


Emergency Plan of Action (EPoA)

Timor-Leste: Dengue Outbreak Response



DREF Operation n°	MDRTP005	Glide n°:	EP-2022-000162-TMP
For DREF; Date of issue:	7 February 2022	Expected timeframe:	6 months
		Expected end date:	31 August 2022
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 109,590			
Total number of people affected:	1,353	Number of people to be assisted:	27,060
Provinces affected:	12 Municipalities: <ul style="list-style-type: none"> • Aileu • Ainaro • Baucau • Bobonaro • Covalima • Dili • Ermera • Liquica • Manatuto • Manufahi • Oecusse • Viqueque 	Provinces/Regions targeted:	12 Municipalities: <ul style="list-style-type: none"> • Aileu • Ainaro • Baucau • Bobonaro • Covalima • Dili • Ermera • Liquica • Manatuto • Manufahi • Oecusse • Viqueque
Host National Society(ies) presence (n° of volunteers, staff, branches): The Cruz Vermelha de Timor-Leste (CVTL) has 13 branches nationwide. CVTL mobilized 120 volunteers to respond to the outbreak. Currently, Dili, Manatuto Covalima and Bobonaro branches actively responding on the field with CVTL NHQ acting as the response coordinator at National level.			
Red Cross Red Crescent Movement partners actively involved in the operation: CVTL is working with support from International Federation of Red Cross and Red Crescent Societies (IFRC) present in Timor-Leste and Country Cluster Delegation office located in Jakarta, Indonesia.			
Other partner organizations actively involved in the operation: The Government of Timor-Leste through the Ministry of Health (MoH) is leading the outbreak response activities. In the field, Community Health Centre is handling the treatment of dengue patients and for referral services. Other non-governmental organizations are also reported on the field such as WHO and academia providing support and assistance by deploying volunteers.			

A. Situation analysis

Description of the disaster

Timor-Leste has recorded an escalation of dengue fever cases from the start of 2022 with the death toll reaching 20 on 31 January 2022, making it the deadliest year in recent times. In the first week of 2022, there were 288 suspected cases of dengue in seven municipalities. In the second week of 2022, there were 56 additional dengue cases reported across Timor-Leste. Following a growing number of cases, the fatality rate from the start of 2022 and considering Timor-Leste Covid-19 pandemic situation, on 15 January 2022 the Government of Timor-Leste released a circular declaring that dengue had become a serious public health concern considered as an outbreak event. By the third week of January, the number of recorded cases across the country had more than doubled and healthcare capacities could not cope with the needs in the field.

Dengue remains an important public health problem in Timor-Leste, with several major epidemics occurring over the last 10 years. Dengue incidence in Timor-Leste is highly seasonal and spatially clustered, with positive associations with temperature, precipitation, and demographic factors. Despite the high costs and burden of the disease, there have been few epidemiological or clinical studies of dengue specifically in Timor-Leste. As a highly seasonal occurrence in Timor-Leste, dengue cases reach their peak during the wettest and hottest months of the year (December to April). The increase in dengue cases correspond with increases in mean temperature and precipitation and are likely to be associated with the vector dynamics. With the increase in temperature, the longevity of the Aedes mosquitoes increases, with the best survival temperatures occurring between 27 and 30 °C. Higher temperatures also shorten the extrinsic incubation period of the virus within mosquitoes. In places with water shortages, increased temperature leads to storage of water in containers, which in turn provides a breeding place for mosquitoes. Similarly, increased precipitation potentially facilitates vector population growth by providing water for mosquito breeding.

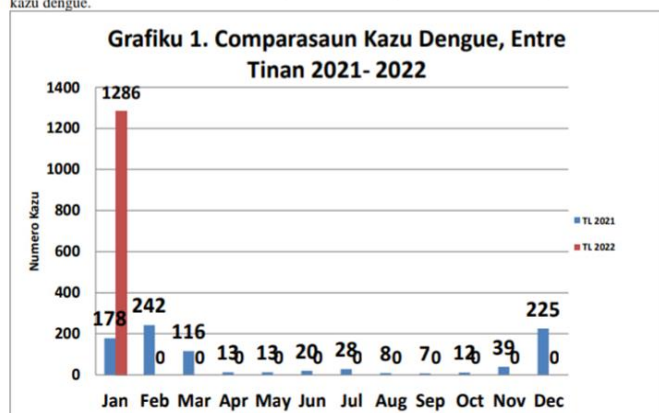
A report published by the Ministry of Health on 31 January 2022 confirmed that the 20 deaths recorded in the first month of this year had already surpassed the total number of deaths recorded in 2021 (11) and 2020 (10) respectively. The report also revealed that of the 20 deaths, 11 have occurred in the national capital Dili, four in the municipality of Ermera, two in the municipality of Covalima, and one each in the municipalities of Ainaro, Bobonaro, and Viqueque. The report also indicates that most of the patients have been children under 14 years.



Detailed transmission in municipalities, and age distribution of infections according to MoH as of 31 January 2022 are depicted in Table 1 to Table 3 below.

