

www.ifrc.org
Saving lives,
changing minds.

Disaster relief emergency fund (DREF) Cameroon: Wild Polio Virus Epidemic

 International Federation
of Red Cross and Red Crescent Societies

DREF operation No. MDRCM017 30 November, 2013

The emergency aid fund for disasters (DREF) of the International Federation of Red Cross and Red Crescent Societies (IFRC) is a source of unassigned funds created by the IFRC in 1985 to financial support is available for immediate emergency response of the Red Cross and Red Crescent. The DREF is a vital component of disaster response system IFRC and it improves the ability of National Societies to respond to disasters.

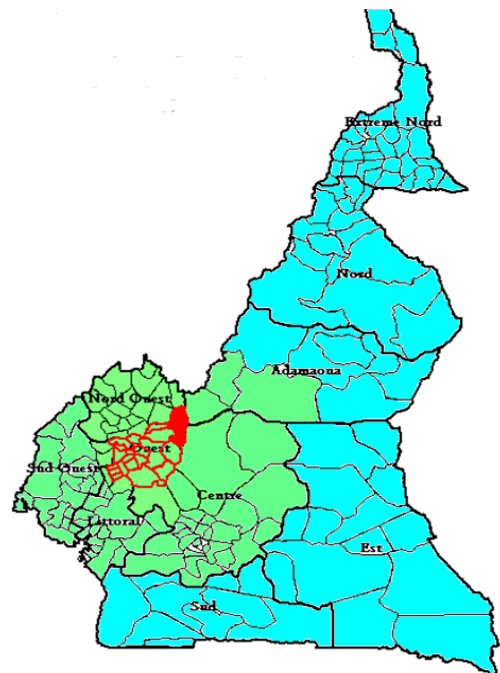
CHF 73,457 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Cameroon Red Cross National Society in delivering immediate assistance to some 695,287 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: In September 2013, a case of acute flaccid paralysis was reported Malentuen, a locality in the West Region of Cameroon. This was later confirmed as a case the wild polio virus. A second case has been confirmed in Fumbot, a locality in the same region. Findings have revealed more than a dozen symptomatic cases in 3 months, but these could not be confirmed due to lack of sampling within the prescribed period. Two other cases from Malentuen were confirmed on 27 November, making this the fourth confirmed case of the wild polio virus.

For fear of its possible spread to the entire country and neighboring countries, especially given the high morbidity of this disease, the Cameroon Red Cross (CRC) intends, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), to cover 47 health districts (HDs) across 6 Regions with social mobilization. To this end, the CRC is planning to deploy 470 volunteers, 47 supervisors, 6 regional coordinators and one national coordinator for the first phase of the response in December 2013, for a total of three vaccination campaigns (December, January and February) and strengthen routine EPI, in a context marked by hostile taboos and religious barriers to vaccination. Funds are being sought to conduct vaccination campaigns in January and February, as well as to strengthen routine EPI.

This operation will be implemented over a period of 3 months and therefore will end on 28 February, 2014. A final report will be made available three months after the end of the operation, by end-May, 2014.

[<Click here for the DREF budget; here for contact details>](#)



Map of Cameroon showing the core of the epidemic in the West Region of Cameroon

Situation

A case of poliomyelitis was reported in the locality of Malentuen, Noun Division of the West Region of Cameroon. In fact, the beginning of this outbreak dates back to 28 September, when a fever in a child of 7 years later evolved into paralysis four days later; the child could neither walk nor stand. It should be noted that this child has never received any vaccine. This child has no vaccination card and is not registered in the files of the EPI center. The grandfather of the child is a leader and pastor who is strongly against vaccination or any other form of medical treatment. From June to September 2013, a dozen cases of acute flaccid paralysis were reported.

On 20 October, the case was confirmed as a wild polio virus. A second case reported on 18 October was confirmed in the laboratory. This case was discovered in the locality of Fumbot, still in the Noun Division of the West Region. A genotyping of this second case shows a more than 99% similarity to the first one. In this case, it was a 6-year-old child who had received only the first dose of the vaccine and BCG at birth. This second case is a Cameroonian who has never travelled outside the country. There is a high risk of spread of this virus to the entire country and even to neighboring countries. To date, two other cases from the locality of Malentuen have been confirmed, bringing the total number of cases discovered as of 29 November 2013 to four.

