



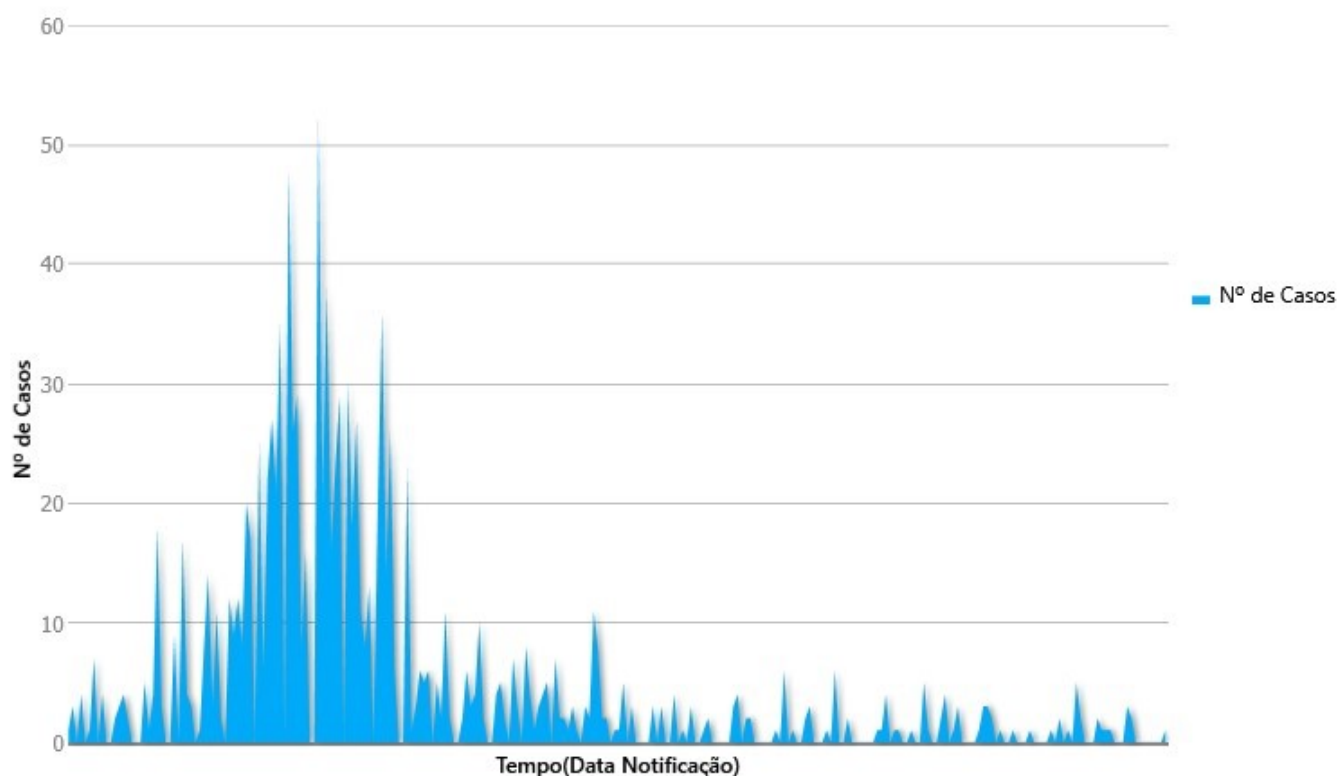
Awareness-raising in the neighbourhoods of Sao Tome

Appeal: MDRST002	Total DREF Allocation: CHF 167,586	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: N/A	People Affected: 214,211 people	People Targeted: 100,983 people	
Event Onset: Slow	Operation Start Date: 11-10-2022	Operational End Date: 30-04-2023	Total Operating Timeframe: 6 months

Targeted Areas: **Sao Tome, Principe**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, 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.

Description of the Event



Graph 1: Evolution of Dengue cases by Date of notification from week 15 to 52 of 2022. STP, July 02, 2023

Provide any updates in the situation since the field report and explain what is expected to happen.

On 13 May 2022, the Ministry of Public Health of Sao Tome-and-Principe reported the first outbreak of Dengue fever in Sao Tome-and-Principe to the WHO.

