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# Emergency Plan of Action Final Report

## Seychelles: Preparedness for the Plague

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation No.</b> MDRSC005	<b>Glide number:</b>
<b>Date of Issue:</b> 23 May 2018	<b>Date of disaster:</b> 10 October 2017
<b>Operation start date:</b> 19 October 2017	<b>Operation end date:</b> 19 January 2018
<b>Host National Society:</b> Red Cross Society of Seychelles	<b>Operation budget:</b> CHF 66,520
<b>Number of people affected:</b> 95,236 people at risk	<b>Number of people assisted:</b> 23,809 people
<b>N° of National Societies involved in the operation:</b> Red Cross Society of Seychelles	
<b>N° of RCRC Movement partners actively involved in the operation:</b> IFRC, French Red Cross, PIROI-Regional Intervention Platform for Indian Ocean.	
<b>N° of other partner organizations involved in the operation:</b> Ministry of Health	

### A. SITUATION ANALYSIS

#### Description of the disaster

A plague outbreak in Madagascar raised concern in neighbouring countries. As of 12 October 2017, a total 684 cases (suspected, probable and confirmed) including 57 deaths (CFR 8.3%) had been reported from 35 out of 114 districts. Of these, 474 were clinically classified as pneumonic plague.

On 16 October 2017, Madagascar Ministry of Health (MoH) reported that caseload that was at 805 (confirmed and suspected) with 74 deaths.

While Madagascar is accustomed to seasonal bubonic plague outbreaks, the current was characterised by a combination of pneumonic and bubonic plague. Pneumonic plague, which counted 65% of the caseload, is transmitted from person to person and the fact that the majority of the cases occurred in urban areas made this outbreak a serious concern not only for Madagascar, but for the region.

Consequently, WHO classified the 2017 Plague outbreak in Madagascar as a grade 2 emergency, and WHO liaison officer expressed concern, considering Seychelles as a priority country, which needed emphasis on preparedness and stated that support can be provided. Indeed, one Seychellois passed away in Madagascar after contracting the disease during a basketball tournament there in the early week of October.

On 10 October 2017, the Seychelles Ministry of Health notified WHO of a probable case of pneumonic plague. The probable case was a 34-year-old man who had visited Madagascar and returned to Seychelles on 6 October 2017. He developed symptoms on 9 October 2017 and went to a local health centre. Based on a medical examination and reported history of recent travel to Madagascar, pneumonic plague infection was suspected and he was immediately referred to hospital where he was isolated and treated. A rapid diagnostic test (RDT) performed within the country on 11 October 2017 on a sputum sample was weakly positive. The specimen was sent to the WHO Collaborating Centre for Plague at the *Institut Pasteur* in Paris, France. Between 9 and 11 October 2017, eight of his contacts developed mild symptoms and were isolated and treated. Two other suspected cases, without any established epidemiological link to the probable case, were also identified, isolated and treated.

Laboratory results released by the *Institut Pasteur* in France on 17 October 2017 showed that all 10 specimens were negative for plague. All the suspected cases were soon after discharged after completing their course of treatment. At the time of the launch of this DREF operation, no plague cases had been confirmed in Seychelles.

Plague is an infectious disease caused by the bacteria *Yersinia pestis*, zoonotic bacteria, usually found in small mammals and their fleas. It is transmitted between animals through fleas. Humans can be infected through: the bite of infected vector fleas, unprotected contact with infectious bodily fluids or contaminated materials and the inhalation of respiratory droplets/small particles from a patient with pneumonic plague.

In October 2017, nine countries and overseas territories were identified as high risk for plague outbreak by virtue of having trade and travel links to Madagascar. These priority countries included Comoros, Ethiopia, Kenya, Mauritius, Mozambique, Reunion, Seychelles, South Africa, and Tanzania.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, 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), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of the Red Cross Society of Seychelles (RRSS), the IFRC would like to extend its gratitude to all partners for their generous contributions.

