



## ***POLIO ERADICATION CAMPAIGN: AFRICA, MIDDLE EAST/NORTH AFRICA, AND ASIA/PACIFIC REGIONS***

**Appeal no: 28/00**  
**27 September, 2000**

***THIS APPEAL SEEKS CHF 7,905,601  
IN CASH, KIND AND SERVICES  
TO ASSIST 14,000,000 BENEFICIARIES FOR 9 MONTHS***

### ***The Situation***

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 existed in over 125 countries on five continents, and more than 350,000 children were paralysed 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 Immunisation 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 Brundtland, Director-General of the World Health Organisation (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 Centre for Disease Control and Prevention (CDC), and UNICEF.

The partnership of the International Federation will bring 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 is already engaged in worldwide health programmes, specifically with the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010 which is intended to respond to the existing needs and to improve access to health of the most vulnerable in Africa, the Visiting Nurses Service (VNS) in Russia comprised of 2,000 nurses who operate medico-social centres which give easier access to basic health care for vulnerable persons, as well as a TB campaign and HIV/AIDS/STD's initiatives in Africa and elsewhere.

The Federation joins 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 immunised; 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 support, including "Stop Transmission of Polio" (STOP) teams (in collaboration with the WHO).

This campaign provides 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 extinct). The sharp drop in cases and the number of countries reporting polio provides an indication that the Eradicate Polio 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 will be 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 organisations, 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.

## *The Needs*

### **Needs Assements •**

In August and September, 2000, consultants were hired to carry out needs assessments and draft Plans of Action in Chad, Ethiopia, Liberia, Niger, Nigeria Sierra Leone, Somalia and Sudan. Federation health delegates also carried out assessments in Angola, the Democratic Republic of Congo, the Republic of Congo, and Iraq. While preliminary assessments have been carried out in Afghanistan and Bangladesh, this appeal seeks resources to undertake full assessments in five countries of the region. One of the primary responsibilities of the assessment Terms of Reference (ToR's) was to meet with Interagency Co-ordinating Committee (ICC) members (MoH, WHO, CDC, UNICEF, and Rotary International) to determine the unmet needs of polio eradication and identify specific activities and geographic regions where the Red Cross Movement can make a difference in furthering the cause of polio eradication. Plans of Action (available upon request) were drafted from the assessment reports.

### **Needs •**

The most immediate need of the program is to mobilize 85,000 volunteers to carry the information campaign to the people in the 11 countries involved. Of the 73.7 million children under five years of age the Red Cross will reach approximately 20 % or 14 million beneficiaires.

The Red Cross and Red Crescent will contribute 50,000,000 doses of Oral Polio Vaccine enough to supply 12,500,000 children with four doses each, spread over the next four National Immunization Days.

## *The Proposed Operation*

**Goal:** Complete global eradication of the virus by the year 2005 is the ultimate goal of the program. In the initial phase of Federation involvement we will contribute positively to achieving 100% vaccination of children under age five in each of the 11 countries involved.

**Objectives (applicable in all countries):**

- To further develop National Societies' capacity to conduct awareness and social mobilisation activities for polio eradication and other community based health programs.
- To increase National Societies effectiveness as a source of Acute Flaccid Paralysis (AFP) Surveillance at the grass roots level.
- To strengthen collaboration and co-ordination between National Societies ICRC, Federation, WHO, UNICEF, Rotary, Ministry of Health and other actors involved in polio eradication.
- To 'step-up' and accelerate National Societies involvement in the activities related to National and Sub-national immunisation days (NIDs and SNIDs).
- To provide lessons learned in 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 programme partners, and support to the National Societies involved.
- To provide fifty million Oral Polio Vaccines to the global partnership.

