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DREF final report Burundi: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRBI007
GLIDE n° [EP-2011-000126-BDI](#)
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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 Red Crescent response to emergencies. 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 85,258 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support Burundi Red Cross in delivering immediate assistance to some 10,170 beneficiaries in six provinces affected by the cholera outbreak.

Summary: Since 13 August 2011, the Minister of Health declared cholera a disaster in Burundi. A total of six provinces were affected, including Bururi, Cibitoke, Bujumbura Town and Bujumbura Rural, as well as Bubanza and Makamba.

In response, the National Society identified nine districts in the six affected provinces and supported these communities through the distribution of hygiene kits including water purification tablets, soap and jerry cans to a total of 2,034 households (10,170 people). A total of 44,534 households (222,669 people) also received 7,222 m³ of water through trucking. This ensured that the population had access to clean and safe drinking water as well as water for hygiene. In addition, the National Society reached 7,619 households with messages on proper hygiene practices and 13,896 households were disinfected.



Burundi Red Cross volunteers distributing hygiene kits to affected populations. Photo: Burundi Red Cross

Burundi Red Cross worked in close collaboration with the Ministry of Health (MoH), as well as other implementing partners at local level during the disinfection and water trucking. Coordination meetings and monthly joint field missions were also carried out with MoH, WHO, UNICEF and MSF to help best support the affected population through complimentary activities that avoided duplication of effort.

By the end of the operation, the MoH declared an end to the epidemic, with no more cholera cases reported.

Based on this experience, the National Society's disaster management unit has come up with a few recommendations, including the value of pre-positioning disaster preparedness stocks, and the need for regular trainings in response and water and sanitation..

The European Commission Humanitarian Aid and Civil Protection department (ECHO) replenished 85% of the allocation made for this operation.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of all contributions to the DREF for 2011 can be found [here](#)

[<Click here for the final financial report \(CHF 360 to be returned to DREF\), or here for contact details>](#)

The situation

The cholera outbreak was confirmed on 14 August 2011. However, diarrhoea cases were registered since the beginning of the same month. In general, cholera is endemic in Burundi but because of the rainy season starting very early, the cholera cases increased. The situation became complicated in the affected districts because of lack of safe water and hygiene conditions. The limited access to clean water is related to power cuts which occur because of inefficient power plants since the end of the World Bank financial support to run them. In addition, due to the prolonged dry season, the level of water in the dam was too low to generate adequate power.

During the first two weeks of the epidemic, the cumulated number of cholera cases stood at 423, with nine new cases and two deaths according to the official report made by the Ministry of Health, taking into account the cases registered by the Health Centre. However, there were five other cases of death not officially reported simply because they remained in their homes. However, by the end of the operation, no new cases were reported and the Ministry of Health declared that the epidemic has ended.

Coordination and partnerships

The National Society participated in regular coordination meetings led by the government and attended by partners responding to the outbreak. Participants included MoH representatives, UN agencies such as the World Health Organization (WHO) and UNICEF as well as Medecins Sans Frontières (MSF). This ensured complementarity and prevented duplication of activities related to the operation. Monthly joint field visits were also held with the mentioned partners for purposes of beneficiary contact as well as implementation progress monitoring.

The National Society has a memorandum of understanding with UNICEF on coordination in humanitarian operations in case of disasters, and also coordinates with MSF and the WHO on matters related to disease outbreaks.

Red Cross and Red Crescent action

Achievements against outcomes

Relief distributions (Hygiene kits)	
Outcome: The immediate risks to the health of cholera affected populations (10,170 people) in 9 districts are reduced by ensuring access to safe drinking water, sanitation and hygiene supplies.	
Outputs (expected results):	Activities planned:
<ul style="list-style-type: none"> 10,170 targeted people have access to safe water meets SPHERE and WHO standards in terms of quantity and quality 	<ul style="list-style-type: none"> Identification of the most vulnerable households Mobilize volunteers to distribute hygiene kits in the 9 affected districts Procure and transport 4,068 jerry cans, 4,881,600 water purification tablets, 16,272 bars of soap (800g per HH) and 18 chlorine granular cans. Mobilize BRC volunteers for NFI distribution. Monitor and keep accurate distribution records Organize post distribution monitoring on how items are used

Achievements

Up to 36 volunteers (4 volunteers from each of the nine districts) from the target branches were selected to assist the National Society in identifying beneficiaries to receive the non-food items. In coordination with the other actors responding, a total of 226 households were selected from nine districts in the six affected provinces, namely Mabayi, Buganda, Gihanga, Bujumbura North and South as well as Kibezi, Kanyosha, Rumonge and Nyanza Lac. A total of 2,034 households (10,170 beneficiaries) were selected. Each household received 20 Aquatabs, 8 bars of soap and 2 jerry cans. In addition, each district received two cans of granular chlorine to distribute to the targeted households. Hygiene kits were procured and distributed as shown in the table below

