

Partnership across borders in the Horn of Africa: CORE Group Polio Project (Kenya and Somalia) Today

The Horn of Africa was hit by a wild poliovirus (WPV1) outbreak in April 2013 with a record number of cases: 194 in Somalia, 14 in Kenya and 9 in Ethiopia. While the outbreak occurred primarily in Somalia, it quickly spread into bordering areas of Kenya and Ethiopia as cross border importations of the virus. All the Somalia polio cases belonged to cluster N5A, which was known to have been circulating in northern Nigeria since 2011. At around the same time the Global Polio Eradication Initiative (GPEI) had entered a new phase with a significant reduction in case counts in endemic countries and a heightened recognition of the risk for the international spread of the virus. To combat the international spread, in May 2014, WHO declared polio a public health emergency of international concern and issued recommendations requiring proof of polio vaccination for travel to and from countries experiencing polio cases.

In response to the outbreak, WHO approached CORE Group Polio project (CGPP) to expand its projects in the Horn of Africa. At the time, CGPP already had secretariats established in Ethiopia (2001) and South Sudan (2010). CGPP is a multi-country, multi-partner initiative providing financial support, on-the-ground technical guidance and community mobilization to strengthen host country efforts to eradicate polio. The premise of the project is to work through existing networks of international and local NGOs with established child survival activities in high risk areas of priority countries. CGPP is founded on a 'secretariat model' to conduct its work. The secretariat model is a CGPP established time-tested mechanism for increasing collaboration and coordination among multilateral organizations, civil society organizations, international and local NGOs, national governments and other partners.

Hence, CGPP Kenya and Somalia secretariat was established in May 2014 CGPP to contribute to polio eradication activities, and provide a unifying approach that builds expertise in polio eradication into on-going child survival expertise of NGOs in Kenya and Somalia. The secretariat key mandate is to build effective partnerships aimed at enhancing robust Global polio eradication initiative activities and networks at community, sub-national, national and regional levels. The project directly works with 80 and 16 health facilities through the secretariats five international partners and one local partner, in Kenya's six counties and Somalia's two regions.

