



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

Quarterly Narrative Report

1 July to 30 September 2000

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QUARTERLY REPORT: July through September 2000

EXECUTIVE SUMMARY

This quarterly report summarizes the activities of the CORE Group Polio Partners Project during the period from 1 July to 30 September 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, Malawi, Mozambique, Nepal and Uganda. To date, subgrants have been awarded to 15 projects by eight PVOs in four countries: Bangladesh, India, Nepal 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 current reporting period was one of intense travel, networking, training and marked technical assistance by the Polio Eradication team. The main purpose of this implementation phase was to formerly establish the country level PVO collaboration group, conduct workshops and create functioning Polio Eradication Secretariats. The workshops brought all country polio eradication partners together to plan and implement the PEI. All major players were involved in each instance. Donors such as USAID and other partners participated. PVO country directors and international agencies helped formulate priorities for the PEI and their PVO activities. Workshop emphasis was directed to good microplanning, collaboration, logistics, volunteers, NID quality and Social Mobilization. The PEI Secretariat coalition meets monthly with one quarterly meeting dedicated to technical training or content. Surveillance and coverage beyond two doses remain key aspects of the Polio Eradication Initiative. By and large, projects received their funds and began operations. Partnerships flourished, and CORE PVOs were invited to participate in the National Interagency Coordinating Committees. PVO participation at this level has far reaching influence on the PVO role in EPI, and other strategic country health programming.

The PET strategy involves four concepts:

- 1) Motivating the PVOs to cooperate within the PVO community and conduct activities with other health partners in their country. Activities include partnerships with USAID, MOH, UNICEF, Rotary, CDC, and local NGOs. The mechanism for full collaboration is completed by requiring all partner PVOs sign a Memorandum of Intent (MOI) 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

- CARE Bangladesh has deployed all the staff of PEI (polio project) at the respective working areas. The staff are already being introduced with MOHFW district (Civil Surgeon/ Deputy Director-FP) and upazila managers (UHFPO, UFPO, MO-MCH) level counterparts and other partners [Surveillance Medical Officer(SMO) of WHO /Operational Surveillance Officer (OSO of IOCH), Polio Eradication Facilitator (PEF) of IOCH]

Qualitative base line information of the target upazilas has been collected.

Out of 32 CARE's target upazilas Neonatal Tetanus Campaign (6-16 August) and with Polio vaccination (NNT) to selected hard-to- reach areas is going on in 4 upazilas of Nawabgonj and Sylhet district (total 30 Unions) and the PEI staff are assisting MOHFW in NNT which include attending divisional advocacy meetings, supporting micro-planning process at the upazila level, organize orientation for Union Parishad members and Imams, arrange NGO meeting , organize rallies and miking

- PEI Project has been formally launched at Sylhet District (covering all 11 Upazilas: total <5 yr. children are 260,898) on 17th August. The District Managers (Civil Surgeon/ Deputy

Director-FP) and Upazila managers of MOHFW and NGOs (5) were present. Besides inauguration, Annual Work Plan of the PEI project was shared and finalized.

Dr. Koplan, Director, CDC, Atlanta visited CHILD/PEI project at Gowainghat in Sylhet district and was highly impressed about the GO-NGO collaboration and community participation on different polio eradication activities. He expressed the possibilities of collaboration between PEI and CDC. STOP team can assist PEI in this respect.

- Save the Children has deployed staff in their target upazilas (3) and they have started doing the initial mapping of the upazila, which contains all the information regarding polio activities. The counterparts are found to be very cooperative.
- PLAN has deployed all the staff except at Gazipur. They are participating in NNT campaign in Dhaka City Corporation (DCC) Involvement of DCC in next dissemination of PEI is important.
- World Vision has selected all the staff except at Morolganj. As there is no existing office set up of World Vision so it will take some time to start activities over there.

