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DREF Final Report

Cameroon: Ebola Virus Disease Preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCM019	Glide n° EP-2014-000039-CMR
Date of Issue: 25 August 2015	Date of disaster: N/A
Operation start date: 25 August 2014	Operation end date: 25 January 2014
Host National Society: Cameroon Red Cross Society	Operation budget: CHF 49,922
Number of people affected:	Number of people assisted: 500,000 in 10 regions
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies	
N° of other partner organizations involved in the operation: Ministry of Public Health, World Health Organization	

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone, and most recently Mali, causing untold hardship and hundreds of deaths in these countries. As of 16 April 2015, a total of 25,791 cases, and 10,689 deaths, which were attributed to the EVD, had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa.

Cameroon, with a population of 21,700,000 (UNCDP 2014) shares a border with Nigeria, which has been affected by the EVD, and therefore the risks presented by the epidemic to the country are high. As such, the Government of Cameroon closed all land, air and sea borders with EVD affected countries, as a prevention measure against the spread of the virus. In addition, the Ministry of Public Health in collaboration with the Cameroon



Training of CR volunteers in the use of PPE © CRC

Red Cross Society (CRC) and World Health Organization (WHO) developed an EVD contingency plan to prevent and prepare for the occurrence of the virus within Cameroon. Over the past decade, the CRC has carried out DREF and Emergency Appeal operations in response to a range of epidemics (cholera, measles, polio and yellow fever), and in addition to experience in social mobilization, advocacy, disinfection and in some cases in the management of dead bodies, was well placed to support the MoPH with the implementation of this plan.

Summary of response

Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (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. 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 CRC to support EVD preparedness activities in all 10 regions of the country. On 4 November 2015, an Operations Update was issued to extend the timeframe of the DREF operation by two months in order to enable the completion of activities included in the Emergency Plan of Action (EPoA), specifically EVD sensitization sessions, which were to be held at branch level in the 10 regions of the country, comprising of the CRC staff and volunteers, as well as other partners such as the MoPH. The DREF operation ended on 25 January 2015.

This DREF has been replenished by the Canadian Red Cross/Government. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Red Cross Society of Guinea Bissau would like to extend many thanks to all partners for their generous contributions. Details of all donors can be found at:

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided support through its Central Africa regional representation (CARREP) in Yaounde, Cameroon, as well as through its zone office in Nairobi, Kenya. A Memorandum of Understanding (MoU) was signed by the IFRC and CRC, which outlined the parties responsibilities to implement the activities planned within the DREF operation..

Overview of non-RCRC actors in country

From July 2014, the Ministry of Public Health of Cameroon held regular EVD preparation and prevention meetings at the DLM (Disease Control Department) and the CRC regularly participated in them. The WHO also organized weekly preparation and prevention meetings (every Tuesday at 09:00), and the CRC, as well as the Centre for Disease Control (CDC), IFRC, Médecins Sans Frontières (MSF) and United Nations Children's Fund UNICEF) all participated in these meetings. The MoPH contingency plan was developed and different institutions and actors at country level consulted for their contribution to these preparedness measures. An information and capacity building seminar was organized by the MoPH in Douala, from 22 to 24 July 2014, outlining the main risks of the EVD and raising awareness amongst partners on prevention and potential response measures. A regional EVD preparation and prevention workshop organized by the Organization for the Coordination of Epidemic Control in Central Africa (OCEAC), from 17 to 18 September, 2014, in Brazzaville, Congo, and was attended by the IFRC CARREP regional health coordinator. The WHO, which is also present in the country, conducted capacity building activities for health professionals alongside the MoPH in Douala and prepositioned some personal safety kits. .

Needs analysis and scenario planning

Needs analysis

In Cameroon, since the EVD has not been experienced before, population and the health authorities also had limited understanding of the virus, its mode of transmission and the behaviours required to avoid it. As of 20 August 2015, 16 cases and five deaths attributed to EVD were reported in Lagos, Nigeria, and its neighbour Cameroon, was identified as being especially at risk of an outbreak of the virus.

High-risk communities identified around Douala were targeted through the dissemination campaign of this DREF operation. Areas targeted by the proposed preparedness strategy were based on past experiences from previous outbreaks in Uganda and the Democratic Republic of Congo, as well as from recent experiences in Guinea, Liberia, Nigeria and Sierra Leone. Specific groups of individuals, who acted as relays, were also targeted in the regions to

spread dissemination messages to others.

B. Operational strategy and plan

Overall Objective

The overall objective of the operation was to prepare the CRC through staff and volunteer training, awareness-raising and social mobilisation activities alongside the MoPH and ensure the prepositioning of personal protective equipment when possible, in coordination with other actors. Social mobilisation activities will increase knowledge of risk and promote prevention behaviour. The national headquarters (NHQ) 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.

