Despite strong expressions of donor interest, the polio eradication appeal has actually received a very low coverage (15%). While the relatively late launch of this type of appeal (when donors had already committed funds to other operations) has certainly had an impact on the coverage received, the support provided has allowed many Red Cross and Red Crescent Societies to mobilize their volunteers and make a valuable contribution to the Polio Eradication partnership and the National Immunization Days (NIDs). Strong endorsements of the Red Cross and Red Crescent efforts were received from WHO, UNICEF, and respective Ministries of Health (MoH’s). 2001 is viewed as a key year if the transmission of the polio virus is to be stopped by 2003. The Red Cross and Red Crescent Movement needs to accelerate its contribution to be able to make a difference. In addition to continuing the programs planned for 2000, increased efforts are needed particularly in the DR Congo, Angola and South Asia. The implementation time-frame for this appeal was planned until June 2001 (covering the first round of NIDs in most countries), and with timely donor support in early 2001 the programme targets can be met. The International Federation therefore urges all donors to contribute to the campaign again this year beyond the support received in 2000.

The context

Tremendous progress has been made in the effort to eradicate polio since the World Health Assembly launched the global initiative in 1988, with the simultaneous goal of strengthening health capacity to
control other major childhood diseases. In 1988, the polio virus circulated in over 125 countries on five
continents, and more than 350,000 children were paralyzed due to poliomyelitis. By the end of 1999, the
number of polio-infected countries had decreased to 30, and the incidence of polio fell to 7,012 reported
cases. Polio has been effectively eradicated from the American, Western Pacific and European
regions.

While a comprehensive polio eradication vaccination strategy exists, the challenge remains to conduct
high quality National Immunization Days (NIDs) in the remaining most difficult countries. Experts
agree that a creative and enhanced approach is urgently required to eradicate polio from the remaining
countries.

In June, 2000, Gro Harlem Bruntland, Director-General of the World Health Organization (WHO),
invited the International Federation and the ICRC to become partners in the Global Polio Eradication
Campaign. The polio eradication campaign is led by WHO in partnership with Rotary International, the
United States Center for Disease Control and Prevention (CDC), and UNICEF.

The partnership of the International Federation has brought to the campaign the support of the largest
voluntary humanitarian movement in the world. With 176 National Societies, over 295,000 staff, and
over 97,000,000 members and volunteers worldwide, the Federation is ideally placed to support the
campaign with community-based trained staff in almost every country in the world.

The Federation has joined a wide array of NGO’s, Government, bilateral, and UN agencies, including:
Rotary International who, in their PolioPlus programme, are providing volunteers (Rotary members and
their families) to administer the polio vaccine during NIDs and to conduct house to house searches to
ensure that every child is immunized; UNICEF who has provided manufacturers with a firm
commitment to purchase the total amount of the Oral Polio Vaccine (OPV); and CDC who have been
instrumental in providing technical support, including “Stop Transmission of Polio” (STOP) teams (in
collaboration with the WHO).

This campaign is an exciting historical opportunity for the Red Cross Movement to assist in eradicating
a major disease (smallpox is the only other infectious disease which has been certified as eradicated).
The sharp drop in cases and the number of countries reporting polio indicates that the Polio Eradication
Campaign is on the verge of making this disease a distant memory. Red Cross and Red Crescent
Societies have always been a part of this campaign, but the participation is now being taken to a new
level. With a renewed and reinvigorated commitment to the global polio partnership, the Federation is in
a position to mount an effective programme to eliminate this crippling and deadly affliction.

Working closely with the other key UN, Governmental, and NGO organizations, this appeal represents
the first phase of the Federation’s increased involvement in a Red Cross and Red Crescent-wide
campaign intended to make a vital difference in the following 11 priority countries: Chad, the
Democratic Republic of Congo, the Republic of Congo, Ethiopia, Iraq, Liberia, Niger, Nigeria, Sierra
Leone, Somalia, and Sudan. Based on the experience gained in this initial phase, the Federation plans to
launch a longer-term appeal.