First suspected cases were recorded from March 2022, with people reporting suffering from severe fever and clinical characteristics of Dengue fever. On 11 April 2022, the laboratory of the central hospital reported a suspected case of dengue fever to clinical officials, triggering the 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, residing in Portugal who reportedly arrived in STP with his family on 26 March 2022. He started showing symptoms (fever, headaches, and joint pain) on 4 April 2022. Initially treated at the Mezochi (Trinidade) health centre, he was referred to the main central hospital due to his persistent fever.

The spread of the disease quickly got to all the country districts and, as of 26 August 2022, 980 cases of dengue fever had already been reported. Ahead of the rainy season, there was a high probability to see a pick on the caseload and given the health capacity, a risk of the outbreak getting out of hand without stronger early actions and preventive measures. Given this situation, the Cruz Vermelha de Sao Tome e Principe launched a DREF for anticipatory action to mitigate the spreading of the disease.

With the rainy season cases increased following the forecast with the below situation as of 28 February 2023, according to the SITREP from MoH:

- A cumulative 1187 (Table 1) cases have been reported on February 2023, representing a rise of 18% since the first reported cases in August 2022, with 8 deaths (CFR = 0,7%).
- As of February 2023, only 2 districts had active dengue cases.
- The provinces more affected by dengue were areas prone to a concentration of standing water. With the ongoing rainy season, it was anticipated that more districts would be affected until May 2023.

However, thanks to the combined efforts of the MoH and its partners, among which the Sao Tomé and Príncipe Red Cross, the spread of

the disease decreased. Indeed, after the end of the operation, Epidemiological data of June 2023 show that there were no new active cases and no more deaths attributed to dengue in the country's 7 health districts. Though there is still a total of 1,222 confirmed cases under control by the MoH.



Sanitation activities in the district of Agua Grande

Distrito sanitário	CASOS CONFIRMADOS				Casos activos			Casos recuperados	Total óbitos	Taxa de ataque/10000 hab.	
	Total acumulado		Casos Novos		Total	Hospitalizados					
	N	%	n	%		Total	Grave				Hemor
Água Grande	806	67,9	1	100	3	0	0	0	797	5	93,7
Lobata	97	8,2	0	0,0	1	1	1	1	97	0	39,8
Mézochi	180	15,2	0	0,0	0	0	0	0	179	1	31,9
Caué	23	1,9	0	0,0	0	0	0	0	23	0	28,7
Cantagalo	47	4,0	0	0,0	0	0	0	0	45	2	21,9
RAP	14	1,2	0	0,0	0	0	0	0	14	0	15,0
Lembá	20	1,7	0	0,0	0	0	0	0	20	0	11,1
Total	1187	100	01	100	04	1	1	1	1175	8	53,1

Distribution of confirmed cases by health district, STP, Feb 2023

Scope and Scale

The first case of dengue fever was recorded in Sao Tomé et Príncipe on 15 April 2022. As of August 26, 2022, 980 cases were distributed as follows: Mezochi (179 cases), Agua Grande (797), Cantagalo (45), Lobata (97) and the Autonomous Region of Príncipe (14). The health districts of CAUE (23 cases) and Lembá (20 cases) were also affected. The majority of cases were recorded in the Agua Grande and Mezochi health districts.

The situation report (SITREP) in End of February from the Ministry of Health (MoH) indicated the presence of 04 active cases. The country has registered 207 additional cases since the launch of the operation, representing an increase of 21%. Of the 1,187 cases confirmed since the start of the epidemic, active cases were located mainly in the districts of Lobata and Agua Grande, which were also the worst affected.

By the end of the operation, Epidemiological data as of June 2 show no new active cases, with a total of 1,222 confirmed cases and no more deaths attributed to dengue in the country's 7 health districts.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-



IFRC Network Actions Related To The Current Event

Secretariat	The IFRC was involved in the areas of Disaster Preparedness and Response as well as institutional development. The IFRC Yaoundé office monitored the situation in collaboration with the Sao Tome-and-Principe Red Cross. It also provided support for the preparation of an action plan for preparedness activities within the community, aiming to mitigate the risks associated with the spread and worsening of this epidemic.
Participating National Societies	There are no Partner National Societies in Sao Tome.

