

FIFTEENTH INTERNATIONAL ROTAVIRUS SYMPOSIUM

**Rota Vaccine Delivery in active conflict settings in
Cameroon: Leveraging community key actors to
negotiate access and vaccinate in locked communities**



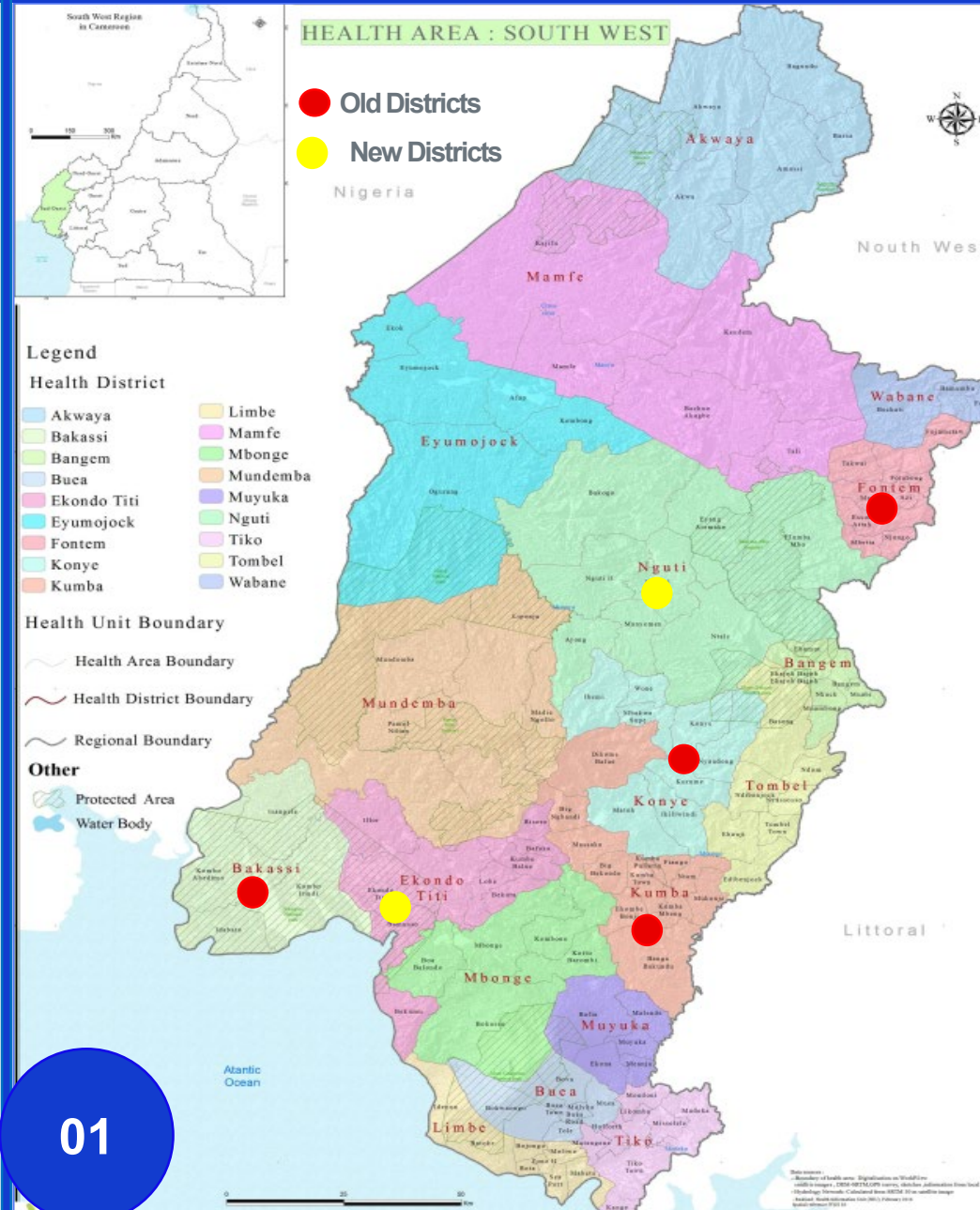
**IMMUNISATION
PROGRAM CBCHS**
VACCINES, EVERYONE, EVERYWHERE

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OUTLINE

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2. Methods
3. Results
4. Conclusions

Background



Background

- The Immunization Program of the Cameroon Baptist Convention Health Services has been a beacon of hope in Cameroon's conflict-affected regions, particularly in the Northwest (NW), Southwest (SW), and Far North (FN).
- These areas, plagued by insecurity and humanitarian crises, are home to communities controlled by Non-State Armed Groups (NSAGs), where traditional health services struggle to operate.
- Through innovative access negotiation techniques, from February to May 2025, the Program has successfully penetrated these challenging territories, delivering life-saving vaccines including 6517 doses of ROTA Vaccines to Zero Dose Children (ZDC) and Under-Immunized Children (UIC) with support from GAVI, the Vaccine Alliance.



