

EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Appeal no: 07/02
1 March, 2002

***DEMOCRATIC REPUBLIC
OF CONGO, ETHIOPIA,
NIGERIA, PAKISTAN, AND
THE REPUBLIC OF
CONGO: POLIO
ERADICATION
CAMPAIGN***

***THIS APPEAL SEEKS CHF 1,086,000
(USD 636,571 OR EUR 735,600)
IN CASH, KIND AND SERVICES
TO ASSIST APPROXIMATELY 5.9 MILLION BENEFICIARIES
FOR 9 MONTHS***

The Situation

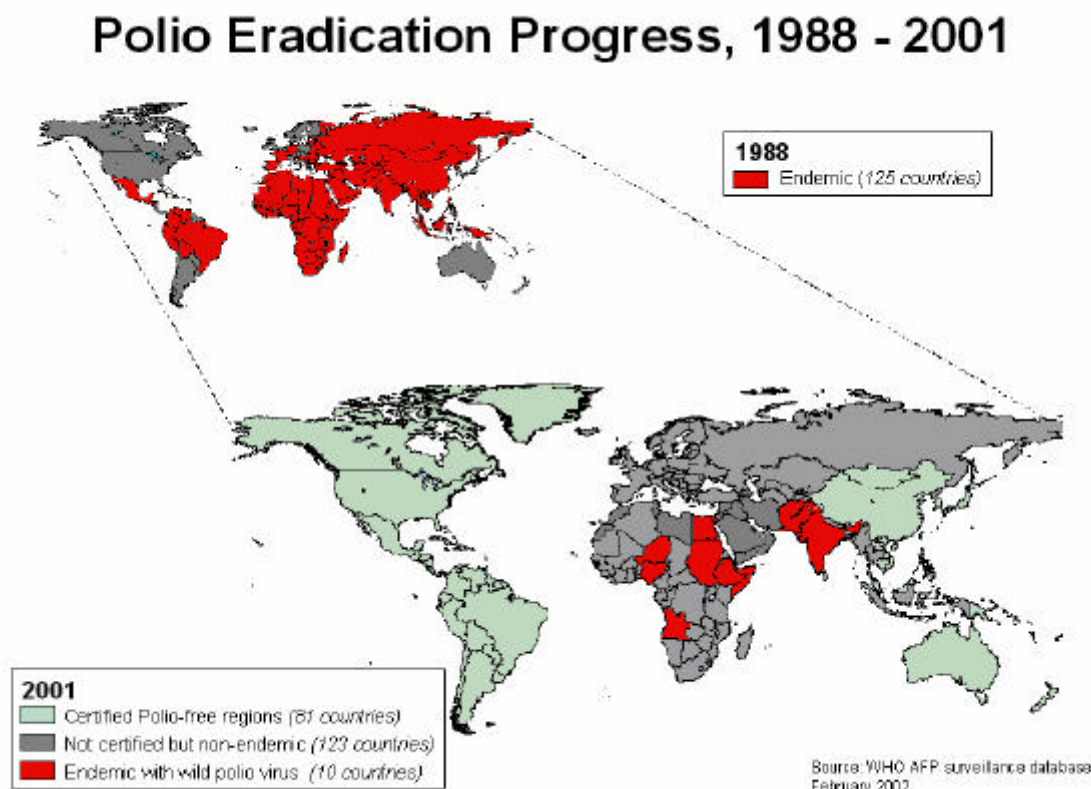
Since the Global Poliomyelitis Eradication Initiative was launched in 1988, the annual incidence of poliomyelitis world-wide has dropped by over 99%, from an estimated 350,000 to 520 reported cases in 2001 (see map on following page). The Americas region was certified polio-free in 1994, the Western Pacific region in 2000, and since 2001 the European region (free of reported cases of indigenous poliomyelitis now for three years). The world is on track to be declared polio free in 2005. To achieve this historic event, the massive, accelerated polio eradication effort must continue in the remaining countries.

In June 2000, the Federation and the ICRC were invited by the World Health Organisation (WHO) to become partners in the Global Polio Eradication Campaign. The campaign is led by the WHO in partnership with Rotary International, the United States Centers for Disease Control (CDC), and UNICEF. In this process, most Federation field offices and national societies have been active participants of the Interagency Co-ordinating Committees (ICCs). The ICCs, convened by the respective Ministries of Health, are made up of in-country representatives of the WHO, UNICEF, Rotary Club and other partners and are responsible for the planning and coordination of immunization-related activities.

