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Emergency Plan of Action (EPoA) Cameroon: Polio Prevention

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation: MDRCM023	
Date of issue: 10 October 2016	Date of disaster: 11 August 2016
Operation manager: Dr. Viviane NZEUSSEU	Point of contact: Dr. Yannick MOSSUS
Operation start date: 07 October 2016	Expected timeframe: 2.5 Months
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 (n° of volunteers, staff, branches): More than 50 permanent staff, 40,000 volunteers with 18'000 active volunteers across 58 branches and 339 local committees. 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	

A. Situation analysis

Description of the disaster

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

Two (2) cases of type 1 wild poliovirus (WPV) were confirmed in the Borno State of neighboring Nigeria on 11 August 2016. Nigeria registered a third case of wild poliovirus on 5 September 2016, also in Borno State, leading to fears of a resurgence of the disease 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 eradication end game strategy. Cameroon shares a long border with Nigeria, and there is intensive movement of populations between the 2 countries along the borders. Nigerian nomadic populations and about 72,000 Nigerian refugees fleeing conflict are found in Far North region of Cameroon, most of them from the Borno State where the polio outbreak was registered.

The confirmation of the 3 cases of WPV was announced 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 hard to reach areas such as isles, or places affected by ongoing security issues due to conflict. WHO and other observers have declared that the risk of importation of the poliovirus from Nigeria to Cameroon is very high. The risk is also high to detect an endogenous case that might have been circulating undetected since 2014. Since then, epidemiological surveillance, particularly in the far North region of Cameroon, has never been complete. 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 have already complete, but Cameroon Red Cross has been requested by the government to provide additional support to assist in the remaining 3 campaigns with support from this DREF allocation.

The results from the first 2 rounds of vaccinations seem to yield generally positive results in terms of reach, as shown below. However, the figures are may not show the full picture of coverage considering the insecurity and limited access to vital information on the population and its continued movement.

Table 1: Administrative data of vaccination OPV (Oral Polio Vaccine), 27 - 29 August 2016

Région	Complétude des AS	Pop. Cible		Enfants vaccinés		Zéro dose		Couverture VPOb			Taux de perte VPOb	Nombre de cas détectés			
		0-11 mois	0-59 mois	0-11 mois	0-59 mois	0-11 m	12-59 m	0-11 mois	0-59 mois	zéro dose		PFA	Roug.	FJ	Téta.
Adamaoua	100%	71 024	389 313	65 990	381 971	3 394	1	92,9%	98,1%	0,9%	2%	2	1	6	0
Extrême Nord	100%	303 719	1 455 099	282 941	1 434 559	16 656	50	93,2%	98,6%	1,2%	5%	3	3	4	0
Nord	100%	162 635	799 507	159 532	814 016	9 878	-	98,1%	101,8%	1,2%	2%	1	2	9	0
Cameroun	100%	537 378	2 643 919	508 463	2 630 546	29 928	51	94,6%	99,5%	1,1%	3%	6	6	19	0

Source : MINSANTE-GTC PEV, août 2016

Table 2: Administrative data of vaccination OPV (Oral Polio Vaccine), 17 - 19 August 2016

REGION	Pop. Cible		ENFANTS VACCINES						Couverture vaccinale bVPO1+3			Nombre de cas détectés			
	0-11 mois	0-59 mois	Enfants		Zéro dose		Adultes		TVPO (%)			PFA	Roug.	FJ	Téta.
			0-11 mois	0-59 mois	0-11 m	12-59 m	5-10ans	>10ans	0-11 mois	0-59 mois	zéro dose				
Adamaoua	71 024	389 313	67 897	392 830	2 100	-	-	-	95,6%	100,9%	0,5%	5	3	13	1
Extrême Nord	303 719	1 455 099	289 211	1 455 583	10 252	98	230	1 550	95,2%	100,0%	0,7%	4	2	7	1
Nord	162 635	799 507	161 858	818 540	5 907	-	-	-	99,5%	102,4%	0,7%	1	-	6	-
Nord Ouest	76 563	399 970	68 738	371 882	867	-	-	-	89,8%	93,0%	0,2%	2	2	6	1
Ouest	95 813	522 064	87 905	498 558	747	2	-	-	91,7%	95,5%	0,2%	3	5	1	-
Cameroun	709 755	3 565 953	675 609	3 537 393	19 873	100	230	1 550	95,2%	99,2%	0,6%	15	12	33	3

Source : MINSANTE-GTC PEV, septembre 2016

Summary of the current response

Overview of Host National Society

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).

Overview of Red Cross Red Crescent Movement in country

The IFRC's country cluster office for Central Africa is based in Yaoundé, the capital city of Cameroon. This proximity makes it easier to provide support to Cameroon Red Cross. 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 have not expressed their wish to support the NS. Nevertheless, ICRC is present in Far North region of Cameroon, and will advise on security coverage of that area during Cameroon Red Cross interventions. All expatriate staff or staff from other regions of Cameroon travelling to 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

Cameroon Red Cross is working in close collaboration with the MoPH, WHO and UNICEF to organise and implement the remaining 3 preventive immunization campaigns.

