

Emergency Plan of Action (EPoA) Final Report Cameroon: Polio Prevention

DREF Operation MDRCM023	
Date of issue: 24 March 2017	Date of disaster: 11 August 2016
Operation start date: 07 October 2017	Operation End date: 21 January 2017
Operation manager: Dr Viviane Nzeuseu, Health Coordinator, IFRC Yaoundé Cluster	Point of contact: Dr Yannick MOSSUS, Director of Health, Cameroon Red Cross
Overall operation budget: CHF 192,636	
Number of people affected: 3,565,123	Number of people to be assisted: 356,512
Host National Society presence (No. of volunteers, staff, branches): More than 50 permanent staff, 40,000 volunteers with 18'000 active volunteers across 58 branches and 339 local committees.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): None	
Other partner organizations actively involved in the operation: Ministry of Public Health (MoPH), WHO, UNICEF, GAVI, Plan Cameroon, Lions Club	

A. Situation analysis

Description of the disaster

The Global Polio Eradication Initiative (GPEI) prescribes three strategies to eradicate polio; namely 1) strengthening anti-polio routine immunization; 2) epidemiological surveillance; and 3) supplementary preventive or response immunization activities. As part of this initiative, Cameroon has been implementing these 3 strategies, which have enabled the country to remain polio-free from July 2014 to date.

Two cases of type 1 wild poliovirus (WPV) were confirmed in Borno State in neighbouring Nigeria on 11 August 2016. Nigeria registered a third case of wild poliovirus on 5 September 2016 also in Borno State, leading to fears that the disease will reappear in this region affected by insecurity. This virus had been circulating in northern Nigeria for more than 5 years without being detected. Polio resurgence in this area, a part of the greater Lake Chad Basin, poses a big threat to the polio end game eradication strategy. Cameroon shares a long border with Nigeria, and there is intensive population movement of between the two countries along the borders. Nigerian nomadic populations and about 72,000 Nigerian refugees fleeing conflict are present in the Far North Region of Cameroon. Most of them come from Borno State where the polio outbreak was registered.



Those 3 cases of WPV were confirmed at a time when the risk of a polio outbreak was increasing progressively in Cameroon due to insufficient collective immunization of children against poliomyelitis, particularly in remote places such as islands, or places affected by the current insecurity caused by conflict. The WHO and other observers thus declared that there was a very high risk for the poliovirus to be brought

from Nigeria into Cameroon. There was also a high possibility to detect an indigenous case that might have been circulating unnoticed since 2014. Indeed, since then, epidemiological surveillance, particularly in the Far North Region of Cameroon, had never been completed. As such, the Cameroon Government decided to launch a series of 5 preventive immunization campaigns scheduled as follows:

1. From 26 to 28 August 2016 (already done)
2. From 17 to 19 September 2016 (already done)
3. From 8 to 10 October 2016
4. From 12 to 15 November 2016
5. From 03 to 05 December 2016

The first 2 campaigns had been conducted before the start of this operation, but the government requested the Cameroon Red Cross to provide additional support to assist in the remaining three campaigns with support from this DREF allocation.

Summary of the response


Overview of Host National Society

The Cameroon Red Cross has been participating in all coordination meetings to organise the various immunization campaigns at central and grassroots levels with the Ministry of Public Health (MoPH).

The first two rounds of the vaccination campaigns had already been completed by the time this DREF operation was launched in October 2016, but Government requested the Cameroon Red Cross (CRC) to provide additional support to assist in the remaining three rounds of campaigns with support from this DREF allocation. Although general immunization coverage was satisfactory, figures of the vaccination coverage in some health districts (see table below, districts in yellow – poor and red – very poor) were quite worrying because of very low immunization coverage.