ICRC Actions Related To The Current Event

The ICRC is not present in the country but covers Sao Tome from their office in Yaoundé, however, they did not take part in this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Ministry of Public Health has performed case management and epidemiological surveillance and vigilance since the epidemic started. The Government also organized a campaign to distribute mosquito nets - with CVSTP support - within the framework of malaria prevention from 3rd May 2022. It supported distribution of a total 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; and Agua Grande 44,240.</p> <p>STP Minister of Health (MINSa) developed a contingency plan sponsored by World Bank grants (remaining funds from COVID-19), and all districts have their own micro plans. MINSa has been holding weekly/monthly meetings to discuss thematic aspects of dengue.</p>
UN or other actors	<p>In collaboration with the Ministry of Public Health, the WHO country office managed general coordination and the response to the outbreak within the constraints of limited national capacity, considering concurrent events, notably the COVID-19 pandemic. The team capacities were stretched to their limits, necessitating additional resources to support interventions, particularly the enhancement of preparedness and response, and an increase in capacity, especially concerning human resources at the sub-national level. Key actions included:</p> <p>Epidemiological investigation: Following the notification, the surveillance team collaborated with the National Centre for Epidemiology to conduct tests on family members of the suspected case and identify the predominant vector mosquitoes (<i>Aedes aegypti</i> and <i>A. albopictus</i>).</p> <p>Case management and laboratory: The medical teams from the central hospital and the national reference laboratory closely monitored, treated, and followed up on all suspected Dengue fever cases identified through the epidemiological investigation. Laboratory follow-up was conducted as well.</p> <p>Fumigation: The entomology team, in collaboration with the epidemiological surveillance team, agreed not to conduct fumigation</p> <p>Communication: After a meeting held on April 22, 2022, the Ministry of Public Health communicated through the media to provide clear and updated information to the public regarding the situation.</p>



Request for assistance: Collaborative identification of needs continued, supported by the Incident Department of the WHO Country Office in Sao Tome, with assistance from the WHO Regional Office for Africa and WHO Headquarters.

Are there major coordination mechanism in place?

A developed response plan was issued by the Ministry of Health (MoH), to which partners contributed. The primary objective was to coordinate the actions of the WHO and the Ministry of Public Health, bolstered by additional support from the National Society (NS).

Coordinating the intervention remained relatively straightforward due to the limited number of involved parties. The main platform for partner coordination was the weekly coordination meetings.

Information sharing was methodically organized, particularly in relation to surveillance management. Additionally, training sessions and key messages for mass sensitization were aligned and coordinated in accordance with WHO guidelines and officials, with the same approach applied to the training content.

Needs (Gaps) Identified



Sao Tome and Principe experienced its first outbreak of Dengue fever. This marked the initial instance of the epidemic affecting the country, despite its location within the Dengue belt. The first suspected case was reported on 11 April 2022, and as of 28 February 2023, a total of 1,187 cases had been documented.

Dengue fever, a viral disease transmitted by mosquitoes of the *Aedes aegypti* species, belongs to the Flaviviridae family. These mosquitoes also act as vectors for chikungunya, yellow fever, and Zika viruses. The virus exhibits four closely related serotypes (DENV-1, DENV-2, DENV-3, and DENV-4). The disease typically affects individuals across all genders and age groups, without a clear gender predilection. However, recent data showed a higher prevalence among women, whereas previous SITREPs reported elevated cases among teenagers (25.0%), youths (25.0%), and adults of childbearing age (17.9%). This trend might be attributed to the concentration of these age groups in areas of communal gathering and schools during the specified period.

Several studies endorsed by the WHO indicate that the transmission of the dengue virus is sensitive to climate changes. Various factors contribute to this phenomenon, including temperature alterations that favorably influence the vector's reproduction rate. Rainfall, for instance, results in a higher number of female mosquitoes. As the rainy season began, volunteers reported an increase in mosquito nests, primarily due to the creation of puddles from the rainfall, necessitating sustained cleaning and prevention efforts to mitigate mosquito breeding grounds.

With the rainfall anticipated to persist until the end of March or mid-April 2023, it was imperative to recognize that the risk of disease cases would continue to rise. The country's susceptibility to epidemic spread, combined with ongoing risk factors, underscored the urgency of intensifying preventive measures in the forthcoming weeks, building upon previous accomplishments.

Since the launch of the DREF operation, the provinces most affected by dengue were flood-prone areas. Given the rainy season that lasted until April 2023, the mentioned factors remained a concern to be addressed with the support of the National Society.

The health system's capacity, especially in high-risk zones, remained limited in terms of health coverage and the management of severe cases. Past infection did not grant immunity against new contamination, and DENV infection heightened the risk of severe Dengue fever. The health system could potentially be overwhelmed. Rapid assessments conducted during the flood response (MDRST001) indicated low capacity in districts to care for severely ill patients. Most districts in Sao Tome had only a health center, with a limited reference hospital in the city of Sao Tome that struggled to manage severe cases effectively.

