

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Africa: Polio outbreak

Emergency appeal n°:  
MDR61004 (West & Central Africa); MDR64005  
(East Africa); MDR63002 (Southern Africa)  
Operations update n° 1  
14 May 2009

Period covered by this Ops Update: 7 April  
– 14 May, 2009

**Appeal target (current):** this appeal has  
been provisionally increased to CHF  
2,475,768 (USD 2.2m or EUR 1.7)

**Appeal coverage:** 24.6% (indicative) against  
the provisional revised budget figure of CHF  
2.4m; the final revised budgets and updated  
financial report will be made available shortly;

[<click here to link to contact details for further information](#)

### Appeal history:

- This Emergency Appeal was initially launched on 7 April 2009 to assist approximately 25 million children under 5 years of age in 14 countries affected by the polio outbreak for four months.
- Disaster Relief Emergency Fund (DREF): CHF 357,842 was initially allocated from the Federation's DREF to support emergency response campaigns in March (Benin, Cote d'Ivoire, Ghana, and Mali) and April (Central African Republic and Democratic Republic of the Congo). CHF 235,888 was allocated from the Federation's DREF to support the emergency response campaign in April in Kenya.
- Global Measles & Polio Initiative: CHF 160,000 was initially allocated from the Health and Care Department's Global Measles & Polio Initiative to support activities in four countries during February and March (Cote d'Ivoire, Burkina Faso, Niger, and Togo).
- This Ops Update (no. 1) adds the Guinea, Liberia, and Sierra Leone to the Appeal, and the budget is therefore provisionally revised to CHF 2.4m. Zone offices are currently finalizing their three respective budgets (or revised). For the purposes of this update, the following draft budgets are attached:
  - ü [<click here to go directly to the increased budget \(CHF 1.3m\) for the East Africa Zones>](#);
  - ü [<click here to go directly to the increase budget \(CHF 1,015,425\) for the West Africa Zone>](#)
  - ü [<click here to go directly to the budget \(CHF 110,174\) for the Southern Africa Zone>](#)



Volunteers from the Burkinabe Red Cross work with district health teams to vaccinate a child against polio.

**Summary:** As of 13 May 2009, the Global Polio Eradication Initiative (GPEI) reported 416 cases of wild polio virus (WPV) globally; 357 of these cases were in Africa. In response to outbreaks, Ministries of Health with support of the GPEI organized multiple synchronized polio national immunization days (NIDs) in three regional blocks: West Africa (7 countries), Central Africa (4 countries) and the Horn of Africa (4 countries). National Societies to date have participated in vaccination rounds in Benin, Burkina Faso, Cote d'Ivoire, Ghana, Niger, Togo, Democratic Republic of the Congo, Ethiopia, Kenya, Sudan and Uganda, mobilizing more than 18,300

Red Cross Red Crescent volunteers to ensure that all children under 5 years are reached with oral polio vaccination. This response has been made possible by generous pledges to the Appeal from the Swedish, British, Canadian Red Cross, and private donors.

In the continued effort to respond to these outbreaks, additional national and sub-national mass campaigns are planned; National Societies, as part of the Emergency Appeal plan, intend to be a part of that national response. As precautionary measure, and taking into account the traced spread of polio westward in Cote d'Ivoire, three additional countries (Guinea, Liberia, Sierra Leone) have been added to the end-May West Africa synchronized round; this Operations Update revises the Appeal to include those National Societies.

[<Click here to view a map of the current West Africa and Horn of Africa outbreaks>](#)

## The situation

The ongoing circulation of wild polio virus (WPV) in Nigeria, and particularly the surge of cases in 2008 (799 WPV cases as of 13 May 2009) present a serious re-infection threat to surrounding countries. As of 28 April, thirteen African countries had reported 97 cases of polio due to importations in 2009 (excluding Nigeria). Most of these importations are linked to the ongoing circulation in Nigeria, the only endemic country in Africa, which had reported 243 cases in 2009 (as of 13 May).

Polio importations of a viral origin from Nigeria have been detected in countries to the west, north and east of the country. In addition to these exportations, a reservoir of circulating WPV thought to originate from Sudan had been traced to outbreaks in Uganda and Kenya, resulting in a total of seven (7) and eleven (11) cases in 2009, respectively (as of 13 May). In addition, of interest to international communities is the detection of polio in the Port of Sudan - a significant development as it presents the opportunity for WPV to spread to other continents.



Ethiopian Red Cross Society speak with community members about the upcoming polio vaccination campaign.

Countries in the Horn of Africa which have not had polio cases in more than a decade are now faced with the re-emergence of polio.