It should be noted that the last case of polio in Cameroon dates back to 2009. Meanwhile, several immunization campaigns have been conducted in the northern and southern parts of the country. The localities of Malentuen and Fumbot are very sensitive since they host large frontier markets where people from Nigeria, Niger, Chad, Central African Republic, Gabon and Equatorial Guinea congregate. The grandmother of the first case and the parents of the second confirmed case are farmers and gardeners who are known to travel regularly to markets in Malentuen and Fumbot.

The investigation revealed a problem of inadequate health services. In fact, in Malentuen vaccination is done once a month, and EPI is conducted with great logistical difficulties.

Coordination and Partnerships

The Minister of Public Health convened the first crisis meeting and formally put in place an emergency committee, which held its first meeting on Tuesday, 18 November 2013. The committee will meet on Tuesdays and Thursdays. He also officially notified the Prime Minister and the President of the Republic. The WHO and UNICEF have also been to the field to analyze the situation. They have prepared a video and an action plan that WHO shared during the first crisis meeting held with various partners on 12 November. A second joint mission to investigate the second case took place from 14 to 16 November. It was during this investigation mission that two other cases were identified in Malentuen.

The Ministry of Public Health and its partners are planning to conduct 3 immunization responses in December 2013, January and February 2014.

The first, known as "Local Immunization Days" (LIDs) is scheduled to run from 6 to 8 December 2013 in the West, Northwest and Southwest Regions, including some neighboring Subdivisions (4) in the Littoral and Center (4) Regions. The target, **695,287**, consists of children between 0-5 years, though it will be extended to include children aged 0 to 10 years in and around the Subdivisions where the four cases were confirmed.

The second campaign, known as "National Immunization Days" (NIDs) is scheduled to run from 10 to 12 January 2013, and will target children between 0-5 years throughout the country.

The third, also named "National Immunization Days" (NIDs), is scheduled to run from 14 to 16 February 2013, for children between 0-5 years.

During the coordination meeting of 18 November, the WHO confirmed that the trivalent vaccine stock for the vaccination campaign in the northern part of the country has already arrived and is ready. On the other hand, the bivalent vaccine stock to be used for the vaccination response from 6 to 8 December is partially available. The choice of the bivalent vaccine for the response is related to the presence of the more sensitive wild polio virus. Moreover, in Cameroon, the trivalent vaccine had already been used in other campaigns and thus, the target would already be protected against this type, but not against the wild polio virus.

Centre Pasteur Cameroon has examined different samples and confirmed 4 cases.

The French Cooperation has provided support in the form of equipment, logistics (cold chain, etc.). The Center for Disease Control (CDC) and Médecins Sans Frontières (MSF) are also involved in the coordination committee.

The Coordination committee met on 27 and 28 November 2013, in order to clarify the action plan. The Ministry of Public Health, WHO, UNICEF, the CRC and the IFRC participated in and contributed to this meeting that was aimed at reviewing and finalizing terms of reference of LIDs regional supervisors, considered as cornerstones of this campaign vaccination. This was also aimed at clarifying their roles and responsibilities before, during and after the campaign and harmonizing the strategy and planning advocacy work, essential in maximizing the effectiveness and impact of the campaign.

During this meeting, it was also suggested that the impact of SMS messages should be measured during the independent monitoring that will be conducted after campaign. The idea is to know whether beneficiaries have received the SMS. It will then consist of knowing whether this SMS has an impact on the behavior of beneficiaries.

Red Cross/Red Crescent Action

Meetings were held at regional level between the IFRC, ICRC and the French Red Cross to share available information on the epidemic. This regular communication will be maintained throughout this vaccination campaign.

Since mid November, the CRC has been involved in discussions with the Ministry of Public Health, WHO, UNICEF and CDC. Subsequently, the CRC and the IFRC participated in coordination meetings, including that of 28 November, in order to plan the contribution of the Red Cross in terms of mobilization in the region affected by the epidemic poliomyelitis.

Needs

Raise awareness in the short-term for at least 3 months on the importance of vaccination and to comply with immunization schedule, and conduct dynamic social mobilization during the 3 vaccination campaigns.

In the medium term, the volunteers will support routine EPI by referring all cases for vaccination. They will also search for missed cases and ensure IEC (information, education and communication) in order to promote overall health and routine EPI especially in a context made difficult by religious barriers.

