

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Cameroon: Cholera outbreak

Emergency appeal n° MDRCM011  
GLIDE n° EP-2011-000034-CMR  
April 4, 2011

This Emergency Appeal seeks CHF 1,249,847 in cash, kind, or services to support the Cameroon Red Cross National Society to assist about 87,500 direct beneficiaries in Centre, Littoral, West and South-West regions of Cameroon for 12 months. The operation will be completed by end March, 2012. A Final Report will be made available by 30 June, 2012 (three months after the end of the operation).

CHF 150,000 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support timely initiation of this operation. Un-earmarked funds to replenish DREF are encouraged.

Beginning May, 2010, a cholera outbreak occurred in Cameroon infecting about 10,000 people and killing 650. Thanks to joint efforts by Government, partners and the Red Cross, the epidemic was put under control in Far North region, the focus of the disease, towards the end of 2010.

However, since early 2011, another cholera outbreak is underway. By 29 March, 2,391 cases and 98 deaths had been recorded, in 8 of Cameroons 10 regions. The Centre region (including the capital, Yaoundé) is the most affected in terms of number of deaths with 687 cases and 43 deaths registered, and most partners are focussing their efforts there. However, Cameroon Red Cross and IFRC have determined that there is an urgent need to expand the response to the four most affected regions and further scale up as necessary, as people are moving every day from one region to the other, and the *Vibrio cholerae* bacteria are likely to travel with them.

This Emergency Appeal responds to a request from the Cameroon Red Cross National Society, and focuses on the four most affected regions: Centre, Littoral, West and South-West, supporting the delivery of appropriate and timely assistance and relief in emergency health, water and sanitation, and hygiene promotion.

[<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>](#)



Cameroon Red Cross volunteers raising awareness on the rules of hygiene at a recently disinfected water point/IFRC

## The situation

In 2010, a cholera outbreak occurred in Cameroon affecting about 10,741 people and killing 650. While the Northern part of Cameroon and the Littoral region were the most affected localities with 9,406 cases and 600 deaths in Far North region, 511 cases and 24 deaths in North region and 457 cases and 12 deaths in the Littoral region, other localities also registered a few number of cases. In fact, the South West region

registered 336 cases and 13 deaths, the Centre region registered 30 cases and 1 death, the Adamaoua region registered 1 case and no death, and the East, North West, West and South regions did not register cholera cases in 2010. Thanks to joint efforts by Government and its partners, including Cameroon Red Cross and IFRC, the epidemic was put under control in Northern Cameroon. In fact, no cholera case was registered there during the last 3 weeks of 2010 or during the first week of 2011.

However, since the first week of 2011, an ever increasing number of cholera cases are being registered almost everywhere in Cameroon. The situation became grave from the 7th week of 2011 when 17 cases of cholera were suddenly registered in the capital Yaoundé, and other parts of the Centre region. Since then, the number of cases has increased reaching 687 cases and 43 deaths in Centre region by 29 March.

The Ministry of Public Health and WHO have confirmed that the epidemic is rapidly spreading in Yaoundé and the surrounding localities. In fact, of the 29 health districts that comprise the Central region, 16 have recorded at least one case of cholera, and the districts most affected are Nkoldongo and Cité Verte. The Elobi Mokolo Melen and health districts Etoudi Abattoir, all in Yaoundé, are reported to be the most affected areas.

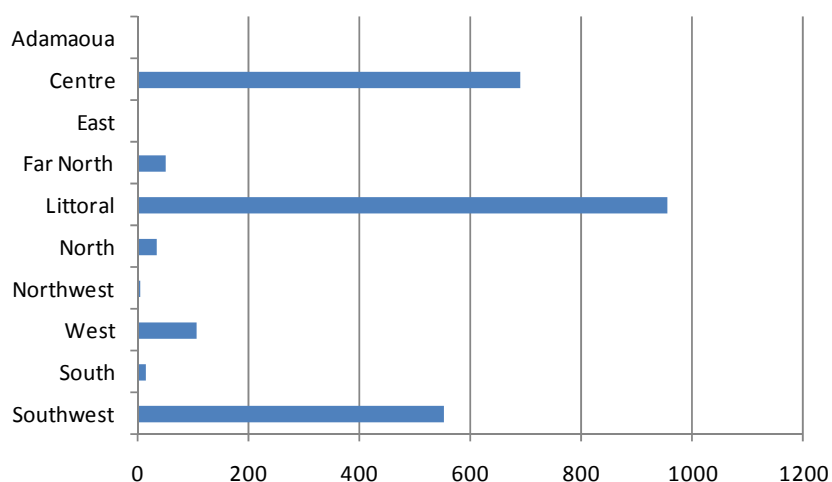
The Yaoundé teaching hospital (CHU) is reported to have received the highest number of cases so far in the Centre region; and most cases arrive at the hospital in a severe state of dehydration. This explains the high lethality rate registered so far in the Centre region. It has also been reported that the average age of the people affected is 28, meaning that the epidemic is mostly affecting young people.

