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Final Report

Philippines: Dengue

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRPH033
Date of Issue: 27 April 2020	Glide number: EP-2019-000085-PHL
Operation start date: 25 July 2019	Operation end date: 24 December 2019
Host National Society: Philippine Red Cross (PRC)	Operation budget: CHF 149,557
Number of people affected: 414,532	Number of people reached: 381,816
Red Cross Red Crescent Movement partners currently actively involved in the operation: There are seven Partner National Societies with presence in the Philippines. PRC has received bilateral support from German Red Cross.	
Other partner organizations involved in the operation: The National Disaster Risk Reduction and Management Council (NDRRMC) with Department of Health (DOH) is leading the coordination of the response. Other government ministries and agencies at national and regional levels part of the response: Department of Social Welfare and Development (DSWD), local government units; Philippine Armed Forces; Philippine National Police Force; etc. World Health Organization (WHO) is providing support to Government agencies. The Humanitarian Country Team with the support of OCHA is coordinating the non-government humanitarian response with I/NGOs and UN agencies.	
Other organizations involved are Americares, CARE, Plan International and Save the Children.	

A. SITUATION ANALYSIS

Description of the disaster

Number of cases for dengue in the Philippines increased dramatically in 2019 compared to previous years. On 15 July 2019, the Department of Health (DOH) declared a national dengue alert due to the surge in reported cases of the mosquito-borne viral illness. Regions III, X, XII and Autonomous Region of Muslim Mindanao (ARMM) exceeded the alert threshold¹ whereas, Regions IVA, V, VI, VIII and IX exceeded the epidemic threshold². On 6 August 2019, the Government of the Philippines, through the DOH and National Disaster Risk Reduction and Management Committee (NDRRMC), declared a national dengue epidemic³.



A PRC volunteer helps monitor a child condition suffering from dengue virus. In support to the government hospitals, PRC set up dengue emergency medical units to cater the overwhelming number of patients admitted in hospitals.
(Photo: France Noguera/IFRC)

¹ Alert threshold is defined by [WHO](#) as the critical number of cases (or indicator, proportion, rate, etc.) that is used to sound an early warning, launch an investigation at the start of an epidemic and prepare to respond to the epidemic.

² Epidemic threshold is defined by [WHO](#) as the critical number or density of susceptible hosts required for an epidemic to occur. The epidemic threshold is used to confirm the emergence of an epidemic so as to step-up appropriate control measures.

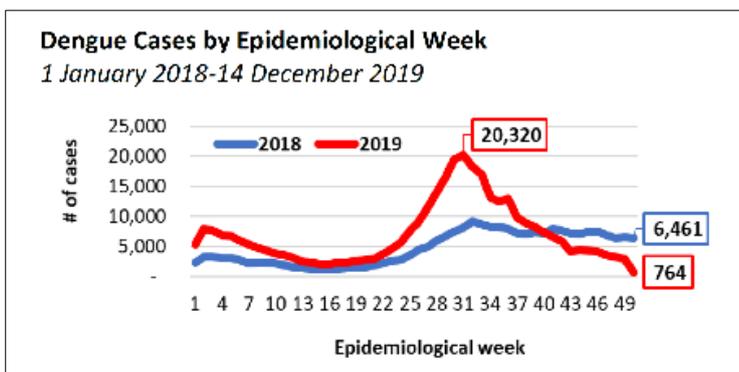
³ Epidemic is defined by [WHO](#) as the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.

The declaration was made to ensure public safety and welfare amidst the increasing cases of dengue; and to enable a “whole-of-nation approach” to be taken to address the epidemic.

Twelve provinces declared states of calamity due to dengue, namely: Aklan, Albay, Cavite, Capiz, Eastern Samar, Guimaras, Iloilo, Leyte, North Cotabato, South Cotabato, Western Samar and Zamboanga Sibugay.

Dengue causes flu-like symptoms, including a sudden high fever coming in separate waves, pain behind the eyes, muscles, joints and bones; severe headaches and rashes with red spots. Those with symptoms get sick between four to seven days after being bitten by an infected Aedes mosquito. The disease can progress to life-threatening severe dengue, characterized by severe abdominal pain, vomiting, diarrhoea, seizures, bruising, uncontrolled bleeding, and high fever that can last from two to seven days. Complications can lead to circulatory system failures, shock, and death.

Based on the WHO Epidemiological Overview 2019 report, between 1 January to 14 December 2019, 420,453 cases, including 765 deaths, was reported in 2019. Most of the affected are children between 5 and 9 years old (26 per cent of the cases and 38 per cent of the deaths). For the year 2018, there was 216,190 cases reported with 1,083 deaths. The reported cases in December 2019 was approximately 94 per cent higher compared to the same period in 2018. Although, based on the graph (right side), there was a significant decrease of dengue cases from week 31 to week 49. Further, the reported cases in week 49 (December) in 2019 which is 764 was approximately 806 per cent lower compared to the same period in 2018 which is 6,461.

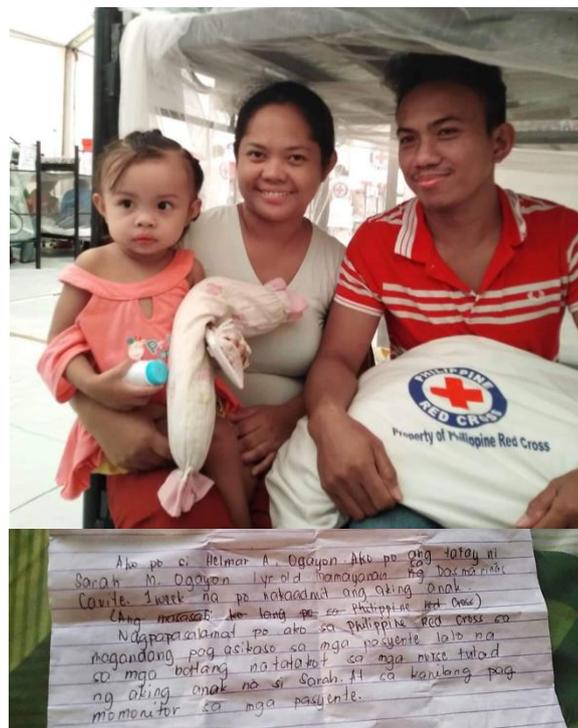


Summary of response

Overview of Host National Society

The Philippine Red Cross (PRC), as an auxiliary to the public authorities, supported the DOH to respond to the outbreak, through the following strategies:

