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## Operation Update Report Pakistan: Dengue response

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n°</b> MDRPK022	<b>GLIDE n°</b> <a href="#">EP-2021-000160-PAK</a>
<b>Operation update n° 1; date of issue:</b> 31 January 2022	<b>Timeframe covered by this update:</b> 21 October 2021 – 21 January 2022
<b>Operation start date:</b> 21 October 2021	<b>Operation timeframe:</b> 6 months ; <b>end date:</b> 31 March 2022 (revised)
<b>Funding requirements (CHF):</b> 116,175	
<b>N° of people being assisted:</b> 145,000	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC) Pakistan Country Delegation is actively involved in the coordination and is supporting Pakistan Red Crescent Society (PRCS) in this operation.	
<b>Other partner organizations actively involved in the operation:</b> Directorate of Malaria Control (DOMC), Ministry of Health (MOH) at the federal level and local administration authorities.	

### Summary of major revisions made to emergency plan of action:

Under the current dengue DREF operation, major activities included procurement and replenishment of items, with both national as well international procurement. The national level procurement of items including mosquito repellents, dengue testing kits, alcohol swabs and printing of Information Education and Communication (IEC) material has been completed. However, the procurement of Long-Lasting Insecticidal Nets (LLINs) requires some additional time. The LLINs were originally supposed to be procured through international procurement procedures. Due to procurement challenges, the LLINs will be procured through the Country Delegation office in Pakistan instead. The procurement of LLIN is expected to take approximately two months.

## A. SITUATION ANALYSIS

### Description of the disaster

Dengue fever is a year-round and nationwide risk in Pakistan. According to the National Institute of Health (NIH) Islamabad, 22,938 dengue fever cases were reported in Pakistan in 2017, more than 3,200 in 2018, 24,547 cases in 2019 and 3,442 cases in 2020. From 1 January to 25 November 2021, a total of 48,906 cases including 183 deaths (Case Fatality Ratio (CFR): 0.4%) have been reported in the country. The year 2021 also saw a rise in cases especially in Lahore and the twin cities, Rawalpindi and Islamabad. During the latter half of 2021, Islamabad faced a continuous rise in dengue fever cases, leading to severe pressure on public and private hospitals, according to the District Health Officer (DHO). While the Punjab Government effectively responded to the virus spread in Lahore, the MOH requested PRCS's support for controlling the disease outbreak in Rawalpindi and Islamabad on 12 October 2021<sup>1</sup>, in a meeting with the Secretary General of PRCS<sup>2</sup>.

Islamabad was facing a continuous rise in dengue fever cases during October and November 2021. This had built up pressure on the public and private hospitals amid the COVID-19 pandemic. In Islamabad, dengue larvae were found at 53 different spots during the anti-dengue surveillance in the city. The highest number of cases have been reported in Tarlai Kalan, followed by Koral, Alipur and Tarnol.

Dengue infection can be asymptomatic in some cases – individuals do not exhibit symptoms. Those who exhibit symptoms become ill four to seven days after the mosquito bite. The infection is characterized by flu-like symptoms, including a sudden high fever that comes in waves, pain behind the eyes, muscle, joint, and bone pain, severe headache, and a skin rash with red spots. In Pakistan, it is a widely held belief that people do not consult doctors unless a situation becomes very

<sup>1</sup> <https://www.aninews.in/news/world/asia/pakistani-capital-faces-continuous-rise-in-dengue-fever-cases20211012223300/>

<sup>2</sup> <https://www.nih.org.pk/wp-content/uploads/2021/04/14-FELTP-Pakistan-Weekly-Epidemiological-Report-Mar-28-Apr-03-2021.pdf>

serious. Dengue symptoms are like malaria, and many people rely on home remedies rather than seeing a doctor. This mentality contributes to the worsening of the situation.

Health education is a critical component of any vector control programme, providing the general public with accurate information and scientific knowledge about transmitted diseases and their vectors. Knowledge of the vector's life cycle, ecology, and biology enables people to understand the virus and thus promotes healthy practices.

The dengue fever outbreak in Rawalpindi and Islamabad is gradually coming to its seasonal close, though sporadic cases of the infection were reported in districts as recently as mid-December. Despite the onset of the winter season, dengue cases continue to be reported in Government hospitals.

