

DREF operation update Cameroon: Yellow fever

DREF operation n° MDRCM013
GLIDE n° [EP-2011-000202-CMR](#)
Operation update n° 1
28 May 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 and Red Crescent emergency response. 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.

Period covered by this update:
23 January to 30 April 2012.

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 Society in delivering assistance to some 1,170,253 beneficiaries.

The North region of Cameroon started recording renewed cases of yellow fever in October 2011. In response to the ever increasing number of cases, the Cameroon government decided to launch a yellow fever immunization campaign targeting 1,170,253 people aged 9 months and older in January 2012 and intensify epidemiological surveillance. IFRC supported Cameroon Red Cross by allocating funds from its DREF to assist in the campaign. With this allocation, Cameroon Red Cross mobilized 150 volunteers who were then trained on yellow fever management with the participation of government health authorities in North region. The trained volunteers intensified social mobilization activities for the immunization campaign, which facilitated the achievement of 96.8% immunization coverage during the anti-yellow fever immunization campaign, with 1,132,472 people aged 9 months and above vaccinated against yellow fever, out of the 1,170,253 people targeted. In addition, a total of 250 Red Cross volunteers were trained on the community-based health and first aid approach (CBHFA) in February 2012. These trained volunteers are expected to intensify sensitization on diseases covered by the expanded immunization programme (EIP), strengthen epidemiological surveillance, and search for missing cases. In the longer term, this will contribute to improving the immunization coverage in the health districts concerned, and reduce the risks of epidemic outbreaks in the same districts.



Cameroon Red Cross volunteers supported the yellow fever immunization campaign in January 2012 by registering the populations in vaccination posts. IFRC

This operation is expected to be implemented in 4 months, and completed by 20 May 2012. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation, by 20 August 2012.

The major donors and partners of DREF include the Australian Red Cross/ Australian government, Austrian

Red Cross, Canadian Red Cross/ Canadian government, Danish Red Cross/ Danish government, Icelandic Red Cross, Irish Red Cross Society, Japanese Red Cross Society, Monaco Red Cross, Netherlands Red Cross/ Netherlands government, Norwegian Red Cross/ Norwegian government, Swedish Red Cross, Swiss Red Cross/ Swiss government, as well as the European Humanitarian Aid and Civil Protection office (DG ECHO), the Medtronic and Z Zurich Foundations, and other corporate and private donors. Details of all contributions to the DREF for 2012 can be found on:

http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

IFRC, on behalf of the Cameroon Red Cross Society, would like to thank all partners for their generous contributions.

[<click here for interim 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 of yellow fever tested at the Centre Pasteur du Cameroun (CPC), two 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 8 health districts in North region¹, a new case of yellow fever was declared in Adamawa region and was confirmed by the World Health Organization (WHO). It is anticipated that a new response campaign will be launched in the coming weeks in Adamawa region.

Coordination and partnerships

WHO ensured technical supervision of activities during the immunization campaign that took place on 23 - 29 January 2012, while the Red Cross supervised social mobilization activities. Cameroon Red Cross participated in all preparatory meetings held in the various health districts before the launch of the campaign. Out of the 31 daily evaluation meetings that were planned, the Cameroon Red Cross attended 26. In addition, the Red Cross participated in the campaign's final evaluation meeting that was held at the North regional health delegation. During the meeting, participants, including WHO and UNICEF representatives, as well as government health officials in the North region, commended Red Cross contribution during the campaign.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency health	
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.	
Outputs (expected results):	Activities planned
Epidemiological surveillance is intensified in the North region of Cameroon	<ul style="list-style-type: none"> Place Red Cross local committees of the North region of Cameroon on alert Support routine expanded immunization programme (EIP) in targeted high risk health districts 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

¹ Guider, Bibemi, Gashiga, Lagdo, Mayo-Oulo, Garoua 1, Garoua 2 and Golombé

	<p>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.</p> <ul style="list-style-type: none"> • Coach communities in their efforts to detect suspected cases early and respect preventive measures • Enable the 100 trained volunteers to conduct routine community activities after the vaccination campaign in their respective health areas.
<p>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.</p>	<ul style="list-style-type: none"> • Participate in campaign coordination meetings • Recruit and train eight coaches (supervisors) • Recruit and train 150 Red Cross volunteers • Distribute trained volunteers in the various geographical areas (subdivisions and neighbourhoods) of targeted health districts • 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 • Mark children vaccinated with indelible ink • Ensure internal and external monitoring during the campaign with the view to assess the quality of activities on a daily basis • Conduct a post-campaign evaluation • Guide parents to vaccination sites • Ensure Cameroon Red Cross presence within the campaign management and supervision team • Participate in the campaign final evaluation meeting

Progress:

The Cameroon government organized an immunization campaign to respond to the yellow fever epidemic that occurred in Northern Cameroon in late 2011. Acting as an auxiliary to government, the Cameroon Red Cross supported by IFRC, mobilized 250 volunteers and eight coaches, trained them on epidemic management with the participation of district health service heads, and deployed them to facilitate the anti-yellow fever immunization campaign that took place on 23 - 29 January 2012.

