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## Emergency Plan of Action (EPoA) Cameroon: Cholera

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n°</b> MDRCM018 <b>Glide n°</b> <a href="#">EP-2014-000100-CMR</a>
<b>Date of issue:</b> 04 August 2014	<b>Date of disaster:</b> 24 April 2014
<b>Operation manager:</b> Viviane Nzeusseu	<b>Point of contact (name and title):</b> Viviane Nzeusseu, Regional Health Coordinator, IFRC
<b>Operation start date:</b> 04 August 2014	<b>Expected timeframe:</b> Three months
<b>Overall operation budget:</b> CHF 191,112	
<b>Number of people at risk:</b> 3,261,927	<b>Number of people to be assisted:</b> 10,044
<b>Host National Society presence:</b> (n° of 25,000 active volunteers, more than 50 staff, 58 departmental branches and 250 local branches): Cameroon Red Cross	
<b>Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):</b> IFRC	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Public Health	

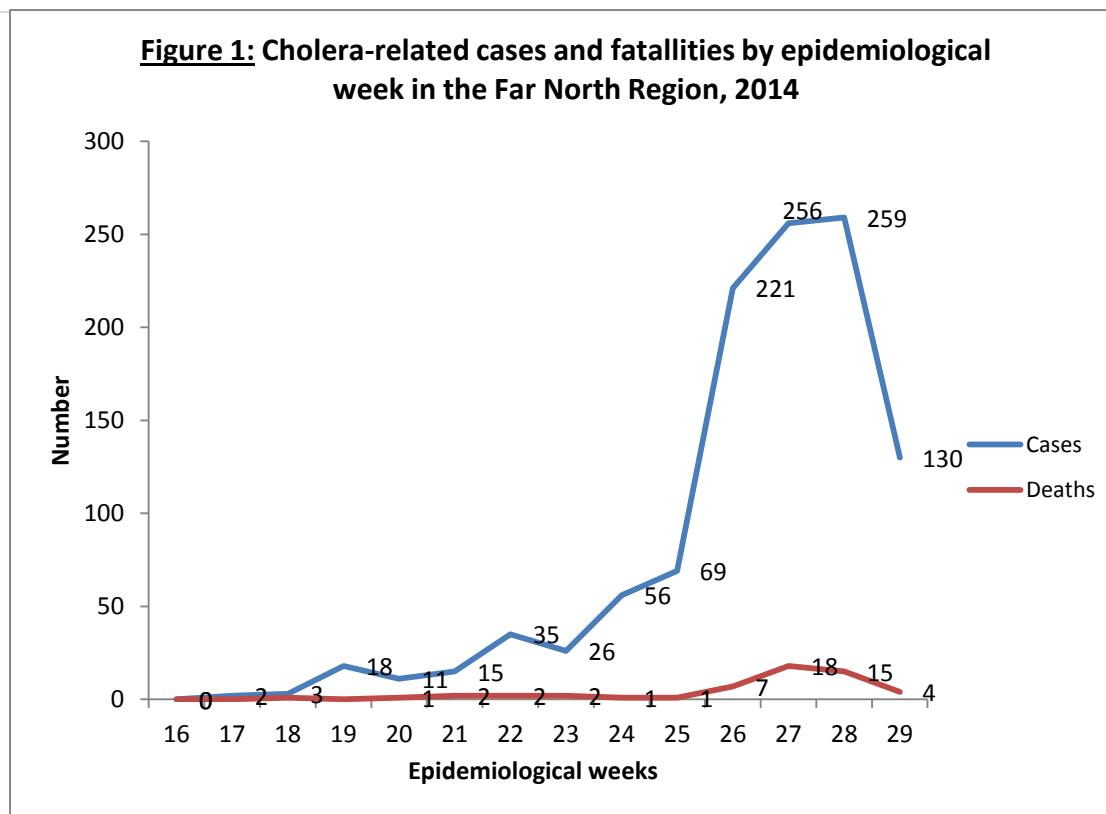
## A. Situation analysis

### Description of the disaster

Since 24 April 2014, a cholera epidemic has been raging in the Far North Region of Cameroon. On 24 July, the situation was as follows:

Health district	Number of cases	Number of fatalities
Bourha	111	6
Goulfey	3	0
Mogode	935	42
Mokolo	18	0
Hina	232	12
Roua	4	1
Kosa	2	0
Kousseri	3	0
Maroua rural	7	0
Mindif	6	0
<b>Total</b>	<b>1,351</b>	<b>64</b>

Meantime, there is an escalation of cases and peaks, as shown on the graph below:



The regional epidemic curve above shows that:

- the current epidemic began on 26 April 2014, corresponding to the epidemiological week 17 (21 to 27 April 2014)
- It has four peaks: the first peak on the week 19 (05 to 11 May 2014), the second peak on the week 22 (26 May to 1 June 2014), the third peak on the week 24 (9 to 15 June 2014) and the fourth peak on the week 28 (07 to 13 July 2014)
- the profile is characteristic of human-to-human contamination.

The Mokolo health district recorded its first two cases on 19 May 2014 (week 21), in the of Ouro Tadda health area. After five weeks of calm with no cholera cases recorded, notifications resumed on 02 July 2014 (week 27), with nine additional cases reported in the Gadala health area. Since the notification of these first three cases on 21 May 2014 (week 21), cholera cases have been reported in the locality of Goulfey. The Roua health district recorded its first three cases on 23, 25 and 28 June 2014 respectively (week 26). The Kousseri health district also recorded its first 3 cases on 29 May 2014, on week 26. According to health areas of origin of cases, the Kila health area in the Mogode health district reported the greatest number of cases: 223 cases, or 20% of all cases in the Far North Region. Next is the Houpou health area with 190 (17%) and Rhumsiki 177 (16%), that also falls under the Mogode health district. The Gawar health area in the Hina health district is fourth with 115 cases, or 10% of cases in the region. Women are the hardest hit, with 590 cases, or 54% of cholera cases.

The ages of victims ranged from 6 months to 102 years, with a median of 22 years. The 30-year-old age group is hardest hit (mode). Depending on the stage of dehydration on admission of patients, most cases 416 (38%) arrived health facilities at the moderate dehydration stage (stage B), followed by those at stage C: 410 (37%). Most of the 581 fatalities (94%) occurred among patients admitted at stage C (severe dehydration). A total of 42 patients, or 64% of fatalities occurred in the community. This could be explained by their late arrival at health facilities.

Community fatalities could also be explained by the delayed rehydration of patients in their homes from the onset of the first signs. Hospital fatalities (36%) are still very high due to late arrival at health centres, late rehydration, poor management of cases in hospitals by some health workers, and especially the limited number of caregivers. Access to some parts of this region is very difficult and the roads are usually impractical, especially in the rainy season, when epidemics reach their peaks due to poor drainage.

## Summary of the current response

### Overview of Host National Society

The Red Cross has deployed volunteers, some of whom are part of the 80 community workers trained by UNICEF.

The regional coordinator for the Far North is member of the response team put in place by the ministry of public health and its partners.

Negotiations are underway to establish local partnerships with UNICEF and WHO.

### Overview of Red Cross Red Crescent Movement in country

The Central Africa Regional Representation of the IFRC includes a regional representative, programme coordinator and technical specialists in health, disaster risk management, planning, monitoring, evaluations and reporting, HR, Finances, Communication and logistics. IFRC provides support to national societies in the region and is based in Yaoundé. ICRC and the French Red Cross are also present in the country.

### Overview of non-RCRC actors in country

The Cameroon Red Cross has mobilized its volunteers, some of whom were trained as community health workers by UNICEF, as part of the response. They participate in various coordination meetings.

