



Cholera awareness session in East region of Cameroon by CRC

Appeal: MDRCM032	Total DREF Allocation: CHF 389,282	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2022-000369-CMR	People Affected: 1,380,379 people	People Targeted: 1,880,379 people	
Event Onset: Slow	Operation Start Date: 30-11-2022	Operational End Date: 31-05-2023	Total Operating Timeframe: 6 months
Targeted Areas: Extrême-Nord, Littoral, Sud-Ouest			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event

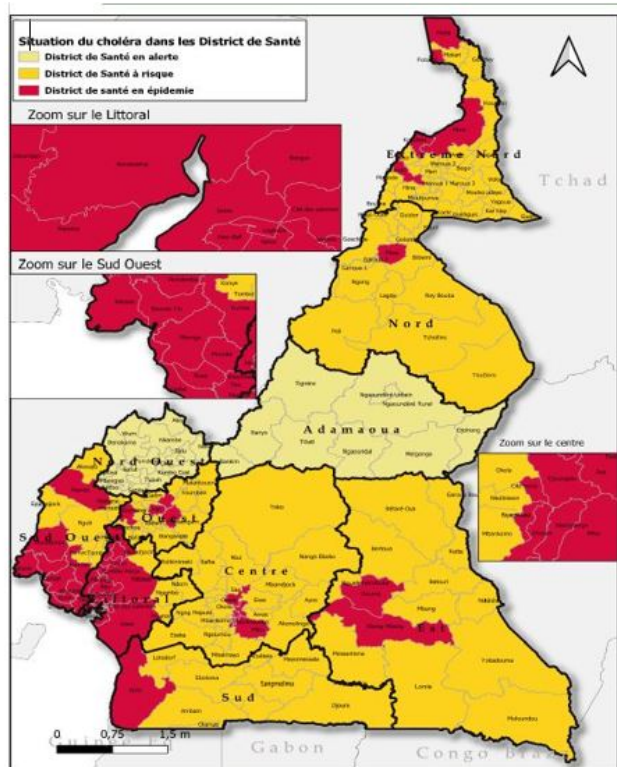
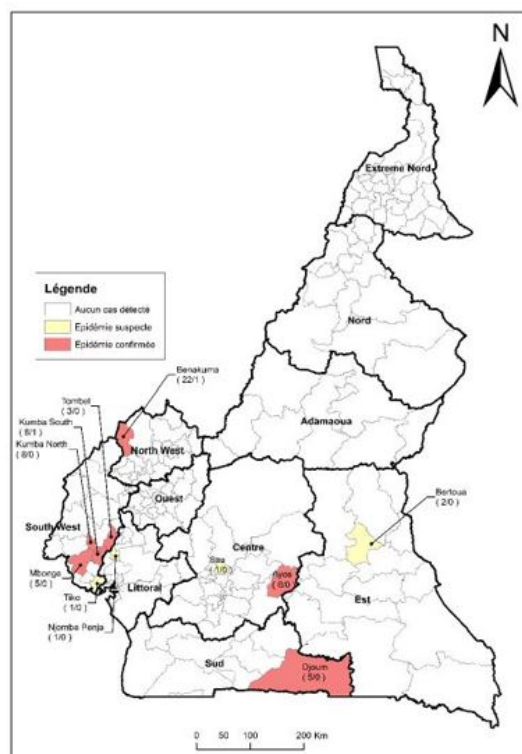


Figure 2: Districts de Santé touchés dans les régions affectées à la 45^e SE, 2022



Districts de santé en épidémie de Monkeypox au Cameroun, Novembre 2022

Mapping of both outbreaks extract from SITREP 45 MOH CAMEROON

Date when the trigger was met

2022-11-17

What happened, where and when?

Since the last months of 2022, Cameroon was plagued by multiple epidemics. This situation was compounded and exacerbated by the heavy rains and repeated flooding observed since August 2022, as well as by conflicts and major population movements in many parts of the country. These factors created an environment conducive to the development of epidemics, and put pressure on the government's response capacity. Cholera and monkeypox epidemics were particularly alarming and worrying in the Far North, South-West, North-West and Littoral regions. On October 17, 2022, the Ministry of Health asked the Cameroon Red Cross to increase its support for the response to these epidemics.

Cholera that had been raging in some regions for several months, spread to all regions of the country in 2023. As of April 23, 2023, there were 4 active regions in the epidemiological situation: Littoral, Centre, South and West. There were 16 active health districts, with a total of 15,631 notified cases and 321 recorded deaths, representing a case-fatality rate of 2.05%. Of all cases, 11.7% (1,833) were confirmed by culture. The median age of cases was 27, ranging from 0.2 to 103, and the sex ratio was 2.1, with twice as many men as women affected.

