



Field assessment done by IFRC& CRC teams

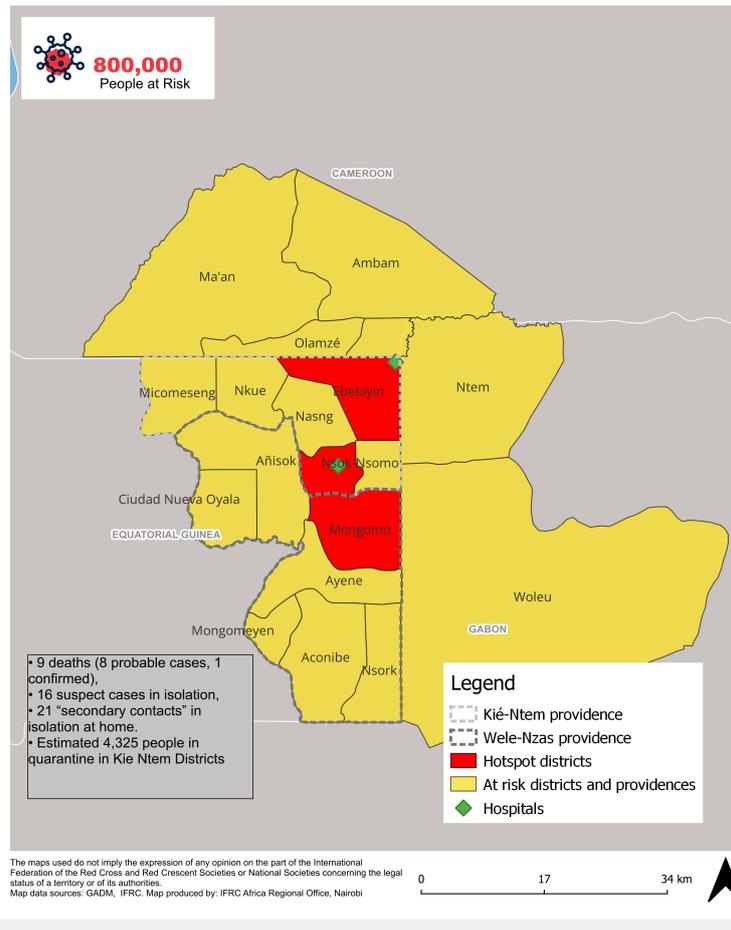
Appeal: MDRCM033	Total DREF Allocation CHF 149,976	Crisis Category: Yellow	Hazard: Epidemic
Glide Number:	People at risk: 953,923 people	People Targeted: 143,952 people	
Event Onset: Slow	Operation Start Date: 2023-03-01	New Operational end date: 2023-07-31	Total operating timeframe: 4 months
Additional Allocation Re- quested -	Targeted Areas:	Sud	

Description of the Event



Marburg Disease, Equatorial Guinea, Cameroon and Gabon

20/02/2023



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

As of June 9th no cases have been reported by the surveillance team of the Health authorities. It is worth noting that on June 8th the Health authorities of Equatorial Guinea have officially declared the end of the Marburg outbreak. With no cases reported in Cameroon and Gabon as well, this means the after the last activities have been carried out, the operation will be over as planned. Thanks to the training, volunteers in the region are prepared to react should any suspect case be identified. Also, with the extensive awareness-raising carried out in the area, the population is well equipped to identify new suspect cases and report it to the sanitary authorities.





Sensitisation session

Check point at the border between Cameroon and Equatorial Guinea

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

Cameroon Red Cross sensed the urge to act fast because the threat of MVD spreading in Cameroon was real and high. Indeed Cameroon and Equatorial Guinea share a 189 Km border and the region of Equatorial Guinea where cases have been detected borders Cameroon, and more precisely the localities of Kye-Osi (47,127 inhabitants) and Ambam (62,000 inhabitants), which are crossroads border towns for Cameroon, Gabon and Equatorial Guinea.

The risk of human-to-human transmission is very high considering the flow of exchanges at the Cameroon - Equatorial Guinea border 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.

The Cameroonian Ministry of Public Health, in collaboration with the teams of Equatorial Guinea and with the support of its partners, has put in place a response plan and defined the axes of emergency intervention to prevent the risk of a spread of the disease in Cameroon. The National Society in its role as auxiliary of public authorities and major humanitarian actor aligned its response to the government and launched this operation.

