



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

Quarterly Narrative Report

1 April – 30 June 2000

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CORE PEI QUARTERLY REPORT: APRIL – JUNE 2000

EXECUTIVE SUMMARY

This quarterly report summarizes the activities of the CORE Group Polio Partners Project during the period from 1 April to 30 June 2000. The report summarizes the activities of CORE Polio Eradication Team members, the activities of PVO subgrantees, and activities with potential PVO subgrantees. Countries where activities took place this quarter include Angola, Bangladesh, Democratic Republic of Congo, Ethiopia, India, Liberia, Mozambique, Nepal and Uganda. To date, subgrants have been awarded to 11 projects by eight PVOs in three countries: Bangladesh, India and Uganda.

BACKGROUND ON THE CORE GROUP POLIO PARTNERS PROJECT

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).

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.

COUNTRY FIELD REPORTS

Asia Region

Bangladesh

1. Bangladesh polio proposal issues were reviewed with the CARE Bangladesh Team. Concerns about the amount of the grant, the role of BRAC (Bangladesh NGO), and USAID to review comments, the secretariat structure and function, timing of the grant process, IOCH linkage, UNICEF and WHO partnerships. The various PVO partners have agreed to share ownership of the CORE Secretariat with CARE Bangladesh. The Secretariat will be jointly owned but housed in the CARE facility. The CARE budget will include support for the Secretariat Director's salary but the selection will be done by consensus among the four PVOs as soon as possible. The IOCH Team has approved the proposal and the Secretariat concept. UNICEF's Dr. Rownak Khan has also reviewed and approved the proposal. WHO will review the final draft and communicate approval if approved.
2. USAID Mission will finalize their review and transmit approval to Ellyn Ogden ASAP. Thereafter, the PET staff will "fast track" the process to fund the Bangladesh projects. NIDS are scheduled for May 3rd 2000. It has been noted that 29 million doses are required for each NID round. No source has been identified as 2/24/00.
3. The PVO group discussed issues including coverage, strategy for covering high risk areas, revised budget, draft MOI, Secretariat and Director, NIDS, NIPHP letters and proposal completion and time frame for funding to assure coordination during scheduled NIDs and polio eradication in Bangladesh.
4. A map showing confirmed polio cases and the PVO project areas were completed. The PVO community has increased their coverage to include 45 Thana, 1,337,591 children less than 5 years in age, \$314,900 in USAID CORE funds and \$106,453 in PVO Match. The final proposal has been developed based on feedback given by different partners and resource allocation from the CORE grant. The purpose of this initiative is to eradicate polio from Bangladesh through support of on-going polio eradication efforts, which include supplementing routine EPI, NIDs, establishing effective surveillance system for case reporting, organizing Mop Up campaigns for high risk areas and activities to maintain high coverage levels.

Evaluation and Reporting

- Improve epidemiological and surveillance polio data exchange between PVOs and all partners. Provide monthly forum and meetings to assure current information on polio

surveillance, chart progress, review technical insights, share tools, and measure progress. The format and content may evolve as the Secretariat is established.

- Each PVO will complete a self-appraisal assessment questionnaire presently being developed by the Polio Eradication Team (PET).
- Complete a progress report every quarter to meet USAID requirements. Additional reports or assessments may be added as defined by the Secretariat Management Committee.
- PVOs will conduct between NID round assessments to count the number of “0” dose children and through qualitative means identify why immunization participation didn’t occur and how to overcome these obstacles.
- Additional studies regarding immunization practices, coverage, and opportunities for tracking children from birth through complete their full participation.

India

In the global struggle to eradicate poliomyelitis, India remains one of the largest polio endemic countries, contributing in 1999, more than half of the world’s reported cases of polio. Since 1995, the Government of India (GoI) has implemented unprecedented public health efforts through its Pulse Polio Immunization program (PPI). The PPI seeks to provide three doses of oral polio vaccine (OPV) to all children under five during a series of one-day nationwide immunization campaigns held each year during the dry season. The PPI represent the largest public health campaigns ever conducted in a single country, immunizing 134 million children in 1998; nevertheless, an estimated 10% (13 million) of India’s children under 5 years of age are consistently missed in the campaigns. Most live in poor, hard-to-reach communities, where routine immunization coverage is very low. The estimated pool of susceptible children was the basis of the 1,281 confirmed cases of wild poliovirus in India in 1998. In order to interrupt transmission of the virus and eradicate it, these susceptible children must be immunized. The sheer magnitude of the population, diversity of languages and cultures, and an infrastructure as yet unable to meet the immunization demands of this vast country contribute to the fact that pockets of children in poor urban and rural areas are not adequately protected against polio. Private voluntary organizations (PVOs) and other non-government organizations (NGOs) working at the community level are ideal partners in the effort to reach these unreached children.