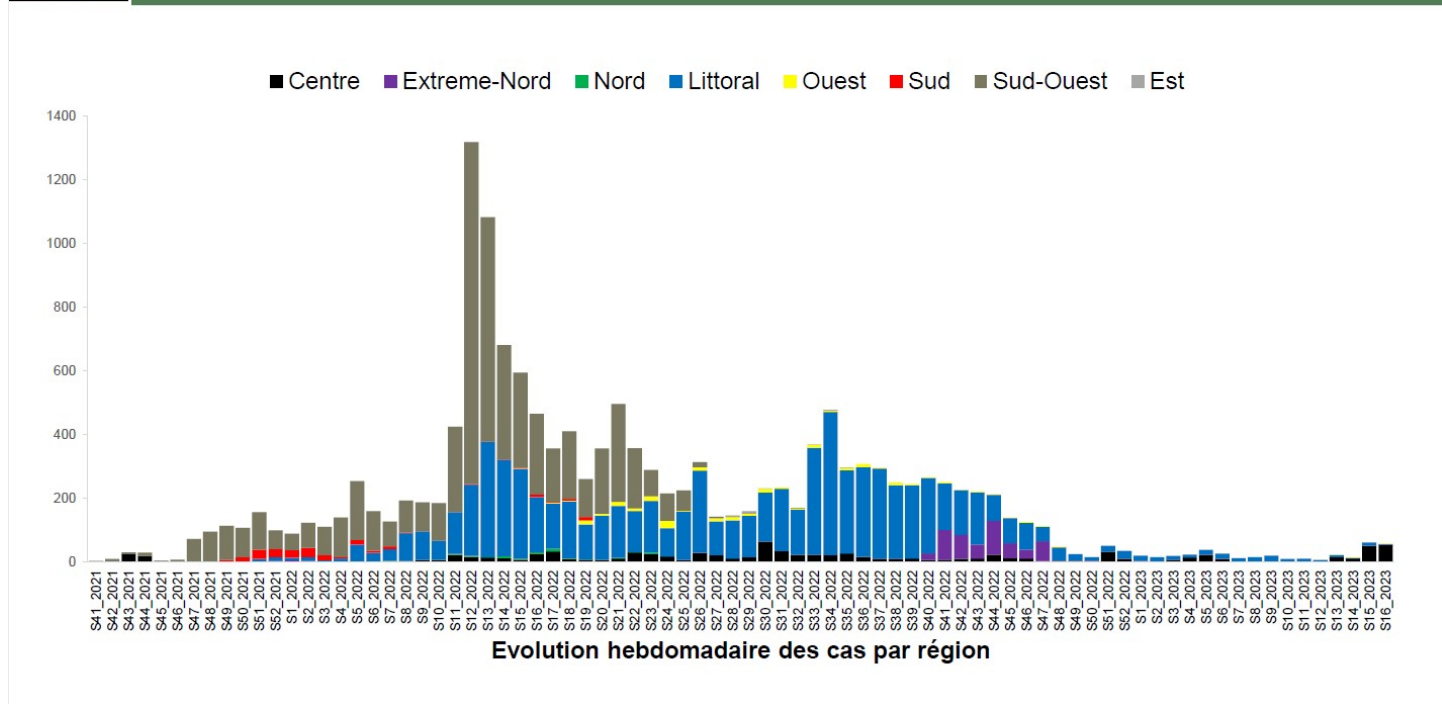
As for the monkeypox epidemic, it was declared in several regions of the country by the health authorities. On October 10, 2022, the South-West regional delegate confirmed cases of monkeypox. Despite the rapid implementation of the surveillance system, the epidemic rapidly spread to 6 regions, 5 of which were active, with a total of 10 active health districts. A total of 92 cases of monkeypox were reported, 18 of which were confirmed from 76 samples. The epidemic caused three deaths, with an average case-fatality rate of 3.2% for the country as a whole. Monkeypox was feared by the population as the disease was not known to the general public. 15 cases were reported in 2023, with no confirmed or fatal cases. 8 of the cases were reported in the South-West region and 02 in the Littoral region.

With the rainy season in the South-West, West, Centre, Littoral and many southern regions of the country had increased the risk of



cholera since the end of February. The actions of the National Society were adjusted accordingly to reduce the risk of deterioration of the epidemic situation which heightens with the rains.

Évolution de la courbe épidémique des cas au 23 Avril 2023



CHOLERA EPI CURVE 2023

Scope and Scale

Monkeypox is a public health emergency of international concern, with an unusually high number of cases and wide geographic spread. Cameroon is an endemic country and has witnessed several epizootic outbreaks in the past. The current epidemic is higher than the epidemics observed over the last 60 years. Between January 2022 and April 2023, 9 confirmed cases of human monkeypox were reported. In Cameroon, monkeypox is classified as a priority zoonosis and poses challenges for public health officials and health care personnel. Health workers lacked knowledge and experience in detecting and managing monkeypox cases, and communities were not aware of the disease and how to prevent it. Multi-sectoral coordination of interventions between the human and animal health sectors was also needed. It was important to support the national preparedness and response to the monkeypox epidemic in Cameroon given the human and animal health, socio-cultural, environmental and economic consequences.

