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# Preliminary DREF Final Report

## Cameroon: Floods and Cholera Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n° MDRCM020</b>
<b>Date of Issue:</b> 08 September 2014	<b>Glide number:</b> <a href="#">EP-2014-000121-CMR</a>
<b>Date of disaster:</b> 21 August 2014	
<b>Operation start date:</b> 8 September 2014	<b>Operation end date:</b> 5 February 2015
<b>Host National Society:</b> Cameroon Red Cross Society	<b>Operation budget:</b> CHF 308,136
<b>Number of people affected:</b> 255,214	<b>Number of people assisted:</b> 52,380
<b>N° of National Societies involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies	
<b>N° of other partner organizations involved in the operation:</b> Local Administration Authorities and Ministry of Public Health	

*This report has been published as preliminary as there are still some outstanding issues with the Financial Report. The final report will be made available a month from now.*

## A. Situation analysis

### Description of the disaster

On 21 August 2014, the Bibémi, a district, located some 64 km from the town of Garoua (capital of the North Region of Cameroon) experienced heavy rainfall (about 180 mm of precipitation), which led to widespread flooding, extensive destruction, and affected more than 250,000 people. Further to the flooding, the situation worsened, following a cholera outbreak. From 18 to 28 August 2014, Cameroon Red Cross (CRC) volunteers carried out an assessment, and identified 77 cases and eight deaths in the six districts affected by the epidemic. On 8 September 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 179,304 from the Disaster Relief Emergency Fund (DREF) to support the CRC respond to the needs of the flood-affected population and the epidemic. The DREF operation was initially intended to support 26,380 people in six districts (Bibémi, Figuil, Mayo Oulo, Guider, Pitoa and Touboro) with health and care, shelter and settlements, water, sanitation and hygiene promotion activities over a period of three months.



Proper handwashing demonstrations by volunteers in in Garoua I. © IFRC

On 28 November 2014, following a mid-term detailed assessment, an additional allocation of CHF 128,832 was released, and an extension of the timeframe made (to five months), in order to expand the activities planned in the following sectors:

- Mobilization/training of an additional 50 volunteers; and five supervisors to reinforce community outreach / awareness-raising activities in the existing areas (Bibémi, Figuil, Guider, Mayo-Oulo, Pitoa, and Touboro), due to the fact that the population was opposed to improved sanitation/hygiene practices.
- Mobilization/training of an additional 130 volunteers and 13 supervisors to extend activities planned into six areas where new cases had been reported (Garoua I, Garoua II, Gashiga, Golombé, Rey Bouba and Tcholorié). Please refer to “Need analysis and scenario planning” for information.
- Extension of the mission (by one month) of an IFRC Regional Disaster Response Team (RDRT) member to ensure the effective implementation of the DREF operation.

Following the expansion of the DREF operation, it was expected therefore that the DREF operation would support an additional 26,000 people, increasing the target population 52,380 across the twelve areas. Please refer to [Operations Update n°1](#) for information on the revisions made to the DREF operation. Please note that this Preliminary Report is issued in advance of the Final Report, which is expected to be issued by the end of June 2015.

The Canadian Red Cross / Government 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 natural disasters, epidemics (cholera, measles, polio and yellow fever), as well as population movements along its borders; and as such it is well placed to intervene following the increase in cholera cases in the North Region. Following the floods, the CRC through its local committee mobilized volunteers under the supervision of the National Disaster Management Team (NDMT) to carry out an initial rapid assessment of the situation; as well as support evacuation of the flood-affected population, and provide psychosocial support. On 29 August 2015, the CRC issued an alert using the IFRC disaster management information system (DMIS); and it was agreed, in consultation with the IFRC, that a DREF allocation should be requested.



CRC staff explaining the distribution process to the press. © CRC

A joint IFRC / CRC coordination team was established, comprising the RDRT, the regional coordinator, and the cholera focal point. The joint operation coordination team visited the regional governor, administrative and health authorities of the North Region. CRC volunteers also participated in meetings, organized by administrative and local authorities, to assess the damage caused by the flooding. It should be noted that the MDRCM020 Floods and Cholera operation was managed concurrently with the MDRCM018 Cholera and MDRCM019 Ebola Virus Disease Preparedness operations which were being implemented in other areas of the country; and lessons learned from these were applied as appropriate.

