

Benin Floods, Cholera and Fire (MDRBJ 009, MDRBJ010 and MDRBJ011) DREF Review March 2013



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Executive Summary

With the objective to refine operational procedures and learn from experience gained by National Societies working within the framework of DREF, the International Federation has taken the decision to review DREF operations regularly. With this purpose, a review team was deployed in Benin in March 2013.

The Benin Red Cross Society (BRCS) has during the last five months (November 2012 – March 2013), carried out three consecutive (and overlapping) DREF operations, that is, a Floods operation in the north of the country, Cholera and Fire operations in the southwest. The National Society has a modest staff of 14 people, including four technical coordinators and has never before been operative in such a large scale.

The objectives of the mission are outlined in the Terms of Reference attached to this report. The team visited the Cholera operation (two days) as well as the Fire operation (one day) and had fruitful discussions with Government representatives, branch volunteers and beneficiaries. Because of the insecure situation in the North, the team was however, limited to meet with the four representatives from the area that participated in the two-day lessons learned workshop, as part of the review process.

The main conclusion from the mission is that Benin Red Cross Society, although a small National Society, has the capacity with good leadership and a strong volunteer network, to carry out fast onset emergency operations with the support of DREF. Their weaknesses highlighted were in terms of transport and logistics and with such big operations on going at the same time, they could have benefitted from reinforcement through an Operations Manager.

The objectives of the three operations have mostly been efficiently and effectively met, with smaller exceptions. Activities were carried out to almost 100 per cent, with only a few drawbacks such as late delivery of Water and Sanitation material from the IFRC warehouse in Las Palmas (reference to the Cholera operation in Comé) and non-purchase of tarpaulins and non-construction of latrines and showers (reference to the Fire operation in Alloya). The reason for the delays of material needs to be analysed further. The delay in construction of latrines in Alloya is due to local soil problems and better techniques are being found. The review team has not scrutinized the financial management for the operations, but according to discussions with the finance officer and the West Coast Regional Disaster Management Senior Officer, the reporting is on track and operations ready to be closed on time.

Distributions in relation to the floods operations in Karimama and Malanville were carried out mainly by boat (dug-out canoes) on the river Niger. This implied a security risk for the volunteers, which were not equipped with life-vests. The explanations given why life-vests were not included in the DREF are varying but it seems the National Society was discouraged from including them in the plan. Furthermore, considering local circumstances such as distances, poor availability of transport means, climatic conditions etc., we must congratulate the volunteers to their commitment to serve the most vulnerable.

In all three operations, new volunteers have been recruited and trained in various disciplines, thus human resource capacities of the National Society was much enhanced. It must be noted though, that although women have a strong role in society, Red Cross volunteers are mainly younger men. The National Society should be encouraged to recruit women of all ages as well as older men, to

reflect reality and enhance the possibility to reach the affected communities in a more in-depth and sustainable way.

Registration and distribution has been carried out satisfactory in the three operations. Monitoring and evaluation of activities is done on a daily basis but might not be very scientific. The continuous presence of volunteers in the three sites has allowed for regular discussions with beneficiaries. A formal complaints procedure is not in place but has been discussed with National Society leadership and participants of the lessons learned workshop.

The emergency operations have offered the National Society a great opportunity to increase their visibility. Parades, TV slots, banners, radio messages etc. have contributed to a greater understanding of the Red Cross Fundamental Principles and to the work that the National Society is carrying out in response to the three operations as well as their on-going work.

Contingency planning is on going together with local and national authorities and BRCS is considered a reliable partner in emergencies and also entrusted the responsibility to distribute material that Government bodies put at disposal of vulnerable populations. The National Society is an official partner of the national disaster management body.

The cholera operation focused on sensitisation of population through delivery of hygiene messages from house to house as well as posters. Construction of hand washing points, fumigation and rehabilitation of latrines and purification of water was part of the operation. The branch started sensitisation work right after the health authorities announced the cholera epidemic. However, as the official DREF operation only started after the main cholera crisis was over, the work must be considered more as largely preventive work, however not less valuable. The sensitisation teams would have benefitted from a cholera kit for volunteers and a larger number of volunteers (although 62 were deployed in support of the operation). It appears that soap was not included in the operational plan; however distribution of soap should be an integral part of a cholera operation.

Taking into account the short time the review team had in the field, we can nevertheless confirm that our impression is that many people know how to prevent cholera. Considering that no other organisation has done similar work in the villages, the result must be attributed to the work of the Red Cross volunteers. Allowing the volunteers to continue their sensitisation work, as well as equipping the village health committees with cleaning material, would enhance sustainability. Aqua tabs were distributed at the end of the operation, which could be questioned as to usefulness. It might have been wiser to preposition the tabs until the imminent rainy season. As in the other operations, logistics and transport were highlighted as operational “weak spots” as distances are hard to overcome by foot and transport costs not adequately budgeted for, with instances of volunteers personally paying for operational phone calls and travel from their own pockets.

The fire in Alloya received support from Government as well as the Red Cross national and local branch within 24 hours. Victims were equipped with tents and food within 48 hours. Many families were sheltered within neighbouring villages. The branch volunteers and a local shelter RDRT have been in place since day one and Non Food Items (NFIs) were distributed according to needs. This support is considered very valuable for the recovery of the population. The Red Cross teams are now guiding Government workers and the local community in the reconstruction of houses and are starting the construction of latrines.

Overall the review team was very satisfied with the results of the operations, particularly given the size and experience of the National Society. The challenge for the National Society moving forward is now how to consolidate this experience and the lessons learned, with a view to ensuring

sustainability of activities and retention of human resources in the absence of substantial longer term funding.

The challenge will lie in how the headquarters and branches can retain and build on these capacities after the DREF operation is over. The limitation of DREF funding is that it is for immediate life saving purposes, which limits the timeframe and the scope of activities eligible.

With the support of this evaluation the National Society has great opportunities to seek partner collaboration to further develop their work with longer-term programmes as disaster prevention and preparedness. The review findings and recommendations can be used as a base to build a proposal for developing the National Society contingency planning and branch development.

Table of Contents

Executive Summary	2
CHAPTER 1	6
Introduction	6
<i>Methodologies</i>	6
<i>Challenges</i>	7
<i>Overview of the National Society</i>	7
CHAPTER 2 Cholera DREF Operation MDRBJ010	8
<i>The DREF operation focuses on the following objectives:</i>	8
<i>Strengths and challenges of the intervention</i>	9
<i>Key findings</i>	9
<i>Specific recommendations</i>	11
<i>Conclusions</i>	11
CHAPTER 3 Fire Operation DREF MDRBJ011	12
<i>The DREF operation focuses on the following objectives:</i>	12
<i>Strengths and challenges of the intervention</i>	12
<i>Key findings</i>	13
<i>Specific recommendations</i>	14
<i>Conclusions</i>	14
CHAPTER 4 Floods Operation DREF MDRBJ009	14
<i>The DREF operation focuses on the following objectives:</i>	14
<i>Strengths and challenges of the intervention</i>	15
<i>Key findings</i>	15
<i>Specific recommendations</i>	15
<i>Conclusions</i>	16
CHAPTER 5 Key findings and recommendations	17
<i>Key findings</i>	17
<i>Recommendations</i>	17
<i>Conclusions</i>	19
Attachments	19

CHAPTER 1

Introduction

Benin Red Cross Society (BRCS) is an active partner in disaster management in Benin. During five consecutive months (2012/2013) the BRCS intervened in three disasters with the support of DREF.

With the aim to further improve the handling of DREF funds and enhance National Society capacities in emergency assistance, the Federation has decided to make regular reviews of DREF operations.

In line with this objective, two recent BRCS interventions were reviewed in March 2013, namely a cholera epidemic intervention in the municipality of Comé and a fire outbreak in the village of Alloya, both in the south western part of the country. The BRCS also delivered immediate assistance to a third, floods emergency that occurred in October 2012 in Karimama and Malanville, bordering with Niger.

The purpose and objectives of the review are:

- to examine if the DREF operations have achieved outcomes (goals) and expected results, and to review outputs against the plan
- to assess key achievements, areas of success and challenges, as well as areas for improvement within the operation
- to identify lessons learned and good practices
- provide recommendations to replicate or improve future disasters responses
- provide information for the final DREF reports

The review was made in the following locations:

Cholera: Comé Municipality, Department of Mono

Fire: Alloya village, Municipality of Lalo, Department of Couffo

Floods: Due to the volatile security situation in the north of Benin it was not possible for the team to visit Karimama and Malanville. However, four branch representatives were present at the lessons learnt workshop where they provided feedback on the achievements and challenges. The review was thus, limited to interviews with National Society staff and volunteers and IFRC staff involved in the operation, desk review and review of secondary data.

