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DREF operation update

Benin: Cholera Epidemic

 International Federation
of Red Cross and Red Crescent Societies

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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 Federations disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 10 November 2012 to 31 January 2013.

Summary: CHF 112,195 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 9 November 2012, to support the National Society in delivering immediate assistance to some 25,000 people in 5,000 households.

From October 2012, the municipality of Comé in the south western part of Benin experienced a cholera epidemic, and a few cases were also identified in the neighbouring municipality of Houéyogbé. After the first cases were discovered, the Red Cross society of Benin (BRCS) initiated community-based social mobilization activities focused on epidemics awareness raising, hygiene promotion and water and sanitation activities.

To date, a total of 50 trained BRCS volunteers have implemented the project activities, so far reaching 13,542 persons with health education, cholera prevention and hygiene promotion awareness. Additionally, 17,000 persons, including students and teachers, in 50 schools, have been provided with hygiene sessions on hand washing as a way to reduce health risks, while 720 households (3,600 persons) have increased awareness on safe water treatment and storage and have been provided with water treatment tablets in order for them to access clean water.

Through the joint efforts by BRCS and Benin health authorities, the epidemic was contained and was declared to be over in December 2012. However, a few new cases were recently discovered in the town of Grand-Popo, in the neighbouring municipality of Klouékamé (Department of Kouffo) in Lanta district. BRCS has therefore initiated interventions in this municipality based on the same intervention strategy and these activities are planned to be accommodated within the current budget.

Some of the water and sanitation activities remain to be implemented, due to a delay in delivery of the needed material for disinfection of wells and sanitary facilities.



Awareness sessions in the presence of local elected officials in the town of Dohi in Comé. Photo/ BRCS

It is against this background that this DREF operation update announces a one and a half month extension of the operation in order to:

- Implement the final WatSan activities in the operation including disinfection of wells and sanitation facilities.
- Carry out continued sensitization sessions on cholera prevention and hygiene promotion in the newly affected areas
- Carry out continued environmental sanitation activities
- Reproduce more IEC materials to reach more persons among the affected and high risk populations
- Conduct a review of the operation to measure achievements against planned outcomes, successes and challenges encountered.

The operation will therefore be completed by March 24, 2013. A final report will be made available three months after the operation has been completed. (by 24 June 2013)

The Netherlands Red Cross/Government and DG ECHO contributed towards a 100 percent replenishment of the DREF allocated 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, the European Commission Humanitarian Aid and Civil Protection (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.

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

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The situation

On 23 October 2012, the municipality of Comé (Department of Mono) in the south west of the republic of Benin reported the first confirmed cases of cholera. Shortly after, the local authorities issued an official declaration of the outbreak. A total of 65 cases were reported throughout November 2012.

Most of the reported cases came from Agatogbo, Guezin and Akodéha districts in Comé municipality and others from Houéyogbé a neighboring municipality. The spread of the epidemic was fuelled by the consumption of untreated water from wells, smoked fish sold openly along roads and poor sanitation. The municipality of Comé has five districts (Comé, Agatogbo, Akodéha, Ouédèmè, Oumako) with 38 villages and city districts, and an estimated 74,700 inhabitants while the municipality of Houéyogbé has 6 districts (Dahe, Doutou, Honhoué, Houéyogbé, Sè, Zoungbonou) constituting 59 villages and city districts with approximately 95,300 inhabitants. Since the population at risk was high, there was a need to rapidly implement cholera prevention activities as well as respond to those already infected.

The Ministry of Health (MoH) through its hospitals was providing support to affected patients and implemented preventive measures to slow the spread of cholera. Additionally, epidemiological surveillance was being carried out and awareness raising activities carried out by the MoH.

BRCS supported the efforts of the government through community-based social mobilization activities focused on epidemics awareness raising, hygiene promotion, and water and sanitation activities decreasing the risks of the epidemic spread.

Through the joint efforts by the Beninese government, local authorities and the Red Cross Society of Benin the spread and escalation of the disease could be controlled and prevented, thus no new cases were reported after November 2012. Consequently, the health authorities declared the area to be free from the epidemic.

A BRCS assessment conducted with the support of a regional disaster response team (RDRT) member indicated that the activities undertaken had a positive effect on hygiene behaviour. However, the assessment also revealed a high number of epidemic risk factors such as contaminated water sources, lack of sanitation, and the lack of community contingency planning for epidemic outbreaks.

Recently, new cholera cases have been reported in the town of Grand-Popo, in the neighbouring municipality of

Klouékamé (Department of Kouffo) in Lanta district. Expansion of the operation to cover these areas based on the same implementation strategy has already been planned, and is expected to be covered by the already approved budget of this DREF.

Delays of delivery of equipment for water and sanitation activities have subsequently delayed the implementation of some of these activities in the operation. The last items for disinfection activities have arrived in country and will be dispatched shortly. Therefore a one and a half month extension of the DREF operation is needed in order to finalize the operation. A review of the operation in order to establish achievements against planned goals, successes and challenges will be undertaken within the extended time frame.

Coordination and partnerships

Response to the epidemic has been coordinated by Benin health authorities, including through traditional health coordination mechanisms. BRCS has been participating in the regular health coordination meetings organized by the MoH at country and regional levels in order to share information, monitor situation and progress of project activities, and coordinate and harmonize the interventions. At local level, the BRCS has worked in partnership with local health authorities, municipal authorities, and community leaders.