Important facts to consider:

- With leadership from the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF), all countries of the world have targeted the global eradication of poliomyelitis by December 31, 2001. The Western Hemisphere, Pacific and Southeast Asia are now free of polio transmission and are in various stages of certification of the elimination process.
- India is the global epicenter of polio and traditionally provides 75% of global reported cases of polio. Although great progress has been made toward global polio eradication, the subcontinent (Afghanistan, Bangladesh, India, and Pakistan) is the current global priority with parts of the Middle East and Africa remaining barriers to global eradication.
- With leadership from the US Congress and funding through the United States Agency for International Development (USAID), eight million dollars have been awarded to the CORE Group made up of 35 US-based Private Voluntary Organizations (PVOs). Notice of the availability of funds to accelerate ongoing polio areas was circulated to US-based PVOs

working in India and 4 US-based PVOs identified a willingness to participate. It is expected that the USAID/CORE funds will contribute to and in some areas, be fundamental to the elimination of polio transmission in India.

The project is designed to accelerate polio elimination activities in areas that meet two criteria:

1. Identified as polio-endemic (recent polio cases) or polio high-risk (urban slums or ethnic minorities), hard to reach or low coverage and
 2. Where PVOs are already at work but can expand PPI efforts.
- Negotiations with India, WHO, USAID and NPSP have led to the development of a “bundled” proposal for the 4 participating PVOs, CARE India, Project Concern International, ADRA and World Vision.
 - All PVOs including Non-proposal groups may join the India CORE Group collaboration Secretariat through a simple ‘Memorandum of Intent’ (MOI) process.

Goal

The elimination of polio virus transmission in India

Assumptions

- Global polio eradication is technically, politically, and financially achievable through simple strategies of immunization and surveillance.
- India, the home source of 75% of global polio cases, is the essential next step in the elimination of polio transmission in the world. As reported polio elimination is achieved in Asia, it will be possible to shift the final battle to achieve eradication in Africa.
- Rotary International (RI), Private Voluntary Organizations (PVOs) and Non-Governmental Organizations (NGOs) are already contributing greatly to the India program, especially in the implementation of Pulse Polio Immunization (PPI).
- The USAID Core Polio PVO project can contribute to national and global polio eradication because of their location in high-risk (polio) areas and in high-risk (marginal) populations and the fact that they implement planned community-based child services projects on the basis of community mapping, identification of change agents, etc.
- Dr. Roma Solomon, an experienced PVO expert has agreed to serve as the Regional Technical Advisor for India, Bangladesh and Nepal.
- CORE Polio Eradication Initiative PVO MONTHLY REPORTING FORM developed in May, 2000. Instructions include: *Please use this form as your template to fill out at the end of each month and send an electronic copy as well as a hard copy to Roma Solomon at CORE. The first three pages are the actual reporting form; the remaining pages are guidelines for each of the PVOs as they have appeared in the Bundled Proposal and do not need to be sent.*
- The Secretariat structure will operate through the management committee comprised of representatives from CORE, PLAN, Save the Children, World Vision with input from MOHFW, USAID, UNICEF, Rotary, CDC and the ICC. Membership will be open to other partners and stakeholders, NGOs, and Professional organizations. CARE Bangladesh has

been designated as the lead PVO. The only requirement for membership is signing of a Memorandum of Intention (MOI).

Nepal

Nepal, with its geographic location between the world's most polio endemic area (Uttar Pradesh and Bihar States in India) and China is a key country in the global strategy for polio eradication. Nepal, with a population of 22-23 million, is divided horizontally into three geographic zones. First, the 'Mountain' zone, characterized by the sparsely populated Himalayas in the north (8% of total population). Second, the 'Hill' zone, with median population (45%) and last, the densely populated 'Terai' zone (47% of total population) adjacent to the Indian States of Uttar Pradesh and Bihar. The Nepal-India border is 'open', i.e. neither Indian nor Nepal nationals require passport or visa to enter the neighboring country and migration is common in both directions throughout the year.

