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## DREF final report Chad: Cholera epidemic

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRTD006**  
**GLIDE n° [EP-2011-000033-TCD](#)**  
**3 April 2012**

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.

**Summary:** CHF 190,875 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 11 April 2011 to support the Red Cross of Chad in delivering assistance to some 116,400 beneficiaries in the affected areas.

In early April, the Red Cross of Chad (RCC), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), responded to the cholera epidemic in Mayo Kebbi East region. The cholera outbreak hit six areas in the region, resulting in 2,674 persons affected and 102 deaths. A regional disaster response team member was deployed and supported the National Society in coordinating activities in the six targeted districts of Bongor, Djoumane Kim, Koyom, Samga and Eré during the implementation period. A total of 110 volunteers were trained



Sanitation platforms were built in the Red Cross of Chad branch in Bongor and distributed to vulnerable families in five affected districts. Photo: Mahamat Tahir Brahim/ Red Cross of Chad.

using the *Epidemic Control for Volunteers (EVC)* manual and toolkit in French. Subsequently, the volunteers disseminated hygiene messages to some 31,340 people directly and up to 150,000 others indirectly. Some 230 cholera cases were identified by the volunteers and referred to the hospital and health district. In addition, 1,000 families benefitted from the distribution of soaps and sanitation activities carried out by trained volunteers in the affected districts. The sensitization activities helped to curb the epidemic during the three months of the DREF operation. Collaboration and coordination with local administrative and health authorities as well as non-Movement partners enabled information sharing, and the prevention of duplication and overlapping of activities. The capacity of volunteers in Bongor and its surrounding districts was greatly reinforced as they were involved in the whole implementation process.

Total funds spent in this operation is CHF 190,183. A small balance of CHF 692 was returned to DREF.

Partners who supported the replenishment of this DREF allocation include the Canadian Red Cross/ Canadian government.

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, the European Commission Humanitarian Aid and Civil Protection (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.

IFRC, on behalf of the Red Cross of Chad, would like to thank all donors for their generous contributions.

Details of all contributions to the DREF for 2011 can be found on:

[http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf)

<[click here](#) for the final financial report, or [here](#) to view contact details>

## The situation

On 10 March 2011, a cholera outbreak erupted in the region of Mayo Kebbi East, affecting the districts of Bongor, Djoumane, Eré, Kim, Koyom and Samga. The epidemic spread rapidly because the region of Mayo Kebbi East is a crossroad and known as a commodities-producing area where people travel from every part of the country to procure food. Cholera usually occurs during the rainy season and one of the triggering factors of the cholera during the month of April is the abundance of fruit that children and adults eat under sometimes unhygienic conditions. The lack of access to drinking water and poor sanitation facilities in the rural area is making the cholera become recurrent in the Mayo Kebbi East region. Red Cross volunteers providing support to affected communities through sensitization and recovery programmes enabled to curb the spread of the epidemic during the implementation period. However, with the start of the rainy season in June the cholera epidemic was still present in the country. To further eradicate the epidemic the National Society launched an emergency appeal (click [here](#) for more information) to cover several districts in the country.

## Red Cross and Red Crescent action

Following the DREF allocation, an RDRT member was deployed to support the National Society in providing assistance to the targeted population. Volunteers were trained using the epidemic control for volunteers manual and toolkit and were deployed to the affected districts. Hygiene promotion messages and awareness raising campaigns on the cholera epidemic were properly disseminated among communities. RCC volunteers also disinfected wells, supported health centres with referrals of suspected cases and distributed soap to vulnerable communities. Sanitation platforms for families were built in each district and distributed accordingly as well.

## Achievements against outcomes

### Water, sanitation, and hygiene promotion/Emergency Health

<b>Outcome: Reduced effects of the cholera outbreak in the areas of Bongor, Djoumane Kim, Koyom, Samga and Eré through sensitization campaigns, building of sanitation facilities and improved access to clean water.</b>	
<b>Outputs</b>	<b>Activities planned:</b>
1) Watsan and hygiene promoted at household levels, <ol style="list-style-type: none"> <li>a. Trained volunteers have reached 116,400 persons in the six affected areas with awareness raising campaigns</li> <li>b. 300 families latrines were built and distributed</li> <li>c. 80 wells disinfected</li> <li>d. 3,600 families reached with jerry cans</li> </ol> 2) Cholera cases are detected early and referred to hospitals and health centres 3) Hospitals and health centres have accommodation for cholera patients.	<ul style="list-style-type: none"> <li>• Train 110 volunteers in the six affected areas using the <i>Epidemic Control for Volunteers</i> manual and toolkit (EVC) in French</li> <li>• Conduct door sensitization campaigns and organize group discussion</li> <li>• Promote individual and collective hygiene, as means of preventing the spread of the cholera</li> <li>• Support communities to build 300 family latrines (sanitation platforms) in the affected areas</li> <li>• Rehabilitate ten public latrines in the school and disinfect 80 wells</li> <li>• Procure chlorine to disinfect contaminated water sources</li> <li>• Procures and distribute soap to estimated 2,000 families in the six affected areas</li> <li>• Detect cholera cases and refer patients for early treatment</li> <li>• Procure and distribute ORS for treating cholera patients</li> <li>• Procure and construct 10 temporary shelters to accommodate the influx of cholera cases</li> </ul>

