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Emergency Plan of Action Final Report

Chad: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRTD016
Date of Issue: 16 August 2018	Glide number: EP-2017-00129-TCD
Date of disaster: October 2017	
Operation start date: 27 October 2017	Operation end date: 27 January 2018
IFRC Focal Point: Dr Aissa Fall, Health Coordinator, Sahel Country Cluster support team	National Society contact: Dr Mahamat Zakaria Ouchar, Community Health Manager, Chad RC
Host National Society: Red Cross of Chad	Operation budget: 227,145
Number of people affected: 441	Number of people assisted: <ul style="list-style-type: none">• 18,000 persons (3,000 households) direct beneficiaries.• 241,226 people (approx. 32,083 households) indirect beneficiaries
N° of National Societies involved in the operation: French Red Cross, ICRC and IFRC	
N° of other partner organizations involved in the operation: UNICEF, WHO, ADS, MSF, Concern Universal 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) of a cholera epidemic in the village of Maréna, Koukou Angarana sub-prefecture, the Chad Red Cross (CRC) Sila regional committee carried out a needs assessment mission from 21 to 22 August 2017 in Maréna, Tyéro and Dogdoré villages, where the epidemic 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. Indeed, a total of 277 cases of cholera was confirmed with 11 deaths, a case fatality rate of 4% in Salamat. The number of cases increased during the last 3 weeks with the proven presence of an epicentre with at week 40 (S40) a total of 71 against 172 at week 41 (S41).

Upon request of the National Society, the International Federation of Red Cross and Red Crescent Societies (IFRC) launched a DREF operation for CHF 227,145 to support its response to the cholera outbreak. The operation targeted 3,000 households or 18,000 people to whom water, sanitation, hygiene and health awareness were provided in Salamat region.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of Chad Red Cross (CRC), the IFRC would like to extend its gratitude to all partners for their generous contributions.

Summary of response

Overview of Host National Society

During this operation, Chad Red Cross worked in close collaboration with local authorities, IFRC through the RDRT deployed, ICRC as well as the French Red Cross and took the following actions.

- Alert of local branches
- Mobilization of its departmental committee to collaborate with local authorities in responding to the cholera outbreak;
- Participation at the inter-NGO meetings at the Ministry of Public health (MoPH);
- Mobilization of 50 volunteers at the Regional Directorate of Health (DRS) for awareness activities;
- Participation in cholera assessment in Salamat region;
- Water chlorination and community outreach by Chad Red Cross volunteers.



*Chad Red Cross Operational team attending a coordination meeting with partners
Source: RCC*

Overview of Red Cross Red Crescent Movement in country

Through its Sahel Country Cluster Support Team (CCST), the **IFRC** provided the usual technical support to the National Society in assessing and planning the DREF operation. The Red Cross Movement in country enjoys cooperation and collaboration in responding to humanitarian needs. Likewise, the DREF operation was complemented by ICRC and French Red Cross in terms of providing additional resources. Indeed, **ICRC** supported the National Society with first aid equipment, logistical support and training of volunteers on Safer Access to facilitate access, acceptance and security of CRC operation team. The **French Red Cross** supported the needs assessment, monitoring and evaluation of the intervention, as well as water supply, sanitation and hygiene promotion activities. The Red Cross Movement members also held coordination meetings geared towards harmonizing relief actions for better visibility and impact.

Overview of non-RCRC actors in country

Chad Government, in collaboration with United Nations agencies (UN) as well as national and international NGOs, organized daily crisis committee meetings, weekly epidemiological surveillance meetings and coordination meetings in which all humanitarian agencies took part. In addition to CRC, UN and other agencies carried out the following activities:

- ACF with support of UNICEF implemented WASH activities precisely water chlorination – setting-up handwashing device in Amtiman area - distribution of PUR sachets; the RC volunteers were trained to carry out awareness sessions on Wash.
- MSF Switzerland/Holland was in charge of the treatment of cholera affected people. Raising awareness and supporting health centres with medicines and vehicle were also part of their initiatives.
- Local NGOs namely ATPCS, ALNASSOUR were also involved in awareness raising sessions to prevent the spread of the outbreak.

