



CORE GROUP POLIO PARTNERS (CGPP) PROJECT

**FY03 Narrative Report
April 2003 – September 2003**



Theatre group presents a drama about polio eradication and routine immunization in Kwanza Sul, Angola (Save the Children US)

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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

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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. As evidence of the value-added of the CGPP activities described in the attached annexes, Table 1 below compares changes in wild polio incidence and NID vaccination coverage between CORE and non-CORE blocks with CORE districts in India from the beginning to the end of FY03. Table 1 shows that polio incidence was reduced significantly more in CORE blocks vs. non-CORE blocks between 2002 and 2003 in CORE districts. And, NID vaccination coverage improved significantly more in CORE blocks vs. non-CORE blocks.

Table 1. Results of multi-variate analysis of impact and outcome indicators in CORE India Districts by CORE- vs. Non-CORE-India Blocks (Nov 2002-Sep. 2003) ⁱ

Indicators	CORE Blocks (n=31)	Non CORE Blocks (n=27)	p-value	Sig.
Average block-level wild polio incidence in (per 100,000 under-five children), CORE India Districts, 2002	8.07	6.00	0.53	
Average block-level wild polio incidence (per 100,000 under-five children), CORE India Districts 2003	0.27	1.41	0.00	** ii
Change in average block-level wild polio incidence (per 100,000 under-five children), CORE India Districts 2002-03	7.81	4.58	0.02	** ii
Average block-level NID coverage, CORE India Districts November 2002 (percent)	80.9	81.6	0.78	
Average block-level NID coverage, CORE India Districts September 2003 (percent)	101	98.9	0.02	*
Change in the average block-level NID coverage, CORE India Districts Nov 02 – Sep 03 (percent)	19.8	17.3	0.03	*

ⁱ Covariates in the regression model include the following categorical “dummy” variables: block type (CORE vs. Non-CORE) and District (Badaun, Bareilly, Moradabad, Rampur), and the interaction terms between these two covariates where indicated.

ⁱⁱ Denotes that an interaction tests were statistically significant ($p < .05$) between block type and district and its effect on the outcome. For these analyses, therefore, interaction terms are included in the final model.

* $p < .05$
 ** $p < .01$

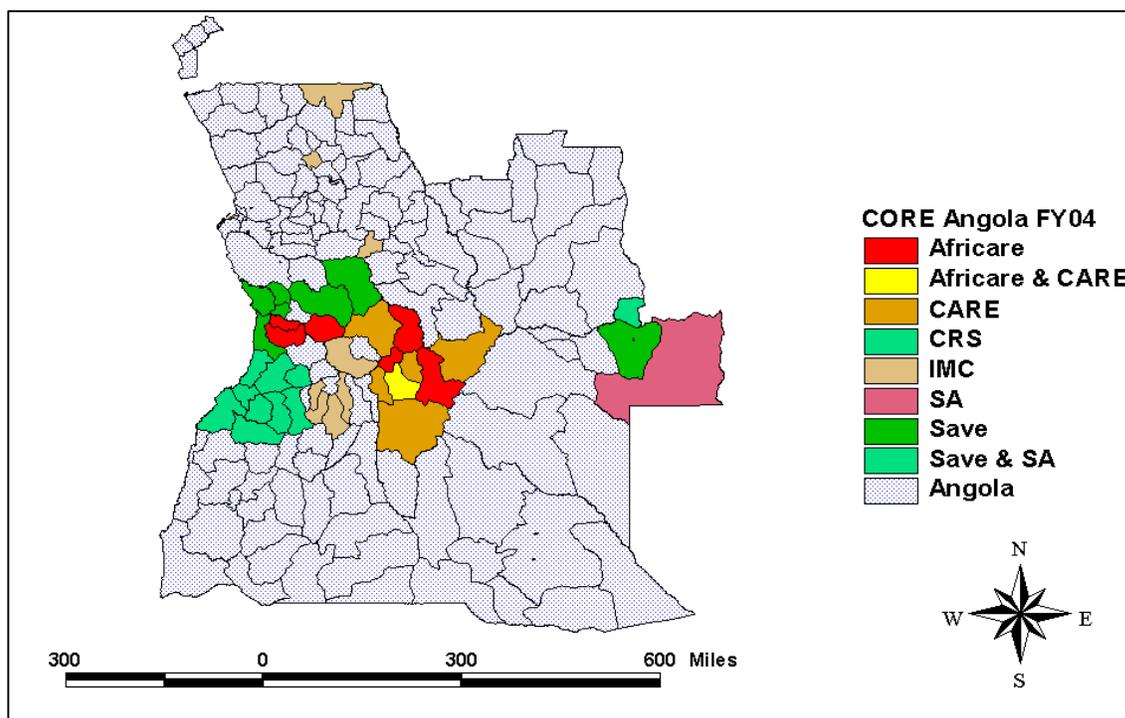
This appendix (A) provides a summary narrative of key polio eradication activities of the CORE Group Polio Partners Project (CGPP) in Angola during the second half of Fiscal Year 2003. The narrative is provided by CGPP mission areas following a brief situational analysis.

I. Situational Analysis:

No cases of wild poliovirus have been reported in Angola since 2001 (1 case). In 2002, cases of wild polio were reported across the border in Zambia that are assumed to be imported from Angola, suggested low levels of polio transmission in the Eastern regions---areas that were formerly controlled by UNITA forces---but are newly accessible. NID coverage across the program areas have been reported at greater than 95%. The non-polio AFP rate in 2003 was 1.7 (above the standard of 1.0) and the percent of AFP cases with adequate stool specimens was 86% (above the standard of 80%). However, national level statistics may overstate the quality of AFP surveillance, as evidenced by problems found within CORE PEI program areas (see section V. below). Priorities in Angola remain maintaining the high-quality of supplementary immunizations and AFP surveillance, and providing support for routine immunization systems.

In this reporting period, six (6) CORE/Angola partners were active around the country. Africare worked in Bie and Kwanza Sul Provinces. CRS worked in Benguela. CARE was active in Bie and Luanda. IMC worked in Huambo. Salvation Army operated in Moxico, and Save the Children US operated in Kwanza Sul. Figure 1 below provides a map of these program areas.

Figure 1. CGPP Program Areas, Angola



II. Highlights of CORE PEI partnership-building efforts:

II.A. Benguela: In Benguela Province, CRS actively participated in Health and Nutrition Provincial Subgroup monthly meetings. CRS led the monitoring of quality of NIDs and brought national ONGs (AJS and Okutiuka), Boy Scouts and a religious group---called Desbravadores---to participate. CRS contacted Catholic and Protestant churches in all of the municipalities. As well as offering lodging to the CRS team, the churches have shown interest in participating in the programs' activities. And church partners have been very active in recruiting volunteers for AFP active surveillance training and identifying polio victims. In addition, CRS is coordinating with Christian Children Fund (CCF) to install a fixed vaccination post in a position that is supported by CCF.

II.B. Bié: In Bié, CARE and Africare collaborated with each other and with WHO in the training of quality monitors for both phases of the NIDs. CARE offered the use of its computers and photocopiers to MOH/PAV and WHO personnel working on the planning/preparation of the NIDs. CARE and Africare also worked together on the development of a polio KAP survey: CARE polio project staff elaborated a questionnaire and then invited Africare's new Polio Project Coordinator to participate in the revision of the questionnaire so that it might be used by both organizations. The Africare Polio Project Coordinator also participated in CARE's refresher session on conducting KAP survey. Africare may use the questionnaire where it is implementing its CORE polio project in Bié—which would allow for a broader picture of polio-related knowledge, attitudes and practices in Bié. CARE also collaborates with newly trained mobile teams in the province (MOH/PAV), identifying areas where large numbers of children have not received vaccines and transmitting this information to the mobile teams for their planning. (Africare conducted the TOT for the mobile teams.) Transportation to the field has been an obstacle for the mobile teams; CARE will endeavor to use its vehicles to assist the teams where at all possible, through close coordination between the polio project officers and municipal team leaders. CARE and Africare maintain regular contact with key partners through the provincial level weekly health coordination meetings.

II.C. Luanda: In Luanda's Kilamba Kiaxi Municipality, CARE's main partner is the municipal MOH. CARE also works closely with WHO on the quality monitoring of the NIDs. Community-level partners include churches, local primary schools, and traditional doctors who CARE has mobilized to help identify potential cases of AFP. The result of these community-level partnerships is mainly increased coverage of health education and more wide-reaching surveillance of AFP.

The CORE Secretariat Director is a permanent member of the Inter-Agency Coordinating Committee (ICC), representing partners PVOs at national level. During this quarter, the ICC worked on the national EPI 5-year plan of action; intensification of EPI routine immunization; and NID coverage/ performance. The Secretariat Director participated in all stages of national planning for 2003 NIDs, in both the ICC meetings and the National EPI Technical Commission. In addition, the Secretariat Director was designated as a National EPI Assessor to supervise both rounds of NIDs (in Bié Province).

II.D. Kwanza Sul: In Kwanza Sul, Save the Children met with the Kwanza Sul Epidemiological Antenna. Both parties agreed that any time a suspected AFP case is detected, WHO, Save and the MoH will go to investigate the case as a team together. Africare and CARITAS Angola have agreed to work together with CARITAS-formed village health committees in Seles municipality of Kwanza Sul province to raise EPI awareness in communities.

II.E. Huambo: In Huambo, IMC participated in the EPI provincial meeting where the following was discussed: plans and strategies for routine vaccination; and vaccine stock ruptures and lack of transportation.

II.F. Moxico: In Moxico Salvation Army (SA) received limited CORE funds for social mobilization during the NIDs in Luau and Cazombo because Moxico has numerous refugees (coming from DRC and Zambia) and populations who never had the privilege of and access to vaccination programs during the civil war. SA worked in close collaboration with the government authorities and UN Agencies in support of the NIDs.

II. Highlights of CORE PEI efforts to strengthen routine immunization systems:

III.A. Benguela: In Benguela Province, CRS continues to collect weekly reports on vaccine stocks with the goal of avoiding stock ruptures of routine immunizations. In Balombo, Ganda and Cubal the polio team continues with house to house visits, dramas and skits for children on the importance of routine immunizations and clarification on polio. Together with MINSA, the polio team opened two fixed vaccination posts, one in Bafa-Farta and the other at the Malongo Mission in Chongoroi. MINSA promised to supply vaccines to a technician who will train the health workers at the post in EPI. Each of the newly opened fixed posts received a mini-fridge RCW 42 EG, a freezer FCW 20, a gas tank of 50kg, vaccination cards for all ages, thermometers, infant vaccination cards and reminder cards with a list of EPI vaccines and techniques. In addition, CRS conducted an EPI training session for the technicians of the new fixed posts. And CRS continues to provide energy for the cold chain in Balombo since the municipal hospital's generator has been broken since April.

III.B. Bie: In Bie, CARE staff and volunteers conducted 407 organized *palestras* and 38 dramas between April and June, and 382 organized *palestras* and 25 dramas between July and September, to raise awareness of immunization for disease prevention, and to stimulate demand for routine immunization services. CARE staff and volunteers continue to identify children under five with zero or incomplete doses of polio--over 14,836 in the last trimester. There were no stock outs of polio reported in the last trimester from the municipalities—and improvement over the prior trimester—which meant that MOH/PAV was better able to respond to the demand for immunization CARE is helping to create. Polio project officers are now conducting twice-monthly visits to the municipal cold chain to ensure proper maintenance and functioning. In the last month of the reporting period, CARE used its own vehicle to deliver a faulty freezer piece from Andulo to Kuito for immediate repair. In addition, CARE distributed vaccine cards to children where necessary in Andulo, Catabola, and Kuito. Finally, mobile teams trained by Africare/MOH are now in place in the municipalities. CARE's polio project is coordinating with these teams to identify "priority areas" for vaccination.

During the first trimester of this period, Africare reached over 5618 persons with health talks on EPI target diseases including polio in project area. Africare also distributed 24 bicycles to the fixed health posts of Kuito and Camacupa. In the last trimester, Africare trained 39 mobile vaccinators and 15 supervisors in Bie province in the last trimester. These vaccinators and supervisors are for mobile vaccination teams in Chinguar, Chitembo, Andulo, Nharea, Catabola, Kunhinga, and Cuemba. Africare has also supplied vaccination materials and other materials necessary for effective mobile and fixed post activities as well as for the cold chains at the municipal levels except in Cuemba. Africare also equipped 8 newly established cold chains in 8 municipalities in Bie and Kwanza Sul provinces. Africare is rehabilitating two municipal cold chains and is supplying materials to fixed and mobile vaccination teams. Africare assists in the transportation of vaccination materials and vaccines from the provincial to municipal level cold chains in Bie. With the MoH, Africare supervised mobile and fixed vaccination teams in the project areas during this reporting period.

Luanda: In Luanda's Kilamba Kiaksi Municipality, CARE staff and volunteers gave 55 organized talks—involving 3409 persons at schools, churches, markets and health centers---in the first trimester, and 32 organized talks in the 2nd trimester. In addition to educating about AFP and proper hygiene to prevent polio transmission, these talks aim to increase demand for routine immunization. During this period, CARE also identified and referred children---with zero or incomplete doses of polio---to the health center in their respective community (2998 in the first trimester and 7014 in the 2nd).

