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Final Report

Timor-Leste: Dengue Outbreak Response

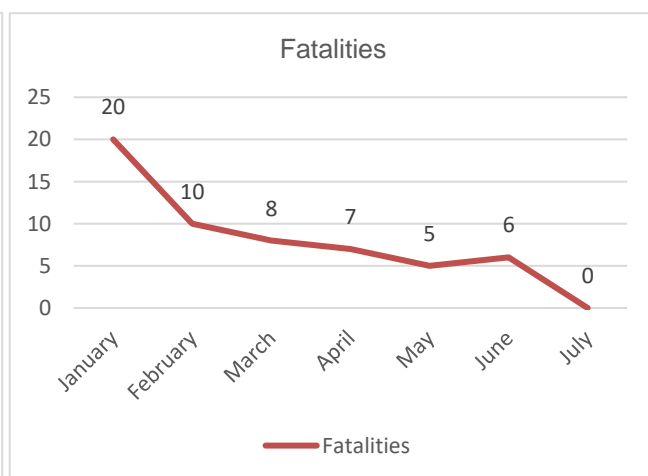
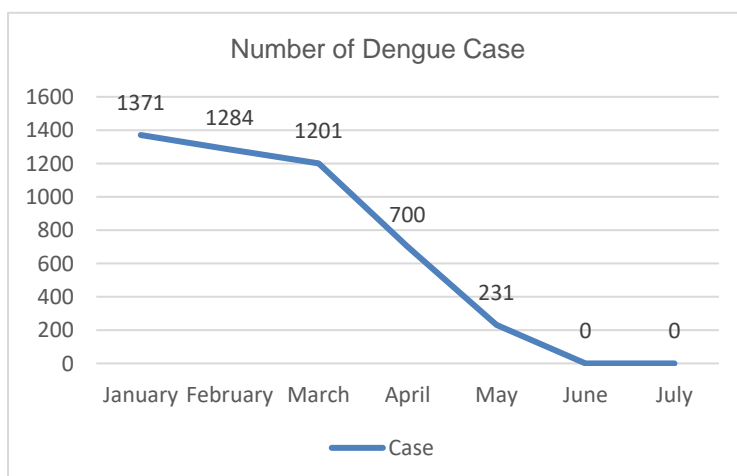
 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MD RTP005
Date of Issue: 30 November 2022	Glide number: EP-2022-000162-TMP
Operation start date: 7 February 2022	Operation end date: 31 August 2022
Operating National Society: Cruz Vermelha de Timor-Leste	Operation budget: CHF 109,590
Number of people affected: 1,353	Number of people assisted: 95,888 (48,615 men and 47,273 women)
Red Cross Red Crescent Movement partners actively involved in the operation: Cruz Vermelha de Timor-Leste (CVTL) worked with the support from the 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) led the outbreak response activities. In the field, Community Health Centre handled the treatment of dengue patients and for referral services. Other non-governmental organizations were also active in the field, such as WHO and academia, which provided support and assistance by deploying volunteers.	

A. SITUATION ANALYSIS

Description of the disaster

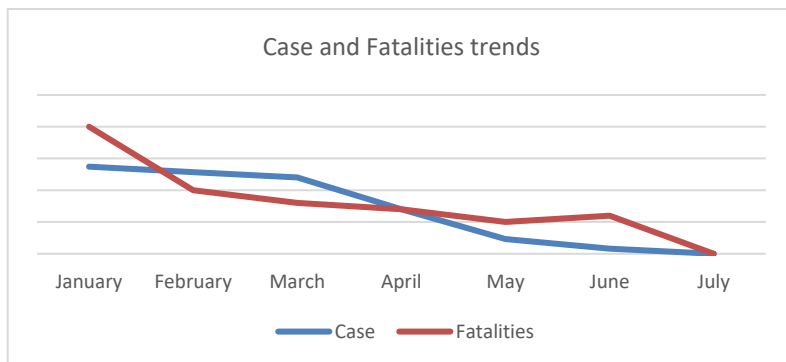
Timor-Leste experienced an escalation of dengue fever cases beginning 2022. There were 288 suspected cases of dengue in seven municipalities in the first week of 2022, with 56 additional dengue cases reported in the following week. The government released a circular declaring that dengue had become a serious public health concern on 15 January 2022. By the third week of January 2022, the number of recorded cases across the country had more than doubled and health capacities could not cope with the needs in the field. The death toll reached 20 people by 31 January 2022, making it the deadliest year in recent times.