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

The IFRC, through its Central Africa regional representation (CARREP), which is based in Yaounde, 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 an RDRT member to support the effective implementation of the operation on the ground. 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. 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 North region, the response to the epidemic was managed by the regional governor, through the regional delegation for the Ministry of Public Health (MoPH). In addition, after hearing about the disaster, the regional governor put the region under a state of public health emergency. The MoPH provided free treatment to people referred to health centres, which were provided with cholera kits. An ad hoc subcommittee responsible for emergency management was also set up, and comprised of representatives of 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 the 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 for personnel. Moreover, UNICEF provided pre-recorded advocacy messages (in French and local languages, on cholera prevention), which were broadcast on national radio stations. On 26 August 2014, the senior division officer (SDO) for Benue seized the opportunity to reinforce the tactical mechanism put in place against crises. Law enforcement officials, public health workers, and the divisional officer (DO) for Bibémi were present. Another field trip led by the SDO for Benue was attended by the DO for Bibémi, a representative of the regional delegate for public health for the North Region, the divisional delegate for Agriculture and Rural Development for Benue, the company commander of the gendarmerie legion of the North Region, the Central Senior Superintendent of police for Benue, the brigade commander for Bibémi and CRC volunteers from the Bibémi local committee, supported by the CRC Benue divisional committee. The Minister of Basic Education provided some food items (rice, cooking oil, etc.) and some school kits to some schools. On 5 September 2014, a coordination meeting convened by the Minister of Territorial Administration and Decentralization was held, in order to appeal to partners to assist the affected population.

## Needs analysis and scenario planning

### Needs analysis

Following the flooding, as noted, the CRC carried out an initial rapid assessment, which identified urgent needs in the areas of emergency shelter, basic household items (blankets, sleeping mats, kitchen sets etc.), food, safe water, access to proper sanitation and reduction of health risks, especially cholera. In addition, the DREF allocation was used to support a more detailed mid-term assessment, which resulted in the revision of the Emergency Plan of Action (EPoA) following the identification of cases of cholera in new areas, and was formalized through the issuance of an Operations Update. Please refer to “Table 1: Cholera Situation in the North Region (Cameroon) - 5 November 2014”

**Table 1: Cholera Situation in the North Region (Cameroon) - 5 November 2014**

Health District	Number of cases	Number of deaths
Bibémi	55	6
Figuil	38	0
Garoua I	1	0
Garoua II	9	4
Gashiga	5	4
Guider	71	4
Golombé	22	2
Mayo-oulo	129	7
Pitoea	22	2
Rey Boubou	3	1
Tcholibé	12	0

Touboro	9	4
<b>Total</b>	<b>376</b>	<b>34</b>

### Risk Analysis

As noted, the North Region was affected by flooding, and the population of the area remains extremely vulnerable; and with the intensification of the rains, it was expected that the situation could worsen, if immediate assistance was not provided, especially given the increase in cases of cholera. In addition, the areas targeted through the DREF operation was inaccessible as roads were often impassable due to the flooding.

### Beneficiary selection

Through the DREF operation, the CRC targeted the most vulnerable displaced households; and a selection criteria developed/disseminated, which prioritized: child-headed and female-headed households, the elderly, households with children under 5 years, households with pregnant women, and people living with disabilities. In addition, immediate needs in terms of food, medication and school items were expressed; and advocacy carried out with other partners to mobilize these resources.

## B. Operational strategy and plan

### Overall Objective

The overall objective was to contribute to improving the living conditions of 276 most vulnerable families affected by floods in Bibémi Subdivision and improve the health situation of the population of the 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, as well as provision of emergency relief items, specific areas of emphasis included:

- Mobilization/training of CRC volunteers and staff on the Epidemic Control for Volunteers (ECV) manual, specifically on the prevention and control of cholera; hygiene promotion and water purification.
- Community outreach / awareness raising 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.) .
- 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.
- Distribution of Non-Food Items (NFIs) for the worst affected families, including blankets (two per family), buckets (one per family), jerry cans (one per family), mats two per family), mosquito nets (two per family), soap (two month supply per family) tarpaulins (two per family) and water purification tablets (10 per family)
- Megaphones with batteries, information, education and communication (IEC) materials (image boxes and posters) goggles, helmets, nose masks, rain coats as well as consumables such as aqua tabs, bleach, buckets, chlorine, hand washing kits, machetes, oral rehydration salt, pick axes, sprayers, and wheelbarrows, which were to be made available to support these activities. Moreover, bicycles and motorbikes were to be purchased to support transportation to the most inaccessible areas.
- Regular monitoring, reporting and coordination, including a midterm detailed assessment 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, 280 volunteers and 28 supervisors were mobilized/trained to support the implementation of the activities planned within the DREF operation, in collaboration with the administrative / local authorities in the North Region. Additional support was provided. Other departments (communications, health, human resources, logistics and PMER) were involved in the DREF operation according to their areas of competence. As noted, the IFRC deployed an RDRT member for three months. This duration was extended by one month, following the extension of the DREF operation through the Operations Update. The IFRC CARREP regional representation also provided technical support, specifically in the areas of disaster management, logistics, and PMER.