The evaluation team would like to express their thanks to the National Society for facilitating the DREF review and their full and open participation in the lessons learned workshop. It was a privilege to work with the National Society and to discuss with community members and local authorities.

Methodologies

A review team was deployed in the field on the 17 March for 7 days.

The team has

- reviewed secondary data
- held key informant interviews with National Society staff and local government representatives
- carried out field visits and group and individual interviews with communities that received assistance during the DREF operations

- held a lessons learnt workshop with the National Society headquarters and branches involved in the response operations
- followed-up findings with National Society (debrief on last day)

The review report is divided into three parts, one for each of the operations. Overall conclusions and recommendations are presented at the end of the report.

Challenges

The team regrets not having had enough time in the field to allow for an in-depth evaluation. Taking into consideration several restraints, the team considers however, that we have been able to get a good understanding of the achievements and limitations of the Benin Red Cross Society and the IFRC teams, in carrying out the three DREF operations. We have also a clear view on the positive recognition that the BRCS has received from beneficiaries and government entities.

Unfortunately the floods operation was not visited due to the insecure situation in the north of the country.

Due to travel logistics and immigrations issues, limited time was available for each operation (two days for cholera operation in Comé and one day for the fire operation in Alloya).

As such, the time for field visits did not allow for in depth discussions with beneficiaries and a number of key informants were not interviewed, including the local health coordinators, school children, teachers, health post staff etc. (see further details concerning challenges in Attachment 2)

Overview of the National Society

The National Society has 14 staff members including four key staff; Secretary General, Disaster Manager, Finance Manager, Health Coordinator. Both the Secretary General and the Health Coordinator have taken up their positions recently.

BRC has 67 branches and approximately 5000 active volunteers. The headquarters are based in Porto Novo.

The National Society has 13 RDRT trained Red Cross volunteers based in Benin, in technical areas including shelter, health, relief, watsan, logistics and food security.

The National Society has only recently acquired a car, which was contributed by the Paris Branch of the French Red Cross. Until then, the National Society had to lease a vehicle.

The National Society has a warehouse based in Porto Novo, which has capacity for NFIs for 2000 families and has one warehouse staff. Items in the warehouse are procured locally as well as internationally.

The National Society has few Red Cross or other partners, neither in emergencies nor in development work. The IFRC has carried out projects in Benin, which have ended (SMI) but continue to give technical support. At present, the BRCS is in partnership with the French Red Cross, Paris Branch and has signed a Memorandum of Understanding with the German Red Cross, Kleve Branch. The Netherlands Red Cross have just announced that Benin will be one of their African partner societies. BRCS are presently negotiating partnerships with other local organisations such as Lions Benin. The BRCS conducts its traditional activities with the support of ICRC, IFRC and local partners.

The BRCS is a member of the national platform for risk reduction. It maintains a good relationship with the National Agency of Civil Protection and participates in updating the National Relief Organisation Plan (Plan ORSEC). BRCS actively participated in the elaboration of contingency planning

for floods, epidemics and hygiene, in several municipalities. A national plan for Red Cross preparedness for floods and epidemics are finalized with technical support from the Federation West Coast Office.

BRCS has a good relationship with the National Agency of Civil Protection who may make available a truck for transportation of relief material, when needed. They have an agreement with the Government and good relationships with the Ministry of Health, Foreign Affairs, Ministry of Interior, etc.

CHAPTER 2

Cholera DREF Operation MDRBJ010

Budget: CHF 112,195

Alert: From local authorities 23 October, on DMIS 30 October 2012

DREF approved: 9 November 2012

Target number of beneficiaries: 25,000 people (or 5,000 families) in Comé municipality

Duration: Originally a 3 month operation. The timeframe was extended to 4 ½ months, finishing on 24 March 2013.

<http://www.ifrc.org/docs/Appeals/12/MDRBJ010.pdf>

<http://www.ifrc.org/docs/Appeals/12/MDRBJ010O1.pdf>

The DREF operation focuses on the following objectives:

- **Emergency health:** Raise awareness on cholera prevention (prevention, detection and referral)
 - RDRT deployed for two months to support in training epidemic control for volunteers (ECV) and for implementation support
 - Dissemination of cholera messages through media
 - 291 sensitization and demonstration sessions (three per community) in 97 communities
- **Water, sanitation and hygiene promotion:** hygiene promotion, and provision of safe water and improved sanitation to prevent and mitigate possible disease outbreaks
 - Water treatment for 5,000 families
 - Distribution of aqua tabs
 - Disinfection of sanitation facilities and wells

The target area selection was flexible to be changed according to the updated information of the spread of the epidemic. The epidemic was contained and in December 2012 it was declared to be over.

However, due to further cholera outbreaks in the town of Grand-Popo in Lanta district at the end of January, it was decided to extend the operation with a month and a half. BRCS interventions in the new area are based on the same strategy and the activities accommodated within the current DREF budget.

A delay in implementation due to delays in delivery of material for disinfection of wells and sanitary facilities, has further contributed to the decision to extend the operation.

Strengths and challenges of the intervention

Strengths

Launch of the DREF operation was immediate as Government was quick to declare an emergency. The Red Cross branch started sensitisation of vendors, in schools and sent out radio messages already on day one, whilst preparing for DREF.

The operation was officially launched with an inaugural procession through Comé town to raise awareness of the situation, which also contributed greatly to Red Cross visibility.

The branch has developed a good relationship with the local authorities, including the mayor and the health coordinator.

Locally appropriate sensitisation materials were developed, including sensitisation messages through local radio.

Repeat visits by Red Cross volunteers to households allowed for 'concept check' of understanding of the last session.

Challenges

Delay in receiving WatSan materials from Las Palmas; however it is not clear what caused the delay. Soap was not included in the operational budget. It is not clear whether soap was removed or not included in the operation plan. This should be clarified by the Regional Office and Quality Assurance at the Africa Zone Office.

It is not clear whether behavioural changes are monitored in a systematic way. However, considering the short time that has passed since the intervention, it does not yet allow for an in-depth evaluation.

In many communities maintenance of latrines and wells was neglected by authorities, i.e. not apt for use, which questions the effectiveness of sensitisation.

Traditional/cultural beliefs put limitations to acceptance of hygiene messages.

In some cases the Red Cross was not welcome in the villages. The purpose of the visits was not clearly disseminated by the authorities and village administrators asked for payments to allow Red Cross work. Village leaders do not always live in the villages, which complicates the situation further.

Key findings

Overall the operation has been effective in terms of delivering outputs.

Coordination with local government/health structures was efficient and of mutual interest.

The critical phase of the outbreak was over by the time the DREF operation was launched why the Red Cross emergency intervention could be considered of more preventive character.

The implementation started late and could possibly have had a stronger impact if activities were more integrated: that is, hand-washing facilities provided at latrines combined with sensitisation messages e.g. hand-washing posters. Further, sensitisation messages without means to comply – such as latrines or hand washing facilities – do not bring about behavioural changes and cause tension in communities.

Volunteer trainings included PHAST, rehabilitation of wells, pulverisation of latrines and sensitisation methods.

The number of people reached by the different activities exceeded the target of 25 000 people, with a total of 48 829 people reached through the different activities.

Quality, relevance and accountability

The operation was relevant, particularly considering that Red Cross was the only government partner. The villages of concern were identified in collaboration with the local health coordinator.

The branch has trained volunteers and reached a significant number of villages. However, the operation would have benefited from a larger number of volunteers.

Thorough records of dissemination sessions, rehabilitation of latrines, purified water sources and distributions of aqua tabs are available.

Effectiveness and efficiency of management

Aqua tabs were distributed to beneficiaries only towards the end of the operation due to delays in delivery. The relevance of distribution at this stage could be questioned. It could be a better use of the aqua tabs to preposition for the upcoming rainy season.

The request for cholera kit for volunteers was turned down during quality assurance.

After Red Cross rehabilitation of latrines a fee was introduced by community administration. However, this does not allow the most vulnerable in the community to access the latrines. The community was encouraged to find a solution to this.

The time elapsed from approval of DREF until volunteers were trained and deployed in the field exceeded four weeks, which partly can be explained by production time for IEC materials.

The late delivery of WatSan inputs extended the operation by an additional month and a half. Despite this setback, and with the extension, it seems that operation is now on track for finishing on time.

Capacity of National Society

The capacity of the National Society has been strengthened as a result of this operation. The local branch has a strong leadership and a good capacity to work independently but could do with reinforcement of infrastructure, which apart from easing their work would enhance promotion of the Red Cross locally.

