

### DREF operation n° MDRCM013 GLIDE n° EP-2011-000202-CMR 28 August, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary:** CHF 142,268 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 23 January, 2012 to support the Cameroon Red Cross (CRC) National Society in delivering assistance to some 1,170,253 beneficiaries.

A yellow fever epidemic broke out in Cameroon in October 2011, with 17 suspected cases recorded, two confirmed positive, and three deaths reported, leading to a lethality rate of 17.6%. In response to this situation, a mass immunization campaign was initiated by the Cameroon government in the 8 affected health districts of the North region, with the active participation of the Cameroon Red Cross national society. These health districts are Guider, Bibemi, Mayo Oulo, Golombé, Lagdo, Gashiga, Garoua I and Garoua II. A total of 1,132,472 people have been vaccinated. The role played by Cameroon Red Cross volunteers, who had been trained earlier in community-based health and first aid (CBHFA), during this period helped to improve immunization coverage and significantly reduce the number of cases that abandoned routine immunization. Among the 8 health districts concerned, 4 of them (50%) experienced some improvement in their immunization coverage rate between February and May 2012, and 6 (75%) experienced a significant decrease in the number of cases that abandoned routine immunization.



In April 2012, Cameroon Red Cross volunteers facilitated a yellow fever immunization campaign in Lagdo, North region of Cameroon. **Photo by CRC**

[<click here for the final financial report, or here to view contact details>](#)

## The situation

Cases of yellow fever were recorded in the North region of Cameroon during the last quarter of 2011, with 17 suspected cases tested at the Centre Pasteur du Cameroun (CPC), two of which were confirmed by the Institut Pasteur de Dakar, Senegal. The confirmed cases came from the Bibemi health district in the North region of Cameroon. A total of 8 health districts out of the 15 that make up the North region of Cameroon each recorded at least one case of yellow fever since October 2011. The Guider health district was the most affected with 11 suspected cases. By then, three deaths were recorded, representing a 17.6% lethality rate. Only two health districts (Tcholliré and Poli) out of the 15 that make up the North region of Cameroon participated in the yellow fever prevention campaign that was organized in 2009. With the resurgence of

suspected cases in other health districts in a population that is yet to be vaccinated against yellow fever, the Cameroon government and its development partners organized a campaign to respond to the disease in North Cameroon. During the campaign that took place on 23 - 29 January, 2012 in the 8 health districts in North region, a new case of yellow fever was declared in Adamawa region and was confirmed by the World Health Organization (WHO). A new response campaign was organized in May 2012, and contributed to putting yellow fever under control, as no new cases of the disease have been recorded as at now in these areas.

## Red Cross and Red Crescent action

### Achievements against outcomes

Emergency health	
<b>Outcome: Contribute to strengthening individual and collective immunity by getting at least 90% of the targeted populations vaccinated in the North region of Cameroon with the view to reducing yellow fever morbidity and mortality rates.</b>	
Outputs (expected results):	Activities planned
Epidemiological surveillance is intensified in the North region of Cameroon	<ul style="list-style-type: none"> <li>Place Red Cross local committees of the North region of Cameroon on alert</li> <li>Support routine expanded immunization programme (EIP) in targeted high risk health districts</li> <li>Train Cameroon Red Cross volunteers on the use of ECV Manual and tool kits/ community-based health and first aid (CBHFA) approach in health areas that do not have trained volunteers (Twenty one (21) volunteers from 9 regions of Cameroon were trained as trainers of CBHFA and the use of ECV manual within the framework of the cholera operation in early November 2011; and were expected to train other volunteers back in their respective regions. Only two of these volunteers came from the North region and have not yet been given the opportunity to train their peers. This training will therefore serve as an opportunity to conduct this training.</li> <li>Coach communities in their efforts to detect suspected cases early and respect preventive measures</li> <li>Enable the 100 trained volunteers to conduct routine community activities after the vaccination campaign in their respective health areas.</li> </ul>
At least 90% of people aged 9 months and above, (except pregnant women) are vaccinated in the Guider, Bibemi, Mayo Oulo, Golombe, Lagdo, Gashiga, Garoua I and Garoua II health districts thanks to the social mobilization support provided by the Red Cross	<ul style="list-style-type: none"> <li>Participate in campaign coordination meetings</li> <li>Recruit and train eight (08) coaches (supervisors)</li> <li>Recruit and train 150 Red Cross volunteers</li> <li>Distribute trained volunteers in the various geographical areas (subdivisions and neighbourhoods) of targeted health districts</li> <li>Use of didactic aids produced for the operation, conduct mass, door-to-door and focus group sensitization activities 03 days before and 3 days during the immunization campaign</li> <li>Mark children vaccinated with indelible ink</li> <li>Ensure internal and external monitoring during the campaign with the view to assess the quality of activities on a daily basis</li> <li>Conduct a post-campaign evaluation</li> </ul>

