

# 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° 1  
6 August, 2010

### DREF budget and timeframe extension

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: 11 June  
to 5 August 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.

Since July, ten more health districts have been affected and the Cameroon Red Cross volunteers are carrying out social mobilization in 8 of the 14 health districts concerned. So far, 1,456 cases of cholera and 109 deaths have already been registered, which represents a serious increase of the number of cases and deaths compared to those at the time this DREF operation was launched.



This place has been chosen as a temporary cholera treatment centre (Mokolo) managed by Cameroon Red Cross volunteers Genevieve PIAM – Regional Disaster Response Team.

A DREF extension of CHF 239,680 has therefore been made to extend the operation from 800,000 to 3,480,000 beneficiaries and bringing the total DREF allocation to CHF 381,154.

This operation was expected to be implemented over three months, and completed by September 2010. Considering the new situation at hand, this DREF operation update extends the timeframe from September to December 2010, i.e. from three months to six months.

DG ECHO has made a contribution of CHF 70,737 to the DREF in replenishment of this allocation. 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> .

[<click here to view contact details>](#)

## The situation

Since May 2010, the Far North Region of Cameroon has experienced a severe cholera outbreak, the country's biggest outbreak in the last ten years according to the UN (IRIN on 3 August 2010). As far as epidemiology is concerned, the Far North Region of Cameroon is a high risk area. The last cholera outbreak occurred in October 2009, recording 366 cases, 44 deaths, and affected 11 health districts in the region. The last cholera case was reported in December 2009. On 6 May 2010, the chief of the health service at Makary district reported cases of diarrhoea and vomiting, which were investigated at the Ngouna Integrated Health Centre (IHC). The IHC confirmed the first cholera case on 6 May 2010. Until May 28 2010, all the cases registered were in the Makary and Mada health districts of Far North Region, which were not affected during the 2009 outbreak. Since then, Mogode and Kousseri have also been affected. On 12 July 2010, eight health districts were already affected by cholera, whilst four new health districts were affected as from 13 July 2010, namely Hina, Kolofata, Roua and Kay-hay health districts. By 1 August 2010, 14 health districts out of the 28 that make up the Far North Region of Cameroon were affected. A total of 456 cases of cholera and 109 deaths have been registered, with a 7.5 percent case fatality rate (CFR).

A cholera outbreak is current in Mogode, Kousseri, Makary, Meri, Guere, Mokolo, Kolofata, Koza, Hina, Roua, Kay-hay, Mada, Yagoua and Tokombéré health districts of the Far North Region of Cameroon. The social mobilization campaign launched by Cameroon Red Cross volunteers since July 2010 is ongoing in eight of the 14 health districts that are currently affected by cholera. It should be noted that by the time this DREF was launched; only four health districts were affected. The volunteers have been working in close collaboration with health and community authorities. Red Cross volunteers have already sensitized 175,675 people in eight health districts, identifying 246 suspected cases of cholera and referring them to health centres. The volunteers have also chlorinated 378 water points and disinfected 1,647 latrines and 150 houses.

So far, a total of 1,456 cases of cholera and 109 deaths have already been registered. Since the start of the operation, the cholera outbreak has spread over the Far North Region of Cameroon, making the entire population of that region extremely vulnerable. This population is estimated at 3,480,000 people (figure published by Government in May 2010).

**Table 1: The Number of Cholera cases as at 1 August 2010**

N°	DS	Old cases		New cases (within 2 days)		Total		Deaths within the community	Lethality
		Cases	Deaths	Cases	Deaths	Cases	Deaths		
1	Meri	1	0	-	-	1	0	0	0,0%
2	Mogode	37	8	15	4	52	12	5	23,1%
3	Makary	74	7	-	-	74	7	4	9,5%
4	Kousseri	1	0	-	-	1	0	0	0,0%
5	Mada	36	1	-	-	36	1	1	2,8%
6	Koza	86	6	58	4	144	10	3	6,9%
7	Guere	196	14	-	-	196	14	8	7,1%
8	Mokolo	643	42	67	3	710	45	21	6,3%
9	Hina	3	2	-	-	3	2	2	66,7%
10	Kolofata	195	9	-	-	195	9	8	4,6%
11	Roua	3	0	17	4	20	4	1	20,0%
12	Kar Hay	2	1	-	-	2	1	1	50,0%
13	Yagoua	11	2	10	1	21	3	3	14,3%
14	Tokombéré	-	-	1	1	1	1	1	100,0%
	<b>Total</b>	<b>1,288</b>	<b>92</b>	<b>168</b>	<b>17</b>	<b>1,456</b>	<b>109</b>	<b>58</b>	<b>7,5%</b>

Source: Far North Regional Delegation for Public Health

Fifty-three percent of the deaths have been registered within the community, and this can be explained by two factors:

1. Factors associated with existing health systems: poor mastery of the medical case management protocol, late declaration of cases;
2. Factors associated with the specificities of the community: late arrival of patients to health centres, which at times is due to ignorance or to bad roads that have been made even more impassable by the rain. Some community practices such as gatherings around corpses have also facilitated the rapid spread of the epidemic.

