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Disaster relief emergency fund (DREF) Benin: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRBJ013
GLIDE n° [EP-2013-000130-BEN](#)
10 October 2013

The International Federation of Red Cross and Red Crescent (IFRC) 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 and Red Crescent emergency response. 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.

CHF 201,952 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to up to 20,000 people (approximately 4,000 households). Unearmarked funds to repay DREF are encouraged.

Summary: A cholera outbreak was reported in the municipality of Sô-Ava in the department of Atlantique in the south of Benin, with 129 confirmed cases as of 2 October 2013. Samples of suspected cases were sent to the departmental and national laboratories, and after confirmation of cholera, the government of Benin declared an epidemic at the health zone level. The number of cases could be higher, as it is expected that not all cases are referred to official facilities and registered.

In its role as auxiliary to the government of Benin, the Benin Red Cross Society (BRCS) mobilized its volunteers at branch level to support the health authorities in increasing cholera awareness at community level at an early stage to prevent further spread of the epidemic. BRCS will mobilize up to 100 volunteers to provide assistance through health as well as water and sanitation activities including early detection, treatment and referral of new cholera cases, health and hygiene promotion messages as well as the distribution of water purification tablets and sanitation activities in targeted schools and health centres in affected and high-risk areas.

This operation is expected to be implemented over 3 months, and will therefore be completed by the end of January 2014. A final report will be made available three months after the end of the operation, by 30 April 2014.

[<click here for the DREF budget; here for contact details; here to view the map of the affected area>](#)



Benin Red Cross Society, in close collaboration with the Benin government's ministry of health, are responding to the cholera outbreak in the country. With IFRC's support, the National Society will scale up its response in the affected areas through health and water and sanitation interventions. Photo : BRCS

The situation

Since 28 August 2013, cases of cholera were reported in the Sô-Ava municipality. To date, three districts are affected, with 129 cases registered. The affected districts are Houèdo-Aguékou with 103 cases; Vèkky with 9 cases and 17 cases in Ganvié. No deaths have been reported in this municipality. There is one water supply point (water tower) in Houèdo-Aguékou that serves four villages and whose filters do not work too well.

The outbreak was suspected to be caused by to the communities' consumption of unsafe water and lack of proper sanitation and hygiene conditions in the affected areas.

The municipality of Sô-ava has 08 districts (Ahomey-Lo, Ahomey-Lokpo, Dékanmey, Ganvié I, Ganvié II, Houédo-Aguékou, So-Ava, Vekky) with an estimated 109,025 inhabitants. It is located in the department of Atlantique in the South of the Republic of Benin. The municipality bounded on the north and west by the municipality of Abomey-Calavi, on the south by the city of Cotonou, in the east by the municipality of Aguégoués and the municipality of Dangbo.

| Municipality of Sô-Ava affected areas | Number of affected communities | Cases | Number of men | Number of women | Number of children | Number of death |
|---------------------------------------|--------------------------------|------------|---------------|-----------------|--------------------|-----------------|
| Houèdo-Aguékou (28/08-30/09) | 6 | 103 | 31 | 37 | 35 | 0 |
| Vèkky (24/09-30/09) | 12 | 9 | 1 | 0 | 8 | 0 |
| Ganvié (22/09-30/09) | 11 | 17 | 3 | 3 | 11 | 0 |
| Total | 29 | 129 | 35 | 40 | 54 | 0 |

The Benin Ministry of Health (MoH) through the hospital in the area has assisted some of the patients through and is currently implementing preventive mechanisms including increased epidemiological surveillance to curtail the spread.

Coordination and partnerships

The response to the epidemic is currently coordinated by the Benin health authorities through traditional health coordination mechanisms. BRCS regularly participates in health coordination meetings organized by the Ministry of Health at country and regional levels to receive information and inform planned activities.

BRCS is an important partner to the Health authorities and it works with them at all levels from national to branch/district levels in health promotion activities including social mobilization (as was the case during the 2012 cholera outbreak in Comé, west of the country) immunization campaigns and bed net distribution. The National Society will continue to work closely with the relevant health districts to prevent further spread of the epidemic.

In response to this current outbreak, the government through the Ministry of Health will continue to support cholera cases for free, while raising public awareness and providing Aquatab tablets for the treatment of drinking water at the health centres. BRCS will work in close coordination with the government to ensure no duplication in targeted areas.

