



Sao Tome & Principe: Worsening Dengue outbreak



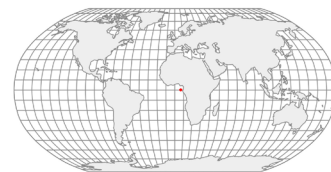
Cruz Vermelha de Sao Tome Head Quarter

| | | | |
|---------------------------------|--|---|---|
| Appeal: MDRST002 | DREF Allocated: CHF 167,586 | Crisis Category: Yellow | Hazard: Epidemic |
| Glide Number: N/A | People at risk: 214,211 people | People Targeted: 100,983 people | |
| Event Onset: Imminent | Operation Start Date: 2022-10-11 | Operation End Date: 2023-03-31 | Operation Timeframe: 5 months |
| | Targeted Areas: | Sao Tome, Principe | |

Description of the Event

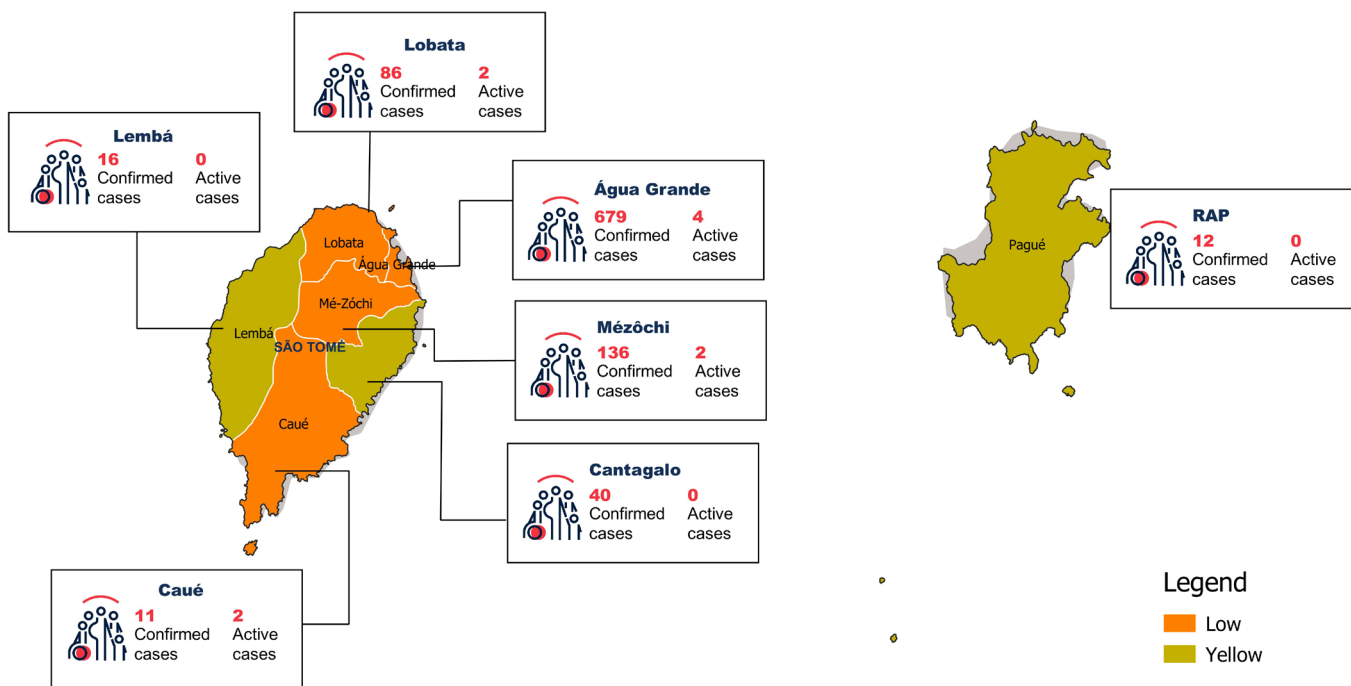
Approximate date of impact

From end of October 2022, it is anticipated that the health situation will worsen with an expansion of the epidemic.

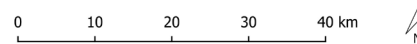


Sao Tome Principe : Dengue Outbreak

As of 26 August 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 a territory or of its authorities.
Map data sources: GADM, Sao Tome Principe RC IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Map Sao Tome & Principe Dengue outbreak 26th August 2022. @IFRC

What is expected to happen?

Since ending March 2022, Sao Tome & Principe (STP) has recorded cases of fever that have been severe with respect to frequency and clinical characteristics. On 11 April 2022, the laboratory of the central hospital reported a suspected case of dengue fever to clinical officials, triggering as such implementation of epidemiological and entomological surveillance protocols. On the same day, the Ayres Central Hospital in Menezes reported a positive case of dengue fever to officials at the Epidemiological Surveillance Department (DVE in Portuguese). The reported case was a 27-year-old Sao Tomean, whose place of residence is Portugal and works on the island of Guadeloupe. He reportedly arrived on leave with his family on 26 March 2022. He started having symptoms (fever, headaches, and joint pain) on 4 April 2022. Initially treated at the Mezochi (Trindade) health centre, he was referred to the main central hospital because of persisting fever.

As of 25 April, there were 28 cases distributed across the country's 5 health districts: Mezochi (6), Agua Grande (18), Cantagalo (1), Lobata (2) and the Autonomous Region of Principe (1). Most of the cases were recorded in the Agua Grande (64.29%) and Mezochi (21.4%) health districts. The 8 patients who were treated and recovered came from the health districts of Mezochi (5), Agua Grande (2) and Cantagalo where

the patient management capacity is still limited.

