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# DREF final report

## Cameroon: Wild Polio Virus Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCM017**  
**GLIDE n° [EP-2013-000164-CMR](#)**  
**29 August 2014**

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 73,457 was allocated from the Disaster Relief Emergency Fund (DREF) to support the Cameroon National Society in assisting 695,287 direct beneficiaries.**

Two cases of polio were reported and confirmed in the town of Malentouen, Noun Division, West Region of Cameroon in September 2013. Faced with this epidemic, the Cameroonian government, through her Ministry of Public Health, launched a major response with the help of partners such as the World Health Organization (WHO) and UNICEF. Thus, Local Immunization Days (LIDs) were organized in the month of December 2013, involving 47 health districts in 6 of the 10 regions of Cameroon. Still in



**Door-to-door community awareness session conducted by Cameroon Red Cross volunteers in the West Region. Photo by IFRC**

response to the epidemic, three sessions of National Immunization Days (NIDs) were planned in 2014 and the first one took place in January 2014. The participation of the Cameroon Red Cross (CRC) during the December 2013 LIDs and January 2014 NIDs was remarkable. During the first phase of Polio NIDs, the CRC exclusively intervened in the West Region of Cameroon, mobilizing 200 volunteers, 20 supervisors and 01 Regional Coordinator. At the same time, during the December 2013 NIDs, the National Society intervened in the 47 health districts by mobilizing 470 volunteers (10 per health district), 47 supervisors, 06 regional coordinators and 01 national Coordinator. In addition, the Federation produced and shipped social mobilization materials made up of 5,000 leaflets, 2,500 posters, 6 banners and 47 megaphones to the health districts. In December 2013, volunteers conducted several awareness activities that enabled them to visit 66,007 households. To this end, these volunteers sensitized 132,668 people in households and 702,380 people out of households. This action helped immunize 595,022 children aged 0 to 11 months, 3,069,563 children aged 0 to 59 months, making a vaccination coverage rate of 95% and 107.5% respectively. In the West Region, a region where cases of wild polio virus were reported, 64,926 children aged 0 to 59 months and 370,223 children aged 0-59 months were vaccinated. Making a vaccination coverage of 90.8% and 116.5% respectively. The volunteers managed 343 cases of refusal out of the 360 cases during this campaign, thus, more than 95% of the successful cases. In the West Region specifically,

the volunteers identified 03 cases of acute flaccid paralysis (AFP), which they referred to the nearest health facilities.

During the first phase of NIDs in 2014, volunteers visited 20,683 households, sensitized 52,209 people within households and 212,036 people outside households. These volunteers contributed to the vaccination of 961,726 children aged 0 to 11 months, 4,668,419 children aged 0 to 59 months and 2,099,187 children aged 5 to 10 years at the national level, with a vaccination coverage rate of 100.5%, 102.3% and 91.47% respectively. Moreover, in the West Region where the Red Cross was present, 82,425 children aged 0 to 11 months, 394,301 children aged 0 to 59 months and 342,460 children aged 5 to 10 years were vaccinated, with a vaccination coverage of 107.8%, 102.3% and 88.87% respectively. Thus, the volunteers were able to manage 94 cases of refusal out of 112 cases encountered during this campaign, a performance rate of 84%. Other cases that could not be managed by volunteers were reported to the heads of the various health areas concerned for appropriate action. These volunteers also identified 01 case of AFP that was referred to the nearest health facility.

Still during these NIDs in January 2014, 32 independent instructors were trained by WHO, including 10 Red Cross volunteers. Supervised by WHO, these instructors worked in 10 health districts of the West Region to ensure quality control of the vaccination campaign implemented in the Region and recommended corrective actions.

### Explanation of variances

From the DREF allocation, the budget lines for **teaching materials, volunteers and information and public relations** were exceeded because the DREF was initially planned for one round but at the end, due to increasing needs on the ground, especially in the area of social mobilization, two rounds were finally conducted, resulting, therefore, in additional costs. Volunteer training was facilitated and organized by WHO and the ministry of public health (MoPH). This helped reduce the amount budgeted under this line as part of DREF funds were used just to pay volunteer incentives during training sessions. In order to stay within budget limits, some lines were not fully utilized.