The recent expansion of wild poliovirus outbreaks in West and Central Africa, and the Horn of Africa, poses a high risk of further international spread and threatens progress towards global polio eradication unless stopped immediately. In order to assist in the international response, on 7 April 2009 the Federation launched a tri-zonal Emergency Appeal to support National Societies as partners in emergency response campaigns in 14 countries across Africa.<sup>1</sup> The Appeal aims to assist approximately 25 million children under 5 years of age through *synchronized supplementary immunization activities* (SIAs) from the 20 March to 31 July 2009. Fourteen (14) countries were originally covered in the Appeal, namely in Central Africa (Angola, Central African Republic, and Democratic Republic of Congo), West Africa (Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger, and Togo) and the Horn of Africa (Ethiopia, Kenya, Uganda, Sudan - north and south). However, as precautionary measure, and taking into account the traced spread of polio westward in Cote d'Ivoire, three additional countries (Guinea, Liberia, Sierra Leone) have been added to the end-May West Africa synchronized round. This Operations Update seeks to add those three National Societies to its emergency response plans.

## Coordination and partnerships

The fourteen National Societies within the Appeal, and the Federation (Africa Zones and Geneva) are coordinating with Ministries of Health, WHO and other Global Polio Eradication Initiative (GPEI) partners (particularly UNICEF and Rotary International) to ensure that our response is harmonized and aligned with national and international response plans. All National Society plans are developed within the inter-agency coordinating committee (ICC), the body responsible for national vaccination efforts, and thus delineate a clear role

<sup>1</sup> Chad, an outbreak country, is not included in this Appeal.

and geographical area of responsibility for each National Society. National Society social mobilization activities are being done in coordination with other civil society partners working at the community level, such as Rotary International, World Vision, and CORE.

The Geneva Health and Care Department is facilitating planning across the three Federation Africa Zones to ensure a coordinated continental approach. Technical support is provided by the Health Coordinators within each Zone and Geneva, and is based upon frequent updates and WPV surveillance data made available by WHO. Where limited financial resources are available, prioritization for National Society support has been determined in consultation with the polio eradication team at WHO Headquarters.

Frequent communication to share Red Cross Red Crescent developments and exchange information has been facilitated through the Federation (Geneva) and WHO contacts, and regional Federation/WHO/UNICEF communications. At the time of this Operations Update, joint letters of collaboration were being developed by the Federation and polio eradication partners, based upon existing operational agreements such as the Federation/WHO AFRO Memorandum of Understanding (2007). New partnerships at the country level, such as with Rotary PolioPlus Committees, were being forged as a result of the polio outbreak response.

The purpose of the Federation's and National Society involvement in this operation is to complement outbreak response activities and fill gaps in national plans. Working within our existing structures, and using our experience in rapid mobilization of large numbers of volunteers, National Societies are scaling-up and intensifying the work that is routinely undertaken in the area of immunization. Of particular importance is the role that National Societies are being asked to play in outbreak countries which have not seen polio cases in a number of years, and thus do not have recent experience organizing mass vaccination campaigns. Extra social mobilization and communications support, readily available with the mobilization of thousands of National Society volunteers, will heighten campaign awareness, increase acceptance of vaccination, and maximize campaign results.



While acknowledging the emergency nature of this intervention, the Federation is working to balance urgent outbreak response activities with our longer-term work in polio eradication. Developmental health activities including the promotion of routine immunization and more scheduled participation in supplementary immunization activities will not be compromised by our involvement in this operation. Instead, by responding to WHO requests for our intensified contribution during these outbreak response measures, the Federation is reinforcing its contribution to the GPEI goal of achieving eradication.

#### **National Society Capacity Building:**

As a primary social mobilization partner in their national outbreak response activities, National Societies are building their capacity in the areas of new and reinforced partnerships, development of volunteer knowledge and skills, strengthened volunteer management systems, and heightening visibility as a key partner in polio eradication.

New partnerships at the country level, such as that with Rotary PolioPlus Committees, are helping to build longer-term alliances for polio eradication. Additionally, increased recognition by WHO and UNICEF country offices of the capacity of National Societies to mobilize large numbers of volunteers to reach the most vulnerable and hard-to-reach areas is resulting in expanded requests for National Society support.

As auxiliary to government, National Societies' role in the polio response has been recognized and appreciated by Ministries of Health. Where they had not previously been members, National Societies are receiving invitations to

join the inter-agency coordinating committees (ICCs) – a key body for all national immunization planning. This will support longer term work in National Society health promotion activities, particularly in the area of immunization.

## Red Cross and Red Crescent action

### Overview

In order to appropriately respond to Ministry of Health requests to their National Societies for intensified and scaled-up support for national polio outbreak response campaigns, and a call from the GPEI partners for increased involvement in polio eradication in the context of recent outbreaks, the Federation launched this Africa Polio Outbreak Emergency Appeal.

WHO and partner agencies' overall objectives for these supplementary vaccination activities are to reach some 80 million children in the 14 countries to:

- Prevent the further spread of WPV through high quality vaccination rounds that reach all eligible children (under 5 years) with oral polio vaccine.
- Maximize vaccination coverage of emergency campaigns so as to prevent polio infection and possible polio paralysis.
- Increase immunity against polio across the targeted 14 affected countries.

