



Field assessment done by IFRC& CRC teams

Appeal: MDRCM033	DREF Allocated: CHF 149,976	Crisis Category: Yellow	Hazard: Epidemic
Glide Number:	People at risk: 953,923 people	People Targeted: 143,952 people	
Event Onset: Imminent	Operation Start Date: 2023-03-01	Operation End Date: 2023-06-30	Operation Timeframe: 3 months
	Targeted Areas:	Sud	

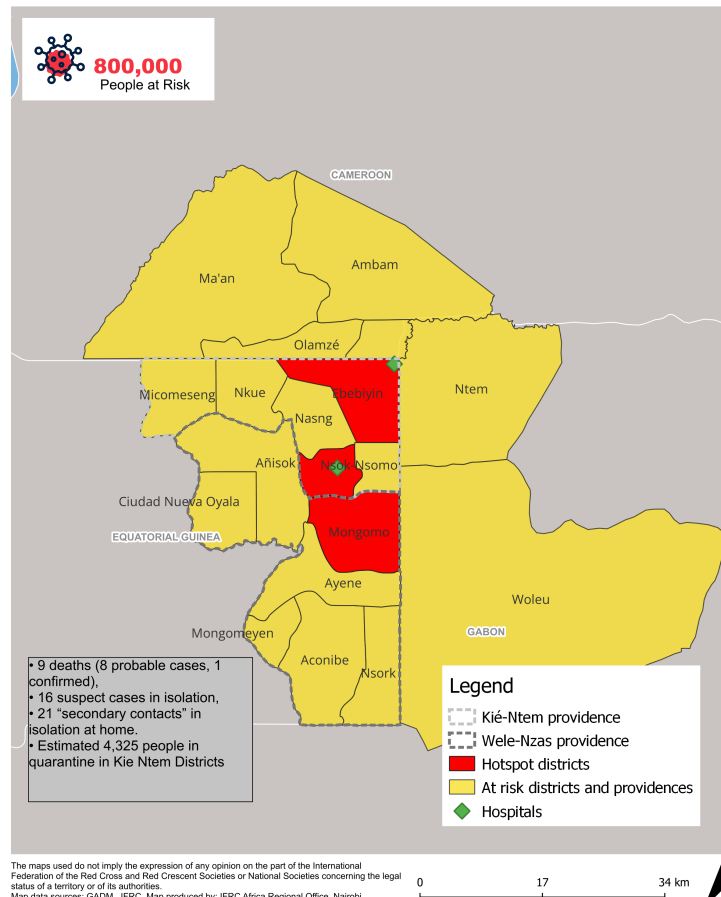
Description of the Event

Approximate date of impact



Marburg Disease, Equatorial Guinea, Cameroon and Gabon

20/02/2023



What is expected to happen?

Since February 7, 2023, several suspected cases with symptoms of Marburg Hemorrhagic Fever have been declared in Equatorial Guinea in districts of Kie-Ntem province. On February 13, 2023, the first Marburg epidemic was declared by confirmation of a positive sample. Several contact cases are to be traced and Cameroon has recorded suspect cases since 9th February in areas bordering Equatorial Guinea.

Cameroon and Equatorial Guinea share a 189 km long border. On both sides of this border, live the Ntumu populations, who are part of the Fang group. They are established in the North-West of Gabon, also on the other side of the border in the South of Cameroon and in the East of Equatorial Guinea. They are found in Cameroon in the Ntem valley, in the districts of Kyé-Ossi, Ambam, Olamze and Ma'an. Despite their different historical backgrounds, these populations still share fraternal and cultural ties (funeral rites, traditional ceremonies, etc.), economic (trade) and social ties that punctuate their daily life.

Faced with the high risk of spread of the disease, the local administrative authorities have restricted the movement of populations at the Cameroon - Equatorial Guinea border and activated the incident management system throughout the region.



Why your National Society is acting now and what criteria is used to launch this operation.

In collaboration with the teams of Equatorial Guinea, the Ministry of Public Health, with the support of its partners, has updated its response plan and defined the axes of emergency intervention to prevent the risk of a spread of the disease in Cameroon.

