



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CAMEROON  
RAPID RESPONSE  
YELLOW FEVER**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An evaluation meeting took place during the month of September 2013 in the Expanded Programme of Immunization (EPI). The participants included government staffs, WHO, UNICEF and Red Cross Staffs. The objective of the meeting was to evaluate the response activities and identify lessons learned for the future campaigns.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The report was shared with the government and Health Cluster agencies and NGO's involved in the response activities.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 2,100,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,200,078
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	165,999
	<b>TOTAL</b>	<b>1,366,077</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24 Jan 2013			
Agency	Project code	Cluster/Sector	Amount
WHO	13-WHO-039	Health	1,200,078
<b>TOTAL</b>			<b>1,200,078</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,200,078
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>1,200,078</b>

### HUMANITARIAN NEEDS

Since 1 May 2013, two cases of yellow fever were confirmed by the Pasteur Institute of Dakar in Ndom and Bonassama health districts in the Littoral region. The occurrence of these cases of yellow fever in an unvaccinated population increases the risk of spread of the outbreak to other unvaccinated health districts of the region. A total of 13 health districts out of 19 are unvaccinated. The population at risk was estimated at 721,726 people. A yellow fever risk analysis conducted in this region in 2011 revealed a strong circulation of the yellow fever virus. Moreover, the risk of international spread of the disease is high because of the high mobility of people in Douala city where the largest international airport in the country is located.

Yellow fever is a vector-borne disease. Humans can contract the disease when being bitten by infected Aedes mosquito. There is currently no treatment. Epidemics are associated with a high mortality rate (CFR) sometimes reaching 50 percent. The only effective means of control is vaccination which provides a life-long protection. The current government response to the epidemic of yellow fever is insufficient due to its inability to procure vaccines and the operational costs for a vaccination campaign against yellow fever response,

the main strategy recommended by WHO. To support the Cameroonian Government in the fight against this epidemic of yellow fever which represent an important public health problem of international scope, this application was made by WHO to help Cameroon achieve rapid control of the epidemic. The CERF funds were to be used to purchase vaccines from ICG and bear part of the operational costs of the response to strengthen the population immunity, avoid the spread of the outbreak and save lives.

## II. FOCUS AREAS AND PRIORITIZATION

The project covered 13 health districts of the Littoral region where the risk of spread of outbreak was high following the field investigation. Key areas of intervention included:

- Organize mass immunization campaigns to rapidly increase population immunity in high risk districts in order to stop the spread of the epidemic.
- Improve the epidemiological surveillance system including laboratories.
- Support case management by providing guidelines to health facilities.

## III. CERF PROCESS

Following laboratory confirmation of the cases of yellow fever, which indicates an outbreak (following WHO definition, one confirmed case of yellow fever is an outbreak), and given the risk of spread of the disease, the health cluster was activated. To evaluate the extent and risk of spread, an investigation team was sent to the field. Analysis led to the confirmation of the epidemic and the identification of high risk districts to be targeted by reactive interventions, including a mass campaign for immunization. It should be mentioned that during the investigation, no additional cases were found as indicated in the report. A mass campaign was designed to target populations aged from 9 months and above, irrespective of their gender. However, women and children under 5 were particularly targeted during the campaign. Women and children under five were particularly targeted because of their vulnerability and children at that age are usually difficult to reach during mass campaigns. The campaign targeted people aged from 9 month and above indicating that children aged 6 to 17 were also concerned. Given the low affordability of vaccines and high operational cost of the campaign, the Health Cluster submitted a CERF request to help the Government buy vaccines and organize a reactive campaign in the 13 most at-risk health districts.

The project was implemented by WHO in collaboration with the Government and NGOs. ICG provided vaccines and part of the operational cost. The Government provided health personnel for mass vaccination, supervisors who were all trained before the campaign. WHO requested vaccines from ICG and ensured the transportation to the region and districts. WHO also participated in the trainings and supervisions and carried out independent monitoring to ensure the quality of the campaign. UNICEF contributed with transport of vaccines.

## IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1,272,014				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	335,981	328,013	663,994

## BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	335,981	364,867
Male	328,013	359,423
Total individuals (Female and male)	663,994	724,290
Of total, children <u>under</u> age 5	112,214	107,687

The littoral region is a highly populated region. The importance of economic activities and the presence of an international airport gives it a very dynamic population. The populations are sometime underestimated in some areas and this explains why more persons have been vaccinated compared to the expected number.

## CERF RESULTS

CERF funds enabled the country to acquire 737,000 doses of vaccines required and supported operational cost of the reactive campaign leading, which bore positive results:

- Quick organization of a reactive campaign during which 724,290 persons aged 9 months and up were vaccinated out of the expected 663,994 persons, which brought the coverage rate at 109% in the 13 targeted districts. This has greatly contributed to control and stop the outbreak and no deaths were registered after the campaign was conducted from the 27<sup>th</sup> August to the 1<sup>st</sup> of September 2013.
- Active surveillance was improved and surveillance officers from the Ministry of Public Health and WHO were sent to the field twice for active search of suspected cases. As a result, no cases were confirmed. A total of 73 suspected cases were detected during the response period.

## CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES  PARTIALLY  NO

Rapid mobilization of CERF funding enabled rapid organization of the reactive campaign against yellow fever within the 30 days following approval.

b) Did CERF funds help respond to time critical needs<sup>1</sup>?

YES  PARTIALLY  NO

Yellow fever is an infectious disease for which there is no treatment. The main strategy to control such epidemic is through a mass campaign amongst non-immunized populations. This would not have been possible by the Government and local partners alone given the high cost of the vaccines and operational cost of these campaigns. CERF funds and ICG support therefore correctly responded to time-critical needs.

<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

CERF funding led to the agreement with ICG to give vaccines to the country and contribute to part of the operational cost required for the response campaign. Acquisition of vaccines encouraged local health partners in the country to contribute to the immunization campaign such as Red Cross who contributed on social mobilization.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

CERF funding improved coordination in the humanitarian community. Given the nature of the outbreak, the Health Cluster was activated under the coordination of the Resident Coordinator. An initial assessment was conducted on the field followed by a consensus in the Cluster on priority activities for the CERF proposal. The Health Cluster agencies and NGO contributed in the implementation of the campaign and to the evaluation.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

The rapid mobilization of funds by CERF enabled rapid response to the outbreak which would not have been possible with government and local donors contributions only given the high cost of Yellow Fever vaccines. Additionally, the CERF submission process encouraged humanitarian actors in the clusters to work together and agree on priority activities based on the initial assessment.

**V. LESSONS LEARNED**

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF funds can be mobilized to acquire vaccines for yellow fever emergencies.	Rapid assessments need to be carried out on time.	UN agencies.
Sensitization tools are very important in the communication strategy.	Print more sensitization tools during response campaigns	Government and UN agencies.
Cameroon will face recurrent Yellow fever outbreaks in the coming months and years given status shown during the last risk analysis.	Government and partners should think of a more global solution to the problem so as to reduce risk of recurrent outbreak in many unimmunized population.	Government, UN agencies and GAVI, ICG.

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	WHO	5. CERF Grant Period:	26.07.13 – 26.01.14
2. CERF project code:	13-WHO-039	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Riposte à l'épidémie de fièvre jaune dans 13 districts de santé de la région du Littoral, Cameroun		
7. Funding	a. Total project budget:	US\$2,100,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,366,077	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,200,078	▪ Government Partners: US\$ 0
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	335,981	364,867	The littoral region is a highly populated region. The importance of economic activities and the presence of an international airport gives it a very dynamic population. The population is sometimes underestimated in some areas and this explains why more persons have been vaccinated compared to the expected number.
b. Male	328,013	359,423	
c. Total individuals (female + male):	663,994	724,290	
d. Of total, children <u>under</u> age 5	112,214	107,687	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Vaccinate at least 95% of people above 9 months in order to cut of the epidemic and reduce mortality.</li> <li>• Improve the performance of the surveillance system for yellow fever and other vaccine preventable diseases.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Control the yellow fever epidemic.</li> <li>• Reduction of the incidence of new cases of yellow fever and mortality of yellow fever in the north region.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Main outcomes: <ul style="list-style-type: none"> <li>• 737,000 doses of yellow fever vaccines bought from ICG for the yellow fever campaign in the affected area.</li> <li>• 724,290 persons have been vaccinated against yellow fever in the 13 health districts most at risk in the Littoral region, bringing the coverage rate at 109%.</li> <li>• Control of the epidemic with no additional death after the response.</li> <li>• The epidemiological system was strengthened in the 19 health district of the region with monthly active surveillance in the health facility by the regional level for active case detection.</li> <li>• A post-immunization campaign survey was conducted after the campaign and data is being processed. The first draft of the report is still to be validated by the Government. It however shows high coverage (above 80%) in most of the districts. It will be shared by the end of January 2014.</li> </ul>			

<ul style="list-style-type: none"> <li>Reagent and lab equipment were provided to the national reference laboratory for case confirmation. Improvement in the surveillance system with active surveillance field visits and in-service training of health staff during these visits led an increase in the number of suspected cases of yellow fever in the littoral region. Almost 73 suspected cases were reported and sent to the lab for analysis. Reagents were provided to the national laboratories to cope with this increase in the workload.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> During the mass campaign, people were vaccinated irrespective of their sex, religion or culture. Sensitization before and during the campaign was done through radio, churches, social mobilizers and women's associations, which led to a massive turnout of community members who attended vaccinations posts with their children.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>With the support of a consultant, a post-campaign coverage survey was carried out to analyse the quality of the 13 health districts and data is currently being processed. An evaluation meeting took place at the central level after the campaign and recommendations were made. An evaluation meeting took place in the EPI programme. Key recommendations were as follows:</p> <ul style="list-style-type: none"> <li>Produce more sensitization materials/tools to improve social mobilization activities;</li> <li>Maintain regular active surveillance field visits in the littoral health districts and neighbouring regions;</li> <li>Avoid when possible the rainy season when organizing yellow fever campaigns.</li> </ul>	



## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

N/A

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CERF	Central Emergency Response Fund
DS	District de Santé
FICR	Federation International de la Croix Rouge
IMC	International Medical Corps
MoH	Ministry of Health
NGO	Non-Governmental Organization
WHO	World Health Organization
ICG	International Coordinating Group on <i>Yellow Fever</i> Vaccine Provision