Despite these logistic barriers, Nepal has made progress within the past decade in routine immunization of infants (by the age of 12 months) through the Expanded Programme on Immunization (EPI). Nationally reported coverage figures exceed 80% for the six traditional antigens (BCG, DPT, OPV, and measles) but significant variation exists from district to district. The national OPV3 coverage was reported to be 83% (1997/98) with a range of 71% (Far Western Development Region) to 92% (Central Development Region). A 1998 60-cluster sample survey, however, showed coverage rates lower than those reported through routine administrative channels. OPV3 coverage was found to be 60% in the Terai districts, 79% in the Hill and Mountain districts, and 70% nationally.

Due to the difficult terrain, surveillance of polio/AFP was poor prior to 1998. The establishment in July 1998 of a national polio surveillance team, manned by 9 designated Regional Surveillance Officers (RSOs) placed in key locations throughout the country has dramatically increased the sensitivity of surveillance within the past 18 months. Currently the non-polio AFP rate is 1.7 and Nepal has been recognized as a leader in surveillance in the WHO South-East Asia Region (SEAR). Polio rates have fallen while non-polio AFP and stool collection rates have increased.

From January 1999 to date, 21 clinically confirmed cases of polio have been identified, with one of these cases having laboratory-confirmed wild poliovirus (type 1). The virologically-confirmed case occurred in a 3-year child (never immunized) living in the Terai district of Banke (bordering Bahrach District, Uttar Pradesh, India).

Nepal ascribes to the WHO strategies for polio eradication including:

- High levels of routine immunization with OPV3 (>80% of infants aged 12 months).
- NIDs synchronized with bordering polio-endemic countries, especially India.
- "Mop-up" or house-to-house immunization in high-risk areas.
- Health facility-based active surveillance for polio through investigation of acute flaccid paralysis (AFP) cases occurring in children aged <15 years, with collection of 2 adequate stool specimens within 14 days of paralysis onset.

In addition, HMG-Nepal is now considering accelerating strategies for community Mobilization for routine immunization, NIDs, and AFP reporting, with assistance and external funding from donor partner agencies.

The CORE Group appropriately identified Nepal as a key area for support using USAID funds designated for polio eradication in an amount of \$250,000 over 3 years. Four US PVOs working in Nepal were identified and expressed interest in joining this partnership. On 13 and 14 December 1999, key representatives of these four PVOs met together with Roma Solomon, Regional Core Polio Coordinator. Stanley Foster of Emory's Rollins School of Public Health served as a resource, and representatives from HMG-Nepal, UNICEF-Nepal, and WHO-Nepal also participated.

These four PVOs are active in 17 of 75 districts (although several of these 17 districts have activities in only a fraction of all Village Development Committees [VDCs] in the district). Five (Kanchanpur, Mahottari, Kailali, Siraha & Kavre) of these 17 districts were identified as being at higher risk for circulation of wild poliovirus, and therefore those in which funds would have maximum impact. Dividing funds among all 17 PVO districts would not provide sufficient funds to adequately impact the strategies.

Goal

The elimination of polio virus transmission in Nepal

Principles

- PVO would work with and in support of the DHO and his team
- PVO would have a District-wide focus for polio
- PVO would receive technical guidance and maintain liaison with the Regional Surveillance Officer
- PVO will support polio activities on a district-wide basis, through support to district services either through direct delivery of services as a part of an ongoing, e.g. child survival project or through recruitment, training, and support of local NGOs.

Key Program Components

Routine immunization

- PVO would work with District to review current levels of coverage
- Together the District PVO team would map the district, identifying vaccination posts and high-risk areas identified by lack of access, low coverage, or ethnic populations
- Team would access together current activities regarding availability, access, cold chain, vaccine supply, sterilization, screening, immunization, record keeping in counseling (Note – this would be preceded by a two day MOH PVO update training on EPI fundamentals)
- In debriefings with health, PVO, and NGO staff, key problems will be addressed and tested
- Consideration may be given to using Lot Quality Assessment (LQA) to test expected high risk populations

NID-Mop up planning/Microplanning

A major problem in previous NIDs as identified by MOH, was delayed macro- and micro-planning. This should begin in August and be preceded by a 2-day MOH/PVO training. Planning for community Mobilization and participation could also be addressed.