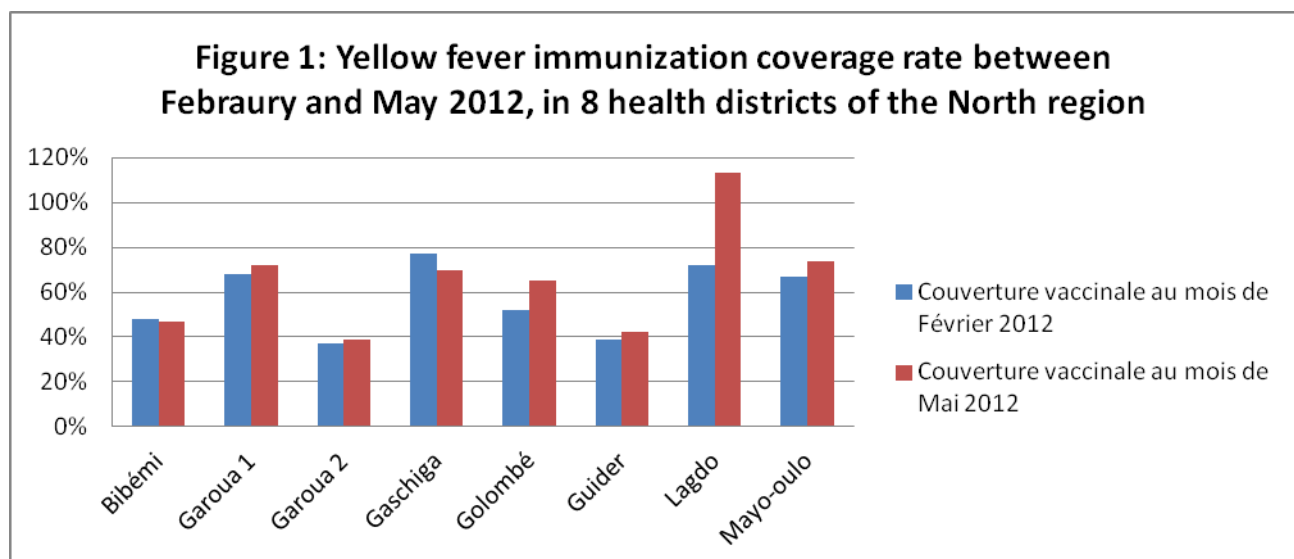
- Guide parents to vaccination sites
- Ensure Cameroon Red Cross presence within the campaign management and supervision team
- Participate in the campaign final evaluation meeting

### Impact:

During the mass immunization campaign against yellow fever, volunteers from Cameroon Red Cross assisted in vaccinating 96.80% of those targeted. Out of the 1,132,472 people vaccinated against yellow fever, 52 were identified by Red Cross volunteers as not having immunization cards, although they had been vaccinated, representing a percentage of 0.006%  $\approx$  0%. During this immunization campaign, 60 supervision sessions were conducted in the 8 health districts by the coaches and the national coordinator of the operation. Thus, throughout the campaign, the Red Cross participated in about 05 coordination meetings, out of the 06 that were held in each district. Furthermore, the Red Cross mainly participated in the important final evaluation meeting held at the North Regional Delegation of Public Health, in the presence of other partners like the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). During this meeting, the action of the Red Cross was mentioned and lauded by the various heads of district.