The 20 deaths reported in the first month of 2022 have already surpassed the total number of deaths reported in 2021 (11) and 2020 (10) respectively, according to a report released by the Ministry of Health (MoH) on 31 January 2022. The report also disclosed that of the 20 fatalities, 11 had happened in Dili, the country's capital, along with four in Ermera, two in Covalima, and one each in Ainaro, Bobonaro, and Viqueque. In addition to infrastructure issues, the MoH report acknowledged that there was a shortage of doctors and other health professionals, and that the situation could worsen

in the coming months. The outbreak made authorities to use health facilities previously designated for the 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.

The number of reported cases nearly doubled from January to the following month, with the majority occurring in Dili municipalities. As the situation continued to get worse, CVTL requested IFRC DREF support. To implement community-based health initiatives across 12 municipalities in Timor-Leste, a DREF budget of CHF109,590 was allocated by IFRC. This enabled CVTL to provide services that would lower dengue cases while also reducing its impacts. The planned activities for this DREF operation were carried out between February and August 2022, and CVTL ensured meaningful coordination and collaboration with local government authorities and other humanitarian organizations, including UN agencies.



Summary of response

Overview of Operating National Society

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 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 (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 was requested to assist the government in responding to the situation and filling essential gaps in terms of service delivery to the affected and vulnerable population.

With support from the Australian Red Cross, the CVTL implemented a dengue prevention project from 2021 until the first quarter of 2022. Community-based health education and health promotion activities were implemented. CVTL reached 17,731 people (9,331 females and 8,400 males) in Dili, Bobonaro, Viqueque, Oecussi and Covalima municipalities under this project. The DREF operation commenced after the implementation of this project and benefited from lessons learned at the field level.

CVTL mobilized 200 volunteers to conduct door-to-door visits with health and hygiene promotion messages. The needs assessment report, conducted by CVTL volunteers in Dili municipalities, informed that poor environmental hygiene practices and the poor conditions of drainages in the area were perfect for mosquito larvae to live. IEC materials were used to facilitate sessions with community members.

Besides deploying volunteers to conduct door-to-door visits, CVTL also mobilized additional doctors and nurses to Dili public hospital. As the MoH appointed Dili public hospital as a referral and treatment centre for dengue cases, CVTL doctors and nurses helped enhance the hospital's capacity to cope with the needs, especially during the outbreak period. All mentioned activities were carried out from January to July 2022 as part of CVTL's response to the dengue Outbreak throughout Timor-Leste

Overview of Red Cross Red Crescent Movement 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. Participating National Societies present in the country include the 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.

IFRC team monitored the outbreak situation and other public health risks, including the transmission rates of COVID-19 in the affected area. Further, the health team was monitoring national epidemiological data, health indicators, and disaster and disease patterns to provide technical assistance to the CVTL team during field implementation under this operation.

Overview of other actors in-country

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

According to WHO strategies, prevention and control relied 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 had to be implemented simultaneously for effective control. Based on the recommendations of experts, the triage protocol is to assist in better management of patients in health facilities.

Considering the increased number of dengue cases spreading in Timor-Leste, the MoH through its Health Offices at the municipal level immediately developed a response plan to deal with the emergency cases at the 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 delivered additional medical care services for dengue patients in some districts with significant dengue cases and conducted regular vector control activities (e.g. spraying insecticide, or “fogging”). At the community level, the MoH also mobilised communities to eliminate unwanted containers in which *Aedes aegypti* breeds as well as raise public awareness on dengue control.

Needs analysis and scenario planning

As highlighted earlier, there were 288 suspected cases of dengue in 7 municipalities in the first week of 2022. Additional 56 cases were reported across Timor-Leste in the second week. The trends in dengue cases in Timor-Leste were significantly increasing in the early months of 2022. Most cases were found in children which were 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 were also more likely to be sleeping during daylight hours when the *Aedes* mosquito was most active. Without proper prevention measures such as mosquito nets and mosquito/insect repellent cream, dengue transmission was 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 the *Aedes aegypti* mosquito. Adults were less likely than children to suffer from dengue infection because of acquired immunity that has developed because of dengue infection in childhood. 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 did themselves in the event of sickness. Females were 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 were therefore at an increased risk of bites by *Aedes* mosquitoes.