**Latest events**

This campaign was started on September 27 with an appeal launched in conjunction with the World
Polio Summit, held at the United Nations in New York. Though the launch of this appeal occurred late
in the year and was out of the funding cycle for many donors, interest in the campaign was high.
Actual contributions however were less than expected and slow in coming which hampered the Red
Cross and Red Crescent ability to start the campaign. This was particularly problematic for countries
where the NIDs were close to the appeal launch date. Despite this constraint, large contributions were
received from the Swedish and Norwegian Red Cross, and British Petroleum which allowed Red
Cross and Red Crescent campaigns to be conducted in Chad, the Republic of Congo, Ethiopia, Iraq,
Liberia, Niger, Nigeria, Sierra Leone, and Sudan. In addition the Afghanistan and Somali Red Crescent and the DR Congo Red Cross participated in the polio campaigns in those countries with the support of the locally based partners. Assessment missions were carried out in all African countries, with the participation of the Red Cross and Red Crescent. From these missions plans of action were formulated and acted upon according to the funds available at the time of the NID. In Iraq the assessment was carried out by the regional health delegate from Amman. Assessments are planned in South Asia for early 2001. Interventions in Angola proved impossible due to the instability in the country.

**Red Cross/Red Crescent action**

**Afghanistan**
Supplementary immunizations in the form of national immunization days (NIDs) and sub-national immunization days (SNIDs) have been conducted in Afghanistan since 1994. From 1996, multi-antigen campaigns were conducted. From 1997 onwards, polio has been the only vaccine included in the campaigns. A high coverage was achieved in the 1999 and 2000 NIDs. Proper district-level micro planning for NIDs started in the fall of 1999.

The Afghan Red Crescent Society (ARCS) with the support of the International Federation, is delivering basic primary health care service through 48 clinics all over the country; 34 out of the 48 clinics are delivering immunization services. Some ARCS clinics in remote areas without other health facilities are delivering outreach immunization activity. Starting in the fall of 2000 all ARCS health staff from 48 clinics have been involved in NIDs, and they have committed to remaining involved in the national Acute Flaccid Paralysis (AFP) surveillance system (planned to start in 2001).

The ARCS and Federation health personnel and institutions are complementing the national polio eradication initiative in the planning, implementation, monitoring and supervision and evaluation process. Field delegates and regional health officers from both the ARCS and the Federation are involved in the monitoring process during NIDs. During the 2000 NIDs rounds, over 2,000 community based first aid (CBFA) volunteers participated in the door-to-door polio vaccination activity. It is anticipated that nearly 5,000 CBFA volunteers will be involved in the coming 2001 NIDs rounds.

**Chad**
The NID took place on 18 November 2000, and while the Red Cross of Chad focused its activities in N’Djamena, Char-Baguirmi, Mayo-Kebi, and Logonne occidental provinces, Red Cross volunteers also worked throughout the country. Over 160 Red Cross volunteers participated in the four focus provinces and worked closely with MoH staff and personnel from WHO, UNICEF and Rotary International. Volunteers helped by conducting community social mobilization, logistical support, and assisted in door to door vaccination activities. The overall NID vaccination coverage was estimated to be nearly 100%.

The participation of the Red Cross of Chad was greatly appreciated by the Ministry of Health, and the Red Cross has been requested to expand its activities for the next NID which is scheduled to take place in early 2001. Over 500 Red Cross volunteers are expected to participate in this campaign.

**Republic of Congo (Brazzaville)**
The Congolese Red Cross (CRS), with support from the Federation and the ICRC, actively participated in the second polio NID which took place from 29 September through 3 October. Over 200 volunteers worked to eradicate polio from the Republic of Congo.

