

Emergency Plan of Action (EPoA) Benin: Ebola Virus Disease Preparedness

DREF operation	Operation n° MDRBJ014;
Date of Issue: 27 August 2014	Glide °
Date of disaster: 20 July 2014	
Operation start date: 25 August 2014	Operation end date: 27 November (3 months)
Host National Society(ies): Benin Red Cross Society	Operation budget: CHF 50,204
Number of people affected: 14 Zones at risk	Number of people assisted: One Million (indirect) 141,299 (direct)
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies, Luxembourg Red Cross and Netherlands Red Cross	
N° of other partner organizations involved in the operation: Ministry of Health, Ministry of the Interior (through the ANPC), Plan Benin and United Nations Children's Fund	

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone causing untold hardship and hundreds of deaths in these countries. As of 27 February 2015, a total of 23,694 cases, and 9,589 deaths, which were attributed to the EVD, had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa. Benin, with a population of 10,051,000 (UNCDP 2014) shares a border with Nigeria, which has been affected by the EVD, and therefore the risks presented by the epidemic to the country are high. The Benin authorities in response to this situation, initiated measures to prevent and prepare for the occurrence of the virus within its borders, which has included:



Mobilization of staff to support the EVD preparedness activities © BRCS.

- Strengthening of epidemiological surveillance throughout the country; especially in the border areas with Nigeria, and at the airport;
- Strengthening of health checks at land, sea and air borders;
- Increasing vigilance to emergency departments of public hospitals, and in private health facilities.

In Benin, the health authorities also activated the national platform for disaster risk reduction to reflect on the situation through meetings held at the Ministry of Interior and Public Security.

Summary of response

Overview of Host National Society

On 27 August 2014, the International Federation of Red Cross and Red Crescent Societies released CHF 50,204 from the Disaster Relief and Emergency Fund (DREF) to support the Benin Red Cross Society (BRCS) with EVD preparedness activities for a period of three months specifically in 14 municipalities on the border with Nigeria, as well as the cities of Cotonou and Porto Novo. Through the DREF operation, the BRCS has contributed to the Benin authorities' efforts to prevent and prepare for an outbreak of the EVD, by reinforcing the capacity of its volunteers to carry out social mobilization activities, as well as preparedness activities in collaboration with the Ministry of Health (MoH).

Please note that this Preliminary Report is issued in advance of the Final Report that is expected to be published in March 2015, and which will be accompanied by a Financial Report.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) support through its' West Coast regional representation in Abidjan, Cote d'Ivoire, as well as through its Zone office in Nairobi, Kenya. The IFRC deployed a Regional Disaster Response Team (RDRT) member to support the effective implementation of the operation. The Netherlands Red Cross (NLRC) has been present in country and in collaboration with the BRC has prepared a proposal for an EVD prevention and response programme, which has been since shared with key partners including the Belgian Red Cross, European Commission (DG ECHO), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). The Luxembourg Red Cross has also provided EUR 20,000 for the procurement of a batch of personal protective equipment (PPE) (Low risk and High risk), as well as administrative costs and logistics.

Overview of non-RCRC actors in country

Other partner organizations involved in the preparedness efforts has included UNICEF, which provided a training of for 24 "super" trainers and 154 trainers throughout the country over the period of three months; and the Chinese Embassy, which provided CFA 10,000,000 to help prepare for the EVD. The BRCS worked in collaboration with the MoH and the Ministry of Interior (through the National Agency for Civil Protection (ANCP)). To counter a possible outbreak, a platform was set up at the ANPC under supervision of the Ministry of the Interior. Thus, the early warning system, regular monitoring and surveillance was strengthened and revitalized throughout the country. The authorities have also identified facilities that can serve as isolation centres for potential EVD cases.



BRCS volunteers' awareness campaign at markets in targeted municipalities © BRCS.

Needs analysis and scenario planning

Needs Analysis

In Benin, since the EVD has not been experienced before, population and the health authorities also had limited understanding of the virus, its mode of transmission and the behaviours required to avoid it.

Risk analysis

As of 20 August 2015, 16 cases and five deaths attributed to EVD were reported in Lagos, Nigeria, and its neighbour Benin due its proximity; as well as the mobility of the population between the countries, particularly from the cities of Cotonou and Porto Novo, was identified as being especially at risk of an outbreak of the virus.

