



**CORE GROUP POLIO PARTNERS (CGPP) PROJECT**

**Quarterly Narrative Report**

**1 October to 31 December 2000**

CA# HRN-A-00-98-00053-00



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## ACRONYMS

ADRA	Adventist Development and Relief Agency
AFP	Acute Flaccid Paralysis
AMREF	African Medical Research Foundation
CBO	Community Based Organization
CDC	US Centers for Disease Control and Prevention
CCF	Christian Children's Fund
CGPP	CORE Group Polio Partners
CRS	Catholic Relief Services
EPI	Expanded Programme on Immunisation
ICC	Inter-Agency Coordinating Committee
IEC	Information, Education, Communication
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
KI	Key Informant (for AFP case detection)
MIHV	Minnesota International Health Volunteers
MOH	Ministry of Health
NGO	Non-Governmental Organization
NID	National Immunization Day
OPV	Oral Polio Vaccine
PCI	Project Concern International
PEI	Polio Eradication Initiative
PET	CORE Group Polio Eradication Team
PLAN	Plan International
PVO	Private Voluntary Organization
SC	Save the Children
SMO	Surveillance Medical Officer
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WIF	Women's InterLink Foundation
WV	World Vision

# CORE GROUP POLIO PARTNERS (CGPP) PROJECT

## Quarterly Narrative Report, 1 October through 31 December 2000

### SECTION 1. EXECUTIVE SUMMARY

In late July of 1999, the Polio Eradication Team (PET) of the CORE Group Polio Partners (CGPP) Project 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 over five years for the Polio Eradication Initiative (PEI). The CORE Group Polio Eradication Initiative coordinates and mobilizes community involvement in OPV immunization campaigns and in AFP case detection and reporting, in the hardest-to-reach populations of polio-endemic countries. This quarter, 19 CORE polio projects were active in the following five countries: Angola, Bangladesh, India, Nepal and Uganda. Projects in Bangladesh, India and Nepal have been operational for six months. Projects in Angola and Nepal have been operational for about three months or less.

USAID funds are being used effectively to build partnerships among organizations involved in polio eradication. The use of these funds is also resulting in new organizations becoming involved--in a coordinated way--with the global polio eradication effort. An innovative project design for improved PVO collaboration in country level polio eradication efforts has produced functioning, organized partnerships between participants to support capacity-building, sharing of resources, avoidance of duplication, and increased efficiency. It also is expected that long-term benefits will accrue from partnerships developed around polio eradication. Individuals, contacts, and relationships that bridge health and community development sectors and those that bridge international, national and community levels will serve us well in the future.

In addition to eradicating polio, USAID PEI funds to CORE are helping to strengthen national and regional immunization systems. Using USAID polio funds, CORE PVO efforts have resulted in the following: (1) improved technical and management capacity of health workers to provide immunizations; (2) improved quality of the immunization logistics system; (3) private sector (e.g., business sector, private physicians) involvement in immunization efforts; (4) increased community demand for immunizations; and (5)

community participation in and/or contribution to immunization efforts.

One of the CGPP Project's main strengths has been support for planning and implementation of supplemental immunization activities. This has led to many more children being vaccinated than would have without the availability of USAID funds for CORE. Available data from projects show an upward trend in the numbers vaccinated over time (Figure 1). This is what we would expect of mass vaccination programs where on-going learning and relevant adjustments are being made, other things being equal. Comparing the number of children vaccinated during an NID/SNID with the estimated number of children under five years of age in the population suggests that NID/SNIDs are achieving high levels of coverage (Figure 1). As expected, lowest NID/SNID coverage appears in Angolan projects that have large numbers of the population cut-off from services during NIDs or SNIDs due to security reasons.

PVO documentation of zero dose children during or following supplemental immunization campaigns is an important tool for improving effectiveness of future rounds. We expect the trend in number of zero-dose children over a series of rounds to clearly decrease drop over time. When this does not occur, this situation should prompt an investigation to determine the reason and problem-solving activities should follow, if needed.

Documentation of zero-dose children is occurring primarily in Bangladesh and in a few projects in India. Available data--from projects that reported over series of campaigns---show that the number of zero-dose children clearly dropped between subsequent campaigns in project areas (Figure 2). This is what we would expect of effective efforts to improve coverage of polio vaccinations over time (Figure 2). In Angola, coverage surveys following NIDs/SNIDs found levels of coverage varied among geographic regions from 74% in Luanda to greater than 90% in Kuito.

Many projects documented problems in the logistics and implementation of supplemental immunizations this quarter. This information is used at both national and local levels to improve planning, implementation and monitoring of future mass vaccination campaigns. Most common

problems reported across the board are the following: shortages of vaccine, immunization posts not optimally located, erratic replenishment of vaccine, misunderstanding the use of 20-dose vials vs. 50-dose vials, NID volunteers with insufficient training and supervision, incorrect completion of tally sheets, and inadequate planning and mapping.

In project areas of many CORE PVOs, especially in Angola, the quality of AFP detection and reporting is not yet up to standard (Figure 3). CORE polio projects have now begun efforts to strengthen detection and reporting of cases of acute flaccid paralysis (AFP). The types of activities that CORE PVOs have been involved with most to date include: training on detecting cases of AFP (and other diseases), and reporting to appropriate health authorities; supporting MOH efforts to incorporate AFP with existing efforts to detect and report cases of other diseases; and, supporting poliovirus outbreak and/or AFP case investigations. Few CORE PVOs reported supporting the transport and testing of stool samples within 14 days of onset of AFP.

In addition to AFP rates, a key indicator of the quality of AFP detection and reporting, is the percent of AFP cases that had at least two stool samples taken within 14 days of onset of AFP. Only two projects reported on this indicator for their project areas (Figure 4). The limited data available from projects indicate situations that warrant improvement efforts. It is important for local health authorities to collect and review these indicators for the purposes of quality assurance and improvement of an AFP case detection and reporting system. CORE PVOs are encouraged to take part in these quality assurance and improvement efforts if local health authorities are willing to allow this. Perhaps as a first step, CORE PVOs might participate when local health authorities review these indicators and develop action plans to improve case detection and reporting.

Only one project reported providing assistance to families with paralyzed children. This project has found children with paralysis and is assisting the families with transportation, obtaining braces and other support. All PVOs are strongly encouraged to plan for providing assistance in their annual workplans.

## **SECTION 2. BACKGROUND AND STATUS OF THE CORE 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 over five years for the Polio Eradication Initiative (PEI).

The CORE Group Polio Eradication Initiative coordinates and mobilizes 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 CORE Group Polio Eradication Team (PET) supports PVO involvement in mass oral polio vaccine (OPV) immunization campaigns and AFP case detection and reporting, and documents 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 objectives and workplan for fiscal year 2001 are provided in Annex 1, along with the PET vision and mission statements.

This quarter, 19 CORE polio projects were active in the following five countries: Angola, Bangladesh, India, Nepal and Uganda. [One project of these 19 was active in polio eradication even though the subagreement had not been finalized and the project had not received funds]. Projects in Bangladesh, India and Nepal have been operational for six months. Projects in Angola and Nepal have been operational for about three months or less. The distribution of these projects by country, potential beneficiary population (under five years) and anticipated USAID funding is provided in Table 1 below. The distribution of projects by country and PVO is in Annex 2.

**Table 1. Current distribution of 19 CORE Polio projects \***

<b>Country</b>	<b>No. of Projects</b>	<b>Potential Beneficiaries</b>	<b>USAID Funding</b>
Angola	5	1,087,467	1,065,064
Uganda	2	128,000	346,067
Bangladesh	4	1,160,798	592,083
India	5	2,434,375	1,388,916
Nepal	3	333,054	293,557
<b>TOTAL</b>	<b>19</b>	<b>5,143,694</b>	<b>3,685,687</b>

\* No new proposals were received this quarter. PET did not encourage new proposals this quarter due to uncertainty about USAID funding for CORE PEI in FY01. Proposals that PET has received from PVOs in Mozambique, Ethiopia and DR Congo were not processed this quarter because of this uncertainty. A clearer picture of USAID funding is expected next quarter.

### **SECTION 3. REPORT OF ACTIVITIES BY MISSION STATEMENT**

#### **3.1. Mission - Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio eradication initiatives**

USAID funds are being used effectively to build partnerships among organizations involved in polio eradication. The use of these funds is also resulting in new organizations becoming involved---in a coordinated way---with the global polio eradication effort. It is expected that long-term benefits will accrue from partnerships developed around polio eradication. Individuals, contacts, and relationships that bridge health and community development sectors and those that bridge international, national and community levels will serve us well in the future.

USAID funds are being used by CORE PVOs for the following types of partnership activities: (1) participation in collaborative PVO organizations; (2) CORE participation on national and regional/local inter-agency coordinating committees (ICCs); and (3) collaborative efforts with national NGOs or community-based organizations (CBOs). These partnership efforts result in increased effectiveness and efficiency of national polio eradication efforts. Examples of partnership

activities funded under the CGPP project are provided below.

#### ***Collaborative PVO organizations***

An innovative project design for improved PVO collaboration in country level polio eradication efforts has produced functioning, organized partnerships between participants to support capacity-building, sharing of resources, avoidance of duplication, and increased efficiency. The Polio Eradication Initiative (PEI) has served as the mechanism for PVOs to apply their synergies on a common goal: polio eradication. They form a group Secretariat that functions to break down individual PVO barriers and provides continuity through a Secretariat Director. This model is being recognized by donors as an additional instrument for working through several PVOs to achieve long range strategic development planning. A collaborative PVO organization with Secretariat is established and functioning in four of the five project countries. These four countries are Angola, Bangladesh, India and Nepal. The Secretariat Directors in these countries are Lee Losey, Dr. Shamim Imam, Harshni Raghav and Bal Ram Bhui, respectively. Dr. Roma Solomon is the Asia Regional Technical Advisor and Lee Losey will act as the Africa Regional Technical Advisor.

This quarter, collaborative PVO workshops or meetings---hosted by Secretariat Directors--- were held in each of these four countries for the purposes of coordinating polio activities. Typical workshop outcomes include the following: analyzing and adopting a common monitoring system for the projects, developing and reviewing workplans, and NID/SNID coordination and planning. In addition to PVOs, outside agencies are often present at these collaborative PVO meetings.

