

Final Report Pakistan: Dengue Response



DREF operation	Operation n°: MDRPK022
Date of Issue: 30 June 2022	Glide number: EP-2021-000160-PAK
Operation start date: 21 October 2021	Operation end date: 31 March 2022
Host National Society: Pakistan Red Crescent Society	Operation budget: 116,175 CHF
Number of people affected: 2,728 (1,528 in Islamabad and 1,200 in Rawalpindi)	Number of people assisted: 154,000 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) Pakistan Country Delegation was actively involved in the coordination and in supporting of the Pakistan Red Crescent Society (PRCS) in this operation.	
Other partner organizations actively involved in the operation are: The directorate of Malaria Control (DOMC), Ministry of Health (MOH) at the federal level, and local administration authorities.	

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 per cent) were reported in the country. The year 2021 saw a rise in the cases, particularly 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 amid the COVID-19 pandemic, 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, in a [meeting](#) with the Secretary General (SG) of PRCS.

Islamabad faced a continuous rise in dengue fever cases during October and November 2021. In Islamabad, the dengue larvae were found at 53 different spots during the anti-dengue surveillance in the city. The highest number of cases were reported in Tarlai Kalan, followed by Koral, Alipur, and Tarnol.

Health education is a critical component in any vector control programme, providing the 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 leading to healthy practices.

The dengue fever outbreak in Rawalpindi and Islamabad gradually came to its seasonal close, though sporadic cases of the infection were still reported in the district during mid-December 2021. Despite the onset of the winter season, dengue cases continued to be reported in Government hospitals.

Summary of response

Overview of host National Society

PRCS conducted meetings with the District Administration (DA) Islamabad, DHO, and the MOH regarding the 2021 dengue outbreak in the twin cities and the necessary actions to control the situation. Internal meetings were 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 the finalization of IEC materials and areas of intervention, was carried out in coordination with the DHO.



Figure 1: Dengue testing and screening by PRCS volunteer in Islamabad (Photo: PRCS NHQ)



Figure 2: PRCS volunteer conducting an awareness session at a school in Islamabad (Photo: PRCS NHQ)

Prompt preventive measures were taken by engaging the PRCS volunteer network across Islamabad and Rawalpindi, to spread awareness regarding dengue prevention and to distribute preventive items in schools, local communities, and communal places like mosques, madrassas, churches, etc. Following are the key activities undertaken during the dengue operation:

- Data from high-risk areas was obtained from the concerned Government authorities to identify and target the most infectious areas.
- 100 volunteers were selected and trained to ensure community mobilization in the targeted areas and were 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 dengue testing, by the Blood Donation Centre (BDC) – PRCS. The remaining 80 volunteers were oriented toward conducting community awareness sessions and distributing dengue preventive items.
- The selected 100 volunteers were divided into 10 groups, including two volunteers each specially trained on dengue 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 Long Lasting Insecticidal Nets (LLINs) and 15,000 repellents. Additionally, 2,450 dengue tests were carried out in the target district and 10,000 IEC material was distributed to raise awareness. All the above-mentioned distribution items were successfully procured and replenished at the PRCS warehouse.
- The response action also included fumigation and spot checks in the twin cities by the Government department. Moreover, the Chief Commissioner of Islamabad called upon all stakeholders to launch an anti-dengue drive in the city.

Overview of Red Cross Red Crescent Movement in-country

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

Overview of non-RCRC actors in-country

NIH released a [seasonal awareness and alert letter](#) in July 2021 to apprise the dengue outbreak in the twin cities. The DOMC was revived in 2011 in Pakistan, and they work in coordination with other relevant stakeholders to respond to mosquito-borne illnesses. The corporate sector was also involved in the dengue control activities with widespread dissemination of key messages on dengue prevention and control via print/press and social media.

The overall response in the country was led and coordinated by the DA, while corporate and humanitarian organizations supported the Government as per the needs and mandate. PRCS coordinated with other organizations including Government departments, through close communication with the DA. 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

There was a need to raise 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 most 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 treated dengue fever patients' by boosting their immunity, thus halting the progression of the viral infection to its hemorrhagic state. Excessive internal and external bleeding is considered dangerous during the 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 public on transmitted diseases and their vectors is always an essential component in 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 has gradually ended, though sporadic cases continued to be reported from the twin cities up till mid-December 2021.

