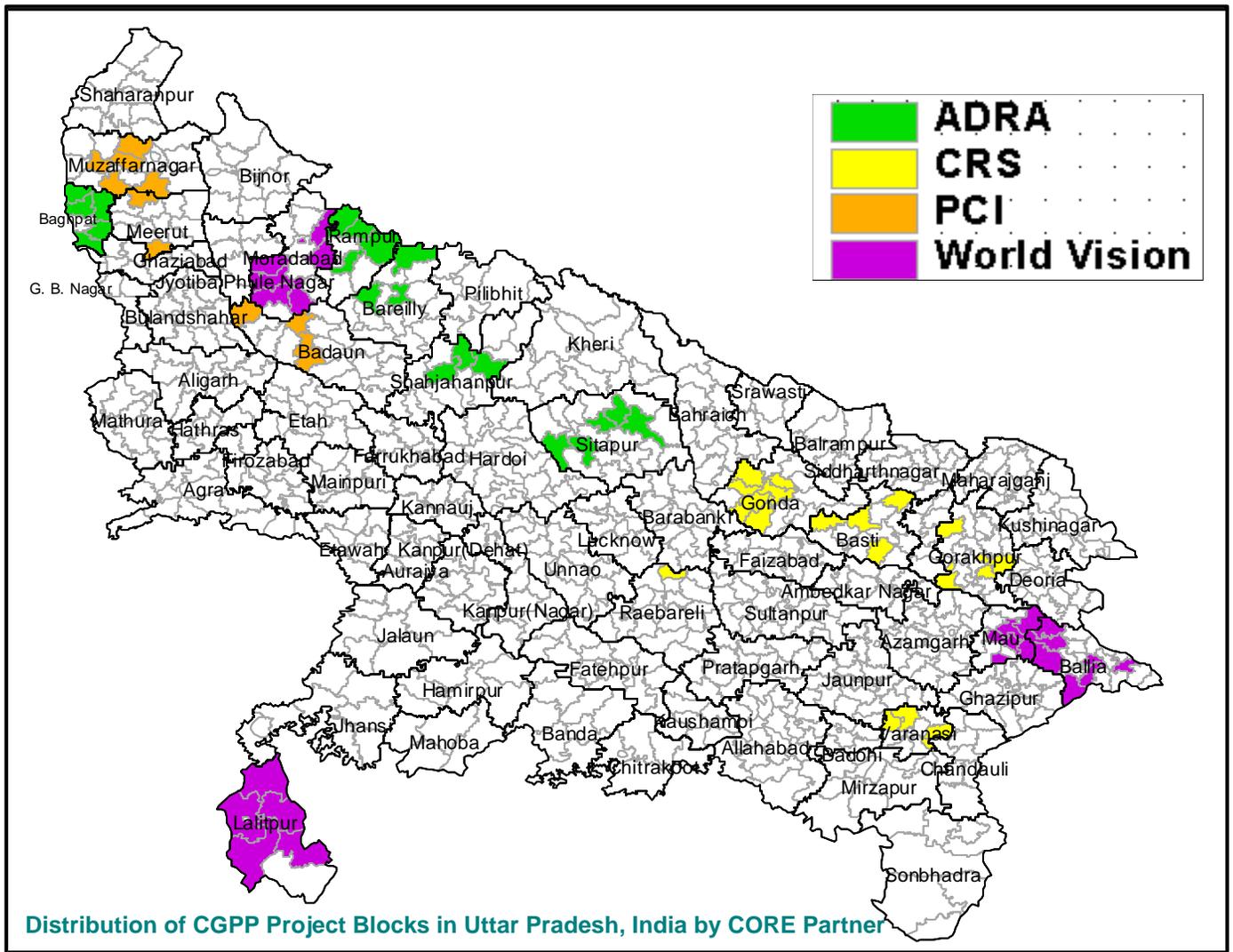




## CORE GROUP POLIO PARTNERS (CGPP) PROJECT

FY04 Narrative Report (1<sup>st</sup> Half)  
October 2003 – March 2004



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



**CORE GROUP POLIO PARTNERS (CGPP) PROJECT  
FY04 Narrative Report**

**October 2003 – March 2004**

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## ACRONYMS

ADRA	Adventist Development and Relief Agency
AFP	Acute Flaccid Paralysis
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
DHO	District Health Officer
EPI	Expanded Programme on Immunisation
ICC	Inter-Agency Coordinating Committee
IEC	Information, Education, Communication
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
KI	Key Informant (for AFP case detection)
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
SA	Salvation Army
SC	Save the Children
SMO	Surveillance Medical Officer
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
WV	World Vision

## CORE GROUP POLIO PARTNERS (CGPP) PROJECT FY04 Narrative Report

October 2003 – March 2004

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 \$25 million covering eight 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:

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.

The **strategy** to achieve this vision includes the following seven components (our mission):

1. Building partnerships,
2. Strengthening existing immunization systems,
3. Supporting supplemental immunization efforts
4. Helping improve the timeliness of AFP case detection and reporting,
5. Providing support to families with paralyzed children,
6. Participation in either a national and/or regional certification activities, and
7. 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.

During this period, USAID funds supported activities in four countries: Angola, Ethiopia, India, and Nepal. Also, in each country, the CGPP supports a coordinating secretariat with at least one full-time coordinator/director. Note that only one of the CGPP countries---India---has ongoing transmission of polio; the other three countries last had transmission in 2001 or 2000. USAID mission funds wholly or partially supported activities in Angola and India during this period. In India, mission funds have included “non-polio” health funding that allows the partners to address other interventions in the same communities. These “non-polio” funds allow the partners to include “add-on”

activities that build trust between the community and the partners and therefore help break down resistance to polio eradication activities. In Angola and India, mission funds allow continuing projects to shift their efforts into high-risk areas, and are supporting new partners.

A description of key activities carried out by the CGPP during this reporting period is provided in country-specific annexes attached.

## Part 1: Partners' Activities by Province (October – December 2003)

### Introduction

The CORE Group Polio Partners Project in Angola has expanded to new geographic areas in FY04, such as Malange, Uíge and Zaire provinces, as well as to new municipalities in Bie, Kwanza Sul, and Luanda. The Group is working with six partners PVOs, in 42 municipalities in nine provinces, assisting a population of 8,869,072 inhabitants, with 4,168,464 total beneficiaries under fifteen years of age (Please see the table below).

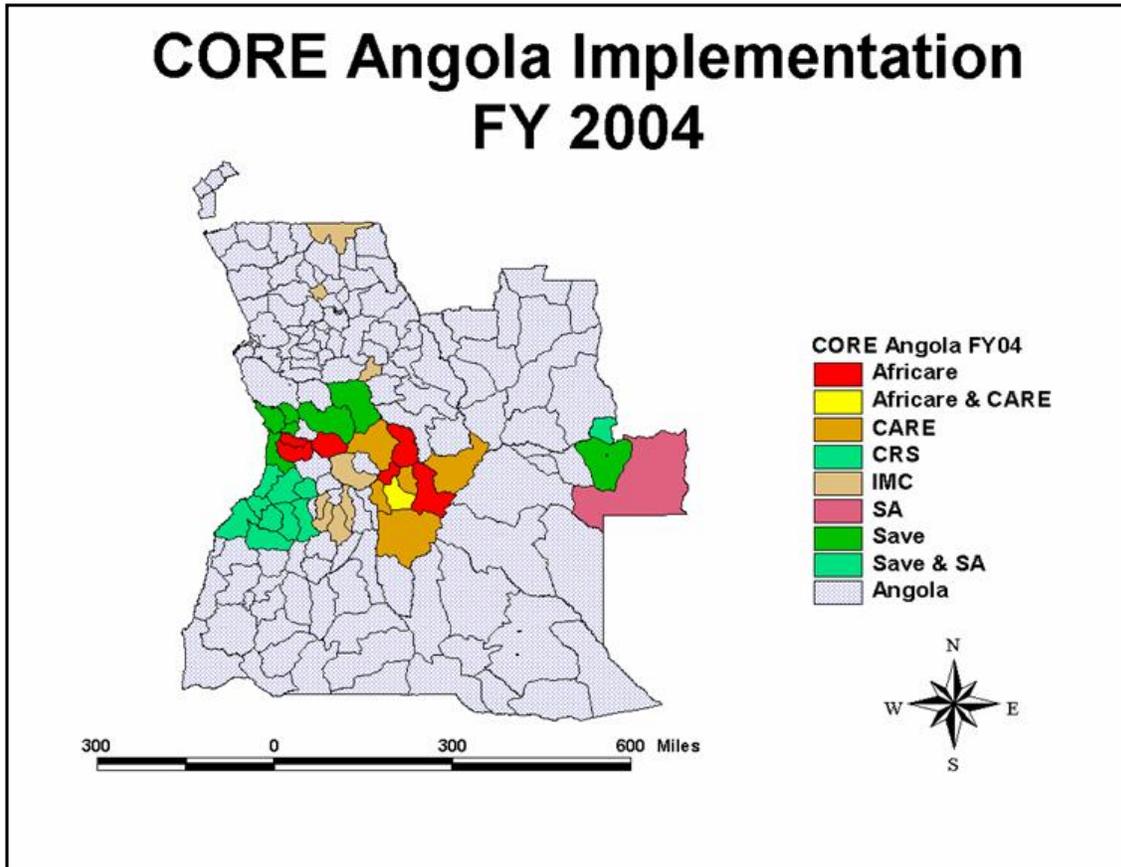
#### ESTIMATED POPULATION IN CORE PROJECT AREAS FOR 2004

PVO	MUNICIPALITY	Total Population (estimated)	Under 5 yrs (20%)	Under 15 yrs (47%)
<b>BENGUELA</b>				
CRS	Baía Farta	92.327	18465	43.394
CRS	Balombo	82.517	16503	38.783
CRS	Benguela	688.424	137685	323.559
CRS	Bocoio	82.463	16493	38.758
CRS	Caimbambo	105.012	21002	49.356
CRS	Chongoroi	143.342	28668	67.371
CRS	Cubal	161.548	32310	75.928
CRS	Ganda	273.522	54704	128.555
CRS	Lobito	1.047.097	209419	492.136
<b>SUBTOTAL</b>		<b>2.676.252</b>	<b>535250</b>	<b>1.257.839</b>
<b>BIE</b>				
CARE	Andulo	167.456	33491	78.705
Africare	Camacupa	144.993	28999	68.147
CARE	Catabola	143.605	28721	67.494
CARE	Chinguar	125.825	25165	59.138
CARE	Chitembo	57.548	11510	27.048
CARE	Cuemba	27.388	5478	12.872
CARE	Cunhinga	64.438	12888	30.286
CARE & Africare	Kuito	325.903	65181	153.174
Africare	Nharea	77.096	15419	36.235
<b>SUB-TOTAL</b>		<b>1.134.252</b>	<b>226850</b>	<b>533.098</b>
<b>HUAMBO</b>				
IMC	Bailundo	136.667	27333	64.234
IMC	Caala	123.116	24623	57.865
IMC	Huambo	450.256	90051	211.620
IMC	Longonjo	40.154	8031	18.872
IMC	Ukuma	27.344	5469	12.852
<b>SUB-TOTAL</b>		<b>777.537</b>	<b>155507</b>	<b>365.443</b>
<b>KWANZA SUL</b>				
Save the Children	Amboim	150.160	30032	70.575
Africare	Cela	87.108	17422	40.941
Save the Children	Ebo	77.647	15529	36.494
Save the Children	Kibala	92.210	18442	43.339
Save the Children	Kilenda	49.308	9862	23.175
Save the Children	Porto Amboim	83.491	16698	39.241
Africare	Seles	82.964	16593	38.993
Save the Children	Sumbe	98.237	19647	46.172
<b>SUB-TOTAL</b>		<b>992.991</b>	<b>144225</b>	<b>466.706</b>
<b>Luanda</b>				
CARE	K. Kiaxi	646.947	129389	304.065
Africare	Samba	281.674	56335	132.387
<b>SUB-TOTAL</b>		<b>928.621</b>	<b>185724</b>	<b>436.452</b>
<b>MALANGE</b>				
IMC	Cacuso	43.029	8606	20.224
IMC	Kangandala	27.657	5531	12.999
IMC	Malange	227.031	45406	106.705

<b>SUB-TOTAL</b>		<b>463.189</b>	<b>59543</b>	<b>217.699</b>
<b>MOXICO</b>				
Salvation Army	Alto Zambeze	28.096	5619	13.205
Save the Children	Luacano	28.925	5785	13.595
Salvation Army & Save the Children	Luau	51.311	10262	24.116
<b>SUB-TOTAL</b>		<b>482.618</b>	<b>21666</b>	<b>226.830</b>
<b>UÍGE</b>				
IMC	Maquela do Zombo	117.230	23446	55.098
IMC	Uíge	229.483	45897	107.857
<b>SUB-TOTAL</b>		<b>1.183.898</b>	<b>69342</b>	<b>556.432</b>
<b>ZAIRE</b>				
IMC	M'Banza Congo	51.192	10238	24.060
		<b>229.714</b>	<b>10238</b>	<b>107.966</b>
<b>TOTAL</b>		<b>8869072</b>	<b>1773814</b>	<b>4168464</b>

SOURCE: IMMUNIZATION SECTION, MOH, ANGOLA

**Note:** Salvation Army has low level of interventions due to lower funding levels.



## Partners Activities by Objectives

### Effective partnerships involved in polio eradication initiatives:

All CORE PVOs continued to work closely with partners involved in EPI/ health activities at provincial, municipal and community levels, mainly on logistical and technical support, coordination, weekly surveillance, and improvement of data collection and reporting.

**Africare** held meetings with partners, MoH, WHO, UNICEF and CARE International in Bie Province and with MoH, WHO, UNICEF, MOVIMNDO, and ALISEI to foster inter-agency collaboration and share experiences on EPI. During these meetings in Kwanza Sul province, partners stated their concern that there is always a delay in transporting EPI materials to the province. Africare transported these materials in December and the importance of good coordination and collaboration to transport these materials in time was reiterated.

In Seles municipality, Africare and CARITAS de Angola continue to strengthen village health committees who assist in the notification of EPI targeted disease cases.

In Bie province, Africare conducted joint supervision visits with MoH, MSF/Belgium, and CVA (Angolan Red Cross) in their respective health units with Africare providing logistics and technical support. Africare also participated in training twelve CARE International activists as mobilizers to strengthen routine immunizations in Chinguar and Kuito municipalities.

**CARE** Polio Project Coordinator has focused this quarter on strengthening partnerships with PAV/ MoH at the municipal level. At staff meetings, he has reinforced that project officers not view their efforts as independent but as a complement of the Ministry's efforts on strengthening the system and activities that will be in place after the CARE/CORE project ends. CARE worked with PAV/MoH and WHO to prepare for the intensification of routine immunization in five municipalities in Bié and have agreed to meet once monthly (hopefully with the participation of Africare), in addition to meeting informally and at the weekly health sector meetings to ensure optimal levels of coordination. CARE has also made a commitment to share its weekly vehicle movement plans with PAV/MoH, in order to help them take advantage of cars traveling to the municipalities.

Project officers reported that PAV and Disease Surveillance personnel increasingly joined them in conducting supervision of community volunteers and in monitoring the municipal cold chain. PAV supervisors also participated in the refresher trainings of polio volunteers in Kuito and Kunhinga. When the Project Coordinator conducts staff supervision in the municipalities, he encourages local PAV/MoH to accompany him.

CARE invited Africare polio staff to accompany the Project Coordinator on field visits. Africare also requested CARE's assistance in administering an immunization coverage survey in Camacupa—unfortunately, CARE had few personnel in Kuito at the time and was unable to call in its personnel based in the municipalities to help.

In Kilamba Kiayi, CARE continued to work mainly with the municipal **PAV/MoH**—for example conducting lectures at health posts in the project area. Community-level partners continue to include churches, local primary schools, and traditional doctors who CARE have mobilized to help identify potential cases of AFP and other EPI targeted diseases. The result of these community-level partnerships is mainly increased coverage of health education and more wide-reaching surveillance.

**CRS** polio eradication team participated in Health and Nutrition Provincial Group monthly meetings, similar to the ICC but focusing on the analysis of mortality and morbidity trends at the provincial level. At the same time, as CRS is in the process of increasing the use and demand of health and immunization services in their beneficiary population, the MoH has showed interest in opening new vaccination posts. This activity is coordinated with MoH, CCF, Action Against Hunger (ACF), and Catholic missions and congregations.

Other religious groups such as *Bom Deus*, *Tocoístas*, *Igreja Cheia de Palavra de Deus*, *Igreja Pentecostal* and *Igreja Adventista do Sétimo Dia* are also participating with CRS in active surveillance and identification of families with paralyzed children by providing volunteers for training while *Os Desbravadores* will participate with the MoH in social mobilization for the routine intensification process.

IMC project staff in Huambo met with WHO, Unicef and the provincial EPI supervisor and agreed to have weekly meetings with municipal supervisors, cold chain technicians and fixed posts personnel for situation analysis. As with other PVOs, IMC is participating in the intensification process in all targeted municipalities.

In M'Banza Congo, Zaire Province, IMC met with private and governmental health facility authorities in order to increase surveillance levels and report weekly to the surveillance department.

#### **Efforts to strengthen routine immunization systems:**

**Africare**, using funds from the Emergency Health and Nutrition project, continues with logistic support to transport vaccines and vaccination materials to project municipalities and fixed and mobile vaccination posts in Seles and Cela municipalities of Kwanza Sul. Africare is also supporting the MoH in collecting, transporting, and compiling EPI data at the municipal and provincial levels. Its temporal and full time staff participated in Africare EPI coverage survey for Kibala and Cela municipalities. In Bie province, the project is dedicating the same level of commitment to supporting EPI activities and participating in integrated EPI supervision in all municipalities. In addition, Africare participated as facilitator in the training of 22 MoH vaccinators in Kuito, 32 in Chinguar and 90 mobilizers in Kuito and 82 in Chinguar respectively to enhance vaccination activities in the province.

Africare activists made 15,353 houses visits and 248 health talks while the mobile vaccination teams conducted 289 health talks on EPI with 27,787 participants.