Needs analysis, beneficiary selection, risk assessment and scenario planning

With the view to maintaining Cameroon as a polio-free country, the MoPH has decided to launch, in accordance with WHO and UNICEF, a series of 5 polio preventive immunization campaigns scheduled as follows:

1. From 26 - 28 August 2016 (already done)
2. From 17 - 19 September 2016 (already done)
3. From 8 -10 October 2016
4. From 12 - 14 November 2016
5. From 03 - 05 December 2016

The MoPH, WHO and UNICEF have decided to use the Oral Polio Vaccine (OPV) for the 5 campaigns. The first campaign took place in the Adamawa, North and Far North regions from 26 - 28 August 2016. The second campaign took place from 17 - 19 September 2016 and covered 3,566,053 children aged between 0 and 59 months in 5 regions of Cameroon, namely Adamawa, North, Far North, North West and West regions. The 3rd, 4th and 5th campaigns are targeting the same children in the same regions from 8 - 10 October 2016, 12 - 14 November 2016, and 03 - 05 December 2016, respectively in order to synchronize with the ongoing campaigns in Nigeria.

The 5 preventive campaigns aim at achieving adequate coverage in at least 90% of the health districts targeted during the Lot Quality Assurance Sampling (LQAS), and a proportion of less than 5% of missing children during the independent monitoring in targeted health districts. Cameroon Red Cross aims at reaching **10% of that target**. The National Society was not involved in the first 2 rounds but were requested to support the remaining 3. As described above, while the results of the first two rounds of vaccinations seem positive at first glance, the numbers alone may not capture the full picture of the target population due to insecurity, access challenges and a constantly moving population.

Risk Assessment

The main risk for this operation is ongoing conflict in the Far North region of Cameroon. IFRC maintains regular contacts with the ICRC who has an office based in Maroua (Far North region of Cameroon). ICRC will ensure security checks on a regular basis, and will advise Cameroon Red Cross on the possibility or not to move in the field.

B. Operational strategy and plan

Overall objective

Since 2 cases of wild polio viruses (WPV) have been confirmed in neighbouring Nigeria, the aim of the planned immunization campaigns is to prevent the resurgence of poliomyelitis in Cameroon on the one hand, and to strengthen immunological barrier in children minus 5 by vaccinating them all using the Oral Polio Vaccine (OPV) on the other hand. The aim of the campaigns can be summarized as follows:

- Vaccinate 100% of targeted children in the 92 health districts identified
- 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
- Notify all suspected cases of diseases under surveillance during the implementation of supplementary immunization activities (SIA)

Proposed strategy

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

This operation is also a part of a wider, regional strategy for 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 the background of an insecure region as a result of the ongoing and protracted insurgence.

In order to ensure the good quality of the campaigns, the following actions will have to be taken:

- Contribute to door-to-door vaccination, not forgetting fixed posts as the case may be. Children vaccinated will be marked using a marker with indelible ink. Houses of children vaccinated will be marked using chalk. Administering the anti-polio vaccine implies giving oral drops. In some cases, Red Cross volunteers will administer 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 interpersonal communication strategy throughout the campaigns, not forgetting the other communications strategies, namely mass communication and communication through the media
- Conduct mop up activities after the passing of vaccination teams with a view of identifying children that have been missed and actually vaccinate them

In order to do that, Cameroon Red Cross will deploy 710 volunteers and 35 supervisors during the 3rd, 4th and 5th campaigns. These volunteers will be equipped with posters and leaflets (1,000 for each region for 1 campaign). They will also be given megaphones (92, i.e. 1 in each health district targeted) to facilitate social mobilisation activities. The MoPH has requested the support of Red Cross volunteers to actually administer the vaccines. They will do so, but the boxes to maintain the cold chain of the vaccines and all reporting tools relating to that activity will be provided by the MoPH. 92 banners will be produced and posted in each of the 92 health districts targeted by the campaigns. Red Cross volunteers will also be equipped with visibility and protection materials such as aprons and caps.

The campaigns are targeting all health districts in the Adamawa, Far North, North, North West and West regions of Cameroon. Children minus 5 will be targeted in each region. The targets per region is shown in the following table:

Regions	Target population	Red Cross target population (10%)	Number of Red Cross volunteers to be deployed	Period of implementation
Adamawa	389 313	38 931	80	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016
Far North	1 454 269	145 427	290	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016
North	799 507	79 951	160	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016
North West	399 970	39 997	80	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016
West	522 064	52 206	100	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016
TOTAL	3 565 123	356 512	710	Round 3: 08 - 10 October 2016 Round 4: 12 - 14 November 2016 Round 5: 03 - 05 December 2016

Operational support services

Human resources

The Yaoundé MCC Office has a Regional Health Coordinator, a Programme Planning, Monitoring, Evaluation and Reporting (PMER) consultant and a team providing support services. Additional technical support is available from the IFRC Africa Zone and Geneva offices health and care, planning, monitoring, evaluation and reporting (PMER), finance and administration units.