Other regions of the country have also registered cholera cases since the beginning of 2011, with a total 2,391 cases registered within the country as of 29 March 2011. The following table and graphic summarize the cholera situation region by region from the first week of 2011 to 29 March 2011:

**Epidemiological situation from 1 January – 29 March, 2011 (Source WHO Cameroon)**

Region	Population	Total cholera cases 2011		
		Cases	Deaths	Lethality
Adamaoua	1,048,004	-	-	-
Centre	3,628,317	687	43	6 %
East	809,034	-	-	-
Far North	3,575,288	50	1	2%
Littoral	2,951,722	954	34	4%
North	2,135,371	32	6	19%
Northwest	1,830,550	1	1	100%
West	1,810,646	105	-	-
South	703,055	12	1	8%
Southwest	1,406,115	550	12	2%
<b>Total</b>	<b>19,898,102</b>	<b>2,391</b>	<b>98</b>	<b>4.1%</b>

**Recorded cases per region 1 January – 29 March, 2011 (Source WHO Cameroon)**



The four most affected regions, Centre, Littoral, West and South-West, are clearly seen. Moreover, it should be noted that in the week following 20th March, the number of cases and deaths in the Centre region more than doubled from 172 cases/14 deaths year to date, to 345 cases/ 30 deaths, thereby confirming that the epidemic is spreading at extreme speed.

The Cameroon government has appealed to partners to support their efforts to combat cholera within the country. The table above shows that all but two of the 10 regions have registered at least one cholera case since the beginning of 2011. It is obvious that most partners are preparing to concentrate in Yaoundé where the number of cases and deaths is increasing greatest. However, Cameroon Red Cross and IFRC have determined that there is an urgent need to take action in the 4 most affected regions as people are moving every day from one region to the other, and the *Vibrio cholerae* bacteria are likely to travel with them.

## Coordination and partnerships

Since the beginning of the disaster, the Cameroon Government has decided that all cholera cases be treated free of charge. The Ministry of Public Health is making extensive efforts to ensure that cholera is quickly put under control. In fact they have been organizing cholera action coordination meetings twice a week since the beginning of March 2011; and Cameroon Red Cross has been attending all the meetings. A Cholera control (surveillance) and coordination Centre, better known in French as C4 (*Centre de Coordination et de Contrôle du Choléra*), is currently being put in place in Yaoundé for the management of the epidemic. C4 will be managed by the Ministry of Public Health, with support from partners. A C4 coordinator has already been appointed and is currently liaising with partners to accelerate the setting up and operation of the C4.

WHO has been taking care of the epidemic surveillance aspect, providing partners with the day-to-day situation of cholera in Cameroon. They have also made available a cholera kit for the C4, and have published posters in French to facilitate sensitization.

The Centre Pasteur du Cameroun (CPC) has been conducting the necessary tests to facilitate cholera management.

MSF is working in close collaboration with Government to install cholera treatment centres at the CHU teaching hospital and Central Hospital in Yaoundé by 26 March 2011.

UNICEF has donated drugs; and intends to liaise with Government to assess the water, sanitation and health promotion needs. They have also been supporting social mobilization and awareness activities.