## Summary of current response

### Overview of Host National Society

PRCS implemented a dengue response operation in 2019-2020, where key challenges, best practices and recommendations were derived from the lessons learnt exercise for informed decision making in future interventions. The two most important lessons gained from this exercise were, 1) the intervention time should be appropriate for dengue prevalence, and 2) expedite the administrative and procurement processes during emergencies.

PRCS conducted meetings with the district administration Islamabad, DHO and the MOH regarding the latest dengue outbreak in the twin cities and the necessary actions to control the situation. Internal meetings were also conducted on 11 October 2021 to discuss and assess the situation, and to plan possible PRCS assistance to complement the Government and corporate sector response. Analysis of the existing data and geographical spread, alongside finalization of the IEC material and areas of intervention, was carried out in coordination with the DHO.

The response action also included fumigation and spot checks in the twin cities by the Government department. Additionally, the Chief Commissioner of Islamabad called upon all stakeholders to launch an anti-dengue drive in the city.



PRCS volunteer doing dengue tests and screening in the community in Islamabad (Photo: PRCS NHQ)



PRCS volunteer conducting an awareness session at a school in Islamabad (Photo: PRCS NHQ)

During the response operation, PRCS took preventive measures to eradicate and reduce the spread of dengue disease. Prompt preventive measures were taken by utilizing the volunteer network established across Islamabad and Rawalpindi to spread awareness and to distribute preventive items in schools, local communities, communal places like mosques, madrassas, churches, etc. The following are the key activities undertaken:

- Data of high prone areas was obtained from the concerned authorities of the areas prone to dengue disease to identify and target the most infectious areas.
- A group of 100 volunteers were shortlisted to ensure community mobilization in the targeted areas and oriented by an expert from NIH on awareness-raising and dengue vector control/breeding sites, operational details and reporting systems.
- Among the 100 volunteers, 20 volunteers with a background in physiotherapy, emergency medical technicians and first aiders were selected and trained on the dengue testing kits by the Blood Donation Centre (BDC) – PRCS. The remaining 80 volunteers were oriented on conducting community awareness sessions and distribution of dengue preventive items.
- The selected 100 volunteers were divided into 10 groups, including 2 volunteers each specially trained on testing kits and deployed in the areas of interventions to conduct awareness sessions and distribution of essential items for dengue prevention. Data collection was also carried out by the volunteers.
- Distribution items consisted of 10,000 LLINs and 15,000 repellents. Additionally, 2,450 dengue tests were carried out and 10,000 IEC materials were distributed to raise awareness.

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

IFRC Country Delegation and the IFRC Asia Pacific Regional Office (APRO) are providing technical support to PRCS. Continuous coordination is being carried out with in-country Partner National Societies (PNSs) - German Red Cross, Norwegian Red Cross, Turkish Red Crescent and International Committee of the Red Cross (ICRC). This DREF operation was supported directly by the IFRC. The PNS and ICRC did not have a role in this operation.

### **Overview of non-RCRC actors in country**

The NIH released a seasonal awareness and alert letter<sup>3</sup> in July 2021 to apprise the dengue outbreak in the twin cities. DOMC was revived in 2011 in Pakistan and works in coordination with other stakeholders to respond to mosquito-borne illnesses.

The corporate sector is also involved in dengue control activities with the widespread distribution of key messages on dengue prevention and control via print and social media.

The overall response in the country is led and coordinated by the District Administration, while corporate and humanitarian organizations are supporting the Government as per need and mandates. PRCS's contributions are coordinated with other organizations including Government efforts, through close communication with the District Administration. Therefore, PRCS's support was requested by the MOH based on the epidemiological evidence and gaps in services and activities.

## **Needs analysis and scenario planning**

### **Needs analysis**

There was a need to spread awareness to control the spread and transmission of the dengue disease outbreak in Rawalpindi and Islamabad. The worst-hit areas from the monsoon rains were the urban slums in Rawalpindi and Islamabad, from where the majority of the cases were being reported in public hospitals. Disease recurrence was high in the twin cities and adjacent areas. The situation got worse as there was no suitable treatment available for the dengue fever caused by this virus. Clinicians mainly treat dengue fever patients' by boosting their immunity, thus halting the progression of the viral infection to its haemorrhagic state. Excessive bleeding internally as well as externally is considered dangerous during severe stages of dengue fever. As such, the key need is to address this virus infection through prevention and control measures against mosquitos to stop the transmission.