Needs analysis and scenario planning

CRC with support of Red Cross Movement partners conducted needs assessments to inform operational strategies. Based on the needs assessment findings, the CRC focused on the following areas:

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

Risk Analysis

Chad is regularly experiencing attacks from armed groups and the country remains permanently on alert. During the reporting period, two vehicles of the Chad Red Cross (CRC) partners (MSF Holland and GIZ German) were robbed by armed men. despite security measures taken by the authorities. As for the National Society's operational teams, they used to coordinate with the administrative authorities and NGOs in terms of exchanging security concerns/information and risk mitigation measures.

B. OPERATIONAL STRATEGY

Proposed strategy

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

The strategy adopted for this operation included the following:

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

- Conducting referral services in coordination with local health centres in the cholera affected region of Salamat.
- Training volunteers to support the implementation of planned activities and strengthen the CRC's Salamat regional committee in its operational capacities.
- Organizing door to door awareness sessions in public places in all affected and surrounding villages (cholera awareness, prevention, and care).
- Establishing a contract with community radio stations for the daily dissemination of awareness messages
- Providing psychosocial support for bereaved families
- Reducing 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)
- Identifying defecation sites and promoting family latrines with the distribution of slabs.
- Promoting community sanitation activities (disinfection of squares, around wells).

C. DETAILED OPERATIONAL PLAN



Health

People reached: 241,226 people

Health Outcome 1: Immediate risk to health due to Cholera is reduced in Salamat region

Health Output 1.4.1.1: Community-based disease prevention and health promotion provided to targeted population

Indicators:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	18,000	241,226
# of volunteers trained by NS in epidemic control	100	100

Narrative description of achievements

- **Identify referral volunteers, health actors in each area and communication channels**

A meeting with the CRC regional committee was held to discuss and plan for implementation of DREF operation. The relevance of identifying 100 volunteers for the implementation of activities was one of the issues discussed at the meeting. Following the meeting, 100 volunteers were selected on the basis of profile, availability and experience. These 100 volunteers, 5 supervisors, vice president of Red Cross regional committee, received trainings on community-based health awareness and prevention activities in December 2017. The following three trainings were held to prepare volunteers for deployment:



The training participants following the water treatment session Source: RCC

- **Training of volunteers on the ECV (Epidemic Control for Volunteer)**
- **Training of volunteers on the collection of information on cholera cases**
- **Training of volunteers in sensitization techniques and key cholera messages**

The trainings were facilitated by the RDRT, the WASH and Cholera focal point, and covered topics related to community-based surveillance (CBS), sensitization techniques and key cholera messages. In addition, treatment of water and general information on cholera disease as well as practical exercises were also included in the trainings.

- **Conduct CBS**

To mitigate the spread of cholera, a community-based surveillance system was set up in Salamat region and involved volunteers trained in CBS and ECV for epidemic prevention and response. They had the key role for disseminating timely information for response actions. It is worth adding here that CRC governance and Movement partners appreciated volunteers` for their commitment and services in fighting the cholera outbreak. Indeed, the 1st cholera case was detected by a Red Cross volunteer in the village of Amdjoudoul.

- **Organize information sessions with administrative, traditional and religious authorities**

To effectively support the implementation of the cholera response activities, community mobilization strategies were developed. Indeed, advocacy meetings with administrative authorities, religious and traditional leaders were held. The opportunity was seized to sensitize them on the relevance of cholera prevention. Their support and strong commitment in mobilizing their communities were also requested for an efficient implementation of activities.

It is in the framework of these interactions that the villages' chiefs were also met. The meeting with the villages' chiefs was aimed at informing them about the cholera outbreak regarding their villages. These meetings helped CRC in assessing the level of information within the community and verifying the impact of awareness raising. It also enabled the delegation to better identify the hygiene issues faced by the communities in these villages. It emerged from identification of issues that accessing potable water, was a real problem. Indeed, communities continued to use water from untreated ponds because it was the only available source of water. The operational team considered that much remained to be done in terms of awareness raising.



Visit in some villages neighbouring Barh Azoum village affected by the cholera outbreak Source: CRC

- **Organize door-to-door awareness sessions in public places in all affected and surrounding villages (cholera awareness, prevention, care)**

Following the trainings, 100 volunteers were deployed for door to door sensitization, in public places and villages. A total of 241,226 people were reached through 32,083 households visits, mass media and radio sessions amongst others.