In Brazzaville, 58 CRS volunteers joined MoH vaccination teams and conducted door-to-door vaccinations throughout the city. Several experienced volunteers conducted social mobilization activities to be sure that mothers understood the importance of the polio vaccination and when the vaccination teams were scheduled to pass through their neighbourhoods. Artists and musicians who were part of the CRS theater group passed on the polio eradication message by organizing street performances.
throughout the city. The campaign was considered to be a success. Overall estimated vaccination coverage was 88%, compared to 83% achieved during the first NID which took place in April 2000. In other parts of the country including Dolisi, Nkayi, Madingo, Sibiti and Pointe Noire, CRS volunteers worked with Federation staff in conducting social mobilization activities. In the areas north of Pool, around Kindamba and in the western areas of the country (near Divénié), CRC volunteers, with support from the ICRC, participated in vaccination activities.

**Democratic Republic of Congo (DRC)**

Due to the situation in the DRC and the evolving nature of developments in the country, planned activities did not take place. The strength of the Red Cross volunteer base in the DRC will, however, provide the impetus for activities to proceed in the course of 2001 (the security situation permitting).

**Ethiopia**

The Ethiopian Red Cross Society (ERCS) participated through its extensive branch and sub-branch network in the NID in November and from December 29 to January 6. All thirty one branches ran a range of health education and social mobilization activities, thirty of these being funded through the Federation appeal and one by the Ministry of Health in the second NID. In most areas, branches were involved in the planning stage through the zonal NID steering committees. Branch staff and volunteers took part in the Ministry of Health training and orientation in mid December in preparation for the NIDs.

The comparative advantage of the ERCS is its network of volunteers around the country and these were utilized effectively during this operation. Branches were asked to concentrate on house-to-house visits to mobilize people for the NID, sensitizing traditional and religious leaders, conducting campaigns using megaphones and banners, providing some logistical support to the Ministry of Health and, in some cases, assisting with the vaccinations.

The operation was viewed as being widely successful. The national target population of under-fives was 11.9 million. Some 525,486 houses were visited by the volunteers and roughly 1.5 million people were sensitized through the use of megaphones and other means. As a result of this mobilization, it is estimated that 730,000 children were vaccinated. In all 2,022 volunteers and 44 Red Cross were deployed.

**Iraq**

Due to logistical reasons the vaccination round planned for December 2000 was delayed until January 2001. A close co-operation between the Ministry of Health, WHO, UNICEF, the Iraqi Red Crescent Society (IRCS) and the Federation was established from the beginning, ensuring that planning proceeded smoothly. The WHO requested the IRCS to monitor the campaign in Baghdad during the first round, and with the approval of the MoH the IRCS agreed to train their volunteers for this task as well as for the vaccination teams. Since the result of the monitoring was very satisfactory, it was extended in the second round to four cities, including Baghdad, Basrah, Mosul and Sulaimaniya.

Before the first round of vaccinations (12-16 November), two volunteer training courses were held, and an additional training session for the monitors. Some 1,015 volunteers participated in the campaign in November while some 1,093 volunteers participated in the campaign in December. The four CBFA co-ordinators supervised the activities in the governates where the monitoring took place, and two additional trained field officers from the rehabilitation department combined their own work with supervision in the 14 other governates. The Federation health delegate participated in the activities in Sulaimaniya governate.

The monitoring in Baghdad in November was the first implemented in Iraq by an independent organization, the first ever for IRCS and their volunteers and it proved to be very successful. The authorities found it very useful and applied the findings to improve the work of the vaccination teams in
high risk areas during the second round. It was therefore extended to three other cities in Iraq during the second round:

- **Baghdad** (8 districts covered, in each of them four volunteers divided into two teams interviewed 60 families per team, a total of 120 families per district. Each district was supervised by an experienced doctor);
- **Basrah** (8 districts covered, the same number of teams and volunteers with supervisors and the same number of families interviewed as in Baghdad);
- **Mosul** (4 districts covered, two monitoring teams in each district with one supervisor and the same number of families interviewed as in Baghdad).
- **Sulaimaniya** (4 districts with 15 sectors covered). This autonomous governate has its own MoH, is very large with extensive mountain areas and difficult to access. The MoH requested that monitoring should cover the whole area and that the volunteers should be used exclusively for this purpose as the authorities had enough volunteers of their own to form the vaccination teams. In Sulaimaniya seven supervisors were responsible for twenty-six teams.

