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## Emergency Plan of Action (EPoA) Cameroon: Epidemic (Measles)

 International Federation  
of Red Cross and Red Crescent Societies

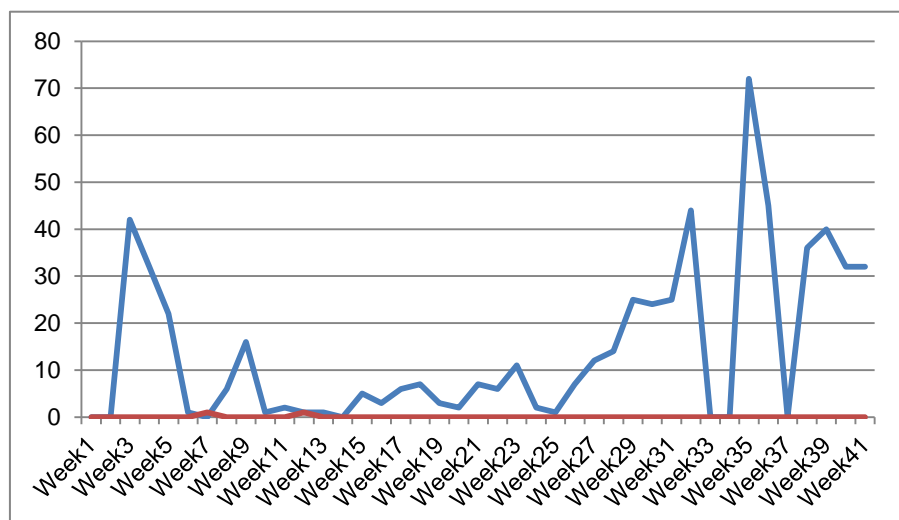
<b>DREF Operation ° MDRCM022</b>	
<b>Date of issue:</b> 17 November 2015	<b>Date of disaster</b> NA
<b>Operation manager (responsible for this EPoA):</b> Dr. Viviane Nzeusseu, Regional health coordinator, IFRC Central Africa regional representation	<b>Point of contact (name and title):</b> Dr. Viviane Nzeusseu, Regional health coordinator, IFRC Central Africa regional representation
<b>Operation start date:</b> 16 November 2015	<b>Expected timeframe:</b> One Month
<b>Overall operation budget:</b> CHF 61,020	
<b>Number of people affected:</b> 858	<b>Number of people to be assisted:</b> 1,609,629
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> More than 50 permanent staff, 40,000 volunteers with 18,000 active volunteers across 58 branches and 339 local committees.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):</b> International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies.	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health, United Nations Children’s Fund, and World Health Organization	