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, Zurich and Coca Cola Foundations and other corporate and private donors. Details of all donors can be found at:

<http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>

## The situation

A case of polio was reported in the area of Malentouen, Noun Division, West Region of Cameroon. This was first noticed on 28 September, 2013, with a fever in a child of 7 years which evolved after 4 days into a paralysis: the child could no longer walk or stand up. This was a child who had never received a vaccine. The child had no vaccination card and was not registered in any file of the Routine Immunization Centre. It should be noted that the grandfather of the child was a leader and pastor, recalcitrant towards vaccination or any other form of medical treatment. The investigation revealed a dozen cases of acute flaccid paralysis (AFP) from June to September 2013.

On 20 October 2013, the case was confirmed to be a wild polio virus. A second case notified on 18 October 2013, was confirmed in the laboratory. This case was from Fumbot, still in Noun division. Genotyping of this second case showed a similarity greater than 99%, with the first case. It was a 6 year old child, who had received the first dose of the vaccine at birth, accompanied by BCG. This second case was that of a Cameroonian who had never travelled outside the country.

The investigation revealed a problem of service delivery. Vaccination was held only once a month in Malentouen and the Expanded Program on Immunization (EPI) experienced great difficulties, especially in the area of logistics.

Faced with this epidemic, the government, with help from partners, launched a major response. Thus, Local Immunization Days (LIDs) were organized in December 2013, in the West Region, from where the epidemic started as well as five other border Regions to the West Region. Still in response to the epidemic, three National Immunization Days (NIDs) were planned in 2014 and the first was held in January 2014. During the first NIDs day, a revision of the memorandum of understanding (MoU) with the NS enabled the National Society to contribute to the implementation of activities in the West Region. Since then, four (4) new cases of wild Polio have been discovered in the South, Adamawa and West Regions of Cameroon.

## Red Cross and Red Crescent action

The Red Cross participation was remarkable during NIDs of December 2013. With support from the Federation, the Cameroon Red Cross (CRC) was involved in all 06 Regions concerned by the Campaign during the NIDs. As such, 5,000 leaflets, 2,500 posters, 6 banners were produced, added to 47 megaphones and all were sent to health districts. CRC was involved in social mobilization and deployed in the 47 health districts involved in the campaign. This activity enabled the mobilisation of 470 volunteers (10 volunteers per health district), 47 supervisors, 6 regional coordinators and 1 national coordinator.

The role of these volunteers was to mobilize and sensitize communities through door-to-door campaigns and mass awareness in public places, with the use of megaphones, leaflets, posters and banners. In addition, these volunteers conducted epidemiological surveillance activities through the active search for acute flaccid paralysis (AFP) cases and other diseases under surveillance.

To this effect, the volunteers held several educative talk sessions that enabled them to visit 66,007 households, thereby, sensitizing 132,668 people in households and 402,380 people out of households.

As concerns the January 2014 vaccination campaign, which was the first Polio NIDs of response to this epidemic, CRC exclusively intervened in the West Region of Cameroon. For this, the CRC mobilized 200 volunteers, 20 district supervisors and 01 regional coordinator. During this first NIDs in 2014, volunteers visited 20,683 households, sensitized 52,209 people within households and 212,036 people out of households. Moreover, during this first NIDs in January 2014, the Federation contributed by reinforcing the number of independent instructors (i.e. people outside the formal health system), by financing 10 Red Cross volunteers to be in charge of supporting WHO in implementing external monitoring activities.

## Achievements against outcomes

Emergency Health	
<b>Result: Contribute directly to reducing morbidity due to poliomyelitis in 695,287 children of 0-5 years, in a part of the southern part of Cameroon (47 health districts). Sensitize as indirect beneficiaries, the entire population of these cities, estimated at 3,862,706 inhabitants.</b>	
Outputs (expected results)	Activities planned
<b>Enhance the effectiveness of the emergency vaccination campaign, in order to curb the polio epidemic.</b>	<ul style="list-style-type: none"> <li>Conduct quality social mobilization during the local immunization days (LIDs) from 6 to 8 December 2013, in six Regions: West (20 Health Districts (HD)), North West (19 HD), Littoral (2 HD), South West (2 HD), Adamawa (1 HD) and Centre (3 HD).</li> <li>Carry out independent monitoring in the 2 high-risk HDs of Fumbot and Malentouen.</li> <li>Produce 5,000 leaflets, 2,500 posters and 6 banners in order to raise awareness on the polio vaccination campaigns.</li> </ul>
<b>Improve the acceptance of polio vaccination among beneficiaries in the 47 health districts concerned.</b>	<ul style="list-style-type: none"> <li>Training of volunteers and supervisors in the vaccination campaign against polio in December.</li> <li>Contribute to the organization of advocacy meetings with religious leaders, mayors and administrative authorities in the 47 health districts concerned.</li> <li>Recruit 470 volunteers (10 per health district) and 47 supervisors, 6 regional coordinators and one national coordinator.</li> </ul>
<b>Vaccinate at least 95% of children aged 0-5</b>	<ul style="list-style-type: none"> <li>Organize proximity (door-to-door) awareness</li> </ul>

