

Operations update



International Federation
of Red Cross and Red Crescent Societies

Cameroon: Cholera outbreak

Emergency appeal n° MDRCM011
GLIDE n° EP-2011-000034-CMR
Operations update n° 2
31 May, 2011

Period covered by this Update: 19 to 31 May 2011.

Appeal target (current): CHF 1,361,331;
[<click here for Interim Financial Report>](#)

Appeal coverage: 4% (of revised appeal budget)
[<Click here for updated donor response report, or here for contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on 4 April 2011 for 1,249,847 to assist 87,500 direct beneficiaries in Centre, Littoral, West and South-West regions of Cameroon for 12 months.
- **Disaster Relief Emergency Fund (DREF):** CHF 150,000 was initially allocated by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the national society's response operation.
- Following, worsened situation, with nearly all regions affected, Operations Update no. 1 revised the objectives and budget of the operation to include the North and Far North regions, and budget revised from CHF 1,249,847 to CHF 1,361,331 to include the cost of activities in the two regions, which were not targeted initially.
- Current Operations Update no.2: Provides financial statement against revised budget. No further updates available on evolving situation or programme progress.

Summary: A serious cholera epidemic has been affecting Cameroon since 2010. After a cholera-free period at the end of 2010, new cases started appearing in early 2011, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. These regions were targeted in the original appeal in April.

In the meantime, the situation in the field has deteriorated, with almost all 10 regions of Cameroon being affected. By 18 May 2011, more than 6,300 cases of cholera and 201 deaths were already registered for 2011.

Available resources have been put into action. Already, with government, the National Society has developed cholera prevention and control messages, produced 8,000 leaflets and posters and 200 image boxes to be used for sensitization about cholera. Through the IFRC regional representation, necessary materials were purchased, including disinfecting chemicals, soap, and protection equipment and sprayers for volunteers. A total of 300 Red Cross volunteers have been trained in the 4 regions that were initially targeted. The trained volunteers have sensitized about 360,000 people in homes, churches, mosques, market places and other public places. They have also been conducting epidemic surveillance activities in neighbourhoods, referring suspected cases to the nearest health centres.

The situation

A serious cholera epidemic has been affecting Cameroon since 2010. In fact, most regions of Cameroon registered cases of cholera in 2010, with the Far North region standing out as the most affected. By then, more than 10,000 cases and 650 deaths had been registered. After collective intervention by Government and its partners including Cameroon Red Cross as a major actor supported by IFRC's Central Africa Regional

Representation (CARREP), there was a free period towards the end of 2010 without any case of cholera, and everybody thought it was the end of the epidemic. However, new cholera cases started appearing in early 2011 in almost all the ten regions of Cameroon, with the Centre, Littoral, South-West and West regions standing out as the most affected regions. Thus, CARREP launched an emergency appeal to respond to the epidemic in those regions as from April 2011.

The situation deteriorated dramatically barely one month into the operation, with the epidemic spreading suddenly to almost all 10 regions. For example, the Far North region reported 50 cases and 1 death in April, which rose to 276 cases and 15 deaths by May. The number of cases and deaths has increased substantially in all the regions within one month. By 18 May 2011, more than 6,300 cases of cholera and 201 deaths were already registered for 2011. Out of the 10 regions of Cameroon, only the East region was reported to have no case of cholera. Nevertheless, the train that links the southern part of Cameroon to the northern part passes through the East region on a daily basis. Therefore, this region is also likely to register cases. Moreover, there are signs that the situation will likely worsen in the northern regions of the country as the epidemic is appearing at the beginning of the rainy season. Heavy rains will probably cause an increase in the number of cases. The table below summarizes the situation as of 18 May 2011. No updates to this information were available by end May.