- Chapter-level monitoring of suspected dengue cases in their respective areas through close coordination with local health authorities and reporting to PRC’s Operations Centre (OpCen).
- Community-based volunteers (RC143) and chapter-based health volunteers (RCAT) were activated to organize health information dissemination on dengue using information, education and communication (IEC) materials on dengue prevention and control measures, and conduct health campaigns and clean-up campaigns.
- Dengue Emergency Medical Units (DEMU) were deployed in eight government hospitals as a support to the high cases of dengue – the DEMU come fully equipped and resourced to take patients. Volunteer nurses within the pool of the chapters’ regular volunteers, medical associations, hospital and academic partners in seven chapters were mobilized and were working three shifts per day to support the DEMUs.
- PRC supported hospitals and the DEMUs with blood units to ensure that there was adequate supply for the dengue patients.
- PRC produced, posted and shared dengue awareness and prevention campaign materials as well as dengue map on social media to inform the public of the virus.



Helmar Ogayon, father of the patient, sent a handwritten letter to PRC, expressing how thankful he is for PRC’s support. (Photo: France Noguera/IFRC)

During this operation, PRC was able to carry out the following actions:

DEMUs	- 6,788 patients were assisted in 8 DEMUs
IEC materials	- A total of 10,600 posters and 80,000 brochures about dengue prevention was sent to 96 priority chapters to support community mobilization
Community mobilization	- 120,000 people reached with community-based disease prevention and health promotion activities
Social media reach	- 381, 816 were reached through social mobilization campaign and social media coverage
Deployed assets for the DEMUs	- 10 medical tents (9 ward tents and 1 Rubb Hall) - 210 beds (180 cot beds and 20 double decks) - 600 linen and pillowcases - 210 mosquito nets - 11 air conditioning units

Overview of Red Cross Red Crescent Movement in country

PRC led the overall response operation. In addition to the IFRC, the International Committee of the Red Cross (ICRC) is present in country along with Movement partners; American Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Spanish Red Cross and Qatar Red Crescent Society.

German Red Cross bilaterally supported PRC by funding one DEMU, which was set up in Iligan province to support the local hospital in catering increasing patients of dengue.

Overview of non-RCRC actors in country

Coordinating with the authorities

Republic Act 10072 (Philippine Red Cross Act of 2010) recognizes PRC as an independent, autonomous, non-governmental organization auxiliary to the authorities of the republic of the Philippines in the humanitarian field. Since the establishment the NDRRMC), the PRC has served as one of the original member agencies and the only non-government agency serving as one of the council members. As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with (i) the NDRRMC; (ii) the provincial, municipal and barangay (community) disaster risk reduction and management councils; and (iii) the local government units (LGUs) defined in the Disaster Risk Reduction and Management.

DOH, in collaboration with other government agencies, Local Government Units (LGU), schools, offices, and communities conducted clean-up campaigns known as “simultaneous 4-o’clock habit of cleaning to prevent dengue”, focused on search and destruction of mosquito breeding sites. It was one of the main interventions to prevent and control dengue. The DOH organized meetings with health partners to discuss the response to the dengue epidemic and how they could support it. Support requested included: reviewing the dengue clinical management guidelines; data analysis, data management; logistical support – NS1 rapid diagnostic test (RDT) kits, tents; support to the information campaign and advocacy; implementation of the enhanced 4S strategy (Search and destroy breeding sites, Secure self-protection, Seek early consultation, Say yes to fogging); and human resource – for monitoring teams.

Inter-agency coordination

IFRC and PRC coordinated with the World Health Organization (WHO) on the response, sharing information and contributing to updates. WHO co-chairs the National Health Cluster coordination through NDRRMC mechanism led by DOH. WHO provided [situation reports](#) regarding dengue.

Needs analysis and scenario planning

Through surveillance and analyses of secondary data from the Department of Health and Health Cluster partners, there was indeed a rise of dengue cases in 2019 in the Philippines.

In 2019, the total number of cases for dengue in the Philippines was recorded at 414,532 (record is between 1 January to 30 November 2019). This figure is 86 per cent higher than in 2018 with 1,546 deaths compared to 1,122 for the same period last year. The case fatality rate (CFR) was 0.40 per cent, higher than 0.35 per cent in the same period the previous year.

DOH prevention and management efforts required PRC to undertake public information dissemination and social mobilization campaigns to ensure acceptance of good practices like fogging, cleanliness drive and adequate clothing during daytime at the barangay level.

The patients and their immediate attendants and family members needed quality services in the public health institutions and organized safe and hygienic space for them to attend the impacted people. This required direct support to the public health system supporting the ongoing response in the outbreak areas. Due to lack of space there was insufficient segregation of the cases at different stages, there was also a lack of adequate treatment and recovery space. As such,

there was a need for temporary wards – this will be in the form of providing medical tents supported with relevant non-food items and providing nursing staff. Government, through the local DOH, requested PRC to set up DEMUs. The DEMUs were used to support mild cases of dengue and recovery patients and hence provide more space within the normal medical treatment wards for active cases.

In accordance with the emergency medical unit (EMU) / medical ward checklist & interim guidelines in [Annex 1](#), PRC provided the necessary elements to ensure that the medical wards were functional, unless expressly stated otherwise that they would come from hospitals or LGUs.