Cameroon experienced a rise in cholera cases over the past few years, with 4,500 cases and approximately 250 deaths reported between 2019 and 2021. After a period of latency in October and November 2021, there was a resurgence of the epidemic, with an exponential increase in the number of cases recorded per week. The movement of people between regions, including during the African Cup of Nations, likely contributed to the spread of the disease. Since November 2021, the Littoral and South-West regions reported over 94% of new cases, with the South-West alone reporting nearly 1,600 cumulative cases. As of March 2022, an upsurge of cholera cases was recorded, with the South-West being the most affected region.

As of 23 April Cholera cases were still rising over the country with more cases in 4 regions (Littoral, Centre, South, and West). A new region (East) declared a confirmed case on 1 May 2023.

The city of Buea experienced flooding on 18 March in several neighborhoods, including Bonaliona, Buea Town Market, and Muea, due to runoff from a long rainfall season. Material damages included the destruction of buildings and loss of personal belongings and merchandise. 04 people were severely injured and 02 people died, and about 700 people were displaced from their homes. Additional vulnerability conditions that led the NS to prioritize the increase of actions in the South West were floods and landslides were making people homeless and more exposed to cholera factors.



National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

IFRC Network Actions Related To The Current Event

Secretariat	The Yaoundé office worked alongside CRC to prepare an appropriate response to the situation. It took part in coordination meetings with CRC at national level with MoH, WHO, One Health and other actors involved in the response. IFRC helped CRC in mobilizing funds and provided technical and financial support for implemented activities. In addition, it donated 4 ORP kits to support the cholera response.
Participating National Societies	The French Red Cross (FRC) is the only PNS present in Cameroon. In response to the cholera outbreak, FRC carried out several activities in Kousseri, including sensitisation on cholera prevention, broadcasting of radio spots, and distribution of hygiene kits, as well as management of cholera cases. In Maroua, FRC carried out sensitizations in the Mada district, and hygiene kits were also distributed.

ICRC Actions Related To The Current Event

ICRC donated 305 NFI kits to CRC, which were distributed to targeted households in the locality of Maltam in the Logone and Chari Division.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Through the health facilities across the country, the Ministry of Health (MoH) was in charge of case management and epidemiological surveillance. Coordination meetings were held at the MoH with partners including CRC and IFRC. On 17 November 2022, MoH requested assistance from CRC to support the response.</p> <p>The regional government including municipal authorities mobilized their personnel conducting needs assessment and registration of affected communities. They also sensitized communities on the necessity to clean drainage systems.</p>
UN or other actors	<p>For both outbreaks,</p> <ul style="list-style-type: none">• WHO supported the coordination meeting under the leadership of SGI for Cholera and One health program for Monkeypox.• WHO supported the development of the national plan of response to Monkeypox.• MSF deployed its CATI strategy in the North-West and South-West regions.• All partners were involved in the three OCV campaigns for three regions (South, Littoral, and South-West).• Breakthrough Action, with funds from USAID, produced audio and video spots on cholera and monkeypox in local languages, French and English. <p>Since the floods occurred UN agencies met with the mayor of Buea to support the assessment and global response.</p>



Are there major coordination mechanism in place?

The major coordination mechanisms in place were: For cholera the SGI (incident management system) in place since March 2022 and the One Health program had the lead on that system.

MoH was the lead to both Cholera and Monkey Pox response across the country.

Needs (Gaps) Identified



Water, Sanitation And Hygiene

The vulnerability of communities to epidemics such as cholera and monkeypox is often increased by problems of access to safe water and hygiene practices. This problem occurs in all seasons and relates to both outbreaks as an essential pillar of the response.

In the rainy season, water points are sometimes contaminated because of the non-respect of construction standards for water points, latrines, and the layout of garbage collection points. This season is also the period of the profusion of fruits that are consumed without respect for basic hygiene rules.

In the dry season, water shortages and the drying up of certain collection points often lead to the multiplication of vectors (flies, rats, and other birds and domestic animals).

Sensitisation activities were needed in the communities to inform the population about the current epidemic and to promote community health. The South-West, Littoral, and Far North Regions, which were the most exposed needed to be covered by a harmonised response.

According to OCHA Sitrep, in Buea town area where several households were affected by the floods, water supply was a high priority in terms of needs since the whole water catchment system had been destroyed. The water supply system needed to be repaired and equipped before becoming functional. There were no boreholes or traditional wells in the area and inhabitants depended on water from other neighborhoods hence this was provided to avoid negative consequences and mitigate risks associated to water scarcity.

