

Polio Eradicators Report
September 21, 1999

The CORE Group Partners Project Polio Eradication Initiative (PEI) has been officially launched and several major milestones have been achieved during its first month. Three people have been selected to lead the project toward the goal of USAID and the CORE Group Partners, which is the global eradication of polio: David Newberry, Project Director; Richard Scott, Deputy Project Director; and Sara Smith, Senior Technical Advisor. The Program Assistant position in Atlanta has just been filled and the full Polio Eradication Team is now in place. Dora Ward is the new team member and more information about her will be in our next newsletter.

The first step of the PET was to form a working unit/team while concurrently preparing a Request for Proposals (RFP). The RFP was sent out to the CORE Group PVOs on July 9, 1999 and marked the first major milestone of the Polio Eradication Team. This process was anchored by Sara Smith in the CORE Group office and was carried out electronically via numerous e-mails, faxes, and telephone conversations between Sara, David Newberry and Richard Scott. David and Richard worked on the RFP and Proposal Guidelines on their own time for several weeks prior to their actually being secured to the CORE Group PEI.

Through this intense process of preparing the RFP and Proposal Guidelines, followed by the first team-building meeting held on July 16, a cohesive team was formed, dubbed the Polio Eradication Team, or PET, by the project director, David Newberry. Our vision statement, developed at this first meeting, is **“We are Partners, United as a Team, to achieve a Polio-Free World.”** Our partners in this polio eradication process include USAID, The CORE Group PVOs, WHO, CDC, Rotary, UNICEF and all endemic country stakeholders.

Upon release of the RFP on July 9th, immediate and enthusiastic interest in submitting proposals was expressed by several PVOs. By the extended due-date of August 20th, seven proposals had been received and up to 14 others were in the works for the second round in November, 1999. The PVOs who submitted proposals for first-round PEI funding are: MCDI/Save the Children for Mozambique, CARE for Bangladesh, AMREF for Uganda, Project HOPE for Mozambique, World Vision for Angola and India, and MIHV for Uganda. The technical reviews of these proposals are completed and we are in the process of writing the response letters at this time.

A very important event in the early days of the PET was the first meeting at USAID on August 5th with Ellyn Ogden, the Worldwide Polio Eradication Coordinator and Richard Greene, Chief of the Child Survival Division within the Office of Health and Nutrition of the Global Bureau. The purpose of this meeting was to introduce the team members, present the team's 5-year plan and operational goals, and to establish communications procedures between the PET and USAID. It was a very positive and productive meeting and the PET is excited about working with Ellyn Ogden and Richard Greene. They reconfirmed the USAID Global Bureau's dedication to the polio eradication goal. An on-going topic of discussion is the feasibility of incorporating Vitamin A capsule distribution into the polio eradication national immunization day strategy.

The target date for release of the RFP for round two PEI submissions is October 1, 1999, with proposals due November 30, 1999. This should allow time for technical review and award of round two proposals by December 20, 1999. The technical review process emphasizes that the reviewers take the position of providing constructive criticism of proposals so that if a proposal does not currently qualify for funding, the PVO will have received sufficient information to transform it into a winning proposal for the next round of funding.

Ellyn Ogden, the Cognizant Technical Officer for the PEI Cooperative Agreement, and David Newberry participated in the WHO “Special Meeting of the SEAR/EPI Technical Consultative group (TCG) on Vaccine Preventable Diseases” in Lucknow, India, on 26-27 August. The conference was attended by over 200 representatives from WHO Southeast Asia countries engaged in polio eradication efforts. Its purpose was to provide a current scientific status review of the polio eradication effort in Southeast Asia. The outcome was a renewed commitment and strategy toward polio eradication involving six National Immunization Days (NIDs) in India. Based on the scientific evidence presented during the proceedings, PEI Project Director David Newberry came away with a renewed belief in and enthusiasm for the achievement of the eradication of polio in India by the end of the year 2000.

Other PET news items...

