DREF Final Report

Cameroon- Anticipatory action for Marburg

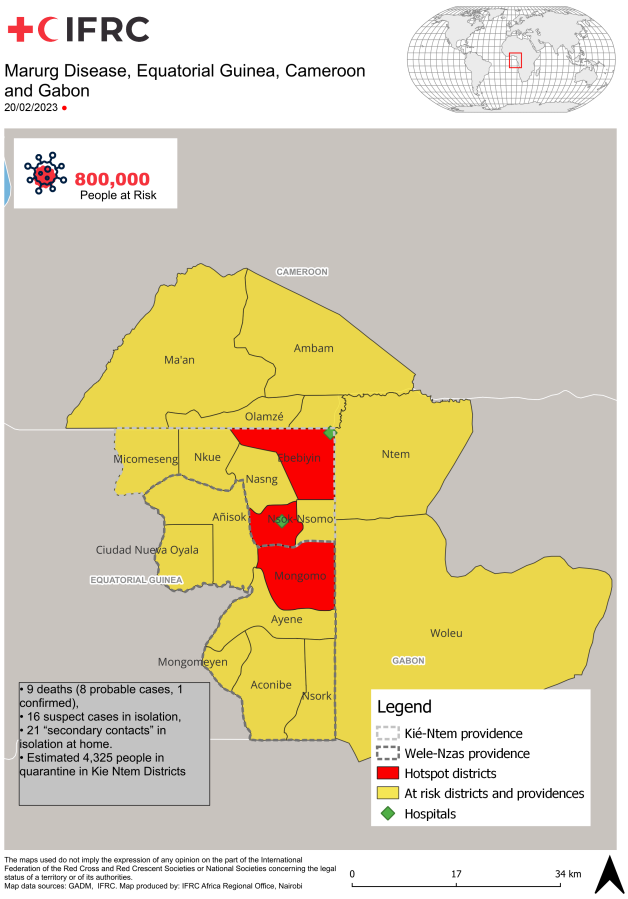
Focus group discussion on Marburg disease with mens in a community. Ambam

Appeal: **MDRCM033**	Total DREF Allocation: **CHF 149,976**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **-**	People Affected: **953,923 people**	People Targeted: **143,952 people**	
Event Onset: **Slow**	Operation Start Date: **01-03-2023**	Operational End Date: **31-03-2023**	Total Operating Timeframe: **4 months**

Targeted Areas: **Sud**

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

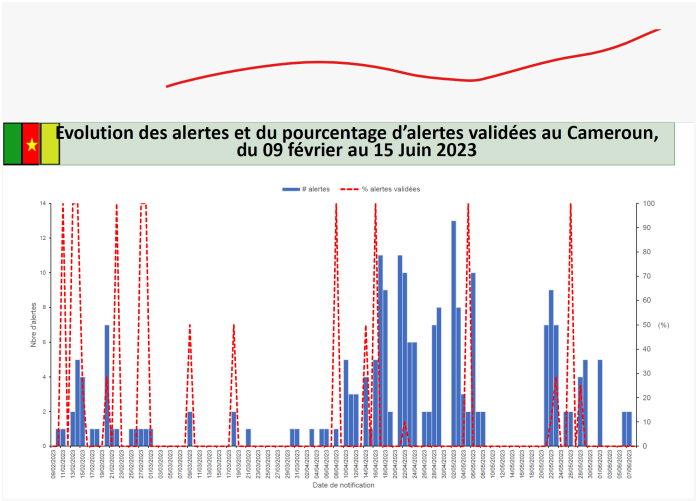


Approximate date of impact

Marburg disease outbreak that were ongoing in Equatorial Guinea did not expand to Cameroon. This DREF remained in a preparedness scenario.

Provide any updates in the situation since the field report and explain what is expected to happen.

Since the declaration of the Marburg outbreak in Equatorial Guinea, it has been anticipated that cases may emerge in Cameroon due to the porosity of the borders. The areas of particular concern for identifying suspected cases were the districts of Ambam, Kye-Ossi, and Olamze in the South Region of Cameroon. The Health authorities of Equatorial Guinea have officially declared the end of the Marburg outbreak.
As of the end of the operation 234 alerts were received, 47 suspected cases identified, 16 sampled and no positive cases no confirmed cases have been reported by the surveillance team of the Health authorities.



evolution of alerts and percentage of valid alerts in Cameroon from February 09 to June 15, 2023

Safe and dignified burials simulation training in Ambam

Scope and Scale

Marburg virus disease (MVD), previously known as Marburg virus hemorrhagic fever, is a severe and often deadly illness in humans, with a fatality rate ranging from 50% to 88%. Currently, there are no approved treatments or vaccines available to counteract the virus.

