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Emergency appeal operation update

Chad: Cholera

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRTD008

GLIDE n° EP-2011-000098-TCD

Operation update n°1

12 October, 2011

Period covered by this Ops Update: August to September, 2011;

Appeal target (current): CHF 3,053,478 in cash, kind, or services to support the Red Cross of Chad (RCC) to assist 200,000 beneficiaries for 6 months

Appeal coverage: 23% [<click here to go to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on a preliminary basis on 07 September 2011 for CHF **3,053,478** for 06 months to assist 200,000 beneficiaries.
- **Disaster Relief Emergency Fund (DREF): CHF 327,250** was initially allocated from the Federation's DREF to support the national society to respond. Following contributions from donors, this amount will normally be returned to the DREF pool.



An ERU nurse providing cholera affected victim with potable water after treatment in one of the several CTC in the intervention area. The deployment of the ERU-BHC reduced the mortality rate which was high during the month of August 2011. **Photo/IFRC**

Summary: Following the assessment mission carried out by the FACT¹ in the centre and the south of the country, a basic health care emergency response unit (ERU-BHC) was deployed to the most affected area of Mongo (Guerra Region) to provide rapid curative treatment to cholera affected victims. The BHC was composed of doctors, nurses, logisticians, water and sanitation (watsan) officers and Community Health Module (CHM) officers. A Cholera Treatment Centre (CTC) with 65 beds that can receive 3,000 patients has been set up in Mongo. Curative health care and training for volunteers and health counterparts have been provided, thus enabling RCC to help curb the mortality rate in the affected communities. Meanwhile, watsan, CHM, logistics and relief teams are working together to reduce the effects of cholera through sensitization campaigns, treatment of water sources and distribution of non-food items. Mobile clinics of the BHC unit are supporting the CTC in the other districts around the area of Mongo. The area of Mongo and the Guerra region in general is considered strategic because of its location as a central point to the eastern part of the country.

In the other intervention areas (Bongor, Gounou Gaya, Kelo, Lai and Béré) an regional disaster response team (RDRT) health, CHM officer and a logistician were deployed to support health districts and train volunteers for mass sensitization campaigns and distribution of relief items. The logistician from IFRC with the support of the ERU logisticians ordered a first set of items to be distributed to 6,000 families. Donor response to the appeal is very slow thus preventing the procurement of all planned items.

¹ Field assessment and coordination team

The situation

Chad has been hit by one of the worst cholera outbreak of its history. The table below points out that by the 38th week of 2011, 15,426 cases had been registered, with 418 deaths. Ministry of Health (MoH) reported that more than 12,000 people had been affected by cholera with 364 deaths. According to the Epidemiological Surveillance Service, a total of 35 out of 62 districts were affected by cholera. The four districts of the capital N'Djamena, Massakory, Bongor and Mongo registered the highest cases since the epidemic erupted.

The Chadian government called its humanitarian partners to support the Ministry of Health to adequately respond to the epidemic. In response, the Red Cross of Chad, as an auxiliary to public authorities, launched an emergency appeal and DREF funds were allocated in order to respond to the immediate needs. When it became clear that the situation was worsening nationwide, a FACT team was deployed to better assess needs and in the process enabling the deployment of the ERU- Basic Health Care unit in Mongo.

The response to the epidemic from Red Cross Movement components and several aid agencies helped stop the spread of the epidemic. Weekly epidemic figures from the Ministry of Health revealed that compared to last month, the cholera epidemic is decreasing from thousand new cases per week to hundreds.

Cases and deaths from cholera as of week 38

Districts	Cases	Deaths
Fianga	507	17
Gounougaya	175	13
Bongor	877	30
Guelendeng	72	3
N'Djam Est	1499	8
Ndjam Nord	227	0
Ndjam centre	723	2
N'Djam sud	1584	20
Massaguete	107	4
Massakory	2351	63
Bokoro	95	8
Lai	1058	71
Kelo	153	10
Bere	158	8
Dourbali	73	14
Mandalia	1267	25
Bouso	28	5
Massenya	17	1
Lere	885	18
Pala	696	11
Mao	147	8
Antiman	735	5
Aboudeia	39	3
BOL	51	4
Ngouri	70	10
Moussoro	29	0
Mongo	1120	23
Bitkine	342	12
Mangalme	66	4
Benoye	52	6
Abeche	227	9
Melfi	3	1
yao	7	2
Oumhadjer	2	0
Total	15426	418

Source: Ministry of Health

Coordination and partnerships

The Red Cross of Chad and the International Federation in-country office participated in the weekly cluster meeting organized under by the Ministry of Health (MoH) and the participation of UNICEF, WHO, MSF France, Switzerland and Holland, OXFAM GB and Intermón. The Epidemiological Surveillance Service of the MoH has been providing weekly updates on the evolution of the epidemic. These updates are shares with partners during the weekly cluster meetings. Based on the figures, aid agencies have redesigned strategies and set relevant objectives/outcomes on how to prevent the spread of the epidemic in the mid and long term.

The IFRC representation, the Red Cross of Chad and the French Red Cross coordinated the deployment of ERU staff. Coordination and collaboration with health and administrative authorities and NGOs operating in the field helped fill gaps and prevent duplication and overlapping.

National Society Capacity Building: The deployment of the FACT mission and the ERU team helped strengthen the capacity of Chad Red Cross staff and volunteers in terms of assessment and response mechanism to the cholera epidemic. Volunteers in the affected branches were involved in the response phase and benefitted from training and learning by doing methods. The involvement of volunteers in the response operation will provide them with tools, mechanism and skills to better respond to and mitigate effects of future disasters.

