

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Benin: Cholera

DREF operation n° MDRBJ003
GLIDE n° EP-2008-000149-BEN
20 May, 2009

The International Federation's 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 45,738 (USD 39,109 or EUR 30,136) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 2 September, 2008 to support the National Society in delivering assistance to some 55,000 beneficiaries.

This amount covered two DREF operations: one in the southern part of Benin (MDRBJ003) and another one in the north (MDRBJ004).

The intervention of the Red Cross of Benin during the cholera outbreak in Cotonou in July 2008 assisted in curbing the spread of the epidemic within the metropolis. The sensitization activities carried out by the trained Red Cross volunteers with the cooperation of the people and their leaders assisted 55,000 people in the target

communities to understand the causes of the disease and how to prevent it through good hygiene practices. The Red Cross also collaborated with government health authorities in referral of cases and monitoring of treated cases. No death was reported from the outbreak during the operation timeframe. The operation has strengthened the capacity of the local branch of the Red Cross of Benin in intervention during outbreak of diseases. It has also strengthened collaboration between the government and the national society.



Red Cross volunteers sensitized the communities on good hygiene practices/Red Cross of Benin

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The situation

The Government of Benin officially confirmed reported cases of cholera outbreak in some parts of Cotonou, the country's commercial capital during the last week of July 2008. According to the epidemiological department of the Ministry of health (MoH), more than 350 cases with no death were recorded in the affected areas. The outbreak was attributed to the poor hygiene habit of the inhabitants coupled with no access to potable water and good sewage facilities. The prompt intervention of government health agencies, the Red Cross of Benin and other stakeholders made the situation to be stable and reported cases decreased. However, because of the overcrowded living conditions in Cotonou and other major towns of Benin coupled with rainfall at that period, there were fears of rise in cases of water related diseases. The Red Cross of Benin with support from the International Federation scaled up its intervention activities in the affected communities and others identified as prone to the epidemic. The Red Cross mobilized, trained and deployed its volunteers in the communities to carry out sensitization campaign. The Red Cross activities

focused on cholera prevention, detection, referral of cases and good personal and community hygiene practices. The Red Cross volunteers also worked in collaboration with health authorities in monitoring of cases already treated. This led to the reduction of suspected cases in Cotonou as the affected communities understood the importance of good hygiene practices. The operation also strengthened the capacity of the Red Cross of Benin through the training of its volunteers and assisted the national society in its intervention in another cholera outbreak in the north of country.

The Red Cross of Benin, with technical support from the West Coast regional office of the Federation worked in good collaboration with government health agencies and the leaders of the target communities during the implementation of the planned activities.

Red Cross and Red Crescent action

The Benin Red Cross mobilized and deployed its team of volunteers from the local branch in the affected area at the initial. They collaborated with health officials in sensitizing and referring cases to the nearest health facilities. The Red Cross also provided the premises of its Child Protection Centre to the government as temporary emergency point as the epidemics was spreading. However this was not used when cases started decreasing. The national society participated in all the coordination meetings organized by the Ministry of Health (MoH) where the Red Cross was assigned the lead role of sensitization. With the support of the International Federation, the Red Cross of Benin intensified its activities during the period by training more volunteers who were deployed in the target communities. The Red Cross also provided cholera kit to the public health centre in the affected area. The activities of the Red Cross of Benin contributed to the reduction in cases and strengthened collaboration with the MoH and the affected communities.

Progress towards objectives

Water, sanitation, and hygiene promotion

Objective: To complement government's effort in the prevention and control of the disease by reducing the morbidity and avoiding mortality from the cholera, such as watery diarrhea epidemic in the most affected communities of Cotonou through campaigns and programmes.

Activities planned	Expected results
<ul style="list-style-type: none"> Participate actively at coordination meetings at the national level (task force) and in Cotonou municipality in order to obtain the relevant statistics; Train 100 new volunteers and retrain 100 others in Cotonou as well as coaches to be deployed to support the activities planned; Acquire and distribute cholera kits to volunteer units and to the MoH; 	<ul style="list-style-type: none"> All Red Cross activities are implemented in a coordinated way thus avoiding duplication of services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at the national and district levels; 200 well trained and motivated volunteers have been able to reach the most affected people and have provided life saving support to those falling sick from the epidemic; 2 Cholera kits and other disaster response materials supplied to the MoH and the volunteers;

<ul style="list-style-type: none"> In collaboration with the MoH and sanitation service, WHO, UNICEF, MSF and other actors in the cholera control efforts to engage in community cholera activities such as surveillance, referrals, treatment, sensitization and education; Deploy a regional health resource person 	<ul style="list-style-type: none"> Hygiene and health education, early case detection and referral as well as sensitizations and the setting up of an emergency outlet ("Child Protection Project" centre) have been useful in reducing the number of victims; The regional resource person from the West
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<p>from West Coast regional office to support the BRCS in the management of the epidemic;</p> <ul style="list-style-type: none"> • Provide the volunteers and teams with welfare, logistics support and protective materials as detailed in the budget attached; • Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement. 	<p>Coast regional office has increased the capacity of the Red Cross of Benin and the delegation by providing technical support and advice;</p> <ul style="list-style-type: none"> • Volunteers have been provided with welfare, insurance, protective materials and logistics; • The public has come to know more about the role of the Red Cross/Red Crescent Movement.
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Progress and Impact: The Benin Red Cross held an assessment meeting with officials of the Ministry of Health and the health centre treating the people affected. The meeting aimed at obtaining accurate and reliable statistics on the cholera epidemic and seeking the collaboration of the government agencies in the planned Red Cross intervention. The joint assessment carried out with the health centre treating the affected victims provided the Red Cross of Benin with accurate and reliable statistics on the outbreak. The good collaborative effort between the national society and the Health agencies in Benin during the operation has strengthened cooperation between the two bodies.

