

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, NIGERIA, PAKISTAN AND THE REPUBLIC OF CONGO: POLIO ERADICATION CAMPAIGN

30 April, 2003

Appeal No. 07/2002; Launched on: 01 March, 2002 for 9 months for CHF 1,086,000 from some 5.9 million beneficiaries.

Disaster Relief Emergency Fund (DREF) Allocated: N/A

“At a glance”

Appeal coverage: 112.9%

Summary: The objectives in the appeal have been exceeded with the participation of National Societies in 10 countries and more than 36.4 million children under the age of 5 years reached. Red Cross and Red Crescent Societies participate in the work of Interagency Coordination Committees (ICCs) and continue to be acknowledged by the Ministries of Health (MoH), the World Health Organization (WHO) and UNICEF for the contribution of their volunteers to the community mobilization and vaccination efforts. Because of this important contribution, the International Federation has been called on to further its support for areas where community-level action is vitally needed in the final push towards global interruption of virus transmission in 2003: namely Egypt, northern India and Pakistan. Other sources of funding were identified beyond this appeal for the participation of National Societies in polio activities in Afghanistan and Somalia and through an integrated campaign in Kenya. National Societies are active participants in the ICCs where they develop joint action plans with other stakeholders to ensure coordinated planning and implementation, and efficient use of resources.

The Federation delegation and National Society participation in polio eradication continues to serve as a catalyst for their expanded participation in other community-based health programs. Finally, in terms of the outstanding balance, previous reports have addressed the challenges with differences between funding cycles and polio campaigns. Because of this, there was careful consideration in the allocation of resources during late 2002 to ensure that adequate funding was available to meet emerging needs in the first quarter of 2003 (refer to Final Financial Report section for additional information).

