



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

2nd Quarterly Narrative Report, FY 2002 January – March 2002



As a piece of art, a former UNITA nurse disabled by Polio carved this crutch from a single piece of wood. The “artist “ and owner of this crutch can be found at the Malongo Quartering Area, in Benguela Province.

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
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
WF	Women's InterLink Foundation
WV	World Vision

CORE GROUP POLIO PARTNERS (CGPP) PROJECT

2nd Quarterly Narrative Report, Fiscal Year 2002 (January – March 2002)

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 second 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.
- 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 this fiscal year, USAID mission funds are 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 (and one local NGO) for support of NIDs. The CGPP also funded the Christian Relief and Development Agency (CRDA)--an umbrella organization representing over 200 NGOs in Ethiopia--to coordinate the funding and activities of PVOs/NGOs 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 list of partners by country is provided in Annex 2.

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

Country	No. PVO Projects
Angola	5
Bangladesh	4
DR Congo	1
Ethiopia	4
India	5
Nepal	3
Uganda	2
7	24

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.

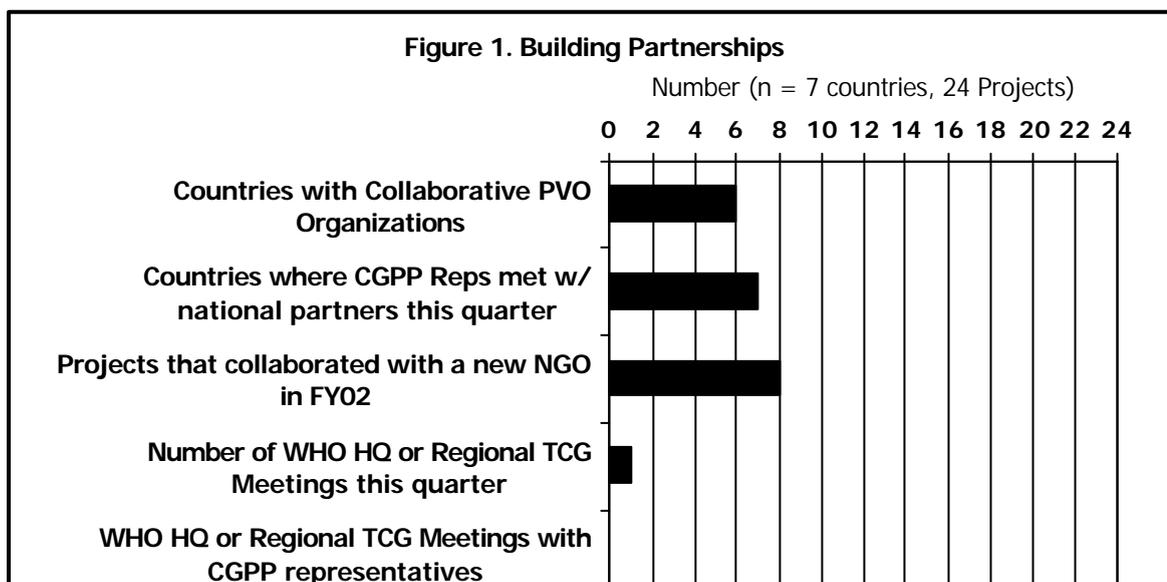
The following are the FY02 CGPP objectives for the *building partnerships* mission:

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. Eight of 24 projects report collaborating with a “new” NGO or CBO in the first two quarters of FY02. This number falls 16 short of the objective for the end of the year (6 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 in Geneva. Because the membership of this meeting was tightly restricted, no CORE representatives attended. Representing CORE was Elynn Ogden, the USAID PEI Coordinator.

