ANNUAL REPORT
ON THE USE OF CERF GRANTS
CAMEROON

Country	**Cameroon**
Resident/Humanitarian Coordinator	**Thierry Mertens**
Reporting Period	**1 January 2010 – 31 December 2010**

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:		US$ 739,204
	Total amount received for the humanitarian response:		US$ 628,473
	Breakdown of total country funding received by source:	CERF:	US$ 628,473
		CHF/HRF COUNTRY LEVEL FUNDS:	US$
		OTHER (Bilateral/Multilateral):	US$
	Total amount of CERF funding received from the Rapid Response window:		US$ 628,473
	Total amount of CERF funding received from the Underfunded window:		US$
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US$ 349,636
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US$ 97,970
		c. Funds for Government implementation:	US$ 180,868
		d: **TOTAL:**	**US$ 628,473**
Beneficiaries	Total number of individuals affected by the crisis:		9,800,000 individuals
	Total number of individuals reached with CERF funding:		4,000,000 total individuals
			720,000 children under 5
			2,040,000 females
Geographical areas of implementation:		North and Far North regions	

II. Analysis

The Far North and the North Regions are the poorest regions in Cameroon. The difficult economic situation is exacerbated by natural factors, such as geography and climate. The semi-arid region is exposed to severe adverse and extreme climate, with very little rainfall, poor soil quality and a topography consisting of plains, which favours flooding during the short rainy season (June - September). It particularly challenging to control the repeated cholera epidemics in this area due to limited access to basic services combined with traditional lifestyle practices. For instance, less than 30 per cent of the population has access to potable drinking water and less than 12 per cent use appropriate latrines (Multiple Indicator Cluster Survey/MICS 2006).

Across Cameroon and especially in the Far North and North Regions, the sanitation system is highly inadequate and awareness of basic hygiene practices remains limited. Faecal matter litters farms, riverbeds and the vicinity of homes and the wastes are swept into the streams and water pools during the rainy season. Due to the scarcity of rain and water throughout the year, adults as well as children spend much time in the streams bathing, washing both kitchen utensils and clothes in the temporal river streams that are also used by animals. These same streams serve as drinking water sources downstream, which explains the endemic nature of cholera in these regions with peaks occurring during each rainy season.

The cholera outbreak started in May 2010 in the Far North Region, and later spread in the North Region. At least seven regions out of ten reported cholera cases in 2010. By the end of December 2010, the country reported a total of 10,728 cases for 652 deaths, with a case fatality rate of 6.07 per cent. The two regions where the epidemic started had registered 9,921 cases with 624 deaths giving a case fatality rate of 6.28 per cent. Population movements in and out of the two regions, including towards neighbouring countries also under cholera outbreak, as well as cultural practices facilitated the spread of the disease.

CERF funding was received in late August 2010 and significantly strengthened World Health Organization (WHO) and United Nations' Children Fund (UNICEF) capacities to respond effectively to the cholera epidemic in the Far North and North Regions of Cameroon. The funds received allowed UN agencies to implement activities to address emergencies in the Health and Water, Sanitation and Health (WASH) sectors.

Thus, in partnership with Non-Governmental Organisations (NGOs), such as the Cameroon Red Cross (CRC), CARE, MSF, and with the Ministry of Public Health (MINSANTE), the Ministry of Energy and Water Resources (MINEE), WHO and UNICEF implemented a rapid response to the cholera outbreak. The activities benefited 320,600 persons living in the ten health districts that benefited from the door-to-door activities of the CRC as well as the 199,900 persons in the 72 villages where Community Led Total Sanitation (CLTS) was implemented.

