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Preliminary DREF Final Report

Cameroon / Central Africa: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation / Emergency Appeal *(delete as appropriate)*	**Operation n° MDRCM018**
Date of Issue: 4 May 2015	**Glide number:** EP-2014-000100-CMR
Date of disaster: 24 April 2015	
Operation start date: 4 August 2015	**Operation end date:** 5 January 2015
Host National Society(ies): 25,000 active volunteers, more than 50 staff, 58 departmental branches and 250 local braches): Cameroon Red Cross	**Operation budget:** CHF 216,918
Number of people affected: 1,238,740	**Number of people assisted:** 1,004,398
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies	
N° of other partner organizations involved in the operation: Ministry of Public Health	

This is being issued as a preliminary final report as the Financial report is currently not available

A. Situation analysis

Description of the disaster

From April 2014, cases of cholera were reported in the Far North region of Cameroon. By 24 July 2014, 1,317 cases had been reported, and 60 deaths across 10 districts (Bourha, Goulfey, Hina, Mogode, Mokolo, Kousseri, Koza, Maroua rural, Mindif and Roua). By 12 August 2014, this had increased to 1,680 cases, and 77 deaths across 12 districts (with the addition of Maroua II, Maroua III and Mindif). Please refer to the "Needs analysis and scenario planning" section.

Proper handwashing session at the Bourha market. Photo © FRC

On 4 August 2014, the International Federation of Red Cross and Red Crescent Societies released CHF 191,112 from the Disaster Relief Emergency Fund (DREF) to support the Cameroon Red Cross Society (CRC) respond to the needs of the affected population. The DREF operation was intended to support 10,044 people in eight districts (Bourha, Goulfrey, Hina, Kosa, Kousseri, Mogode, Mokolo and Roua) with emergency health care, water, sanitation and hygiene promotion activities over a period of three months. On 30 October 2014, an additional allocation of CHF 25,806 was released, and an extension of the timeframe made (to five months), in order to respond to the emerging needs in the Maroua (split into Maroua I, Maroua II and Maroua III) and Mindif districts, enable the implementation of activities planned in the Goulfey and Kousseri district, which were disrupted

following incursions by suspected Boko Haram militants (Please refer to "Security" for information on the implications this had on the DREF operation).

Through this DREF operation, the CRC has indirectly reached 1,004,398 people in 12 districts, of which an estimated 10 per cent (104,439 people) were assisted directly through the activities that were carried out. Given this considerable progress, there was a stabilization of the epidemic in almost all the areas involved in the DREF operation, with the exception of Doualaré (Maroua I) which continued to report new cases of cholera. Please note that this is a Preliminary Report, which is issued in advance of the Final Report that will be expected to be issued in May 2015 with a Financial Report.

DG ECHO have contributed to the replenishment of the allocation made for this DREF operation. 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. IFRC, on behalf of Cameroon Red Cross Society would like to extend thanks to all partners for their continued support.

Summary of response

Overview of Host National Society

Over the past decade, the CRC has carried out DREF and Emergency Appeal operations in response to a range of epidemics (cholera, measles, polio and yellow fever), as well as population movements along its borders; and as such it is was well placed to intervene following the increase in cases in the Far North region. At the onset of the epidemic, the CRC deployed volunteers to support the immediate response, which was initiated by the Ministry of Public Health (MoPH) in the affected areas. Of the volunteers that were deployed, 80 had received previous training from the United Nations Children's Fund (UNICEF). Following the launch of the DREF operation, a total of 300 volunteers, 30 supervisors and eight district coordinators were mobilized to support the implementation of the activities planned. An Operation Coordination Team was established, which comprised the RDRT, regional coordinator for the Far North region and the NHQ cholera focal point. At regional/national levels, the CRC was represented by the CRC regional coordinator in the Far North, which was member of the Regional Cholera Response Team established by the MoPH and partners; and a CRC cholera focal point, which was a member of the National Committee established by the Head of State.

Please note that the MDRCM018 Cholera operation was managed concurrently with the MDRCM019 Ebola Virus Disease Preparedness and MDRCM20 Floods operation, which was being implemented in other areas of the country.

