

Final report



International Federation
of Red Cross and Red Crescent Societies

Africa: Polio Outbreak

Final report
Emergency appeal n°
MDR61004 (West & Central
Africa); MDR64005
(East Africa); MDR63002
(Southern Africa)
1 July 2010

Period covered by this Final Report:

14 December 2009 – 29 February 2010

Appeal targets (current):

- MDR61004 (West & Central Africa): CHF 1,034,286;
- MDR64005 (East Africa): CHF 1,434,248;
- MDR63002 (Southern Africa): CHF 119,999

Final Appeal coverage:

- MDR61004 (West & Central Africa): 64%;
- MDR64005 (East Africa): 51%
- MDR63002 (Southern Africa): 67%

[<click here to go directly to the final financial reports, or here to view the contact details>](#)

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.
- § Operations Update (no. 1) issued 14 May 2009 added emergency campaigns in Guinea, Liberia, and Sierra Leone to the Appeal, and the budget was provisionally revised to just over CHF 2.4m.
- § 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).
- § Operations Update (no. 2) issued 24 June 2009 focussed specifically on the action in Togo carried out from 27-29 March 2009.
- § Operations Update (no. 3) issued 03 August 2009 provided details of 13 National Society campaign activities occurring since the first Operations Update (no. 1) issued in May 2009.
- § Operations Update (no. 4) issued 14 December 2009 exceptionally extended the Appeal timeframe due to unanticipated challenges in rolling out activities in South Sudan.
- § This Final Report thus covers the last polio activities which occurred in South Sudan in December 2009 and summarizes the full accomplishments of the 2009 Africa Polio Outbreak Emergency Appeal including the final financial reports.



Summary: In 2009, there were 1,606 cases of wild poliovirus (WPV) reported globally (as of 10 March 2010); 738 of these cases were in Africa. The year proved to be challenging for the polio eradication effort, with outbreaks reported across a number of African countries. In response to those outbreaks, Ministries of Health with support of the GPEI organized multiple synchronized polio national immunization days (NIDs) in regional blocks throughout the year. National Societies, with support generated by this Emergency Appeal, participated in vaccination rounds in Angola, Benin, Burkina Faso, Central African Republic (CAR), Côte d'Ivoire, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Kenya, Mali, Niger, Sierra Leone, Sudan, Togo and Uganda, mobilizing Red Cross Red Crescent volunteers to ensure that a minimum of 95% of children aged 0 – 59 months (5 years) were reached with oral polio vaccination (OPV). Cumulatively, with support from the Emergency Appeal, National Societies mobilized a total of approximately 30,000 volunteers for participation in 27 different polio vaccination rounds held in 15 countries.

Outside of Appeal-funded activity, National Societies participated in other emergency response activities as they were scheduled, including in countries such as Rwanda and Burundi, and in campaigns integrated with other antigens, such as national yellow fever campaigns held in Liberia and Sierra Leone. Polio eradication activities in Nigeria, the one remaining endemic country in Africa, were supported by the Nigerian Red Cross through other resource mobilization means (such as the IFRC Global Measles & Polio Initiative).

The response was made possible by generous pledges from the American, British, Canadian, Icelandic, Irish, Japanese, Norwegian and Swedish Red Cross Societies, and anonymous donors. The following action are underway on the remaining balances (see final financial reports):

- **MDR61004 (West & Central Africa): CHF 44,552 will be returned to the Federation's DREF;**
- **MDR64005 (East Africa): CHF 8,717 is in the process of being re-allocated to Ethiopia for further vaccination activities;**

Lessons learned: The Africa Polio Outbreak Emergency Appeal garnered much media attention and confirmed that the IFRC is a key civil society partner in polio eradication. An independent evaluation of the IFRC's outbreak response performance was conducted from October – December 2009, and is available from the Secretariat. Key conclusions and recommendations to both the IFRC and GPEI partners were put forward in the evaluation report. Select conclusions from the evaluation included*:

1. There is great potential for using the Red Cross Red Crescent volunteer network in social mobilization efforts for polio rounds, particularly for pre-NID social mobilization, but also for post-campaign monitoring.
2. Sufficient funding and other resources to cover the various social mobilization activity requirements must be available in good time before a campaign. Joint mobilization and communication budgets would make social mobilization activities more effective.
3. Sufficient time is necessary to prepare Red Cross Red Crescent volunteers for a specific task, such as carrying out social mobilization activities before a NID. Sufficient lead time is also needed for training and proper planning in order to have optimal volunteer performance.
4. Most National Societies have branches or sub-branches in every district or state in the country, with a network of volunteers in each branch. Volunteer networks are extensive and can be quickly mobilized, relative to other social mobilization strategies.
5. The type of social mobilization carried out by Red Cross Red Crescent volunteers is particularly effective. With the extensive network of volunteers who live within communities, there is a depth of reach. Volunteers can also make contact with community members, such as those living remotely, or the illiterate, who may not otherwise be reached with other social mobilization methods.
6. The network of volunteers is very cost-effective, with incentives usually between two to four US dollars per day per volunteer.

**Evaluation of the Red Cross Red Crescent contribution to the 2009 Africa polio outbreak response, January 2010. Full report available from the IFRC Secretariat.*

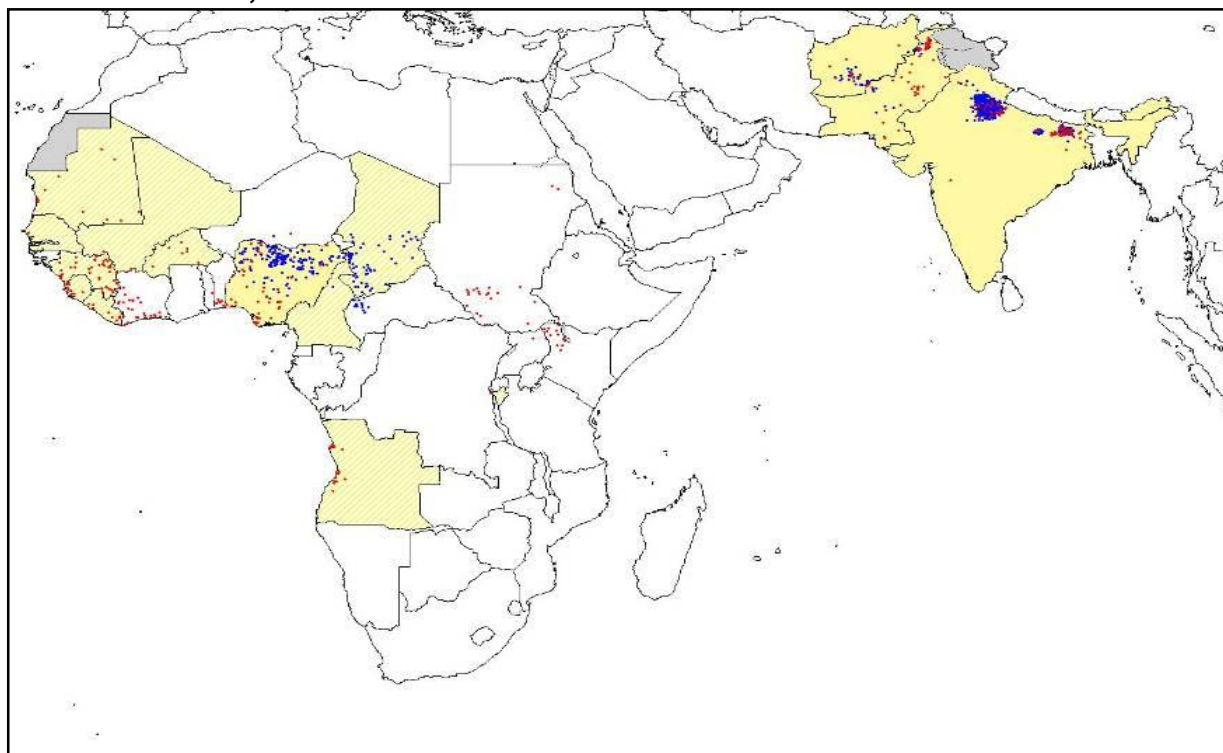
Close communication between the WHO and IFRC was a key component of the Emergency Appeal's success. Red Cross Red Crescent activities were based upon the latest wild poliovirus epidemiology, with National Society plans informed by national surveillance information, working to match internal RC/RC capacities with the geographic areas needing the greatest attention.

