

DREF operation n° MDRBJ013
GLIDE n° EP-2013-000130-BEN
30 June, 2014

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

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

The Benin Red Cross Society (BRCS) responded to the cholera outbreak initially detected in August 2013. Up to 129 cholera cases were confirmed in Sô-Ava in the department of Atlantique in the south of Benin by October second. The total number of cases reported for the duration of the operation is 592 and 6 deaths.

According to the BRCS health coordinator, information received from the Ministry of Health indicates that the case fatality rates were 1.4 as of 17 November 2013, 1.1 as of 31 December 2014 and 0.0 as of January 2014.



The BRCS carried out hand washing sensitization sessions in public places including markets and schools. Photo/ BRCS/ December 2013

The government of Benin responded by supplying the health centres with medical supplies albeit leaving gaps in community sensitizations activities. With the support of the DREF, the BRCS thus complemented the government's efforts with activities hygiene promotion, improving access to clean water as well as training of Red Cross volunteers. The IFRC ensured the provision of technical support by deploying two regional disaster response team (RDRT) members to focus on health and water and sanitation (WatSan).

Whilst the operation started in Sô-Ava and Abomey-Calavi, the geographical distribution of the cholera evolved with an increase in cases in Cotonou. On the basis of analysis of these new epidemiologic data, the IFRC agreed to an extension of the activities to Cotonou expanding volunteer training, community sensitization and water treatment. Whilst the activities continued in Cotonou and Sô-Ava, another outbreak emerged in Sô-Ava in four new communities (Ahomey-Gblon, Ahomey-Lokpo, Ahomey-Gbépka and Gbéssou) reported in second week of January 2014. According to the Ministry of Health the January outbreak was due to the festival of Vodoun, which is a kind of popular religious rejoicing where meals are shared under not very good conditions of hygiene; and the high number of locals returning from Nigeria, where cholera was also reported.

Due to emerging cases and the spread to other localities initially not budgeted for; BRCS had to increase some budget lines such as volunteer mobilisation, training and stipend, information and public relations activities, transport and vehicle running cost. These actions were critical to ensure BRCS effectively and efficiently responded to the epidemic within the support of the DREF. As reported in the [operations update n° 2](#) the change of logistical arrangements, reduced unit prices and increased transport costs were registered for items shipped through the IFRC global logistics services. To accommodate this change and the additional volunteer activities in Sô-Ava, a [revised budget](#) was announced decreasing the water, sanitation and hygiene costs with CHF 25,000 and increasing transport costs with 12,000 and volunteer costs with 13,000. Unfortunately, these changes were not loaded into the finance management system, resulting in the indicated overspends in the final financial report. All activities planned under this DREF operation were implemented and this narrative is final in terms of activities carried out, with a final financial report attached. A balance of CHF 11,518 will be returned to DREF.

In order to examine whether the DREF operation has achieved the objectives and expected results, and evaluate the results in relation to the action plan, a multidisciplinary team carried an end of operation review. Conducted in a period of three days in January 2014, the DREF review had also a mandate to assess the achievements and challenges, whilst alongside it collect the lessons learned from staff, volunteers and stakeholders.

Lessons Learned:

Through the DREF Review carried out in January 2014, it came out clear that BRCS with its 67 branches with about 5,000 active volunteers has been a permanent member of the awakening platform for disaster management. The National Society has actively contributed to the government led development of national contingency plan for prevention and management of disaster situations.

Like in this case, BRCS was prompt and proactive in collaborating with key stakeholder in the response to the cholera epidemic. Throughout the operation's activity, BRCS maintained good relations of cooperation with government authorities.