UNICEF was able to support public sensitization, community education and public awareness on hygiene and sanitation in the two regions through the production of posters and flyers, as well as the training of field workers (staff from Ministries, municipalities, NGOs) involved in the fight against cholera. The objectives of the initiatives were to harmonize the WASH response and to ensure the regular testing of water quality. UNICEF also provided equipment such as chlorine meters, turbidity meters and megaphones to the Government and Red Cross staff involved in the cholera emergency response. Red Cross volunteers were supported in ten health districts to conduct targeted prevention activities (door-to-door community education), promotion of household water treatment and disinfection of potential contaminated areas (water points, latrines, households with sick persons and corpses, public places, etc.). Furthermore, this project made it possible to implement CLTS in 72 villages in the two targeted regions. The project enabled the recruitment of a WASH Emergency consultant, based in the Far North region, who provided technical support to training, coordination, monitoring and assessment of WASH response and was the only WASH member of the Cholera Command and Control Centre (C4) based permanently in the Far North.

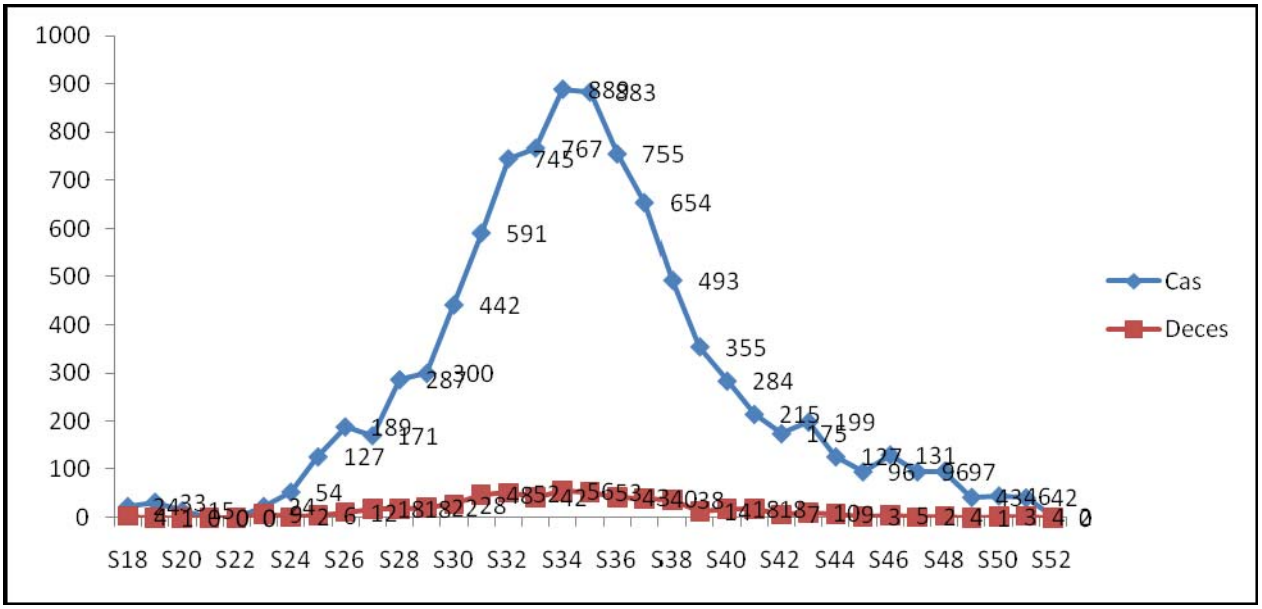
WHO implemented life-saving activities through:

- epidemic surveillance and monitoring;
- risk evaluation and design;
- implementation of adequate response measures in relation with the assessment (including social mobilization and community awareness activities);
- support to field multidisciplinary teams to assist the Ministry of Health and the affected regions in implementing epidemic control measures;
- strengthening case management with emphasis on the vulnerable groups and without gender discrimination;
- ensuring continuous availability and use of life saving materials and drugs;
- setting up of adequate cholera treatment facilities where needed; and
- ensuring proper hygiene and safe water at healthcare facilities and in communities.

Both in health facilities and temporary cholera treatment centres, drugs and liquids were made available all through the outbreak in all the 40/43 affected health districts of the Far North and North Regions. Mobile door-to-door teams from NGOs received and distributed oral re-hydration salts to start re-hydration of cholera cases diagnosed in the field, alongside with tablets for water purification in households, sodium chloride for wells, disinfectants for the households and other areas around cholera cases, and communication materials for social mobilization. Coordination of the interventions was ensured at the central and regional levels, but mostly in the field by having all partners focus their intervention on specific domains and/or geographic areas. CERF funding also allowed interventions such as supporting epidemic monitoring and evaluation of all implemented control measures.

