

ANNUAL REPORT



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

AFRICA: MEASLES AND POLIO

13 April 2004

In Brief

Appeal No.: 01.46/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 4,210,000 (USD 2,888,705 or EUR 2,862,372)

Appeal coverage: 66.4% ([Click here to access the Final Financial Report](#))

Appeal 2004: Africa: Measles and Polio no. 01.50/2004 ([Click here to access the 2004 Appeal](#))

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Overall analysis of the programme

National Red Cross and Red Crescent Societies were able to actively plan and implement supplemental immunization activities in 18 countries using donations received through this Appeal. To eradicate polio, more than 10,000 volunteers were mobilized to conduct social mobilization activities targeting more than 50 million children aged below five years. More than 14,000 volunteers targeted 9 million children between the ages of 9 months and 14 years of age for immunization against measles to reduce the mortality rate. Funds from Canadian Red Cross were used for an integrated pilot project implemented in Zambia that linked the measles campaign with insecticide treated nets (ITN) to prevent malaria, deworming and vitamin A administration. As the visibility and credibility of the International Red Cross and Red Crescent Movement increases at international, regional and national levels, there has been a greater call from partners for greater participation in priority activities. Priority activities for 2004 include greater response to eradicate polio, expansion of the integrated campaign opportunities and national society participation in supplemental immunization activities for measles beyond Africa; this Annual Report includes activities implemented throughout the world.

The Context

Great strides were made to eradicate polio in 2003. However, there were some setbacks which led to the diversion of attention and resources from the Appeal to the fight against a polio outbreak which was spreading from Nigeria to neighbouring countries. The outbreak put 15 million children at risk in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Niger and Togo. Despite increasing efforts by Nigerian Red Cross Society and others partners, Nigeria has overtaken India as the country with the highest polio prevalence in the world. Over 300 cases were reported between January and December 2003. The country accounts for almost 50% of all WPV cases globally. Kano state has the highest number of cases followed by Kebbi, Katsina, Jigawa and Kaduna. Cases have been reported in 23 out of the 37 states with polio virus from the Northern states re-infecting previously polio-free states such as Lagos and Ogun states in the South.

Ministers of Health from six polio-endemic countries namely Bangladesh, India, Nigeria, Egypt, Niger and Afghanistan have unveiled a bold new plan to immunize 250 million children multiple times during a series of massive polio immunization campaigns in 2004. This strategy is aimed at cutting short polio transmission by the end of the year.

Efforts to reduce the measles mortality rate in efforts in Africa are showing positive results. More than 116 million children have been vaccinated over the last two years and the estimated number of annual deaths has reduced by 170,000 - 35%. At the WHO/UNICEF meeting held in Cape Town in October 2003, the Cape Town Declaration called upon the 45 countries which account for 95% of all global deaths from measles to adopt the measles strategy. Governments and other partners were called upon to develop strategies to increase routine immunization coverage while the national societies are being looked upon to play a bigger role in the immunization activities.

Red Cross and Red Crescent Action

POLIO

Bangladesh

For five days in May 2003, about 1,800 Bangladesh Red Crescent Society volunteers went out across the nation (600 in Dhaka city) to strategic points such as train stations, bus stations and key crossroads searching for the most vulnerable children. Volunteers worked in teams of ten with each member carrying their own cold box containing the polio vaccines for on-the-spot vaccination. In many cases, families that missed the national immunization day in their village due to lack of transport appreciated the national society volunteers for providing mobile vaccination points.

India

In 2002, the polio eradication effort in India suffered a major setback with a large scale outbreak in Uttar Pradesh state (UP) and transmission into neighboring states and in previous polio-free states, like Gujarat. In comparison to earlier polio eradication activities which were inconsistent and rather sporadic, the Indian Red Cross Society involvement in the anti polio campaign in 2003 has been systematic and has coordinated the national campaign activities. In August – September 2003, WHO, UNICEF, the national society and the Federations Senior Health Officer in Geneva discussed the role of Red Cross volunteers in the anti polio campaigns. The role of volunteers was redefined and coordination with the local administration and the Ministry of Health (MoH) has improved considerably. The national society's involvement has been planned in line with the national immunization campaign plan.