**Indicators •**

- The WHO, UNICEF, and Ministry of Health indicators for OPV coverage during previous NIDs will be used as a baseline data to measure the impact of Red Cross and Red Crescent accelerated involvement. Success will be judged on the ability of the Red Cross and Red Crescent volunteers to improve coverage rates.
- In regions where the National Societies participates in AFP, 80% of AFP cases achieve the two adequate stool specimens taken within 14 days of the onset of paralysis.
- National Societies (and Federation Delegations where appropriate) are recognised as fully participating and valued members of the ICC.
- Immunisation campaigns are fully integrated into Country Assistance Strategies (CAS) and health programmes in all countries.
- Future participation in immunisation campaigns are designed and carried out.

## *Africa*

**Chad •**

The Red Cross Society of Chad is organised in a decentralised system, based on village cells up to the regional committee level. There are currently 10,900 active members and over 9,600 trained volunteers. The Society has been participating in the National Immunisation Day programme since 1996, involved in planning, distribution of information and special mobilisation (e.g. radio and door to door), vaccination of targeted populations, and identification of non-vaccinated children. The National Society has been active in 14 health zones (prefectoral) over the past five years. In April 2000 the National Society participated in a successful Federation-supported vaccination campaign against meningitis.

**Activities:**

- *Social Mobilisation:* training of 3 people per regional committee in social mobilisation techniques. Provision of promotional materials and volunteer incentives. Two megaphones will be purchased for each committee. Five bicycles per prefecture will allow volunteers to extend their social mobilisation range. Volunteers will actively circulate in the districts prior to the NIDs in order to create awareness of the vaccination campaign. Volunteers will travel door to door to spread the information and theatre groups will perform for various organisations to further spread the word. 45 volunteers will be trained in supervision and evaluation of the volunteers.
- *Acute Flaccid Paralysis (AFP) Surveillance:* 2 people per regional committee will be trained in AFP surveillance in order to assist the Ministry of Health in identifying zones where the virus continues to circulate.
- *Logistical support:* The National Society will provide ice boxes and vaccine carriers in order to help assure a proper cold chain and delivery of vaccines.
- **National Immunisation Days: 20-25 November 2000, 20-26 January 2001, 9-14 April 2001, 14-19 May 2001.**

### **Republic of Congo •**

Prior to the civil war in Congo-Brazzaville, the Congolese Red Cross (CRC) was considered an effective collaborator with the Ministry of Health in vaccination campaigns in the country. With the disruptions caused by the war, most health and civil institutions were rendered impotent. Despite the constraints however, the Red Cross continued to assist vulnerable people throughout the conflict. In the past two years and in collaboration with the Federation Delegation, 561 first aid volunteers have been trained in Community-Based First Aid (CBFA) and relief work. These trained volunteers have worked under the supervision of the ICRC in various relief operations and are prepared to make a difference in this polio eradication campaign. Trained volunteers are in place in the following 8 regions of the country: Brazzaville, Pointe-Noire, Pool, Niari, Cuvette Centrale, Bouenza, Lekoumou, and Likouala. All have been trained in IEC techniques, community sensibilization, and identification of community priorities.

#### **Activities:**

- *Social Mobilisation:* Three weeks before the planned NIDs 500 trained volunteers will conduct weekly information sessions on polio and vaccination. Each volunteer will reach fifty heads of family to reach a total of 25,000 families. In the week immediately preceding the NID, the volunteers will again visit the family heads to prepare them to attend vaccinations day. During the actual immunisation day, the volunteers will make house to house visits to encourage mothers to bring their children to the vaccination sites.
- *Oral Polio Vaccination (OPV):* Given the rapidly approaching dates of the NIDs planned in 2000, it will be difficult for the CRC to participate in actual vaccinations. In 2001 however, the Federation and the CRC will conduct training in vaccination procedures so that CRC will be in a position to assume lead agency responsibilities in vaccinating infants in the most inaccessible regions of the country (such as the Central Cuvette Region along the Congo river). This region contains 103 villages and another 75,000 beneficiaries.
- *Logistical support:* The CRC and Federation will be able to provide logistical support in Niara the Pool Pointe-Noire and Brazzaville.
- **National Immunisation Days: 29-30 September, 1 -3 October 2000, 27-31 October 2000.**