- Sara Smith and Richard Scott attended the CDC STOP Team Training in polio eradication during the week of August 30 and received valuable information on the worldwide efforts toward polio eradication.
- The Polio Eradication Team was encouraged by WHO to duplicate the “Polio CD 1 – May 1999” to distribute to PVO projects. It contains a wealth of information on the eradication of polio and should be kept on hand as a resource library wherever polio is being fought. Copies of this CD have been sent out and more are available from us upon your request (our e-mail addresses are at the end of this newsletter).
- The PET will soon be giving an initial presentation to the CORE Group Partners Project Coordinating Committee and will then present our program at the Partners Project membership meeting on September 29th in Washington, DC.

For further information you may reach us at these e-mail addresses:

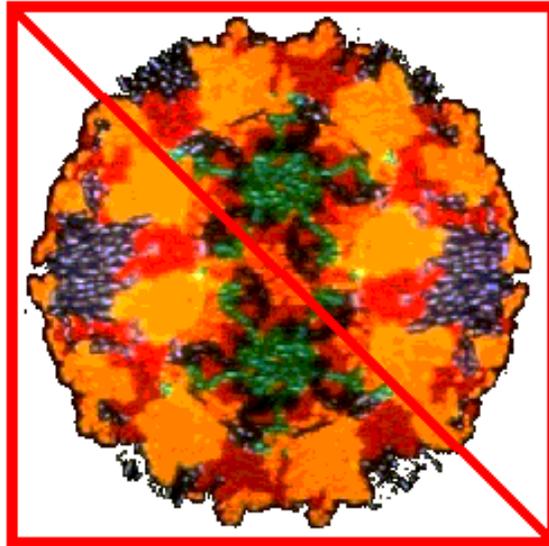
David Newberry, Project Director: newberry@care.org

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We look forward to hearing from you!

A Progress Report from the Polio Eradication Initiative Of the CORE Group Partners Project



December 29, 1999

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Country Field Reports

Asia

David Newberry will be traveling to India, Bangladesh and Nepal to finalize the proposals from each of those countries. The key to the PET strategy in these areas remains the identification of the highest-risk areas and the coordination of PVOs to ensure complete coverage of those areas.

India

The bundled/collaborative India proposal is nearing completion and should be funded by late January or early February. (CARE, World Vision, ADRA, PLAN, Christian Children's Fund, Save the Children and Project Hope are the seven PVOs represented in the India bundled/collaborative proposal.) Dr. Stan Foster traveled to India to assist in the negotiations regarding final budgets and USAID buy-in. Agreements were reached on bottom line budget figures and the proposal can be submitted to USAID-DC as soon as detailed budgets are submitted to CORE. Additionally, ADRA agreed to act as host to the secretariat. Recent meetings facilitated by Dr. Foster between Victor Barbiero and the participating PVOs forged concurrence on priority activities, with NID support in high-risk areas and populations established as the top priority. The strategic design includes four complete NIDs and two high Risk State specific SNIDs. PVO participation will expand to cover greater geographic and population targets.

Nepal

With on-site assistance from Dr. Foster, Dr. Roma Solomon conducted a PVO workshop in Nepal early in the month. PLAN, ADRA, CARE and World Vision were present; representing projects in approximately 15 districts, including seven districts at high-risk for polio transmission. All participants agreed to focus PVO PEI efforts on the seven high-risk districts, especially those that border on India. Expectations for bottom-line budgets, as well as match requirements, were made clear to the PVOs. Overall the workshop went well and the PVOs' reception of PEI was very positive. They expect to finalize strategic directions and to submit a bundled/collaborative proposal by early January at the latest. Particular emphasis will be placed both on surveillance and on coverage in high -risk cross-border areas between India and Nepal.

Bangladesh

The bundled/collaborative proposal representing CARE, PLAN, Save the Children and World Vision was submitted to CORE in mid-December and is now being revised. Bangladesh has committed to focus on increasing coverage and improving surveillance in high-risk areas, principally border areas with India, in this case. Remaining issues to resolve include allocation of funds among the PVOs and details regarding hosting of the secretariat. Also attempts will be made to involve as many PVOs active in as many high-risk areas as possible. Attempts to include other NGOs, including BRAC, will be explored over the next few weeks. Work plans will address the issue of reaching the unreached in border districts through appropriate coverage and mobilization activities as needed. PVO resources for conducting activities in border districts will be mobilized as quickly as possible by all national and partner agencies.