Red Cross and Red Crescent action

The Benin Red Cross has through its local branch in Sô-Ava mobilized the Red Cross volunteers in the area to carry out cholera epidemic awareness and hygiene promotion activities in the affected areas and other neighbouring communities not affected.

In addition, the BRCS plans to support primary health facilities/institutions in the affected communities not only in mobilization and good hygiene promotion activities but also referral of cases to these facilities. The National Society working in accordance with the communication plan established by the Ministry of Health will train 100 volunteers in (Sô-Ava, Cotonou and Abomey-Calavi) in disease prevention and health promotion who in turn will embark on social mobilization activities, distribution of water purification tablets (aqua tabs) and demonstration exercise on preparation and administration of ORS to 4,000 most vulnerable households.

IFRC, through its regional representation in Abidjan, Cote D'Ivoire and a delegate in the country continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management and operational issues are directed and implemented with the principles and core values of the Red Cross Red Crescent Movement to reach the needs of the most vulnerable. BRCS is currently supported by IFRC in the preparation of situational reports while the BRCS is keeping a good collaboration with local media to increase visibility during the operation and keep the community informed of the BRC undertakings.

The needs

Based on the characteristics of cholera epidemics and the current knowledge of disease prevention in the affected areas, there is a clear need to improve cholera knowledge at community level, both in terms of health and hygiene. The activities need to be aligned with the national-wide health communication plan.

The state of water sources and practices on storage and treatment needs to be improved, and sanitation facilities, especially in public facilities needs to be disinfected as an immediate action

The proposed operation

BRCS intervention will target 4,000 households (20,000 people) in Sô Ava, Abomey-Calavi and Cotonou (PK10, Yénawa et Agbato districts). The target area selection is flexible and may change according to the updated information of the spread of the epidemic. Based on the epidemic caseload and spread and the outcome of detailed assessments, this operation may be revised during implementation and updated interventions will be documented in a DREF operation update and issued accordingly.

For the implementation of activities, volunteers will be trained using the training manual on the management of outbreaks for volunteers and to convey key messages on hygiene promotion and water treatment at the household level in local language. Also, two regional disaster response team (RDRT) members will be deployed to support the implementation of activities (1 month for health and 2 months for water and sanitation)

Volunteers will work in teams of two for the distribution of water treatment tablets, awareness raising (50 teams of 2) at the household level and work 10 days per month in rotations, visiting an average of 5 households per day. The household visits will be combined with other community awareness and hygiene promotion activities. In addition, oral rehydration points will be set up in high-risk areas as needed and assistance in latrine rehabilitation and disinfection will be provided to a targeted number of schools and health centres. Following the last DREF operation in 2012 and the lessons learnt from the review, BRCS will sign agreements with the respective schools and health centres to help ensure access and maintenance of the latrines throughout this operation.

Emergency health

| Outcome 1: Improved Safe Health behaviour and cholera awareness for up to 4,000 households (20'000 people) in 3 months | |
|--|--|
| Outputs (expected results) <ul style="list-style-type: none"> • Improved early detection, treatment and referrals. • Improved awareness on ORS preparation and use amongst households | Activities planned: <ul style="list-style-type: none"> • Continuous assessment, surveillance and weekly reporting of the evolving situation and spread of disease • Orient 100 BRCS volunteers on health promotion • Early detection and referrals of cholera cases among 4,000 household by orientating 100 Red Cross volunteers on ECV tools and materials • Production of visibility material (100 T-shirts) • Set up oral rehydration points as needed in high-risk/ affected communities • Organize sensitization and demonstration sessions (3 per community) in affected communities on benefits of ORS in the management of cholera using cholera demonstration kits • Lessons learnt workshop on the cholera outbreak • Monitoring and reporting on activities • Deploy 1 RDRT health for 1 month to support BRCS in carrying out |

Water, sanitation, and hygiene promotion

Outcome: Immediate reduction in risk of waterborne and water related diseases in targeted communities to 4,000 families (20,000, beneficiaries)

