

DREF Final Report

Cameroon: Polio

DREF operation n° MDRCM012 31 July, 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 129,083 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 13 December 2011 to support the Cameroon Red Cross (CRC) in delivering assistance to some 421,000 beneficiaries.

Following the discovery of a case of poliomyelitis in Kolofata towards the end of 2011, Cameroon Government decided to strengthen epidemiological surveillance and launch an immunization campaign from 18th to 22nd December as a preventive measure in the three northern regions of Cameroon, namely Adamawa, North and far

North. IFRC Central Africa Regional Representation (CARREP) facilitated the allocation of DREF funds to enable Cameroon Red Cross to support the campaign by conducting social mobilization in targeted localities. With the allocation, CRC volunteers mobilized the populations

in the three regions and encouraged them to participate in the immunization campaign. They conducted social mobilization activities two days before the start of the campaign and continued throughout the campaign. As a result of this effort, 46,073 children below five years were vaccinated in North region, 351,870 in Far North region, and 18,649 in Adamawa region; i.e. a total of 416,592 children vaccinated in the three regions. These figures, as yet unconfirmed by health authorities, represent 98.95% of targeted beneficiaries.

A second round, on the event of Local Immunization Days (LID) took place from 02 to 04 March 2012. The same three northern regions of the country were targeted. Red Cross actively participated in social mobilization activities and fully financed and supervised the external monitoring process in the North Region.

During this campaign, the Red Cross covered 15 health districts. Districts selected were those located on the border, have recurring epidemics, low vaccination coverage and a high default rate. Fifteen teams were formed, headed by 15 coaches, to supervise the 250 volunteers deployed in the field. Volunteers visited 44,899 households in the North Region, 50,473 in the Adamawa, and 129,234 in the Far North Region. This led to the vaccination of 129,234 children aged 0 to 11 months and 603,633 children aged 12 to 59 months in the North Region; 16,706 children aged 0 to 11 months, and 84,396 children from 12 to 59 months in the Adamawa Region, and finally 216 952 children aged 0 to 11 months and 806,080 children aged 12 to 59 months in the Far North Region. Resulting coverage varied between 81.07% and 104.74%. The Red Cross attended all evaluation meetings held daily in the 15 health districts that benefited from the effort of these volunteers.

Red Cross supervised the external monitoring process that lasted four days in the North Region and



A Red Cross volunteer working together with a vaccination agent from the ministry of public health during the polio vaccination campaign in the Figuil health district (Photo CRC)

mobilized 13 surveyors who worked in 10 problem health districts. Findings resulted in recommendations to improve future operations.

Singapore Red Cross and Canadian Red Cross contributed to the full replenishment of this DREF operation.

The major donors and partners of 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 U.S.A., as well as DG-ECHO, the U.K. Department for International Development (DFID), the Medtronic and Z Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the National Society, thanks all for their generous contributions. Details of contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf.

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

The situation

Two preventive national immunization days (NID) were organized in April and May 2011 respectively in the Adamawa, North and Far North regions of Cameroon that are highly exposed to the risk of polio. However, with the persistent threat of importation of polio cases from neighboring countries such as Chad and the Republic of Congo (RoC), Cameroon organized another two rounds of NIDs synchronized with Chad in September and November 2011 respectively to help prevent the outbreak of a polio epidemic. Despite all these preventive measures, a polio case was registered in the Kolofata health district of Far North region on October 6, 2011. In response to this unexpected new development, Cameroon and its partners, including the Red Cross, conducted a polio response from 18 to 22 December 2011.

Following another case of the wild poliovirus (WPV) reported by the GOULFEY Health District (HD) of the Far North Region on 17 December 2011, and confirmed in January 2012 as a WPV type 3, the Cameroon government with support from its partners decided to act through an appropriate response through the organization of a second passage of Local Immunization Days (LID) that took place from 2 to 4 March 2012. These LIDs targeted the three Northern regions of the countries, namely: the Adamawa, North and Far North Regions. The launching of the campaign itself, which was chaired by the Minister of Public Health in person, took place in the GOULFEY HD, where the WPV case was reported. To this end, the Cameroon Red Cross distinguished itself, as usual, through its involvement through the network of volunteers, social mobilization and monitoring.

