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Emergency Plan of Action Final Report

Seychelles: Dengue outbreak

 International Federation
of Red Cross and Red Crescent Societies

| | |
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| DREF operation n° MDRSC004 | Glide number: EP-2016-000057-SYC |
| Date of Issue: 20 December 2016 | Date of disaster: 02 June 2016 |
| Operation start date: 09 June 2016 | Operation end date: 08 September 2016 |
| Host National Society: Red Cross Society of Seychelles | Operation budget: CHF 54,432 |
| Number of people affected: 1,062 persons | Number of people assisted: 69,392 (16,392 direct / 53,000 indirect) |
| N° of National Societies involved in the operation: French Red-Cross' Regional Platform "PIROI", International Federation of the Red Cross and Red Crescent Societies (IFRC) | |
| N° of other partner organizations involved in the operation: The Ministry of Health and the Department of Risk and Disaster Management (DRDM) | |

A. Situation analysis

Description of the disaster

Between January - May 2016, Seychelles experienced an exponential increase in the number of confirmed cases of dengue fever. The outbreak was in all five regions of the country, with approximately 253 persons tested positive for dengue as from January up till 21 May 2016, as reported by the Ministry of Health. More specifically there was an exponential increase in the number of confirmed cases from week 16 onwards with the peak (66 cases) in week 19. In total 175 males and 96 females tested positive.

This trend was a gross underestimation of the real situation on the ground, which was much worse, since people who suffered the milder form of the disease were not seeking medical attention. In the month of May, 75 cases were reported. Every region on Mahé was affected, and more cases were being reported in the four districts of La Riviere Anglaise, Anse Royale, Anse Etoile and Beau Vallon, with one case in Praslin Island.



Volunteers and staff attending sensitization facilitator's workshop being conducted by RDRT from PIROI

| District | Cases | Population |
|---------------|-------|------------|
| English River | 101 | 3987 |

As of 12 July 2016, the Ministry of Health confirmed the total number of cases as 1,062, with the outbreak extending to all five regions of the country, the 5 most affected districts being La Riviere Anglaise, (101 cases), Anse Royal (99 cases), Anse Etoile (82 cases), Beau Vallon (78 cases) and Point La Rue (62 cases). For more details see [Operations Update no. 1](#) and the table below.

| | | |
|---------------------|-----------|-------------|
| Anse Royal | 99 | 4168 |
| Anse Etoile | 82 | 4117 |
| Point La Rue | 62 | 3071 |
| Beau Vallon | 78 | 4120 |

The revised operation objective was therefore to reduce the risk of spread of the dengue virus for 16,392 persons in the five most affected districts of Seychelles and sensitizing approximately 53,000 persons on dengue fever via radio programmes.

The majority of the baseline respondents preferred the use of repellent as opposed to using mosquito nets and their main reason for not buying repellent was the inhibitive cost and limited availability of repellent in Seychelles. To this effect, the National Society procured and distributed repellent to the targeted population instead of mosquito nets.

Summary of response

Overview of Host National Society

The Red Cross Society of Seychelles (RCSS) is the only recognized humanitarian organization responding to humanitarian needs in Seychelles. RCSS has a good network of volunteers and works in coordination with the Ministry of Health and the Department of Risk and Disaster Management (DRDM). The RCSS was also in close communication with French Red Cross' Regional Platform "PIROI" to provide updated outbreak information. and established a national alert for the headquarters and its three branches in the country to support actions of the Ministry of Health to prevent and contain the dengue fever outbreak. Although not part of this DREF operation, during the period December 2015 - May 2016, the RCSS donated 100 mosquito nets (which were part of the PIROI regional pre-positioned stock) to the Ministry of Health, to be used as a protection measure at clinics and hospitals.

The Red Cross Society of Seychelles centered its efforts in the five most affected communities to support the Ministry of Health in community awareness and sensitization of the dengue fever. Major activities supported through this DREF operation include survey (assessment/baseline/end line), volunteer trainings, sensitization, awareness campaigns, distribution of mosquito repellent and lesson learned exercise.

The Red Cross Society of Seychelles conducted a workshop for its staff and volunteers supported by a Regional Disaster Regional Team (RDRT) member to enhance their knowledge on the virus to better inform the community on vector control and the Red Cross activities. Following the training, the National Society conducted awareness campaigns and distribution of mosquito repellent targeting huge crowds at national events and door to door distribution in close collaboration with the Ministry of Local Government / District Administration.

Billboards, leaflets and radio slots were developed and used as information and communication tools for the public during the operation.