The social and environmental circumstances, including human mobility, tourism activities, WASH (Water, Sanitation, and Hygiene) conditions, and practices, contributed to the appearance and persistence of mosquito breeding grounds. These conditions were evaluated as poor, facilitating mosquito transmission. An in-depth needs assessment funded by the DREF in response to floods in Me-Zochi, Agua Grande, Lemba, and Principe revealed these inadequate conditions.

Given that this was the country's first epidemic, the lack of community knowledge about the disease posed a significant challenge and risk factor. Addressing this required heightened efforts from the Government, supported by the WHO, to enhance community awareness of the disease and establish sustainable community-based prevention measures. Targeting high-risk zones was essential to improve or



disseminate disease-related information, enhance public attitudes and practices toward Dengue fever, and engage communities in systematic vector control activities.



Water, Sanitation And Hygiene

The epidemic had broken out in March 2022, right in the midst of the rainy season that extended from December 2021 to mid-May 2022. These rains resulted in extensive flooding, water drainage issues, and the destruction of infrastructure like bridges, rendering some areas difficult to access for the ongoing sensitization efforts. Additionally, stagnant water accumulated, providing optimal conditions for the breeding of mosquitoes. The need to address WASH conditions and eliminate potential mosquito breeding sites or environments favorable for mosquito survival was imperative, requiring community involvement. Ensuring the cleanliness of surroundings was of paramount importance and required the engagement of residents in both residential and bustling areas, particularly markets, schools, and densely populated locations in general.



Community Engagement And Accountability

A quantitative survey conducted in December 2022 across the country as part of this operation revealed the following needs in CEA:

- The population's adherence to community clean-up activities was observed to be low, leading to limited implementation, showing a need for National Society (NS) continued engagement with local leaders and promote hygiene and cleaning practices.
- The majority of population had heard about Dengue but lacked awareness about its prevention methods or signs. Approximately 97% of the interviewees were unaware of the mosquito's development process or the disease's modes of transmission. This highlighted a significant knowledge gap, indicating the need for increased awareness-raising efforts and information dissemination on a broader scale.
- Only 4% of respondents were aware of the existence of treatments for Dengue, and among them, only 1% mentioned any specific treatment methods, indicating that the educational campaign messages did not effectively reach a portion of the population, suggesting the necessity for adjustments in communication, education, and social mobilization practices.

Sanitation conditions within neighborhoods were conducive to Dengue transmission.

Operational Strategy

Overall objective of the operation

The objective of this operation was to reduce the risk of propagation of the Dengue virus in Sao tome and Principe through extensive awareness-raising, community cleaning and community surveillance.

The operation lasted 06 months instead of the 05 initially planned and allowed to reach 153,464 people, which represents 66% of the country's population.

Operation strategy rationale

The strategy of the CVSTP was formulated to involve direct engagement with communities and to operate in coordination with local authorities, and with the health department at both the national and local levels, under the supervision of the WHO. The proposed activities were intended to complement the initial measures executed by the Ministry of Public Health.

As part of this operation, a total of 111 people, that is 14 trainers (2 from each district in the country) and 109 volunteers were trained to: dengue and other vector diseases, and communication techniques to carry out activities in the community. The training approach encompassed a "training of trainers" session followed by cascading trainings in the targeted districts. The training was carried out under the oversight of the WHO and the Ministry of Public Health.

Subsequent to the training, teams were dispatched for mass communication and outreach efforts, including door-to-door activities. These field excursions were used to create community risk maps, aiding in the identification of high-risk zones necessitating environmental cleaning. The volunteers were also equipped to recognize suspected cases of Dengue fever and direct them to health centers.

Once trained, 109 volunteers were deployed for a period of four months, focusing on the following areas:



- a) Preparation and training of CVSTP teams.
- b) Delivering health education in communities through diverse communication channels to disseminate key messages.
- c) Engaging in environmental cleaning to eliminate mosquito breeding grounds, involving the drainage of stagnant water over a span of four months.
- d) Conducting passive surveillance within the community for suspected cases and intensifying surveillance to track the progression of the virus.

Targeting Strategy

Who was targeted by this operation?