### Logistics and supply chain

The DREF operation required local procurement for WASH related NFIs, which was carried out in compliance with IFRC logistics procedures; and where possible used pre-positioned stocks available in the CARREP regional warehouses, which were then replenished via the IFRC Global Logistics Service (GLS). Please refer to “Quality Programming / Areas Common to All Sectors” for information on the procurement process. NHQ and local committee warehousing was organized for the items prior to distribution, which included provisions for security measures.

The following items were distributed to the most vulnerable within the framework of the Bibemi flood assistance operation: blankets, mats, buckets, jerry cans, household soaps, kitchen sets, treated mosquito nets, tarpaulins and hygiene kits for women of childbearing age.

The following articles were taken from the stock available at the IFRC regional warehouse:

- Blankets (552),
- Mats (552),
- Jerry cans (276),
- Mosquito nets impregnated (552),
- Tarpaulin (552)
- Kitchen sets (276).

The following articles were purchased locally:

- Bucket of 16L with lids (294)
- Hard brushes (250)
- Soft brushes (250),
- Sprayer of 15 L (05)
- Megaphones + Batteries (10)
- YAMAHA YBR 125G motorbikes (02)
- Vests (50)
- Nose masks (300)
- Hygiene Kits (119)
- Mountain bikes with safety helmets (10)
- Shelter Kits (53)
- Hand washing kits(120)
- ORS (3900),
- A5 Brochures (5000),
- A2 Posters (5000),
- Working bibs (200)
- Chlorine buckets of 45 Kg (20)
- Image box (06)

Only Aqua tabs tablets (163,000) were purchased internationally (Nairobi).

## Information technology

Information technology (phones and email) was used to enable communication between the branches and technical departments at national headquarters to gather information on the situation. Please note that these exchanges continued throughout the DREF operation in order to ensure a better monitoring of activities and the evolution of the situation; and were budgeted for (internet, phone cards etc.)

## Communications

Communications and visibility of the DREF operation were ensured through the use of the CRC website, which contained information on the activities carried out. In addition, the CRC engaged local media, and also produced visibility materials to promote the DREF operation among national audience. CRC also provided regular updates on the operation.

Several radio programmes were broadcast by local radio stations and animated by the local committees. These radio programmes enabled a wider promotion of Red Cross activities within this operation, but also allowed for awareness of the general public to be raised on the rules of hygiene and how to prevent and reduce risks of floods and epidemics.

The documentary film as such, was not produced. However, 72 radio programmes were broadcast on some four community radio stations and on the national radio station. This was the case in Bibémi, where the local committee worked closely with the “*Bonne Sémence*” community radio station. Also, 506 religious leaders, 642 community leaders and 311 associations were met.

## Security

No security issues were reported during the implementation of the DREF operation, as the North Region has continued to be relatively calm; however, incursions were reported by suspected Boko Haram militants in the Far North Region, which is about 400km from the area of implementation.

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

Continuous monitoring and reporting of the DREF operation was carried out by the CRC local committees, with support the national headquarters (NHQ), and IFRC CARREP regional representation (including a monitoring/evaluation mission to all of the areas of implementation). Brief weekly updates were provided to the IFRC on the general progress of the DREF operation, and regular monitoring reports provided detailed indicator tracking. Three monitoring missions were carried by NHQ staff. Thus, the PMER Officer and the Regional DM Coordinator of the IFRC were on the ground to monitor activities. In addition, a local staff of the IFRC was deployed on the field, after the departure of the RDRT member, to finalize activities with the local committees and evaluate the activities implemented. As concerns the national society (NS), monitoring missions were conducted by Deputy Head of the Disaster Management Department at the national headquarters. A mid-term detailed assessment was carried out, which informed the revision of the DREF operation through the issuance of an Operations Update. In addition, an operational review/lessons learned exercise was budgeted; but not carried out, as the assessment was considered an opportunity to carry out review / lessons learned, since it was expected that it would not be possible within the timeframe. Please note that the distances between the various areas and the isolation of certain areas made the implementation of the activities planned within the DREF operation challenging within the timeframe. Please refer to “Quality Programming / Areas Common to All Sectors” for information on PMER.

## Administration and Finance

The CRC administrative and financial department ensured the proper use of financial resources in accordance with conditions discussed in the MoU between the National Society and the IFRC. Management of financial resources was effected according to the procedures of the National Society and DREF guidelines.

