



## CORE GROUP POLIO PARTNERS (CGPP) PROJECT

### Quarterly Narrative Report

1 July through 30 September 2001



Street drama for social mobilization: "Poliovirus lives in stool" (Source: CORE Nepal)

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



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## ACRONYMS

ADRA	Adventist Development and Relief Agency
AFP	Acute Flaccid Paralysis
AMREF	African Medical Research Foundation
CBO	Community Based Organization
CDC	US Centers for Disease Control and Prevention
CCF	Christian Children's Fund
CGPP	CORE Group Polio Partners
CRS	Catholic Relief Services
EPI	Expanded Programme on Immunisation
ICC	Inter-Agency Coordinating Committee
IEC	Information, Education, Communication
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
KI	Key Informant (for AFP case detection)
MIHV	Minnesota International Health Volunteers
MOH	Ministry of Health
NGO	Non-Governmental Organization
NID	National Immunization Day
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 July through 30 September 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 has now been awarded \$11 million covering seven 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.

*The CGPP is represented on the national ICC in each of the five CGPP countries. This is an accomplishment of an FY01 partnership objective. In addition, all projects have collaborated with national NGOs or CBOs. This is an accomplishment of another FY01 partnership objective.*

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 systems strengthening activities since the beginning of the project. This is an accomplishment of the FY01 systems strengthening objective of the CGPP.*

The most frequently reported system-strengthening activities include (1) social mobilization to increase demand for immunization services and (2) encouraging community contribution to and participation in immunization activities. Encouraging private sector support for immunizations remains the weakest of CGPP system strengthening activities, although this is an important activity for developing sustainable resources for immunization and health programs. *We encourage projects to think anew about how to involve the private sector actors in program areas in the polio eradication effort.*

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. 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. **All 19 projects to date have reported all of the supplementary immunization activities listed above. This surpasses the FY01 supplemental immunization objective of the CGPP.**

**All 19 projects have supported improved AFP case detection and reporting. This accomplishes the FY01 AFP detection and reporting objective.** The most frequently mentioned AFP detection/reporting activity was training and education. Eighteen of 19 projects have carried out this activity this quarter. Least common was project support for stool sample collection. To date, only seven CORE polio projects (37%) have reported supporting the network for transport and testing of AFP stool samples. In many project areas, the timeliness of stool sample collection is poor. This is a critical barrier to achieving high quality surveillance in many project areas. **It seems clear CGPP projects must give more emphasis to supporting timely stool sample collection where this falls below standards.**

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. **The FY01 objective is for 50% of projects to include support to families with paralyzed children on their. This objective has been accomplished as 11 projects have reported this. More importantly, eight**

**projects (42%) have already provided assistance to families with paralyzed children.**

The number of zero-dose children---reported over a series of mass polio vaccination campaigns this quarter---dropped significantly in each sequential round in all but two project areas. This pattern suggests that the planning and implementation of mass polio immunization campaigns continues to improve 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 can also be used to identify specific areas with pockets of under-immunized children. These areas, once identified, 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 and Angola has now provided 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 has since been awarded \$11 million covering seven 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.**

<b>Country</b>	<b>No. of Projects</b>	<b>Potential Beneficiarie</b>	<b>USAID Funding</b>
Angola	5	1,131,157	1,065,138
Uganda	2	126,336	346,067
Bangladesh	4	1,866,850	592,087
India	5	8,272,439	1,327,103
Nepal	3	473,258	346,067
<b>TOTAL</b>	<b>19</b>	<b>11,870,040</b>	<b>3,685,687</b>

This quarter, funds were made available by USAID missions for CORE polio activities to begin next quarter (beginning of fiscal year 2002). The USAID missions in Angola and India provided funds that will allow expansion of current programs into uncovered high-risk areas. In DR Congo and Ethiopia, the USAID missions have provided funds for the first time allowing CORE Polio activities to begin operations in those countries.

## SECTION 3. REPORT OF ACTIVITIES BY MISSION STATEMENT

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

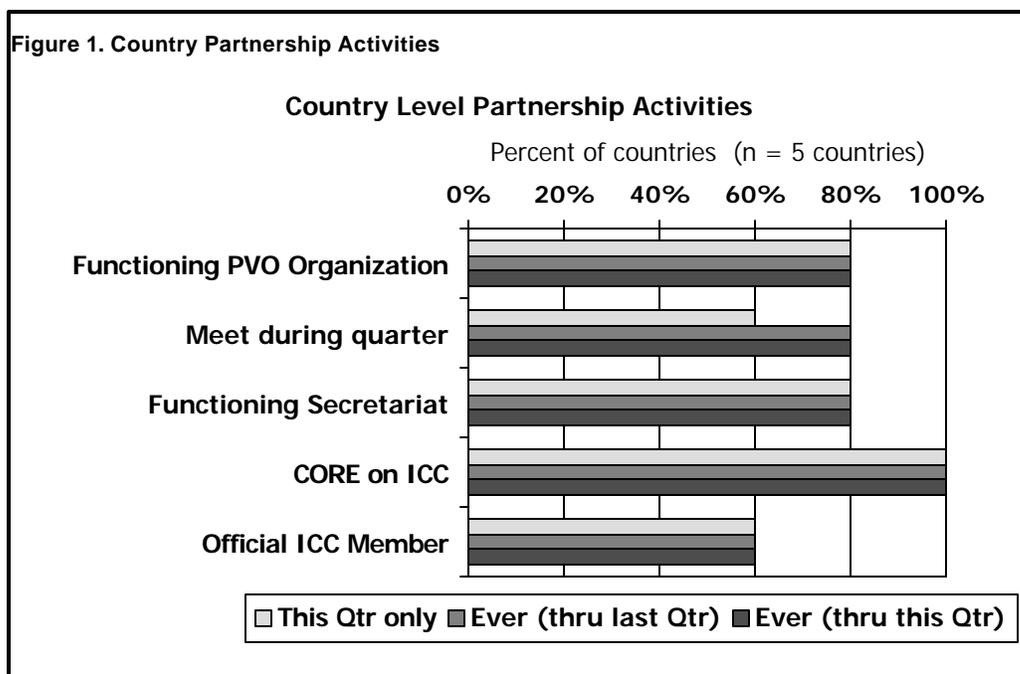
Building partnerships is an essential ingredient of the CGPP vision and mission. We believe that including PVOs and NGOs in existing national and international eradication partnerships will accelerate the eradication of polio. We also believe that the CGPP will develop new collaborative networks of PVOs, 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 currently does not have a secretariat as there are only two projects and NIDs have stopped (SNIDs continue). 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 several exploratory activities this quarter in Ethiopia and DR. Moving forward in Ethiopia and DR Congo awaits proposals from potential partners that will allow USAID mission funds CORE has received to support 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**

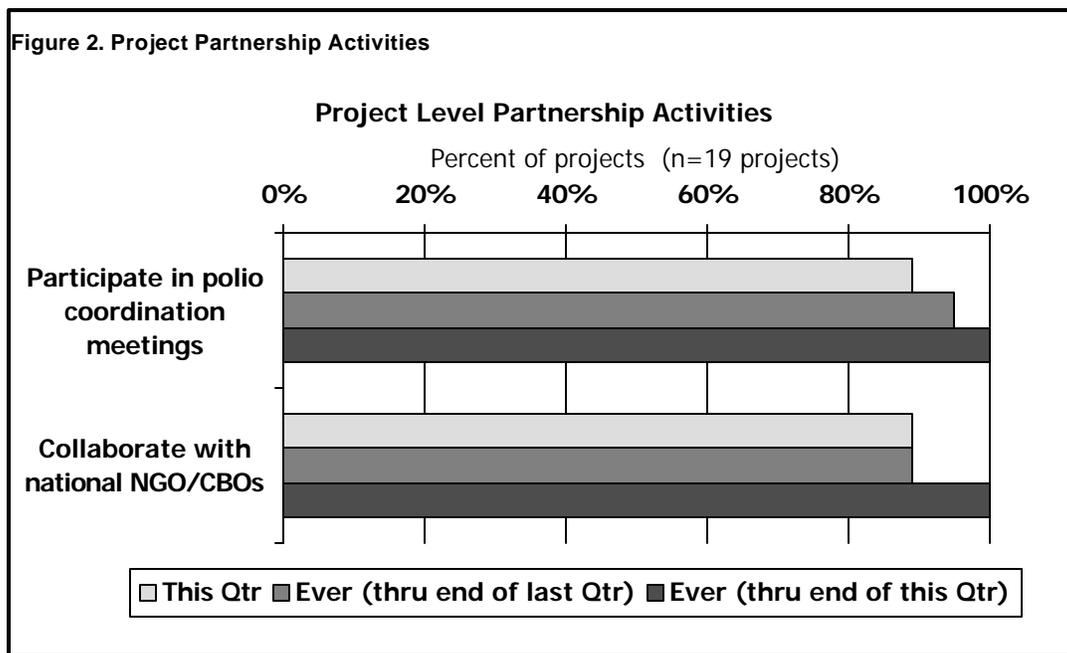
The CGPP is represented on the national ICC in each of the five CGPP countries. This is an accomplishment of an objective of the CGPP. In three countries (Angola, Bangladesh and Uganda) the CGPP representative is an officio member of the ICC. In India and Nepal, a CGPP representative is an ex-officio 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, 17 (89%) report participating in polio eradication coordination meetings with representatives of other stakeholder organizations this quarter. Since the beginning of the project, all 19 projects 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; two projects reported this activity for the first time this quarter. An objective of the CGPP for FY01 is for all 19 projects to collaborate with a national NGO or CBO. This objective has been met.



