



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

Quarterly Narrative Report

1 April through 30 June 2001



Family with paralyzed child receiving CORE PEI assistance: CRS Angola

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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
NPSP	National Polio Surveillance Program
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 (India); Social Mobilization Officer (Nepal)
SNID	Sub-national Immunization Day
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh State of India
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 April through 30 June 2001

SECTION 1. EXECUTIVE SUMMARY

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 CGPP coordinates and mobilizes community involvement in mass oral polio vaccine (OPV) immunization campaigns in high-risk areas and the hardest-to-reach populations of polio-endemic countries. The CGPP also supports PVO involvement in AFP case detection and reporting. This quarter, 19 CORE polio projects were active in the following five countries: Angola, Bangladesh, India, Nepal and Uganda.

The vision of the CGPP sees the involvement of CORE PVOs and NGO partners helping accelerate the eradication of polio. At the same time, the CGPP vision sees something of value being left behind that can be used to address other health priorities. The strategy to achieve the CGPP vision includes the following six components (our mission): (1) building partnerships, (2) strengthening existing immunization systems, (3) supporting supplemental immunization efforts, (4) helping improve the timeliness of AFP case detection and reporting, (5) providing support to families with paralyzed children, and (6) improving documentation and use of information for improving the quality of the polio eradication effort.

Building partnerships is an essential ingredient of the CGPP vision and mission. We believe that including PVOs and NGOs in existing national and international eradication partnerships will accelerate the eradication of polio. We also believe that the CGPP will develop new collaborative networks of PVOs, NGOs and partner communities and health authorities that can work together on other health initiatives after polio has been eradicated. The CGPP funds a secretariat in a country with the purpose of building a collaborative network among PVOs funded by the CGPP in that country. Currently, four of the five CGPP countries have a secretariat. In addition, the CGPP is represented on the national ICC in each of the

five CGPP countries. This is an accomplishment of an objective of the CGPP. Also, of the 19 current polio projects, 16 (84%) report participating in polio eradication coordination meetings with representatives of stakeholder organizations this quarter. Seventeen of the 19 projects (89%) also report collaborating with national NGOs or CBOs this quarter.

To achieve the CGPP vision of leaving something of value behind once polio has been eliminated from the CGPP countries, polio projects are strengthening the immunization systems in such a way as to support both polio eradication and other vaccine-preventable disease control programs. USAID polio funds are being used by CORE PVOs for the following activities that we believe will leave behind strengthened immunization systems: (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 projects have carried out at least one of these activities since the beginning of the project, which is an accomplishment of an objective of the CGPP. More projects are carrying out this kind of activity this quarter than was reported before. This quarter, the most frequently reported system-strengthening activities include social mobilization to increase demand for immunization services (89%), and encouraging community contribution to and participation in immunization activities (79%).

The CORE Group Polio Partners Project's main strength has been involvement in supplemental immunizations. This has led to many more children being vaccinated than would have without the availability of USAID funds for CORE PVOs. We believe this involvement---through planning and implementation of national immunization days, sub-national immunization days, and mop-up immunizations---is helping accelerate the eradication of polio. All 19 projects to date have reported helping with supplementary immunizations using USAID funds for CGPP. In helping implement NIDs and SNIDs, projects report participating in the

following ways: (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. Social mobilization to increase community demand for supplementary immunizations is probably the greatest value-added by CORE PVOs to national polio eradication efforts. The weakest area in the CGPP---and one area the CGPP can be most helpful---is process evaluation of mass campaigns. ***We encourage all projects to carry out and report on their process evaluation activities (some projects may have simply failed to report on these activities). Process evaluation of social mobilization and planning and implementation of mass immunization campaigns is a current priority of the CGPP.***

This quarter, 18 of 19 projects (95%) report carrying out an AFP case detection/reporting activity; all 19 projects since the beginning of the CGPP. The most frequently mentioned AFP detection/reporting activity was training and education. Sixteen of 19 projects (84%) reported carrying out this activity this quarter (16 since the beginning of the CGPP project). Least common was project support for stool sample collection. To date, only six CORE polio projects (32%) have reported supporting the network for transport and testing of AFP stool samples. Non-timeliness of stool sample collection is a critical barrier to achieving high quality surveillance for polio and AFP in polio endemic countries. ***It seems clear that remaining CGPP projects must give more emphasis to supporting timely stool sample collection, where allowed by local government authorities, and documenting the results.***

Through the CGPP effort, we expect to discover an increased number of polio and other types paralysis cases. Because of this, we encourage CORE polio projects to provide assistance to families of children identified with paralysis (from any cause). If we make efforts to find paralysis cases, we believe it is our obligation to provide assistance to these persons and their families in some way that makes sense within the local context. Eight projects (42%)---and six more than last quarter---reported providing assistance to families with paralyzed children. The CGPP

objective is for 50% of projects to include support to families with paralyzed children on their workplans by the end of September 2001. We believe this objective is achievable and we are encouraged by new efforts underway to support this activity.

The number of zero-dose children found during NID rounds was provided by nine projects, although 14 projects reported documenting zero-dose children. Four projects reported documenting "zero-dose" children for the first time this quarter. ***Note that for every project area showing zero-dose children over two consecutive mass campaigns this quarter, the number identified in the second round is significantly lower than the number found in the first round. This pattern suggests that the planning and implementation of mass polio immunization campaigns is improving over time in CORE program areas. This is the pattern we hope and expect to see in all program areas of CORE PVOs funded by the CGPP project and provides the best evidence available---although based on secondary sources and without controls---in support of this project.***

Information about zero-dose children also is used to identify specific areas with pockets of under-immunized children that can be better targeted in future NIDs. ***Few projects, however, document using this information to identify pockets of under-immunized children and improve planning/targeting for future NIDs/SNIDs as we recommend.***

A continuing management challenge for the CGPP is to continue working in areas with high-risk for polio transmission. As current project areas become less than high-risk, the specific challenge for projects is to shift activities to high-risk areas, perhaps in areas a PVO has little experience working in. Funds from donors other than CORE (including USAID missions) look promising as ways to help projects shift to high-risk areas without leaving lower risk areas without any coverage. India is involved in intensive eradication efforts and the government surveillance unit, NPSP, has identified very high-risk areas. ADRA, PCI, WV and CARE are shifting to locales that considered high-risk, especially in UP and Bihar. The USAID Mission in India has agreed to provide funds to CORE PVOs to make these shifts.

SECTION 2. BACKGROUND AND STATUS OF THE CORE GROUP POLIO PARTNERS PROJECT

In late July of 1999, the Polio Eradication Team (PET) of the CORE Group Partners Project (CGPP) was formed to fulfill the terms of a grant from the USAID Global Bureau, Office of Health and Nutrition, Child Survival Division. The project was awarded \$8 million over five years for the Polio Eradication Initiative (PEI). The CGPP coordinates and mobilizes community involvement in mass oral polio vaccine (OPV) immunization campaigns in high-risk areas and the hardest-to-reach populations of polio-endemic countries. The CGPP also supports PVO involvement in AFP case detection and reporting, and documents the participation and contribution of the PVOs toward the global eradication of polio.

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. For this reason, PVOs are well positioned to address the challenge of global polio eradication in 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.

The vision of the CGPP sees the involvement of CORE PVOs and NGO partners helping accelerate the eradication of polio. At the same time, the CGPP vision sees something of value being left behind that can be used to address other health priorities. Specifically, the three parts of the vision statement are the following:

- 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.

The strategy to achieve this vision includes the following six components (our mission): (1) building partnerships, (2) strengthening existing immunization systems, (3) supporting supplemental immunization efforts, (4) helping improve the timeliness of AFP case detection and reporting, (5) providing support to families with paralyzed children, and (6) improving documentation and use of information for improving the quality of the polio eradication effort.

This quarter, 19 CORE polio projects were active in the following five countries: Angola, Bangladesh, India, Nepal and Uganda. 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:

Country	No. of Projects	Potential Beneficiarie	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	293,557
TOTAL	19	5,143,694	3,685,687

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

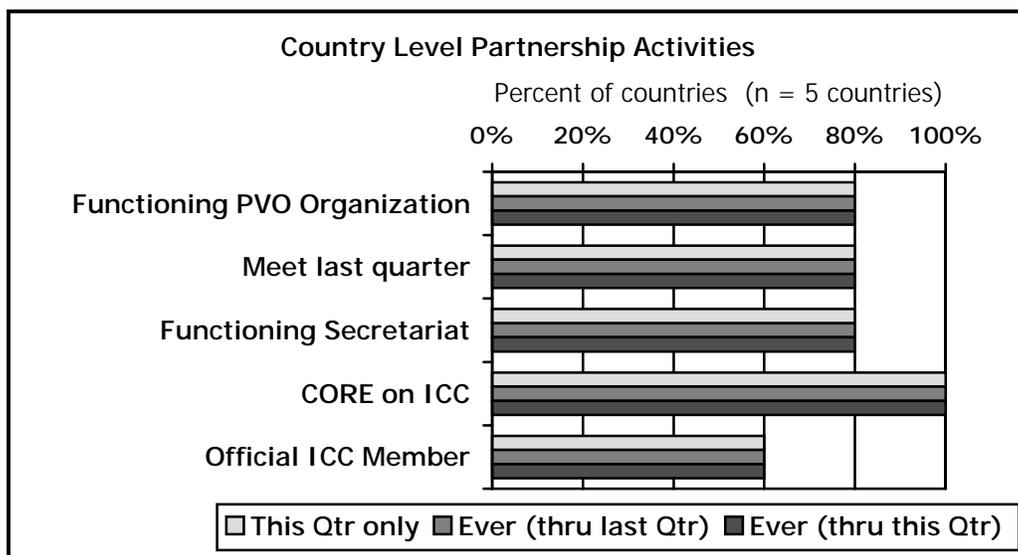
Building partnerships is an essential ingredient of the CGPP vision and mission. We believe that including PVOs and NGOs in existing national and international eradication partnerships will accelerate the eradication of polio. We also believe that the CGPP will develop new collaborative networks of PVOs, NGOs and partner communities and health authorities that can work together on other health initiatives after polio has been eradicated.

USAID funds are being used by CORE PVOs for the following types of activities that we believe will lead to effective long-lasting partnerships: (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 described provided below.

Collaborative PVO organizations

To facilitate the building of collaborative PVO organizations, the CGPP has pursued a “secretariat” strategy. The CGPP funds a secretariat in a country with the purpose of building a collaborative network among PVOs funded by the CGPP in that country. A director, who organizes collaborative meetings, training, and cross-visits, leads the secretariat. The secretariat director also helps define a common monitoring and reporting system in each country. The secretariat director acts as a liaison between PVOs funded by the CGPP in the country and CORE HQ, and the director represents the CORE PVOs on the national inter-agency coordinating committee (ICC) that is responsible for organizing the national polio eradication effort.

Currently, four of the five CGPP countries have a secretariat. 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. Only Uganda (two projects) currently does not have a secretariat but this may change with the proposed establishment of an IMCI secretariat that could also be used to coordinate immunization and surveillance activities of CORE PVOs in Uganda. There has been no change in the number of countries with a secretariat since the last quarter.



In the four countries with a secretariat, a collaborative PVO organization has been established. Each of these four collaborative PVO organizations met together this quarter. This is the same as the prior quarter.

