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Emergency Plan of Action (EPoA) Chad: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRTD016	Glide n° EP-2017-00129-TCD
For DREF; Date of issue: October 2017	Expected timeframe: 03 months Expected end date: 27 January 2018
Category allocated to the of the disaster or crisis: Yellow / Orange / Red	
DREF allocated: CHF 227,145	
Operation Manager (responsible for this EPoA): Anne Elisabeth Leclerc, Head of Sahel Country Cluster, Country Cluster Team, overall responsible for compliance, monitoring and reporting of the operation	Point of contact: Romain S. Guigma, Manager operations,
Total number of people affected: 441	Number of people to be assisted: 3,000 households or 18,000 persons.
Host National Society presence (n° of volunteers, staff, branches): 300 volunteers	
Red Cross Red Crescent Movement partners actively involved in the operation: French Red Cross, ICRC, and IFRC	
Other partner organizations actively involved in the operation: UNICEF, WHO, ADS, MSF, Concern Worldwide and local NGO and associations of the place.	

A. Situation analysis

Description of the disaster

Following the declaration of the Ministry of Public Health (MoPH) about cholera epidemics in the village of Maréna, Koukou Angarana sub-prefecture, the Red Cross of Chad (RCC) Sila regional committee, informed by the national headquarters, carried out an evaluation mission from 21 to 22 August in Maréna, Tyéro and Dogdoré villages, where the epidemic seems to have started on 14 August 2017.

The epidemic spread on September 11, 2017 to the Salamat region, more specifically in the village of Amdjoudoul, Mouraye sub-prefecture



Awareness session at the market of Maréna / Photo MHT ALI HASSAN

in the Salamat region, a locality bordering the region of Sila. The Salamat Regional Committee of the RCC after holding the national headquarters at the disposal of the Regional Health Delegation (RSD) of Salamat

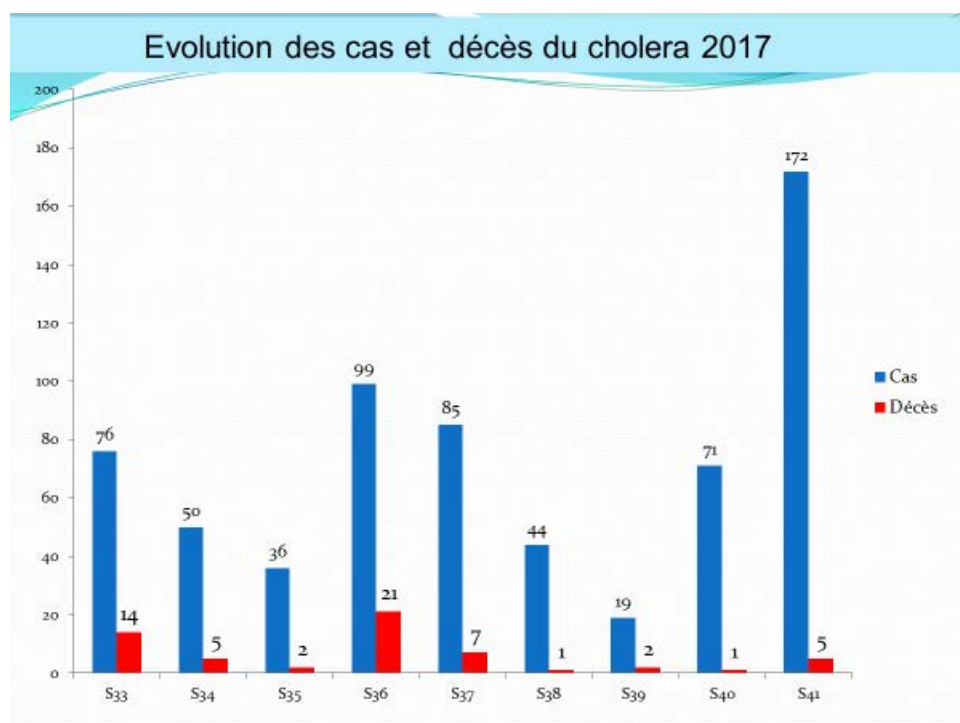
a large number of volunteers in the framework of sensitization on the RSD. The Ministry of Health officially announced the cholera epidemic in this region.

