

DREF Operation n°	MDRPK022	Glide n°:	EP-2021-000160-PAK
Date of issue:	21 October 2021	Expected timeframe:	3 months
		Expected end date:	15 January 2022
Category allocated to the disaster or crisis: Yellow			
DREF allocated: CHF 116,175			
Total number of people affected:	2,728 (1,528 in Islamabad and 1,200 in Rawalpindi)	Number of people to be assisted:	145,000
Provinces affected:	Punjab, Islamabad	Provinces/Regions targeted:	1. Rawalpindi 2. Islamabad
Host National Society presence (n° of volunteers, staff, branches): Pakistan Red Crescent Society (PRCS) National Headquarters (NHQ) in Islamabad, well established Provincial Branches in Punjab, Sindh, Gilgit Baltistan (GB), Balochistan, Khyber Pakhtunkhwa (KP), Merged Areas (MAs), and Azad Jammu and Kashmir (AJK). The NHQ and respective Provincial Headquarters (PHQs) have staff and volunteers trained in Regional Disaster Response Team (RDRT), National Disaster Response Team (NDRT), and District Disaster Response Teams (DDRT). PRCS as the largest humanitarian organization in the country has extended its humanitarian supports to the deprived, affected, and needy people of Pakistan. The National Society has committed its efforts towards the alleviation of human suffering, disaster risk reduction, and disaster response not only in Pakistan but also outside of the country through trained volunteers and staff.			
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) is actively involved in supporting PRCS' response in coordination with the Movement Partners.			
Other partner organizations actively involved in the operation: Directorate of Malaria Control (DOMC), Ministry of Health Department at the federal level and local administration authorities.			

A. Situation analysis

Description of the disaster

Dengue fever is a year-round and nationwide risk in Pakistan. According to the National Institute of Health (NIH) Islamabad, 22,938 dengue fever cases were reported in Pakistan in 2017, more than 3,200 in 2018, 24,547 cases in 2019 and 3,442 cases in 2020¹. 2021 also sees a rise in the cases especially in Lahore and the twin cities, Rawalpindi and Islamabad. Since 8 October 2021, Islamabad has been facing a continuous rise in dengue fever cases, leading to pressure on public and private hospitals, according to the district health officer. While the Government is responding in Lahore, the Ministry of Health (MOH) requested the support of PRCS for response to control and prevent the disease in Rawalpindi and Islamabad on 12 October in a meeting with the Secretary General of PRCS.

Islamabad is singled out by the health authorities, after Punjab, as the city is facing a continuous rise in dengue fever cases during the past few weeks. This has built up pressure on the public sector and private hospitals amid the COVID-19 pandemic. In Islamabad, dengue larvae were found at 53 different spots during the anti-dengue surveillance in the

¹<https://www.nih.org.pk/wp-content/uploads/2021/04/14-FELTP-Pakistan-Weekly-Epidemiological-Report-Mar-28-Apr-03-2021.pdf>

city. The highest number of cases have been reported in Tarlai Kalan with 55 cases, followed by 17 in Koral, and nine each in Alipur and Tarnol. As of 12 October, at least 113 people contracted the fever with five more fatalities and more than 200 patients are treated at different hospitals². Moreover, 13 October turned out to be the third consecutive day when the capital reported over 100 dengue fever patients, 115, thus taking the overall number of cases in the capital to 1,458. This trend is alarming for the capital and immediate actions are required to be taken.

According to the district health officer, 948 cases were reported from rural areas while 470 cases were confirmed in urban areas of Islamabad. The district health teams are actively engaged in containing the spread by destroying the mosquito breeding sites through spray and fumigation. The Islamabad administration has launched an anti-dengue campaign in response to the alarmingly high levels of dengue fever cases.

With the precarious nature of the situation, immediate attention is required to control the spread. The situation can be worsening as there is no suitable treatment available for dengue fever. Clinicians mainly treat dengue fever patients' symptoms and boost immunity focusing on fluid and electrolyte balance and supplement with vitamin C thus halting the progression of viral infection to its haemorrhagic state. Dengue vaccines are not commercially available in Pakistan,

In some cases, Dengue infection is asymptomatic – people do not exhibit symptoms. Those with symptoms get ill between 4 to 7 days after the bite. The infection is characterized by flu-like symptoms which include a sudden high fever coming in separate waves, pain behind the eyes, muscle, joint, and bone pain, severe headache, and a skin rash with red spots. In Pakistan, there is a general observation that people do not consult with doctors unless it gets serious. In the case of dengue, the symptoms are like malaria and people rely on home remedies and do not see a doctor. This mentality contributes to worsening the situation.

Health education is proven to be an essential step in any vector control programme which implies sustaining efficient information and scientific knowledge to society on transmitted diseases and their vectors. The knowledge of the vector life cycle and its ecology and biology should be delivered to help people to live in healthy conditions and destruction of vector breeding sites.

