

# MINOR EMERGENCY



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## CAMEROON: CHOLERA

Minor Emergency no.  
**05ME026**  
**27 April 2005**

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 181 countries.

### In Brief

**CHF 58,262 (USD 48,600 OR EUR 37,600) HAS BEEN ALLOCATED FROM THE FEDERATION'S DISASTER RELIEF EMERGENCY FUND (DREF) TO RESPOND TO THIS OPERATION. UNEARMARKED FUNDS TO REPAY DREF ARE ENCOURAGED.**

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For longer-term programmes in Cameroon and the Central Africa sub-region, please refer to the Federation's 2005 Annual Appeal, Central Africa sub-regional programmes no. 05AA038 (includes Cameroon, Chad, Equatorial Guinea, São Tomé and Príncipe and sub-regional office) - [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA038.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA038.pdf). 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>.

### The situation

The first case of cholera-like diarrhoea was detected in Bafoussam on 28 March 2005. The epidemic was confirmed and declared by the government on 8 April 2005. The disease surged: as of 25 April 2005, 121 cases and 8 deaths have been registered. Note that these figures exclude suspected cases of patients and deaths that have not been referred to health centres.

Editor's note: Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. It has a short incubation period, from less than one day to five days, and produces an enterotoxin that causes a copious, painless, watery diarrhoea that can quickly lead to severe dehydration and death if treatment is not promptly given. Vomiting also occurs in most patients. (Source: WHO website)

## **Cameroon: Cholera; Minor Emergency no. 05ME026**

### **Possible evolution**

Bafoussam is a main crossroads for Cameroon, where business people from various localities of the country meet. Currently, the epidemic has been declared only in the Baleng sub-division, a suburban area of Bafoussam. Baleng has about 12,000 inhabitants; 90% of the current 121 registered cases of cholera come from here.

At present, the main market of Bafoussam does not have operational public latrines. Given the population density and movements, it is feared that, if the disease were to spread rapidly in the heart of Bafoussam, it could quickly get out of control. Consequently, there is the need to intervene urgently.

### **Description of Bafoussam**

Bafoussam, the chief place of the West Province of Cameroon, has about 321,000 inhabitants. This town stands as a veritable crossroads in Cameroon because of its geographical position. In fact, Bafoussam is a transit town to the northern part of the country, the centre province (the capital Yaoundé), the littoral province (the economic centre of Douala), and the north-west province (Bamenda). It should be noted that Bafoussam shares boundaries with towns like Foubot and Mbouda where cholera is endemic.

### **Red Cross and Red Crescent action taken so far**

Immediately after the epidemic appeared, the volunteers of the Bafoussam provincial Red Cross committee launched an information, education and communication (IEC) campaign. In addition, Red Cross volunteers are strongly involved in the activities of the home care and epidemiological surveillance teams.

A joint team of Cameroon Red Cross Society<sup>1</sup> and the Federation's Central Africa Sub-Regional Office in Yaoundé deployed to the field to evaluate the situation, and distributed posters and folders bearing messages on "How to avoid cholera" to the local Red Cross committee.

The Cameroon Red Cross intervened in early 2004 in response to a cholera epidemic. Please refer to following Information Bulletins covering this 2004 cholera operation:

- No. 1/2004 dated 3 March 2004 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?04/camcholib0104.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?04/camcholib0104.pdf)
- No. 2/2004 dated 18 May 2004 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?04/cm040518.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?04/cm040518.pdf)
- No. 3/2004 dated 14 September 2004 - [http://www.ifrc.org/cgi/pdf\\_appeals.pl?04/cm040914.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?04/cm040914.pdf)

### **Coordination**

#### **Government Action**

Immediately after the epidemic was declared, the government set up a local crisis committee (LCC) headed by the Bafoussam Public Health provincial Delegate. The latter established a list of needs and sent it to the Ministry of Public Health.

Back on the field, the LCC was divided into three teams:

- A team to follow up the treatment;
- An epidemiological follow-up team in charge of collecting data;
- A home care team in charge of social mobilisation, health education, and burial of deaths.

