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Emergency appeal operation update

Chad: Cholera

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRTD008

GLIDE n° EP-2011-000098-TCD

Operation update n°2

12 March, 2012

TIMEFRAME EXTENSION

Period covered by this Ops Update: 23
November, 2011 to 29 February, 2012;

Appeal target (current): CHF 1,854,041;

Appeal coverage: ~74%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- **CHF 328,638** was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund to support this operation.
- A preliminary Emergency Appeal was initially launched on 7 September 2011 for CHF 3,053,478 to support 200,000 persons for six months.
- Operation update no.1 was published on 12 October 2011 and provided a progress update on the deployment of three Emergency Response Units (ERUs) in the form of Basic Health Care, Logistics and Relief.
- A revised Emergency Appeal was published on 23 November and provided an update on operational and activities and decrease of the appeal budget.
- The current operations update provides progress information and announces an extension in the operational timeframe until end April, 2012



Since sensitization is key to halting the spread of the epidemic, the RCC has sent hundred of volunteers to all intervention areas. In this picture, a volunteer from the area of Kelo is disseminating hygiene messages to school children. Photo/Red Cross of Chad

Summary: The DREF allocation and the deployment of a FACT team, followed by the deployment of Emergency Relief Units in three regions enabled curative treatment to be provided to beneficiaries in Mongo, one of the worst affected areas when the epidemic struck in August. Logistics and Relief ERUs enabled the prepositioning of non-food items (NFIs) and training of volunteers. Following this, mass awareness raising campaigns were launched, contributing thereby to the reduction of the epidemic in the regions of Guerra, Mayo Kebbi East and Tandjilé. As of 10 December, the last ERU personnel left the country, handing over materials to the local committee of the Red Cross of Chad to be pre-positioned as emergency stock for future epidemics. Activities were delayed due to disagreement over the construction sites for proposed latrines and wells. The IFRC Country Office wanted to involve beneficiaries and local authorities in the implementation of activities. As a result, negotiations took more time than expected and an additional region (Guerra) was added to target regions for latrine construction.

The situation

Since November 2011, the cholera situation started to become normal in all affected regions. Reports from the Ministry of Health (MoH) disclosed that the cholera epidemic (cases and deaths) diminished considerably. This is a result of efforts provided by all actors. The IFRC staff and Red Cross of Chad volunteers provided curative and preventive assistance to the population within the zone of intervention, contributing thereby to the reduction of the epidemic. As shown in the table below, both cholera cases and deaths went down to zero. However, despite this improvement, community sensitization and mobilization sessions have to be strengthened, accompanied by sanitation facilities like public latrines and modern wells in the districts of Mongo, Bongor, Kelo, Lai, Beré and Gounou Gaya.

Despite significant decrease of the epidemic, there still a great need to enhance community mobilization on hygiene behaviour and promotion. The extension of this intervention would allow the Water and Sanitation coordinator to finalize the planned activities, create hygiene groups in the communities along with management committees for latrines and wells, and reinforce their capacities in hygiene promotion for the next cholera outbreak. It is very important to note that these activities went slowly due to extended discussion between communities and the National Society. According to new assessment made at the beginning of this year, latrines and wells remain to be constructed in the areas of Mongo, Bongor, Gounou Gay, Beré and Lai.