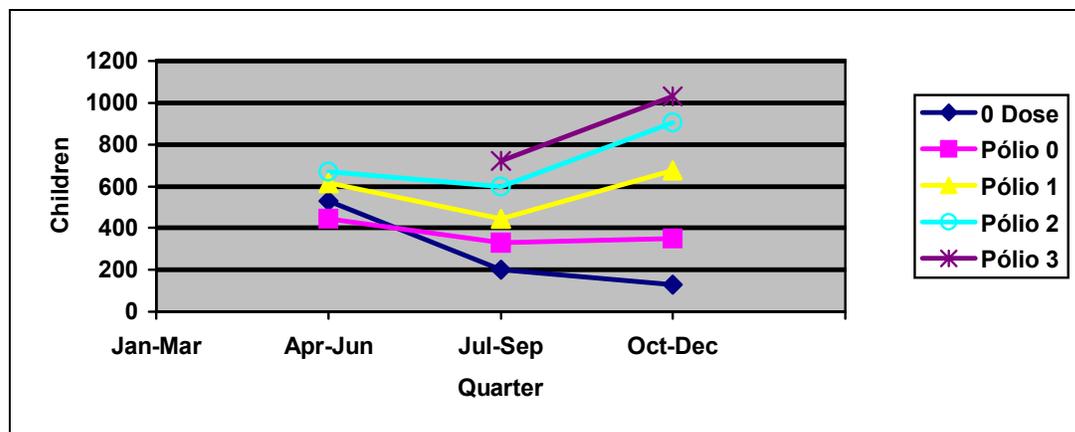
**CARE** offered PAV/MoH the use of its vehicles to transport vaccines and liberated both staff and vehicles to conduct supervision visits and cold chain checks at Kuito fixed posts. Bie Province has five municipalities targeted for the intensification process, four of which are part of CARE's PEI project: Kuito, Chinguar, Catabola and Andulo. As such, CARE is largely involved in ensuring the optimal results of this program and has helped in its the preparation. The project has helped set up and monitor petrol-operated freezers in community health posts, has sent vehicles to the municipalities transporting vaccines, participated in municipal-level planning meetings and project volunteers have begun to mobilize their communities to take advantage of the program.

CARE polio project officer in Chitembo Municipality has initiated, in partnership with the MoH, a program in which health center's staff and polio volunteers conduct outreach vaccination in communities identified with large numbers of sick children and children without complete immunization.

During this quarter, CARE conducted 263 organized lectures and 13 dramas to raise awareness of immunization for disease prevention, and stimulate demand for routine immunization services, and identified 9,308 children under five with zero doses of polio or incomplete vaccination schedule. Staff and volunteers referred the majority of them to health facilities to receive vaccines. The Project Coordinator and Health Coordinator continue to work with staff to ensure quality data collection as well and share it with volunteers, communities and MoH.

Looking at the data from Kuito IDPs camps over the last 9 months (data from the camps are the most reliable), there is a distinct decrease in the numbers of children over 4 months identified who never received any polio vaccine. (See table below). However the numbers of children identified who have not received polio 1 through 3 appears to be rising and will be investigated further by the team.

<b>Kuito camps &amp; bairros</b>	<b>Zero dose</b>	<b>Polio-0</b>	<b>Polio-1</b>	<b>Polio-2</b>	<b>Polio-3</b>
April-June	529	444	615	670	N/A
July-Sep	200	329	445	598	722
Oct-Dec	128	350	677	904	1032



Project staff and volunteers conducted this trimester 26 organized talks in Kilamba Kiaxi —at markets and health centers. In addition to educating about polio, these talks aim to increase demand for routine immunization. They identified 2,772 children with zero doses of polio or incomplete vaccination schedules and referred them to the health center in their respective communities. The breakdown is below. A review of the data for the last nine months does not show, unfortunately, significant reductions in the numbers of children identified with incomplete doses of polio (especially those over four months identified without any polio vaccine—or “zero dose”). This was discussed among staff, which suggested this might be due to population movement in the area and the fact that not all mothers take their children to be vaccinated even after the visits of staff or volunteers. More aggressive follow up would be necessary to change this.

CARE/Kilamba Kiaxi project area	Zero dose	Polio-0	Polio-1	Polio-2	Polio-3
April-June	123	504	636	834	901
July-Sep	579	699	759	754	1048
Oct-Dec	532	381	417	668	774

It is important to note that, in the scope of this program, MoH has supplied five community health posts with freezers and vaccines in the areas where CARE works. This brings vaccines closer to the communities who need immunization services the most. The enlargement of the provincial cold chain will enhance the work of project staff and volunteers—and should result in lower numbers of children identified with incomplete doses of the polio vaccine. CARE project staff has already begun to include the new fixed posts in their cold chain monitoring activities

During this reporting period, **CRS** polio team visited the cold chain in all nine municipalities for situation analysis and support in preventing stock ruptures. The team also installed 5 new vaccination fixed posts in five municipalities: Ganda, Lobito, Bocoio, Cubal and Benguela, with the support of the MoH and religious groups such as *Irmãs Franciscanas Reparadoras* in Lobito, *Padres Salettinos* in Cubal and *Irmãs de Santa Catarina de Sena* in Benguela. Each fixed post received a mini refrigerator and freezer purchased with Japanese funds and a butane gas container, 2,000 vaccination cards, thermometers and IEC materials acquired with other funds. All vaccinators for these new posts received proper training in EPI according to WHO and national policies. CRS also distributed 8,000 vaccination cards in Lobito and 4,000 in Baia Farta.

Due to problems with local power supply, CRS is providing electricity to the Benguela hospital cold chain. In addition, the team is participating in the training of more than 100 health post technicians who are participating in the national routine intensification process.

In Balombo, Ganda, Cubal e Chongoroi the CRS team conducted 34 lectures and visited 243 houses in order to increase awareness about completing routine vaccination schedule and to report all suspected AFP cases.

**IMC** trained 68 vaccinators in five municipalities of Huambo province (Huambo Sede, Kaála, Longonjo, Ukuma and Bailundo) to strengthen EPI activities and provided two refresher courses for all 36-health technicians who are participating in the routine intensification process, in collaboration

with the MoH. In addition, IMC provided logistic and technical assistance to the cold chain and Fixed Posts in all of IMC's catchment areas.

**Save the Children** conducted a ten-day training for 17 EPI technicians in vaccination and cold chain norms and techniques in Ebo Municipality. SC polio team and EPI technicians also received training in cold chain equipment maintenance provided by a WHO consultant, due to a general lack of knowledge of the new Japanese mini refrigerators. As a result of the training, the SC team fixed the mini refrigerators of Salinas and Assango fixed posts and provided general maintenance of the Amboim cold chain.

#### **Efforts to strengthen AFP case detection and reporting (and for other diseases):**

During this reporting period, **Africare** conducted joint supervision visits of community activists with the MoH in both Bie and Kwanza Sul provinces. Africare is also making an effort in order to initiate weekly meetings with the MoH and partners in Kwanza Sul province to share and disseminate information on health and especially EPI. Meanwhile Africare has been holding private meetings with the MoH, Save the Children US, and CARITAS to share information on AFP and other EPI targeted diseases in the province. Africare and the MoH are also conducting joint supervision for community polio activists in their locations. Project staff assists the municipal MoH in the collection of EPI reportable data including AFP and forwarding the information to the Sumbe provincial health directorate and WHO Epidemiological Antenna. During this quarter, the project selected new activists in Cela Municipality to be trained next quarter. In Bie Province, Africare continued to support the MoH by printing and distributing forms for surveillance reporting and in transporting, distributing and sometimes collecting these forms.

**CARE** project staff in Bie Province took a more proactive stance regarding AFP surveillance taking into account lessons learned from the previous quarter. Last quarter PAV/MoH were informed of a suspected AFP case in Andulo, but because the Disease Surveillance Officer was absent, the case was not investigated before it was too late to collect samples. This month the Disease Surveillance Officer in Chinguar municipality received information about a case of AFP in a distant village. He informed the CARE Project Officer who immediately arranged for a vehicle to be sent to her site and for MINSA to accompany her in the investigation of the case—which turned out not to be a case of AFP (no samples were needed to be taken). CARE Project staff and volunteers also conducted 17,047 house visits to identify AFP cases as well as checking vaccination cards and sharing information about polio and other disease transmission and prevention.

In Kilamba Kilaxi CARE worked with approximately 41 volunteers this past trimester, having lost some due to lack of motivation and unrealistic expectations regarding incentives. The polio project will change very much the way it works with volunteers starting February, when activities are integrated under CARE's urban livelihoods and development project, LURE (see future activities). The volunteers together with the project officers made 1,725 household visits to do active surveillance of AFP and counsel families on polio prevention and the importance of immunization. The team continued to distribute the pamphlet that they produced on AFP last quarter.

One case of AFP was identified by a project volunteer in August in Golfe II Vila Estoril. However, upon closer investigation the child proved not to have AFP and no samples were necessary. Similarly, this quarter a project volunteer identified another child with AFP—which once again turned out not to be AFP and no samples were taken. What is important is that volunteers are remaining vigilant, and that the referral system – volunteer → CARE staff → health facility – is working well.

**CRS** continues to train community volunteers for integrated active surveillance. Presently the project trained 4,285 as follows: 800 in Balombo, 200 in Baia Farta, 251 in Bocoio, 369 in Benguela, 535 in Cubal, 1259 in Ganda and 722 in Lobito. Volunteers and the polio team also continue to conduct house-to-house visits to sensitize community members about polio and routine immunization while encouraging them to report any suspected case of polio (AFP) and other EPI targeted diseases to the community focal point (*Sobas*, teachers, religious leaders) or nearest health facility. At the same time, CRS and the MoH agreed to conduct quarterly meetings with traditional leaders to proactively involve them in AFP detection and reporting, as paralysis is believed to be eligible for traditional

treatment. As always, the team continues to transmit surveillance information to the provincial level via HF radios posted at municipal bases. Three new AFP cases identified during this quarter: two in Benguela's Pediatric Hospital and one Catima, Ganda Municipality.

**IMC** had meetings with epidemiological control in-charges and social mobilizers to encourage them to inform local health centers and IMC as soon as possible of any suspected AFP case. For this reporting period, there was no case of AFP reported in IMC catchment areas.

**Save the Children** trained, for the first time, 36 new activists in Kilenda Municipality. In Sumbe Municipality SC trained 23 volunteers as well, reaching now the number of 52 activists. SC volunteers activity during this quarter:

Houses visited	Barrios visited	AFP cases	Lectures	Participants
4,598	799	0	514	14,296

#### **Efforts to provide long-term assistance to families with paralyzed children:**

**Africare** is establishing a list of paralyzed children and their families in Kwanza Sul and Bie provinces. Presently 10 families with paralyzed children in Kwanza Sul are supported as vulnerable families with seeds, tools and food with the CDRA agricultural project and, together with MINARS, these children will be registered in school during the coming school year. The same support is planned for in Bie.

**CARE** project staff continues to register child victims of polio in the municipalities. CARE USA has identified private donors interested in contributing to the project, particularly to efforts to assist to polio victims. A proposal was developed this quarter and if funding is secured, the project will distribute crutches and wheelchairs, and work through volunteers to help families cope with their child's paralysis.

**CRS** also continues to identify polio victims and distributing crutches to those who can use them safely. During this quarter, two children received a pair of crutches in Santa Marta and França barrios, in Ganda Municipality. The polio team identified 28 children paralysed by polio, 21 of which have a complete profile.

Due to a lack of funding **IMC** was not able to provide any long-term assistance to families with paralysed children. However, IMC has been looking for partnerships with other NGOs, UN Agencies, Private Society or Government Institutions in relation to this activity.

There was no support to polio victims or families with paralysed children by **Save the Children's** project

#### **Timely documentation and use of information to improve the quality of polio eradication and other related health activities:**

**Africare** conducted Knowledge, Practices and Coverage Survey on EPI in Camacupa, Kibala and Cela Municipalities in December, and will share the report with partners. Also, using the Emergency Health and Nutrition Project funds from OFDA, they bought and distributed vaccination cards in Cela and Seles municipalities during joint supervision visits conducted with the MoH on PEI and assisted in the training of vaccinators in these municipalities. Weekly surveillance data is provided to the provincial MoH and WHO antennae in Sumbe and Kuito. In Kuito feedback is provided to PVOs and other ministerial partners like MINARS and Agriculture that attend these meetings.

**CARE** Project staff conducted a 30-cluster KAP survey in October in new project areas in Andulo, Chinguar and Chitembo municipalities. The results serve as a baseline against which CARE will compare the results of a final survey (currently planned for end of July). The data was entered and analyzed in EPI Info and presented to the team for a discussion of the results and what changes in strategy/activities they point to. Some highlights of the survey are shown below:

- ❖ Households were selected randomly within a "cluster," however the questionnaire was only administered to persons reporting a child under five in the household. There were 331 respondents, 79% female and 21% male, with an average age of 31.

- ❖ Only about 50% of respondents reported that all children in the household had a vaccination card (staff verified). However, some staff included cards received during vaccination campaigns as “vaccination cards.” Therefore, the percentage of children with standard MoH vaccination cards is thought to be much lower.
- ❖ Approximately 78% of respondents had already heard of the sickness polio—22% had never heard of polio.
- ❖ Among those who had heard of polio, only 3.1% were able to correctly name its cause (virus) and only 51% were able to correctly name a sign/symptom of polio.
- ❖ However, among those who had heard of polio, over 73% responded that a child with polio should be referred to a hospital/health center. Although only 49.2% cited vaccination and 31.6% cited hygiene as methods of prevention, only 7% were not able to name *at least* one correct method of prevention.
- ❖ The survey suggested very low knowledge related to the vaccination calendar; only 22% of respondents said that a child should receive four polio vaccines to be completely covered (*this is the standard—although WHO actually recommends five for Angola*), and 17% did not know at all.
- ❖ The survey also indicated very positive attitudes toward vaccination, with 99.4% of respondents agreeing that children should receive vaccines—in order to prevent illnesses and in order for children to be healthy.

The team decided that, based on the results, IEC should focus on knowledge of the vaccination schedule and methods of prevention. The team also needs to work to ensure children receive vaccination cards at their visits to health posts. Keeping the survey results in mind, the project has begun conducting refresher workshops for volunteers. This quarter workshops were conducted for all Kuito volunteers (92) as well as those in Kunhinga (10). Workshops are planned for the remaining municipalities for the month of January. Project officers planned the workshops to be as responsive as possible to the volunteers’ needs; the focus of the workshops was determined by the volunteers themselves according to their perceived weaknesses and their areas of interest and conducted using participatory techniques (small group work, larger group discussions—instead of lectures). Nevertheless, the project officers also took the opportunity to share with the volunteers the results of the survey, highlighting areas of low knowledge and poor practices. Together with the volunteers, the project officers discussed which messages and actions are important to promote in the volunteers’ communities. A future activity is the completion of the survey analysis and sharing the report with PEI partners.

**Save the Children** duplicated various bulletins and MoH forms for surveillance, stock control and vaccination reports and facilitated information transmission via HF radios from municipal to provincial level and vice versa. This information includes vaccine and material stock, number of vaccinated children, weekly surveillance information, etc.

## Part 2: Secretariat Activities (October – December 2003)

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### Visit of Eric Johnson, WV US Grant Officer

On 06 October 2003, Mr. Eric Johnson visited the CORE Group Secretariat of Angola, at Save the Children’s office in Luanda. Dr. Antonio Dias, the CORE Secretariat Director, briefed Mr. Eric on how CORE Angola is networking for Polio Eradication, activities developed, geographical coverage, strengths, weaknesses and constraints, future plans and the role of the Secretariat. At 11:00 am, a meeting was held at Save the Children’s office with participants representing Africare, CARE, CRS, IMC, Salvation Army, Save the Children, USAID and CORE Group Secretariat. The following issues were discussed:

- a. World Vision NICRA on CORE funds
- b. Vehicles purchase with CORE funds
- c. Equipment acquired by CORE belongs to World Vision

During the afternoon Mr. Eric Johnson visited CARE’s project in Kilamba Kiaksi Municipality of Luanda accompanied by Dr. Antonio Dias and Mr. Santos Completo. In the field Mr. Ornelas, the Project Supervisor, welcomed the visitors and debriefed about CARE’s activities in the municipality and how they collaborate with

the Ministry of Health, local authorities and religious groups. They explained also how polio eradication activities are integrated to LURE project. At the end of the day Mr. Eric Johnson accompany project activists during some home visits.

### **ICC meetings**

The Secretariat Director assisted all ICC meetings, held every Tuesday. During this quarter, the ICC discussed issues related to NIDs implementation, results, monitoring and lessons learned, disease surveillance of AFP, measles and meningitis, routine EPI intensification process, 2004 EPI annual budget, and TFI preparation.

### **Meeting with MSH**

MSH intends to expand its activities to Kwanza Sul Province and desires to collaborate with Save the Children and the CORE Group. Therefore, the CORE Secretariat Director participated in several meetings to discuss ways of collaboration. As result, MSH will implement its child and maternal health (CMH) program integrated with SC's projects, including PEI.

### **EPI technical meetings**

CORE Secretariat Director participated in all EPI technical meetings scheduled to take place every Friday in the MoH EPI building. During this quarter, the technical group discussions focused on final results of 2004 NIDs, 2004 EPI + Vitamin A and Disease Surveillance annual budget, routine EPI intensification process implementation and plan adjustment, provincial logistic support by the national level, population figures adjustment, and preparation of documentations for the TFI meeting.

### **Meetings with USAID Mission**

CORE Secretariat Director has several meetings with the USAID Angola Mission during this quarter to inform about project implementation status, achievement and constraints. CORE also presented to USAID its intention and PVOs member's agreement of expansion to new programmatic and geographical areas and the process of a 3-year strategic plan. CORE Secretariat received full support from the Mission, who suggested various ideas to be considered by members. We should remember that the USAID Mission funded all CORE FY04 projects in Angola while the USAID Global Bureau funded the Secretariat.

### **TFI meeting**

The CORE Group Secretariat Director participated in the TFI Technical Organizing Committee. Twenty-one persons composed the Committee, lead by Dr. Fátima Saiundo, the MoH Secretary General, representing the MoH, WHO Angola, WHO Afro, UNICEF, Rotary International/ Polio Plus, CORE Group and, Tropicana and CATERMAR Catering Agencies.

CORE Secretariat Director participated in the TFI meeting hold in Luanda from 2<sup>nd</sup> to 5<sup>th</sup> December 2003, with David Newberry, Sara Smith and Miriam del Pliego from CORE PEI HQ.