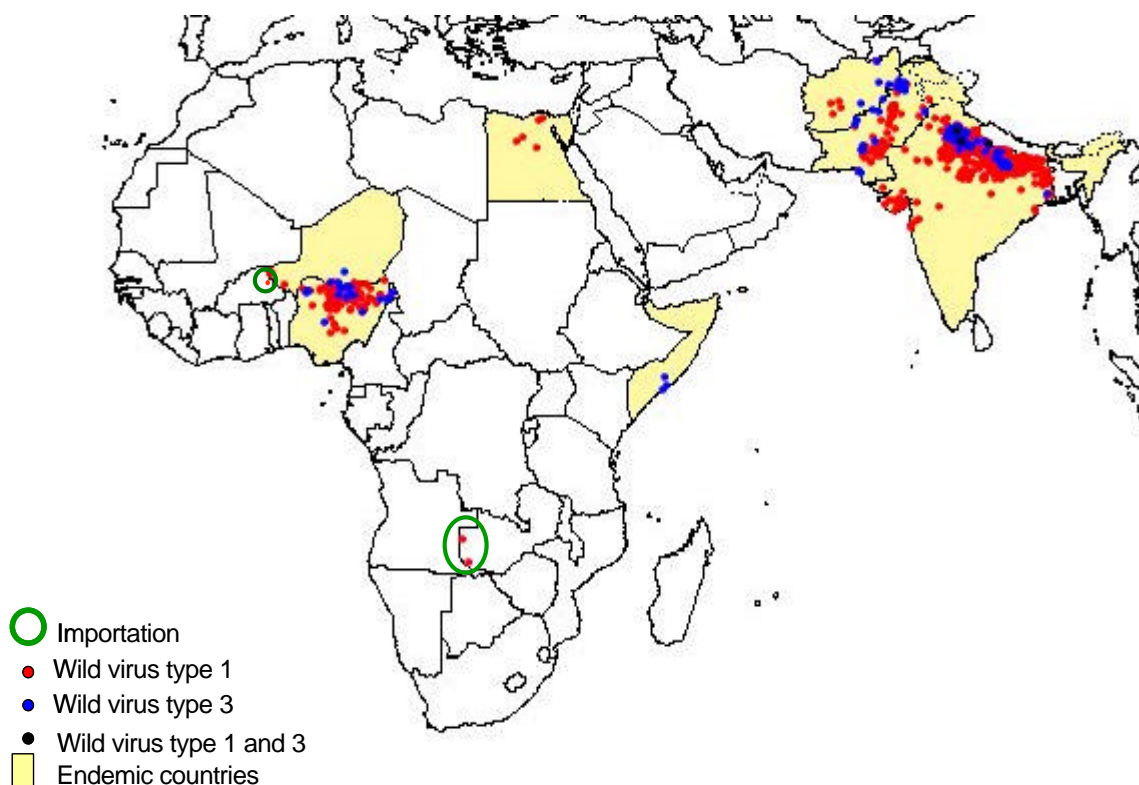
The Context

In June 2000, Gro Harlem Brundtland, Director-General of WHO, invited the Federation and the ICRC to become partners in the Global Polio Eradication Campaign. This effort is led by WHO in partnership with UNICEF, Rotary International, the United States Centers for Disease Control and

Prevention (CDC) and a wide array of non-governmental organizations, government, bilateral and UN agencies who are providing funding, vaccines, personnel, technical support, and volunteers to administer polio vaccine during National Immunization Days (NIDS) and to conduct house-to-house searches to ensure that every child is immunized.

According to WHO, the number of cases has fallen by more than 99% since 1988 (350,000 cases) and 2002 saw the lowest number of polio infected countries ever (only 7 countries). However, the number of cases reported in 2002 increased (from 483 in 2001 to 1,461 in 2002) due to increases in India and Nigeria. More than 85% of the cases worldwide are concentrated in 9 states/provinces within India, Nigeria and Pakistan (with the northern India state of Uttar Pradesh accounting for 60% of the remaining cases).

Wild Poliovirus, 2002



WHO's global Technical Consultative Group (TCG) noted the progress in 2002 and was impressed by the use of surveillance information to drive the program. The oversight body concluded that given the high-quality campaigns and increased access to children, Afghanistan, Angola, Niger and Somalia should interrupt transmission by the middle of 2003. However, the TCG noted with grave concern that closing immunization gaps in Egypt, India and Nigeria requires urgent and substantial work if transmission is to stop by 2003. In the 2003 appeal, it is proposed that the Federation work with WHO to identify areas where the Red Cross and Red Crescent National Societies could make a significant difference in polio eradication efforts through community action and facilitating access to hard-to-reach areas and most underserved minorities.

Objectives

The overall goal of the global effort is unchanged: global interruption of poliovirus transmission and certification of the global eradication of the virus by the year 2005. The Federation's role will be to

contribute to achieving 100% vaccination coverage for children under the age of five in each of the five countries through:

- further developing National Society (NS) capacity to conduct awareness and social mobilisation activities for polio eradication and other community-based health programs;
- increasing NS effectiveness at strengthening Acute Flaccid Paralysis (AFP) Surveillance at the community level;
- strengthening collaboration and co-ordination between the Federation and the Ministry of Health and other partners involved in polio eradication (WHO, UNICEF, Rotary);
- accelerating NS involvement in the activities related to National and Sub-National immunization days;
- providing lessons learned in the community health education and social mobilisation that can be used in efforts against other infectious diseases, notably HIV/AIDS; and
- playing a key role in terms of regional leadership to deliver the planned assistance, provide strategic coordination with the program partners, and support to the NS involved.

Achievements

In Operations Update No. 1, posted 18 October 2002, the report highlighted National Society participation in polio eradication activities for Nigeria, Pakistan, Niger, Democratic Republic of the Congo, Bangladesh, Iraq and the Republic of Congo during the first part of 2002. Please refer to the Operations Update for additional information on those previous efforts.

Afghanistan

During the months of September, October and November, the Afghan Red Crescent Society (ARCS) vaccinated 52,569 children for one or more vaccine-preventable diseases (diphtheria, whooping cough, tetanus, polio, measles and tuberculosis). All ARCS clinics and health officers, along with ARCS volunteers, were involved in polio NIDs from 22 to 24 October. During the polio NIDs campaign in November; 675 volunteers vaccinated 182,210 children under 5 years of age. Throughout the campaign, volunteers encouraged 73,987 families to immunize their children.

