# DREF operation update

International Federation of Red Cross and Red Crescent Societies

# Sri Lanka: Dengue Outbreak

**DREF operation n° MDRLK001**
**GLIDE n° EP-2009-000163-LKA**
**Update n° 01**
**19 November 2009**

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 and 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.

**Period covered by this update:** 5 September to 15 November 2009

**History:** On 4 September, 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. Unearmarked funds to repay DREF are encouraged.

Training of BDRT volunteers in Hambantota Branch in progress. International Federation

**Summary:** Sri Lanka has been facing one of its worst dengue outbreaks in years as health authorities scramble to contain the disease. The National Dengue Prevention Unit of the Health Ministry reported that the number of dengue patients had increased once again, reaching more than 29,000 cases since the beginning of the year. The total number of dengue related deaths now stands at 277.

With the DREF approved, the Sri Lanka Red Cross Society (SLRCS) has commenced this operation to assist the government in addressing the problem. SLRCS has identified 12 district branches for the interventions. Training of the staff and volunteers, finalization of the information, education, and communication (IEC) materials, and baseline assessments are ongoing in the selected areas.

The original timeframe of 6 months is requested to be extended for 1 month due to the delays in the start up of the activities; the operation is expected to be completed by 1 April 2010; a Final Report will be made available three months after the end of the operation (by 1 July 2010).

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 to view contact details>***

# The situation

The number of dengue cases in Sri Lanka has been on a rise in the past ten years with an average of 5,000 cases and 50 deaths annually. The last major epidemic happened in 2004 when over 15,000 cases and 88 deaths occurred. This year the morbidity and mortality due to dengue have been significantly higher than in the previous years, with 29,611 cases and 277 deaths (as of 18 November 2009). The case fatality ratio (CFR) of 1 per cent is double than that for the year 2004, indicating a more virulent nature of the infection this year. In addition, there have been over 3,958 cases of dengue haemorrhagic fever (DHF) with 33 deaths, in Colombo district up until November this year.[1]

The Sri Lanka Red Cross Society (SLRCS) has identified 12 district branches for the interventions, based on two criteria – the burden of disease in terms of the number of reported cases and deaths (with high risk areas as identified by ministry of health); and, the presence of SLRCS branch disaster response teams (BDRT) in the district. The International Federation health unit has supported SLRCS in developing a detailed plan of action for a district branch and this plan shall be replicated in all the participating branches.

The identified districts include: Keaglle, Kandy, Colombo district (includes two branches), Kurunegala, Rathnapura, Matale, Kalutara, Hambantota, Batticaloa, Matara and Anuradhapura. Of the identified districts, DREF support will be used to cover three districts – Kegalle, Hambantota and Kurunegala along with coordination costs at the SLRCS national headquarters. In the remaining districts, the interventions are supported by the American Red Cross and the German Red Cross. The International Federation health unit is providing technical support to all the district branches. An estimated 300,000 people will be reached through dengue prevention and control interventions.

The initial start-up of the project was delayed by five weeks due to the hold-up in signing the memorandum of understanding between the national society and the International Federation. The project is now operational and scaling up across all the branches.

## Coordination and partnerships

The International Federation health unit supported SLRCS in developing a national plan of action for the project (part of which will be funded by DREF) and linking up with the American Red Cross and German Red Cross country offices. These two partner national societies will support the national plan on a bilateral basis in their operational areas. The approval of DREF has helped the SLRCS to expand the scope of its dengue response work across the country. The plan of action prepared for DREF application is now being used by all partners as a common framework (along with the common reporting templates).

The International Federation health unit has also supported SLRCS in establishing a partnership with the ministry of health responding to dengue. The ministry's support has been crucial, particularly, in developing the IEC/communication materials and linking the district health authorities with the SLRCS branches to work together.

An initial coordination meeting was held by SLRCS, attended by all the partners along with the district health officers from the project areas. During the meeting, it clearly outlined its plan of action, areas of work and the working modalities and all relevant issues were clarified. Thus, all partners agreed to work together with SLRCS, based on a common understanding and approach.