## **Summary of response**

### **Overview of Host National Society**

The RCSS is a humanitarian organization guided in its operations by its Strategic Plan 2017 – 2021. In the Strategic Plan, one of the four strategic goals is: *Contributing towards, promoting safe and healthy living and responding to health needs in emergencies*. The NS has three branches i.e. Mahe, Praslin and La Digue with RCSS' head office in Mahe.

Since the Plague outbreak in Madagascar affected Seychelles, the RCSS participated in all strategic meetings on the Plague. The meetings were being organised by the Ministry of Health (MoH) with a focus on information sharing with MoH and Red Cross staff on the outbreak. The MoH had organised an Introductory to the Plague preparedness training and 50 RCSS volunteers and staff attended the training. The focus of the training was on the risk of the epidemic to spread widely.

The RCSS received 66,520 Swiss francs from IFRC DREF to enable the implementation of preparedness activities against a potential outbreak of the Plague. However, with the revision of the Plague Preparedness Guidelines by the IFRC, activities initially planned as part of the EPoA of this DREF operation were downsized. This is because the Plague epidemic was later declared over in Madagascar, thereby reducing any risk of spread to Seychelles.

As part of this operation, RCSS was to implement Plague preparedness for community surveillance for 23,809 people (25% of 95,236 populations) at risk by providing training for volunteers on the plague, conducting mass awareness and community engagement and accountability activities. The DREF equally enabled the RCSS to coordinate with the government and other agencies in monitoring the situation and planning for a coordinated response.

In addition to the above, this DREF operation also intended to support the action being taken by the Ministry of Health to provide early case detection and community management. The NS also attended weekly coordination meetings lead by the Ministry of Health, which were later held on a bi-weekly basis due to the scaling down of the intervention.

Trained staff and volunteers from the NS assisted the Ministry of Health during a vaccination campaign to some 300 school children at the Anse Boileau School as one pupil was reported to have been in contact with a suspected case person.

The NS also received some 200 pieces of PPE from PIROI (Regional Intervention Platform of the Indian Ocean), which had been pre-positioning to assist the Ministry of Health and Red Cross volunteers if the need arose.

### **Overview of Red Cross Red Crescent Movement in country**

There is no presence of in-country Red Cross Red Crescent Movement partner and the RCSS is the sole humanitarian organization present on the ground. The IFRC released CHF 66,520 from the DREF to enable the NS to implement preparedness activities. The IFRC continued providing technical support to RCSS from the Nairobi Country Cluster Support Team.

PIROI ensured remote technical and logistical support, thanks to the non-food items prepositioned in its warehouse in Mahe. PIROI acts as a liaison with IFRC Africa Region, and ensures the integration of national activities in Seychelles into a regional Indian Ocean preparedness strategy as per IFRC guidelines. Following the Plague outbreak in Madagascar, PIROI deployed 200 Personal Protective Equipment (PPEs) to RCSS to enable them to protect staff and volunteers who would be deployed to respond if the plague affected Seychelles.

## Overview of non-RCRC actors in country

The MoH had the lead role in coordinating activities around the management of the plague. As such, the MoH organized emergency meetings with partners where the RCSS was always represented either by its Secretary General or Program Manager.

The MoH also put in place some measures to ensure control and surveillance such as:

- Contact tracing and advise to take prophylaxis.
- Distribution of health checks form for plague to the airlines.
- Intensifying surveillance at all entry points to Seychelles
- Production of travel advisory for incoming and outgoing passengers from Madagascar.

In addition to this, the Ministry of Health has worked on developing SOP's for plague preparedness which the Red Cross Society of Seychelles is member of the working group. In collaboration with the Red Cross, they have equally developed passengers Health check forms to enable the collection of health information on incoming passengers at the Seaport and Airport.

More so, the Indian Ocean Commission (IOC), through the SEGA (Epidemics Surveillance and Alert Management) Network, provided technical and financial support to the MoH.