There is a trend of using home remedies and self-medication among the general population instead of consulting a doctor, which contributed to the worsening of the situation. Because of this trend in society, there was a higher chance that a vast number of cases were still not reported. In such scenarios, awareness of the disease and its prevention plays a vital role.

As local communities were 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 about the disposal of waste materials and wastewater to prevent the outbreak of contagious diseases such as dengue. This awareness allowed them to maintain a clean and healthy environment for all, by practicing healthy habits and cleanliness.

PRCS used assessment forms that captured gender-disaggregated data with the help of which an informed response operation was designed. PRCS deployed multiple teams consisting of 35 female and 65 male volunteers in the targeted district locations during all stages of the operation, including assessment, distribution, awareness activities, and PDM in the communities.

Risk Analysis

Each dengue outbreak depicts gaps in risk communication and behavioural change. Therefore, PRCS used Risk Communication and Community Engagement (RCCE) strategies to ensure better understanding and prevention methodologies of the disease in the targeted 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 fifth wave of COVID-19 started emerging during the response operation time frame with an increasing number of Omicron cases reported in the country. The National Command and Operations Centre (NCOC) announced the closure of schools and public places and imposed a smart lockdown in the country to prevent the spread of COVID-19 in Rawalpindi and Islamabad where positivity rates were among the highest in the country. However, IFRC and PRCS utilized the COVID-19-safe pilot guide to protect their staff, volunteers, and community members.

The operational strategy considered the risks related to the existing COVID-19 wave, 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

The Dengue DREF operation was implemented in close coordination with the Health Department, administrative authorities of the twin cities (Islamabad and Rawalpindi), and the Malaria Control Programme. As per PRCS's agreement with the MOH, it was decided that PRCS will maximize its strong community network, coverage, and acceptability within the twin cities. At the time of the response, public and private sector healthcare facilities were treating dengue-positive patients, while the authorities were focused on fumigation in public places, parks, and communities, drainage of stagnant water during spot checks, and issuance of guidelines for the public regarding

prevention of dengue transmission. PRCS used its public outreach and volunteer network to spread door-to-door awareness and distribution of relevant IEC materials. Both awareness and essential materials together contributed to the overall goal of preventing the spread of the disease.

PRCS adopted a three-fold implementation strategy, 1) focusing on building community awareness and capacity, 2) equipping them with the means for behaviour change to adopt protective practices and 3) increasing screening coverage on the ground through trained volunteers. PRCS utilized 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 enhanced the community's resilience and prepared 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, and how and when to use repellents were conducted with the support of 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 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, persons with disabilities, and very young children.

During the orientation session of 80 CBVs, Protection, Gender, and Inclusion (PGI) sessions were also delivered to the volunteers to ensure the mainstreaming of PGI in the response interventions. PRCS deployed gender-balanced volunteer teams, during all stages of the operation including assessment, distribution, awareness activities, and Post-Distribution Monitoring (PDM) in the communities.



Figure 3: Distribution of LLINs in a community in Islamabad
(Photo: PRCS NHQ)



Figure 4: Distribution of LLINs in a community in Rawalpindi
(Photo: PRCS NHQ)

Main interventions of the operation

PRCS, with the technical support of DOMC, arranged an orientation session for 80 CBVs on awareness-raising and behavioral 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 were catering to large numbers of dengue patients in Rawalpindi and Islamabad along with health education for effective use of LLINs. Out of these 10,000, 3,000 LLINs were distributed to patients to prevent the further spread of the outbreak, while 7,000 were distributed to a 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, e.g. two mosquito repellent bottles (2x50ml) for each household and in hospitals (7,500 households in all).

The mobile screening units were using PRCS's ambulances with technical volunteers and diagnostic kits, where dengue patients in the targeted districts were screened and at the same time, their awareness of dengue was raised in supplementary activities. 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 conducting screening tests for dengue through Rapid Diagnostic Screening kits for suspected cases, they were also raising awareness around dengue prevention.

To capture the data, regular information was collected from the field and operation areas through PRCS branches and volunteers. Data were categorized and cleaned to prepare reports and operation updates. For data sharing, PRCS regularly prepared and issued operational updates and used its social media platforms and website to highlight achievements. Regular monitoring visits and after-action reviews were conducted to record progress.