### **Democratic Republic of Congo •**

Throughout the country the Red Cross of the Democratic Republic of Congo can count on volunteers trained in social mobilisation. The Ministry of Health frequently uses these experienced volunteers to carry out vaccination campaigns. The society has an estimated 70,000 active volunteers, including 3,000 in Kinshasa. In a country torn by war the mobilisation of volunteers in an orderly campaign is admittedly difficult, and the mobilisation of a war traumatised population even more so. The provinces of Oriental,

Kassai Oriental, South Kivu, North Kivu, Katanga, Maniema and Kassai Occidental are considered conflict areas and will pose special challenges. To the extent possible, the ICRC will work with the Provincial Committees in these areas. The Federation Delegation proposes to support the National Society in the remaining provinces of Bandudu, Bas Congo, and Kinshasa.

**Activities:**

- *Social Mobilisation:* Volunteers will disperse throughout the three provinces to teach and explain the necessity of vaccinations, assure awareness of the dates and places of vaccination, and assist the people to reach the vaccination centres. In addition they will help convince parents reluctant to vaccinate their children for cultural or religious reasons of the need for vaccination. Volunteers will notify local health authorities when parents refuse to vaccinate their children.
- *AFP Surveillance:* As members of the community, volunteers are uniquely placed to identify children who are victims of the disease and bring these cases to the attention of the ICC.
- *OPV:* In those branches with trained medical personnel, the National Society will assist in actual door to door vaccination of infants, in local market places, and in isolated villages.
- **National Immunisation Days: 1 October 2000, 1 November 2000.**

**Ethiopia •**

Ethiopia is one of the six remaining polio virus “reservoir” countries. In October 1999 and March 2000 wild polio virus type 1 (‘indigenous’ to Ethiopia) was isolated from two children with AFP living in the central part of the country only 30kms apart. This indicates a continued type 1 polio virus circulation in a much wider area. The Ethiopian Red Cross Society (ERCS) has been involved in immunisations since 1989 and in polio eradication since 1996. Ethiopia’s Ministry of Health established the Extended Programme for Immunisation (EPI) in 1980, and conducted their first NID in November and December, 1996 targeting nine major towns immunising a total of 250,000 children. Between 1997 and 1999 three NIDs were conducted. The report from these exercises compliments ERCS involvement, indicating that ERCS has the capacity to be an important player in the efforts to eradicate polio in Ethiopia. Furthermore, there are important opportunities to increase already existing capacity. Taking into account the overall goal of the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010, as well as the Ethiopian Red Cross “Comprehensive Development Plan”, the ERCS Plan of Action for Polio eradication is as follows:

**Activities:**

- *Social Mobilisation:* In all 31 branches the ERCS will be conducting the following activities: house-to-house sensitisation; raising awareness through social groups and community leaders; use of school clubs; mini-media campaigns; training and orientations on social mobilisation; and advocacy at all levels.
- *AFP Surveillance:* Five branches will be selected among the 10 that presently have been exposed to AFP surveillance training. Some 300 surveillance volunteers will be involved in each one of these five branches. Activities to surveillance include: training of volunteers in AFP surveillance, in close co-ordination with the Ministry of Health and WHO; house-to-house visits; contacts with traditional healers; monitoring of ‘holy water’ sites; awareness raising at health clinics, markets and other social gathering places; integration of AFP surveillance into ongoing ERCS activities.
- *Logistical support:* Wherever the ERCS has vehicles, a limited provision of transport during NIDs will be given to Ministry of Health professionals and to other partners involved in the NIDs. While this is not a new activity, it has been conducted in the past and will be accelerated in the coming months.
- *OPV:* Using the lessons learned from the forthcoming November 2000 NIDs, the ERCS will train their volunteers in OPV vaccination in order to assist with the Ministry of Health’s existing gap. Furthermore, this will allow Red Cross volunteers to provide the OPV during the SOS activities.

