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Disaster relief emergency fund (DREF) BURUNDI: CHOLERA

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRBI007

GLIDE n° EP-2011-000126-BDI

9 September 2011

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 85,258 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 10,170 beneficiaries in 5 provinces affected by the cholera outbreak. Un-earmarked funds to repay DREF are encouraged.

Summary: Since 3 August 2011, many diarrhoea cases have been reported from different health centres in the 5 provinces. After 10 days, the National Laboratory confirmed the cholera outbreak and the Minister of Health declared it a disaster in the country. The Burundi Red Cross Society, in coordination with other partners involved in health emergency operations carried out an assessment, where cholera outbreak cases were reported. A total of 4 provinces were affected. They included Bururi, Cibitoke, Bujumbura Town and Bujumbura Rural. In addition, 7 suspected cases were reported in Bubanza Province. The most immediate needs identified include the need for safe drinking water, improved hygiene and disinfection of the areas where the cholera cases originated.

This operation is expected to be implemented over approximately 3 months, and will therefore be completed by 9 December 2011. A Final Report will be made available three months after the end of the operation (by 9 March, 2012).

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

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 since the end of external financial support to run the power plants. In addition, due to the prolonged dry season, the level of water in the hydroelectric dam is too low to generate adequate power.

Table 1: Reported cholera cases during the first 2 weeks of the epidemic

Site	New Cases	Cumulative Cases	Hospitalized	Deaths
Musaga	2	91	6	0

Hprc	2	85	5	0
Rugombo	1	40	6	1
Mabayi	1	1 ?	1	0
Nyamitanga	0	27	2	1
Cibitoke	0	19	4	0
Rumonge	0	80	1	0
Kabezi	1	43	1	0
Magara	0	15	0	0
Mugina	1	11	2	0
Mpanda dans Bubanza	1	6	6	0
Total	9	423	34	2

Source: WHO August 2011

The Cholera situation is updated daily during coordination meetings headed by the Ministry of Health (MoH). During the first 2 weeks of the epidemic, the cumulated number of cholera cases stood at 423, with 9 new cases and 2 deaths.

Coordination and partnerships

Coordination of the cholera outbreak is being done by the Director General of Ministry of Health assisted by the Health Emergency Director. In the provinces, the cholera outbreak operation is being coordinated by the Provincial Health Director assisted by the Burundi Red Cross Branch Coordinator, Civil Protection and a local administration representative. Other partners in the operation include UN agencies such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Médecins Sans Frontières (MSF).

Burundi Red Cross and UNICEF Burundi office have signed a memorandum of understanding (MoU) to coordinate humanitarian operations in case of disasters. UNICEF has provided two trucks, six water bladders, 5 Delagua water test kits, 55kg of granular chlorine, 400 cartons of soap, 3,600 tablets of Aquatabs and 6 protection kits to the National Society to facilitate water trucking and other hygiene activities in the affected areas. UNICEF had also supported a refresher training session on cholera outbreak management for 20 Emergency Brigade Teams (4 from each Red Cross Branch). Burundi Red Cross is also in discussion with UNICEF on the possibility of providing 2 additional bladders.

The Disaster Relief Emergency Fund (DREF) is intended to support the Burundi Red Cross to respond to the cholera outbreak operation for 3 months to the 9 affected districts in the 5 provinces. The National Society will be in regular contact with the IFRC East Africa Regional Office to ensure proper coordination of cholera activities. In addition, the National Society will coordinate with MSF and WHO on matters related to disease outbreaks.

Red Cross and Red Crescent action

The BRCS Disaster Management Department, in collaboration with Focal Point disaster management teams of the affected communes mobilized their emergency brigade teams for a rapid assessment of the situation in all the areas. This team worked in coordination with the Ministry of Health, Civil Protection, and local administration authorities to identify the most affected households. Red Cross volunteers were also mobilized to disseminate hygiene messages, disinfection of areas affected by the epidemic and water trucking.

The needs

The Burundi Red Cross Society (BRCS) Emergency Brigade Team carried out an assessment and identified non-food items (NFIs) as the most immediate needs. This includes disinfection products (granular chlorine), Aquatabs and equipment such as sprayer pumps, boots and gloves. There is also need for dissemination of hygiene promotion messages to prevent further cholera outbreaks. The Federation's DREF will go towards assisting 10,170 vulnerable people from in 5 provinces namely, Bubanza, Bujumbura Rural, Bujumbura Town, Cibitoke and Bururi.

The proposed operation

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): <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 	Activities planned: <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 a post distribution monitoring on how items are used

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 9 districts (226 families estimated per district)	
Outputs (expected results): <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 1200 houses and districts sanitation facilities are being disinfected to disrupt the chain of contamination at household level 	Activities planned: <ul style="list-style-type: none"> Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers and PHASTER 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

Monitoring and Evaluation

Outcome: The management of the operation is informed by a comprehensive monitoring and evaluation system	
Outputs (expected results): <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 	Activities planned: <ul style="list-style-type: none"> Conduct regular monitoring 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

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.

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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.