The RCSS attended coordination meetings organized by the Ministry of Health on a weekly basis. From the end of August 2016 these meetings were conducted on a bi weekly basis.

With the support of an IFRC staff, the RCSS conducted a baseline survey using the KOBO Toolbox which is a free open-source tool for mobile data collection. It was employed in the four affected districts to inform the National Society on the level of knowledge, attitude and practice of affected communities in relation to dengue fever. Based on the information gathered from the baseline survey, the National Society designed its information, education and communication (IEC) materials and billboards to capture adapted and relevant messages.



Member of community distributing leaflets and repellents.
Courtesy RCSS

The National Society was trained by IFRC staff on the use of KOBO and how to develop an online survey for mobile data collection. Thereafter, an end line survey was conducted to measure the outcomes of its intervention related to knowledge, practice and behaviour change during the process of the operation.

Overview of Red Cross Red Crescent Movement in country

Since the recognition of the Red Cross Society of Seychelles in 1991, there has been no in-country Movement presence in Seychelles. The National Society has had distance support from sister societies to implement its

programmes. The Red Cross Society of Seychelles appreciates the support from the regional platform (PIROI) which has been very supportive especially in emergency situations and disaster risk reduction (DRR) education work. Within the framework of the Memorandum of Understanding signed in 2012, PIROI is the Movement focal point of Indian Ocean Islands National Societies for Disaster Risk Management issues, in coordination with the IFRC EAIOI Cluster and the Africa Regional Office.

Overview of non-Red Cross Red Crescent actors in country

The Ministry of Health led the national response operation and facilitated the inter-agency coordination meetings which were initially on a weekly basis. As the situation stabilized, the meetings were then moved to bi-weekly meetings, starting from middle of August.

The main objective of the Ministry of Health (MoH) was prevention efforts focused on destroying the breeding grounds of disease-transmitting mosquitoes and fumigating the areas with the highest incidence of the disease. Moreover, MoH conducted epidemiological surveillance, case detection and treatment through their network of hospitals and health centers, and they undertook a communications campaign through national media and news outlets.

In addition, the Department of Risk and Disaster Management (DRDM) ensured the facilitating role for the responders for effective action and met on a weekly basis. The RCSS also attended these meeting.

Needs analysis and scenario planning

At the time of the outbreak there was a high risk of the disease spreading, given the density and proximity of each district. The female Aedes mosquito, which was the main vector, lays 200 to 300 eggs during their life in containers of stagnant water. Urban areas with presence of waste, various containers of stagnant water, urban development or unhealthy practices increase the spread of the disease.

Most of the people with dengue fever were referred to medical clinics and this allowed the Ministry of Health to make early detections if the symptoms were related to dengue. As of 12 July 2016, the Ministry of Health reported that the number of cases had risen to 1,062 cases, and the outbreak had extended to all five regions of the country. The most five affected districts are English River (101 cases), Anse Royal (99 cases), Anse Etoile (82 cases), Beau Vallon (78 cases) and Point La Rue (62 cases). As mentioned previously, this was the reason for the National Society to include Point La Rue to the four identified districts which totalled to five intervention districts. The northern region was identified as the most affected, followed by central region, and western region being the least affected. The Ministry of Health stipulated that the number of cases were on a decline during August 2016 but that there was still the need to eradicate mosquito breeding sites and continuous sensitization on and protection from the virus.

