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Emergency Plan of Action Final Report

Senegal: Ebola Virus Disease outbreak



Emergency Appeal	Operation n° MDRSN010
Date of Issue: 2 February 2016	Glide number: n° EP-2014-000039-SEN
Date of disaster: 29 August 2014	
Operation start date: 29 September 2014	Operation end date: 31 July 2015
Host National Society: Senegalese Red Cross Society (SRCS)	<ul style="list-style-type: none"> • Disaster Relief Emergency Fund (DREF) allocated: CHF 253,505 • Appeal budget: CHF 1.3m
Number of people to assist: 2.2 million people	Number of people assisted: 1,103,520
N° of National Societies involved in the operation: Spanish Red Cross, Danish Red Cross, French Red Cross	
N° of other partner organizations involved in the operation: Ministry of Health, WHO, UNICEF, UNOCHA, MSF, UNDP, UNFPA, ECHO, USAID, JICA.	

A. Situation analysis

Description of the disaster

A single imported case from Guinea was reported in Senegal in late August 2014. The Senegalese Red Cross Society (SRCS) became involved in the monitoring of 74 contacts which ended after 21 days. The contacts were all reported to be in good health. The patient admitted to the treatment center was cured of Ebola and discharged. The test results of suspected cases in the District of Vélingara, Kolda Region were also negative. However, following the detailed risks assessment and considering the advice from key partners including the World Health Organisation, a decision was taken to maintain and scale-up efforts because the Ebola threats are still real. IFRC therefore launched an Emergency Appeal for a total of CHF 1.3M to support the National Society to respond to the Ebola Virus Disease (EVD) outbreak by delivering assistance and support to 2.2 million people. The response activities of the National Society focused on information and communication, education, awareness raising, and Social Mobilization, surveillance, case identification and contact management, Psychosocial Support, and regional collaboration.

The following dates shed more light on the different steps of the Ebola disease in Senegal.

- **March 2014:** A rapidly evolving outbreak of Ebola haemorrhagic fever started in Guinea. The outbreak subsequently spread to Liberia, Sierra Leone, Nigeria, Senegal, and Mali;
- **April 2014:** DREF allocation for Ebola preparedness activities in Senegal;
- **29 August:** First confirmed case of EVD in Senegal. The National Crisis Committee activated;
- **30 August:** Senegalese Red Cross Society got engaged in tracing and community surveillance;
- **8 September:** IFRC allocated CHF 253,505 from the DREF to support SRCS in the Ebola response activities;
- **19 September:** Ebola patient discharged and last contact tracing completed 24 September;
- **24 September:** Emergency Appeal launched for CHF 1.3m for imminent risk and the need for further scale-up.

Summary of response

Overview of Host National Society

As soon as the imported case was confirmed, SRCS became involved in the following 7 committees of the Ministry of Health:

- Social and behavioural intervention;
- Investigation and epidemiological surveillance;
- Case management and infection control;
- Water Sanitation and Hygiene;
- Logistics;
- Media or communication; and
- Mobile response team.

through the involvement and commitment of the National Society in these committees, SRCS was able to better implement its response plan against the Ebola virus. A team of 24 volunteers supervised by six supervisors were involved in the monitoring of the 74 contacts in Dakar. These monitoring activities included monitoring the contacts' temperature twice a day, sensitization, and distribution of food kits as well as Psychosocial Support. In addition, SRCS mobilized its logistics capacity to support the distribution of hygiene kits countrywide. A team of 6 volunteers were deployed in Fann Hospital to provide support to the health team in the Ebola Treatment Centre.



Senegalese Red Cross volunteers sensitizing the community in the Southern region of Senegal.
Photo: IFRC

As a result of these concerted efforts, no more Ebola cases were registered and on 13 October 2014, WHO declared Ebola over in Senegal. However Ebola was not over in Guinea and the Senegalese Government reopened its borders with Guinea. That situation constituted a continued threat of transmission across Senegal's borders. There was a need to further strengthen preparedness and community disease surveillance along the borders. The cross-border exchanges therefore encouraged more robust sensitization and surveillance activities to prevent any outbreak into Senegal.

