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Emergency appeal
Chad: Cholera

International Federation of Red Cross and Red Crescent Societies

Revised emergency appeal n° MDRTD008
GLIDE n° EP-2011-000098-TCD
23 November 2011

This revised emergency appeal now seeks CHF 1,854,041 in cash, kind, or services to support the Red Cross of Chad (RCC) to assist 200,000 beneficiaries for 6 months, and will be completed by the end of February, 2012. A Final Report will be made available three months after the end of the operation (by end of May 2012).

IFRC is also seeking CHF 975,533 to cover the cost of Emergency Response Units (ERUs).

<click here to view the attached Revised Emergency Appeal Budget>

A Community Health Module Delegate with a local Red Cross volunteers in the area of Mongo disseminating hygiene messages. Curative and preventive activities in this area considerably reduced the propagation of the epidemics. At the end of week 40, the town of Mongo registered zero cases while mobile clinic are still treating patients in the surrounding areas. **Photo/ IFRC**

Current appeal coverage: 49% of revised budget of CHF 1,854,041; ***<click here to go directly to the updated donor response report, or here to link to contact details>***

Appeal history:

- CHF 328,638 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.
- A preliminary Emergency Appeal was initially launched on 7 September 2011 for CHF 3,053,478 to support 200,000 persons for 6 months.
- Operations 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.
- This revision decreases the appeal amount based on an observed decreased epidemic caseload. The number of targeted beneficiaries remains the same with the mass sensitization campaigns carried out by trained volunteers. This revision also includes disaster risk reduction activities under the water, sanitation and hygiene promotion/emergency health components.

Summary: The DREF allocation enabled the National Society to mount an immediate response to the outbreak through the procurement of non-food items (NFI) and to support training costs for volunteers. Following the deployment of a Field Assessment and Coordination Team (FACT) in August and the launch of the preliminary Emergency Appeal, a Basic Health Care – Emergency Response Unit (BHC-ERU) was deployed in the priority area to provide curative treatment and to support the local hospital and local health districts. Logistics and Relief ERU's were also deployed to provide operational support. The BHC-ERU was instrumental in reducing the spread of the epidemic in Mongo town but cases are still present in the surrounding provinces. Support to health and mass sensitization in the area of Mayo Kebbi Est (Bongor and Gounou Gaya) and Tandjilé (Lai Kelo and Béré) also helped curb the epidemic propagation among the target population.

As of 17 October the number of cholera cases registered nationwide (from January to October) totalled 16,904, with 453 deaths (a mortality rate of 2.7%). From one thousand cases per week in August, the number of cholera cases decreased to 250 cases and 9 deaths during week 42 (see table below on page 3).

The emergency operation proposed expanding the work to a level commensurate with the ongoing needs, with an initial focus on the district of Mongo where needs were great and agency support was lacking. The district is also strategic in stopping the propagation of cholera to the East. Since the launch of the appeal the south became a greater priority with a mortality rate twice as high as the overall rate (2.7% overall for the country vs. 5.3% in Red Cross intervention zones). The program is continuing the work in Bongor, Gounou Gaya, Lai, Kelo, Beré and Pala districts and in other areas if there are new outbreaks or uncontrolled situations. The cross-border approach focuses on the area of Bongor, located on the border with Cameroon, where the caseload is high since April and population movement significant. Interventions will focus on: supporting health centres with health professionals, volunteers, and materials; providing households with access to potable water, and sensitizing at-risk communities (targeting 200,000 people) on cholera prevention. As other funding agencies (notably ECHO) have committed to cover most districts of the RCC intervention (Guera, Batha, N'Djamena, Massakory), the majority of appeal funds are being directed to the south.

Increasing community awareness and changing behaviour remains the key in preventing people from becoming infected by cholera. By training volunteers in sensitization and providing adaptable materials, the intervention can go a long way to building local capacities while contributing significantly to preventing/mitigating future cholera outbreaks. Partner organizations in-country agree on the need for a large-scale community-based health and sanitation sensitization campaign, and look to the Red Cross volunteer base as the main source of community-based support in Chad.