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|---|---|
| <p>Outputs (expected results)</p> <ul style="list-style-type: none"> • Continuous assessment of water, sanitation, and hygiene situation is carried out. • Target population is provided with and trained in the proper use of Water treatment tablets that meet sphere standards • Target population have hygienic sanitation facilities • Target population is served with hygiene promotion and cholera prevention sessions | <p>activities planned:</p> <ul style="list-style-type: none"> • Rapid assessment and continuous monitoring of the situation conducted • Orient 100 BRCS volunteers on hygiene promotion and SOP on disinfection of WatSan facilities and on waterborne disease. • Orientation training and induction on hygiene promotion for 30 school teachers of the affected areas • Promote safe use and distribute 1,920,000 water treatment tablets and 80,000 pieces of soap among 4,000 most vulnerable households including demonstration sessions • Promote hygiene awareness and environmental sanitation activities conducted in communities, house to house, public places, schools and health centres. • Disinfect sanitation facilities in six health centres, public latrines and five schools over two months. • Rehabilitate five strategic water points including in schools or health centers where applicable • Rehabilitate five schools and six health centres latrines where applicable • 5,000 assorted IEC/BCC materials (posters, fliers) on cholera produced, printed and distributed to enhance positive behaviour change • Dissemination of cholera messages through sessions, jingle on local radios • Deployment of one water and sanitation RDRT for 2 months • Monitor and report on activities |
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Logistics

Outcome: Timely and effective logistics support provided to the emergency operations

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| <p>Outputs (expected results): Effective logistical support has enabled rapid assistance to targeted beneficiaries.</p> <p>Local procurement done in line with national and IFRC procurement guidelines.</p> | <p>activities planned:</p> <ul style="list-style-type: none"> • Coordinate mobilization of goods and reception of incoming shipments • Ensure local procurement of sanitation and hygiene materials, and emergency health items, including 40,000 soap, 25,000 ORS, 50 buckets, 50 jerry cans, high test hypochlorite (HTH) and chlorine • Ensure international procurement of 1.92 million water treatment tablets • Transport relief supplies to final distribution site • Coordinate within IFRC logistical structures in the region. • Monitor and report on activities |
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Communication – Advocacy and Public information

The National Society will continue to work with local media agencies to profile its activities during the operation at the national level and contribute to increase the Red Cross visibility in the country. The IFRC team will support the National Society to ensure that the operation is effectively communicated to external audience by gathering compelling images and stories of target beneficiaries and post on IFRC website, humanitarian websites, and other social media.

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

- **IFRC West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone:+221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067 277; email:robert.ondrusek@ifrc.org

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.



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.
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DREF OPERATION