The total population at risk was estimated at 214,211 people, out of which the National Society (NS) aimed to target 100,983 individuals (36,720 directly and 64,263 indirectly) comprising 58% men and 42% women.

Direct targets were approached through door-to-door activities, sanitation initiatives, and community engagement efforts in schools, health facilities, and areas where Dengue cases had been reported.

Indirect targets were reached through mass communication activities on the radio and through large-scale community events.

Explain the selection criteria for the targeted population

Based on the distribution of confirmed cases per age group as reported in the SITREP of August 26 2022, and considering that this epidemic was relatively new to the entire population, it was important to target every segment of society due to the generalized vulnerability arising from a widespread lack of knowledge about the disease. However, as part of the outreach actions, the National Society (NS) focused on:

- Sedentary populations regularly exposed to mosquito bites during the day.
- Special emphasis was placed on populations already affected and at risk of developing severe forms of the disease, such as those who had previously been infected, the elderly, individuals with chronic diseases, pregnant and breastfeeding women, and newborns within households.
- Youth who were exposed during the day, recognizing that the youth demographic constituted the highest number of cases. This rationale underscored the targeting of schools and regular meeting points.

Geographically, the NS prioritized individuals residing in more isolated rural areas and locations that were challenging to access for communities. Cleaning of surroundings was further intensified in districts with the highest number of cases as the weeks progressed.

Total Targeted Population

Women	58,570	Rural	50%
Girls (under 18)	0	Urban	50%
Men	42,413	People with disabilities (estimated)	0%
Boys (under 18)	0		
Total targeted population	100,983		

Risk and Security Considerations

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

Risk	Mitigation action
Risk of greater vulnerability with the incidence of floods: the main risk to the operation is continuation of the rainy season. The	Together with the government, the NS is planning to first perform evaluations in a bid to identify the actual risk in affected areas



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 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-19.

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 sensitization team will be created, equipped with kits and communication materials, and deployed. Mosquito control will also include malaria risk and reduce bad practices favourable to diarrhoeic diseases.

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 Red Cross team members.

Please indicate any security and safety concerns for this operation

No security risk had been identified up to that point. The legislative elections concluded relatively peacefully by the end of September 2022. The National Society (NS) carried out surveillance and provided weekly updates to both volunteers and staff, maintaining continuous coordination with partners within the movement. Those participating in the operation also received the stay-safe briefing as part of their preparations.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Budget: CHF 75,262

Targeted Persons: 100,983

Assisted Persons: 153,464

Indicators

Title	Target	Actual
Number of community leaders and minimum number of opinion leaders engaged in educational talks	100	211
Number of people reached by sensitisations and health activities	100,983	153,464
Teachers sensitised on Dengue fever (symptoms and prevention) and community engagement	70	70
Number of schools engaged in FGDs and messages	14	125

Narrative description of achievements

Mobilization and training of CVSTP teams involved 14 trainers from the Ministry of Public Health and Red Cross, equipped with essential modules such as Community-Based First Aid, EPiC, CEA, risk communication, PSS, and CBS.



A total 109 volunteers received training on community definition of suspected cases and risk identification in communities. The training was facilitated by the IFRC CCST, WHO, and the Ministry of Public Health. The strategy emphasized Dengue prevention, water and vector-borne disease awareness, and was organized in coordination with the relevant stakeholders.

Some 70 teachers were trained to promote Dengue prevention and barrier measures in schools. Their efforts included sensitizing students during weekly morning sessions, leading to comprehensive coverage across the country.

Volunteers and teachers sensitized 37,337 students in 125 schools about Dengue and preventive measures. Notably, students' knowledge about Dengue Fever increased, sparking discussions among them, even extending to the importance of basic sanitation as a preventive measure.

9,513 door-to-door visits, reaching around 66,594 people. These were carried out by volunteers and supervisors during three weekly field outings. The close proximity of houses and community curiosity led to higher-than-planned sensitization. Additionally, 50 megaphones were employed for mass awareness, delivering key messages related to symptoms, protective measures, and vector control.

- 211 community leaders and opinion leaders engaged in educational talks.
- 17 journalists were also trained to the Dengue and community engagement prior to the campaign through the media.

Mass communication campaigns were launched, broadcasting messages on 05 local radios over 05 months. Approximately 104,350 individuals were reached through radio campaigns, with messages prepared by the Government and supported by WHO.

