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EPoA Operations Update

Cameroon: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation no. MDRCM018		GLIDE n° EP-2014-000100-CMR
Operations update no. 1 Announces a second DREF allocation and two-month timeframe extension		Timeframe covered by this update: 4 August to 12 October 2014
Emergency Appeal operation start date: 04 August 2014		Timeframe: Five months (New end date: 5 January 2015)
Operation budget: Original allocation: CHF 191,112 Additional allocation: CHF 25,806	Appeal coverage: 100%	Total estimated Red Cross and Red Crescent response to date: 320,682 people assisted
Disaster Relief Emergency Fund (DREF) allocated: CHF 216,918		
N° of people to be assisted: 1,238,740 in 12 districts		
Host National Society(ies) presence (n° of volunteers, staff, branches): Cameroon Red Cross (n° of 25,000 active volunteers, more than 50 staff, 58 departmental branches and 250 local braches)		
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC		
Other partner organizations actively involved in the operation: Ministry of Public Health		

Budget and timeframe revision: Requests an additional allocation of CHF 25,086 and a 2-month timeframe extension to help limit the propagation of cholera among 1,238,740 people in 12 health districts of the Far North Region of Cameroon (through awareness-raising, hygiene promotion and proper case management)

Summary:

Since 24 April 2014, a cholera epidemic has been ravaging the Far North Region of Cameroon. Six Divisions have been particularly affected, specifically Chari, Diamaré, Kani, Logone and Mayo and Mayo Sanaga. So far, 1,680 people have been infected, and 77 fatalities recorded. On 4 August, 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 191,112 from the Disaster Relief & Emergency Fund (DREF) to support the Cameroon Red Cross (CRC) respond to the epidemic, over a period of three months.

The DREF operation was intended to directly support approx. 10 per cent (100,439) of the affected population of the 1,004,398 people in eight districts (Bourha, Goulfey, Hina, Kosa, Kousseri, Mogode Mokolo and Roua), which had been initially identified by the CRC, as part of the six affected Divisions.



Cameroon Red Cross volunteers offloading operation material in Bourha, Far North Region of Cameroon. Photo: CRC

Please note however, that following an increase in the number of cases in the Mindif and Maroua districts, which has been divided into three districts, Maroua I, Maroua II and Maroua III), twelve districts will now be covered through the DREF operation, thus bringing the total target population to 1,238,740. It is expected that information and communication activities will indirectly support all residents of these districts; with further spill over on the population of region.

Through the DREF operation, the following activities have been done: raising awareness on cholera (signs of the disease, mode of transmission, preventive measures, the search for suspected and proven cases and what to do), demonstrations of proper hand-washing and the preparation of oral rehydration or sugar-salt solution, education of the population on home-based water treatment and storage, the treatment of wells in collaboration with the health district authorities concerned, distribution of hand-washing kits to restaurants, sanitation activities, awareness-raising on the use of latrines, latrine disinfection, disinfection of contaminated environment of patients in collaboration with health districts concerned, and the management of dead bodies.

In the course of the operation, the number of cases in the eight districts targeted and those not targeted (Mindif and Maroua subdivided into Maroua I, II and III) has increased as shown below.

Table 1: Number of cholera cases as of 12 October, 2014

Health District	Number of cases	Number of fatalities
Bourha	123	6
Goulfey	3	0
Hina	365	16
Kousseri	3	0
Koza	20	2
Maroual	2	0
Maroual II and III	28	0
Mindif	25	0
Mogode	1057	47
Mokolo	50	5
Roua	4	1
Total	1 680	77

Due to frequent Boko Haram attacks, people are moving out of their villages and sporadic pockets of cholera have been reported among Nigerian refugees and internally displaced Cameroonians.

All these difficulties notwithstanding, through this DREF, activities are ongoing in the 12 districts and significant progress has already been made in the following areas:

✓ **Health and personal assistance**

Approx. 320,682 people have been sensitized on cholera, proper hand-washing demonstrations as well as demonstrations of oral rehydration and sugar-salt solutions preparation. About 330 suspected cases of cholera have been identified by volunteers, taken to the nearest health centre, and placed under rehydration therapy. Fifty seven (57) out of 338 volunteers have already been trained in the use of the volunteers epidemics control manual.