The branch has received training, including well and latrine disinfection, cholera detection and prevention, sanitation and hygiene promotion (including messages on how cholera is spread, hand washing, safe water storage etc.) as well as access to cholera sensitisation material.

The profile of the National Society has been enhanced as a result of the DREF funding.

Impact and Sustainability

It is difficult to demonstrate impact after just three months. This DREF is a beginning of a longer-term dialogue with health and local authorities and communities themselves, in finding longer-term solutions to endemic and occasional epidemic cholera.

BRCS has demonstrated that they have a role in epidemic preparedness and response. The branch has been invited to participate in local authority contingency planning.

Sustainability will largely depend on how the local branch, supported by the headquarters, can engage with local health and government authorities. The National Society clearly has an important role to play in community mobilisation and is a partner in the community development/contingency plan.

Hygiene committees allow for a degree of sustainability. They need however, to have strong links with community leaders and the health coordinator. Hygiene committees need to be considered as part of the exit strategy. Nevertheless, only four out of 22 committees were left with cleaning and maintenance equipment.

The branch feels that further resources are required to ensure continuity of activities. However, a certain degree of capacity has been in-built in the local community, with volunteers being embedded in communities. More volunteers are required to achieve long-term effects.

Many people interviewed demonstrated an understanding and knowledge of cholera and sources of contamination.

During a visit to a community the review team saw posters inside disused latrines. This will have very limited impact, and these resources could have been better used in functioning latrines (with water points for hand washing and soap).

Sustained behavioural change requires more input than just sensitisation and takes longer than three months. Hardware is required, such as latrines, hand washing facilities and soap in order to prevent cholera.

Specific recommendations

The National Society should consider assisting the communities in making latrines accessible to all, by ensuring latrine access/maintenance for the three-month window (with possible extension) that the DREF allows. This would allow community members to access the latrines and thus see the benefit of regular latrine usage.

Latrines should not be locked for the benefit of local authorities or dignitaries. Latrines should be available for the communities to use. This would have wider application than maintenance for fee-paying customers.

Exit strategy needs to be taken into account in terms of hygiene committees, latrines and wells. Communities and authorities need to be included in developing their own mechanisms to ensure sustainability.

Conclusions

People need to have the means to change behaviour – this includes latrines and hand washing points. Purely sensitisation is not enough to bring about behavioural changes, particularly entrenched behaviours. In fact, it can cause antagonism between communities and the Red Cross.

The branch acknowledges that three months is not sufficient to bring about sustained behavioural change, and that they need to find ways to continue sensitisation activities.

Overall, the branch has done a good job of raising awareness and promoting cholera prevention amongst target beneficiary communities.



[Gonguekpê \(Come\)](#)

CHAPTER 3

Fire Operation DREF MDRBJ011

Budget: CHF 139,315

Alert: By local authorities 6 January, on DMIS 9 January, 2012

DREF approved: 19 January 2013

Target number of beneficiaries: 2,759 people (around 460 families) in Alloya

Duration: 3 months operation, up to 20 April 2013

<http://www.ifrc.org/docs/Appeals/13/MDRBJ011.pdf>

The DREF operation focuses on the following objectives:

- **Emergency shelter**
 - 310 families - temporary shelter (tarpaulins, construction material)
 - 460 households – distribution of NFI
 - 30 volunteers trained on registration and distribution strategies
 - 20 volunteers trained on shelter kit construction
- **Emergency health**
 - Affected people in general First Aid and referrals
- **Water and sanitation**
 - Construction of 10 blocks of 3 emergency latrines and 10 blocks of 3 showers
 - 460 families - procurement and distribution of 8,280 soaps
 - Hygiene awareness raising provided to affected families
- **National Society Preparedness**
 - 30 volunteers trained on fire mitigation and prevention
 - Improve social mobilization activities through development of IEC materials on fire mitigation and prevention
 - 7 high risk communities – 24 sensitization sessions on fire mitigation and prevention

Strengths and challenges of the intervention

Strengths

The National Society was at the site within 24 hours and local RDRT put at disposal right from the beginning (before DREF).

Volunteers were trained and deployed right after DREF was approved.

The branch implemented a successful NFI distribution, which was much needed and appreciated by affected families.

This operation has helped to raise the profile of the National Society amongst the local community and local authorities. The operation has helped to develop essentially a new branch, and has drawn on resources from neighbouring branches. This is the first time that the BRCS has been active in Alloya.

Fire sensitisation has been undertaken in seven neighbouring fire prone communities.

The community has benefited from contributions from government and non-governmental agencies. Tents were contributed by the Government, along with corrugated iron and poles for permanent shelter construction. The Government also provided food, and Plan and Care International distributed food and NFIs.

The branch was entrusted the task to distribute government material as well as supervise and assist at the reconstruction of houses.

One of the positive outputs from the tragic fire was a new building code, which means that there has to be five metres gap between shelters.

Challenges

The number of families was not standard to IFRC (based on 5 people per family). With polygamy common practice in the area, families usually range on average between 7 and 9 family members (with others potentially higher). Upon recommendation from quality assurance at the Africa Zone Office, the calculation of affected houses was inflated from 365 to 460 based on 5 people per family; however the distributions were made according to the IFRC standard (2 per family x 365 families), which meant that NFIs were left over after the distribution. The distribution of NFIs should be based upon a calculation of actually affected people and the amount of NFIs should be sufficient to meet the beneficiaries' needs.

Contributions from other actors were not well coordinated. In fact these NGOs have still not reported back to the local authorities on what was distributed and to whom.

Because of lack of branch capacity, volunteers were brought from neighbouring communities, which meant that volunteers had to travel long distances and stay away from their families (which also reduces the opportunity for women to participate as paid volunteers in the operation).

Apparently the number of volunteers in this DREF operation was reduced during quality assurance, and the number of volunteers was not sufficient to be fully effective.

The operation has found that the government did not adequately budget for poles for shelter construction, and that wood has had to be brought from further distances. It seems that the high demand has affected the price of this building material (this was not actually part of the DREF operational plan, but has been contributed by government and private contributions; however remains a lesson learned as part of the operation).

Land issues were highlighted in the lessons learned workshop as being challenging and time consuming.

While the new building code is good progress, it does not seem that the operation is allowing five metres between shelters (particularly if families want to install bathing spaces or latrines) as by tradition families insist on staying in the same site as their ancestors did.

Key findings

Quality, relevance and accountability

Overall, the operation seems like a relevant response to the fire.

The plan included distribution of tarpaulins; however, the Government contributed tents the day after the fire, which was sufficient for those families who were not staying with host families. The DREF was launched on the 19 January, and by that time it should have been evident that temporary shelter was no longer needed.

Effectiveness and efficiency of management

Tarpaulins are no longer needed by the operation. The National Society has expressed a wish (DREF update) to reallocate funding to use for corrugated iron sheeting for more permanent houses, however this has yet to be confirmed.

Emergency latrines and showers were not implemented at the time of the evaluation due to technical problems, as planned construction techniques were not apt for local circumstances. A solution is under way.

First aid kits were not purchased as official health support was extended to fire victims from day one. The operation will probably be extended to allow activities to be completed.

Capacity of National Society

A total of 50 volunteers from local branches and neighbouring branches have been trained in distribution, fire prevention and/or shelter construction.

A local volunteer with RDRT shelter training has provided on-going shelter support for local volunteers and community members.

The shelter training was facilitated, not only for this branch, but included other branch staff from across Benin.

Impact and Sustainability

Considering the devastation caused by the fire, the impact of the operation has been significant. The fire prevention messages and materials are sustainable elements of the operation. This knowledge is now embedded in local communities and will persist after the end of the DREF operation.

Specific recommendations

Out of the 50 volunteers recruited for this operation, only four are women. The branch should prioritise recruitment of women volunteers, and take into account recruitment of a diverse range of volunteers (for example, young and older volunteers).

Costs related to volunteer travel should be budgeted separately from per diems. This would allow all costs to be clearly seen and accurately reflected in the budget.

Distribution of NFIs should reflect the real needs of affected families and IFRC standards should be flexible to accommodate variances in family size. Consider regarding women as heads of households. Clarify regulations and plan for use of left over NFI material.

Construction of latrines, along with hand washing facilities, should be given priority at an earlier stage in a similar operation (at the time of the review, these activities had not yet started).

Conclusions

The National Society has proven its capacity to respond to this fast onset disaster. Coordination with government was very satisfactory.

The operations' success is largely due to the on going support of the shelter volunteer, who arrived on the 7 January and has remained in Alloya since then.

Considering that this is the first time that BRCS have been active in Alloya, commitment from staff and volunteers has been high. This operation has raised the profile of BRCS with the beneficiary families, as well as with local authorities, which are calling on BRCS to support with distributions and shelter construction.

