



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

1st Quarterly Narrative Report, FY 2002
October – December 2001



Social mobilization during village level meeting in Pulwari Block in Bihar, India:
Facilitated by IDF, a partner of PCI India

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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
CRDA	Christian Relief and Development Association (Ethiopian Umbrella NGO)
CRS	Catholic Relief Services
ECC	Protestant Church of the Congo (DR Congo NGO)
EPI	Expanded Programme on Immunisation
ICC	Inter-Agency Coordinating Committee
IDF	Integrated Development Foundation (a partner of PCI India)
IEC	Information, Education, Communication
IMA	Interchurch Medical Assistance Inc.
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
SANRU	Rural Health Project funded by USAID DR Congo Mission
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

1st Quarterly Narrative Report, Fiscal Year 2002 (October - December 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, 24 CORE polio projects were active in the following seven countries: Angola, Bangladesh, DR Congo, Ethiopia, 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 seven components (our mission):

- Building partnerships,
- Strengthening existing immunization systems,
- Supporting supplemental immunization efforts
- Helping improve the timeliness of AFP case detection and reporting,
- Providing support to families with paralyzed children,
- Participation in either a national and/or regional certification activities, and
- Improving documentation and use of information for improving the quality of the polio eradication effort.

For each of the seven components listed above (our mission), objectives for Fiscal Year 2002 have been defined and are being tracked. The following are our main recommendations to projects at the end of the first quarter of this fiscal year:

- We request that projects report all their collaborations with NGOs, especially new collaborations, in their narrative reports.
- During the remainder of FY02, we encourage more projects to regularly assess the cold chain and approach the private sector for support of immunizations.
- We encourage projects to report any activity in support of collection and transport of AFP case stool samples to reference laboratories.
- A continuing key priority for the CGPP in Africa projects in 2002 is to facilitate timelier stool sample collection where this falls below the standard of at least 80%.
- We encourage continued efforts of all projects to improve the proportion of AFP cases in the population that are identified by the national surveillance system through involving community leaders, members and healers in AFP detection and reporting.
- We encourage all projects to document the status of AFP stool sample collection in their project areas, and to use information about zero-dose children to identify pockets of un- or under-vaccinated children where they exist.
- We encourage all country collaborative organizations (through the leadership of the Secretariat where this exists) to develop a concept paper about the potential role of PVOs/NGOs in supporting national certification efforts.

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

In late July of 1999, the CORE Group Polio 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 **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):

- Building partnerships,
- Strengthening existing immunization systems,
- Supporting supplemental immunization efforts
- Helping improve the timeliness of AFP case detection and reporting,
- Providing support to families with paralyzed children, and
- Improving documentation and use of information for improving the quality of the polio eradication effort.

The CORE Group is uniquely positioned to serve in this capacity as it represents 36 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.

Beginning in this quarter, USAID mission funds are fully supporting new projects (in DRC and Ethiopia) and partially supporting continuing projects (Angola, India) originally funded by the USAID Global Bureau. In DRC, the mission has directly funded the SANRU III project to add-in polio eradication activities. The CGPP will provide technical guidance, facilitate collaboration and sharing of lessons learned in other CGPP countries.

In Ethiopia, the mission provided funds directly to the CGPP. With the funds from the Ethiopia mission, the CGPP has provided funds this quarter to four PVOs for support of November and December 2001 NIDs. The CGPP also funded the Christian Relief and Development Agency (CRDA)---an umbrella organization representing over 200 NGOs in Ethiopia---to coordinate the activities of funded PVOs with the national eradication effort.

In Angola and India, mission funds will allow continuing projects to shift their efforts into high-risk areas in (Luanda and Uttar Pradesh) previously uncovered by the CGPP.

This quarter, 24 CORE polio projects were active in the following seven countries: Angola, Bangladesh, DR Congo, Ethiopia, India, Nepal and Uganda. The distribution of these projects by country is provided in Table 1 below. The distribution of projects by PVO is provided on the in Annex 2 and on the maps following.

Table 1. Current distribution of 24 projects supported by CORE Polio Partners Project

Country	No. Projects	Beneficiary Population	USAID Funding
Angola	5	1,131,157	1,065,138
Bangladesh	4	1,866,850	592,087
DR Congo	1	2,216,646	200,000
Ethiopia	4	98,596	64,809
India	5	8,272,439	1,327,103
Nepal	3	473,258	301,116
Uganda	2	126,336	346,067
7	24	14,185,282	3,896,320

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.

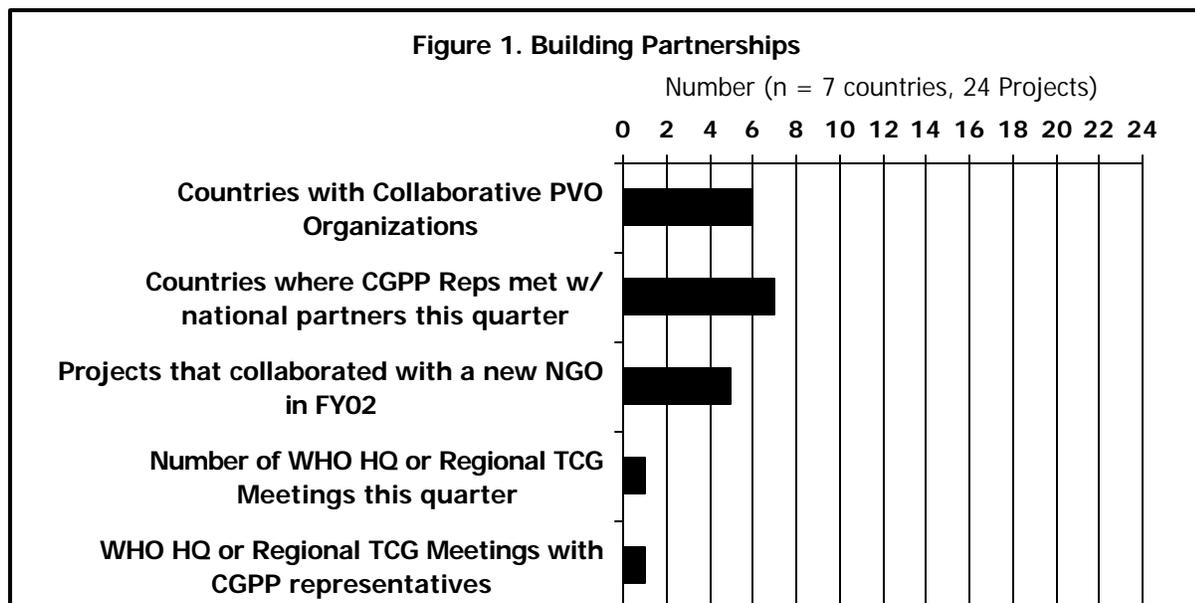
The following are the FY02 CGPP objectives for the *building partnerships* mission:

1. A collaborative PVO organization will be functioning by the end of FY02 in each country supported by the CGPP.
2. CGPP representatives will meet/share regularly with national polio partners (e.g., MOH, USAID, WHO, Rotary, other ICC members) in each CGPP country.
3. Each PVO project supported by CGPP will collaborate with one new national NGO/CBO during FY02.
4. CGPP will be represented at all WHO HQ and Regional TCG Meetings in FY02.

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.

Progress toward FY02 objectives

1. Six of seven CGPP countries have a functioning collaborative organization in the form of a secretariat. This number falls one short of the FY02 objective. In most countries the secretariat is hosted by a CORE member PVO. In DR Congo, however, the secretariat is hosted by ECC, a DRC NGO that leads the SANRU III Project along with IMA. In Ethiopia, the secretariat is hosted by CRDA, an Ethiopian Umbrella Organization of NGOs similar to the CORE Group in the US.



2. This quarter, representatives of the CGPP met with national partners in all seven countries. This is an accomplishment of an FY02 objective for this quarter. In addition, the CGPP is represented on the national ICC in each of the seven CGPP countries.
3. Five of 24 projects report collaborating with a “new” NGO or CBO in the first quarter of FY02. This number falls 19 short of the objective for the end of the year (9 months to go). *We request that projects report all their collaborations with NGOs, especially new collaborations, in their narrative reports.*

4. This quarter, there was one WHO TCG meeting; it was held for the AFRO Region in Addis Ababa. Three CGPP representatives attended this meeting (David Newberry, Sara Smith and Lee Losey)---an accomplishment of the FY02 objective this quarter.