This appeal communicates the IFRC's efforts to support the National Society in Chad, but it is clear that the cholera epidemic has a regional scope and dimension. IFRC therefore responded by launching an appeal for Cameroon and providing DREFs for Niger and the Central African Republic to respond to the outbreak in their countries. During a regional meeting in Douala, Cameroon in late September the National Societies of the region shared experiences and identified gaps, needs, and recommended cross-border actions such as the training of volunteers from strategic towns located in the border areas between countries. The Red Cross of Chad is also planning to organize a joint training workshop for volunteers from the Chadian town of Bongor and the neighbouring town of Yagoua.

The situation

Mongo, a town located in the centre of Chad experiences recurrent cholera outbreaks due to poor access to potable water and lack of adequate sanitation facilities. This year, late rains brought heavy downpours in the beginning of August. The majority of the population in the town of Mongo drinks water from unprotected wells, which became contaminated from the faecal waste washed from surrounding hills. As a consequence of this, water-borne disease spread rapidly.

The regional branch of the Epidemiological Surveillance Service (Ministry of Health) initially confirmed the cholera outbreak on 12 August. As of 31 August, the total number of cases totaled 11,345 with 314 deaths occurring in 33 out of 62 districts. The areas of N'Djamena, Massokory, Bongor and Mongo were the most affected. These figures confirmed fears that cholera was spreading and prompting immediate actions. The five districts of the region of Tandjilé (Lai, Kelo, and Bere) and Mayo Kebbi Est (Bongor and Gounou Gaya) registered 17% of the total cases and 34% of the total mortality rate nationwide.

The majority of the organizations in-country indicated that the district of Mongo was the priority area for intervention because 1) the rapid evolution of the number of cholera cases in the district; 2) the need to stop the spreading of cholera further East; and 3) the reality that no other aid organization was supporting the health centers in the region to provide curative care or community-based interventions.

The IFRC FACT mission carried out a rapid assessment which resulted in the deployment of a Basic Health Care (BHC), Relief and Logistics ERUs. The BHC-ERU was deployed in the area of Mongo to provide rapid curative treatment to cholera-affected victims and to carry out community health activities. The case load of cholera in that area decreased significantly but is still relatively high in the area of Massokory, Pala, N'Djamena East and N'Djamena South. There have also been reports of a new outbreak in Batha district, a region located north of Mongo. As of 17 October the total number registered nationwide (from January to October) was 16,904 cases with 453 deaths registered (mortality rate of 2.7%). From one thousand cases per

week in August, the number of cholera cases decreased to 250 cases and 9 deaths during week 42. Curative treatment, technical and material support provided to the regional hospital of Mongo and health centers in the surrounding provinces as well as mass sensitization carried out by volunteers helped significantly reduce the epidemic propagation. Meanwhile, support to health facilities and mass sensitization provided by the IFRC and RCC team in the south of the country also enabled a significant reduction of the epidemic in the target areas. The table below illustrates how that the town of Mongo and its surrounding provinces registered only nine cases and zero deaths during week 42. Concurrently, statistics from the south intervention areas shows that the situation is also getting back to normal.