For the 2 regions of Salamat and Sila 652 cases of Cholera are recorded 59 including the beginning of the epidemic. However, for the region of Sila, the situation seems to be under control.

In Salamat, from September 11 to October 11, 2017 (week 41) in total 277 cases of cholera was confirmed with 11 deaths with a case fatality rate of 4%.

Number of affected districts: 1; Number of affected RZs: 08; Number of villages affected: 27/289. The number of cases in this region has been increasing during the last 3 weeks with the proven presence of an epicenter with at week 40 (S40) a total of 71 against 172 at week 41 (S41). This may justify a targeted intervention in this region especially where gaps are identified at community level, despite the presence of partners like UNICEF and WHO.

Graphic 1: Evolution of cases and deaths of cholera (2017)



Summary of the current response

Overview of Host National Society

Red Cross of Chad in country

The RCC has been working in close collaboration with local authorities and the other components of the Movement (ICRC and the French Red Cross).

The alert of local branches,

- Mobilization of its departmental committee to participate with local authorities for assistance and reception activities;
- Participation in the inter-NGO meeting at the MoPH;
- Mobilization of 50 volunteers at the Regional Directorate of Health (DRS) for sensitization activities;
- Participation in the evaluation of the cholera situation in Salamat region.
- Water chlorination and community outreach by Volunteers, they also support the regional hospital with very limited assistance and do not cover the whole area.

The operation will be focusing in Salamat where cases of cholera were recorded. The RCC is targeting 3,000 households or 18,000 people to be provided with water, sanitation and hygiene and health awareness for prevention of cholera outbreak. Sila region was also affected by cholera. However, the situation in there appears to be under control.

Overview of Red Cross Red Crescent Movement in country

ICRC action

Likely support for the CRC in first aid equipment, logistical support and training for volunteers in safer access to enhance access, acceptance and security of CRC teams.

Participation in the meeting of the Red Cross Movement

Action of French Red Cross:

- Participation in coordination meetings with external structures and the Government
- Participation in Movement meeting;
- Support to the drafting of the intervention strategy with the RCC: the intervention strategy is much more in the community field and to strengthen the operational capacity of the RCC which are: early warning and emergency preparedness in new areas; needs assessment, monitoring and evaluation of the intervention; Water Supply, sanitation and hygiene promotion; provide PMER support in the context of the intervention; possible technical support depending on financial capacities granted.

Coordination within the Movement:

The RCC, the IFRC, the ICRC and the French Red Cross organize weekly meetings at the headquarters of the RCC. During the launch of the DMIS alert, the RCC established direct and continuous contact with ICRC delegation and the French Red Cross in Chad. These coordination meetings aim to harmonize our action on the ground for more impact.

The proposed DREF operation is to reinforce efforts being already made by other Movement partners including French Red Cross.

Overview of non-RCRC actors in country

Humanitarian actors in the region of Salamat exchanged on the alert at the meeting between NGOs, held Wednesday, 22 September 2017 and decided to organize an inter-agency assessment mission to complete the missing information including the situation of the sites of provenance, confirmation of the estimated cholera epidemic and identification of priority needs. They will visit the four sites with a Cholera Treatment Center (CTC), namely Amtiman, Khachacha, Mina and Siheb while the outbreak appears to be triggered in the village Amdjoudoul.

- The MoPH and Regional Health Delegation of Salamat: coordination of action and referencing
- UNICEF: coordination has funded up to €400,000 this plan.
- MSF: 4 CTC in Salamat (from Amtiman, Khachacha, Mina, and Siheb) and 3 in Sila.
- CONCERN: distribution of kits and awareness activities in Sila
- ACF: Village monitoring, sensitization, distribution of hygiene kits and ORS

Based on the consolidated response plan, the National Society (NS) is given role in community health awareness, disease surveillance through its trained volunteers network in affected region of Salamat.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

While the number of cases is decreasing in Sila, it is important to circumscribe the epidemic in the region of Salamat. This region has three departments, three health districts and 22 functional areas of responsibility.

