DREF operation final report

International Federation of Red Cross and Red Crescent Societies

Sri Lanka: Dengue Outbreak

DREF operation n° MDRLK001
GLIDE n° EP-2009-000163-LKA
20 July 2010

The International Federation's 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 Red Crescent response to emergencies. 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.

History: On 4 September 2009, CHF 99,412 (USD 94,343.2 or EUR 65,959.6) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Sri Lanka Red Cross Society in delivering immediate assistance to some 300,000 beneficiaries. On 16 November 2009, the operational timeframe was extended to 1 April 2010.

Summary: Following an epidemic of dengue across the country last year, SLRCS developed the dengue response and prevention project (DRPP) to deliver interventions in the 12 most-affected districts. It trained 25 branch disaster response team members in each district on community-based health and first aid, and dengue prevention before they conducted field assessments and developed local plans with the identified communities.

Some 43,000 beneficiaries were reached with dengue prevention interventions in the three districts (70 per cent of the target population) covering nearly 9,200 households. As many as 297 compost bins were distributed, while 111 community mobilization and clean-up campaigns were conducted; and more than 300 community volunteers and 75 BDRT members were trained on dengue prevention.

Data from the three DREF-supported district branches shows a declining trend in dengue incidence in the project areas. An end-line survey conducted in the three districts of Kegalle, Kurunegala and Hambanthota revealed positive impact on the National Society and the communities served.

Final utilization of the operation stands at CHF 93,015 and the balance of CHF 6,397 will be returned to DREF.

The major donors and partners of the DREF include the Danish Red Cross, Irish Red Cross/ Irish government, Japanese Red Cross, Monaco Red Cross/ Monaco government, Netherlands Red Cross/ Netherlands government, Norwegian Red Cross/ Norwegian government, Swedish Red Cross/ Swedish government, Italian government, United Kingdom Department for International Development (DFID), ECHO, OPEC Fund for International Development, and corporate and private donors. The International Federation, on behalf of the Sri Lanka Red Cross Society, would like to thank all donors for their generous contributions.

Details of all donors can be found on: http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp

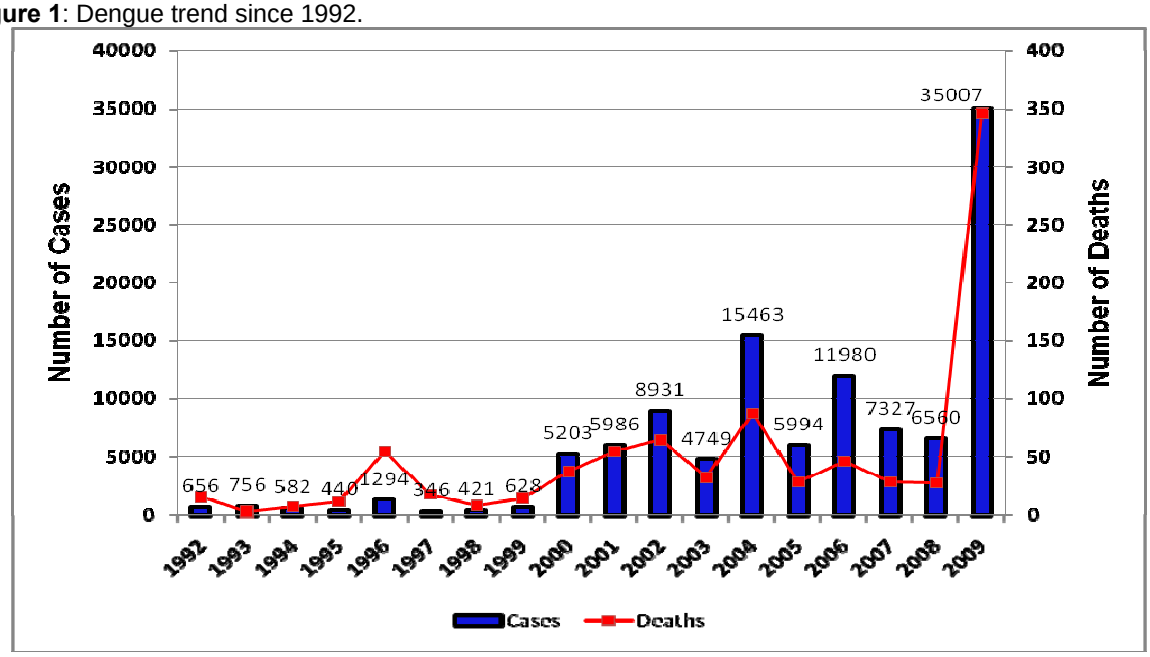
<click here for the final financial report, or here to view contact details>

