

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: 1,380,379 people	
Event Onset: Slow	Operation Start Date: 2022-11-30	New Operational end date: 2023-05-31	Total operating timeframe: 6 months
Additional Allocation Re- quested 0	Targeted Areas:	Extrême-Nord, Littoral, Sud-Ouest	

Description of the Event

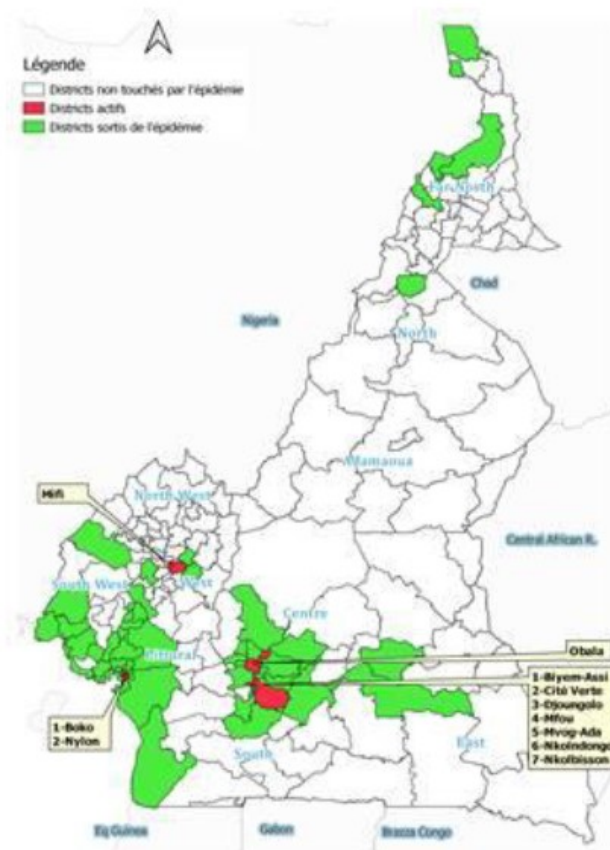


Figure 2: Districts de Santé touchés dans les régions affectées à la 16^e SE, 2023

Mapping of cholera outbreaks extract from SITREP 45 MOH CAMEROON

What happened, where and when?

For several months now, Cameroon is in the grip of multiple epidemics. This is associated with and exacerbated by the heavy rains with repeated floods observed since August 2022, as well as conflicts and large population movements in many regions of the country. These various elements create a conducive environment for the development of epidemics and put pressure on the Government's response capacity. Cholera and monkeypox epidemics are particularly alarming with major concern in the Far North, South-West, and North-West, and Littoral regions. On 17 October 2022, the Ministry of Health called on Cameroon Red Cross to increase support for the ongoing response to these epidemics.

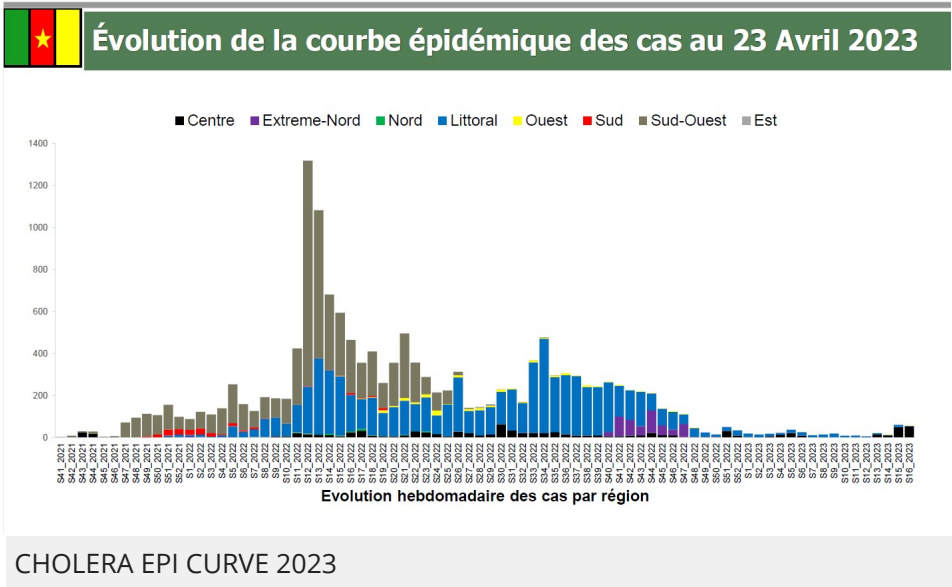
Cholera has been rife in the regions for several months and has spread this year to all regions of the country. As of April 23, 2023, there were 4 active regions in the epidemiological situation: Littoral, Centre, South, and West. There were 16 active health districts with a total of 15,631 notified cases and 321 registered deaths, resulting in a case fatality rate of 2.04%. Out of the total cases, 11.7% (1,833) were confirmed by culture. The median age of the cases is 27 years, ranging from 0.2 to 103 years, and the sex ratio is 2:1, with twice as many males affected as females.

