

## DREF operation n° MDRCO010 26 July 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**297,813 Swiss francs have been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 62,000 beneficiaries. Un-earmarked funds to repay DREF are encouraged.**

The Ministry of Health and Social Protection launched on 8 February an epidemiological alert across the country addressed to the health sector, in order to respond to the dengue hyper-endemic present in the national territory. During the following months, the bulletins issued by the National Health Institute (*Instituto Nacional de Salud, INS*) showed evidence of an increase in dengue cases.

According to the Public Health Surveillance System (SIVIGILA) of the INS, up to the epidemiological week No. 27 in 2013 (1-7 July 2013), a total number of 69,524 dengue cases were reported, of which 67,920 (97.7 per cent) were average dengue cases and 1,604 (2.3 per cent) severe dengue cases with signs of concern. Until this week 186 deaths due to dengue have been reported, 81 confirmed through laboratory tests.

Due to this increase of dengue cases, the Colombian Red Cross National Society decided to request support from the International Federation of the Red Cross and Red Crescent Societies for the activation of the DREF mechanism to assist five departments prioritized in coordination the INS. The Colombian Red Cross developed a plan of action to provide assistance to five departments through the mobilization of mobile health units (MHU), prevention campaigns in schools and colleges, distribution of mosquito nets, fumigation and larvicide campaigns, as well as community cleaning campaigns.

This operation is expected to be implemented over three months, and will therefore be completed by 26 October, 2013; a final report will be made available three months after the end of the operation (by 26 January, 2014).

[<click here for the DREF budget;  
here for contact details>](#)



Red Cross volunteers training communities on the adequate management of drinking water. Source: Colombian Red Cross

## The situation

According to the Public Health Surveillance System (SIVIGILA) of the INS, up to the epidemiological week No. 27 in 2013, a total number of 69,524 dengue cases were reported, of which 67,920 (97.7 per cent) were average dengue cases and 1,604 (2.3 per cent) severe dengue cases with signs of concern. These cases are distributed as follows:

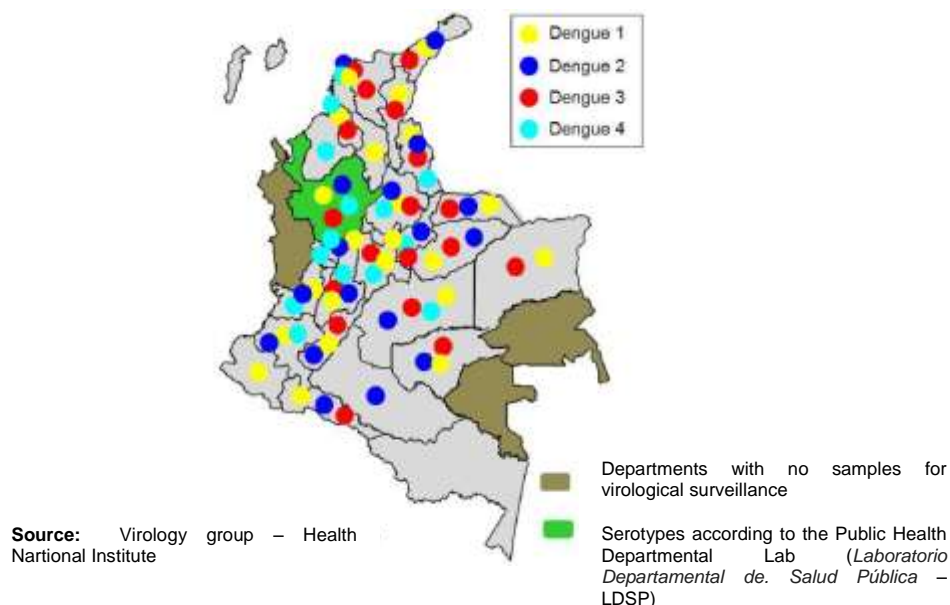
- Suspected cases: 42,351 (62.4 per cent) average dengue cases and 643 (40.1 per cent) dengue cases with severe symptoms.
- Confirmed cases: 25,549 (37.6 per cent) average dengue cases and 961 (59.9 per cent) dengue cases with severe symptoms.