Educating the general public on transmitted diseases and their vectors is an essential component of vector control programmes, providing effective information for prevention in the future. Therefore, the target population was provided information about vector life cycles, ecology and biology to be able to live in healthy conditions while eliminating the breeding sites. The dengue outbreak that affected Rawalpindi and Islamabad is gradually ending, though sporadic cases continued to be reported from the twin cities even up to mid-December 2021. Hence, dengue patients are still being reported in Government hospitals, despite the winter season.

There is also a trend of using home remedies and self-medication among the general population instead of consulting a doctor, which contributes to worsening the situation. Because of this trend in society, there are high chances that a vast number of cases are not even reported. In such scenarios, awareness of the disease and its prevention plays a vital role.

As local communities are unaware of the effective use, and waste segregation of garbage bins provided by the Rawalpindi Development Authority (RDA) and Municipal Corporation of Islamabad (MCI), it was vital to educate them on the prevention of the spread of dengue disease through hygienic and sanitary conditions within their respective areas. They were sensitized to the disposal of waste materials and wastewater to prevent the outbreak of contagious diseases such as dengue. This will allow them to maintain a clean and healthy environment for all, by practising healthy habits and cleanliness in their surroundings.

PRCS used assessment forms that facilitated the capture of gender-disaggregated data so that an informed response operation could be designed. PRCS deployed teams consisting of 35 females and 65 male volunteers in the targeted districts during all stages of the operation, including assessments, distributions, awareness activities and post-distribution monitoring in the communities.

### **Scenario planning**

This was an opportunity for PRCS to raise public health awareness among the general public through its vast volunteer social network and to prevent disease prevalence. PRCS supported the Department of Health with awareness-raising initiatives within the vulnerable communities residing in the peripheries of Rawalpindi and Islamabad. The screening camps along with awareness campaigns and distribution of LLINs helped in limiting the spread of dengue in target districts, by enabling people to adopt healthy practices, understanding the virus itself and learning the protective measures to be practised.

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<sup>3</sup> <https://www.nih.org.pk/wp-content/uploads/2021/07/51st-Issue-SAAL-print-3.pdf>

The fourth wave of COVID-19 was also at its peak in various districts of Pakistan during the implementation of activities. The provincial Governments of the respective areas took necessary measures to reduce the impact of the fourth wave and PRCS executed most of its planned interventions following the Government imposed Standard Operating Procedures (SOPs) for COVID-19, ensuring cohesion of efforts and mitigating the spread of the virus.

Scenario	Likelihood	Potential Response
Dengue prevention and management efforts necessitated PRCS conducting public education and social mobilization campaigns to ensure that communities adopted good practices such as cleanliness and appropriate clothing during the daytime. The capacity of PRCS staff and volunteers needs to be strengthened further: in terms of logistics, volunteer task shifting, and social mobilization for cleanliness drives, health promotion, and environmental interventions.	Medium	PRCS submitted DREF request and mobilized resources
Dengue cases increased in Islamabad and Rawalpindi areas, including the population residing in adjacent villages to both cities. Health infrastructure and support were low in these areas.	High	PRCS deployed teams in those neglected areas and provided support to Government departments addressing the needs of the vulnerable population.

Nevertheless, preparedness is an important component to directly deal with any disease outbreak and for equipping the communities with the means to cope better with any emergency. PRCS, being an auxiliary to the Government, worked proactively with trained staff and volunteers, utilizing resources and mechanisms in a smooth and organized manner. PRCS established a coordination and communication channel with all Red Cross Red Crescent Movement partners and effectively responded to the spread of the virus supporting the Government's Dengue Control Support programme at the request of MOH.

### Operation Risk Assessment

Each dengue outbreak depicts gaps in risk communication targeted for behavioural change. Therefore, PRCS is using Risk Communication and Community Engagement (RCCE) strategies to ensure better understanding and prevention of the disease in the target population. Effective risk communication is useful not only during outbreak response but also during outbreak preparedness and prevention of occurrence in the next season. Risk communication is especially important during the post-outbreak period, which is a grace period given by nature to prevent the emergence of the next outbreak.

