

INFORMATION BULLETIN



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 EPIDEMIC

14 September 2004

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

This Information Bulletin (no. 3/2004) is being issued based on the needs described below reflecting the information available at this time. Based on further updates and details from assessment reports, or should the situation deteriorate, the Federation will consider international support through an Emergency Appeal.

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All International Federation assistance seeks to adhere to the Code of Conduct¹ and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response² in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Please also refer to the previous Information Bulletins:

- No. 1/2004 dated 3 March 2004 (http://www.ifrc.org/cgi/pdf_appeals.pl?rpts04/camcholib0104.pdf);
- No. 2/2004 dated 18 May 2004 (http://www.ifrc.org/cgi/pdf_appeals.pl?rpts04/cm040518.pdf)

The situation

A cholera epidemic which started in Douala in early 2004, spread rapidly in other towns like Mbouda, Kousséri, and Foubot. The Cameroon Red Cross Society³ targeted Foubot for its interventions. This is a small town in the West Province which relies essentially on agriculture. Most food crops consumed all over Cameroon, and even in neighbouring countries, come from Foubot and an impressive number of people come on a daily basis for commercial purposes. Foubot has 13,000 inhabitants, 40% of whom have access to potable water. To date, 732 persons in Foubot have been affected by cholera.

¹ Code of Conduct - <http://www.ifrc.org/publicat/conduct/>

² Humanitarian Charter - <http://www.sphereproject.org/>

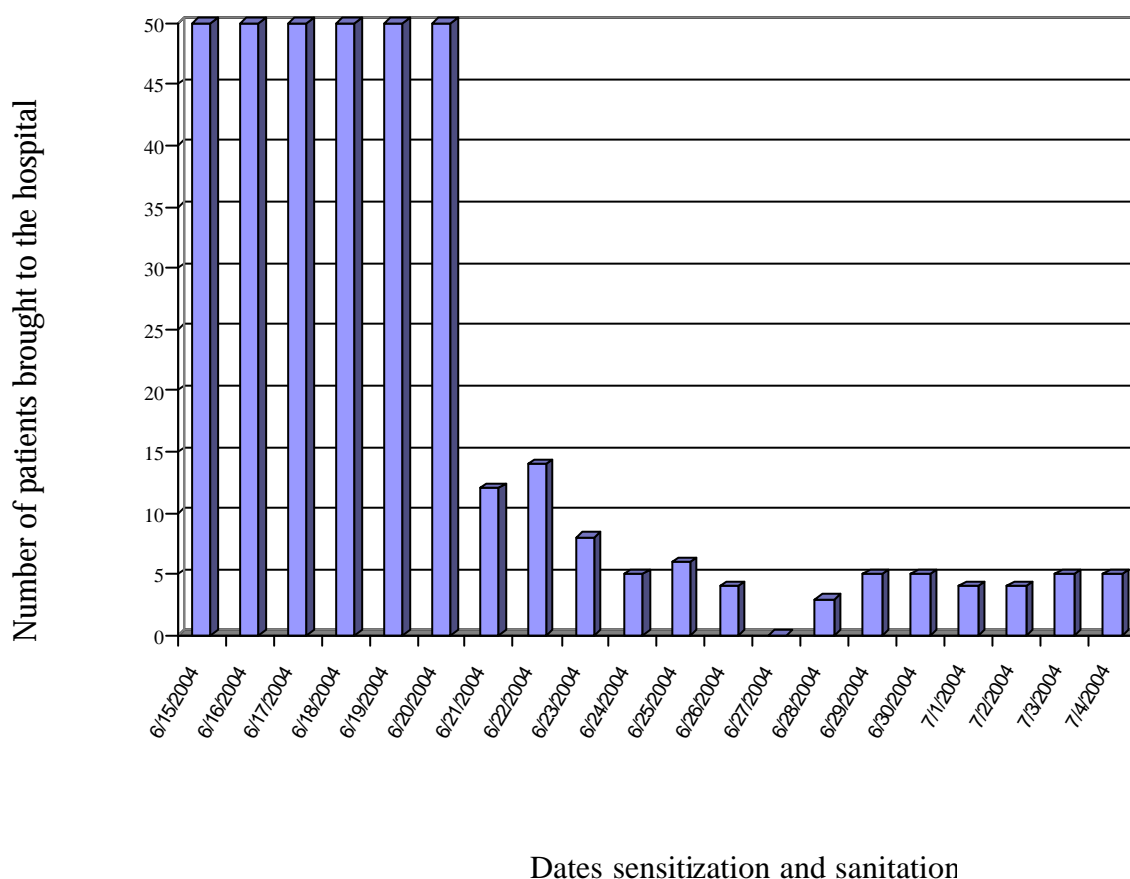
³ Cameroon Red Cross – refer to <http://www.ifrc.org/where/country/check.asp?countryid=41>

Number of Cases								
Locality	Men		Women		Children		Total	
Foumbot	Under treatment	Deceased	Under treatment	Deceased	Under treatment	Deceased	Under treatment	Deceased
		320	2	210	5	201	8	732

Evolution of the epidemic

Douala, the economic capital of Cameroon, which is a coastal town with a harbour, is mostly hit by cholera.