As a permanent member of the National EPI Technical Commission, the CORE Secretariat Director worked on the national EPI 5-year plan of action, and the plan for intensification of EPI routine immunization. The secretariat director also led an HMIS Workshop from 6 – 8 May 2003 to discuss HMIS principles and develop a consensus on a common HMIS system that would support routine immunization systems in partner provinces. In addition, the secretariat director led an ArcView GIS Workshop from 27 – 29 May 2003. Representatives from each of the CORE Angola partners, UNICEF, MSH and MoH were present for the training. Topics covered included an overview of the use of the software, an analysis of data (from case studies in Benguela that were developed by the consultant), how to create maps from said information and the use of GPS units. Participants are expected to begin using the software in FY04.

III.C. Kwanza Sul: In Kwanza Sul, Save the Children staff made supervisory visit to municipal cold chain in Porto Amboim and Amboim. The cold chain in Amboim is considered to be operational with one freezer and two mini-fridges of ice packs. One new fridge (that can run on either kerosene or electricity) is not working. The cold chain in Porto Amboim had problems with how the vaccines were kept, a lack of monitoring and



Fig AAL-4 CORE Group Partners assess cold chain in Gabela

registering of temperatures and vaccine stock. Save the Children also duplicated child vaccination cards and transported cold chain materials from Sumbe to Amboim.

Africare has supplied vaccination materials and other materials necessary for effective mobile and fixed post activities as well as for the cold chains at the municipal levels in Kwanza Sul province (Seles, Cela and Kibala). During this reporting period there was a constant breakdown of transport in Seles but Africare has now solved this problem through the hiring of a vehicle for EPI and community activists supervision activities. There is a lack of a proper cold chain post in Seles and Africare is constructing a municipal vaccination post through funding from OFDA with the participation of the community.

III.D. Huambo: In Huambo, IMC supports 36 fixed posts of vaccination and 6 mobile teams. IMC mobilized communities through health committees and traditional birth attendants and encouraged mothers to take their children on a timely basis for routine immunizations. IMC also conducted refresher training for all technical health staff involved in routine vaccinations (topics covered include: technical aspects of vaccination and vaccine conservation).

III.E. Moxico: In Moxico Salvation Army (SA) activities are limited with CORE funds only for social mobilization during the NIDs in Luau and Cazombo.

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

IV.A. Benguela: In Benguela Province, CRS participated in the micro planning, logistics and transportation of vaccines and teams during both the first and second round of the NIDs at the provincial and municipal levels. CRS volunteers mobilized their communities to attend vaccination sessions one month before the campaign, by informing them about dates and who should be vaccinated. During each round the volunteers conducted a quality monitoring of the NIDs and provided a report of the results on low coverage areas.

IV.B. Bie: In Bie, CARE was heavily involved in the planning and implementation of the two NIDs in July and August. Because of problems reaching the very distant comunas/aldeias during the first phase, MOH implemented a strategy in the second phase of training mobilizers and vaccinators from the comunas/aldeias themselves, instead of trying to send outsiders to these communities. MOH's new strategy of training local residents to work on the NIDs in the areas they live was compatible with CARE's polio project, as CARE has volunteers in some of the more remote areas in Bié. It is important to note that even if CARE's volunteers were not trained by MoH as official mobilizers, the great majority of volunteers informed mothers about the NIDs during their house-to-house visits in the weeks preceding. In addition, CARE polio project officers participated in Andulo as surveyors during both phases, supervised by the Polio Project Coordinator. As expected, reported NID coverage figures in Bie increased from 99% (July) to 123% (August). An anecdote provided by CARE below is illustrative.

The impact of CARE's project volunteers during the NIDs*By Valeriano Eusebio, CARE Polio Project Officer based in Kunhinga Municipality.*

Our polio project volunteers have a great responsibility in the fight to eradicate polio in Angola, especially in Bié Province. It is only recently that the population here in Bié has begun to abandon unhealthy behaviors or taboos that potentially contribute to the spread of polio—thanks to the work of our volunteers.

As an example of the volunteers' important work, in the village of Lonhohã in Kunhinga Municipality there is a pastor of a church who was instructing mothers in his congregation not to let their children receive vaccines during the national immunization days. Because of the volunteers' dedication to their work, with the assistance of traditional authorities they helped to raise the awareness of the population in Lonhohã. Today the people of Lonhohã are interested in vaccinating their children against polio and other diseases, and have given up bad habits.

Africare participated in the planning, monitoring and supervision of the NIDS in its project areas at both the provincial and municipal levels. In addition, Africare, along with WHO and MoH, trained monitoring teams for quality vaccination and accompanied quality monitoring of Polio vaccinations during the two phases of NIDs in Bie province. Africare also distributed training materials to community activists who were trained prior to the NIDS and also provided transport during the NIDS. Africare field health staff participated fully in all the NIDS activities.

IV.C.Luanda: In Luanda's Kilamba Kiaxi Municipality, CARE staff and volunteers participated in both NIDs. One of the staff supervised a quality monitoring survey, while the other served as Supervisor of a vaccination team. As a member of the ICC, the CORE Secretariat Director followed the development of NIDs' implementation, performance and coverage through successive meetings and made recommendations for improvement.

The CORE Secretariat Director participated in all stages of national planning for 2003 NIDs, in both the ICC meetings and the National EPI Technical Commission. The Secretariat Director was designated as National EPI Assessor to supervise both rounds of NIDs in Bie Province. CORE Secretariat also coordinated monitoring of NIDs quality carried out by CORE PVOs in five provinces: Benguela, Bie, Huambo, Kwanza Sul and Luanda was one of the national assessors in the field. CORE Angola received a supervisory visit of Ms Miriam del Pliego from CORE PEI Head Quarter and cross visit of Dr. Filimona Bisrat, the CORE Ethiopia Secretariat Director, who traveled to Bie Province to accompany NIDs implementation and quality evaluation in Kuito, Andulo and Camacupa municipalities with the Secretariat Director.

IV.D.Kwanza Sul: Africare with WHO/MoH trained monitoring teams for quality vaccination. Africare also participated in the planning, monitoring and supervision of the NIDS in its project areas at both the provincial and municipal levels. Health activists participated in the national measles campaign and used the opportunity to mobilize their communities on the coming polio vaccination days. Africare distributed didactic materials to community activists and those trained during the NIDS and provided transport during the NIDS and its field health

staff participated fully in all the NIDS activities. Save the Children participated in the provincial micro plan meetings for the NIDs, held at provincial level.

IV.E. Huambo: In Huambo, IMC trained vaccination teams, supervisors, and monitoring teams for both rounds of the NIDs in three municipalities. IMC also conducted quality monitoring of NIDs, processed the data and presented the results to CORE and WHO and MOH.

IV.F. Moxico: In Moxico Salvation Army (SA) social mobilization activities in Luau and Cazombo were based on door-to-door awareness visits, and carried out at UNHCR and WFP food distribution places, streets, markets, churches, hospital, and other strategic places where people congregate. These activities were carried out by 45 volunteers in each municipality, in close collaboration with the government authorities, UN Agencies and other organizations involved in health programs.

IV. Highlights of CORE PEI efforts to support AFP case detection and reporting:

V.A. Benguela: In Benguela Province, CRS continues to train community volunteers for active AFP surveillance. A total of 3775 volunteers have been trained since the beginning of the project. These volunteers are divided as follows: Lobito, 720; Cubal, 664; Ganda, 846; Benguela, 284; Baia Farta, 184; Balombo, 750; Bocoio, 206; Caimbambo, 61; and Chongoroi, 60. CRS supported the municipal MOHs of Cubal and Ganda in AFP surveillance, offering transportation as needed. In addition, CRS supported the MOH in the municipalities of Cubal, Ganda and Balombo (where CRS has offices) to report epidemiological data by UHF radio each week to the provincial level. In Balombo, a polio victim member of the community is collaborating in mobilization and sensitization about polio. Three AFP cases were registered during this period, one in each of the following municipalities: Lobito, Cubal and Benguela. CRS provided transportation for the stool samples in two of the three AFP cases identified. Note that even though CRS is supporting MOH in the transport of stool samples, the team there still sees the conservation and packaging of the samples as inadequate.

V.B. Bie: In Bie, Africare continued supervision visits to the community activists in Trumba, Chipeta and Kunhinga, distributed 24 bicycles to trained activists and provided refresher training to former activists. Africare also trained 20 new activists in AFP detection, case recording and reporting, importance of full vaccination, NIDs, SNIDs and routine vaccination, social mobilization and, how can the health worker and family manage a polio case. Polio Community activists are using many sources including Sobas and religious leaders to detect suspected AFP cases.

CARE added 52 new volunteers to its cadre this period to do active community-based surveillance for AFP, referrals for vaccination, and polio prevention education. These volunteers were also able to assist with the second phase of the NIDs. Project staff and volunteers conducted 28,855 house visits to identify AFP cases this period (as well as checking vaccination cards and sharing information about polio transmission and prevention). As a result of the volunteers' surveillance activities, four cases of AFP were detected by volunteers in Andulo and Cuemba municipalities; a fifth case was detected by the MOH.

- Between April and June, two cases of AFP in children under 15 were identified this quarter, both in Andulo municipality. One case was identified in the health system, and the other identified by a CARE volunteer. (MoH was not able to collect timely samples in either case.) The CARE volunteer who identified a case followed correct procedure, identifying MoH immediately but the child fled with its family and has since not been located. This points to one of the lessons learned for this quarter: Families with children identified with AFP—especially in the newly accessible areas where CARE has begun to work—may not understand the importance of timely investigation and treatment in a public health facility. Volunteers need to be prepared to counsel families of AFP cases as soon as a case is identified so that they understand and facilitate the process of taking samples. Polio supervisors will discuss this issue with their volunteers, and the subject will be treated during training of new volunteers as well.
- In September, three cases of AFP in children under 15 were identified by CARE polio volunteers, two in Andulo municipality (Chivaulo *comuna*) and one in Cuemba, Savula. The Andulo cases were brought to the direct attention of the Polio Project Officer, who informed MOH/PAV at the municipal level. Unfortunately, the absence of the Epidemiologic Surveillance Officer at the time resulted in municipal MOH not responding in a timely manner to the information. By the time the Epidemiologic Surveillance Officer received CARE's report, opportune sampling was no longer possible. This experience is a "lesson learned" for CARE; project officers need to ensure that information about AFP cases is followed up on immediately, and where not, transmit this concern at the provincial level. Although timely sampling was not possible, the identification of the two AFP cases by CARE has ultimately led to a MOH epidemiologic surveillance team planning to conduct intensive active surveillance in the Atende, Chivaulo area.
- In Cuemba (Sivalu) in September, a child who presented at Cuemba Hospital with AFP was turned away by the attending nurse because of "lack of medicines to treat the condition." However a CARE volunteer identified the case, and reported it to the Cuemba-based project officer within 14 days of onset of paralysis. (The project officer personally delivered the two samples to Kuito in October.)

V.C.Kwanza Sul: Africare trained 40 new activists in Seles and Conda municipalities. During this reporting period, all 100 former activists received refresher training. Africare continues to collaborate with partners working in project areas to identify and report AFP cases and with the MoH to strengthen the HIS AFP reporting. Africare distributed 10 bicycles along with materials for reporting, exercise books, pens, and pencils to community polio activists in Conda and Seles. Africare staff met with the provincial and municipal MoH to plan and set a time table of joint supervision visits of community activists and review of training plans for new activists. It has been observed that increased support and supervision of community polio activists is improving their morale and also improving their activities.

Save the Children trained 30 new community activists in Kibala Municipality of Kwanza Sul. These activists are related to 3 out of 5 targeted communes. In Sumbe SC trained 19 new activists in Gungo, and 20 in Setenta and other areas where activists dropped out. In Amboim SC trained eight activists, having now 30. Eleven more are needed to cover the target area. No AFP cases were detected this period.

V.D.Luanda: In Luanda's Kilamba Kiaxi Municipality, a CARE staff of two continues to work with approximately 65 community volunteers. In May, the team held refresher trainings for the 65 existing volunteers. This training was especially timely, coming before the scheduled June NIDs (which was later cancelled). The Kilamba Kiaxi volunteers and the Polio Supervisors made 6,650 household visits to do active surveillance of AFP and counsel families on polio prevention and the importance of immunization. The CARE project in Luanda cooperates with eight traditional doctors in the identification of AFP cases. One case of AFP was identified in August in Vila Estoril.

V.E. Huambo: In Huambo, working with partners MOH, UNICEF and WHO, IMC increased supervision of the more remote vaccination health posts with the aim of improving AFP detection and reporting in Huambo Sede, Kaala, Bailundo, Longonjo and Ukuma. By involving the mobile vaccination teams, traditional birth attendants and members of health committees, IMC supported active community surveillance. These groups are trained to sensitize communities to report any suspected AFP cases and other EPI target diseases. As a result of these activities, three cases of suspected AFP were identified in Bailundo and Huambo. All three cases were hospitalized, and one of the three cases resulted in death. Two of the patients indicated a history of having received Polio vaccine and one patient had not been vaccinated. Two stool samples were collected for each of the three AFP cases within 14 days of onset of paralysis.