REGION	Population	2010			2011			Total since the start of the epidemic		
		Cumulated number of cases	Cumulated number of deaths	Lethality rate (%)	Cumulated number of cases	Cumulated number of deaths	Lethality rate (%)	Cumulated number of cases	Cumulated number of deaths	Lethality rate (%)
Adamaoua	1 048 004	1	0	0	27	12	44,44	28	12	42,85
Centre	3 628 317	46	2	4,3	2353	72	3	2399	74	3
East	8 090 34	0	0	-	0	0	-	0	0	0
Far North	3 575 288	9421	602	6,38	276	15	5,43	9697	618	6,37
Littoral	2 951 722	456	17	4,01	1328	33	2,48	1784	50	2,8
North	2 135 371	498	22	4,41	204	24	11,76	702	46	6,55
North-West	1 830 550	1	1	100	32	6	18,75	33	7	21,21
West	1 810 646	1	0	0	316	16	5	317	16	5
South	7 030 55	0	0	0	49	2	4	49	2	4
South West	1 406 115	333	13	3,9	1700	21	1,2	2033	34	1,67
TOTAL	19 898 102	10757	657	6,1	6285	201	3,2	17042	858	5,03

Coordination and partnerships

The Ministry of Public Health (MoH) has made available inputs to all Government health facilities to enable them to manage all cholera cases free of charge. The Secretary General of the MoH chairs a meeting with actors in the fight against cholera every Thursday afternoon.

Cholera control and coordination centres (C4) have been set up in the Centre, littoral and Far North regions to manage the epidemic.

The World Health Organization (WHO) set up the C4 and has been holding interagency meetings on cholera every Tuesday afternoon. UNICEF is leading the communication sub commission within the crisis committee, and Cameroon Red Cross is an active member of that commission. This sub commission meets every Monday morning. Plan International is working within the community. An agreement is being signed between Plan and Cameroon Red Cross to facilitate the mobilization of Red Cross volunteers whose contribution is highly appreciated. Médecins Sans Frontières (MSF) set up two cholera treatment centres in Yaoundé, and CTU in some localities such as Obala in the Centre region, about 100 km from Yaoundé. The Centre Pasteur du Cameroon has been instrumental in the official declaration of the epidemic and has been studying the various strains of the cholera vibrios that are active in Cameroon. Care Cameroon has been contributing to the fight in the Mvog-Ada health district of Cameroon.

National Society Capacity Building:

During this initial phase of the operation, efforts were concentrated on strengthening the operational capacities of Cameroon Red Cross. A total of 300 new Red Cross volunteers were trained on cholera management, comprising 100 in Yaoundé (Centre region), 100 in Douala (Littoral region), 50 in Limbe (South West region), and 50 in Bafoussam (West region). In addition, protection materials were given to the trained volunteers. The materials, which included 300 raincoats, 300 pairs of boots, 300 gloves, 300 mufflers and 300 aprons will enable Red Cross volunteers to work safely and contribute to cholera control.

Red Cross and Red Crescent action

Overview

Working in close collaboration with UNICEF, which leads the communication sub commission, Cameroon Red Cross (CRC) contributed to cholera sensitization in 3 phases. Firstly, they developed cholera prevention and control messages and shared them electronically with partners and Government services to seek their inputs. Secondly, CRC and partners adopted the final version of the messages, which led to the production of communication aids. CRC then put up posters and distributed others following a plan jointly established by all partners in the regions concerned. Thirdly, CRC conducted door-to-door sensitization and communication around cholera, and active detection of cholera cases within communities in all regions originally targeted by the operation.

On 30 April 2011, CRC organized the training of their volunteers on cholera management, with the participation of the MoH that guaranteed the quality of the training that was also facilitated by CARREP's Regional Health Coordinator. After the theoretical part of the training, the trainees were taken to the field at the Biyem-Assi health district where they demonstrated their know how in the presence of the Coordinator of the C4 for the Centre region. Other training sessions were organized on 11 May 2011 in Douala (Littoral region) and Limbe (South West region). In order to facilitate the response to cholera, CARREP purchased all the materials required as detailed below.