The situation

Dengue is the most serious mosquito-borne viral infection in the world and is particularly endemic in most tropical countries. In Sri Lanka, this disease is a major public health problem and a leading cause of hospitalization and deaths among children, according to WHO. While cyclical epidemics occur in urban areas, dengue is also present in rural areas in the country with multiple serotypes of the virus in circulation,

which could be one reason for the increase in the cases of dengue haemorrhagic fever (DHF). In 2009, the spread of dengue showed several new tendencies from a large number of cases reported in rural areas with a large number of deaths. Figures indicate that the number of dengue cases in Sri Lanka has been on the rise in the past ten years with an average of 5,000 cases and fifty deaths annually (see Figure 1).

Figure 1: Dengue trend since 1992.



Source: Epidemiological Unit, Ministry of Health Care and Nutrition.

The last major epidemic occurred in 2004 when over 15,000 cases were reported with 88 deaths. In 2009, the morbidity and mortality due to dengue were significantly higher than in the previous years, with 35,007 cases and 346 deaths. The case fatality ratio (CFR) of nearly one per cent was double that for the year 2004 indicating a more virulent nature of the infection. In addition, there were 4,812 cases of DHF with 42 deaths, in Colombo district during the year[1].

A recent study has found that the distribution of dengue cases in Sri Lanka was closely associated with the post rainfall period. The incidence was lower during the period of heavy rainfall and increased after a lag of three to four weeks once the rainfall started to decrease[2]. Generally speaking, most DHF cases occur in June/July, following the south-western monsoon while a second peak in DHF cases happens towards the end of the year after the north-eastern monsoon in October/November.

Red Cross and Red Crescent action

With the number of cases continuing to remain high after the summer monsoon, the Ministry of Healthcare and Nutrition (MoHN) took appropriate steps to address the situation. Observing the threat of dengue cases showing a rise towards the end of 2009 following the winter monsoon, the government issued a warning to this effect through the national media. The situation was serious and demanded urgent action by all stakeholders. Thus, the Sri Lanka Red Cross Society (SLRCS) committed itself to work with the government in responding to the dengue threat.

SLRCS initially identified 12 districts for intervention, based on two criteria:

- The prevalence of disease in terms of the number of reported cases and deaths (with high risk areas as identified by the Ministry of Healthcare and Nutrition); and,
- The presence of SLRCS branch disaster response team (BDRT) in the district.

Thus, the identified districts included: Kegalle, Kandy, Colombo district (including two branches), Kurunegala, Matale, Kalutara, Hambanthota, Batticaloa, Matara, Trincomalee and Anuradhapura. In all the

[1] Epidemiological Unit Ministry of Healthcare & Nutrition (www.epid.gov.lk)
[2] Sumith Pathirana et al. Study of potential risk of dengue disease outbreak in Sri Lanka using GIS and statistical modeling. Journal of Rural and Tropical Public Health, 2009 Volume 8

selected districts, the most prevalent public health inspector (PHI) area (population of 20-25,000) was selected for the dengue response and prevention project (DRPP) interventions on the recommendation of the national dengue control unit of the Ministry of Healthcare and Nutrition. SLRCS sought to reach 300,000 beneficiaries in the selected districts (with some 25,000 per district).

Initial planning included discussions with the head of national dengue unit and the deputy director general of public health services at the central level. This was followed by a one-day planning session involving the representatives of the selected branches and their respective district health officials. The meeting aimed at sensitizing participants to the details of the project and ensuring better coordination at local level. Vulnerable communities were identified in each district in joint consultation with the branch representatives and local health authorities. Each branch identified a PHI area and initiated community assessment and the planning process with the help of trained BDRT volunteers.