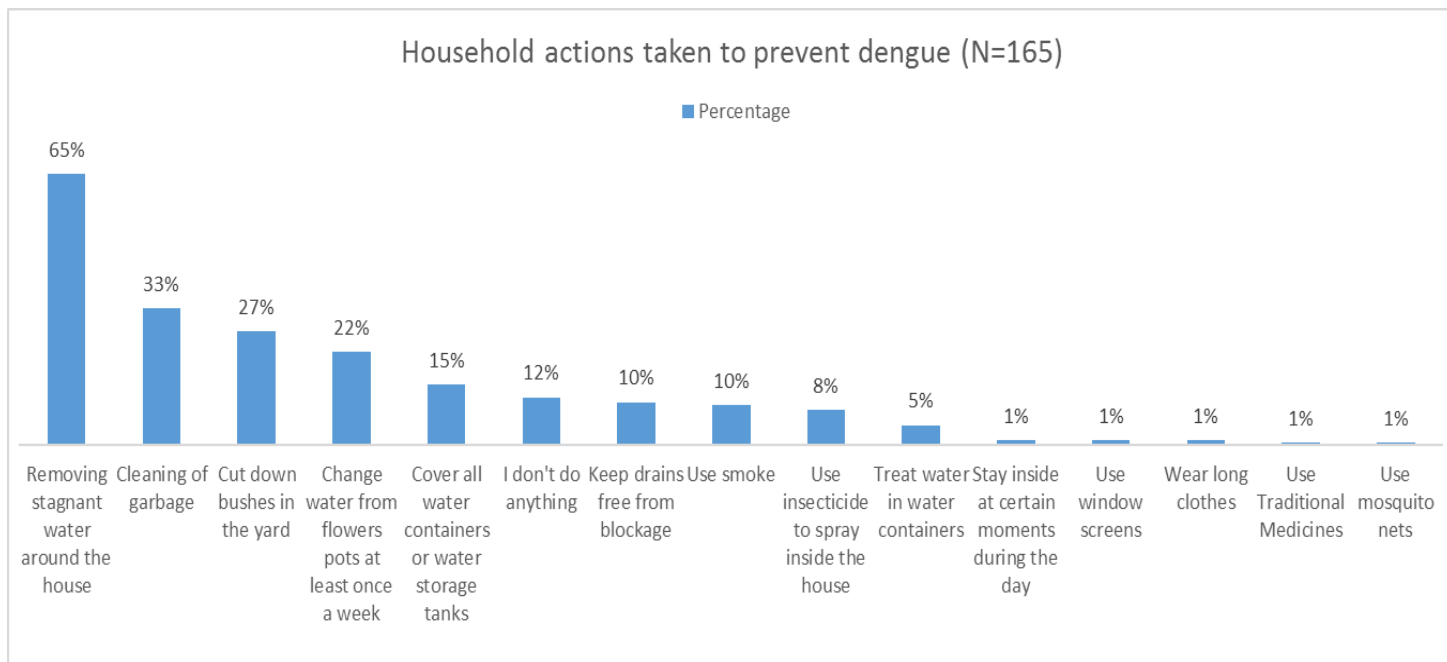
Based on the analysis of the situation and the type of mosquitoes that were spreading the virus, their active biting time is early morning and late afternoon. During these timings, most of the adults were at work and children at school. It was agreed therefore that the use of mosquito nets was not the most appropriate response and that repellents would be more appropriate.

The end line survey, in which 165 persons participated, showed that 9.09 per cent of the respondents had a household member that had been affected by dengue during the period of the DREF operation.

Risk Analysis

There was no known or anticipated risk which could impact the implementation of the operation. However, to minimize the risk of dengue fever for the volunteers, personal protective equipment (PPE) was procured and used. In terms of awareness of the risk of dengue, some differences were identified between the baseline and the end line. The baseline survey revealed that 77.2 per cent of the respondents felt that they were likely to catch dengue fever, whereas this perception had risen to 84.85 per cent during the end line survey. During the end line survey, it was identified that 30 per cent were using repellent on a regular basis as compared to 24 per cent of the people during the baseline survey. The main reason for not using it was identified as being that respondents did not see the use of it (26 per cent) or other reasons such as that they do not like to put chemicals on their skin (19 per cent). During the baseline survey, 34 per cent of the respondents identified the reason for not using it as being that they do not see the use of repellent. Only 2 per cent indicated that it was too expensive. In terms of further actions taken by households to prevent dengue fever, please see the graph on *Household actions taken to prevent dengue* below):

Chart 1: Household Actions Taken to Prevent Dengue Fever



B. Operational strategy and plan

Overall objective

During this DREF operation, the overall objective was to reduce the risk of the spread of the dengue virus for 16,392 persons (3,278 families) in the 5 most affected districts of Seychelles and sensitizing approximately 53,000 persons (10,600 families) on dengue fever via radio programmes.

The objective of the operation was satisfactorily met and the revision and reallocation of budget lines complemented the finalization of the operation. As explained in operations update no.1, the National Society reallocated unspent funds to cater for the implementation of activities in Point La Rue to achieve the stated outcomes. The activities included the procurement of mosquito nets and for the RDRT to procure and distribute repellent.

Proposed strategy

The DREF operation was implemented using a two-level strategy. First, training of volunteers and community members to assist in the implementation of activities, and the second level was field activities.

The activities conducted by the Red Cross Society of Seychelles complemented the initial actions performed by the Ministry of Health in health facilities and structures. The Red Cross Society of Seychelles reviewed its priority actions within this Plan of Action based on the MoH figures of the five most affected districts. Moreover, the strategy was informed by the findings of the baseline survey.

