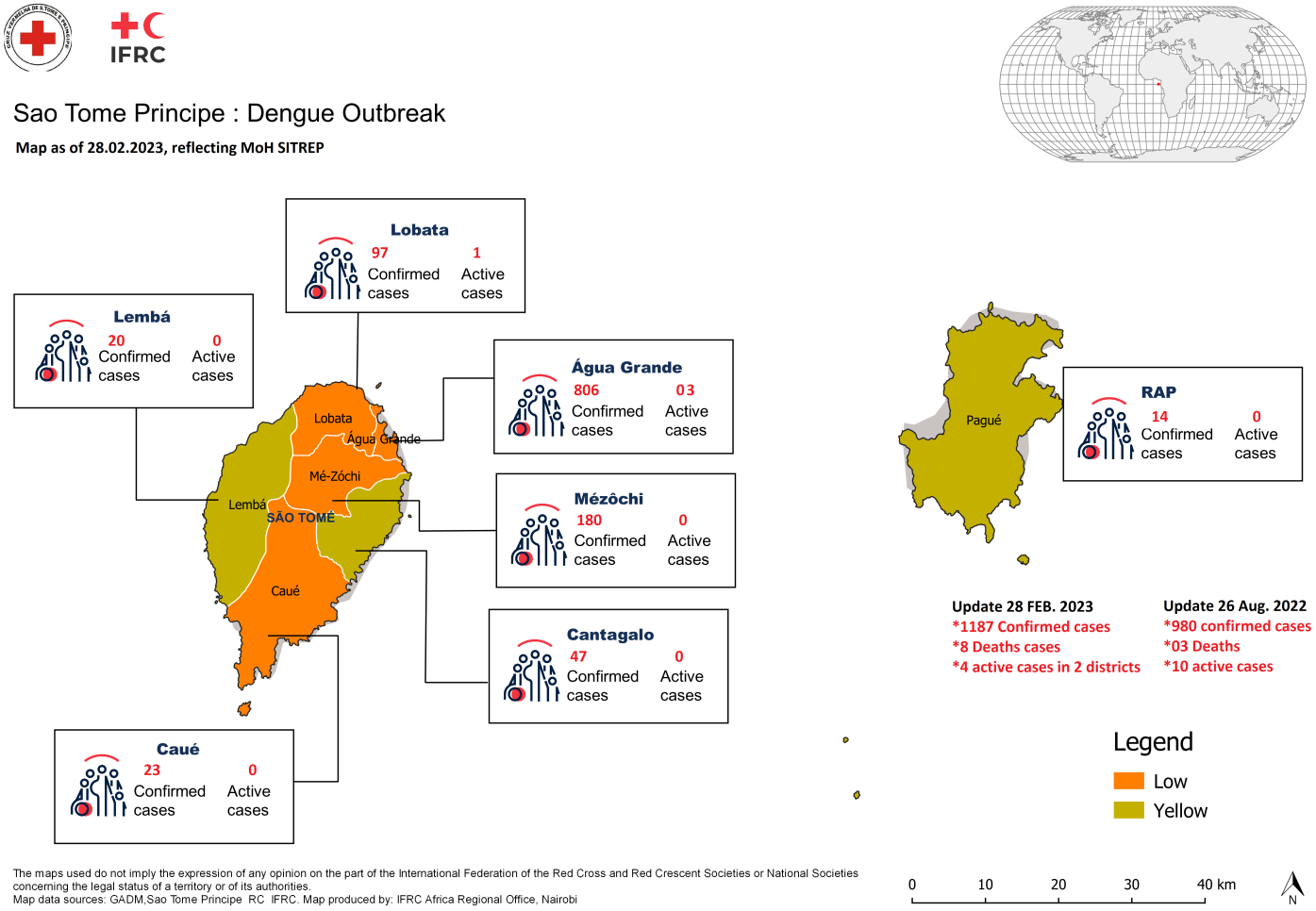
OPERATIONAL UPDATE

Sao Tomé & Principe - Worsening Dengue outbreak

Cruz Vermelha de Sao Tome volunteer on door to door visits @CVSTP

Appeal: **MDRST002**	Total DREF Allocation **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**	New Operational end date: **2023-04-30**	Total operating timeframe: **6 months**
Additional Allocation Requested **-**	Targeted Areas:	**Sao Tome, Principe**	

Description of the Event



Map Sao Tome e Principe Dengue outbreak 28th February 2023 @IFRC

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.
The suspected cases started ending March 2022, with recorded cases 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 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 who 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 persistent fever.

