

# OPERATIONS UPDATE



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

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

*11 October, 2001*

*This Ops Update is intended for reporting on emergency appeals.*

*Appeal No. 28/00; Launched on 27 September, 2001 for CHF 7,905,601 for 9 months. Budget revised to CHF 4,025,246 and programme extended until 31 December, 2001 (see Sitrep on. 2 issued 6 April, 2001);*

*DREF Allocated: None*

*Beneficiaries: 14,000,000*

*Operations Update No. 3; Period covered: April - September, 2001; last Ops Update (Sitrep on. 2) issued: 6 April, 2001.*

### ***“At a Glance”***

*Appeal coverage: 47.7%*

*Related Appeals: N/A*

*Outstanding needs: CHF 2,105,139*

*Update/Summary: The final rounds of the National Immunisation Days (NIDs) for 2001 will take place between October and December 2001. Continued support is needed to implement in-country activities described in the previous situation report when action plans and budgets were adjusted to focus on the use and training of Red Cross and Red Crescent volunteers.*

## ***The context***

The Red Cross and Red Crescent will continue to focus on the social mobilisation of beneficiaries and increasing vaccination coverage to 100%. In consultation with the World Health Organization (WHO) and UNICEF, the Federation will not engage in the purchase of vaccine and will concentrate on the mobilisation of the human resources of the Red Cross and Red Crescent network. Most Federation field offices and national societies continue to be active participants in the Interagency Co-ordinating Committees (ICCs) of the priority countries. The ICCs are made up of in-country-representatives of WHO, UNICEF, Rotary Club, Ministries of Health (MoH) and the Red Cross and Red Crescent Movement. For the polio campaign, there continues to be increased efforts on better training and use of volunteers as well as increasing the numbers participating in the campaign.

The polio virus now circulates in no more than 20 countries, down from 30 in 1999 and 125 in 1988 with only 10 countries reporting wild polio virus during the first half of 2001. At the same time, the final push to eradicate polio in the remaining countries requires significant effort and co-ordination. The years 2001 and 2002 will be crucial in reaching the goal of final polio eradication. Significant progress has been made in many countries and these should be the final two years of mass NIDs, leaving the following three years for mop up and certification of the disease's eradication.

## ***Latest events***

During 2001, additional support was provided for polio from the British, Swedish, and Norwegian Red Cross with new contributions from the Monaco Red Cross, Lever-Fabrege, and two private Americans. This allowed support to be provided for campaigns in Chad, Congo-Brazzaville, Iraq, Liberia, Nigeria, Sierra Leone, Sudan, Somalia, Bangladesh, the Democratic Republic of Congo, and Pakistan.

Of particular note was the Red Cross's recent participation in the campaign to reach every child in Angola, Congo, the Democratic Republic of Congo and Gabon. For the first time, these four central African countries affected by conflict "synchronised" their polio National Immunisation Days. To achieve this, special planning takes place at key border crossings, on islands and in remote areas. During the first immunisation round from 5-9 July 2001, vaccination teams walked door-to-door, hut-to-hut and boat-to-boat, travelling on foot for hours each day. This massive effort will continue for several days in August and September. The success of these co-ordinated rounds is key to stopping transmission in the central African region - a traditional reservoir for the virus.

Red Cross volunteers were instrumental in identifying hard-to-reach target groups and in convincing reluctant parents about the benefits of polio eradication for all, providing logistical support for vaccine and cold boxes, and providing a vital communication link. More than 850 volunteers and 21 supervisors from the Congolese Red Cross were part of the 2,861 vaccination teams which went door to door across the nation. Using megaphones and distributing pamphlets, the volunteers informed mothers and families about the need for polio vaccination and dates when they could bring their children to be immunised.

For 2002, the Federation is working with WHO to identify the priority countries for the Red Cross/Red Crescent Society engagement. Due to the significant reductions achieved over the last year, it is anticipated that there may be as few as five countries needing such attention.

## ***Red Cross and Red Crescent action***

### **Afghanistan**

The Afghan Red Crescent Society (ARCS), with the support of International Federation, is delivering basic primary health care services through its 48 clinics all over Afghanistan. 34 out of the 48 clinics are delivering immunisation services. Some ARCS clinics in remote areas without other health facilities are delivering outreach immunisation activity. Starting in the fall 2000, all ARCS health staff from 48 clinics have been involved in NIDs, and they have committed to remaining involved in the national Acute Flaccid Paralysis (AFP) surveillance system. National Immunisation Days are planned for November 2001.

#### ***Objective 1: To increase involvement of ARCS in Polio Eradication Initiative in the country.***

Activities:

- Deployment of 5,000 ARCS CBFA trained volunteers in door to door mobilisation of infants under the age of five to receive polio vaccination.