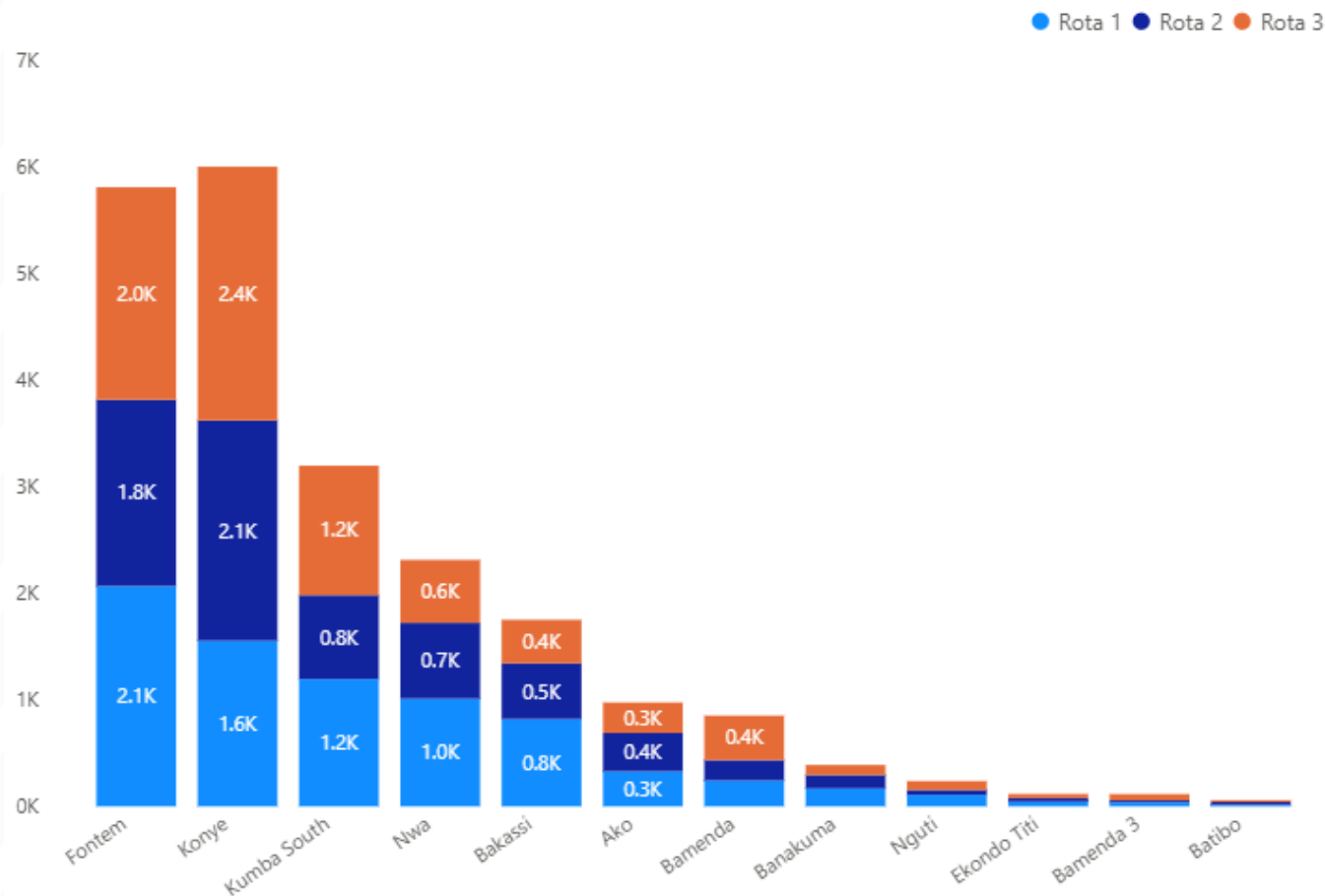
Method

- 1. Conducted inclusive community assessment and stakeholder mapping to identify key stakeholders and to map key supply and demand side barriers:** NSAG-controlled areas present unique barriers to immunization efforts such as Restricted Access - NSAGs impose roadblocks, lockdowns, and territorial restrictions, making it difficult for health teams to enter. Anti-Government Sentiments - Communities often mistrust government-linked services, fearing ulterior motives. Safety Risks - Health workers face threats of violence, kidnapping, and even death, necessitating careful planning and negotiation.
- 2. Conducted community access negotiation leveraging key stakeholder mapped and engaged**
- 3. Co-planned human-centered vaccination sessions with communities integrated with humanitarian packages**
- 4. Established community vaccine delivery task forces to enhance community ownership and participation**