Proposed strategy

The proposed strategy was in accordance with the IFRCs response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioral change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilization;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

Operational support services

Human resources (HR)

Through this DREF operation, 200 volunteers were mobilized. An IFRC Regional Disaster Response Team (RDRT) member was intended to be deployed for one month; however due to the lack of an available and qualified candidate this was not carried out – as such technical assistance was provided through the IFRC CARREP, and specifically the IFRC CARREP regional health coordinator to ensure the effective implementation of the activities planned within the DREF operation.

Logistics and supply chain

All items for this DREF operation was purchased internationally in accordance with IFRC standards. The PPE were purchased by Geneva team but with a delay of 2 months.

Communications

Communication and visibility of the activities planned within the DREF operation was ensure through the preparation of local media and visibility materials, as well as use of the CRC website. In addition, communication and community awareness focused on decreasing fear and raising awareness on transmission methods and alertness of communities for an appropriate response. Key stakeholder groups and opinion leaders (taxi drivers, religious leaders, traditional birth attendants, community leaders and teachers) were targeted as change agendas on social mobilization and communication activities. Where possible and relevant, cross border communication and information sharing was undertaken amongst neighbouring National Societies and Ministries



Security

As the sensitization sessions were carried out in main cities and the activities only limited to prevention, security was not a challenge.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring was carried out by the CRC at NHQ and branch level in collaboration with the IFRC CARREP Society local branches, the Cameroon Red Cross at the head quarter level in close cooperation with the IFRC regional office. Brief weekly updates were also provided to the IFRC on general progress of the operation, and regular monitoring reports provided detailed indicator tracking. Proper documentation and reporting to ensure lessons learnt could also be recorded was also ensured.

Administration and Finance

The CRC administration and financial departments ensured the proper use of financial resources, in accordance with conditions discussed in the MoU between the CRC and the IFRC, as well as the DREF guidelines.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Early Warning & emergency response preparedness	
Outcome 1: The immediate risks to the health of affected populations are reduced	
Output 1.1: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)	
Activities planned	
1.1.1	Identification of community leaders and conduct targeted sensitization activities
1.1.2	Distribution of information, education and communication in at risk communities
1.1.3	Organize community discussions
1.1.4	Radio broadcasting
1.1.5	Social mobilization with dissemination of key messages on EVD prevention
Achievements	
1.1.1	Community leaders were identified with an average of 15 in each region. The CRC contributed in designing the awareness tools which are gradually being disseminated by email. In addition, this activity is still continuing after the DREF operation
1.1.2	In total, 31,900 information, education and communication (IEC) materials were distributed in at risk communities, which comprised 7,950 brochures in English (in the two English speaking regions of the country), and 23,950 brochures in French were distributed in the eight French speaking regions. The IEC materials were designed and validated in collaboration with the MoPH and other partners. IEC material were distributed in public places such as schools, markets, health centres of the 10 regions of Cameroon, and about 1 million people were reached.
1.1.3	Please refer to "Activity 1.1.5".
1.1.4	EVD messages were broadcast over Red Cross radio air time twice a week for 2 months and on local rural radio stations twice per week during the DREF operation.
1.1.5	In total, 10 sensitization sessions were carried out (one in each of the 10 regions) during which key messages were disseminated on EVD prevention to CRC staff and volunteers, as well as partners including the MoPH, in addition to beneficiaries reached through radio programmes, posters, flyers, and IEC sessions in health centres.
Output 1.2: The Capacity of Cameroon red Cross to prepare for potential Ebola response is strengthened	

Activities planned
1.2.1 Train 200 volunteers and supervisors in epidemic control for volunteers
1.2.2 Procure personal protective equipment and train volunteers on their use
1.2.3 Monitor and report on activities carried out
Achievements
1.2.1 It should be noted that it was included in the EPoA but not budgeted; thus, it was not carried out. However, in collaboration with the MoPH, a meeting on Ebola that brought together Red Cross officials, the Ministry of Public Health, and the Center for Disease Control was held in Yaounde from 18 to 19 December 2014. During this meeting, the Cameroon Red Cross donated 20 thermometers without contact and frontal of the BRAUN trademark in a bid to strengthen surveillance to the MoPH.
1.2.2 PPE was procured and prepositioned in Yaoundé for deployment if required. The PPE was also used for demonstration sessions (as part of sensitization activities, as per the approach taken in other countries implementing EVD preparedness operations). In total of 100 people were trained in the proper use of PPE, at the rate of 10 persons per region.
1.2.3 Weekly updates were regularly issued and an operation update published.
Output 1.3 Community epidemiological surveillance is set up/enhanced
Activities planned
1.3.1 Participate in information and coordination meetings with authorities
1.3.2 Set up/ enhance community monitoring committees for disease surveillance
1.3.3 Epidemiological control and monitoring through community disease surveillance
Achievements
1.3.1 The CRC regularly attended meetings organised by the MoPH and WHO (Please, refer to “Overview of non-RCRC actors in country” section.
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. The participation of the Cameroon Red Cross in this important meeting was in prelude to the official positioning of the Red Cross in the fight against Ebola and was also to align with the harmonization of the prevention approach with OCEAC as lead.
1.3.3 Community-based epidemiological surveillance started after the completion of sensitization activities, and was carried out by community leaders..
Challenges
Key operational challenges included: <ul style="list-style-type: none"> Administration and Finance: CRC network of volunteers not properly used since funds were not allocated for this
Lessons learned
None reported.