The rapid spread of the cholera outbreak is also attributed to the extensive inter-district movement of people, the cross-border movement of people and goods, the rainy season, poor access to potable water (only 29 percent of the population has access to potable water), and low use of latrines (only five percent of the local population use latrines). The situation has been further complicated by rains and flooding (flooding occurred in Pouss).

Presently, the sensitization, disinfection of latrines and treatment of water points by Cameroon Red Cross volunteers only cover 8 of the 14 health districts affected by cholera. There is therefore the need to recruit and train more volunteers to cover the remaining six localities, and scale-up activities in eight localities.

## Coordination and partnerships

In order to respond to this critical situation, the government administrative authorities in Far North Region (the Diamare Divisional Officer and the Governor of the Far North Region) set up a crisis committee to manage the cholera outbreak. This committee is composed of existing dynamic agencies within the region, including Cameroon Red Cross. The mayors of the region have been asked to launch large scale hygiene promotion activities with the view to get the populations to strictly respect hygiene rules and use latrines adequately.

Cameroon Red Cross has been working in close collaboration with existing health structures such as health districts and health centres. In Kousseri, UNFPA supported the Red Cross by providing water purification tablets (aqua tab). UNICEF provided chlorine for water purification, and WHO provided some components of a cholera kit. A weekly coordination meeting has been held in the premises of the Disease Control Division of the Ministry of Health.

## New needs

Considering the evolving cholera situation, Cameroon Red Cross needs to recruit and train an additional 150 volunteers, adding to the 100 that are already working in the field. With the 250 volunteers, the National Society will be better positioned to efficiently respond to the disease outbreak.

The operation was initially delayed by the limited access due to the bad roads and the rainy season. This also explains why the DREF timeframe needs to be extended from three months to six months within the same objectives. The aim will be to reinforce the planned activities with an extension to the newly affected localities, previously not included in the DREF operation.

Some localities such as Meri, Koza, Guere, Kar Hay, Yagoua and Tokombéré need sanitation kits as they did not receive some during the 2009 cholera outbreak; neither during the on-going operation. Additional disinfection and water treatment materials will be needed to cover all the localities affected. Bicycles and motorbikes will be distributed to coaches and volunteers to enable them to access the beneficiaries easily despite the rainy season.

## Red Cross and Red Crescent action

### Progress towards outcomes

#### Emergency health

**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.**

**Specific objectives:**

- 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><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The partnership between the Ministry of Health, WHO, UNICEF and Cameroon Red Cross is strengthened.</li> <li>• The visibility of the Red Cross is improved.</li> </ul>	<p><b>Activities planned:</b></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 250 volunteers and 14 coaches</li> <li>• 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.</li> <li>• Detect and conduct suspected cases to health centres</li> <li>• Disseminate messages over local radio stations</li> <li>• Approach and integrate communities in the activities of the operation</li> <li>• Purchase chemicals and disinfect water</li> <li>• Improve and disinfect family and public latrines</li> <li>• Purchase and distribute sanitation kits</li> <li>• Organize general sanitation sessions with the support of authorities for six months</li> <li>• Provide technical support to Cameroon Red Cross</li> <li>• Equip Cameroon Red Cross with didactic materials, and other mobile support equipment to ease access to the greater number of beneficiaries</li> <li>• Monitor and supervise volunteers</li> <li>• Participate in the meetings of the crisis committee</li> <li>• Carry out advocacy activities before refuse disposal authorities to help intensify their activities</li> <li>• Coordinate and follow up the implementation of the operation</li> </ul>
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**Progress:**

Cameroon Red Cross volunteers conducted three weekly sensitization sessions as planned, explaining the risks to which the populations are exposed, and what they need to do to prevent the spread of cholera. As a result of the sensitization efforts, an increasing number of people have been attending health centres spontaneously.

At the beginning of the operation, 100 volunteers were recruited and trained on cholera epidemic management. The trainees then went to the field to immediately start sensitization. They also identified all existing water points and latrines and their state, and this facilitated the planning of water treatment and latrine disinfection activities.

