

DREF operation final report



Senegal: Cholera

**DREF Operation no. MDRSN001;
GLIDE no. EP-2007-000187-SEN;
18 September, 2008**

The International Federation's 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 40,000 (USD 34,196 or EUR 23,975) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) in October 2007 to support the national society in delivering assistance to beneficiaries by supporting response activities to the outbreak.

Cholera is an endemic illness in Senegal, which hits particularly hard during the rainy season. In October 2007 Senegal experienced an outbreak of cholera. Eight regions out of the 11 of the country were affected by the epidemic. At the end of October 2007, the Ministry of Public Health reported 2,825 cases of cholera and 16 deaths. The region of Diourbel, located in the center west of the country, was the most affected. Of the 2,825 cases of cholera reported, nearly 84% came from this region.

The SRCS, as an auxiliary to government health authorities, assisted the Ministry of Health (MoH) to control the epidemic.

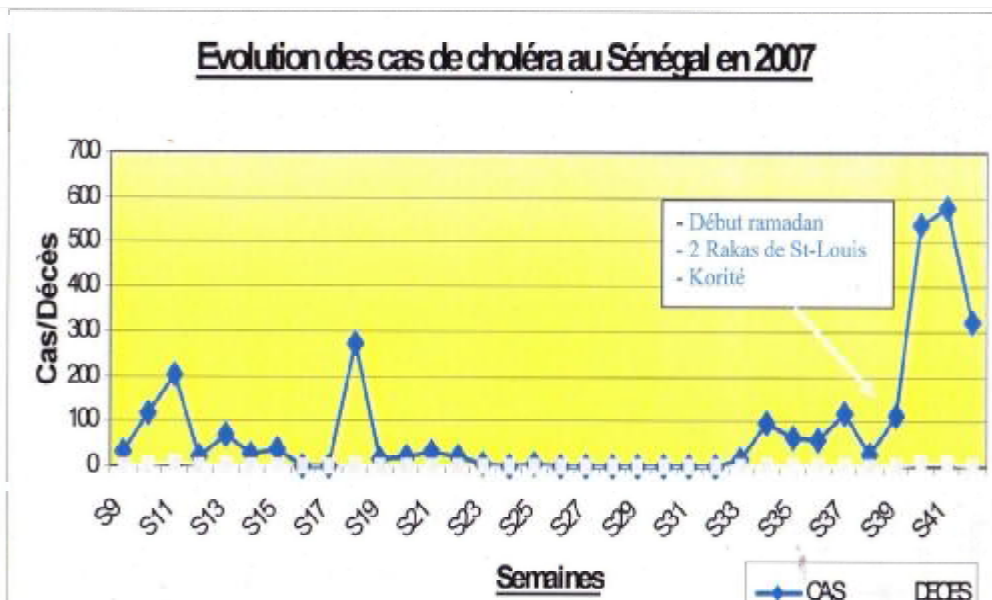


A community member replicating hand washing

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The situation

In October 2007 Senegal experienced an outbreak of cholera. Eight regions out of the 11 of the country were affected by the epidemic. At the end of October 2007, the Ministry of Public Health reported 2,825 cases of cholera and 16 deaths. The region of Diourbel, located in the center west of the country, was the most affected. Of the 2,825 cases of cholera reported, nearly 84% came from this region. As of 24 October 2007, three regions were the frontward in terms of cases: Diourbel including Touba, Louga and Saint-Louis.



High population density, non potable drinking water, and non-compliance with basic hygiene rules are the main factors of cholera spread in these communities. In Touba, water shortages, frequent religious gatherings with massive population movements, and rapid spontaneous habitation, characterized by a complete lack of drinking water and excreta disposal, compound the risks.

Despite many efforts, several epidemics of cholera succeeded one another. The SRCS as a strategic partner in managing the epidemic has developed a project partly supported by the Federation. The SRCS as an auxiliary to the government carried out preventive awareness campaigns and mobilized the community to respond to contagious diseases. The various projects in the fight against maternal and infant mortality programmes integrate these aspects of hygiene and prevention.

The Federation supported the SRC in the last episode of the fight against cholera; programme aspects included training, care advocacy and volunteers' management, equipment of sanitation committees and teaching materials. Radio stations including RFM, RFI and TV5 television, Euronews, and France 24 disseminated key messages.

