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## DREF final report

# Senegal: Yellow Fever outbreak in Kedougou

 International Federation  
of Red Cross and Red Crescent Societies

### DREF operation n° MDRSN006 31 August, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary: CHF 72,948** was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 16 December 2011 to allow the Senegalese Red Cross Society to support the national response against the Yellow Fever outbreak in Kedougou region through social mobilization activities of the communities.

Three cases of yellow fever notified on 26 October 2011 in the eastern part of the country initiated the Senegalese Red Cross Society (SRCS) in its response against the outbreak. The National Society accompanied the Ministry of Health (MoH) to reduce the spread of the yellow fever epidemic that reappeared in



During the social mobilization activities, a priority was given to vaccination.  
Photo SRCS

Kedougou and Saraya health districts. SRCS, with support from IFRC was able to reach 76% of the targeted 30,695 households in the districts of Kedougou, Salemata and Saraya with messages related to the importance of vaccination as an effective way to fight against epidemics such as yellow fever. In addition, the Senegalese Red Cross Society, in collaboration with the health district authorities of the targeted areas identified and trained 202 community volunteers on community sensitization and mobilization techniques. Volunteers equipped with sensitization tools such as megaphones and flyers carried out pre-campaign sensitization activities using door-to-door and advocacy approaches to reach a total of 124,576 persons in the 3 districts. The National Society also collaborated with the local radio stations in the targeted districts to carry out sensitization messages during radio talk shows. During the campaign, special attention was given on "hard to reach" people, particularly those working in gold mines. The Senegalese Red Cross volunteers continued doing interpersonal communication during the campaign and also volunteered as vaccinators' aids. In brief and according to the immunization coverage survey, the impact of the social mobilization campaign was important as immunization coverage increased from 22.4 to 88.2 % in Kedougou.

Belgian Red Cross and DG ECHO supported the complete replenishment of this DREF allocation. The IFRC, on behalf of the Senegalese Red Cross Society, would like to extend thanks to all partners for their generous contributions.

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, Z Zurich and Coca Cola Foundations and other corporate and private donors. Details of all contributions to the DREF for 2011 can be found on:

[http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf).

*<click here for financial report (unspent balance returned to DREF), or here for contact details>*

## The situation

According to WHO, the Senegalese Ministry of Health and Prevention notified three cases of Yellow Fever in Kédougou and Saraya health districts. The region of Kedougou is located in the East of Senegal. It borders the region of Tambacounda and the Republics of Mali and Guinea Conakry. The health districts of Kédougou and Saraya benefited from a preventive mass vaccination campaign in December 2007, where the vaccination coverage was 94.9% and 94.8% respectively. The Senegalese Red Cross Society participated to this campaign. The low level of population immunity can be explained largely by the migration of people that changed the population size of the region. Indeed, the region is frequently visited because of the presence of gold mines. The undeveloped rural environment increased additional challenges on vaccination efforts. The high risk that an outbreak occurred and spread at a sub regional level has justified the need to conduct a targeted vaccination response. Accordingly, the Senegalese Ministry of Health planned to organize a vaccination campaign, targeting the non-vaccinated individuals aged nine months and above. For safety reasons, pregnant women were not targeted. The mass vaccination campaign aimed to protect the population living in those areas, which appear to have increased due to recent migration from neighbouring countries. A total of 159,626 doses of vaccine from the GAVI-funded yellow fever emergency vaccine stockpile were released by the International Coordinating Group on Yellow Fever Vaccine Provision (YF-ICG) for the campaign.

## Red Cross and Red Crescent action

The Senegalese Red Cross Society (SRCS) is a member of the national outbreak management committee Chaired by the Ministry of Health and Prevention with the Pasteur Institute in Dakar, the National Network of laboratories, the International partners such as WHO, UNICEF and FAO. The Ministry of Health (MoH), SRCS and WHO national office were the three main organizations concerned by this Yellow Fever outbreak. The Senegalese Red Cross head of health department participated to a regional planning meeting with the MoH Epidemiological Surveillance Division, the Kedougou regional Health director, the health district team of Kedougou, Saraya and Salemeta. During the meeting held in Kedougou, the Senegalese Red Cross was assigned for the implementation of the social mobilization campaign before and during the immunization campaign. The Senegalese Red Cross Society with support from IFRC strengthened the capacity of its local branches through their volunteers and carried out active cases' detection at household level and prompt referral of cases to health facilities. The National Society also produced IEC materials, sponsored radio broadcasts and carried out house-to-house visits during the campaign.

