

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Cameroon: Cholera in Northern Cameroon

DREF operation n° MDRCM009
GLIDE n° EP-2010-000110-
CMR
11 June, 2010

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 141,474 (USD 123,128 or EUR 102,696) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Cameroon Red Cross National Society in delivering immediate assistance to some 800,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: A cholera epidemic is currently hitting the Mogode, Kousseri, Makary and Mada health districts of Far North Region of Cameroon. This is happening barely a few months after the last cholera epidemic occurred (October 2009), still in Far North Region of Cameroon, though not in the same health districts in Makary and Mada. So far, 88 cases of cholera and eight deaths have already been registered. Immediately after the epidemic occurred, Government authorities took preventive measures, with special focus on sensitization, treatment of water wells, the ban on the selling of food of suspicious quality, and the treatment of all the people who have been in contact with a cholera-affected person with Doxycycline.

Epidemic control committees have been reactivated, and drugs and solutions made available to health districts. All the health districts of Far North Region have been set on watch condition as the rainy season is just beginning with the possibility of the epidemic spreading all over the region to uncontrollable levels.

Taking into consideration the rapid spread of the epidemics, the high lethality rate and the high population density per km² in the affected localities, Cameroon Red Cross supported by the International Federation's Central Africa Regional Representation (CARREP) has seen the need to start immediate response. Red Cross volunteers are already carrying out sensitization activities in the field to help stop the spread of the epidemics. The National Society intends to assist the Ministry of Public Health by conducting social mobilization, including sensitization of populations, individual and collective hygiene promotion, and water disinfection as a contribution to the eradication of the epidemics. This DREF operation is therefore requested to support the National Society in carrying out all these activities that will benefit an estimated 3,230,700 inhabitants of the Far North region of Cameroon exposed to the disease.

This operation is expected to be implemented over three months, and will therefore be completed by September, 2010; a Final Report will be made available three months after the end of the operation (by December, 2010).

[<click here for the DREF budget; here for contact details; here to view the map of the affected area>](#)

The situation

As far as epidemiology is concerned, the Far North Region of Cameroon is a high risk area. The region has experienced a cholera epidemic in October 2009 that made 366 cases and 44 deaths. Eleven health districts were then affected. Since December 2009 when the last case of cholera was registered, the region was experiencing a relative cooling-off period. However, on 6 May, 2010 the Chief of the health service of the Makary district declared cases of abundant diarrhoea and vomiting, which were almost clear indicators of cholera outbreak at the Ngouna Integrated Health Centre (IHC). The first case of cholera was confirmed in this IHC on 6 May, 2010. Until May 28, all the cases registered were in the Makary and Mada health districts of Far North Region, which were not affected during the 2009 outbreak. Since this date Mogode and Kousseri have been affected.

Investigations have revealed that the first case registered was a 25-year old young man of Bargaram (Mada health district) who was just back from visiting his mother in Kirta Farança, a village in neighbouring Nigeria which is currently hit by cholera. On his return to Cameroon, the young man was having diarrhoea and was taken to the Ngouna IHC in Makary health district. Since then, several other cases of cholera have been registered in the same IHC which is renowned in the area. Other cases have also been identified in Djadjaya (Makary health district) and in Bargaram (Mada health district). The first case registered in Djadjaya is a 6-year old child who is reported to have been contaminated by sweet bonbons from the father, a mobile perfume vendor who was at Bargaram market. The following table shows a distribution of cases of cholera and deaths registered so far:

Health districts	Cases of cholera	deaths	Mortality rate (%)
Mada	36	1	2.8
Makary	43	4	9.3
Kousseri	1	-	-
Mogode	8	3	37.5
Total Far North Region	88	8	9.1

It stands out of this table that 88 cases of cholera have already been registered both in hospitals and within the communities. Mogode has a particularly high mortality rate; all deaths registered there are in the community. The ages of the people affected range from 11 months to 75 years, meaning that no age group is spared by the disease. Presently, the confirmation of the case in Kousseri makes authorities to fear the spread of the disease to neighbouring N'Djamena (Chad). Moreover, the situation is more preoccupying as the rainy season is just beginning, and there is the fear that the epidemic may spread rapidly, just like it was the case in 2006 when there were more than 800 cases.

The average daily incidence presently stands at five cases as it varies from 1 to 13 cases. These are two children below five years and three youngsters of 5 to 15 years. The current lethality rate stands at 9.1%. The laboratory test of this vibrio cholerae shows sensitivity to Doxycyclin and Amoxicillin that makes caring easy for children.