The spread of the disease quickly get to all the country districts and as of 26th August 2022, 980 cases of dengue fever were already 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. Part of the MoH partners, the Cruz Vermelha de Sao Tome e Principe launched a DREF for anticipatory action ahead of the flooding season.

Since, the rainy season started and cases increased following the forecast with the below situation as of 28 February 2023, the latest SITREP from MoH.

 A cumulative of 1187 (Table 1) cases have been reported until 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 (data disaggregated in Table 2).
 Provinces that have been more affected by dengue are areas prone to a concentration of standing water. As the rainy season continues, it is anticipated that more districts will be affected until May 2023.

Table 1. MINSA-ST cumulative data form August 2022 to February 2023

	CASOS CONFIRMADOS		Total Casos recuperados**		Total óbitos		N° de Testes	
	Total		N	%	N	%	Total	Neg.
	1187		1175	99,2	8	0,7	8833*	6087
SEXO	N	%	Total Hospitalizados		Total casos hemorragicos***			
Masculino	563	47,4	N	%	N		%***	
Feminino	624	52,6	145	12,2	36		24,8	

*Da quantidade dos testes realizados: 1301 são IgG, 94 são controlos **Recuperados: Casos notificados depois de 7 dias

*** % Total casos hemorrágicos: # Total casos hemorragicos/ Total Hospitalizados X 100

Table 2. Distribution of confirmed cases, by health district, STP, February 2023

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
Mézôchi	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**

EPI Data February 2023 from MOH

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 National Society capacity to perform data collection and surveillance of these indicators at country level in the coming months

The established triggers were as follow:
• 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. But also 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 surge(s) 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. Currently, only 21% of cases increased.

Following the above trigger, NS has been monitoring the forecast Information that were mainly provided by

MoH SITREP (MINISTRY OF HEALTH) to ensure the deployment of the teams accordingly and priorities for team deployment. Unfortunately it has been difficult to access regular data and the only update received from MoH came mid- March with data as of 28 February. Nevertheless, the NS has continue the implementation of all the Anticipatory action and preventive measures outlined in the plan to mitigate any risk.

This operation is extended for one month to allow the NS to continue engaging communities on preventive measures and complete the awareness as the outbreak is not over even if the actions engaged by NS and partners highly contributed to mitigate the forecasted scale of the disease during the rainy season as seen above. With only 207 new cases (only 21% increased for the past 7 month since August), mortality rate still < 1%. The scenario still at yellow stage when the rainy season pick is experienced from December to March.

Weather forecast reports, alerts, and volunteer updates has also been used to monitor the response and to determine areas where a specific measure or set of measures should be ramped or in which specific zone or zones.

Scope and Scale

The currently available epidemiological update comes from the SITREP OF February 2023 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.
On 26 August 2022, the 980 cases were distributed as follows: Mezochi (179 cases), Agua Grande (797), Cantagalo (45), Lobata (97), and the Autonomous Region of Principe (14). CAUE (23), Lemba (20 cases). Most of the cases were recorded in the health districts of Agua Grande and Mezochi.

The latest SITREP from MoH showed that currently there are 4 active cases. The monthly trend between the two SITREP is not available to show the continuous evolution over the weeks or months but the country recorded 207 more cases since the operation was launched, being 21% increase. on the existing 1187 confirmed cases since the outbreak was declared on 28 February 2023, total active cases are located in Lobata and Agua grande, which are also the main affected since.

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 permanent risk that the caseload can increase all over the current rainy season. The reason is the mosquito-breeding grounds created by rains and water management in the community. Especially while observation and current feedback reported communities not really receptive to cleaning actions. NS is engaging with leaders to keep that work and promoting among the communities with such identified challenges and poor environmental hygiene conditions.
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 favorable. However, the climate in STP is generally hot all year round.

