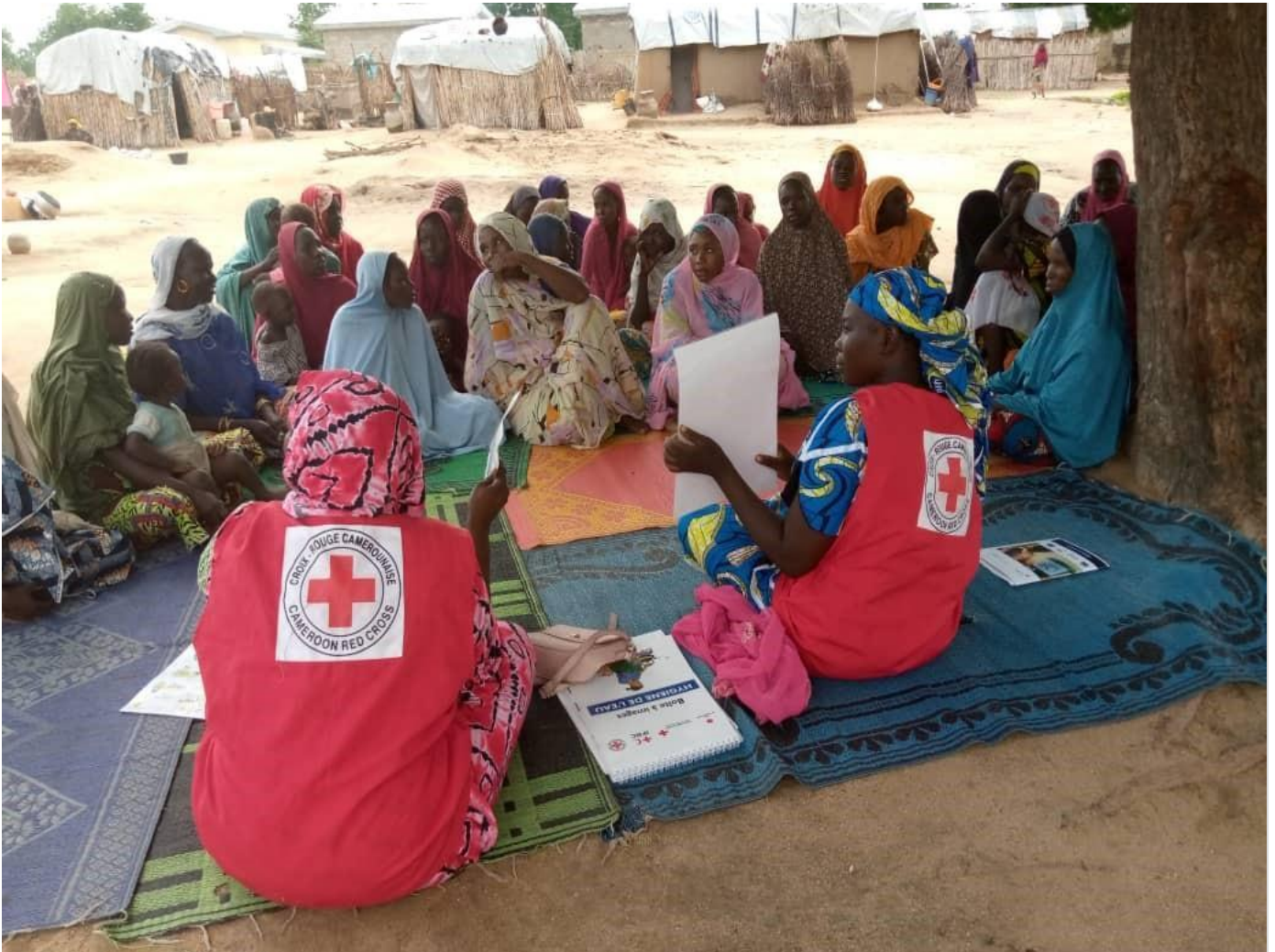


EARLY ACTION PROTOCOL SUMMARY

Cameroon | Cholera

03/03/2025



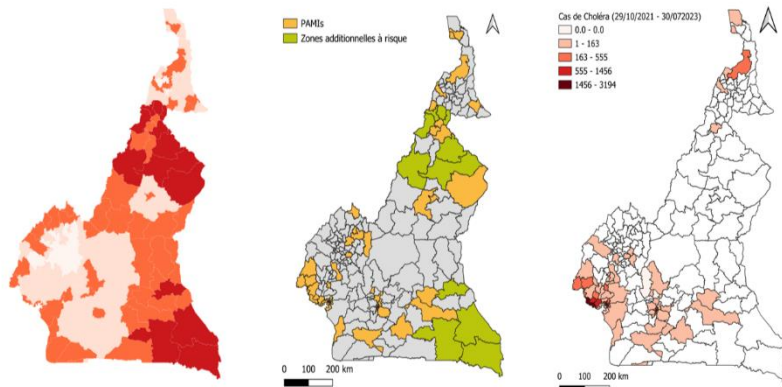
Cholera awareness activity in the Mayo Sava department (Mora).

EAP №: EAP2024CM01	Early action lead time: Two Months	Operation №: MDRCM040
EAP approved: 04/03/2025	EAP timeframe: 5 Years	Operational timeframe: 3 Months

Budget: 549 807 CHF
To assist: 13 500 people

SUMMARY OF THE EARLY ACTION PROTOCOL

Figure 6: Cartes des (1) districts à risque de choléra basé sur l'indice de risque (2) districts prioritaires pour ce PAP (3) nombre de cas notifiés par district de santé de 29/10/2021 à 30/07/2023



The IFRC Disaster Response Emergency Fund (DREF) has approved a total of CHF 549,807 for the implementation of the **Cameroon Red Cross EAP for Cholera** EAP. The approved amount consists of an allocation of CHF **290,185** for readiness and prepositioning and CHF **259,622** allocated to implement early actions once the defined triggers are met.

Cameroon faces recurrent cholera outbreaks, exacerbated by seasonal floods, inadequate WASH (Water, Sanitation, and Hygiene) infrastructure, and rapid urbanization. Historical outbreaks, such as the 2021–2022 epidemic, which recorded 6,652 suspected cases and 132 deaths, highlight vulnerabilities in high-risk regions like Littoral, Southwest, and Center. Climate change and population displacement further amplify the risks, making early intervention crucial.

The Early Action Protocol (EAP) was developed collaboratively through multi-stakeholder workshops in 2024, involving the Cameroon Red Cross (CRC), the Ministry of Health, the Ministry of Water and Environment, WHO, UNICEF, MSF, and other key partners. A comprehensive risk analysis was conducted to prioritize districts based on historical cholera incidence, vulnerability indices, and climatic factors, ensuring a targeted and effective response.