### **Visit to Kwanza Sul with Mary Harvey, USAID/Washington**

Ms Mary Harvey, from USAID Africa Bureau, who was in Angola to participate in the TFI meeting, visited Save the Children's CORE Project in Kwanza Sul Province in company of Ms Zipporah Wanjohi (USAID Angola Mission), Ms Miriam del Pliego (CORE HQ), Dr. Antonio Dias and Mr. Santos Completo (CORE Angola Secretariat).

In Gabela, visitors met with SC-US officer Mike Tisora and project staff who debriefed on Save PEI project. Later on, we made a field visit to Vila Capundi commune where USAID and CORE met with the Soba and community members after the theater piece and discussed their concerns. The group visited also the municipal cold chain in Gabela. The following day, visitors met with PAV provincial director, UNICEF and WHO Provincial Antenna to discuss problems encountered and provide recommendations.

### **Visit to IMC in Huambo**

Miriam del Pliego, Antonio Dias and Santos Completo visited IMC project site in Huambo Province after visiting Kwanza Sul with USAID. Accompanied by IMC staff we visited the San Pedro Health Post where project volunteers represented a community drama (180 volunteers work on 12 health committees in 12 different communities of Huambo Municipality, with a total population of 204,000). These volunteers participate in active surveillance for integrated diseases, including polio. The San Pedro Health Post is open 24 hours a day, does all sorts of consultations, has a laboratory and has a new vaccination hut that was built by IMC with OFDA funding. In addition, IMC has also reached an agreement with WFP, based on “Food for Work” program, whereby it receives food to give to volunteers/activists who help mobilize communities as an incentive.

CORE visited also Santo Antonio Health Center, met with the Huambo municipal PAV cold chain supervisor, and met with IMC staff (more details in Miriam del Pliego Trip Report).

### **Preparing the Case Study Workshop**

CORE Angola Secretariat was requested to prepare a “Case Study Workshop” in CORE project area as part of CORE Inc study. The Secretariat and CORE Angola members feel that this is an opportunity to improve writing skills and how to better document project achievements. Therefore, the Case Study Workshop is scheduled to take place in Kwanza Sul Province (Save project area) early in March, with the assistance of Dr. Daniel Perlman, CORE Inc consultant.

### **Anecdotes:**

#### **Save the Children-US**

*“During a supervisory visit to community activists in Ebo Municipality, I went to one of activist’s house. When I approached, he started running away and hid in his bathroom; the funniest thing was that the toilet had no doors and was covered by bags. I did not understand anything. After I started knocking his door, a small neighbor boy came and addressed to toilet, lifting the bags which cover the door saying “He’s here”. He came out ashamed saying that he was afraid. I asked: afraid of what? Of the car. Why? Because I never saw a car here at my place.”*

**Story by: Maria Eva – SC Polio Field Agent**

### Part 3: Partners' Activities by Province (January – March 2004)

#### Introduction

Last quarter, The CORE Group Polio Partners Project in Angola expanded its activities to new provinces and municipalities within existing provinces. However, after negotiations with the Luanda Provincial Health Authorities, the CORE Secretariat and Africare decided to implement the PEI project in Sambizanga Municipality instead of Samba, since this municipality has lower EPI performance and worse indicators. With Salvation Army resuming PEI activities this quarter, the Group is presently working with six partner PVOs, in 42 municipalities in nine provinces, assisting a population of 8,411,297 inhabitants, with 3,953,310 total beneficiaries under fifteen years of age (Please see the table below).

#### ESTIMATED POPULATION IN CORE PROJECT AREAS FOR JAN – MAR 2004

Province	PVOs	Total Population (estimated)	Under 5 yrs (20%)	Under 15 yrs (47%)
Benguela	CRS	2.676.252	535.250	1.257.839
Bie	Africare, CARE	1.134.252	226.850	533.098
Huambo	IMC	777.537	155.507	365.443
Kwanza Sul	Africare, SC US	992.991	144.225	466.706
Luanda	Africare	470.846	94.169	221.298
Malange	IMC	463.189	59.543	217.699
Moxico	S. Army, SC US	482.618	21.666	226.830
Uige	IMC	1.183.898	69.342	556.432
Zaire	IMC	229.714	10.238	107.966
<b>TOTAL</b>		<b>8.411.297</b>	<b>1.682.259</b>	<b>3.953.310</b>

SOURCE: IMMUNIZATION SECTION, MOH, ANGOLA

The project is working with 5,937 community volunteers for AFP active surveillance (see table below), based on house to house visits. Taking advantage of their visits, these volunteers also report other vaccine preventable disease cases and check vaccination cards for incomplete vaccination schedule and refers those children and women to the nearest vaccination post. In addition, they pass messages to parents and caretakers about polio and the importance of routine immunization to prevent illness. As a result of working in close collaboration and partnership with the community and the MoH, our volunteers began to report other childhood diseases as well, such as fever (malaria), respiratory diseases, and diarrhea to project staff and health post personnel.

PVO	N° of Volunteers
Africare	250
CARE	199
CRS	4,934
IMC	267
SC	212
SA	75
Total	5,937

As the contribution of the CORE Group effort to strengthen the immunization program increases, the Group is becoming a stronger partner of the MoH and the recognition increases as well. Because of this, the MoH formally invited the CORE Group Secretariat to share the experience of NGOs working in partnership with the MoH at the provincial and community levels during the annual EPI National Methodological Workshop held in Luanda from 1 to 5 March 2004. Each project staff met with their provincial MoH counterpart to prepare a joint presentation for the workshop. Please, find attached the workshop conclusions and recommendations.

## Partners Activities by Objectives

### Effective partnerships involved in polio eradication initiatives:

Two CORE partners are conducting polio eradication activities in Bie Province: Africare and CARE International. They are working in close partnership with the MoH/ EPI (primary partner), WHO, MSF- Belgium, Concern Worldwide and the Angolan Red Cross (CVA) in polio eradication and support for the intensification process of routine immunization. The partners have agreed to meet regularly to plan the support needed. During this quarter six meetings were held in the provincial cold chain with partners.

During this period, **Africare** held working meetings on EPI in Bie Province with the MoH, WHO, UNICEF, CONCERN, CARE International, and CVA to discuss the quality of surveillance data, reinforce the inter-agency collaboration and share experiences. Also in Bie, Africare has handed over 25 community polio activists from Kunhinga and Chipeta to Care International since CARE is conducting PEI activities in those municipalities.

In Cela and Seles Municipalities, Kwanza Sul, coordination meetings are irregular. Africare is still pressing the provincial MoH to initiate weekly health meetings. However, Africare held working meetings on EPI with the MoH, WHO, UNICEF, CARITAS, and MOVIMONDO (explain who this is) during this quarter. In addition, Africare and CARITAS are working together with village health committees in Seles Municipality to mobilize communities to vaccinate their children.

In Luanda Province, Africare works very closely with WHO and the project officer is sharing office space with the municipal EPI supervisor in Sambizanga.

**CARE** project staff agreed with the MoH/ EPI to conduct joint supervision visits to different health facilities in Andulo, Cunhinga and Catabola Municipalities, following new National EPI policy. To maximize the use of resources, distribution of vaccines and materials is made during these visits, using project vehicles. During this quarter, the project staff continued to work in partnership with MoH/ EPI (primary partner) on monthly and weekly plans to support the intensification of routine immunization. CARE is also collaborating with the CVA in Kuito and MSF-B in Cuemba to support health facilities located in communities where CARE has volunteers to ensure that children sent by activists receive vaccines to complete their immunization schedule.

In Benguela Province, **CRS** is a member of the Health and Nutrition Provincial Subgroup, who agreed to meet on a monthly basis, to discuss health and nutrition problems in the province. During this reporting period, the CRS polio team participated in all three meetings. CRS negotiated with MoH and Caritas in Balombo Municipality the installation of a fixed vaccination post in Kanoquela Commune. The MoH collaborated positively with CRS in this activity and shows interest in opening new fixed vaccination posts to increase the access to health services. The project has close collaboration with several churches (Bom Deus, Tocoista, Igreja Cheia de Palavra de Deus, Pentecostal), traditional healers and authorities (Sobas, Seculos, Kandjangos), and private nurses; these groups have been contacted for enrollment of volunteers to be trained for community surveillance and polio victim identification. In addition, CRS and the MoH are conducting joint supervision visits to fixed vaccination posts in Benguela and Lobito Municipalities with the objective of solving specific problems, providing feedback and on-job training.

**IMC** worked closely with WHO, UNICEF and MoH in all activities relating to EPI, especially in supplying information and samples related to AFP cases in IMC catchment's areas. During this quarter there were no cases of AFP in IMC project areas. The IMC Luanda program assistant and four supervisors from the provinces where IMC operates, participated in the National EPI Methodological Workshop in March. The workshop focused on strategies to be adopted at the field level to intensify EPI activities, and on new reporting mechanisms. The IMC Deputy Country Director visited Malange Province and discussed with the provincial EPI supervisor and IMC Malange supervisor on ways of implementing EPI strategies and how to intensify routine vaccination in IMC's catchment areas. IMC discussed issues related to training of technical vaccinators in Fixed Posts, and training village health committees to be involved in the intensification of message propagation in the communities.

In Kwanza Sul, **Save the Children**, MoH/ EPI, and WHO met regularly during this quarter to plan activities and find solutions for day-by-day problems. This group prepared a presentation about

partnership between the MoH and NGOs for the National EPI Methodological Workshop, elaborated monthly reports, conducted provincial and municipal cold chain inventories, followed-up and evaluated AFP and measles cases and discussed the routine immunization in Amboim Municipality.

#### **Efforts to strengthen routine immunization systems:**

**Africare** is supporting the efforts of the government to intensify immunization activities in 59 municipalities in the country and increase national vaccination coverage while supporting routine immunizations in the rest of the municipalities through the provision of its field staff as trainers and logistics to enhance immunizations by the MoH.

During this reporting period Africare field staff participated in the EPI National Methodological Workshop, organized by the MoH. The work done on EPI by The CORE Group partners to strengthen immunizations in CORE project areas was shared with the MoH, partners and donors. Work done by Africare in Bie and Kwanza Sul province and also by other PVOs in assisting the Angolan MoH was presented and discussed in this forum.

Africare continues to provide transportation for enhanced and routine immunizations in both Bie and Kwanza Sul provinces to mobile vaccination teams and of vaccines and vaccination materials. Africare assisted the MoH in supervising the vaccination activities in Bie and Kwanza Sul provinces at the municipal and provincial levels. In Luanda, Africare carried out an assessment of the cold chain and needs to strengthen routine immunizations and outreach immunizations in Sambizanga municipality.

Africare inaugurated the municipal cold chain in Seles Municipality that was constructed with funding from OFDA with the participation of the community. The municipal cold chain in Nharea, constructed with funding from the Gates Foundation equally with the community participation, started functioning during this quarter.

Africare continued to collaborate with the MoH in planning, monitoring and supervision of routine immunization in project areas, particularly where Africare has a municipal EPI coordinator as in Nharea, Camakupa, Kuito, Seles, Cela and Sambizanga. Mobile vaccination teams in Bié province are using four motorcycles bought by Africare. CDRA project food distribution areas are being targeted for immunizations and EPI education.

The MoH selected 5 municipalities in Bie Province for intensification of routine immunization. **CARE** is implementing PEI in four: Kuito, Catabola, Andulo and Chinguar. CARE's contribution to the effort includes logistical support, participation in planning meetings, maintenance of cold chain equipment, joint supervision and advocacy. During the reporting period, project team conducted 228 lectures and 47 theatres to raise awareness of immunization for disease prevention, and to stimulate demand for routine immunization services. These activities, conducted by CARE supervisors and volunteers in partnership with local churches, are focused on immunization and sanitation as ways to prevent diseases. As a result, 5035 children under one year old were identified with incomplete vaccination schedule and sent to the nearest vaccination post, in their communities. These activities are contributing to reduce the dropout rates in routine immunization services.

During this reporting period, the **CRS** polio team made regular supervision visits to the cold chains of all nine municipalities in Benguela to help solve difficulties found at the local level. In addition, with MoH collaboration, CRS installed a fixed vaccination post in Kanoquela Commune, using cold chain equipment purchased with Japanese funds. This post received a mini- fridge RCW 42 EG, one freezer FCW 20, three butane gas container, 2,000 vaccination cards, a thermometer, and pamphlets with quick reminders on EPI vaccines and techniques.

CRS also conducted EPI training for ten MoH technicians (including those for the post of Kanoquela). CRS continues to visit and monitor EPI activities in all municipalities and collect weekly reports on vaccine stocks in municipalities where they have a base. These reports are transmitted to the provincial EPI with the goal of avoiding vaccine stock ruptures. Recently installed vaccination posts also received monitoring visits to assure proper performance. CRS is in the final stage of negotiations with the MoH and the health post of Kambanjo to install a new fixed vaccination post.

CRS is providing transportation for vaccine and cold chain materials as needed. As part of this effort, 9500 vaccination cards were distributed to health posts and centers in Benguela, 11,000

Lobito, 1,800 in Cubal, 1,000 in Baia -Farta and 1,250 in Caimbambo during this quarter. CRS polio team also helped to transport 500 vaccine doses from the Provincial EPI to Caimbambo and donated photocopies of MoH forms to avoid interruption of information flow.

In Balombo, Ganda and Cubal, the polio team started house-to-house visits and lectures to mobilize the community and increase their knowledge about routine immunization and give them a clear explanation about polio. Please, see the table below:

Municipality	Participants		Total	Visited Houses
	M	F		
Balombo	176	423	599	107
Ganda	125	222	247	210
Cubal	117	182	299	89
<b>Sub Total</b>	<b>418</b>	<b>827</b>	<b>1245</b>	<b>406</b>

**IMC** trained 25 new Village Health Committees (VHCs) members in Malange Sede and 11 persons from Bumbushi commune in Mbanza Congo Municipality, Zaire Province, to strengthen AFP detection and notification, mobilization of the communities to immunize children and completion of the vaccination schedule.

**IMC** provided logistic and technical assistance to the cold chain and Fixed Posts in all catchment's areas during this reporting period. **IMC** also intensified social mobilization following low vaccine coverage and a high default rate in Huambo Sede. VHC members and TBAs from Xavier Sacamau Commune were asked to follow up cases in their respective areas, moving from house to house and checking vaccination cards of children under five and women of child bearing age for their immunization status. **IMC** also trained three vaccinators for the fixed post of Cruzeiro and Chianga to replace others who were not working well in Huambo Municipality. **IMC** continues to support the existing 38-Fixed Posts in 5 municipalities of Huambo province.

**Save the Children** and Kwanza Sul Provincial EPI staff conducted joint supervision to the provincial and municipal cold chains and fixed vaccination posts. During these visits, the team provided support, maintenance of cold chain equipment and on job training as part of the effort to intensify routine immunization.

In Quirimbo commune, Kilenda Municipality, SC reopened a fixed post of vaccination, using cold chain equipment purchased with Japanese funds. Prior to this activity, SC and the Provincial EPI conducted 10-days training for 16 vaccinators. SC also provided transportation for drums of kerosene from Porto Amboim to the Provincial cold chain in Sumbe, Amboim, Kibala, Ebo and Kilenda.

#### **Efforts to strengthen AFP case detection and reporting (and for other diseases):**

**Africare** trained sixty new activists in Camakupa and Nharea Municipalities and 20 more will be trained in April. In addition, 40 new vaccinators have been trained in Cela Municipality. Refresher training has been planned for community polio activists during the next quarter. Luanda activists will also receive training in the coming quarter. **Africare** continued to photocopy and distribute surveillance bulletins for all vaccine preventable diseases due to delay by the MOH in supplying these materials to health facilities.

During this quarter community polio activists received on job training during supervision visits by the **Africare** field staff. However, over 50% of the bicycles received by these activists in both Bie and Kwanza Sul province are now broken.

**CARE** supervisors and volunteers are working at the community level to carry out active surveillance of AFP and other EPI target diseases. At this moment, through house to house visits, they are also reporting other diseases such as malaria, diarrhea, meningitis, anemia and respiratory diseases. During this quarter, the polio team visited 10,197 houses and identified two AFP cases (in Sulambanda and Ungula villages) in Andulo Municipality. Two stool samples were collected in a timely manner and sent to Luanda.

CRS's polio team is collaborating with MoH to transmit weekly surveillance information to the provincial level via HF radio posted at municipal bases. CRS also agreed with the MoH to include traditional leaders and healers in AFP detection. Consequently, the process started with training sessions about polio, how to detect AFP cases and the importance of identifying a community focal point who will report to the nearest health facility or personnel. During house to house visits, community volunteers are sensitizing community members about polio and routine immunization while encouraging them to report any suspected AFP or other EPI targeted disease case to the community focal point or nearest health post.

Three AFP cases were identified during this period: two at Dombe Grande Hospital and one by a CRS activist in Angola-Cuba barrio in Balombo. CRS coordinated the transportation to Luanda, by WFP air operations, of stool sample collected from the cases identified in Balombo.

CRS trained, during this quarter, 648 community volunteers for active AFP surveillance. Please, see the table below. Up to date, 4,934 volunteers have been trained by this project: 861 in Balombo, 235 in Baia-Farta, 457 in Bocoio, 628 in Benguela, 1,314 in Cubal, 867 in Ganda, 134 in Lobito and Caimbanbo, and 129 in Chongoroi.

Municipality	New Activists		Total
	Male	Female	
Balombo	34	27	<b>61</b>
Baia- Farta	15	20	<b>35</b>
Benguela	39	49	<b>88</b>
Bocoio	28	30	<b>58</b>
Caimbambo	35	78	<b>113</b>
Chongoroi	0	0	<b>0</b>
Cubal	43	50	<b>93</b>
Ganda	12	43	<b>55</b>
Lobito	62	83	<b>145</b>
<b>Total</b>	<b>268</b>	<b>380</b>	<b>648</b>

During this quarter **IMC** provided logistics, technical assistance and monitoring of cold chain and Fixed Posts in all IMC catchment areas. IMC also had meetings with epidemiological control staff and social mobilizers to strengthen AFP surveillance and to emphasize the importance of reporting suspected cases of AFP immediately to IMC or the local health post.

**Save the Children** continued AFP active surveillance at the community level while expending efforts to identify traditional healers, private health service providers and traditional leaders to be involved in disease surveillance. As a result, 9 traditional healers and 11 religious leaders offered to collaborate with Save the Children and MoH in the surveillance network. Religious leaders are giving a great support to community health during religious services by passing messages about immunization, health, sanitation and the importance of reporting paralysis and measles cases. The polio team actively supports the MoH in transmission of surveillance data from the municipal to the provincial level. During this quarter, SC community activists carried out 917 lectures about routine immunization and disease surveillance.

