

# OPERATIONS UPDATE



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

## GUINEA-BISSAU: CHOLERA

ME no. 05ME046  
5 October 2005

*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

Operations Update no. 1; Period covered: 5 August to 27 September 2005.

This Minor Emergency Update no. 1 is being issued based on the situation described below reflecting the information available at this time. CHF 20,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to respond to the needs in this operation. This operation is expected to be completed by 31 December 2005, and a Final Report will be made available three months after the end of the operation (1 April 2006). Replenishment of DREF by unearmarked contributions is welcome and needed.

*All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response 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>*

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### Background

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 capital city (Bissau) and its poorest suburbs and then spread to ten out of the twelve regions of the country. The worst affected of the regions was San Domingos, along the northern border with Senegal. Urgent support and prevention activities were thus required to control the epidemic and prevent it from spreading to neighbouring Senegal and Guinea (Conakry).

As of 29 July 2005, the Ministry of Health's statistics indicated that some 4,066 cholera cases were reported, with 58 deaths. The hardest hit areas were Bissau (3,318 cases), Biombo (504 cases), San Domingos (84 cases), Quinara (75 cases) and Oio (48 cases).

### Current situation

According to UNDP Human Development Report<sup>1</sup>, Guinea Bissau- a country with a total population of 1.5 million people- is one of the world's poorest nations (ranked at 172 out of 177). Only 34% of its population has sustainable access to improved sanitation while only 59% of the population has sustainable access to an improved water source. The country has only 17 physicians per 100,000 people.

<sup>1</sup> UNDP Human Development Index- refer to [http://hdr.undp.org/reports/global/2005/pdf/hdr05\\_HDI.pdf](http://hdr.undp.org/reports/global/2005/pdf/hdr05_HDI.pdf)

## Guinea-Bissau: Cholera; Minor Emergency no. 05ME046; Operations Update no. 1

The efficiency of disease control and prevention, particularly cholera, is limited by poor access to drinking water, minimum access to health care services and a poor coverage of the health care needs. Most households have neither water nor latrines, while household waste is heaped up in the streets, regions and market places. Only one hospital (Simao Mendes National Hospital) serves as the referral hospital for the entire country. As of 12 August 2005, a total of 6,027 patients were officially registered by the hospital staff, with about 34 deaths.

In the Cantum neighbourhood, most of the population has no access to drinking water as there is no properly working water supply system. In addition, there is no sanitation system to drain waste waters. Because the streets are flooded in the rain season and waste is not regularly collected, the neighbourhood is the most hard-hit by the cholera in the capital.

For all these reasons, the cholera outbreak has been spreading rapidly as tabulated below.

Region	Number of cases	Number of deaths
Bissau	7,862	55
Biombo	2,498	31
São Domingos	328	25
Quínara	627	56
Oio	668	44
<b>Total</b>	<b>11,983</b>	<b>211</b>

Source: Ministry of Health (9 September 2005).

### Red Cross and Red Crescent action

Since 1994, the action of the Red Cross in the health sector has been recognized by the Ministry of Health (MoH). It is in that year, 1994, when Guinea-Bissau experienced an unprecedented cholera outbreak which forced all social partners to work together to set up a major sensitization and decontamination strategy. The Red Cross Society of Guinea-Bissau and MoH worked together in the campaign to clean and decontaminate markets and other public areas. Consequently, the Red Cross Society of Guinea-Bissau is a member of the national committee for social mobilization against diseases. Ever since, every time there is a cholera outbreak, the partners meet to develop a common plan of action.

Immediately the cholera outbreak was announced in mid-June 2005, the Red Cross Society of Guinea-Bissau participated actively in the different meetings of the disaster response committee based at the Ministry of Health (MoH). The disaster response committee tasked the national society to conduct field sensitization in the capital city's neighbourhoods and all affected areas.

Having been requested by the government- through MoH- to carry out sensitization, the national society's volunteers immediately started raising awareness among the populations by conducting campaigns in public places- markets, parking lots, and public latrines among others.



*Volunteers conduct social mobilization*

With support from the Federation's regional delegation in Dakar, the Red Cross Society of Guinea-Bissau conducted a rapid assessment of the outbreak in the hardest hit areas prior to developing a plan of action. Following an allocation of CHF 20,000 from the Federation's Disaster Relief Emergency Fund (Refer to Minor Emergency no. 05ME046- [http://www.ifr.org/cgi/pdf\\_appeals.pl?05/05ME046.pdf](http://www.ifr.org/cgi/pdf_appeals.pl?05/05ME046.pdf)), the national society has been carrying out sensitization since 12 August 2005- after its volunteers were trained.

The Federation's regional delegation's health programme officer was deployed to Bissau to provide technical support while the International Committee of the Red Cross's (ICRC) Bissau delegation provided financial support.