The protocol aims to support 2,500 households—approximately 13,500 people—living in 56 high-risk districts identified as cholera “hotspots.” These areas are characterized by poor access to WASH services, overcrowding, and high exposure to floods, making them particularly susceptible to outbreaks.

Impacts Addressed

The EAP seeks to mitigate the following risks:

- Mortality and morbidity caused by cholera and dehydration.
- Disruption of WASH infrastructure following floods.
- Delayed outbreak detection and uncontrolled community transmission.

To reduce the impact of cholera outbreaks, the protocol includes the following measures:

- WASH Interventions: Water purification, disinfection of households and public spaces, and hygiene promotion.
- Health Measures: Distribution of oral rehydration salts (ORS), training of local health workers on surveillance and case management.
- Community Engagement: Risk communication strategies and the implementation of gender-inclusive feedback mechanisms to enhance community participation.

The EAP is activated based on two types of triggers:

- Climatic Trigger (2-month lead time): Activation occurs when floods affect $\geq 2,000$ people or when heavy rainfall ($\geq 50\text{mm/day}$ for four consecutive days) is recorded.
- Surveillance Trigger (5-day lead time): The response is initiated when there are ≥ 5 community diarrhea alerts, ≥ 5 suspected cases per week, or one confirmed cholera case in adjacent districts.