Ministries of Health in the affected countries will procure the vaccine and organize the emergency campaigns, however, achieving optimal coverage will require reaching the most remote and hard-to-reach communities. This is the vital role that respective National Societies will play in delivering vaccination messages to communities and linking vaccination teams with beneficiaries. The Federation's strategy is to supplement these actions by leveraging the Movement's expertise in social mobilization, experience in mass immunization campaigns (as long time partners of the GPEI and Measles Initiative, as well as Child Health Days, etc.), and proven capability to increase quality of planning and preparedness efforts. The Movement's potential



access to difficult or inaccessible areas may also be of assistance in particular countries (for example, DRC, Sudan, etc.). Funds generated by the Appeal have enabled National Societies to mobilize approximately 18,300 volunteers to help reach more than 1.5 million people with vaccination messages. More than 930,000 households received a visit by a Red Cross Red Crescent volunteer to promote vaccination against polio.

Challenges have been the timely receipt of un-earmarked funds to ensure that all 14 National Societies can be active members of their national response. Timely transfer of funds has hindered proper preparations at the country level, particularly with a short timeframe between DREF approvals and the campaign start dates. Some National Societies had the capacity to pre-finance preparation activities, but in some cases this was not possible leading to lack of sufficient preparation time and thus a decision to hold funds until the next round. This was specifically the case in Mali, Central African Republic and Ghana (which was able to implement some activities). As the DREF was covered within this Appeal and subsequent vaccination rounds fall within the Appeal timeframe, these National Societies will put funds towards the next national campaign round.

## Progress towards objectives

### Emergency health and care

**Overall objective: To assist in ending the spread of wild polio virus (WPV) by supporting national polio vaccination campaigns in designated areas of the affected countries through social mobilization and door-to-door campaign sensitization by National Societies and their Red Cross and Red Crescent volunteers.**

**Specific objectives:**

- 1. Conduct social mobilization and communications activities via Red Cross and Red Crescent volunteers in the 14 countries affected by the polio outbreak.**
- 2. Conduct effective capacity building within the implicated Red Cross Red and Crescent National Societies.**
- 3. Reinforce relationship building between National Societies and their Ministries of Health, and other polio eradication partners.**

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Maximize coverage of the emergency response supplementary immunization activities (SIAs) of oral polio vaccine (OPV) in targeted populations.</li> <li>• Cessation of the wild polio virus (WPV) outbreaks in re-infected countries.</li> <li>• Completion of social mobilization and health education activities by Red Cross Red Crescent volunteers to raise awareness and acceptance of polio vaccination during campaigns, and for future routine immunization.</li> <li>• Reduction of non-compliant households.</li> <li>• Reinforcement of Red Cross Red Crescent National Societies as a key partner in polio eradication and new partnerships developed.</li> <li>• Raised public awareness of the role of Red Cross and Red Crescent Movement in health activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination with Ministries of Health and campaign partners (within inter-agency coordinating committees and social mobilization sub-committees) to determine geographic and social mobilization role of Red Cross Red Crescent National Society.</li> <li>• Training of supervisors and volunteer leaders/coaches on key messages for the specific campaign, management of volunteers pre-, during- and post-campaign, assignment of volunteer activities as outlined in microplans, etc.</li> <li>• Training of volunteers on key messages for polio prevention (including promotion of routine immunization), specifics of vaccination campaign, possible symptoms of polio infection.</li> <li>• Mobilization of volunteers in assigned districts of affected countries.</li> <li>• Mobilization of other Red Cross Red Crescent National Society resources as requested by coordinating partners (including physical resources, such as vehicles, human resources, supervision services, etc.)</li> <li>• Mobilization of vaccinators, where requested by the Ministry of Health and properly trained and supervised.</li> <li>• Dissemination of key messages at household and community level before and during campaign.</li> <li>• Promotion of vaccination acceptance to reduce non-compliant households by dispelling vaccine-related myths, and reducing social and cultural resistance.</li> <li>• Promotion of other health and hygiene education, early case detection and referral to health facilities.</li> <li>• Mobilization of volunteers for active surveillance as requested by coordinating partners.</li> <li>• Mobilization of volunteers for any relevant post-campaign activities, including necessary mop-up rounds or evaluations.</li> </ul>