The following actions were proposed within the framework of the DREF Plan of Action's strategic lines:

- Promotion of prevention and sensitization campaigns with follow up actions to combat dengue
- Nationwide radio campaign on dengue disease prevention and protection
- Household cleaning and proper waste disposal campaigns and eradication of breeding sites
- Distribution of repellent to daycare centers hosting children aged 4 to 5 of the five districts (150 per districts); following an assessment, additional repellent was distributed to selected households with elders, pregnant women and babies in the five districts (100 per district)
- Surveillance of situation and monitoring of impact of activities (baseline and end line survey)
- ODK/KOBO training
- Lesson learned workshop with the National Society staff and volunteers

Human resources (HR)

Altogether, the RCSS mobilized some 40 volunteers for assessments (surveys), distributions, and communication, sensitization and prevention campaign activities. The meals, per diem and travel costs were covered under this DREF. The vehicles of the National Society as well as rented vehicles were used to safely transport volunteers from office to their homes and to operational areas as part of logistics facilitation.

The RCSS Programme Manager had overall responsibility of the project and reported to the Secretary General.

An RDRT member from La Reunion specialized in health, water and sanitation was deployed for two weeks to the Seychelles and was assisted by the First Aid Coordinator, who has a health background and has been trained in post-disaster health related issues.

The Dissemination and Communication Officer was responsible for a radio spot, billboard and leaflet production, and was also supported by the RDRT on mission with the production of leaflets and radio spots production of campaigns for hygiene promotion. The National Society was also supported by two delegates from the IFRC regional office to train volunteers and staff, and conduct surveys and lesson learned workshop supported by the Programme Manager.

Logistics and supply chain

The National Society followed its own procurement procedures, but for the larger local purchases (over 1,000 Swiss francs), the IFRC procurement procedures were followed.

Communications

The National Society has a dissemination and communication unit which supported the operation and ensured the billboards, advertising panels and radio broadcasts were done.

Security

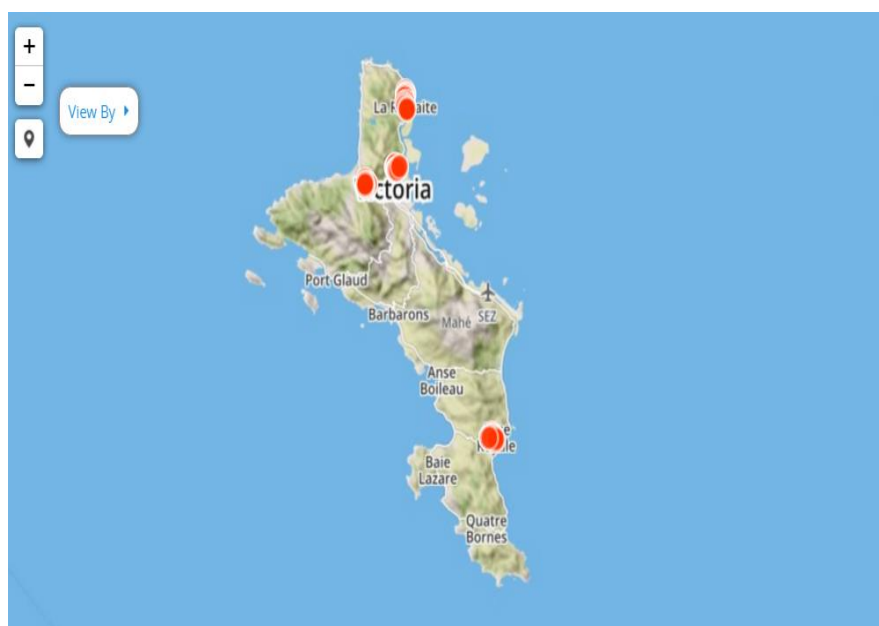
Part of the operation during August and September was conducted around the time of the country's general elections. Although caution was taken, it did not pose any security threats to staff and volunteers during implementation of activities.

Planning, monitoring, evaluation & reporting (PMER)

The Secretary General organized weekly meetings with all unit representatives to update on progress of the operation during implementation. The first operations update report was submitted on time to the IFRC. A PMER officer from the Regional Office supported the elaboration of both the operations update and the final reports, and participated in the lessons learned workshop held in September.

As part of the DREF operation's PMER activities, baseline (N=169 persons) and end line (N=165 persons) assessments/surveys were performed in Anse Royal, Anse Etoile, La Riviere Anglaise and Beau Vallon (see map 1).