CORE Group Project areas and Partners

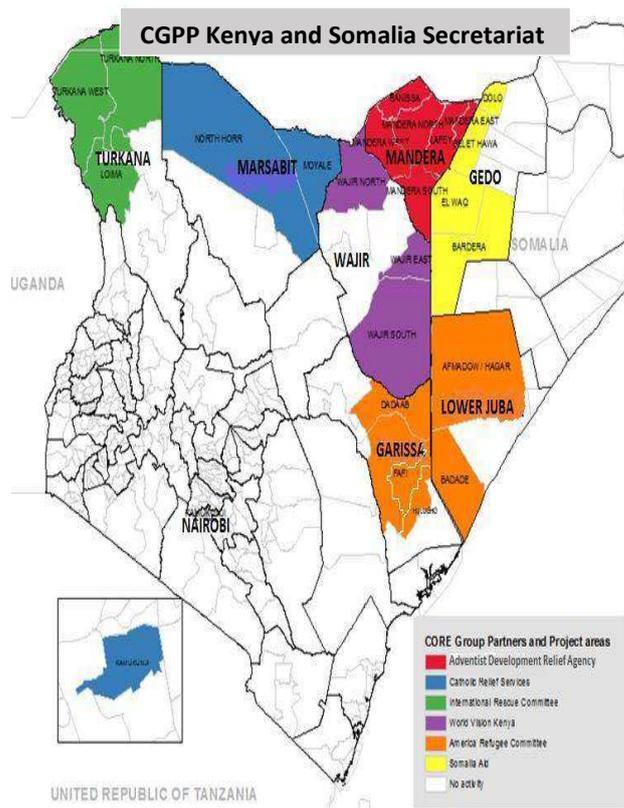
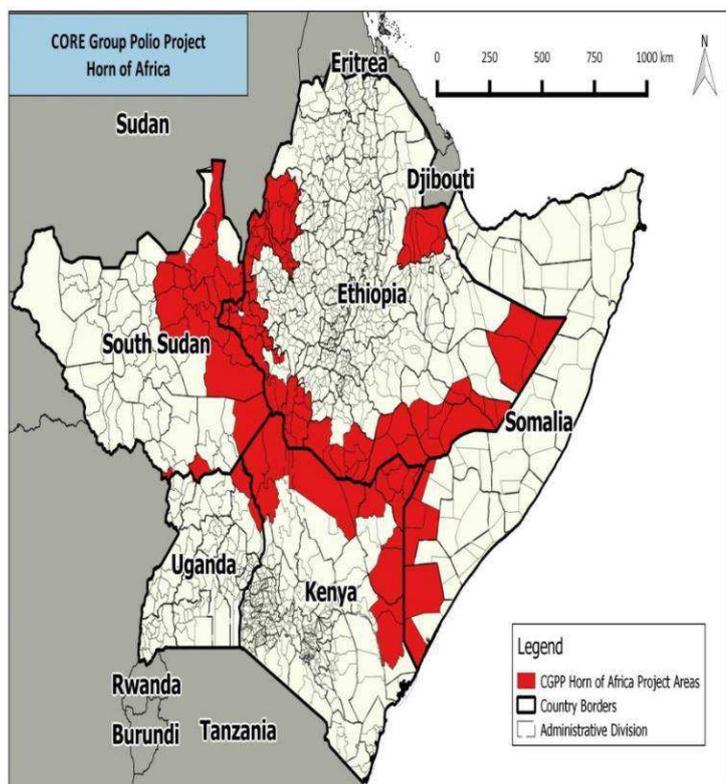
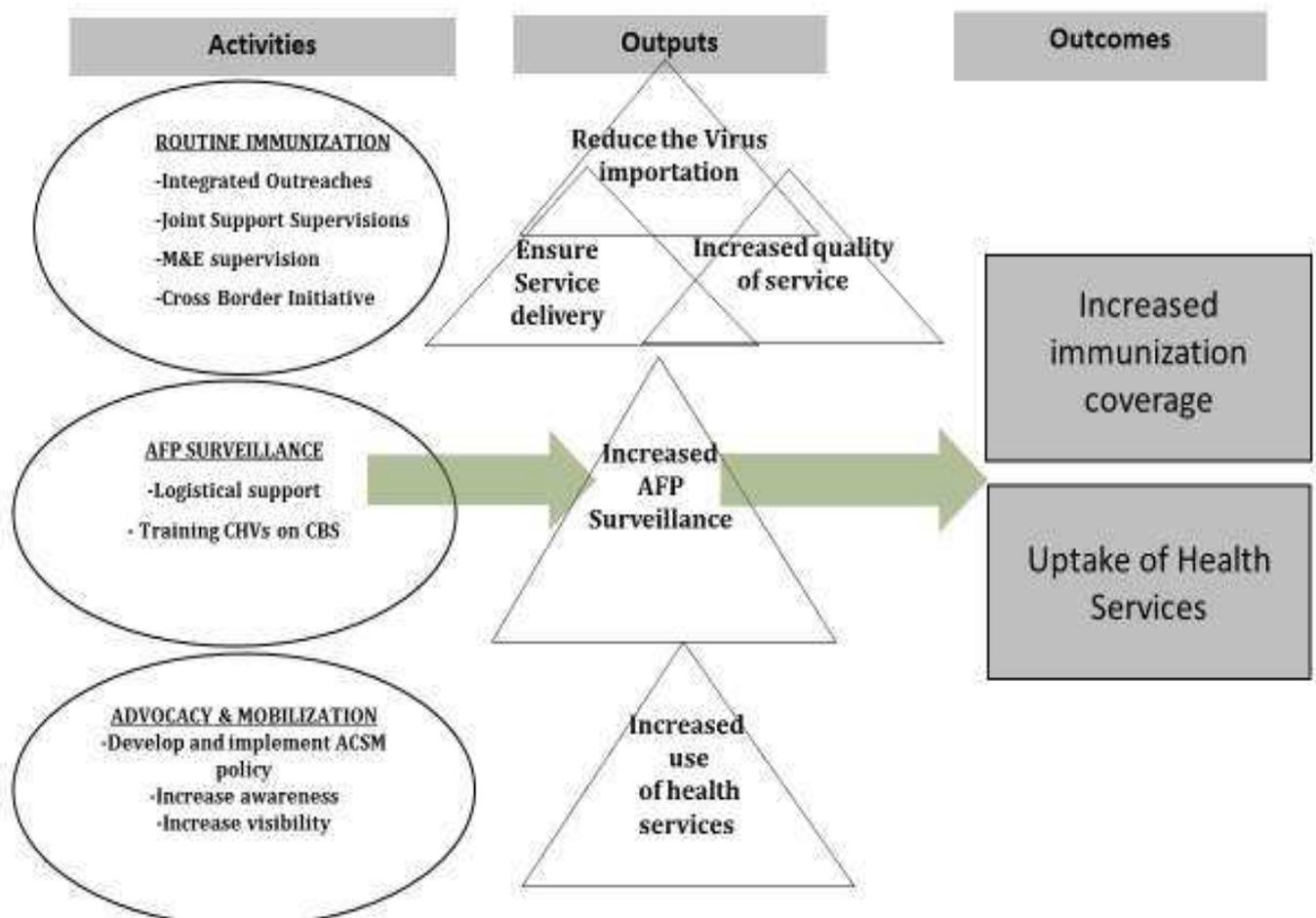