The entry point into Cameroon from the Kie-Ntem region is primarily by road, spanning the 189-kilometer border with the southern region. This border includes districts such as Kyé-Ossi, Ambam, and Olamze, collectively hosting a population of over 300,000 individuals. Any alerts beyond this area was likely be associated with people moving in and out of the southern region for various reasons, including family visits and commercial activities.

From the declaration of the epidemic in Equatorial Guinea, Cameroon recorded a total of 234 alerts from February 9th to June 15th, with three of these alerts related to reported deaths. All of these alerts have been thoroughly investigated, and 47 of them (approximately 20.08%) have been validated. Additionally, 16 cases were sampled for confirmation at the laboratory. This information is sourced from the Ministry of Health. These alerts were distributed across six regions and were subject to thorough investigation.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross Societies provided technical and financial assistance to the Cameroonian Red Cross through the regional delegation of Central Africa. The federation supported various CRC initiatives throughout the country. These initiatives included the community preparedness program for epidemics and pandemics in the eastern and northern regions, as well as assistance to internally displaced populations in the West and Far North regions. Financial support was extended through the DREF mechanism to facilitate the CRC's initiation of a hemorrhagic fever preparedness plan. The establishment and implementation of the DREF were done jointly. The IFRC provided technical support and participated in the coordination of preparations for Marburg virus disease.
Participating National Societies	The French Red Cross 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.

ICRC Actions Related To The Current Event

The ICRC is present in the country .

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Since February 9, 2023, following a press release by the head of the OLAMZE health district, which alerted the population to unexplained deaths in certain villages of the KIE NTEM province in Equatorial Guinea, a series of measures has been implemented: Intensified Sensitization: There has been an increased effort to raise awareness among the populations residing in the health areas of the mentioned district and its neighboring regions. Enhanced Surveillance: Surveillance measures in health facilities have been strengthened. Workshop on February 11, 2023: A workshop was held at the Public Health Emergency Operations Coordination Center in Yaoundé, chaired by the Director responsible for the fight against diseases, epidemics, and pandemics. The objective was to revise the preparedness and response plan for viral hemorrhagic fevers in Cameroon. Coordination Meeting: On February 14, a coordination meeting with strategic partners was conducted at the Public Health Emergency Operations Coordination Center in Yaoundé, chaired by the Minister of Public Health. Ministry of Health Support Request: The Ministry of Health has sought support at all levels in various areas, including: Support for water, sanitation, and hygiene (WASH) Provision of protective equipment Deployment of health personnel (community health workers) Support for communication initiatives Construction of latrines Strengthening border posts with awareness tools and thermometers From March to July, the Ministry of Health organized monthly national-level meetings and established an Emergency Operations Center (EOC) in the South Region to oversee field activities. Additionally, the following activities were conducted: Briefing of the personnel from the Sub-Directorate for Epidemic and Pandemic Control on MVM (Marburg Virus Disease) and contact tracing. Deployment of a support team to the Incident Management System in the South Region. Deployment of an investigation team for suspected cases of viral hemorrhagic fever in the South-West Region. Cross-border coordination meetings. Ongoing surveillance through the 1510 hotline. Consolidation of the first draft of preparedness and response guidelines for viral hemorrhagic fevers. Preparation for the validation workshop of the guidelines. Preparation of capacity-building workshops for response teams in the South Region. Management of alerts. Analysis and compilation of data.
UN or other actors	WHO has the lead on technical guidance. They sent an assessment team on the field to brief the local authorities and supported the testing of the sample. UNICEF, USAIDS 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 mechanism in place?