**Impact:**

Mass sensitization campaigns were carried out by the 110 volunteers trained/refreshed for the operation. Volunteers visited households, spread hygiene messages in public places such as markets and carried out sanitation activities, contributing to the reduction of cholera propagation during the implementation period. The following results were obtained during the reporting period:

- A total of 31,340 persons were directly reached by the door to door sensitization campaigns and some 150,000 others were indirectly reached;
- Trained volunteers referred 230 suspected cholera cases to the hospital and health district;
- A total of 1,000 persons benefitted from soap distribution;
- 500 sanitation platforms were built and distributed to vulnerable families in five districts, enabling them to have access to their own latrines and help reduce the long-term effect of epidemic;
- A block of five public latrines was built in the town of Bongor (in front of the main market) to enable the population have access to sanitation facilities and keep a level of cleanliness in the market.

**Challenges:** Delayed construction of sanitation platforms and latrines by the selected contractor hampered the timely implementation of this DREF operation. Furthermore, the planned procurement and distribution of relief items such as jerry cans was replaced by an increased number of sanitation platforms constructed in response to the needs of the communities (only 300 platforms were planned but a final total of 500 were constructed and distributed), to supplement safe excretal disposal in the longer-term. Activities such as training of volunteers and awareness raising campaigns were timely achieved and contributed to the reduction of the spread of the epidemics in the affected districts.

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## Contact information

### For further information specifically related to this operation please contact:

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1. Final financial report below
2. Click [here](#) to return to the title page

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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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Saving lives, changing minds.



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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**MDRTD006 - Chad - Cholera Epidemic**

Appeal Launch Date: 08 apr 11

Appeal Timeframe: 08 apr 11 to 08 jul 11

**FINAL Report**

Selected Parameters	
Reporting Timeframe	2011/4-2012/3
Budget Timeframe	2011/4-2011/8
Appeal	MDRTD006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**I. Consolidated Funding**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>190,875</b>					<b>190,875</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Other Income</u>						
<i>DREF Allocations</i>	<i>190,183</i>					<i>190,183</i>
<b>C4. Other Income</b>	<b>190,183</b>					<b>190,183</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>190,183</b>					<b>190,183</b>
<b>D. Total Funding = B + C</b>	<b>190,183</b>					<b>190,183</b>
<b>Appeal Coverage</b>	<b>100%</b>					<b>100%</b>

**II. Movement of Funds**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>190,183</b>					<b>190,183</b>
<b>E. Expenditure</b>	<b>-190,183</b>					<b>-190,183</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>0</b>					<b>0</b>

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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
<b>BUDGET (C)</b>		<b>190,875</b>					<b>190,875</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	3,715						3,715	
Water, Sanitation & Hygiene	94,849	93,805				93,805	1,044	
Medical & First Aid	5,407						5,407	
Teaching Materials	1,799	1,657				1,657	142	
Utensils & Tools	4,266						4,266	
<b>Total Relief items, Construction, Su</b>	<b>110,036</b>	<b>95,462</b>				<b>95,462</b>	<b>14,574</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	16,270	12,290				12,290	3,980	
<b>Total Logistics, Transport &amp; Storage</b>	<b>16,270</b>	<b>12,290</b>				<b>12,290</b>	<b>3,980</b>	
<b>Personnel</b>								
National Staff	30,450	4,085				4,085	26,365	
National Society Staff	3,464	22,747				22,747	-19,283	
Volunteers		14,864				14,864	-14,864	
<b>Total Personnel</b>	<b>33,914</b>	<b>41,695</b>				<b>41,695</b>	<b>-7,781</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees		88				88	-88	
<b>Total Consultants &amp; Professional Fe</b>		<b>88</b>				<b>88</b>	<b>-88</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	4,494	1,064				1,064	3,430	
<b>Total Workshops &amp; Training</b>	<b>4,494</b>	<b>1,064</b>				<b>1,064</b>	<b>3,430</b>	
<b>General Expenditure</b>								
Travel	1,205	51				51	1,154	
Information & Public Relations	4,398	4,168				4,168	230	
Office Costs	904	6,586				6,586	-5,682	
Communications	6,024	5,286				5,286	738	
Financial Charges	990	11,752				11,752	-10,762	
Other General Expenses	990	132				132	858	
<b>Total General Expenditure</b>	<b>14,511</b>	<b>27,975</b>				<b>27,975</b>	<b>-13,464</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	11,650	11,607				11,607	42	
<b>Total Indirect Costs</b>	<b>11,650</b>	<b>11,607</b>				<b>11,607</b>	<b>42</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>190,875</b>	<b>190,183</b>				<b>190,183</b>	<b>692</b>	
<b>VARIANCE (C - D)</b>		<b>692</b>				<b>692</b>		