The ARCS is finalizing an Emergency Mobilization Units (EMU) programme. The 5 EMUs, (Kabul, Mazar, Herat, Kandahar and Jalalabad) serve as disaster relief and health emergency vehicles, but when available, they serve to enlarge the coverage area of ARCS clinics and achieve greater access to remote areas by providing primary health care services, linking ARCS volunteers, and participating in polio National Immunization Days.

Chad

The National Society focused immunization campaigns in two main regions of the country designated as high risk due to their close proximity to recently discovered cases of polio in the neighbouring country of Nigeria. In the lake region, during October 2002, a team composed of the National Society Secretary General, community leaders and over 150 volunteers participated in a 5-day training session (half of the team in Bol, and half the team to Guité) focusing on vaccine administration. The week prior to the campaign, team members mobilized, travelled between islands on boats, and provided door-to-door education to parents about the necessity of vaccinating their children. During the campaign, teams comprised of one health worker and two Red Cross volunteers continued door-to-door efforts, vaccinating 11,741 children between the ages of 0 and 5 years of age, reaching 95.74% of the target population.

In the capital city of N'Djamena, the National Society responded to and assisted the Ministry of Health's call for intensified social mobilization in routine immunizations. In October 2002, 50 community and Red Cross volunteers began a door-to-door immunization education campaign in which child immunization cards were reviewed, and mothers were instructed on the benefits of having their children immunized. Over the next 3 months, volunteers made weekly visits to families to

evaluate immunization rates, and discuss barriers that prevented immunization. In total, 5,400 children were monitored during this program, 98% of which received their polio immunization. As a result of the guidance of Red Cross volunteers, program participants report increased confidence in taking their children for immunization and the NS reports a reinforced relationship with the Ministry of Health, as well as increased visibility and credibility.

Democratic Republic of Congo

Polio vaccination efforts continued in the Democratic Republic of Congo during a three-phase campaign in 2002. The first phase report was provided in the previous Operations Update. In the second phase, DRC-Red Cross (DRC-RC) focused their work in 35 health zones in four regions (Bandundu, Bas-Congo, Kinshasha, and Katanga) with over 1,678 Red Cross volunteers assisted in the vaccination of nearly 2.1 million children under the age of five. In the third and final phase of the year, over 1,450 volunteers assisted in the immunization of more than 2.2 million children under the age of five. Under separate funding arrangements with UN partners, volunteers also participated in activities in other regions (Equateur, Kasai). The NS reported that, working with the Ministry of Health and several other partners, vaccination efforts in 2002 were especially successful in reaching DRC remote areas. As a result of these efforts, no poliovirus has been identified in DRC for more than 24 months.

Egypt

Polio eradication strategies for Egypt were developed by the Ministry of Health and Population, (MoHP) UNICEF, WHO, in partnership with the Egyptian Red Crescent Society (ERCS). After careful review of effective modes of implementation, a massive campaign was implemented. Through a mass media approach, a large-scale public awareness campaign was held between September and December 2002. The First Lady of Egypt participated in the inaugural phase of the campaign by initiating the vaccination activities. Vaccination teams conducted door-to-door visits, seeking to immunize all children 0 to 5 years old. Over 700 ERCS volunteers participated and, accompanied by MoHP personnel, were responsible for compiling registration data, and administering the oral vaccine.

Ethiopia

The Ethiopian Red Cross Society (ERCS), working in co-operation with the Ministry of Health, UNICEF, and WHO, participated in two NIDs in November-December 2002. Over 600 volunteers participated in the first round of immunizations, and nearly 1,100 volunteers during the second round. Conducting door-to-door social mobilization, volunteers were successful in sensitizing and raising awareness in 318,062 households. Volunteers trained in drought relief operations and community-based first aid were able to participate in polio eradication activities, which in turn provided an opportunity for additional volunteer recruitment and training to the benefit of other activities.

Iraq

The Iraqi Red Crescent Society (IRCS) further strengthened their relationships with WHO, UNICEF and Iraqi Medical Schools during the polio eradication campaigns in 2002. In the March, campaign volunteers worked as part of teams that included 53 supervisors and 168 monitors, to vaccinate children throughout the nation. The teams covered 62 districts throughout all 18 governorates in Iraq. During the campaign, monitors: 1) recorded names, ages, addresses and vaccination status of children living within a district; and 2) inquired as to why children had not been previously immunized. On the final day of the campaign, all children who were not yet immunized received the vaccination. Coordinators reported vaccinating 20,050 children throughout the country during this campaign.