On 13 May 2022, the Ministry of Public Health of Sao-Tome-and-Principe reported the dengue epidemic in Sao Tome-and-Principe to the WHO. This is the country's first Dengue epidemic, involving up to 7 clusters. To date, 980 cases of dengue fever have been reported, including a major spike in the number of cases recorded between week 22 and week 26 in over five epicentre districts. It is rainy season in Sao Tome; no deaths reported though. The most recent SITREP newsletter issued by the STP Ministry of Public Health shows that cases are distributed as stated in the following table.

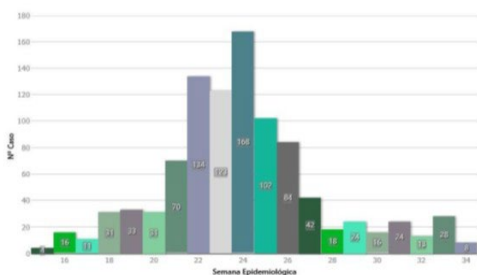
As of 26 August 2022, confirmed cases in each health district were distributed as follows: Agua Grande 679, Lobata 86, Mezochi 136, Cantagalo 40, RAP 12, Caue 11, Lomba 16. Representing, as of 26 August 2022, a total number of cases: 980. Since the spike in cases that occurred between mid-April and mid-May, the number of cases under the epidemic has stabilised significantly with most cases treated and only 10 active cases in 4 districts out of 7: Agua Grande 4, Lobata 2, Mezochi 2, Caue 2.

Health context

Dengue fever is a viral disease transmitted by mosquitoes and the virus is of the Flaviviridae family. It is transmitted by female mosquitoes, mainly those that belong to the *Aedes aegypti* specie. These mosquitoes are also vectors of the virus responsible for chikungunya, yellow fever and Zika. The virus has four distinct, but closely related, serotypes (DENV-1, DENV-2, DENV-3, and DENV-4). According to the Ministry of Public Health, recovery from infection would provide lifelong immunity against one serotype. However, immunity from the other serotypes after recovery is only partial and temporary. Fighting transmission agents and limiting the spread of the disease is still capital mindful of the fact that subsequent infections (secondary infections) by other serotypes increase the risk of developing a serious variant of the disease in a context where the healthcare system is challenged. Dengue is prevalent in tropical areas, given that local risk variations are influenced by climate parameters and social and environmental factors. All these factors co-exist in Sao-Tome-and-Principe (STP) with a growing risk that cases will increase during the rainy season, and in turn increase the number of mosquito-breeding grounds created.

In addition to the already-identified environmental conditions, climate plays a key role and generally causes the disease to spread further when vector development conditions are more favourable. However, the climate in STP is generally hot all year round. This climate is characterised by two seasons: a dry season and a rainy season. During the most recent rainy season, over 103 cases were recorded in 30 days in the wake of rains that fell between April and May, which have recorded the highest rainfall since the epidemic

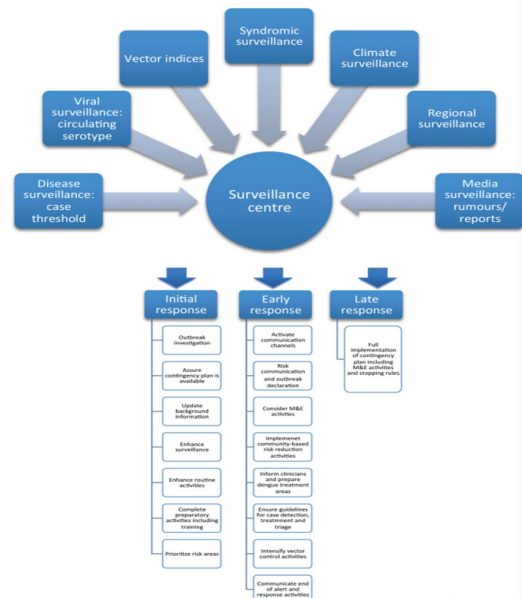
Graph 1: Semaines épidémiologiques jusqu'à la semaine 34 (jusqu'au 28 Aout 2022), SITREP



Graph 2: calendrier annuel de la pluviométrie à STP, source Weatherspark.com



Fig. 5. Outbreak indicators potentially triggering Interventions



Source: adapted from

broke out in March. The rainy season restarts in October, with the highest amounts of rainfall recorded from mid-October to November. Health officials fear that the number of cases of dengue fever will increase considerably during the rainy season when mosquitoes breed. This accounts for the need for this operation to strengthen upstream the fight and prevention in communities as it is estimated that the epidemic will worsen at the height of the rainy season: as from the end of October.

Why your National Society is acting now and what criteria is used to launch this operation.

CVSTP operational projections are hinged on WHO-set indicators and parameters to be monitored (see image figure 5 page 38 <https://apps.who.int/iris/bitstream/handle/10665/250240/9789241549738-eng.pdf;jsessionid=BBA00C68FC4B7745F66D38DD4159B797?sequence=1>) as factors that trigger preparation and prevention actions. They will be adjusted to the Government's existing system and NS capacity to perform data collection and surveillance of these indicators at country level in the coming months.

- The peak rainfall expected as from mid-October is the first trigger for deployment of preparation activities, which must be carried out immediately. The CVSTP will monitor weather forecasts provided by weatherspark.com and the State as from October till March 2023.