In addition to its volunteers' network, the NS has health staff both at headquarters, regional and districts level. They will be the main actors of the implementation of this plan. The NS also has a finance Officer who will insure timely justification of expenses. No additional human resources are requested at this time.

Logistics and supply chain

The IFRC's Yaoundé MCC Office's Logistics unit will support the operation by sourcing and delivering IEC materials. Moreover, the logistics unit will also provide a means of transportation to the affected area (vehicle and driver). This will facilitate implementation, given that these communities are very difficult to access.

Information technologies (IT)

The National Society will use the Internet network for communications. This will allow to keep in touch with teams and partners. The Far North regional branch office has no Internet connection but measures will be put in place to ensure the branch maintains regular communication with the headquarters and other humanitarian actors e.g. through the use of mobile phones. Internet connectivity in these areas is covered by mobile USB sticks from operators such as CAMTEL (Cameroon Telecommunications) and MTN.

Communications

The national society will seek to have airtime over the media to present the operation and provide advice. They will also invite the media to the field during interventions for coverage and information dissemination.

Security

The security situation in the Far North Region is still critical and volatile. The Cameroon government has even declared a state of emergency in the region. The Yaoundé MCC Office is responsible for the security of all IFRC personnel in country and all IFRC operations are to be conducted in accordance with IFRC requirements and the security plans for Cameroon. ICRC is also present in the Far North Region and will provide security advice and support to all Movement Partners as concerns security issues. Coordination on security issues will be crucial for the response in the Far North.

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC's Yaoundé MCC Office will support the National Society in developing a monitoring plan with indicators to measure the progress and performance of the operation. Cameroon Red Cross will also establish a monitoring and evaluation system with support from the IFRC's Yaoundé MCC Office. Regular reports on the implementation will be produced and submitted in a timely manner.

Administration and Finance

The IFRC's Yaoundé MCC Office will ensure that the Cameroon RC uses finance and administration manuals and procedures of the IFRC. Also, the National Society has a permanent administration and finance department which ensures proper use of financial resources, in accordance with the Memorandum of Understanding between the Cameroon RC and the IFRC's Yaoundé MCC Office. Financial resource management will be done according to the National Society's regulations and Appeal funding guidelines.

C. DETAILED OPERATIONAL PLAN

Health & care

Needs analysis: A polio outbreak was declared in neighboring Nigeria in August 2016. With the view to maintaining Cameroon as a polio-free country, the MoPH has decided to launch, in accordance with WHO and UNICEF, a series of 5 polio preventive immunization campaigns in Adamawa, North, Far North, North West and West regions. Two of the 5 campaigns have already taken place, and Cameroon Red Cross is seeking DREF

support to support the MoPH in the implementation of the remaining 3 campaigns that aim at achieving adequate coverage in at least 90% of the health districts targeted during the Lot Quality Assurance Sampling (LQAS), and a proportion of less than 5% of missing children during the independent monitoring in targeted health districts.

Population to be assisted: The 3 campaigns are aimed at reaching 3,566,053 children aged between 0 - 59 months in 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. Cameroon Red Cross aims at reaching **10% of that target**.

Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13
Participation in coordination meetings at national, regional and district level													
Development/procurement of IEC tools (banners, leaflets, posters) with the social mobilization team (MoH, UNICEF)													
Recruitment and training of 35 supervisors / 710 volunteers													
Support monitoring with MoH and partners													
Dissemination of messages, social mobilization 2 days before, 3 days during and 2 days after the vaccination campaign for each of the 3 rounds.													
Assist with vaccination against polio during 3 days													
Conduct active search for suspected cases of acute flaccid paralysis, measles, neonatal tetanus and yellow fever.													
Improved visibility among in-country partners													

Budget

The budget requested for this DREF is CHF192,636.

Contact Information

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

In the National Society

- **Cameroon Red Cross:**
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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 (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.

DREF OPERATION

11/10/2016

MDRCM023: Polio Prevention

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	6,440
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	6,440
Storage, Warehousing	0
Distribution & Monitoring	5,000
Transport & Vehicle Costs	2,500
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	7,500
International Staff	0
National Staff	0
National Society Staff	5,880
Volunteers	92,718
Total PERSONNEL	98,598
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	17,880
Total WORKSHOP & TRAINING	17,880
Travel	29,750
Information & Public Relations	13,100
Office Costs	3,000
Communications	4,000
Financial Charges	611
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	50,461
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	11,757
Total INDIRECT COSTS	11,757
TOTAL BUDGET	192,636