Table 1: NFI distributions in nine districts

NFIs	Procured	No distributed per HH	HHs per district	Districts
Aquatabs	40,680	20	226	9
Soaps(100gm)	16,272	8	226	9
Jerrycan	4,068	2	226	9
Granular chlorine	18	2 per district		9

A post distribution monitoring exercise was conducted by Burundi Red Cross staff and volunteers to ensure the target households received the procured kits and were using them appropriately. Beneficiaries were satisfied with the non-food items received. However, they mentioned that a permanent solution is needed to ensure that future outbreaks are avoided. The volunteers, on the other hand, had a very good experience with coordination as they worked closely with other partners such as UNICEF, MSF, the local administration offices and Ministry of Health representatives, among other partners.



Inhabitants of Ruziba (a cholera affected locality) fetching water. Some of them are using jerry cans distributed by Burundi Red Cross in the framework of cholera prevention. Photo: Burundi Red Cross

Emergency Health

Outcome: Reduced morbidity and mortality among 2,034 families through hygiene promotion and disinfection activities, ensuring early case detection and community case management in nine districts (226 families estimated per district)

<p>Outputs (expected results):</p> <ul style="list-style-type: none"> The Burundi Red Cross's emergency brigade team and volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks 2,034 families (10,170 people) have increased their knowledge on proper hygiene practices necessary to prevent further spread of cholera in their communities 120 volunteers are enabled to conduct early case detection and community case management 1,200 houses and districts sanitation facilities are being disinfected to disrupt the chain of contamination at household level 	<p>Activities planned:</p> <ul style="list-style-type: none"> Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers and PHAST approach for 120 volunteers, in coordination with the MoH Procure chlorine solution, 36 sprayer pumps, 36 protective goggles, 36 pairs of boots, 36 pieces of protective clothing, 72 pairs of gloves, 72 face masks, 18 kits for chlorine dosages as well as 18 megaphones for facilitating hygiene promotion. Conduct 1,200 house to house visits (10H/H per 1 volunteer/month) Conduct 1,152 community hygiene sessions during public events, on market days and at other occasions Conduct 1,440 disinfection visits in the target communities
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Achievements

In coordination with MoH, 120 emergency brigade teams and volunteers (20 per province in the 6 provinces) were trained on the PHAST¹ approach. The training focused on the following major areas:

- Introduction to water and sanitation emergencies with an emphasis on the transmission of diarrhoeal diseases
- Administration of the right chlorine dosage
- Maintenance and proper use of latrines
- Key messages on hygiene, the prevention of cholera and other diarrhoeal diseases

Disinfection equipment were procured and distributed in Mabayi, Buganda, Gihanga, Bujumbura North and South as well as Kibezi, Kanyosha, Rumonge and Nyanza Lac districts. They included 36 sprayer pumps, 36 protective goggles, 36 pairs of boots, 36 pieces of protective clothing, 72 pairs of gloves, 72 face masks and 18 kits for chlorine dosages. Burundi Red Cross volunteers coordinated and supervised the disinfection of the target areas. In total, 13,896 households were disinfected.

Table 2: Hygiene kits distribution in nine districts

Items	Kit/district	Total
Kits for chlorine dosages	2/district	18
Sprayer pumps	4/district	36
Protectives goggles	4/district	36
Gloves	8/district	72
Protective clothing	4/district	36
Face masks	8/district	72
Boots	4/district	36
Megaphones	2/district	18
Hygiene boxes	3/district	27
Posters	100/district	900
T-shirts	20/district	180
Visibility	8/district	72

To facilitate the awareness sessions, Burundi Red Cross procured megaphones, hygiene boxes (for demonstration), posters, T-shirts and visibility materials for volunteers. In collaboration with the districts' hygiene technicians, the National Society volunteers conducted house-to-house visits to promote proper hygiene practices with the aim of preventing cholera outbreaks. A total of 7,619 households (up to 38,095 persons) were sensitized. In addition, water distribution stations were set up by Burundi Red Cross, where 7,222 m³ of water was distributed by water trucking.