#### **Efforts to provide long-term assistance to families with paralyzed children:**

**Africare**, through the MoH, field staff and community activists, is identifying families with paralyzed children to assist the children to enroll in school and assist the families with food, seeds and farm working instruments from CDRA project. The list of paralyzed children will be shared with the CORE Group Secretariat.

During house to house visits, the **CRS** polio team is encouraging the community to report to a focal point any case of children less than 15 years of age with polio sequels or paralyzed by other causes in order to provide any available support to the family. During this quarter, CRS donated pairs

of crutches for two children in Santa Marta and Franca barrios, in Ganda Municipality and one in Balombo Municipality. Up to date, the polio team identified 37 children paralyzed by polio, 17 of who have a completed profile.

CRS mobilizer in Balombo was contacted by the congregation “*Irmãs da Caridade de São Vicente*” who wants to donate tricycles for disabled children in that location. CRS will fully support the initiative and provide any assistance it might require.

IMC has identified 161 children under fifteen years old disabled by polio- or war-related causes: 27 in Uíge Sede aged between 2 to 14 years old; 8 in Mbanza Congo Municipality, 7 of which are polio victims between 4 to 15 years old and one a war victim 11 years of age; 18 in Malange, 4 of whom are war victims between 7 to 11 years old and 14 are polio victims aged 4 to 15 years old; and finally 108 disabled children aged 2 to 15 years old in Huambo Province. Hopefully IMC and the CORE Group, through CDRA, will be able to supply assistance to the victims and their families, as discussed with the CORE Director and partners in Fall 2003. Further discussions on this will occur in the next quarter.

#### **Future planned activities by Partner:**

##### **Africare**

- Continue with the supervision of community polio activists
- Continue to support routine EPI
- Continue to train more community polio activists and refresher training for old activists.
- Continue supporting Surveillance activities

##### **CARE:**

- Continue participation in the foundation of Community Development Associations.
- Cross visits with other CORE Group NGOs to exchange experiences and lessons learned.
- Include more religious group members in the surveillance system and social mobilization.

##### **CRS:**

- Continue recruiting and training community volunteers for community surveillance.
- Identify and register paralyzed children eligible for family support.
- Reinforce the training of traditional healers for AFP community surveillance.
- Distribution of vaccination cards.
- Refresher trainings for nurses in health facilities about AFP surveillance, routine immunization and EPI techniques and policy.
- Continue with lectures, stories and house-to-house visits to sensitize the community about polio eradication and AFP cases detection.
- Sensitizing communities about the importance of Polio zero and support the creation of outreach teams for newborn vaccination.
- Support the provincial and municipal cold chains in monitoring vaccine stock and equipment performance.
- Support the MoH in vaccine and vaccination team transportation as needed.

##### **IMC:**

- Continue to provide logistic, technical assistance and monitoring of all cold chain and Fixed Posts.
- Continue to encourage the formation of Village Health Committees for the other municipalities where IMC is operating in an effort to strengthen surveillance and vaccination coverage.

**Save the Children:**

- Refresher trainings for activists in Porto Amboim and Amboim.
- Training of EPI technicians in Porto Amboim.
- Install a fixed vaccination post in Ebo Municipality.
- Joint supervision of volunteers and vaccination posts.
- Active surveillance of AFP and other EPI targeted diseases.

**The Salvation Army:**

After 8 months, the Salvation Army was ready to move to Moxico Province and restart the Polio Awareness Program in Luau and Cazombo Municipalities. Activities are scheduled to begin early next quarter but Salvation Army staff already initiated the preliminary local contacts with the MoH, Unidade Tecnica de Coordenação da Ajuda Humanitaria (UTCAH), Office for Coordination of Humanitarian Affairs (OCHA), WHO, UNHCR and Save the Children in Luena. In addition, their mobilization agents are now regrouped; they are all in place and ready to restart the activity at the community level. In order to avoid expenditures, the Salvation Army selected Luau for Base Office instead of Luena, the provincial Capital.

## **Part 4: Secretariat's Activities (January – March 2004)**

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During this reporting period, the CORE Group Secretariat participated in all ICC and National EPI Technical Commission meetings, in the EPI National Methodological Workshop and conducted a Case Study Workshop on immunization in Kwanza Sul Province.

**ICC Meetings**

During this quarter the ICC met 6 times. The CORE Secretariat, an effective member, participated in all sessions, representing partners PVOs. The ICC discussed the following issues:

- The EPI National Methodological Workshop: the ICC followed up all stages of workshop planning and execution.
- Vaccine stock: PAV logisticians give the ICC updated information about vaccine stock and management.
- Southern Africa EPI National Managers' Meeting: the PAV National Manager participated in that meeting and gives the ICC a briefing about Angola participation.
- The visit of WHO-Afro Director and Deputy Director: the ICC discussed the agenda of the visit.
- Situation of Polio Eradication in Nigeria: members of the ICC are concerned about polio cases in Nigeria and surrounding countries and analyzed possible implications it can have for Angola. The consensus was that Angola should reinforce AFP surveillance at community level, increase polio routine vaccination coverage and assure high quality of next NIDs, planed for June and July 2004.
- Preparation of 2004 NIDs.

**EPI National Technical Commission**

The EPI technical commission met every week during this quarter, preparing the EPI National Methodological Workshop and all documentation discussed at the ICC.

**EPI National Methodological Workshop**

Took place in Luanda, from 1 to 5 of March 2004, the 13th National Methodological Workshop of the following health programs: Nutrition, Immunization, Health Promotion and Disease Surveillance. During 5 days, more than 300 health technicians (EPI, Disease Surveillance, Nutrition and Health Promotion Provincial Supervisors, WHO Antennas, UNICEF Sub-offices Project Assistants, CORE Group ONGs, GOAL and GVC) set together to analyze the current state of health programs in Angola through presentations followed by group discussions.

After the launch ceremony, presided by the Primer Minister of Angola, the MoH presented the National Plan of Health Services Intensification in 59 municipalities where 75% of Angolan population is currently living. CORE PVOs made joint presentations with provincial MoH personnel to share experiences of partnership in polio eradication activities and strengthening of routine immunization system, including surveillance of EPI targeted diseases. From the 2<sup>nd</sup> day on, CORE followed the EPI and disease surveillance group.

Objectives:

1. To evaluate the integrated child and woman health services
2. To motivate provincial supervisors to carry out integrated actions in order to increase the effectiveness of health services

Main Recommendations:

1. Immunization
  - a. Standardize the MoH tools and forms to facilitate integrated health activities nationwide
  - b. Approved tools may not be modified at the provincial level
  - c. Intensify routine immunization activities in all 59 selected municipalities
  - d. Improve the information system in order to report the 5th of each month
  - e. Continuous EPI coverage monitoring through the monthly coverage graphic.
  - f. Formative supervision and regular monitoring and evaluation at all levels
  - g. Implementation of local initiatives for supervision and monitoring of routine vaccination activities.
  - h. Effective vaccine and vaccination material management at all levels through the rational use of resources and respect of the minimum and maximum stock levels
  - i. Implementation of “first to expire, first to leave” policy in stock management
  - j. Provincial levels to monthly report the vaccine stock to national level.
  - k. Assure prompt supply of vaccine and vaccination materials to all levels according to the planning
  - l. Adhere to “safe injections” policy
  - m. Proceed to safe destruction of needles and syringes through incineration, burns or bury
  - n. The National Directorate of Public Health should establish strategies and policies to avoid the movement of health technicians from provincial departments of public health to hospitals
  - o. The National Directorate of Public Health should be in charge of fuel acquisition for the cold chain operation
2. Disease Surveillance
  - a. To intensify surveillance activities the all action levels;
  - b. To reinforce the formative supervision;
  - c. To conclude action plans and integrated supervision chronograms up to 15 days after the workshop;
  - d. To qualify provincial teams in disease outbreaks response;
  - e. To adjust the calendar information transmission through HF radios;
  - f. To monitor and supervise computerized database in selected provinces before the second quarter of 2004.
  - g. To intensify the continuous formation system at all levels.
  - h. To advocate for a broader community and local and traditional authorities participation in the surveillance system.

**Case Study Workshop**

In order to improve CORE partners’ field staff skills in better document their achievement, The CORE Group Secretariat organized a case study workshop in Kwanza Sul, from 15 to 24 March, 2004, funded by CORE Inc. The workshop, conducted by Dr. Daniel Perlman, anthropologist of Barkley University, California, had 15 participants, including officers from the MoH and WHO. During ten days participants learned how to combine observations and interviews, qualitative and

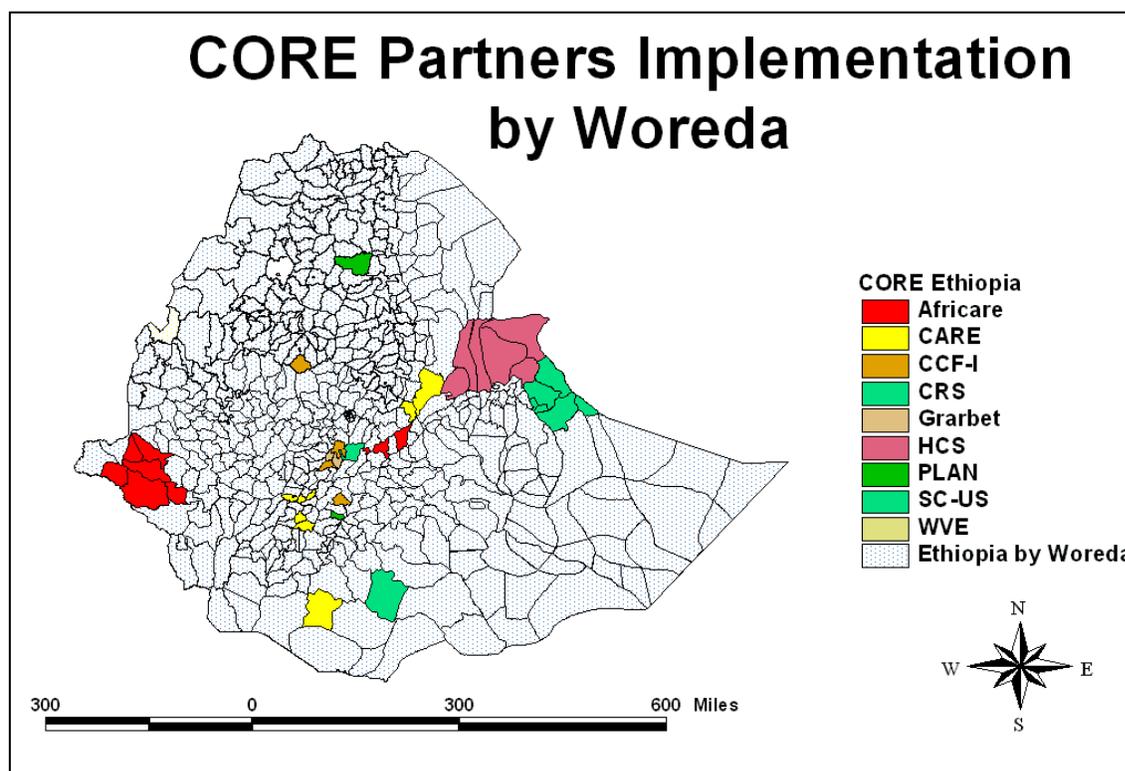
quantitative methods, and how to transform field notes into a comprehensive report. The final product will be available early in July 2004.

This appendix (B) provides a summary narrative of key polio eradication activities of the CORE Group Polio Partners Project (CGPP) in Ethiopia during the first half of Fiscal Year 2004. The narrative is provided by CGPP mission areas following a brief situational analysis.

### I. Situational Analysis:

The Christian Relief and Development Association (CRDA), an umbrella organization representing over 210 NGOs in Ethiopia, and the CORE Group Polio Eradication Initiative have agreed to work together to support and coordinate efforts of PVOs/NGOs involved in Ethiopia in polio eradication intervention towards the achievement of a polio free country. Accordingly, the CORE Group Secretariat was established in November 2001 and hosted in CRDA to run the day-to-day activities and to coordinate Private Voluntary Organization (PVO) members' activities. Member of the Secretariat are: CARE Ethiopia, Christian Children Fund Inc. (CCF-I), Africare, Christian Relief Service (CRS), Plan Ethiopia, Save the Children USA (SC-USA) World Vision Ethiopia (WVE), Christian Relief and Development Association (CRDA), World Health Organization (WHO), UNICEF and many local NGOs. Figure 1. below provides a map of CGPP program areas in Ethiopia.

Figure 1. CGPP Program Areas, Ethiopia



The CORE/CRDA Group project has coordinated and mobilized community involvement in mass oral polio vaccine (OPV) immunization campaigns in high risk areas and the hardest-to-reach populations during FY02 and FY03. Among other things, PVOs/NGOs participated by providing logistic support, assigning vaccinators and supervisors, mobilizing community for

vaccination, allocating financial support for maintenance of cold chain equipment and providing assistance to produce and reproduce IEC materials and disseminate information through mass media. The Secretariat coordinates partner activities, conducts regular monthly meetings, provides backstopping services, compiles reports, appraises and approves projects, and represents the group at various fora, and regularly meets with USAID, WHO and the MOH.

No cases of wild poliovirus have been reported in Ethiopia since 2001 (1 case); in 2002, cases of wild polio were reported across the border in Somalia. In light of the changing epidemiological situation (i.e., no wild polio virus since 2001) and budget constraints, the number of NIDs in FY04 were reduced and conducted in selected zones of the country.

During the 1st and 2nd rounds of the campaign in the fall and winter of 2003, a total of 2,983,889 (761,854 0-11 months and 2,222,035 12-59 months) and 2,794,210 (594,608 0-11 months and 2,199,602 12-59 months) were immunized in the country respectively. Using the plan number of children under 5 as a denominator, the coverage for the 1st and the 2nd round were 119.3% and 125.0% respectively. According to the reports, coverage of both round were more 100 percent suggesting that the denominator of under five children is an under-estimate.

In the first round of the campaign, the zero-dose percentage of 0-11 and 12-59 months of children were 33.4% and 4.3% respectively. While in the second round result showed that 4.3% for 0-11 and 1.3% for 12-59 months of children. Zero-dose in children 0-11 reflected the status of routine EPI activities while 12-59 months indicated the coverage of the previous campaign activities. A total of 25 AFP cases were detected during both rounds of the campaign (18 and 7 in the 1st and 2nd rounds respectively).

The non-polio AFP rate in 2003 was 1.2 (above the standard of 1.0) and the percent of AFP cases with adequate stool specimens was at the standard 80%. However, national level statistics may overstate the quality of AFP surveillance as evidenced by problems with AFP reporting in CORE program areas (silent or poorly performing zones). Priorities in Ethiopia in FY04 include maintaining the high-quality of reduced supplementary immunizations, increased attention to improving AFP surveillance in poorly performing zones, and providing support for routine immunization systems.

## **II. Highlights of CORE PEI partnership-building efforts:**

CORE Ethiopia has developed the Three-Year Business Plan and signed a new Memorandum of Understanding (MOU) with CRDA and started operating autonomously. However, the financial management is provided by CRDA. It has defined set vision, mission, priorities and strategies of the project.

Hararghe Catholic Secretariat has agreed to work with CORE Group to start community surveillance with the local WHO surveillance Officer providing technical assistance.

### **III. Highlights of CORE PEI efforts to strengthen routine immunization systems:**

Although support for routine immunization systems is a new activity for CORE Ethiopia, some support was provided during this reporting period. Africare provided maintenance of refrigerators and motorcycles used in for routine immunizations. CARE also provided maintenance of refrigerators. And, World Vision provided logistic support for routine immunization services in its project areas.

CCF conducted mobilization activities during EPI outreach activities as result the Woreda EPI coverage and awareness of mothers on immunization increased. Therefore, the coverage of DPT3 increased from 50% to 70%. Due to the demand of the mothers, the Woreda Health Office was forced to open new out reach sites. So far, CCF has conducted four monthly meetings with Woreda Health Office representatives. During the meetings, progress have been discussed, experiences shared, problems solved and monthly reports submitted.

CORE Ethiopia provided training in Lot Quality Assurance Sampling (LQAS) during this period to enable relevant people to strengthen, expand and scaling up the role of PVOs and Woreda health staffs efforts in PEI and routine EPI especially in monitoring and evaluation. In this regard, most of the health professionals at lower level lack the skill and the knowledge in monitoring and evolution community health programs. Therefore, this training has been appropriate in enhancing the capacity of monitoring and evaluation techniques of the Woreda Health Offices and PVOs/NGOs health staff working in the area of immunization as well as other health activities at community level.

Two rounds of LQAS training programs were conducted by CORE Ethiopia and attended by 37 persons. The duration of the each training was four days. The trainings were mainly organized for woreda health office heads and EPI coordinators and PVOs/NGOs health professionals and development workers working in the area of immunization and polio eradication activities. The training were facilitated by two professionals Dr. Filimona Bisrat CORE Ethiopia Director and Mr. Markos Lesanwork, Buee CCF Project Health Coordinator who have received training in October 2003 training conducted by Mr. William Weiss.

The first training organized in collaboration with CCF that was held from February 21 – 24, 2004 in Butajira Town. The training was attended by 20 participants of which 9 (45%) were females. Eleven (55%) of the participants were from the Woreda Health Offices. CCF-I and Garbet Ledekuman staffs also participated in the training program. After the training conducted, CCF Buee Project and Sodo Woreda Health Office jointly applied the technique for monitoring of routine EPI, Family Planning and HIV/AIDS programs in the Woreda. They found the technique is useful and simple for analysis as well as can be done with minimum resources.