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

Needs (Gaps) Identified

Health

A KAP survey was conducted and here are the summary of the findings

A questionnaire was administered to the target population.
Focus Group Discussions (FGDs) were conducted.
Deployment of 75 volunteers and 3 supervisors from CRC to administer questionnaires using smartphones.
The activity took place in the 5 health areas from May 6 to May 13, 2023, with 75 volunteers, 3 supervisors, and 39 trained teams.
A total of 180 households were surveyed, with 45 households visited each day.
A total of 994 individuals participated in the CAP survey.
54% of participants were female, while 45% were male.
The Odds ratio favoured women at 0.83%.
21% of respondents had primary education, 59% had secondary education, and only 8% had higher education (university).
63% of respondents were engaged in agriculture, 6% worked in local businesses, and 4% were labourers.
The majority of the surveyed population (82%) resided in the South region (Ntoumou), while 4% were from the West. However, all were aware of Marburg hemorrhagic fever.
Symptoms of the Disease

23% reported that the disease manifests as fever.
15% mentioned diarrhea or vomiting.
10% associated the disease with abdominal pain or extreme fatigue.
12% thought of headaches.
Transmission of the Disease

24% believed the disease is transmitted by infected individuals.
10% believed it is transmitted through direct contact with blood.
9% thought transmission occurred through saliva or vomit.
Response to Suspected Marburg Virus Infection

82% responded that immediate notification of the nearest health authorities is necessary in case of suspicion of Marburg virus infection.
18% of respondents claimed not to know what to do, citing reasons such as non-existence of the disease, association with sorcery, or lack of evidence due to no reported cases.
Response to Death from Marburg Virus

77% indicated the need for a rapid and secure burial, assisted by qualified personnel, in the event of someone in their vicinity dying from Marburg virus.
23% stated that they did not know what actions to take in such a situation.

Water, Sanitation And Hygiene

Based on the evaluation, the absence of handwashing points, drinking water points, and latrines was noted.

The vulnerability of communities to epidemics in general was present and even more so to the Marburg virus disease. It was often heightened by issues related to waste management and the adoption of hygiene practices like hand-washing. During the intervention, in response to this challenge faced by the communities, the CRC proposed to position handwashing kits in high-traffic areas such as bus stations, markets, churches, schools, and others.

Community Engagement And Accountability

Based on the needs identified , the communities required as much information as possible regarding hemorrhagic fevers, particularly Marburg fever. This need was particularly pressing given the prevalence of various rumors, including:

Allegations of measures created to restrict trade between the two countries.
Suspicions that the government intended to harm the population through the release of a new vaccine.
Disbelief in the existence of the disease.
Speculations of a family dispute involving land ownership, with one family allegedly introducing the disease to harm the other.
Beliefs that the disease may be related to witchcraft.
Additionally, community radio stations were involved in translating programs into local languages. Volunteers, informed by the Ministry of Health's briefings, began educating communities about the Marburg virus disease.

In general, the Ministry of Health emphasized the necessity for support in terms of communication tools and social mobilizers. They stressed the importance of involving community leaders and trusted media sources to prevent the spread of rumors and to better prepare communities for managing the disease.

Operational Strategy

Overall objective of the operation

This DREF operation aimed 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. The operation reached 164,084 individuals, including 78,136 males and 87,948 females, thus surpassing the expected outreach of 143,952 individuals (71,833 males and 72,119 females).

Operation strategy rationale

To achieve its objective, the CRC has engaged in preparedness activities. The implementation follows the plan sumarised below:

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 determine 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 treat it to inform decision-making and discussions with communities. The two-way feedback will ensure appropriate management of information, 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 was targeted by this operation?

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

Explain the selection criteria for the targeted population

Geographic targeting was justified by the fact that Ambam, Kye Ossi and Olamze are important border entry points from Equatorial Guinea areas where Marburg-positive cases were reported.

Total Targeted Population

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

Risk and Security Considerations

Please indicate about potential operation 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 received safe access training and code of conduct briefings. The areas of intervention were not exposed to insecurity; however, the security officer provided regular updates on the field situation

Implementation

Health

Budget: CHF 64,197
Targeted Persons: 143,952
Assisted Persons: 164,084

Indicators

Title	Target	Actual
% of people confirming they know the transmission mechanism and prevention for Marburg	80	34
# of CAP surveys to be done	1	1
# of people reached with awareness-raising	143,952	164,084
# of local supervisors to be trained on EPIC including CBHFA, RCCE, PFA	3	3
# of volunteers trained on EPIC, including CBHFA, RCCE, PFA	75	75
# of trainers trained to SDB	25	25

Narrative description of achievements

• 1. Knowledge, Attitudes, and Practices (KAP) Survey:

Conducted a KAP survey to assess community perceptions regarding Marburg disease.
Deployed 75 volunteers and 3 supervisors to administer smartphone-based questionnaires.
Activity took place in the five health areas from May 6 to May 13, 2023.
Surveyed 180 households, covering 45 households per day.
Obtained responses from a total of 994 individuals.
Found a gender distribution of 54% female and 45% male participants.
Highlighted a higher odds ratio (0.83%) in favor of women.
Noted educational levels: 21% primary, 59% secondary, and 8% tertiary.
Identified occupational backgrounds: 63% in agriculture, 6% in local businesses, and 4% as laborers.
Targeted population primarily from the South region (82%) and a minority from the West (4%).
Despite regions, all participants had heard of Marburg hemorrhagic fever.