The Red Cross volunteer guidelines for polio campaigns, work plans and reporting requirements were finalized through a planning workshop in October involving the state and district branches of Gujarat, Bihar and West Bengal. A similar workshop was organized in December for the same purpose with the involvement of two other states, Andhra Pradesh and Karnataka, to review the previous campaign activities in November. The MoH, WHO and UNICEF representatives actively participated in the two workshops which helped shape the role of the Indian Red Cross and improved coordination with the partners.

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The involvement of state and district branches and Red Cross volunteers increased during the national campaigns. The Indian Red Cross' local branches participated in task force planning meetings at the district level. In Gujarat, Patan, Banaskantha, Rajkot, Kutch, Surendernagar and Jamnagar district were actively involved in the campaign from September 2003. The Ahmedabad city branch, besides covering the urban slums, also engaged their volunteers to target likely 'missed' children in the bus stands, railway stations and people living on pavements in 13 districts. In September to November, 3,352 volunteers vaccinated 349,288 children. In West Bengal 24-Paraganas and Murshidabad districts have been consistently active in mobilizing a large number of volunteers and have targeted the slum and rural population. In November, 1,030 volunteers vaccinated 349,288 children. In Bihar, the volunteers took part in the November campaign in two districts. However, the branch's involvement of the Red Cross volunteers was not consistent with the other national society's branches in other states. The volunteers conducted a door-to-door campaign on the immunization day in November.

Coordination with partners has improved at headquarters and district branch levels. MoH, WHO and UNICEF representatives have participated in the planning workshops organized in Delhi for the state and district branch secretaries. At the district level, branch representatives often participated in the district task force meetings prior to the immunization day. The Red Cross volunteers have been part of the immunization teams formed by the task force at the district levels; their efforts have been recognized and appreciated by the local health authorities.

In January and February 2004, the Indian Red Cross will participate in the immunization campaigns for Gujarat, West Bengal and Andhra Pradesh.

Nigeria

In 2003, the [Nigerian Red Cross Society](#) participated in the inter-agency coordinating committee (ICC) meetings, the national social mobilization committee (NMSC) meetings, national planning, training and debriefings on sub-national immunization days and mop-up exercises. 5,510 volunteers mobilized approximately 44 million children aged below five years during the six rounds of sub-national immunization days (SNID) in 2003.

Over 3,000 volunteer field guide materials were produced and distributed. Umbrellas, T-shirts were also produced and distributed to volunteers to increase the visibility of the national society. The materials have proven to be very useful for Red Cross volunteers and the field guide is the only available communication tool for local communities. National training of 20 branch secretaries in the north (polio endemic states) and step-down training was conducted for 422 local Government area team leaders (coaches) in the 20 polio endemic states.

The national society participated in six rounds of SNID conducted in January, March, April, September, October and December 2003. The national society also participated in the Mop-ups conducted in seven states. A total of 49,459 community and religious leaders were sensitized by the Red Cross volunteers. 25,766 community and religious leaders were reached in Kano alone during the SNID in January 2003.

The campaigns have:

- Strengthened the national society's community volunteer base in communities that are hard to reach
- Enhanced the image and increased awareness of the fundamental principles of the International Red Cross and Red Crescent Movement amongst traditional, religious and community leaders
- Increased coverage, demand and awareness on oral polio vaccine and routine immunization in the communities
- Strengthened the national society's relationship and partnership with government, UN agencies, NGO and local communities.

The most significant challenges during the period were:

- The postponement of SNID and NID
- Opposition of the anti-polio campaigns by some religious and traditional leaders
- Irregular and postponement of ICC, NSMC and other planning and coordination meetings
- Increasing number of wild polio virus cases resulting increasing number of endemic states against the areas earlier planned for
- Postponement of SNID in Kano, Kaduna and Zamfara states.

