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# Emergency appeal operations update

## Senegal: Ebola Virus Disease outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal</b> n° MDRSN010		<b>GLIDE</b> n° <a href="#">EP-2014-000039-SEN</a>	
<b>6 month update</b>		<b>Timeframe covered by this update:</b> 6 months	
<b>Emergency Appeal operation start date:</b> 29.September 2014		<b>Timeframe:</b> 9 months hereby extended to 11 months (until 31.07.2015)	
<b>Appeal budget:</b> CHF 1.3m	<b>Appeal coverage:</b> 13%	<b>Total estimated Red Cross and Red Crescent response to date:</b> NA	
<b>Disaster Relief Emergency Fund (DREF) allocated:</b> CHF 253,505			
<b>N° of people being assisted:</b> 2.2 million people			
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> 1,000 volunteers, 9 branches, 25 National Society staff in the field, and 5 (health) National Disaster Response Team (NDRT) members.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> ICRC, Spanish Red Cross, Danish Red Cross, French Red Cross			
<b>Other partner organizations actively involved in the operation:</b> MoH, WHO, UNICEF, UNOCHA, MSF, UNDP, UNFPA, ECHO, USAID, JICA.			

### Summary:

The outbreak of Ebola virus is still underway in several countries in West Africa. A single imported case from Guinea was reported in Senegal in late August 2014. The Senegalese Red Cross Society (SRCS) got involved in the monitoring of 74 contacts which ended after 21 days. They were all 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 WHO, a decision was taken to maintain and scale up efforts because the Ebola threats are still real. Therefore the IFRC 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 have focused on information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, psychosocial support, and regional collaboration. This update reports on activities carried out so far during the last 6 months and announces a 2 month no-cost extension to continue with key activities, in light of the continued threat of transmission across Senegal's borders, and the need to further strengthen preparedness and community surveillance along the borders. Besides Senegal has reopened its borders with Guinea where Ebola is not yet over. Therefore the cross border exchanges encourage a more robust sensitization and surveillance activities to prevent any outbreak into Senegal. The rainy season is also fast approaching, which will complicate efforts to contain the disease in Guinea. Until zero case is reached in Guinea, Ebola still poses a threat to Senegal, its neighbor. Hence the need to keep up efforts over the next months. Furthermore, the announcement of reopening the Sabadola mining gold project in Kedougou (bordering Guinea) has been shared. People from different Sahel nationalities work in this project, its reopening can increase the Ebola transmission risks.

During the reporting period (6 months of implementation), the Senegalese Red Cross Society (SRCS) has mobilized its Red Cross volunteers who reached a total of 941,520 beneficiaries through public awareness activities including caravans, group discussions, home visits, school visits and social mobilisation during religious events. The additional plan will continue and enhance capacities of communities and volunteers following the same strategy already defined and implemented during the Senegal first EVD operation.

### Coordination and partnerships

As part of its response to the Ebola outbreak, the Red Cross Movement together with the National Society has been committed to support the Ministry of Health through its various committees. Indeed, 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 also came from the French Red Cross. As for the Luxembourg Red Cross, it supported the provision of Personal Protective Equipment (PPE), isolation tents and the organization of simulation activities held in Fann hospital next to the treatment center. The British Red Cross and the Spanish Red Cross have been also other partners of the Senegalese National Society in its fight against Ebola. They are both part of the coordination framework together with WHO, Luxemburg Red Cross, and MoH.

It is worth mentioning that the Senegalese Red Cross Society (SRCS) has been working closely with Ministry of Health and Social Welfare through the various committees set up, the medical regions and health districts. These latter have actively participated in the supervision of training and sensitization activities implemented by Red Cross volunteers. Thus, through the Water-Sanitation and Hygiene Committee, SRCS participated to the 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 held in Red Cross headquarters. Besides, a total of 12 SRCS staff participated in the monitoring of contacts and case management training organized by MSF. UNICEF is also another partner of the National Society in its Ebola combat. The collaboration resulted on the training of 18 Red Cross volunteers on psychosocial techniques and stress management regarding an outbreak of Ebola virus.

