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**Emergency appeal n° MDRTD008**  
**GLIDE n° EP-2011-000098-TCD**  
**31 August, 2012**

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**Period covered by this Final Report: September 2011 to April 2012**

**Appeal target (current): CHF 1,854,041**

**Appeal coverage: 74%;** [<click here to go directly to the final financial report, or here to view the contact details>](#)

**Appeal history:**

- **CHF 328,638** was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund to support the National Society in responding to cholera by delivering immediate assistance to beneficiaries.
- A preliminary Emergency Appeal was initially launched on 7 September, 2011 for CHF 3,053,478 to support 200,000 beneficiaries.
- Operation update no.1 was published on 12 October, 2011 and provided a progress update on the deployment of three Emergency Response Units (ERUs) in the form of Basic Health Care, Logistics and Relief.
- A revised Emergency Appeal was published on 23 November to provide an update on operational activities and decrease of the appeal budget.
- A second operation update was also published to provide progress information and announce an extension in the operational timeframe until end of April 2012.



**One of the twenty blocks of two latrines built in Kelo, Lai, Bere and Mongo. Some of the latrines are waiting to be handed over to the communities. Photos RCC.**

**Summary:** In early August 2011, cholera epidemics struck several regions in Chad. The situation was caused by heavy downpours, poor access to potable water and lack of sanitation facilities. Assessment carried by the National Society (NS) disaster management department revealed that the town of Mongo, located in the centre of the country was severely hit with dozens of dead recorded every week. The Ministry of Health's regional Epidemiological Surveillance Service confirmed the outbreak on 12 August. As of 31 August, 2011 the total number of cases was 11,345 with 314 deaths recorded in 33 out of 62 districts. These figures confirmed that the disease was rapidly spreading and immediate action needed to be taken.

The Red Cross of Chad (RCC) and the IFRC country office responded to the cholera epidemic by deploying a Field Assessment and Coordination Team (FACT) for a rapid assessment of the situation and provide adequate response. Following this, three Emergency Response Units (ERUs) in the form of Basic Health Care (BHC), Logistics and Relief were deployed in areas severely hit by the epidemic. The ERUs provided curative treatment to 100 cholera affected victims in the Mongo. The logic behind the deployment of the BHC

in this area was to provide rapid treatment and sanitation activities to stop the spread of the epidemic further, reaching thereby the refugee camps located in the east of country. A total of 8,200 families have received non-food items in the region of Guerra, Mayo Kebbi Est and Tandjilé. The 400 trained volunteers disseminated hygiene sensitization messages to 194,780 people in the intervention areas. As a result of these actions, a considerable decline in the spread of the epidemic was observed and monitoring activities carried out in public places such as the market place showed that people were aware of the epidemic.

The construction of water and sanitation platforms prompted an extension of the appeal for two months while the work was completed. Twenty latrines were built in the area of Mongo; 10 wells and 20 latrines were also built in the areas of Kelo, Lai, and Béré. The sanitation platforms were built in public gathering places such as markets and schools.

The estimated budget in the preliminary emergency appeal was CHF 3,053,478. It was reduced to CHF 1,854,041 while revising the appeal. The reduction was necessary to reflect a realistic budget in conformity with the requirements in the field. The final budget has also seen allocations from DG ECHO (EUR 550,000) and French Embassy in Chad (EUR 100,000) to the French RC taken off since they were ultimately granted bilaterally, and the international staff was also reduced.

Variance between budgeted and actual expenditures resulted from appeal funds originally budgeted for the FACT team and for ERUs. FACT and ERU delegates finished their mission before the NFIs arrived, so the Country Representative had to recruit consultants to monitor the distributions. This was justified by the Country Representative as it would not have been wise to allow the National Society to manage the NFIs alone without direct Federation supervision. Under-expenditure was caused by receiving several pledges too late to implement the activities planned.

**Lessons learned:** The response to the cholera epidemic showed that volunteers can be an important component of cholera eradication if adequate training and material are provided to them. The prepositioning of cholera NFIs in key cholera-prone areas is also a major issue to be tackled to provide for a rapid assistance to beneficiaries (Chad is a landlocked country and importation from neighboring countries causes unacceptable delays). Advocacy at NS level should also focus on contingency funding in support of running costs, such as the payment of volunteers and transportation costs.