Daily meetings were held in all four locations at the office of the General Directorate of Health to evaluate the findings.

The operation was an overall success with a very positive response from authorities and the population. The IRCS branches and their volunteers have been very enthusiastic about their tasks and fulfilled them to the satisfaction of all parties involved which confirms the quality of the CBFA-courses. Volunteers merit a special mention in Iraq for surmounting logistics constraints and enduring harsh conditions while carrying out their duties. The co-operation between the agencies (WHO, UNICEF, MoH, IRCS, and the Federation) has been very effective and will continue for the next campaign in March and April 2001. This will include monitoring of the vaccination campaign in all 18 governates in Iraq. In addition to playing a major role in the October and November 2000 polio NIDs, the ICRS, with support from the Federation, headed an “independent” team from outside the MoH to monitor NID vaccination activities in “high-risk” areas of Baghdad Governate. The monitoring role of the ICRS helped assure that as many children as possible living in “high-risk” areas were vaccinated during the campaign. The MoH and the other polio eradication partners, including WHO and UNICEF, were very appreciative of the important collaboration of the Red Cross and Red Crescent Movement in helping to eradicate polio from Iraq.

The IRCS, with a branch in each governate and with branch directors and well motivated volunteers (they perform 20 disseminations each month in each governate on basic health topics such as vaccination in primary health centres and schools) who live in and know their area, makes a difference when it comes to the social mobilization and the participation in the NID’s.

**Liberia**

The Liberian National Red Cross Society (LNRCS) participated in both rounds of the sub-national NID which took place from 26-30 October 2000 and 20-24 November 2000. Red Cross efforts were focused on two of five districts of Grand Kru County -- one of the most challenging and inaccessible counties in the country located about 600 km from Monrovia. The Liberian Red Cross was the only organization supporting the Ministry of Health in this county.

Three local Red Cross health staff and 40 Red Cross volunteers participated in planning meetings and worked closely with the MoH personnel in organizing two one-day workshops focusing on general information on polio, the technicalities of providing vaccinations, assignment areas, social mobilization, and reporting. A total of 212 persons attended, including 40 Red Cross volunteers as well as the superintendent of Grand Kru County. Red Cross vehicles and motorbikes were used throughout the campaign for transport and logistical support. The polio campaign team consisted of 10 teams of 4 individuals covering 5 districts of Grand Kru County. Due to a lack of resources, the Red Cross team participation was limited to 2 of the 5 districts. The polio vaccination campaign began on 16-20 October, 2000. As a result of the campaign, in the two districts where the LNRCS and LD participated some 15,150 children under the age of five were vaccinated.
The following operational observations have been made:
- Future campaigns should be conducted during the dry season.
- The duration of the campaign should be longer (8-10 days).
- The Red Cross should have their own supervisors to better monitor their volunteers.
- Transportation modes (bicycles and motorcycles should be increased to resolve transportation problems.
- More detailed planning should be done before a campaign to avoid certain delays.
- Logistical support needed to conduct the campaign should be planned and provided in advance.
- The participation of Red Cross chapter personnel and use of their facilities should be encouraged.
- The LNRCS should be more independent from the MoH to facilitate greater efficiency in reaching targets.
- Logistics were very difficult., but spite of these challenges targeted efforts were made to raise awareness in the population through social mobilization activities.

The Liberian Red Cross clearly demonstrated the importance of its role in assuring the success of this campaign and is prepared to scale-up its activities during future campaigns.

**Niger**

Due to the late arrival of funds, the Niger Red Cross Society was unable to participate in the NIDs that occurred in October-November 2000. However, plans are now being made to actively participate in the next round of NIDs which are scheduled to take place in May-June 2001. Discussions have been held with the MoH and polio eradication partners, including WHO, UNICEF and Rotary to determine where gaps exist and what specific Niger Red Cross activities can help to further the cause of eradicating polio virus from Niger.

