

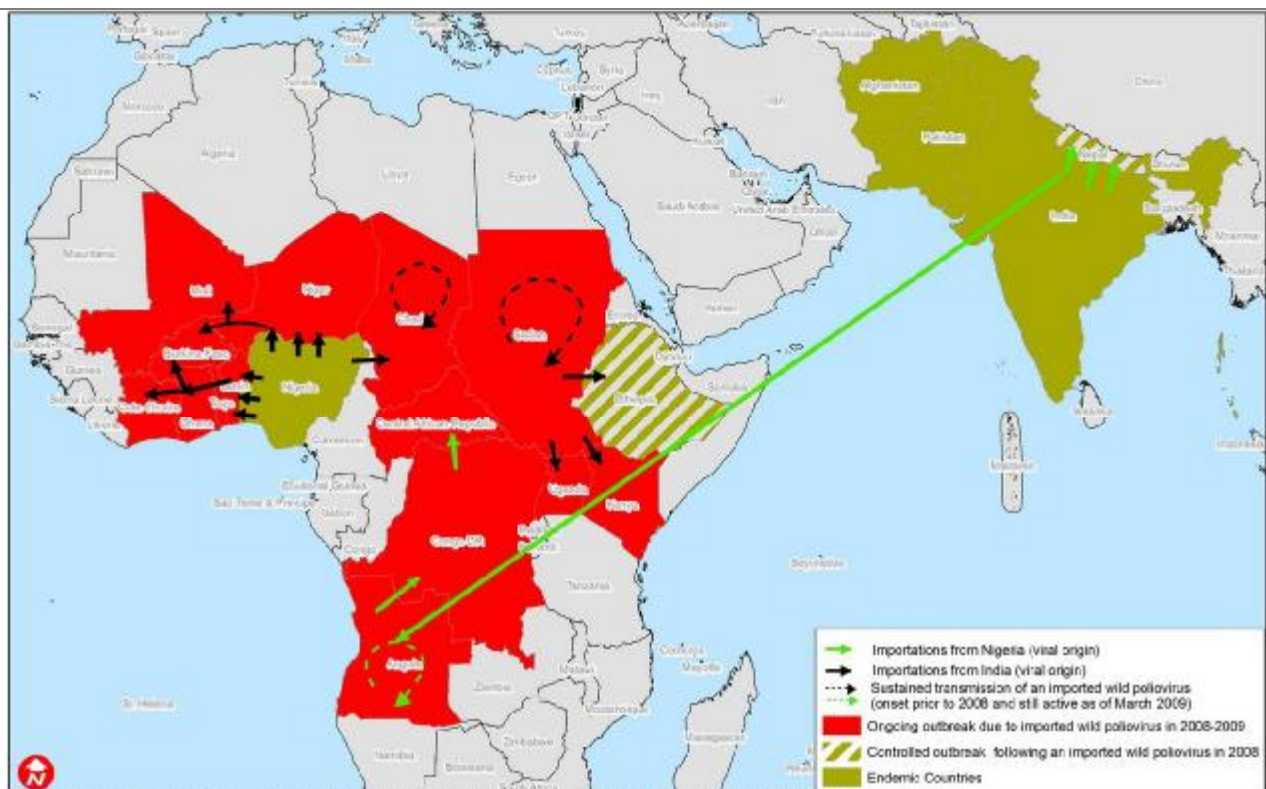
# Emergency appeal



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)  
7 April 2009



This Emergency Appeal seeks CHF 2,432,933 (USD 2.1m or EUR 1.6) in cash, kind, or services to support National Societies in the affected countries to support the planned 5-month vaccination campaign that will reach a total of some 80 million people (in countries covered by the appeal), a significant portion of whom will benefit directly from Red Cross and Red Crescent action<sup>1</sup>. Given the nature of the operation and the fact that detailed discussions continue with partner agencies, other countries in the region may be eventually added.

The planned activities will be completed by the end of July 2009. A Final Report will be made available by the end of October 2009 (three months after the end of the operation).