The Red Cross of Benin with technical support from the West Coast regional office of the Federation conducted training for 120 Red Cross volunteers. It should be noted that the number of trained volunteers was reduced by 80 because of the decrease in cases coupled with the proximity of the target communities to each other which facilitated the sensitization exercise. The 120 trained volunteers complemented the effort of those already in the field at the commencement of the outbreak. The training conducted through participatory approach focused on cholera detection, handling of suspected cases, the use of volunteers' module, prevention of cholera and post-treatment home visits. The training contributed to enhancing the capacity of the volunteers from the branch. The number of them trained in health and hygiene sensitization techniques has increased during this period.

The Red Cross also procured two cholera kits and donated one to the treatment centre. The cholera kit contributed to the reduction in reported cases. To enhance the sensitization activities of its volunteers, the national society provided the volunteers with logistics support such as megaphones, leaflets on cholera and protective tools. The volunteers carried out sensitization campaign to public places such markets and schools. The door-to-door approach was also used by the Red Cross to reach some of the target households. The campaign focused on good hygiene practices, symptoms of the epidemic as well as preventive measures. With good collaboration from the target communities, their leaders and health authorities, the Red Cross was able to reach a total of 55,000 people in the target communities. During the house-to-house monitoring visits with health authorities, it was discovered that the target communities now practice good hygiene habits in their communities. The Red Cross also worked in collaboration with health officials to carry out house-to-house visits to identify suspected cases for referral to health facilities and monitored already treated cases. The Red Cross Child Protection Centre earlier provided by the national society as emergency outlet was eventually not used by the government as cases started decreasing and the public health centre could accommodate referred cases.

During the sensitization exercise carried out by the Red Cross volunteers using the local indigenous languages, the target communities knew more about the fundamental principles of the Red Cross Movement as well as the activities of the Red Cross of Benin in recent years. The intervention activities of the Red Cross was also given media coverage during the period. All these greatly impacted on the visibility and image of the Red Cross of Benin among the population.

Challenges: The initial challenges faced before the operation was how to get accurate statistics on the epidemic. But with the cooperation of the Ministry of Health and the health centre treating the victims, the Red Cross was able to overcome this challenge. With the limited human resources capacity of the national society, the West Coast regional office health team assisted in conducting training for the selected Red Cross volunteers deployed for the operation.

Conclusion

Lessons learned:

- Timely intervention assisted in curbing the spread of the epidemic in Cotonou;
- Good and effective collaboration with the government resulted in effective implementation of planned activities and positive impact on the target communities;
- The target communities need regular environmental sanitation and personal hygiene education.

How we work

All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[<Final financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRBJ003 - Benin - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/8-2009/3
Budget Timeframe	2008/8-2008/11
Appeal	MDRBJ003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget		45,738				45,738
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>		43,680				43,680
C5. Other Income		43,680				43,680
C. Total Income = SUM(C1..C5)		43,680				43,680
D. Total Funding = B + C		43,680				43,680
Appeal Coverage		96%				96%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance		0				0
C. Income		43,680				43,680
E. Expenditure		-43,680				-43,680
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		45,738					45,738	
Supplies								
Medical & First Aid	6,000		2,408			2,408	3,592	
Total Supplies	6,000		2,408			2,408	3,592	
Transport & Storage								
Distribution & Monitoring			2,856			2,856	-2,856	
Transport & Vehicle Costs	10,000		1,510			1,510	8,491	
Total Transport & Storage	10,000		4,365			4,365	5,635	
Personnel								
National Staff			2,028			2,028	-2,028	
National Society Staff	10,400		24,430			24,430	-14,030	
Total Personnel	10,400		26,458			26,458	-16,058	
Workshops & Training								
Workshops & Training	7,420						7,420	
Total Workshops & Training	7,420						7,420	
General Expenditure								
Travel			4,129			4,129	-4,129	
Information & Public Relation	1,280		1,877			1,877	-597	
Office Costs	5,465		573			573	4,892	
Communications	2,200		809			809	1,391	
Total General Expenditure	8,945		7,388			7,388	1,557	
Programme Support								
Program Support	2,973		2,824			2,824	149	
Total Programme Support	2,973		2,824			2,824	149	
Services								
Services & Recoveries			237			237	-237	
Total Services			237			237	-237	
TOTAL EXPENDITURE (D)	45,738		43,680			43,680	2,058	
VARIANCE (C - D)			2,058			2,058		