Africa

Uganda

Project Director, David Newberry, traveled to Uganda in early December to coordinate with CORE PEI implementing PVOs there, stopping first in Zimbabwe to attend the meeting of the Task Force on Immunization for the WHO AFRO region. AMREF and MIHV were the main PVOs submitting proposals. The plan to include a secretariat was well received. MIHV opted to take on the responsibility for establishing the secretariat with direct involvement with AMREF. Details for the secretariat will be finalized over the next few weeks. The polio Project Director reported strong polio eradication support from the Ugandan Rotary's Polio Plus committee and the UN agencies, as well as from the PVOs. The local USAID Mission staff was very busy but also support for the activities of CORE's PEI. The major issues that emerged from numerous meetings were the need for collaboration regarding the technical and epidemiological aspects of PEI activities and the need for an Memorandum of Intent (MOI) among the PVO partners specifying roles and responsibilities. The technical focus of PEI activities will be directed to increasing coverage and surveillance training. A workshop is being scheduled for early in the year to solidify the PVO collaborative processes and the secretariat. The first polio eradication proposal matching grant was approved by USAID, for the MIHV Uganda in December 1999.

Both of the proposals from Uganda have been approved and processed. AMREF and MIHV are the implementing PVOs. Uganda's next NIDs are scheduled for the summer so the PVO workshop is being planned for early May as a focal point for NID planning. Also CORE's Ugandan PVOs are investigating establishing the secretariat and developing of a Memorandum of Intent prior to the workshop. A PET team member will visit Uganda in early May to facilitate the workshop and conduct site visits.

Mozambique

That the situation of surveillance is exceptionally poor in Mozambique has become evident. Not only does the poor surveillance present a huge hurdle for Mozambique certification; it casts serious doubts on their actual immunization coverage. Therefore both PVOs' activities and CORE's dialogue with the MOH is focused now on intensifying immunization activities. Since it is unlikely that the Ministry will reverse its decision not to hold further NIDs, CORE PVOs are concentrating on extensive mop-up activities and highly targeted regional immunization campaigns in the areas of highest risk. The PVO collaboration workshop in Mozambique will be held on March 13th and 14th in Nampula Province, which allow district and provincial MOH officials to attend, garnering further support from the Ministry at all levels. One of the Mozambique proposals has been approved and processed and another is awaiting resolution of one remaining financial issue and the third, submitted in the second round, has just completed technical review.

Senior Technical Advisor, Sara Smith, and Program Assistant, Dora Ward, traveled to Mozambique in December to coordinate with CORE PEI implementing PVOs there, as well. All PEI activities in Mozambique will be directed primarily toward enhancing surveillance, as there is no documented transmission of wild poliovirus but surveillance of AFP is very poor. Support from the PVOs, MOH, Rotary and the UN agencies was remarkably strong and USAID has stated its support for the project. A workshop is being organized for late February to solidify collaboration and transmit a unified, coherent body of technical information from the UN agencies and the MOH to the PVOs. We continue to receive positive feedback from PVOs and others following this important field visit

by Polio Eradication Team staff.

Angola

CORE's progress in the logistically challenge in Angola has been dramatic. During David Newberry's recent visit he discovered that central planning for the upcoming NIDs in June and July was far behind schedule. The ICC has granted CORE full membership on the committee and CORE will be involved in the full range of NID planning from microplanning to vaccine procurement. CORE is also actively involved in the negotiations for days of tranquility during the NIDs. The PVO collaboration workshop in Angola was held this week and PET anticipates a full report shortly from David Newberry, who facilitated the workshop. Both proposals submitted in the first two rounds should be finalized during his current visit and he hopes to add additional PVOs into a joint statement of purpose and plans.

Democratic Republic of Congo

PET member Sara Smith returned from DRC in late February. Her visit revealed many constraints to work in this country: small numbers of CORE PVOs working in DRC; financial difficulties, civil war, poor infrastructure, and an unstable security situation. Foreigners' travel outside of the capital city is restricted and they may be viewed with suspicion. For these many reasons, this situation limits the number of areas in which CORE can work.

