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# DREF Preliminary Final Report

## Senegal: Ebola virus disease preparedness



International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation° MDRSN009</b>
<b>Date of issue:</b> 28 November 2014	Glide ° EP-2014-000039-SEN
<b>Date of disaster:</b> 21 March 2014	
<b>Operation start date:</b> 11 April 2014	<b>Operation end date:</b> 24 August 2014
<b>Host National Society:</b> Senegalese Red Cross Society	<b>Operation budget:</b> CHF 54,848
<b>Number of people affected:</b> Up to 2.4 million	<b>Number of people assisted:</b> Up to 1.2 million
<b>N° of National Societies involved in the operation:</b> Danish, French and Spanish Red Cross Societies	
<b>N° of other partner organizations involved in the operation:</b> Action Contre La Faim (ACF), ALIMA, ECHO, JICA, Médecins Sans Frontières, Ministry of Health and Social Welfare, United Nations Children's Fund, United Nations Development Programme, USAID, World Health Organisation and World Vision.	

## A. Situation analysis

### Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Nigeria, Senegal and Sierra Leone, and most recently Mali, causing untold hardship and hundreds of deaths in these countries. As of 10 November 2014, a total of 14,490 cases, and 5,546 deaths had been recorded, which were attributed to the EVD. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which affected West Africa.

Senegal, with a population of 13.7 million (UNDP 2012) shares a border with Guinea, which has been especially affected by the EVD and therefore the risks presented by the epidemic to the country are high. The Senegalese authorities in response to the risks presented by the epidemic, made a decision to increase surveillance and monitoring, as well as heighten border security. Senegal's borders with Guinea have been closed in an attempt to prevent the spread of the Ebola virus. Increased health screening procedures as well as special measures have been implemented at the Senegalese International Airport and port.

### Summary of response

#### Overview of Host National Society

On 11 April 2014, the International Federation of Red Cross and Red Crescent Societies released CHF 54,848 from the Disaster Relief and Emergency Fund (DREF) to support the Senegal Red Cross Society (SRCS) with EVD preparedness activities for a period of three months specifically in the five regions of Kédougou, Kolda, Sédhiou, Tambacounda and Ziguinchor neighbouring Guinea, comprising 10 districts. Through the DREF operation, the SRCS has contributed to the Senegalese authorities' prevention policy regarding the EVD outbreak and comprised preparedness activities in collaboration with the Ministry of Health and Social Welfare; as well as efforts to improve coordination. The IFRC also deployed a Regional Disaster Response Team (RDRT) member to support the effective implementation of the operation.

Due to the absence of a Logistics Officer in the Sahel regional representation there was a delay in the procurement and shipment of personal protective equipment (PPE) to Senegal and as such the operation was extended by 45 days (until 24 August 2014) to enable these activities to be completed and an evaluation carried out.

Please note that as of the launch of this operation, there had been no confirmed cases of EVD in Senegal. On 8 September 2014, a further DREF allocation was made of CHF 253,505 to support the SRCS with EVD response activities following a confirmed case of the virus (on 29 August 2014), which was then proceeded by an Emergency Appeal (on 24

September 2014). Please note that this report is focused on the activities that were carried out within the initial DREF allocation that was made on 11 April 2014; and is issued as a Preliminary Report in advance of the Final Report that is expected to be published in December 2014.

This DREF has been replenished by the Canadian Red Cross/Government (CHF 14,000). The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the SRCS would like to extend many thanks to all partners for their generous contributions.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC Sahel regional representation through its Dakar office in Senegal provided support to the SRCS, alongside Partner National Societies including the Danish, French and Spanish Red Cross; and the ICRC, which also has a presence in country. Regular Movement Coordination meetings were conducted to ensure that all actors were informed of the activities being carried out within the operation, as well as those of the Ministry of Health and Social Welfare. The IFRC Sahel regional representation supported the SRCS with information gathering and dissemination.

### **Overview of non-RCRC actors in country**

The Ministry of Health and Social Welfare established a National Crisis Committee (NCC), which hosted weekly meetings attended by key stakeholders, specifically ALIMA, ECHO, JICA, Non-Government Organisations, Ministry of Health and Social Welfare and United Nations agencies. The National Crisis Committee ensured that all relevant health actors in the country were informed of the overall strategy and enabled information to be shared on the epidemiological situation of the affected countries. During the operation, the SRCS participated in the NCCS meetings; and shared information on the EVD situation with Movement partners and key stakeholders.

