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Emergency Plan of Action Preliminary Final Report Cameroon: Epidemic (Measles)

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCM022	
Date of Issue: 31 March 2016	Date of disaster: November 2015
Operation start date: 16 November 2016	Operation end date: 16 December 2016
Overall operation budget: CHF 61,020	Number of people assisted: 1,721,201 children reached through vaccinations and 1,030,422 people reached through social mobilization
Host National Society(ies): Cameroon Red Cross Society	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Committee of the Red Cross, and International Federation of Red Cross and Red Crescent Societies	
N° of other partner organizations involved in the operation: Ministry of Health, United Nations Children's Fund, and World Health Organization	

A. Situation analysis

Description of the disaster

In November 2015, 858 cases of measles were reported in communities in the Far North and North regions of Cameroon, which are under the “control” of the Boko Haram group. Of all the recorded cases, the Mokolo district (Mayo-Tsanaga Division) in the Far North region accounted for 587 cases, which for a population of 211,906 people presented an extremely concerning “attack rate”. Given the Mokolo health district is located close to the Chad and Nigerian borders, it raised the risk of the epidemic spreading to these countries. Cameroon has reported unsatisfactory vaccination coverage against the disease (72 per cent) in accordance with the World Health Organizations (WHO) AFRO “Eliminating Measles in Africa Region by 2020” resolution, and it was therefore proposed that an immediate national measles and rubella virus vaccine live (MR) campaign should be initiated to address the epidemic (from 24 – 28 November 2016).



CRC volunteers outreach at a household © IFRC/CRC

On 16 November 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 61,205 from the Disaster Relief Emergency Fund (DREF) to support the Cameroon Red Cross Society (CRC) support the Public Ministry of Health (MoH) led vaccination campaign through social mobilization activities targeting 1,609,629 people (95 per cent of children aged nine months to 14 years) in 30 health districts (Bogo, Bourha, Gazawa, Goulfrey, Guere, Guidiguiss, 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. Activities planned included: refresher training/deployment of

volunteers to the affected health districts, and dissemination of information, education and communication (IEC) materials.

The major donors and partners of the 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 USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Cameroon Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Please note that this Preliminary Report is issued in advance of the Final Report, which is expected to be issued by the end of April 2016.

Summary of response

Overview of Host National Society

Following to the onset of the epidemic, the CRC mobilized 340 volunteers and 34 supervisors based in the Far North region to support the activities related to the vaccination campaign. Following the release of the DREF allocation, the CRC with support from the IFRC Central Africa country cluster support team contributed to the following:

- In total, 1,030,422 adult persons (270,005 households) were reached through social mobilization activities focused on sensitization on the vaccination across 30 health districts; with 1,721,201 children aged between nine months and 14 years counted.
- Of the 1,721,201 children targeted in the Far North region (indeed, the targeted number of children was revised upwards -- from the 1,609,629 planned to 1,721,201 -- a few days before the start of the vaccination campaign) an estimated 1,796,253 children received vaccination, which equates to 103 per cent coverage; while an estimated 9,229,739 children nationally received vaccination, which equates to 97.8 per coverage overall. Source: WHO Cameroon campaign report.
- Adverse events following immunization (AEFI) campaign was established, which enabled cases of minor and serious AEFI to be detected, reported and investigated. It should be noted that surveillance continued for five weeks after the vaccination campaign.

In addition to the exceptional vaccination coverage achieved, the contribution of the CRC lies in the management of “reluctant” cases, which were a total of 64, the search for cases of AEFI (329) and diseases preventable by immunization (21 cases). It is too early to state the actual impact of this campaign on the affected communities, however, the population, the MoH and partners expressed their satisfaction as to the immediate response of the CRC and IFRC to curb the peak of this epidemic. A thank you and congratulatory letter was even sent to the IFRC from the MoH.

Please refer to “Table 1: Cameroon Measles and Rubella vaccination – Results of social mobilization by health district”.

Table 1: Cameroon Measles and Rubella vaccination – Results of social mobilization by health district