Risk Analysis

During the dengue response operation, Philippines experienced another health emergency in addition to the health emergency response for the Measles outbreak. A national outbreak of Polio was declared by the DOH) on 19 September 2019, which prompted the launch of an emergency appeal for the :["Re-emergence of vaccine preventable diseases" \(MDRPH032\)](#). The different response operations challenged PRC in terms of personnel in addressing the impact of the health emergency situations.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of the operation was to reduce and prevent new dengue cases; support the overwhelmed healthcare system to manage critical cases and mitigate the impact of the current dengue outbreaks on the most vulnerable communities in coordination with the DOH.

The operation targeted six priority chapters across the three most impacted regions; with IEC materials and social mobilization services to support the DOH strategy to reach out to everyone with information on prevention and management of dengue. This operation aimed to reach at least 300,000 people through social media campaigns.

A total of 3,000 patients and their immediate attendants and family members (approximately 15,000 people) were reached through targeted hospitals (patients and family members). Due to the overwhelming number of cases, PRC reached 6,757 patients in eight DEMUs of which 5,694 were directly supported through the DREF.

The operation also targeted 120,000 people through community-based disease prevention (CBDP) activities across 60 barangays in six chapters in Regions III, IVA, VI, VII and NCR and additionally supported 96 chapters with IEC materials. PRC also supported the DOH's 4S⁴ campaign across all chapters to conduct dengue awareness and disease prevention activities, including clean-up drive in communities and schools, in their respective areas of responsibilities.

Proposed strategy

This DREF allocation aimed to deliver humanitarian assistance to the most vulnerable affected by the dengue outbreaks under three strategic areas:

- Support to public health services responding to outbreaks: establishment of eight DEMUs and welfare desks; equipping and providing nursing staff in collaboration with DOH and local government units.
- Enhancement of public awareness through health promotion and community mobilization: Active and timely dissemination of related information to ensure positive changes of behaviour towards early referral and management of dengue, and updates on resources for health and health-related needs across levels.
- Environmental prevention and management of dengue: conduct of barangay level cleanliness drive

Geographic focus of the operation was in most affected areas of Regions III, IV-A, VI and VII.

The operation was underpinned by a commitment to quality programming which involved:

- Continuous and detailed assessments and analyses to inform the design and implementation of the programme.
- Adjustments of activities based on needs and assessments.
- Adherence to protection, gender and inclusion measures, with focus on disability inclusive response. The interventions also ensured integration of community engagement and accountability (CEA), as well as child protection and gender, diversity and disability inclusion.

⁴ 4S method' which stands for "search and destroy" mosquito-breeding sites, employ "self-protection measures" such as wearing pants and long-sleeved shirts, and daily use of mosquito repellent, "seek early consultation", and "support fogging/spraying" in areas where an increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

- Establishment of a two-way communication channels through community-health volunteers, to ensure transparency and accountability, and highlighting the nature of communication and information as a life-saving mechanism.
- Management and delivery of the programme were informed by appropriate monitoring.

C. DETAILED OPERATIONAL PLAN

Indicator:	Target	Actual				
# of people reached to lessen immediate risks to the health.	300,000	381,816 ⁵				
# of people provided with support services as part of hospital support and welfare desk	9,000	33,785 ⁶				
# of volunteers mobilized in the response phase, providing direct services to people through the hospital support units (Dengue Emergency Medical Unit), and welfare desks	72	108				
# of volunteers and staffs provided with PPE for protection from dengue, while responding	100	108				
# of people reached with community-based disease prevention and health promotion programming	120,000	120,000 ⁷				
# of volunteers mobilized to support dengue prevention and management activities in the communities	480	480 ⁸				
# of people reached with community-based social mobilization for dengue activities	120,000	120,000				
# of people reached through direct social mobilization campaign and social media coverage	300,000	381,816				
# of volunteers continuously monitor the outbreak situations and report back to the OpCen for immediate response	20	104				
# of people provided with PSS	9,000	9,785 ⁹				
# of volunteers mobilized for PSS	24	27				
Narrative description of achievements						
DEMU						
In support of the DOH through its provincial hospitals and by the request of the local government units, PRC set up and operated DEMUs – tents that act as hospital extension wards - to support the spike of patients admitted to hospitals due to dengue cases. There were eight DEMU's (10 medical tents and one Rubb Hall) set up in eight government hospitals. Through this DREF, IFRC supported seven DEMUs. The GRC supported one DEMU.						
Breakdown of patients catered in DEMUs set up by PRC						
No	Hospital	Location/ Province	Bed capacity	Patients catered	Operational date	Closure
1	Balasan District Hospital	Iloilo	2 medical tents with 40 beds	462	22 Jul	28 Oct
2	Tapaz District Hospital	Capiz	1 medical tent with 20 beds	205	27 Jul	
3	Bailan District Hospital	Capiz	1 medical tent with 20 beds	88	28 Jul	15 Sept
4	Guimbal District Hospital	Iloilo	1 medical tent with 20 beds	154	01 Aug	15 Sept

⁵ Information dissemination through social media

⁶ Total number of patients in the DEMU and their family members

⁷ 96 chapters issued with 80,000 brochures and 10,600 dengue prevention posters. All PRC 104 chapters were advised to support the DOH 4S campaign. Based on all PRC chapters being mobilized it's a conservative estimate to say the target of 120,000 has been reached.

⁸ It was estimated that there are 4 volunteers supporting the 96 chapters.

⁹ Total number of patients in the DEMU and their family members

5	Sara District Hospital	Iloilo	2 medical tents with 40 beds	118	04 Aug	15 Sept
6	Aklan Provincial Hospital	Aklan	1 medical tent with 20 beds (2nd tent provided by Aklan Provincial Government)	4,272	04 Aug	16 Oct
7	Pagamutan ng Dasmariñas	Cavite	1 Rubhall with 30 double beds	426	10 Aug	22 Dec
8	Gregorio Lluch Memorial Hospital	Iligan	1 medical tent with 20 beds	1,063		n.a (GRC-funded)
Total				6,788		

PRC also provided mosquito nets in each DEMU – two mosquito nets per bed, to minimize any transmission and spread of the dengue virus. Welfare desks were also set up along the DEMUs (see Output 1.5).