V. Highlights of CORE PEI efforts to assist families with paralyzed children:

VI.A.Benguela: In Benguela Province, CRS continues to identify polio victims and provide crutches for those for whom it is suitable. CRS donated five pairs of crutches to children, two in Ganda municipality and three in Balombo.

VI.B.Bie: In Bie, CARE polio project officers in Kuito distributed hygiene kits, containing soap, towels, toothbrushes, and other personal hygiene materials to 41 child victims of polio in its Kuito project zone. At the same time they registered which children require crutches or bicycle/wheelchairs, anticipating the receipt of these materials either through the Japan Grassroots Grant or donations from the USA. Volunteers in the municipalities are still developing lists of child victims of polio—which will be shared with CARE's Development Relief project in order to include these families in food distribution (the food distribution has just begun in the municipalities).

Africare through the MoH and field staff has identified some families and will continue to identify more families with paralyzed children in order to assist the children to enroll in school and assist the families with food, seeds and farm working instruments from its other projects. In addition, Africare conducted a rapid assessment and found one child polio victim in Hossi village in Kambandua commune. This child received a pair of crutches.

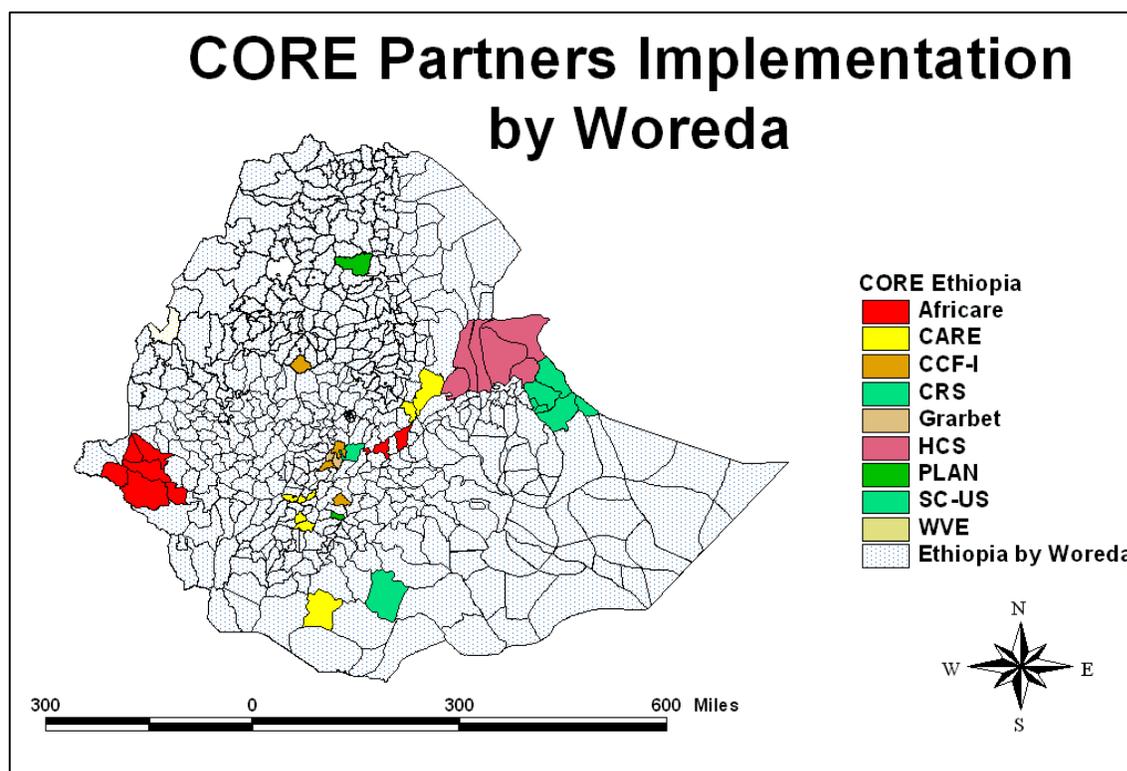
VI.C.Kwanza Sul: Africare through the MoH and field staff has identified some families and will continue to identify more families with paralyzed children so as to assist the children to enroll in school and also assist the families with food, seeds and farm working instruments from its other projects.

This appendix (B) provides a summary narrative of key polio eradication activities of the CORE Group Polio Partners Project (CGPP) in Ethiopia during the second half of Fiscal Year 2003. 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 were reduced and decided to conduct in selected zones of the country. To this end, there were no either NID or SNID campaigns in this reporting period, the 2nd half of FY03.

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 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:

- To strengthen the part of the social mobilization activities CORE/CRDA collaborated with MOH and WHO to design and develop posters and stickers for sensitization awareness raising and social mobilization to for immunization campaigns and AFP surveillance activities.
- The CORE secretariat and partners began the process of developing a three-year business plan to help strengthen the existing partnership between the PVOs/NGOs and CORE/CRDA. The plan will allow for additional scopes of work, possible collaboration with other partners, and will define the vision and mission for the CORE Ethiopia project.
- CORE/CRDA and World Vision Ethiopia in collaboration with MOH and WHO organized the “Training of Trainers on Community Based Acute Flaccid Paralysis and Measles Surveillance” that was held from September 18 – 20, 2003 at CRDA Training Center, Addis Ababa.

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

None this period. The focus of the CORE/CRDA Ethiopia project in FY02 and FY03 has been primarily on social mobilization for NIDs/SNIDs. Due to the changing epidemiology of polio in Ethiopia and the high quality of NIDs, this project will give greater attention to strengthening routine immunization systems in FY04.

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

None this period. There were no NIDs or SNIDs in Ethiopia during this reporting period, the 2nd half of FY03.

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

- Support for AFP case detection and reporting has not been a focus of the CORE/CRDA Ethiopia project in FY02 and FY03---as it has in other CORE PEI countries---due primarily to budget constraints. Given the reduction in the number of NIDs needing support, and because of the presence of silent or poor performing surveillance zones, CORE/CRDA is preparing to shift more focus to community-based detection and reporting of AFP in selected Woredas.
- To support this shift in focus to AFP detection and reporting, a three day training was organized by CORE/CRDA and World Vision Ethiopia in collaboration with MOH and WHO on “Training of Trainers on Community Based Acute Flaccid Paralysis and Measles Surveillance.” This training was held from September 18 – 20, 2003 at CRDA Training Center, Addis Ababa.

The main objective of the training was to equip trainees with the necessary skills and techniques on AFP and measles surveillance, and facilitation techniques that would in turn enable them to train community AFP surveillance focal persons to identify and report cases of AFP and measles in the community.

The training was attended by 14 participants. All participants were from CORE Group Polio Eradication Partners (WVE 4, CCF-I 2, CARE 2, Plan 1, Africare 1, SC-USA 1, and CRS 1) who are directly involved in the routine EPI and polio eradication campaigns. The training was facilitated by professionals from MOH (Dr. Almaz Gebresenbet and Dr. Bizunesh Dinku), WHO (Dr. Damene Alieyu, Dr. Goitom G/Medhin, Ato Mohammed Idris and Ato Abebe Birhanu), and CORE Ethiopia (Dr. Filimona Bisrat).

The training was participatory whereby participants took active role in the process. Presentations by facilitators, discussion and group work were the methods widely applied during the training. The participants shared experiences and problems during the discussions. The facilitators’ presentation materials and Community Surveillance Kit CD were distributed to participants to serve as reference materials at their place of work.

- World Vision conducted community based AFP and Measles surveillance training for 70 community agents who were selected from each of the kebeles of Sodo and Humbo Woredas, Wolita Zone of SNNPRS. The training was conducted in collaboration with WHO and Zonal Health Department. This training is the first of its type to be conducted at community level and believed that strengthen the surveillance activities in the country.

This appendix (C) provides a summary narrative of key polio eradication activities of the CORE Group Polio Partners Project (CGPP) in India during the second half of Fiscal Year 2003. The narrative is provided by CGPP mission areas following a brief situational analysis.

I. Situational Analysis:

India, the only remaining country in the South-East Asia Region with ongoing indigenous wild poliovirus transmission, reported a major resurgence of polio in 2002, from 268 cases reported in 2001 to 1,599 cases in 2002, representing >83% of the globally reported cases in 2002. The state of Uttar Pradesh accounted for 1,241 (78%) of the total cases in India. Analysis of genetic data demonstrated that all lineages identified in India in 2002 were derived from strains that circulated in Uttar Pradesh during 2000--2001. The resurgence of cases in 2002 was attributed to the following causes: Fewer S/NIDs (Sub-National/ National Immunisation Days) during 1999 - 2002, no S/NIDs during January - September 2002, an interval that permitted the accumulation of a large susceptible cohort of newborns, decreased geographic extent of SIA (Supplementary Immunisation Activity) (The majority of districts in eastern and central UP were not targeted, leaving this area at high risk) and the fact that a substantial number of children were missed during SIA rounds (SIA monitoring data in western UP during June - August 2002 indicated that house-to-house teams failed to vaccinate children in <15% of houses in some districts). The critical challenge that prevents India from reaching the polio eradication goal are an estimated 10% of India's children under 5 years of age that are consistently missed, especially in Uttar Pradesh.

With high political commitment, strong partnership between various players had improved things in 2003. Only 214 cases of wild polio were reported during the year, which was a significant decrease compared to 2002. AFP Surveillance also improved. Non-polio AFP rate reported for the country was 1.73 and 2.25 for UP. AFP Rate for the country was 2.06 and for UP 2.84. Both for UP and India percentage of stool samples collected within 14 days of onset of paralysis increased to 96% from 82 % for India and 79% for UP in 2002.

India Expert Advisory Group, which met in New Delhi on 18-19 November, concluded that there has never been a better opportunity than now to interrupt wild poliovirus transmission in India. Week 52 report of NPSP reveals 214 polio cases were reported in 2003; 67 (36%) occurred in January and February, the tail end of the 2002 high transmission season. At the July 2003 meeting, the IEAG felt that it was too early to predict with any certainty the likely extent of poliovirus transmission in the high season 2003. It was now clear that high season transmission was greatly restricted; cases in the months of July, August and September had been lower than in the year 2000, the lowest transmission year to date. In the traditional reservoir areas in UP and Bihar, the case count for the period July to September is by far the lowest ever recorded. While the situation in the major reservoir areas has so far been promising, a large outbreak in the southern states of Karnataka and Andhra Pradesh, the first polio transmission in this area in two years, has contributed a substantial proportion of the high transmission season cases (39 cases July to September). The improvement in quality of supplementary immunization activities (SIAs) especially in UP, previously noted by the IEAG, appears to have been largely sustained in the June and September rounds, and reports for the November round were positive. Overall the IEAG noted that between 2002 and 2003 the immunization status of children aged <5 years has

been substantially improved nationally, and in most of the states of northern India, particularly UP and Bihar. The proportion of under-immunized children (as defined by the percentage of non-polio AFP cases with 0-3 doses of oral polio vaccine (OPV) was lowest it had ever been; of particular note, the immunity gap has been tremendously reduced in Muslim children in UP, especially western UP, and in children below 2 years of age.

The Ministry of Health and Family Welfare has endorsed the target date of end-2004 for the interruption of wild poliovirus transmission globally. **This requires sustained leadership on the part of the Government of India and all State governments, and renewed commitment and aggressive action at all levels. The IEAG remains of the opinion that this goal is achievable through the following approach:** Transmission outside the states of UP and Bihar, including West Bengal and the southern states of Karnataka and Andhra Pradesh, should be stopped by high quality SIAs in early 2004. Continued focus must be maintained on the traditional reservoir areas of UP and Bihar, Particularly western UP.- The SIAs in early 2004 should reduce transmission to the point that the final chains of transmission can be easily mopped up. Overall population immunity should be maintained nationwide by SIAs in spring and autumn 2004 to ensure that no possibility exists of continued transmission.

The following four private, voluntary organizations (PVOs) worked together with a secretariat during this period: ADRA, CRS, PCI and WV; note that CRS newly joined the partnership during this period and at a much lower level of effort than the other three partners due to limitations in funding and time. The major program areas during this period included the districts of Badaun, Bareilly, Moradabad and Rampur in Uttar Pradesh State. The CGPP partners were also active in parts of Bihar State, Uttaranchal and Delhi. See figures 1 and 2 for maps of CGPP program areas.