Over the years, the localities of Kye-Osi and Ambam, with 47,127 and 62,000 inhabitants respectively, which are crossroads border towns for Cameroon, Gabon and Equatorial Guinea, have emerged as the two major hubs of meetings which primarily mobilize the populations of the three countries mentioned above, of the Central African sub-region and beyond. It is worth noting that in most of these localities, poaching is a common practice.

There are significant movements of people and goods at the Cameroon - Equatorial Guinea border. This flow is irregular despite the measures taken by the administrative authorities at local and national level, the border of the two countries remains porous. In recent years, clandestine trails have developed and hundreds of people travel there every day.

The risk of human-to-human transmission is very high considering the flow of exchanges between the two countries, despite the restriction measures put in place. Moreover, with the incubation time of 21 days often, contact cases can spread quickly. Especially considering that early in the disease, the clinical diagnosis of MVD is difficult to distinguish from that of many other febrile tropical illnesses due to the similarity of clinical symptoms.

The above facts and feeding practices in the southern region require early action to prevent disease risks. Early case detection is essential.

Scope and Scale

Marburg virus disease (MVD), formerly known as Marburg virus haemorrhagic fever, is a severe disease that is fatal in humans in 50% to 88% of cases and there are currently no approved treatments or immunization to neutralize the virus.

Several alerts have been received since February 8, 2023. In total, as of February 23, 16 suspected cases have been reported and tested negative as a result.

East (8 alerts received, 5 alerts validated, 5 alerts investigated, 5 suspected cases)

Littoral (1 alert received, 1 alert validated, 1 alert investigated, 1 suspected case)

South (2 alerts received, 2 alerts validated, 2 alerts investigated, 2 suspected cases)

□ □

The entry zone into Cameroon from the Kie-Ntem region is by road, along the 189 km border of the southern region. This includes the districts of Kyé-Ossi, Ambam, Olamze, and Ma'an. That is a total population in the risk zone of more than 300,000 people. Alerts outside the area would be linked to the movement of populations outside the southern region for family, commercial, and other reasons.

The different modes of transmission of this disease are common factors favored by the practices and lifestyles in the southern region of Cameroon, and even more so in the remotest villages on the border with Equatorial Guinea.

The Marburg virus, like that of Ebola, belongs to the Filoviridae family and is transmitted by bats and human-to-human transmission or by contact with an object soiled by contaminated secretions.

- The fruit bat "Rousettus aegypticus", a fruit bat of the Pteropodidae family, is the natural host of the Marburg virus. It transmits the virus to humans. MVD is a zoonosis that is transmitted from animals (Egyptian fruit bats or rarely primates) to humans by direct or indirect contact – prolonged exposure in mines or caves with colonies of fruit bats. Poaching is a common practice as well as the handling of various animals.
- Human-to-human transmissions are high risk with significant flows that are difficult to control on both sides of the border. Considering that transmission modes may include direct contact with bodily fluids or body fluids (feces, sweat, vomit, urine, saliva, semen, breast milk, etc.) of a person ill with MVD, my means of regular transportation in these areas is an important focus. In addition, Marburg disease is also transmitted by:
 - Direct contact with the body of a deceased person (handling and/or washing the body of the deceased, funeral rites involving contact with liquids or bodily fluids). Funeral ceremonies and management of remains continue to be practiced within communities.
 - Contact with objects, surfaces, materials or equipment (handle of a door, clothes, pen, etc.) contaminated by bodily fluids of a person sick with MVD without necessary precautions or protection.
 - Secondary transmission through semen from an MVD survivor through sexual intercourse (oral, anal, or vaginal)
 - Transmission by contaminated injection equipment or by accidental stings, especially for healthcare providers

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population groups?	No
Did the National Society respond?	No
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent	