Résultats LQAS dans les régions concernées par ces JLV depuis Janvier 2015

Region	District	Janv-15	JNV Fév 2015	JLV Mars 15	JLV Mai 15	JNV/SASNIM Juil 15	LV Sept 15	JNV/SASNIM Déc 15	JNV Fév 16	JNV/SASNIM Avril 2016	JLV Août 2016 (PVS Borno)	JLV Septembre 2016 (PVS Borno)
Adamawa	BANKIM	3	0	0	0	0	0	0	7	8	1	2
Adamawa	BANYO	0	0	0	0	0	0	0	0	0	1	2
Adamawa	DJONGHONG	4	4	0	0	0	0	0	0	0	1	1
Adamawa	MELANGANG	0	0	0	0	0	0	0	0	0	1	1
Adamawa	NGAOUNGAL	0	0	0	0	0	0	0	0	0	0	0
Adamawa	NGAOUNGAL RURAL	0	0	0	0	0	0	0	0	0	0	0
Adamawa	NGAOUNGAL URBAIN	0	0	0	0	0	0	0	0	0	0	0
Adamawa	TIBATI	0	0	0	0	0	0	0	0	0	0	0
Adamawa	TIGNERE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	BOGO	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	BOURHA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	GAZAWA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	GOULEFF	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	GUERE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	GURDINGAUS	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	HINA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	KALEL	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	KAR HAY	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	KILOPATI	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	KOUSSEBI	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	KOZA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAJA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAJURY	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAROUA 1	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAROUA 2	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MAROUA 3	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MEZI	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MINDI	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MOGHE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MOROU	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MORSA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MOULMOUTAYE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	MOUTOURWA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	PETE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	ROUA	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	TOUMBERE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	VELE	0	0	0	0	0	0	0	0	0	0	0
EXTREME NORD	YAGOUA	0	0	0	0	0	0	0	0	0	0	0

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On 07th October 2016, the International Federation of Red Cross and Red Crescent (IFRC) allocated a Disaster relief emergency fund (DREF) of 192,636 CHF to participate in the immunization campaigns against poliomyelitis over a period of two months and a half. The DREF targeted assist 3,566,053 children aged between 0 and 59 months in five (5) regions of Cameroon, namely Adamawa, North, Far North, North West

and West regions. These regions were targeted because they are either along the borders with Nigeria, or are close to a border region. The Cameroon Red Cross intended to reach at least **10% of the set target**.

The objectives of this DREF operation were to:

- Vaccinate 100% of targeted children in identified health districts with particular access to vaccine;
- Ensure actual information and sensitisation of at least 95% of parents in targeted health districts on the risks associated with the presence of confirmed cases in neighbouring Nigeria;
- Report all suspected cases of diseases under surveillance during the implementation of supplementary immunization activities (SIA).

Participation in coordination meetings at national, regional and district levels

At national level, coordination meetings were held every Friday, either in the main building of the Ministry or in the Expanded Program on Immunization. The NS was represented by the head of its health department. The participation of other MoPH partners such as GAVI, Plan, UNICEF, and Lions Club to name just these few was equally noticed.



Coordination Meeting © Cameroon RC

At peripheral level, meetings were organized in the concerned regions and health districts but Red Cross supervisors took part only in the meetings held in the districts. They were organized every day, one week before each round of vaccination.

Development/procurement of IEC tools (banners, leaflets, posters) with the social mobilization team (MoH, and UNICEF)

Since the DREF was approved only on the day before the third round of vaccinations, the working tools were not acquired for the 3rd round. However, the teams were mobilized on the ground thanks to material previously acquired by departmental committees. In total, as of the fourth and fifth rounds, the tools that produced are detailed in the table below.

Table: IEC equipment deployed in the field

No.	Name	Quantity produced
1.	Bibs	710
2.	Caps	710
3.	T-shirts	710
4.	Jackets	35
5.	Megaphones	92
6.	Batteries for megaphones	1,656
7.	Posters A2	5,000
8.	Flyers A5	10,000
9.	Banners	92



Recruitment and training of 35 supervisors / 710 volunteers

Volunteers were recruited based on results from the previous campaigns. In fact, prior to each round, the Red Cross (RC) analysed the results of immunization coverage for each health district and organized the distribution of volunteers solely in districts where the performance was very poor or poor. They were made available to the health districts for their training in social mobilization but also on how to administer vaccine drops.

