

## DREF operation update Colombia: Dengue

**DREF operation n° MDRCO010**  
**GLIDE n° [EP-2013-000127-COL](#)**  
**Update n°1 – 8 October 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.

**Period covered by this update:** 26 July to 30 September 2013

**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 operation is now well under way, with training of facilitators and volunteers completed; moreover, the community activities have begun in each local branch that was initially chosen, and the communications strategy has almost finished. However, the project faced significant challenges and suffered delays as a result of unexpected social unrest of agricultural workers during the month of August, that lasted three weeks. This situation made transportation almost impossible due to road blockades and also required recruitment of



**Volunteers of the Colombian Red Cross Society visit homes to monitor the presence of mosquito breeding grounds as part of their community awareness campaign.**  
Source: Colombian Red Cross Society

Colombian Red Cross Society (CRCS) personnel and volunteers to attend this emergency. A number of other issues have caused a delay of specific activities. In addition, the National Society also confronted a slow customs clearance and handling process that delayed the delivery of mosquito nets, as well as a government policy restricting the use of larvicide and insecticides, which prompted changes in the water and sanitation activities. In order to be able to complete the planned community activities, a 45-day extension of the implementation timeframe of the DREF project has been requested. This operation is now expected to be implemented in four and a half months, and completed by 8 December 2013. In line with the IFRC reporting standards, the final reports (narrative and financial) are due 90 days after the end of the operation (by 8 March 2014).

The IFRC, on behalf of the National Society, would like to extend thanks to all the donors for the generous contributions to the DREF, and to the Canadian Red Cross and government in particular for the allocation made to reimburse this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, the Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red

Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich foundations, and other corporate and private donors.. Details of all donors can be found on

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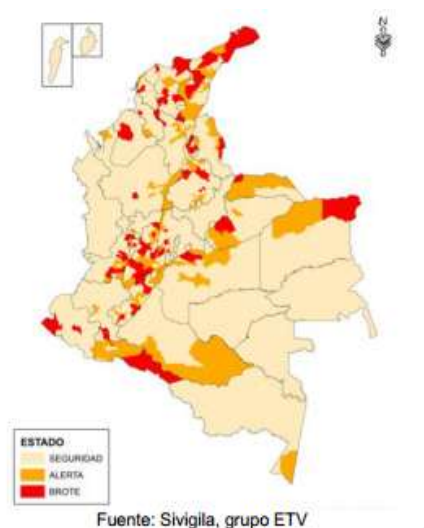
## The situation

A total of 1,171 cases of dengue were reported for the epidemiological week 35 in 2013. From these cases, 24 correspond to severe dengue and 1,147 to regular dengue. The national endemic channel 35 EW is in hyper-epidemic situation due to intense and persistent transmission of the disease in the country in recent years.

As shown in the map, the departments with the highest proportions of incidence are Casanare, Meta, Putumayo, Tolima, Vichada, Cundinamarca, Santander, Arauca and Norte de Santander.

For this epidemiological week, 102 municipalities have reported an increase of the number of cases, with 91 deaths confirmed through laboratory analysis (out of 236 probable cases). The confirmed deaths were in Valle del Cauca (16), Tolima (14), Santander (7), Cesar (6), Meta (6), England (5), Norte de Santander (5), Atlantic (5), Bolivar (3), Cordoba (3), Putumayo (3), Barranquilla (2), Casanare (2), Huila (2), Magdalena (2), Sucre (2), Arauca, Quindio, Vaupes, Vichada, Boyacá, Caquetá, Caldas and La Guajira with one case each.

Since the epidemiological week 27, when the DREF was requested, the epidemiological situation remains similar, with a total number of cases well above the usual number and a high number of cases and deaths in the departments that have been selected.



