

Standard Operating Procedures

**Pandemic Preparedness and Response Civil
Society Organizations (PPR-CSOs) platform to
enhance the capitalization of COOPER CE
Project in Cameroon**

10/10/2025



LIST OF ACRONYMS AND ABBREVIATIONS

Abbreviation	Full meaning
COSCA Health	Coalition of Civil Societies for Health
COPPER CE	Community engagement in Pandemic Preparedness and Response
CSO	Civil Society Organisations
COFIS-CSU	Coalition of Civil Society Organizations for Health Financing and Universal Health Coverage
CS4ME	Civil Societies for the Elimination of Malaria
SOP	Standard Operating Procedures
ROOHCAM	National Civil Society Network "One Health"
PROVARESSC	Platform of Civil Society Organizations for the strengthening of vaccination and the health system in Cameroon
PPPR	Pandemic Prevention, Preparedness and Response
UHC	Universal Health Coverage
JEE	Joint External Evaluation
SPAR	State Party Annual Report
NAPHS	National Action Plan for Health Security
STAR	Strategic Tool for Assessing Tools
PHC	Primary Health Care
HTM	HIV/AIDS, Tuberculosis and Malaria

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DEFINITIONS AND TERMINOLOGY

1. **Civil Society Platform:** It refers to a structure bringing together several organizations (NGOs, associations, unions, etc.) to coordinate their actions, strengthen their representation and facilitate dialogue with public authorities and other stakeholders¹. They therefore often coordinate several entities, manage collective actions and serve as centers of advocacy, accountability or civic technology².
2. **Coalition of civil society organizations:** It is conceived as a more or less structured grouping of NGOs, foundations, associations, and other non-profit organizations that share resources to promote common objectives and exert influence. These coalitions can take various names such as network, collective, or alliance, and aim to strengthen their impact by working together to achieve their goals, whether it is advocacy, health promotion, or the fight against epidemics and pandemics.³.
3. **Standard Operating Procedures:** They are understood as a set of written instructions detailing the steps to perform a specific task or process in a consistent and uniform manner within an organization.⁴ These include elements such as governance mechanisms, partnership protocols, stakeholder communications, and platform moderation or operations.
4. **Pandemic Prevention, Preparedness and Response (PPPR):** It is a systematic and structured approach to effectively identify, plan for, and respond to potential pandemics. PPR involves proactive efforts to prevent the widespread spread of infectious diseases, as well as rigorous preparation to mitigate their adverse effects in the event of a pandemic. It can be implemented through disease surveillance, health promotion, quarantine policies, emergency planning, medical training, and equipment procurement².
5. **A pandemic:** Massive spread of disease, which typically crosses national borders and affects large populations, often occurs when a disease spreads efficiently across the globe, resulting in significant public health consequences (reference).
6. **Vulnerable groups:** They refer to populations that are more likely to experience discrimination, be excluded, or need assistance because of characteristics such as age, gender, disability, migration, ethnic or social origin, sexual orientation, or poverty⁵. These could include

¹ https://eiti.org/sites/default/files/attachments/code_conduite_valide_du_college_de_la_societe_civile_itie_cam.pdf

² Enhancing community capacity for human rights and advocacy in the context of pandemic preparedness and response; training module; ACT Asia Pacific, COPPER CE project, APCASO

³ https://www.afrique-gouvernance.net/bdf_organisme-643_fr.html

⁴ <https://document360.com/fr/blog/procedure-operationnelle-standard>.

⁵ <https://www.google.com/search?q=Vulnerable+Groups>

older people, people with disabilities and minority communities who may be more vulnerable to the impacts of a pandemic.

SECTION 1: INTRODUCTION, PURPOSE AND SCOPE

Background to the COPPER CE project

Cameroon is implementing the COPPER-CE (Community Engagement in Pandemic Preparedness and Response) project, which aims to ensure that communities and civil society actors effectively engage in national processes and mechanisms related to pandemic preparedness and response (PPR), ensuring that national PPR policies, strategies, and programs integrate health equity, human rights, and gender equality. This project brought together several civil society actors and networks, including the Platform of CSOs Engaged in the Promotion of Immunization and Health System Strengthening in Cameroon (PROVARESSC), the CSO Coalition for Health Focused on Mental Health and Disease Management Activities (COSCA Santé), the Civil Society Coalition for Health Financing and Universal Health Coverage (COFIS CSU), the Civil Society for Malaria Elimination (CS4ME), and the National Network of Civil Society Organizations “One Health” (ROOHCAM). In addition, some key and vulnerable communities are targeted for inclusion in the PPR platform project, including those targeting HIV/AIDS patients, tuberculosis patients and survivors, young girls and women, especially those exposed to violence, sex workers, internally displaced persons, slum dwellers, people with disabilities, drug and injecting drug users, and refugees.