Disease Scenario and effectiveness of different protective measures



Aedes aegypti (Photo: ANI News)



Aedes albopictus (Photo: Wikimedia Commons)

Aedes aegypti and *Aedes albopictus* as shown above have been considered major vectors of dengue in Southeast Asia including Pakistan. Both species have been closely associated with human dwellings due to their breeding preference for clean water domestic habitats. Similarly, both species also exhibit a discernible demarcation in occurrence in different geographical areas of the country. Disease prevalence is likely to happen in the capital region because of the presence of both types of vectors but the dominance of *Aedes aegypti* while *Aedes albopictus* also shows reasonably high densities.

In addition to the presence of vectors, frequent travel between the twin cities and adjacent areas, population growth in the peripheral areas of both Islamabad and Rawalpindi where there are improper sanitation facilities and ineffective mosquito control measures are contributing factors to the spread of the virus. Minimum disease surveillance and official reporting of cases is also a threat of prevalence to other adjacent areas. Provision of Long-Lasting Insecticidal Nets (LLINs), mosquito repellent, awareness-raising at community and educational institute level through this project activity aims to control spread and increase awareness of vulnerable communities about the control and preventive measures of vector transmission.

² <https://www.aninews.in/news/world/asia/pakistani-capital-faces-continuous-rise-in-dengue-fever-cases20211012223300/>

Aedes aegypti is a daytime feeder - the peak biting periods are early in the morning and in the evening before dark. Dengue virus spreads through a human-to-mosquito-to-human cycle of transmission, with a person developing viremia after four days of being bit by an infected *Aedes aegypti* mosquito. In the viremia stage, the infected person develops a high level of dengue virus in the blood. The infected person will remain asymptomatic on the first few days of viremia and will develop symptoms after five days which lasts for 12 days minimum. A mosquito that feeds on the blood of someone infected with the dengue virus also becomes a dengue vector. The mosquito must take its blood meal during the period of viremia when the infected person has high levels of the dengue virus in the blood. Once the virus enters the mosquito's system in the blood meal, the virus spreads through the mosquito's body over 8 to 12 days. After this period, the infected mosquito can transmit the dengue virus to another person while feeding. Once infected with dengue, the mosquito remains infected with the virus for its entire life and can continue transmitting the dengue virus to healthy people for the rest of their life spans, generally a three-to-four-week period.

Summary of the current response

Overview of Host National Society Response Action

PRCS has conducted an initial meeting with the district administration Islamabad and District Health Officer (DHO) and MOH regarding the emerging situation. Internal meetings were also conducted to discuss and assess the emerging situation to plan possible PRCS assistance to complement the government and corporate actions on 11 October. Analysis of existing data and geographical spread has been completed, alongside finalization of the information, education and communication (IEC) material and areas of intervention to focus on, in coordination with DHO.

PRCS had implemented a Dengue response operation in 2019-20. Key challenges, best practices and recommendations highlighted for future interventions included, for example, the intervention time should be appropriate for dengue prevalence, and to enhance the administrative and procurement processes during emergencies. While the government is responding in Lahore via opening of field hospital, response is also strategized in the twin cities by the government including fumigation and spot checks. Chief Commissioner of Islamabad called upon all stakeholders to launch an anti-dengue drive³ in the city.

Meanwhile, a DREF application was submitted to IFRC for PRCS to assist people in identified hotspot areas of Islamabad and Rawalpindi to control further prevalence.

Overview of Red Cross Red Crescent Movement Actions in country

IFRC Country Delegation (CD) and the IFRC Asia Pacific Regional Office (APRO) are providing technical support to PRCS. Coordination with in-country Partner National Societies (PNSs) - German Red Cross, Norwegian Red Cross and Turkish Red Crescent and ICRC - is ongoing, updating all partners with the situational development and existing mechanism. A detailed operations briefing will be scheduled with IFRC, ICRC and in-country PNSs to further discuss the calamity and PRCS proposed response. PRCS will seek bilateral support based on needs.

Overview of other actors' actions in-country

National Institute of Health (NIH) released a seasonal awareness and alert letter⁴ in July to apprise regarding the emerging situation. The DOMC was revived in 2011 in Pakistan and works in coordination with other stakeholders to respond to mosquito-borne illnesses.

The corporate sector is also involved in dengue control activities with the widespread distribution of key messages on dengue prevention and control via print and social media.

The overall response in the country is led and coordinated by the District Administration, while corporate and humanitarian organizations are supporting the Administration per need and mandates. PRCS contributions are coordinated with the others through close communication with the District Administration, and PRCS support has been requested based on epidemiological evidence and gaps in services and activities.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

There is a need to spread awareness and to control the spread and transmission of the disease. The worst hit areas from the monsoon rains are urban slum areas in Rawalpindi and Islamabad from where the majority of the cases are being reported to public hospitals. Disease recurrence and potential to harm everyone in the city and adjacent areas.