The actions conducted through this DREF significantly contributed to mitigating the risk of increased Dengue. The comprehensive sensitization efforts led to enhanced community knowledge about Dengue, its symptoms, preventive measures, and vector control. As a result, individuals and communities were better equipped to take preventive actions, reducing the overall risk of Dengue transmission.

Lessons Learnt

- Involving teachers and raising awareness in school proved very efficient and an indirect mean to reach all families.

Challenges

- Only 2 vehicles were available for activities implementation for 6 districts, making it difficult for volunteers to leave at the same time to the field, especially for the most distant neighborhoods or communities.
- Delayed financial transaction include transfer of funds.
- Challenges on equipment/material procurement in the local market, resulting on delays, on the availability and impacting the start of the activities



Water, Sanitation And Hygiene

Budget: CHF 16,893

Targeted Persons: 100,983

Assisted Persons: 104,350

Indicators

Title	Target	Actual
Number of operations for breeding ground destruction and sanitation	112	64
Minimum number of volunteer field visits each month for community cleaning operations in every district	84	109
Number of people reached by cleaning activities	100,983	104,350



Narrative description of achievements

- 64 Community cleaning (drainages, rivers, markets, neighborhood breeding) were carried out to support the community in properly disposing of solid waste and remove man-made habitats that could retain water during the rainy season. The goal was not achieved due to some constraints related to bad weather (rainy season), and lack of collaboration from the population. More time is needed to raise awareness of the population and the involvement of the city councils is needed to influence the residents to adhere to the clean-up activities. A total of 104,350 people were reached with these activities.
- It was planned to involve 84 volunteers for the cleanup operation visits (5 in each district), but given the number of trained volunteers, all of them (109) were involved in the cleanup campaign.
- 7 community main risk maps were elaborated for the districts (the maps were internally disaggregated by visited communities in each district) to identify various malaria breeding grounds and clusters as well as zones with risk factors. In total volunteers were able to map 26 waste production sites, 28 breeding grounds, and 35 wetlands. This resulted in 64 cleanups of 168 sensitized communities.
- Fumigation of the surroundings of homes was not approved by the MoH and WHO and the activity and the National Society have improved the cleaning activities instead.

Lessons Learnt

- The involvement of the city councils would have been very useful to influence the residents to adhere to the clean-up activities. For next operation, NS will try to advocate for their involvement.

Challenges

- Low adherence of the population was noted in the communities, for the clean-up activities, resulting in low implementation of those activities. It seems unfulfilled promises by politicians partially conditioned the population's unwillingness.
- Some houses closed during door-to-door sensitization activities, so these households were not reached.
- Awareness-raising materials were not enough to be distributed at the community level, as the population asked for more leaflets in order to learn more about the dengue



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 100,983

Assisted Persons: 144,354

Indicators

Title	Target	Actual
Number of volunteers and staff briefed on PGI concepts	113	109
Number of people targeted by protection messages	100,983	104,350

Narrative description of achievements

- All 109 volunteers involved in this operation were briefed on PGI and SGBV.
- All activities and trainings have integrated and promoted PGI. Consideration of women's heads in discussions with communities has been included.
- The school's sensitization was also an opportunity to integrate the different groups together and/or separately to engage in discussions, and diffusion of preventive messages on PGI.



Community Engagement And Accountability

Budget: CHF 5,286

Targeted Persons: 100,983

Assisted Persons: 153,464



Indicators

Title	Target	Actual
Number of feedbacks collected and treated throughout the operation	525	395
Number of feedback systems created	1	2
Number of volunteers briefed on CEA/CREC	113	109

Narrative description of achievements

- The training sessions for Community Engagement and Communication (CEA/CREC) were conducted across 7 districts and the central office. A total of 116 participants underwent training, including 109 volunteers and 7 CVSTP staff members. This institutional engagement aimed to equip participants with the necessary skills and knowledge to effectively engage with communities and communicate essential information about Dengue prevention and control. MoH, WHO, and Local Authorities took part at those training.
- Two distinct feedback systems were established. The first involved recording information during family visits and schools activities using registration forms, while the second entailed conducting focus group discussions to gather insights during group conversations. A feedback management system was devised, supported by volunteers engaging in awareness-raising activities. This approach facilitated the documentation of Dengue-related rumors, concerns, beliefs, observations, and suggestions within the community. Feedback was actively collected, shaping messaging priorities and guiding subsequent actions. The collected feedback reports were consolidated and can be found attached to this report.
- Conversations with community leaders were held in the various communities, through small meetings, and in some cases individually, the groups of leaders included religious groups, responsible fishermen, farmers, fish sellers, community leaders of governance and community health agents. These conversations aimed to inform the leaders about the consequences of Dengue and sensitize them to the involvement of their members in the fight against Dengue. They took the responsibility to talk to their community members about their involvement in cleaning up their communities. As a result of the leaders' engagement, in some communities, community participation in the clean-up was verified. Overall, 211 community leaders were involved.
- 59 Focus Group Discussions (FGD) were held with various speakers 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. Emphasis was laid on prevention and sustainable fight messages.
- Various channels and messages were employed for community engagement. Volunteers utilized family visits, focus group discussions, and awareness-raising activities to communicate information about Dengue transmission, prevention, and control measures. The community's engagement with these messages and channels facilitated the sharing of insights and allowed for informed actions in response to Dengue concerns.
- 525 Feedbacks were gathered through visits to families and demonstrations at schools. A questionnaire was prepared beforehand and utilized for recording these insights, which were subsequently entered into a database. Volunteers were responsible for collecting feedback during home visits or transmitting it to Red Cross officials for further attention. The feedback primarily focused on questions related to Dengue transmission and prevention, and these inquiries were successfully addressed through field actions.

Lessons Learnt

- The FGD and visits in the communities were instrumental in identifying people needs and fears. These sessions helped building ownership of the operation in the communities, and also led to a better understanding by the people of how their active participation was crucial in preserving their own health.
- The feedback collection highlighted that many inquiries could be effectively addressed in the field due to the volunteers' focused knowledge on Dengue transmission and prevention. This underscores the value of community engagement and the role of volunteers in disseminating accurate information and addressing community concerns.

Challenges

- Awareness-raising materials were insufficient to distribute in the communities.





Budget: CHF 6,663

Targeted Persons: 109

Assisted Persons: 109

Indicators

Title	Target	Actual
Number of NS staff and volunteers who benefited from DREF training	20	18
Number of follow-up visits performed by branch officials	20	28
Number of NS staff engaged in the intervention	7	7
Number of volunteers insured	113	109

Narrative description of achievements

- A DREF training was conducted to reinforce branch briefings on the intervention. As the NS is relatively new to using DREF, this training was a capacity-building initiative to enhance the NS's understanding of DREF, its tools, monitoring, reporting requirements, and evolving changes. This training not only aided the current intervention but also equipped the NS with skills for future responses.

The head office monitored interventions across various branches, with technical supervision provided by the IFRC delegation. This collaborative effort resulted in a total of 28 supervisory visits, ensuring effective implementation and guidance.

In response to community compliance challenges for clean-up activities, the intervention was adopted by prioritizing population sensitization. This strategic adjustment demonstrated the flexibility and adaptability of the NS, enhancing its ability to address evolving challenges in real-time.

The NS engaged 109 volunteers who were trained and proved instrumental in executing various activities and interventions.

Multiple trainings were imparted to the NS on PMER (Planning, Monitoring, Evaluation, and Reporting) tools, equipping the NS with essential skills for effective project management and reporting.

Throughout the intervention, coordination with partners played a vital role:

IFRC provided technical supervision, ensuring that the interventions were aligned with best practices and international standards.

The partnership between the NS and IFRC ensured a strong support system, with the delegation offering guidance and expertise to enhance the effectiveness of the response.

Coordination efforts were evident through 28 supervisory visits conducted by the head office and IFRC delegation, reflecting the collaborative approach in achieving project objectives.

Additionally, the NS engaged in partnerships with local communities and authorities to address compliance challenges, illustrating the importance of local engagement in successful intervention implementation.

Lessons Learnt

- The financial/banking situation of the country should be taken into account during the planning knowing that they could impact funds transfer.
- The technical capacity of the NSs should be taken into account during the planning to avoid gaps.