## Red Cross and Red Crescent action

Cameroon Red Cross volunteers have been very active in Yaoundé and Douala (the two most severely affected localities, in Centre and Littoral regions, respectively) sensitizing the populations to hygiene rules and the need of washing hands with soap. The NS has organized its Red Cross clubs to sensitize school children in Yaoundé. A cholera focal person has been identified at the national headquarters of Cameroon Red Cross and is currently liaising with IFRC in Yaoundé to plan a comprehensive action against cholera within the country. Cameroon Red Cross focal person has been attending all the cholera action coordination meetings organized by the Ministry of Public Health. The National Youths Officer was deployed to Maroua (Far North region of Cameroon) to follow up the FENASCO school games that took place last week within the context of cholera. The presence of the Cameroon Red Cross' Youth Officer there was to ensure that Red Cross volunteers are ready and intervene immediately as soon as a suspected case of cholera is identified during the games.

## The needs

**Beneficiary selection:** Following a detailed assessment conducted by Cameroon Red Cross, and based on the lessons learned from the cholera operation in Northern Cameroon in 2010, the NS and IFRC have realized that the entire population of Cameroon is at risk of cholera; i.e. about 19,898,102 people living in all 10 regions of Cameroon. Almost all regions have already registered at least one cholera case. Considering that the epidemic infected close to 10,000 people in Far North region in 2010, it is reasonable to expect that similar numbers will be affected this time, at least in Yaoundé and Douala, and a little bit less in the other regions. The initial response will focus on the four most affected regions to date and scale up appropriately as the situation evolves. The direct beneficiaries of this operation are estimated at about 7,500 families, i.e. 37,500 people in Centre, Littoral, West and South-West regions. This operation also intends to carry out

water, sanitation and hygiene promotion in 25 pilot schools of Cameroon, on the basis of 8 schools in Centre, 8 schools in Littoral, 5 schools in West and 4 in South-West regions. Considering on average 2,000 students in each school, the operation will be targeting 50,000 students, which brings the total number of direct beneficiaries to 87,500 people. The indirect beneficiaries will be the entire population of these 4 regions, i.e. 9,796,800 people.

Thus, there will be the need to organize widespread sensitization on cholera, with the view to contributing to stopping the spread of the disease within the country. To that effect, Cameroon Red Cross will have to train 300 Red Cross volunteers on community based health and First Aid, with focus on cholera management and on the Epidemic Control for Volunteers Manual and Toolkit. Training will target 100 volunteers in Yaoundé and 100 volunteers in Douala and 50 volunteers in each of the two remaining regions. The trained volunteers will require protection materials to enable them to operate freely in the field. Sanitation materials will also be needed to disinfect houses and to prevent the spread of cholera.

Considering the fact that the roads in most regions are largely impassable, Red Cross volunteers will need 6 motorbikes and 80 bicycles (on the basis of 6 motorbikes for supervisors and 20 bicycles for each region) to facilitate access to all the villages of their respective regions and conduct a proper sensitization campaign. Sensitization materials such as megaphones, leaflets, posters and image boxes are also needed. Some Cameroon Red Cross local committees do not have Red Cross aprons, thus the need to acquire at least 300 aprons (100 in centre, 100 in Littoral, 50 in West and 50 in South-West) to ensure good visibility of the Red Cross in the field. IFRC's Central Africa Regional Representation (CARREP) will also need 2 vehicles on leasing to be able to better support Cameroon Red Cross within the framework of this operation. There is also the need to recruit 4 cholera focal persons (1 in each of 4 regions) and equip them with desktops (4) to facilitate data collection and reporting on the operation.

**Immediate needs:** The immediate needs include the following:

- Public awareness on preventive measures and case management;
- Case management;
- Structures and entrants for the management of cases;
- Improved access to drinking water (treatment of drinking water) and clean toilets;
- Mobilization and training of 300 volunteers on CBHFA and Epidemic Control for Volunteers Manual and Toolkit;
- Equipments and protection materials for volunteers

**Longer-term needs:**

The long-term needs of this operation will include the following:

- Continuing education on cholera prevention measures using a community approach;
- Strengthening the promotion of hygiene by the "Community-Led Total Sanitation" approach;
- Enhance the access of students to water and sanitation facilities, especially drinking water and clean toilets, through the construction of wells / boreholes or rehabilitation of existing ones, and the construction of community latrines in schools not having them. At least 25 pilot primary and secondary schools will be targeted;
- Install Red Cross/ health clubs in all the schools targeted by the operation (about 25 schools);
- Integrate hygiene promotion and community surveillance of cholera in the package business community leaders of Cameroon Red Cross in the 4 targeted regions;
- Promote proper hand washing nation-wide by distributing hand-washing kits to at least 50 hotels and catering facilities in the 4 targeted regions, i.e. about 500 hand-washing kits for the 4 regions;