India

As Private Voluntary Organization partners committed to polio eradication, we have begun work in the field, especially towards this year's first Sub-National Immunization Day (SNID) to be held on 24th September. While the India Collaboration Secretariat has committed targeted areas for coverage and resources to maximize our efforts we need to focus on the polio situation in critical zones. Our primary coverage area objectives have been documented in the polio eradication proposals submitted way back when we started the war against polio. SEARO and WHO have continues providing accurate epidemiological data updates that show the polio case "high risk" areas in India. The PVO Secretariat is committed to assuring our collaborative planning and resource commitment to assure OPV coverage in those areas:

"We know the original polio proposals were focused on geographic areas compatible to our projects but PVOs should know that USAID is flexible in allowing us to modify our area of concentration (as targeted in the proposals) to better meet the important high risk areas as they are identified. We also need to have our PVO Country Directors participate in the collaboration group during the start up phase. It is important that the India USAID Mission staff has an opportunity to learn from the various PVOs about their major areas of focus and any problems associated with the CORE Secretariat or the PEI. The need to keep meeting infrequent, short and focused remains as our major commitment but the next SNID is scheduled for later this month and it is important that we act now.

"At this point in the start up phase of our program, we need to update Dr. Vic Barbiero and BethAnn Moskov, USAID Local Mission about the PVO plan of action for polio. We will share the focus of each PVO and how we plan to deal with some critical issues like coordinated collaboration to extend geographic reach with emphasis on reaching unreached communities, bringing in non-CORE field level NGOs, especially in locations such as North Bihar where our presence is limited, etc. We could also indicate our concerns and perceived advantages for being members of the CORE Polio Eradication Collaboration Group."

- CORE has selected Dr. Roma Solomon to fill the very important position of Regional Technical Advisor, The CORE Group Polio Eradication Initiative.
- Dr Roma requested the PVO Country Directors to brief USAID about their Organization's participation in the polio eradication campaign. USAID may ask each PVO CD to indicate their concerns and perceived advantages (comparative advantage) for being members of the CORE Polio Eradication Collaboration Group. We need to emphasize essential requirements for PVOs: to belong to and support the PVO Collaboration Secretariat and have the PVOs share their perception of the advantages. Emphasis will focus on the Collaboration Secretariat and a special emphasis on the Regional Technical Advisor's role.
- The need is to strategically address the Polio Proposal areas of coverage and USAID's commitment in relaxing the strict proposal adherence to provide coverage in PVO areas where no polio problems exist. PVOs should feel free to shift coverage areas where PVO House-to-House coverage and mopping up exercises are required in relation to polio case or AFP reports. USAID would be positioned to support additional PVO coverage areas where the need is greater and where the high risk factor is more intensive, e.g. slums, urban settings, etc.
- The major meeting purpose is to improve communications between USAID, PVO Country Directors, SEARO, MOH and UNICEF regarding the eradication of polio from India within the next 12 months. Strategically, PVOs need to commit to more than just business with USAID as usual but to also focus on the Epidemiology of where the obvious high-risk areas are located and to take appropriate action in the Zones. PVO State plans of action and especially their district level microplanning should focus on the District, Block and Community levels. SEARO has committed to requesting GOI, MOH to admit the CORE as member of the National Interagency Coordinating Committee.

Nepal

The Nepal proposals were approved by USAID in June, with a signing ceremony held attended by Ellyn Ogden, Lyndon Brown (USAID/Nepal), Roma Solomon, Sara Smith and David Newberry.

Nepal, is in the process of finalizing TOR and budget for the polio secretariat and secretariat director, with the help of Roma Solomon, Lyndon Brown, and Jean Smith, WHO. The polio eradication secretariat will be housed at ADRA. It is anticipated that the Secretariat Director, selection will be completed by the end of October or early November.

Africa Region

Angola

Discussions

- **Namibia:** Dr Oluwole reported OPV3 coverage of about 80% with pockets of low coverage in the South. The Namibia surveillance system has an unknown degree of reporting

completeness but there is concern regarding the lack of specimen collection during the recommended time frame. Dr. Doyin Oluwole expressed concern regarding the boarder countries, which have wild poliovirus transmission. She would like to hold a cross-boarder meeting with these countries especially Angola. Dr. Oluwole targets topics related to improving collaboration, NIDs coordination, and surveillance system cooperation. Namibia's major challenges include transport, accessibility and logistics. WHO is presently supporting a two-week IMCI training workshop.