Overview of Red Cross Red Crescent Movement in country

The IFRC through its Central Africa regional representation (CARREP), which is based in Yaoundé, Cameroon, coordinated all activities planned within the DREF operation. Following the launch of the DREF operation, the IFRC and CRC signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilized a Regional Disaster Response Team (RDRT) member profile to support the effective implementation, at field level. The IFRC mobilized personnel to support building the capacity of CRC volunteers, for example, through participation in the ECV training. The IFRC CARREP also released pre-positioned regional relief items, and which were e replenished through the DREF operation.

Consultations with the International Committee of Red Cross (ICRC) were carried out during the DREF operation to ensure that there was coordination in the field. Moreover, these consultations also concerned the security situation, given the incursions by suspected Boko Haram militants in the affected areas. In addition, coordination meetings also saw the participation of the CRC, French Red Cross, ICRC and the RDRT.

Overview of non-RCRC actors in country

In the Far North region, the response to the epidemic was managed by the regional governor, through the regional delegation for the MoPH. The MPoH provided free treatment to people referred to health centres, which were replenished with cholera kits. An ad hoc subcommittee responsible for emergency management was also established, which comprised representatives from the CRC, International Medical Corps (IMC), MoPH, Red Cross Red Crescent (RCRC), United Nations Commissioner for Refugees (UNHCR), UNICEF, the World Health Organization (WHO) as well as other State structures. The subcommittee was led by regional delegate for the MoPH. United Nations agencies (UNICEF and the WHO) worked in collaboration with the MoPH to provide equipment to health centres, and capacity building training for personnel. Moreover, UNICEF provided pre-recorded advocacy messages (in French and local languages), which were broadcast on national radio stations.

Needs analysis and scenario planning

Needs analysis

On 24 July 2014, an assessment was carried out, which identified 12 districts that had reported cases of cholera – please refer to "Table 1: Cases of cholera in Far North region (Cameroon) – 24 July 2014". In total, 1,317 cases and 60 deaths were reported.

Of the 12 districts, the worst eight affected (Bourha, Goulfrey, Hina, Kosa, Kousseri, Mogode, Mokolo and Roua), were initially targeted by the CRC through the DREF operation. It was estimated that the affected population of the eight districts was 100,439 people, of which 10 per cent (10,044 people) were expected to be directly reached by the activities planned.

Following the increase in cases in four other districts (Maroua I, Maroua II MarouaII, and Mindif) – please refer to "Table 2: Cases of cholera in Far North region (Cameroon) – 12 August 2014". In total, 1,680 cases and 77 deaths were reported. As such, activities planned within the DREF operation were extended into these areas. It was estimated that the affected population of the 12 districts was 1,238,740, of which 10 per cent (123,874 people) were expected to be directly reached by the activities planned.

Table 1: Cases of cholera in Far North region (Cameroon) – 24 July 2014

Health District	Number of cases	Number of deaths
Bourha	111	6
Goulfey	3	0
Hina	232	12
Mogode	935	42
Mokolo	18	0
Kousseri	3	0
Koza	2	0
Maroua rural	7	0
Mindif	6	0
Roua	4	1
Total	**1,317**	**60**

Table 2: Cases of cholera in Far North region (Cameroon) – 12 August 2014

Health District	Number of cases	Number of deaths
Bourha	123	6
Goulfey	3	0
Hina	365	16

Kousseri	3	0
Koza	20	2
Maroua I	2	0
Maroua II and II	28	0
Mindif	25	0
Mogode	1,057	47
Mokolo	50	5
Roua	4	1
Total	**1,680**	**77**

Risk analysis

At the onset of the DREF operation, it was expected that the situation would worsen since it was the beginning of the rainy season and the previous experience in 2011 indicated that an intensification of rainfall would result in an increase in cases. In 2011, the epidemic affected eight of the 10 regions in Cameroon, with 23,152 cases and 843 deaths reported.

Basic needs identified through the assessments carried out included:

- Material for cholera awareness.
- Material for hygiene promotion.
- Water purification equipment.
- Equipment for the decontamination of contaminated sites.
- Personal protective equipment.

As noted it was agreed that the DREF operation would initially target eight districts (Bourha, Goulfrey, Hina, Kosa, Kousseri, Mogode, Mokolo and Roua), later extended to include Maroua I, Maroua II MarouaII, and Mindif)), however with resources concentrated in the Bourha, Hina and Mogodé districts, which had been worst affected, i.e. accounted for the most cases reported (as of 24 July 2014).

