

DREF operation update

Benin: Cholera outbreak

DREF operation n° MDRBJ013 GLIDE n° [EP-2013-000130-BEN](#) Update no 1 - 22 November 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.

Period covered by this update:
10 October to 17 November, 2013

CHF 201,952 was initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Croix-Rouge Beninoise in delivering immediate assistance to approximately 20,000 people (4,000 households). Unearmarked funds to repay DREF are encouraged.

This update extends support to the existing operation through a second allocation from the DREF of CHF 39,203 to support an additional 25,000 beneficiaries (approximately 5,000 households) in Cotonou municipality.



Training of Benin Red Cross and community volunteers.
Photo: IFRC

Summary

In response to a shift in the geographical spread of the cholera epidemic in Benin, this operation update announces an increased support to the operation currently in Benin. The cholera outbreak, which started in August this year has so far 406 registered cases of cholera and 6 deaths, representing a case fatality rate of 1.4. The initial response of the Benin Red Cross Society (BRCS) and the IFRC targeted 20,000 beneficiaries in Sô-Ava municipality where the highest concentration of cases was reported and triggered the launch of the operation. Following the DREF allocation, BRCS started water and sanitation (WatSan), hygiene promotion and cholera sensitization activities supported by an IFRC deployed regional disaster response team (RDRT) trained in health and WatSan. Within the last few weeks there has been a shift in geographical spread of cases, and based on epidemiological analysis, BRCS and IFRC has expanded the response operation to Cotonou municipality, which is currently registering the highest number of cholera cases. The response interventions in Cotonou are focused on community sensitization and promoting hygiene practices and are complementing the government's efforts.

Cholera outbreaks have been registered in neighbouring countries of Togo and Nigeria, and regional monitoring is on-going to ensure the control and prepare for response if need be. The epidemiological analysis is supported by the IFRC global team and analysis will guide further review of the operational plan if necessary.

The operation is planned to be carried out during a three months' timeframe and will end by 31st January 2014. A final report will be made available by April 30, 2014.

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

The situation

The cholera outbreak reported in Benin since August 2013 was declared an emergency in the Sô-Ava municipality in the department of the Atlantic in the south of Benin. On 2nd October, 2013, a total of 129 confirmed cholera cases were reported in Sô-Ava municipality. Since then, cases have been reported in 13 municipalities with a concentration in Cotonou which as recorded 196 cases and 4 deaths, Sô-Ava with 202 cases and Acomey-Calawi with 22 cases. As at 17 November 2013, the total of registered cases is 406 with 6 deaths, representing a case fatality rate (CFR) of 1.4 (see figure 1 for more details).

The cholera outbreak occurred during the second rainy season in Benin, which normally ends by the end of November. The weather forecast however does not predict heavy rains in the next two weeks of November. Lack of safe water points, poor maintenance and treatment of existing water facilities, inadequate latrines in communities and limited communication tools for behaviour change have been contributing as the main causes of the outbreak. The Government of Benin has therefore been putting effort to control and stop the cholera outbreak by placing emphasis on prevention at community level.

The initial outbreak in Sô-Ava (see figure 2), occurred in smaller villages along the Niger River banks. This area is characterised by inadequate safe water and sanitation facilities and the Niger poses risk of drinking water and food contamination. The preceding cholera outbreak in Cotonou municipality is concentrated in the 1st, 2nd, 3rd and 4th of the 13 districts in Cotonou, which is the largest city in Benin. The high population density and poor the living conditions increase the risk of spreading cholera. Although the authorities maintain adequate cholera treatment capacity, lack of knowledge on prevention, early detection, treatment and referral has been identified at the community level.

Area	Acomey - Calavi	Allada	Cotonou	Grand-Popo	Porto-Novo	Seme-Kpojdi	Sô-Ava	Toviklin	Others	Total
Cases	22	7	196	4	6	12	202	5	6	460
Deaths	0	1	4	-	-	-	-	1		6

Figure 1: Total caseload per 17/11/2013 (source: Benin Ministry of Health)

