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Information bulletin

Lake Chad Basin: Epidemic

 International Federation
of Red Cross and Red Crescent Societies

Information Bulletin n° 1
GLIDE n° EP-2011-000098-TCD
22 September 2011

This bulletin is being issued for information only and reflects the current situation and details available at this time. The International Federation of Red Cross and Red Crescent Societies (IFRC) is seeking funding through the existing country appeals outlined in the bulletin. The Cameroon Red Cross Society, Chad Red Cross, Niger Red Cross and Nigerian Red Cross Societies will also accept direct assistance to provide support to the affected population.

Summary: As of 1 September 2011, the Chad Basin has witnessed more than 38,800 cases of cholera with over 1,200 deaths. In Cameroon, 9 of out the 10 regions are affected, while in Chad, cases were reported across 35 districts in the country. Niger reports four most affected districts and in Nigeria, a total of four affected states. IFRC supports all four National Societies in sensitization and response activities, with emergency appeals launched in Cameroon and Chad.

IFRC asks its partners to support not only in the response to the cholera but also to help link the emergency response for a long term development by integrating disaster risk reduction activities in the response while supporting National Societies to develop contingency plans for the worse case scenario in the Chad Basin.

[<click here to view the map of the affected areas, or here for detailed contact information>](#)

The situation

The Chad Basin is the center of economic activity – fishing, commerce, and farming – for some 11 million people¹. Population movements for commercial and social activity are constant between areas where sanitation is poor, which contributes to an explosion of cholera when infection starts. As of 1 September 2011, more than 38,800 cases have been reported with over 1,200 deaths (case fatality ratio of 3.9 per cent). The trend is similar to the one seen in 2010 where up to 58,000 cases were reported with 2,300 deaths (case fatality ratio of 3.9 per cent).

Cameroon

The country witnessed a serious cholera epidemic in 2010 which abated towards the end of the year. However, the outbreak never really disappeared from the population. Instead, the disease had since spread beyond the northern regions, affecting 9 of the 10 regions in the country, sparing only the East Region. In the far north, by the Chad border, new sites of outbreak are noted and the number of cases is on the rise. Elsewhere in country, cases are mostly sporadic. Littoral recently experienced an outbreak after some months of few to no cases. So far in 2011, 16,564 cases and 632 deaths have been reported (case fatality ratio of 3.8 per cent).

Poor hygiene behaviour, lack of potable water, lack of latrines, overcrowded and poor housing, poor hospital management and poor sanitation are principal factors fuelling the continuous spread of cholera in these areas.

¹ August 2011 UNICEF report

Chad:

The cholera outbreak in Chad started earlier this year, during the dry season. Cholera cases were reported in 35 districts across the country, according to the Ministry of Health. Up to 13,000 cases have been reported so far this year with 370 deaths (case fatality ratio of 2.8 per cent). The most affected districts are N'Djamena, Massakory, Bongor and Mongo. This situation may deteriorate further from November onwards, when the rainy season starts.

Niger

To date, the country has recorded 1,545 cases with 39 deaths, with a case fatality rate of 2.52 per cent. The affected areas are in Tillabéry, Maradi Zinder and Diffa regions. The source of contamination is the Niger River and its tributaries. The water of the river and pools are used for bathing, laundry, washing kitchen utensils and as drinking water. With the floods caused by heavy rainfall, the situation may worsen if the interventions are not immediate and effective. This outbreak is affecting vulnerable populations with minimal access to potable water, poor conditions of sanitation and high population density.

Nigeria

Meanwhile, in Nigeria, the cholera situation is worsening as the number of reported cases and deaths increase. To date, a total of 2,514 cases with 103 deaths (case fatality ratio of 4.1 per cent) were reported from the four affected states of Yobe, Nasarawa, Oyo and Kogi.

Red Cross and Red Crescent action

Cameroon

An appeal for CHF 1,361,331 to support the response was launched in April 2011. To date it is only 10.6 per cent covered.