✓ **Water, Sanitation and Hygiene Promotion:**

Some 3,433 water points have been chlorinated, 2,363 cleaned, 21,372 family latrines disinfected, 4,368 sites cleaned, and 500 hand washing kits distributed to restaurants.

This Operations Update is requesting an additional budget allocation of CHF 25,806 and a timeframe extension of two months in order to identify new sporadic pockets of cholera, and give enough time to the Goulfey and Kousseri health districts to carry out activities, as they have been severely affected by the insecurity situation caused by frequent Boko Haram attacks. This new budget allocation will also cover the cost of 10 additional volunteers trained and deployed to each of the 4 additional districts (Mindif, Maroua I, II and III) affected. This will also lead to additional insurance costs. Additional VECM training sessions have also been held, bringing them to 7. The cholera focal point person, the supervisor, driver and a vehicle will also be needed on the ground till the end of the operation. The RDRT staff will also need to spend an additional month in order to see to the proper implementation of actions. Thus, by January 2015, planned activities would have reached a greater number of people. This operation will, therefore, end on 5 January 2015. The final report will be made available on 6 April 2015 (three months after the end of the operation).

DG ECHO reimbursed the DREF to the tune of 147,600 CHF out of 191,112 received. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the Cameroon Red Cross Society, would like to extend thanks to all for their generous contributions.

[<click here to go directly to the revised budget or here to view the contact details>](#)

Red Cross/Red Crescent Action in the Country

The IFRC Central Africa regional representation is coordinating the activities under this DREF operation, including the approval of all planning, implementation, monitoring and reporting. It regularly provides funds to those on the ground for the implementation of activities; and has also been involved in building the capacity of volunteers during training sessions on the management of epidemics.

The ICRC is also being regularly consulted before any movement of the coordination team. These consultations are mainly used to discuss the security situation, given the insecurity that reigns in some areas, caused by Boko Haram. Furthermore, coordination meetings are held every last Friday of month, and are attended by the Cameroon Red Cross, the ICRC, the French Red Cross and the representative of the IFRC (RDRT). These meetings allow for easy coordination of all Movement activities.

Coordination and partnerships

It should be noted that the Ebola epidemic has stolen the show in terms of disease control in the country, consequently, attention has been shifted from the cholera epidemic by usual partners. However, the management of cholera epidemics in the Far North Region of Cameroon is the responsibility of the Governor of the Region, through the Regional Delegation of Public Health. Almost all health centres have been given cholera kits for free case management. UNICEF provided media organs with pre-recorded awareness messages (in French and the local language) that are regularly broadcast on national radio all day long. An ad hoc subcommittee responsible for the management of emergencies has been set up by the Regional Governor. This subcommittee is composed of several units, including a health unit, which comprises the Red Cross Movement, as well International Medical Corps (IMC), the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR), the World Health Organisation (WHO), and other State structures. The health unit is headed by the Regional Delegate of Public Health. This subcommittee meets every Monday morning. These meetings bring together all the authorities and key actors involved in the humanitarian sector, and is an opportunity to discuss the emergency situation in Cameroon, take stock of activities in each unit in order to take corrective measures. The health unit holds coordination meetings every Thursday morning.

Operational implementation

Overview

Immediately after the outbreak of the cholera epidemic in the Far North Region, the CRC deployed volunteers, some of whom are part of the 80 UNICEF-trained community workers, to participate in the response organized by the Ministry of Public Health, the Ministry of Transport and their partners in localities where the first cases were confirmed. Three hundred volunteers, 30 supervisors and eight district coordinators were mobilized to participate in the operation, following the approval of this DREF. These volunteers conducted cholera awareness activities, promotion of hygiene, drinking water supply, search and management of suspected cases, and disinfection of households and environment of infected persons.

Health and Care

As noted, approximately 320,682 people have been sensitized on cholera, proper hand-washing demonstrations as well as demonstrations of oral rehydration and sugar-salt solutions preparation. About 330 suspected cases of

cholera have been identified by volunteers, taken to the nearest health centre, and placed under rehydration therapy. Fifty seven (57) out of 338 volunteers have already been trained in the use of the volunteers epidemics control manual.