Red Cross and Red Crescent action

The objective of the Senegalese Red Cross Society was to sensitize people and prevent the spread of cholera in the five most affected regions. (Dakar, Diourbel, Fatick, Louga and Saint-Louis). To achieve this objective, the SRCS has implemented the following activities:

- Training sessions (16) for volunteers in the targeted regions with a total of 240 trained volunteers to deliver key messages and IEC equipment;
- Talks (2,732) on individual and collective measures against cholera;
- Home visits (1,827) by Red Cross volunteers;
- Social mobilization activities (1,323);
- Rural sanitation campaigns (16);
- Hygiene product distribution to families;
- Water disinfection (with chlorine).

The SRCS has relied primarily on the mobilization of departmental committees and community leaders. The recurrent episodes of cholera and the multiple factors underlying the phenomenon led the SRCS to work more and more through an intervention network of multiple actors to maximize efforts in the fight against the disease.

Progress towards objectives

Objective: To sensitize and prevent cholera at the community level in the five most affected or at risk regions (Dakar, Diourbel, Fatick, Louga and Saint-Louis).

Achievements

Training of volunteers

The orientation provided by Senegalese Red Cross staff on cholera and its health, economic and social consequences strengthened volunteers' motivation and made them more effective in their intervention. It also fulfilled a request for further training. A total of 16 volunteer orientation sessions on cholera were held (one session per department) in: Podor, Dagana, Saint-Louis, Louga, Kébémér, Linguère, Diourbel, Mbacké, Bambey, Fatick, Foundiougne, Gossas, Rufisque, Pikine, Guédiawaye and Dakar.

Each session involved 15 participants and two trainers. At least 240 volunteers were trained. Participants were selected by the departmental committees and were individuals with community awareness experience. The departmental committee chairpersons were among the 15 participants and were guided by trainers. Heads of Health Education from health districts and from the Red Cross national committee were providing the training.

Community mobilization and sanitation campaign

A social mobilization and human investment was organized in each department. This social mobilization enabled community leaders to be involved in the implementation of sanitation activities. The venue, date and time were determined in collaboration with the health district, local authorities and appointed community leaders. The aim was to mobilize the community and raise awareness in the fight against diseases communicable by water and dirty hands such as cholera, and also in the fight against the degradation of the quality of life and the environment. As a result, 5,882 people were reached by the awareness campaign; 2,732 talks conducted; 1,827 home visits organized; and 1,323 social mobilizations.

Relief distributions (food and basic non-food items)

Objective: Supply of hygiene kits (and accompanying hygiene education) to affected populations.

Distribution of disinfectants

The distribution was focused most in affected and vulnerable areas, with emphasis on the most vulnerable families. The total number of beneficiaries was 2,324 (332 families). Priority was given to the region of Diourbel (Touba, Mbacké, Bambey, and Diourbel); the departments of Saint-Louis, Louga, and Fatick. Each department received six cases of six bottles of two liters of bleach (36 bottles), and 118 bars of soap. The allocation per family is 30 bags of 75 ml of bleach and 16 pieces of soap for one month. In addition to the distribution, demonstrations of hand washing, water and vegetable disinfection, and toilet disinfection were conducted. Distributions and demonstrations were carried out in the following areas:

- Mbacké-Touba: 4,500 bags of 75 ml of bleach and 2,400 bars of soap. Each family received 30 bags as a one month allocation on the basis of 1 bag per day and 16 bars of soap on the basis of 4 bars per week. In these two villages 150 families received assistance (1,050 beneficiaries);
- Bambey: 1,500 bags and 800 bars of soap for 50 families (350 beneficiaries);
- Diourbel: 2,000 bags and 1,056 bars of soap for 66 families (462 beneficiaries);
- Fatick: 750 bags and 400 bars of soap for 25 families (175 beneficiaries);
- Louga: 650 bags and 336 bars of soap for 21 families (147 beneficiaries);
- Saint-Louis: 600 bags and 320 bars of soap for 20 families (140 beneficiaries).

Impact:

In total, 747 liters of bleach and 5,312 bars of soap were distributed to 332 families, that i.e. approximately 2,324 people. These activities were implemented in close collaboration with sanitation and health authorities of the District.