- Use of 48 ARCS staffed clinics as focal points for information distribution and vaccination centers for the polio campaign.

#### Progress:

- 1,406 CBFA volunteers participated in three rounds of spring NIDs throughout the country vaccinating 224,338 children under five years against polio.
- 101 ARCS clinic staff were involved in micro-planning, training and implementation of NIDs, 3 of them worked as district co-ordinators, 23 as supervisors of the clusters and 75 of them as volunteers at field. A total of 72,996 children were vaccinated.
- 34 ARCS EPI fixed centers were active during NIDs and a total of 19,126 children were given OPV vaccines.
- In co-ordination with WHO, UNICEF and MoPH, and the ARCS and Federation health departments, took part in monitoring of NIDs.
- Health educators of ARCS clinics disseminated the standard messages of NIDs, before and during the three rounds of spring NIDs, in order to mobilise the people and to increase the awareness of families concerning the NIDs and routine EPI. A total of 25,621 persons received messages of NIDs through health education sessions.

#### ***Objective 2: To increase involvement in AFP surveillance.***

#### Activities:

- In collaboration with WHO, UNICEF and MoPH to train clinic staff and volunteers in identifying and report AFP cases to the ministry of health.

#### Progress:

- In collaboration with WHO and MoPH, 28 ARCS clinic doctors were trained to detect and report AFP cases to REMT and WHO.
- In collaboration with WHO and MoPH, 10 CBFA provincial trainers at Central Region will be trained in near future. Following the training, these trainers will further train the CBFA volunteers in their respected provinces.

#### Collaboration:

There is a strong collaboration between the ARCS and the International Federation, MoPH, WHO, and UNICEF. MoPH supports ARCS clinics staff and CBFA volunteers to involve in implementation process of NIDs. WHO provides AFP-Surveillance training to the ARCS clinics staff and UNICEF supplies vaccines and cold chain to all the EPI fixed centers in ARCS clinics and incentives to some vaccinators.

#### Conclusion:

Afghanistan is on the verge of stopping the transmission of the wild polio virus, but there is more work to be done to reach to this goal. The additional involvement of ARCS clinic staff and CBFA volunteers in social mobilisation and implementation of end of year NIDs, and early detection and reporting of AFP cases will be necessary. Additionally, increased coverage of routine EPI by social mobilisation through ARCS clinics and CBFA volunteers will take place.

## **Bangladesh**

The Bangladesh Red Crescent Society (BDRCS) formally joined the partnership to eradicate Polio late in 2000, however volunteers representing local Red Crescent Units and programs across the country have participated in the intensified NIDs on an ad hoc basis in 1995. Volunteers typically engaged in social mobilisation activities promoting NIDs and helped manage fixed site immunisation points on the NID day itself. Starting in December 2000 and again in April and May 2001, with support from the Federation, Dhaka-based BDRCS Red Cross Youth (RCY) engaged in door-to-door searches, child-to-child searches for children who might have been missed on the NID. A special role was created for the BDRCS when they became the only volunteers to carry out special Night Searches looking for Floating Children at railway stations, ferry stations, in graveyards and any

place where homeless people might spend the night. In the remote and rugged Chittagong Hill Tracts, Red Crescent volunteers travelled on foot and by boat to bring the Oral Polio Vaccine to children living in areas far from fixed site immunisation centers. Campaigns are tentatively scheduled for January and February 2002.

***Objective 1: Develop a core cadre of BDRCS RCY with expertise in organising Child -to- Child search teams in urban environments.***

Activities:

- Training and orientation on using social mobilisation and advocacy tools targeting religious leaders and school teachers to promote community participation in the NIDs.
- TOT for Dhaka-based RCY leaders on using the micro planning process to organise, implement and report on NIDs and Child-to-Child-Search in 10 Zones of Dhaka City.
- Training for 500 RCY volunteers on Interpersonal Communication (IPC), NID and child search logistical organisation, implementation and documentation conducted by RCY leaders with support from Dhaka City Corporation/Immunisation and Other Child Health Project (IOCH) officers.
- Dhaka City RCY fields 250 teams of 2 RCY volunteers supervised by 35 RCY supervisors in 10 Zones of Dhaka City during the April and May 2001 rounds of NIDs.
- Special Night Search teams targeting Floating Children were created and deployed in Dhaka City during the April and May 2001 rounds of NIDs.

***Objective 2: Mobilise and train 150 BDRCS volunteers to participate in the NIDs selected areas of Rangamati, Bandarban and Khagrachari districts targeting approximately 708 children.***

Activities:

- 150 volunteers trained and motivated to assist at fixed sites on the day of the NIDs.
- Volunteers assisted in house to house search for any children left out of the NIDs.

