

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

6 April, 2001

*appeal no. 28/00; Revised budget; Programme extension until 31 December 2001
situation report no. 2
period covered: February - March, 2001*

Responding to a range of programme and in-country developments, plans of action and budgets have been revamped and adjusted, with an increased focus on the use of and training for volunteers. While programmes will be expanded in Chad, Sudan, Nigeria, and Niger, and support will be extended in the Democratic Republic of Congo, Somalia, Afghanistan, Pakistan, Bangladesh and India, the original appeal budget has been substantially reduced. This reduction consists primarily of eliminating a CHF 1,000,000 procurement of vaccines, with a corresponding drop in capital expenses, educational materials, personnel costs, program support, and vehicles. The programme is being extended until 31 December, 2001 to allow time for the NIDs planned in the latter part of the year to be completed.

The context

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. 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 Immunization Days (NIDs) in the remaining most difficult countries.

To assist in this effort, in June 2000 Gro Harlem Brundtland, Director-General of the World Health Organization (WHO), invited the International Federation and the ICRC to become partners in the Global Polio Eradication Campaign. On its behalf, the Federation brings to the campaign the support of the largest voluntary humanitarian movement in the world.

Working closely with the other key UN, Governmental, and NGO organizations (the polio eradication campaign is led by WHO, in partnership with Rotary International, the United States Center for Disease Control and Prevention or CDC, and UNICEF), the Federation launched Emergency Appeal no. 28/00 on 27 September 2000, seeking CHF 7,905,601 for 9 months. The appeal represented 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.

Though the appeal launch occurred late in the year and was out of the funding cycle for many donors, interest in the campaign was high. Actual contributions however were less than expected and slow in coming, elements which hampered the Red Cross and Red Crescent ability to start the campaign. This was particularly problematic for countries where the NIDs were close to the appeal launch date. Despite this constraint, large contributions were received from the Swedish and Norwegian Red Cross, and British Petroleum which allowed Red Cross and Red Crescent campaigns to be conducted in Chad, the Republic of Congo, Ethiopia, Iraq, Liberia, Niger, Nigeria, Sierra Leone, and Sudan. In addition the Afghanistan and Somali Red Crescent and the DR Congo Red Cross participated in the polio campaigns in those countries with the support of the locally based partners. Assessment missions were carried out in all African countries, with the participation of the Red Cross and Red Crescent. From these missions plans of action were formulated and acted upon according to the funds available at the time of the NID. In Iraq the assessment was carried out by the regional health delegate from Amman. Assessments are planned in South Asia for early 2001. Interventions in Angola proved impossible due to the instability in the country.

Latest events

Building on the experiences gained in the final rounds of the National Immunization Days (NIDs) in 2000, the National Societies involved in the Global Polio Eradication Campaign have revamped their plans of action and budgets for the coming year. In the 11 countries where the Federation supported the campaign there will be an increased focus on the use of and training for volunteers. Programmes will be expanded in Chad, Sudan, Nigeria, and Niger, while activities will continue to be pursued in Sierra Leone and Liberia (in areas where security permits) and the following countries which were not supported financially in 2000: Democratic Republic of Congo, Somalia, Afghanistan, Pakistan, Bangladesh and India. Implementation of the planned campaign in Angola remains a problem due to the ongoing conflict and the recent restructuring of the Federation Delegation.

Once again the focus this year will be on the social mobilization of beneficiaries and increasing the vaccination coverage in the designated countries to 100%. In consultation with WHO and UNICEF the Federation has decided to drop from the appeal the purchase of vaccines to concentrate on the mobilization of the human resources of the Red Cross and Red Crescent network. Vaccine manufacturers are currently working at full capacity in producing the Oral Polio Vaccine (OPV), and UNICEF will continue to provide all the vaccines needed in the campaign.