Using a similar method during the October NIDs, the IRCS' efforts increased to cover 118 districts throughout the 18 governorates. This drive utilized 123 supervisors and 406 monitors. Teams in Thiqr saw that 2,399 children in the region have been vaccinated, while workers in Erbil report that

3,930 children have now received the immunization. Success was also high in Baghdad, where 5,274 children received polio vaccination.

In total, national coordinators report 48,663 additional Iraqi children were vaccinated during the October 2002 campaign.

Kenya

With the guidance of the Kenya Expanded Programme on Immunizations and as part of the measles mortality reduction campaign, the Kenya Red Cross Society (KRCS) was able to target high-risk areas within the country. Members from a network of 10,000 Red Cross volunteers concentrated on three primary regions: the Tana River region, where a total of 38,848 children were immunized, the Kibera region where 39,237 children were immunized, and the Garissa region where 22,760 children were immunized.

Niger

The National Society working through its established 300 volunteers, continued immunization and sensitization activities in the areas of Maradi (Aguié), Tahoua (Madaoua), Dosso (Gaya), and Niamey. The Niger Red Cross (NRC) working in partnership with the Ministry of Public Health, participated in several NIDs and National Social Mobilization Days (NSMDs). During the NSMDs in Tahoua, 25 two-person teams visited 58 villages and hamlets, visiting a total of 1,418 households, registering 11,912 children under the age of five. In the Dosso region 30 volunteers visited 2,440 homes, registering 9,911 children under the age of five. In the Niamey region, 150 volunteers visited 66 villages/hamlets, going door-to-door to 1,019,266 households, registering 240,339 children under the age of five.

During National Immunization Days, the team in Tahoua immunized 11,912 children 0 to 5 years old, immunizing 100 percent of the target population. Efforts were equally successful in Dosso, where again 100% of the target population were immunized. In Niamey, 196,999 children, out of a target population of 240,339 children (82% of the target population) were immunized against polio.

Nigeria

In working towards their goal to: 1) increase acceptability and demand for polio immunizations by the communities, and 2) to achieve polio eradication by 2005; Nigeria Red Cross Society (NRCS) undertook two social mobilization and immunization campaigns in the Fall of 2002. During the first round of the campaign held in October, 37 branches coordinated 1,185 volunteers. These volunteers visited 673,481 communities and villages, immunizing nearly 36 million children. During the second round of the campaign held in November, 1,899 volunteers visited 816,00 communities in areas that have traditionally been resistant to immunization efforts and assisted in the mobilization of 15,501,557 children. NRCS focused its efforts on training as well as the immunization campaign. All 37 Branch Secretaries participated in the National Training/Orientation.

The NRCS reports high levels of acceptance and appreciation by both the people and local governments. The Interagency Co-ordinating Committee, (ICC), of which the NRCS is a key member, has proposed sub-NIDs in high-risk states for January, March and April of 2003.

Pakistan

For most of 2002, the situation in Pakistan has been defined by: 1) the humanitarian crisis in Afghanistan; 2) periods of increased tensions between Pakistan and India; and 3) a deteriorating security situation. Nevertheless, polio eradication activities have continued as planned, with an increased focus on the Afghan refugee population.

The Pakistan Red Crescent (PRCS) ambitiously participated in 9 rounds of NIDs and SNIDs during 2002, including two additional rounds added after a mid-year review of progress towards polio

eradication. The PRCS took a very active role in publicizing these days and in social mobilization, sending volunteers to hard-to-reach areas by car and foot. Volunteers displayed banners and distributed 80,000 leaflets to be placed in mosques. Additionally, badges, sashes, and caps were provided for identification to PRC volunteers, who distributed materials containing polio messages.