Volunteer field activities (supporting monitoring with MoPH and partners, dissemination of messages, social mobilization, assisting with vaccination against polio and actively searching for suspected cases of acute flaccid paralysis, measles, neonatal tetanus and yellow fever) were carried out as planned with the following results.

The tables below give details on volunteer activities on the field. They started two days before vaccinations with social mobilization and briefings. This was followed by three days of vaccination and the active search for suspected cases. After this, they conducted social mobilisation and coverage of missed children.



Social mobilization in a household © CRC



Social mobilization at a Quranic school © CRC

OFFICIAL RESULTS OF ROUND 5

Summary of national results obtained after Round 5 of WPV vaccination campaign

Region	Targeted population		VACCINATED CHILDREN					
			Children		Zero dose		Adults	
	0-11 months old	0-59 months old	0-11 months old	0-59 months old	0-11 m	12-59 m	5-10 years	>10 years
Adamawa	71,907	394,237	69,233	392,543	1,399	-	-	-
Far North	301,853	1,455,099	298,830	1,477,400	8,612	10	14,708	27,176
North	162,773	799,509	168,867	842,964	4,900	-	5	12
North West	78,495	402,905	71,107	382,479	662	-	-	-
West	95,621	518,534	87,991	510,573	472	-	-	-
Cameroon	709,755	3,565,953	696,028	3,605,959	16,045	10	14,713	27,188

WPV immunization coverage 5th Round / Region	0-11 months old (%)	0-59 months old (%)	Zero dose (%)
Adamawa	96.28	99.57	0.35
Far North	99.00	101.53	0.59
North	103.74	105.44	0.6%
North West	90.59	94.93	0.16
West	92.02	98.46	0.09
Cameroon	98.10	101.10	0.40

West Region (R3 and R4)

Health District	Visited Households	Persons sensitized		Number of children aged 0 to 59 months old counted		Children not yet vaccinated		Unvaccinated children		Children recovered and vaccinated		Zero dose investigated children aged 0 to 59 months old		Refusals encountered and reported		Number of refusals managed		Suspected cases identified and referred to healthcare centres					
																		Measles		Acute Flaccid Paralysis (AFP)		Yellow fever	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
BATCHAM	1,931	1,169	1,862	69	81	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DSCHANG	909	619	960	46	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KOLOPTAM O	2,124	763	847	1563	164	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GALIM	1,558	1,928	3,054	369	241	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
KEKEM	1,008	2,677	4,605	297	472	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
FOUMBOT	794	1,942	3,258	420	420	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MBOUDA	587	1,965	1,795	359	289	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PENKA MICHEL	1,381	3,224	4,095	291	539	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SANTCHU	408	1,187	1,215	568	198	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BAHAM	114	318	291	235	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BATCHAM	65	243	242	67	35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10,879	16,035	22,224	4,284	2,541	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

North-West Region (R3 & R4)

Localities / Districts	Pop	NS staff		Sites Visited		People reached			
		Volunteers	Supervisors	Households	Others (Schools, Mosques, Markets, Stations, Water points)	Men	Women	Children	TOTAL
Bafut	73,955	20	1	621	21	3,160	4,027	4,939	12,126
Bali	121,570	20	1	880	89	2,141	3,524	2,831	8,496
Benkuma	6,344	20	1	347	115	1,809	1,035	1,688	4,532
Fundong	32,415	20	1	234	45	941	2 786	7,976	11,703
Kumbo East	64,583	20	1	523	23	624	1 494	1,226	3,344
Kumbo West	45,818	20	1	445	109	706	3 515	4,784	9,005
Ndu	19,781	20	1	113	66	415	2 304	6,054	8,773
Santa	28,156	20	1	435	39	521	987	2,564	4,072
Tubah	3,568	20	1	235	13	135	634	980	1,749
Wum	17,515	20	1	325	16	198	972	1,687	2,857
Total	1,228,729	200	10	4,158	536	10,650	21,279	34,729	66,657

North-West Region (R5)

