



GUINEA-BISSAU: CHOLERA

no. 05ME046

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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 183 countries.

In Brief

Period covered by this Interim Final Report¹: 4 August to 3 February 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- A total of CHF 27,838 was allocated from the Federations DREF to respond to the needs of this operation, and to replenish disaster preparedness stocks distributed to the affected population.
- This operation was expected to be implemented in 3 months, and completed by 3 November 2005. In line with Federation reporting standards, the DREF Bulletin Final Report was due 30 days after the end of the operation (by 3 February 2006).

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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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>

¹ This Interim Final Report is being issued without the financial report. The Final Report, comprising of the financial report and this narrative report, will be issued in due course.

Background and summary

Though the overall number of cholera cases in the world has been reduced in recent years, Africa is still the continent with the highest number of cases. Guinea-Bissau has repeatedly been affected by the disease due to poor hygiene conditions. The fact that cholera is a taboo subject among the Guinea Bissau society further facilitates the spread of the disease.

On 11 June 2005, the government of Guinea-Bissau declared a cholera outbreak when the cases reported in mid-June 2005 started to escalate. The outbreak first struck the Bandim neighbourhood of the capital city (Bissau) and its poorest suburbs, and then quickly spread to other regions of the country (particularly in the regions of Biombo, Sao Domingos, Quinara and Oio).

In light of this situation, the Ministry of Public Health (MoPH), through its health information, education and communication branch (DIECS), invited the Red Cross Society of Guinea-Bissau² to join the social mobilization subcommittee due to its well-established experience in the fight against cholera. The national society responded to this request with support of the regional delegation for West and Central Africa, in Dakar. The regional delegation in Dakar sent a team to the field to assess the situation. Upon completion of the assessment, the Red Cross Society of Guinea-Bissau, with help from the regional delegation and the International Committee of the Red Cross (ICRC), formulated a plan of action to address the needs and priorities of the most-affected areas. On 4 August 2005, CHF 20,000 was allocated to the national society from the Federation's Disaster Relief Emergency Fund (DREF) to enable it to respond effectively to the needs on the ground. Some CHF 7,838 was further allocated on 31 December 2005 to enable the national society to complete the operation.

Coordination

Five supervisors were in charge of overseeing the work of the volunteers (at a rate of one supervision every two days). Their aim was to help the volunteers to pass hygiene and health messages across, to identify any difficulties encountered and to find appropriate solutions. The national health coordinator of the Red Cross Society of Guinea-Bissau ensured that the work of the supervisors went well by directly contacting targets already visited, by verifying the messages delivered and the comprehension of the messages amongst members of the communities.

The national health coordinator also attended biweekly meetings of all the partners involved in the fight against cholera. During these meetings, assessments of the epidemiological situation were done alongside those of activities carried out. This helped in determining new measures to be implemented.

Analysis of the operation - objectives, achievements and impact

Overall objective: To contribute to preventing the further spread of cholera in Guinea-Bissau.

Specific objective 1: Carry out awareness campaigns on hygiene practices among the population to prevent cholera.

Activities planned to reach the objective:

- Educate the population on individual, food and environmental hygiene.
- Promote good hygiene practices and habits in the communities.

Specific objective 2: Carry out door-to-door visits with demonstrations on hygiene practices and medical advice.

Activities planned to reach the objective:

- Promote washing of hands with soap and water.
- Promote food cleanliness.
- Promote water treatment (through addition of liquid bleach).
- Promote environmental hygiene.

Specific objective 3: To support health structures responsible for cholera case management.

² Red Cross Society of Guinea-Bissau: <http://www.ifrc.org/where/country/check.asp?countryid=183>

Intervention strategy

Since cholera is a disease that can be avoided by adopting good hygiene and sanitation practices, the Red Cross Society of Guinea-Bissau defined the following priorities:

- Establishing direct contact with the population;
- Conducting practical demonstrations;
- Identifying the factors that promote the epidemic;
- Using key messages.

Achievements

Training of volunteers

170 volunteers (50 from Bissau, 40 from Biombo, 20 from Sao Domingos and 60 from Quinara), were trained in four sessions with the participation of five trainers (1 from the national society and 4 from the DIECS). The subjects covered during the training were:

- Awareness and communication techniques;
- Obstacles to awareness;
- Cholera epidemiology: mode of transmission, clinical symptoms and means of prevention;
- Practical demonstration on proper hand-washing and use of liquid bleach;
- Role-playing games to raise community awareness.