The Cameroon Red Cross Society (CRCS) is presently involved in activities in Far North, North, Adamaoua, Littoral, Centre, Southwest, and West Regions. A total of 300 Red Cross volunteers in Cameroon were trained in CBHFA and cholera management in 2010. These trained volunteers were strategically positioned in the north and far north regions to respond to the present outbreak in the northern part of the country. An additional 300 volunteers were trained in 2011 to respond to the emergence of cholera in the southern regions. Activities carried out by Cameroon Red Cross volunteers include sensitization activities (door-to-door, at travel and border points as well as public areas), latrines construction, cleaning homes of cholera cases, dead body management, direct care of cholera patients in hospital, auxiliary care in cholera treatment units, disinfection of wells, transport of ill patients, and waste management in neighbourhoods, to name a few. Health and hygiene kits are prepositioned throughout the country.

IFRC's health delegate in-country supported the National Society in completing an in-depth assessment of cholera in the country which identified the following high priority areas of Guéré, Kousseri, Garoua, Foubot, Limbé and Tiko. CRCS has started implementing recommended changes to its response strategy. Meanwhile, there is strong ongoing collaboration with the ministry of health at all levels, in coordination with other Red Cross Red Crescent Movement partners and UN agencies.

Chad:

A disaster relief emergency fund (DREF) operation was followed by a preliminary emergency appeal in September 2011 with 23 per cent (CHF 692,518) funding coverage to date. The operation was scaled up with the presence of a field assessment and coordination team (FACT) and ongoing emergency response unit (ERU) support in health, relief and logistics. The basic health care ERU alongside a deployed RDRT is providing support in management of cases in Mongo which is the most affected. The operation is expected to reach an estimated 2,000,000 beneficiaries. To date, volunteers have reached a total of 150,000 people through sensitization activities. FACT is working closely with the National Society and IFRC's country delegation to assess and monitor information, with a plan of action developed for the coming months. The response to the cholera outbreak on the West part of the country is supported by the Red Cross and other actors. The French Red Cross is present in Chad and is supporting the operation with the deployment of its ERU and bilateral support to the Chad Red Cross. The Chad Red Cross and IFRC country delegation are in working in close collaboration with OCHA, Red Cross Red Crescent Movement partners and the ministry of health.

Niger

The Niger Red Cross has mobilized and carried out refresher training for 37 volunteers in behavioural change communication skills. An evaluation was conducted by the health authorities in two affected regions (Tillabery and Diffa) in collaboration with the respective local branches of Niger Red Cross. An overall evaluation in the affected areas is ongoing to support the preparation of a draft mid- and long-term response

plan. In cooperation with the Sahel regional representation, the Africa zone and Chad country representations are considering a coordinated response strategy, with a focus at community-based levels of intervention where activities are concentrated at the health centres.

The Niger Red Cross continues to coordinate with Movement partners and other actors including the ministry of health, UNICEF, WHO and other in-country partners. A DREF application is being considered.

Nigeria

A total of 150 NRCS volunteers are carrying out rapid community assessments to determine risk factors and gaps in the cholera response, providing health education on hygiene, preparation of oral rehydration salts (ORS) and hospital referrals. These actions are supported through an ongoing DREF operation targeting 10,000 beneficiaries in Bauchi and Plateau states. In addition, with the support of the IFRC, the NRCS has provided volunteers with a module of cholera kits and treatment modules to support cholera treatment camps. There is emphasis on strengthening and scaling up the response especially around the Chad border areas of Yobe and Sokoto states. The major challenges so far encountered are weakened health systems in the affected communities, limited access to water and sanitation facilities and poor access to locally adaptable water treatment techniques. Coordination to respond to the cholera is ongoing, led by the ministry of health with support from the district epidemic offices, MSF and UNICEF.

Proposed Intervention

The IFRC Africa zone office is coordinating with the Sahel regional office, the West Coast regional representation, the country delegation in Chad and the Central Africa regional office and looking for the best way to support the four National Societies to scale up interventions. The most effective way to curb the cholera epidemic is to address common issues of vulnerability shared between the countries in the Chad Basin, supporting the inter-regional approach as proposed by OCHA/WHO/UNICEF. The proposed set of interventions will include, but is not limited to, focus on training of more community based volunteers, supporting National Societies to conduct emergency health assessments, deployment of ERUs where relevant, provision of cholera kits, provision of sanitation facilities and water supply, and enhanced social mobilization activities for increased awareness and behavioral change.

