2,643	643	2,000
<b>General Expenditure</b>	<b>17,708</b>	<b>15,811</b>	<b>1,897</b>
Travel	7,000		7,000
Information & Public Relations	8,432	13,600	-5,168
Office Costs	955	955	0
Communications	1,177	1,177	0
Financial Charges	144	79	65
<b>Indirect Costs</b>	<b>8,003</b>	<b>4,856</b>	<b>3,147</b>
Programme & Services Support Recover	8,003	4,856	3,147
<b>Grand Total</b>	<b>131,125</b>	<b>79,570</b>	<b>51,555</b>

## Annex – Photos of the response.

### Kit Distribution for Repellents & Nets



*Distribution at SLRC Headquarters.*



*Kit distribution for a resident of the Marchand community.*



*Another beneficiary from Castries city receives a kit donation.*

### Drum Proofing activities at Marc with the Volunteer Team



*Project Manager assists with drum proofing for a household in Marc.*



*Red Cross CDRT group secures a drum cover for a beneficiary.*



A few of the Red Cross CDRT Team members planning the house visits for the drum proofing activity.

## IEC and Promotional Items



Dengue handbags to encourage preventative measures.

<p><b>DENGUE FEVER</b></p> <p>Dengue is a viral disease transmitted by the bite of an infected female Aedes Mosquito. It is caused by four closely related viruses commonly referred to as serotypes (dengue-1, -2, -3 and -4)</p> <p><b>SYMPTOMS</b></p> <p>Symptoms usually begin 3-7 days after being bitten by a mosquito and include:</p> <ul style="list-style-type: none"> <li>• Sudden high fever</li> <li>• Rash</li> <li>• Muscle and joint pain</li> <li>• Headache</li> <li>• Pain behind the eyes</li> </ul> <p><b>ALARM SIGNS</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Intense Abdominal pain</li> <li>• Persistent vomiting</li> <li>• Sudden change from fever to chills with sweating</li> </ul>	<p><b>TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Rest, drink plenty of fluids and see a doctor as soon as possible</li> <li>• Avoid pain relievers that contain aspirin and medication such as Ibuprofen. Acetaminophen or paracetamol may be used instead.</li> </ul> <p><i>Stop the Bite, Stop the spread of Dengue in Saint Lucia!</i></p>	<p><b>PREVENTION</b></p> <p>Take action now! Reduce and eliminate mosquito-breeding sites in your home and community!</p> <p>Create a physical barrier over your skin by using a mosquito repellent!</p> <p>Mosquito repellents are designed to keep mosquitoes away from people and to keep them from biting.</p> <p>Use mosquito screens and mosquito bed nets as a protective barrier against mosquitoes.</p>
--	---	--

Stop Dengue Posters suitable for children and adults alike.

<p>"Prevention is better than cure"</p> <ul style="list-style-type: none"> <li>• Keep guttering and rooftops clean</li> <li>• Cover all containers used to store water</li> <li>• Once a week, empty, scrub water containers to get rid of eggs</li> <li>• Use soil or sand instead of water in flower vases</li> <li>• Break, burn, bury or turn over coconut shells</li> <li>• Dispose of old appliances, vehicles and parts properly</li> <li>• Place all unused objects together for pickup on designated garbage collection days</li> </ul>	<p><i>Let's work together to help stop the spread of Dengue!</i></p> <p><b>Contact Us</b></p> <p>(758)452 5582</p> <p>Saint Lucia Red Cross</p> <p>P.O Box 271</p> <p>Vigie, Castries</p> <p><a href="mailto:saintluredcross@gmail.com">saintluredcross@gmail.com</a></p> <p><a href="http://www.saintluciarcdcross.org">www.saintluciarcdcross.org</a></p>	<p><b>SAINT LUCIA RED CROSS</b></p> <p><i>How to Reduce the Risk of Dengue Transmission in Saint Lucia</i></p>
--	---	--

Dengue Leaflets for Risk Communication on Dengue

## Anse La Raye Kit Distributions



*CDRT team delivers a kit.*



*People receiving a dengue kit in Anse La Raye.*

## Bexon Community Cleanup



*Team Member in Bexon, clears garbage form roadside.*



*Red Cross CDRT Team members clears the drains to reduce breeding sites.*



*Collecting bags of roadside garbage for pick up by a truck.*

## Marc Community Cleanup



*Red Cross CDRT Team Members from the community with a truck loaded with garbage (breeding sites) removed from the community.*



*CDRT Team Leader assists and directs the truck during cleanup at Marc.*