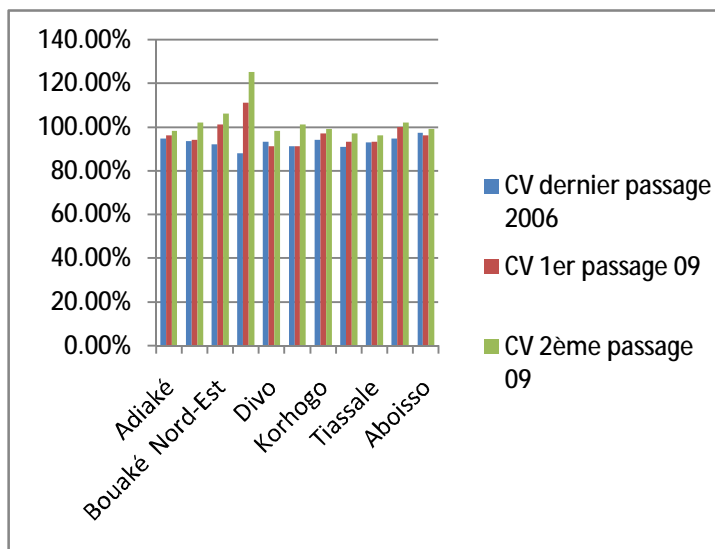
### Country campaign updates

WHO regional blocks	Activities completed and forthcoming campaign plans
---------------------	---

<p><b>West Africa</b></p> <ul style="list-style-type: none"> <li>• Benin</li> <li>• Burkina Faso</li> <li>• Côte d'Ivoire</li> <li>• Ghana</li> <li>• Mali</li> <li>• Niger</li> <li>• Togo</li> <li>• Guinea</li> <li>• Liberia</li> <li>• Sierra Leone</li> </ul>	<p>In West Africa, 2 synchronized rounds involving 7 countries took place at the end of February (27 February - 2 March) and end of March (27 – 30 March). During the February round, more than 28 million child under 5 years were vaccinated against polio by more than 95,000 immunizers. The end-March round vaccinated more than 29.5 million children against polio.</p> <p>Red Cross National Societies in Benin, Burkina Faso, Ghana, Niger and Togo were active in the March synchronized round. Red Cross Society of Côte d'Ivoire mobilized volunteers in both the February and March round. Approximately 2,500 volunteers were mobilized across the National Societies participated in the March synchronized round. Highlights of this activity include:</p> <p><u>Benin:</u> Red Cross of Benin mobilized 400 volunteers in 8 (of a total 77) communes during the March campaign. Social mobilization activities were conducted in Ségbana, de Cobly, de Ouessè, de Bopa, de Ouinhi, de Bassila, de Kalalé and de Pomassè, reaching over 196,000 individuals with vaccination messages. Administrative coverage was particularly high in the communes where Red Cross volunteers were active (see chart below).</p> <p style="text-align: center;"><b>Benin Red Cross – March results</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Location</th> <th>Volunteers mobilized</th> <th>Individuals visited</th> <th>Coverage rate</th> </tr> </thead> <tbody> <tr> <td>Ségbana</td> <td>60</td> <td>25,005</td> <td>109%</td> </tr> <tr> <td>Cobly</td> <td>45</td> <td>23,120</td> <td>111%</td> </tr> <tr> <td>Ouessè</td> <td>60</td> <td>24,501</td> <td>116%</td> </tr> <tr> <td>Bopa</td> <td>40</td> <td>25,200</td> <td>108%</td> </tr> <tr> <td>Ouinhi</td> <td>45</td> <td>23,252</td> <td>118%</td> </tr> <tr> <td>Bassila</td> <td>45</td> <td>25,240</td> <td>105%</td> </tr> <tr> <td>Kalalé</td> <td>60</td> <td>26,241</td> <td>103%</td> </tr> <tr> <td>Pomassè</td> <td>45</td> <td>23,560</td> <td>106%</td> </tr> <tr> <td><b>Total</b></td> <td><b>400</b></td> <td><b>196,119</b></td> <td><b>109.5%</b></td> </tr> </tbody> </table> <p><u>Burkina Faso:</u> Burkinabe Red Cross Society mobilized approximately 530 volunteers and supervisors in 22 provincial communities during the March round. Volunteers reached over 815,000 parents with messages to vaccinate their children through door-to-door household visits, and organized more than 6,800 community focus group discussions that sensitized approximately 158,000 people. The March round had an administrative vaccination coverage rate of approximately 109% (as opposed to the February round of 106%).</p> <p><u>Ghana:</u> Due to untimely transfer of funds, Ghana Red Cross Society (GRCS) was only able to support the March round with small scale activities, including use of GRCS vehicles and initial post-campaign assessments. Plans to fully engage in the upcoming May synchronized round, however, were well underway at the time of this Operations Update. 400 volunteers had been recruited in all 20 districts of Ghana, with plans to conduct social mobilization in 20 hard-to-reach communities per district.</p> <p><u>Niger:</u> Red Cross Society of Niger mobilized 584 volunteers and supervisors in 4 (of a total 8) regions during the March round. Social mobilization activities were conducted in Zinder, Maradi, Tahoua et Tillabéri, by volunteers trained in behaviour change communication skills, signs and symptoms of polio infection, and prevention of polio through vaccination. More than 28,000 households were visited and 350,600 people sensitized to the campaign plans.</p> <p><u>Togo:</u> Togolese Red Cross mobilized 630 volunteers in 4 (of a total 30) districts during the March round. The National Society aimed to reach 134,000 children under 5 years with vaccination messages.</p>	Location	Volunteers mobilized	Individuals visited	Coverage rate	Ségbana	60	25,005	109%	Cobly	45	23,120	111%	Ouessè	60	24,501	116%	Bopa	40	25,200	108%	Ouinhi	45	23,252	118%	Bassila	45	25,240	105%	Kalalé	60	26,241	103%	Pomassè	45	23,560	106%	<b>Total</b>	<b>400</b>	<b>196,119</b>	<b>109.5%</b>
Location	Volunteers mobilized	Individuals visited	Coverage rate																																						
Ségbana	60	25,005	109%																																						
Cobly	45	23,120	111%																																						
Ouessè	60	24,501	116%																																						
Bopa	40	25,200	108%																																						
Ouinhi	45	23,252	118%																																						
Bassila	45	25,240	105%																																						
Kalalé	60	26,241	103%																																						
Pomassè	45	23,560	106%																																						
<b>Total</b>	<b>400</b>	<b>196,119</b>	<b>109.5%</b>																																						

