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DREF Final Report

Cameroon: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRCM018	Glide number: EP-2014-000100-CMR
Date of Issue: 30 June 2015	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 branches): Cameroon Red Cross	Operation budget: CHF 216,918
Number of people affected: 1,238,740 in 12 districts	Number of people directly assisted: 591,328
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	

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, 1,321 cases had been reported and 61 deaths across 10 districts (Bourha, Goufey, 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.

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, Goufey, 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 Goufey and Kousseri district, which were disrupted following incursions by suspected Boko Haram militants (refer to “Security” for information on the implications this had on the DREF operation). In total, the DREF operation was intended to directly support 123,874 people, that is, 10% of the affected population (1,238,740 people), in 12 districts.



Proper handwashing session at the Bourha market. Photo © IFRC

Through this DREF operation, the CRC indirectly reached out to 1,238,740 people in 12 districts, through mass communication (radio and TV broadcasts, newspapers, etc.) and door-to-door awareness activities, of which an estimated 591,328 people were directly assisted through implemented activities. As such, the direct target was met above expectation (approximately 47.7%), while the indirect target was met at a 100%. Progress against the intended outcomes was made in the following areas:

Health and Care

- 330 CRC volunteers were trained in the use of the Epidemic Control for Volunteers (ECV) manual, then mobilized to carry out sensitization on the prevention and control of cholera, as well as surveillance and referral activities.
- In total, 591,328 people were sensitized on the prevention and control of cholera; and 3,853 suspected cases of cholera were identified by CRC volunteers and referred to the nearest health centres. Door-to-door, mass and focus group discussion awareness techniques were used to reach and even surpass the planned target.

Water, sanitation and hygiene promotion

- 6,416 water supply infrastructures were treated (chlorinated).
- 40,792 latrines were disinfected; and 9,142 sites were cleaned in collaboration with the affected population.
- 420 hand washing kits were distributed to restaurants located across the 12 districts.

Table 1: Summary table of activities carried out

Activities/Locality	Bourha	Mogodé	Koza	Mokolo	Roua	Hina	Mindif	Maroua 1, 2, 3	Total
People sensitized	47,718	89,410	45,094	42,738	14,416	43,525	13,563	294,864	591,328
Suspected cases identified	966	1,047	566	325	286	610	138	22	3,960
Wells chlorinated	1,540	1,286	447	393	164	717	191	483	5,221
Wells cleaned	1,130	1,307	183	542	124	338	71	286	3,981
Well covered	1,602	536	286	397	55	449	43	385	3,753
Latrine disinfected	4,420	8,015	2,834	3,128	1,212	14,963	3,124	3,096	40,792
Latrines covered	3,038	5,914	2,056	2,992	958	5,375	378	1,576	22,287
Sites cleaned	1,025	959	430	1,225	97	5,207	28	171	9,142
Hand-washing kits distributed	50	70	40	50	30	50	40	90	420

NB: Note that the localities of Goufey and Kousseri are not accounted for in the above table. This is because, although activities were implemented in these localities, no monitoring mission was carried out to collect data due to the prevailing insecurity situation. Moreover, data sent in by volunteers of these localities was inconsistent.

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 because towards the end of the operation, more people displaced internally by Boko Haram incursions arrived the locality. Most of these IDPs were lodged in schools that lacked latrines and with the overcrowded conditions, the disease continued to spread.

DG ECHO 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.

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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; as such, it 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 twelve 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 (sub-committee) 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.

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 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 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 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 MoPH 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 of 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 by the local Red Cross committee, in close collaboration with the National Cholera Control Coordination Committee, 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, 1,321 cases and 61 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 the number of cases in four other districts (Maroua I, Maroua II Maroua III, 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 2: 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	1,321	61

Table 3: 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 III	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 should initially target eight districts (Bourha, Goulfrey, Hina, Kosa, Kousseri, Mogode, Mokolo and Roua), and was later extended to include Maroua I, Maroua II Maroua III, 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).

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 focus 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 05 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:

Table 4: List of items received and distributed

No.	Material	Unit	Quantity
1	Oral rehydration salt	Sachet	2660
2	Aquatabs (from emergency stock)	Tablets	72,420
3	Posters and flyers	Pieces	2000
4	Megaphones and batteries	Pieces	35
5	Raincoats	Pieces	350
6	Boots	Pieces	350
7	Gloves	Pieces	700
8	Nose masks	Pieces	700
9	Motorcycles	Pieces	03
10	Bicycles	Pieces	50
11	Red cross aprons	Pieces	720
12	Red cross jackets	Pieces	40
13	Bleach IL	Pieces	2000
14	Detergent	Sachet	1000
15	Soap 250g	Pieces	1000
16	Chlorine 45kg pails	Pieces	25
17	16l buckets with lid	Pieces	35
18	Hand washing buckets	Pieces	500
19	Pool tester	Pieces	0/02

All these items were distributed and nothing was left in stock.