2. Training:

Trained 75 volunteers and 3 supervisors in various aspects of community engagement, including risk communication and community mobilization.
Conducted training for 25 CRC and sectorial staff on dignified and secure burials.
Trained 16 CRC staff and 9 sectorial personnel from various organizations, including health and municipal authorities.

3. Field Activities:

Conducted community engagement activities, including door-to-door sensitization, mass mobilization, and school outreach.
Utilized mobile cinema sessions, community radios, and other channels for health promotion.
Achieved a high level of knowledge transmission among the target population.
Implemented activities in Ambam, Kye-Ossi, and Olamze districts.
Deployed volunteers in groups across health districts to collect data.
Volunteers conducted activities related to CREC (Community Engagement and Risk Communication), WASH (Water, Sanitation, and Hygiene), CBS (Community-Based Surveillance), and IPC (Infection Prevention and Control).
Volunteers made a total of 32 outings each during the intervention, under the supervision of 3 local supervisors.

4. Safe and Dignified Burials (SDB) Preparation:

Conducted training for 16 CRC staffs and 09 sectorial staff 9 Ministry of Health , local authorities , ministry of livestock and animal on dignified and secure burials.
Training included 8 females and 17males.
Trained staff in ensuring dignified and secure burials to prepare for potential cases related to Marburg disease.

Lessons Learnt

• Effective Training and Supervision: The training provided to volunteers and local supervisors was well-tailored and effective, considering that many volunteers were first-time participants. The outcome exceeded the expected target. Proper training and continuous supervision are crucial in building the capacities of volunteers and ensuring the success of field activities.
• Conducting a KAP survey and deploying volunteers for data collection have provided valuable insights into community perceptions and practices. Additionally, the deployment of volunteers for Community-Based Surveillance (CBS) activities has strengthened routine surveillance for viral hemorrhagic fevers. This emphasizes the importance of data-driven decision-making and the need for an informed response.

Challenges

• The significant movement of populations from Equatorial Guinea into the target areas, especially in Olamze, has posed challenges in reaching and sensitizing these populations effectively. Adapting strategies to address population mobility and ensuring that information reaches transient communities is essential.
• The prevalence of rumors and misinformation, as evidenced by misconceptions about Marburg disease, underlines the need for continuous and context-specific risk communication. Addressing rumors and combating misinformation effectively is an ongoing challenge in community engagement efforts.

Water, Sanitation And Hygiene

Budget: CHF 7,237
Targeted Persons: 143,952
Assisted Persons: 164,084

Indicators

Title	Target	Actual
# of people reached with WASH messages	143,952	164,084
Number of handwashing kits installed	30	30
Mobilizing volunteers	75	75
Promotion of individual and community hygiene through visits by 75 volunteers and radio messages.	1,800	1,800

Narrative description of achievements

• 75 volunteers and 3 supervisors were trained in AMBAM from April 11 to April 15, 2023.
• Engagement of 164,084 individuals, including 78,136 males and 87,948 females, surpassing the expected outreach of 143,952 individuals (71,833 males and 72,119 females).
• Activities related to Water, Sanitation, and Hygiene (WASH) were conducted, with 114% of people confirming their integration of WASH messages during a 4-month implementation period, achieving objectives satisfactorily.
• Wash Kits (30 buckets with faucets, 30 metal stands, 60 buckets for wastewater) were provided and utilized.

Lessons Learnt

• Early engagement with communities and local leaders was found to be vital for building trust and ensuring effective communication
• Flexibility in program design and strategies was essential to respond to evolving community needs and concerns.
• Empowering communities to take ownership of hygiene practices and preparedness measures contributed to sustainability.
• Collaborating with health authorities and partners, including those in WASH and public health, strengthened preparedness efforts.

Challenges

• These activities were particularly challenging in an environment dealing with a cholera epidemic and the risk of Marburg fever.
•

Community Engagement And Accountability

Budget: CHF 17,191
Targeted Persons: 143,952
Assisted Persons: 164,084

Indicators

Title	Target	Actual
Number of Mobile Cinema Kits	1	3
Number of descent for mobile cinema	12	1
Number of focus groups	36	16
Number of message validation workshops	1	1
feedback system	1	1
Number of local radio stations contracted	3	1
Number of Journalists trained on communication	10	10

Narrative description of achievements

Feedback mechanism:
A feedback mechanism was established, with a local compiler selected by the Community Engagement and Accountability (CEA) team responsible for receiving and recording feedback sheets and forwarding them to the appropriate authorities.
1,563 community feedbacks were collected during the 3 weekly visits by volunteers for door-to-door and mass sensitization, as well as in schools and Focus Group Discussions (FGD) using feedback collection sheets.

Mobile Cinema Outreach:
Mobile cinema deployments occurred weekly, with 1 mobile cinemas per District Health Service (DS).
A total of 3,642 individuals were reached in the localities of Ambam, Kye-Ossi, and Olamze, with over 90% of people being informed.

Focus Group Discussions (FGD):
In the Ambam area of health within DS Ambam, 16 FGDs were conducted, including 8 with men and 8 with women.

Community Radios:
Only the community radio in Ambam was operational; Olamze's radio was out of service, and KYE-OSSI did not have one. Ten journalists were trained on the disease and lifeline training (how to communicate on disease in emergencies situation).

Translation of Key Messages:
An activity conducted in Ebolowa in the Department of Mvila, South Region, involved seven journalists, mostly from community radios in the departments of Vallée du Ntem and Mvila.
Ten messages approved by the CRC and sectoral authorities were translated into Bulu, Ntumu, and Mvae languages for recording and broadcasting on radio and other communication channels, such as megaphones and during mobile cinema sessions.

Newsletter Production:

To disseminate information about project activities and raise awareness about Marburg virus disease, 10 editions of newsletters were produced and shared on the CRC's digital platforms.

Lessons Learnt

• Diverse Communication Channels: Recognizing the limited accessibility of community radios, lessons were learned about the importance of diversifying communication channels. This included utilizing megaphones and mobile cinema sessions to reach a broader audience.

Local Language Translation: The experience of translating key messages into local languages proved valuable. It enhanced communication effectiveness and ensured that information was accessible and understood by the target communities.

Flexibility and Adaptation: Adapting communication strategies to overcome challenges, such as limited radio access and rural logistics, underscored the importance of flexibility in program design. Being able to pivot and adjust strategies in real-time contributed to program success.

Challenges

• Limited Radio Accessibility: Operational challenges were encountered with community radios, as only the radio in Ambam was functional. The radios in Olamze were out of service, and KYE-OSSI did not have one, which limited the reach of communication efforts.

Rural Accessibility: Conducting community engagement activities, including mobile cinema deployments and door-to-door sensitization, in rural and remote areas presented logistical challenges, such as transportation and coordination.

Feedback Compilation: Establishing and maintaining a feedback mechanism, including selecting a local compiler and ensuring efficient feedback processing, required continuous effort and coordination.

Secretariat Services

Budget: CHF 41,876
Targeted Persons: 80
Assisted Persons: 145

Indicators

Title	Target	Actual
# of supervision missions	3	4
# of coordination meetings	15	15
Lesson lear Worshop	1	1

Narrative description of achievements

• The IFRC actively supported National Societies in their response to the epidemic, focusing on strengthening their leadership and strategic roles as humanitarian actors in the affected country.

Immediate emergency deployments were initiated by the IFRC, providing rapid assistance and resources to National Societies during the early stages of the epidemic.

IFRC operations played a critical role in advising and assisting National Societies in developing effective response strategies and action plans.

Ongoing capacity-building efforts were made to enhance the technical and operational capabilities of National Societies on the ground. This included the deployment of specialized personnel.

The IFRC facilitated coordination and collaboration among various stakeholders, supported resource mobilization efforts, and promoted knowledge sharing to ensure an effective and impactful epidemic response.

Lessons Learnt

• Another lesson is the significance of pre-emptive preparedness measures. Being ready with trained personnel, resources, and response plans before an epidemic occurs can significantly enhance the speed and effectiveness of the response.

Challenges

•One of the primary challenges faced during epidemic response is resource constraints. Mobilizing adequate funds, medical supplies, and personnel in a timely manner can be challenging, especially in resource-limited settings

National Society Strengthening

Budget: CHF 19,475
Targeted Persons: 143,952
Assisted Persons: 164,082

Indicators

Title	Target	Actual
Number of tricycles for rent	3	3
Branches activitiy report produced	7	2
Participation à une reunion de coordination au niveau national	3	3
Number of monitoring missions	3	4
Hire of a vehicle for the Ambam head office for 3 months.	3	3

Narrative description of achievements

• Supervision Missions: Throughout the course of its operations, the CRC conducted several supervision missions to ensure that activities were being carried out effectively and in alignment with its objectives. These missions allowed the CRC to assess progress on the ground, identify challenges, and provide necessary support and guidance to its dedicated teams in the branches.

Tricycle Rentals: To facilitate the mobility of CRC teams and equipment, tricycles were rented for use during the operation. These tricycles served as essential means of transportation, enabling the CRC to reach remote areas where its intervention was required. The availability of tricycles greatly improved the CRC's response capabilities.

Coordination Meetings at Branch and National Levels: Coordination is paramount in any humanitarian effort. The CRC actively participated in both branch-level and national-level coordination meetings. These gatherings provided a platform for sharing information, aligning strategies, and fostering collaboration among various stakeholders involved in the mission.

Activity Reporting: To maintain transparency and ensure that activities were well-documented, the CRC diligently produced activity reports for each of its branches. These reports served as comprehensive records of its work, capturing achievements, challenges, and lessons learned during the mission.

Vehicle Rental for Headquarters in Ambam: Recognizing the importance of mobility for both personnel and equipment, the CRC secured the rental of a vehicle for its headquarters in Ambam. This vehicle played a pivotal role in ensuring the smooth functioning of CRC operations, especially in accessing areas that required immediate attention

Lessons Learnt

• One significant lesson learned during this mission was the critical importance of coordination at both the branch and national levels. Effective coordination ensured that resources were optimally allocated, activities were synchronized, and information flowed smoothly among all stakeholders. This lesson emphasized the value of a well-coordinated approach in achieving mission objectives.

Challenges

• While the CRC had well-defined reporting requirements and expectations, some branches faced difficulties in consistently producing detailed and timely reports. This challenge stemmed from various factors, including limited human resources, logistical constraints, and varying levels of expertise among branch personnel

Financial Report

Selected Parameters			
Reporting Timeframe	2023/3-2024/2	Operation	MDRCM033
Budget Timeframe	2023/3-6	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 04/Apr/2024

All figures are in Swiss Francs (CHF)

MDRCM033 - Cameroon - Anticipatory action for Marburg

Operating Timeframe: 01 Mar 2023 to 31 Jul 2023

I. Summary

Opening Balance	**0**
Funds & Other Income	**149,976**
DREF Anticipatory Pillar	149,976
Expenditure	**-126,955**
Closing Balance	**23,021**

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	64,197	48,559	**15,638**
PO05 - Water, Sanitation & Hygiene	7,237	11,924	**-4,688**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration		14,860	**-14,860**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	17,191	19,220	**-2,029**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**88,625**	**94,564**	**-5,939**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	41,876	18,358	**23,518**
EA03 - National Society Strengthening	19,475	14,033	**5,442**
Enabling Approaches Total	**61,351**	**32,391**	**28,960**
Grand Total	**149,976**	**126,955**	**23,021**

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Please explain variances (if any)

DREF allocation received for this intervention was CHF 149,976. CHF 126,955 was spent to achieve the above described actions. The balance of 23,021 will returned to the DREF pot following the closure of this operation. The overall balance is explained by different variances. Explanation of each major variances provided below:

Relief Items Construction, Supplies

0% Expenditure: The 0% expenditure recorded for relief items, including medical and first aid supplies, teaching materials, and other related supplies, is due to a reclassification of these expenses. Instead of being booked under the relief items category, these

expenditures were recorded under office costs.

Logistics, Transport & Storage
50.6% Variance in Transport Expenditure: The significant variance in transport expenditure was primarily due to the underestimation of costs related to vehicle rental and fuel. The actual needs and conditions on the ground were more demanding than initially anticipated. Poor road conditions and a rainy climate led to frequent vehicle breakdowns, necessitating unplanned repairs and additional fuel expenditures.

