

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Cameroon: Cholera in Northern Cameroon

DREF operation n° MDRCM009
GLIDE n° EP-2010-000110-CMR
Update n° 2
25 November, 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.

Period covered by this update:
6 August to 30 October 2010.

Summary: CHF 141,474 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 11 June 2010 to support the Cameroon Red Cross National Society in delivering assistance to some 800,000 beneficiaries. The situation deteriorated with an increased number of cholera cases and deaths. Thus the DREF Operation Update no. 1, which was published on 6 August 2010, revised the number of beneficiaries from 800,000 to 3,480,000; and also extended the total DREF allocation from CHF 141,474 to CHF 381,154. DREF Operation Update no. 1 also extended the operation's timeframe from three to six months, i.e. from September to December 2010.



Red Cross volunteers spraying an aircraft from which a cholera case was detected
Photo: Cameroon Red Cross

The cholera epidemic that started in Far North Region has now affected five regions of Cameroon, namely Far North, Centre, Littoral, West and Adamaoua. However, the most active sources of the epidemic are the Far North, North and Littoral regions. So far, 8,830 cases of cholera and 573 deaths have been registered in Far North region where about 200 Red Cross volunteers have been deployed for the response. The social mobilization campaign that started in July 2010 has been intensified with the recruitment of additional volunteers. Some 250 volunteers, 20 supervisors of volunteers, a coordination team composed of a medical doctor and an ERU nurse have been deployed to the field for this operation. The number of cases is presently decreasing. Nevertheless, this trend varies from one health district to the other in the Far North Region. While the cases are decreasing in Guéré, Mokolo, Koza, Maroua Urban, Mogodé, Tokombéré, Roua and Kolofata health districts, it is rather erratic in Méri, Yagoua, Makari, and Mada, Maroua rural, Mora, Pété, Bogo and Bourha. The cholera cases reported from Kousseri and Vélé health districts are very preoccupying as they keep increasing. The only health district of the Far North region that has not been affected is Moulvoudaye. Newly affected health districts include the Moutourwa, Guidiguis, Kaélé, Goulféy and Mindif health districts.

This operation is expected to be implemented in 6 months, and completed by 31 December, 2010. In line with IFRC reporting standards, the final report is due 90 days after the end of the operation (by 31 March, 2011).

ECHO contributed CHF 70,737 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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The situation

Since May 2010, Cameroon is facing cholera outbreak. The epidemic that started in Far North Region has already affected six regions of the country as shown in the following table:

Region	Population	Cases	deaths	Attack rate	Lethality (%)
Adamaoua	955,699	1	0	0,0	0,0
Centre	3,187,562	31	0	0,9	0,0
East	998,185	0	0	-	-
Far north	3,594,047	8,830	573	245,6	6,49
Littoral	2,610,944	204	5	7,8	2,47
Nord	1,609,835	328	17	20,4	4,8
South west	2,362,298	0	0	-	-
West	2,581,243	1	0	-	0,0
South	721,424	0	0	-	-
South west	1,617,408	0	0	-	-
Total	20,238,645	9,395	597	46,4	6,35

The cases registered in Centre and Adamaoua regions were imported cases, i.e. patients who had been to North and Far North regions and returned to Centre and Adamaoua regions already contaminated. The most active sources of the epidemic are the North and Far North regions.

Coordination and partnerships

The Ministry of Health organized a nationwide response. All cholera cases identified are treated free of charge in hospitals and health centres. Government collaboration has also been perceived as the ministries for Water, Urban Affairs, Communications and Basic Education joined efforts with the Ministry of Health to help fight the epidemic. The national police also contributed by enforcing government's decision to ban the sales of locally made beverages. Town councils also participated by facilitating environmental hygiene.

The World Health Organization (WHO) has been coordinating weekly meetings on the epidemic. In addition, a Cholera Coordination and Control Centre (C4) has been set up and commissioned on 11 October, 2010 and will last for at least six months. UNFPA and UNICEF were also very active in the cholera operation.

Other partners including the Centre Pasteur du Cameroun (CPC), CARE, Plan International, Médecins Sans Frontières (MSF), Organisation de coordination pour la lutte contre les endémies en Afrique Centrale (OCEAC) and Institut de Recherche pour le Développement (IRD) are also active in the fight against cholera. CPC has been testing samples of stools taken from patients. CARE started an integrated community-based action (sensitization and prevention) in the Logone and Chari health districts, and continued the same action in the health districts of Mayo Tsanaga, in collaboration with Plan International.

This sensitization action ended in late October 2010. On their part, MSF installed cholera treatment centres in Kolofata, Mokolo and Doualaré (Maroua), but they have already left as their mission has ended. OCEAC is busy preparing a cross border meeting in Maroua with the Disease Control Directors of the ministries of health of Lake Chad riparian countries. IRD intends to conduct an operational research on cholera, precisely an anthropological and communication evaluation (messages and channels) research. They also participated in the rehabilitation of C4 premises.