One of the operational challenges is that the outreach activities were partially conducted in the communities of Cotonou and Sô-Ava. Indeed, the volunteers went on the field with a disconcerting irregularity. Almost all of the volunteers who led the awareness campaigns in Sô-Ava all came from Cotonou due to a lack of trained volunteers in Sô-Ava. Apart from a few households reporting the distribution of soap, people interviewed did not mention the distribution of chlorine tablets, let alone ORS sachets or Jerry cans. Drinking water has been made available to So-Ava through the rehabilitation of the castle by the DREF. But both Sô-Ava at Cotonou sanitation problems proved loud during the evaluation.

The BRCS was the only partner of the government's presence on the ground throughout the duration of the epidemic. With the exception of officials of the municipality of Sô-Ava, community leaders were not well approached by the BRCS branches to disseminate prevention and control of the disease at community level.

Through its network of volunteers and people resources within the National Society, it can be said at the outset that this BRCS has all the capabilities to carry out such a DREF. However, there were communication challenges between the headquarters and branches during the response operation and this contributed to some levels of inefficiency.

During the DREF review it was recommended that in future, deployments of the Regional Disaster Response Teams (RDRT) should be considered from outside of the receiving National society so as to ensure that he/she can punch its weight in the implementation of activities and objectives. Additionally, volunteers should be from the community where they lead activities.

Facilitation of the local committees of So-Ava by providing motor boat was crucial so as to facilitate the mobility of volunteers in the community.

There is need to improve communication between the secretariat (NS HQ) and the implementers (branches/districts as well as need to increase house-to-house visits during social mobilisation instead of mass communication; even in urban settings.

The Belgian Red Cross and government as well as the European Commission Humanitarian Aid and Civil Protection (DG ECHO) contributed to the replenishment of the DREF allocation made for this operation.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. Details of DREF contributions are found on: <http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>

IFRC, on behalf of the Benin Red Cross Society, would like to extend its thanks to all partners for their generous contributions.

[<click here for the final financial report, or here to view contact details>](#)

The situation

The Benin cholera outbreak reported in August 2013 was declared an emergency in Sô-Ava municipality in the department of the Atlantic south of Benin. On 2 October, 2013, a total of 202 confirmed cases were reported in Sô-Ava. Subsequently, cases were reported in 13 other municipalities with 196 cases and four (4) deaths in Cotonou, the economic capital, Abomey-Calavi with 22 cases. By 17 November 2013, the total of registered cases was 406 with 6 deaths, representing a case fatality rate (CFR) of 1.4. Although the reported cases reduced during December 2013, three new cases were recorded in Sô-Ava with no death during the second week of January 2014 and increased to 83 cases in the entire affected municipality by the ninth week of 2014 with not death reported.

Lack of safe water points, coupled with poor maintenance and treatment of existing water facilities, inadequate latrines in all the affected communities and limited communication tools on behaviour change were among the main causes of the cholera outbreak. The movement of people between Benin and neighbouring countries especially Nigeria was also cited as a probable cause of the epidemic due to that part of Nigeria had reported cholera cases. Although the authorities maintained adequate cholera treatment capacity, lack of knowledge on prevention, early detection, treatment and referral were identified at the community level. The Government of Benin proactively intensified its efforts to curtail the spread by emphasizing on prevention activities at the community level, to which the BRCS responded with support of the DREF.

Red Cross and Red Crescent action

BRCS with support from the IFRC started the cholera response operation after confirmation by the Benin Ministry of Health. The National Society started by strengthening its capacity at community level through mobilizing and training volunteers and school teachers. They were subsequently deployed in the affected communities to carry out sensitization activities and referring suspected cases to health facilities. The initial interventions were carried out in the municipalities of Sô-Ava and Abomey-Calavi targeted to reach 4,000 households (approximately 20,000 people). The activities were extended to Cotonou as the epidemic spread to some parts of the city. BRCS ensured the provision of clean water by rehabilitating water and sanitation facilities in some of the affected communities supplemented by the distribution of water purification tablets, oral rehydration salt (ORS), bars of soap and chlorination of some water wells.