IFRC supported SLRCS in developing a plan of action and applying for DREF to initiate the response. An approved DREF of CHF 99,400 (approx. LKR 9 million) for the response plan was utilized by three district branches - Kegalle, Kurunegala and Hambanthota. In addition the SLRCS plan received support from American Red Cross and German Red Cross for eight branches: Kalutara, Matara, Matale, Colombo District and City were supported through the American Red Cross disaster preparedness programme; while Trincomalee, Anuradhapura and Batticaloa were supported through the German Red Cross EU project). The Kandy district was covered by the existing IFRC community-based health and first aid (CBHFA) project, and Canadian Red Cross supported the dengue response intervention in Gampha district as part of its community-based health (CBH) programme.

The SLRCS dengue response and prevention project (DRPP) received an overall funding of approximately LKR 32 million which included cash and in-kind contributions from within the Red Cross Red Crescent Movement including the DREF, American Red Cross, and German Red Cross.

The project was operational for six months from November 2009 to April 2010. Information for this report was based on the collection of relevant data and information from the implementing branches through an end-line survey.

While the project was primarily designed to respond to the ongoing threat of dengue, there was also an inherent prevention component that would presumably lead to longer term sustainability of the accrued benefits in the community. It was expected that the community would retain the knowledge gained through the project and be better prepared for the next dengue outbreak.

SLRCS was able to meet a greater proportion of key project targets as indicated in the work plan *(Table 1)*.

Table 1: Key performance indicators for the project in Kegalle, Kurunegala and Hambanthota

Indicator	Overall Target	Target for DREF-supported districts	Achieved in DREF – supported districts (%)
People in the target areas reached with dengue prevention messages	300,000	59,000*	43,000 (72%)
Households reached with dengue prevention messages (using CBHFA community factsheets)	60,000	10,000	9,181 (92%)
Compost bins distributed in the target communities	1200	300	297 (99%)
Community volunteers trained on dengue prevention methods	1200	300	300 (100%) **
Branch disaster response team (BDRT) members trained on dengue prevention and response	350	75	75 (100%)
Communications issued by SLRCS during the project duration	At least 3	3	3 (100%)

*****_This is the total population of the selected target geographical areas in the three districts (PHI areas)_
******_Estimated figure. Each branch conducted at least five training sessions for community volunteers, with an average participation of 20 per session._

Progress towards objectives

The project had the following objective and outputs *(See Annex 1 for the project log frame)*

Objective: To support the national government in reducing vulnerability to dengue in targeted areas through community-based interventions.

Outputs:

1. Increased community knowledge on dengue and its spread
2. Improved sanitation practices in the targeted communities
3. Enhanced branch capacity in working with the communities and supporting the Ministry of Healthcare and Nutrition, and local government on dengue control
4. Enhanced recognition of SLRCS in the target communities and local government

Background and summary

Following an epidemic of dengue across the country last year, SLRCS developed the dengue response and prevention project (DRPP). The project sought to deliver interventions in the 12 most-affected districts through its BDRT volunteers using the CBHFA approach. Up to 25 BDRT members in each district were trained on CBHFA Modules 1 -3 and dengue prevention before they conducted field assessments and developed local plans with the identified communities.

Information, education and communication (IEC) materials were developed and translated in Sinhala and Tamil, and shared with all the branches. Branch volunteers conducted awareness campaigns in the community through house-to-house visits; distributing leaflets with relevant messages; and street drama performances. Community members were mobilized to carry out clean up activities in their neighbourhood to reduce mosquito-breeding sites. SLRCS procured a fogging machine for each branch to help local health officials to carry out fogging operations in affected areas.

The Federation country office requested DREF to support SLRCS in responding to the epidemic. The project was operational from November 2009 – April 2010.

Project coverage

Twelve districts were identified based on the disease epidemiological pattern. Within each district, one PHI area (population 20-25,000) was selected for the project. IFRC supported the project in three districts – Kegalle, Kurunegala and Hambanthota through DREF.