## Achievements against outcomes

### Emergency health

**Outcome: To help reduce the spread of Yellow Fever and related morbidity and mortality through social mobilization activities carried out by SRCS volunteers.**

**Expected results (Outputs)**

**Planned activities**

<p>Increased public awareness on Yellow Fever as well as the risk factors for its transmission, prevention and control measures.</p>	<ul style="list-style-type: none"> <li>• Train 18 supervisors and 3 supervisors at departmental level from 3 health districts in Epidemic Control for Volunteers (ECV) toolkit during 3 days.</li> <li>• Train 180 community volunteers in Epidemic Control for Volunteers (ECV) toolkit focusing in Yellow Fever in 1 day.</li> <li>• Produce and disseminate IEC messages (5,000 posters, 10,000 flyers, 1,000 T-shirts and 1,000 capes and 50 jackets) in the 3 affected health districts and neighbouring at-risk districts.</li> <li>• Shipment of 110 copies of ECV manuals and toolkits.</li> <li>• Conduct media campaigns to promote public awareness on Yellow Fever (36 radio talk shows (1 per week for each health district, in 3 months) on 4 local FM radio stations that will reach an estimated number of 153,476 people in the 3 health districts).</li> <li>• Conduct 2,000 sessions of household' health promotion activities in affected villages by using ECV toolkits.</li> <li>• Conduct 50 interpersonal communications/advocacy meetings with key local leaders, religious leaders and community representatives in 3 health districts.</li> <li>• Conduct 87 group talks in each gold washing site in the 3 health districts in Kedougou region.</li> <li>• Conduct informal sessions at mosques, churches, markets, and other public places to spread Yellow Fever prevention information.</li> </ul>
<p>Improved early detection, reporting and referral of suspected cases through active surveillance.</p>	<ul style="list-style-type: none"> <li>• Train 180 community based volunteers and 18 supervisors at community level and 3 supervisors at departmental level for active case and post-immunization adverse events search.</li> <li>• Procure and distribute 18 bicycles for facilitating volunteer's supervision in conducting household visits and referral of suspected Yellow Fever cases.</li> </ul>
<p>Improved awareness for increased uptake of Yellow Fever emergency vaccination campaign leading to at least 99% coverage in the 3 health districts.</p>	<ul style="list-style-type: none"> <li>• Train 82 SRCS volunteers in 3 health district on vaccination campaign.</li> <li>• Mobilize target communities (143,807 persons) to turn up for vaccination.</li> <li>• Conduct good public awareness of vaccination post locations.</li> <li>• Assist in at-site and door to door vaccination campaign activities.</li> <li>• Assist in the organization of the immunization post locations.</li> <li>• Tick names of vaccination beneficiaries on pre-registration lists.</li> <li>• Conduct home follow-up visits.</li> <li>• Support post vaccination data collection.</li> <li>• Support waste management in immunization post locations.</li> <li>• Participate in post vaccination campaign meetings for evaluation activities with MoH and other partners.</li> </ul>

#### Impact:

A total of 18 community supervisors and 03 departmental supervisors of the Senegalese Red Cross Society were trained during 03 days in Kedougou on Epidemic Control manual for Volunteers (ECV) set up by IFRC. The following topics were discussed:

- General knowledge on the disease;
- Prevention of yellow fever through vaccination and the early detection of cases;
- Communication's techniques;
- Volunteers' involvement during an epidemic;
- Methods of supervision and progression plan.

Then, 202 volunteers (180 from SRCS and 22 from World vision) did a one day orientation session on the following topics:

- Key messages of the campaign;
- Community surveillance of yellow fever;
- Progression plan;
- Data collection tools.