The regional coordinator for the Far North Region is member of the response team put in place by the ministry of public health and its partners. The national society cholera focal point has been mobilized. It represents the National Society at the National committee for the fight against Cholera, a committee established by the Head of State and is working closely with the Central Africa regional representation of the Federation. The Cameroon Red Cross Society has a rich experience in the management of cholera outbreaks. Since 2004 it has benefited from about half a dozen cholera DREF and Emergency Appeals. It has also managed several yellow fever, measles and polio epidemics and continuously managed population movements along the borders of Cameroon. The IFRC also supports the national society, with which it participates in coordination meetings, rapid assessments and planning. It has an emergency stock ready for use during interventions, but which has to be replenished through the funding of this operation.

The Cameroon ministry of public health provides free clinical management of admitted patients. Health facilities are supported by:

- WHO in the clinical management
- UNICEF for the training of 80 community health workers, supported in the Cholera Treatment Centre and the provision of various equipment.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

### Risk Assessment

The epidemic reached its highest peak during week 35. However, this situation is expected to worsen as this is just the beginning of the rainy season, which is one of the most aggravating factors of the epidemic. In fact, rainwater carries germs and eases the contamination of water sources. The history of previous epidemics is more edifying, especially the worst one which dates back to 2011, when an upsurge in the number of cases appeared following an intensification of rainfall. It should be noted that in 2011, the cholera epidemic that affected 8 out of the 10 regions of Cameroon and caused a total of 23,152 cases and 843 deaths, started in the Far North Region.

To mitigate the effects of the epidemic, public awareness has to be strengthened, drinking water chlorinated, and latrines disinfected. Although the epidemic is currently rife in 10 health districts, resources will be particularly concentrated in the Mogodé, Bourha and Hina localities that count the highest number of cases.

Clinical management is currently being provided by the ministry of public health and WHO. For now, there are gaps at the level of community response, awareness-raising, access to safe drinking water, hygiene and sanitation and management of corpses.

Special focus will be on transportation, which sometimes include the use of boats and motorcycles. The region is highly inaccessible, especially in Mogode, Bourha and Hina, with roads that are almost impassable during the rainy season due to long stretches of sand slough.

## B. Operational strategy and plan

### Overall objective

Contribute to improving the health situation of the population of the Far North Region of Cameroon.

### Proposed strategy

Red Cross volunteers will not only conduct door-to-door awareness-raising, but will also be involved in mass and group awareness activities on the knowledge of the disease, modes of transmission, prevention and case management. For a start, awareness-raising will be conducted at the rate of 3 sessions per week for 8 weeks. A midterm monitoring/ evaluation will be conducted after 2 months in order to readjust the response.

Awareness sessions will be accompanied by drinking water treatment and purification. The community-based health and first-aid (CBHFA) approach will be used to organize the community, especially regarding hygiene and sanitation. Given the context of the Far North Region that experiences recurring epidemics of measles, yellow fever and the circulation of the wild polio virus, refresher training sessions will also be held on the epidemics control manual. Megaphones with batteries, Information, Education, and Communication materials, hand washing kits, sprayers, gloves, nose masks, T-shirts, boots, overalls as well as consumables such as chlorine, oral rehydration salt, soap and aqua tabs will be made available. Motorbikes will be purchased for the coordinators of the 3 most affected districts, as well as bicycles for certain branches in the most difficult to access communities, where roads are impassable.

UNICEF have been providing support through mass media messaging in the country in the fight against cholera. However, due to the remoteness of the affected region and some of the targeted districts, Cameroon Red Cross have opted to engage in social mobilization for better reach in these remote areas.

### Operational support services

#### Human resources

A total of 330 volunteers will be deployed and supervised by 30 coaches and eight local coordinators (one coordinator per affected health district). A regional coordinator and regional disaster response team official will supervise the entire field team, in collaboration with the cholera focal point of the national society and the regional health coordinator of Central Africa Regional Representation. This team will be supported in the field by a finance officer, a logistician and a driver.