Concerning the Monkeypox outbreak, it was declared in several regions of the country by the health authorities. On 10 October 2022, the South-West Regional Delegate confirmed cases of Monkeypox. Despite the rapid setting up of the surveillance system, the epidemic spread rapidly to 6 regions, 5 of which are active with a total of 10 active health



districts. Overall 92 cases of monkeypox were reported, 18 of which were confirmed out of 76 samples. The epidemic has caused three deaths with an average case fatality rate of 3.2% for the whole country. Monkeypox is feared by the population because the disease is not well known by the general public. 15 cases have been notified in 2023 with no confirmed or death cases. 8 of the cases were notified in South West region and 02 in the Littoral region

The rainy season across South West, West, center, littoral and many Southern parts of the country is increasing the cholera risk since the end of February. National society actions have been adjusted accordingly to reduce the risk of floods deteriorating the cholera epidemic situation especially.



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 monkeypox 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 lack knowledge and experience in detecting and managing monkeypox cases, and communities are not aware of the disease and how to prevent it. Multi-sectoral coordination of interventions between the human and animal health sectors is needed. It is 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 is experiencing 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 have 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 are still rising over the country with more cases in 4 regions (Littoral, Centre, South, and West). A new region (Est) has declared a confirmed case on the date of 01 May 2023.

The city of Buea experienced flooding on 18 March in several neighborhoods, including Bonaliong, Buea Town Market, and Muea, due to runoff from a long rainfall. 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 bring the NS to prioritize the increase of a



ctions in the South West were floods and landslides are making people homeless and more exposed to cholera factors.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

This publication aims to provide an update on the Cameroon Red Cross's response to the epidemic in the West, South-West, and Littoral region and highlight the achievement that the respective branches have achieved since 30.11.2022.

On the occasion of the one-month extension granted to this intervention, the National Society will continue the prevention that has been engaged as the NS contribution to the Cholera and Monkeypox outbreaks response plan with an intensive campaign, multi-approach risk communication and engagement. These are the main actions that will be maintained and consolidated in the coming weeks, especially with consideration of the rainy season ongoing usually triggering a pic of cholera epidemic. This requires a slide revision of the budget revision but keeping the same allocation.

The initial timeframe of 5 months being extended as per above, this MDRCM032 DREF operation is extended to a total of 6 months, ending now 31.05.2025.

CRC with IFRC support is also ensuring a transition is established with partners and discussion engaged for an exit strategy and/or needed adjustments in coming weeks.

Furthermore, this extension of 1 month is requested to enable the National Society to complete the pending activities which include:

- Maintenance of ORP kits
- Deployment of volunteers for the last two weeks
- Dissemination of radios spots and media coverage
- Payment of some suppliers including FSP in charge to pay the volunteers
- Following the impact of the rainy season
- Post-intervention evaluation with post-distribution monitoring and Lesson learnt workshop.
- Operational reconciliation and reporting at the branch level and overall reporting diligence for this intervention



