

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Cameroon: Cholera in Northern Cameroon

DREF operation n° MDRCM009
GLIDE n° EP-2010-000110-CMR
24 May, 2011

The International Federation's 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.

Summary: CHF 141,474 was initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 11 June 2010 to support the Cameroon Red Cross National Society in delivering assistance to some 800,000 beneficiaries. The situation deteriorated with an increased number of cholera cases and deaths. Thus the DREF Operation Update no. 1, which was published on 6 August 2010, revised the number of beneficiaries from 800,000 to 3,480,000; and extended the total DREF allocation from CHF 141,474 to CHF 381,154.

DREF Operation Update no. 1 also extended the operation's timeframe from three to six months, i.e. from September to December 2010. DREF Operation update No 2 was published on 25 November 2010 to highlight the progress of the operation from August to October 2010.

With the DREF allocation, Cameroon Red Cross authorities mobilized, trained and deployed 330 Red Cross volunteers within the framework of the operation. These volunteers sensitized 1,044,411 people, referred cholera patients to hospitals and even took medical care of some cases, treated water, equipped public restaurants with hand-washing kits, carried out hygiene promotion activities, conducted sanitation campaigns, and organized village committees to fight against cholera. The operation ended in December 2010 with a significant drop in the number of new cholera cases in Northern Cameroon. However, new cases of cholera have been registered in other parts of Cameroon (southern) in early 2011. This final report summarizes the achievements since the start of the operation, and the changes obtained on the targeted 3,480,000 beneficiaries.

ECHO contributed CHF 70,737 to the DREF in replenishment of the 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, the European Commission Humanitarian Aid and Civil Protection (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.



Cameroon Red Cross volunteers disinfected houses in their respective localities to help prevent the spread of cholera. / Cameroon Red Cross

Details of all contributions to the DREF for 2010 can be found on:
http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf and for 2011 on:
http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

[<click here for the final financial report, or here to view contact details>](#)

The situation

In 2010, the Far North and North regions of Cameroon experienced the most serious cholera epidemic in Cameroon for several decades. In fact, the 1st case was registered on 6 May 2010, and the disease spread rapidly, reaching all 28 health districts that make up the Far North region and spreading to neighbouring North region by September 2010, the peak of the disaster. The 42nd epidemiological week (12 to 17 October 2010) emerged as the most dangerous one with more than 8,000 cases of cholera registered and more than 500 deaths just for the Far North region of Cameroon.

By the 52nd epidemiological week (30 December 2010), i.e. 238 days after the outbreak of the disease, 9,399 cases and 599 deaths had been registered in Far North region, i.e. a 6.37% lethality rate. However, not all health districts were affected the same way. They have been classified as follows:

- **Health districts that remained for a longer period with a lower level of incidence.** These included Guéré, Méri, Koza, Mogodé, Roua, Kolofata and Mokolo, even though Mokolo registered a considerable number of cases and deaths at the beginning of the epidemic;
- **Health districts with figures that went up and down.** These included Makari, Maroua Urbain, Gaélé, Maroua rural, Mora, Pété, Bogo, Guidiguis, Mindif, Tokombéré, Pouss, Bourha and Kousseri;
- **Health districts that remained for a longer period with a higher level of incidence and thus very preoccupying.** These included Mada, Vélé and Yagoua. Nevertheless, it should be noted that most cases registered in the Vélé health districts were in people who came from neighbouring Nigeria in canoes, but their canoes usually returned to Nigeria without leaving enough time to the disinfection teams deployed in Cameroon to complete their disinfection work on their machines;
- **Health districts that remained for a longer period with no case.** These included Goulfey, Moutourwa, Moulvoudaye and Kaélé. However, these health districts ended up being affected by mid-October 2010 when the situation was thought to be completely under control. This sudden change of situation could be explained by the fact that these localities are close to streams and rivers commonly used by Cameroonian, Nigerian and Chadian populations that were all being affected by cholera at the time. Another explanation was the movement of populations from cholera-affected health districts to cholera-free health districts.