The COPPER project provided CSOs with a unique opportunity to review the national mechanism for integrating gender and human rights aspects into the PPR (National Action Plan for Health and Education) and EEC processes. Evidence from the CSO PPR profile and the Equity Scorecard pilot is currently being used for formal advocacy for the inclusion of communities and CSOs in national PPR processes, such as the Joint External Evaluation and the submission of pandemic fund proposals, among others. In addition, CSOs and community focal points were trained on key PPR processes, community monitoring, and advocacy strategies, contributing to the development of evidence to support PPR policymaking.

The main gaps identified during the COPPER CE project include weak collaboration between existing PPR networks and coalitions, insufficient documentation of PPR activities carried out by communities and CSOs, weak communication and social marketing skills, lack of knowledge of national PPR processes, lack of operational plans and limited operational research capacity. This justifies the

need to create links between PPR CSO networks and provide learning opportunities for their members, hence the justification for this project.

Rational

The COPPER CE project implemented at the national level has strengthened the capacities of communities and CSOs in engagement, advocacy, learning, and knowledge sharing within the framework of the PPR. However, there is a need to strengthen coordination, collaboration, engagement, and capacity for PPR activities carried out by existing platforms. These CSO networks have good national coverage and are members of renowned PPRs. It is therefore important to come together to better coordinate PPR activities carried out by CSOs.

To provide clear, mandatory, step-by-step procedures for the CSO Coalition to coordinate actions across the entire spectrum of Pandemic Preparedness, Prevention, and Response (PPR).

Mission

This SOP seeks to enhance community and CSO learning and collaboration, with the aim of fostering sustainable commitment and action for PPR.

Objective and scope

These Standard Operating Procedures (SOPs) describe the structure of the PPR CSO Platform and its functional components (see Annexes 1 and 2). In addition, the SOPs aim to:

- Establish a standardized process for the operation of the national PPR CSO collaboration platform, particularly with regard to inter-network communication on PPR activities and documentation of milestones and best practices.
- Identify and clarify roles and responsibilities in the implementation of member functions
- Provide a basis for coherent and well-organized operations of the CSO PPR platform on the following points:
 - Key strategies for community engagement in PPR governance structures, including but not limited to JEE, SPAR, NAPHS, One Health, STAR, PHC, among others
 - Integrating gender and human rights aspects into PPRs

The NGO for Social Impact in Health launched the Community Engagement in Pandemic Preparedness and Response (COPPER CE) project over 2 years ago and will serve as the secretariat for coordinating the activities of the PPR National CSO Collaboration Platform.

The organizational chart of the functional components of the FIS NGO and CSO networks is available in *Appendix 1. (The organizational chart proposed in Appendix 1 is well structured, highlighting the CSOs, platforms and the secretariat)*

This document was developed in October 2025 and would require review at least every two years. It will be regularly updated as needed by the coordination team.

The contact details included in the appendices will be reviewed and revised if necessary.)

Guiding principles

Aligning with the Istanbul Principle to found the SOPs, the PPR National CSO Collaboration Platform will rely on the following principles to guide its work:

- Transparency
- Responsibility
- Participation
- Empowerment
- Environmental sustainability
- Gender equality
- Knowledge sharing

Target groups

Table 1: The following CSOs are targeted for membership in the PPR platform as classified below:

Sector	Areas of interest	Members
Human Health	<ul style="list-style-type: none"> • Immunization • sexual and reproductive health • health systems strengthening • health financing and Universal Health Coverage • HIV/AIDS, TB and Malaria • food security 	PROVARESSC COSCA Santé ROOHCAM CS4ME COFIS-CSU CIDIMUC CNAL-2D RESIPAT RECAJ+ The Children and Youth House (MEJ)

	<ul style="list-style-type: none"> • antimicrobial resistance • gender-based violence • internally displaced people • slum dwellers • people with disabilities • Drug users • Refugees • Others 	TB people SHEMKA Foundation OFIF MALARIA AND NTD'S YOUTH CORPS CAMEROON Cameroon Baptist convention health service (CBCHS) DEMTOU humanitarian RENATA
Animal Health	zoonosis, antimicrobial resistance	
Environmental health	food security	
Plant Health	food security	
Others		