Figure 1. CGPP Program Areas, FY03

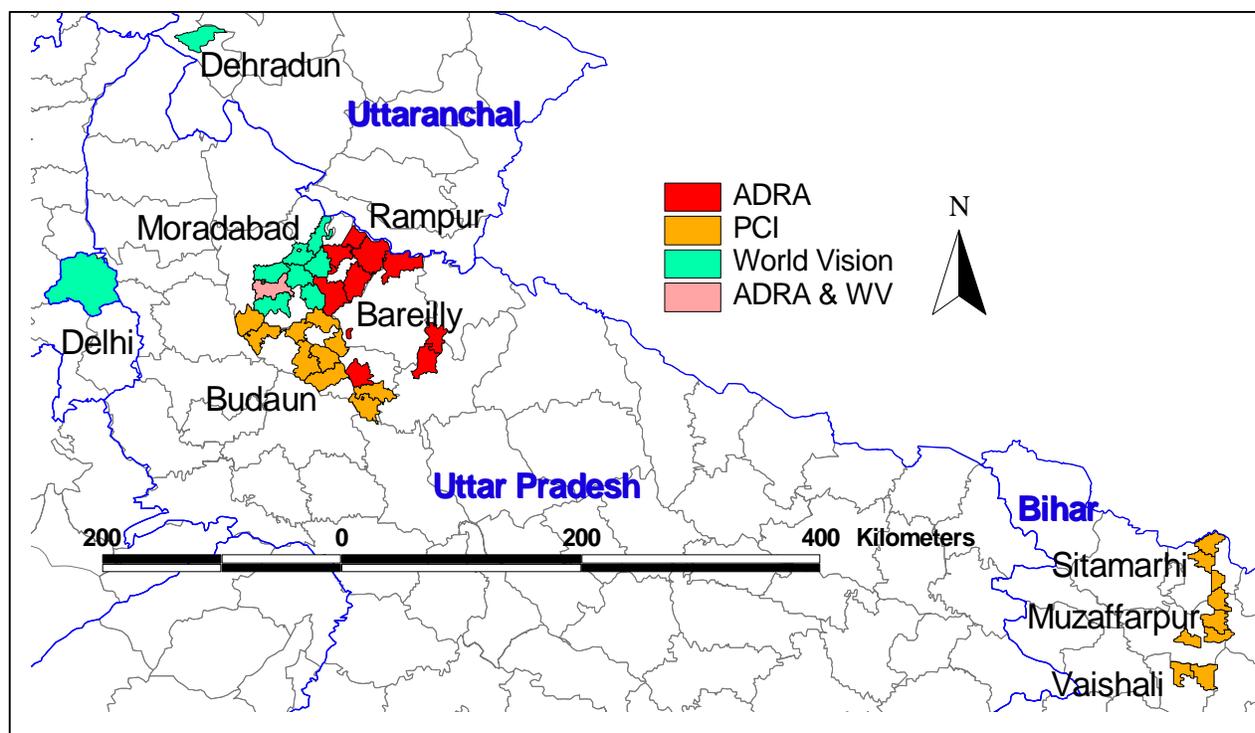


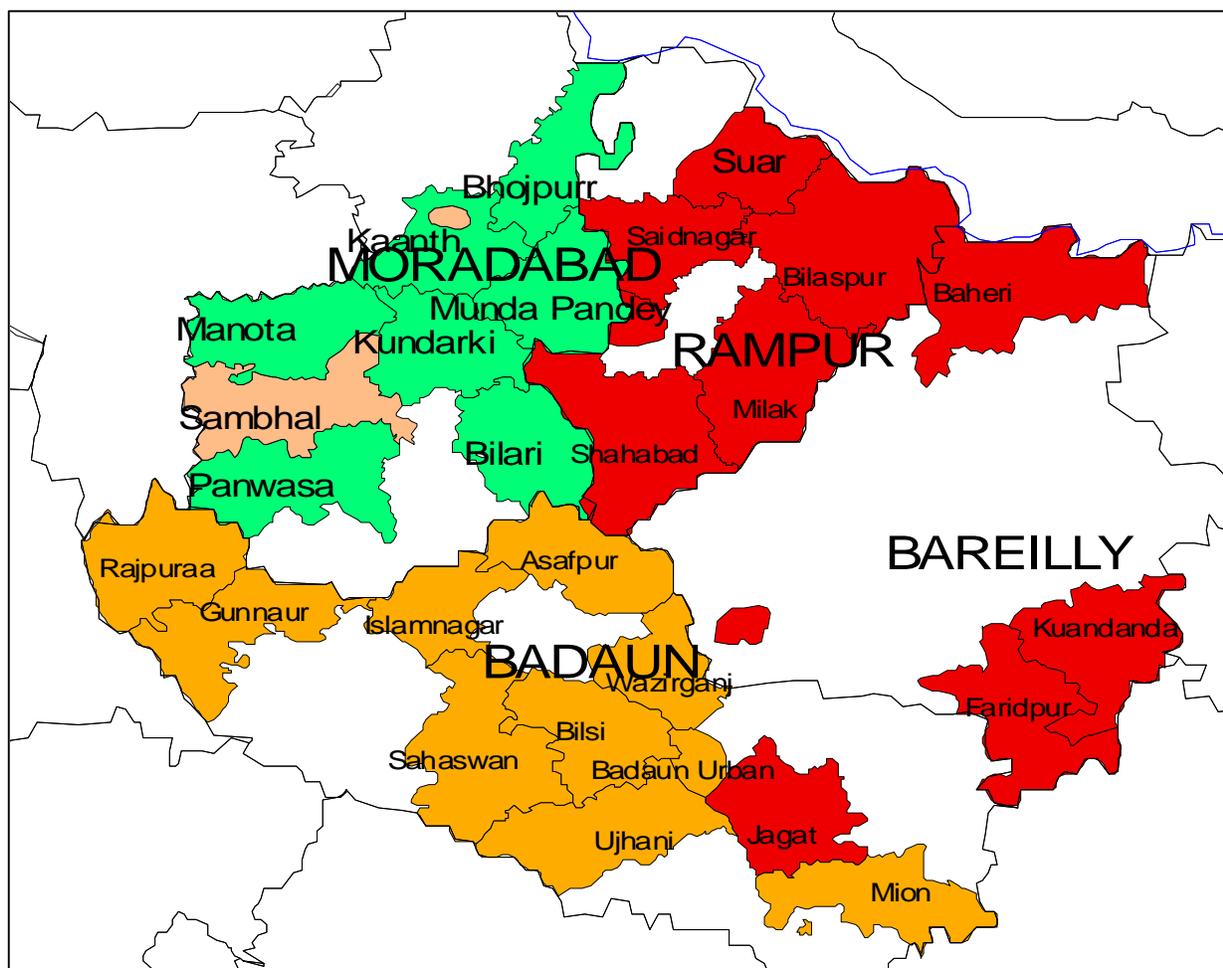
Figure 2. CGPP Program Areas, Uttar Pradesh, FY03

Table 1 below shows that polio incidence was reduced significantly more in CORE blocks vs. non-CORE blocks between 2002 and 2003 in these four districts. And, NID vaccination coverage improved significantly more in these four districts in CORE blocks vs. non-CORE blocks.

Table 1. Results of multi-variate analysis of impact and outcome indicators in CORE India Districts by CORE- vs. Non-CORE-India Blocks (Nov 2002-Sep. 2003) ⁱ

Indicators	CORE Blocks (n=31)	Non CORE Blocks (n=27)	p-value	Sig.
Average block-level wild polio incidence in (per 100,000 under-five children), CORE India Districts, 2002	8.07	6.00	0.53	
Average block-level wild polio incidence (per 100,000 under-five children), CORE India Districts 2003	0.27	1.41	0.00	** ii
Change in average block-level wild polio incidence (per 100,000 under-five children), CORE India Districts 2002-03	7.81	4.58	0.02	** ii
Average block-level NID coverage, CORE India Districts November 2002 (percent)	80.9	81.6	0.78	
Average block-level NID coverage, CORE India Districts September 2003 (percent)	101	98.9	0.02	*
Change in the average block-level NID coverage, CORE India Districts Nov 02 – Sep 03 (percent)	19.8	17.3	0.03	*

ⁱ Covariates in the regression model include the following categorical “dummy” variables: block type (CORE vs. Non-CORE) and District (Badaun, Bareilly, Moradabad, Rampur), and the interaction terms between these two covariates where indicated.

ⁱⁱ Denotes that an interaction tests were statistically significant ($p < .05$) between block type and district and its effect on the outcome. For these analyses, therefore, interaction terms are included in the final model.

* $p < .05$
** $p < .01$

II. Highlights of CORE PEI partnership-building efforts:

II.A. ADRA: In Sambhal, a drain selected for clearing ran through a highly resistant community. ADRA began the de-silting project by launching a community program which was inaugurated by the Chairperson of the Municipality, Mrs Tarannum Akheel.

II.B. CRS: CRS conducted many meetings with ANMs, PHC staff, CMOs and SMOs to identify ways to increase booth coverage. These meetings led to improved coordination in carrying out health services and in raising awareness about polio and immunizations.

II.C. PCI: The PVO coordinator has established healthy working relationship with District administration, CMO and SMO in Budaun district, which has resulted in his active involvement to improve the routine immunization. He assessed the work load of ANMs and found that some of the ANMs are given an overly large area of responsibility resulting in poor routine immunization services. The coordinator shared his concern with CMO, who has supported his suggestion to do reassignment of ANM areas so that they can provide better services to the community.

In Katra block of Muzaffarpur, Bihar, PCI organized a meeting with PRI, PHC and some ANMs to provide additional services such as immunization and ANC. PCI's partner IDF helped to formulate two point strategies. The IDF volunteers will motivate the target families of two villages and bring them to a central point on the agreed dates. The PHC promised to send the ANMs to visit these central points twice a month.

II.D. WV: In Moradabad, a joint meeting of ICDS workers, UNICEF CMCs , WVI Volunteers and Govt. ANMs was organized at CHC Billari. A total of 250 participants were present for this meeting. The meeting was addressed by MOIC – Dr. R. P. Gupta who said that increasing participation in RI was that everybody's responsibility . He appealed to ICDS workers to be more effective in their roles.

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

III.A. ADRA:

ADRA India FY 03 Routine Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	2,117	2,266
BCC Sessions held	506	972
Outreach Immunization Camps facilitated	196	768
Sub-centers provided transportation for		
ANMs	41	48
Vaccines		526
Vaccination in target areas		
BCG	5,061	10,002
DPT1/OPV1	5,124	10,633
DPT2/OPV2	4,237	7,430
DPT3/OPV3	3,862	6,437
Measles	3,128	7,827

As the table above reports, ADRA has been supporting routine immunization through BCC and outreach immunization sessions utilizing additional funds provided by the USAID India Mission. ADRA facilitated 768 outreach camps and organized 972 BCC Sessions

ADRA India's Rampur partners conducted a survey on the routine immunization status of the under 5's in their villages and enumerated the zero dose children in their villages. The dismal routine immunization round prompted the SMO to call together the Social Mobilization stakeholders to work on preparing a list of all the children in the 0-24 month age group. ADRA and UNICEF worked out a strategy where the whole district was divided into sub-centers among them to conduct the survey. ADRA India agreed to print the register to be used for the survey and the follow up. The ADRA volunteers received training on EPI register maintenance by Mr. Subodh Kumar of CORE during the monitoring visit in May-June. The monthly listing of the newborns should prove to be very beneficial in ensuring higher routine immunization and also in ensuring the newborns receive at least one dose of OPV prior to the round in September. The registers have been shared with a few modifications with the other ADRA partners. The introduction of the (new born) registers made the work uniform and easily quantifiable. A simple format has been designed so that even the volunteers who are semi-literate are able to utilize it. It has been implemented with encouraging results.

Volunteers are a part of the micro plan along with the ANMs for the routine immunization activities to be conducted on Wednesdays and Saturdays. The volunteers' responsibilities are

miking, wall writing and other IEC activities prior to the immunization days in addition to the Inter personal communication and small group meeting they conducted.

In Bareilly, the district authorities felt that routine immunization in the rural areas was better than in many pockets of the urban areas---especially in the slums and old city . Clara Swain Hospital assisted the District Immunisation Officer in setting up 100 (One Hundred) Boards identifying the health and immunization posts in the City. These boards mentioned the dates on the post and most importantly, that all the vaccines would be given FREE of Cost.

The constant interaction and sharing has given both the Volunteer and the ANMs a better idea of what they would be able to achieve as a team. An exposure trip by the ANMs and the volunteers to other blocks has helped in breaking the remaining barriers of hesitation. Now during the RI sessions the volunteers aid in IEC and in bringing children to the booths. The newborn registers assist them in calling only the children that have to receive their vaccines thus making the task of the ANM and caregiver easier.

III.B.CRS: CRS provided video shows (321), puppet shows (419), health camps (18), street plays (38), awareness rallies (31), meetings with religious leaders and *Panchyats*, and community meetings (216). These contacts were used to raise awareness and support for routine and supplementary immunizations and to encourage community leaders to motivate people to bring their children for vaccination.

III.C. PCI:

PCI India FY 03 Routine Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	5,200	4,554
BCC Sessions held	138	162
Outreach Immunization Camps facilitated	288	285
Sub-centers provided transportation for		
ANMs	264	383
Vaccines	744	753
Vaccination in target areas		
BCG	310,531	22,301
DPT1/OPV1	311,508	23,301
DPT2/OPV2	311,071	19,002
DPT3/OPV3	310,689	16,150
Measles	310,549	19,994

As the above table shows, PCI has been supporting routine immunization through BCC and outreach immunization sessions utilizing additional funds provided by the USAID India Mission. Note that PCI has carried out over 162 BCC sessions and over 285 outreach camps this fiscal year alone in support of routine immunization.