Please note that the districts targeted were in especially remote areas, and therefore extremely inaccessible with roads often impassable during the rainy season, including in the worst affected areas (Bourha, Hina and Mogodé). It was expected that boats and motorcycles might be required to enable the effective implementation of the activities planned. Please refer to “Logistics and supply chain” for information on the implications this had on the DREF operation.

B. Operational strategy and plan

Overall Objective

The overall objective was to contribute to improving the health situation of the population of the Far North Region of Cameroon.

Proposed strategy

The proposed strategy focused on awareness raising/sensitization on the prevention and control of cholera; proper management of suspected and confirmed cases of cholera; improving access safe water supply, sanitation services, and hygiene promotion, specific areas of emphasis included:

- Given the context of the Far North region that experiences recurring epidemics of measles, yellow fever and the circulation of the wild polio virus, training of 280 CRC volunteers was planned (later increased to 300 volunteers) on the use of the ECV manual; as well as prevention and control of cholera.
- Community/household level awareness raising / sensitization on the prevention and control cholera activities to improve knowledge on the disease, and what to do in the instance of a suspected case (including on case management, corpse management, preparation of oral rehydration solutions etc.) . It was expected that these activities would be carried out by CRC volunteers three days per week for eight weeks in the affected areas.

Monitoring/early detection of cases, and referral to the appropriate health services by the CRC volunteers in collaboration with the MoPH to promote proper management/treatment.

- Community level water supply infrastructure treatment(chlorination/sanitization); and testing of residual chlorine levels at household level; as well as disinfection/sanitization of sanitation services (latrines etc.) and community clean-up activities. Hygiene promotion activities including on water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques and personal hygiene. It was intended that the community-based health and first-aid (CBHFA) approach would be used to organize the community, especially for sanitation and hygiene promotion related activities.
- Megaphones with batteries, information, education and communication (IEC) 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 were to be made available to support these activities. Moreover, motorbikes were to be purchased for the district coordinators of the three most affected districts, as well as bicycles for certain branches in the most difficult to access communities, where roads are impassable.
- A midterm monitoring/ evaluation was planned in order to monitor the progress of the DREF operation, and revise the response as required.

Operational support services

Human resources (HR)

Through this DREF operation, as noted, 300 CRC volunteers, 30 supervisors and eight district coordinators were mobilized from across the 12 districts to carry out the activities planned; with supervision provided by the regional coordinator for the Far North region, and the NHQ cholera focal point. A CRC driver was also recruited locally. As noted, a RDRT was deployed for XX months to support the effective implementation of the DREF operation; and additional technical assistance provided by the IFRC CARREP health coordinator.

Logistics and supply chain

IFRC CARREP provided most of the equipment required for the implementation of the activities planned within the DREF operation, this included:

- 350 impervious protective clothing
- 350 pairs of boots
- 700 working aprons
- 700 nose masks
- 500 hand washing kits
- 35 megaphones with batteries
- 700 gloves
- 1000 pieces of 250 grams soap
- 2 motorcycles
- 50 bicycles
- 2000 litres of bleach
- 1000 sachets of detergent
- 25 buckets of 45 kg of chlorine

Please note that this equipment was immediately taken from the CARREP warehouse and the logistics unit later bought and replenished the stock from the DREF allocation. All equipment was stored in the regional capital, Maroua in the Far North region, in a warehouse specially rented for this purpose. This warehouse was guarded by two security guards, who were locally hired.

Due to the poor road networks in the affected areas, which was exacerbated by the rainy season and made them in some instances impassable had implications for the monitoring of the activities planned. For instance, a monitoring mission, which was intended to visit two of the areas was reduced to one as the CRC vehicle became stuck for nearly four hours on the way to Mindif district. Moreover, limited communication infrastructure related to the lack of phone and internet networks in some areas also delayed for the sending of information on the activities planned from the district coordinators

to the national headquarters (NHQ). The CRC procured 50 bicycles and two motorbikes, which were made available to the district coordinators and supervisors, due of the remoteness and difficulties involved in reaching some areas. A vehicle also allotted for the operation for three months. However, vehicles were sometimes hired to meet certain requirements of the operation (transport equipment, monitor teams before the arrival of the operation vehicle, train in the Epidemics Control Manual)

Information Technology (IT)

A cell phone and a USB key were made available to the RDRT. The phone was regularly provided with communication airtime, allowing for proper coordination of operations. The CRC cholera focal point also received appropriate communication means through the DREF allocation.