Compared to the 27th week in 2012, the current figures correspond to a 167 per cent increase.

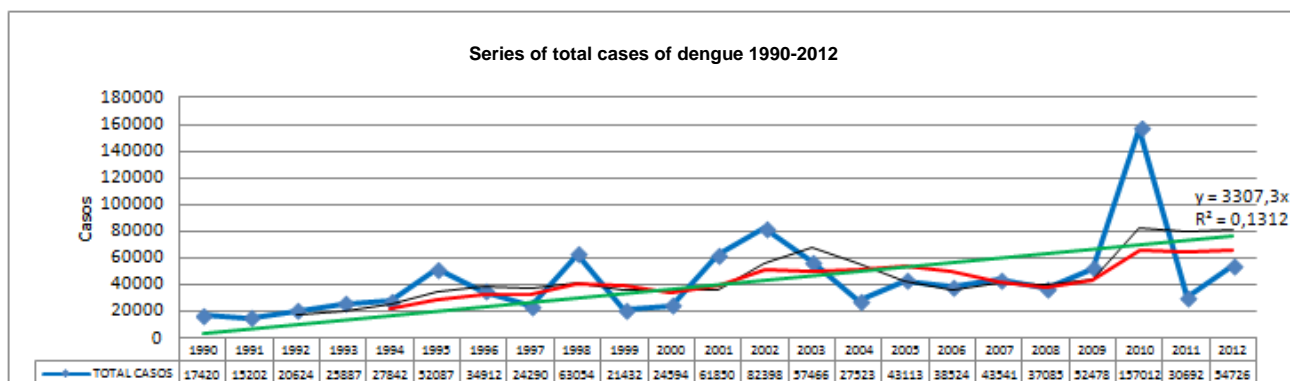
As for the distribution by sex, 46.5 per cent of the average dengue cases correspond to women and 53.5 per cent to men; while 45 per cent of the severe cases correspond to women and 55 per cent to men. In general terms, 47.4 per cent of the reported cases belong to the contributory scheme; 39.1 per cent to the subsidized scheme; 2.8 per cent to exception regime; 4.3 per cent to special regime and 6.4 per cent to the non-affiliation regime. In addition, 59.7 per cent of dengue cases sought medical assistance within the first three days of the onset of symptoms, while 46.1 per cent of cases of severe dengue consulted within the three first days. 41.2 per cent of cases are concentrated in children under 14 years for dengue and 53.5 per cent for severe dengue.

The cumulative national incidence of dengue in week 27th is 263 per every 100,000 inhabitants, and the population at increased risk corresponds to the urban areas of the country. On average, 2,614 cases were reported per week.

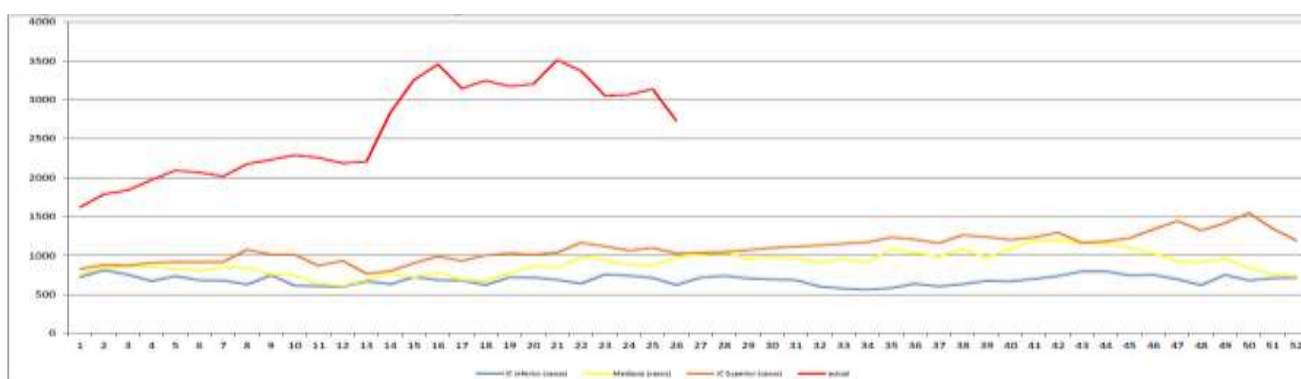
A total of 434 viruses have been established in different departments, and the circulation of the four viral serotypes have been determined. Dengue serotype 1 predominates (52 per cent), followed by dengue type 3 (32 per cent), dengue type 2 (11 per cent) and to a lesser extent dengue serotype 4 (5 per cent).



