CORE GROUP POLIO PROJECT

World Vision Global Health, Nutrition and HIV Community of Practice Webinar

Tuesday, June 28 2016

Frank Conlon, Director

Donors to CGPP:

USAID FROM THE AMERICAN PEOPLE

BILL & MELINDA GATES foundation

The Global Polio Eradication Initiative

The Four Pillars of Polio Eradication

Routine Immunization

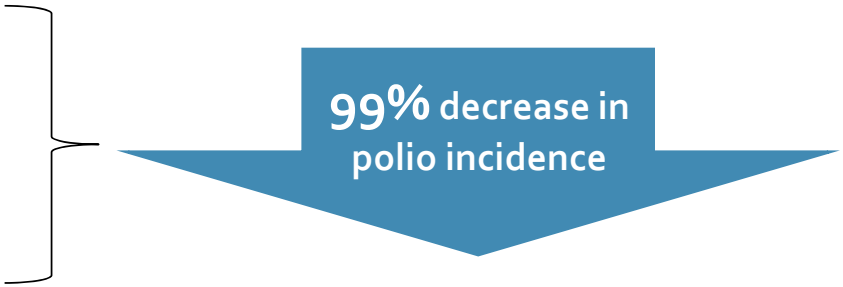
AFP Surveillance

Supplementary Immunization

Targeted mop-up campaigns

The Global Polio Eradication Initiative

1988 — The GPEI is launched: **> 125** endemic countries; **> 350,000** annual cases; **~ 1,000** paralyzed per day



13 million children saved from paralysis

2012 — Wild poliovirus transmission is stopped in India

2014 — All ongoing polio outbreaks are halted.

2015 — Nigeria is declared polio-free.

The Global Polio Eradication Initiative

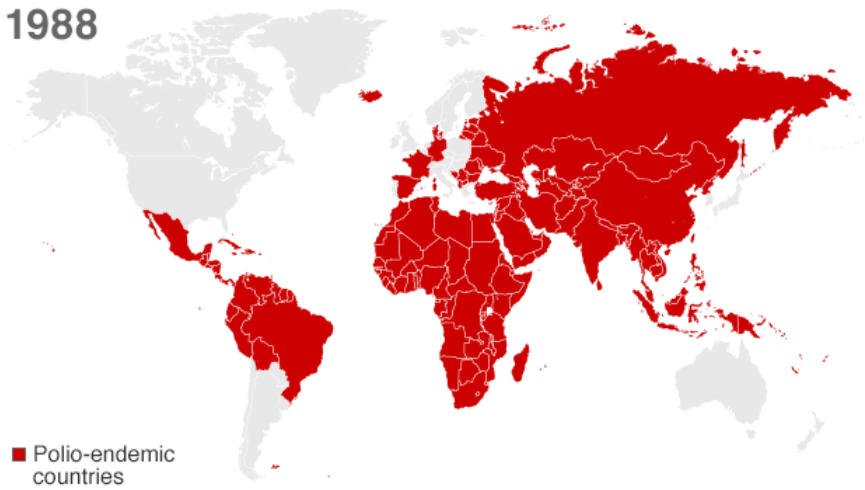
2016

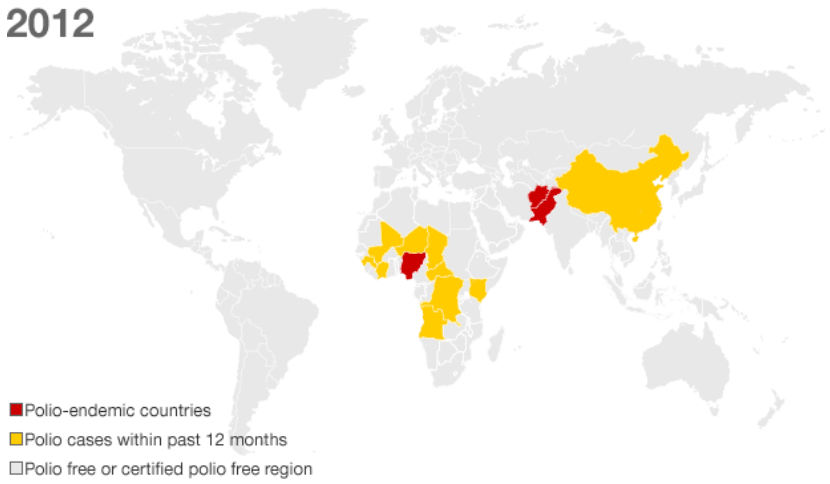
2 polio endemic countries remain (Afghanistan and Pakistan)

17 cases of wild poliovirus cases so far

0 cases of wild poliovirus cases outside of endemic countries

The world could see its very last wild poliovirus case this year!