Current National Society Actions



CRC volunteers cleaning activities during Floods

<div>Assessment</div>	<p>As soon as the flooding occurred, the teams immediately went down to assess the situation. From this first assessment it appears that</p> <ul style="list-style-type: none"> • Two persons are dead, four are hospitalized and one is reported missing. • An estimated 150 households of about 900 individuals are affected including 4 in Bova, 4 in Bokwai, and over 130 in Buea-town. • Homes around the waterway are being vacated by families who fear more devastation if it rains again. • Some homes lost their livelihood including livestock, stored grains, and crops in their gardens/farms. • About 120 businesses at the Buea-town market are affected including 4 shops that are destroyed. • Children’s books were damaged, civil documents including birth certificates were also damaged, core relief items especially kitchen utensils washed away, and clothes and household furniture were also destroyed. • The water catchment in Buea-town is destroyed. This has affected the water supply in households within the Buea-town area. Also, water supply pipes are broken in all the affected communities. • WASH, Shelter/NFI, Health, Education and Protection are the immediate needs.
<div>Coordination</div>	<p>CRC and IFRC take part in coordination meetings at national level with MoH, WHO, ONE HEALTH and other actors involved in the response. Thus, they are part of the Cholera Incidence Management System in Cameroon and have contributed to the development of the National Monkeypox Response Plan. Under the lead of the One Health programme, together with the various partners, CRC participated in the preparation of strategic documents for the fight against cholera and monkeypox. Thus they are involved at the strategic level in the various actions of the government. As soon as the outbreaks occurred, CRC mobilised its vast network of volunteers to carry out sensitisation and support the government's response.</p>
	<p>A total of 26 volunteers were trained for 5 days on EPIC and WASH to supervise the implementation of activities in the areas required by DREF Cholera and</p>



Water, Sanitation And Hygiene

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.

A total of 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 Camwater 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 were made. 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, 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 gaps. Despite difficulties due to some households' inaccessibility and community mobility for farm work, sensitization activities continued through different approaches. Different approaches used by volunteers allowed for the sensitization of 3,365 households and a total of 95,648 individuals sensitized out of 260,000 targeted (representing a realization rate of 37%). The key messages of the sensitization efforts focused on promoting hygiene, preventing cholera, modes of transmission, and symptoms as outlined by the WHO and the Cameroonian government. Regarding schools, since the sensitization activities began during the Youth Day celebrations, the students received sensitization through an approach dominated by songs. The Red Cross and Community volunteers were able to deliver sensitization messages to nearly 38,913 students, including 17,510 young boys and 21,403 young girls, in the 130 targeted schools within the implementation departments.

Activity: Training of trainers on EPIC, WASH and KAP survey

26 participants identified in the areas requested by DREF Cholera and MonkeyPox to be trained on EPIC and WASH benefited from this 5-day training. 11 men and 15 women received a training to reinforce the knowledge, skills and techniques of 26 trainers and CRC staff on EPIC training modules, on WASH and on the data collection tools of the CAP survey.

Activity: CRC EPIC, WASH and KAP survey training

104 participants identified in the areas requested by DREF Cholera and MonkeyPox to be trained on EPIC and WASH benefited from this 5-day training. 59 men and 45 women were trained.



Health	<p>The objective of the training was to strengthen the knowledge, skills and techniques of 104 CRC volunteers on the EPIC training modules, on WASH and on the data collection tools of the CAP survey.</p> <p>The health districts selected for the cholera vaccination campaign were not the same as those involved in the sensitization, which caused some volunteers to incur transportation costs.</p> <p>Activity: Outreach</p> <p>Awareness activities were carried out using several methodological approaches (door-to-door, FGD, mobile cinema and mass awareness around the health areas located in the departments identified by the project and in public spaces such as the market etc.).</p> <p>Red Cross volunteers were previously trained on EPIC and WASH for a more effective and efficient response in this area.</p> <p>The key messages of sensitization were defined on the basis of the results of the CAP Baseline survey in accordance with the identified gap.</p> <p>Despite the difficulties, the outreach activities enabled 3,365 households to be visited and 97,338 people (43,802 men and 53,536 women) to be sensitized out of 512,744, i.e., an achievement rate of 19%.</p> <p>Key sensitization messages included hygiene promotion, cholera prevention, modes of transmission and symptoms as published by WHO and the Cameroonian government.</p> <p>Schools were also sensitized through a song-dominated approach. Red Cross and Community Volunteers were able to pass the sensitization messages to nearly 39,913 students (17,034 boys and 20,913 girls) in 130 schools in the implementing departments.</p>
Resource Mobilization	<p>The National Society has called on its partners to respond to these outbreaks. However, it has leveraged existing programmes to support the WASH, PCI and RCCE sector in the West, South-West, North and Far North regions.</p>
Community Engagement And Accountability	<ul style="list-style-type: none"> - Organization of weekly FGD with religious, community and traditional leaders for 2 months - Purchase of 4 cinema mobile kits - Training of teams leaders on mobile cinema - Deployment of mobile cinema once a week for 4 months - Production and dissemination of radio spots through 4 community radios stations per month for 2 months
National Society Readiness	<p>The Cameroon Red Cross has a large network of volunteers across the country who were trained in health, hygiene, risk communication, and community engagement in previous operations, including the response to COVID-19.</p> <p>All relevant branches are on alert. Numerous projects and programmes are being carried out in different regions such as the CP3 programme in the North and East regions, the Japanese programme in the West region and the COVID-19 project financed by USAID and SLL in all the 10 regions of the country.</p>