IFRC asks its partners to support not only in the response to the cholera but also to help link the emergency response for a long term development by integrating disaster risk reduction activities in the response while supporting National Societies to develop contingency plans for the worse case scenario in the Chad Basin.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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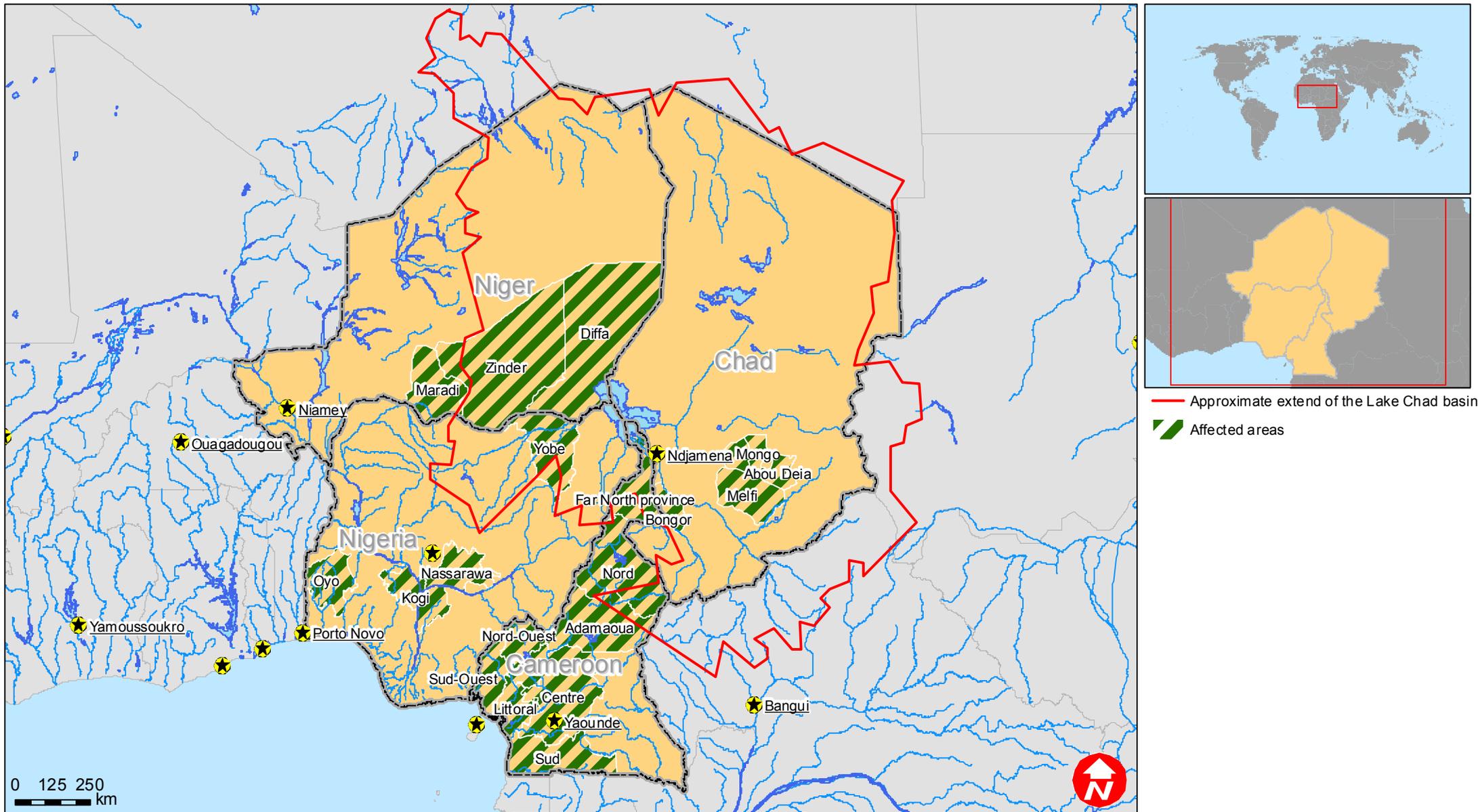


The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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.



Cameroon, Chad, Niger, Nigeria: Epidemic



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, International Federation - IB210911.mxd