Cholera cases per district from week 31 to week 42, 2011

REGION	DS	pop_SSEI_2010	S31	S32	S33	S34	S35	S36	S37	S38	S39	S40	CA S41	S42	TCas
Batha	Oum Hadjer	195422	0	0	0	0	2	0	0	0	0	0	0	0	2
	Yao	120339	0	0	0	0	0	0	0	7	10	4	93	52	166
Barh El Gazal	Moussoro	270256	19	0	0	0	2	4	1	3	2	0	0	0	125
Chari-Baguirmi	Bousso	211046	0	0	0	0	0	0	0	0	0	0	0	0	28
	Dourbali	161999	14	0	0	0	16	10	16	9	12	2	0	2	89
	Mandalia	137855	52	54	72	68	75	73	17	17	9	15	7	0	1298
	Massenya	133269	0	0	16	0	0	0	1	0	0	0	0	0	17
Guéra	Bitkine	178191	0	0	11	74	46	74	57	62	65	7	12	9	417
	Mangalmé	100881	0	0	4	20	14	9	10	9	11	11	2	0	85
	Melfi	108585	0	0	0	0	0	3	0	0	0	0	0	0	3
	Mongo	186075	0	62	406	273	192	90	64	33	25	26	0	0	1171
Hadjer Lamis	Bokoro	227595	0	0	0	1	0	0	0	0	0	0	0	0	95
	Massaguet	160619	3	6	4	17	20	13	17	18	1	0	2	3	108
	Massakory	195009	154	144	87	122	124	101	108	96	59	54	32	11	2507
Kanem	Mao	265977	0	9	0	1	0	0	0	0	0	0	0	0	147
	Nokou	101391	0	0	0	0	0	0	0	0	0	0	0	0	0
Lac	Bol	240603	15	0	11	11	8	0	0	0	0	0	0	46	97
	NGouri	227016	58	12	0	0	0	0	0	0	0	0	15	0	85
Logone Occidental	Benoye	162799	0	0	30	21	1	0	0	0	0	0	0	0	52
Logone Oriental	Bebedjia	144399	0	0	0	0	0	0	0	0	0	0	0	0	2
	Doba	175135	0	0	0	0	0	0	0	0	0	0	0	0	1
Mayo-Kebbi-Est	Bongor	251587	25	28	29	43	45	32	51	38	36	15	12	15	955
	Fianga	236587	9	11	8	11	4	13	13	8	11	1	1	0	520
	Gounou Gaya	84761	9	24	11	9	1	8	6	1	3	4	0	1	183
	Guelendeng	223932	1	8	3	6	2	3	8	5	2	0	0	0	74
Mayo-Kebbi-Ouest	Léré	234758	6	26	34	32	54	59	57	38	31	4	1	0	921
	Pala	350673	19	23	49	66	28	68	45	42	75	11	4	30	816
N'Djamena	N'Djaména Centre	297750	27	41	65	124	94	77	70	59	39	14	9	7	792
	N'Djaména Est	281487	31	34	76	232	218	187	158	126	104	65	64	33	1765
	N'Djaména Nord	80618	13	6	8	25	23	9	22	7	14	2	1	0	244
	N'Djaména Sud	369402	27	37	48	70	107	82	80	71	89	60	46	27	1760
Ouaddai	Abéché	465541	0	0	0	0	113	63	34	17	6	1	7	7	248
Salamat	Aboudéia	68140	0	0	0	7	24	6	0	2	0	0	0	2	41
	Am Timan	191643	56	64	89	43	35	0	3	0	0	0	0	0	733
	Béré	95276	6	13	16	13	6	11	1	0	0	0	0	2	160
Tandjilé	Dono Manga	100279	0	0	0	0	0	0	0	0	0	0	0	0	1
	Kelo	292725	10	9	15	11	7	3	5	3	3	4	0	2	162
	Lai	219119	44	19	18	3	4	5	7	8	5	0	2	1	1066
	TOTAL	11679976	598	630	1110	1303	1265	1003	851	679	612	300	310	250	16904

Source: Chad Ministry of Health

Coordination and partnerships

The most important cluster for the cholera response coordination is the merged Health-WASH cluster lead by WHO and UNICEF. The cluster meeting is held on a weekly basis at the WHO office. The cluster is dynamic; the information sharing is high and encourages complimentarily of actions as opposed to duplications.

During the weekly meeting organized with the Ministry of Health and regularly attended by the IFRC and RCC cholera operation the following activities and recommendations were regularly discussed:

- WHO, Health Cluster Coordinator: Highlighted that awareness and sensitization are key.
- MSF, France, Switzerland and Holland: Emphasized that the main problems are water hygiene. MSF France works mainly in two regions: N'Djamena (4 districts) and Bongor in Mayo Kebbi region. There are MSF sections in country: MSF Holland in Pala, MSF Switzerland in Massokory, and MSF France in N'Djamena and Bongor.
- OXFAM GB and Intermon: Operate in N'Djamena Mongo, Bongor, Massokory, N'goury, Goz Beida districts. They work in partnership with MSF France providing WATSAN for CTCs and Health centres

and community sensitization. They emphasized the importance of training with ORS at community level and immediate emergency action.
- Action Contre la Faim (ACF) is working in Bongor, Gounou Gaya districts: It supports the CTC through the provision of hygiene materials, sensitization, spraying and distribution of hygiene kits to families affected by cholera. World vision and is working in Lai.