For example, in Angola in November, CORE conducted a workshop on polio eradication for NGOs and PVOs in collaboration with WHO, UNICEF and the MOH. Approximately 35 participants, representing eight PVOs and NGOs attended this workshop. The objectives of the workshop were the following: (1) to encourage greater participation by NGOs in polio eradication activities; and (2) to provide NGOs with information on polio eradication policy and plans in Angola.

In another example, a new polio coordinator for the Nepal Secretariat, Bal Ram Bhui, was selected in December. Assisted by the Asia Region Technical Advisor, the Nepal Secretariat hosted a workshop attended by 25 people, including UNICEF, WHO, EPI-MOH, USAID, NEP, NPSP, and four PVOs. The content of the workshop covered the current polio situation in Nepal, surveillance, expectations of the CORE PVOs by the MOH, and creating PVO action plans.

Currently, Uganda is the only project country that does not have a collaborative PVO organization established. There are two PVO projects in Uganda: AMREF and MIHV. These projects have set a target date of April 2001 for establishment of a collaborative PVO organization. Discussions between PET and AMREF, and MIHV and AMREF were held in Washington and Kampala this quarter about the possibility of establishing a polio secretariat and collaborative organization. One idea discussed is to organize a polio task force among interested members of the functioning Uganda IMCI collaborative PVO organization. Another idea that MIHV is exploring is to partner with WHO in the creation of a Secretariat.

No activities were carried out this quarter in Ethiopia due to uncertainty of funding levels available to support Ethiopia proposals submitted to CORE.

### **CORE participation on national ICCs**

CORE PVOs are represented on the national ICC (officially or ex-officio) in three of the five CGPP countries. These organizations are in Angola and Uganda (officio), and Bangladesh (ex-officio). This quarter, CORE PVO representatives attended an ICC meeting in each of these three countries. As an example, an excerpt from the Angola Secretariat Report on the November ICC meeting is provided below:

*Twenty-one participants of the ICC, including CORE, met on November 30, 2000 to continue reviewing the most recent SNID conducted on the 17<sup>th</sup> through 19<sup>th</sup> November 2000. Technical input was provided by participants as were reports covering assigned activities. Routine problems associated with logistics, social mobilization, transport, supervision and volunteer performance have remarkable similarity between campaigns. Factors influencing these problems require continued solutions be applied. No set of responses appears effective to apply to all NIDs or SNIDs. Special problems associated with each NID and SNID have also been documented. CORE was requested to participate on three work groups. Basic problems related to advance publicity, volunteer worker quality control, motivation and level of effort, have been reported. The most recent SNID in Luanda has been tagged the "silent" SNID because of apparent publicity and social mobilization problems. Moving scheduled dates more than once has been a critical factor. Other problems include:*

- 1. A diverse population movement related to migration due to militant activities*
- 2. Micro-planning and social mapping of areas to be immunized were not completed as indicated*
- 3. Vaccinators and supervisors were not properly trained and lacked motivation to perform their duties well*
- 4. Supervisors and vaccinators were, in many cases, not qualified nor properly selected*
- 5. Social Mobilization of the targeted population did not meet its expected objectives*

Discussions by PET members with USAID and with WHO SEARO representatives were held in December to encourage CORE representation on the national India ICC. Plans were made to include a CORE representative at the February 2001 ICC meeting. An important remaining area for improvement in partnership building includes having CORE PVOs represented on each national ICC in CGPP countries. During the remainder of FY01, the PET will continue to hold dialogues with the appropriate organizations to encourage further CORE representation on the remaining countries' ICCs.

### ***CORE participation on regional or local level ICCs***

Although CORE is not yet represented on the national India ICC, note that CORE is represented on the state level ICC in Bihar and Uttar Pradesh and CORE representatives attended meetings at this level during the quarter. In fact, 18 of the 19 polio projects reported participating in regional or local polio coordination meetings; one project in Uganda did not have an NID or SNID this quarter. This seems to be one of the greatest values of the CGPP project: enhanced planning (micro planning) and coordination of polio eradication activities at the district level and below.

In Bangladesh, for example, Save the Children (SC) organized two meetings with local representatives of UNICEF, WHO and IOCH at the upazila level. Key activities of these meetings included the following: sharing information about current situation regarding NIDs; describing participants' (partners') plan of action for 8th NID; exploring possibilities for cooperation, communication and support among the partners and their counterparts to ensure better use of resources and to solve unmet challenges.

In Angola, NID coordination between PVOs and Provincial Health NID teams was increased through micro-planning, logistical support, and volunteer recruitment. In Cuanza Sul Province, the PVO community assisted in the recruitment and training of volunteers. The military provided helicopters for transporting OPV in coordination with PVOs and the MOH. When a number of planned military units didn't arrive, CORE PVOs help fill the gap with transportation and cold chain support. CORE PVO participation in post-NID process evaluation meetings led to improved collaboration among CORE PVOs, the MOH, and the military, and led to improved recruitment

and training of volunteers in the next immunization campaign.

### ***Collaboration with national NGOs and CBOs***

As further evidence of partnerships built through USAID funding of the CGPP project, 15 of 19 (79%) of polio projects reported that they collaborated on polio eradication activities this quarter with a national NGO or community-based organization (CBO). This is a common approach across PVO health and development programs. Projects report that this helps avoid duplication of efforts and helps improve community mobilization beyond PVO project boundaries.

In Angola, the CORE partners assisted in the planning and execution of the SNID in Kuito with CARE and Africare working as major partners. They partnered with Project Concern, FP, Oxfam, MSF-Belgium and UNICEF to achieve a 92% coverage rate. Angola CORE projects also collaborated with ADRA, church and women's groups (MFPM & TBAs in Cuanza Norte), and Caritas.

In Bangladesh, for example, PLAN International collaborated with six NGOs and CBOs (one of which was BRAC) during the 8th NID. CARE Bangladesh collaborated with nine CBOs to help improve the overall quality of the NID---CARE held NGO coordination meetings in all the districts to determine the roles and responsibilities of each and to develop a combined NID action plan that avoided duplication of efforts.

In India, WV Calcutta collaborated with the Calcutta Samaritans (a partner NGO of PCI's polio project) for training and development of IEC materials. This was a new activity and is perceived to have increased the cost effectiveness of CORE polio activities in Calcutta. In addition, PCI works to provide technical and financial support to their CBO partners which enables them to bring about a shift in communities' perceptions, from PEI being a government program to perceiving it as a people's program.

In Nepal, CARE facilitated and organized meetings with local NGOs, District Health Officers and local government officials for the purpose of developing a coordinated plan for an NID in two districts. CARE played central role in bringing together the Nepal NGO Coordinating Committee (CARE Nepal to coordinate), the NGO Federation, and District Health Officers into a forum. At the forum, participants finalized microplans that included

identification of un-reached geographical areas, and finalized plans for collaboration and support. CARE reports that greater mobilization of local NGOs and local governments increased focus in hard to reach communities, specifically in some border areas.

### **3.2. Mission - Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication**

In addition to eradicating polio, USAID PEI funds to CORE are helping to strengthen national and regional immunization systems. USAID polio funds are being used by CORE PVOs for the following system strengthening activities: (1) improving technical and management capacity of health workers to provide immunizations; (2) improving quality of the immunization logistics system; (3) encouraging private sector (e.g., business sector, private physicians) involvement in immunization efforts; (4) increasing community demand for immunizations; and (5) encouraging community participation in and/or contribution to immunization efforts. All 19 polio projects report carrying out at least one of the above activities this quarter. The most frequently reported system strengthening activities include social mobilization to increase demand for immunization services (79%), encouraging community contribution to and participation in immunization activities (63%), and quality improvement of the vaccine logistics system (63%).

As per the workplan, PET distributed the following documents to polio projects this quarter to support their immunization system strengthening activities:

- 'Communication Handbook for Polio Eradication and Routine EPI' by UNICEF and BASICS,
- Checklists for supervision of NIDs, communications, and strengthening the routine system using polio eradication activities
- Lists of web sites with information on polio eradication and immunizations. Of particular interest for this objective were materials on the topic of effective communication.

Key remaining areas for improvement in CORE PVO support for immunization systems include helping health authorities assess the quality of the cold chain, and encouraging wider private-

sector involvement in immunizations. A description of what CORE PVOs have done to support to immunization systems is provided below.

#### ***Improving technical and management capacity of health workers to provide immunizations***

Ten of the 19 polio projects (53%) report carrying out technical or management training related to immunizations. For example, one project in Angola had two field vaccination coordinators participate in an EPI training course based by MOH in Luanda. In Nepal, CARE elicited the help of the surveillance medical officer (SMO) to educate/train project staff about national polio eradication strategies, social mobilization and global eradication issues. CARE also organized a polio orientation for district health office staff and 42 local government (VDC) chairs. Because of these education/training activities initiated by CARE, local government leaders and grass roots level health workers were better prepared to support polio vaccination campaigns.

#### ***Improving quality of the immunization logistics system***

Twelve of the 19 projects (63%) report working to improve the cold chain and/or vaccine logistics system this quarter; 13 since the beginning of the project. An example of this would be WV/Angola that provided a freezer each to Malange and Cuanza Norte provinces. WV also provided kerosene and maintenance of the existing cold chain in three health posts, provided transport of vaccines and vaccination materials from Luanda to a provincial capital and then from there on to the districts. The result was providing for daily control of temperature and ensuring the viability of vaccine in program areas.

Note, however, that only eight projects (42%) report having participated in a formal assessment of the cold chain since the beginning of the project. For example, AFRICARE/Angola assessed the cold chain between Luanda and Kuito District and weekly distribution of vaccines to health posts. Three of 20 existing mini-refrigerators were found to be functioning. The immediate solution has been for AFRICARE and the MOH to carry vaccine to five fixed health posts each day and return the remaining vials to the cold chain during the afternoon. Formal assessments of the cold chain and improvement efforts appear to be an

area where more CORE PVOs could be involved.

### ***Encouraging private sector involvement in immunization efforts***

Having private-sector support is a way of strengthening the immunization system. However, only four projects (21%) reported an instance of such support since the beginning of the project. In Uganda, AMREF reported training midwives who are practicing privately, with the goal of opening immunization centers at private maternity units for the purpose of involving private practitioners in the provision of immunizations. In India, an NGO partner of CCF (Milan Sangha) mobilized support from businesses for IEC materials, such as T-shirts for volunteer vaccinators. Also in India, PCI partners helped convince Mahalaxmi Fibres Ltd. to provide an extra vehicle on NID and post-NID days for the purpose of replenishing vaccines and ice, and for monitoring visits to immunization posts. This is an area that appears to have great potential and more CORE PVOs need to be encouraged to explore private sector support for polio eradication.