A comprehensive response plan is being developed jointly by UNICEF, WHO and the Ministry of Water and Health to support community components. This plan will allow implementing urgent activities to limit the spread of this epidemic and the number of people affected.

As all the areas are not currently accessible because of the rainy season, one should expect a larger number of cases than those currently known.

ACF is selected as an actor by UNICEF. Given the current scarcity of funding, they cover only part of the Salamat region around the city of Amtiman and the road to the east (origin of the first case). The deficit in the coverage will hamper stopping the epidemic. UNICEF is seeking funding or partners to complete the response to the overall plan of action.

Needs analysis, targeting, scenario planning and risk assessment

The areas of intervention on which the Red Cross wishes to position itself are as follows:

- Strengthen epidemiological surveillance for early detection and timely response;
- Strengthen community awareness on the prevention of cholera and other diarrheal diseases; and
- Ensure access to drinking water and the environment to populations in the affected areas.

Targeting

The operation targets **3,000 households or 18,000 persons in Salamat**, with a focus on the most vulnerable such as children, elderly and disable people. Identification of beneficiaries is based on the location of origin related to Cholera Treatment Centre (CTC) admissions. Populations present in the gathering places (mosque, church, school, market, places of restoration, bus station...) and population in villages surrounding the river and affected places.

Scenario planning

Scenario A: Maintaining the situation at its geographical location and affected persons

- Involvement of the national committee and its partners

Scenario B: Extension to other locations (more than two regions) and the number of people affected.

- Increase national capacities with partners and areas of intervention
- Call for WASH and Health Emergency Response Teams.

Operation Risk Assessment

- The rainy season leads to major difficulties in terms of access capacity and referral times for patients and risk of road accidents at night.
- The contamination of staff working with patients.
- The security situation is stable but proximity to Sudan implies caution when traveling during the dry period. Military escort may be recommended in exceptional circumstances, and that needs to be organized well in advance with advice from the IFRC Regional Security Coordinator. The RCC coordinates with the administrative authorities and NGOs during and after the displacement in the various affected districts.

B. Operational strategy¹

Overall Operational objective:

Support the cholera epidemic operation in the currently affected areas and prevention awareness dissemination to the surrounding areas.

Strategy proposed

- Strengthen epidemiological surveillance for early detection.
- Ensure access to drinking water to the populations in the affected areas,
- Strengthen community awareness on the prevention of cholera and other diarrheal diseases

¹ The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- Conduct referral services in coordination with local health centres in cholera affected region of Salamat.
- Train volunteers to support the implementation of planned activities and strengthen the RCC Salamat regional committee in its operational capacities.
- Organize door-to-door awareness sessions in public places in all affected and surrounding villages (cholera awareness, prevention, and care).
- Establish a contract with community radio stations for the daily dissemination of awareness messages
- Provide psychosocial support for bereaved families
- Reduce the transmission of people affected by the supply of drinking water through awareness raising, referencing, disinfection of means of transport and storage of water, distribution of Watsan kits (soap, buckets, bleach and PUR bag)
- Identification of defecation sites and promotion of family latrines with the distribution of slabs.
- Promotion of community sanitation activities (disinfection of squares, around wells).

Beneficiaries

Outcome 1

Number of villages/areas in Salamat covered by Community Based Surveillance:

Outcome 2

Number of families benefiting from a WASH kit: 5,000 families i.e. 25,000 people

Number of families receiving water treatment: 5,000 families or 25,000 people

Number of families having received a slab for latrine: 1,000 families or 5,000 people