By understanding the obstacles and what was needed, CVTL took action to prevent the negative impact of the dengue outbreak. The operation included monitoring environmental hygiene and sanitation level to control larvae development, ensuring environmental hygiene and sanitation to prevent mosquito breeding and training to develop a basic understanding of dengue early detection, treatment, and mitigation.

Risk Analysis

The operation did not experience any major risks or challenges. Field implementation was completed within the timeframe approved for this operation. The national election caused a brief halt to field implementation in March 2022 during implementation. When elections were being held, CVTL advised its branch teams to move a little more slowly. Following the election, field implementation started up again in full.

B. OPERATIONAL STRATEGY

The operation aimed to reduce and prevent further risk of dengue by implementing community-based training, campaigns, and visits. The overarching objective was to reduce the morbidity and mortality of the targeted population due to dengue during the operation period. In total, CVTL managed to reach 95,888 people (48,615 males and 47,273 females) from Health and PGI-related activities. By the first month of the implementation, CVTL focused to tackle immediate needs at the Dili Dengue Referral Hospital by mobilizing doctors and nurses to the hospital. Additional resources enabled the hospital to cope with the dengue cases in Dili.

Besides supporting Dili health facilities, CVTL also mobilized volunteers to conduct activities at the village level as part of medium to long-term solutions. CVTL conducted Community-based surveillance training for community leaders in Dili. The materials provided in the training enabled basic understanding for community leaders to disseminate further to the community to ensure surveillance mechanism is established at the community level.

Door-to-door visits were conducted for hygiene, health, sanitation promotion and awareness in the community. To prevent COVID-19 transmission, all volunteers were equipped with a COVID-19 prevention kit, consisting of face masks and hand sanitiser for them to use and additional stock for beneficiaries. In addition, volunteers also provide COVID-19 prevention messages, like always wear a facemask, maintain social distancing, and keep your hand clean at any time. The message aimed to keep reminding the community that the risk of COVID-19

Operation strategy

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


Under the operation, CVTL worked in close coordination with the MoH, health post and public health centres at municipalities to support the community on dengue operation. Moreover, CVTL ensured that protection, gender and inclusion (PGI) considerations were integrated into their response efforts and aligned with Epidemic Control for Volunteers (ECV), focusing on dengue prevention and control. Awareness activities were conducted through public campaigns and through household visits, which educated households on how to manage cases of dengue fever. In addition, CVTL mobilized professional volunteers (doctors and nurses) to support the medical treatment of dengue patients at referral hospitals that are experiencing shortages in human resources.

CVTL responses to this outbreak were mainly based on the following activities.

- Orientation for 150 community volunteers (5 people per village in 30 villages) for awareness raising and prevention against the dengue virus was conducted, with MoH technical support, to prevent the further spread of the disease.
- IEC materials were developed and printed in consultation with MoH. The IEC material contained key messages regarding the prevention and treatment of Dengue fever in an easily understandable local language.
- Trained community volunteers (50) conducted a door-to-door awareness campaign to raise awareness and distribute IEC materials with standard key messages (1,800 posters) focusing on raising awareness and improving knowledge of people on how to prevent dengue fever and reduce morbidity and mortality.
- Community activities were carried out to control the dengue outbreak. These include the early detection of 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. Furthermore, community surveillance to address early detection and early actions for any potential disease transmission in the community was applied and aligned with public health response mechanisms at respective local authorities.
- Training on dengue prevention and outbreak control was conducted, which targeted community leaders. There were 145 community leaders in Dili, including 50 females who participated in the training sessions.
- Professional health volunteers (7 doctors and 17 nurses) were mobilized to referral hospitals, which experienced human resource shortages due to increasing dengue and COVID-19 cases
- All frontline workers were provided with the necessary personal protective equipment (PPE) to ensure their safety, as well as to protect volunteers and the community from COVID-19 reinfection.