**Municipalities with dengue outbreak alarm (red) in epidemiological week 35 in 2013. Source: SIVIGILA**

	EW 27	EW 35
Dengue cases	1,171	1,546
Dengue	29	24
Confirmed deaths	71	91

## Coordination and partnerships

In order to develop this project, meetings were held at the national and departmental levels (branches):

- **At the national level** coordination was held with the Ministry of Health and Social Protection to inform about the scope and limitations of the project. Two meetings were held with the deputy director of non-communicable diseases and with the ministry advisors on vector-borne diseases, to articulate the DREF operation with the ministry's guidelines and achieve their support to develop the Community-based Health and First Aid (CBHFA) strategy. Additionally, meetings with the research staff of the Health National Institute (*Instituto Nacional de Salud – INS*) were held in order to strengthen the process of education and training of the facilitators of the Colombian Red Cross Society. Besides, the INS supported the facilitation of the CBHFA workshop in the field, and supported the communication lines with the municipal health secretaries and established guidelines for data collection, analysis, tabulation and final reporting.

- **At branch level** coordination was also established with the municipal health secretaries to inform on the project scope and funding, and to agree on best profile for local coordinators.

## Red Cross and Red Crescent action

Within its plan of action, the Colombian Red Cross Society coordinates with government institutions, international organizations and private organizations, in order to generate effective synergies and avoid duplication of efforts. Although delayed due to the social unrest in early August, the Colombian Red Cross Society has been able to conclude the preparatory phase of the DREF operations, training volunteers in community-based health and epidemic control, purchasing all items, and selecting the particular communities that will be reached with the Mobile Health Units (MHU).

### Progress towards outcomes

Health in emergencies			
Outcome: 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.	Outputs		% of achievement
	Five departments affected by dengue receive medical care through Mobile Health Units (MHU).		20%
	Five Colombian Red Cross local branches are trained and strengthened on epidemic control with emphasis on dengue.		80%
	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.		0%
	5,000 treated mosquito nets are distributed in five departments prioritized to complement the prevention campaign.		0%
Activities	Is implementation on time?		% progress
	Yes	No	
Activation and mobilization of ten Mobile Health Units in five departments.	X		20%
Provide medical care to 5,000 beneficiaries through the Mobile Health Units.	X		20%
Orientation sessions on preventive measures and dengue signs and symptoms addressed to 1,500 beneficiaries.	X		20%
Develop an epidemics control workshop addressed to volunteers.	X		100%
Develop five workshops on the management and maintenance of fumigation machines (one in each CRCS branch).	X		80%
Quote and purchase five fumigation machines.	X		100%
Five workshops on dengue prevention addressed to 125 volunteers of the CRCS.	X		80%
Fifteen workshops (three in each CRCS branch) addressed to schools and colleges.	X		40%
Distribution of educational material about dengue prevention to every participant.	X		10%
Design, printing and distribution of educational material for the prevention of dengue.	X		40%
Design and dissemination of audio-visual material on dengue prevention for mass media.	X		60%
Elaboration of a communications plan for the dengue prevention campaign, to be implemented by the communications department of the CRCS.	X		70%
Development of a training workshop addressed to volunteers on	X		80%

the use of registration tools.			
Identification and registration of beneficiaries using the system (ODK – MEGA V - PDA).		X	0%
Delivery of 5,000 mosquito nets to prioritized communities, health centres and hospitals.		X	0%
Training every beneficiary in the adequate use of mosquito nets.		X	0%

## Progress:

### Mobile Health Units (MHU)

Local coordination has been achieved within branches. Potential sites where MHUs can be implemented were identified and selected according to epidemiological and access criteria. The MHUs will be held in locations where a high number of dengue cases have been reported and where local access to healthcare is suboptimal. Each local branch is responsible to identify these communities with the help of the health unit. So far, four local branches have selected these communities. In addition, the branches are currently working in operational logistics for the successful completion of these activities, coordinating with health agencies in order to complement actions to strengthen assistance to communities.

