# CORE GROUP POLIO PROJECT

# FY12 Annual Program Report

November 15, 2012

**Project Start Date:** 10/1/2007

**Project End Date:** 9/30/2012

**GHN-A-00-07-00014**

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## EXECUTIVE SUMMARY

In October of 2007 the CORE Group Polio Project (CGPP) received funding from the USAID Global Bureau intended to continue the polio eradication activities begun under the earlier USAID-funded Polio Eradication Initiative. The CGPP grant provides funding of up to US$30 million for five years, ending in September 2012.

In 2012, the CORE Group Polio Project (CGPP) completed twelve years of polio eradication work in Angola, Ethiopia, and India, celebrating one year with no new cases of Wild Polio Virus (WPV) in India in January and Angola in July while Ethiopia has remained polio free since 2008. These are major accomplishments, years in the making, achieved through the combined efforts of the spearheading partners, the host governments, major donors, numerous volunteers, and certainly the CGPP partners. In all three countries, CGPP has contributed to polio eradication by supporting strong Supplementary Immunization Activities (SIAs), enhanced routine immunization, AFP surveillance, partner coordination, and the use of good data. During the long civil war in Angola, the government used the slogan, "the victory is certain." The victory in the war against polio has sometimes appeared more elusive than certain but success in two of the most difficult to eradicate countries demonstrates that the victory in the global polio eradication struggle is now very much within reach. It is a time to celebrate our accomplishments and redouble our efforts for the final push.

A review of the data demonstrates that the CGPP in India has made notable and steady progress on all six project objectives, achieving high quality NIDs, building effective partnerships between agencies, and raising routine immunization rates. GGPP Angola has developed a strong partnership, contributed to high quality NIDS and strong community AFP surveillance but continues to struggle with low routine immunization rates. CGPP Ethiopia has demonstrated leadership in NIDS, AFP surveillance, partner coordination, and border protection. Many of these accomplishments have also been documented in independent evaluations, journal articles, and presentations.

In all three countries, the CGPP partners have successfully implemented the secretariat model to coordinate and promote civil society engagement in polio eradication, while simultaneously injecting a crucial community- level component through the coordinated activities of thousands of community health workers. These two components, encompassing both the national policy level and the grass roots community level, are a unique and critical contribution to polio eradication not generally covered by either the MOH or the spearheading partners.

The global polio eradication initiative has come a long way, posting significant gains in the last two years. The GGPP has contributed to those gains and thanks to a new USAID grant for FY2013 to FY 2018, CGPP is in position to capitalize on lessons learned to cross the finish line to polio eradication in the last few remaining reservoirs of wild polio virus.

**List of Acronyms and Abbreviations**

| | |
|---|---|
| ADP | Area Development Program |
| ADRA | Adventist Development and Relief Agency |
| AFP | Acute flaccid paralysis |
| ANM | Auxiliary nurse midwife |
| BCC | Behavior change communications |
| CARE | Cooperative for Assistance and Relief Everywhere, Inc. |
| CBO | Community-based organization |
| CBS | Community-based (AFP) surveillance |
| CF | Child Fund |
| CGPP | CORE Group Polio Project |
| CMC | Community Mobilization Coordinator |
| CORE | Collaboration and Resources for Child, Maternal and Community Health |
| CORE PEI | CORE Group Polio Eradication Initiative (1999-2007) |
| CRS | Catholic Relief Services |
| DPT | Diphtheria, pertussis, tetanus vaccine (DPT3 refers to the 3rd dose) |
| FCHV | Female Community Health Volunteer |
| GAPS | Geographic assessment of planning and services |
| HQ | Headquarters |
| HMIS | Health management information system |
| HRA | High-risk area |
| ICC | Inter-agency Coordinating Committee (for Polio Eradication) |
| IEAG | India Expert Advisory Group |
| IR | Intermediate Result |
| IRC | International Rescue Committee |
| LEAP | Learning through evaluation with accountability and planning |
| LQAS | Lot quality assurance sampling |
| M&E | Monitoring and evaluation |
| MNT | Maternal/neonatal tetanus |
| MOH | Ministry of Health |
| MTE | Mid-term evaluation |
| NGO | Non-governmental organization |
| NID | National Immunization Day |
| NPAFP | Non-polio acute flaccid paralysis |
| NPEV | Non-polio enterovirus |
| NPSP | National Polio Surveillance Project |
| NS | National Secretariat |
| OPV | Oral polio vaccine |
| OPV-Zero | Oral polio vaccine – 1st dose, provided to newborns within 15 days of birth |
| PCI | Project Concern International |
| PEI | Polio Eradication Initiative |
| PPCC | Polio Partners Coordinating Committee |
| PVO | Private voluntary organization |
| RED | Reaching Every District |
| RI | Routine immunization |
| SC | Save the Children Federation |
| SD | Secretariat Director |

| | |
|---|---|
| SIA | Supplemental Immunization Activity (includes NIDs, SNIDs and “mop-up” campaigns) |
| SMNet | Social Mobilization Network |
| SNID | Sub-national Immunization Day |
| SMO | Surveillance Medical Officer |
| TAG | Technical Advisory Group |
| TCG | Technical Consultative Group |
| TFI | Task Force on Immunization |
| UNICEF | United Nations Children’s Fund |
| UP | Uttar Pradesh |
| USAID | United States Agency for International Development |
| WHA | World Health Assembly |
| WHO | World Health Organization |
| WPV | Wild Poliovirus |
| WV | World Vision |
| WV-US | World Vision United States |

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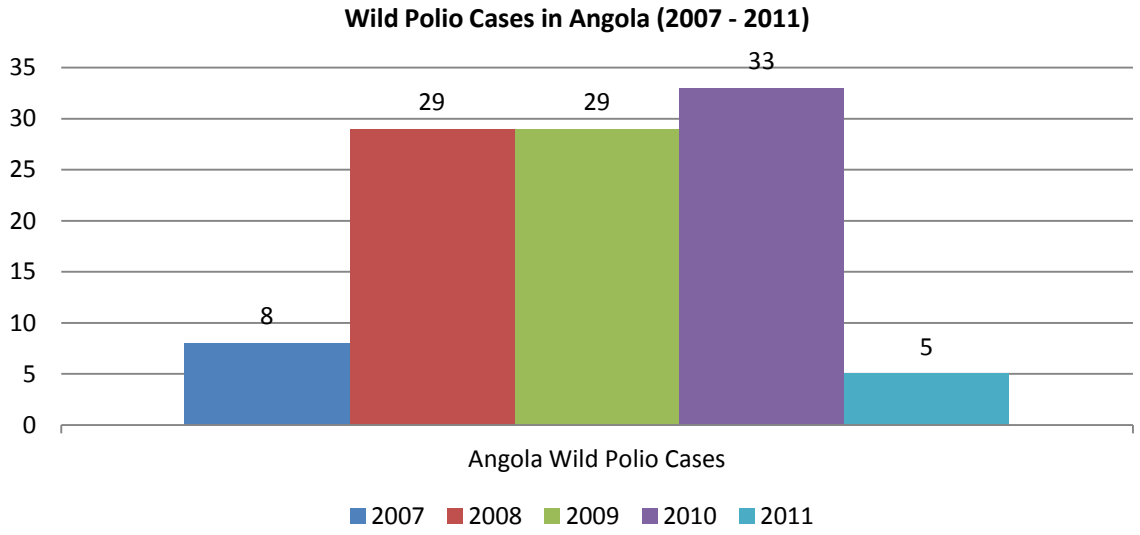
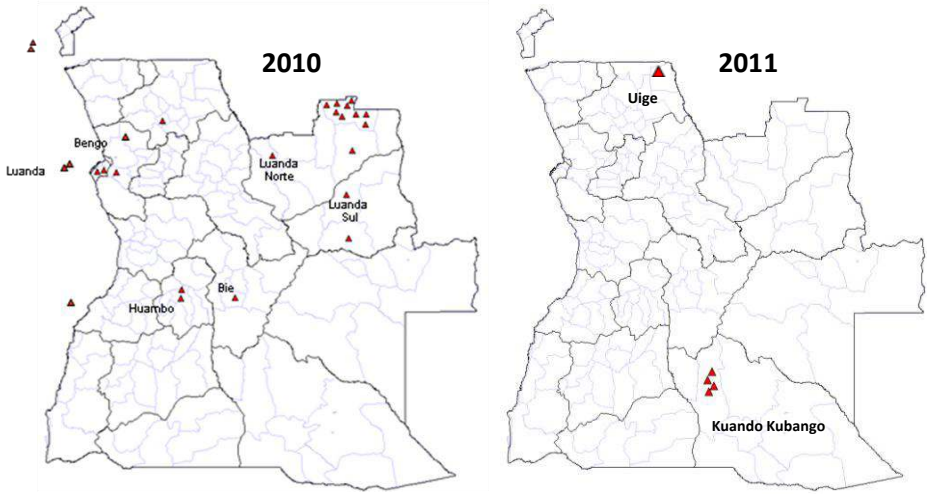
GGPP Angola

When the CGPP-Angola was initiated in 2000, the country was experiencing a major WPV outbreak with over 1,000 cases, primarily concentrated in the capital city of Luanda. Intensive efforts by the MOH, WHO, UNICEF, Rotary, the GGPP and others, interupted the ciruculation of wild polio viurs in 2001. Angola remained polio free until 2005, when a wild polio virus strain from India was reimported due to poor routine immunization. Following the re-establishment of WPV in Angola, Angola also exported wild polio virus to the DRC and the Congo. Through the combined efforts of the MOH, spearheading partners, CGPP, and donors, Angola interupted the circulation of WPV again in July 2011.

CGPP-Angola is currently working in 40 high-risk districts in 12 provinces reaching 9,422,824 children under the age of fifteen each year. CGPP-Angola continues to mobilize community volunteers, support the implementation of high-quality vaccination campaigns and identify cases of acute flaccid paralysis (AFP). This year, the project focused on several key areas including: 1) active case surveillance targeting community leaders and urban health facilities, 2) support to strengthen SIAs, 3) monitoring campaign quality, and 4) local level advocacy meetings to more effectively mobilize leaders at district (*municipio*) and sub-distrcit (*communa*) levels.




**Objective 1: Build effective partnerships between agencies**

CGPP-Angola has established a strong working relationship with the MOH and spearheading partners in Angola, playing an important role in the national ICC meetings and working closely with the MOH, UNICEF, CDC, Rotary, and WHO to plan, implement and monitor all aspects of polio eradication in Angola. The CGPP partner NGOs meet on a monthly basis to coordinate and discuss strategies to strengthen polio eradication activities. These monthly meetings also provide the CGPP Secretariat an opportunity to communicate decisions, policies, and guidelines established by the ICC, MOH, and the Global Polio Eradication Initiative. In a similar fashion the presence of the Secretariat Director on the ICC and the Technical Working Group gives the NGOs and civil society a voice at the national decision making level among the MOH and spearheading partners. In qualitative interviews conducted as a part

of the final project evaluation, it was clear that the MOH and spearheading partners have a great deal of respect for the contributions of the CGPP and the secretariat.