## Dengue trends in Colombia from 1990 to 2012



## Endemic channel of dengue in Colombia, 2013



Blue: inferior level; yellow: average level; brown: superior level; red: current

The 79.4 per cent of dengue cases come from ten local territories: Valle (20.2 per cent), Santander (13.1 per cent), Tolima (10.9 per cent), Meta (8.6 per cent), Norte de Santander (6.5%), Cundinamarca (4.8 per cent), Antioquia (4.5 per cent), Casanare (4 per cent), Cesar (3.5 per cent) and Huila (3.2 per cent)

### Geographical distribution of dengue in Colombia, 2013

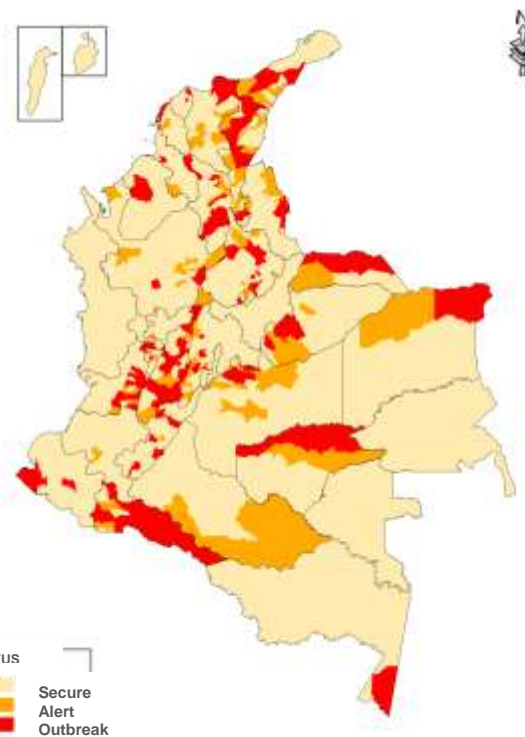
Territory	Population at risk	Cases	Incidence accumulated x 100,000 inh.
CASANARE	281768	2758	978,8
PUTUMAYO	174002	1471	845,4
META	759885	5978	786,7
VICHADA	29170	223	764,5
TOLIMA	1038441	7583	730,2
CUNDINAMARCA	487320	3336	684,6
ARAUCA	172898	1019	590,0
SANTANDER	1569542	9120	581,1
NORTE DE SANTANDER	1041612	4500	432,0
BOYACÁ	129125	494	382,6
GUAVIARE	62107	222	357,4
VALLE	4142434	14078	339,8
CESAR	871927	2439	279,7
HUILA	815073	2232	273,8
NARIÑO	264339	641	242,5
SUCRE	646248	1412	218,5
LA GUAJIRA	586056	1265	215,8
CAQUETÁ	336122	651	193,7
MAGDALENA	449671	802	178,4
BOLÍVAR	642177	1125	175,2
VAUPÉS	15472	25	161,6
CALDAS	301174	480	152,7
QUINDIO	489301	737	150,6
AMAZONAS	45384	56	123,4
GUAINÍA	17157	15	87,4
ATLÁNTICO	1103031	841	76,2
CAUCA	475502	355	74,7
SANTA MARTA	450020	332	73,8
BARRANQUILLA	1202749	883	73,4
ANTIOQUIA	4719438	3144	66,6
CÓRDOBA	1068952	556	52,0
RISARALDA	826454	334	40,4
CHOCÓ	226655	83	36,6
SAN ANDRÉS	54030	9	16,7
CARTAGENA	935496	156	16,7
EXTERIOR	-	69	-
SIN DATO	-	120	-
TOTAL	26430512	66524	263,0

## Mortality

In total, 186 dengue deaths have been reported, of which 81 have been confirmed (71 according to laboratory results and ten compatible cases), 60 were rejected and 45 are under study.