CHAPTER 4

Floods Operation DREF MDRBJ009

Budget: CHF 259,449

Alert: By local authorities October 2012, DMIS posted on 2 October

DREF approved: 15 October 2012

Target number of beneficiaries: 10,000 people

Duration: 3 months

<http://www.ifrc.org/docs/Appeals/12/MDRBJ009.pdf>

The DREF operation focuses on the following objectives:

- **Emergency assessment:** A detailed needs and situation assessment in order to identify the needs
- **750 households - Emergency shelter/non food items:** Provide temporary shelter and basic household items (sleeping mats, blankets, kitchen sets)
- **10,000 beneficiaries - Emergency health:** first aid and referral services, and health education and hygiene promotion

- **2,200 households - WatSan and hygiene:** hygiene promotion, distribution of soap and water treatment tablets and construction of sanitary facilities (emergency latrines and baths)

Strengths and challenges of the intervention

Strengths

Despite severe floodwaters and large geographical challenges, the BRCS did a good job in accessing hard to reach areas and providing much appreciated relief.

The DREF bulletin says that the operation will seek RDRT or PNS technical shelter support. Unfortunately this was not forthcoming. However, the National Society was able to use a shelter volunteer (RDRT trained) to support the operation and for watsan activities, a local volunteer RDRT watsan trained was involved as Watsan Focal point, in close collaboration with external support (deployed RDRT).

Challenges

Life jackets were not included in the operation or in the budget. Protective equipment for volunteers should always been included when necessary and are costs eligible for DREF funding.

Distances from RC headquarters as well as local distances between operational sites, and travel on the river as the only means for distribution of NFIs, rendered the working conditions very difficult for the volunteers. According to information that the team received, the discussions between the IFRC and the NS lead to the understanding that lifejackets would not be accepted in the budget.

Key findings

Quality, relevance and accountability

It seems from the operational documentation that the operation is relevant to the needs of the affected communities. The review did not see any monitoring information from the operation, while the final report is not due until next month.

Effectiveness and efficiency of management

The Regional Disaster Management Senior Office came to support the National Society when launching the operation, waiting for RDRT deployment after RMS alert. He moved to the floods area together with the National Society Disaster Manager, to assist. This was an asset to the National Society.

Capacity of National Society

The National Society has developed capacity through the shelter volunteer (the same RDRT trained shelter volunteer later deployed for the fire operation), through health and hygiene promotion training, and from shelter training (under the fire operation).

Impact and Sustainability

Vulnerable families have been assisted through a package of much needed shelter material, NFIs, emergency health activities and water, sanitation and hygiene promotion.

The operation has a degree of sustainability in terms of the capacities built within the branch and the links made with the local mayor and the emergency response committee.

The health education and hygiene promotion training included local government health workers, which is an excellent way of promoting the work of the Red Cross and ensuring that health messages are aligned.

Specific recommendations

Life jackets were not included in the DREF operation, despite the fact that volunteers are required to travel for hours in the floodwaters for assessment and distributions. DREF operations should always take into account the risks that volunteers take to save lives.

Conclusions

Overall, it seems that the operation has gone according to plan, with no extensions required. According to the BRCS finance officer expenditure is on track. This operation has helped to build branch capacity in terms of assessment and distribution, and has raised the profile of the National Society with local authorities and beneficiary communities.

CHAPTER 5

Key findings and recommendations

Key findings

Overall the operations were well implemented and were mostly on track for achieving their outputs. The National Society has an efficient rapid response system in place and can respond quickly to an emergency, although lacking funds.

The DREF process has worked reasonably well although the National Society feels disrespected and not trusted by the International Federation DREF management team as so much of their planning has been put into question and several items/costs cancelled. The handling process could be even faster from initial alert to signing of the DREF request. A timeline of the process is annexed to this report, along with analysis of the blockages.

Positive feedback was received from branches, volunteers and beneficiary communities on the National Society's disaster response.

The National Society was not aware that their volunteers are insured when working within a DREF. Training opportunities provided through the DREF operations (ranging from the shelter training through to hygiene promotion) have contributed to increased human resource capacity.

The BRCS is well respected in a large part of society thanks to the three interventions.

Collaboration with Government structures, including planning and coordination of activities has worked well.

The operation activities were well publicised, using the structure of local government and radio, public meetings and promotional banners.

Having three concurrent operations has been a challenge for the National Society, given that several staff members are new either in their role or to the organisation (although experienced and very hard working staff). This level of operational activity has to date been unprecedented in the National Society.

Logistics has been a challenge for the DREF operations. It seems that staff as well as volunteers used their own means of transportation when dealing with emergencies and transportation costs were not adequately budgeted for. Volunteers often had to travel long distances, as there were not branches in every disaster location.

Knowledge of registration techniques is adequate but problems arose when family sizes are not consistent with IFRC/SPHERE standards, which was the instance of the Fire operation. The amounts distributed were by male heads rather than female headed of household.

Financial reporting is on track according to discussions (no time to review finances).

The West Coast Regional Disaster Management Senior Officer made three visits, which has been of great assistance to the National Society.

Neither Floods nor Cholera operation were granted funding for monitoring and evaluation.

Recommendations

Given the number of simultaneously on going DREF operations and the geographical disbursement of the operations, an **Operations Manager** would provide valuable support to the National Society, particularly in terms of building capacities in the use of the IFRC tools and procedures (including monitoring and reporting). However, the need was not obvious to foresee as the disasters struck consecutively.

Gender balance should be promoted amongst the volunteers. Women make up half of communities that the BRCS service, which should be reflected in the proportion of volunteers, in order to reach all

community members. The National Society could consider giving French lessons for local women, or translating training into local languages as an investment in women's participation. The branches could engage older women volunteers to arrange a crèche for children so that the younger women could participate in e.g. sensitisation activities. One could also consider engaging older men, which is important for peer education.

The National Society is developing their **contingency plan**. Contingency plans are an important part of disaster preparedness. This includes contacting **volunteers** regularly to make sure that they are still available, that their contact numbers are up to date along with trainings and language skills, in a database ready to respond to disasters. This could also include a programme of meeting regularly with central and local government to sensitise them about the work of the Red Cross, our Fundamental Principles and that Red Cross does not pay money to access communities. It could include pre-agreements with transport companies, ensuring a fixed rate for transport and special conditions in terms of reliable drivers and delivery conditions. It could also include tendering for fixed prices and pre-agreements with suppliers of locally available NFIs. The branch expressed a wish to preposition/stock NFIs in disaster prone areas.

Branch development should be promoted, and if possible a more extensive network of branches developed. National Society should consider equipping branches with individual bank accounts to allow for swift transfer of funds. To encourage volunteers it could be advised to present them with a certificate of recognition of their work during emergencies. An emergency operation can be a good opportunity to further reinforce human resource capacities and promote future planning for development activities of the National Society.

As much as possible the National Society should **breakdown costs** in the DREF budget in order to ensure that costs are separated out (such as separating travel costs from volunteer per diem). Together with a detailed narrative explanation, this makes it easy to see that activities are properly budgeted for and demonstrate that costs have not been inflated.

The DREF bulletin and plan of action should be **translated** into French and should be shared with the relevant branch members. The insurance procedures need to be clarified to National Society.

In the same way that the branches are involved in the assessments, the planning of the DREF operations is done in conjunction with them. They also prepare and organize implementation of activities at the local level.

People have a right to express their views. It is easy to say that everyone is completely happy, when you do not ask for his or her feedback or have an independent and confidential **complaints mechanism**. Sometimes these complaints can be dealt with quickly and easily. However, it can also highlight when there are serious flaws in planning or implementation or where communities have not been sensitised or orientated about the objectives of the operation. A complaints mechanism should be explained to the community. This is also important when distributing goods on behalf of other organisations, as this could put the reputation of the National Society at risk.

The Federation should consider revising the DREF process to speed up handling to allow for faster intervention on behalf of the disaster struck population. A suggestion could be that an initial decision be made right after DREF request has reached the Zone Office, which would allow the National Society to get started with the emergency operation. For example, 30% expenditure could be granted in principle, with detail plans of the operation submitted within the following fortnight.

Conclusions

Overall the National Society has worked very hard and has done an outstanding job at responding to the concurrent floods, cholera and fire emergencies.

The DREFs were developed in due course although some delays were caused when processed by IFRC.

It has shown, that in some situations it can be hard for the National Society to draw the line, as to when the emergency phase is over and activities are to be considered part of rehabilitation.

The National Society would benefit from developing a plan for training of volunteers and staff.

The National Society should be content with the results of the efforts they have made in terms of cholera prevention and awareness raising.