³ <https://www.geo.tv/latest/374914-islamabad-launches-big-anti-dengue-campaign-after-rapid-rise-in-cases>

⁴ <https://www.nih.org.pk/wp-content/uploads/2021/07/51st-Issue-SAAL-print-3.pdf>

The situation can be worsening as there is no suitable treatment available for the dengue fever caused by this virus. Clinicians mainly treat dengue fever patients' symptoms and boosting immunity, thus halting the progression of viral infection to its haemorrhagic state. Excessive bleeding internally as well as externally is considered quite dangerous as far as the health outcomes are concerned in severe stages of dengue fever. As such, the key need is to address this virus infection through prevention and control measures against the mosquitos and transmission from human to human.

There is also a trend of using home remedies instead of consulting with a doctor that contributes to worsening the situation. And because of this trend in society, there are high chances that a huge number of cases are not reported at all. In such scenarios, awareness of the disease and its prevention plays a vital role.

Targeting

The action will target Rawalpindi and Islamabad cities, focusing primarily on vulnerable communities residing in the peripheries of the twin cities. Activities will be conducted at household levels, educational institutes and with patients.

The selection of the districts is based on epidemiological evidence and gaps in services and activities. Based on the number of dengue cases reported in 2019, 2018 and 2017. Following identified hot spot areas by the National Health Services Regulations and Coordination (NHSRC), two districts come under the moderate risk category. Areas may be modified as per updates/recommendations received from DOMC.

Districts	No. of hotspots	Name of hotspots
Rawalpindi	17	Tarlai Kalan, Koral, Ghauri Town, Morgah, Alipur, Tarnol, Dhamial, Allama Iqbal Colony, AhmedAbad/Azizabad, Kamalabad, Tench Bhatta, Westridge, Chammanzar, Rahemabad, Dhok Farman, Dhok Chiragh and Dhok Hassu
Islamabad	9	G-6 sector, G-7 sector, G-8 sector, G-9 sector, F-6 sector, I-8 sector, I-9 sector, I-10 sector and Rawal Town

According to the recent census, the total population of Islamabad is 2,851,863 out of which 93 per cent live in the peripheries of Islamabad. The ongoing monsoon rains are predicted to last until the end of October increasing the likelihood of the epidemiological threat of the dengue virus in target locations as well as neighbouring districts. Even for the Chikungunya and Malaria, the vector remains the same (i.e. mosquitos), and measures carried out to stop the multiplication of mosquitoes will have a positive effect in controlling the spread of not only Dengue but also the other highly prevalent diseases in the area.

Scenario planning

This is an opportunity for PRCS to raise public health awareness among the general public through its vast volunteer social network and to prevent disease prevalence. PRCS aims to support the Department of Health with awareness-raising initiatives within the vulnerable communities residing in the peripheries of Rawalpindi and Islamabad. The screening camps along with the awareness campaigns and distribution of LLINs will help in limiting the spread of dengue in target districts through enabling people to adopt healthy practices, understanding the virus itself and the protective measures to be practised.

The fourth wave of COVID-19 is also at its peak in various districts of Pakistan. The provincial government of the respective areas have taken measures to reduce the impact of the fourth wave. PRCS aims to execute the planned interventions following the SOPs set by the government for COVID-19 ensuring cohesion of efforts and mitigating the additional spread of the virus.

Scenario	Likelihood	Potential Response
Dengue prevention and management efforts require PRCS to undertake public information dissemination and social mobilization campaigns to ensure the adoption of good practices by the communities like cleanliness drive, adequate clothing during daytime. PRCS staff and volunteers' capacity needs to be further enhanced: in terms of logistics, task shifting of the volunteers and social mobilization for cleanliness drive, health promotion and environmental interventions are supported at the local level	Medium	The PRCS submit a DREF request to mobilise resources.
Cases of dengue continue to increase from Islamabad and Rawalpindi areas, including the population residing in the adjacent villages to both cities. Health infrastructure and support are low in	High	The PRCS will request a second allocation and extend the operation's timeframe to reach increment of needs on

Scenario	Likelihood	Potential Response
these areas, whereas the impact of disease outbreaks can prevail to the entire area due to frequent travel between both cities and their adjacent areas. More areas will be left out from public health safety nets that need immediate stabilization and long-term dengue prevention and management services. Health facilities and public health institutions are overwhelmed due to large numbers of active dengue cases.		awareness capacity, equipment with the means to adapt the protective practices and screening coverage on the ground through trained volunteers.

Nevertheless, preparedness is an important component to directly deal with any disease outbreak and equipping the communities with the means to cope better with any emergency. PRCS, being an auxiliary to the government, is proactive and ready with trained staff and volunteers, resources and mechanisms available to carry out the response in a smooth and organized manner. PRCS will establish coordination and communication channel with all Red Cross Red Crescent Movement partners to respond to the spread of the virus supporting the Government's Dengue Control Support programme at the request of MOH.

Operation Risk Assessment

Each dengue outbreak depicts gaps in risk communication targeted for behavioural change. Therefore, PRCS will implement using different strategies to communicate risks to ensure better understanding and coverage of the target district population. Effective risk communication is useful not only during outbreak response but also during outbreak preparedness and prevention of occurrence of the next peak. Risk communication becomes especially important in the post-outbreak period which is a grace period given by nature to prevent the emergence of the next outbreak.