A total of CHF 357,842 (USD 315,628 or EUR 234,740) was allocated from the Federation's Annual Plan for Polio and Measles or its Disaster Relief Emergency Fund (DREF) to support this operation:

- CHF 160,000 from the Federation's Annual Plan for Polio and Measles (Global Measles and

<sup>1</sup> Both the numbers of the overall target populations and those targeted by National Society interventions are still evolving. Numbers will be further clarified as the operation goes on.

Polio Initiative) to support planned February and March vaccinations.

- CHF 169,151 for Benin, Cote d'Ivoire, Ghana, and Mali for planned March vaccinations to reach 1 million people.
- CHF 51,548 for the Central African Republic (CAR) for planned April vaccinations to reach 669,000 people.
- CHF 137,143 for the Democratic Republic of Congo (DRC) for planned vaccinations to reach 1.2 million people.

Unearmarked funds to replenish DREF and the Annual Plan are encouraged.

**Summary:** Wild poliovirus (WPV) outbreaks have been reported in West, Central, and East Africa (and spread to Angola in Southern Africa). Some 15 countries have been affected, namely in Central Africa - Angola, Central African Republic, Chad, and Democratic Republic of Congo; West Africa - Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger, and Togo; Horn of Africa - Ethiopia, Kenya, Uganda, Sudan (north and south).<sup>2</sup> Some of the affected countries have been polio free for more than a decade. The outbreak was communicated by the Global Outbreak and Response Network (GOARN) on 6 March, SOS alerts and by the Global Polio Eradication Initiative (GPEI).



The GPEI, spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, has classified the outbreaks as an emergency and is supporting national Ministries of Health in implementing synchronized emergency response polio vaccination campaigns in three Africa blocks: West, Central (including Angola), and the Horn of Africa. These campaigns have started, and will continue to take place through July, 2009. Based on a request from the WHO and because National Societies and their Red Cross and Red Crescent volunteers play a vital role in mass social mobilization, with proven expertise in disaster response, and ability to mobilize large numbers of volunteers for intensive periods, the Federation is well placed to be a partner in mass supplemental immunization activities by participating in social mobilization, advocacy, supervision, monitoring, and logistics support.

Based on the evolving situation and technical level discussions with partners, this Emergency Appeal responds to requests from National Societies in the affected countries to deliver tailored and flexible support to existing campaigns. To facilitate appeal coordination and financial management, the Federation's strategy is elaborated in one global appeal document consisting of three separate zonal plans and budgets. This approach will provide the required support to deliver an appropriate and timely response through reinforcing National Society efforts to work with partners for the maximized success of each specific polio campaigns in the related country. Each zone is responsible for managing the activities within their respective regions. The Federation anticipates the need for revised plans and budgets as the planned activities (and situation) unfold. [<click here to view the respective Emergency Appeal budgets;](#)  
[or here to view contact details>](#)

<sup>2</sup> The outbreak has affected 15 countries, as listed. This Emergency Appeal calls for funds to support the activities of 14 national societies in the outbreak response (all except Chad).

## The situation

In 1988 at the Forty-first World Health Assembly the world committed itself to global polio eradication by the year 2000. As the two maps below (courtesy of WHO) show, at that time there were over 125 polio-endemic countries, with more than 350,000 children being paralyzed by polio each year. Since the launch of the Global Polio Eradication Initiative (GPEI), tremendous progress has been achieved; as of 2006, the only countries to never interrupt wild polio virus (WPV) are: Nigeria, India, Afghanistan and Pakistan.

The ongoing circulation of wild poliovirus in Nigeria, and particularly the surge of cases in 2008 (806 WPV cases as of 26 March) present a serious re-infection threat to surrounding countries. 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 has now been traced to outbreaks in Uganda and Kenya. 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 the Horn of Africa and countries in Central and Western Africa poses a high risk of further international spread and threatens global polio eradication unless stopped quickly. For more information about the current situation, please see <http://www.polioeradication.org/>.