Movement partners have also taken leading roles in the emergency response. RCC maintains a wide geographical coverage with local committees and volunteers spread across the country. The National Society is centralized in and coordinated by the headquarters in N'Djamena. About 20 staff is located in the N'Djamena headquarters with capacities in: disaster management, community health, HIV/AIDS, food security, PMER, and water and sanitation. There are 21 local committees of the Red Cross, ensuring a presence across the country with a total of more than 40,000 volunteers. The focus of programmes and activities are water and sanitation; food security (in partnership with WFP) in the north of the country; refugees (Sudanese), female genital mutilation (in partnership with IFRC and UNICEF); health and sanitation sensitization. RCC is supported by a small IFRC representation located in N'Djamena composed of a country representative with a disaster management background, a logistics delegate and a female genital mutilation delegate. The representation is supported by a well trained and qualified local staff.

The French Red Cross representation comprises 8 international staff and 170 local staff and volunteers. They have been active in food security, nutrition, and primary health. French Red Cross has also worked with active RCC committees in Guéra, Batha, N'Djamena, Logone Occidental, Hadjar Lamis and Moundou.

The RCC works closely with movement partners and other organizations mentioned above. Following ongoing consultation with these partners the National Society identified the following gaps that they would look to address:
- Need to reinforce health centers' capacities.
- Need to identify extent of community mobilization and sensitization activities.
- Need to identify capacity of health centers.
- No cholera kits in country.
- No cholera-related NFIs in stock.
- Lack of potable water or contamination of water sources
- Lack of latrines.

Red Cross and Red Crescent action

The DREF allocation enabled the procurement of a first round of NFIs for 6,000 families. NFIs have been dispatched in the intervention areas and distributed. The allocation also supported the deployment of three regional disaster response teams (two for health and one for water and sanitation) and a relief coordinator. Trained volunteers participated in mass sensitization campaigns.

In the first days of the response, two FACT deployment cycles provided support for the assessment and set-up of the operation. The second team finished in early October when the activities and team management were handed over to the IFRC country team. The aim of the operation from the outset was to create a resource base of trained CRT trainers and volunteers who could continue working, gain more experience under the guidance of the IFRC country team, and be available to be mobilized for future outbreaks of cholera. This work is now being continued into new districts of the country and the teams of trained volunteers are available in case of new outbreaks.

The main challenge encountered by FACT was the need to continue to strengthen engagement with local Red Cross committees and counterparts to support the continuation and future preparedness of the NS teams of volunteers in practical terms.

On the ERU side, the French / Canadian Red Cross basic health ERU carried out their work in several districts of the Guera region (Mongo, Mangalme, Bitkine, Batha). The team planned and carried out their activities in both health and water & sanitation, including the provision of safe drinking water in Mongo City and daily health visits to medical centres and those affected in several communities. The medical teams also supported the RCC volunteers to carry out site cleaning, disinfection, and provided training and support in hygiene promotion, primary health care approaches, and PSP awareness raising to both RC volunteers (over 35) and

to local authorities. In Bitkine, 26 RCC volunteers worked in partnership with Oxfam to carry out hygiene promotion activities with local partners. Training was also provided in cholera related protocols. The work continues and efforts are underway to hand-over to National Societies and local authority counterparts. There have been no recent cases of cholera in both Mongo and Mangalme districts, but work is continuing in Bitkine City and Sara Arab.

The 4-person Benelux relief ERU was deployed in both south and eastern zones of the country to support the National Society in distributing relief items, an activity that was held in parallel with the sensitisation work and the control of transmission vectors through improved hygiene. The relief ERU departed by 18 October. The Logistics ERU (2-people from the Swiss Red Cross, one from the Spanish Red Cross) supported the procurement, and departed on 10 October.