The Health camps, which are supported by partners, have greater impact in gathering children and pregnant women for immunization. In Budaun these camps were organized in the resistant

villages to demonstrate to the community that health workers are taking care of other health problems and not polio alone.

III.D. WV:

World Vision India FY 03 Routine Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	24	59
BCC Sessions held	694	949
Outreach Immunization Camps facilitated	32	49
Sub-centers provided transportation for		
ANMs	-	-
Vaccines	-	-
Vaccination in target areas		
BCG	82	12,385
DPT1/OPV1	75	12,798
DPT2/OPV2	70	12,104
DPT3/OPV3	65	10,468
Measles	50	9,157

The table above describes the routine immunization-support activities carried out by WV in FY03 utilizing additional funds provided by the USAID India Mission. Key activities include BCC sessions (949) and over 49 outreach camps this fiscal year alone in support of routine immunization. Thousands of children have received routine immunizations through this project.

In Delhi, WV PEI volunteers maintain Routine immunization cards and crosschecking registers. All eligible parents who have completed Routine immunization will participate in a Baby show and will be rewarded with prizes and refreshment. Every pregnant lady registered will be supported for birth certificate, to follow-up Routine immunization. A free RCH camp and free medication was held with WV's Area Development Programs (ADPs) in all project sites to register pregnant ladies and to track down zero dose.

Dr. R.K Batto, SMO of WHO, visited project and had a meeting with the community people on routine immunization at ADP Sub center. On 11th June 2003, Miss Seema and Miss Joyti PEI volunteers announced over the mike the schedule of Routine immunization at the new PHC in Holembi kalan, a new project site near Narela the border of Delhi and Haryana. This is a site where people have come from different slum areas during Delhi cleanliness drive. The PEI coordinator explained the six killer diseases over the mike for the community. Dr. Sanjay Mall, the project manager, encouraged all the community to support the IPPI by taking all the eligible children for routine immunization diligently on time.

In Jagriti, as part of WV's continued support to strength the routine immunization, volunteers maintain registers of children through the first year of life. They use the registers to monitor children's routine immunization status, and they also support the ANM at the sub center to update routine immunization registers. Volunteers are meeting with parents of children eligible for vaccination.

Immunization camps were conducted through the Primary health Centers. Project volunteers supported the camps and helped encourage community members to bring their children. A puppet show was organized at village Fakir Basti/ Mehmood Nagar /Bhurpur/Buddhi/Karbari. The purpose of conducting the shows is to improve the immunization and to help people to understand the importance of the routine immunization.

In Moradabad, WV conducted a meeting with teachers at Kisrol, Nawabpura area on 15 August 2003. Seven schoolteachers participated in that meeting. They all are ready to help eradicate polio from their area and said that they would help mobilize the community about Routine Immunization and Polio, because they think that they can be a teacher for whole of Nawabpura. Health camps were organized to ensure the immunization coverage and provide the health services to the community. A total of ten camps were conducted in ten blocks of Moradabad during July – September 2003: 2,064 patients were served in these camps.

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

IV.A. ADRA:

ADRA India FY 03 Supplementary Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	3,010	3,397
Street Plays	209	413
Rallies		
Children	1,046	1,014
Others	531	175
Miking	585	883
Banners, T-Shirts, Caps, etc	1,786	2,343
Community Meetings	2,894	4,224
Religious Leaders Meetings	512	774
Identification of migrant families	-	41,699
Household Counseled	4,802	8,720
Zero dose children identified		9,277
Planning meeting attended at PHC/CHC	258	420
Booths in the target area	-	15,319
Children given OPV in target area	396,098	1,442,396
Booths manned independently	363	691
Children given OPV in independently manned booths	57,909	102,991
Volunteers Deployed at		
Target area	1,669	2,501
Independently manned booths	986	1,314
Team - A	1,253	1,912
Team - B	1,590	2,013
Team - C	42	607
'X' marked houses converted to 'P' at the end of h-t-h activities		
Team - A	7,999	11,528

ADRA India FY 03 Supplementary Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Team - B	8,998	10,781
Team - C	161	702
Independent monitors deployed	72	113
Review meetings attended	289	451
Volunteers appointed on daily basis	465	529
Villages/Wards covered by PVO Coordinator for monitoring	-	500
Total number of potential partners identified		
Individuals	-	1,018
Community Based Organizations	-	226
Health Facilities	-	157
Schools	-	766
Colleges	-	71
Others	16	62

As the table above shows, ADRA has carried out many activities and deployed many staff and volunteers in support of NIDs and SNIDs in FY03. Key activities have been meetings with communities and religious leaders, identifying migrant families and counseling households, and identifying zero dose children. ADRA independently manned 691 additional booths; independent booths were responsible for vaccinating an additional 102,991 children. ADRA staff and volunteers monitored the NIDs and were instrumental in converting thousands of “X” marked houses to “P.”

In Badaun, ADRA’s District Coordinator, Mrs. Martha Roberts, organized the village children in 3 groups of 5 children each. These children were given whistles and sunshades. These teams competed spiritedly, and even the searing heat could not dampen their enthusiasm for the activity of bringing their siblings and neighboring children to the booths. In many villages this ensured over 80% coverage on the booth day itself. In the village of Islampur we had 100% coverage on the booth day. The children were then given small tokens of appreciation for their efforts, devotion, and sincerity towards eradicating polio in their districts.

In Rampur, the success of the children Bulawa tollies (see Baduan ADRA) was replicated by ADRA in Rampur blocks during the June round with a resounding success. The flexibility of villages on booth location of the implementing agencies should not hinder us from achieving our goal to maximizing booth participation. In places where we are not granted permission to set up independent booths the adoption of the government booths worked just as effectively. The coordination with the MOIC in the block level has been satisfactory. The balloons and banners and other trapping of the ADRA booths- adopted or independent continued to attract children to the booths.

Also in Rampur, ADRA India partner adopted the villages for the polio round. In order to improve booth coverage the children in the target areas were given a coupon with their names, which was then placed in a bottle at the booth for a lucky pick. The winners were given small gifts like a bag of chocolates, a packet of biscuits etc that resulted in an increase in the coverage

of the areas. In the adopted booths (booths with both government vaccinators and an ADRA mobilizer) we had an average of 80% of the target population covered on booth day itself.

IV.B. CRS:

In Gorakhpur and Bahraich districts of U.P., CRS met with religious leaders to increase support for polio vaccination and to encourage the leaders to motivate people to bring children to booths for vaccination. CRS facilitated the process by which ANMs and VHWs will work together to conduct community meetings for the purpose of mobilization for vaccination. CRS participated in the implementation of the NID and its evaluation and through the active involvement of NGO workers in their area during NID and SNID. CRS also facilitated rallies to raise awareness about polio eradication.

IV.C. PCI:

PCI FY 03 Supplementary Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	17,798	15,939
Street Plays	189	142
Rallies		
Children	2,099	1,937
Others	219	274
Miking	2,219	2,266
Banners, T-Shirts, Caps, etc	7,427	10,218
Community Meetings	5,022	4,711
Religious Leaders Meetings	1,326	1,227
Identification of migrant families	-	3,355
Household Counseled	3,721	15,480
Zero dose children identified	-	9,714
Planning meeting attended at PHC/CHC	275	386
Booths in the target area	-	1,474
Children given OPV in target area	592,071	1,009,346
Booths manned independently	238	186
Children given OPV in independently manned booths	14,831	37,501
Volunteers Deployed at		
Target area	1,896	2,242
Independently manned booths	1,303	1,314
Team - A	1,209	1,280
Team - B	667	699
Team - C	290	1,658
'X' marked houses converted to 'P' at the end of h-t-h activities		
Team - A	55,978	22,144
Team - B	43,510	24,921
Team - C	20,151	8,770
Independent monitors deployed	215	274

Review meetings attended	483	491
Volunteers appointed on daily basis	217	365
Villages/Wards covered by PVO Coordinator for monitoring	-	132
Total number of potential partners identified		
Individuals	-	965
Community Based Organizations	-	188
Health Facilities	-	267
Schools	-	957
Colleges	-	32
Others	1	27

As the table above shows, PCI has carried out many activities and deployed many staff and volunteers in support of NIDs and SNIDs in FY03. Key activities have been meetings with communities and religious leaders, identifying migrant families (3,355), counseling households, and identifying zero dose children (9,714). PCI independently manned 186 additional booths; independent booths were responsible for vaccinating an additional 37,501 children. PCI staff and volunteers monitored the NIDs and were instrumental in converting thousands of “X” marked houses to “P.”

During this period there was SNID in June and September. All six of PCI’s partners participated in social mobilization, booth and house-to-house activities. On the bases of June’s SNID the resistance families were identified and personally contacted by the CMCs, this strategy has helped in reducing the number of resistance community/ families in the program blocks.

In Badaun, UP, 1970 booths were established during the September SNID out of which PCI-CORE PEI project partners independently managed 35 booths. The CMO and SMO appreciated the efforts of PCI’s partners who have extended their services in 300 villages of Budaun district where booth coverage was higher than the normal.

In Bihar all three of PCI’s partners have participated in the district task force meeting and helped district officials in social mobilization and micro plan. The prior meetings with the resistant refusal families resulted in reducing the resistance. During SNID most of partners staff deputed as monitors which is a kind of recognition for their value added services.

Community meetings are very effective in mobilization of community in both Bihar and UP. Besides mother meetings, PCI partners organize meetings with other stakeholders such as PRIs, villagers, quacks, youths, chaukidars, postmen, opinion and religious leaders. These meetings resulted in their active participation in the SNID round to ensure that all the children up to 5 year receive the polio drops. During SNID round, they supported the vaccinator team whenever need was felt. Inter personal contact was also one of the effective means to aware and motivate the community especially the resistant families. The resistant families were contacted along with the ward members, mahila samakheyas, postmen, religious& opinion leaders, members of local clubs and other influential persons, which was very effective in breaking the resistance.

A list of all the resistant families was prepared by the volunteers for counseling. With the experience of previous round, special focus was given to those families who were resistant and reluctant. After a short but fruitful discussion many resistant families agreed to administer their children against polio. They were also encouraged to immunize their children during routine immunization. Altogether 19 families were counseled and motivated.

Rallies play a crucial role for attracting a large number of people, especially mothers and children. It generates curiosity among the villagers and encourages them to know more about this activity. During the September SNID round, 16 rallies were organized and 2,762 children in all the four blocks attended it. In compression to Mushahri block, a different strategy was adopted for Minapur, Gaighat and Katra blocks because half of the working villages were flooded with floodwater. In these areas rallies were planned in such a way that it must cover those places also where villagers have taken temporary shelter due to flood. Apart from school teachers mukheyas also participated in the rallies this time. In the rally, children were holding banners and slogan written cardboard in their hands. Slogans were written in local language keeping in view the local masses. Children were shouting polio related slogans in the rallies at regular interval.

Miking is another effective means of communication to spread messages about polio. Both in Budaun and Bihar it was found very useful. It plays a role of a curtain raiser for the NID/ SNID rounds. All totaled, 500 villages were covered with 150 teams of mikers. In Bihar, five villages of Katra block received miking with the help of boats because these villages were heavily affected by the flood.

During the September SNID round, announcements were made from the mosques in the Muslim concentration areas. This helped in reducing the casual attitude of the identified families. The Imams of respective mosques also visited the hard-core pockets along with the respective block coordinators. It helped in gaining the trust of the targeted families on the program/ polio eradication. Fifty-five villages in Budaun and 65 in Bihar were identified for the mosque announcements. To motivate the Muslim community additionally, Urdu pamphlets, which were signed by the heads of both sects, were distributed. As a result, all resistant & reluctant families of the Muslim community came forth to administer their children.

Example of PCI's mobilization experiences:

One of PCI's partners had success in motivating 60 families in Village Akbarpur of Goroul block. The process of how they achieved this is mentioned below.