The current project coordinates the participation of four international NGOs and three national NGOs including Africare, CRS, World Vission, the Salvation Army, and three local NGOs; CARITAS, ASSODER, and TWAYOVOKO.

- Total Number of Community Volunteers (NGO Partners)

| NGOs | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **AFRICARE** | 480 | 600 | 590 | 990 | 990 |
| **CARE** | 140 | | | | |
| **CRS** | 460 | 320 | 350 | 350 | 350 |
| **SAVE THE CHILDREN** | 250 | 350 | 350 | 270 | |
| **SALVATION ARMY** | 140 | 220 | 220 | 320 | 460 |
| **WORLD VISION** | 450 | 490 | 490 | 570 | 570 |
| **ÃMMAR** | | | | 50 | |
| **ASODER** | | | | | 50 |
| **CARITAS** | | | | | 240 |
| **TWAYOVOCA** | | | | 50 | 50 |
| **TOTAL** | **1920** | **1980** | **2000** | **2600** | **2710** |

- Cumulative Number of volunteers trained (Project Reports)

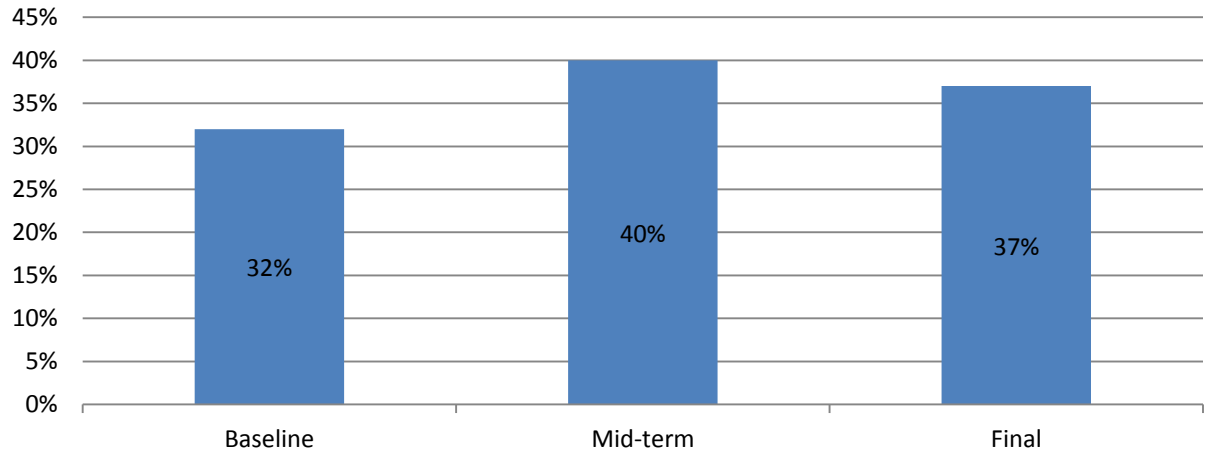
| NGOs | Coordinators | Supervisors | Volunteers |
|---|---|---|---|
| **AFRICARE** | 5 | 56 | 3650 |
| **CARE** | 5 | 2 | 140 |
| **CRS** | 5 | 10 | 1440 |
| **SAVE THE CHILDREN** | 5 | 65 | 1220 |

| | | | |
|---|---|---|---|
| **SALVATION ARMY** | 5 | 14 | 1360 |
| **WORLD VISION** | 15 | 13 | 2570 |
| **ÃMMAR** | | 1 | 50 |
| **ASODER** | | 1 | 50 |
| **CARITAS** | | 2 | 240 |
| **TWAYOVOCA** | | 1 | 50 |
| **TOTAL** | **40** | **165** | **10770** |

**Objective 2: Strengthen routine immunization systems**

Based on data from a 30 cluster baseline, mid-term and a final evaluation survey, OPV3 coverage rates in project areas based on card only were 32% in 2008, 40% in 2010 and 37% in 2012. OPV3 coverage by card plus mother recall actually declined from 59% at mid-term in 2010 to 49% at Final Evaluation in July 2012. Ministry of Health (MOH) administrative data shows an increase in routine OPV3 coverage rates nationally and the MOH has voiced a commitment to improving routine immunization coverage. Nevertheless, survey data demonstrate a pressing need to prioritize this pillar of polio eradication in order to reduce the country's reliance on SIAs and protect the country from potential importations. Since the results of the 2012 survey have only recently become available, the

**OPV3 coverage among children (12 - 24 months old) as verified by vaccination card (Source: Project surveys - baseline 2008, midterm 2010, final 2012)**



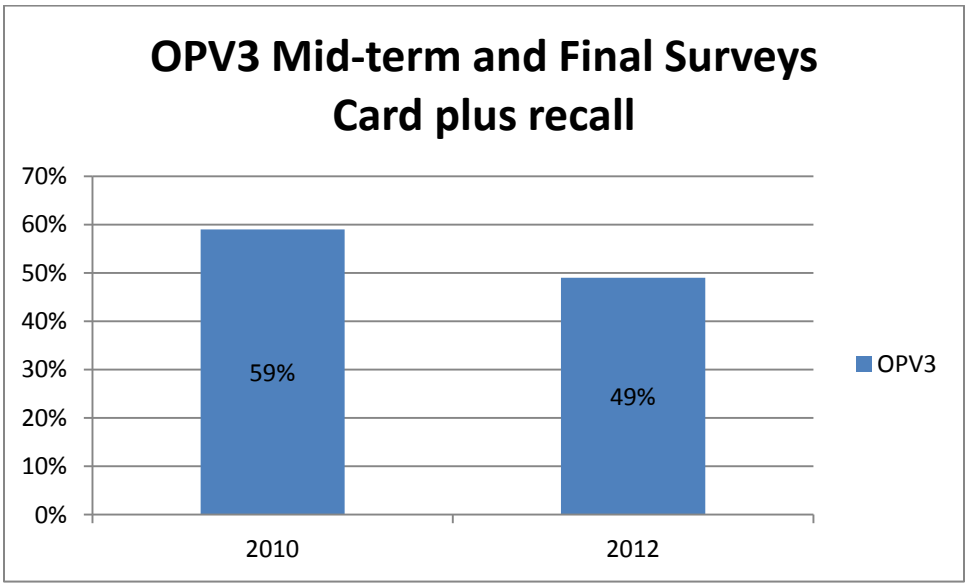
project is planning to redouble efforts to determine the reasons for the continued low routine coverage rates in order to develop and implement improved strategies to raise the rates over the next year. Senior US based staff are planning to assist the Angolan Secretariat and partners to evaluate reasons for continued low immunization coverage in order to develop new strategies to increase vaccination coverage rates in a planning retreat in early 2013. Responses on the 30 cluster survey identified various access related issues as important factors in the low immunization coverage. Mothers responded that they did not know where or when to go for immunizations, the vaccination site was too far, there was no vaccine at the vaccination site, and that the vaccination teams did not come to their village or area. Discussions with health administrators have countered that mothers were too busy working to bring their children for immunizations and that families did not prioritize preventative services such as immunization. Based on these responses, the project will look for ways to engage both the health workers and the communities in creative ways such as outreach campaigns and social mobilization to increase vaccination coverage. It will also be necessary to investigate the availability of vaccines and vaccination services at designated vaccination sites.

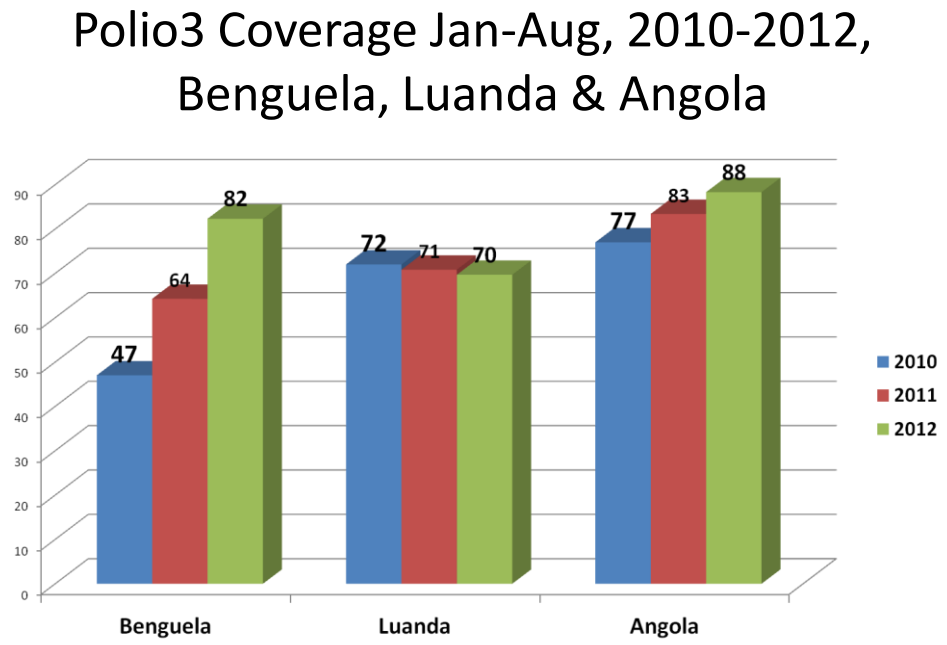
One of the ways in which the project is working to increase routine immunization is through the use of vaccination registries maintained by community health workers (CHWs). This strategy, which has been successful in India, requires the CHWs to visit households under their supervision and record the vaccination status of all children under five. By tracking the individual vaccination status of these children, the CHWs are able to identify which children need to go for follow up vaccinations and to verify their compliance. The CGPP has 2700 trained CHWs covering approximately 25 to 50 households each in 40 districts of twelve provinces.