The cholera epidemic entered the North region of Cameroon 2 months after the Far North region (July 2010) and affected 10 out of the 15 health districts that make up the North region. After a long period without registering a single case of cholera, the Béka locality in the Poli health district experienced a serious outbreak of cholera in November alone, with a considerable number of cases and a higher lethality rate superior to the figures obtained in the remaining 9 affected health districts. By the 52nd epidemiological week, the North region had registered 494 cases of cholera and 22 deaths, i.e. a 4.45% lethality rate.

However, thanks to joint efforts by Government and its partners including the Red Cross, the number of cases and deaths began to drop progressively week after week as from November 2010, especially the number of deaths within communities. It should be noted that since early 2011, a considerable number of cholera cases have been registered in other parts of Cameroon (southern regions).

Red Cross and Red Crescent action

Achievements against objectives

Emergency health

Objective: To contribute to the reduction of the impact of cholera on the communities affected in the Far North Region of Cameroon through health and hygiene promotion and provision of – and access to clean water.

<p>Specific objectives:</p> <ul style="list-style-type: none"> • To sensitize the populations to the signs and symptoms of cholera and encourage them to go to the nearest health centre. • To promote individual and collective hygiene as a contribution to stop the transmission chain of the epidemics. • To improve the access of the populations to potable water and show them how to disinfect water and use adequate latrines. • To refresh the public health emergency response capacities of the Red Cross local committees involved. 	
<p>Expected results:</p> <ul style="list-style-type: none"> • The populations of Far North region of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert. • The populations of Far North region of Cameroon know how to practice simple hygiene rules such as to disinfect water, particularly drinking water, use latrines and stop open defecation. • The capacities of the Red Cross divisional committees in Far North region are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics. • The partnership between the Ministry of Health, WHO, UNICEF and Cameroon Red Cross is strengthened. • The visibility of the Red Cross is improved. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders • Produce information, education and communication materials (posters, folders, image boxes) • Recruit 250 volunteers and 14 coaches • Sensitize the populations, with an average of three sensitization sessions per week for six months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places. • Detect and conduct suspected cases to health centres • Disseminate messages over local radio stations • Approach and integrate communities in the activities of the operation • Purchase chemicals and disinfect water • Improve and disinfect family and public latrines • Purchase and distribute sanitation kits • Organize general sanitation sessions with the support of authorities for six months • Provide technical support to Cameroon Red Cross • Equip Cameroon Red Cross with didactic materials, and other mobile support equipment to ease access to the greater number of beneficiaries • Monitor and supervise volunteers • Participate in the meetings of the crisis committee • Carry out advocacy activities before refuse disposal authorities to help intensify their activities • Coordinate and follow up the implementation of the operation

Impact:

With the DREF allocation, 495 Cameroon Red Cross volunteers were trained on cholera management in the local Red Cross committees of the North and far North regions of Cameroon. The volunteers were also trained on home-based water-treatment techniques, water points' treatment, environmental sanitation, and the role of the volunteer within the community in the communication for behavioural change process. After the training, the local committees of the Red Cross in the affected localities received 5 motorbikes, 40 bicycles, 50 raincoats, 100 boots, 20 sanitation kits (each kit comprising 5 miner's pans, 5 squared shovels, 5 wheelbarrows, 10 racks, a miner's bar, 5 pickaxes, 5 machetes and 3 dibbles), 500 buckets equipped with taps, 20 megaphones, 5000 masks, 200 pairs of gloves, 100 litres of cresol, and 3 buckets of calcium hypochloride of 45 kg each. All of these materials were aimed at facilitating Red Cross intervention within the framework of the cholera operation. The volunteers were deployed based on the classification of health districts as described above (see the section on The Situation).