All these interventions were planned in response to MoH requests and carried out by CVTL staff and volunteers in collaboration with government authorities. With MoH support, CVTL's Communication team spearheaded the overall risk communication campaign for the dengue response and prevention programme. The risk communication was aimed at three levels: grassroots, municipal, and national.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 95,888 Male: 48,615 Female: 47,273 Requirements (CHF): 81,372</p>	
Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	27,060	95,888
# of assessment conducted based on standard IFRC and/or MoH assessment guidelines	2	8
# of dengue patient provided with clinical health care services by professional health volunteers at Government Health Facilities	1,353	5,479
# of "Epidemic Control for Volunteers" activities carried out	1	1
# of community leaders trained in dengue outbreak control	As necessary	145
# of people reached with community-based epidemic prevention and control activities	27,060	95,888
# of people reached with community-based disease prevention and health promotion programming	27,060	95,888
# of people reached by psychosocial support which conducted through community mobilization for dengue outbreak	As necessary	20
Narrative description of achievements		
<p>CVTL as auxiliary to the government, focused on community mobilization for reducing the risk of dengue transmission, vector control and public awareness on dengue prevention in responding to the dengue outbreak in 12 high risk municipalities. There were activities that were linked and supported each other and carried out in parallel. While the assessment team collected data and information, the health promotion and psychosocial support (PSS) teams conducted their session afterwards.</p> <p>Since dengue had become an endemic disease, CVTL planned a massive personnel mobilisation for outbreak operations in most high-risk municipalities. CVTL volunteers engaged community leaders in targeted villages to ensure community participation in delivering parallel dengue prevention awareness, vector control and health promotion to vulnerable populations. More details on these activities are as below:</p> <p><u>Epidemic Control Training</u></p> <p>CVTL provided epidemic control training for 145 community leaders (95 males and 50 females) in Dili Municipality. The main objective of this training was for community leaders to understand how to convey information about dengue control and what they should do together with CVTL health workers and volunteers. They could also learn how to destroy mosquito eggs at home or in their village and share the information with their community.</p> <p>The training involved six facilitators: four from MoH and two from CVTL. Recommendations received from community leaders include preparation for dengue outbreaks and continuation of information and education for high-risk communities. In addition, they agreed to support health-related activities in their village. Following the training, they initiated multiple dengue prevention activities in their respective villages, including community education and vector control actions. Community-level epidemic control activities decreased the risk of dengue transmission by eliminating the disease vector (<i>Aedes aegypti</i> mosquitos) in vulnerable population.</p>		



A CVTL volunteer inspecting a household water tank as part of dengue prevention measures at the community level. (Photo: CVTL)

Dengue Prevention and Control Measures

Since the security and monitoring of services were intended to support the local government, CVTL conducted an assessment of the authorities' responses. Observations made on the monitoring reports assisted in locating the areas of intervention. CVTL teams regularly shared information on the activities, intervention areas, responses and number of people assisted. This timely activity convened the compilation of reports.

CVTL volunteers in collaboration with MoH and local health authorities identified vector 'hot spots' to focus response activities. CVTL volunteers and the MoH conducted mosquito larva survey in high-risk areas at the request of the local authorities to locate mosquito breeding grounds.

Additionally, CVTL staff/volunteers and the MoH provided counselling and door to door instructions to raise community awareness. Each volunteer team of 10-20 people was usually divided into two teams each day to engage with the community. By showing habitats where mosquitoes breed, they demonstrated to the community how to repel mosquitoes. Besides, the volunteers educated the community on dengue fever symptoms because so many people are still ignorant of these symptoms. Also, the community were encouraged to bring sick people to the hospital as soon as they exhibit any symptoms. Providing information during home visits, purchasing exhibition items and posters with various images—such as cleaning water in drums, wheel ruts, flowerpots, and jerrycan covers—are all methods used to carry out this activity.

Community-based Disease Prevention and Health Promotion



A CVTL volunteer conducting a door-to-door visit to enhance community health awareness on dengue prevention. (Photo: CVTL)

CVTL supported increased public awareness through health promotion and community mobilization, including active and timely dissemination of related information to ensure positive behavioural changes towards early referral and management of dengue, as well as updates on resources for health/health-related needs at all levels.

A community-based approach on information dissemination regarding dengue cases prevention was used for this operation. CVTL provided information and education for the community for them to protect themselves and their families from the dangers of dengue. As such, CVTL distributed posters containing photos of mosquitoes carrying dengue, dengue symptoms and how to protect themselves.