Cholera cases per district from week 42 to week 52, 2011

REGION	DS	S42	S43	S44	S45	S46	S47	S48	S49	S50	S51	S52	T Cas
Batha	Ati	0	0	0	0	0	0	0	0	0	0	0	0
	Oum Hadjer	0	0	0	0	0	0	0	0	0	0	0	2
	Yao	52	32	2	0	0	0	0	0	0	0	0	200
Barh El Gazal	Moussoro	0	0	0	0	0	0	0	0	0	0	0	31
	Bouso	0	0	0	0	0	0	0	0	0	0	0	28
Chari-Baguirmi	Dourbali	2	1	0	0	0	0	0	0	0	0	0	90
	Mandalia	0	1	5	6	0	0	0	1	0	0	0	1311
	Massenya	0	0	0	0	0	0	0	0	0	0	0	17
	Bitkine	9	17	16	12	6	4	5	3	0	0	0	480
Guéra	Mangalmé	0	0	0	0	0	0	0	0	0	0	0	90
	Melfi	0	0	0	0	0	0	0	0	0	0	0	3
	Mongo	0	0	0	7	2	1	0	0	0	0	0	1181
Hadjer Lamis	Bokoro	0	0	0	0	0	0	0	0	0	0	0	95
	Massaguet	3	3	1	6	0	0	0	0	0	0	0	123
	Massakory	11	20	12	0	0	0	0	0	0	0	0	2539
Kanem	Mao	0	0	0	0	0	0	0	0	0	0	0	147
	Nokou	0	0	0	0	0	0	0	0	0	0	0	0
Lac	Bol	46	15	8	1	5	0	0	0	0	0	0	126
	NGouri	0	0	0	0	0	0	0	0	0	0	0	85
Logone Occidental	Benoye	0	0	0	0	0	0	0	0	0	0	0	52
Logone Oriental	Bebedjia	0	0	0	0	0	0	0	0	0	0	0	2
	Doba	0	0	0	0	0	0	0	0	0	0	0	1
	Bongor	15	1	0	0	0	0	0	0	0	0	0	956
Mayo-Kebbi-Est	Fianga	0	0	1	0	0	0	0	0	0	0	0	521
	Gounou Gaya	1	1	0	0	0	1	0	0	0	0	0	185
	Guelendeng	0	0	0	0	0	0	0	0	0	0	0	74
Mayo-Kebbi-Ouest	Léré	0	0	0	0	0	0	0	0	0	0	0	921
	Pala	30	7	6	5	0	0	0	0	0	0	0	834
N'Djaména	N'Djaména Centre	7	4	2	4	2	0	0	0	0	0	0	804
	N'Djaména Est	33	17	18	24	11	0	1	0	0	0	0	1836
	N'Djaména Nord	0	0	1	0	0	0	0	0	0	0	0	245
	N'Djaména Sud	27	15	14	17	13	5	2	1	0	0	0	1873
Ouaddai	Abéché	7	9	8	0	0	2	0	0	0	0	0	267
Salamat	Abouéia	2	0	0	0	0	0	0	0	0	0	0	41
	Am Timan	0	0	0	0	0	0	0	0	0	0	0	733
	Béré	2	0	0	0	0	0	0	2	0	0	0	162
Tandjilé	Dono Manga	0	0	0	0	0	0	0	0	0	0	0	1
	Kelo	2	0	0	0	0	0	0	1	0	0	0	163
	Lai	1	0	0	0	0	0	0	0	0	0	0	1066

Coordination and partnerships

The most important cluster for the cholera response stopped their meetings once cholera cases started to be reported at zero. However, the Health-epidemics clusters continued, led by World Health Organization and the Ministry of Health. The cluster meeting is held on a weekly basis at the WHO office. The cluster is dynamic and the information sharing is high and encourages complementarity of actions rather than duplication. During the weekly meeting organized by the Ministry of Health and regularly attended by the IFRC/RCC team on cholera operation, the following activities were regularly discussed:

- WHO, Health Cluster Coordinator: Highlighted that awareness and sensitization are key to eradicating the epidemic now and in the future.

- MSF, France, Switzerland and Holland: Emphasized that the main problems are water and hygiene promotion. MSF France works mainly in two regions: N'Djamena (4 districts) and Bongor in Mayo Kebbi region. There are MSF sections active in-country: MSF Holland in Pala, MSF Switzerland in Massokory, and MSF France in N'Djamena and Bongor.
- OXFAM GB and Intermon: Operate in N'Djamena, Mongo, Bongor, Massokory, N'gouri, Goz Beida districts. They worked in partnership with MSF France providing WatSan for CTCs and Health centres and community sensitization.
- Action contre la Faim (ACF) worked in Bongor, Gounou, Gaya districts: It supported the CTCs through the provision of hygiene materials, sensitization, spraying and distribution of hygiene kits to families affected by cholera. World vision also worked in Lai.

Movement partners operating in the country have also taken leading roles in the emergency response. RCC maintains a wide geographical coverage with local committees and volunteers spread across the country. The National Society is centralized in and coordinated by the headquarters in N'Djamena. About 20 staff are located in the N'Djamena headquarters with capacities in: disaster management, community health, HIV/AIDS, food security, PMER, and water and sanitation. There are 21 local committees of the Red Cross, ensuring a presence across the country, with more than 40,000 volunteers. The focus of programmes and activities are water and sanitation; food security (in partnership with WFP) in the north of the country; refugees (Sudanese), female genital mutilation (in partnership with IFRC and UNICEF); health and sanitation sensitization.

RCC is supported by a small IFRC representation located in N'Djamena composed of a country representative with a disaster management background, a logistics delegate and resource personnel. The representation is supported by a well-trained and qualified local staff.

The French Red Cross representation comprises 8 international staff and 170 local staff and volunteers. They have been active in food security, nutrition, and primary health. French Red Cross has also worked with active RCC committees in Guéra, Batha, N'Djamena, Logone Occidental, Hadjar Lamis and Moundou.