Current National Society Actions

	At the national level, the Cameroonian Red Cross participates in coordination meetings at the central level of MoH and other government actors. Thanks to its expertise, it has been able to position itself as a key organization in com-
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Coordination	<p>community health, community engagement and social dialogue. Several meetings were held with the presence of the Minister of Health and all the actors in the field. This resulted in a preparedness and response plan and a list of priority activities with a budget. Each actor positioned themselves and the red cross presented its DREF action plan.</p> <p>AfCDC AND WHO wanted effective coordination with the Red Cross on RCCE and DHS. All under the leadership of the Cameroonian government</p> <p>At the regional and district level through its local committees, it participates in meetings with the regional health delegation and the health districts. It is recognized and appreciated by the communities because its volunteers are respected and respectable people by the communities</p>
Assessment	<p>The Cameroon Red Cross with the support of the IFRC conducted an assessment mission following the announcement by the health authorities. The results of the assessment feed into the needs analysis that follows and have informed planning. A two-way communication system is already in place. Information is regularly provided by the branches but also by head office following meetings to share information with the other partners.</p>
Community Engagement And Accountability	<p>The NS with its volunteers and branches already activated has begun the evaluations and the collection of certain feedback from the communities which have made it possible to orient the messages disseminated to the communities to date. To date, the needs identified are:</p> <ul style="list-style-type: none"> •Increased social mobilizers to strengthen risk communication and community engagement •Reinforcement of people's knowledge of MVD •Information of religious, traditional, and administrative leaders
Water, Sanitation And Hygiene	<p>The assessment of WASH conditions was conducted during the assessment conducted by the CRC.</p> <p>On this basis, the volunteers of the committees on the spot began to raise awareness about it despite the absence of adequate materials. Positioning of hand washing points in high-traffic areas. Hygiene promotion and prevention messages are ongoing</p>
Health	<p>The Cameroonian Red Cross has a local committee which covers the three districts. Although they do not have a headquarters, they have community volunteers.</p> <p>These volunteers have started approaching the districts to support the social mobilization carried out by the teams from the Ministry of Health.</p> <p>The CRC has already put all the branches and subdivisions in the risk areas on alert, which relays information to the communities but also to headquarters for any alerts, information or needs.</p> <p>In all the districts concerned, volunteers from the Cameroonian Red Cross have been mobilized to raise awareness about the said disease. They also monitor the health conditions in the area which are taken into account in this operation</p>
National Society Readiness	<p>The 3 committees covering the risk areas do not have headquarters but are managed from the departmental committee. However, these districts each have about twenty active community volunteers and about fifty dormant ones.</p> <p>Following CRC's volunteer consideration policy, these volunteers are all trained in community-based first aid. CRC has no ongoing projects in the area.</p>

Movement Partners Actions Related To The Current Event

IFRC	The International Federation of Red Cross Societies supports the Cameroonian Red Cross by giving it technical and financial assistance through the regional delegation of Central Africa. The federation supports several initiatives of the CRC across the country such as the community preparedness program for epidemics and pandemics in the eastern and northern regions; assistance to internally displaced populations in the West and Far North regions; Financial support is given through the DREF mechanism to ensure that the CRC begins a haemorrhagic fever preparedness plan.
ICRC	The ICRC is present in the country and wishes to support certain activities supported by the DREF mechanism
Participating National Societies	The FRC is present in the country and supports activities within the framework of ECHO PPP and Japanese funding. It should be noted that the projects carried out by the CRF are implemented in most cases in the departments of the Far North of the country where it has field offices.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Since February 09, 2023, date of the press release from the head of the OLAMZE health district, bringing to the attention of the population of this district and its surroundings, unexplained deaths which would have occurred in certain villages of the province of KIE NTEM in Equatorial Guinea, a set of measures has been taken:</p> <ul style="list-style-type: none"> •An intensification of sensitization of the populations in the health areas of the said district and its surroundings. •Increased surveillance in health facilities •The holding on February 11, 2023, of a workshop at the Public Health Emergency Operations Coordination Center in Yaoundé chaired by the Director of the fight against diseases, epidemics, and pandemics and whose objective was to Revise the preparedness and response plan for viral haemorrhagic fevers in Cameroon. •The holding on February 14 at the Public Health Emergency Operations Coordination Center in Yaoundé of a coordination meeting with strategic partners, chaired by the Minister of Public Health. •At all levels, the Ministry of Health has also requested support for the following elements: •support in Wash •Support in protective equipment •support from health personnel (community health workers) •Support for communication credit •Build latrines •Strengthen border posts with awareness tools and thermometers

UN or other actors

WHO is having the lead on technical guidance to the NS they have sent an assessment team on the field to brief the local authorities and have supported the testing of the sample. UNICEF, USAIS through their implementing partners, MSF CDC Atlanta and CDC Africa, ALIMA and others have been integrated in the coordination team and meetings and they have positioned to support specific activities.