Number of sites with hand washing facilities: 35 sites

Number of households receiving disinfection at home: 300 families

Treatment of water conserving means at home: 5,000 families

Outcome 3

Number of volunteers trained in awareness-raising: 500

Number of people who received awareness messages: 75,000 people

Number of authorities having received information on Cholera: 200 persons

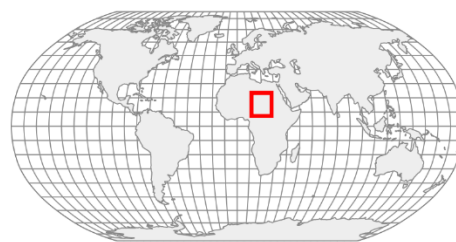
Budget

Budget Group	DREF grant budget	Expenditure CHF
500 Shelter - Relief	0	0
501 Shelter - Transitional	0	0
502 Construction - Housing	0	0
503 Construction - Facilities	0	0
505 Construction - Materials	0	0
510 Clothing & Textiles	0	0
520 Food	0	0
523 Seeds & Plants	0	0
530 Water, Sanitation & Hygiene	61,165	61,165
540 Medical & First Aid	0	0
550 Teaching Materials	0	0
560 Utensils & Tools	0	0
570 Other Supplies & Services	58,252	58,252
571 Emergency Response Units	0	0
578 Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	119,417	119,417
580 Land & Buildings	0	0
581 Vehicles Purchase	0	0
582 Computer & Telecom Equipment	0	0
584 Office/Household Furniture & Equipment	0	0
587 Medical Equipment	0	0
589 Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
590 Storage, Warehousing	0	0
592 Distribution & Monitoring	0	0
593 Transport & Vehicle Costs	6,602	6,602
594 Logistics Services	5,825	5,825
Total LOGISTICS, TRANSPORT AND STORAGE	12,427	12,427
640 International Staff	18,524	18,524
661 National Staff	0	0
662 National Society Staff	13,204	13,204
667 Volunteers	31,456	31,456
Total PERSONNEL	63,184	63,184
670 Consultants	0	0
750 Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
680 Workshops & Training	7,767	7,767
Total WORKSHOP & TRAINING	7,767	7,767
700 Travel	1,359	1,359
710 Information & Public Relations	6,680	6,680
730 Office Costs	1,223	1,223
740 Communications	738	738
760 Financial Charges	485	485
790 Other General Expenses	0	0

799	Shared Support Services	0	0
	Total GENERAL EXPENDITURES	10,485	10,485
599	Programme and Supplementary Services Recovery	13,863	13,863
	Total INDIRECT COSTS	13,863	13,863
	TOTAL BUDGET	227,145	227,145



International Federation of Red Cross and Red Crescent Societies
 Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
 الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Chad: Cholera

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The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: IFRC, Red Cross of Chad, GADM
 Map produced by: IFRC Africa Regional Office, Nairobi

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the Chad Red Cross Society

- Secretary General (or equivalent): Barminas Bongor Secretary General, email: secretairegeneral@croixrougedutchad.org, phone: +23566298882
- President Yaya Mahamat Liguita, email: crt@croixrougedutchad.org ; phone +235 66202593.

In the IFRC

IFRC Sahel Cluster Representation:

Anne Elisabeth Leclerc, Head of Sahel Country Cluster, phone: +22178 6390794; email: anne.leclerc@ifrc.org

In the African Region:

- Florent Del Pinto, Acting Head of Disaster and Crisis Prevention, Response & Recovery, Africa Region, Mob. (loc.): +254(0) 780930278, email florent.delpinto@ifrc.org
- Rishi Ramrakha, Head of Regional Logistic Unit; phone +254 733888022; fax +242 202 712 777; email rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- In the IFRC regional office for Africa: Kentaro Nagazumi, Partnerships and Resource Mobilization Coordinator, Nairobi; phone: +254731 984117 or +81 90 86899793; email: Kentaro.NAGAZUMI@ifrc.org

In the IFRC Geneva:

- **IFRC Geneva:** Alma Alsayed, Senior Officer, Response and Recovery; phone: +41 22 730 4566; email: alma.alsayed@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- Fiona Gatere, PMER Coordinator Africa Region; phone: +254 780771139; email: Fiona.Gatere@ifrc.org

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.