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

Country	Examples of CORE Polio partnership activities
Angola	CRS is closely collaborating with UNICEF, WHO and MoH in Benguela Province. This collaboration includes evaluation activities during NIDs, monitoring routine vaccination activities, and surveillance. In addition, CRS participates in the “Provincial ICC”, which is composed by MoH, UNICEF, WHO, WFP and a representative of the Provincial government. Further, CRS intermediated the creation of the Municipal Coordination Commission in Lobito, Cubal, Balombo and Ganda. In Lobito, the Angola Army (FAA) also joined the commission. CRS also collaborated with Caritas-Benguela, Horizonte and Okaktchiuka for Polio activities. These organizations have a different radius of action and can reach communities not accessible for us. Caritas has the most effective network composed of lay people and priests in communities.
Bangladesh	The CORE Secretariat organized a National NGO Coordination Meeting and almost all the NGOs working for Polio Eradication in Bangladesh attended the meeting. CARE organized a Regional Polio Partners' Coordination Meeting and PEI managers attended the meeting at Rajshahi and Sylhet. In collaboration with WHO, CARE also provided an orientation and training to Village Doctors. WHO and PEI jointly developed a training guideline for the orientation.
Ethiopia	CRDA hosts the CORE Polio Secretariat in Ethiopia; there are 8 members and have meet regularly. CRDA is a member of the National EPI Inter-Agency Co-ordination Committee (ICC) and provides information about NGOs operation in the country and in mobilizes NGOs for the Polio Eradication Initiative (PEI) endeavors
India	A CORE Partners meeting was organized at the WHO Office in Moradabad District. Mr. Jonathan from WHO Geneva and Dr Banerjee from WHO SEARO were the resource persons. Taking part in this meeting were the following: 8 SMO's from WHO, SMC from UNICEF; 1 member from Akashwani Rampur, 5 members from Rotary International, 1 member ADRA , 4 members from WV , 1 member of CORE Secretariat, and 1 member of PCI . Among the many purposes of this meeting were the following: 1-Present the current polio situation in the four “host” districts of Moradabad, Rampur, Barilly, and Badaun, and discuss the outcome and lessons learnt from Oct. SNIDS.; and, 2-Present the proposed the draft activity plan for social mobilization for Moradabad sub divisions.
Nepal	In Kailali District support by SC US , a District Immunization coordination meeting for intensified national Immunization Day was conducted. The meeting was presided over by the President of the Kailali district development committee and involved personnel from different line agencies, representatives from different political parties including GOs and NGOs. Some of the many decisions made at the meeting were as follows: 1-Different political parties will mobilize their community level social workers; 2-The village development immunization coordination committees will conduct meetings involving different members of VDCs and political leaders to allocate the specific responsibilities; and, 3-The NGOS and members of Reproductive Health Coordination Committee will mobilize their field workers during the campaign for social mobilization activities.
Uganda	An AMREF representative attended the 6th NCC meeting held in December to assess the performance during the 2nd SNIDs in 26 Districts of Uganda. AMREF staff also met with the NGOs VEDCO and COHEDI to develop new partnerships. Current AMREF partners include the following NGOs: Habitat for Humanity, Family Planning Association of Uganda (FPAU), Kiwoko CBHC, Islamic Agency-Lugo, Luwero Catholic Diocese, Luwero Church of Uganda, Plan International, and Katikamu Seventh Day Adventists.
<i>Sources: CORE PVO Quarterly Narrative Reports</i>	

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.

The FY02 CGPP objective for *system strengthening* is that each PVO funded by CORE Polio Partners Project will do all of the following activities in FY02:

1. Technical and/or management training;
2. Cold chain assessments;
3. Improve cold chain and/or vaccine logistics systems;
4. Approach and encourage the private sector to support immunization efforts;
5. Support social mobilization to increase demand for routine immunization services;
6. Encourage community participation in, or contribution to, delivery of routine immunization activities.

Progress toward FY02 Objectives

As of the end of the first quarter of FY02, only one project has reported carrying out all of the activities being tracked. Activities that appear on track in the number of projects reporting are the following: (1) technical or management training; (2) social mobilization to increase demand for routine immunizations; (3) improving the cold chain and/or the vaccine logistics systems; and (4) encouraging community contribution to delivery of routine immunizations. These four activities appear to be the system strengthening activities most easily supported while carrying out activities exclusively related to polio eradication.

During the remainder of FY02, we encourage more projects to regularly assess the cold chain and approach the private sector for support of immunizations.

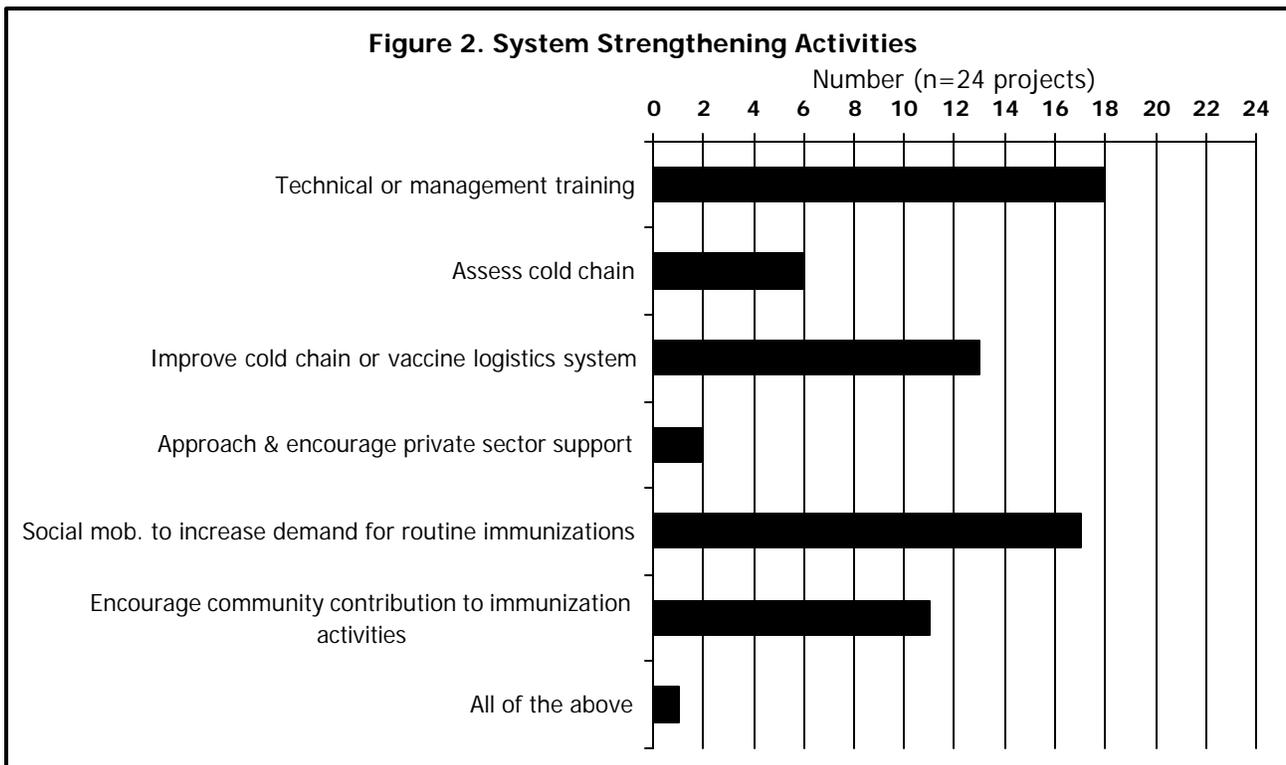


Table 3. Examples of Activities to Strengthen Immunization Systems this Quarter by Country

