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## Emergency appeal operation update Cameroon: Cholera Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRCM011

GLIDE n° EP-2011-000034-CMR

### Operation update n° 4

29 February, 2012

**Period covered by this Ops Update:** April to November 2011.

**Appeal target (current):** CHF 1,361,331;

**Appeal coverage:** ~21%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

#### Appeal history:

- This Emergency Appeal was initially launched on 4 April 2011 for 1,249,847 to assist 87,500 direct beneficiaries in Centre, Littoral, West and South-West regions of Cameroon for 12 months.
- **Disaster Relief Emergency Fund (DREF):** CHF 150,000 was initially allocated by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the national society's response operation.
- Following worsened situation, with nearly all regions affected, Operations Update no. 1 revised the objectives and budget of the operation to include the North and Far North regions, and budget revised from CHF 1,249,847 to CHF 1,361,331 to include the cost of activities in the two regions, which were not targeted initially.
- Operations update No 2 provided financial statement against revised budget.
- Operations update No 3 summarized the achievements 6 months into the operation.
- This operations update No 4 is extending the timeframe of the operation from 31st March to 30 June 2012 to cover the funding agreement with the American Embassy in Cameroon.



**Trained Cameroon Red Cross volunteers sprayed houses to help fight against cholera /Photo: Cameroon Red Cross**

**Summary:** A serious cholera epidemic has been affecting Cameroon since early 2011. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. These regions were targeted in the original appeal in April 2011.

Initially, 87,500 direct beneficiaries were targeted in Centre, Littoral, West and South-West regions. Subsequently, the epidemic re-emerged in the northern part of Cameroon with several cases in Far North, North and Adamaoua regions. Ultimately, 9 of the 10 regions of Cameroon were affected. This new development prompted the revision of both the objectives and budget of the emergency appeal to cover newly affected localities.

The intervention of the Red Cross and other partners contributed to the reduction of the number of cases until September 2011; but there was a sudden resurgence of the epidemic in Littoral region, particularly in Douala and the surrounding localities. In fact, by the 44<sup>th</sup> week of 2011, a cumulative 3,792 cases and 77 deaths were registered in Douala alone. During the same period, another 3,453 cases and 126 deaths were registered in Centre region, with the bulk of cases registered in Obala division located some 40 km from Yaounde, the capital

city of Cameroon. Other parts of the country registered a resurgence of the epidemic as of the 44<sup>th</sup> week of 2011, with 4,521 cases and 242 deaths in North region, 4,398 cases and 175 deaths in Far North region, and 3,067 cases and 30 deaths in South West region.

The generalized increase in the number of cases and deaths called for renewed action to put cholera under control in Cameroon. It is in this regard that an agreement was signed recently between CARREP and the American Embassy in Cameroon for the fight against cholera in Foubot, a focus of the epidemic located some 20 km from Bafoussam, the capital city of the West region of Cameroon (Bafoussam is located 270 km from Yaounde). This agreement is expected to cover the period from 1<sup>st</sup> October 2011 to 31<sup>st</sup> May 2012, i.e. beyond the original lifetime of this emergency appeal (31<sup>st</sup> March 2012). This operations update No 4 is therefore extending the timeframe of the operation from 31<sup>st</sup> March to 30 June 2012 to cover the agreement with the American Embassy in Cameroon.

## The situation

A serious cholera epidemic has been affecting Cameroon since early 2011. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. These regions were targeted in the original appeal in April 2011.

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## Coordination and partnerships

Key activities of main partners include the following:

- Cameroon Government created four cholera control and coordination centres (C4) in Southwest, Littoral, Centre, and Far North regions with support from the World Health Organization (WHO). Government-owned health centres nationwide have been providing free cholera treatment.
- WHO has been supporting C4s and providing technical and financial support for the management of cholera cases nationwide.
- UNICEF facilitated the production of mass sensitization aids, trained community workers and provided additional cholera control materials.
- Care Cameroon carried out community action to help prevent the spread of cholera.
- Plan Cameroon trained and supported community workers on cholera treatment and prevention.
- Médecins Sans Frontières (MSF) created and ran cholera treatment centres (CTC) in Obala and Yaounde during the early stage of the epidemic.