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 residual activities and certification of the disease's eradication. Recently Nepal, showing much progress there certification of a polio free environment, has been taken off the list of priority countries, and India, despite its vast size, continues to move towards elimination of the disease. In Africa, Congo-Brazzaville is a clear success story as it has moved very close to certification status.

Red Cross/Red Crescent action

Afghanistan •

The Afghan Red Crescent Society (ARCS), with the support of the International Federation, is delivering basic primary health care services through 48 clinics throughout the country; 34 out of the 48 clinics are delivering immunisation services. Some ARCS clinics in remote areas without other health facilities are delivering outreach immunisation activities. Starting in the fall of 2000, all ARCS health staff from 48 clinics have been involved in NIDs, and they have made a commitment to remaining involved in the national Acute Flaccid Paralysis (AFP) surveillance system (planned to start in 2001).

Objective 1: To increase vaccination coverage in selected districts to 100% in 2001.

Activities:

- Deployment of 5,000 ARCS Community Based First Aid (CBFA)-trained volunteers in mobilizing door-to-door polio vaccinations for infants under the age of five.
- Use of 48 ARCS staffed clinics as focal points for information dissemination and to serve as vaccination centres for the polio campaign.

Objective 2: To increase involvement in AFP surveillance.

Activities: In collaboration with WHO, UNICEF and the Ministry of Health, to train clinic staff and volunteers in identifying and reporting AFP cases to the Ministry of Health.

Bangladesh •

Bangladesh is one of the last countries in Asia where the wild polio virus is circulating. The Bangladesh Red Crescent Society (BRCS) and the Delegation are new to the campaign this year. The delegation and the BRCS will incorporate the Polio Eradication campaign into other health activities, and will focus efforts in the three districts of Rangamati, Khagrachari and Bandarban.

Objective 1: To train 500 BRCS volunteers in social mobilization and vaccination techniques.

Activities: 5 training workshops are planned to be held in Dhaka City between 2 and 6 April.

Objective 2: 500 volunteers will conduct social mobilization exercises in the NIDs in April and November.

Activities: Social mobilization through house to house search, education in kindergarten and primary schools, dissemination in high rise apartment buildings. Approaches through religious groups, and dissemination and education in community centres.

Chad •

The participation of the Red Cross of Chad was greatly appreciated by the Ministry of Health, and the Red Cross has been requested to expand its activities for the 2001 NIDs. Over 1,500 Red Cross volunteers are expected to participate in this campaign. Federation partners have expressed enthusiastic feedback related to activities in Chad.

Objective 1: To increase vaccination coverage throughout the country by mobilizing the target population.

Activities:

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

Republic of Congo (Brazzaville) •

In 2000 the Congolese Red Cross set very modest goals and achieved them with overwhelming success. And while in 2001 the goals have become much more ambitious, it is expected that the experience gained from last year will prove useful in meeting the challenge. 550 volunteers will reach

out and assist in the vaccination of over 579,000 families in Brazzaville, Niari, Bouenza, Lékounou, Kouilou, and Pool.

Objective 1: Train 30 volunteers in community based social mobilization and AFP surveillance in the following regions: Niari, Bouenza, Pool, Sangha, Cuvette Ouest, and Likouala.

Activities:

- Training workshops will be held in each of the regions. A local branch coordinator will organize the training with the assistance of local health authorities.
- One volunteer will be nominated to receive training in radio operations, and to coordinate communication during the operation.

Objective 2: Mobilize at least 100 volunteers in each region to reach the target population.

Activities:

- One hundred volunteers will perform community mobilization, targeting families with small children, and community group leaders. During the NIDs volunteers will go door-to-door to increase turn out and avoid missing any of the target population.

Objective 3: Provide supervision for the mobilization teams in Kouilou, Niari, Bouenza and during the NIDs.

Activities: Coordinators will organize and supervise the mobilization and vaccination process in Kouilou, Niari, Bouenza and Brazzaville in each of the three NID rounds planned in 2001.