Map 1: Baseline and End line Survey Sites



The main objectives of the baseline and end line surveys were as follows:

1. To inform IEC materials (baseline survey).
2. To inform sensitization activities (baseline survey).
3. To gain insights on breeding sites, knowledge, attitudes and practices (KAP) in dengue-affected areas (baseline and end line surveys).
4. To measure the outcome of DREF operation (end line survey).

Random sampling was used, both in the baseline and the end line, for all the four districts. The sample size and number of surveys done in each district was proportional to the total population in each district as shown in the table below.

Table 1: Total population by District and Corresponding Sample Sizes

| Districts | Total Population ¹ | Total Population (rounded off to the nearest 1000) | Sample size (10% of total population) | Baseline population | End population line |
|---------------------|-------------------------------|--|---------------------------------------|---------------------|---------------------|
| La Riviere Anglaise | 3,987 | 4,000 | 40 | 45 | 37 |
| Anse Royale | 4,168 | 4,000 | 40 | 41 | 51 |
| Anse Etoile | 4,117 | 4,000 | 40 | 42 | 42 |
| Beau Vallon | 4,120 | 4,000 | 40 | 41 | 35 |
| Total | 16,392 | 16,000 | 160 | 169 | 165 |

During the end line survey, 117 females (70.9 per cent) and 48 males (29.1 per cent) responded from the following age categories:

Table 2: Respondents by Age Group

| Age group | Percentage | Persons (Number) |
|----------------|------------|------------------|
| 12-18 years | 2% | 3 |
| 19-35 years | 22% | 36 |
| 36-50 years | 40% | 66 |
| Above 50 years | 36% | 60 |

Finally, a lesson learned workshop was held to assess with the volunteers and main actors involved, the strengths and challenges of the operation and identify recommendations for operational improvements in the future. The insights of the lessons learned have been added to the sections below. For more details on the findings of the baseline and the end line, please see section below and both reports.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

| |
|--|
| Needs assessment |
| <p>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</p> <p>Output 1.1: Emergency Plan of Action is informed by multi-sectorial needs assessment; and coordination with other Ministry of Health/ DRDM / Local Government</p> <p>Activities:</p> <ul style="list-style-type: none"> • Assessment • Monitoring/surveillance survey, KOBO training • Lessons learnt workshop |
| Achievements |
| <p><i>Assessment, monitoring/surveillance survey and KOBO training</i></p> <p>Throughout the period, Seychelles Red Cross Society participated in the regular inter-agency meetings of the Ministry of Health and Disaster Reduction, during which monitoring data was exchanged.</p> |

¹ Source: Disease Surveillance and Response Unit (DSRU), Epidemiology and Statistics Section 2016

A workshop was held for 11 National Society volunteers to apply and configure 10 cell phones as a device to conduct evaluation actions and register beneficiaries. Baseline and end line surveys were conducted in the target areas. Both surveys were aimed at collecting information on knowledge, attitude and behaviour of the affected community with regards to the spread and transmission of the dengue fever before and after the DREF operation. The baseline survey report was used to assist the National Society in redesigning its operational plan based on behaviour and attitude of affected communities during the survey.

The end line survey gave insights on the impact of the DREF operation. Overall it can be concluded that, compared to the baseline, a slightly higher share of respondents were aware of the risks related to dengue and of the importance of taking preventive measures. 70 per cent of the respondents indicated that they had received information about dengue in the last three months. As mentioned previously, 10 per cent more respondents were aware that there was a likelihood to catch dengue fever. Although the vast majority had heard of dengue fever, 24 per cent of the respondents did not know what the symptoms were. In addition, during the end line survey, 30 per cent of the respondents believed that dengue mosquitoes bite during the night, down from 38 per cent during the baseline survey. This shows that a slightly higher share of respondents are now aware in which period they are at risk of dengue. Moreover, during the end line survey, 87 per cent of the respondents believed that the consequences of mosquito bites were serious as opposed to 68 per cent during the baseline survey. There was also a slight increase in the amount of people that felt that it was important to carry out preventive measures, namely from 84 per cent during the baseline survey to 87 per cent during the end line survey.

Lesson learned workshop

To capture the lesson learned during the DREF operation, a half day workshop was held at the RCSS headquarters in Providence and was facilitated by IFRC Eastern Africa and Indian Ocean Islands (EAIOI) and the programme management of the National Society in order to share experiences, constraints and areas for improvement. The workshop was attended by staff and volunteers who were directly involved in the operation and analysed issues involving operations, administration, coordination, community, and communications. The quality self-assessment showed that the satisfaction of main actors involved, about the quality of the DREF was between good and average. The respondents especially felt internal coordination, coverage and efficiency could have been improved. Suggestions for future actions are presented in the section below.

