

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SENEGAL: CHOLERA INTERIM FINAL REPORT

ME no. 05ME020
30 September 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Minor Emergency history:

- Launched on 29 March 2005 for 4 months¹.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 55,000.

For information specifically related to this operation please contact:

- In Senegal: Abdou Siby, President or M. Adama Kamara, Secretary General, Senegalese Red Cross Society, Dakar; Email: crsnational@sentoo.sn; Phone +221.823.32.92; Fax +221.822.53.69
- In Senegal: Alasan Senghore, Federation Head of West and Central Africa Regional Delegation, Dakar; Email: ifrcsn21@ifrc.org; Phone +221.869.36.40; Fax +221.860.20.02
- In Geneva: Madeleine Lundberg, Federation Regional Officer for West and Central Africa, Africa Dept; Email: madeleine.lundberg@ifrc.org; Phone + 41.22.730.43.35; Fax + 41.22.733.03.95

All International Federation 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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

Background

In February 2005, a cholera epidemic was declared in Touba- a large religious district of Senegal (about 200 km from Dakar) with a population of more than a million people. The situation is suspected to have been caused by high population migration and shortage of clean water caused by continuous power cuts that led to water supply breakdowns.

Over 2,000 cholera cases and eight deaths had been reported in the Touba area. The number of new cases soared as more people gathered in Touba for the pilgrimage of "Grand Magal de Touba". By April 2005, the cholera epidemic had spread nationwide. Between 28 March and 3 April, nearly 3,400 new cases and 54 deaths were recorded in the different health districts in Senegal. Such an explosion of the epidemic was expected after a gathering of about three million pilgrims. Other cases were reported in neighbouring constituencies. As the pilgrims trekked home, the number of new cases doubled in Bambey (560 cases by 2 April 2005), Mbacké and Diourbel. Other affected regions include Dakar and its outskirts, Mbour (with more than 50 reported cases), Kaolack (184 cases and five deaths), Thies, Tivaouane, Saint Louis and Tambacouda amongst others.

¹ Senegal: Cholera; Minor Emergency no. 05ME020- http://www.ifrc.org/cgi/pdf_appeals.pl?05/05ME020.pdf

Coordination

Immediately the outbreak was announced, the government (through the Ministry of Health) set up a crisis committee and asked for the support of religious leaders, the local donor community and partners. In response to the request, the Federation's regional delegation technically supported the national society in formulating a plan of action after conducting an assessment of the situation. The regional delegation successfully applied for funds from the Disaster Relief Emergency Fund (DREF) - CHF 55,000 was allocated. The delegation was actively involved in organizing, coordinating, monitoring and reporting on the social mobilization conducted.

A sensitization committee was established to disseminate sanitary messages through the local press, radio and television. Awareness campaigns and surveillance were intensified while the government issued an injunction restricting all major gatherings until the situation was under control. The Senegalese Red Cross Society's volunteers conducted door-to-door visits to sensitize the communities on cholera prevention, environmental hygiene and sanitation. They also cooperated with the community on the operation.

The Senegalese Red Cross has been working closely with government authorities in the field, with the Federation providing support to the national society's activities. Monitoring and evaluation activities included follow-up on the volunteers' progress, home visits, resolution of the operational difficulties in the field, filling out of the supervision forms and the attendance of daily meetings on the cholera outbreak with the national society's health director.

Analysis of the operation - objectives, achievements and impact

Objective: Contribute to the fight against the propagation of cholera in Touba and the rest of Diourbel region.

Specific Objectives:

1. Provide practical advice for the prevention of cholera through the promotion of best practices in hygiene.
 - a. washing of hands with clean water and soap
 - b. food cleanness
 - c. water treatment : chlorination
 - d. environmental hygiene
 - e. decontamination of health centres receiving patients
2. Disseminate information on cholera (signs and danger).

The strategy for implementing the operation adopted the following priorities: Local volunteer identification and recruitment; mobilization before and during the cholera outbreak intervention, door-to-door sensitization, identification of targets and areas for the programme- based on the profile of the epidemic, supervision of social mobilization activities and quick evaluation of activities after the cholera intervention.

In order to attain the objectives, several activities were planned: meetings with the social mobilization commission of the MoH and the UN system in order to harmonize the key-messages delivered, identification of 500 volunteers in Senegal, establishment and duplication of social mobilization management tools, training of the national society's volunteers in door-to-door mobilization techniques and coordination of daily briefings with branch supervisors.

Activities

Training of volunteers

The modality for the training took the seminar and participatory approach. Presenters were selected from the disease control unit of the Directorate of Health Services, under the Department of State for Health and Social Welfare. Trainers were allocated with a specific time to lead the discussion of their papers and trainees were also provided with handouts for future reference. Post-evaluation was carried out after each training session to gauge the levels of understanding on the concepts of the topics discussed.

The scope of the training was drawn on the basic information on cholera. The specific areas which the volunteers were trained in are aetiology of cholera, epidemiology of cholera in the sub-region, signs and symptoms of cholera, case identification, pathology of cholera, prevention and control mechanisms, community entry approach during

social mobilization, techniques of role playing in community sensitization, the role of the Red Cross volunteers during disasters, community social mobilization and orientation on ACHI 2010.