**Table 2. Examples of CORE PEI Partnership Activities this Quarter by Country**

Country	Examples of CORE Polio partnership activities
<p><b>Angola</b></p>	<p>In Kuito, <b>Africare</b> participated with the CORE Secretariat, CARE International, CVA, Concern and the MOH in three post-NID coverage surveys. In Kwanza Sul, Africare participated with CORE Secretariat, Save the Children, and Caritas de Angola in a vaccination coverage survey in Gabela Municipality. In Kuito, Conda and Seles, Africare Child Survival staff and Supervisor/ Trainer participated in all Provincial, Municipal, and Communal coordination meetings of NIDs. In addition, Africare participated as facilitator in training of Kuito's vaccinators and supervisors for NIDs. The <b>CARE</b> project has collaborated closely with Africare in terms of volunteer training and increasing vaccination coverage in internally displaced camps in and around Kuito.</p> <p><b>CRS</b> participated with the other CORE PVOs in the Polio Eradication workshop organized by CORE in Luanda. The workshop was a great opportunity to raise awareness to Polio Eradication to NGOs not currently involved in the effort. In Cubal Municipality, the Catholic Missions, located in areas where CRS has not access due to security reasons, were very active in participating in the National Immunization Days. Five priests committed to participate in the campaigns by picking up vaccines, taking it to their areas and vaccinating with their lay people. There was an increase in vaccination coverage. In addition, the Angolan Army (<b>FAA</b>) was present in the coordination meetings and participated in the NIDS in July and August.</p>
<p><b>Bangladesh</b></p>	<p>The <b>CORE Polio Secretariat</b> organized the Annual Implementation Workshop during 7-8 July 2001. All four CORE PVOs in Bangladesh were represented at the meeting. At the workshop, CORE partners shared achievements and prepared a joint Annual implementation Plan for FY02.</p> <p>The Polio Project Coordinator from <b>SC-US</b> participated in National Planning and ToT for National MNT Campaign 2001 held on 11 July. OPV vaccination was part of the program with 2 other antigens, Measles and TT. SC-US also participated in regional and district level coordination meetings for MNT Campaign and involved 16 local level NGOs in the MNT Campaign planning process and implementation during 26 August –4 September 2001. Another CORE PVO, <b>CARE</b>, established a strong network with other partners in the field : WHO, UNICEF, IOCH, National NGOs (BRAC, Proshika). CARE also took the initiative to organize and host a Regional coordination meeting among all key polio partners (MOH, WHO, CORE, IOCH, UNICEF).</p>
<p><b>India</b></p>	<p>Dr Bazliel of <b>ADRA</b>, along with Dr Roma Solomon of CORE, met with the <b>Shahi Imam</b> of the Jama Masjid, New Delhi (the spiritual head of the Muslims in India). They gave him insight into the problem of polio in his community and thus were able to get his support and cooperation to the project. As a direct result of this meeting, two community mobilizers were identified from the community in Moradabad and Rampur and propelled the activities into a faster mode. <b>ADRA</b> partner, SDA junior high school, coordinated with <b>WV</b> (Tamana) in Moradabad during the Mop Ups and was able to organize a training session by the SMO and identify the strengths and build on them. Over 100 volunteers covered two zones each in Moradabad and in Rampur urban.</p> <p>For the sake of better co-ordination and resolve problems faced by the <b>CCF's</b> partner NGO, frequent interactive meetings and visits to various government health officials were arranged. For example, Dr. Vijay Kumar and Dr. A. K. Singh from Referral Hospital, Torpa, visited Dorma Ursline Convent to assist in PEI activities. And Dorma Ursline Convent participated in the meeting conducted by WHO at the Center for Women's Development at Torpa. Dr. Chandan lal, NOIC, PHC Mandhata; Dr. Rajesh Singh, MOIC, PHC, Sukhpal Nagar, Sadar; Dr. A.k. Tendon, CHC, Sandwa Chandrika visited Jan Priya Sewa Sansthan. Jan Priya attended district level co-ordination meeting conducted by District Magistrate on July 12, 2001 to prepare planning of Mop up. And the supervisor from Referral Hospital, Basia visited Noatoli St. Ursula Project to strengthen PEI coverage.</p>
<p><b>Nepal</b></p>	<p>As an example of collaboration among CORE PVOs to carry out polio eradication activities, the Project Manager from <b>ADRA</b>, participated in the CORE PVO quarterly meeting on August 9-10, 2001 at CORE Secretariat in Kathmandu. The progress report of Kavre District, highlighting the qualitative and quantitative accomplishments made from the start to the end of July 2001, was shared during the meeting. The Annual plan for the period of October 2001 to September 2002 was also shared with other PVO partners---some of the activities were revised and added in the plan to reach down to the grassroots level.</p> <p><b>SC-US</b> participated the National level-planning workshop on responsive mopping up immunization in Kathmandu. Four districts, named Banke, Bardiya, Kailali and Kanchanpur, were selected for conducting additional round of responsive mopping up immunization. These districts were selected in response to the incidence of wild poliovirus that took place in bordering district of India in Baharaich and Pilivithi. SC-US participated the cross border meeting with Indian Counterparts. The cross border meeting with India was found fruitful in achieving the objectives for responsive mopping up immunization in Kailali district. The meeting proposed the major areas of collaboration in order to solve the problems jointly with India</p>

**Table 2. Examples of CORE PEI Partnership Activities this Quarter by Country**

Country	Examples of CORE Polio partnership activities
<b>Uganda</b>	<p><b>MIHV</b> worked with the LC5 (District) Chairman, Mr. Herman Ssentongo, in the creation of the "Take the Lead" immunization poster, as well as the creation of a weekly radio talk show, announced by Herman Ssentongo, but addressing health topics, such as immunization and Vitamin A supplementation. A strategic immunization-planning meeting was successfully conducted between all the Health Unit in-charges, Monica Binta, the DMO, and Sister Ssewamuwe from MIHV.</p> <p><b>AMREF</b> staff traveled to Bugiri and Kabarole districts to help supervise district health teams during SNIDs and a mass measles campaign. This was done on the request of the Ministry of Health.</p>
<p><i>Sources:</i> CORE PVO Quarterly Narrative Reports</p>	

### **3.2. 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. 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, 12 of the 19 polio projects (63%) report carrying out technical or management training related to immunizations. All but one project (95%) have reported this activity since the beginning of the project.

#### ***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, eight projects (42%) report having participated in a formal assessment of the cold chain. ***While projects have reporting this activity (79%), we encourage the remaining few projects to help assess the cold chain in their project area.***

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

Apart from assessing the cold chain, 12 of the 19 projects (63%) report working to improve the cold chain and/or vaccine logistics system this quarter; 17 projects (89%) since the beginning of the project.

#### ***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. Two projects reported an instance of such support this quarter. Eleven projects (58%) have now reported this activity since the beginning of the program. ***This activity remains the weakest of system strengthening activity, although an important activity for developing sustainable resources for immunization and health programs. We encourage projects to think anew about how to involve the private sector actors in program areas in the polio eradication effort.***

**Increasing community demand for routine immunizations**

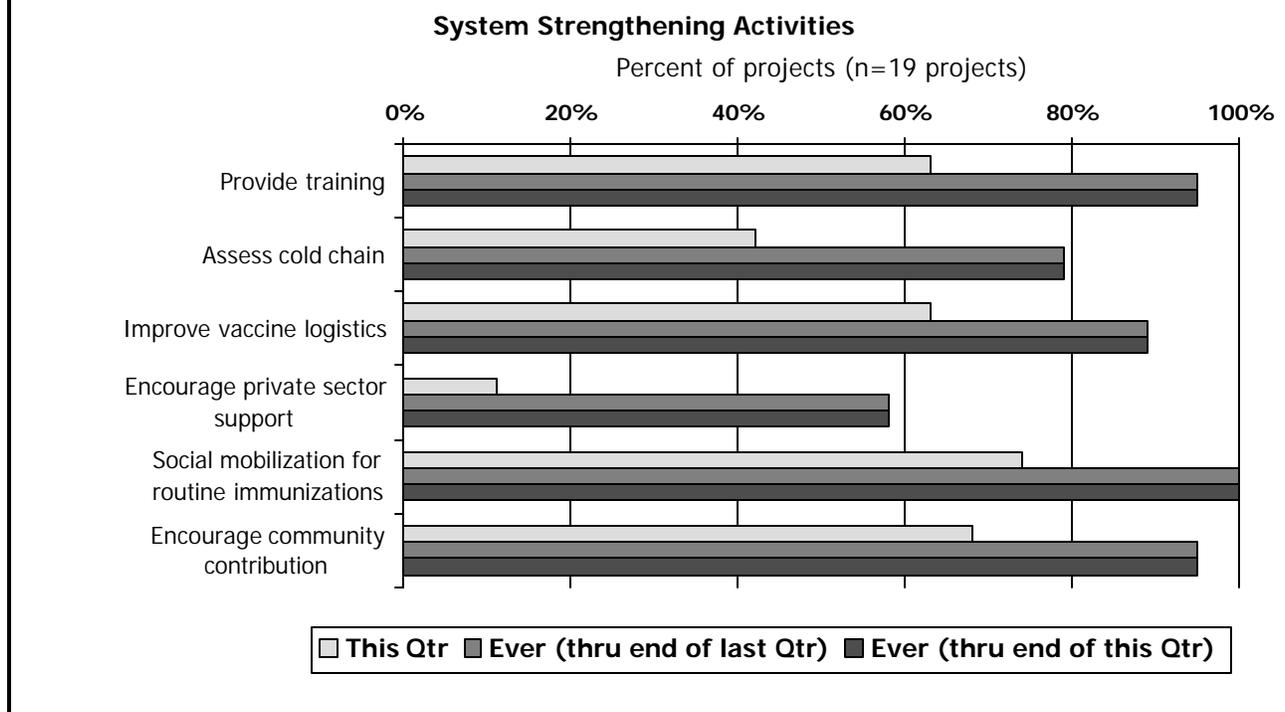
Increased community demand for routine immunizations another indicator of strengthened health systems and community ownership of efforts to provide for their own health. This is another indicator of additional sustainable resources being used to prevent vaccine-preventable diseases. Fourteen of 19 projects (74%) report activities to increase community demand for routine immunizations this quarter. **In total, 19 projects (100%) have reported this activity—the most frequently reported system strengthening activity and a value-added of USAID funds to CORE—since the beginning of the program. 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.

