

# FINAL REPORT



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

## CHAD: CHOLERA

3 July, 2002

*This Final Report is intended for reporting on emergency appeals*

*Appeal No. 28/01*

*Launched on: 31 August, 2001 for 2 months for CHF 100,051*

*DREF Allocated: CHF 50,000*

*Beneficiaries: 84,425*

*Period covered: September - November, 2001;*

### “At a glance”

*Appeal coverage: 64.9%*

*Summary/Update: This cholera response operation was quite well managed thanks to the availability of the volunteers. It would have been more successful if obstacles due particularly to difference in culture, taboos and some religious and philosophical considerations of the populations had not complicated the work of the volunteers and other actors. On conclusion is that it is important to train volunteers more in their communities and to include the local political leaders, or even religious heads, who have a major influence. Increasing awareness must begin with the latter.*

*With a good disaster-preparedness and volunteer-training plan in the spirit of ARCHI 2010, the Red Cross of Chad (RCC), working alongside the Ministry of Health and other partners, clearly showed the capacity to manage this type of recurring epidemic. In response to the Federation’s appeal, the National Society deployed supplies and medicines in the country to support the Ministry of Health’s efforts. An evaluation meeting at the end of December 2001 highlighted the importance of the Red Cross of Chad in controlling epidemics in the country and the need to coordinate the efforts of the different partners in order to be more effective and thus to reduce the loss in human lives.*

### **Red Cross and Red Crescent action w**

Responding to the epidemic, the Red Cross of Chad (RCC), supported by the Federation regional delegation for Central Africa (DRAC), worked alongside the government to mount a control operation. It increased the population’s awareness, trained the community in maintaining good environmental hygiene and opened a camp to treat the sick. The Federation launched appeal no. 2872001 for the provision of material goods, expertise and medicines. The health delegate and his assistant provided the RCC with the strategic and technical support to organize the awareness programme and the sanitation programme so as to break the chain of transmission of the disease and to care for the sick.

## **Health w**

### **Objective 1: Awareness**

Three hundred volunteers were mobilized in the cities of N'djamena, Bongor and Moundou and the big cantons in the country to do house-to-house awareness. At the beginning, the volunteers were trained in social mobilization techniques using the book for volunteers, the ARCHI 2010 tool kit, and the leaflet devised by DRAC. Every day the volunteers criss-crossed their communities, in teams of two, going from place to place, explaining how cholera is transmitted and factors favouring propagation of the epidemic and teaching them how to chlorinate drinking water. They worked without stop from 1 July to 30 September and visited 15,000 families (370,000 persons). During their visits the volunteers detected 48 cases which they referred to the treatment camps. The awareness programme was carried out at in 20 weekly markets which are generally frequented by more than 5,000 people from the cities and towns. Five hundred posters and 10,000 leaflets in French and in Chad Arabic were distributed. This was done in cooperation with the community leaders and the health services.

### **Objective 2: Care for the sick**

Initially the RCC planned to open a cholera treatment camp in one of the districts of N'djamena, but a new centre of infection broke out in Guitté, 150 kms from N'djamena, and it is here that the camp was opened on 23 August 2001. The RCC recruited a doctor and two nurses and mobilized 12 local branch volunteers to run it correctly. Eight volunteers, all girls, came from the city of N'djamena to share experience for ten days. When the camp closed on 15 September 2001, 235 persons had received care and 5 had died. Care in the camp was combined with work to increase awareness in the surrounding villages. The Red Cross vehicle had a breakdown and MSF provided the awareness team with a means of transport.

## **Construction w**

It was very difficult to obtain plastic sheeting to build the treatment centres in such a short time frame. The camp, the beds for the sick, and other structures were built with local materials. The volunteers were thus able to master these techniques for other operations.