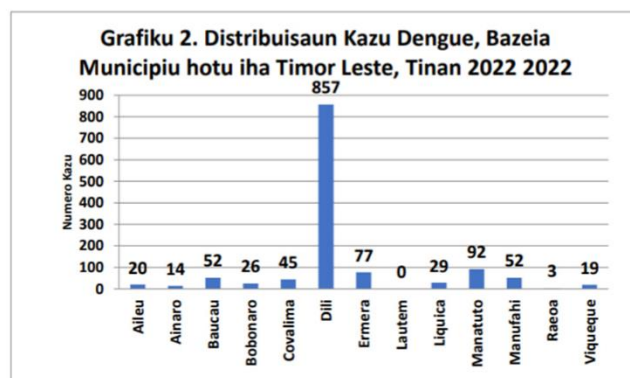
1. Situasun kazu Dengue Iha Timor Leste

Ohin loron dia 31 de janeiro de 2022 kazu dengue hamutuk 1286 no kumulativo obitos nain 20. Maioria kazu ne'e deteta husi Municipio Dili ho total 857 kazu, Municipio Manatuto ho kazu 92, Municipio Emera ho kazu 77, Baucau ho kazu 52, Municipio Manufahi kazu 52, Municipio Covalima ho kazu 45, Municipio Liquica kazu 29, Municipio Bobonaro ho kazu 26, Municipio Aileu ho kazu 20, Municipio Viqueque 19, Ainaro ho kazu 14, RAEOA ho kazu 3. Em geral total Municipio 11 ho RAEOA mak agora dadaun relata kazu dengue.



Husi grafiku ida ne'e hatudu katak husi fulan Dezembro 2021 kazu komesa aumenta ho total 225, maibe iha fulan janeiro 2021 kompara ho fulan janeiro 2022 iha semana sexta kazu barak liu kompara ho kazu Janeiro 2021. Iha possibilidade kazu sei aumenta iha semana hirak tur mai no iha

Table 1: Comparison Dengue Cases in the year of 2021-2022.
Source: Timor-Leste MoH



Municipio Dili nafatin registu kazu ne'e be a'as iha Primeira semana - Sexta Semana fulan Janeiro 2022, ho total 857 kazu. Hare ba kada loron kazu aumenta bebeik husi Municipio Dili.

Table 2: Dengue case distribution per municipality.
Source: Timor-Leste MoH

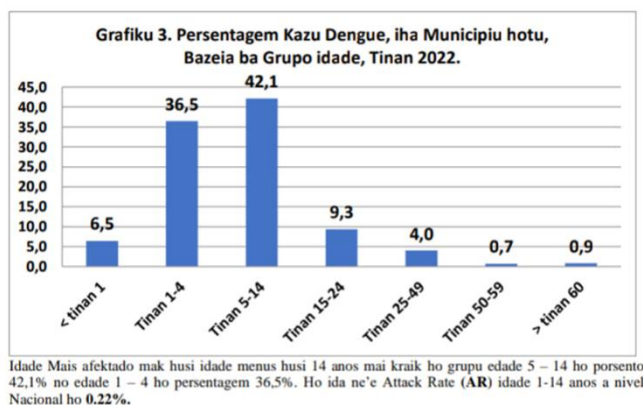


Table 3: Percentage dengue cases for each age group.
Source: Timor-Leste MoH

The risk of dengue is present throughout Timor-Leste and year-round, with peak transmission from December to April. From graph 1 above, in the year 2021, dengue cases were relatively high between December to March and reached their peak in February 2021. The virus is transmitted through the bite of infected *Aedes aegypti* and *Aedes albopictus* female mosquitoes that feed both indoors and outdoors during the daytime (from dawn to dusk). These mosquitoes thrive in areas with standing water, including puddles, water tanks, containers, and old tires. Lack of reliable sanitation and regular garbage collection also contribute to the spread of mosquitoes. Dengue occurs in urban and suburban settings with higher transmission rates happening during the rainy season.

As shown in Table 1 above, in January 2022, dengue cases in Timor-Leste are seven times higher than recorded cases from the previous year. Dengue cases have also been reported in 12 out of 13 municipalities in Timor-Leste with Dili municipalities recording most of the cases. This is closely related to the fact that Dili municipality, the capital city of Timor-Leste, is a more densely populated urban area. As the above statistics indicate, as of 31 January there were 853 dengue cases in Dili representing 66% of the total cases reported. Of the total cases, 42% of cases have been identified in the 5-14-year-old age bracket; 36,5% identified from the group of 1-4 years old and less than 10% for the rest of the group.

The Ministry of Health's report also conceded that apart from infrastructure problems, the country's health system is facing a shortage of doctors and other health professionals and that the situation could worsen in the coming months. The outbreak has forced authorities to use health facilities previously designated for isolation of Covid-19 patients, such as the Vera Cruz Health Care Center, as places to treat dengue fever patients after the state's main Guido Valadares National Hospital was overwhelmed.

Overview on COVID-19 pandemic situation in Timor-Leste

Apart from the dengue outbreak, Timor-Leste has documented 234 new cases of COVID-19 during 25 Jan - 1 Feb 2022. This represents a 117% increase compared to the preceding seven days. All the new cases were reported in the Dili municipality, and in general most of the cases have been reported in Dili. The weekly case incidence is 1.0 per 100, 000 population at the national level. The weekly Test Positivity Rate (TPR) is 0.5% at the national level and has slightly increased during the reporting period, compared to the preceding seven days. The country is therefore facing the double burden of tackling the third wave of COVID-19 alongside the surge in dengue cases which will place a great deal of stress on the already struggling health system in Timor-Leste in the coming months.