Awareness campaigns

“Door-to-door” and “village-to-village” awareness were conducted as follows:

- In Bissau: the neighbourhoods of Bandim 1 and 2, Mindara, Cuntum, Quelele, Madina, Burro Militar, Bissack, Antula, Lala Quema, Pluba, Luanda, Empantcha, QG, Flefe, Reno, Sintra, Pefine, Belem, Missira, N’ghala, Bancule, Calequir, Rossio, Santa Luzia, Cupelum de Baixo and de Cima, Chao de Papel, Chada, Placque I and II, Hafía, Bairro de Ajuda, Penha Bor and Enteramento. A total of 125,000 inhabitants were reached.
- In Biombo: in the villages of Ondame de Baixo and de Cima, Blom, Dorse, Reno, Reno de Dorse, Quidjogoro, Bijimita, Ponta Arlete, Bissalanca, Quinhamel, Safim and Prabis. A total of 40,000 inhabitants were reached.
- In Sao Domingos, in the villages of Varela, Suzana, Sao Domingos, Baro, Bigene, Ingore, Sedengal, Campada, Candjandim and Sao Vicente. A total 1,000 inhabitants were reached.
- In Quinara: in the villages of Tite, Bissasema, Indjassane, Fulacunda, Gampara, Madina de Baixo & de Cima, Nhala, Buba and Empada. A total of 35,000 inhabitants were reached.

Distribution of hygiene equipment in health centres

- In Bissau (nine health centres): 18 cartons of soap, 18 bottles of cresol, 27 buckets, 27 basins, 24 one-litre bottles of liquid bleach, 27 1-litre pots, 10 brooms and 10 brushes.
- In Biombo (six health centres): 12 cartons of soap, 12 bottles of cresol, 18 buckets, 18 basins, 12 bottles of liquid bleach, 18 1-litre pots, 10 brooms and 10 brushes.
- In Sao Domingos (one health centre): 14 cartons of soap, 14 bottles of cresol, 21 basins, 21 buckets, 14 bottles of liquid bleach, 21 1-litre pots, 14 brooms and 14 brushes.
- In Quinara (six health centres): 18 cartons of soap, 30 bottles of cresol, 24 basins, 24 buckets, 24 bottles of liquid bleach, 27 1-litre pots, 20 brooms and 20 brushes.

The rest of the equipment was used by the Red Cross volunteers for demonstration and awareness activities in the field.

Impact

- 43,000 families benefited from the operation while 28 health centres received hygiene equipment that helped to reduce the number of patients admitted.
- The project made it possible to strengthen cooperation ties between the Red Cross Society of Guinea-Bissau and the Ministry of Public Health. Partnerships were also strengthened between the national society, non-governmental organizations (NGOs) such as Médecins Sans Frontières (MSF), Islamic Association, Catholic Mission Association and the NGO Network of Guinea Bissau (PLACOM-GB) as well as with

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international organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) among others.

- The operation increased media visibility for the Red Cross Society of Guinea-Bissau and it is now more recognized by the community.

Constraints

- The existence of taboos about cholera, which some people see as an evil spell or fate, contributed to the spread of the disease.
- Poor road conditions and long distances prevented access to certain target areas thus hindering effective reach by the Red Cross volunteers.
- Political instability, prompted by post-electoral tensions, affected smooth implementation of activities.
- Lack of electricity and means of communication at the national society's headquarters as well as a lack of telephone networks made communication difficult, and in some cases impossible.
- There was a shortage of identification materials for volunteers in the field.

Lessons learned

- More emphasis should be placed on direct contact with the populations. Traditional chiefs should be involved to better carry out activities in the villages.
- If possible, national languages should be used during awareness-raising sessions to increase message comprehension.
- Use of drums and other musical instruments can be employed to spread hygiene promotion messages.
- The length of messages (in terms of time) should be brief so as to ensure better focus and attention.
- Use of local human resources should be encouraged.

Recommendations

The Red Cross Society of Guinea-Bissau should:

- Strengthen training activities at local level;
- Make local structures a priority in developing and implementing long-term projects;
- Continue the latrine building project;
- Capitalize on experience to develop new partnerships with a view of promoting new projects;
- Identify materials for local committee volunteers.

The Ministry of Public Health should:

- Reactivate epidemiological surveillance and alert systems;
- Create a sub-regional programme to fight epidemics, in collaboration with neighbouring governments and international organizations;
- Set up an emergency assistance plan involving all the ministries concerned.

The Federation should:

- Strengthen the capacities of national societies through staff training;
- Encourage the development of long-term health projects;
- Promote exchange of experience and best practices between national societies.

Conclusion

The participation of the Red Cross Society of Guinea-Bissau in the fight against the cholera epidemic helped to significantly decrease the number of cases. The action of the national society was considered very helpful by the populations and the national authorities. Members of the communities reached are now in a better position to protect themselves and to respond to potential or future cholera outbreaks.

It is important to capitalize on these achievements and maintain volunteer activity through ongoing awareness programmes on hygiene and good practices/sanitation of the environment.

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