As expected, we noticed cases have increased during the rainy season and the STP minister of Health developed a contingency plan sponsored by World Bank grants (remaining funds from COVID-19), and all districts have their own micro-plans. Others identified gaps from observation conducted and operational monitoring include:
- Need to increase coordination with MoH and municipalities to develop a clear strategy and buy-in around the communities, for WASH activities.
-Focus group discussions on dengue to engage the community have not yet been started and were forecasted to be implemented in March
-Dengue risk assessment was implemented late December, but analyses are still yet to be done, report is expected to be finalized in March
-Lack of human resources to reinforce the DREF operation technical team

Summary of changes

Are you changing the timeframe of the operation	**Yes**
Are you changing the operational strategy	**No**
Are you changing the target population of the operation	**No**
Are you changing the geographical location	**No**
Are you making changes to the budget	**No**
Is this a request for a second allocation	**No**
Has the forecasted event materialize?	**No**

Please explain the summary of changes and justification

This DREF operation is extended for 1 months to provide additional weeks to NS to support the overall response plan to the DENGUE fever outbreak in the country. The operational context describe below welcomed the NS activities and this extension will allow completing the remaining activities which coincide also with a need to continue the emphasis on the current actions handled by the NS, including:
•Community engagement and risk communication has been confirmed as crucial to sustainable preventing risk.
•Community-based monitoring. currently followed by volunteers with the support of local leaders
•Public health education on Dengue was conducted among the leaders, in the schools, door to door, and through mass media radio coverage.
•Surveillance strengthening at the community level
•Environmental management which remains one of the key preventive measure against vectors.

The lasting of financial transactions (minimum of 3 weeks to arrive in the bank account of the national society) require also this extension. The activities on the field are done but the payment of the volunteers, and radios on the field will be delayed as well as the closure of the operation by the NS.

Please explain how is the operation is transitioning from Anticipatory to Response

Current National Society Actions

School awareness at Aqua grande

Door to door

Health	Key Actions 3,553 Families were reached with house visits made by the volunteers • 5 Radios in 4 districts broadcasting awareness messages, for dengue prevention since 5 January 2023 • 7 community main risk maps elaborated for the districts (those maps are internally desegregated by visited communities in each district) • 88 schools engaged in FGDs and educational talks for dengue prevention • Ongoing awareness campaigns (house visits, radio broadcasts, student engagement, and wash activities). • Surge deployment in December 2022 to support the acceleration plan and procurement. • Inter delegation agreement for PMER deployment to support the final DREF implementation and reporting, since March 2023. • STP RC, participated in February, in the health cluster thematic group for dengue.
Coordination	Coordination with the Ministry and information sharing session with the Ministry of Public Health, movement partners and the WHO. STP RC, participated in February, on the health cluster thematic group for dengue.
Water, Sanitation And Hygiene	NS is actively engaging in promoting wastewater management food practices, environmental hygiene, and cleanings. With community participation, the NS has already conducted 27 community cleaning (drainages, rivers, markets, neighborhoods breeding) that have been implemented in compounds of more than 300 Households in total. Promotions and messages are still ongoing by volunteers deployed or through radio. The visibility material has been well received and effective to this sensitization.
National Society Readiness	Since the MDRST001 operation, the NS has already initiated some aspects of support for branches to raise community awareness although these actions are still minor: • Briefing volunteers on the Dengue fever, risks and symptoms for volunteers engaged in the response to floods in Mezochi, Lemba, and Principe • Alerting branches As soon as the epidemic was declared, the SN continued to keep itself informed via the Ministry of Health and posted a GO alert to inform partners, STP: Epidemic - 2022-04.

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 the preparation of an action plan for preparedness activities in the community to reduce the risks that this epidemic spread and get worst.
ICRC	The ICRC is not present in the country.
Participating 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 30301, Lobata 6530, Lemba: 9225, RAP: 5000, Catagalo 13884, Caue 4497, Agua Grande 44240. Total 123,677 distributed mosquito nets. STP Minister of Heath (MINSA) developed a contingency plan sponsored by World Bank grants (remaining funds from COVID19), and all districts have it's own microplans. MINSA has been holding weekly/monthly meetings to discuss thematic aspects on dengue
UN or other actors	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, and capacity increase, especially of human resources at the sub-national level. Key actions include: •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 cases 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 a joint investigation with the epidemiological surveillance team that provided support to identify vector sites, performed fumigation (pirimiphos methyl (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 the 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?

There is a developed response plan issued by MoH on which partners are contributing. The main task is to coordinate existing WHO and Ministry of Public Health actions with extra support from the NS.
Coordination of the intervention is quite simple given the limited number of parties involved. The weekly coordination meetings are the main platform for partner coordination.
Information sharing is organized especially with respect to surveillance management. Furthermore, trainings and key messages for mass sensitization are harmonized and in coordination with WHO guidelines and officials, same for the trainings contains.

Anticipated Needs

Community Engagement And Accountability

Following the feedback collected and observation conducted in the communities, the following elements have been taken into account:
- Ongoing rains are affecting several districts, exacerbating the WASH conditions that represent the main risk factor for breeding ground creations. However, there has been an observed low adherence of the population in the communities, for the clean-up activities, resulting in the low implementation of those activities. But NS continues to engage local leaders and promote hygiene and cleaning.