Côte d'Ivoire: Red Cross Society of Côte d'Ivoire mobilized 330 volunteers and supervisors in each the February and March polio vaccination rounds. Activities took place in 11 'districts sanitaires.' The National Society conducted activities in the same districts for both February and March, reaching more than 100,000 households in each round. In the February round 708,871 children ages 0-59 months were vaccinated against polio in the 11 districts of Red Cross activity; during the March round approximately 738,343 children were vaccinated in these same districts. Volunteers visited more than an estimated 80% of households within the districts, identifying more than 600,000 eligible children to be vaccinated in each round (please see chart of administrative coverage chart at right).

**Forthcoming plans:** A third synchronized round has been scheduled to start on the 29<sup>th</sup> May. Three additional countries (Guinea, Liberia and Sierra Leone) have been added to the country list due to concerns about the westward spread of WPV in Côte d'Ivoire. These 10 countries will hold their campaigns in synchronization with a full national campaign in Nigeria.



At the time of this Operations Update, funds had been secured to support National Societies in Benin, Burkina Faso, and Côte d'Ivoire for the synchronized May round. Additionally, due to untimely financial transfers, leftover funds were available for Mali to participate in the May round, and partial funds available for activities planned in Ghana.

Due to a funding shortage, support for proposed activities by National Societies in Togo and Niger is still not secured. Partial funding for Ghana is also desperately needed.

With the addition of Guinea, Liberia and Sierra Leone to the West Africa synchronized round, the Federation Emergency Appeal is urgently requesting additional funds be made available to support the Red Cross Society of Guinea and the Sierra Leone Red Cross Society. Plans for National Society involvement in Liberia were still under discussion at the time of this update.

More than 3,100 Red Cross volunteers were preparing to be mobilized for the synchronized West Africa May round at the time of this update.

<p><b>Central Africa</b></p> <ul style="list-style-type: none"> <li>• Central African Republic (CAR)</li> <li>• Democratic Republic of the Congo (DRC)</li> <li>• Angola</li> </ul>	<p>In Central Africa, a series of staggered national immunization days (NIDs) and sub-national immunization days (SNIDs) were scheduled during April, May, June and July.</p> <p>Red Cross of the Democratic Republic of the Congo mobilized 1,800 volunteers in 5 (of a total 9) provinces during a split SNID round in April (2-4 April, 24-26 April). Social mobilization activities targeted over 1.2 million people with vaccination messages. This activity was covered with DREF funds.</p> <p><b>Forthcoming plans:</b> Due to untimely transfer of DREF funds, Central African Red Cross Society was not prepared to participate in the 3-7 April NID. Plans to fully engage in the upcoming 11 May NID, held in conjunction with national Child Health Days, were well underway at the time of this Operations Update. 550 volunteers are to be mobilized across the country, with plans to reach 669,000 children under 5 years.</p> <p>Due to a shortage of funds, Angola Red Cross (ARC) did not participate in the mop-up activities organized in Benguela and Namibe provinces from 24-26 April. At the time of this Operations Update, partial funding had been pledged to support the Angola Red Cross for the June round. The Southern Africa Zone is currently offering technical assistance to ARC with a view to assess if the national society can actively participate in the June round. Further information is forthcoming.</p> <p>Due to a funding shortage, support for proposed activities by National Societies in the Democratic Republic of the Congo (staggered SNIDs in May, June, July), Central Africa Republic (NID starting 12 June) and subsequent rounds in Angola is still not secured. Funding is desperately needed if National Societies are to meet their MoH requests.</p> <p>More than 2,300 Red Cross volunteers were preparing to be mobilized for the Central Africa rounds at the time of this update.</p>
---	--