- % of children under one with OPV birth dose

| provinces | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| **Benguela** | | 53% | 93% | 45% | 32% |
| **cunene** | | 68% | 79 % | 35.5 % | 32% |
| **Huambo** | | 115% | 118 % | 108 % | 54% |
| **Kuando Kubango** | | 74% | 80 % | 105 % | 53% |
| **Kuanza Sul** | | 86% | 99 % | 51.6 % | 46% |
| **luanda** | | 113% | 131 % | 8 % | 43% |

| | | | | | |
|---|---|---|---|---|---|
| **Lunda Norte** | | 79% | 74 % | 48% | 72% |
| **Lunda Sul** | | 123% | 127 % | 208% | 44% |
| **Moxico** | | 93% | 95 % | 36 % | 43% |
| **Namibe** | | 102% | 101 % | 267% | 27% |
| **Uíge** | | 40% | 50% | 23% | 52% |
| **Zaire** | | 124% | 102% | 68.91% | 44% |
| | | | | | |





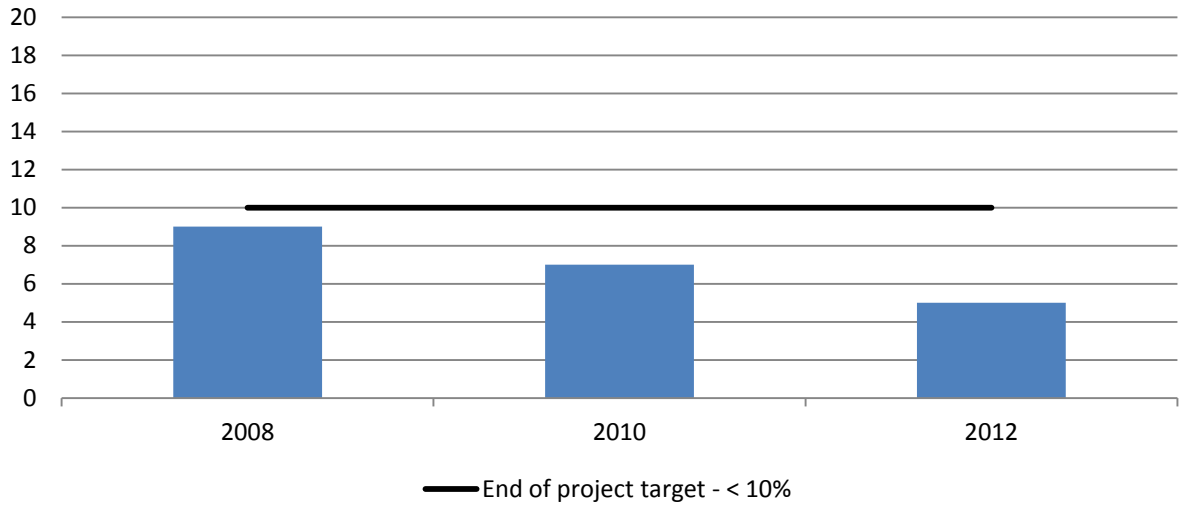

Source: MOH Administrative data

**Objective 3: Support supplemental polio immunization activities**

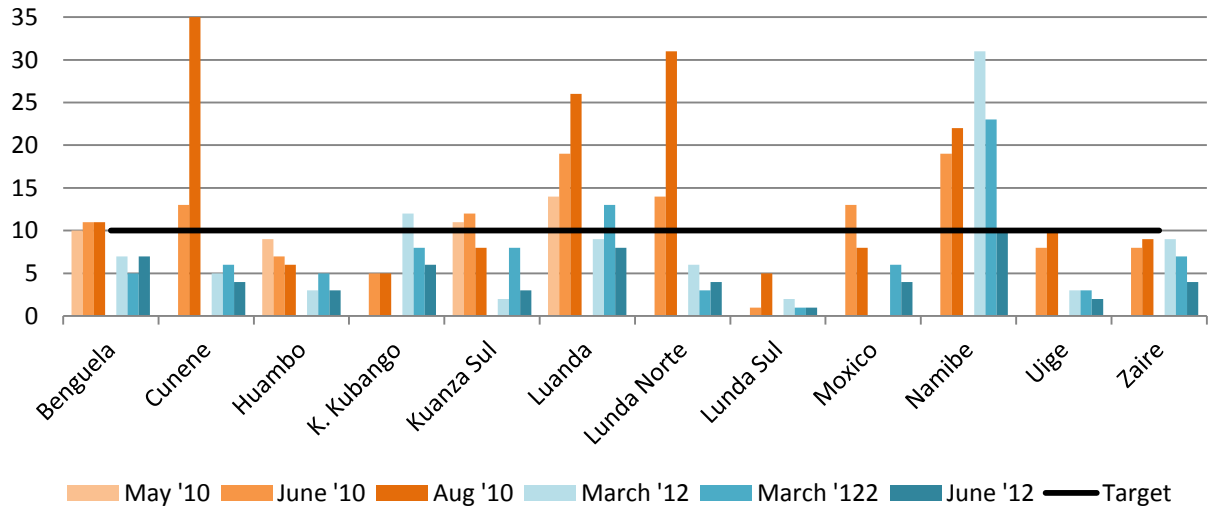
As the following charts demonstrate, 95% of parents reported that their under five children were vaccinated in the most recent NID, up from 91% at baseline and 93% at mid-term. These results were corroborated by the independent campaign monitoring data from the last NID which showed similar results. The CGPP has contributed a great deal of effort to both the implementation of the campaigns as well as the implementation and supervision of the campaign monitoring using Angolan military personnel trained, transported, and supervised by CGPP staff. Each of the CGPP partner NGOs provide transportation, training, social mobilization, supervision, and planning support to the annual NIDs and SNIDs ensuring high quality implementation. In light of the low routine immunization coverage, maintaining high coverage through SIAs is critically important in order to maintain an adequate protection against re-importation of the wild polio virus.

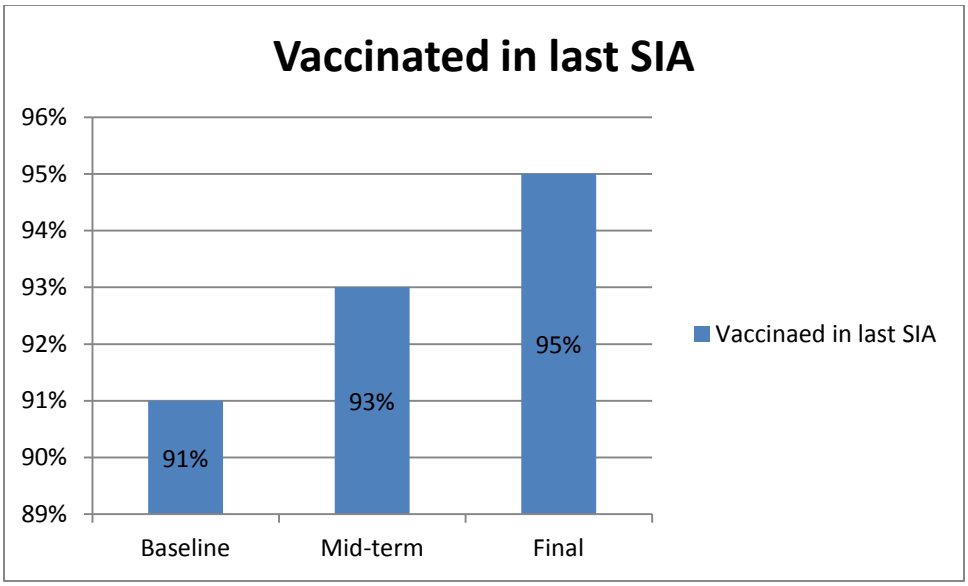
The quality of the independent monitoring data has been recognized by both the MOH and the spearheading partners and has now replaced the less reliable administrative data as the preferred method of evaluating and strengthening SIA performance.

**% 'Missed children in SIA preceding the survey**
**(Source: Project surveys)**




**% 'Missed' children in SIAs in CGPP provinces:**
**Comparison of May 2010 - August 2010 SIAs and March 2012 - June 2012 SIAs**
**(Source: Independent Monitoring Data)**



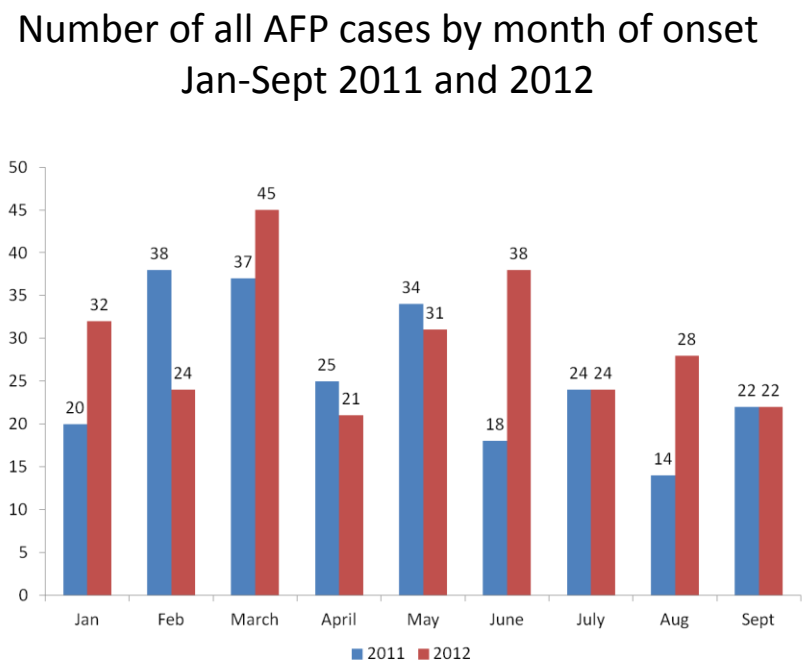



- Campaign coverage (percentage and number of under fives vaccinated) (House-to-house Monitoring data)

| Provinces | 2011 | % | 2012 | % |
|---|---|---|---|---|
| **Bengo** | 2769 | 93 | 1191 | 97 |
| **Benguela** | 4018 | 91 | 3214 | 93 |
| **Bié** | 5010 | 96 | 6943 | 97 |
| **Cabinda** | 954 | 98 | 676 | 95 |
| **Cunene** | 1881 | 96 | 2494 | 96 |
| **Huambo** | 3809 | 97 | 3193 | 97 |
| **Huíla** | 4788 | 95 | 3504 | 98 |
| **K.Kubango** | 1234 | 95 | 1230 | 94 |
| **K.Norte** | 2046 | 94 | 1848 | 96 |
| **K.Sul** | 3734 | 97 | 4574 | 97 |
| **Luanda** | 7034 | 90 | 7510 | 92 |
| **L.Norte** | | | 4453 | 96 |
| **L.Sul** | | | 1821 | 99 |

| | | | | |
|---|---|---|---|---|
| **Malange** | 3022 | 97 | 2694 | 95 |
| **Moxico** | 1819 | 94 | 2370 | 96 |
| **Namibe** | 1035 | 67 | 1463 | 90 |
| **Uíge** | 3784 | 95 | 3338 | 98 |
| **Zaire** | 1412 | 93 | 1450 | 96 |

**Objective 4: Support efforts to strengthen AFP surveillance**




**AFP Cases Detected by CGPP Community Health Workers**

| Province | 2010 | 2011 | 2012 |
|---|---|---|---|
| **Huambo** | 0 | 4 | 0 |

| | | | |
|---|---|---|---|
| **K.Kubango** | 0 | **3** | **2** |
| **K.Sul** | 4 | 3 | 5 |
| **Luanda** | 6 | 10 | 15 |
| **Moxico** | 0 | 2 | 0 |
| **Lunda Sul** | 0 | 0 | 0 |
| **Zaire** | 0 | 1 | 0 |
| **Namibe** | 0 | 1 | 0 |
| **Cunene** | 0 | 0 | 0 |
| **Uige** | 0 | 4 | 0 |
| **Benguela** | 8 | 6 | 2 |
| **Lunda Norte** | 0 | 1 | 0 |
| **Total** | **18** | **35** | **24** |
| Information as of August **2012** | | | |

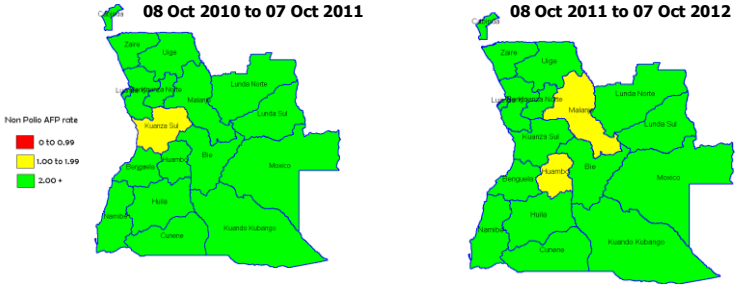
The CGPP contributed to Non polio AFP rates of above 2 per 100,000 in children under the age of 15 and Stool adequacy rates above 80% in the majority of project areas. CGPP partner staff have worked hard to improve AFP surveillance through facility based active case surveillance coordinated with the MOH and WHO and through community based surveillance using community volunteers to search for cases that might be missed by the formal health care system. In most of the project area, CGPP partner staff and vehicles participated in active case surveillance in coordination with the WHO and MOH surveillance personnel, visiting health facilities according to a calendar based on the level of priority. Additionally, CGPP partners use their extensive network of 2700 Community Health Workers (CHWs) to promote community level case detection to ensure that no cases are missed and to identify cases earlier. This is particularly important since some cases have previously been identified late due to community reliance on traditional healers outside the official health system. Now that Angola, has been polio free for more than a year, the project will need to continue to maintain a high level of vigilance to ensure that any new importation is rapidly detected and stopped through a mop-up response.