### ***Increasing community demand for immunizations***

Increased community demand for and contribution to health services is another indicator of strengthened health systems and community ownership of efforts to provide for their own health. Fifteen of 19 projects (79%) report activities to increase community demand for routine immunizations this quarter. [Most of the projects that did not report these activities are those that started near the end of the quarter and were still hiring]. Many of these activities are done in conjunction with social mobilization activities to increase participation in NIDs and SNIDs. A tremendous variety of social mobilization activities have been reported by CORE PVOs.

In India, PCI's partner SOLAR promotes immunizations on full moon day for the newborns. In Orissa culture, full moon day is considered auspicious and villagers attend the weekly market making the access of children/mothers for immunizations easier. Another PCI partner, WIF identified pockets where children were either not immunized or partially immunized, and made arrangements with the community health department of the local hospital who agreed to immunize the children. WIF transports the mothers and

children to the hospital and facilitates the interaction. Calcutta Samaritans emphasize the father's role in immunizations instead of the mother's responsibility. Mapping is being done by many different organizations, including CARE in India and Nepal to identify low coverage areas for problems solving.

Another example of an innovative effort to increase community demand for immunizations occurred in the World Vision Bangladesh project. WV has for the first time in their project area helped establish NID posts for the 8th NID in November and December 2000. At the Banishanta brothel near the Mongla seaport ---where WV has an AIDS /STD prevention program---children of commercial sex workers are supported by the polio project. At the central jail in Khulna, another NID center was established for the children of female inmates. A total 40 children at the brothel and 24 at the central jail received OPV during the NID. The key to these efforts was political support and advocacy. For example, the civil surgeon in Khulna and the local police officers helped during the 8th NID and plan on doing so for future NIDs.

Angola PVOs help increase demand for immunizations through social mobilization. Health committees, radio staff, traditional authorities and groups attend training and then participate in promoting mass polio vaccination and routine immunizations through their existing communication networks.

### ***Encouraging community participation in and/or contribution to immunization efforts***

By encouraging community participation in and/or contribution to immunization efforts, we mean that members of the community invested their own resources (human or other). This is meant to be a more substantial contribution than bringing a child for vaccination. For example, CARE/Bangladesh reports that one community in Sylhet District contributed 238,620 Taka or \$4,772.40 (in cash and in kind) for social mobilization!

In Kuito District, Angola (where CARE and Africare help displaced populations) health infrastructure has been destroyed in many locations and communities have provided sites/buildings for locating immunization posts. Here also, PVOs trained 40 community volunteers about the need for immunization, AFP case detection for surveillance purposes, and door-to-door vaccination activities. These 40 volunteers from seven communities

participated in the December Kuito SNID. Community leaders participated in the selection of these community volunteers.

Overall, 12 of 19 projects (63%) report some kind of community contribution to immunization efforts this quarter. These figures are very encouraging and represent a value-added of USAID funds to CORE PVOs. We will encourage more projects to support community efforts to take responsibility and ownership for their own health.

### **3.3 Mission - Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations**

One of the Polio Partners Project main strengths has been support for planning and implementation of supplemental immunization activities. This has led to many more children being vaccinated than would have without the availability of USAID funds for CORE PVOs.

CORE would like to make a special acknowledgement here of CORE PVOs working in Angola and their community partners. Due to the civil war, many municipalities have lost their infrastructure and communities have provided facilities for polio vaccination during NIDs and SNIDs. Save the Children had five staff members killed in an ambush on the road between Gabella and Sumbe in 1999 and such attacks are common making the PEI task more difficult. CORE PVOs continue their immunization activities in spite of personal danger.

Polio NIDs or SNIDs or Mop-ups were carried out in all 19 project areas this quarter. Eighteen of these 19 projects (95%) report some kind of participation in the supplementary polio immunization activities this quarter. [One PVO project in Angola did not participate in supplemental immunizations because this project was still in subagreement negotiations throughout the quarter; the PVO project did participate in CORE meetings and efforts to improve the cold chain, however]. Among the many ways that the projects report participating in supplementary immunizations, the following are most common: (1) preparation of plans; (2) social mobilization; (3) taking part in implementation; (4) covering gaps in operations (planning and/or implementation); (5)

encouraging community participation and contribution in the conduct of supplementary immunizations; and, (6) participating in some form of process evaluation of supplementary immunizations.

#### ***Preparation of plans***

Of the 18 projects that participated in supplementary immunizations this quarter, 17 projects report collaborating with national and local health authorities in preparation of plans. This type of collaboration is key to avoiding duplication of effort and covering gaps in operations. For example, Angola CORE PVOs working in Cuanza Sul Province analyzed provincial maps to compare community immunization coverage with access. It was determined that high level coverage could be achieved through mass campaigns and routine immunization with quality surveillance. CORE produced a chart showing population, access and campaign participation. This information was used to determine and evaluate strategies to improve coverage in low access communities.

In another example in India, most PVOs and their partners participated in a number of NID/SNID preparation meetings that resulted in coordinated plans that avoided duplication. PVOs have shared maps to help plan placements of booths and avoid duplication. For example, WV in Calcutta had planned on working in a certain area but during a coordination meeting they discovered their area overlapped with Calcutta Samaritans (PCI partner) so they modified their plan to avoid such overlap.

#### ***Social mobilization***

Social mobilization to increase community demand for supplementary immunizations is probably the greatest value-added by CORE PVOs to national polio eradication efforts. CORE PVOs have been instrumental in creating within communities the shared goal of polio eradication. This has helped to overcome social barriers to mass vaccinations, reach under-served populations and to encourage community contribution to mass vaccination efforts (discussed below). Seventeen projects, of the 18 projects that participated in NIDs/SNIDs this quarter, report carrying out social mobilization activities.

Using the example of Bangladesh, typical social mobilization activities that CORE PVOs carry out include the following: orientation of local religious leaders, orienting local

government officials (e.g., union council members in Bangladesh), helping organize local press conferences, organizing local police and school teachers, organizing folk songs and drum beating (traditional way to announce important news in rural areas of Bangladesh), orienting volunteers, holding football and cricket matches, and distributing leaflets.

Save the Children USA Bangladesh included many of the typical activities, but also managed to include a special orientation for revenue collectors. These people are very familiar with the community and rural markets, so when they organized drum beatings at 34 village markets and public places it was a new twist on an old idea. SC also trained the revenue collectors to act as independent observers for each round of the NID.

In India, all five projects carry out community mobilization through a variety of resources and methods including, miking, mother's meetings, youth clubs, rallies, displays, puppet shows, visual shows at weekly markets, and contacting Imams and encouraging them to promote participation in mass campaigns and routine vaccinations. For example, CARE participated in a media sensitization initiative convened jointly by the State government, WHO, UNICEF and CARE in Bihar. Media persons were oriented on polio eradication initiatives to garner their support for increased media coverage of the event.

### ***Implementation of supplemental vaccinations***

Seventeen projects, of the 18 projects that participated in NIDs/SNIDs this quarter, report participating in the implementation of supplementary vaccination campaign. Common features of CORE PVO involvement in actual implementation of NIDs/SNIDs are the following: (1) transportation of volunteers, vaccine and ice to the booths; (2) replenishment of vaccines and ice; and (3) providing human resources for supervision, and for mobile, house-to-house and fixed-booth vaccination teams.

Figure 1 provides information available about the number of children under five years of age that were vaccinated in project areas during sequential rounds of NIDs and/or SNIDs. Several interesting observations can be made from the data presented in this figure. First, in project areas where data for sequential rounds is available, there appears to be an upward trend in the numbers vaccinated over time. This is what we would expect of mass vaccination

program where on-going learning and relevant adjustments are being made, other things being equal. [It should be noted that CORE PVOs are one of many partners working together during mass vaccination campaigns and therefore the successes or failures of these efforts are shared].

A second observation from Figure 1 concerns comparison of numbers of children vaccinated during an NID/SNID round with the estimated number of children under five years of age in the program area. In most cases, the numbers vaccinated ranges from just below to significantly above the number of under fives in the population. This would suggest fairly high coverage levels of NID/SNID efforts. [Greater than 100% coverage reports are common where the reported number of under-fives is an underestimate]. The biggest gap appears in Angolan projects that have large numbers of the population cut-off from services during NIDs or SNIDs due to security reasons; in these cases it is expected that the numbers vaccinated could be significantly less than the target population number.

### ***Community participation in and contribution to the conduct of NIDs/SNIDs***

Communities served by CORE PVO polio projects have participated in and have contributed to the conduct of NIDs and SNIDs. As mentioned above, CARE Bangladesh had an incredible response to the activities in their project area as they were able to mobilize the community to contribute Tk 238,620 of their own money or in kind. Additionally, they were able to get the local police to partake in a pre-NID polio rally. PLAN International Bangladesh involved local schoolteachers and students by putting on skits for polio. Local leaders provided the awards to the best performers. ADRA India elicits support of high school students and nursing students during NIDs/SNIDs. WIF India (an NGO partner of PCI) established a vaccination booth that was staffed by the local imams, doctor and other community volunteers. CARE in Nepal oriented leaders of Village Development Committees (the smallest administrative unit in Nepal) who helped supervise the conduct of NIDs in their areas of political responsibility. In sum, communities in all program areas in all countries of CORE PVO polio projects provide volunteer vaccinators and promoters of polio eradication. Seventeen projects (89%) report some such community contribution this quarter alone

### ***Covering gaps in operation of NIDs/SNIDs***

When participating in implementation of NIDs/SNIDs, a unique value-added of funds provided to CORE PVO is the covering of gaps in current operations led by health authorities. Note that 16 projects reported that they had covered a gap in operation of NIDs/SNIDs last quarter. For example, in Kuito, Angola, CORE PVOs helped provide polio vaccination to 15,287 children living in displaced persons camp during the December SNID.

In India, the state government officials asked WV and PCI NGO partners (WIF and Calcutta Samaritans) to carry out social mobilization activities and to help implement NIDs in slum areas of Calcutta that are outside these organizations' own project areas. The reason for this request was because government workers had difficulty working in these slum areas in the past due to lack of contacts. CARE Nepal transported the vaccine and ice packs during the NIDs and house to house rounds. This resulted in the vaccines reaching the sites on time and the unused vaccines were transported back to the cold chain centers on time, resulting in a decrease of wastage from 26% to 19% in Mahottari District.