# Red Cross and Red Crescent action

SLRCS plans to achieve the following results through this operation:

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

[1] Epidemiological Unit Ministry of Healthcare & Nutrition (www.epid.gov.lk)

Beyond the timeframe of this operation, SLRCS will seek to ensure that the benefits are sustained for a longer time. One major aim of this programme is to mobilize the community through its volunteer activities, and to sustain a capacity of the national society to deliver health programmes. SLRCS branch volunteers and autonomous health committees comprising of community volunteers (trained by SLRCS) will be able to continue "good health behaviour" in the communities with limited external technical and financial input to control dengue in those areas.
By integrating the dengue prevention activities with disaster management interventions in the district, the branches can carry them out for a longer time using disaster management resources. Additionally, SLRCS will work with partner national societies in their respective working areas and seek to integrate dengue prevention interventions as part of their longer-term community-based health projects.

## Progress towards objectives

### Community awareness and capacity building on responding to dengue

**Objective**: **Build community resilience and capacity, through training and awareness campaigns reaching out to at least 300,000 people.**

**Activities planned:**

- Conduct rapid needs and capacity assessments in the targeted communities and develop a plan of action[2]
- Identify and train 100 community volunteers in each of the 12 branch catchment areas (1,200 overall)
- Conduct waste disposal drives in the community
- Print and distribute IEC material on dengue prevention and environment sanitation.
- Conduct house-to-house visits and identify fever cases and mosquito breeding sites

**Progress and impact:**
The rapid need assessments (redesigned as baseline surveys) were initiated in the three districts: Kegalle, Hambantota and Kurunegala. SLRCS also identified the active community groups, who are able to dedicate sufficient time for dengue prevention activities in the focal areas. This training was initiated in Kurunegala and the first group of 25 people have been trained.

Relevant trainings are being planned in the districts of Hambanthota and Kegalle for the month of November. In the focal areas of the disaster preparedness programme (funded by the American Red Cross), the divisional disaster response teams (BDRT) and the community disaster response teams (CDRT) are planned to be trained in December.

**Challenges:** The transfer of funds from the International Federation to SLRCS took much longer than anticipated due to the issues related to finalization of the memorandum of understanding for this project. This has had an effect on the start-up of the implementation, but the project is now operational and scaling up across all the branches.

### Build branch capacity and strengthen partnership with government

**Objective: Strengthened branch capacity in responding to dengue (and other epidemics) and its ability to support the local government in responding to health emergencies.**

Activities planned:

- Convene BDRT members at the branch headquarters.
- Procure appropriate Red Cross visibility material for the volunteers and staff[3].
- Conduct training-of-trainers (ToT) for 25 BDRT members in each district (300 overall) and staff members on epidemic control, with a focus on dengue.
- Procure and pre-position fogging equipment with branches and utilize them jointly with local health authorities.
- Conduct meetings with local government officials and work on a joint plan of action.
- Notify the local authorities of fever cases and mosquito breeding sites.
- Conduct review meeting after six months jointly with the national headquarters team and partners.
- Prepare monthly reports.
- Develop an exit strategy with all the relevant partners.

[2] Target communities will be identified in areas identified as high risk by the ministry of health in the selected districts.
[3] The materials include a Red Cross cap for each volunteer, and a small Red Cross bag to carry items.

**Progress and impact:**
SLRCS has recruited the dengue project coordinator at the national headquarters level. The coordinator will be responsible for the overall implementation of dengue activities in twelve branches. He will also coordinate regularly with all the movement partners and the ministry of health and provide timely reports and progress updates. The IEC/communication materials have been finalized. The procurement process for them has commenced.

BDRT training has been completed for 75 members in the three branches in Kegalle, Hambantota and Kurunegala. Meanwhile, vendors have been identified for the procurement of the fogging equipment. The procurement process has commenced and is expected to be completed by early December.

A national-level orientation workshop for the ministry of health and district health authorities was held by SLRCS's national headquarters. The workshop was attended by representatives of the national dengue control unit, district health authorities, the Red Cross Red Crescent partners, and SLRCS branch members.

The district-level planning meetings with the local health and civil administrative authorities were held in seven districts (Kegalle, Kurunegala, Hambanthota, Batticoloa, Trinconalee, Mathale and Colombo). It was agreed that the review and planning meetings with the government authorities will be held in the third week of each month throughout the project duration.