International Staff - 0% Expenditure: Despite having budgeted for international staff in this operation, no expenditures were recorded in this category. This is because the cluster decided to leverage the international staff already deployed for the Equatorial Guinea operation. These staff members were unable to enter Equatorial Guinea and were instead reassigned to support our country's efforts. As a result, there was no need to incur additional costs for new international staff for this operation.
National Staff Volunteers: The low expenditure on national staff volunteers is attributed to their receipt of per diems during training and workshops. Volunteers also received per diems during field activities to offset their transportation costs. This approach contributed to higher expenditure levels in workshops and training sessions.

Workshops & Training
56% Variance in Workshop Expenditures: The significant variance in workshop expenditures is attributed to volunteer per diems being booked under the "workshop" category instead of the specific "volunteer" category. This decision was made because volunteers received their per diems during the training sessions and workshops they attended. This strategy was chosen to streamline expense management and ensure volunteers were adequately reimbursed for their participation costs while maintaining clear accountability for training and workshop activities.

General Expenditure
90% Overrun in Travel Expenditure: The travel expenditure significantly exceeded the budget, reaching 90% of the planned amount. This overrun is directly related to the reassignment of the international staff originally intended for Equatorial Guinea. The costs associated with their travel, including flights, accommodations, and other related expenses, were higher than initially anticipated due to their sudden redeployment and the logistical challenges involved. These unexpected costs contributed to the significant variance in travel expenditure. Additionally, the cost of volunteers and staff was included under the general expenditure.

Contact Information

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

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Click here for reference

Selected Parameters			
Reporting Timeframe	2023/3-2024/2	Operation	MDRCM033
Budget Timeframe	2023/3-6	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 04/Apr/2024

All figures are in Swiss Francs (CHF)

MDRCM033 - Cameroon - Anticipatory action for Marburg

Operating Timeframe: 01 Mar 2023 to 31 Jul 2023

I. Summary

Opening Balance	**0**
Funds & Other Income	**149,976**
DREF Anticipatory Pillar	149,976
Expenditure	**-126,955**
Closing Balance	**23,021**

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	64,197	48,559	**15,638**
PO05 - Water, Sanitation & Hygiene	7,237	11,924	**-4,688**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration		14,860	**-14,860**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	17,191	19,220	**-2,029**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**88,625**	**94,564**	**-5,939**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	41,876	18,358	**23,518**
EA03 - National Society Strengthening	19,475	14,033	**5,442**
Enabling Approaches Total	**61,351**	**32,391**	**28,960**
Grand Total	**149,976**	**126,955**	**23,021**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2023/3-2024/2	Operation	MDRCM033
Budget Timeframe	2023/3-6	Budget	APPROVED

Prepared on 04/Apr/2024

All figures are in Swiss Francs (CHF)

MDRCM033 - Cameroon - Anticipatory action for Marburg

Operating Timeframe: 01 Mar 2023 to 31 Jul 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**3,020**		**3,020**
Medical & First Aid	3,020		3,020
Logistics, Transport & Storage	**1,510**	**217**	**1,293**
Storage	1,510		1,510
Transport & Vehicles Costs		217	-217
Personnel	**30,317**	**748**	**29,569**
International Staff	30,200		30,200
National Staff		748	-748
Volunteers	117		117
Consultants & Professional Fees	**1,208**		**1,208**
Professional Fees	1,208		1,208
Workshops & Training	**11,325**	**18,728**	**-7,403**
Workshops & Training	11,325	18,728	-7,403
General Expenditure	**12,895**	**20,540**	**-7,645**
Travel	9,513	17,931	-8,418
Information & Public Relations	755		755
Office Costs		347	-347
Communications	362	15	348
Financial Charges	2,265	2,248	17
Contributions & Transfers	**80,547**	**78,974**	**1,573**
Cash Transfers National Societies	80,547	78,974	1,573
Indirect Costs	**9,153**	**7,748**	**1,405**
Programme & Services Support Recover	9,153	7,748	1,405
Grand Total	**149,976**	**126,955**	**23,021**

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	Cameroon RED CROSS			
PROJECT NAME	DREF MARBURG CAMEROUN			
IFRC PROJECT CODE	MDRCM033			
CURRENT REPORTING PERIOD	From:	mars-23	To:	mai-23 (Y1 Qtr 1-2)
PLANNED EXPENDITURE PERIOD	From:	mars-23	To:	30/06/2023 (Y1 Qtr 1-2)