All 12 CVTL branches actively implemented the planned activities and by the end of the operation, CVTL managed to reach **95,888 people** (48,994 males and 47,594 females) and distributed **41,625 IEC materials**, such as posters, leaflet and pamphlets across 12 municipalities.

General Treatment

In response to a request from the public health authorities, CVTL professional staff, including 7 doctors and 17 nurses, were mobilized to assist the MoH in handling dengue and COVID-19 cases at the Tasitolu Health Centre in Dili

beginning in February and continuing until April 2022. Every day, according to schedule, they carried out activities related to their respective professions. As requested by the MoH and agreed upon by CVTL, support was only provided in Dili, as the MoH designated the Tasitolu Health Centre as the nation's dengue referral centre.

Following the decreasing trend of dengue cases, the number of personnel/professional staff supporting health medical services decreased to 14 people from May to the end of July 2022, consisting of 2 doctors and 12 nurses. Throughout the operation, CVTL provided **5,479 people** (2,954 women and 2,525 men) with general treatment services.

PSS

Under the operation, CVTL staff and personnel provided psychosocial orientation training (which included psychosocial first aid (PFA) and how to roll out PSS activities at community) to volunteers in 4 municipalities: Viqueque, Ainaro, Bobonaro and Baucau. As a follow up of the training, CVTL volunteers have cared for and helped motivate and approach affected communities with high number of dengue cases. CVTL personnel provided PSS activities to affected communities through stress management, support group discussion and psychoeducation. Lastly, the operation of CVTL Dengue Outbreak was underpinned by a commitment to quality programming which involved:

CVTL staff and personnel provided psychosocial orientation training - including psychosocial first aid (PFA) and how to roll out PSS activities in the community - to volunteers in four municipalities: Viqueque, Ainaro, Bobonaro, and Baucau. Following the training, CVTL volunteers cared for, motivated, and approached affected communities with a high number of dengue cases. Affected communities were supported with PSS activities, such as stress management, support group discussions, and psychoeducation.

Overall, the CVTL dengue response was supported by a commitment to quality programming, which included:

- Continuous and detailed assessments and analyses to inform the design and implementation of the programme.
- Adapting activities in response to needs and assessments. During the operation, CVTL closely monitored the trend of dengue cases throughout the country, triggering a dynamic of personnel mobilisation to focus on the very high-risk areas to ensure vector control in these areas could be addressed immediately to cut transmission in a timely manner.
- Adherence to PGI measures, with focus on disability inclusive response. The interventions also ensured integration of CEA, as well as child protection and gender, diversity and disability inclusion.
- Establishment of a two-way communication channels through community-health volunteers, to ensure transparency and accountability, and highlighting the nature of communication and information as a life-saving mechanism.
- Management and delivery of the programme were informed by appropriate monitoring.

Challenges

Several challenges were encountered during the operation's implementation. There was, for example, no pre-existing mechanism in CVTL to respond to a large-scale outbreak. Rolling out the entire response plan to the municipalities level was difficult because the staff at the district level had to be briefed on the entire methodology in a short period of time, while regular monitoring from NHQ could not be ensured due to their preoccupation with other tasks. Furthermore, logistical provision was difficult. Because the procurement process was lengthy, the branch was forced to manage some items locally in order to keep the operation running smoothly.

The number of COVID-19 cases in the country was still high at the beginning of the dengue outbreak operation, but it then gradually decreased. The Bed Occupancy Rate (BOR) at hospitals were high, with a shortage of medical workers. Apart from the dengue operation, most CVTL personnel were also assigned to support the COVID-19 response and vaccination campaign. CVTL mobilized its professional medical doctor and nurse to manage dengue patients. With these situations, the government of Timor-Leste practiced travel restrictions in the country, which caused difficulties to convey dengue prevention campaign and vector control at the community level. To overcome the challenges impacted by COVID-19 pandemic, CVTL NHQ provided PSS for staff and volunteers regularly and improved personnel management for mobilization.

Lessons Learned

The IEC materials developed for the operation under community-based disease prevention and health promotion require more adaptations and revisions to accommodate local context, belief, and culture. Timor-Leste has a diverse population culture and customs that influence changes in healthy behaviour. It is also critical to ensure that these materials are always available at the branches, particularly during dengue outbreaks and other public health

emergencies. These materials must be delivered and used when communities are more alert and motivated to read and follow the instructions provided. As dengue fever is an endemic disease in Timor-Leste, IEC materials related to monitoring mosquito breeding sites at the household level should be in place to ensure that community members practise it regularly. Community orientation activities should be conducted in simple language that incorporates local terms and avoiding technical jargons.