## Red Cross and Red Crescent action

### Overview

Available resources have been put into action. Already, with government, the National Society has developed cholera prevention and control messages, produced 8,000 leaflets and posters and 200 image boxes to be used for sensitization about cholera. Through the IFRC regional representation, necessary materials were purchased, including disinfecting chemicals, soap, and protection equipment and sprayers for volunteers. A total of 600 Red Cross volunteers have been trained and involved in the response in the 4 regions targeted. The trained volunteers have sensitized about 4,320,000 people in homes, churches, mosques, market places and other public places. They have also been conducting epidemic surveillance activities in neighbourhoods, referring suspected cases to the nearest health centres.

In the Northern part of the country, the 300 Red Cross volunteers that were trained in 2010 have also carried out cholera prevention and control activities such as sensitization, disinfection of cholera patients' houses and property, referral of cases to health centres and other assistance to health professionals in cholera treatment centres and units. This will go a long way to strengthening the operational capacities of the NS not only for this epidemic, but also for subsequent operations.

The immediate result of the action taken so far is the fact that the spread of the disease is somehow under control, even though rare cases of cholera continue to be registered here and there. Proof of this is the fact that Médecins Sans Frontières (MSF) that was managing cholera treatment centres has ceased doing so because the number of cases has significantly dropped in almost every parts of the country.

The Canadian Red Cross supported the operation by deploying a delegate to Cameroon for three months. This delegate facilitated the signing of a bilateral agreement between Cameroon Red Cross and the Canadian Embassy in Cameroon for the implementation of a cholera-related project in schools of Limbe. The delegate also contributed to the negotiations that resulted in the signing of another agreement between IFRC's Central Africa Regional Representation (CARREP) and the American Embassy in Cameroon, for the implementation of cholera response projects within the country.

### Progress towards outcomes

#### Emergency health and care

**Objective: To contribute to the reduction of the impact of cholera on the affected communities through health promotion for the populations in 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North) for 12 months.**

Expected Results	Activities planned
<p>The populations of the 6 targeted regions of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.</p>	<ul style="list-style-type: none"> <li>• Contact beneficiaries, especially community leaders</li> <li>• Produce information, education and communication materials (posters, folders, image boxes)</li> <li>• Recruit and train 600 volunteers (100 volunteers in each of the 6 regions of Cameroon), and 6 regional cholera focal points (1 in each region) on epidemics management, with focus on cholera</li> <li>• Sensitize the populations, with an average of three sensitization sessions per week for 12 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places.</li> <li>• Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive ORS by RC Volunteers during their transport to health centres.</li> <li>• Disseminate cholera prevention messages over local radio stations in the 6 regions of Cameroon</li> </ul>

<p>The capacities of the Red Cross divisional committees in the 6 regions of Cameroon are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics.</p>	<ul style="list-style-type: none"> <li>• Provide technical support to Cameroon Red Cross</li> <li>• Train Cameroon Red Cross volunteers and staff on the community-based health and first aid (CBHFA) approach</li> <li>• Train Cameroon Red Cross volunteers and staff on Epidemic Control for Volunteers Manual and Toolkit</li> <li>• Equip Cameroon Red Cross with training materials, and other mobile support equipment to ease access to the greater number of beneficiaries</li> </ul>
<p>The partnership between the Ministry of Public Health and Cameroon Red Cross is strengthened.</p>	<ul style="list-style-type: none"> <li>• Participate in the meetings of the crisis committee put in place by Government</li> <li>• Advocate with administrative authorities for the inclusion of activities against cholera in their action plan.</li> </ul>

### Progress:

Cameroon Red Cross produced 8,000 leaflets and posters, and 200 image boxes to be used for sensitization about cholera in targeted regions. After the production of communication tools, the NS went ahead training 600 Red Cross volunteers on cholera management; on the basis of 100 volunteers in Yaounde (Centre region), 100 in Douala (Littoral region), 100 in Limbe (South West region), and 100 in Bafoussam (West region), 100 in Garoua (North region), and 100 in Maroua (Far North region). On its part, CARREP purchased all the materials required for actual intervention in the field and put them at the disposal of Cameroon Red Cross authorities. Such materials included 45 buckets of calcium hypochloride (45 kg each), 18 bottles of cresol, 10 cartoons of detergent, 70 cartoons of soap of 147 pieces each, 23 cartoons of chloride bleach, 300 raincoats, 300 pairs of boots, 300 gloves, 300 mufflers, 300 aprons, 20 sprayers, 200 image boxes, 20 megaphones and 96 pairs of batteries.