## **Water and sanitation w**

### **Objective 1: environmental hygiene**

To break the chain of transmission, rubbish dumps (where flies that transport the vibrio reproduce) had to be removed. The volunteers chlorinated all the wells in the cities where the epidemic had occurred. 7,500 wells were chlorinated. The volunteers showed the well owners how to use commercial bleach. From 24 August to 10 September, 150 volunteers, with the cooperation of the N'djamena city sanitation services, sanitized eight markets and removed rubbish. The population actively participated in this activity. The volunteers showed the population how to destroy household rubbish and to drain waste water.

Rubbish was taken 50 km outside the city and sprinkled with Baygon and concentrated chlorine. This operation had a very positive impact on the epidemic in N'djamena. One week later, the number of cases had decreased considerably, dropping from 20 to 1 new case per day (see attached graphic).

This work was supported by the community leaders and by a private radio which often mentioned these activities and enhanced awareness. The town hall made two big vehicles available to the National Society for this operation.

## **Evaluation of the operation w**

The cholera operation was evaluated on 27 and 28 December 2001 with the RCC represented at different levels: governance, management, local committee and volunteers. The Ministry of Health and MSF, partners in the operation, also took part. The aim of the evaluation as defined in the terms of reference was to highlight the strengths and weaknesses.

<b>STRENGTHS</b>	<b>HOW TO IMPROVE OR STRENGTHEN</b>
Volunteers available and enthusiastic	Training / further training. Distinction: medal/diploma for participation - T-shirt Presence, though short, of the national President in the field
Sanitation operation of the city of N'djamena and chlorinating wells	Disaster preparedness Plan (DPP)
Increasing awareness by going house to house	- Include the local political leaders in raising awareness - Be polite and courteous - Include both sexes - Improve awareness material (megaphone, tabards and leaflets) - DDP - Use health tools (IEC division)
Open a cholera camp	Disaster preparedness plan
External collaboration with the town hall, District sanitation committee	DPP
Full-time presence of a doctor	Recruit a doctor for the National Society or the Ministry of Public Health seconds a doctor to the NS
Collaboration with FM Liberté private radio for messages for the population	Lobbying civil society Send a letter of thanks or a diploma for contributions to the operation

**Achievements:**

- Creating solid links with FM Liberté private radio, the district sanitation committees and the town hall services.
- Improving and enhancing first aiders' image in the community.
- Strengthening the RCC's operational capacity: 300 volunteers trained / large supplies of sanitation material available.

**Weaknesses of the operation**

<b>Weaknesses</b>	<b>How to strengthen</b>
Lack of an operational national epidemic control plan	Need to inform the partners and the community of the contents of the existing plan
Delay in launching awareness raising	- Enhance awareness in normal times - More refresher courses
Difficult access to homes	Train community-based first aiders in first aid. Promote women in training for first aiders.
Culture with taboos that hamper going house to house to raise awareness	Training community-based first aiders
Communications / logistics problems	Rely on the Movement and other partners present Lobbying of civil society
Lack of supervision	Choice of supervisor Provision of supervision tools
Problems with organization and coordination	Division of tasks in a plan of action to be worked out.
Retaining volunteers	Training volunteers (Archi 2010).
Shortage of materials	Include in plan of action Problem of reserve stocks Coordinate with partners

Difficulty for some population to put theories into practice	Experienced supervisor; follow up Training field teams based on experience
Population negligent about public hygiene problems	Increasing the community's awareness of environmental hygiene.
Funding problems	Plan of action and reserve Fund raising

<b>Constraints</b>	<b>Solutions implemented</b>
<ul style="list-style-type: none"> <li>• Per diems distributed by other organizations.</li> <li>• Volunteers leaving.</li> <li>• Difference of culture sometimes between the volunteer and the family that has become aware.</li> <li>• Lack of equipment and managerial logistics.</li> <li>• Lack of communications between actors.</li> <li>• Difficult socio-economic environment</li> </ul>	<ul style="list-style-type: none"> <li>• Training volunteers /ARCHI 2010.</li> <li>• Community-based first aid training for first aiders.</li> <li>• Plan of action.</li> <li>• Create a coordination body to combat epidemics.</li> <li>• Income generation projects for the volunteers.</li> </ul>

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*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

*This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

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