<p><b>years against polio in 47 districts health targeted so as to help limit the circulation of the wild polio virus both in Cameroon and in neighbouring countries.</b></p>	<p>sessions; for 7 days (3 days before, 3 days during and one day after the campaign).</p> <ul style="list-style-type: none"> <li>• Coordination and monitoring/evaluation of and reporting on all planned activities.</li> </ul>
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### Impact:

The Local Immunization Days (LIDs) response of December 2013 was a success thanks to a careful preparation and an effective social mobilization strategy, which enabled 595,022 children aged 0 to 11 months and 3,069,563 children, aged 0 to 59 months to be vaccinated in the six regions targeted in the campaign. This made up a vaccination coverage rate of 95% and 107.5%, respectively. In the West Region, a region where cases of wild polio virus were noticed, 64,926 children aged 0 to 11 months and 370,223 children aged 0-59 months were vaccinated. This led to a vaccination coverage rate of 90.8% and 116.5% respectively. During this campaign, the volunteers managed 343 cases of refusal out of the 360 cases met that is more than 95% of successful cases. In the West Region specifically, the volunteers identified 03 cases of acute flaccid paralysis (AFP) that they referred to nearest health facilities.

Unlike the LIDs of December 2013, where the target included children aged 0-59 months, the targets during the NIDs in January 2014 were children aged 0-10 years. During these NIDs, 961,726 children aged 0 to 11 months, 4,668,419 children. 0 to 59 months and 2,099,187 children aged 5 to 10 years were vaccinated at the national level with a vaccination coverage rate of 100.5% and 102.3% and 91.47%, respectively. Moreover, in the West Region where the Red Cross was present, 82,425 children aged 0 to 11 months, 394,301 children aged 0 to 59 months and 342,460 children aged 5 to 10 years were vaccinated, making an immunization coverage rate of 107.8%, 102.3% and 88.87% respectively. Volunteers were able to manage 94 cases of refusal out of 112 cases encountered during this campaign thus, a performance rate of 84%. Other cases that could not be managed by the volunteers were reported to the heads of different health areas concerned for appropriate action. These volunteers also identified 01 case of AFP that they referred to the nearest health facility.

During these January 2014 NIDs, 32 independent instructors were trained by WHO to work in 10 out of the 20 health districts that make up the West Region, chosen by WHO, on the basis of the following specific criteria:

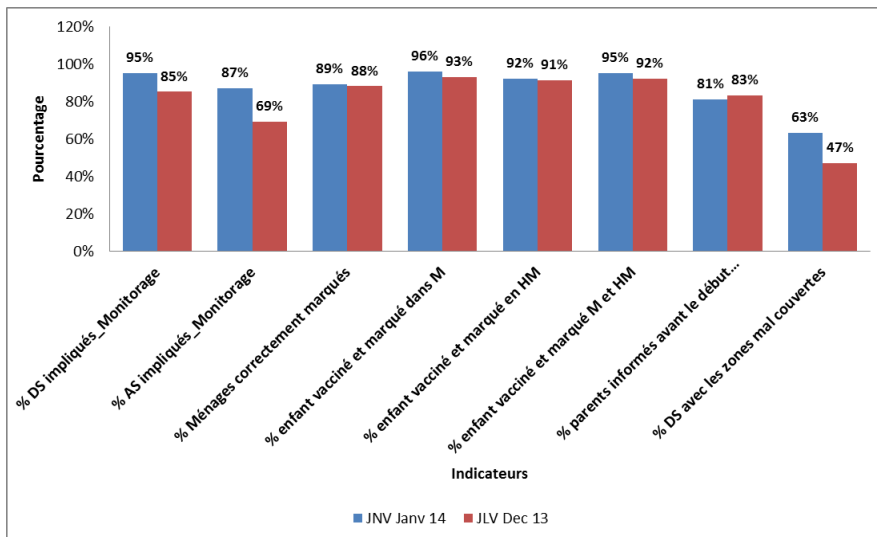
- Existence of a poliomyelitis epidemic (Fumbot and Malantouen)
- High demographic rate (Mifi)
- Poor performance in routine immunization (Mbouda)
- Other health districts were randomly selected (Kekem, Bandjoun, Bamendjou Bafang, Bangangte and Massangam) out of the remaining 16 health districts.
- Six (6) health areas were randomly selected in each health district.
- In each health area, a village was randomly selected.
- In each village chosen, the team investigated in 10 households selected through a simple random or systematic method.
- Finally, in each selected household, the investigation focused on a single child aged 0-10 years, randomly selected from those present in the household at the time of the survey.