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

Country	Examples of CORE Polio partnership activities
Angola	Despite a WHO personnel change at the provincial level, CRS is closely collaborating with UNICEF, WHO and MoH in Benguela Province. This collaboration includes evaluation, the monitoring of routine vaccinations activities and surveillance. Additionally, CRS took the lead to re-initiate the “Provincial ICC” meetings. The provincial ICC is composed of MoH, UNICEF, WHO, WFP and a representative of the local administrative government at the Provincial level. One meeting was held during the quarter.
Bangladesh	SC/US participated in three District Health & 3 Upazilla Development coordination meetings to raise EPI issues in a large forum. SC/US collaborated at the local level with the NGO Forum, BRAC, Proshika (National NGOs) and 21 other local NGO/CBO on Polio Eradication through monthly NGOs meetings and coordination meetings at Upazilla Health Complex. Additionally, they formed a new partnership with the NGO Forum (who is working for Arsenic mitigation in our area and have manpower in 13 union) to work for NIDs.
Ethiopia	Formalization of the CORE secretariat was completed with CRDA (Christian Relief and Development Association) as the host organization. Dr Filimona Bisrat was selected as the secretariat director. World Vision partnered with EECMY (Ethiopian Evangelical Church Mekane Yesus) to utilize their cadre of 315 community based reproductive health workers; they were trained as vaccinators and supervisors.
India	ADRA partnered with the Methodist girls inter-college in Moradabad in January 2002 and with Sunrise Educational and Welfare Society Meerut and with the Methodist Girls hostel of Badaun in March 2002. ADRA staff felt that the enthusiasm of the children volunteers has buoyed the spirits of all partners working in PEI.
Nepal	CORE Nepal PVO Partners visited Bangladesh to observe SIA in Bangladesh. The objectives of the visit were to learn about microplanning and quality of NIDs; to learn how Bangladesh CORE partners respond to vaccination needs of populations at high risk; to learn about social mobilization and communication activities; to learn about how SIA in Bangladesh deals with urban populations, and to share SIA and EPI experiences of Nepal with Bangladesh partners.
Uganda	AMREF collaborated with a new partner, Luwero Uganda Society for the Disabled, to screen and refer 14 children with disabilities and with Katalamwa Hospital to get treatment/rehabilitation for these same children. AMREF also held a meeting with Kiwoko Hospital CBHC team to work out the immunization coverage by reviewing village immunization registers.
Sources: CORE PVO Quarterly Narrative Reports	

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 two quarters of FY02, only four projects have 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.*

Figure 2. System Strengthening Activities

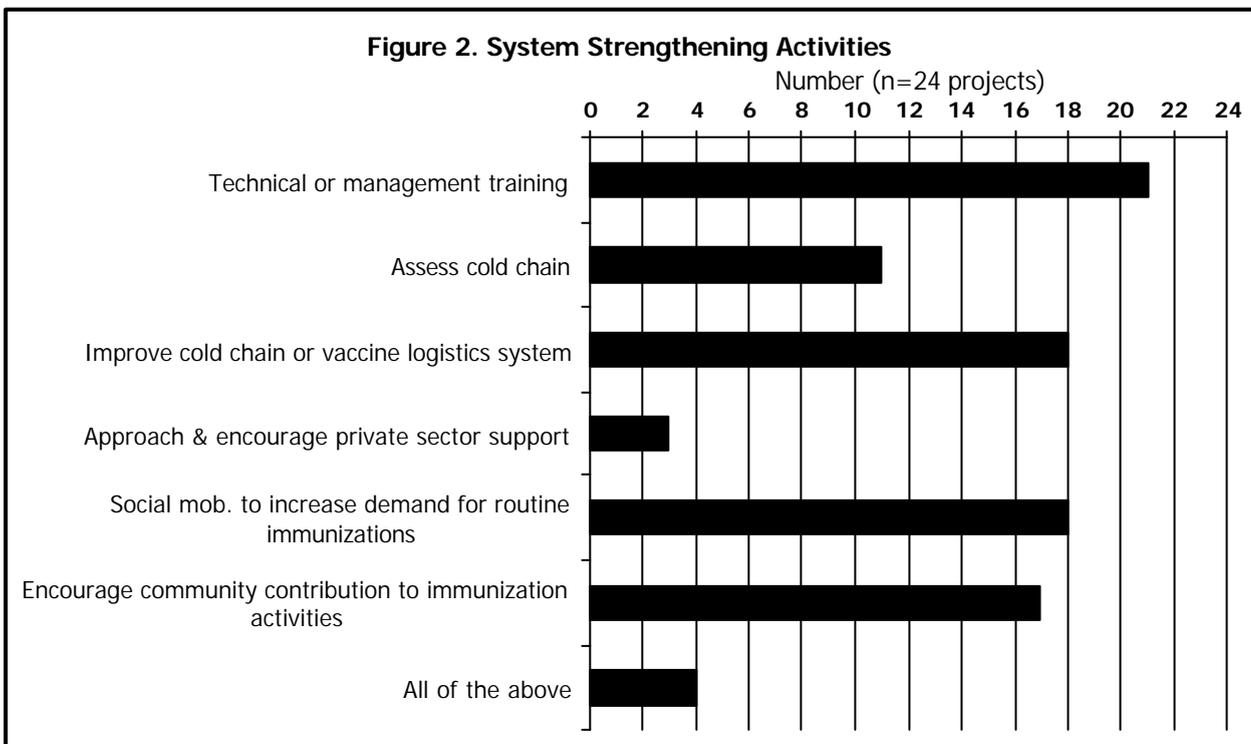


Table 3. Examples of Activities to Strengthen Immunization Systems this Quarter by Country

