

DREF operation update



Sri Lanka: Dengue Outbreak

DREF operation n° MDRLK001
GLIDE n° [EP-2009-000163-LKA](#)
Update n° 02
11 March 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 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: 16 November to 31 January 2009

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. Unearmarked funds to repay DREF are encouraged.
- On 16 November 2009, the operational timeframe was extended to 1 April 2010.

Summary: Sri Lanka faced one of its worst dengue outbreaks in years in late 2009. The National Dengue Prevention Unit of the Ministry of Health reported 33,856 cases of dengue and 277 deaths.

With the DREF approved, the Sri Lanka Red Cross Society (SLRCS) has been implementing an operation to assist the government in addressing the problem through raising community awareness on dengue and promotion of improved sanitation and waste management practices. SLRCS has been working in a total of 14 districts (out of which three districts are covered by DREF), providing training to the staff and volunteers, developing and distributing the information, education, and communication (IEC) materials, conducting baseline assessments, and organizing community-based awareness as well as clean-up and waste management campaigns. The DREF is being used to support activities



One of the positive outcomes of the dengue response and prevention programme has been the involvement of the community volunteers in the activities, ensuring adequate community ownership of the project. **International Federation**

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>

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The situation

The number of dengue cases in the Sri Lanka has been on a rise in the past ten years with an average of 5000 cases and fifty 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 33,856 cases and 277 deaths in 2009. In addition, there have been over 4718 cases of dengue haemorrhagic fever (DHF) with 33 deaths, in Colombo district up until December last year¹. The number of cases rose sharply in January, following the monsoon, as compared to the previous month.

Sri Lanka Red Cross Society (SLRCS) has identified fourteen 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 MoH); and, the presence of the SLRCS Branch Disaster Response (BDRT) teams in the district. Federation health unit supported the SLRCS in developing a detailed plan of action for district branches.

The identified districts include: Keaglle, Kandy, Colombo dist.(includes two branches), Kurunegala, Rathnapura, Matale, Kalutara, Hambantota, Batticaloa, Matara, Trincomalee, Gampha and Anuradhapura. Of the identified districts, DREF support is being 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 the SLRCS dengue prevention and control interventions.

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 supported the SLRCS in establishing a partnership with the Ministry of Health in the operating areas. 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. Regular district-level planning meetings organized by the Ministry are being attended by the SLRCS staff.

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.

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

¹ Epidemiological Unit, Ministry of Healthcare and Nutrition (www.epid.gov.lk)

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:

- Conduct rapid needs and capacity assessments in the targeted communities and develop a plan of action²
- Identify and train 100 community volunteers in each of the target areas (300 in the DREF-supported districts)
- Conduct waste disposal drives in the selected communities
- Print and distribute IEC materials on dengue prevention and environment sanitation.
- Conduct house-to-house visits and identify fever cases and mosquito breeding sites

Progress and impact:

SLRCS completed all rapid community assessments under the programme and provided training to community members/CDRT/CBHFA volunteers by January 2010. As of January, the programme has reached 105,147 beneficiaries in 27,416 households. DREF funding also supported 300 volunteers in three branches, and trained 260 community volunteers. **Annex 1** details volunteer deployments throughout the programme.

Period	Beneficiaries	Households	Volunteers involved
November 2009	27,416	6,628	224
December 2009	31,920	7,977	274
January 2010	45,811	12,811	224
Total	105,147	27,416	

The National Society has finished developing information, education and communication (IEC) materials using the Tri-fold tool for awareness programmes. These materials, in the form of 20,000 leaflets, have been distributed to the implementing branches. Further development of IEC tools for DRRP programmes (community-based health and first aid training tool series, dengue prevention and control in Tamil and Sinhala booklets) is ongoing. Three media communications were also conducted in Kegalle, Hambanthota and Kurunegala.

As of January 2010, 27 out of a planned 200 compost bins have also been distributed. Complementing these, 47 out of a planned 50 environmental cleaning campaigns with relevant components of participatory hygiene and sanitation transformation (PHAST) were organized.

In Katuwana, Hambanthota district, street drama has been utilized as a good awareness tool to convey dengue prevention messages to the rural community. The volunteers from the host community have been involved in the activities to ensure community ownership of the project. This is one of the positive outcomes of the project interventions.

In Kurunegala district, community action planning was done over a two-week duration. The participation of both genders irrespective of age reflects positively on the success of SLRCS in reaching out to beneficiaries. And at the same time the community input enhances the sustainability of the programme and its success.

All the project activities were designed and implemented by the trained community volunteers, thus establishing a sense of ownership of the programme..

² Target communities will be identified in areas identified as high risk by the ministry of health in the selected districts.

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:

- Convene BDRT members at the branch headquarters.
- Procure appropriate Red Cross visibility materials for the volunteers and staff³.
- 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.

Progress and impact:

SLRCS has completed branch disaster response team trainings in dengue response and prevention programme (DRPP) in all the selected branches. SLRCS has also distributed visibility items for the DRPP volunteers (1,375 caps and bags with dengue prevention messages) to all implementing branches. The procurement of fogging equipment for 11 branches has been completed.

A planning and orientation meeting with the government authorities was held at the earlier stage of the operation with participation of the ministry of health on the focal areas of DRRP, regional epidemiologists, SLRCS national coordinator, executive director, IFRC health and care coordinator, American Red Cross country manager of the disaster preparedness programme, and the German Red Cross programme delegate.

Support and cooperation of local health authorities has been forthcoming. The local ministry of health office is the hub of the operation. All volunteers are given technical instructions by the local public health inspector before their deployment in the field. The coordination and the collaborative operations with the ministry of health of Sri Lanka at all levels are at a satisfactory level and the local health authorities have provided required technical assistance while displaying a high degree of dedication. In some areas, the regional director of health services has participated in the planning and review meetings.

The project team is developing an exit plan, which could include a longer-term community-based health and first aid programming focussing on dengue. The plan will include guidelines for future interventions at branch level utilizing the built up capacity through the DREF intervention. Partnerships have been established between the SLRCS district branches and local health authorities which will be operationalized for future activities and there is also a link established between SLRCS national headquarters and the ministry of health at central level which shall guide future dengue operations for the National Society. A lessons learnt exercise is planned before the end of the operation and it will feed into subsequent dengue programmes.

Weekly and monthly reporting templates were developed and shared with all the partners and branches.

³ The materials include a Red Cross cap for each volunteer, and a small Red Cross bag to carry items.

Annex 1

Volunteer Deployments

November 2009

Branch	BDRT	Community Volunteers	Days worked	Hours per day	Monthly working hours
Hambanthota	25	100	8	5	5,000
Kegalle	14	100	8	4	3,648
Kurunegla	20	60	8	4	2,560
Total Volunteer hours in November 2009					11,208

December 2009

Branch	BDRT	Community Volunteers	Days worked	Hours per day	Monthly working hours
Hambanthota	25	100	8	5	5,000
Kegalle	14	100	8	5	5,000
Kurunegla	20	60	8	4	2,560
Matale	25	100	8	5	5,000
Kalutara	25	-	2	6	300
Kandy	15	-	4	5	300
Total Volunteer hours in December 2009					18,160
Total Cumulative hours					<u>29,368</u>

January 2010

Branch	BDRT	Community Volunteers	Days worked	Hours per day	Monthly working hours
Hambanthota	25	100	8	5	5,000
Kegalle	14	100	8	5	5,120
Kurunegla	20	60	8	5	3,200
Matale	25	100	8	5	5,000
Matara	25	100	8	5	5,000
Kalutara	25	100	8	5	5,000
Kandy	15	20	8	5	1,400
Batticaloa	35	-	12	6	
Total Volunteer hours in January 2010					29,720
Total Cumulative hours					<u>59,088</u>

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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[<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 Report

Selected Parameters	
Reporting Timeframe	2009/9-2010/1
Budget Timeframe	2009/9-2010/4
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						
<u>Other Income</u>						
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

	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	-52,248					-52,248
F. Closing Balance = (B + C + E)	47,164					47,164

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	99,412						99,412	
General Expenditure								
Other General Expenses	92,950							92,950
Total General Expenditure	92,950							92,950
Programme Support								
Program Support	6,462	3,189					3,189	3,273
Total Programme Support	6,462	3,189					3,189	3,273
Operational Provisions								
Operational Provisions		49,059					49,059	-49,059
Total Operational Provisions		49,059					49,059	-49,059
TOTAL EXPENDITURE (D)	99,412	52,248					52,248	47,164
VARIANCE (C - D)		47,164					47,164	