## The situation

In early August 2011, cholera epidemic hit several districts in Chad, leading to thousands of cases per week, with one hundred of deaths recorded. The regional branch of the Epidemiological Surveillance Service (Ministry of Health) initially confirmed the cholera outbreak on 12 August. As of 31 August 2011, the total number of cases totaled 11,345 with 314 deaths in 33 out of 62 districts. Mongo, a town located in the centre of Chad was severely hit by the epidemic. The situation was caused by heavy downpour and the lack of access to water and sanitation facilities have increased the spread of the outbreak.

The above mentioned figures confirmed fears that the cholera epidemic was quickly spreading and needed prompt immediate actions. The five districts in the region of Tandjilé (Lai, Kelo, and Bere) and Mayo Kebbi Est (Bongor and Gounou Gaya), in the south of the country registered 17% of the total cases and 34% of the total mortality rate nationwide.

The response from the Red Cross Movement enabled to curb the spread of the epidemic in the targeted zones; Zone A: area of Mongo and surrounding and Zone B, C: region of Tandjilé, Mayo Kebbi Est and surroundings. Curative and preventative treatment provided to cholera affected victims and technical support provided through training of volunteer health personnel contributed to strengthen their capacity and reduce the epidemic propagation. Targeted health facilities did also receive medical kits.

Since November 2011, the health situation has becoming normal in the affected regions. Reports from the Ministry of Health (MoH) disclosed that the cholera epidemic (cases and deaths) has significantly decreased. This was the result of efforts mentioned above provided by Red Cross staff and other external partners operating in the area. The construction of long term facilities such as latrines and wells in the two target zones has been finalized.

## Red Cross and Red Crescent action

### Achievements against outcomes

#### Overview

During the first hours of the epidemic outbreak, volunteers in the town of Mongo supported the medical centre through various activities. The local committee of Mongo called upon its volunteers' network to carry out sensitization campaigns, quick referral system to the regional hospital and daily collection of new cases to be shared with the RCC office in the capital city. First-aid volunteers were used as support/additional staff in the Cholera Treatment Centre (CTC). The same activities were undertaken in the second area of intervention where volunteers started with the available means before calling the National Society's office for support.

Curative treatment within the BHC and sensitization campaigns provided by volunteers and supervised by the Community Health Modules delegate enabled to curb the spread of the epidemic in the area of Mongo, Kelo, Bongor, Gounou Gaya, Lai and Beré. The BHC provided crucial support to the regional hospital of Mongo, where adequate cholera treatment facilities were overwhelmed. Distribution of NFIs to cholera affected victims after discharged from the BHC and other identified vulnerable communities was also vital in the eradication of the epidemic since those families clearly lacked necessary items to store and treat water.

The construction of public sanitation platforms in public gathering places provided communities with latrines and wells. This move is enabling communities in both intervention areas with decent sanitation facilities.

<b>Water, sanitation, and hygiene promotion/emergency health</b>	
<b>Outcome: The number of deaths and cases related to cholera epidemic in Red Cross catchment areas is reduced.</b>	
<b>Outputs</b>	<b>Activities planned</b>
The target population is provided with knowledge and capacity for the rapid management of cases	Deployment of BHC-ERU in the district of Mongo with the flexibility to move if necessary; Mobile clinics running in the affected areas; Support to local health centres with medicine, logistics and human resources;
Emergency community-based disease prevention and health promotion are provided to the target population	Deployment of relief ERU and communities health modules in Red Cross catchment areas; Disinfection of cholera patients' households and health centres (with cholera patients); volunteers continue conducting community based activities on epidemic control; Efficient referral to health facilities; Provide 12,000 households with appropriate cholera prevention NFIs
<b>Outcome 2: The hygiene and sanitation attitudes and practices of the target population are improved.</b>	
The incidence and severity of cholera epidemics are reduced in Red Cross catchment areas	Build protection around 200 wells in the targeted affected areas; Distribute SANPLATS to 300 families in the targeted affected areas; Build 40 latrines and 10 modern wells in schools and mosques in the main roads and markets in the targeted affected areas; Train volunteers in water & sanitation techniques using PHAST method; Pre position hygiene NFIs for 1,000 households in RCC warehouses; Follow up by the RCC on the proper use of distributed NFIs in the targeted households; Conduct post-intervention surveys

Surge capacity of the RCC to respond to subsequent epidemic is enhanced	Train 100 additional volunteers on disaster risk reduction in each of the five regions; Establish a disaster preparedness team among RCC in the affected communities; Develop early warning system for watery diarrhoea
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The IFRC representative and the Swedish RC delegate visit the area of Kelo to assess the implemented activities and participate in the international hand washing day. Photos RCC.