The BRCS has been the only humanitarian organization which has operated in the targeted area.

Red Cross and Red Crescent action

Progress towards outcomes

BRCS has mobilized and trained 12 staff supervisors in Epidemic control for volunteers (ECV), and 50 volunteers from the local branches in Comé and Houéyogbé municipalities trained in health education, hygiene promotion and disinfection of WatSan facilities. Those trained have participated in the implementation of the planned activities in the DREF operation under the coordination of the RDRT member, the BRCS WatSan focal point and national disaster management focal point. The awareness activities carried out by the BRCS were highly recognised by the authorities.

The BRCS has supported the actions of health authorities in their efforts against the epidemic through providing the affected communities with health education knowledge on how to recognize the signs of cholera and how to prevent the disease, community social mobilization through intensive awareness raising on hygiene and sanitation measures, and distribution of water treatment tablets (Aquatabs)

A total 13,542 persons were reached by health education, cholera prevention and hygiene promotion awareness raising in the targeted communities. Additionally, 17,000 persons, including students and teachers, in 50 schools have been provided with hygiene sessions on hand washing as a way to reduce health risks and 720 households (3,600 persons) have learned about safe water treatment and storage and were provided with water treatment tablets in order for them to access clean water.

To date, almost all of the planned activities have been implemented with the exception of the water and sanitation activities that were delayed by the late delivery of material for disinfection of wells and sanitary facilities.

The IFRC through its West Coast Regional Representation Office based in Abidjan, Ivory Coast, has provided technical support during the response operation through the deployment of an RDRT, and also monitored the operation to ensure it is implemented within the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

Emergency health	
Outcome: 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 among 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 amongst 5,000 households by orientating 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, jingle on local radios, TVs and other channels 291 sensitization and demonstration sessions (three per community) in 97 communities on benefits of ORS in the management of cholera using cholera demonstration kits Monitoring and reporting on activities Deployment of health RDRT for 2 months.

Progress: BRCS has mobilized and trained 12 staff supervisors in Epidemic control for volunteers (ECV), and 50 volunteers from the local branches in Comé and Houéyogbé municipalities trained in health education, hygiene promotion and disinfection of WatSan facilities.

An RDRT was deployed to support and monitor the programme and with the support of the RDRT, an assessment was carried out which indicated positive results from the cholera awareness and hygiene promotion activities.

The dissemination of cholera prevention messages on local radio and through TV spots started very well, but was interrupted between 22 and 29 December 2012 due to a technical failure of the local radio leading to a gap in the broadcasting of the messages. This was however compensated to the BRCS making up for the dissemination interruption. Cholera prevention messages were broadcasted in four local languages three times per day (12 messages per day) for seven days thus disseminating 84 messages in total. Further 15 minutes of airtime per week for three weeks were allocated, which was used to send interactive programs on cholera prevention led by volunteers from the local committee and by beneficiaries involved in the operation.

In the targeted communities, trained volunteers performed 357 sensitization sessions on cholera prevention and hygiene awareness reaching 13,542 people affected.

Challenges:

- Interruption of the cholera messages dissemination due to a technical failure with radio broadcasting which was however rectified and BRCS compensated for the interrupted broadcasts by the radio station.
- New cholera cases reported in Klouékamé (Department of Kouffo), in Lanta district and the town of Grand-Popo that require urgent response.

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

Outputs (expected results)	Activities planned
<ul style="list-style-type: none">• Target population is provided with and trained in the proper use of WatSan related items• Target population is provided with adequate environmental sanitation measures	<ul style="list-style-type: none">• Orient BRC volunteers on hygiene promotion and SOP on disinfection of WatSan facilities and on water borne diseases.• 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 over 1 month• Disinfection of sanitation facilities in 13 health centres over 1 month.• Hygiene promotion activities like personal and environmental sanitation promoted in communities and health centres• Monitoring and reporting on activities

Progress: A total 50 volunteers received orientation on health education on prevention of water borne/related diseases focusing on cholera, hygiene promotion and disinfection on WatSan facilities. The trained volunteers were deployed to the field for implementation of the project.

Hand washing sessions were organised in 50 schools for an average of 340 people per school, reaching around 17,000 persons, including students and teachers. In addition, safe water treatment and storage sessions were organized for 720 households (3,600 persons) and 21,600 Aquatabs were distributed. Hygiene promotion activities performed alongside other sensitisation activities.

BRCS promoted hygiene and environmental sanitation in the targeted communities resulting in the formation of 4 hygiene committees. The committees were provided with tools and hygiene and sanitation materials such as Garbage cans, shovels and rakes for use in their hygiene promotion activities.

The work of the BRCS in the field also enabled people to understand the importance of using and properly maintaining latrines. Thus, 4 institutional latrines were emptied, 2 are being rehabilitated and 1 latrine has been rehabilitated.

Challenge: Materials required to support WatSan activities such as disinfection of wells and latrines spraying did not arrive as scheduled, which negatively impacted on the implementation and coordination of activities. It was for example planned to optimize the educational sessions through implementing the WatSan activities at the same time. The material has now arrived to the country, and the final activities of the project will be implemented.

Contact information

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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.



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.