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Burkina Faso

The government initiated an aggressive campaign to minimize endemic transmission of polio in Burkina due to the resurgence of polio in the country. The MoH called on [Burkinabe Red Cross Society](#) to support social mobilization to combat the outbreak of polio because the national society continuously participated in the interagency coordinating committee. In the seven health districts, the national society mobilized 210 volunteers, seven supervisors, 14 provincial coaches, one coordinator and three national supervisors for this effort in December. More than 8,100 families were visited and 73,789 children received the polio vaccine as a result of volunteer efforts.

Afghanistan

The Afghan Red Crescent Society supported MoH vaccinators during six polio eradication activities in 2003. In the December SNID, the national society provided social mobilization and reached out to more than 3.4 million children aged below five years. The national society's clinics provided 86,177 doses of diphtheria, polio, tetanus (DPT) and polio up to end of September 2003 and an additional 23,248 third dose of DPT and polio.

Niger

The [Red Cross Society of Niger](#) continues to work closely with the MoH to eradicate polio. During the October and December 2003 campaigns, the national society supported seven districts with 15 health centres. During each round, 422 volunteers and supervisors were mobilized. As a result of these efforts, 81,238 children aged below five years were vaccinated in October and a further 74,659 in December 2003.

Egypt

Although the national society participated in the campaigns in the spring and fall of 2003, no final report was received at time of this publication.

MEASLES

The campaign in Senegal was supported outside the measles partnership in conjunction with UNICEF. The national society mobilized more than 70 volunteers for social mobilization activities in Thies district, to advise mothers or guardians of children to be vaccinated; they also helped organize vaccination post logistics of which 9,198 children were vaccinated against measles. The [Senegalese Red Cross Society](#) also mobilized 235 volunteers for activities in Dakar, Kaolack, Kolda, Djourbel, Louga, and Ziguinchor reaching out to a total of 257,490 children.

Rwanda

The campaign was conducted outside the measles partnership in conjunction with UNICEF. In February 2003, the [Rwanda Red Cross Society](#) participated in the measles campaign as a result of their collaboration and planning with the in-country partners over the previous months. The volunteers registered children, organized the vaccination posts, administered Vitamin A, sensitized the parents and traced children who had missed the immunization sessions during the campaigns e.g. street children. The 2,456 volunteers involved reached out to three million children more than 95% of the children in Rwanda.

Côte d'Ivoire

Measles outbreaks occurred in some countries in West Africa, particularly in Burkina Faso because of the conflict in Côte d'Ivoire and population movement. In response to the emergency situation, the [Red Cross Society of Côte d'Ivoire](#), the MoH, WHO, UNICEF and the ICRC through the inter-agency coordinating committee carried out a measles vaccination campaign with vitamin A supplements in the areas most affected by population movement, the buffer zones and conflict areas. The campaigns targeted more than one million children with activities targeting six districts in November and seven districts in December 2003. 300 volunteers in three districts were involved in the campaign. The national society enlisted 22 religious leaders, 34 traditional and political leaders and nearly 58,000 mothers through social mobilization to ensure high coverage. More than 286,000 children were registered prior to the campaign. Overall, the national coverage for the campaign was reported at 85%; however, in the three districts where the national society was engaged, coverage rates were 95% (Bouaflé), 96% (Zuénoula) and 98% (Sinfra). The MoH formally recognized the work of the national society

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because of their strength in community mobilization and have been invited to play a key role in the 2004 polio eradication efforts.

Angola

The campaign in Angola was also conducted outside the measles partnership but in conjunction with UNICEF. During the three phases of the National Vaccination Campaign against measles, from April 21 to May 19, over 1,459 volunteers from the [Angola Red Cross](#) worked in 18 provinces and more than 78 municipalities in social mobilization, supervision, vaccination and vitamin A administration. In-country coordination meetings resolved that the national society supports the campaign at national level through its volunteer network because of its presence in more than 78 of the 165 municipalities.