## The proposed operation

### Emergency health and care

**Outcome: To contribute to the reduction of the impact of cholera on the affected communities through health promotion for at least 7,500 families (37,500 beneficiaries) in the 4 most affected regions of Cameroon for 12 months.**

Outputs	Activities planned
<p>The populations of the 4 most affected regions of Cameroon (Centre, Littoral, West and South-West) know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.</p>	<ul style="list-style-type: none"> <li>• Contact beneficiaries, especially community leaders</li> <li>• Produce information, education and communication materials (posters, folders, image boxes)</li> <li>• Recruit and train 300 volunteers and 4 regional cholera focal points on epidemics management, with focus on cholera</li> <li>• Sensitize the populations, with an average of three sensitization sessions per week for 12 months. Several strategies will be used, including door-to-door, individual interviews, educative talk groups, and mass sensitization, particularly in public places.</li> <li>• Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive the ORS by RC Volunteers during their transport to health centres.</li> <li>• Disseminate cholera prevention messages over local radio stations in the targeted 4 regions of Cameroon</li> </ul>
<p>The capacities of the Red Cross divisional committees in the Centre, Littoral, West and South-West regions of Cameroon are built in the sector of public health emergency response, especially in the area of diseases surveillance, with focus on epidemics.</p>	<ul style="list-style-type: none"> <li>• Provide technical support to Cameroon Red Cross</li> <li>• Train Cameroon Red Cross volunteers and staff on the community-based first aid (CBHFA) approach</li> <li>• Train Cameroon Red Cross volunteers and staff on Epidemic Control for Volunteers Manual and Toolkit</li> <li>• Equip Cameroon Red Cross with training materials, and other mobile support equipment to ease access to the greater number of beneficiaries</li> </ul>
<p>The partnership between the Ministry of Public Health and Cameroon Red Cross is strengthened.</p>	<ul style="list-style-type: none"> <li>• Participate in the meetings of the crisis committee</li> <li>• Advocate with administrative authorities for the inclusion of activities against cholera in their action plan.</li> </ul>

### Water, sanitation, and hygiene promotion

**Outcome: To contribute to the reduction of waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 25 pilot schools (or about 50,000 beneficiaries, i.e. about 2,000 students in each school) and 7,500 families (37,500 beneficiaries) in selected communities in the 4 targeted regions of Cameroon for 12 months.**

Outputs	Activities planned
<p>The 50,000 students targeted by the operation</p>	<ul style="list-style-type: none"> <li>• Train 300 Red Cross volunteers on hygiene promotion using the "Community-Led Total Sanitation" approach</li> </ul>

<p>in 25 pilot schools of the 4 targeted regions of Cameroon have access to adequate water, hygiene and sanitation facilities.</p>	<ul style="list-style-type: none"> <li>• Enhance the access of students to water and sanitation facilities, especially drinking water and clean toilets, through the construction of wells / boreholes or rehabilitation of existing ones, and the construction of community latrines in schools not having them. At least 25 pilot primary and secondary schools will be targeted in the 4 targeted regions.</li> <li>• Establish Red Cross / health clubs in all the schools targeted by the operation ( 25 pilot schools)</li> <li>• Promote hygiene in all the schools targeted by the operation.</li> </ul>
<p>Water, sanitation and hygiene promotion activities are carried out routinely in the centre, littoral, west and south-west regions of Cameroon to help prevent water borne diseases, with focus on cholera.</p>	<ul style="list-style-type: none"> <li>• Approach and integrate communities in the activities of the operation in the Centre, Littoral, West and South-West regions of Cameroon</li> <li>• Purchase chemicals and disinfect water</li> <li>• Purchase and distribute soap for the 37,500 beneficiaries targeted directly by this operation in all 4 regions of Cameroon for 12 months; i.e. 450,000 pieces of soap of 250 g each, on the basis of 1 piece per person and per month</li> <li>• Train populations on how to disinfect water at home</li> <li>• Improve and disinfect family and public latrines</li> <li>• Purchase and distribute sanitation kits</li> <li>• Integrate hygiene promotion and community surveillance of cholera in the job description of Cameroon Red Cross leaders</li> <li>• Promote proper hand washing nation-wide by distributing hand-washing kits to at least 50 hotels and catering facilities in the centre, littoral, west and south-west, i.e. about 500 hand-washing kits for the 4 regions.</li> <li>• Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities for 12 months</li> </ul>

