

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action (EPoA) Bénin – Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRBJ015
Date of issue: 12 September 2016	Date of disaster: 30 August 2016
Operation manager (responsible for this EPoA): Samuel Matoka, IFRC Abuja Country Cluster	Point of contact (name and title): Samuel Matoka, IFRC Abuja Country Cluster Team
Operation start date: 7 September 2016	Expected timeframe: Three months
Overall operation budget: CHF 124,900	
Number of people affected: 281 Number of people at risk: 1,108, 982: Savalou (104,749), Dassa-Zoumè (93,967), Sô-Ava (76315), Zê (72,814), Cotonou (761,137)	Number of people to be assisted: 500,000 persons in Cotonou Area
Host National Society(ies) presence (n° of volunteers, staff, branches): 4 National staff, 3 departmental coordinators, 15 local supervisors, 100 volunteers and 1 focal point	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross and Red Crescent Societies (IFRC) and Netherlands Red Cross Society.	
Other partner organizations actively involved in the operation: World Health Organisation (WHO), Ministry of Health and Social Protection, and the United Nations Children's Fund (UNICEF)	

A. Situation analysis

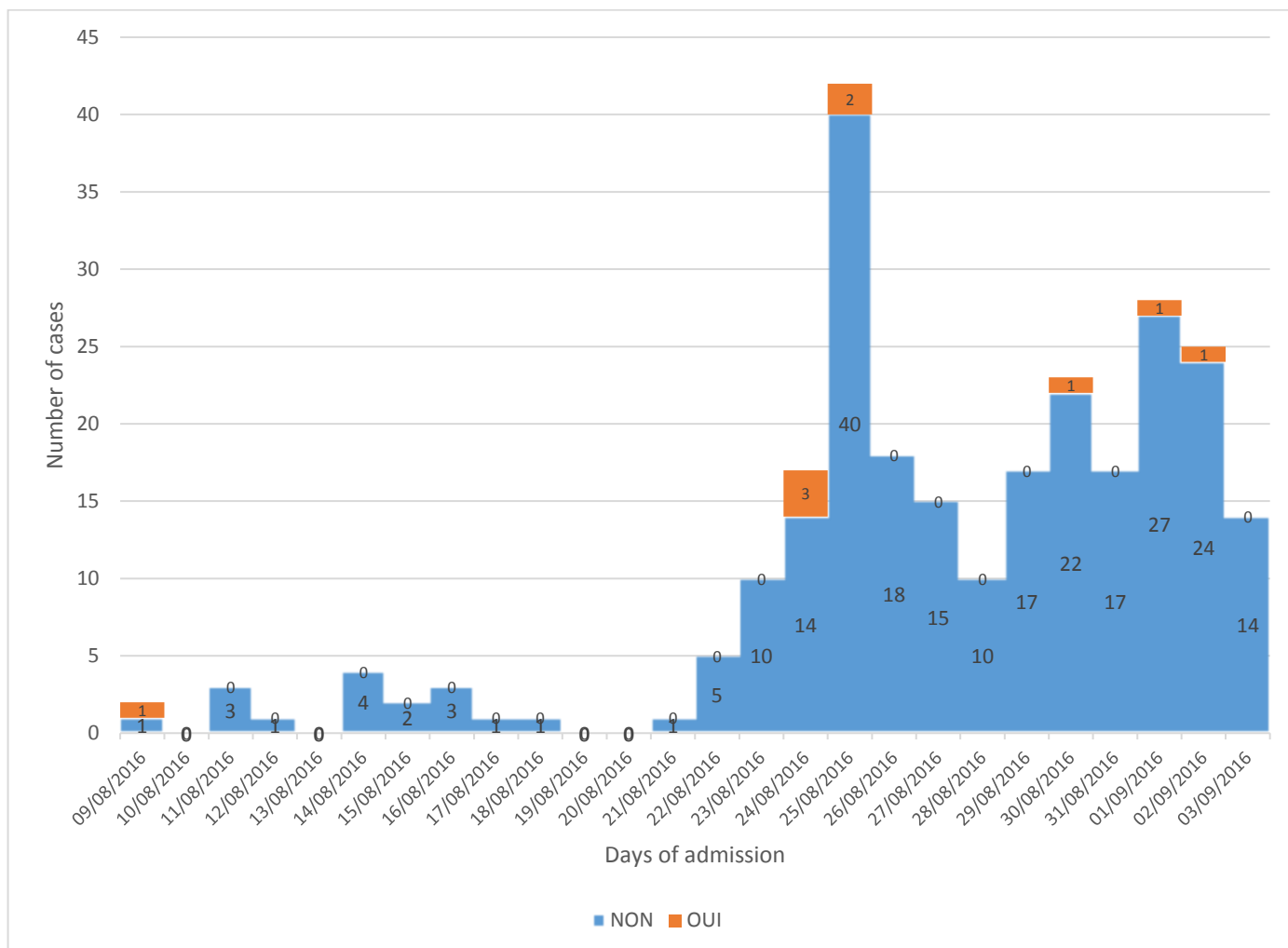
Description of the disaster

An initial three cholera cases were reported in So-Ava and an outbreak was declared on 16 August by local government authorities. Reported and verified cases were few in the early weeks and considered manageable by local authorities, but a sharp and heightened spike in the number of confirmed cases between 25 – 30 August in the three main areas of Cotonou, Savalou and So-Ava resulted in a request from Benin Red Cross Society to IFRC for support through DREF to respond. As of 4 September 2016, a total of 281 cases and 9 deaths were recorded with a 3.20% case fatality rate, with Cotonou the most affected area to date.

Table 1: Affected areas

s/n	Area	Cases	Deaths
1.	Cotonou	176	4
2.	Savalou	49	4
3.	So-Ava	29	1
4.	Abomey – Calavi	13	0
5.	Dassa	10	0
6.	Abomey – Zou	1	0
7.	Parakou	1	0
8.	Ze	2	0
	Total	281	9

The major drivers of the epidemic are due to unprotected drinking water and food, open defecation by the populace and poor maintenance of latrines.



Evolution of cases of Cholera Epidemics as of 4 September 2016