**Table I:** The number of volunteers trained per Health District

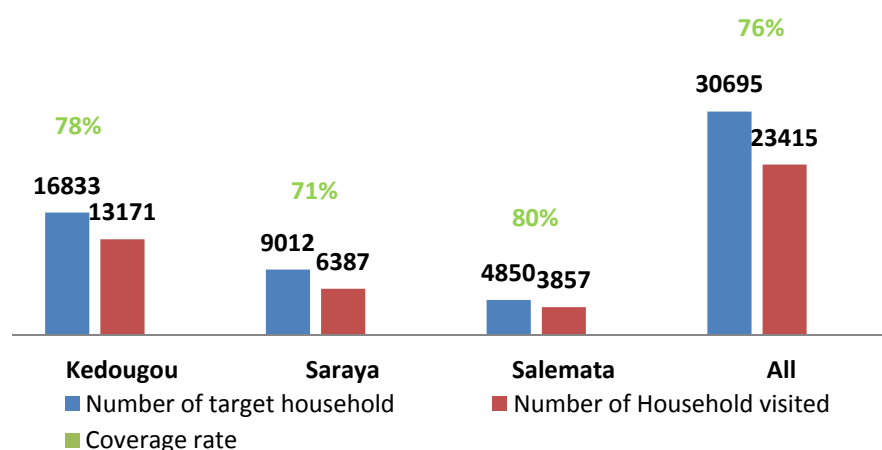
Training Districts	Number of training sessions	Number of volunteers trained
Kédougou	2	89
Salémata	1	40
Saraya	2	73
<b>Total</b>	<b>5</b>	<b>202</b>

After the training, volunteers spent 21 days on social mobilization using the following inputs:

**Table II:** Sensitization materials

Sensitization materials / Health Districts	Bicycles	Posters	Flyers	Streamers	Shirts	Capes
Kédougou	8	276	2,634	2	440	440
Salémata	4	72	862	1	250	250
Saraya	6	144	1,504	1	310	310
<b>Total</b>	<b>18</b>	<b>492</b>	<b>5,000</b>	<b>4</b>	<b>1,000</b>	<b>1,000</b>

The pre-campaign was organized through a door-to-door communication and flyers made by the Senegalese Red Cross volunteers.



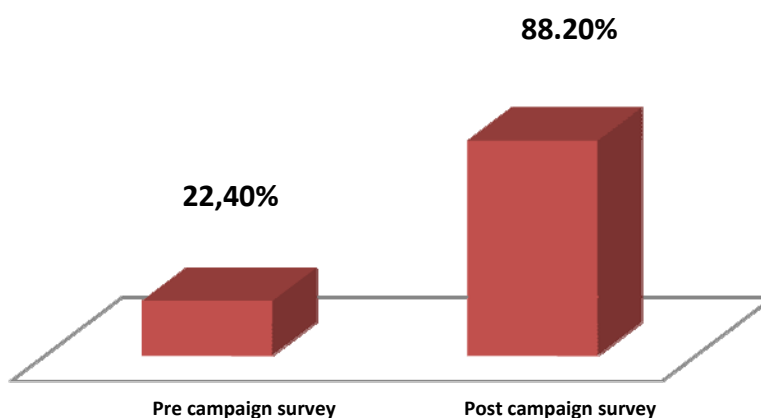
**Graph 1:** Coverage rate of door-to-door social mobilization in health districts and Kedougou region

A total of 76% households were reached through local communication. The social mobilization focused on "hard to reach" communities specially the new migrants in the gold mining areas of Tenkoto, Bantaco, Tomboroncoto, Ngari, Khassanto, Sabadola... Moreover, a mass communication was conducted with the collaboration of community radio stations.

**Table III:** Radio station programs

Radio Stations	Number of programs
Kédougou FM	6
RTS	8
Afia FM	4
Walf FM/TV	4
Zic FM	2
Guimbisembe FM Saraya	8
<b>Total</b>	<b>30</b>

A total of 30 radio programs were broadcast locally before and during the vaccination campaign. Besides, 06 journalists from the press (*Le quotidien, Express News, Le Soleil, L'observateur, Sud Quotidien, the Senegalese Press Agency*), 04 traditional communicators and 08 local authorities (regional councils, districts representatives, women's groups) received orientation on keys messages of the campaign. Those resource persons also acted as intermediaries in the communication process. During the 10 days of the campaign, the communication targeted public places such as vaccination areas, health structures, markets, mosques, gold mining areas and so on. Volunteers formed 41 immunization teams in the region. Besides, 82 Red Cross volunteers were mobilized as vaccinators to help on the patients' registration, the organization of queues. The 02 days post-campaign monitoring was conducted according to the same provision around vaccination sites. It allowed pursuing the local communication, the case community surveillance and catching up unvaccinated people oriented towards the health structures. During the period of 21 days of campaign, 33 suspected cases of yellow fever were oriented towards health structures.