ERU's encountered challenges in the form of constraints in providing per diem to volunteers in some areas, and this delayed some planned activities. Changes in the package of relief goods distributed to affected communities also posed some challenges.

The needs

Despite a decrease in cholera cases in the target areas, the RCC is aware of the fluid nature of the situation and, with the support of the IFRC, has agreed stay alert and adapt its intervention according to changing needs. The 60,000 (12,000 households) people initially targeted with the distribution of NFIs and the 200,000 people receiving support on cholera prevention will therefore remain the same (since they are targeted through mass sensitization campaigns by trained volunteers), but the National Society will continue to monitor the needs and revise the appeal accordingly.

In addition to volunteers trained in Mongo, Kelo, Bongor and Lai, a total of 100 new volunteers will be trained in the district of Pala plus other districts if new outbreaks occur. Additional funds received from ECHO through the French Red Cross will enable to train volunteers in Ati, Massakory, N'Djamena east and N'Djamena south for mass sensitization campaigns, thus providing a stronger base for sensitization across a wider reach of the country. Support to the cholera treatment centers through the Basic Health ERU in Mongo will continue and remain flexible until the end of November. After the departure of the BHC the country team will take over the operation in the field and closely monitor the situation. Some of the BHC material will be handed over to health facilities in the target areas and the capacity of volunteers will be reinforced to quickly respond to potential new outbreaks.

The proposed operation

In the first phase of the response, focused temporary surge capacity was deployed to support existing health centers. This was accompanied by a mass community-based sensitization campaign and the distribution of cholera based NFIs, which was able to reduce the impact of the epidemic on the population. The deployment of the BHC-ERU to the strategic location of Mongo (where no actors outside the Ministry of Health were offering curative care for cholera during the early days of the outbreak), accompanied by a focused sensitization campaign and distribution of relief items (to support the existing health system to manage the cholera cases) contributed to stopping the spread of cholera to the east of the country. This BHC also provided the flexibility to respond to other diseases (polio and meningitis) currently prevalent through Chad.

Along with the deployment of the BHC/ERU, trained volunteers have been working to support health centers through tasks such as rubbish removal, spraying houses of cholera cases and general disinfection activities, as well as being essential to conducting mass sensitization campaigns. These activities will now be further extended in other areas to increase the coverage across Chad and prevent the re-increase of the disease. The emergency response to the cholera outbreak remains flexible and will continue to mount interventions according to the evolution of the epidemic.

ECHO funding through the French Red Cross is covering almost all the needs in the area Mongo and with the additional fund received the area of Ati, Massakory, N'Djamena east and N'Djamena south will be covered (Crisis Unit of the Ministry of Foreign Affairs of France donated fund especially for N'Djamena). Thus, activities will be further focused on the south with the training of more volunteers for mass sensitization campaigns, support to health centers and distribution emergency relief items to target vulnerable among the affected communities. This will also include the promotion of individual and collective hygiene and the construction of community and family latrines.

Training and mass sensitization for cholera prevention techniques remains the key element to preventing people from becoming infected by cholera, and Red Cross volunteers are proving to be an effective means by which to spread the knowledge of these basic practices. Increased training of Chad Red Cross volunteers in these techniques and providing them with appropriate and adaptable materials will enable further trainings and sensitization sessions with members of their communities. This both builds the capacity of the National Society, in the process reinforcing capacity in their area of strength (their extensive volunteers base) while contributing significantly to reducing the potential risk of future cholera outbreaks.

A long-term approach to considerably reduce the impact of cholera is being planned in the form of a draft contingency plan for future cholera response in the country. The draft will be produced by the end of the year with the participation of the branches. The outcomes, outputs, and activities planned (below) have been modified from the initial broad plans outlined in the preliminary appeal and the operations update issued on 12 October 2011.