The signs of the 5<sup>th</sup> wave of COVID-19 have already started emerging, with an increasing number of Omicron cases reported in the country. Most of the activities of the DREF have already been completed. However, a few activities are remaining with a possibility of delay due to COVID-19. The precautionary measures (lockdown, closing of schools and public places) taken by the National Command and Operations Centre (NCOC) to prevent further transmission of COVID-19, are the main constraints in both Rawalpindi and Islamabad where positivity rates are reported amongst the highest in the country. However, IFRC and PRCS are utilizing the COVID-19-safe pilot guide to protect personnel and community members.

The operational strategy considers the risks related to the current COVID-19 wave and is also aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic.

## B. OPERATIONAL STRATEGY

### Proposed strategy

This DREF is being implemented in close coordination with the Health Department, administrative authorities of twin cities (Islamabad and Rawalpindi) and Malaria Control Program. As per PRCS's discussion with MOH, it has been decided that PRCS will maximize the use of their strong community network, coverage, and acceptability within the twin cities. Public and private sector healthcare facilities are treating dengue positive patients, while the authorities are focusing on fumigation in public places, parks and communities, drainage of stagnant water during spot checks, and is also issuing guidelines for the general public for prevention of dengue transmission. PRCS is using its public outreach and volunteer network to spread door to door awareness and distribution of necessary materials. Both awareness and essential materials together are contributing to the overall goal of preventing the spread of the disease.

PRCS is adopting a three-fold implementation strategy, focusing on building community awareness and capacity, equipping them with the means for behaviour change to adopt protective practices and increasing screening coverage

on the ground through trained volunteers. PRCS is using its existing expertise to build the capacity of 80 Community Based Volunteers (CBVs) on prevention and control strategies to control the disease outbreak. This subsequently makes the communities resilient and prepares them to respond to any emergency with the support of Government departments. Awareness activities on dengue preventive measures, dengue signs and symptoms, drainage of stagnant water in households and surroundings, how and when to use repellents are conducted through CBVs within communities at household levels, educational institutes and with patients in hospitals. Additionally, 20 volunteers were trained in screening and use of dengue rapid testing kits and deployed in the field for testing. Alongside awareness raising and behavioural change efforts, mosquito repellents, LLINs and IEC materials were also distributed to 10,000 households consisting of community members and patients' families who were at risk of contracting dengue. The LLINs were distributed to patients at hospitals and homes, as well as other bed-bound people, such as the elderly, people with disabilities and very young children.

These activities were conducted in October, November and December and are continuing in January 2022. During the orientation of 80 CBVs, Protection, Gender and Inclusion (PGI) sessions were also delivered to the volunteers to ensure the mainstreaming of PGI. PRCS uses assessment forms that facilitate in capturing gender-disaggregated data to inform decision making. PRCS deployed gender-balanced volunteer's teams, during all stages of the operation including assessments, distributions, awareness activities and post-distribution monitoring in the communities.



Distribution of LLINs in a community in Islamabad (Photo: PRCS NHQ)



Distribution of LLINs in a community in Rawalpindi (Photo: PRCS NHQ)

### Main interventions

Depending on the needs and on-ground situation, PRCS's response to this outbreak includes the following activities:

- PRCS, with the technical support of DOMC, arranged the orientation of 80 CBVs for awareness-raising and behavioural change prevention activities against the dengue virus to prevent the further spread of the disease. Additionally, 20 volunteers were also trained to support the authorities in the timely diagnosis of the virus.
- LLINs (10,000) were distributed to households and hospitals that are catering to large numbers of dengue patients in Rawalpindi and Islamabad with health education for effective use of LLINs. A total of 3,000 LLINs were distributed to patients to prevent the further spread of the outbreak to healthy persons and 7,000 LLINs were distributed to vulnerable population; infected persons who were not admitted to the hospital due to mild symptoms and persons who were bed-bound, including Persons with Disabilities (PWD), <5-year children and the elderly people based on selection criteria.
- As requested by DOMC, PRCS teams distributed protective mosquito repellents to the target population, i.e. two mosquito repellent bottles (2x50ml) for each household and in hospitals (7,500 households in all).
- Mobile screening units using PRCS's ambulances with technical volunteers and diagnostic kits screened and raised awareness of dengue patients around the target district. Around 20 trained professional volunteers were deployed in the field for two weeks for mobile screening of patients after receiving orientation from DOMC. In addition to awareness campaigns, these teams also conducted screening tests for dengue through Rapid Diagnostic Screening kits for suspected cases.

