



CHAD: CHOLERA

FINAL REPORT

No. MDRTD001
17 November 2006

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 185 countries.

In Brief

Period covered by this Final Report: 29 July to 31 July 2006.

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

- CHF 15,000 was allocated from the Federations DREF on 29 June 2006 to respond to the needs of this operation – <http://www.ifrc.org/docs/appeals/06/MDRTD001.pdf>.
- This operation was expected to be implemented over one month and to be completed by 31 July 2006.

[<Click here to go directly to the attached financial report¹>](#)

This operation was 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.

Background and Summary



RCC volunteers assisting in a cleaning campaign.

affected communities.

Cholera outbreaks remain some of the major yearly disasters in Chad. With the onset of the rainy season this year, a significant number of cholera cases was reported in many regions of the country. The most affected were in Hadjer Lamis Department and Lake Chad regions, including Barassola, Tinassoroum and Bol local government areas. On 13 June 2006, the Ministry of Health (MoH) confirmed the disaster and requested emergency assistance from the international community. Over 100 cases, with 20 deaths, were registered in two of the most affected regions.

By 30 June 2006, the total number of cholera cases registered all over the country was 216, with 108 cases recorded in Hadjer Lamis and Lake Regions. The significant number of lives claimed this year by cholera in Hadjer Lamis Department (Massakory) prompted the Red Cross of Chad (RCC) to seek funding to assist the vulnerable

¹ The balance of CHF 1,574 will be refunded.

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Besides the rainy seasons, the country's poor settlement planning and low health indicators also explain the recurrence of diseases such as cholera, meningitis, hepatitis, acute breathing infections, among others. There are only three public physicians serving 100,000 inhabitants while majority of the population has very limited income and cannot afford to pay the average USD 20 consultation fee charged by private clinics. Access to improved sources of potable water and adequate sanitation facilities is limited to three out of ten people. Some dwellings in urban areas – mainly in N'djamena, Moundou and Massakory – are built near latrines and waste disposal sites, which are potential sources of contamination during rainy seasons.

Coordination

To respond to the emergency, the government of Chad, in collaboration with its humanitarian partner agencies – including the Red Cross of Chad – came up with the following interventions for the cholera-prone areas:

Preventive measures

- Providing safe water (where it lacks) and chlorinating all drinking water sources;
- Fumigating sanitation facilities (latrines and waste disposal sites);
- Systematically detecting all suspected cholera cases;
- Cleaning and disinfecting households;

Curative services

- Providing the affected communities with World Health Organization (WHO) cholera kits in cholera treatment centres (CTCs) operated by Médecins Sans Frontières (MSF);
- Providing CTCs with qualified medical staff (doctors and nurses) as well as volunteers from RCC and non-governmental organizations (NGOs) such as MSF;
- Supplying CTCs with medical and non-medical needs with the financial support from partner agencies;
- Providing adequate transportation means (ambulance and hardtop vehicles) with support from MSF, RCC, the Federation and WHO.

The RCC received CHF 15,000 from the Federation's Disaster Relief Emergency Fund (DREF) to support its response to the emergency. During the operation, the RCC was supported by the Federation delegation in N'djamena and worked in close collaboration with the government through the MoH and the public health centres in Hadjer Lamis.

Other organizations, such as MSF-Holland and WHO, also played an important role in resource mobilization and technical orientation for controlling the epidemic. Collaboration with other partners was ensured through daily consultations, weekly meetings and information sharing (reporting); all under the coordination of the MoH.

Analysis of the operation - objectives, achievements and impact

Goal: Improve the health situation of the populations exposed to the cholera epidemic.

Objective 1: Sensitize the populations to signs and symptoms of cholera and encourage them to refer to the nearest health centres.

Objective 2: Promote individual and environmental hygiene in order to cut the epidemic transmission chain.

Objective 3: Teach the populations how to disinfect water, to use clean latrines, to avoid eating untreated vegetables and fruits as well as to avoid eating uncooked food.

Achievements

With support from the Federation delegation in N'djamena, the RCC mobilized its volunteer network to respond to the epidemic throughout the country. However, the national society (NS) – like other organizations – concentrated its response activities in the most affected areas of Hadjer Lamis and Lake regions.

On 30 July 2006, the Chadian MoH declared the situation under control and invited its partner health organizations to maintain vigilance for a while in all cholera-prone areas. In response to this, the RCC reduced its emergency field presence and handed over full responsibility of ensuring continuity of sanitation and hygiene promotion in all

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affected communities to its local branches. However, the NS' disaster management teams were ready and relief stocks were pre-positioned to promptly respond in case of further cholera outbreaks.

Providing emergency WatSan and medical supplies: On 15 June 2006, consultations took place within the national framework response to the cholera outbreak in the affected areas. As a result, the MoH and partner agencies shared responsibilities and available resources as per the identified needs. Therefore, RCC authorities agreed, under the NS' mandate, to focus on Hadjer Lamis where the highest number of affected people was registered. The RCC provided CHF 2,245 for medical supplies as well as CHF 325 for sanitation materials including chlorine, disinfectants, soap, gloves, face masks, plastic boots, Red Cross rain coats and buckets. The sanitation materials were used for disinfecting dwellings, water wells, latrines, waste disposal sites and other open pits in the affected community.