Successful implementation of the protocol relies on:

- Timely data sharing from meteorological services and health authorities.
- Active community participation in surveillance and response efforts.
- The availability and viability of pre-positioned supplies, including chlorine and ORS.

The total budget for the EAP is 549,807 CHF. The plan is integrated with national disaster preparedness frameworks and supported by multi-sectoral coordination, ensuring a rapid and localized response to cholera threats.

By focusing on early detection, community mobilization, and cross-sector collaboration, this EAP aims to mitigate cholera outbreaks, reducing health and socioeconomic impacts on vulnerable populations.

OPERATIONAL STRATEGY

1. Who will implement the EAP - The National Society

Cameroon Red Cross (CRC) will be the lead agency in implementing the Early Action Protocol (EAP) for cholera. Established in 1960 and recognized as a public utility in 1963, CRC serves as an auxiliary to public authorities in humanitarian response. It has a nationwide presence, with 58 departmental committees and 320 operational district committees, supported by a network of 70,000 volunteers, including 30,000 active first responders.

CRC boasts a volunteer force of 70,000, of which 30,000 are active first responders. It can also mobilize 40 National Rapid Response Teams (NRTs) and 20 Regional Disaster Response Teams (RDRTs). Additionally, CRC has 700 volunteers trained in Community Engagement and Accountability (CEA), 700 in Water, Sanitation, and Hygiene (WASH), and 1,000 in Psychosocial Support (PSP). In terms of infrastructure, CRC operates health centers, ambulance services, and emergency stockpiles.

The EAP will focus on 56 high-risk districts, identified as cholera "hotspots", mainly in the Littoral, Southwest, and Center regions. These areas are characterized by poor access to clean water, high population density, and flood exposure, making them highly vulnerable to cholera outbreaks.

Experience with Similar Hazards

CRC has extensive experience in epidemic management, having worked closely with the Ministry of Health and humanitarian partners in response to past cholera outbreaks, including the 2021–2022 epidemic (6,652 suspected cases, 132 deaths). The organization has also played a key role in the Mpox and COVID-19 responses. Its expertise spans community-based surveillance, hygiene promotion, sanitation, and epidemic response coordination.

As part of its cholera preparedness strategy, the CRC will:

- Train and strengthen the capacity of volunteers in surveillance, disinfection, and community awareness.
- Establish a community feedback and accountability mechanism, ensuring gender and inclusion considerations.

- Pre-position essential supplies (chlorine, oral rehydration salts, hygiene kits, disinfection equipment) for rapid deployment.

The EAP is supported by French Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC). IFRC plays a key role in technical support, coordination, and financial mobilization, particularly through the Disaster Response Emergency Fund (DREF). CRC also collaborates with French Red Cross to strengthen local response capacity.

- Cameroon Red Cross (CRC): Lead implementer, responsible for community-based interventions, volunteer mobilization, stock pre-positioning, and coordination with government agencies.
- IFRC: Provides technical guidance, funding support, and coordination with international partners.
- Ministry of Health: Leads public health coordination, cholera surveillance, and outbreak data sharing.
- Ministry of Water and Environment: Oversees WASH infrastructure management and monitoring of hydrometeorological conditions.
- Humanitarian partners (WHO, UNICEF, MSF, OCHA, ACF...): Provide technical expertise, logistics support, and complementary interventions in case management, vaccination, and WASH improvements.

2. How the EAP will be activated – The Trigger

The activation of the Early Action Protocol (EAP) for cholera is based on two main types of triggers: Climatic Trigger (Trigger 1)

- Threshold: Activation occurs when there is flooding affecting more than 2,000 people or when heavy rainfall ($\geq 50\text{mm/day}$ for four consecutive days) is recorded.
- Lead Time: Two months from the start of the flood or heavy rainfall period.
- Source of Data: Information is collected through the National Meteorological Directorate, the Community-Based Early Warning System (SCAP), and reports from CRC volunteers and local authorities.