Progress:

The BDRCS RCY achieved their objective of creating a core team of RCY capable of organising child-to-child search teams in urban environments with particular expertise in Night Search targeting children of hard to reach populations. The Dhaka City wide objective was to immunise an estimated 935,000 children against Polio. In the April round of NIDs, the RCY reached 18,828 children and in the May round they immunised 22, 941. Night Search teams immunised 2,788 in the April round and 801 during the May round. The RCY were asked to conduct IPC and child-to-child search in certain slums considered difficult to reach. In the Chittagong Hill Tracts of the 708 children targeted for immunisation, a total of 686 children received OPV as a result of the participation of the BDRCS volunteers. This participation was much appreciated by local authorities.

Collaboration:

Regular contact is maintained with MOH EPI officials, WHO, Dhaka City Corporation/IOCH and UNICEF officials. EPI and WHO staff participated in briefing sessions held for BDRCS authorities and RCY held at a national youth camp in early 2001. Dhaka City Corporation/IOCH trained RCY in the micro planning process and facilitated TOT for RCY leaders and advised on training for RCY. Both the BDRCS and Federation are invited to participate in all NID related activities including training, meetings and seminars.

Conclusion:

The Dhaka City RCY established a model for targeting children of hard to reach urban populations during child-to-child search. The unique feature of this model is Night Search Teams targeting floating children. It is hoped that the BDRCS can scale this program up to include RCY units in 4 major urban areas where possible cases of undetected Polio might exist : Dhaka, Jessore, Rajshahi and Chittagong. It is also hoped that further training can be given to volunteers working in the Chittagong Hill Tracts in order to beef up NID coverage in this remote area.

## **Chad**

National Immunisation Days are planned for November and December. The Red Cross of Chad became the principal partner for the rural population and was recognised for an outstanding contribution in the mobilisation of the pastoral and nomadic populations. They have now become a regular participant in co-ordination meetings with the Ministry of Health and WHO. More than 1,500 volunteers were mobilised for the campaign (100 volunteers per province) and assisted in the identification of more 72,000 unvaccinated children under the age of 5.

The network of the volunteers are part of the epidemiological monitoring of the acute flaccid paralysis. The Ministry for Health recognised the Red Cross in their contribution to substantially improve the time between occurred of paralysis and the collection of the specimens for laboratory review. In addition, the polio volunteers were the first to identify the first cases of meningitis in the north and they quickly informed the medical authorities.

***Objective : To increase vaccination coverage throughout the country by mobilising the target population.***

Activities: In April in May of this year the following activities were carried out:

- 1,500 volunteers spread information to the target population, including visiting the camps of nomadic pastoralists. An estimated 700,000 beneficiaries were reached in cities and towns and though it is difficult to estimate the impact on nomadic pastoralists, it is estimated that an additional 300,000 people in this category received information regarding the NIDs.
- Door-to-door social mobilisation took place in the major population centers during the NIDs.
- The volunteer network has followed up with AFP surveillance and 20 case were identified. With the contribution from the volunteer network, the interval between the onset of the paralysis and the stool collection has been shortened according to the Ministry of Health and WHO office in N'Djamena.
- A meeting by the polio co-ordinating took place in the first week of July to prepare the forthcoming NID. Another meeting took place on September 27 at the MOH and WHO's request.
- National society capacity building: The programme has assisted most of local branches to improve the volunteer management system and the reporting system. The headquarters is undertaking a monthly supervision of the local branches, and the have improved their relationship with the national society headquarters. Reporting by the national society to the regional delegation has also been improved.

Starting 10 days before the NIDs, 1,500 volunteers will be activated to spread information to the target population, including visiting the camps of nomadic pastoralists. Door-to-door social mobilisation will continue to take place during the NIDs.

## **Republic of Congo (Brazzaville)**

The Congolese Red Cross, with support from the Federation, supported the EPI department from the MoH for the Polio Eradication activities which included three NIDs, surveillance of Acute Flaccid Paralysis and community-based awareness campaign to increase vaccination coverage among children under five and achieve 100% of OPV coverage during the NIDs in 2001.

The synchronised NIDs in Central Africa included Angola, Gabon, RDC and Congo Brazzaville. To monitor the regional activities, the Federation participated in the Regional Polio NIDs Evaluation Meeting in Luanda, Angola where the IFRC/CRC Congo experience was presented.

