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## DREF final report Burundi: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRBI009**  
**GLIDE n° EP-2012-000187-BDI**  
**Final Report**  
**30 June 2013**

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.

**CHF 88,655 were allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to replenish and refund the National Society in replenished pre-positioned stocks utilized to deliver immediate assistance to some 14,000 beneficiaries in 7 districts affected by the cholera outbreak.**

**Summary:** Beginning 30 September 2012, cases of diarrheal disease were reported in Bujumbura town and Bujumbura Rural in Burundi. Three days later, the National Laboratory confirmed a cholera outbreak and the Minister of Health declared it a national disaster. An assessment carried out by Burundi Red Cross Society (BRCS) in coordination with other partners indicated that a total of 7 districts in 6 provinces were affected. These districts are Rugombo, Mpanda, Kabezi, Bujumbura town, Rumonge, Makamba and Nyanza-Lac.



Burundi Red Cross volunteers distributing Aquatabs to affected populations.  
Photo: Burundi Red Cross

Since the onset of the cholera outbreak, the National Society responded to the needs of affected communities with a pre-positioned water and sanitation kit 5 through its water and sanitation- trained staff to provide safe drinking water, in addition to non-food items (NFI) and hygiene promotion messages. The DREF operation was launched to replenish depleted stocks utilized through the Kit 5 as well as deliver additional essential non-food items needed by the affected communities.

During the response, Burundi Red Cross initially mobilized 70 volunteers and subsequently scaled down to 20 volunteers for completion of the activities

## Lessons Learned

- The coordination of humanitarian activities and the exchange of information enables complementarity between actors and helps prevent duplication of activities (e.g. MSF Belgium managed the clinics, the ministry of health tracked and provided epidemiologic statistics and Burundi Red Cross and UNICEF provided clean water through trucking in the affected areas);
- Training and equipping volunteers and Emergency Brigade teams contributed to stop the transmission of cholera outbreak in the six affected provinces;
- The involvement of the Red Cross Village Units in hygiene kit distribution and the delivery of health and hygiene promotion messages successfully increased BRCS visibility and trust among vulnerable communities.

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 4,103 will be returned to DREF.

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. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions. Details of DREF contributions are found on: [http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2012.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf)

[<click here for final financial report; or here for contact details>](#)

## The situation

The cholera outbreak in the country was confirmed on 3 October 2012. In general, cholera is endemic in Burundi and reoccurs at the onset of each rainy season. In the present situation, the cholera cases increased mainly because the rainy season started very early and over 180 cases were reported over a period of six weeks, including one death. The situation was exacerbated in the affected districts because of lack of access to sufficient safe drinking water (particularly in Nyanza-Lac as the Government of Burundi had recently decommissioned a small water tank with capacity of 50m<sup>3</sup>) and un-hygienic latrines.

## Coordination and partnerships

Burundi Red Cross participated in regular coordination meetings with partners including ministry of health (MOH) representatives, UN agencies such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Medecins Sans Frontières (MSF). This ensured complementarity and prevented duplication of activities related to the operation. Monthly joint field visits were also held with the mentioned partners for purposes of beneficiary contact as well as monitoring of implementation progress.

Burundi Red Cross and UNICEF Burundi Office signed a Memorandum of Understanding (MoU) to coordinate humanitarian operations in case of disasters. UNICEF provided two trucks, six water bladders, 5 delagua kits, 55kg of granular chlorine, 400 cartons of soap, 3,600 tablets of aquatabs and 6 protection kits to the National Society to facilitate water trucking and other hygiene activities in the affected areas. UNICEF also supported a refresher training session on cholera outbreak management for 20 Emergency Brigade Team (4 from each Red Cross Branch). UNICEF provided during the Cholera campaign 2 additional bladders.

## Red Cross and Red Crescent action

### Achievements against outcomes

#### Water, sanitation and hygiene promotion

**Outcome: The immediate risks to the health of 14,000 cholera-affected people (2,800 households) in 7 districts are reduced by ensuring access to safe drinking water and hygiene supplies.**