Planned interventions		Implementation (%)
Health and care		80%
Outcome 1: The immediate risks to the health of affected populations are reduced		
Output	Activities	Achievements
1.1. Supervision and coordination of activities	1.1.1 Sensitization of various stakeholders	<ul style="list-style-type: none"> An operation coordination team has been set up, which comprises of the Regional Disaster Response Teams (RDRT), CRC Cholera focal point and the Regional Coordinator of the operation. The operation coordination team successively visited the Governor of the Region, the administrative and health authorities in the Far North, partners of the Movement (FRC and ICRC) as well as other humanitarian actors in the region (UNICEF, WHO etc.). The visits were not only intended to obtain the approval of the Governor, administrative and health authorities on the various actions that the CRC planned to carry out in the Far North Region, but were also aimed at informing Movement partners and other humanitarian actors present in the region, in view of a collaboration.
	1.1.2 Participation in various coordination meetings	<ul style="list-style-type: none"> Given the number of emergency situations recorded in the Far North (influx of refugees, cholera, insecurity due to the presence of Boko Haram), an ad hoc subcommittee in charge of emergency situations has been set up by the Governor. This subcommittee has multiple units, including a health unit. Members of the emergency subcommittee meet every Monday morning, and those of the health unit, every Thursday morning. The operation coordination team has participated in all meetings organized by these two entities. It has also participated in all meetings of RCRC Movement partners, which are held every last Friday afternoon of the month.
	1.1.3 Advocacy with related sectors to work in synergy	<ul style="list-style-type: none"> The health unit meetings organized in the conference room of the Regional Delegation of Public Health and chaired by the Regional Delegate of Public Health (Head of Health Unit), are an opportunity for all actors (CRC, IFRC, IMC, WHO, UNICEF, WASH, UNHCR, and Representative, State services involved in health, hygiene promotion, supporting refugees etc.) to review activities carried out in the Far North Region and discuss upcoming events. Thus, coordination

	1.1.4 Monitoring and evaluation missions	<p>mechanisms have been put in place order to avoid duplication of efforts.</p> <ul style="list-style-type: none"> • A mission to monitor activities was undertaken by the RDRTs to assess the quality of training of volunteers, the quality of messages broadcast to people and learn more about the level of behaviour change among beneficiaries at this stage of the DREF being implemented.
1.2 Epidemic prevention and control measures carried out	1.2.1 Training of volunteers on the epidemics control manual including cholera sensitization	<ul style="list-style-type: none"> • At the beginning of the DREF operation, 280 volunteers, 28 supervisors and eight district coordinators were trained on cholera sensitization. • On 6 October 2014, an additional 20 volunteers and two supervisors of the Goufey and Kousseri districts were trained. In total, bringing the number to 300 volunteers, 30 supervisors and eight district coordinators.. • From 8 to 10 October 2014. 57 volunteers, supervisors and district coordinators were trained on the epidemics control manual. • Training of volunteers, supervisors and district coordinators of the other localities in on-going.
	1.2.2 Awareness-raising on cholera thrice per week for eight weeks	<ul style="list-style-type: none"> • Volunteers are conducting awareness activities three days per week. In general, the chosen days cover market days in the hope to reach a maximum number of people.
1.3 Community-based disease prevention and health promotion is provided to the target population	1.3.1 Community awareness about the disease	<ul style="list-style-type: none"> • On 12 October 2014, 320,682 people approx. were reached with messages on cholera, using all techniques. Note that the figure is tentative, given the delay by some districts in the transmission of certain supporting documents.
	1.3.2 Active monitoring and early detection of cases	<ul style="list-style-type: none"> • 330 suspected cases were identified and while they were being rehydrated, they were accompanied to the nearest health centres.
	1.3.3 Guidance of cases to nearest health structures	<ul style="list-style-type: none"> • Please refer to 1.3.2.
	1.3.4 Rehydration of all detected cases, especially during referrals	<ul style="list-style-type: none"> • Please refer to 1.3.2.
	1.3.5 Sensitize the community on corpse management	<ul style="list-style-type: none"> • During awareness activities, volunteers have informed the public about the dangers of corpses of cholera patients, especially when handling them during funeral rites and the management of these bodies.