The fourth wave of COVID-19 is still ongoing and might affect the DREF implementation. Though daily cases count has significantly decreased from the initial peak of the wave in August 2021, WHO has identified a trend globally of cases rising again in the winter season. The precautionary measures taken by the National Command and Operations Centre (NCO) to prevent further transmission of the virus are among the constraints in both Rawalpindi and Islamabad where positivity rates are reported amongst the highest in the country during wave periods. IFRC and PRCS will utilize the COVID-19-safe pilot guide to protect personnel and community members.

This DREF operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to information from the government as of 14 October, Pakistan reported a cumulative of 1,261,685 positive cases with 40,300 active cases of COVID-19. Furthermore, the Pakistan government has immunized 31 per cent of its population with at least one dose of vaccine against COVID-19

B. Operational strategy

Overall operational objective

The objective is to reduce the morbidity and mortality of the targeted population due to dengue during the DREF period. The DREF aims to target 145,000 direct beneficiaries and 371,000 indirect beneficiaries, who are living in high-risk districts, by the outbreak of dengue in Pakistan. The operation will be implemented over three months.

Proposed strategy

The DREF will be implemented in close coordination with the Health Department, Administrative authorities of twin cities (Islamabad and Rawalpindi) and Malaria Control Program. As per PRCS's discussion with MOH, it has been decided that PRCS will maximize the use of their strong community network, coverage and acceptability within the twin cities. Public and private sector healthcare facilities are treating the dengue positive patients, while the authorities are focusing on fumigation in public places, parks and communities, drainage of stagnant water during spot checks, and is also issuing public guidelines for prevention of dengue transmission. The PRCS is using its public outreach and volunteer network to spread door to door awareness and distribution of necessary materials. Both elements together will contribute to the overall goal of preventing the spread of the disease.

PRCS will adopt a three-fold implementation strategy focusing on building community awareness and capacity, equipping them with the means for behaviour change to adopt the protective practices and increasing screening coverage on the ground through trained volunteers.

PRCS will use its existing expertise to build capacity/orientation of 80 Community Based Volunteers (CBVs) on prevention and control strategies to control disease spread. This will subsequently make the communities resilient and aware to respond to any emergency themselves with the support of DoMC. Awareness activities including dengue preventive measures, dengue signs and symptoms, drainage of stagnant water in the households and surroundings, how and when to use repellent will be conducted through CBVs within communities at household levels, educational institutes and patients in the hospitals or at home care. Additionally, 20 volunteers will also be trained in screening and use of dengue rapid testing kits and will be deployed in the field for testing to increasing screening coverage. Alongside awareness building and behavioural change efforts, mosquito repellents, LLINs and IEC material will also be distributed to 15,000 households consisting of community members and patients who have potential risk of dengue. The LLINs in particular will be distributed to patients at hospitals and at home, as well as other bed-bound persons, such as elderly, people with disabilities and very young children.

All these activities will be conducted in October, November and December. The DREF activities will ensure the mainstreaming of Protection, Gender and Inclusion (PGI). During the orientation of 80 CBVs, PGI sessions will be delivered. PRCS uses assessment forms that facilitate the capture of gender-disaggregated data to inform this emergency operation. PRCS will deploy gender-balanced volunteer's teams, during all stages of the operation including assessments, distributions, awareness activities and post-distribution monitoring in the communities.

Main interventions

Depending on the needs and on-ground situation, PRCS response to this outbreak will be mainly based on following activities:

- PRCS, with the technical support of DOMC, will arrange orientation of 80 CBVs for awareness raising and behavioural change prevention activities against dengue virus to prevent further spread of the disease. 20 volunteers will be trained to support the authorities in timely diagnosis and treatment.
- LLINs (10,000) will be distributed to households and hospitals catering major workload of dengue patients in Rawalpindi and Islamabad with health education for effective use of LLIN. 3,000 LLIN distribution will prevent further spread from positive patients. 7,000 LLIN will be distributed for vulnerable population; infected persons who may not be admitted to the hospital due to mild symptoms and persons who may be bed-bound, i.e. Persons with Disabilities (PWD) and <5 children and elderly people according to distribution criteria.
- As requested by DOMC, considering the significant role of mosquito repellent in the prevention of dengue fever, PRCS teams will distribute the protective mosquito repellent to the target population, i.e. two mosquito repellent bottles (2x50ml) for each household and in hospitals (12,000 households and 3,000 patients who are visiting for diagnosis and treatment or hospitalized ones as per the criteria i.e. PWD and < 5 children and elderly people).
- Mobile screening Units will be established using PRCS Ambulances with technical volunteers, diagnostic kits for screening dengue patients. Around 20 trained professional volunteers will be deployed in the field for two weeks after orientation by DOMC. In addition to awareness campaigns, these teams would also conduct screening tests for dengue through Rapid Diagnostic Screening kits for suspected cases. Positive cases will be referred to hospitals.

