

# Emergency Plan of Action Final Report

## Benin: Cholera

<b>Emergency Appeal n° MDRBJ015</b>	<b>Operation n° MDRBJ015</b>
<b>Date of Issue: 26 March 2020</b>	<b>Glide number:</b>
<b>Date of disaster: 19 August 2016</b>	
<b>Operation start date: 12 October 2016</b>	<b>Operation end date: 12 December 2016</b>
<b>Host National Society: Red Cross of Benin</b>	<b>Operation budget: CHF 124,900</b>
<b>Number of people affected: 678 cases</b>	<b>Number of people assisted: 500,000 people</b>
<b>National Societies involved in the operation: Red Cross of Benin</b>	
<b>Other partner organizations involved in the operation: World Health Organization (WHO), Ministry of Health and Social Protection, United Nations Children's Emergency Fund (UNICEF), Oxfam Quebec and ANPC</b>	

*The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Netherlands Red Cross Society, ECHO, the Belgian Government and the Canadian Government contributed in replenishing the DREF for this operation. On behalf of Benin Red Cross Society (BRCS), the IFRC would like to extend gratitude to all for their generous contributions.*

## A. SITUATION ANALYSIS

### Description of the disaster

In accordance with International Sanitary Regulations, Benin Republic declared a cholera epidemic on August 29, 2016, following the recording of some cases of diarrhea and the biological confirmation of cholera by the national laboratory. The first index case was detected in the commune of So-Ava on August 9, 2016. This epidemic spread in several communes of the country in particular to Savalou, Dassa-Zoumé, So-Ava, Zê and Cotonou, which experienced more than 70% of the cases registered at the national level. Faced with this situation, the Benin Red Cross requested and obtained a DREF (Disaster Relief Emergency Fund) in order to contribute effectively to the response. With the assistance of the International Federation of Red Cross and Red Crescent Societies, the Benin Red Cross came to the rescue of the Ministry of Health in responding to this epidemic.



*Hygiene promotion session with school children in Cotonou ©BRCS*

The activities carried out mainly in Cotonou by the Benin Red Cross were geared towards sensitizing communities, promoting hygiene practices to complement government efforts, distributing WASH kits, and organizing training sessions for volunteers and supervisors.

**Table 1: Geographical distribution of cases**

Community	Number of Suspected Cases	Number of Death
Cotonou	467	6
So-Ava	29	1
Zè	2	0
Abomey-Calavi	18	0
Ouidah	1	0
Allada	2	0
Savalou	93	4
Banté	8	1
Dassa	10	0
Abomey (Zou)	3	0
Savè	6	0
Bohicon	1	0
Parakou	17	0
N'Dali	1	0
Sèmè-Kpodji	10	1
Porto-Novo	7	0
Adjarra	1	0
Comè	1	0
Aplahoué	1	0
<b>Total</b>	<b>678</b>	<b>13</b>

A total of 159 samples were received and fully examined, of which 67 (42.13%) were positive as presented in table 2 below.

**Table 2: Geographical Distribution of positive cases**

Communes	Number of Positive Cases
Cotonou	40
Zè	1
Abomey-Calavi	3
Ouidah	1
So-Ava	2
Savalou	4
Banté	3
Abomey (Zou)	1
Savè	1
Sèmè Kpodji	2
Parakou	7
Porto-Novo	2
<b>Total</b>	<b>67</b>

Death cases were recorded in the communes of Savalou (4), Bantè (1), So-Ava (1), Cotonou II (3), Cotonou III (2) Cotonou V (1) and Sèmè-Kpodji (1).

A total of 678 cases of cholera were recorded of which 13 (1.92%) were lethal. The last case of cholera confirmed by the national laboratory was on 14 November 2016 and according to WHO recommendations, the end of the Cholera epidemic occurs two weeks after the confirmation of the last case by the laboratory. Taking this recommendation into account and the epidemiological situation of Cholera (Zero case) since November 14, 2016, the end of the epidemic was declared on Thursday, December 8, 2016 by the Minister of Health.

## Summary of response

### Overview of Host National Society

Following a press briefing by the Ministry of Health declaring the epidemic, a meeting of technical and financial partners was convened urgently. An operational command (composed of members of the epidemic management committee) was established. The Benin Red Cross is an active member of the Subcommittee on Communication and Social Mobilization. It was at this meeting that the epidemiological situation was presented and discussed with

partners active in the fight against the epidemic. Each partner reported on the activities carried out the previous day in the territory in the context of this epidemic. For the Red Cross, the Cotonou Local Committee had already started door-to-door outreach activities and distribution of Aqua tabs to vulnerable households.

It was at this meeting that the Benin Red Cross presented to all the partners present and to the Ministry of Health the activities to be implemented within the framework of this DREF. Given the situation (daily case recording), this meeting was held every day at the WHO office at 7:30 am.