**Nigeria**

Nigeria is one of the largest “reservoirs” of polio virus in the world and remains a major obstacle to achieving the goal of global polio eradication. WHO has classified Nigeria as a high priority and has targeted additional resources and scheduled additional NIDs to help assure that polio transmission can be interrupted in a timely manner.

To further the cause of polio eradication in Nigeria, the Nigerian Red Cross Society (NRCS), with support from the Federation, officially became a partner in the polio eradication initiative in October 2000. Meetings were held with MoH polio specialists and partners including WHO, UNICEF and Rotary International. The late date did not allow the NRCS to formally participate in the October 2000 NIDs, but preparations were quickly undertaken to gear up for the second round of NIDs scheduled for 18-24 November.

As the strength of the NRCS are the volunteers, headquarters recommended that branches focus on social mobilization. A package of IEC material was prepared at the HQ and distributed to the branches, containing T-shirts and face caps for the supervisors, printed material on how to reach difficult groups and forms for volunteers to report back to HQ about the achievements.

Each branch was asked to select six Local Government Areas (LGA’s) in each state in collaboration with the State Social Mobilization Subcommittee (SSMC). Each branch received money to cover the travel and food expenses for 18 volunteer and three supervisors. The Branch Secretaries were instructed to co-operate closely with concerned authorities in the LGAs and in partnership with UNICEF and WHO, train the volunteers on house-to-house mobilization, sensitize traditional and religious leaders and mobilize town criers. A total of 835 volunteers participated in the polio eradication activities.

In addition to door-to-door social mobilization, the volunteers together with local branch staff engaged in sensitizing local leaders and working with town criers. With a few exceptions, the branches clearly
demonstrated that they have the capacity to mobilize volunteers and effectively perform activities on very short notice. Most branches have used the volunteers for house-to-house mobilization, but also used the strategy of “indirect social mobilization” by dissemination to community and religious leaders, women groups and town criers, whose performances are not reflected in the figures. The contacts taken with NPI, WHO and UNICEF show that the branches in general have tried to work complementary and auxiliary in the Polio Eradication Initiative.

Initial figures indicate that over 1,268,255 children were immunized. While the lead time to plan for this campaign was short, the NRCS made important contributions to achieve the goal of “Kicking Polio out of Nigeria” Moreover, the experience was useful in increasing the capacity of NRCS HQ and its branches. The third round of polio NIDs was planned to take place in January. For this round the NRCS will work to better target its activities to “high-risk” areas where coverage in previous campaigns has been low.

The following operational observations have been made:

• Steps should be taken to make sure funding is received on time to prevent unnecessary delays.
• More time should be allocated in terms of preparations to better deal with problems and again avoid delays in action.
• More time needs to be allocated to reporting to make sure both the NRCS and branches submit reports within deadlines.
• The Polio NIDs should always be complemented by immunization promotion work between rounds and should be included in the curriculum of the Mother’s Clubs and Community Based Health Programmes (CBHP).
• Branches should be encouraged to further develop and maintain relationships with local health authorities and officials involved in NPI.

Sierra Leone

For the first round in the Port Loko district (Kaffu Bullom chiefdom area), the following preparatory activities were carried out:

• A meeting was held at chiefdom and sectoral levels with the paramount chief, non governmental organizations, the Sierra Leone Red Cross (SLRC), religious organizations, representatives of women’s groups, sectoral chiefs and school representatives in order to inform them of the polio eradication campaign.
• A meeting was held with 50 representatives of key groups and individuals in the community to encourage these groups to carry out daily NIDs promotion in their areas.
• A vehicle with a PA system traveled around Kaffa Bullom from the 13 - 20th October in order to continue to inform the population about the NID’s.
• A float parade was organized and was very popular, involving local musicians.
• 32 teams underwent a 2-day training on the role of vaccinators/Red Cross volunteers and supervisors, administration of oral polio vaccine, methods/approaches to communities in NIDs, reporting methods, AFP detecting and reporting channels.