It should be noted that the last two teams have not been very active on the field as they work only from time to time.

The Ministry of Public Health ordered that all the victims of cholera be treated free of charge, and put disinfection materials at the disposal of health workers in Bafoussam.

#### **Other organizations**

Available information indicates that there is little or no action by other organizations.

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<sup>1</sup> Cameroon Red Cross Society – <http://www.ifrc.org/where/country/check.asp/countryid=41>

## **Needs**

### **Short-term needs**

In order to contain the epidemic in Bafoussam, the ongoing sensitization campaign needs to be intensified; more sensitization materials (folders, posters, megaphones, etc.) need to be produced. This sensitization should be carried out using the door-to-door approach in order to ensure real change of behaviours.

### **Medium-term needs**

- Building latrines in the market;
- Sanitation activities (cleaning the environment, destruction of vibrio breeding sites, chlorination of water points, and diffusion of simple messages to promote cleanliness).

### **Long-term needs**

Implementation of the ARCHI 2010 strategy needs to be enhanced in the Bafoussam divisional Red Cross committee, where cholera is endemic.

## **Plan of Action**

**Goal: The health condition of the populations exposed to the cholera epidemic is improved.**

### **Objectives**

- **The populations are sensitised to the signs and symptoms of cholera; they are also encouraged to refer to the nearest health centre when a case is suspected.**
- **Individual and environmental hygiene is promoted to stop the progression of the epidemic.**
- **The populations are trained in how to disinfect water and in how to use adequate latrines.**

### **Expected results:**

- 80% of the population know the signs and symptoms of cholera and refer to the nearest health centre as soon as a case is suspected;
- 80% of the population obey simple hygiene rules, know how to disinfect water, use adequate latrines, and have stopped defecating in the environment.
- Once again, Red Cross volunteers have become:
  - Community-based watch keepers and animators of an early alert system;
  - Liaison persons between the health centre and the community (prevention);
  - A communication channel between the community, the Red Cross and public authorities.

### **Activities:**

The emergency phase started with the Federation offering part of the sensitization aid required. Next, the following activities will be carried out in order to attain our objectives:

- Retraining 150 Red Cross volunteers in IEC to ensure permanent sensitization in their respective communities;
- Promotion of individual hygiene;
- Construction of a public latrine in the Bafoussam main market;
- Advocacy before administrative authorities.

### **Scope of operation**

This operation is expected to cover the four-month period until 31 August 2005. It will serve 12,000 direct beneficiaries, that is, the population of Baleng as are most highly affected by cholera. It will also serve an additional 321,000 beneficiaries in Bafoussam being served by the sensitization campaigns. The budget total of CHF 58,262 is detailed in Annex 1 on the following page.

*[Budget below; click here to return to the title page and contact information.](#)*

**Table 1: Budget outline**

Description	Quantity required	Unit Price (CHF)	TOTAL (CHF)
Volunteers retraining aids (scratch pads, etc.)	150	1.50	225
Sandwich for volunteers during retraining	300	1.25	375
Image box	15	75.00	1,125
Posters and folders	10,000	0.13	1,300
T-shirt	300	5.00	1,500
Megaphone	30	200.00	6,000
Sanitation kit	30	87.50	2,625
Boots	150	13.75	2,062
Gloves	150	3.00	450
Masks	150	1.25	188
raincoats	150	12.50	1,875
Motorcycle for supervisors	5	1,000.00	5,000
Construction of a public Latrine	1	10,000.00	10,000
Fees of the local coordinator	3	250.00	750
Media and communication	1	250.00	250
Monitoring/evaluation/reporting	1	1,250.00	1,250
Sandwiches for volunteers during (sensitization – sanitation)	3,000	3.75	11,250
Accommodation and food for trainers	300	12.50	3,750
Accommodation and food for drivers	3	500.00	1,500
Fuel and lubricants	1	1,500.00	1,500
Telephone- fax- internet	1	1,500.00	1,500
		<b>Sub-total expenses</b>	<b>54,475</b>
		<b>Programme Support (6.5% of total)</b>	<b>3,787</b>
		<b>Budget total</b>	<b>58,262</b>