For Africa, polio eradication activities are clearly supportive of the ideals expressed in the African Red Cross and Red Crescent Health Initiative 2010 (ARCHI 2010). As an identified health priority for the region, the national

societies are able to contribute to global eradication through the use of networks of volunteers to provide a large-scale impact on the health of the most vulnerable people.

Building on successful efforts in 2000 and 2001, the International Federation will focus on the social mobilization of



beneficiaries and increasing vaccination coverage to 100% in the designated countries (for results of the previous efforts, please see the Situation Reports for Appeal 28/00. The Final Report will be released once all financial reporting records are received.)

The Needs

In consultation with the WHO, this appeal represents a narrowing of the focus for Federation engagement to make a vital difference in the eradication efforts in the following countries: the Democratic Republic of the Congo (DRC), the Republic of the Congo, Ethiopia, Nigeria and Pakistan. Although the focus has narrowed, this is not at the exclusion of supporting other national societies as the need arises.

The Proposed Operation

The overall goal of the effort remains the same: certification of the global eradication of the virus by the year 2005. The Federation's role will be to contribute positively to achieving 100% vaccination coverage for children under the age of five in each of the five countries.

With the exception of providing the Oral Polio Vaccine (OPV) to the global partnership, the objectives are as follows:

- To further develop national society capacity to conduct awareness and social mobilisation activities for polio eradication and other community-based health programs.
- To increase national society effectiveness as a source of Acute Flaccid Paralysis (AFP) surveillance at the community level.
- To strengthen collaboration and co-ordination between the Federation and the Ministries of Health and other partners involved in polio eradication (WHO, UNICEF, Rotary).
- To accelerate national society involvement in the activities related to National Immunization Days (NIDs) and Sub-National Immunization Days (SNIDs).
- To provide lessons learned in the community health education and social mobilisation that can be used in efforts against other infectious diseases, notably HIV/AIDS.
- To play a key role in terms of regional leadership to deliver the planned assistance, provide strategic coordination with the program partners, and support to the national societies involved.

Democratic Republic of Congo (DRC) and the Republic of the Congo

As auxiliary to the national authorities, the Red Cross will continue to play an active role in supporting the efforts of the Ministry of Health to eradicate polio by increasing the polio vaccination coverage to 100 percent in the identified regions, reinforcing the co-ordination mechanisms between the Ministry of Health and implementing partners, and supporting the Ministry of Health in active surveillance of AFP.

The DRC Red Cross, with its 85,000 volunteers in the country and its recognized prestige regarding community mobilization and health interventions in emergency and post-conflict situations, was called on by the Ministry of Health to support the national immunization days and the polio eradication activities during the early months of 2001. After the three immunization days in July, August and September 2001, the national coverage of polio immunization has been 103.1 percent. Taking into consideration the difficulty of access to rebel-held areas and the isolation of certain provinces, this has been considered a success by the WHO and UNICEF after the evaluation of activities. The estimated number of beneficiaries is 3.2 million children under the age of 5.

Objective: To reduce the incidence of vaccine-preventable diseases by increasing immunization coverage and actively participate in the polio eradication campaign in both countries.

This will be achieved through the immunization activities, and strengthening the role of the Red Cross as a full-time partner in immunization programs and health care delivery systems so as to build up infrastructures and management capacity for the long term.

Activities planned:

- Participate actively in micro-planning for national immunization days in the regions involved in the project.
- Provide retraining in EPI and polio eradication strategies for the mobilization of 1,700 volunteers.
- Increase community awareness on vaccine-preventable disease and mobilize the community to attend national immunization days and to bring children to routine vaccination at fixed EPI posts.
- Participation of the trained volunteers during the three national immunization days in the DRC during 2002 polio eradication strategies.
- Reinforce the circulation of minutes of these meetings among partners to combine efforts to increase participation from other NGOs and local organisations in national immunization days.
- Train the volunteers already involved in polio eradication in AFP case definition and case management to effectively inform the community in managing suspected AFPs.
- Reinforce the Red Cross HF-radio network in the provinces targeted for fast reporting of AFP cases to the Ministry of Health.

- Support the Ministry of Health in the transport of stool samples to the Kinshasa viral laboratory when the Ministry of Health is not able to co-ordinate this at the provincial level.
- Support the reporting of all cumulative cases of AFP at the national level to get reliable figures in AFP-case detection.