All these interventions have been planned based on the current need and past experience with the DOMC and MoH and will be executed through PRCS staff and volunteers in collaboration with the government authorities.

Operational support services

Human resources

PRCS Head of Operations will be in charge of the operation, reporting to the PRCS Secretary General, who has the overall responsibility for the operation. National Headquarter, Assistant Director First Aid will support the operation. No new paid staff will be engaged for this operation. Implementation will be supported by volunteers (around 80 trained volunteers) and staff members existing in PRCS. In addition to the PRCS staff and volunteers, the IFRC CD team will continue to provide technical support and will monitor the operation. IFRC will mobilize rapid response personnel to provide overarching surge support to the DREF. Specific profile requirement will be determined in collaboration with PRCS.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes

and procedures. PRCS maintains dengue testing kits and LLINs available in stock at National and Branch warehouses situated at strategic locations around the country. Other items will be procured upon approval. The stock of LLINs and testing kits will be replenished under the DREF.

If required, IFRC Pakistan CD Procurement department will be available to provide technical support to the National Society and the DREF operation with required procurements in line with IFRC standard procedures and close coordination with IFRC regional logistics unit.

PRCS has a dedicated fleet department with trained HR that has been involved in major emergency operations for the last few decades.

Community Engagement and Accountability (CEA)

CEA is a central part of this operation where the key is awareness-raising on dengue transmission and vector control. IEC materials have already been prepared and agreed upon for the intervention. CEA is a fundamental approach to listen to the community needs and put them at the centre of PRCS' attention. Through CEA, PRCS can achieve the "good quality, accountability, equitable, inclusive and protection programmes. To orient field staff and volunteers about the approach and key intervention, a session of CEA will be included in the capacity building course. The orientation on CEA for staff and volunteers will provide a basic understanding to use the feedback and accountable mechanism (inclusive of existing toll-free hotline number 1030) at the current and later stage of response operation. CEA will ensure that staff and volunteers are using visibility and transparent communication with the affected population during relief assistance and establish a platform for the community to provide their feedback for addressing any challenges to maximize impact from activities.

Protection, Gender and Inclusion

To preserve the dignity of the affected population, PRCS will mainstream gender and inclusion into all interventions. All interventions will be tailored to ensure an all-inclusive approach, engaging with population groups often excluded. PRCS will ensure that priority is given to marginalized population groups aligned with the selection criteria. During the orientation of 80 CBVs volunteers, PGI sessions will be delivered. PRCS uses assessment forms that facilitate the capture of gender-disaggregated data to inform this emergency operation. PRCS will deploy gender-balanced volunteer's teams, during all stages of the operation including assessments, distributions, awareness activities and post-distribution monitoring in the communities.

Sensitization of sexual and gender-based violence (SGBV) will be incorporated into existing sensitization platforms through health-related interventions. Respective groups will be provided with information on referral pathways for any cases to enhance accessibility to services within the shortest time possible.

To coordinate and facilitate basic and context-specific training for mainstreaming and integrating PGI in the cross-sectoral response in PRCS is also necessary.

Planning, Monitoring, Evaluation and Reporting (PMER)

Emphasis will be made on encouraging continuous assessment of the evolving situation and monitoring of the services being provided as well as looking at the feedback from beneficiaries. IFRC CD will monitor the operation through monitoring visits to the operation areas. Analysis of monitoring observations will help with timely and informed decision-making. Attention will be paid to data management, inclusive of the collection of disaggregated beneficiary data, storage, and analysis. Continuous communication with the field teams, along with the issuance of necessary updates of the operation including the final report will be managed accordingly. A robust M&E plan will be developed for the process and monitoring results of the entire operation. This will include the assessment, surveys, sessions monitoring, post distribution monitoring, lessons learnt workshop, and final operation report.

Communications

PRCS will regularly share information and updates on the operation with key stakeholders. PRCS Secretary General will be responsible for communication to external stakeholders. At the operational level, the communication department will undertake activities aimed to increase the visibility of PRCS and to show the impact of the intervention.

Administration and Finance

Both PRCS and IFRC CD administration and finance teams are on standby to support development and implementation of the DREF operation.

Security

The PRCS staff and volunteers are quite familiar with the local security situation, norms and culture as well as Red Cross Red Crescent Movement security regulations and comply by those. The PRCS and IFRC security units are in

constant watch over the security situation especially in the areas where Red Cross Red Crescent staff and volunteers are engaged in response activities and are regularly sharing the information and advice with all the concerned. Teams are familiar with the proposed operational areas and have been advised on the current acceptance and acceptability of these locations. Once in the field, staff have been advised to take note of the security environment and report back on road conditions, acceptability of the organization in the target areas as well as any other matter related to the security and safety. Before embarking on field visits, all staff will be briefed on safety protocols. Any security concerns will be handled with local authorities as per the existing security framework. Mass media and other communication channels will be used to monitor the situation.