The occurrence of floods is often a factor of exposure to cholera and other waterborne diseases. The flooding resulted in overflowing latrines, which likely infested the drinking water supply. The recent KAP survey conducted as part of the DREF cholera and monkey pox in the cities of Limbe, Tiko and Buea revealed that nearly 20% of the population got its water supply from wells, boreholes and makeshift sources from Mount Cameroon. The majority of affected households will be deprived of safe water and access to adequate sanitation (collapsed or water-filled latrines making them impassable, submerged or collapsed leading to contamination of water sources). Immediate access to drinking water was therefore difficult and yet crucial.

From this analysis, the following was noted:

- A need for community sensitisation to hygiene conditions appropriate to the epidemiological context of cholera and to raise awareness about the disease. This was the case in all localities of the Regions
- In the Far North Region, in increase appropriate mass communication to appeal to the communities, the following challenges were identified.
- Lack of information at the community level on cholera and Monkeypox.
- Continuation of customs such as the practice of traditional autopsy and funeral rites.
- Need for potable water and sanitation in the community.
- Need for community hand-washing facilities and maintenance of water supply points
- Rapid access to community-based interventions such as the establishment of suspected case management centers.



Protection, Gender And Inclusion

In disaster situations, the vulnerability of some community members is increased. This is the case of women, young children and people with special needs. Targeting gave priority to this category of people





Community Engagement And Accountability

Due to the circulation of false rumours (monkeypox cases were attributed to witchcraft) which increased risk behaviours such as the unsafe handling of cholera suspected corpses, there was a need for greater commitment from the various leaders (religious, traditional, and community leaders) in drafting and spreading the communications regarding the disease.

Sensitive management of information was considered especially for Monkeypox in alignment with Government position and considerations to avoid any resistance. For example, false information was circulating that the wrath of Mount Cameroon was falling on the wicked (those affected by the diseases). As a result, people ignored useful information that could help them cope with the disease.

The local media tended to talk more about problems than about life-saving solutions so the people had no information about additional risks, let alone advice on how to protect themselves. The population lived in fear and needed to be reassured.

In view of these observations, it should be noted that there was a need for a better commitment from the various leaders (religious, traditional and community). The local media also needed to be engaged to provide useful, necessary and reassuring information. Mobile caravans were needed to ensure close contact with the populations in order to convey better key messages.

Operational Strategy

Overall objective of the operation

This DREF overall objective was to contribute to the response to Cholera and Monkeypox outbreaks in the 3 most affected regions of the country: South-West, Littoral, and Far ;North through risk communication, community engagement, health and hygiene promotion and early detection .

Operation strategy rationale

To have a clear epidemic approach for both Monkeypox and Cholera in this DREF operation, the strategy targeted specific actions on the points of similarity and concordance of the drivers between Cholera and Monkeypox responses but also the possible joint actions taking into account the below evidence:

- The spread of epidemics being often exacerbated by lack of information, Different, awareness messages were passed through the same mass and proximity channels with the same objective of informing, providing health education, etc.
- Improved access to water, promotion of household hygiene management, waste management and care in processing food for consumption was cross-cutting for both epidemics considering some of the transmission factors that are common to both.

The CRC's strategy to prevent these diseases was mainly based on risk communication, community engagement and community-based surveillance through the following axes:

Health

- Risk communication and community engagement through the production and dissemination of communication tools on cholera and monkeypox, the training of volunteers and the deployment of these volunteers for mass sensitisation, door-to-door, mobile cinema. All these activities were carried out in collaboration with religious leaders and key community actors for a better adherence by the community.
- Setting up of a community based surveillance (CBS) system through the NYSS platform to ensure rapid detection of cholera and monkeypox cases.

WASH

A total of 26 participants (11 men and 15 women) were trained for 5 days on EPiC and WASH to supervise the implementation of activities in the areas required by DREF Cholera and Monkey Pox. The training aimed to enhance the knowledge, skills, and techniques of 26 trainers and staff of CRC on EPiC, WASH, and KAP survey tools.

104 volunteers (59 men and 45 women) were trained for 5 days on EPiC and WASH to conduct activities in the areas required by DREF Cholera and Monkey Pox. The training aimed to enhance the knowledge, skills, and techniques of 104 CRC volunteers on EPiC, WASH, and KAP survey tools.

A mapping of the existing water infrastructure in the intervention zones was conducted to improve access and availability of clean water for the communities. A data collection mission identified 603 water points, including 263 open wells, 15 closed wells, 176 boreholes, one fountain, 31 rivers, one water tower, and 93 water points. The water quality analysis showed that some water points required treatment



to improve the quality of drinking water.

The purchase and pre-positioning of 40 handwashing devices in public places and services was effective. Each device consisted of a 50L bucket with a lid and faucet, a 15L bucket for collecting wastewater, a metal stand, and six pieces of 250g household soap. A responsible person was selected for each site to ensure the proper use of the device.