Table showing CORE Group Polio Project Kenya & Somalia Project areas and CGPP-implementing partners

Kenya	CGPP Implementing partner	Somalia	CGPP Implementing partner
Turkana County	International Rescue Committee	Dollow district	Somali-Aid
Marsabit County	Catholic Relief Services	Belet-Hawa district	Somali-Aid
Mandera County	Adventist Development Relief Agency	Elwak district	Somali-Aid
Wajir County	World Vision-Kenya	Bardere (Gerille sub-district)	Somali-Aid
Garissa County	American Refugee Committee	Afmadow district	American Refugee Committee
Kamukunji Sub-county (Nairobi)	Catholic Relief Services	Badhadhe district	American Refugee Committee

CGPP Kenya and Somalia Secretariat Key Objectives

- Build effective partnerships and coordination with NGOs, national and international agencies involved in polio eradication.
- Support NGO efforts to strengthen national and regional immunization systems to achieve polio eradication.
- Support NGO involvement in national and regional planning and implementation of supplemental polio immunization.
- Support NGO efforts to strengthen AFP case detection (and reporting and detection of other infectious diseases.)
- Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities.)
- Support NGO participation in national and/or regional polio eradication certification activities
- Support cross-border Initiative for polio eradication



Key Highlights

1. Partnership and Coordination

The CGPP project continues to strengthen partnership and coordination by working closely with MoH, WHO, UNICEF and other Key partners and donors agencies (USAID, BMGF) involved in global polio eradication initiatives at regional, national and county . These are some of the key activities undertaken to strengthen partnership at all level of the project presence across border.

- The CGPP project has 6 implementing partners in both Kenya and Somalia (see the above table)
- Periodic temporary technical support from CGPP-US, CGPP-India, CGPP-Ethiopia to enhance coordination at the regional level, national level and globally. During this visits the global directors and technical advisors have a chance to visit regional offices of WHO-HOA, UNICEF, USAID, CDC, ROTARY and Senior MOH officials.
- The field teams (Project officers) are active members of monthly health cluster meeting conducted in Somalia and planning meeting at the county level geared towards the improvements of health services delivery especially at border settlements.
- At District and county level, the CGPP field teams work very closely with MoH officials, WHO team (DPOs, RPEOs and with the DFAs during the SIAs) to strengthen partnership at grass root level.
- At national, CGPP teamwork with MOH, UNICEF, WHO and Other partners dealing in polio eradications.
- Collaborate and participate in the external surveillance assessments with MOH, WHO and UNICEF teams.
- Participate in outbreak assessment and polio outbreak simulations exercises
- Participate in Polio eradication initiative technical advisory group (TAG) meetings
- Participate in polio assets transition mapping in collaboration with other international and local partners.

2. Community-based AFP Surveillance and reportable disease

The community mobilisers (CMs) who live in their communities are trained on social mobilizations, routine immunizations services, polio SIAs campaigns and community based AFP surveillance. CGPP project has 169 community mobilisers (CMs) in Somalia and 80 community mobilizers in Kenya.

The CMs are also attached to a particular health border facility so that they act link between community and facility based staff by mobilizing or sensitizing the community to utilize immunizations services (RI & outreach clinics) and reporting any disease conditions key among them being AFP cases, measles, AWDs etc. This helps in creating trust, coordination and strengthening the partnership between the communities (who are mainly pastoralist/nomadic), health facility staff hence improving health seeking behavior.