The CERF funding that was obtained at the peak of the crisis proved timely to strengthen the response to the epidemic and prevent excessive mortality and morbidity during the cholera outbreak. The CERF funds supported national and local authorities in implementing emergency response and outbreak monitoring activities. The funding mostly helped to cover the gap, given that it was received when 20/43 districts (18 in the Far North and two in the North Regions) were affected by the epidemic, and it helped to ensure prevention and treatment in 20 more districts affected later in the crisis. Despite the persistence of the epidemic, the number of cases has been on a steady decline since the 36th epidemiological week. Indeed, between the 36th week (from 6 September 2010) and the 52nd week (to 31 December 2010), the Case Fatality Rate (CFR) decreased from 7.04 per cent to 6.38 per cent in the Far North Region and 6.67 per cent to 4.45 per cent in the North Region. The different activities related to education and awareness amongst the population may have been a contributing factor to the fact that community deaths decreased from 56 per cent to 51 per cent in the Far North and from 40 per cent to 27 per cent in the North.

Figure1: Number of cholera cases and death registered in Cameroon during the 2010 cholera epidemic outbreak



Source: MoH Cameroon

Table 1: Total number of cholera cases registered in Cameroon by Region in 2010

Region	Total cases	Deaths	Case Fatality Rate (%)	Number of health districts affected
Far North	9,427	602	6.38	28/28
North	494	22	4.45	12/15
Adamaoua	1	0	0	1/8
Centre	44	2	4.55	12/30
Littoral	467	18	3.85	12/19
West	1	0	0	1/20
South West	293	7	2.38	6/18
North West	1	0	0	1/18
TOTAL	**10,728**	**652**	**6.07**	**73/180**

Source: MoH Cameroon

Consequently, WHO and UNICEF rapid interventions supported by CERF funding contributed effectively to save many lives and stabilized the cholera epidemic in the country.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Water, Sanitation and Hygiene	10-CEF-046 SM/2010/312 WASH Emergency Response for Cholera Epidemic in the Far North and North Regions of Cameroon	345,992.66 24 218,96	370,204	4,000,000 720,000 children and 2,040,000 women	▪ The population of the Far North region of Cameroon recognize the signs and symptoms of cholera and seek treatment at the first indication of cholera ▪ 90 per cent of persons with symptoms seek treatment within 24 hours of first sign ▪ 90 per cent of heads of households can identify symptoms and nearest treatment facility ▪ 90 per cent of community leaders can identity symptoms and are alerted by within 24 hours of a suspected case	▪ 68 per cent of households could identify the symptoms of cholera ▪ 69 per cent of households touched by cholera have taken the sick person to the health center within 24 hours of a suspected case	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified. The project enabled the recruitment of a WASH Emergency consultant, based in the Far North region, who provided technical support.	▪ CRC carried out a rapid assessment, covering 376 households, which provided an overview of the knowledge of the populations of the Far North region as regards the causes, signs and symptoms of cholera.	▪ 57 women's associations benefited from capacity building through CRC's awareness campaign for the further sensitization of their families and communities
					▪ The population of the Far North region of Cameroon use essential hygiene practices such as hand washing with soap at the required times; treat and store household water, and reduce open defecation. o 30 per cent of vulnerable households have hand washing with soap or other system in place o 50 per cent of vulnerable household members know importance of hand washing with soap and required times to do so o 30 per cent of vulnerable households use appropriate dosage of bleach to treat household water at between 0.2 and 1 mg/L chlorine residual level o 25 per cent of latrines envision constructed by end of project	▪ 58 per cent of households had and used soap for hand washing ▪ 26 per cent of households used the appropriate dosage of bleach to treat household water at between 0.2 and 1 mg/L residual level of chlorine ▪ 30 per cent of latrines envision constructed by end of project			