World Vision, in southeastern province of Katanga, submitted a collaborative proposal within three weeks to CORE HQ, along with ADRA and the Roman Catholic Church, the Evangelical Lutheran Church and SADRI (a development support branch of the Protestant Church). CORE will inform major players of plans, ideas, and arrange for a PVO workshop. Obtaining up to date, accurate information on coverage and on CORE PVOs active in DRC is crucial to evaluate where and how PVOs should be contributing. The PET also plans to contact other possible contributors to NIDs, such as oil companies, that could provide logistical support and will continue to explore use of basketball association in regard to NIDs. There may be a role for negotiating for days of tranquility during the NIDs.

Ethiopia

Due to its epidemiological importance Ethiopia is another key country in polio eradication. Sara Smith will be traveling there in March on an exploratory mission to determine the level interest in and feasibility of PVO polio eradication activities in Ethiopia. CORE has already made initial contact with the MOH and hopes to raise interest in submitting a proposal among PVOs there.

Summary

The strategy in Asia is clear: Asia represents the key to global polio eradication both in terms of strategy and number of cases so the focus must be on increasing OPV coverage in small, high-risk pockets of low coverage, wild poliovirus transmission areas and populations that might be missed otherwise. The Africa strategy will be similar: Identify in collaboration with the CDC and in-country experts the critical countries and concentrate limited resources in those areas. The success

of the global effort to eradicate polio turns on the concentration of resources during this critical year in high-risk areas to ensure a *complete* cohort of children who are fully vaccinated with viable vaccine. The remaining particularly important issue, surveillance with a view toward certification, may have to be addressed in subsequent years through a community-based system.

Another aspect of CORE's PEI is the promotion of community-based surveillance as a means to ensure that polio eradication efforts strengthen community-level health systems. One way this goal may be accomplished is through the scaling-up of the Community Surveillance Kit. The kit, supported by USAID and authored by the CHANGE project, is being tested in the field now in Zimbabwe and Malawi and provides a template for communities to conduct surveillance on AFP and a number of other key diseases, including measles and neo-natal tetanus. As the PEI projects in Uganda and Mozambique are dedicated to increasing coverage and the surveillance portion of the PEI mission, they are potential candidates for the scaling-up operationalization of the kit. This possibility will be assessed pending the full implementation of project in those two countries with the requisite partners and the outcome of the field tests.

The mechanisms of CORE's PEI are becoming smoother and more efficient. The majority of the funding for the first round of proposals should be disbursed to PVOs by the end of January 2000 including all the funding for those projects submitting their revisions by the deadline. We have developed a template for the establishment of a secretariat, one for a PEI proposal and one for an MOI between PVOs. An information packet designed to inform PVOs at the country level on all aspects of the PEI for has also been completed.

Another important issue on the horizon for the PET is the search for more funding. CORE PVOs need additional money if they are to play the crucial role in polio eradication of which they are capable. The PET is investigating funding possibilities with a number of new sources, including the Gates Foundation and the Japanese government.

The CORE PET thanks you for your attention to our monthly report and encourages you to contact us with any questions or comments.

Interim Progress Report

to

Ellyn Ogden

Worldwide Polio Eradication Coordinator

**Global Bureau, Office of Health and Nutrition, Child Survival Division
United States Agency for International Development**

February 4, 2000

**From the Polio Eradication Team of the CORE Group Partners Project
David Newberry, Project Director
Richard Scott, Deputy Project Director
Sara Smith, Senior Technical Advisor
Dora Ward, Program Assistant**

In late July of 1999, the Polio Eradication Team (PET) of the CORE Group Partners Project (CGPP) was formed to fulfill the terms of a grant from the USAID Global Bureau, Office of Health and Nutrition, Child Survival Division. The project was awarded \$8 million for the Polio Eradication Initiative (PEI). In the first six months of operation, the PET has become as an active partner in the worldwide polio eradication effort. The CORE Group has received 13 polio project sub-grant proposals from eight countries in Africa and Asia.