The National Health Information and Education department developed communication tools, which were disseminated countrywide, including in the areas of Kédougou, Kolda, Tambacounda, Sédhiou and Ziguinchor, targeted through the DREF operation. The National Health Information and Education department has worked closely with private and public media to reduce fears, rumours and misconceptions related to the EVD. Ministry of Health and Social Welfare staff have also benefitted from training and PPE provided through this DREF operation.

## **Needs analysis and scenario planning**

### **Needs Analysis**

In Senegal, the population's needs were identified as related to their knowledge, including mode of transmission of the EVD and the proper behaviour required to avoid risks. For health actors the needs were related to Protective Equipment and training for a good management of potential cases.

### **Risk Analysis**

The porous borders between Senegal and Guinea, which has caused a constant movement of population from both sides; trade flows through the many weekly markets and the underlying insecurity in the southern part of the country (Casamance) and the poor condition of tracks including terrestrial communication, constitute a serious risk to the proper implementation of operations. The SRCS was based on the advice of the Ministry of Health and Social Welfare to form even in the most remote locations community committees' epidemiological surveillance.

## **B. Operational strategy and plan**

### **Overall Objective**

The overall objective was to prepare the SRCS through reinforcement of volunteers and material for a possible outbreak and also to undertake social mobilization activities alongside the Ministry of Health and Social Welfare. The volunteer reinforcement and social mobilization activities occurred in the regions that border Guinea Kédougou, Kolda, Sédhiou, Tambacounda and Ziguinchor

### **Proposed strategy**

The strategy was in line with the IFRCs regional response framework for neighbouring countries of Guinea. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change
- Supporting Ministries of Health in prevention activities and social mobilisation
- Pre-positioning personal protective equipment and related training
- Adaption and dissemination of information, education and communication material linked with community social mobilisation activities.

## **Operational support services**

### **Human resources (HR)**

Through the DREF support, the SRCS deployed 302 volunteers, six National Society staff (from the health and disaster management departments), secretaries general from the five concerned regions and three national health disaster response team (NDRT) members for support. Health trainers, First Aid supervisors from the 10 health districts were mobilized as well to facilitate the trainings and support with the social mobilization activities.

### **Logistics and supply chain**

The IFRC procured the specialized PPE kits to ensure quality and that they met the required World Health Organization (WHO) standards. However; all other necessary items were procured locally with the support from SRCS logistics department. Those items included:

- 100 jackets
- 1,000 bleaching bottles
- 20 megaphones
- 1,000 flyers

The SRCS mobilised four vehicles and prepositioned in the 10 departments PPE kits and 125 tents for the management of possible cases. Please note that a full list of procured items will be issued in the Final Report.

### **Communications**

The SRCS communications officer shared a press release with the Senegalese Press Agency. At community level, radiobroadcasting regarding the prevention of the EVD were produced. SRCS department committees were allowed to use one to two airtime hours on community radios per week. Furthermore, a series of community communications were disseminated through the distribution of leaflets, flyers and displaying of posters in public places.

### **Security**

Due to the underlying insecurity in the southern region of Senegal (one of the targeted areas), the SRCS worked in close consultation with ICRC which has permanent presence in the country in order to ensure the security of volunteers and the deployed RDRT.

### **Planning, monitoring, evaluation, & reporting (PMER)**

The review of this DREF operation has been planned. It has resulted from the recommendation to review some selected operations to assess their effectiveness and capture lessons learnt, which can be used to inform responses by the IFRC and National Societies. The review is also expected to provide opportunity to collect materials that can be used to promote the EVD preparedness activities that have been carried out by the Red Cross and Red Crescent Movement for external/internal audiences. There is also interest from in-country PNS in participating in the review. Please note that the EVD preparedness review will be funded through the MDRSN010 Senegal EVD Emergency Appeal.