During first NID mothers brought their children to fixed vaccination points. During the remaining four days 32 vaccination teams went door-to-door to reach the remaining children. A total of 4,702 houses were visited, and 20,875 children under age five were vaccinated.

The second NID round took place between 20-24 November. The SLRCS, supported by the Federation, became involved in the Polio Eradication initiative in partnership with the MoH. The SLRCS was responsible for supporting the MoH through social mobilization, training, door-to-door vaccination, supervision, and transport. More focus was given to training the MoH in social mobilization by the SLRCS than in previous campaigns. The area of operation was again in the Kaffu Bullom chiefdom.
During the October round most social mobilization was carried out among section chiefs. During the November round a meeting was held with chiefs to inform community representatives in their sections of the upcoming vaccination campaign. Between 14-20 November, a total 8 sections of Kaffu Bullom were visited by 10 Red Cross volunteers accompanied by MoH staff who were charged with social mobilization. Village populations were informed about the upcoming polio eradication campaign. Red Cross volunteers also disseminated messages to churches and mosques. 20 Red Cross volunteers disseminated information in markets. Following one of the recommendations given during the October round, refresher training was given to Red Cross volunteers and vaccinators in Oral Polio Vaccination OPV and in administration of Vitamin A. Vaccination teams were divided into two groups of 64.

Although a relatively limited time was available for planning, the Sierra Leone Red Cross Society participated in both NID rounds during October and November 2000. After consultations with the Interagency Co-ordinating Committee and the ICRC, it was decided to focus activities within a “secure” district where the Federation could support SLRCS activities. Work was conducted within Kaffa Bullom Chiefdom located in Port Loko district, an area with a recent influx of internally displaced persons. SLRCS has recently established a clinic there and a Community Based Health Programme.

Efforts were focused on conducting social mobilization targeting 105,000 children under 5 years of age. Both fixed-site and house to house vaccinations were conducted. Thirty-two Red Cross volunteers took part of the campaign. The SLRCS Field Officer for Port Loko served as a supervisor for the campaign. Estimated overall coverage for the Kaffa Bullom Chiefdom was over 99%. The SLRC and Federation also contributed to the NID with volunteers, vehicles and staff in the districts of Bo, Kenema, Bonthe, Matru, Moyamba and the Western Area.

**Somalia**

The Somali Red Crescent Society (SRCS), with support from various Participating National Societies through the Federation and the ICRC, continued to operate in a country where all formal structures have collapsed as a result of civil war. The SRCS is running 46 clinics in Somalia and 2 hospitals under 11 branches and sub-branches. The integrated health care (IHC) consists of the maternal child and outpatient department providing promotive, preventive and basic curative services to the most vulnerable group of the community with emphasis on women and children.

In order to have a successful eradication of polio all three areas of the immunization should be planned for (routine immunization, NIDs and AFP surveillance). National immunization days should only complement routine immunization whereby eligible children get their doses as part the routine schedule for vaccination in the clinics or during outreach services.

The SRCS has been providing static immunization services to all eligible children and women in all their clinics. Some outreach activities are also carried out in some areas, with accelerated local immunization days in order to increase immunization coverage. The SRCS has worked with UNICEF on arranging and delivering EPI supplies and equipment for routine immunizations.

The SRCS has been active in NIDs implementation since 1997. Due to continued insecurity in Somalia most of the International NGOs were not able to operate in some parts of the country. The SRCS, with its ability to operate across clan boundaries, made them to the leading agency in implementing NIDs in areas were there is no access, mainly in the south and central zones (Kismaiyo area). During the NIDs the SRCS continued working with support from UNICEF and WHO.

The SRCS’s polio plan of action established the following 4 objectives:

- To improve the knowledge and skills among SRCS actors in all their operation areas especially on Polio eradication initiatives.
- To increase immunization demand in the communities with more emphasis on AFP and NIDs.
- To increase their immunization Coverage (routine immunization and NIDs);
To improve and sustain non-Polio Acute Flaccid Paralysis (AFP) reporting rate in populations under 15 years of age.