There were no activities this quarter in Ethiopia or DR Congo as per the workplan (See Annex 1). Moving forward in Ethiopia and DR Congo awaits an amendment to the CORE PEI Cooperative Agreement (ceiling increase and time extension) that will allow USAID missions to use this mechanism to fund CORE PVOs in these countries. Therefore the objective to establish a collaborative PVO organization in each "new" country supported by the CGPP is not yet applicable.

CORE participation on national ICCs

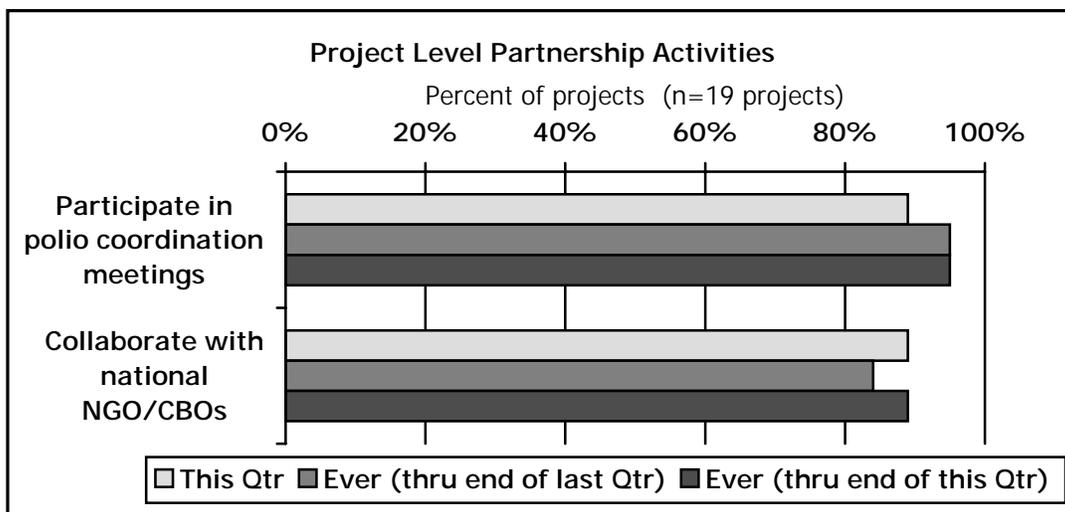
The CGPP is represented on the national ICC in each of the five CGPP countries. This is an accomplishment of an objective of the CGPP. In three countries (Angola, Bangladesh and Uganda) the CGPP representative is an officio member of the ICC. In India and Nepal, a CGPP representative is an ex-officio member of the ICC. This is the same situation as of last quarter.

CORE participation on regional or local level ICCs

Collaboration on polio eradication efforts at the project level helps develop collaborative networks that can be used in the future to address other PVO health initiatives. These networks are being established through the CGPP project. Of the 19 current polio projects, 16 (84%) report participating in polio eradication coordination meetings with representatives of other stakeholder organizations this quarter. [This is a lower number than last quarter probably due to the fact that fewer projects had NIDs or SNIDs this quarter than last quarter]. Since the beginning of the project, 18 projects (95%) report such coordination meetings.

Collaboration with national NGOs and CBOs

Seventeen of the 19 projects (89%) also report collaborating with national NGOs or CBOs this quarter; one project reported this activity for the first time this quarter. An objective of the CGPP is for all 19 projects to collaborate with a national NGO or CBO. This appears a feasible objective to accomplish by the end of FY01 given that 16 projects have already done so.



Partnership Examples from CORE PEI Projects This Quarter:

In **Angola**, **CRS** invited the Catholic Missions in Cubal Municipality---located in areas where CRS does not have access due to security reasons---for an introductory meeting about Polio Eradication. Five priests attended and committed to participate in the campaigns by picking up vaccines, taking them to their areas and vaccinating with their lay people.

CARE and **Africare** collaborated closely together in terms of volunteer training and increasing vaccination coverage in internally displaced camps in Kuito. Africare Coordinator met with CARE Health Coordinator and Provincial PAV Supervisor to find out the best way to identify the "zero-dose" children and vaccinate them as soon as possible. Vaccinations are being administered to children in internally displaced camps during food distributions and verifications to make use of the large gathering of families. Since CARE is distributing food to vulnerable people, they agreed that CARE can look for these children in IDPs food distribution points and vaccinate them immediately with OPV. After that, CARE activists send mothers to Africare vaccination Fixed Posts to have their children vaccinated with the remaining antigens and fill out the vaccination card. Africare staff trained the CARE polio volunteers to vaccinate children during food distributions. Africare has also provided CARE with tally sheets for these vaccinations. In addition, Africare, CARE, CVA, Concern, and MOH agreed to collaborate on evaluation of all the three rounds of NIDs this year through 30-cluster surveys held during two days after vaccination.

In **Bangladesh**, the secretariat held three meetings to review the 9th NID and share field experiences and lessons learned. David Newberry (**CORE PEI Director**) attended one meeting that included plans to provide assistance to families with paralyzed children.

CARE facilitated NID planning meetings in nine districts and 34 upazillas. CARE provided technical support in evaluating local findings during last round of NIDs using Independent Observer Checklist and Epi-Info. CARE presented these findings during the district NID review meetings. CARE also facilitated, in 34 upazillas, mapping of hard-to-reach areas and areas with "high risk" populations.

In **India**, all PVO coordinators attended planning meetings in May and June with NPSP to discuss CORE involvement in high-risk areas as identified by NPSP. A list of CORE field partners in Meerut, Moradabad, and Ghaziabad was shared with **Dr. Karanveer Singh**, RSO for Meerut and **Dr. Nihal Singh**, RC U.P. **Dr. Subroto Mukherjee**, CARE, said that women's groups and religious leaders should be accessed. CORE was asked to approach the *Shahi Imam* at Jama Masjid (New Delhi) for contacts in the high-risk districts. **ADRA** and CORE met with the *Shahi Imam* to request from him information about contacts in these districts. The meeting proved very helpful and valuable contacts were established with the minority community in Moradabad and Rampur.

In **Nepal**, CORE PVOs participated in the quarterly meeting on May 3-4, 2001 at the CORE Secretariat office in Kathmandu. At the meeting, PVOs shared their quarterly progress reports of polio eradication activities. In the meeting, **Mr. Lyndon Brown** and other representatives from the local **USAID** mission suggested that CORE put its main efforts on Social Mobilization and for standardization and effectiveness of polio eradication activities in all districts. He also suggested that CORE follow the checklist and local reference guide for polio eradication activities. The Core secretariat director committed to e-mailing the checklist and a reference guide to all CORE PVOs.

For another Nepal example, **SC** conducted an NGO Coordination Committee meeting to prepare for a mop-up campaign in Kailiali District. Here SC collaborated with partner NGOs (Nepal Red Cross Society, Backward Society Education, Institute of Community Health) to mobilize their members during the mop up program. These members were mobilized during the volunteer's training, supervision and monitoring of the mop up program. In Siraha District, SC coordinated the mop-up campaign activities with four NGOs (Indreni, Janajoyti, Srijana and Bhawani) to mobilize maximum number of their staffs in supervision and monitoring.

In **Uganda**, **AMREF** staff attended the 2nd National Coordination Committee for the implementation of SNIDs and mass campaign for 2001.

Sources: CORE PVO Quarterly Narrative Reports.

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

To achieve the CGPP vision of leaving something of value behind once polio has been eliminated from the CGPP countries, polio projects are strengthening the immunization systems in such a way as to support both polio eradication and other vaccine-preventable disease control programs. USAID polio funds are being used by CORE PVOs for the following activities that we believe will leave behind strengthened immunization systems: (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 projects have carried out at least one of these activities since the beginning of the project, which is an accomplishment of an objective of the CGPP. For each activity, new projects are reporting doing the activity for the first time this quarter. The most frequently reported system-

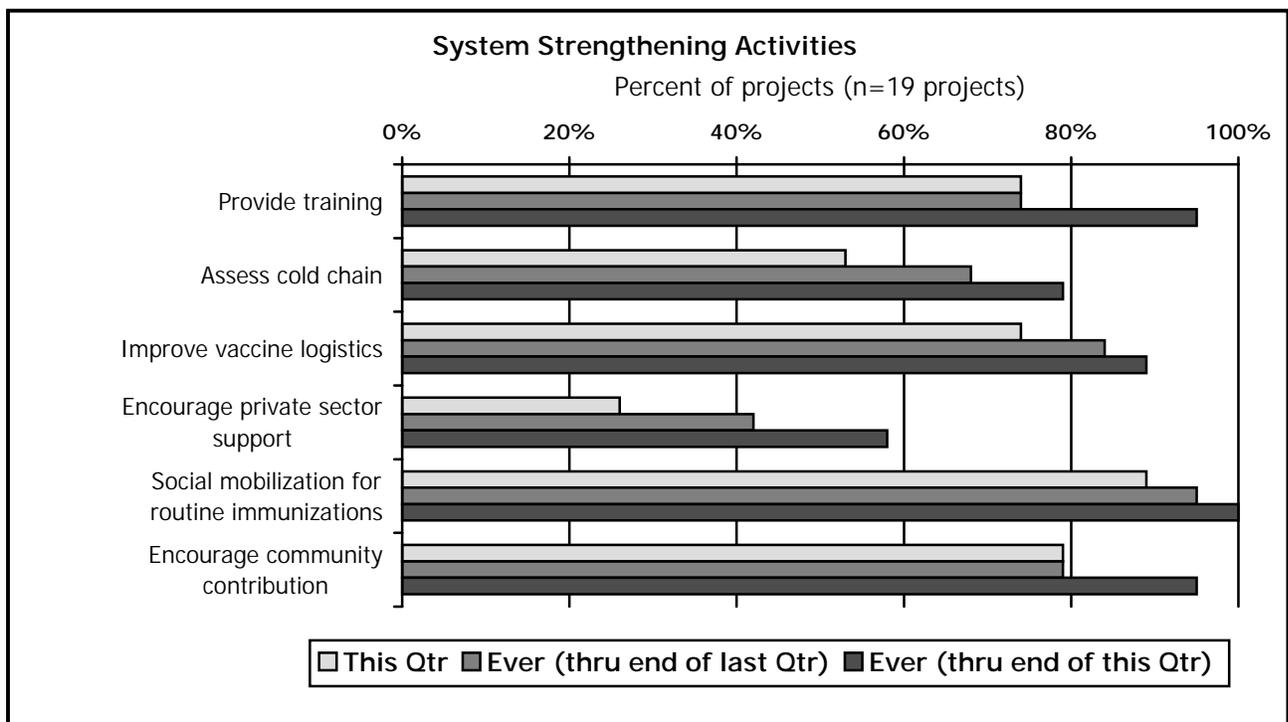
strengthening activities include social mobilization to increase demand for immunization services (100%), providing technical or management training (95%) and encouraging community contribution to and participation in immunization activities (95%). The least commonly reported activities include encouraging private sector support of immunizations and carrying out cold chain assessments. A description of each of these activities is provided below.

Improving technical and management capacity of health workers to provide immunizations

An improved capacity to provide immunizations is expected to last beyond polio eradication and be able benefit other immunization efforts. This quarter, 14 of the 19 polio projects (74%) report carrying out technical or management training related to immunizations. This number now includes four projects that had not reported this activity at all prior to this quarter.