Various methodological approaches were used for hygiene promotion, including door-to-door, focus group discussions (FGD), mobile cinema, and mass sensitization around health areas and public spaces such as markets. The volunteers of the Red Cross were trained on EPIC and WASH to respond more effectively in this area. Key messages were defined based on the results of the KAP survey baseline conforming to the identified gap.

CEA

- Risk communication was conducted via various channels and with messages already prepared by MoH to avoid panic and misinformation
- Community engagement was done because communication and sensitization activities require community involvement and buy-in.
- Setting up of a feedback system and management of rumours and misinformation.

Targeting Strategy

Who was targeted by this operation?

As part of this operation, CRC was targeting 1,380,379 people in 3 regions: Littoral, Far North, and South-West. The main intervention towns were:

- Douala in the Littoral with a district population of 450,647 inhabitants.
- Mora with a district population of 319,068 inhabitants.
- Mokolo with a district population of 323,283 inhabitants in the Far North
- Buea with a district population of 287,378 inhabitants in the South-West. 50,000 additional people was targeted in Buea based on the impact of the floods.

These figures represent the total population of these health zones according to MoH statistics that have had the most cumulative smallpox and cholera cases.

Explain the selection criteria for the targeted population

Since these epidemics affect all sectors of the population, regardless of age or gender, were targeted - the entire population of the affected areas. However, priority was given to the most economically vulnerable people when distributing the Aqua tabs.

The selection criteria were based on epidemiological data, security access and the response capacity of the NS and partners already on the ground.

For cholera, response was focused mainly on peri-urban and rural areas and places with low sanitation access and water point availability. Also flooded and areas prone to flooding and camps for the displaced were targeted as a priority for field visits by volunteers for awareness. The most vulnerable groups included children under 10, lactating and pregnant women, as well as the elderly.

Monkeypox actions covered both urban and rural areas depending on the transmission factors given two types of Monkeypox strains had been identified. Following the communication strategy of the Government, awareness was focused more on peri-urban and rural communities with dietary habits which include game/bush meat; communities living near forests, adults above 15 years, women heads, and cooking spaces.



Total Targeted Population

Women	1,053,963	Rural	-
Girls (under 18)	-	Urban	-
Men	826,416	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	1,880,379		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
The increased amount of standing water during the rainy season created a breeding ground for disease-carrying mosquitoes, increasing the risk of water-borne illnesses such as malaria and dengue fever	Volunteers worked with local health authorities to promote disease prevention measures, such as the use of mosquito nets and the elimination of stagnant water sources.
Heavy rainfall could lead to rapid increase in water levels in rivers, streams, and other water bodies, which could result in their banks overflowing and causing floods damaging property and infrastructure located in low-lying areas or close to waterways.	Red Cross volunteers provided early warning messages to communities in at-risk areas, encouraging them to take necessary precautions and evacuate if necessary.
Contamination of volunteers and field staff. It is not uncommon for humanitarian staff to be contaminated in the course of their work, either by accident or negligence as volunteers would be in close contact with suspected cholera and monkeypox cases (they may be exposed to these diseases.)	All volunteers were briefed on the dangers of their activity and how to limit the risks. They were also provided with masks and hydro-alcoholic gels for their protection.

Please indicate any security and safety concerns for this operation

Part of the operation was carried out in areas close to conflict areas in Cameroon that have been subject to attacks in the past. To limit the risk, volunteers had to be informed of security instructions and had to be required to respect the fixed security hours. In addition, ICRC was kept informed of all field visits, with a call on the radio room every hour.

For this operation, the targeted areas were not high-risk areas, and the volunteers were people from this community. These volunteers were already deployed on a voluntary basis and have the confidence of the communities. Safe access was promoted and a briefing on security conducted. NS ensured that all engaged staff had appropriate visibility to prevent any case. Coordination on security was ensured through regular updates with ICRC, IFRC, and local partners.

Has the child safeguarding risk analysis assessment been completed?

No



Implementation



Budget: CHF 87,449

Targeted Persons: 512,744

Assisted Persons: 752,961

Indicators

Title	Target	Actual
Number of people reached by door-to-door sensitisations	299,360	302,508
Number of people reached by mass sensitisations	116,480	109,710
Number of volunteers and supervisors trained	104	104
Number of children reached by sensitisations in schools	96,800	79,499

Narrative description of achievements

- After training, 104 volunteers were deployed to carry out mass, door-to-door awareness-raising campaigns in schools and places where large-scale mobilization took place, 4 times a week for a period of 2 months in the 4 departments involved in the DREF, starting on February 15, 2023. 100% of these volunteers were trained in EPiC (EVC, PSBC, RCCE, PSP) and the KAP survey.
- One or two door-to-door awareness-raising visits per week took place which added to the results of the cholera vaccination campaigns. The volunteers raised awareness in 187,294 households during this period.
- One or two visits per week for mass awareness-raising took place, where volunteers visited major mobilization sites (markets, churches, mosques, schools, etc.) using the megaphones made available to them during the same period, for an achievement of 109 710 people
- One or two awareness-raising visits were led in schools every week, with volunteers making appointments in advance to plan their visits, with a satisfactory of 79 499 people.