The nomadic communities are highly mobile shifting with their animals/belonging, the HFs staff with the support of the community mobilizers nearest HF in-charge once the pastoralist cross the border to the neighboring country hence strengthening the partnership across border. Some activities undertaken include:-

- CMs do active case search for AFP suspect cases. They also report on other cases of disease conditions seen during their daily activities e.g. measles, whooping cough, acute watery diarrhea and even support on immunizations defaulter tracing.
- The project supports the quarterly mother to mother engagement meeting at the health facilities to sensitize mother on the importance of routine immunizations, breastfeeding, and personal hygiene.
- AFP suspect case reporting is done through the CGPP project officer then to the MOH AND WHO field officers and finally to the national team including the secretariat. The epid number is given by WHO colleagues.

Table 1: Showing summarized mapped crossing border points, extra teams provided and number of 0-5 years reached for SIAs.

Country	No of CHVs recruited			No of CHVs trained			No of AFP suspected cases reported		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kenya	0	0	72	0	0	323	0	0	10
Somalia	0	36	169	0	36	169	0	1	9

Kenya began implementing community- based surveillance in 2016

NB- the Somalia CGPP Project started on Oct 2015

3. Polio SIAs Campaigns

During the polio Supplementary Immunisation campaigns, the CGPP secretariat and CGPP implementing partners aggressively participate in the planning and microplanning meeting at national and district level. The CGPP project supports some of the planning meeting and daily debriefing meeting especially at sub-county and facility level to contribute to the performance enhancement at lowest level of the health systems structure. The CMs conduct social mobilizations using vehicle-mounted public address systems, house to visits, organize a public gathering with the support of the local administrators with special focus to border villages and nomadic settlements. The CGPP project strengthens the partnership and coordination at national, district and sub-district/sub-county level on polio campaigns. This are some of the activities the CGPP project supports during the campaigns.

- Provision of extra teams especially focused to major border crossing points, nomadic settlements and border villages as requested by MoH and WHO team’s micro plans.
- Logistical support- this is done for MOH officials who are conducting supervisory visits to different villages to monitor team’s performance and support community engagements during the campaigns and for the transportations of the extra teams.
- CMs guide the vaccinators in their respective villages
- CGPP supports some of the daily reviews meetings
- Support and contribute to SIAs microplanning sessions

Table 2: Showing summarized mapped crossing border points, extra teams provided and number of 0-5 years reached for SIAs.

Country	Crossing border points mapped			Extra teams provided for SIAs			No of children <5 yrs. vaccinated		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kenya	56	65	138	0	88	11	3916	12,090	4100*
Somalia	0	7	69		7	46	0	1574	7713

*Data for only Mandera county's 11 mapped crossing border points. Kenya conducted only one SIAs in 2016 and CGPP Kenya and Somalia secretariat supported only one county-

Mandera county.

4. Routine immunisations

The CGPP project areas health facilities are supported to conduct targeted monthly outreach clinics in hard to reach nomadic settlements in each catchment populations. The support is mainly the provision of lunch allowance for health staff, branding of banners used for outreach clinics, fuel support for the motor bikes used for outreach services and social mobilizations through the CMs. The integrated outreach clinics targets hard to reach border villages and nomadic settlements and social mobilizations.

- Support the health facilities in-charges in the developments localized RI micro plans.
- Refresher training support for HFs staff on community based AFP surveillance, microplanning and documentations.

Country	Number of health facilities supported			Number health facilities providing outreach clinics			No of children <1 yrs. vaccinated		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kenya			75						
Somalia	0	0	16	0	0	9	0	0	6182

5. Cross-border health initiatives

The CGPP project supports monthly internal cross border health meetings and joint inter-country cross border health meeting to discuss and update on AFP surveillance, routine immunization, supervision and monitoring of the activities along the common international border of the countries. Each county or region has formed Cross-border health committees chaired by the county health department heads in Kenya and regional medical officer in Somalia or their representative. This is a 7-9 member committee with a representative from health NGO, WHO/UNICEF, local administration and a community representative. The project support inter-country cross-border coordination meeting between Kenya and Somalia covers the areas/regions i.e. Mandera County (Kenya) and Gedo region (Somalia), Wajir County, Garissa County (Kenya) and Lower Juba region (Somalia). Some activities geared towards cross border health initiatives are:-