Surveillance-Based Trigger (Trigger 2)

- Threshold: Triggered when a district where Trigger 1 was activated in the last three months reports:
 - At least five community alert cases of Acute Watery Diarrhea (AWD) within the same district in a single week.
 - At least five suspected cholera cases in the same district in a single week, reported by the Ministry of Health (MoH).
 - At least one confirmed cholera case in a neighboring district or cross-border area, as validated by the MoH.
- Lead Time: Five days after detecting one of the above criteria.
- Source of Data: MoH surveillance reports, situation reports (SitRep), and CRC community-based surveillance.

Historical data and return period analysis highlight the frequency and impact of cholera risk factors, supporting the rationale for early action. Floods and heavy rainfall exceeding 50mm/day for four consecutive days occur approximately every two years, significantly affecting WASH infrastructure and increasing the likelihood of cholera outbreaks. Cholera case analysis from 2021 to 2023 shows that epidemiological thresholds were exceeded six times, primarily in the Littoral region, particularly in Japoma and Njombe Penja. Based on this data, the historical probability of requiring a full EAP activation is estimated to be once every two years, reinforcing the need for a proactive, anticipatory response to mitigate the risks of an outbreak.

CRC's National Disaster Management Directorate is responsible for overseeing the activation process, ensuring that early action measures are implemented promptly in response to cholera risk triggers. The Cholera EAP Focal Point leads the technical coordination, monitoring thresholds, and ensuring timely decision-making. The CRC Secretary General, in consultation with the Ministry of Health (MoH) and the IFRC, makes the final decision on activation, ensuring alignment with national public health strategies. A trigger activation meeting is convened to assess the situation and determine the appropriate response. This meeting includes key CRC personnel such as the Head of Disaster Management, the WASH Focal Point, the Cholera EAP Focal Point, representatives from the Ministry of Health, and IFRC's Health Coordinator for Central Africa, each playing a role in mobilizing resources, coordinating interventions, and ensuring rapid deployment of early action measures.

Target areas are selected based on historical cholera incidence, vulnerability indices, and climatic risks, using a risk-based approach led by the Ministry of Health and the Cameroon Red Cross (CRC) to prioritize intervention districts. The EAP aims to support 2,500 households, approximately 13,500 people, across 56 high-risk districts in the Littoral, Southwest, Center, and other affected regions. A departmental meeting involving local actors, including the CRC branch, the Ministry of Health, the Ministry of Water and Environment, and local authorities, is conducted to finalize the intervention areas. The selection process considers population vulnerability, particularly access to WASH services, population density, and flood exposure, alongside district-specific needs and the availability of resources to ensure a targeted and effective response.

EAP mechanism is deactivated when specific pre-established conditions are met to ensure resources are used effectively. For Trigger 1 (Climatic Trigger), if no cholera case is confirmed by the Ministry of Health within two months of activation, early action activities are gradually phased out. For Trigger 2 (Surveillance Trigger), if the Ministry of Health completes its outbreak investigation and finds no confirmed cholera cases, early action measures are discontinued. However, if cholera is confirmed, the response transitions from early action to a contingency plan under a different financing mechanism, such as an Emergency Appeal. To formalize the process, a closing meeting chaired by the CRC Secretary General is held to confirm the decision, document findings, and share lessons learned, ensuring improved preparedness for future responses.

3. How the EAP will reduce the impact on the population – The Early Actions

Early Action Protocol (EAP) for Cholera in Cameroon was developed through a participatory process involving key national and international stakeholders. The selection of early actions was based on historical effectiveness in cholera prevention, CRC's operational capacity, and expert input from two workshops (March and October 2024) in Yaoundé. These workshops, attended by the Ministry of Health, Ministry of Water and Environment, WHO, UNICEF, MSF, ACF, and community representatives, helped refine priority interventions for cholera risk mitigation in flood-prone areas.

The feasibility of early actions was assessed based on:


1. Epidemiological relevance (high-risk populations, outbreak patterns).
2. Effectiveness in cholera prevention and response.
3. Cost-efficiency of interventions.
4. Timeliness, ensuring execution within the early action window.
5. CRC's operational capacity, including surveillance systems and rapid response teams.