In the weeks that will follow heavy rainfall starts, the NS will closely monitor the following indicators to inform its intervention:

- Larval indices in communities such as:
 - Multiplication of makeshift water-storage locations above the dry season average observed and reported by community leaders and volunteers deployed weekly. To kick-start cleaning and drainage activities.
 - Alerts received from communities and volunteers on suspected cases higher than 5 per week.
- Number of cases on the rise as from 15 October over the coming weeks due to over 35 cases between ending October and mid-November. Considering the risk that the number of cases could spike during the rainy season surges in. NS intervention will be initiated immediately the threshold of 35 cases per month is hit. Given that, since the rains stopped in May, the NS has on average, recorded 70 cases over 2 months (week 28 to week 35). When there are over 10 cases per week, the NS could review this plan to intensify the CBS and prevention based on zones.
- Resurgence of active cases in non-epidemic and free cases districts. Notably in Caue, Cantagalo, RAP where all active cases were treated. All 7 districts being hit again will trigger intensification of actions and potential scale-up of the activities.
- Increase of 50% in cases of severe Dengue fever and cases of deaths recorded.

Information for monitoring these thresholds is culled from SITREP, ministry of Health, WHO, weather forecast reports, alerts, and updates from volunteers. Considering that the epidemic is already spreading, these indicators will be used to determine areas where a specific measure or set of measures should be ramped or in which specific zone or zones. The NS' intervention will be an immediate package with extension of surveillance and sensitisation activities every month of intense rainfall.

Scope and Scale

The currently available epidemiological update comes from the SITREP of 26 August 2022 issued by the Ministry of Public Health and WHO, following this SITREP. All 7 districts have recorded cases of Dengue fever, meaning that the entire country has been hit by the epidemic. Mezochi (136 cases), Agua Grande (679), Cantagalo (40), Lobata (86) and the Autonomous Region of Principe (12). CAUE (11), Lemba (16 cases). Most of the cases were recorded in the health districts of Agua Grande and Mezochi, with the highest surge recorded outside the rainy season: over 500 cases from week 21 to week 26. Similar

epidemics in other countries have showed, based on monthly trends, that annual spikes occur during periods of short and prolonged rainfall. The WHO confirms this factor analysis, underscoring the impact on the vector's proliferation, tenacity and adaptability. Given that the country highest amount of rainfall is recorded from mid-October to December, the authorities and the CVSTP fear an exponential increase in cases of Dengue fever in the country. Consequently, roll-out of preventive measures should be accelerated to prepare communities and reduce the disease's impact in the coming months.

The highest peak in cases was recorded in similar conditions, with 103 cases between 15 April and 17 May, which cumulatively recorded the highest level of rainfall. After intense rainfall, the quantities of stagnant water have increased, creating as such ideal conditions for mosquito breeding grounds.

The country's rainy season generally lasts 9 months, making the country quite vulnerable to this first epidemic of Dengue fever. The response level, knowledge of the disease, institutional capacity, vulnerability to a higher impact and the occurrence of severe cases or rapid spread will be critical for the country. Furthermore, the epidemic broke out last March right in the middle of the rainy season, which ran from December 2021 till mid-May 2022. These rains caused widespread floods, water drainage problems, destruction of infrastructure such as bridges and making it difficult to access some areas for sensitisation drives carried out so far. It increases the pools of stagnant water, creating ideal conditions for mosquitoes breeding grounds. The situation is expected to worsen by end of October, when the country begins to grapple with an increase in volumes of rainwater.

Previous Operations

| | |
|---|------------|
| Has a similar event affected the same area(s) in the last 3 years? | NO |
| Did it affect the same population groups? | N/A |
| Did the National Society respond? | N/A |
| Did the National Society request funding from DREF for that event(s)? | N/A |
| If yes, please specify which operations | N/A |

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

This is the first Dengue fever epidemic the country has witnessed. The CVSTP's experience is limited to support for roll-back malaria campaigns, the Covid operation and the DREF (MDRST001) flood. All actions carried out by the National Society (NS) under these interventions do not contain clear-cut lessons learnt but rather challenges systematically identified as the people's poor knowledge of the disease and prevention, WASH practices favourable to vector population growth, and bad environmental hygiene practices. These deficiencies have all been highlighted in the needs session and considered a priority in the actions to be carried out.

This operation represents the second emergency operation spearheaded by the NS with IFRC funding. As such, technical support is still needed both to support the operation and at the same build the NS' capacity especially given that the DREF has been launched. Consequently, under this intervention, one-off support missions to help with initial training activities will be necessary in addition to remote monitoring. A surge will be deployed to handle the bulk of activities for three months and set up the entire media sensitisation system while technical support is provided for all health components. These deployments based on experience from past actual costs involve relatively high but indispensable support costs, which have to be paid by the delegation for rapid processing and consideration of the evaluation effects that turned to fluctuate quite significantly when the past budget was used.

Current National Society Actions

| | |
|-----------------------------------|--|
| Health | Inclusion of prevention messages during volunteer WASH field activities. |
| National Society Readiness | <p>Since the DREF (MDRST001) operation, the NS has already initiated some aspects of support for branches to raise community awareness although these actions are still minor:</p> <ul style="list-style-type: none"> • Briefing volunteers on the Dengue fever, risks and symptoms for volunteers engaged in the response to floods in Mezochi, Lemba, and Principe. • Alerting branches <p>As soon as the epidemic was declared, the NS continued keeping itself informed via the Ministry of Health and posted a GO alert to inform</p> |

| | |
|---------------------|---|
| | partners (STP: Epidemic - 2022-04). |
| Coordination | Coordination with the Ministry and information sharing session with the Ministry of Public Health, movement partners and the WHO. |

Movement Partners Actions Related To The Current Event

| | |
|-----------------------------------|---|
| IFRC | The IFRC in the areas of Disaster Preparedness and Response; institutional development. The Yaoundé office is monitoring the situation together with the Sao Tome-and- Principe RC. It also provides support for preparation of an action plan for preparedness activities in the community to reduce the risks that this epidemic will spread. |
| ICRC | The ICRC is not present in the country. |
| Partner National Societies | No Partner National Society. |