Water, sanitation, and hygiene promotion

Activities planned:

Community mobilization and public sensitization

About 5,882 people were directly reached through advocacy outreach and social mobilization. A total of 1,323 social mobilizations carried out on all project sites. The total number of beneficiaries (direct and indirect) is 60,522. This advocacy outreach involved talks, home visits and demonstration sessions on hand washing techniques. Social mobilization involved all 16 departmental committees. Community leaders participated in the implementation of sanitation activities in their immediate environment.

Talks and Home Visits

Departmental committees of the Red Cross contacted target groups and partners to organize two talks per department. Some 1,827 home visits were conducted and 2,732 talks carried out. Special emphasis was placed on the description of the disease, prevention methods, and causative agents. Sessions of talks and home visits targeted mothers, fathers and the general population through visits of community gathering points including schools, markets and water points to bring people under positive pressure until all risks of contamination are eliminated. Posters, image boxes and demonstration sessions were used as illustration mediums for talks and visits.

During these activities, volunteers demonstrated proper hands and vegetables washing techniques and asked participants the process. During home visits, volunteers were involved in the early identification of cases and referred affected individuals to the closest health centers.

Challenges:

Rising sufficient awareness for the adoption of sanitary behaviors constitute a big challenge. The number of volunteers mobilized and supported by the project is often less than the number of active volunteers. The transport of volunteers has been a challenge in some cholera prone areas (such as spontaneous housing developments in Touba, Santhie Darou Salam). These localities are very far and induce transport costs that sometimes exceed volunteers' allowances.

Conclusion

The action of the SRCS enabled affected populations to receive useful information on how to avoid cholera, and has contributed to decreasing cases of cholera in the areas of intervention.

An operational capacity building committee of the Red Cross provided sanitation equipment to 16 targeted committees, which included wheelbarrows, picks, brushes, gloves and boots. Capacity building was conducted in these committees with training for 240 volunteers from Red Cross committees in hands and vegetables washing techniques, chlorination of water, and disinfection of latrines.

The Federation together with the Senegalese Red Cross Society worked closely with the Ministry of Health including health districts. The SRCS received support from the Colgate Palmolive Company, a private producer of hygiene and maintenance products. WHO and UNICEF have provided ORS and medicines to health centers. The Ministry of Health has disseminated key messages through different radio stations in the country.

How we work	
<i>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.</i>	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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International Federation of Red Cross and Red Crescent Societies

MDRSN001 - Senegal Holera

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2007/10-2008/8
Budget Timeframe	2007/1-2008/12
Appeal	MDRSN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	40,000					40,000
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
Voluntary Income	39,451					39,451
C5. Other Income	39,451					39,451
C. Total Income = SUM(C1..C5)	39,451					39,451
D. Total Funding = B + C	39,451					39,451
Appeal Coverage	99%					99%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	39,451					39,451
E. Expenditure	-39,451					-39,451
F. Closing Balance = (B + C + E)	0					0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		40,000					40,000	
Supplies								
Water & Sanitation		11,038				11,038	-11,038	
Other Supplies & Services	11,040						11,040	
Total Supplies	11,040	11,038				11,038	2	
Transport & Storage								
Distribution & Monitoring	1,815						1,815	
Transport & Vehicle Costs		1,826				1,826	-1,826	
Total Transport & Storage	1,815	1,826				1,826	-11	
Personnel								
National Staff		468				468	-468	
Total Personnel		468				468	-468	
Workshops & Training								
Workshops & Training	4,800	16,116				16,116	-11,316	
Total Workshops & Training	4,800	16,116				16,116	-11,316	
General Expenditure								
Travel	6,905	452				452	6,453	
Information & Public Relation	10,084	4,636				4,636	5,448	
Office Costs	2,756	957				957	1,799	
Communications		25				25	-25	
Financial Charges		1,374				1,374	-1,374	
Other General Expenses		-4				-4	4	
Total General Expenditure	19,745	7,439				7,439	12,306	
Programme Support								
Program Support	2,600	2,564				2,564	36	
Total Programme Support	2,600	2,564				2,564	36	
TOTAL EXPENDITURE (D)	40,000	39,451				39,451	549	
VARIANCE (C - D)		549				549		