**Objective 1: To give three (03) doses of OPV (Oral Polio Vaccine ) between 4 weeks interval during the Synchronised NIDs to 100% of all children from 0-59 month in Congo, regardless of their vaccination status.**

Activities:

- Training 850 CRC volunteers and 22 supervisors in 10 Regions of Congo on vaccination activities ( cold chain, vaccines, etc)
- Training and support 850 CRC volunteers in Social Mobilisation techniques for Polio to join the MoH vaccination teams
- Installation of 7 HF radios in Regional Branches of CRC for logistic of vaccines and reporting of EPI coverage from regions
- Support with 5000 pamphlets, 57 megaphones, 10 IFRC / CICR cars the MoH activities during the NIDs
- Active participation in co-ordination of NIDs activities during the ICC meetings in Brazzaville
- Deployment of 850 volunteers, 22 supervisors and a National Co-ordinator of CRC during the NIDs

**Objective 2: To sensitise and inform at community level mothers and relatives of children to attend the EPI Fixed Posts and NIDs to increase vaccination coverage ( DPT-3 ) to 80% in under five's.**

Activities:

- Training of 850 CRC volunteers in social mobilisation techniques for EPI messages in 10 regions of Congo Brazzaville
- Support with pamphlets, posters and per-diem for travelling to remote areas of the regions to increase EPI awareness
- Facilitate transport of vaccines and vaccination material to MoH Fixed Posts utilising the HF radio network of CRC
- Co-ordination activities with MoH at national level to strengthen surveillance of vaccination activities in the 10 regions
- Provide to EPI Dpmt. of 10 regions of Congo with Mothers Diplomas to give to mothers of children who completed DPT-3

**Objective 3: To start an intensive Active Surveillance for AFP ( Acute Flaccid Paralysis ) to be able to identify at least 2 AFP per 100, 000 habitants.**

Activities:

- Training of same 850 CRC volunteers in 10 regions of Congo in case definition of Acute Flaccid Paralysis and management
- Support with per-diem and pamphlets the community based activities for increase awareness of presence of AFP in regions
- Involvement of 7 HF radio-operators for quick information and transport of stools samples of suspected AFP cases
- Agreement with WHO regional laboratory in Kinshasa for OPV testing and feedback to be transmitted to Congolese MoH
- Strengthening together with WHO and UNICEF at national level the recording and surveillance of confirmed cases of FPA

Progress:

After the second synchronised NID in Congo Brazzaville, the MoH has achieved 101% of vaccination coverage on OPV in children from 0 - 59 months (628,698). Also, with the support from IFRC / CRC HF radios and logistic support from the Federation, all stool samples from 14 suspected cases of AFPs were sent to WHO Kinshasa Regional Laboratory for testing.

Collaboration:

The Federation and the Congolese Red Cross strongly support the need to co-ordinate immunisation activities chaired by the Ministry of Health, through the re-activation of the ICC meetings. WHO, UNICEF, the Federation and the CRC, Rotary International, Caritas, Evangelic Church of Congo, MSF-F, IRC and four local NGOs working in community mobilisation, held 10 meetings before and during the NIDs to effectively co-ordinate points of action, responsibilities, regions to cover, budget and activities during and after the NIDs.

The Federation and CRC office in Brazzaville was chosen for the training seminar for Regional NIDs Supervisors as well as the training for the Social Mobilisation Teams. Throughout the preparation of the Polio Eradication Campaign, the IFRC and CRC attended technical and co-ordination meetings. The WR of WHO, the National Director of Public Health from MoH and the Congo Representative of UNICEF addressed a letter to the Federation and the CRC to congratulate their intervention in the Polio Eradication from Congo

#### Conclusion:

After the two first rounds of the NIDs in Congo Brazzaville, the Federation and the CRC have become a strong, professional and reliable partner to the MoH together with WHO and UNICEF in the Polio Eradication Strategy. The 850 trained volunteers and the 22 CRC supervisors working in Social Mobilisation, vaccination activities and in active surveillance for AFPs contributed to achieve 101% coverage for OPV and the detection of 14 cases of AFP in the country. The network of CRC HF radios contributed greatly in these achievements. The Federation's and CRC's active participation in the ICC meetings ensured co-ordination of all these efforts.

The need to continue the partnership with the MoH, WHO and UNICEF to ensure improvement of vaccination status of under fives in Congo and to eradicate Wild Polio Virus from the region is paramount. The experience of the Federation and the CRC partnership has been presented in the Polio NIDs evaluation meeting in Luanda, Angola.

## Democratic Republic of Congo (DRC)

One of the largest countries in Africa covering 2.34 million square kilometres and a population of more than 50 million that is spread out, the Democratic Republic of Congo represents a major challenge in the fight to eradicate polio on the continent. Along with Angola, the Democratic Republic of Congo (DRC) accounted for 40 per cent of wild or the original polio virus cases in Africa in 2000. Success here in an immunisation campaign would be a major achievement. Red Cross volunteers were instrumental in identifying hard-to-reach target groups and in convincing reluctant parents about the benefits of polio eradication for all. Data indicate that more than 80% of children 0-5 yrs were vaccinated in 15 health zones of Kinshasa, Bandundu and Matadi. 1,045 RC volunteers were mobilised in the 3 provinces (Kinshasa, Bandundu, Bas Congo) for door-to-door information and vaccination campaigns to improve vaccine coverage. The 2001 synchronised NIDs were launched by all four heads of state, DRC's Joseph Kabila along with his counterparts from Congo Brazzaville, Gabon and Angola. The Minister of Health, and representatives from the Rotary Club, UNICEF, WHO, ICRC, NSs of Belgium and Spain, and the Federation also participated at the launching ceremony.

