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# EPOA Operations Update

## Cameroon: Ebola virus disease preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation No. MDRCM019</b>		<b>GLIDE n° P-2014-000039-CMR</b>	
<b>Operations update n° 1</b> Announces a two-month timeframe extension		<b>Timeframe covered by this update:</b> 25 August to 25 October 2014	
<b>Operation start date:</b> 25 August 2014		<b>Timeframe:</b> Five months (New end date: 25 January 2015)	
<b>Operation budget:</b> 49,922	<b>Appeal coverage:</b> 100%	<b>Total estimated Red Cross and Red Crescent response to date:</b> CHF 49,922	
<b>N° of people being assisted:</b> 500,000 in 10 regions			
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> 200 Volunteers, 20 supervisors, 1 Ebola focal point.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> IFRC			
<b>Other partner organizations actively involved in the operation:</b> Ministry of Public Health			

### Summary:

A fast-spreading outbreak of the Ebola virus disease (EVD) is affecting several countries in West Africa. In February 2014, there was an outbreak of the virus in Guinea, which has since spread to Liberia and Sierra Leone, causing untold hardship and hundreds of deaths in these countries. As of 22 October 2014, a total of 9,895 cases, and 4,871 deaths had been recorded, which were attributed to the EVD. The virus has spread across borders in West Africa: there has been one case reported in Senegal and 21 cases with eight deaths in Nigeria. More recently one child died in Mali after being taken from Guinea to relatives in the country. In the Democratic Republic of Congo (DRC), an outbreak of the EVD has also been reported, but is considered of a different origin than that which has affected West Africa. It is the first time an outbreak of this size is being experienced in West Africa; and the number of cases is expected to increase exponentially. Since the confirmation of the EVD in Guinea, the IFRC with the National Societies, have developed response strategies, which include supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. The IFRC is providing technical assistance at the regional, zone and global levels.

On 25 August 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 49,922 from its Disaster Relief & Emergency Fund (DREF) to support the Cameroon Red Cross (CRC) to support EVD preparedness activities in all 10 regions of the country. As of 25 October 2014, 40 per cent of the activities planned have been implemented; however a Regional Disaster Response Team (RDRT) has not been recruited, which along with a delay in the procurement of personal protective equipment (PPE), has meant that some have not been possible. Note that efforts in this regard are continuing; a RDRT is expected to be recruited in the week commencing 2 November 2014, and PPE has since arrived in Yaounde.

This Operations Update is requesting a timeframe extension of two months in order to enable the completion of the activities included in the Emergency Plan of Action (EPOA), specifically EVD sensitization sessions, which will be held at branch level in the 10 regions of the country; and will comprise CRC staff and volunteers, as well as other partners including the Ministry of Health (MoH). Local radio broadcasts and the dissemination of information, education and information (IEC) materials containing messages on EVD will also be carried out. The DREF operation will therefore end on 25 January 2015, and a final report will be made available on 25 April 2015 (three months after the end of the operation).

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private

donors. The IFRC, on behalf of the Cameroon Red Cross Society, would like to extend thanks to all for their generous contributions.

## Coordination and partnerships

Since July 2014, the Ministry of Public Health of Cameroon has been holding regular EVD preparation and prevention meetings at the DLM (Disease Control Department) and the CRC has regularly participated in these meetings. The World Health Organization (WHO) has organized weekly preparation and prevention meetings (every Tuesday at 09:00), and the CRC, as well as Centre for Disease Control (CDC), IFRC, Médecins Sans Frontières (MSF) and United Nations Children's Fund UNICEF) have all participated these meetings. The DRC also organizes regular crisis meetings. Several sub-committees have been put in place and the CRC is part of the "social mobilization and psycho-social support" sub-committee. The IFRC regional health coordinator has also attended the regional EVD preparation and prevention workshop organized by Organization for the Coordination of Epidemic Control in Central Africa (OCEAC) from 17 to 18 September 2014 in Brazzaville, Congo.

## Operational implementation

### Overview

The overall objective of the operation is to prepare the Cameroon Red Cross through staff and volunteer training, awareness-raising and social mobilisation activities alongside the Ministry of Public Health and ensure the repositioning of personal protective equipment when possible, in coordination with other actors. Social mobilisation activities will increase knowledge of risk and promote prevention behaviour.

The headquarters and all 10 regions of Cameroon are targeted, with focus on the economic capital, Douala (sea and air port entry points into Cameroon, but also throughout the Central Africa region) and the political capital, Yaoundé.

Planned interventions		Implementation (%)
Early warning and emergency preparedness		40 %
Outcome 1: The immediate risks to the health of affected populations are reduced		
Output	Activities	Achievements
1. Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)	1.1.1 Identification of community leaders and conduct targeted sensitisation activities	1.1.1 Community leaders have been identified. The CRC has contributed to the design of awareness tools that are gradually being disseminated by email.
	1.1.2 Distribution of information, education and communication in at risk communities.	1.1.2 Planned activities have started: with the design and validation of communication tools in partnership with the Ministry of Public Health and its partners, some of which have been disseminated.
	1.1.3 Organize community discussions.	1.1.3 Community level social mobilisation activities will not be carried out within this operation. Please refer to 1.1.5 for information on the planned activities.
	1.1.4 Radio broadcasting.	1.1.4 EVD messages are being broadcast over Red Cross radio air time; broadcast on local rural radio stations are planned.

	1.1.5	Social mobilization with dissemination of key messages on Ebola virus disease prevention	Planned social mobilisation/awareness raising activities will consist of 10 sensitization sessions (one in each of the 10 regions) during which key messages will be disseminated on EVD to CRC staff and volunteers at branch level; as well as other partners including the MoH. As of 25 October 2014, the sensitization activities have not been carried out, and a two month extension to the timeframe is requested through this Operations Update.
1.1. The capacity of Cameroon Red Cross to prepare for potential Ebola response is strengthened	1.2.1	Train 200 volunteers and supervisors in epidemic control for volunteers.	1.2.1 Please note that this was included in the EPOA but not budgeted; and will therefore not be carried out.
	1.2.2	Procure personal protective equipment and train volunteers on their use.	1.2.2 PPE has been procured and is being pre-positioned in Yaounde for deployment if required; as well as used for demonstration (as part of sensitization activities, as per the approach taken in other countries implementing EVD preparedness operations)
	1.2.3	Monitor and report on activities carried out.	1.2.3 Weekly updates are regularly issued.
1.3 Community epidemiological surveillance is set up / enhanced.	1.3.1	Participate in information and coordination meetings with authorities.	1.3.1 The CRC regularly attends meetings organized by the Ministry of Public Health and WHO (please refer to "Coordination" section above).
	1.3.2	Set up / enhance community monitoring committees for disease surveillance.	1.3.2 CRC participated in the Economic Community of Central African States (CEMAC) meeting on the prevention of and response to the disease organized by OCEAC in Brazzaville, from 17 to 18 September 2014.
	1.3.3	Epidemiological control and monitoring through community disease surveillance	1.3.3 Community-based epidemiological surveillance will start following the completion of sensitization activities.

## Contact information

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

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.