- **Establish a contract with community radio stations for the daily dissemination of awareness messages**

Meetings were held between CRC operational team, (headquarters), Salamat Red Cross Regional Committee team, RDRT and Amtiman Darbadja FM local radio management. Those meetings were relevant as they led to a contract between Salamat Red Cross Regional Committee and Amtiman Darbadja local FM radio management. Following the contract, key protection and transmission spots and magazine spots on cholera, and water treatment were broadcast in both Arabic and French by the radio station.



Chad red Cross volunteers conducting household sensitization Source: CRC

Health Output 1.4.1.1: Community-based disease prevention and health promotion provided to targeted population

Indicators	Target	Actual
# of people reached by psychosocial support	-	-

Narrative description of achievements

- **Provide psychosocial support to bereaved families**

The cholera affected families that were bereaved also faced stigmatization from the other community members. The trained Red Cross volunteers first disinfected their houses and provided them psychosocial support. They also seized the opportunity to involve the other community members in raising their awareness on the relevance of disinfection.

Challenges

- There was a delay in the transfer of the DREF funds due to Chad heavy banking system. This led to delay in the implementation of activities. To catch up time, one part of the training was done through briefings.

- The coordination of activities was challenging since the roads were not easily accessible. Besides, the phone and Internet coverage was not good in all intervention areas.
- Insecurity in the region was another challenge (within two weeks, two vehicles of CRC partners were robbed)

Lessons Learned

- The development of a weekly monitoring table of DREF activities was relevant in following-up activities
- The advocacy of administrative, traditional and religious authorities was found to be effective to mobilize the communities
- The involvement of the Red Cross local committee in the response to the outbreak was key in the effective implementation of the DREF.



Water, sanitation and hygiene

People reached: 134,484 people

WASH AOF 5.01: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

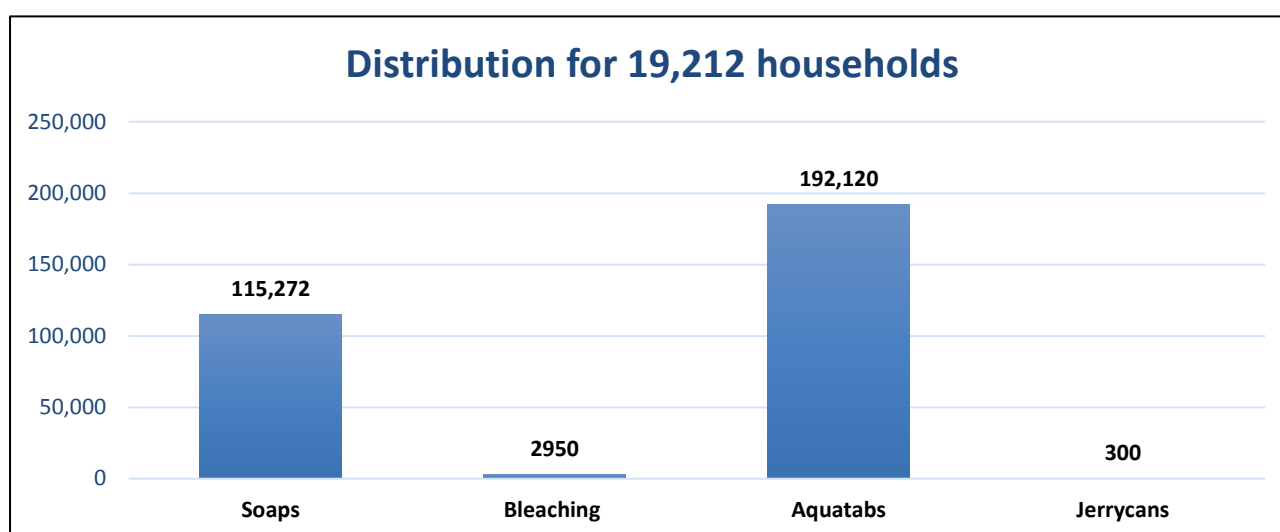
WASH Output A 5.1.2 NS provide communities with knowledge and best practice on treatment and reuse of wastewater

Indicators:	Target	Actual
# of people targeted/reached	18,000	134,484
# households reached with awareness raising activities on improved treatment and safe use of wastewater	3,000	19,212