The CORE Group Polio Eradication Initiative's mission is to coordinate and mobilize community involvement in OPV immunization campaigns in high-risk areas and the hardest-to-reach populations of polio-endemic countries. The CORE Group is uniquely positioned to serve in this capacity as it represents 35 US-based Private Voluntary Organizations (PVOs) which manage hundreds of USAID funded Child Survival projects worldwide. The mission of the CORE Group Polio Eradication Team is to facilitate mass oral polio vaccine (OPV) immunization campaigns and to document the participation and contribution of the PVOs toward the global eradication of polio. Efforts are focused on countries where the priority is highest and the need is greatest. PVOs are well positioned to address the challenge of global polio eradication in those high-priority countries, such as those in conflict and those with extremely hard-to-reach communities.

The PET strategy involves four concepts:

- 1) Motivating the PVOs to cooperate within the PVO community and with other health partners in their country, USAID, MOH, UNICEF, Rotary, CDC, and local NGOs by requiring them to collaborate in designing coordinated proposals which demonstrate how they will combine their efforts to create synergies in the fight for polio eradication.
- 2) Establishing a Secretariat in each region/country which serves to coordinate the efforts of the PVOs, facilitating the sharing of technical information and strategies for success, arranging and managing workshops and training sessions, and reporting to the CORE Group on the needs and accomplishments of the PEI projects.
- 3) Maintaining the highest technical caliber of all the PEI activities through application of technical expertise obtained through USAID, CDC, and from noted experts in the relevant health disciplines. This sharing of information allows PEI projects to apply epidemiological findings strategically and to conduct and evaluate their programs with scientific rigor.
- 4) The intervention strategy is based on the successful model used in the Americas: immunize as many susceptible children as possible with three

doses of potent oral polio vaccine until a least 90% coverage is achieved. This is accomplished by having the PVOs support National Immunization Days (NIDS), house-to-house search for un-immunized children and additional mopping up activities.

The accomplishments of the CORE PET in just six months have been most noteworthy in creating linkages and collaborative relationships between the myriad health organizations in polio-endemic countries. One particularly encouraging example has taken place in Angola. The Angola National Interagency Coordination Committee has invited the CORE Group to full committee membership. The coming country workshop will focus on identifying process and partners for negotiating six days of national tranquility for the purpose of holding National Immunization Days.

Current achievements could easily be expanded to include PVO collaboration and polio eradication activities in all the WHO designated priority countries if additional funding becomes available before the end of the year 2000.



The CORE group Secretariat will be a full partner in the planning of national immunization activities such as the mobile immunization sites and vaccination teams shown above.

PET Retreat\Progress Report

PET Planning Retreat, Amicalola Falls, GA, April 3 – 6, 2000

**From the Polio Eradication Team of the CORE Group
Partners Project
David Newberry, Project Director
Richard Scott, Deputy Project Director
Sara Smith, Senior Technical Advisor
Dora Ward, Program Assistant**

History of Project –

In 1997, at USAID's behest CORE began to discuss the possibility of polio funding for PVOs. No conclusions were reached as the membership had mixed feelings. A small majority of members were in favor. Among key countries identified were India, Uganda, and Mozambique. Southern Eastern Africa was proposed, as was India, for focus regions to make a significant difference. A Planning meeting was conducted in early 1998. Some arguments were presented about the viability of CORE engaging in operational projects.

Victoria and Erica developed the final proposal; David and other technical experts, including CDC staff, reviewed it. CDC Vaccine Preventable Disease Division (VPDD) was not enthusiastic. The polio eradication grant was funded by USAID beginning October 1998. A list of countries was identified in order to provide focus and concentrate effects. World Vision delayed in finalization and approval. Ellyn Ogden suggested opening proposals to all areas, beyond the six countries targeted in the proposal. Country level workshops were planned to get country buy-in and ownership. Funding was planned on a bell curve, with the greatest amount disbursed in the third year of The CORE Group Initiative.

So far, CORE and PEI have been run as parallel but related entities.