Coordination and partnerships

During the mass vaccination campaign against polio that took place from 2 to 4 March 2012, the WHO provided technical supervision, while the Red Cross supervised the social mobilization activity conducted by volunteers in 15 health districts distributed in the three northern regions. In addition to external monitoring activities in the Northern Region, the Red Cross supervised this activity in five districts out of the ten that were selected, while the WHO ensured the supervision of the other five health districts. The Cameroon Red Cross participated in preparatory meetings held in the various districts before the launching of the campaign. Subsequently, the Red Cross attended all the daily evaluation meetings held in the 15 districts that benefited from the action of these volunteers. In addition, the Red Cross took part with other partners (WHO and UNICEF) in the final evaluation meetings of the campaign that were held in different Regional Delegations of Public Health.

Red Cross and Red Crescent action Progress towards objectives

Emergency health

Objective: Contribute to strengthening individual and collective immunity by in children below five years by administering the oral poliovirus vaccine (OPV) 1 & 3 to all the children in targeted localities (Adamawa, North and Far North regions of Cameroon).

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Epidemiological surveillance is strengthened in Adamawa, North and Far north regions of Cameroon. • Vaccine 100% of children from 0 to 5 months in the three regions where the 	<ul style="list-style-type: none"> • Set red Cross local committees on alert in the Adamawa, North and Far North regions of Cameroon. • Conduct active search of cases of Polio in communities. • Strengthen routine EIP in health districts identified as being at high risk.

<p>risk of importation of Polio is higher, namely Adamawa, north and Far North regions of Cameroon.</p> <p>• Effective social mobilization is conducted in the health districts identified and targeted.</p>	<ul style="list-style-type: none"> • Train or retrain 150 volunteers and team leaders on CBHFA and on the use of epidemic control for volunteers Manual and toolkit in the three regions targeted by this operation, namely Adamawa, North and Far North regions of Cameroon. • Participate in campaign coordination meeting. • Recruit and train 15 supervisors (coaches). • Recruit and train 250 volunteers, including the 150 that will be trained on CBHFA. This is a briefing to be organized by the MPH at the beginning of the campaign. • Distribute the trained red Cross volunteers by geographic area in each subdivision/neighborhood. • Conduct mass and door-to-door sensitization, organize focus group discussions using education aids 2 days before and during the campaign. • Conduct door-to-door vaccination. • Mark children vaccinated with indelible ink. • Conduct internal and external monitoring during the campaign to assess the quality of activities on a daily basis. • Carry out a post-campaign evaluation. • Guide parents to vaccination sites. • Ensure CRC presence in the management and supervision team. • participate in the final evaluation meeting of the campaign.
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Impact:

After the anti-polio Local Immunization Days (LIDs) during which Cameroon Red Cross volunteers in the Far North were deployed for five days, a series of training sessions for community-based epidemiological surveillance were organized. This consisted of targeting some EPI diseases like polio, meningitis and yellow fever, to which malaria and cholera which have become endemic diseases in this area were added.

Knowledge of each disease, modes of transmission, signs/symptoms, preventive measures, target, the role of the volunteer and actions to be taken were discussed. The participatory approach adopted throughout the various training sessions enabled the community volunteers to master the key messages for each disease, strategies, door-to-door and mass sensitization, and educative talks in households, traditional palaces and appropriate public places together with the community.

These training sessions were supervised and conducted either by the District Medical Officer or the health bureau chiefs of the localities concerned to further strengthen collaboration because at a point in time it was lacking. Some of our field collaborators avoided local health facilities on the one hand and some district officials and health areas regarded the Red Cross as a competitor, or beggar on the other. Thus, confidence had to be renewed for each party to assume its mandate; the Red Cross coming in to support, and the health facilities playing a supervisory role.