Community sharing, Mobilization, and partnership

- Community Mobilization will use several channels including:
 - Government and traditional leadership groups
 - Mass media with assistance of Rotary
 - Person to person (Schools, Red Cross, Women's Groups etc.)
 - Miking and other traditional forms of communication

NIDs and Mop Up

- Nepal has had successful NIDs with national coverage exceeding 90% of the target population (children aged <5 years) in all rounds (1996/97, 1997/98, 1998/99).
- District planning and implementation will focus on past successes, identification and correction of weaknesses, and identification and targeting of high-risk groups.

PVOs are working on their proposals. Technically sound from our point of view, but budgetary questions were the sticking point, which held up the process for months. Final approval is expected by USAID in July.

Africa Region

Angola

Polio eradication in Angola is a not only a critical and significant challenge to the global eradication effort but also an important opportunity for the community of Private Voluntary Organizations (PVOs) in Angola to fill a crucial gap in the structure of the polio eradication apparatus of Angola. Due to the PVOs' unique ability to facilitate communication and coordination among many different levels of polio eradication partners in Angola PVO involvement in Angola could make the final difference between success and failure.

A coalition of five US-based PVOs, all of which have considerable experience and presence in Angola, proposes to provide that critical link between the various partners. And most critically to provide coverage to and from the communities, which are cut off from each other and from the national level resources by the insecurity and difficulty of both travel and communication. This coalition will work from both ends, helping ensure the vaccine gets to the children and helping to ensure the children get to the vaccine. From one end the NGOs will provide logistical support to cold chain maintenance, vaccinator training and recruitment, smooth flow of the vaccine supply, in other words the full range of elements necessary to successful National Immunization Days (NIDs). From the other they will use their strong roots in the community to foment enthusiasm and excitement, not to mention awareness, about the campaigns throughout the communities in which they work in all the key population centers of Angola.

Polio Epidemiology in the context of a war: the situation in Angola

Angola, as a country plagued by recurrent violence, faces an extra challenge in the fight to eradicate polio. Not only does Angola have to encounter the usual and significant challenge of vaccinating all its children with a health system already stretched beyond capacity but it must do so in the face of insecurity throughout the provinces, severely limiting mobility throughout the country, not to mention draining resources.

The population of Angola is approximately 13.6 million nearly half of whom are under 15 (48%) and approximately a tenth of whom have fled their homes because of instability (1.2 million Internally Displaced Persons (IDP) and 200,000 in other countries). A significant portion of the population living in chronic state of poor access to sanitation in crowded urban or peri-urban settings, especially among the IDPs, create the perfect conditions for the spread of poliovirus. Further the health systems are disrupted and often prevented from rehabilitation by continuing instability creating large pockets of unvaccinated children. Even in urban areas only 21% of children are fully vaccinated and in rural areas that figure drops to 7%. Routine OPV vaccination coverage nationwide in Angola was only 29% in 1999. While coverage during NIDs appeared to be quite complete the outbreak of polio in Luanda and Benguela Province in early 1999 despite successful vaccination campaigns in 1998 demonstrated the existence of some unreached pockets of children.

The situation is improving, however. The insurgent forces have been driven from their last two remaining strongholds and violence is now generally restricted to attacks on roads connecting the various towns and cities. The people have for the most part sought refuge in town and cities, whether with relatives and friends or in IDP camps. Isolated cases in remote rural areas will not be able to sustain transmission of wild poliovirus. It is the concentration of a critical mass of unvaccinated in children in crowded unsanitary conditions that pose the threat to the eradication of polio and, while they are isolated by road, the major population centers within Angola are accessible now by World Food Program planes.

Another, even more important reason for optimism is that the will to eradicate polio from Angola is strong. In the end, diseases are not eradicated or controlled by foreigners, but by residents of a country and Angolans are not merely willing to eradicate polio but are deeply dedicated to the task. The enthusiasm of the entire public health community of Angola is remarkable and inspiring. Despite so many obstacles, the Ministry of Health of Angola is devoting substantial energy and time at every level to ensuring that polio is eradicated via high quality microplanning and thorough implementation.

The challenge for PVOs is to provide the Ministry of Health (MOH) the support it needs to ensure that dedication does not go to waste because of the gaps in accessibility created by inability to travel and communicate among various communities and levels. The municipal (district) ministry workers have no phones, no e-mail, no radios and can not drive to the next town. Thus they can not receive information and supplies and they can not communicate emergencies or problems. PVOs can use their existing structures (radios, phones, access to planes, both those of the World Food Program (WFP) and commercial flights) to provide that essential linkage that ensures that all towns have what they need to implement successful immunization campaigns. At the same time they can use their traditional strength among the community members to make sure every family brings its children to be vaccinated.