### Communications and monitoring

**Outcome: Support the Cameroon Red Cross National Society to engage in social mobilisation to reach populations that are affected by cholera in all 10 regions of the country.**

<b>Outputs (expected results):</b>	<b>Activities planned</b>
<p>Communication materials are developed to reach schools and vulnerable populations at risk.</p>	<ul style="list-style-type: none"> <li>• Design/update audio, print, visual and other sensitisation materials</li> <li>• Strengthen relationship between Cameroon Red Cross and the national and international media in Cameroon</li> <li>• Prepare a documentary/case study on cholera with a view to improving future response</li> </ul>
<p>The cholera response operation is monitored, reviewed and reported on; information is regularly utilized in programme management.</p>	<ul style="list-style-type: none"> <li>• Carry out regular monitoring of the operation</li> </ul>

### Logistics

Logistics will support the operations, sourcing and delivering relief items in line with operational priorities. The Regional Logistics Unit (RLU) in Dubai will provide logistical support and coordinate procurement of items and material included in this emergency Appeal. All logistics activities will follow IFRC procedures and will be conducted in a transparent and cost-efficient manner.

## **Communications – Advocacy and Public information**

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency. The communications activities outlined in this appeal are aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations. These activities are closely coordinated with the Communications department of the International Federation's Secretariat in Geneva.

There has been close coordination and support to the National Societies to increase the visibility of their actions with regard to the communication through the IFRC's Regional Representation for Central Africa and the Communications Department in Dakar, Johannesburg and in Geneva. Regular updates will be issued through the Federation's Disaster Management Information System (DMIS) and informal situation reports by the Regional Representation. A press release, web stories, and video material will be developed to focus on the work of the National Society and the support of the IFRC. The National Society will be supported to increase their visibility through technical support and materials. A communications mission to the Centre, Littoral, West and South-West regions of Cameroon is underway to enable professional video footage to be shot to relay to international media and increase awareness of the situation. This will support the mobilization of financial support for the emergency appeal. In addition, good quality photographs and written stories about those affected, volunteers and senior Cameroon Red Cross figures will strengthen the communications campaign and provide visibility of the actions of the Cameroon Red Cross and the IFRC.

## **Capacity of the National Society**

Cameroon Red Cross trained its national disaster management team (NDMT) in 2010. Twenty members of this NDMT (who came from all 10 regions of Cameroon) were involved in the 2010 cholera operation in Northern Cameroon and acquired valuable experience. These NDMT members will be used for the 2011 cholera operation. Moreover, about 500 volunteers were trained in far North region last year on cholera management, with support from UNICEF. These volunteers will be used in 2011 to reinforce the new batch of volunteers that will be trained within the framework of this operation.

Cameroon Red Cross was very active in fighting against the epidemic of cholera in parts of the Far North and North-East in 2010. A total of 495 volunteers were trained and actively involved in door to door awareness raising activities that reached more than 360,000 people. Through the media (community radios), more than 483,000 people were reached by cholera prevention messages. Latrines and water points were disinfected with chlorine. All this has greatly contributed to the interruption of the chain of transmission of cholera and to date, these two regions are among the areas least affected by this epidemic (50 cases for the Far-North and 32 cases for the North).

This particular operation will train 100 volunteers in Yaoundé and 100 in Douala, as well as 50 volunteers in west and south-west regions; thereby strengthening the operational capacities of Cameroon Red Cross. In addition, the motorbikes and bicycles, as well as other materials that will be purchased will become Cameroon Red Cross property and will enable the NS to operate freely in subsequent operations.