<p><b>Outputs (expected results):</b></p> <ul style="list-style-type: none"> <li>Targeted people have access to safe water that meets the minimum SPHERE and WHO standards in terms of quantity and quality</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>Identification of the most vulnerable households in each of the 7 districts.</li> <li>Procure and transport 5,600 jerry cans, 56,000 Aquatabs for water purification, 22,400 bars of soap (800 g per household of pieces of 100grs).</li> <li>Mobilize volunteers to distribute water and hygiene items in the 7 affected districts.</li> <li>Trained BRCS volunteers conduct hygiene promotion campaigns during and after the distribution of NFIs.</li> <li>Mobilize BRCS volunteers for NFI distribution.</li> <li>Organize post distribution monitoring on how items are used.</li> <li>Replenishment of Water and sanitation Kit 5 items, including 18 (45kg) cans of granular chlorine.</li> </ul>
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## Achievements

After the declaration of the cholera outbreak by the Ministry of Health in the first week of October 2012, 70 volunteers were mobilized to support the response in the seven districts affected in terms of: targeting the most vulnerable households in urgent need, conducting hygiene promotion campaigns in public markets, health centres and in administration meetings, as well as conduct distributions of water, sanitation and hygiene items (jerry cans, soaps and chlorine aqua tablets).

The main activities achieved are the following:

- The deployment of components of the water and sanitation Kit 5 provided by IFRC Eastern Africa Regional Representation to assist activities in all 7 districts and the cholera treatment centres (including collapsible jerry cans, soaps and chlorine). The Cholera Treatment Centres were established ad-hoc by the Ministry of Public Health of the Government of Burundi with support of the main partners, and were set up in all 7 districts in the areas where the cases originated.
- Procurement of water and hygiene items: 5,600 jerry cans, water purification 56,000 Aqua tablets, 22,400 bars of soap (800 g per households; 100gms/ piece).
- Training Burundi Red Cross Society volunteers on protocol for distribution of water and hygiene NFIs and reporting.
- Monitoring of distribution of water and hygiene NFIs and organisation of post distribution monitoring.
- Replenishment of water and sanitation Kit 5 consumables used during the cholera operation response, including 18 (45 kg) cans of granular chlorine.

Volunteers from the target branches were selected to assist the National Society in identifying beneficiaries to receive the non-food items (NFIs). An additional two districts (compared to the 7 that were initially identified and included in the plan of action) were identified as being vulnerable and so the operation was expanded to include these areas. This contributed to the overspend on the vehicle and transportation line, as the original budget was planned insufficiently to meet the needs of the delivery of the non-food items, promotion activities as well as monitoring that took place.

A total of 226 households were selected from each of the 9 districts (namely Mabayi, Buganda, Gihanga, Bujumbura North, Bujumbura South as well as Kibezi, Kanyosha, Rumonge and Nyanza Lac). A total of 2,034 households (10,170 beneficiaries) were selected. Each household received 20 Aquatabs, 8 bars of soap and 2 jerry cans. Water and sanitation items were procured and distributed as shown in table 1 below.

Through the Emergency Brigades of BRCS which are assigned to each Cholera Treatment Centre at district level, the distribution was done first at the health centres and then to the households of the referred patients of the centres, by request of the medical staff. The application of granular chlorine is done by the Emergency Brigades of the BRCS and / or specialized staff of the CTCs.

**Table 1: NFI distributions in nine districts.**

NFIs	Number	Number	Households	Districts
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	procured	distributed per HH	per district	
Aquatabs	40,680	20	226	9
Soaps(100gm)	16,272	8	226	9
Jerrycan	4,068	2	226	9

A post-distribution monitoring exercise was conducted by Burundi RC staff and volunteers to ensure the target households received the procured NFIs and were using them appropriately. Overall, feedback was that the use was correct at household level. From the post-distribution monitoring exercise a very strong need for training for the Water and sanitation Response team members was clearly manifested.

From the monitoring exercise there was a noted indicator - that all households showed a strong willingness to meet with BRCS staff and volunteers. Similar to previous responses, the strong public trust of BRCS in the provision of emergency services was apparent in this anti-cholera campaign.

BRCS branches located in the Cholera Belt are experienced in conducting emergency cholera response operations. However, opportunities are opened for the provinces to further develop and enhance their expertise beyond its existing specialist response options.