## Needs analysis and scenario planning

Seychelles became vulnerable to the importation of the plague because of the 2017 plague outbreak in Madagascar, as well as the proximity and human movement between the islands. The movements of people between the two countries are normally operated by air and sea. The Seychelles national airline has direct flight movement to Madagascar on a weekly basis and this posed a direct risk as regards to measures being enforced.

The introduction measures taken by the MoH proved to be effective and efficient and all efforts were concentrated on surveillance, contact tracing and distribution of prophylaxis as precautionary measures.

The healthcare system in Seychelles provides access to health care to all citizens free of charge, at the expense of the tax payer. In this situation, the MoH has a well-functioning system and protocol in place on effective surveillance and data centralization and structure to detect the outbreak for appropriate response.

## Targeting

This DREF operation targeted 50 active volunteers of the National Society to build their capacity and knowledge on the Plague, thereby ensuring that the NS has capacity to respond in the event of the spread to Seychelles. Through the DREF, the NS procured visibility materials and conducted training for its volunteers, as well as produced information materials for the purpose. Some activities proposed in the original plan were not implemented due to the downsizing of the risk of the plague spreading to Seychelles.

## Risk Analysis

There was no anticipated risk to the implementation of the operation.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The overall objective of this DREF operation was to enhance and strengthen RCSS capacity to respond to a potential plague outbreak by conducting preparedness activities to prevent the disease from spreading to **23,809 people**.

This objective was to be achieved through:

- Trainings for staff and volunteers on:
  - Characteristics of Plague epidemics
  - Community mobilization
  - Contact Tracing and Community Based Surveillance (CBS)
- Dissemination of key messages in communities to reduce the spread of rumours and fake news;
- Training of volunteers on various national strategies for the control of plague, including awareness-raising, case identification, contact tracing, and CBS;
- Development and dissemination of key messages and awareness-raising posters, leaflets;
- Assessing the situation and supporting the preparation of a response plan;

- Contributing to the MoH's communication strategy for the prevention of Plague through the dissemination of key messages and information that are easy for the community to understand and interpret;
- Developing and procuring IEC (Information, Education and Communication) materials and visibility equipment;
- Prepositioning of PPE for the safety and welfare of volunteers in case of escalation of the plague (contact tracing and follow-up of contacts).

## C. DETAILED OPERATIONAL PLAN



**Health**  
People reached: 23,809

**Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.**

**Output 1.1: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks**

Indicators:	Target	Actual
Number of volunteers trained on Plague	50	50
Number of volunteers trained in contact tracing and community-based surveillance	50	0
Number of meeting attended	12	16
Number of training in contact tracing and community based surveillance conducted	1	0
Number of training conducted on plague	1	1
Number of monitoring meeting conducted	1	0
Assessment tools developed and updated	1	0

**Output 1.2: Communities are provided by NS with services to identify and reduce health risks**

Indicators:	Target	Actual
IEC and visibility materials procured	5,000	0
Number of door to door visits conducted	2 days	0
Number of behaviour change dissemination sessions conducted	2	0
Number of contact tracing conducted	2 days	0
PPEs and Antibiotics for responders procured	1,000	0
Number of TV spots aired	60	0

Progress towards outcomes

RCSS participated in 16 coordination meetings with MoH and other stakeholders. In addition to participating in coordination meetings, the NS also collaborated with the MoH to develop health check forms for international travellers arriving through the ports of entry into Seychelles.

RCSS, with support from the MoH, conducted 5-day training on the plague. The training was delivered to 50 RCSS staff, volunteers as well as MoH medical staff.

The contact tracing training was scheduled to take place in last week of January 2018 but was cancelled as extension request for the operation was not approved.

Procurement of PPEs, Community Sensitisation and TV hotspot activities were no longer implemented following the downsizing of the Plague in Madagascar. RCSS will return unspent funds to the DREF.