**Impact:** Since the early days of the epidemics, FACT reports clearly showed that public health facilities were stretched. The Basic Health Care Unit (BHC) deployed in the severely hit area of Mongo provided curative treatment to 100 patients within the cholera treatment centre set up in the outskirts of the area and through the mobile clinics in the surrounding villages. The BHC was composed of doctors, water and sanitation officers, logistics, communication, and IT officers. It was also accompanied by the Community Health Module (CHM) which provided training and supervision for 150 volunteers. Volunteers disseminated hygiene promotion messages among the target community and reached over 74,780 persons in the area of Mongo and its surrounding. Sensitization campaigns were accompanied by the target distribution of relief items to cholera affected and identified vulnerable families. A total of 5,120 families

were reached by relief items distribution such as buckets, jerry cans, soap, etc.

Technical and material support was provided to health facilities in Mongo and the nearby districts. Three health centers were provided with cholera response kits. This move enabled to curb the spread of the epidemic in Mongo and surrounding with zero cases recorded during the last week of November 2011. It also reinforced the capacity of the local branch in cholera prevention and response techniques, thereby enabling it to better handle future outbreaks. A team from the BHC provided technical and material support to the regional hospital of Batha. While phasing out, the BHC has handed over cholera response to the local committee and medical input to the regional hospital of Mongo.

In the second zone of intervention, an RDRT health member was deployed to coordinate activities. The first activity to be undertaken was the training of volunteers to launch mass sensitization campaigns among the community. A total of 250 volunteers were trained and spread hygiene promotion messages to over 120,000 persons in the area of Bongor, Beré, Lai, Kelo and Gouno Gaya. The hygiene promotion messages were accompanied by distribution of relief items to targeted families. As a result, monitoring activities showed that people were well aware of the cholera epidemic and measures were taken at family and public level to avoid the outbreak. Technical and material support was provided to health facilities including the main hospital of Kelo and Lai, which treated more cholera cases during the peak days of the epidemic. A total of seven health districts were provided with medical input, enabling thereby to strengthen their stock and timely provide cholera affected victims with medication.

The International Hand Washing Day was celebrated during the response activities to cholera epidemic. The event was organized in the area of Kelo with the presence of the IFRC representative and a delegate from the Swedish Red Cross who was visiting the area to assess the situation. Volunteers and communities were taught how to wash their hands to avoid the transmission of communicable disease.

A total of 300 SANPLATS built during the response to the cholera epidemic in April were also distributed within the timeframe of this appeal in Bongor, Samga, Djoumane, Kim and Eré. A contingency stock for future cholera epidemic has been secured and stored at the National Society's warehouse.

The last phase of the response to cholera epidemic has seen the launch of long term water and sanitation platforms in the target areas. Forty latrines were finalized in the area of Mongo and Kelo in addition to 10 wells in Kelo. The platforms are located in public gathering places such as in markets, schools, etc.

## Contact information

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

- **In Chad, Red Cross of Chad:** Bongor Zam Barminas, Secretary General; email: [croixrouge.tchad@yahoo.fr](mailto:croixrouge.tchad@yahoo.fr); phone: +235.66.29.88.82; fax: +235.25.20.255
- **In Chad, IFRC Country Representation:** Belly Mamadou Diallo; email: [belly.diallo@ifrc.org](mailto:belly.diallo@ifrc.org); phone: +235.66.27.84.84
- **In Nairobi, IFRC Zone:** Daniel Bolaños, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)

**For Resource Mobilization and Pledges:**

- **In Addis Ababa IFRC Zone office::** Loïc de Bastier, Resource Mobilization Coordinator; email: [loic.debastier@ifrc.org](mailto:loic.debastier@ifrc.org); phone: +251.93.003.4013; fax: +251.11.557.0799

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

- **In Nairobi, IFRC Zone office:** Robert Ondrusek, Planning, Monitoring, Evaluation and Reporting Delegate; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org); phone: +254.73.106.7277



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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.

[www.ifrc.org](http://www.ifrc.org)  
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.