These items were 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.

The poor road networks in affected areas, which was exacerbated by the rainy season that made them in some instances impassable, had implications on the monitoring of planned activities. 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 the operation and published an article with images, in its 26 September 2014 (page 17) issue on the monitoring mission of the outcome by the RDRT in some districts.



Article on the operation published in the national daily, Cameroon Tribune © IFRC



Handing over of awareness material to a local committee © IFRC

A web story was also published on the IFRC website: <http://ifrc.org/en/news-and-media/news-stories/africa/cameroon/grappling-with-a-cholera-epidemic-in-northern-cameroon-67399/>

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 in the ECV manual, and prevention and control of cholera. After 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 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 were regularly issued. Please note that in some areas of implementation (Goulfey and Kousseri), the security situation had implications for the monitoring of the DREF operation. A mid-term review of the operation was carried out, which comprised a monitoring mission, and resulted in the issuance of an Operations Update and a revision to the scope and timeframe of the DREF operation. The Operations Update can be consulted at: <http://adore.ifrc.org/Download.aspx?FileId=67322>

C. Detailed Operational plan

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: The people of Mogode, Hina, Bourha, Goulfey, Mokolo, Roua, Kosa and Kousseri had initially been identified as the target population of this operation. Up to 10% of 1,004,398 inhabitants had to be directly assisted extensively. However, the indirect support provided through information and communication activities reached all city residents with spill over effects on the population of the region. Nonetheless, with the increase in the number of cases in the districts of Mindif, Maroua I, II and III, the number of districts to be assisted increased from eight to 12, increasing the affected population to 1,238,740. Thus, the target population to be assisted was 123,874 people, that is, 10% of the overall affected population.

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 MoPH, 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, including the Cameroon Red Cross, 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. The Cameroon Red Cross conducted monitoring through the monthly deployment of the national cholera focal point person, for five months.

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, 317 volunteers, 35 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.

Date	District	Committee trained	Number of volunteers
24/08/2014	Bourha	Bourha	35
25/08/2014	Mogode	Mogode	89
26/08/2014	Koza	Koza	25
26/08/2014	Mokolo Roua	Mokolo Roua	51
27/08/2014	Hina	Hina	40
28/08/2014	Mindif	Mindif	24
29/08/2014	Maroua	Maroua I II and III	31
07/10/2014	Maroua	Goulfrey and Kousseri	22
Total			317

The training was divided into modules as follows:

Module 1: Epidemics

- o Introduction and definitions
- o Diseases that cause epidemics
- o Specific issues related to outbreaks

Module 2: Principles of the fight against epidemics

- o Understanding an epidemic
- o Epidemic response cycle
- o Understanding of risk
- o Volunteers and the fight against epidemics

Module 3: Actions in the context of the fight against epidemics

- o Before an epidemic:
- o Alert of an epidemic
- o During an epidemic
- o After an epidemic

Module 4: Using the fight against epidemics kit

- o Disease tools
- o Tools for action
- o Community message tool
- o Using the toolkit

- 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, 1,238,740 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, and 2,645 were confirmed.
- 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 CRC 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:
<ul style="list-style-type: none"> 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 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:
<ul style="list-style-type: none"> Health and Care: Training in the use of the VCA 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.

Water, Sanitation and Hygiene Promotion

Needs analysis: The spread of cholera in some localities in the Far North region is a result of the lack of physical and personal hygiene, unclean water consumption, poor management of water reserves in households, poor management of individual and community wells but especially, open air defecation. These facts are compounded by existing local cultural practices and beliefs. The operation thus aimed at promoting hygiene and good practices amongst the population concerned.

Population to be assisted: The population to be assisted was identical to that which benefitted from outreach sessions on cholera.

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 conducted demonstrations on the purification of water and conservation methods, as well disseminated messages on drinking only potable water.
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 in 10 communities across the 12 districts by the CRC volunteers in collaboration with community members.
1.1.6	In total, 1,031,357 people benefitted 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. During the awareness-raising/sensitization activities which were carried out at household level, the CRC volunteers encouraged households to use latrines properly by covering them, washing hands after use and how to disinfect them with ash in the absence of chlorine. As such, open defecation has reduced. 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:	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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