"We identified a part of Akbarpur village where 60 Muslim "Kassai" families lived. Their main occupation is beef vending. The entire community never gave OPV to their children and vaccinatos never went there. To combat the problem we did some special activities:

- 1. Organized a meeting with PRI members, Block health officials and some religious leader. Our secretary was also present there.*
- 2. Decisions have been taken in the meeting that vaccinator of that area should be changed and Muslim vaccinator has been appointed for vaccination.*
- 3. Our team visited that community without any hesitation and talked with leader of community to organize a meeting with parents as well as children*
- 4. Meeting was organized with the help of community leader. After many hour efforts they agreed to have OPV because NARI NIDHI (PCI partner) team educated them about the useful necessity of OPV and negative repercussions after not taking OPV dose. There was a rumor notice during interpersonal communication that OPV dose would result in impotency in male child and sterility in females. Women were more affected by this rumor. NARI NIDHI team was successful in vaccinating 60 children and protecting them from polio."*

IV.D. WV:

World Vision India FY 03 Supplementary Immunisation Activities	TARGET YTD	ACHIEVEMENT YTD
Wall Writing	124	162
Street Plays	83	85
Rallies		
Children	289	420
Others	35	80
Miking	140	189
Banners, T-Shirts, Caps, etc	681	732
Community Meetings	713	954
Religious Leaders Meetings	214	298
Identification of migrant families	-	1,273
Household Counseled	9,581	13,646
Zero dose children identified	-	1,317
Planning meeting attended at PHC/CHC	406	449
Booths in the target area	-	1,798
Children given OPV in target area	-	819,444
Booths manned independently	67	116
Children given OPV in independently manned booths	-	32,031
Volunteers Deployed at		
Target area	148	2,792
Independently manned booths	33	198
Team - A	92	1,345
Team - B	-	159
Team - C	-	11
'X' marked houses converted to 'P' at the end of h-t-h		

activities		
Team - A	15,037	8,875
Team - B	1,796	3,917
Team - C	-	222
Independent monitors deployed	8	39
Review meetings attended	245	229
Volunteers appointed on daily basis	-	41
Villages/Wards covered by PVO Coordinator for monitoring	-	156
Total number of potential partners identified		
Individuals	-	1,025
Community Based Organizations	-	94
Health Facilities	-	55
Schools	-	356
Colleges	-	15
Others	-	21

WV has carried out many activities and deployed many staff and volunteers in support of NIDs and SNIDs in FY03. Key activities have been meetings with communities and religious leaders, identifying migrant families (1273) and counseling households, and identifying zero dose children (1317). WV independently manned additional booths; independent booths were responsible for vaccinating an additional 32,031 children. WV staff and volunteers monitored the NIDs and were instrumental in converting thousands of “X” marked houses to “P.”

In Delhi, a meeting was organized to meet the new assembly coordinator of Badli constituency. The constituency has been divided into two blocks. Dr. Bhaskar Narayan in charge of A block Badli, Dr. Pradeep Sharma in charge of B block Badli. Dr. R.K Battoo the SMO will ensure quality of work and collaboration during the upcoming NID that was initiated the meeting. Both Assembly coordinators worked to bring all the Badli MOICs of different hospitals and dispensaries to discuss gaps, avoiding duplication of work and to identify H-to-H workers from the project. PEI coordinator and Miss Elizabeth the local Community Development organizer attended the meeting with Project Mahila Mandals and PEI volunteers at project area MCD Primary School.

Badli constituency MOIC with their ANMs and some lab technicians were given the responsibility to screen identified volunteers according to their area needs and give training at the same time to interact with their volunteers in order to avoid duplication of work. A three-day training program was organized for 220 volunteers in different batches at the Delhi Administration Dispensary in project area. The first training had 5 batches; the second day training had 2 batches and 3rd day one batch. MOIC, Assembly Coordinator, and PEI Coordinator gave the training. The SMO Dr. R.K Batoo also attended the training program.

On 14th September, Dr. Sanjay Mall, and WV’s ADP staff supported an NID for the first time since inception. The project manned three independent manning booths for the first time in the project area. The PEI coordinator and Mr. Sumit John (Driver) took the office Jeep to Dr. Ambedkar Hospital and brought Polio Vaccine for three independently manned booths. Each Booth was given 40 Vials. In the three booths all staff have been instructed to inform

everyone about the next SNID on 9th November 2003, and also to disseminate messages about routine immunization.

In Jagriti, WV's ADP supported the government by providing the manpower from the ADP Jagriti and P.E.I. volunteers. The Sahespur Block booth coverage as per Primary Health Center was 76.4%. As per discussion with the Medical officer in charge he shared that transport support was great help to achieve the target, and also that vials were dropped to the respected booths in a timely manner. To make the SNID more successful, activities were planned with the Medical officer in charge and with government school principals to carry out the rallies in the target area. This effort helped out to achieve the target of booth coverage.

To increase community awareness about SNID rounds, WV volunteers met with resistant families to address their concerns about polio. Twenty community meetings were organized to encourage a positive attitude towards the Polio. This kind of social mobilization helped lead to higher coverage within the Muslim community. To mobilize the school children and community, seventeen rallies were carried out along with schoolteachers and primary health center staff. The positive impact of the rallies was seen on the booth day and during the house visits. Compared to last SNID, parents' attitude was better towards the teams. Two days of miking was done in target areas. WV provided one vehicle and one vehicle was given by the Primary Health Center. One WV volunteer and one hospital staff did the miking in the target areas two days before the SNID. Miking has been a powerful tool to draw the community to the booths.

Example of CORE PEI volunteers at work to break down resistance:

In Jagriti, Bhagat Singh, a PEI volunteer, went to give OPV to a child by the name Mohd Ashif. The grandmother refused and started to argue and reminded the volunteer that many polio rounds had taken place in the village and that she never allowed OPV to be given to her child. The grandmother was convinced that child would become infertile after OPV. For a long time, the volunteer reflected upon all that is happening in the nation and the crippling disease that can affect the child's life. With this visit, the volunteer motivated the grandmother and Mohd. Ashif received OPV.

In Moradabad, World Vision coordinated 19 individual booths in the SNIDS April round and 34 booths in the SNIDS June round: total numbers of children vaccinated through WVI efforts were 6232 and 8015 respectively. WV coordinated a total of 35 booths in 6 blocks during the September SNID. In this round Dr. Nawin Tirkey Zonal Coordinator was appointed as an Independent Monitor by NPSP in Moradabad district to monitor the booth activities and house-to-house activities.

In SNID round of 14 September, WV installed 35 independent booths in Moradabad District and total children immunized were 9,935. Out of this, five booths were from Bilari Block whose total coverage was 2019. But in one booth in Hussaini Janda (Bilari) the coverage was 754 which is the highest coverage of the whole Bilari Block in individual booth. This increased coverage was due to good relationship of our volunteers and the CDO with the community people. Dr. R.P.Gupta (MOIC) had declared World Vision Booth coverage was the highest and appreciated our work.

A children's rally was organized at Nawabpura area on 11.08.03. 50 children participated in that Rally, they all had come from the community and community based schools. Children were very excited during that rally. Some of the children told that we are good one because we do something for other children.

A shopkeepers meeting was organized on 07.08.03 at Bag Gulab Rai, Nawabpura area, Moradabad. Eleven shopkeepers participated in that meeting. The purpose of that meeting was to generate awareness about Routine Immunization and next coming NID (14th Sep 2003). The shopkeepers were very excited to join with World Vision to eradicate polio. They told to the volunteers that it would be their duty to inform people coming to their shops about the next coming round and about routine immunization to their children. The shopkeepers were also willing to go house to house with WV staff to motivate the families about polio vaccine during the SNID and later NID.

Polio class was introduced for the 1st time in the target villages. A total of 4 polio classes were conducted in 4 schools namely Haqim Kamruddin , KVM school , Billari Public school and UNICEF BRGF of Billari block . In this program the school children are made aware of the polio disease and poliovirus transmission. Through a short story and a case study the children are made to understand about polio.

WV organized a religious leaders' meeting in 6 villages, namely Bhaisiyan, Panditnagla, Mainather, Lakri, Dhakka, and Pakbada. A total of 150 Molanas participated in this meeting. The Imam of the mosque appealed to the molanas to visit the resistant families during the polio round and get the children immunized in the house. The polio message should be conveyed to each and every house of their locality.

V. Highlights of CORE PEI “add-on” activities:

V.A. ADRA:

ADRA India FY 03 Add ON Activities	TARGET	BENEFICIARIES ACHIEVEMENT	
	YTD	YTD	YTD
Household Toilets Constructed	45	344	50
Community/Institutional Toilets Constructed	1	250	1
Hand Pumps Installed	28	12,659	28
Hand Pumps Repaired	2	1,000	1
Hand Pumps Repair Trainings Given	4	929	4
Medical Camps Conducted	800	12,201	67
ORT Corners Established		1	2
ORS Packets Distributed	714	2,201	2,211
Iron Folic acid Packets Distributed	2,606	2,888	4,797
De-worming Sessions Held	4	615	169
Mosquito Nets Distributed	4,500	2,400	2,400
Cleanliness/Sanitary Drives Organized	67	13,431	115
Drains Cleaned	-	4	5

Drains Constructed	6	56,000	6
School Exhibitions Held on Sanitation Issues	1	301	6
School Sanitation Camps Held	1		1
BCC Sessions on Add on Activities Held	315	8,486	526
TBAs Trained	-	-	7

In FY03, ADRA carried out a considerable number of “add-on” activities that were used to meet additional needs of polio-affected communities and build trust (see table above). Major activities include latrine construction, hand pump installation and repair, drain clearing and construction, and sanitary drives. ADRA also benefited thousands at medical camps where ORS, iron & folic acid and mosquito nets were distributed and provided related BCC sessions. In Moradabad District, ADRA completed the community toilet complex in Warsinagar area and handed it over to the community. Construction of individual toilets by the liaison Coordinator and the District Coordinator for the households had increased awareness of hygiene and cleanliness among the community members. Five hand pumps were installed in Moradabad during this quarters time frame.

Drain cleaning continued in Chakar de Milak Mubarakpur, Moradabad and was finally completed on the 15th of June. These drains will be cleaned again in September. In Sambhal the drain selected ran through a highly resistant community. ADRA began the de-silting project by launching a community program, which was inaugurated by the Chairperson of the Municipality, Mrs Tarannum Akheel. The cultural part of the inauguration soon had children from the community wanting to perform and be part of the action. This resulted in around 85% booth coverage from that area itself. When the de-silting work was completed the community folk expressed their gratitude by resolving to keep their area clean and prevent the dumping of solid waste into the drain.

V.B. CRS: Not applicable during this period.

V.C. PCI:

PCI FY 03 Add On Activities	TARGET YTD	BENEFICIARIES YTD	ACHIEVEMENT YTD
Household Toilets Constructed	494	1,541	226
Community/Institutional Toilets Constructed	1	100	1
Public Urinals Constructed	13	700	9
Medical Camps Conducted	1,200	12,266	99
ORT Corners Established	553	811	849
ORS Packets Distributed	3,670	7,938	8,894
Iron Folic acid Packets Distributed	28,356	29,991	49,544
De-worming Sessions Held	1,760	3,043	2,080
Cleanliness/Sanitary Drives Organized	70	51,720	71
Drains Cleaned	56	12,600	56
Drains Constructed	1,600	150	1,580
Soakage Pits Constructed	154	5,877	151
School Exhibitions Held on Sanitation Issues	13	2,922	13
School Sanitation Camps Held	11	5,705	11

PCI FY 03 Add On Activities	TARGET YTD	BENEFICIARIES YTD	ACHIEVEMENT YTD
Tricycles Provided for Garbage Collection	4	8,000	4
Garbage Management Drives Organized	25	5,000	25
Garbage Management Pits Constructed	7	600	7
Compost Pits Made	4	3,000	1
BCC Sessions on Add on Activities Held	3	86	3

In FY03, PCI carried out a considerable number of “add-on” activities that were used to meet additional needs of polio-affected communities and build trust (see table above). Major activities include latrine construction, drain clearing and construction, sanitary drives and garbage management drives. PCI also benefited thousands at medical camps where ORS, iron & folic acid were distributed and provided related BCC sessions.

The sanitation components have a direct bearing in reducing the resistance in Budaun. The 226 latrines constructed in four slums have motivated 1500 community members to join hands for polio eradication. The school sanitation activities helped in preparation of effective teams of bullawa toly in urban slums. During the booth days, the participation of these children was remarkable.

The sanitary brigade also helped sensitize the community to keep clean surroundings to stop poliovirus infection. The brigade also participated in booth and house-to-house activities due to their efforts there was 100% coverage in five booths in Budaun.

The CMC role in mobilization community was found very effective. The sessions on immunization, ANC, IFA, Diarrhoea and de-worming helped to developed good rapport with women. Some of the CMCs are working as depot holder for ORS & IFA due to which these CMCs easily motivated the mothers who have new borns. During the polio round the coverage of new born was increased in CMC villages.

V.D. WV:

WV FY 03 ADD ON Activities	TARGET YTD	BENEFICIARIES YTD	ACHIEVEMENT YTD
Household Toilets Constructed	404	2,315	375
Hand Pumps Installed	50	7,140	50
Hand Pumps Repaired	201	3,007	173
Hand Pumps Repair Trainings Given	9	63	9
Medical Camps Conducted	714	11,696	65
ORT Corners Established	22	347	56
ORS Packets Distributed	-	496	1,139
Iron Folic acid Packets Distributed	-	300	1,540
De-worming Sessions Held	-	-	3
Cleanliness/Sanitary Drives Organized	71	106	87
Drains Cleaned	4	-	4
Tricycles Provided for Garbage Collection	54	53	53
BCC Sessions on Add on Activities Held	218	2,784	244

In FY03, WV also carried out a considerable number of “add-on” activities that were used to meet additional needs of polio-affected communities and build trust (see table above). Major activities include latrine construction, hand pump installation and repair, sanitary drives and garbage management drives. WV benefited thousands at medical camps where ORS, iron & folic acid were distributed and provided related BCC sessions.