Equipped with this knowledge and materials, Cameroon Red Cross set out to respond to cholera. Once in the field, they met with Government (mayors, divisional and sub divisional officers), religious and community leaders to organize the intervention. After this preparatory phase, Cameroon Red Cross volunteers went on sensitizing the populations in schools, churches, mosques, markets and other public places in Centre, Littoral, South West, West, Far North and North regions of Cameroon. Each trained volunteer sensitized 20 families per day and worked 3 days per week during 24 weeks (from April to September 2011), i.e. a total of about 864,000 families and 4,320,000<sup>1</sup> people reached directly by the 600 trained Red Cross volunteers since the beginning of the operation as calculated from the volunteer's daily monitoring sheet. Throughout their stay in the field, Red Cross volunteers pasted posters, distributed leaflets, and held talks with families on cholera prevention and control. In the Centre region, the 100 trained volunteers worked in Mfoundi division (Yaounde), and in Obala and Bafia sub divisions. In Littoral region, the 100 trained volunteers worked in Wouri division (Douala), Yabassi, Kongsamba, and Melong sub divisions. In South West region, the 100 trained volunteers worked in Limbe, Buea, Tiko, Mutengene, Muyuka and Kumba sub divisions. In West region, the trained 100 volunteers worked in Bafoussam, Foubot, Fouban, Dschang and Bafang sub divisions. In Douala, Yaounde and Limbe, Cameroon Red Cross authorities negotiated with local radio stations (CRTV and Caritas), and obtained spaces for disseminating Red Cross messages on cholera prevention and control.

The Cameroon Red Cross' cholera focal person participated in all the meetings of the cholera crisis committee put in place by Government. This enabled the Red Cross to get regular updates on the evolution of the epidemic nationwide. The Red Cross seized that opportunity to stress on the need for Cameroon and neighbouring governments to meet and adopt a regional approach to cholera control as the epidemic is present neighbouring in Nigeria and Chad. As a result of this advocacy, a cross-border cholera crisis meeting was organized in Douala (Cameroon) in September 2011; during which representatives of participant countries (Cameroon, Chad, Nigeria and Niger) decided to intensify cholera control along their respective borders. Back in Cameroon, almost all schools have integrated cholera prevention as part of their daily work, though not officially instituted.

<sup>1</sup> The average number of people per family was 5.

From October 27 to November 2<sup>nd</sup>, 25 Cameroon NS staff from headquarters and branches in 9 regions were trained as master facilitators on the CBHFA approach. This training followed 3 days (24<sup>th</sup> to 26<sup>th</sup> October) training on Epidemic Control Manual for Volunteers (ECV). The CBHFA approach is now being employed in the affected areas of the East region.

### Water, sanitation, and hygiene promotion

**Objective: To contribute to the reduction of waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 60 pilot schools (10 pilot schools in each of the 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North), i.e. about 120,000 students, on the basis of 2,000 students in each school. This objective will also target 12,000 families, i.e. about 60,000 beneficiaries identified within the communities of all 6 regions of Cameroon based on the level of their vulnerability for 12 months.**

Expected results	Activities planned
<p>The 120,000 students and 12,000 families targeted by the operation in the 6 regions of Cameroon have access to adequate water, hygiene and sanitation facilities.</p>	<ul style="list-style-type: none"> <li>• Train 600 Red Cross volunteers on hygiene promotion using the “Community-Led total Sanitation” approach</li> <li>• Enhance the access of students to water and sanitation facilities, especially drinking water and clean toilets, through the construction of wells / boreholes or rehabilitation of existing ones, and the construction of community latrines in schools not having them. 10 pilot primary and secondary schools will be targeted in the each of the 6 regions of Cameroon.</li> <li>• Establish Red Cross / health clubs in all the schools targeted by the operation ( 60 pilot schools)</li> <li>• Promote hygiene in all the schools targeted by the operation</li> </ul>
<p>Water, sanitation and hygiene promotion activities are carried out routinely in the 6 targeted regions of Cameroon to help prevent water borne diseases, with focus on cholera.</p>	<ul style="list-style-type: none"> <li>• Approach and integrate communities in the activities of the operation in the 6 targeted regions of Cameroon</li> <li>• Purchase chemicals and disinfect water</li> <li>• Purchase and distribute soap for the 60,000 beneficiaries targeted directly by this operation in all 6 targeted regions of Cameroon for 12 months; i.e. 1,440,000 pieces of soap of 250 g each, on the basis of 1 piece per person and per month</li> <li>• Train populations on how to disinfect water at home</li> <li>• Improve and disinfect family and public latrines</li> <li>• Purchase and distribute sanitation kits</li> <li>• Integrate hygiene promotion and community surveillance of cholera in the job description of Cameroon Red Cross leaders</li> <li>• Promote proper hand washing nation-wide by distributing hand washing kits to at least 90 hotels and catering facilities in the 6 regions of Cameroon, i.e. about 900 hand washing kits, on the basis of 150 kits for each region.</li> <li>• Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities in all 6 regions of Cameroon for 12 months</li> </ul>
<p>The corpses of the people who died from cholera are treated and buried in accordance</p>	<ul style="list-style-type: none"> <li>• Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera</li> <li>• Treat the corpses of the people who died from cholera and burry them in close collaboration with competent government</li> </ul>