## A. Situation analysis

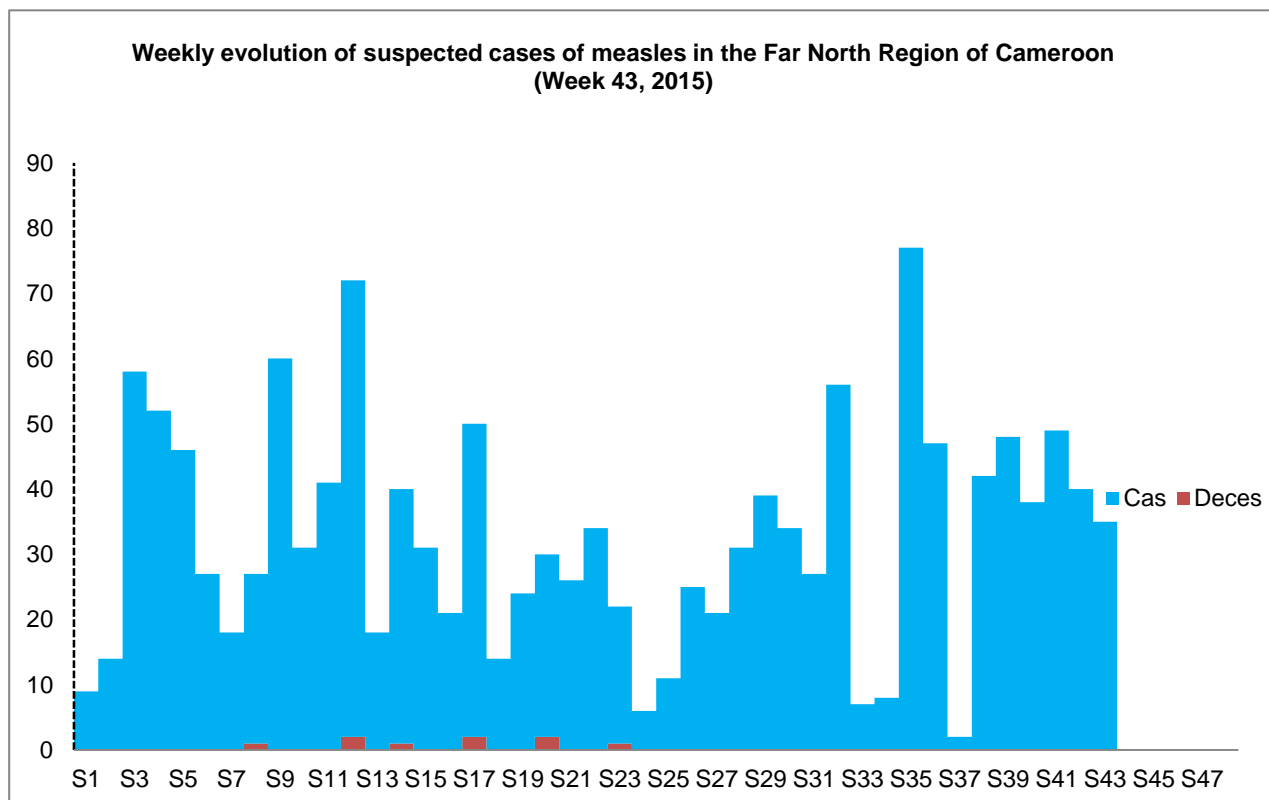
### Description of the disaster

In Cameroon, a measles epidemic that has been increasing and spreading across the country, with 858 cases now recorded, is now posing significant risk to remote and hard to reach communities. Over the past six weeks, the epidemic has gained momentum in the northern areas of Cameroon which are currently under Boko Haram ‘control’. Of all the recorded cases, the Mokolo health district (Mayo-Tsanaga department) in the Far North region accounts for 587 cases, with a population of 211,906 inhabitants, presents an extremely concerning attack rate – refer to “Figure 1: Mokolo Health District – Cases of measles (Weeks 1 - 41)”. The Mokolo health district is located close to the Chadian and Nigerian border, raising the risk of measles epidemic spreading. It can quickly engulf all the three countries making the situation difficult to address, given the implementation challenges experienced in the areas which are extremely insecure.

**Figure 1: Mokolo Health District – Cases of measles (Weeks 1 - 41)**



**Figure 2: Weekly evolution of suspected cases of measles in the Far North Region of Cameroon (Week 43, 2015)**



Vaccination campaigns (for measles and rubella) aimed at curbing the epidemic are planned nationally. However access and support to the most heavily affected areas in the Far North province remain inaccessible to most actors. Apart from the International Red Cross Red Crescent Movement (RCRC) there are no other known humanitarian actors operating in the Mokolo district, which has experienced incursions suspected to be perpetrated by the Boko Haram militant group.

[<click here for the DREF budget and here for contact details>](#)

## Summary of the current response

### Overview of Host National Society

The Cameroon Red Cross (CRC) has its presence throughout the country with 58 divisional committees, which are comprised of an estimated 40,000 registered volunteers of which 18,000 are active. At the national headquarters (NHQ) there is an operational management structure with five technical departments and a recently setup and trained National Disaster Response Team (NDRT). Also, a pool of trained volunteers, ready for deployment to any region of the country.. In addition, there 72 volunteers trained in CBHFA in April 2015 at the Far North region ready to be deployed.

The CRC has already identified a staff member to be based at the Far North to support activities related to the prevention and response to cholera, which is recurrent in the region, but in parallel to these activities to be attending coordination and preparedness meetings related to the upcoming vaccination campaign. In 2014, the CRC responded to an outbreak of cholera (1,680 cases, and 77 deaths) across 10 districts in the Far North region through the MDRCM018 Cholera DREF operation, which supported the training of supervisors and volunteers in the Epidemics Control for Volunteers (ECV) manual, and this learning will be used again in response to the measles epidemic. The CRC is also responding through the MDRCM021 Population Movement Emergency Appeal (EA) operation, which is also being implemented in the Far North region; and has helped strengthen local CRC committees, e.g. through the procurement of bicycles, motorbikes etc. This will be able to mobilize and support the response to the measles epidemic. It should be noted that, the activities planned in response to the measles epidemic, are discrete from those included in the MDRCM021 EA operation.

### Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing assistance through its Central Africa regional representation (CARREP), and its regional health coordinator based in Yaoundé, Cameroon. An alert was issued using the IFRC disaster management information system (DMIS) on 12 November 2015. On 13 November 2015, an operational strategy call was convened with colleagues in the CARREP, regional and Geneva level. It was agreed that an allocation of CHF 16,020 should be made from the Disaster Relief Emergency Fund (DREF) to support the costs of social mobilization activities related to the vaccination campaign in the Far North region. The International Committee of the Red Cross also has its presence in Cameroon, and is the lead agency for the RCRC Movement response in the Far North region with a sub-delegation in Maroua. Along with other Red Cross Partner National Societies (PNS) including French Red Cross they regularly participate in RCRC Movement meetings. No other RCRC partners are presently involved in the response to the measles epidemic.

### Overview of non-RCRC actors in country

The CRC is working with the Ministry of Health (MoH), United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNCHR), World Food Programme (WFP) and World Health Organization (WHO) to provide support to the affected populations in the Far North region. In response to the measles epidemic, the CRC is working closely with the MoH, UNICEF and WHO to mobilize the population for vaccination.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

### Needs analysis

Measles and rubella are serious and contagious diseases with serious consequences. However, they can be eliminated by vaccination. Introducing the measles and rubella vaccine will help in the following ways:

- Improve maternal and child health
- Achieve and maintain the goal of eliminating measles
- Limit the incidence of birth defects caused by rubella
- Accelerate progress to control these potentially fatal diseases

In addition, the reasons to consider the elimination of rubella and congenital rubella syndrome (CRS) are:

- The transitory nature of the human reservoir
- Availability of the vaccine, effective when combined with measles
- The possibility for the vaccine to be incorporated into measles elimination programmes

Nonetheless, for vaccination to be effective to a population level, coverage must remain above 80 per cent: However coverage in Cameroon has been consistently below this level, meaning significant parts of the population are at risk including infants (too young to be vaccinated). The health situation in Cameroon is marked by:

- Unsatisfactory VAR anti-measles vaccine coverage:
  - From 53.39% in 2002 to 79.88% in 2008;
  - 2011: 76.03%.
  - 2013: 83%.
  - 2014: 80.43%
  - 2015 (September): 72.19%
- Recurrence of measles epidemics:
  - In 2014, 49 health districts were faced with a measles epidemic.
- Increase cases of rubella as a public health issue:
  - From 2008 to August 2014, 659 cases of rubella were reported; there have also been occurrences of the congenital rubella syndrome.

**Beneficiary Selection:** In total, the DREF operation expects to target 1,609,629 people (95 per cent of the children aged nine months to 14 years), which equates to 40.8 per cent of the total estimated population, which is 3,945,168. It will be carried out in 30 health districts (Bogo, Bourha, Gazawa, Goulfrey, Guere, Guidiguis, Hina, Kaele, Kar Hay, Kolofata, Kousseri, Koza, Mada, Maga, Makary, Maroua 1, Maroua 2, Maroua 3, Meria, Mindif, Mogode, Mokolo, Mora, Moulvoudaye, Moutourwa, Pette, Roua, Tokombere, Vele and Yagoua) of the Far North region of Cameroon, with emphasis of those living in the Mokolo health district, which has been identified as being worst affected and at risk from the measles epidemic. CRC will ensure that the DREF operation is aligned with the IFRC's commitment to realize gender equality and diversity, and the protection of children.



Figure 4: Map of Far North region

### Risk Assessment

Refer to “Security” section.

## B. Operational strategy and plan

### Overall objective

Contribute to the vaccination of at least 95 per cent of the children (aged nine months to 14 years) against measles and rubella, with the intention of reducing morbidity and mortality in the Far North Region, particularly in Mokolo Health District. The specific objectives include:

- *Contribute to the administering of vitamin A capsules to at least 95 per cent of children from 9 to 59 months.*
- *Ensure that at least 95 per cent of the population is informed on the importance of being vaccinated against measles and rubella and obtain their support;*
- *Ensure the reporting and management of 100 per cent of cases of serious adverse events following immunization (AEFI) occurring during this campaign;*

### Proposed strategy

The proposed strategy aims to support *1,609,629 people (95 per cent of the children aged nine months to 14 years)* with social mobilization activities related to the vaccination campaign against measles and rubella. This DREF operation will include the following activities:

- Refresher training (one-day) on measles and rubella vaccination for supervisors (34) and volunteers (340), which will be provided by the MoH. As noted, this will build on the ECV training that was carried through the MDRCM018 Cholera DREF operation, which was carried out in 2014 and 2015.
- Deployment of supervisors (34) and volunteers to support vaccination and vitamin A supplementation campaigns according to a fixed strategy in health units and temporary posts (chiefs palaces, schools, etc.). Vaccination teams will work in fixed and temporary posts, but social mobilization agents shall cover the entire population through a door-to-door campaign and will also carry out public sensitization in places of worship, markets and other public venues. Volunteers will work for two days before the campaign, six days during the campaign at the vaccination points where they will organize the beneficiaries (lining them up, providing information, etc.) and two days after the vaccination for a sweep up operation to immunize children who missed during the campaign, but also to search for children suffering adverse effects of the vaccination.
- Dissemination of IEC materials to support social mobilization, including; leaflets/posters (5,000 - 150 for each of the 29 health districts and 650 for Mokolo health district), banners (30 – one per district) and a megaphone and batteries for each health district.

## **Operational support services**

### **Human resources**

In total, 340 volunteers will be mobilized (10 in each of the 29 health districts and 50 volunteers in Mokolo health district), in addition to 34 supervisors (one per group of 10 volunteers). Each volunteer will be deployed for 10 days (two days before the vaccination campaign, six days during, and for two days after), and will be issued with a per diem, an apron, cap and t-shirt for visibility. As noted (refer to “Overview of Host National Society” section), these volunteers were involved in the implementation of the MDRCM018 Cholera operation in 2014 and 2015, and also in the MDRCM021 Population Movement EA, which is being managed concurrently, and therefore have received previous training on and experience they can draw on in the response to the measles epidemic. Each supervisor will be deployed for 12 days (three days before the vaccination campaign, six days during, and for three days after), and will be issued with a per diem, and a jacket. The CRC will recruit a measles focal point (for one month) to support the supervisors and volunteers, as well as participate in coordination mechanism (meetings etc.) planned with partners (MoH, UNICEF and WHO). In addition to its volunteer network, the CRC has health staff both at NHQ, regional and districts level, which will provide support with the implementation of the activities planned in the DREF operation

The IFRC CARREP will provide technical assistance through its regional health coordinator and programme, monitoring, evaluation and reporting (PMER) assistance, which is based in Yaoundé, Cameroon. Additional technical support is available from the IFRC Africa regional office and Geneva health and care, planning, monitoring, evaluation and reporting (PMER), finance and administration units.

### **Logistics and supply chain**

Procurement of items required (IEC tools, protective equipment for volunteers etc.) will be carried out by the IFRC CARREP logistics unit in collaboration with counterparts at the CRC. Due to the distance of the affected areas from Yaoundé, and the weight of the items being procured, costs have been budgeted for the rental of a truck to transport them to the Far North region. In addition, the IFRC CARREP logistics unit will also provide a means of transportation to the affected area (vehicle, driver and fuel), which will support the effective implementation of the activities planned since many of the communities in these health districts are difficult to access.

### **Information technologies (IT)**

The CRC will use the Internet for communications, which will allow for NHQ, regional and district level staff to keep in contact with supervisors and volunteers involved in the implementation of the activities planned, as well as relevant partners (MoH, UNICEF and WHO). The Far North regional branch office has no Internet connection but measures will be put in place to ensure the branch maintains regular communication with the headquarters and other humanitarian actors e.g. through the use of mobile phones, and costs have been budgeted to support this in the DREF allocation. Internet connectivity in these areas is covered by mobile USB sticks from operators such as CAMTEL (Cameroon Telecommunications) and MTN.

### **Communications**

In collaboration with the IFRC CARREP, the CRC will ensure communication and visibility of the National Society and its partners operating in the affected areas where appropriate given the insecurity situation, through the production of a banner, aprons, caps and t-shirts, which will all contain the Red Cross emblem. In addition, case studies of best practices, photographs, key messages, human interest stories will be created for use on the IFRC websites, and social media platforms will be prepared. In addition, the CRC will seek to have airtime over the media to present the operation and provide advice, as well as budgeted for costs to invite the media to the field during interventions for coverage and information dissemination.