**Table 2: Hygiene and sanitation item distribution in nine districts.**

Items	Kit/district	Total
Kits for chlorine dosages	2/district	18
Sprayer pumps	4/district	36
Protectives goggles	4/district	36
Gloves	8/district	72
Protectives clothing	4/district	36
Face masks	8/district	72
Boots	4/district	36
Megaphones	2/district	18
Hygiene boxes	3/district	27
Posters	100/district	900
T-shirts	20/district	180
Visibility	8/district	72

To facilitate the awareness sessions, Burundi Red Cross procured megaphones, hygiene boxes (for demonstration), posters, T-shirts and visibility materials for volunteers. In collaboration with the districts hygiene technicians, the National Society house to house visits to promote proper hygiene practices with the aim of preventing cholera outbreaks. A total of 7,619 households (38,095 persons) were sensitized. In addition, the water distribution stations were set up by Burundi Red Cross, where 7,222 m<sup>3</sup> of water was distributed by water trucking.



Spraying and sensitization sessions in the community for cholera prevention by Burundi Red Cross volunteers.

Source: Burundi Red Cross



Emergency Health	
<p><b>Outcome: Reduced morbidity and mortality among 14,000 people (2,800 families) through hygiene promotion and disinfection activities, ensuring early case detection and community case management in 7 districts (2,000 people estimated per district).</b></p>	
<p><b>Outputs (expected results):</b></p> <ul style="list-style-type: none"> <li>The Red Cross Action Team and volunteers have the necessary capacity to respond to the cholera outbreak as well as prevent further outbreaks</li> <li>2800 families have increased their knowledge on proper hygiene practices necessary to prevent further spread of cholera in their communities</li> <li>70 (10 per district) are enabled to conduct early case detection and community case management</li> <li>2800 houses and districts sanitation facilities are being disinfected to disrupt the chain of contamination at household level</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers and PHASTER approach for 70 volunteers, in coordination with the MoH, using IFRC manuals.</li> <li>Procure chlorine solution, 70 backpack sack sprayers, 140 protective goggles, 70 pairs of boots, 140 pieces of protective clothing, 140 pairs of gloves, 280 face masks, 14 kits for measuring chlorine dosages as well as 14 megaphones for facilitating hygiene promotion.</li> <li>Conduct house to house visits for hygiene promotion.</li> <li>Conduct community hygiene promotion sessions during public events on market days and other occasions.</li> <li>Conduct disinfection visits in the target communities.</li> </ul>

### Achievements

- A total of 70 Emergency Brigade Team members (10 per district) were trained on PHASTER (Participatory Hygiene and Sanitation Transformation in emergency response) approach using IFRC tools and manuals.
- Protection kits were procured for Emergency Brigade Teams and volunteers involved in the cholera response operation, including 140 protective goggles, 70 pairs of boots, 140 pieces of protective clothing, 140 pairs of gloves and 280 face masks.
- Monitoring disinfection activities.
- Procurement of equipment and tools to facilitate the spraying operation in the affected areas and cholera treatment centres.
- Planning and conducting of house to house and community meeting focused on hygiene promotion and demonstration of how to use the right chlorine dosage and to keep proper use of latrines.



Equipped teams of Burundi Red Cross Society to spray affected households.  
Photo: Burundi Red Cross Society

The total number of disinfected houses and the number of people sensitized about the adoption of good hygiene practices are available in the [Annex](#) attached to this report .

Monitoring and Evaluation	
<p><b>Outcome: The management of the operation is informed by a comprehensive monitoring and evaluation system.</b></p>	
<p><b>Outputs (expected results):</b></p> <ul style="list-style-type: none"> <li>BRCS staff and volunteers provide regular monitoring reports of the operation</li> <li>The cholera intervention is evaluated to critically review achievements and challenges and insure a lessons learned process</li> </ul>	<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>Conduct regular monitoring of activities in the field by volunteers as well as PMER and senior staff.</li> <li>Conduct a mid-term review workshop with key staff and volunteers at the end of month two to ensure the relevance and impact of the operation and possibly amend activities</li> </ul>

	<p>according to the findings.</p> <ul style="list-style-type: none"> <li>• Conduct an evaluation workshop through the support of an external evaluator to extract lessons learned.</li> <li>• Produce an end of operation report outlining achievements and lessons learned that can be utilized as reference point for improved emergency planning and implementation for future emergencies.</li> </ul>
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## Achievements

Two sessions (one in September and another in November 2012) were held to review progress of the operation. In attendance, key staff and volunteers had an opportunity to ensure that the operation was still relevant to the needs of the affected population and that the outcomes were being achieved. This was also an opportunity to amend the activities based on the findings.

The National Society organized monthly joint field missions with MoH, WHO, UNICEF and MSF to assess the progress as well as discuss with beneficiaries about the impact of the operation.