- **National Immunisation Days: 17 November and 15 December, 2000. Additional SNID's will take place in March/April 2001.**

## **Liberia •**

Liberia is one of the last countries in the West African sub-region to conduct NIDs for the eradication of Poliomyelitis. The first two rounds of NIDs were held in January and February, 1999. In spite of the high coverage achieved, the Interagency Co-ordinating Committee believed there were still pockets of children left out during NIDs, especially in hard-to-reach areas. This led to the introduction of a dual strategy: traditional fixed site vaccination, and house-to-house vaccination in all three rounds of NIDs conducted in January, February and March, 2000. Again, coverage was high but a detailed examination of district performances revealed some areas with coverage far short of the 100% threshold. For example, in Round 1, 27 districts had coverage below 90%; this was reduced to 17 districts in Round 2, and 15 districts in Round 3. Most of these districts are found in Maryland, Grand Kru and Sinoe countries. Through major strides taken by Liberia, the country is still classified amongst the polio endemic countries of the world because of high virus transmission. The Technical Consultant Group for Polio Eradication met in Geneva in May, 2000 and recommended that synchronised NIDs should be conducted in all countries in the West African sub-region. This recommendation has been welcomed by the Interagency Co-ordinating Committee, and Liberia is poised to conduct NIDs simultaneously with other West African States in October and November, 2000. The Liberian Red Cross Society (LRCS) and the Federation will concentrate its activities in the Maryland and Grand Kru Counties.

### **Activities:**

- *Social Mobilisation:* Meetings in each county will take place with religious leaders, traditional leaders, teachers and students, market women and key women opinion leaders. A total of 12 training sessions will be held. School quiz competitions will be organised in county schools concerning polio eradication. National Immunisation Day Marathons will be held in each county. In the week before and during the NID, announcements and promotions will be made in all village chiefdoms and districts. The Red Cross will distribute promotional material throughout the counties.
- *AFP Surveillance:* 50 volunteers will be trained in AFP surveillance, 25 in each county.
- *Logistical support:* The Red Cross will provide logistical assistance for the distribution of materials and vaccines in the counties. Bicycles will be provided for the Red Cross volunteers to disseminate information and promote the program. Megaphones will be provided for use during the NIDs.
- *OPV:* 380 vaccinators will be trained, 220 in Maryland county and 160 in Grand Kru.
- **National Immunisation Days: 16-20 October, 20-24 November, 2000.**

## **Niger •**

As in many other African countries, National Immunisation Days for polio were initiated in 1997, and in that year two sets of NIDs were held. In 1998 and 1999 three rounds took place, the third of which also included the administration of vitamin A. During 2000, four rounds were planned; rounds one and two are already completed (May and June). The NIDs in Niger are co-ordinated with the surrounding countries. The campaign is strongly supported by the Ministry of Health and endorsed by the Head of State. Despite the commitment, eradication of polio in Niger is far from being realised. While overall coverage in the country was high (106%) there remains pockets of very low coverage, notably in the Communes of Agadez (88%) and Arlit (83%), and even in the capital of Niamey coverage only reached 73 % in commune III during the latest NID. Alarmingly, 61 polio cases were reported in the country during the first 8 months of 2000. Like many Sahelian countries the vaccination campaign faces numerous difficulties in Niger. The vast size of the country, the inaccessibility of many regions, the nomadic life style of large segments of the population, and religious and cultural constraints against vaccination combine to make Niger one of the most challenging countries for the eradication effort.

### **Activities:**

- *Social Mobilisation:* The Niger Red Cross Society (NRCS) will concentrate its efforts in the 24 districts in the country where coverage has proved the most difficult and thus the results are lowest.