No.	Health districts	Number of households visited	Number of people sensitized	Number of children aged 9 to 11 months counted	Number of children aged 12 to 59 months counted	Number of children aged 5 to 14 years counted	Number of cases of reluctance / refusal reported	Number of trans border meetings held
1	MAROUA I	21,707	18,324	2,735	5,646	9,098	0	0
2	MAROUA II	3,947	21,622	1,556	2,985	8,732	6	0
3	MAROUA III	1,472	11,854	3,005	3,818	11,586	1	0
4	MERI	1,055	2,327	242	699	838	0	0
5	GAZAWA	3,256	6,712	548	3,888	6,624	0	0
6	BOGO	1,746	6,577	1,888	3,516	3,954	0	0
7	PETTE	6,225	12,897	2,890	9,198	12,305	0	0
8	KAELE	20,648	62,122	6,084	23,771	38,548	0	0
9	MOULVOUDAYE	8,545	17,090	2,955	23,545	41,861	0	0
10	MOUTOUROUA	693	4,411	6,094	4,239	8,033	0	0
11	GUIDIGUIS	26,666	61,446	6,591	30,973	55,788	0	0
12	MINDIF	6,314	72,803	822	11,842	14,733	0	0
13	KOUSSERI	8,916	15,301	2,893	11,708	13,549	55	9
14	MAKARY	18,544	36,975	18,676	23,528	28,749	0	0
15	GOULFEY	7,898	51,947	994	9,203	20,662	0	0
16	MORA	918	3,862	1,028	931	1,112	0	0
17	MOKOLO	18,096	199,683	4,883	38,310	74,884	0	0
18	KOZA	13,781	89,906	2,592	23,285	51,289	0	0
19	MOGODE	15,435	41,565	5,724	25,642	33,225	0	0
20	ROUA	12,251	22,039	8,078	19,938	29,333	0	0
21	BOURHA	11,092	55,450	11,092	17,400	15,193	0	0
22	GUERE	26,322	26,738	31,793	11,119	19,678	0	0
23	HINA	8,927	41,635	10,428	9,270	16,050	0	0
24	KARKHAY	4,667	10,245	773	5,815	10,335	0	0
25	KOLOFATA	10,150	40,041	9,000	3,000	5,000	0	0
26	MADA	1,798	3,437	1,343	3,663	4,276	0	0
27	MAGA	4,442	9,497	1,557	6,574	9,910	2	0
28	TOKOMBERE	1,557	78,357	6,090	5,360	1,200	0	0
29	VELE	264	432	86	395	824	0	0
30	YAGOUA	2,673	5,127	1,882	3,333	6,374	0	0
	TOTAL	270,005	1,030,422	154,322	342,594	553,743	64	9

Please refer to the “Detailed Operational Plan” section for information on the achievements within the DREF operation.

Overview of Red Cross Red Crescent Movement in country

The IFRC provided assistance through its Central Africa country cluster support team based in Yaoundé, Cameroon. On 12 November 2016, an alert was issued using the IFRC disaster management information system (DMIS) and an Operational Strategy Call carried out with IFRC colleagues at Central Africa office, Africa region and Geneva levels. It was agreed that an allocation should be made from the DREF to support the CRC respond to the situation. Following the launch of the DREF operation, the IFRC and National Society (NS) signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned. In addition, the IFRC provided dedicated technical support to NS through their Central Africa regional health coordinator.

The International Committee of Red Cross (ICRC) also had presence in Cameroon, and is the lead agency for the Red Cross Red Crescent (RCRC) Movement in the Far North region with a sub-delegation in Maroua. Other RCRC Partner National Societies (PNS) included the French Red Cross, and there were regular coordination meetings carried out

during the course of the DREF operation. It should be noted that only IFRC supported the CRC response to the epidemic in the Far North.

Overview of non-RCRC actors in country

The CRC worked in collaboration with the MoH, UNICEF and WHO in response to the epidemic to ensure the mobilization of the population for vaccination. The IFRC, on behalf of the CRCS would like to extend many thanks to the Ministry of Health, United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) for their support with the implementation of the DREF operation.

Needs analysis and scenario planning

Please refer to the original Emergency Plan of Action for information on the needs analysis and scenario planning – this remained unchanged during the implementation of the DREF operation.

Beneficiary selection

In total, the DREF operation expected to target 1,609,629 (95 per cent of the children aged nine months to 14 years), but this number was revised upwards to 1,721,201 a few days before the start of the campaign. The CRC ensures that the DREF operation was aligned with the IFRC's commitment to realize gender equality and diversity, and the protection of children.

B. Operational strategy and plan

Overall Objective

Contribute to the vaccination of at least 95% 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 - with specific objectives including:

- ***Contribute to the administering of vitamin A capsules to at least 95% of children from 9 to 59 months:***
For logistic and financial reasons, the administration of vitamin A was withdrawn from the campaign which was exclusively devoted to vaccination against measles and rubella.
- ***Ensure that at least 95% of the population is informed on the importance of being vaccinated against measles and rubella and obtain their support:***
A total of 1,030,422 adult persons were reached through social mobilization and vaccination coverage in the region reached 103%.
- ***Ensure the reporting and management of 100% of cases of serious adverse events following immunization (AEFI) occurring during this campaign;***
In total 32 AEFI cases were reported. However, we are unable to confirm that these were ALL AEFI cases in the region.