No new deaths have been reported from Timor-Leste during the same period, which is the thirteenth consecutive reporting period with no death reported. However, since the commencement of the global pandemic Timor-Leste has recorded a cumulative total of 122 deaths due to COVID-19.

As of 31 January 2022, the Ministry of Health in Timor-Leste has documented the administration of a total of 1,242,550 vaccine doses. In total, 84.0% of eligible people have received their first dose of COVID-19 vaccine, 70.4% of people over 18 years have completed the second dose, and 0.7% among the population aged 18 years and above have received booster doses.

Summary of the current response

Overview of Host National Society Response Action

CVTL has an ongoing dengue prevention program that it has been implementing across 2021 and into the start of 2022 with support from the Australian Red Cross and Partners for Human Development. With this support, CVTL has been conducting community-based education and campaigns as well as health promotion in response to the outbreak since the beginning of 2022. These activities conducted in Dili, Bobonaro, Viqueque, Oecussi, Covalima have already reached 17,731 people (9,331 female and 8,400 male) or 10,070 households. While CVTL continues to use these financial resources, they are coming to an end and cannot accommodate a significant scaling up of activities within Dili and in affected Municipalities.



Picture 1: CVTL volunteer cleaning garbage and waste to reduce the risk of vector-borne disease. (Photo: CVTL)

CVTL is a leading humanitarian organization in the country with well-established headquarters and municipality branches, transparent procedures and mechanisms, very good acceptance in the community, and a volunteer-base with deep access into communities along with the support from the other Red Cross Red Crescent Movement partners in the country. The Health and Care Department of CVTL, with staff and volunteers present at all levels, works closely with the government authorities as well as with other departments of the organization to respond to any major situation compromising the health of the population. The staff and volunteers are well trained and equipped with all the necessary tools such as IEC Materials, reporting formats, visibility materials etc., and mechanisms for monitoring are well established enabling CVTL to play its role as an effective and efficient auxiliary to the government. CVTL has been requested to assist the government in responding to the situation filling essential gaps in terms of service delivery to the affected and vulnerable population.

Community understanding, engagement, ownership and implementation of vector control and prevention activities

are at the core of the National Society's response to the dengue outbreak. Serving as an auxiliary to the government CVTL has been scaling up its dengue prevention and response activities in an effort to enhance community mobilization for disease control. CVTL was officially requested by the MoH on 24 January 2022 to take immediate actions to address the dengue outbreak in all 12 affected municipalities. In response to the request, CVTL has been mobilizing trained and experienced doctors and nurses to support local health facilities to cope with the dengue and Covid-19 situation. In addition, they are coordinating closely with the MoH and local health centres to ensure a coherent public health response; providing support to health offices at affected municipalities on community risk mapping to determine the most vulnerable population and high-risk areas of disease transmission. In addition, to support the awareness-raising activities, CVTL has developed IEC materials based on MoH key messages and recommendations and recently mobilised 160 volunteers to enhance public awareness through social media and door-to-door activities, as well as providing psychosocial support to vulnerable families and distribution of mosquito nets. Furthermore, CVTL is scaling up regular vector control activities. To ensure Covid-19 safe response, CVTL will limit any mass-gathering activity with the community. Promotion and campaign activities will be implemented by door-to-door visit to lessen crowd gathering. Each CVTL volunteers will be equipped with Covid-19 prevention kit such as mask, gloves and hand-sanitizer. Facemask is mandatory especially when volunteers are with the community. The PPE will be supported through Covid-19 operation.

Overview of Red Cross Red Crescent Movement Actions in country

IFRC Country Cluster Delegation (CCD) for Indonesia and Timor-Leste consists of a Head of Delegation and technical capacities in disaster management, shelter, health, water, sanitation, and hygiene (WASH), national society development, communication, community engagement and accountability (CEA), support services in finance, human resources, and administration. Partnering national societies present in-country include American Red Cross, Japanese Red Cross Society, Turkish Red Crescent, and Qatari Red Crescent. The International Committee of the Red Cross (ICRC) is also present in the country to offer its services if required, but not foreseen for the operation at the moment.

Several coordination meetings took place between CVTL, IFRC and Australian Red Cross (ARC). CVTL received bilateral support from ARC on Epidemic preparedness in Timor-Leste. As dengue is included as priority in the project, CVTL could access some support to respond to the dengue outbreak since the start of 2022. On the other hand, CVTL also received support from Korean Red Cross, New Zealand Red Cross and Australian Red Cross on Integrated Community Based Risk Reduction Program. Japanese Red Cross also supporting CVTL in Youth Health Reproductive sector.

IFRC team is monitoring the current situation and other public health risks, including the transmission rates of COVID-19 in the affected area. Further, the health team is monitoring national epidemiological data, health indicators, disaster and disease patterns for analysis and early detection of additional public health concerns, disease outbreaks or epidemics, in order to facilitate the identification of necessary readiness and response actions to be taken through the Emergency Plan of Action (EPoA).