The second round training organized in collaboration with Plan Ethiopia that was held from March 8 - 11, 2004 in Lalibela Town. The training was attended by 17 participants of which 2 (11%) were females. Eight (47%) of the participants were from the Woreda Health Office and Committee. Plan Ethiopia and others NGOs staffs also were participated in the training program

#### IV. Highlights of CORE PEI efforts to support supplemental immunizations (NIDs):

In the FY04 SNID, three PVOs (Africare, CARE and WVE) were involved in three regions in the country namely Gambella, Afar and SNNPRS. They covered a total of 15 Woredas (Districts). A total of 260,153 under 5 children were benefited from CORE Group Partners Project. The involvement of PVOs in the campaign was guided by discussions with the Woreda and Zonal Health Offices as well as the Ministry of Health (MoH) and World Health Organization (WHO); the focus has been on filling gaps and reaching the unreached areas. In addition to this, intervention areas were selected based where PVOs have a comparative advantage. In general, major activities performed by PVOs during the campaigns include:

- ◆ Sensitization of community and religious leaders, elders and women mainly about SNIDs but also about routine EPI and AFP surveillance.
- ◆ Orientation and training of community based health agents and volunteers.
- ◆ Participation in the planning and implementation, monitoring and supervision activities.
- ◆ Engaged in house to house agitation, deploying banners, posters, leaflets etc and use various other media to increase public awareness about the campaign and facilitate the full participation and support in the SNIDs.
- ◆ Provide vehicles to transport vaccine and health professionals.

**Table 1. SNID support activities by PVO**

<b>Organizations</b>	<b>Description of the activities</b>
Africare	<ul style="list-style-type: none"> <li>◆ The first round of the polio eradication campaign took place in Gambella Region from December 5 – 12, 2003</li> <li>◆ Participated in micro-planning activities with the Regional Health Bureau</li> <li>◆ Orientation was given to the community leaders and members of the Village Health Committees</li> <li>◆ In conjunction with the MOH workers, trained supervisors and Guiders for the campaign</li> <li>◆ Deployed 33 guiders during the campaign</li> <li>◆ Seven supervisors and three senior program coordinators from Africare participated in supervision of the SNIDs.</li> <li>◆ Two Africare vehicles and two rented vehicles deployed. Over five motorcycles were also used</li> <li>◆ Due to civil unrest and violence in all Woreda of the Gambella Region, prevented the second round of vaccination from taking place</li> </ul>
CARE	<ul style="list-style-type: none"> <li>◆ Conducted social mobilization meeting for 68 Kebele Administrations, community and religious leaders</li> <li>◆ Training provided for 48 voluntary community mobilizers and supervisors</li> <li>◆ Deployed 40 voluntary guiders and agitators</li> <li>◆ Two people from CARE participated in supervision and follow-up</li> <li>◆ Avail 3 rental vehicles for both rounds of the campaigns</li> </ul>
WVE	<ul style="list-style-type: none"> <li>◆ Consultation meeting was conducted with zonal and woreda health offices representatives</li> <li>◆ A total of 6 woredas were covered</li> <li>◆ Provided logistic support and facilitating social mobilization activities</li> <li>◆ Facilitation and effecting the payment for 4 vehicle rent and per-diem for participants (supervisors, mobilizes, consultation meeting participants)</li> </ul>

During the 1st and 2nd rounds of the campaign, a total of 532,695 (109,552 0-11 months and 423,143 12-59 months) children under five were immunized in the CORE Group funded projects. This report does not include Gambella Region. The number children who had never received OPV in 1st and 2nd rounds of SNID campaigns were 17,437 (3.27%) and 17,166 (15.67%) children 0-11 months and 271 (0.06%) 12-59 months, respectively. A total of 3 AFP cases were detected during both rounds of the campaign (2 and 1 in the 1st and 2nd rounds respectively) in CORE project areas. Many of these were old cases and were investigated more than two weeks after the onset of paralysis. However the attempt was good.

CORE Ethiopia in Collaboration with CORE Group headquarters organized a two weeks Training Programme on “Geographic Assessment of Planning and Services (GAPS) from October 13 - 27, 2003. Geographic Assessment of Planning and Service (GAPS) is used to improving the planning, implementation and evaluation of supplemental immunization activities (SIAs). The focus of GAPS is on the prevention and detection of pockets of unvaccinated children, if they exist. Lot Quality Assurance Sampling methods (LQAS) are used in GAPS, but also have a wide application in monitoring and evaluation of health and development programs.

The training of GAPS was planned the World Vision Ethiopia project area in Wolita Zone during the October 2003 SNID. However, the SNID in this zone was postponed and were forced to change the training venue to Sidama Zone. CRDA Regional Office and Awassa Catholic Secretariat were instrumental in making the shift from Wolayita to Sidama. In addition to the excellent support received from regional, zonal and woreda health offices. After thoroughly discussion with the above mentioned partners, Borecha Woreda was selected as the GAPS training area because of the presence of the Catholic Church Clinic, because it was considered to have difficult-to-reach population and has been heavily affected by current famine. It was expected ten people to be participated in the training however, due to the change of the venue only six people were attended the program. The most interesting part of the course was the fieldwork, where the participants practiced what they have discussed in the class. The majority part of the training was field exercise. Sometimes the trainers were traveled up to 70 km from Awassa to the practical areas. The Woreda Health Office were very cooperative and supportive, they were assisting by providing manpower, vehicles and motorcycle. The participants had a discussion in the plenary session based on what they found in the field exercise the next day morning.

In addition to this, Mr. William Weiss, Deputy Director, CORE Group Polio Partners Project, provided two orientation sessions on Lot Quality Assurance Sampling (LQAS) Techniques for 59 participants. These sessions were conducted in CRDA Training Center in Addis Ababa. The attendances were from partner PVOs, NGOs, MOH, WHO, UNICEF. It was also included during the orientation time the importance and use of Global Position System (GPS).

#### **V.Highlights of CORE PEI efforts to support AFP case detection and reporting:**

To date, surveillance activities in the country have not adequately involved the community; communities can assist in AFP case detection and reporting, facilitation of stool collection, detection and reporting of other vaccine preventable diseases (particularly measles and tetanus).

In view of this, CORE Ethiopia has begun to fill this gap by introducing community-based AFP/Measles/MNT surveillance activities in selected Woredas of the country.

CCF had conducted community-based AFP and Measles surveillance training for 50 community agents who were selected from 36 kebeles of Silti Woreda, Silti Zone of SNNPRS. The training was conducted in collaboration with WHO and Zonal and Woreda Health Offices for three days in November, 2003. This training is the first of its type to be conducted at community level and contributed to improve the surveillance activities and immunization program in the Woreda.

According to the report from CCF at the end of March 2004:

- It was indicated that the Woreda was a silent Woreda in AFP cases but after the training and deployment of the community volunteers, 2 cases of AFP and 5 cases of measles were identified and reported.
- During the reporting period, 67,380 people have received surveillance information in different ways such as house to house, churches, mosques and using different people-gathering occasions.

## Introduction

Figure 1 below shows the intensity and distribution of wild polio virus in India between 2000 and 26 April 2004. Uttar Pradesh and Bihar states in the north, have been the foci of wild polio transmission, especially the large outbreak in 2002. Due to the continued intensity of transmission of wild polio in 2003, the focus of the CORE PEI project in India in FY04 (Phase III) has been interrupting transmission through social mobilization in Uttar Pradesh and Bihar. Other partners have been addressing the other polio eradication strategies such as AFP surveillance and routine immunizations. Table 1 describes the distribution of program areas and partners from FY00 through FY04 (Phase III). In FY04, CORE PEI is working in 21 districts in two states, covering 104 blocks with the help of over 2000 volunteers. Figure 2 provides a map showing the geographic locations of CORE PEI programs areas in Uttar Pradesh in FY04.

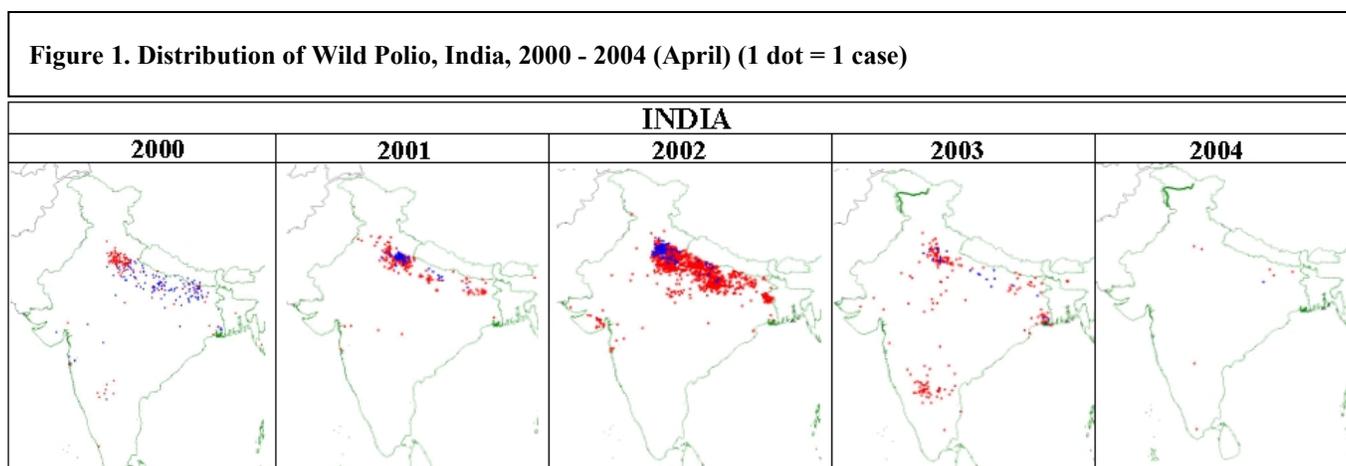
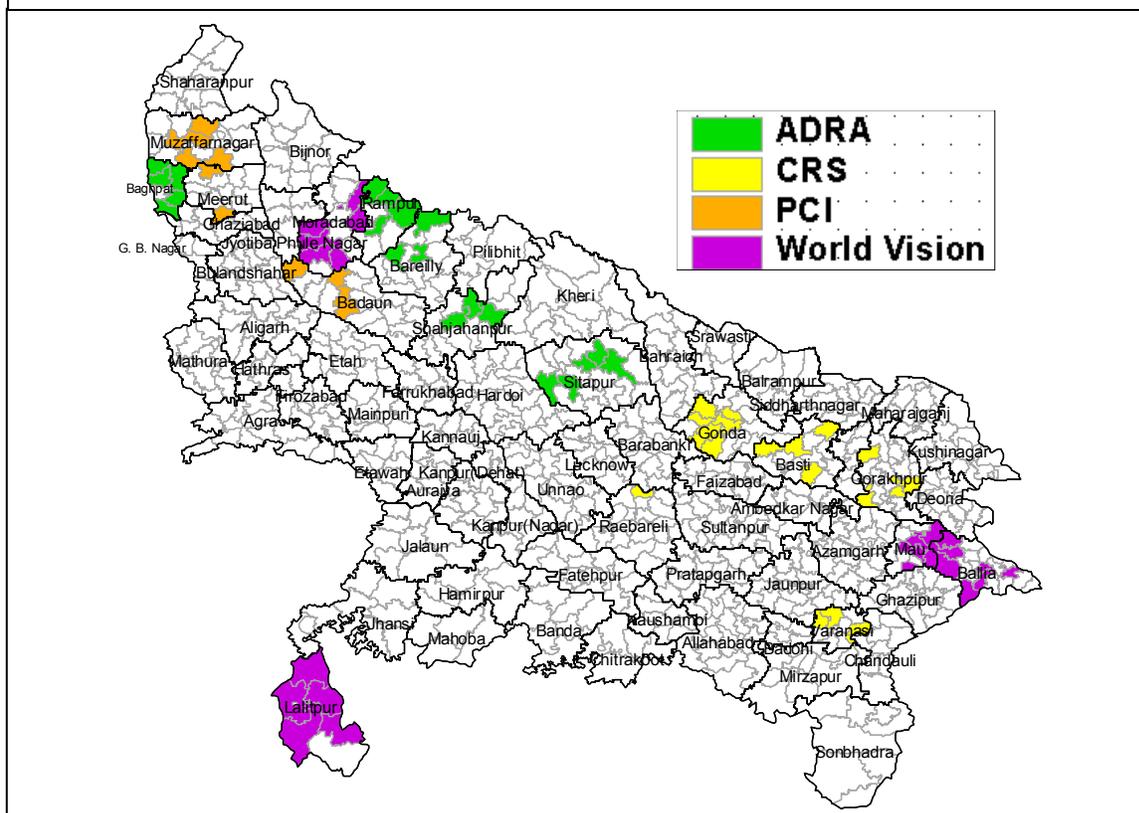


Figure 1. Distribution of Wild Polio, India, 2000 - 2004 (April) (1 dot = 1 case)

Table 1. CORE PEI Program Areas, FY00 - FY04			
	Phase 1 1999-2002	Phase 2 2002-2003	Phase 3 2003-2004
<b>Partners</b>	5	4	4 PVOs (World Vision, PCI, ADRA & CRS) 26 NGOs
<b>States</b>	9	4	2
<b>Districts</b>	52	11	UP -18 Bihar - 3
<b>Blocks</b>	149	51	UP- 94 Bihar -10
<b>Community level workers</b>	3000	1300	UP- 1956 Bihar - 200

Figure 2. Distribution of CORE PEI Program Areas by Partner, Uttar Pradesh, FY04



### ADRA India Highlights (October – December 2003):

In FY04, ADRA is working with 4 partner NGOs establishing work in Baghpat, Rampur, Bareilly, Shahjahanpur and Sitapur districts of Uttar Pradesh. In these five districts, ADRA is working in 20 Blocks covering 606 villages with the assistance of 320 volunteers.

#### *Social mobilization for mass immunization campaigns*

In Rampur District during the NID round in November the Administrative / Health Department organized a fair in which stalls were put and various departments had exhibited the whole year work in which CORE/ADRA coordinated with the Health Department to put a stall. The CORE/ADRA had put up a stall to create awareness about the Polio Eradication Program and for the upcoming rounds. The District Magistrate gave away certificate to volunteers in the Polio Eradication Program to appraise their work in the field. ADRA Volunteers from Chamrua and Swar received the certificates.

#### *Strengthening routine immunization systems*

EPI site mapping training was given by Subodh Kumar of CORE in the first week of December 2003 (Training at TERI 8<sup>th</sup>-11<sup>th</sup>). The District Coordinators (SMC) will do training at the Block

level in coordination with other CORE partners. A newborn tracking matrix format was used in the field by CMCs.

#### ***“Add-on” activities***

For PEI Phase III, ADRA is conducting the “add on” activities through health camps and out reach immunization camps. In the month of November and December health camps were conducted. As ADRA India targets to conduct 20 health camps per Block during the project period, this has been prioritized to cover the hard to reach areas (HRA). Outreach immunization camps will be conducted to improve immunization coverage (20 sites per block). In Baghpat District, the Block Mobilizer Coordinator organized a health camp in Baraut. The health camp has benefited the community at large and school children have been change agents in making the health camp a success in this area. The District Magistrate, Ms. Kamini Chauhan, is proactive in the Polio Eradication Program in Baghpat District and this has assisted the activities in this area. The D.M had suggested CORE/ADRA to organize more health camps in Baghpat district. In response to the suggestion of the District Magistrate ADRA partners had informed her that health camps would be conducted with the assistant from the Government Medical Officers (In coordination with the CMO, MOIC and other NGOs). Strictly CORE/ADRA would not give away medicines.

#### **ADRA India Highlights (January – March 2004):**

##### ***Intensified support activities for mass immunization campaigns***

During the January and February NIDs (National Immunization Days), each district had plan special house to house activities to improve the implementation of Supplementary Immunization Activities by teams (vaccinators) in respective Districts of Uttar Pradesh. Intensified SIAs or the Block Action Team (BAT) were implemented in Baghpat and Shahjahanpur District.

Block Action Team (BAT): To vaccinate children in households missed by A vaccination teams, a focused follow up activity was designed to identify the problems in the districts. In the BAT activity, Surveillance Medical Officers (SMO) from other States were deputed in each block of Baghpat to monitor the ongoing follow up activity. The community mobilizers (CMCs) worked with all the vaccinator’s teams and also assisted the mobile teams to visit the brick kiln areas. The main purposes of the BAT are:

- To vaccinate all children who were missed during the immunization round;
- To ascertain the true proportion of “X” houses (missed houses).
- To detect if “X” or “XL” (locked houses) houses may actually be resistant houses (“XR”).

After the BAT activity they found the following:

- Many “XL” households are families working at local and out of the district brick kilns
- Poor implementation of “A” team activity rather than hidden or open resistance is the main barrier in Baghpat District to interrupting transmission of wild poliovirus. In other words resistances are decreasing but government vaccinator’s team activity is still poor.
- Brick kilns are a high priority area because children are being missed over continuous rounds. Brick kiln areas---although included in the micro-plans---have often been left out by vaccination teams. Therefore mobile teams have been deputed in these areas such as Baghpat and Bareilly. New CMCs were deployed in these areas.

- “XL” marked houses indicate that most of the families have gone away for a period of six months for various plantation work (e.g., watermelon plantations are widespread in Baghpat region due to the nearby riverbanks).

Intensified (Bi-phasic) A-Team Activity: The intensified (Bi-phasic) A-Team Activity was conducted in all the high-risk areas (HRA) of all the districts of the Meerut Region of Uttar Pradesh. X houses were prioritized by the intensified A team activity. The X-houses (i.e. X marked house where there is refusal, locked or out to school or others) are tackled the same day by the vaccinators with the help of community leaders and representative of the District Administration with the help of the Social Mobilization Network/local influencers. Simultaneous monitoring was carried out to ensure low false-P rates. The vaccinators met with community leaders and/or representatives of District Administration at a pre-specified meeting point between 13.00-14.00 p.m. The Social Mobilizers identified local influencers or community leaders ensure their presence during the Bi-phasic. All other teams members and local influencers visit the X houses. The Bi-phasic activity was carried out in Baghpat District from 23<sup>rd</sup> to 27<sup>th</sup> February 2004.

Address to Underserved Community: The Social Mobilization Network in Baghpat is also addressing the issues of “Underserved Community”. The team has identified Muslim Vaccinators from Madrasahs institutions by networking with Maulanas and religious leaders. This approach of selection of vaccinators from the same community initiates accountability of the community members.

