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Disaster relief emergency fund (DREF) Benin: Cholera Epidemic

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRBJ010
GLIDE n° EP-2012-000186-BEN
9 November, 2012

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 and Red Crescent emergency response. 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.

CHF 112,195 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 25,000 people in 5,000 households. Unearmarked funds to repay DREF are encouraged.

Summary: Since 23 October 2012, the municipality of Comé in the department of Mono in the southwest part of Benin has experienced a cholera epidemic; currently counting 49 confirmed cases, 3 of which were reported in the neighbouring municipality of Houéyogbé.

Samples of the 5 initially suspected cases were sent to the departmental and later national laboratory, and after confirmation of cholera, the government of Benin declared an epidemic at the health zone level. The number of cases could be higher, as it is expected that not all cases were referred to official facilities and registered.

The spread of the disease is suspected to be related to consumption of unsafe water and contaminated smoked fish as well as lack of proper sanitation and hygiene awareness.

In its role as auxiliary to the government of Benin, the Benin Red Cross Society (BRCS) has mobilized its volunteers at branch level to support the health authorities in improvement of cholera awareness (prevention, detection and referral), hygiene promotion, safe water and improved sanitation at community level at an early stage to prevent the effects and spread of the epidemic.

This operation is expected to be implemented over 3 months, and will therefore 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)

[<click here for the DREF budget; here for contact details; here to view the map of the affected area>](#)



BRCS volunteers delivering key messages to food vendors at risk of transmitting cholera (Photo: BRCS)

The situation

Since 23 October 2012, a cholera epidemic has been experienced in south-western Benin with suspected cases reported in the municipality of Comé. Five samples were tested and confirmed both the departmental and national laboratories. The cholera epidemic was declared by Minister for Health at the Zone.

Considering that new cases are being added every day, below is the chronology of this increase since the onset:

25 October 2012: 17 cases registered 0 deaths.

29 October 2012: 32 cases registered with 0 deaths. (+15 new cases)

30 October 2012: 38 cases registered (+6 new cases)

4 November 2012: 49 cases.

Most of the above 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 has been fuelled by the consumption of untreated water from wells, smoked fish sold openly along roads and poor sanitation.

The municipality of Comé has 5 districts (Comè, Agatogbo, Akodéha, Ouédèmè, Oumako) made up of 38 villages and city districts with an estimated 74,700 inhabitants while the municipality of Houéyogbé has 6 districts (Dahe, Doutou, Honhoué, Houéyogbé, Sè, Zoungbonou) constituting 59 villages city districts with approximately 95,300 inhabitants.

The municipality of Comé is located in the department of Mono, south west of the Republic of Benin. It is bordered in the north by the municipality of Houéyogbé; northwest by the district of Oumako, north east by the district of Akodéha; to the west by district of Agatogbo; and by the municipality of Grand Popo in the south.

The Ministry of Health through its hospitals has been supporting affected patients and is currently implementing preventive mechanisms to slow the spread of cholera. Other activities started include strengthening epidemiological surveillance. In addition, the "subject bus" (mobile awareness) of the Ministry of Health was launched to raise awareness on the field.

Coordination and partnerships

Response to the epidemic is currently being coordinated by Benin health authorities through traditional health coordination mechanisms. BRCS has been participating in the regular health coordination meetings organized by the Ministry of Health at country and regional levels to receive information and inform planned activities.

BRCS is an important partner to the Health authorities and works with them at both the national and branch/district levels in Health promotion activities, such as social mobilization during immunization campaigns and bed net distribution. Benin Red Cross will continue to work closely with the relevant health districts.

Red Cross and Red Crescent action

Benin Red Cross Society has local branches in both Comé and Houéyogbé municipalities. In both areas, volunteers were alerted and mobilized for the implementation of awareness activities on health and hygiene promotion activities carried out as follows:

Headquarter level:

- Participation in coordination meetings organized by the Ministry of Health.
- Development of detailed response plans for volunteers in Comé and Houéyogbé

Districts level:

- Participation in district and local coordination meetings
- Awareness on hygiene promotion and sanitation of housing, markets, schools and public places for local population

In tackling this public health emergency, Benin Red Cross plans to support both the affected and neighbouring districts through community mobilization activities in health promotion and hygiene. Also, in accordance with the communication plan established by the Ministry of Health, to train 50 volunteers (in

Comé and Houéyogbé) in disease prevention and health promotion to embark on social mobilization activities, chlorination of wells, distribution of water purification tablets (aqua tabs) to 5,000 households as well as preparation and administration of ORS demonstration.

