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Emergency Plan of Action (EPoA) Seychelles: Preparedness for the Plague

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRSC005	
Date of issue: 20 October 2017	Expected timeframe: 03 months
Category allocated to the of the disaster or crisis: Yellow / Orange / Red	
DREF allocated: CHF 66,520	
Total number of people affected: 95,236 people at risk	Number of people to be assisted: 23,809 people
Operation Manager (responsible for this EPoA): Marshal Mukuware, DM Delegate, Eastern Africa and Indian Ocean Islands Cluster Overall responsible for compliance, monitoring and reporting of the operation	Point of contact: Mrs. Colette Servina, Secretary General, Red Cross Society of Seychelles
Host National Society presence: The Red Cross Society of Seychelles (RCSS) has 450 active volunteers and 8 staff members on 02 Islands.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, French Red Cross, PIROI-Regional Intervention Platform for Indian Ocean.	
Other partner organizations actively involved in the operation: World Health Organisation, Ministry of Health and the Division of Disaster Risk Management (DRDM)	

A. Situation analysis

Description of the disaster

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

The Madagascar Ministry of Health (MoH) reported caseload on 16 October was 805 (confirmed and suspected) with 74 deaths.

While Madagascar is accustomed to seasonal bubonic plague outbreaks characterised by a combination of pneumonic and bubonic plague. Pneumonic plague, which currently counts 65% of the caseload, is transmitted from person-to-person and the fact that the majority of the cases are occurring in urban areas, make this year's outbreak a serious concern not only for Madagascar but for the region.

Consequently, WHO has classified the current outbreak in Madagascar as a grade 2 emergency; WHO liaison officer expressed concern of the outbreak and considered Seychelles as a priority country, emphasized on preparedness and stated that support can be provided.

One Seychellois passed away in Madagascar after contracting the disease in Madagascar during a basketball tournament in the early weeks of October.

On 10 October 2017, the Seychelles Ministry of Health notified WHO of a probable case of pneumonic plague. The probable case is 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 Center for Plague at the Institut Pasteur in Paris, France. Between 9 and 11 October 2017, 08 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 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 have now been discharged after completing their course of treatment. To date, no plague cases have been confirmed in Seychelles.

Nine countries and overseas territories have been identified as high risk for plague outbreak by having trade and travel links to Madagascar. These priority countries include Comoros, Ethiopia, Kenya, Mauritius, Mozambique, Reunion, Seychelles, South Africa, and Tanzania.

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. The RCSS seeks for CHF 66,520 for plague preparedness for community surveillance for 23,809 people (25% of 95,236 population) at risk through provision of training of volunteers on the plague, mass awareness and community engagement and accountability activities. The DREF will also enable the RCSS to coordinate with the government and other agencies in monitoring the situation and planning for a coordinated response.

Summary of the current response

Overview of Host National Society

The RCSS is a humanitarian organization guided in its operations by its 2017-2021 Strategic Plan. In this Strategic Plan one of the 4 strategic goals is: "Contributing towards, promoting safe and healthy living and responding to health needs in emergencies". The NS has three branches: Mahe, Praslin and La Digue with RCSS head office in Mahe.

Since the plague outbreak in Madagascar has affected Seychelles, the National Society (NS) has been participating in strategic meetings on the plague. The meetings are organised by the Ministry of Health (MoH) with a focus on information sharing with MoH and Red Cross staff members on the outbreak. The MoH is organising an Introductory course to the Plague preparedness training and 50 RCSS volunteers and staff will be attending the training. The focus of the training is on the risk of the epidemic. The RCSS is requesting IFRC for support from the DREF to enable implementation of preparedness activities against potential outbreak of plague epidemic.

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. However, PIROI and IFRC provide technical support to the RCSS in disaster response and strengthen National Society capacities. PIROI ensures a remote technical and logistical support, thanks to the non-food items prepositioned in the warehouse in Mahe. PIROI acts as a liaison with the IFRC Africa and ensures the integration of national activities in Seychelles into a regional Indian Ocean preparedness strategy as per IFRC guidelines.