Challenges

Finalizing all the activities in time with a small team was a challenge. Most of the RCSS volunteers are employed full time and that makes it difficult to conduct activities during week days.

Lessons Learned

Based on the lessons learnt workshop, some key lessons were learnt:

- The training and capacity building during the DREF operation was found to be very useful (including dengue training by the RDRT and the ODK/KOBO training – 2x). It provided the National Society staff and the volunteers with the right technical skills to move forward. Based on the trainings, the RCSS were able to train the trainers – and share the knowledge. The volunteers were also able to pick up the knowledge on the KOBO toolbox very fast, using the phones significantly enhanced the speed and accuracy of data collection. This type of technical support is of great importance to include in future DREF operations. It was also identified that it would be valuable to explore how to build more ties of peer exchange between National Societies, i.e. on data collection on phones/dengue etc.
- The Indian Ocean Islands region (PIROI office) deployed an RDRT member within a very short amount of time to the Seychelles. The RDRT member was very knowledgeable and his input was much appreciated by the National Society. The mission of two weeks was sufficient in terms of duration, especially as procurement had to be done locally. Overall, the RDRT knowledge and support on general issues was very helpful.
- Constant internal communication and coordination is of great importance, especially to ensure that the different units in the organizations are aware of the planning and required actions. Although an inception workshop was done and the plans and actions were agreed on, continuous follow up is required.
- Although coordination and cooperation between PIROI and IFRC and the National Society went well, it is important to maintain and continue this support and cooperation.
- To do all the activities planned in the DREF operation in only three months was a challenge for the National Society. The National Society has only a few full-time staff and is dependent on volunteers. In addition, the majority of volunteers have full time jobs and can only provide support in their free time (evening hours and weekends). For example, the National Society does not have a logistics officer, which slowed down the procurement process. For a small National Society, a strong assessment needs to be made on the amount of

time required by staff and volunteers to implement activities. This should be mapped out before an operation is launched, as well as the availability of the volunteers, and the revised database and action should be planned.

- The National Society should consider recruiting new volunteers that could be released from work/university or school during weekdays to attend meetings, trainings, workshops and other activities.
- It is of importance for the National Society to have a KOBO/mobile kit. This can hopefully be procured through another programme, as these types of costs are not eligible under the DREF regulations. Instead, IFRC EAIOI brought their own phones and returned with them.
- The National Society should stick with small DREF amounts, which has proven effective. They should not request huge amounts, as this would be hard to spend within the given DREF operations' timeframe.

Health and Care

Health and Care

Outcome 2: The risk of dengue is reduced through information and awareness-raising regarding prevention measures to 16,392 people from five districts during three months

Output 2.1: At least 3,278 families have information about prevention and early detection of signs of complications from dengue

Output 2.2: 3 schools per district in five districts are reached with information on dengue prevention (12 schools)

Output 2.3: Mass sensitization campaigns reach more than 50,000 people with information on dengue prevention

Output 2.4 50 child minders are reached with information on dengue

Output 2.5 1080 repellents are distributed to selected households and day-care centres with appropriate usage information.

Activities

- Community dengue prevention workshops to volunteers and community members.
- Door-to-door sensitization
- Talks to students on dengue prevention
- Workshops to teachers on prevention and early detection of the disease
- Production of information materials (brochures)
- Production and broadcasting of radio spots
- Mass outdoor dissemination campaign (roadside billboards, advertising panels in cities)
- Distribute repellent

Achievements

The operation reached some 3,278 families with information about prevention and early detection of signs of complications from dengue fever and was able to reach more than 50,000 people with mass sensitization campaigns.

A dengue conceptualization, sensitization and protection workshop was among the priority actions implemented for the operation. Participants included RCSS staff, volunteers, district administration leaders and school teachers, who gained the skills and knowledge to facilitate sensitization sessions. This was then replicated at the community level for the community leaders who provided support to the intervention process jointly with the RCSS. This strategy achieved a multiplier effect of community and school interventions.

The teams of trained RCSS staff, volunteers, district administration leaders, then conducted community door-to-door visits to families at risk of contracting dengue fever. The training sessions covered dengue prevention, control and surveillance and the importance of destroying mosquito breeding grounds.

The Mahe branch of the National Society, with the support of the RCSS headquarters, developed their plan of action and 160 families were visited and sensitized to prevent dengue. These activities were conducted together with the District Administration.