Stopping transmission requires urgent and immediate outbreak response activities in the affected areas and heightened surveillance in countries at risk. In all of the affected countries, plans for rapid outbreak response campaigns have been finalized for late February, March, April, May, June, and July.

WHO is requesting assistance from GOARN partners to support supplementary polio immunization activities (SIAs) 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 countries in the Horn of Africa (Ethiopia, Kenya, Uganda, Sudan (north and south)). These campaigns commenced in February, and will continue through end July 2009.



**Polio endemic countries 1988**



**Polio endemic countries 2009**

### Summary of the current situation, and Red Cross and Red Crescent involvement:

East Africa	
<b>Kenya</b>	Over the past two years, the country has experienced a major setback in its campaign to eradicate polio from its population. The setback has been brought about by a volatile situation and instability in surrounding countries. As a result, the country has experienced two polio outbreaks: one in 2006 and a second in 2009. The Kenya Red Cross Society (KRCS) was requested by the Ministry of Health and Public Sanitation to support social mobilisation in the round one mop up polio campaign. The KRCS support in social mobilization was recognised as instrumental in the 1 <sup>st</sup> round by all stakeholders involved in the campaign. The KRCS has been requested to continue supporting the campaign in social mobilisation of the remaining 3 rounds.
<b>Uganda</b>	In March 2009 a case of Wild Polio Virus was confirmed in Amuru district in Northern Uganda. Since then 2 more cases have been confirmed in the same district. The risk of sustained outbreak in Uganda is considered real and threatening to the polio free status of the country. As such a polio outbreak response plan has been developed to

	guide implementation of activities that would lead to the interruption of transmission of the confirmed outbreak in the country. In accordance with the polio virus importation preparedness and response plan, the Uganda Red Cross Society is supporting the Ugandan Ministry of Health for the scheduled 3 vaccination rounds in 15 (of the total 29) high risk districts.
<b>Sudan</b>	Southern Sudan is currently experiencing a large outbreak of 29 WPV1 cases, involving 8 states. 24 of the cases occurred in 2008 and 5 in 2009. In northern Sudan, two cases of wild polio virus have been reported in 2009. The risk of international spread from the outbreak in this region remains high, particularly from Port Sudan. Neighbouring countries must remain on high alert and lift surveillance levels to ensure quick notification of any recorded cases. The Sudanese Red Crescent Society plans to participate in the April vaccination rounds in both North and South Sudan.
<b>Somalia</b>	Though presently uninfected, Somalia is currently under threat of importation from surrounding countries. Vaccination campaign rounds are planned for April/June and discussions are underway with the Somali Red Crescent Society to determine level of participation. Presently, SRCS plans to participate in social mobilization and related activities during the proposed April/June Polio vaccination round, focusing on Somaliland (30 volunteers in each branch) and Puntland (30 volunteers in 3 branches). The SRCS has an agreement with the WHO/UNICEF/MOH involving microplanning and budgeting, and with UNICEF/WHO to provide the vaccines and support the coldchain. Plans for SRCS's participation are not yet included in this appeal.
<b>Ethiopia</b>	In Ethiopia, the target areas are the western part of the country (bordering Sudan), particularly Gambella, Binshangule Gumez, West Wollega, Bench Maji, South Omo, Borono, North Gondar, and West Tigery. Ethiopia Red Cross Society (ERCS) plans to participate in the Gambella, Binshangule Gumez, West Wollega, Bench Maji, South Omo, Borona, N/Gondar & West Tigery Branches, activating 10 volunteers per kebele for the April vaccination round.
<b>West, Central, and Southern Africa</b>	
<b>West Africa - Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger, Togo</b>	Across 7 West African countries (Benin, Burkina Faso, Cote d'Ivoire, Ghana, Mali, Niger and Togo) 38 cases of wild polio were reported in 2008 and an additional 27 cases so far in 2009. Ministries of Health have collaborated with coordination support by WHO to conduct 2 supplementary and synchronised polio vaccination days for children under 5 years across all 7 countries to prevent the further spread of the disease (in February and March). The 7 National Societies in West Africa have been planning and fundraising for the synchronised campaigns with the support of the Federation since January. Funding was sourced for Cote d'Ivoire for the first polio round which took place in February and for Burkina Faso, Togo and Niger for the campaigns starting on March 27 <sup>th</sup> from the Global Measles & Polio Appeal. The DREF allocated to support these campaigns and the funds generated through this Emergency Appeal will enable the National Societies to play an important part in the coordinated emergency response to stop the spread of polio in the region. A proposed third synchronized round is scheduled to take place in late April/early May.
<b>Central &amp; Southern Africa - DRC, CAR, Angola</b>	<p>In the DRC, the continued circulation of polio in countries neighbouring the DRC has led to the government and health sector partners to organise a series of national vaccination days (JLS). Given the vastness of the country, the DRC Red Cross proposes to conduct social mobilisation activities in 45 (of the total 295) health districts selected to receive the polio vaccine campaign. These 45 health districts are in the five provinces of Bandundu, Kasai Occidental, Kasai Oriental, Maniema and Province Oriental. The Red Cross activity will target some 1.3 million children under 5 years of age, assisted by some 1,800 Red Cross volunteers. The volunteers will be active for a total of 6 days split between the two campaign phases; the first is scheduled from April 2 to 4, and the second from April 24 to 26.</p> <p>The CAR had 3 cases of WPV in 2008 imported from India via Angola and DRC. The country is carrying out country-wide vaccination rounds in April, May and June. The CAR Red Cross is part of the national coordination body and has been requested to take an active part in the campaigns throughout the country. Over 600 volunteers and coaches will be mobilized in each round to reach about 670,000 beneficiaries</p>