## National AFP Surveillance Performance
Twelve Months Rolling-period, 2010-2012

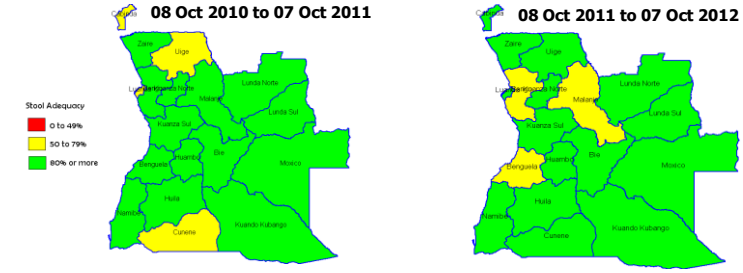
| | 15 Oct 2010 to 14 Oct 2011 | | | 15 Oct 2011 to 14 Oct 2012 | | | |
|---|---|---|---|---|---|---|---|
| PROVINCE | NP AFP RATE | ADEQUACY RATE | SURV_INDEX | PROVINCE | NP AFP RATE | ADEQUACY RATE | SURV_INDEX |
| BENGO | 4.0 | 100 | 4.0 | BENGO | 3.0 | 75 | 2.3 |
| BENGUELA | 2.7 | 92 | 2.5 | BENGUELA | 2.1 | 79 | 1.6 |
| BIE | 2.6 | 95 | 2.5 | BIE | 2.4 | 100 | 2.4 |
| CABINDA | 2.3 | 62 | 1.4 | CABINDA | 2.7 | 100 | 2.7 |
| CUNENE | 2.0 | 75 | 1.5 | CUNENE | 2.0 | 100 | 2.0 |
| HUAMBO | 2.3 | 100 | 2.3 | HUAMBO | 2.1 | 93 | 2.0 |
| HUILA | 2.0 | 100 | 2.0 | HUILA | 2.7 | 92 | 2.5 |
| KUANDO KUBANGO | 7.0 | 95 | 6.6 | KUANDO KUBANGO | 3.5 | 88 | 3.1 |
| KWANZA NORTE | 3.5 | 89 | 3.1 | KWANZA NORTE | 2.0 | 100 | 2.0 |
| KWANZA SUL | 1.4 | 89 | 1.2 | KWANZA SUL | 3.2 | 94 | 3.0 |
| LUANDA | 1.9 | 77 | 1.5 | LUANDA | 2.7 | 83 | 2.2 |
| LUNDA NORTE | 4.0 | 100 | 4.0 | LUNDA NORTE | 5.0 | 88 | 4.4 |
| LUNDA SUL | 5.5 | 100 | 5.5 | LUNDA SUL | 3.5 | 88 | 3.1 |
| MALANGE | 2.0 | 100 | 2.0 | MALANGE | 2.0 | 57 | 1.1 |
| MOXICO | 2.3 | 91 | 2.1 | MOXICO | 2.3 | 100 | 2.3 |
| NAMIBE | 6.0 | 100 | 6.0 | NAMIBE | 13.0 | 92 | 12.0 |
| UIGE | 3.7 | 70 | 2.6 | UIGE | 4.1 | 83 | 3.5 |
| ZAIRE | 6.0 | 88 | 5.3 | ZAIRE | 3.0 | 100 | 3.0 |
| ANGOLA | 3.0 | 86 | 2.6 | ANGOLA | 2.9 | 87 | 2.5 |

## Angola AFP Surveillance indicators by Province (12 months rolling)

### NP AFP rate




### Stool Adequacy rate




**Objective 5: Support timely documentation and use of information**

As mentioned in the section on support to SIAs, one of the primary ways in which CGPP has promoted timely documentation and use of information is their oversight of independent campaign monitoring.

During campaign implementation, the independent monitors, trained and supervised by CGPP staff, conduct monitoring surveys which are tallied on a daily basis and used in end of the day review discussions to tailor the plans for the following day. In this fashion, the data is used to improve the current campaign as it is taking place. Naturally, the post-campaign monitoring data are also used to evaluate and improve the following campaigns.

## CGPP India

India celebrated a major milestone in global polio eradication when it marked the one year anniversary of no new wild polio cases in January 2012. This hard won accomplishment was achieved through the contributions of numerous partners including the MOH, spearheading partners, donors, the government, and the CGPP. Despite extremely high population density and poor sanitation, India succeeded in stopping the transmission of WPV in the most difficult areas through perseverance and dedication to achieve remarkably high rates of SIA coverage and strong AFP surveillance. Long expected to be the final polio endemic country in the world, India is now seen as a model of how to stop polio transmission in difficult areas.

The Final report for CGPP India 2007-2012 is organized according to the project's six objectives, with a section covering progress, meeting the indicators for each objective. The report provides multiyear data to provide comparisons and progress on indicators from year to year.

**Objective #1: Build Effective Partnerships between PVOs, NGOs and international, national and regional agencies involved in polio**

The CGPP secretariat, established in 2000, facilitates implementation of the CORE polio eradication program and coordinates activities at the national level, ensuring that the CORE PVOs in India function as a working coalition for the polio eradication initiative rather than as individual entities. It maintains full communications with PVO partners, providing them with regular polio and other program updates as well as surveillance data from MOH, WHO and UNICEF; fosters effective working relationships with and linkages between USAID, NPSP, MOH, WHO/SEARO, UNICEF, Rotary and other stakeholders; facilitates proposal preparation, training, implementation and evaluation; represents the coalition at the national and sub-regional levels and promotes coalition and collaboration among the PVO partners especially in the four hot districts to foster innovations, best practices and capacity building.

**List of organizations and NGOs in India consortium**

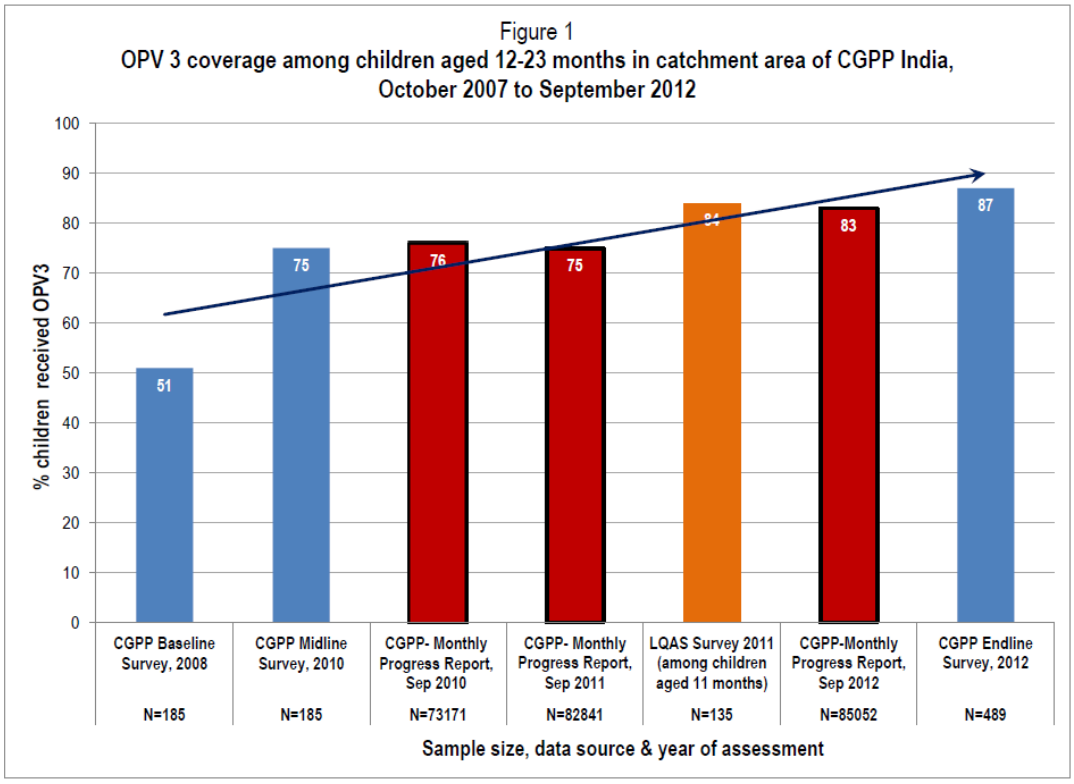
| PVO Partner | NGO Partner | Work Districts |
|---|---|---|
| **ADRA** | Innovative Approach for Social Development Society (IASDS) | Baghpat |
| | Malik Social Welfare Society Rampur (MSWS) | Rampur |
| | ADRA directly | Bareilly |
| | Society for All Round Development (SARD) | Meerut |

| | | |
|---|---|---|
| **PCI** | Adarsh Seva Samiti (ASS) | Moradabad |
| | Jan Kalyan Samiti (JKS) | Muzaffarnagar & Shamli |
| | Mahila Jagriti Sewa Samiti (MJSS) | Moradabad & Sambhal |
| **CRS** | Meerut Seva Samaj | Saharanpur |
| | Sarathi Development Foundation | Shahjahanpur & Sitapur |
| | Jeevan Jyoti Community Center | Sitapur |
| | Diocese of Varanasi Social Welfare Society | Mau |