Objective 4: Provide logistical support for the Red Cross and other agencies during the NIDs.

Activities: Federation and Red Cross vehicles will be placed at the disposition of the branches included in the effort.

Democratic Republic of Congo (DRC) •

This revised appeal will support activities in the DRC for the first time in 2001, the Red Cross of the DRC however has been working in the NIDs since 1998. In fact, in 1999 and 2000 over two thousand volunteers participated in the vaccinations. This year the national society will be a full participant on the ICC in Kinshasa. The Red Cross will concentrate their activities in the provinces of Bas-Congo, Bandundu, and Kinshasa, and sets as a goal the vaccination of 2.6 million children each of the three rounds of vaccination.

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 mobilization 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 •

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 immunization 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 •

The Iraqi Red Crescent support to the polio campaign in early 2001 was recognized 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. First round NIDs are currently underway and a second round will take place in October. Iraq should be one of the success stories of the year, with the stopping of transmission within reach in 2001.

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.

- ICRC 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 ICRC volunteers will receive training from MoH in monitoring vaccination campaigns in 14 Governates (4 Governates received training last year).
- 18 ICRC coordinators will organize the monitoring process, coordinate 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 •

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 immunization 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 certificating 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 •

The main objectives of the Niger Red Cross Society (NRCS) intervention in polio eradication is to mobilise people to participate in the NIDs activities and to make the Niger Red Cross a strong member of the country surveillance team. In collaboration with the Ministry of Health, the NRCS has identified the Niamey, Diffa and Maradi communities as the venues for Red Cross social mobilisation activities. The NRCS has chosen the innovative approach of working between rounds of NIDs to increase awareness of the value of polio vaccination and will combine this with information for the need for vaccination against other diseases as well. Each month, from February to July 2001, three days per month, volunteers will visit selected households in Niger, Niamey, Diffa and Maradi to advocate not only on polio immunisation but also to support the national immunisation program to increase demand on vaccine as a whole. Of the three areas selected for the pilot project, Niamey was chosen because of its population density, and Maradi and Diffa because both of them are difficult to reach and isolated. The Niger Red Cross work in collaboration and cooperation with other partners and the Ministry of Health involved in the polio eradication program.

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 •

Nigeria is one of the largest “reservoirs” of polio virus in the world and remains a major obstacle to achieving the goal of global polio eradication. WHO has classified Nigeria as a high priority and has targeted additional resources and scheduled additional NIDs to help assure that polio transmission can be interrupted in a timely manner.

The Nigerian Red Cross Society (NRCS) has contributed to the eradication of polio by participating actively in mobilizing 1.3 million children under five in round 2, and 700,000 children in Round 3 (in addition to nearly 4,000 groups mobilized). In planning the NIDs together with partners in the International Coordinating 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 mobilization 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 mobilization in 12 States, and contributing with posters promoting immunization.

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 mobilization through publicity, meetings with mothers clubs, dissemination to key members of society, and house-to-house mobilization.

Objective 2: To continuously build up the capacity and efficiency of NRCS Branches in mobilising and organising volunteers for the benefit of their communities. Further strengthen implementation and monitoring of NRCS projects by employment and training of 6 zonal officers, branch staff and volunteers.

Sierra Leone •

The Sierra Leone Red Cross Society and the Federation Delegation will continue with their excellent efforts from 2000. Initial NIDs are to be held in zones untouched in last years campaign (those areas affected by insecurity). These zones remain in conflict and the Federation will not be able to support the SLRC at this time. It is hoped that during the second round of NIDs later in the year the Red Cross will be in a position to expand out of the Lungi area and into three new chiefdoms.

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 activities in the 2 chiefdoms.
- Conducting house-to-house immunisation of OPV and Vitamin A.
- Provision of fuel and logistics to support these chiefdoms.
- To sensitise mothers and child minders on the importance of the polio eradication programme.