#### Logistics and supply chain

Initial consumables and equipment will be taken from the IFRC warehouse, and logistics will purchase additional materials to replace what would have been used. This material will be stored at the regional capital, Maroua, in a warehouse specially rented for this purpose, then delivered according to the needs in the different sites.

A vehicle will be assigned for the operation for 3 months, taking into account the preparation and eventual closure of activities. A total of 50 bicycles will also be procured for the three most remote districts where access is a challenge, in Mogode (25 units), Bourha (15 units) and Hina (10 units) to support the social mobilization activities.

#### Information technologies (IT)

Airtime cards will be provided to the teams in order to ease communication, coordination and supervision.

#### Communications

The national society will look for airtime over the media to present the operation and provide advice. They will also invite the media to the field during interventions for coverage and information dissemination.

#### Security

The Far North Region of Cameroon is the most sensitive since it shares borders to the west with Nigeria, and to the east with Chad and the Central African Republic. On the Nigerian side, there are often fears of incursion of Boko Harams elements who have intensified attacks on Cameroonian territory in recent times. On the Chad and Central African Republic border, there is a huge influx of refugees fleeing insecurity in Central Africa Republic and incursions of armed gangs. The National Society and IFRC will work with ICRC for security coordination.

### **Planning, monitoring, evaluation, & reporting (PMER)**

The national society will be supported by the planning, monitoring, evaluation and reporting department of IFRC for a better follow-up regarding the timeframe and quality of programming.

### **Administration and Finance**

A finance official will be assigned to the project.





## Contact information

### For further information specifically related to this operation please contact:

- **Cameroon Red Cross Society:** Boniface Ebode, Secretary General; phone: +237 22 22 41 77; email: [cameroon\\_redcross@yahoo.fr](mailto:cameroon_redcross@yahoo.fr)
- **IFRC Regional Representation:** Denis Duffaut, Regional Representative for Central Africa; Yaoundé; phone: +237 22 21 74 37; email: [denis.duffaut@ifrc.org](mailto:denis.duffaut@ifrc.org)
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### For Resource Mobilization and Pledges:

- **In IFRC West and Central Africa:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; email: [elisabeth.seck@ifrc.org](mailto:elisabeth.seck@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator; Nairobi; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

## 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 Humanitarian 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.

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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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# DREF OPERATION

04/08/2014

APPEAL MDRCM018

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	18,648
Medical & First Aid	1,000
Teaching Materials	4,450
Utensils & Tools	5,105
Other Supplies & Services	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>29,203</b>
Land & Buildings	0
Vehicles	12,100
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>12,100</b>
Storage, Warehousing	3,500
Distribution & Monitoring	0
Transport & Vehicle Costs	5,250
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>8,750</b>
International Staff	6,000
National Staff	1,500
National Society Staff	13,000
Volunteers	71,145
<b>Total PERSONNEL</b>	<b>91,645</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	28,350
<b>Total WORKSHOP &amp; TRAINING</b>	<b>28,350</b>
Travel	1,200
Information & Public Relations	2,600
Office Costs	600
Communications	3,500
Financial Charges	1,500
Other General Expenses	0
Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>	<b>9,400</b>
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	11,664

