



NAMIBIA: POLIO OUTBREAK

MDRNA002
26 October 2006

INTERIM FINAL REPORT

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Period covered by this Interim Final Report¹: 16 June to 31 August 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 55,247 was allocated from the Federation's DREF on 16 June 2006 to respond to the needs of this operation. Refer to <http://www.ifrc.org/docs/appeals/06/MDRNA002.pdf> for more details.
- This operation was implemented in 2 months and was completed by 31 August 2006.

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Background and summary

The first case of polio this year was reported on 7 May 2006 in Aranos, a town in the Karas Region southern Namibia. On 6 June, the Namibian government identified the causative organism as the wild poliovirus (WPV) type 1 after tests were conducted in South Africa. The identified symptoms included lower limb weakness, paralysis, breathing difficulties, inability to walk, chest pains, sneezing, stiff neck, headache and dizziness.



Members of the community wait to be immunized against polio.

Following the outbreak, the Namibia Red Cross (NRC) responded by supporting the government's polio immunization efforts. Volunteers from the national society (NS) began mobilizing communities by disseminating information on the disease, including on how to identify symptoms so as to seek immediate treatment. To enable the NRC to effectively carry out the polio immunization, the Federation – through the regional delegation in Harare – allocated CHF 55,247 from DREF in support of the operation. With the DREF funds and in collaboration with partners such as the World Health Organization

(WHO) and United Nations Children's Fund (UNICEF), the Namibia Red Cross was able to scale up its support to the Ministry of Health and Social Services (MoHSS).

¹ This Interim Final Report is being issued with an interim financial report. A Final Report, comprising of the final financial report and this narrative report, will be issued in due course. [<Click here to go to the attached interim financial report>](#)

Namibia: Polio Outbreak; DREF Bulletin no. MDRNA002; Interim Final Report

Efforts were mainly put on social mobilization and immunization. At the end of the operation, all the immunization campaigns (which were done in three rounds) attained over 90% coverage. Community-based surveillance was rolled out through training community volunteers on case identification and referrals to medical centres. The efforts bore fruit since strengthened monitoring of cases by the government and sector agencies indicated that the last confirmed case was reported on 26 June 2006.

Table 1: Number of polio cases per region

Region	Acute flaccid paralysis cases	Confirmed wild polio virus cases	Deaths	Total number of cases
Caprivi	2	0	0	2
Erongo	4	0	0	4
Hardap	3	1	1	4
Karas	11	0	0	11
Kavango	16	0	1	16
Khomas	96	14	21	110
Kunene	7	0	0	7
Ohangwena	21	1	1	22
Omaheke	5	0	1	5
Omusati	28	2	5	30
Oshana	53	2	1	55
Oshikoto	12	0	0	12
Otjozondjupa	23	0	1	23
Total	281	20	32	301

Table 2: Cases by age groups

Age group	Acute flaccid paralysis cases	Confirmed wild polio virus cases	Total
0- 4	33	0	33
5 - 9	26	0	26
10 - 14	29	1	30
15 - 19	34	2	36
20 - 24	33	5	38
25 - 29	29	8	37
30+	94	4	98
Unspecified age	3	0	3
Total	281	20	301

Coordination

The Namibia Red Cross, in collaboration with WHO, UNICEF and government agencies, joined the MoHSS in responding to the polio outbreak. Further to facilitating the allocation of funds from DREF, the Federation regional delegation in Harare provided technical support by deploying a health delegate and a health officer to Namibia.

Various sub-committees, headed by the MoHSS, were formed at the national level to ensure coordination. The committees coordinated various components of the campaign. Partners provided support as follows:

- UNICEF and WHO supported the MoHSS with active surveillance as well as procurement of vaccines and production of information, education and communication (IEC) materials;
- The Municipality of Windhoek offered transport for those involved in social mobilization activities and assisted in the development of IEC materials;
- British Petroleum (BP) Namibia donated NAD 5,000 worth of fuel vouchers to use during the campaigns;
- Women in Action for Development (WAD) supported the MoHSS in conducting social mobilization;
- The Namibia Defence Force provided helicopters to reach remote areas;
- Other government agencies supported the MoHSS with human resources and transport.