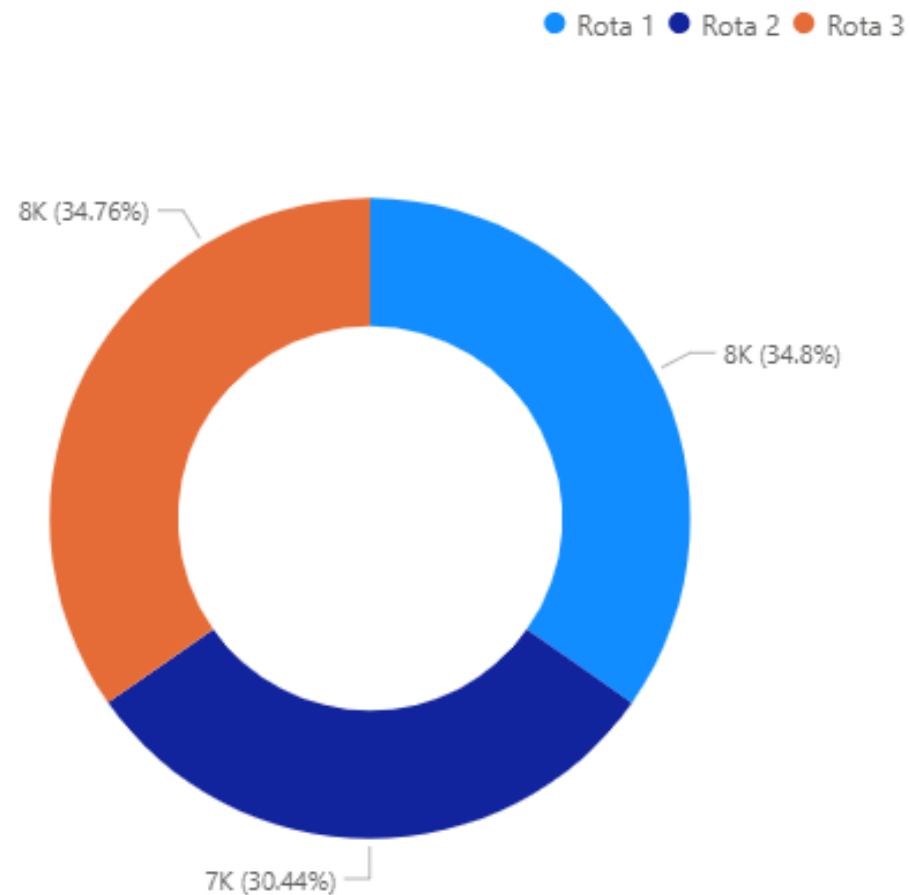


Rota vaccine doses administered, March – July 2025

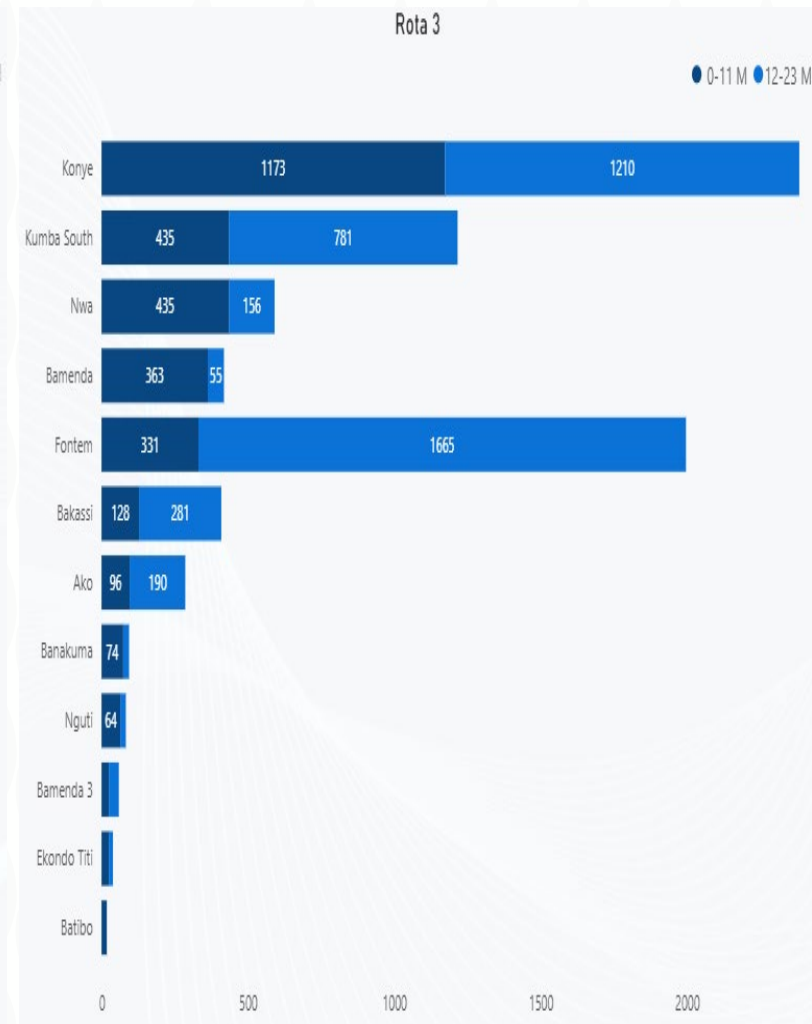