As part of the third phase of the yellow fever epidemic operation response, the work of volunteers initially consisted of making an inventory of all religious authorities, traditional healers and women's groups in each district concerned. These people have been met and sensitized. Thus, in the 08 districts involved in activities aiming to strengthen the routine EIP, 582 women's associations were identified, among which 10,913 people were sensitized on routine immunization. Some 725 traditional healers and 2,134 religious leaders were met and sensitized. In addition, these volunteers also worked in households and in public places. In this light, 18,707 households were visited during the 11 weeks of activities and 60,098 people sensitized. In the course of their visits, volunteers testified that 12,802 heads of household had mastered the manifestations of yellow fever and polio, representing 42.54% of persons who master these manifestations, among all those sensitized in households. Furthermore 30,095 persons were met and sensitized outside households and in public places. Visits paid by volunteers to the communities also helped to identify and lead to health facilities, 50 suspected cases of yellow fever, 8 suspected cases of Acute Flaccid Paralysis (AFP) and 315 suspected cases of measles.

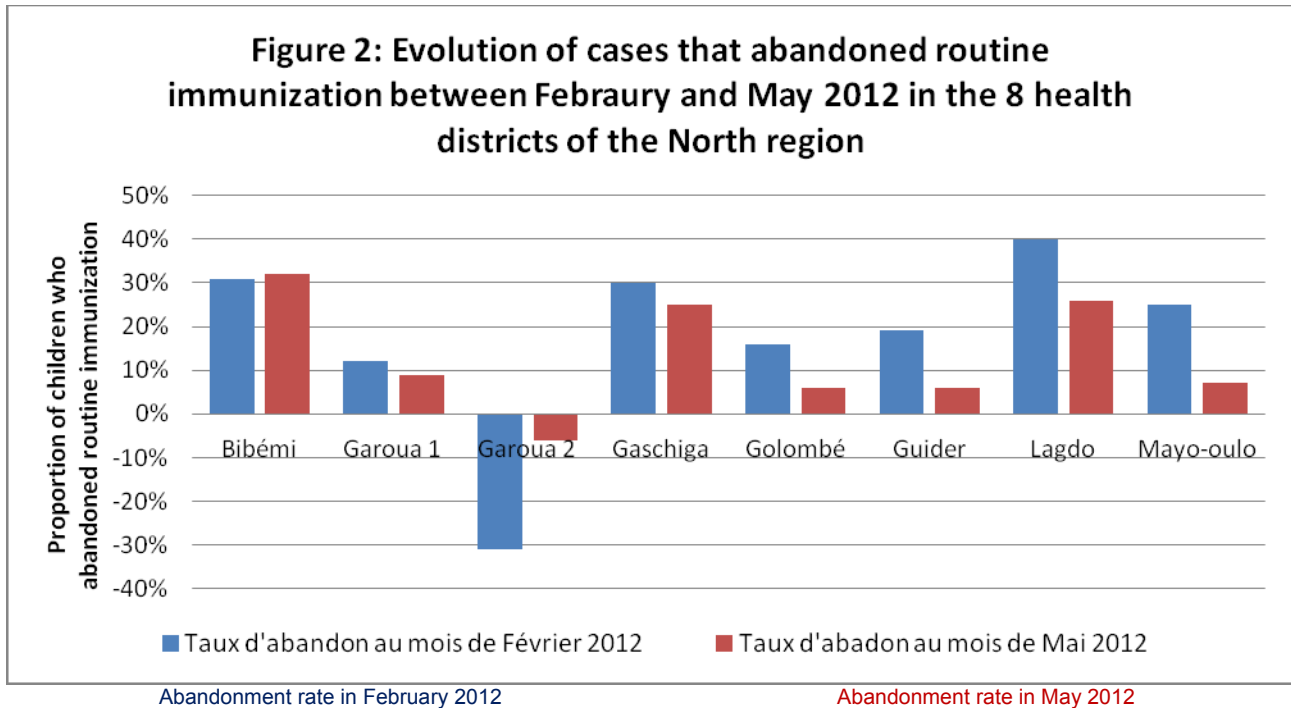
In the course of this activity, 63 meetings were held with the district health service heads, the national coordinator of the operation, regional supervisors and various coaches. Fifty-four field visits were conducted by the three regional supervisors and 120 by the 08 coaches. The action taken by the volunteers during this period of activity has improved coverage and significantly reduced the number of cases that abandon routine immunization in some health districts (see Figure 1 and 2).