The initial phase focused on schools and children in urban settings. The Angola Red Cross mobilized volunteers to support the vaccination in school and provide social mobilization in the communities surrounding the health posts. Over 20 vaccination staff were national society volunteers. During the second phase, the campaign took place at the health posts in the urban areas. Vaccination was done in 21 health posts in nine provinces where 23,270 children were vaccinated. During this phase national society volunteers were among the 42 vaccination staff and 82 Vitamin A administrators. The final phase of the campaign consisted of mobile teams with more than 1,300 volunteers in 18 provinces. A total of 94,235 children were vaccinated during this phase.

Building on the momentum from the measles activities, two “post-campaign” initiatives were launched by the national society. Under the direction of the national malaria control program and in collaboration with WHO and UNICEF, the objective in 2004 is to strengthen preventive services in communities surrounding the health posts to prevent possible malaria crisis in five provinces through community based malaria prevention and health promotion activities. The national society’s educational activities will be complemented by the supply of longer-lasting ITN as needed by the target population and to the extent possible in five provinces, namely; Moxico, Kwanza Norte, Benguela, Bie and Huambo.

The second project will focus on strengthening preventive services in communities surrounding the national society health posts to prevent common diseases in Benguela, Bié, Bengo, Cabinda, Huambo, Kwanza Norte, Kwanza Sul, Luanda, Uige and Zaire provinces. This project will promote [ARCHI 2010](#) strategies and kit tools with provision of community based health care and education activities to build and expand the capacity of the provincial branches.

Zambia

The [Zambia Red Cross Society](#) supported the central board of health with social mobilization in June through the district health management teams (DHMT) in Chiengi, Kabwe, Kapiri-Mposhi, Kafue, Mufulira, Mansa, Mporokoso and Kaputa districts. The Zambia Red Cross, the Federation’s Regional Delegation in Harare, WHO, UNICEF, Netmark, Population Services International (PSI), Right to Play and many others took part in the planning and implementation of the anti measles campaign.

In addition to the measles vaccination, Vitamin A and mebendazole (deworming medication) were administered to all children aged below five years. ITN were distributed to more than 82,000 children aged below five years and pregnant women in five districts. The Zambia Red Cross mobilized 1,648 volunteers at community level; four volunteers worked in each vaccination post and were supervised by 116 coaches and eight district focal persons. More than 1.2 million children were pre-registered prior to the campaign.

A post-campaign survey was performed in key points of all the districts; survey results showed that coverage reached 90% during the first month of the measles vaccination and ITN distribution. The coverage of vitamin A administration and the distribution of mebendazole was more than 80%. The coverage of the vitamin A and mebendazole administration was more 80%. Pre-campaign inequities in ITN ownership were eliminated in four of the five districts; both direct distribution and vouchers were effective methods of ITN delivery. The operational costs for supplying a net to a child ranged between USD 0.24 and USD 0.49 for direct distribution and USD 1.76 in the voucher district. The six month survey done in December 2003 indicates that more than 97% of the eligible households were observed to have ITN while 70% reported that a child aged below five years had slept under an ITN the previous night.

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Eritrea

The [Red Cross Society of Eritrea](#) is a member of the national expanded program for immunization technical group. In the 2003 campaign, the national society provided social mobilization support in partnership with the MoH, WHO, UNICEF and other organizations. The overall campaign target was 1.3 million children with the national society mainly focusing on the 11 sub-zobas with a target population of 139,577 children. 34 volunteer facilitators and 448 volunteers in the communities using a coaching system for volunteer networks took part in the mobilization. Volunteers conducted house-to-house social mobilization which reached out to 130,012 children. At the vaccination posts, the volunteers controlled the people, were ushers, registrars and vitamin A administrators.