### ***Process evaluation of NIDs/SNIDs***

Of the 18 projects that supported supplemental vaccinations in some way this quarter, 13 projects (72%) report carrying out form of process evaluation of these activities. The ability to provide independent feedback on the conduct of NIDs/SNIDs is a significant opportunity and potential value-added of USAID funds to CORE. Increasing the percent of projects that report involvement in process evaluations of NIDs and SNIDs remains a priority for the CGPP project.

Typical ways in which CORE PVOs are involved in process evaluation of NIDs/SNIDs include the following: (1) counting zero dose children; (2) use of checklists to supervise activities at fixed-booths and of house-to-house teams; (3) conduct of surveys after NIDs to assess coverage on a population basis; and (4) participation in NID review meetings to process findings of NID monitoring and evaluation activities, and develop action plans for improvement.

No NIDs or SNIDs with measles vaccine were carried out in CORE PVO program areas this quarter. However, AMREF Uganda—as a member of the national ICC---participated in

planning and process evaluation of a SNID this quarter that included polio and measles vaccines and vitamin A capsules. The major lesson reported from the evaluation of this SNID was that the logistics of providing an injectable vaccine and more than one type of immunization is very taxing.

As per the workplan, CORE PET members observed CORE Polio participation in the Bangladesh NIDs this quarter. The NID was observed in the following project areas: Sylhet (pre-NID activities with CARE), Nabinagar upazila of Brahmanbaria District (SCF) and Dhaka (child to child search with PLAN). Recommendations for improvement of future rounds in Bangladesh include more training regarding when to use 20 dose vs. 50 dose vials (volunteer vaccinators often seemed confused as to which should be used first). Another recommendation is to keep involving the different sectors (different government branches, CBOs, etc.).

PET did not observe supplemental immunization campaigns in Angola and Uganda as planned. Supplemental immunizations occurred in Ugandan project areas only in October, prior to development of the workplan. In Angola, the timing of the PET Director's trip could not overlap with an NID/SNID due to the need to coordinate travel with sequential trips to Uganda and an immunization TAG meeting in South Africa. However, the Angola secretariat director (Lee Losey) did observe the Angola NID in Luanda. Many problems were reported in Luanda. His and partners' recommendations for improvement of future NIDs in Luanda include the following:

- Use local language messages in verbal but not written form;
- Use cartoon character to promote polio eradication;
- Include First Lady to promote polio eradication;
- Start TV spots earlier in the PR cycle, e.g. in December and running throughout the year
- Have students in school prepare social mobilization materials and then pass on messages to family members and neighbors;
- Use youths, youth clubs and scouts to deliver messages.

Lee Losey also observed an NID in Kuito Municipality of Bie Province in December. The

NID here went much better than in Luanda and achieved greater than 90% coverage as assessed by a population-based survey led by Lee several days after the NID. Apparent factors for the success of the Kuito NID include good training and motivation by government workers and the coordinated planning and participation by WHO, UNICEF and many NGOs.

### **3.4. Mission - Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)**

In project areas of many CORE PVOs, especially in Angola, the quality of AFP detection and reporting is not yet up to standard (Figure 3). CORE polio projects have now begun efforts to strengthen detection and reporting of cases of acute flaccid paralysis (AFP). The types of activities that CORE PVOs are involved in using USAID and matching funds include the following: (1) training on detecting and reporting cases of AFP (and other diseases) to appropriate health authorities; (2) support MOH efforts to incorporate AFP along with existing efforts to detect and report cases of other diseases; (3) support poliovirus outbreak and/or AFP case investigations; (4) support the communications or logistics network for the transport to and testing of stool samples by reference labs; (5) support distribution of polio surveillance bulletins or newsletters. This quarter, 14 of 19 projects (74%) report carrying out at least one of the above AFP case detection/reporting activities; 15 since the beginning of the project. Descriptions of example CORE PVO activities on this topic are provided below:

#### ***Training on detecting and reporting cases of AFP (and other diseases)***

The most frequently mentioned AFP detection/reporting activity was training; 14 of 19 projects (74%) mentioned this activity (15 since the beginning of the CGPP project). A lesson learned across programs is that non-health workers also can be trained to detect and report cases of AFP. A good example of this activity comes from CARE/Bangladesh's quarterly report:

*CARE trained 78 crew women of a road maintenance program (RMP) to be AFP Key Informants. These women are members of*

*women's groups and have good contact with mothers/caretakers in their villages. CARE helped establish a linkage between these women and the upajila health workers to facilitate timely reporting of any AFP cases that are detected. These women have also started reporting quarterly to PEI about their AFP case finding efforts. CARE has also completed plans where SMOs of the respective districts of the program area will provide AFP training of MOHFW staff. In Bangladesh, Key Informant (KI) training was given previously but due to the lack of a follow-up system the results of the training were not sustainable. PEI has taken up the KI program with a close follow up system. Utilization of the existing volunteer force of RMP crew women saves time and resources for the selection of KIs and the establishment of intra-organization collaboration for this activity. Successful KI training was done with more than 95% attendance but the number per union selected is not sufficient and should be increased.*

For some African examples, AMREF Uganda collaborated with community health volunteers and MOH partners on in-service training for surveillance. Pre-training findings showed some community volunteers and health workers were not aware of what to do when an AFP case is detected. Community members may first consult a traditional healer and seek medical care after consulting the healer. Another pre-training finding is that AFP reports from the community to a health worker and finally to the SMO takes considerable time. In Angola, the Secretariat Director developed a model for enlisting and training community health volunteers (*activistas*), as described below:

*In Sumbe, Cuanza Sul Province, Lee Losey (the Secretariat) proposed and presented an in-service participatory method of training *activistas* that consists of doing community surveillance and mobilization activities with five *activistas* at a time for five days. Lee Losey demonstrated this model to Dr. Dias, Mr. Kusinduka and the Save Health Assistant, Antonia Januario. The provincial surveillance officer was invited but was unavailable. The team first visited the Provincial Hospital, Seventeenth of September, and met with Dr. Magdalena Govea, the Clinical Director. Dr. Govea said that there had been no cases of AFP in 2000. The team then visited the Centro Policlínico for Outpatient Consultations. Ms. Maria Kunha, head of the outpatient clinic,*

also said that there had been no cases of AFP in 2000. Dr. Diaz found it was strange to see no cases of AFP in a whole year and the center manager showed the team the registry book. Dr. Dias suspected that cases might have been registered under the category of "other."

The team then visited Barrio Salinas, a neighborhood on the edge of Sumbe consisting primarily of adobe houses. The team first visited the house of the community Soba or chief. The Soba said that he did not know of any cases of paralysis in the community but directed the team to a nurse in the community. The team visited the nurse and the nurse brought the team to see two cases. Both were old cases of AFP. One was a seven-year old girl who suffered paralysis of her right leg following fever at the age of one. She had paralysis of one limb, mild deformity and was able to walk. The second case was a three-year old boy who had developed paralysis of his left leg and deformity but he could walk. His mother said that he had contracted paralysis following a fever in approximately March 2000. She said that he had been vaccinated in the three rounds of vaccination in 1999. The team asked the community if they knew of any other cases and stressed the importance of vaccinating their children against polio to avoid paralysis in children. The team also requested that community members report any new cases of paralysis immediately to the department of health and the local health officials.

The primary purpose of the community and health facility visits described above was to demonstrate to CORE PVOs a model of training activists through practical experience. The model has been demonstrated in other CORE program areas. In this model, a trainer takes groups of five activists at a time into the field for five consecutive days to practice active surveillance of AFP cases, registration of all cases old and new, and promotion of polio vaccination through campaigns and routine immunization.

#### **Support MOH efforts to incorporate case detection and reporting of AFP and investigate poliovirus outbreaks and AFP cases**

Seven projects (37%) report supporting MOH efforts to incorporate case detection and reporting of AFP along with existing efforts to detect and report cases of other diseases. This is the next most frequently reporting AFP detection/reporting activity. Approximately one-quarter of CORE polio projects (five projects)

report supporting poliovirus outbreak investigations and/or AFP case investigations. [This may be an infrequent activity, as AFP cases tend to be rare events in most project sites].

As an example this quarter, Africare/Angola helped the MOH surveillance technician in Kuito District collect weekly AFP surveillance reports. They detected one AFP case and stool specimens were collected. A report from the Angola Secretariat's visit to the WV Angola project site is also illustrative of CORE efforts to support the MOH:

*Two suspected cases of AFP were reported to Mr. Cambambi, who is the Provincial Head of Epidemiology seconded to the World Vision polio project. Lee Losey and Mr. Cambambi went to the hospital to investigate one of the cases. This was a five-year old boy with rigidity of all four limbs. The Provincial Delegate of Health, Dr. Shakas, examined the case and recommended that a stool sample be taken.*

#### **Support the communications or logistics network for the transport to and testing of stool samples by reference labs**

Only three CORE polio projects (16%) reported supporting the network for transport and testing of AFP stool samples. Only two projects reported on the percent of AFP cases that had at least two stool samples taken within 14 days of onset of AFP (Figure 4). The limited data available from projects indicate situations that warrant improvement efforts. Clearly this is an important area for CORE PVOs to explore in 2001, in those program areas where local health authorities are willing to elicit support in AFP case detection and reporting efforts.

#### **Support distribution of polio surveillance bulletins or newsletters**

Providing feedback to persons and groups that help detect and report cases of AFP is important for communicating the value of this work. One way of providing feedback is to share bulletins or newsletters that provide information about the current epidemiological picture of polio and AFP. Five projects (26%) report supporting distribution of such information. As CORE PVOs gain experience supporting AFP case detection, the percent of projects providing such feedback should increase. In addition, CORE Regional Technical Advisors (one in Asia and one in Africa) continue to play a key role in the collection, analysis, and feedback of

epidemiological data and findings to PVOs and their partners. In Bangladesh, the Secretariat circulates weekly polio surveillance bulletins published by WHO among all the CORE polio projects' staff and also to local NGOs and MOHFW workers.

PET has developed an email distribution list of PVO polio projects for the purposes of disseminating polio epidemiological information reported by CDC and WHO. PET has decided that it would monitor CDC and WHO reports and insert what PET considers most important information into electronic mail messages in text format and/or within the periodic CORE Polio Partners Newsletter. This will help projects by distilling the most important information from reports and making it available to projects in a simple text format (rather than requiring downloading reports from the internet with slow modems). This quarter, polio epidemiological information was included in the December CORE Polio Partners newsletter sent to all currently funded projects. A copy of this newsletter is included in Annex 3.