The response activities of the National Society then focused on information and communication, education, awareness raising, and Social Mobilization, surveillance, case identification and contact management, Psychosocial Support, and regional collaboration. SRCS mobilized its Red Cross volunteers who reached a total of 1,103,520 beneficiaries (7.9% of the total population in Senegal) through public awareness activities including caravans, group discussions, home visits, school visits and Social Mobilisation during religious events. The balance that was left over will be moved to the project to be used for the envisaged Ebola Lessons Learned Workshop with the SRCS.

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Overview of Red Cross Red Crescent Movement in country

The Senegalese Red Cross Society has strong experience in community epidemics management with well-trained people {National Disaster Response Team, (NDRT) Health members}. However, it was the first time the country was experiencing Ebola, and strong support was needed to conduct effective staff and volunteers training to enable them to cope with the virus. As part of its response to the Ebola outbreak, the Red Cross Movement together with the National Society was committed to support the Ministry of Health through its various committees. The French Red Cross contributed to the duplication of Ebola sensitizing posters and preventive measures.

The trainer who facilitated the Epidemic Control for Volunteers (ECV) training of trainers had been trained as a Regional Disaster Response Team (RDRT) Health by the IFRC during his tenure as SRCS Health Coordinator. The Luxembourg Red Cross supported the provision of Personal Protective Equipment (PPE), isolation tents and the organization of simulation activities held in Fann hospital (that was located next to the ETC). The British Red Cross also supported the design of sensitization tools such as T-shirts, banners as well as the production of a video. The Spanish Red Cross developed a large epidemiological surveillance program of sensitization in the Southern region of Senegal (Casamance) bordering Guinea.

The National Society was also supported by the IFRC through its regional office in the Sahel, as well as by the ICRC, Danish Red Cross, Spanish Red Cross and French Red Cross. Regular Movement Coordination meetings and joint activities were put in place with partners to monitor the development of the EVD spreading situation. SRCS kept all Movement actors informed of activities carried out in response to the EVD.

Overview of non-RCRC actors in country

As a result of the imported Ebola case, a Senegal National Crisis Committee for EVD was set up. This committee included the Ministry of Health, WHO, MSF, Institut Pasteur and UNICEF, SRCS amongst others partners. The recommendations that arose from the committee regarding the Ebola combat focused on response activities, community monitoring, sensitization and contact tracing. MSF organized a monitoring of contacts and case management training. It was followed by UNICEF whose training focused on Psychosocial techniques and stress management regarding an outbreak of Ebola virus. SRCS volunteers and technical people benefited from both trainings prior to their deployment to the field.

Needs analysis and scenario planning

The year 2014 was the first time Senegal handled Ebola. The population had limited knowledge of the virus, including mode of transmission and proper behaviour to avoid risks. Due to the highly-infectious nature of the disease, it was important to reduce rumours and misconceptions related to contracting the virus, as well as to control the transmission of the virus in order to avoid new infections. Effective communication and Social Mobilization activities were therefore key in order to increase community sensitisation.

Risk Analysis

The porous borders between Senegal and Guinea, trade flows through the regular weekly markets and the poor state of roads including terrestrial communication constitute a serious risk to the spread of EVD in Senegal. Even if there was just one Ebola imported case, Senegal remains a high-risk country. Many affected country residents of Guinea, Sierra Leone and Liberia were seeking to cross the border for treatment before the Ebola outbreak. Senegal was also among the clandestine migration preferred countries in West Africa. WHO therefore asserted that alert systems, community active research and Social Mobilization be reinforced and kept active in order to minimize risks.

B. Operational strategy and plan

Overall Objective

The overall objective was to contribute to the reduction of mortality and morbidity related to the Ebola Virus Disease in Senegal through awareness messaging and Social Mobilization, epidemic control measures, tracing and provision of Psychosocial Support to those affected.

Proposed strategy

The learning from the response to the EVD outbreak in West Africa has shown that an effective response to the outbreak must build on all of the following five pillars of the IFRC Ebola response strategy:

- Beneficiary Communication and Social Mobilization,
- Contact tracing and surveillance,
- Safe and Dignified Burials (SDB) and disinfection,
- Psychosocial Support,
- Clinical case management.