Protection Gender and Inclusion

People reached: 95,888

Male: 48,615

Female: 47,273

Indicators:

The operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services

Target

Yes

Actual

Yes

Narrative description of achievements

Throughout the operation, CVTL ensured that PGI was integrated into all their community services. PGI activities implemented in the operation include:

- Providing PGI orientation to volunteers: orientation was held through an online orientation to reach all 13 municipalities' volunteers. CVTL NHQ staff facilitated the orientation to approximately 25 people (several volunteers and staff joined the meeting using one account). Several materials were provided: Introduction to gender, diversity and inclusion, the importance of sex and age disaggregated data (SADD), and dignity, access, participation and safety.
- Mobilizing PGI team along with services team to the field. As part of mainstreaming PGI across services, CVTL mobilized at least one PGI volunteer as part of the service team. This was to ensure, data, information and report were segregated. In addition, CVTL could collect, analyse and follow up any inputs or suggestions related to specific needs based on gender and or sensitivity from people to be assisted during the activity.
- Collecting SADD data and needs based on people to be assisted group.

CVTL collected 15 community feedbacks as the operation concluded. Most of the feedback requested that mosquito nets be distributed to the community. However, due to limited CVTL capacity to provide mosquito nets, all feedback and concerns were forwarded to the local health community centre and then to the National Coordination with the MoH.

Furthermore, CVTL was able to identify the needs of the community who live in remote areas far from the community health centre and were the most vulnerable and exposed to dengue. CVTL informed the local health authority of the findings and recommended a weekly health authority visit or monitoring to reduce fatality rates in remote areas.

Challenges

- CVTL volunteers and staff, especially at the branch level, need continuous PGI orientation or training, to ensure PGI aspects are embedded across CVTL services rather than being limited to projects.
- Not all feedback was recorded systematically and in a structured way. Therefore, it would be hard for volunteers to track or to know the status of the feedback received.
- No PGI person in charge was appointed at the branch level. Therefore, no one was taking responsibility for maintaining the quality of the PGI report, such as ensuring detailed SADD data in each activity report.

Lessons Learned

- Staff or volunteer who attended PGI orientation could facilitate PGI orientation at the branch, to maximize and ensure continuous learning.
- Appoint PGI dedicated staff or volunteers at the branch or municipalities level.

Strategies for Implementation

Indicators:	Target	Actual
# of volunteers mobilized	300	200
# of volunteers insured during the operation	180	165
# of volunteer accessed PPE during the operation	300	260
Reporting system (both narrative and financial) are developed to support the operation	Yes	Yes
Operation structure is established at CVTL HQ and Municipalities	Yes	Yes
Compliance with Principle Rules and Humanitarian Assistance	Yes	Yes
Feedback mechanisms at community level are set up	Yes	Yes
# of coordination meeting attended by CVTL at national and municipalities level during the operation	As necessary	6
Data collection and analysis system for operation reporting are set up	Yes	Yes
Communication strategies to support the operation is set up	Yes	Yes
# of documentations relate to operations released	As necessary	4
# of news released to publish CVTL's operation	As necessary	1
Quality administration and finance support are provided contributing to efficient operation and ensuring effective use of asset	Yes	Yes

Narrative description of achievements

CVTL deployed 200 volunteers and staff to respond to the dengue outbreak in 13 Timor-Leste municipalities. The outbreak response operations involved 13 branches and provinces. Prior to mobilisation, all deployed staff and volunteers received orientation. The operation is managed at the NHQ level by one project manager (Health Coordinator), two technical staff (Health and Reporting Staff), and one finance staff. On the other hand, the operation was managed at the branch level by one field coordinator (Head of Office), one technical staff (programme and finance), and 20 volunteers (in average).



CVTL staff and volunteers participating in discussion during the dengue response operation lesson learned workshop. (Photo: CVTL)

At the national-level, CVTL actively attended monthly meeting with the MoH, and other NGOs related to the response. Meanwhile, at the field level, coordination commonly occurred prior to field mobilization and implementation. However, CVTL branch often reported their activities and updates to local authority on monthly basis. Lastly, every 2-weeks, CVTL arranged coordination meeting with IFRC Jakarta office and submitted their report on a monthly basis.