<p><b><u>Horn of Africa</u></b></p> <ul style="list-style-type: none"> <li>• Ethiopia</li> <li>• Kenya</li> <li>• Sudan</li> <li>• Uganda</li> </ul>	<p>In the Horn of Africa, synchronized sub-national rounds (except in Sudan, with a NID) took place in March and April. During the March and April rounds, more than 2.2 and 2.3 million child under 5 years were vaccinated against polio in Kenya and Uganda, respectively.</p> <p>Red Cross Red Crescent National Societies in Ethiopia, Kenya, Uganda and Sudan were active in the April round. Kenya Red Cross had also contributed resources during the March round.</p> <p>Approximately 14,000 volunteers were mobilized across the National Societies participated in the April synchronized round. Highlights of this activity include:</p> <p><u>Ethiopia:</u> Ethiopian Red Cross Society (ERCS) mobilized 2,060 volunteers to conduct social mobilization in six woredas of two regions (Benshangule Gumez and South Omo) for the April round. Over 53,000 households were visited by ERCS volunteers, resulting in more than 66,800 children under 5 years vaccinated against polio. ERCS additionally supported the intra-campaign rapid convenience survey through provision of human resources.</p> <p><u>Kenya:</u> Kenya Red Cross (KRC) mobilized 1,560 volunteers and 156 team leaders in 26 districts of North Rift, South Rift, Central Kenya and Nairobi, during the April round. KRC supported the Ministry of Public Health and Sanitation (MoPHS) in movement of vaccine stocks, vaccinators and supervisors including independent monitors through provision of 15 landcruisers.</p> <p><u>Sudan:</u> The Sudanese Red Crescent mobilized 7,530 volunteers in 20 branches during the April round which targeted more than 6 million children under 5 years.</p> <p><u>Uganda:</u> The Uganda Red Cross Society (URCS) mobilized 3,508 volunteers in 15 branches during the April round. Over 755,000 (of an approximate 4.4 million) households were reached by URCS volunteers through door-to-door visits.</p> <p><b>Forthcoming plans:</b> Further vaccination rounds are planned in the Horn of Africa in late May and June. Integration of oral polio vaccine (OPV) with measles vaccination is immediately planned for Ethiopia (Afar region) and Uganda (national), with an additional plan to add OPV to a scheduled national measles SIAs in Kenya in late 2009.</p> <p>Ethiopian Red Cross Society plans to mobilize more than 2,000 volunteers for activities in the East &amp; West Harraghe branches of the May round. Volunteers will also conduct social mobilization activities in the Afar region, where polio vaccination will be integrated with measles supplementary immunization activities. 311,507 children ages 0-59 months will be targeted for polio vaccination in Afar (276,695 of whom, ages 6-59 months, will also receive measles vaccination).</p> <p>At the time of this Operations Update, funding had been secured to support the Ethiopian Red Cross Society for the late May round. Additionally, in Uganda bilateral funding from the American Red Cross for 15 districts with integrated measles vaccination was planned. Supplemental funds to cover URCS activities in the 24 remaining districts is sought by this Appeal.</p> <p>Due to a funding shortage, support for proposed activities by National Societies in the Uganda (24 districts in the June round) and Kenya (26 districts starting 23 May) is still not secured. Funding is desperately needed if National Societies are to meet their MoH requests.</p> <p>More than 7,000 Red Cross volunteers were preparing to be mobilized for the Horn of Africa rounds at the time of this update.</p>
--	--

## Communications – Advocacy and Public Information

The Africa Polio Outbreak Emergency Appeal has received much media attention, particularly at the time of its launch. Information on the Appeal has been posted on the GPEI website ([www.polioeradication.org](http://www.polioeradication.org)) and recognition of the Federation's contribution to the outbreak response has been made through high level communications.

Frequent updates on National Society activities are being shared with GPEI partners at the global level, and through regional communications. At the national level, Red Cross Red Crescent National Society participation in campaigns has been commended through campaign bulletins and communications materials. The most meaningful recognition of the important social mobilization work conducted by National Societies, however, has come in repeated requests by Ministries of Health for additional and scaled up involvement in subsequent vaccination rounds. In order to meet these requests, and cease the spread of WPV in re-infected countries, this Emergency Appeal must be properly resourced.

## How we work

***All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.***

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

**For further information specifically related to this appeal please contact:** in the Federation's Secretariat:

- Kate Elder, Senior Health Officer, Health and Care Department; email: [kate.elder@ifrc.org](mailto:kate.elder@ifrc.org); phone: +41 22 730 4323.
- Tammam Aloudat, Senior Health in Emergency Officer, Health and Care department; email: [tammam.aloudat@ifrc.org](mailto:tammam.aloudat@ifrc.org); phone: +41 22 730 4566

**[<Provisionally revised budgets for East Africa, West & Central Africa, and Southern Africa Zone offices attached below; click here to return to the title page>](#)**