Weekly and monthly reporting templates have been developed and shared with all the partners and branches. The first set of consolidated branch reports will be developed by the end of November.

**Challenges:**
There were minor challenges related to with the coordination among the involved partners at the earlier stage, particularly, in relation to the operational modalities in the districts and understanding of individual roles and responsibilities. However, through regular dialogues and meetings, the project coordinator has managed to build good understanding among all stakeholders and to bring everyone on the same page.

## 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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  - Resource mobilization & planning, monitoring, evaluation and reporting (PMER) unit: Penny Elghady (resource mobilization & PMER coordinator), email: penny.elghady@ifrc.org, phone: +603 9207 5771

For pledges of funding: zonerm.asiapacific@ifrc.org

***<Financial below; click here to return to the title page>***

**International Federation of Red Cross and Red Crescent Societies**

MDRLK001 - Sri Lanka - Dengue Outbreak

Interim Financial Report

| Selected Parameters | |
|---|---|
| Reporting Timeframe | 2009/9-2009/10 |
| Budget Timeframe | 2009/9-2010/3 |
| Appeal | mdrlk001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

# I. Consolidated Response to Appeal

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: 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* |
| ***C5. Other Income*** | ***99,412*** | | | | | ***99,412*** |
| **C. Total Income = SUM(C1..C5)** | **99,412** | | | | | **99,412** |
| **D. Total Funding = B +C** | **99,412** | | | | | **99,412** |
| **Appeal Coverage** | **100%** | | | | | **100%** |

# II. Balance of Funds

| | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL |
|---|---|---|---|---|---|---|
| **B. Opening Balance** | 0 | | | | | **0** |
| **C. Income** | 99,412 | | | | | **99,412** |
| **E. Expenditure** | -19,804 | | | | | **-19,804** |
| **F. Closing Balance = (B + C + E)** | 79,608 | | | | | **79,608** |

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## III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | | Variance |
|---|---|---|---|---|---|---|---|---|
| | | Goal 1: Disaster Management | Goal 2: Health and Care | Goal 3: Capacity Building | Goal 4: Principles and Values | Coordination | TOTAL | |
| | A | | | | | | B | A - B |
| **BUDGET (C)** | | **99,412** | | | | | **99,412** | |
| **Supplies** | | | | | | | | |
| Water & Sanitation | 25,000 | | | | | | | **25,000** |
| Teaching Materials | 14,000 | | | | | | | **14,000** |
| Other Supplies & Services | 20,000 | | | | | | | **20,000** |
| **Total Supplies** | **59,000** | | | | | | | **59,000** |
| **Transport & Storage** | | | | | | | | |
| Transport & Vehicle Costs | 3,000 | | | | | | | **3,000** |
| **Total Transport & Storage** | **3,000** | | | | | | | **3,000** |
| **Personnel** | | | | | | | | |
| National Society Staff | 18,601 | | | | | | | **18,601** |
| **Total Personnel** | **18,601** | | | | | | | **18,601** |
| **Workshops & Training** | | | | | | | | |
| Workshops & Training | 9,350 | | | | | | | **9,350** |
| **Total Workshops & Training** | **9,350** | | | | | | | **9,350** |
| **General Expenditure** | | | | | | | | |
| Information & Public Relation | 3,000 | | | | | | | **3,000** |
| **Total General Expenditure** | **3,000** | | | | | | | **3,000** |
| **Programme Support** | | | | | | | | |
| Program Support | 6,462 | 1,287 | | | | | **1,287** | **5,175** |
| **Total Programme Support** | **6,462** | **1,287** | | | | | **1,287** | **5,175** |
| **Operational Provisions** | | | | | | | | |
| Operational Provisions | | 18,517 | | | | | **18,517** | **-18,517** |
| **Total Operational Provisions** | | **18,517** | | | | | **18,517** | **-18,517** |
| **TOTAL EXPENDITURE (D)** | **99,412** | **19,804** | | | | | **19,804** | **79,609** |
| **VARIANCE (C - D)** | | **79,609** | | | | | **79,609** | |