Explanation of Variances

- “Water, Sanitation and Hygiene” was underspent by CHF 6,489, which equates to 34.8 per cent. This was due to the procurement of water purification tablets (aqua tabs) not being carried since these were instead taken from pre-positioned stocks to avoid expiration and resulted in a saving of CHF 5,000.
- “Teaching Materials” was overspent by CHF 5,359, which equates to 120 per cent. This due to the need to print IEC materials for the ECV training of volunteers. This overspend was offset by the saving made in “Water, Sanitation and Hygiene”.
- “Land and Buildings” was underspent by CHF 12,100 due to the miscoding of expenditure for the procurement of motorcycles at the onset of the DREF operation, and as a result, “Vehicles” was overspent by CHF 9,032. Please note that these underspend/overspends were offset.
- “Transport and Vehicles Costs” was overspent by CHF 1,184, due to the need to rent pick-up vehicles for the transportation of items to the areas of implementation that was not budgeted at the onset of the DREF operation.
- “International Staff” was underspent by CHF 6,867, due to the RDRT working simultaneously on the MDRCM018 and MDRCM020 operations, and therefore ended their mission one month ahead of the timeframe. Please note that in the absence of the RDRT, the CRC deployed national staff to support the implementation of the DREF operation, and resulted in an overspend on “National Staff” of CHF 4,564, which equates to 14.98 per cent.
- “Volunteers” was underspent by CHF 11,635, which equates to 14.98 per cent; and was due the procurement of some items of protective equipment for volunteers being miscoded, and resulted in an overspend of CHF 11,862 on “Other Staff Benefits”.
- “Workshops and Training” was underspent by CHF 8,433 as a result of UNICEF mobilizing resources for the training in some of the areas of implementation, which contributed to a saving against what was budgeted at the onset of the DREF operation.
- “Travel” was underspent by CHF 1,664, which equates to 39.62 per cent due to the cancellation of monitoring missions following insecurity in some areas of implementation (in Goulfey and Kousseri).
- “Information and Public Relations” was underspent by CHF 1,243 due to UNICEF mobilized resources for some items (aprons), which contributed to a saving against what was budgeted at the onset of the DREF operation.
- “Office Costs” was overspent by CHF 3,375 resulting from the need to cover the running local offices in areas of implementation.

Please note that there was an overall underspend of CHF 16,535 against the agreed budget (CHF 216,918) on the DREF allocation that was made which has been justified based on the explanations above; and this balance will now be reimbursed to the DREF.

Contact information

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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.

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Saving lives, changing minds.



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

Disaster Response Financial Report

MDRCM018 - Cameroon - Cholera

Timeframe: 01 Aug 14 to 05 Jan 15

Appeal Launch Date: 01 Aug 14

Final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/5	Programme	MDRCM018
Budget Timeframe	2014/8-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		216,918				216,918	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		216,918				216,918	
C4. Other Income		216,918				216,918	
C. Total Income = SUM(C1..C4)		216,918				216,918	
D. Total Funding = B +C		216,918				216,918	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		216,918				216,918	
E. Expenditure		-200,383				-200,383	
F. Closing Balance = (B + C + E)		16,535				16,535	

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Budget Timeframe	2014/8-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			216,918			216,918		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	18,648		12,159			12,159	6,489	
Medical & First Aid	1,000		1,006			1,006	-6	
Teaching Materials	4,450		9,810			9,810	-5,360	
Utensils & Tools	5,105		4,718			4,718	387	
Total Relief items, Construction, Sup	29,203		27,693			27,693	1,510	
Land, vehicles & equipment								
Land & Buildings	12,100						12,100	
Vehicles			9,033			9,033	-9,033	
Total Land, vehicles & equipment	12,100		9,033			9,033	3,067	
Logistics, Transport & Storage								
Storage	3,500		3,073			3,073	427	
Distribution & Monitoring			434			434	-434	
Transport & Vehicles Costs	9,250		10,512			10,512	-1,262	
Logistics Services			2			2	-2	
Total Logistics, Transport & Storage	12,750		14,021			14,021	-1,271	
Personnel								
International Staff	12,000		5,132			5,132	6,868	
National Staff			4,941			4,941	-4,941	
National Society Staff	14,500		14,493			14,493	7	
Volunteers	77,651		67,679			67,679	9,972	
Other Staff Benefits			11,862			11,862	-11,862	
Total Personnel	104,151		104,108			104,108	44	
Workshops & Training								
Workshops & Training	33,075		24,642			24,642	8,433	
Total Workshops & Training	33,075		24,642			24,642	8,433	
General Expenditure								
Travel	4,200		2,554			2,554	1,646	
Information & Public Relations	2,600		1,356			1,356	1,244	
Office Costs	600		452			452	148	
Communications	3,500		3,071			3,071	429	
Financial Charges	1,500		1,222			1,222	278	
Total General Expenditure	12,400		8,657			8,657	3,743	
Indirect Costs								
Programme & Services Support Recover	13,239		12,230			12,230	1,009	
Total Indirect Costs	13,239		12,230			12,230	1,009	
TOTAL EXPENDITURE (D)	216,918		200,383			200,383	16,535	
VARIANCE (C - D)			16,535			16,535		

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Selected Parameters

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Budget Timeframe	2014/8-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	216,918		216,918	216,918	200,383	16,535	
Subtotal BL2	216,918		216,918	216,918	200,383	16,535	
GRAND TOTAL	216,918		216,918	216,918	200,383	16,535	