Narrative description of achievements

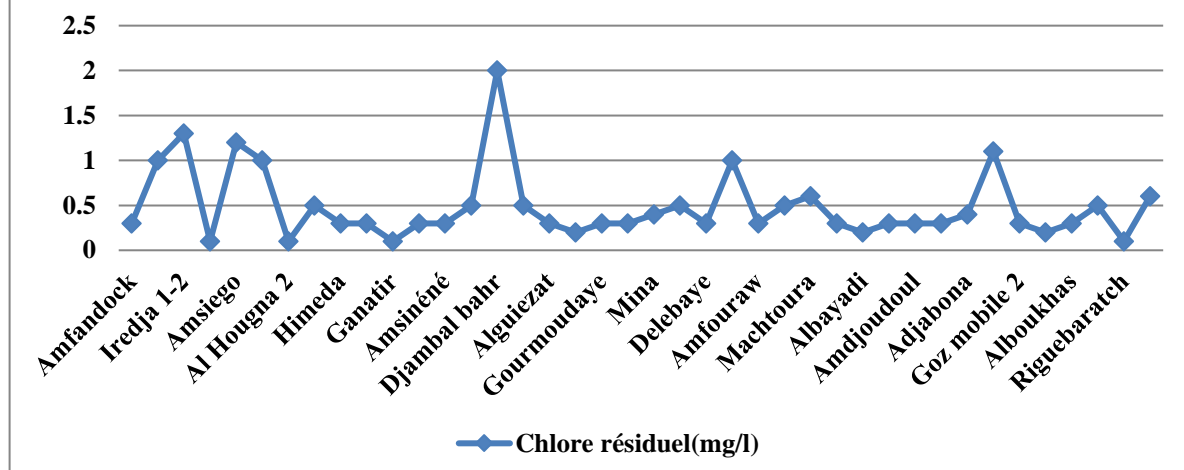
- **Distribute PUR aqua tabs sachet / tablet (75,000) pieces for 3,000 families for three months or treatment of water sources**

Prior to the distribution activities, Red Cross volunteers were trained on distribution techniques including distribution practical exercises. The official launching of the Cholera kit distribution took place on 18 December 2017. This activity was carried out in three villages namely *Gannatir*, *Alhoughna* and *Alboukhass*. It brought together the most vulnerable people who were selected according to their level of exposure to the epidemic. This included, the cholera affected households; households of patients' care givers in health structures and at-risk households, Households with social vulnerabilities (disabled, pregnant women, elderly). A total of 19,212 households were reached and received 115,272 soaps of 200g, as well as 2,950 litres of bleach ; 192,120 Aquatabs and 300 jerry cans of 20 litres.



Additionally, Water quality monitoring in the home several measurements (of residual chlorine was done in households which results are reflected in the following chart)

Residual Chlorine Measurement



Unfortunately, due to the restricted in the budget, Chad RC was not able to complete all activities planned under this sector.

WASH Output 1.3 : Communities are provided by NS with improved access to safe water

Indicators:	Target	Actual
# of people with access to an improved sanitation facility	-	-

WASH Output 2.4: NS promote positive behavioural change in personal and community hygiene among targeted communities.

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	-	-

Narrative description of achievements

As targets were not set at the onset of the operation for the above indicators and activities could not be conducted due to them not being budgeted at the initial stage of the operation, nothing is reported under this section.

Challenges

- Despite efforts made on awareness and sanitation, it was challenging to disinfect pond waters which were water sources for many communities.
- Stagnant (and contaminated) waters were expected to recede in January 2018, but this was not the case.
- Liquid bleach was more accepted by communities than PUR sachets.
- Lapses in planning led to some activities being dropped because they were not budgeted for.

Lessons Learned

The commitment of local NGOs (ATPCS, ALNASSOUR,) despite their limited resources, the collaboration of the City Hall, the motivation of the communities, the good collaboration between the National Society and its partners (DSRS ; MSF-H, MSF-CH, CRT, OMS, ACF, ATPCS, Alnassour, Al-Haya, Cooperative CTS-RSA)) were all key factors in the response against cholera.