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

Activities:

- Training of health workers and Red Cross volunteers in the administration of oral polio vaccine.
- Meetings with the District Health Management Team in four chiefdoms.

Objective 3: To carry out quarterly registration of newly born babies and AFP surveillance on the 2 chiefdoms.

Activities:

- Local branch volunteers will conduct registration of newly born babies.
- With local health authorities, set up a community-based network of AFP surveillance and monitoring the MMR and IMR in the 4 chiefdoms.

Somalia •

In the 2001 Polio eradication effort the SRCS will be involved in social mobilization of beneficiaries, house-to-house vaccination of children and increased AFP surveillance. The Somali Red Crescent Society (SRCS) system of health clinics will be used as a base of operations from which to launch community outreach programs to reach the population, including house-to-house visits, health education sessions with key community members and public service announcements using mobile public address systems. The volunteers will concentrate on the rural areas, covering villages under the clinic catchment areas.

Objective 1: Increased demand for polio vaccination and immunization coverage.

Activities:

- Conduct house-to-house campaigns and use public address tools to inform people about NIDs.
- Conduct training for volunteers.

- Organize health talks with selected target groups.
- Conduct house-to-house vaccination.

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

Activities:

- Active house-to-house search of cases.
- Timely reporting of suspected cases.
- Registration of newborns.

Sudan •

The wild polio virus continues to circulate in the Sudan, exacerbated by the the following: extensive border areas which surround this vast and at times geographically inhospitable country, unsettled population movements inside and between countries, changing security conditions and transportation constraints. NID'S began in the Sudan in 1994 and since that date four double rounds have occurred, targeting over 4.5 million children. It is difficult to calculate NID coverage rates because of inexact population profiles, but it is improving and thought to be about 95% at the end of 2000. The SRCS has had previous involvement in these national immunisation days, but their importance and contribution to these campaigns has not had the recognition they deserve. In effect, they have been regarded as a "silent partner". The Sudan Red Crescent Society (SRCS) has focused on social mobilisation, fixed and house-to-house posts and also in actually administering the vaccinations. However, the SRCS has the added advantage of "accessibility", in that they are able to cover areas and vaccinate children that are sometimes inaccessible to other organisations.

The SRCS will implement planned activities in accordance with funds made available, targeting the following five states in April 2001: Northern State, W. Darfur, W. Kordofan, S. Kordofan and Khartoum. An additional four states (N. Darfur, Blue Nile, Red Sea and S. Darfur) will be targeted for October/November 2001.

Objective 1: Further develop SRCS capacity to conduct awareness and social mobilization 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 coordination between the SRCS, ICRC, IFRC, 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 cooperation and identify training needs and any "gaps". This activity will be coordinated 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.

South Asia •

A consultant has been employed and is currently conducting an assessment mission in Pakistan and India to determine the level of involvement feasible for those National Societies in the Polio Eradication campaign. Detailed plans should be available before the September NIDs and will be incorporated into the next situation report.

Outstanding needs

With only 17% of the appeal covered, cash contributions and other donor support is critical to enable the Federation and national societies to proceed with implementing the planned activities in collaboration with the UN and other agencies during the remaining part of this programme until June, 2001. The original budget has been substantially reduced including the elimination of the purchase of CHF 1,000,000 worth of vaccines from the plan of action. Other significant changes in the budget are the large drop in capital expenses, educational materials and personnel costs. The experience of last year indicates that we can mount effective campaigns by focusing on quality volunteer interventions, and the need for the purchase of vehicles has been reduced. Transportation means provided to the national societies will mainly consist of motor bikes and bicycles rather than vehicles. On the other hand the need for more communication equipment became apparent and the revised budget reflects that need. National Societies also realized the need to focus their efforts in areas where they can make a big difference and where the other partners agencies are not working, hence the large drop in personnel costs. Also, in line with ARCHI guidelines, community involvement in the programmes is of paramount importance to success, and correspondingly there is less of an emphasis on paid staff directly implementing the program. The overall reduction in costs, increased focus and the reduction of reliance on paid staff has also led to commensurate reductions in the transport and storage, general administration and program support budget lines.