(children under 5) in all 7 regions of the country.

In Angola, wild polio virus circulation has persisted since importation. In 2009 thus far, there have been 3 reported cases. Response campaigns are planned for April (in parts of Luanda, Benguela and Namibe), May, June, and July. The Angola Red Cross are planning to conduct social mobilization to reach 1.7 million beneficiaries in 4 municipalities of Lobito and 6.5 million children in total for the 3 rounds.

## Coordination and partnerships

The Federation and the respective National Societies are coordinating with the WHO as the lead agency and global polio eradication initiative founding partners, including UNICEF and Rotary International. The Federation's zonal health and disaster management coordinators are providing specific support to Red Cross National Societies in their respective country campaigns. The Federation's Health and Care Department is providing technical leadership while the Zone disaster management coordinators are assuming the operational lead for the Movement.

The Federation's coordination approach includes organizing routine meetings at the technical and operational level, PNS support from the Secretariat Health and Care Department, and updates to WHO on the Red Cross continental role. The Federation's Health and Care Department, working with Zone health coordinators and WHO counterparts, will coordinate and prioritize continental-wide technical inputs, including taking decisions on the intra-regional allocation of unearmarked donor contributions.

At the country level, National Societies are playing a central role in the national coordinating body (MoH, WHO, UNICEF, and other partners) and have been asked by MOH to take an active part in the response. Because of the comprehensive nature of the baseline assessment information and data (from WHO sources), there is no need for further assessment efforts (e.g Field Assessment and Coordination Teams), the Federation's involvement is entirely focused on complementing planned activities and supplementing the operation.

While acknowledging the emergency nature of this intervention, the Federation is intent that the immediate nature of the activities will not compromise longer-term work in contributing to polio eradication through developmental activities (promotion of routine immunization, participations in supplementary immunization activities).

## Red Cross and Red Crescent action

Before the scale of the polio outbreak was fully understood, the Federation's Health and Care Department Global Measles & Polio Initiative approved CHF 160,000 for four National Society social mobilization proposals for support to the February (Côte d'Ivoire Red Cross) and March (Burkinabe Red Cross, Niger Red Cross and Togo Red Cross) synchronized vaccination rounds. There were proposals from other National Societies which could not be funded due to lack of resources in the Health and Care Department.