Progress towards outcomes

Using the revised outcomes introduced in Operations Update No. 1:

Emergency health and care

Outcome: To contribute to the reduction of the impact of cholera on the affected communities through health promotion for the populations in 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North) for 12 months.

Outputs (expected results):	Activities planned
1. The populations of the 6 targeted regions of Cameroon know the signs and symptoms of cholera and rush to the nearest health centre upon noticing the first alert.	<ul style="list-style-type: none"> • Contact beneficiaries, especially community leaders • Produce information, education and communication materials (posters, folders, image boxes) • Recruit and train 600 volunteers (100 volunteers in each of the 6 regions of Cameroon), and 6 regional cholera focal points (1 in each region) on epidemics management, with focus on cholera • 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. • Detect suspected cases of cholera, administer them cholera-related first aid, and conduct them to nearest health centres. Suspected cases of cholera will receive ORS by RC Volunteers during their transport to health centres. • Disseminate cholera prevention messages over local radio stations in the 6 regions of Cameroon
2. The capacities of the Red	<ul style="list-style-type: none"> • Provide technical support to Cameroon Red Cross

<p>Cross divisional committees in the 6 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"> • Train Cameroon Red Cross volunteers and staff on the community-based health and first aid (CBHFA) approach • Train Cameroon Red Cross volunteers and staff on Epidemic Control for Volunteers Manual and Toolkit • Equip Cameroon Red Cross with training materials, and other mobile support equipment to ease access to the greater number of beneficiaries
<p>3. The partnership between the Ministry of Public Health and Cameroon Red Cross is strengthened.</p>	<ul style="list-style-type: none"> • Participate in the meetings of the crisis committee put in place by Government • Advocate with administrative authorities for the inclusion of activities against cholera in their action plan.

Progress:

As a member of the communication sub commission of the Government-led cholera crisis committee, Cameroon Red Cross national society (NS) developed cholera prevention and control messages and shared them electronically with partners and Government services in order to seek their inputs. After the adoption of the final version, the NS produced 8,000 leaflets and posters (575 in English), and 200 image boxes to be used for sensitization about cholera in Centre, Littoral, South West and West regions of Cameroon. After the production of communication tools, the NS went ahead training 300 Red Cross volunteers on cholera management; on the basis of 100 volunteers in Yaoundé (Centre region), 100 in Douala (Littoral region), 50 in Limbe (South West region), and 50 in Bafoussam (West region). On its part, CARREP purchased all the materials required for the intervention in the field and put it at the disposal of Cameroon Red Cross authorities. Materials included 45 buckets of calcium hypochlorite (45 kg each), 18 bottles of cresol, 10 cartons of detergent, 70 cartons of soap of 147 pieces each, 23 cartons of chloride bleach, 300 raincoats, 300 pairs of boots, 300 gloves, 300 mufflers, 300 aprons, 20 sprayers, 200 image boxes, 20 megaphones and 96 pairs of batteries.

Equipped with this knowledge and materials, Cameroon Red Cross set out to actually respond to cholera. Once in the field, they met with Government (mayors, divisional and sub divisional officers), religious and community leaders to organize the intervention. After this preparatory phase, Cameroon Red Cross volunteers (300) continued sensitizing the populations in schools, churches, mosques, markets and other public places in Centre, Littoral, South West and West regions of Cameroon, reaching about 72,000 families i.e. about 360,000 people, including 24,000 families in Centre region, 24,000 families in Littoral region, 12,000 families in South West region and 12,000 families in West region. Each trained volunteer sensitized 20 families per day and worked 3 days per week during 4 weeks. Throughout their stay in the field, Red Cross volunteers pasted posters, distributed leaflets, and held talks with families on cholera prevention and control. In the Centre region, the 100 trained volunteers worked in Mfoundi division (Yaoundé), and in Obala and Bafia sub divisions. In Littoral region, the 100 trained volunteers worked in Wouri division (Douala), Yabassi, Kongsamba, and Melong sub divisions. In South West region, the 50 trained volunteers worked in Limbe, Buea, Tiko, Mutengene, Muyuka and Kumba sub divisions. In West region, the trained 50 volunteers worked in Bafoussam, Foubot, Fouban, Dschang and Bafang sub divisions. In Douala, Yaoundé and Limbe, Cameroon Red Cross authorities negotiated with local radio stations (CRTV and Caritas), and obtained spaces for disseminating Red Cross messages on cholera prevention and control.