Community based surveillance was initially a major component. It was viewed as a way to enhance ongoing systems while also contributing to polio eradication and certification. Initially, the understanding was that PEI would work in non-critical countries on surveillance capacity building and community surveillance in particular. Ellyn Ogden concurred with this strategy.

Collaboration at country level – The concept of a PVO secretariat, functioning more or less as a CORE chapter at the country level, was the original intention and was intended to serve as a way to enhance and measure PVO collaboration.

Individual/trip reports

Dora Ward –

Mozambique

Dora conducted PVO Collaboration workshop including 40 participants from MOH, WHO, UNICEF, and Rotary, as well as the PVOs. A new budget and strategy was developed in which the PVOs agreed to a funding level cap of a total of 520,000 covering a target population of nearly 1 million children under 5 over 1st year. The strategic focus will be on MOH surveillance training and community social mobilization. We are also exploring convincing MOH to use WB credits for polio/EPI. However, the situation remains uncertain due to an uncertain funding situation for many PVOs and to a lack of a surveillance infrastructure for the PVO to interact with.

Sara Smith
DRC

CORE is working with BASICS, AID, CDC, embassy, EPI, WHO, Mining, RR and the National University. Sara conducted PVO workshop, with World Vision-DRC's help, which included 30 participants including CORE PVOs; World Vision is involved in microplanning. The secretariat and MOI were discussed. A key southern province only will be covered due to difficulty with access and demonstrated need. There is definitely polio transmission within the targeted area as well as some rebel controlled areas

Ethiopia –

Potential partners include Save, Concern, Africare, PLAN, CARE, WHO, CRS, MOH, WV, CCF. CORE has established strong links with MOH at local level. Decentralization has led to chaos at regional level. There is no minister of health. Partners are not apt to share information. Little or no surveillance exists on cold chain status or routine immunization. The WHO works closely with MOH. NGOs are required to design medium-term work plans and register them with government. Alterations to these plans require lengthy government review process to change. Personal security appears to be acceptable. Presently roads are improving. A surveillance assessment was completed in 1999. The CRDA is a CORE-type coordinating agency in Ethiopia. Many local NGOs are operational but not much partnering exists. Polio Eradication Workshop scheduled tentatively for the 1st week in May, with CRDA as host. Sara Smith will provide direct on-site support.

Richard Scott

Richard has recently completed letters requesting funding for India, Bangladesh letters and sent to Eilyn. AMREF and MIHV proposals are funded and complete

David Newberry

Angola -

The polio Workshop was completed for 30 participants representing all partners and international agencies. David has identified an excellent Secretariat Director Candidate. The country USAID mission was supportive. CORE has an ICC seat. CORE must act and act quickly to avoid losing credibility and enthusiasm.

India and Bangladesh –

PVOs were concerned about receiving money, staffing the secretariat and incorporating BRAC. PVOs rapport NID support is behind schedule because of delays. Molly Mort (USAID, Bangladesh) wanted proposal resubmitted and wanted PVO to insure no duplication of services. Finally she agreed to proceed

under assumption that PVOs will address Molly's concern in the first three months.

Self Assessment Tool

Dora and a graduate student, under David's direction, are drafting a tool for the PVO to use in their self-assessment. The key aspects to address are the following.

Project Goals

- Quantitative, WHO approved indicators

Demonstrating PVO contribution

- Outside corroboration
- Consistency with national priorities

PVO Collaboration

- Relationship with MOH/other PVOs, etc.
- Range of joint activities (training, service delivery, capacity building, TA)

Secretariat

- Reporting/Communicating w/CORE
- Model for other activities
- Sharing tools and best practices
- Facilitating collaboration

Reality checks – Will we meet Dec. 31, 2000 deadline?

Which countries won't make the deadline, when they will cease transmission and how can we improve the chances? Following country is predicted date for ending transmission and factors necessary for success.