So far, the 100 volunteers have already sensitized 175,675 people through hygiene promotion. The sensitization methods used include focus group discussions, door-to-door sensitization, home visits, individual interviews and public place sensitization. The volunteers have been able to identify 246 suspected cases of cholera and refer to health centres. They have also disinfected 150 houses.

As of 27 July 2010, about 378 water points were chlorinated, and 1,498 water wells were covered, with the active participation of communities, especially for covering water points. The volunteers had already started doing so with locally available materials before the arrival of the Red Cross with more appropriate equipment. At times, the populations put their locally available materials at the disposal of Red Cross volunteers as they believe the Red Cross is more experienced than they are. So far, 1,647 latrines have been cleaned and disinfected.

The 100 volunteers mobilized so far for the operation have been trained on various water treatment and sensitization techniques, as well as on the use of the PHAST information, education and communication (IEC) material. In addition, Cameroon Red Cross authorities mobilized five supervisors and a local coordinator, and briefed them on how to monitor volunteers and evaluate their activities on the field.

Through the activities that volunteers have been carrying out, the Red Cross has been playing its part as an auxiliary to government. The Red Cross has been working in close collaboration with health and traditional authorities in the Far North Region, and the activities carried out by the Red Cross are highly appreciated by Government representatives.

The Ministry of Health authorized the Red Cross to temporarily support medical case management, in addition to social mobilization, which has been Red Cross traditional responsibility in Cameroon. The Red Cross has been conducting case management especially at the Mokolo cholera treatment centre, in the Mayo-Tsanaga Division. The cholera training centre is exclusively managed by the Cameroon Red Cross volunteers.

**Challenges:**

- Logistics constraints associated with bad roads delayed the implementation of the planned response activities under this operation. Accessing the beneficiaries has been extremely difficult and it is recommended to make available bicycles and motorbikes to improve the transportation systems.
- The epidemic spread to new localities after the start of the operation, and the planned action turned out to be insufficient to control the situation. The National Society has been provided with additional resources from DREF to expand its activities accordingly.
- Apart from the Ministry of Health, no other government structure has been involved in the response operation. There is the need for increased collaboration with local councils and other government authorities, particularly in sanitation and mass sensitization where religious authorities are to be involved.
- The start of the rainy season is likely to exacerbate the spread of cholera. Cameroon Red Cross is position itself to embrace the challenges and response effectively saving the vulnerable people.

## **Communications**

To facilitate the sensitization, eight radio programmes on cholera were broadcasted in Yagoua and Mokolo in the local language, and this attracted the attention of communities as they could listen and understand the messages. Tee-shirts were printed and distributed to Red Cross volunteers.

## 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.

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[<Click here to return to the title page>](#)

## MDRCM009 Cameroon Cholera

### BUDGET SUMMARY

Budget Group	DREF Grant Budget	TOTAL BUDGET CHF
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities / Infrastructure		0
Construction - Materials		0
Clothing & Textiles		0
Food		0
Seeds & Plants		0
Water & Sanitation	61,935	61,935
Medical & First Aid	23,004	23,004
IEC Materials	13,283	13,283
Utensils & Tools		0
Other Supplies & Services & Cash Disbursements		0
<b>Total Supplies</b>	<b>98,222</b>	<b>98,222</b>
Land & Buildings		0
Vehicles		0
Computer & Telecom		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
<b>Total Land, vehicles &amp; equipment</b>	<b>0</b>	<b>0</b>
Storage		0
Distribution & Monitoring		0
Transport & Vehicle Costs	35,867	35,867
<b>Total Transport &amp; Storage</b>	<b>35,867</b>	<b>35,867</b>
International Staff		0
Regionally Deployed Staff		0
National Staff	6,358	6,358
National Society Staff	71,368	71,368
Other Staff benefits		0
Consultants		0
<b>Total Personnel</b>	<b>77,726</b>	<b>77,726</b>
Workshops & Training	3,849	3,849
<b>Total Workshops &amp; Training</b>	<b>3,849</b>	<b>3,849</b>
Travel	2,126	2,126
Information & Public Relation	885	885
Office Costs	1,419	1,419
Communications	4,250	4,250
Professional Fees		0
Financial Charges	708	708
Other General Expenses		0
<b>Total General Expenditure</b>	<b>9,388</b>	<b>9,388</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>
Program Support	14,628	14,628
<b>Total Programme Support</b>	<b>14,628</b>	<b>14,628</b>
Services & Recoveries		0
Shared Services		0
<b>Total Services</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>239,680</b>	<b>239,680</b>