Assess the cold chain

Understanding better the current cold chain situation is the first key step to quality improvement of the cold chain; this will benefit the entire immunization program (not just the polio eradication effort) and is a true systems strengthening activity. Fifteen projects (79%)



have reported this activity since the beginning of the project. This quarter, 10 projects (63%) report having participated in a formal assessment of the cold chain. This represents two projects that had not reported this activity previously. ***While we are encouraged that more and more projects are reporting this activity each new quarter, we encourage all remaining projects to help assess the cold chain in their project area.***

Improving quality of the immunization logistics system

Apart from assessing the cold chain, 14 of the 19 projects (74%) report working to improve the cold chain and/or vaccine logistics system this quarter; 17 projects (89%) since the beginning of the project. One project reported this activity for the first time this quarter.

Encouraging private sector involvement in immunization efforts

Having private-sector support is another way of strengthening the immunization system. This indicates that more resources of a sustainable nature are being used to prevent vaccine-preventable diseases. Three projects reported an instance of such support for the first time this quarter. Eleven projects (58%) have now reported this activity since the beginning of the program. This is a significant improvement from the last quarter when only 42% of projects had ever reported such an activity. ***We are greatly encouraged by the upward trend in reports of this activity each quarter. However, this is the weakest system strengthening activity. In addition, the reports we received continue to provide few concrete descriptions of private sector involvement in immunization efforts. We encourage projects reporting this kind of involvement to provide examples in the next reporting period.***

Increasing community demand for routine 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. This is another indicator of additional sustainable resources being used to prevent vaccine-preventable diseases. Seventeen of 19 projects (89%) report activities to increase community demand for routine immunizations this quarter. This number includes one project that had never reported this activity before this quarter. ***In sum, 19 projects (100%) have reported this activity---the most frequently reported system strengthening activity---since the beginning of the program, for which we continue to be encouraged.***

Many of the activities under this heading 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.

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.

Overall, 15 of 19 projects (79%) report some kind of community contribution to immunization efforts this quarter. This number includes three projects reporting this activity for the first time. Eighteen projects (95%) have reported this activity since the beginning of the program. ***These figures are very encouraging and represent a value-added of USAID funds to CORE PVOs. We encourage projects to continue supporting community efforts to take responsibility and ownership for their own health.***

System Strengthening Examples from CORE PEI Projects This Quarter:

In **Angola**, **CARE** conducted a one-day training session on Polio vaccination techniques for volunteers in Kuito. In May, the volunteers were able to put into practice what they have learned by vaccinating children when mothers stand in line to receive their food. The vaccination is noted on the food ration card. At the moment only zero dose children are being vaccinated per **Africare's** recommendation. So far 2,518 children have been vaccinated during May and June 2001 at food distributions. This has increased the access to vaccinations because often mothers or other family members are too busy or do not see the importance of taking a child to a fixed post. In May, **CARE** conducted a one-day refresher training for all 91 volunteers on polio detection and reporting. Supervisors also taught them about measles and tetanus. A vaccination campaign for these two diseases took place between the 14th and 19th of June and the polio volunteers and staff assisted in mobilization.

In **Bangladesh**, **WV** regularly supervises the cold chain system at district and upazila level and support key persons' assessment of the cold chain. **WV** helps the EPI technician in the program area to maintain the cold chain through supportive supervision. Through individual sessions with EPI technician, **WV** helped identify the problems and shared findings with managers and other MOH staff during monthly meeting and developed solutions. In addition, **WV** visited EPI out reach centres individually or with MOHFW staff, and shared the findings with MOHFW managers at the local level. **WV** also helped the EPI technician with advance logistic calculations, and distribution of supplies at the local level for NIDs and routine EPI sessions.

In **Bharaich, India**, an **ADRA** representative personally conducted technical and management training. In **Bharaich** there was specific emphasis laid on Social Mobilization. At a meeting with the SMO this need was identified and the SMO asked for specific assistance on this front. This is a high-risk area with a lot of resistance due to cultural constraints. The utilization of lady teachers and students made a tremendous impact on the community resulting in accessibility in areas where previously there had been total resistance.

In **Nepal**, **ADRA** supported the SMO's assessment of cold chain (and vaccine flow) in Kavre District, and efforts to find out the types of support required to strengthen the routine EPI system. The information was collected through interaction with DHO staff EPI supervisor, Cold Chain Assistant, Ilaka Health Post In-Charge, and community leaders, and through direct observation during social mobilization training in Ilaka-level health posts.

According to the cold chain protocol, Ice packs need to be changed after 36 to 48 hours in hilly region. If the VHW had to conduct EPI clinic after 48 hour of receiving vaccines into cold box, the ice packs need to be changed and need to go to the Ilaka to get ice packs. However, it was found that VHWs do not change the ice once they take the vaccines in his designated VDC. While there are adequate supply of vaccine carrier, Luxembourg, cold box, refrigerator and ice packs in district and Ilaka, the vaccine cold chain are not properly maintained.

In **Pokhari Narayansthan**, the cold boxes and ice packs were not properly utilized. All types of vaccines were kept in the same chamber of refrigerator. No thermometer kept inside the refrigerator. In VHW's vaccine cold box, it should contain liquid thermometer Insulator cover to maintain temperature, Plastic glass to keep vaccines, and Tub/Container to receive used syringes. But on observation these were not found. Discussions with the VHWs revealed that they felt they has lack of knowledge and skills in maintaining cold chain and if they are advised or monitored by DHO staff regularly, they are ready to follow the instructions and feel that they need to be replace the materials in cold box.

In **Uganda**, **MIHV** developed an active relationship with the regional Centre for the Improvement of Quality Health Care. The Centre has provided very helpful consultation surrounding different health and development 'conundrums' that **MIHV** faces in Ssembabule District. In April, two consultants from the Centre came to Ssembabule to conduct a three-day workshop in Performance Improvement and Problem Solving with members of the District Health team, as well as key **MIHV** staff. **MIHV** assisted the DMO's office with the loan of **MIHV** vehicles on an ongoing basis to conduct immunization activities. **HECLOSK** is an acronym for the newly formed Health Education Club of St. Kizito, comprised of 21 students between the ages of 15 and 16. Through **MIHV** the students received training in drama, music and chosen health topics of immunization, Vitamin A, household hygiene and HIV/AIDS. The **HECLOSK** drama troupe has been staging health education performances around the district since the end of May.

Sources: CORE PVO Quarterly Narrative Reports

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

The CORE Group Polio Partners Project's main strength has been involvement in supplemental immunizations. This has led to many more children being vaccinated than would have without the availability of USAID funds for CORE PVOs. We believe this involvement---through planning and implementation of national immunization days, sub-national immunization days, and mop-up immunizations---is helping accelerate the eradication of polio. These efforts will inevitably strengthen routine immunization program activities also.

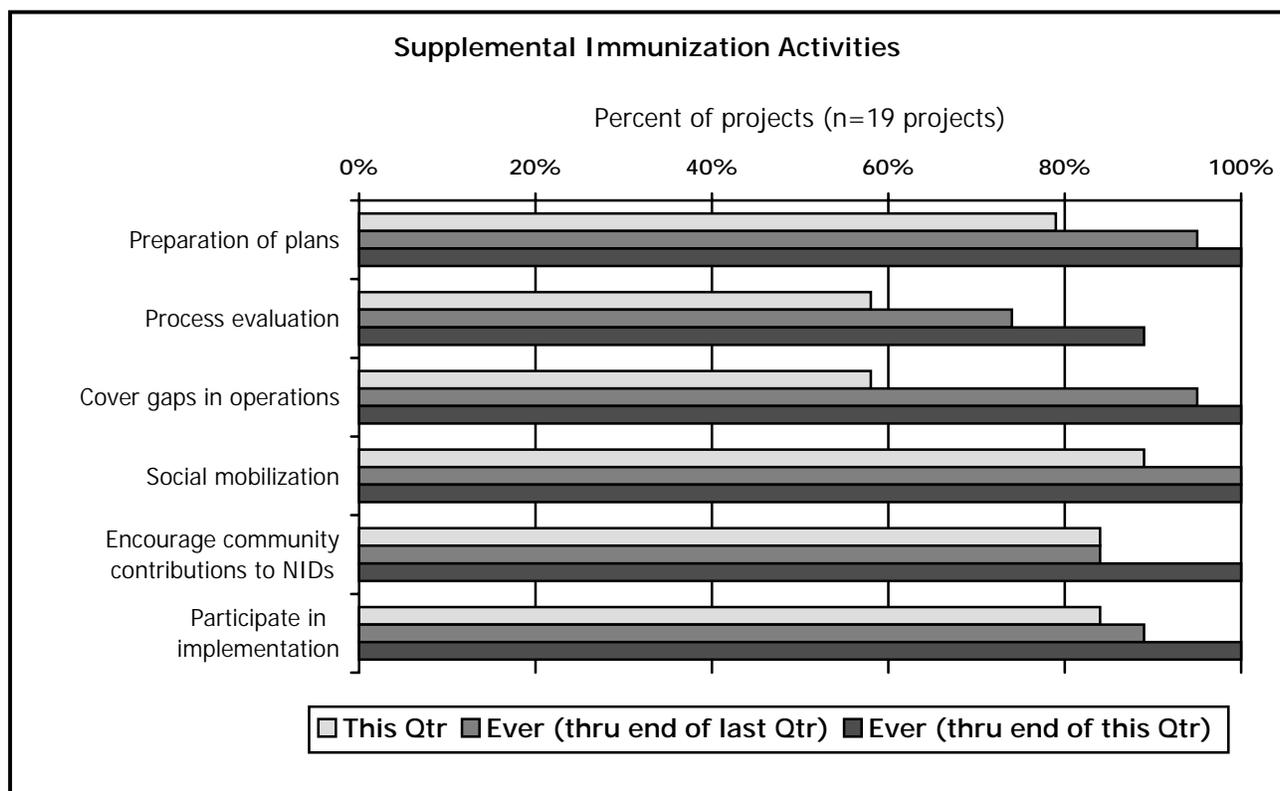
In helping implement NIDs and SNIDs, projects report participating in the following ways: (1) preparation of plans at the macro- and micro-level; (2) social mobilization; (3) taking part in implementation; (4) covering gaps in operations (planning and/or implementation); (5) encouraging community participation and contribution in the conduct of supplementary immunizations; and, (6) participating in some form of process evaluation of supplementary immunizations. A CGPP objective is that each project will support supplementary immunizations by carrying out at least one of the

above activities. This objective was already achieved in prior quarters.

What is new this quarter is that by now almost all projects have carried out all these activities. Two projects of 19 have yet to report participating in process evaluations of supplementary immunizations. We encourage all projects to report on their process evaluation activities, if they have done so (some projects may have simply failed to report on these activities). The chart below shows the distribution of activities that CGPP projects carry out to support supplemental immunizations. A description of each activity is provided below.

Preparation of plans

Participating in the preparation of NID/SNID plans is the type of collaboration activity that is key for avoiding duplication of effort and for covering gaps in operations, and is a good partnership building activity. Fifteen projects (79%) report collaborating with national and local health authorities in preparation of plans this quarter. For several projects, the plans are for NIDs or SNIDs that will take place next quarter. All projects (100%) have reported this activity since the beginning of the program.