### **3.5. Mission - Support PVO/NGO efforts to provide long-term assistance to families with paralyzed children**

One project (two CBO partners of PCI/India) is providing assistance to families with paralyzed children. This project has found children with paralysis and is assisting the families with transportation, obtaining braces and other support. ADRA/Nepal indicated that they would help families of paralyzed children by assisting with transportation. All PVOs are strongly encouraged to plan for providing assistance in their annual workplans.

This quarter, PET sent all 19 projects the book, Disabled Village Children, which includes practical advice for families and health workers on how to assist children and adults with disabilities. Based on the model of "Where there is no doctor", the book includes a chapter on assistance to persons with polio.

### **3.6. Mission - Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.**

Timely documentation and use of key information is critical for the ongoing monitoring of activities and for making timely adjustments in strategy needed to eradicate polio by target dates. Principal documentation activities of the CORE PVOs are the following:

- Count zero-dose children following supplemental activities and use information about distribution of zero-dose kids to improve plans to prevent zero-dose children in next round.
- Document time from onset of paralysis cases to identification of cases by PVO or health system and/or document time from discovery of an AFP case by the PVO or health system to when the case report given to SMO and use this information to improve quality of the local surveillance system.
- Document problems in logistics and/or implementation of supplemental immunizations and use this information to improve planning of follow-up supplemental immunization rounds.

PVO documentation of zero dose children during or following supplemental immunization campaigns is an important tool for improving effectiveness of future rounds. We expect the trend in number of zero-dose children over a series of rounds to clearly decrease over time. When this does not occur, this situation should prompt an investigation to determine the reason and problem-solving activities should follow, if needed.

This quarter, 18 of 19 projects participated in supplemental immunization campaigns. Ten projects (53%) documented zero-dose children during or immediately following supplemental immunization campaigns. Five of these projects had available data on zero-dose children over series of campaigns; this data is presented graphically in Figure 2. The data show that the number of zero-dose children clearly dropped between subsequent campaigns in each project area as expected of an effective effort to improve coverage of polio vaccinations over time. India and Nepal were not routinely documenting numbers of zero dose children this quarter although some projects in India did. For

example, PCI/India partners WIF, CRADLE and New Hope maintain lists of zero-dose children to ensure effective vaccination coverage of these children---the list also is shared with health officials for further planning.

CORE PVOs in Angola have used post-campaign coverage surveys to estimate the percent of children reached during the NID/SNID. An excerpt from the Angola Secretariat December Report is illustrative of these surveys:

*A thirty-cluster survey of the coverage during the November SNID was conducted immediately following the SNID on Monday and Tuesday, November 19 and 20. 13 teams of two interviewers each conducted 291 interviews of children between one and five and 299 interviews of children under the age of one. The survey was based upon the WHO EPI Coverage survey, modified by the Technical Sub-committee of the ICC, made up principally of staff from the MOH, WHO, UNICEF, International Medical Corps (IMC) and CORE. The interviewers were nursing students recruited by the Luanda Provincial Delegation of Health who received a day of training on conducting the survey with special emphasis placed on the random selection of the samples.*

*The coverage survey asked two questions: 1. Was your child vaccinated against polio this weekend? and, 2. How many times was your child vaccinated during this weekend? The third item on the questionnaire instructed the interviewers to observe the child's finger and record yes or no if the child had die on the finger.*

*The coverage survey was conducted to measure the percentage of children under five vaccinated during the round. Finger dye was used to avoid re-vaccination of children during the same round and to provide a more reliable indicator of vaccination status during the coverage survey. Mother's self report and finger dye observations were intended to reinforce each other, providing double confirmation of vaccination status. A quick thirty cluster survey was developed and implemented as a means of reliably documenting the level of vaccination coverage during a campaign without having to rely on population estimates.*

*Survey results were entered in Excel and Epi-info and then hand tabulated to calculate rates and margin of error. The survey found a combined weighted average coverage for under five's of 74% with a margin of error of*

*6.3% and a 95% confidence level (n = 370). This was based upon mother's response. A sampling effect of two was used to adjust for the cluster survey methodology. 69% of children under one had been vaccinated with a 7.4% margin of error and a 95% confidence level (n = 299). 76% of children between one and five had been vaccinated with a 6.9% margin of error and a 95% confidence level (n = 291). Although the coverage rate for under-ones was lower than that for the one-to-five age group, the difference falls within the margin of error and was therefore not statistically significant. Only 10% of the under one sample and 8% of the 1 - 4 year old sample had observable die on the finger during the coverage survey. Only one child of the total sample (n = 590) had been vaccinated twice during the weekend.*

In addition to AFP rates, a key indicator of the quality of AFP detection and reporting, is the percent of AFP cases that had at least two stool samples taken within 14 days of onset of AFP.<sup>1</sup> It is important for local health authorities to collect and review these indicators for the purposes of quality assurance and improvement of an AFP case detection and reporting system. Only two projects (10%) report the percent of AFP cases that had at least two stool samples taken within 14 days of onset of AFP for their project areas. Figure 4 provides the data from these two projects. Clearly the situation in these two programs areas warrants improvement efforts.

In 2001, we encourage CORE PVOs to explore taking part in these quality assurance and improvement efforts, in those program areas where local health authorities are willing to elicit PVO support. Perhaps as a first step, CORE PVOs might participate when local health authorities review these indicators and develop action plans to improve case detection and reporting. By taking part in local assessment and planning to improve AFP case detection and reporting, PVOs can make an important contribution to national AFP surveillance systems.

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<sup>1</sup> The standard for taking stool samples is within 14 days of onset of paralysis. Beyond this period, the ability to test for existence of the virus in the stool diminishes rapidly. Also diminished is the ability to determine the type and genetic structure of the virus; crucial for identifying the location of the reservoir population from which the virus comes and adapting vaccination strategies accordingly.

Thirteen projects (69%) documented problems in the logistics and implementation of supplemental immunizations this quarter. Asia and Africa Regional technical advisors and Secretariats have also. This information is used at both national and local levels to improve planning, implementation and monitoring of future mass vaccination campaigns. Most common problems reported across the board are the following: shortages of vaccine, immunization posts not optimally located, erratic replenishment of vaccine, misunderstanding the use of 20-dose vials vs. 50-dose vials, NID volunteers with insufficient training and supervision, incorrect completion of tally sheets, and inadequate planning and mapping.

One example of documenting problems is when the Angola Secretariat Director studied the use of finger-dye to document OPV vaccination during an NID this quarter in Luanda. The use of finger dye is proposed as a way to help identify children missed during house-to-house searches and follow-up NID assessments. In Luanda, dye was overly diluted and therefore washed off too easily to be an effective indicator of OPV vaccination during a recent NID. More training is needed for vaccinators on appropriate use of dye before this can be more fully tested.

### **3.7 CORE Polio Project Management Activities**

#### ***Staffing:***

The CORE Polio Eradication Team (PET) members based in the US are David Newberry, William Weiss, Sara Smith, and Miriam del Pliego. [William Weiss replaced Richard Scott as the Deputy Director of the project this quarter]. Overseas PET members are Lee Losey, Dr. Roma Solomon, Dr. Shamim Iman, Harshni Raghav and Bal Ram Bhui. Lee Losey became the Secretariat Director for Angola this quarter and will be the Africa Region Technical Advisor. Dr. Roma Solomon continues as the Asia Regional Technical Advisor for projects in Bangladesh, India and Nepal. Dr. Shamim Imam is the Secretariat Director for Bangladesh. Harshni Raghav is the India Secretariat Director. Bal Ram Bhui has been recruited for the Nepal Secretariat Director; he will begin work in January 2001.

Three US PET members are seconded to the project from CARE and JHU. Concern has been raised about the conflicts between

time project activities and time requirements placed on staff by host organizations. Guidelines for time of seconded staff will be drafted and shared with host organizations for agreement in the next quarter.

#### ***Staff retreat and FY01 Workplan:***

The PET had a staff retreat in October 2000. At this retreat, FY01 objectives were established and the mission and vision of the CORE Polio Partners Project were updated. Based on these, a FY01 workplan was developed and submitted to USAID for approval (Annex 1).

#### ***Monitoring visits:***

David Newberry visited with AMREF Uganda and with staff from all projects in Angola this quarter. A PVO collaboration workshop was carried out in Angola with PVOs and national partners. Miriam del Pliego visited three projects in Bangladesh and observed NID activities (pre, during and post) in these three project areas. Recommendations made are provided in the sections above. Trip reports for this quarter are attached.

#### ***Project quarterly narrative reporting (self-assessment):***

A draft reporting form for projects and secretariats was provided to country secretariat directors for comment. Changes were made based on comments from the field and a final version was produced and distributed for use in January 2001 (for the period Oct – Dec 2000). The experiences with this form will be evaluated and an updated form will be developed for use in April 2001. The information from project reports using this form has been used to develop this report. The information is used by the CORE Polio headquarters team to monitor project objectives and indicators.

#### ***CORE Polio PET quarterly narrative reporting:***

This report represents a new format that reflects the mission, objectives and workplan developed at the October PET planning retreat. This reporting format will assist CORE to manage its activities by helping to monitor its progress toward objectives.

#### ***Database of project and financial information:***

This quarter, PET has begun work on a database that will record information about project accomplishments by project objective.

This will facilitate learning about project activities and results helping PET monitor progress toward objectives. Financial information will also be recorded on the database; this will allow analysis of spending patterns of projects helping PET monitor the use of funds, anticipate annual funding requirements, and the need for modifications to project budgets and sub-agreements.

***USAID Polio Partners Meetings:***

CORE PET staff (Sara and Bill) attended the November 2000 meeting. PET staff provided a status report on the CORE project to partners and an independent evaluation team. PET learned about the status and complementary activities of other USAID polio partners.

## ANNEX 1: CORE POLIO FY01 WORKPLAN BY VISION, MISSION STATEMENTS AND OBJECTIVES

**MOTTO** - We are partners, united as a team to achieve a Polio-Free World.

**VISION** - Through our efforts:

1. Eradication of polio is accelerated by the coordinated involvement of PVOs and NGOs in national eradication efforts.
2. Collaborative networks of PVOs and NGOs are developed with the capacity to accelerate other national and regional disease control initiatives (in addition to polio eradication).
3. Relationships are strengthened between communities and international, national and regional health and development agencies.