RCC volunteers being briefed before conducting a cleaning campaign.

Conducting a refresher course for all Red Cross volunteers involved in the operation: On 19 June 2006, the RCC DM department conducted a two-day refresher course for 85 identified volunteers to carry out various activities under the operation. Two medical doctors, two sanitation agents and one ambulance driver were among the volunteers identified. They were trained on first aid, with emphasis on cholera control and prevention, as well as effective door-to-door sensitization.

Social mobilization to raise community awareness and develop individual capacity for prevention in the affected areas: The team started working immediately after the refresher course and launched a door-to-door sensitization campaign. The campaign was conducted with the help of Red Cross visibility materials including 500 T-shirts and 100 leaflets printed with cholera prevention messages in both French and Arabic. These leaflets were distributed to the affected community members in their houses, schools, public offices and market places.

The leaflets distribution at public gatherings was supported by the demonstration of proper hygiene practices in line with the realities of the community. Community members were taught about the importance of boiling or chlorinating drinking water, protecting food from insects and dust, avoiding polluted foods and drinks, washing hands with soap before eating and after handling non-hygienic objects or after using latrines, using adequate pits for waste disposal as well as protecting the environment and latrines.

Promoting Red Cross/Red Crescent Principles

The intervention in Massakory offered the national society an opportunity to promote the Fundamental Principles as well as the International Federation strategies – including ARCHI 2010 – for alleviating human suffering without any form of discrimination. Voluntary service was also demonstrated by the dynamic support offered to the affected people by 85 Red Cross volunteers.

Impact

A final assessment mission conducted by the Chadian MoH and RCC commended the operation's achievements in Massakory. Most places in the community are cleaner than before the sensitization campaign; people have been requesting further assistance from the RCC. Many community members were highly impressed by the Red Cross volunteers' capacity and requested for first aid training so as to be able to offer similar support to other community members in future.

Populations that were using contaminated water sources are now using boiled and chlorinated water for domestic needs. WatSan supplies such as chlorine are still available in Massakory public health centre. Cholera prevention and the capacity of RCC regional branch in Hadjer Lamis have been upgraded. Networking with the MoH and other partners such as MSF has also improved and this highly contributed to achieving RCC's expected results. However, the NS's cholera alert mechanism needs to be revised and updated in order to improve its efficiency before the 2007 rainy season.

Constraints

Cultural and gender-based resistance were the major challenges in most communities during the cholera outbreak response. Rural and urban areas with strong religious beliefs and cultural restrictions were sometimes reluctant to embrace Red Cross messages on behaviour change. Some of them were in high-risk zones such as unplanned settlements without access to potable water and sanitation facilities. This attitude, which may be explained by the lack of resources or alternatives, may continue to hamper cholera prevention and control initiatives throughout the country, especially in remote places in the rural areas.

Lack of compliance to health standards in the commercial sector such as commodity shops, roadside restaurants, schools and market places – as provided by the National Law on Social Affairs and Public Health Administration – contributed to the spread of the outbreak.

Lessons learned

In order to reduce the risk of cholera outbreaks, and also to maximize the impact of future Red Cross of Chad interventions, it is necessary to assist the NS develop a comprehensive cholera preparedness plan which should focus on:

- Improved community sensitization activities in the field of hygiene promotion, all relevant to the national framework for community-based health programmes;
- Vulnerability and Capacity Assessment (VCA) for mapping of areas most at risk and pre-positioning of volunteers and relief items;
- Joint training of public district health staff and RCC volunteers (action teams) in order to create synergies at all levels.
- Harmonizing information, education and communication (IEC) materials and strategies in high risk communities;
- Developing and regularly updating cholera-related databases and procedures.

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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>

[Financial report below; click here to return to the title page](#)

International Federation of Red Cross and Red Crescent Societies

MDRTD001 - CHAD - CHOLERA

Interim financial report

Selected Parameters	
Reporting Timeframe	2005/1-2006/11
Budget Timeframe	2005/1-2006/11
Appeal	MDRTD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		15'000				15'000
C3. Reallocations (within appeal)		15'000				15'000
C. Total Income = SUM(C1..C6)		15'000				15'000
D. Total Funding = B + C		15'000				15'000

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		15'000				15'000
E. Expenditure		-13'426				-13'426
F. Closing Balance = (B + C + E)		1'574				1'574

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)			0			0		
Supplies								
Medical & First Aid			287			287	-287	
Total Supplies			287			287	-287	
Transport & Storage								
Transport & Vehicle Costs			1'009			1'009	-1'009	
Total Transport & Storage			1'009			1'009	-1'009	
Personnel Expenditures								
National Society Staff			11'257			11'257	-11'257	
Total Personnel Expenditures			11'257			11'257	-11'257	
Program Support								
Program Support			873			873	-873	
Total Program Support			873			873	-873	
TOTAL EXPENDITURE (D)			13'426			13'426	-13'426	
VARIANCE (C - D)			-13'426			-13'426		