Country	Examples of CORE Polio system strengthening activities
Angola	SC/US trained 16 EPI technicians in Amboim during this reporting period. Technicians were trained in vaccination techniques, social mobilization and management, control and monitoring of the cold chain system. During the training SC/US's Health Supervisor noted that the cold chain system in Amboim faced severe problems: poor energy supply and inadequate maintenance of the freezers. In response to this the supervisor decided to transfer the freezer to the SC office in Gabela. During this reporting period SC/US also transported vaccination materials and vaccines from Luanda to Sumbe and subsequently from Sumbe to Port Amboim and Gabela.
Bangladesh	World Vision supervised the cold chain system at district & Upazila level and supported those concerned to assess cold chain. WV conducted an individual session with the EPI technician to identify problems or lacking and shared those with managers & other MOH staff during monthly meeting for solution. WV also conducted an advocacy/social mobilization meeting with teachers, UP chairman-members, TBAs, pharmacists & quacks at upazila/union level. Joint routine EPI out reach session visit with IOCH, WHO representatives & MOH managers and shared the visit findings in monthly MOH staff meeting for improvement of routine EPI coverage.
Ethiopia	CARE worked to maintain the cold chain equipment, including refrigerators; Save the Children Ethiopia helped to repair and maintain motorbikes. Both of these activities benefit the routine EPI system.
India	CARE project supervisors are trained and provide support in the cold chain supply and maintenance. IEC materials were created that depicted the message of routine immunization along with polio eradication.
Nepal	Save the Children Nepal Integrated supervision planning has been developed with the staff of the district public health offices. The agendas of routine immunization have been included in the orientation curricula such as NGO orientation and village development committee orientation on polio.
Uganda	MIHV conducted 15 Health Education sessions in the community on immunization and infant feeding in Lwebitakuli, Mateete, Ntuusi, Mijwala and Lugusulu sub-counties. A total of approximately 1,400 community members attended the sessions. MIHV supported immunization outreaches by providing transport, fuel and lunch for health workers. Elijah Talemwa, the Community Health Educator discussed strategies with HECLOSK, the student drama group, for the continuation of their performances in neighboring schools on an ongoing basis, independent of MIHV. MIHV trained the 21 students in drama, music and specific health topics including immunization, Vitamin A, household hygiene and HIV/AIDS. 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:

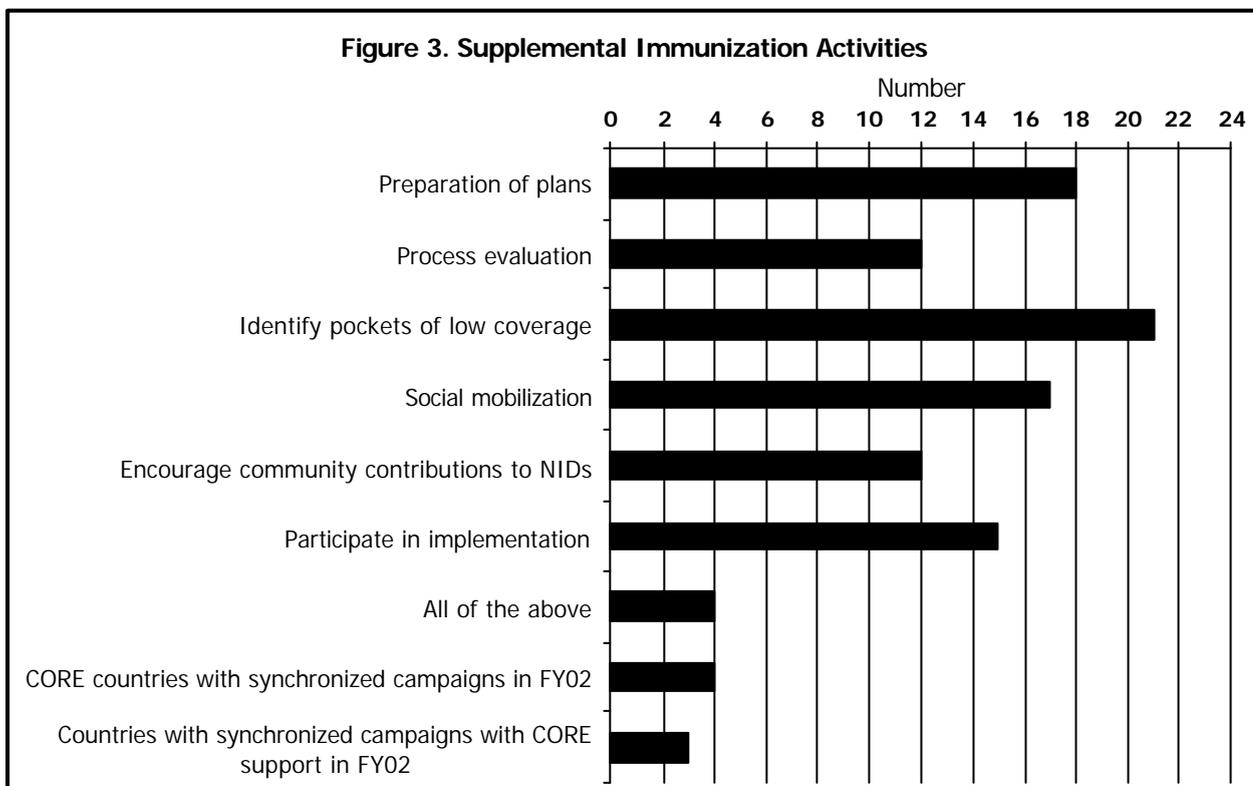
1. 90% of PVOs funded by CORE Polio Partners Project will do all of the following in FY02:

- 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 year in their program areas. The most commonly reported activities are support for planning, identifying pockets of low coverage, 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	In those areas in Kuito where there are newly arrived IDPs, the OPV coverage is lower than in other areas. Once CARE identifies a group of IDPs, a vaccination date is set up and the Field Supervisor and the volunteers vaccinate and distribute vaccination cards to the children. These children usually come from areas where there has been no vaccination access for the past 10 years or more. Field staff and volunteers conduct polio education and dramas, especially for the newly arrived IDPs.
Bangladesh	PLAN helped identify 2 AFP cases and send stool samples to National Polio Laboratory. Additionally, PLAN kept up regular communication with Key Informants.
Ethiopia	Save the Children, World Vision, and CCF all participated in the SNIDs. With the funding from The CORE Group, these organizations were able to expand their scope and focus on gaps in the system. All organizations worked in areas that were geographically difficult in nature
India	In the hot district of Moradabad, World Vision staff participated in house to house searches, held strategic planning meetings with PEI partners at the WHO local office and met with religious leaders and other influential people.
Nepal	CARE Nepal supported the DHO for transportation of vaccines, ice packs and supervision. Educational material like banners to put in different public places was also provided to DHO. Similarly, missing children record format was provided to all health facilities supervisors and vaccinators involved in supervision program and participated in district level monitoring. All project staff and DHO staff participated in a District Level one-day mop-up micro-planning workshop held from 7-9 Feb '02. After the workshop, project's field level staff, in 10 VDCs, supported DHO staff to organize meetings and orientations at the VDC level. The project supported the DHO for an additional 10 teams of the vaccinators to be placed in borders, bus parks and scattered VDC's having high chances of children to be missed to cover the whole population, as an outcome of the district level micro-planning. Some local NGOs and VDCs demonstrated in rallies/meeting/workshops at the local level and were involved in miking and public announcement by their own initiation.
Uganda	AMREF participated in a National level meeting to plan SNIDs for later in the calendar year. AMREF also participated in a National micro-planning and training workshop for the introduction of DPTHepb+Hib
Sources: CORE PVO Quarterly Narrative Reports	

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:

Four projects (17% of 24) have carried out all the AFP case detection and reporting activities listed in the objective and in Figure 4 below by the end of the 2nd Quarter, FY02. The most commonly reported activities are support for active surveillance by involving communities in AFP detection and reporting, and training in AFP case detection.

