

DREF operation update



Cameroon: Cholera

DREF operation n° MDRCM007
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Update n° 1
25 January, 2010

The International Federation's 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 response to emergencies. 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.

Period covered by this update: 27
October to 20 December, 2009.

Summary: CHF 203,419 (USD 201,584 or EUR 134,305) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 26 October, 2009 to support the National Society in delivering assistance to some 800,000 beneficiaries.

The funds made available by the Federation have enabled to train Cameroon Red Cross volunteers to implement the operation as planned.

The volunteers have so far conducted several sensitization campaigns, and have thus contributed to stop the spread of the epidemic. They have also started the disinfection of latrines and the rehabilitation of water points. New cholera sources and affected villages have been discovered making the materials planned for the operation insufficient to assist all the vulnerable people.

This operation was expected to be implemented over three months, and completed by 26 January, 2010. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 26 April, 2010).

ECHO contributed **EUR 107,444** to the DREF in replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

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Cameroon Red Cross volunteers disinfect latrines/ Viviane Nzeusseu/International Federation

The situation

The arrival of the DREF funds enabled Red Cross volunteers to speed up assistance to help put the cholera epidemic under control. Nevertheless, an increase in the number of cases was registered, from 270 at the time this operation was launched to 696 at the time of compiling this update, with a lethality rate of 12%, because most patients are referred very late to the health centers. Some patients denied the treatment immediately after they were informed of the nature of their sickness and decided to die at home as there is very strong stigmatization associated with cholera in Northern Cameroon. Other patients preferred to consult traditional healers. The access to health centers in Northern Cameroon is very difficult because of the long distances to be covered by a population without adequate means of transport. About 19 health districts have been affected in North and Far North regions of Cameroon

The first cases tested at the Centre Pasteur du Cameroun confirmed the presence of the EITor Ogawa, sero-group 0139 cholera vibrio. Two new sources of cholera have been identified, namely Diamaré and Medere in Far North region. Officials of the Ministry of Health have declared that whatever the case, the epidemic will hopefully be under control very soon.

The implementation of the operation was delayed for logistics reasons. It took longer than expected to purchase the materials needed and to transport them to the concerned sites. It was planned that 175 Red Cross volunteers would work for the operation. However, considering the discovery of the two new sources of cholera (Diamaré and Medere), an additional 112 volunteers have been recruited and trained, bringing the total to 287.

Coordination and partnerships

The Cameroon Red Cross Society, with support from the International Federation has been working in close collaboration with the crisis committee that was put in place by the Government and the local health structures of the Ministry of Health. CDC Atlanta has also deployed two medical doctors who were active in the field for one month. These doctors revealed that the health personnel in the various health centers visited are competent, but need regular retraining in order to be up-to-date with cholera management techniques. They also noticed that cholera treatment is not always free of charge in the regions visited despite an order signed by the Minister of Health.

Red Cross and Red Crescent action

Progress towards objectives

Emergency health

Objective: To improve the health situation of the populations of the North and Far North regions of Cameroon who are exposed to cholera epidemics.

Activities planned:

- Contact the beneficiaries, especially community leaders.
- Produce information, education and communication materials (posters, folders, and image boxes).
- Recruit 175 volunteers, on the basis of 75 in North region and 100 in Far North region.
- Sensitize the populations of both regions, with an average of 3 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 squares.
- Detect and conduct suspected cases to health centres.
- Disseminate messages over local radio stations.
- Approach and involve communities in the activities' implementation.
- Purchase chemicals and disinfect water.
- Improve and disinfect family and public latrines.
- Purchase and distribute sanitation kits.
- Purchase buckets with cover and tap and promote their use for drinking water in big

restaurants and for washing hands.

- 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.
- 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.

Progress:

A meeting with members of the affected community took place before the launching of the various activities. The implementation of watsan activities has begun in early November. Hygiene and health promotion training for the 287 volunteers has started and will be intensified in readiness for hygiene and health promotion activities in 10 affected health districts of the Far North region and seven in the North region. Sensitization of community members to clean up their villages and maintain wells has also started. Planned watsan activities including training of volunteers, sensitizing populations/villages and draining off/disinfecting wells have also started and will last nine weeks for the two regions. An operation called “Commando Cholera” has been conducted with the health team of the Langui refugees’ camp located 30km from Garoua, with the participation of Chadian refugees in Cameroon and the surrounding populations.

The trained 287 Red Cross volunteers were deployed into the various villages affected by cholera to assess the number and quality of available water wells and boreholes to facilitate the implementation of planned watsan activities. These volunteers have sensitized 6,728 people to hygiene rules using the educative talk sessions, home visits, talks with focus groups techniques, and sensitization in public squares. Six people suspected to be contaminated with cholera have been referred to a health centre.

So far, the volunteers have chlorinated and protected (with cover) 59 water points, and sensitized over 5,230 community members to simple water treatment techniques. Red Cross volunteers have also disinfected 25 latrines and covered them with sheet metals. The volunteers have also conducted sensitization sessions, reaching over 4,387 people.

To step up sensitization and contribute to stopping the spread of cholera within the affected localities, Cameroon Red Cross authorities in the North and Far North regions of Cameroon have established contacts with local radio stations for the broadcasting of programmes and advertisements aimed at informing the populations about the epidemic.

A unit has been set up to collect information on the evolution of the disease and facilitate communication with the National Society.

Challenges:

The implementation of the operation has been delayed by the difficulty to gather all the materials needed. Moreover, new sources of cholera have been discovered after the operation has started. New villages have been affected, and the materials planned could not allow covering all the vulnerable people.

There was the fear that the Chadian refugees’ camp in Langui, i.e. close to Garoua and Pitoa that have seriously been hit by cholera, would also be contaminated. To avoid this, Red Cross volunteers have intensified sensitization within and outside the camp, and no case of cholera has been recorded in Langui camp so far.

Most of the affected localities are landlocked, and the best mode of transport is the bicycle or motorcycle.

How we work

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.

The International Federation's activities are aligned with its 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.

Contact information

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