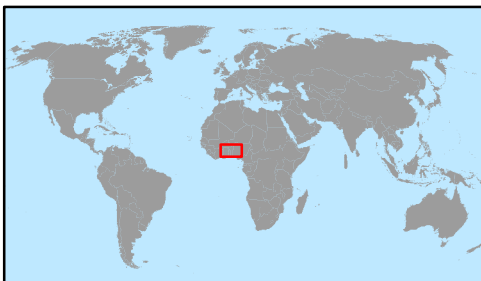
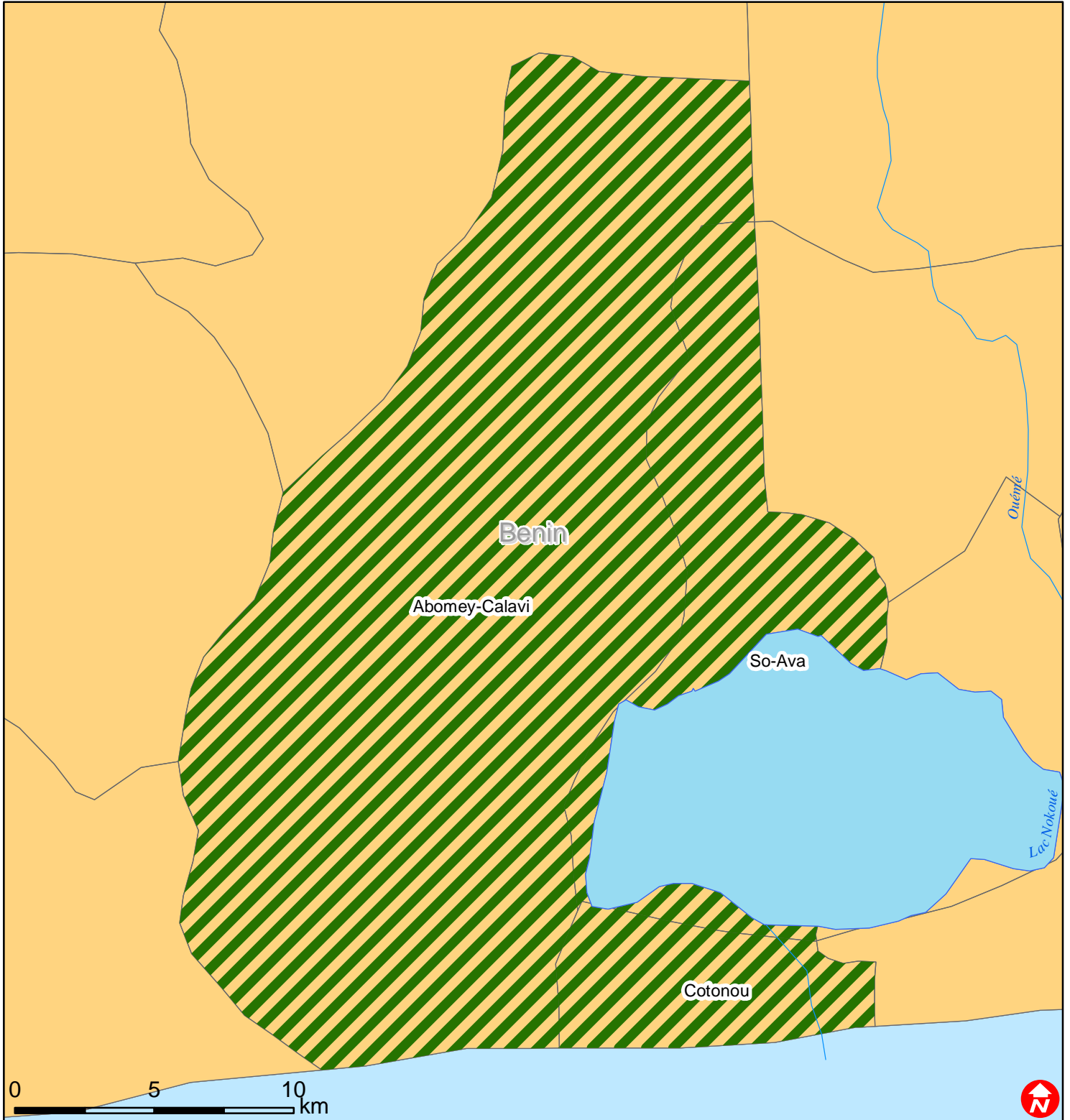
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| Budget Group | DREF Grant Budget CHF |
|--|-----------------------|
| Shelter - Relief | 0 |
| Shelter - Transitional | 0 |
| Construction - Housing | 0 |
| Construction - Facilities | 0 |
| Construction - Materials | 0 |
| Clothing & Textiles | 0 |
| Food | 0 |
| Seeds & Plants | 0 |
| Water, Sanitation & Hygiene | 93,860 |
| Medical & First Aid | 2,500 |
| Teaching Materials | 2,000 |
| Ustensils & Tools | 400 |
| Other Supplies & Services | 0 |
| Emergency Response Units | 0 |
| Cash Disbursements | 0 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 98,760 |
| Land & Buildings | 0 |
| Vehicles Purchase | 0 |
| Computer & Telecom Equipment | 1,500 |
| Office/Household Furniture & Equipment | 0 |
| Medical Equipment | 0 |
| Other Machiney & Equipment | 0 |
| Total LAND, VEHICLES AND EQUIPMENT | 1,500 |
| Storage, Warehousing | 0 |
| Dsitribution & Monitoring | 0 |
| Transport & Vehicle Costs | 6,996 |
| Logistics Services | 6,100 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 13,096 |
| International Staff | 15,000 |
| National Staff | 0 |
| National Society Staff | 4,890 |
| Volunteers | 30,100 |
| Total PERSONNEL | 49,990 |
| Consultants | 0 |
| Professional Fees | 0 |
| Total CONSULTANTS & PROFESSIONAL FEES | 0 |
| Workshops & Training | 8,000 |
| Total WORKSHOP & TRAINING | 8,000 |
| Travel | 9,000 |
| Information & Public Relations | 5,980 |
| Office Costs | 600 |
| Communications | 1,700 |
| Financial Charges | 1,000 |
| Other General Expenses | 0 |
| Shared Support Services | 0 |
| Total GENERAL EXPENDITURES | 18,280 |
| Programme and Supplementary Services Recovery | 12,326 |
| Total INDIRECT COSTS | 12,326 |
| TOTAL BUDGET | 201,952 |



Benin: Cholera



 Affected Areas