In line with its mandated responsibility through the national crisis committee and SRCS capacity, the operational strategy of the SRCS consisted of the first four pillars. No engagement in clinical case management was planned. To enable the National Society to fill its mandated role effectively and efficiently, the operational strategy included a component strengthening the SRCS's capacity to respond to EVD outbreaks.

Operational support services

Human resources (HR)

As the Emergency Appeal followed the DREF, an additional plan was put in place that enhanced capacities of communities and volunteers following the previously defined strategy that was implemented during the first Senegal EVD operation. In a bid to ensure quality implementation of the response plan against the EVD, the National Society invested in trainings on awareness raising, contact tracing and SDB. The training activities reached

- 35 trainers countrywide,
- 1,200 volunteers,
- 100 community supervisors,
- 45 district supervisors, and
- 14 regional supervisors.

The training of NDRTs comprising of 49 participants was also effective and enabled them to conduct the national response that targeted 7 regions (*Dakar, Kédougou, Tambacounda, Sédhiou, Kolda, Matam, Ziguinchor*) as well as 25 departments considered as Ebola risk areas due to their geographical position (bordering the Ebola affected countries).

Logistics and supply chain

To support the EVD operations, IFRC logistics teams usually support the operations of the concerned National Societies by providing technical support and advice in implementation of IFRC logistics procedures. The teams also contribute to the enhancement of the logistics structure, systems and capacities and local procurement. The Dakar IFRC Logistics Unit therefore supported the SRCS and provided a total of 60 Personal Protective Equipment (PPE) including 10 high PPEs.

Communications

The visibility of the work of Red Cross volunteers was ensured during the operation through local media and distribution of communication materials. SRCS also provided regular updates on the operation (combined Operations Updates are available on the IFRC website).

Security

No security issues were reported in the country during the implementation of Ebola response activities. Security risks were monitored and addressed accordingly. IFRC prepared a security brief for its staff deployed in-country, and close consultations were carried out with SRCS and ICRC which has permanent presence in Senegal.

Planning, Monitoring, Evaluation, & Reporting (PMER)

The National Society, in close cooperation with the Sahel Regional Office, monitored the progress of the operation and provided necessary technical expertise. The monitoring and reporting of the operation were undertaken by the National Society. Brief weekly updates were provided to the IFRC on general progress of the operation.

C. DETAILED OPERATIONAL PLAN

Health and Care

Outcome 1: The immediate risks to the health of affected populations are reduced.	Outputs		% of achievement
	Output 1: The capacity of Senegalese Red Cross Society to manage Ebola Virus Disease outbreak response has been strengthened.		100%
	Output 2: Community-based disease prevention and health promotion is provided to targeted population.		
	Output 3: Contribution to epidemiological investigation and epidemic control.		
Output 4: Psychosocial Support is provided to affected population.			
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
<ul style="list-style-type: none"> Establish a National Society task force at headquarter level to coordinate with internal and external partners, 	x		100%
<ul style="list-style-type: none"> Appointment and recruitment of dedicated Ebola management staff, including IFRC operations manager, SRCS Ebola coordinator, 	x		Refer to the "Challenges" section
<ul style="list-style-type: none"> Deployment of Regional and National Disaster Response Teams (RDRT and NDRT), 	x		100%
<ul style="list-style-type: none"> Orientation of 1,200 volunteers on Ebola signs and symptoms, prevention, Social Mobilization and awareness raising, 	x		100%
<ul style="list-style-type: none"> Train 200 volunteers on health education, hygiene promotion and epidemic control techniques as well as SDB, 	x		100%
<ul style="list-style-type: none"> Conduct debriefing sessions on weekly basis to staff, volunteers and emergency hospital medics, 	x		100%
<ul style="list-style-type: none"> Establish staff and volunteer safety protocols and Ebola insurance packages, 	x		100%
<ul style="list-style-type: none"> Establish systems for volunteer care and stress management and recreational activities for all personnel involved in the operation, 	x		Refer to the section "Challenges"
<ul style="list-style-type: none"> Develop, adapt and share key messages with Branches, 	x		100%
<ul style="list-style-type: none"> Produce and disseminate Information, Education and Communication materials related to Ebola virus, 	x		100%
<ul style="list-style-type: none"> Engage the media: National dailies, radio, chats, live broadcast on TV stations, call in programmes, 	x		100%
<ul style="list-style-type: none"> Carry out community meetings and sensitizations at markets, churches, mosques, schools and other meeting points, 	x		100%
<ul style="list-style-type: none"> Distribution of flyers on the streets, churches, mosques, markets, barracks, schools, etc. 	x		100%
<ul style="list-style-type: none"> Conduct contact tracing, disease prevention and health promotion campaign, 	x		100%
<ul style="list-style-type: none"> Procure, transport and store of 1,000 PPEs and hand sanitizer gel and Dettol and lease 4 vehicles for the operation, 	x		100%
<ul style="list-style-type: none"> Support HR, logistical and management capacities to implement the operation for the Branch and National HQ, 	x		100%
<ul style="list-style-type: none"> Support burials together with local authorities through SDBs 			Refer to the section