## **Capacity of the Federation**

IFRC's Central Africa Regional Representation (CARREP) is based in Cameroon (Yaoundé), with a Regional Finance and Administration delegate, a Regional Programmes Coordinator (delegate), and a Regional Representative. CARREP also has a Regional Health Coordinator, a Regional Communications Officer, a regional Logistics Officer, a Regional Disaster management Coordinator and a Regional Planning, Monitoring and Reporting Officer. All of these staff will be used for the smooth implementation of the operation in support to Cameroon Red Cross. Cameroon presents the advantage that there is electricity and internet in at least the capital of all 10 regions.

## **Budget summary**

See attached budget (Annex 1) for details.

Matthias Schmale  
Under Secretary General  
Disaster Response and Early Recovery Division

Bekele Geleta  
Secretary General

## 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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation'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 International Federation'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:**

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*For Resource Mobilization and Pledges*

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

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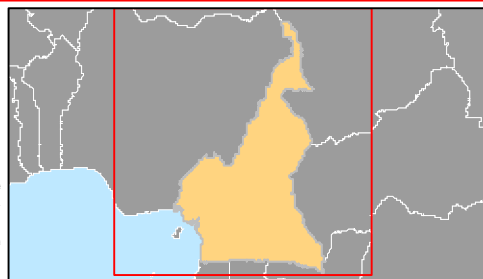
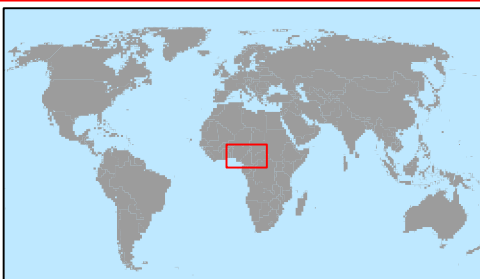
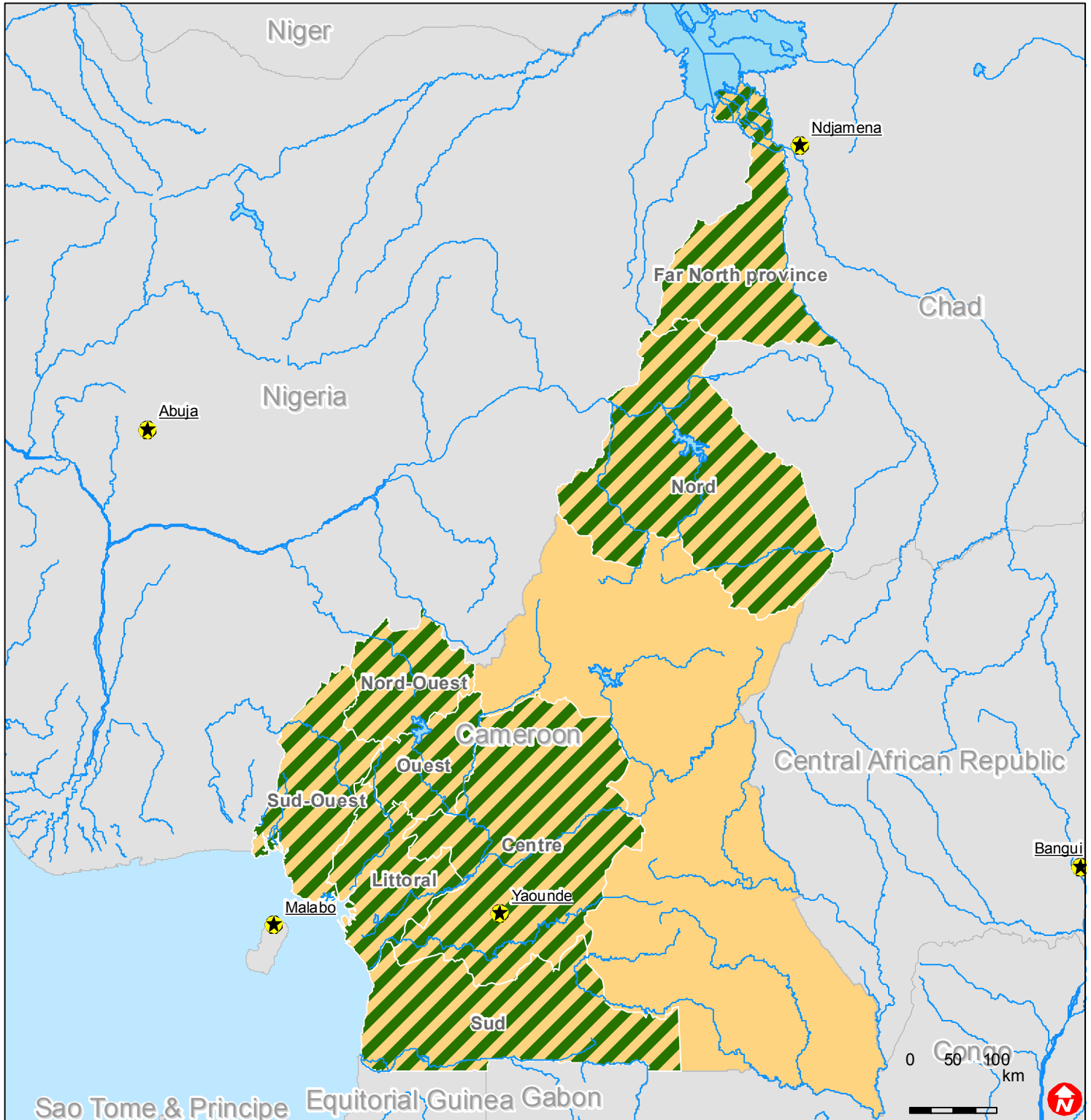
[<Emergency Appeal budget and map below; click here to return to the title page>](#)