Are there major coordination mechanisms in place?

Yes, the General coordination is ensured by the public health emergency operations center in Yaoundé. An incident management system has been activated at the level of the South region.

Anticipated Needs



Health

On February 9, 2023, the Health District of Olamzé, South region, notified the populations of its area of competence and surroundings that there would have been the day before 09 deaths which occurred as a result of an unknown disease and the victims present several symptoms (nasal bleeding, fever, joint pain and other signs and symptoms that lead to death after a few hours) in certain villages in the province of Nkie Ntem in Equatorial Guinea, bordering the Health Districts of Ambam, Kye-Osi and Olamze.

- This is the first time that Equatorial Guinea has reported an outbreak of MVD. It is also the first alert affecting Cameroon. The communities' lack of information, living conditions, transport and socio-cultural habits are conducive to the transmission of the disease.
- High rates of movement of goods and people increase the risk of untraceable contact cases. Several suspected cases already listed, although tested negative. From the results of the assessment, it appears that the border proximity of the districts of Olamze, Ambam and Kye Ossi make these districts areas with a high probability of finding potential cases of this disease. This is because there are numerous population movements due to cross-border trade. In addition, there are many unofficial passages making it almost impossible to monitor its movements.

In view of the false mortality rate of Marburg fever, it is necessary to support the MoH in preparing for the occurrence of this disease.

- Untraceable cases that may have passed an incubation period of 2 to 21 days represent a significant period of significant risk of transmission in a favorable context of constant contact in commercial outlets, ceremonies and public transport. The free movement of people increases the risk of transmission and presents a significant probability of contact. In addition, all the commercial gathering points represented by Kyossi and Ambam and the types of transport are places of close contact, favorable to the transmission of fluids from populations sailing between Equatorial Guinea and Cameroon.
- The risk is all the greater because at the onset of the disease, the clinical diagnosis of MVD is difficult to distinguish from that of many other febrile tropical illnesses because of the similarity of the clinical symptoms. Access to health care remains restricted by the minimal capacity of the available health centers but also by the climate of rumours and suspicions not favorable to the promotion of health services.
- Laboratory confirmation can be done by different tests, such as the immuno-enzymatic test of capture (ELISA), antigen capture detection assays, serum neutralization test, reverse transcriptase polymerase chain reaction (RT-PCR) test, electron microscopy and virus isolation by cell culture. Tests have already been carried out on the 16 suspected cases recorded and from which samples have been taken.

The most mobile population groups between the two countries are the tribes of the border villages, the FAN and people coming to trade. Commercial spaces are therefore places at high risk, as are border villages and around commercial towns in the region.

A rapid assessment of the capacity of the health system in the districts at risk shows the following elements:

- Insufficient health personnel
- No health center close to the most exposed populations Insufficient protective equipment.



Community Engagement And Accountability

Needs identified (pending the results of the ongoing evaluation), the communities will need as much information as possible on haemorrhagic fevers and particularly on Marburg fever. This is all the more so since many rumours have been reported such as:

- Measures invented to limit the flow of trade between the two countries

- Means for the government to kill the population with the release of a new vaccine
- Non-existent disease
- Family affair of settling of accounts between two families who are discussing a plot of land, one family would therefore have launched the disease on the other
- The disease would rather be witchcraft

In addition, there are community radio stations that translate programs into local languages.

The volunteers on the basis of the briefing received by the teams of the Ministry of Health began to brief the communities on what is the Marburg virus disease.

In general, the Ministry of Health has raised the need for support on communication tools and social mobilizers. The commitment, in particular, of community leaders and the media who have the confidence of the communities in order to avoid the spread of rumours about this disease and better prepare communities to deal with it.



Water, Sanitation And Hygiene

Based on the evaluation that was made, we note the absence of the Wash kits

Absence of drinking water points

Absence of latrines.