From the confirmed cases in 23 local territories, the age range was between one month and 84 years, with 44.4 per cent of cases being children under 14 years old. The age average was 26 years, median was 15 years and mode was 10 years. By sex, 37 per cent were women and 63 per cent were men. The Valle del Cauca department provides the largest number of deaths (15).

The mortality rate for Colombia related to dengue with severe symptoms up to epidemiological week 27th is 5 per cent. This indicator is calculated including deaths confirmed and validated by the Analysis Unit of the functional group of the INS (epidemiology, entomology, pathology and virology) of the total of cases of dengue with severe symptoms (probable and confirmed cases).



## Coordination and partnerships

The Colombian Red Cross National Society, as auxiliary to the public authorities, particularly in relation to health, has been coordinating with the Ministry of Health and Social Protection in relation to the response to natural and anthropogenic events, as well as with the INS in relation to the control of epidemics.

The INS and the Red Cross have held briefings and coordination meetings in order to determine the possible support to respond to the dengue situation in different communities. The possibility of supporting the activities of prevention, promotion, education and awareness campaigns for the adequate management of water reservoirs is on the table.

According to the information handled by the Colombian Red Cross, no other non-governmental institutions are carrying out actions aimed at preventing dengue in addition to the Ministry of Health with the Pan-American Health Organization.

The INS considers it extremely important that other organizations besides the Colombian Red Cross provide technical and logistical support in order to strengthen the attention at the identified critical sites through education and training of communities affected by dengue hyper-endemic; as well as waste collection campaigns and proper management of water at home in order to avoid the proliferation of mosquito breeding grounds.

The Colombian Red Cross in cooperation with the Participating National Societies (PNS) have requested support from the technical staff working in projects so that campaigns to increase health promotion and prevention of vector-borne diseases, especially dengue related, are carried out in areas where humanitarian assistance projects are already running:

Netherlands Red Cross: Department of Chocó;  
Spanish Red Cross: Department of Norte de Santander;  
Norway Red Cross: Department of Cauca.

The International Federation of the Red Cross and Red Crescent Secretariat has maintained communication with the Colombian Red Cross since the rise of dengue cases increased, and a Pan-American Disaster Response Unit (PADRU) delegate was mobilized to assist in the development of a plan of action for DREF support.

## Red Cross and Red Crescent action

- Promotion and prevention campaigns on issues related to vector-borne diseases (dengue, malaria) have increased through the support of projects running in the national territory, mainly in the departments of Chocó, Norte de Santander and Cauca.
- Recommendations to the communities affected by the dengue epidemic were delivered through the national radio.
- A dengue prevention campaign through the Colombian Red Cross website was launched to deliver key messages in order to prevent infection and to identify the warning signs of the disease.
- Request to National Intervention Teams (NIT) was submitted for developing health situational reports in their area of coverage.
- The General Health Department of Colombian Red Cross coordinates the continuous assessment and timely attention to communities with mobile health units (MHU) in Chocó, Norte de Santander and Cauca.
- Colombian Red Cross members of the National Health Network have been enlisted in order to assist and identify cases of dengue in their area of coverage, as well as for the application of health standards in local branches.
- Coordination with surveillance committees of local territories is being held.
- In coordination with the Ministry of Health, comprehensive clinical care guides for patients with dengue and the procedures for clinical care in case of dengue and severe dengue, implemented by the National Institute of Health, were published and submitted through the Colombian Red Cross website.

### The needs

As a result of the meetings held between the INS and the Colombian Red Cross in relation to the support necessary to reduce the number of dengue cases, the lines of action to contribute to the activities already being carried out by government agencies were identified.

The most vulnerable population groups at risk of complications are children under 15 years old, who provide 46 per cent of the average dengue cases and 54 per cent of those reported with severe symptoms. Therefore, it is important to develop prevention campaigns addressing these groups in the areas where they concentrate, such as schools and colleges.