SECTION 2: ROLES AND RESPONSIBILITIES

The platform PPR CSO is made up of the following functional components:

1. In conjunction with the Management Team, the CSO PPR Platform Coordinator is responsible for representing the platform and overseeing its activities. In addition, the Coordinator must ensure consistency between the platform's activities and the platform's creation objectives.
2. In conjunction with the Management Team, the PPR CSO Secretary assists the Coordinator, as the designated authority, in its operations and ensures the smooth running of the platform. He or she is responsible for planning, monitoring and implementing activities.
3. After approval by the management team, the communications officer ensures the smooth flow of internal and external information, develops and disseminates communication tools and any documentation. He is responsible for overseeing the capacity building of members in communication. Communication will take into account various communication channels and media.

4. The leadership team consists of the coordinator, the secretary, the communications officer, the monitoring and evaluation officer, CSOs, coalitions and civil society networks supporting the PPRs, the sectoral and partners. Its members are responsible for strengthening the governance functions of community engagement in all PPR and SSP processes, including JEE, SPAR, NAPHS, One Health, STAR, PHC and UHPR, as well as developing strategic plans for major HTM programs and other contingency plans to prepare for and respond to major risks, among others. They also ensure the integration of gender and human rights issues in the PPR processes mentioned above.
5. In liaison with the Management Team, the Monitoring, Evaluation and Learning Manager will contribute to the transformation of information into evidence for action. He will also coordinate capacity building activities in monitoring, evaluation and learning for members.

The Platform will carry out the following PPR activities:

1. Consolidate documentation and information from relevant CSOs/CBOs/NGOs, notable community activities in the areas of community surveillance, community quarantine services, vaccination, emergency response, risk communication, community engagement, infection prevention and control, WASH, universal health coverage, service delivery, health financing, etc.
2. Communicate regularly with ministerial departments involved in PPR activities (share joint CSO reports on the PPR);
3. Disseminate information (including those regarding basic requirements and procedures for activities in the areas of community surveillance, community quarantine services, vaccination, emergency response, risk communication, community engagement, infection prevention and control, universal health coverage, service delivery, health financing, etc.) to members;
4. Participate in PPR governance processes conducted by key departments of the Ministry of Health and other sectors, including JEE, NAPHS, STAR, SPAR, PVS-IHR, One Health, PHC and HTM policies and plans, etc.
5. Participate in other PPR and PHC committees and working groups critical to monitoring progress in strengthening community engagement and systematically integrating gender and human rights aspects into PPR and PHC governance
6. Provide advice/feedback to CSOs/CBOs and communities on PPR and PHC governance
7. Carry out information exchanges between countries with CSOs platforms
8. Strengthen the capacities of actors on the skills necessary for their operation, training on advocacy, planning, monitoring and evaluation, etc.

See Appendix 3: for the coordination and circulation of incoming and outgoing information from the PPR CSOs platform.

Step-by-step process – with tools or checklists

I. Consolidate documentation and information from CSOs/CBOs/NGOs and affected communities;

Overview of functions: Consolidate inputs from relevant CSOs/CBOs/ASCs and other key community leaders and vulnerable communities on PPR/PHC activities

Justification: The platform will need to identify stakeholders relevant to community engagement and establish effective and functional communication channels to receive and consolidate the input needed to develop joint PPR reports.

The platform coordinator will coordinate monthly meetings and/or discussions with members and consolidate input from all relevant sectors. This consolidated information will be used to produce key knowledge materials on CSO and community interventions in PPR and PHC.

- The documents will be shared with all members of the platform as soon as they are validated by the competent authorities,
- These documents will be shared by all members of the Platform
- They may include strategic plans, annual activity report, project report, activity report, annual work plan, etc.
- Communication with members will be done via WhatsApp groups, WhatsApp mailing list channel.

Table 2: Types of documentation to share with platform members

Types of documentation to share	Field of work	Types of documents to share
CASCA Health	<ul style="list-style-type: none"> • Monitoring 	strategic plans, annual activity report, project report, activity report, communication tools developed, research tools, CSO mapping, etc.