- **Angola:** the second round NIDS was conducted July 15th & 16th, 2000. An external from WHO, UNICEF, and USAID observed field activities including Luanda City. The team reported to the Vice-Minister of Health on Monday July 17th. Progress and problems were articulated. The over all perception was quite favorable. Suggestions and observations were recorded for re-direction during the third round NID scheduled for August 26th and 27th, 2000. A preliminary review of NID activities was conducted at the Angola Immunization Program Office with 17 participants present.

Observations & Suggestions from Preliminary NID Findings

- Review of use of guides & Boy Scouts showed good participation but the main observation concluded that these aids should be strategically planned.
- Some municipalities were missed. A total of 64/164 municipalities (39%) were not covered. Better scheduling, assigned task responsibility and local level coordination is planned to overcome this problem.
- The “Sticker” system for marking homes where children were immunized didn’t work as well as planned. The Stickers may not be used during the next campaign.
- “Grab” surveys (quick & dirty sampling) showed good participation. Church group participation was assessed as very valuable. We need to extend their participation through various means.
- The NID teams monitored vaccine Vial Monitors (VVMs). Vaccinators were informed and aware of the VVMs function. Teams were well informed on the importance of correct completion of the tally forms.
- House-to-house follow up revealed that some homes were missed. In a few instances the teams felt threatened and didn’t push. A few volunteers experienced language barriers. Better scheduling of volunteers are planned for the next round. It was suggested that different colored Tee shirts be used to indicate function of the individual by color. A supervisor might wear a red tee shirt while a volunteer vaccinator might wear blue, etc.
- There were isolated instances of vaccine shortages. Generally it was observed that the first day exercise appeared to work better than the second does. Volunteer fatigue and incentive failures (no lunches, etc.) contributed to that problem.
- The issue for nail bed dyes was discussed again. No final decision was made although the general opinion appeared to be supportive.
- Greater use of maps for urban, IDP areas, and slums was recommended. In general the problem of dividing areas into manageable areas and assigning those locations to specific groups was recommended. These teams could provide “clean up and house-to-house” coverage.
- With overall coverage standing at an estimated 80% we need to know more about those 20% that are not participating. PVOs and NGOs will conduct between round assessments to determine some of the major reasons why families are not participating. These Grab Surveys will be analyzed and results shared with both national and

provincial level partners (especially MOH). IEC efforts can be modified (if needed) to strengthen motivation, overcome obstacles and provide specific awareness information as indicated by the survey.

- Coverage was determined to be uneven. Rotary suggested that the first day exercise focus on the stationary immunization location while the second day emphasize the house-to-house technique. It was agreed that every method, technique and strategy must be used to increase coverage. Incentives, meals, Tee shirts and other motivational tools need to be utilized.
- It was suggested that an end-of-day briefing be done on both days.
- In Luanda City transport and supervision aspects appeared to work well. Coverage was thought to be high (specific tally data were not yet available). Media coverage was quite good. The First Lady administered OPV to her children, which was considered one of the most important contributions of the day. Other important public figures also participated on the second day (the Luanda Governor). Their participation certainly helped reduce the “rumor” factor, which so often plague the polio eradication campaign. About 6,000 volunteers participated in the city campaign. Seventeen vehicles were made available. The MOH used intensified Social Mobilization activities. Scouts, guides were trained and prepared for the NID. Still, on the second day fewer volunteers showed up due to factors already discussed.
- 3,636,000 OPV doses are required but not yet available for the 3rd round next month (August). There is a shortage of about 300,000 doses. Vitamin A capsule distribution has been part of the campaign.
- The military participated in the logistics and security support elements. Feedback is needed on a more formal basis. PVOs participated on a reasonable scale. All furnished vehicles and some rented autos for the NID.
- It was estimated that, a wide range of, children outside the target age cohort were immunized unnecessarily. This aspect was debated but hard data are not available. Microplanning needs to help focus on better age assessment.
- Overall there is a need for better task and implementation assignments at the provincial and community levels. Greater use of maps and local implementation plans was recognized as important for the next round. It was recommended that temporary use of radios (on loan from UN?) be acquired and used to improve communications during the actual NID exercise. This would improve response capacity when field problems are encountered.
- There is a clear need to expand the stakeholder involvement for the next NID round. Church leaders and volunteers were deemed as most important. Educators and students will be targeted for greater participation. Teachers will assign students to inform parents and actively participate. Packets for health promoters will be distributed.
- Micro maps will be utilized where possible for improved house-to-house coverage. A suggestion to expand the 3rd round exercise to 3 days was offered but not finalized. It may be necessary to add two additional NIDs in October and November 2000. Hard to reach areas need to be identified ASAP. Greater use of megaphones was considered as an important tool at the community level.
- Some concern regarding the use of complex terms was raised, e.g. eradication. No conclusions were drawn but it appeared to be a local terminology factor (local language), which would be reviewed as needed.