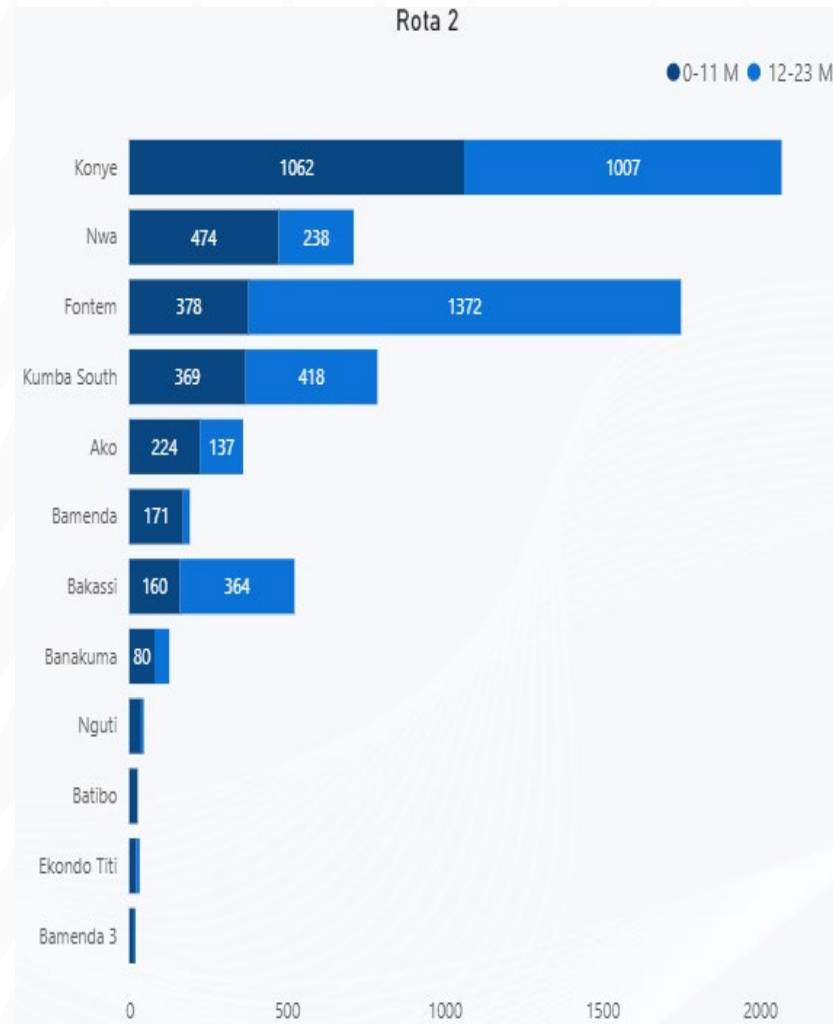
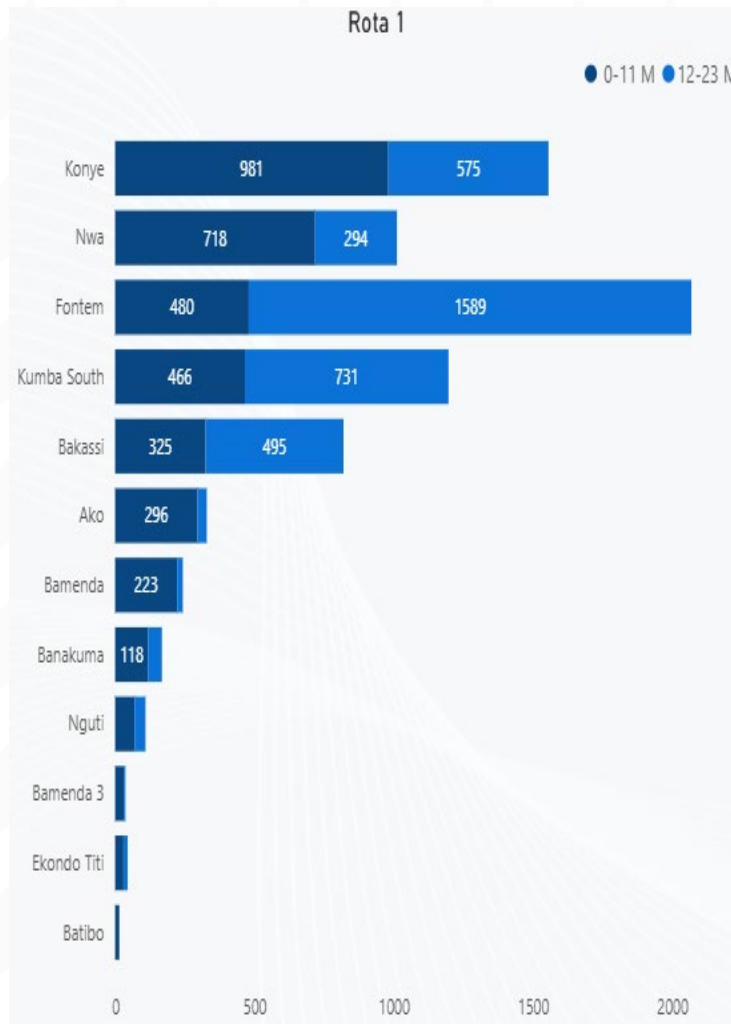
Rota Doses per District