Community mobilization

After receiving CHF 50,000 from the Federation’s Disaster Relief Emergency Fund (DREF), the Senegalese Red Cross Society conducted major awareness campaigns. The mobilization of the population in more than 25 Daaras (Koranic schools), 6 mosques and about 250 homes visited was accompanied with the distribution of sanitary materials to the most vulnerable communities in the targeted localities. The materials distributed include 450 20-litre basins and 10-litre buckets, 175 cartons of 12 hail bottles (each 1-litre), 175 jars of 1-litre hail bottles, 160 cartons of 15 bleach bottles (each 1-litre) and 122 cartons of 36 soaps. In Tivaouane, Tieneba and Ndiassane, the same quantity of sanitation material was given to the health centres receiving patients. Nine public wells were also treated.

The sensitization campaigns, conducted in March to April 2005- including the 3 days of the “Grand Magal de Touba” pilgrimage, constituted the demonstration of correct cleaning of hands, chlorination of drinking/cleaning water, latrine hygiene, and cleanliness of the environment, especially in public places. Over 500 volunteers were mobilized for the operation as 32 were already operational since the November 2004 Cholera outbreak. 50 volunteers were deployed in Mbacké and Touba, 20 in Diourbel and 32 in Bambey. The others were in Tivaouane, Ndiassane, Tienaba, and most recently Popenguine.

Through peer interactions and door-to-door campaigns, they were also able to visit the Diourbel jail where more than 375 detainees and their guards were reached. The volunteers also visited nine drinking fountains where they sensitized women gathered there. Several meetings were held with the authorities of each locality while radio programmes were aired.

Bad food handling practices promote contamination of food with the cholera vibro in times of epidemic. Food handlers are usually hawkers who move to nearby markets to prepare and sell food. The premises they use to prepare their food often do not comply with minimum health standards for food establishments. A large number of people visiting these markets, mostly visitors from neighbouring countries, buy food and drinks from the handlers.



Volunteers conduct door-to-door sensitization

Because of the role that food can play as a medium of transmission of cholera, sensitizing food handlers at weekly markets was a priority. Four training sessions were held in four major markets along the borders of The Gambia and Senegal: Kerr Jane, Kerr Pateh, Bureng and Kaur.

The focus of each training session was on improving hygiene during food preparation, storage and distribution as well as fly control mechanisms at the food establishments. This was carried out with support of the public health offices in each concerned region. The food handlers were also informed about the simple cholera control mechanism and early signs and symptoms of the disease. At the end of each of the session the volunteers within the markets liaised with the health teams for continuing hygiene promotional activities during “lumaas”- weekly markets.

Another phase of the project implementation was the sensitization of influential leaders. The purpose of the sensitization was to gain entry point into the communities, through their leaders whilst transmitting the information on cholera to them. These leaders include the heads of villages, kabilos (ward heads), traditional communicators, youths and civil servants leaving within the communities. After the training of the volunteers a series of meetings were held in an integrated approach where cluster of villages were called at the district head to hold discussion of cholera prevention and case detection. Beside the long term intervention initiative, other health issues that affect the communities were also discussed, amongst them environmental sanitation and water treatment. This mainly consisted of vigorous advocacy campaigns for high hygiene practices as a control mechanism and material distribution to improve the sanitary conditions at both boarder and crossing points with the Gambia.

Impact

The sensitization campaigns provided the national society the opportunity to publicize its principles at the grassroots. The national society now has more strengthened partnerships with the Ministry of Health and other development agencies like the UN agencies and MSF among many.

Due to timely intervention by the Red Cross, there is a reduction of cholera cases in the concerned areas. The sensitization campaigns enhanced the population's understanding of the importance of cholera prevention and the need to adopt good practices on hygiene and water/sanitation. The operation also reinforced the capacity of the branch volunteers to conduct future door-to-door social mobilization, alongside boosting their techniques and strengthening their involvement.



Red Cross volunteers active in the field.

The response of the Federation did not only compliment the government's effort but all supported the education of volunteers to carry out community outreach amongst the most vulnerable. Additionally the hygiene promotion and cholera awareness trainings contributed to the empowerment of the local communities and will be valuable for general health situation and their response capacity in future cholera outbreaks.

Lessons learned

The door-to-door strategy is the best approach in reaching and sensitizing the population on the importance of hygiene and sanitation for water, food and environment in order to prevent cholera epidemics. The social mobilization commission should be strengthened while encouraging information, education and communication/behavioural change communication (IEC/BCC) as a national strategy for social mobilization.

As the national society contributes to the national health development, the engagement should correspond to the continued re-orientation of volunteers in the various disease control aspects in order routinely engage in health information dissemination.

There is a need to reinforce the partnership with the MoH and the development agencies as well as positively motivate the volunteers so as to enhance sustainability, strengthen capacities and their strategic partnerships. The maintenance of financial and technical support to the national society, by the Federation, is fundamental to the efforts to fight cholera outbreaks and other epidemic diseases in the region. Early availability of funds from the Federation is also necessary to reinforce the national societies' capacities by training volunteers and collaborating with the governments in the health programmes development.

Constraints

The number of volunteers available for the operation was insufficient. Available funds were, on the other hand, limited to cater for all the needs.

Conclusion

The Red Cross intervention in the cholera outbreak, using the "door-to-door" social mobilization, in Senegal was the most appropriate strategy as it had a good impact at the community level and showed that the Red Cross adds real value. Red Cross activities are also an important element for the national society's and the Federation's visibility.

Special note: This Interim Final Report is being issued without the financial report. The Final Report, comprising of the final financial report and this narrative report, will be issued in due course.

[Click here to return to the title page and contact information.](#)