

FINAL REPORT



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

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INTERIM FINAL REPORT

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

Minor Emergency history:

- Launched on 27 April 2005 for four months to assist 12,000 direct beneficiaries.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 58,262 (USD 48,600 or EUR 37,600).

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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 (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. 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>

Background and summary

On 8 April 2005, the Cameroonian government confirmed and declared that a cholera epidemic had hit Bafoussam-western Cameroon. Bafoussam (with 321,000 inhabitants) is a strategic town in Cameroon because of its geographical location- in the northern part of the country- and shares boundaries with towns like Foubot and Mbouda where cholera is endemic.

At the time of the outbreak, the main market of Bafoussam did not have operational public latrines and given the population density and movements, it was feared that if the disease were to spread rapidly in the heart of Bafoussam, it could quickly get out of control. Upon official announcement of the cholera epidemic, volunteers from the Bafoussam local committee of the Cameroon Red Cross Society¹- previously involved in home care and epidemiological surveillance activities- launched urgent intervention in the form of information, education and communication (IEC) campaigns using posters and folders bearing messages on how to avoid cholera.

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

A joint team of the Cameroon Red Cross Society and the Federation's Central Africa sub-regional office (BRAC) was deployed from 20 to 22 April 2005 to evaluate the situation. The initial evaluation revealed that women and children were mostly affected. With the disease quickly spreading to new localities, the national society reviewed the content of its training and reoriented its activities prior to launching a second phase of its intervention.

Coordination

Immediately the epidemic was declared, a local crisis committee (LCC)- headed by the Bafoussam provincial public health delegate of the national society- was set up by the government. The LCC in turn formed three groups, each with a specific mandate:

- The first group was to follow up on the treatment of victims. The Ministry of Public Health had ordered that victims of the cholera outbreak be treated free of charge. Accordingly, the ministry provided disinfection materials for the health workers in Bafoussam.
- The second, an epidemiological follow-up team, was to oversee data collection.
- The third team was put in charge of social mobilization, health education and the burial of those who succumbed to the epidemic.

Apart from the government, available information indicates that there was little or no action by other actors.

Analysis of the operation - objectives, achievements and impact

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

Objective 1: 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.

The emergency phase started in earnest on 1 May 2005 with intensive communication for behaviour change and sanitation activities being carried out. For update on activities carried out up to June please see Cameroon: Information Bulletin no. 1/2005- http://www.ifrc.org/cgi/pdf_appeals.pl?rpts05/cm050606.pdf

Objective 2: Individual and environmental hygiene is promoted to stop the progression of the epidemic.

Volunteers from the Cameroon Red Cross Society carried out sanitation campaigns, destroyed vibrio breeding places and disseminated simple messages on cleanliness to the communities of Bafoussam.

The door-to-door sensitization and sanitation activities carried out, under the coordination of the local district health authorities, significantly influenced the evolution of the epidemic.

As a result of the campaigns, environmental hygiene has been attained and because of that intervention no new cases of cholera have been registered in Bafoussam since 16 May 2005.



Volunteers conduct a clean-up exercise

Objective 3: The populations are trained in how to disinfect water and in how to use adequate latrines.

Prior to launching the second phase of the intervention, the Cameroon Red Cross Society reviewed its training programme and rescheduled activities with an aim of establishing a secure belt around Bafoussam- which shares borders with the cholera-endemic towns of Foumbot, Mbanganté and Mbouda.

Volunteers from the national society actively participated in chlorinating of water points, alongside distribution of sanitation materials.

The distribution of sanitation materials, during the period covering 18 June to 30 July 2005, was done as tabulated below:

Materials	Bafoussam	Mbouda	Mbanganté	Total
Wheelbarrows	20	7	3	30
Shovels	15	10	5	30
Sweep brushes	15	10	5	30
Rakes	15	10	5	30
Boots (pairs)	60	30	10	100
Gloves	60	30	10	100
Masks	60	30	10	100
Loud-hailers	6	3	1	10

The ARCHI 2010 approach was implemented by the Bafoussam divisional committee of the Cameroon Red Cross Society in Bafoussam, Mbanganté, Mbouda, and Foubot- where cholera is endemic. Eight coaches were identified and trained as trainers of trainers among other skills. The trained coaches in turn trained new coaches while at the same time facilitating volunteer management at local branches levels.

During the achievements consolidation phase, a motor bike was purchased for the ARCHI 2010 coach to facilitate supervision of activities aimed at combating cholera.



Red Cross volunteers participate in the construction of public latrines in Mbouda

The building of public latrines was also launched in Bafoussam, Mbanganté, Mbouda, and Foubot.

Impact and lesson learnt

The operation provided the Cameroon Red Cross Society notable visibility as members of the public and local government authorities highly appreciated the work of the Red Cross. The role of the national society, as an auxiliary to the government in alleviating the lives of the most vulnerable, is now acknowledged.

Volunteers of the local branches of the national society involved in the operation had the opportunity to strengthen their capacities to handle any future outbreaks. Similarly, the populations reached by the sanitation campaigns and are now well equipped to implement proper hygiene practices and have been empowered to respond better in the case of future cholera outbreaks.

Likewise, the latrines constructed by the Red Cross volunteers will ensure that the population has access to adequate sanitary facilities while the use of such facilities, and chlorinated water, will reduce and ultimately eliminate the risk of vector-borne and waterborne diseases in Bafoussam.

Special note: This Interim Final Report is being issued without the financial report. The latter is expected in late October 2005. The Final Report, comprising of the final financial report and this narrative report, will be issued by early November 2005.

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