Health Districts	Households visited	Persons sensitized		Number of children aged 0 to 59 months old counted		Children not yet vaccinated		Unvaccinated children		Children recovered and vaccinated		Zero dose investigated children aged 0 to 59 months old		Refusals encountered and reported		Number of refusals managed		Suspected cases identified and referred to healthcare centres					
																		Measles		Acute Flaccid Paralysis		Yellow Fever	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
BAFUT	836	926	1,314	829	1,020	56	96	00	00	00	00	03	05	0	0	0	0	0	0	0	0	0	0
BALI	892	992	1,610	851	959	321	84	15	19	15	19	03	05	0	0	0	0	0	0	0	0	0	0
BENAKUMA	790	702	865	321	362	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KUMBO WEST	673	824	828	1,076	1,519	153	37	16	15	16	15	3	8	0	0	0	0	0	0	2	1	1	0
NDU	1,002	1,295	1,793	1169	1952	351	58	11	15	9	7	2	5	0	0	0	0	0	0	0	0	0	0
NKAMBE	1,121	869	1,102	978	1264	1213	91	9	6	5	2	0	3	0	0	0	0	0	0	0	0	0	0
SANTA	697	398	673	596	897	875	34	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TUBAH	950	654	861	870	961	942	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WUM	879	469	648	621	789	892	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	7,840	7,129	9,694	7,311	9,723	4,803	438	53	56	45	43	34	0	0	0	0	0	0	0	2	1	1	0

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Office for Central Africa is based in Yaoundé, the capital city of Cameroon. This proximity makes it easier to provide support to the Cameroon Red Cross. The ICRC and the French Red Cross are also based in Yaoundé, and regular Movement Coordination meetings are organised with them in Cameroon. For this particular operation, these Movement partners did not express any wish to support the NS. Nevertheless, the ICRC is present in the Far North Region of Cameroon, and will advise on security coverage of the area during Cameroon Red Cross interventions. All expatriate staff or personnel from other regions of Cameroon travelling to the Far North region of Cameroon, on mission, receive ICRC briefing in Yaoundé and in Maroua (the capital city of Far North region).

Overview of non-RCRC actors in country

The Cameroon Red Cross worked in close collaboration with the MoPH, WHO, GAVI, Plan Cameroon and UNICEF to organise and implement the three (3) preventive immunization campaigns.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Please refer to the original EPoA, which provides an overview of the needs analysis, beneficiary selection, risk assessment and scenario planning of this DREF Operation.

B. Operational strategy and plan

Overall objective

Given that two cases of wild polio viruses (WPV) were confirmed in neighbouring Nigeria, the aim of the planned immunization campaigns was to prevent the resurgence of poliomyelitis in Cameroon on the one hand, and to strengthen the immunological barrier in children aged less than 5 years old by vaccinating all of them using the Oral Polio Vaccine (OPV) on the other hand. Specific objectives included:

- Vaccinating 100% of targeted children in the 92 health districts identified;
- Ensuring actual information and sensitisation of at least 95% of the parents in targeted health districts on the risks associated with the presence of confirmed cases in neighbouring Nigeria;
- Reporting all suspected cases of diseases under surveillance during the implementation of supplementary immunization activities (SIA).

Proposed strategy

Intensive and efficient social mobilization activities were carried out to achieve the planned objective. The door-to-door strategy was used during the various campaigns. Fix and temporary fix strategies were used in health centres, priority passing places and temporary markets. Ad hoc strategies were used for insecure areas.

This operation was also a part of a wider, regional strategy to scale up interventions within the Lake Chad Basin countries of Nigeria, Niger, Chad and Cameroon to address the multiple risks and vulnerabilities including measles, malaria, polio and malnutrition in a region that is insecure as a result of the ongoing and protracted insurgency.

To ensure the good quality of the campaigns, the following actions were taken:

- Contribute to door-to-door vaccination, not forgetting fixed posts as the case may be. Children vaccinated were marked using a marker with indelible ink. The homes of vaccinated children were marked using chalk. Administering the anti-polio vaccine implies giving oral drops. In some cases, Red Cross volunteers administered the vaccines under the supervision of a MoPH personnel;
- Reinforce the active search for acute flaccid paralysis (AFP) and any other case of diseases under surveillance by the expanded immunization programme (EIP), including measles, neonatal tetanus and yellow fever;
- Implement an interpersonal communication strategy throughout the campaigns, not forgetting other communications strategies, namely mass communication and communication through the media;
- Conduct sweep activities after the passing of vaccination teams in a bid to identify children who have been missed and actually vaccinate them.