***Objective 1: Mobilise more than 80% of the parents in the target population to bring their children to vaccination points.***

#### Activities:

- Liaise closely with Ministry of Health officials working in each of the provinces.
- Working with parents groups, educate the target population as to the importance of vaccinations and inform them of the dates and places of vaccination.
- Before and during the NIDs Red Cross volunteers will distribute information materials, erect banners, and make house-to-house searches for the target population.

***Objective 2: Assist in the development of a community-based AFP surveillance network.***

#### Activities:

- Working with local MoH, officials identify community resources to conduct post NID AFP surveillance.
- Provide training opportunities for these volunteers in collaboration with the partner organisations.

***Objective 3: Train volunteers in communication and social mobilisation techniques.***

## Activities:

- Training of 20 trainers in each of the three provinces involved in the campaign.
- Each trainer will then train as many volunteers as available in social mobilisation and communication techniques (minimum target of 1,000).

## Ethiopia

National Immunisation Days are planned for November and December.

***Objective 1: To further develop ERCS capacity to conduct community awareness activities for polio eradication and other community health-based programs in Ethiopia.***

## 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.

***Objective 2: To strengthen collaboration between ERCS, ICRC, Federation, WHO, UNICEF, Rotary and the MoH.***

## Activities:

- Provision of transport during NIDs will be given to Ministry of Health professionals and to other partners involved in the NIDs.
- AFP Surveillance: Training of 300 volunteers in AFP surveillance, in close co-ordination with the Ministry of Health and WHO.
- 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.
- Participation in ICC planning and evaluation meetings and information sharing with other agencies.

***Objective 3: To step up ERCS involvement in the National immunisation Days.***

## Activities:

Based on the lessons learned from 2000 NIDs, the ERCS will train their volunteers in OPV vaccination in order to assist with the Ministry of Health's existing gaps.

## Iraq

National Immunisation Days planned for October and November. The Iraqi Red Crescent Society (IRCS) support to the polio campaign in early 2001 was recognised as extremely valuable and professionally provided. Feedback received from the MoH and UNICEF was highly complimentary and resulted in the IRCS being asked to increase their efforts from 4 Governates to 17. During the campaign, more than 1,500 volunteers from Iraq Red Crescent conducted door-to-door campaigns to ensure that every child under 5 had been vaccinated.

***Objective 1: To increase polio awareness among the general population in Iraq.***

## Activities:

- Using 830 volunteers in 17 Governates to distribute printed promotional materials and actively disseminating information during the NIDs.
- IRCS volunteers will work closely with vaccination teams conducting house-to-house vaccination efforts and in Public health centers.

***Objective 2: To register vaccinated children, unvaccinated children less than five years of age, and waste of vaccine.***

Activities:

- IRCS volunteers will register all vaccinated children and their addresses.
- IRCS will search for cases of vaccination of children over 5 years old (vaccine waste).

***Objective 3: To improve the quality of the campaign through the monitoring of vaccination teams.***

Activities:

- 376 IRCS volunteers will receive training from MoH in monitoring vaccination campaigns in 14 Governates (4 Governates received training last year).
- 18 IRCS co-ordinators will organise the monitoring process, co-ordinate efforts, and deliver daily reports to regional MoH officials in the Governates.
- Each monitoring team will monitor high risk areas in order to report and vaccinate missed children.

## **Liberia**

National Immunisation Days are planned for October and November. No updated report provided as delegation representation was withdrawn during 2001. The Red Cross and the MoH selected Grand Kru county as the operational area -- a very difficult setting with deplorable roads only accessible by suitable 4 wheels drive vehicle. Few agencies in the country have the means to work in this area. These difficulties coupled with other numerous problems caused delays in the previous polio immunisation campaigns. In 2001 the Red Cross, in collaboration with the Ministry of Health and Social Welfare, intends to continue the polio immunisation campaigns from April and June.