Country	Examples of CORE Polio system strengthening activities
Angola	In Kuito, Benguela Provincial EPI and Africare staff trained 25 new vaccinators this quarter. They are EPI staff members, paid by the MOH, and working in fixed vaccination posts (FPs) and in mobile teams. Africare has one of its Child Survival staff supporting the provincial and FPs cold chain, and training MOH technicians in cold chain maintenance. In addition, Africare is working closely with 74 traditional birth attendances (TBAs) in order to encourage mothers to have their children vaccinated against polio during the first week of live. They are also tracking polio vaccination schedule for these new born until third doses of polio and DTP.
Bangladesh	To boost up and strengthen the routine EPI activities, PLAN conducted training of MOH field staff in its working areas during this quarter. Existing manuals and guidelines were reviewed and total 465 MOH field staff and supervisors received refresher training on routine EPI. The training focused on vaccination techniques, registration updating, demand creation on EPI at field levels, logistics calculation, cold chain maintaining and regular supervision and monitoring. A crash program was organized jointly with MOH in 9 hard to reach and low covering unions (lowest administrative unit) through 234 EPI out reach sessions. The program helped to vaccinate 'zero dose' children identified during mass campaign and reaching the un-reached. 1796 children were vaccinated with oral polio vaccine.
Ethiopia	CRDA and CORE PVO (Africare, CARE, CCF, SC US) partners trained government workers and community members who were selected to participate in the November and December immunization campaign. Years ago CRDA in collaboration MOH and UNICEF provided extensive training for NGOs health workers and the health facilities of the trainees were provided refrigerators and motorbikes to help them in facilitating their activities. All this together contributed to scaling up of the efforts of NGOs in the PEI and in promoting routine EPI program.
India	In South Dehli, WV organized training for the volunteers who are supporting the PHCs in routine immunization and NIDs. Volunteers then mobilized the community for routine immunization. First, while conducting a survey in the resettlement colonies, immunization status of all the community children were checked. And from this, eleven zero-dose children were found in Madanpur Khadar. Then, in other target areas volunteers got immunization dates, venues and time and announced it to the community. On the immunization day, they went house to house and brought children to the centre for immunization. In addition, posters with both NID and routine immunization messages are distributed, shared, hanged, pasted during social mobilization for NIDs.
Nepal	CARE in Mahottari District organized a 5 day TOT to enable district level trainers to carry out EPI refresher training to VHWs and MCHWs. CARE organized this training in close collaboration with District Health Office, National Health Training Centre, Child Health Division, Central Regional Health Service Directorate and the Central Regional Health Training Centre. Thirteen health workers (District Supervisors, EPI Supervisors, Cold Chain Assistant, Health Post and Primary Health Centre Incharge, MCH Clinic staff) from DHO and two from CARE attended the training.
Uganda	Performances from HECLOSK – Health Education Club of St. Kizito, were conducted. This is a student drama group consisting of 21 students that MIHV has trained in drama, music and specific health topics including immunization, Vitamin A, household hygiene and HIV/AIDS. During October the HECLOSK drama troupe staged health education performances to primary and secondary schools in the district. This has been an extremely effective campaign for encouraging people to get immunized. .
<i>Sources: CORE PVO Quarterly Narrative Reports</i>	

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.

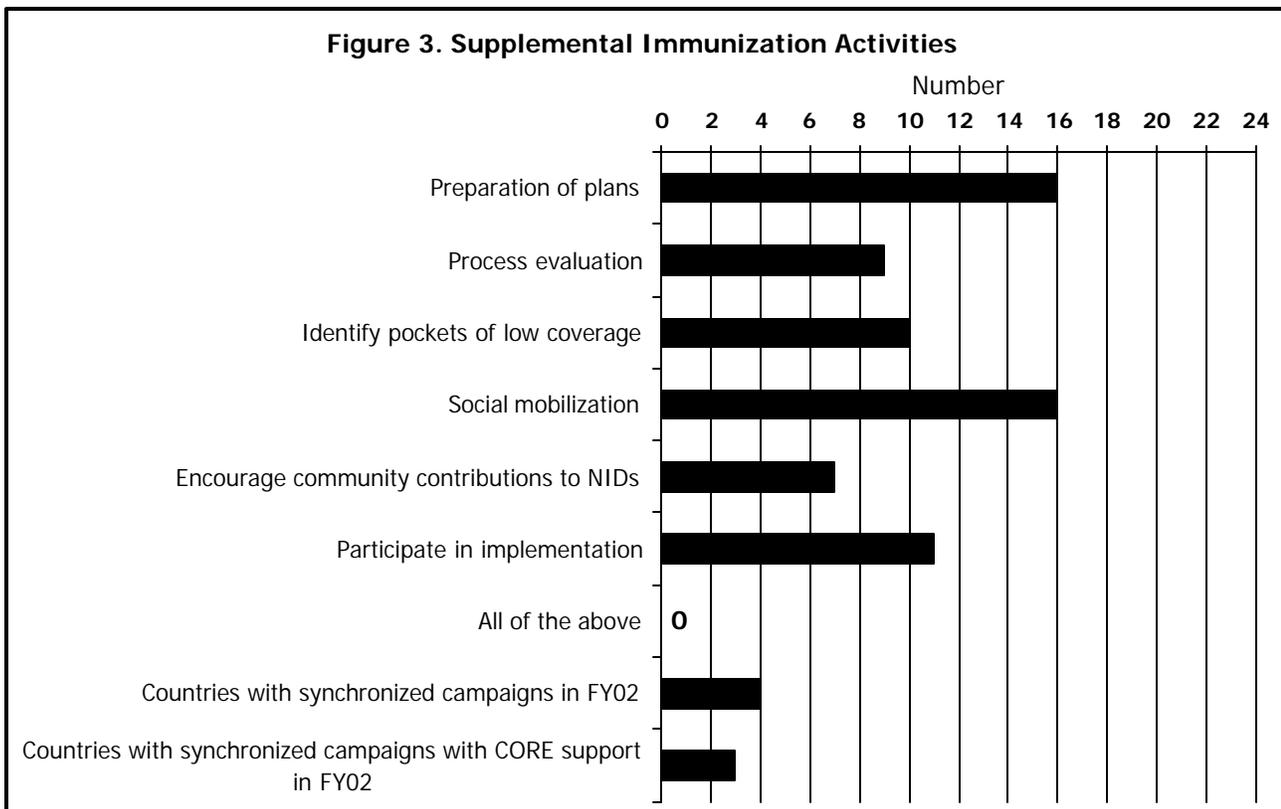
The following are the FY02 CGPP objectives for the *supplemental immunizations* mission:

1. 90% of PVOs funded by CORE Polio Partners Project will do all of the following in FY02:
 - Participate in preparation of plans for NIDs, SNIDs or Mop-up campaigns
 - Participate in process evaluation of NIDs, SNIDs or Mop-up campaigns
 - Identify areas or pockets of low OPV coverage and develop plans and strategies to increase coverage in those areas

- Support social mobilization to increase demand for supplemental immunizations (NIDs, SNIDs, Mop-up campaigns)
- Encourage community participation in or contribution to supplemental immunizations (NIDs, SNIDs, Mop-up campaigns)
- Participate in implementation of NIDs, SNIDs or Mop-up campaigns

2. In countries conducting cross-border, synchronized supplemental immunizations in FY02, representatives of the CORE Group Partners Project will do one or more of the following:

- Participate in national or local-level cross-border collaboration planning efforts;
- Participate in evaluating and documenting the quality of cross border collaboration;
- Participate in implementation of supplemental vaccination campaigns of children crossing the border (in either direction)---this can include vaccinating, supervising, independent observation, etc.



Progress toward FY02 objectives

1. No project (of 24) has carried out all the supplemental immunization activities listed in Objective 1 above and in Figure 3. Not all projects had supplemental immunizations this quarter in their program areas. The most commonly reported activities are support for planning, social mobilization, and participation in implementation of campaigns.

2. Four CGPP countries have had synchronized supplemental vaccination campaigns in FY02 (Angola and DR Congo, India and Nepal). CGPP representatives were involved in planning and/or evaluation of the synchronization of the campaigns in three of these four countries: Angola, DRC, and Nepal.