## C. DETAILED OPERATIONAL PLAN

### Quality Programming / Areas Common to all Sectors

<b>Quality Programming / Areas Common to all Sectors</b>																																											
<b>Activities planned</b>																																											
1.1.1	Participation in coordination and sectorial meetings.																																										
1.1.2	Organization of internal Red Cross meetings with other movement partners.																																										
1.1.3	Mobilization of 100 volunteers.																																										
1.1.4	Monitor the evolution of the situation on the ground and continue the in-depth assessments.																																										
1.1.5	Monitoring activities in the field.																																										
1.1.6	Launch of invitation to bid.																																										
1.1.7	Selection of suppliers.																																										
1.1.8	Signing of MoU with suppliers.																																										
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1.1.2	Monthly internal Red Cross coordination meetings took place in Yaounde between the CRC, FRC, ICRC and IFRC. Discussions focused on the evolution of the situation on the ground and the support to be provided each Movement partner.																																										
1.1.3	1. In total, 280 volunteers were mobilized, which equates to 280 per cent of the intended target (100) following the expansion of the DREF operation into an additional six areas. In addition 28 supervisors were also mobilized. As noted, the initial DREF operation enabled the mobilization of 100 volunteers and 10 supervisors to carry out community outreach / awareness-raising activities in the six areas (Bibémi, Figuil, Guider, Mayo-Oulo, Pitoa, and Touboro); however through the Operations Update this was extended to 150 volunteers and 15 supervisors; as well as an additional 130 volunteers and 13 supervisors following the expansion of activities planned into six new areas. Please refer to “Table 2 - Distribution of volunteers and supervisors by location”.																																										
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The CRC volunteers were mobilized four times per week for eight weeks to carry out activities to increase community awareness, specifically house-to-house visits, to raise community awareness on improved health/hygiene practices, mass media (radio broadcasts) and used information, communication and education (IECs) (posters and flyers), which were developed; and summarized these messages. Awareness-raising involved sensitization on hand-washing, the use of latrines (including how to disinfect them), the advantages of using drinking water, demonstrations of how to purify water in buckets as well as on how to prepare oral rehydration solutions. Through the DREF allocation, protective equipment comprising boots, gloves, goggles, helmets, nose covers and rain coats was procured (for 100 volunteers); however since the activities planned were carried out in rotation and according to a pre-agreed work schedule, it was not necessary to have, for example, a rain coat of each volunteer.

1.1.4 In addition to regular monitoring of the situation in the area of implementation; and continuous in-depth assessments conducted by the field team, a monitoring/evaluation mission was conducted by the IFRC CARREP regional representation's disaster management coordinator, and a PMER staff member in all of the areas to measure progress and propose changes.

**2.**

1.1.5 Please refer to "Quality Programming / Areas Common to All Sectors / Activity 1.1.4"

**3.**

1.1.6 The IFRC CARREP regional representation's logistics department launched an invitation to bid, in collaboration with the CRC logistics department, in order to choose the best suppliers (to ensure good value for money) for the supply of materials for the DREF operation, which was carried out in accordance with IFRC logistics procedures. Please refer below for the invitations launched for items to be supplied through the DREF operation:

- Tender for the supply of shelter kits.
- Tender for the supply of mountain bikes.
- Tender for the supply of motorcycles.
- Tender for the supply of visibility material (posters, flyers, image boxes and working bibs).
- Tender for the supply of buckets, scrub brushes, soft brushes, sprayers and megaphones.
- Tender for the supply of hygiene kits.

**4.**

1.1.7 Following the launch of invitation to bid (refer to "Quality Programming / Areas Common to All Sectors / Output 1.1 / Activity 1.1.6"), the selection of suppliers was carried out by the IFRC CARREP in collaboration with the CRC; and in accordance with the IFRC logistics procedures.

**5.**

1.1.8 MoU were signed with the selected suppliers

After the various Tender invitations, six contracts were awarded for the supply of NFIs, including:

- Purchase contract for shelter kits.
- Purchase contract for mountain bikes.
- Purchase contract for Yamaha motorcycles.
- Purchase contract for hygiene kits.
- Purchase contract for visibility material.
- Purchase contract for buckets, scrub brushes, soft brushes, sprayers and megaphones.

## **Challenges**

Operational challenges included:

- Logistics: Costs in the budget often varied when orders were placed with suppliers. At times, suppliers offered a good price but lacked the required quantity of material. The cost of transporting material from Yaounde to Garoua was also high. The CRC local committee imposed a price for the use of the warehouse, thus increasing cost.

## **Lessons Learned**

Lessons learned included:

- Logistics: Provision for miscellaneous budget for items to enable more flexibility in logistical procedure.