To achieve this, the Cameroon Red Cross deployed 710 volunteers and 35 supervisors during the 3^d, 4th and 5th immunization campaign rounds. These volunteers were equipped with posters and leaflets (1,000 for each region for 1 campaign). They received megaphones (92, i.e. 1 in each health district targeted) to facilitate social mobilisation activities. The MoPH requested the support of Red Cross volunteers to actually administer the vaccines and the boxes to maintain the cold chain of the vaccines. All reporting tools relating to that activity were provided by the MoPH. Ninety-two (92) banners were produced and posted in each of the 92 health districts targeted by the campaigns. Red Cross volunteers were also equipped with visibility and protection material such as aprons and caps.

The campaigns targeted all health districts in the Adamawa, Far North, North, North West and West regions of Cameroon. Children aged less than 5 years old were targeted in each region.

Volunteers were recruited and trained based on the results from previous campaigns. In fact, prior to each round the Red Cross (RC) analysed the results of immunization coverage for each health district and organized the distribution of volunteers solely in districts where the performance was very poor or poor. They were made available to the health districts for their training in social mobilization but also in the administration of vaccine drops.

Operational support services

Human resources (HR)

Some 2130 (710 X 3) volunteers and 105 (35 X 3) supervisors received training/refresher training to carry out activities for social mobilization, to assist in the vaccination against polio, to conduct active search for suspected cases of acute flaccid paralysis, measles, neonatal tetanus and yellow fever and to improve visibility of the Red Cross Movement. It should be noted that different volunteers and supervisors were deployed for the each of the vaccination rounds.

Logistics and supply chain

In total, 710 bibs, 710 caps, 710 T-shirts, 35 jackets, 92 megaphones and batteries, 5,000 posters A2, 10,000 flyers A5 and 92 banners enabled volunteers to sensitize people during door to door visits.

All these tools were produced by the logistics department of the CRC in accordance with IFRC procedures, clearly stated in the Memorandum of Understanding signed between the IFRC and the NS before the implementation phase of the operation started.

Communications

From the launch of the vaccination campaign, the communications department of the National Society was active throughout the operation. Sensitization activities carried out were recorded on video cameras and interviews were conducted. Video reports were made through a film of 9 minutes titled "*Évitons le retour de la polio*" [Avoiding the return of Polio] and was broadcast on TV channels across Cameroon.

Security

Despite the insecurity in the northern part of the country and socio-political unrest in the North-West Region of Cameroon, no security incident was reported during the operation.

Planning, monitoring, evaluation, & reporting (PMER)

Missions to monitor activities were jointly conducted by NS and IFRC staff in concerned regions.

Information Technology

Recharge cards for communication (telephone and internet) were bought to enable communication between Divisional Committees and the CRC Head Office.