**BUDGET SUMMARY**

Budget Group	Multilateral Response	Inter-Agency Shelter Coordination	Coordinated Support (ERUs)	TOTAL BUDGET CHF
Shelter - Relief	0			0
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities / Infrastructure				0
Construction - Materials				0
Clothing & Textiles	0			0
Food				0
Seeds & Plants	0			0
Water & Sanitation	273,489			273,489
Medical & First Aid	84,441			84,441
Teaching Materials	34,444			34,444
Utensils & Tools	0			0
Other Supplies & Services & Cash Disbursements				0
ERU (Emergency Response Units)				0
<b>Total Supplies</b>	<b>392,374</b>	<b>0</b>	<b>0</b>	<b>392,374</b>
Land & Buildings				0
Vehicles	36,000			36,000
Computer & Telecom	7,667			7,667
Off/House Equip-Audiovisual Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment				0
Other Machinery & Equipment				0
<b>Total Land, vehicles &amp; equipment</b>	<b>43,667</b>	<b>0</b>	<b>0</b>	<b>43,667</b>
Storage	14,222			14,222
Distribution & Monitoring	4,444			4,444
Transport & Vehicle Costs	115,813			115,813
<b>Total Transport &amp; Storage</b>	<b>134,480</b>	<b>0</b>	<b>0</b>	<b>134,480</b>
International Staff	84,800			84,800
Regionally Deployed Staff	0			0
National Staff	0			0
National Society Staff	24,444			24,444
Other Staff benefits	356,533			356,533
Consultants	0			0
<b>Total Personnel</b>	<b>465,778</b>	<b>0</b>	<b>0</b>	<b>465,778</b>
Workshops & Training	51,889			51,889
<b>Total Workshops &amp; Training</b>	<b>51,889</b>	<b>0</b>	<b>0</b>	<b>51,889</b>
Travel	26,711			26,711
Information & Public Relation	18,889			18,889
Office Costs	6,667			6,667
Communications	25,333			25,333
Professional Fees				0
Financial Charges	4,444			4,444
Other General Expenses	3,333			3,333
<b>Total General Expenditure</b>	<b>85,378</b>	<b>0</b>	<b>0</b>	<b>85,378</b>
Cash Transfers to National Societies				0
Cash Transfers to 3rd parties				0
<b>Total Contributions &amp; Transfers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Program Support	76,282	0	0	76,282
<b>Total Programme Support</b>	<b>76,282</b>	<b>0</b>	<b>0</b>	<b>76,282</b>
Services & Recoveries				0
Shared Services				0
<b>Total Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>1,249,847</b>	<b>0</b>	<b>0</b>	<b>1,249,847</b>
Available Resources				
Multilateral Contributions	0			0
ERUs contributions	0			0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>1,249,847</b>	<b>0</b>	<b>0</b>	<b>1,249,847</b>



# Cameroon: Cholera



Affected regions