From February 21 to 26, 2023, a cholera vaccination campaign was held in 3 of the 4 localities involved in the DREF Monkeypox and cholera program (Mokolo, Mora, Douala). Of the 104 volunteers enrolled in the program, 78 took part. The role of these volunteers was to support the Health Districts in the said campaign through social mobilization with a view to full participation. The campaign was successfully completed with 261,140 people reached. However many difficulties were recorded in the Wouri Health Districts.

Lessons Learnt

- Good collaboration with the government is beneficial for program implementation. A letter from the National President outlining the situation was sent to MoH, which reacted promptly and positively to integrate the volunteers into the DS teams as a matter of urgency.
- Good collaboration with all stakeholders is necessary to ensure good coordination and successful interventions in the field.

Challenges

- Delay in the implementation of the supervision mission due to the unavailability of/exhaustion of funds, despite the fact that they were highly suitable for correcting irregularities in the field.
- Insufficient number of 104 volunteers, i.e. 26 deployed per department, resulting in low coverage of work areas, despite the very satisfactory results of door-to-door sensitization combined with those of the cholera vaccination campaign.
- The distances between the 187,294 households to be covered in the operation, combined with the disparity of houses in rural areas, caused long distances to be covered.
- Lack of equipment needed to cope with climatic variations (coats, boots, caps, etc.).
- Volunteers were ill-treated during the cholera vaccination period, going to the health districts every day and not being allowed to work with the vaccination teams on the pretext that there was no note from the regional health delegate asking them to work with them. MoH teams refused to share data with volunteers, even though the letter was sent and authorized their presence and collaboration.



- The health districts selected as part of the DREF were not the same as those concerned by the cholera vaccination campaign from February 21 to 26, 2023; this cost some volunteers dearly in terms of transport, as they had to go and carry out awareness-raising and mobilization activities as part of the vaccination campaign in districts other than those in which they lived.
- Communication and data transmission was tedious.
- Continuous rains made it difficult for volunteers to work on the field.
- There was an upsurge in Monkeypox cases in Fako, with several new cases recorded.



Water, Sanitation And Hygiene

Budget: CHF 100,339

Targeted Persons: 1,380,379

Assisted Persons: 571,242

Indicators

Title	Target	Actual
Number of people benefiting from information on hygiene and sanitation	60,000	232,320
Number of houses and places disinfected	800	200
Number of hand washing points installed	40	40
Number of community water points maintained	192	192
Number of volunteers and supervisors trained	129	104

Narrative description of achievements

• A total of 26 participants identified by DREF Cholera and Monkey Pox to be trained on EPiC and WASH in order to supervise the implementation of activities (i.e. 10 men and 16 women) benefited from this training. The training, which took place over 05 days, was aimed at reinforcing the knowledge, skills and techniques of 26 CRC trainers and staff in EPiC training modules, WASH and KAP survey data collection tools.

Activity: Purchase and pre-positioning of hand-washing devices

• 40 hand-washing devices were installed in public places and services. For each site identified, a person in charge was chosen to monitor the correct use of the hand-washing devices. Each device consisted of 01 x 50L buckets with lid and tap, 01 x 15L buckets for collecting wastewater, 01 metal stand and 06 x 250g pieces of household soap.

Activity: Awareness-raising

- As part of hygiene promotion, which is the activity that needs to reach the greatest number of people, activities have been carried out using several methodological approaches (door-to-door, FGD, mobile cinema and mass awareness-raising around the health areas located in the departments identified by the project and in public spaces such as markets, etc.).

For a more effective and efficient response in this area, Red Cross volunteers were previously trained in EPiC and WASH. The key messages defined on the basis of the results of the KAP baseline survey.

• Despite difficulties due to the inaccessibility of some households and the mobility of communities for reasons of field work, awareness-raising activities through the different approaches used by volunteers enabled 63,047 households to be visited and a total of 491,717 people sensitized. Key awareness-raising messages focused on hygiene promotion, cholera prevention, modes of transmission and symptoms, as published by WHO and the Cameroon government.

At school level, given that awareness-raising activities began during the Youth Day, schoolchildren benefited from an awareness-raising approach dominated by songs. Red Cross and Community volunteers were able to pass on awareness-raising messages to almost 79,499 pupils, i.e. 32,725 young boys and 46,774 young girls in the 130 schools targeted in the regions.

Activity: Deployment of ORP kits

For the deployment of the ORP kits, through good collaboration of the health districts of the implementation zones, a list of kits was



made available to them in order to bring assistance to the affected population.