Thus, there were a total of 60 children per health district.

Of the 32 independent instructors trained by WHO, 21 were supported by WHO, 10 (volunteers) by the Federation and 01 by UNICEF. Supervised by WHO, these instructors worked in 10 health districts of the West Region, in order to ensure that quality control of the vaccination campaign was assured in the Region and recommended corrective actions.

The WHO analysis of monitoring data and the comparison of monitoring carried out during the NIDs of December 2013 revealed the results presented in Figures 1, 2, 3, and 4 below.

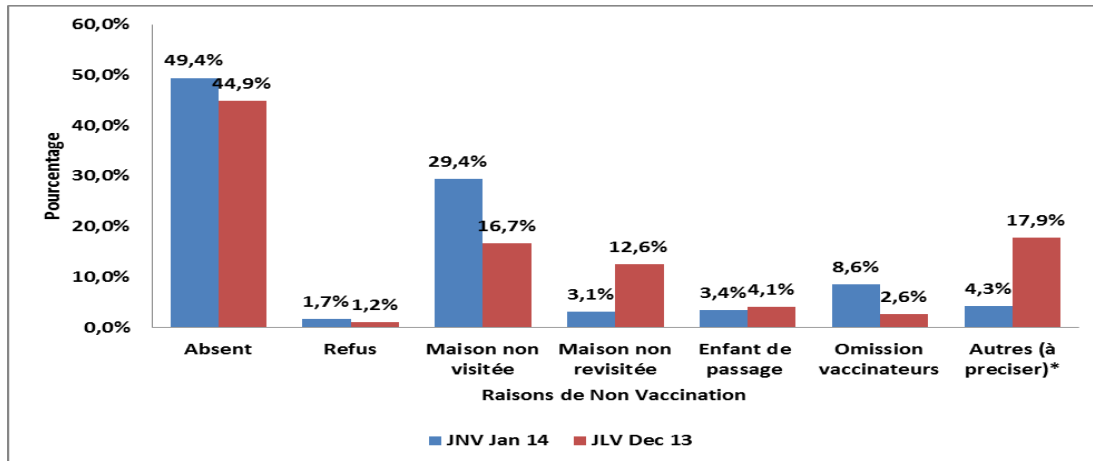
**Figure 1:** Overview of December 2013 LIDs / January 2014 NIDs



Source: WHO

### Translation of Figure 1

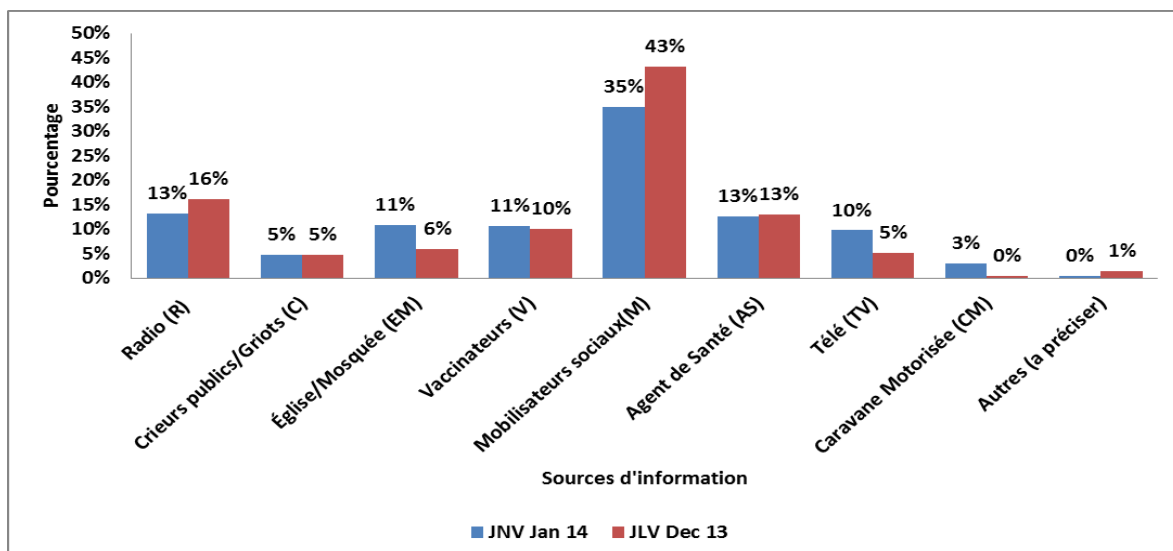
	French	English
1	Pourcentage	Percentage
2	% DS impliqués_Monitorage	%Health districts involved in Monitoring
3	% AS impliqués_Monitorage	% Health areas involved in Monitoring
4	% Ménages correctement marqués	% of properly marked households
5	% enfant vaccine et marqué dans M	% of vaccinated and marked children in M
6	% enfant vaccine et marqué en HM	% of vaccinated and marked children in HM
7	% enfant vaccine et marqué en M et HM	% of vaccinated and marked children in M and HM
8	% parents informés avant le début...	% of parents informed before the beginning
9	% DS avec les zones mal couvertes	% health districts with poorly covered areas
10	Indicateurs	Indicators
11	JNV	NID
12	JLV	LID