## Early warning & emergency response preparedness

<b>Early Warning &amp; emergency response preparedness</b>	
<b>Outcome 1: Gather detailed information on the situation and its evolution</b>	
<b>Output 1.1: All details on the situation are available.</b>	
<b>Activities planned</b>	
1.1.1	Continue assessment.
1.1.2	Identification of most vulnerable.
1.1.3	Development of calendar of field trips.
<b>Achievements</b>	
1.1.1	Following the onset of the epidemic, the CRC local committees mobilized volunteers to carry out an initial rapid assessment of the situation under the supervision of NDRT member, which identified cases in areas, which had been included in the DREF operation launched in response to the flooding (Bibémi, Figuil, Guider, Mayo-Oulo, Pitoa, and Touboro), as well as in new areas that had not been included (Garoua I, Garoua II, Gashiga, Golombe, Rey Bouba and Tcholiré). Please note that this continuous assessment of the situation informed the re-orientation of the DREF operation through an Operations Update. <b>6.</b>
1.1.2	Through the DREF operation, the identification of the most vulnerable was based on the degree of damage incurred. As such, the families identified as vulnerable were those who had completely lost their homes. Other assistance was aimed towards curbing the epidemic and activities were intensified in the most affected areas, in cooperation with the local administrative, traditional and health authorities. Also, public places (markets, schools, mosques, etc.) were targeted to serve as outreach locations and bring together as many people as possible. <b>7.</b>
1.1.3	The CRC divisional committees in collaboration with NHQ representatives developed a calendar of field trips, which covered all the activities planned within the DREF operation.
<b>Challenges</b>	
Operational challenges included:	
<ul style="list-style-type: none"> <li>• Communications: there was lack of information flow between the local and divisional committees, and even the national headquarters. Telephone network was poor and volunteers lacked airtime credit to make calls.</li> <li>• Human Resources: Awareness raising period coincided with the farming season, and greatly reduced volunteer involvement in activities.</li> </ul>	
<b>Lessons Learned</b>	
Lessons learned included:	
<ul style="list-style-type: none"> <li>• RCRC/Agency Coordination: Partnerships were developed with local radio stations in order to disseminate information, especially in Bibémi.</li> </ul>	

## Health and Care

<b>Health and Care</b>	
<b>Outcome 1: The immediate risks of a cholera outbreak among the affected populations are reduced</b>	
<b>Output 1.1: Supervision and coordination of activities</b>	
<b>Activities planned</b>	
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.
<b>Achievements</b>	
1.1.1	As noted (please refer to “Quality programming / Areas common to all sectors / Activity 1.1.1”) a joint operation coordination team was established, and carried out sensitization of stakeholders.

1.1.2 The joint coordination team participated in meetings with stakeholders as part of the emergency system that was established following the onset of the flooding/epidemic in the North Region; as well as to ensure the approval of the regional governor, administrative and health authorities on the activities planned through the DREF operation.

**8.**

1.1.3 Please refer to “Health and Care / Outcome 1 / Output 1.1 / Activity 1.1.2”.

1.1.4 Please refer to “Quality programming / Areas common to all sectors / Activity 1.1.4”.

#### **Output 1.2: Epidemic prevention and control measures carried out**

##### **Activities planned**

1.2.1 Training of volunteers in the epidemics control manual including cholera sensitization.

1.2.2 Awareness-raising on cholera four times per week for six weeks.

##### **Achievements**

1.2.1 In total, 280 volunteers and supervisors were trained in the Epidemic Control for Volunteers (ECV) manual, specifically related to the prevention and control of cholera (signs of the disease, mode of transmission, case management, surveillance and referral), of the intended target (100), following the expansion of the DREF operation into additional six areas.

1.2.2 Following the ECV training, the volunteers were mobilized to carry out awareness raising on cholera, four times per week, with the days chosen to cover market days, in order to reach the maximum number of people possible. Awareness raising activities carried on in the areas during the extension period. As such, 476 sessions were held during this period (old and new areas), that is:

**9.**

**Table 3: ECV training sessions per locality**

**10.**

<b>11.</b>	<b>Areas</b>	<b>12.</b>	<b>Number of sessions</b>
<b>13.</b>	Bibémi	<b>14.</b>	32
<b>15.</b>	Figuil	<b>16.</b>	60
<b>17.</b>	Garoua 1	<b>18.</b>	28
<b>19.</b>	Garoua 2	<b>20.</b>	28
<b>21.</b>	Gaschiga	<b>22.</b>	28
<b>23.</b>	Golombe	<b>24.</b>	28
<b>25.</b>	Guider	<b>26.</b>	60
<b>27.</b>	Mayo Oulo	<b>28.</b>	60
<b>29.</b>	Pitoea	<b>30.</b>	60
<b>31.</b>	Rey Bouba	<b>32.</b>	16
<b>33.</b>	Tcholiéré	<b>34.</b>	16
<b>35.</b>	Toborou	<b>36.</b>	60
<b>37.</b>	<b>Total</b>	<b>38.</b>	<b>476</b>

**39.**

#### **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 the evacuation.

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, 1,107,039 people have been reached through public outreach / awareness-raising activities in all areas., including 261,999 men, 350,034 women and 495,006 children

**40.**

41. As noted, new cases were detected/reported to the CRC by officials of the North regional delegation for health. In total, there were 483 cases with 38 deaths throughout the period of the operation, that is, from 10 October 2014 to 30 January 2015.

