RAPID ASSESSMENT ON CHOLERA VULNERABILITY IN MABETA

Reach Out NGO

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## METHODOLOGY

Reach Out organized focus group discussions (FGD) and community visits to Mabeta in Limbe III. Mabeta small combo and Mabeta big combo, the two affected communities were targeted. This assessment equally involved visitations to health centers, latrine points and water points within these communities. A total of 31 participants took part in this exercise, 8 women and 23 men.
The objective was to analyze community perceptions around Cholera and WASH, understand patterns of behavior, risk factors and local capacities.
BASIC INFORMATION

**Population:** There are two communities in Mabeta where this assessment was carried, small combo with an estimated population of 3,000 persons and big combo estimated 8,000 population.

**Geography:** About a half of the inhabited area of Mabeta is known to constantly submerge in water during high sea tides. There is limited space for construction offshore. However, empty lands are found inland and are used for agricultural purposes. Shifting construction is commonly practiced especially in areas close to the shore, where the sea gradually chops settlements and people are forced to move inland.

**Languages spoken:** Pidgin English

**Literacy level:** The majority of the community can read and write English fluently.

**Ethnicity:** The communities are Nigerian, Ghanians, Hausas and Cameroonians as a whole is orientated towards Cameroon. The top travelling destinations are Limbe, Tiko, Ikang, Oron, Ibaka, Isiet and Efiat.

**Administration:** Most government structures are partially or completely non-functional. There is a small health center where they have limited nurses and even a doctor, and medicine are not always available.

**Safety:** The road linking Limbe town to Mabeta is relatively lonely and seasonal. Access by road is only possible during the dry season or after a long enough period of sunshine which ensures relatively dry road. Common and faster means of transportation is by the sea to Tiko, Limbe, Idenau and to Nigeria.
WATER SOURCES

Water consumption is at an average of 15 L per person per day. 100% of households’ drink rain water. This can be collected in fairly used, open and unclean drums (90% of the population), or in larger, properly protected such as those in the Government Primary and Secondary School in Idabato. The quality of the roofs used to collect water greatly affects the quality of the water. Water earmarked for drinking is kept with a cover once rain has been collected, and a cup is used to serve. This cup was deemed clean enough by participants of 3 FGDs, but in another session participants estimated 90% of the cups are not actually clean.
The community layout is defined by the constant erosion provoked by the rising of the sea level (climate change) and the natural periodic raising of the tides. When tides are low, space is gained and people use it to carry out activities and defecate. When they are high, the sea enters part of the community. However, most houses close to the shore are elevated to allow for the sea to pass under. Abandoned community stand taps were also spotted within this communities. These stand taps were put in place by CDC whose plantation is nearby.

*Figure 4: Community stand tap; Mabeta small combo*

**DEFECATION**
This scenario is representative of the two toilets in Mabeta, defecation is always into the sea. Hand-washing stands are not available at the beach or the latrines.

**Garbage disposal and sanitation**

Garbage is thrown into the sea, or left at the shore to be washed away. (100% of respondents) No incineration practice or digging of holes was mentioned.

Garbage and excreta left around in the shore get into the populations’ households in a variety of ways. The shore is not only a defecating area, but also a communal space with lots of activity from the population, their children, and their domesticated animals. Children also play a critical role, as they constantly play around the garbage of the shore, and even take advantage of small ponds of standing water to take baths where they could get in direct contact with contaminated feces. Children then go back to the streets, mixing the feces with the sand and mud, and later on to their households, where they will be in contact with household items and shops. Children are clear venues for transmission of the cholera virus in Mabeta.
WASH ITEMS

Families claim to have soap, and make use of it. There is soap available in the stores, both the local variety and industrial soap.

Toilet paper is not generally used and families report using frequently tree leaves, writing paper or mattress foam and water. Most families have at least one container that can be closed to store drinking water, but use containers of less quality to collect and transport water. Buckets, jerry cans and drums are seen in all households, placed to collect water, sometimes with assistance of pipes or plastic tarpaulins. Broken drums are also used for this purpose.

![Figure 6: Water containers used for fetching and transportation of water from spring source](image)

Figure 6: Water containers used for fetching and transportation of water from spring source

WASH PERCEPTIONS

About 95% of participants considered the water they drink unsafe enough for drinking. They however consume the water because they don’t have other options. As stated by most, “it’s either we drink or we die thirst”. The presence of farmland and defecation grounds around water sources makes is unsafe as feaces and farm chemical products are washed into streams during high tides and rainfall. Water is seen to be colored and sometimes a salty taste with particulate materials seen in it, this is especially the case with Mabeta Big combo whose only source of water is a stream. The case of small combo is however relatively better with the presence of a spring water source. Drinking or cooking water is never treated. Participants said they don’t know how to do it, and there was general lack of interest in treating water. As stated by some, “we don’t have large enough pots to boil water for the whole family of thirteen persons”

Hand-washing is not widely practiced after defecation, because there is no hand-washing facility in the communities. Participants claimed to wash their hands appropriately, but were unsure about other people in the community. Knowledge on hand washing (steps) was evaluated from a sample of participants. No soap was used, and standing water instead of flowing water was used half of the time.
About 60% of participants claimed most hand-washing takes part without soap, but only with water, and 70% that will use any water for this purpose, such as dug out water, or even sea water.