### **Security**

The security situation in the Far North Region is critical. The government of Cameroon government has declared a state of emergency in the region. The ICRC is the lead in respect to security issues (as indicated in the Movement Coordination Agreement for Cameroon). In its lead role, the ICRC informs all the partners on the evolution of the security situation and provides advice and recommendations in respect to the North and Far North. All RCRC expatriate staff or from other regions receive a briefing in Yaoundé and Maroua before commencing their missions. The IFRC CARREP regional representative is responsible for ensuring the security/safety of RCRC

personnel, and their compliance with the protocols established by ICRC in the Far North. Coordination on security issues is crucial for the response in the Far North.

### **Planning, monitoring, evaluation, & reporting (PMER)**

Continuous monitoring of the DREF operation will be carried out by the CRC with technical assistance provided by the IFRC CARREP. The IFRC CARREP will support the CRC in developing a monitoring plan with indicators to measure the progress and performance of the DREF operation through the PMER assistant. The IFRC CARREP regional health coordinator will support the start-up and closure of the DREF operation and will be accompanied by counterparts from the CRC (two field missions have been budgeted for six days). Regular reports on the implementation will be produced and transmitted.

### **Administration and Finance**

A Memorandum of Understanding (MoU) will be signed between the IFRC CARREP and the CRC, which will outline the parties' responsibilities to implement the activities planned within the DREF operation, and ensure that the appropriate guidelines are complied with in terms of the use of DREF allocations. CRC has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with conditions laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with the IFRC Standard Financial Management procedures. Please note that office costs for stationery (printing, photocopying, paper etc.) have been budgeted in the DREF allocation.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

<b>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</b>						
<b>Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation</b>						
Activities planned	Week	1	2	3	4	
Participation in planning and coordination meetings at national, regional and district level						
Monitoring with relevant partners (MoH, UNICEF and WHO)						
Reporting on activities planned; including promotion of the DREF operation with relevant in-country partners						

### Health and Care

<b>Outcome 2: Immediate risk of measles to the health of the population is reduced through social mobilization activities the Far North region of Cameroon</b>						
<b>Output 2.1 Target population mobilized for Ministry of Health immunization against measles and rubella (Target: coverage &gt;95% for 9 months to 14 years children - 1,609,629 people)</b>						
Activities planned	Week	1	2	3	4	Comments
Refresher training of supervisors / volunteers (Target: 34 supervisors; and 340 volunteers)						
Development/procurement of IEC tools (banners, leaflets, posters) with the social mobilization team (MoH, UNICEF) (Target: 5,000 IEC tools; and 30 banners)						
Assist with vaccination campaign (measles, rubella, vitamin A) – six days						
Dissemination of messages / social mobilization - ten days - two days before, six days during and 2 days after the vaccination campaign						
Health promotion activities including EIP routine						
Follow up of adverse events following vaccination						

### Budget

See attached budget for details.

## Contact information

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

- **Cameroon Red Cross:** Boniface Ebode, Secretary General; Yaoundé; phone: (mobile) +237 699 90 41 25; email: [beruboniface@yahoo.fr](mailto:beruboniface@yahoo.fr)
- **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](mailto:denis.duffaut@ifrc.org)
- **In IFRC Africa Region:** Farid Aiywar, Head of disaster management unit, Nairobi, Kenya; phone +254 724 593 799; email: [farid.aiywar@ifrc.org](mailto:farid.aiywar@ifrc.org)
- **In Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Africa Region logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

### For Resource Mobilization and Pledges:

- **In IFRC Africa Zone:** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Addis Ababa; phone: +251 930 03 4013; email: [fidelis.kangethe@ifrc.org](mailto:fidelis.kangethe@ifrc.org)

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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 (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.

# DREF OPERATION

17/11/2015

Cameroon: Epidemic (Measles) MDRCM022

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	6,460
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	2,100
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>8,560</b>
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	4,250
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>4,250</b>
International Staff	0
National Staff	0
National Society Staff	3,264
Volunteers	19,061
<b>Total PERSONNEL</b>	<b>22,325</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	9,350
<b>Total WORKSHOP &amp; TRAINING</b>	<b>9,350</b>
Travel	4,200
Information & Public Relations	6,500
Office Costs	500
Communications	1,000
Financial Charges	611
Other General Expenses	0
Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>	<b>12,811</b>
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	3,724
<b>Total INDIRECT COSTS</b>	<b>3,724</b>
<b>TOTAL BUDGET</b>	<b>61,020</b>