Challenges

- Delays in transfer of funds delayed several activities.
- There was not enough human resources to reinforce the operation technical team, ideally there would be needed more two technicians allocated to the project to support the demand.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2023/9	Operation	MDRST002
Budget Timeframe	2022/10-2023/4	Budget	APPROVED

Prepared on 18/Oct/2023

All figures are in Swiss Francs (CHF)

MDRST002 - Sao Tome And Principe - Worsening Dengue Outbreak

Operating Timeframe: 11 Oct 2022 to 30 Apr 2023

I. Summary

Opening Balance	0
Funds & Other Income	167,586
DREF Anticipatory Pillar	167,586
Expenditure	-145,045
Closing Balance	22,541

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	75,262	75,859	-597
PO05 - Water, Sanitation & Hygiene	16,893	18,303	-1,411
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		709	-709
PO10 - Community Engagement and Accountability	5,286	6,442	-1,156
PO11 - Environmental Sustainability			0
Planned Operations Total	97,442	101,314	-3,873
EA01 - Coordination and Partnerships	63,482	39,655	23,827
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	6,663	4,076	2,587
Enabling Approaches Total	70,145	43,731	26,414
Grand Total	167,586	145,045	22,541

[Click here for the complete financial report](#)

Please explain variances (if any)

Of the CHF 167,586 allocated to this operation, CHF 145,045 have been spent. The NS will therefore have to return the sum of CHF 22,541 to the DREF. This amount to be reimbursed is justified for 03 main reasons:

- The operation had planned the deployment of 02 surges, however, only one was finally deployed, which resulted in considerable savings on this line.
- The Sao Tome and Principe Ministry of Health did not authorize the NS to carry out spraying activities in the communities, which meant that the amount provided for the equipment was not spent, and the volunteers did not go out the field, meaning no per diem and

transportation costs.

- The various training courses cost less than planned, which also resulted in a balance on the lines concerned.



Contact Information

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

National Society contact: Justino Lima, Secretary General, justinolima_10@hotmail.com, +239 9905086

IFRC Appeal Manager: Adesh TRIPATHEE, Head of Country Cluster Delegation, Adesh.TRIPATHEE@ifrc.org, +254 731067489

IFRC Project Manager: Aime Gilbert MBONDA NOULA, Manager, Health and Care, aime.mbonda@ifrc.org, +237 674206673

IFRC focal point for the emergency: Nicolas Boyrie, DREF Lead, nicolas.boyrie@ifrc.org

Media Contact: Muriel Atsama, Communication Senior officer, muriel.atsama@ifrc.org, +237 650610006

[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/9	Operation	MDRST002
Budget Timeframe	2022/10-2023/4	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Oct/2023
All figures are in Swiss Francs (CHF)

MDRST002 - Sao Tome And Principe - Worsening Dengue Outbreak

Operating Timeframe: 11 Oct 2022 to 30 Apr 2023

I. Summary

Opening Balance	0
Funds & Other Income	167,586
DREF Anticipatory Pillar	167,586
Expenditure	-145,045
Closing Balance	22,541

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	75,262	75,859	-597
PO05 - Water, Sanitation & Hygiene	16,893	18,303	-1,411
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		709	-709
PO10 - Community Engagement and Accountability	5,286	6,442	-1,156
PO11 - Environmental Sustainability			0
Planned Operations Total	97,442	101,314	-3,873
EA01 - Coordination and Partnerships	63,482	39,655	23,827
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	6,663	4,076	2,587
Enabling Approaches Total	70,145	43,731	26,414
Grand Total	167,586	145,045	22,541

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/10-2023/9	Operation	MDRST002
Budget Timeframe	2022/10-2023/4	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Oct/2023
All figures are in Swiss Francs (CHF)

MDRST002 - Sao Tome And Principe - Worsening Dengue Outbreak

Operating Timeframe: 11 Oct 2022 to 30 Apr 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	35,299	38,300	-3,001
Water, Sanitation & Hygiene	8,856	8,671	185
Teaching Materials	26,443	29,629	-3,186
Logistics, Transport & Storage	5,152	7,366	-2,215
Transport & Vehicles Costs	5,152	7,366	-2,215
Personnel	39,863	25,689	14,174
International Staff	18,973	5,339	13,634
Volunteers	20,890	20,350	540
Consultants & Professional Fees	2,300	654	1,646
Professional Fees	2,300	654	1,646
Workshops & Training	51,034	41,803	9,231
Workshops & Training	51,034	41,803	9,231
General Expenditure	23,710	22,381	1,329
Travel	13,768	18,079	-4,311
Information & Public Relations	1,917		1,917
Office Costs	1,648	1,313	335
Communications	958	1,022	-64
Financial Charges	5,419	1,967	3,453
Indirect Costs	10,228	8,853	1,376
Programme & Services Support Recover	10,228	8,853	1,376
Grand Total	167,586	145,045	22,541