**MISSION** - To achieve our vision we will:

### 1. Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio eradication initiatives

**Objectives:**

- A collaborative PVO organization is established in each new country supported by CORE Polio Partners Project in FY 01. (3 new countries anticipated: Mozambique, Congo, Ethiopia). Indicator: MOI signed between funded PVOs.
- A collaborative PVO organization is represented on the national ICC in each country supported by the CORE Polio Partners Project by the end of FY01 (Countries with ICC: Uganda, Angola, Mozambique, Congo, Ethiopia, Bangladesh, India, Nepal). Indicator: Activity reports document that the PVO attended at least one meeting in FY01.
- Each PVO funded by CORE Polio Partners Project will collaborate on polio eradication activities with at least one national NGO/CBO during FY01. Indicator: Activity report documents PVO working together with an NGO or CBO.

<b><i>Proposed Workplan Activities for this Quarter</i></b>	<b>Accomplished?</b>
Host collab. workshop in Angola (workplans, MOI, encourage NGO/CBO partnerships)	Yes
Meeting with Angola ICC members to request CORE representation on ICC and/or request approval of the CORE polio workplan	Yes
Assist with development of MOU between Ethiopia CORE polio partners	No
Meeting with Ethiopia ICC members to request CORE representation on ICC and/or request approval of the CORE polio workplan	No

### 2. Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

**Objectives:**

Each PVO funded by CORE Polio Partners Project will do at least one of the following in FY01:

- Technical and/or management training
- Cold chain assessments
- Improve cold chain and/or vaccine logistics systems
- Encourage private sector provision of immunizations
- Support social mobilization to increase demand for immunization services
- Encourage community participation/contribution in immunization activities

<b><i>Proposed Workplan Activities for this Quarter</i></b>	<b><i>Accomplished?</i></b>
Distribute BASICS & MEASURE manuals on assessment/supervision/planning of cold chain and NIDs	Yes

### **3. Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations**

***Objectives:***

Each PVO funded by CORE Polio Partners Project in a country carrying out supplemental immunizations in FY01 will do at least one of the following in FY01:

- Participate in preparation of plans for NIDs, SNIDs or Mop-up campaigns
- Participate in process evaluation of NIDs, SNIDs or Mop-up campaigns
- Cover gaps in operations to prepare for and/or implement supplemental immunization activities
- Participate in implementation of NIDs, SNIDs or Mop-up campaigns

<b><i>Proposed Workplan Activities for this Quarter:</i></b>	<b><i>Accomplished?</i></b>
Review new proposals to ensure PVO/NGO involvement in national and regional planning and implementation of supplemental immunization activities	No
Observe CORE Polio participation in Angola SNID and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds	Yes
Observe CORE Polio participation in Uganda Measles NID (if participating) and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds of supplemental polio immunizations	No
Distribute and encourage use of WHO checklist for micro-planning to Projects in countries with supplemental immunizations planned for FY01	Yes
Observe CORE Polio participation in Bangladesh NID and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds	Yes

### **4. Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)**

***Objectives:***

At least 50% of PVO polio projects funded by CORE Polio Partners Project will do at least one of the following in FY01:

- Support or provide training for surveillance of AFP (and other diseases);
- Support MOH efforts to incorporate AFP surveillance with surveillance efforts for other communicable diseases;
- Support poliovirus outbreak and/or AFP/polio case investigations;
- Support the communications or logistics network for the transport and testing of stool samples by reference labs;
- Support distribution of polio surveillance bulletins or newsletters.

<b><i>Proposed Workplan Activities for 3.4:</i></b>	<b><i>Accomplished?</i></b>
Distribute WHO and CDC and local epidemiological bulletins related to polio surveillance to projects	Yes
Develop email distribution list for projects (for dissemination of bulletins)	Yes

## 5. Support PVO/NGO efforts to provide long-term assistance to families with paralyzed children

### **Objectives:**

At least 50% of PVO polio projects funded by CORE Polio Partners Project will include provision of long-term assistance to families with paralyzed children within their annual workplan.

<b><i>Proposed Workplan Activities this Quarter.:</i></b>	<b><i>Accomplished?</i></b>
Provide language and technical assistance to Angola CORE polio projects for inclusion of long-term assistance activities within projects' annual workplan	Partially
Provide language and technical assistance to Uganda CORE polio projects for inclusion of long-term assistance activities within projects' annual workplan	Partially

## 6 - Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.

### **Objectives:**

Each PVO funded by CORE Polio Partners Project will do at least one of the following in FY01:

- Count zero-dose children following supplemental activities and use information about distribution of zero-dose kids to improve plans to prevent zero-dose children in next round.
- Document time from onset of paralysis cases to identification of cases by PVO or health system and/or document time from discovery of an AFP case by the PVO or health system to when the case report given to SMO and use this information to improve quality of the local surveillance system.
- Document problems in logistics and/or implementation of supplemental immunizations and use this information to improve planning of follow-up supplemental immunization rounds.

<b><i>Proposed Workplan Activities this Quarter:</i></b>	<b><i>Accomplished?</i></b>
Support Angola field-test of different types of dye for identifying zero-dose children following supplemental immunizations.	Yes
Observe CORE Polio participation in Angola SNID and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds	Yes
Observe CORE Polio participation in Uganda Measles NID (if participating) and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds of supplemental polio immunizations	No
Observe CORE Polio participation in Bangladesh NID and make recommendations for improvement in PVO/NGO participation in planning and implementation of future rounds	Yes

# CORE PEI Quarterly Report

Oct - Dec 2000

Annex 2: Polio Projects by Country

# Current CORE PEI Projects

<b>Country</b>	<b>No. of Projects</b>	<b>Potential Beneficiaries</b>	<b>USAID Funding</b>
Angola	5	1,087,467	1,065,064
Uganda	2	128,000	346,067
Bangladesh	4	1,160,798	592,083
India	5	2,434,375	1,388,916
Nepal	3	333,054	293,557
<b>TOTAL</b>	<b>19</b>	<b>5,143,694</b>	<b>3,685,687</b>

# Angola

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PVO	Location	Potential Beneficiaries	USAID Funding
Africare	Bie, Cuanza Sul Provinces	153,955	106,195
CARE	Luanda, Bie, Huila Provinces	110,000	180,915
CRS	Benguela Province (all municipalities)	433,119	213,224
SC	Cuanza Sul Province (5 municipalities)	149,921	161,169
W V	Malange, Cuanza Norte Provinces	240,472	90,915
Secretariat			312,646
<b>TOTAL</b>		<b>1,087,467</b>	<b>1,065,064</b>

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# Uganda

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PVO	Location	Potential Beneficiaries	USAID Funding
AMREF	Luwero District	95,000	183,132
MIHV	Ssembabule District	33,000	162,935
TOTAL		128,000	346,067

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# Bangladesh

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PVO	Location	Potential Beneficiaries	USAID Funding
CARE	25 thanas in 9 districts	786,375	333,250
PLAN	Dinajpur, Nilphamari and Gazipur districts, 3 urban slums in Dhaka	109,418	70,620
SC	3 thanas in Brahminbaria District	117,585	91,213
WV	6 thanas in Khulna District	147,420	97,000
Secret.	(\$ included in CARE)		0
<b>TOTAL</b>		<b>1,160,798</b>	<b>592,083</b>

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# India

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PVO	Location	Potential Beneficiaries	USAID Funding
ADRA	3 blocks in Bihar, Gujarat and Uttar Pradesh	30,000	104,687
CARE	60 high risk blocks in Bihar, Uttar Pradesh	786,375	450,000
CCF	29 blocks in 4 states: Bihar, Jharkhand, Uttar Pradesh, West Bengal	700,000	327,930
PCI	15 blocks in 3 states: West Bengal, Orissa and Bihar	69,533	189,315
WV	10 Districts in 6 states: Uttar Pradesh, W. Bengal, Delhi, Bihar, Rajasthan, Orissa and Madhya Pradesh	800,000	146,686
Secret.			110,299
<b>TOTAL</b>		<b>2,385,908</b>	<b>1,328,917</b>

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# Nepal

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PVO	Location	Potential Beneficiaries	USAID Funding
ADRA	Kavrepalanchowk District	56,000	47,674
CARE	Kanchanpur and Mahottari border districts	140,009	91,739
SC	Terai border districts of Siraha and Kailali	137,045	85,486
Secret.			68,658
<hr/>			
TOTAL		333,054	293,557

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## Annex 3. The CORE Group Polio Eradication Initiative Newsletter December 2000

### Global Polio Eradication Update

Since 1988 when the World Health Assembly launched the Global Polio Eradication Initiative, the number of wild poliovirus cases has fallen from 350,000 to less than 2000, a 95 per cent decrease. According to WHO, by the end of the year 2000, more than 190 countries and territories will have interrupted transmission and only 20 countries will remain polio endemic. Most of these countries are on the Indian subcontinent and in sub-Saharan Africa.

Transmission is considered particularly acute in Afghanistan, Angola, Bangladesh, Democratic Republic of the Congo, Ethiopia, India, Nigeria, Pakistan, Somalia and Sudan. (UNICEF has identified Nigeria, Africa's most populous nation, as a key to the effort in eradicating polio.) Other countries identified as remaining at risk are Benin, Central African Republic, Burkina Faso, Cameroon, Chad, the Democratic Republic of Korea, Egypt, Eritrea, Ghana, Guinea, Iraq, Ivory Coast, Liberia, Niger, Mali, Nepal, Sierra Leone and Togo.

The progress in the fight against polio has been due to accelerated activities, including better routine immunization coverage, improved surveillance, house-to-house vaccine delivery in high-risk and hard to reach areas, and increased numbers of rounds of National/Subnational Immunization Days and Mop Up Campaigns.

Yet, there are three challenges that remain:

- Securing access to all children, especially those in conflict areas
- Maintaining political commitment in all countries
- Ensuring sufficient financial resources from private and public sectors to meet any shortfalls

Experience in the Americas and Western Pacific where polio has been successfully eliminated, has demonstrated that the intensification of polio efforts followed by additional mop up activities is effective and that global eradication is feasible.

Though worldwide polio eradication is in sight, the last phase of the campaign is at its most critical stage. The initiative's partners are calling for intensified efforts and additional resources to wipe out the last traces of the deadly disease, which still exists due to war and inadequate infrastructure, and certify the world polio-free by 2005.