COVID-19 safety protocols will be followed in all activities and reminded in trainings. The National Society's security framework will be applicable for the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility, including surge support deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation and critical incident management will be applicable. All IFRC must, and Red Cross Red Crescent staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

C. Detailed Operational Plan



Health

People targeted: 145,000

Male: 73,950

Female: 71,050

Requirements (CHF): 87,058

Needs analysis: Heavy monsoon rains, public failure to clear rain-soaked garbage, standing water pools and other potential breeding grounds for mosquito larvae attribute to the higher number of cases reported in identified hotspot areas of Rawalpindi and Islamabad including both urban and suburban areas. Frequent travel from capital city to adjacent areas pose a high risk of viral transmission. For early detection and action there is gap in community-based information gathering system related to Dengue.

Population to be assisted:

- 84,000 people (12,000 households, 7 per household) will receive awareness and behavioural change communication during door-to-door visits through IEC material, and repellents.
- 7,000 households among the above who have been diagnosed positive during screening but not admitted to hospital, PWD, elderly or <5-year-olds will receive LLINs for protection and prevention of new transmissions.
- 3,000 patients in hospitals will receive LLINs, awareness together with their attendants during hospital visits, and repellents (2 bottles for each person in the household; 7 persons per household).

Total protective measures (LLINs, repellents) will be received by 15,000 households/105,000 people.

- 40,000 students will receive awareness during school/college and university visits in high-risk populations from 2 districts (this includes direct messages carried by volunteers).
- A full day orientation for 80 CBVs volunteers on awareness-raising and dengue vector control/breeding sites, operational details and reporting systems.
- 10,000 suspected cases will be screened and managed during mobile health team visits in hotspot areas of two districts: a total of 10,000 cases will be diagnosed at the community level (included in the 84,000 targeted above).

Programme standards/benchmarks: Measures will be taken to ensure that the operation will comply with the minimum standards for protection, gender and inclusion in emergencies and Sphere standards.

Risk analysis: With the monsoon season spell ending, there is an expected rise in the number of dengue patients. Hospitals are already overwhelmed and there is a need for community-based awareness for the prevention of the spread of mosquitoes and the use of protective measures. COVID-19 continues to create risks and protection measures are considered in all actions including personal protective equipment (PPE) per public protocols.

P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of people reached by NS with services to reduce relevant health risk factors (target: 145,000)						
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	# of vulnerable people sensitized on dengue transmission and prevention (target: 84,000) # of schools strengthened for dengue case management (target: 400 classes in different schools and colleges- 40,000 students).						
	Activities planned	Month	1	2	3			
AP022	Production of IEC material (leaflets, posters, videos etc.)		x	x				
AP022	Orientation/capacity building of CBVs on IEC material, larval source management campaign, surveillance and case reporting		x	x				
AP022	Dengue Larval source management campaign, IEC material distribution and awareness-raising – door to door visit, school/college/universities, and hospitals.			x	x			
AP022	Educational sessions in schools			x	x			
P&B Output Code	Health Output 4.2: Vector-borne diseases are prevented	# of households provided with repellents and information on its proper use (target: 12,000) # of patients provided with repellents and information on its proper use (target: 3,000): # of patients provided with LLINs (target: 3,000)						
	Activities planned	Month	1	2	3			
AP021	Orientation of CBVs on proper use of LLIN and repellent		x	x				
AP021	Distribution of LLIN			x	x			
AP021	Distribution of mosquito repellent			x	x			
AP021	Replenishment of LLIN		x	x	x			
AP021	Procurement of mosquito repellent		x	x	x			
P&B Output Code	Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing	# of suspected cases screened and managed during mobile health team visits (target: 10,000)						
	Activities planned	Month	1	2	3			
AP011	Weekly community surveillance visits and reporting		x	x	x			
AP011	Weekly coordination meetings with the CBVs team and the relevant staff		x	x	x			
AP011	Select volunteers for support in mobile dengue screening team in ambulances		x					
AP022	Screening of suspected cases			x	x			
AP022	Case referral of positive cases			x	x			



Water, sanitation and hygiene

People targeted: 84,000

Male: 42,840

Female: 41,160

Requirements (CHF): (integrated with other areas)

Needs analysis: The community is not aware of the effective use and waste segregation of garbage bins provided by RDA (Rawalpindi Development Authority) and MCI (Municipal Corporation of Islamabad). Garbage bins are not being emptied on regular basis. In hospitals, waste segregation is not controlled. Drainage of water collected in buckets, refrigerator trays, coolers, plant pots etc is not done, which leads to breeding of larvae, and subsequent spread of dengue. Therefore there is a need to raise awareness on the required control measures.

Risk analysis: Stagnant water is a breeding ground for *Aedes aegypti* larvae. Proper drainage is fundamental to reduce the number of vectors.