Some 3,230,700 people live in Far North Region of Cameroon (census of 2007). With a population density of 94.3 persons per km², the Far North Region has more than the double of the national average population density of 40 persons per km² (Institut National de la Statistique du Cameroun). There is the fear that if nothing is done urgently, the epidemics might expand rapidly with uncalculated consequences (in Cameroon and neighbouring countries like Nigeria and Chad), especially as the disease seems to be particularly deathly.

Coordination and partnerships

Immediately after the epidemic was declared, the Ministry of Public Health decided to control it. Authorities took 6 samples and sent them to Garoua Branch of Centre Pasteur. Two samples came from Makary, and two from Mada. A regional team has been deployed in the field to support investigations and case management. This is not the first time this zone is affected by cholera. The Mada health district experienced a cholera outbreak in 2006, which affected close to 800 people.

Achievements so far:

At Far North regional level

- A team composed of a water and sanitation technician and a well experienced medical doctor has been deployed to affected health districts to support investigation and case management;
- While waiting for the confirmation of the outbreak by the Centre Pasteur, the Minister of Public Health and the Governor of the Far North Region have been informed about the situation;
- A crisis meeting was held at the far North regional Health Delegation;
- Drugs, solutions and protection means have been mobilized and sent to both health districts;
- All health districts of the region have been set on watch condition, with special emphasis on the health districts surrounding the affected ones, and the health districts along the borders (Kousseri, Goulfey, Mora, etc.);
- Letters have been sent to sub divisional officers appealing on them to support social mobilization and facilitate the respect of the restrictive measures prescribed by health authorities;
- Letters have been sent to the mayors of both councils appealing on them to support the purchase of water point treatment tools.

At the level of affected health districts

- Community-based search of cases undertaken;
- Free of charge case management since the announcement of the first case. With the support of the medical doctor in charge of Makary, cases are managed right in the closest health areas to help reduce the spread of the epidemic. The Chief of the Makary health district has been providing technical support to Mada as the Mada doctor is absent.
- Six samples have been taken and sent to Centre Pasteur for confirmation;
- The centre Pasteur confirmed all the samples on 17 May, 2010;
- Local epidemic control committees have been reactivated in affected health districts;
- Sensitization of traditional rulers and population carried out;
- Restriction of the sale of food in public squares until further notice;
- Treatment of water points with sodium hypochlorite in affected villages with the support of local councils. The Mayor of Makary mobilized FCFA 300,000 for the operation. Both mayors of Mada and Makary put sanitation materials at the disposal of their respective health districts;
- Sensitization of the population to how to identify a cholera case, how to prevent it, and how to manage deaths of cholera and the excreta of cholera patients;
- Affected persons are treated with Doxycyclin and Amoxicillin;
- The officers in charge of all the health areas in both districts have been set on watch condition;
- The Regional health delegation is daily informed about the evolution of the situation.

A crisis meeting was organized at the Ministry of Public Health in Yaoundé on 19 May, 2010 in the presence of UNICEF, WHO and the Red Cross. During that meeting, the roles have been distributed as follows: Information, education, communication (IEC) will be conducted by the Red Cross, UNICEF and the Division of Health Promotion of the Ministry of Public Health; Water and sanitation will be conducted by the Red Cross and UNICEF; Case management will be conducted by WHO that promised to make available a cholera kit (for case management of 1,000 patients), and by the Ministry of Health that will manage cholera cases free of charge.

During that meeting, a new definition of cholera case was found based on previous epidemics. A note from the Minister of Public Health will inform actors of the health sectors about the new definition that takes into account children under five years, and symptomatology during an epidemic outbreak.

Red Cross and Red Crescent action

So far, 40 Cameroon Red Cross volunteers have started sensitization activities in Mada and Makary. Red Cross local committees have been set on maximum watch condition, and the volunteers that had been deployed to Kousseri and Mogode in 2009 have been remobilized.

The needs

Selection of people to be reached: With the confirmation of a case in Kousseri, the Red Cross will have to intervene in Goulfey, health district located between Makary and Kousseri. Therefore, the operation will cover Mada, Makary, Kousseri, Mogode and Goulfey. Nevertheless, only volunteer's costs will be taken into account for Kousseri and Mogode, as this locality was equipped with training aids, hygiene and sanitation tools during the 2009 cholera operation.

There is an urgent need to deploy more Red Cross volunteers in the region affected by the disease, with special emphasis on the various sources of the epidemics where the following activities need to be carried out: regular exchange of information with the Division of disease control and the National epidemiological committee to keep them updated about the situation; spread of key messages on cholera (schools, churches, etc.); reinforcing surveillance in all 28 health districts of the region; social mobilization; communication for the change of behaviors; improving individual and collective hygiene.