Summary of the current response

Overview of Host National Society

Since the emergence of a prior initial epidemic in February 2016, volunteers of the affected communities have been mobilised to promote sensitisation on good health practices in relation to water, hygiene and sanitation. They equally participate in epidemic surveillance as well as referral of suspected cases to health centres for immediate attention.

However, as a result of the prevalence and the increasing number of cases related the epidemic in new areas, the National Society (NS) intends to intensify activities aimed at containing the spread through DREF, primarily targeting the affected communities, responding to the affected individuals and protecting other communities not yet affected using the SWORD and SHIELD approach. This approach takes into consideration the containment of the disease and also putting in place preventive measures in the nearby communities. The sword is used to address the existing cases while the shield is used to prevent the transmission of new cases. This operation will encourage community mobilisation and wide sensitisation campaign in Cotonou area.

Overview of Red Cross and Red Crescent Movement in the country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides assistance through its Cluster Office Support Team in Abuja (Nigeria). IFRC will work in close collaboration with Red Cross of Bénin by providing support to its staff and volunteers in all its activities, ensuring that management and operational issues are taken care of in order to meet the needs of the most vulnerable. On 30 August an alert was sent through the IFRC Disaster Management Information System (DMIS). This was followed up on 31 August by an operational strategy call conducted with IFRC Cluster Office Support Team in Abuja (Nigeria), Africa Regional Office and Geneva. It was agreed that a

DREF allocation be made to enable the National Society to scale up its response to the outbreak, and complement the ongoing beneficiary communications activities which are meant to disseminate information to the public on the common diseases through Social Mobilization as well as radio stations. The DREF activities will be implemented towards the cholera epidemic response in Cotonou area which is the worst affected.