The MHUs will be deployed to:

Department	Municipality/community	Neighbourhood	
Arauca	Comunal tres	Paraiso, Villa luz	
	Camuna cinco	Fundadores Brisas del Lllano	
Cesar	Chiriguana		
	Curumani		
	Guaimaral		
	Bosconia		
Norte Santander	Villa del Rosario	Gran Colombia Galan	
		Los Patios	Las Cumbres
	Zulia	La Alejandra La Colina Astilleros	
		Ibague	Nacional Primero de Mayo Entre Rios
			Coyaima
Valle del Cauca	To be confirmed		To be confirmed

Unfortunately, this activity, as many others of the DREF, could not start on time due to the unexpected social unrest that caused delays of almost one month as well as to the difficulty in identifying local coordinators. However, at the moment everything has been set in place and implementation is now moving forward unchallenged. Two MHUs have already been deployed on 28 and 29 September and the other MHUs are planned for the month of October. This deployment aims at providing health care to communities affected by dengue that don't have easy access. The units also gave trainings and provided key messages on the recognition of signs and symptoms of dengue while assessing local issues and needs.

The composition of the MHU teams is decided at the local level, but are frequently made out of one or two doctors, one nurse, one auxiliary nurse and volunteers. A Psychologist and a dentist may also be included if needed. More information on the number of people reached through this strategy will be provided in the next report, however, each MHU can reach on average 600 persons during a five-day mobilization.

### Workshops with emphasis on dengue

A workshop on community work was held at the national level with 22 volunteers of the CRCS, including the five local coordinators. These trained volunteers will be responsible for the replication at branch level, in schools and communities. They will be responsible for conducting workshops in different departments

targeting different population groups (schools, colleges, communities and volunteers), training more volunteers and supporting the implementation of activities in the departments covered by the DREF.

The workshop lasted five days (from 9 to 13 September) using the health intervention methodology of Community-based Health and First Aid (CBHFA). Some of the topics included were:

- Integrated strategy for the care and control of dengue;
- Communication Strategy for Behavioural Impact (COMBI) for the prevention and control of dengue;
- Knowledge about vector-borne diseases, disseminated alongside the Ministry of Health advisors;
- Institutional policy;
- Community mobilization in emergencies;
- Handling and disposal of waste;
- Use and care of fumigation spraying machines;
- Information system tools (ODK and Mega V).

As part of the training, fieldwork was conducted in the municipality of Nocaima (Cundinamarca) where dengue cases had occurred in the past year. A total of 42 house visits were conducted in order to identify risk factors for dengue, to recognize the presence of *Aedes Aegypti* larvae in stagnant water such as pools, tanks, vases, tires, etc. and for possible early detection of dengue cases. Trained volunteers also received a community toolkit necessary for replication in the community (CBHFA Kit: Implementation Guide, facilitator's manual, volunteer's manual and toolbox).

The replication of the CBHFA workshops at departmental level started on 21 September and has already been held in four of the five local branches. The last workshop is scheduled for the last week of September until 5 October. Each workshop at branch level lasts eight hours and ends with community fieldwork for waste collection. The training of volunteers is done based on the Epidemic Control for Volunteers and National Intervention Team methodologies, which facilitate interaction with health institutions and the community. Another objective will be to train participants in the use and management of information systems tools such as ODK and Mega V, as well as for the operation, management and care of fumigation machines. The participants will have the opportunity to put into practice what they learned during scheduled activities. Training tools will be provided by the departmental branch for the use of the ODK system. Additional training tools (waste and water handling, mosquito net distribution and handling) have been designed and will be sent to local branches on 2 October.

As the volunteer trainings are concluding, the National Society has moved to the next level, to complete workshops and educational activities at the community level, visiting elementary and high schools, as well as community groups and organizations. The strategy aims at captivating the interest of kindergarten and school children, in order to access more difficult populations such as the parents. When possible, the local volunteers train peer educators, such as older children and youth, to do community work in schools and college campuses.

This third level of implementation has already started in some areas and is complementing the communications campaign.

### **Communications campaign**

Following the approval of the DREF, a communications strategy was developed to support the plan of action of the Colombian Red Cross nationwide. The strategy will not only reach beneficiaries directly, but also seeks to impact a greater number of Colombians through traditional and virtual media. Therefore, the communications strategy includes internal, external and digital resources.

The proposal will provide information on the disease, safe behaviour strategies, warning signs of complications, and actions of the Colombian Red Cross. In addition to printing information material, four television spots of 30 seconds have been produced, as well as six radio spots that expand the scope of the messages disseminated by the Colombian Red Cross.