Analysis of the operation - objectives, achievements and impact

The objective of the Red Cross operation was to provide support to the MoHSS by ensuring that communities in the six regions (Ohangwena, Caprivi, Kavango, Otjozondjupa, Kunene and Khomas region) are sensitized about the disease and are mobilized for the immunization campaigns.

More than 300 Red Cross volunteers and 30 staff assisted in the three immunization campaigns. They were active in immunization points, health centres and during house-to-house vaccination visits.

The first round (conducted on 21 to 23 June and targeting all age groups) attained a 104% coverage. The second round (18 to 20 July and also targeting all age groups) attained a similar coverage. The third and final round (22 to 24 August and targeting children aged under five years) recorded a 92% for polio and 97% for measles and Vitamin A.

NRC volunteers assisted in the administration of the vaccine as well as identifying suspected polio cases and referring them to health facilities for prompt treatment. The NS also provided 14 vehicles to transport those involved in immunization campaigns and social mobilization to areas of operation.

Red Cross volunteers conducted social mobilization on how to identify signs and symptoms of polio, including advising on where to go for assistance. They also disseminated IEC materials that contained 17,000 basic hygiene messages as well as more than 400,000 polio fact sheets, nationwide. The Red Cross also assisted with translation of polio fact sheets into five local languages and into English.

All the three immunization campaigns recorded more than 90% coverage. The success of the public education and social mobilization conducted mainly by Red Cross volunteers is the result of an effectively-run immunization campaign. The prompt response by the MoHSS, as well as the strengthened disease surveillance (both at community and health facility levels), managed to immediately bring the disease under control and to contain it within the borders of Namibia.

Constraints

- Some volunteers did not have identity bands making it difficult to identify them with the NS;
- Calculations or tallying at some vaccination points was not done well. In some cases, it was inconsistent such that officers experienced difficulties in coordinating activities;
- The maps provided were inadequate for volunteers during social mobilization activities;
- Refusal of immunization by individuals due to religious beliefs;
- It was difficult to access the flooded areas in Caprivi Region in the northern part of the country;
- Some communities in Kunene Region were not vaccinated due to bad weather conditions – it was even impossible for a helicopter to land.

National society capacity building

The coordination of the activities by NRC improved greatly in the second and third rounds of immunization. After each round, the MoHSS called meetings for planning and evaluation. The meetings were attended by MoHSS officials and all partners involved in the immunization campaigns. The meetings looked into successes achieved as well as lessons learned, so that better planning could be achieved for subsequent campaigns. Red Cross volunteers developed their social mobilization capacity through interaction with other sector agencies, MoHSS district officers and the technical team from the Federation regional delegation in Harare.



A Namibia Red Cross volunteer administers a polio vaccine during the immunization campaign.

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

[Interim financial report below; click here to return to the title page.](#)

International Federation of Red Cross and Red Crescent Societies

MDRNA002 - NAMIBIA - POLIO

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/9
Budget Timeframe	2006/1-2007/12
Appeal	MDRNA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		55'247				55'247
C3. Reallocations (within appeal)		55'247				55'247
C. Total Income = SUM(C1..C6)		55'247				55'247
D. Total Funding = B + C		55'247				55'247

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		55'247				55'247
E. Expenditure		-29'824				-29'824
F. Closing Balance = (B + C + E)		25'423				25'423

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)			0			0		
General Expenditure								
Financial Charges			887			887	-887	
Other General Expenses			596			596	-596	
Total General Expenditure			1'483			1'483	-1'483	
Program Support								
Program Support			1'939			1'939	-1'939	
Total Program Support			1'939			1'939	-1'939	
Operational Provisions								
Operational Provisions			26'403			26'403	-26'403	
Total Operational Provisions			26'403			26'403	-26'403	
TOTAL EXPENDITURE (D)			29'824			29'824	-29'824	
VARIANCE (C - D)			-29'824			-29'824		