The cholera epidemic spread rapidly in Foumbot during June and early July 2004; 50 new cases were registered daily. The combined sensitization and social mobilization efforts made by the Cameroon Red Cross, local authorities, and the populations have brought this figure down to three new cases registered daily as can be seen on the chart below.



Red Cross and Red Crescent Action

The Red Cross provided both human and material resources for the success of the operation to combat cholera in Foubot.

Material resources

Several items have been distributed during a joint evaluation mission made by the Federation Central Africa sub-regional office (BRAC) and the Cameroon Red Cross. These items included 40 security patches, 20 pairs of boots, 20 rain-proof jackets, and 500 posters and 100 folios bearing messages on the fight against cholera.

Financial resources

The Cameroon Red Cross and BRAC requested and received CHF 20,000 from DREF.

Human resources

The DREF funding allowed the Cameroon Red Cross to implement the following activities:

- The retraining of 150 volunteers (5-6 June 2004) in Behaviour Change Communication (BCC), on how to identify the symptoms of cholera as well as its modes of transmission, and what to do when a case of cholera is suspected.
- The development and implementation of a BCC plan and the sensitization of 8,000 people (25 June 2004) out of the 13,000 inhabitants of Foubot.
- The development and implementation of a sanitation plan. Approximately 65 water points have been cleaned up and 300 points of stagnant water have been drained, using sanitation kits (wheelbarrows, shovels, hoes, cutlasses, racks, etc.). As a result of these activities, the number of new cholera cases registered daily at the Foubot District Hospital reduced drastically from 50 in late May 2004; to 3 from 24 June 2004 as can be seen in the diagram on the evolution of the disease.

Coordination

A Local Crisis Committee was set up to manage the disaster. This Committee received CFA 1 million in financial support from the Department of Civil Protection of the Cameroon Ministry of Territorial Administration and Decentralization (MINATD). The Ministry of Public Health offered the Foubot District Hospital a vehicle (Toyota Hilux Pick-up 4x4) to facilitate the movement of health personnel in remote areas, and to facilitate the technical supervision of the operation to combat the disease in the field. In addition, the Ministry of Public Health appointed ten new medical doctors in Foubot to reinforce the capacities of the district hospital.

The Ministry of Public Health decided that all the victims of cholera receive free medical treatment, and that drugs be distributed to the targeted district hospitals to that effect. Coordination has been handled by the government, the local community, and the Red Cross as no other organization was involved in the operations to combat cholera in Foubot. The efforts made by the Cameroon Red Cross have been highly appreciated by the government.

Needs

Although short-term action has been launched and has already produced tangible results, the Foubot local committee still needs a lot of support to be able to overcome cholera. In the medium and long term, more materials will be needed to achieve the following:

- Pursue the cleaning of the environment (sanitation campaigns, destruction of cholera breeding places. For this particular activity, an additional sanitation and sensitization kit will be needed.
- Chlorinate water points and pursue the dissemination of simple messages on cleanliness.
- Construct five public latrines in areas where cholera has become endemic.

This will contribute to maintaining an acceptable level of hygiene within the community.

Plan of Action

Although Red Cross volunteers continue to take part in the early alert system put in place in other towns like Douala, this plan of action focuses essentially on the activities that will be carried out in Foubot.

Goal: The vulnerability of the populations of Foubot to cholera is reduced.

Objective: Sanitation and social mobilization activities are multiplied in Foubot.

Activities

Considering the encouraging results obtained from the emergency phase of Red Cross intervention, here are some activities that need to be carried out in order to attain the goal:

1. Continue with sanitation activities at gutters, river beds, dumping sites and markets using the kits that are already available in the field.
2. Strengthen collaboration with authorities through the development of a plan for water treatment.
3. Pursue the chlorination of water.
4. Identify site for, mobilize materials for, and construct five public latrine sites.
5. Carry out an advocacy campaign.
6. Final evaluation of activities.

Budget

The Cameroon Red Cross has developed a preliminary budget to address the needs as described above; the budget is equivalent to CHF 60,000. Further discussions will be held to determine the best course of raising funds to cover these costs: a second DREF request, an Emergency Appeal, or local fund-raising. **Please note: neither the Cameroon Red Cross nor the Federation are seeking funding or other assistance from donors for this operation at this time.**

Conclusion

The intervention of Cameroon Red Cross volunteers has significantly improved the quality of services rendered to the populations in Foubot. Reports by health authorities both in Foubot and in Yaoundé reveal that the cholera epidemic has been put under control, and that the Foubot populations are now well informed on how to prevent cholera. National society volunteers will maintain the early alert system and continue to sensitize the populations on the dangers of cholera.

The activities carried out by the national society in collaboration with the sub-regional office have been quoted in newspapers as a good example of an added value to the efforts made by the government to reduce the vulnerability of populations to epidemic outbreaks and diseases which are potentially epidemic.

Cameroon Red Cross local committees have acquired the expertise needed to handle subsequent interventions in the interest of communities.

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