Movement Partners Actions Related To The Current Event

IFRC	The Yaoundé office is working alongside CRC to prepare an appropriate response to the situation. It takes part with CRC in coordination meetings at national level with MoH, WHO, ONE HEALTH and other actors involved in the response. IFRC helps CRC in mobilizing funds and provides technical and financial support for implemented activities. In addition, it donated 4 ORP kits to support the response to cholera.
ICRC	ICRC donated 305 NFI kits to CRC, which were distributed to targeted households in the locality of Maltam in the Logone and Chari Division.
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 Kousséri, including sensitizations 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.

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) is in charge of case management and epidemiological surveillance. Coordination meetings are held at the Ministry of Health with partners including CRC and IFRC. On 17 November 2022, MoH requested assistance from CRC to support the ongoing response.</p> <p>The regional government including municipal authorities have mobilized their personnel conducting needs assessment and registration of affected communities. They also sensitize communities on the necessity to clean drainage system.</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 mechanisms in place?

The major coordination mechanisms in place are: For cholera the SGI (incident management system) is in place since March 2022; the one health program is having the lead.
In general, MoH has the lead to both Cholera and Monkey Pox response.



Needs (Gaps) Identified



Community Engagement And Accountability

- The circulation of false rumours (monkeypox cases are attributed to witchcraft) which increases risk behaviours such as the unsafe handling of cholera suspected corpses.
- In view of these observations, there is a need for greater commitment from the various leaders (religious, traditional, and community leaders). Traditional healers should be involved in the identification of suspected cases.
- Sensitive management of information is to be considered and will need to be applied especially for Monkeypox in alignment with Government position and considerations to avoid any reluctance.

False information is circulating that the wrath of Mount Cameroon is falling on the wicked.

- People ignore useful information that can help them cope with flooding □
- The local media tends to talk more about problems than about life-saving solutions.
- People have no information about additional risks, let alone advice on how to protect themselves.
 - With a very heavy rainfall, the populations live in fear; they need to be reassured.
 - In view of these observations, it should be noted that there is a need for a better commitment from the various leaders (religious, traditional and community).
- The local media must also be engaged to provide useful, necessary and reassuring information.
Mobile caravans should be organized to be in direct contact with the populations in order to better convey key messages.



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 are 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 are the most exposed and do have an approximate response, should be particularly covered by a harmonised response.

From this analysis, it appears that.

- A need for community sensitisation to hygiene conditions appropriate to the epidemiological context of cholera and to raise awareness about the disease. This is the case in all localities of the Regions
 - In the Far North Region, it is a question of multiplying appropriate mass communications 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. There is a 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.

According to Sitrep OCHA Buea town area where several households are affected the water supply is the dire priority in terms of needs since the whole water catchment system has been destroyed. The water supply system needs to be repaired and equipped before becoming functional. There are no boreholes or traditional wells in the area and inhabitants will depend on water search from other neighborhoods. 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 South West Region (Limbe, Tiko and Buea) was the focus of a cholera outbreak in December 2022. The city of Buea remains an active focus and requires special attention because the epidemic could resume and even intensify.□

The flooding has resulted in the transfer of waste and overflowing latrines, which has likely infested the drinking water supply. The recent CAP survey conducted as part of the DREF CHOLERA and MONKEY POX in the cities of Limbe, Tiko and Buea reveals that nearly 20% of the population gets 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 water sources are now contaminated). Immediate access to drinking water is therefore difficult and yet remains crucial. The affected populations are exposed to many risks such as various waterborne diseases like cholera, diarrhea, typhoid and even malaria.- Faced with these risks, the most urgent needs are: access to drinking water (collection, treatment, conservation), sanitation (environmental hygiene, access to latrines), Menstrual Hygiene Management (hygiene kits).