With the spread of WPV and intensified response supported by WHO (ie. additional campaign rounds planned), on 20 March 2009 additional DREF support was approved for the Benin, Côte d'Ivoire, Ghana and Mali Red Cross to support and assist in the 2<sup>nd</sup> West Africa synchronized polio rounds. Thus, Red Cross National Society involvement during the first 2 vaccination rounds (February & March) in West Africa for 7 countries was covered by funds from the Global Measles & Polio Initiative and DREF.<sup>3</sup> Close to CHF 360,000 was allocated. Since then, other DREF allocations were made for the Central African Republic (CAR) and for the Democratic Republic of the Congo (DRC), approximately CHF 52,000 and CHF 137,000 respectively, to enable the National Societies to take part in the first round of the campaigns started at the beginning of April.

In order to appropriately respond to WHO's global request and the requests of Ministries of Health to their National Societies, meetings were organized by the Federation's Health and Care Department and Disaster

<sup>3</sup> During the February synchronized round, only Côte d'Ivoire Red Cross participated in its national campaign. The March synchronized round included Red Cross participation in each of the 7 implicated countries.

Management (including Zone counterparts) to decide on the appropriate response mechanisms. Subsequent meetings were held with the WHO Headquarters' Global Polio Eradication team to confirm the level of involvement requested of the Red Cross and Red Crescent, and discuss areas for action and coordination mechanisms at the Geneva, regional and country level. In addition to the funding already received, support has been requested from the National Societies in the DRC and CAR for further upcoming rounds and from the National Societies in Kenya, Ethiopia, Sudan and Uganda (as of end March 2009) for their participation in the planned campaign activities. The WHO has indicated that an additional 3<sup>rd</sup> round of synchronised vaccination for the 7 West African countries is currently planned for late April / early May 2009.

## The needs

**Beneficiary selection:** <sup>4</sup> the target population is those children under 5 years of age. The Federation's particular contribution to this operation is to work with National Societies to maximize vaccination coverage through social mobilization that will enable vaccines to reach the most vulnerable and remote communities. The table below provides a summary of the planned beneficiaries:

Region & Country	Overall number of targeted beneficiaries	Overall number for targeted Red Cross Red Crescent intervention
West/Central Africa	36 million	12.5 million
East Africa	36 million	10 million (TBC)
Southern Africa	8.2 million	2.5 million (TBC)
<b>TOTAL</b>	<b>80.2 million</b>	<b>25 million</b>

**Immediate needs:** to conduct preparations for the campaigns by coordinating with national planning bodies, participating in logistics and microplanning, communicating campaign dates, sensitizing the communities, facilitating the implementation of the activities, and supporting monitoring and supervision.

**Longer-term needs:** activities will focus on ensuring that this short-term operation contributes to the long-term goals of polio eradication and improving National Society expertise/experience in immunization, particularly promoting routine immunization in the communities where there are ongoing health activities.

## The proposed overall operation

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, thus reducing the chance of compromising the eradication goal.
- Maximize emergency vaccination targets so as to prevent polio infection and possible polio paralysis.
- Increase immunity against polio across the targeted 14 affected countries.

While Ministries of Health in affected countries will provide the vaccines and conduct the vaccination campaigns, achieving optimal vaccination coverage will require reaching the most remote and vulnerable communities. This is the role of the National Societies, who will be vital in delivering the messages to communities and linking vaccination teams with beneficiaries.

The Federation's strategy is to supplement these actions primarily by leveraging the Movement's expertise in social mobilization, experience with mass immunization campaigns (through the measles & polio initiative as well as other activities such as child health days, etc), and proven capability to add capacity and increase quality of the planning and preparedness efforts. The Movement also provides potential access to difficult or inaccessible areas (in the DRC, Sudan, etc.).

**Goal: support the respective National Societies in 14 countries implicated in the outbreak to be significant partners in their national polio emergency response.**

<sup>4</sup> Numbers in this table reflect the current information and estimates from the operation and National Societies. Numbers will evolve as intervention districts are identified.