Expected results:

- Red Cross volunteers trained in EPI management and community mobilization will have participated actively in the national immunization days.
- Polio immunization coverage will have increased to 100 percent for the target population of the areas of the project.
- Red Cross polio co-ordinators will have actively participated in ICC meetings in Kinshasa and in Brazzaville. Megaphones, t-shirts, posters and pamphlets purchased and distributed to regional branches of the DRC Red Cross will have effectively mobilized the community for polio vaccination.
- Increased number of mothers bringing their children to EPI fixed posts in the project areas.
- Red Cross HF-radio network aware of polio activities and supporting the ministry of health in active surveillance of AFPs.

Indicators:

- The number of volunteers participating effectively on social mobilization and in oral polio vaccination.
- The percentage of polio campaign coverage at the province and national levels.
- The number of Red Cross HF-radio network recorded messages regarding AFP cases disseminated in the provinces.
- The number of confirmed cases of wild polio virus.

☞ National Immunization Days: Scheduled for 26 June, 25 July and 29 August, 2002.

Ethiopia

Ethiopia is one of the remaining polio virus “reservoir” countries with five children contracting the wild polio virus during 2001 indicating there is continued polio virus circulation. Ethiopia has been conducting NIDs since 1996. The Ethiopian Red Cross Society (ERCS) has been involved in all the NIDs that have taken place since then.

The ERCS has played an increasingly significant role in the 2001 NIDs. Fourteen branches were involved with the financial assistance extended from the Federation’s fund. The other 17 branches participated in the NIDs with the resources available at their disposal. Some of the branches have availed their youth volunteers for the NIDs with the financial assistance extended from the local Ministry of Health offices.

Major activities undertaken by the ERCS in the 2001 NIDs:

- Conducted orientation workshops for volunteers.
- Conducted trainings on the administration of vaccines for volunteers.
- Conducted training on AFP case handling for volunteers.
- House to house sensitization on the importance of immunization.
- Vaccinating children.
- Supervision of other vaccinators in the field.
- Providing vehicles to the MOH for the transportation of vaccines, staff and other volunteers to and from vaccination centers.
- Conducting mass mobilization activities by using megaphones, and banners.

The estimated number of beneficiaries is 500,000 children under the age of 5 for the sub-NIDs in selected high-risk areas. The Ministry of Health plan for the 2002 NIDs is pending.

Objective: To further develop the ERCS’s capacity to conduct awareness and social mobilization activities for polio eradication and other community-based health programs in Ethiopia and to step up and accelerate the ERCS ‘s involvement in the activities related to National and Sub-NIDs.

Activities planned:

- Training of volunteers to raise their level of awareness on routine EPI, AFP surveillance, NID's and Sub-NID's, and mop up activities.
- Social mobilization activities conducted to improve the coverage of routine EPI, NID's and Sub-NID's, AFP surveillance and Mop up activities
- Provide logistical support during the NID's and Sub-NID's.

Expected results:

- Significant number of parents reached through house to house sensitization activities in the intervention areas.
- Number of community elders and leaders facilitating the transfer of information on the importance of vaccination to parents.
- Number of Red Cross youth club members disseminating information on the importance of vaccination to parents
- More cooperation between the MoH and ERCS branches enhanced at every level.
- Higher vaccination coverage achieved.

- ☉ Sub-National Immunization Days: tentatively schedule for March and April 2002. NIDS tentatively scheduled for November-December 2002.

Nigeria

With funding support from the Federation global polio appeal, in 2001 the Nigeria Red Cross Society (NRCS) worked with the government and other agencies involved in the polio eradication consortium. The NRCS role focused on social mobilization. During three polio immunization rounds when almost 3,000 Red Cross volunteers were mobilized, the NRCS carried out over two million door-to-door mobilization visits and, with other public activities, was estimated at having generated more than seven million immunizations to children under five years of age. This activity was considered to have been a great success, and the NRCS received wide acclaim and recognition as a national society with good community linkage.

It is proposed to continue this social mobilization activity in 2002 "mop-up" operations as part of the general health activity of this program. From June 2001 the capacity of the NRCS in health activities was greatly increased with the training and deployment of six zonal health officers, one in each of the six geopolitical zones of the country. This decentralized support to branches for program implementation, technical and management advice, and monitoring has significantly improved program implementation.

The estimated number of beneficiaries is two million children under age 5.

Objective: Contribute to the eradication of polio in Nigeria through mop-up social mobilization by 2,000 volunteers in 12 to 16 states where the wild polio virus still exists because of hard-to-reach and poor immunization coverage.