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. Seventeen projects (89%) report carrying out social mobilization activities this quarter. For several projects, social mobilization activities this quarter are in support of NIDs/SNIDs that will take place next quarter. Since the beginning of CGPP program, all 19 projects have reported carrying social mobilization activities.

Implementation of supplemental vaccinations

In addition to supporting NIDs and SNIDs, the CGPP is also helping accelerate eradication of polio by participating in implementation. Sixteen projects report participating in the implementation of supplementary vaccination campaigns this quarter; all projects report this activity since the beginning of the program. Common features of CORE PVO involvement in actual implementation of NIDs/SNIDs are the following: (1) transportation of volunteers, vaccine and ice; (2) replenishment of vaccines and ice; and (3) providing human resources for supervision, and for vaccination teams.

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. Communities in almost all program areas in all countries of CORE PVO polio projects have provided volunteer vaccinators and/or promoters of polio eradication. Sixteen projects (84%) report some such community contribution this quarter alone; All 19 projects since the beginning of the program.

Covering gaps in operation of NIDs/SNIDs

When participating in implementation of NIDs/SNIDs, a unique value-added of funds provided to CORE PVOs is the covering of gaps in current operations led by health authorities. Eleven projects (58%) reported that they had covered a gap in operation of NIDs/SNIDs this quarter. We are encouraged that 19 projects have reported this activity since the beginning of the program.

Process evaluation of NIDs/SNIDs

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. The information should be used to improve quality of future NIDs leading to an accelerated interruption of poliovirus transmission. 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 of vaccination 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.

This quarter, 11 projects (58%) report carrying out form of process evaluation of these activities. 17 projects have reported this activity since the beginning of the program. This is the only activity in support of supplemental immunizations that all 19 projects have not reported. ***We encourage all projects to report on their process evaluation activities, if they have done so (some projects may have simply failed to report on these activities). Process evaluation of social mobilization and planning and implementation of mass immunization campaigns is a current priority of the CGPP.***

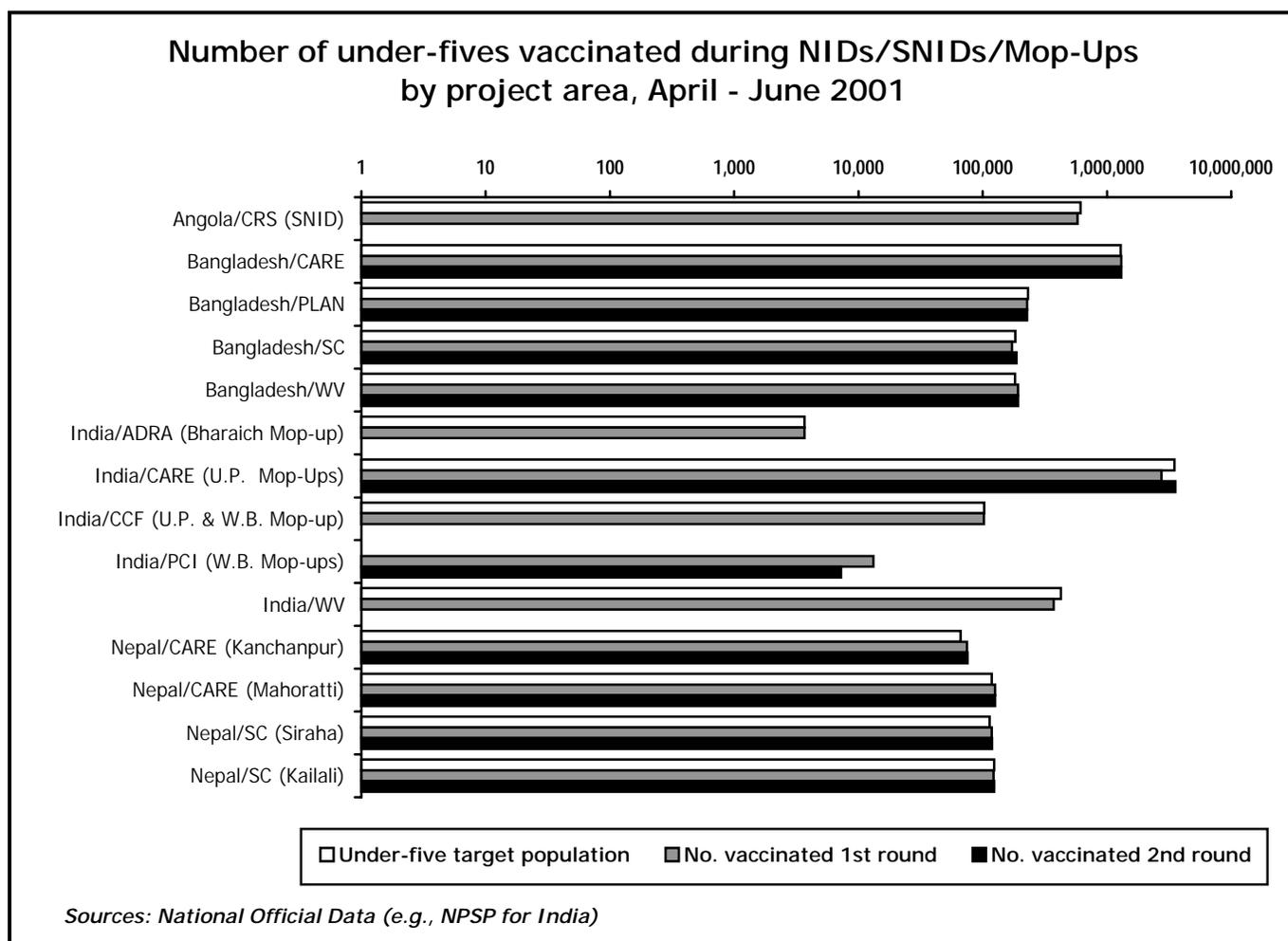
Examples of CORE PEI Support for Supplemental Immunizations this Quarter by Country

Country	Examples of support for supplemental immunizations
Angola	Two WV vaccination coordinators participated in micro-planning, social mobilization and in supervision in Manga, Kessua, Buco, Bumba and Kulamuxito during the first phase of NID on 6,7 and 8 July. WV provided the Provincial Direction of Ministry of Health Vitamin A capsules received from WV Canada that will be used during the last phase of NID. CORE Polio Secretariat Director, facilitated the micro-planning of NIDs organized in Kwanza Norte Province in which PAV Provincial and Municipal technicians participated. In that workshop, volunteer activists and community mobilizers who monitor cases of AFP were also trained. By visiting house to house the community members helped the project identify new children under five years of age amongst internally displaced persons (IDPs).
Bangladesh	SC activities this quarter primarily concentrated in implementing the 9th NIDs. No coverage evaluation was conducted nationally in the reporting quarter, however SC reviewed the reported coverage and presented findings after 1st round to improve coverage and function in the 2nd round. This was repeated at the end of 2nd round to assess the overall achievement of NIDs. For the 9 th NIDs, SC helped organize five mobile vaccination teams that used boat / taxi to reach isolated (in boat, street, island etc.) children. SC organized different social mobilization activities to increase demand for supplementary immunizations such as the following: organized folk songs in public places; held 15 mobile publicity campaigns by boat and rickshaw; conducted drum beating in 104 pocket areas / village markets; distributed 7000 handbills; displayed banner-festoon-posters; organized 46 rallies with school children, boys scouts, and NGO/CBOs; and decorated 1027 NID sites. In addition, SC mobilized 268 village security force village police (called in Bangla Chowkider) to conduct IPC on NIDs, ensured miking from 1299 mosques during both NID rounds by the Imams. Just prior to the NIDs, SC followed-up with 5313 volunteers to ensure their support and involvement using concerned union level staff. All the sessions were covered by a group of people from different (non-health) sectors and NGOs through our local initiative. Just from within Save the Children, 50 persons from different units were assigned to move around the NID sites to observe and assist in the work. The Upazila Nirbahi officer (Executive officer), as a chairperson of Polio Eradication Task Force (which was introduced as a local level initiative), issued a circular assigning all upazila-based different GO/NGO officials to visit NID sites as Independent Observers. As a result of the multiple strategies, the NIDs are becoming a multi-sectoral program locally.
India	In the month of June under the leadership of Dr. Roma Solomon, efforts were initiated to increase CORE partners' presence in the high-risk state of UP where Mop – ups were scheduled in nine districts. PCI identified new NGO partner – Bhawani Siksha Prasar Parishad in high-risk district of Ghaziabad. Based on AFP case detection record of 2000 - 2001, Hapur (Rural) and Simbhavali block were identified for interventions. As per request of the NPS officials - area of support was social mobilization and mobilizing volunteers for counseling resistant Muslim families in these blocks. Similarly efforts were made to identify new partners in the high-risk districts of Madhubani and Sitamarhi districts of Bihar. During this quarter, Mop -ups was underway in West Bengal. Due to the excellent support provided to the government system, WIF was asked to cover additional wards in Calcutta by the borough health commissioner. WIF has provided 71 volunteers in three blocks for the Mop-ups. And Calcutta Samaritans had 20 volunteers in the field. The volunteers performed following tasks - checking the cold chain, house to house rounds for vaccination, house markings, record keeping, and updating the list of the missed children for follow up. The quality of fieldwork of the volunteers has led the health department to assigned task of cross checking missed children during the mop ups to these volunteers.
Nepal	In CARE/Nepal's project area in Mahoratti District, the Social Mobilization Officer (SMO) participated in planning and process evaluation of mop-up first and second round campaigns. Following the first round mop-up, SMO joined the team that monitored the district cold chain, store and AFP surveillance system. The team consisted of representatives from Child Health Division Director, RSO and the South East Asia Regional Commission for Certification of Polio Eradication. Illaka-wise review meetings with PHC/HP and SHP were held to find out the gaps and problems during implementation of first round mop-up and ways to improve them for successful implementation of second round mop-up. CARE provided mop-up orientation to 46 local NGO representatives in close coordination with District Health Office. Among them, 20 persons (14 through NGO Coordination Committee and 6 through NGO Federation) committed to assist voluntarily as supervisors in second round mop-up. In addition, immunization committee meetings were held in all 76 VDCs of Mahottari, FCHVs made household visits prior to the campaign, some VDCs participated in the supervision program in both rounds, school announced holidays for two days, and TBAs participated actively in publicity of the campaign. Also, CARE helped the DHO do the following: organize transportation of the vaccines, develop banners to put in different public places, supervise the program, and participate in district level monitoring. CARE prepared a name list of missed children in prior rounds and sent it to all vaccination teams, through the PHCC/HP In-charges, during second round mop-up.
Sources: CORE PVO Quarterly Narrative Reports	

The chart below compares the number of under-five year old children vaccinated during NIDs/SNIDs/Mop-ups in CGPP project areas this quarter with the number of under-five children target for vaccination in these project areas. A log scale is used to compare findings across projects that have large differences in under-five populations. We can make several observations about the data in this chart:

- In most projects, the number vaccinated is at or above the estimated under-five population. This suggests that coverage achieved during mass immunization campaigns is generally very high in CGPP project areas after about one year of operation.
- In several projects, the number vaccinated is more than the estimated under-five population. This can happen when the population estimate is an under-estimate, and/or if children five years and older are being vaccinated.

- In only one project report (out of 14 projects listed in the table), did the number vaccinated drop between the first and second round. In PCI/India's project area in West Bengal, government authorities asked PCI's partner, WIF, to second its teams of volunteers during the second round for cross-checking and verification of households covered by government vaccination teams. The drop in numbers vaccinated is most likely due to the shift in personnel from vaccination activities to supervision activities.



