YEMEN: FOCUS ON POLIO CAMPAIGN

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In Brief

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Yemen Annual Appeal 2005. For details, please go to the website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA080.pdf

Programme summary
This update gives a detailed review of the Yemen Red Crescent Society’s key monitoring role in the latest phase of the concerted effort against polio in Yemen. More detailed information around other aspects of Federation support for the national society can be found in the previous programme update no.1 (see link above).

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For longer-term programmes, please refer to the Federation’s Annual Appeal.
1. Situation

1.1 Polio in Yemen
Yemen had been free of polio since disease surveillance began in 1996. However, since March, Yemen has been facing a serious breakout of the disease, which first started with reports of a few cases in the west coastal governorate of Hodeidah. According to sources, cases that were confirmed in Hodeidah Governorate soared to 100 by 12 May at the rate of 3 to 5 new cases a day, as reported by Yemen Red Crescent Society (YRCS) Hodeidah Branch. The latest cases occurred across five governorates throughout Yemen, which suggests that the virus has spread across the country. Experts from the World Health Organization (WHO) and the Ministry of Public Health and Population (MoPHP) investigated and worked to control the outbreak. They started supplementary immunization activities. The outbreak response was launched in late May using the recently developed monovalent oral polio vaccine type 1. Yemen had already conducted a mass campaign during 11-14 April to cover 4.5 million children when the country was considered to be at high risk of transported re-infection from nearby Sudan. The third and last round was conducted from 12 to 14 of July. YRCS has participated in the last two campaigns as an independent monitoring national society.

Previous experience in polio eradication showed that such an outbreak can be quickly contained with high quality immunization that reaches every child under five years old. According to UNICEF, six million doses of the new vaccine were provided to Yemen as part of the emergency measures to stop the ongoing polio outbreak. It has been used for the last two nationwide immunization campaigns in May and July.

1.2. The Proposal
Following its first participation in the second nationwide polio vaccination campaign, the YRCS planned to continue its monitoring role in the third national drive (YRCS’ second participation) in collaboration with the Ministry of Health and Population (MoPHP). This was regarded as an essential follow up to ensure full coverage of vaccination in the 12 YRCS governorates. Lessons were learnt from the previous experience and the Federation Office in Yemen prepared a new proposal. The YRCS health officer liaised with branches and MoPHP to ensure continuity and improvement. The Red Crescent aimed to contribute more as the number of volunteers as well as districts to be covered both increased. The overall budget was amended twice to exclude a major purchase of cool boxes, which was not justified given the prospective monitoring role of the NS. Discussions over the budget with the national society were resolved with assistance of the Head of Regional Delegation in Amman. The proposal was finalized and sent to the Federation Secretariat, Middle East/North Africa department for approval. Funds were immediately made available from previous contribution from the Kuwait Red Crescent to the Middle East Regional Programme.

1.3. The Operation

The third round of the nationwide polio campaign was conducted for three days, between 12 and 14 July, 2005. According to the plan of action and agreement with MoPHP, the YRCS assumed a monitoring role on the vaccination work of MoPHP volunteers in specific districts. Standard field assessment forms were used by all monitoring teams to collect and analyze the data. Members of these teams were carefully chosen and thoroughly instructed on how to use the forms and deal with community. They worked from morning till night to complete their assigned districts. Allocating operation teams at district level was a new and helpful addition to the operation for this round. They were mainly in charge of receiving forms from monitoring teams to process the data and produce a daily report and updates to be dispatched by fax to the MoPHP through the HQ operational
person. The Federation’s regional health delegate, accompanied by the YRCS health officer, made a field trip during the campaign. They visited several branches and met volunteers, supervisors, and heads of branches to oversee ongoing activities and provide technical assistance where needed.

The monitoring was done as planned by checking 5 to 10 houses selected randomly out of each 50 houses. Daily reports were regularly faxed to the operational person at the HQ for classification and dispatch to the MoPHP. The process involved 520 volunteers, 52 monitoring team, and 52 supervisors, making a total of 624.

Some of the YRCS branches also stored the vaccine and took part in the immunization run by the staff and the volunteers at the clinics as well. However the main role of YRCS was supervising and monitoring specific districts allocated by the MoPHP. Detailed reports sent by branches to the HQ health unit are being now analyzed and will be dispatched to the MoPHP next week.

1.3.1. Goal
The goal is to improve the health and well-being of vulnerable communities through improved public health services. Emphasis of this project is specifically on supporting an emergency nationwide polio campaign led by the MoPHP.