- Some 80,000 posters were distributed and 45,000 pamphlets. Vitamin A posters will not be circulated during the next round. 1,500,000 doses of 200 mg are available or have been distributed with additional supplies expected by 31/7/00. Additional 45,000 vitamin A tally sheets are needed. A vitamin A technical meeting was suggested.
- John Donnelly, Staff Reporter, of the Boston Globe followed the 2nd round NID for the purpose of covering the Angolan War against polio. UNICEF provided his major support. John is scheduled to interview Dr. Jose Van Dunen, Vice-Minister at 10 AM on Friday July 21, 2000. Unfortunately, this event was cancelled due to the rescheduled departure of John Donnelly.

Democratic Republic of Congo

In June, Ellyn Ogden did not approve the DRC proposal submitted by World Vision and its local partners. ADRA/Congo decided to withdraw its proposal. Attended a briefing with Frank Baer, USAID consultant to DRC regarding re-operationalizing the SANRU Project in conjunction with the Catholic Churches in DRC.

In August, Ellyn Ogden and Sara Smith attended an additional meeting, with ECC, including the director Dr Kintaudi, and various USAID Africa representatives, to explore how USAID could support the expanded involvement of the extensive network of NGOs that are members of the ECC for polio eradication. Initial agreement was made to move forward with this idea. We explored a few options for how this could work including the support, via CORE, for a small secretariat in Kinshasa (ideally Dr. Kintaudi would represent the ECC/NGOs at the ICC) and the funding of a few regional coordinators to assure good coordination with WHO and UNICEF efforts in the field. Dr. Kintaudi to contact key partners in Kinshasa to develop this idea further once he arrives back in country.

Ellyn Ogden will followed up with this idea further when she visited in September. ECC agreed to submit a proposal to CORE in October, along with CRS.

Ethiopia

Joint workshop with Christian Relief and Development Association was held in July, attended by PVOs, NGOs, MOH, UNICEF, WHO. CRDA agreed to develop proposal to assume the role and responsibility of the secretariat. Christian Children's Fund submitted a proposal.

Malawi

At the end of July, Save the Children/Malawi submitted a proposal for the Mangochi District Community Surveillance Pilot Project, based on the Community Surveillance kit for AFP developed by CHANGE Project. Comments were given and financial clarifications were requested by CORE; as of September Save had not responded to these requests. The proposal is sound, and CORE would like to fund the project if funding is available.

Mozambique

Three PVOs submitted polio eradication grant applications. These PVOs were provided feedback and comments on their submissions. The following is the Project HOPE submission. All proposals were of high quality.

Project HOPE proposes a collaboration with the Ministry of Health (MOH) and local communities in two districts of Zambézia Province, Moçambique, to implement an effective polio surveillance plan. The project will target the Ile District, where HOPE conducted Child Survival activities, and the neighboring district of Namarrói, in which no PVO has been active. The project will utilize current community Mobilization activities in Ile to create a community-based surveillance network, and to duplicate this effort in the district of Namarrói. This program will directly and indirectly affect a population of 74,000 children under the age of five.

Key activities include: capacity building through training of community surveillance volunteers; community education and specially developed health messages; community-based disease surveillance network; case tracking, and specimen collection; support and promotion of immunization activities; and development of district immunization mapping skills, allowing for WHO certification as polio free.