## C. DETAILED OPERATIONAL PLAN

### Early warning & emergency response preparedness

Outcome 1: The immediate risks to the health of affected populations are reduced													
Output 1.1: The capacity of Senegalese Red Cross to prepare for potential Ebola response is strengthened													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Train 150 volunteers and supervisors in epidemic control for volunteers													
Procure personal protective equipment and train volunteers on their use													
Monitor and report on activities carried out													
Achievements													
1.1.1	Training of volunteers was an essential component of the preparedness strategy against the EVD outbreak. In total, 302 volunteers received training on epidemic control for volunteers (EVD), which exceeded the intended target (150) by 201 per cent. Further information on the training will be issued in the Final Report. Please refer to the following table, which provides information on the volunteers that received training in the 10 districts:												
N°	Areas	N° of volunteers	N° of women	N° of men									
1	Oussouye	59	26	33									
2	Ziguinchor	49	17	32									
3	Goudomp	20	0	20									
4	Kolda	45	11	34									
5	Velingara	22	6	16									
6	Goudiry	17	7	10									
7	Tambacounda	27	13	14									
8	Kédougou	30	10	20									
9	Saraya	16	0	16									
10	Salemata	17	5	12									
<b>Total</b>		<b>302</b>	<b>95</b>	<b>207</b>									
<p>The ECV training was carried out in collaboration with the IFRC and was facilitated by the health districts at Government level in the 10 regions. The SRCS volunteers were supervised by three National Disaster Response Team (NDRT) members who had received a previous IFRC training in Health and Emergencies. The ECV training comprised modules on areas including:</p> <ul style="list-style-type: none"> <li>• Means of communication for behaviour change; including radio programs, television programs and use of local languages.</li> <li>• Social mobilization approaches, including home visits and use of printed materials (sheets). well as to put in place community committees of epidemiological surveillance</li> <li>• Techniques of hand washing (video projection);</li> <li>• Dress up and demonstration of how to use PPEs;</li> <li>• Prepare different solutions of chlorine-based disinfection.</li> </ul> <p>Each of the volunteers were equipped with bibs to ensure better visibility and facilitate their integration into the community, as well statistical report sheets to assist them with monitoring/surveillance activities.</p>													
1.1.2	In total, 90 PPE (low protection) and 10 PPE (high risk) were procured and pre-positioned by the IFRC in collaboration with the SRCS logistics department.												
1.1.3	Regular reporting was provided by the NDRTs. The RDRT also shared report on the general progress of the operation. Two monitoring missions were also carried out by national staff and were aimed at following up the training and sensitization activities. Please note that the monitoring missions were carried out in close collaboration with administrative, health authorities as well as the Government decentralized departments, members of the NCC. The RDRT participated in these missions, which												

provided an opportunity to meet with all local stakeholders involved in the operation.

**Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for up to 1.2 million people.**

Activities planned Month	Week /	1	2	3	4	5	6	7	8	9	10	11	12
Distributions of information, education and communication in at risk communities													
Organize community discussions													
Radio broadcasting													
Social mobilization with dissemination of key messages on Ebola virus disease prevention													

**Achievements**

- 1.2.1 The SRCS volunteers who received training on epidemic control increased public awareness about EVD through the distribution of 2,000 flyers and 1,000 leaflets (received from MoH) and display of 100 posters in public places. In an effort to improve the communication of volunteers with the population, a total of 10 departments were provided with megaphones.
- 1.2.2 Community discussions were carried in 282 public places, 240 Islamic schools and 14 other places of worship, which contributed to the sensitization of the public about EVD.
- 1.2.3 Radio broadcasting contributed to the sensitization of the public about EVD; and 11 community radio broadcasts were produced on a weekly basis in the five targeted regions.
- 1.2.4 SRCS volunteers carried out social mobilization activities in order to disseminate key messages to the public about EVD – this included: 11 religious meetings, as well as sensitization activities in 27 markets, nine bus stations and five landing stages. In total, public awareness/activities reached 100,648 people with key messages on the EVD.

**Output 1.3 Community epidemiological surveillance is set up / enhanced**

Activities planned Month	Week /	1	2	3	4	5	6	7	8	9	10	11	12
Participate in information and coordination meetings with authorities													
Set up / enhance community monitoring committees for disease surveillance													
Epidemiological control and monitoring through community disease surveillance													

**Achievements**

- 1.3.2 The EVD preparedness activities carried out through this DREF operation were coordinated with the Ministry of Health and Social Welfare. The SRCS engaged with relevant committees at the Ministry of Health level, to support the effective implementation of the operation, attending five meetings of the Development Regional Committee, 10 meetings with the Departmental Committee of Development (CDD), 30 weekly meetings with the Health Districts Chiefs and the Hygiene Department.
- 1.3.3 The SRCS set up 68 community monitoring committees for disease surveillance. Further information on the disease surveillance will be issued in the Final Report.
- 1.3.4 Please note that information on epidemiological control and monitoring through community disease surveillance will be issued in the Final Report.

**Challenges**

Due to the remoteness of some areas continuation of the epidemiological surveillance was not possible in all communities.

**Lessons learned**

- Given the porous borders, the disease mode of transmission and spread time, it is recommended to be vigilant and scale up the community epidemiological surveillance.
- In a similar vein it would be relevant to continue the information, communication, education, awareness raising activities and reach areas which were not targeted in this preparedness intervention.
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- Strong collaboration with the Ministry of Health and Social Welfare and other key partners bore fruit in the course of operation implementation.

## Contact information

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

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace