

# DREF operation final report



## Cameroon: Measles in the Chadian Refugees' camp at Langui

DREF operation n° MDRCM008  
GLIDE n° EP-2010-000022-CMR  
07 July, 2010

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 51,028 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 19 February, 2010 to support the Cameroon Red Cross National Society in delivering assistance to some 16,561 beneficiaries.

After the confirmation by the World Health Organization (WHO) on 3 February, 2010 of the first two cases of measles at the Langui Chadian refugees' camp in Cameroon, a measles immunization campaign was organized from 3 to 7 March, 2010. The immunization campaign took place within the Langui camp and in the four health areas surrounding the camp. To facilitate the campaign, Cameroon Red Cross authorities deployed seven supervisors, 26 immunization agents and 127 volunteers and social mobilization agents to the field. Thanks to Red Cross intervention, the



A trained Red Cross immunization agent vaccinating a child at the Langui camp / Emmanuel TOUBA EPEE, Cameroon Red Cross

following were achieved: 304 households visited within the Langui camp, contributing to the immunization of 534 children aged from 6 to 59 months (97.27% of the total number of children of that age range in the households visited); 22,865 households visited in the four health areas surrounding the Langui camp, contributing to the immunization of 12,576 children (75.93% of the total number of children in the households visited). The immunization target was > 90%, and has largely been exceeded, thereby contributing to stopping the spread of the epidemic.

ECHO contributed EUR 27,710 and the Netherlands Red Cross contributed EUR 7,000 to the DREF in replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

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

## The situation

Since Chadian refugees were transferred to the Langui camp in February 2008, no measles outbreak had been registered within the Pitoa health district. The Langui camp has 3,660 refugees and is located within the Langui health area, which is one of the ten health areas that make up the Pitoa health district in the North Region of Cameroon. Out of the 3,660 refugees in the camp, 665 are children aged from 0 to 5 years.

Before the measles outbreak, all the children aged from 0 to 11 months in the camp were regularly vaccinated within the framework of the routine expanded immunization programme. In 2009, the anti-measles immunization coverage rate within the camp stood at 95% every month. Such rates were expected to have prevented the outbreak of a measles epidemic within the camp as the minimum rate required range from 80 to 90%. Nevertheless, a measles case was declared within the camp on 24 January, 2010. Investigations revealed that this was a 15-month old child who had failed to receive his anti-measles immunization dose at 9 months because he was absent from the camp by then. The second case was that of a 22-month old malnourished child that was declared four days after the first case, and the third case was that of a 34-year old HIV-positive woman that was declared on 10 February, 2010.

Investigations have shown that measles entered the Langui camp through a non-refugee child from N'Djamena. On 3 February, 2010 WHO confirmed the first two cases, and this prompted general mobilization for immediate intervention. According to WHO definition, a measles epidemic is declared after counting 5 clinical cases or 3 IgM+ within the same month and the same health district. Nevertheless, since this was a special population (refugees), a single case was enough to reach the epidemic alarm point. Thus the alarm point was reached after the confirmation of the first case; and this kicked the ball rolling for the intervention.

## Red Cross and Red Crescent action

The Cameroon Red Cross authorities have deployed 7 supervisors, 26 immunization agents and 115 volunteers to facilitate the implementation of the operation. Twelve volunteers among the Chadian refugees at the Langui camp joined this facilitating team that launched social mobilization two days ahead of the beginning of the immunization campaign. The campaign lasted for three days. While some volunteers visited households to convince parents to take their children to immunization points, others were chanting messages to show the dangers of measles, encouraging parents to get their children vaccinated. Each supervisor was in charge of a specific zone of intervention and was responsible for coaching social mobilization agents in the field and supervising immunization agents. Thanks to the contribution of Red Cross volunteers, the immunization coverage objective was exceeded at the Langui camp as 97.27% of children aged from 6 to 59 months were vaccinated.

Considering the social mobilization strategy that was adopted and perfectly implemented in the field, we are in the position to affirm that all the children targeted and present at the time of the campaign have been reached, even though the immunization coverage rate in the four health areas surrounding the Langui camp is below the required immunization coverage rate, i.e. 90%. This was due to the fact that the populations are constantly moving, and that the target population was somehow overestimated based on projections during the planning phase of the operation.

## Achievements against outcomes

Emergency health	
<b>Objective: To contribute to improving the health conditions of 16,561 beneficiaries through mass mobilization during the anti-measles immunization campaign organized by Cameroon's Ministry of Health in Langui/Pitoea.</b>	
Expected results	Activities planned
The populations are effectively and efficiently mobilized in Langui and in the four surrounding health zones of Pitoea for the success of the immunization campaign organized by the Cameroon's Ministry of Health.	<ul style="list-style-type: none"> <li>• Participate in the coordination meetings of the campaign (Federation and Cameroon Red Cross)</li> <li>• Recruit and train 20 supervisors (coaches)</li> <li>• Recruit and train 180 volunteers</li> <li>• Dispatch volunteers in all targeted subdivisions/neighbourhoods</li> <li>• Carry out mass sensitization, door-to-door sensitization, focus groups sensitization (talks and discussions) with educative aids two days ahead of the campaign and during the immunization</li> <li>• Direct parents to immunization sites</li> <li>• Active research for post injection allergic reactions</li> <li>• Participate in the final evaluation of the campaign</li> </ul>

**Impact:** The anti-measles immunization campaign went on from 3 to 7 March 2010 at the Langui Chadian refugees' camp and in the four health areas surrounding this camp, namely the Badjouma Centre, Dolla, Langui and Pitoea health areas. This important operation to respond to the measles outbreak that occurred in those localities was launched on 1<sup>st</sup> March, 2010 with the training of supervisors, and immunization agents the next day. Thanks to the DREF allocation, IFRC made available sensitization materials such as megaphones, security aprons, tee-shirts and folders. These materials were then distributed to trained volunteers for social mobilization. IFRC also donated 20 bicycles and two motorbikes for the supervision of the operation. Equipped with these materials, Red Cross volunteers then conducted door-to-door sensitization, chanting messages through megaphones to encourage parents to get their children vaccinated. By so doing, they succeeded in visiting 304 households at the Langui camp, and all the families visited agreed to get their children vaccinated. They actually rushed to immunization points as directed by Red Cross volunteers. Out of the 549 children that were targeted, 534 were actually vaccinated, i.e. 97.27% children aged from 6 to 59 months within the Langui camp.

The volunteers also visited 22,865 households in the four health areas surrounding the Langui camp. They found 20,284 houses opened, 2,225 empty, and no child in 2,585 houses. Out of the 16,561 children targeted in these health areas, 12,576 were actually vaccinated, i.e. 75.94% coverage rate.

The total coverage rate achieved, 97.27%, contributed to stopping the spread of the epidemic. The main objective of the operation was to exceed the efficient immunization coverage rate within the camp, which is 90%. This objective has been reached. The strategy used, which consisted of starting within the camp and moving progressively to the surrounding health areas, contributed to stopping the spread of measles. Nevertheless, few problems were identified during the operation. Sensitization materials arrived in the field two days after the launching of social mobilization. Moreover, the populations in the villages surrounding the camp were constantly on the move as they went to farm outside the operation intervention zones, and for several days, together with their children. The arrival of the sensitization materials contributed to speeding up sensitization and improving the techniques being used. In addition, social mobilization agents had to work until very late in the night and very early in the morning to be able to reach some of the parents who use to go out earlier and return very late from the farm.

For this operation the Federation donated two motorbikes (Yamaha 125); 20 bicycles; 160 tee-shirts; 2,000 coloured folders; five cartoons of detergent, five packets of gloves and five megaphones to the Pitoea local committee of Cameroon Red Cross.

There was excellent collaboration between the Red Cross and the authorities of the Pitoea health district represented by its chief who worked hand-in-hand with the focal person jointly designated by the Federation and Cameroon Red Cross to coordinate the operation.

## 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.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

- Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
- Enable healthy and safe living.
- Promote social inclusion and a culture of non-violence and peace.

## Contact information

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# International Federation of Red Cross and Red Crescent Societies

MDRCM008 - Cameroon - Measles

Final Financial Report

Selected Parameters	
Reporting Timeframe	2010/2-2010/6
Budget Timeframe	2010/2-2010/6
Appeal	MDRCM008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	51,028					51,028
<b>B. Opening Balance</b>	0					0
<b>Income</b>						
<u>Other Income</u>						
<i>Voluntary Income</i>	50,432					50,432
<b>C6. Other Income</b>	50,432					50,432
<b>C. Total Income = SUM(C1..C6)</b>	50,432					50,432
<b>D. Total Funding = B + C</b>	50,432					50,432
<b>Appeal Coverage</b>	99%					99%

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					0
<b>C. Income</b>	50,432					50,432
<b>E. Expenditure</b>	-50,432					-50,432
<b>F. Closing Balance = (B + C + E)</b>	0					0

Selected Parameters	
Reporting Timeframe	2010/2-2010/6
Budget Timeframe	2010/2-2010/6
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### III. Budget Analysis / Breakdown of 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>		<b>51,028</b>					<b>51,028</b>	
<b>Supplies</b>								
Water & Sanitation	233	475				475	-242	
Medical & First Aid	233						233	
Teaching Materials	4,996	393				393	4,603	
<b>Total Supplies</b>	<b>5,462</b>	<b>868</b>				<b>868</b>	<b>4,594</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles		10,924				10,924	-10,924	
<b>Total Land, vehicles &amp; equipment</b>		<b>10,924</b>				<b>10,924</b>	<b>-10,924</b>	
<b>Transport &amp; Storage</b>								
Storage		799				799	-799	
Distribution & Monitoring		1,152				1,152	-1,152	
Transport & Vehicle Costs	12,638	5,452				5,452	7,186	
<b>Total Transport &amp; Storage</b>	<b>12,638</b>	<b>7,403</b>				<b>7,403</b>	<b>5,235</b>	
<b>Personnel</b>								
International Staff		140				140	-140	
National Staff		579				579	-579	
National Society Staff	15,619	10,848				10,848	4,771	
<b>Total Personnel</b>	<b>15,619</b>	<b>11,567</b>				<b>11,567</b>	<b>4,052</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	4,977	3,754				3,754	1,223	
<b>Total Workshops &amp; Training</b>	<b>4,977</b>	<b>3,754</b>				<b>3,754</b>	<b>1,223</b>	
<b>General Expenditure</b>								
Travel		83				83	-83	
Information & Public Relation		5,697				5,697	-5,697	
Office Costs	6,242	632				632	5,610	
Communications	2,326	6,295				6,295	-3,969	
Financial Charges		41				41	-41	
Other General Expenses	447	90				90	357	
<b>Total General Expenditure</b>	<b>9,015</b>	<b>12,838</b>				<b>12,838</b>	<b>-3,823</b>	
<b>Programme Support</b>								
Program Support	3,317	3,078				3,078	239	
<b>Total Programme Support</b>	<b>3,317</b>	<b>3,078</b>				<b>3,078</b>	<b>239</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>51,028</b>	<b>50,432</b>				<b>50,432</b>	<b>596</b>	
<b>VARIANCE (C - D)</b>		<b>596</b>				<b>596</b>		