The vulnerability of communities to epidemics in general is present and even more so to the Marburg virus disease. It is often increased by problems of access to waste management and the adoption of hygiene practices such as hand-washing. During the intervention, to respond to this difficulty encountered by the communities, the CRC proposes to position handwashing kits in high-traffic areas such as bus stations, markets, churches, schools and others.

Operational Strategy

Overall objective of the operation

This DREF operation aims to contribute to the early detection of suspected cases and to prevent the spread of Marburg disease by ensuring the preparation of CRC teams, information and awareness of communities at risk.

Operation strategy rationale

To achieve its objective, the CRC will engage in preparedness activities. The implementation follows the following plan:

1)Promotion of community health by training volunteers to ensure community awareness of the risks of Marburg disease and ways to prevent it, as well as to limit the spread of rumours and infodemics. In addition, multiple health promotion strategies will be engaged such as mobile cinemas, community radios, etc. For the health component, the CRC is planning two training sessions lasting 6 days (EPiC + Feedback mechanism) for 75 volunteers and 3 supervisors. Following this training there will be an allocation of visibility and awareness-raising equipment and the volunteers will go down two days a week for 4 months. A KAP survey will be carried out in order to perceive the perceptions and practices of communities.

2)Active Case Finding and Surveillance: Searching for suspected cases and reporting to authorities ensuring outbreak preparedness and response in communities (EPiC). To do this, it will ensure the training of volunteers and their deployment to support the detection of alerts in the communities and their orientation towards the health institutions concerned. The CRC will build on existing capacities through the CP3 program to support the implementation of this key activity. Note that EPiC training includes CBHFA, ECV, CEA (including community feedback) and PSP basics.

A feedback mechanism will be established to collect all relevant community information and treated it to inform decision making and discussions with communities. The two way feedback will ensure appropriate management of informations, rumours, complaints or any other feedback requiring attention.

3)Preparation for Safe and Dignified Burials (SDH) by providing national level training (ToT) at the committee level. This training will allow the CRC to have a team ready to be deployed in the event of the detection of a suspicious death.

4)Strengthening of hygiene promotion capacities through awareness raising on hand washing and water purification techniques education sessions. Sanitation in communities and health facilities will also be promoted.

5)Strengthening of Coordination by ensuring that the CRC and all members are represented during the main preparatory meetings with the Ministry of Health and partners.

Targeting Strategy

Who will be targeted through this operation?

Thanks to this DREF operation, the CRC targets 143,952 people (Ambam (89,977) Kye Ossi (37,554) Olamze (16,421).

Explain the selection criteria for the targeted population

Geographic targeting is justified by the fact that Ambam, Kye Ossi and Olamze are important border entry point

Total Targeted Population

Women:	71,833	Rural %	Urban %
Girls (under 18):	-	%	%
Men:	72,119	People with disabilities (estimated %)	
Boys (under 18):	-	%	
Total targeted population:	143,952		

Risk and security considerations

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


Risk	Mitigation action
The risk of a Marburg case being detected in Cameroon could expose volunteers carrying out actions to promote community health	Adequate briefing of the teams on the risks and provision of adequate protective equipment.
Movement of populations between communities in Equatorial Guinea and Cameroon	Raising awareness of Marburg disease entry points

Please indicate any security and safety concerns for this operation

All the staff and volunteers engaged in this operation will receive safe access training and code of conduct briefings. The areas of intervention are not exposed to insecurity; however the security officer will provide regular updates on the field situation

Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 7,237
		Targeted Persons	143952
Indicators		Target	
Percentage of people confirming they have integrated the WASH messages		70	
# of people reached with WASH messages		143952	
Number of handwashing kits		30	
Priority Actions:		•Mobilization of volunteers •Promotion of individual and community hygiene through visits by 75 volunteers and radio messages •Raising awareness of hand washing and water purification techniques •Positioning of 30 hand-washing kits	


	Community Engagement And Accountability	Budget	CHF 17,191
		Targeted Persons	143952
Indicators		Target	
Percentage of community leaders confirming they know the transmission and prevention mechanism for Marburg		90	
Number of Mobile Cinema Kits		1	
Number of descent for mobile cinema		36	
Number of focus groups		36	
Number of message validation workshops		1	
feedback system		1	
Number of training of civil society organizations and bloggers		1	
Number of local radio stations to contract		3	
		10	