## APPEAL BUDGET SUMMARY

### EAZO POLIO APPEAL

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	0	0	0
Construction Materials	0	0	0
Clothing & Textiles	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water & Sanitation	0	0	0
Medical & First Aid	0	0	0
Teaching Materials	32,967	61,838	-28,871
Utensils & Tools	0	0	0
Other Supplies & Services	0	54,142	-54,142
<b>Total Relief Needs</b>	<b>32,967</b>	<b>115,980</b>	<b>-83,013</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Land & Buildings	0	0	0
Vehicles Purchase	0	0	0
Computers & Telecom Equipment	0	0	0
Office/Household Furniture & Equip.	0	0	0
Medical Equipment	0	0	0
Other Machinery & Equipment	0	0	0
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	0	0	0
Distribution & Monitoring	0	0	0
Transport & Vehicles Costs	181,154	290,357	-109,203
<b><u>PERSONNEL</u></b>			
International Staff	0	0	0
Regionally Deployed Staff	0	0	0
National Staff	15,277	220,007	-204,730
National Society Staff	137,053	235,802	-98,749
Consultants	0	0	0
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	125,691	180,464	-54,773
<b><u>GENERAL EXPENSES</u></b>			
Travel	127,553	19,730	107,823
Information & Public Relations	4,789	46,327	-41,538
Office running costs	30,781	37,279	-6,498
Communication Costs	4,550	9,869	-5,319
Professional Fees	0	0	0
Financial Charges	604	1,752	-1,148
Other General Expenses	85,012	105,028	-20,016
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR	51,822	87,774	-35,952
<b>Total Operational Needs</b>	<b>764,287</b>	<b>1,234,389</b>	<b>-470,102</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>797,254</b>	<b>1,350,369</b>	<b>-553,115</b>
<b>Available Ressources</b>			
<b>Net Request</b>	<b>797,254</b>	<b>1,350,369</b>	

## **Annex 1: APPEAL BUDGET SUMMARY**

### **West & Central Africa Polio appeal**

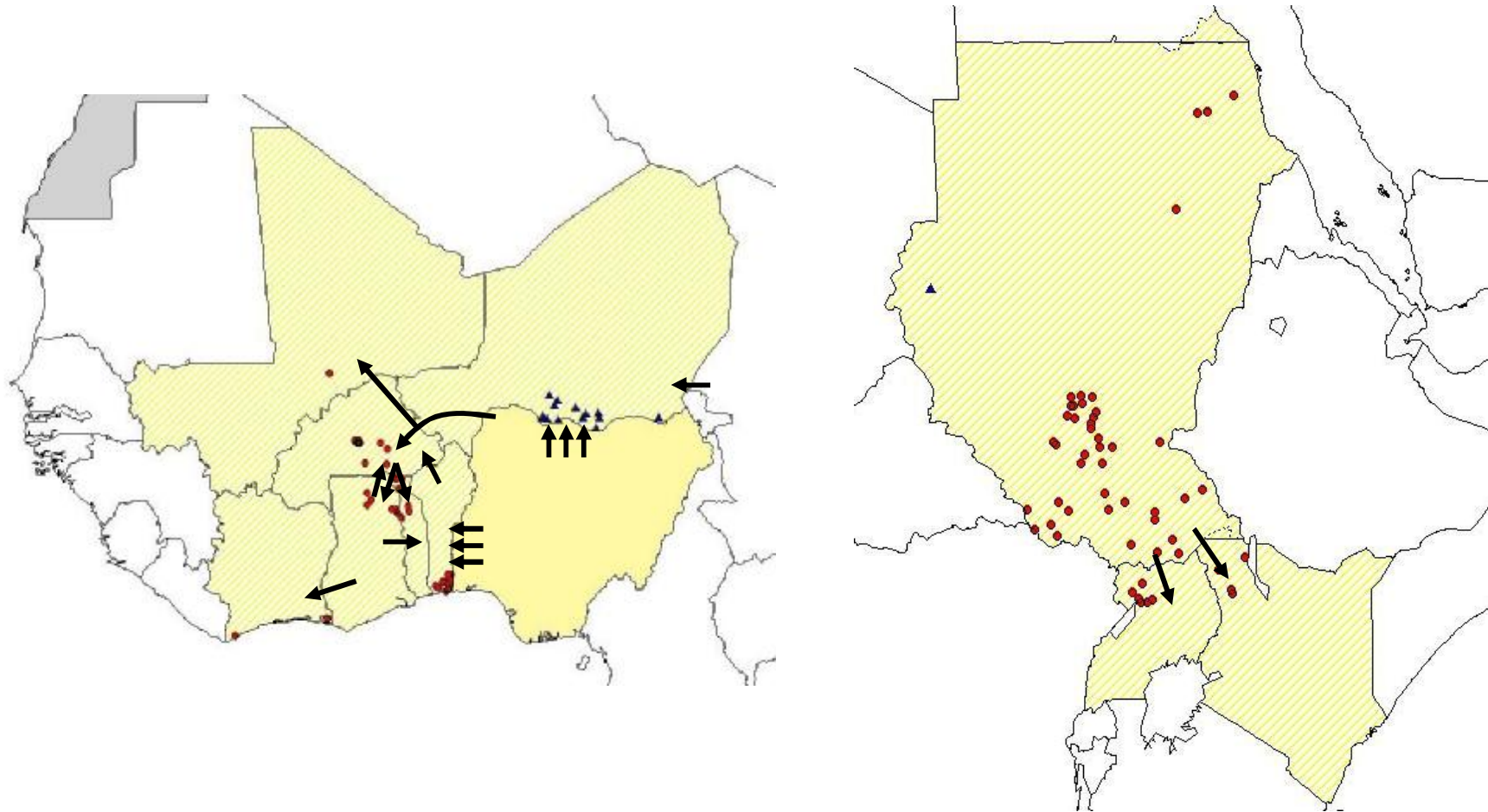
APPEAL MDR61004 APPEAL NUMBER :