A PVO plan of action

Five PVOs will formed a strong coalition acting in concert in the key population centers of Angola. These five organizations are Africare, CARE, Catholic Relief Services, Save the Children and World Vision. Each of these organizations has worked in child health in Angola for several years and is well versed in the safest and surest ways to implement child health activities in the most isolated municipalities.

Democratic Republic of Congo

Went to DRC in May. Proposal submitted, by World Vision and three local partners, with approval by USAID/DRC and UNICEF/CDC consultant M. Brennan. However, it subsequently was not approved by Ellyn Ogden, USAID for technical reasons. Sent back to World Vision for revisions.

Ethiopia

CRDA is working on getting workshop organized (postponed twice). PVOs signal interest in submitting proposals; CRS submits in June.

Malawi

Initially Malawi has been selected as a possible study site for the Community Disease Detection Kit funded by USAID, but funding fell short of expectations and funds were not available. Future plans call for funding and field trials with Malawi designated as one of the study sites. Subsequent cash shortfall from USAID resulted in this activity being sidelined until funds are available.

Mozambique

Health Alliance International (HAI) and several other PVOs wrote proposals for polio eradication grants. The following represents the Health Alliance International (HAI) proposal. HAI has worked in Mozambique since 1987. Since 1992, HAI country headquarters have been located in Chimoio, where HAI program staff have been integrated into the provincial health directorate to support activities in Maternal-Child Health (MCH), health education, and support for the management of rural health facilities. In 1997, HAI expanded its technical assistance to Sofala using the same integrated model, and since 1998 has expanded its focus to include STD/HIV/AIDS, malaria, and IMCI. Initially USAID determined these polio proposals were too focused on surveillance and as such do not represent a significant contribution to the eradication of polio. A total of four PVOs submitted proposals and provided revisions as requested. The total amount requested was about \$400,000. An abbreviated example of one of the proposals is included.

HAI believes that an integrated approach to health care development -- in which collaborative projects are undertaken at all levels of the system including the community, the primary health facility, the district and the province -- results in the most powerful and sustainable impact on the health of the population. Much of HAI's sustainable impact results from intensive training,

follow-up, and supervision. The HAI projects and all activities have been designed to assist in meeting the USAID Strategic Objective #3 (SO3) which aims for the “Increased use of essential material and family planning services”.

Uganda

The first USAID funded polio Matching Grant proposals were submitted by two PVOs in Uganda (MIHV and AMREF). The major focus for these proposals was increased OPV coverage, surveillance and collaboration.

MIHV

One of the partners is the Minnesota International Health Volunteers (MIHV), which proposes to work in partnership with CORE to achieve the international polio eradication goals of USAID/PEI, WHO, and UNICEF through increasing and strengthening the immunization component of its health program in Uganda. Discussions with national and international partners have identified the importance of increasing routine immunization rates, improving disease surveillance activities at the village level, and maintaining on-going polio eradication campaigns in areas of high risk.

MIHV has set the groundwork for expanding and enhancing immunization activities in the Ssembabule District of Uganda. Through the project’s far-reaching network of community immunizers, the only community immunizers in Uganda permitted by the Ministry of Health to administer vaccines, MIHV has already expanded outreach immunization services to the area’s most isolated communities.

AMREF

Luweero district is one of the most disadvantaged areas of Uganda. Its routine immunization program has been performing poorly, with full immunization estimated at around 60%. National Immunization Days for polio eradication are also realizing marginal achievements, between 60 and 70 %. The main reasons for the failures are poor planning, inadequate logistics and insufficient technical resource.

AMREF has been operating in Luweero for the last 8 years. Its focus is on developing community based health care systems that are aimed at improving child survival and adolescent and reproductive health. AMREF’s current child survival project is operating in four out of the 20 sub-counties in the district. Immunization coverage in the project area is doing better than the rest of the district. This superiority is credited to better planning, intensified community participation, better motivation and supervision. Accessibility to the service is also better due to a more equitable distribution of service delivery points.