42.

**Table 4: Reported cases and fatalities per locality**

43. Areas	44. Number of cases	45. Number of deaths
46. Bibémi	47. 65	48. 6
49. Figuil	50. 38	51. 0
52. Garoua I	53. 1	54. 0
55. Garoua II	56. 9	57. 4
58. Golombe	59. 22	60. 2
61. Guider	62. 71	63. 4
64. Pitoa	65. 22	66. 2
67. Rey Bouba	68. 3	69. 1
70. Tcholliré	71. 12	72. 0
73. Touboro	74. 9	75. 4
76. <b>Total</b>	77. <b>483</b>	78. <b>38</b>

1.3.2 No cases were brought to the health centres by CRC volunteers. District officials requested that volunteers refrain from accompanying cholera patients to health centres, since along the way, these patients might feel the urge to stool regularly, thus causing contamination of these areas. CRC volunteers were asked to limit their activities to informing health centres, so that professional teams in the management of suspected cases could be dispatched. In the meantime, volunteers were instructed to rehydrate patients until the arrival of medical personnel.

79.

1.3.3 Please refer to “Health and Care / Output 1.3 / Activity 1.3.2”.

80.

1.3.4 CRC volunteers neither detected nor evacuated any cases to the health centre; however, during their community / awareness-raising activities, they educated the population on how to prepare the salt-sugar solution. In total, 59,705 people were trained, that is, 22,770 on the preparation of the salt-sugar solution, 12,623 on correct hand washing, 12,989 on the treatment of drinking water and 11,323 on the disinfection of latrines.

81.

1.3.5 CRC volunteers informed the population about the dangers of corpses of cholera patients, especially when handling them during funeral rites and the management of these bodies.

82.

1.3.6 CRC volunteers in collaboration with district health authorities disinfected households and environment of patients infected by, or who died from cholera, wearing protective equipment as required. In total, 5,186 sites were decontaminated.

83.

#### **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 “Health and Care / Outcome 1 / Output 1.3 / Activity 1.3.1”.

84.

1.4.2 CRC volunteers involved in the DREF operation mostly originated from local and divisional committee; their selection was not carried out through the CBHFA approach, which would have solved the issues experienced regarding distance (between areas), and road infrastructure.

85.

1.4.3 New cases were detected/reported to the CRC by officials of the North regional delegation for health. In total, there were 483 cases with 38 deaths throughout the period of the DREF operation, from 10 October 2014 to 30 January 2015. Please refer to “Table 4: Reported cases and fatalities per locality”.

<b>Challenges</b>
Operational challenges included: <ul style="list-style-type: none"> <li>Logistics and supply chain: There was no appropriate evacuation system of patients from homes to health centres.</li> <li>Health and Care: Since cholera treatment was free, some staff showed little interest in providing health care to cholera patients. Health centre staff sometimes asked CRC volunteers to watch over cholera patients.</li> </ul>
<b>Lessons learned</b>
86. Lessons learned included: <ul style="list-style-type: none"> <li>Communications: Strengthened advocacy with health structures; and awareness-raising on home-based case management before evacuation to health centre required.</li> </ul>

## Water, Sanitation and Hygiene Promotion

<b>Water, sanitation and hygiene promotion</b>
<b>Outcome 1 : The risk of water-borne and water-related diseases has been reduced through the provision of adequate sanitation as well as hygiene promotion for 3,500 beneficiaries</b>
<b>Output 1.1: Improve sanitation and hygiene knowledge and behaviour of the targeted 3,500 people</b>
<b>Activities planned</b>
1.1.1 Training of 100 volunteers on good hygiene practices and diseases related to dirty hands.
1.1.2 Production of posters with hygiene promotion messages.
1.1.3 Sensitization of victims on good hygiene practice and diseases related to dirty hands (mass and door-to-door sensitization).
1.1.4 Regular monitoring
<b>Achievements</b>
1.1.1 In total, 280 volunteers and 28 supervisors received training in good hygiene practices and diseases related to dirty hands during training on cholera, which equates to 270 per cent of the intended target (100); and comprised: 100 volunteers and 10 supervisors for the first phase, and 170 volunteers and 17 supervisors following the expansion of the DREF operation through the Operations Update.
1.1.2 In total, 5,000 posters with hygiene promotion messages were produced, which equates to 100 per cent of the intended target (5,000). CRC volunteers used the posters to promote hygiene during community / awareness-raising activities.
1.1.3 CRC volunteers sensitized the population on good hygiene practices and diseases related to dirty hands. In total, more than 139,140 demonstration sessions on correct hand washing, with 286,782 people reached with sensitization on proper hand washing, over 147,841 latrines were identified and more than 98,276 of them were disinfected in the old and new areas. In addition, 239,010 people were reached with sensitization on the disinfection of latrines; there were 115,719 demonstration sessions on the preparation of ORS or SSS, which reached 276,682, people.
<b>87.</b>
1.1.4 The image boxes allowed trainers and supervisors to show and explain pictures of good attitudes and practices during training and awareness sessions. Some 12 image boxes were produced (one per locality). It is difficult to give exact figures on demonstrations and other activities as lists from different areas were not globally summarized for a better communication of figures. As such, this was also a lesson learned by supervisors of this DREF operation, who did not know that these figures were needed for the impact of the activities to be better appraised.
<b>88.</b>
1.1.5 Regular monitoring of activities was conducted by supervisors (in the areas) and the joint operation coordination team.
<b>Output 1.2: Beneficiaries have access to drinking water</b>
<b>Activities planned</b>
1.2.1 Detailed identification of water points in the villages.
1.2.2 Treatment of water in Households.
1.2.3 Regular monitoring.