Other Actors Actions Related To The Current Event

| | |
|--|--|
| Government has requested international assistance | Yes |
| National authorities | The Ministry of Public Health performs case management as well as epidemiological surveillance and vigilance since the epidemic started. The Government also recently organised a campaign to distribute mosquito nets - with CVSTP support - within the framework of malaria prevention from 3 May 2022. It supported distribution of 123,677 treated mosquitos' nets broken down as follows: Mezochi 30,301, Lobata 6,530, Lemba: 9,225, RAP: 5,000, Catagalo 13,884, Caue 4,497, Agua Grande 44,240. Total 123,677. |
| UN or other actors | <p>Together with the Ministry of Public Health, the WHO country office handles general coordination and the response to the outbreak with limited national capacity given that other things are happening, notably Covid-19. Team capacities are overstretched, and additional resources are needed to support interventions, notably improvement of preparedness and response, capacity increase, especially of human resources at sub-national level. Key actions include:</p> <ul style="list-style-type: none"> • Epidemiological investigation: After notification, the surveillance team, in collaboration with the national centre for epidemiology, tests the family members of the suspected case and identifies the vector mosquitoes (Aedes aegypti and A. albopictus were predominant). • Case management and laboratory: All suspected case of Dengue fever identified by the epidemiological investigation team are closely monitored, treated, and followed up by the medical team of the central hospital as well as of the national reference laboratory for laboratory follow-up. • Fumigation: The entomology team, after joint investigation with the epidemiological surveillance team that provided support to identify vector sites, performed fumigation (pirimiphos metyl (Actellic 300CS): an insecticide). • Communication: After the meeting that took place on 22 April 2022, the Ministry of Public Health communicated through the media to give people clear and updated information on the situation. • Request for assistance: Needs continue to be identified in collaboration with Incident Department of the WHO Country Office in Sao Tome with support from the WHO Regional Office for Africa and the WHO Headquarters. |

Are there major coordination mechanisms in place?

Coordination of the intervention is quite simple given the limited number of parties involved. The main task is to coordinate existing WHO and Ministry of Public Health actions with extra support from the NS. Information sharing, and coordination meetings will be organised especially with respect to surveillance management. Furthermore, trainings and key messages for mass sensitisation will be harmonised and in coordination with global guidelines from the WHO and officials. The system for training of trainers under this response will include personnel from the WHO, the Ministry of Public Health and the NS whose capacity will be built.

Anticipated Needs



Health

Sao Tome and Principe is facing its first outbreak of Dengue fever. This is the first time the epidemic has hit the country although Sao Tome and Principe (STP) is located in the Dengue belt. The first suspected case was reported on 11 April 2022 and so far, 980 cases have been recorded overall with an attack rate of 44.7 for every 1,000 inhabitants. The disease generally affects every gender and age group without predominantly hitting a particular gender although the elderly are hit a little bit more. The Ministry of Public Health pointed out disease frequency was higher among teenagers (250%), youths (25,0%) and adults of child-bearing age (17.9%). This is because these age groups are concentrated in places where people gather and in schools during this period.

The disease has distinct epidemiological profiles related to the virus' four serotypes. These serotypes can jointly circulate in a region, and several countries are hyperendemic for the four serotypes. Age group-based distribution of confirmed cases, in STP, as of 26 August 2022 is as follows (age group stated in year):

- [00-09] = 125,
- [10-19] = 226
- [20-29] = 192
- [30-39] = 183
- [40-49] = 108
- [50-59] = 81
- [60 e +] = 65

According to several studies echoed by the WHO, dengue virus transmission is sensitive to climate. Several reasons account for this situation among which temperature change that favourably alters the vector's reproduction rate with a higher number of female mosquitoes available when it rains. Multiplication of the number of transmission agents increases the bite rate, and the intrinsic incubation period of the virus. This is because rains lead to an increase in the number of available breeding grounds, which in turn increases the number of mosquitoes. An increase in the number of adult female mosquitoes increases the likelihood that a mosquito will pick up a pathogenic agent and transmit it to a second sensitive host.

Faced with the rainfall expected by ending October, it is necessary to anticipate that the risk of the disease will increase given that the country has several risk factors for spread of the epidemic, further highlighting the need to ramp up preventive measures in the coming weeks in addition to what had already been accomplished in the past months.

- The health system's capacity in high-risk zones and even across the country accounts for the low health coverage and management of severe cases. Knowing that past infection does not provide immunity from new contamination and that infection with DENV increases the risk of contracting a severe form of Dengue fever, the health system could be overwhelmed and is already limited. The

rapid assessments performed during the response operation to the floods (MDRST001) show that generally districts have a low capacity to care for those who are severely sick. Most districts in Sao Tome only have a health centre with reference hospital in the city of Sao Tome. This hospital's capacity to handle severe cases is quite limited.

- The social and environmental situation, mainly in terms of human mobility with movement of people and tourism activities, WASH characteristics and practices for access to water, water storage practices, wastewater management, community-wide sanitation practices and the advent of breeding grounds, etc. WASH conditions were analysed and labelled poor with practices favourable to the appearance and maintenance of mosquito breeding grounds and transmission factors. This analysis was performed during in-depth needs assessment funded by the DREF in response to floods in Me-Zochi, Agua Grande, Lemba and Principe. More information is available in the MDRST001 DREF operation update found [here](#).
- Given that this is the country's first epidemic, poor community knowledge of this disease is thus a major challenge and significant risk factor, which requires increasing current Government efforts with WHO support for the community component, knowledge of the disease and design of a sustainable community-based prevention measure right from this first epidemic. This will require coverage of high-risk zones to improve or share messages with information about the disease, improve people's attitude and practices with respect to Dengue fever, and carry out systematic community - engagement activities for sustainable vector control in the community.