The fact that the National Society is part of the Government structures for disaster management is proof of the respect they have earned in society and allows them to react quickly to fast onset disasters.

Two of the DREFs have now finished, however it is not until the final reports are submitted that progress can be quantified and the financial expenditure verified.

Please see the attachment Lessons Learned Workshop for details of specific feedback on the DREF operations from the affected branches.

Attachments

Attachment 1. Terms of Reference for the review

Attachment 2. Limitations for the review

Attachment 3. Persons interviewed

Attachment 4. Notes from group work and plenum sessions

Attachment 5. Lessons learnt workshop – summary observations

Attachment 1. Terms of Reference

**Terms of Reference:
Benin, Flood and Cholera Disaster (MDRBJ009, MDRBJ010 and MDRBJ011)
DREF Review**

Date: 14/03/2013

Time frame of mission: 14 March – 14 April 2013

Location: Benin, Porto-Novo;

Cholera: Comé municipality

Fire: Alloya

Evaluators: Cecilia Brunnström, consultant – Swedish Red Cross (Team Leader) Melanie Ogle, DM delegate – Africa zone; Louis Philippe Aka, Senior DM officer – IFRC West Coast regional office;

1. Background:

The Benin Red Cross has carried out three response operations with support from DREF between October 2012 and March 2013. The first, an operation to respond to floods in the north of the country has already been completed. An operation in response to a cholera outbreak initiated in November 2012 has been extended until 24 March to allow the current evaluation to take place and feedback to be used in the final report. An operation in response to fires was initiated in January 2013 and will be completed by 18 April 2013.

DREF Operation Floods (MDRBJ009). DREF allocated: CHF 259,449.

<http://www.ifrc.org/docs/Appeals/12/MDRBJ009.pdf>

During October 2012, Benin experienced heavy rains in the northern part of the country, which consequently caused flooding with destructive impact on houses, roads, bridges, property, livestock and cultivated land and interruption of community livelihood activities. The most affected were the areas of Karimama and Malanville with a total of 45,000-50,000 persons affected. Other affected areas include the Central region.

An assessment conducted by Benin RC and the local crisis committee indicated that a total of 36,640 persons (7'327 families) in Karimama, 7,217 persons (717 families) in Malanville and 3,268 persons (540 families) in Boone were affected. Furthermore the areas of Zou, Zagnanado, Ouinhi and Zogbodomey were also affected, but at the time of the DREF startup it was not possible to get confirmed numbers of affected persons. 2,000 houses were registered as collapsed however the number was believed to be higher, resulting in internal displacements in the affected communities.

According to the operation plan and with the support of the DREF, Benin RC has focused their intervention on following: 1) Emergency assessment: A detailed needs and situation assessment in order to identify the needs; 2) Emergency shelter/non food items: Provide temporary shelter and basic household items (sleeping mats, blankets, kitchen sets); 3) Emergency health: first aid and referral services, and health education and hygiene promotion; 4) Watsan and hygiene: hygiene promotion, distribution of soap and water treatment tablets and construction of sanitary facilities (emergency latrines and baths).

The Benin RC intervention targeted 750 households with emergency shelter and basic household items, 2,200 households with Watsan and hygiene activities, and 10,000 beneficiaries with emergency health activities.

A Regional Disaster Response Team (RDRT) member or Partner National Society (PNS) technical shelter support was sought for the implementation of this operation.

This operation was implemented over 3 months, and completed by 7 January 2013. A Final Report will be made available three months after the end of the operation (by 7 April, 2013).

DREF Operation Cholera (MDRBJ010: DREF allocated: CHF 112,195

<http://www.ifrc.org/docs/Appeals/12/MDRBJ010.pdf>

<http://www.ifrc.org/docs/Appeals/12/MDRBJ01001.pdf>

From 23 October 2012, the municipality of Comé in the department of Mono in the southwest part of Benin experienced a cholera epidemic. In the end of October, 49 cases were confirmed, 3 of which were reported in the neighbouring municipality of Houéyogbé. Most of the reported cases have been coming from Agatogbo, Guezin and Akodéha districts in Comé municipality and others from Houéyogbé a neighbouring municipality. The spread of the epidemic was caused by the consumption of untreated water from wells, smoked fish sold openly along roads, and poor sanitation.

According to the operation plan and with the support of the DREF, Benin RC has focused their intervention on following: 1) emergency health: raising awareness on cholera prevention (prevention, detection and referral); 2) Watsan and hygiene: hygiene promotion, and provision of safe water and improved sanitation to prevent and mitigate possible disease outbreaks.

The Benin RC intervention targeted 5,000 households (25,000 people) from 97 communities in Comé and Houéyogbé municipalities, in the district of Comé. The target area selection was flexible to be changed according to the updated information of the spread of the epidemic.

A RDRT member was deployed to carry out a modified Epidemic Control for Volunteers (ECV) training and for implementation support.

This operation was planned to be implemented over 3 months, and will be completed by 9 February, 2013. A final report will be made available three months after the end of the operation (by 9 May, 2013)

DREF Operation Fires (MDRBJ011) DREF allocation: CHF 139,315

<http://www.ifrc.org/docs/Appeals/13/MDRBJ011.pdf>

On 6 January 2013, a fire broke out in the south-western village of Alloya in the arrondissement of Chee-Ahomadegbe (Lalo Municipality in Couffo Department), and spread rapidly to the neighbouring houses. Hundreds of houses as well as traditional showers – important traditional sanitary facilities-- were destroyed, resulting in the death of one person and injuring several others. A total of 2,759 persons (around 460 families) were made homeless and lost all of their belongings in this fire. Adding to this was the lack of available latrines in the village, resulting in a deteriorated sanitation and hygiene situation that increased the health risks for the community.

According to the operation plan and with the support of the DREF, Benin RC has focused their intervention on following: 1) emergency shelter: provision of emergency shelter to 310 homeless families, shelter kit training for 20 volunteers and NFI distributions to 460 families; 2) Emergency health: first aid and referrals to health centres; 3) Watsan and hygiene: construct 10 blocks of 3 emergency latrines and 3 emergency showers, procurement and distribution of 8,280 soaps, hygiene promotion; 4) NS preparedness: orient/ train 30 volunteers on fire mitigation and preparedness, Initiate social mobilization activities through the development of IEC materials and fire mitigation and prevention messages in 7 high risk communities in the affected area

The Benin RC intervention targets the 2,759 affected people (approx. 460 families) who were left homeless after the fire.

An RDRT member with shelter expertise was deployed for two months to train volunteers and support the implementation of the operation.

Purpose and scope of the Review:

The purpose of the mission is to examine if the two DREF operations have achieved their planned goals and outcomes, and assess outputs against the plan. Furthermore, the review intends to assess key achievements, challenges, and provide an opportunity to capture the lessons learned from the involved staff and volunteers. The review will provide recommendations for future DREF operations and contribute with information to the final reports.

The review will be performed in following locations: Cholera: Comé municipality

Fire: Alloya village

Due to the volatile security situation in the north of Benin, the team will not visit Karimama and Malanville. Representatives of the two National Society branches will be present at the lessons learned workshop and will provide feedback on the achievements and challenges. The evaluation of the floods operation will therefore be limited to interviews with National Society staff and volunteers and IFRC staff involved in the operation, desk review and review of secondary data.

- Key staff and volunteers from the Benin RC will be interviewed, as well as IFRC regional/zone office/logistic center, and other relevant RC/RC movement partners (involved in the DREF operation or present in the area).
- Beneficiaries from the target areas (Comé and Alloya) will be interviewed, ensuring taking into consideration gender, age and persons/groups with special needs (vulnerabilities) in beneficiary representation.
- Other institutions and agencies involved in emergency response to the disaster, such as government institutions, UN, international organizations and NGOs, will be interviewed and asked to provide secondary data.

Limitations: Translators needed for French language.

2. Objectives of the review:

- To examine if the DREF operation has achieved its outcomes (goals) and expected results, and to review outputs against the plan.
- To assess key achievements, areas of success and challenges, as well as areas for improvement within the operation.
- To identify lessons learned and good practice
- To identify any specific challenges for the National Society of managing three DREF operations concurrently and whether appropriate support was provided to assist them
- Provide recommendations that the National Society can replicate or implement to improve for future disasters response and to improve disaster preparedness.
- Provide information for the final DREF reports

3. Methodology:

- Desk review and review of secondary data.
- Key informant interviews (e.g.: National Society (NS) DM Manager, IFRC HoCD, IFRC Regional DMC, NS Finance Unit, IFRC country/regional finance unit, other actors/organizations etc).
- Field visit and group interviews with the communities that received assistance through the DREF operation.
- Lesson Learnt Workshop with the NS HQ and branches involved in the response operation.
- Follow-up (to address the outputs of the review).