First steps will include training of over 800 volunteers in social mobilisation and planning for the NIDs.

- *AFP Surveillance:* Training will be conducted in the 24 districts in AFP surveillance and reporting.
- *OPV:* Volunteers will be trained in administration of the vaccine and will assist in door to door vaccination efforts during the immunisation days.
- **National Immunisation Days: 19-23 October 2000, 23-27 November, 2000.**

### **Nigeria •**

The “*Kick Polio Out Of Africa Initiative*” was inaugurated in Nigeria in 1996, and subsequently followed with NIDs. Since 1997, all NID Oral Polio Vaccine rounds have reached over 80% of the target population calculated on the 1991 population census. Although polio eradication efforts have been successful in reaching a large proportion of the children as shown by an improved AFP surveillance in 1999, wild polio virus is still being detected in most geographic areas of Nigeria, thus making Nigeria one of the remaining reservoirs of the wild polio virus in the world. The Nigerian Red Cross Society (NRCS) has been actively involved in immunisation activities since 1994-1995, including participation in NIDs. Specific activities include ‘Mothers Clubs’ where volunteers mobilise mothers and their babies to attend health clinics where health education (Maternal Child Health/Family Planning, and disease prevention through good hygiene and sanitation practices), and vaccination of children are conducted. Active surveillance of non-immunised children through ‘baby tracking’ has also been carried out by NRCS volunteers. Both the Mothers Clubs and baby tracking activities have ceased or dwindled in most branches due to lack of motivation and general support.

### **Activities:**

- *Social Mobilisation:* In order to have a better impact, and taking into account the massive size of the country, only 13 States have been selected as ‘priority’ for the first period (October – December 2000). It is expected that periodic review of the situation after each round of NIDs could lead to a change of ‘priority’ states selected. For project managers, training will be conducted in management and leadership skills, and reporting and communication skills. Community level training of NRCS volunteers will take place in social mobilisation, field guiding, mapping, supervision, and vaccinating in selected States. Identification and mapping of hard-to-reach areas/communities in selected ‘priority’ States – zonal co-ordinators and polio project officer to supervise. Reinforce ‘Mothers Clubs’ and ‘Baby Tracking’ activities in all Branches to help improve routine immunisation coverage and create awareness about basic health care practices. Advocacy campaigns at all levels (Federal, Zonal, Community), pledging the Red Cross Movement’s full commitment to polio eradication. Sensitisation of all members of the NRCS at all levels and intensify social mobilisation activities with appropriate and relevant promotional materials. Full participation of volunteers during NIDs as vaccinators, field guides, supervisors, recorders. Consultation, harmonisation, and co-ordination of all polio eradication-related activities with partners - Regular attendance at ICC meetings. Monitoring and evaluation of NRCS’ polio eradication activities through visits by NRCS executives/management, Country Delegates/Regional Delegates, Geneva, and/or external consultants; developing and using appropriate indicators (ex. Number of people visited before NIDs, Number of people attending NIDs, Baby Tracking forms, Attendance at Mothers Clubs)
- **National Immunisation Days: 19-23 October 2000, 23-27 November, 2000.**

### **Sierra Leone •**

Since December, 1998, Sierra Leone has been grappling with the problems of conducting NIDs in a war-torn country. The 2<sup>nd</sup> Round of NIDs scheduled for February 1999, and the 3<sup>rd</sup> and 4<sup>th</sup> Rounds in May and June could not be conducted due to insecurity. Against the background of this protracted civil and political unrest, Sierra Leone is one of the countries classified as Polio endemic. The 1999 Polio Eradication Campaign started with the signing of the Lomé Peace Accord on the 7<sup>th</sup> of July, 1999 between the government and the rebel movement. A key element of the Peace Accord was to allow health and humanitarian assistance to reach every corner of Sierra Leone so as to alleviate the sufferings

