

www.ifrc.org
Saving lives,
changing minds.

Disaster relief emergency fund (DREF) Cameroon: Yellow Fever in the North region

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCM013
GLIDE n° [EP-2011-000202-CMR](#)
23 January, 2012

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 and Red Crescent emergency response. 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.

CHF 142,268 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Cameroon Red Cross National Society in delivering immediate assistance to some 1,170,253 beneficiaries. Un-earmarked funds to repay DREF are encouraged.

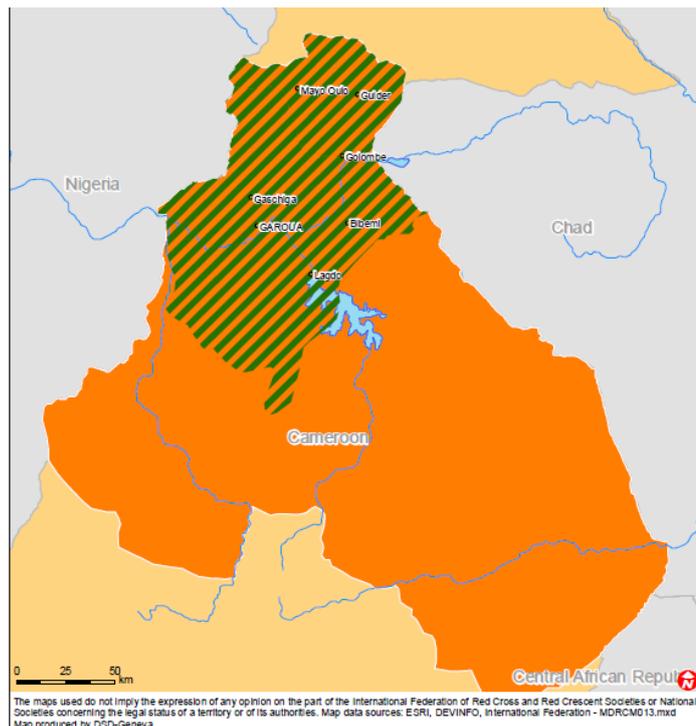
Summary: The North region of Cameroon has been facing renewed outbreak of yellow fever since October 2011. Government and their partners are planning to intensify epidemiological surveillance and conduct an immunization campaign to respond to the disease outbreak.

The immunization campaign is being organized by the Ministry of Public Health (MPH) and their partners, and is scheduled to take place from 23 to 26 January 2012. It will target 1,170,253 people age 9 months and older. In keeping with established immunization protocols, younger children and pregnant mothers will be excluded.

This DREF allocation will enable Cameroon Red Cross to serve its auxiliary role to Cameroon government, by carrying out social mobilization, behaviour change communication (BCC) and epidemiological surveillance activities in support of the immunization campaign.

This operation is expected to be implemented over four months, and will therefore be completed by 20 May, 2012; a Final Report will be made available three months after the end of the operation (by 20 August, 2012).

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



Health districts that registered cases of yellow fever in North region of Cameroon in 2011; and health districts nationwide that conducted a yellow fever preventive/response campaign in 2011 – IFRC

The situation

The North region of Cameroon has been facing renewed outbreak of yellow fever since October 2011. So far, seventeen suspected cases of yellow fever have been tested at the Centre Pasteur du Cameroun (CPC), two of which have been confirmed by the Institut Pasteur de Dakar, Senegal. The confirmed cases came from the Bibemi health district in the North region of Cameroon. Eight health districts out of the 15 that make up the North region of Cameroon have each registered at least one case of yellow fever since October 2011. The Guider health district appears to be the most affected with 11 suspected cases. So far, three deaths have been registered, corresponding to a 17.6% lethality rate. It should be noted that only 2 health districts (Tcholliré and Poli) out of the 15 that make up the North region of Cameroon participated in the yellow fever preventive campaign that was organized in 2009. With the renewed outbreak of suspected cases in other health districts in a population that is yet to be vaccinated against yellow fever, Cameroon government and their development partners have seen the need to organize a campaign to respond to the disease in North Cameroon. The following table indicates the health districts that are targeted by the immunization campaign:

Health districts targeted by immunization campaign

N°	Districts	Population	Target Pop. to be immunized (94.3%)	Health areas
1.	Guider	224,725	211,916	13
2.	Bibemi	124,536	117,437	12
3.	Gaschiga	94,133	88,767	10
4.	Lagdo	141,899	133,811	12
5.	Mayo Oulo	128,556	121,228	9
6.	Garoua I	229,870	216,767	6
7.	Garoua II	229,406	216,330	6
8.	Golombe	67,865	63,997	5
	Total	1,240,990	1,170,253	73