These interventions were designed, keeping in view the needs of the affected community and their experience with DOMC and MoH. They were implemented through PRCS staff and volunteers in collaboration with Government authorities. A lesson learned workshop was carried out at the end of the operation to reflect on the implementation strategy and to determine the good and bad practices for better service delivery in the future.

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
Outcome 4.1: Community-based disease control and health promotion is provided to target population		
Indicators:	Target	Actual
# of vulnerable people sensitized on dengue transmission and prevention	84,000	154,000
# of students strengthened for dengue case management	40,000 ¹	29,000
Outcome 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
Outcome 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
Narrative description of achievements		

¹ From 400 classes in different schools and colleges.



Figure 5: IEC material in local language, distributed through door-to-door visits in Rawalpindi and Islamabad (Photo: PRCS NHQ)

- 154,000 people (22,000 households) were reached through awareness and behavioural change communication through door-to-door visits and IEC material distribution, regarding relevant health risk factors in terms of dengue outbreak to reduce health risks and educate them on dengue transmission and prevention.
- 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 target districts, through direct messages by volunteers. The total target could not be achieved due to the closure of schools.
- 7,500 households, including those who were diagnosed positive during screening but not admitted to hospitals, received mosquito repellents for protection and prevention from new transmissions. They were provided relevant information on the proper use of the repellents as well.
- 3,000 patients in hospitals received mosquito repellents, coupled with awareness sessions for both the patients and their attendants during hospital visits.
- 10,000 patients were provided LLINs in various hospitals for dengue prevention.
- 2,450 dengue screening tests were conducted in the twin cities Rawalpindi and Islamabad through mobile health team visits, to assess the number of positive cases. The outbreak in Rawalpindi and Islamabad gradually came to its seasonal close and with the onset of the winter season, cases continued to be less reported in Government hospitals. Therefore, in coordination with the relevant authorities, the NS stopped testing and kept these unused items as preparedness stocks for the next outbreak.
- The overall number of people in target districts was sensitized on dengue transmission and prevention. Households and patients in hospitals were provided with repellents and the knowledge on the usage of repellents which lead to reduced health risks in the community. The number of suspected cases screened leads to the limited transmission of the outbreak, through early identification. The LLINs that were provided to patients have significantly reduced the spread of the vector-borne disease.



Figure 6: Dengue testing during mobile health team visit in Islamabad (Photo: PRCS NHQ)



Figure 7: Dengue testing during mobile health team visit in Rawalpindi (Photo: PRCS Rawalpindi)



Figure 8: Volunteers at a hospital for dengue testing, Islamabad (**Photo: PRCS NHQ**)



Figure 9: Volunteers raising awareness on dengue transmission and prevention at a school in Rawalpindi (**Photo: PRCS Rawalpindi**)

Challenges

- Awareness-raising activities were hindered/delayed due to strict COVID-19 SOPs, including social distancing and limiting the number of participants in each session. Activities and timeframes were adjusted accordingly.
- Delays in procuring distribution material. PRCS procurement processes are very long which affected the implementation of planned activities. To ensure the replenishment of items at the PRCS warehouse for future emergency responses, an extension in the DREF timeline was requested to complete the procurement of items. PRCS used its existing stock from its warehouse for distribution.
- Additionally, the activities were hampered by school closures as well, owing to a teachers' strike. The activity days were then adjusted to accommodate the availability of schoolteachers and children.

Lessons Learned

Mass Level Awareness Campaign on Dengue Fever: Since dengue has become a recurring phenomenon in Pakistan, mass level awareness campaigns on its symptoms, safety precautions, and treatment should be planned and carried out on yearly basis.

Situational Analysis and DREF Launching: Timely situational analysis is necessary so that the decision to launch a DREF can be made right away as soon as dengue is suspected to spread. Delays in situational analysis and subsequent decisions may delay the timeliness of the response operation.

Joint Planning: For the EPoA to be implemented effectively, the operations team should involve all pertinent PRCS units (PMER, logistics, finance, and procurement) from planning to execution.

Safety and Security guidelines for volunteers: During the implementation phase some minor safety and security incidents occurred in the field. It was discussed and agreed that 'Safety and Security Guidelines' for volunteers should be developed and implemented.

Emergency Procurement SOPs: It was agreed by all the participants of the lessons learned workshop that the PRCS may use Emergency Procurement SOPs for all the DREF operations in the future. Procurement/sourcing should be part of pre-planning to ensure the expected activities timeline could match with the procurement timeline.