			"Challenges"
• Identification of volunteers to be trained,	x		100%
• Orientation of 80 volunteers on PSP,	x		100%
• Engage with affected communities to develop and implement Psychosocial Support interventions at community level including stigma.	x		100%

Achievements

- Establish a National Society taskforce at headquarter level to coordinate with internal and external partners**
To maintain a coordinated response strategy, the National Society task force was set up. It enabled the SRCS through 12 of its staff to work closely with its partners namely the Ministry of Health and Social Welfare, WHO, the Luxembourg Red Cross, the Spanish Red Cross and the British Red Cross.
- Deployment of Regional and National Disaster Response Teams (RDRT and NDRT)**
An IFRC Regional Disaster Response Team (RDRT) member was deployed and accompanied the National Society in the coordination and supervision of activities as well as the training of Red Cross volunteers. Ten additional NDRTs were also deployed to ensure the decentralised training of volunteers and the supervision of field activities in close collaboration with Red Cross departmental committees.
- Orientation of 1,200 volunteers on Ebola signs and symptoms, prevention, Social Mobilization and awareness raising.**
A total of 1,200 trained volunteers have been reached through orientation activities on Ebola signs and symptoms. These trained volunteers were supervised by: 100 community supervisors, 45 districts supervisors, 14 regional supervisors, and 4 SRCS staff.
- Train 200 volunteers on health education, hygiene promotion and epidemic Establish staff and volunteer safety protocols and Ebola insurance packages, control techniques as well as SDBs.**
The training activities were geared towards increasing the knowledge of Red Cross volunteers on the means of EVD transmission and methods of prevention. They also aimed to strengthen their capacities to deliver preventive and referral messages to people. In March 2015, a total of 300 Senegalese Red Cross volunteers were reached through a refreshing training on contact tracing, hygiene promotion and SDB. Additionally through the Water-Sanitation and Hygiene Committee, SRCS participated in 14 cascading training sessions on Hygiene in the 14 regions of the country, alongside with the National Health Service and national fire brigade. Some of these trainings were conducted in Red Cross headquarters.

In coordination with the different regional health districts of areas considered at risk, the National Society with the support from the national services of hygiene and firefighters brigades trained 20 ambulance drivers and 50 cemetery diggers.
- Conduct debriefing sessions on weekly basis to staff volunteers and emergency hospital medics.**
Debriefing sessions were held on a weekly basis with hospital medics in each committee.
- Establish staff and volunteer safety protocols and Ebola insurance packages.**
Within the DREF framework, a total of 1,000 volunteers were covered by Geneva health insurance. A total of 30 protocols and procedures related to standardized operations were validated by the National Crisis Management Committee in which the National Society was actively involved. Three validation meetings held to establish security protocols.
- Produce and disseminate Information, Education and Communication materials related to Ebola virus.**
In terms of visibility, 2,300 tee-shirts, 500 polo shirts and 35 banners were made up by the Senegalese Red Cross Society and distributed in the 45 departments of Senegal.
- Engage the media: National dailies, radio, chats, live broadcast on TV stations, call in programmes.**
3 live broadcasts on TV stations were realised in addition to 30 radio broadcasts and 11 press releases.
- Carry out community meetings and sensitizations at markets, churches, mosques, schools and other meeting points.**
A total of 456 sensitization caravans were conducted throughout 8 regions (*Dakar, Tambacounda, Kolda, Kédougou, Sédhiou, Ziguinchor, Matam, and Diourbel*). In addition, 556 Social Mobilisations, 875 focus groups discussions, 250 school visits were carried out. A total of 136 community conversations, and 2,763 home visits were organised in 54 areas precisely in markets, churches, mosques, schools and other meeting points in 45 departments in Senegal.