Overview of non-RCRC actors in country

With the official declaration of the epidemic by the Ministry of Health, a Committee on Crises was set up, supported by the technical department of the Ministry and its partners, including the Red Cross Society of Bénin. The Committee meets periodically, convened by the Ministry of Health to monitor the epidemic and provide effective support to the coordination teams in the affected communities. A daily epidemic update is released and report shared with other humanitarian actors. The Ministry of Health is providing supplies at the treatment centres and has staff attending to the patients. The MoH has also developed IEC materials with technical support from World Health Organization and UNICEF.

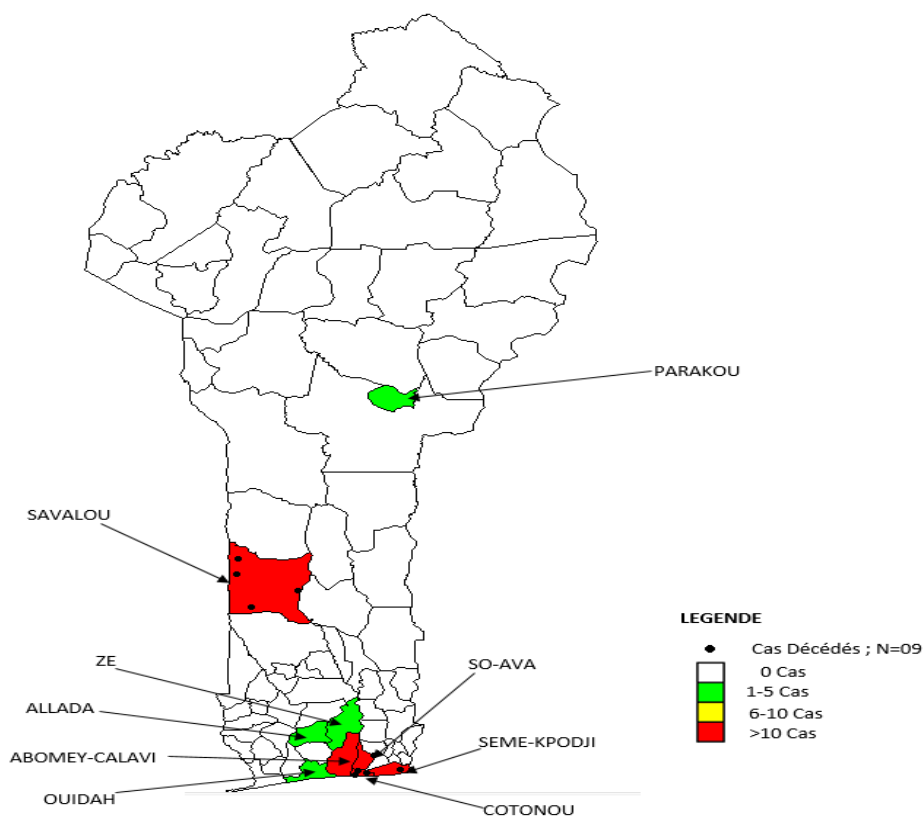
Other Partners

Apart from the field visit by the Resident Representative of the World Health Organisation (WHO) with members of the Committee on Crises and all the partners, including the Red Cross of Bénin, in addition, WHO and UNICEF are supporting the MoH in surveillance, development of treatment protocols as well as assisting the strengthening of case management standards.