2017
?

Source: World Health Organisation/Global Polio Eradication Initiative

- Started in 1999 with grants to intl. and natl. NGOs to support polio eradication
- Funded by: USAID FROM THE AMERICAN PEOPLE; BILL & MELINDA GATES foundation
- Collaborates with: WHO, UNICEF, CDC, Rotary, Gates Foundation, Ministries of Health
- Currently working in **7** countries: Nigeria, Angola, India, Ethiopia, South Sudan, Kenya and Somalia
- Approximately **48** subgrants to NGOs working in target countries

CORE Group Polio Project Partners

Adarsh Seva Samiti • Adventist Development and Relief Agency • African Healthcare Implementation and Facilitation Foundation • Africare • AMREF Health Africa • American Refugee Committee • Archdiocesan Catholic Healthcare Initiative • Asoder • Bahir Dar Catholic Secretariat • Bio Aid • CARE • Caritas Benguela • Caritas Dundo • Caritas Saurimo • Catholic Relief Services • Community Support and Development Initiative • Consortium of Christian Development and Relief Association • Ethiopian Evangelical Church Mekane Yesus • Ethiopian Orthodox Church • Family Health & Youth Empowerment • Federation of Muslim Women's Association in Nigeria • Gorakhpur Environmental Action Group • Haraghe Catholic Secretariat • Health Care Education & Support Initiative • Innovative Approach for Social Development Society • International Medical Corps • International Rescue Committee • Jan Kalyan Samiti • Jeevan Jyoti Community Center • Kenyan Red Cross • Mahila Jagriti Sewa Samiti • Malik Social Welfare Society Rampur • Meerut Seva Samaj • Network for Integration and Rural Advancement • Organization Welfare and Development in Action • Pastoralist Concern • PCI • Salvation Army World Service Office • Sarathi Development Foundation • Save the Children • Society for All Around Development • Somali AID • Wabishebele Development Association • Waka Rural Development Initiative • World Vision

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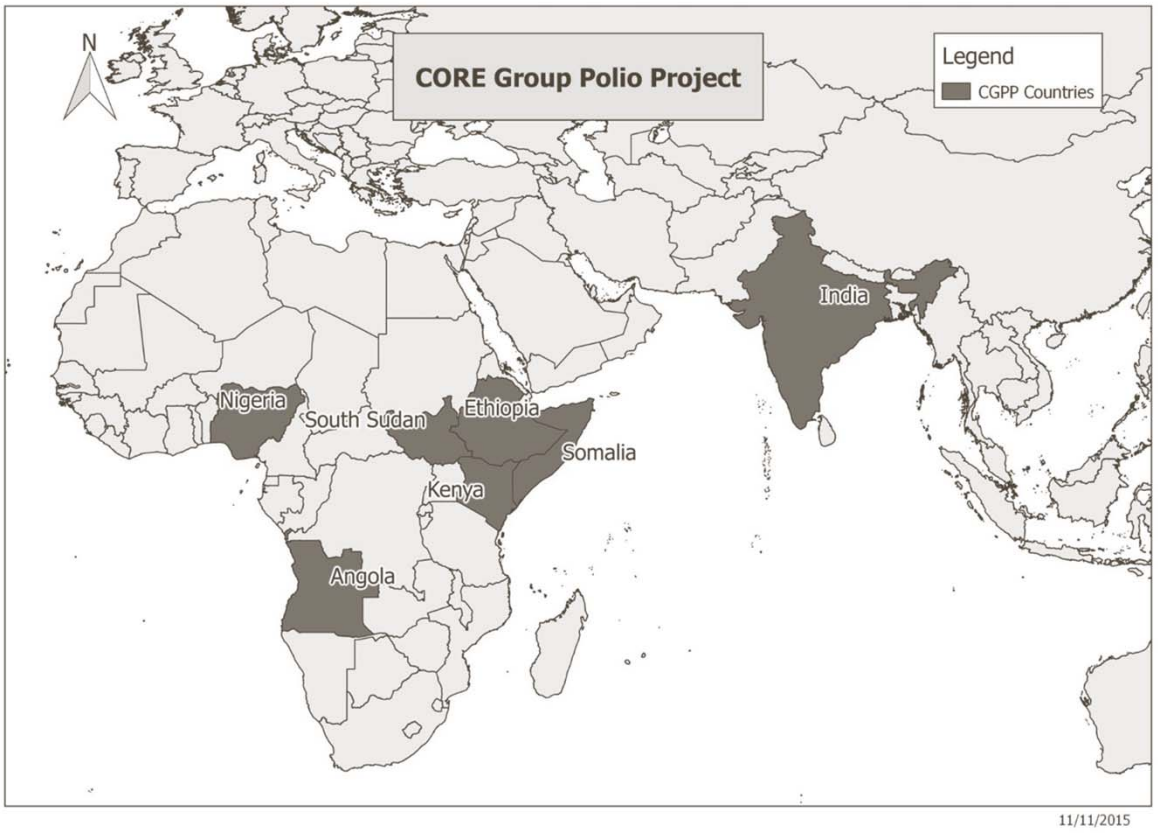