Challenges:

The planned ORS were not available because of administrative problems between Cameroon Red Cross and the Cameroon Government. However, the problem is being solved and hopefully the ORS will be available soon.

Water, sanitation, and hygiene promotion

Objective: To contribute to the reduction of waterborne and water-related diseases through the provision of safe water, adequate sanitation and hygiene promotion to 60 pilot schools (10 pilot schools in each of the 6 regions of Cameroon (Centre, Littoral, South west, West, Far North and North), i.e. about 120,000 students, on the basis of 2,000 students in each school. This objective will also target 12,000 families, i.e. about 60,000 beneficiaries identified within the communities of all 6 regions of Cameroon based on the level of their

vulnerability for 12 months.	
Outputs (expected results)	Activities planned
1. The 120,000 students and 12,000 families targeted by the operation in the 6 regions of Cameroon have access to adequate water, hygiene and sanitation facilities.	<ul style="list-style-type: none"> • Train 600 Red Cross volunteers on hygiene promotion using 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. 10 pilot primary and secondary schools will be targeted in the each of the 6 regions of Cameroon. • Establish Red Cross / health clubs in all the schools targeted by the operation (60 pilot schools) • Promote hygiene in all the schools targeted by the operation
2. Water, sanitation and hygiene promotion activities are carried out routinely in the 6 targeted regions of Cameroon to help prevent water borne diseases, with focus on cholera.	<ul style="list-style-type: none"> • Approach and integrate communities in the activities of the operation in the 6 targeted regions of Cameroon • Purchase chemicals and disinfect water • Purchase and distribute soap for the 60,000 beneficiaries targeted directly by this operation in all 6 targeted regions of Cameroon for 12 months; i.e. 1,440,000 pieces of soap of 250 g each, on the basis of 1 piece per person and per month • Train populations on how to disinfect water at home • Improve and disinfect family and public latrines • Purchase and distribute sanitation kits • Integrate hygiene promotion and community surveillance of cholera in the job description of Cameroon Red Cross leaders • Promote proper hand washing nation-wide by distributing hand washing kits to at least 90 hotels and catering facilities in the 6 regions of Cameroon, i.e. about 900 hand washing kits, on the basis of 150 kits for each region. • Purchase sanitation materials and organize general sanitation sessions with the support of authorities and the participation of communities in all 6 regions of Cameroon for 12 months
3. The corpses of the people who died from cholera are treated and buried in accordance with established hygiene rules.	<ul style="list-style-type: none"> • Purchase the materials required for proper treatment and burial of corpses of the people who died from cholera • Treat the corpses of the people who died from cholera and bury them in close collaboration with competent government services. • Disinfect the places where every corpse of a person who died from cholera has passed.

Progress:

Cameroon Red Cross volunteers trained 450 families on how to treat water at home, comprising 200 families in Yaoundé, 150 in Douala, 50 in Limbe and 50 in Bafoussam.

Challenges:

Most activities planned in this sector have not yet been carried out because of limited response to the appeal.