Thirteen of 19 projects (68%) report some kind of community contribution to immunization efforts this quarter. Eighteen projects (95%) have reported this activity since the beginning of the program. **These figures are 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.**

**Figure 3. System Strengthening Activities**



**Table 3. Examples of Activities to Strengthen Immunization Systems this Quarter by Country**

Country	Examples of CORE Polio system strengthening activities
<b>Angola</b>	<p><b>SC-US</b> hosted a seminar in Gabela on survey techniques. The training was attended by 33 participants that included 3 local MOH personnel, 4 SC's health technicians, 1 Africare health technician and 25 community activists from SCF (10), Africare (6) and Caritas (9) respectively. The seminar was for four days and had the following objectives: establish a team in Kwanza Sul equipped to undertake regular coverage sample surveys, develop baseline data on routine immunization coverage rates, especially OPV 3, train MOH and NGOs to evaluate the routine immunization system in the project areas and develop strategies for raising immunization rates. Following this, SC-US undertook a coverage survey in Amboim. A report on the survey findings was prepared and submitted to the Core Secretariat. Focus group discussions were held to verify constraints to increased vaccination coverage in Amboim. And, SC-US met with health technicians in Gabela to find out functioning of the cold-chain system.</p>
<b>Bangladesh</b>	<p><b>WV</b> carried out advocacy/social mobilization meetings with teachers, UP chairman-members, TBAs (Traditional Birth Attendance), pharmacist &amp; quacks at upazila/union level. <b>WV</b> also has monthly meetings with community based volunteers at upazila level for encouraging &amp; motivating them to participate in immunization activities. There are different levels of community volunteers and community groups in WV program areas and they have been taking a major role to increase the immunization system. In WV's program areas there are 4 Area Development Programs (ADPs), 2 nutrition projects &amp; 1 AIDS project; different health education sessions were conducted by these projects and in which they also disseminated the immunization messages.</p>
<b>India</b>	<p><b>PCI</b> supported the deployment of 988 volunteers this quarter in three states, nine districts and twenty blocks. Only 20% of these volunteers are hired on monthly honorarium; the others are part time workers participating during NIDs, Mop-ups. All volunteers are trained by the concerned Block PHC Medical Officers, SMOs and ANMs (91 volunteers trained during previous quarter). A partner of PCI, Adarsh Sewa Samiti – an NGO in U.P., identified 25 inaccessible villages with resistant communities in joint consultation with Block Medical Officer and SMOs. 25 male volunteers were identified from these communities who participated in a baseline survey, identified eligible children for vaccination, organized and coordinated ANM visits for optimal coverage of the children for routine immunization.</p>
<b>Nepal</b>	<p>In order to encourage community participation/contribution in conduct of routine immunizations, <b>ADRA</b> highlighted and explained the importance of routine immunization during community mobilization training. The routine immunization coverage of all five antigens in Kavre this year has dropped when compared to that of previous year. Some of the reasons cited by DHO staffs for this decline in the coverage are-inaccurate estimates of target population in the VDCs, lack of timely supervision and monitoring, incomplete recording of service provision due to shortage of manpower in immunization clinics, merging of some of the immunization clinics to reduce vaccine wastage rate, temporary migration of families and missing of children from the village on immunization day. To correct this situation, ADRA provided information about the date and venue of routine immunization clinics at their communities to the participants during social mobilization and community leaders training. In addition, they were requested to reallocate some of the immunization clinics in consulting with DHO and Health Post to make sure that all clinic are accessible for community people.</p>
<b>Uganda</b>	<p><b>AMREF</b> provided big fridges to each of four health sub-districts in order to have enough ice packs for new outreach sessions. <b>MIHV</b> continued an active relationship with the Regional Center for the Improvement of Quality of Health Care. Through consultation with this group, MIHV has received helpful information to improve the quality of service delivery as it pertains to immunization outreaches and static sessions at Health Centers.</p>
<p>Sources: CORE PVO Quarterly Narrative Reports</p>	

### **3.3 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 in FY01 is that each project will carry out at least one of the above activities. *This objective was already achieved in prior quarters and we have surpassed this objective because all projects have carried out all these activities.*

Figure 4. 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. Sixteen projects (84%) 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. Fifteen projects (79%) 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. Twelve 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. Thirteen projects (68%) 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. Ten projects (63%) reported that they had covered a gap in operation of NIDs/SNIDs this quarter. All 19 projects have reported this activity since the beginning of the program.

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

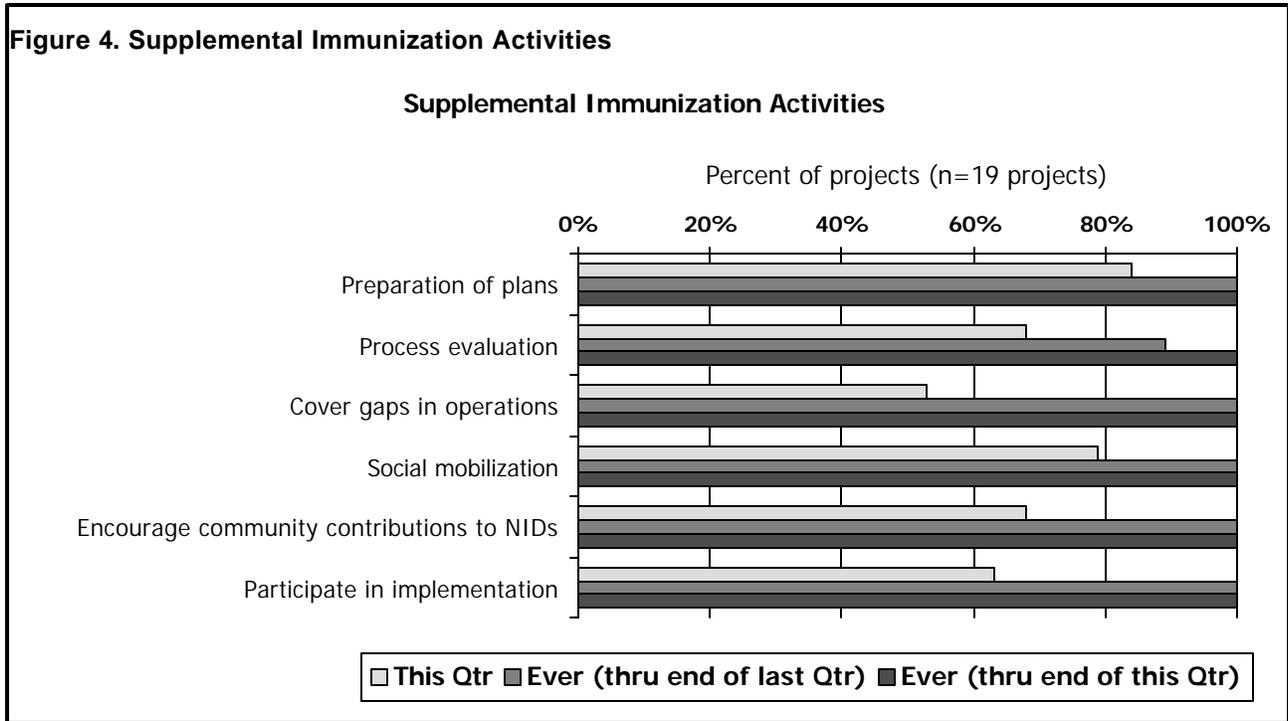
The ability to provide independent feedback on the conduct of NIDs/SNIDs is a significant opportunity

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, 13 projects (68%) report carrying out form of process evaluation of these activities. All 19 projects have reported this activity since the beginning of the program.

**Figure 4. Supplemental Immunization Activities**



**Box 1. Changing the world one life at a time**

The girls of Queen Mary’s School, New Delhi braved the searing temperatures of the July to join in the battle with polio. The Queen Mariens were given the worst and most resistant areas of Ghaziabad –Shaheed nagar, Maharajpur ,Kaushambi and Ramprastha. The students from well-to-do homes; many never have been in a slum before.

Undeterred by the mountains of filth, the overflowing gutter they walked bravely in to the slums with their colorful aprons and noisy drums, singing and chanting slogans as they made their way to the center of the area. After the songs and skits they were requested by the vaccinating teams to go along with them. At some places it was observed that houses were being marked without verifying if the children in the house had been vaccinated or not. When asked it was told that these were houses that had never taken a single dose of OPV and had always resisted the efforts of all, so far hence it was no real use in trying. Taking up the challenge the Queen Mary girls talked and cajoled through the closed doors.

The abuses they bore and the time they spent paid off in the end, when the huge wooden doors swung open and the mothers gave their precious children to the Queen Marians to administer the OPV drops. A little time and patience in which the doubts of the mothers were answered made a big difference to the life of children and to the community on the whole.

Source: ADRA India Quarterly Report.