High risk identified communities in border municipalities with Nigeria, and in Cotonou and Porto Novo were targeted through this DREF operation. Specific groups of individuals (community leaders etc.) were targeted in the municipalities as multipliers on disseminating messages to others

B. Operational strategy and plan

Overall Objective

The overall objective was to prepare the BRCS through staff and volunteer training, awareness raising and social mobilization activities alongside the MoH and ensure the pre-positioning of PPE when possible, in coordination with other actors. The social mobilization activities were intended to increase knowledge of risk and promote prevention behaviour.

Proposed strategy

The proposed strategy was in accordance with the IFRCs response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilisation;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

Operational support services

Human resources (HR)

Through the DREF operation, 90 volunteers were mobilized (on average six per municipality) to carry out prevention and social mobilization activities. A Relief and Disaster Management coordinator, a Health coordinator, and 11 National Disaster Response Team (NDRT) members were deployed to provide supervision of the volunteers. As noted, the IFRC West Coast regional representation deployed a RDRT with a Water, Sanitation and Hygiene Promotion (WatSan) profile, to support the effective implementation of the operation, specifically Epidemic Control for Volunteers (ECV) training, mobilization of volunteers, monitoring and reporting of activities.

Communications

The BRCS established an information system that ensured all Red Cross and Red Crescent (RC/RC) actors were kept aware of the activities carried out within the DREF operation, and in support of the MoH. The visibility of the Red Cross was strengthened by the production of 100 T-shirts and 100 caps, which were distributed to volunteers and the management team. The volunteers used the T-shirts and caps during sensitization sessions.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring of activities across 14 localities proved a challenge at the beginning of the DREF operation; however a follow-up strategy was then established to ensure regular close supervision. The Relief and Disaster Management coordinator provided monitoring of activities carried out in the nine local committees in the departments of the Atlantic / Littoral and Ouémé Plateau. In addition a local focal point based in Comè (located 80 km from

Cotonou) was responsible for monitoring the activities in the remaining five local committees located further to the west of Cotonou. Ten monitoring visits were made by each of the focal points in their local committees thus 20 outlets in total across 14 local committees over a period of six weeks. Please note that a light vehicle was rented on site to facilitate the movement of the focal points during the supervisions. Supervisions focal points were supported by the RDRT deployed. A final assessment was carried out by Secretary-General and the Director of Health helped to understand the level of understanding of the communities about the disease; get the lowest anomalies, and see prospects after the sensitization sessions in communities. One 27 November 2014, lessons learned workshop was held in Porto Novo, which was attended by 14 volunteers representing each of the 14 local committees.

C. DETAILED OPERATIONAL PLAN

Early Warning & emergency response preparedness	
Outcome 1: The immediate risks to the health of affected populations are reduced	
Output 1.1: The capacity of Benin Red Cross to prepare for potential Ebola response is strengthened	
Achievements	
1.1.1	In total, 90 volunteers from the 14 municipalities (Abomey, Adjarra, Avrankou, Comè, Cotonou, Grand Popo, Ifangni Kétou, Kpomassè, Ouidah, Pobè, Porto-Novo, Sakété and Seme-Podji) received training on the ECV manual, which equates to 100 per cent of the intended target. Each volunteers received training on how to: recognize and prevent the virus; as well as to ensure suspected cases were referred to hospital as soon as possible. The ECV trainings were carried out in Comè (one) with four local committees; and in Porto Novo (two) with 10 local committees. ECV training facilitation was carried out by the RDRT, with support from 27 staff (Please refer to 1.1.2)
1.1.2	In total, 27 staff participated in the ECV training, which included representatives from the Blood Transfusion department.
1.1.3	Purchase of PPE was carried out by the IFRC; and then pre-positioned at the BRC national headquarters (NHQ). Please note that pre-positioning was intended in three locations; however due to security conditions, i.e. limited space at branch level to securely store them, it was decided that they should be located at NHQ level. Nonetheless, if required the PPE can be mobilized and delivered to any of the 14 municipalities, even to the most remote locations within three hours.
1.1.4	Disinfection equipment (70% chlorine) and disinfection gels were procured for pre-positioning. Following the agreement with the IFRC, the funds to be used for the purchase cresyl were used to supplement the number of sanitizing gel to buy.
1.1.5	Please refer to "Section "B. Operational strategy and plan / Planning, monitoring, evaluation and reporting (PMER)".
1.1.6	Please refer to Section "B. Operational strategy and plan / Planning, monitoring, evaluation and reporting (PMER).
1.1.7	The contingency plan was updated; however it has not been approved by the local committees and authorities involved.
Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) in the Porto Novo, Cotonou and the 14 areas bordering with Nigeria	
Achievements	
1.2.1	Community leaders were identified in accordance with the recommendations of the community strategy, which was developed by the BRCS. Following the ECV training and prior to any social mobilization activities, the 90 volunteers sensitized community leaders on the EVD and shared with them the content of the Emergency Plan of Action (EPoA).
1.2.2	In total, 3,000 Information, Education and Communication (IEC) materials were produced, which equates to 30 per cent of the intended target (10,000). The IEC materials comprised sensitization posters, which were approved by the sub-committee on social mobilization, which was led by UNICEF. Please note that the variance against the intended target was caused by delays in the approval/printing of the IEC materials by the sub-committee on social mobilization, which did not take place until the fourth week of implementation.
1.2.3	In total, 280 schools (20 schools per targeted municipality) each received 10 posters (2,800 posters), with the remaining (200) displayed in strategic public places across the 14 municipalities.
1.2.4	Please refer to 1.2.6.