**Figure 2** : Reasons for non-vaccination, December 2013 LIDs / January 2014 NIDs

Source: WHO

**Translation of Figure 2**

	French	English
1	Pourcentage	Percentage
2	Absent	Absent
3	Refus	Denial/Refusal
4	Maison non visitée	Unvisited Home
5	Maison non revisitée	Un-revisited Home
6	Enfant de passage	Visiting child
7	Omission vaccinateurs	Omissions by vaccinators
8	Autres (à préciser)	Others (Specify)
9	Raison de non-vaccination	Reasons for not vaccinating
10	JNV	NID
11	JLV	LID

**Figure 3**: Parents sources of information Dec. 2013 LIDs / Jan. 2014 NIDs

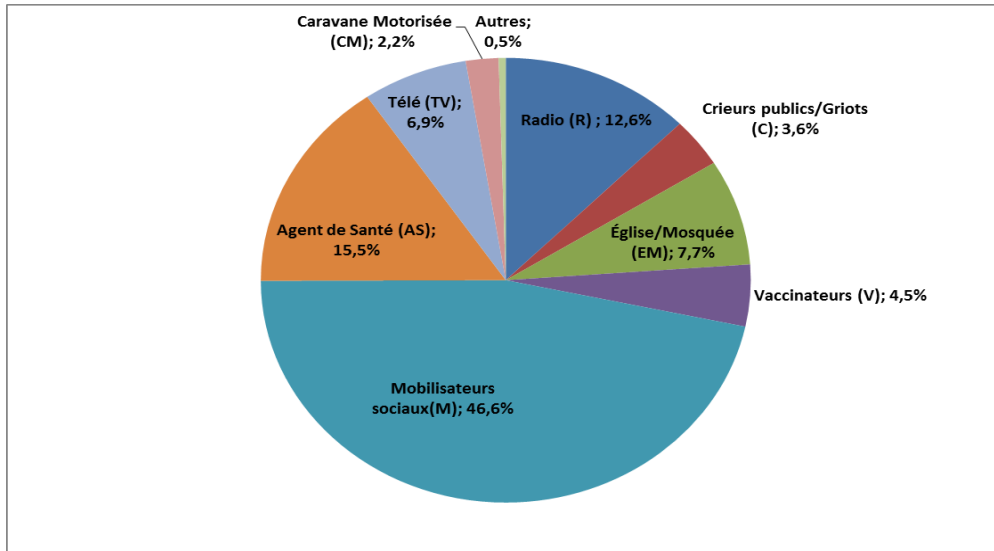
Source: WHO

**Translation of Figure 3**

	French	English
1	Pourcentage	Percentage
2	Radio (R)	Radio
3	Crieurs publics/Griots (C)	Town criers /Griots
4	Eglise/Mosquée (EM)	Church/Mosque

5	Vaccinateurs(V)	Vaccinators
6	Mobilisateurs sociaux (M)	Social mobilisers
7	Agent de santé (AS)	Health worker
8	Télé (TV)	Television
9	Caravane motorisée (CM)	Motorized caravan
10	Autres (a préciser)	Others (specify)
11	Sources d'information	Sources of information
12	JNV	NID
13	JLV	LID