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

Output 1.1: Continuous assessment of water, sanitation, and hygiene situations is carried out in targeted communities

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

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of awareness sessions to sensitize communities on waste segregation and disposal of wastewater	2,800	2,800

Narrative description of achievements

- 84,000 people were targeted for receiving information on dengue breeding sites. However, an estimated 154,000 individuals were reached because of the densely populated targeted locations.
- A full-day orientation session was imparted to 100 (35 female and 65 males) CBVs on awareness-raising on 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. The following are some of the key messages disseminated through the IEC materials:
 - *What is dengue fever and how does it spread?*
 - *Symptoms of dengue fever*
 - *Seek immediate hospital attention if you have any of the mentioned symptoms (symptoms were mentioned on the material)*
 - *Important instructions for the patient's family*
 - *Mosquito breeding grounds*
 - *Necessary steps to stop the spread of dengue mosquitoes*
- Two teams of volunteers were formed to monitor the water drainage and the hygiene situation within the target communities - 200 monitoring visits were carried out. During the visits, all the instructions for the usage of distribution items and the relevant necessary steps were shared with the communities to stop the spread of dengue mosquitoes.
- 600 individuals were sensitized through awareness sessions, on maintaining a safe, clean and healthy environment.
- 22,000 spot checks were conducted at the household level to observe the behavior change of the local people towards hygiene practices communicated to them earlier. The team observed the communities are taking control measures, i.e aware of the effective use and waste segregation of garbage bins provided by the local authorities and MCI (Municipal Corporation of Islamabad). Drainage of water collected in buckets, refrigerator trays, coolers, plant pots, etc. is done, which prevented the breeding of larvae, and subsequent spread of dengue.



Figure 10: Door-to-door visits for awareness-raising and behavioral change communication through IEC material distribution in Islamabad (Photo: PRCS NHQ)



Figure 11: IEC material distribution in target population during awareness-raising visits (Photo: PRCS NHQ)



Figure 12: An awareness session by PRCS staff on dengue prevention, at the Assistant Commissioner (AC) Office, Islamabad (Photo: PRCS NHQ)



Figure 13: Door-to-door visits for awareness-raising and behavioural change communication through IEC material distribution in Islamabad (Photo: PRCS NHQ)

Challenges

- Awareness-raising activities were hindered/delayed due to strict COVID-19 SOPs, including social distancing and limiting the number of participants in each session. Activities and timelines were adjusted accordingly.
- The targeted population was hesitant in providing personal data during assessment and implementation. Effective Social mobilization & community engagement prior to data collection helped in this challenge.

Lessons Learned

- Due to the prevalence of dengue fever in Pakistan, it is vital to plan and carry out awareness campaigns on dengue fever, its symptoms, safety precautions, and treatment every year at a mass level. Red zones should be identified and strong preventive measures should be implemented and adapted accordingly.
- Close coordination should be maintained with the health authorities for a more proactive response in the future.
- 'Safety and Security Guidelines' for volunteers should be developed and implemented.



Protection Gender and Inclusion

People reached: 84,000

Male: 42,840

Female: 41,160

Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable

Indicators:	Target	Actual
Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services	Yes	Yes

Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
# of volunteers trained on PGI	80	100

Narrative description of achievements

- The use of assessment forms has facilitated the collection of gender-disaggregated data, ensuring an informed response to the operation. The assessment data were used for beneficiaries' selection among the most vulnerable and downtrodden segments of society. All communication materials and services were provided equally to the targeted populations. Additionally, PRCS deployed gender-balanced volunteer teams in the targeted districts during all stages of the operation, including assessment, distribution, awareness activities, and post-distribution monitoring in the communities.
- 100 CBVs (35 female and 65 male) were oriented through PGI sessions.

Challenges

- Data collection was a major challenge since community members were hesitant in sharing their Computerized National Identity Card (CNIC) details and were afraid of misusing their personal information during distribution. However, this challenge was mitigated by involving community elders in the response activities and sensitizing them through trained volunteers.
- Visibility also played an important role, for example, the wearing of PRCS jackets and caps managed to soften their rigid mindsets.

Lessons Learned

- More Community Engagement and Accountability (CEA) and PGI initiatives should be integrated at all levels of the response operation for more inclusive and equitable response interventions. This can be done by engaging PMER and CEA teams in the planning process.
- Volunteers are the backbone of the Red Cross and Red Crescent Movement. Volunteers should be engaged in response activities as operation leads to build their capacities and strengthen their management skills.