Overview of other actors' actions in country

MoH in Timor-Leste advised that the most effective ways to combat the transmission of dengue cases is through community mobilization on vector control and enhancing public awareness regarding prevention and disease control. Curative actions such as the provision of additional medical services to dengue patients at the hospitals and primary health cares are the priority for the MoH. In addition, the MoH is seeking support from other relevant partners to strengthen community mobilization to control the vector disease.

The World Health Organization (WHO) in Timor-Leste has pledged its support by assisting the government in sharing comprehensive information with the public on dengue fever control and treatment. WHO has been offering technical support for dengue prevention communications through its official website, Facebook, television, radio and, media online. WHO has also provided financial assistance of USD 200,000 (CHF 185,000) along with 10,000 dengue fever detection kits and mosquito-repellent powder and liquid, as reported by the state news agency, Tatoli.

According to the WHO strategies, prevention and control rely on the reduction in the breeding of mosquitoes through source reduction (removal and modification of breeding sites) and reducing human– vector contact through adult vector control measures. Both control measures need to be implemented simultaneously for effective control. Based on the recommendations of experts, the triage protocol is to assist better management of patients in the health facilities.

Considering the recent increasing number of dengue cases spreading in Timor-Leste, the MoH through its Health Offices at municipal level has immediately developed a response plan to deal with the emergency cases at local level, including conducting active surveillance to update the data from all municipalities and providing free hospital care to those patients contracting dengue. In addition, the MoH also delivers additional medical care services for dengue patients in districts presenting a significant increase of dengue cases and conducts regular vector control activities (e.g., spraying insecticide, or “fogging”). At community level, the MoH also mobilises communities to eliminate unwanted containers in which *aedes aegypti* breeds as well as raising public awareness on dengue control.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Recent trends in dengue cases in Timor-Leste indicate that it is predominantly impacting children; this is plausible since *Aedes* mosquitoes breed in water containers placed in and around houses, where children are likely to spend most of their time. Young children and pregnant women are also more likely to be sleeping during daylight hours when the *Aedes* mosquito is most active. As most households in Timor-Leste leave the window open during the day for air circulation, this is when mosquitos enter the house offering opportunities for repeated bites and facilitating transmission of the virus. Without proper prevention measures such as mosquito nets and mosquito/insect repellent cream, dengue transmission becomes inevitable.

The lack of community health knowledge especially regarding the prevention of vector-borne diseases and environmental hygiene combined with poor sanitation management, creates the perfect breeding ground for *aedes aegypti* mosquito. Adults are less likely than children to suffer from dengue infection because of acquired immunity that has developed because of dengue infection in childhood. However, this immunity confers only partial and transient protection against subsequent infection by the other three serotypes of the virus. Evidence points to the fact that sequential infection increases the risk of developing severe dengue. The time interval between infections and the particular viral sequence of infections may also be of importance. The higher number of dengue cases observed in young children could also be because of higher notification rates; parents may be more likely to take their children to the health facility or hospital than they do themselves in the event of sickness. Females are more likely to suffer from dengue than males, which might be explained by the fact that females are more likely to work in and around the home. With poor sanitation and waste management, they are therefore at an increased risk of bites by *Aedes* mosquitoes.

By understanding the basic information on how the dengue virus affects humans, how the virus transmits to humans and how to minimize the risk of dengue, communities in Timor-Leste can actively prevent the negative impact of dengue outbreak. This can be done by monitoring environmental hygiene and sanitation level to control larvae development, ensuring environmental hygiene and sanitation to prevent breeding of the *aedes aegypti* mosquitos and training to develop basic understanding of dengue early detection, treatment and mitigation.

Targeting

Among dengue-endemic countries in previous years, the incidence of dengue was highest in Timor-Leste which reached almost 11 cases per 1,000 population according to Timor-Leste MoH. As of 31 January, the total number of dengue

cases recorded was up to 1,286 people, which means approximately 116,000 are at risk for dengue transmission in Timor-Leste, counting approximately 100 households for each positive case. In view of this, the operation will target high-risk hotspots for transmission which are defined as those within at least 500 meters (or approximately 100 household) of suspected or identified dengue cases.

The operation is targeting 12 municipalities with confirmed dengue cases reported throughout January 2022. In the next six-month period of implementation, 27,060 people will be reached through CVTL's services such as:

- Door to door campaign, health and hygiene promotion and education of dengue.
- Regular visit to ensure environmental hygiene and sanitation
- Community-based training for basic dengue surveillance
- Support community health centre or local health facilities with sufficient health professional.

All the activities above will focus on Dili municipality as the epicentre of the outbreak. Based on initial assessments, CVTL has estimated target beneficiaries based on the overall occurrence of dengue as follows:

Municipalities	Percentage	No of People Targeted
Aileu	2%	421
Ainaro	1%	295
Baucau	4%	1,094
Bobonaro	2%	547
Covalima	3%	947
Dili	67%	18,033
Ermera	6%	1,620
Liquica	2%	610
Manatuto	7%	1,936
Manufahi	4%	1,094
Raeoa	0.3%	63
Viqueuque	1%	400
Total	100%	27,060

Estimated disaggregated data for population targeted.