Based on the WHO report on Sao Tome, the WHO and the Ministry are implementing measures as stated in the current interventions field. However, the Government has also noted limitations in the event of the next outbreak of cases and difficulties reaching some high-risk zones. Hence, before the next outbreak, the following activities may be included based on current needs:

- Community engagement and risk communication.
- Community-based monitoring.
- Public health education on Dengue.
- Surveillance strengthening in health facilities.
- Environmental management.



Water, Sanitation And Hygiene

The epidemic broke out last March right in the middle of the rainy season, which runs from December 2021 till mid-May 2022. These rains caused widespread floods, water drainage problems, destruction of infrastructure such as bridges and making it difficult to access some areas for sensitisation drives carried out so far. There is also the accumulation of stagnant water, creating ideal conditions for mosquito breeding grounds. WASH conditions and the creation of mosquito breeding grounds or sites appropriate for mosquito survival should be destroyed with community support. Cleaning surroundings is vital and should involve communities living in residential areas and those found in busier areas notably markets, schools, and built-up areas in general.

Operational Strategy

Overall objective of the operation

Reduce the risk of propagation of the Dengue virus and spread of the disease in the coming rainy months, affecting 100,983 people, especially people who are hard to reach with messages to raise awareness on risks and other preventive measures over 5 months.

Operation strategy rationale

The CVSTP's strategy will be built around working directly with communities and in coordination with local officials as well as the health department at national and local level with WHO supervision. Proposed activities will supplement initial actions carried out by the Ministry of Public Health. 05 workers, 07 supervisors and 106 volunteers will be mobilised and trained in 2 separate batches. Training of trainers followed by cascade trainings in target districts. Every district will be trained on Dengue under the supervision of the WHO and the Ministry of Public Health. Following the training, teams will be deployed for mass communication and outreach (door-to-door). They will use these field outings to draw community risks map in order to identify high-risk zones for cleaning of surroundings. They will also be trained to identify suspected cases of Dengue fever and refer such to health centres. After they are trained, the volunteers will be deployed for 3 months in the following areas:

- a- Preparation and training of CVSTP teams.
- b- Health education in communities through various channels for communication and dissemination of key messages.
- c- Cleaning of surroundings to destroy mosquito breeding grounds, including drainage of stagnant water over 4 months.
- d- Perform passive surveillance in the community of suspected cases and reinforced surveillance of virus development.

Targeting Strategy

Who will be targeted through this operation?

Total target of the operation: 100,983. 58% men and 42% women. Beneficiaries will be targeted in four areas of interventions:

- Health education: promote community participation
- Community cleaning of surroundings and Prevent mosquito breeding.
- Perform passive epidemiological surveillance in communities to support Ministry-led Surveillance performed with WHO support.
- Perform active surveillance of mosquitoes and viruses

Find below the breakdown of the population at risk and the target population in every district.

- Me Zochi: total population – 53,863, direct targets- 5,040 as indirect target- 16,159 number of volunteers mobilised 14, number of supervisors - 1 person.
- Lobata: total population – 23,781, direct targets – 5,040, indirect targets – 7,134, number of volunteers mobilised 14, number of supervisors - 1.
- Lemba total population 17,206: direct targets are 4,320, indirect targets - 5,162, number of volunteers mobilised 12, number of supervisors - 1.
- RAP: total population – 8,933, direct targets – 6,480, indirect targets – 2,680, number of volunteers mobilised - 18, number of supervisors -1
- Cantagalo: total population – 20,545, direct targets – 5,760 indirect targets – 6,164, number of volunteers mobilised - 16, number of supervisors - 1
- Caue: total population – 7,669, direct targets – 4,320, indirect targets – 2,301, number of volunteers mobilised 12, number of supervisors -1.
- Total population: 214,211 people at risk out of which the NS will target 36,720 people directly and 64,263 indirectly through 106 volunteers and 7 supervisors.

Direct targets will be reached through door-door, sanitation, and community engagement activities in schools, health facilities and communities where cases have been recorded.

Indirect targets will be reached through mass communication activities on radio and mass activities.

Explain the selection criteria for the targeted population

Based on the Distribution of confirmed cases per age group reported in the SITREP of 26 August and considering that this epidemic is relatively new for the entire population, it is important to target every segment of the society because vulnerability has become generalised due to a widespread lack of knowledge about the disease. However, as part of outreach actions, the NS will focus on:

- Sedentary populations who are regularly bitten during the day.
- Emphasis will also be laid on populations already affected and at risk of developing a severe form such as those who have already been infected, the elderly and people living with chronic diseases, pregnant women and breastfeeding women, and new-borns in households.
- Youths exposed during the day, knowing that youths account for the highest number of cases. This explains targeting in schools, and regular meeting points.
- Geographically speaking, the NS will as a priority focus on those who live in more isolated rural areas and areas that are hard to access for communities. Cleaning of surroundings will be amplified further in districts with the highest number of cases as the weeks go by.

Total Targeted Population

| | | | |
|----------------------------|----------------|--|--------------|
| Women: | 58,570 | Rural (%) | Urban (%) |
| Girls (under 18): | 0 | 50.00 | 50.00 |
| Men: | 42,413 | People with disabilities (estimated %) | |
| Boys (under 18): | 0 | 0.00 | |
| Total targeted population: | 100,983 | | |

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

| Risk | Mitigation action |
|--|--|
| Risk of greater vulnerability with the incidence of floods: The Dengue fever epidemic will worsen with the rainy season: The main risk to the operation is continuation of the rainy season. The country already witnessed floods in December 2021 and this scenario could repeat itself this year again and limit access to communities. The Sao Tome & Principe Red Cross has so far stated that the main risk is limited access to disaster-hit areas. It is still quite challenging accessing some areas due to the high-water level, landslides, and mudslides. These access difficulties have been worsened by the destruction of bridges that connect communities and enable the movement of people and goods. Furthermore, the risk of | Together with the government, the NS is planning to first perform evaluations in a bid to identify the actual risk in affected areas and to prepare a report on these areas as well as on access possibilities. To protect response teams, a map of the most high-risk zones as well as appropriate equipment will be given to these teams for their protection and effectiveness. A first aid and sensitisation team will be created, equipped with kits and communication materials, and deployed. It is worth pointing out that mosquito control will also include malaria risk and reduce bad practices favourable to diarrhoeic diseases. |

diarrhoeic diseases and the outbreak of malaria cases could make the people more vulnerable.