Each DEMU was accompanied by human resources to provide nursing staff to patients and family members. There were four volunteers per shift to support the hospital staff; and in a day, three shifts:

- 1 team leader (registered nurse) – overall supervision and monitoring
- 1 volunteer – support in getting patients vital signs
- 1 volunteer – admin and logistics support
- 1 volunteer – provide psychosocial support (PSS) at the welfare desks

At least 108 volunteers were mobilized to support the hospitals in the DEMU.

In partnership with local academies, the PRC Cavite chapter was able to mobilize nursing students to support the treatment of patients at the DEMUs. This was done under the supervision of the school's clinical instructors, from St. Dominic College of Asia and Collegio de Amore.

PRC ensured an adequate blood supply in each DEMU and other hospitals to support patients with dengue. From 1 January to 20 August 2019, PRC's blood service was able to dispense 10,255 blood units, serving a total of 3,518 dengue patients in the provinces of Iloilo, Capiz, Aklan, Cagayan De Oro, Zamboanga City, General Santos, Negros Occidental, Tarlac, Quezon City, Cebu and Nueva Viscaya. Compared to 2018, blood use in these areas increased to 450 per cent (1,863 blood units) within the same period.

Community-based disease prevention and health promotion

A community-based approach on information dissemination regarding dengue cases prevention was utilized for this operation. This DREF operation supported PRC in reaching 60 communities targeted with information dissemination about dengue.

Region	Target chapters and communities
Region III	Bulacan
Region IV-A	Batangas
Region VI	Iloilo
Region VI	Negros Occidental
Region VII	Cebu
NCR	Quezon City
There were 10 communities per chapter (6 chapters) supported with community-based disease prevention and health promotion	

Six priority chapters were to receive cleaning kits to be used during the community cleaning campaign, carried out in particular to identify and destroy the mosquito breeding sites.

Clean-up kits were not distributed in the communities within the agreed timeline due to prioritization of health emergency activities happening in the country. However, many chapters conducted dengue awareness sessions using the IEC materials (posters and brochures) provided through the support of this DREF operation. 96 chapters distributed 80,000 brochures and 10,600 dengue prevention posters. All PRC 104 chapters were advised to support the DOH 4S campaign. Based on all PRC chapters being mobilized, it is a conservative estimate to say that the target of 120,000 was reached.

In support to the 4S¹⁰ campaign of DOH, PRC's health services advised all 104 chapters to conduct dengue awareness and disease prevention activities, including clean-up campaigns in communities and schools, in their respective areas of responsibilities. Chapters who carried out the activities include Agusan del Sur, Aklan, Antique, Camarines Sur, Cagayan, Capiz, Cavite, Cebu, Iloilo, Leyte and Sultan Kudarat. The PRC's Youth volunteers were mobilized during school-based clean drive.

Epidemic prevention and control measures

PRC's national headquarters (NHQ) through the OpCen sent health advisories to all chapters. For surveillance, all chapters were advised to coordinate with their respective local health authorities to monitor any suspected cases of dengue.

Priority chapters mobilized trained community health volunteers (CHV) to monitor and report suspected cases of dengue in their designated communities. CHVs also coordinated with local health units for referral of suspected cases. A total of 104 CHVs were mobilized to support the operation.

PRC posted dengue information on its social media accounts, emphasizing prevention and control measures to educate the wider public. Between 15 July to 12 November, there were 107 various posts (78 posts on Facebook and 29 on Twitter). The total social media reach and impression both from Facebook and Twitter is 1.95 million. The highest social media engagement for one of the PRC posts was 381,816 on Facebook (versus a target of 300,000).

Psychosocial support

PRC set up their welfare desk along with the deployment of DEMUs. The welfare desks served as a one-stop shop for the people which provide services such as: (i) restoring family links; (ii) tracing; (iii) psychosocial support; (iv) critical incident stress management; (v) guidance and counselling; (vi) inquiry and communications; (vii) contact of relatives; and (viii) referral.

In this case, the welfare desks mainly supported with PSS and other relevant welfare services available to all 5,757 patients. Attendants and caregivers also benefited from the services provided by the welfare desks. A total of at least 27 trained volunteers were mobilized to carry out PSS activities; and 9,785 people reached (versus a target of 9,000)

PRC provided PSS for humanitarian workers by conducting self-care session giving emphasis on personal preparation (physically, mentally and psychologically) to ensure the well-being of humanitarian workers for PRC staff and volunteers in Aklan, Capiz, Iloilo, Cavite and Iligan chapters who were involved in the operation. A total of 69 staff and volunteers participated (45 females and 24 males).

Challenges

Lack of human resource – technical staff - at PRC headquarters was one of the main challenges of this operation, as the team had to respond to measles and polio outbreaks at the same time. The same chapters were responding to multiple health emergencies occurring at the same time. Staff and volunteers were overstretched but did their best to provide services and implement activities in the communities. Another challenge related to approval and lengthy administrative document processes. This contributed to the delays in the implementation of the operation considering that the operation had short timeline. Submission of liquidations/expenses was a challenge for PRC's headquarters as well as reporting but consistent follow up and communications with the chapters were very helpful to ensure submissions. This resulted in the late issue of the DREF Final Report by one month.

Lessons Learned

- Since the services offered by the PRC during the measles outbreak were similar, the chapters benefited from learnings and could use the same coordination and communication strategies and approaches when setting-up DEMUs. In addition, PRC used the EMU checklist and interim guidelines developed during measles outbreak. The ready guidelines were useful for the chapters when setting up the DEMUs because it contained useful information on considerations such as: request and activation procedures, site selection, management of the ward, isolation management, ventilation, lighting, human resources, reporting and documentation management.
- Partnerships should be put in place during the preparedness phase to ensure that hospital partner counterparts are identified; roles and responsibilities discussed and agreed before an emergency occurs. The same should be done with universities and health organizations for the mobilization of doctors and nurse volunteers, to have timely support for PRC. With these preparedness initiatives, the implementation of

¹⁰ 4S method' which stands for "search and destroy" mosquito-breeding sites, employ "self-protection measures" such as wearing pants and long-sleeved shirts, and daily use of mosquito repellent, "seek early consultation", and "support fogging/spraying" in areas where an increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

activities during health emergencies will be more efficient, especially when several emergencies or epidemics occur at the same time.