- Distribution of flyers on the streets, churches, mosques, markets, barracks, schools etc.**
A total of 425,000 flyers and 8,500 posters were produced and distributed by the National Society. Most of the time these flyers and posters were distributed during religious events such as Maouloud and Magal.
- Conduct contact tracing, disease prevention and health promotion campaign.**
Public awareness activities focusing on Ebola prevention, including mass sensitization events in public places, were conducted and completed by the distribution of 1,000 litres of bleach, 2,000 pieces of soap, 1,000 hand sanitizer gels and 1,000 litres of gresyl distributed in the 45 departments of Senegal.
- Support HR, logistical and management capacities to implement the operation for the Branch and National HQ.**
The training activities (described above in the Human Resources section) enabled SRCS to reinforce its operational capacity to provide Red Cross committees with hygiene products, and hand washing implements. As a result of these training activities each departmental committee could have at its disposal trainers, communication focal points. The 7 most at risk regions due to their geographical position (*Tambacounda, Ziguinchor, Kolda, Matam, Sedhiou, Kédougou and Dakar*) each had 7 Red Cross volunteers trained on Safe and Dignified Burials.
- Orientation of 80 volunteers on PSP.**
Psycho social support was provided to the population affected by the outbreak as many of them have some relatives in Guinea. The closure of Senegalese borders and fear also resulted in several people receiving PSS. Some training was therefore held in the target regions of *Kolda, Ziguinchor, Kédougou and Tambacounda*.
- Engage with affected communities to develop and implement psychosocial support interventions at community level including stigma.**
Red Cross volunteers, NDRT and national HQ staff conducted visits to the affected family from the case and supported family members and the surrounding communities to avoid stigma. The Senegal Minister of Health visited the family of the Ebola victim together with the Senegalese Red Cross management in order to provide psychosocial support and fight against stigma. Community sensitisations against stigma were also carried out.

The activities related to the development, adaption and sharing of key messages with branches as well as the identification of volunteers to be trained were successfully completed.

Challenges

- Appointment and recruitment of dedicated Ebola management staff, including IFRC operations manager, SRCS Ebola coordinator.**
The level of funding coverage of the Appeal did not permit the recruitment of an Operations Manager. However, the management of the SRCS resolved to appoint a focal point for the supervision of the Ebola operation. The focal point reported to the Head of the Health department. The departments of Logistics, Administration and training of the National Society supported the Health Department in the implementation of activities.
- Establish systems for volunteer care and stress management and recreational activities for all personnel involved in the operation**
The Senegalese Red Cross Society awaited funds to train 200 volunteers on stress management
- Procure, transport and store of 1,000 PPEs and hand sanitizer gel and Dettol and lease 4 vehicles for the operation.**
This activity was not completed. Indeed, the availability of PPEs and their rational distribution was a key problem for the whole countries in particular the most affected ones. Therefore, Geneva advised the health department to put on hold all PPEs ordering and purchase.
- Support burials together with local authorities through SDBs.**
As no death was registered, this activity was not applicable.