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Indicators:	Target	Actual
# of NS branches that are well functioning in the operation	2	2

Output S1.1.1: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
All volunteers involved in the operation are provided with briefing/orientation	Yes	Yes

Narrative description of achievements
<ul style="list-style-type: none"> All staff and volunteers were oriented on the operation's objectives and goals and the overall response operation, in detail. NHQ and the Rawalpindi district branch were actively involved and implemented the operation.
Challenges
<ul style="list-style-type: none"> The operation experienced staff turnover during the operation timeline, responsible staff have left the organization. However, the role has been assigned to other relevant staff to avoid delays and lengthy approval processes. Delayed situation analysis and DREF launch. More could have been reached with earlier response. Lack of involvement of relevant units in planning, during the designing of the operation all the PRCS units should be involved from the planning to execution.
Lessons Learned
<ul style="list-style-type: none"> Involvement of the government Directorate of Malaria Control (DOMC) played an important role while designing the interventions and were implemented through PRCS staff and volunteers in collaboration with Government authorities. The government of Pakistan has made a preparedness plan for 2022 and has included PRCS and IFRC in the plan as potential partners.

International Disaster Response		
Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability Standards	Target	Actual
Procurement is carried out as per Sphere and IFRC standards and items are replenished in PRCS warehouses within the operation timeline (target: 100% compliance)	100 %	100 %
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
A community feedback system established	Yes	Yes
Narrative description of achievements		
<ul style="list-style-type: none"> PRCS and IFRC have jointly completed the procurement of repellents, dengue testing kits, lancets, and alcohol swabs and printing of IEC materials, as per the IFRC SOPs for stock replenishment in PRCS warehouses. Initially, LLINs were supposed to be procured through international procurement. However, due to the challenges of supply and import requirements, it was decided that the LLINs will be procured by the IFRC Country Delegation. In the same reference, an extension in the project timeline was requested for the procurement to be completed. A strong community feedback mechanism was put in place to ensure a fair and accountable response to 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 component. The orientation provided a basic understanding of the feedback and accountability mechanism (including toll-free hotline number 1030) as well as the importance of inclusion of all segments of the society in the response operation. 		
Challenges		
As mentioned in the previous section.		
Lessons Learned		

Influence others as leading strategic partner

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded	Target	Actual
# of lessons learned workshop conducted	1	1

Narrative description of achievements

- A lesson learned workshop was conducted at the end of the operation whereby various aspects of project planning and implementation were discussed. Best practices, challenges, and remedial measures were chalked out to improve the shortcomings of such operations/programmes in the future. The workshop was attended by 19 persons, representing PRCS Health, DM, PMER, Logistics, CVA, Procurement, finance, Youth and volunteer departments as well as from IFRC Programme, PMER, Health, Finance and Procurement.
- The workshop focused on Preparedness for next season, how to address delays in procurements, coordination between departments and youth and volunteering as the response was mostly Y&V centred, strengthening the capacity of Y&V was an important area



Figure 14: Participant group photo at the lessons learned workshop
(Photo: PRCS NHQ)



Figure 15: Group activity during the lessons learned workshop
(Photo: PRCS NHQ)

Challenges

As mentioned in the previous section.

Lessons Learned

Joint Planning: For the EPoA to be implemented effectively, the operations team should involve all pertinent PRCS units from planning to execution.

Safety and Security guidelines for volunteers: During the implementation phase some minor safety and security incidents occurred in the field. It was discussed and agreed that 'Safety and Security Guidelines' for volunteers should be developed and implemented.

Increase in financial approval bracket: Financial threshold may be increased internally so that the approval processes take less time.

Regular engagement of volunteers as operation leads: Volunteers are the backbone of the Red Cross and Red Crescent Movement. To build the capacities of volunteers, it was unanimously recommended that wherever and whenever possible, volunteers should be engaged in response activities as operation leads.

Emergency Procurement SOPs: It was agreed by all the participants of the lessons learned workshop that the PRCS may use Emergency Procurement SOPs for all the DREF operations in the future.

Coordination with authorities for information sharing: Coordination with Government authorities should be initiated well in advance for a more proactive response.

