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DREF operation update Benin: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRBJ013
GLIDE n° EP-2013-000130-BEN
Update n°2 – 30 January 2014
1 month timeframe extension

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.

Period covered by this update: 9
October, 2013 – 31 January, 2014

Summary: CHF 201,952 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 10 October 2013 to support the National Society in delivering assistance to some 20,000 beneficiaries; a second allocation of CHF 39,902 was allocated on 21 November 2013 to assist 25,000 additional beneficiaries.

During the Benin cholera outbreak 2013, a total of 681 cases were registered with 6 deaths. The initial outbreak was concentrated in the municipality of Sô-Ava in the Atlantic region in southern Benin counting a total of 206 cases in 2013 and during the course of October the concentration of cases shifted to Cotonou, the largest city in the country with a total of 210 cases and 4 deaths.



Benin Red Cross volunteers carrying out cholera awareness and hygiene promotion campaign. Photo: BRCS

Through the two DREF allocations, the Benin Red Cross Society (BRCS) has implemented health and water and sanitation related interventions reaching more than 17,000 households (more than 100,000 persons) through door-to-door cholera awareness and hygiene promotion sessions, mass awareness through presence in public places and mass media campaigns, distribution of soap and water treatment materials and rehabilitation of latrines and water facilities.

During December 2013 no new cases were registered, but since early January 2014, 32 additional cases have been registered in Sô-Ava municipality in communities not targeted in the original plan. This update announces a one-month timeframe extension to implement cholera awareness and hygiene promotion activities in the affected communities while monitoring the situation.

Due to change of logistical arrangements, reduced unit prices and increased transport costs have been registered for items shipped through the IFRC global logistics services. To accommodate this change and the additional volunteer activities in Sô-Ava, a revised budget is announced decreasing the water, sanitation and hygiene costs with CHF 25,000 and increasing transport costs with 12,000 and volunteer costs with 13,000. [<Click here for revised budget>](#)

This operation is expected to be completed by 28 February 2014. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 31 May 2014).

DG ECHO and the Belgian Red Cross / Belgian Government contributed to the DREF in replenishment of the allocation made for this operation. The Beninoise Red Cross Society thanks DREF donors for their generous support.

The situation

Since August 2013 a cholera epidemic has been on-going in Benin. The epidemic was recognized in the Sô-Ava municipality in the department of the Atlantic in the south of Benin in September 2013, and at the launch of this operation October 2, 2013, a total of 129 confirmed cases were reported in the municipality. Since then, cases have been reported in 13 municipalities with a concentration in Cotonou (196 cases, 4 deaths), Sô-Ava (234 cases) and Acomey-Calawi (22 cases). As per January 27 2014, the total of registered cases is 438 with 6 deaths, representing a case fatality rate (CFR) of 1.4 (see figure 1 for more details). During December 2013 no new cases were reported, but since early January 2014, new cases have been reported in So-Ava. This is most likely related to the same outbreak, but increased surveillance and monitoring is necessary to guide the response.

The lack of water points, poor maintenance of existing water facilities, inadequate latrines in communities exposed the problems of individual and collective hygiene and lack of communication for behaviour change expected to be the main causes of this epidemic. Therefore, the Government of Benin provides a lot of effort to try to identify and stop the epidemic, but special emphasis has been placed on disease prevention in the community.