Angola (June '01) - \$ and metropolitan focus and strong secretariat

DRC (2001/2002) - \$\$ and expanded coverage

Bangladesh (April '01) - \$ and expanded coverage and collaboration beyond PVOs

Nigeria (Dec '02) - \$\$\$ and revised state regional strategies and increased PVO collaboration

Ethiopia (Dec '02) - \$\$ and NGO collaboration and government commitment and geographic focus and coverage

Mali (Dec '02) – \$\$ and PVO collaboration, national commitment, USAID involvement

Guinea (Dec '02) – \$ and PVO collaboration

Pakistan (Dec '01) – National commitment, \$\$, PVO commitment and leadership (Aga Khan), microplanning and logistics system, geographic coverage

Afghanistan (Dec '01) – Taliban collaboration, \$\$, national commitment, vaccine and logistic, PVO collaboration and commitment, geographic coverage

Liberia (?) - \$, urban coverage, TA

Strategy Review

Shift focus away from “coverage rates” to raising numbers of kids with 3 or more doses of OPV.

Focus on urban, migratory and internally displaced populations

Encourage use of social and community mapping and baby tracking.

Part of our role and responsibilities in to insist on improvement in routine systems – for example, we can state as our goal to have high-quality immunization available every day in every health post in order to get district level-management to think about these issues.

Revisit surveillance with CDC in view of changing STOP team roles, exploring their ability to enhance their role as expert trainers for in-country staff.

Have PVO report names of AFP cases and improvement of AFP reporting by district.

Documentation and Feedback

The documentation we expect from the PVOs includes a self-appraisal from each PVO on anniversary of award and 6 monthly. Important issues regarding PVO feedback are that they require feedback from point person and that point person will be responsible for ensuring that report is received. Sara will polish reporting form

Also, PET will produce a newsletter monthly and report to PPMC 4 times yearly (May 25th is next report to PPMC. April 21 will be next deadline for newsletter.)

Sara will go through WHO polio CD-ROM for most useful information.

Dora will create cataloged archive of presentations.

Lessons Learned

- 1) Budget ceilings should be announced before proposals are submitted.
- 2) It is crucial to develop \$ pipeline w/ burn rate on Day 1 and to develop a DIP early on.
- 3) Models w/o \$ to support their implementation are not practical.
- 4) PVO collaboration a required element.
- 5) Obtain consensus among all partners at the outset on programmatic and geographic priorities.

- 6) Use team approaches but with clear task assignments and accountability.
Coordination for scheduling, travel and point person is crucial
- 7) CORE should not undertake no more operational activities and no bids on grants unless CORE can receive funds directly.
- 8) Team formation, leadership and career development are fundamental for quality in programming and administration.
- 9) At least two offsite retreats should be planned each year.
- 10) Limit technical review/re-design process to maximize quality of input.
- 11) Strategic networking with partners regarding overlapping priorities is crucial.
- 12) All levels need to agree on standardized indicators from the beginning.

Country Ranking and Backstopping

Ranking criteria – 0 - 2 points possible for each criterion for a total of 10.

- 1) WHO priority – 2=Top 10, 1=WPV or low survey AFP, 0=non of the above
- 2) Polio status (according to PET judgement)
- 3) Work completed
- 4) Potential PVO contribution
- 5) Technical support required

| | Ranking | Primary Backstop | Secondary Backstop |
|------------------------------|---------|------------------|-------------------------------|
| Mozambique | 8 | Dora Ward | Sara Smith |
| Democratic Republic of Congo | 9 | Sara Smith | Dora Ward |
| Liberia | 6 | David Newberry | Sara Smith |
| Nigeria | 9 | David Newberry | Sara Smith |
| Angola | 10 | David Newberry | Sara Smith |
| Uganda | N/A (6) | Dora Ward | David Newberry |
| India | 10 | Roma Solomon | David Newberry, Sara Smith |
| Bangladesh | 10 | David Newberry | Sara Smith |
| Nepal | 7 | Sara Smith | Roma Solomon |
| Tanzania | 4 | Dora Ward | Sara Smith |
| Malawi | 4 | Dora Ward | Sara Smith |
| Mali | 6 | Sara Smith | Dora Ward |
| Ethiopia | 8 | Sara Smith | David Newberry |
| Guinea | 7 | Sara Smith | David Newberry |