Communications

Each Mondays and Thursday, broadcasts were made on the national radio station "CRTV", which also covered the activities planned, including the volunteer training on cholera prevention and control; and the handing over ceremony of awareness materials to local committees. The Cameroon Tribune, the national print media, also covered and published an article with images, in its 26 September 2014 issue on the monitoring mission of the outcome by the RDRT in some districts.

Security

The Far North region of Cameroon is bordered to the east by Chad, to the north by Lake Chad, and by Nigeria to the west. The presence of the Boko Haram militant group in north eastern Nigeria has continued to be a source of insecurity in the region, particularly in the Logone and Chari division, with suspected incursions by them into these areas, and attacks against civilians. As noted, two of the districts targeted through the DREF operation are part of the Logone and Chari divisions, specifically Goulfey and Kousseri, and following incursions by suspected Boko Haram militants, the activities planned were disrupted as RCRC personnel were not able to visit the areas to carry out the training of volunteers. Please note, to ensure the safety and security of staff and volunteers involved in the DREF operation, the movement in any area affected by the Boko Haram incursions was discussed beforehand with the ICRC prior to travelling to the field. Due to persisting insecurity, the 22 volunteers (20 volunteers and two supervisors) were transferred to Maroua (capital of the Diamaré division), where they received training on the ECV manual, and prevention and control of cholera. Following the training, awareness and hygiene promotion materials were made available to them and the activities planned on cholera initiated (from 11 October 2014) in these areas.

Planning, monitoring, evaluation, & reporting (PMER)

Upon the arrival of the RDRT in the Far North region, a monitoring mission was carried out in collaboration with other members of the Operation Coordination Team to assess the implementation of the activities planned , including the volunteer training, the quality of messages broadcast to the people and to find out about the level of behaviour change amongst beneficiaries at that stage of implementation. Weekly reports was sent to the IFRC CARREP. A mid-term review of the operation was carried out, which comprised a monitoring mission, and resulted in the issue of an Operations Update and a revision to the scope and timeframe of the DREF operation. The Operations Update can be located at: http://adore.ifrc.org/Download.aspx?FileId=67322

Health and Care

Needs analysis: In the Far North Region, the increase in cases of cholera was due to the lack of knowledge on the disease (signs, mode of transmission, preventive measures, treatment etc.) and the poor management of the environment and corpses of cholera victims. The DREF operation, was therefore, aimed at training volunteers in the prevention and control of cholera, so that they could carry out awareness-raising/sensitization activities, and surveillance in the affected area.

Population to be assisted: [*Provide a concise summary of the **target population**, including the selection rationale as it applies to their vulnerabilities and the sector, **with an update if this target was revised**].*

Health and Care

Outcome 1: The immediate risks to the health of affected populations are reduced

Output 1.1: Supervision and coordination of activities

Activities planned

1.1.1 Sensitization of various stakeholders
1.1.2 Participation in various coordination meetings
1.1.3 Advocacy with related sectors to work in synergy
1.1.4 Monitoring and evaluation missions

Achievements

1.1.1 As noted, an Operation Coordination Team was established, which comprised the RDRT, regional coordinator for the Far North region and the NHQ cholera focal point. The Operation Coordination Team visited the regional governor, administrative and health authorities (MoPH) of the Far North region, Movement partners (IFRC and ICRC), as well as other agencies involved in the response (UNICEF and the WHO). It was intended that these meetings would to both receive approval from the governor, administrative and health authorities for the activities planned within the DREF operation, but also inform Movement partners and other agencies in view of enabling collaboration on the response, and avoid duplication.

1.1.2 Due to the increasing number of emergencies in the Far North region ((influx of refugees, cholera epidemics, insecurity due to the presence of Boko Haram etc.), an ad hoc subcommittee , as noted, responsible for emergency management was established by the regional governor. Each Monday, a meeting was held by the sub-committee, which brought together all agencies involved in the response, and other humanitarian activities in Cameroon, which enabled the discussion of the situation in the country, the activities being carried out, and to assess if any remedial actions were required. Each Thursday, a meeting was also held by the MoPH, which brought together all agencies involved in the emergency health related activities. The Operations Coordination Team participated in both of these meetings, as well as the Movement partners meetings, which was every afternoon of the last Friday of the month.