As the only actor, the BRCS worked closely with the Ministry of Health's epidemiological unit in the control of cholera. The National Society participated in the twice weekly coordination meetings at the Ministry and kept the stakeholders updated on the development at community level.

IFRC in addition to DREF supported with the deployment of the two RDRT members with technical expertise in health and WatSan to support community sensitization activities including training volunteers, hygiene promotion, water treatment and safe use of sanitation facilities. The IFRC regional representation provided technical support missions that ensured consistent monitoring and support to implementation. In addition to resource mobilization support, the Africa Zone disaster management unit coordinated a DREF review after the close of the operation; to evaluate how the operation was managed, monitored and to measure impact in the short term.

Achievements against outcomes

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

Impacts: A rapid assessment was conducted which informed the development of the plan of action including setting up the necessary logistical arrangements. The assessment was supported by the two IFRC deployed regional resource persons. A monitoring system for the cholera outbreaks through weekly epidemiological reports and meetings twice weekly at the National Directorate of Public Health was established. These kept the National Society abreast of the situation allowing it to respond efficiently and relevantly.

The RDRT members in addition supported the National Society in the training of 250 volunteers and 30 school teachers in epidemic control and sensitization techniques using the PHAST methodology. Subsequently, BRCS organized demonstration sessions on the preparation and use of ORS at household level and prepositioned 6,000 sachets of ORS in 14 public health centres and 15 other locations in the affected communities. The trained school teachers were provided with buckets to enhance hand washing habit in their respective schools.

For enhanced motivation and visibility, BRCS produced and distributed 300 t-shirts to trained volunteers and the school teachers who supported in sensitization in the communities and in schools.

A lesson learnt workshop on the cholera operation was organized in January 2014 alongside the DREF review exercise to evaluate progress and challenges as well as the possible solutions for future operations. The two-day lesson learnt workshop was preceded by a field visit by the regional team from the West Coast Regional Representation and the Zone Office of IFRC to target areas in Sô-Ava and Cotonou.

Water, Sanitation and Hygiene Promotion	
Outcome: Immediate reduction in risk of waterborne and water related diseases in targeted communities to 9,000 families (45,000 beneficiaries) in Cotonou and Sô-Ava.	
Outputs (expected results)	activities planned:
<ul style="list-style-type: none"> Continuous assessment of water, sanitation, and hygiene situation is carried out. Target population is provided with and trained in the proper use of Water 	<ul style="list-style-type: none"> Rapid assessment and continuous monitoring of the situation conducted Orient 200 BRCS volunteers on hygiene promotion and SOP on disinfection of WatSan facilities and on waterborne disease.

<p>treatment tablets that meet sphere standards</p> <ul style="list-style-type: none"> • Target population have hygienic sanitation facilities • Target population is served with hygiene promotion and cholera prevention sessions 	<ul style="list-style-type: none"> • Orientation training and induction on hygiene promotion for 30 school teachers of the affected areas in Sô-Ava. • Promote safe use and distribute 1,920,000 water treatment tablets and 80,000 pieces of soap among 9,000 most vulnerable households including demonstration sessions • Promote hygiene awareness and environmental sanitation activities conducted in communities, house-to-house, public places, schools and health centres. • Disinfect sanitation facilities in six health centres, public latrines and five schools over two months in Sô-Ava • Rehabilitate five strategic water points including in schools or health centres where applicable in Sô-Ava. • Rehabilitate five schools and six health centres latrines where applicable in So-Ava. • 5,000 assorted IEC/BCC materials (posters, fliers) on cholera produced, printed and distributed to enhance positive behaviour change. • Dissemination of cholera messages through sessions, jingle on local radios. • Deployment of one water and sanitation RDRT member for two months • Monitor and report on activities
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Impacts: A total of 250 Red Cross volunteers and 30 school teachers were trained in water treatment and storage as well as hygiene promotion using PHAST methodology. The training enhanced their skills to work in the communities thus effectively delivering the messages and support communities in treating and managing water sources. The volunteers in turn carried out 761 sensitization sessions in the target areas and reached 106,055 with cholera prevention and good hygiene practice messages including hand washing habit. They also referred two suspected cases to health centres. In February 2014, the Red Cross volunteers carried out sensitization messages and reached additional 61,932 persons in communities where new cases were recorded in Sô-Ava Municipality. Alongside the sensitisation activities, 562,600 aqua tabs and 37,800 bars of soap were distributed.