Using the opportunity the Core Group Project is offering AMREF would like to extend its technical support to a wider area of the district and also support program planning at the district level. The main thrust of this proposal is, on one hand, to improve community participation and utilization of the services, while at the same time ensures improved accessibility, quality and sustainability of the immunization services. This is a three year proposal budgeted at US\$ 227,000. Twenty five percent of which will come from AMREF core funds.

CORE GROUP POLIO ERADICATION TEAM REPORT

Staff Changes

Richard Scott left in May. He has not yet been replaced. A search for a replacement is underway.

Trip Reports

Sara Smith

Sara traveled to Lubumbashi, DRC in May to work on finalizing proposal for submission.

Findings/Results

1. Proposal was extensively rewritten by the partners with the help of Sara Smith. A final copy was given both by hard copy and electronically.
2. The Medecin Inspecteur Provincial (MIP, the highest level contact at the provincial MOH level) offered support and documents regarding the state of health in Katanga Province, microplanning documents, EPI reviews etc. The proposal has his full approval. He is counting on the help of the PVOs in the upcoming NIDs, especially the fuel assistance.
3. The UNICEF representative Dr. Toko was given the proposal for review. He agreed to look at it.
4. PEV Dr Toko is also in agreement with the proposal, as it was used to fill in gaps that were missing from the microplanning, such as fuel.
5. WHO representative contacted. New STOP team members were met, and they agreed to work the PVOs on surveillance training
6. Attended kick off campaign for NIDs.
7. Site visits, WV, SADRI and Lutheran Church
8. Rotary meeting with Rotarians

Next Steps

1. Final review and submission of proposal to USAID.
2. Any comments/needed revisions by USAID to be communicated immediately to WV.
3. World Vision agrees to follow up with UNICEF approval, surveillance training by STOP team members and MOH.

Dora Ward

Traveled to Angola in June. Attended meetings with PVOs and all country partners, including ICC meeting. She also attended the first round of NIDs, in Cazenga municipality, Luanda province and had interviews with Health Post EPI manager and health education committee and committee supervisors in Kilambi Kiayi municipality, Luanda province

Products:

- Completed “final draft” collaborative proposal, including components with budget from all five PVOs, as well as summary tables and coverage figures and maps.
- Preliminary “concept paper” on ensuring coverage in densely populated urban areas, especially Luanda and Benguela

Summary/Observations:

Five PVOs are included in the CORE collaborative group: Africare, CARE, CRS, Save the Children-US and World Vision. Two main lines of action were identified as being critical to the PVO contribution and common to all the PVOs proposals. First and foremost PVOs will assist provincial and municipal Ministry of Health staff in coordinating the logistical aspects of both vaccination campaigns and appropriate follow-up of AFP cases. This task will consist not only of putting PVO resources such as vehicles and communication equipment at the disposal of the vaccination campaigns but also of planning sessions beforehand to ensure that the MOH is prepared to assemble vaccinator's kits, receive and disseminate supplies and receive and manage feedback data. Secondly, PVOs will reinforce the Ministry's mass media messages with person-to-person social mobilization via their many close contacts with the community, such as traditional leaders and healers, community health workers, traditional birth attendants and mothers themselves. In addition as the process of eradication progresses, PVOs will help to bolster the surveillance system by establish networks of community-based surveillance activists.

The collaborative proposal is currently in a "final draft form," awaiting only comments from the ICC as a whole before being considered finalized. It details the key strategies of the PVOs and includes summary coverage figures. The Angolan mission of USAID has stated its endorsement of the plans in a letter of support and ICC approval is expected in 1-2 weeks.

Consultants

Allan Robbins sent to Liberia with the purpose to:

1. Conduct Liberia PEI Workshop Trip Report and Liberia Polio Eradication Proposal
2. Develop an MOI between participating PVOs declaring their commitment to common PEI strategies as established by the PEI coordinating Secretariat.
3. Conduct a Liberia-focused Polio Eradication Workshop to encourage and facilitate the collaboration of PVO/NGOs and all major partners and to develop a major plan of action for PVOs and NGOs.