Activities planned:

- Organize 2,000 volunteers for social mobilization in 12 to 16 states that have been declared by the government's National Program of Immunization (NPI) to still have the wild polio virus or an immunization coverage below 65 percent.
- Principal health officer to attend six NPI collaboration meetings in 2002.
- Zonal officers to provide technical support to 12 branches.

Expected results:

At least two million additional children will have been immunized through social mobilization activities for the last two planned NID "mop-ups" during 2002. The NRCS will then have contributed significantly to the eradication of wild polio virus in Nigeria (to be certified in 2005).

Indicators:

Statistical data on children under the age of five that are immunized will be made available and reported using the well-established system.

➤ National Immunization Days: Tentatively scheduled for May, June and October 2002.

Pakistan

Early in 2001, the Federation provided a consultant to work with the Pakistan Red Crescent Society (PRCS) to gather information from each of the national society's four provincial branches on their general health activities and, more specifically, how the branches might be able to scale up for a few days each year for the NIDs. This was very much in line with objectives within the national society's health and care program in the 2001-2002 Appeal. Using the information that was collected from this assessment and planning phase, a plan of action was developed with the national society to scale up activities during the autumn round of NIDs in August, September and November. All four provincial branches indicated their commitment to scaling-up their activities.

In July the national society recruited a national polio project coordinator and an assistant, initially for six months initially. All detailed planning was undertaken in close coordination with the WHO at the provincial and national level. The national society clearly had a key role to play in social mobilisation and awareness-raising, as well as in the administration of the polio vaccine in the national society's existing health facilities. The Federation health program officer worked closely with the PRCS project coordinator to ensure that all provinces were covered. The estimated number of beneficiaries is 200,000 children under the age of 5.

Objective 1: Utilize the national society's profile and presence within the community to undertake active social mobilization around the NIDs and SNIDs.

Activities planned:

- Design, produce or procure polio dissemination materials such as leaflets, banners and megaphones, as well as caps and dupattas (shawls) for PRCS and non-PRCS volunteers working on the campaign.
- Mobilize 100 Red Crescent volunteers in each branch to undertake the dissemination around the NIDs.
- Coordinate through partners with other volunteers and health workers to ensure coverage in the target areas.
- Ensure media coverage of PRCS polio activities, through the national society's chief information officer.

Objective 2: Administer the oral polio vaccine through existing national society health structures.

Activity planned: Encourage all PRCS health centres that currently provide routine OPV administration to also participate and scale up during the NIDs.

Objective 3: Support the ongoing AFP surveillance activities.

Activity planned: Report speedily to the local health authorities all cases of AFP seen in the course of the national society's health activities.

Objective 4: Learn lessons from the year's activities to feed into possible planning processes for 2003.

Activities planned:

- Hold a mid-year monitoring meeting with staff and volunteers in each of the four provincial branches to discuss progress and lessons learned to date.
- Hold at year-end a national workshop to analyze the strengths, weaknesses and lessons learned from the year's activities, receive technical updates from partners and plan for possible further activities in 2003.

➤ National Immunization Days: 5-7 March, 16-18 April, October and December with Sub-NIDs tentatively scheduled for 22-24 January and August 2002.

Budget summary

See Annex 1 for details.

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All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

Jean Ayoub
Director
Disaster Management and Coordination

Didier J. Cherpitel
Secretary General

		ANNEX 1
<u>BUDGET SUMMARY</u>	APPEAL No. 07/2002	
Polio eradication: DR Congo, Congo, Ethiopia, Nigeria, Pakistan		
TYPE	VALUE	
RELIEF NEEDS	IN CHF	
TOTAL RELIEF NEEDS		0
<u>CAPITAL EQUIPMENT</u>		
Bicycles & 1 car	93'000	
Office furniture & equipment	11'000	
<u>PROGRAMME SUPPORT</u>		
Programme management	73'000	
Technical support	22'000	
Professional services	24'000	
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	100'000	
<u>PERSONNEL</u>		
Expatriate staff (5 delegates / 2 months)	100'000	
National staff	306'000	
<u>ADMINISTRATIVE & GENERAL SERVICES</u>		
Travel & related expenses	78'000	
Information expenses	124'000	
Administrative & general expenses	55'000	
External workshops & seminars	100'000	
TOTAL OPERATIONAL NEEDS		1'086'000
TOTAL APPEAL CASH, KIND, SERVICES		1'086'000
LESS AVAILABLE RESOURCES (-)		0
NET REQUEST		1'086'000