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

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

The DREF was signed on March 1 ,2023 but the 1st fund transfer of CHF 55 953 was received on 28 March at the NS level. Therefore the field activities started 3 weeks late and the NS has not been able to catch on the incurred delay. The NS is requesting a one month no cost extension from 30 June to 31 July to be able to carry out the last month of awareness-raising and mobile cinema sessions. The NS has produced the mid term financial and narratives report of the 1st instalment of funds.



Current National Society Actions



Volunteers raising awareness to Marburg in a primary school in Kye-Ossi

<p>National Society Readiness</p>	<p>The 3 committees covering the risk areas do not have headquarters but are managed from the departmental committee in Ebolowa. However, these districts each have about twenty active community volunteers and about fifty dormant ones. Following CRC's volunteer consideration policy, these volunteers are all trained in community-based first aid.</p> <p>Thanks to this operation, 25 volunteers in each of the branches (overall 78) were trained to EPIC and CEA and are all covered by an insurance.</p>
<p>Coordination</p>	<p>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 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>
<p>Assessment</p>	<p>The Cameroon Red Cross with the support of the IFRC conducted an assessment mission following the announcement by the health authorities in February 2023. The results of the assessment feed into the needs analysis by NS and informed the operational strategy of this operation.</p> <p>A KAP study was carried out to assess the knowledge attitudes and practices</p>



	of the target population on Marburg disease and know their best communication channels.
Community Engagement And Accountability	<p>As par of the CEA strategy the followed activities have been led:</p> <ul style="list-style-type: none"> - A workshop for the validation and translation of messages to be disseminated across the population, in collaboration with the Ministry of Health; - 75 NS volunteers in the branches concerned were trained and are collecting feedback from the communities. These feedback in the beginning of the operation made it possible to orient the messages disseminated to the communities to date; - 10 journalists were trained to communicate on the disease and how to avoid it and report suspect cases. - 12 Focus Group Discussions on 36 planned have been held; - 5 mobile cinema sessions have taken place.
Water, Sanitation And Hygiene	<p>The assessment of WASH conditions was conducted by the CRC in the beginning of the operation. On this basis, the volunteers of the committees on the spot began to raise awareness despite the absence of adequate materials. Since the launch of this operation, the following WASH activities have been carried out:</p> <ul style="list-style-type: none"> - 30 hand washing points have been placed in high-traffic areas. - Hygiene promotion and prevention messages through door to door and mass sensitisation, as well as radios.
Health	<p>Volunteers from the targeted area 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. The following activities were carried out:</p> <ul style="list-style-type: none"> - KAP Survey - EPIC training of 75 volunteers - Awareness-raising and issemination of communication tools - SDB Training of 25 NS staff and volunteers

Movement Partners Actions Related To The Current Event

IFRC	The International Federation of Red Cross Societies supports the Cameroonian Red Cross with 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 but did not take actively part to this operation.
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.

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. <ul style="list-style-type: none"> •A coordination meeting with strategic partners was chaired by the Minister of Public Health on February 14 at the Public Health Emergency Operations Coordination Center in Yaoundé . •At all levels, the Ministry of Health has also requested support for the following elements: <ul style="list-style-type: none"> •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	<p>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.</p>

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.



Needs (Gaps) Identified



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.



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.



Water, Sanitation And Hygiene

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

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.

Any identified gaps/limitations in the assessment

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 has engaged 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?

With 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 from Equatorial Guinea areas where Marburg positive cases were reported.

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

	National Society Strengthening	Budget	CHF 19,475
		Targeted Persons	143952
Indicators	Target	Actual	
Branches activity report produced	7	2	
Number of tricycles for rent	3	3	
Progress Towards Outcome			
<p>3 tricycles have been rented to ease the displacement of teams material to through the targeted area, making it easier to travel to areas requiring intervention.</p> <p>At the regional and district level through its local committees, NS participates in meetings with the regional health delegation and the health districts. NS contribution through volunteers is recognized and appreciated by the communities.</p> <p>Supervisors are informed of their participation in district meetings for regular sharing of information and better coordination of district actions.</p>			

	Secretariat Services	Budget	CHF 41,876
		Targeted Persons	80
Indicators	Target	Actual	
# of coordination meetings	15	6	
# of supervision missions	3	4	
Progress Towards Outcome			
<p>IFRC has been supporting the operation by hiring surges in various areas notably project management, Public health, logistics, SDB. They support the NS throughout the operation with capacity building and day to day support.</p> <p>Several joint missions has been carried out on the field by IFRC and CRC teams.</p>			