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	16%	49.2%	50.8%
Children (5-17yrs)	36%	49.2%	50.8%
Adults (18-49 yrs)	37%	49.2%	50.8%
Elderly (>50 yrs)	11%	49.2%	50.8%

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Cases of dengue continue to increase in Dili (capital city) and other municipalities. Availability of health infrastructure and support is low in these areas, whereas the impact of disease outbreak can prevail to entire area due to frequent travels between those areas.	Medium Humanitarian needs	Revising detailed plan and possibly escalate the operation for top-up

Increasing cases of COVID-19 following new waves of Omicron in country triggers lockdown at national and municipality levels, which potentially overwhelms existing health systems in country due to COVID-19's wave.	1. All activities are postponed or stopped due to lock down policy. 2. Collapsed health capacities throughout Timor-Leste	1. Collect additional data for further implementation. 2. Coordinate with official authorities whether there are any gaps identified. 3. Align dengue response operations with ongoing Covid-19 operations in Timor-Leste
Extreme weather and or sudden disaster strike Timor-Leste	Community might suffer multiple impact of disaster or secondary affect that may prolong Timor-Leste suffer and capacity to cope with the impact	1. Collect additional data for response intervention. 2. Coordinate with official authorities whether there are any gap identified. 3. Escalate the operation to multi-disaster response operation.

Operation Risk Assessment

Risk area	Controls management
Staff and volunteer health: risk of contracting COVID-19 or other infection diseases through clinical or community-based activities in the response.	<ul style="list-style-type: none"> Information and training for staff and volunteers on health duty care during the operation Set up solid management on volunteer or personnel mobilization PPE and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas. Training on COVID-safe implementation for CVTL staff and volunteers. Minimise non-essential travel as written in the CVTL and IFRC BCP.
CVTL is currently managing multiple operations which is stretching their capacity to implement	<ul style="list-style-type: none"> IFRC Disaster Risk Management team are providing support to CVTL in implementation and are liaising directly with implementing branches The operational budget will make provisions for CVTL to hire dedicated staff to help manage the operation.
Negative media coverage related to handling of the response operation.	<ul style="list-style-type: none"> Proactive communication with media and stakeholders. Community Engagement and Accountability. Thorough needs analysis, planning, prioritisation, and reporting.
Disruption on the access to deliver support such as road cut off, bridge collapsed, airport damaged as the impact of natural hazard such as earthquake or floods	<ul style="list-style-type: none"> Mapping alternative routes and transportation

B. Operational strategy

Overall Operational objective:

The operation aims to reduce and prevent further risk of dengue by developing community understanding and capacity through the campaign, promotion, training and scheduled monitoring and visit. The overarching objective is to reduce the morbidity and mortality of the targeted population due to dengue during the operation period. The operation is targeting 27,060 as direct beneficiaries, who live in high risk and high-risk municipalities, by outbreak of dengue in Timor-Leste. The operation will be implemented over a six -month period.

Through the proposed DREF EPoA it is intended that CVTL will assist the government health department in screening of patients in communities as well as create awareness amongst the general population in hotspot areas. In addition, CVTL's operation also aims at limiting the spread of dengue and saving the most vulnerable population through health promotions, disease prevention and case management at community level.

Proposed Strategy

Based on discussions with the MoH and partners in national health taskforce, it has been acknowledged that CVTL's main strength is its strong community network and acceptance by the community. CVTL will therefore focus on mobilising its extensive volunteer network to engage community leaders on prevention and strategies to control disease spread. This will enable community leaders to engage their villages in prevention and will also support capacity to respond with a particular focus on assisting high-risk groups in their respective areas on dengue control.

CVTL will work in close coordination with the MoH, health post and public health centres at municipalities to support the community on dengue operation. Also, CVTL will ensure that protection, gender and inclusion considerations are integrated to the response efforts. Awareness activities will be conducted through public campaigns and through household visits which will educate households on how to manage cases of dengue fever. In addition, CVTL will also mobilize professional volunteers (doctors and nurses) to support medical treatment of dengue patients at referral hospitals which are experiencing shortages in human resources.

Following are the main interventions identified - depending on the needs and on-ground situation, CVTL response to this outbreak will be mainly based on following activities.

1. CVTL, with the technical support of MoH, will arrange orientation of 150 (five persons per village in 30 villages) community volunteers for awareness raising and prevention against dengue virus to prevent further spread of the disease
2. IEC material will be developed and printed in consultation with MoH. This IEC material will contain key messages regarding prevention and treatment of Dengue fever in easily understandable local language for better understanding of the communities. This is intended to develop resilient communities.
3. Community volunteers will conduct door to door awareness campaign to raise awareness and distribute IEC material with standard key messages (1,800 posters) focusing on raising awareness and improving knowledge of people on how to prevent dengue fever reducing morbidity and mortality. To complement the activity, PSS session will be provided altogether with the door-to-door visit
4. Roll out community activities to control dengue outbreak focuses are essential within at least 500 meters of suspected or identified dengue cases. These include the early detection for new cases using community case definition of dengue, house inspections, monitoring and destruction of breeding sites, the application of larvicide, open-air fumigation, and sanitary education
5. Conduct training for community leaders on dengue prevention and outbreak control
6. Mobilize professional health volunteers (doctor and nurse) to referral hospital which experience human resource shortages due to increasing dengue and COVID-19 cases
7. Protect volunteers and community from COVID-19 infection and reinfection, through collaboration with IFRC/CVTL COVID-19 Operations, all the frontliners will be protected with appropriate PPE to ensure their safety.