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

Country	Examples of support for supplemental immunizations
Angola	The CORE Secretariat Director, Lee Losey, joined delegations from Angola, Congo Brazzaville, DR Congo, Gabon and Zambia who met in Kinshasa from 11 to 13 October to evaluate the 2001 Synchronized NIDs. Participants included MOH, WHO, UNICEF, USAID, BASICs and CORE among others. The Angolan delegation included the EPI Director, the WHO Polio Team Leader, and UNICEF Health Officer among others. The meeting was opened by the Minister of Health of the DRC. The work sessions were chaired by the NIDs Coordinator for the DRC, Dr. Mampunza. Despite various difficulties of language and communication, the synchronized NIDs were generally considered a great success. Nearly 17 million children under the age of five were vaccinated and a high level of political commitment was established. Angola was satisfied that nearly 51,500 children were vaccinated on the frontiers of Cabinda, Uige, Lunda Norte and Moxico Provinces by the DRC and that a considerable number of children were vaccinated by Zambian teams in the provinces of Kuando Kubango and Zambia. It was not possible to vaccinate along the border of Moxico Province due to political instability. Approximately 4,700 children from the DRC were vaccinated by Angolan teams in the Provinces of Lunda Norte and Uige. The delegations deplored attacks against vaccination teams and invited the international community to once again request the attackers to observe days of tranquility during the next campaign.
Bangladesh	WV worked on a supervision plan with district and upazilla managers & partners (WHO,OICH) for upcoming 10th NID. In addition, WV helped upazilla level EPI technicians in logistic calculation & distribution for 10th NID, especially in hard to reach areas. WV has identified a low OPV coverage area and has taken a special initiative before the NID for transportation of vaccine. Also, WV has formed a mobile team and will provide an extra NID site for the NID. This project has involved volunteers from other projects for IPC and social mobilization, and will display a banner on 10th NID at different places. WV has also held meetings with teachers, imams & UP chairman to ensure their support and participation in the upcoming NID. NGO coordination meetings were also held to ensure their coordinated participation in NID.
Ethiopia	CRDA (host of the CORE Polio Secretariat) has been involved in the preparation of the national planning process. CORE Group PVOs (Africare, CARE, CCF, SC US) also participated in the preparation of planning and implementation of NID at their respective region, zone, district and local level. In some places scattered mode of life over a large area of land, made access very difficult. CRDA/CORE Group in collaboration with Ministry of Health and Ministry of Defense covered geographically hard to reach areas using military helicopters. In addition, religious and some cultural resistance were encountered that were addressed through community mobilization using community and religious leaders. Over 140,000 were immunized; all partners report this would not have happened without CORE support. SCF and CCF found 724 zero dose children. A father of a paralyzed child was used as a very successful village animator by Ethiopian Evangelical Church Mekane Yesus, a partner of WV . Acknowledgement letters were received by SC from Zonal and District health offices stating that SC was instrumental in achieving good results during the NIDs, due to the coordinated and collaborative efforts of all involved.
India	World Vision and ADRA are both working in Moradabad, Rampur and Bareilly in response to the challenge of continued poliovirus transmission in those areas. The following calendar of World Vision activities demonstrates the seriousness of their commitment: <u>November 2001</u> - 2 nd Meeting to discuss social mobilization strategies with WHO, NPSP, SMCs, Rotarians, Local radio channel and CORE partners; 6 th Signature Campaign on nine banners at prominent places in the city flagged off by the CMO. 9 th Joint meeting of 79 maulanas (Religious Leaders) and the SMO with the community, Volunteers Orientation; 14 th Signature Campaign; 20 th Meeting with 27 school teachers and 12 Principals; 22 nd Training of private practitioners by government doctors in AFP identification and reporting and to use them as a catalyst for social mobilization, IPC & AFP Training for 50 volunteers; and 27 th Volunteers/Mobilizers Meeting. <u>December 2001</u> - 1 st Pulse Polio Jhanki (Tableaux) was followed by 10 rickshaws through the city carrying 30 volunteers. School children rally with 150 participants from 4 schools. 2 nd NID activities in the two slums of Karula and Mukarrampur.

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

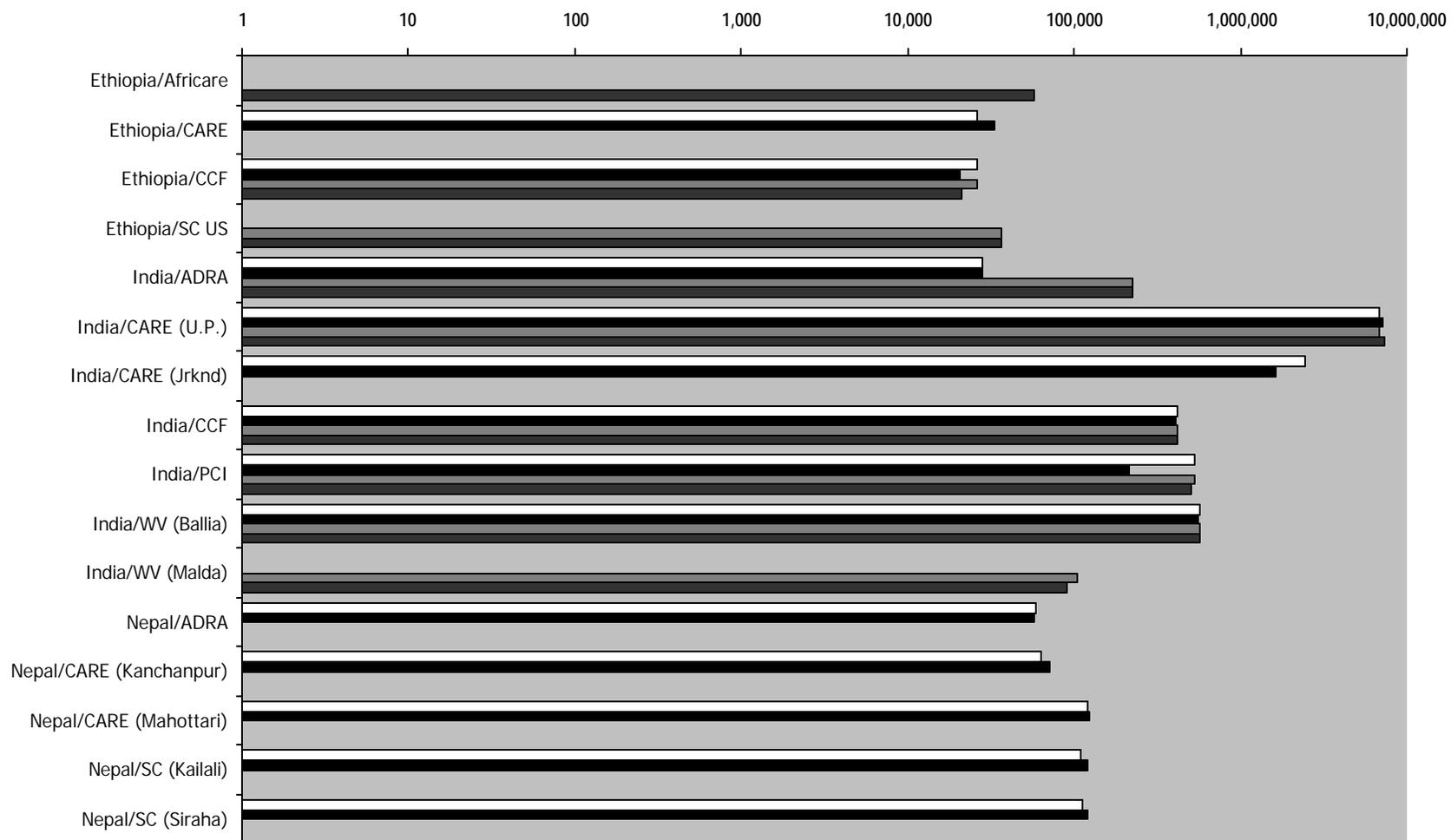
Country	Examples of support for supplemental immunizations
<p>Nepal</p>	<p>Mothers Group Meetings (MGMs) are an ideal opportunity to disseminate information about polio at the community level. ADRA Field Representative (FR) and Family Planning Counselor provided polio education in 26 mothers' group meetings during this reporting period. About 390 mothers obtained the polio education message through MGMs. A colored flip chart and polio poster was used for this purpose. In addition, 60 literacy classes are currently running at Kavre District. Literacy class facilitators are given polio education training during their initial training. They provide polio education in each class at least once a month. FRs also provides polio and immunization education in literacy class during their supervisory visits. About 1200 literacy participants from 41 literacy classes obtained polio education during this reporting period. The polio poster was used extensively to educate the literacy class participants. Further, polio messages were advertised through local cable TV channels and cinema hall slides (movie theatre) for 5 days and 7 days prior to first round INID respectively. This will continued till the completion of second round INID. Advertisements were also published through 4 local newspapers that are published in a weekly basis. ADRA also made announcements of INID through vehicle-mounted loudspeakers. ADRA produced some Information Education and Communication (IEC) materials such as polio banners, two types of pamphlets of different sorts, volunteers' badges, and polio hats. These IEC materials were distributed to health facilities and local communities.</p>
<p>Uganda</p>	<p>AMREF provided support to SNIDs held in non-project districts as there were no SNIDs in its district this quarter. As mentioned above, an AMREF project staff member attended three preparatory meetings at National level to plan for the 2nd SNIDs and Vit A supplementation and develop strategies to dispel rumors/misconceptions. In addition, a staff member attended the 6th NCC meeting held in December to assess the performance during the 2nd SNIDs in 26 District of Uganda.</p>

Sources: CORE PVO Quarterly Narrative Reports

Figure 5 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 targeted 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 Ethiopia, the two rounds of its NIDs were held in November and December. The number of children vaccinated was at or above the estimated number of children in the target age group in some project areas. In other project areas, this number was lower than the estimated target population. Continued and in some cases improved social mobilization efforts are needed in Ethiopia for March 2002 SNIDs.
- In India, two NID rounds were held in some projects or sub-areas of projects in October and December. The number vaccinated in these NIDs appear to reflect the number of children in the target age group. [The exception is the PCI project which was still awaiting reports on number vaccinated from some partners' areas at the time this was written].
- In Nepal, the first round of the INID was held in December. The numbers vaccinated appears adequate in comparison with the number of children in the target age group.
- 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. Number of under-fives vaccinated during NIDs/SNIDs/Mop-Ups by project area, October through December 2001



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

Under-5 target population 1st round
 No. vaccinated 1st round
 Under 5 target population 2nd round
 No. vaccinated 2nd 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.