**“Forever Eyes”**

*The month is somewhat traceable because it was at the time of the round. (4<sup>th</sup> January 2004). When most of our team members were getting prepared with distribution of IEC materials and check listing the event, the next day seem a challenge to most of us. The morning was foggy and really cold, we were already apprehensive about the booth participation due to the bad weather. While mobilizing mothers to the booth suddenly at a distance I saw a group of children swarming towards the location of the booth I was deputed. When I had reached the booth location I saw a group of twenty-five to thirty children between the ages of 2 to 5 years who had been vaccinated (Oral polio vaccine). I met Kanchan, an eleven-year-old girl---the person who had taken responsibility in assembling children from far off villages. At that moment I forgot all about frostbite while witnessing the spirited young girl mobilizing children to the booth. With curiosity I pondered a question to Kanchan and asked her, ‘What made you get these children to the booth?’ she replied, ‘I believe that these children are like my own brothers and sisters and it is my duty’. I was impressed and told her that we were organizing a group of children as key communicators for helping us in bringing children on booth day and gave away sweets, sunshades, certificates and other incentives as token of appreciation. Kanchan replied, ‘I will help you with or without the token’ From then on Kanchan has always assisted us in forming Bulawa tollies and relentlessly has assisted the younger leaders in bringing children to the booth. “Forever Eyes-children as change agents”.*

*(Ms.Kanchan, 11 years old, Chandanpurva village, Macchrehta Block Sitapur, as told by Mr. Mahesh Prasad-CMC).*

***Other social mobilization activities***

In Baghpat District in March a collaborative effort of “Kala Jatha” a concept paper was prepared by SMC UNICEF-CORE /ADRA INDIA. The objective is to spread awareness in most high priority areas. Villages in High Risk Areas of the district, gain participation of the community

members in the Programme where the focus is to remove any misconceptions. Intensified social mobilization are carried like street plays (emphasizing on the role plays) and folk's songs. Kala-Jatha was organized in the last week of March. The District Magistrate flagged off the Program. The street plays and the folk songs attracted public attention in the targeted areas like market places, religious places etc.

In February the CMO and SMO of Shahjahanpur District requested CORE/ADRA to conduct Special Activities (like puppet shows) in Shahjahanpur City for the purpose of reaching out to the resistant areas and mobilizing those resistant families. The CORE/ADRA team comprising of the SMC & BMCs assisted the NPSP and CMO in Shahjahanpur City in the house to house visits with the team by mobilizing the resistant families (in removal of XRs) in the given wards/mohallas) between the 9<sup>th</sup> January and 27<sup>th</sup> February 2004. The SRC in consultation with ADRA India Country Director and CORE Secretariat organized 10 puppet shows in 10 wards, which were identified as hard to reach and resistant urban areas.

In February 2004, Baghpat Health Authorities organized the Health Exhibition in the District. The Social Mobilization Network comprising of ADRA and UNICEF team jointly decorated their stall with the theme “The Virus Man” which was given the third prize. The IEC materials display and the visual aids attracted attention.

Shahjahanpur District is one of the red-flagged areas because of the poor performance and a large number of resistant families (more than 700 resistant families in the whole District in January 2004 round). On 21 February 2004, CORE/ADRA, Rotary International and UNICEF organized a joint School rally. In this rally more than one thousand school children (Intermediate classes), District Authorities and teachers participated. The field partner (Pradesh Shahjahanpur Nirbal Gramin Mahila Vikas Parishad) had organized “pot painting” competition among schools children. This was organized to boost the school children and acknowledge their support.

### ***Strengthening routine immunization systems***

The total number of children who were received routine immunization in the CORE/ADRA adopted areas is 7634. This number is small compared to number of children who are eligible to receive routine immunization. According to the Block and District Health Plan, an ANM is deployed in a Sub-center, in which she covers villages for sessions on Tuesdays and Saturdays. There are shortages of vaccines supplies in the Sub-Centers. An ANM covers more than 4 villages for sessions; in other words an ANM is responsible for a population of more than 5000. Most of the deliveries are home deliveries so records of eligible children are incomplete and newborn babies are usually not immunized. It has been observed that the CMCs are able to identify children in their villages for vaccination. To this end, the CMCs are actively involved in assisting ANMs during out-reach immunization sites. To support this activity, CMCs do the following:

- Newborn registration in their respective villages.
- Child Mapping: It has been a good tool for identifying children below 5 years of age in the CMC areas. The hypothetical maps prepared by the CMCs are useful for surveys and for other route maps. Similar maps will be used for identified polio victims.

### ***“Add-on” activities***

In this quarter a total of 73 health camps have been organized across the five districts, and a total of 11,982 patients have examined in the health camps. In consultation with the SMOs (Surveillance Medical Officer) and CMOs (Chief Medical Officer), Health camps have been

organized in all High Risk Areas/villages (HRA). The CMOs and the MOICs (Medical Officer in charge at the Block level) have supported the health camps by providing medicines, doctors and ANMs (Auxiliary Nurse Midwives). [In the next quarter the health camps report will have detail report about the kind of diseases which are common in the sites where health camps are organized and the age groups of the beneficiaries and the follow of health camps].

In Sitapur District a total of 16 health camps were organized in 5 high-risk blocks. In comparison to the other districts the total number of beneficiaries of Sitapur District is low, the reason is most of the CMC-adopted areas are hamlets where the population density is less. The terrain is also geographically difficult and many of the areas covered by the team are hard to reach. Also in Sitapur District, the team has networked with various institutions for conducting health camps; Sitapur Eye Hospital being one of them. Sitapur Eye Hospital is the best Eye Institution in Asia. The hospital had stopped their community-based projects, but has agreed to assist the ADRA team by giving information on their sister organizations, and they are willing to conduct Eye Screening Tests for patients in future health camps.

Health camps also were organized intensively in the high-risk areas of Baghpat District where resistant families had been identified in the NID Rounds- 4<sup>th</sup> January and 22<sup>nd</sup> February. Baraut and Chapraulli Blocks were high priority sites for conducting the health camps.

#### ***Long-term assistance to paralyzed children***

During the PEI Phase III first quarter SMCs and BMCs has identified a total of 3153 paralyzed children in their respective CORE/ADRA CMCs adopted areas. To support families of these paralyzed children, ADRA does the following:

- Organize focus group meetings with mothers and families (of paralyzed children) giving guidelines on issuing “Disability certificates”.
- Identify local NGOs who have provision of services for calipers and special schools for paralyzed children.
- Network with local influencers and coordinating with District Authorities to address the issue of issuing disability certificates.
- Counsel the family especially mothers with paralyzed children, and follow up of the child and the family after counseling.

Some highlights for ADRA India during this period include:

- On 10<sup>th</sup> February 2004, the SMC Baghpat District requested the Chief Medical Officer and the District Magistrate to issue disability certificates to the paralyzed children identified by the teams during the District Health Department Exhibition. The idea was well appreciated by the District Authorities. Because polio victims don't have to travel to the district to obtain the certificate.
- The Baghpat team had started their networking with local NGOs in and around Delhi. (With schools and hospitals)
- For the Special Project an NGO, Center for Integrated Human Development (CIHD), has been selected by ADRA India as a Field Partner to implement the Polio Project in Ghaziabad. Since the partner has been working with disabled children in their previous projects their strategy would assist the project.

**PCI India Highlights (October – December 2003):**

In FY04, PCI is working in 20 blocks across 6 districts in Uttar Pradesh and Bihar with the support of 350 volunteers.

***Social mobilization for mass immunization campaigns***

During this quarter there was one SNID wherein all the 5 NGO partners have participated in 20 blocks. In UP, each NGO partner has analyzed routine immunization data and the results of three SIA rounds---in concert with MOI/C's of concerned block PHC's, NPSP's SMOs and District Immunization Officers---for the selection of 300 high-risk villages in 10 blocks of Budaun, Muzaffarnagar and Meerut districts. In Bihar, there are 200 high-risk villages where PCI partners are working. During phase III, some villages have changed after discussion with MO in-charge.

A variety of strategies were employed to maximize the value of NIDs for polio eradication in PEI Area of UP and Bihar. These include the following: active networking and coordination with NPSP, Unicef, government health departments, block level officials, and Panchyat members; enhanced understanding of governmental policies and plans on the part of communities; encouragement of community participation in and contribution to immunization campaigns; involvement in preparation of plans for NIDs/SNIDs including monitoring and evaluation. In the new areas, close interaction with the community enabled understanding that helped us skillfully tackle the challenges and barriers related to the resistance. The involvement of men, particularly youth and fathers, as stakeholders in the PEI, and not just NID volunteers, also helped improve coverage of the SNID and related efforts. Below are some of the highlights of this quarter's activities in Uttar Pradesh:

- Reassignment of the high risk villages and assumed responsibility of a whole block to improve the coverage of polio vaccination.
- Health outreach camps are being organized in the resistant villages to motivate community towards immunization, especially polio.
- The “add-on” activities such as sanitation drives are planned as a specific strategy for the social mobilization, and we linked the sanitary drive with health education.
- Community meetings are organized on regular basis; these are helpful in building rapport with women in the villages who are supporting project staff (CMCs) during the polio round in motivating the reluctant community/ families of the villages.
- The sugar cane society in Muzaffarnagar and Farmer groups of Tata Chemical Ltd. in Budaun are helping with social mobilization in the villages where community is not supportive towards the immunization.
- The experience of Budaun District, in organization of district and block task forces, is now being used by PCI's partner ASS to improve the quality of discussions and decisions in Muzaffarnagar District.

Below are some highlights of PCI's activities in Bihar this quarter:

- In Nanpur block of Sitamarhi, regular meetings with the religious leader resulted in active involvement of 13 maulana/ maulvi in the SNID round. The coverage has improved in the villages in response to these leaders reading *Imarate Saraiya* after prayer on Friday and making announcements from the mosques.

- Some special meetings were organized in Muzaffarpur District with the postmen and chaukidars. As a result, they had contributed improving coverage during the Nov. 03 SNID.
- Adithi (a local NGO) has for first time participated in an SNID in Riga and Suppi blocks, as these blocks were included in phase III. The rallies and miking were never done before in these blocks. It was an opportunity for the community to participate in these activities. The CMC reported active participation of community, which ultimately increased the coverage of polio vaccination in these blocks.
- The TBAs were involved as partners at village level during the Nov. 04 SNID. They helped identify newborns in 4 blocks of Sitamarhi where the vaccination of zero dose children has increased.

#### *CMCs in Action*

Some of the CMCs have very effective counseling skills due to which they are able to motivate and convince many reluctant families. Here is one example of Muzaffarnagar, UP:

*“There is a Muslim family in Munavvarnagar village of Charthawal Block who used to be permanent resistant family. During the Nov. 03 SNID round the CMC Sheeba Aziz visited this family along with vaccination team members. The Wife of Syed started scolding the team and CMC. After making little efforts the team left the house as mother said no for immunization and rudely behave with the team. But CMC Sheeba Aziz remained there. She started talking to other family members, than she asked a glass of water. Suddenly she saw a girl who was known to her. She was the grand daughter of this family. She has introduced her to family member that she is Sheeba, Teekon wali, as She used to go house to house for telling each and every one about the immunization. When this family came to know that she is Muslim there attitude was totally changed, Sheeba took advantage of it and slowly started talking about the health issues and immunization. Her friend also supported her and told her sister in-law, the mother of child that being a social worker and Muslim she will not give us wrong advise. The mother then said yes but you take the responsibility if any harm happens I will catch you. Sheeba immediately called the team and gave polio drops to the child. The efforts of Sheeba reduced one resistant family.*

#### ***Strengthening routine immunization systems***

During this quarter the capacity of PCI BMCs and CMC has been built to strengthen the routine immunization system. PCI partners are working closely with the district immunization officers for EPI site mapping in all the 10 blocks of UP. Meetings with women groups in each CMC village are being used for the creating awareness and motivating women for the immunization of their children. In Bihar, PCI’s NGO partners have facilitated various social mobilization activities like mothers meetings, inter-personal contact, and meeting with opinion leaders. These were undertaken to mobilize people to bring children to sub centers for routine immunization. Coordination meetings were held with the ANMs for improving routine immunization. Below are some highlights of PCI’s activities this quarter:

- In UP, PCI prepared a joint action plan of ANM & CMC's. In this plan ANM and CMC know the visit schedule for the routine immunization and both work together in the CMC villages. A copy of CMC activities also is provided to PHC so that PHC staff can monitor CMC’s activities and provide support in improving the routine immunization in CMC villages.
- In Bihar, PCI partners have continued to strengthen the routine immunization, which also has improved acceptance for NID and SNID. In Vaishali, Nari Nidhi has been

successful in spreading the messages of routine immunization through pregnant women and mothers' meetings. Their inroads through a variety of creative means such as immunization camps and escort services to the ANMs and interaction with the service provider on the issues of needs and challenge faced by the target communities has increased a better understanding.

#### ***“Add-on” activities***

In the Phase III, add-on activities have scaled up in all the 10 blocks of UP. The health camps, sanitary drives, ORT demonstrations and repairing of hand pumps are adding value to the program. For example, ORT demonstrations are done by the BMCs where ANMs also present--- this has motivated some ANMs to do their jobs more creatively. The add-on activities are carried out in the resistant villages. The health camps organized during this quarter helped in rapport building with the community in the new blocks. As in Budaun in the last year, PCI partners have made efforts to make CMCs the depot holders for IFA and ORS packets. Negotiation is on to make PCI CMCs the depot holders in 5 blocks of Muzaffarnagar in UP. In addition, community meetings are conducted on regular basis where CMCs discuss immunization, ANC, IFA, and diarrhea; these activities help build support for polio vaccination that the CMCs promote.

#### ***Long-term assistance to paralyzed children***

During Phase II, PCI partners made efforts in listing, certification and other benefits to the paralyzed children. In phase III, since the program areas have changed in response to the changing epidemiology of the polio virus, the partners have started some activities in Muzaffarnagar and Meerut districts. The partners have prepared a list of children who are paralyzed. In the next quarter (Feb.04) ASS is planning to organize two camps in Muzaffarnagar. In Bihar, Adithi has organized two camps wherein some children are given calipers and tricycles. The other partners are continuing to update the list of paralyzed children and doing follow-up with Red Cross society and District Disability Rehabilitation Center. Regular meetings were held with the respective agencies to ensure the earliest possible. As per the suggestion of respective agencies, the list of paralyzed children has been verified by the respective mukhiyas and submitted to the concern MOs for their perusal. The verified list has been submitted to Block Welfare Officer for the issuance of disability certificate.

**WV India Highlights (October – December 2003):**

World Vision India works in 24 blocks across four districts of Uttar Pradesh (Moradabad, Ballia, Mau and Lalitpur) in Phase 3. The block coverage by district is as follows: Moradabad (7), Ballia (7), Mau (5), and Lalitpur (5).

***Social mobilization for mass immunization campaigns***

Before the campaigns, World Vision used drum beating in resistant areas, which was found to be quite effective. In addition, rickshaw miking, rallies, mosque announcements, and wall writings were used to create awareness and increase booth participation. WV visited 8,800 non-acceptor households for counseling, and held 950 influencer meetings. Timely involvement of influential leaders, district authorities has been important to ensure political support. Involving religious leaders in planning and implementation of social mobilization campaigns helps to ensure the acceptability of the messages and thereby improve the coverage.

***Involving local NGOs in social mobilization***

*When the Block Medical Coordinator (BMC) of the local NGO partner visited Bhatpurva village for XR house visit counseling, one family showed their anger towards the repeated visits for polio immunization only: “No one comes to provide us with blankets in this winter season.” The BMC asked them to come to his organization for blankets and we will see what we can do for you. This made the family happy and the children were brought outside for the polio drops.*

***Strengthening routine immunization systems***

The major strategy to increase routine immunization has been to counsel mothers on appropriate timing for their children’s immunizations and also to generate demand by creating awareness in the community on the benefits of immunization. WV held meetings with mothers and communities regarding appropriate timings of immunization for their children. WV also raises demand for immunization by sponsoring video shows and street plays that address the benefits of immunizations. The project will also organize medical camps for the sites that do not have access to government services.

One of the major challenges that the project continues to face in the field comes from the Muslim community, which refuses to have its children immunized with the vaccine fearing that it would lead to impotence in the child. To overcome this barrier the project involved the religious leaders for mobilizing the families.

***“Add-on” activities***

WV organized 27 health camps in Balia district this period.

***Long term assistance to paralyzed children***

This period, WV identified 256 polio affected children in Balia for follow-up services.

**WV India Highlights (January - March 2004):*****Social mobilization for mass immunization campaigns***

A combination of rallies, miking, video, puppet, and magic shows, street plays, wall writings, mosque and temple announcements were used. In Mau District, there was 61% booth coverage in CMC areas (a measure of community participation). In target villages in Balia district, *madrasas* were engaged in social mobilization which we believe resulted in increased booth coverage.

***Showing individual initiative to overcome resistance***

*In Siyar block, in Kandhrapur village, one of the family was resisting polio vaccination by saying that polio vaccine would make the children sterile. On hearing this, a WV worker brought his son and gave his son in front of this household. The WV worker asked why he would do this if the vaccine would make his son sterile. With this, the family was convinced and allowed their own son to be vaccinated.*

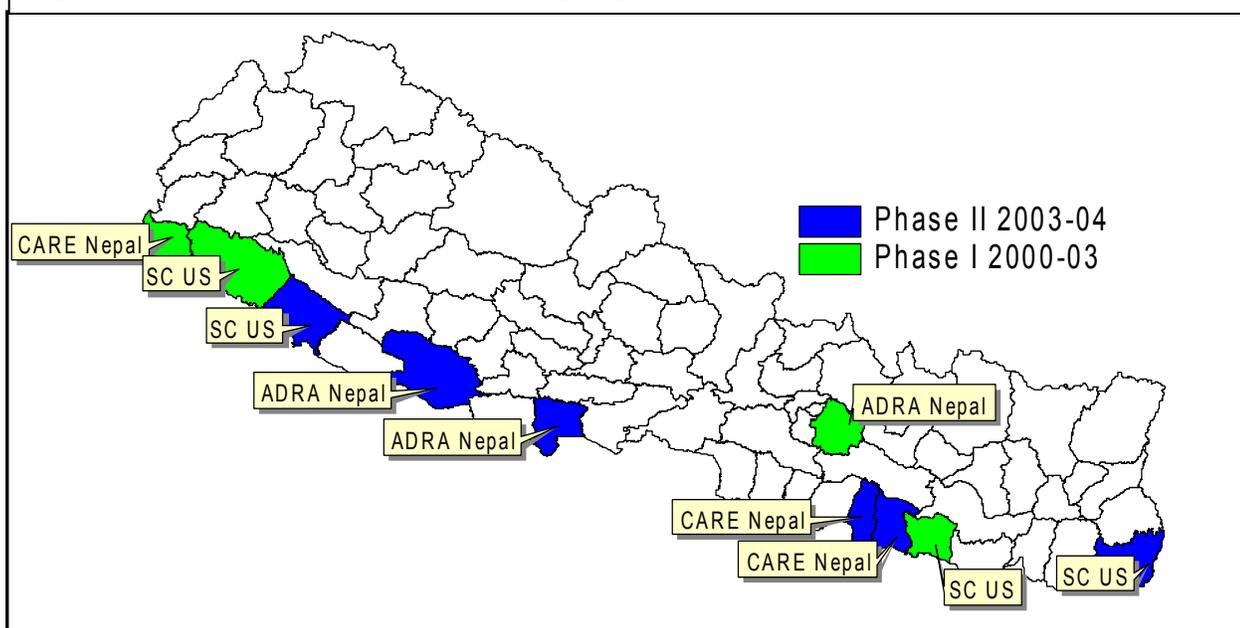
***“Add-on” activities***

During this period, WV carried out ORT demonstrations in addition to 16 health camps, 15 sanitation drives and the de-silting of four drains. The health camps in resistant Muslim areas appear to have been effective in reducing resistance.