To that effect, Cameroon Red Cross requires material and financial support to help carry out these activities alongside with the Ministry of Public Health. The materials needed include:

- For social mobilization: posters and leaflets, 20 image boxes, 15 megaphones and batteries for local communities.
- For volunteers training in hygiene promotion: disinfection materials, pairs of rubber gloves, measuring taps, extension material on well disinfection; disinfection kits for latrines (deltamethrin, 15 sprayers, 200 face masks); three sanitation kits (wheelbarrows, racks, shovels, spades, crowbars, machetes, pick-axe, etc.), 75 pairs of boots, gloves; motorbikes, bicycles and cars for transport especially for coordination and supervision to the five localities.

The proposed operation

Red Cross volunteers will be recruited in the localities, and will be trained by the respective health district heads of services, a health officer and the respective presidents of the divisional committees of Cameroon Red Cross. The trained volunteers will then be divided into the various affected localities for three months. Coaches will be appointed to accompany the volunteers. The operation will be coordinated by the Secretary General of the Cameroon Red Cross, with the support of CARREP. The activities planned will be implemented following the Community-Based Health and First Aid (CBHFA) approach.

Emergency health

Objective: To contribute to the reduction of the impact of cholera on the communities affected in Mada, Makary Kousseri, Goulfey and Mogode through health and hygiene promotion and provision of- and access to clean water.

Specific objectives:

- To sensitize the populations to the signs and symptoms of cholera and encourage them to go to the nearest health centre.
- To promote individual and collective hygiene as a contribution to stop the transmission chain of the epidemics.
- To improve the access of the populations to potable water and show them how to disinfect water and use adequate latrines.
- To build the public health emergency response capacities of the Red Cross local committees involved.
- To strengthen the position of Cameroon Red Cross as auxiliary to Government.

<p>Expected results:</p> <p>The populations of Far North region of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.</p> <p>The populations of Far North region of Cameroon know how to practice simple hygiene rules such as to disinfect water, particularly drinking water, use latrines and stop open defecation.</p> <p>The capacities of the Red Cross divisional committees in Far North region are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics.</p> <p>The partnership between the Ministry of Health, WHO, UNICEF and Cameroon Red Cross is strengthened.</p> <p>The visibility of the Red Cross is improved.</p>	<p>Activities planned:</p> <ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders • Produce information, education and communication materials (posters, flyers, image boxes) • Recruit 100 volunteers and five coaches • Sensitize populations, with an average of three sensitization sessions per week for three months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places. • Detect and conduct suspected cases to health centres • Disseminate messages over local radio stations • Approach and integrate communities in the activities of the operation • Purchase chemicals and disinfect water • Improve and disinfect family and public latrines • Purchase and distribute sanitation kits • Organize general sanitation sessions with the support of authorities for three months • Provide technical support to Cameroon Red Cross • Equip Cameroon Red Cross with didactic materials, and other mobile support equipment to ease access to the greater number of beneficiaries • Monitor and supervise volunteers, • Participate in the meetings of the crisis committee • Carry out advocacy activities before refuse disposal authorities to help intensify their activities • Coordinate and follow up the implementation of the operation
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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 \(NGO's\) 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.

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.

Contact information

For further information specifically related to this operation please contact:

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[<DREF budget and map below; click here to return to the title page>](#)

DREF OPERATION BUDGET SUMMARY

CHF

RELIEF NEEDS

Shelter	
Construction Materials	
Clothing & Textiles	
Food	
Seeds & Plants	
Water & Sanitation	44,074
Medical & First Aid	17,928
Teaching Materials	11,098
Utensils & Tools	
Other Supplies & Services	
Total Relief Needs	73,100

CAPITAL EQUIPMENT

Land & Buildings
Vehicles Purchase
Computers & Telecom Equipment
Office/Household Furniture & Equip.
Medical Equipment
Other Machinery & Equipment

TRANSPORT, STORAGE & VEHICLES

Storage - Warehouse
Distribution & Monitoring
Transport & Vehicles Costs 12,345

PERSONNEL

International Staff
Regionally Deployed Staff
National Staff
National Society Staff 29,752
Consultants

WORKSHOPS & TRAINING

Workshops & Training 2,786

GENERAL EXPENSES

Travel
Information & Public Relations
Office running costs 9,898
Communication Costs 4,250
Professional Fees
Financial Charges
Other General Expenses 708