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, 1187 cases have been recorded as of 28 February 2023.
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). The disease generally affects every gender and age group without predominantly hitting a particular gender but from the last data, women are most affected while previous SITREP was reporting a higher among teenagers (250%), youths (25,0%), and adults of child-bearing age (17.9%). The reason to have been that these age groups are concentrated in places where people gather and in schools during this period. See updated data in the image table 1 and 2 above.

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 favourably alters the vector's reproduction rate with a higher number of female mosquitoes available when it rains. The rainy season has started and volunteer observations have reported several mosquito nests multiplying with puddles created by rainfall. There is a need to pursue cleanings and prevention messages and reduce the incubation factors for mosquitos.
Faced with the rainfall pick until the end of March to mid-April, it is necessary to anticipate that the risk of the disease cases is still significantly increasing given that the country has several risk factors for the spread of the epidemic, further highlighting the need to ramp the up preventive measures in the coming weeks in addition to what had already been accomplished in the past months.

Since the launch of the DREF operation, the provinces that have been more affected by dengue are flood-prone areas. As the rainy season continues, until April 2023 the above-mentioned factors remain a risk to prevent and the presence of NS will support that.
•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 a 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 the 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 analyzed and labeled poor with practices favorable to the appearance and maintenance of mosquito breeding grounds and transmission factors. This analysis was performed during an 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 https://adore.ifrc.org/Download.aspx?FileId=518383
•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 attitudes 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.

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.
Extension of 1 months to complete the above objectives. Overall 6 months timeframe.

Operation strategy rationale

The CVSTP's strategy will be built around working directly with communities and in coordination with local officials as well asthe 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?

The total target of the operation: is 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 Preventing 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 the 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 - is 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 the 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 the vulnerability has become generalized 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 newborns 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 diarrhoeic diseases and the outbreak of malaria cases could make the people more vulnerable.	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.
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 briefing.

Planned Intervention

	National Society Strengthening	**Budget**	CHF 6,663
		Targeted Persons	100983

Indicators	**Target**	**Actual**
Number of volunteers insured	113	109
Number of workers engaged in the intervention	7	7
Number of follow-up visits performed by branch officials	20	28
Number of DREF trainings organised	1	1
Number of minimum number of NS workers who benefited from DREF training	20	18

Progress Towards Outcome

Training and briefing for volunteers and personne
•106 Volunteers have been insured.
•01 DREF training was done to reinforce the 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, IFRC has provided this training as a capacity-building tool for National Societies on DREF, its tools, and monitoring as well as reporting requirements and changes in DREF evolution
•The head office has monitored interventions in various branches while the IFRC delegation has provided technical supervision.
Besides that the NS have received several training on PMER tools.

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

	Water, Sanitation And Hygiene	**Budget**	CHF 16,893
		Targeted Persons	100983

Indicators	**Target**	**Actual**
Number of people affected by cleaning activities	100983	104350
	113	109

Number of volunteers trained on community risk mapping		
Number of volunteers deployed for WASH activities	35	74
Minimum number of volunteer field visits each month for community cleaning operations in every district	84	66
Number of operations for breeding ground destruction and sanitation	112	

Progress Towards Outcome

7 community main risk maps were elaborated for the districts (those maps are internally desegregated by visited communities in each district) to identify various malaria breeding grounds and clusters as well as zones with risk factors.

 27 community cleaning (drainages, rivers, markets, neighborhoods breedings) have been implemented to support the community in properly disposing of solid waste and remove man-made habitats that could retain water during the rainy season. To drain stagnant water immediately they appear when rains are heaviest. and to Cover, empty and clean, every week, containers used to store household water.

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.

	Health	**Budget**	CHF 75,262
		Targeted Persons	100983

Indicators	**Target**	**Actual**
Number of schools engaged in FGDs and messages	14	14
Teachers sensitised on Dengue fever (symptoms and prevention) and community engagement	70	70
Number of months for radio broadcasts and billboards	5	5
Number of radios mobilised and contractualised	7	4
persons visited during door-to-door visits	36000	66594
Number of house visits performed	1272	9513
Number of FGDs organised on Dengue fever	63	58