In conducting this program HOPE will collaborate with its current partners in Ile – the District Health Directorate (DDS), community health committees which can mobilize over 575 health volunteers, and traditional healers – and with the DDS of Namarrói. In addition, Project HOPE will collaborate closely with other members of the Mozambique Polio Eradication Secretariat through representation on the Secretariat; active involvement in joint planning; utilization and distribution of materials developed by members of the Secretariat; and sending participating to joint training activities. HOPE has already developed a collaborative relationship with UNICEF and non-U.S. donors to bring complementary resources to the polio effort.

Uganda

Social Mobilization Activities

- Training of the district trainers (21)
- Visits to district authorities (RDC, chairman LCS, CAO)
- District trainers move to subcounties for briefings and appointments
- District council sensitized
- District NIDS team was formed, chair by CAO...The role was to plan, review, coordinate and supervise
- Launching of NIDS team was formed, chaired by CAO.....The role was to plan, review, coordinate and supervise
- Launching of NIDS by the King Buganda
- Radio programs—radio Uganda (Munampigi), radio announcements, rotary clubs visited (Bweyogerere, Entebbe)
- Launching of NIDS by the director general, MOH, Nsangi
- Printing cards
- Sub-counties were requested to budget and contribute towards NIDS
- Film shows in some areas which performed poorly
- Special Mobilization for poorly performing SICs (meetings at SIC, parishes)

Polio Nids and the Central Region/Buganda Kingdom

Problems associated with NIDS in Central Region:

- Rumours spread very fast (mistrust of vaccines, negative attitude, beliefs, detractors [bazukulu ba buganda])
- Scattered/mobile populations (pastoralists)
- Priorities other than NIDS
- Lack of resources—clothes, transport, time
- Lack of knowledge and awareness
- Inadequate/late Mobilization

Strategies to Address the Issues:

- Early and continuous Mobilization
- Sensitization of communities—local leaders at all levels, religious leaders, schools, drama groups, mass media; sensitization of government institutions, such as prison, police, army etc.
- Early planning at least three months
- Increase knowledge by recruiting community mobilisers for house to house, timely release and distribution of IEC materials, drama, music, sports, pamphlets, video shows and loudspeakers in marketplaces, plan for mobile teams and more posts

David Newberry's Visit to AMREF project site

- Staff meeting to review the overlapping linkages between AMREF project in Luweero District. Their projects include Health Center support and assistance. Another project supports AIDS orphans through assistance to schools to provide student schools fees. We visited the Kasiiso Primary School. E.B. Namusoke, the Head Master provided a review of the project. A total of 75 AIDS orphans were currently being supported. The school enrollment included 396 females and 363 males. The AMREF approach focused mainly on adding buildings to the school facilities and upgrading existing structures.
- The TBA training and support program functions on an overlapping of health, disease prevention, quality birth deliveries, combined Community Health Worker activities and training components. The TBAs visited demonstrated good delivery rooms, and knowledgeable practices. High risk pregnancies and danger signs during pregnancy were prioritized for appropriate responses.
- A paralyzed child was identified living adjacent to the Butuntumula Health Center. The child was the victim of congenital defects which could easily be mitigated through rehabilitation. The AMREF CD will ask Dr. Kale of the World Rehabilitation International organization to accompany him on a repeat visit to see this child.
- The final stop was to the Kakooge Parish water storage. This is a fairly massive community project that provides safe water to multiple communities.

Collaborative Polio Workshop

Workshop objectives

- Bring stakeholders and partners in polio eradication to share views and plan the way forward

- Establish a collaborative group secretariat. Modify Memorandum of Intention (MOI) to serve both the IMCI and Polio Eradication Secretariat needs.
- Focus collaboration group efforts to the district level in conjunction with the Ugandan National Ministry of Health
- Develop a two-year plan of action to improve the effectiveness of polio eradication and to use PVO resources vicariously to provide long term support to families with paralyzed children. Establish linkage with Dr. Kale of the World Rehabilitation International group.

Workshop outputs

- A technical Advisory group was formed, charged with the mission to organize and link collaboration group activities with the IMCI Collaboration group. Coordinate the efforts of all PVOs, NGOs, District level MOH, Communities and other stakeholders

CORE GROUP POLIO ERADICATION TEAM REPORT

Staff Changes

Richard Scott, Project Deputy Director, who returned to The Johns Hopkins University at the end of May, 2000 has not yet been replaced. Dora Ward, Polio Program Officer took a national level position with the International Red Cross in July, 2000. Miriam del Pliego, Program Officer started in August 2000.