<b>Achievements</b>	
1.2.1	Detailed identification of water points in the villages was carried out; and inventory of 4,600 established.
1.2.1	In total, 135,210 containers with water were treated at household level. In addition, 10 water purification tablets (aqua tabs) were distributed to each family.
1.2.2	Regular monitoring of activities was conducted by supervisors (in the areas) and the joint operation coordination team.
<b>Outcome 2: Immediate reduction in the risk of water-related diseases in targeted communities</b>	
<b>Output 2.1: Daily access to safe water meeting Sphere standards in terms of quantity and quality is provided to target population</b>	
<b>Activities planned</b>	
2.1.1	Train volunteers in water purification at supply points, public places and at home.
2.1.2	Organize community clean-up campaigns.
2.1.3	Raise awareness on appropriate use of latrines.
2.1.4	Provide hand-washing kits and disinfectants for latrines in the community.
2.1.5	Raise awareness on hand washing, personal and collective hygiene.
2.1.6	Demonstration and purification of water at supply points, public places and at home.
2.1.7	Test for residual chlorine in household water
<b>Achievements</b>	
2.1.1	In total, 280 volunteers and 28 supervisors; that is, 170 volunteers and 17 supervisors for the old areas and 110 volunteers and 11 supervisors for the new areas received training in the purification of water for public supply points and at home during training on cholera, which equates to 187 per cent of the intended target (100), following the expansion of the DREF operation into an additional six area
2.1.2	In total, 5,186 sites were sanitized and 98,276 latrines disinfected in collaboration with the community. Furthermore, thanks to awareness raising, 6,943 latrines were built by the communities.
2.1.3	CRC volunteers encouraged households to the proper use of latrines during community / awareness-raising activities.. As noted, in total, 1,107,039 people were sensitized. (261,999 men, 350,034 women and 495,006 children). Unfortunately, the various supervisors only compiled the data without keeping in mind the counting per locality. Again, this is a lesson learned from this operation, which should be corrected in future DREFs.
2.1.4	In total, 120 hand washing kits were purchased and distributed in the 12 areas, at the rate of 10 per area, in public places (restaurants etc.) in order to increase outreach, which equates to 100 per cent of the intended target (12). Moreover, latrine disinfectants such as Cresyl, detergents were made available to the communities..
2.1.5	Please note that the hand-washing kits helped in improving the visibility of the CRC; and were much appreciated by the beneficiaries (restaurant owners).
2.1.6	As noted (refer to "Water, Sanitation & Hygiene Promotion / Outcome 1 / Output 1.1 / Activity 1.1.3), 4,268 demonstration sessions on proper hand-washing were carried out; and 15 sites were sanitized. Please note that this equates to about 400 sessions per area in the existing areas (Bibémi, Figuil, Mayo Oulo, Guider, Pitoa and Touboro); and about 300 sessions per area the additional areas (Gashiga, Garoua 1, Garoua 2 , Golombe, Rey Bouba, and Tcholorié)
2.1.7	In total, 152,270 water points and water in containers were treated at household and community levels. Community / awareness raising sessions and demonstrations were also carried out in public places.
2.1.8	Residual chlorine levels in household water could not be tested as pool-testers were not included in the DREF allocation; and therefore not issued to the CRC local committees.
<b>Challenges</b>	
Operational challenges included:	
<ul style="list-style-type: none"> <li>Water, sanitation and hygiene promotion: Cultural habits in this region were the biggest challenge in this sector. The</li> </ul>	

total disregard for hygiene rules is a big barrier to behaviour change, despite all the awareness sessions organized. Open defecation is linked in the habits of the people of all the northern parts of the country. It will take a long time for the population to become aware of the fact that they are the cause of these diseases. Thus, cholera has become recurrent in the region.