Water, sanitation and hygiene

People reached¹¹: 120,000

Male: 60,000

Female: 60,000

Indicator:	Target	Actual
# of people directly provided with safe water services that meet agreed standards according to specific operational and programmatic context	9,000	Cancelled
# of assessments/monitoring visits undertaken	3	8
# of people provided with safe water (according to WHO standards)	9,000	Cancelled
# of people with access to adequate sanitation facility	9,000	Cancelled
# of volunteers involved in hygiene promotion activities	24	480
# of people provided with a set of essential hygiene items	300	Cancelled

Narrative description of achievements

At the onset of the dengue operation, it was intended that WASH activities (portable toilets, shower and handwashing facilities with running water, hygiene promotion) would be included. This was based on learning from the measles operation. During monitoring visits, health authorities ensured that all DEMUs in eight hospitals had WASH facilities and running water, thus, this component was no longer required. Community-based disease prevention was completed, through community clean-up campaigns (noted above) aimed at improving solid waste management and promoting hygiene to reduce the risk of dengue.

Hygiene promotion

Dengue awareness campaigns were conducted in the chapters to support the DOH's 4S¹² campaign. It is estimated that at least 5 volunteers supported the 96 chapters, reaching an estimated 120,000 individuals. Key messages on dengue prevention included: (i) storing water properly, (ii) using a clean latrine, (iii) cleaning of mosquito breed, (iv) good food hygiene, (v) use of mosquito nets, and (vi) proper collection and disposal of rubbish. *A total of 480 volunteers were mobilized to conduct hygiene promotion (versus a target of 24).*



Inclusion and Protection

People reached: 33,785

Male: 1,689

Female: 1,683

Indicator:	Target	Actual
% of people received PGI services provided by PRC as part of direct beneficiaries of the dengue DREF operation by December 2019	100	100
PRC ensured improve equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes
# of staff and volunteers mobilized to support PGI activities	60	85
# of staff and volunteers trained for PGI activities	60	85
# of staff and volunteers mobilized to support SGBV activities	60	85
# of staff and volunteers trained on SGBV activities	60	85

Narrative description of achievements

¹¹ Operations update have indicated that 9,785 people were reached through WASH Area of Focus. This figure was based on the number of people reached with support services as part of hospital support (patients and family members).

¹² 4S method' which stands for "search and destroy" mosquito-breeding sites, employ "self-protection measures" such as wearing pants and long-sleeved shirts, and daily use of mosquito repellent, "seek early consultation", and "support fogging/spraying" in areas where an increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

PRC ensured that interventions were aligned with its own as well as the IFRC minimum standard commitments to protection, gender and inclusion (PGI) during emergencies. Indirectly, all people reached with health services through the DEMUs were supported with consideration on the minimum standard to protection, gender and inclusion.

In DEMUs, particularly since many children were admitted, PRC ensured, in coordination with local hospital management, that facilities met the basic needs of child patients and their parents. Child-friendly space (CFS) consideration was included in the PGI training. CFS facilitators did another orientation session on CFS in their respective chapters. Cavite chapter was one of the successful chapters which successfully rolled out CFS activities. Cavite chapter - Dasmariñas branch was able to set up a hospital-based child friendly space. Cavite chapter - Dasmariñas was able to conduct different activities to children in the DEMU. They were able to do psychosocial activities to children affected by dengue. The branch was able to do colouring, storytelling and film showing to children in the tent.

The PRC has a draft operational guidelines and referral pathways to deal with problems related to sexual and gender-based violence (SGBV), if SGBV issues are reported. In this operation, the welfare desks, did prevention of and were capacitated to respond to SGBV and all forms of violence against children. No cases of SGBV and violence against children were reported within the operations time frame.

Through PRC's Welfare Service, 85 chapter-based staff and volunteers were trained in PGI between September and October 2019 (versus a target of 60).

Chapter	Date of orientation	Male	Female	Total
Aklan	19-20 September 2019	6	11	17
Capiz	4 October 2019	6	10	16
Cavite (Dasmariñas branch)	22 September 2019	8	7	15
Iligan City	30 September 2019	5	13	18
Iloilo	24 October 2019	5	14	19
Total		30	55	85

Orientation sessions on psychosocial support (PSS), intended for humanitarian workers, were organized for volunteers mobilized by different chapters to support this operation.

Chapter	Date of orientation	Male	Female	Total
Aklan	22 October 2019	2	8	10
Capiz	27 October 2019	2	8	10
Cavite (Dasmariñas branch)	31 October 2019	14	6	20
Iligan City	30 October 2019	2	13	15
Iloilo	25 October 2019	4	9	13
Total		24	44	68

Challenges

Internal coordination among different services within PRC was a challenge during the early stage of the operation. There was some miscommunications regarding the budget and target areas, which delayed implementation of PGI activities.

Lessons Learned

Communication and coordination within PRC services should be strengthened to ensure that all activities are implemented within the target schedule and aligned according with the plan.

Strengthen National Society

Indicator:	Target	Actual
# of NS branches that are well functioning	6	6
% of volunteers insured	100	100

Narrative description of achievements

Through this DREF operation, PRC's NHQ directly supported seven chapters with technical support and a budget to operate the DEMUs in different hospitals to properly support their local public health.

All volunteers mobilized for this operation were insured under the Membership and Accident Assistance Benefit (MAAB) of PRC. Volunteers were also equipped with vest, where PRC logo were printed, which they wore during mobilization.