Different media outlets and companies have been contacted to gain information of national and regional patterns, in order to build the launching of the communications campaign based on them. Currently the CRCS is working on the final version of the communications plan which will be ready for implementation on the second week of October, with a launching date scheduled for 18 October. The information material is expected to be ready for distribution around 10 October.

## Delivery of mosquito nets

At this time the Colombian Red Cross Society is in the process of customs clearance to release, remove and distribute nets to prioritized branches.

Although the mosquito nets are already in the Buenaventura port, there has been a delay in the customs clearance and departmental distribution as a result of the protests that occurred in the country and the restricted road access. Consequently, the nets are still in the custody of the transport company. The distribution of mosquito nets to communities is expected to start around the third week of October, allowing for final processing and transportation from Buenaventura to the different branches. A presentation to train volunteers on the handling, use and maintenance of mosquito nets has been designed and will be distributed to the branches on 2 October. Training of beneficiaries will take place at the moment of distribution, which will reach six departments as follows:

Department	Number of mosquito nets
Cesar	500
Tolima	1,000
Cordoba	500
Norte de Santander	1,000
Valle del Cauca	1,000
Arauca	1,000
<b>Total</b>	<b>5,000</b>

The mosquito nets to be allocated to families will follow the criteria of:

- personal risk factors (age, pregnancy, other health issues);
- low socio-economic status;
- high incidence of the vector *Aedes Aegypti* in the area;
- difficult access to water that prompts water storage.

**Challenges:** As mentioned before, the National Society had to re-focus its attention to provide assistance nationwide during the civil unrest that affected the country for around three weeks. Not only were the volunteers and staff responding to this emergency, but there was also limited access to project sites due to roadblocks. With the implementation delayed for almost one month, the National Society requested an extension to ensure that all objectives will be met appropriately.

Water, sanitation and hygiene promotion			
Outcome: The risk of dengue in five departments is mitigated through the promotion of adequate sanitation practices and the reduction of mosquito breeding grounds.	Outputs		% of achievement
	50,000 persons will benefit from fumigation and larvicide campaigns.		0%
	Five communities hold waste collection campaigns.		0%
Activities	The activity is on time		% progress
	Yes	No	
Develop five waste collection campaigns including educational and awareness sessions.		X	0%
Distribution of Abate (a larvicide) in five departments.		X	0%
Develop five fumigation spraying campaigns in every department (10,000 people per department).	X		10%

**Progress:** This sector of the operation is the one that has been more seriously challenged. Not only it was affected by the protests in country, but it also faced complications related to the country's fumigation policy. The Ministry of Health restricts fumigation to particular circumstances, such as epidemic situations when is necessary to reduce the burden of adult mosquitoes. Given the particular circumstances in each region and the normal variances that can occur in each location, the decision is taken at a departmental level by the local vector-borne disease department. However, some departmental branches had difficulties in

establishing contacts with the health authorities to determine the exact areas where fumigation has been approved.

So far, only three departments have confirmed where the campaigns will take place, and the activity will start on 5 October. This situation prompted a change in strategy: the Colombian Red Cross Society will provide the insecticide and fumigation machines to the health authority in the department where the decision to fumigate has been taken, while the volunteers will take part in the fumigation campaigns and educate household members. It must be mentioned that the fumigation equipment will be returned to the CRCS once the operation is finished.

Furthermore, the materials that were originally dedicated to the department that have not identified fumigation areas will now be redirected to the other three departments. Any remaining funds from the departments that do not require fumigation will be used to increase the scope of the information campaigns about safe water handling and storage, as well as to provide containers when needed.

As mentioned in the previous sector, the volunteers' training concluded with an exercise of waste collection in communities. This practice is being used to organize formal community collection campaigns that will be starting later in the month of October.

## Contact information

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

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## DREF history:

- This DREF was initially allocated on 25 July 2013 for 297,813 Swiss francs for three months to assist 62,000 beneficiaries.
- The current DREF update extends the implementation timeframe for an additional 45 days. Therefore, the DREF-supported operation will now conclude on 8 December 2013.



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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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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.
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