of thousands of people held behind rebel lines. With the cease-fire, the Ministry of Health and Sanitation, WHO, UNICEF and Rotary International once more spearheaded the global campaign to eradicate polio in Sierra Leone. This campaign was essentially the first successful national civilian undertaking in Sierra Leone since the Peace Accord was signed. Three rounds of NIDs were conducted, with coverage achieving a rate of 76 percent, 85 percent and 84 percent in October, November and December respectively. Four rounds of NIDs were planned for the year 2000 (March, April, May and June) but only the first two rounds were conducted, again because of renewed rebel activities. Coverage rates were however higher with 93.5 coverage achieved in March. In spite of the political impasse and ongoing rebel activities, Sierra Leone is poised to conduct NIDs simultaneously with other ECOWAS countries in October and November, 2000. The Red Cross and Red Crescent involvement in the October and November 2000 immunization campaign will be centered on the Lungi peninsular, which has seen (and still is witnessing) a major influx of IDPs from the Northern part of the country due to the recent renewal of fighting there. The area is also receiving a mass influx of Sierra Leonine refugees from the southern refugee camps in Guinea due to the fighting and unrest in these areas, with more than 7000 arriving since the beginning of September. The Red Cross and Red Crescent involvement in the area with both a health clinic and resent NFI distribution to the IDPs will place it in a unique position, able to cover even difficult or isolated areas.

#### **Activities:**

- *Social Mobilisation:* Training of Red Cross Volunteers will be conducted for social mobilisation, community animation and information dissemination. Training of NID supervisors will be undertaken on OPV administration, and tallying and compilation of results. Meetings with religious leaders, traditional leaders teachers and students, market women and key women opinion leaders will be organised, as well as school quiz competitions concerning polio eradication. In the week before and during the NID, announcements and promotions will be made in all village chiefdoms and districts. The Red Cross will distribute promotional material
- *AFP Surveillance:* Training of volunteers on identification and referral of suspected AFP cases *will be undertaken.*
- *Logistical support:* The required logistical support will be provided (vehicles and fuel) wherever practical, to both Red Cross and other partners in the effort.
- *OPV:* Efforts will focus on training of vaccinators on OPV administration, screening, crowd control and tallying of children.
- **National Immunisation Days: 16-20 October 2000, 20-24 November 2000.**

#### **Somalia •**

UNICEF and WHO claim that despite the present political and security situation, major achievements were accomplished in implementing polio eradication strategies since 1997. Somalia is now conducting the 4th year of NIDs. The Somali Red Crescent Society (SRCS), involved in polio eradication since 1997, is well positioned in the Somali context to be an important player in the efforts to eradicate polio in Somalia. Furthermore, the acceleration of polio eradication presents important opportunities to increase the already existing capacity of the National Society. The main gaps in ongoing polio eradication efforts include: limited access to areas where immunisation is needed and logistics difficulties in transport; lack of special plans to deal with nomadic populations and displaced persons. The SRCS has a strong comparative advantage by being able to provide access to various areas in the polio eradication campaign. The National Society runs 32 maternal child health(MCH)/OPD clinics throughout the country and a further 12 OPD health posts; each one of these 44 sites have 2 health officers and 1 health assistant. In the next 9 months the effort will focus on 11 of the 44 SRCS health clinics.