In total, CVTL produced and published four documentations into their official twitter accounts (@cvtl_tl). As of 15 November 2022, all tweets received 129 likes and 31 retweet. Besides, CVTL published one news article through the local news media tatoli.tl¹.

In August 2022, a lessons learned workshop was conducted at the CVTL NHQ office and attended by branch representatives and facilitated by NHQ staff. In summary, the lessons learned from the operation are as follows:

- Communities' environmental hygiene and proper sanitation awareness are vital to reduce and prevent mosquito larvae. As the operation progressed, CVTL volunteers continued to identify larval-breeding sites around houses such as water tanks, plant pots, or even garbage or unused items
- Mobilized doctors and nurses were appreciated greatly by the MoH. From the mobilization, doctors and nurses could continue learning whilst gaining experience, especially in dengue treatment.
- Limited available abate stocks in Timor-Leste, CVTL has reported the finding to MoH to ensure adequate abate stocks in the future.
- Continuous monitoring and capacity building especially in outbreak response are needed at the field level.

Challenges

CVTL's dengue response was supported not only by this DREF funding, but also by funding from other organizations and the Timor-Leste government; CVTL was struggling to manage donor funding. CVTL has developed an overall dengue response plan (post-DREF) to map all activities with available funding to continue the activity. This was done to avoid overlapping of activity or reporting.

Lessons Learned

Technical support on project management is needed for CVTL. Direct visit and technical support from IFRC to CVTL proved effective, especially in sorting reporting issue.

D. Financial Report

The IFRC allocated CHF109,590 to help CVTL respond to the Timor-Leste dengue outbreak. By the end of the DREF operation, CHF109,484 had been spent, with the remaining CHF 106 to be returned to the DREF pot.

The major donors and partners of the DREF include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Full financial report is attached at the end of this report

¹ Tatoli news media: <https://tatoli.tl/2022/02/16/cvtl-apoia-ms-rega-susuk-iha-area-risku-ba-surtu-dengue/> (last accessed: 15/11/22)

Contact information

Reference documents

Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/2-2022/10	Operation	MDRTP005
Budget Timeframe	2022/2-2022/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 24/Nov/2022

All figures are in Swiss Francs (CHF)

MDRTP005 - Timor-Leste - Dengue Outbreak Response

Operating Timeframe: 06 Feb 2022 to 31 Aug 2022

I. Summary

Opening Balance	0
Funds & Other Income	109,590
DREF Allocations	109,590
Expenditure	-109,484
Closing Balance	106

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	96,922	95,255	1,667
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion	1,316		1,316
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	2,450	1,115	1,335
PO11 - Environmental Sustainability			0
Planned Operations Total	100,687	96,370	4,317
EA01 - Coordination and Partnerships	2,130	1,944	186
EA02 - Secretariat Services	6,508	11,170	-4,662
EA03 - National Society Strengthening	265		265
Enabling Approaches Total	8,903	13,114	-4,211
Grand Total	109,590	109,484	106

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/2-2022/10	Operation	MDRTP005
Budget Timeframe	2022/2-2022/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 24/Nov/2022

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MDRTP005 - Timor-Leste - Dengue Outbreak Response

Operating Timeframe: 06 Feb 2022 to 31 Aug 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	1,380	80	1,300
Teaching Materials	1,380		1,380
Utensils & Tools		80	-80
Logistics, Transport & Storage	9,200	8,952	248
Transport & Vehicles Costs	9,200	8,952	248
Personnel	47,202	67,838	-20,636
National Society Staff	18,118	4,284	13,835
Volunteers	29,084	63,555	-34,471
Consultants & Professional Fees	11,040		11,040
Professional Fees	11,040		11,040
Workshops & Training	22,152	14,740	7,412
Workshops & Training	22,152	14,740	7,412
General Expenditure	11,927	11,192	735
Information & Public Relations	2,300	9	2,291
Office Costs	2,854	3,027	-173
Communications	662	1,298	-636
Financial Charges		143	-143
Other General Expenses	6,111	6,716	-605
Indirect Costs	6,689	6,682	6
Programme & Services Support Recover	6,689	6,682	6
Grand Total	109,590	109,484	106