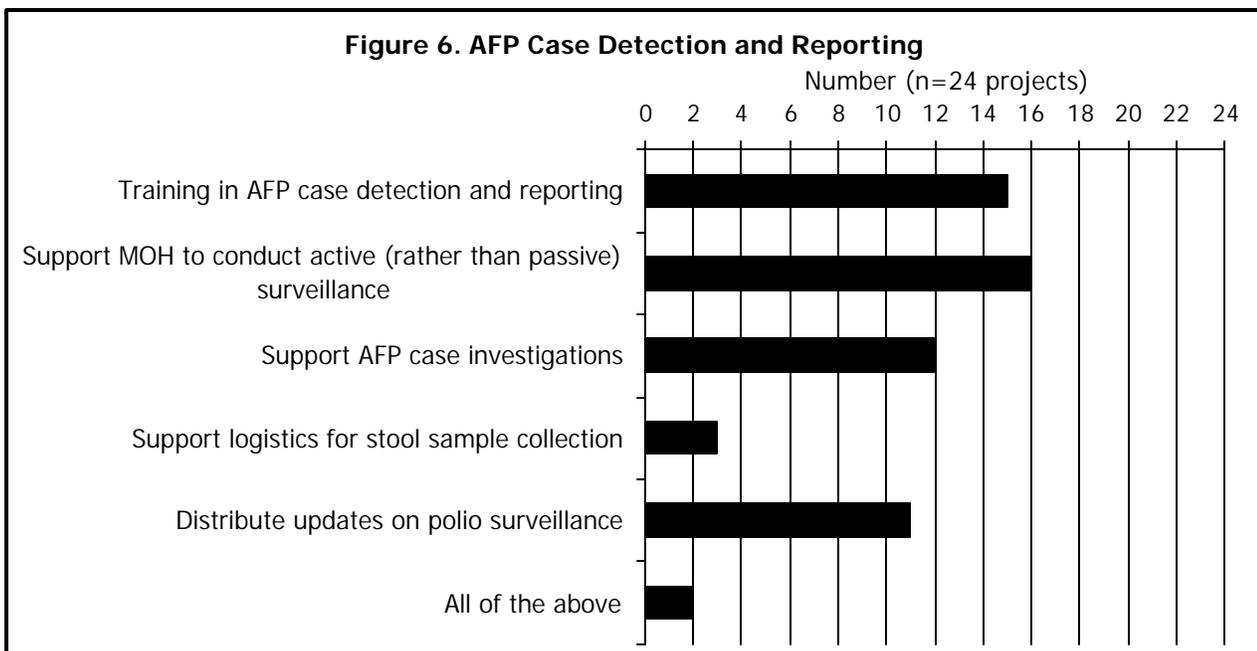
The FY02 CGPP objective for supporting *AFP Case Detection & Reporting* is that 75% of PVO polio projects will do all of the following in FY02:

1. Expand efforts to support and provide training in detection and reporting of AFP (and related forms of paralysis or other selected diseases);
2. Support MOH efforts to conduct active (rather than passive) AFP surveillance;
3. Support poliovirus outbreak and/or AFP/polio case investigations and/or response;
4. Support logistics network for the transport and testing of stool samples by reference labs; or,
5. Support timely distribution of updates on polio surveillance (e.g., bulletins, newsletters, presentations, meetings).

Progress toward FY02 objectives:

Two projects (8% of 24) have carried out all the AFP case detection and reporting activities listed in the objective and in Figure 3 below by the end of the 1st Quarter, FY02. The most commonly reported activities are support for active surveillance by involving communities in AFP detection and reporting, training in AFP case detection, and support to MOH for case investigations.

The least commonly reported activity is support for stool sample collection and transport (three projects); however, 37% of projects reported this activity in FY01. Note that four projects had not yet received funds to support AFP case detection and reporting in this quarter (e.g., the four Ethiopia projects). ***We encourage projects to report any activity in support of collection and transport of AFP case stool samples to reference laboratories.***



Analysis of secondary data

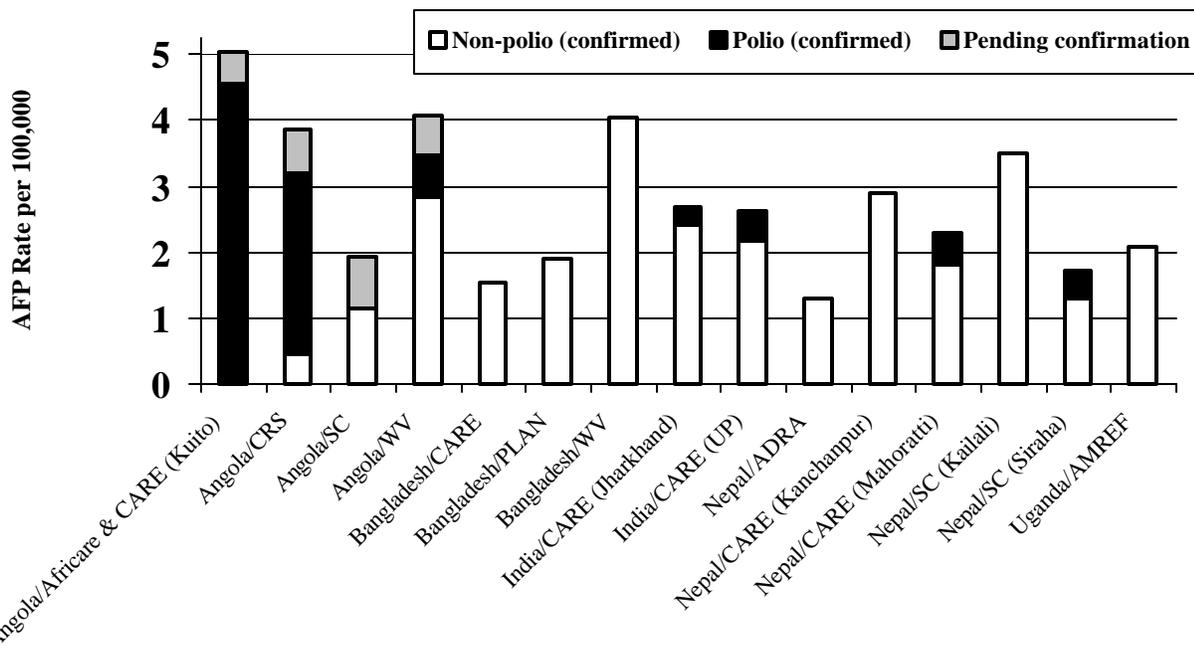
Certification that a country is polio free requires a surveillance system with sufficient sophistication to provide evidence against existence of polio transmission. There are two indicators that are of primary importance for evaluating how good a surveillance system is. First is the acute flaccid paralysis (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.