Feedback on IFRC involvement in the outbreak response from Global Polio Eradication Initiative (GPEI) partners, such as WHO, was positive and has resulted in renewed attention to the role of the Red Cross

Red Crescent in polio eradication. Activities funded by the Emergency Appeal were closely coordinated at the IFRC and WHO headquarters level and national level within countries. The opportunity to rapidly scale up IFRC engagement in the outbreak response through the Emergency Appeal also reinforced partnership between the IFRC and GPEI organizations (WHO, UNICEF, CDC, Rotary International) at the global, regional and most importantly, country level.

The situation

Wild Poliovirus*, 03 Mar 2009 – 02 Mar 2010



- Wild virus type 1
- Wild virus type 3
- Wild virus type 1/3
- Endemic countries
- Case or outbreak following importation (0 - 6 months)
- Case or outbreak following importation (6 - 12 months)

*Excludes viruses detected from environmental surveillance and vaccine derived polioviruses

Data in WHO HQ as of 02 Mar 2010

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2010. All rights reserved.

Source: Global Polio Eradication Initiative (<http://www.polioeradication.org/content/general/casemap.shtml>).

In 2009 twenty-three (23) countries reported cases of polio; 20 of these countries were in Africa. A number of African countries which had not had wild polio virus in years, such as Burundi, Kenya, Liberia, Mauritania, Sierra Leone, and Uganda, were again reporting WPV cases. Many of these cases were linked to importations from ongoing circulation in Nigeria, the only endemic country in Africa, and from pockets of uninterrupted transmission in countries such as Angola, the Sudan and the Democratic Republic of the Congo. The 23 countries around the world reporting polio cases in 2009 was the highest number since 2000.

In order to assist in the international outbreak response, on 7 April 2009 the Federation launched a tri-zonal Africa Emergency Appeal to support National Societies as partners in emergency response campaigns in fourteen countries across Africa.¹ The Appeal aimed to assist approximately 25 million children under 5 years of age through *synchronized supplementary immunization activities* (SIAs) from 20 March to 31 July 2009. Fourteen 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, after tracking the traced spread of polio westward in Côte d'Ivoire, three additional countries (Guinea, Liberia, Sierra Leone) were subsequently added to the Appeal during the first Operations Update on 14 May 2009. Additionally, in order to

¹ Chad, an outbreak country, was not included in the Appeal.

accommodate activities in Côte d'Ivoire, Sudan and Angola that were already financed but to take place after the original conclusion of the Emergency Appeal, two extensions were sought in the third and fourth Operations Update, issued on 5 August and 28 December, respectively.

During the first quarter of 2010 the global polio situation is looking significantly better than it did in 2009. There are presently 4 African countries reporting polio, as opposed to 10 countries reporting polio cases during the same period in 2009 (as of 9 March 2010). There have been 39 WPV cases reported globally (from 1 January – 9 March 2010), in contrast to the 110 WPV cases in 2009 (of the same period). There were 12 African countries on the GPEI active outbreak list (ie. reporting WPV cases within the last 6 months) as of 2 March 2010.

Red Cross and Red Crescent action

Achievements against objectives

Polio outbreak emergency response

Overall objective: To assist in ending the spread of wild poliovirus (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 Red Crescent volunteers.

Specific objectives:

- 1. Conduct social mobilization and communications activities via Red Cross Red Crescent volunteers in the 17 countries affected by the polio outbreak.**
- 2. Conduct effective capacity building within the implicated Red Cross Red 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"> • Maximize coverage of the emergency response supplementary immunization activities (SIAs) of oral polio vaccine (OPV) in targeted populations. • Cessation of the wild poliovirus (WPV) outbreaks in reinfected countries. • 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. • Reduction of non-compliant households. • Reinforcement of Red Cross Red Crescent National Societies as a key partner in polio eradication and new partnerships developed. • Raised public awareness of the role of Red Cross and Red Crescent Movement in health activities. 	<ul style="list-style-type: none"> • Coordination with Ministries of Health and campaign partners (within inter-agency coordinating committees and social mobilization subcommittees) to determine geographic and social mobilization role of Red Cross Red Crescent National Society. • 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. • Training of volunteers on key messages for polio prevention (including promotion of routine immunization), specifics of vaccination campaign, and possible symptoms of polio infection. • Mobilization of volunteers in assigned districts of affected countries. • 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.) • Mobilization of vaccinators, where requested by the Ministry of Health and properly trained and supervised. • Dissemination of key messages at household and community level before and during campaign. • Promotion of vaccination acceptance to reduce non-compliant households by dispelling vaccine-related myths, and reducing social and cultural resistance. • Promotion of other health and hygiene education, early case detection and referral to health facilities. • Mobilization of volunteers for active surveillance as requested by coordinating partners. • Mobilization of volunteers for any relevant post-campaign activities, including necessary mop-up rounds or evaluations.

Outbreak emergency response achievements	
WHO Regional Blocks	Activities completed
West Africa	In West Africa, multiple synchronized rounds involving 10 countries (and sometimes more, when coordinated with other regional blocks) were organized in 2009 to respond to the polio outbreaks. During each of the West Africa synchronized rounds, more than 74 million children were targeted for vaccination against polio, with more than 95,000 vaccinators mobilized between the countries.
Benin	
Burkina Faso	
Côte d'Ivoire	Eight West African Red Cross National Societies participated in multiple polio vaccination rounds through funds generated by the Emergency Appeal. Below is a brief summary of those activities. More detailed information can be found in previous Operations Updates (http://www.ifrc.org/where/reg_spcprep.asp?txtRegion=42). Outside of the Emergency Appeal, other National Societies, such as the Nigerian Red Cross, participated in their national response campaigns.
Ghana	
Guinea	
Liberia	<u>Benin:</u> Red Cross of Benin (CRB) was active in the March and June rounds. The national society 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.
Mali	During the 26 – 28 June 2009 round, the CRB participated in the third polio vaccination round in the 7 districts of: Bassila, Ouidah, Bembèrèkè, Lokossa, Pobè, Zagnanado and Ouessè. CRB mobilized 221 volunteers who helped to vaccinate 234,197 children aged 0 – 59 months.
Niger	
Sierra Leone	
Togo	<u>Burkina Faso:</u> Burkinabe Red Cross Society (BRCS) mobilized volunteers during the March and May campaigns. Approximately 530 volunteers and supervisors in 22 provincial communities were mobilized during the March round; 550 volunteers and supervisors in 24 districts were mobilized during the 29 May – 01 June round. BRCS partnered with the MoH, WHO, UNICEF, Japan International Cooperation Agency (JICA) and Plan Burkina Faso to coordinate these successful campaigns. It should also be noted that during intra-campaign rounds when funds were not available from the Emergency Appeal, BRCS volunteers nonetheless conducted social mobilization within their communities.
	<u>Côte d'Ivoire:</u> Red Cross Society of Côte d'Ivoire (CRCI) 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. CRCI participated in the third polio vaccination round from 29 May - 01 June 2009 by mobilizing 300 volunteers and 33 supervisors in the 10 districts of: Adiaké, Marcory, Tiassalé, San Pédro, Lakota, Gagnoa, Jacqueville, Bongouanou, Daloa and Abengourou. Vaccination coverage from round one to round three in Côte d'Ivoire increased in all of the 10 districts where the CRCI was active. With limited funds, the CRCI mobilized volunteers in 6 districts during the 14 – 17 August 2009 polio round.
	<u>Ghana:</u> Ghana Red Cross Society (GRCS) was able to support the March round with small scale activities, including use of GRCS vehicles and initial post-campaign assessments. During the 28 – 30 May 2009 round, GRCS mobilized 400 volunteers in the 10 districts of: Ashanti, Brong-Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta and Western, vaccinating an estimated 5,087,152 children.
	<u>Mali:</u> During the 29 May – 01 June 2009 round, the Mali Red Cross (CRM) mobilized 600 volunteers and 61 supervisors in two regions (Sikasso and Mopti), covering 13 districts. An estimated 20,139 households were visited through door-to-door social mobilization activities. In the Sikasso region the following districts were covered by CRM activities: Yorosso, Koutiala, Sikasso, Kadiolo, Kolondieba, Yanfolila, and Bougouni. In the Mopti region the following six districts were covered by CRM activities: Bandiagara, Bankass, Koro, Douentza, Djenné, and Mopti.
	<u>Niger:</u> Red Cross Society of Niger (CRN) 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