The 495 trained and equipped Cameroon Red Cross volunteers were then put at the disposal of heads of health centres for the operation. From July to December 2010, these volunteers carried out the following activities:

In the Far North region of Cameroon:

- Sensitization of 1,026,038 people

- Referral of 128 suspected cases of cholera to health centres and hospitals
- Chlorination of 10,405 water points
- 4,026 sessions of water points sanitation
- 35,206 sessions of latrines disinfection
- 205 water points covered with the participation of the beneficiaries
- 5,375 latrines covered with the participation of communities
- 234 sites cleaned
- 148,858 home visits
- 145,534 households sensitized

In the North region of Cameroon:

- Sensitization of 18,473 people
- Referral of 18 suspected cases of cholera to health centres and hospitals
- Chlorination of 350 water points
- 76 sessions of water points sanitation
- 411 sessions of latrines disinfection
- 92 water points covered with the participation of the beneficiaries
- 330 sites cleaned
- 3,575 home visits
- 3,257 households sensitized

The Red Cross cholera response coordination team visited the affected localities on several occasions to monitor the progress of the operation and provide technical advice for improving implementation. The supervisors of volunteers in the various health districts conducted a survey on 376 households in the areas visited by volunteers (Maroua urbain, Maroua rural, Mokolo, Kolofata, Pété, Garoua I and Garoua II health districts) to assess the impact of Red Cross work within the framework of this operation. They came out with the following results analysed using the Epi Info 2000 software:

- Out of the 376 households visited, 141 said they had had at least 1 cholera patient. 68.8% of those 141 households said that they took their patients to a health centre the same day when the symptoms appeared. 22.7% of them said they wait the next day; and 8.5% said they waited for a longer period before taking their patients to a health centre.
- 68% of the 376 households surveyed said they know that cholera is characterized by diarrhoea and vomiting.
- 42% of the 376 households said they know that they should call on Red Cross volunteers in case the first symptoms of cholera appear in a member of their family. 32% said they would call a health agent. 20.7% said they would call the area chief or a neighbour.
- 67.8% of the 376 households knew that they should call for help immediately after the appearance of cholera-like signs. 21.5% said they would wait a few hours to see whether the situation would deteriorate or not.
- 84.7% of the 376 households said that they have soap at home; but the surveyors could actually see the soap only in 71.3% of the households surveyed.
- 58% of the households said that they usually wash their hands with soap to avoid cholera. 19.3% said they drink water from a treated well. 11% said they usually use latrines and wash fruits and vegetables before consumption. Another significant 11.3% said they wash their hands, even without soap. 0.4% of the households gave wrong answers such as to sweep the house.
- 63.1% of the households said that they normally treat their drinking water at home. 36.9% said that they use drilling water or water from the tap, and did not know how to treat water at home. Out of the 63.1% households treating water at home, 8.7% said they usually boil water; 28% said they use bleach, and 26% said they boil water and at times use bleach.
- 57% of the households with a water point said that they treated their water point the same day when the cholera patient was being managed. 25% said their water point was treated the next day; and 18% said their water points were treated at a later date.
- 77.6% of the households with cholera patients said that their houses had been disinfected the same day after the patients were taken to the hospital. 16.4% said the disinfection took place the next day; and 6% said their houses were disinfected at a later date.

These results enabled the Red Cross and other actors in the fight against cholera to intensify sensitization targeting the weaknesses identified; which contributed to reducing considerably the risks of community-based cholera contamination. In order to ensure a greater impact of their intervention, Red Cross volunteers worked in close collaboration with 34 associations of women in Far North region and 23 in North region. The

volunteers delivered sensitization messages, trained the women on how to treat water at home, and raised their awareness on the importance of building and using latrines. All of these efforts have contributed to reducing significantly the number of cholera cases in Far North and North region as less than 10 cases were registered in both regions by February 2011.

The response to cholera in Cameroon was complicated by the fact that people were constantly moving in and out of the country between Cameroon and Nigeria, and there were no efforts in Nigeria to control the epidemic at the same time. Moreover, the people in Far North and North regions of Cameroon believe that cholera comes as a result of witchcraft. This is why the Red Cross insisted on radio programmes in the local languages to convince the populations that cholera was just a disease and could be cured. These efforts will need to be pursued to avoid the resurgence of cholera in these two regions.