Figures 7 through 10 below show reported AFP rates and the timeliness of stool sample collection over the last two years in CGPP project areas. We can make several observations from the available data shown in the charts below:

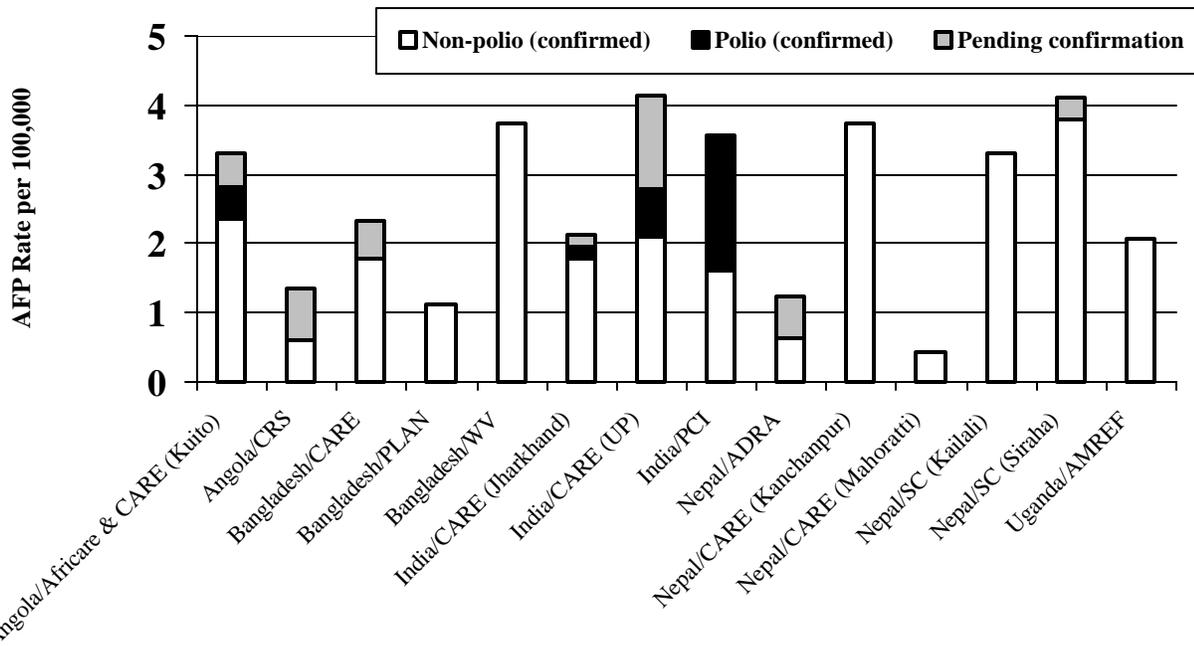
- At the end of 2001, surveillance systems in the Bangladesh projects reporting appear to meet standards in non-polio AFP case finding and timely stool sample collection. In spite of the improved surveillance performance, no polio cases were identified in 2001 in Bangladesh.
- In Uganda at the end of 2001, AFP case finding appears to be sufficiently sensitive. However, the timeliness of stool sample collection is not meeting standards and thus a priority for AFP surveillance support in 2002.
- Surveillance systems in the India appear to be meeting standards across project areas at the end of 2001. An increase in the number of polio cases identified in 2001 may be in part due to improved surveillance.
- At the end of 2001 in Nepal, the timeliness of stool sample collection of found AFP cases is meeting the standard of 80% across projects. The sensitivity of surveillance improved in most districts but in one district appears to have fallen from 2000 levels. ***We encourage continued efforts to improve the proportion of AFP cases in the population that are identified by the surveillance system through involving community leaders and members in AFP detection and reporting.***
- The surveillance systems in Angola project areas continue to be the weakest in the CGPP portfolio although improved in some areas in 2001 from 2002. Security is the major constraint in the functioning of the surveillance system. According to the data, AFP cases are probably being missed. And the data show that in most project areas, stool samples are not collected in a timely manner. Unique and creative solutions are required in this setting to support government efforts to improve the system.
- ***A continuing key priority for the CGPP in Africa projects in 2002 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. Reported AFP Rates per 100,000 < 15s by Project Area and AFP-Type, 2001



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

Figure 9. Percent of AFP Cases with Two Stool Samples within 14 Days of AFP Onset, 2000 - 2001

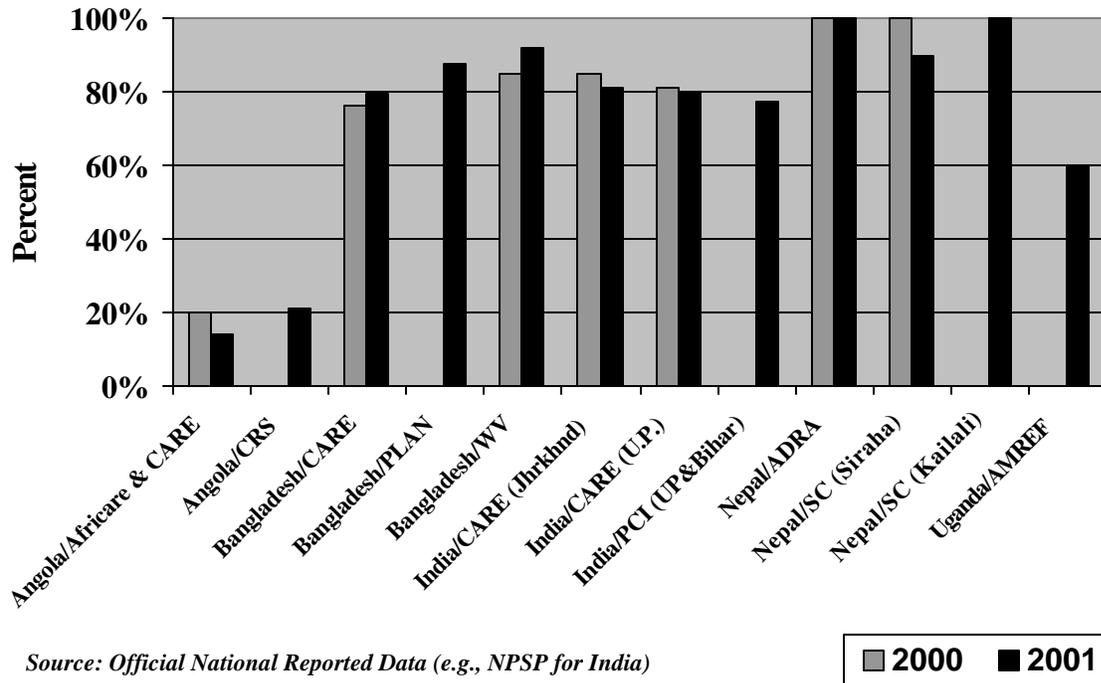


Figure 10. Percent of AFP Cases with Two Stool Samples within 14 Days of AFP Onset, July - December 2001

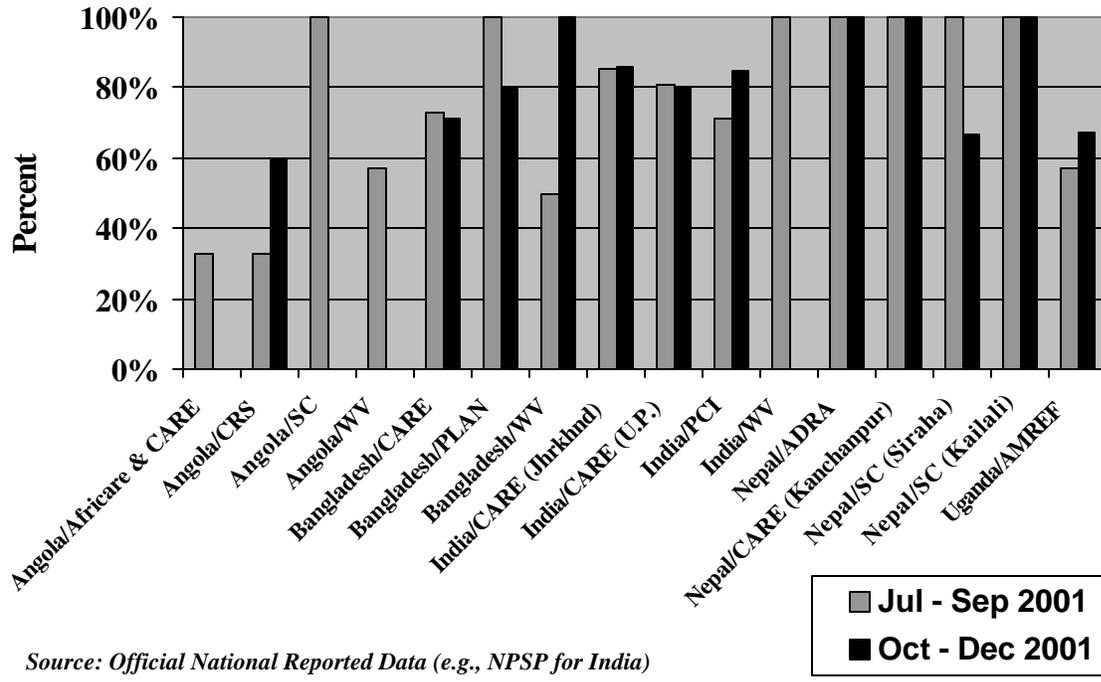


Table 5. Examples of CORE PEI Support for AFP Case Detection/Reporting this Quarter by Country