Population to be assisted:

- 84,000 people will receive awareness through IEC materials, distributed door-to-door (7 per household).
- Spot checks will be done in 12,000 households.
- Full day orientation for 80 CBVs volunteers on awareness-raising and dengue vector breeding sites, operational details, reporting system and waste management and how to build ownership in the community to clean their environment.

Programme standards/benchmarks: This operation will seek to meet Sphere standards, [IFRC WASH guidelines for hygiene promotion in emergency operations](#) and [IFRC menstrual hygiene management guideline and tools](#)

P&B Output Code	WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities”.	# of people provided information on dengue breeding sites (target: 84,000)						
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	# of monitoring visits by two teams of volunteers to check water drainage and hygiene situation (target: 200) # of awareness sessions to sensitize people on taking ownership to clean their environment (target: 600)						
	Activities planned	Month	1	2	3			
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities		x	x	x			
AP026	Conduct households spot checks for proper water drainage			x	x			
AP026	Conduct orientation for 80 CBVs volunteers		x	x	x			
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	# of awareness sessions to sensitize communities in waste segregation and disposal of wastewater (target: 2,800)						
	Activities planned	Month	1	2	3			
AP026	Awareness in community about waste segregation and disposal of wastewater			x	x			



Protection, Gender and Inclusion

People targeted: 84,000

Male: 42,840

Female: 41,160

Requirements (CHF): (integrated with other areas)

Needs analysis: While assessments are ongoing, PRCS is currently using assessment forms that facilitate the capture of gender disaggregated data to inform this emergency operation. PRCS will deploy gender balanced volunteer's teams, during all stages of the operation including assessments, distributions, awareness activities and post-distribution monitoring in the communities.

Population to be assisted: 80 CBVs volunteers will be oriented through PGI sessions.

Programme standards/benchmarks: The Minimum Standard for protection, gender and inclusion in emergency, IFRC guidelines on Community Engagement and Accountability. All measures will be taken in order to ensure that the operation will comply with the minimum standards for protection, gender and inclusion in emergencies.

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services? (target: Yes)					
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	# of volunteers trained on PGI (target: 80)					
	Activities planned	Month	1	2	3		
AP031	Support sectoral teams to include measures to address vulnerabilities specific to protection, gender and inclusion factors (including people with disabilities) in their planning		x	x	x		
AP031	Support sectoral teams to ensure collection and analysis of sex, age and disability-disaggregated data		x	x	x		

Strategies for Implementation

Requirements (CHF): 29,117

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.	# of NS branches that are well functioning in the operation (target: 2)					
	Output S1.1.1: National Societies have effective and motivated volunteers who are protected	All volunteers involved in the operation provided with briefing/orientation (target: Yes)					
	Activities planned	Month	1	2	3		
AP040	Ensure that volunteers are insured		x				

AP048	Provide complete briefings and orientation to volunteers in response, data collection and information management	x	x						
P&B Output Code	Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability standards	<i>Procurement is carried as per Sphere and IFRC standards and items replenished in PRCS warehouses within the operation timeline (target: 100% compliance)</i>							
	Activities planned	Month	1	2	3				
-	IFRC country office provides procurement support as needed to the National Society's logistics unit for replenishment and procurement	x	x	x					
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<i>Community feedback system established (target: Yes)</i>							
	Activities planned	Month	1	2	3				
-	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation	x	x	x					
P&B Output Code	Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.	<i># of lessons learnt workshop conducted (target: 1)</i>							
	Activities planned	Month	1	2	3				
AP048	Post distribution monitoring		x	x					
AP057	Lessons learnt workshop			x					

Funding Requirements

DREF OPERATION

MDRPK022 Pakistan: Dengue Response

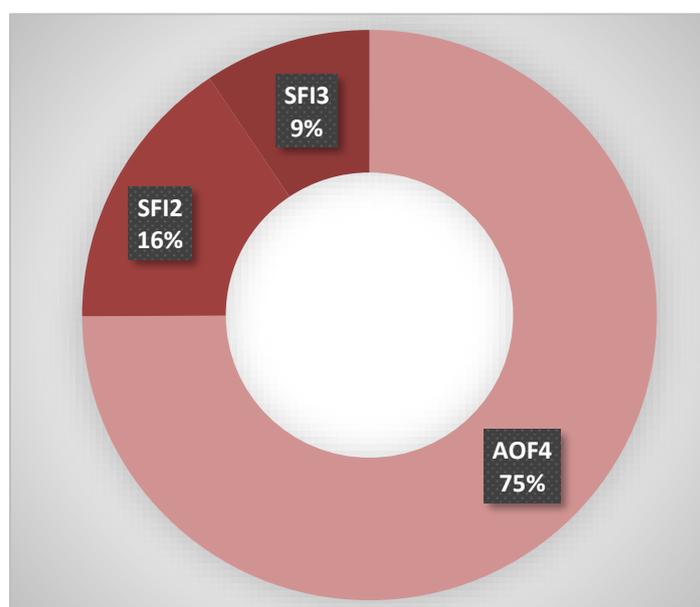
15/10/2021

Budget by Resource

Budget Group	Budget
Clothing & Textiles	24 434
Medical & First Aid	53 700
Relief items, Construction, Supplies	78 134
Distribution & Monitoring	2 000
Transport & Vehicles Costs	1 611
Logistics, Transport & Storage	3 611
National Society Staff	537
Volunteers	13 808
Personnel	14 345
Workshops & Training	4 457
Workshops & Training	4 457
Travel	5 961
Information & Public Relations	2 148
Office Costs	322
Communications	107
General Expenditure	8 538
DIRECT COSTS	109 085
INDIRECT COSTS	7 091
TOTAL BUDGET	116 175