The RCC works closely with movement partners and other organizations mentioned above. Following ongoing consultation with these partners, the National Society identified the following gaps that they would look to address in order to improve response capacities and reduce deaths during future cholera outbreak:

- Need to reinforce health centres' capacities.
- Need to identify extent of community mobilization and sensitization activities.
- Need to provide potable water to communities.
- Need to reinforce latrines among cholera-prone communities.

National Society Capacity Building: The deployment of the FACT mission and the ERU team helped strengthen the National Society's capacity building in terms of assessment and response mechanism to the cholera epidemic. Staff and volunteers at the national headquarters and the branches were involved in the assessment and implementation phase and benefitted from training and learning by doing methods. Material capacity of the affected branches was also improved through the handing over of some ERU kits.

Red Cross and Red Crescent action

Overview

Since the beginning of the operation, procured NFIs have been dispatched and distributed to 8,200 targeted families. The distribution activities were carried out under the supervision of the Relief and WatSan coordinators supported by the logistics delegate.

Trained volunteers participated in mass sensitization campaigns. In the first days of the response, the FACT deployment provided support for the assessment and setting up of the operation. ERU deployment and rotations have been well executed. The aim of the operation from outset was to create a resource base of trained RCC trainers and volunteers who could continue working, gain more experience under the guidance of the IFRC country team, and be available to be mobilized for future cholera outbreaks. This work is now being continued into the new districts of the country and the teams of trained volunteers are available in case of a new outbreak.

Progress towards outcomes

Water, sanitation, and hygiene promotion/emergency health	
Outcome: The number of deaths and illnesses related to cholera epidemic in Red Cross catchment areas are reduced	
Outputs	Activities planned
1.1 The target population is provided with knowledge and capacity for the rapid management of cases	<ul style="list-style-type: none"> • Deployment of BHC-ERU in the district of Mongo with the flexibility to move if necessary • Mobile clinics running in the affected areas • Support to local health centres with medicine, logistics and human resources
1.2 Emergency community-based disease prevention and health promotion is provided to the target population.	<ul style="list-style-type: none"> • Deployment of relief ERU and community health modules in Red Cross catchment areas. • Disinfection of cholera patients' households and health centres (with cholera patients) • Volunteers continue conducting community based activities on epidemic control • Reinforce efficient referral system between communities and health facilities • Provide 12,000 household with appropriate cholera prevention NFIs
Outcome 2: The hygiene and sanitation attitudes and practices of the target population is improved	
2.1 The incidence and severity of Cholera epidemics in Red Cross Catchment areas are reduced	<ul style="list-style-type: none"> • Build protection around 200 wells in the targeted affected areas • Distribute sanplats to 300 families in the targeted affected areas • Build 40 latrines and 10 modern wells in schools and mosques in the main roads and markets in the targeted affected areas • Train volunteers in water sanitation techniques using the PHAST methodology. • Pre position hygiene NFIs for 1,000 households in RCC warehouses • Follow up by the RCC on the proper use of use of the distributed NFIs in the targeted households • Conduct post-intervention surveys.
2.2 Surge capacity of the RCC to respond to subsequent epidemic is enhanced.	<ul style="list-style-type: none"> • Train 100 additional volunteers on disaster risk reduction in each of five regions • Establish a disaster preparedness team among RCC in the targeted affected communities. • Develop notification system for watery diarrhoea.

Progress: The deployment of the ERU team enabled the provision of curative and preventive assistance to cholera affected families and families estimated to be at risk in the three intervention areas. During the reporting period, the following activities were achieved:

- Treatment of 100 patients in the BHC-ERU installed in Mongo and through its mobile clinics operating in the surrounding provinces;
- A total of 400 volunteers were trained in Mongo, Kelo, Lai and their surrounding provinces. The trained volunteers reached over 200,000 persons through door to door and public gathering sensitization campaigns;
- A total of 8,200 vulnerable families were reached by in-kind distribution composed of bucket, jerry cans, soap etc...
- The IFRC and the RCC team provided medical input to over 10 health districts in the operational area;

- Capacity building of the local committee of the Red Cross of Chad was greatly enhanced in terms of provision of material and training, thereby enabling them to confront future disasters

Challenges: Delayed pre-positioning of NFIs (first round procured from neighbouring Cameroon because Chad is landlocked) and delayed construction of sanitation infrastructure (latrines and well for vulnerable communities) prevented the implementation of planned activities.

Contact information

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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 (NGOs) 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.
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