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

**Specific objectives:**

- 1. Carry out awareness campaigns on hygiene practices among the population to prevent cholera.**
- 2. Carry out door-to-door visits with demonstrations on hygiene practices and medical advice.**

**Progress and achievements**

A total of 70 volunteers have been trained (50 in Bissau, 10 in Biombo, and 10 in San Domingos) and were deployed to the field to take an active role in the operation. The volunteers are carrying out sensitization and are physically demonstrating how people should properly wash their hands, chlorinate water, clean latrines, maintain environmental cleanness and wash their vegetables. In addition, the volunteers have cleaned 40 health facilities and latrines and are assisting health staff in the health centres to disinfect wards. The volunteers assisted the MoH to identify patients, refer them, and manage cholera patients' camps within treatment centres.



*Volunteers demonstrate proper washing of hands*

The national society's volunteers visited Cantum- the largest and most populous neighbourhood of the capital city, Bissau. Because even the health authorities cannot tell the exact number of people living in Cantum, the national society deployed the largest number of volunteers there to sensitize the population. The volunteers, made up 15 groups of two, used the door-to-door methodology. The volunteers went through the muddy and bumpy streets of the neighbourhood, carrying water basins, buckets, jugs, pieces of soap and bottles of chlorinated water. In every house visited they explained how to decontaminate water for household use, wash hands with soap and chlorine water. The large numbers of people living in each house listened carefully to the messages of the volunteers and repeated the demonstrations after them. It took the volunteers two days to cover the whole neighbourhood and sensitize people. In one day each group had visited an average of 300 families. The next day one group of Red Cross volunteers visited another neighbourhood of the city while another group went to the Simao Mendes National Hospital, in the centre of the town. The hospital, which houses the rehydration centre for the cholera patients, is the only referral facility in the entire country.

As most people in Guinea Bissau drink a lot of beer and wine, the message from the volunteers and the MoH was very clear- "the price of two bottles of beer or a bottle of red wine spent on soap and chlorine water can save a whole family". Every family head was therefore made accountable.

In the San Domingos region, which recorded a large number of cholera cases, the Red Cross Society of Guinea-Bissau was also tasked to implement a sensitization campaign among the people living alongside the border areas with Senegal. Packs of soap, buckets and basins, packs of bottles of chlorine water, jugs, and brooms were provided to serve in the sensitization campaign. San Domingos is the entry point to Guinea Bissau for people coming from Ziguinchor, the capital of Lower Casamance, Senegal. It was, thus, necessary for the national health authorities to take specific measures to roll back the spread of the epidemic.

Accordingly, the national society's volunteers worked hard in partnership with the regional health authorities to carry out sensitization on the methods to stop the disease. Sensitization sessions were held by the volunteers in the city of San Domingos and the villages surrounding it. Members of the communities listened carefully to the explanations and asked a lot of questions, especially on how one could catch the disease. They also sought to know how to evacuate patients to the hospital because their villages are in border and are difficult to access during heavy rains since roads in a bad condition. The members of the communities also asked whether one could directly pour chlorine into water in wells.

## **Guinea-Bissau: Cholera; Minor Emergency no. 05ME046; Operations Update no. 1**

In some villages, no less than 60 people- young and adults- gathered to listen to the Red Cross volunteers. In every village visited, the volunteers would first go the village chief who would then call the villagers to come and listen to the explanations and follow the demonstrations. In the Nhambalan village people were happy with actions being taken to save human lives through prevention. They promised to do everything to prevent the spread of the disease in their area.

Having been assisted by the regional delegation in Dakar to complete its technical assessment and to work out a plan of action, the Red Cross Society of Guinea-Bissau scaled up its prevention activities to include the Quinara region in addition to Bissau, Biombo and San Domingos. Presently, 30 more volunteers are implementing sensitization work in Quinara because cholera cases have been increasing in Quinara. The volunteers also intend to visit the localities of Varela, Elia, and Suzana in order to carry on the sensitization work.

Beyond the cholera program, the health department of the Red Cross Society of Guinea-Bissau helped in the building of 4,800 latrines across the country. On the other hand, to complement the operation and in a good collaboration spirit, the Spanish Red Cross has offered to operate in the hard hit region of Oio.

### **Impact**

The 4,800 latrines built across the country by the health department of the Red Cross Society of Guinea-Bissau will help in making the actions of the DREF-funded operation more sustainable. The DREF allocation allowed the national society to respond rapidly and effectively to the cholera outbreak in Guinea-Bissau.

The training of volunteers has not only contributed to the strengthening of the national society's capacity to respond to epidemics, but also to the empowerment of community members who will be in a better position to help themselves in future situations. The operation has effectively contributed to the curbing of the spread of the cholera epidemic.

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