## Operational implementation

### Overview

The Implementation of response activities was commenced early and was scaled up through allocation of IFRC DREF, and the launch of an Emergency Appeal. Since the confirmation of the imported case, SRCS has been involved in 7 committees of the Ministry of Health such as:

- the social and behavioral intervention committee ,
- the investigation and epidemiological surveillance committee,
- the case management and infection control committee,
- the Water Sanitation and Hygiene committee
- the logistics committee
- the media or communication committee
- and mobile response team

Its involvement and commitment in these committees has enabled the National Society to better implement its response plan against the Ebola virus. Indeed a team of 24 volunteers supervised by six supervisors were involved in the monitoring of the 74 contacts in the capital Dakar. These monitoring activities have included monitoring the contacts' temperature twice a day, sensitization, and distribution of food kits as well as psychosocial support. Besides, the National Society mobilized its logistics means to support the distribution of hygiene kits countrywide. Also, a team of 6 volunteers were deployed in Fann Hospital on support to the health team in the Ebola treatment centre. As there has not been any Ebola alert since 18 September 2014 according to the Ministry of Health, WHO declared Senegal Ebola free on 13 October 2014. However the WHO cautions that vigilance and basic hygiene measures should continue. Therefore the Senegalese Red Cross Society supported by the IFRC has decided to strengthen its response capacity and preparedness for an early and effective response to potential new cases. With this commitment, the National Society has been able to implement the following and will pursue key activities for the next few weeks:

<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>	
<b>Output 1.1 : The capacity of the Senegalese Red Cross Society to manage Ebola virus disease outbreak response has been strengthened</b>	
<b>Activities planned</b>	<b>Implementation</b>
Establish a National Society task force at headquarter level to coordinate with internal and external partners.	To maintain a coordinated response strategy, the National Society task force has been set up. It has enabled the Senegalese Red Cross Society (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.
	The level of funding coverage of the Appeal has not allowed the recruitment of dedicated Ebola

Appointment and recruitment of dedicated Ebola management staff, including IFRC operations manager, SRCS Ebola coordinator.	management staff. However, the management of the SRCS has decided to appoint a focal point for the supervision of Ebola operation who is under the coach of the Head of Health department. The departments of Logistics, Administration and training of the National Society supported the Health Department in the implementation of activities.
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. 10 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: <ul style="list-style-type: none"> <li>• 100 community supervisors</li> <li>• 45 department supervisors</li> <li>• 14 regional supervisors</li> <li>• 04 SRCS staff</li> </ul>
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 Dead Body Management (DBM).	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 Dead Body Management. As for protocols, 30 protocols and procedures related to standardized operations have been validated by the National Crisis Management Committee in which the National Society is actively involved. 3 validation meetings were held to establish security protocols.
Conduct debriefing sessions on weekly basis to staff, volunteers and emergency hospital medics.	Debriefing sessions were hold on a weekly basis with hospital medics in each committee.
Establish staff and volunteer safety protocols and Ebola insurance packages.	The Emergency appeal the low funding coverage has not yet allowed to take in charge staff and volunteer safety protocols and Ebola insurance packages. . However within the DREF framework a total of 1,000 volunteers have already been covered by Geneva health insurance.
Establish systems for volunteer care and stress management and recreational activities for all personnel involved in the operation.	The Senegalese Red Cross Society has been awaiting funds to trained 200 volunteers on stress management.
<b>. Output 2: Community-based disease prevention and health promotion is provided to targeted population</b>	
<b>Activities planned</b>	<b>Implementation</b>
Develop, adapt and share key messages with branches	Done
Produce and disseminate information, education and communication materials related to Ebola virus.	In terms of visibility, 2,000 tee-shirts, 500 polo shirts et 30 banners were made up by the Senegalese Red Cross Society and distributed in the 45 departments of Senegal during the last the 6 months