Prior to mobilization, volunteers were provided with necessary training/orientation such as:

- PRC provided psychosocial support for humanitarian workers by conducting self-care sessions putting emphasis on personal preparation (physically, mentally and psychologically) to ensure the well-being of humanitarian workers for PRC staff and volunteers in Aklan, Capiz, Iloilo, Cavite and Iligan chapters who have been involved in the operation. A total of 69 staff and volunteers participated (male-24) (female-45).
- Volunteers supporting the DEMUs received an orientation on the operation with an emphasis on the set-up of DEMUs - including the medical management protocol. In addition, each volunteer received orientation regarding their roles and responsibilities according to the task assigned to them. Briefings before and after their shift were provided by the team leader to gather feedback and comments from volunteers.
- PRC headquarters ensured that the volunteers had the knowledge, skills and tools to respond to this outbreak by providing them with IEC materials and recent update on dengue cases from DOH.

Community health volunteers, mobilized to support community-based health activities, and volunteers mobilized for the DEMU operation, were provided with multi-vitamins, to support their well-being and encourage them to take care of themselves while they supported the activities related to the dengue operation.

Challenges

The mobilization of volunteers was quite difficult during this operation since the chapters were responding to multiple health emergencies at the same time. The chapters were overstretched but did their best to implement activities and provide services in the communities and DEMUs.

Lessons Learned

PRC integrated, as part of the operation, rest and recreation activities for all staff and volunteers. A personal care refresher session focusing on personal preparation (physical, mental and psychological) was carried out before their deployment to ensure the well-being of all humanitarian workers. These activities were well appreciated by staff and volunteers and should be an integral part of all operations.

International Disaster Response

Indicator:	Target	Actual
Effective and coordinated international disaster response ensured	Yes	Yes
# of RDRT member deployed in the country	1	0
# of methods established to share information with communities about what is happening in the operation	2	4
% of complaints and feedback received responded to by the NS	100	100
Logistics department provides constant support to the National Society's logistics unit for replenishment and other procurements	Yes	Yes

Narrative description of achievements

For this operation, PRC mobilized the current personnel of the NHQs and the chapters concerned as well as the Red Cross 143 volunteers, the Red Cross Action Teams (RCAT134) and the NDRTs from other chapters. A FACT surge delegate, specialist in community-based health and WASH, was deployed in the Philippines for two months in November and December 2019 to support the polio operation, then extended its stay in the country to support the dengue operation.

The community engagement and accountability (CEA) approach was integrated into programming to guarantee that communities at-risk and people affected have direct access to information such as the nature and extent of the services provided by PRC and to ensure they could participate and provide feedback to PRC.

The methods established to share information with communities were:

- I. **Social media posts.** With an extensive social media coverage across the country, PRC regularly uses Facebook and Twitter to raise awareness about dengue.
- II. **Face to face feedback** with PRC staff and volunteers. PRC set up welfare desks and mobilized health volunteers to carry out community education sessions and gather feedback/ concerns from the community to inform the operation.

- III. **Feedback box.** A feedback box was placed in each welfare desk in case people would prefer not to directly discuss their feedback with PRC.
- IV. **IEC materials dissemination.** PRC, through its chapters, posted in strategic locations in the communities, various IEC materials on dengue prevention and control measures.

All feedback and concerns received were addressed and settled at the chapter level.

Community-health volunteers received direct feedbacks essential to implementing the operation. Problems were solved at their level. If the problems could not be resolved at their level, they were forwarded to the PRC staff for action. CHVs were an important platform for promoting community participation, feedback and accountability.

Logistics support for this operation was provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team.

IFRC AP Operational Logistics, Procurement and supply Chain Management (OLPSCM) unit in Kuala Lumpur, Malaysia supported with the international procurement of eight multipurpose tents used for DEMUs and 1,000 mosquito nets, in close coordination with the IFRC CO Logistics team.

For local procurement, IFRCCO Logistics team supported PRC for procurement of a printer and clean-up kits to support the chapter and communities.

Influence others as leading strategic partner

Indicator:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes
# of communications materials produced (social media, media articles, interviews, etc.) to share information about the operation	3	8
# of post-distribution visits to affected communities	3	4
# of lesson learnt workshop conducted	1	cancelled

Narrative description of achievements

The PRC communications team ensured that Red Cross response efforts were effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country were active in contributing to institutional communications through their own social media networks.

PRC Communications Team published the following articles on its public website:

- [Red Cross intensifies counter-dengue ops with more tents, blood supplies](#)
- [Red Cross assures adequate blood supply amid dengue woes; Iloilo medical tent opens](#)
- [Red Cross deploys medical tents to dengue-stricken Iloilo](#)
- [PRC warns against leptospirosis, dengue this monsoon season](#)

IFRC also published an article to its public website:

- [Philippines: Urgent action needed to halt deadly dengue outbreak](#)

IFRC and PRC communications team arranged media interviews to promote Red Cross efforts against dengue:

- BBC interview with Dr. Nalupta, 08 August 2019
- BBC interview with Chairman Gordon, 09 August 2019
- Netherlands media team visits DEMU in Cavite, 19 August 2019
- BBC features PRC efforts to halt dengue in Iloilo, 04 October 2019

IFRC communications team communicated and connected with the Netherlands Red Cross regarding the case of an affected Dutch tourist, provided videos and photos for release to the Dutch media.

IFRC and PRC communications team produced, posted and shared dengue awareness and prevention campaign materials as well as dengue map on social media to inform the public of the virus progression. Updates on the operation and anti-dengue campaigns progress (i.e. tents erected, patients served, blood units supplied) were shared on social media.

Reporting on the operation was carried out in accordance with the IFRC minimum reporting standards. There were two operations updates ([Operations Update 1](#) and [Operations Update 2](#)) issued during this operation's timeframe and this final report issued within three months after the end of the operation. The operation team had technical PMER capacity and additional technical support was provided through IFRC APRO PMER team.