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

The most important evaluation tool for the polio eradication effort is surveillance. Good surveillance is critical for both evaluating the effectiveness of polio eradication efforts in a country and for determining how the national eradication strategy should evolve over time. Good surveillance systems allow us to do two critical tasks: (1) determine where polio continues to be transmitted for purposes of mop up and increasing coverage; and (2) provide evidence that polio transmission has been interrupted.

Certification that a country is polio free requires a fairly sophisticated surveillance system that can provide evidence against existence of polio transmission. There are two indicators that are of primary importance for evaluating how good a surveillance system is. First is the acute flaccid paralysis (AFP) rate per 100,000 children less than 15 years of age. The non-polio AFP rate should be at least one per 100,000 because there are causes of AFP other than polio that occur at this rate (at minimum) in all populations.

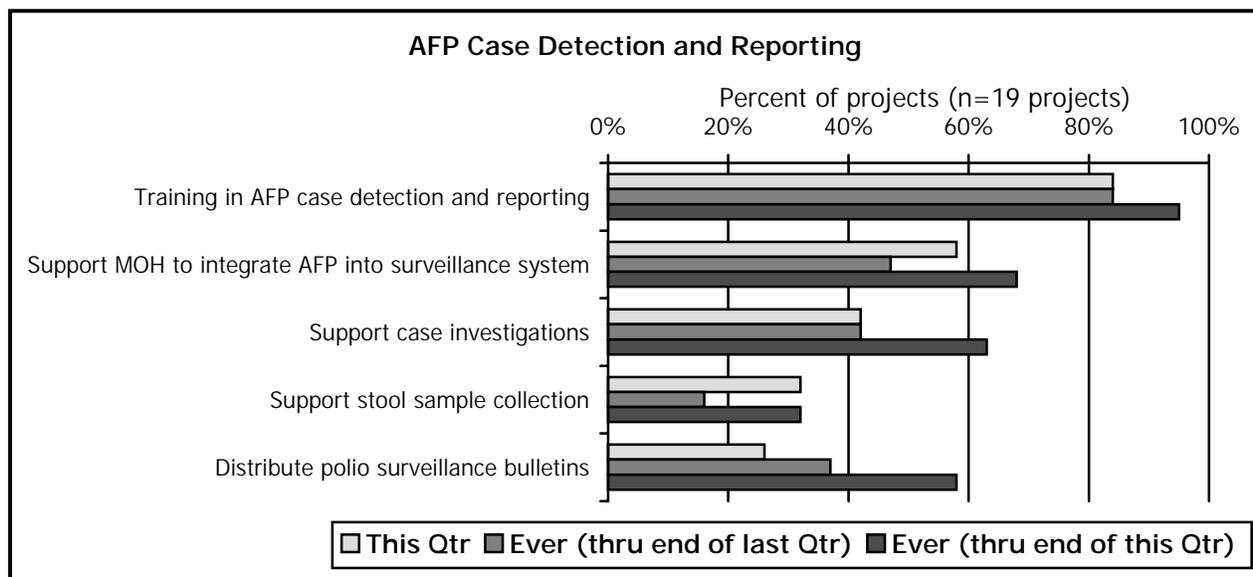
The second key indicator is the percent of AFP cases for which at least 2 stool samples were taken (between 24 and 48 hours apart) within 14 days of onset of paralysis. The timeliness of stool sample collection is important for being able to identify the existence/non-existence of poliovirus in the stool of an AFP case. Over time

(if stool samples are collected and analyzed in a timely manner), the polio AFP rate should approach zero and the non-polio AFP rate should approach the value of at least one, as the polio eradication strategies are carried out.

The graphic below shows the ways that the CGPP is improving AFP case detection and reporting. This quarter, 18 of 19 projects (95%) report carrying out at least one of these AFP case detection/reporting activities---all 19 projects have since the beginning of the project. This number of projects surpasses the CGPP objective of at least 50% of projects helping to improve AFP case detection and reporting in FY01. Most common activities this quarter include training in AFP case detection and reporting. Least common was distribution of surveillance bulletins and stool sample collection. *As recommended last quarter, CGPP projects should give more emphasis to supporting timely stool sample collection where allowed by local government authorities.* This is a critical barrier in polio endemic countries to achieving high quality surveillance for polio and AFP. 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. Sixteen of 19 projects (84%) reported carrying out this activity this quarter (95% since the beginning of



the CGPP project). This number represents two projects reporting this activity for the first time.

We continue to be encouraged that more and more projects have begun training in AFP case detection and reporting as this is the first step in improving the number of AFP cases detected in a population and in improving the number of AFP cases with adequate stool samples.

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

To date, 13 projects (68%) have reported supporting MOH efforts to incorporate case detection and reporting of AFP along with existing efforts to detect and report cases of other diseases. Eleven projects reported this activity this quarter. Twelve projects have reported supporting poliovirus outbreak investigations and/or AFP case investigations. Eight projects reported this activity this quarter. Note, however, that these eight represent four projects reporting this activity for the first time. [This may be an infrequent activity in any quarter as AFP cases tend to be rare events in most project sites]. ***We continue to be encouraged that more and more projects report supporting investigations of AFP cases, and hope to see this number increase as more and more AFP cases are detected as surveillance systems improve.***

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

To date, six CORE polio projects (32%) have reported supporting the network for transport and testing of AFP stool samples. Four of these six projects are in Angola where polio surveillance systems are heavily dependent on external support. One project is in India and one is in Nepal. The necessity of CORE PVO involvement in this activity depends on the quality of the network in the project area.

This quarter, 11 projects reported on the percent of AFP cases that had at least two stool samples taken within 14 days of onset of AFP (see charts above). Several projects had no AFP cases detected this quarter and therefore nothing to report. However, some projects with AFP cases have never reported this indicator. ***It is expected that each project will be able to find out (from local surveillance officers or from***

national surveillance programs via the CORE Secretariat) the number of AFP cases detected in the project area each quarter and also find out the number of these that had adequate stool samples. This is a key indicator of the quality of the polio eradication program in a local area and knowing the status of this indicator can motivate local action and support for quality improvement if indicated.

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. Eleven projects (58%) have reported supporting distribution of such information to date; four projects reported this activity for the first time this quarter. ***We are encouraged in the improvement in sharing of this information. As more projects increase their involvement in AFP case detection and reporting, we expect even more distribution of polio surveillance information to those workers and volunteers involved in this effort.***

The two charts below show reported AFP rates for the Year 2000 and the timeliness of stool sample collection over the last two quarters in CGPP project areas. We can make several observations from the available data shown in the charts below:

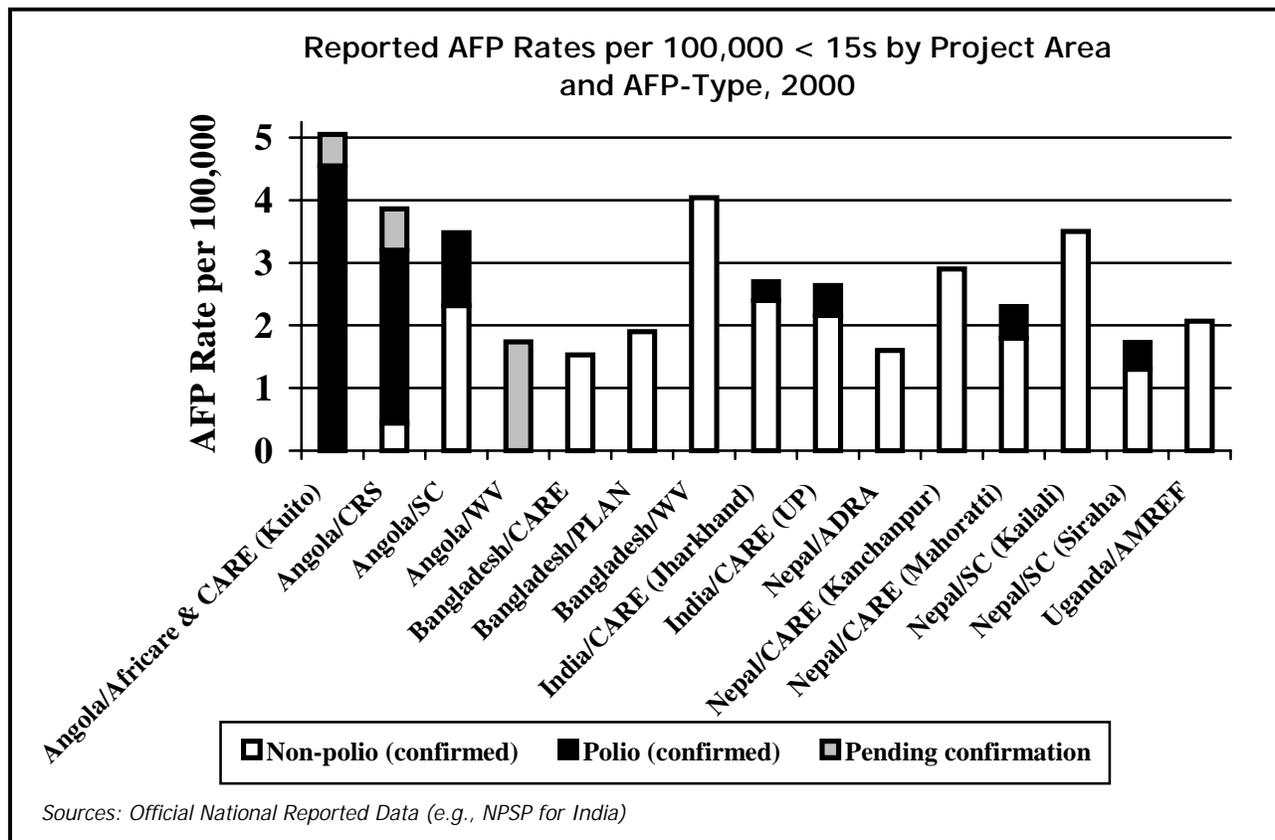
- Surveillance systems in the Bangladesh projects reporting appear sufficient enough to document a non-polio AFP rate of at least one. The collection of stool samples was timely in these Bangladesh project areas over the last two quarters.
- The surveillance system in the AMREF/Uganda project site also appears of sufficient quality. There were no AFP cases this quarter in the AMREF Uganda site to judge current timeliness of stool sample collection.
- Surveillance systems in the India appear adequate in most areas of projects reporting but not in all. Only two of the five projects are reporting government surveillance data for their program areas. Project efforts at