The most affected neighborhoods (Buea Town Market, and Egilse Presbyterian Church Synod) are built in swampy areas, human action has closed the natural water circulation routes which constitutes a permanent risk of flooding at the slightest rainfall. This operation will also consist of drain cleaning in these two districts and will allow to involve and encourage the community to good practices. This activity will be done through cash for work and some members of the community will be identified and assisted by volunteers to carry out this work.□ Sensitizations in this sense will be carried out by the volunteers in all the affected neighborhoods



Risk Reduction, Climate Adaptation And Recovery

The most affected neighborhoods (Buea Town Market, and Synod of Egilse Presbyterian Church) are built in swampy areas, human action has closed the natural water circulation routes which constitutes a permanent risk of flooding at the slightest rainfall. This operation will also consist of drain cleaning in these two districts and will allow to involve and encourage the community to good practices. This activity will be done through cash for work and some members of the community will be identified and assisted by volunteers to carry out this work.□ Sensitizations in this sense will be carried out by the volunteers in all the affected neighborhoods



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 (PBS). Targeting will give priority to this category of people





Health

From a health point of view, floods are a threat to the well-being of the affected populations. Indeed, these floods could lead to the occurrence of many health problems both physical and mental. □

Indeed, the flood waters have led to mud flows and overflowing latrines at the market and in some homes. This state of affairs is favorable to □

the contamination of drinking water sources (wells, boreholes, etc.) and consumer products, contaminated by sewer backups, damaged septic installations, human excrement, chemicals and other products. This contamination leads to the risk of gastrointestinal infections, but also vector-borne diseases through the proliferation of vectors such as mosquitoes.

The populations are also exposed to physical problems such as injuries and trauma caused by debris of all kinds. In response to this situation, the CRC must carry out a series of activities to limit the consequences of these floods on the health and well-being of the population.



Shelter Housing And Settlements

Following the floods At least 10 houses are completely destroyed, and the inhabitants became homeless, several other houses are partially damaged. Several households lost kitchen sets, mattress and other NFIs that have been washed away by the floods

Operational Strategy

Overall objective of the operation

This DREF's overall objective will be to contribute to risk communication, community engagement, early detection, and response to Cholera and Monkeypox outbreaks in the 3 most affected regions of the country: South-West, Littoral, and Far North.

The Operational update objective will be to reinforce the health and wash strategy to avoid the spread of the cholera outbreaks in the town of Buea where floods occurred recently.

Operation strategy rationale

To Have a clear epidemic approach for both Monkeypox and Cholera in this DREF operation, the strategy follows and target specific actions on the points of similarity and concordance of the driven factors between Cholera and Monkeypox response but also the possible joint actions taken into account the below evidences:

- The spread of epidemics is most often exacerbated by lack of information, which is the case with these 2 epidemics. Although different, awareness messages will go 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, secretion management and care in processing food for consumption will also be cross-cutting for both epidemics considering some of the transmission factors that are common to both.



The CRC's strategy to prevent these diseases will be 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 will be carried out in collaboration with religious leaders and key community actors for a better adhesion of the community.
- Setting up of a 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.

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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 Camwater 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 were made. 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, 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 via various channels and with messages already prepared by MoH to avoid panic and misinformation
- Community engagement 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 will be targeted through this operation?

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

- 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 287,381 inhabitants in the South-West. 50 000 Additional people will be 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 layers of the population, regardless of age or gender, this operation targets the entire population of the affected areas. However, priority will be given to the most economically vulnerable people when



distributing the Aquatabs

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 will focus mainly on peri-urban and rural areas and places with low sanitation access and water point availability, also flooded and prone flooding areas and camps for the displaced will be targeted as a priority for field visits by volunteer awareness's. The most vulnerable group will include: children under 10, lactation and pregnant women, elderly.

For Monkeypox actions will be covering both urban and rural areas depending on the transmission factors given that actually it has been identified that the two types of Monkeypox. Following the communication strategy of the Government, awareness will be focused more on peri-urban and rural communities with dietary habits which include games/bush meat; communities living near forests, adults above 15 years, women heads, and cooking spaces.