Country	Examples of support for AFP case detection and reporting
Angola	CARE provides on the job training for new volunteers. Some volunteers are no longer interested in volunteering or do not show up when there is a scheduled activity. These volunteers are replaced by new ones. They receive on the job training since this only happens every 2-3 months. During this quarter 4 new volunteers were selected and received training in polio prevention and detection of AFP. The drama sessions and health education also included a portion on how parents can suspect AFP and whom to notify. Suspected AFP cases are reported to the MOH and WHO delegate in the province. Together with the Field Supervisor, the case is investigated. Often transport is provided to assist MOH and WHO in investigating the case as quickly as possible. The timeliness of case investigations has improved greatly. Occasionally there are logistical constraints such as transportation to the camp or suburb, but the project has assisted with this.
Bangladesh	CARE provided training to Village doctors of Gowainghat upazila of Sylhet and Nachole upazila of Nawabganj on AFP surveillance to increase the surveillance sensitivity. This pilot initiative organized jointly by CORE PEI and WHO was proved very successful achieving almost 80% coverage for all the village doctors within the area. PEI developed a user-friendly training manual on AFP surveillance. In addition, CARE provided technical and vehicle assistance for planning and organizing 3 Outbreak Response Immunization (ORI) activities against reported AFP from the respective community.
Ethiopia	Each training session done by Africare for their staff includes an AFP component. When they were vaccinating during the SNID, Africare also looked for cases of AFP.
India	For the village of Chileria, Bharach District, it was almost another ordinary SNID, a Sunday. If you wanted to you could take you under 5's to the booth (which was most unlikely) or continue with the regular chores; but this was not to be as the teachers and Students of SDA School Bharach (a partner of ADRA), with the slogans and drums made their way to the middle of the village. The attitude and visible dedication the volunteers made the parents and relatives listen to the advice and talk given by the volunteers. The volunteers also went house to house telling the parents to give their children drops at the booth. While this was happening the parents began to bring children who were not too well to the students who took them to their team leader. Among them four suspect cases of flaccid paralysis were found. What made the parents of Jahid, 8 months, Abdul haq, 3 years, Atik Aahmed 5 yrs and Mehruh, 3 yr bring their children to the ADRA Volunteers when others normally hide theirs? The names along those from the other villages were notified to the SMO in the evening, which promptly dispatched a team to the village which confirmed the findings and as it turned out Jahid was found to have polio. This team, school children, involved in social mobilization, on the day of activity, yet was instrumental in the recognition and identification of AFP/Polio case; and brought the concerned authorities immediately into the picture. Every hand every eye and every ear is to be involved in this fight to eradicate the disease.
Nepal	One AFP case was identified in Kavre District during this quarter. Brief description of AFP case: Name of Child: Rupak Khadka Address: Panauti Municipality Ward No-11 Pallo Gairegaun Age: 5 Years Father's Name: Ram Chandra Khadka Mother's Name: Arati Khadka The child was diagnosed as a suspected AFP case by RSO and was admitted in Kanti Children Hospital. 2 stool samples, 24 hours apart, were collected within 14 days by RSO. After receiving this information from RSO, ADRA and DHO jointly carried out immediate ORI and made ward visit to search for other cases.
Uganda	AMREF supported the AFP District focal person and team to investigate 4 suspected AFP cases at Kikyusa, Ngogolo and Kabanyi and supported the investigation of a measles outbreak reported at Bamunanika and Kisega. Note that no confirmed polio AFP case has been detected in Luwero District in the last 2 years. The fact that the non-polio AFP rate has doubled may have come as a result of increased reporting of suspected AFP cases following community sensitization about AFP. The rate of AFP cases with 2 stools samples collected within 14 days has increased from 0% to 60% over the year as a result of training staff and providing them with logistical support for AFP detection.
<i>Sources:</i> CORE PVO Quarterly Narrative Reports	

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

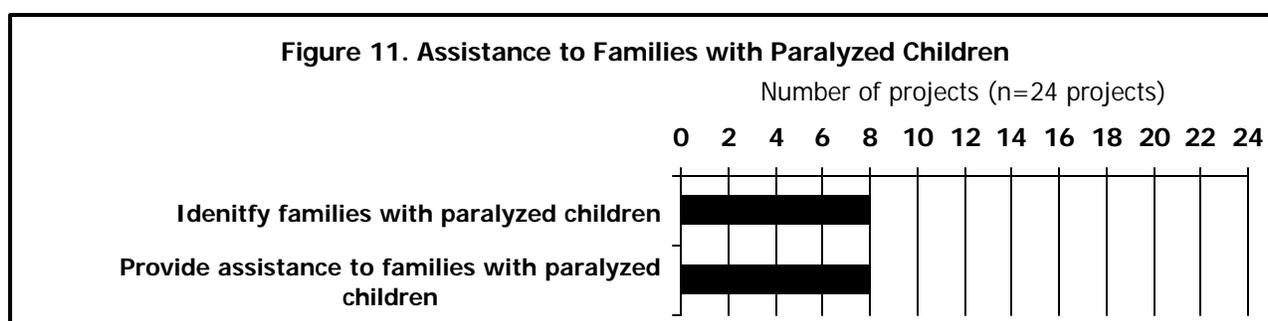
Through the CGPP effort, we expect that an increased number of polio and other types paralysis cases will be discovered. Because of this, we encourage CORE polio projects to provide assistance to families of children identified with paralysis (from any cause). If we make efforts to find paralysis cases, 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 following are the FY02 CGPP objectives for the *assistance to families* mission:

1. In FY02, all PVO projects funded by the CORE Polio Partners Project will identify families with paralyzed children in the PVO project area (identify all if possible).
2. At least 75% of PVO projects funded by CORE Polio Partners Project will assist families with paralyzed children in FY02.

Progress toward FY02 Objectives

Eight projects each (33% of 24) have reported identifying families with paralyzed children and providing assistance to such families in this first quarter of FY02.



Angola	CRS , in partnership with the municipal health departments, is trying to establish a systematic identification of families with paralyzed children in the project area. With the help of the Daughter of Charities nuns in Balombo, a list of children is being prepared in that municipality. So far, three children in Balombo, and one in Ganda benefited from the project, receiving a pair of crutches. SC US distributed 20 pairs of crutches to paralytic children in 11 villages.
Bangladesh	The Center for Disability in Development is a local NGO supporting persons with disability, especially children, through training, primary rehabilitation and monitoring. This NGO has 151 local partners (Community Development Organizations) to carry out their programs. Recently PLAN became a partner of this organization. PLAN supports institutional capacity building of this organization to widen the services provided by CDD for persons with disability.
India	After the Polio coordinators meeting held at Lucknow with Dr. Roma Solomon, Technical Advisor, CORE; partners of CCF have taken up surveys to identify disabled children. Manavseva Kendra, working Naugarh Block in Varanasi District in U.P., has identified 26 paralyzed children and is trying to provide necessary assistance to all of them. Calcutta Samaritans---a partner of PCI ---report that eight children have been referred to RCFC for necessary treatment. One has been sent to another organization for treatment of Cerebral Palsy and Mental Retardation. Three children are under going physiotherapy, three children are getting orthosis and one child will be undergoing surgical operation in the first week of February 2002 to treat post polio residual paralysis in the lower left leg.
Nepal	ADRA provided NRS 2000 (US\$ 27) support for the family of one AFP suspected child in Kavre District. The purpose of this amount is to cover their hospital expenses and for other rehabilitation purposes. Though this is a small amount for the treatment or rehabilitation, the family was very happy to accept this supportive gesture.
Uganda	AMREF identified Nassaka Juliet, who is seven years old and has paralysis of both lower limbs plus the right arm, and transported Nassaka to Kiwoko hospital rehabilitation center.

Source: CORE Polio project quarterly reports.

3.6 Support PVO/NGO participation in either a national and/or regional certification activities

Activities to certify that a country is polio-free vary across the CGPP countries as some countries continue to have polio transmission in 2001. For this reason, the main interest of the CGPP at this time is for collaborative PVO organizations to begin thinking about an appropriate role for PVOs/NGOs during their countries' certification period.

The CGPP FY02 objective for *support of certification activities* is that in each country with CORE Group Polio Partners Project support, the collaborative PVO organization will:

- Develop a concept paper that recommends PVO/NGO roles and responsibilities in support of that country's certification effort;
- Share the concept paper with national and international partners.