Up to 43,000 beneficiaries were reached with dengue prevention interventions in the three districts (70 per cent of the target population) covering nearly 9,200 households. As many as 297 compost bins were distributed, while 111 community mobilization and clean-up campaigns were conducted; and over 300 community volunteers and 75 BDRT members were trained on dengue prevention.

Working in partnership

The project also received funding from American Red Cross, Canadian Red Cross and German Red Cross. SLRCS also worked in close collaboration with the Ministry of Healthcare and Nutrition at central and local level.

Project finance

The total SLRCS DRPP budget was approximately CHF 300,000. The DREF contribution covered CHF 99,000 (including PSSR) of this budget.

Following are some of the key achievements of the project in the three districts supported by DREF.

Output 1: Increased community knowledge of dengue and its spread

SLRCS developed IEC material (i.e. leaflets and billboards) based on the Ministry of Healthcare and Nutrition guidelines. The material was translated in Sinhala and Tamil for use in the relevant branches.[3] The leaflets were distributed to most of the households in the target area by the volunteers during the house-to-house visits. SLRCS also conducted street drama performances in the target communities utilizing the community members as actors. In addition, where available, Ministry of Healthcare and Nutrition drama groups were utilized to disseminate dengue prevention messages. The street performances were well-received in the community and have contributed to increased community knowledge and awareness of

[3] The material is available with SLRCS and IFRC health department and can be made available upon request.

dengue prevention. This was measured through informal assessments in the community and anecdotal references from local health authorities.

SLRCS also conducted three school-based dengue awareness competitions (one in each district) and the participating students were given a diary to maintain a daily record of activities they did, which contributed to preventing mosquito breeding around them. Each student was required to have their diary signed by the class teacher. It is expected that in the long run, this will inculcate a positive habit of keeping their environment clean.

As part of the project, SLRCS trained its BDRT members on dengue prevention. The training was based on the Federation CBHFA manual and focused on Modules 1-3 along with the section on dengue in Module 6. These volunteers conducted community assessments and drew up community action plans which were locally relevant in collaboration with the local PHI. The volunteers made house-to-house visits in the target areas conducting dengue-awareness sessions using the CBHFA factsheet which was developed by SLRCS as part of its Federation-supported CBHFA project.

Table 2: Output 1 - progress in Kegalle, Kurunegala and Hambanthota districts

Activity	Planned	Implemented	Achievement
Conduct training for community members	300	300	100%
Print and distribute information leaflets in the community	12,000*	12,000	100%
Perform street dramas	10	14	140%
School-based competitions on dengue response and prevention	3	3	100%
Develop billboards with dengue prevention messages	30	30	100%
Conduct house-to-house visits using CBFA factsheet	10,000	9,181	92%

*The final figure for number of leaflets to be printed was revised downwards from 10,000 to 4,000 per district, following a review early in the implementation phase of the project.

Output 2: Improved sanitation practices in the targeted communities

BDRT members conducted initial meetings with local health authorities along with members of the target communities and assisted the communities in preparing a local-level dengue prevention plan. During each session, community members discussed issues and challenges with regard to planning and implementation of the activities in their areas with the branch volunteers. Based on an informed analysis of mosquito breeding patterns in the target areas, SLRCS introduced a series of environmental sanitation promotion interventions. The environment clean-up campaigns were conducted with full community participation under the guidance of SLRCS staff, volunteers and local health authorities. In addition, SLRCS also distributed compost bins in the target communities which were placed at strategic points in the neighbourhood with their consent. These interventions supplemented the IEC campaign and sought to link the positive change in community's knowledge and attitude with a longer term sustained behaviour change in keeping their environment clean.

Community members were trained in using guppy fish as a larvicidal method for vector control. This training was imparted to a select group of people who showed interest in learning about this method. In addition, SLRCS helped construct 38 artificial water tanks to breed guppy fish. Up to 37 tanks were constructed in Kurunegala district, and one large tank in Hambanthota district. At least 100 community volunteers in each district were mobilized, trained and deployed along with the BDRT team members in performing assessments and subsequent clean-up campaigns. These campaigns were conducted on regular intervals and monitored jointly by the SLRCS branch and public health inspectors (PHI).