The school teachers selected from schools in the affected communities complemented well the Red Cross effort through sensitization on good hygiene practices among pupils and other teachers in their respective schools. The trained volunteers worked hand-in-hand with community member to disinfect 304 latrines in and rehabilitation of one block of four latrines and three blocks of two latrines in the communities and health centres respectively.

The only borehole supplying water to three communities in Houèdo-Aguékou, Sô-Ava was rehabilitated with seven water points (five rehabilitated and two constructed). This effort has contributed to reducing the potable water challenge in the beneficiary communities. For a better management of the borehole and the water points, a management committee made of the community women, leaders, the municipal authorities and the Sô-Ava local branch of the Benin Red Cross was established.



The Benin Red Cross rehabilitated water facilities in Sô-Ava. Photo/ IFRC, January 2014.

Logistics

Outcome: Timely and effective logistics support provided to the emergency operations

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

Impacts: Means of transport and other logistical services were put in place as planned with support from the IFRC in-country team. The following items were procured and airlifted into country for the operation: Aquatabs tablets (110 units), aqua tabs box of 60 tablets (33 units), sprayer and nozzle (5 units), Box masks (1 unit), safety glasses (10 units), heavy duty gloves (10 units), heavy duty chemical gloves (10 units) pool tester (5 units), Phenol Red Rapid (4 units), DPD 3 Rapid (4 units) and DPD 1 Rapid (4 units). The procurement of soap (40,000 bars) distributed during the operation, rain boots and megaphone phones was done in local market. Overall the logistic for the operation was efficient despite some teething challenges with regards to procurement procedures.

Challenges:

The operation commenced late due to some administrative issues from the National Society. Some of the items procured from outside the country arrived late and could have delayed implementation but for the availability of some of them in the regional and National Society's warehouses facilitated promptness in response. These were replenished when the procured consignment arrived. The arrival of the deployed regional resource persons also helped to bring the activities up to speed. The support of the IFRC in-country team and the cooperation of the National Society headquarters and the local branches of Sô-Ava, Abomey-Calavi and Cotonou ensured activities were carried out as planned.

Access to some of the affected communities in Sô-Ava was a challenge as they are lakeside communities and could only be reached by boat. The daily rental cost for boat was high. The BRCS hence ensured training of community-based volunteers and teachers to do the day-to-day sensitization activities.

Due to priority needs and the related costs, the planned rehabilitation of six latrines in schools and in some health centres could not be carried out. Efforts were committed to the rehabilitation of the only borehole at Houèdo-Aguékou in Sô-Ava, which now serves three communities from where the outbreak was first recorded. The decision to embark on the rehabilitation was reached after discussion with the beneficiary communities; thus community participation is one of the key success factors of this operation.

Communication – Advocacy and Public information

The National Society worked with local media agencies to profile its activities during the operation which contributed to increased visibility of the Red Cross in the country. The IFRC team supported the National Society to ensure that the operation is effectively communicated to external audience by gathering compelling images and stories of target beneficiaries and post on IFRC website, humanitarian websites, and other social media.

Radio spot with messages on the epidemic were produced in local languages on local radio station (Radio Tokpa and TADO FM) to complement the door-to-door sensitization activities of the Red Cross volunteers. Information, education and communication (IEC) materials were distributed to heads of households and some posted in public places as a means to increase awareness on cholera prevention and treatment.