While an external evaluation was originally planned, this was deferred and an internal lessons learnt was conducted instead with key staff and stakeholders, with recommendations and action points detailed further in this report.

## Impact

At the end of the operation, no other cholera outbreaks were reported and the Minister of Health declared the end of the epidemic. This was attributed by the intervention of Burundi Red Cross in collaboration with other partners. Activities such as disinfection of affected areas, awareness on hygiene promotion, distribution of water and hygiene kits also contributed to stop the epidemic

## Challenges

- Availability of safe water: the one provided by government is not 100% safe every time
- Control of the epidemic between Democratic Republic of Congo and Burundi because of the population movement
- The water trucking operation is very expensive in terms of fuel and Burundi Red Cross do not have its own trucks
- Limited capacity of the National Society in general resources, financial, physical and human resources

## Overall conclusion

IFRC support through the DREF helped to improve the image of Burundi Red Cross in the community. The National Society was at the forefront of response with the ministry of health in conducting water trucking, disinfection and community sensitization activities during the operation timeframw. The regular coordination meetings enabled sharing of information that enhanced complementarity between actors and prevent duplication of activities.

Burundi Red Cross leadership continue to demonstrate and advocate for national coordination and the key role the National Society as well as its volunteers in communities play in the fight against the epidemic.

## Recommendations and lessons learnt

To ensured continued success in similar operations, the Burundi Red Cross Disaster Management (DM) department organized an internal lessons learnt and identified the following:

1. Disaster situations require quality and regular DM training for disaster response team members and volunteer team leaders.
2. Strong need for training of water and sanitation response team members including on the water and sanitation Kit 5 was identified (NDRT water and sanitation training planned to be held in first half of 2013 to address this need).
3. While elaborating this report, and during the cholera response campaign a rapid assessment was done of the warehouse facilities of Burundi Red Cross, with the aim of identifying if they are appropriate and adequate for the BRCS DM, Health and water and sanitation unit needs. A deeper

analysis of the needs and strategy of BRCS for warehousing is needed; currently the facilities are very basic and limited.

4. There is need to support and systematize the pre-positioning of stock at the National Society Headquarters as well as in strategic branches to ensure a quick response in case of disasters. Increased levels of emergency stock will help to expand the reach of BRCS's services to those most vulnerable and affected within a shorter timeframe.
5. Vector control materials like sprayers helped to deter insects from multiplying. More attention should be applied to these activities in future responses.
6. The DM department needs to be strengthened in terms of human resource specialized in water, sanitation and hygiene. This would ensure quality and timely response to disasters as well as proper follow up of activity implementation.
7. BRCS branches located in the 'Cholera Belt' are experienced in conducting emergency cholera response operations. However, there are opportunities for these branches to further develop and enhance their expertise beyond its existing specialist response capabilities.
8. More work in behaviour change and hygiene campaigns is needed to prevent cholera epidemics and other diseases. Lessons can also be learned from other National Societies experiences with cholera response in the East Africa region (for example Uganda Red Cross) and should be incorporated into future BRCS operations.
9. Improve disease surveillance and data gathering, as surveillance data is incomplete in most of the districts/provinces, and the number of cases may be substantially underestimated.
10. Improve cholera surveillance and development of a coordinated response for epidemic is high in public health priorities in Burundi.
11. We recommend BRCS focusses on access to safe water and hygiene promotion and social mobilisation in future responses
12. Efforts to control cholera epidemics by mass chemoprophylaxis, vaccination campaigns, roadblocks, and broad embargoes on commodities have been ineffective and have diverted scarce resources away from the critical activities of providing treatment and improving the safety of water and food supplies. Adequate surveillance can guide the rational distribution of treatment and prevention supplies. Rapid and thorough investigation of outbreaks can identify unsuspected sources of the infection, can assess the adequacy of treatment, and are essential to development of future prevention efforts.
13. Strong public trust of BRCS in the provision of emergency services was apparent in this operation from both communities and government authorities.