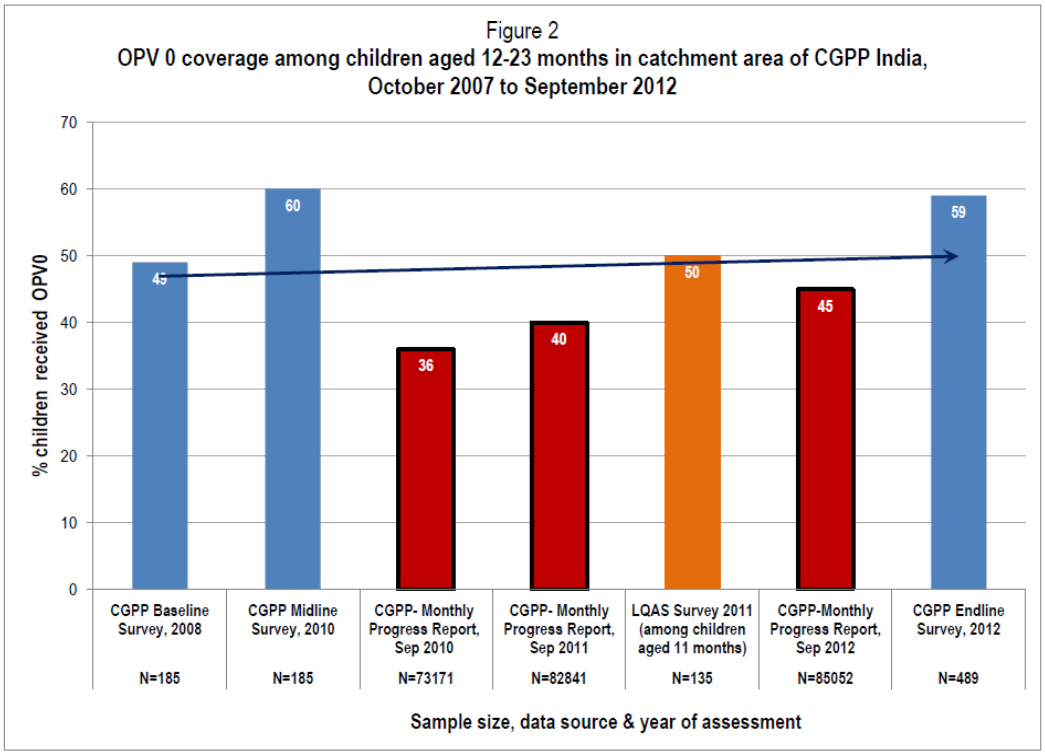
CGPP India and Unicef are founding members of the Social Mobilization Network (GoI, UNICEF, WHO NPSP, Rotary) which engages community level mobilizers working in high risk areas of Uttar Pradesh (U.P.). CGPP is also a member of the routine immunization working group (GoI, UNICEF, WHO NPSP, MCHIP, PATH, etc) at the national level and participates in most polio-related meetings with partners like WHO, UNICEF, etc. Every quarter the secretariat participates in the UP Polio Partners meeting at Lucknow, which is attended by the GoUP, UNICEF, WHO, Rotary and MCHIP. India has no ICC for polio eradication. The Secretariat Director of the CGPP in India is also a member of the Oversight Advisory Group of GAVI CSO constituency.

**Objective #2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication (Routine Immunization)**

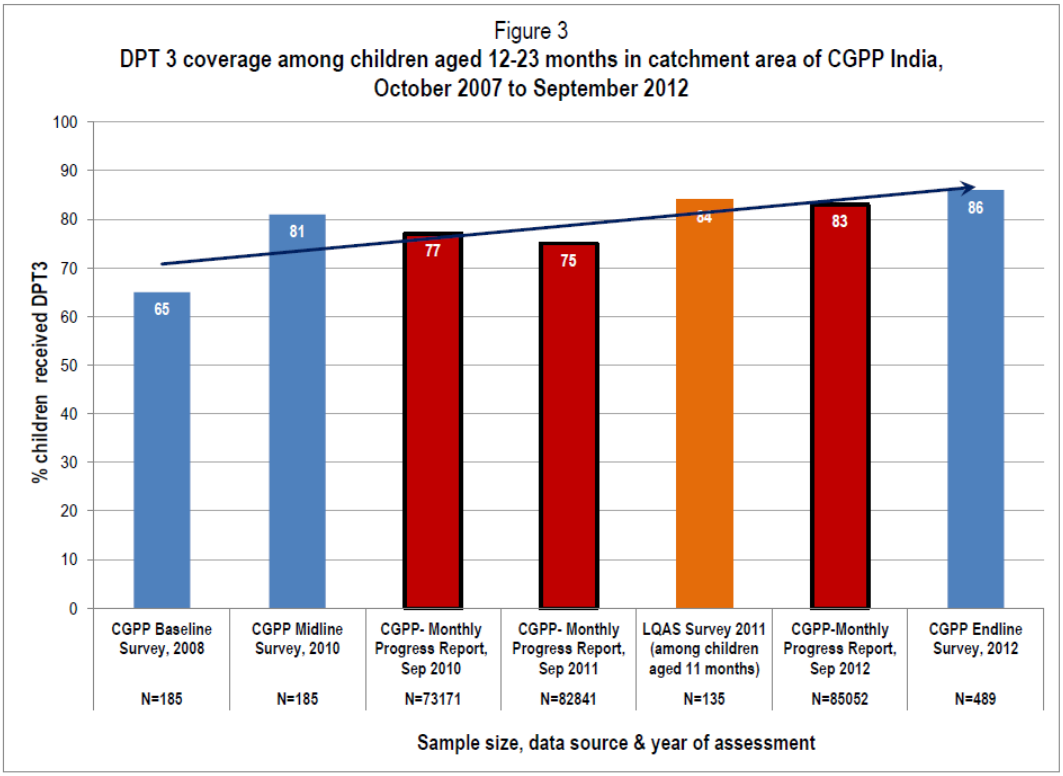
Through a continuous focus on immunization promotion by Community Mobilization Coordinators (CMCs), the CGPP has steadily raised routine immunization coverage rates in project areas. The 1,300 CGPP CMCs each cover approximately 500 households and maintain detailed vaccination registries for all of the under five children in the households, thereby tracking and promoting routine immunization in their communities. 30 cluster surveys conducted at baseline (2008), mid-term (2010) and final evaluation in 2012 demonstrate an increase from 51% OPV3 coverage at baseline to 87% OPV3 at final evaluation in July 2012.



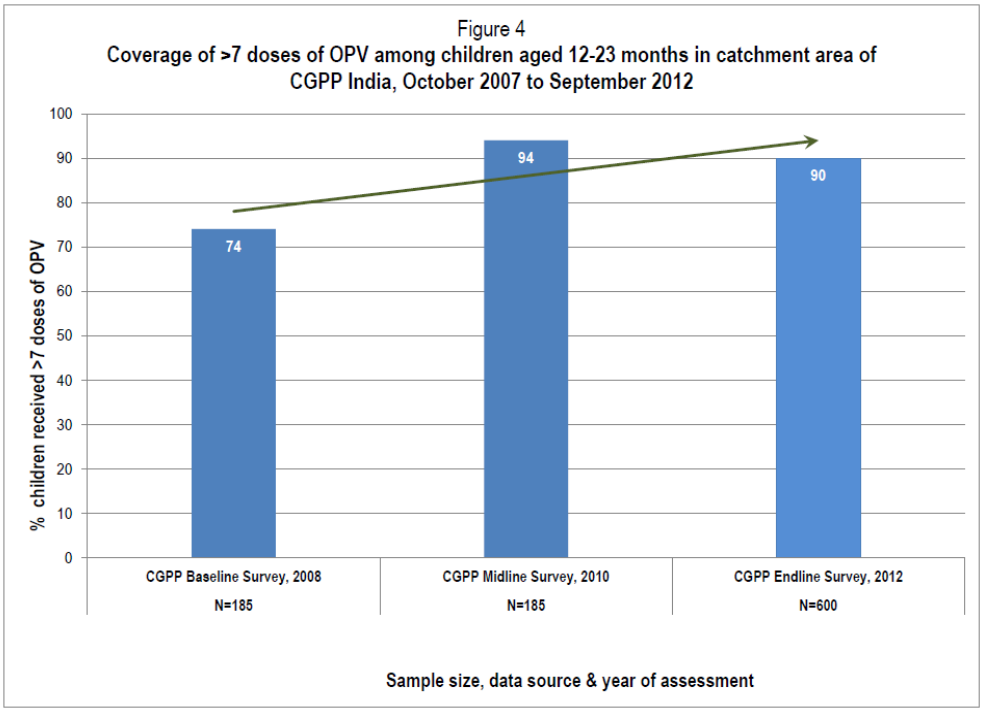

- **OPV-0 Coverage rate over the last five years (MPR data & LQAS data)**



- **DTP3 Coverage rate over last five years (MPR & LQAS data)**




- **Percentage of children 12-23 months old with greater than 7 doses of OPV**



- **Number of events and participants in health camps, mothers/grandmothers' meetings and other community activities (MPR data)**

**CGPP India Catchment Areas**
**Details of social mobilization activities Oct. 2011 to Sep. 2012**

| Activities | Number of activities | | % activities held against planned |
|---|---|---|---|
| | Planned | Held | |
| **Community level activities - CMC (Community Mobilisation Coordinator) activities** | | | |
| IPC by CMCs | 906,096 | 843,448 | 93.1 |
| Group meetings by CMCs | 30,485 | 29,353 | 96.3 |
| Influencers meetings | 9,238 | 8,841 | 95.7 |
| Rallies | 8,976 | 8,889 | 99.0 |
| Mosque announcements during SIAs | 15,508 | 15,098 | 97.4 |
| Temple announcements during SIAs | 711 | 633 | 89.0 |
| Polio classes | 9,131 | 8,828 | 96.7 |
| Number of Bullawa *tolies* (children's calling groups): (Sep.2012) | 1,843 | 1,818 | 98.6 |
| CMC friend (Sep. 2012) | 956 | 836 | 87.5 |
| Other activities like meetings with adolescent girls, self-help groups, *Isthemas*, CMC Wall, etc. | 1,698 | 1,665 | 98.1 |
| **Block level activities - BMC (Block Mobilisation Coordinator) activities** | | | |
| Coordination meetings (*Tehsil* Task Force, Block Task Force, etc.) | 2,763 | 2,703 | 97.8 |
| Interface meetings (Vaccinators, influencers, etc) | 2,784 | 2,735 | 98.2 |
| Health camps | 820 | 731 | 89.1 |
| Special activities like puppet shows, street plays etc. | 458 | 439 | 95.9 |
| Any other activities - e.g. *Satark Sipahi* (Youth involved in area sanitation drives), Village Health & Sanitation Committee meetings, etc. | 3,457 | 3,416 | 98.8 |
| **District level activities - DMC (District Mobilisation Coordinator) activities)** | | | |
| Number of District Task Force meetings | 120 | 114 | 95.0 |
| No. of core group (Group of polio partners at the district level – WHO NPSP, UNICEF, Rotary, CGPP, etc) meetings | 523 | 492 | 94.1 |

- **Number of CGPP staff trained on Immunization in Practice**

Routine immunization is an important component of all CGPP India trainings and the contents range from Immunization schedules, AEFI, importance of RI card, etc.