External relations - Government/UN/NGOs/Media

A high point of the entire campaign has been the effective collaboration and cooperation achieved with the UN agencies, other partner organizations, and Government ministries. The Federation Polio Task Force and ICRC met several times in Geneva to plan the Movement's involvement with the Polio Eradication Campaign. WHO provided an introduction to the program to all Heads of Delegations at their June 2000 meeting. The Task Force meets regularly with WHO and UNICEF at the Geneva level. Most Federation field offices and national societies are active participants in the International 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 and the Red Cross and Red Crescent Movement.

Feed back from partners has been extremely gratifying with Congo-Brazzaville, Chad, Iraq, Liberia, Somalia, Sierra Leone especially being sited as excellent programs by their Ministries of Health and WHO.

Contributions

See Annex 1 for details.

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This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

		ANNEX 1	
<u>BUDGET SUMMARY (Revised)</u>		APPEAL No. 28/2000	
Global Polio eradication campaign			
TYPE	Original budget	Revised budget	Variance
RELIEF NEEDS			
	IN CHF		
Vaccines: 50 million units	1,000,000		(1,000,000)
Teaching materials	558,116	250,000	(308,116)
Utensils & tools	168,139		(168,139)
Other relief supplies	5,460	21,400	15,940
TOTAL RELIEF NEEDS	1,731,715	271,400	(1,460,315)
<u>CAPITAL EQUIPMENT</u>			
Vehicles	382,900	85,000	(297,900)
Motorbikes: 29	85,080	85,080	
bicycles: 1,414	244,200	255,900	11,700
Computers	18,239	15,950	(2,289)
Telecom. equipment	24,000	83,582	59,582
Other equipment	17,460	137,000	119,540
<u>PROGRAMME SUPPORT</u>			
Programme management (automatic calculation)	533,075	271,422	(261,653)
Technical support (automatic calculation)	159,575	81,250	(78,325)
Professional services (automatic calculation)	176,967	90,105	(86,862)
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	464,945	322,927	(142,018)
<u>PERSONNEL</u>			
Expatriate staff	274,993	275,242	249
National staff	3,026,559	1,361,777	(1,664,782)
<u>ADMINISTRATIVE & GENERAL SERVICES</u>			
Travel & related expenses	13,344	103,311	89,967
Information expenses	123,250	132,836	9,586
Administrative & general expenses	304,504	242,172	(62,332)
External workshops & seminars	324,796	210,292	(114,504)
TOTAL OPERATIONAL NEEDS	6,173,886	3,753,846	(2,420,040)
TOTAL APPEAL CASH, KIND, SERVICES	7,905,601	4,025,246	(3,880,355)
LESS AVAILABLE RESOURCES (-)		1,339,569	
NET REQUEST		2,685,677	

Global Polio eradication campaign						ANNEX 1
APPEAL No. 28/2000		PLEDGES RECEIVED			04/06/01	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				7,905,601		TOTAL COVERAGE 16.9%
BRITISH - RC		20,000	GBP	50,600	19.12.00	
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	
NORWEGIAN - GOVT/RC		312,500	NOK	59,482	16.10.00	
NORWEGIAN - GOVT		1,630,943	NOK	308,695	18.12.00	
SWEDISH - RC		1,040,000	SEK	189,280	27.10.00	
ONLINE PRIVATE		200	USD	326	13.02.01	
CAPACITY BUILDING FUND				150,000		
SUB/TOTAL RECEIVED IN CASH				1,339,569	CHF	16.9%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						
G33260 - PSO400 - PNG400 - PNE400 - PLR400 - PSL400 - PSD400 - PET400 - PCG400 - PZR400 - PTD400						