Proposed strategy

The proposed strategy aimed 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. As such, this DREF operation included the following activities:

- Refresher training (one-day) on measles and rubella vaccination for supervisors (34) and volunteers (340), provided by the MoH.
- 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.).
- Dissemination of IEC materials to support social mobilization, including; leaflets/posters and a megaphone and batteries for each health district.

Operational support services

Human resources (HR)

During the DREF operation, the following personnel were mobilized to support the implementation:

- CRC recruited a measles focal point (for one month) at NHQ level to support the supervisors and volunteers, as well as participate in coordination mechanisms (e.g. meetings etc.) planned with partners (MoH, UNICEF and WHO) at district levels, and oversee the effective implementation of the activities planned.
- 340 volunteers (10 in each of the 29 health districts, and 50 in Mokolo health district). Each volunteer was deployed for 10 days (two days before the vaccination campaign, six days during, and for two days after), and was provided with an incentive (per diem) for this period, as well as an RCRC apron, a face cap and t-shirt for visibility. However volunteers worked for three weeks (3 days per week) after the campaign, during sweep up operation, essentially searching for children who had missed vaccination and those suffering adverse events following immunization (AEFI).
- 34 supervisors (one per group of 10 volunteers. Each supervisor was deployed for 12 days (two days before the vaccination campaign, six days during, and for two days after), and was provided with an incentive, and a RCRC jacket for visibility. However supervisors worked for an overall of three weeks (3 days per week) after the campaign, during sweep up operation, essentially searching for children who had missed vaccination and AEFI cases.
- CRC health staff members at national headquarters, regional and district level provided support with the implementation of the activities planned.
- IFRC Central Africa country cluster support team staff including the regional health coordinator (as noted), and planning, monitoring, evaluation and reporting (PMER) assistant, as well as IFRC Africa region and Geneva level emergency health staff, also provided technical support as required.

NB: It should be noted that of the nine days during which volunteers and supervisors worked (for sweep up operation) after the campaign, volunteers and supervisors were only paid for the two days planned. They agreed to work for remaining seven days extra days which were within the operation timeframe, that is five days. The remaining two days were unpaid as they all voluntarily agreed to work without incentive, to be able to effectively accompany the MoH in their role as auxiliaries to the government.

Logistics and supply chain

Procurement of items required (IEC tools, protective equipment for volunteers etc.) were carried out by the IFRC Central Africa 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, a truck was rented to transport them to the Far North region. In addition, the IFRC Central Africa country cluster support team logistics unit also provided a means of transportation to the affected area (vehicle, driver and fuel), which supported the effective implementation of planned activities, as many of the communities in these health districts are difficult to access.

Communications

In collaboration with the IFRC Central Africa, the CRC ensured communication and visibility of the National Society and its partners operating in the affected areas where appropriate given the insecurity situation. This was done through the production of a banner, aprons, caps and T-shirts, which all bore the Red Cross emblem. In addition, the CRC sought 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 of Cameroon is critical, to the extent where the government declared a State of Emergency in the entire 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 partners on the evolution of the security situation and provides advice and recommendations concerning the North and Far North regions. All RCRC expatriate staff or from other regions received a briefing in Yaoundé and Maroua before commencing their missions. The IFRC Central Africa head of country cluster support team was responsible for ensuring the security/safety of RCRC personnel, and their compliance with the protocols established by ICRC in the Far North.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring of the DREF operation was carried out by the CRC with technical assistance provided by IFRC Central Africa country cluster support team. As noted (refer to “Human Resources” section) the IFRC Central Africa regional health coordinator supported this DREF operation from start to finish, in collaboration with counterparts from the CRC: a combined field mission with finance and NS Reporting was consolidated by IFRC Central Africa PMER assistant.

C. Detailed Operational Plan

Quality programming / Areas Common to all Sectors

Quality programming / Areas Common to all Sectors	
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation	
Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation	
Activities planned	
1.1.1	Participation in planning and coordination meetings at national, regional and district level.
1.1.2	Monitoring with relevant partners (MoH, UNICEF and WHO).
1.1.3	Reporting on activities planned; including promotion of the DREF operation with relevant in-country partners.
Achievements	
1.1.1	The CRC focal person operation participated activity in coordination meetings with the MoH, UNICEF and WHO, with other partners at national, regional and district levels, and also as part of cross border (Cameroon-Chad-Nigeria) meetings in the Far North region.
1.1.2	CRC worked closely with partners in the search for AEFI cases (32 cases found) and cases of diseases preventable by vaccination (15 measles cases and 6 cases of yellow fever)
1.1.3	All reporting was produced in accordance with the agreed deadlines. The IFRC Central Africa head of country cluster support team received an official letter from the MoH to thank and congratulate them on the RCRC contribution to the vaccination campaign. An official response was given, which provided information to the MoH on the achievements within the DREF operation.
Challenges	
None reported.	
Lessons Learned	
None reported.	