**KNOWLEDGE ABOUT CHOLERA**

Most participants (99%) knew nothing about cholera, after the incidents of some weeks. However, 100% were not aware of what causes cholera. In big Combo, the most affected area, 98% of participants stated that nobody knows what causes cholera. The population says they don’t understand where this new epidemic came from and that it has already killed some persons. Cholera is new to them as is the corona virus. Methods to protect oneself from cholera were also unknown, the first and most repeated answer was that only God can protect of cholera. 30% of participants in small and big combo mentioned going immediately to the doctor when experiencing diarrhea. These people have no knowledge about ORS or water, salt and sugar solution. They state when you are sick you are just taken to the health center they don’t care to know what ever is the problem at all. At times you will go the health center and you won’t see anybody to attend to you, then you are left at the mercy of God. For diarrhea cases within the communities, the most common practice was to go to the health center and treat at home, 100% of participants mentioned going to the health center, 75% of participants’ mention Church as a good place to get information about Public health, 12% the local community health workers and health centers, 25% claimed they do not get public health information anywhere. Communities did not feel they had enough information about cholera and WASH issues (handwashing, defecation, excreta disposal, household disinfection, water treatment, available services, dealing with dead bodies and first steps). Only participants of one focus group discussion felt they knew enough about handwashing.

**FUNERAL RITES**

According to 75% of participants, most funeral rites do not involve excessive touching of dead bodies, eating food around the cadaver, or unnecessary exposing. When a person dies the burial has to be done immediately. There is land which the Limbe III council has given them to do burials. If a person dies and the body is being kept in the house for more than a day the family will be fined one million and five hundred thousand XAF. Only the family of the bereaved are allowed to wash the corpse. The people who have money would like to move the body to their original village in their country, and to do that they will wash it, wrap it with a cloth or clothes and put in a boat. This was the most dangerous practice identified, and it can only be mitigated by imposing fast burials or providing sanitary isolation materials for transportation of the bodies. (coffins, plastic bags)

**HEALTH FACILITY**

There are three community public and private health centers in Mabeta. These centers had been equipped with enough medical supplies to handle cholera cases but this is not the case with other diseases. During the time of visits to Mabeta, which lasted for close to six hours, there was no one present at the health centers which were open.

**PHARMACIES AND HEALTH CENTRES**
There are drug sellers in every community. They sell drugs for as little as 50 FRS, and this is the preferred option of the population. They are organized in a union, and when the outbreak started they were sensitized on the need to immediately take to the health center any case of diarrhea.

RESTAURANTS AND FOOD SELLERS

Food in most restaurants is served hot but can take some time to sell. Street sellers and hawkers were seen with dirty containers. During the FGDs, 70% of participants stated the plates and spoons are very clean. Hand-washing water is served without soap. There is no sanitary control in place.

Unsanitary practices such as hawkers having only one stick to serve meat were recorded. Clients use one stick which they bring to their mouth and leave back into the bucket.

Figure 7: Inside of a local restaurant in big combo

LOCAL SUPPLY

Stores have buckets, bottled water, and soap for the local population, but stocks are not sufficient in most stores. Gloves are not available, except in health centers. The prices are affordable and similar to those of urban Cameroon. In Mabeta, there are enough traders that could make deliveries of hundreds of buckets or cartons of soap, and much more over a period of weeks. There are sellers currently having more than 100 buckets in stock. Buckets are sold at 1,000-3500 XAF, and bars of soap at 300XAF, which are competitive prices. Large-scale transportation of WASH kits from Douala or Tiko to Mabeta promises to be extremely expensive and logistically challenging.

TRANSPORTATION OF PERSONNEL
Using the road is not easy as the road is muddy and not yet constructed. During the dry season to get a bike from Manawa Bah to Mabeta costs 2,000XAF per person. In the rainy season when the roads are really bad the cost is 6,000XAF per head on a bike. Speed boats hired at Mabeta are extremely expensive to operate with, even for individual transportation, a boat hire costing 350,000 XAF per day. These are boats that are not up to standards, and a mechanical revision and the acquisition of a backup engine should be considered before using them as basic security measures. Relying on public transport (the same boats, but paying only seats) will lower security standards even more, and will leave communities with low traffic, as it will not be possible to go and come back swiftly.

**CONCLUSION**

Mabeta Health Area as a whole, is highly vulnerable to a cholera epidemic. There is almost no hygienic protocol that is respected in the community, and the mobility and remoteness of the different communities of Mabeta will make this epidemic extremely hard to control if it spreads.

**RECOMMENDED INTERVENTIONS**

1) **Sensitization**: A network of Community Health Workers needs to be rapidly engaged to carry out massive sensitization. They could also be engaged to set-up and monitor use of hand-washing stands at strategic points within the communities.

2) **Case management**: It is extremely important to not allow any coverage gap, and to ensure that in all the communities of Mabeta, cases of diarrhea are put on appropriate treatment quickly (ORS) and carried to the health center and well equipped the health center with appropriate medications. This can be achieved with CHWs and / or community medical outreach. The use of drug sellers either as community health workers or to work closely with community health workers is wise given the hard-to-reach nature of the communities and their perceptions and practices. However, they need intensive training and coaching for this strategy to work effectively. A system of incentives for proper referrals of cholera cases could be set up.

3) **Advocacy**: There is need for community conversations and advocacy about high risk traditional practices, such as local diarrhea remedies or funeral rites, specific equipment to support clean corpse management needs to be available in all communities.

4) **Equipment**: WASH equipment (buckets, soaps, trash cans) can be supplied to community members to improve hygienic conditions. This can either be transported at a significant cost, or supplied from unregistered Nigerian vendors of the communities.

5) **Infrastructure**: water point should well-constructed and water needs treatment. Bore holes should be realized in this communities or at the very least a stream catchment uphill to this communities. The spring source of small combo could immediately be ameliorated, to start with, and hand-washing stands need to be set-up in all the communities.