Water, sanitation, and hygiene promotion/emergency health

<table>
<tr><td colspan="2">Outcome 1: The number of deaths and illnesses related to the cholera epidemic in Red Cross catchment areas are reduced.</td></tr>
<tr><td>Outputs</td><td>Activities planned</td></tr>
<tr><td>1.1 The target population is provided with knowledge and capacity for the rapid management of cases.</td><td>• Deployment of BHC-ERU in the district of Mongo with flexibility to move if necessary.
• Mobile clinics running in the affected.
• Support to local health centres with medicine, logistics and human resources.</td></tr>
<tr><td colspan="2">Progress: The FACT enabled rapid assessments that resulted in the draft of a preliminary emergency appeal and a plan of action. The FACT completed their mission and departed at the end of August. Following this, a Basic Health Care Unit, Relief and Logistics ERUs were deployed. The first round of the BHC-ERU deployment was from the French, Canadian, Australian, Swiss and Norwegian Red Cross. The team was composed of doctors, nurses, logisticians, technicians, water and sanitation and community health modules delegates. They enabled the setting up of the BHC camp in Mongo. The BHC has a capacity of 65 beds and can treat 3,000 patients. Since the BHC-ERU deployment in early September, there was a continued rotation of delegates (including three BHC team leaders. The Swiss Red Cross deployed a team leader after the FACT departure for two weeks and the Australian Red Cross deployed a health delegate for one month. The team leader took over to clear the remaining tasks and structured the organization chart of the operation. The health delegate carried out an evaluation mission in Mongo and contributed significantly in the revision of this emergency appeal.

The relief and community health modules trained over 400 volunteers in the Red Cross intervention in Mongo as well as in the south of the country. Trained volunteers launched mass sensitization campaigns reaching directly reaching 50,000 persons in the area of Bongor, Kelo, Léré and Gounou Gaya. Distribution of the first items procured from the neighbouring country of Cameroon reached 4,000 families in both intervention areas. Following the training and dispatching of the first procured items, the relief ERU handed over the remaining task to the relief coordinator for follow-up.</td></tr>
<tr><td>1.2 Emergency community-based disease prevention and health promotion is provided to the target population</td><td>• 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 prevention and control.
• Efficient referral system between communities and health facilities.
• Provided 12,000 household with appropriate cholera prevention NFIs.</td></tr>
<tr><td colspan="2">Progress: Three Relief- ERUs were deployed from the Benelux Red Cross National Societies. During one month they participated in both intervention areas to identify and distribute NFIs to targeted vulnerable groups. Following the training and dispatching of the first procured items, the Relief ERU handed over the remaining tasks to the relief coordinator for follow-up.</td></tr>
<tr><td colspan="2">Outcome 2: The hygiene and sanitation attitudes and practices of the target population is improved.</td></tr>
<tr><td>Outputs</td><td>Activities planned</td></tr>
</table>

2.1 The incidence and severity of cholera epidemics in Red Cross catchment areas are reduced.	• Build protection around 200 wells in the targeted affected areas. • Distribute sanplats to 300 families in targeted affected areas. • Build 50 latrines in schools and mosques in the main roads and markets in targeted affected areas. • Train volunteers in water sanitation techniques using the PHAST methodology. • Preposition hygiene NFIs for 1,000 households in RCC warehouses. • Follow-up by the RCC on the proper use the distributed NFIs in targeted households. • Conduct post-intervention surveys.
2.2 Surge capacity of the RCC to respond to subsequent epidemic is enhanced.	• Train 100 additional volunteers on disaster risk reduction in each of five regions. • Establish a disaster preparedness team among RCC in the targeted affected communities. • Develop early warning system for watery diarrhoea.