- Activity: Water treatment

The water point treatment activity zones covered the Littoral, Extrême-Nord and South-West regions, notably in the Wouri, Mayo-Sava, Mayo-Tsanaga and Fako departments. However, for practical reasons, the field team was made up of five volunteers headed by the WaSH focal point, who coordinated remote implementation through the committee's field supervisor. This activity focused on the four departments mentioned in the paragraph.

With the support of the Departmental Committee, 05 CRC volunteers, identified by the Departmental Committee in the implementation zones, treated water points for a period of 10 days. This activity is carried out under the supervision of the national WaSH CRC focal point and the project supervisors from the Departmental Committees of the implementation zones.

The methodological approach considered to carry out this study is subdivided into two stages:

- Stage 1 (results of mapping of water points at risk of contamination): In order to improve access to and availability of drinking water for communities, a mapping of existing water infrastructures in the intervention zones was carried out to assess the state of existing hydraulic structures and identify those requiring treatment. This activity was carried out with the support of the beneficiary community present in the localities, who accompanied the Red Cross volunteers in this exercise. The mission to map contaminated points enabled us to identify 603 water points during data collection. Also, as demonstrated by the analysis of water quality results, the notion of water quality should not be limited to conductivity alone but should also take into account the chemical composition of the water. Indeed, the results showed that 74 boreholes in the Mokolo health district were of very poor quality (dirty, colorless and tasteless), 51 boreholes in the Mora health district, 44 boreholes in the Fako and 21 in the Wouri all required treatment, and it was decided that we would treat all 200 points.

Stage 2 (During treatment): Treatment was made possible in collaboration with the DDEE who coordinated actions of the WASH focal point and volunteers. Each health area was made up of 05 volunteers who worked in close collaboration with the DDEE of each implementation zone, and facilitated the composition of the chlorine solution and were briefed to cover the study health areas.

Activity: Disinfection of homes and contaminated premises.

Disinfection activities took place in the Littoral, Extrême-Nord and Sud-Ouest regions, notably in the Wouri, Mayo-Sava, Mayo-Tsanaga and Fako departments. However, for practical reasons, the field team was made up of five volunteers, headed by the Wash focal point, who coordinated remote implementation via the committee's field supervisor. This activity focused on the four departments mentioned in the paragraph.

With the support of the Comité Départemental, 05 CRC volunteers, identified by the local branch in the implementation zones, were assigned to disinfection for a period of 10 days. This activity was carried out under the supervision of the national WASH CRC focal point and the project supervisors from the Departmental Committees of the implementation zones.

The methodological approach considered for this study began with the identification of homes, schools and public spaces to be disinfected, with the agreement of the managers of these structures.

With regard to the dosage used for disinfection, we relied on the standard, given that we had HTH granules at our disposal. For this activity, we concentrated on disinfecting schools, markets and public spaces, and therefore composed a 0.5% chlorine solution from HTH granules (containing 70% chlorine).

It should be emphasized that this dosing is carried out each time the compound is finished, in the presence of those responsible for the structures to be disinfected.

Lessons Learnt

- Good collaboration with all stakeholders was essential to ensure good coordination and successful interventions in the field.
- Providing a lot of practice during training sessions to give volunteers gave more hands-on experience in the field during implementation.

Challenges

- Delay in the implementation of the supervision mission due to the unavailability of funds or the exhaustion of funds, despite the fact that they were highly appropriate for correcting irregularities in the field and adjusting activities.
- Insufficient number of 104 volunteers (26 per department), resulting in poor coverage of work areas, despite the very satisfactory results of door-to-door awareness-raising combined with the cholera vaccination campaign. 187,294 households, combined with the disparity of houses in rural areas, causing long distances to be covered.
- Lack of equipment needed to cope with climatic variations (coats, boots, caps, etc.).



- There was communication and data transmission difficulties.
- Continuous rainfall made daily work difficult.
- There was an upsurge in Monkeypox cases in Fako, with several new cases.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 104

Assisted Persons: 104

Indicators

Title	Target	Actual
Number of people reached with protection messages	276,075	173,970
Number of volunteers briefed on PGI	104	104

Narrative description of achievements

- 104 volunteers were briefed on PGI.
- During the implementation of the operation, protection, inclusion, and diversity activities were integrated into all activities carried out by Red Cross volunteers.
- The recruitment of the volunteers who worked under this DREF was carried to ensure inclusion of both male and female volunteers. Of the 104 volunteers, 68 were women and 36 men.
- The PGIs activities were implemented at the same time as the other sectoral activities. For example, during awareness-raising sessions, emphasis is placed on the involvement of women and the role of girls in community participation.

Lessons Learnt

- By applying the principles of the PGI, no vulnerable person was overlooked in the care process, and awareness campaigns was directed first and foremost at this category of person.