Needs analysis, beneficiary selection, risk assessment and scenario planning

There is a risk of the epidemic extending to other areas and other potential consequences if not contained quickly. The bottom line is that the outbreak is occurring in areas not generally affected by cholera. Usually, the cholera outbreaks in Benin originate from other neighboring countries. At the moment, no major outbreaks have been reported from the neighboring countries. Based on the review of recent situation reports, the number of cases are increasing and there is also a geographic extension of the outbreak. Usually, Benin is affected by smaller cases of cholera which usually remain in very specific localities in Cotonou. At the moment, the cases have been reported in three main localities including the coastal areas. The dynamic and path of the outbreak is not very clear at the moment hence it will require continued monitoring and assessment. UNICEF and ECHO who are also in contact with WHO are also concerned about the unusually high number of cases as well the spread to other areas. The current wave began on 22 August, with a spike recorded on 25 August. From that time onwards, cases have been increasing. A detailed epidemiological report is available as Annex A.

The map below shows the geographical distribution of the cases



From the outset of the epidemic, the Ministry of Health has solely been providing free health care to all registered cases hence, providing all health centres with intravenous fluids (IV), drugs and medical supplies to enable health workers effectively treat the cases.

Risk Assessment

Given the close contact between the volunteers and people in the affected areas, it is important that the volunteers protect themselves throughout the sensitisation period. Equally, there will be provision of Personal Protective Equipment (PPE) (disinfectant and gloves) for the protection of volunteers and staff. This consists of the 100 volunteers and 15 supervisors mobilized in this operation.

Beneficiary selection

Up to 500,000 persons in Cotonou, especially those resident in affected communities, are targeted under this DREF Operation. The Abuja Cluster Office will ensure that the DREF operation adhere to IFRC guidelines in the area of gender equality and diversity.

B. Operational strategy and plan

Overall objective

To reduce the immediate health risk of the affected population, particularly in relation with the cholera epidemic through Social Mobilisation and awareness campaigns, targeting a total number of about 500,000 individuals at risk in Cotonou affected communities.

Proposed strategy

The proposed strategy for this DREF Operation shall focus on the following areas of intervention: -

- a. Setting up of Early Warning systems to promote community monitoring and orientation for suspected cases. This will involve,
 - i. house-to-house visits,
 - ii. disinfection of affected households by volunteers as a measure of containment,
 - iii. referral of suspected persons to health centres for timely consultation as well as informing the community of possible suspected cases for appropriate assistance, and
 - iv. advocacy and community mobilization, to identify disease transmission context and organize volunteers and plan right response accordingly using the sword and shield approach
- b. Communication for behavioural change and adoption of good hygiene practices:
 - Training of 100 volunteers in the identified communities at risk so that they lead awareness campaigns in the said communities.
 - Through community mobilization (in the markets, car parks, places of worship and other public places), and house-to-house visits, the awareness campaign will last for an initial total of 30 days in the overall intervention period of 3 months
 - Adaptation, production and distribution of advocacy materials and flyers
 - Production and distribution of information, education and advocacy materials to complement those produced by the Ministry of Health, as agreed in Government-led coordination meetings
 - Distribution of household water treatment products in the affected communities especially for people who do not have access to potable water
- c. Contribution towards strengthening epidemiological monitoring/surveillance in collaboration with health centres of the affected communities:

The health centres already have a system of epidemiological surveillance in place within their area of coverage. The deployment of trained volunteers for awareness creation will strengthen monitoring at community level, in collaboration with health centres. Local communities have already started this collaboration with the health centres and administrative authorities. To support this, mobile phone credit will be provided to the volunteers and supervisors for community follow up as suspected cases

will be reported by volunteers through Short Message Service (SMS) to supervisors of local health centres.

The operation will also include setting up some community-based treatment points through Oral Rehydration Points (ORPs). It is envisaged that a team of 15 core volunteers shall be deployed as local supervisors (1 for each area affected) and trained in the sword and shield strategy as well data collection techniques using RAMP. A magpi account will be created and the disease monitoring framework (extracted from health centres register) uploaded. This will be useful in advising field teams on priority activities to conduct in each area on real time basis following analysis of the disease transmission context. This analysis will be done at cluster or regional level by IFRC surge support teams.