Training Venues

No	Localities concerned	Number of volunteers	Trainer
01	PITOA	15	Health Bureau Chief
02	GASHIGA	15	Health Bureau Chief
03	LAGDO	20	Health Bureau Chief
04	FIGUIL	20	District Medical Officer
05	YAGOUA	30	District medical Officer
06	MOKOLO	25	Health Bureau Chief
07	MAROUA	20	Health Bureau Chief
08	KOUSSERI	20	District Medical Officer
09	FOTOKOL	20	District Medical Officer
10	KOLOFATA	15	District Medical Officer
11	MEINGANGA	15	Health Bureau Chief

12	NGAOUNDERE	25	District Medical Officer
12	MBE	10	District Medical Officer
Total		250	

Globally, the District Medical Officer and health bureau chief health were actively involved to ensure the success of this activity and let's hope that this collaboration lasts.

In Adamawa region

Fifty Cameroon Red Cross volunteers and 3 coaches were mobilized, trained and deployed in the field to support the anti-polio immunization campaign that ran from 18 to 22 December 2011. Twenty five volunteers and a coach were deployed to Ngaoundere, 15 volunteers and a coach was deployed to Meiganga, and 10 volunteers and a coach were deployed to Mbe. These volunteers and coaches visited 28,704 households, facilitating the vaccination of 18,649 children below five years in Adamawa region. The following table summarizes the achievements in Adamawa region:

Health district	Number of households visited	Number of children below five years vaccinated	Number of households that were not opened to Red Cross volunteers	Number of people who refused to be vaccinated	Number of people who refused to be vaccinated but were convinced by Red Cross volunteer	Number of people who refused to be vaccinated not convinced by Red Cross volunteer	Cases of acute flaccid paralysis
Ngaoundere Rural (Mbe)	4762	2723	58	00	00	00	00
Ngaoundere Urban	14984	8944	89	27	17	10	00
Meiganga	8958	6982	45	12	12	00	00
TOTAL	28704	18649	192	00	29	10	00

In North region

Seventy Cameroon Red Cross volunteers and 4 coaches were mobilized, trained and deployed in the field to support the anti-polio immunization campaign. 15 volunteers were deployed to Gashiga, 15 to Pitoa, 20 to Lagdo and 20 to Figuil. Four coaches were deployed, on the basis of one coach for each of the 4 health districts. Some of the trained volunteers were involved in the administration of vaccines by the Ministry of Public Health (MPH) considering their dynamism as from the 3rd day of activities. Cameroon Red Cross representative in North region and 3 volunteers participated in the external monitoring of the campaign alongside with the World health Organization (WHO). The Red Cross made available the posters that were used in all health districts for the campaign. The posters also contained messages on yellow fever, measles and meningitis.

The volunteers and their coaches succeeded in covering 4 health areas, visiting 5,352 households and facilitating the vaccination of 10,251 children below five years in Figuil. In Pitoa, the volunteers covered 4 health areas, visited 2,866 households and facilitated the vaccination of 5,717 children below five years. In Lagdo, the volunteers covered 10 health areas, visited 2,268 households and facilitated the vaccination of 5,993 children below five years. In Gashiga, the volunteers covered 15 health areas, visited 15,024 households and facilitated the vaccination of 24,112 children below five years. These data were collected from the reports submitted by Red Cross coaches and have not yet been confirmed by health authorities. In any case, this operation is consolidating the position of Cameroon Red Cross as auxiliary to Government. Red Cross messages were also broadcaster over the radio in local languages, which facilitated social mobilization for the campaign.