The International Federation through its delegation in Abidjan, Cote D'Ivoire, continues to work closely with the National Society by supporting its staff and volunteers in all activities while ensuring that management and operational issues are directed and implemented with the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

The needs

Based on the characteristics of cholera epidemics and the current knowledge of disease prevention in the affected areas, there is a clear need to improve cholera knowledge at community level, both in terms of health and hygiene. The activities need to be aligned with the national-wide health communication plan from the Ministry of Health.

The state of water sources and practices on storage and treatment needs to be improved, while sanitation facilities, especially in public areas need to be disinfected urgently.

The proposed operation

The BRCS intervention will target 5,000 households (25,000 people) in Comé and Hoyéyogbé municipalities in the district of Comé. The target area selection is flexible and can be changed according to the updated information of the spread of the epidemic.

On the implementation of activities, volunteers will be trained on the management of outbreaks for volunteers training manual, conveying of key messages on hygiene promotion and treatment of water at the household level, using the local language. A RDRT member will be deployed to carry out a modified Epidemic Control for Volunteers (ECV) training and for implementation support.

BRCS will focus its intervention supporting the health authorities' efforts in responding to the outbreak through community social mobilization, distribution of water purification tabs (aqua tabs) and oral rehydration salt (ORS) sachets to households in affected communities; orientation on cholera detection, prevention and basic sanitation practices.

Volunteers will work in teams of two for awareness (25 teams of 2) at the household level for 10 days per month on rotation, and will visit 6 households on average per day. The household visits will be combined with other community awareness activities.

Based on the epidemic caseload, spread and the outcome of detailed assessments, this operation may be revised during implementation and all updated interventions published in a DREF update bulletin.

Emergency health

Outcome 1: Improved hygiene behaviour and cholera awareness amongst 5,000 households (25,000 people) in 97 communities in 3 months

| Outputs (expected results) | Activities planned: |
|--|--|
| <ul style="list-style-type: none"> • The affected population are effectively and efficiently sensitized on cholera prevention. • Improved early detection and referrals. • Improved awareness on ORS preparation and use amongst households | <ul style="list-style-type: none"> • Orientation of 12 supervisors on ECV tools and materials to be cascaded to volunteers • Social mobilization to raise awareness on cholera promoted in 5,000 households by orientating 50 Red Cross volunteers on ECV tools and materials (early detection and referrals of cholera cases) • 5,000 assorted IEC/BCC materials (posters, fliers) on cholera produced, printed and distributed to enhance positive behaviour change • Production of visibility material (100 T-shirts) • Diffusion of cholera messages through sessions, jingles on local radios, TVs and other channels • 291 sensitization and demonstration sessions (3 per community) in 97 communities on benefits of ORS in the management of cholera using cholera demonstration kits |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Monitoring and reporting on activities • Deployment of health RDRT for 2 months |
|--|--|

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, basic sanitation and hygiene promotion to 5,000 families (25,000, beneficiaries) in 97 communities

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|--|---|
| <p>Outputs (expected results)</p> <ul style="list-style-type: none"> • Target population is provided with and trained on the proper use of watsan related items • Target population is provided with adequate environmental sanitation measures | <p>Activities planned:</p> <ul style="list-style-type: none"> • Orient BRCS volunteers on hygiene promotion and SOP on disinfection of watsan facilities and on water born disease. • Hand washing at key times promoted through demonstration at market and other public places • Safe use of water treatments products promoted in 5,000 households through sensitization and demonstration sessions • Disinfection of strategic water points used by the community for over 1 month • Disinfection of sanitation facilities in 13 health centres for over 1 month. • Hygiene promotion activities in personal and environmental sanitation within communities and at health centres • Monitoring and reporting on activities |
|--|---|

Contact information

For further information specifically related to this operation please contact:

- **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 Zone:** Dr Adinoyi Ben Adeiza, Zone Emergency Health: phone: :+254 731 990 076; adinoyi.adeiza@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41 227 304 529; email:christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 504584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone:+221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067 277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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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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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DREF OPERATION