The ICRC regional delegation based in Madagascar also supports the RCSS in the areas of International Humanitarian Law and First Aid.

Overview of non-RCRC actors in country

The MoH has the lead role in coordinating activities to the response of the management of the plague. The MoH has been organizing emergency meetings with partners where the RCSS is being represented by its Secretary General or Programme Manager.

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

- Contact tracing and advise of taking 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.

The Indian Ocean Commission (IOC), through the SEGA (Epidemics Surveillance and Alert Management) Network, is also providing technical and financial support to the MoH.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Seychelles is vulnerable to the importation of the plague because of the existing plague outbreak in Madagascar and the proximity and displacing 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 poses a direct low risk as regards to measures being enforced.

The introduction measures being taken by the MoH is proven to be effective and efficient and all efforts are being concentrated on surveillance, tracing and distributing prophylaxis as precautionary measures.

The healthcare system in Seychelles provides access to health to all citizens free of charge on the expenses 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

The DREF operation will target active 50 volunteers of the National Society and build their capacity and knowledge on the plague to ensure that the NS has capacity to respond to assist 23,809 people. Volunteers and staff will be deployed to conduct mass awareness and social mobilization campaigns on the plague. Through the DREF, the NS will also procure and preposition protective equipment and antibiotics for volunteers to use in case of outbreak.

Operation Risk Assessment

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

B. Operational strategy¹

Overall Operational objective:

The overall objective of the operation is to enhance and strengthen the capacity of RCSS capacity to respond to the potential outbreak of the plague for 23,809 people.

The objective will be achieved through:

- Trainings for staff and volunteers on: characteristics of plague epidemics; community mobilization; contact tracing and Community Based Surveillance (CBS); procurement and pre-positioning of personal protective equipment (PPE) and antibiotics for volunteers;
- Dissemination of key messages in communities to reduce the spread of rumors and fake news
- Training of volunteers on various national strategies for the control of plague, including awareness-raising, case identification, contact tracing, and CBS;
- Sensitization activities carried out in the potentially at-risk areas of Mahe, Praslin and La Digue.
- Development and dissemination of key messages and awareness-raising posters, leaflets, TV spots, bill board elaborated by the MoH in connection with the recommendations of the WHO and the cultural context in the Seychelles;
- 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;
- Development, procurement and distribution of IEC (Information, Education and Communication) materials and visibility equipment;

¹ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- Prepositioning of PPE for the safety and welfare of volunteers in case of escalation of plague (contact tracing and follow-up of contacts)

C. Detailed Operational Plan



Health

People targeted: 23,809

Requirements CHF 53,380

Needs analysis: The Seychelles Island has been identified as high risk for plague outbreak, WHO is encouraging preparedness activities. Preparedness and readiness in neighboring regions and countries, including at the points of entry, should be enhanced.

Population to be assisted: The intervention will target communities at high risk. Through the DREF operation RCSS will build the capacity of its staff and volunteers in delivering key messages, conducting contact tracing and community based surveillance. The DREF operation will reach 25% of the population of Seychelles.

Programme standards/benchmarks: The Training materials and programme implementation will be informed by lessons learnt from the Madagascar Plague Response.

P&B Output Code	Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.	# of people reached with community-based epidemic prevention and control activities															
	Health Output 1.1: Communities are supported by NS to effectively detect and respond to infectious disease outbreaks	# of volunteers trained by NS in epidemic control															
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Training of 50 volunteers on plague																
AP021	Training of 50 volunteers in contact tracing and community based surveillance																
AP021	Participation in Coordination meetings with partners																
AP021	Continuous monitoring of activities																
AP021	Development and updating of assessment tools																
P&B Output	Health Output 1.2: Communities are provided by NS with services to identify and reduce health risks	# of people reached by NS with services to reduce relevant health risk factors															

D.