Ethiopia

In October 2003, [Ethiopian Red Cross Society](#) mobilized 260 volunteers and 40 volunteer coaches to participate in social mobilization activities to help immunize 179,000 children living in Basonawerana woreda, North Shoa zone of the Amhara region and Woliso woreda, South West Shoa zone of Oromia region. One of the primary objectives was to focus on those children who had not received any vaccination prior to the campaign and ensure they were vaccinated; nearly 50% of the children aged between nine and 23 months received their first measles vaccination during the campaign.

Uganda

The [Uganda Red Cross Society](#) has long been recognized as an important partner in country and has been part of the interagency coordinating committee. The national society was part of the initial measles campaigns in 2001, the response to an Ebola outbreak and supported routine immunization activities. As a result of their outstanding work, funding for the national society to participate in the 2003 campaign was provided in country. The Uganda Red Cross participated in the 12 districts of Apac, Lira, Nakasongola, Luwero, Pallisa, Soroti, Katakwi, Kumi, Mbarara, Bushenyi, Ntungamo and Kabale. The role of the national society was to supplement the district efforts in implementing social mobilization. 271 sub-county coaches, 1,573 parish volunteers and 2,050 vaccination post volunteers took part in the mobilization and helped the MoH immunize 3.4 million children.

Sierra Leone

The [Sierra Leone Red Cross Society](#) participated in a two-phase campaign of ten days each to vaccinate all children aged below 15 years. The two campaigns strengthened the capacity of the national society branches and enabled them to fully participate in the social mobilization activities for the measles campaign in collaboration with the district health management teams with more 577,402 children out of which 90% were vaccinated. Volunteers mobilized mothers and caretakers to the immunization points, received them warmly and helped them to queue up and assisted them prepare their children for the vaccination. They used the bicycles to collect drugs from the district cold rooms for the vaccination teams. The volunteers tracked defaulters and brought them to the centres for immunization. In total, 1,140 volunteers, 33 supervisors and 880 members of mother's clubs participated in the campaign which reached out to 92,616 households in 471 communities.

Guinea

In November 2003 the [Red Cross Society of Guinea](#) focused on the prefecture of Boke to reach out to all children aged below 15 years. The national society took part in the planning meetings for the measles campaign and has benefited from increased collaboration with the MoH. In reference to ARCHI 2010 strategy which is the basis for the intervention, 200 volunteers and three supervisors focused on ten sub-prefectures. Of the 62,510 children who were eligible for vaccination, 99.98% were vaccinated.

The Gambia

During the initial planning for the campaign, the [Gambia Red Cross Society](#) was to focus on four divisions. However, at the request of the department of State for Health, this was revised and the national society covered the entire country. Additional funding for this expanded coverage was provided by the department. In total, 740 volunteers and 36 supervisors were mobilized to raise community awareness prior to the campaign and to provide assistance to the vaccination teams. In five days, 75% of the households were reached and children were registered. At the vaccination posts, volunteers helped in registration, vitamin A administration, crowd control and follow up on children who did not come for vaccination. The national society capacity was strengthened through volunteer training in social mobilization, training of coaches, provision of equipment and bicycles for

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branches for use during future campaigns and re-enforcing community-based first aid training skills. Coverage was high and the role of national society volunteers was recognized nationwide.

Global Alliance for Vaccines and Immunizations (GAVI)

The Sierra Leone Red Cross Society, represented by its President, has been on the GAVI board as the NGO representative from 2002 for a two-year term. The American Red Cross and the Federation Secretariat in Geneva provided administrative and technical support. In most countries, national societies are well placed to work with a multitude of partners to understand the concerns of NGO in the field, and to represent the issues of civil society to the global policy-making bodies of the GAVI Board.

To date:

- The NGO representative participates in all scheduled GAVI board meetings and teleconference calls.
- Formal and informal contacts have been made with key interested NGO to represent their views and concerns when relevant items are being discussed by the GAVI board particularly regarding the participation of NGO in decision-making processes. This has opened doors for further discussions on options and mechanisms for NGO to participate as implementing partners in social mobilization activities to improve coverage of routine immunization services and to be considered for possible vaccine fund support.
- In July 2004 the American Red Cross will host the GAVI board meeting and a proposed NGO Forum.
- Discussions are in progress for the selection of interested NGO which might be proposed to the GAVI board to take over the NGO representative seat in 2004.