**Table 4. Examples of CORE PEI Support for Supplemental Immunizations this Quarter by Country**

Country	Examples of support for supplemental immunizations
<b>Angola</b>	<p>There were three NIDs during this quarter: July 7th, 8th and 9th; August 9th, 10th and 11th; and September 13th, 14th and 15th. <b>CARE</b> has participated in all planning sessions for the NID 2001. Polio volunteers have been included as vaccinators during the NIDs. The polio staff and volunteers continue to conduct dramas 3 times /week at several different locations to educate parents on polio and encourage them to take their children to get vaccinated.</p> <p>In Malange Province, <b>WV</b> provided technical and logistical support in Catepa, Carreira de Tiro, Ritondo, Vila Matilde health posts in Malanje municipality through supervisory visits. Also this was done in IDP camps of Kulamuxito, Kahombo, Kunda, Kela and Kwaba Nzoji. <b>WV</b> provided one vehicle during all three National immunization days, which transported personal, vaccines and vaccination materials in accessible areas of the province.</p>
<b>Bangladesh</b>	<p>This quarter <b>PLAN</b> observed the 3rd round of the MNT (Tetanus+Polio) campaign. <b>PLAN</b> participated in preparation of plans for MNT campaign in 7 sub districts. <b>PLAN</b> prepared a joint action plan and shared this with <b>GOB</b>. The project area was expanded to another adjacent 5 sub districts, where activities were carried out in collaboration with local NGOs, clubs and leaders. <b>PLAN</b> also participated in coordination meeting with other Polio partners (Divisional level govt counterparts, WHO, IOCH/MSH, Unicef) at divisional level and shared the findings of MNT campaign. <b>PLAN</b> also provided support for logistic calculation, proper maintaining of cold chain by supervision at field level, and transport of vaccines to the hard to reach areas during the campaign. Different social mobilization activities were organized with support from local govt. NGOs and clubs. <b>PLAN</b> organized football, quiz, essay competitions, miking, puppet show, drum beating, banner display, rickshaw rally, students rally etc. <b>PLAN</b> also visited MNT sites as independent observers and shared findings with local authorities.</p>
<b>India</b>	<p>In response to the wild poliovirus identified in Uttar Pradesh, responsive mop-ups were held in several districts in July and August. Although <b>CARE</b> did not have a presence in Moradabad until recently, <b>CARE</b> developed and distributed IEC materials and helped the district administration in designing action plans for community participation in these rounds. In other districts where <b>CARE</b> has been working longer, <b>CARE</b> assisted WHO and the district administration by monitoring the campaigns and providing IEC and community mobilization support. The reports that <b>CARE</b> generated were widely appreciated by the Government and NPSP because they provided support for health authorities to take certain corrective actions. As described above, a major thrust of <b>CARE</b>'s support has been the provision of IEC materials. Government agencies had few or no IEC materials or activities for the mop-up rounds themselves.</p>
<b>Nepal</b>	<p><b>CARE</b> has part of its program area in Kanchanpur District. The Social Mobilization Officer for the district participated in responsive polio mop-up micro-planning workshop in Kathmandu on 21 August 2001. A Cross-border meeting between Nepal and India was organized at Nepalgunj, Nepal on 3 September 2001. Delegates from Nepal (including members from NGOs working in polio eradication program) and India attended that meeting. Both countries are following the decision taken in that meeting especially ensuring improved polio coverage in the border sites of western Nepal. The <b>CARE</b> Project Manager and the district Social Mobilization Officer also participated in that workshop. Similarly, the <b>CARE</b> Project Manager facilitated the District Level Coordination Committee Meeting for polio mopping-up round in Mahendranagar on 5 September 2001. All <b>CARE</b> project staff participated in the District Level Micro-Planning workshop (one day) in Mahendranagar.</p> <p><b>CARE</b> also organized regular meetings with DPHO for effective implementation of Polio Responsive Mop-up rounds (1st and 2nd rounds). Detail Planning was done with DPHO on 4 September 2001. Project staff were involved and supported the meetings and workshops organized at different levels (DDC/Ilaka/VDCs). To improve the polio vaccine coverage rate in municipality area, <b>CARE</b> organized municipality-level workshops for executives and volunteers. <b>CARE</b> also organized orientations for local NGOs for responsive mopping up rounds on 11 September 2001. <b>CARE</b> then planned and implemented supervision and monitoring of mop-up campaign with 3 Local NGOs in Municipality. In close coordination with Village development Committee (VDC) and local health institutions, the <b>CARE</b> project supported street drama performances on polio in eight sites of seven high risk and hard to reach VDCs of the district. This was a new approach used for disseminating messages effectively, which helped to increase the coverage during polio mop up campaign. <b>CARE</b> then organized a FCHV workshop at the Municipality on 13 September 2001.</p>
<p>Sources: CORE PVO Quarterly Narrative Reports</p>	

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:

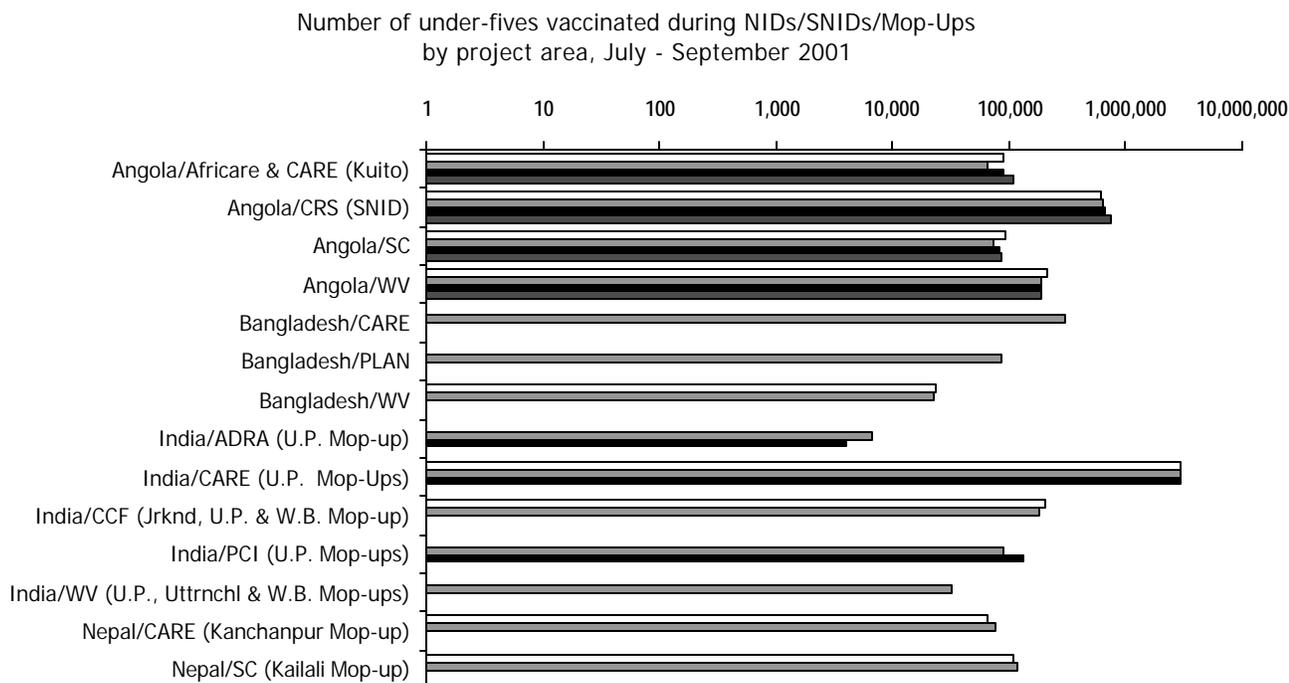
- In Angola, coverage appears to improve over successive rounds as we might expect of a learning process. Gaps in numbers vaccinated from the target population are common in program areas with populations periodically inaccessible due to security concerns.
- During this quarter in Bangladesh, an MNT (Measles and Neonatal Tetanus) campaign was observed only in areas with certain specific criteria (including low coverage, recent TT and wild polio cases). OPV for under 5 children was also added to this campaign. In such a campaign, the target population number is more difficult to obtain

and can change between mop-up rounds. This makes comparisons with numbers of children vaccinated more difficult. However, no problems are apparent from these data.

- In India, Mop-up campaigns were held within sub-areas of projects. As in Bangladesh, it is more difficult to determine the target population number when sub-areas are targeted and different numbers are targeted between mop-up rounds. This makes comparison with numbers vaccinated more difficult. No problems are apparent from these data and coverage of mop-up efforts generally appears high.
- In Nepal, responsive mop-ups were held in two program areas. Coverage of these mop-ups appears high.

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.

**Figure 5. Vaccinations During Mass Campaigns**



Sources: National Official Data (e.g., NPSP for India)

□ Under-five target population    ■ No. vaccinated 1st round  
 ■ No. vaccinated 2nd round    ■ No. vaccinated 3rd round

### **3.4 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 surveillance system with sufficient sophistication to 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.

Figure 6 below shows the ways that the CGPP is improving AFP case detection and reporting. This quarter, 17 of 19 projects (89%) 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. Descriptions of CORE PVO activities on this topic are provided below. Most commonly reported activities include training in AFP case detection and reporting, and support of AFP case investigations. *The least*

*commonly reported activity is support of the communication or logistic network for the transport and testing of stool samples by reference laboratories. However, this is a critical barrier in polio endemic countries to achieving high quality surveillance for polio and AFP. In FY 2002, we ask projects to make it a priority to determine and act on strategies to support the government's efforts to get stool samples to laboratories in a timely manner. We ask this of all projects---in areas where stool sample collection is not meeting standards---even if government authorities have resisted help from PVOs.*

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

The most frequently mentioned AFP detection/reporting activity was training. Fifteen of 19 projects (79%) reported carrying out this activity this quarter (18 or 95% since the beginning of the CGPP project).

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

To date, 14 projects (74%) 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. Seven projects reported this activity this quarter. Fourteen projects have reported supporting poliovirus outbreak investigations and/or AFP case investigations. Two projects reported this activity for the first time this quarter.

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

To date, seven CORE polio projects (37%) have reported supporting the network for transport and testing of AFP stool samples. The necessity of CORE PVO involvement in this activity depends on the quality of the network in the project area.