These criteria led to the prioritization of WASH interventions, health measures, and community engagement strategies as core pillars of the EAP. The EAP aligns with WHO Cholera Control Guidelines, Sphere Standards for WASH and Health, Global Task Force on Cholera Control (GTFCC) recommendations, IFRC Disaster Response and Epidemic Preparedness Frameworks.


List of Early Actions and Expected Impact

1. Water, Sanitation, and Hygiene (WASH) – Prevent cholera transmission to Reduces exposure to Vibrio cholerae and improves access to safe water.
 - Distribute water purifiers (80% household coverage).
 - Disinfect public spaces (schools, markets, health centers).
2. Sanitize contaminated water points.
 Health Response – Ensure early case detection and rapid treatment to reduces cholera mortality and strengthens health system preparedness.
 - Distribute Oral Rehydration Salts (ORS) to all suspected cases.
 - Train 150 CRC volunteers and 10 supervisors in case management.
 - Provide Infection Prevention and Control (IPC) kits to 20 health facilities.
 Impact: Reduces cholera mortality and strengthens health system preparedness.
3. Community Engagement and Risk Communication (CEA/PGI) – Raise awareness and promote behavioral change to Encourages safe hygiene practices and reduces misconceptions about cholera.
 - Launch radio, mobile cinema, and community awareness campaigns (13,500 people reached).
 - Promote handwashing and water purification practices.
 - Establish community feedback mechanisms to address misinformation.
 Impact.
4. Coordination and Preparedness – Enhance multi-sectoral response efficiency to Ensures faster response activation and a coordinated outbreak response.
 - Hold coordination meetings with health and local authorities.
 - Pre-position WASH and health supplies in high-risk regions.
 - Train CRC teams on cholera response protocols.
 Impact: Ensures faster response activation and a coordinated outbreak response.



PLANNED OPERATIONS

 Health & Care	Female:	6 831	204 380 CHF
	Male:	6 669	AP Code: 107,108, 109
Indicator:	<ul style="list-style-type: none"> • # of healthcare personnel trained in Infection Prevention and Control (IPC) and cholera case management (target: 20). • # of CRC volunteers and supervisors trained in EPIC (Epidemic Preparedness and Infection Control) (target: 150 volunteers, 10 supervisors). • # of IPC kits (chlorine, soap, gowns, medical gloves, etc.) provided to healthcare facilities (target: 20). • % of CRC volunteers actively engaged in (CBS) activities during EAP implementation after Trigger 1 and/or 2 activation (target: ≥ 95%). • % of early health actions implemented according to the EAP schedule after Trigger 1 and/or 2 activation (target: ≥ 90%). 		
Readiness activities	<ol style="list-style-type: none"> 1. EPIC training (including modules on Protection, Gender, and Inclusion (PGI) and WASH) for volunteers and supervisors. 2. Training on case surveillance and reporting (CBS) for volunteers and supervisors. 		

Prepositioning Activities:	<ol style="list-style-type: none"> 1. Procurement, supply, and pre-positioning of IPC kits (chlorine, soap, gowns, medical gloves, etc.) for CRC health facilities and other public and private healthcare centers. 2. Procurement and pre-positioning of Oral Rehydration Salts (ORS) to support the initial management of cholera cases.
Priority Early Actions:	<p>Trigger 1</p> <ol style="list-style-type: none"> 1. If Community base surveillance is not yet active in the district: Train volunteers and supervisors on CBS and establish the intervention. 2. If CBS is already active in the district: Provide additional training to intensify CBS activities with volunteers and supervisors. 3. Strengthen case surveillance and reporting (CBS). 4. Train healthcare personnel in Infection Prevention and Control (IPC) and cholera case management. <p>Trigger 2</p> <ol style="list-style-type: none"> 1. Distribute Oral Rehydration Salts (ORS) to notified alert cases and refer them to healthcare facilities for proper case management.