C. DETAILED OPERATIONAL PLAN

Health and Care

Health and Care
<p>Outcome 1: The immediate risk of polio is reduced in Cameroon especially for the populations of Adamawa, Far North, North, North-West and West regions</p> <p>Output 1.1: Improve the overall coverage of vaccination of polio of the Ministry of Health (>95%) for 0 to 59 months, thus 356,512 direct beneficiaries</p>
Activities planned
<p>1.1.1 Participation in coordination meetings at national, regional and district level</p> <p>1.1.2 Development/procurement of IEC tools (banners, leaflets, posters) with the social mobilization team (MoPH, UNICEF)</p> <p>1.1.3 Recruitment and training of 35 supervisors / 710 volunteers</p> <p>1.1.4 Support monitoring with MoPH and partners</p> <p>1.1.5 Dissemination of messages, social mobilization 2 days before, 3 days during and 2 days after the vaccination campaign for each of the 3 rounds.</p> <p>1.1.6 Assist with vaccination against polio for 3 days</p> <p>1.1.7 Conduct active search for suspected cases of acute flaccid paralysis, measles, neonatal tetanus and yellow fever.</p> <p>1.1.8 Improved visibility among in-country partners</p>
Achievements
<p>1.1.1 At national level, coordination meetings were held every Friday, either in the main building of the Ministry or at the Expanded Program on Immunization. The NS was represented by the head of the health department. Other MoPH partners such as GAVI, Plan, UNICEF, and Lions Club just to name a few, equally attended these meetings. At peripheral levels, meetings were organized in the concerned regions and health districts but Red Cross supervisors took part only in the meetings held in the districts. They were organized every day, one week before each round of vaccination. Some 605 bibs and caps were produced to identify volunteers and supervisors while 55 jackets were produced for supervisors.</p> <p>1.1.2 Since the DREF was only validated the day before the third round of vaccinations, the working tools were not acquired for the third round. However, the teams were mobilized on the ground thanks to the material previously acquired by the Divisional committees. In total, as of the fourth round, all the tools had been produced, including 710 bibs, 710 caps, 710 T-shirts, 35 jackets, 92 megaphones and batteries, 5,000 A2 posters, 10,000 flyers A5 and 92 banners.</p> <p>1.1.3 Seven hundred and ten (710) volunteers were recruited and trained for the 3rd round. However, given the results from the 3rd round and the complete change in health districts with low immunisation coverage, new volunteers were recruited for the fourth and new ones for the fifth round. That is, a total of 2,130 volunteers and 105 supervisors. At the end of each day, during results analysis, volunteers were redeployed to health districts with poor performance, for which a good vaccination coverage was finally registered.</p> <p>1.1.4 Joint IFRC and CRC officials conducted supervision with partners on the field.</p> <p>1.1.5 Results from social mobilization show that 94,950 households were visited and 357,017 people were reached through mass sensitization in the five regions concerned.</p> <p>1.1.6 Volunteers handled crowds in vaccination posts in the targeted health districts. This contributed in reaching a vaccination coverage of 101.1% at national level for children aged between 0 to 59 months, that is 3,605,959 children of 0 – 59 months old were vaccinated.</p> <p>1.1.7 Suspected cases of acute flaccid paralysis, measles, neonatal tetanus and yellow fever were searched and when found; they were immediately referred to the appropriate health care centre.</p> <p>1.1.8 Material produced widely enhanced the visibility of the CRC and partners. In addition, it should be highlighted that the only banners used during the last 3 rounds were those produced by the CRC.</p>



A Volunteer administering the vaccine to a child ©CRC



Volunteers conducting sensitization using a megaphone ©CRC

Challenges

- Most of the documents (data collection sheet) designed were in French, and one of the five regions covered by the campaign is predominantly English-speaking. This almost caused some friction with the population, had it not been the diplomacy of the presidents of local branches.
- The distribution of visibility material did not respect the distribution of volunteers and supervisors. These tools were sufficient for one tour but not for the 3 because at each round, different volunteers were mobilized to respect the deployment strategy in districts with low or average performance in the previous round.
- *Insecurity issues also contributed to the loss of a segment of the population in the Far North region*

Lessons learned

- Prepare data collection tools in French and English.
- Nevertheless, we noticed the proximity between some branch leaders and community leaders, hence the success of the activity.
- The involvement of Red Cross volunteers has improved the relationship between health authorities and the Red Cross. Many committees have thus received visits of thanks from the authorities including Tignère, N'Gaoundéré, Djohong in the Adamawa Region; Santa, Bafut, in the North-West Region; Mbaïmboum, Touboro in the North region; and many others in the West and in Far North regions.

D. BUDGET

The overall budget for this DREF was CHF 192,636 of which CHF 182,822 was spent. The balance of CHF 9,814 will be reimbursed.