The aim is to prevent the cross border spread of the polio virus and ensure that all children under 5 years old are vaccinated against poliomyelitis. The situation is made more difficult with the influx of people currently coming from the neighbouring countries of Guinea, Ivory Coast and Sierra Leone, coupled with Liberian refugees who are fleeing the unrest and ordeal in the Ivory Coast and Guinea to settle in Grand Kru county. The MoH's confidence and trust in Red Cross intervention is reflected in certifying the Red Cross for work well done in the last two SNID campaigns in Grand Kru County

***Objective 1: To vaccinate all children under five years old in late April , May, and June 2001.***

Activities:

- Meeting with Red Cross field staff to discuss plans for polio eradication in Grand Kru.
- Selection of volunteers to establish polio teams.
- Holding of (3) workshops for MoH and Liberian National Red Cross Society (LNRCS) volunteers.
- Intensifying community mobilisation and participation.
- House-to-house immunisation.

***Objective 2: To follow up 2001 NIDs with preparation for a renewed campaign in 2002.***

Activities:

- Registration of new borns.
- Timely report of suspected cases of Polio (AFP) and other related EPI epidemics.

## **Niger**

National Immunisation Days are planned for October and November. 150 Niger Red Cross volunteers who took part in a recent polio awareness campaign in neighbourhoods with low numbers of vaccinated children. The Niger Red Cross played a key role in this first in a series of awareness campaigns. Red Cross utilised radio

commercials encouraging parents to vaccinate their children. Over 2,500 pamphlets were distributed in targeted neighbourhoods. Posters were hung depicting the need to have children vaccinated. Prior to the initiative, trainers were instructed who would in turn teach volunteers. Volunteers were deployed in neighbourhoods they were familiar with. Supervisors accompanied volunteers to assure that all necessary information was noted. Equally important, local authorities were implicated in the campaign. Each district is administered by a traditional district chief. District chiefs were asked to instruct local religious leaders to inform worshippers of the vaccination campaign. The night before volunteers were deployed traditional messengers known as “town criers” announced their arrival.

Each of the 150 volunteers was charged with covering 16 families, or 2,400 families in total. In one district alone a local clinic reported a sudden rise of mothers requesting their children be vaccinated the day after volunteers passed. Red Cross volunteers also took note of any missing vaccinations apart from polio and instructed mothers where to update their children’s vaccinations for free. Volunteers were charged with reporting any cases of AFP so that the Ministry of Health could act to contain a potential epidemic.

***Objective 1: To assist the Niger Ministry of Health and other partners to immunise 100% of children aged 0-5 years against polio.***

Activities:

- To initiate vaccine sensitisation activities through radio and television programmes, newspapers, and face-to-face sensitisation.
- To produce and distribute IEC and social mobilisation materials.
- To conduct training of 15 trainers in Maradi, Diffa, and Niamey.
- To conduct training of 250 volunteer leaders in Maradi, Diffa and Niamey.
- To identify target areas for social mobilisation
- To educate and mobilise town criers to help to disseminate information about polio immunisation.
- To educate and assist community leaders, religious leaders, women groups, in sensitising their constituencies about immunisation issues especially polio.
- To meet with other polio immunisation and NID facilitators, particularly WHO/UNICEF representatives and Ministry of Health staff.
- House to house health ( Immunisation) talks with selected target group.
- Face-to-face dissemination of information on polio and other vaccines.
- Communities, villages and streets visit.

***Objective 2: Improve general immunisation coverage in children.***

Activities:

- House-to-house check -up of children vaccination cards by volunteers.
- Detection of non-updated vaccination cards to encourage parents to bring their children hospitals for vaccination.
- One week before October and November 2001 NIDs, to train Red Cross Volunteers in oral polio vaccine administration and the administration of vitamin A.
- House-to-house polio vaccine administration by Red Cross and Red Crescent volunteers in visited and selected areas.

***Objective 3: To improve the gathering of information regarding the AFP rate in population.***

Activities:

- Active search by volunteers for AFP cases.
- Reporting of suspected cases to the Ministry of Health.

## **Nigeria**

National Immunisation Days are planned for October and November. In planning the NIDs together with partners in the International Co-ordinating Committee meeting, it was agreed that the NRCS this year will focus on 10 States where wild polio virus still exists, and two more States where social mobilisation efforts have been inefficient in previous Rounds. Three rounds of NIDs are planned for 2001.

***Objective 1: To assist in the eradication of polio in Nigeria through social mobilisation in 12 States, and contributing with posters promoting immunisation.***

Activities:

- NRCS headquarters staff to participate in ICC and ICC subcommittee meetings.
- Produce IEC and dissemination material.
- To perform polio specific training of 6 zonal officers, 12 branch secretaries, 144 supervisors and 720 volunteers.
- During three rounds of NIDs, the NRCS will provide social mobilisation through publicity, meetings with mothers clubs, dissemination to key members of society, and house-to-house mobilisation.

***Objective 2: To continuously build up the capacity and efficiency of NRCS Branches in mobilising and organising volunteers for the benefit of their communities.***

Activity:

Further strengthen implementation and monitoring of NRCS projects by employment and training of 6 zonal officers, branch staff and volunteers.