Once the process of certification is completed in every country, all nations will be able to cease their programs of routine immunization against polio. By eradicating polio, the world will be able to save approximately US\$1.5 billion each year in the cost of vaccines and even more by not paying rehabilitation costs for polio victims.

### Spotlight on Dr Roma Solomon, Regional Technical Advisor for Asia

We would like to focus one of our most valuable team members, Dr Roma Solomon. Roma is our regional technical advisor for Asia. She is responsible for India, Bangladesh and Nepal. She has vast experience working on polio eradication with Rotary, PVOs, and WHO. With her wide network of associates and knowledge of polio and the region, she is the ideal director of the secretariat. Roma's duties include providing project oversight, technical support and overseeing the country coordinators, Harshni Raghav (India), Shamim Imam (Bangladesh), and Bal Ram Bhui (Nepal).

She works closely with the coordinators to ensure smooth operations within each country. In addition, she provides training to the staff of PVOs, NGOs, and partners, facilitates collaboration and cooperation between PVOs throughout the region, maintains effective working relationships with USAID, NPSP, MOH, WHO/SEARO, UNICEF, Rotary, the World Bank and other stakeholders, and disseminates information to the PVOs and stakeholders. This past year Roma traveled extensively throughout the region to ensure the rapid and efficient start up of our programs. We are indeed very fortunate to have Roma on our team, and congratulate her on a job well done!

### Current CORE PEI Project

Country	No. of Projects	Potential Beneficiaries	USAID Funding
Angola	5	1,087,467	1,065,064
Uganda	2	128,000	346,067
Bangladesh	4	1,160,798	592,083
India	5	2,434,375	1,388,916
Nepal	3	333,054	224,899
<b>TOTAL</b>	<b>19</b>	<b>5,143,694</b>	<b>3,617,029</b>

Documents were sent to our Asian and African Secretariats to distribute to all our PVOs regarding NIDs, social mobilization and communication. Soon we will be sending our a new CD regarding Vitamin A and immunizations and the book, Disabled Village Children. hv David Werner. I ook for those in December

### New Deputy Director Joins CORE Group PEI

We are pleased to announce that Bill Weiss has joined the CORE Group Polio Partners Project as the Deputy Director, effective October 1, 2000. Bill comes to us from Johns Hopkins University School of Public Health, and has had extensive experience in child survival, management and training areas. Many of you may know him from his work regarding the use of KPC surveys by PVO Child Survival Projects. Welcome, Bill!

### WHO/SEAR EPI Technical Consultative Group Meeting

Roma Solomon, David Newberry and Sara Smith attended the Seventh Meeting of the WHO/SEAR EPI Technical Consultative Group on Polio Eradication and Vaccine-Preventable Diseases in Calcutta India, held in August. The purpose of the meeting was to review progress made toward immunization goals in the Region, with particular emphasis on achievements in polio eradication, and to advise on activities for 2000/01 required to interrupt wild poliovirus transmission.

Of special note was the Communication and Social Mobilization Working Group Meeting. Dr Roma Solomon made a presentation on the CORE Group Partners Project and its activities. She stressed that PVOs and NGOs are uniquely placed to reach the most difficult populations.

As an example of an NGO partner, Aloka Mitra, Project Director, Women's Interlink. Foundation (which partners with PCI) shared how that NGO is working with the government to reach children in slums, railway lines, canals, and red light districts of Calcutta and three other districts in the state.

Through their outreach efforts, by using community leaders, local mothers groups, youth clubs, they are able to gain access to the community. They are thus able to reach huge areas effectively and efficiently.

The working group recommendations include:

- Focus more on interpersonal communication rather than only media
- Develop specific strategies for hard-to-reach groups
- Integrate communication in overall program planning
- Develop health workers communication skills
- Motivate service providers
- Need to identify new partners - including youth
- Use participatory research for planning

Priority TCG recommendations include:

- Ensuring high quality of all NIDs planned for 2000-2001
- Giving special attention to rapid processing of stool specimens and reporting of laboratory data on highly suspect cases
- Considering any wild poliovirus isolation in 2001 to be a public health emergency

### Global Polio Partners Summit

On September 27th the Global Polio Partners Summit, was held in New York City, attended by David Newberry. The purpose of the summit was to re-focus attention on the final plans to eradicate and certify the world polio-free by 2005, and gather momentum and worldwide support. It was attended by world leaders and the major partners, WHO, Rotary International, CDC, UNICEF, USAID. To that end, summit speakers focused on the three main challenges to certifying the world polio-free by 2005:

- Accessing children in all countries especially in conflict-ridden areas;
- Generating the necessary funds;
- Ensuring the political commitment to accomplish full eradication.

A new strategic plan to accomplish this was unveiled in the summit document, *Global Polio Eradication Initiative Strategic Plan 2001-2005*. The plan highlighted the five major areas of work needed to ensure the eradication goal is met in 2005:

- Conduct effective and high quality national immunization days (NIDs), and mop-up campaigns to interrupt wild poliovirus transmission.
- Use polio eradication to strengthen and expand routine immunization services.
- Develop a consensus strategy to stop polio immunization after certification of eradication.
- Develop and sustain certification-standard surveillance and laboratory systems that can rapidly identify polio-infected areas.
- Ensure laboratory containment on wild poliovirus stocks.

The CORE Group was mentioned in the WHO document, *Global Polio Eradication Initiative Strategic Plan 2001-2005*. The CORE Group was listed as a key NGO partner, with our work of "assisting with microplanning, training, transport, surveillance and administration of supplementary immunization." Our NGOs play a key role in reaching children in conflict countries and hard-to-reach areas. Our programs are committed to providing and improving S/NIDs and surveillance in all countries.

### Newly Created Vision and Mission Statements

#### CORE PEI Vision Statement

Through our efforts:

- Eradication of polio is **accelerated** by the coordinated involvement of PVOs and NGOs in national eradication efforts.
- Collaborative **networks** of PVOs and NGOs are **developed** with the capacity to accelerate other national and regional disease control initiatives (in addition to polio eradication).
- Relationships are **strengthened** between communities and international, national and regional health and development agencies.

#### CORE PEI Mission Statement

**Build** effective **networks** and partnerships

**Support** PVO/NGO efforts to:

- **Strengthen systems** to achieve polio eradication
- Become involved in national/regional level planning & implementation of **supplement** polio immunizations
- **Strengthen AFP surveillance** (and surveillance other infectious diseases)
- Provide **assistance** to families with paralyzed children
- Participate in **certification** activities
- **Document and use information** to continuously improve the quality of polio eradication (and related health activities)

## Year After Year for Life

This article comes to us from India, focusing on the New Hope Rural Leprosy Trust, and tells the story of two men disabled with polio.

Mr. Ganapat Rajpure, a well-known figure in the field of leprosy, is a founding trustee and currently the treasurer of New Hope Rural Leprosy Trust. He is not officially a member of the PCI CORE Group Polio Eradication Initiative Committee. However, he has attended every senior staff planning meeting and reviewed every advance planning schedule. Mr. Ganapat is committed to the New Hope's polio eradication efforts, and never lets up on the Board of Trustees regarding immunizations. In times of cash flow shortage, other projects may get budgets cut or have activities trimmed, but not the immunization program.

Mr. Bhakti, age 24 years, has been with New Hope since he was a small boy. He came from one of the poorest villages in the area. Now he is literate, and is one of the most experienced crutch and caliper makers in western Orissa. People visit him and his colleague Anil to see some of the innovative ideas they have put into producing better quality calipers. The hard reality is that both Bhakti and Anil move around more like 'spiders' than young men do. Despite their extensive surgeries, the simple sad reality is that their gross deformities remain.

New Hope sponsors the New Hope Nameste Home for the Disabled, where education and skills are provided. One of the features of New Hope is the 'learn to repair your own mobility aid.' It is when we see these people struggle, not when we see what they have achieved through help and determination that must be the driving force to eradicate polio. It is not the great stories of people overcoming the disabilities caused by polio that needs to be seen and heard, rather it is the bottom line eradication of the cause, polio.

*This article was submitted by Dipti Patel of Project Concern International, on behalf of the New Hope Rural Leprosy Trust, one of their local partners in India*

### How PEI Can Strengthen Routine EPI

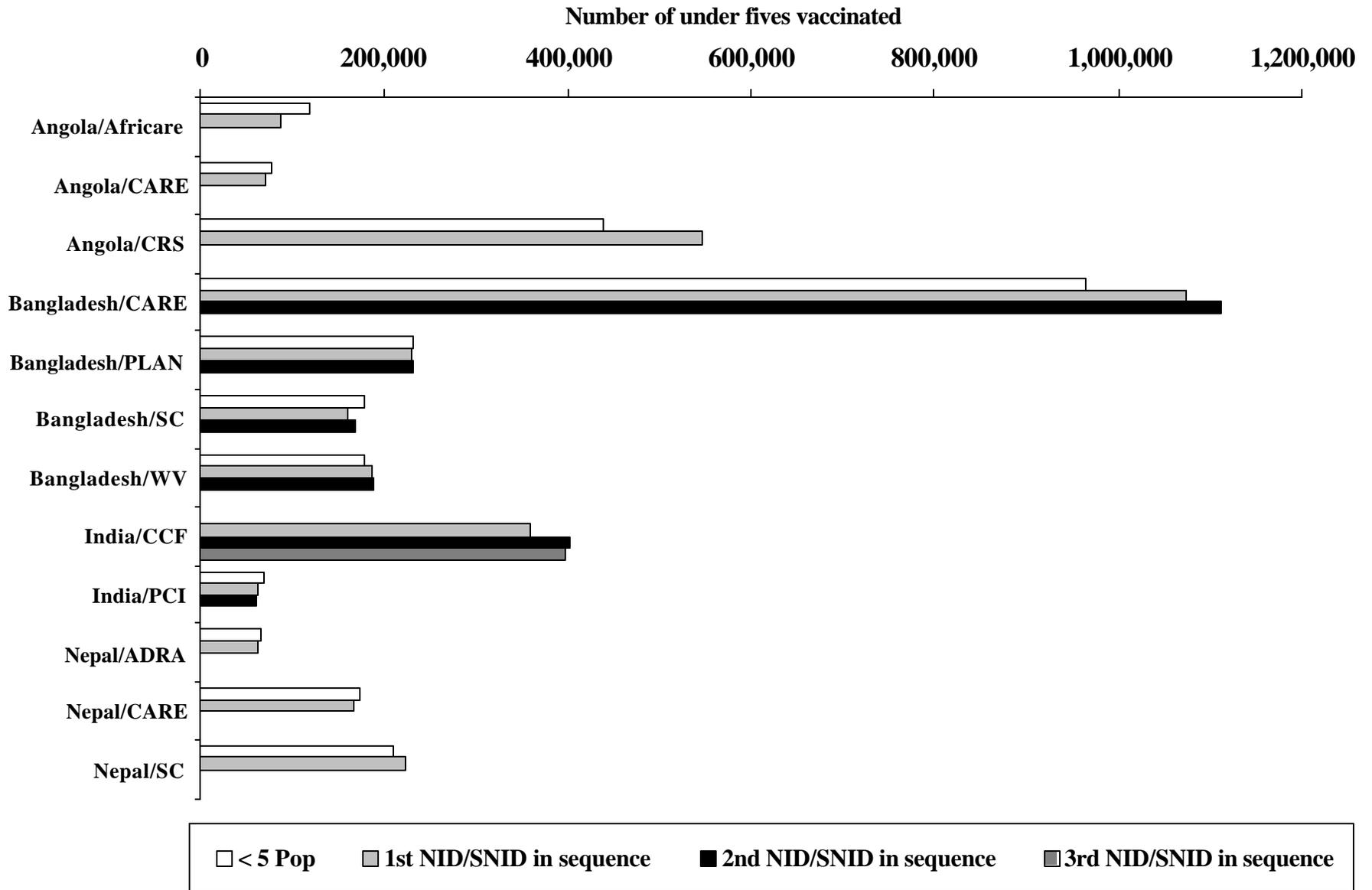
- 1) increases confidence in health care system
- 2) Improves social mobilization
- 3) Creates a demand for immunization services
- 4) Capacity building of local/regional staff through training in vaccine management, microplanning and surveillance
- 5) NIDs serve as a vehicle for Vitamin A distribution
- 6) In general, overall funding for immunization activities increases, due to PEI