MDRTD008 - Chad - Cholera

Appeal Launch Date: 07 sep 11

Appeal Timeframe: 24 aug 11 to 30 apr 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/8-2012/6
Budget Timeframe	2011/8-2012/4
Appeal	MDRTD008
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	<b>1,854,041</b>					<b>1,854,041</b>	
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>Income</b>							
<b>Cash contributions</b>							
<i>British Red Cross</i>	224,014					224,014	
<i>Danish Red Cross</i>	76,718					76,718	
<i>Finnish Red Cross</i>	279,248					279,248	
<i>Japanese Red Cross Society</i>	100,800					100,800	
<i>Swedish Red Cross</i>	270,013					270,013	
<i>The Canadian Red Cross Society</i>	48,226					48,226	
<i>The Netherlands Red Cross</i>	274,994					274,994	
<b>C1. Cash contributions</b>	<b>1,274,014</b>					<b>1,274,014</b>	
<b>Inkind Goods &amp; Transport</b>							
<i>Finnish Red Cross</i>	67,416					67,416	
<i>The Canadian Red Cross Society</i>	22,411					22,411	
<b>C2. Inkind Goods &amp; Transport</b>	<b>89,827</b>					<b>89,827</b>	
<b>Other Income</b>							
<i>Programme &amp; Services Support Recover</i>	5,167					5,167	
<b>C4. Other Income</b>	<b>5,167</b>					<b>5,167</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>1,369,007</b>					<b>1,369,007</b>	
<b>D. Total Funding = B + C</b>	<b>1,369,007</b>					<b>1,369,007</b>	
<b>Coverage = D/A</b>	<b>74%</b>					<b>74%</b>	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>C. Income</b>	<b>1,369,007</b>					<b>1,369,007</b>	
<b>E. Expenditure</b>	<b>-1,365,884</b>					<b>-1,365,884</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>3,123</b>					<b>3,123</b>	

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### III. Expenditure

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>1,854,041</b>					<b>1,854,041</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief		3,827				3,827	-3,827	
Water, Sanitation & Hygiene	169,332	270,627				270,627	-101,295	
Medical & First Aid	104,118	68,924				68,924	35,194	
Teaching Materials	3,747						3,747	
Utensils & Tools	320,044	34,617				34,617	285,427	
Other Supplies & Services	126,909						126,909	
<b>Total Relief items, Construction, Sup</b>	<b>724,150</b>	<b>377,996</b>				<b>377,996</b>	<b>346,154</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	4,364	4,989				4,989	-625	
Office & Household Equipment	14,545						14,545	
<b>Total Land, vehicles &amp; equipment</b>	<b>18,909</b>	<b>4,989</b>				<b>4,989</b>	<b>13,920</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	24,000	60,333				60,333	-36,333	
Distribution & Monitoring	114,989	104,693				104,693	10,296	
Transport & Vehicles Costs	57,475	76,861				76,861	-19,386	
Logistics Services		2,366				2,366	-2,366	
<b>Total Logistics, Transport &amp; Storage</b>	<b>196,464</b>	<b>244,254</b>				<b>244,254</b>	<b>-47,790</b>	
<b>Personnel</b>								
International Staff	297,455	242,806				242,806	54,649	
National Staff	28,436	55,064				55,064	-26,628	
National Society Staff	241,736	31,242				31,242	210,494	
Volunteers		76,533				76,533	-76,533	
<b>Total Personnel</b>	<b>567,627</b>	<b>405,645</b>				<b>405,645</b>	<b>161,982</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	5,000	62,177				62,177	-57,177	
Professional Fees		4,839				4,839	-4,839	
<b>Total Consultants &amp; Professional Fe</b>	<b>5,000</b>	<b>67,017</b>				<b>67,017</b>	<b>-62,017</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	19,091	16,666				16,666	2,425	
<b>Total Workshops &amp; Training</b>	<b>19,091</b>	<b>16,666</b>				<b>16,666</b>	<b>2,425</b>	
<b>General Expenditure</b>								
Travel	43,500	55,302				55,302	-11,802	
Information & Public Relations		20,035				20,035	-20,035	
Office Costs	36,364	62,223				62,223	-25,859	
Communications	36,182	21,728				21,728	14,454	
Financial Charges	3,000	621				621	2,379	
Other General Expenses	90,597	751				751	89,846	
Shared Office and Services Costs		339				339	-339	
<b>Total General Expenditure</b>	<b>209,643</b>	<b>161,000</b>				<b>161,000</b>	<b>48,643</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	113,157	82,370				82,370	30,787	
<b>Total Indirect Costs</b>	<b>113,157</b>	<b>82,370</b>				<b>82,370</b>	<b>30,787</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		4,648				4,648	-4,648	
Pledge Reporting Fees		1,300				1,300	-1,300	
<b>Total Pledge Specific Costs</b>		<b>5,948</b>				<b>5,948</b>	<b>-5,948</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,854,041</b>	<b>1,365,884</b>				<b>1,365,884</b>	<b>488,157</b>	



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### III. Expenditure

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>1,854,041</b>					<b>1,854,041</b>		
<b>VARIANCE (C - D)</b>		<b>488,157</b>					<b>488,157</b>		