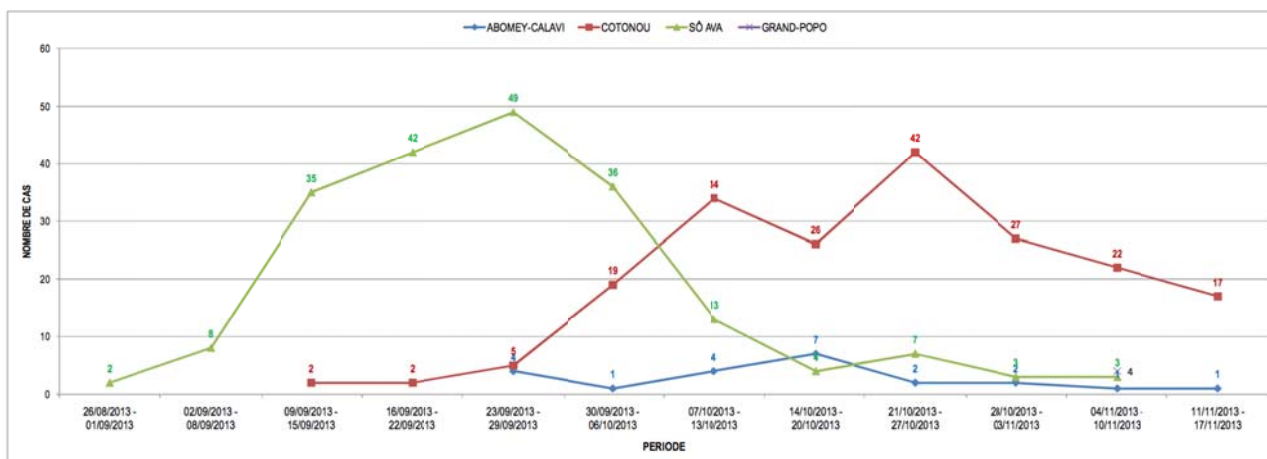
The initial outbreak in Sô-Ava (see figure 2), occurred in smaller villages settled along the Niger River banks. This area has issues of inadequate safe water and sanitation facilities and the river causes an increased risk of contamination of drinking water or food. The cases in the urban setting of Cotonou municipality is concentrated in the first, second, third and fourth of the 13 districts in Cotonou, which is the largest city in Benin. The high population density and proximity of the living conditions causes an increased risk of spread of cholera. The authorities maintain adequate cholera treatment capacity, but a lack of knowledge of prevention, early detection, treatment and referral has been identified at the community level.

Figure 1: Total caseload as on 27/1/2014

Area	Acomey - Calavi	Allada	Cotonou	Grand-Popo	Porto-Novo	Seme-Kpojdi	So-Awa	Toviklin	Others	Total
Cases	22	7	196	4	6	12	234	5	6	460
Deaths	0	1	4					1		6

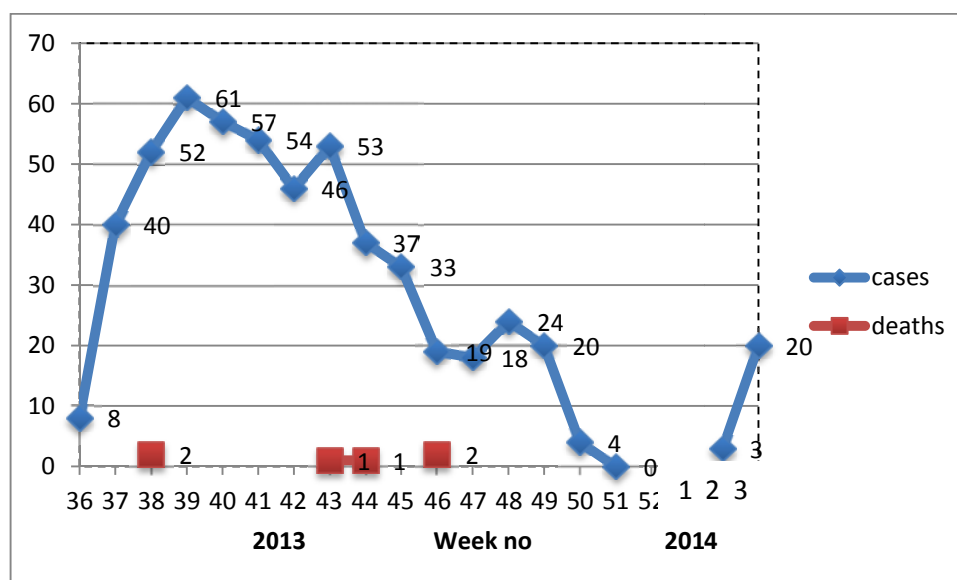
(Source: Benin Ministry of Health)

Figure 2: Weekly caseload per municipality as on 17 November 2013



(Source: Benin Ministry of Health)

Figure 3: Total caseload and fatalities 2013/2014



Coordination and partnerships

The response to the epidemic is currently coordinated by the Benin health authorities through traditional health coordination mechanisms. BRCS regularly participates in health coordination meetings organized by the Ministry of Health at country and regional levels to receive information and inform planned activities.