All these interventions were planned based on the needs and past experience with DOMC and MoH and implemented through PRCS staff and volunteers in collaboration with government authorities.

## C. DETAILED OPERATIONAL PLAN



### Health

People reached: 154,000

Male: 79,540

Female: 74,460

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

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	145,000	154,000

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

Indicators:	Target	Actual
# of vulnerable people sensitized on dengue transmission and prevention	84,000	154,000
# of schools strengthened for dengue case management	40,000 (students)	29,000 (students)

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

Indicators:	Target	Actual
# of households provided with repellents and information on its proper use	12,000	7,500
# of patients provided with repellents and information on its proper use	3,000	3,000
# of patients provided with LLINs	10,000	10,000

#### Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing

Indicators:	Target	Actual
# of suspected cases screened and managed during mobile health team visits	10,000	2,450

#### Progress towards outcomes

##### Achievement:

- 154,000 people (22,000 households) were reached through awareness and behavioural change communication through door-to-door visits and IEC material regarding relevant health risk factors to reduce health risks and educate them on dengue transmission and prevention.



Sample IEC material distributed through door to door visits in Rawalpindi and Islamabad (Source: PRCs NHQ)

- 29,000 students received awareness and dengue case management training during school/college, madrassas, churches and university visits in high-risk population areas within the districts, through direct messages by volunteers.
- 7,500 households, including those who have been diagnosed positive during screening but not admitted to hospitals, received mosquito repellents for protection and prevention from new transmissions.
- 3,000 patients in hospitals received repellents coupled with awareness sessions for both the patients and their attendants during hospital visits.
- 10,000 patients were provided with LLINs in various hospitals for dengue prevention.
- 2,450 dengue screening tests were conducted in the twin cities of Rawalpindi and Islamabad through mobile health team visits, to assess the number of positive cases.



Dengue testing during mobile health team visit to Rawalpindi (Photo: PRCS Rawalpindi)



Dengue testing during mobile health team visit to Islamabad (Photo: PRCS Rawalpindi)



Door-to-door visits to deliver awareness and behavioral change communication through IEC material in Islamabad (Photo: PRCS NHQ)



Volunteers raising awareness at a school on dengue prevention measures in Rawalpindi (Photo: PRCS Rawalpindi)

### Challenges:

Apart from the COVID-19 scenario, which prevented PRCS teams from hosting large audiences for awareness sessions, one of the main challenges faced by the NS was the delay in procuring items. To ensure the replenishment of aid items at the PRCS warehouse for future emergency responses, an extension of the DREF timeline was requested to complete the procurement of items. Awareness-raising activities were conducted following strict COVID-19 SoPs, including maintaining social distance and limiting the number of participants in a single session. Additionally, the team's activities were hampered by school closures as a result of the teachers' strike. The activity days were then adjusted to accommodate the availability of school teachers and school openings.



## Water, sanitation and hygiene

People reached: 154,000

Male: 79,540

Female: 74,460

### Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people provided information on dengue breeding sites	84,000	154,000
<b>Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
Indicators:	Target	Actual
# of monitoring visits by two teams of volunteers to check water drainage and hygiene situation	200	200
# of awareness sessions to sensitize people on taking ownership to clean their environment	600	600
<b>Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
Indicators:		

# of awareness sessions to sensitize communities in waste segregation and disposal of wastewater	2,800	2,800
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**Progress towards outcomes**