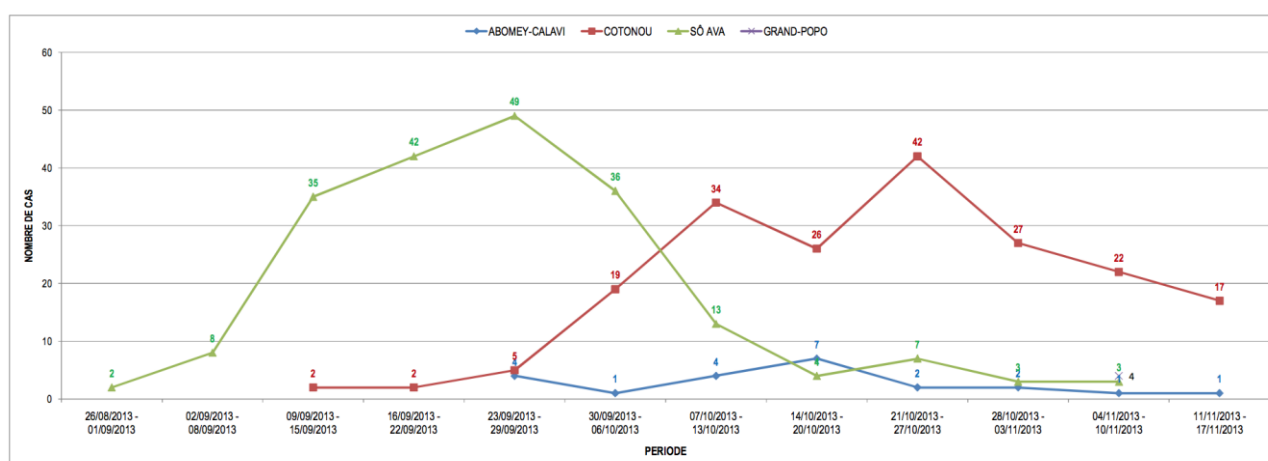


Figure 2: Weekly caseload per 17/11/2013 (source: Benin Ministry of Health)

Although the cholera case trend is decreasing, it is still too early to consider the outbreak over and interventions should continue to reduce the risk. The outbreak in Benin is linked to similar outbreaks in the bordering countries of Togo and Nigeria. The IFRC and the respective National Societies are alert and carrying out a regional monitoring is an important part of preparedness, analysis and planning.

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 share and receive information that inform planning for activities.

BRCS is an important partner to the health authorities and works collaboratively at all levels, thus from national to branch/district 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 distribution of insecticide treated bed nets. The National Society will continue working closely with the relevant health districts to prevent further spread of the epidemic. In response to the current epidemic, the health authorities are handling clinical case management and distribution of water purification tablets (aqua tabs), while the BRCS is the main partner to the authorities in community-based hygiene promotion, cholera sensitization and household water treatment and storage.

Red Cross and Red Crescent action

Based on spread of the outbreak to Cotonou commune, the **revised operational plan** will include Cotonou as part of the target intervention areas, targeting 25,000 beneficiaries. The second allocation from the DREF will enable mobilization of 100 additional volunteers to deliver hygiene promotion and cholera awareness information to high-risk areas of Cotonou commune (selection based on recent case load per community and state of water, sanitation and hygiene infrastructure). Based on analysis of the current situation in Sô-Ava, activities will continue as planned, but some of the planned hardware (soap, megaphones, aqua tabs) will be shifted to cover interventions in Cotonou, and additional procurement is therefore not covered by the second DREF allocation. The second DREF allocation will also allow scaling-up of the cholera awareness campaign aligned with government strategy and the extending the period of health RDRT member supporting the NS with monitoring the cholera outbreak.

Progress towards outcomes

Emergency health

Outcome: Improved Safe Health behaviour and cholera awareness for up to 9,000 households (45,000 people) in Sô-Ava and Cotonou communes for up to 3 months

Outputs (expected results)	Activities planned:
<ul style="list-style-type: none">Improved early detection, treatment and referrals.Improved awareness on oral rehydration solution (ORS) preparation and use amongst households	<ul style="list-style-type: none">Continuous assessment, surveillance and weekly reporting of the evolving situation and spread of diseaseOrient 200 BRCS volunteers (100 in each commune) on health promotionEarly detection and referrals of cholera cases among 9,000 household by orientating 200 Red Cross volunteers on ECV tools and materialsProduction of visibility material (200 T-shirts)Set up oral rehydration points as needed in high-risk/ affected communitiesOrganize sensitization and demonstration sessions (3 per community) in affected communities on benefits of ORS in the management of cholera using cholera demonstration kitsLessons learnt workshop on the cholera outbreakMonitoring and reporting on activitiesDeploy a health RDRT member for two month to support BRCS in planning, implementation, monitoring and evaluation.

Progress:

A rapid assessment has been carried out and findings have informed operationalization of the plan of action, including necessary plans on training and logistical arrangements. In addition, a monitoring system for the cholera outbreaks through weekly epidemiological reports and meetings twice per week at the National Directorate of Public Health has been established. Monitoring and reporting activities are underway and three weekly situation reports already done. A radio spot with messages on key practices already produced by the BRCS is being validated by the National Directorate of Public Health.

The RDRT health member has been deployed to support the local branch of the Red Cross Sô-Ava. BRCS supported by the IFRC has trained 100 volunteers on epidemic control and cholera sensitization. The trained volunteers have detected early two suspected cholera cases during their passage in households and were directed to health centres for care and treatment. The volunteers have also reached 6,204 people sensitized on key practices to prevent cholera.