Teams of trained facilitators, which included volunteers and community leaders conducted trainings in schools and in other groups such as child minders that raised awareness in 1,485 people, including teachers, students and parents in five districts on Mahe.

In terms of mass sensitization, several activities were undertaken. With support from the Ministry of Health, the "Dengue Fever" IEC material containing key messages about dengue was validated, and materials such as posters, billboards, banners and brochures on dengue produced. These materials were distributed to support awareness campaigns scheduled in communities. Additionally, radio spots were produced to disseminate key messages to eradicate dengue-transmitting mosquitoes. The Communication and Dissemination Officer coordinated the broadcasts within local radio stations at national level, having a broad reach across the island. Moreover, the National Society also erected six billboards at strategic locations on Mahe.

During two national expositions, the National Society conducted sensitization sessions to more than 500 persons who visited the Red Cross stand. Leaflets and mosquito repellent were distributed as part of the activity.

In total, 1080 tubes of repellent were distributed to selected households and day-care centres, together with the appropriate usage information.

Challenges

Because there are limited outlets that produce billboards on the Island, it was difficult to get the billboards produced on time and this created a delay to the implementation time frame.

Lessons learned

During the entire process of the operation, RCSS has gained a lot in both visibility and acceptance from communities. From weekly airtime on local radios (three per week), a free sensitization programme on Radio FM, National Society identification logo on all printed documents and volunteer visibility. These are clear positive signs that RCSS is being well received by the media.

Water, Sanitation and Hygiene Promotion

Water, sanitation and hygiene promotion

Outcome 3: The risk of dengue has been reduced through implementation of vector control and hygiene practices that prevent mosquito breeding sites in at least five districts.

Output 3.1 Three Red Cross branches participate in breeding site elimination and community cleaning

Activities

- Procurement of personal protective equipment for 40 volunteers
- Red Cross branch clean-up and waste disposal

Achievements

All PPE procurement was done locally, and as a result, contributed to the local economies.

Clean up campaigns were planned and actioned according to risk areas identified by the District Administration, in consultation with community leaders and RCSS. Due to less needs and lack of available staff/volunteers to support, fewer PPE kits were procured and less cleaning was done than initially planned for. The costs were also less, and money was refunded back to the DREF.

Challenges

No challenges were encountered as all items were readily available on the local market.

Lessons learned

Clean up activities and waste disposal need to be planned well, and there is a need to ensure that there are enough staff/volunteers to support the process.

D. THE BUDGET

For the final financial reporting, please see attached financial report. It is important to note that there was a balance of CHF 3,729.18. These funds were returned to the DREF. Some variances are visible on the budget which can be explained in the table below. Moreover, it is important to note that the revisions that were made were approved by the DREF and were announced in operations update no. 1.

Table 3:

| | Budget (in CHF) | Expenditure (in CHF) | Variance explanation |
|---------------------------------------|-----------------|----------------------|---|
| Clothing and textiles | 3500 | 0 | Mosquito nets, budgeted at CHF 3,500 were not procured and instead the operation purchased mosquito repellent, which proved to be locally more acceptable. |
| Water, Sanitation and hygiene | 2360 | 1346 | Less waste cleaning was done, leading to savings in terms of PPE kits, transport and per diems. |
| Medical and First Aid | 0 | 5333 | The funds for the mosquito nets, plus the remaining funds from the RDRT operation were used to procure and distribute repellent. |
| Transport & vehicles costs | 2300 | 8154 | In the initial budget, transport of volunteers was budgeted using the international travel code. This is why the 'Travel' lines is significantly lower and this line is higher. |
| International Staff | 6000 | 3531 | The RDRT mission was only 2 weeks instead of 4 weeks. Funds were used to procure repellent. |
| Volunteers | 5916 | 3998 | Less volunteers than initially planned were available to support the operation. |
| Workshops & training | 8384 | 5841 | The workshops and training were significantly cheaper than initially budgeted for (were initially over budgeted) |
| Travel | 8400 | 3283 | As mentioned above, the travel costs of volunteers were budgeted under International travel costs. They were budgeted correctly when the costs were booked. |

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 (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

MDRSC004 - Seychelles - Dengue Outbreak

Timeframe: 08 Jun 16 to 08 Sep 16

Appeal Launch Date: 08 Jun 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------------|-----------|----------|
| Reporting Timeframe | 2016/6-2016/11 | Programme | MDRSC004 |
| Budget Timeframe | 2016/6-2016/9 | Budget | APPROVED |
| 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 |
|--------------------------------------|------------------------------|---|--|---|----------------------------------|--------|-----------------|
| A. Budget | | | 54,432 | | | 54,432 | |
| B. Opening Balance | | | | | | | |
| Income | | | | | | | |
| <u>Other Income</u> | | | | | | | |
| <i>DREF Allocations</i> | | | 54,432 | | | 54,432 | |
| C4. Other Income | | | 54,432 | | | 54,432 | |
| C. Total Income = SUM(C1..C4) | | | 54,432 | | | 54,432 | |
| D. Total Funding = B + C | | | 54,432 | | | 54,432 | |