Outcome 2: The management of the operation is informed by a comprehensive monitoring and evaluation system.	Outputs		% of achievement
	Output 1: A process of monitoring and evaluation maintained and reported on throughout the program		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
<ul style="list-style-type: none"> Carry out needs and gaps assessments, 	x		100%
<ul style="list-style-type: none"> Participate in coordination meetings with stakeholders at National and State levels, 	x		100%
<ul style="list-style-type: none"> Undertake continuous risk and capacity assessments, 	x		100%
<ul style="list-style-type: none"> Establish and maintain regular monitoring system to map cases and National Society field capacity and ensure regular reporting of the SRCS operation, 	x		100%

Achievements
<ul style="list-style-type: none"> Carry out needs and gaps assessments During the reporting period, two evaluations were completed: an internal one with volunteers and a few partners such as MSF and another one with IFRC in 4 regions. Participate in coordination meetings with stakeholders at National and State levels Regular coordination meetings with Red Cross attendance in the regions/branches also held. Additionally, a coordination framework extended to partners, communities and civil society as well as administrative leaders was set up. This framework allowed holding weekly meetings with the crisis management committee of the Ministry of Health. Weekly meetings were also held with the Ebola management committee as well as the contact tracing committee. Undertake continuous risk and capacity assessments The National Society used previously trained volunteers as part of early warning systems. Their responsibility was to alert the health authorities in the event of a suspected EVD case. They were supported by community committees which were set in the targeted areas including the most remote locations. Establish and maintain regular monitoring system to map cases and National Society field capacity and ensure regular reporting of the SRCS operation A total of 13 epidemiological surveillance community committees comprising of 10 members each were set up countrywide. The mobilization of volunteers enabled the monitoring of 74 contacts in Dakar, 10 in Kolda and 15 in Kedougou.

Lessons Learned
<p>On 13 October 2014, WHO declared Ebola over in Senegal. According to the Health Minister, the most important actions that contributed to this rapid containment – with no onward transmission whatsoever – are as follows:</p> <ul style="list-style-type: none"> Strong political leadership at the highest level; Early detection and response, aided by a detailed plan and a rapidly activated National Crisis Committee; Stepped-up surveillance, especially at the country's many entry points by road; Rapid mobilization of resources from both domestic and international sources; solid preparedness plans are thought to have earned the confidence of donors; Support from operational partners, including WHO; Nationwide public awareness campaigns that made good use of media experts embedded in the Ministry of Health and Welfare and allowed for close observation of its emergency actions, and local radio networks; Deliberate and heavy emphasis on multi-sectorial collaboration among all relevant government ministries, backed by community engagement every step of the way; Direct support to contact cases as a strong incentive for cooperation and compliance, through the provision of social support in the form of money, food, and psychological counselling; Support for reintegration of the recovered patient into a society that could understand why the patient posed no risk of contagion to others. <p>However the WHO cautioned that vigilance and basic hygiene measures should continue. Indeed, until zero cases are reached in Guinea and West Africa as a whole, Ebola still poses a threat to Senegal, its neighbor.</p>

Contact information

For further information specifically related to this operation please contact:

Senegalese Red Cross Society:

- Mamadou Sonko, Secretary General, Tel: +221 33-823-39-92 sonkomala@yahoo.fr

IFRC Sahel Regional Representation:

- Momodou Lamin Fye, Regional Representative for Sahel; Dakar; phone:+221 33 869 36 41; email: momodoulamin.fye@ifrc.org;
- Dr Aissa Fall, Regional Health Manager, phone: (Office) +221.33.869.36.68; (Mobile) +221.77.638.21.36; email: aissa.fall@ifrc.org;

IFRC Dakar Office:

- Norbert Allale, Head of Ebola Regional Operations; Mob +221 (0) 777 406 205; Tel: +221 33 869 36 40; Dir: +221 33 869 39 17; Email: norbert.allale@ifrc.org

IFRC Geneva:

- Cristina Estrada, Senior Officer, Operations Quality Assurance; Phone: +41 22 730 42 60; Email: cristina.estrada@ifrc.org

IFRC Region Logistics Unit:

- Rishi Ramrakha, Nairobi; phone +254 20 283 5142, Fax +254 20 271 2777, email: rishi.ramrakkha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Africa Region:** Fidelis Kangethe Partnerships and Resource Development Coordinator; Addis Ababa; phone: + 251 11 518 60 62; email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Region:** Robert Ondrusek, PMER Coordinator; phone: +254.731.067.277; email: robert.ondrusek@ifrc.org