					▪ The coordination and monitoring capacities of the Government and WASH partners in Far North region are reinforced in WASH emergency response o 100 per cent of affected households are disinfected by Red Cross within 24 hours of reported case o 100 per cent of suspected wells and those at/near affected households are disinfected by Red Cross within 24 hours of reported case o 20 per cent of general disinfection conducted by Govt health/sanitation services o Monthly Govt-partner monitoring	▪ 78 per cent of households touched by cholera were disinfected by CRC volunteers the same day that the patient reached the health centre, whilst in 16 per cent of households, the house was treated the following day			
					▪ The partnership between the Ministry of Health, WHO, UNICEF, Cameroon Red Cross and the communities is strengthened. o Revised Government-partner cholera contingency plan draft produced by end of first quarter 2011 o Contingency stocks available in vulnerable districts by end of first quarter 2011 o Joint water points/health centre mapping completed by end of first quarter 2011	▪ Ongoing			

Health Sector	10-WHO-053 To Prevent Mortality and Morbidity During the Outbreak of Cholera in the Far North and North Regions of Cameroon	369,000	282,480	4,000,000 720,000 children and 2,040,000 women	▪ Risk Factors responsible for the spread of the epidemic identified ▪ Timely detection, investigation and response to spread of the outbreak to newly affected areas and documentation of the dynamics of the outbreak ▪ Timely detection of at least 90 per cent of new cases of cholera in health districts ▪ Case Fatality Rate (CFR) in urban setting and cholera treatment centres reduced to < 1 per cent ▪ Overall CFR below 2 per cent in urban and rural areas	▪ Risk factors were identified by in country as well as external evaluators ▪ The outbreak was timely followed up with rapid detection, investigation and response that rapidly lead to the decrease of the number of cases with the arrival of CERF funds ▪ Nearly 100 per cent of cases were detected even in communities though some did not attend health treatment centres timely and died ▪ Case fatality rate was already to high to be reduced drastically but it dropped in urban area from 8.4 per cent (week 36) to 5.8 per cent at the end of the year 2010 (week 52) ▪ Case fatality rate was already to high to be reduced drastically but it dropped from 8.1 per cent (week 29) to 6.38 per cent at the end of the year 2010 (week 52)	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified. The project enabled the recruitment of epidemiology, data management/logistics and social mobilisation experts to run the C4 on a daily basis and ensure coordination of partners and interventions, data collection, and social mobilisation	▪ The C4 coordination along with all partners involved in the fight of the cholera outbreak ensured monitoring and evaluation throughout the crisis period. ▪ Other evaluation studies were conducted by a CDC team concerning water purification and a team hired by UNICEF on epidemiologic factors, cholera determinants and WASH interventions ▪ MSF did an evaluation of the treatment procedures	

					▪ Early availability of drugs and material to newly affected areas ▪ Number of briefing/sensitization sessions conducted	▪ With the logistics support brought by the C4, drugs and materials were made available in newly affected areas as soon as needed ▪ Sensitization were conducted in both regional, district, health area and household settings on a daily basis making it a large number difficult to evaluate			

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (in US$)	Date Funds Forwarded
CRC	WASH / Social mobilization	SM 312	US$ 97,969.55	

Annex 2: Acronyms and Abbreviations

C4	Cholera Command and Control Centre
CERF	Central Emergency Relief Fund
CFR	Case Fatality Rate
CLTS	Community Led Total Sanitation
CRC	Cameroon Red Cross
CRCC	Cholera Response Coordination Committee
CRQ	Cash Requisition
HD	Health District
MICS	Multiple Indicator Cluster Survey
MINEE	Ministry of Energy and Water Resources (Ministere de l'Energie et de l'Eau)
MINSANTE	Ministère de la Santé publique (Ministry of Public Health)
MoH	Ministry of Public Health
NCP	National Contingency Plan
NGO	Non Governmental Organization
ODF	"Open Defecation Free"
PBA	Programme Budget Allotment
PGM	Supply Requisition
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YCS	Young Child Survival