## Introduction

The last four cases of wild polio cases in Nepal were in the year 2000. Two of these cases were in Siraha and Mahottari districts. The CORE Nepal Polio Project was initiated when at a time when there was transmission of wild poliovirus in Nepal and India. At that time, both governments were intensifying the polio eradication effort to interrupt the transmission of polio. The CORE Nepal project provided extensive social mobilization, surveillance and system strengthening support to the government. The project was initiated in five districts--- Kanchanpur, Kailali, Mahottari, Siraha and Kavre; these district are classified as “Phase I” in Figure 1 below. Since then, Nepal has achieved polio free status for three years and the situation has changed. India continues to have polio transmission. To cope with changing epidemiology of polio in UP and Bihar states of India, the CORE Group Nepal partners project shifted its project area in the year 2003-04. On the basis of epidemiological development, lower routine immunization status and clustering of wild polio cases in UP and Bihar along the border with Nepal, CORE Nepal made the strategic decision to enter into new districts. The districts labeled “Phase II” are the six districts CORE expanded to in 2003-04. Out of six districts, five districts are new while Mahottari district continued in the project (see Table 1).

**Figure 1. Districts Covered by the CORE Group Nepal Polio Partners Project by Phase, 2000-2004**



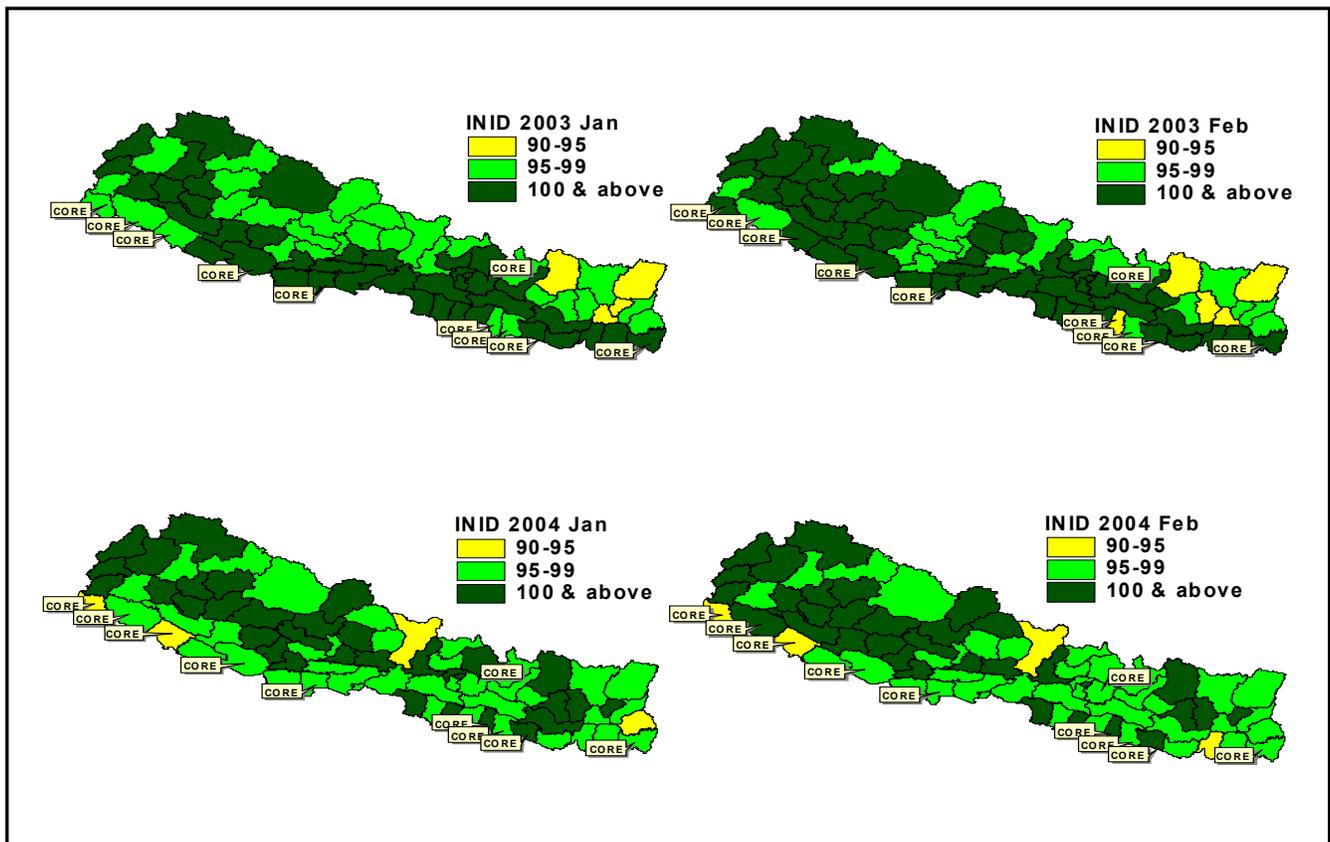
**Table 1. Project Background by PVO Partner (2003/2004)**

	CARE Nepal		SCF US		ADRA Nepal		Total
	Dhanusha	Mahottari	Jhapa	Bardiya	Dang	Rupandehi	Total
Project districts							
No. of VDCs	101	76	49	34	38	69	367
< 5 year	102,468	82,354	89,852	63,404	78,929	106,239	523,246
Under 15 yrs.	297,900	236,775	322,676	171,041	199,044	298,919	1,526,355
Expected Non-polio AFP cases	3	2	3	2	2	3	15

## Situational Analysis

### **Supplemental Immunizations**

Nepal observed 8<sup>th</sup> national immunization day in January and February of 2004 in two phases – 8 Himali districts in September 2003 and rest in 2004. Nepal immunized 4,220,395 children under aged 5 yrs in 2004 and achieved a coverage of about 99%. The administrative reports on NID achievements have fairly high over years. As the figure below and annex 1 shows few districts had NID coverage below 95% in last two NIDs. Last year shows some decline in NID achievements as majority of districts including most of border districts falling in coverage category of 95-99% compared to last year. Some of CORE project districts also had coverage below 95%.

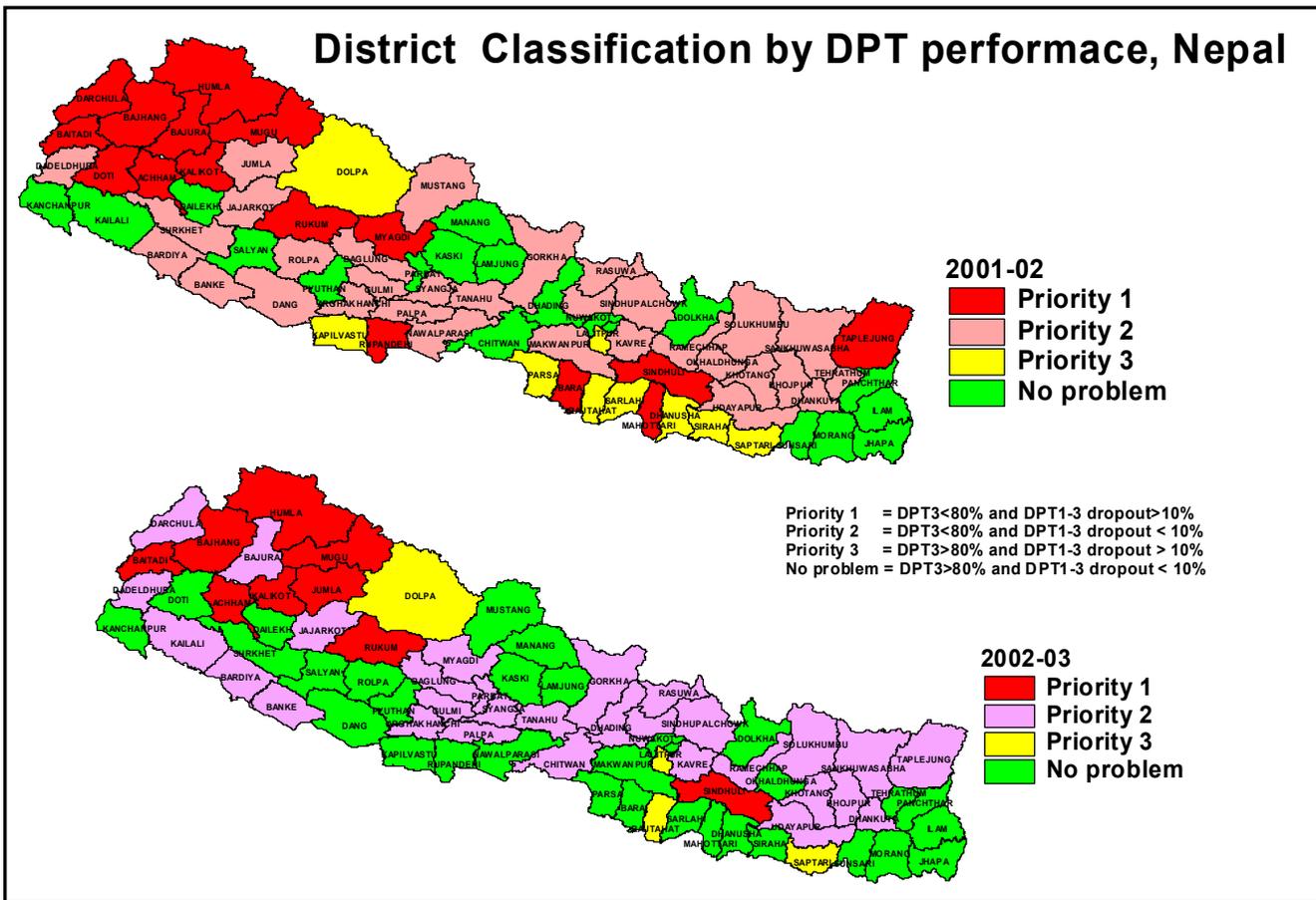


The reasons for decline might be due to movement of people because of insurgencies, slackness on the part of service delivery and climatic factors. Note that in first round 2004, the weather was very bad in Terai districts. Next year it might be helpful recommendation to identify administrative areas showing significant reduction in vaccination coverage and plan meeting with community, health workers and volunteers to review and plan for better coverage. Apply geographic assessment of planning and services (GAPS) tools to improve the mass immunization coverage and validate the administrative coverage reports.

**Routine Immunization**

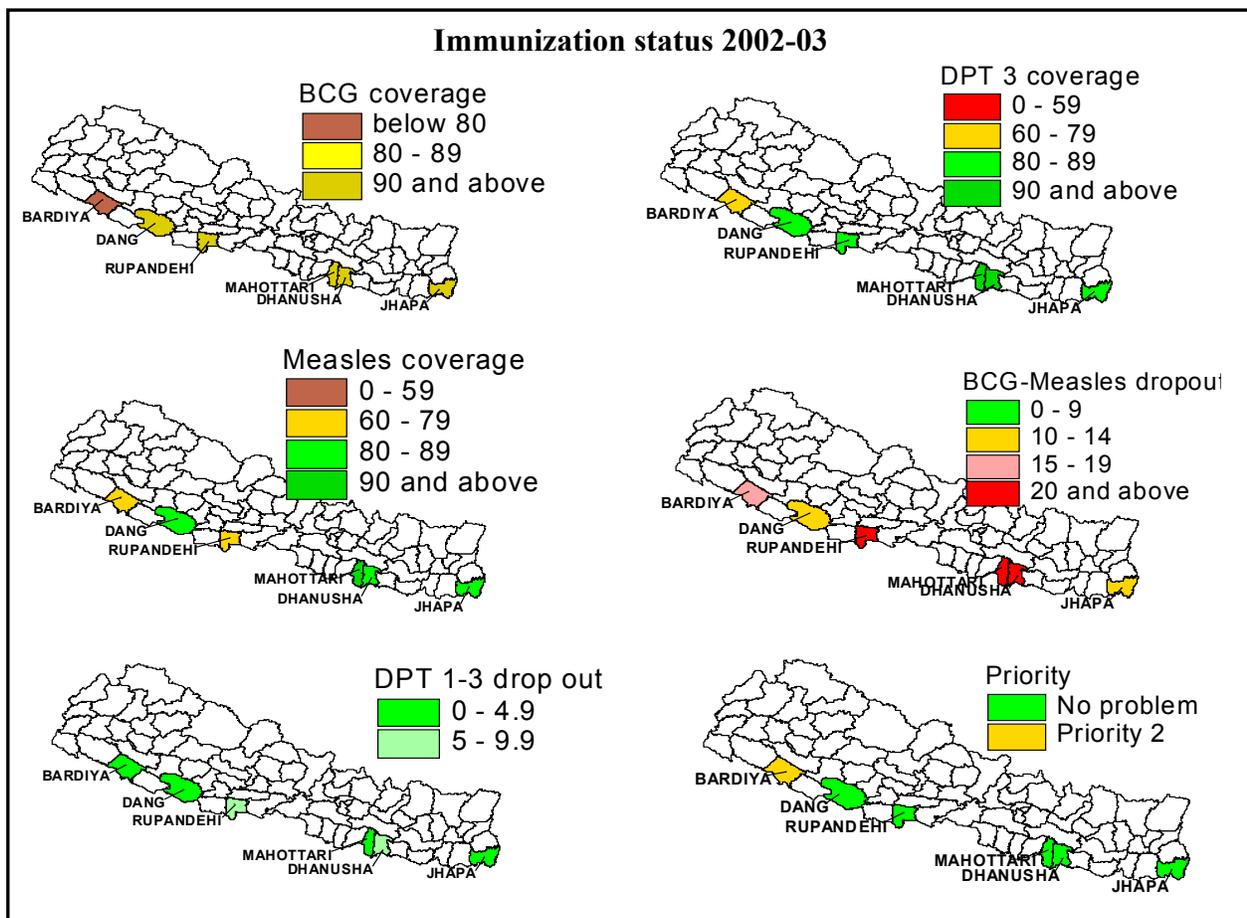
The EPI section, Child Health Division of the MOH has devised a classification scheme of monitoring the performance of immunization coverage. The health units are classified into four categories as no problem, priority 1, priority 2, and priority 3. A district is classified as no problem if it has DPT 3 coverage of at least 80% and DPT 1- 3 dropouts of less than 10%. Districts are classified as priority 1 if they have DPT 3 coverage less than 80% and DPT drop out more than 10%. The priority 2 health units would have DPT 3 coverage less than 80% and drop out less than 10%. The priority 3 includes health units with DPT 3 coverage more than 80% and dropout more than 10%.

As evident from the figure below, Nepal has made substantial improvement in routine immunizations between 2001 and 2003. The DPT 3 and Measles coverage increased by 6% and 4% respectively. The DPT 3 dropout is 5% and BCG-Measles dropout is about 17% in 2002-03. The data suggests that the increase in immunization coverage is proportional to the corresponding reduction in the dropouts. The number of districts with DPT 3 coverage equal to or greater than 80% increased from 18 in 2001-02 to 40 in 2002-03. In 2002-03, slightly more than half of districts recorded the coverage of 80% or more; 41% of districts had a reported coverage rate between 60 and 79 percent. Twelve districts moved from a classification of inadequate coverage to adequate between 2001/02 and 2002/03.