In September, a delegation from ECHO, one of the DREF donors for the dengue operation, visited the DEMU in Cavite to do monitoring in terms of the quality, coordination, relevance and engagement of PRC staff and volunteers towards the patients and local health authorities. Several monitoring visits were conducted in different DEMUs:

- Aklan: monitoring visit was conducted in Aklan Provincial Hospital from PRC Health Service in
- Capiz: monitoring visit was conducted in Bailan from PRC Health Service in August 2019
- Iloilo: monitoring visit were conducted in Gimbal, Balasan and Sara from PRC Health Service in August 2019

The lessons learnt workshop was not organized due to the following reasons:

- During pre- and post-meeting/orientation on the polio outbreak – the same chapters involved in the dengue outbreak were able to provide their feedbacks on their challenges and best practices during the implementation of activities.
- PRC used the EMU checklist and interim guidelines developed during the measles outbreak. It was helpful for the chapters to have this guideline ready to consider the following factors in setting up the DEMUs: request and activation, site consideration, ward and physical management – included the needed items, ventilation, lighting and insulation, human resource, reporting and documentation.
- As PRC was responding to multiple emergencies – it was a good practice to note of ensuring that partnerships should be in place during preparedness phase to ensure that the roles, responsibilities and counterparts of the hospital partners are discussed and agreed. Also, partnerships with the academia and health organizations to mobilized volunteer doctors and nurses in order to have manpower support to PRC. Because of this initiative, implementation of activities during health emergencies will be effective.

Effective, credible and accountable IFRC

Indicator:	Target	Actual
% of financial reporting respecting the IFRC procedures	100	100
Staff security is prioritized in all IFRC activities	Yes	Yes

Narrative description of achievements

Finance

The IFRC, through the finance department, provided the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices. PRC – which is on the working advance system – has been supported for many years by the IFRC Finance and is accustomed to these financial procedures. All financial transactions in this operation adhere to the standard IFRC financial procedures. The Administration unit in Manila provided administration support at headquarters and in the field. As noted, the late submission of liquidations/expenses resulted in the late issue of the DREF Final Report.

The IFRC **security** framework was applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework was applied. Regular coordination was maintained with the ICRC and other Movement partners, as per existing security framework and Movement coordination agreement. Regular information-sharing was maintained and specific security protocols for each security level.

PRC staff and volunteers were oriented about dengue and were given prevention measures which they should apply at home and in their respective communities. All staff and volunteers were required to complete the IFRC's Stay Safe e-learning courses: Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security.

All staff and volunteers mobilized under this health emergency response were provided with personal protective equipment (PPE), to protect them against communicable and non-communicable diseases.

D. THE BUDGET

The actual expenditure is 78 per cent (CHF 116,151) of the CHF 149,557 DREF amount requested. The closing balance variance was due to the following reasons: cancellation of WASH activities, savings from the volunteer insurance since volunteers mobilized by the chapter were already insured through the Membership with Accident Assistance Benefit (MAAB) of PRC, non-deployment of an RDRT member and for not being able to organize the lessons learnt workshop.

[Full financial report](#) is attached at the end of this report.

Contact information

Reference documents



Click here for:

- [DREF \(EPoA\)](#)
- [DREF OU1](#)
- [DREF OU2](#)

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

In Philippine Red Cross

- Elizabeth Zavalla, Secretary General; phone: +63 2 790 2300; email: secgen@redcross.org.ph
- Mark Alvin Abrigo, acting Manager for Health Services; phone: +63 917 953 8211; email: markalvin.abrigo@redcross.org.ph

In IFRC Philippine Country Office

- Patrick Elliott, acting Head of Country Office; phone: +63 998 961 2140; email: patrick.elliott@ifrc.org
- David Fogden, acting Operations Manager, david.fogden@ifrc.org

In Asia Pacific Regional Office, Kuala Lumpur

- Mohammed Omer Mukhier, Deputy Regional Director; email: mohammedomer.mukhier@ifrc.org
- Necephor Mghendi, Head of Disaster and Crises Unit (DCPRR); email: necephor.mghendi@ifrc.org
- Nur Hayati Ahmad, Operations Coordinator; email: OpsCoord.SouthEastAsia@ifrc.org
- Siokkun Jang, Logistics Manager, regional logistics unit; email: siokkun.jang@ifrc.org
- Rosemarie North, Communications Manager; phone: +60 12 230 8451; email: rosemarie.north@ifrc.org

In IFRC Geneva

- Tiffany Loh, Senior Officer, Response and Recovery; email: tiffany.loh@ifrc.org
- Cristina Estrada, Response and Recovery Lead; phone: +412 2730 4260; email: cristina.estrada@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):

- Siew Hui Liew, PMER manager; email: siewhui.liew@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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Annex 1