SERVICE FEES

Service Fees

PROGRAMME SUPPORT

Programme Support - PSR

8,635

Total Operational Needs

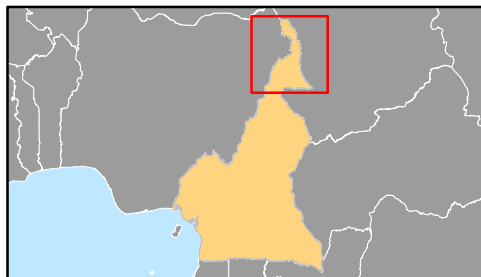
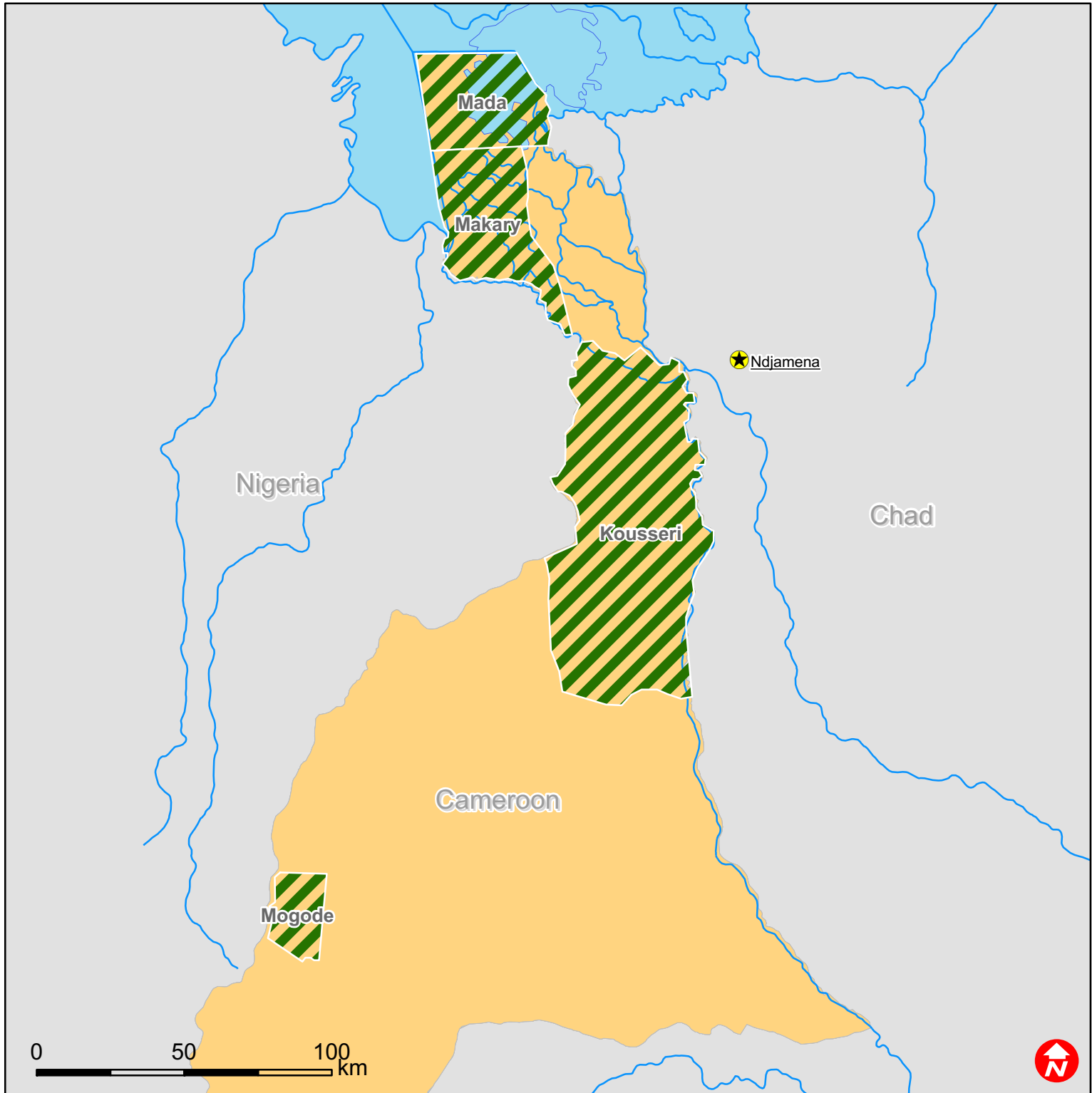
68,374

DREF ALLOCATION

141,474



Cameroon: Epidemic (Cholera)



 Affected districts