COVID- 19 still a risk to be monitored: General country data highlight the risk related to the COVID-19 pandemic. So far, the country has recorded 4,916 cases of COVID.


To mitigate this risk, the NS will continue to enforce barrier measures by including, under this operation, a preparatory meeting on COVID-19 and other health risks for the relevant teams and people. Masks and hand gels will be distributed to all RC team members.

Please indicate any security and safety concerns for this operation

No security risk identified for now. Legislative elections ended amid some calm at the end of September. The NS will perform surveillance and provide weekly updates to volunteers and staff as well as continuous coordination with movement partners. Those involved in the operation will also undergo the stay safe training.

Planned Intervention

| | | | |
|---|---|--|---------|
|  | Protection, Gender And Inclusion | Budget | CHF 0 |
| | | Targeted Persons | 100,983 |
| Indicators | | Target | |
| Number of people targeted by protection messages | | 100,983 | |
| Number of volunteers briefed on PGI concepts | | 113 | |
| Priority Actions | | <p>To safeguard the dignity of affected populations, the CVSTP will add gender and inclusion in all interventions. It will ensure that inclusion is added at every point of the response by ensuring that priority is given to persons living with a disability and the elderly.</p> <ul style="list-style-type: none"> • Registration documents will specifically include fields for persons living with disability, age, and gender to make sure these categories are identified and prioritised. • Sensitisation on gender-based sexual violence will be added to current sensitisation platforms through health interventions. • Respective groups will be informed about referral pathways for all cases in a bid to improve access to services as soon as possible. | |

| | | | |
|---|--|-------------------------|-----------|
|  | Community Engagement And Accountability | Budget | CHF 5,286 |
| | | Targeted Persons | 100,983 |
| Indicators | | Target | |
| Number of volunteers briefed on CEA/CREC | | 113 | |
| Number of CEA briefings held | | 7 | |
| Number of feedback systems created | | 1 | |
| Number of feedbacks collected from households and processed | | 175 | |
| Number of feedbacks collected in schools and processed | | 175 | |

| | |
|--|--|
| Number of feedbacks collected during field outings by volunteers and processed | 175 |
| Priority Actions: | <p>The community will be at the centre of the operation.</p> <ul style="list-style-type: none"> • To start off, a team will be created to identify the best communication channels for sensitisation and distribution activities. • A 4-day training on CEA/RCCE will be organised to build the capacity of volunteers, people generally as well as other stakeholders. The training will be jointly facilitated by a translator to ensure proper training uptake by participants. • A feedback management system will be created with volunteer support through sensitisation activities that make it possible to record community-wide rumours, questions, beliefs, observations, and suggestions relating to Dengue fever. The system will make it possible to record community complaints and claims. Communication and sensitisation tools will all be translated, printed, and distributed to volunteers. |

| | | | |
|--|---------------|-------------------------|------------|
|  | Health | Budget | CHF 75,262 |
| | | Targeted Persons | 100,983 |
| Indicators | Target | | |
| Number of schools engaged in FGDs and messages | 14 | | |
| Teachers sensitised on Dengue fever (symptoms and prevention) and community engagement | 70 | | |
| Number of months for radio broadcasts and billboards | 5 | | |
| radios enlisted | 7 | | |
| persons visited during door-to-door visits | 36,000 | | |
| Number of house visits performed | 1,272 | | |
| Number of FGDs organised on Dengue fever | 63 | | |

| | |
|---|-----|
| Number of volunteers trained on Dengue fever (symptoms and prevention) and community engagement | 106 |
| Number of trainers trained on Dengue fever (symptoms and prevention) and community engagement | 14 |
| | |

| | |
|--|---|
| Number of people reached by sensitisations | 100,983 |
| Number of surges deployed to support the operation | 1 |
| Minimum number of students engaged in educational talks | 2,000 |
| Number of community leaders and minimum number of opinion leaders engaged in educational talks | 100 |
| Priority Actions: | <p>1. Mobilisation and training of CVSTP teams: In collaboration with the Ministry of Public Health and under WHO supervision, the RCC- STP will identify one (1)-Red Cross focal point per district and one (1) focal point from the Ministry of Public Health as trainers to spearhead volunteer training. These 14 focal points will receive training of trainers on ECV with modules focused primarily on the current response for proper inclusion of the National Society. The modules will include Introduction to Community-Based First Aid and EPiC with the risk map; CEA: community engagement and risk communication and PSS; CBS: Community-Based Surveillance.</p> <p>Emphasis will be laid on Dengue and prevention of water and vector borne diseases: Knowledge of the disease, symptoms, individual preventive measures, household, and community prevention. This training will be organised with support from the IFRC CCST, WHO and the Ministry of Public Health. Trainers will subsequently be deployed to train volunteers in districts. Overall, 106 volunteers and 7 supervisors will be trained, mobilised, and deployed for the areas of intervention herein below.</p> <p>2. Health education: Spur community participation Given that the risk of Dengue fever in the community largely depends on knowledge of the disease and individual as well as collective prevention measures, the CVSTP will increase the number of channels through which to broadcast key messages. Furthermore, activities will entail community sensitisation on the risks posed by mosquito- transmitted diseases. Red cross volunteers and community health volunteers will prepare key messages on sensitisation and social mobilisation. These messages will relate to measures for individual and household protection, promotion of mosquito net use mindful of recent distributions performed by the Government with NS support. The messages will also include signs and symptoms detection at community level and referral of suspected cases. Volunteers will reach relevant communities in target zones through door-to-door visits and megaphone use to broadcast key messages, notably the description of symptoms, measures for protection to avoid being bitten by mosquitoes, and household measures to destroy the vector. Key messages under the sensitisation campaign will also relate to the reasons why</p> |