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1. **Revised Emergency Appeal budget (if needed) [below](#)**
2. **Click [here](#) to return to the title page**

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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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

Disaster Response Financial Report

MDRSN010 - Senegal - Ebola Virus Disease

Timeframe: 08 Sep 14 to 31 Jul 15

Appeal Launch Date: 29 Sep 14

Final Report

Selected Parameters

Reporting Timeframe	2014/9-2015/10	Programme	MDRSN010
Budget Timeframe	2014/9-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		1,380,962				1,380,962	
B. Opening Balance							
Income							
Cash contributions							
<i>British Red Cross</i>		75,314				75,314	
<i>Canadian Red Cross (from Canadian Government*)</i>		46,250				46,250	
<i>Japanese Red Cross Society</i>		45,600				45,600	
<i>Red Cross of Monaco</i>		15,102				15,102	
C1. Cash contributions		182,266				182,266	
Other Income							
<i>DREF Allocations</i>		253,515				253,515	
C4. Other Income		253,515				253,515	
C. Total Income = SUM(C1..C4)		435,781				435,781	
D. Total Funding = B + C		435,781				435,781	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		435,781				435,781	
E. Expenditure		-427,842				-427,842	
F. Closing Balance = (B + C + E)		7,939				7,939	

Disaster Response Financial Report**MDRSN010 - Senegal - Ebola Virus Disease**

Timeframe: 08 Sep 14 to 31 Jul 15

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Final Report

Selected Parameters

Reporting Timeframe	2014/9-2015/10	Programme	MDRSN010
Budget Timeframe	2014/9-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,380,962			1,380,962		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	36,792		6,216			6,216	30,576	
Medical & First Aid	259,148						259,148	
Teaching Materials	7,171		35,373			35,373	-28,202	
Total Relief items, Construction, Sup	303,112		41,589			41,589	261,522	
Logistics, Transport & Storage								
Distribution & Monitoring			1,754			1,754	-1,754	
Transport & Vehicles Costs	53,298		17,826			17,826	35,473	
Total Logistics, Transport & Storage	53,298		19,580			19,580	33,718	
Personnel								
International Staff	128,660		4,059			4,059	124,601	
National Staff			35,254			35,254	-35,254	
National Society Staff	185,877		38,660			38,660	147,217	
Volunteers	437,768		94,000			94,000	343,768	
Total Personnel	752,305		171,973			171,973	580,332	
Workshops & Training								
Workshops & Training	27,849		98,768			98,768	-70,919	
Total Workshops & Training	27,849		98,768			98,768	-70,919	
General Expenditure								
Travel	30,000		2,234			2,234	27,766	
Information & Public Relations	82,660		13,210			13,210	69,451	
Communications	18,453		5,438			5,438	13,014	
Financial Charges	12,500		27,682			27,682	-15,182	
Other General Expenses			0			0	0	
Shared Office and Services Costs	16,500		20,004			20,004	-3,504	
Total General Expenditure	160,113		68,569			68,569	91,545	
Indirect Costs								
Programme & Services Support Recove	84,284		26,031			26,031	58,253	
Total Indirect Costs	84,284		26,031			26,031	58,253	
Pledge Specific Costs								
Pledge Earmarking Fee			632			632	-632	
Pledge Reporting Fees			700			700	-700	
Total Pledge Specific Costs			1,332			1,332	-1,332	
TOTAL EXPENDITURE (D)	1,380,962		427,842			427,842	953,119	
VARIANCE (C - D)			953,119			953,119		

Disaster Response Financial Report

MDRSN010 - Senegal - Ebola Virus Disease

Timeframe: 08 Sep 14 to 31 Jul 15

Appeal Launch Date: 29 Sep 14

Final Report

Selected Parameters

Reporting Timeframe	2014/9-2015/10	Programme	MDRSN010
Budget Timeframe	2014/9-2015/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	1,380,962		435,781	435,781	427,842	7,939	
Subtotal BL2	1,380,962		435,781	435,781	427,842	7,939	
GRAND TOTAL	1,380,962		435,781	435,781	427,842	7,939	