- **Number of immunization supervisory visits conducted annually** (See No. 5 in table below)

**Details of Routine Immunization Sessions in CGPP areas - October 2011 to September 2012**

| | | |
|---|---|---|
| | Number of RI sessions held | **29,996** |

| | | |
|---|---|---|
| 2 | Percent RI sessions held against planned | **88%** |
| 3 | No. of CGPP-supported RI sessions (Provision of invitation slips to mothers, mobility support to ANMs) | **1,450** |
| 4 | Percent CGPP-supported RI sessions | **5.49** |
| 5 | **Percent RI sessions monitored by CGPP India** | **29%** |

Routine immunization (RI) remains weak in UP. However, at the national as well and state (U.P) level, CGPP India is a member of the **RI Task Force** that meets regularly each quarter. Vaccine availability, human resource issues, AEFI, other challenges in the field are all discussed here. At the district level, CGPP DMCs continue to assist in the **development of RI Micro plans as well as monitoring of RI** sessions. The BMCs (Block Mobilization Coordinators) and CMCs also ensure that all eligible children in their work areas reach the sessions by sending out **RI invitation slips (**Printed slips given out to mothers of eligible children a few days before the planned RI session as a reminder to bring them. The location and time of the session site are also printed). This practice has now been adopted by the government of U.P. in some places.

Special routine immunization drives are also held as catch up rounds wherever there is very low RI coverage. Here, auxiliary nurse midwives (ANMs) from other blocks are brought (through the government system) to the worst performing block for catch up rounds. CMCs prepare lists of these children and are responsible for bringing them to the session site. Eg: In Moradabad, 39 sessions were held in a single day and 2,732 children were vaccinated.

**Objective #3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization (SIAs)**

CGPP India implements a variety of social mobilization activities between the SIA rounds which range from one-to-one contact to large group contacts.

**Key BCC activities**

- **Inter Personal Communication at the Household level -** In between the polio rounds, the main activity performed by the CMCs is interpersonal communication (IPC) and counseling for the target families. The main objective is to quell misconceptions and fears by disseminating facts and information about polio and routine immunization, how polio spreads, its prevention and the need for them to immunize their children.
- ***'Bulawa Tolies'* (children's calling groups):** On the day of the polio round, selected children ($5^{th}$ - $7^{th}$ grade and having leadership skills) from primary schools or *Madarsas* in the village are formed into bulawa tolies, i.e. a group of 8-10 who go around house to house, urging the mothers to bring their children to the polio booths. Each CMC has one such group per polio booth. As an incentive, the children are given biscuits, pencils, etc. The schools also encourage these children by recognizing their contribution at special functions and school assemblies. Involving children to support the program helps in creating awareness and a spirit of volunteerism among school children.
- **Polio classes:** Another initiative carried out by CMCs is the initiation of polio classes that are being held for primary and middle school children. These are awareness generation classes and focus on the involvement of children in eradicating polio from their village. Moreover, children for *bulawa tolies and rallies* are identified during these classes that are taken by the CMCs with support

from school teachers. A 'child to parent' approach is adopted during the classes where children are encouraged to translate their learning into action. **Fun Classes *(Masti Ki Kaksha)*** were also held in schools using entertainment formats like coloring books, games – all leading to discussions on polio, immunization, hand washing and sanitation issues. These classes were also held with the help of class teachers.

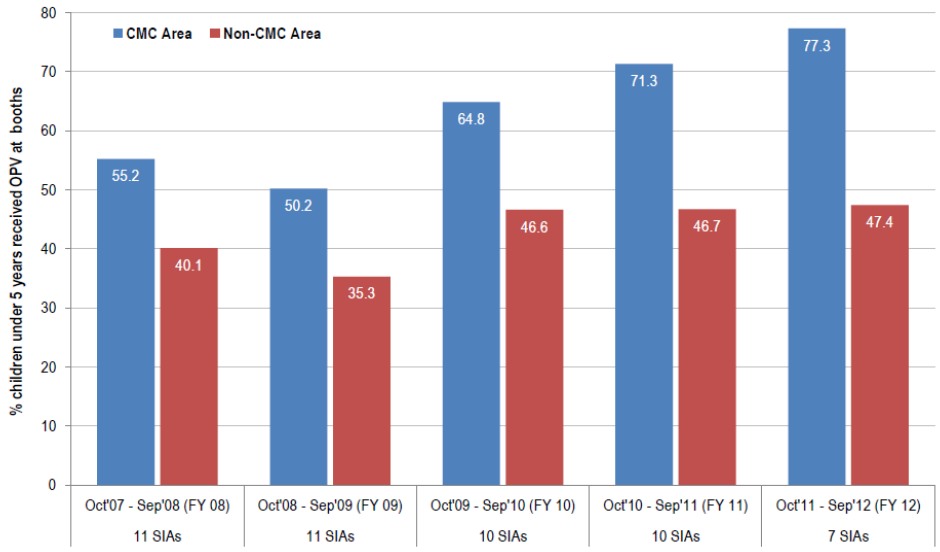
- **Children rallies:** Children of the community move around in villages with banners and posters displaying messages about polio eradication and shouting slogans on vaccinating with two drops of life, i.e. OPV!!. Most children in the rallies are picked up from the primary/middle school/ *Madarsa* in the CMC area. **Rooster rallies** were conducted in the 14 high-risk blocks to discourage open defaecation and promote use of household sanitary toilets. Children shout out "cock a doodle do *(Kuckru-ku)'* and hold up pictorial placards for message dissemination.
- **Group meetings:** The meaning of group meeting in CORE's polio program is participation of 5-10 individuals representing various stakeholders who have a common agenda and objective. The process of interaction includes needs assessment within the small group, information dissemination and deciding upon solutions or action by the group members. Small group meetings are held with school teachers, influencers and with mothers of children less than five years of age.
  - Meetings with school teachers - School teachers are a key contact for CMCs as they help to inform, motivate and organize school children for involvement in the pulse polio and routine immunization programs through polio classes, rallies, etc.
  - Meeting with mothers **-** Monthly meetings are conducted with mothers of children less than five years of age called "CMC meeting (*baithak)*". The objective is to ensure that they have an opportunity to ask questions and discuss the advantages of vaccinating their children against polio and other childhood diseases. The "positive communication" is applied to convince and motivate mothers who have misconceptions or are resistant to the idea of immunizing their child. Various games and materials are used to stimulate discussions.
  - Meetings with influencers – These are people in the village who can influence parents to get their children vaccinated. The aim of involving influencers is to assist the CMCs to allay fears of families who are reluctant to vaccinate their children for various reasons such as illness, age, fear of sickness, impotency or general ignorance. Influencers such as community leaders, religious leaders, ration dealers, shopkeepers, etc. help build the momentum of positive perceptions, attitudes and behaviors before every pulse polio round and routine immunization session.
  - Interface meetings are conducted prior to the polio round and the invitees include influencers of the village, religious leaders, *Pradhan* (elected head of village), ration dealers, vaccinatin team supervisors, NPSP representatives and block level staff of CGPP. Resistant families in the village are identified and attendees take ownership to talk to them and persuade them to get their children immunized at the next round. Strategies for conducting the polio rounds and door-to-door campaigns are also shared. It is viewed as an excellent example of experience sharing and problem solving by the community as well as the field staff. It also brings a sense of ownership in the community members.
- **Mosque announcements -** Imam/Maulana/Maulvis(*Religious leaders in a mosque*) are approached for making announcements of the date of the polio round at congregations through loudspeakers.

**Details of SIA campaigns in catchment area (CMC area) of CGPP India, October 2007 – September 2012**

| Year | Number of SIA | Number of OPV doses | Average number of under five children received OPV during each SIA campaign |
|---|---|---|---|

| | campaigns | given to under five children | At booth | During A team | During B team | Total |
|---|---|---|---|---|---|---|
| FY 08 (Oct. 07 to Sep. 08) | 11 | 6,708,109 | 349,866 | 250,928 | 8,894 | 609,688 |
| FY 09 (Oct. 08 to Sep. 09) | 11 | 5,742,668 | 281,998 | 233,223 | 6,840 | 522,061 |
| FY 10 (Oct. 09 to Sep. 10) | 10 | 5,466,266 | 356,991 | 183,459 | 6,176 | 546,626 |
| FY 11 (Oct. 10 to Sep. 11) | 10 | 5,130,435 | 370,446 | 137,644 | 4,954 | 513,044 |
| FY 12 (Oct. 11 to Sep. 12) | 7 | 3,652,358 | 403,309 | 113,921 | 4,535 | 521,765 |
| **FY 08 to FY 12 (Oct. 07 to Sep. 12)** | **49** | **26,699,836** | **3,52,522** | **1,83,835** | **6,280** | **5,42,637** |

Figure 5
**Booth coverage during SIA campaigns in districts covered by CGPP India, October 2007 - September 2012**




- **% of children missed in campaigns over last five years (MPR data)**

Figure 6
**Percent children missed during SIA campaigns in CMC areas of CGPP India, October 2010 to September 2012**

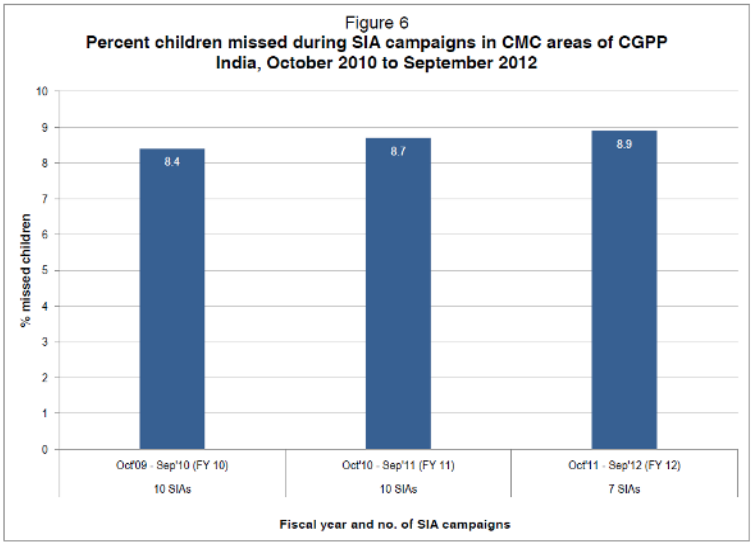
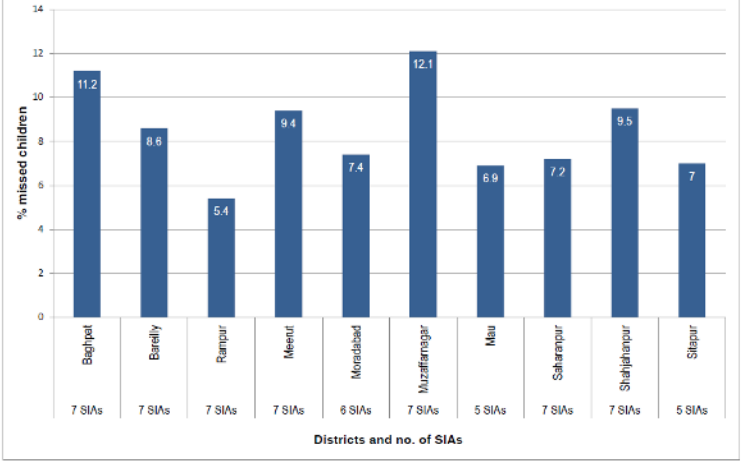



Figure 7
**Districtwise distribution of missed children during SIA campaigns in CMC areas of CGPP India, October 2011 - September 2012**




- **Percentage of missed houses during campaigns over the last years (MPR data)**

Figure 8
**Percent missed houses during SIA campaigns in districts covered by CGPP India, October 2007 - September 2012**