	<p>households were visited and 350,600 people sensitized to the campaign plans. CRN also participated in the third polio vaccination round during May 2009 by mobilizing 250 volunteers and 25 supervisors in two regions: Maradi and Zinder. In the Maradi region four districts were covered: Maradi commune, Guidan-Roundji, Madarounfa and Aguié. In the Zinder region, activities took place in two districts: Zinder commune and Mirriah.</p> <p><u>Sierra Leone:</u> Sierra Leone Red Cross Society (SLRCS) participated in the integrated synchronized polio and vitamin A immunization round from 29 May – 1 June 2009. SLRCS mobilized 328 volunteers and supervisors across 13 regions. The campaign was integrated into the Maternal and Child Health Week (MCHW), which is a twice yearly activity that seeks to promote the health and wellbeing of children aged 0-59 months, and mothers in Sierra Leone.</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 helped to reach an estimated 91,101 households in the Savannah region, more than 97% of all households. Operations Update n° 2, published on 24 June 2009, featured a special report of the Togolese Red Cross activity during this round. For a detailed account of activities undertaken and campaign results, please go to: http://www.ifrc.org/docs/appeals/09/MDR61004-64005-63002-02.pdf</p> <p>Due to a funding shortage, support requested by National Societies in Guinea and Liberia during the 2009 polio outbreak was not able to be met by the Emergency Appeal.</p>
<p>Central Africa</p> <p>Angola</p> <p>Central African Republic</p> <p>Democratic Republic of the Congo</p>	<p>In Central Africa, a series of staggered national immunization days (NIDs) and sub-national immunization days (SNIDs) were scheduled during the majority of months in 2009. Ongoing operational challenges in Angola, including variable campaign quality, continued to be a challenge.</p> <p><u>Angola:</u> Angola Red Cross (ARC) participated in the split urban/rural June 2009 integrated measles and polio campaign. ARC mobilized 558 volunteers in twelve (of the total 18) provinces (Bengo, Benguela, Bie, Cunene, Huila, Kuando Kubango, Kuanza Sul, Luanda, Lunda Sul, Moxico, Uige and Zaire), reaching an estimated 481,500 people with vaccination promotion messages. Activities were conducted through 62 community outreach posts. In the August round, ARC conducted activities in 8 provinces.</p> <p><u>Central African Republic:</u> Central African Red Cross Society (CARCS) participated in the polio round from 5 – 12 June 2009 in 17 health districts. The National Society mobilized 550 volunteers, 58 local supervisors and 17 central supervisors for the campaign. Over 450,120 children between aged 0 – 59 months were reached by CARCS volunteers and successfully vaccinated. The activity was covered with DREF funds.</p> <p><u>Democratic Republic of the Congo:</u> Red Cross of the Democratic Republic of the Congo (RCDRC) mobilized 1,800 volunteers in 5 (of a total 9) provinces during a split SNID round in April (2 – 4 April, 24 – 26 April) 2009. Social mobilization activities targeted over 1.2 million people with vaccination messages. The activity was covered with DREF funds. RCDRC also mobilized volunteers in 45 'zones santé' of 3 provinces (Bandundu, West Kasai and Eastern province) during the second round of a two-phase campaign from 7 – 9 May 2009. National Society activities included house-to-house visits to promote vaccination, pre-and post-campaign community social mobilization, active surveillance for acute flaccid paralysis (AFP), and participation in provincial assessment meetings.</p>
<p>Horn of Africa</p> <p>Ethiopia</p> <p>Kenya</p> <p>Sudan</p> <p>Uganda</p>	<p>In 2009 wild poliovirus was reported in a handful of Horn of Africa countries which had not seen polio in years. Polio cases in Kenya and Uganda were cause for alarm, and were met with rapid outbreak response campaigns. Response activities also took the opportunity to integrate with other vaccination campaign plans, such as the national measles campaigns held in both Uganda and Kenya during 2009.</p> <p><u>Ethiopia:</u> Ethiopian Red Cross Society (ERCS) supported both the May and June sub-national vaccination rounds in East and West Harrarghe and the Somali region, respectively, by mobilizing a total of 3,236 volunteers. During the 22 – 25 May 2009 round, ERCS purchased megaphones for mass communication activities, helped with transportation of ice packs and vaccine to campaign sites, participated in the intra-campaign survey and financially supported other MoH activities. During the round held in the Somali region from 12 – 15 June 2009, ERCS conducted activities in 168 kebeles of two woredas (Jijjiga and KeberayBayhe). Activities included working with women's associations to promote vaccination, deploying youth volunteers in public areas, printing banners in the local language and distributing 10,000 campaign leaflets via trained female volunteers; approximately 93,652 children and their families/carers were reached with vaccination messages.</p>