Immunization coverage rate in February 2012

Immunization coverage rate in May 2012

This figure makes it possible to appraise the improvement of immunization coverage rate in the health districts of Garoua I, II, Golombé, Guider, Lagdo and Mayo-Oulo. Only that of Gashiga remains a cause for concern. Furthermore, a very significant improvement in immunization coverage is noticed in the Lagdo district health.



This figure shows a significant drop in routine immunization abandonment cases in the health districts of Garoua II, Golombé, Guider, Lagdo and Mayo-Oulo.

## Lessons learned

- Training in CBHFA enabled a better movement of volunteers in the field;
- Communities appreciated the approach and wish that activities were prolonged;
- The heads of health district service and heads of health centres expressed their satisfaction with the behaviour change of the communities as their visits to health centres for routine immunization activities have increased;
- A considerable proportion of parents have understood the importance of routine immunization and acquired a good knowledge of vaccine-preventable diseases;
- Good involvement of family heads and community leaders in the approach adopted;
- The strengthening of routine immunization activities has led to improved attendance rate of health facilities for immunization activities;
- The implementation of actions to strengthen immunization and disease surveillance has facilitated the detection of several suspected cases of EIP diseases under surveillance, thus reducing the risk of late detection of such cases;
- However, this activity would have yielded greater impact through better involvement, if allowed to run throughout the year.

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## Contact information

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

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#### DREF history:

- This DREF was initially allocated on 23 January 2012 for CHF 142,268 for 04 months to assist 1,170,253 beneficiaries.
- 01 DREF operation update issued.

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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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Saving lives, changing minds.



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.
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Selected Parameters	
Reporting Timeframe	2012/1-2012/7
Budget Timeframe	2012/1-2012/5
Appeal	MDRCM013
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	142,268					142,268	
<b>B. Opening Balance</b>	0					0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>	142,268					142,268	
<b>C4. Other Income</b>	142,268					142,268	
<b>C. Total Income = SUM(C1..C4)</b>	142,268					142,268	
<b>D. Total Funding = B + C</b>	142,268					142,268	
<b>Coverage = D/A</b>	100%					100%	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	0					0	
<b>C. Income</b>	142,268					142,268	
<b>E. Expenditure</b>	-142,241					-142,241	
<b>F. Closing Balance = (B + C + E)</b>	27					27	

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A					B	A - B	
<b>BUDGET (C)</b>		142,268				142,268		
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	16,041	16,506				16,506	-465	
<b>Total Logistics, Transport &amp; Storage</b>	<b>16,041</b>	<b>16,506</b>				<b>16,506</b>	<b>-465</b>	
<b>Personnel</b>								
National Society Staff	2,000	56				56	1,944	
Volunteers	17,250	17,689				17,689	-439	
<b>Total Personnel</b>	<b>19,250</b>	<b>17,744</b>				<b>17,744</b>	<b>1,506</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	54,400	54,310				54,310	90	
<b>Total Workshops &amp; Training</b>	<b>54,400</b>	<b>54,310</b>				<b>54,310</b>	<b>90</b>	
<b>General Expenditure</b>								
Travel	13,600	14,333				14,333	-733	
Information & Public Relations	17,350	16,882				16,882	468	
Office Costs	4,000	4,672				4,672	-672	
Financial Charges	8,000	8,034				8,034	-34	
Other General Expenses	944	1,078				1,078	-134	
<b>Total General Expenditure</b>	<b>43,894</b>	<b>44,999</b>				<b>44,999</b>	<b>-1,105</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	8,683	8,681				8,681	2	
<b>Total Indirect Costs</b>	<b>8,683</b>	<b>8,681</b>				<b>8,681</b>	<b>2</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>142,268</b>	<b>142,241</b>				<b>142,241</b>	<b>27</b>	
<b>VARIANCE (C - D)</b>		<b>27</b>				<b>27</b>		