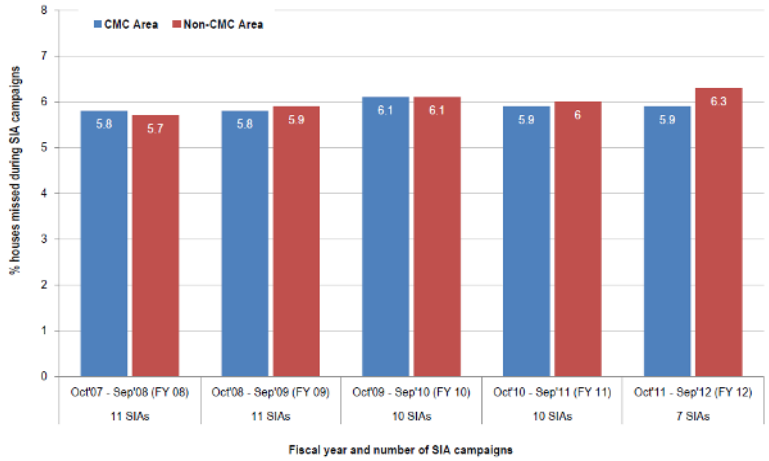
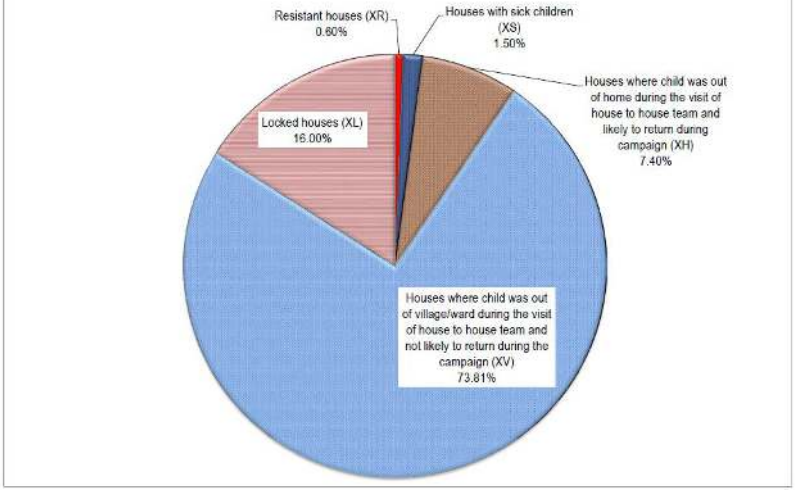
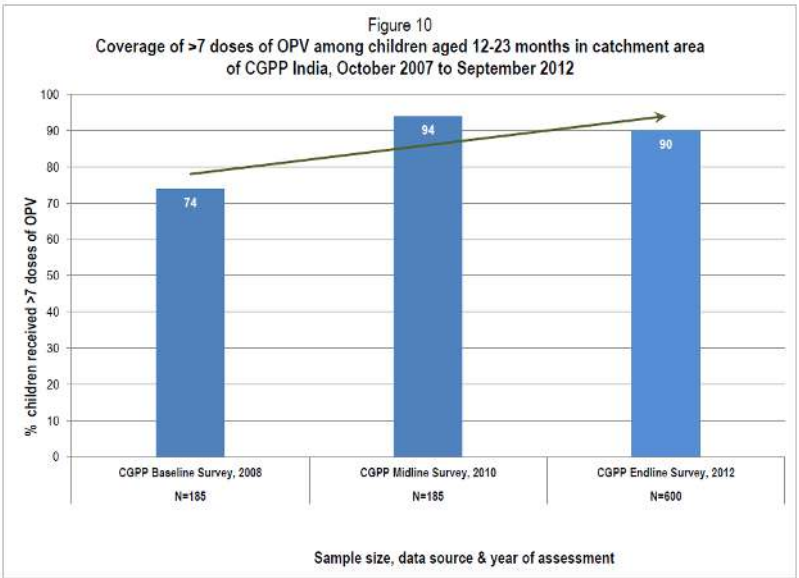



Figure 9
**Reasons of missed houses during SIA Campaign in CMC areas of CGPP India, October 2011 to September 2012**




- **% of 12-23 month old children with greater than 7 doses of OPV**




- **Numbers of social mobilizers or community volunteers trained (MPR data)**

**Training of CGPP India functionaries, October 2011 to September 2012**

| Training | Description | Number of participants | No. of human training days |
|---|---|---|---|
| CMC (Community Mobilization Coordinators) | 3-day training | 1,456 | 4,368 |
| | 3-day training of new CMCs | 244 | 732 |
| | 3 day training | 1,424 | 4,272 |
| BMC (Block Mobilization Coordinators) | 4-day training | 26 | 104 |
| MIS coordinators/DMC (District Mobilization Coordinators) /SRC (Sub Regional Coordinators) | 4-day training on planning, monitoring and data analysis | 33 | 132 |
| BMC/FP/MIS Coordinators /DUC (District Underserved Coordinators)/DMC/SRC training | 4-day exposure visit cum training | 157 | 628 |

CGPP India executes specific activities for high risk groups (Include nomads, construction laborers, brick kiln workers, etc.) High risk group sites are identified and details of families and children recorded and then social mobilization activities for SIA and RI are conducted.

**Details of high risk groups sites - September 2012**

| | |
|---|---|
| Number of informers giving information about high risk groups | 1,188 |
| Number of high risk group sites identified in the catchment area | 1,315 |
| Total number of families in the identified high risk group sites | 5,312 |
| Total number of under five children in the identified high risk group sites | 5,397 |

**Social mobilization activities among high risk groups, October 2011 to September 2012**

| | |
|---|---|
| No. of one-to-one contacts of BMCs/CMCs with families from high risk group sites | 23,154 |

| | |
|---|---|
| No. of group meetings by BMCs/CMCs with families from high risk group sites | 1,332 |

In response to the **Government of India's 107 high risk block plan**, CGPP India introduced specific activities in the 14 high risk blocks falling in its catchment areas.

**Specific activities in high risk blocks (14 blocks), October 2011 to September 2012**

| | |
|---|---|
| Number of *Masti ki Kakshas* (Fun classes linking lack of sanitation to diseases like polio) organised in Schools*/ Madarsas* | 3,108 |
| Total number of hand washing demonstrations done in Schools*/ Madarsas* | 3,746 |
| Total number of *Kukru ku* rallies (Rallies discouraging open defaecation where children carry placards with messages and make loud crowing sounds) | 4,242 |
| Total number of houses where green stickers were pasted (Pasted on houses having sanitary toilets) | 23,606 |
| Total number of lane(s) newly certified as 'cleaned lanes' | 437 |
| Total number of under five children visited by CMCs | 374,661 |

**CGPP India – Details of Inter-Round Activities**
**October 2011 to September 2012**

| **Activities** | **Number of activities** | | **% activities held against planned** |
|---|---|---|---|
| | **Planned** | **Held** | |
| **Community level activities - CMC activities** | | | |
| Family contacts by CMCs | 906,096 | 843,448 | 93.1 |
| Group meetings by CMCs | 30,485 | 29,353 | 96.3 |
| Influencers meetings in the catchment areas | 9,238 | 8,841 | 95.7 |
| Rallies in the catchment area | 8,976 | 8,889 | 99.0 |
| Mosque announcements during SIA campaigns | 15,508 | 15,098 | 97.4 |
| Temple announcements during SIAs | 711 | 633 | 89.0 |
| Polio classes | 9,131 | 8,828 | 96.7 |
| Number of Bullawa toliies (Sep -2012) | 1,843 | 1,818 | 98.6 |
| CMC *Sakhis* (Sep – 2012) | 956 | 836 | 87.5 |
| **Block level activities - BMC activities** | | | |
| Coordination meetings (TTF, BTF etc.) | 2,763 | 2,703 | 97.8 |
| Interface meetings | 2,784 | 2,735 | 98.2 |
| Health camps | 820 | 731 | 89.1 |
| Special activities like puppet shows, street plays etc. | 458 | 439 | 95.9 |
| **District level activities (DMC activities)** | | | |
| Development of District Social Mobilization Plan | 104 | 105 | 101.0 |
| Number of DTF meetings | 120 | 114 | 95.0 |

**Objective #4: Support PVO/NGO efforts to strengthen AFP case detection (and reporting and detection of other infectious diseases).**

Although the CGPP project is not directly engaged in AFP surveillance, their work with CMCs promotes AFP surveillance and the high non-polio AFP rates in project areas reliably demonstrates the absence of WPV cases.

- **Non-polio AFP rate per 100,000 children under 15 year of age population in CGPP program areas compared to national AFP rate over 5 years.**

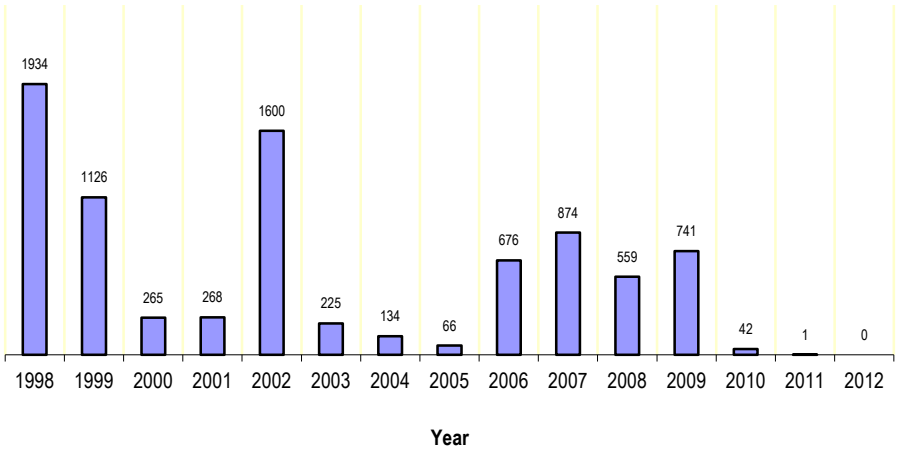
| | |
|---|---|
| Non-polio AFP rate per 100,000 children under 15 years of age population in **India**, **Oct 2012** *(**Source**: AFP Surveillance Bulletin – India, Report for week 40, ending 6 October 2012)* | 11.99 |
| Non-polio AFP rate per 100,000 under 15 years of age population in **Uttar Pradesh, Oct 2012** *(**Source**: AFP Surveillance Bulletin – India, Report for week 40, ending 6 October 2012)* | 22.17 |

- **Percent of stool samples collected in a timely manner, according to WHO/MOH guidelines (compared to national levels)**

| | |
|---|---|
| Percent samples collected with 2 specimen within 14 days of onset of paralysis in I**ndia, Oct 2012** *(**Source**: AFP Surveillance Bulletin – India, Report for week 40, ending 6 October 2012)* | 87% |
| Percent samples collected with 2 specimen within 14 days of onset of paralysis in **Uttar Pradesh, Oct 2012** *(**Source**: AFP Surveillance Bulletin – India, Report for week 40, ending 6 October 2012)* | 89% |