Consortium of iNGOs & NGOs working with Ministries of Health and other polio partners to eradicate polio

In-country secretariat staff:

- serve as intermediaries between NGOs and national partners;
- act as a technical resource to partners;
- oversee the quality and standardization of project implementation

Activities focus on:

- Social mobilization (mass, mid-media, and focused IPC and group meetings)
- Service delivery (vaccine delivery in hard-to-reach places)
- Community-based disease surveillance

More than **10,000** community mobilizers in 7 countries

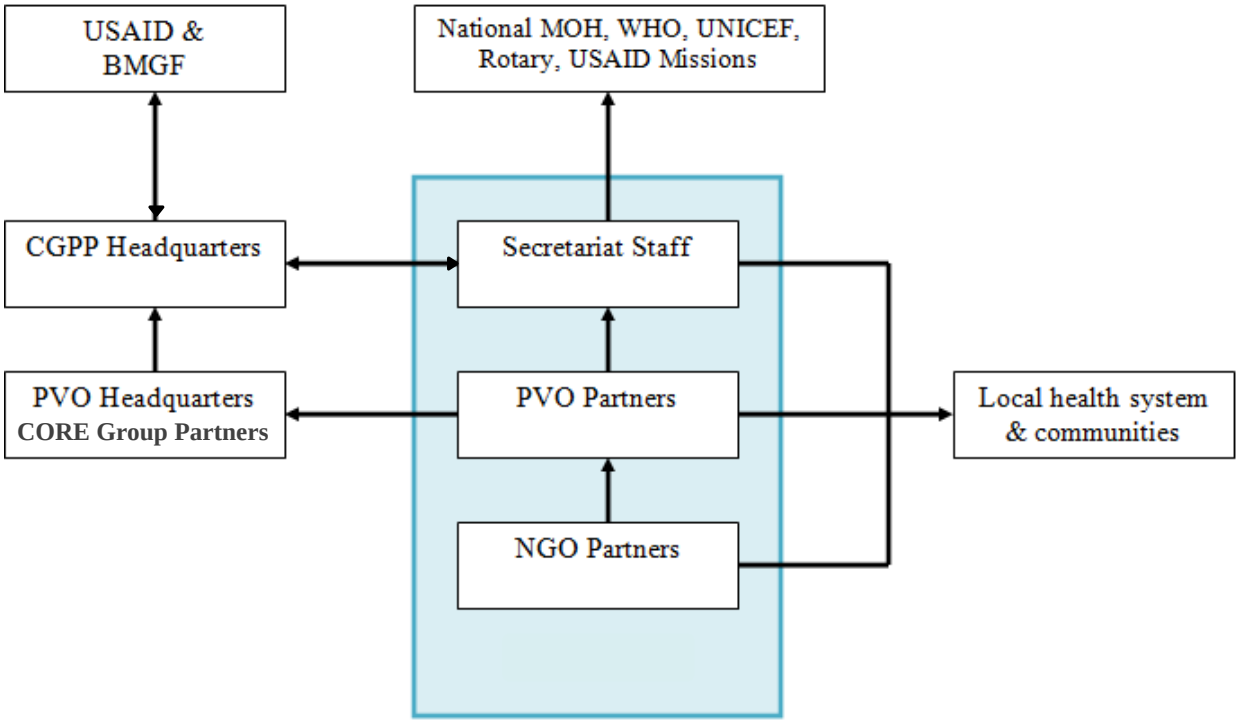
The Secretariat Model

The CORE Group Polio Project uses a **Secretariat model** to coordinate the work of 48 sub-grantees in seven countries. The Secretariat is a central country office headed by a director or team leader that coordinates and supervises the work of partner NGOs in each country, represents civil society engagement in polio eradication to ministries of health, WHO, UNICEF, CDC, Rotary, and donors, and communicates national and global policies to the member NGOs. Fundamentally, the Secretariats ensure that partner NGOs complement rather than duplicate the work of other agencies and that NGO partners know and follow national and global polio eradication policies. The Secretariats also give civil society a voice and representation on national and regional polio eradication planning committees.