BRCS is an important partner to the health authorities and it works with them at all levels from national to branch/district levels in health promotion activities including social mobilization (as was the case during the 2012 cholera outbreak in Comé, west of the country) immunization campaigns and bed net distribution. The National Society will continue to work closely with the relevant health districts to prevent further spread of the epidemic.

In response to the current epidemic, the health authorities are handling clinical case management and distribution of aqua tabs, while the NRCS is the main partner to the authorities in community-based hygiene promotion, cholera sensitization and household water treatment and storage, complementing the government aqua tab distribution.

The operational plan is discussed and agreed with national and local authorities. In addition, the BRCS continues to liaise with the Department of Public Health of the Ministry of Health on epidemiological data collection and verification as was the case with the new cases recorded in January where the Red Cross received confirmation of the cases from the Department.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health	
Outcome: Improved Safe Health behaviour and cholera awareness for up to 9,000 households (45,000 people) in So-Awa and Cotonou communes for up to 4 months	
Outputs (expected results) <ul style="list-style-type: none"> Improved early detection, treatment and referrals. Improved awareness on ORS preparation and use amongst households 	Activities planned: <ul style="list-style-type: none"> Continuous assessment, surveillance and weekly reporting of the evolving situation and spread of disease Orient 200 BRCS volunteers (100 in each commune) on health promotion Early detection and referrals of cholera cases among 9,000 household by orientating 200 Red Cross volunteers on ECV tools and materials Production of visibility material (200 T-shirts) Set up oral rehydration points as needed in high-risk/ affected communities Organize sensitization and demonstration sessions (3 per community) in affected communities on benefits of ORS in the management of cholera using cholera demonstration kits Lessons learnt workshop on the cholera outbreak Monitoring and reporting on activities Deploy 1 health RDRT member for 2 month to support BRCS in planning, implementation, monitoring and evaluation.

Progress:

- A rapid assessment has been carried out and findings have led to operationalization of the plan of action, including necessary training plans and logistical arrangements.
- A system for monitoring of the epidemic through weekly epidemiological reports and meetings twice per week at the National Directorate of Public Health) has been established.
- 202 volunteers have received training in epidemic control and cholera sensitization.
- 17,239 households (105,000 people) sensitized on key practices to prevent cholera
- 761 ORS demonstration sessions done.
- 6,000 sachets of ORS prepositioned in 14 health centres and 15 community points.
- 30 school teachers trained in hygiene promotion and cholera awareness raising techniques.
- The trained volunteers have detected early eight suspected cases of cholera during their passage in households and were directed to health centres for care.
- 500 T-shirts were produced with some distributed to the volunteers deployed and to the trained school teachers.
- Radio spots with messages on key practices are being aired in French and local languages on two local radio services in Sô-Ava and Cotonou.
- Regional disaster response team health expert was deployed by the IFRC West Coast Regional Representation for two months to support the operation.

Water, sanitation, and hygiene promotion

Outcome: Immediate reduction in risk of waterborne and water related diseases in targeted communities to 9,000 families (45,000 beneficiaries) in Cotonou and So-Awa. For up to 4 months.	
Outputs (expected results) <ul style="list-style-type: none"> Continuous assessment of water, sanitation, and hygiene situation is carried out. Target population is provided with and trained in the proper use of Water 	activities planned: <ul style="list-style-type: none"> Rapid assessment and continuous monitoring of the situation conducted Orient 200 BRCS volunteers on hygiene promotion and SOP on disinfection of WatSan facilities and on waterborne disease. Orientation training and induction on hygiene promotion for 30 school teachers of the affected areas in So-Awa Promote safe use and distribute 1,920,000 water treatment tablets and 80,000 pieces of soap among 9,000 most vulnerable households including demonstration sessions