Kenya: Kenya Red Cross Society (KRCS) was active during the emergency polio response rounds held in both April and May 2009. KRCS mobilized 1,560 volunteers and 156 team leaders in 26 districts of North Rift, South Rift, Central Kenya and Nairobi, during the April round. KRCS also 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. During the May round, the National Society conducted social mobilization in 26 of the 42 target, which helped to successfully vaccinate over 95% of children aged 0-59 months.

Sudan: The Sudanese Red Crescent (SRC) mobilized volunteers for polio response activities in both North and South Sudan with funds generated by the Emergency Appeal. During the April 2009 round SRC mobilized 7,530 volunteers in 20 branches (mostly in North Sudan) which targeted more than 6 million children under 5 years. In South Sudan, SRC had limited involvement in the October 2009 NID with mobilization of 50 volunteers who reached approximately 3,000 households. Limited SRC capacity was a constraint during the Emergency Appeal, but with direct technical assistance the National Society was able to mobilize 350 volunteers in 4 States (Central Equatoria, Warrap, Northern and Western Bahr-El-Gazal) during the December 2009 round. Volunteers during the December round reached approximately 29,700 households with polio vaccination messages.

Uganda: The Uganda Red Cross Society (URCS) mobilized 3,508 volunteers in 15 branches during the April polio round, which reached over 755,000 (of an approximate 4.4 million) households through door-to-door visits. Polio vaccine was integrated into the 6 – 8 June 2009 national measles campaign, and with bilateral support from the American Red Cross, URCS mobilized 4,200 volunteers in 15 districts (Apac, Bushenyi, Iganga, Kampala, Kamuli, Kanungu, Kisoro, Lira, Masaka, Masindi, Mbarara, Mukono, Nebbi, Pallisa, and Soroti), successfully supporting the campaign which targeted approximately 1,940,373 children aged 0-59 months.

Mobilizing more than 30,000 Red Cross Red Crescent volunteers during the 27 different national and sub-national polio vaccination campaigns to provide supplementary social mobilization in the hardest to reach areas and with the most vulnerable populations was a critical element of the 2009 polio outbreak emergency response. Coordination of National Society activities at the country level with Ministries of Health, WHO and other Global Polio Eradication Initiative (GPEI) partners (particularly UNICEF and Rotary International) ensured that our response was harmonized and aligned with national response plans. New partnerships at the country level, such as that with Rotary PolioPlus Committees, also helped to build the capacity of National Societies in 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 resulted in expanded requests for National Society support.

At the global level, close coordination with WHO Headquarters allowed scarce resources to be maximized by allocating funding based upon the polio epidemiology and matching National Society capacities. The Geneva Health and Social Services Department facilitated planning across the three Federation Africa Zones to ensure a coordinated continental approach that was aligned with the global eradication plan.

The impact of the IFRC intervention can best be measured in interrupted transmission of wild poliovirus in the countries in which outbreaks occurred. The year 2010 has started off on high note with 39 cases reported globally as opposed to 110 at the same time last year (as of 9 March 2010). To date in 2010, Mauritania and Senegal are the only West African countries to have reported polio cases – a testament to the success of the rapid response to limit the spread of outbreaks in 2009. No cases have been reported across the Horn of Africa since July 2009, although unreliable surveillance in places like South Sudan dictate that we remain vigilant in vaccinating against polio.