Number of volunteers trained on Dengue fever (symptoms and prevention) and community engagement	106	109
Number of trainers trained on Dengue fever (symptoms and prevention) and community engagement	14	12
Number of people reached by sensitisations and health activities	100983	104
Number of surges deployed to support the operation	1	1
Minimum number of students engaged in educational talks	2000	37337
Number of community leaders and minimum number of opinion leaders engaged in educational talks	100	

Progress Towards Outcome

1.Mobilisation and training of CVSTP teams: In collaboration with the Ministry of Public Health and under WHO supervision, the RCC- STP has trained 14 trainers with y 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 have received a trainers' training on ECV with modules focused primarily on the current response for proper inclusion of the National Society. The modules included were Introduction to Community-Based First Aid and EPiC with the risk map; CEA: community engagement and risk communication and PSS; CBS: Community-Based Surveillance.
Emphasis was 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, 109 volunteers and 7 supervisors has been trained, mobilised, and deployed for the areas of intervention

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 has increase the number of channels through which to broadcast key messages. 109 Volunteers reach relevant communities in target zones through 3500 door-to-door visits. 50 megaphones were brought for mass awareness 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.
2.1.1 Sensitisation drives in communities through different channels and tools. The messages have been summarised herein below. Among others:
•36 000 people have been reached through Sensitisation by volunteers by door-to-door visits. Three field outings every week by teams of volunteers and supervisors based on the breakdown in the targeting. Sensitisation was carried out at the height of the rainy season.
•Dissemination of IEC materials was shared in communities, places of gathering, health centres, offices of chiefs, markets, and other strategic zones in counties during volunteer field outings. Teams have produced IEC materials and 53 loudspeakers to move around the neighborhoods.
•To reach a wider population, mass communication campaigns will be used with notably the broadcast of messages over 5 local radios in 4 districts. In fact, local radios was also used to share spots on prevention practices/key messages prepared by the Government with WHO support.

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:
•70 Teachers have been trained on dengue fever prevention and barrier measure promotion in schools.
•37,337 Students were sensitized in schools by volunteers and teachers on the disease and preventive measures, individual daytime protective measures, and the importance of using treated mosquito nets.
•Organisation of 12 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. Emphasis was laid on prevention and sustainable fight messages. The 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.
•106 Volunteers were trained on community definition of suspected cases and risk identification in communities.
•Based on the Government - approved system, they have reported suspected cases in communities to health officials (health centres) through paper reports prepared by volunteer field outings.

Community Engagement And Accountability

Budget	CHF 5,286
Targeted Persons	100983

Indicators	Target	Actual
Number of volunteers briefed on CEA/CREC	113	109
Number of CEA briefings hel	7	8
Number of feedback systems created	1	1
Number of feedbacks collected from households and treated	175	
Number of feedbacks collected in schools and treated	175	
Number of feedbacks collected during field outings by volunteers and treated	175	

Progress Towards Outcome

The community has always be at the centre of the operation.
• To start off, a team will be created to identify the best communication channels for sensitization and distribution activities.
• CEA/RCCE training was integrated in the EPIC training to build the capacity of 106 volunteers on engaging people and being accountable
• A feedback management system was created with volunteer support through sensitization activities that make it possible to record community-wide rumours, questions, beliefs, observations, and suggestions relating to Dengue fever. Feedback are actively collected and *inform the messages priorities and actions. Feedback reports is being consolidated.

The volunteers and branches Focal points are actively engaging the communities via community leaders and

households heads to promote acceptance of the cleaning and overall NS activities. The communities are taking part of hygiene activities and environmental cleaning against mosquito breeding sites.

	Protection, Gender And Inclusion	**Budget**	CHF 0
		Targeted Persons	100983

Indicators	**Target**	**Actual**
Number of people targeted by protection messages	100983	104350
Number of volunteers and staff briefed on PGI concepts	113	109

Progress Towards Outcome

All activities and trainings have integrated and promoted PGI.

consideration on women head in discussions with communities have been included.

The schools sensitization was also the opportunity to integrate the different groups together and/or separately to engage discussions, diffusion of preventive messages and involve them in the actions to prevent the diseases.

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 a minimum of 7 health workers to assist during training and guide the operation. community health workers will be engaged aside from the volunteers for the health activities. 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 has deployed a health surge to help the team with implementation. Besides that IFRC Yaoundé cluster has sent for monitoring finance, health, and PMER Staff

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

The IFRC Cluster Office in Yaounde will support the technical process for the 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 Yaounde 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 Yaounde delegation to make sure the trainings are provided as soon as possible without a possible time limit for the 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 Yaounde 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.

Contact Information

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

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Click here for the reference