Challenges

- No specific challenges were noticed for this sector even though it was equally affected by the reduced number of volunteers which prevented to reach the target.



Community Engagement And Accountability

Budget: CHF 127,528

Targeted Persons: 600,000

Assisted Persons: 220,823

Indicators

Title	Target	Actual
Number of people reached through mobile cinema	500	993
Numbers of people reached through FGDs	1,000	1,306



Number of people reached by radio broadcasts	600,000	220,823
Number of volunteers trainedfeedback system	104	104

Narrative description of achievements

- 128 focus group discussions (FGD) were carried out, 32 per department. Two pairs of volunteers (4 per department) went out once a week for 16 weeks to carry out the activity. 1,306 people were reached directly by the FGD activities, i.e. 659 men and 647 women.
- The mobile cinema sessions took place once a week in each town for 4 months, i.e. 16 mobile cinemas per department in the 4 involved in the DREF for 993 people directly reached. 557 men and 436 women attended these sessions.
- Eight volunteers were deployed per department and per session. The mobile cinema session also included an expert on cholera or monkeypox, depending on the theme. The volunteers used fuel to move the mobile cinema equipment and to power the group provided. Prizes (soap, etc.) were offered to the communities throughout the screening.
- 18,567 feedbacks were collected during the operation and three feedback reports were produced. Communities were provided with timely information on the various diseases and the work of the Red Cross.
- The 220823 people received feedback on the activities through community mobilizations at mobile cinema screenings, during mass sensitizations and during information on the achievements led by volunteers in the field.

Lessons Learnt

- Mobile cinema activities are highly innovative and generate a great deal of participation from both the community and the volunteers who run them.
- Budget must be provided during operation planification for people to compile feedback and brief them in person.
- Budget for radio guest fees should be provided to motivate them.

Challenges

- Compiling feedback on the excel file was rather laborious. NS obtained a dedicated person for each department and created a WhatsApp group with these people in order to continually brief them and obtain funds.
- Since there was no final evaluation, it was very difficult to determine the number of people sensitized through the radio broadcasts, hence the gap noted at this level for lack of collection tools, which put the indicator low.
- Another challenge was getting guests to take part in radio broadcasts without having to pay for their transportation.



Secretariat Services

Budget: CHF 34,609

Targeted Persons: 0

Assisted Persons: 0

Indicators

Title	Target	Actual
Number of surges deployed	1	0

Narrative description of achievements

- Surge was not deployed as planned. However, all activities were closely monitored by IFRC cluster teams in the field, and information was shared regularly.

Lessons Learnt

- DREF Mpox activities were implemented by the Cameroon Red Cross with the support of IFRC Central Africa Cluster staff. This support is still necessary for optimal implementation of the activities.



Challenges

- No specific challenge was highlighted.



National Society Strengthening

Budget: CHF 389,282

Targeted Persons: 104

Assisted Persons: 104

Indicators

Title	Target	Actual
Number of volunteers with visibility equipment	104	104
Percentage of volunteers with PPE	100	100
Percentage of volunteer insured	100	100

Narrative description of achievements

All the volunteers involved in the activities were insured and equipped with basic PPE and visibility equipment.

The IFRC ensured effective coordination of activities through the organization of 05 coordination meetings and supervisory visits, enabling 100% completion of the DREF.

The Cameroon Red Cross, through its Fako, Wouri, Mayo Sava and Mayo Tsanaga departmental committees, provided local supervision both at national headquarters and in the field.

Lessons Learnt

- Volunteers work with greater commitment when they are protected.
- Effective coordination between the National Society and the IFRC ensures optimum results.

Challenges

Some branches faced difficulties in consistently producing detailed and timely reports. This challenge stemmed from various factors, including limited human resources.



Financial Report

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/11-2023/11	Operation	MDRCM032
Budget Timeframe	2022/11-2023/5	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 20/Dec/2023

All figures are in Swiss Francs (CHF)

MDRCM032 - Cameroon - Cholera and Monkeypox

Operating Timeframe: 30 Nov 2022 to 31 May 2023

I. Summary

Opening Balance	0
Funds & Other Income	389,282
DREF Response Pillar	389,282
Expenditure	-378,508
Closing Balance	10,774

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	86,394	73,700	12,694
PO05 - Water, Sanitation & Hygiene	62,111	53,901	8,210
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration		117	-117
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	120,180	57,987	62,193
PO11 - Environmental Sustainability			0
Planned Operations Total	268,685	185,705	82,980
EA01 - Coordination and Partnerships	54,443	103,237	-48,794
EA02 - Secretariat Services		32,239	-32,239
EA03 - National Society Strengthening	66,154	57,327	8,827
Enabling Approaches Total	120,597	192,804	-72,207
Grand Total	389,282	378,508	10,774

Contact Information

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