**Achievement:**

- 84,000 people were targeted for receiving information on dengue breeding sites. As of reporting period, an estimated 154,000 individuals were reached because of the densely populated targeted locations.
- Additionally, 100 CBVs (male and female) were trained to perform various activities for the response operation.
- A full day orientation was given to 80 CBVs on awareness-raising and dengue vector control/breeding sites, operational details, and reporting systems by an expert from NIH.
- 154,000 individuals were educated regarding the breeding sites of dengue in Rawalpindi, Islamabad and its peripheries through IEC material distribution. Following are some of the key messages disseminated through IEC material:
  - *What is dengue fever and how does it spread?*
  - *Symptoms of dengue fever*
  - *Seek immediate hospital attention if you have any of the following symptoms*
  - *Important instructions for the patient's family*
  - *Dengue spreading mosquito breeding grounds*
  - *Necessary steps to stop the spread of dengue mosquitoes*
- Two teams of volunteers were formed to monitor water drainage and the hygiene situation within the target communities - 200 monitoring visits were carried out.
- 600 individuals were sensitized through awareness sessions, on maintaining a safe, clean and healthy environment.
- 22,000 spot checks were conducted on households to observe the behaviour change of the local people towards hygiene practices, communicated to them earlier.




IEC material distribution in target population during awareness visits (Photo: PRCS NHQ)



IEC material distribution in target population during awareness visits (Photo: PRCS NHQ)

**Challenges:**  
Similar challenges as mentioned in the earlier section.

	<p><b>Protection, Gender and Inclusion</b></p> <p><b>People reached: 84,000</b></p> <p>Male: 42,840</p> <p>Female: 41,160</p>				
<p><b>Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable</b></p>					
<p><b>Indicators:</b></p>	<table border="1"> <thead> <tr> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table>	Target	Actual	Yes	Yes
Target	Actual				
Yes	Yes				
<p><b>Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.</b></p>					

Indicators:	Target	Actual
# of volunteers trained on PGI	80	100
<b>Progress towards outcomes</b>		
<p><b>Achievement:</b></p> <ul style="list-style-type: none"> <li>The use of assessment forms that facilitated the capture of gender-disaggregated data ensured that an informed response operation could be designed. The data were then used to target the most vulnerable and downtrodden segments. All communication material and services were provided equally to the targeted populations. Additionally, PRCS deployed gender-balanced volunteer's teams in the target districts during all stages of the operation, including assessments, distributions, awareness activities and post-distribution monitoring in the communities.</li> <li>100 CBVs were oriented through PGI sessions.</li> </ul> <p><b>Challenges:</b> Similar challenges as mentioned in the earlier section.</p>		

<b>Strategies for Implementation</b>		
<b>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.</b>		
Indicators:	Target	Actual
# of NS branches that are well functioning in the operation	2	2
<b>Output S1.1.1: National Societies have effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
All volunteers involved in the operation provided with briefing/orientation	Yes	Yes
<b>Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability Standards</b>		
Indicators:	Target	Actual
Procurement is carried as per Sphere and IFRC standards and items replenished in PRCS warehouses within the operation timeline (target: 100% compliance)	100%	80%
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
Indicators:	Target	Actual
Community feedback system established	Yes	Yes
<b>Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.</b>		
# of lessons learnt workshop conducted	1	0
<b>Progress towards outcomes</b>		
<p><b>Achievement:</b></p> <ul style="list-style-type: none"> <li>All staff and volunteers were oriented on the operation's objectives and goals and the overall response operation, in detail.</li> <li>PRCS and IFRC have jointly completed all the procurement of Repellents, Dengue Testing Kits, Lancets and Alcohol Swabs and printing of IEC materials, as per IFRC SoPs for replenishment in PRCS warehouses. Initially, LLINs were supposed to be procured through international procurement. However, due to challenges to match supply and import requirements, the LLINs will be procured by IFRC Country Delegation. An extension in the project timeline was also requested for the international procurement to be completed.</li> <li>There is a strong community feedback mechanism in place to ensure a fair and accountable response towards the dengue outbreak emergency. All staff and volunteers involved in the operation were oriented on the community feedback approach and key interventions. A session on CEA was included in the capacity building course. The orientation on CEA for staff and volunteers provided a basic understanding of the feedback and accountable mechanism (including toll-free hotline number 1030) as well as the importance of inclusion of all members of the society.</li> <li>A lesson learnt workshop will be conducted at the end of the operation.</li> </ul>		

## D. Financial Report

The operating budget, published at the start of the DREF operation remains unchanged, and a final financial report will be issued together with the final report within three months after the operation ends.

### Reference documents



Click here for:

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

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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.