During the mobilisation campaigns, 491 volunteers reached children in 7 provinces. In September and October, volunteers in the Punjab province immunized 13,074 children under the age of five. During the month of December alone, in the North West Frontier Province, 10,590 children were immunized. Visiting refugee camps, maternity homes, hospitals and communities, volunteers were successful in immunizing 358,887 children during NIDs the year 2002. Health Centers have also continued polio immunization through their routine vaccination programs. The partners recognized the PRCS contribution to the campaigns including: 1) the role of the volunteers in social mobilization, 2) alleviating public fears and concerns over the safety of immunizations due to the peoples trust in the Red Cross emblem; 3) the use of RC health facilities, 4) the role of volunteers in monitoring and surveillance for Acute Flaccid Paralysis (AFP), and 5) linking WHO priority areas with PRCS operational areas.

Republic of Congo

Despite the considerable challenges brought about by political and social unrest, natural catastrophes, and various disease outbreaks, the Congolese Red Cross (CRC) carried out three immunization campaigns during 2002. The third campaign, held from October 3 to 6, was the most successful round of vaccination. In the region of Kouilou, 153,332 children were immunized accounting for over 99% of the target population while volunteers in Likouala immunized 29,141 children (97.5% of the target population). The largest numbers of children immunized were in the Brazzaville region, where 205,841 children were immunized. In total, during the third round of the campaign, 659,688 children received the polio vaccination. This figure brings the number of children under the age of five to be immunized in the Republic of Congo in the year 2002 to 1,938,380.

Somalia

In conjunction with local health authorities, WHO and UNICEF, the Somali Red Crescent (SRCS) continued their support of 3 rounds of National Immunization Days (NIDs) and one mop-up campaign in 2002. SRCS clinics served as vaccination sites and surveillance focal points. Volunteers and staff served as independent supervisors, district field assistants, and vaccinators. In Somaliland, 240 volunteers conducted door-to-door social mobilization and assisted with vaccinations, vaccinating 280,736 children, (98% of the target population).

During the campaign, volunteers were alerted to other health problems, and able to promote preventive measures. Volunteers also formed theatre performance groups, aimed at educating at risk populations about issues such as water contamination and HIV/AIDS. Participation of volunteers in these community-based polio activities is contributing to the development of their role and image as agents of change in major public health issues.

Constraints

As described in previous updates, the most significant challenge presented to national societies for their full participation in the global polio eradication effort was timely availability of financial resources. Campaigns that took place during the first quarter of 2002 faced the most significant challenges as donors finalized their support to the appeal. To counter some of this, some key campaigns were funded ahead of time using limited surplus funding from 2001. To minimize this in 2003, careful attention has been given to planning and resource allocation at the end of 2002 to ensure that adequate resources are available to support critical ongoing and emergent needs for the first quarter of 2003. As a result, a larger balance is presented for Nigeria in the financial report for 2002.

This funding will be used to support the sub-National Immunization Days in January, March and April 2003.

Another challenge is highlighting the Red Cross and Red Crescent's contribution to the polio eradication effort in the media and communications arena. During 2002, efforts were made to work more closely with WHO and UNICEF with regards to the contribution of the National Societies. In the March 2003 issue of WHO "Polio News, a WHO article features the Red Cross and Red Crescent's role in polio eradication.

Conclusion

In 2003 as in 2002, the final push in the eradication of polio will require a mass of community-based volunteers that can be mobilized, especially in hard to reach areas, where the most vulnerable populations live to bring polio vaccination coverage to the highest possible levels. The polio eradication effort has given National Societies a renewed sense of enthusiasm, and confidence as a full member of the collaborative effort. Participation has also strengthened the operational base and increased the number and capacity of the volunteer pool.

As a result of partnerships developed in the polio eradication activities, other health programs are calling on the International Federation and National Societies to help reach the people at the community level. These health programs include HIV/AIDS, measles mortality reduction, and malaria prevention and control. The Federation is also being called upon to assist in the coordination of non-governmental partners to address routine immunization coverage issues.

For 2003, the International Federation launched an appeal to complete eradication in remaining endemic countries as part of a comprehensive approach to vaccine-preventable disease efforts. As with previous appeals, the efforts will be more focused on the remaining countries and will look to maintain National Society contributions in achieving 100% vaccination coverage for children under the age of 5 years. Although it is stated that the likely countries would include Pakistan, Afghanistan and Nigeria, others would be targeted based on consultation with WHO (e.g., India, Egypt and others as the need arises). This ability to be flexible and respond to emergent and critical needs in the partnership has been highly valued in the polio eradication effort.