# CORE PEI Quarterly Report

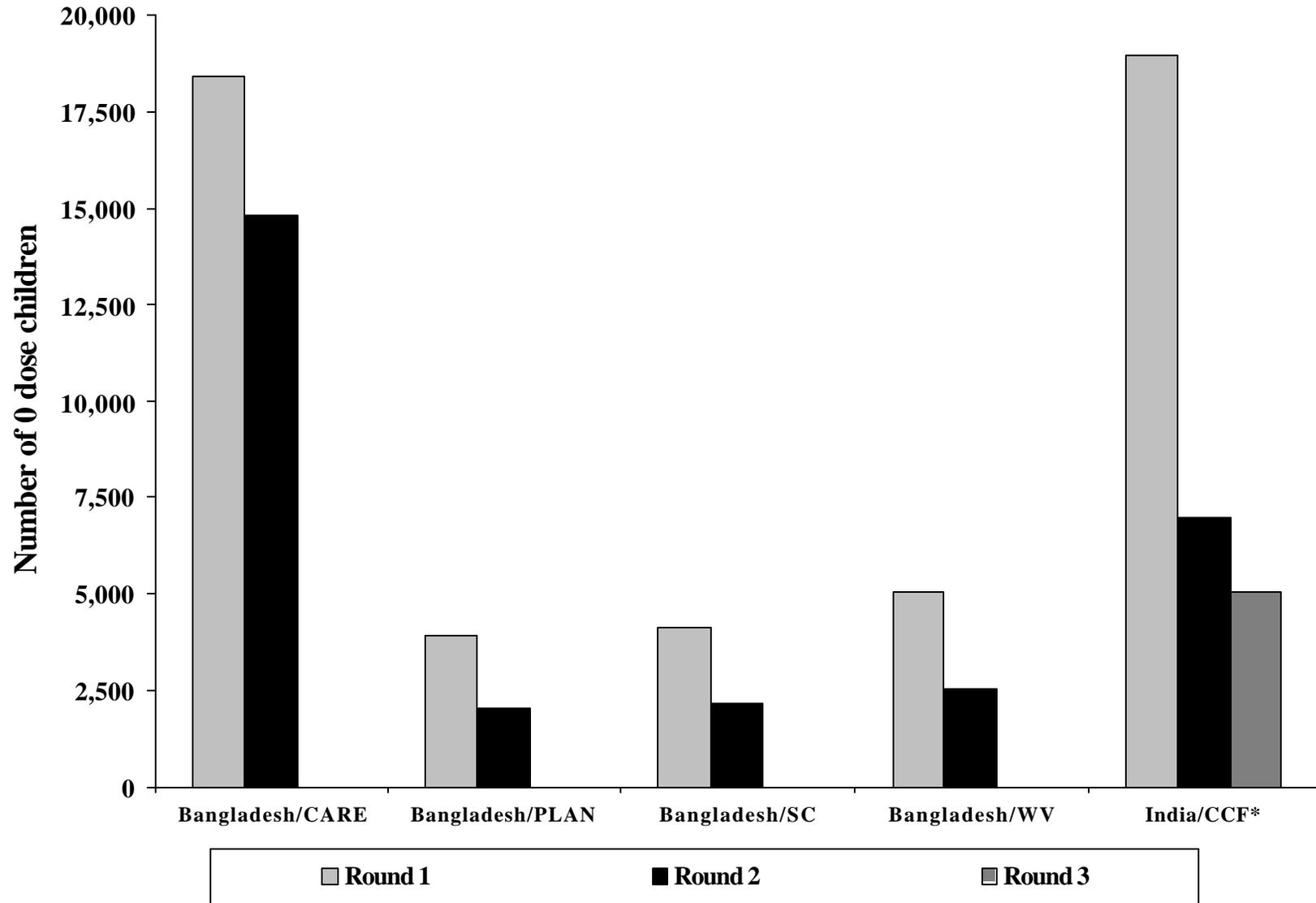
Oct - Dec 2000

Annex 4: Figures

**Figure 1. Number of under fives vaccinated during sequential NIDs/SNIDs by Project Area, Oct-Dec 2000**

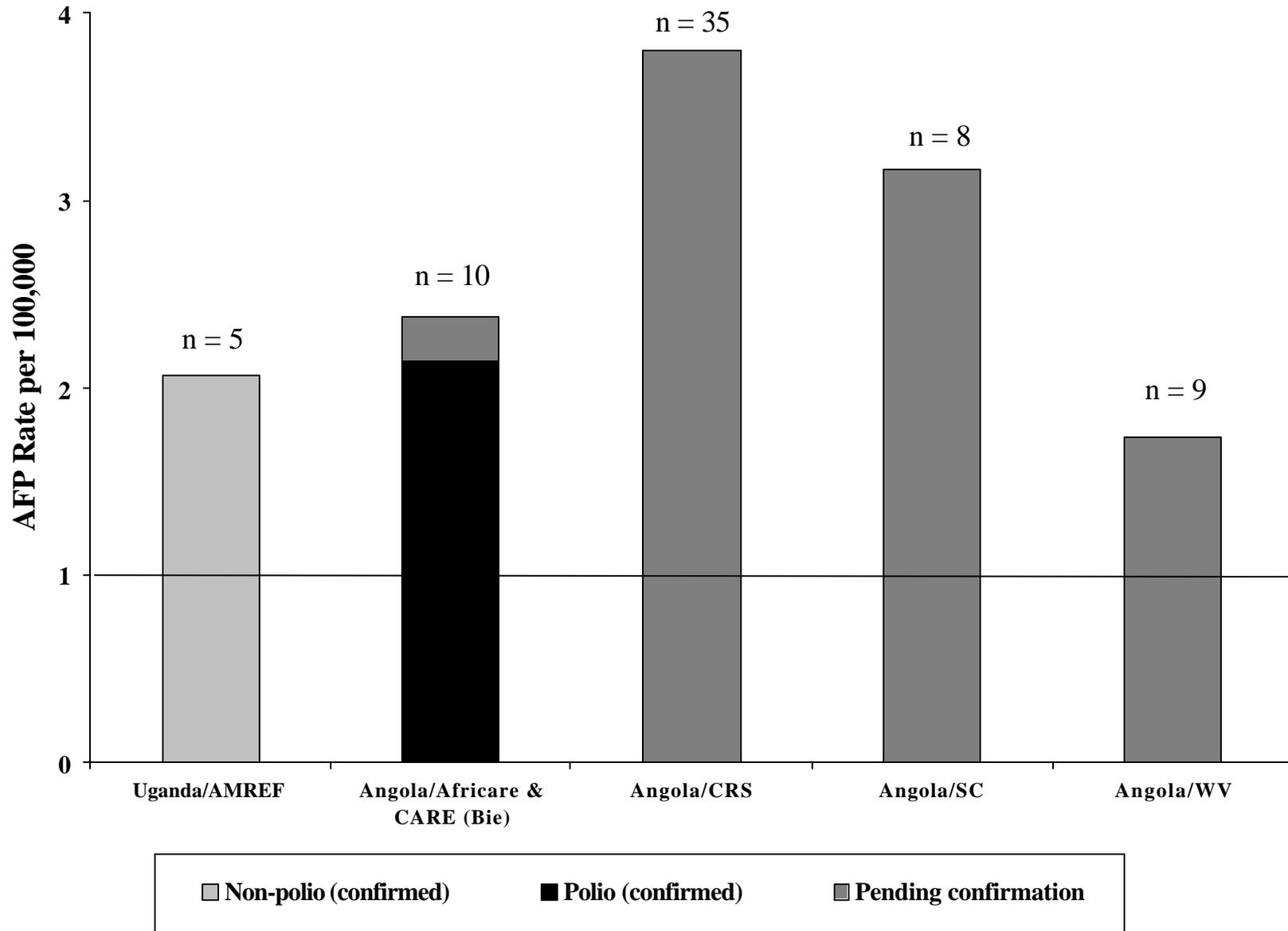


**Figure 2. Number of 0 dose children indentified during sequential NIDs/SNID rounds by Project Area, Oct-Dec 2000**



\* 1st Round for India CCF was 24 Sep SNID

Figure 3. Reported AFP Rates Per 100,000 by Project Area and AFP-Type, 2000



**Figure 4. Percent of AFP Cases with 2 Stool Samples collected within 14 days of Onset of Paralysis, 2000**