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## 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 (NGO's) 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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## Annex – Detailed data of sensitization and household disinfection activities

### Branch of the Province of BURURI, Rumonge City

Date	Activities	Commune	Number of Disinfected Households	Sensitized population			
				Number of Men	Number of Women	Number of Children	Total
29/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kanyenkoko	156	17	59	11	87
30/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kanyenkoko	273	11	42	16	69
1/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Birimba	89	26	97	23	146
2/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Swahili	145	49	71	9	129
3/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Kanyenkoko	126	37	82	12	131
5/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Swahili	124	38	65	10	113
8/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Swahili	213	29	68	0	97
9/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Kanyenkoko	137	17	58	11	86
12/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Kanyenkoko	198	33	62	0	95
15/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Birimba	123	31	74	9	114
17/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Birimba	136	27	49	3	79
		<b>TOTAL</b>	<b>1,720</b>	<b>315</b>	<b>727</b>	<b>104</b>	<b>1,146</b>

**Branch of the Province of Cibitoke – Comune Cibitoke**

Date	Activities	Number of Disinfected Households	Sensitized population			
			Number of Men	Number of Women	Number of Children	Total
	House disinfection and WASH Sensitisation for Behaviour Change	3,155 households	193	240	199	632
<b>TOTAL</b>		<b>3,155</b>	<b>193</b>	<b>240</b>	<b>199</b>	<b>632</b>

**BRANCHE DE BUBANZA (Comune Mpanda) – Coline Cabiza**

Date	Activities	Number of volunteers in the activity	Number of Desinfected Households	Sensitized population			
				Number of Men	Number of Women	Number of Children	Total
04/12/2012	House disinfection and WASH Sensitation for Behaviour Change	53	67	71	96	36	203
05/12/2012	House disinfection and WASH Sensitation for Behaviour Change	61	98	103	119	73	295
06/12/2012	House disinfection and WASH Sensitation for Behaviour Change	55	93	62	78	39	179
07/12/2012	House disinfection and WASH Sensitation for Behaviour Change	39	71	104	69	50	223
08/12/2012	House disinfection and WASH Sensitation for Behaviour Change	42	95	88	75	24	187
10/12/2012	House disinfection and WASH Sensitation for Behaviour Change	50	88	66	32	11	109
12/12/2012	House disinfection and WASH Sensitation for Behaviour Change	37	75	155	162	19	336
15/12/2012	House disinfection and WASH Sensitation for Behaviour Change	44	80	152	225	74	451
16/12/2012	House disinfection and WASH Sensitation for Behaviour Change	60	97	247	168	89	504
17/12/2012	House disinfection and WASH Sensitation for Behaviour Change	57	89	193	101	46	340
20/12/2012	House disinfection and WASH Sensitation for Behaviour Change	62	82	55	64	28	147
28/12/2012	House disinfection and WASH Sensitation for Behaviour Change	73	91	80	86	35	201
<b>TOTAL</b>		<b>633</b>	<b>1,026</b>	<b>1,376</b>	<b>1,275</b>	<b>524</b>	<b>3,175</b>

**BRANCHE DE BUJUMBURA- MAIRIE Commune Mairie**

Activities	Comune	Number of Desinfected Households	Sensitized population			
			Number of Men	Number of Women	Number of Children	Total
House disinfection and WASH Sensitation for Behaviour Change	KANYOSHA	1163	776	1628	1087	3575
House disinfection and WASH Sensitation for Behaviour Change	KINAMA	977	1054	2167	1017	4237
House disinfection and WASH Sensitation for Behaviour Change	BUYENZI	283	253	338	337	919
House disinfection and WASH Sensitation for Behaviour Change	BUTERERE	349	697	801	1134	2632
House disinfection and WASH Sensitation for Behaviour Change	KAMENGE	526	51	149	99	299
House disinfection and WASH Sensitation for Behaviour Change	MUSAGA	245	132	174	87	393
House disinfection and WASH Sensitation for Behaviour Change	GIHOSHA	357	121	137	187	445
House disinfection and WASH Sensitation for Behaviour Change	CIBITOKÉ	745	297	595	509	1402
<b>TOTAL</b>		<b>4, 645</b>	<b>3,381</b>	<b>5,989</b>	<b>4,457</b>	<b>13,917</b>

**BRANCHE BUJUMBURA RURAL Comune Kabezi**

Date	Activities	Commune	Number of Disinfected Households	Sensitized population			
				Number of Men	Number of Women	Number of Children	Total
16/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	73	11	19	6	36
17/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Masama	107	13	40	0	53
18/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	51	12	27	5	44
19/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Bigera	101	7	23	9	39
20/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Bigera	68	23	58	6	87
22/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	124	33	64	11	108
23/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Ramba	59	27	53	13	93
24/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Masama	69	24	59	0	83
27/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Ramba	133	45	73	43	161
29/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	44	29	49	0	78
31/10/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	56	23	63	0	86
5/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Ramba	137	35	59	0	94
6/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Ramba	143	21	54	8	83
9/11/2012	House disinfection and WASH Sensitation for Behaviour Change	Kabezi	56	13	27	5	45
<b>TOTAL</b>			<b>1,221</b>	<b>316</b>	<b>668</b>	<b>106</b>	<b>1,090</b>