4. Guideline questions for interviews:

1. Quality, relevance and accountability:

- To what extent were the beneficiaries involved in planning, design and monitoring of the operation? How were women and vulnerable groups involved (in planning, design and monitoring)? What was the beneficiary feedback and on-going communication process?
- How effective has the operation been in identifying the most vulnerable among the affected population and in developing appropriate strategies to respond to their particular needs?
- How relevant has the operation been in terms of responding to the needs identified by the affected communities? To what extent was the most vulnerable population reached / provided with assistance relevant to their needs? How was the assistance taking into account

any special needs of women, children, elderly persons, other vulnerable persons (such as persons with disabilities, HIV/AIDS affected etc)?

- Did any other agency respond to the disaster?
- Were the operation's strategies and priorities in line with the priorities of the authorities and other key coordination bodies?
- What were some of the successes and opportunities that came out of the operation?
- What problems and constraints have been encountered during the implementation of the operation and how did the operation deal with those?

2. *Effectiveness and efficiency of management:*

- Was the operation outcomes (expected results) reached in an efficient and effective way?
- How effective were the NS/IFRC systems and processes in supporting the operation (e.g. management decision making and approval, logistics system, financial system, etc).
- What NS/IFRC mechanisms and tools were used to promote good practice (e.g. SPHERE, Better Programme initiative, emergency assessment tools, Vulnerability and Capacity Assessment etc)?
- How effective were the operation's processes for planning, priority setting, and monitoring, reporting and quality management? What tools were used to systematically monitor the operation? (excel sheets? Logframe matrixes, tables, finance programmes etc?)
- How well was the operation planned in regards to finance? Costs and expenditures as planned and expected? Where there new or other needs that the NS would have wanted to use resources for? (even if the operation is not completely finalized, the NS might have an idea of this.)
- Was there adequate integration across the different programs? (e.g. Emergency health, relief, WATSAN, etc)
- How well did the country (if applicable)/regional/zone/Geneva Secretariat support the operation – from preparation of DREF documentation and approval, throughout the DREF operation until the end of the operation?
- How was the volunteer managed? Where they insured? Where the volunteers provided with relevant training and equipment for their activities performed during the operation?
- Was there effective coordination with Movement partners / other actors? And how appropriate and effective were the inputs of partner organizations in the implementation of the operation?

3. *Capacity of the National Society:*

- Where there any gaps in capacity of the National Society to implement the operation that needs to be addressed? Are there any plans in the National Society to address the gaps? Have these plans been incorporated in the National Society's long term/yearly planning?
- What changes in capacity, capability, understanding and learning have occurred within the National Society as a result of the ongoing operation? Are these appropriate?
- What important lessons have been learned which can improve future disasters response? What would the National Society do differently in future DREF operations?

4. *Specific questions for the cholera operation:*

- How were the sources of infection identified? Were these confirmed by the National Society during the campaign in the communities? (Question for the National Society staff)
- Is the targeted population aware of the causes of cholera and how it is spread? Do they know how to recognize dehydration and do they know what to do if a family member has the signs of having been infected? (Question for focus groups, if possible to organize)

- Are there signs that the target population has changed their behaviour following the operation? Are they washing their hands with soap and water? (Observation / random selection of households, or school visits etc)
- If there has been change in behaviour, did the Benin Red Cross operation contribute to it? How did they receive the messages: house to house visits, public meetings, radio messages, printed materials etc.

5. Draft agenda for the Lesson Learnt Workshop:

- Opening ceremony.
- Introduction of workshop participants.
- Presentation of workshop objective: explanation of the methodology and workshop outcome to participants.
- Overview of the DREF operation.
- Review of the DREF operation: objectives and activities planned with the DREF and problems/concerns identified per activity. For this exercise, participants will separate into groups (e.g.: per branches). Each group will review their activities and experiences and identify problems and concerns.
- Presentations of previous exercise and general discussion. The main identified concerns/problems will be discussed per group. Each group will present recommendations for these concerns.
- SWOT analysis (Strengths, Weaknesses, Opportunities, Threats/Challenges)
- Evaluations of the DREF review methodology (general discussion to improve the methodology to evaluate DREF operations).
- Closing ceremony.

6. **Outputs:**

- Review/evaluation report including executive summary, key conclusions and recommendations. The draft report will be submitted 14 days after the conclusion of the review, and final report submitted no later than four weeks after the review (with seven days allowed for feedback).
- A feedback discussion with NS, IFRC country office (and possibly interested PNS) outlining the key preliminary findings and recommendations.

7. Schedule:

It is envisaged for the review to take place during (14 March – 15 April) with the following schedule (including drafting and finalization of report):

Activity Review Flood operation	Date
Arrive to Porto Novo	14 March 2013
Briefing with National Society Meeting/Interviews with NS HQ relevant staff	15 March 2013
Travel to Comé and working session with local branches	16 March 2013
Visit to beneficiaries	17 March 2013
Meetings/ interviews/ discussions with local authorities	18 March 2013
Depart Comè in afternoon for Lokossa	18 March 2013
Meeting with municipality and visit Alloya	19 March 2013
Return to Lokassa	19 March 2013
Preparation for lessons learned workshop	20 March 2013
Lessons learned workshop	21 – 22 March 2013
Return to Porto Novo – debriefing with NS & IFRC on preliminary findings	23 March 2013
Departure from Porto Novo	24 March 2013

Presentation of the draft report	11 April 2013
Comments and feedback on draft report	11 – 14 April 2013
Final report	15 April 2013

8. Review Team

The team will consist of three persons, each with clear roles and responsibilities defined. The team members will have the following skills:

- Experience in performing reviews
- Experience and technical skills in the field of with disaster management and public health in emergencies
Strong analytical skills and ability to put together and present findings in a clear way, draw conclusions and make recommendations
- Excellent writing skills in English

Attachment 2. Limitations for the review

Limitations for the review:

- a) Terms of reference were revised a number of times due to the change of position of the DREF officer for Africa in Nairobi, and the non-availability of those initially identified. There was therefore no team meeting to prepare a questionnaire, a checklist for key informant and focus group discussions etc., relevant to the DREF review. (see also point d)
- At the very last moment the evaluation of the floods operation (MDRBJ009) in the north was cancelled based on security advice. It was replaced by an evaluation of the fire operation (MDRBJ011) and it was partly unclear to what extent the floods operation was to be part of the evaluation report. It but was then limited to interviews with local staff and volunteers at the lessons learnt workshop.
- b) The time for review was shortened although still two operations were to be evaluated (MDRBJ010 and MDRBJ011).
- c) Travel delays (visa problems, flight delays due to bad weather in Europe) delayed the start of the review and thus further shortened the time available for field visits, with two days spent on the cholera operation (MDRB010) and one day spent on the fire operation (MDRBJ011).
- The time planned for the evaluation mission was furthermore too short considering the circumstances on the ground such as
 - local travel times
 - lack of translators (apart from for the lessons learnt workshop)
 - beneficiaries not present in the villages at the time of our visits (either working in the field or away fetching construction material – Alloya)
 - visit carried out on a Sunday with local ceremonies on-going (Comé) and health coordinator unavailable for interview; due to other commitments.
- d) It was not possible to carry out formal focus group discussions due to limited time for pre-planning and limited time in the field.
- e) Although CARE International and Plan Benin had distributed NFIs in Alloya, no information on their work was available on the site and no time available to meet with representatives of the organisations. No other NGOs had worked in the operations in question.
- f) The team was only in Cotonou on Saturdays/Sundays, which limited the possibility to meet with government entities at central level and visit to the National Society Headquarters (based in Porto Novo).
- g) At least two more days would have been necessary to do a proper work in the villages and additional two days to enable the team to visit other NGOs and government entities, plus one more day to visit National Society headquarters. However, with regard to headquarters, all key staff (SG, DM, Fin, HC) took part in the mission/workshop, which allowed for discussions/interviews. One evaluation team member knows National Society headquarters well.

- h) One day was allocated for workshop preparation, which potentially could have been done in advance and used for further field visits or in-depth interviews.
- i) Logistics, fleet management and warehousing were not specifically part of the terms of reference, and timing did not allow for a visit to the National Society. These issues were only partially covered as part of the lessons learned workshop.