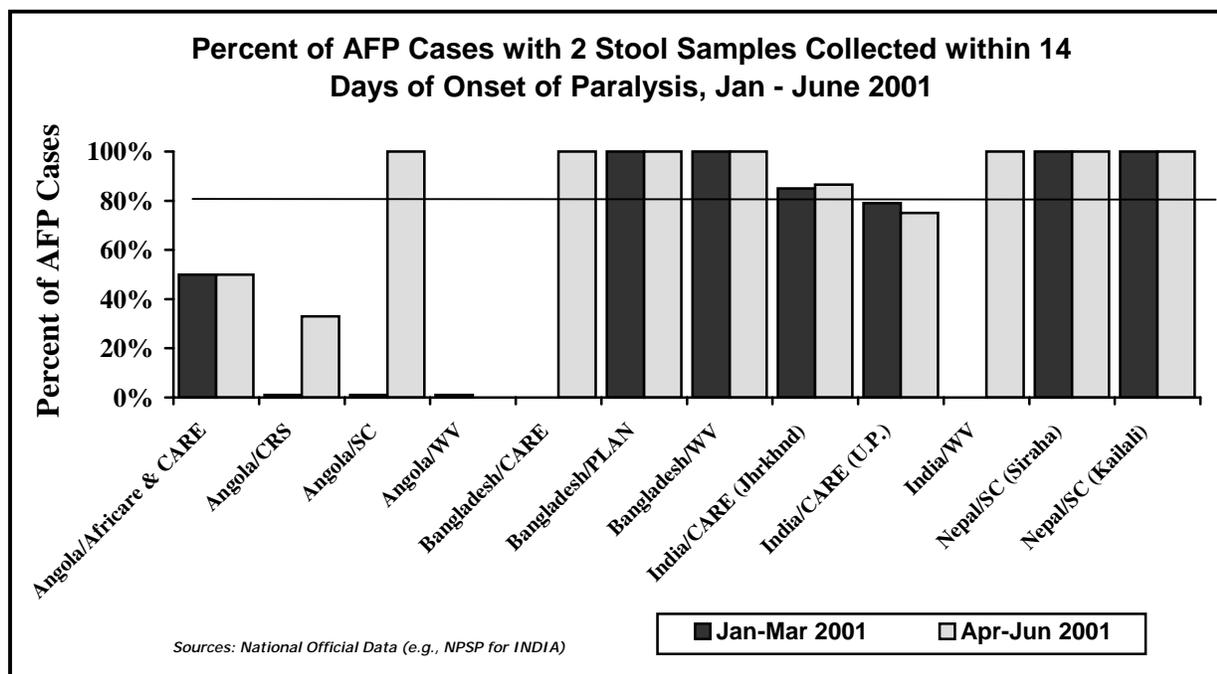
improving AFP detection and reporting by communities are expected to help the government improve these two key surveillance indicators. Therefore, it is important that project staff be aware of the status of these indicators in their program areas even if it is the government that is responsible for collection of these data. **As mentioned above, it is expected that each project will be able to find out (from local surveillance medical officers or from NPSP via the CORE Secretariat) the number of AFP cases detected in the project area each quarter and also find out the number of these that had adequate stool samples.**

- The Nepal projects show a good overall picture of AFP detection and reporting. Only one project reported an AFP this quarter and had timely stool collection for these cases across two project areas. All five project areas (covered by three PVOs) had 2000 non-polio AFP rates of at least one. Note that polio was still being transmitted in two project areas in 2000.

- The surveillance systems in Angola project areas document a fairly high level of polio transmission. This in spite of the fact that the surveillance systems are not collecting stool samples in a timely manner and polio cases may be missed. Only one project reports a non-polio AFP rate of at least one. The good news is that timeliness of stool sample collection appears to be improving even if not up to standard in most project areas.

A continuing key priority for the CGPP in the quarters ahead is to facilitate timelier stool sample collection where this falls below the standard of at least 80%. Identification of poliovirus within the stool is difficult or impossible without timely stool collection, impeding our ability to identify polio cases and to provide evidence that polio is no longer being transmitted. Knowing the current epidemiological situation is critical for deciding the correct strategy and making needed adjustments, and good surveillance is the key to this.





Spotlight on Angola: Examples of CORE PEI Support for AFP Case Detection and Reporting This Quarter

CRS/Angola, in partnership with WHO and the Provincial Health Department, organized a Polio surveillance training. The training was conducted by the EPI National Level expert and had an attendance of 7 out of 9 municipal surveillance coordinators. The training happened during the first week of June. In addition, all municipalities during this quarter were supplied with a Specimen Collection Box and kits, and technical information about Poliomyelitis. CRS is monitoring, through radio contact, the collection and shipment of the AFP stool samples in the municipalities they access by air. Also, CRS has created an integrated commission (CRS, WHO, regional MoH) to visit Ganda Municipality to investigate suspected AFP cases that were identified this quarter. Active surveillance is improving and cases are being detected earlier after onset. All five AFP cases registered during this quarter are from Ganda municipality. A SNID was conducted in Ganda in the end of April, after the detection of two cases. One more case was identified during the April vaccination campaign. Monitoring of stool sample collection shows an improvement in sample collection when compared with results of last quarter. However, more efforts are still necessary to improve sample collection. In addition, the feedback from National level to Provincial level about year 2000 and 2001 stool samples need improvement, because lab test result's information is not coming back to the local level in a timely manner.

In **SC/Angola** program areas in Kwanza Sul, three out of the four AFP cases reported in 2001 have been identified by SC community volunteers. All four cases originate from the town of Gabela. The project continued training activists to detect cases of AFP and other diseases in the three municipalities of the project. The activists were trained to recognize and report other diseases also. The volunteer 'activists' also explained to communities and leaders the importance of the detecting and reporting AFP cases. The project assisted in the transport of stool samples from the municipality of Amboim to the provincial capital (Sumbe). SC was unable to complete training due to insecurity in the Municipality of Porto Amboim. There was a shortage of sample kits to send stool samples. Results of samples are slow to come. The central level claims to have no record of three out of four of the reported AFP cases from Kwanza Sul this year.

In Kwanza Norte, where **WV/Angola** is working, the Province WHO Advisor facilitated a workshop for health educators and community mobilizers for AFP surveillance. The Vaccination Coordinator in Malange and WV's base coordinator in Malange facilitated transportation of stool samples to Luanda this quarter.

In May, **CARE/Angola** conducted a one-day refresher training on AFP detection and reporting for all 91 volunteers. Supervisors also taught them about measles and tetanus. One AFP case was identified in CARE's Kuito project area. This is a male, four year old child living in Cambandua camp. The appropriate referral by the field supervisor was made to the Provincial Ministry of Health. They were able to collect the stool sample in a timely manner and are waiting for the result. The other AFP case was identified by **AFRICARE** personnell in Kuquema a small town 18km west of Kuito. This case was identified on the 2nd of May and the Provincial Ministry of Health investigated the case nine days later. The conclusion of the investigation shows that the onset of paralysis was in January 2001, therefore no stool sample was collected. Active surveillance is becoming more difficult because of the large population movements in and out of the camps and Kuito. Inaccessibility to the municipalities remains due to security reasons. People are also moving to the larger towns in the province, however these areas cannot be reached.

Sources: CORE PVO Quarterly Narrative Reports

Additional Examples of CORE PEI Support for AFP Case Detection/Reporting this Quarter by Country

Country	Examples of support for AFP case detection and reporting
<p>Bangladesh</p>	<p>In Bangladesh, CARE organized an orientation session for community women groups (638 road maintenance crew women) on AFP surveillance to improve lay reporting of AFP cases from the community. CARE also provided technical assistance to MOH in planning and organizing five Out break Response Immunization (ORI) after any AFP reporting from the respective community., they disseminated Polio CD and Polio surveillance bulletins to other Polio partners and MOH managers.</p> <p>PLAN helped identify three AFP cases, and helped collect and send stool samples to the appropriate laboratory. SC provided training to 138 SC village staff on AFP surveillance, and also incorporated a session on AFP reporting into the EPI Volunteers training module for the planned training of 2208 volunteers.</p> <p>WV organized training for village doctors/quacks as AFP key informants. This training was facilitated by the WHO representative (SMO) & UHFPO at upazila level. In addition, WV organized training for community-based volunteers as key informants, and organized monthly volunteers' (as KI) refreshers training/meeting that included collecting reports/information of AFP cases. Inter -project staff (Mongla ADP staff of WV) were provided an orientation on AFP surveillance, as were TBAs. WV also helped the SMO investigate AFP cases. Two cases were identified as AFP by MOH staff and stool sample also collected & sent for diagnosis, but after investigated by SMO it was found that that these two cases were not AFP cases.</p>
<p>India</p>	<p>The CARE INDIA headquarters in the state of Uttar Pradesh organized training in AFP surveillance for CARE field staff. EPOS Health consultants conducted the five-day training. The resource persons were: Dr. Deviki Nandan, Head of the Department of Public Health, Agra Medical College, UP, India; and Dr. Subroto Mukherjee, Technical Specialist, Epidemiology and Emerging Diseases, CARE INDIA, New Delhi. The basic purpose of the training was to update the CARE staff regarding the AFP surveillance to support the National Polio Surveillance Project (NPSP) in reporting and tracking of cases. Topics included community participation in identifying and reporting of cases, identifying key informants, and support for stool sample collection. The training had one session fully dedicated to the understanding of the present AFP surveillance system in the country. Dr. Prakash Singh, Regional coordinator, National Polio Surveillance Project (NPSP), conducted this one-day session. The session covered the broad aspect of understanding of epidemiology, disease epidemiology, epidemiology of polio, past present and future of polio, what is surveillance, how to conduct a surveillance, methods involved in the process of surveillance & surveillance of AFP in relation to Polio. The training also included a field visit to the NPSP reporting centre and an AFP case presentation. The field visit was assisted by the Surveillance Medical Officer (SMO). The training concluded with the group developing their action plans based on their understanding of the training given so far. The action plan was oriented to suit their needs keeping in mind the local factors of the area. A similar training workshop is being organised for the CARE staff of Jharkhand.</p>
<p>Nepal</p>	<p>In Nepal, at Female Community Health Volunteer (FCHV) review meeting in April and May, ADRA provided a total of 548 FCHVs with key messages on routine immunization, NIDs and identification and reporting of acute flaccid paralysis (AFP). The FCHVs are requested to disseminate these key messages in mothers' group meetings. They were also guided on identification and reporting of AFP suspected cases to the nearest health facility/AFP reporting sites in the district (Sheer Memorial Hospital, DHO, Kavre) or to the ADRA office for timely investigation of AFP. The S/HP In Charges, who also are trained in social mobilization, will certainly help with identification and timely referral of AFP cases. In addition, the local SMO conducted a session on polio for the 24 women's literacy facilitators who participated in the post level literacy initial training. These facilitators will disseminate the message to the 600 women's literacy participants formally enrolled in the class. Simple hand-outs on Polio as guideline were also distributed to them as a reference which included definition of Polio, S/S of Polio, identification of AFP and referral centers, importance of routine immunization and NID. Polio surveillance bulletin and a set of IIEC materials were also distributed to all the participants to use as reference.</p> <p>CARE provided a one-day orientation to 37 FCHVs on polio eradication in Mahottari, emphasizing AFP surveillance, and they distributed printed materials (published from Polio Eradication Nepal) on AFP surveillance. In Kanchanpur, CARE held different trainings/workshops for teachers, FCHVs and private medical practitioners on methods of AFP case detection and appropriate channels for communication. Education materials were also distributed. A surveillance activity was initiated in Dodhara and Chandani and the communities were requested to inform the concerned authority if they find any under 15 years AFP cases. An excerpt from CARE's quarterly report is illustrative the situation in Mahottari District, Nepal:</p> <p><i>"Being one of the remote and densely populated villages of the district, Shankarpur village has all the conditions that favor polio transmission such as poor sanitary condition, low economic condition, irregular routine immunization, difficulty in accessing health services due to rivers and scattered settlements and a Muslim community. Project staff (along with the Social Mobilization Officer) visited Rafid Ansari's house at Sundarpur ward no.5 on April 13, 2001. A boy aged 20 months had suffered from paralysis with polio on December 2000. Rafid Ansari is the third child of his parents. His mother was not sure whether the child was provided OPV or not. The other children had also not given any vaccination. The sub-health post is far from the child's house. The regular immunization session was also not running regularly. The child was diagnosed as a polio case when he was brought to Kathmandu for his treatment at Kanti Children Hospital. His father works at Kathmandu.</i></p>