Final Financial Report

As noted earlier in the report, careful attention was paid to planning and funding allocations in the final quarter of 2002 to ensure that all ongoing and emerging needs for the first quarter of 2003 were addressed. The balance in the financial report reflects a slow clearance of expenditures from campaigns at the end of 2002 as well as allocations for activities in early 2003 where expenditures are ongoing. This would reduce the overall balance by 58%. For the remaining global balance, much of it has been programmed to support National Society efforts in India, Egypt and Nigeria.

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.

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

This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No & title: 07/2002 - Polio Eradication in DR Congo, Congo, Ethiopia, Nigeria, Pakistan

Period: year 2002 and 2003 (up to 30/04 provis.)

Project(s): P30401, CG400, ZR400, EG401, ET400, NE400, NG400, BD400, PK400,

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	1,086,000				
less					
Cash brought forward	305,339				
TOTAL ASSISTANCE SOUGHT	780,661				
<i>Contributions from Donors</i>					
Austrian Red Cross (DNAT)	53,650				53,650
BP Netherlands (DPS016)	2,496				2,496
Donor - Capacity Building Fund (DCBF)	100,000				100,000
Finnish Red Cross (DNFI)	36,613				36,613
Japanese Red Cross (DNJP)	35,838				35,838
Maltese Red Cross (DNMT)	1,992				1,992
Monaco Red Cross (DNMC)	7,319				7,319
Norwegian Govt. via Norwegian Red Cro (DGNNO)	278,323				278,323
Norwegian Red Cross (DNNO)	67,249				67,249
Swedish Red Cross (DNSE)	680,903				680,903
TOTAL	1,264,383				1,264,383

II - Balance of funds

OPENING	305,339
CASH INCOME Rcv'd	1,264,383
CASH EXPENDITURE	-1,229,301

CASH BALANCE	340,421

Appeal No & title: 07/2002 - Polio Eradication in DR Congo, Congo, Ethiopia, Nigeria, Pakistan

Period: year 2002 and 2003 (up to 30/04 provis.)

Project(s): P30401, CG400, ZR400, EG401, ET400, NE400, NG400, BD400, PK400,

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction		5,784			5,784	-5,784
Clothing & Textiles						
Food & Seeds						
Water & sanitation						
Medical & First Aid		1,373			1,373	-1,373
Teaching materials		9			9	-9
Utensils & Tools						
Other relief supplies		1,735			1,735	-1,735
Sub-Total		8,901			8,901	-8,901
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	93,000	21,825			21,825	71,175
Computers & Telecom equip.		26,100			26,100	-26,100
Medical equipment						
Other capital expenditures	11,000	12,088			12,088	-1,088
Sub-Total	104,000	60,014			60,014	43,986
<u>TRANSPORT & STORAGE</u>	100,000	59,801			59,801	40,200
Sub-Total	100,000	59,801			59,801	40,200
<u>PERSONNEL</u>						
Personnel (delegates)	100,000	93,075			93,075	6,925
Personnel (national staff)	306,000	533,894			533,894	-227,894
Sub-Total	406,000	626,969			626,969	-220,969
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts		2,819			2,819	-2,819
Travel & related expenses	78,000	133,662			133,662	-55,662
Information expenses	124,000	113,766			113,766	10,234
Admin./general expenses	55,000	56,217			56,217	-1,217
External workshops & Seminars	100,000	12,198			12,198	87,802
Sub-Total	357,000	318,661			318,661	38,339
<u>PROGRAMME SUPPORT</u>						
Programme management	119,000	82,633			82,633	36,367
Technical services		20,787			20,787	-20,787
Professional services		23,059			23,059	-23,059
Sub-Total	119,000	126,480			126,480	-7,480
Operational provisions		-50,826			-50,826	50,826
Transfers to National Societies		79,301			79,301	-79,301
TOTAL BUDGET	1,086,000	1,229,301			1,229,301	-143,301