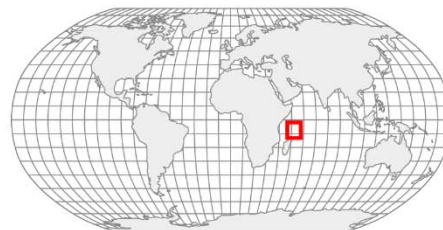
Budget

AP005	Shelter assistance to households	0	0
AP006	Shelter tech. support and awareness	0	0
	Total Shelter	0	0
			0
AP007	Improvement of income sources	0	0
AP008	Livelihoods assistance	0	0
AP009	Food production & income generation	0	0
AP081	Multipurpose cash grants	0	0
AP010	Livelihoods awareness	0	0
	Total Livelihoods & basic needs	0	0
			0
AP011	Health services to communities	44540	44,540
AP012	Voluntary blood donation	0	0
AP013	Maternal new-born and child health	0	0
AP014	Nutrition	0	0
AP015	Road safety	0	0
AP016	NS capacity for health care	0	0
AP017	HIV and AIDS	0	0
AP018	Avian and human influenza pandemic	0	0
AP019	Malaria	0	0
AP020	Tuberculosis	0	0
AP021	Other infectious diseases	8840	8,840
AP022	Health in emergency	0	0
AP023	Psychosocial support	0	0
AP024	Immunization activities	0	0
AP025	Health needs in complex settings	0	0
AP082	Search and rescue		0
	Total Health	53380	53,380
		0	0
AP026	Access to safe water	0	0
AP027	Treatment/reuse of wastewater	0	0
AP028	Reduction of open defecation	0	0
AP029	WASH knowledge and best practice	0	0
AP030	Hygiene promotion	0	0
	Total WASH	0	0
			0
AP031	Equitable access to services	0	0
AP032	Social inclusion-equitable status	0	0
AP033	Interpersonal violence prevention/response	0	0
AP034	Response to SGBV in emergencies	0	0
AP035	NVP-education and advocacy programs	0	0
	Total Protection, Gender and Inclusion	0	0
			0
			0
AP036	Migration assistance and protection	0	0
AP037	Migration awareness and advocacy	0	0
		0	
	Total Migration	0	0
			0
AP001	Preparedness at community level	0	0
AP002	Response and risk red. at NS level	0	0
AP003	Green solutions	0	0

AP004	Climate change awareness	0	0
	Total Disaster Risk Reduction	0	0
			0
AP039	NS organisational capacity assessment.	0	0
AP040	NS volunteering development	300	300
AP042	NS corporate /organisational systems	0	0
	Total Strengthening National Societies	300	300
			0
AP046	IFRC surge capacity	5000	5,000
AP047	Humanitarian principles and Rules	0	0
AP048	Integrated services for NS	0	0
AP049	IFRC coordination. in humanitarian system	0	0
AP050	Supply chain and fleet services	0	0
AP051	Movement coordination	0	0
AP052	Movement shared services	0	0
	Total Influence others as leading strategic partner	5000	5,000
			0
AP053	Advocacy on humanitarian issues	0	0
AP054	IFRC policies and positions	0	0
AP055	Research and evaluation	2250	2,250
AP058	Planning and reporting	0	0
AP059	Resource generation	0	0
AP060	Emergency fundraising excellence	0	0
AP061	NS resource and partnership development support	0	0
AP064	Financial management	0	0
AP065	Administration	1530	1,530
AP066	Staff security	0	0
	Total Influence others as leading strategic partner	3780	3,780
			0
	Programme and Supplementary Services Recovery	4,060	4,060
	Total INDIRECT COSTS	4,060	4,060
			0
	TOTAL BUDGET	66,520	66,520