D. THE BUDGET

IFRC allocated CHF 116,175 from DREF to support PRCS to carry out activities to reduce the morbidity and mortality of the targeted population due to dengue. Out of the total budget, CHF 88,435 (76 per cent of the budget) was spent on the operation leaving a balance of CHF 27,740, which will be returned to DREF pool.

The variation in the expense and budget is mainly due to the a) Regional Surge Support could not be utilized during the DREF timelines and b) the unused stocks of 7,550 dengue testing kits out of the total 10,000 and 9,000 mosquito repellents out of a total 30,000 purchased were not charged to the operation as per DREF guidelines, DREF cannot be used for preparedness stock, so the cost of leftover stocks has been excluded from the financial reporting.

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 and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

For detailed expenditure, a final financial report is attached at the end of this report.

Contact information

Reference documents



Click here for:

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

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

In the Pakistan Red Crescent Society

- Dr. Adeel Nawaz, secretary general; email: sg@prcs.org.pk
- Atif Ali, deputy director response; email: dd.response@prcs.org.pk

In the IFRC Country Delegation, Islamabad

- Peter Ophoff (Piwi), head of country delegation; email: peter.ophoff@ifrc.org
- Manzoor Ali, programme coordinator; email: manzoor.ali@ifrc.org

In Asia Pacific Regional Office, Kuala Lumpur

- Alexander Matheou, regional director; email: alexander.matheou@ifrc.org
- Juja Kim, deputy regional director; email: juja.kim@ifrc.org
- Joy Singhal, head of Head of Health DCC unit; email: joy.singhal@ifrc.org
- Eeva Warro, operations coordinator; email: opscoord.southasia@ifrc.org
- Siokkun Jang, logistics manager; email: siokkun.jang@ifrc.org
- Antony Balmain, communications manager; email: antony.balmain@ifrc.org

In IFRC Geneva

- Christina Duschl, senior officer, operations coordination; email: christina.duschl@ifrc.org
- Eszter Matyeka, senior officer, DREF; email: eszter.matyeka@ifrc.org
- Karla Morizzo, DREF senior officer; email: karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support

- Alice Ho, partnership in emergencies coordinator; email: partnershipsEA.AP@ifrc.org

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

- Alice Ho, head of PMER and Quality Assurance; email: alice.ho@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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/10-2022/5	Operation	MDRPK022
Budget Timeframe	2021/10-2022/3	Budget	APPROVED

Prepared on 20/Jun/2022

All figures are in Swiss Francs (CHF)

MDRPK022 - Pakistan - Dengue Response

Operating Timeframe: 21 Oct 2021 to 31 Mar 2022

I. Summary

Opening Balance	0
Funds & Other Income	116,175
DREF Allocations	116,175
Expenditure	-88,435
Closing Balance	27,740

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	87,058	77,613	9,445
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	87,058	77,613	9,445
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management	18,194	8,876	9,318
SFI3 - Influence others as leading strategic partners	10,923	1,946	8,977
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	29,117	10,822	18,295
Grand Total	116,175	88,435	27,740

DREF Operation

FINAL FINANCIAL REPORT

MDRPK022 - Pakistan - Dengue Response

Operating Timeframe: 21 Oct 2021 to 31 Mar 2022

Selected Parameters			
Reporting Timeframe	2021/10-2022/5	Operation	MDRPK022
Budget Timeframe	2021/10-2022/3	Budget	APPROVED

Prepared on 20/Jun/2022

All figures are in Swiss Francs (CHF)

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	78,134	71,731	6,403
Clothing & Textiles	24,434	51,597	-27,164
Medical & First Aid	53,700	20,133	33,567
Logistics, Transport & Storage	3,611	68	3,543
Distribution & Monitoring	2,000		2,000
Transport & Vehicles Costs	1,611	68	1,543
Personnel	14,345	8,441	5,904
National Staff		535	-535
National Society Staff	537		537
Volunteers	13,808	7,906	5,902
Workshops & Training	4,457	505	3,952
Workshops & Training	4,457	505	3,952
General Expenditure	8,538	2,293	6,245
Travel	5,961		5,961
Information & Public Relations	2,148	1,136	1,012
Office Costs	322	194	129
Communications	107	6	102
Financial Charges		25	-25
Shared Office and Services Costs		933	-933
Indirect Costs	7,091	5,397	1,693
Programme & Services Support Recover	7,091	5,397	1,693
Grand Total	116,175	88,435	27,740