Table 3: Output 2- progress in Kegalle, Kurunegala and Hambanthota districts

Activity	Planned	Implemented	Achievement
Organize community meetings to develop local plans	30	30	100%
Purchase and distribute compost bins distributed	300	297	99%
Conduct community mobilization campaigns on environmental cleaning	72	111	154%
Train community members on farming guppy fish to be used as larvicidal method	75	87	116%

Output 3: Enhanced branch capacity in working with the communities and supporting the Ministry of Healthcare and Nutrition, and local government in dengue control

DREF funds supported SLRCS in recruiting a project manager at the national headquarters to provide technical supervision to the implementing branches and coordinate with the partners. BDRT members were given relevant CBHFA training to enable them in further train community volunteers on dengue prevention. This is expected to help build and sustain branch and community capacity in responding to dengue.

The project manager in collaboration with the Federation health unit in country developed the project action plan, monitoring and reporting guidelines for the branches along with training material on dengue. In addition, the project manager was also responsible for developing IEC materials for dengue, translated in Sinhala and Tamil. These tools are now available with SLRCS and can be used for similar interventions in the future.

The implementing branches were also each provided a fogging machine as part of vector control measures. The branches loaned these machines to the local health authorities to conduct fogging operations, as fogging operations are only carried out by the government health authorities in the country. The branches also supported local surveillance interventions, participated in regular coordination and planning meetings with the local health officials that helped strengthen the links between the two and pave way for improved collaboration in the future.

Table 4: Output 3 progress in Kegalle, Kurunegala and Hambanthota districts

Activity	Planned	Implemented	Achievement
Hold planning meetings with Ministry of Health (MOH) and local government	3	3	100%
Conduct monitoring and supervisory visits in the field	6	6	100%
Training of the BDRT/CBHFA/CDRT members at the branches	75	75	100%
Support to strengthen the surveillance system of the local health authorities	3	3	100%
Hold regular progress review meetings with the MOH	6	6	100%

Output 4: Enhanced recognition of SLRCS in the targeted communities and local government

The dengue response and prevention project (DRPP) has been duly recognized by the government health authorities. The National Dengue Control Unit and the National Health Education Bureau provided technical support to SLRCS. The deputy director general of public health services provided periodic supervision and input to SLRCS while praising their work in the field. At the district level, close collaboration between the branches and local health authorities has led to a greater appreciation of Red Cross work. SLRCS also managed to enhance its profile in the target communities as proven by their wholehearted participation in project activities.

Caps and bags with the SLRCS logo and the project name were given to the volunteers deployed in the field to enhance Red Cross visibility. At the same time, equipping the volunteers with adequate knowledge on the project (and specifically, dengue) gave them greater confidence while working in the community.

Project impact

Given the fact that the duration of the project was just six months, it may not be possible to demonstrate a significant level of behaviour change in the communities. Nonetheless, an end-line survey conducted in the three districts of Kegalle, Kurunegala and Hambanthota did reveal that the project made some positive impact on the national society and the communities served.