In Far North region

One hundred and thirty Cameroon Red Cross volunteers and 6 coaches were mobilized, trained and deployed in the field to support the anti-polio immunization campaign. Twenty volunteers and a coach were deployed to Maroua Urban, 20 volunteers and a coach were deployed to Kousseri, 25 volunteers and a coach were deployed to Mokolo, 15 volunteers and a coach were deployed to Kolofata, 30 volunteers and a coach were deployed to Yagoua, and 20 volunteers and a coach were deployed to Fotokol. These volunteers and coaches carried out door-to-door sensitization, facilitating the vaccination of 351,870 children below five years in Far North region.

During the mass vaccination campaign against polio organized as part of round two, from 2 to 4 March 2012 in the three northern regions of Cameroon, 45 health districts were involved. But the Red Cross covered 15 health districts with social mobilization activities. The criteria that motivated the selection of these health districts included the fact that the health district is along the border with another country where cases of polio had been identified, epidemics are recurrent in the district, routine vaccination coverage is low and finally that the health district has a high rate of default cases during routine immunization. During this campaign, 15 teams were formed and placed under the supervision of 15 coaches to

oversee the 250 volunteers deployed in the field. Thus, these 15 coaches were selected from 150 volunteers who were trained in February 2012 in Community-based Health and First Aid (CBHFA). And the remaining trained volunteers joined other volunteers in the communities to bring the overall figure to 250 volunteers deployed in the field for the said campaign. These volunteers and their coaches were briefed for two days before the campaign, health service heads, together with other social mobilizers brought in by the Ministry of Public Health.

As results, these volunteers visited 44 899 households in the North Region, 50 473 households in the Adamawa, and finally 76 529 households in the Far North Region. This led to the vaccination of 129 234 children aged 0-11 months, and 603 633 children aged 12 to 59 months in the North Region; 16706 children aged 0 to 11 months and 84 396 children from 12 to 59 months in the Adamawa Region, and finally 216 952 children aged 0 to 11 months and 806 080 children aged 12 to 59 months in the Far North Region. The number of children vaccinated in the different regions has made the vaccination coverage rate to vary between 81.07% and 104.74%. Thus, coverage by region is as follows: Adamawa Region: Ngaoundere Rural: Children from 0-11 months: 81.07% Children from 12-59 months: 97.05%; Ngaoundere Urban: Children from 0-11 months: 84.66% and Children from 12-59 months: 104.74%. North Region: Children from 0-11 months: 108.89% Children from 12-59 months: 113.02%. And finally, the immunization coverage rate in the Far North Region in general is 103.14%. Since the campaign lasted three days, six sensitization/social mobilization sessions were organized throughout this period, that is, two days before, three days during, and one day after the campaign, thus, one day of activity corresponding to one sensitization session. Moreover, 45 supervision sessions were conducted by both the coaches and the coordinating team, that is, one session corresponding to a day of activity conducted by one person.

During this campaign, the Red Cross fully funded external monitoring activities in the North Region. This activity that ran for 04 days mobilized 13 surveyors who worked in 10 problem health districts, out of the 15 districts in the Region. Before going to the field, these surveyors had previously undergone a one-day briefing on monitoring by one of the Red Cross coordinators of the campaign and a WHO expert. Each of the two supervisors also ensured the supervision of this independent monitoring activity in 5 health districts, thus, making sure that all the 10 to be monitored were covered. The findings of the Red Cross supervisor revealed that in some health districts, many households were not marked, and some mothers declared that their children had been vaccinated, whereas, it was not the case.

Furthermore, in a health district with low immunization coverage rates, catch-up activities had not been organized. To all these observations, the following recommendations were made: Insist on the marking of households and children vaccinated even in sites where the campaign was launched, Include Pitoa Health District among the problem districts where external monitoring activities are ongoing, since it is in this health district that remediation activities did not take place despite a low immunization coverage.

Official data from the external monitoring published by WHO showed that in the North Region 10% of targeted children were not marked during the campaign, considered as children found unmarked by the surveyors: Bibemi: 3.11%; Figuil: 3.60%; Garoua 1: 22.42%; Garoua 2: 11.55%; Gaschiga: 8.53%; Lagdo: 0.00% Rey Bouba: 1.99%; Tchollire: 8.37%; Touboro: 16.89%.