Progress toward FY02 Objectives

By the end of the first quarter of FY02, no collaborative PVO organization in the seven countries with CGPP support developed a concept paper regarding PVO/NGO roles during the certification process. ***We encourage all country collaborative organizations (through the leadership of the Secretariat where this exists) develop such a concept paper immediately with sufficient time to share with national partners for feedback and revision.***

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

Information is necessary for maintaining and improving quality of polio eradication activities. Are the activities being done the right activities? Are they being done in the right way and at the right time? Answers to these questions can only come after appropriate information has been collected and analyzed.

The CGPP FY02 objective for the *information documentation* mission is that 80% of PVO projects funded by CORE Polio Partners Project will do all of the following in FY02:

- 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 the percent of AFP cases with 2 stool samples taken within 14 days of onset of paralysis;
- Document problems in logistics and/or implementation of supplemental immunizations and use this information to improve planning of follow-up supplemental immunization rounds;
- Report to CORE partners the results of MOH or WHO clinical exams and laboratory tests of stool specimens---related to AFP cases

identified in the project area during the prior reporting periods (polio, non-polio/discarded, pending).

Progress toward FY02 objectives

By the end of the first quarter of FY02, five projects (21%) have reported all of the documentation activities for this objective. Twelve projects (50%) documented zero-dose children following supplemental immunization activities. Ten projects (42%) documented the timeliness of stool sample collection. Fourteen projects (58%) have already documented problems in the logistics or implementation of supplemental immunization activities. And six projects (25%) have reported the results of clinical exams and/or laboratory tests of stool specimens collected from the project area during prior reporting periods.

We encourage all projects to know well the status of AFP stool sample collection in their project areas and to use information about zero-dose children to identify pockets of un- or under-vaccinated children where they exist.

ANNEX 1: CORE GROUP POLIO PARTNERS PROJECT – STAFF, VISION, MISSION STATEMENTS AND OBJECTIVES

CORE POLIO ERADICATION TEAM STAFF

US-based staff

Project Director – David Newberry (at CARE US/Atlanta)
Deputy Project Director – Bill Weiss (at CORE US/Washington)
Program Officer – Sara Smith (at CORE US/Washington)
Program Officer – Miriam del Pliego (at CARE US/Atlanta)
Finance Officer – Rohan Singarayer (at WV US/Washington)
Contracts Officer – Eric Johnson (at WV US/Washington)

International staff

Asia Region Technical Advisor – Roma Solomon (at CORE India/Delhi)
Bangladesh National Director – Rasheduzzaman Shah (at CARE Bangladesh/Dhaka)
India National Director – Dipti Patel (at CORE India/Delhi)
Nepal National Director – Bal Ram Bhui (at WHO PEN/Kathmandu)
Angola National Director – Lee Losey (at SC US/Luanda)
DR Congo National Director - Emmanuel Mpanzu (at SANRU/ECC/IMA, Kinshasa)
Ethiopia National Director – Philimona Bisrat (at CRDA/Addis Ababa)

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 2002 Objectives:

- A collaborative PVO organization will be functioning by the end of FY02 in each country supported by CORE Polio Partners Project.
- CORE polio partners project representatives will meet/brief regularly with national polio partners (MOH, USAID, WHO, Rotary, other ICC members) in each country supported by the project in FY02.
- Each PVO funded by CORE Polio Partners Project will collaborate with one new national NGO/CBO during FY02.
- CORE Polio Partners Project will be represented at all WHO HQ and Regional TCG Meetings in FY02.

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

FY 2002 Objectives:

- Each PVO funded by CORE Polio Partners Project will do all of the following in FY02:
 - Technical and/or management training
 - Cold chain assessments
 - Improve cold chain and/or vaccine logistics systems
 - Approach and encourage the private sector to support immunization efforts
 - Support social mobilization to increase demand for routine immunization services
 - Encourage community participation in, or contribution to, delivery of routine immunization activities

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

FY 2002 Objectives:

- Ninety percent (90%) of PVOs funded by CORE Polio Partners Project will do all of the following in FY02:
 - Participate in preparation of plans for NIDs, SNIDs or Mop-up campaigns
 - Participate in process evaluation of NIDs, SNIDs or Mop-up campaigns
 - Identify areas or pockets of low OPV coverage and develop plans and strategies to increase coverage in those areas
 - Support social mobilization to increase demand for supplemental immunizations (NIDs, SNIDs, Mop-up campaigns)
 - Encourage community participation in or contribution to supplemental immunizations (NIDs, SNIDs, Mop-up campaigns)
 - Participate in implementation of NIDs, SNIDs or Mop-up campaigns
- In countries conducting cross-border, synchronized supplemental immunizations in FY02, representatives of the CORE Group Partners Project will do one or more of the following:
 - Participate in national or local-level cross-border collaboration planning efforts;
 - Participate in evaluating and documenting the quality of cross border collaboration;
 - Participate in implementation of supplemental vaccination campaigns of children crossing the border (in either direction)---this can include vaccinating, supervising, independent observation, etc.

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

FY 2002 Objectives:

- Seventy-five percent (75%) of PVO polio projects funded by CORE Polio Partners Project will do all of the following in FY02:
 - Expand efforts to support and provide training in detection and reporting of AFP (and related forms of paralysis or other selected diseases);
 - Support MOH efforts to conduct active (rather than passive) AFP surveillance;
 - Support poliovirus outbreak and/or AFP/polio case investigations and/or response;
 - Support logistics network for the transport and testing of stool samples by reference labs; or,
 - Support timely distribution of updates on polio surveillance (e.g., bulletins, newsletters, presentations, meetings).

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

FY 2002 Objectives:

- In FY02, all PVO projects funded by the CORE Polio Partners Project will identify families with paralyzed children in the PVO project area (identify all if possible).
- At least 75% of PVO projects funded by CORE Polio Partners Project will assist families with paralyzed children in FY02.

6. Support PVO/NGO participation in either a national and/or regional certification activities.

FY 2002 Objectives:

- In each country with CORE Polio Partners Project support, the collaborative PVO organization will develop a concept paper that recommends PVO/NGO roles and responsibilities in support of that country's certification effort. This concept paper will be shared with national and international partners.

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

FY 2002 Objectives:

- Eighty-percent (80%) of PVO projects funded by CORE Polio Partners Project will do all of the following in FY02:
 - 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 the percent of AFP cases with 2 stool samples taken within 14 days of onset of paralysis;
 - Document problems in logistics and/or implementation of supplemental immunizations and use this information to improve planning of follow-up supplemental immunization rounds;
 - Report to CORE partners the results of MOH or WHO clinical exams and laboratory tests of stool specimens---related to AFP cases identified in the project area during the prior reporting periods (polio, non-polio/discarded, pending).

Annex 2. CORE Group Polio Partners Project (CGPP): Polio Project List as of 31 December 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
subtotal				1,131,157	1,065,138
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
subtotal				1,866,850	592,087
10	DR Congo	SANRU	60 Health Zones located throughout all regions of DRC	2,216,646	200,000
subtotal				2,216,646	200,000
11	Ethiopia	Africare	Abobo, Gog abobo, Jor, Itang, Godore, and Dima Woredas of Gambella Region	26,500	7,348
12		CARE	Kurfachale, Grawa & Bedene, Awash & Fantale Woredas in Zones of East Harghe , East Shoa and Afar	9,220	8,983
13		CCF	Bosona and Worana Woredas of North Shoa Zone	26,229	9,586
14		SC US	Liben Woreda of Borena Zone	36,647	8,000
		CRDA	Secretariat Office & Directors		30,892
subtotal				98,596	64,809
15	India	ADRA	Moradabad, Rampur, Ghaziabad Districts	30,000	104,688
16		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

Country		CORE Partners	Focus Areas	Potential Beneficiary Population	USAID Funding
17		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
18		PCI	W Bengal: 24 Paraganas, Jalpaiguri, Calcutta Uttar Pradesh: Ghaziabad, Muzaffarnagar; Bihar: Sitamarhi, Madhubani, Patna, Purnia	483,478	187,500
19		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
		ADRA	Secretariat Office		110,299
		subtotal		8,272,439	1,327,103
20	Nepal	ADRA	Kavre District	65,482	47,674
21		CARE	Mahoratti & Kanchanpur districts`	184,599	91,739
22		SC US	Kailali & Siraha districts	223,177	93,045
		ADRA	Secretariat Office & Director		68,658
		subtotal		473,258	301,116
23	Uganda	AMREF	Luwero District	87,336	183,132
24		MIHV	Ssembabule District	39,000	162,935
		subtotal		126,336	346,067
	7	12		14,185,282	3,896,320