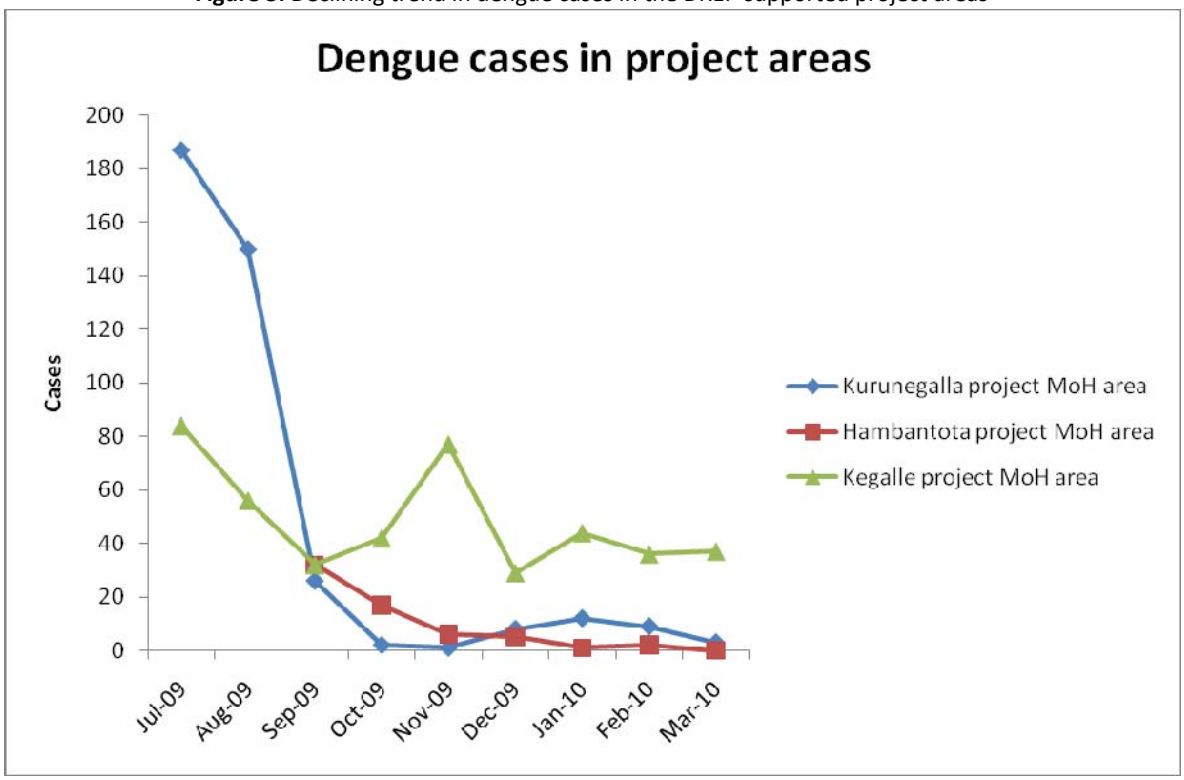
Some 3,400 randomly selected respondents (five per cent of the target population) were interviewed, using a survey form developed by the project manager. The survey was hampered by the fact that there were no baseline values to compare with. Considering the fact that the project started as an emergency response and was of a limited duration, it was not possible to conduct a baseline survey at the beginning. However, as interventions progressed, there was a definite positive change visible on the beneficiaries and as such,

SLRCS decided to go for a rapid end-line survey which was conducted by the branch volunteers after a quick sensitization training by the PM.

Dengue incidence

Data from the three DREF-supported district branches shows a declining trend in dengue incidence in the project areas *(see Figure 3)* despite a slight increase in incident cases in the areas not covered by SLRCS within the same districts. The project implementation period includes the winter monsoon phase (November-December), following which the number of cases did not increase significantly as compared to the pre-project phase. This was also acknowledged and appreciated by the deputy director general of public health in a meeting with SLRCS and Federation health team members.

Figure 3: Declining trend in dengue cases in the DREF-supported project areas*****



*****These are the figures obtained from the government health facility in the local PHI area where the project was operational.

Project performance and effectiveness

Over 300 community volunteers along with 89 branch volunteers were involved in the project. The implementing branches maintained an attendance register to record the number of hours each volunteer contributed to the project, though it was not possible to capture the time put in by community volunteers as the mechanisms were not in place. Funds spent were also compared to output, the latter calculated by using the hourly salary/benefits of field officers as the base figure multiplied by the number of volunteer-hours in each district. Using these parameters, the performance and effectiveness of the project was deemed effective in terms of project design and management. The project also mobilized more women volunteers than men volunteers. *(Table 5)*

Table 5: Volunteer mobilization and performance outputs in DREF-supported districts

	Kurunegala	Hambanthota	Kegalle	Total
Number of volunteers	32	32	25	89
Men/boys	4	12	19	35
Women/girls	28	20	6	54
Volunteer-hours mobilized	8,456	7,602	5,715	2,1773
Total expenditure on volunteers – input (LKR)	435,292	413,266	433,433	1,281,991

Total monetary-equivalent work done by the volunteers - output (LKR)	253,6800	228,0600	171,4500	6,531,900
Input: Output ratio	5.83	5.52	3.96	5.10
Volunteer-hour: Input ratio	51.48	54.36	75.84	58.88