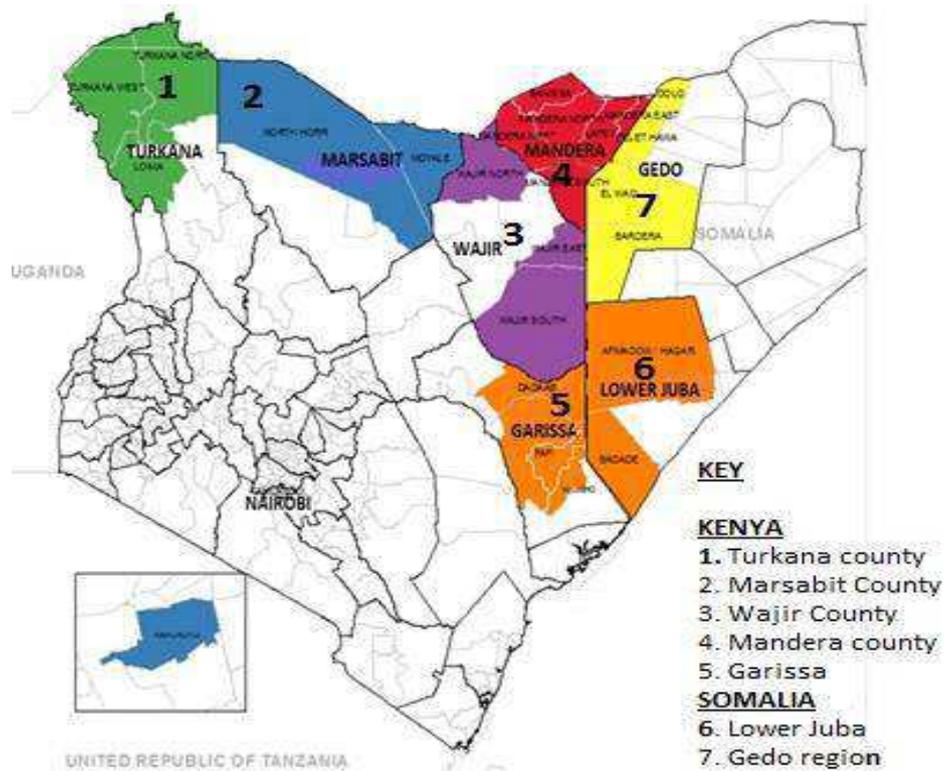
- a. Established cross border health committees
- b. To strengthen AFP surveillance along the border areas by deploying trained community mobilizers
- c. To strengthen routine immunization by supporting on targeted outreach services clinics, microplanning and documentations.
- d. To plan the joint cross border health coordination meeting between Kenya and Somalia, Kenya and Ethiopia, Kenya and South Sudan etc.
- e. To support extra teams during polio campaigns to immunize children living in hard to reach areas/ nomadic settlement, border villages and major border crossing points

Table3: Showing cross-border health initiative committees established, meetings and action plans developed

Country	No of established CBHI committees			No of in-country CBHI meetings conducted			No of joint CBHI meeting conducted			No of action plans developed		
	2014	2015	2016	2014	2015	2016	2014	2015	2016	2014	2015	2016
Kenya	1	4	5	6	16	31	3	5	1	3	5	5
Somalia	0	1	2	0	1	12	0	0	1	0	1	2

NOTE: Action plans developed resulted in reported results under supplemental immunization activities (SIAs), AFP surveillance and Routine Immunization.

Figure 2: Map showing CGPP Kenya and Somalia established areas with Cross- border health initiative committees



The border counties/districts/regions that have collaborated and initiated cross border discussions, meetings and activities in HOA (Kenya & Somalia).

List of Countries and border areas engaged in cross border initiatives in HOA	
Kenya – Garissa County	Somalia- Lower Juba Region (Afmadow & Badhadhe districts)
Kenya –Wajir County	Somalia –Lower Juba Region (Afmadow) & Gedo Region (Bardere district).
Kenya – Wajir County	Ethiopia –Somali region (Moyale district)
Kenya – Mandera county	Somalia – Gedo region (Dollow, Belet-Hawa, Elwak districts)
Kenya – Mandera County	Ethiopia – Somali region (Dollow-ado district)
Kenya – Marsabit County	Ethiopia - Oromia region (Moyale district)
Kenya –Turkana County	South Sudan – (Maiwut/Akobo/Kapoeta East districts)

The objective of the cross border meetings is to coordinate efforts to strengthen surveillance, routine immunization and supplemental immunization activities for polio eradication among bordering areas. Specifically, it aims to improve information sharing between countries on polio eradication, identifying and addressing immunity gaps in migrant and hard to reach populations along the border, and planning for synchronized supplementary immunization activities along the borders.

Process

The cross border meetings involved communication between governments at national and local level and were held at the border area. WHO, UNICEF, CORE Group and NGOs supported the process, which involved sharing the situation analysis from both sides including mapping of border areas with a focus on communities, population movements, socioeconomic and cultural status, health behaviours and health resources.