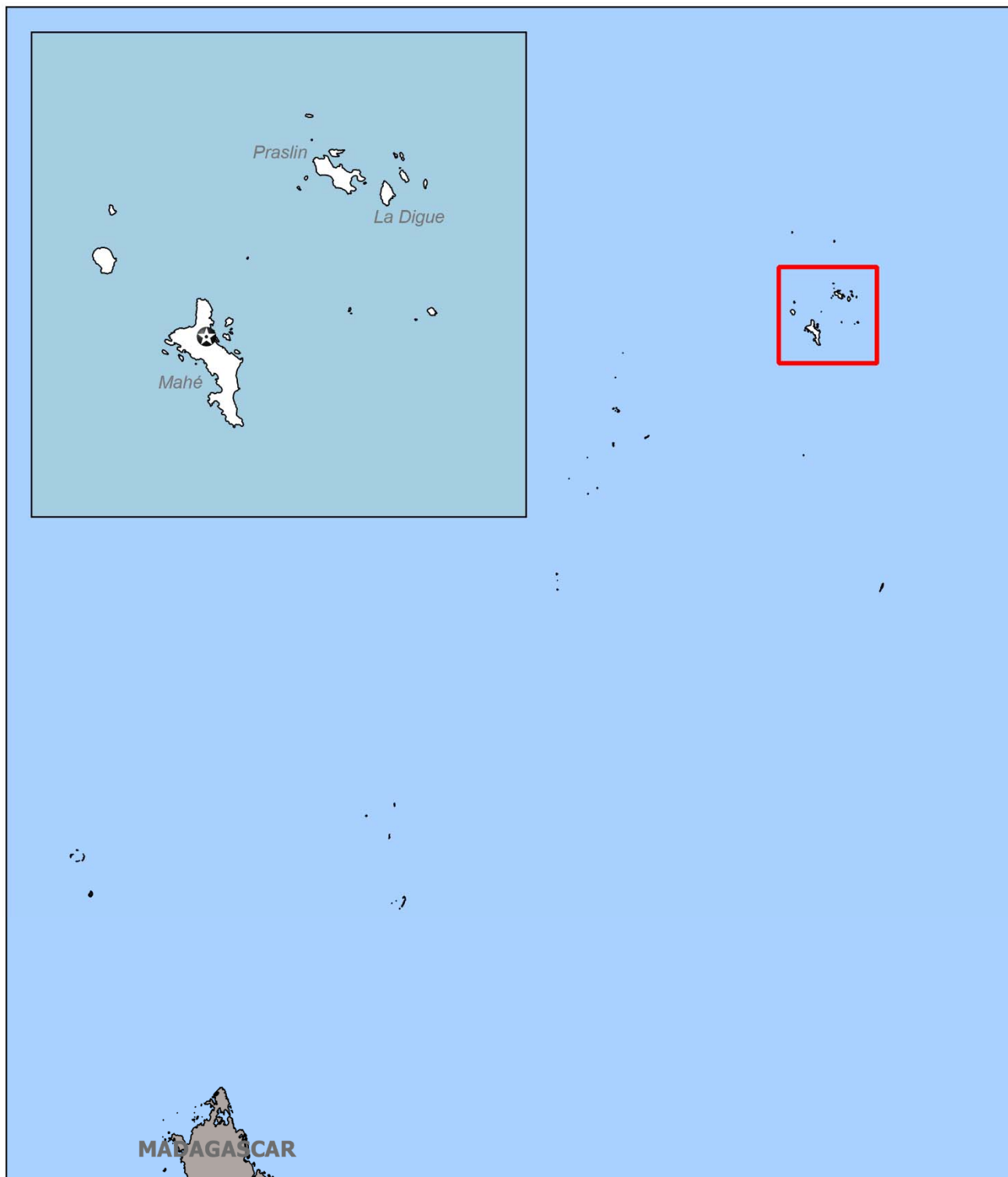


International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Seychelles: Plague Preparedness

17 October 2017



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: IFRC, GADM / Map produced by: IFRC Africa Regional Office, Nairobi

0 90 180 270 360 km



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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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.