	Health	Budget	CHF 64,197
		Targeted Persons	143952
Indicators	Target	Actual	



# of trainers trained to SDB	25	25
# of volunteers trained on EPIC, including CBHFA, RCCE, PFA	75	75
# of local supervisors to be trained on EPIC including CBHFA, RCCE, PFA	3	3
# of people reached with awareness-raising	143952	105715
# of CAP surveys to be done	1	1
% of people confirming they know the transmission mechanism and prevention for Marburg	80	34

Progress Towards Outcome

- The KAP survey covered 12 health areas: 5 in Ambam, 5 in Kye-Ossi and 2 in Olamze. Quantitative data was collected using a questionnaire, and qualitative data from the FGDs was collected using the smart phone voice recorder.
- 75 volunteers and 3 supervisors have been trained to EPIC including CBHFA, ECV, CEA (including community feedback) and PSP basics, to be able to search for suspected cases and reporting to authorities ensuring outbreak preparedness and response in communities . Following this training they were given visibility and awareness-raising equipment prior to starting descents.
- 24 (two) FGDs, have been conducted so far with women and men in separate groups, with 355 people reached.
- Discussions health workers were also conducted to disseminate the feedback that were collected during the meetings with communities.
- As concerns awareness raising, dissemination of RCCE tools has been done and volunteers go on the field thrice a week to carry out door-to-door awareness-raising, mass sensitization in public places like Markets and messages dissemination in schools in order to ensure community awareness on the risks of Marburg disease and ways to prevent it, as well as to limit the spread of rumours and infodemics. In total 75 visits/week/district have been conducted reaching 105.715 people. Various messages on health and WASH measures are promoted during these sessions.
- 25 Trainers from NS were trained to SDB by a surge in order to have a team ready to be deployed in the event of the detection of a suspicious death.

	Community Engagement And Accountability	Budget	CHF 17,191
		Targeted Persons	143952
Indicators	Target	Actual	
Number of Journalists trained on communication	10	10	
Number of local radio stations contracted	3	1	
feedback system	1	1	



Number of message validation workshops	1	1
Number of focus groups	36	12
Number of descent for mobile cinema	12	1
Number of Mobile Cinema Kits	1	1
Percentage of community leaders confirming they know the transmission and prevention mechanism for Marburg	90	34

Progress Towards Outcome

As par of the CEA strategy the followed activities have already been led:

- A workshop for the validation and translation of messages to be disseminated across the population was led in collaboration with the Ministry of Health;
- 75 NS volunteers in the branches concerned were trained and are collecting feedback from the communities. These feedback in the beginning of the operation made it possible to orient the messages disseminated to the communities to date;
- 10 journalists were trained to communicate on the disease and how to avoid it and report suspect cases.
- 12 Focus Group Discussions on 36 planned have been held, reaching 355 people;
- A mobile cinema has been deployed that is used twice a week in order to meet the objectives. 5 mobile cinema sessions have taken place so far reaching 1319 people.

- Concerning the feedback mechanism, Volunteers collect feedback during their 3 weekly visits awareness-raising visits. As there are no CEA specialists in the branches, the three supervisors in AMBAM, KYE-OSSI and OLAMZE receive feedback forms from the volunteers, scan them and send them to the central level for processing. The most recurrent feedback received are Observations-Perceptions and Beliefs as well as Questions on the disease; Encouragement-Appreciation of Red Cross work; and Suggestions-Demands.

	Water, Sanitation And Hygiene	Budget	CHF 7,237
		Targeted Persons	143952
Indicators	Target	Actual	
Number of handwashing kits installed	30	30	
# of people reached with WASH messages	143952	105715	
Percentage of people confirming they have integrated the WASH messages	70	34	

Progress Towards Outcome

- - 30 hand washing points have been placed in high-traffic areas and are being used by the population. They have come at just the right time in an environment plunged by a cholera epidemic and the risk of Marburg fever. As the indicators below show, the number of people reached by the messages is growing day by day, and the rate of progress is satisfactory.



- 75 volunteers are on the field spreading out Hygiene promotion and prevention messages through door to door and mass sensitisation, as well as messages through the radio.

34% of people confirmed that they had integrated the WASH messages 2 weeks after the start of the awareness campaigns, a satisfactory level of progress towards achieving the objective by the end of the project.



About Support Services

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

75 volunteers and 3 supervisors have been 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 is 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 have been deployed to reinforce the response: health and logistics.

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 meet once a month to closely monitor developments. Monthly follow-up meetings have been organized. Field missions have been carried out in addition and a financial review is done 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.

Contact Information

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

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