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY (Local Currency)

		Budgeted Expenditure (as per Project Funding Agreement/ revision) (LOCAL CURRENCY)			Actual Expenditure (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)		Reason for Variance(s) (more than 10%)
	Output Description	Prior Period(s) Y1 Q1-2	Current Period Y1 Q3	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%	
AP107	NS health capacity	10 000 000,00		10 000 000,00	9 417 870,00		9 417 870,00	582 130,00	6%	0,00	0%	
AP109	Health services in emergencies	19 620 000,00		19 620 000,00	7 357 264,00	9 480 000,00	16 837 264,00	2 782 736,00	14%	(9 480 000,00)	UNBUDGETED EXPENSE, PLEASE	
AP111	Wash in emergencies	4 500 000,00		4 500 000,00	4 239 742,00		4 239 742,00	260 258,00	6%	0,00	0%	
AP124	National society development	8 532 700,00		8 532 700,00	977 000,00	4 663 976,10	5 640 976,10	2 891 723,90	34%	(4 663 976,10)	UNBUDGETED EXPENSE, PLEASE	
AP129	Community engagement accountability	10 690 000,00		10 690 000,00	7 064 854,00	10 210 000,00	17 274 854,00	(6 584 854,00)	-62%	(10 210 000,00)	UNBUDGETED EXPENSE, PLEASE PROVIDE EXPLANATION	
				0,00	0,00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00	0,00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
				0,00		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
	TOTAL	53 342 700,00	0,00	53 342 700,00	29 056 730,00	24 353 976,10	53 410 706,10	(68 006,10)		(24 353 976,10)		

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		53 342 700	-	53 342 700	29 056 730	#REF!	#REF!	#REF!	#REF!	#REF!

5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

		Budgeted Expenditure (as per Project Funding Agreement/ revision) (LOCAL CURRENCY)			Actual Expenditure (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Cost Categories	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period	Total (Year to date)	Variance	%	Variance	%
1	PERSONNEL			0			0	0	0%	0	0%
2	RELIEF SUPPLIES TRANSPORTATION	19 800 000,00		19 800 000	9 316 660,00	7 460 000,00	16 776 660	3 023 340	15%	(7 460 000)	UNBUDGETED EXPENSE, PLEASE PROVIDE EXPLANATION
3	CONTRIBUTION TO OTHER ORGANISATION			0			0	0	0%	0	0%
4	OTHER DIRECT COST	29 510 000,00		29 510 000	19 740 070,00	13 416 500	33 156 570	(3 646 570)	-12%	(13 416 500)	UNBUDGETED EXPENSE, PLEASE PROVIDE EXPLANATION
5	INDIRECT COST	4 032 700,00		4 032 700		3 477 476,10	3 477 476	555 224	14%	(3 477 476)	UNBUDGETED EXPENSE, PLEASE PROVIDE EXPLANATION
	TOTAL	53 342 700,00	0	53 342 700	29 056 730,00	24 353 976	53 410 706	(68 006)		(24 353 976)	

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY (CHF)

*Exchange Rate for Current Period — First in First Out (refer to sheet 5.4 Calculating Exc Rate)

	Budgeted Expenditure (as per Project Funding Agreement/ revision) CHF			Actual Expenditure CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
Output	Prior Period(s)	Current Period	Total (Year to date)	Prior period(s)	Current period*	Total (Year to date)	Variance	%	Variance	%
Overall	80 547,48	0,00	80 547,48	42 362,92	36 611,50	78 974,42	1 573,06	2%	36 611,50	100%

CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption

b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff

c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report

d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.

e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted 17/06/2023

Name, Title & Signature of Project partner designated official

Croix Rouge Camerounaise — Le Secrétaire Général — Cameroon Red Cross

Dr. ONAMBELE Benjamin NEUROCHIRURGIEN ONMC 3722

CROIX ROUGE CAMEROUNAISE — Le Trésorier — CAMEROON RED CROSS

Urbain Loa PLEG

Dr Mbonda Aime 19-avr.-2024

For IFRC internal use

Approved by IFRC Project Manager — Date

Validated by IFRC Finance officer — Date

Dr Mbonda Aime 19-avr.-2024

Dr Mbonda Aime (19 avr. 2024 13:22 GMT+1)