During 2000, the SRCS was responsible for implementing the three NID rounds as the lead agency in two regions (Lower/Middle Juba) in south and central zone. In the first round, out of a target population of 63,200, some 65,716 were vaccinated (including 6,621 under fives) with a coverage of 104%. In the second round, out of a target figure of 63,807, some 64,676 were vaccinated (6,486 under fives) with a coverage of 101%. In the third round, out of a target figure of 63,441, some 66,502 were vaccinated (5,722 under fives) with a coverage of 105%.

The following operational lessons have been learned:

- Social mobilization during NIDs is only done two days prior to the NIDs, thus not covering all the areas. The SRCS can carry out the social mobilization activities throughout the grassroots level due to its volunteer network. Nomadic communities are mostly not covered, though the SRCS through their volunteers can reach this underserved population.
- Lack of continuity of Polio Eradication initiative after the NIDS: the SRCS volunteers are able to create a demand for immunization in the community through social mobilization.
- AFP surveillance in Somalia is still not yet well established as the AFP surveillance officers do not have capacities to reach the rural areas. The SRCS can effectively use their health workers as they have clinics in remote areas and volunteers to create awareness in the communities about AFP and they can also be actively involved in the search for polio cases.

Sudan

The SRCS has actively participated in all the states where they have branches, and last May focused mainly on social mobilization, and house to house or fixed immunization posts. It was planned that the next rounds would occur in February and March 2001, but this has been delayed a month at this stage by the Government. SRCS staff and volunteers are heavily involved in the planning, organizing, implementation and supervision of these NID’s, though there has been inadequate credit, recognition or acknowledgment for their contribution which has had a tremendous impact on the success of the campaign. In October 2000 the general Sudanese population was estimated at 30 million people. The target population for polio vaccination was estimated by the WHO at 1,125,000. Various sources indicate that coverage rates have increased from 65% in 1996, to 95% in 1999, to 99.9% in the latest October 2000 round. Detailed reports were received from the following eight states:

- **Khartoum:** In last years campaign 660,000 doses were administered and 4,400 volunteers mobilized. Some 1,125,866 children were targeted, with a total of 1,084,281 vaccinated, representing a coverage rate of approximately 96.5%. The SRCS contribution included mobilizing 3,000-5,000 active volunteers (yet during the October campaign 5,291 volunteers were mobilized -- a remarkable effort). According to the WHO, the SRCS was responsible for vaccinating 69% of the State.
- **River Nile State:** According to WHO the target population was estimated to be 171,063 children, while 175,120 were vaccinated. The coverage rate was reported to be over 100%. Some 2,913 SRCS volunteers participated, with SRCS responsible for vaccinating 96% of this state.
- **Southern Kordofan:** The target population in this state for polio vaccination was 216,687, while 192,132 were vaccinated -- a coverage rate reported as 91%. This state has 5 provinces with an ongoing conflict problem, as well as a large IDP population. The SRCS volunteer base is reported to be composed of 1,500 active volunteers, yet for this campaign only 170 were used. In the WHO report it was noted and this branch was commended for their efforts to conduct vaccinations under security constraints.
- **W. Darfur (Genina)** In the first round from 21-23 October, 284 volunteers were used to cover all 6 provinces. The target population was 295,027, and the number of children vaccinated was 298,560.
- **Northern State** The target population for this state was estimated at 85,707. The number of children vaccinated was 93,447 -- an estimated coverage rate of 109%. The SRCS was actively
involved in all 4 provinces of Dongola state in the first round. The SRCS branch provided 307 volunteers and vaccinated 80,368 people. In other words, 94% of the SRCS target population were vaccinated by SRCS volunteers.

- **Gezira State:** The Branch participated in planning and implementation at all levels. SRCS training was given on how to implement the operation at all levels. The branch indicates that 1,198 volunteers participated in 921 teams. For Gezira State, the total target population was estimated at 549,731. The number of children vaccinated was 580,223 with an estimated coverage rate again over 100%.