**Figure 4:** First awareness channel in the West Region during the January 2014 NIDs



Source : WHO

#### Translation of Figure 4

	French	English
1	Radio (R)	Radio
2	Crieurs publics/Griots (C)	Town criers
3	Eglise/Mosquée (EM)	Church/Mosque
4	Vaccinateurs(V)	Vaccinators
5	Mobilisateurs sociaux (M)	Social mobilisers
6	Agent de santé (AS)	Health worker
7	Télé (TV)	Television
8	Caravane motorisée (CM)	Motorized caravan
9	Autres	Others

#### Challenge:

The major challenge encountered during this operation was the difficulty in receiving supporting documents on expenditure from the national society, which consequently delayed the publication of this report.

#### Lessons Learnt

- Red Cross participation has provided an added-value in the implementation of social mobilization activities
- It is necessary in the future that the DREF be validated on time for volunteers to be deployed to health districts within a reasonable time
- The Ministry of Public Health and other partners greatly rely on the Red Cross for substantial support for supplementary immunization activities

- The participation of the Red Cross in external monitoring activities increases its visibility and its collaboration with institutions of the Ministry of Public Health.

## Contact information

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

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Please send all pledges for funding to [zonerm.africa@ifrc.org](mailto:zonerm.africa@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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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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**Disaster Response Financial Report**

MDRCM017 - Cameroon - Polio

Timeframe: 29 Nov 13 to 28 Feb 14

Appeal Launch Date: 29 Nov 13

Final Report

**Selected Parameters**

Reporting Timeframe	2013/11-2014/7	Programme	MDRCM017
Budget Timeframe	2013/11-2014/2	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
<b>A. Budget</b>		73,457				73,457	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		73,457				73,457	
<b>C4. Other Income</b>		73,457				73,457	
<b>C. Total Income = SUM(C1..C4)</b>		73,457				73,457	
<b>D. Total Funding = B + C</b>		73,457				73,457	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		73,457				73,457	
<b>E. Expenditure</b>		-70,741				-70,741	
<b>F. Closing Balance = (B + C + E)</b>		2,716				2,716	

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### 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	
<b>BUDGET (C)</b>			<b>73,457</b>			<b>73,457</b>		
<b>Relief items, Construction, Supplies</b>								
Teaching Materials	5,769		9,225			9,225	-3,455	
<b>Total Relief items, Construction, Sup</b>	<b>5,769</b>		<b>9,225</b>			<b>9,225</b>	<b>-3,455</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	1,385						1,385	
Transport & Vehicles Costs	5,827		5,238			5,238	589	
<b>Total Logistics, Transport &amp; Storage</b>	<b>7,212</b>		<b>5,238</b>			<b>5,238</b>	<b>1,973</b>	
<b>Personnel</b>								
National Society Staff	1,700		1,779			1,779	-79	
Volunteers	30,297		33,998			33,998	-3,701	
<b>Total Personnel</b>	<b>31,997</b>		<b>35,777</b>			<b>35,777</b>	<b>-3,780</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	7,040		664			664	6,376	
<b>Total Workshops &amp; Training</b>	<b>7,040</b>		<b>664</b>			<b>664</b>	<b>6,376</b>	
<b>General Expenditure</b>								
Travel	5,000		1,891			1,891	3,109	
Information & Public Relations	5,656		7,151			7,151	-1,495	
Office Costs	3,000		2,972			2,972	28	
Communications	2,800		3,456			3,456	-656	
Financial Charges	500		49			49	451	
<b>Total General Expenditure</b>	<b>16,956</b>		<b>15,519</b>			<b>15,519</b>	<b>1,437</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	4,483		4,317			4,317	166	
<b>Total Indirect Costs</b>	<b>4,483</b>		<b>4,317</b>			<b>4,317</b>	<b>166</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>73,457</b>		<b>70,741</b>			<b>70,741</b>	<b>2,717</b>	
<b>VARIANCE (C - D)</b>			<b>2,717</b>			<b>2,717</b>		

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Subsector:	*		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	73,457		73,457	73,457	70,741	2,716	
Subtotal BL2	73,457		73,457	73,457	70,741	2,716	
<b>GRAND TOTAL</b>	<b>73,457</b>		<b>73,457</b>	<b>73,457</b>	<b>70,741</b>	<b>2,716</b>	