Red Cross and Red Crescent action

Overview

The Red Cross response through the deployment of FACT and ERU helped reduce the effect of the cholera epidemic in communities in the area of Mongo. Curative activities in the Cholera Treatment Centres as well as support to the local committee of the Red Cross of Chad and the health facilities have contributed to the reduction of the mortality rate which was very high in the beginning of August. Training of Trainers (ToT) was organized to enable the launch of mass sensitization campaigns in the targeted communities.

As the epidemic is under control in the second targeted zone of the south, ERU members (Relief, Logistics and Health) have trained volunteers to participate in the upcoming mass sensitization campaigns. Technical and material support was provided to hospital and health centres.

Progress towards outcomes

Water, sanitation, and hygiene promotion/emergency health

Outcome: The immediate effects of the cholera epidemic on the health of affected population in Red Cross catchment areas (districts of Mongo, Bitkine, Melfi, Aboudeia and Bongor) are reduced.

Outputs (expected results) :

- Target population is provided with rapid medical management to target population
- Emergency community-based disease prevention and health promotion is provided to the target population
- Household water and treatment kits distributed to target population
- Households provided with appropriate cholera prevention NFIs.
- Households and health centres with cholera patients are properly disinfected.
- Household members have improved knowledge on how to disinfect materials of infected persons.
- Increased Household use of ORS amongst mild cases of AWD.
- Efficient referral system between communities and Health Facilities is in place
- 120 volunteers trained in the affected areas using the *Epidemic Control for Volunteers Manual and Toolkit (ECV)*.
- Door to Door sensitization campaigns conducted to promote individual and collective hygiene as a means of curbing the spread of cholera
- Protection built around 200 wells in the affected areas
- Chlorine procured to disinfect contaminated water sources
- Soap distributed to an estimated 10,000 families and jerry cans to 8,000 families in the affected areas
- Cholera and other communicable diseases cases detected and referred for early treatment.
- RDRT health specialist deployed to support the operation for three months.
- Emergency health assessments carried out with the support of the IFRC.

Progress: Since the deployment of ERU in mid September, the Basic Health Care (BHC) team treated 60 patients through mobile clinics in which only one death was recorded. The high mortality rate noticed in the early days of the cholera outbreak has been highly reduced. The BHC has a capacity of 65 beds and can treat 3,000 patients. It is composed of doctors, nurses, and watsan and community health modules officers. Technical and material support was provided to the regional hospital in Mongo and health districts in Mangalmé, Eref and Bitkine. An Organisational support was provided through the setting up of an epidemiological data collection tool, the organisation of training sessions for hospital staff and hygiene sensitization activities. Volunteers from the local committee of the Red Cross were fully involved in the response operation, thus building their capacity for the

management of future disasters. The referral system was greatly improved as volunteers are equipped with one ambulance to promptly respond to cases noticed even in the remotest areas

Since mass sensitization campaigns are the backbone of long term efforts to reduce epidemic risks, the watsan and the CHM delegates in the two intervention areas organized a workshop for training of trainers (ToT). The 70 trainers will train 200 volunteers in the intervention zone. The strategy is to launch mass sensitization campaigns in the targeted areas and distribute simultaneously NFIs to vulnerable families. Non-Food items for 6,000 families were ordered from the neighbouring country of Cameroon. Meanwhile the ERU team in the south launched the registration of beneficiaries according to criteria of vulnerability pending the arrival of the NFIs.

Challenges: Logistics difficulties encountered in the beginning of the operation prevented the deployment of the BHC material. Non-food items ordered from neighbouring Cameroon are not yet available in the distribution zones. Initial appeal coverage did not enable the procurement of all the planned items (NFIs planned for 12,000 families only half is ordered).

Logistics

Outcome: The mobilized relief goods are effectively coordinated, including reception of all incoming goods; coordinated warehousing, centralized provision of standards vehicles as required; and coordinated and efficient dispatch of goods to the final distribution points. The Federation will also work with the RCC to support and build logistics capacity training, workshops, and providing delegates to support the logistics function.

Outputs (expected results)

- Community-based disease prevention and health promotion is provided to the target population.
- Surge capacity of the RCC to respond to subsequent epidemics is enhanced.

Progress: The in-country logistics delegate with the support of the ERU Logistics coordinated the arrival of 25 tons of medical material and relief for the BHC. These materials were dispatched to the area of Mongo and Kelo. Concurrently non-food items for 6,000 families were ordered from Cameroon. Warehouses were rented in all intervention areas and logistics counterparts from the National Society were recruited and trained pending the arrival of the material to be distributed. The distribution is planned to cover 12,000 families in all the affected areas. NFIs are composed of jerry cans, soap, kettles and buckets. To support the operation, the FACT discussed with the support of UNICEF local office has obtained the following items which were dispatched to Mongo: 114 buckets of 20 litres; 24,000 pieces of soap; 48,000 water purification sachets; 360 Kg of chlorine; 200 posters; Cholera kits (volunteers and treatment modules) for 1,200 patients; Cholera kits (infusion module) for 100 patients; 840 sachets of Oral Rehydration Salts (ORS). A detailed mobilization table for the remaining NFIs is available on Federation's Disaster Management Information System.

Communications – Advocacy and Public Information

Press conferences with national and international media were organized during the reporting period to raise awareness on the epidemic and advocate for the emergency appeal. FACT and ERU delegates have set up a communication web based platform to share web stories and photos of the response operation. The in-country PMER officer has shared ERU SITREPs on a daily basis during the first two weeks with Communication team in the Africa Zone office. Fact and Figures on the evolution of the situation were also shared on a weekly basis.

Contact information

For further information specifically related to this operation please contact:

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Click here

1. Click [here](#) to return to the title page
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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.

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 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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