The proposed operation

The emergency vaccination campaign response to the polio epidemic reported in the West Region of Cameroon will involve 8 Regions and 117 health districts. The CRC will focus on six regions and 47 Subdivisions. Thus, it will deploy 470 volunteers (10 volunteers per health district) with 47 supervisors, 6 regional coordinators and one national coordinator. These volunteers will wear T-shirts for visibility. Several banners will be displayed in the localities concerned. Regarding mass awareness activities, megaphones will be used and thousands of posters and leaflets produced. In accordance with the strategy of the Ministry of Public Health of Cameroon, field advocacy will take place in three stages over seven days:

- 3 days before vaccination (from 3 to 5 December).
- During vaccination (from 6 to 8 December).
- After vaccination, searching for cases for 1 day (9 December)

External monitoring will be conducted in the two health districts of Fumbot and Malentuen. The objective of this monitoring is to measure the impact of the vaccination campaign and to identify beneficiaries who have not been vaccinated.

Red Cross volunteers working in 47 health districts will help vaccinate 695,287 children aged 0-5 years in some health districts of the North West, West, Central, Adamawa and Littoral Regions. In the West region, the core of the epidemic, children aged 0-10 years will be targeted during the emergency phase planned for December.

Emergency health	
Outcome: Contribute directly to reducing poliomyelitis morbidity among 695,287 children aged 0-5 years in some areas of the southern part of Cameroon (47 health districts). Raise awareness among indirect beneficiaries and the entire population of these towns estimated at 3,862,706 inhabitants.	
Outputs (expected results):	Planned activities:
Enhance the effectiveness of the emergency vaccination campaign in order to contain the polio epidemic.	<ul style="list-style-type: none"> • Conduct quality social mobilization during local immunization days (LIDs) from 6 to 8 December 2013 in six Regions: West (20 Health Districts), North West (19 HDs), Littoral (2 HDs), South West (2 HDs), Adamawa (1 HD) and Centre (3 HDs). • Carry out independent monitoring in the 2 high-risk HDs of Fumbot and Malentuen. • Produce 5,000 leaflets, 2,500 posters and 6 banners in order to raise awareness on the polio vaccination campaign.
Improve acceptance of polio vaccination among beneficiaries in the 47 health districts concerned.	<ul style="list-style-type: none"> • Training of volunteers and supervisors on the polio vaccination campaign in December. • Contribute to the organization of vaccination advocacy meetings with religious leaders, mayors and administrative authorities in the 47 health districts concerned. • Recruit 470 volunteers (10 volunteers per health district) and 47 supervisors, 6 regional coordinators and one national coordinator.
Vaccinate at least 95% of children aged 0-5 years against polio in 47 districts health targeted so as to help limit the circulation of the wild polio virus both in Cameroon and in neighboring countries.	<ul style="list-style-type: none"> • Organize proximity (door-to-door) awareness sessions; for 7 days (3 days before, 3 days during and one day after the campaign). • Coordination and monitoring/evaluation of and reporting on all planned activities.

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffaut, Regional Representative for Central Africa, Yaoundé, phone: (Office) +237 22 21 74 37, (mobile) +237 77 11 77 97, fax: +237 22 21 74 39, email: denis.duffaut@ifrc.org
- **IFRC Regional Representation:** Cyril Stein, Regional Operation Coordinator; Yaounde phone: +237 79 80 15 27, email: cyril.stein@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa, Nairobi, phone: +254 (0) 731 067 489, email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU)** Ramrakha Rishi, Head of logistics unit area, Tel: 254 733 888 022 / Fax +254 20 271 2777, email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC East Africa Regional Representation:** Diana Ongiti, RM Senior Officer, phone +254 20 276 2835, email: diana.ongiti@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator, Nairobi, phone: +254 731 067277, email: robert.ondrusek@ifrc.org

How we work

All IFRC support 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 aid 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 advancement of human dignity and peace in the world .

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 All 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.
-

DREF OPERATION

30/11/2013

Cameroon: Wild Polio Virus Epidemic

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	0
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	5,769
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	5,769
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	1,385
Transport & Vehicle Costs	5,827
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	7,212
International Staff	0
National Staff	0
National Society Staff	1,700
Volunteers	30,297
Total PERSONNEL	31,997
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	7,040
Total WORKSHOP & TRAINING	7,040
Travel	5,000
Information & Public Relations	5,656
Office Costs	3,000
Communications	2,800
Financial Charges	500
Other General Expenses	0
Shared Support Services	
Total GENERAL EXPENDITURES	16,956
Programme and Supplementary Services Recovery	4,483
Total INDIRECT COSTS	4,483
TOTAL BUDGET	73,457