Moreover, following the analysis of data from the monitoring process, the following were given as reasons for the non vaccination of children targeted: No children in the households (42%); Children not revisited by the vaccination teams (39%); other reasons (11%) Refusal by parents to vaccinate their children (8%)

To conclude, this operation resulted in the training of more than one hundred volunteers in CBHFA, with emphasis on epidemiological surveillance of recurrent diseases in the area: Polio, yellow fever, malaria, measles and cholera. There was a strong involvement of the Ministry of Public Health at both central and local levels. In fact, the District Medical Officers were very active during the various training sessions and especially in the supervision of volunteers in the field. The WHO provided technical support during these interventions. Given the fact that the whole operation was geared towards the CBHFA approach, it is certain that even if the operation comes to an end, activities will continue in the field thanks to the trained volunteers and especially to the community which we sought to accept the project through continuous appeal and involvement.

Challenges:

There were not enough Red Cross aprons in North region. Some villages along the borders with Nigeria are enclosed; especially in the Gashiga health district. Other villages in the Figuil and Lagdo health districts are also enclosed. This somehow prevented the smooth implementation of activities as planned. The main challenges will be:

- Pursue community-based surveillance activities and early reporting of cases
 - Maintain visibility and especially the leadership role of the Red Cross in social mobilization among partners, particularly the WHO
 - Continue to work with health authorities at all levels.
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For further information specifically related to this operation please contact:

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DREF history:

- This DREF was initially allocated on 13 December 2011 for CHF 129,083 for 4 months to assist 421,000 beneficiaries.
- 01 DREF operation update issued.

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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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.



MDRCM012 - Cameroon - Polio

Appeal Launch Date: 13 dec 11

Appeal Timeframe: 13 dec 11 to 13 apr 12

Final Report

Selected Parameters	
Reporting Timeframe	2011/12-2012/7
Budget Timeframe	2011/12-2012/4
Appeal	MDRCM012
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
A. Budget	129,083					129,083	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	127,281					127,281	
C4. Other Income	127,281					127,281	
C. Total Income = SUM(C1..C4)	127,281					127,281	
D. Total Funding = B +C	127,281					127,281	
Coverage = D/A	99%					99%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	127,281					127,281	
E. Expenditure	-127,281					-127,281	
F. Closing Balance = (B + C + E)	0					0	

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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	
BUDGET (C)		129,083					129,083	
Relief items, Construction, Supplies								
Clothing & Textiles	12,427	13,327				13,327	-900	
Water, Sanitation & Hygiene	250	5,062				5,062	-4,812	
Total Relief items, Construction, Supplies	12,677	18,389				18,389	-5,712	
Logistics, Transport & Storage								
Transport & Vehicles Costs	12,906	13,415				13,415	-509	
Total Logistics, Transport & Storage	12,906	13,415				13,415	-509	
Personnel								
National Staff	800	803				803	-3	
National Society Staff	7,140	8,559				8,559	-1,419	
Volunteers	25,750	26,299				26,299	-549	
Total Personnel	33,690	35,660				35,660	-1,970	
Workshops & Training								
Workshops & Training	18,624	18,965				18,965	-341	
Total Workshops & Training	18,624	18,965				18,965	-341	
General Expenditure								
Travel	16,600	8,163				8,163	8,437	
Information & Public Relations	20,000	20,040				20,040	-40	
Office Costs	3,000	3,629				3,629	-629	
Communications	3,000	3,660				3,660	-660	
Financial Charges	708	-2,408				-2,408	3,116	
Total General Expenditure	43,308	33,084				33,084	10,224	
Indirect Costs								
Programme & Services Support Recov	7,878	7,768				7,768	110	
Total Indirect Costs	7,878	7,768				7,768	110	
TOTAL EXPENDITURE (D)	129,083	127,281				127,281	1,802	
VARIANCE (C - D)		1,802				1,802		