- **Western Kordofan:** The target child population for this state was 209,724, and according to WHO 223,132 were vaccinated -- an estimated coverage rate of over 105%.

- **Kassala:** The target group was 75,282. A total of 242,229 children were vaccinated, with a total of 11,018 children vaccinated by the SRCS. This indicates that 4.5% of all vaccinations were by SRCS volunteers.

These NIDs served as a tremendous opportunity to integrate or incorporate volunteer activities into other health programmes, particularly CBFA and IMCI. A reporting format needs to be developed for each branch which is simple and will give effective statistical data and narrative reporting. The SRCS needs to be more involved in the planning stage of the task force when it is developed and interact more effectively and strengthen partnerships with other key actors (i.e. UNICEF and WHO). The SRCS volunteers are considered vital to the success of these campaigns. For the next round in March it is important that the SRCS health staff and Federation delegates assess the positive impact of the SRCS contribution. Without the input of the SRCS and their contribution of their network of volunteers, the NIDs and polio eradication programme would be impossible to implement.

**Outstanding needs**

With only 15% of the appeal covered, cash contributions and other donor support is critical to enable the Federation and national societies to proceed with implementing the planned activities in collaboration with the UN and other agencies during the remaining part of this programme until June, 2001.

**External relations - Government/UN/NGOs/Media**

A high point of the entire campaign has been the effective collaboration and cooperation achieved with the UN agencies, other partner organizations, and Government ministries. The Federation Polio Task Force and ICRC met several times in Geneva to plan the Movement’s involvement with the Polio Eradication Campaign. WHO provided an introduction to the program to all Heads of Delegations at their June 2000 meeting. The Federation task force met in Zurich with the other major participants of the partnership to discuss joint fund raising efforts and future collaboration with the Rotary Club, both in Europe and the field. The Task Force meets regularly with WHO and UNICEF at the Geneva level. Most Federation field offices and national societies are active participants in the International Coordinating Committees (ICCs) of the priority countries. The ICCs are made up of in-country representatives of WHO, UNICEF, Rotary Club, Ministries of Health and the Red Cross and Red Crescent Movement.

**Contributions**

See Annex 1 for details.
appeal no. 28/00; Polio Eradication Campaign
situation report no. 1

Peter Rees-Gildea  Alistair Henley
Head a.i.  Director a.i.
Relationship Management Department  Programme Coordination Division

This and other reports on Federation operations are available on the Federation’s website: http://www.ifrc.org
### Global Polio eradication campaign

**APPEAL No. 28/2000**

**PLEDGES RECEIVED** 02/06/01

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- **REQUESTED IN APPEAL CHF**: 7,905,601
- **TOTAL COVERAGE**: 15.0%

**BRITISH - RC**
- 20,000 GBP 50,600 19.12.00

**BRITISH - PRIVATE**
- 250,000 USD 443,375 09.11.00

**DANISH - RC**
- 277,500 DKK 56,777 18.10.00

**FINNISH - RC**
- 50,456 EUR 76,799 25.10.00

**ICELANDIC - RC**
- 200,000 ISK 4,235 05.10.00

**NORWEGIAN - GOVT/RC**
- 312,500 NOK 59,482 16.10.00

**NORWEGIAN - GOVT**
- 1,630,943 NOK 300,686 18.12.00

**SWEDISH - RC**
- 1,040,000 SEK 189,280 27.10.00

**SUB/TOTAL RECEIVED IN CASH**
- 1,189,243 CHF 15.0%

**KIND AND SERVICES (INCLUDING PERSONNEL)**

- **SUB/TOTAL RECEIVED IN KIND/SERVICES**: 0 CHF 0.0%

**ADDITIONAL TO APPEAL BUDGET**

- **SUB/TOTAL RECEIVED**: 0 CHF

**THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:**
- G33260 - PSO400 - PNG400 - PNE400 - PLR400 - PSL400 - PSD400 - PET400 - PCG400 - PZR400 - PTD400