Coordination and partnerships

Cameroon Government and their partners, including the World Health Organization (WHO), the United Nations Children Fund (UNICEF), and the Red Cross have developed a plan of action to fight yellow fever in North region of Cameroon, comprising the following strategies:

- Strengthening coordination
- Intensifying epidemiological surveillance and data management
- Documenting, investigating and adequately managing cases of yellow fever in all health districts and hospitals
- Mobilizing financial and material resources required to support response activities

So far, the following activities have been carried out:

- The MPH has been placed in a state of alert
- Partners have been holding meetings
- An immunization campaign is being prepared to take place in North region of Cameroon

Red Cross and Red Crescent action

The Red Cross has been participating in all the meetings organized around yellow fever in Cameroon; and Cameroon Red Cross volunteers are already contributing to epidemiological surveillance. All the Red Cross local committees in North region of Cameroon have been placed in a state of alert ahead of the upcoming immunization campaign. Cameroon Red Cross has also prepared documents for the allocation of DREF funds, with support from IFRC Central Africa Regional Representation (CARREP).

The needs

Selection of people to be reached: Since cases of yellow fever have been registered in 8 health districts, this operation will be targeting those 8 localities. The total population of the 8 health districts is estimated at 1,240,990. It will target people age 9 months and older. In keeping with established immunization protocols, younger children and pregnant mothers will be excluded. The calculation of this population gives 1,170,253 people, i.e. 94.3% of the total population of the 8 health districts.

In order to reach all the people targeted, Government and their partners will combine both fixed and mobile strategies. The former will make use of health centres, temporary immunization posts such as chiefs' palaces, schools, etc. Additionally, some teams will move with motorbikes and vehicles carrying vaccines, vaccine holders, scorecards, injection materials and security boxes to cover distant populations. Micro-planning will be done following the bottom-top approach, and will be followed by a regional summary.

In order to facilitate the immunization campaign, there is the need to conduct efficient social mobilization activities. Such activities will include developing formal partnerships with the media as well as with organized associations and groups, education institutions, churches, mosques and other religious organizations to guarantee their full and efficient participation in the campaign. It will be the responsibility of health districts and health areas focal points to facilitate all planned sensitization meetings. In order to make good use of the achievements from past operations, maximum attention will be paid to involve the focal points and volunteers that were trained during the operations to fight against cholera, poliomyelitis and floods.

Briefing meetings will be organized at regional level for the attention of media professionals. Special emphasis will be placed on the involvement of communicators in local languages to enable the populations to better understand the messages.

Local mobilisation agents will be recruited to conduct behaviour change communication activities. These mobilisation agents will move from door to door three days before the start of the campaign and during the campaign to discuss with parents about the campaign, yellow fever and routine immunization. Before that, media spots about the campaign will be broadcasted over national, regional and local radio stations, as well as in all religious or social gathering places. In urban areas, advertisement wagons will be used to facilitate sensitization.

Sensitization aids such as posters, image boxes, banners, leaflets, and mobilisation agent's sheets, as well as radio/TV spots, micro-programmes and magazines will also be produced to facilitate the campaign, especially in the area of interpersonal and mass communication.

As part of the National Society and stakeholder capacity building effort, local mobilisation agents, media professionals, vaccination and communication supervisors, as well as vaccination agents will be trained on appropriate management. One-day briefing sessions will be organized in each health area targeted for this campaign for those Red Cross volunteers and focal points that were trained within the framework of the operations to fight against cholera, poliomyelitis and floods. Other briefing sessions will be organized for supervisors in each locality.

The surveillance of yellow fever and other vaccine-preventable diseases will be intensified before, during and after the campaign. Vaccination and social mobilisation agents, as well as supervisors will be briefed and given the responsibility to actively look for cases of acute flaccid paralysis, measles, and yellow fever before, during and after the campaign. These vaccination and social mobilisation agents, as well as supervisors living within the communities will all serve as an excellent entry for the putting in place of a permanent community-based surveillance system. The lack of such community based systems is one of the main weaknesses of the present surveillance scheme. In fact, these trained community members will be sensitized to the need of pursuing active surveillance in their respective communities after the campaign, and to keep the nearest health personnel informed of any suspected case of one of these diseases. They will also learn about incentives, such as rewards for samples referred to health centres.