Contact information

For further information specifically related to this operation please contact:

- **National Society:** Prosper Gbetie, Secretary General, Benin Red Cross; Phone: +229 68 00 13 19; email: croixrougebeninsg@yahoo.com
- **IFRC Regional Representation:** Daniel Sayi, Regional Representative, West Coast, Abidjan, Côte d'Ivoire office phone; +225 66 775 261 ; email: daniel.sayi@ifrc.org
- **IFRC Africa zone:** Daniel Bolaños, Disaster Management Coordinator; Phone +254 202835213; email: daniel.bolanos@ifrc.org
- **IFRC Zone:** Dr Adinoyi Ben Adeiza, Zone Emergency Health: phone +254 731 990 076; adinoyi.adeiza@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support Senior Officer; Phone +41 227 304 529; email: christine.south@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Phone: +251 93-003 6073; email: martine.zoethoutmaar@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator; Phone: +254 731 067277; Email: robert.ondrusek@ifrc.org
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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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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Disaster Response Financial Report

MDRBJ013 - Benin - Cholera Outbreak

Timeframe: 09 Oct 13 to 28 Feb 14

Appeal Launch Date: 09 Oct 13

Final Report

Selected Parameters

Reporting Timeframe	2013/10-2014/4	Programme	MDRBJ013
Budget Timeframe	2013/10-2014/2	Budget	APPROVED
Split by funding source	Y	Project	*
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		241,154				241,154	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		241,155				241,155	
C4. Other Income		241,155				241,155	
C. Total Income = SUM(C1..C4)		241,155				241,155	
D. Total Funding = B +C		241,155				241,155	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		241,155				241,155	
E. Expenditure		-229,637				-229,637	
F. Closing Balance = (B + C + E)		11,518				11,518	

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Subsector:	*		

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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)			241,154			241,154		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	93,860		66,170			66,170	27,690	
Medical & First Aid	2,500		2,535			2,535	-35	
Teaching Materials	4,250		3,653			3,653	597	
Utensils & Tools	400		395			395	5	
Total Relief items, Construction, Sup	101,010		72,753			72,753	28,257	
Land, vehicles & equipment								
Computers & Telecom	1,500		667			667	833	
Total Land, vehicles & equipment	1,500		667			667	833	
Logistics, Transport & Storage								
Storage			2,431			2,431	-2,431	
Transport & Vehicles Costs	7,396		15,750			15,750	-8,354	
Logistics Services	6,100		1,512			1,512	4,588	
Total Logistics, Transport & Storage	13,496		19,693			19,693	-6,197	
Personnel								
International Staff	20,000		19,568			19,568	432	
National Staff	900						900	
National Society Staff	5,550		6,054			6,054	-504	
Volunteers	45,200		59,016			59,016	-13,816	
Total Personnel	71,650		84,638			84,638	-12,988	
Workshops & Training								
Workshops & Training	16,000		15,899			15,899	101	
Total Workshops & Training	16,000		15,899			15,899	101	
General Expenditure								
Travel	9,000		8,809			8,809	191	
Information & Public Relations	8,880		10,024			10,024	-1,144	
Office Costs	1,400		1,042			1,042	358	
Communications	2,000		2,211			2,211	-211	
Financial Charges	1,500		-114			-114	1,614	
Total General Expenditure	22,780		21,973			21,973	807	
Indirect Costs								
Programme & Services Support Recove	14,718		14,015			14,015	703	
Total Indirect Costs	14,718		14,015			14,015	703	
TOTAL EXPENDITURE (D)	241,154		229,637			229,637	11,517	
VARIANCE (C - D)			11,517			11,517		

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Budget Timeframe	2013/10-2014/2	Budget	APPROVED
Split by funding source	Y	Project	*
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 response	241,154		241,155	241,155	229,637	11,518	
Subtotal BL2	241,154		241,155	241,155	229,637	11,518	
GRAND TOTAL	241,154		241,155	241,155	229,637	11,518	