Engage the media: National dailies, radio, chats, live broadcast on TV stations, call in programmes.	2 live broadcast on TV stations have been realised in addition to 24 Community radio broadcasts and 11 press releases.
Carry out community meetings and sensitizations at markets, churches, mosques, schools and other meeting points.	In January and February 2015, a total of 85 caravans, 556 social mobilisations, 875 focus groups 2,300 home visits, 250 school visits were carried out. Furthermore, in March 2015, a total of 136 community conversations, 153 social mobilisations, 87 caravans, 98 focus groups 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 210,000 flyers and 3,000 posters were produced and distributed by the National Society. These figures do not take into account the 200,000 flyers as well as 5,000 posters produced by the MoH National Information and Education department. These flyers and posters were most of the time distributed during religious events such as Maouloud and Magal.
<b>Output 3: Contribution to epidemiological investigation and epidemic control</b>	
<b>Activities planned</b>	<b>Implementation</b>
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 bleaching, 2,000 pieces of soap, 1,000 hand sanitizer gel and 1,000 litres of gresyl distributed in the 45 departments of Senegal.
Procure, transport and store of 1,000 PPEs and hand sanitizer gel and Dettol and lease 4 vehicles for the operation.	This activity has not yet been 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 HR, logistical and management capacities to implement the operation for the Branch and National HQ.	In December, the National Society held 3 training sessions: training for 28 national trainers, another one for 45 communication focal points and a last training session gathering 49 Red Cross volunteers as NDRTs. These training activities enabled to reinforce the operational capacity of the Senegalese Red Cross Society, to provide Red Cross committees with hygiene products, hand washing devices. Thanks to the training activities each departmental committee has now at its disposal 2 trainers, 1 communication focal point. The 7 most at risk regions due to their geographical position ( <i>Tambacounda, Ziguinchor, Kolda, Matam, Sedhiou, Kédougou and Dakar</i> ) has each 7 Red Cross volunteers trained on Dead Body Management and Safe and Dignified Burial.
Support burials together with local authorities through Dead Body Management (DBM).	Non Applicable, no death from Ebola has been registered so far.
<b>Output 4: Psychosocial support is provided to affected population</b>	
<b>Activities planned</b>	<b>Implementation</b>
Identification of volunteers to be trained	Done
	UNICEF supported in the training of 18 Red Cross volunteers. However it is worth mentioning that the psycho social support component of the operation took also place in the regions bordering the Ebola affected country (Guinea). It was in response to the shock and

Orientation of 80 volunteers on PSP	psychosis of populations caused by the scale of the outbreak, as many of them have some relatives in Guinea. The closure of Senegalese borders and fear also motivated to reach many people in psycho social support. Some training was therefore held in the target regions of <i>Kolda, Ziguinchor, Kédougou</i> and <i>Tambacounda</i> .
Engage with affected communities to develop and implement psychosocial support interventions at community level including stigma.	Red Cross volunteers, NDRT and national HQ staff have conducted visits to the affected family from the case and supported family members and communities around to avoid stigma. The Senegal Minister of Health visited the family of the victim from Ebola and this was done together with the Senegalese Red Cross management in order to provide psychosocial support and fight against stigma. Community sensitisations against stigma have also been carried out.
<b>Outcome 2: The management of the operation is informed by a comprehensive monitoring and evaluation system</b>	
<b>Output 1: A process of monitoring and evaluation maintained and reported on throughout the program</b>	
<b>Activities planned</b>	<b>Implementation</b>
Carry out needs and gaps assessments.	In January and February 2015, two evaluations were completed : an internal one with volunteers and some partners such as MSF and another one with IFRC in 4 regions.
Participate in coordination meetings with stakeholders at National and State levels.	Daily meetings organised by the Crisis committee comprised of task force members including Red Cross and chaired by the DG MoH or the Minister. Regular coordination meetings with Red Cross attendance in the regions/branches were also held. Additionally, a coordination framework extended to partners, communities and civil society as well as administrative leaders has been set up. This framework has allowed holding weekly meetings with the crisis management committee of MoH. Weekly meeting were also held with the Ebola management committee as well as the contact tracing committee.
Undertake continuous risk and capacity assessments	In progress
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 have been set countrywide. The mobilization of volunteers enabled to monitor 75 contacts in Dakar, 10 in Kolda and 15 in Kedougou.