The least commonly reported activity is support for stool sample collection and transport (six projects or 25%); however, 37% of projects reported this activity in FY01. ***We encourage projects to report any activity in support of collection and transport of AFP case stool samples to reference laboratories.***

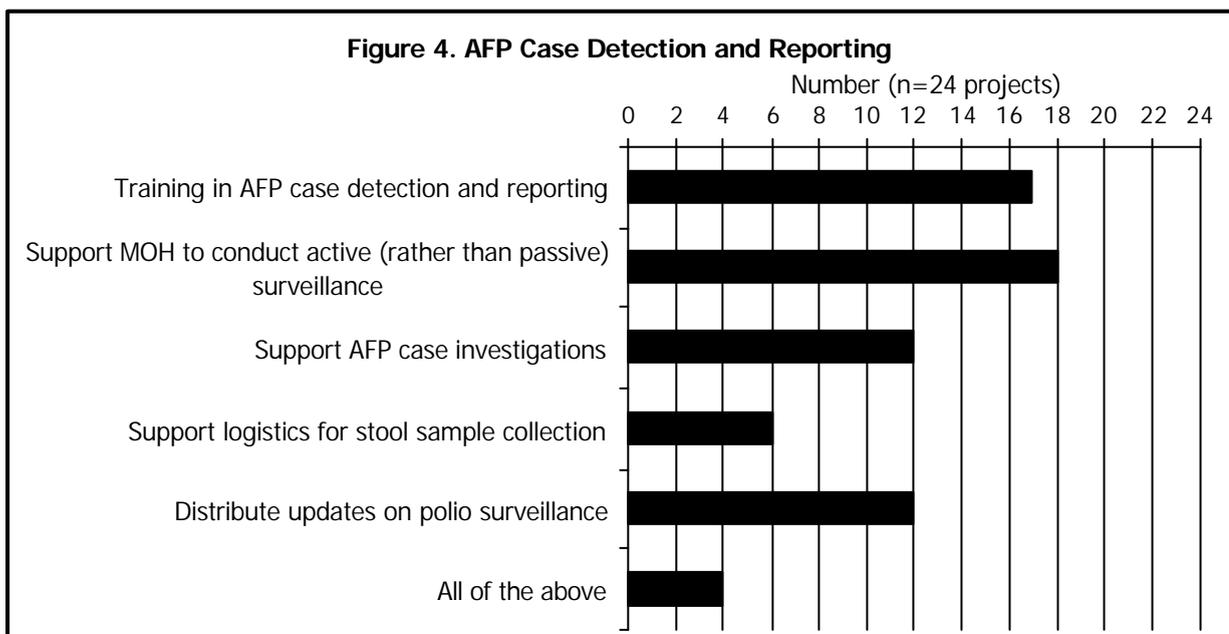


Table 5. Examples of CORE PEI Support for AFP Case Detection/Reporting this Quarter by Country

Country	Examples of support for AFP case detection and reporting
Angola	<p>Africare has trained 25 new activists in Kuito 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 all of Africare’s project areas activists are focusing special attention on AFP detection but reporting also all vaccine preventable disease in their four villages. They are still providing critical information on measles tracking, by home visits in their communities.</p> <p>Additionally, Africare is providing transportation for case investigation and stool sample collection, while assisting with World Health Organization and World Food Program in sample transportation to the Central Laboratory in Luanda. Finally, Africare is photocopying surveillance bulletins for all vaccine preventable diseases to prevent a slow down in investigations since there are usually delays from Luanda to Kuito.</p>
Bangladesh	<p>CARE’s PEI project disseminated a user-friendly training manual on AFP surveillance. The project also provided technical and vehicle assistance for planning and organizing Outbreak Response Immunization (ORI) activities against reported AFP from the respective communities.</p>
Ethiopia	<p>No activities this quarter.</p>
India	<p>CCF has ensured that all partner organizations have done elaborate reporting and created a communication network for AFP, which includes the villagers themselves, school teachers, local practitioners, chemists, Barber shop, local street corner shop, and village level workers. AFP surveillance is continuously carried out by all partners. No other cases were reported.</p>
Nepal	<p>An ADRA MCHW identified and reported an AFP case in a 13 year old child. He was diagnosed as having AFP by the RSO and was admitted to the Patan Hospital. Because of this, two samples were able to be collected within 14 days of onset of paralysis. After receiving this information, an immediate field visit was made by district EPI staff and VDC level staff. An outbreak response immunization was then held in this ward.</p> <p>ADRA has provided AFP orientation training to local pharmacists (medicine retailers and owners of private clinics) and traditional healers. ADRA developed IEC materials on AFP, and distributed them in the community and schools through teachers, local healers, health volunteers and NGO workers to reach all wards of each VDC.</p>
Uganda	<p>AMREF participated in a feed back session held by the STOP TEAM MISSION UGANDA on EPI surveillance activities in 56 Districts in Uganda. Luwero was one the Districts covered by the team. Additionally, AMREF supported the AFP District focal person and team to conduct AFP surveillance in Luwero District.</p>
<p>Sources: CORE PVO Quarterly Narrative Reports</p>	