**Evolution of immunization coverage before and after the campaign in Kedougou district** (From: Preliminary report of Joint MOH/WHO Yellow fever immunization coverage Survey in Kedougou ,May 2012)

### Challenges:

The main challenge during the campaign was the uncertainty about the date of vaccination, which was postponed several times due to logistical problems and the elections. Thus, there was a delay of one month between the volunteers' training and the pre-campaign. Furthermore the access to households was difficult in areas such as Salemata where roads are almost nonexistent and the field very rugged.

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## Contact information

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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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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.

MDRSN006 - Senegal - Yellow Fever

Appeal Launch Date: 16 dec 11

Appeal Timeframe: 16 dec 11 to 16 mar 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/12-2012/7
Budget Timeframe	2011/12-2012/3
Appeal	MDRSN006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	72,948					72,948	
<b>B. Opening Balance</b>	0					0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>	72,948					72,948	
<b>C4. Other Income</b>	72,948					72,948	
<b>C. Total Income = SUM(C1..C4)</b>	72,948					72,948	
<b>D. Total Funding = B +C</b>	72,948					72,948	
<b>Coverage = D/A</b>	100%					100%	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	0					0	
<b>C. Income</b>	72,948					72,948	
<b>E. Expenditure</b>	-63,640					-63,640	
<b>F. Closing Balance = (B + C + E)</b>	9,308					9,308	

Selected Parameters	
Reporting Timeframe	2011/12-2012/7
Budget Timeframe	2011/12-2012/3
Appeal	MDRSN006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>72,948</b>					<b>72,948</b>	
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	5,540	5,144				5,144	396	
Teaching Materials		4,684				4,684	-4,684	
<b>Total Relief items, Construction, Supplies</b>	<b>5,540</b>	<b>9,827</b>				<b>9,827</b>	<b>-4,287</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	2,880	2,703				2,703	177	
<b>Total Land, vehicles &amp; equipment</b>	<b>2,880</b>	<b>2,703</b>				<b>2,703</b>	<b>177</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	1,200	1,067				1,067	133	
<b>Total Logistics, Transport &amp; Storage</b>	<b>1,200</b>	<b>1,067</b>				<b>1,067</b>	<b>133</b>	
<b>Personnel</b>								
National Staff	4,000						4,000	
National Society Staff	15,620	15,052				15,052	568	
Volunteers	21,840	20,274				20,274	1,566	
<b>Total Personnel</b>	<b>41,460</b>	<b>35,326</b>				<b>35,326</b>	<b>6,134</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	4,236	4,508				4,508	-272	
<b>Total Workshops &amp; Training</b>	<b>4,236</b>	<b>4,508</b>				<b>4,508</b>	<b>-272</b>	
<b>General Expenditure</b>								
Travel		658				658	-658	
Information & Public Relations	7,380	2,168				2,168	5,212	
Office Costs	1,400	1,473				1,473	-73	
Communications	400	1,548				1,548	-1,148	
Financial Charges	2,000	389				389	1,611	
Other General Expenses	2,000	89				89	1,911	
<b>Total General Expenditure</b>	<b>13,180</b>	<b>6,324</b>				<b>6,324</b>	<b>6,856</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	4,452	3,884				3,884	568	
<b>Total Indirect Costs</b>	<b>4,452</b>	<b>3,884</b>				<b>3,884</b>	<b>568</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>72,948</b>	<b>63,640</b>				<b>63,640</b>	<b>9,308</b>	
<b>VARIANCE (C - D)</b>		<b>9,308</b>				<b>9,308</b>		