### **Overview of Red Cross Red Crescent Movement in country**

There was really no coordination meeting at the level of the National Society or with other national border companies except for a few working sessions with the Executive Director and the Disaster Manager to elaborate the activities to be implemented for the Response to this epidemic. The IFRC monitored the situation closely with the National Society, and the situation (SITREP) was sent almost daily to the Head of West Coast Cluster.

### **Overview of non-RCRC actors in country**

The Ministry of Health took the following actions to curb the epidemic:

- Organization of a daily working session at WHO office at 7.30 am with the partners;
- Systematic treatment of wells in affected areas by hygiene agents;
- A working session with the Subcommittee on Communication and Social Mobilization to validate the cholera messages and to be disseminated to the population on radio and TV;
- The daily distribution of the SitRep (Situation report) since the announcement of the epidemic;
- The investigation of certain suspected cases of Cholera;
- Dissemination of key messages on community radio in different languages;
- Sensitization of populations by relaying messages in different languages;
- Sensitization of populations
- Free care of suspected cases in public health centers.

WHO donated inputs (solute) to Health Directorates UNICEF donated hygiene materials (sprayers) to Health Directorates. National Agency for Civil Protection (ANPC) and Oxfam Quebec supported social mobilization activities.

## **Needs analysis and scenario planning**

During the development of the activities for this DREF and the meeting of the operational command, some shortcomings were identified in the national response plan:

### **The investigation of Cholera cases suffered from inadequacies**

This situation arose from the fact that health zones and treatment centers did not have enough investigative teams to deal with recorded cases on a day to day basis. It was thus very difficult to know the mode of contamination of each case received.

### **Insufficient capacity in terms of Cholera biological diagnostic**

Inadequate specific reagents, lack of periodic training / refresher courses for staff in the health zones (shortcomings identified by the head of the National Laboratory) and the fact that there was only one laboratory (National Laboratory) which conducts the positivity test. As such results take time to be known.

### **The prevention of the occurrence of cholera cases was insufficient**

This was due to inadequate communication, the unavailability of vaccine at national level, and inadequate implementation of individual and collective prevention measures against cholera. Also, there was lack of coordination between State agencies/Ministries that worked for the prevention of cholera such as the Ministry of Water, the Ministry of Urbanization and the City Council (responsible for household waste management). These different actors were not present during operational command meetings. Cholera is not a problem for the Ministry of Health alone, it is a development problem.

### **Coordination of activities to combat Cholera epidemic was insufficient**

There were insufficient financial resources for the implementation of activities and a low level of commitment on the part of the epidemic management committees. In addition, there were no mechanisms for sharing health information between the Ministry of Health, other ministerial sectors concerned (water, urbanization) and especially the partners on the field. This resulted in an inadequate and ineffective response at the onset of the epidemic given the daily increase in the number of cases.

## Risk Analysis

During outreach programmes, it was noticed that vulnerable households needed plastic buckets and jerry cans for water treatment or storage. It was therefore decided to donate plastic buckets to them after the demonstration of water treatment usage.

## B. OPERATIONAL STRATEGY

### Overall objective

The overall objective of the DREF was to reduce the immediate health risks of the affected populations, particularly in relation to the cholera epidemic, through awareness raising and social mobilization campaigns. The total population at risk (500,000 people living in the affected communities in Cotonou) was reached with the strategy put in place.

### Proposed strategy

The strategy of the National Society was based on working directly with communities and in coordination with local authorities and the Ministry of Health. To avail the volunteers with the necessary skills, a four-day training course was organized by the National Society, covering various themes, such as promoting hygiene in cholera epidemics, home water treatment, handwashing, epidemic control through knowledge of the ECV (Epidemic Control manual for Volunteers). The aim was to enable them work in the community in an efficient way and help communities to be resilient in the face of the cholera epidemic. The strategy focused on the following products and activities:

**Outcome 1: Cholera risks are reduced through the supply of potable water and the promotion of hygiene over a period of 3 months:**

**Output 1.1: Target populations in affected communities have access to safe drinking water, sanitation and hygiene**

- Organizing door-to-door visits in precarious neighbourhoods and other targeted areas
- Organizing group talks in public places (schools, markets, places of worship, bus stations, etc.)
- Use of community radios for communication with beneficiaries (Ben-Com)
- Adaptation, reproduction and distribution of tools for awareness raising and social mobilization (picture box, leaflets)
- Disinfection of wells, latrines by volunteers in affected households
- Distribution of 20L capacity containers with lid for correct storage of drinking water by location and water treatment for others in vulnerable households
- Distribution of soap bars for correct washing in vulnerable households
- Distribution of Aquatabs for the treatment of drinking water at home in vulnerable households

**Output 1.2: Improved Communication for Behaviour Change and good hygiene practices**

- Use of community radios for communication with beneficiaries (Ben-Com) through interactive programs
- Broadcasting of television and radio adverts

**Output 1.3: Community-based surveillance is increased in the area of intervention of the National Society (An early warning system is put in place) to promote community monitoring.**

- Identification and referral of suspected cholera cases to health centres during home visits (Door to Door).