### BRANCHE DE MAKAMBA

Commune	Number of Desinfected Households	Number of IEC sessions	Number of Health promotion technicians (from the Department of Health)	Number of Soaps distributed	Jerrycans	Buckets	Aquatabs
NYANZA-Lac	372	24	4	900	300	300	15,000
Kayogoro	136	12	3				
Mabanda	45	7	1				
<b>TOTAL</b>	<b>553</b>	<b>43</b>	<b>8</b>	<b>900</b>	<b>300</b>	<b>300</b>	<b>15,000</b>

### TOTAL by PROVINCE

Province / Branch	Number of Desinfected Households	Number of IEC sessions	Number of Health promotion technicians (from the Department of Health)	Total Sensitized population	Number of Soaps distributed	Jerrycans	Buckets	Aquatabs
Bururi	1,720			1,146				
Cibitoke	3,155			632				
Bubanza	633			1,026				
Bujumbura Mairie	633			4,645				
Bujumbura Rural	44			1,090				
Makamba	553	43	8	1,146	900	300	300	15,000
<b>TOTAL</b>	<b>6,738</b>	<b>43</b>	<b>8</b>	<b>9,685</b>	<b>900</b>	<b>300</b>	<b>300</b>	<b>15,000</b>

All information and tables have been collected by the DM Focal Points of Disaster Management Department of Burundi Red Cross, the Presidents of the Communes and the Commune structure of BRCS, in cooperation with the Health promotion technicians of the Ministry of Public Health in the targeted areas.

The main centres for Cholera Treatment (CTC) are in Bujumbura, one in the "Hôpital Prince Régent Charles and the other in «CDS Musaga are the main facilities of the Ministry of Public Health of Burundi to treat the Cholera cases.

Burundi Red Cross supports the functioning of the centres, especially during cholera outbreak season for already some years, there is a permanent presence of two Emergency Brigadiers in each one of the CTCs, equipment and adequate treatment is given to every vehicle bringing in new cases with the aim to avoid the propagation of the epidemic.



**Disaster Response Financial Report**

MDRBI009 - Burundi - Cholera outbreak

Timeframe: 03 Dec 12 to 03 Mar 13

Appeal Launch Date: 03 Dec 12

Final Report

**Selected Parameters**

Reporting Timeframe	2012/12-2013/3	Programme	MDRBI009
Budget Timeframe	2012/12-2013/3	Budget	APPROVED
		Project	*

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
<b>A. Budget</b>		88,655				88,655	
<b>B. Opening Balance</b>		0				0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		88,655				88,655	
<b>C4. Other Income</b>		88,655				88,655	
<b>C. Total Income = SUM(C1..C4)</b>		88,655				88,655	
<b>D. Total Funding = B +C</b>		88,655				88,655	

**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>B. Opening Balance</b>		0				0	
<b>C. Income</b>		88,655				88,655	
<b>E. Expenditure</b>		-84,552				-84,552	
<b>F. Closing Balance = (B + C + E)</b>		4,103				4,103	

## Disaster Response Financial Report

MDRBI009 - Burundi - Cholera outbreak

Timeframe: 03 Dec 12 to 03 Mar 13

Appeal Launch Date: 03 Dec 12

Final Report

### Selected Parameters

Reporting Timeframe	2012/12-2013/3	Programme	MDRBI009
Budget Timeframe	2012/12-2013/3	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