### Lessons learned

Lessons learned included:

- Communication: Strengthen advocacy and provide support in the construction of latrines; as well as community awareness raising should also be regular in order to push the population to use latrines and respect rules of hygiene.

## Shelter and Settlements

### Shelter and settlements

**Outcome 1 :** Shelter conditions for 276 homeless families have improved due to emergency shelter

**Output 1.1:** 276 families receive shelter materials

#### Activities planned

1.1.1 Provision of tarpaulins.

1.1.2 Monitoring of activities.

1.1.3 Activity Report.

#### Achievements

1.1.1 In total, 276 families affected by floods were identified by CRC volunteers; they were issued distribution vouchers, and each received two tarpaulins (552), which equates to 100 per cent of the intended target (276).

**89.**

1.1.2 Regular monitoring of activities was conducted by supervisors (in the areas) and the joint operation coordination team.

**90.**

1.1.3 Weekly reports were regularly issued.

**Outcome 2 :** Improve the living conditions of 276 most vulnerable families through the distribution of non-food items

**Output 2.1:** 276 families receive non-food items (mats, mosquito nets, blankets, buckets, jerry cans, soap etc.)

#### Activities planned

2.1.1 Purchase of equipment.

2.1.2 Refresher for volunteers in distribution technique.

2.1.3 Distribution of non-food items.

2.1.4 Monitoring of activities.

2.1.5 Activity Report

#### Achievements

2.1.1 Please note that the following equipment (NFIs) was purchased for distribution: blankets (552), buckets (276), jerry cans (276), kitchen sets (276), mats (552), mosquito nets (552 long lasting insecticide treated nets), and tarpaulins (552). In addition, 119 women (within the 276 families) received hygiene kits. The NFIs were stored at the warehouse of the Benue Divisional Committee headquarters, prior to distribution.

**91.**

2.1.2 In total, 30 volunteers and three supervisors received refresher training in food and non-food items distribution techniques.

**92.**

2.1.3 In total 276 families received NFIs comprising: 552 tarpaulins, 552 mats, 552 blankets, 552 LLINs, 276 buckets, 2760 pieces of soap, 276 jerry cans, 276 kitchen kits were distributed to 276 families in Bibémi (identified as worst affected by the flooding) - among them, 119 women of childbearing age received hygiene kits)- which equates to 100 per cent of the intended target (276 families). Please refer to "Table : Summary of NFI distributions (Bibémi)

**Table 6 : Summary of NFI distributions (Bibémi)**

93.

Village	HHs	NFIs								
		Blankets	Buckets	Jerry Cans	Kitchen Sets	Hygiene Kits	Mats	Mosquito Nets	Soap	Tarpaulins
Baksa	11	22	11	11	11	5	22	22	110	22
Bandoro	14	28	14	14	14	11	28	28	140	28
Botare	7	14	7	7	7	5	14	14	70	14
Cinq Plaque	15	30	15	15	15	2	30	30	150	30
Foulbere	24	48	24	24	24	24	48	48	240	48
Ouro Kari	79	158	79	79	79	41	158	158	790	158
Lakare Lame	18	36	18	18	18	2	36	36	180	36
Lakara Louka	22	44	22	22	22	6	44	44	220	44
Mandjola	38	76	38	38	38	9	76	76	380	76
Mbella Do'Ouro	5	10	5	5	5	0	10	10	50	10
Ouro Yadj	15	30	15	15	15	2	30	30	150	30
Sabaongari	28	56	28	28	28	12	56	56	280	56
<b>Total</b>	<b>276</b>	<b>552</b>	<b>276</b>	<b>276</b>	<b>276</b>	<b>119</b>	<b>552</b>	<b>552</b>	<b>2,760</b>	<b>552</b>

2.1.4 Regular monitoring of activities was conducted by supervisors (in the areas) and the joint operation coordination team.

2.1.5 Weekly reports were regularly issued.

### Challenges

Operational challenges included:

- Logistics and supply chain: Beneficiary identification was a problem as the number of vulnerable people kept on increasing as the DREF operation progressed. In addition, the poor state of the road between Garoua and Bibémi (100 km) and insecurity along this stretch was a major challenge to the transportation of relief material – as such the budgeted transportation cost was not enough. Moreover, the presence of several humanitarian organizations in the region caused prices to increase.

### Lessons learned

Lessons learned included:

- Logistics and supply chain: Logistics costs should take into account the state of national and local roads.
- Communications: Strengthened advocacy with local authorities for joint actions required.
- Disaster Preparedness & risk reduction: Disaster risk reduction interventions involving the local population should be included in DREF; and increase the resilience of the affected population after the provision of temporary relief, in order to solve their problems in a sustainable manner.

## 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.

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3. Promote social inclusion and a culture of non-violence and peace.