The oral rehydration points will not be implemented in Sô-Ava municipality due to scarcity of cases in the community Sô-Ava, but the ORS will be pre-positioned at 14 sites identified by volunteers and health centres. Demonstration sessions on the preparation and use of ORS will be carried out in the community in last two weeks of November. Awareness campaigns for households using the ORS are about to start, during health promotion session in the target community.

Red Cross visibility has been promoted by the distribution of 100 T-shirt branded to volunteers who are currently in the field. Information, education and communication (IEC) materials will be distributed to the heads of households and posted in public places as soon as they are made available. The request has already been made. A laptop computer, a router, and a USB have been procured to support the operation.

Challenges:

Whilst responding to the first outbreak, the cholera was detected in Cotonou thus stretching the available resources. However, the IFRC has allocated additional DREF to support the efforts of the BRCS.

Water, sanitation, and hygiene promotion	
Outcome: Immediate reduction in risk of waterborne and water related diseases in targeted communities to 9,000 families (45,000 beneficiaries) in Cotonou and Sô-Ava.	
<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 200 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 in Sô-Ava. • Promote safe use and distribute 1,920,000 water treatment tablets and 80,000 pieces of soap among 9,000 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 in Sô-Ava • Rehabilitate five strategic water points including in schools or health centres where applicable in Sô-Ava. • Rehabilitate five schools and six health centres latrines where applicable in So-Ava. • 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 member for two months • Monitor and report on activities

Progress:

So far a total of 100 volunteers have been trained in water treatment and storage as well as hygiene promotion through the PHASTER methodology. Some 30 teachers affected by the cholera epidemic were trained on health promotion in the community and Shasta / RUTF villages. The teachers also received buckets for hand washing in their schools to ensure they will practice what they learn. The volunteers have sensitized 518 households in Sô-Ava Centre on hand washing, community health and water treatment using the Aqua tabs. These activities will continue in the targeted communities.

A total of five school latrines and six health centres latrines have been targeted for rehabilitation, in order to improve the sanitation facilities. In addition, the operation targets five water points for rehabilitation (two in community and three at health centres).

The IFRC will support with the deployment of the one RDRT WatSan member to support the local branch of the Red Cross Sô-Ava for two months. To complement the work of the volunteers, 10 PHAST toolboxes will be produced.

Logistics	
Outcome: Timely and effective logistics support provided to the emergency operations	
Outputs (expected results): Effective logistical support has enabled rapid assistance to targeted beneficiaries. Local procurement done in line with national and IFRC procurement guidelines.	activities planned: <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

Progress:

Means of transport and other logistical services have been mobilized as per the plan. Procurement of soap has been finalized and the available aqua tabs have been released from the emergency stock. Procurement of ORS is in the process.

Communication – Advocacy and Public information

The National Society will continue to work with local media agencies to profile its activities during the operation and contribute to increasing 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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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