Health and Care

Health and Care	
Outcome 1: Immediate risk of measles to the health of the population is reduced through social mobilization activities in the Far North region of Cameroon	
Output 1.1: Target population mobilized for Ministry of Health immunization against measles and rubella (Target: coverage > 95% of children aged 9 months to 14 years – 1,609,629 people)	
Activities planned	
1.1.1	Refresher training of supervisors / volunteers (Target: 34 supervisors; and 340 volunteers.

1.1.2	Development / procurement of IEC tools (banners, leaflets, posters) with the social mobilization team (MoH, UNICEF) (Target: 5,000 IECs; and 30 banners).
1.1.3	Assist with vaccination campaign (measles, rubella, vitamin A) – six days.
1.1.4	Dissemination of messages / social mobilization – ten days – two days before, six days during, and two days after the vaccination campaign).
1.1.5	Health promotion activities including EIP routine.
1.1.6	Follow up of adverse events following vaccination.

Achievements

1.1.1 In total, 340 volunteers and 34 supervisors were identified and received refresher training on measles and rubella vaccination, which equates to 100 per cent of the intended target (340 volunteers and 34 supervisors). The CRC focal person for the DREF operation informed the six divisional committees in the Far North region to identify the volunteers one week before the start of the vaccination campaign, and also provided briefing of the regional and district teams on the activities planned in the DREF operation. The ECV training / briefings allowed volunteers to become familiar with the various tasks expected of them before, during and after the campaign. It allowed them to understand the targets of the vaccination campaign; name the various interventions of this campaign; justify the organization of the immunization campaign against measles and rubella; to know at least two benefits of vaccination against measles and rubella; and to master the communication strategy, in order to fully implement the one chosen for this campaign.

1.1.2 The models used was approved by the social mobilization team comprising the MoH, CRC and UNICEF the IFRC produced 10,000 posters, 5,000 flyers, 30 megaphones each with 18 batteries, 30 banners, 340 T-shirts, 34 jackets and 340 face caps.

1.1.3 Following the training, the supervisors and volunteers were mobilized for a period of 10 days (two days before, six days during, and two days):

Before the campaign, each volunteer wearing a RCRC t-shirt specifically designed for the campaign, went back to their district of origin, to count/assess the target and educate parents and/or guardians on what would be going on in their localities during the coming days. They also shared information on the diseases against which the children were to be vaccinated, the targeted age group, the benefits of vaccination, the location of vaccination grounds are vaccinated, and what to do in case of any unexpected reaction etc. In total, the volunteers were mobilized for two days.

During the campaign: Originally scheduled to begin on 24 November 2016, the campaign was initiated on 25 November in all 29 health districts - only the Bogo District began on 24 November. 2016. Each volunteer joined the rest of the vaccination teams (comprised of a social mobilizer, a recorder, a vaccinator and a recharger staff (a second vaccinator in charge of preparing syringes, reconstitute the vaccine, etc.). This was also an opportunity to for these vaccination teams to identify rumours and suspected resistance cases. In total, the volunteers were mobilized for six days.

After the campaign: After the campaign, in accordance with the count taken before the campaign itself, volunteers went back to households where children did not come out to be vaccinated. They also conducted research for Adverse Events Following Immunisation (AEFI), leading to a total of 32 AEFI cases detected, including 1 serious case. All these cases were successfully taken care of. These AEFI were searched more than five weeks after the end of the campaign with the active participation of volunteers; this explains the above 100 percentage coverage that was achieved. It should be noted that the volunteers actually worked three weeks longer than planned. During this campaign and according to plan, volunteers participated in the active search for cases of diseases preventable by vaccination. As such, a total of 15 measles and six for yellow fever cases were found, but no cases of acute flaccid paralysis or neonatal tetanus were identified. In total, the volunteers were mobilized for nine days.

1.1.4 Please refer to “Activity 1.1.3”

1.1.5 Please refer to “Activity 1.1.3”

1.1.6 Please refer to “Activity 1.1.3”

Challenges

The implementation period turned out to be a little short because, despite that planning included 2 days of social mobilization after the vaccination campaign, volunteers (at the request of the MoH) continued to work for three weeks (two planned days plus seven extra days).

Lessons Learned

Implementation timeframe for this type of operation should be extended for at least one month beyond planned activities, to enable volunteers to fully play their role as auxiliaries to the government (represented by the MoH). Moreover, this report is being drafted on the basis of official data from the WHO country office because to date, the MoH has not yet made its official vaccination campaign report available.

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