<p>treatment tablets that meet sphere standards</p> <ul style="list-style-type: none"> • Target population have hygienic sanitation facilities • Target population is served with hygiene promotion and cholera prevention sessions 	<ul style="list-style-type: none"> • Promote hygiene awareness and environmental sanitation activities conducted in communities, house to house, public places, schools and health centres. • Disinfect sanitation facilities in six health centres, public latrines and five schools over two months in Sô-Ava. • Rehabilitate five strategic water points including in schools or health centres where applicable in Sô-Ava. • Rehabilitate five schools and six health centres latrines where applicable in Sô-Ava. • 5,000 assorted IEC/BCC materials (posters, fliers) on cholera produced, printed and distributed to enhance positive behaviour change. • Dissemination of cholera messages through sessions, jingle on local radios. • Deployment of one water and sanitation RDRT member for 2 months. • Monitor and report on activities
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Progress:

- 202 volunteers trained in water treatment and storage and hygiene promotion through the PHASTER methodology.
- 30 teachers trained on health and hygiene promotion in Sô-Ava have received hand-washing facilities and materials.
- 518 households receiving Sô-Ava Centre sensitized on hand washing, community health and water treatment using the aqua tabs tablets) (ongoing)
- 10 school latrines and latrines 6 health centres to be rehabilitated were targeted.
- 5 water points and one water treatment point rehabilitated, 2 water points constructed.
- 229 latrines disinfected. Activities are on going
- 5,906 households have received water purification materials and training
- 33,600 bars of soap have been distributed.
- 108 wells treated. Activities are on going
- Production of 10 PHAST toolboxes.
- DREF review and lessons learned workshop was carried out from 22 to 28 January 2014.
- One regional disaster response team water and sanitation member was deployed by the IFRC West Coast Regional Representation for two months to support the operation.

Logistics

Outcome: Timely and effective logistics support provided to the emergency operations	
<p>Outputs (expected results):</p> <ul style="list-style-type: none"> • Effective logistical support has enabled rapid assistance to targeted beneficiaries. • Local procurement done in line with national and IFRC procurement guidelines. 	<p>activities planned:</p> <ul style="list-style-type: none"> • Coordinate mobilization of goods and reception of incoming shipments. • Ensure local procurement of sanitation and hygiene materials, and emergency health items, including 40,000 soap, 25,000 ORS, 50 buckets, 50 jerry cans, high test hypochlorite (HTH) and chlorine. • Ensure international procurement of 1.92 million water treatment tablets. • Transport relief supplies to final distribution site. • Coordinate within IFRC logistical structures in the region. • Monitor and report on activities.

Progress:

All materials procured as listed on the table above and delivered to BRCS. Some materials were not available locally and needed to be shipped from the IFRC global logistics sticks. This has resulted in increased transport costs but reduced unit prices.

Challenges:

- Procurement process took longer than expected and soap and ORS were not available until mid-November 2013.

Communication – Advocacy and Public information

The National Society will continue to work with local media agencies to profile its activities during the operation at the national level and contribute to increase the Red Cross visibility in the country. The national television service and one local newspaper participated to cover event launching the Red Cross intervention in Sô-Ava. In addition, two radio stations (in Sô-Ava and Cotonou) are collaborating with the Red Cross to air sensitization messages on cholera in local languages and in French.

The IFRC team will support the National Society to ensure that the operation is effectively communicated to external audience by gathering compiling images and stories of target beneficiaries and post on IFRC website, humanitarian websites, and other social media.

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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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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DREF OPERATION