Sensitization sessions in the community on cholera prevention by Burundi Red Cross volunteers. Photo: Burundi Red Cross

Monitoring and evaluation

Outcome: The management of the operation is informed by a comprehensive monitoring and evaluation system

¹ Participatory hygiene and sanitation transformation

<p>Outputs (expected results):</p> <ul style="list-style-type: none"> • BRCS staff and volunteers provide regular monitoring reports of the operation • The cholera intervention is evaluated to critically review achievements and challenges and insure a lessons learned process 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Conduct regular monitoring of activities in the field by volunteers as well as PMER and senior staff • Conduct a mid-term review workshop with key staff and volunteers at the end of month two to ensure the relevance and impact of the operation and possibly amend activities according to the findings. • Conduct an evaluation workshop through the support of an external evaluator to extract lessons learned • Produce an end of operation report outlining achievements and lessons learned that can be utilized as reference point for improved emergency planning and implementation for future emergencies
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Achievements

Two sessions (One in September and another in November) were held to review progress of the operation. In attendance were key staff and volunteers who had an opportunity to ensure that the operation was still relevant to the needs of the affected population and that the outcomes were being achieved. This was also an opportunity to adjust activities based on the findings

The National Society also organized monthly joint field missions with MoH, WHO, UNICEF and MSF to assess the progress as well as discuss with beneficiaries about the impact of the operation.

Impact:

At the end of the operation, no other cholera outbreaks were reported and the Minister of Health declared the end of the epidemic. This was attributed to the intervention of Burundi Red Cross through activities such as disinfection of affected areas, increased awareness through hygiene promotion, distribution of water and hygiene kits, in collaboration with other partners.

Lessons learned

- Effective coordination among humanitarian actors helped avoid duplication and promote complementary activities (e.g. MSF from Belgium managed clinics, MoH provided epidemiologic statistics and Burundi Red Cross and UNICEF conducted water trucking in the affected areas);
- The training and equipping of volunteers and emergency brigade teams and their equipment contributed to stop the transmission of cholera outbreak in the six affected provinces;
- The involvement of the Red Cross village units in hygiene kit distribution led to success of operation and increased the Red Cross visibility and trust among vulnerable communities

Challenges

- Availability of safe water: the one provided by government is not 100% safe every time
- Control of the epidemic between Democratic Republic of Congo and Burundi because of the population movement
- The water trucking operation is very expensive in terms of fuel and Burundi Red Cross do not have their own water trucks, which must be rented.

Conclusion

IFRC support through the DREF improved the image of Burundi Red Cross in the community. The National Society was at the forefront, with MoH in conducting water distributions, disinfection and community sensitization during the operation period. The regular coordination meetings enabled sharing of information that enhanced complementarity between actors and prevent duplication of activities.

Recommendations

To ensure continued success in similar operations, the Burundi Red Cross disaster management (DM) department recommends the following:

- Disaster situations require quality and regular DM training for disaster response team members and volunteer team leaders.
- There is need to consider pre-positioning stock at the National Society headquarters as well as in strategic branches to ensure a quick response in case of disasters
- The DM department needs to be strengthened in terms of human resource specialized in water and sanitation. This would ensure quality and timely response to disasters as well as proper follow up of activity implementation.

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 \(NGOs\) 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.

MDRBI007 - Burundi - Cholera

Appeal Launch Date: 09 sep 11

Appeal Timeframe: 09 sep 11 to 09 dec 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/9-2011/12
Budget Timeframe	2011/9-2011/12
Appeal	MDRBI007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	85,258					85,258
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	85,258					85,258
C4. Other Income	85,258					85,258
C. Total Income = SUM(C1..C4)	85,258					85,258
D. Total Funding = B + C	85,258					85,258
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	85,258					85,258
E. Expenditure	-84,898					-84,898
F. Closing Balance = (B + C + E)	360					360

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		85,258					85,258	
Relief items, Construction, Supplies								
Clothing & Textiles	1,964						1,964	
Water, Sanitation & Hygiene	21,209						21,209	
Teaching Materials	1,925						1,925	
Utensils & Tools	1,359						1,359	
Other Supplies & Services	1,535						1,535	
Total Relief items, Construction, Su	27,992						27,992	
Logistics, Transport & Storage								
Storage	566						566	
Transport & Vehicles Costs	11,360						11,360	
Total Logistics, Transport & Storage	11,926						11,926	
Personnel								
National Staff	17,439						17,439	
Total Personnel	17,439						17,439	
Workshops & Training								
Workshops & Training	19,822						19,822	
Total Workshops & Training	19,822						19,822	
General Expenditure								
Communications	2,875						2,875	
Total General Expenditure	2,875						2,875	
Contributions & Transfers								
Cash Transfers National Societies		79,716				79,716	-79,716	
Total Contributions & Transfers		79,716				79,716	-79,716	
Indirect Costs								
Programme & Services Support Recov	5,204	5,182				5,182	22	
Total Indirect Costs	5,204	5,182				5,182	22	
TOTAL EXPENDITURE (D)	85,258	84,898				84,898	360	
VARIANCE (C - D)		360				360		