Communications and monitoring

Objective: Support the Cameroon Red Cross National Society to engage in social mobilisation to reach populations that are affected by cholera in all 6 regions (Centre, Littoral, South west, West, Far North and North) of the country.	
Outputs (expected results):	Activities planned
1. Communication materials are developed to reach schools and vulnerable populations at risk.	<ul style="list-style-type: none"> • Design/update audio, print, visual and other sensitisation materials • Strengthen relationship between Cameroon Red Cross and the national and international media • Prepare a documentary/case study on cholera with a view to improving future response
2. The cholera response operation is monitored, reviewed and reported on; information is regularly utilized in programme management	<ul style="list-style-type: none"> • Put in place a monitoring and evaluation plan for the operation • Carry out regular monitoring of the operation and produce monitoring reports

Progress:

Eight thousand leaflets and posters have been produced and distributed in all of the originally-targeted 4 regions.

Challenges:

Most activities planned in this sector have not yet been carried out because of the limited response to the appeal.

Communications – Advocacy and Public Information

Cameroon Red Cross supported by CARREP has been participating in all the meetings organized by Cameroon Government and other partners on cholera in Cameroon. More comprehensive communication activities will be organized when there is better response to the appeal.

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 \(NGOs\) 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: secretairegeneral.crcam@cosnac.org
- In 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 Johannesburg: Alasan SENGHORE, Director for Africa zone, email: alasan.senghore@ifrc.org; phone +27 11 303 9700; mobile +27 71 872 5111; fax +27 11 884 0230

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International Federation of Red Cross and Red Crescent Societies

MDRCM011 - Cameroon - Cholera Outbreak

INTERIM

Selected Parameters	
Reporting Timeframe	2011/4-2011/4
Budget Timeframe	2011/4-2012/3
Appeal	MDRCM011
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,361,331					1,361,331
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Swedish Red Cross</i>	<i>50,716</i>					<i>50,716</i>
C1. Cash contributions	50,716					50,716
<u>Other Income</u>						
<i>DREF Allocations</i>	<i>150,000</i>					<i>150,000</i>
C4. Other Income	150,000					150,000
C. Total Income = SUM(C1..C4)	200,716					200,716
D. Total Funding = B + C	200,716					200,716
Appeal Coverage	15%					15%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	200,716					200,716
E. Expenditure	-84,114					-84,114
F. Closing Balance = (B + C + E)	116,602					116,602

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MDRCM011 - Cameroon - Cholera Outbreak

INTERIM

Selected Parameters	
Reporting Timeframe	2011/4-2011/4
Budget Timeframe	2011/4-2012/3
Appeal	MDRCM011
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,361,331					1,361,331	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	308,245	29,218				29,218	279,027	
Medical & First Aid	74,345						74,345	
Teaching Materials	42,857	19,697				19,697	23,160	
Total Relief items, Construction, Supplies	425,447	48,914				48,914	376,533	
Land, vehicles & equipment								
Vehicles	14,449						14,449	
Computers & Telecom	2,449						2,449	
Total Land, vehicles & equipment	16,898						16,898	
Logistics, Transport & Storage								
Storage	17,755						17,755	
Distribution & Monitoring	6,122						6,122	
Transport & Vehicle Costs	88,992						88,992	
Total Logistics, Transport & Storage	112,869						112,869	
Personnel								
International Staff	38,939						38,939	
National Staff	6,633						6,633	
National Society Staff	350,000						350,000	
Total Personnel	395,572						395,572	
Workshops & Training								
Workshops & Training	284,439						284,439	
Total Workshops & Training	284,439						284,439	
General Expenditure								
Travel	14,449						14,449	
Information & Public Relation	7,143						7,143	
Office Costs	3,571						3,571	
Communications	10,714						10,714	
Financial Charges	4,082						4,082	
Other General Expenses	3,061						3,061	
Total General Expenditure	43,020						43,020	
Operational Provisions								
Operational Provisions		30,066				30,066	-30,066	
Total Operational Provisions		30,066				30,066	-30,066	
Indirect Costs								
Programme & Service Support	83,086	5,134				5,134	77,952	
Total Indirect Costs	83,086	5,134				5,134	77,952	
TOTAL EXPENDITURE (D)	1,361,331	84,114				84,114	1,277,217	
VARIANCE (C - D)		1,277,217				1,277,217		