4.3 Community level impact

Results from the end-line survey reflect some gains in changing community knowledge, attitudes and practices in relation to dengue response and prevention in comparison to past anecdotal and informal evidence for the same. However in the absence of specific baseline information, it is not possible to make a valid inference on the indicators. The project can be termed a success in terms of mobilizing community members in getting involved in environmental sanitation activities. There was a greater community ownership of the project in the target areas in terms of participation in planning, implementing and monitoring the activities *(see Table 6)*

The longer-term impact is also expected to continue once the project is over because of the volunteers trained in each target community. Whether or not these volunteers continue to work with SLRCS, the body of knowledge gained by them will remain in any community they choose to live in.

Table 6: Community impact indicators in Kegalle, Kurunegala and Hambanthota (Sample size = 3400)

Indicator	Respondents giving appropriate response	Per cent
Individuals who can identify at least 3 symptoms of dengue fever (DF)	2,158	63%
Individuals who are able to describe what is DF and dengue haemorrhagic fever (DHF)	1,696	50%
Individuals who can name and describe the dengue vector	1,959	58%
Individuals who can identify the breeding places of dengue vector	2,500	74%
Individuals who are willing to and confident of continuing the project activities without financial assistance of SLRCS	985	31%
Individuals who actively participated in their community dengue prevention planning process	2,854	84%
Community members who actively participated in cleaning campaigns as part of SLRCS project	3,038	89%

National society capacity to respond in the future

A portion of the DREF money was utilized for developing, translating and printing IEC materials on dengue prevention, such as leaflets, billboards, school diaries for students, street drama performances, etc. This material supplemented the existing CBHFA material on dengue and was effectively used by the branches in target communities. Dengue-specific training material was developed and used for training volunteers in the branches along with CBHFA Modules 1-3. In addition, templates were developed for weekly and monthly reporting from the field. The knowledge gained through this project by the communities can be effectively utilized for responding to future outbreaks in a more efficient manner.

The BDRT members trained through the project can be deployed again in the future, adding to the branch capacity. These volunteers can act as community trainers to facilitate greater dengue prevention, both by the health and disaster management departments in SLRCS. These volunteers were also recognized by the community and local health authorities for the good work done.

SLRCS national headquarters and the implementing branches linked up effectively with the relevant senior public health officials in Colombo and the districts. This led to a well-coordinated planning with the Ministry of Healthcare and Nutrition, and helped build SLRCS credibility with the government. It is anticipated that for future projects, SLRCS will be considered a key partner by the Ministry, especially since the threat of dengue lingers.

Constraints or challenges

A major constraint was the delay in transfer of funds from IFRC to SLRCS which led to a delay in the start of the project by a month i.e. in November instead of October 2009. The reason for this delay was the fact there was no standard project cooperation agreement (PCA) framework between SLRCS and IFRC. The existing

PCA was designed for tsunami-funded projects and did not cover DREF or any other 'non-tsunami' funded projects. The ensuing process of developing a new PCA format involved the SLRCS leadership, the Federation legal advisor, the head of country office and the health coordinator.

One contentious point of discussion was the inclusion of operational overhead charges by SLRCS (on the total expenditure) called service support recovery (SSR) for which the DREF does not provide. Eventually it was agreed that this would be included in the project budget as salary support for the SLRCS finance staff in lieu of their support to the project.

Project monitoring and reporting was weak to begin with mainly due to the lack of human resources and technical capacity.

In addition, financial acquittals from the branches to the headquarters were delayed, leading to a backlog of outstanding working advances for operational provisions in the Federation system.

Conclusion

Some lessons learned from this intervention are as follow:

- The IEC materials developed for the project need more adaptations and revisions. It is also important to ensure that these materials are available with the branches at all times, especially during times of impending dengue outbreaks, such as post-monsoon. These materials need to be delivered and used at the right time when the communities are more alert and motivated to read and follow the instructions given. The community orientation activities should be conducted in simple language which is easy to understand and incorporates local terms without using technical jargon.