In Moradabad, repairing of the damaged hand pumps in the targeted villages has helped WV build trust with beneficiary communities and helped them understand the link between polio and poor sanitation. Hand Pump Repair and Maintenance training was provided to 70 unemployed youths of 10- blocks in Moradabad by the Engineers of Water works department Moradabad. These beneficiaries will also motivate for polio rounds. Repairing of hand pumps will create more availability of clean drinking water to the community people and thus the people are appreciating us for this and promising our volunteers to bring their children to the polio booths during the rounds. Hand Pump Tool kits were distributed to trained unemployed youths of 10 blocks to enable them to earn their living and keep their surroundings clean.

In the 4th quarter, cleanliness drives were organized at six villages namely Patpura, Lakri, Pakbada, Mainther, Bhaisiya, and Dhakka of Tajpur Block. The lanes, galis and roads were cleaned up. The drains were cleaned and garbage was disposed with the help of WVI tri – cycle. The Pradhan of the village also participated in the drive by encouraging the community to keep the out side of their houses clean, and throw the garbage in the dustbins instead of piling it in front of their houses. Fifty three (53) tricycles were given to the poor and needy youths from the community to lift the garbage from the streets and make their earning from it too. The 53 tricycles had slogans about polio eradication and awareness of cleanliness and sanitation painted on them, and provided for garbage disposal in 10 blocks of Moradabad. Beneficiaries identified by the community groups (swasthya samitis) to earn their living and also keep their surroundings clean. WV supports weekly cleanliness drives that are being conducted in the villages of each block of Moradabad.

VI. Highlights of CORE PEI efforts to assist families with paralyzed children:

VI.A. ADRA:

ADRA India FY 03 Long Term Assistance to Paralyzed Children	Beneficiaries Target	Beneficiaries YTD
Number of Polio affected children under 15 yrs identified	697	2,289
Number of disability certificates facilitated		
Disability Certificates	4	5
Railway Concessions	4	5

In Moradabad, Shagufta Yasmeen enabled a 12 yr old boy, with both lower limbs affected by polio, to get a bus concession and train concession along with the disability certificate.

VI.B. CRS: During this period, CRS identified polio-affected children have been identified. Plans are in place to link them with the district rehabilitation centers.

VI.C. PCI:

PCI FY 03 Long term Assistance to Paralyzed Children	Beneficiaries Target	Beneficiaries YTD
Number of Polio affected children under 15 yrs identified	699	2,718
Number of disability certificates facilitated	-	-
Disability Certificates	126	252
Railway Concessions	46	53
Calipers	-	7

PCI partners have identified many families with paralyzed children (see table above). In response, the PCI project has provided disability certificates, calipers and railway concessions.

During the April – June period, PCI initiated some activities towards the assistance to the paralyzed children both in Budaun and Bihar. All the partners have now details of the paralyzed children of their villages. ASS has identified 732 paralyzed children in four blocks and helped 6 children in getting the disability certificate. BSPP has tried to help one child for railway concession in Budaun whereas in Bihar Adithi identified 591 children in four blocks. They started discussion for certificate, applied to Red Cross for calipers, gave list to Mukhiya for getting government scheme benefits. IDF and Nari Nidhi have prepared list of all the paralyzed children and doing follow up with Red Cross and district Rehabilitation Center Muzaffapur/Vaishali. IDF has completed first round of discussion with these agencies. The PVO coordinator is planning to write to all the Rehabilitation and Relief district offices to extend their cooperation in issuance of disability certificate to the paralyzed children.

VI.D. WV:

WV India FY 03 Long term assistance to paralyzed children	Beneficiaries Target	Beneficiaries YTD
Number of Polio affected children under 15 yrs identified	155	1,034
Number of disability certificates facilitated		
Disability Certificates	12	34
Railway Concessions	11	33
Reconstructive Surgeries	-	2
Calipers	-	42

As with the other PVO partners, WV partners have identified many families with paralyzed children (see table above). In response, the WV project has facilitated disability certificates, calipers, reconstructive surgeries and railway concessions.

In Delhi, the project partners with PRERNA NIKETAN, an NGO run by Miss M. Saxena in Dwarka Pappan Kalan organized a physical and mental development camp for both normal and handicapped children under 14 years, for 15 days, food and lodging free of cost. The Project has identified 43 children to attend the camp. However, only 36 children could have successfully stayed until the 30th of May. *“The camp has motivated the handicapped children as their self identity has been highlighted that they can also live among the normal*

being an independent individual and also strive for better opportunity and to liberate them to face the reality of life.”

At the camp, children were shown different types of handicrafts. They were also taught meditation, the value of life, discipline, to have patience for gratification, to speak one at a time, to respect humanity of all age, sanitation and to keep oneself clean by taking bath, washing hands and others. The PEI coordinator attended the inauguration day that was inaugurated by Deputy Commissioner of Janakpuri Zone; also a day was spent with the campers to encourage the children and on the closing day. The volunteers escorted the children to the camp on the first day. On the closing day the PEI coordinator hired two RTV vans and picked up the children along with volunteers to escort them to community. The expenses of travel fares were being paid by ADP New Delhi.

The PEI coordinator visited Delhi Council of Child Welfare twice in Janakpuri to discuss about Vocational Training for Handicapped community children who are not attending formal school any more. On 11th June 2003, a function was held especially to distribute appliances; calipers, crutches, corrective shoes, corrective hands, calipers and walkers to 23 children. Mr. Manpreet Singh, the chief guest distributed the appliances and also stated that routine immunization is a must and that every Indian parent is responsible and has a duty. Miss Saxena, the president of Prerna Niketan, and other guests, spoke about the difficulties faced by polio victims to meet the day-to-day challenges of life. Dr. Sanjay Mall, the project manager, encouraged community members to support the IPPI by taking all the eligible children for routine immunization diligently on time, and to bring their children to IPPI booths in response to miking.

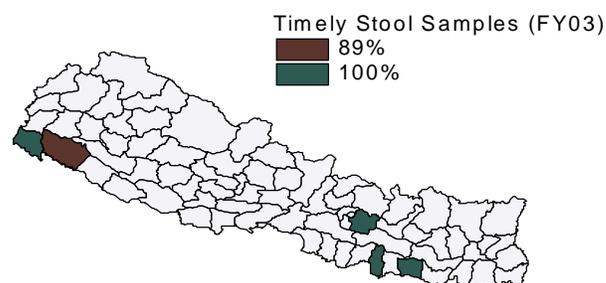
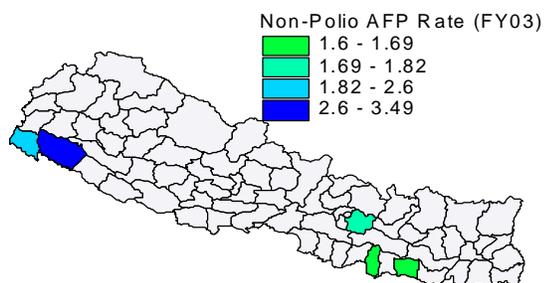
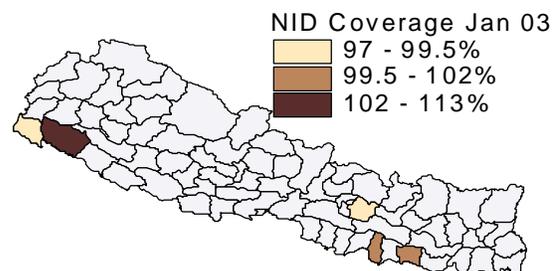
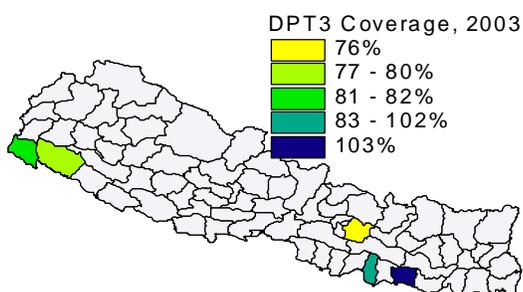
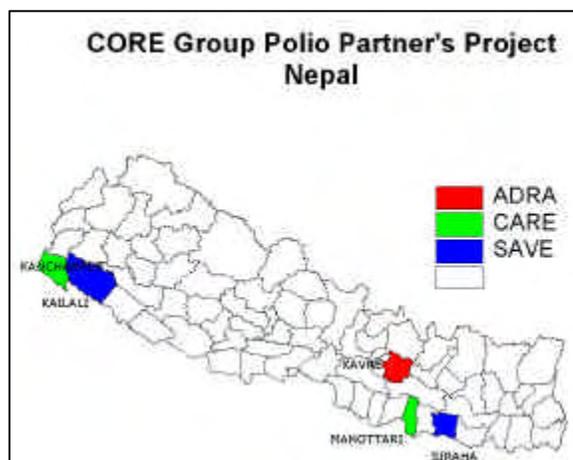
In Jagriti, WV has 46 beneficiary children less than 15 years. As part of WV's continued support to disabled children WV carried out an assessment. Before this assessment, two children were also sent to the NIOH for assessment, Anjar and Afsana. Anjar is not fit for corrective surgery because Anjar's both legs are bent. Afsana can walk without support; the doctor is agreeing to do for corrective surgery. In total, WV was able to take the 9 children to the NIOH. They have had check ups and five children will go under corrective surgery. Closer networking with National Institute of Orthopedic and Handicapped has helped the project as NIOH is agreeing to do corrective surgery; they are waiting for more children so they can do a mass operation.

This appendix (D) provides a summary narrative of key polio eradication activities of the CORE Group Polio Partners Project (CGPP) in Nepal during the second half of Fiscal Year 2003. The narrative is provided by CGPP mission areas following a brief situational analysis.

I. Situational Analysis:

No cases of wild poliovirus have been reported in Nepal since 2000 (4 cases). Intense transmission continues to occur in India along the border with Nepal. NID coverage across the program areas have been reported at greater than 95%. The non-polio AFP rate in 2003 was 1.7 (above the standard of 1.0). The percent of AFP cases with adequate stool specimens in FY03 in CORE program areas was 96% (23 of 24 and above the standard of 80%). DPT3 coverage---an indicator of routine immunization services remains high across program districts (only one district below 80% at 77%). Priorities in Nepal remain maintaining the high coverage of supplementary immunizations, AFP surveillance, and routine immunizations with a focus on improving the quality of immunization services and incorporating other diseases (measles, neonatal tetanus) in the community-based AFP detection and reporting this project is supporting.

In this reporting period, three (3) CORE/Nepal partners were active around the country. ADRA worked in Kavre District. CARE worked in Kanchanpur and Mahottari districts. Save the Children worked in Kailali and Siraha districts.



II.C.SC: The SC staff working in Kailali and Siraha districts both attended cross-border meetings during this period, one in Biratnager and one in Nepalgunj. The meeting included polio updates of the two countries, discussed cross border issues and identified key cross border entry points and communities for vaccination. SC staff also met regularly with SMOs and DHOs in their two districts to coordinate location of border booths and to review VDC-wise EPI statistics, respectively.

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

III.A. ADRA: ADRA trained more than 300 members of Routine Immunization Clinic Management committees in Kavre. There are three to five immunization clinics in a VDC depending on the geography and population settlement. There is a committee of 5 to 7 members to look after the management of clinic for each clinic. Due to various reasons, such committees are not functional and even not aware of their roles in remote areas. So, ADRA in close coordination with DHO and local health facility reactivated such committees and gave one day orientation training for them. The objective of training was to familiarize the support committee members on the importance of immunization outreach clinics, its operational procedures, logistics and other management issues. The role of support committee members for the better management of immunization outreach clinic was also highlighted.

ADRA staff also visited and observed nine routine immunization clinics in Kavre during this reporting period. Those nine canters were different than the center visited in previous quarter. Maternal and Child Health Worker was found involved in 4 clinics. The performance of vaccinators was found satisfactory. The vaccines and logistics required to the clinic were adequate. ADRA's family planning counsellor (FPC) working in 56 VDCs assisted VHWs to conduct routine immunization outreach clinics. They also gave education to mothers about the protection of EPI card and revisit the clinic for complete immunization.

During this reporting period, ADRA conducted one-day polio trainings to 99 schoolteachers in Kavre who were not covered by the training conducted in previous quarters and who work in the most remote VDCs. The training focused the messages on routine immunization and reporting of suspected AFP cases. The participants were selected in close coordination with district education office. IEC materials developed by PEN were distributed and SMO, Dr. Lal Bahadur Malla was invited to facilitate the training.

In addition, trained teachers conducted a polio quiz contest in 99 different schools in Kavre. During the one-day training, the teachers were committed to disseminate the polio message in the classes they teach and also conduct polio quiz contest in the schools. ADRA had provided a set of quiz questions related to polio, routine immunization and AFP surveillance with a pack of small gifts to distribute the winners. ADRA field representative and polio focal person visited some schools to monitor the quiz contest and found very successful. At the end the contest students including audience were encouraged to educate communities for sending their babies in the immunization clinics and immediately refer the suspected AFP (children less than 15 years with sudden paralysis) in the nearest health facility. Over 1,000 students were actively participated in the quiz contest and over 15, 000 students were reached by the program as they have involved as an audience/observer. And, the schoolteachers have planed to give polio and immunization education focusing on the unanswered questions. A total of 45 questions were asked.