## **Pakistan**

Due to the recent evacuation of the delegation, a formal report has not been developed. The information below represents an update on activities which took place during the August campaigns with National Immunisation Days planned for October and November.

During 2001, five National Immunisation rounds along with two 'Mop-up' rounds have been planned, to successfully achieve the goal of a polio-free Pakistan by 2005. The International Federation and the Pakistan Red Crescent Society (PRCS) are partners in the Polio Eradication Campaign, working together with WHO, UNHCR, UNICEF and the Government of Pakistan. Preceding the Polio National Immunisation Round which took place from 21 to 23 August 2001, extensive electronic and media coverage helped to create awareness amongst the target population.

The National Society had prepared banners, posters, badges and caps to be worn by the Polio Campaign workers and volunteers. The Federation came up with specially designed flyers to be distributed in different areas through local mosques. A door-to-door motivation campaign was also held just before the immunisation days which was very effective in most cases.

The North West frontier Province (NWFP) and especially Peshawar, where the Red Crescent co-ordinated the campaign, remains an area of strategic importance as far as the Polio Eradication Campaign in Pakistan goes. The widespread virus transmission within Pakistan and across the border with Afghanistan continues to be a source of virus importation into neighbouring Iran and other Polio free countries in the Middle East. In Peshawar District the campaign was implemented through 80 fixed vaccination centers, 500 mobile teams and 20 monitoring teams. In total 150,000 children were vaccinated over three days.

## **Sierra Leone**

The security situation in Sierra Leone remained stable in 2001 with disarmament continuing and the SLRCS opening clinics in the previously inaccessible towns of Makeni and Kambia. Population movements of returnees and refugees continue, but have decreased in the second half of the year. Some areas however remain under rebel control.

For NIDs to be held the end of October and November, SLRCS and the Federation Delegation are planning to expand their efforts from last year in one chiefdom, to providing social mobilisation in three chiefdoms, and immunisation in two of those chiefdoms, all in the Port Loko district; a district in the north western part of Sierra Leone, affected by civil war and population displacement.

***Objective 1: To immunise 100% of children aged 0 – 59 months and to administer vitamin A capsules to children aged 6 – 59 months.***

Activities:

- Social mobilisation, immunisation, and logistic support are in the planning stage,
- Sensitisation of mothers and child minders on the importance of the polio eradication program is an ongoing activity in SLRCS clinics and of community volunteers, such as mothers' club members in connection with prevention of childhood illness.

***Objective 2: To update the knowledge and skills of health workers and Red Cross volunteers in the administration of oral polio vaccine, vitamin A capsules and tallying of forms.***

Activities:

- The training of health workers is to be done in October, the week before NIDs days.
- SLRCS has met with the Port Loko health team twice to confirm its support during the upcoming NIDs campaign.

***Objective 3: To carry out quarterly registration of newly born babies and effective AFP surveillance in the 3 chiefdoms.***

Activities:

SLRCS is awaiting directives from the Ministry of Health, which is co-ordinating these activities.

Progress:

Micro planning has been conducted by the MoH to identify the target population and the number of personnel needed to carry out NIDs activities; to identify the strength and weaknesses of implementing NIDs in Sierra Leone, and to come up with strategies and recommendations.

Collaboration:

SLRCS attended several meetings with the NIDs secretariat, meetings with the Ministry of Health regarding the country EPI program, and regularly collaborated with other agencies to gain and give updates on the progress so far. Partners include, but are not restricted to, MoH, ICRC, UNICEF, WHO, MSF, CCF, Children's Aid, and Care.

Conclusion:

The SLRCS aims to continue and expand its excellent efforts from last year to help eradicate polio from Sierra Leone. Focusing on community volunteers to conduct social mobilisation in three chiefdoms, and in contributing trained Red Cross volunteers on immunisation days, the SLRCS, in collaboration with polio eradication partners, is well positioned to make a strong contribution to free a vulnerable population from this crippling disease.

## **Somalia**

In March and April 2001 the Somalia NID covered Somaliland, parts of South and Central zones. Puntland was however not covered due to political reasons. The SRCS Health Officers were involved in the NID as independent supervisors. The clinic staff and some volunteers were vaccinators while others were involved in social mobilization.

***Objective 1. To increase the demand for polio vaccination and immunization coverage.***

## Activities

- Social mobilisation by the volunteers in their respective localities on NIDs and immunization.
- House to house vaccinations were done on the NID days.
- UNICEF and the WHO organized and conducted training for the social mobilizers (who included the SRCS volunteers), vaccinators and supervisors on the NID activities and implementation.
- Health talks with selected target groups such as nursing mothers and pregnant women at the health facilities.
- At the community level, talks were held with the village elders women and youth groups and the community at large while school visits were also conducted.