Constraints

In 2003, there was significant effort to ensure that national societies are part of the in country planning process to allow for timely and thoughtful planning. To achieve best results, this calls for support from the other partners such as MoH, WHO and UNICEF. This was a success and funds to support the efforts of national societies were allocated in time. There were situations where the planning process was delayed or the response was a reaction to an outbreak where the funding was late in arriving and presented a potential barrier for the national society operations.

The development of networks of community volunteers has been very strong for the campaigns; however, the momentum gained and partnerships formed during the campaigns have not been used for longer-term activities. Although funding for the third component of the measles Appeal, "Strengthening of the ARCHI 2010 Approach", did not materialize and emphasis by the national societies to continue working on priority activities were not fully pursued. One of the most important roles that the national societies can play after a campaign is to continue the emphasis on routine immunization in the communities. This will be one of the key messages in 2004.

The effectiveness of national societies' social mobilization efforts must be assessed in terms of its added value to the overall supplemental immunization activities and in follow-up. Comparing coverage data between those areas where the national societies worked and did not work is was not an appropriate measure for measles because national societies traditionally work in hard-to-reach areas. Such an assessment was conducted in Ghana for the Mother's Clubs work in Guinea worm eradication. Using comparison districts, there was a 36% reduction in Guinea worm disease from 2002 in Red Cross districts while there was a 56% increase in those districts without the Ghana Red Cross involvement. For measles in 2004, there will be a structured survey of the effectiveness of the national societies social mobilization in one major campaign.

Conclusion

Participation of national societies in the polio and measles campaigns has re-energized the volunteer networks and increased their visibility and credibility. Branched capacities have been enhanced for the short term. The national societies are now being called back by the MoH to assist in other activities. Funding is provided to support their participation and in some cases, external funding is given to support ongoing high priority activities. The challenge is how to make these interventions standard Movement interventions.

The International Red Cross and Red Crescent Movement is recognized as a global leader and advocates for major partnerships and initiatives. American Red Cross led the measles partnership in Africa while the Canadian Red Cross provided resources to support the integrated campaigns in Zambia. More partners recognize the unique

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role the International Red Cross and Red Crescent Movement plays in facilitating action on major public health issues. The polio eradication partnership has asked the Movement to play an increasing role to check outbreaks in India and West Africa while communities prone to malaria look upon the movement to provide ITN to all children aged below five years. Again, the challenge is how to make these interventions standard Movement interventions.

The Movement has been an important partner reaching out to households with its unique strength of house-to-house mobilization. Efforts of thousands of Red Cross volunteers have helped in the vaccination of over 110 million children against measles over the last two years. In addition, the volunteers provided social mobilization for millions of children aged below five years to reduce polio to its lowest levels ever and launched a major effort to prevent malaria.

Final Financial Report

In 2003, the national societies developed their plans in consultation with other partners through the inter-agency coordinating committees. With the support from this Appeal, the national societies were able to work with the partnership and ask “How can we help?” In Uganda and the Gambia, the partnership funded the national societies to complement the needs of the national plan.

As noted earlier, the “outbreak” of polio in previously polio-free countries has necessitated that additional allocations be planned for in 2004 and provide ongoing support to polio campaigns in Nigeria and Niger.

Part of the unexpended balance is as a result of last minute changes in national society participation in the campaigns. In Ethiopia, one district was dropped and this balance was carried forward to 2004 for the March measles campaign. In Nigeria the national immunization days were cancelled by the MoH during the last quarter the money which had been set aside of this activity was carried forward to support the activities in the first quarter of 2004. Other unexpended balances are remnants from the seven the polio and measles campaigns that took place in late November and December 2003.

As with previous Appeals, an unexpended balance was maintained to allow for the response to critical activities in the first quarter of 2004.