- 1.2.5 In total, 270 EVD awareness messages (three per day for 90 days) were broadcast on Radio-Pobè in conjunction with Plan Benin and UNICEF. Please note that to ensure that the dissemination of EVD awareness messages through the media was not duplicated, a mapping of all organizations involved in the “Fight against Ebola” campaign was carried out. Following this, the community radio station “Radio-Pobè” was selected; and EVD related messages broadcast in the most widely spoken languages in the region (Fon, French and Yoruba).
- 1.2.6 In total, 141,299 people (52,293 children, 48,609 women and 40,397 men) were reached through social mobilization activities, which were carried out in public places (churches, markets, mosques, schools and stations) across the 14 target municipalities. Please refer to “**Table 1: Summary of numbers reached during sensitization sessions**”. Following the ECV training, the 90 volunteers were arranged into pairs, thus 45 pairs. Each pair of volunteers were equipped with megaphones, and carried out two mass sensitization sessions per week for four weeks (360 sessions). After the initial sensitization phase, another was carried out in three busy towns for three weeks (Abomey, Porto-Novo and Sèmè-Podji).

Table 1: Summary of numbers reached during sensitization sessions

Municipality	Week							Total
	1	2	3	4	5	6	7	
Adjarra	5,484	2,554	1,850	2,508	-	-	-	12,396
Avrankou	2,031	2,333	1,873	1,414	-	-	-	7,651
Abomey-Calavi	1,399	1,503	1,325	968	1,109	1,004	623	7,931
Come	1,694	3,977	3,586	7,503	-	-	-	16,760
Cotonou	1,575	1,945	894	1,770	-	-	-	6,184
Grand-Popo	1,167	1,092	1,855	1,343	-	-	-	5,457
Ifangni	1,182	849	1,849	982	-	-	-	4,862
Ketou	1,323	640	1,498	2,555	-	-	-	6,016
Kpomasse	1,114	1,781	3,112	1,815	-	-	-	7,822
Ouidah	1,109	657	681	1,085	-	-	-	3,532
Pobe	3,092	3,337	3,777	2,325	-	-	-	12,531
Porto-Novo	1,675	7,044	4,163	3,122	3,155	2,077	929	22,165
Sakete	2,306	1,760	4,630	3,194	-	-	-	11,890
Seme-Podji	2,378	1,811	1,822	3,131	2,661	2,420	1,879	16,102
							Total	141,299

Output 1.3: Community epidemiological surveillance is set up / enhanced

Achievements

- 1.3.1 Community leaders in the 14 local committees involved in social mobilization activities were for making official visits to political and administrative authorities in their locality to inform in relation to the implementation of awareness sessions. Moreover, the BRCS, represented by its communication and coordination health, is an active member of the subcommittees and Social Mobilization Support, set up by the Ministry of Health to prevent the spread of EVD.
- 1.3.2 Please note that information on the “set-up / enhance community monitoring committees for disease surveillance” will be issued in the Final Report.
- 1.3.3 Please note that information on the “epidemiological control and monitoring through community disease surveillance” will be issued in the Final Report.
- 1.3.4 Please note that information on the “Follow-up meetings with the local authorities (health districts, prefectures, and town councils)” will be issued in the Final Report.

Challenges

- Proper and secure storage locations for pre-positioning of PPE at branch level were not available.
- IEC materials were only available from the fourth week of implementation due to delays in the approval/printing of posters allowed to be used by all the institutions and structures by the sub-committee on social mobilization
- Remaining risk presented by the epidemic through transmission from the Eastern and Northern Nigeria, and the

western corridor Abidjan-Ghana-Lomé; and as such it is urgent that a more comprehensive response across the entire country is conducted.

Lessons Learned

- Please note that outcomes from the lessons learned workshop that was carried out will be issued in the Final Report.

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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