1.1.3 As noted, emergency health related meetings were held on Thursdays, which were organized in the conference room of the regional delegation of MPoH, and provided a forum for all other agencies involved in this sector (CRC, IFRC, IMC, UNICEF, UNHCR and the WHO, as well as other State structures, specifically those involved in health, hygiene promotion and refugee assistance) to review the activities being carried out, and discuss those that were planned. Please note that as such coordination mechanisms were put in place to avoid duplication of efforts.

1.1.4 As noted a monitoring mission was carried out by the Operation Coordination Team following the arrival of the RDRT in the Far North region. Moreover, a mid-term review of the DREF operation was also carried out. Please refer to the “PMER” section for further information.

Output 1.2: Epidemic prevention and control measures carried out

Activities planned

1.2.1 Training of volunteers on the epidemics control manual including cholera sensitization
1.2.2 Awareness-raising on cholera thrice per week for eight weeks

Achievements

1.2.1 In total, 300 volunteers, 30 supervisors and eight district coordinators received training on the use of the ECV manual and on the prevention and control of cholera, which equates to 100 per cent of the intended targets following the expansion of the DREF operation.

1.2.2 Following the training, the CRC volunteers were mobilized to carry out awareness-raising/sensitization activities three times per week for eight weeks, which was scheduled to coincide with market days in order that the maximum number of people could be reached. The CRC volunteers carried out the awareness-raising/sensitization activities in a range of locations in accordance with a pre-agreed plan; using strategies including: community educational discussions, interviews, as well the distribution of IEC materials, and use of megaphones in public places to provide the affected population with information on the signs and symptoms, modes of transmission, preventative measures, and what do in the event of a suspected case. Moreover, the CRC volunteers carried out demonstrations on the preparation and use of oral rehydration solutions (ORS) and sugar-salt solutions.

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Activities planned

1.3.1 Community awareness about the disease.

1.3.2 Active monitoring and early detection of cases.

1.3.3 Guidance of cases to nearest health structures.

1.3.4 Rehydration of all detected cases, especially during referrals.

1.3.5 Sensitize the community on corpse management.

1.3.6 Community management of corpses, with support from health structures.

Achievements

1.3.1 In total, 1,031,357 people were reached through awareness-raising/sensitization activities carried out by the CRC volunteers through this DREF operation.

1.3.2 The CRC volunteers collaboration with the MoPH followed up and identified suspected cases in households for onward referral. The CRC volunteers advised the affected population to ensure that any suspected case was immediately evacuated to the nearest health centre, while being administered with ORS or salt-sugar solution, as well as ensure their own personal hygiene. In total, 3,853 suspected cases were identified and referred to the nearest health centre, while being rehydrated.

1.3.3 Please refer to 1.3.2.

1.3.4 Please refer to 1.3.3.

1.3.5 During the awareness-raising/sensitization activities, the CRC volunteers provided information to the affected population on the risks presented by the corpses of people that had died as a result of cholera, especially when handling them during funeral rites, and how to properly manage these bodies.

1.3.6 CRC volunteers in collaboration with the MoPH at district level disinfected/decontaminated the homes and surroundings of people that had died, equipped with protective equipment. In total, 9,173 sites were disinfected/decontaminated. Please refer to Water, sanitation and hygiene promotion 1.1.5 for information on community clean up campaigns.

Output 1.4: Community based surveillance carried out

Activities planned

1.4.1 Sensitize communities on the disease

1.4.2 Community organization through the CBHFA approach

1.4.3 Regular reporting of cases

Achievements

1.4.1 Please refer to 1.3.1.

1.4.2 CRV volunteers involved in the DREF operation was recruited from existing local and divisional committees, and were not selected based on the CBHFA approach – as such this activity was not completed. Please note that the CBHFA approach could have helped address the challenges experienced related to the remoteness and inaccessibility of the areas being targeted. Please refer to “Logistics and supply chain” for information on the transportation issues.

1.4.3 Despite the challenges experienced related to communication from branch to NHQ level, weekly reports and an Operations Update were sent to the IFRC CARREP.