#### **Activities**

- *Social Mobilisation:* In all 11 branches the National Society will be conducting house-to-house sensitisation; raising awareness of SRCS personnel and community leaders; training and orientations on social mobilisation; and advocacy at all levels.
- *AFP Surveillance;* Each of the 11 branches will select one of their clinics as a focal or “sentinel site”. The following activities will be conducted within the clinic area: training of volunteers in AFP surveillance in close co-ordination with WHO; house to house visits; contacts with elders; awareness raising at health clinic level as well as other social gathering places; integration of AFP surveillance into ongoing SRCS activities.
- *OPV:* If any of the 11 health clinics identified are within an area where neither UNICEF nor WHO have access, the SRCS will actively participate in the OPV efforts through ensuring access to vaccinators and/or conducting the vaccination themselves after being properly trained by WHO and UNICEF. In terms of access, the joint UNICEF and WHO lessons-learned exercise covering the past 3 years of NIDs revealed that even in conflict situations it is possible to a marshal high political commitment for polio eradication. The SRCS will analyse the possibility to further promote access through their volunteers.
- **National Immunisation days: 26 to 28 September; 14 to 16 October; 11 to 13 November, 2000; and February or March 2001.**

#### **Sudan •**

Due to the size of Sudan and the fact that it shares a border with nine countries, the polio campaign assumes special strategic importance for the regional and global polio eradication efforts. The rapid movement of populations (IDPs and nomadic people), changing security conditions, and transportation constraints make the Sudanese context particularly challenging. The Sudan Red Crescent (SRC) has been commendable in previous involvement in polio eradication (since 1996), and during the May NID they participated in all states where they have existing branches. Two successful examples of previous SRC involvement are the Red Sea State and Khartoum states: in Khartoum state, where NIDs targeted 660,000 children, 63% of the total doses were administered by 4,400 SRC volunteers. Support to the SRC is designed in a way that does not undermine the present level of commitment and ownership of SRC towards polio eradication, and it will be carried out in such a way that acknowledges and builds on past initiatives.

#### **Activities**

- *Social Mobilisation:* As it has done for a number of years, the National Society will be conducting the following activities in all 21 branches: raising awareness among SRC personnel and community leaders; house-to-house sensitisation prior to the NIDs; training and orientation on social mobilisation; and advocacy at all levels about the importance of polio eradication. Nine offices have been selected as ‘focus branches’ where accelerated activities will take place.
- *OPV Vaccination:* the SRC will continue to actively participate in the OPV efforts by conducting vaccination campaigns themselves after being properly trained and re-trained by WHO and UNICEF. The SRC focus will be in the quality of vaccinations, not only in the quantity of doses administered.
- **National Immunisation Days: 21-23 October; 14-19 November; February and March, 2001.**

## **MIDDLE EAST AND NORTH AFRICA**

#### **Iraq •**

The impact of two wars during the past nineteen years and economic sanctions imposed by the international community for more than ten years, has resulted in Iraq experiencing a considerable shift in its capacity to provide adequate services for its people. Health services in particular have been severely compromised with general standards of health, hygiene and nutrition deteriorating to a serious level. Poor water and sanitation, limited resources and reduced service capacity has increased both the numbers and degree of vulnerability within the community. Financial support for the maintenance of Iraq's health service infrastructure under the UN Oil-For Food Programme related to the Security Council Resolution (SCR 986) has not been sufficient to sustain an acceptable level of health for the people of Iraq. Vaccine for polio and measles must be supervised and agreed upon by the 661 committee before imported to the country. Since 1991 the Iraqi Red Crescent in cooperation with the Federation have been working to mitigate the effects of the war and sanctions.

- *Social Mobilisation:* Training forms a key area, the IRCS and Federation plan the following activities: a one week workshop to strengthen branch directors and CBFA co-ordinators in recruitment and management of human resources. In order to carry out social mobilisation, training of health disseminators will take place with 10 volunteers per branch selected to work as disseminators. The disseminators will be trained by health professionals from the Directorate of Health; the Interagency Co-ordinating Committee have pointed out the need for additional volunteers to participate in vaccination during the NID, particularly in Baghdad (Al-Rasafa area), Babylon, Mosul and Basrah. The Iraqi Red Crescent Society (IRCS) will therefore plan and carry out an additional seven training courses for volunteers in 2000, and an additional seven courses in 2001. As a result, a total of 280 IRCS volunteers will participate in the NIDs.
- *Health dissemination:* In preparation for the National Immunisation Days, trained IRCS health disseminators will give two lectures per month (community mobilisation). Target groups will be Primary Health Care centres, villages, IDPs, the Women's Federation, the Youth Federation, and Schools. All activities will be directed through the CBFA programme in cooperation with the Directorate of Health.
- *OPV:* To train vaccination teams, the Ministry of Health, in cooperation with WHO, will provide a two day training for CBFA volunteers. The training will focus on communication, how to approach families, the cold chain, administration of vaccines, and registration. Four courses will be held in each branch to train approximately 90 volunteers (a total of 1,600), facilitated by health professionals from the Directorate of Health.
- **National Immunisation Days: October and November 2000, March and April 2001.**