	<ul style="list-style-type: none"> • Risk Communication and Community Engagement • Capacity building 	
COFIS-CSU	<ul style="list-style-type: none"> • Universal health coverage • Health financing • Risk Communication and Community Engagement • Capacity building 	strategic plans, annual activity report, project report, activity report, communication tools developed, research tools, etc.
CS4ME	<ul style="list-style-type: none"> • Case management • Malaria surveillance • Risk Communication and Community Engagement • Capacity building 	strategic plans, annual activity report, project report, activity report, CSO mapping, etc.
PROVARESCE	<ul style="list-style-type: none"> • Vaccination • Capacity building • Monitoring • Risk Communication and Community Engagement 	strategic plans, annual activity report, project report, activity report, CSO mapping, communication tools developed, research tools, etc.
ROOHCAM	<ul style="list-style-type: none"> • Risk Communication and Community Engagement • Capacity building • Surveillance (RAM, food safety, zoonoses, environmental risks, etc.) • Mental health 	strategic plans, annual activity report, project report, activity report, CSO mapping, communication tools developed, research tools; etc.
Other vulnerable communities (HTM, girls and women,	<ul style="list-style-type: none"> • Case management • Disease surveillance 	strategic plans, annual activity report, project report, activity report, CSO mapping,

displaced persons, drug users, slum dwellers, etc.)	<ul style="list-style-type: none"> • Risk Communication and Community Engagement • Capacity building 	communication tools developed, research tools; etc.
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II. Communicate regularly in a two-way manner with ministerial departments, key donors and implementing partners involved in PPR activities (share joint thematic reports of PPR CSOs);

Overview of functions: *Share information on PPR/PHC thematic activities carried out by CSOs through multiple channels and information media (documents and others)*

Justification: *The platform will need to identify relevant decision-makers (ministerial departments and development partners) and establish effective and functional communication channels to share information on PPR activities carried out by CSOs.*

- Joint reports on a specific thematic activity carried out by several CSOs will be prepared periodically and shared with departmental units.
- Other relevant joint publications such as newsletters, lesson and best practice guides, guidance notes, etc. will also be shared with relevant stakeholders.
- These documents will be produced by the communications team subject to validation by the coordinator under the direction of a competent member depending on the area of expertise on a regular basis.
- NB: Documents produced by the platform must be validated by a significant majority before their publication, except in special cases.
- Hard copies will be sent to the relevant PPR institutions and electronic copies will be shared by mail.
- Relaying and systematically sharing information via non-media, social media (Facebook, WhatsApp, etc.) and writing publications on websites
- Creating a WhatsApp channel
- The Secretary is responsible for communication with the platform stakeholders

Table 3: Types of documents to be produced and shared with key public and private stakeholders

Document type	Frequency	Responsible	Target audience
Review	Quarterly	Secretary General	All major stakeholders and the general public
Joint thematic report	Quarterly	Surveillance Agent	PPR decision-makers (ministerial departments and development partners)
Guidance note	Half	Surveillance Agent	PPR decision-makers (ministerial departments and development partners)
Information Notes	Monthly	Expert in communication	PPR decision-makers (ministerial departments and development partners)
Newsletter	Quarterly	Expert communication	General public
audits	Annuals		Member of the platform, donors
Others			

III. Disseminate information (including information on basic requirements and procedures) on activities in the areas of community surveillance, community quarantine services, case management, vaccination, emergency response, risk communication and community engagement, WASH infection prevention and control, universal health coverage, health financing, service delivery, etc. to members;

Overview of functions: *Dissemination of information to relevant stakeholders such as collective members, other community actors, vulnerable groups, etc.*

Justification: *The CSOs PPR platform will ensure that all relevant stakeholders receive information received from government departments, development partners and other CSOs at the national and international levels. This includes strategic documents such as legal and regulatory documents, memos, plans, guides, reports, standard operating procedures and other relevant documents.*

The types of messages/information that may be shared with community members by the CSO PPR platform include:

- Key ministerial departments such as organizational charts, laws, decrees, memos, validated plans, reports and other standard directives

- Other CSO networks at national and international levels such as newsletters, reports, etc.
- Development partners at national and international levels such as validated plans, reports and other standard guidelines such as JEE, SPAR, STAR reports, among others
- Research institutes (national and international) such as research articles, etc.
- from research articles, survey results from online research journals,
- Online learning communities such as validated plans, reports, other standard guidelines, webinar recordings, etc.
- Situation reports of response activities
- Others
- The executive members of the coalitions (COSCA; PROVARESSC, ROOHCAM, COFIS-CSU, CS4ME; CIDIMUC; other HTMs and leaders of vulnerable communities are responsible for communication with their members

IV. Participation in PPR/PHC governance processes led by key departments of the Ministry of Health and other sectors notable policies and plans JEE, NAPHS, STAR, SPAR, PVS_RSI, One Health, PHC, etc.