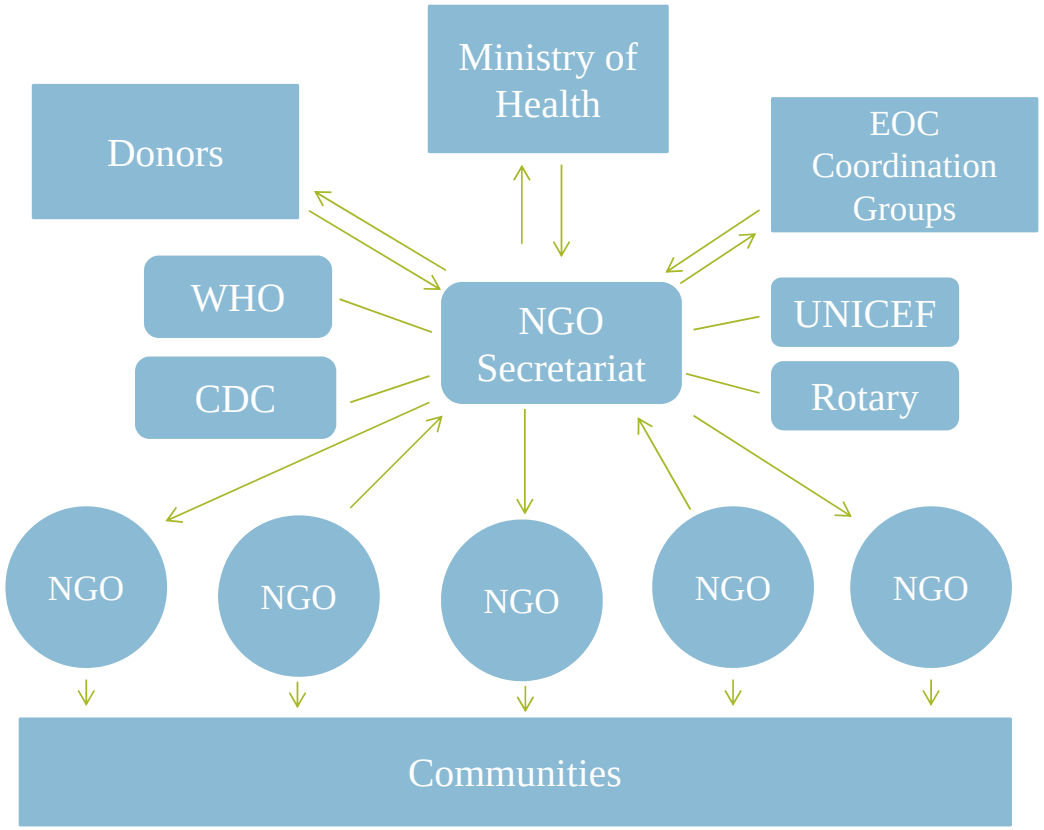
Key Components of the Secretariat Model

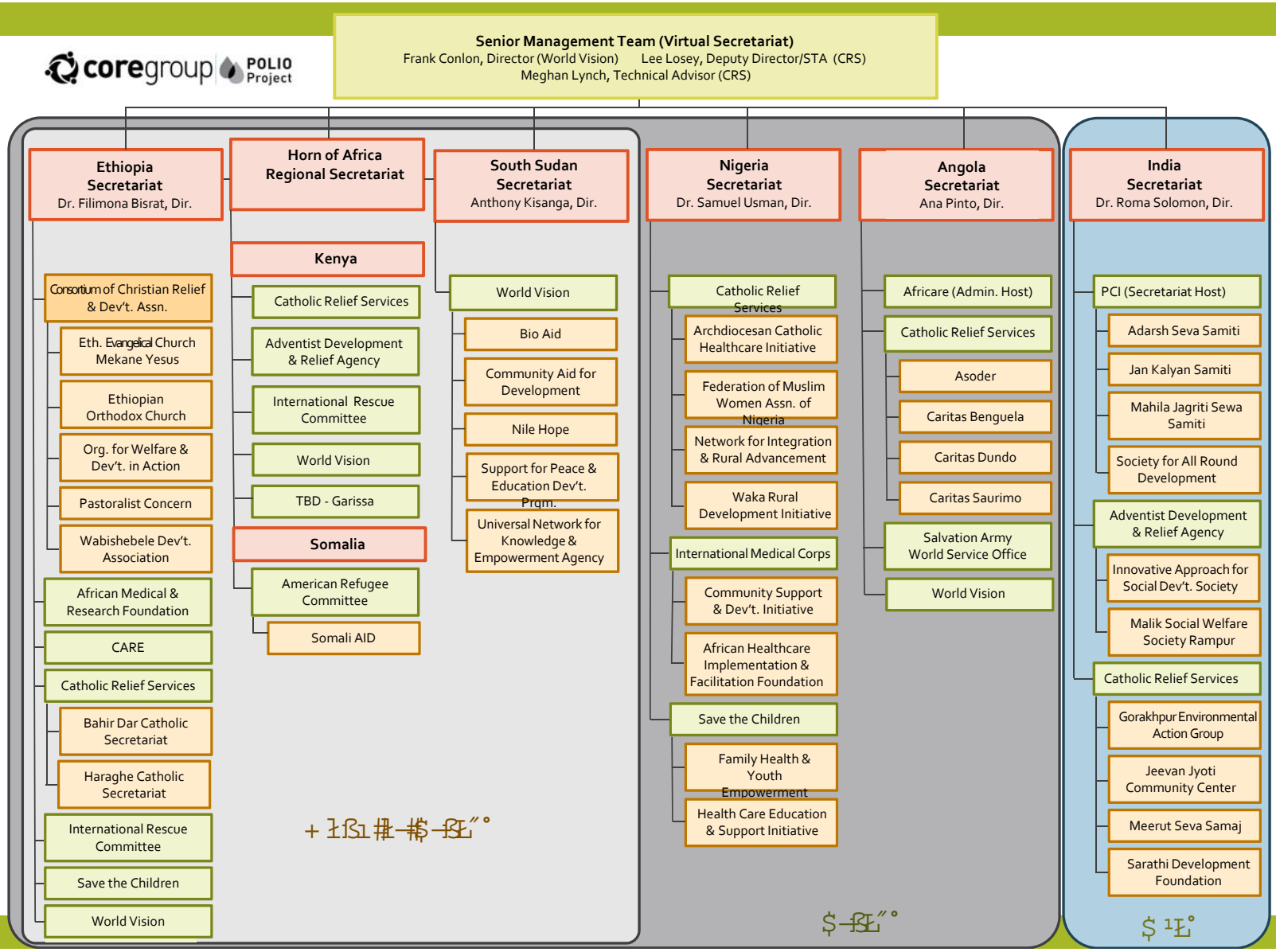
1. **Collaboration** between NGOs/civil society, government, UN Agencies and other partners
2. A network of international and national NGOs **working in unison** to support polio eradication
3. Coordination of NGO partners by a **central secretariat** with a director and technical support team
4. **Representation of NGO partners** in national and regional planning committees – share NGO/CSO perspectives and ideas; learn about national, regional, and global policies and strategies
5. **Communication of national and global polio eradication strategies and policies** to NGO partners to ensure a collaborative value added approach
6. **Innovation** – Develop and test innovative strategies to resolve chronic obstacles to polio eradication
7. **Supervised engagement of NGOs/civil society** in polio eradication – ensures quality, standardization and integration into the national program