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<b>Total INDIRECT COSTS</b>	<b>11,664</b>
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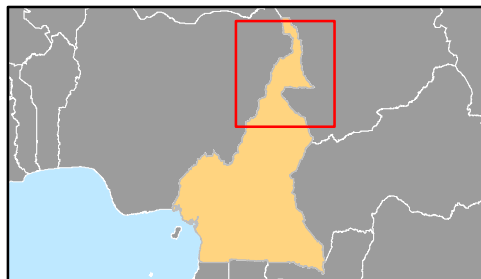
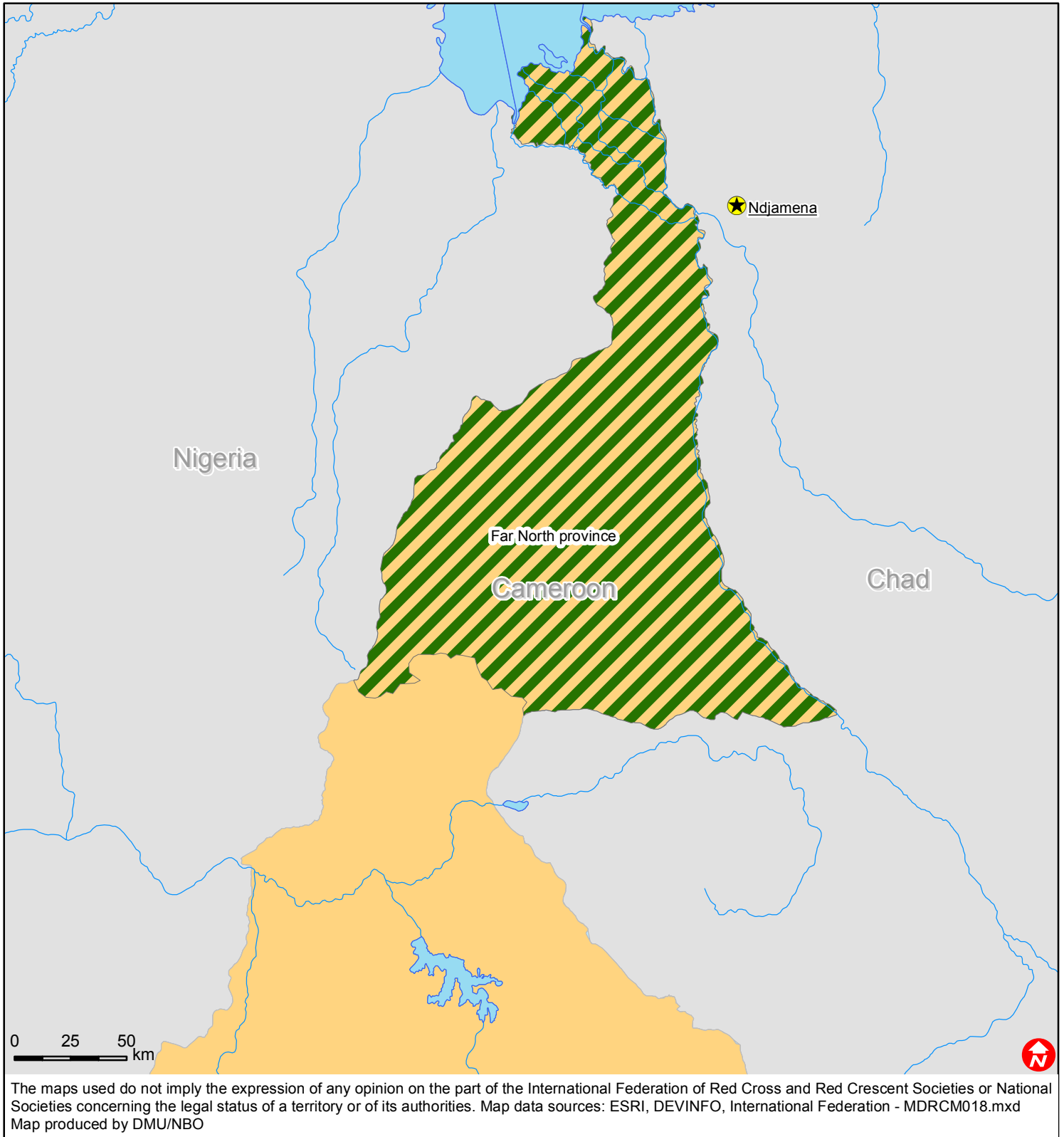
<b>TOTAL BUDGET</b>	<b>191,112</b>
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# Cameroon: Cholera outbreak



 Affected region