	1.3.6	Community management of corpses, with support from health structures	<ul style="list-style-type: none"> Volunteers have participated in disinfecting the households and environment of patients infected by or who died of cholera using their protective equipment. They have also participated in the burials of cholera victims and led in collaboration with the community, clean-up activities. On 12 October 2014, 4,368 sites were cleaned and sanitized.
1.4	Community-based surveillance carried out	<p>1.4.1 Sensitize communities on the disease</p> <p>1.4.2 Community organization through the CBHFA approach</p> <p>1.4.4 Regular reporting of cases</p>	<ul style="list-style-type: none"> Please refer to 1.3.1. Volunteers participating in the operation are mostly from the local or divisional committees. The choice of volunteers was not done according to the CBHFA approach, although the latter approach would have solved the distance and road infrastructure problems. Weekly reports are regularly prepared and transmitted.

Water, sanitation and hygiene promotion

As noted, 3,433 water points have been chlorinated, 2,363 cleaned, 21,372 family latrines disinfected, 4,368 sites cleaned, and 500 hand washing kits distributed to restaurants.

Planned interventions		Implementation (%)
Water, sanitation and hygiene promotion		80%
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Output	Activities	Achievements
1.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	1.1.1 Train volunteers in water purification at supply points, public places and at home	<ul style="list-style-type: none"> The 300 volunteers, 30 supervisors and coordinators of 8 districts trained on cholera, also received a course on home-based water purification and conservation techniques and on the treatment of traditional wells.
	1.1.2 Demonstration and purification of water at supply points, public places and at home	<ul style="list-style-type: none"> On 12 October 2014, 3,433 water points were treated by volunteers.
	1.1.3 Test for residual chlorine in household water	<ul style="list-style-type: none"> Residual chlorine levels in household water has not been tested because polyesters were not budgeted by various local committees
	1.1.4 Raise awareness on hand washing, personal and collective hygiene	<ul style="list-style-type: none"> During their outreach activities in households, volunteers conducted the demonstration of proper hand-washing with soap to the people and informed them about key stages in this practice. On 12 October, 2014, 320,682 people benefited from the demonstration of

	<p>1.1.5 Organize community clean-up campaigns</p> <p>1.1.6 Provide hand-washing kits and disinfectants for community latrines</p> <p>1.1.7 Raise awareness on appropriate use of latrines</p>	<p>proper hand washing with soap at key times. This population was also encouraged to practice personal and collective hygiene and to clean up their environment.</p> <ul style="list-style-type: none"> • In collaboration with the community, volunteers organized clean-up activities for the benefit of 4,352 households • 500 hand washing kits have been distributed to restaurants, and 21,372 latrines disinfected. Volunteers have also advised people to use ash to disinfect latrines if they lack chlorine • During advocacy activities, volunteers have encouraged households on the proper use of latrines. 320,682 people have so far been sensitized .
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Contact information

For further information specifically related to this operation please contact:

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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.

Cameroon Cholera EPoA

30/10/2014

MDRCM018

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	18,648			18,648
Medical & First Aid	1,000			1,000
Teaching Materials	4,450			4,450
Utensils & Tools	5,105			5,105
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	29,203	0	0	29,203
Land & Buildings	12,100			12,100
Vehicles Purchase	0			0
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	12,100	0	0	12,100
Storage, Warehousing	3,500			3,500
Distribution & Monitoring	0			0
Transport & Vehicle Costs	9,250			9,250
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	12,750	0	0	12,750
International Staff	12,000			12,000
National Staff	0			0
National Society Staff	14,500			14,500
Volunteers	77,651			77,651
Total PERSONNEL	104,151	0	0	104,151
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	33,075			33,075
Total WORKSHOP & TRAINING	33,075	0	0	33,075
Travel	4,200			4,200
Information & Public Relations	2,600			2,600
Office Costs	600			600
Communications	3,500			3,500
Financial Charges	1,500			1,500
Other General Expenses	0			0
Shared Support Services				
Total GENERAL EXPENDITURES	12,400	0	0	12,400
Programme and Supplementary Services Recovery	13,239	0	0	13,239
Total INDIRECT COSTS	13,239	0	0	13,239
TOTAL BUDGET	216,918	0	0	216,918
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	216,918	0	0	216,918