The national government held a meeting with 58 mayors and health directors of the 58 municipalities most affected by dengue, in order to communicate the actions being carried out and join efforts to prevent the increase in dengue cases. Furthermore, research teams have been mobilized by the INS in order to gather evidence on the number of deaths and identify possible underreporting of dengue cases in the affected areas. As part of this research, the teams have discovered that underreporting in most cases is due to the confusion between dengue and influenza-like symptoms. Some people don't go to health centers because they don't recognize the signs and symptoms of dengue, so they go when the disease is in an advanced stage. Due to this situation, a lack of awareness and knowledge of the population of how to eliminate mosquito breeding grounds and of the early detection of warning signs were identified as key reasons. With the funds authorized by the Government and through the health departments represented, the Ministry of Health has initiated actions for the elimination of, and protection from, adult mosquitos. The local health departments are distributing mosquito nets, repellents, larvicides, insecticides, spray equipment and resources to develop programmes for the management and control of vector-borne diseases. Other actions to prevent mortality include the improvement of timely access to health services and appropriate treatment. To this end, the updated Dengue Management Guide is available, and training was provided and reinforced to health sector staff.

According to information provided by the Ministry of Health and Welfare and the INS, the following activities are essential for the operation: training in schools and communities, identification and elimination of breeding sites, fumigation at the times when the mosquito is most active (5 am to 9 am and 5 pm to 9), as well as scaling up the educational and awareness-raising campaigns through mass media, such as television and radio, especially in the urban areas where the largest number of cases is reported.

Based on the information mentioned above, the Colombian Red Cross will develop activities complementing the actions implemented by the Government in prioritized communities.

**Selection of people to be reached:** The project will target the direct beneficiaries—persons receiving direct attention provided by the Colombian Red Cross teams—and indirect beneficiaries—persons who receive attention from family members, the community, or through the media.

Five departments have been prioritized based on the following selection criteria:

- Areas reported by the official institutions such as the National Institute of Health and local health secretaries.
- The *Mortality Report* issued by the NIH.
- Communities with difficult access to health services.

Criteria for direct beneficiaries:

- Families with children under 14 years of age (population group with highest number of deaths);
- Patients with dengue diagnosis;
- Health centers and hospitals with patients with dengue diagnosis.

Region	ACTIONS	N° of direct beneficiaries	No. of indirect beneficiaries
Norte de Santander	Medical care	1,000	
	Workshops at schools and colleges	600	
	Delivery of mosquito nets	1,000	
	Fumigation spraying campaigns	10,000	
	Promotion and prevention campaigns through radio and TV		1,041,612
Valle	Medical care	1,000	
	Workshops at schools and colleges	600	
	Delivery of mosquito nets	1,000	
	Fumigation spraying campaigns	10,000	
	Promotion and prevention campaigns through radio and TV		4,142,434
Tolima	Medical care	1,000	
	Workshops at schools and colleges	600	
	Delivery of mosquito nets	1,000	
	Fumigation spraying campaigns	10,000	
	Promotion and prevention campaigns through radio and TV		1,038,441
Arauca	Medical care	1,000	
	Workshops at schools and colleges	600	
	Promotion and prevention campaigns through radio and TV		172,698
	Fumigation spraying campaigns	10,000	
	Delivery of mosquito nets	1,000	
Cesar	Medical care	1,000	
	Workshops at schools and colleges	600	

	Fumigation spraying campaigns	10,000	
	Promotion and prevention campaigns through radio and TV		871,927
Rest of the country	Promotion and prevention campaigns through radio and TV		1,000,000
	<b>TOTAL</b>	<b>62,000</b>	<b>8,267,112</b>

## The proposed operation

The operation aims to contribute to the reduction of the risk of dengue in five departments of Colombia through educational campaigns, vector control, and prevention messages using media to reach 62,000 direct beneficiaries and, indirectly, 8,267,112 people at risk.