Attachment 3. Persons interviewed

National Society staff		
Ms Emilie TIBOUTÉ	BRCS Acting Secretary General	Porto Novo/field/workshop
Dieudonné ZONON	BRCS Disaster Manager	Porto Novo/field/workshop
Dr Derdone GNONLONFOUN	BRCS Health Coordinator	Porto Novo/field/workshop
Aruna ADAMOU	BRCS Finance Manager	Porto Novo/field/workshop
Cholera operation MDRBJ010		
Bertin TOSSOU	Mayor	Comé
Léon HOUNGUE	SG of Municipality	Comé
Ms VIDEME Cornélie	Mayor's Assistant	Comé
DJEHOUE Willis	Branch President	Comé
15 volunteer team coordinators	Volunteers from the region	Comé
Women randomly gathered	Gonguekpê (village 1)	Comé
Visits from house to house	Gonguekpê (village 1)	Comé
Village administrator	Ouedemepedah (village 2)	Comé
2 local volunteers	Ouedemepedah (village 2)	Comé
Women's group and village beneficiaries	Ouedemepedah (village 2)	Comé
Visits from house to house	Ouedemepedah (village 2)	Comé
Resident doctor	Health Centre, Random Visit	Comé
Fire operation MDRBJ011		
DAYOU Vincent	SG of Municipality	Lalo
Janvier Gagna	Municipality Social prevention service	Lalo
Zounou Charlemagne	Branch President	Lalo
Bertin ADIKPKON	Local NS RDRT shelter/relief	Alloya
20 volunteers	Volunteers from the region	Alloya
5 Beneficiaries/families	Randomly selected houses	Alloya

Attachment 4. Atelier de leçons apprises DREFs Benin, Mars 2013

Jour 1

Présentation des participants, Mot d'ouverture du Président, Objectifs de l'atelier, Attentes des participants

Présentation du DREF (processus)

Travaux de groupe : Activités - contraintes/difficultés

Groupe 1 :	Difficultés	Faiblesses	Forces	Solutions/Recommandations
Elaboration du DREF	<ul style="list-style-type: none"> • Retard dans la mise route du DREF • Disponibilité de l'information à temps (renforcer les relations avec les autorités à divers niveaux et mieux s'impliquer dans l'application de la forme forme au niveau communal) • Temps de réactivité par rapport à l'intervention terrain (disponibilité du matériel d'assistance) • Renforcement des capacités au niveau local (choix des points focaux sur place pour gagner du temps) • Resistance de certaines populations aux sensibilisations • Définir des mesures d'accompagnement • Estimation des distances entre localités • Inexistence de gilets de sauvetage pour certaines localités et barques motorisées • Dilemme dans l'annonce d'une situation non déclarée par l'autorités compétente du Govt. 	<ul style="list-style-type: none"> • Manque de moyens de déplacement- de travail (motos-barques-trousses de secours-gilets de sauvetage...) • Insuffisance de formation (formateurs –volontaires) Manque d'equipemts des sièges • Inexistence de siège • Insuffisance d'engagement des populations 	<ul style="list-style-type: none"> • Existance de structures decentralisées • Existance de ressources humaines • Methode de travail efficace et basée sur les principes fondamentaux • Bonne collaboration avec les autorités locales en tant qu'auxilliaire des pouvoirs publiques • Existance de siège pour les comités locaux 	<ol style="list-style-type: none"> 1. Doter les comités locaux de siège et les équiper 2. Doter les comités locaux de moyens de deplacement et de moyens de travail 3. Renforcer la collaboration avec les autorités locales 4. Autoriser les comités locaux à ouvrir des comptes dans les banques ou autres structures financières 5. Installer des demenbrements des comités locaux 6. Prendre en compte le transport des volontaires 7. Prépositionner des stocks dans des comités locaux en position stratégique 8. Perenisation des activités menées dans les comités locaux

Groupe 2 :	Difficultés	Faiblesses	Forces	Solutions/Recommandations
<p>Acheminement</p> <p>Distribution</p> <p>Montée des abris</p> <p>Sensibilisation</p>	<ul style="list-style-type: none"> • Manque de moyen de transport pour vehiculer les items • Transport fait par des personnes étrangères au mouvement • Entrepôt et gardiennage • Les doublons :personnes se faisant enregistrer sous plusieurs noms • Chevaugement de plusieurs organismes humanitaires • Contraintes financière dans l'acquisition du materiel (bois) • Coût élevé du bois dans les zones du nord • Problème d'identification des sites d'installation des déplacées(la terre appartient à des individus et non à l'état) • Problème d'occupation du domaine • Chacun veut rester lié à ses parents defunts • D'autres avec leurs familles et sont pressés en empechantant les autres qui attendent longtemps • Certaines autorités exigent une contrepartie financière 	<ul style="list-style-type: none"> • Location de moyen de transport • Transport fait par des personnes étrangères au mouvement (moment du transport trad dans la nuit) • Faible implication de la population • Seulement les plus vulnérables sont pris en compte • Sensibilisation limitée au temps du DREF par les comités locaux 	<ul style="list-style-type: none"> • Convoyage des items fait en un temps record • Existance de RH qualifiées au niveau de la CR • Achat de materiel localement (entrée de devises pour la localité) • Rigueur dans l'enregistrement et la distribution • Distribution faite par la croix-rouge elle-même • Volontaires formés pour la sensibilisation 	<ol style="list-style-type: none"> 1. Redefinir la politique du transport 2. Sensibiliser la population sur son apport 3. Informer la population sur les critères d'eligibilités 4. Les CL doivent integrer les sensibilisations à leurs activités quotidiennes 5. Implication des CL dans la mise en œuvre des plans de developpement communaux

Groupe 3 :	Difficultés	Faiblesses	Forces	Solutions/Recommandations
<p>Evaluation de la situation</p> <p>Formation des volontaires</p> <p>Riposte : sensibilisation-distributions NFI-</p> <p>Installation des sinistrés</p>	<ul style="list-style-type: none"> • Mobilisation des volontaires • Inaccessibilités des zones touchées • Communication limitée dans les zones touchées • Délai • Non disponibilité de l'énergie électrique • Déplacement des volontaires • Motivation • Acquisition des matériel de travail • Politisation à outrance dans les communautés • Coordination et collaboration • Défaut d'assurance des volontaires engagés • Critères de choix des volontaires • Niveau bas des volontaires locaux sur le plan intellectuel • Moins d'engagements volontaires • Moins de participation communautaire • Difficulté d'accès au matériel local adéquats • Idées préconçues de la part de la population • Voies d'accès longues et dégradées • Lenteur dans la prise de décision administrative 	<ul style="list-style-type: none"> • Qualité des volontaires • Non disponible en quantité • Défaut de couverture des zones touchées • Et d'approvisionnement des recharges • Defaut d'information • Indisponibilité de certains NDRT/CDRT • Manque de motivation adéquate • Manque de moyen de transport • Lenteur dans la réponse à l'urgence 	<ul style="list-style-type: none"> • Existence de RH • Volontaires disponibles • Existence d'outils d'évaluation • Existence d'outils de communication • Existence de l'assurance des volontaires • Existence des volontaires formés (CDRT-NDRT-RDRT) • Existence de volontaires en cas d'urgence • Insuffisance en nombre 	<ol style="list-style-type: none"> 1. Renforcement des capacités en formation 2. Utilisation préalable des cahiers ordinaires 3. Utilisation des réseau étranger pour communiquer mais très cher (nord) 4. Discussion engagée et en cours sur le mode d'activation 5. Suivre et promouvoir les volontaires engagés 6. Prevoir des moyens de communication et de transport adéquats à chaque zone touchée 7. Mise en œuvre rapide des activités en cas d'urgence 8. Doter les volontaires impliqués de moyens de subsistance adéquats dans les zones à risque 9. Trouver une procédure concrète pour la jouissance de l'assurance aux volontaires impliqués 10. Appel extérieur de RDRT 11. D'autres nouveaux volontaires sont formés et utilisés Utilisation des moyens locaux (charrette-Barque...) 12. Sensibiliser sur les mesures pratiques à observer

Groupe 4 :	Difficultés	Faiblesses	Forces	Solutions/Recommandations
<p>Sensibilisation</p> <p>Formations</p> <p>Application des acquis sur le terrain</p>	<ul style="list-style-type: none"> • Inexistence de plan de formation • Lenteur des reponses • Motivation inssufisante • Pas de suivi de des volontaires formés • Mauvaise gestion des volontaires formés • Inexistence d'attestations • Manque de moyen roulants • 	<ul style="list-style-type: none"> • Lenteur dans le financement des activités et de l'acheminement du matériel • Cahier de charge de certains responsables non defini • Mauvaise appreciation des accès aux communautés et du couts des materiaux de construction 	<ul style="list-style-type: none"> • Disponibilité des volontaires • Existance de RH • Système d'alerte rapide • Existance de formateurs • Intervention rapide rapide en cas d'urgence (DREF) • Présence de comités locaux dans la plupart des communes • Besoins des bénéficiaires plus ou moins satisfaits • Bonne exécution des DREFs • Réalisation des activités du DREF • Réalisation d'activités non programmées en relation avec les besoins terrain du mouvement 	<ol style="list-style-type: none"> 1. Préfinancement des activité par la SN avant l'arrivée des fonds à la SN 2. Définir les cahiers de charges 3. Tenir compte des réalités de chaque pays 4. Tenir compte des spécificités de chaque localité dans la rédaction du DREF