Role Overview: *PPR CSO platform Members are expected to be involved in PPR/PHC governance processes such as JEE, PANSS, SPAR, Strategic and Contingency Plan development, etc. whenever their country engages as per recommended frequencies.*

Justification: *The participation of civil society and community actors is fundamental. They represent the main vulnerable populations and must therefore ensure that the priorities of their populations are taken into account.*

These governance processes are implemented in accordance with the organization's national and international recommendations. They may also depend on other circumstances, such as the outbreak of an epidemic or pandemic, and the termination of certain plans.

Some identified PPR governance processes are summarized in the table below:

Table 4: National PPR/PHC governance processes

No	PPR/PHC governance process	Frequency
1	Joint External Evaluation of the Implementation of the International Health Regulations	Every 5 years
2	National Action Plan for Health Security	Every 5 years

3	National Action Plan for Health Security (Operational Plans)	Annual
4	State Party Annual Review of the IHR	Annual
5	National Risk Profiling (STAR)	Every two years
6	National Transition Workshop Roadmap (PVS-IHR)	Every two years
7	National Community Health Strategic Plan	Every 5 years
8	National strategic plans for the control of HTMs	Every 3 to 5 years
9	National “One Health” Strategic Plan	Every 3 to 5 years
10	National response plans for major public health events such as cholera, measles, polio, etc.	As soon as the epidemic is declared by the country
11	Others	

NB: Annual operational plans are developed following the development of strategic plans. Monitoring and evaluation of these plans can also be carried out annually, mid-term, and at the end of their implementation, depending on the availability of resources. Therefore, CSOs should collaborate with the government departments responsible for developing and evaluating these plans to ensure their inclusion.

- V.** Participate in other PPR and PHC committees and working groups critical to monitoring progress in strengthening community engagement and systematically integrating gender and human rights aspects into PPR and PHC governance

Role Overview: PPR CSO platform members are involved in PPR/PHC governance processes and platforms such as the Inter-Agency Coordinating Agency for Immunization, the Global Fund Country Coordination Platform, and the Zoonosis Program Steering Committee, among others.

Rationale: The participation of civil society and community actors is fundamental. They represent the main vulnerable populations and must therefore ensure that the priorities of their populations are taken into account.

Some PPR/PHC governance platforms have been identified as presented in the table below:

Table 5: National PPR/PHC governance platforms

No	PPR/PHC governance process	Frequency
1	Inter-agency Coordination Group (vaccination) CCIA	Every 3 months
2	Inter-ministerial Committee on the Zoonosis Programme (PLNPZER)	Every 6 months
3	National Community-Led Intervention (CLII) Task Force	

6	National Focal Point – International Health Regulations	
7	Cameron Health Data Collaborative	
8	National Coordination Group for HIV/AIDS Activities	
9	Global Fund Country Coordinating Group (CCG)	
10	Coalition for Malaria Elimination (CS4ME, Roll Back Malaria Committee)	
11	National Network of CSOs (ROOHCAM)	
12	National Coalition of CSOs for Health (COSCA)	
13	National Council of Imams (CIDIMUC)	
14	National Coalition of CSOs for Health Financing and Universal Health Coverage COFIS-CSU	
15	National Coalition for the Promotion of Vaccination and Strengthening of the Health System (PROVARESSC)	
16	AJC-Pro Health	
17	RESIPAT	
18	CNAL 2D	

VI. Provide advice/feedback to CSOs/CBOs and communities on PPR and PHC governance processes

Role Overview: Provide feedback to member CSOs and CBOs PPR/PHC governance process

Rationale: The PPR CSO platform will ensure that all members of its coalitions, as well as communities, receive key recommendations developed by the PHC and governance processes. These include strategic documents such as declarations, reports, roadmaps, recommendations, etc.

The following documents will be shared with CSOs and CBOs that are members of the various networks:

- Recommendations from the coordination meeting of the PPR and PHC platforms
- Presentations on the country's progress on key community indicators for the JEE
- Recommendations of PPR processes such as JEE, PANSS, SPAR, etc.
- Recommendations made at national forums and conferences

VII. Share information exchanges at national and international level between countries with CSOs in collaboration

Overview of functions: CSO PPR members are informed and participate in national and international activities. These activities may include, for example, participation in webinars, conferences, forums, exchange visits, etc.