Additional Examples of CORE PEI Support for AFP Case Detection/Reporting this Quarter by Country

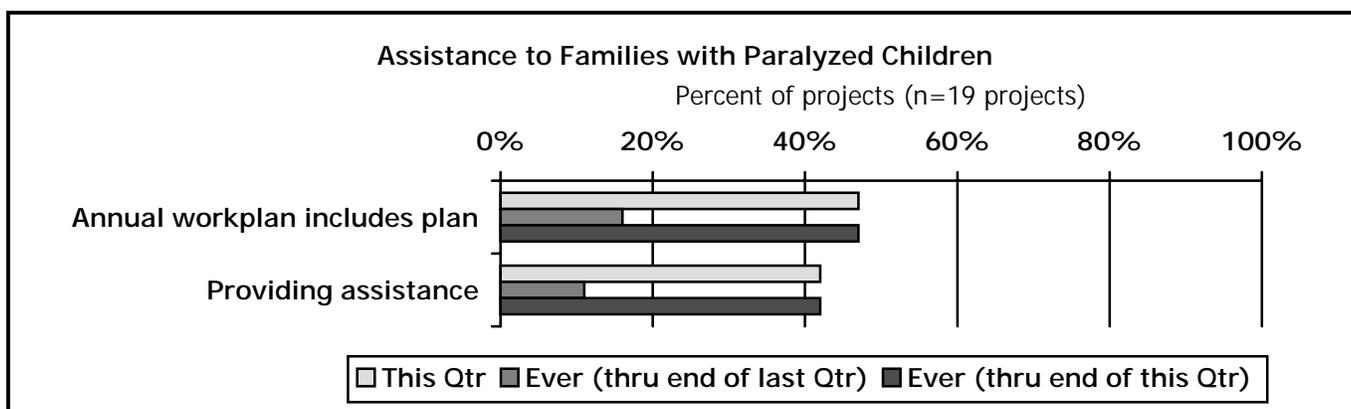
Country	Examples of support for AFP case detection and reporting
	<p><i>According to his mother the onset of paralysis was on 14 November 2000, on his right leg, after 2 days' fever. Even though the child's house is near to Bihar, India (6-7 km from the child's village) he never had traveled to India. Two children from that child's village (close neighbor) also had polio in the past among which one is from Muslim community and another is from Yadav ethnicity. Referring the conditions of those children, people were oriented about polio. It touched the people and they committed for vaccinating all under 5 children during immunization campaigns."</i></p> <p>SC/Nepal in Siraha gave a one-day orientation to 60 traditional healers (Guruwa, Bharra, Dhami, Jhankri) living in high risk VDCs. The focus was on early reporting of all cases of acute flaccid paralysis who come into contact with them in the course of seeking treatment. Similarly they were encouraged to help volunteers during the mop up program and also to VHWs and MCHWs for regular immunization. In addition, SC conducted a Mother's group orientation where the importance of early identification of AFP cases was discussed. At the end of the discussion all the participants promised to help in finding AFP cases from their area.</p> <p>In Kailali, SC staff supported the Regional Surveillance Officer during the detection, identification and reporting of AFP cases. SC also visited EPI sites for regular follow up and feedback Distribution of IEC materials viz.; polio bulletin; flip chart; pamphlets; poster of AFP surveillance etc. in coordination with Regional Surveillance Officer. Due to lack of orientation and training to the Social Mobilization Officer (SMO) regarding the investigation of AFP, it becomes difficult to investigate the reported cases while RSO goes away from his duty station. To solve this problem SMO is attending AFP TOT during this reporting period.</p>
Uganda	<p>In Uganda, MIHV hired Village Level Disease Surveillance (VLDS) data collectors who were trained/re-trained by a biostatistician from the University of Minnesota. MIHV staff were also trained in computer data entry for the VLDS program.</p>
Sources: CORE PVO Quarterly Narrative Reports	

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

Through the CGPP effort, we expect that an increased number of polio and other types paralysis cases will be discovered. Because of this, we encourage CORE polio projects to provide assistance to families of children identified with paralysis (from any cause). If we make efforts to find paralysis cases, we believe it is our obligation to provide assistance to these persons and their families in some way that makes sense within the local context.

Eight projects (42%) report that they provided some kind of assistance to families with paralyzed children this quarter. This number represents six projects reporting this activity for the first time. We are greatly encouraged that so many projects have begun supporting families of paralyzed children for the first time this quarter.

The CGPP objective is for 50% of projects to include support to families with paralyzed children on their workplans by the end of September 2001. At this point 47% of projects have already (nine projects), and so we believe this objective is achievable by the end of next quarter.



Examples of CORE PEI support to families of paralyzed children this quarter:

In **Angola**, CORE received a grant of \$3000 USD from the German Embassy to purchase crutches to support polio victims. **Handicap International** is producing the crutches. CORE PVOs will identify and register paralyzed children and provide these children crutches produced by Handicap International. CORE PVOs will develop a database of pictures of victims to help with fund raising and reporting.

In **Bangladesh**, no such activity performed in this quarter but after David Newberry's visit Bangladesh PEI projects decided to hold a workshop among the PVO partners for identification of scope of work in this field and identify the partners.

In **India**, while developing detailed implementation plan, conscious efforts have been made by the NGO partners of **PCI** to: (1) prepare list of handicapped children based on the mop up house to house visits; (2) identify NGOs working with handicapped children; and (3) explore government policies and programs for handicapped children. **New Hope** will provide physiotherapy and vocational training to the polio-affected children, post treatment counseling for the families of the children who were provided calipers to continue to use the calipers regularly.

In **Nepal**, all CORE PVOs have been assisting families with paralyzed children. An excerpt from **ADRA's** quarterly report is illustrative: "During social mobilization training at Pokahri Narayansthan VDC, the participants after class on AFP, identified and suspected one child as chronic spastic paralysis and SMO met the child, Dal Bahadur Tamang, age 14 years. For the last two years, he has been completely disabled and is unable to walk. He could not continue his study after class 2 due to same illness. The local health post In Charge had suggested/referred to hospital for needful treatment and advice, but due to the poor economic condition this could not happen. Now the family requests economical support for treatment and rehabilitative support. ADRA has decided to help the child in everyway possible. ADRA will support to Mr. Dal Bahadur Tamang, by providing Rs 2,000 for transfer up to hospital at Banepa and treatment, and also recommend him to the Hospital for Rehabilitation of Disabled Children (HRDC)."

CARE staff also visited polio as well as AFP cases, provided moral support to the family and encouraged the mother to perform exercises for the affected leg regularly. At the time of one visit it was observed that the mother was doing massage as advised by the nearby health worker.

In Kailali, **SC** staff visited the family of a paralyzed child, along with RSO, and provided counseling regarding rehabilitation of limbs with a focus on exercises. In Siraha also, **SC** staff visited the family of a polio victim, taught the family the recommended exercises, and also provided guidelines for exercises. Parents were asked to take their children to Kathmandu for rehabilitation. **SC** also coordinated with partner NGOs to support for paralyze children, and a budget has been planned for next year to support for paralyze children.

Sources: CORE PVO Quarterly Narrative Reports

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

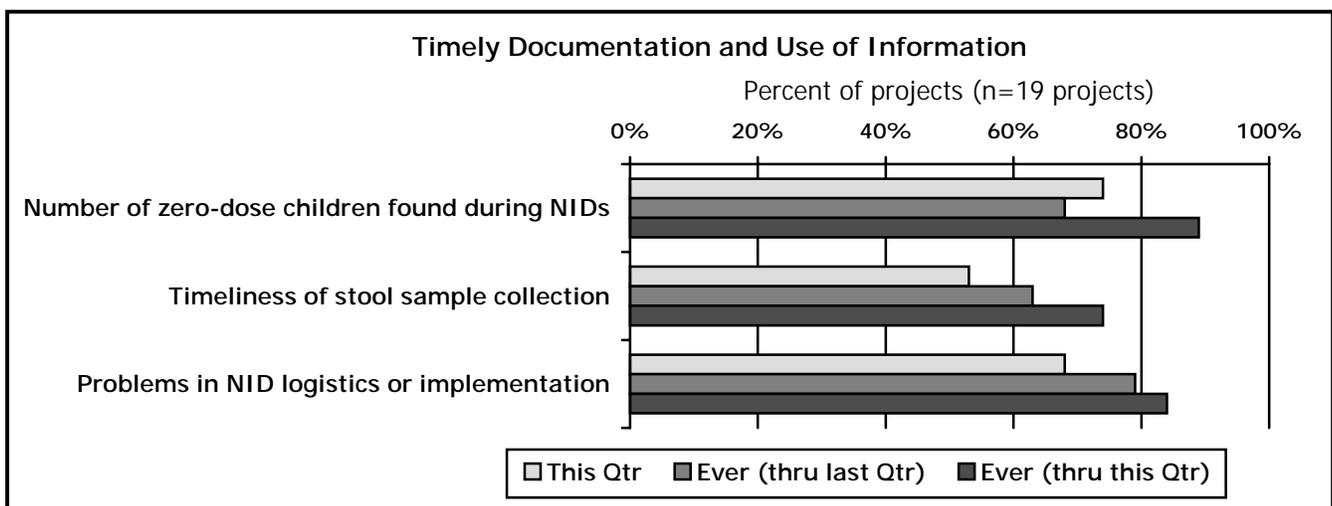
Ten projects (53%) reported on the timeliness of AFP stool sample collection this quarter; two projects reported this for the first time. Fourteen projects (74%) reported documenting “zero-dose” children this quarter; four projects for the first time. Thirteen projects (68%) reported documenting problems in NIDs logistics or implementation this quarter; one project for the first time. Eighteen projects (95%) have reported carrying out at least one of the above three documentation activities since the beginning of the program. This number approaches the FY01 CGPP objective of 100% of projects reporting at least one these three documentation activities.

We are greatly encouraged about the improvement in documentation and use of information over just one quarter and expect achievement of FY01 during the next quarter.