people do not quickly consult a doctor. They will also organise group discussions and mass sensitisation. They will target crowd-pulling locations such as churches, schools, and markets to share posters and leaflets. All education activities will be carried out over 4 months and at regular intervals to ensure appropriation and change in practices. Furthermore, mass media sensitisation could go beyond and cover the 5 months.

Planned activities will be:

2.1.1 Sensitisation drives in communities through different channels and tools. The messages have been summarised herein below. Among others:

- Sensitisation by volunteers through door-to-door visits. Three field outings every week by teams of volunteers and supervisors based on the breakdown in the targeting. Sensitisation will be carried out at the height of the rainy season.
- Dissemination of IEC materials prepared and shared in communities, places of gathering, health centres, offices of chiefs, markets, and other strategic zones in counties during volunteer field outings. Teams will receive 10, 000 IEC materials and 53 loudspeakers to move around the neighbourhoods.
- To reach a wider population, mass communication campaigns will be used with notably the broadcast of messages over local radios. In fact, local radios will also be used with the activation of 7 radios over 3 months, renting of billboards to display visuals of prevention practices/key messages prepared by the Government with WHO support. Display points in each district will be selected based on risk maps of communities with the highest number of spread factors and the highest number of cases.


2.1.2 Dialogue with communities to increase community and institutional participation and mobilisation through side activities for social mobilisation and engagement for lasting vector control. This will include:

- Teacher training on dengue fever prevention and barrier measure promotion in schools.
- Student sensitisation in schools by volunteers and teachers briefed on the disease and preventive measures, individual daytime protective measures and the importance of using treated mosquito nets.
- Organisation of Focus Group Discussions (FGD) to engage communities through religious, cultural, and social leaders including mothers' groups, associations of the elderly, traditional leaders, teachers to relay messages during community

gatherings. A minimum of three FGDs per district every month will be organised and facilitated by volunteers and supervisors. Relevant groups will be confirmed based on the structure of communities. Emphasis will be laid on prevention and sustainable fight messages. Selection of groups to prioritise will depend on how indicators evolve.

- 3 Support to the surveillance system of the Ministry of Public Health by performing passive surveillance of suspected cases of Dengue fever during sensitisation drives.
 - Volunteers will be trained on community definition of suspected cases and risk identification in communities.
 - Based on the Government - approved system, they will report suspected cases in communities to health officials (health centres) through paper reports prepared during volunteer field outings. This will be passive surveillance done during the sensitisation activities by volunteers and supervisors. Active surveillance is the responsibility of the Ministry of Public Health with WHO support.
 - Health centre workers will perform the investigations needed on the reported suspicious cases submitted. To ensure that information reaches all actors at a strategic level, supervisors will also have to prepare a cumulative report and share it with the Ministry of Public Health at national level.


In addition, as requested by the Ministry, the most remotely located health centres will receive logistics support for transportation for community investigation of suspected cases in communities. Vehicles will be rented during the said period to help transport NS and health centre workers to supervise activities. This will also make it possible to help health workers who wish to perform investigative field visits.

| | | | |
|---|--------------------------------------|-------------------------|------------|
|  | Water, Sanitation and Hygiene | Budget | CHF 16,893 |
| | | Targeted Persons | 100,983 |
| Indicators | | Target | |
| Number of people affected by cleaning activities | | 100,983 | |
| number of volunteers trained on community risk mapping | | 113 | |
| number of volunteers deployed for WASH activities | | 35 | |

| | |
|---|---|
| Minimum number of volunteer field visits each month for community cleaning operations in every district | 4 |
| Number of operations for breeding ground destruction and sanitation | 112 |
| | <p>Wash activities focus on cleaning surroundings in communities and Prevent mosquito breeding.</p> <p>The objectives will be to prevent mosquitoes from reaching habitats favourable to breeding grounds, through management and modification of environmental practices.</p> <p>To accomplish this, the following activities will be carried out:</p> |

Priority Actions:

- When the operation starts and regularly, volunteers will perform community risk mapping to identify various malaria breeding grounds and clusters as well as zones with risk factors. This will be done during preventive field outings. This map will be regularly updated given that the rains could create even more such locations.
- Red Cross volunteers will support community activities to destroy mosquito breeding grounds and remove waste in the most affected areas. Five (5) volunteers per district will carry out 112 cleaning activities at a rate of 1 activity at least every week over 4 months. Cleaning activities include:
 - Support the community to properly dispose of solid waste and remove man-made habitats that could retain water during the rainy season.
 - Drain stagnant water immediately they appear when rains are heaviest.
 - Cover, empty and clean, every week, containers used to store household water.
- Fumigate the surroundings of homes. Appropriate products and protections will be provided for this operation. Fumigations will be done before the rains are at their heaviest immediately after the equipment is bought and at regular frequencies of 2 times per week.
- Spray the appropriate insecticides in containers used to store water outdoors.

| | | | |
|---|---------------------------------------|-------------------------|-----------|
|  | National Society Strengthening | Budget | CHF 6,663 |
| | | Targeted Persons | 100,983 |
| Indicators | Target | | |
| number of volunteers insured | 113 | | |
| Number of workers engaged in the intervention | 7 | | |
| Number of follow-up visits performed by branch officials | 20 | | |
| Number of DREF trainings organised | 1 | | |
| Number of minimum number of NS workers who benefited from DREF training | 20 | | |

- Training and briefing for volunteers and personnel
- Volunteers will be insured. Representing 113 volunteers in total
- DREF training to reinforce briefing of branches on the intervention. Considering that the NS is a new user of DREF and based on the initial experience acquired during the MDRST001 operation, the IFRC will provide this training as a capacity building tool for National Societies on DREF, its tools and monitoring and reporting requirements and changes in DREF evolution.

