CAMEROON: CHOLERA EPIDEMIC

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In Brief

This Information Bulletin (no. 2/2004) is being issued based on the needs described below reflecting the information available at this time. Based on further updates and details from assessment reports, or should the situation deteriorate, the Federation will consider international support through an Emergency Appeal.

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The Situation

The first outbreak of cholera in Foumbot, Cameroon, was in 1997 but it was quickly brought under control. In February 2004, the Ministry of Public Health officially declared a cholera epidemic in Douala, due to non respect of hygiene rules. (Refer to Information Bulletin no. 1/2004 – Cameroon: Cholera Epidemic dated 3 March 2004).

On 27 April, the first case of cholera was confirmed. Since then the epidemic has been spreading rapidly. On 13 May 2004, 138 new cases (72 women and 66 men) were already registered at the Foumbot District Hospital. Nine people have died of the disease. These figures do not include the number of suspected patients and deceased people not referred to health centers. The progression rate of the epidemic is extremely high, and there is the need for a rapid intervention. In fact, 10 new cases have been reported between 13 - 14 May.

Douala, the economic capital, is the main source of cholera in the country. A lot of people travel from Douala to Foumbot to buy food but the health situation in Foumbot is conducive for a rapid development of a breeding place. The muslim population do not attend the only District Hospital in the town; it is not well equipped to respond to an emergency situation.
Transportation of patients or corpses from villages to health centres, and vice versa, the non availability of the information on cholera to communities, and the methods of transmission of this disease are some of the factors that encourage the rapid spreading of the choleric vibrio. This places in danger the lives of over 130,000 inhabitants of Foumbot and the surrounding localities.

Foumbot is a town in the Noun Division, West Province of Cameroon, which has about 130,000 inhabitants. The main activity in that locality is the production of food crops, and that is why Foumbot is often referred to as Cameroon’s “granary”. Consequently, a lot of people from every part of Cameroon and even from neighbouring countries rush there to grasp their share.

The National Water Corporation supplies only 40% of the population’s needs. In addition, there are three waterways in Foumbot along which people have built latrines. In its upper part, Nkoup which is the main river receives a small waterway in which an industrial poultry farm disposes its wastes (refuse, rotten eggs).

**Red Cross and Red Crescent action**

As soon as the epidemic started, volunteers of the Cameroon Red Cross Society local committee launched an Information, Education, and Communication (IEC) campaign. Given the scope of the disaster, a joint team comprised of representatives of the Cameroon Red Cross and the Federation’s Central Africa Sub-Regional Office was deployed to assess the situation; the team also offered six “cholera volunteer basic unit” kits containing disinfectant, bars of toilet soap, chlorine tablets, and gloves to the local medical team. The joint team also brought the following support to the Cameroon Red Cross local committee:

- 20 Red Cross security patches
- 20 pairs of boots
- 500 posters on "How to protect oneself against cholera"
- 20 raincoats
- 1000 leaflets on “How to protect oneself against cholera"

The Local Crisis Committee highly appreciated the gift of leaflets and posters by the Red Cross.

**Coordination**

**Government of Cameroon**

The government has put in place a local crisis committee headed by the Foumbot Sub-Divisional Office. This Committee, made up of representatives of various local institutions, the District Hospital and the Cameroon Red Cross local committee, has established a list of needs.

The Civil Protection Department of the Ministry of Territorial Administration and Decentralization made a donation of FCFA 1 million to the Local Crisis Committee; however, this represents less than one tenth of what is needed to provide appropriate medical care to patients at the already saturated District Hospital.

In addition, the Ministry of Public Health has decided that all cholera victims be treated free of charge. It also supplied the district hospital with drugs to treat cholera patients, thereby reducing significantly the fatality rate of the epidemic, which is now around 7%.

The awareness raising campaign is not regular on the field. The multiplication of new cases suggests the need to reinforce this campaign to achieve a considerable impact on the progression of the epidemic. There is fear of congestion at the district hospital if the number of new cases keeps increasing daily.

It may also run short of mattresses, disinfectants and other equipment.

**Other Organizations**

No other organization is present in Foumbot to combat this epidemic which is progressing rapidly.
Needs

- **Short term (Urgent)**
  There is need to continue the on-going awareness campaign. To this effect, more materials such as leaflets and posters (in local language), megaphones and other things are needed. More mobilization of Red Cross volunteers is needed for a smooth door to door awareness campaign to achieve concrete behavioral change in the communities. Such campaigns involve basic hygiene rules and early detection of cholera cases for easy referral to health centres.

- **Medium term**
  Environmental hygiene (sanitation campaign, destruction of the breeding places) must be addressed. Treatment of water points, using chlorine, is needed. Simple messages on sanitation need to be disseminated. Family SanPlat latrines need to be constructed in the affected communities, and at the Foumbot market for public use. Continuation of IEC activities in areas where cholera is endemic is also needed.

Plan of Action

**Goal:** Improve the health conditions of the Foumbot populations who are exposed to the cholera epidemic.

**Objectives (in the following three months):**

- Sensitize the Foumbot populations on the signs and symptoms of cholera, and encourage them to go to the nearest health centre.
- Promote individual and environmental hygiene to stop the progression of the epidemic.
- Teach the populations how to disinfect water and how to use adequate latrines.

**Expected results**

- 80% of the population of Foumbot are aware of the signs and symptoms of cholera to enable them rush victims to the nearest health centre at the first alert.
- 80% of the population implements simple hygiene rules.
- 80% of the population knows how to disinfect water.
- 80% of the population uses San-plat latrines and no longer defecated in the bush.

**Activities**

The following activities will be carried out to attain the objectives during the next three months.

- Retrain 150 volunteers on Communication for Change of Behaviours (CCB), the symptoms and methods of transmission of cholera, and on what to do in the presence of a suspected case, with the support of the District Hospital.
- Conduct an enhanced awareness-raising and education campaign on community-based health in the affected areas.

The 150 volunteers trained in CCB are divided into groups of five persons to carry out door to door awareness campaign in their respective neighbourhoods several times in a week on the following points:

- Hygiene rules.
- Signs and symptoms of Cholera, and what to do in the presence of a suspected case.
- Sanitation of the environment (gutters, borders of waterways, dumps, market places, stagnant water...) using 30 kits (for 30 teams of 05 volunteers each) of agricultural implements (Wheelbarrows, shovels, hoes, cutlasses, boots, rakes).
- Chlorination of water.
- Promotion of individual hygiene.
- Construction of 300 family San-Plat latrines with the contribution of beneficiaries.
- Construction of latrines for public use in the Foumbot market.
- Advocacy with administrative authorities for the improvement of the safe drinking water distribution rate in Foumbot.

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1 SanPlat (sanitation platform) is a concrete latrine slab that can be integrated into any existing traditional latrine system.
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For longer-term programmes, please refer to the Federation’s Annual Appeal.

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