Emergency Health	
<p><b>Outcome:</b> Improve health conditions and reduce the risk of dengue for families living in areas of high risk in the departments of Norte de Santander, Valle, Tolima, Arauca and Cesar.</p>	
<p><b>Outputs 1:</b></p> <p>Five departments affected by dengue receive medical care through Mobile Health Units (MHU).</p>	<ul style="list-style-type: none"> <li>• Activation and mobilization of ten Mobile Health Units in five departments;</li> <li>• Provide medical care to 5,000 beneficiaries through the Mobile Health Units;</li> <li>• Orientation sessions on preventive measures and dengue symptoms addressed to 1,500 beneficiaries;</li> </ul>
<p><b>Outputs 2:</b></p> <p>Five Colombian Red Cross local branches are trained and strengthened on epidemic control with emphasis on dengue.</p>	<ul style="list-style-type: none"> <li>• Develop one national-level workshop on community-based dengue control measures.</li> <li>• Five regional workshops on dengue prevention addressed to 125 volunteers of the Colombian Red Cross.</li> </ul>
<p><b>Outputs 3:</b></p> <p>3,000 people in the departments of Norte de Santander, Tolima, Valle, Arauca and Cordoba receive key messages for the prevention of dengue directly, and 8,267,112, indirectly.</p>	<ul style="list-style-type: none"> <li>• The design, printing and distribution of educational material for the prevention of dengue;</li> <li>• Fifteen workshops (three in each branch of the Colombian Red Cross) addressed to schools and colleges;</li> <li>• Distribution of educational material about dengue prevention to every participant;</li> <li>• Design and disseminate audiovisual material on dengue prevention for mass media;</li> <li>• Elaboration of a communication plan for the dengue prevention campaign to be implemented by the communications department of the Colombian Red Cross.</li> </ul>
<p><b>Outputs 4:</b></p> <p>5,000 chemically treated mosquito nets are distributed in five departments to complement the prevention campaign.</p>	<ul style="list-style-type: none"> <li>• Development of training workshop addressed to volunteers on the use of the registration tool;</li> <li>• Identification and registration of beneficiaries using the system (ODK – MEGA V - PDA);</li> <li>• Delivery of 5,000 mosquito nets to prioritized communities, health centers and hospitals;</li> <li>• Training beneficiaries in the appropriate use of mosquito nets.</li> </ul>

## Methodology:

As part of its plan of action, the National Society of the Colombian Red Cross includes national coordination with national government institutions, international organizations and private institutions in order to generate effective synergies and avoid duplication of efforts.

*Mobile Health Units:* within the program of Primary Health Care, the Colombian Red Cross undertakes the Mobile Health Units strategy in order to assist communities which, due to different circumstances, do not have access to the health service. The National Society will hold prior coordination meetings with the various health authorities and institutions in the area to intervene in order to boost the efforts.

The Mobile Health Units include doctors, nurses, Psychologists, auxiliary personnel and volunteers who are deployed to areas affected by the event. The campaign lasts five days. Attention will be focused on communities affected by dengue which have no easy access to health care, providing clinical care, training and communication of key messages; as well as education for the recognition of signs and symptoms of dengue.

*Community-based Health and First Aid (CBHFA) workshop for epidemic control:* Trained volunteers will be responsible for facilitating workshops in each local branch prioritized for the action and in schools and communities. The training workshops are aimed at different population groups (schools, colleges, community and volunteers). The Community-based Health and First Aid will be the methodology used for the health strategy.

The workshop will last six days and will train 25 national facilitators from the National Society. Volunteers trained on this methodology will be in charge of supporting the implementation of activities in every prioritized department. The activities include community workshops (schools and colleges) and the campaigns generated. Trained volunteers will receive a community toolkit essential for the work in the community (CBHFA Kit: Implementation Guide, facilitator's manual, volunteer's manual and tool box).

Each workshop at the branch level will last eight hours and will end with a community waste collection day. The Epidemic Control for Volunteers tool will be employed to facilitate interaction with health institutions and the community.

*Communications strategy/communications plan:* In order to generate behavior change in communities, it is necessary to design a communication strategy that includes prevention messages and calls to action through production of audio-visual materials (TV/radio spots and printed material) that can be spread not only in the local media, but also in the national media, allowing greater impact amongst Colombian people.