Scope of work:

- Review of all pertinent CORE Group and USAID guidelines;
- Meet and coordinate with USAID and WHO representatives in Liberia and others as necessary and available. Determine if Liberia has a functioning ICC and if so, coordinate with their activities and working locations to avoid conflict and duplication of effort.
- Develop a work plan together with CORE PVOs, taking into account all key partners (USAID, MOH, Rotary, WHO, UNICEF)
- Guide and assist selected PVO staff members in answering all CORE Group questions and bring closure to the preparation of the proposal(s) and budgets
- Review the draft completed proposal document (including draft budgets), use those documents as key guides to finalize the Liberia Polio Eradication Initiative, incorporating as many PVO partners as possible
- Submit a completed report and Polio Eradication proposal to The CORE Group Partners Project by April 20, 2000 which has been approved by Liberia's USAID Mission and all collaborating Liberia-based PVOs

- ❑ Collaborate with principal partners to plan and conduct a two-day polio eradication workshop.
- ❑ Assist all partner PVOs in selecting and adapting three to five key indicators (based on those in the CORE Group Round II RFP) that are measurable and will show measurable progress or clear lack of achievement for each; and
- ❑ Assist partner PVOs in drafting and finalizing an MOI which will establish a secretariat to coordinate PVO polio activities in Liberia according to The CORE Group Polio Eradication Initiative collaborative strategy
- ❑ Other activities that may be identified during the consultation and determined necessary by the consultant.
- ❑ Attend briefing and orientation with David Newberry at CARE in Atlanta, Georgia on the morning of March 30, 2000 followed by an afternoon meeting with the Vaccine Preventable Disease Division at CDC.

Other Activities

PPMC Meetings

Dora Ward and David Newberry presented a summary review to the PPMC. Major content facts include:

- A status report on the current polio eradication situation
- Report on progress in Asia, Liberia, Nigeria, DR Congo, Angola, Ethiopia
- Global eradication is targeted for 2005
- Major polio challenges are poor populous African countries with weak infrastructure, instability and armed conflict
- The PVO polio strategy targets urban, migratory and displaced populations. Use of social mapping techniques and baby tracking to increase the number of fully immunized children
- Projects in India, Bangladesh and Uganda are funded and operational. Interagency Coordinating Committee membership has been extended to two collaboration CORE Groups
- Additional funding is needed for Africa, especially in conflict countries
- Africa will pose a huge obstacle due to critically poor resources, capital (human and otherwise)
- Future directions will focus on strengthened EPI Programs, Vitamin A and possibly measles

USAID Polio Partner Meetings

The May 2000 USAID Partner Meeting CORE presentation detailed the polio collaboration secretariat model. The PVO polio eradication model mandates formation of a host country PVO collaboration network crafted through local modification of a working group and formalized by a Memorandum of Intent (MOI). The Secretariat is formed with a functional director. Memorandum of Intent provides PVO and NGO membership. CORE tools and services shared at country level. The Secretariat Director conducts monthly meetings and is encouraged to organize at least one training meeting once each quarter.

Other Meetings

Miriam del Pliego and Sara Smith met with Mike Favin of the Change Project on June 15, 2000. Planning Points of discussion included:

1. Mike had met with Ellyn Ogden and Mary Harvey from AID. Mary is interested in setting aside money for field testing the kit. She suggested Mali, and will assess the interest of the PVO community and WHO.
2. Mike stated that SAVE Malawi will soon submit a proposal to us. It will be from a district that has a population of 600K, with 1400 community volunteers and 300 coordinators. The MOH wants this field test to occur both in areas with and without PVOs. Apparently this district will fit the bill.
3. Mike feels that we should not pursue Zimbabwe anymore, and that CHANGE is not actively pursuing it. The MOH wants it to be a national project and has asked CHANGE to fund \$200K for training.
4. Mike sent the kit to Rose MacCauley in Mozambique, who liked it on her initial impression.
5. David Newberry has suggested Ghana and Kenya as counties to work in.
6. Mike asked questions about the kit: Is the kit useful beyond polio? Is it political? Is the kit for polio or should it be used for something else? Answers depend on field trials and continued research.

Self Assessment Instrument

Several drafts have been completed. Dora Ward worked with an intern from the Rollins School of Public Health. This is a work still in process. Additional drafts will be done and distributed to the field for feedback.

Other Activities

April:

1. The Polio Project Director spoke at function commemorating the death of President Franklin Roosevelt at the FDR memorial in Washington DC in April 2000.
2. The Polio Eradication Team conducted our first polio retreat in Georgia.

Discussion points included:

- Options to deal with cash flow
- Country reports, including proposal status, rankings, assignment of contact persons, trip reports, and identification of key issues
- CARE/World Vision collaboration
- Networking with Partners (Rotary, WHO, CDC, UNICEF)
- Self assessment tool
- Strategy review
- Lessons learned
- Next steps