Outcomes

The meetings verified that there is significant movement of population between countries for trade, employment, pastures, health care, and cultural reasons. In addition, refugees and those affected by clan conflicts are also frequently moving across borders. These border areas vary in terms of socioeconomic status, health infrastructure, and health seeking behaviour of the population and there has been a lack of information sharing between health management across border. Polio eradication activities, coordination and synchronization of SIAs and Acute Flaccid Paralysis (AFP) surveillance has also been lacking. In general, the border communities are hard to reach, underserved and at high risk for polio.

This cross border initiative has brought together border stakeholders to discuss and plan ways to jointly combat circulation of polio. Joint action plans, which focused on activities to be carried out in individual countries, activities needing synchronization, sharing of information, and joint review and planning, have been developed. Cross border coordination committees have been formed and focal persons on both sides of the border have been designated. At some crossing points, static polio vaccinations team have been

established and have vaccinated thousands of children. The action plans also call for resource mobilization to ensure implementation.

CONCLUSIONS

The implementation of these cross border initiatives is going well despite some critical challenges. A major challenge is lack of resources from collaborating governments for cross border activities. As a result, the government ownership and leadership is minimal. The cross border initiative is designed based on a coordination model where parties enjoy autonomy and independence, use their own resources to carry out committed activities, and come together regularly to review and improve further partnership. The governance structure for the cross border initiative is informal and weak in part due to a lack of a comprehensive framework and guidelines to inform its planning, implementation and monitoring and evaluation.

Key Achievements FY 2016 as an Example:

- a. The project supported **121 extra teams** which covered **138 border crossing** points that realized 98,756 under-fives children vaccinated in the last round of SIAs.
- b. The project supports active social mobilization (169 CMs in Somalia & 80 CMs in Kenya) in close coordination with MOH and UNICEF C4D officials to conduct house-to-house visits, use of vehicle-mounted public address systems and mother-to-mother engagements meetings.
- c. **Logistic Support:** During the last SIA, CGPP project hired 17 vehicles (13 vehicles in Kenya and 4 in Somalia) for supervisory support during the SIA campaigns and facilitated the movement of the extra vaccination teams to border villages and hard to reach nomadic settlements.
- d. **Supervision and Monitoring support** during SIAs by the project staff, MoH/WHO officials to check on: Finger marking is done correctly, Houses are marked correctly, Vaccination teams are following the team movement plans, the tally sheet is filled/recorded properly, check on the vaccine VVM and any vaccine refusals.

- e. **SIA Planning Meetings support** (13 SIA review and Micro-planning meetings in both Kenya and Somalia supported)
- f. **Cross Border Health Initiative;** the project supported more than 30 in- country cross-border meetings (at county or district level) and one international cross-border health meeting between Somalia and Kenya to promote coordination and collaboration.
- g. **Community- Based Surveillance:** The project conducted refresher training for its community mobilizers (Kenya-80, Somalia-169), and community health assistants / CHEWs (Kenya-93, Somalia-23). The training was done using the CGPP developed training manuals is targeted to promote Routine Immunization, Surveillance for Vaccine Preventable diseases that include (AFP surveillance) in remote and hard to reach nomadic settlements.
- h. **Strengthening Routine Immunization services:** The CGPP project supports monthly outreach clinics targeting the nomadic settlements in all health facilities catchments areas/population except in security compromised areas. This outreach clinic reached over 11700 in the last 4 months (Jan-Apr 2017.) The project CMs conducted **6 community dialogue sessions with pregnant and nursing mothers visiting** the Health facilities with immunization health talk. This health education/sensitization reached **3,852 Mothers** in the project areas in Somalia

Lesson learnt

Community engagement promotes acceptance for polio eradication strategies; Routine Immunization, Supplemental immunization activities and AFP surveillance

Challenges

1. Weak health systems in Somalia as different health facilities are run by different NGOs with different priorities.
2. Insecurity – curtailing free movement of persons from one district to the other.
3. Rudimentary cold chain systems especially in Somalia
4. The peripheral border counties or districts are mainly marginalized and far-flung with very poor road or telephone network hence geographical difficulties affect health services delivery.

5. High movements of population across borders due to the practice of Nomadism or pastoralism in CGPP project areas affects immunizations and AFP surveillance.

CGPP-Kenya and Somalia implementing partners.