***Objective 2. To improve the gathering of information concerning the Non-Polio AFP rate in the population.***

## Activity

- On-going collaboration with the WHO on AFP surveillance. Suspected cases identified in the community are reported to the clinics which in turn inform the WHO.

There has been effective collaboration between the WHO, UNICEF, Ministry of Social Affairs (Puntland), and the Ministry of Health and Labor (Somaliland). The UNICEF has launched an advocacy drive on pre-registration of all new born babies as the focus is to improve performance and coverage.

A reasonable level of success has been achieved in areas such as social mobilisation by the SRCS volunteers, actual immunization days and the supervision provided by the SRCS Health Officers. This was more pronounced in the rural areas. In the area of AFP surveillance, through the use of the ARCHI tool kit, it is hoped that there will be better and further collaboration with the focal points of the various agencies.

**Sudan**

National Immunisation Days are planned for October and November and will target the four states of N. Darfur, Blue Nile, Red Sea and S. Darfur.

***Objective 1: Further develop SRCS capacity to conduct awareness and social mobilisation activities for polio eradication and other community based health programs in Sudan.***

## Activities:

Volunteers to be trained in OPV administration and community mobilisation in each targeted state. The training session will be one day, priority given to newly recruited volunteers and those not previously participating in NIDs. The number of volunteers should aim at covering the need of polio vaccination teams in targeted states.

***Objective 2: Strengthen collaboration and co-ordination between the SRCS, ICRC, the Federation, WHO, UNICEF, MOH and other actors involved in the Polio Eradication Campaign.***

## Activities:

The SCRS state branches will meet with the MoH to discuss mutual co-operation and identify training needs and any “gaps”. This activity will be co-ordinated with similar contacts at the federal level.

***Objective 3: To “step up” and accelerate ongoing SRCS involvement related to the National and Sub-national Immunisation Days.***

## Activities:

Meetings held with targeted state SRCS branches about the plan for a well organised, accelerated contribution to the NIDs in April, October and November 2001. Emphasis on volunteer recruiting and training, social mobilisation, reporting and use of IEC materials. All volunteers to be visually identified as SRCS volunteers through appropriate clothing/badges.

## *Outstanding needs*

Coverage of the revised appeal stands at 47%. Further donor support is urgently needed in order to carry out the planned activities for the National Immunization Days scheduled for October through December.

## *Contributions*

See Annex 1 for details.

*For further details please contact:*

- *Mark Willis; Phone: 41 22 730 4260; Fax: 41 22 733 03 95; email: willis@ifrc.org*
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*All International Federation 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.*

*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's website.*

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

Peter Rees-Gildea  
Head a.i.  
Relationship Management Department

Ernst Ligteringen  
Director  
Programme Coordination Division

Global Polio eradication campaign						ANNEX 1
APPEAL No. 28/2000		PLEDGES RECEIVED			08.10.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>4'025'246</b>		<b>TOTAL COVERAGE 47.7%</b>
AMERICAN - PRIVATE		3'675	USD	5'982	08.02.2001	
BRITISH - RC		20'000	GBP	50'600	19.12.00	
BRITISH - RC		20'000	GBP	49'200	27.04.2001	
BRITISH - PRIVATE		250'000	USD	443'375	09.11.00	
DANISH - RC		277'500	DKK	56'777	18.10.00	
FINNISH - RC		50'456	EUR	76'799	25.10.00	
ICELANDIC - RC		200'000	ISK	4'235	05.10.00	
MONACO - RC		50'000	FRF	11'580	06.04.2001	
NORWEGIAN - GOVT/RC		312'500	NOK	59'482	16.10.00	
NORWEGIAN - GOVT		1'630'943	NOK	308'695	18.12.00	
NORWEGIAN - RC		407'735	NOK	76'776	16.05.2001	
SWEDISH - RC		1'040'000	SEK	189'280	27.10.00	
SWEDISH - RC		2'000'000	SEK	337'000	05.03.2001	
ONLINE PRIVATE		200	USD	326	13.02.01	
PRIVATE (DOMESTOS)				100'000	25.05.2001	
CAPACITY BUILDING FUND				150'000		
<b>SUB/TOTAL RECEIVED IN CASH</b>				<b>1'920'107</b>	<b>CHF</b>	<b>47.7%</b>
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				<b>0</b>	<b>CHF</b>	<b>0.0%</b>
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>SUB/TOTAL RECEIVED</b>				<b>0</b>	<b>CHF</b>	
<b>THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:</b>						
G33260 - PSO400 - PNG400 - PNE400 - PLR400 - PSL400 - PSD400 - PET400 - PCG400 - PZR400 - PTD400						