		<b>REVISED</b>	<b>VARIANCE</b>
<b><u>RELIEF NEEDS</u></b>			
Shelter	0	0	0
Construction Materials	0	0	0
Clothing & Textiles	0	0	0
Food	0	0	0
Seeds & Plants	0	0	0
Water & Sanitation	0	0	0
Medical & First Aid	0	0	0
Teaching Materials	42,684	44,167	-1,483
Utensils & Tools	0	0	0
Other Supplies & Services	0	0	0
<b>Total Relief Needs</b>	<b>42,684</b>	<b>44,167</b>	<b>-1,483</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Land & Buildings	0	0	0
Vehicles Purchase	0	0	0
Computers & Telecom Equipment	0	0	0
Office/Household Furniture & Equip.	0	0	0
Medical Equipment	0	0	0
Other Machinery & Equipment	0	0	0
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	0	0	0
Distribution & Monitoring	0	0	0
Transport & Vehicles Costs	67,606	68,724	-1,118
<b><u>PERSONNEL</u></b>			
International Staff	0	0	0
Regionally Deployed Staff	0	0	0
National Staff	0	0	0
National Society Staff	84,370	83,381	989
Volunteer incentives	530,715	417,567	113,148
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	130,700	139,403	-8,703
<b><u>GENERAL EXPENSES</u></b>			
Travel	31,321	27,509	3,812
Information & Public Relations	29,212	27,791	1,421
Office running costs	0	9,854	-9,854
Communication Costs	84,542	92,932	-8,390
Professional Fees	0	0	0
Financial Charges	0	0	0
Other General Expenses	29,870	38,094	-8,224
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR	71,675	66,003	5,672
<b>Total Operational Needs</b>	<b>1,060,011</b>	<b>971,258</b>	<b>88,753</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>1,102,695</b>	<b>1,015,425</b>	<b>87,270</b>
<b>Available Ressources</b>			
<b>Net Request</b>	<b>1,102,695</b>	<b>1,015,425</b>	<b>87,270</b>

## Polio Campaign in Angola

	CHF
<b>SUPPLIES FOR BENEFICIARIES</b>	
<i>Teaching Materials</i>	
Teaching Materials	1,157
<i>Subtotal Training sessions &amp; materials</i>	<b>1,157</b>
<b>TRANSPORT AND STORAGE</b>	
Transport & Vehicles	
NS vehicle (fuel, maintenance)	1,429
<i>Subtotal Transport and Storage</i>	<b>1,429</b>
<b>PERSONNEL</b>	
NS Staff	
Volunteers motivation during intensive campaigns	77,000
Supervisors daily allowances during intensive campaigns	2,857
Perdiems for drivers	343
Perdiems for NS HQ staff	514
Accommodation for staff	2,571
<i>Subtotal Personnel</i>	<b>83,286</b>
<b>WORKSHOPS &amp; SEMINAR</b>	
Workshops & Training	
Volunteers Transport	1,848
Training of Supervisors	343
Perdiem for trainer(MOH will support)	-
Training Hall, Lodging for trainers and drivers	3,429
<i>Subtotal Workshops &amp; Seminar</i>	<b>5,619</b>
<b>GENERAL EXPENSE</b>	-
Regional staff mission costs	-
Informations (broadcasting..)	229
Bibs for Identification of Volunteers	2,750
Flyers	-
Other General Expense	-
Bank transfer charges 1%	1,143
<i>Subtotal General Expense</i>	<b>4,121</b>
<b>National Societies Budget (Transf to NS)</b>	<b>95,613</b>
<b>10% for NS HQ Admin costs as per programme agreement</b>	<b>9,561</b>
<i>IFRC support &amp; follow up missions</i>	<i>2,500</i>
<b>Total Budget before PSR</b>	<b>107,674</b>
<b>PSR</b>	
<b>TOTAL + PSR</b>	<b>110,174</b>

# West Africa and HOA outbreak\*



- Wild virus type 1
- ▲ Wild virus type 3

\* Rolling 6-months map. Data in WHO/HQ as of 7 April 2009