The Red Cross has been working in close collaboration with C4, administrative and health authorities in the Far North Region. In addition to the DREF allocation, Cameroon Red Cross signed a partnership agreement with UNICEF for the management of 380 additional volunteers and 20 supervisors of volunteers within the framework of the fight against cholera in the Far North and North regions of Cameroon. This brought the total number of volunteers deployed by Cameroon Red Cross in the Far North region to 570.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health	
<p>Objective: To contribute to the reduction of the impact of cholera on the communities affected in the Far North Region of Cameroon through health and hygiene promotion and provision of – and access to clean water.</p>	
<p>Specific objectives:</p> <ul style="list-style-type: none"> • 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 refresh the public health emergency response capacities of the Red Cross local committees involved. 	
<p>Expected results:</p> <ul style="list-style-type: none"> • 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. • 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 • 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. • The partnership between the Ministry of Health, WHO, UNICEF and Cameroon Red Cross is strengthened. • The visibility of the Red Cross is improved. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders. • Produce information, education and communication materials (posters, folders, image boxes). • Recruit 250 volunteers and 14 coaches. • Sensitize the populations, with an average of three sensitization sessions per week for six 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 six 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.

	<ul style="list-style-type: none"> • 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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Progress:

The 570 volunteers deployed by Cameroon Red Cross have been sensitizing the populations on the dangers surrounding them and the need to rush to the nearest health centres in case they suspected cholera. Reports from the various health centres of the Far North region of Cameroon indicate an increase in the number of consultations. More cases are registered on a daily basis, which means that the population has understood Red Cross message and spontaneously rush to the hospital. In the mean time, the number of deaths has substantially dropped as compared to the beginning of the epidemic. The methods used by Red Cross volunteers included door-to-door sensitization and radio broadcasting. In fact, eight radio programmes on cholera in the local language have been produced in Yagoua and Mokolo, the most affected health districts.

Water, sanitation and hygiene promotion teams have been trained in North and Far North regions. The training that took place from 8 to 10 October, 2010 was facilitated by the Red Cross, the Ministry of Health and the Ministry of Mines. The most important themes debated during the training included the community-led complete sanitation (CLCS) and the chlorine dissolving chamber technique. As far as CLCS is concerned, the trainees asked so many questions and end up understanding the implications of defecating in the open air and the advantages of stopping defecation in the open air.

On 11 October 2010, the Secretary General and the Ministry of Health inaugurated the C4. On that occasion, the newly trained volunteers presented the technique of washing hands and the technique of treating water at home. This was done in the form of sketch. In addition, the Red Cross also had a stand where they exposed sensitization materials such as posters, leaflets, image boxes and kits for washing hands. Other materials exposed in that stand included sanitation materials such as wheelbarrows, shovels, pickaxes, miner’s pans, racks, and cresol, as well as water treatment materials such as chlorine, aqua tabs, pool tester and chloride bleach. Also available were protection materials like mufflers, overalls and gloves, motor kikes and bicycles for easy displacement of volunteers.

By 30 October, 2010 the achievements by Red Cross volunteers were as follows: 460,457 people sensitized; 28,939 households visited and 27,623 sensitized; 124 suspected cases referred to hospital; 5,541 water points chlorinated and 3,274 cleaned; 10,371 latrines disinfected; 1,255 water points and 1,891 latrines covered with the participation of communities; and 2,303 sites cleaned.

Since end of October 2010, Cameroon Red Cross volunteers have been receiving oral rehydration substances (ORS) from health centres for distribution to patients before taking them to hospital. Through this operation, the position of Cameroon Red Cross as auxiliary to government is being strengthened as the Red Cross is now present in all 28 health districts of the Far North Region. Although the DREF allocation did not cover the North and Adamaoua regions, Cameroon Red Cross volunteers have also been covering those localities that have been affected as they border the Far North Region.

Challenges:

The increased number of cases and the high lethality rate can be blamed on abundant rains, the enclosed nature of some affected localities, and the fact that most patients were taken to the hospital too late. More than 50 per cent of deaths were registered within the community and not in the hospital. Existing health centres are too distant from the beneficiaries. Access to potable water is limited. In 2004, only 29 per cent of the population of Far North Region (more than 3,500,000 inhabitants) had access to potable water. Many drillings have been made in the region, but more than 900 of these are not working. Socio-cultural practices such as funeral ceremonies characterized by the manipulation of corpses facilitate the spread of cholera. Moreover, the populations of the region are reluctant to use latrines, even when they have access to them.

The epidemic is progressively being put under control, but there is an urgent need to find medium or long-term solutions to some of the challenges highlighted here to prevent another outbreak, or the resurgence of this current one.

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:

- **In Cameroon:** Nicolas Mbako, Secretary General, Cameroon Red Cross, phone: (Office)+237.22.22.41.77; (Mobile)+237.99.93.63.20; Email: nicombako2002@yahoo.fr
- **In IFRC Central Africa Region:** Denis Duffaut, Central Africa Regional Representative, Phone: (Office)+237.22.21.74.37; (Mobile)+237.77.11.77.97; Fax: +237.22.21.74.39; Email: denis.duffaut@ifrc.org
- **In Africa Zone:** Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org; Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In Geneva:** Christine South, Operations Support; Phone: +41.22.730.45.29, Email: christine.south@ifrc.org

For Resource Mobilization and Pledges enquiries

- **In Africa Zone:** Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email ed.cooper@ifrc.org Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries

- **In Africa Zone:** Terrie Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

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