**Outcome 2: Improved access to Cholera treatment**

**Output 2.1: Patient care is strengthened at treatment centres across the country**

- Provide Treatment Centres with Oral Rehydration Solution (ORS)
- Proactively make these inputs available in all the treatment centres of all over the Benin

**Outcome 3: Strengthen the capacities of the national society for the management of similar cases of epidemic**

**Output 3.1: Volunteers have the skills to respond to the epidemic**

- Organization of a training session on cholera and epidemic management for 20 supervisors and 100 volunteers

**Output 3.2: The SN ensures a good coordination of its involvement in the response to the Cholera epidemic.**

- Attend meetings of the National Epidemic Management Committee
- Organize coordination meetings at National Society level
- Organize a workshop on lessons learned with National Society personnel and volunteers

## C. DETAILED OPERATIONAL PLAN

 <b>Disaster Risk Reduction</b> People reached: NA Male: NA Female: NA		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of coordination meetings attended	12	6
Number of volunteers trained in ECV	100	100
Number of RDRT deployed	1	1
Number of LLW conducted	1	1
<b>Narrative description of achievements</b>		
<ul style="list-style-type: none"> <li>• BRC participated in Operational Command meetings at WHO.</li> <li>• The DREF operation was presented to the Ministry of Health and partners for buy-in and support.</li> <li>• An orientation day was organized for supervisors.</li> <li>• 2 days training for supervisors.</li> <li>• 4 days training for 100 volunteers.</li> <li>• A lessons learned workshop was conducted for feedback and review with the BRC governance, Ministry of Health, donors and other partners involved in the operational command committee of the epidemic in attendance.</li> </ul>		
<b>Challenges</b>		
NA		
<b>Lessons Learned</b>		
NA		

 <b>Water, sanitation and hygiene</b> People reached: 116,697 Male: 43,857 Female: 72,840		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached with WASH services	500,000	116,697
<b>Narrative description of achievements</b>		
<p>Almost all the planned activities under the WASH stream were effectively carried out with the below key achievements:</p> <ul style="list-style-type: none"> <li>• A total of 1,900 WASH kits were distributed.</li> <li>• 100 volunteers and 20 supervisors were trained on ECV and health and hygiene promotion techniques in the commune of Cotonou.</li> <li>• Social mobilization was carried out on a sustained basis in public places (markets, schools, bus stations, churches) for 30 days (weekend inclusive).</li> <li>• Volunteers visited 12,931 compounds with reaching a total number of 116,697 people (19,449 households). Each volunteer visited an average of 33 households per day for 30 days.</li> <li>• In the 13 districts of Cotonou, volunteers organized 1,038 talks, reaching 19,698 people in markets, schools, places of worship, workshops, etc.</li> <li>• Volunteers conducted door-to-door awareness campaign on cholera in 12,931 compounds</li> <li>• Distribution of flyers adapted by the communication consortium of actors of the operational command committee.</li> <li>• Distribution of water treatment products and drinking-water storage containers.</li> </ul>		

- 848,000 tablets of Aquatabs for the treatment of 10 litres drinking water were distributed.
- 10,000 pieces of soap and 100 cans of liquid soap for hand washing distributed.
- 100 jerry cans with lids for storage of drinking water distributed to households on the basis of established vulnerability criteria.
- Interactive health programme sessions focusing on handwashing and different themes were held on two FM radio stations and one TV channel by volunteers.
- Broadcast of information on Cholera on a TV channel at peak times in Fon, French and Yoruba languages two times a day.

### Challenges

- The jerry cans for drinking water storage could not be distributed in time because of logistic problem.
- A donation of 10,000 Oral Rehydration Solutions (ORACEL) to the Ministry of Health was planned to curb this epidemic and avail the Ministry of Health with a safety stockpile for the upcoming epidemics. The Ministry of Health was informed of this by mail and they welcomed the gesture. Unfortunately, the formal handing over of the ORS did not take place immediately due to the unavailability of departmental officials. The Red Cross have now handed over the sachets of Oracel to the 6 departmental directorates of the country after the official handing over.

### Lessons Learned

NA

## D. THE BUDGET

The overall allocation received for this operation was CHF 124,900, of which CHF 113,931 (91%) has been spent. The balance of CHF 10,969 will be returned to the DREF pot.