Emergency medical unit / medical ward checklist & interim guidelines		
Request and Activation		<ul style="list-style-type: none"> The medical tent wards will be activated once hospitals are already overloaded of patients and targeted to decongest the wards. Prioritization to government hospitals especially LGUs' hospitals as these are facilities with limited capacity. Chapters need to conduct hospital assessments / check on actual hospital status. Once validated, chapters may support the requests for support from the LGUs or the hospitals by having a request letter addressed to PRC's leadership through CA signed by Head of the hospital, duly noted by the Provincial Government
Site Considerations		<ul style="list-style-type: none"> Select strategic sites, check for safety, e.g. if it is a roadway vehicular accident risk, theft risk. Sites which can be quick access to hospitals staff and its security, such as near ER, near main lobby or lobby with security and nurses' station. Sites which can also access source of electricity. Select sites that is not flooded and flow area of water during heavy rain. Sites with trees are good sites to counteract the heat of sunlight but we need to check risk of fallen branches.
Ward and Physical Management (Needed Items)	1	<ul style="list-style-type: none"> Cot beds/Hospital beds/Double deck beds. If 72m2 (6 meters by 12 meters), 20 bed configuration of cot beds are preferred. If Rubb Hall (10 by 25 meters) more beds can be installed up to 50 beds
	2	Blankets / pillowcases
	3	Pillows
	4	Monoblock chairs for watchers inside tent (this can be sourced out from the LGUs or hospitals)
	5	Bed sheets (PRC linens / pillowcases)
	6	Bladders/ tankers if needed
	7	Portalets if needed
	8	Handwashing areas/portables (should be assigned by hospitals)
	9	Waiting areas for patients' companion, monobloc chairs (should be worked out with hospital)
	10	Mattresses (if double deck or hospital bed)
	11	Signages (waiting areas, 1 companion & AC advisory c/o PRC)
	12	Bed numbers
	13	Masks
	14	Gloves
	15	Alcohol dispensers
	16	Water dispensers / jerry cans with cup (to be worked with LGUs)
	17	Foot rugs
	18	IV stands / S-hooks – preferred to lessen space consumption
	19	Cleaning materials (pale & floor mop). Hospitals should include medical tent in cleaning routine
	20	Trash bins (should be outside medical tent / three types)
	21	Patient wristbands c/o hospital
	22	Patient admission kit (small towels, alcohol, thermometers, masks, soap, toothbrushes, toothpaste, medicine cups, tissue cotton buds, shampoo) - optional
Ventilation and Lighting, Insulation	23	Lighting
	24	Aircond c/o PRC
	25	Insulator c/o PRC
	26	Electric fans c/o LGU or hospital
	27	Source of electricity should be c/o the hospital. Wirings will be provided by PRC or LGU
Human Resources, Reporting & Documentation	28	Volunteer Nurses/generalist volunteers will be deployed by PRC 2-4 volunteers per shift / 3 shift (6AM – 2PM, 2PM – 10PM, 10PM – 6AM)
	29	PRC 1 Volunteer Team Leader to have a permanent PRC focal point per hospital either chapter-based or hospital-based
	30	Big ID & visibility vest (dossart) for volunteers
	31	Foods and snacks or volunteers allowance for deployed personnel
	32	<p>Patient Log/ Record/Reporting</p> <p>1 Tent = 1 Patient Log/Record</p> <p>Reporting to OPCEN, CA, CSR HS, HS manager at 6AM, 10AM, 2PM, 6PM, 10PM</p> <p>Format:</p> <p>Dengue EMU – Balasan District Hospital</p> <p>Update as of Jul 22, 2019/6AM</p> <p>Total Patients Catered:</p> <p>Current Admission:</p>

		Discharged: Referred: Volunteer on duty: Name/number
Medical Management Protocol	33	Will follow hospital guidelines on clinical management
	34	Receiving areas/waiting areas/welfare desks
	35	Waste management should be arranged by the hospitals. Garbage bags and trash bins to be provided by PRC.
	36	Volunteer nurses will support in independent nursing functions such as taking vital signs, bed side care, monitoring of input & output. No invasive tasks or procedures such as giving medication (oral, IV), suction, injection. Student nurses/doctors can also be deployed from academic partners provided with clinical instructors
	37	143 Volunteers, Welfare Desk Volunteers on Shifting will check; <ol style="list-style-type: none"> 1. Cleanliness, orderliness 2. Foot rugs 3. Soiled linens/sending at laundry/change 4. 1 companion compliance 5. Assist with welfare concerns 6. Record in/out of patients 7. Check ventilations & lightings 8. Check AC operations, AC off during night
	38	All needed basic medical equipment shall be provided by the hospitals. In case of insufficiency, hospitals may request to PRC, subject to availability. (Blood pressure takers, thermometers, penlights, medical tapes, nebulizers)
	39	Laundry of soiled lines c/o hospital
	40	Hospital will assign its core of medical and nursing team to manage the ward, focal points

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/7-2020/3	Operation	MDRPH033
Budget Timeframe	2019/7-2019/12	Budget	APPROVED

Prepared on 18/Apr/2020

All figures are in Swiss Francs (CHF)

MDRPH033 - Philippines - Dengue

Operating Timeframe: 24 Jul 2019 to 24 Dec 2019

I. Summary

Opening Balance	0
Funds & Other Income	149,557
DREF Allocations	149,557
Expenditure	-116,151
Closing Balance	33,406

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	116,499	114,377	2,122
AOF5 - Water, sanitation and hygiene	19,426		19,426
AOF6 - Protection, Gender & Inclusion	533	341	191
AOF7 - Migration			0
Area of focus Total	136,457	114,718	21,739
SFI1 - Strengthen National Societies	3,515		3,515
SFI2 - Effective international disaster management	4,260	1,433	2,827
SFI3 - Influence others as leading strategic partners	5,325		5,325
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	13,100	1,433	11,667
Grand Total	149,556	116,151	33,405

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/7-2020/3	Operation	MDRPH033
Budget Timeframe	2019/7-2019/12	Budget	APPROVED

Prepared on 18/Apr/2020

All figures are in Swiss Francs (CHF)

MDRPH033 - Philippines - Dengue

Operating Timeframe: 24 Jul 2019 to 24 Dec 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	27,840	39,452	-11,612
Shelter - Relief		14,564	-14,564
Construction Materials		1,523	-1,523
Clothing & Textiles	7,200	16,530	-9,330
Water, Sanitation & Hygiene	16,200		16,200
Medical & First Aid		6,836	-6,836
Utensils & Tools	240		240
Other Supplies & Services	4,200		4,200
Land, vehicles & equipment	20,700	11,143	9,557
Computers & Telecom	1,500		1,500
Others Machinery & Equipment	19,200	11,143	8,057
Logistics, Transport & Storage	11,454	9,111	2,343
Storage		3,237	-3,237
Distribution & Monitoring	500	305	195
Transport & Vehicles Costs	10,154	1,789	8,365
Logistics Services	800	3,781	-2,981
Personnel	51,777	21,079	30,698
National Staff	1,000		1,000
National Society Staff	11,800	1,189	10,611
Volunteers	38,977	19,889	19,087
Workshops & Training	13,450	1,598	11,852
Workshops & Training	13,450	1,598	11,852
General Expenditure	15,208	26,678	-11,470
Travel	7,000	5,941	1,059
Information & Public Relations	5,400	12,924	-7,524
Office Costs	2,700	6,030	-3,330
Communications	108	421	-313
Financial Charges		1,349	-1,349
Other General Expenses		13	-13
Indirect Costs	9,128	7,089	2,039
Programme & Services Support Recover	9,128	7,089	2,039
Grand Total	149,556	116,151	33,405