Number of Journalists to be trained on communication	
	<p>Operational strategy:</p> <ul style="list-style-type: none"> -Support for the CREC by training civil society organizations and bloggers. It will also be a question of strengthening communication on the disease through the deployment of mobile cinema and the contracting of local radio stations which will translate the message into local languages. -The establishment of a feedback system (feedback) <p>Priority actions</p> <p>It is crucial that communities are at the center of operations. To ensure their involvement, the CRC will carry out the following actions:</p> <ul style="list-style-type: none"> -Questions aimed at identifying the best communication according to the target communities and their preferred awareness channels will be included in the questionnaire of the initial KAP survey. -Training on CEA/RCCE will be integrated into EPIC training to build the capacity of volunteers and supervisors involved in the operation. - A feedback management system will be created with the help of volunteers as part of outreach activities. It will record community rumours, questions, beliefs, observations and suggestions regarding Marburg fever. Volunteers will be mobilized to compile feedback and pass it on. Community committees could be set up to facilitate the follow-up of cases and also to collect as much feedback as possible. <p>Priority Actions:</p> <ul style="list-style-type: none"> -Capacity building of several local journalists on risk communication and community engagement and the type of information to disseminate to communities -Support for training/briefing on CREC for the benefit of health workers in the targeted area -A message validation workshop and the translation of messages into the local language will be done, three local radio stations will be contracted to broadcast radio spots and interactive programs journalists, bloggers, and civil society organizations will be trained in communication. Focus groups will be organized with community leaders. Including traditional, religious and other leaders. Mobile cinema sessions will be done in each district once a week. <p>The translated communication and awareness tools will be distributed to the volunteers in order to be popularized in the communities and the various gathering places (churches, mosques, marches, etc.)</p>

	Health	Budget	CHF 64,197
		Targeted Persons	

Indicators	Target
Percentage of people confirming they know the transmission mechanism and prevention for Marburg	80
Number of CAP surveys to be done	1
Number of descents of volunteers for sensitization	2400
Number of local supervisors to be trained on EPIC including CBHFA, RCCE, PFA	3
Number of volunteers to be trained on EPIC, including CBHFA, RCCE, PFA	75
Priority Actions:	<p>In order to better prepare the target communities of the communes bordering Equatorial Guinea to deal with this new disease, the CRC will take into account the recommendations of WHO on the implementation of preparedness activities for viral haemorrhagic fevers, namely Ebola and Marburg. In addition, the CRC intends to carry out the following activities:</p> <ul style="list-style-type: none"> •Rapid KAP survey on community perception to guide field activities. Ten Volunteers will be briefed by CRC headquarters and branch officials for one day and deployed to the field for three days of data collection. This activity will be supervised by the head office with a strong participation of the managers of the branches. During this survey, we will also assess the perception of communities regarding safe and dignified burial practices. •EPiC training of 75 volunteers (35 for Ambam district, 20 Kye-Ossi district and 20 for Olamze district) and 3 supervisors over a six-day period. The training will be led by CRC officials. The latter will be supported by officials from the various health districts in the project's target areas. This training aims to provide the branches with a pool of multidisciplinary volunteers capable of meeting the needs of the moment. This training is also part of strengthening the system for finding active cases and notifying health authorities. •Risk communication and community engagement through the production and dissemination of communication tools on Marburg fever, the training of volunteers (RCCE Feedbacks, Mobile Cinema), and the deployment of these volunteers for awareness raising via Focus Group Discussions, door-to-door, radio broadcasts, mobile cinemas. These activities will be carried out in collaboration with religious and traditional leaders and key community actors for better community support. •Develop key messages with the Ministry of Health on the disease in order to avoid panic and misinformation •Deployment of volunteers in communities for data collection. The Volunteers will be deployed in groups as distributed above in the health districts (35 for the district of Abam, 20 that of Kye-ossi and 20 for that of Olamze). They come out twice a week. This will make