Challenges

Key operational challenges included:

- Security: As noted, due to the frequent incursions by suspected Boko Haram militants, the activities planned in the Goulfey and Kousseri districts were disrupted; however this was surmounted by transferring the the 22 volunteers (20 volunteers and two supervisors) to Maroua (capital of the Diamaré division), where they received training on the ECV manual, and prevention and control of cholera, before being equipped and initiating the activities from 11 October 2014

Lessons learned

Lessons learned included:

- Health and Care: Training in the use of the ECVI Manual enabled volunteers to better understand their role in the field. Socio-cultural practices: In Koza and Mogode districts, collective eating with fingers and manipulation of corpses are still present, and facilitates the spread of disease. A behaviour change programme is needed in order to stamp out such practices.
- RCRC/Agency Coordination: During the implementation of this DREF operation, consultations with all the local Red Cross committees eased filed work tremendously. However, collaboration between local committee presidents and district medical officers (DMO) should be clarified as some DMOs thought that DREF material had to be given to them.

IFRC and CRC staff on a radio programme in Maroua. © IFRC

Door-to-door awareness sessions Photo © IFRC

Water, Sanitation and Hygiene Promotion

Needs analysis: (*Provide the latest detailed needs in the water, sanitation and hygiene promotion which the operation planned to meet)*

Population to be assisted: *[Provide a concise summary of the* ***target population****, including the selection rationale as it applies to their vulnerabilities and the sector,* ***with an update if this target was revised****]*

Water, sanitation and hygiene promotion
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Daily safe access to water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities planned

1.1.1	Train volunteers in water purification at supply points, public places and at home.
1.1.2	Demonstration and purification of water at supply points, public places and at home.
1.1.3	Test for residual chlorine in household water.
1.1.4	Raise awareness on hand washing, personal and collective hygiene.
1.1.5	Organize community clean-up campaigns.
1.1.6	Provide hand-washing kits and disinfectant for community latrines.
1.1.7	Raise awareness on the appropriate use of latrines.

Achievements

1.1.1 In total, 300 volunteers, 30 supervisors and eight regional coordinators received training on water purification and conservation; and the treatment of wells.

1.1.2 In total, 6,416 water supply points were treated (chlorinated) by CRC volunteers. During awareness-raising/sensitization activities, the CRC volunteers provided demonstrations on the purification of water and conservation methods, as well disseminated messages on drinking only potable water. As noted, in total, 1,031,357 people were reached through the awareness-raising/sensitization activities; and therefore on water purification and conversation.

1.1.3 Residual chlorine testing of water at household water level was not tested due to the lack of pool testers in the DREF allocation – as such this activity was not completed.

1.1.4 During the awareness-raising/sensitization activities, the CRC volunteers provided demonstrations on proper hand washing with soap, and disseminated messages on the importance of ensuring personal hygiene. Moreover, the CRC volunteers also educated nursing mothers to breastfeed their babies only after properly cleaning their nipples. As noted, in total, 1,031,357 people were reached through the awareness-raising/sensitization activities; and therefore on hand washing and personal hygiene.

1.1.5 In total, 9,142 households benefitted from community clean-up campaigns, which were carried out across the 12 districts by the CRC volunteers in collaboration with community members.

1.1.6 In total, 1,031,357 people benefited from the demonstration of proper hand washing with soap at key moments. This population was also encouraged to practice individual and collective hygiene and to sanitize their environment.

1.1.7 In total, 500 hand-washing kits were distributed to restaurants in the affected area; and 40,792 latrines were disinfected.

1.1.8 During the awareness-raising/sensitization activities which were carried out at household level, the CRC volunteers encouraged households to use latrines properly, and how to disinfect them with ash in the absence of chlorine. As noted, in total, 1,031,357 people were reached through the awareness-raising/sensitization activities; and therefore on the appropriate use of latrines.

Challenges

Key operational challenges included:

- Water, sanitation and hygiene promotion: One of the causes of open-air defecation by the affected population is linked to a common practice in some localities. Latrine slabs in these localities are fabricated with very small holes. Users say they can stop defecating in the open and use latrines if the slabs are made with bigger holes. Unfortunately, there was not provision under the DREF operation to build slabs or latrines.

Lessons learned

- RCRC/Agency Coordination: the lack of consultation between various divisional committee presidents of the region made collaboration and coordination difficult.
- Water, sanitation and hygiene promotion: In the Maroua districts, there are no human waste management services; and advocacy on this issue should be considered to help mitigate against future outbreaks. In the affected area, there were poorly constructed wells, and in future they should be constructed with proper lids. Please note that there was no well construction within the DREF operation.

D. THE BUDGET

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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 (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.