## Emergency health and care

**Overall objective: To assist in ending the spread of polio by supporting national polio vaccination campaigns in designated areas of the affected countries through social mobilisation and door-to-door pre-campaign sensitization by the National Societies.**

### Specific objectives:

1. Organize the sensitisation and social mobilisation campaign via Red Cross and Red Crescent National Societies in countries at risk from the spread of polio.
2. Conduct effective capacity building within the involved Red Cross National Societies.
3. Reinforce relationship building efforts between National Societies and the Ministries of Health.

### Expected results:

- Maximize coverage of the emergency response supplementary rounds of oral polio vaccine (OPV) in targeted populations.
- Cessation of the outbreaks in re-infected countries.
- Social mobilization and health education campaigns, besides reducing the morbidity of this outbreak and helping prevent and reduce the impact of future outbreaks by participating in longer-term behaviour change.
- The public comes to know more about the role of the Red Cross and Red Crescent Movement in health care.

### Activities planned:

- Training of volunteers in key messages regarding polio prevention and the vaccination campaign.
- Mobilization of volunteers in the affected countries of operation.
- Disseminate information about the campaign at household level.
- Reach the most geographically remote and vulnerable populations.
- Promote the acceptance of vaccinations and dispel myths to reduce social and cultural resistance.
- Implement Red Cross activities in a coordinated way thus avoiding duplication of services with other actors. Share Red Cross experience with others at coordination meetings and during surveillance, reporting, response and advocacy activities at the national and district levels.
- Well-trained and motivated Red Cross volunteers reach the target population in their areas of operation and provide information regarding the vaccination campaign.
- Hygiene and health education, early case detection and referral and delivery of key health messages to contribute to the cessation of polio outbreaks in the region.
- Referrals to local health facilities.
- Conduct vaccinations (as requested and working with partner agencies).
- Post campaign monitoring to ensure impact.

## Planned polio country schedules:

Region	Country and dates
West Africa (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger, and Togo)	<ul style="list-style-type: none"> <li>• Two synchronized rounds in conjunction with Nigerian campaigns for the end of February and end of March. An additional third synchronized round planned for the end of April/early May.</li> </ul>
Central Block (CAR, Chad, DRC, Angola)	<ul style="list-style-type: none"> <li>• CAR: 13-15 February; 3 – 5 April; 11-17 May; 12-14 June.</li> <li>• DRC: staggered rounds: 2-4 and 24-26 April; 7-12 May; 4-9 June; 9-12</li> </ul>

	<p>July.</p> <ul style="list-style-type: none"> <li>• Angola: 15-19 April; 15-17 May; 14-28 June; 24-26 July.</li> </ul>
<b>Horn of Africa (Sudan, Uganda, Kenya, Ethiopia, Somalia)</b>	<ul style="list-style-type: none"> <li>• Sudan: North: 15-17 February; 23-25 March; 27-29 April. South: 13-15 January; 15-17 February; 23-25<sup>th</sup> March; 27-29 April.</li> <li>• Uganda: 21-23 March; 24-27 April; 23-25 May; 25-27 May.</li> <li>• Kenya: 21-25 March and 25-29 April.</li> <li>• Ethiopia: March and April.</li> <li>• Somalia: May and June.</li> </ul>

### Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency. The communications activities outlined in this appeal are aimed at supporting the National Societies to improve their communications capacities and develop appropriate communications tools and products to support effective operations. These activities are closely coordinated with the International Federation's Secretariat Communications Department in Geneva. The budget includes a component for Zone and Geneva communications costs. A detailed communications plan of action is forthcoming.

### Capacity of the Federation

National Societies and their Red Cross and Red Crescent volunteers have played a vital role in mass social mobilization since the founding of the organization. With the expertise in disaster response, and ability to mobilize large numbers of volunteers for intensive periods, the Federation is well placed to be a partner in mass supplemental immunization activities. As a contributor to the Global Polio Eradication and Measles Initiative, the Federation has launched annual appeals to finance National Society engagement in immunization activities since the early 1990s. With these flexible funds, National Societies have been able to provide the additional 'volunteer power' required to disseminate campaign information at the household level, reach the most geographically remote and vulnerable populations and in their role as active community members, helped to dispel vaccine-related myths and promote acceptance of vaccination to even the most resistant groups.