Jour 2

Synthèse jour 1, Travaux de groupe et restitution en plénière, Projection photos des activités des différents DREFs, Projection documentaire en finalisation sur les activités de la SN mais notamment des DREFs,

Synthèse recommandation

Clôture

Travaux de groupe : Capacités de la Société Nationale

Groupe 1 : Situation actuelle

- Nombre de volontaires
 - Quantité 24'000
 - Qualité : watsan-construction abris-secouriste
 - Limitation : barrière linguistiques pour certaines formations
- Nombre comités
 - Devant exister : 77
 - Existants : 67
 - Actifs : 40
- Moyens matériels
 - Roulant : 1
 - Informatique : existant au siège mais inexistant dans les comités locaux
 - Mobilier : insuffisant au siège- inexistant dans les comités
- Moyens financiers
 - Cotisation annuelle des volontaires : Oui mais insuffisante
 - Formation au BNS : oui mais insuffisante

Groupe 2 : Comites Locaux

Forces	Faiblesses
<ul style="list-style-type: none"> ▪ Bonne volonté manifeste ▪ Existence de volontaires dans presque toutes les localités ▪ Disponibilité de l'information à temps ▪ Bonne collaboration avec les municipalités 	<ul style="list-style-type: none"> ✓ Insuffisance de spécialistes en montage de tentes/abris ✓ Manque de formation des membres du bureau ✓ Non maitrise des cahiers de charges par certains membres ✓ Inexistence de comité local dans certaines communes (67 CL/77communes) ✓ Insuffisance de ressources financières propres ✓ Manque de siège pour certains comités locaux ✓ Faible capacité de mobilisation de ressources propres (cotisation et adhésion-formation au BNS) ✓ Faible capacité de mobilisation des volontaires dans certains comités à cause de leur fonction ✓ Manque de matériel roulants ✓ Manque d'équipement de bureau/ordinateurs
Siège	
<ul style="list-style-type: none"> ▪ Bonne volonté des cadres ▪ Esprit de volontariat ▪ Disponibilité et prompt réaction ▪ Bonne image /visibilité ▪ Existence centre orthopédique ▪ Existence centre de transfusion 	<ul style="list-style-type: none"> ✓ Insuffisance de ressources financières propres ✓ Insuffisance de ressources humaines au niveau des programmes ✓ Insuffisance de ressources matérielles ✓ Bureau non climatisés ✓ Insuffisance de partenaires techniques ✓ Pas de subvention de l'état ✓ Manque de plan de carrière (emploi non sécurisé) ✓ Insuffisance de promotion des centres

Groupe 3 : Situation actuelle

- Statuts de la CRB
- Organigramme
- Presence sur toute l'étendue du territoire national
- Reconnaissance officielle par l'état Beninois d'utilité publique et membre du Comité National de gestion des crises
- Détachement de l'exécutif de la gouvernance
- Existence de services techniques

Groupe 4 : Situation actuelle

Forces	Faiblesses
▪	<ul style="list-style-type: none">✓ Beaucoup de comités locaux ne sont pas fonctionnels✓ Inexistence d'une équipe de suivi/evaluation des activités de la SN✓ Inssuffisance de matériel d'assainissement aux communautés✓ Lenteur dans le décaissement des fonds

Annex 5. Lessons learnt workshop – summary observations

- ✓ Headquarters and branches were extremely proud of the work that they have done in response to the three disasters, and particularly the timeliness of the response.
- ✓ These operations have helped to build capacity of the affected branches.
- ✓ These operations have also raised the profile of BRCS amongst the local authorities and communities themselves.
- ✓ Lack of availability of assessment information delays the DREF process. This highlights the need for good coordination and communication with local authorities and sharing of timely information.
- ✓ The group reflected on not enough trained volunteers, and then on how to retain volunteers once they have been trained and the DREF funding finishes.
- ✓ Distances in Benin are a challenge; staff and volunteers often have to travel for hours. In addition, focal points are often not in the locality of the disaster.
- ✓ The National Society should develop a training plan, and look at ways to motivate volunteers.
- ✓ Logistics are challenges in many aspects of the operation: stock movement, warehousing, distribution, and volunteer movement.
- ✓ Volunteer insurance policy needs to be cascaded to branches, along with clear guidelines on requirements in order to claim on the insurance policy.
- ✓ Volunteers can be discounted or overlooked because they don't speak French. BRCS need to look at innovative ways to address this.
- ✓ Affected communities are not always involved in planning the operation. Beneficiaries are mobile, and may leave before aid arrives.
- ✓ The alert system seems to work well and allows for rapid response.
- ✓ Generally there was feeling that the DREF application was time consuming, however once funding was in place then the operation seems to go well.
- ✓ The cholera operation found it more challenging to produce the evidence of an outbreak required to validate a DREF operation (compared with the floods or fire operation, where the scope of the disaster is evident).
- ✓ Some branches found that the volunteer allowances were not sufficient, highlighting the need from branches to be involved in planning the DREF operation.
- ✓ At times, communities were dissatisfied with the beneficiary selection criteria used by the National Society.
- ✓ Local branches were identified as one of the strengths throughout the operations. However branches lack sustained infrastructure after the DREF operation finishes.
- ✓ It was acknowledged that BRCS, as auxiliary to Government, needs to strengthen its relationship with Government authorities.
- ✓ DREF operations can raise expectations amongst affected communities that the Red Cross will do everything for them and meet all their needs.
- ✓ BRCS have experienced, through these operations, that beneficiary selection, registration and distributions need to be transparent or could be perceived as being politically motivated.
- ✓ Participants felt that local authorities gave credit to the Red Cross and respected them more as a result of the DREF operations.
- ✓ The number of volunteers was respected according to the different DREFs.

Annex 6: Timeline of DREF requests and approval process
MDRBJ009 Floods

Date	Event	Time taken	Explanations / comments
21-22/08/2013 October 2013	Floods started. Heavy rain beginning October worsened the situation	6 weeks	Floods continued to worsen over the month of September and beginning of October
2/10/2012	DMIS posted		
4/10/2012	First narrative rec'd by RO from NS	4 days after latest rains	
5/10/2012	First Budget rec'd by RO from NS		
6-8/10/2012	Narrative and budget shared with ZO and technical advisors	2 days after receiving from NS	
9/10/2012	Feedback to Regional office and request for clarifications on technical issues		
10/10/2012	Clarification of technical issues and revised requested submitted by RO to ZO		
11/10/2012	Revised DREF request submitted to Geneva; clarifications of some issues requested	3 days after receiving from RO	As the scope of the floods was large and this was a bigger operation than usual for NS, a thorough process was carried out to ensure sufficient capacity was available and technical expertise provided
12/10/2012	Final clarifications given and DREF approved	1 day after receiving request from ZO 8 days after NS request	

MDRBJ010 Cholera

Date	Event	Time taken	Explanations / comments
23/010/2012	Cholera outbreak declared by MoH		
30/10/2012	DMIS posted	1 week after emergency declaration	The cases increased daily after 23/10
29/10/2012	First narrative and budget rec'd by RO from NS	6 days after emergency	
01/11/2012	Draft request submitted to ZO	2 days after receiving request from NS	
02/11/2012	Feedback to Regional office and request for clarifications	1 day after receiving draft	
3-6/11/2012	Discussions around reduction		Budget was very high and

	of budget between RO, ZO and NS		difficult to justify given limited assessment information
7/11/2012	Revised DREF request submitted to Geneva; clarifications of some issues requested	6 days after receiving from RO	
9/11/2012	Final clarifications given and DREF approved	2 days after receiving request from ZO 10 days after NS request	

MDRBJ011 Fires

Date	Event	Time taken	Explanations / comments
6/1/2013	Fire		
9/1/2013	DMIS posted	3 days after event	
9/1/2011	First narrative and budget rec'd by RO from NS	3 days after emergency	
10/1/2013	ZO alerted by RO		
16/01/2013	Draft narrative submitted by RO to ZO		
17/01/2013	Budget submitted by RO to ZO		
18/01/2013	Request finalized and submitted to Geneva		
18/01/2013	DREF approved	9 days after after NS request	