In addition, Benin Red Cross has prepositioned a WatSan Kit 5 and equipment acquired through support from the Japanese Government which has also been previously mobilized in DREF operations. With the support of the Regional Disaster Response Team (RDRT) member to be deployed in this operation, further assessment of the situation will advise if the operation will need to be adjusted and the WatSan Kit 5 mobilized, which would include DREF support to cover the costs of consumables used.

This operation is designed to support initial response actions focused in Cotonou, and with the deployment of the RDRT, a more detailed assessment of needs can be carried out. The operation may be revised to meet any resulting gaps in the other affected areas should the need arise.

Operational support services

Human resources

The DREF Operation will require the mobilisation of the following personnel:

- 15 Local supervisors,
- 3 Departmental Coordinators,
- 4 HQ staff,
- 6 Trainers for the training of volunteers,
- 100 Volunteers,
- 1 Focal Point,
- 1 RDRT/IFRC WASH to be deployed by IFRC

An IFRC support staff will be deployed to support the National Society in setting up the initial response. Together with the RDRT, the IFRC support shall assess remaining needs and revise this operation accordingly.

Logistics and supply chain

Most necessary items needed for the implementation of the DREF Operation shall be purchased locally. Local purchase will include: units of call credit for SMS, IEC materials, petrol, hand sanitiser, soap, gloves, masks, boots, training tools and materials, etc. This will be done in line with IFRC logistics and procurement procedures. Where an item is unavailable in the local market, requests may be made from IFRC Country Cluster Support Team, Abuja. One rented vehicle will be mobilised for the implementation of the DREF Operation and the cost of petrol and maintenance is budgeted for.

Communications

To contain the rapid spread of the epidemic, the DREF operation, supported by IFRC Abuja Country Cluster Support Team will educate the public on prevention of cholera. The prevention information focusing on good hygiene practices will be disseminated through radio where partnership already exists. The campaign will target not only the at-risk population but also schools and local authorities. NGOs and UN institutions will be informed of the National Society's actions to support information sharing and minimize duplication of activities. For better visibility, the Red Cross bib will be worn by staff and volunteers involved in the implementation of the DREF operation.

Security

All personnel movement will be ensured by the health unit/DM through telephone calls and SMS. The Executive Secretary, department heads, ICRC and IFRC personnel will all be involved in the coordination and closely monitor the unfolding events. In addition, the following security-related activities will be ensured by IFRC/Red Cross, Bénin:

- Regular meetings on movement security;
- Regular monitoring of developments in the field;
- Close monitoring of all communication systems to ensure proper functioning;
- All staff and volunteers must complete the course on Stay Safe prior to deployment.

The management of all activities under the DREF operation will be in line with the Movement's fundamental principles and humanitarian values.

Planning, Monitoring, Evaluation, & Reporting (PMER)

Under the DREF operation, performance and accountability will be strengthened through a monitoring and reporting system. Emphasis will be laid on progress outcomes to inform operational planning and decision-making. Monitoring and reporting at Branch level will be strengthened for timely and credible data collation. On a daily basis, the Red Cross Society of Bénin will collate all data in relation to the planned intervention and on emergency responses carried out in all the affected communities. The analysis and reports will be forwarded to the IFRC Abuja Country Cluster Support Team. An RDRT/IFRC staff will support the implementation of the DREF operation with close monitoring of interventions and reporting which will guide future DREF operations.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the IFRC Abuja Country Cluster Support Team and the Red Cross Society of Bénin. The MoU will spell out the responsibilities of parties in the implementation of the DREF operation and ensure conformity to rules guiding the use of DREF allocation. The Red Cross Bénin has an Administration and Finance Department which ensures proper use of financial resources in line with the recommendations of the MoU. Other means of transfer of funds from the IFRC to the NS will be used if the current mechanism is found unsuitable.