An independent evaluation of the 2009 IFRC emergency response commissioned by the Secretariat noted that, although there was room for improvement, the overall response was effective, cost-efficient and essential. GPEI partners positively responded to the IFRC intervention, with new ways to engage National Societies and the IFRC in the challenge to eradicate polio being further explored in 2010.

[<Final financial reports below and contact details below; click here to return to the title page>](#)

How we work

All IFRC 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 the

Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

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International Federation of Red Cross and Red Crescent Societies

MDR63002 - South Africa - Polio Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	119,999					119,999
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Canadian Red Cross</i>	28,744					28,744
<i>Swedish Red Cross</i>	31,502					31,502
<i>Unidentified donor</i>	20,000					20,000
C1. Cash contributions	80,245					80,245
C. Total Income = SUM(C1..C6)	80,245					80,245
D. Total Funding = B + C	80,245					80,245
Appeal Coverage	67%					67%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	80,245					80,245
E. Expenditure	-79,727					-79,727
F. Closing Balance = (B + C + E)	519					519

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR63002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		119,999					119,999	
Supplies								
Teaching Materials	1,206							1,206
Total Supplies	1,206							1,206
Transport & Storage								
Distribution & Monitoring	1,489							1,489
Transport & Vehicle Costs		3,374				3,374		-3,374
Total Transport & Storage	1,489	3,374				3,374		-1,885
Personnel								
National Society Staff	86,786	55,050				55,050		31,736
Total Personnel	86,786	55,050				55,050		31,736
Workshops & Training								
Workshops & Training	5,855	5,999				5,999		-144
Total Workshops & Training	5,855	5,999				5,999		-144
General Expenditure								
Travel	2,605	8,399				8,399		-5,794
Information & Public Relation	3,104							3,104
Communications		482				482		-482
Financial Charges	1,191	1,242				1,242		-51
Total General Expenditure	6,900	10,122				10,122		-3,222
Depreciation								
Depreciation	9,963							9,963
Total Depreciation	9,963							9,963
Programme Support								
Program Support	7,800	5,182				5,182		2,618
Total Programme Support	7,800	5,182				5,182		2,618
TOTAL EXPENDITURE (D)	119,999	79,727				79,727		40,272
VARIANCE (C - D)		40,272				40,272		

International Federation of Red Cross and Red Crescent Societies

MDR61004 - West & Central Africa - Polio Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR61004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,034,286					1,034,286
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>	17,431					17,431
<i>Canadian Red Cross</i>	67,069					67,069
<i>Icelandic Red Cross</i>	40,000					40,000
<i>Irish Red Cross</i>	12,119					12,119
<i>Japanese Red Cross</i>	81,700					81,700
<i>Norwegian Red Cross</i>	21,000					21,000
<i>Unidentified donor</i>	60,000					60,000
C1. Cash contributions	299,319					299,319
<u>Other Income</u>						
<i>Voluntary Income</i>	357,842					357,842
C6. Other Income	357,842					357,842
C. Total Income = SUM(C1..C6)	657,161					657,161
D. Total Funding = B + C	657,161					657,161
Appeal Coverage	64%					64%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	657,161					657,161
E. Expenditure	-612,609					-612,609
F. Closing Balance = (B + C + E)	44,552					44,552