Total Targeted Population

Women:	1,053,963	Rural %	Urban %
Girls (under 18):	-		
Men:	826,416	People with disabilities (estimated %)	
Boys (under 18):	-		
Total targeted population:	1,380,379		

Risk and security considerations

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

Risk	Mitigation action
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 will be in close contact with suspected cholera and monkeypox cases, they may be exposed to these diseases.	All volunteers will be briefed on the dangers of their activity and how to limit the risks. They will also be provided with masks and hydro-alcoholic gels for their protection.
the increased amount of standing water during the rainy season can create a breeding ground for disease-carrying mosquitoes, increasing the risk of water-borne illnesses such as malaria and dengue fever	Volunteers will work 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 can lead to a rapid increase in water levels in rivers, streams, and other water bodies, which can result in their banks overflowing and causing floods. This can damage property and infrastructure located in low-lying areas or close to waterways.	Red Cross volunteers will provide early warning messages to communities in at-risk areas, encouraging them to take necessary precautions and evacuate if necessary.

Please indicate any security and safety concerns for this operation

Part of the operation will be carried out in areas close to conflict areas in Cameroon that have been subject to attacks in the past.





To limit the risk, volunteers will be informed of security instructions and will be required to respect the fixed security hours. In addition, ICRC will be kept abreast of all field visits, with a call on the radio room every hour

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





Planned Intervention

	Community Engagement And Accountability	Budget	CHF 127,528
		Targeted Persons	600000
Indicators	Target	Actual	
Percentage of feedback treated	100		
Number of feedback collected	300		
Number of feedback system	1	1	
Progress Towards Outcome			
<ul style="list-style-type: none"> • 32 FGDs and 70 mobile cinema sessions were held. A total of 4,152 people were sensitized (1,868 men and 2,284 women) out of 600,000. The key sensitization messages focused on hygiene promotion, cholera prevention, modes of transmission, and symptoms as published by WHO and the Cameroonian government. • A feedback mechanism has been put in place and two reports have already been produced and shared with the relevant authorities • Two newsletters have been produced and shared with authorities and community leaders • 04 community radio stations have been contracted and share weekly radio programs. 			

	National Society Strengthening	Budget	CHF 389,282
		Targeted Persons	104
Indicators	Target	Actual	
Number of volunteers with visibility equipment	104	104	
Percentage of volunteers with PPE	100		
Percentage of volunteer insured	100		
Progress Towards Outcome			
<p>The actions already conducted by the NS are</p> <ul style="list-style-type: none">-KAP survey was conducted and have informed the awareness campaign, risk communication., discussion with communities etc-Competences of the engaged branches have been strengthen on the occasion of this DREF with TOT & volunteers training in EPIC, community health, KAP survey...-Deployment of 100 volunteers and 4 supervisors for mass awareness and doors to doors sensitization for 02 months			

Several joined missions have been carried out.
-Purchase of visibility items

	Secretariat Services	Budget		CHF 34,609
		Targeted Persons		209
Indicators		Target	Actual	
number of surge deployed		1	0	
Progress Towards Outcome				
Surge has not yet been deployed. However all activities are closely monitored by IFRC cluster teams on the field and regular information have been shared.				

	Protection, Gender And Inclusion	Budget	CHF 0
		Targeted Persons	104
Indicators		Target	Actual
Number of people reached with protection messages		276075	173970
Number of volunteers briefed on PGI		104	104
Progress Towards Outcome			
During the implementation of the operation, protection, inclusion, and diversity activities were integrated into all activities carried out by Red Cross volunteers. Efforts were focused on identifying vulnerable groups such as elderly, disabled, and pregnant women to ensure they were not excluded from activities. Volunteers also worked to promote a culture of respect and tolerance towards people from different ethnic and religious backgrounds. This integration was essential to ensure that the entire community had access to necessary services and awareness information to protect themselves from flood-related risks. Through this inclusive approach, the operation contributed to strengthening social cohesion and promoting equal opportunities for all, while respecting human dignity.			

	Water, Sanitation And Hygiene	Budget	CHF 100,339
		Targeted Persons	1380379
Indicators		Target	Actual
Number of PDM		1	
		60000	46000

Number of people benefiting from information on hygiene and sanitation		
Number of people with access to safe water	120000	58000
Number of houses and places disinfected	200	59
Number of hand washing points installed	40	40
Number of community water points maintained	192	98
Number of volunteers and supervisors trained	129	104

Progress Towards Outcome

104 volunteers are mobilized on the field providing WASH services and relief assistance. The WASH pillar contribute to improving the hygiene conditions of the population, CRC will also carry out the following activities: Main achievements:

- Mapping of risks and water sources (point)
- Procurement of aquatabs for 2500 families
- Procurement of 05 disinfection kits per zone
- Household disinfection min 50 disinfections per month per zone
- Purchase and preposition of 40 kits per zone
- Purchase of ORP materials
- Maintenance of ORP kist for two months
- Maintenance of handwashing station
- Field Monitoring missions
- Establish a feedback mechanism through CEA support
- Produce a monthly newsletter for 2 months

Due to some households' inaccessibility and community mobility for farm work, sensitization activities continued through different approaches mainly based on volunteers deployment capacity. Different approaches used by volunteers allowed for the sensitization of 3,365 households and a total of 95,648 individuals sensitized out of 260,000 targeted (representing a realization rate of 37%). The key messages of the sensitization efforts focused on promoting hygiene, preventing cholera, modes of transmission, and symptoms as outlined by the WHO and the Cameroonian government. Regarding schools, since the sensitization activities began during the Youth Day celebrations, the students received sensitization through an approach dominated by songs. The Red Cross and Community volunteers were able to deliver sensitization messages to nearly 38,913 students, including 17,510 young boys and 21,403 young girls, in the 130 targeted schools within the implementation departments.

	Health	Budget	CHF 87,449
		Targeted Persons	512744
Indicators	Target	Actual	
Number of opinion evaluation conducted	1	1	

Number of people reached by door-to-door sensitisations	299360	122000
Number of people reached by mass sensitisations	116480	96000
Number of volunteers and supervisors trained	104	104
Number of people reached by sensitisations in schools	96800	

Progress Towards Outcome

- KAP survey was done
- Training of trainers on EPIC, WASH and KAP survey was conducted. 26 participants identified in the areas requested by DREF Cholera and MonkeyPox to be trained on EPIC and WASH benefited from this 5-day training. 11 men and 15 women were trained
- Trainings thematic received: CRC EPIC, WASH and KAP survey training
- 104 participants identified in the areas requested by DREF Cholera and MonkeyPox to be trained on EPIC and WASH benefited from this 5-day training. 59 men and 45 women were trained

Awareness activities were carried out using several methodological approaches (door-to-door, FGD, mobile cinema and mass awareness around the health areas located in the departments identified by the project and in public spaces such as the market etc.).

Red Cross volunteers were previously trained on EPIC and WASH for a more effective and efficient response in this area.

The key messages of sensitization were defined on the basis of the results of the CAP Baseline survey in accordance with the identified gap.

Despite the difficulties, the outreach activities enabled 3,365 households to be visited and 97,338 people (43,802 men and 53,536 women) to be sensitized out of 512,744, i.e., an achievement rate of 19%.

Key sensitization messages included hygiene promotion, cholera prevention, modes of transmission and symptoms as published by WHO and the Cameroonian government.

Schools were also sensitized through a song-dominated approach. Red Cross and Community Volunteers were able to pass the sensitization messages to nearly 39,913 students (17,034 boys and 20,913 girls) in 130 schools in the implementing departments.



About Support Services

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

100 volunteers and 4 supervisors will be deployed through this operation, trained in the various themes selected, and then deployed to the field to carry out the activities listed above. For each targeted region, for this DREF, there will be one (01) supervisor per region and 25 volunteers.

The NS will appoint a focal point to coordinate the operation. The latter will be accompanied by CRC's experienced staff, including the health, monitoring and evaluation, logistics and finance managers

The Yaoundé office teams will provide the necessary support to CRC in the implementation of this operation. A project manager has already been appointed and will benefit from the collaboration of the entire IFRC staff

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

Health coordinator surge profile will be deployed for 4 months.

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

Some procurement will be done by IFRC and some by CRC based on the WWPP fund transfer agreement.

-CRC

Purchase of 104 visibility kits (bibs, bags and volunteer booklets) Purchase of 50 megaphones for mass deployment

Purchase of 20 kits (disinfection equipment (sprayers and packages of personal protective equipment) per intervention zone)

Purchase and prepositioning of 40 hand-washing points Purchase of ORP material (Aquatabs, bleach, etc.)

-IFRC

Purchase of 80,000 sensitization materials (posters and leaflets) Purchase of 4 mobile cinema kits.

How will this operation be monitored?

A surge will be deployed and field supervisions will be done.. IFRC and NS staffs will have a closely monitoring meeting monthly. Field mission will done in addition and financial review will be regularly (monthly basis)

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

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



Contact Information

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

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