1.3.2 Objectives
Participate in the emergency nationwide campaign to control the recent polio outbreak in the country, especially in the coastal governorate of Hodeidah.

Reach remote areas and particularly YRCS typical target groups, such as poor and the marginalized groups and ensure their vaccination.

Ensure that government efforts to cover all areas to provide polio oral vaccines to 4.5 million Yemeni children under five years old.

1.4. The Delegation
The delegation consists of one Federation Representative and two national staff (finance administrator and programme officer/translator). The entire team was in one way or another involved in the campaign. Useful information and support was given by the regional health delegate in Amman.

1.5 Participation of the YRCS

The YRCS continued its active monitoring role in the third and last round of the polio campaign. But this time’s participation meant a larger involvement of volunteers and staff members in more districts. Eleven YRCS branches and three sub-branches took part, including Amran, Hajjah (with its sub-branches of Mabyan, Abs, and Harad), Mahweet, Hodeidah, Taiz, Ibb, Dhamar, Aden, Abyan, Baidah, and Sana’a. There were 52 monitoring teams involved each consisted of 10 volunteers. Each team was assigned one specified district for three days, and was supported by one supervisor per team. The volunteers were distinguished with their white waist coats and IDs clearly showing the YRCS emblem, which facilitated their mission. Unfortunately, hats which were supposed to be distributed were not ready due to delays in procurement. They will be ordered next month to be used in future operations.
1.6. Co-operation/co-ordination with Ministry of Health & Population
The YRCS intensified its consultations with the Ministry of Health and Population (MoPHP) to coordinate activities and identify roles to accomplish the nationwide campaign against polio. Possible areas of national society intervention were reviewed, according to the needs of the MoPHP. The Ministry appreciated the job done by YRCS in the previous round and reiterated its request to involve the national society as an independent body to monitor the vaccination process and give feedback on the operation, including any shortcomings. The national society accepted this. The Red Crescent health department, headed by the health officer, maintained constant collaborative relations with concerned departments at MoPHP. The Ministry in Sana’a sent an official memorandum to all health offices in relevant governorates notifying them of YRCS’s monitoring role and asked them to cooperate with national society volunteers. New members of monitoring teams were introduced to their role. In cooperation with MoPHP and local health offices, each branch identified the number and names of districts it would be responsible for. Volunteers from both YRCS and MoPHP worked in the field together on the campaign. Daily reports sent by YRCS benefited the MoPHP enabling prompt performance measurement and correction of any shortcomings. A final analysis and report will be prepared by the YRCS health officer to assist the MoPHP in its overall assessment of the operation.

2. Analysis of the operation

2.1 Needs assessment
A needs assessment was prepared at an earlier stage by YRCS health department in coordination with branches. The initial assessment indicated needs that were beyond the role of the national society (ie just monitoring). The Federation Office in Yemen reviewed the assessment, which was modified after consultation with YRCS and the Federation Regional Office in Amman. Subsequently, unjustified needs were excluded, such as ice boxes. In addition, a fourth working day was excluded from the plan of action. At the same time, new requirements were included such as for operational teams and the purchase of 3,000 hats bearing the YRCS emblem. The whole consultative process around the needs assessment facilitated the smooth and efficient performance of volunteers and all those involved.

2.2 Objective plan of action
Being a continuation of a previous initiative, the plan of action was not substantially modified. Participation was expanded to cover 52 districts in relevant branches. Likewise, the number of recruited volunteers, supervisors, operational teams, and other requirements had to be increased. The national society maintained its role in the operation as an independent organization monitoring the process and reporting successes and failures. On the second day, branches started sending full reports to MoPHP, identifying mistakes in some areas.

3. Conclusions
Looking back at the work done by RC volunteers, one can confidently say that the mission has been accomplished. YRCS competently played its part and made a recognizable contribution to the overall success of the nationwide campaign to control the outbreak of polio in Yemen. There have been difficulties and differences in ideas and views but through discussion and cooperation between all involved parties a consensus was achieved in regard of needs, budget, and plan of action. YRCS, with its volunteers and staff, showed a good example of cooperation and coordination within their national society as well as with the MoPHP. It was a new experience that strengthened skills of Red Crescent volunteers and increased the national society’s visibility and role as a member of the International RCRC Movement. The lessons learnt and experience gained will be valuable for future projects.

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