Priority Actions:

- The head office will monitor interventions in various branches while the delegation will provide technical supervision.
- Those intervening will be briefed on intervention-related risks and receive protective equipment relating to COVID measures, visibility, and the risk of rains. Risks and hazards relating to slides during the rainy season will be closely monitored and regular updates provided to volunteers to keep them alert for their safety and even that of communities.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

With respect to the actions planned, the National Society will mobilise volunteers in the affected community to help the health department implement the action plan. 106 volunteers mobilised in total, 7 supervisors and 5 NS workers. Volunteers will be given appropriate visibility and protective equipment to shield them from the rain and for cleaning as well as fumigation activities. CVSTP workers will be directly involved to support the operation. They will be trained/retrained, with the participation of beneficiaries, and in collaboration with local administrative officials. CEA training will be provided by an IFRC worker.

The Ministry of Public Health will also provide minimum of 7 health workers to assist during trainings and guide the operation. They will be part of 14 trainers under the operation plus the 7 NS supervisors.

Will surge personnel be deployed? Please provide the role profile needed.

The IFRC will deploy a health surge to help workers with implementation.

If there is procurement, will it be done by National Society or IFRC?

The IFRC Cluster Office in Yaoundé will support technical process for procurement of IEC tools and translation. The NS and the IFRC have the same procurement procedures. Given the emergency of the assistance, all purchases will be done locally to limit risks relating to delivery delays and complications relating to customs formalities for international purchases. An IFRC logistics officer in the Yaoundé cluster office will examine call-to-tender documents for purchases and technical approval before orders are placed.

How will this operation be monitored?

In collaboration with the IFRC, continuous monitoring will be carried out in the country.

Four (4) missions have been planned to support the NS in addition to the 3-month presence of a surge. These missions will make it possible to support the NS mainly during the operation launch phase, supervision and efficient closure of the operation. A first support mission has been planned to support technical training courses with the presence of the health focal point from the Yaoundé delegation to make sure the trainings are provided as soon as possible without a possible time limit for deployment of the surge. The IFRC project manager will also provide remote and in-person monitoring of the intervention while funding and logistics will be initiated right from the start to brief their finance to ensure report quality and timeliness. The IFRC's PMER will support organisation and course of the lessons learnt workshop at the end of the operation.

The National Society will strive to collaborate with other Movement partners that will monitor the course of the operation and provide the necessary technical expertise. The National Society will monitor the operation and report accordingly. Brief weekly updates will be forwarded to the IFRC, and other partners based on their relevance to the general course of the operation. Additional information on indicator monitoring will be provided in the periodic reports set out in funding agreements. Operation review will be conducted during the lessons

learnt. National Society will assess the impact of this operation and DREF training in a bid to learn.

Please briefly explain the National Societies communication strategy for this operation.

An appropriate communications plan will make it possible to enhance the visibility of the National Society. The Sao Tome & Principe Red Cross will write an article to update target audiences on what has been accomplished in communities. Key messages for sensitisation on the fight against the epidemic will be shared through local communication channels. These local communication channels notably refer to posters, 02 community radios and the social media channels of the NS. A strategy will also be designed with the support of the focal point in the IFRC delegation in Yaoundé to make the operation visible to potential donors and to support the response of the Sao Tome Red Cross. Activities carried out under this operation and the lessons learnt will all be documented on various media and will be used to update the media on the operation. The Red Cross will provide regular updates on the operation. When it will be possible and important, communication and information sharing will be done with the government.

Budget Overview



DREF OPERATION

MDRST002 - CRUZ ROJA DE SAO TOME E PRINCIPE Worsening Dengue outbreak

Operating Budget

| | |
|---|----------------|
| Planned Operations | 97,442 |
| Shelter and Basic Household Items | 0 |
| Livelihoods | 0 |
| Multi-purpose Cash | 0 |
| Health | 75,262 |
| Water, Sanitation & Hygiene | 16,893 |
| Protection, Gender and Inclusion | 0 |
| Education | 0 |
| Migration | 0 |
| Risk Reduction, Climate Adaptation and Recovery | 0 |
| Community Engagement and Accountability | 5,286 |
| Environmental Sustainability | 0 |
| Enabling Approaches | 70,145 |
| Coordination and Partnerships | 63,482 |
| Secretariat Services | 0 |
| National Society Strengthening | 6,663 |
| TOTAL BUDGET | 167,586 |

all amounts in Swiss Francs (CHF)

Contact Information

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

- **National Society contact:** Justino Lima, Secretary General, justinolima_10@hotmail.com, +2399905086
- **IFRC Appeal Manager:** Rui Alberto Oliveira, Acting Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; email: rui.oliveira@ifrc.org
- **IFRC Project Manager:**
Aime Gilbert Mbonda Noula, CP3 Manager, Health, and Care, Yaoundé, Cameroon, aime.mbonda@ifrc.org, 00237674206673
- **IFRC focal point for the emergency:** Nicolas Boyrie, DREF Lead, nicolas.boyrie@ifrc.org.
- **Media Contact:** Philip Kahuho, Regional Head, PMER and Quality Assurance Unit; philip.kahuho@ifrc.org, +254 73220 308

[Click here for the reference](#)