DREF OPERATION

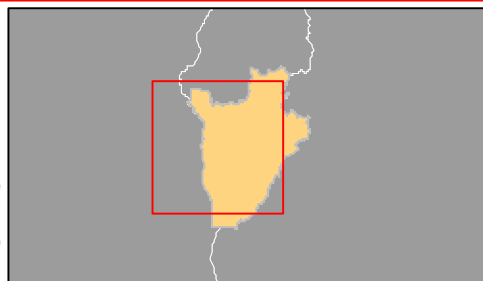
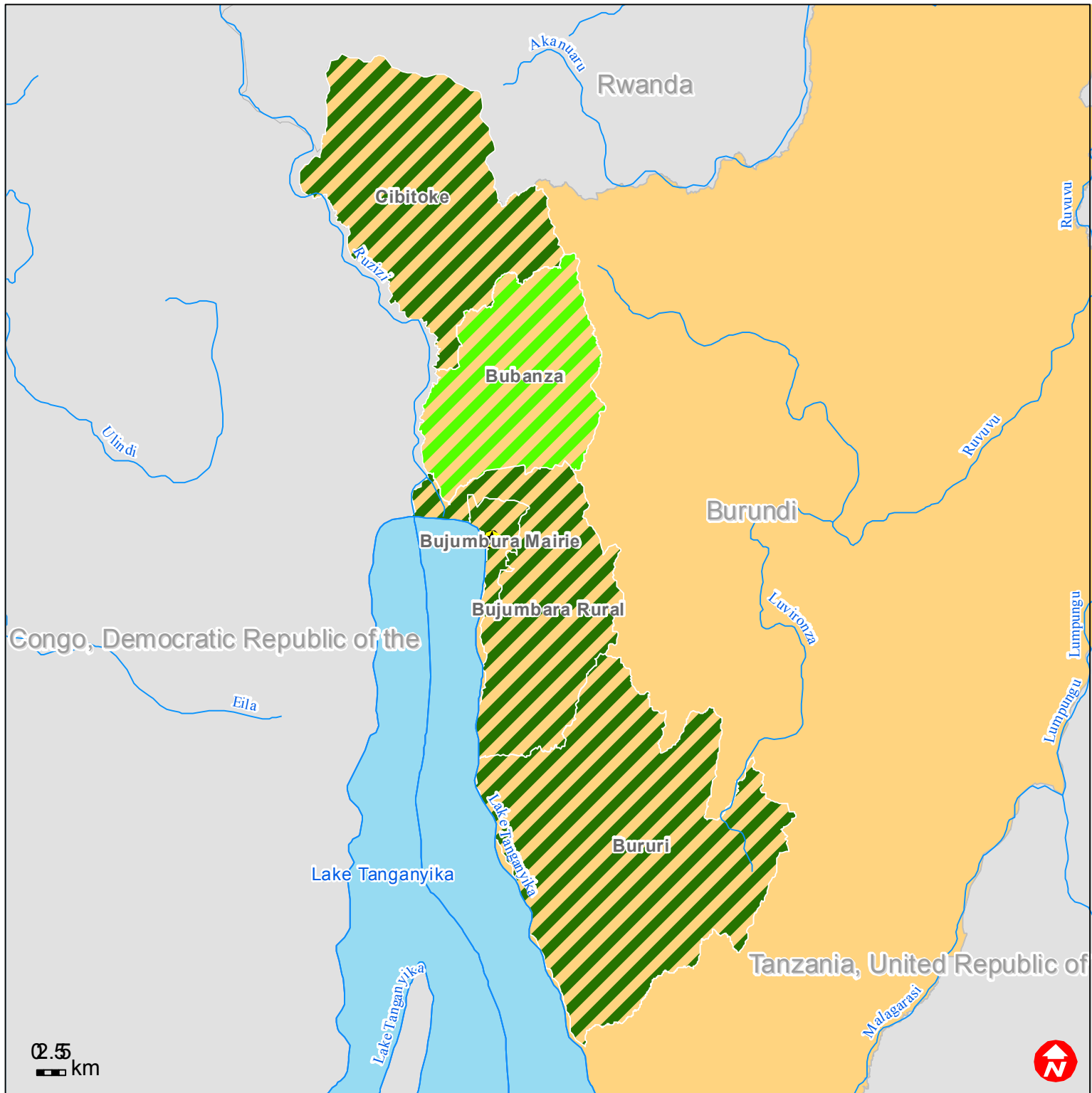
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Burundi: Cholera (MDRBI007)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	453
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	2,548
Medical & First Aid	
Teaching Materials	906
Utensils & Tools	20,473
Other Supplies & Services	1,535
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	25,916
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	566
Distribution & Monitoring	
Transport & Vehicle Costs	11,360
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	11,927
International Staff	
National Staff	
National Society Staff	17,439
Volunteers	
Total PERSONNEL	17,439
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	19,822
Total WORKSHOP & TRAINING	19,822
Travel	
Information & Public Relations	2,642
Office Costs	
Communications	2,309
Financial Charges	
Other General Expenses	
Shared Support Services	
Total GENERAL EXPENDITURES	4,951
Programme and Supplementary Services Recovery	5,203
Total INDIRECT COSTS	5,203
TOTAL BUDGET	85,258



Burundi: Epidemic - Cholera



-  Suspected cases
-  Identified cases