#### ***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.

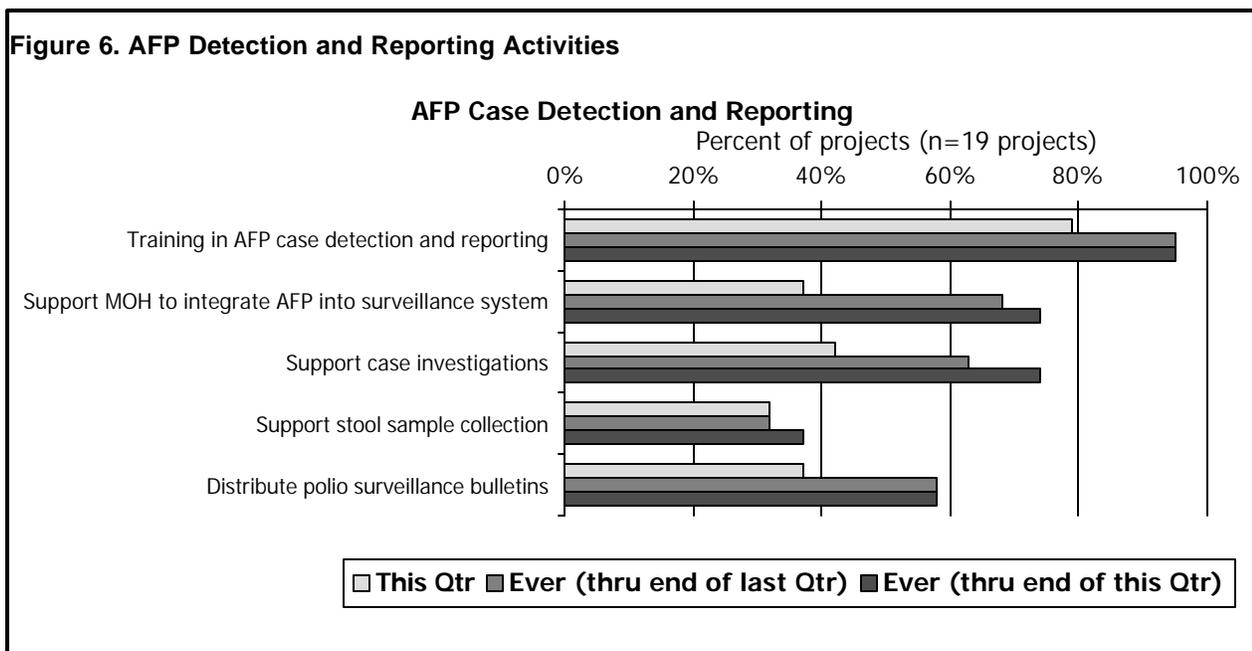
Eleven projects (58%) have reported supporting distribution of such information to date.

**Analysis of secondary data**

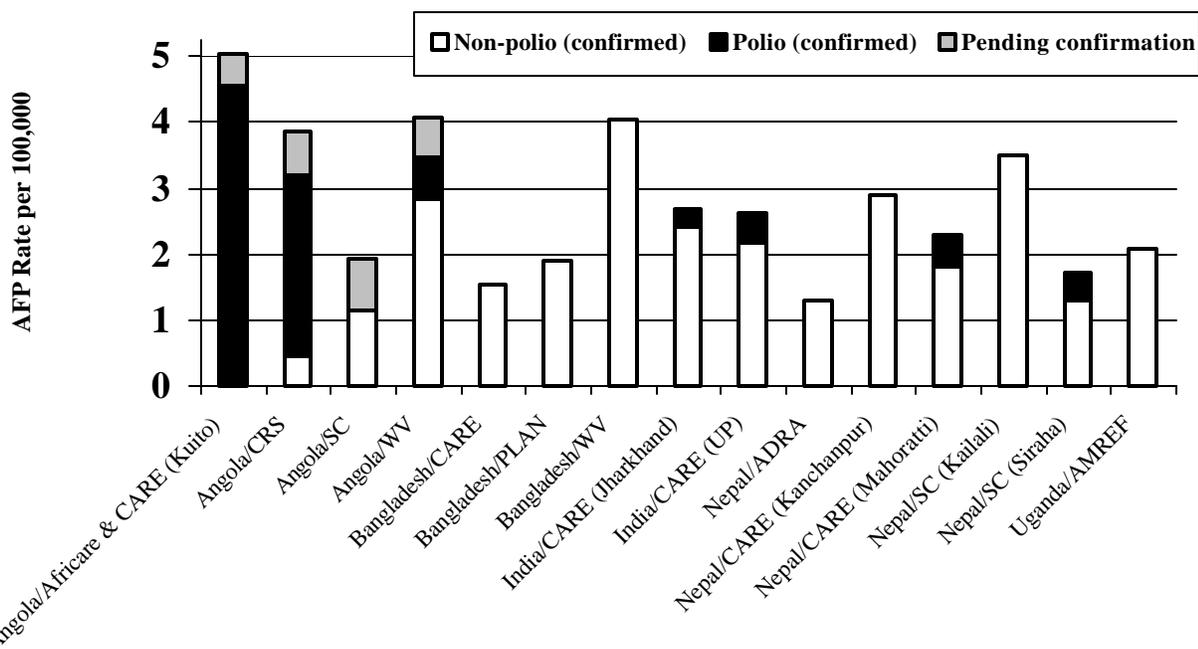
Figures 7 and 8 below show reported AFP rates for the Year 2000 and the timeliness of stool sample collection over the last two quarters in CGPP project areas. We can make several observations from the available data shown in the charts below:

- Surveillance systems in the Bangladesh projects reporting appear sufficient to document a non-polio AFP rate of at least one. However, the timeliness of stool sample collection varies from quarter to quarter making it difficult to prove that stools have no poliovirus. Reducing this variation in stool sample timeliness appears to be a priority for Bangladesh projects in Fiscal Year 2002.
- In Uganda, timeliness of stool sample collection appears to be a priority for AFP surveillance support, especially since no poliovirus is being detected in stools.
- Surveillance systems in the India appear good in most areas of projects reporting but not in all. In some projects, the timeliness of stool sample collection is below standard. In these areas, projects should work closely with SMOs to see how best to support India's surveillance efforts.

- The Nepal projects appear to work in areas with high quality surveillance for AFP. All projects reported timely stool collection this quarter. 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 but no polio cases have been found in 2001.
- The surveillance systems in Angola project areas appear the weakest in the CGPP portfolio. According to 2000 data, AFP cases are being missed. Recent data shows that in most project areas, stool samples are not collected in a timely manner. Security appears to be the main issue preventing the smooth functioning of the surveillance system. Unique and creative solutions are required in this setting to support government efforts to improve the system.
- **A continuing key priority for the CGPP across most countries 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.

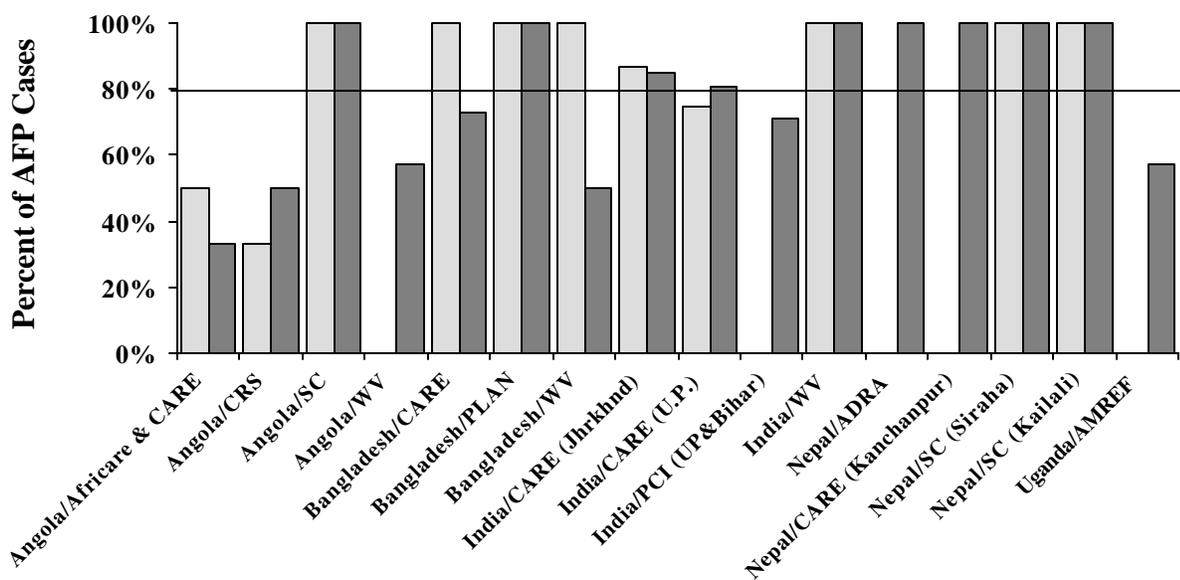


**Figure 7. Reported AFP Rates per 100,000 < 15s by Project Area and AFP-Type, 2000**



Sources: Official National Reported Data (e.g., NPSP for India)

**Figure 8. Percent of AFP Cases with 2 Stool Samples Collected within 14 Days of Onset of Paralysis, April - September 2001**



Sources: National Official Data (e.g., NPSP for India)