### 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	
<b>BUDGET (C)</b>			<b>88,655</b>			<b>88,655</b>		
<b>Relief items, Construction, Supplies</b>								
Construction Materials	1,890						1,890	
Water, Sanitation & Hygiene	35,728						35,728	
Utensils & Tools	5,600						5,600	
<b>Total Relief items, Construction, Sup</b>	<b>43,218</b>						<b>43,218</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	4,200						4,200	
Transport & Vehicles Costs	3,780						3,780	
<b>Total Logistics, Transport &amp; Storage</b>	<b>7,980</b>						<b>7,980</b>	
<b>Personnel</b>								
International Staff			35			35	-35	
National Society Staff	19,786						19,786	
<b>Total Personnel</b>	<b>19,786</b>		<b>35</b>			<b>35</b>	<b>19,751</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	7,147						7,147	
<b>Total Workshops &amp; Training</b>	<b>7,147</b>						<b>7,147</b>	
<b>General Expenditure</b>								
Travel	1,500						1,500	
Other General Expenses	3,613						3,613	
<b>Total General Expenditure</b>	<b>5,113</b>						<b>5,113</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			79,356			79,356	-79,356	
<b>Total Contributions &amp; Transfers</b>			<b>79,356</b>			<b>79,356</b>	<b>-79,356</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	5,411		5,160			5,160	250	
<b>Total Indirect Costs</b>	<b>5,411</b>		<b>5,160</b>			<b>5,160</b>	<b>250</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>88,655</b>		<b>84,552</b>			<b>84,552</b>	<b>4,103</b>	
<b>VARIANCE (C - D)</b>			<b>4,103</b>			<b>4,103</b>		

**Disaster Response Financial Report**

MDRBI009 - Burundi - Cholera outbreak

Timeframe: 03 Dec 12 to 03 Mar 13

Appeal Launch Date: 03 Dec 12

Final Report

**Selected Parameters**

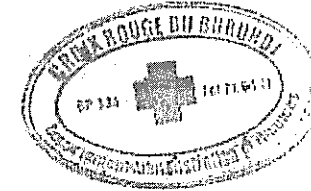
Reporting Timeframe	2012/12-2013/3	Programme	MDRBI009
Budget Timeframe	2012/12-2013/3	Budget	APPROVED
		Project	*

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
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	88,655	0	88,655	88,655	84,552	4,103	
Subtotal BL2	88,655	0	88,655	88,655	84,552	4,103	
<b>GRAND TOTAL</b>	<b>88,655</b>	<b>0</b>	<b>88,655</b>	<b>88,655</b>	<b>84,552</b>	<b>4,103</b>	

# DREF CHOLERA BURUNDI RED CROSS



REGIONAL DELEGATION NAIROBI	CHF	TAUX	BIF
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## RELIEF NEEDS

RELIEF ITEMS, CONSTRUCTION AND SUPPLIES			BUDGET	DEPENSES	
1	Construction-Materials	1 890	1 688	3 190 320	3 002 500,00
2	Watssan	35 728	1 688	60 308 864	42 139 000,00
3	Untensils and tools	3 960	1 688	6 684 480	6 780 000,00
<b>TOTAL</b>			<b>70 183 664</b>	<b>51 921 500,00</b>	

LOGISTICS, TRANSPORT AND STORAGE			BUDGET	DEPENSES	
4	Distribution and monitoring	3 700	1 688	6 245 600	6 373 900,00
5	Transport and vehicle costs	3 780	1 688	6 380 640	22 131 033,00
<b>TOTAL</b>			<b>12 626 240</b>	<b>28 504 933,00</b>	

PERSONNEL			BUDGET	DEPENSES	
6	National society staff	18 836	1 688	31 795 168	31 111 568,00
<b>TOTAL</b>			<b>31 795 168</b>	<b>31 111 568,00</b>	

WORKSHOP AND TRAINING			BUDGET	DEPENSES	
7	Workshop and training	7 320	1 688	12 356 160	13 215 500,00
<b>TOTAL</b>			<b>12 356 160</b>	<b>13 215 500,00</b>	

GENERAL EXPENDITURE			BUDGET	DEPENSES	
8	Travel	1 500	1 688	2 532 000	0,00
9	Other General Expenses	2 850	1 688	4 810 800	9 452 129,00

TOTAL

7 342 800

9 452 129,00

INDIRECT COST

10 Programme and service support recovery

5 411

1 688

9 133 768

14 912 581,00

TOTAL

9 133 768

14 912 581,00

TOTAL GENERAL

143 437 800

149 118 211,00

Montant transféré

149 125 809

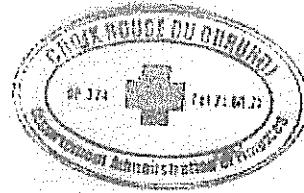
149 118 211,00

La CRB doit rembourser à la FICR

7 598

Comptable CRB  
MIZERUKO Désiré

Cheffe Département Finances  
BUTOYI Colette



Revisé et Accepté  
pour  
Cynthia Romero Ruiz  
Operations Manager  
IFRC - Burundi

17/05/2013