All these interventions have been planned based on requests from the MoH and will be executed through CVTL staff and volunteers in collaboration with the government authorities. CVTL's Communication team will spearhead the overall risk communication campaign for the dengue response and prevention programme with the support from MoH. The risk communication will be aimed at three levels: The community level, the municipal level and national level.

At the community level, volunteers will go door to door and work with people to change practices towards keeping their environment clean and continue to do so. One of the problems faced by communities and key factors why the dengue crisis continues to hit communities is due to failure to continuously attend to keeping their environment clean. Hence this campaign will aim at ensuring understanding of the importance of maintaining a clean environment all year around. Another focus is on educating people on how to identify dengue symptoms and to take precautionary measures from the onset. Village level meetings in high-risk communities will also be held to ensure that communities come together to face this crisis. IEC materials will be produced and printed locally.

Communications

Communications and media coverage are essential for maintaining and building public, government, and donor support, both locally and internationally, including with Timor Leste diaspora communities worldwide.

IFRC will support CVTL to communicate with external audiences on the impact of the dengue outbreak and the Red Cross humanitarian response to generate visibility and support for the ongoing humanitarian needs. Close collaboration between the IFRC APRO, CCD office and CVTL ensures a coherent and coordinated communications approach.

Messages and content will highlight the situation and the Red Cross actions on the ground. Communications content will be actively promoted via news media, IFRC social media and digital channels and shared widely with interested National Societies and partners globally.

Security

The National Society's security framework will be applicable for the duration of the operation to their staff and volunteers. In case of need for deployment of personnel under IFRC security's responsibility, including surge support, the existing IFRC 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. Staff and volunteers to be aware of the security situation and briefed on reactions in an emergency before deployment in the operational area. Any field missions undertaken by IFRC personnel will be undertaken following the current IFRC travel approval process, current health advisories and business continuity planning (BCP) guidance regarding COVID-19.

C. Detailed Operational Plan



Health

People targeted: 27,060

Male: 13,746

Female: 13,314

Requirements (CHF): 86,661

Needs analysis:

Dengue cases continue to increase by the beginning of 2022. In addition, Omicron Covid-19 cases are also identified in Timor-Leste in January 2022. Currently, communities in Timor-Leste are coping with two health risks that could cause distress and trauma. By the third week of 2022, dengue cases and fatality rate had significantly increased compared to 2021 data. Based on initial assessments, poor sanitation and environment hygiene are playing a major role in the Dengue outbreak in Timor-Leste. In addition, lack of knowledge of dengue transmission, prevention measures, identification and mitigation at the community level are worsening the situation. Public health actions to mitigate further spread of dengue are urgently needed.

Heavy rains, rain-soaked garbage dumps, standing water pools and other potential breeding grounds for mosquito larvae attribute to the higher number of dengue cases reported in identified hotspot areas of Dili and 12 affected municipalities including both urban and suburban areas. Constant monitoring and vector control activities are vital to prevent mosquito larvae development and reduce potential breeding space.

The distribution of vital information on dengue prevention in communities is required through several different channels to reach community in municipalities. Communication channels include social media, door-to-door, and other as two-way communication that are found to be effective and preferred by the community to share their concerns, questions, and complaints regarding the response to the outbreak. Community feedback mechanisms will be established to prevent any misinformation or rumours and to emphasize the risk communication and community engagement approaches within the response.

There is also a need to support health care facilities with additional staff due to the double burden of Covid-19 and dengue.

Risk analysis:

Cases of dengue continue to increase from Dili (capital city) and other municipal areas. Health infrastructure and support is low in these areas, whereas the impact of disease outbreak can prevail to entire area due to frequent travel between those 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 huge influx of active dengue cases.

Increasing cases of COVID-19 following new waves of Omicron in country which may trigger lockdown at national and municipal level. Overwhelmed health system in country due to the new COVID-19 wave. With both dengue outbreak and Omicron rising, the hospital capacity will be overwhelmed and may lead to reduced services due to health staff fatigue and increasing hospital/clinic bed occupancy.

Population to be assisted:

This operation is targeting people at high-risk at hotspot of transmission who live within at least 500 meters (or approximately 100 household) of suspected or identified dengue cases. Total people to be targeted in this operation is 27,060.

Programme standards/benchmarks: *the activities will seek to meet Sphere, IFRC health standard, Covid-19 safe guide, MoH strategy for managing pandemic and outbreak e.g epidemic control package. .*

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached by NS with services to reduce relevant health risk factors																								
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of assessments conducted based on standard IFRC and / or MoH assessment guidelines																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP022	In coordination with health authorities, undertake detailed assessments to identify health needs at vulnerable population/community and high-risk areas of dengue transmission which will intensively conduct in peak cases period (Jan-April)	X	X	X	X	X	X	X	X	X	X	X	X													
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	# of dengue patient provided with clinical health care services by professional health volunteers at Government Health Facilities																								
	Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.	# of dengue patient provided with clinical health care services by professional health volunteers at Government Health Facilities																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP022	Rapid deployment of professional health volunteers to referral hospitals which experience shortage of human resources for dengue's treatment	X	X	X	X	X	X	X	X	X	X	X	X													
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of "Epidemic Control for Volunteers" training activities carried out																								
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	# Community leaders trained in dengue outbreak control																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP021	Rollout Epidemic Control for Volunteer training targeting Community Leaders					X	X	X	X																	
AP021	Identification and Mobilization of trained personnel of epidemic control to support community-based actions for dengue outbreak					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