Legend: □ Apr-Jun 2001    ■ Jul-Sep 2001

**Table 5. Examples of CORE PEI Support for AFP Case Detection/Reporting this Quarter by Country**

Country	Examples of support for AFP case detection and reporting
Angola	<p><b>Africare</b> trained six new activists for Seles Municipality and 16 for Conda in AFP detection, case recording and reporting, importance of full vaccination, NIDs, SNIDs and routine vaccination, social mobilization and, how can the health worker and family manage a polio case. In the municipalities of Kuito, Seles, and Conda, Africare Activists are focusing their special attention in AFP detection but also reporting all vaccine-preventable disease in their four villages. In Kuito, Africare is providing transportation for case investigation and stool sample collection, while assisting with World Food Programme in sample transportation to Central Laboratory in Luanda. Africare is photocopying surveillance bulletins for all vaccine-preventable diseases since there are delays from Luanda in sending to Kuito.</p> <p><b>CRS</b> is donating bicycles to the Ganda health department to improve access to villages and improve AFP case detection and sample collection. During this quarter, three more AFP cases were detected in Ganda municipality. CRS is visiting Ganda on monthly bases and following the AFP cases. CRS participates in all follow-up visits to the cases. We also took pictures of all cases for future reference once samples results are finally sent. Balombo and Ganda were supplied with a Specimen Collection Box and kits during this quarter. To speed up sample collection and shipment, CRS is monitoring, through radio contact, the collection and shipment of the AFP stool samples in the municipalities accessible by air. CRS translated and had printed Polio technical material into Portuguese and Umbundu (the primary local language) for use and distribution during trainings and to the communities. The training curriculum for the "Community Surveillance Volunteers" was concluded during this quarter.</p>
Bangladesh	<p>Several CORE project polio coordinators (e.g., from <b>CARE</b> and <b>PLAN</b>) participated as reviewers during the 'International AFP Surveillance Review in Bangladesh' with other national and international experts. The review team was satisfied with the passive surveillance system of the country mainly supported by MOH, WHO and IOCH/MSH. The review team emphasized the importance of improving active surveillance. CORE PVOs are supporting active surveillance through notification and identification of AFP cases in our areas. CORE has been doing this through training of the Key informants.</p> <p><b>WV</b> organized an orientation session for general practitioners (Doctors) on AFP surveillance with WHO &amp; IOCH at Khulna City Corporation. WV also organized training for village doctors/quacks as key informants facilitated by SMO &amp; UHFPO at upazila level. Community-based volunteers were also trained by WV as key informants. In addition, WV organized monthly refreshers training/meeting for volunteers (as KI) and collected reports/information of AFP cases. WV also held an inter-project staff (Mongla ADP staff of WVB) orientation on AFP surveillance, met with TBAs about helping with AFP surveillance, and assisted the SMO during investigation of AFP cases.</p>
India	<p><b>PCI</b> shared data on performance of AFP critical indicators of the project districts in order to effectively develop micro planning for AFP related activities and support SMOs of the district. For example, in Sitamarhi district on 52% of AFP cases had two stool samples collected within 14 days of paralysis onset. Hence in consultation with SMO, it was decided that PCI's NGO partner <b>Adithi</b> will assist in tracking of cases in their program blocks and also in other blocks of the district if requested by SMO. (See case study below in Box 2). All four NGO partners of PCI help ensure that the AFP reporting by their block AFP unit is done on time every week. In addition, the partner NGO <b>GPSVS</b> is compiling list of quacks in three blocks of Madhubani district and will be doing their orientation with support from SMO, for AFP detection.</p>
Nepal	<p>In Siraha District, <b>SC-US</b> conducted a one-day orientation training for traditional healers/ Lamas/ Pandits and Maulanas in high-risk areas on AFP surveillance. Forty-two persons participated in this orientation. Social Mobilization Officer, Health Post Incharge and Health Post Coordinator facilitated the orientation. The participants had shown their commitment in early detection of AFP cases and eradicating polio from the country. Two Student Health Societies were given orientation on AFP surveillance and polio eradication at the two schools. SC-US is supporting collection of stool sample and conducting ORIs in every AFP case. Also, SC distributed IEC materials to school students, informal leaders of communities and Local NGOs of high-risk areas. In addition, SC had an informal discussion with the DHO and the EPI supervisor on AFP surveillance training who decided the tentative date for the training. Regular coordination with RSO and increasing the number of active, reporting centers was also discussed.</p>
Uganda	<p>This quarter, <b>AMREF</b> provided fuel and allowances to District personnel involved in AFP surveillance that enabled them to investigate AFP cases and do follow-up visits in a timely manner. AMREF also distributed 600 posters about AFP and 500 pamphlets about immunization and AFP. The materials were distributed to enable community leaders and child caretakers to recognize and to promptly report any AFP case so that investigations can be taken within the time limits as per WHO guidelines.</p>
Sources: CORE PVO Quarterly Narrative Reports	

## **Box 2. PCI/India AFP Case Detection and Reporting Case Study: In Search of Lal Babu**

### **Location: Sitamarhi District of Bihar**

*The district of Sitamarhi is situated near the border of Nepal and with regard to AFP cases is one of the high-risk Districts of Bihar. The CORE group provides fund to Project Concern International/India for Polio Eradication Initiative (PEI). Project Concern International works in two blocks – Bathnaha and Bajpatti blocks of the district through its NGO partner – ADITHI.*

*On July 30th 2001, Project Concern International project officer and ADITHI team visited the office of Surveillance Medical Officer (SMO – appointed by WHO/NPSP) – Dr A. Ray. His assistant informed us that Dr. Ray was in West Champaran district on Mop up duty and will be back in the first week of August 2001. We explained him about our involvement /participation in PEI effort in Bihar. At that point he explained his dilemma – one AFP case has been reported from Purhara village of Nanpur block. As per the guideline District Immunization Officer (DIO) and Surveillance Medical Officer are to collect 2 stool samples within 14 days. The position of DIO is vacant at Sitamarhi and SMO had made arrangement with the private doctor to collect stool sample and its onward submission to Laboratory in Lucknow (during his absence). But the private practitioner was unable to follow up. As time frame was of critical importance, Adithi team decided to do help. The case details provided by SMO office: Name of the Child: Lal Babu Father's name: Mr. Paltu Shah Age: Not Known Village: Purhara Block: Nanpur Distance from Sitamarhi: 32 Kms (approximately).*

*We started for the trip at about 9am on 31 July 2001. The district was being flooded in monsoon and traveling to the village after circumventing for few miles due to small bridges being washed out, railway crossing remaining close for hour on end, we reached Nanpur Block at 3.00 p.m. The first discovery of the day “There is no village name Purhara, but the village name is Kurhara”. We reached the village and started our search for the reported child and encountered questions about whether we were looking for Paltu shah – Teli or Jha (Caste). We decided to check on both, one family was living in Bombay and had not returned to their native village since last couple of years, the other shah did not have son. By this time the villagers had come to know we were looking for Paltu shah's son and everyone in their bide to assist us started tracking back even forefathers with a name Paltu shah. We decided to approach village leader and with his assistance, a quack practicing in village was tracked down and the teenage boys send on the errands of tracking the child. They came back with an Uncle of Lal Babu. The details were as follow: Name of the Child: Lal Babu Father's name: Ram Avtar (dead) Child's age: 2 years. Child had symptoms of Fever and flaccid paralysis. The widowed mother of the child had taken him to her parent's village – Baitha (another 9 Kms from the village) couple of day back. Hence all the zeroing efforts comes to “Zero”. In addition, another nine-year girl was brought in by villagers at Kunhara, who had paralytic attack couple of month's back and was not reported to SMO. PCI provided them referral slip to contact SMO. Informed village leader, to report AFP cases at SMO office – address and telephone number was given to them.*

*By this time it was 5.30 p.m. in the evening and we could not take Lal Babu back to Sitamarhi for collecting stool sample. We informed the village leader of the urgency to detect AFP cases, so that it does not transmit or spread to other children. The village leader assured us that messenger will be dispatched this evening to Baitha village to contact mother with a request to bring her child to Sitamarhi next day. We reached Sitamarhi at 8.00 p.m. in the night. We were prepared to go to Baitha village after a day if Lal babu did not turn up. Adithi staff went to SMO office next day to provide new details of the AFP case and to our surprise uncle and mother had reached Sitamarhi with Lal babu and arrangements were made to collect stool samples. It gives an immense satisfaction that at least we had made difference to one child and created awareness in one village. And not to forget the support of the village leader and villagers without whom this would not have been possible.*

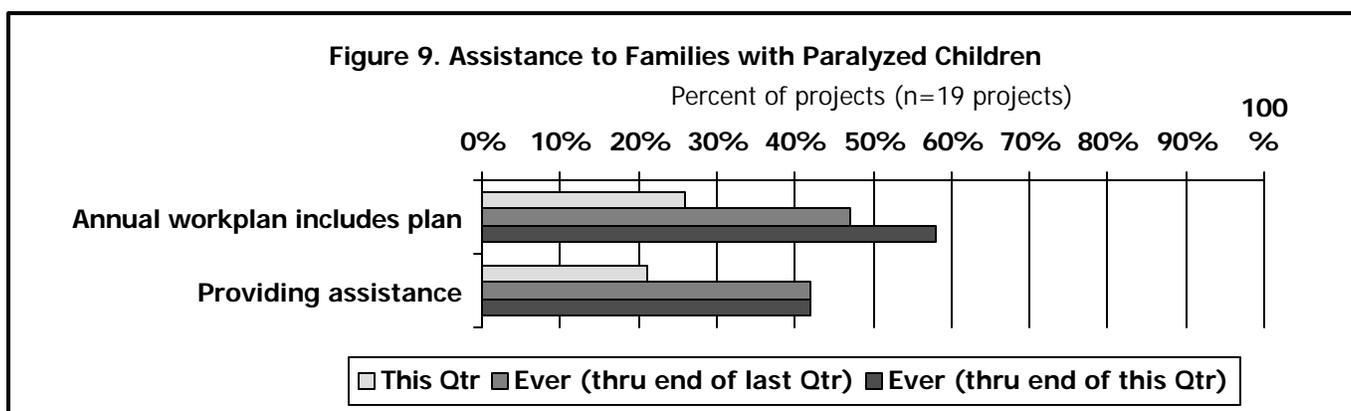
*Submitted by: Dipti Patel – of Project Concern International/ India and ADITHI PEI team.*

### 3.5. 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.

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 58% of projects have already (11 projects), and so this objective has been accomplished.

Four projects (21%) report that they provided some kind of assistance to families with paralyzed children this quarter. Eight projects (42%) have reported providing assistance during the life of their project.