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

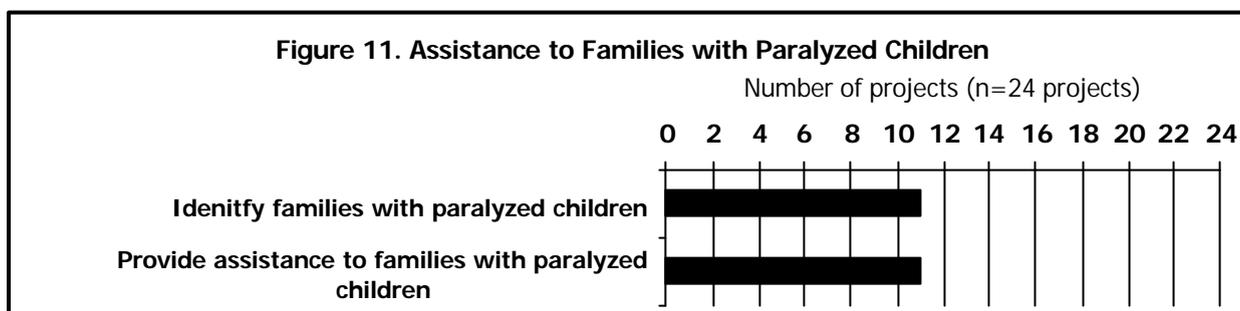
Through the CGPP effort, we expect that an increased number of polio and other types paralysis cases will be discovered. Because of this, we encourage CORE polio projects to provide assistance to families of children identified with paralysis (from any cause). If we make efforts to find paralysis cases,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

Eleven projects each (46% of 24) have reported identifying families with paralyzed children and providing assistance to such families in FY02 to date.



Angola	World Vision distributed nine pairs of crutches to children with deformities due to polio in the municipality of Cazengo. Crutches have been also sent to Malange province for distribution. In partnership with the Catholic Nurses Association and the Daughter of Charity Sisters, CRS was able to identify 11 paralyzed children in Balombo. The children will be physically evaluated to decide if they might benefit from a pair of crutches or if they will need a tricycle.
Bangladesh	No activities were reported this quarter.
Ethiopia	No activities were reported this quarter.
India	PCI partners provided several services to children affected by paralysis. The WIF team provided escort to three polio affected children to Bangur Hospital for Disability certificates. Calsam referred seven children to RCFC for necessary treatment and followed up on their treatment. Two children will be getting a wheel chair. Adithi met with the Indian Red Cross to obtain a certificate for these children and enroll them in awareness programs with the community about disabled children. GPSVS provided some health services through PHC.
Nepal	CARE Nepal conducted home visits to an AFP case, provided moral support to the family and encouraged the mother to perform exercises to the affected leg regularly. The project also has future plans to support another wild polio case found in 1999.
Uganda	MIHV collected information from the community at the village level on family members who have disabilities.

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 2002. 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 2nd 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, six projects (25%) have reported **all** of the documentation activities for this objective. Sixteen projects (67%) documented zero-dose children following supplemental immunization activities. Eleven projects (46%) documented the timeliness of stool sample collection. Sixteen projects (67%) have already documented problems in the logistics or implementation of supplemental immunization activities. And seven projects (29%) 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

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 – Filimona 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 polio virus 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): CORE Polio Partners List, 1 January - 31 March 2002

Country	CGPP Partners
Angola	Africare, CARE, CRS, SC, WV (note: IMC, SA, Handicap International are non-funded partners)
Bangladesh	CARE, PLAN, SC, WV
DR Congo	SANRU III (project of ECC, IMA funded directly by USAID/DRC)
Ethiopia	CARE, CCF, SC, WV---funded via CRDA as secretariat (note: PLAN and Africare were non-funded partners this quarter)
India	ADRA, CARE, CCF, PCI, WV
Nepal	ADRA, CARE, SC (Note: PLAN and WV are non-funded partners)
Uganda	AMREF, MIHV