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## 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 (NGO's) 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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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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.

**Disaster Response Financial Report**

MDRSN010 - Senegal - Ebola Virus Disease

Timeframe: 08 Sep 14 to 31 May 15

Appeal Launch Date: 29 Sep 14

DISASTER RESPONSE FINANCIAL INTERIM REPORT

**Selected Parameters**

Reporting Timeframe	2014/09-2015/4	Programme	MDRSN010
Budget Timeframe	2014/09-2015/03	Budget	BUDGET9
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
<b>A. Budget</b>		<b>1,380,962</b>				<b>1,380,962</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<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	
<b>C1. Cash contributions</b>		<b>182,266</b>				<b>182,266</b>	
<b>Other Income</b>							
<i>DREF Allocations</i>		253,515				253,515	
<b>C4. Other Income</b>		<b>253,515</b>				<b>253,515</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>435,781</b>				<b>435,781</b>	
<b>D. Total Funding = B + C</b>		<b>435,781</b>				<b>435,781</b>	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		435,781				435,781	
<b>E. Expenditure</b>		-385,245				-385,245	
<b>F. Closing Balance = (B + C + E)</b>		<b>50,536</b>				<b>50,536</b>	

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## 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	
<b>BUDGET (C)</b>			<b>1,380,962</b>			<b>1,380,962</b>		
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	36,792		6,216			6,216	30,576	
Medical & First Aid	224,143						224,143	
Teaching Materials	42,177		30,280			30,280	11,897	
<b>Total Relief items, Construction, Sup</b>	<b>303,112</b>		<b>36,496</b>			<b>36,496</b>	<b>266,616</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	53,298		9,636			9,636	43,662	
<b>Total Logistics, Transport &amp; Storage</b>	<b>53,298</b>		<b>9,636</b>			<b>9,636</b>	<b>43,662</b>	
<b>Personnel</b>								
International Staff	56,660		4,059			4,059	52,601	
National Staff	72,000		36,688			36,688	35,312	
National Society Staff	185,877		18,077			18,077	167,800	
Volunteers	407,663		42,035			42,035	365,628	
<b>Total Personnel</b>	<b>722,200</b>		<b>100,858</b>			<b>100,858</b>	<b>621,342</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	57,954		33,959			33,959	23,995	
<b>Total Workshops &amp; Training</b>	<b>57,954</b>		<b>33,959</b>			<b>33,959</b>	<b>23,995</b>	
<b>General Expenditure</b>								
Travel	30,000		2,232			2,232	27,768	
Information & Public Relations	67,660						67,660	
Communications	18,453		3,054			3,054	15,398	
Financial Charges	27,500		29,352			29,352	-1,852	
Shared Office and Services Costs	16,500		21,207			21,207	-4,707	
<b>Total General Expenditure</b>	<b>160,113</b>		<b>55,846</b>			<b>55,846</b>	<b>104,268</b>	
<b>Operational Provisions</b>								
Operational Provisions			124,033			124,033	-124,033	
<b>Total Operational Provisions</b>			<b>124,033</b>			<b>124,033</b>	<b>-124,033</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	84,284		23,217			23,217	61,067	
<b>Total Indirect Costs</b>	<b>84,284</b>		<b>23,217</b>			<b>23,217</b>	<b>61,067</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			500			500	-500	
Pledge Reporting Fees			700			700	-700	
<b>Total Pledge Specific Costs</b>			<b>1,200</b>			<b>1,200</b>	<b>-1,200</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,380,962</b>		<b>385,245</b>			<b>385,245</b>	<b>995,717</b>	
<b>VARIANCE (C - D)</b>			<b>995,717</b>			<b>995,717</b>		



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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	1,380,962		435,781	435,781	385,245	50,536	
Subtotal BL2	1,380,962		435,781	435,781	385,245	50,536	
<b>GRAND TOTAL</b>	<b>1,380,962</b>		<b>435,781</b>	<b>435,781</b>	<b>385,245</b>	<b>50,536</b>	