	Develop CEA strategy, plan and tools for National Society to strengthen communication and engagement activities	x	x	x																						
AP084	CEA activities to promote community-based disease control and health promotion (feedback mechanism, rumour management, information as aid) adopt and update community messages as per community feedback	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Health Output 4.2: Vector-borne diseases are prevented	<i># of people reached with community-based epidemic prevention and control activities</i>																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP021	Roll out community activities to control dengue outbreak which include household inspections, monitoring and destruction of breeding sites	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Roll out community activities to control dengue outbreak which include larvicidal and fumigations	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	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	<i># of people reached with community-based epidemic prevention and control activities</i>																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP021	Conduct Community Based Surveillance actions through household visits which focus on early detection (using community case definition) and early report to health post	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Health Output 4.6: Improved knowledge about public health issues among [target population] in [area].	<i># of people reached with community-based disease prevention and health promotion programming</i>																								
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
AP021	Health and hygiene promotion campaigns on prevention and control of dengue	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health education	x	x	x	x	x	x	x	x																	
P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	<i># of people reached by psychosocial support which conducted through community mobilization for dengue outbreak</i>																								
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	<i># of people reached by psychosocial support which conducted through community mobilization for dengue outbreak</i>																								

	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP023	Provide PSS to people affected by the dengue outbreak, these activities will be merged to household visit and community-based activities for dengue campaign	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X



Protection, Gender and Inclusion

People targeted 27,060

Male: 13,746

Female: 13,314

Requirements (CHF): 1,316

Needs analysis: Based on lessons learned from various operations, and global standards, men and women experience disaster differently and disproportionately, with women and girls who tend to be more vulnerable in the middle of disasters and outbreak, due to the different roles and responsibilities, access and control over resources attached to different gender identities. During the dengue outbreak in Timor-Leste, where the transmission within households tends to be higher—as the larvae grows mostly in clean water storages in residential houses—women, children and older people, who spend much time at homes, carrying out domestic chores and reproductive roles, are potentially at higher risk.

IFRC CCD will support CVTL to undertake an assessment to ensure the integration of protection, gender and inclusion needs, including consideration of issues such as accessibility of all services by persons with disabilities, equitable access to health information and protection items, privacy and the services provided in the operation. In addition, the PGI team will also support the different technical teams to mainstream PGI in their respective responses by taking into consideration Dignity, Access, Participation and Safety (DAPS) in their respective response plans. Specific briefing on PGI will be provided to the personnel who will be involved in the operation, to ensure they embrace the knowledge and understanding on PGI, especially in outbreak response context. Based on the outcomes from this assessment the operation will be adjusted – if needed – to address needs and where appropriate other agencies will be engaged to help address needs.

Risk analysis:

The greatest risks are increased exposure to dengue due to the different roles and responsibilities as well as the potential of different access to meaningful information regarding dengue prevention and health care services among the different gender and age groups, and persons with disabilities.

Population to be assisted: The PGI specific assessment will focus upon the targeted affected households in all of the targeted municipalities. Throughout the operation CVTL will integrate and consider gender and inclusion aspects in their services

Program standards/benchmarks: The operation will follow IFRC's Minimum Standards on PGI in Emergencies throughout the different components of this operation

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.	<i>the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services</i>																							
	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.	<i>the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services</i>																							
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP031	Conduct an assessment of specific needs of the affected population including different genders and marginalized groups based on criteria selected from the minimum standards for PGI in emergencies.	x	x	x	x	x	x	x	x																
AP031	Hold basic ½ day orientation NS staff and volunteers on the Minimum Standards (or integrate a session on Minimum Standards in standard/sectorial trainings).	x	x	x	x	x	x	x	x																
AP031	Support team to mainstream PGI, based on PGI analysis, including accessible information and services		x	x	x	x	x	x	x																
AP031	Based on PGI assessment support focused activities to support meaningful access services			x	x	x	x	x	x																
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)	x	x	x	x	x	x	x	x																

Strategies for Implementation

Requirements (CHF): 21,613

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	<i># Volunteer are mobilized #Volunteer are insured during the operation # Volunteer accessed PPE during the operation</i>																							
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<i># Volunteer are mobilized</i>																							
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

AP040	Ensure that volunteers are insured	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP040	Provide complete briefings on volunteers' roles and the risks they face	x	x	x	x	x	x	x																	
AP040	Provide psychosocial support to volunteers	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP040	Ensure volunteers are aware of their rights and responsibilities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP040	Ensure volunteers' safety and wellbeing by providing PPE to protect them from COVID-19infection (supported through Covid-19 operation)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP040	Ensure volunteers are properly trained	x	x	x	x	x	x	x																	
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place												<ul style="list-style-type: none"> - Reporting system (both narrative and financial) are developed to support the operation - Operation structure is establish at CVTL HQ and municipalities 												
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP042	Activities on strengthening organisational capacities of the national societies (not related to any of Areas of Focus) – Operation structure (NHQ and Branches)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved												CVTL compliance with Principe Rules and Humanitarian Assistance Feedback mechanism at community level are set up												
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have information they need about the response, they are enabled to provide feedback about the response	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation	x	x	x	x	x	x	x	x																
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRTP005 - TIMOR-LESTE - DENGUE OUTBREAK RESPONSE