Description	Budget	Expenditure	Variance Explanation
Relief items, Construction and Supplies			
Water, Sanitation & Hygiene	9,700	5,863	This budget was underspent by 3,837 Swiss francs because of the WASH kits rate purchased was lower compared to the amount allocated in the budget.
Utensils & Tools	3050	515	This budget was underspent by 2,535 Swiss francs because the cost for jerricans (water storage containers) rate purchased was lower compared to the amount allocated in the budget.
Other Supplies & Services	2000	0	This budget line was not used at all because it was no longer required and hence there were no costs.
Logistics, Transport and Storage			
Transport & Vehicles Costs	11,569	4,113	This budget line was underspent by 7,456 Swiss francs because of the amount allocated in the budget had overbudgeted the costs for transport and vehicles.
Personnel			
International Staff	12,000	4,005	This budget line was underspent by 7,995 Swiss francs because the actual cost for international staff was less than the approved budget.
National Society Staff	9000	16,596	This budget line was over expensed by 7,596 Swiss francs because of because the actual cost for international staff was less than the approved budget.
Workshops & Training			
Workshops & Training	19,000	16,119	This budget line was underspent by 2,881 Swiss francs because the workshops and trainings were significantly cheaper compared to the original budget.
General Expenditure			
Travel	4,000	9,908	This budget line was overspent by 5,908 Swiss francs because the travel cost was under budgeted for in the approved budget.
Information & Public Relations	2,275	5,690	This budget line was over expensed by 3,415 Swiss francs because the information and public relations was cost was more than the approved budget.

Office Costs		26	This budget line was overspent by 26 Swiss francs due to oversight to include office cost in the approved budget.
Communications	2,933	967	This budget line was underspent by 1,966 Swiss francs because the cost was significantly cheaper compared to the original budget.
Other General Expenses	0	824	This budget line was overspent by 824 Swiss francs due to oversight to include other general expenses in the approved budget

## Contact information

Reference documents



Click here for:

[Emergency Plan of Action \(EPoA\)](#)

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

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### For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org) phone: +254 733 888 022

### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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 Humanitarian 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

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/9-2020/2	Operation	MDRBJ015
Budget Timeframe	2016	Budget	APPROVED

Prepared on 19/Mar/2020

All figures are in Swiss Francs (CHF)

## MDRBJ015 - Benin - Cholera Outbreak

Operating Timeframe: 12 Sep 2016 to 12 Dec 2016

### I. Summary

Opening Balance	0
<b>Funds &amp; Other Income</b>	<b>124,900</b>
DREF Allocations	124,900
<b>Expenditure</b>	<b>-113,931</b>
Closing Balance	<b>10,969</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	124,900	108,848	16,052
AOF5 - Water, sanitation and hygiene		4,593	-4,593
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>124,900</b>	<b>113,440</b>	<b>11,460</b>
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC		490	-490
<b>Strategy for implementation Total</b>		<b>490</b>	<b>-490</b>
<b>Grand Total</b>	<b>124,900</b>	<b>113,931</b>	<b>10,969</b>

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/9-2020/2	Operation	MDRBJ015
Budget Timeframe	2016	Budget	APPROVED

Prepared on 19/Mar/2020

All figures are in Swiss Francs (CHF)

## MDRBJ015 - Benin - Cholera Outbreak

Operating Timeframe: 12 Sep 2016 to 12 Dec 2016

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>18,000</b>	<b>9,674</b>	<b>8,326</b>
Clothing & Textiles		206	-206
Water, Sanitation & Hygiene	9,700	5,863	3,837
Medical & First Aid	3,250	3,090	160
Utensils & Tools	3,050	515	2,535
Other Supplies & Services	2,000		2,000
<b>Logistics, Transport &amp; Storage</b>	<b>11,569</b>	<b>4,113</b>	<b>7,456</b>
Transport & Vehicles Costs	11,569	4,113	7,456
<b>Personnel</b>	<b>58,500</b>	<b>59,020</b>	<b>-520</b>
International Staff	12,000	4,005	7,995
National Staff		6	-6
National Society Staff	9,000	16,596	-7,596
Volunteers	37,500	38,412	-912
<b>Workshops &amp; Training</b>	<b>19,000</b>	<b>16,119</b>	<b>2,881</b>
Workshops & Training	19,000	16,119	2,881
<b>General Expenditure</b>	<b>10,208</b>	<b>18,051</b>	<b>-7,843</b>
Travel	4,000	9,908	-5,908
Information & Public Relations	2,275	5,690	-3,414
Office Costs		26	-26
Communications	2,933	967	1,966
Financial Charges	999	637	363
Other General Expenses		824	-824
<b>Indirect Costs</b>	<b>7,623</b>	<b>6,954</b>	<b>670</b>
Programme & Services Support Recover	7,623	6,954	670
<b>Grand Total</b>	<b>124,900</b>	<b>113,931</b>	<b>10,969</b>