	<p>a total of 32 outings per Volunteer for the duration of the intervention. Deployed under the supervision of 3 local supervisors, the volunteers are versatile. They implement activities related to CREC, WASH, CBS and IPC. It will be a question of strengthening routine surveillance for all viral haemorrhagic fevers and promoting good practices by enhancing the capacities that already exist at the local level while encouraging community participation.</p> <p>•Preparation for dignified and secure burials by training a full team to be based in Ambam. An SDB kit will be prepared and a deployment plan will be drawn up to avoid this.</p>
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	Secretariat Services	Budget	CHF 41,876
		Targeted Persons	80
Indicators		Target	
Deployment of 2 surges (finance and health)		2	
# of monitoring mission from IFRC to support field team in the south		3	
Priority Actions:		<p>The Secretariat will support the operational and technical response capacities of National Societies and ensure their leadership and strategic positioning in the response to the epidemic and as a humanitarian actor in the country.</p> <p>-Support for the operation is engaged from the start with the emergency deployment requested by the National Societies and will be covered by this operation. The deployment of IFRC operations has been of great support in ensuring that National Societies receive advice and assistance in the planning phase.</p> <p>-The IFRC will monitor the operation and strengthen the technical and operational capacities on the ground through regular support in the region and the deployment of reinforcements in the country</p>	

	National Society Strengthening	Budget	CHF 19,475
		Targeted Persons	143952
Indicators		Target	
Number of supervision missions		3	
Number of tricycles for rent		3	
Coordination meeting attended in the branch		10	
		5	

Coordination meeting attended at National level	
Branches activity report produced	7
Priority Actions:	<ul style="list-style-type: none"> • At the level of the country CRC has conducted an assessment and has mobilized volunteers in the districts with high risks. • NS will ensure coordination with MoH, AfCDC, CDC Atlanta and WHO. CRC will attend all the regular meetings with other partners. The NS and IFRC will attend meeting on March 6 with the 3 involved countries (Gabon, EG and Cameroon). • CRC has mobilized the volunteers that could be deployed and will ensure to train them following IFRC health and WHO standards. • Volunteers will then be deployed for the different activities • Monthly activity reports will be shared by branches. This will be weekly during the first month.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

75 volunteers and 3 supervisors will be deployed as part of this operation, trained in the various themes selected, and then deployed to the field to carry out the activities listed above. For each targeted district, for this DREF, there will be one (1) supervisor per region and 35 volunteers for Ambam and 20 volunteers for Kye Ossi and Olamze. One (1) supervisor per district and 25 volunteers

Will surge personnel be deployed? Please provide the role profile needed.

Two surges will be deployed to reinforce the response. The profiles sought will be health and finance profiles

If there is procurement, will it be done by National Society or IFRC?

Both NS and IFRC will manage procurement. Large purchases will be managed by the IFRC and those to be managed by the CRC will be based on the WWPP funds transfer agreement and will follow NS capabilities. Technical support from the IFRC will be made available.

How will this operation be monitored?

A team will be deployed and field supervision will be carried out. IFRC and NS staff will meet once a month to closely monitor developments. Monthly follow-up meetings will be organised. Field missions will be carried out in addition and a financial review will be carried out regularly (on a monthly basis).

Please briefly explain the National Societies communication strategy for this operation.

A communication strategy on the visibility of the operation and of the Red Cross in this context will be developed. Several means and methods of communication will be used. First, upon approval of the DREF, an information session will be organized for partners and other stakeholders. A presentation of the objectives and activities will be carried out during the coordination meetings of the ONE HEALTH platform and the SGI. The results of the KAP survey will be shared with all stakeholders as well as the priority needs identified by the communities, and health actors. Weekly strategies will be shared on social media, a monthly newsletter will be produced and disseminated and at each workshop, other stakeholders will be involved.

Budget Overview



DREF OPERATION

MDRCM033 - Cameroon Red Cross Anticipatory Actions for Marburg VHF

Operating Budget

Planned Operations	88,625
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	64,197
Water, Sanitation & Hygiene	7,237
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	17,191
Environmental Sustainability	0
Enabling Approaches	61,351
Coordination and Partnerships	0
Secretariat Services	41,876
National Society Strengthening	19,475
TOTAL BUDGET	149,976

all amounts in Swiss Francs (CHF)

Contact Information

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

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[Click here for the reference](#)