Secretariat Model Structure



Secretariat Model Structure

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POLIO Project
Senior Management Team (Virtual Secretariat)
Frank Conlon, Director (World Vision)
Lee Losey, Deputy Director/STA (CRS)
Meghan Lynch, Technical Advisor (CRS)
Ethiopia Secretariat
Dr. Filimona Bisrat, Dir.
Consortium of Christian Relief & Dev't. Assn.
Eth. Evangelical Church Mekane Yesus
Ethiopian Orthodox Church
Org. for Welfare & Dev't. in Action
Pastoralist Concern
Wabishebele Dev't. Association
African Medical & Research Foundation
CARE
Catholic Relief Services
Bahir Dar Catholic Secretariat
Haraghe Catholic Secretariat
International Rescue Committee
Save the Children
World Vision
Horn of Africa Regional Secretariat
Kenya
Catholic Relief Services
Adventist Development & Relief Agency
International Rescue Committee
World Vision
TBD - Garissa
Somalia
American Refugee Committee
Somali AID
South Sudan Secretariat
Anthony Kisanga, Dir.
World Vision
Bio Aid
Community Aid for Development
Nile Hope
Support for Peace & Education Dev't. Prgm.
Universal Network for Knowledge & Empowerment Agency
Nigeria Secretariat
Dr. Samuel Usman, Dir.
Catholic Relief Services
Archdiocesan Catholic Healthcare Initiative
Federation of Muslim Women Assn. of Nigeria
Network for Integration & Rural Advancement
Waka Rural Development Initiative
International Medical Corps
Community Support & Dev't. Initiative
African Healthcare Implementation & Facilitation Foundation
Save the Children
Family Health & Youth Empowerment
Health Care Education & Support Initiative
Angola Secretariat
Ana Pinto, Dir.
Africare (Admin. Host)
Catholic Relief Services
Asoder
Caritas Benguela
Caritas Dundo
Caritas Saurimo
Salvation Army World Service Office
World Vision
India Secretariat
Dr. Roma Solomon, Dir.
PCI (Secretariat Host)
Adarsh Seva Samiti
Jan Kalyan Samiti
Mahila Jagriti Sewa Samiti
Society for All Round Development
Adventist Development & Relief Agency
Innovative Approach for Social Dev't. Society
Malik Social Welfare Society Rampur
Catholic Relief Services
Gorakhpur Environmental Action Group
Jeevan Jyoti Community Center
Meerut Seva Samaj
Sarathi Development Foundation

Value Added

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NGOs bring an invaluable set of skills and relationships to the polio eradication initiative:

Community-based: community-level workers – Trusted and known

Hardest to reach: beyond the poor – migrant populations, slum dwellers, resistant pockets in excluded Muslim communities, and conflict-affected communities

NGOs & local partners **can quickly adapt strategies** to address 'hot spots' that need special care

Access community and religious leaders – intervene in response to fatwahs, rumors, negative media coverage, resistant households

The secretariat model harnesses these community-level strengths in a network that allows for expanded reach and increased flexibility – all while maintaining quality, standardization, and focus on the goal of eradication.

2 Or two!

"Individually, we are one drop. Together, we are an ocean." — Ryunosuke Satoro

Innovations

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Community Mobilizers

Introduced the use of community mobilizers to support polio eradication (now a well-established component of the GPEI)

More than 10,000 CGPP community mobilizers:

- support vaccination campaigns
- conduct community-based AFP surveillance
- track the vaccination status of under fives, newborns, and pregnant women
- mobilize communities to actively participate in vaccination services.

Innovations

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Independent Campaign Monitoring CGPP piloted and initiated independent campaign monitoring (ICM) in Angola and continues to conduct ICM in Angola and South Sudan.

Community-based Disease Surveillance CGPP introduced the concept of community based disease surveillance which has identified many cases in numerous countries.

Cross-border Collaboration CGPP has championed cross-border collaboration through cross-border meetings and the establishment of cross-border committees.

Discussion: *The Magic of the Model*

1. The "differentness" of how CGPP is managed and organized *vs.* typical large consortium (prime/sub)

2. Working under a consortium banner. Why is it important to subsume organization egos?

3. In-country secretariats are a shared resource for all partners. Secretariat staff do not "wear other hats"

4. Long-term donor commitment (until eradication is achieved) to a community of organizations (CORE Group partners) that insists on collaboration, not competition with each other