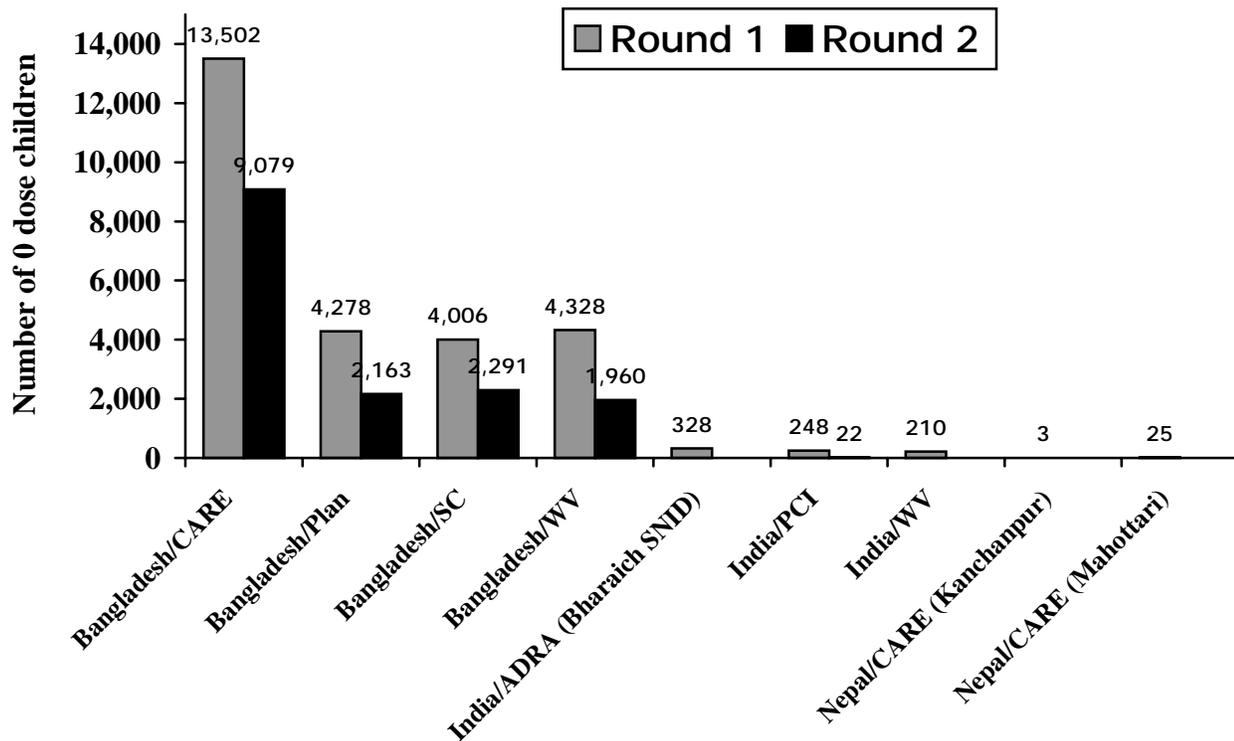
The number of zero-dose children found during NID rounds is shown in the table below for nine projects, although fourteen projects reported that they had documented zero-dose children. [The magnitude of these numbers vary by the estimated number of children under five in each project area, the type of mass campaign and/or how this is counted]. *Note that for every project area showing zero-dose children over two consecutive mass campaigns this quarter, the number identified in the second round is significantly lower than the number found in the first round. This pattern in the*

table below suggests that the planning and implementation of mass polio immunization campaigns is improving over time in CORE program areas. This is the pattern we hope and expect to see in all program areas of CORE PVOs funded by the CGPP project and provides the best evidence available---although based on secondary sources and without controls---in support of this project.

Information about zero-dose children is also used to identify specific areas with pockets of under-immunized children that can be better targeted in future NIDs. *Not enough projects, however, document using this information specifically to identify pockets of under-immunized children and improve planning/targeting for future NIDs/SNIDs as we recommend.*



Number of zero-dose children identified during
NID/SNID/Mop-Up rounds, April - June 2001



Spotlight on Bangladesh: Examples of timely documentation and use of information by CORE PEI PVOs this quarter:

CARE/Bangladesh provided technical assistance in preparing a final list of zero-dose children (those identified during NID). CARE staff attended an MOH field staff meeting that included discussions about follow-up of “zero-dose” children during routine immunization sessions.

CARE also distributed the “zero-dose” children list to other polio partners within their respective area to help include these children in the routine program. Involve in logistics planning and management with the MOHFW staff before the both rounds of NID, which was absolutely necessary for appropriate calculation of needs and proper logistic supply. Vaccine storage was done at the union level to supply in case of shortfall in addition to that all the supervisors and independent observers were carrying vaccine to replace the shortage.

PLAN staff and partners counted zero-dose children during the NIDs and child-to-child searches. The ages of '0' dose children seen in independent observer's checklists were lower than previous NIDs as expected of an effective NID effort.

SC staff has started bringing to routine vaccination services, the zero-dose children of under one-year of age found during last NIDs.

WV participated in an 9th NID 1st round review meeting at district and upazila level, where counts of zero-dose children from reports were shared & analyzed with the participants to improve next NID round planning.

Sources: CORE PVO Quarterly Narrative Reports

3.7 CORE Polio Project Management Activities

Staffing:

This quarter, Mr. Jorge Gomes started work as the Project Administrator for the Angola Secretariat. He will support the Secretariat logistically, ensure that CORE documents and reports are available in Portuguese, and represent CORE in the Director's absence.

The CORE Polio Eradication Team (PET) members based in the US are David Newberry, William Weiss, Sara Smith, and Miriam del Pliego. Overseas PET members are Lee Losey, Dr. Roma Solomon, Dr. Shamim Imam, Harshni Raghav and Bal Ram Bhui. Lee Losey continues as 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 is the Nepal Secretariat Director.

Monitoring visits:

David Newberry visited Bangladesh during the first week of June. Key points from his trip include the following:

- Two CORE Group Collaboration meetings were held. The main issues raised and covered were PEI project expansion, No Cost extension, Japanese Grassroots Proposals, quarterly reports, next steps with USAID, WHO, BRAC, IOCH, and UNICEF. The Government of Japan had released a neutral review of the CORE PVO PEI and sent these summaries to their various embassies where polio is still transmitted or imported.
- Future planning – A workshop on long and short-term disability assistance for families with AFP children will be conducted. SCF will provide materials and share experiences with CORE PVOs and interested partners. CORE partners will develop a seminar with and for donors, higher management of CORE PVOs, other NGOs, CBOs and all partners.
- The Bangladesh CORE Polio Eradication Initiative Project team has completed a very informative brochure identifying the PVO partners. They are World Vision, PLAN, Save the Children (USA) and CARE. This concise brochure provides a complete

summary of these polio partners, their collaboration interests and their individual polio eradication focus.

- David made a field visit to the World Vision project site in Khulna & Bagerhat Districts.

Project quarterly narrative reporting (self-assessment):

This quarter marks the third quarter that projects have been using a standardized quarterly narrative reporting format. This format lends itself to self-assessment of programs through analysis of performance indicators (that may include use of secondary data collection) and analysis of lessons learned and how these lessons will be applied in the future. **Continued areas for improvement include improved analysis by approximately half of projects of completed activities and of indicators; some projects have not provided any analysis, but only a description of activities.**

Database of project information:

The CORE PET is maintaining a project database that provides background information and a description of completed activities for each polio project. Next steps include development of reporting formats and printing and distribution of reports by topic area.

Key Meetings:

David Newberry, Miriam del Pliego, Sara Smith and Bill Weiss attended the annual CORE Spring Meeting on 24-26 April. At this meeting, the team presented the status of the CORE Group Partners Project, which was very well received by the CORE Group members attending the meeting. Ellyn Ogden, the USAID PEI Coordinator presented the status of the Global Eradication Initiative and commended the CORE Group's involvement.

On 30 April, Sara Smith and Bill Weiss met with representatives of the DRC USAID Mission (Lina Piripiri and Dr. Emile Bongo Beni) at USAID DC about the DRC mission supporting CORE PEI activities there. The mission has agreed to provide funding directly to the SANRU III project for polio eradication activities this year. The Global Bureau will provide funds for CORE to provide technical support of any mission-funded NGO polio activities this year. The mission agreed to provide funds to CORE in future years for technical support to mission-funded NGO polio activities. CORE will explore directly

funding other CORE members operating in DRC such as WV.

Roma Solomon, Sara Smith and David Newberry attended the 6th Meeting of the WHO Consultative Group on the Global Eradication of Polio in Geneva. Roma, Sara and David met with representatives of Ministries of Health from DRC, Angola, and India. They also met with representatives of ICRC (to initiate discussion on possible collaboration with the CORE Group), with USAID mission and Global Bureau representatives, and with WHO representatives from DRC, Nepal, Angola, Pakistan, Bangladesh and India.

During the week of May 20, David Newberry attended the US-Japan Common Agenda meeting in Hawaii. The Major meeting task was to develop a framework for future U.S.-Japan Global Cooperation. Questions related to developing better methods for successful collaboration, how to promote multi-sectoral collaboration, and how to confront challenges and barriers to collaboration. David proposed the PEI could serve as the forum for a field level operations experience for Japanese NGO staff or donor-sponsored individuals to participate in the actual polio eradication implementation process. Japanese participation was encouraged through funds, products, vehicles, computers or any foundation support.

David Newberry attended the WHO/SEAR Technical Consultative Group Meeting on Polio Eradication from 29-31 May in Yangon, Myanmar. Wild poliovirus circulation continues in north India in 2001. Thirteen wild polioviruses (P1 - 8; P3 - 5) were isolated to date of the meeting. At the meeting, the TCG endorsed, in principle, the guidelines prepared in draft by HQ, Geneva that defines suspected polio outbreaks for rapid investigation as based on clustering of compatible cases or AFP strongly suggestive of polio with onsets in a limited geographic area and within a two month period. Distribution of the Guidelines on response to a suspected outbreak of polio is anticipated in July 2001. The initial proposal was to respond to such outbreaks with re-immunization of one million children less than five years in age, with OPV in circumscribed area surrounding the suspected outbreak episode.

Performance reviews on NIDs and SNIDs show significant improvements in planning, implementation, and training of vaccinators and supervisors. The requisite funding flow needed to meet the campaign activities appears to timely from the central level to field operations. One performance problem continues to show the quality of supervision remains weak in most places, House-to-house activities do not always reach children living in the border areas, unauthorized settlements, slums and middle and upper class urban dwellings.

Financial and grant management:

Many subgrantees ended their first year period for their initial obligation of funds in the period March through May. Subgrantees with balances remaining were provided no-cost extensions through September 2001. Subgrantees without balances were given an additional obligation to cover expenses through September 2001. These modifications to subgrants will allow the CGPP to shift its funding to a fiscal year cycle beginning 1 October 2001.

The CGPP also was involved in negotiations with USAID during this period to amend its Cooperative Agreement with USAID with the following changes: (1) an extension of 2.5 years through 30 April 2006; (2) an increase in the ceiling level of the agreement in the amount of \$3 million (to allow for USAID mission funding of subgrantees through the CGPP mechanism); and (3) a reduction in the match requirement of subgrantees from 25% to 5%. [Note that this amendment was signed just prior to the completion of this report and is now in effect].

Staff training:

David Newberry and Miriam del Pliego attended Epi Info 2000 4-day training course at the US Centers for Disease Control from 15 – 18 May. This training also included instruction on Epi Map.

Miriam del Pliego attended CARE USA's 2-day training on gender and diversity issues in May.

Sara Smith attended 3-day training on project management and use of logframes sponsored by the International Eye Foundation at AFRICARE USA HQ.

ANNEX 1: CORE POLIO 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, and 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.

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

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

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.

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.

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.

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Annex 2: Polio Projects by Country

Angola

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
TOTAL		1,087,467	1,065,064

Uganda

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

Bangladesh

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
TOTAL		1,160,798	592,083

India

PVO	Location	Potential Beneficiaries	USAID Funding
ADRA	4 blocks in Bihar, Gujarat, Uttar and Andhra 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
TOTAL		2,385,908	1,328,917

Nepal

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