Rationale: Their participation in these events is essential for capacity building, networking, and growth. It is essential for the PPR CSO platform to connect with projects in other countries to foster the sharing of best practices, documents, and lessons learned, which will enhance their activities as institutions and the platform project as a whole.

The PPR/PHC collective of Cameroonian civil society should organize/participate in international events such as:

- Conferences
- Fairs
- Seminars
- Exchange visits
- Webinars
- Etc

VIII. Strengthen the capacities of stakeholders in the skills necessary for their operation

Overview of functions: CSO PPR members are expected to coordinate the actions of their members at the institutional and national levels. They must be actors with the capacity and potential to communicate and advocate on behalf of their communities and coalitions.

Rationale: It is important to have the necessary expertise and training to coordinate the CSO PPPR platform project. Therefore, members should be trained in key aspects such as communication and monitoring and evaluation. It is also important to hold information sessions on certain thematic groups of the PPR to strengthen skills in advocacy, monitoring and evaluation, etc.

Some key areas of training needs for CSO PPR members include:

- Communication
- Internet Use

- Communication interfaces such as Zoom, Teams, animation and management of WhatsApp communities, etc.)
- Writing emails
- Newsletter production
- Others
- Monitoring and evaluation
 - Development of plans
 - Reporting
 - Audit
 - Budgeting
 - Formative research
 - others
- Developing advocacy plans
 - Advocacy techniques
 - Others

SECTION 3: INFORMATION MANAGEMENT AND RISK COMMUNICATION PROCEDURES

Community Data Collection and Reporting

Procedure: Step-by-step guide on collecting and submitting critical information using the digital platform

- A. Data Entry:** Use the platform's secure application or web portal for all data shared (e.g case reports, activity reports etc).
- B. Data Privacy:** Mandate the anonymization of beneficiary data and adherence to the privacy recommendations specified in appendix 4 below.
- C. Real-Time Mapping:** The platform automatically aggregates incoming data to update the Service Mapping Dashboard, which all CSOs must consult before deploying resources.

Unified Message Vetting and Dissemination

Procedure: Process for developing, vetting, and approving all public-facing communication across the coalition.

- A. **Source Verification:** All public health messages must be sourced from or verified by in accordance with official national/international guidance.
- B. **Message Vetting:** The Steering Committee's Communication expert must formally approve the language, tone, and format of all key messages before release.
- C. **Platform Message Bank:** All approved messages (for radio, SMS, social media) must be stored in the PPR Platform's Message Bank to ensure consistency and prevent unauthorized variations.

Infodemic Response Protocol

Procedure: Actions for identifying, analyzing, and countering misinformation and disinformation in real-time.

- **Monitoring:** Platform staff must use social listening tools and community feedback channels to identify "Signal Events" (spikes in false narratives).
- **Fact-Checking & Classification:** Identified misinformation is sent to a community teams for verification and classified by risk level (e.g., high-risk health falsehood, low-risk administrative confusion).
- **Counter-Narrative Dissemination:** The approved counter-message is immediately pushed out through all communication channels and partner networks, prioritizing the source community of the initial misinformation.

Processing of personal data by the PPR CSO Platform

Personal data is processed fairly and in accordance with national law (Statistics Act 2022), is relevant and no more than necessary for public health purposes, is accurate and up-to-date where necessary, and is destroyed or erased as soon as the record is no longer necessary.

Processing of personal data

For the purposes of this document, "Personal Data" is information that is linked or can be linked to a specific natural person, such as the name, first name, main residence or domicile of the data subject, age, date or place of birth or mother's maiden name.

Although personal data may be recorded, the CSO PPR platform does not need to maintain a "system of record" of the information it receives, in a way where the information is actually retrieved by an individual's name or personal identifier. However, the sending and receiving of personal data must be done in a manner that ensures that all "records" are received and processed as described below.

In situations where the platform receives information via email/fax/mail or other means of communication that includes personal data, the Secretariat must password protect or encrypt all personal data or identifiers before sending them to the appropriate sector or department.

See the appendix 4: For instructions on how to password protect files.

Documentation

As a best practice, all documentation produced by the PPR collective should be recorded in an internal register (e.g., an Excel spreadsheet or a dedicated database). The information will be entered and stored by the CSO's PPR secretariat. A postal address and drive should also be created for document storage.