C. Budget

- “Medical & First Aid” was overspent by CHF 6,571, which equates to 131 per cent; and was due to PPE kits and dead body management kits being procured at an increased cost than budgeted at the onset of the DREF operation. Please note that underspends on other lines was used to offset
- “Teaching Materials” was overspent by CHF 2,220; and was due to these activities being incorrectly budgeted against “Information & Public Relations” at the onset of the DREF operation.
- “Logistics Services” was overspent by CHF 5,000; and was due to the transportation of PPE kits that were procured via the IFRC Global Logistics Services, which was not budgeted at the onset of the DREF operation. Please note that

underspends on other lines was used to offset, specifically “Distribution & Monitoring (CHF 4,876) and “Transport & Vehicle Costs” (CHF 3,521).

- “National Society Staff” was overspent by CHF 3,310;
- “International Staff” was underspent by CHF 6,000; and was due to cancellation of the deployment of a RDRT. Please note that in the absence of a RDRT, the CRC mobilized a dedicated EVD focal person; and their costs were incurred against “National Society Staff” (CHF 3,310 - not fully utilized due to the late appointment of the EVD focal person), which was not budgeted at the onset of the DREF operation.
- “Workshops & Training” was underspent by CHF 1,141, which equates to 21 per cent; and was due to reduced cost than budgeted at the onset of the DREF operation.
- “Travel” was underspent by CHF 4,406, which equates to 80 per cent; and was due to the cancellation of the deployment of a RDRT.
- “Office Costs” was overspent by CHF 908; and was due to the need to procure additional stationery materials for sensitization sessions, and unexpected office costs that were not budgeted at the onset of the DREF operation. Please note that underspend on “Communications” (CHF 1,908) was used to offset.

Please note that there was an overall underspend of CHF 14,941 against the agreed budget (CHF 49,922) on the DREF allocation that was made which has be justified based on the explanations above; and this balance will now be reimbursed to the DREF.

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 (NGO's) 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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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Disaster Response Financial Report

MDRCM019 - Cameroon - Ebola Virus Disease

Timeframe: 24 Aug 14 to 25 Jan 15

Appeal Launch Date: 24 Aug 14

Final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/3	Programme	MDRCM019
Budget Timeframe	2014/8-2015/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		49,922				49,922	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		49,922				49,922	
C4. Other Income		49,922				49,922	
C. Total Income = SUM(C1..C4)		49,922				49,922	
D. Total Funding = B + C		49,922				49,922	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		49,922				49,922	
E. Expenditure		-34,981				-34,981	
F. Closing Balance = (B + C + E)		14,941				14,941	

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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			49,922			49,922		
Relief items, Construction, Supplies								
Medical & First Aid	5,000		11,571			11,571	-6,571	
Teaching Materials			2,220			2,220	-2,220	
Total Relief items, Construction, Sup	5,000		13,791			13,791	-8,791	
Logistics, Transport & Storage								
Storage			325			325	-325	
Distribution & Monitoring	6,000		1,124			1,124	4,876	
Transport & Vehicles Costs	4,800		1,279			1,279	3,521	
Logistics Services			5,000			5,000	-5,000	
Total Logistics, Transport & Storage	10,800		7,728			7,728	3,072	
Personnel								
International Staff	6,000						6,000	
National Staff			3,310			3,310	-3,310	
National Society Staff	2,000		1,261			1,261	739	
Volunteers	300		150			150	150	
Total Personnel	8,300		4,721			4,721	3,579	
Workshops & Training								
Workshops & Training	5,400		4,259			4,259	1,141	
Total Workshops & Training	5,400		4,259			4,259	1,141	
General Expenditure								
Travel	5,500		1,094			1,094	4,406	
Information & Public Relations	8,875						8,875	
Office Costs			908			908	-908	
Communications	2,000		92			92	1,908	
Financial Charges	1,000		253			253	747	
Total General Expenditure	17,375		2,347			2,347	15,028	
Indirect Costs								
Programme & Services Support Recove	3,047		2,135			2,135	912	
Total Indirect Costs	3,047		2,135			2,135	912	
TOTAL EXPENDITURE (D)	49,922		34,981			34,981	14,941	
VARIANCE (C - D)			14,941			14,941		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	49,922		49,922	49,922	34,981	14,941	
Subtotal BL2	49,922		49,922	49,922	34,981	14,941	
GRAND TOTAL	49,922		49,922	49,922	34,981	14,941	