<b>Angola</b>	<p><b>CRS</b> started the Polio Victims database. It is still being adapted and improved. The first crutches were donated during this period for Polio victims. The Municipal Health Departments are involved in the crutch distributions. They should identify the Polio Victims and register them for physical evaluation about their condition and ability of using the crutches. After this evaluation the decision of donation is made.</p> <p><b>SC-US</b> distributed 20 pairs of crutches to paralytic children. The distribution of crutches stirred a lot of emotion among most recipient families. Promises had been made before by a number of organizations to distribute crutches to affected children, but these promises were never fulfilled. One 11-year-old boy initially refused the crutches because he feared that his friends would make fun of him. It was only after some serious cajoling and persuasion that he finally accepted the crutches.</p>
<b>Bangladesh</b>	No such activity performed in this quarter but CORE has already planned for a workshop among the PVOs / polio partners for identification of scope of work in this field and identify the partners. This activity is incorporated in current AIP (Annual Implementation Plan).
<b>India</b>	<p><b>CCF's</b> partner organizations were reoriented to address the needs of children who are already affected by the disease in many ways, such as providing direct assistance and collaborating with other agencies to avail the facilities provided by them to help the children become self supportive.</p> <p><b>PCI's</b> partner---The Calcutta Samaritans---has been able to build a referral system with another NGO (Rehabilitation Center For Children or RCFC) in Calcutta for the polio affected children. This organization is providing free consultation and caliper assistance to the children.</p>
<b>Nepal</b>	<p><b>ADRA</b> has included the provision of support to the families with paralyzed children within the annual work plan. This year ADRA provided support of NRs 2,000 cash for a family of AFP suspected child at Hokse VDC ward number 2 in Kavre. The support was provided after the collection of stool samples and conduction of ORI. Information.</p> <p>In Kailali, <b>SC-US</b> visited the family of paralyzed children and provided physiotherapy for the quick recovery of affected limbs. This sort of practice to visit the family with paralyzed children along with the RSO has been continuing from the past few months.</p>

*Source: CORE Polio project quarterly reports.*

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

Twelve projects (63%) reported on the timeliness of AFP stool sample collection this quarter; one project reported this for the first time. Twelve projects (63%) reported documenting “zero-dose” children this quarter; one project for the first time. Ten projects (63%) reported documenting problems in NIDs logistics or implementation this quarter; one project for the first time. All projects have reported carrying out at least one of the above three documentation activities since the beginning of the program: this number achieves the FY01 CGPP objective of 100% of projects reporting at least one these three documentation activities.

*We are greatly encouraged about the documentation and use of information to improve the quality of polio eradication efforts in CORE PVO program areas. Having additional information and/or analyses of existing information at the local level is an important value-added of the CGPP.*

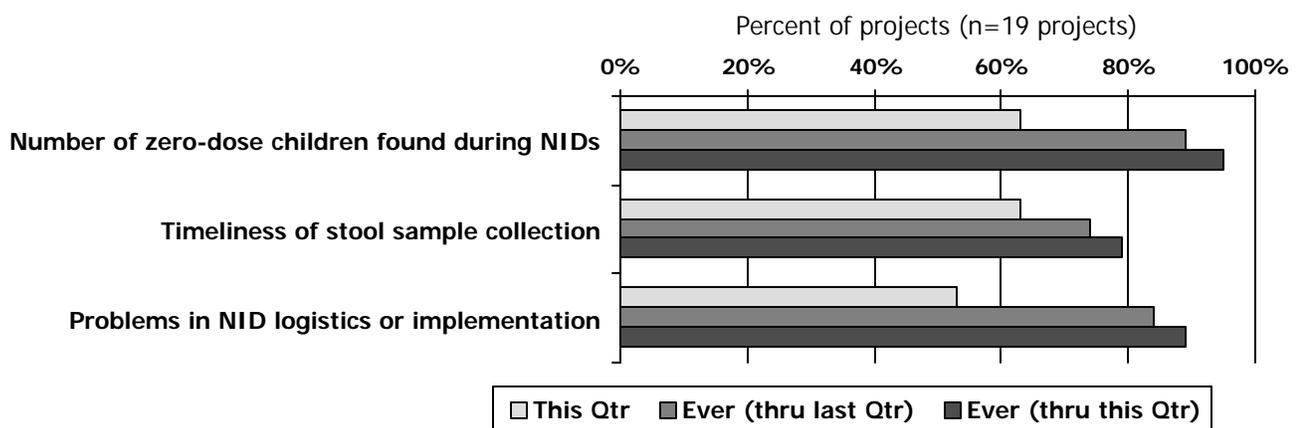
The number of zero-dose children reported from project areas that had a series of mass polio vaccination campaigns this quarters is shown in Figure 11 below. A log scale is used because the magnitude of these numbers vary greatly between project areas (due to the estimated number of children under five in each project area, the type of mass campaign and/or how this is counted). This quarter, data on zero dose children over a series of campaigns are primarily limited to Angola.

In all but two project areas, the number of zero-dose children drops significantly in each sequential round. This pattern in the table below suggests that the planning and implementation of mass polio immunization campaigns continues to improve 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.

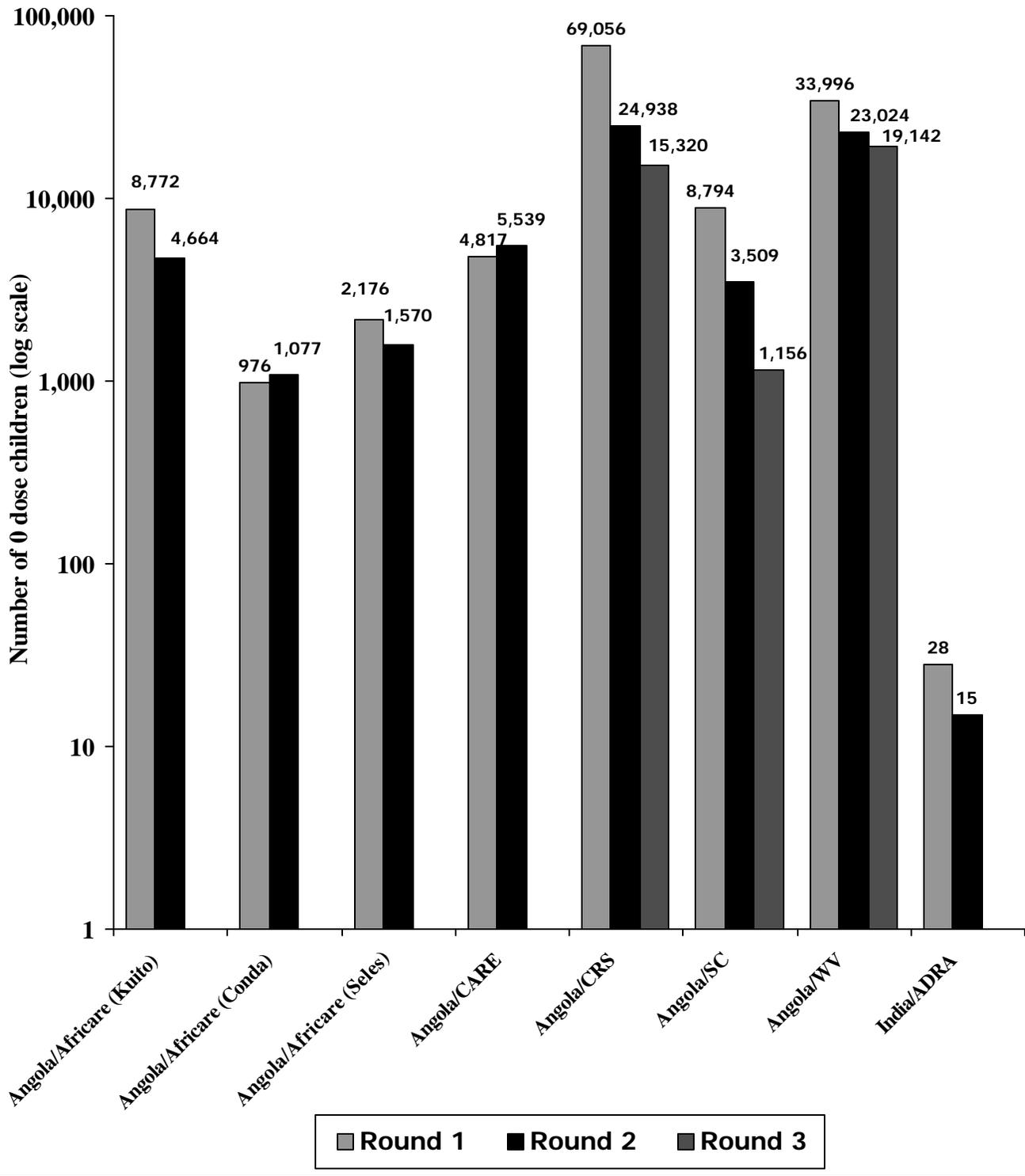
There are several possible explanations for the increase in the number of zero-dose children in two project areas between the first and second round of mass polio vaccination campaign. First, displaced persons continue to move to CORE PVO program areas---that are relatively secure---from insecure areas with few or no vaccination services. It is very likely for children in these populations to have zero doses if they arrive between rounds or just before a campaign. Second, the Angolan Army and Catholic missions are increasingly being used to vaccinate children in areas where PVO are not able to work due to security concerns. In these cases, more and more children who are zero dose are being reached for the first time in each sequential campaign

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.*

**Figure 10. Timely Documentation and Use of Information**



**Figure 11. Number of zero-dose children identified during sequential NID/SNID/Mop-Up rounds, July - September 2001**



### 3.7 CORE Polio Project Management Activities

#### **Staffing:**

The CORE Polio Eradication Team (PET) members based in the US are David Newberry, William Weiss, Sara Smith, and Miriam del Pliego. Lee Losey continues as Secretariat Director for Angola this quarter. Dr. Roma Solomon continues as the Asia Regional Technical Advisor for projects in Bangladesh, India and Nepal. Dr. Shamim Imam has been the Secretariat Director for Bangladesh but she is now on study leave and providing 25% time to provide advisory input and technical guidance. Dr. Rasheduzzaman Shah joined CARE-Bangladesh headquarters in Mid-August, and resumed the responsibility of the CORE Polio Secretariat Director. Harshni Raghav is the India Secretariat Director. Bal Ram Bhui is the Nepal Secretariat Director.