The communication campaign through the mass media will have a significant investment from the operation since Colombia is a country of over 47 million inhabitants. A campaign with emphasis on the 5 departments will be designed; therefore, the material published will be also used in other departments to reach a greater number of people. Furthermore, the material will be used as part of the prevention and educational campaign even after the end of the DREF operation and during future outbreaks of dengue in the country since Colombian Red Cross does not currently have materials for this purpose.

*Mosquito nets delivery:* Prior the deployment of health mobile units, the technical team will identify health centers and families requiring mosquito net. A selection will be done based on age and results of medical consultations, with elderly and children under 14, who are the most at risk, as priority.

## Water, sanitation and hygiene promotion

<b>Outcome: The risk of dengue in five departments is mitigated through the promotion of adequate sanitation practices and the reduction of mosquito breeding grounds</b>	
<b>Output 1:</b> 50.000 persons will benefit from fumigation and larvicide campaigns.	<ul style="list-style-type: none"><li>• Coordination with community member and local authorities.</li><li>• Develop five waste collection campaigns including educational and awareness sessions.</li><li>• Distribution of abate (larvicidal) in five departments.</li><li>• Quote and purchase of five fumigation machines for two departments (10 in total).</li></ul>
<b>Output 2:</b> Five communities hold waste collection campaigns	

	<ul style="list-style-type: none"> <li>• Develop five regional workshops on the management and maintenance of fumigation machines (one in each CRC branch).</li> <li>• Develop five fumigation spraying campaigns in every department (10,000 people per department).</li> </ul>
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**Methodology:**

In prioritized communities, one week before fumigation spraying, coordination with the Community Action Board, community-based organizations, teachers and other stakeholders will be made. Furthermore, playful and practical two-hour training by volunteers from the Colombian Red Cross will be provided. The training will include components of CBHFA methodologies, focused on solid waste and vector control (with emphasis on the dengue mosquito). Subsequently, there will be a half-day campaign to control dengue, where trained persons and community members, with the support of the volunteers from the Colombian Red Cross, will identify areas of poor solid waste management and vector-breeding sites existing in their community; preventive actions appropriate to their cultural context will be taken.

In order to start the process of fumigation in targeted communities volunteers in five Colombian Red Cross branches will be trained on the use of personal protection equipment during fumigation and the maintenance of the equipment. The fumigation will be carried out in coordination with community members and the Ministry of Health, taking into account the times when the mosquito is most active (mid-morning and just before dark).

**Contact information**

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

- **Colombian Red Cross:** Juvenal Francisco Moreno Carrillo, director general for health; phone +571 437 6385; and email: [francisco.moreno@cruzrojacolombiana.org](mailto:francisco.moreno@cruzrojacolombiana.org)
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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 Disaster 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.

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**Saving lives, changing minds.**



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

- 1.** Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
- 2.** Enable healthy and safe living.
- 3.** Promote social inclusion and a culture of non-violence and peace.

# DREF OPERATION

28-Aug-13

MDRCO010 Colombia Dengue

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	0
Construction - Materials	
Clothing & Textiles	18,834
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	27,074
Medical & First Aid	84,754
Teaching Materials	53,795
Utensils & Tools	0
Other Supplies & Services	
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>184,457</b>
Land & Buildings	
Vehicles	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	
Distribution & Monitoring	5,179
Transport & Vehicle Costs	8,947
Logistics Services	1,055
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>15,181</b>
International Staff	9,417
National Staff	
National Society Staff	26,556
Volunteers	12,948
<b>Total PERSONNEL</b>	<b>48,922</b>
Consultants	0
Professional Fees	
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	17,892
<b>Total WORKSHOP &amp; TRAINING</b>	<b>17,892</b>
Travel	7,063
Information & Public Relations	2,825
Office Costs	1,130
Communications	1,413
Financial Charges	753
Other General Expenses	
Shared Office and Services Costs	
<b>Total GENERAL EXPENDITURES</b>	<b>13,184</b>
Partner National Societies	
Other Partners (NGOs, UN, other)	
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	18,176
<b>Total INDIRECT COSTS</b>	<b>18,176</b>
<b>TOTAL BUDGET</b>	<b>297,813</b>