with laid-down hygiene rules.	<p>services.</p> <ul style="list-style-type: none"> <li>Disinfect the places where every corpse of a person who died from cholera has passed.</li> </ul>
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**Progress:**

Six hundred Cameroon Red Cross volunteers were trained on how to properly wash hands, treat water, cook food, disinfect and keep latrines clean. All the chemicals planned for the operation were planned and dispatched to the various regions targeted by the operation. After the training, the volunteers actually disinfected 1,288 latrines in Littoral region, 1,061 in Centre region and 10,228 latrines in West region. They also disinfected the houses and belongings of cholera patients, corpses, health centres, hospital isolation rooms, and vehicles, motorbikes used as taxi, stagnant waters, travel agencies and bus stations.

Other activities such as the distribution of soap, the disinfection of water, the promotion and demonstration of water treatment and hand washing, the covering of water points and the cleaning of gutters as well as the drainage of stagnant waters were carried out.

As far as facilitating the access of students to water and sanitation facilities is concerned, CARREP facilitated the signing of a bilateral agreement between the Canadian Embassy in Cameroon and Cameroon Red Cross for the implementation of a cholera response-oriented project in Limbe (South West region of Cameroon). This project is targeting 8 schools and will provide students with adequate water and sanitation facilities. The project was launched in September 2011 and is expected to be implemented over three months.

**Communications and monitoring**

<b>Objective: Support the Cameroon Red Cross National Society to engage in social mobilisation to reach populations that are affected by cholera in all 6 regions (Centre, Littoral, South west, West, Far North and North) of the country.</b>	
<b>Outputs (expected results):</b>	<b>Activities planned</b>
1. Communication materials are developed to reach schools and vulnerable populations at risk.	<ul style="list-style-type: none"> <li>Design/update audio, print, visual and other sensitisation materials</li> <li>Strengthen relationship between Cameroon Red Cross and the national and international media</li> <li>Prepare a documentary/case study on cholera with a view to improving future response</li> </ul>
2. The cholera response operation is monitored, reviewed and reported on; information is regularly utilized in programme management	<ul style="list-style-type: none"> <li>Put in place a monitoring and evaluation plan for the operation</li> <li>Carry out regular monitoring of the operation and produce monitoring reports</li> </ul>

**Progress:**

Eight thousand leaflets and posters have been produced and distributed in all targeted 6 regions. Radio programmes were broadcasted on cholera prevention. A monitoring and evaluation plan of the operation has been developed and provided for regular monitoring visits in the field. Monitoring tools have also been developed and put at the disposal of Red Cross volunteers in the field to facilitate data collection.

An assessment mission of the situation in the department of Fombot in the western region has been recently carried out jointly by the cholera focal point of Cameroon Red Cross and Health Coordinator of Federation Regional Representation in Central Africa. This allowed to contact the authorities and community leaders to launch activities with funding from the U.S. Embassy.

**Challenges:**

For the remaining extended project duration, supervision missions at all levels will be strengthened to monitor the operational teams and provide support. A progress report will be prepared each month. For the communication, messages aimed at behaviour change will be continuously disseminated, especially by local media channels (community radio) and periodic missions of media professionals in the field and will help the project team to identify and to share the success stories and lessons learned. This information will be disseminated through the COSNAC website and that of the Cameroon Red Cross.

**Communications – Advocacy and Public Information**

Cameroon Red Cross, supported by CARREP has been participating in all the meetings organized by Cameroon Government and other partners on cholera in Cameroon. More comprehensive communication activities will be organized when there is better response to the appeal. Such activities would include strengthening the capacities of community radios as they are recognized to play a key role in cholera prevention at community level in local languages (different from French and English). Another major activity to be carried out will be to mobilize national and international media to help stress the importance of cross-border cholera management.

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