## *Asia Pacific*

Given that five of the six countries in the South Asia region remain key reservoirs for the polio virus, and are therefore priority countries for WHO polio eradication focus, additional capacity and support is sought to address this urgent issue. These countries are Afghanistan, Bangladesh, India, Nepal and Pakistan. National Societies in these countries are involved to varying degrees in health education programmes and have collaborated with national immunization programmes, particularly at the branch level.

In recent months, most of these National Societies and the Federation's regional and country delegations have been extensively involved in responding to new disasters such as floods and drought. They have therefore not been able to become as actively engaged in this new polio initiative as originally planned. Consequently this part of the appeal plan of action seeks the resources required to carry out assessments in the coming months to plan the nature and extent of the Red Cross and Red Crescent involvement in national polio eradication initiatives in the respective countries in a similar manner to the assessments already carried out in Africa and Iraq.

The overall objective for this work will be to coordinate the National Societies' approach to polio eradication in the South Asia region. The specific objectives in the initial phase will be to:

- Meet with all relevant agencies and organisations involved in the polio eradication campaign;
- Assess the current polio situation in the region;
- Assess the potential capacity of each National Society to scale up relevant activities;
- Develop an appropriate plan of action with each National Society.

The outcomes of this assessment will be built into the next phase of this overall plan of action.

## ***Budget summary***

See Annex 1 for details.

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*In line with the Minimum Reporting Standards, the first situation report on this appeal will be issued within 30-days of the launch; A final narrative and financial report will be issued no later than 90 days after the end of the operation.*

*For support to or for further information concerning this Federation operation or others, please access the Federation website at <http://www.ifrc.org>*

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Didier J. Cherpitel  
Secretary General

<b><u>BUDGET SUMMARY</u></b>		APPEAL No. 28/2000
<b>Global Polio irradiation campaign</b>		
TYPE	VALUE	
<b>RELIEF NEEDS</b>	IN CHF	
Vaccines: 50 million units	1,000,000	
Teaching materials	558,116	
Utensils & tools	168,139	
Other relief supplies	5,460	
<b>TOTAL RELIEF NEEDS</b>		1,731,715
<b><u>CAPITAL EQUIPMENT</u></b>		
Vehicles: 9	382,900	
Motorbikes: 29	85,080	
bicycles: 1,350	244,200	
Computers: 5	18,239	
Telecom. equipment	24,000	
Office furniture & equipment	17,460	
<b><u>PROGRAMME SUPPORT</u></b>		
Programme management (automatic calculation)	533,075	
Technical support (automatic calculation)	159,575	
Professional services (automatic calculation)	176,967	
<b>TRANSPORT STORAGE &amp; VEHICLE COSTS</b>	464,945	
<b><u>PERSONNEL</u></b>		
Expatriate staff	274,993	
National staff	3,026,559	
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>		
Travel & related expenses	13,344	
Information expenses	123,250	
Administrative & general expenses	304,504	
External workshops & seminars	324,796	
<b>TOTAL OPERATIONAL NEEDS</b>		6,173,886
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>		7,905,601
<b>LESS AVAILABLE RESOURCES (-)</b>		
<b>NET REQUEST</b>		7,905,601