Rota Doses Administered

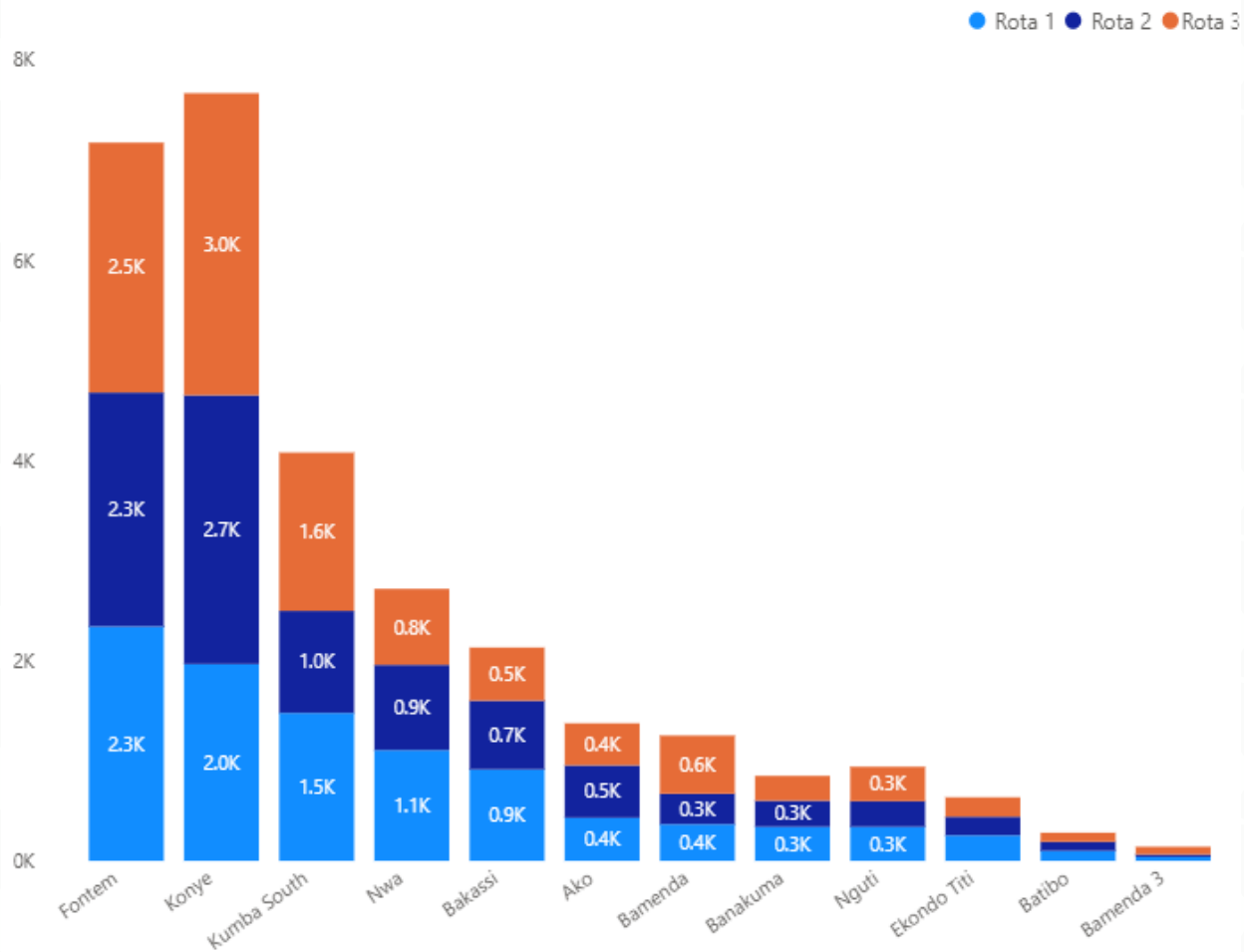


Rota vaccine doses administered, March – July 2025

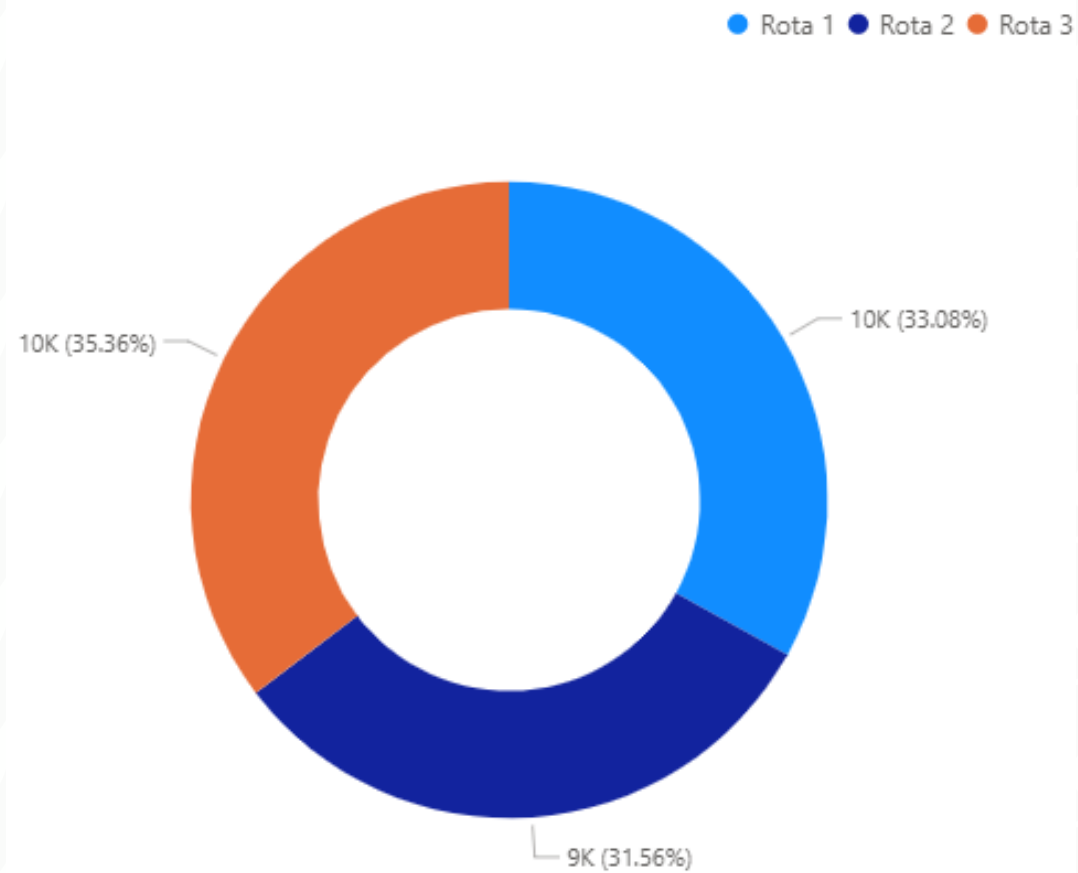


Rota vaccine doses administered, Since March 2025

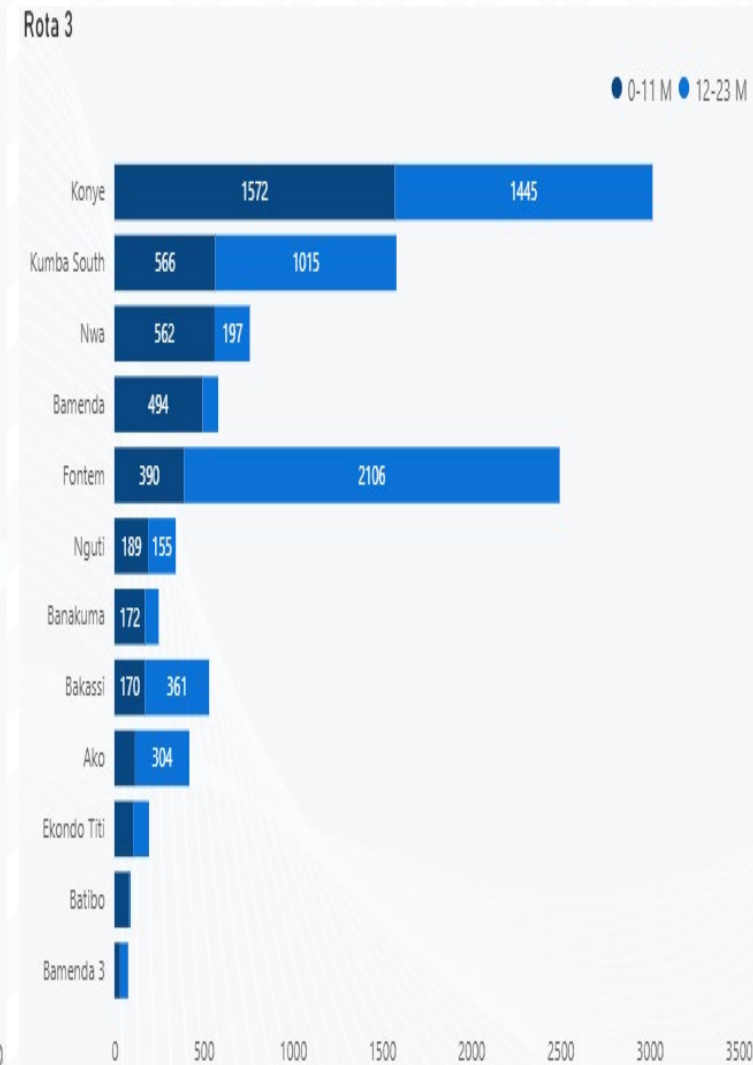
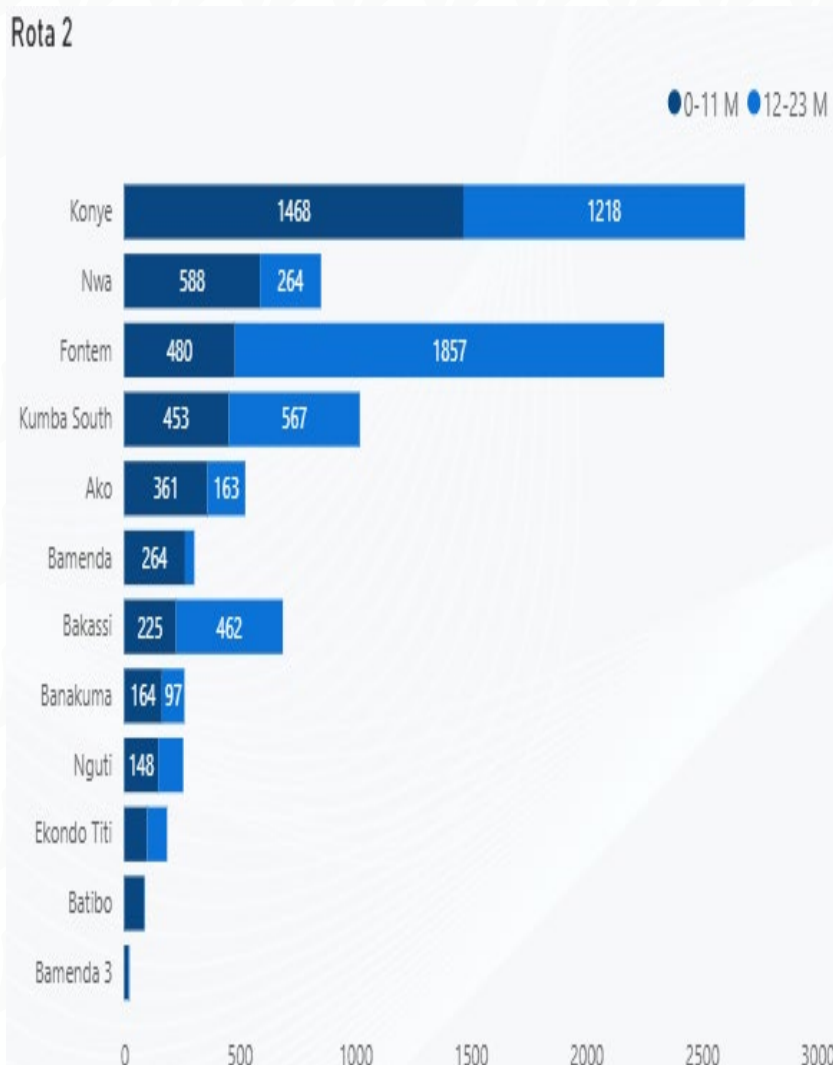
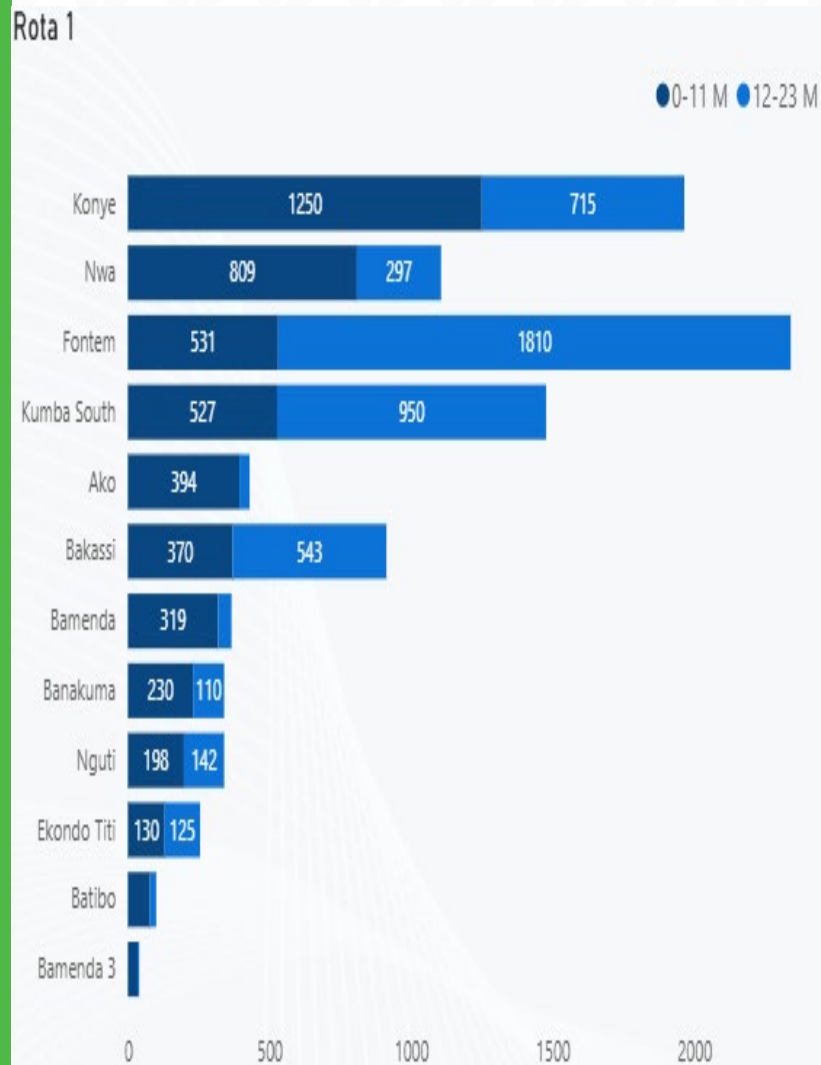
Rota Doses per District



Rota Doses Administered



Rota vaccine doses administered, Since March 2025



Results

Malnutrition, April and May 2025

District	Children with Malnutrition assisted		
	SAM	MAM	Total
Bamenda	3	5	8
Nwa	4	32	36
Konye	3	55	58
Kumba South	0	0	0
Bakassi	0	2	2
Fontem	0	8	8
Ako	0	0	0
Bamenda 3	0	1	1
Total	10	103	

District	Children with Malnutrition assisted		
	SAM	MAM	Total
Bamenda	2	38	40
Nwa	57	248	305
Konye	12	46	58
Kumba South	0	0	0
Bakassi	0	0	0
Fontem	0	5	5
Ako	11	2	13
Bamenda 3	0	1	1
Total	82	340	422

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Conclusions

By bolstering mobile outreach, enhancing cold chain technologies, improving security, and fostering community engagement, stakeholders can create a more resilient framework for vaccine delivery even amid ongoing crises.

As Cameroon and the global community continue to navigate these challenging humanitarian landscapes, the lessons from the GAVI Support through the VERHUS and R4S initiatives in Cameroon underscore the critical importance of flexible, well-resourced, and community-centered approaches to ensure that every child and vulnerable individual has access to life-saving vaccines



Thank you



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