The trained volunteers were then deployed in the eight health districts targeted by the government’s anti-yellow fever campaign, namely Garoua I, Garoua II, Lagdo, Bibemi, Guider, Golombé, Gashiga and Mayo-Oulo. The eight coaches/supervisors mobilized were also deployed in the eight districts, at the rate of one coach per health district. The volunteers conducted social mobilization activities, explaining to the populations the need to go for vaccination. As a result of this activity, 96.56% of the people targeted in North region of Cameroon were vaccinated during the campaign. The following table summarizes the results obtained in each health district:

Health districts	Immunization coverage rate obtained during the campaign
Garoua I	103.90%
Garoua II	94.60%
Lagdo	100.60%
Bibemi	91.50%
Guider	93.20%
Golombé	99.00%
Gashiga	93.00%
Mayo-Oulo	96.70%
Regional coverage rate	96.56%

Out of the 1,132,472 people that were vaccinated in the North region of Cameroon during this campaign, Cameroon Red Cross volunteers identified 52 people not having their vaccination records.

In order to ensure the success of the campaign, Cameroon Red Cross coaches and DREF operation coordinator conducted 60 supervision visits in the eight health districts targeted. The cumulated number of social mobilization agents mobilized for this campaign was 716, with 250 (approximately 35%) of them who were Cameroon Red Cross volunteers. The Red Cross was represented in all campaign evaluation meetings organized in each health district targeted. The Red Cross also participated in the campaign's final evaluation meeting that was organized at the North regional health delegation.

The 250 Red Cross volunteers targeted for the operation were also trained on the community-based health and first aid (CBHFA) approach. This training was included in two ongoing DREF operations, namely Polio outbreak and Yellow fever outbreak. Cameroon Red Cross authorities deemed it more useful to join both trainings; and this explains why they were able to train 250 volunteers in 8 health districts at the same time. The trained volunteers are presently busy sensitizing the populations on the diseases targeted by the routine expanded immunization programme (EIP). They are also intensifying epidemiological surveillance and searching for missing cases, with the final view to contributing to the significant reduction of missing cases, and thus the risks of epidemic outbreaks in targeted health districts.

The expenses for the information, education and communication materials produced were booked under "teaching materials" in the attached interim financial report, while budgeted under "information and public relations". This error is in the process of being corrected and will be reflected as such in the final financial report.

Challenges:

Some heads of health districts proved reluctant to work with Red Cross volunteers during the immunization campaign. The main challenge here will be to get them understand the auxiliary role of the Red Cross. Moreover, it is generally known that people in Northern Cameroon are faithful to their religious and traditional rulers. Another challenge of this operation would be to get those rulers involved in epidemiological surveillance activities. It will also be useful to identify women's groups in the region, sensitize them and get them involved in epidemiological surveillance activities.

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 4 months to assist 1,170,253 beneficiaries.
- 1 DREF operation update issued.



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1. Interim financial report [below](#)
2. Click [here](#) to return to the title page

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.

MDRCM013 - Cameroon - Yello Fever

Appeal Launch Date: 20 jan 12

Appeal Timeframe: 20 jan 12 to 20 may 12

Interim Report

Selected Parameters	
Reporting Timeframe	2012/1-2012/4
Budget Timeframe	2012/1-2012/6
Appeal	MDRCM013
Budget	ORIGINAL

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	142,268					142,268	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	142,268					142,268	
C4. Other Income	142,268					142,268	
C. Total Income = SUM(C1..C4)	142,268					142,268	
D. Total Funding = B +C	142,268					142,268	
Coverage = D/A	100%					100%	

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	142,268					142,268	
E. Expenditure	-113,514					-113,514	
F. Closing Balance = (B + C + E)	28,754					28,754	

Selected Parameters	
Reporting Timeframe	2012/1-2012/4
Budget Timeframe	2012/1-2012/6
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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)		142,268					142,268	
Relief items, Construction, Supplies								
Medical & First Aid		8				8	-8	
Teaching Materials		7,046				7,046	-7,046	
Total Relief items, Construction, Supplies		7,054				7,054	-7,054	
Logistics, Transport & Storage								
Transport & Vehicles Costs	16,041	532				532	15,509	
Total Logistics, Transport & Storage	16,041	532				532	15,509	
Personnel								
National Staff		240				240	-240	
National Society Staff	2,000						2,000	
Volunteers	17,250						17,250	
Total Personnel	19,250	240				240	19,010	
Workshops & Training								
Workshops & Training	54,400	25,636				25,636	28,764	
Total Workshops & Training	54,400	25,636				25,636	28,764	
General Expenditure								
Travel	13,600	210				210	13,390	
Information & Public Relations	17,350	8,723				8,723	8,627	
Office Costs	4,000						4,000	
Financial Charges	8,000	250				250	7,750	
Other General Expenses	944						944	
Total General Expenditure	43,894	9,183				9,183	34,711	
Operational Provisions								
Operational Provisions		63,941				63,941	-63,941	
Total Operational Provisions		63,941				63,941	-63,941	
Indirect Costs								
Programme & Services Support Recov	8,683	6,928				6,928	1,755	
Total Indirect Costs	8,683	6,928				6,928	1,755	
TOTAL EXPENDITURE (D)	142,268	113,514				113,514	28,754	
VARIANCE (C - D)		28,754				28,754		