Per the request of DHO Kavre, a one-day polio orientation was provided to Traditional Birth Attendants (TBAs). 520 TBAs out of planned 604 (87%) throughout the district attended the orientation. The orientation was conducted at VDC level and local health facility in-charge was mobilized to facilitate the orientation. District EPI supervisor, ADRA FR and polio focal person monitored the orientations. The key messages on Polio, Routine Immunization and AFP surveillance were highlighted in the orientation.

III.B. CARE: In Mahottari District, due District immunization clinic (Jaleswor) staff's complaints of being very busy and unable to provide health education to mothers, CORE and EPI Supervisor and PHO and developed and executed a plan to support district immunization clinic by one of the staff of EPI section and the project during the clinic day. Observation and report from registers show that most of the children came from India for vaccination (i.e. 78 for BCG vaccination in three clinic days). In the same days, a total 248 Indian children came for all type of vaccination. In fiscal year 2002/2003 total 1,224 Indian children received immunization service from district immunization clinic. Clinic staffs were requested to submit monthly report of Indian children in separate column of HMIS format so that analysis could be done as to see whether or not municipality population is covered enough. CORE and district health staff discussed on volume of Indian population receiving services from Jaleswor and decided to share the fact with Municipality authority and members.

As per the suggestion of CORE Coordinator to track the defaulters and identify the dropout the project staff decided to pilot the tickler file system in some VDCs of the district. On common consensus with PHO and EPI Supervisor nine VDCs from each ilaka catchment's areas will be selected in agreement with Health Facility in charges. During this quarter five VDCs: Mathihani, Parikauli, Bhatauliya, Sarpallo and Ramgopalpur vaccinators volunteered to use it.

CARE Mahottari staff also conducted LQAS training to total 28 participants (22 DHO, Mahottari staff, 4 project staff and one from DHO Dhanusha). Five sites were selected for studied. None of the lots were accepted as per set thresholds. It means that immunization status of those places were not satisfactory. As per the findings of the lots action plan was prepared and took action immediately.

In Kanchanpur District, CARE organized a quiz context at the FCHV level. It has become a very interesting activity for social mobilization. During this year we organized 4 events of Quiz contests among the FCHVs from different VDCs. There were 5 VDCs in each event. We had prepared most standard questions to cover more than 70 percent in immunization and rest of the question were related to Neo-natal, IMCI, Family Planning and others. In this quarter, FCHVs and VDC representatives of 5 VDCs namely Shankarpur, Shreepur, Rampur, Beldandi and Rauteli gathered in Rampur VDC to take part in quiz. All VDC executives, ex-chairman and members, LNGO members, students, mothers were the main audience in this event.

CARE also provided vehicle Support for freezer maintenance into two places. There are three sub-centres for vaccine supply in three PHCs. Moreover, there is a freezer in Tribhuvanbasti health post. CCAs are the key persons for their maintenance. We had provided transportation for freezer maintenance into Beldandi and Dodhara PHC respectively. Now the both freezers are working well.

CARE staff facilitated district-level quarterly review meetings, organized jointly by District Public Health Office and CARE Nepal. Since the FY 2002/03, the DPHO initiated

three monthly review meetings of health facility in-charges in Kanchanpur district. DPHO bore the cost for one meeting and CARE for three meetings.

III.C.SC: In Siraha District, SC staff provided training in the use of LQAS to assess immunizations to district health workers. The participants were district health supervisors (9), PHCI (3), HPI (12) and Save the Children staff (8). Also in Siraha, SAVE and DHO staff conducted joint supervision of immunization in various health facilities and outreach clinics. 26 immunization clinics were reached by team supervisor including PHO, EPI Supervisor and SAVE staff persons. PHO supervised Khirauna Mader, Belha, Bhaluwahi, Rampurbirta, Sitapur, Lalpur, Golbazar, Sonmatimajhaura and Dhanagadi VDCs. The following are the findings of supervision:

- Cold chain was maintained
- Clinics conducted in time
- Skill of vaccinator was found satisfactory
- Vaccine dose have been administered correctly
- Presence of MCHW was not found in two clinics.
- Two clinics were not conducted according to district schedule.
- Fifty percent of VDCs did not have a ward-wise recording system.
- Only a few VDCs had maintained record of “out of VDC”
- A high drop out rate

Included in the recommended actions are 1) the vaccinators mobilize FCHVs to send/accompany children to clinic in time, 2) VHW/MCHW keep separate registration for in and out of VDC children and also to keep records up-to-date, and 3) the DHO send a circular reinforcing all health facility in-charges to conduct scheduled immunization clinics and make sure both VHW and MCHW work together.

In Kailali, SC staff carried out a cold chain assessment in PHC and subcentre Chaumala, Joshipur, Udasipur. In addition, every health facility and at least one clinic per health facility was supervised in this period jointly with the DPHO. Over 40 supervision visits were made. The main findings of the supervision include the following:

Positive aspects:

- 80% VHW had knowledge of their target population
- 85% VHW knew appropriate site of Vaccination
- 60% health facilities had sufficient vaccine carrier
- 100% health facilities had stock of logistics, AD syringe, and safety box for 3 months
- 90% health facilities had both VHW/MCHW present in immunization session.
- 55% immunization session had VHW/MCHW as well FCHV present.

Negative Aspects:

- 95% health facilities do not have Khop (immunization) board
- 95% VHW do not know how to calculate vaccine wastage rate
- In 60% of immunization sessions, the icepack was not in good condition
- 99% health facilities lack a Target vs Achievement chart, supervision schedule.

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

IV.A.ADRA: No activities this period.

IV.B.CARE: In Mahottari, CARE provided cross-border support for the India INIDs from 14-18 Sep 03. Four areas were identified to place the vaccinators as requested by India SMO: Mathihani and Bhattamod check points and no man land areas in Etaharwakatti and Gaidabetpur VDCs. Four vaccinator teams were approved from PEN/WHO. CARE helped ensure that the EPI Supervisor and Cold Chain Assistant visited those areas and informed Sub Health Post in-charges. Teams were asked to be on time from morning 7:00 am to 5:00 pm in the evening every day for five days. Four different static teams vaccinated 1173 children in five days. On an average per day each team vaccinated 58 children. Among them 780 children were from Nepal and 393 were from India. The vaccine wastage rate was 8%.

In Kanchnapur, CARE put up six teams at six cross border points during the SNID in UP from September 14-18. CARE supported the DPHO and SMO in making arrangements and with booth banners. CARE monitored vaccination of Municipality border teams, Dodhara, Chandani, Shreepur and Beldandi border teams. In this cross-border support, 1425 under 5 children were able to get polio vaccine from the 6 cross border teams in Kanchnapur during this first round 'pulse polio' in India.

IV.C.SC: SC staff also supported cross-border immunizations during India SNID in September 2003. SC Siraha District Staff supported the supervision and monitoring of static sites on the border with Bihar State, and supported the logistic supply.

In Kailali District on the border with UP State, SC established four static booths to immunize children moving to and from Nepal. Over 1000 children were vaccinated at the border booths.

V. Highlights of CORE PEI efforts to support detection and reporting of AFP cases and other reportable diseases:

V.A.ADRA: In Kavre District, to support the MOH effort to conduct active and community based detection and reporting of AFP and other vaccine preventable disease (VPD) like measles, weekly reports are being submitted to Polio Eradication Nepal from ADRA FP/PHC clinic. The report is submitted on time with adequate information required by the PEN.

For the community based detection and reporting of AFP and other VPD, ADRA has been mobilizing 56 community level workers (FP counselors) voluntarily. Their role is to educate the women in the mother's group meeting and encourage the community for timely detection and reporting of suspected AFP cases so that no cases could miss. Messages were also disseminated in the ADRA conducted literacy classes. AFP messages were delivered through 40 literacy classes and more than 1200 women were reached.

Example of ADRA Nepal case detection and reporting support:

In July 2003, one AFP case was identified at Nayagaun VDC ward number 8 in Kavre. The 42 month-old child suffered from high fever and floppiness of left lower limb beginning on July 4, 2003. The child was brought to the local pharmacy on 5th. The local pharmacist who had received an AFP orientation from ADRA was able to identify the AFP and immediately referred the child to Dhulikhel Hospital. The Surveillance Medical Officer (SMO) diagnosed the child as a suspected AFP case in the hospital on July 7th. Then 2 stool samples, 24 hours apart, were collected within 14 days of onset of paralysis by SMO and sent for the lab test maintaining the reverse cold chain. The information was also shared with ADRA and DHO. After receiving the information an immediate field visit was made by polio focal person from ADRA with District EPI supervisor, Illaka and VDC level health staff.

An out break response immunization (ORI) was also carried out in ward number 8 of Nayagaun VDC where the AFP case was identified. A team comprising of ADRA's polio focal person, DHO's EPI supervisor and local sub health post staff conducted the ORI and house-to-house case search. They administered polio drops to 105 less than five years children in the ward.

ADRA provided NRS 2000 (US \$ 27) support for the family of AFP suspected child in Kavre. The purpose of giving this amount is to cover their hospital expenses and for other rehabilitation purposes. Though this is a small amount for the treatment or rehabilitation, the family was happy to accept this support

V.B.CARE: In Mahottari District, CARE staffs advocate AFP/Measles and Neonatal Surveillance and case report messages to the people in every opportunity such as small gathering, teashops, community visits, etc. CARE staff visit zero reporting units to help ensure the timely zero case reports to the SMO.

CARE staff supported the SMO in facilitation of VPDs Surveillance orientation conducted in six batches for 114 health workers (18 district Supervisors and 96 Health facility staffs including HA, AHW, ANM and Lab Assistant) of the district. To assess the knowledge of health workers on VPDs Surveillance pre and post-test questionnaire was administered. There was a significant result that in pre and post test evaluation, district supervisors secured 64% & 82% respectively and HF staff obtained 62% & 85% respectively. It shows that health facility staffs' knowledge on VPDs Surveillance is quite similar to District Supervisors.

CARE has carried out active search of AFP cases, measles outbreak and neonatal tetanus cases in the five communities visit (municipality ward no. 2, 3, 5, 8, 13 and Samsi ward no 3,4). CARE also informed mothers/caretakers and other community people to report

immediately if any AFP, Measles and Neonatal cases seen in the village. CARE also supported a measles outbreak investigation in municipality ward no. 8. Thirteen children had measles. Among them one were hospitalized due to pneumonia. And 12 children were already recovered at home. Vitamin A was provided to all infected children. Quick assessment of routine immunization status was done in that particular village. Total 21 children aged 2-23 months were assessed. Among them 16 children age were eligible to receive DPT-3 and measles vaccine. Thus data is analyzed accordingly. Among the 21 children, 12 children were between 12-23 months of age. Among the 12 children only 2 of them had fully immunized and were from educated family. Rest of them had received BCG, DPT-1, Polio-1, Hep B-1 vaccine. The main reason for incomplete vaccination as mothers said was that children had fever after DPT vaccination and thinks that vaccine dose is complete after 3 doses given at the same time. It was observed that the parents were less aware for the complete vaccination of child and its importance.

CARE staff also supported SMO and DHO on ORI at Samsi ward no. 3 and 4. A total of 140 under five children were vaccinated against polio. Quick assessment on immunization status was done. Findings: Total 21 children were assessed. All of them had received BCG vaccine. But only 10 (47%) of them had BCG scar. Among them 20 children aged were eligible to received DPT-3/Polio-3 but out of 20 children only 14 (70%) had received DPT-3/Polio-3. Among 21 children, 17 children were between 12-23 months of age. Out of 17 children 9 (52%) had received measles vaccine. In total cardholders were found only 9%.

V.C.SC: In Siraha District, SC encouraged FCHVs to search for AFP cases during FCHVs' interaction program and provided a refresher orientation on the importance of AFP surveillance. SC also supports ORI and stool sample collection for AFP cases and follow-up of AFP cases and refers cases to other NGOs who can provide support for disabilities. SC also helps ensure that zero reporting is timely.

In Kailali District, SC has provided orientation to all FCHVs on AFP, NT, and Measles. Here SC visited a suspected AFP case reported by a local health workers and people in Geta, Thapapur where the case was determined not to be AFP. SC also is coordinating with DPHO and assisting the SMO to prepare orientations to the focal persons of weekly zero reporting sites. SC staff visited zero reporting sites such as, Joshipur, Thapapur, Tikapur, Phulbari, and Malakheti. SC staff participated in a one-day orientation on Measles/NT surveillance organized by PEN in Dhangadhi.

In addition SC staff participated in an outbreak investigation of Measles in Gadarya, Rautle Bicchuwa, Jhilmila HP. The measles outbreak occurred in Gadarya VDC, but after a week SC was informed by the sub health post in-charge and then SC staff visited and found that most of the children (6-7) on the spot were already recovered with the measles and only one case was still in the early stage. The SMO investigated it. It was good to hear that vitamin A distribution had already taken place by the SHP. As far as Rautle Bicchuwa's case is concerned there SC found 10 measles cases there, (6 female, and 4 male). Among which 2 were vaccinated earlier, 2 had an unknown history, and the rest were not vaccinated. After that there was an ORI in that locality. SC has also supported the collection of zero reports from sites and from the DPHO and sending these reports to WHO PEN.