Explanation of Variances:

- Transport and Vehicles Cost budget line was overspent by CHF 1750 (70%) due to the cost of vehicles rentals during the vaccination campaign, which was wrongly budgeted on this budget line. It should be included in the distribution costs which has a positive balance of CHF 1,522.
- National Society Staff budget line was overspent by CHF 4,709 (80%) due to erroneous coding into "National society staff" instead of "Travel" and are related to monitoring costs. Note that the "Travel" budget line has a positive balance of CHF 19,964.
- Other Staff Benefits budget line was overspent by CHF 10,111.00 (100%) because it was not initially budgeted. These costs relate to the visibility equipment of volunteers budgeted at CHF 10,650 in class 667 but counted in account 6690 as per IFRC accounting plan.
- Workshops & Training is over spent by CHF 2,135 (12%), due to the media coverage of the campaign, deemed necessary by the National Society.

Contact Information

For further information specifically related to this operation please contact:

In the National Society

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 - **Dr Yannick MOSSUS**, Health Manager, Cameroon RC; email: docmoyan@gmail.com
- **IFRC Central Africa Office:**
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In the Africa Region

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For Resource Mobilization and Pledges:

- **In Africa Region:** Fidelis KANGETHE, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254 731 984 117; email: fidelis.kangethe@ifrc.org

For In-Kind donations and Mobilization table:

Global Logistics Services - Dubai office:

Logistics Coordinator,

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

- **In Africa Region:** Penny ELGHADY, Acting PMER Coordinator, Penny.ELGHADY@ifrc.org; phone: +254731067277

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 Humanitarian 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**.

Disaster Response Financial Report

MDRCM023 - Cameroon - Polio Prevention

Timeframe: 07 Oct 16 to 07 Dec 16

Appeal Launch Date: 07 Oct 16

Final Report

Selected Parameters

Reporting Timeframe	2016/10-2017/4	Programme	MDRCM023
Budget Timeframe	2016/10-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			192,636			192,636	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			192,636			192,636	
C4. Other Income			192,636			192,636	
C. Total Income = SUM(C1..C4)			192,636			192,636	
D. Total Funding = B +C			192,636			192,636	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			192,636			192,636	
E. Expenditure			-182,822			-182,822	
F. Closing Balance = (B + C + E)			9,814			9,814	

Disaster Response Financial Report

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Selected Parameters

Reporting Timeframe	2016/10-2017/4	Programme	MDRCM023
Budget Timeframe	2016/10-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				192,636			192,636	
Relief items, Construction, Supplies								
Teaching Materials	6,440			6,722		6,722	-282	
Total Relief items, Construction, Sup	6,440			6,722		6,722	-282	
Logistics, Transport & Storage								
Distribution & Monitoring	5,000			3,478		3,478	1,522	
Transport & Vehicles Costs	2,500			4,250		4,250	-1,750	
Total Logistics, Transport & Storage	7,500			7,728		7,728	-228	
Personnel								
National Society Staff	5,880			10,589		10,589	-4,709	
Volunteers	92,718			91,325		91,325	1,393	
Other Staff Benefits				10,111		10,111	-10,111	
Total Personnel	98,598			112,024		112,024	-13,427	
Workshops & Training								
Workshops & Training	17,880			20,015		20,015	-2,135	
Total Workshops & Training	17,880			20,015		20,015	-2,135	
General Expenditure								
Travel	29,750			9,786		9,786	19,964	
Information & Public Relations	13,100			11,859		11,859	1,241	
Office Costs	3,000			2,906		2,906	94	
Communications	4,000			437		437	3,563	
Financial Charges	611			187		187	424	
Total General Expenditure	50,461			25,175		25,175	25,286	
Indirect Costs								
Programme & Services Support Recove	11,757			11,158		11,158	599	
Total Indirect Costs	11,757			11,158		11,158	599	
TOTAL EXPENDITURE (D)	192,636			182,822		182,822	9,814	
VARIANCE (C - D)				9,814		9,814		

Disaster Response Financial Report**MDRCM023 - Cameroon - Polio Prevention**

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Final Report

Selected Parameters

Reporting Timeframe	2016/10-2017/4	Programme	MDRCM023
Budget Timeframe	2016/10-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Measles and polio	192,636		192,636	192,636	182,822	9,814	
Subtotal BL3	192,636		192,636	192,636	182,822	9,814	
GRAND TOTAL	192,636		192,636	192,636	182,822	9,814	