



CAMEROON: CHOLERA IN BAFOUSSAM

No. MDRCM002

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.

In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 38,000 (USD 30,146 or EUR 24,065) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to respond to the needs in this operation. This operation is expected to be implemented over 2 months; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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All International Federation 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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

¹ Cameroon Red Cross Society- refer to <http://www.ifrc.org/where/country/check.asp?countryid=41>

Background and current situation



Bafoussam, the main town of the Western Province of Cameroon, has about 321,000 inhabitants. From a geographical point of view, Bafoussam is a crossroad as well as a transit town to the Northern part of the country, the Centre (Yaoundé, the Capital of Cameroon), the Littoral (Douala, the economic Capital of the country) or North-West (Bamenda).

Bafoussam shares its boundaries with Foumbot and Mbouda, where cholera is endemic. Bafoussam was first hit by a cholera epidemic in 2005. One year later, the epidemic has recurred after first rains sent dirt downstream to the affected areas.

The first case of cholera-related diarrhoea was identified on 12 March 2006. The Centre Pasteur of Cameroon confirmed the diagnosis and government authorities declared the epidemic on 2 April. The disease spread so rapidly that by 24 April, 79 new cases had already been recorded, including eight deaths. These figures do not include suspected cases that were not reported to health centres.

Bafoussam is a main urban centre where populations from every part of the country meet regularly; it is feared that the epidemic will spread to other parts of Cameroon. Presently, the epidemic is contained in the Baleng and Bamougoum localities, i.e. in the suburbs of Bafoussam. The national water supply network does not extend to these two localities. Consequently, the populations get their water from a stream that is contaminated and runs by the Bafoussam Prison. For over a year now, the latrines of this prison have been full and faeces run directly into the stream that the populations use.



This stream runs by the Bafoussam prison and is the local populations' source of water for their daily use.

It is feared that given the population density and movements, the epidemic may spread rapidly in urban areas, thereby making it very difficult to control. Consequently, there is an urgent need to intervene.

Red Cross and Red Crescent action

Immediately after the epidemic was declared, volunteers of the Cameroon Red Cross Society (CRCS) local committee launched an Information, Education and Communication (IEC) campaign. The volunteers are also highly involved in the activities of home-based follow up and epidemiological surveillance teams.

A team from the CRCS and the Federation Central Africa Sub-Regional Office went to the field after the announcement of the disaster to assess the situation.

The needs

Short term

In order to contain the epidemic in Bafoussam, it is urgent to efficiently organize and pursue the sensitization campaign that has been launched by the local committee of the national society. To that effect, it will be necessary to acquire sensitization materials such as leaflets and posters. Sensitization should be carried out on a door-to-door basis in order to guarantee an effective and sustainable behaviour change.

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Medium term

- Environmental hygiene (sanitation campaign, destruction of vibrio breeding places), chlorination of water points, and dissemination of simple cleanliness messages;
- Construction of at least one water point in Baleng and Bamougoum;
- Advocacy.

Long term

- Consolidating the ARCHI 2010 approach that was implemented in the Bafoussam divisional committee of CRCS where cholera is now endemic.

Proposed action

Goal: Improve the health situation of populations who are exposed to cholera.

Objective 1: The populations are sensitized to the signs and symptoms of cholera; they are also encouraged to refer to the nearest health centres.

Objective 2: Individual and environmental hygiene is promoted in order to breach the transmission chain of the epidemic.

Objective 3: The populations are initiated to water disinfection and the use of adequate latrines.

Activities

The following activities are planned for three months:

- Retraining 75 volunteers on IEC to enable them to maintain a permanent campaign in their respective communities;
- 75 volunteers will carry out sensitization and sanitation activities during one month, with three sessions per week;
- Hygiene promoting;
- Constructing of two water points, one in Baleng and one in Bamougoum;
- Advocating before administrative authorities and partners, for the construction of four latrines at the Bafoussam prison.

Coordination

Immediately after the outbreak of the epidemic, the government set up a crisis committee which is headed by the Mifi divisional officer (Bafoussam is the main town of the Mifi division, West Province of Cameroon). The head of the crisis committee then signed the following three orders:

- To establish special measures to combat some epidemics all over the Mifi division territory;
- To ban the selling of certain food items in schools of the Mifi division;
- To create, organize and set up the functioning of the crisis committee to combat the cholera epidemic in the Mifi division.

All patients tested positive with cholera are being treated free of charge in the various hospitals of Bafoussam. A team from the Ministry of Health completed an evaluation mission in Bafoussam on 20 April, 2006.

Budget outline

See Annex below.

[*Budget outline below; Click here to return to the title page or contact information.*](#)

Annex 1**Cameroon: Cholera in Bafoussam (Budget Summary)**

Designation	Units	Number	Unit price (CHF)	Amount (CHF)
Supplies for beneficiaries				
Construction of a potable water point	Boring	2	10,000	20,000
“Javel” disinfectant (2 litre)	Bottles	3	4	12
“Cresyl” bleaching agent (1 litre)	Bottles	150	3	375
Buckets	Pieces	3	4	11
Gloves	Pieces	80	3	240
Masks	Pieces	80	1	80
Volunteers retraining materials (notebooks, etc.)	Lumpsum	75	2	113
Posters and leaflets	Pieces	1,000	1	1,000
Image boxes	Planks	15	6	90
Subtotal 1				21,921
Transport and storage				
1 vehicle (fuel and maintenance)	Months	1	1,000	1,000
Subtotal 2				1,000
Personnel				
T-shirts	Pieces	100	5	500
Sandwiches for volunteers during retraining	Per day	75	3	225
Fees of the local coordinator	Per month	3	125	375
Sandwiches for 75 volunteers during campaigns	Per day	900	4	3,600
Sandwiches for 5 coaches	Per day	60	6	360
Follow-up at national level DM	Per day	30	25	750
Subtotal 3				5,810
General expenses				
Hotel (National director DM)	Per night	30	37	1,110
Hotel (driver)	Per night	10	37	370
Hotel (Federation staff)	Per night	10	37	370
Stationery	Months	3	1,000	3,000
Telephone, internet, fax	Months	3	300	900
Other Admin Costs				1,037
Subtotal 4				6,787
Total 1 (Sub-total 1 to 4)				35,518
Programme support				2,482
Grand Total				38,000