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	87 058
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	
	Effective International Disaster	
SFI2	Management	18 194
	Influence others as leading	
SFI3	strategic partners	10 923
SFI4	Ensure a strong IFRC	
TOTAL		116 175



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPOA)

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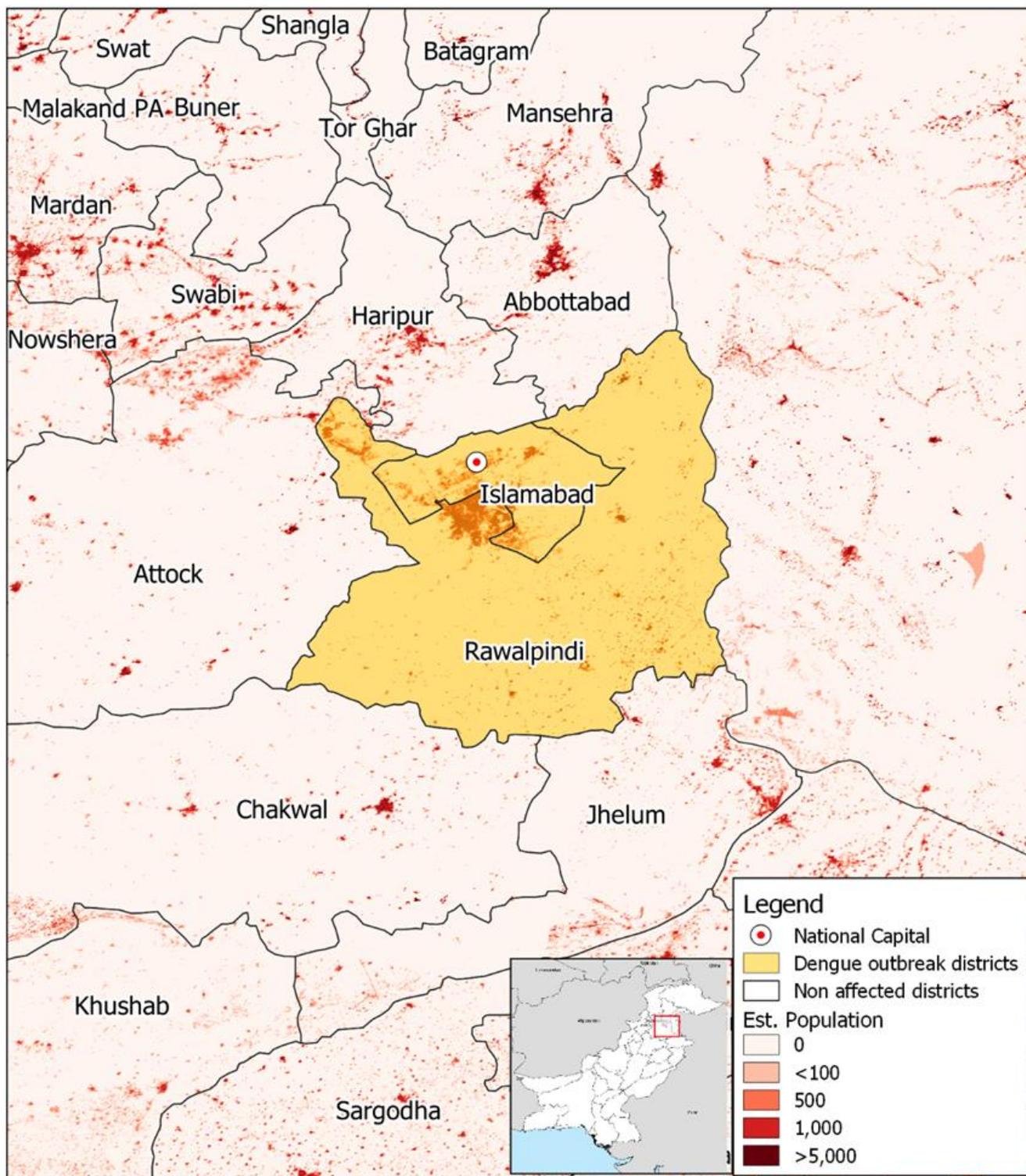
How we work

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.



Pakistan: Dengue Outbreak Emergency Plan of Action (EPoA)

14 October 2021



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of territory or its authorities. Map data sources: OCHA, OSM Contributors, ICRC, IFRC