Logistics

Outcome: Relief items are procured, dispatched and distributed to targeted families in a timely transparent and cost-effective manner	
Outputs	**Activities planned**
Cholera-affected victims and identified vulnerable population are provided with relief items such jerry cans, buckets, soaps, detergents.	• Deployment of logistics ERU to coordinate activities with the in-country logistics delegate. • Procure and dispatch relief items for 12,000 families in the target areas. • Distribute relief supplies to affected victims in CTC and other identified vulnerable communities. • Monitor and evaluate the relief activities and provide reporting on relief distributions.
Progress: The logistics ERU has finalized its deployment and handed over the remaining tasks to the in-country logistics delegate. The second round of cholera NFI procurement and distribution has been carried out locally and items are being dispatched to the field. Currently there is only one multilateral in-kind donation in response to the mobilization table from the Finnish Red Cross with 20 hygiene promotion kits and 110,000 pieces of laundry soap. The Swiss Red Cross also dispatched 40 family tents bilaterally	

Capacity of the National Society

The Red Cross of Chad has extensive experience working with communities and voluntary networks and response to emergencies and rehabilitation activities. The network of volunteers has been actively involved in emergency operations for many years. The recent activities implemented by the National Society involve assistance to Sudanese refugees. Planning, monitoring, reporting and volunteers management support is to be provided to the National Society to implement the operation, reinforce the surge capacities of the organization to respond to subsequent epidemics and promote coordinated response and efficient information sharing. A health coordinator will oversee the emergency response and longer term operations to ensure the durability of the programs. The National Society, supported by the IFRC, RDRT and NDRT, will ensure capacity building of the affected Red Cross local committees through providing relevant training and coaching. In addition, the offices of the affected regional committees will be equipped with adequate materials to facilitate the implementation of relief activities.

Capacity of the IFRC

The IFRC's presence in Chad is maintained by a Country Representative with a background in disaster management. Efforts have focused on coordinating support to the National Societies. Delegates and RDRT members provide support in finance and administration, logistics, food security and monitoring and evaluation. Three RDRT (two health and one watsan) and a relief coordinator were deployed for monitor activities of the emergency operation in the targeted areas.

Budget summary

See attached budget (Annex 1) for details.

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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.

EMERGENCY APPEAL

23-11-11

Chad: Cholera (MDRTD008)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief				0
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles				0
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene	169,332			169,332
Medical & First Aid	104,118			104,118
Teaching Materials	3,747			3,747
Ustensils & Tools	320,044			320,044
Other Supplies & Services	126,909			126,909
Emergency Response Units			975,533	975,533
Cash Disbursments				0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIE	**724,150**	**0**	**975,533**	**1,699,683**
Land & Buildings				0
Vehicles Purchase				0
Computer & Telecom Equipment	4,364			4,364
Office/Household Furniture & Equipment	14,545			14,545
Medical Equipment				0
Other Machiney & Equipment				0
Total LAND, VEHICLES AND EQUIPMENT	**18,909**	**0**	**0**	**18,909**
Storage, Warehousing	24,000			24,000
Dsitribution & Monitoring	114,989			114,989
Transport & Vehicle Costs	57,475			57,475
Logistics Services				0
Total LOGISTICS, TRANSPORT AND STORAGE	**196,464**	**0**	**0**	**196,464**
International Staff	297,455			297,455
National Staff	28,436			28,436
National Society Staff	12,145			12,145
Volunteers	229,591			229,591
Total PERSONNEL	**567,627**	**0**	**0**	**567,627**
Consultants	5,000			5,000
Professional Fees				0
Total CONSULTANTS & PROFESSIONAL FEES	**5,000**	**0**	**0**	**5,000**
Workshops & Training	19,091			19,091
Total WORKSHOP & TRAINING	**19,091**	**0**	**0**	**19,091**
Travel	43,500			43,500
Information & Public Relations	36,364			36,364
Office Costs	36,182			36,182
Communications	3,000			3,000
Financial Charges	90,598			90,598
Other General Expenses				0
Shared Support Services				0
Total GENERAL EXPENDITURES	**209,643**	**0**	**0**	**209,643**
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
Total TRANSFER TO PARTNERS	**0**	**0**	**0**	**0**
Programme and Supplementary Services Recovery	113,157	0	0	113,157
Total INDIRECT COSTS	**113,157**	**0**	**0**	**113,157**
TOTAL BUDGET	**1,854,041**	**0**	**975,533**	**2,829,574**
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	**0**	**0**	**0**	**0**
NET EMERGENCY APPEAL NEEDS	**1,854,041**	**0**	**975,533**	**2,829,574**