Annex A: Epidemiological Report of Cholera in Bénin as at 4 September 2016

Location	Notification areas	Number of new cases per day	Number of deaths per day	Cumulative case	Cumulative deaths	Number of samples taken per day	Cumulative samples	No of positive cases	Expected results	Number of sick people	Number of hospitalized persons per day
Coastal	Cotonou I	0	0	4	0	0	0	0	0	0	0
	Cotonou II	10	0	60	2	0	1	1	0	12	14
	Cotonou III	1	0	17	1	0	1	0	1	5	5
	Cotonou IV	0	0	51	0	0	0	1	0	7	4
	Cotonou V	3	0	34	1	0	16	4	4	0	10
	Cotonou VI	0	0	11	0	0	6	1	2	0	5
	Total Coastal	14	0	176	4	0	24	7	7	24	38
Atlantic	So-Ava	0	0	29	1	0	3	2	0	1	0
	Ab. Calavi	7	0	13	0	0	2	1	1	1	3
	Allada	0	0	2	0	0	1	1	1	0	2
	Zè	0	0	2	0	0	2	1	0	0	0
	Total Atlantic	7	0	46	1	0	8	5	2	2	5
Atlantic/Coastal		21	0	222	5	0	32	12	9	26	43
Highlands	Savalou	0	0	47	4	0	4	4	0	0	0
	Dassa	0	0	10	0	0	0	0	0	0	0
	Abomey	0	0	1	0	0	1	1	0	0	1
	Total Highlands	0	0	58	4	1	5	5	0	0	1
Borgou	Parakou	1	0	1	0	1	1	1	0	0	1
Bénin		22	0	281	9	2	37	16	9	26	45

Contact Information

For further information specifically related to this operation please contact:

IFRC Country Cluster Support Team, Abuja:

- Momodou Lamin Fye, Head of Abuja (Nigeria) Cluster, Telephone: +234 81 86730 823; Email momodoulamin.fye@ifrc.org

IFRC Africa Region:

- Dr Adinoyi Ben Adeiza, Region Emergency Health: Telephone: +254 731 990 076; email: adinoyi.adeiza@ifrc.org
- Farid Abdulkadir; Disaster Management Unit; Africa Regional office; Telephone: +254 20 2835 000 (mobile) + 254 731 067 489; Email: farid.aiywar@ifrc.org
- Rishi Ramrakha, Head of Region Logistics Unit; Telephone: +254 (0) 733 888 022/ Fax +254 20 271 2777; Email: rishi.ramrakha@ifrc.org

IFRC Geneva:

- Christine South, Operations Quality Assurance Senior Officer; Telephone: +41.22.730.45 29; email: christine.south@ifrc.org

For Resource Mobilization and Pledges:

- Terrie Takavarasha; Ebola Resource Mobilization Delegate; Telephone: +225 061 37259; Email: terrie.takavarasha@ifrc.org
- Please send all pledges for funding to zonerm.africa@ifrc.org

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator; Nairobi; phone: +254 731 067277; 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 Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

DREF OPERATION

10/09/2016

BENIN

Cholera Epidemic DREF

Budget Group	DREF grant budget	Expenditure CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	9,700	9,700
Medical & First Aid	3,250	3,250
Teaching Materials	0	0
Utensils & Tools	3,050	3,050
Other Supplies & Services	2,000	2,000
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	18,000	18,000
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	11,569	11,569
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	11,569	11,569
International Staff (RDRT)	12,000	12,000
National Staff	0	0
National Society Staff	9,000	9,000
Volunteers	37,500	37,500
Total PERSONNEL	58,500	58,500
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	19,000	19,000
Total WORKSHOP & TRAINING	19,000	19,000
Travel	4,000	4,000
Information & Public Relations	2,275	2,275
Office Costs	0	0
Communications	2,933	2,933
Financial Charges	999	999
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	10,208	10,208
Programme and Supplementary Services Recovery	7,623	7,623
Total INDIRECT COSTS	7,623	7,623
TOTAL BUDGET	124,900	124,900