* 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. Opening Balance | | | | | | | |
| C. Income | | | 54,432 | | | 54,432 | |
| E. Expenditure | | | -47,087 | | | -47,087 | |
| F. Closing Balance = (B + C + E) | | | 7,345 | | | 7,345 | |

Disaster Response Financial Report

MDRSC004 - Seychelles - Dengue Outbreak

Timeframe: 08 Jun 16 to 08 Sep 16

Appeal Launch Date: 08 Jun 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------------|-----------|----------|
| Reporting Timeframe | 2016/6-2016/11 | Programme | MDRSC004 |
| Budget Timeframe | 2016/6-2016/9 | Budget | APPROVED |
| Split by funding source | Y | Project | * |
| Subsector: | * | | |

All figures are in Swiss Francs (CHF)

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 | |
| BUDGET (C) | | | | | | 54,432 | | |
| Relief items, Construction, Supplies | | | | | | | | |
| Clothing & Textiles | 3,500 | | | | | | 3,500 | |
| Water, Sanitation & Hygiene | 2,360 | | | 1,346 | | 1,346 | 1,014 | |
| Medical & First Aid | | | | 5,333 | | 5,333 | -5,333 | |
| Total Relief items, Construction, Sup | 5,860 | | | 6,679 | | 6,679 | -819 | |
| Logistics, Transport & Storage | | | | | | | | |
| Transport & Vehicles Costs | 2,300 | | | 8,154 | | 8,154 | -5,854 | |
| Total Logistics, Transport & Storage | 2,300 | | | 8,154 | | 8,154 | -5,854 | |
| Personnel | | | | | | | | |
| International Staff | 6,000 | | | 3,531 | | 3,531 | 2,469 | |
| Volunteers | 5,916 | | | 3,998 | | 3,998 | 1,918 | |
| Total Personnel | 11,916 | | | 7,529 | | 7,529 | 4,387 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 8,384 | | | 5,841 | | 5,841 | 2,543 | |
| Total Workshops & Training | 8,384 | | | 5,841 | | 5,841 | 2,543 | |
| General Expenditure | | | | | | | | |
| Travel | 8,400 | | | 3,283 | | 3,283 | 5,117 | |
| Information & Public Relations | 11,850 | | | 12,565 | | 12,565 | -715 | |
| Office Costs | 400 | | | 424 | | 424 | -24 | |
| Communications | 1,000 | | | 530 | | 530 | 471 | |
| Financial Charges | 1,000 | | | -791 | | -791 | 1,791 | |
| Total General Expenditure | 22,650 | | | 16,010 | | 16,010 | 6,640 | |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recove | 3,322 | | | 2,874 | | 2,874 | 448 | |
| Total Indirect Costs | 3,322 | | | 2,874 | | 2,874 | 448 | |
| TOTAL EXPENDITURE (D) | 54,432 | | | 47,087 | | 47,087 | 7,345 | |
| VARIANCE (C - D) | | | | 7,345 | | 7,345 | | |

Disaster Response Financial Report**MDRSC004 - Seychelles - Dengue Outbreak**

Timeframe: 08 Jun 16 to 08 Sep 16

Appeal Launch Date: 08 Jun 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------------|-----------|----------|
| Reporting Timeframe | 2016/6-2016/11 | Programme | MDRSC004 |
| Budget Timeframe | 2016/6-2016/9 | Budget | APPROVED |
| Split by funding source | Y | Project | * |
| Subsector: | * | | |

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

| Business Line / Sub-sector | Budget | Opening Balance | Income | Funding | Expenditure | Closing Balance | Deferred Income |
|---|---------------|-----------------|---------------|---------------|---------------|-----------------|-----------------|
| BL3 - Strengthen RC/RC contribution to development | | | | | | | |
| Health | 54,432 | | 54,432 | 54,432 | 47,087 | 7,345 | |
| Subtotal BL3 | 54,432 | | 54,432 | 54,432 | 47,087 | 7,345 | |
| GRAND TOTAL | 54,432 | | 54,432 | 54,432 | 47,087 | 7,345 | |