The minimum variables to include in this register are:

1. Document name
2. Documentation Description
3. Author
4. Year of publication

SECTION 4: LEGAL AND ADMINISTRATIVE FRAMEWORKS

International frameworks

- International health Regulations, third edition 2005
- Sendai Disaster Management Framework

National legal and administrative frameworks

- Law No. 90-53 of December 19, 1990, relating to freedom of association, is a framework which organizes the creation and operation of CSOs in Cameroon.
- Law No. 2020/009 of July 20, 2020 amending and supplementing certain provisions of Law No. 90/053 of December 19, 1990 relating to freedom of association
- Law No. 2021/022 of December 16, 2021 amending certain provisions of Law No. 90/053 of December 19, 1990 relating to freedom of association
- Law No. 99/014 of 22 December 1999 governing non-governmental organisations (NGOs)
- Law No. 2019/004 of April 25, 2019, on the social and solidarity economy aims to find solutions to their problems together. It defines the guidelines applicable to social economy organizations and enterprises, such as coalitions, networks, etc.

- Order No. 1433/A/ MSP/SG/DCOOP/CPNAT of August 16, 2007 establishing the terms of collaboration between the Ministry of Public Health, Associations, Non-Governmental Organizations and health establishments in the public and private sectors

References to other legal and administrative authorities and other relevant PPR documents

Organizational charts and institutional documents organizing the structure and function of CSOs

- . PROVARESSC

[LINK;](#)

- COFIS CSU,

[LINK;](#)

- COSCA Health,

[LINK;](#)

- CS4ME

[LINK;](#)

- ROOHCAM

[LINK;](#)

APPENDIX

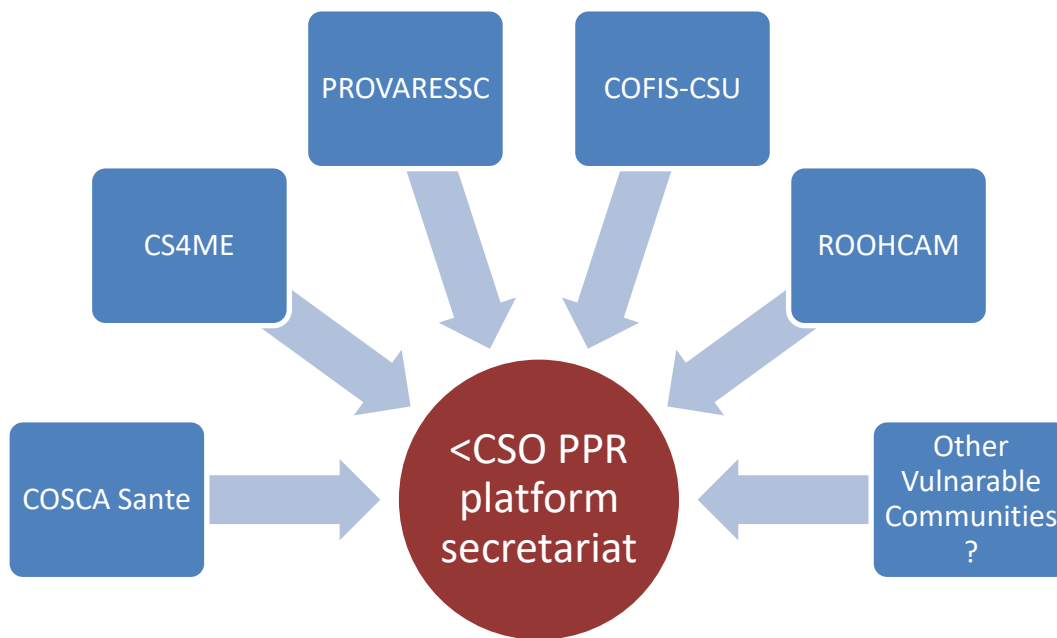
APPENDIX 1: Organizational chart of the platform Functional components of the CSO PPR

<A. Insert the organizational chart Positioning of the secretariat of the PPR of CSOs



<B. Functional components of the PPR CSO Platfoms

Functional components of the CSO PPR



ANNEX 2: Contact details of all relevant PPR CSO coalitions

<insert the coordinates of each functional group as defined in Annex 1B, for example:

1. Coordinator of the FIS NGO Secretariat							
Surname	First name	Title / Function	Unit	E-mail	Desk #	Mobile#	Home#

2. PROVQRESSC							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile#	Home#

3. COFIS-CSU							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile #	Home#

4. COSCA Health							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile#	Home#

5. ROOHCAM							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile#	Home#

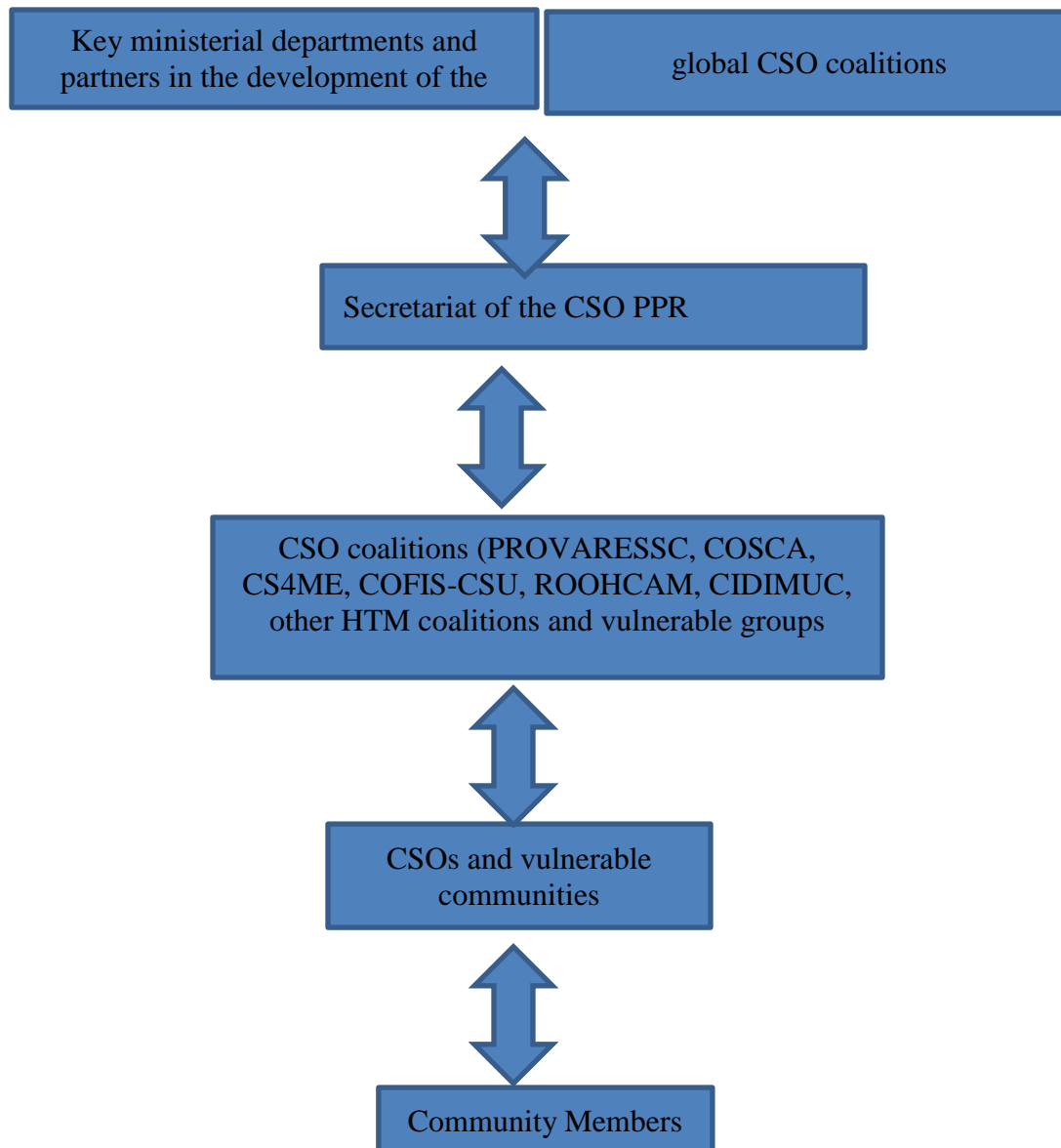
6. CS4ME							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile#	Home#

7. Other vulnerable communities							
Surname	First name	Title / Function	Department	E-mail	Desk #	Mobile#	Home#

APPENDIX 3: Coordination and flow of incoming and outgoing information

CSO PPR Collaboration

Information flow map for the CSO PPR platform



APPENDIX 4: How to password protect files

1. Open the file
2. In the File tab, click the Protect Document icon
3. Select Encrypt with password
4. Enter the password when prompted
5. Click OK
6. Re-enter the password when prompted
7. Click OK
8. The document is now password protected.

Document adapted from the Pan American Health Organization/World Health Organization IHR
NFP Strengthening Multilateral Workshop Toolkit. June. Washington, DC: PAHO/WHO; 2017