Strategies for Implementation

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
Ratio of people reached by the IFRC disaster response operations to the people affected by this emergency	1: 18,000	1: 241,226
# of regional and international surge tools deployed	1	1

Narrative description of achievements

IFRC was committed, as usual, to deploy a Regional Disaster Response Team (RDRT) member to support the National Society.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
% of evaluation which are followed up by a management response	-	-

Narrative description of achievements

The lessons learnt workshop was organized on 27 January 2018 in Salamat regional committee. The participants of the workshop included, the 100 selected volunteers, the 5 supervisors, the Vice President and SG of Salamat regional committee, RCC cholera focal point, a WASH specialist, the village chiefs and some beneficiaries, the RCS, some NGO representatives and the national CRT. The following recommendations were shared



The Lessons learnt workshop gathering actors and beneficiaries Source: CRC

- o Revitalize the WASH consultation framework during cholera outbreaks
- o Ensure the systematic chlorination of all existing AEP networks, including those of health centres: technical support, training then regular follow-up with CRL monitoring.
- o A rapid, massive and systematic bucket chlorination must be implemented at the water points of urban/periurban cholera affected areas.

Challenges

None reported.

Lessons Learned

The DREF outcomes were quantitatively positive in all intervention areas. However, regarding its impact on the targeted people, a slight behavioural change was visible. However, a better analysis of the DREF impact can be done after the stagnant water disappear and during the next rainy season.

D. THE BUDGET

The overall budget for this operation was CHF 227,145 of which CHF 212,756 were utilized. The balance of CHF 14,389 will be returned to the DREF pot.

Explanation of variances

- The variances related to the budget lines **Transport & Vehicle Costs; Volunteers; Workshops & Training; Information & Public Relations Office costs; Communications ; Financial Charges** were due to the fact that these lines were underbudgeted at the planning stage
- **Logistics Services** : the variance is due to a coding error.

Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- 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:

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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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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

Disaster Response Financial Report

MDRTD016 - Chad - Salamat Cholera

Timeframe: 27 Oct 17 to 27 Jan 18

Appeal Launch Date: 27 Oct 17

Final Report

Selected Parameters

Reporting Timeframe	2017/10-2018/2	Programme	MDRTD016
Budget Timeframe	2017/10-2018/1	Budget	APPROVED
Split by funding source	Y	Project	PTD026
Subsector:	*		

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		227,145				227,145	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		227,145				227,145	
C4. Other Income		227,145				227,145	
C. Total Income = SUM(C1..C4)		227,145				227,145	
D. Total Funding = B +C		227,145				227,145	

* 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							
C. Income		227,145				227,145	
E. Expenditure		-212,756				-212,756	
F. Closing Balance = (B + C + E)		14,389				14,389	

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Budget Timeframe	2017/10-2018/1	Budget	APPROVED
Split by funding source	Y	Project	PTD026
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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)			227,145			227,145		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	61,165		56,101			56,101	5,064	
Other Supplies & Services	58,252		53,429			53,429	4,823	
Total Relief items, Construction, Sup	119,417		109,530			109,530	9,887	
Logistics, Transport & Storage								
Transport & Vehicles Costs	6,602		6,479			6,479	123	
Logistics Services	5,825		2,641			2,641	3,184	
Total Logistics, Transport & Storage	12,427		9,120			9,120	3,307	
Personnel								
International Staff	18,524		8,822			8,822	9,702	
National Society Staff	13,204		16,456			16,456	-3,252	
Volunteers	31,456		35,919			35,919	-4,462	
Total Personnel	63,184		61,197			61,197	1,988	
Workshops & Training								
Workshops & Training	7,767		9,440			9,440	-1,673	
Total Workshops & Training	7,767		9,440			9,440	-1,673	
General Expenditure								
Travel	1,359		177			177	1,182	
Information & Public Relations	6,680		7,523			7,523	-843	
Office Costs	1,223		1,198			1,198	25	
Communications	738		1,077			1,077	-339	
Financial Charges	485		551			551	-65	
Other General Expenses			-42			-42	42	
Total General Expenditure	10,485		10,483			10,483	2	
Indirect Costs								
Programme & Services Support Recove	13,863		12,985			12,985	878	
Total Indirect Costs	13,863		12,985			12,985	878	
TOTAL EXPENDITURE (D)	227,145		212,756			212,756	14,389	
VARIANCE (C - D)			14,389			14,389		

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Budget Timeframe	2017/10-2018/1	Budget	APPROVED
Split by funding source	Y	Project	PTD026
Subsector:	*		

All figures are in Swiss Francs (CHF)

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 management	227,145		227,145	227,145	212,756	14,389	
Subtotal BL2	227,145		227,145	227,145	212,756	14,389	
GRAND TOTAL	227,145		227,145	227,145	212,756	14,389	