This operation has contributed enormously to strengthening the cholera and epidemics management capacities of Cameroon Red Cross. In fact, the NS now has close to 500 volunteers with cholera management experience. These volunteers have learned by doing how to treat water at home and most importantly how to convince the populations to adhere to an epidemic management campaign. Another good thing from this operation is that Government has confirmed the role of Red Cross volunteers in epidemics management and has promised to always call on them whenever the need arises. The cholera epidemic is now said to be under control in Far North and North regions of Cameroon, though sporadic cases are registered.

How we work

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 \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation'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 International Federation'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.

Contact information

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Selected Parameters	
Reporting Timeframe	2010/6-2011/4
Budget Timeframe	2010/6-2011/4
Appeal	MDRCM009
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	381,154					381,154
B. Opening Balance	0					0
Income						
Other Income						
<i>DREF Allocations</i>	<i>381,154</i>					<i>381,154</i>
C4. Other Income	381,154					381,154
C. Total Income = SUM(C1..C4)	381,154					381,154
D. Total Funding = B + C	381,154					381,154
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	381,154					381,154
E. Expenditure	-370,276					-370,276
F. Closing Balance = (B + C + E)	10,878					10,878

International Federation of Red Cross and Red Crescent Societies
MDRCM009 - Cameroon - Cholera Epidemic

Appeal Launch Date: 10 jun 10

Appeal Timeframe: 10 jun 10 to 31 dec 10

Final Report

Selected Parameters	
Reporting Timeframe	2010/6-2011/4
Budget Timeframe	2010/6-2011/4
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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		381,154					381,154	
Relief items, Construction, Supplies								
Construction Materials		1,477				1,477	-1,477	
Clothing & textiles		31,931				31,931	-31,931	
Water, Sanitation & Hygiene	100,686	49,231				49,231	51,455	
Medical & First Aid	19,996	29,316				29,316	-9,321	
Teaching Materials	13,299	15,165				15,165	-1,866	
Utensils & Tools		8,486				8,486	-8,486	
Total Relief items, Construction, Sup	133,980	135,606				135,606	-1,625	
Land, vehicles & equipment								
Vehicles		27,450				27,450	-27,450	
Total Land, vehicles & equipment		27,450				27,450	-27,450	
Logistics, Transport & Storage								
Storage		1,850				1,850	-1,850	
Distribution & Monitoring		14,515				14,515	-14,515	
Transport & Vehicle Costs	45,996	18,666				18,666	27,330	
Logistics Services		22				22	-22	
Total Logistics, Transport & Storage	45,996	35,052				35,052	10,944	
Personnel								
International Staff		3,279				3,279	-3,279	
National Staff		3,510				3,510	-3,510	
National Society Staff	140,721	14,283				14,283	126,438	
Volunteers		70,050				70,050	-70,050	
Total Personnel	140,721	91,122				91,122	49,599	
Consultants & Professional Fees								
Professional Fees		136				136	-136	
Total Consultants & Professional Fe		136				136	-136	
Workshops & Training								
Workshops & Training	7,559	14,804				14,804	-7,245	
Total Workshops & Training	7,559	14,804				14,804	-7,245	
General Expenditure								
Travel		1,159				1,159	-1,159	
Information & Public Relation		13,360				13,360	-13,360	
Office Costs	19,719	7,703				7,703	12,016	
Communications	8,500	3,702				3,702	4,798	
Financial Charges		17,582				17,582	-17,582	
Other General Expenses	1,416						1,416	
Total General Expenditure	29,635	43,507				43,507	-13,872	
Indirect Costs								
Programme & Service Support	23,263	22,599				22,599	664	
Total Indirect Costs	23,263	22,599				22,599	664	
TOTAL EXPENDITURE (D)	381,154	370,276				370,276	10,878	
VARIANCE (C - D)		10,878				10,878		