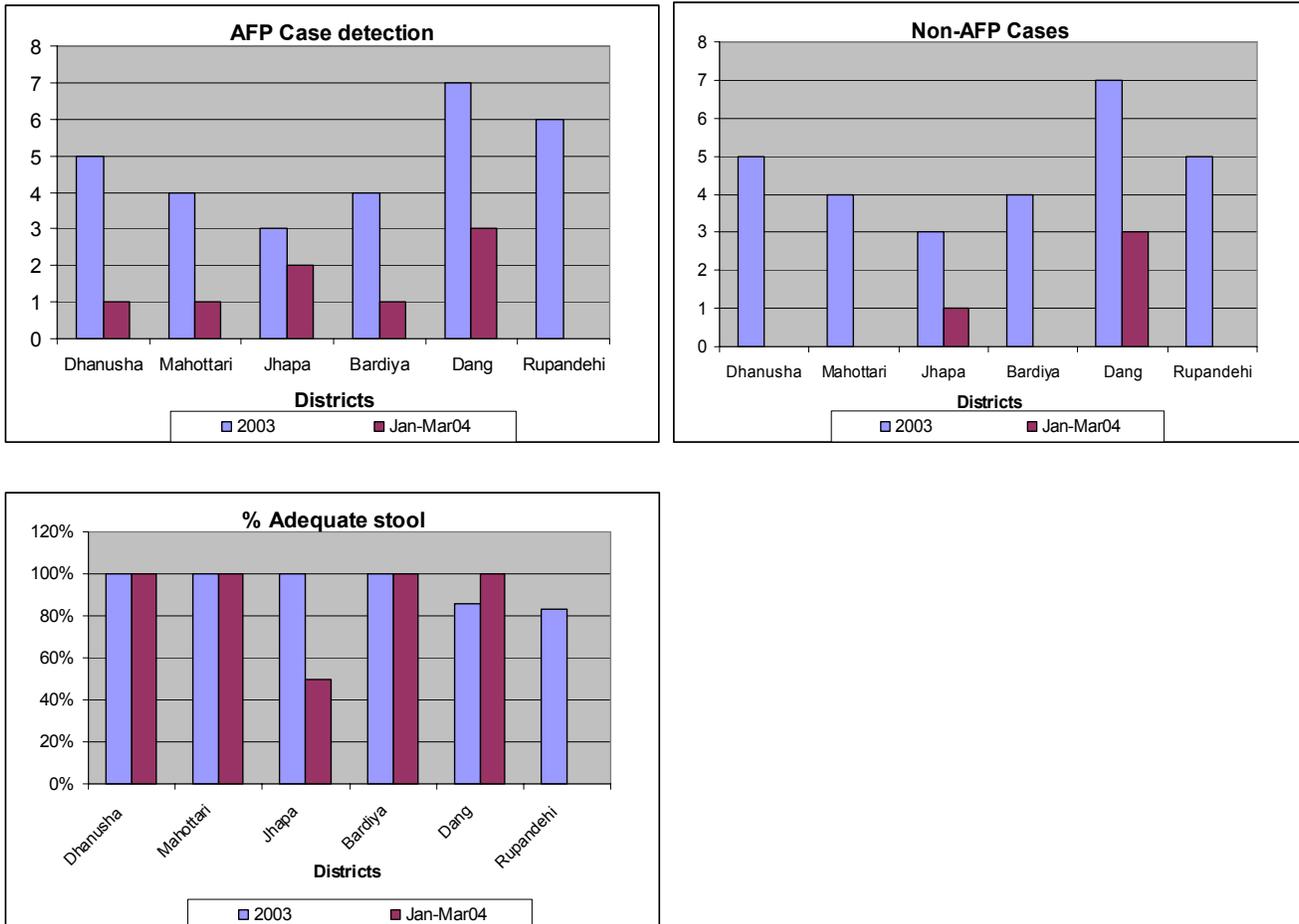
CORE Project districts made a remarkable progress overall. In Kailali, a Phase I District, performance declined primarily due to effects of the insurgency. Except in Bardiya District, the rest of the five current project districts have good BCG, DPT 3 coverage and a low DPT dropout rate. According to the classification scheme Bardiya district is priority 2 meaning it has DPT 3 coverage less than 80% but DPT 3 dropout rate under 10%. When we look at measles coverage and measles-BCG dropout rates in the figure below, all six districts show that works still needs to be done to improve routine immunization. The following recommendations may help project districts improve immunization coverage:

1. In addition to DPT 3 coverage and DPT dropouts, all projects need to examine the situation by considering measles coverage and BCG-Measles dropouts.
2. Bardiya needs to increase coverage and reduce dropout for all antigens.
3. The other districts need to improve measles coverage and reduce the BCG-Measles dropouts.
4. All project districts need to identify low performing VDCs within the district, investigate any problems and help to improve performance.
5. Make efforts to understand and improve the quality of routine immunization.



### AFP Surveillance

The charts below show the status of AFP surveillance in CORE project districts. In 2003, WHO investigated 190 AFP cases of which 187 have been classified as non-polio. Two cases were classified as compatibles. In the same year, 29 AFP cases were detected in CORE project districts. The non-polio AFP rate and percent adequate stool collection have met the standard at national and at the CORE project district level.



In the first three months of 2004, 8 cases of AFP have been investigated in CORE project districts of which 4 are classified non-polio and 4 waiting for final classification. In Jhapa out of 20 detected AFP cases one case missed for adequate stool collection. The case detection rate is on the track and more is likely to be detected in next quarter. The recommendations to CORE project districts are as follows:

1. Meet with SMO periodically to get updates on surveillance. Look at the timeliness and completeness of reporting
2. Visit reporting units and encourage them for timely report
3. Monitor stool collection procedures of AFP cases
4. Visit families with AFP cases and provide support.
5. Use every opportunity (training, field visits) to inform and enquire information about suspect old or new AFP cases
6. Initiate community surveillance for AFP

## Highlights of Project Activities by Objective

### ***Building partnerships***

In October 2003, CORE Nepal secretariat held a planning workshop with participation by central and field staff of partner PVOs. Dr. Ganga Ram Chaudhary, AFP surveillance coordinator, Dr. Chakra Rai, Measles surveillance coordinator, and Mr. Jagat Man Shrestha from WHO/PEN participated in the meeting and provided valuable input. Dr. John Quinley and Mr. Raman, from USAID/Nepal, participated and suggested CORE Nepal to work with NFHP to minimize program duplication and maximize the program impact.

At the workshop, we discussed goals, objectives, activities, implementation issues and roles of various stakeholders during implementation. ADRA made a presentation on Community Health Empowerment. WHO/PEN provided updates for surveillance of AFP, Measles and NT and provided advice as to how CORE partners can help with surveillance. Group work and intensive discussions were held in understanding the project objectives and planned activities. Finally each of the six project districts developed an annual plan of action for the districts.

CORE Nepal secretariat member staff made field visit to each of six project districts and held meeting with district health office, NGOs, surveillance medical officer and multilateral development agencies in the district. The partners were briefed on the project and discussions were done on collaborations. In all six districts CORE partner PVO held a start up workshop with district health office team, representative from district development office, local NGOs with objective to brief on the project and solicit their understanding and cooperation for project implementation. The CORE partners received well appreciation for the project and activities and continued and new collaborations from partners present in the workshop. ADRA was granted office space in District Health Office in Dang and District Public Health Office in Rupandehi.

The district health office in all six districts provided sub-district (VDC) level data on supplemental immunization and routine immunization, and gave permission to collect additional data from health facilities to CORE projects. CORE district project staff collected, analyzed and used the data to identify priority health issues to address.

The CORE Coordinator attended the WHO/PEN quarterly review meeting in Pokhara from Jan 11-13, 2004. The meeting provided an update on surveillance for AFP, Measles, and NT. While surveillance of AFP and Measles were found to be good, the surveillance of NT was found problematic because few cases are being reported compared to expected numbers. Individual meetings were carried out with each surveillance medical officer with the main point of discussion about CORE's proposed community surveillance efforts, and the ways CORE can help them. The surveillance medical officers appreciated CORE's support for community surveillance and suggested ways CORE could help in surveillance.

The CORE Coordinator joined a team from WHO/Nepal to monitor sub national immunization day in Pilibhit, UP, India from November 9-15, 2003 at the request of NPSP, India. A meeting was held with Dr. Indra Saxena, SMO, the chief medical officers and a number of block PHCs in Pilibhit to acquire knowledge of planning and implementation of SNID. The CORE coordinator visited a number of areas in Barkhera and Madhotanda blocks to monitor booth and house to house vaccination. The completeness and quality of immunization in Pilibhit was very good. A national festival, "Ganga Snan Mela," appeared to have lowered the turn out of children at the booths. A quarrel between a vaccinator and a

family was also observed when the vaccinator tried to re-immunize a child. In some places, villagers complained about not having right type of vaccinator. In another place, a mother said she did to go to booth that day because vaccinators are going to come to her home anyway to vaccinate or re-vaccinate.

CORE Nepal applied the Geographic Assessment of Planning and Services (GAPS) tool during the National Immunization Days in February 2004 in Dhanusha District. Mr. Bill Weiss, Deputy Director, CORE Group Polio Partners Project came from US to train CORE Nepal. The training and field test were undertaken in collaboration with CARE Mahottari family, district public health office, Dhanusha and EPI section, Child health division. Dr. Shyam sundar Mishra, Nepal EPI chief, CHD participated the process. The debriefing meeting held at WHO/PEN included Dr. Thomas Wierzba and his team, Dr. Shyam Sundar Mishra, Dr. Gharti, GAVI and CARE central staff.

CORE partners collaborated with district health office, district development committees, NGOCC, RHCC and NGOs in the district for social mobilization for and monitoring of NID. In collaboration with district health office, CORE partners identified high risk areas for social mobilization, assisted DHO in facilitation of district immunization coordination committee, microplanning workshops, orientations to vaccinators and planning for logistics, supervision, monitoring, and documentation of results. NGOs in the district provided CORE partners a number of independent monitors.

CORE partners held a number of formal and informal meetings with surveillance medical officers to get updates, to discuss issues and to share achievements. The partners staff assisted surveillance medical officers in surveillance training to district health workers, teachers and so on.

### ***Support for Supplementary Immunizations***

The CORE partners supported NIDs in various ways during this period. Their support has been in high risk areas of project districts. Partners assist in facilitation of district immunization coordination committee meetings, micro-planning workshops, orientations to vaccinators, publicity for NIDs, mobilization of independent monitors, funding additional vaccination teams and transport for vaccine supply and for supervision. Support was also extended to DHOs in documentation of vaccination reports, analysis and review meetings. The activities undertaken by CORE partners in support of supplemental immunization varied from district to district as the district situation indicated.

**CARE** identified areas needing special attention in consultation with health facility workers in Dhanusha and Mahottari during micro planning workshops and paid special attention to the selected communities. CARE made mural paintings about the NIDs in high risk areas of Mahottari. CARE developed, printed and distributed personal invitation slips to households in both Mahottari and Dhanusha. CARE also was successful in sustaining the support from local development offices, district development offices, district education offices, the SMO and NGOs for supervision, monitoring and even funds to deploy additional vaccinators team where needed. CARE enjoyed the privilege of working closely with district health offices. CARE worked with DHOs during planning, implementation and documentation. They extended support to DHOs in facilitation of micro-planning workshops, orientations to vaccinators, and supervision planning. CARE recruited independent monitors from local NGOs and mobilized them in high risk areas for monitoring during the NIDs. In addition, CARE assessed the quality of booth immunization services in Mahottari and Dhanusha using

LQAS techniques. CARE also field-tested the tool, geographic assessment of planning and services (GAPS), in Dhanusha during the February 2004 NID round.

**Save the Children US (SC)** supported NIDs in Jhapa and Bardiya districts. SC supported 12 extra vaccination team two work at Indian border points in Bardiya and vaccinated about 800 children. SC in Bardiyda recruited volunteers from Tharu Mahila Uthan, an NGO of indigenous people, as independent monitors. SC in Jhapa helped the DPHO establish Polio static booths at main entry points along the Indian border; SC also supported district micro planning workshops, three street banners and a vehicle for transportation of NID logistical items.

**ADRA**, in collaboration with district health offices and health facility workers, identified high risk areas with low immunization coverage in Dang and Rupandehi districts. ADRA participated and facilitated micro planning meetings in both districts. ADRA supported social mobilization activities in both districts as requested by DHO. Such activities include mass publicity, volunteers' mobilization, community gatherings and information dissemination etc. The activities were implemented in high risk, low coverage and bordering VDCs in the district. ADRA worked with local NGOs to leverage NGO staff to monitor the NID. The monitors were mobilized in high risk and selected areas. ADRA also assessed the quality of NID immunization services in both districts. ADRA/Dang collaborated with UNICEF and the SMO to provide additional vaccinators in key areas. ADRA and the SMO sponsored the airing of NID messages from the local FM station; this proved to be a major source of information in Dang. ADRA also supported 24 additional vaccination teams in Dang that vaccinated about 5000 children in each round; in Rupandehi, at cross border points, ADRA provided an additional 27 teams that vaccinated about 5000 children.

LQAS assessment of the NIDs provided a picture of the quality of NID immunization services. In general, children living in CORE districts were given viable vaccine and adequate doses. However, the cold chain (ice pack, mandatory requirement of two icepacks) had process problems resulting in increased vaccine wastage because vaccine vial monitors came off. The interpersonal communication between NID vaccinators and caretakers also was not satisfactory. Most people learned about the NID from FCHVs or health workers, or from other sources on the day of the NID. In Dang, the local FM radio message sponsored by ADRA and WHO was heard by many. The detail reports can be obtained upon request.

### ***Strengthening routine immunization systems***

To improve the routine immunization coverage in project districts, CORE partners support the district health offices and health facilities in following ways:

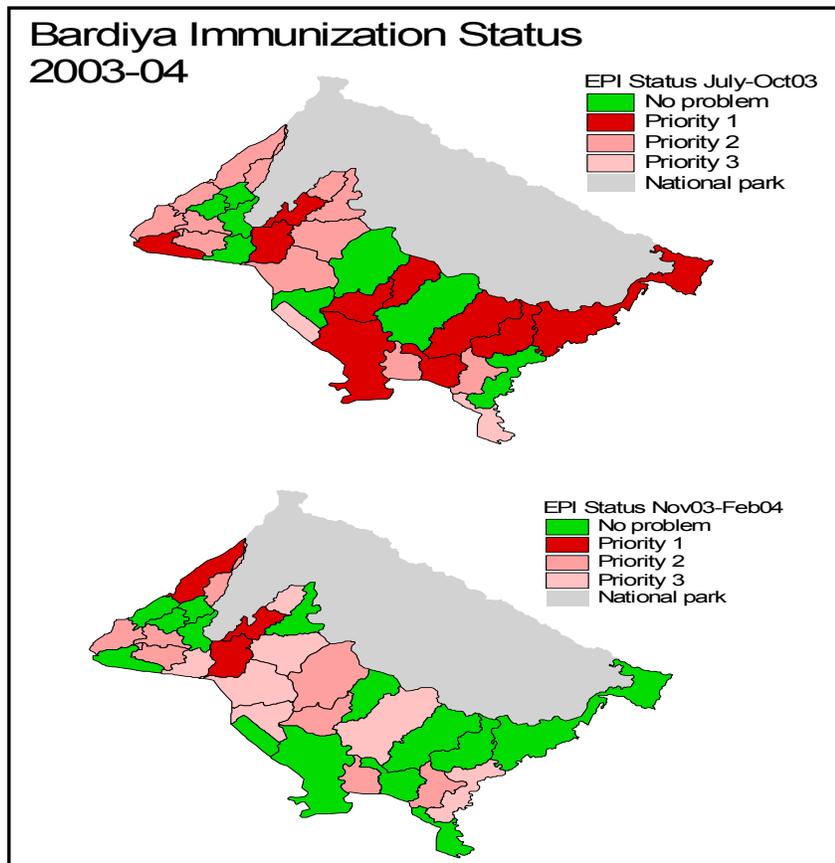
- Quarterly analysis and use of immunization data - prioritization
- Investigation of low performing VDCs
- Support to low performing VDCs
- LQAS assessment of quality of immunization in rural clinics
- Supervision of routine immunization clinics for improved quality
- Community empowerment for improved routine immunization in 110 of 365 VDCs.

CORE member PVOs carefully analyzed the 2002-03 immunization coverage and dropouts by VDC, and then identified low performing health units. A total of 110 VDCs (20 such VDCs from Dhanusha, Mahottari, Jhapa, Bardiya and 10 VDC from Rupandehi) were selected for special intervention to improve the routine immunization coverage. The

intervention includes a workshop with health facility workers, health facility management committees and community members, to review the immunization situation, identify reasons for low status and developing a community action plan to improve immunization. The intervention also includes activity-based funds, technical and facilitation support to health facility management committees in the implementation of the annual district immunization plan of action.

Mr. Netra Prasad Bhatta, **SC** IMCI coordinator, and Mr. Narayan Prasad Satyal, **ADRA** Nepal, developed the community workshop module for improved child health with technical assistance and coordination by the CORE Coordinator. The workshop has been initiated in all districts by training a group of trainers from CORE partners and DHO staff by Mr Bhatta, IMCI coordinator, Mr. Bhui, CORE Coordinator and Mr. Satyal. A number of workshops have been completed in the districts by district trainers. The target communities have developed action plans for improved child health including immunizations.

CORE partners assist district public health offices to document, analyze, and use immunization information. The EPI section, Child Health Division has devised a classification scheme for monitoring the performance of immunization coverage. VDCs were classified and mapped (using ArcView 3.2 GIS software) according to the suggested scheme. The data is analyzed every quarter and VDCs are classified into four levels of priority. CORE projects share the information with the district health officer, supervisors and health facility staffs and help develop a work plan for following quarter to improve the immunization status. The “Priority 1” VDCs receive investigation and are given increased supervision, social mobilization, community meetings as indicated. Every quarter, comparisons are made as to the transition of VDCs from high priority to low or no priority as per the figure below.



CORE project staff made supervision visits to rural health facilities and outreach immunization clinics. ADRA made supervised six immunization clinics. In two of these sites, ADRA found VHWs starting vaccination on time and assisted by on-the-job trainees. SC in Bardiya assisted DHO in facilitation of training on HMIS to sub-health post in charges and discussed and encouraged them to analyze, review and take action on immunization data in their regular periodic meetings. **CARE** Mahottari staff supervised three immunization clinics observed that a safety box was not available, defaulters were not tracked, that BCG vaccine stock out occurred. CARE Mahottari district health officers compiled and analyzed VDC level immunization data, followed up low performing health facilities, participated in bi-monthly meetings with the district health team at district and area level, printed immunization cards and ensured distribution, initiated repair of refrigerators in Gaushala, and provided transportation support to get vaccines and logistical supplies from the regional medical store.

In addition, CORE Nepal partners have carried out a study of the quality of routine immunization services in Dhanusha and Mahottari districts. The study is on-going in Jhapa, Bardiya and Rupandehi districts. The reports from Dhanusha show, that while health workers have good knowledge and technical skills about vaccines, cold chain, and injection techniques, health workers had unsatisfactory practices with regard to interpersonal communication and safe disposal. The reports were shared with district health offices, health workers, the MOH child health division, and with WHO and UNICEF. A detailed report is available upon request.

### ***Support for AFP detection and reporting***

CORE Nepal projects aim to strengthen the AFP surveillance system in project districts with specific activities to support integrated facility-based surveillance of AFP, Measles and NT and to extend the reach of surveillance into the community by initiating community surveillance. CORE Nepal Projects assist surveillance medical officers and district health offices in case investigations, communication, outbreak response activities, facilitation of orientations, trainings, meetings, in active surveillance where deemed necessary, and follow up to reporting sites. CORE Nepal projects plan to initiate community surveillance and training materials already have been developed. One of Female Community Health Volunteers (FCHV) will be trained as a coordinator and the rest of FCHVs will be surveillance volunteers. AFP, Measles, NT, Birth and Under Five deaths are included in the surveillance plan. The coordinators collect information through her personal efforts and from her fellow FCHVs in register; she reports every month to the health facility. The SMO, DHO and local health facility respond appropriately to the case reporting.

The project staff held a series of formal and informal meetings with surveillance medical officers and acquired information on status of surveillance in the project districts. **ADRA** Dang helped the SMO in active surveillance of two PHCs in the district. **CARE** Mahottari followed-up with “zero reporting” units: Sunderpur & Shreepur VDC of Gausala Ilaka. CARE also advocated in every opportunities viz-small gathering, teashops, community visit etc. CARE also supported a reported outbreak of measles in Belgachi, Gausala, Bijalpura, Damimadai, Ankar and Jalashwar municipality.