The International Federation will continue to advocate for the inclusion of Red Cross Red Crescent National Societies in these two global partnerships. Red Cross Red Crescent National Societies have a particular advantage in being able to mobilize vulnerable populations in "hard-to-reach" areas for vaccination. Through social mobilisation and by involving people at community level, the International Federation has proven successful in contributing to high vaccination coverage rates and impact on morbidity and mortality reduction among children living in measles and polio affected countries. The value added of Red Cross Red Crescent National Societies is their ability to quickly mobilize thousands of trained volunteers in a short period of time, and to continue to follow up after large scale interventions. This role helps National Societies to be more active members in country level planning mechanisms, forge closer relationships with their Ministries of Health, and increase the visibility of the Red Cross Red Crescent role in vaccine-preventable childhood mortality reduction.

The International Federation advocates for the role of National Societies at the global, regional and national levels. At the global level, the Federation Geneva Secretariat participates in the campaign planning bodies through weekly partnership teleconferences and promotes the involvement of National Societies in global forums. As an observer at the annual WHO World Health Assembly (WHA), the International Federation has delivered statements on the Red Cross Red Crescent role in measles and polio efforts in 2004, 2005, and 2007 and most recently at the 61st WHA in 2008.

Through their participation in measles and polio activities, Red Cross Red Crescent National Societies are re-energising their volunteer networks for a vital global target to ensure **access, equity and impact** in populations most at risk for measles and polio. National Societies' visibility and credibility are strengthened and capacities enhanced through their continued involvement. Innovative health interventions have also developed out of these interventions.

### Budget summary

See attached budget (Annex 1) for details.

Yasemin Aysan  
Under Secretary General  
Disaster Response and Early Recovery Division

Bekele Geleta  
Secretary General

### 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:

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[<Emergency Appeal budget below; click here to return to the title page>](#)

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

### **Africa: Polio; Appeal N° MDR61004-64005-63002**

\* Please note that the budget is presented as one budget summary covering the three Appeals of East, West & Central and Southern Africa. This will be revised in the coming days to separate out the presentation of the three budgets for each of the separate Zonal Appeals.

	<b>Total</b>
<b><u>RELIEF NEEDS</u></b>	
Shelter	0
Construction Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water & Sanitation	0
Medical & First Aid	0
Teaching Materials	47,684
Utensils & Tools	0
Other Supplies & Services	0
<b>Total Relief Needs</b>	<b>47,684</b>
	0
<b><u>CAPITAL EQUIPMENT</u></b>	0
Land & Buildings	0
Vehicles Purchase	0
Computers & Telecom Equipment	0
Office/Household Furniture & Equip.	0
Medical Equipment	0
Other Machinery & Equipment	0
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>	0
Storage - Warehouse	0
Distribution & Monitoring	0
Transport & Vehicles Costs	283,825
<b><u>PERSONNEL</u></b>	0
International Staff	0
Regionally Deployed Staff	0
National Staff	25,277
National Society Staff	231,423
Volunteer incentives	980,715
<b><u>WORKSHOPS &amp; TRAINING</u></b>	0
Workshops & Training	229,667
<b><u>GENERAL EXPENSES</u></b>	0
Travel	168,874
Information & Public Relations	57,560
Office running costs	35,189
Communication Costs	99,092
Professional Fees	0
Financial Charges	604
Other General Expenses	114,882
<b><u>PROGRAMME SUPPORT</u></b>	0
Programme Support - PSR	158,141
	0
<b>Total Operational Needs</b>	<b>2,385,249</b>
	0
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>2,432,933</b>
	0
<b>Available Ressources</b>	<b>0</b>
	0
<b>Net Request</b>	<b>2,432,933</b>