- It was observed that the compost bins were not preferred by the community members in the rural areas as they preferred to use the traditional practices of disposing the garbage. In the urban areas, the compost bins could not be effectively utilized initially by the community as there was no space for keeping the bins and households had no need of the compost that was generated. It is prudent to ensure that the compost bins are strategically placed in public places in the community e.g. schools, parks, and neighbourhood dumping areas; and link up with the local authorities and the local municipal bodies to ensure daily garbage collection. This is especially relevant in the urban areas.

  It was also observed that rather than organizing environmental clean-up campaigns on a small scale (such as few households at a time), it is much better to organize a clean-up campaign at a mass level in a community. Large campaigns in focal areas lead to better coordination with the local health authorities and greater community participation.

- The guppy fish is used as an ornamental fish in Sri Lanka and its use as a larvicidal method has not always been successful in the past. In most villages, there is no place to farm the guppy as the identified artificial water collection areas have not been good breeding places for them and thus, it has not been considered a priority by the village residents. However, the guppy can still be used as an effective larvicide in areas where ponds and the large-scale artificial water collection bodies exist but it requires a through assessment and planning with the local community in that area on the applicability and relevance of this method.

- The initial project action plan developed for DREF appeal was expanded into an overall SLRCS dengue response and prevention plan. The same work plan was supported by three different partners: IFRC, American Red Cross and German Red Cross. SLRCS developed a model work plan for one district and different partners agreed to support the same plan in districts in which they had ongoing projects. With one set of reporting templates, it was easier for the project manager to coordinate with all the branches in getting information which was then compiled into monthly reports and shared with all stakeholders.

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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<final financial report below; click here to return to the title page>

International Federation of Red Cross and Red Crescent Societies

MDRLK001 - Sri Lanka - Dengue Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/9-2010/6
Budget Timeframe	2009/9-2010/6
Appeal	MDRLK001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	**99,412**					**99,412**
B. Opening Balance	**0**					**0**
Income						
Other Income						
Voluntary Income	*99,412*					*99,412*
C6. Other Income	***99,412***					***99,412***
C. Total Income = SUM(C1..C6)	**99,412**					**99,412**
D. Total Funding = B +C	**99,412**					**99,412**
Appeal Coverage	**100%**					**100%**

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					**0**
C. Income	99,412					**99,412**
E. Expenditure	-93,015					**-93,015**
F. Closing Balance = (B + C + E)	6,397					**6,397**

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Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/9-2010/6
Budget Timeframe	2009/9-2010/6
Appeal	MDRLK001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**99,412**					**99,412**	
Supplies								
Water & Sanitation	25,000							**25,000**
Medical & First Aid		2,428					**2,428**	**-2,428**
Teaching Materials	14,000							**14,000**
Utensils & Tools		1,035					**1,035**	**-1,035**
Other Supplies & Services	20,000	7,439					**7,439**	**12,561**
Total Supplies	**59,000**	**10,902**					**10,902**	**48,098**
Transport & Storage								
Distribution & Monitoring		9,276					**9,276**	**-9,276**
Transport & Vehicle Costs	3,000	5,164					**5,164**	**-2,164**
Total Transport & Storage	**3,000**	**14,440**					**14,440**	**-11,440**
Personnel								
National Society Staff	18,601	15,120					**15,120**	**3,480**
Total Personnel	**18,601**	**15,120**					**15,120**	**3,480**
Workshops & Training								
Workshops & Training	9,350	27,134					**27,134**	**-17,784**
Total Workshops & Training	**9,350**	**27,134**					**27,134**	**-17,784**
General Expenditure								
Information & Public Relation	3,000	22,325					**22,325**	**-19,325**
Office Costs		969					**969**	**-969**
Communications		572					**572**	**-572**
Financial Charges		-4,124					**-4,124**	**4,124**
Total General Expenditure	**3,000**	**19,742**					**19,742**	**-16,742**
Programme Support								
Program Support	6,462	5,677					**5,677**	**785**
Total Programme Support	**6,462**	**5,677**					**5,677**	**785**
TOTAL EXPENDITURE (D)	**99,412**	**93,015**					**93,015**	**6,397**
VARIANCE (C - D)		**6,397**					**6,397**	