#### **Monitoring visits:**

David Newberry visited Angola in September. During this visit, David observed the 3<sup>rd</sup> round of NIDs in 2001. Great improvements were observed over prior NIDs visited, and no major problems were reported in areas where campaigns were held. Some areas of Angola were missed or underserved by the campaign due to security reasons.

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

This quarter marks the fourth 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.

#### **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.

#### **Key Meetings:**

Sara Smith and Bill Weiss visited Ethiopia from 3 through 9 September to prepare the way for a CORE partnership to initiate CORE polio strategies and activities. The USAID Mission in

Ethiopia has provided funds to CORE to initiate CORE polio activities beginning with the November and December 2001 NIDs. The specific purposes of the trip were the following:

- Work with USAID, the Christian Relief and Development Association---CRDA, a member organization of over 200 NGOs and PVOs---and CORE PVOs to finalize a formal Memorandum of Understanding, which will include the CORE Group Polio Eradication Initiative (CORE PEI) collaborative strategy. This strategy will include a funded secretariat to coordinate PVO polio activities in Ethiopia, and a functioning polio eradication collaboration group for all PEI partners and CRDA.

- Obtain background information for developing workplans/budgets for implementing the CORE PEI collaborative strategy in Ethiopia.

Sara and Bill attended a two day "sensitization" workshop conducted by CRDA with support from MOH, WHO and UNICEF. The workshop provided staff of CRDA-member NGOs and PVOs an update on polio eradication strategies and discussion of how CRDA members could better support the national polio eradication effort. Sara and Bill also met independently with USAID, WHO, CORE PVOs and CRDA during the week. The outcomes of these meetings include the following:

- Background information obtained on priority zones for NIDs and AFP surveillance support and the zones that CORE PVO members are working in.
- Briefed representatives of seven CORE PVO members, CRDA, and USAID on the Core Group Polio Partners Plans to initiate activities in Ethiopia pending USAID/Ethiopia approval
- Developed a draft MOU that outlines roles and responsibilities of CORE, CRDA, CORE PVOs and USAID (this still needs to be shared and updated based on feedback).
- Scheduled a PVO meeting for 28 September from 9-12 at the CARE office to be led by David Newberry, joined by WHO and CRDA, to finalize the MOU and develop strategies to support the Nov and Dec 2001 NIDs.

Priority actions following Sara and Bill's visit include the following:

- Develop a bundled proposal for support of Nov & Dec NIDs with CRDA as secretariat and CORE PVOs as implementing agencies.

- Decide the funding mechanism for CRDA and CORE PVOs with adequate monitoring capacity
- USAID/Ethiopia approval of bundled proposal and release of funding

David Newberry visited Ethiopia from 19 through 30 September. The main purpose of the trip was to follow up Bill and Sara's visit to establish a CORE partnership to initiate CORE polio strategies and activities. The USAID Mission in Ethiopia has provided funds to CORE to initiate CORE polio activities beginning with the November and December 2001 NIDs. Key points from his trip include the following:

- David met with representatives of the following organizations and agencies: Africare, CARE, CCF, CRDA, MOH, UNICEF, USAID, WHO-EPI, and WV.
- An MOU was developed/furthered that outlined the roles and responsibilities for PVOs and NGOs receiving polio eradication earmarked monies from CORE .
- Future planning – A meeting of CORE PVO partners, with CRDA and WHO developed a list of next steps to be carried out by parties interested in becoming involved in the CORE Polio collaborative polio eradication project. The immediate focus is CORE PVO participation in November and December NIDs.
- Several mechanisms for allocation of polio funds received by CORE from the USAID mission were discussed. The allocation steps were decided: (1) fund CORE involvement in November and December NIDs; (2) establish a secretariat within the health working group of CRDA; (3) Allocate remaining funds for CORE involvement in SNIDs and/or AFP case detection & reporting.

From September 10 – 22, Sara Smith traveled to DR Congo to begin planning for CORE PEI activities supported financially by the USAID mission. The USAID mission has given funds to the SANRU III project (led by a US PVO, IMA, and a local NGO, ECC) to establish a secretariat and carry out polio eradication activities in 60 (of 300) health zones. The specific purposes of the trip were as follows:

- Work with USAID and SANRU III to finalize the MOU for the SANRU polio project.

- Review with SANRU information about CORE, our philosophy, reporting requirements, and our expectations. Share examples of our work in other countries.
- Meet with USAID point persons for the SANRU project, surveillance and maternal-child health, to apprise them of our progress and obtain their input regarding the project.
- Attend outside meetings with WHO, MOH, UNICEF, etc.
- Contact other CORE NGOs to assess their interest in collaborating with the SANRU project.
- Work with VOA team in DRC

Sara was able to meet with USAID, SANRU staff, CRS, WV, WHO, Unicef, BASICS, Rotary and STOP team members. An outcome of these meetings was a signed MOU including USAID. Priority actions following Sara's trip include hiring of national and regional polio coordinators within the SANRU III project.

***Financial and grant management:***

Subgrantees ended the 2001 Fiscal Year. Projects will be given new obligations on a fiscal year cycle beginning 1 October 2001. CORE HQ awaits a workplan and budget from each partner for Fiscal Year 2002. Upon approval of the workplan and budget, current agreements will be amended with an additional obligation and time within the agreement ceiling.

New agreements will be developed and old agreement given additional amendments for allocation of mission funding received from Angola, Ethiopia and India.

The CGPP was granted an amendment with USAID during this period 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%.

***Staff training:***

Miriam del Pliego, Sara Smith and Bill Weiss attended a three-day training on Geographic Information Systems (GIS) and Geographic Positioning Systems (GPS) for International Health. Training included familiarization with the GIS software ArcView developed by ESRI and GPS units.

## 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**

##### ***FY 2001 Objectives:***

- A collaborative PVO organization is established in each new country supported by CORE Polio Partners Project in FY 01. **Not applicable: No new countries in FY01.**
- 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. **Accomplished.**
- Each PVO funded by CORE Polio Partners Project will collaborate on polio eradication activities with at least one national NGO/CBO during FY01. **Accomplished.**

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

##### ***FY 2001 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

**Accomplished.**

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

##### ***FY 2001 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

**Surpassed: All projects carried out ALL of the above activities.**

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

##### ***FY 2001 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.

Surpassed: All projects (100%) carried out at least one of the above activities.

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

##### ***FY 2001 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.

Accomplished at 58%; 42% actually reported providing assistance to families in FY01.

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

##### ***FY 2001 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.

Accomplished.

**Annex 2. CORE Group Polio Partners Project (CGPP): Polio Project List as of 30 September 2001**

	Country	CORE Partners	Focus Areas	Potential Beneficiary Population	USAID Funding
1	Angola	Africare	Bie (Kuito); Cuanza Sul (Conda, Seles)	155,199	106,195
2		CARE	Bie (Kuito and surrounding IDP camps)	31,000	180,915
3		CRS	Benguela (Benguela, Lobito, Cubal, Balombo and Ganda).	613,326	213,224
4		SC US	Cuanza Sul (Gabella, P. Amboim, Sumbe)	91,160	161,169
5		WV	Cuanza Norte, Malange	240,472	90,915
		SC US	Secretariat Office & Director		312,720
<b>subtotal</b>				<b>1,131,157</b>	<b>1,065,138</b>
6	Bangladesh	CARE	36 Upazilas in 9 Districts; budget includes Secretariat Office & Director	1,273,995	333,250
7		PLAN	4 rural Upazilas and 3 urban Wards of Dhaka City Corporation	231,279	70,620
8		SC US	3 Upazilas in Brahmanbaria district.	179,650	91,213
9		WV	5 Upazilas of Bagerhat & Khulna district, 10 urban wards of Khulna City Corporation	181,926	97,004
<b>subtotal</b>				<b>1,866,850</b>	<b>592,087</b>
10	India	ADRA	Moradabad, Rampur, Ghaziabad Districts	30,000	104,688
11		CARE	Uttar Pradesh: Ghaziabad, Pilibhit, Shahjahanpur, Kanpur (Nagar), Lucknow, Raebareli, Sitapur, Allahabad Districts; Jharkhand: Ranchi, Hazaribagh, Palamu, Bokaro, Gumla, E & W Singhbhum, Dumka	6,883,118	450,000
12		CCF	Jharkhand: Ranchi, Gumla, W Singhbhum; Bihar: Banka, Jamui; Uttar Pradesh: Ambedkarnagar, Chandrauli, Chitrakoot, Pratapgarh; W Bengal: Purulia, Hooghly, S. 24 Parganas	449,911	327,930
13		PCI	W Bengal: 24 Paraganas, Jalpaiguri, Calcutta Uttar Pradesh: Ghaziabad, Muzaffarnagar; Bihar: Sitamarhi, Madhubani, Patna, Purnia	483,478	187,500
14		WV	Uttar Pradesh: Ballia, Moradabad, Aligarh, Bulandshahar Districts; Uttaranchal: Dehradun Delhi: N, S and Central (slum areas) W Bengal: Calcutta (slums), Maldah; Jharkhand: Singhbhum	425,932	146,686

Country		CORE Partners	Focus Areas	Potential Beneficiary Population	USAID Funding
		ADRA	Secretariat Office		110,299
		<i>subtotal</i>		<b>8,272,439</b>	<b>1,327,103</b>
15	Nepal	ADRA	Kavre District	65,482	47,674
16		CARE	Mahoratti & Kanchanpur districts`	184,599	91,739
17		SC US	Kailali & Siraha districts	223,177	93,045
		ADRA	Secretariat Office & Director		68,658
		<i>subtotal</i>		<b>473,258</b>	<b>301,116</b>
18	Uganda	AMREF	Luwero District	87,336	183,132
19		MIHV	Ssembabule District	39,000	162,935
		<i>subtotal</i>		<b>126,336</b>	<b>346,067</b>
	<b>5</b>	<b>11</b>		<b>11,870,040</b>	<b>3,631,511</b>