Trip Reports (summary of trips made during the quarter)

David Newberry

David Newberry included the major events of his trips in the country sections of this report. Additional inclusion would be redundant.

Sara Smith

Ethiopia-July: To facilitate workshop on PEI with CRDA on July 20-21, 2000. Encourage CORE PVOs to submit proposals. Network with Ethiopian NGOs. To obtain a better understanding of polio in Ethiopia, issues, problems, current information and what is the national plan of action.

India and Nepal-August and September: To attend WHO Technical Consultative Group on Immunizations meeting in Calcutta, India. Site visits of Project Concern International local NGO, Women's Interlink Foundation (WIF) in Calcutta. Nepal focused on developing the secretariat: who would host it (PLAN, at no charge), how it would be funded (funding for secretariat director will come through ADRA), process for choosing the secretariat director (TOR, budget), timeline of process. In addition, PVOs were encouraged to start planning and looking for polio staff for their projects, and to plan for NIDs. They were given the self assessment tool developed by Roma to be adapted for Nepal.

Consultants

Jean Marie Niyonzima – Angola

Lee Losey – Angola served as interim CORE Secretariat Director

Other Activities

PPMC Meetings

Dora Ward and David Newberry attended the PPMC meeting scheduled during the reporting period. The CORE Board Chairman was present. He advised the Polio Eradication Team to plan activities carefully to minimize the possibility of “burnout” syndrome related to too much technical assistance by too few workers, especially during the start-up phase. PET staff reported that about 30% of the CORE Targeted countries would meet their eradication date projections while most of the targeted countries will not meet the WHO goal of 12/31/00. WHO will be forced to extend their target for Global polio eradication until 2005. The PET has proposed working in Mozambique, Nigeria, R Congo and Ethiopia, contingent upon USAID funds being available.

The PET strategic emphasis on urban, migratory and displaced populations were presented. Mobilizing communities, PVOs and NGOs to support AAFP tracking and long term support for families with paralyzed children were detailed. Social Mobilization and baby tracking strategies and activities that represent the PVO role and strengths needed to shift the focus from ‘coverage’ to increasing the number of children fully immunized. “0” OPV dose children are part of the overall strategy to increase routine EPI coverage. Projects in India, Bangladesh and Uganda have been funded and operational. Projects in Angola, and Nepal are expected to become functioning shortly. Some of the remaining target countries include DR Congo, Ethiopia and possibly Nigeria. PVOs are represented on several ICC and the Polio Eradication Initiative Secretariat model is in use in most countries. PEI Activities in Afghanistan and Pakistan are yet to be moved on. The Change Disease Detection Kit is looking to Mali, Malawi and possibly Mozambique for field trials, pending funding resource. Approximately 22 PVOs are collaborating in Polio Eradication activities. One major staff change was announced: Richard Scott will return to Johns Hopkins University because he has been promoted to a new position. The PET will seek a replacement from Johns Hopkins University. We are very grateful for Richard Scott’s wonderful contributions. Dora Ward also left the CORE polio Eradication Initiative to become the Red Cross Health Delegate to Venezuela. Finally the PET reported on future strategic emphasis on expanded target populations and geographical area coverage, largely through NGO partnerships. It is also anticipated that as PVO and NGOs get more visibility national level roles will expand and on a longer-term basis additional funds will be invested through the CORE Polio Eradication Initiative.

USAID Polio Partner Meetings

No Polio Partner Meeting was held during this reporting period.

Other Meetings

Miriam and Sara met with CHANGE Project with Mike Favin. A general review and exchange of ideas for finalizing the Disease Detection Kit and conducting field trials were discussed.

Self Assessment Instrument

Dora Ward and an Emory graduate student worked on the design of a draft self-assessment tool. At this stage it was decided to wait in put from the next PET Project Deputy Director. The India Regional Technical Advisor, Dr. Roma Solomon developed their version of a PVO self-assessment tool to be used there.

Other Activities

Two CORE PEI team members were trying to conduct all PEI activities pending replacements for Richard Scott and Dora Ward.