MDRBJ013 Benin Cholera

Budget Group	1st DREF allocation	2nd DREF allocation	Total allocation
Shelter - Relief	0	0	
Shelter - Transitional	0	0	0
Construction - Housing	0	0	0
Construction - Facilities	0	0	0
Construction - Materials	0	0	0
Clothing & Textiles	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water, Sanitation & Hygiene	68,860	0	68,860
Medical & First Aid	2,500	0	2,500
Teaching Materials	2,000	2,250	4,250
Ustensils & Tools	400	0	400
Other Supplies & Services	0	0	0
Emergency Response Units	0	0	0
Cash Disbursements	0	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	73,760	2,250	76,010
Land & Buildings	0	0	0
Vehicles Purchase	0	0	0
Computer & Telecom Equipment	1,500	0	1,500
Office/Household Furniture & Equipment	0	0	0
Medical Equipment	0	0	0
Other Machinery & Equipment	0	0	0
Total LAND, VEHICLES AND EQUIPMENT	1,500	0	1,500
Storage, Warehousing	0	0	
Distribution & Monitoring	0	0	0
Transport & Vehicle Costs	18,996	400	19,396
Logistics Services	6,100	0	6,100
Total LOGISTICS, TRANSPORT AND STORAGE	25,096	400	25,496
International Staff	15,000	5,000	20,000
National Staff	0	900	900
National Society Staff	4,890	660	5,550
Volunteers	43,100	15,100	58,200
Total PERSONNEL	62,990	21,660	84,650
Consultants	0	0	0
Professional Fees	0	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0
Workshops & Training	8,000	8,000	16,000
Total WORKSHOP & TRAINING	8,000	8,000	16,000
Travel	9,000	0	9,000
Information & Public Relations	5,980	2,900	8,880
Office Costs	600	800	1,400
Communications	1,700	300	2,000
Financial Charges	1,000	500	1,500
Other General Expenses	0	0	0
Shared Support Services	0	0	0
Total GENERAL EXPENDITURES	18,280	4,500	22,780
Programme and Supplementary Services Recovery	12,326	2,393	14,718
Total INDIRECT COSTS	12,326	2,393	14,718
TOTAL BUDGET	201,952	39,203	241,154

Disaster Response Financial Report**MDRBJ013 - BENIN - CHOLERA OUTBREAK**

Timeframe: 09 Oct 13 to 31 Jan 14

Appeal Launch Date: 09 Oct 13

Interim Report

Selected Parameters

Reporting Timeframe	2013/10-2013/12	Programme	MDRBJ013
Budget Timeframe	2013/10-2014/1	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		241,154				241,154	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		241,155				241,155	
C4. Other Income		241,155				241,155	
C. Total Income = SUM(C1..C4)		241,155				241,155	
D. Total Funding = B + C		241,155				241,155	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		241,155				241,155	
E. Expenditure		-196,347				-196,347	
F. Closing Balance = (B + C + E)		44,808				44,808	

Disaster Response Financial Report

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			241,154			241,154		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	93,860		56,998			56,998	36,862	
Medical & First Aid	2,500		2,535			2,535	-35	
Teaching Materials	4,250		392			392	3,858	
Utensils & Tools	400						400	
Total Relief items, Construction, Sup	101,010		59,926			59,926	41,084	
Land, vehicles & equipment								
Computers & Telecom	1,500		667			667	833	
Total Land, vehicles & equipment	1,500		667			667	833	
Logistics, Transport & Storage								
Storage			2,431			2,431	-2,431	
Transport & Vehicles Costs	7,396		15,500			15,500	-8,104	
Logistics Services	6,100		1,512			1,512	4,588	
Total Logistics, Transport & Storage	13,496		19,443			19,443	-5,947	
Personnel								
International Staff	20,000		19,464			19,464	536	
National Staff	900						900	
National Society Staff	5,550		1,557			1,557	3,993	
Volunteers	45,200		22,693			22,693	22,507	
Total Personnel	71,650		43,713			43,713	27,937	
Workshops & Training								
Workshops & Training	16,000		13,238			13,238	2,762	
Total Workshops & Training	16,000		13,238			13,238	2,762	
General Expenditure								
Travel	9,000		3,543			3,543	5,457	
Information & Public Relations	8,880		6,371			6,371	2,509	
Office Costs	1,400		431			431	969	
Communications	2,000		1,214			1,214	786	
Financial Charges	1,500		-114			-114	1,614	
Total General Expenditure	22,780		11,445			11,445	11,335	
Operational Provisions								
Operational Provisions			35,931			35,931	-35,931	
Total Operational Provisions			35,931			35,931	-35,931	
Indirect Costs								
Programme & Services Support Recove	14,718		11,984			11,984	2,735	
Total Indirect Costs	14,718		11,984			11,984	2,735	
TOTAL EXPENDITURE (D)	241,154		196,347			196,347	44,807	
VARIANCE (C - D)			44,807			44,807		

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Budget Timeframe	2013/10-2014/1	Budget	APPROVED
Split by funding source	Y	Project	*

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	241,154	0	241,155	241,155	196,347	44,808	
Subtotal BL2	241,154	0	241,155	241,155	196,347	44,808	
GRAND TOTAL	241,154	0	241,155	241,155	196,347	44,808	