 Water, Sanitation and Hygiene	Female:	6 831	91 834 CHF
	Male:	6 669	AP Code: 110, 111
Indicator:	<ul style="list-style-type: none"> • # of volunteers and supervisors trained in various WASH response activities (target: 150 volunteers, 10 supervisors). • # of sites capable of producing chlorine at CRC branches for disinfection under the Cholera EAP (target: 5). • % of public places disinfected (households, schools, markets, public services) after EAP activation (target: 100%). • % of early WASH actions implemented according to the EAP schedule after Trigger 1 and/or 2 activation (target: ≥ 90%). • % of identified households benefiting from a distribution of water purifiers after the activation of early actions (Trigger 2) (target: 80%). 		
Readiness Activities:			
Prepositioning Activities:	<ol style="list-style-type: none"> 1. Procurement and pre-positioning of water purifiers. 2. Procurement and pre-positioning of inputs for chlorine. 3. production by CRC teams for disinfection. 4. Procurement of handwashing devices. 5. Procurement of WASH kits (boots, gloves, goggles, sprayers, etc.). 		
Priority Early Actions:	<p>Trigger 1</p> <ol style="list-style-type: none"> 1. Conduct a rapid vulnerability assessment (including Protection, Gender, and Inclusion aspects). 		

	<ol style="list-style-type: none"> 2. Establish or strengthen hygiene committees in high-risk areas. 3. Train 90 volunteers and 6 supervisors in various response activities, including disinfection, awareness campaigns, water point sanitation, use of water purifiers, and setup of oral rehydration points. 4. Deploy volunteers to supply handwashing stations. <p>Trigger 2</p> <ol style="list-style-type: none"> 1. Distribute water purifiers for household use. 2. Deploy volunteers to supply handwashing stations. 3. Conduct WASH disinfection in households (including patient beds, toilets, and kitchens) where suspected cases have been reported. 4. Carry out WASH disinfection in public spaces (schools, markets, public services) where suspected cases have been reported. 5. Sanitize contaminated water points.
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 <p>Protection, Gender and Inclusion</p>  <p>Community Engagement and Accountability</p>	Female:	6 831	137 370 CHF
	Male:	6 669	AP Code: 129
Indicator:	<ul style="list-style-type: none"> • # of volunteers trained in Community Engagement and Accountability (CEA) / Protection, Gender, and Inclusion (PGI) (target: 150 volunteers) • # of community radios identified and contracted with CRC (target: 12) • # of people reached through awareness activities (target: 13,500) • # of community outreach sessions per volunteer per week after EAP activation (target: 5) • % of community or religious leaders and local authorities engaged in intervention areas (target: ≥ 90%) • % of community feedback received and addressed (including rumour management) (target: 100%) 		
Readiness Activities:	<ol style="list-style-type: none"> 2. Training in Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI) for volunteers and supervisors. 3. Training in CEA and PGI for CRC staff. 4. Workshop for adaptation, production, and validation of communication tools for various channels to engage communities on cholera (posters, leaflets, image boxes, audio messages). Ensure community participation in drafting key messages and adapt communication tools to community needs and risk mapping. Also, ensure that materials are translated into local languages for better accessibility. 		

Prepositioning Activities	<ol style="list-style-type: none"> 1. Procurement of communication tools (posters, leaflets, mobile cinema, image boxes, etc.).
Priority Early Actions:	<ol style="list-style-type: none"> 1. Increase community awareness in public places (schools, markets, etc.) by informing the population about waterborne disease transmission and preventive measures through mobile cinema, interactive radio programs, focus groups, posters, leaflets, image boxes, town criers, etc. 2. Conduct demonstrations on handwashing and water purification. 3. Train CRC staff on Community Engagement and Accountability (CEA) and the feedback mechanism (20 staff members and 4 partners trained over 4 days). Establish and strengthen CRC's transparent community feedback mechanism, ensuring gender and inclusion considerations. 4. Encourage women and youth (girls and boys) to take a leading role in early action activities, particularly in water management and household hygiene. 5. Provide Lifeline training for media representatives to enhance effective cholera risk communication.