<b>International Disaster Response</b>		
<b>Outcome S1: Effective and coordinated international disaster response is ensured</b>		
<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of RDRTs deployed	1	0
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Lessons Learnt workshop conducted	1	0
Progress towards outcomes		
Following the downgrading of the risk of spread of the Plague outside of Madagascar, the IFRC revised the Plague Preparedness Guidelines and recommended to stand-down on the RDRT deployment as the activities to be implemented did not require surge support. This resulted in the lessons learnt workshop also being cancelled due to the limited activities conducted as part of this DREF operation.		

## D. THE BUDGET

The overall budget for this DREF operation was CHF 66,520, of which CHF 11,661 was spent. The balance of CHF 54,849 will be returned to the DREF.

## Contact information

**For further information, specifically related to this operation please contact:**

### In the National Society

- **Red Cross Society of Seychelles:** Colette Servina, Secretary General; phone: +248 437 4544; email: [sgseychellesredcross@gmail.com](mailto:sgseychellesredcross@gmail.com)

### In the IFRC Africa

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### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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 Humanitarian 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

## MDRSC005 - Seychelles - Plague Preparedness

Timeframe: 19 Oct 17 to 19 Jan 18

Appeal Launch Date: 19 Oct 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/10-2018/4	Programme	MDRSC005
Budget Timeframe	2017/10-2018/1	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
<b>A. Budget</b>		66,520				66,520	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		66,520				66,520	
<b>C4. Other Income</b>		66,520				66,520	
<b>C. Total Income = SUM(C1..C4)</b>		66,520				66,520	
<b>D. Total Funding = B + C</b>		66,520				66,520	

\* 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>		66,520				66,520	
<b>E. Expenditure</b>		-11,661				-11,661	
<b>F. Closing Balance = (B + C + E)</b>		54,859				54,859	

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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>66,520</b>			<b>66,520</b>		
<b>Relief items, Construction, Supplies</b>								
Medical & First Aid	20,000						20,000	
<b>Total Relief items, Construction, Sup</b>	<b>20,000</b>						<b>20,000</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	1,125						1,125	
<b>Total Logistics, Transport &amp; Storage</b>	<b>1,125</b>						<b>1,125</b>	
<b>Personnel</b>								
International Staff	5,000						5,000	
Volunteers	300		300			300	0	
<b>Total Personnel</b>	<b>5,300</b>		<b>300</b>			<b>300</b>	<b>5,000</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	5,265		1,574			1,574	3,691	
<b>Total Workshops &amp; Training</b>	<b>5,265</b>		<b>1,574</b>			<b>1,574</b>	<b>3,691</b>	
<b>General Expenditure</b>								
Travel	3,300						3,300	
Information & Public Relations	25,940		7,197			7,197	18,743	
Office Costs	366		366			366	0	
Communications	1,164		1,164			1,164	0	
Financial Charges			349			349	-349	
<b>Total General Expenditure</b>	<b>30,770</b>		<b>9,076</b>			<b>9,076</b>	<b>21,694</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	4,060		712			712	3,348	
<b>Total Indirect Costs</b>	<b>4,060</b>		<b>712</b>			<b>712</b>	<b>3,348</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>66,520</b>		<b>11,661</b>			<b>11,661</b>	<b>54,859</b>	
<b>VARIANCE (C - D)</b>			<b>54,859</b>			<b>54,859</b>		

**Disaster Response Financial Report****MDRSC005 - Seychelles - Plague Preparedness**

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Split by funding source	Y	Project	*
Subsector:	*		

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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 management	66,520		66,520	66,520	11,661	54,859	
Subtotal BL2	66,520		66,520	66,520	11,661	54,859	
<b>GRAND TOTAL</b>	<b>66,520</b>		<b>66,520</b>	<b>66,520</b>	<b>11,661</b>	<b>54,859</b>	