Meanwhile, Red Cross volunteers that have been trained on the community-based health and first aid (CBHFA) approach will act as sentinels in their respective communities. In health areas where there are no trained Red Cross volunteers, training sessions will be organized on CBHFA and use of the ECV Manual and toolkits. As such, 100 volunteers from the 73 health areas targeted by this operation will be trained or retrained on CBHFA. They will conduct ongoing community activities after the vaccination campaign.

Moreover, the personnel working with the operation will be trained on the surveillance and management of post-injection allergic reactions (PIAR). Their training will mainly focus on the types of PIAR that are likely to appear during this campaign. It will also focus on preventive measures and what to do in case of minor or serious PIAR. Special emphasis will be led on the need to notify all PIAR cases and submit investigation forms developed to that effect to their respective line managers.

The proposed operation

Emergency health	
<p>Outcome: Contribute to strengthening individual and collective immunity by getting at least 90% of the targeted populations vaccinated in North region of Cameroon with the view to reducing yellow fever morbidity and mortality rates.</p>	
Outputs (expected results):	Activities planned
<ul style="list-style-type: none"> Epidemiological surveillance is intensified in North region of Cameroon 	<ul style="list-style-type: none"> Place Red Cross local committees of North region of Cameroon on alert Support routine expanded immunization programme (EIP) in targeted health districts with high risk Train Cameroon Red Cross volunteers on the use of ECV Manual and tool kits/ community-based health and first aid (CBHFA) approach in health areas that do not have trained volunteers (Twenty one (21) volunteers from 9 regions of Cameroon were trained as trainers of CBHFA and the use of ECV manual within the framework of the cholera operation in early November 2011; and were expected to train other volunteers back in their respective regions. Only two of these volunteers came from North region and have not yet been given the opportunity to train their peers. This training will therefore serve as an opportunity to conduct this training.. Coach communities in their efforts to detect suspected cases early and respect preventive measures The 100 trained volunteers will conduct ongoing community activities after the vaccination campaign in their respective health areas..
<ul style="list-style-type: none"> At least 90% of people aged 9 months and above, (except pregnant women) are vaccinated in the Guider, Bibemi, Mayo Oulo, Golombe, Lagdo, Gashiga, Garoua I and Garoua II health districts thanks to the social mobilization support provided by the Red Cross. 	<ul style="list-style-type: none"> Participate in campaign coordination meetings Recruit and train eight (08) coaches (supervisors) Recruit and train 150 Red Cross volunteers Distribute trained volunteers in the various geographical areas (subdivisions and neighbourhoods) of targeted health districts Using the didactic aids produced for the operation, conduct mass, door-to-door and focus group sensitization 03 days before and 3 days during the immunization campaign Mark children vaccinated with indelible ink Ensure internal and external monitoring during the campaign with the view to assess the quality of activities on a daily basis Conduct a post-campaign evaluation Guide parents to vaccination sites Ensure Cameroon Red Cross presence within the campaign management and supervision team Participate in the campaign final evaluation meeting

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffaut, IFRC Central Africa Regional Representative; Office phone: +237 22 21 74 37; Mobile phone: +237 77 11 77 97; email: denis.duffaut@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +27 (0)11 303 9735, mobile: +27 (0)835566911; email: daniel.bolanos@ifrc.org
- **Geneva:** Pablo Medina, Senior Officer, Operations Quality Assurance; phone: +41 22 730 4381; email: pablo.medina@ifrc.org
- **Regional Logistics Unit (RLU):** Kai Kettunen, Regional Logistics Delegate, phone +971 4457 2993, email: kai.kettunen@ifrc.org

For Resource Mobilization and Pledges:

- **West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa; phone: +254 731 067277; email: robert.ondrusek@ifrc.org



[Click here](#)

1. DREF budget [below](#)
 2. Click [here](#) to return to the title page
-

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.

www.ifrc.org

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.

DREF OPERATION

23-01-12

Cameroon: Yellow Fever

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	16,041
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	16,041
International Staff	0
National Staff	0
National Society Staff	2,000
Volunteers	17,250
Total PERSONNEL	19,250
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	54,400
Total WORKSHOP & TRAINING	54,400
Travel	13,600
Information & Public Relations	17,350
Office Costs	4,000
Communications	8,000
Financial Charges	944
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	43,894
Programme and Supplementary Services Recovery	8,683
Total INDIRECT COSTS	8,683
TOTAL BUDGET	142,268