Enabling approaches

		0 CHF
 Coordination and Partnerships	<p>% of participation in coordination meetings with local actors and stakeholders to discuss epidemiological surveillance, preparedness, and epidemic response, led by the Ministry of Health (target: 100%).</p>	<p>AP Code: 118, 119, 127, 128</p>
Readiness Activities:	<ol style="list-style-type: none"> 1. Participate in coordination meetings led by the Ministry of Health to discuss epidemiological surveillance and preparedness details. 2. Organize follow-up meetings on the EAP with local actors and stakeholders involved in preparedness efforts. 	
Prepositioning Activities		
Priority Early Actions:	<ol style="list-style-type: none"> 1. Participate in coordination meetings with all actors and stakeholders after EAP activation and during the ongoing epidemic, led by the Ministry of Health. 2. Supervise the implementation of EAP activities. 3. Raise awareness among CRC staff about the EAP. 4. Conduct regular follow-up meetings on the EAP. 	

 Secretariat Services			52 907 CHF
	% of participation in coordination meetings with local actors and stakeholders to discuss epidemiological surveillance, preparedness, and epidemic response, led by the Ministry of Health (target: 100%).		AP Code: 122
Readiness Activities:	<ol style="list-style-type: none"> 1. Participate in coordination meetings led by the Ministry of Health to discuss epidemiological surveillance and preparedness details. 2. Provide technical support and guidance for EAP activities. 		
Prepositioning Activities:			
Priority Early Actions:	<ol style="list-style-type: none"> 1. Participate in coordination meetings with all actors and stakeholders after EAP activation and during the ongoing epidemic, led by the Ministry of Health. 2. Supervise the implementation of EAP activities. 3. Provide technical support and guidance for EAP activities. 		

 National Society Strengthening	Female:	NA	63 315 CHF
	Male:	NA	AP Code: 124,125,126
Readiness Activities:	1. Contribution to staffs' salaries and supervision		
Prepositioning activities:	1. Strengthening CRC's storage capacity and prepositioning of essentials kits.		
Priority Early Actions:	1. Contribution to staffs' salaries and supervision		

Budget



Early Action Protocol Summary

EAPcode - MDRCM040

Choléra

Operating Budget

	Readiness	Pre-Pos Stock	Early Action	TOTAL
Planned Operations	127,928	63,583	242,073	433,584
Shelter and Basic Household Items	0	0	0	0
Livelihoods	0	0	0	0
Multi-purpose Cash	0	0	0	0
Health	115,744	14,011	74,625	204,380
Water, Sanitation & Hygiene	0	17,590	74,244	91,834
Protection, Gender and Inclusion	0	0	0	0
Education	0	0	0	0
Migration	0	0	0	0
Risk Red., Climate Adapt. and Recovery	0	0	0	0
Community Engagement and Accountability	12,184	31,982	93,205	137,370
Environmental Sustainability	0	0	0	0
Enabling Approaches	98,674	0	17,549	116,223
Coordination and Partnerships	0	0	0	0
Secretariat Services	46,815	0	6,092	52,907
National Society Strengthening	51,858	0	11,457	63,315
TOTAL BUDGET	226,602	63,583	259,622	549,807

all amounts in Swiss Francs (CHF)

Contact information.

For further information, specifically related to this operation please contact:

In the Cameroon Red Cross

- **Secretary General:** Jean Urbain ZOA, email: jeanurbain.zoa@croixrouge.com , jeanurbainzoa@yahoo.com , +237 697276118
- **Operational coordination:** Cyrille EWANE, Point Focal FbF Choléra, email: cyrilleewane08@yahoo.fr , +237 678938957

In the IFRC

- **IFRC Country Cluster Delegation:** IFRC Head of Delegation (Country Cluster Delegation, Yaounde): Adesh Tripathee; email: adesh.tripathee@ifrc.org , phone: +237 650 65 99 91
- **IFRC Country Cluster Delegation Health & Care Manager** Dr Aimé Gilbert MBONDA NOULA; email: aime.mbonda@ifrc.org , phone: +237 697 76 03 87
- **IFRC Regional Office Strategic Lead,** Preparedness & Response; Health and Disaster, Climate, and Crisis Unit: Rui Oliveira; email: rui.oliveira@ifrc.org, phone: +254 780 422 276