5/2/2022

Budget by Resource

Budget Group	Budget
Teaching Materials	1,380
Relief items, Construction, Supplies	1,380
Transport & Vehicles Costs	9,200
Logistics, Transport & Storage	9,200
National Society Staff	6,118
Volunteers	27,848
Personnel	33,966
Professional Fees	11,040
Consultants & Professional Fees	11,040
Workshops & Training	35,388
Workshops & Training	35,388
Information & Public Relations	2,300
Office Costs	2,854
Communications	662
Financial Charges	6,111
General Expenditure	11,927
DIRECT COSTS	102,901
INDIRECT COSTS	6,689
TOTAL BUDGET	109,590

Reference documents



Click here for:

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

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

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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.

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.

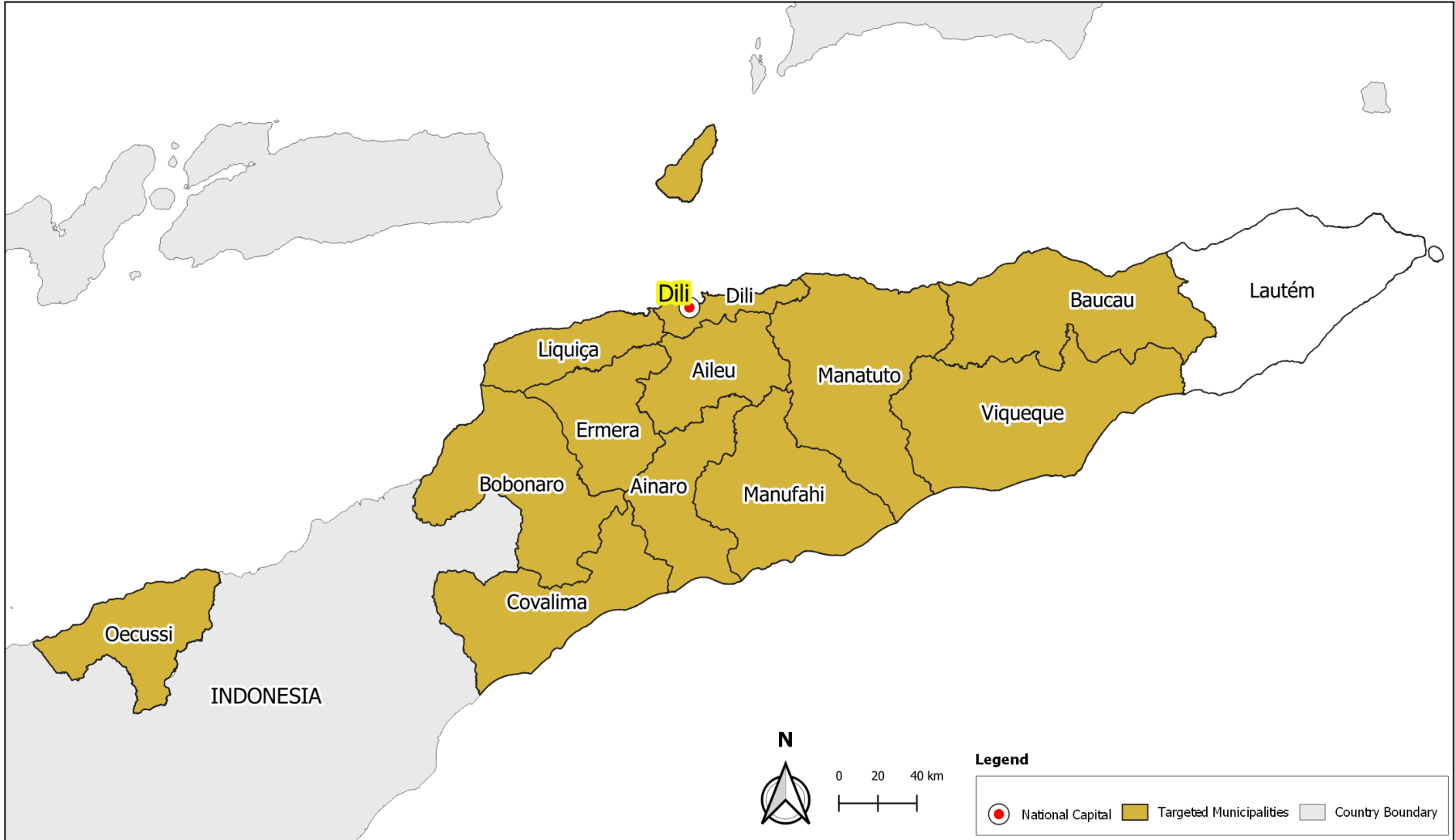
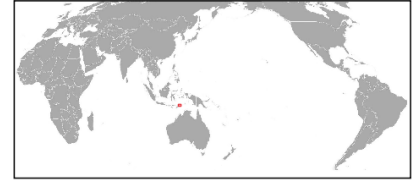


Promote social inclusion
and a culture of
non-violence and peace.



Timor-Leste: Dengue Outbreak Response Emergency Plan of Action (EPoA)

5 February 2022



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.