International Federation of Red Cross and Red Crescent Societies

MDR61004 - West & Central Africa - Polio Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR61004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,034,286					1,034,286	
Supplies								
Shelter - Transitional		395					395	-395
Construction Materials		4,468					4,468	-4,468
Water & Sanitation		456					456	-456
Teaching Materials	42,099	2,431					2,431	39,668
Utensils & Tools		9					9	-9
Total Supplies	42,099	7,759					7,759	34,340
Land, vehicles & equipment								
Computers & Telecom		1,547					1,547	-1,547
Total Land, vehicles & equipment		1,547					1,547	-1,547
Transport & Storage								
Storage		39					39	-39
Transport & Vehicle Costs	71,168	32,147					32,147	39,021
Total Transport & Storage	71,168	32,186					32,186	38,982
Personnel								
International Staff		4,505					4,505	-4,505
Regionally Deployed Staff		6					6	-6
National Staff	333,535	11,930					11,930	321,605
National Society Staff	170,349	241,386					241,386	-71,037
Total Personnel	503,884	257,827					257,827	246,057
Workshops & Training								
Workshops & Training	140,335	154,916					154,916	-14,581
Total Workshops & Training	140,335	154,916					154,916	-14,581
General Expenditure								
Travel	60,940	27,564					27,564	33,376
Information & Public Relation	114,191	42,951					42,951	71,240
Office Costs	23,466	11,774					11,774	11,692
Communications	10,974	4,272					4,272	6,701
Financial Charges		31,419					31,419	-31,419
Other General Expenses		16					16	-16
Total General Expenditure	209,571	117,997					117,997	91,574
Programme Support								
Program Support	67,229	40,377					40,377	26,851
Total Programme Support	67,229	40,377					40,377	26,851
TOTAL EXPENDITURE (D)	1,034,286	612,609					612,609	421,676
VARIANCE (C - D)		421,676					421,676	

International Federation of Red Cross and Red Crescent Societies

MDR64005 - East Africa - Polio Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget		1,434,248				1,434,248
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
<i>American Red Cross</i>		120,083				120,083
<i>British Red Cross</i>		120,126				120,126
<i>Swedish Red Cross</i>		239,946				239,946
<i>Unidentified donor</i>		19,543				19,543
C1. Cash contributions		499,699				499,699
<u>Other Income</u>						
<i>Voluntary Income</i>		235,888				235,888
C6. Other Income		235,888				235,888
C. Total Income = SUM(C1..C6)		735,587				735,587
D. Total Funding = B + C		735,587				735,587
Appeal Coverage		51%				51%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance		0				0
C. Income		735,587				735,587
E. Expenditure		-726,870				-726,870
F. Closing Balance = (B + C + E)		8,717				8,717

International Federation of Red Cross and Red Crescent Societies

MDR64005 - East Africa - Polio Outbreak

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/5
Budget Timeframe	2009/1-2010/5
Appeal	MDR64005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		1,434,248					1,434,248	
Supplies								
Medical & First Aid	78,427		3,937				3,937	74,490
Teaching Materials	54,638							54,638
Other Supplies & Services	54,142							54,142
Total Supplies	187,207		3,937				3,937	183,270
Land, vehicles & equipment								
Computers & Telecom			8,608				8,608	-8,608
Total Land, vehicles & equipment			8,608				8,608	-8,608
Transport & Storage								
Storage	86,846		2,320				2,320	84,526
Transport & Vehicle Costs	98,957		1,427				1,427	97,530
Total Transport & Storage	185,803		3,746				3,746	182,057
Personnel								
International Staff			407				407	-407
National Staff	275,434		11,146				11,146	264,288
National Society Staff	60,500		37,408				37,408	23,092
Consultants			4,718				4,718	-4,718
Total Personnel	335,934		53,679				53,679	282,255
Workshops & Training								
Workshops & Training	276,702		68,076				68,076	208,627
Total Workshops & Training	276,702		68,076				68,076	208,627
General Expenditure								
Travel	18,345		10,172				10,172	8,173
Information & Public Relation	196,487		10,176				10,176	186,311
Office Costs	81,153		2,296				2,296	78,857
Communications	4,200		908				908	3,292
Professional Fees			1,433				1,433	-1,433
Financial Charges	425		2,237				2,237	-1,812
Other General Expenses	54,765		2,914				2,914	51,852
Total General Expenditure	355,376		30,136				30,136	325,240
Contributions & Transfers								
Cash Transfers National Societies			503,093				503,093	-503,093
Total Contributions & Transfers			503,093				503,093	-503,093
Programme Support								
Program Support	93,226		49,595				49,595	43,631
Total Programme Support	93,226		49,595				49,595	43,631
Services								
Shared Services			6,000				6,000	-6,000
Total Services			6,000				6,000	-6,000
TOTAL EXPENDITURE (D)	1,434,248		726,870				726,870	707,378
VARIANCE (C - D)			707,378				707,378	