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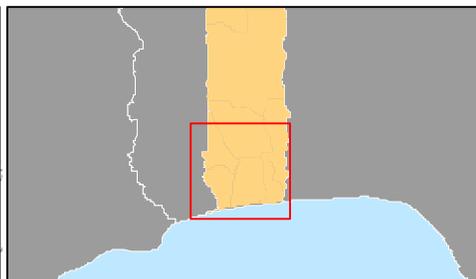
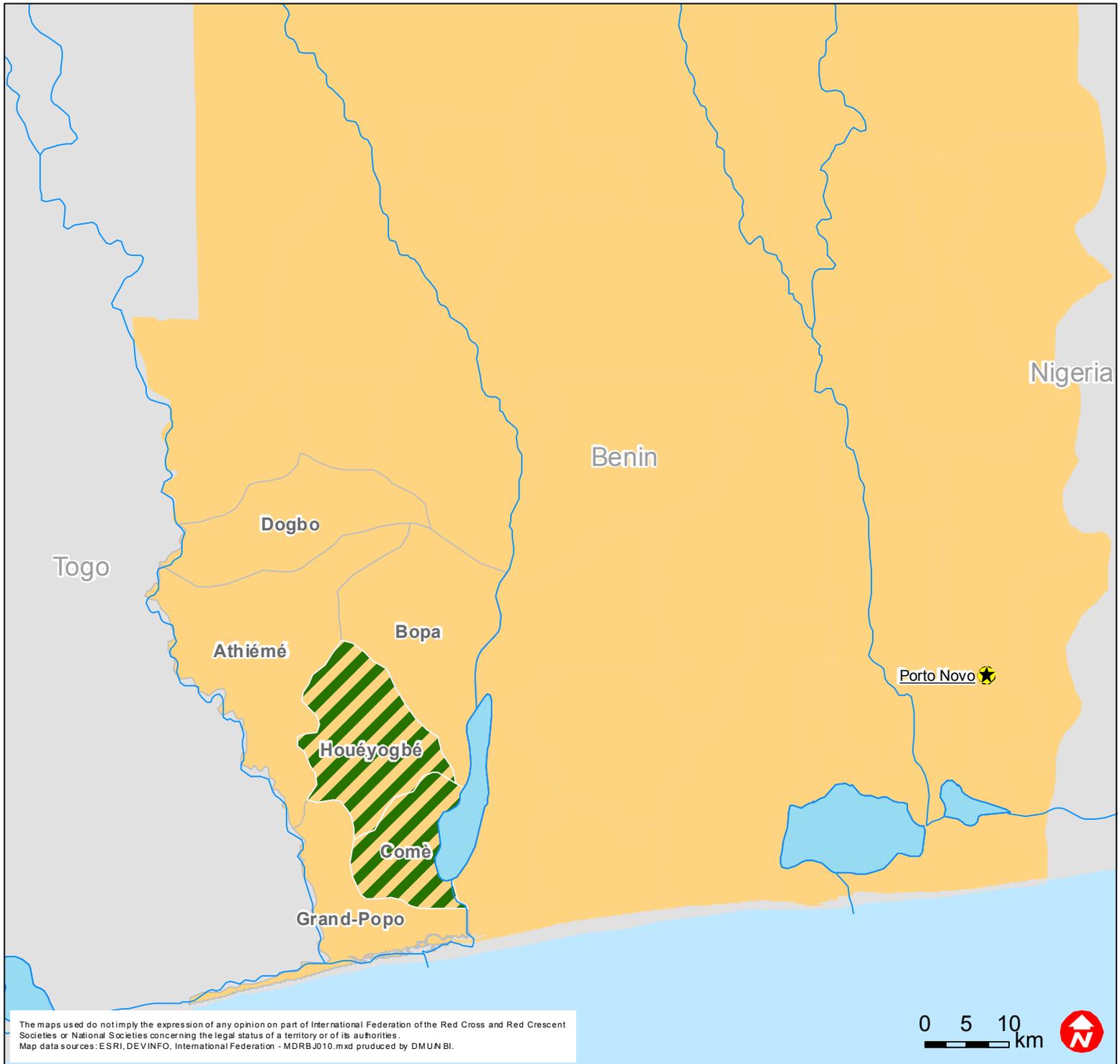
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Benin: Cholera Epidemic

| Budget Group | DREF Grant Budget CHF |
|--|------------------------------|
| Clothing & Textiles | 1,850 |
| Water, Sanitation & Hygiene | 34,105 |
| Medical & First Aid | 4,360 |
| Teaching Materials | 1,500 |
| Ustensils & Tools | 450 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 42,265 |
| Transport & Vehicle Costs | 4,300 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 4,300 |
| International Staff | 10,000 |
| National Society Staff | 10,650 |
| Volunteers | 12,062 |
| Total PERSONNEL | 32,712 |
| Workshops & Training | 9,500 |
| Total WORKSHOP & TRAINING | 9,500 |
| Travel | 8,000 |
| Information & Public Relations | 5,320 |
| Office Costs | 1,500 |
| Communications | 500 |
| Financial Charges | 750 |
| Other General Expenses | 500 |
| Total GENERAL EXPENDITURES | 16,570 |
| Programme and Supplementary Services Recovery | 6,848 |
| Total INDIRECT COSTS | 6,848 |
| TOTAL BUDGET | 112,195 |



Benin: Cholera



 Affected Municipalities