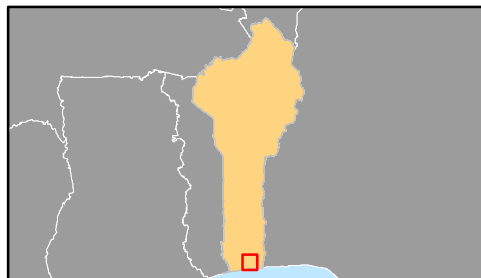
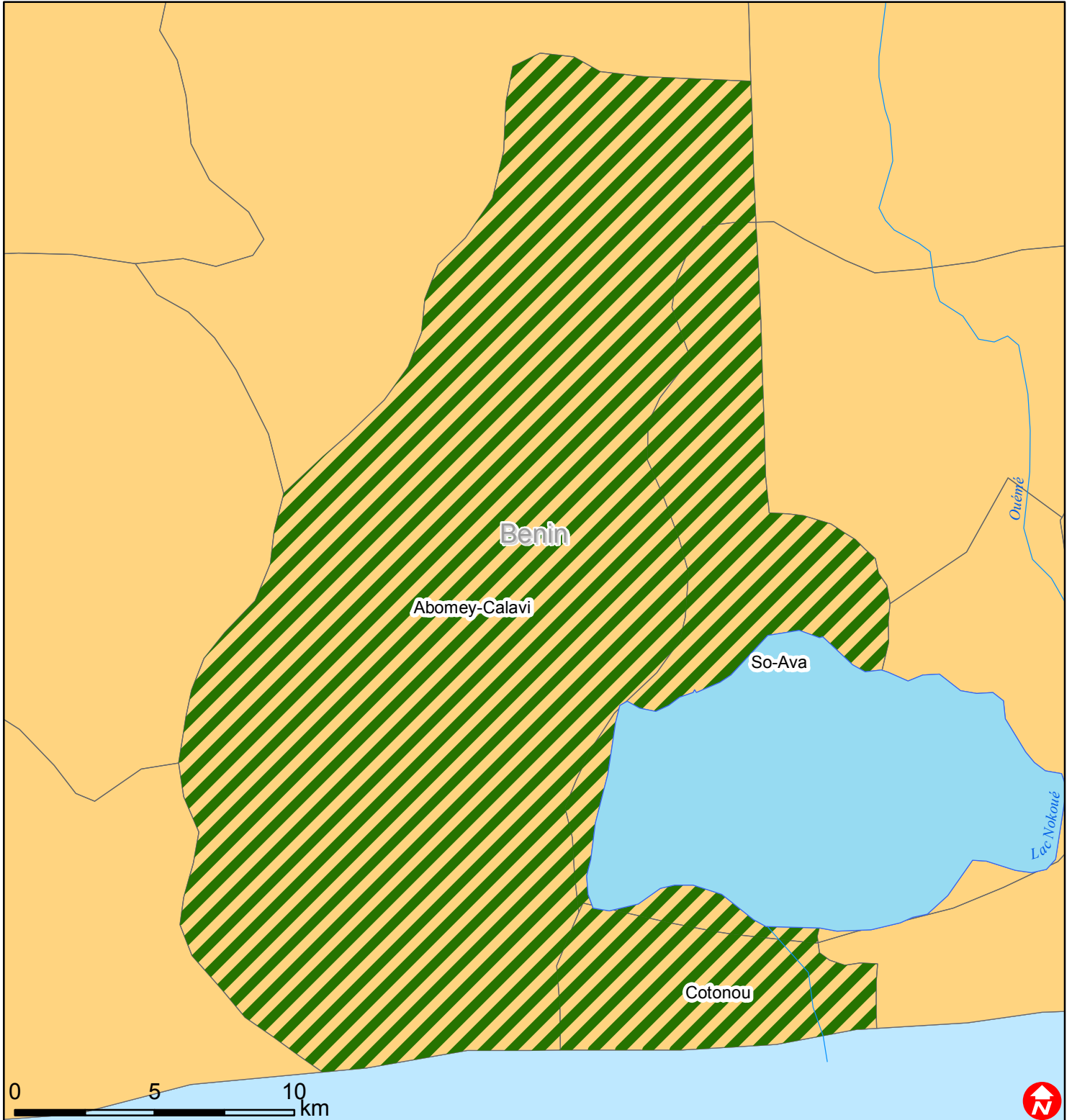
22/11/2013

MDRBJ013 Benin Cholera

Budget Group	1st DREF allocation	2nd DREF allocation	Total allocation
Shelter - Relief	0	0	
Shelter - Transitional	0	0	0
Construction - Housing	0	0	0
Construction - Facilities	0	0	0
Construction - Materials	0	0	
Clothing & Textiles	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water, Sanitation & Hygiene	93,860	0	93,860
Medical & First Aid	2,500	0	2,500
Teaching Materials	2,000	2,250	4,250
Utensils & Tools	400	0	400
Other Supplies & Services	0	0	0
Emergency Response Units	0	0	0
Cash Disbursements	0	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	98,760	2,250	101,010
Land & Buildings	0	0	0
Vehicles Purchase	0	0	0
Computer & Telecom Equipment	1,500	0	1,500
Office/Household Furniture & Equipment	0	0	0
Medical Equipment	0	0	0
Other Machinery & Equipment	0	0	0
Total LAND, VEHICLES AND EQUIPMENT	1,500	0	1,500
Storage, Warehousing	0	0	
Distribution & Monitoring	0	0	0
Transport & Vehicle Costs	6,996	400	7,396
Logistics Services	6,100	0	6,100
Total LOGISTICS, TRANSPORT AND STORAGE	13,096	400	13,496
International Staff	15,000	5,000	20,000
National Staff	0	900	900
National Society Staff	4,890	660	5,550
Volunteers	30,100	15,100	45,200
Total PERSONNEL	49,990	21,660	71,650
Consultants	0	0	0
Professional Fees	0	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0
Workshops & Training	8,000	8,000	16,000
Total WORKSHOP & TRAINING	8,000	8,000	16,000
Travel	9,000	0	9,000
Information & Public Relations	5,980	2,900	8,880
Office Costs	600	800	1,400
Communications	1,700	300	2,000
Financial Charges	1,000	500	1,500
Other General Expenses	0	0	0
Shared Support Services	0	0	0
Total GENERAL EXPENDITURES	18,280	4,500	22,780
Programme and Supplementary Services Recovery	12,326	2,393	14,718
Total INDIRECT COSTS	12,326	2,393	14,718
TOTAL BUDGET	201,952	39,203	241,154



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 Affected Areas