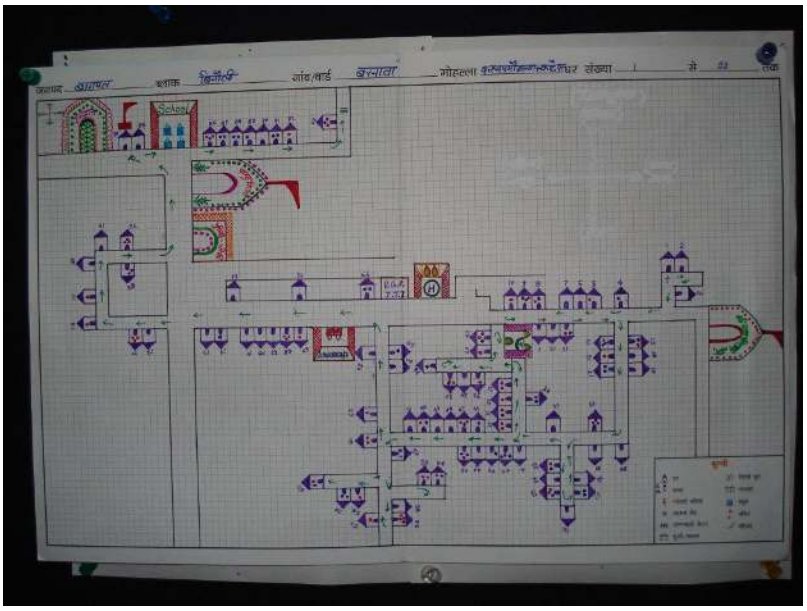
- **Number of confirmed cases of Wild Poliovirus over 10 years (WHO/MOH data**)

**Figure 11**
**Confirmed Wild Polio Virus cases, India, 1998-2012**




**Objective #5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health related activities)**

- **Community maps for SIA planning and implementation**
  A CMC deployed in a specific geographic area develops community maps for planning and execution of SIA and other project activities. All CGPP catchment areas (CMC areas) have two types of maps - a social map of their area including key landmarks as well as another map showing day-wise presentation of houses.



- **Bibliography of publications and presentations by CGPP India.**
  1. Outcomes of polio eradication activities in Uttar Pradesh, India: the Social Mobilization Network (SM Net) and Core Group Polio Project (CGPP)
     William M Weiss, MH Rahman, Roma Solomon, Vibha Singh and Dora Ward
     BMC infectious diseases 2011, 11:117.
     Also presented at the Global Health Conference 2011 by Jitendra Awale
  2. Purple Pinkies: Social Mobilization and LQAS for Hard-to-Reach Populations
     Roma Solomon, Manojkumar Choudhary
     Presented at the CORE Group Spring Meeting, Delaware US, May 2012
  3. Determinants of Performance of Supplemental Immunization Activities for Polio Eradication in Uttar Pradesh,
     India: Social Mobilization Activities of the Social Mobilization Network (SM Net) and Core Group Polio Project
     William M. Weiss, M. H. Rahman, Roma Solomon, Dora Ward (Awaiting publication)
  4. Performance and Determinants of Routine Immunization Coverage within a Polio Eradication Program in Uttar Pradesh, India: Social Mobilization Network (SM Net) and CORE Group Polio Project (CGPP)
     William M Weiss, Manojkumar Choudhary and Roma Solomon
     (Awaiting publication)
  5. Immunogenicity of supplemental doses of poliovirus vaccine for children aged 6–9 months in Moradabad, India:
     a community-based, randomised controlled trial
     Concepción F Estívariz, Hamid Jafari, Roland W Sutter, T Jacob John, Vibhor Jain, Ashutosh Agarwal, Harish Verma, Mark A Pallansch, Ajit P Singh, Sherine Guirguis, Jitendra Awale, Anthony Burton, Sunil Bahl, Arani Chatterjee, R Bruce Aylward
     Lancet Infect Dis 2012; 12: 128–35
  6. Reaching Every Child: Communication for Polio Eradication in India
     Ellyn W. Ogden, Rina Dey
     Affiliation: United States Agency for International Development (Ogden); CORE Group Polio Project India (Dey)

Presentation made at a meeting hosted by The Communication Initiative on March 29 2011 ("Social and Behavioural Change Research Results: Strategic Implications") in Geneva, Switzerland

7. A Drop Of Dialogue – Film by CORE
8. CMC Ki Kahani CMC ki Zubaani – Training film by CORE
9. The Science of Polio – A film by CORE
10. RI Drive – A photo essay by CORE
11. "Fight against polio" booklet.
12. Last Lap - a documentary film
13. Three YouTube clips, "Routine immunization", "Hygiene and sanitation" and "Strategies of polio eradication"
14. A study on migration
15. A study on sanitation in high risk blocks

**Membership and activities in Committees and organizations focusing on immunization and polio eradication (ICC, SM-NET, etc.)**

- **SM Net (Social Mobilization Network in U.P):** The SM Net consists of UNICEF, CORE and Rotary and came into existence in 2003 with the aim of working together in the high risk areas of UP. Community mobilizers from the same communities are allocated households to ensure that all children under the age of 5 years are covered both for polio and RI. The field staff structure, activities (IPC with mothers, mass awareness shows, meetings with influencers, religious leaders, etc), honorariums, reporting, etc are uniform throughout the network.
- **Social Mobilization Working Group:** All partner agencies working in social mobilization (CGPP, GoI, WHO NPSP, UNICEF, Rotary) meet at least 4-5 times a year to review the field situation and interact with each other.
- **Routine Immunization Working Group:** This group of partners involved in Routine Immunization range from the government to WHO, UNICEF, CGPP, etc. and meet at least twice or thrice a year. The Polio model is being used for microplanning , etc of RI.
- **India Expert Advisory Group:** This is a group of national and international experts who meet regularly, at least twice a year to give recommendations for the polio programme. The meetings are chaired by the government.
- **UP Polio Partners meeting:** The GoUP, UNICEF, CGPP, Rotary and NPSP U.P meet at least thrice a year in U.P to review data, get partner updates and re-strategize if necessary.
- **District core group meetings:** All partners meet at least once a month at the district level to sort out local issues and keep each other updated.
- **District Task Force meetings:** These meetings are held just before the SIA to check preparedness and are chaired by the District Magistrate. Vaccination coverage or gaps (both administrative and operational) of previous round are reviewed and strategies modified if required. The Task Force comprises all the partners from the government to WHO NPSP, CGPP, UNICEF, Rotary, NGOs, etc.
- **Evening feedback meetings during S/NIDs**: These are organized every evening during SIAs at CMO offices to review the coverage, gaps by health department or special problems and all partners participate. Thus the situation is corrected before the next day.

**Objective #6: Support PVO/NGO participation in either a national and /or regional certification activities**

- **Information provided to national or regional certification committee**

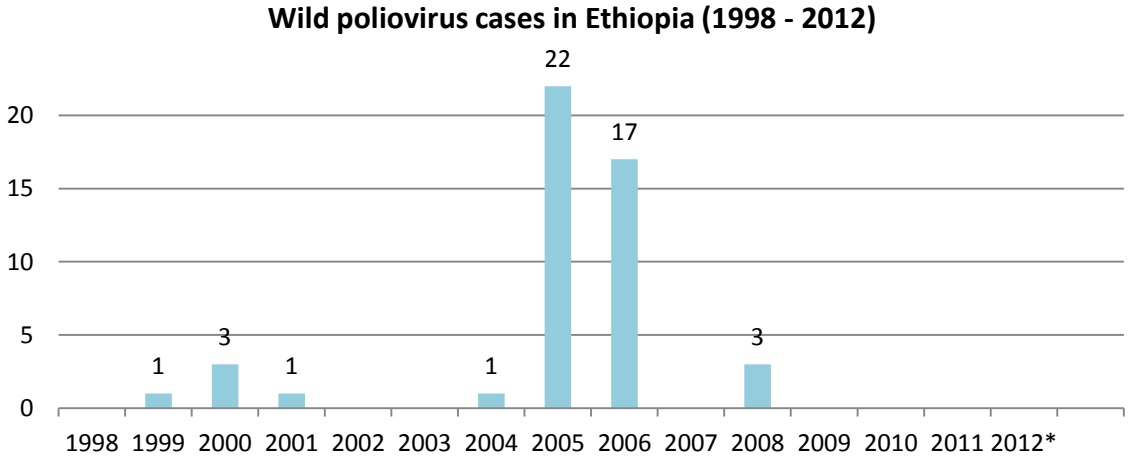
The Director and Deputy Director, CGPP India met with Dr. NK Arora, Member – coordinator, National Certification Committee (NCCPE), to discuss the role of NGOs in the certification phase. Dr. Arora welcomed the involvement of NGOs and shared a letter that needed to go out to all partners asking three questions – Are we convinced that there is no virus transmission; is the system robust enough to pick up any virus if present and can we mount an emergency response.

**Annex:**

CGPP India MIS
CGPP India Photo essay on Jamborees 2012
India Polio Snap shot since 1998
CGPP India Case Studies

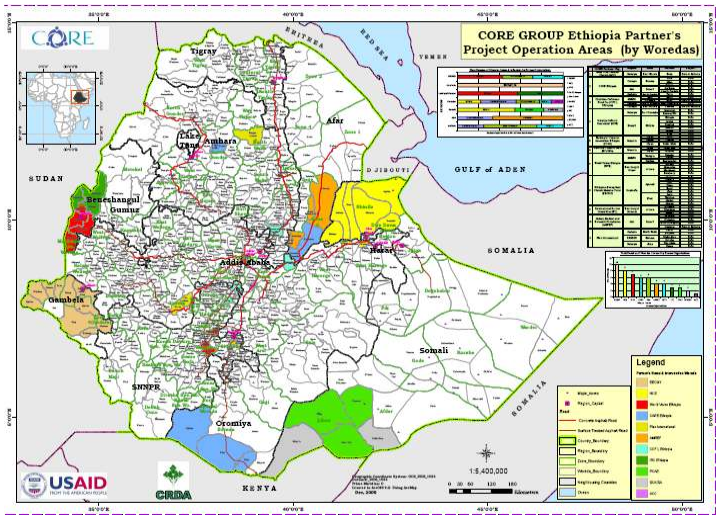
**ETHIOPIA**

CORE Group Ethiopia, in conjunction with the efforts of the Ethiopian government and spearheading agencies, has made substantial contributions to the country's polio eradication effort through its coordinated implementation of the CORE Group Polio Project at national and local levels. Ethiopia has not detected a case of wild poliovirus since July 2008 and has maintained an adequate national non-polio AFP rate since 2005. That said, concerns over the circulation of vaccine-derived poliovirus in neighboring countries and the detection of a recent vaccine-derived polio case in Ethiopia, due to low immunization coverage, remind us of the importance of maintaining high-quality activities in support of the project's five objectives.




**As of October 2012*

The project in Ethiopia supports community-based surveillance, supplementary immunization activities, and routine immunization by representing partner NGOs' local perspectives among national players and through capacity building and community-based surveillance and mobilization activities within participating woredas. Project activities at the local level are implemented in pastoralist, semi-pastoralist, and particularly hard-to-reach agrarian areas. The CGPP maximizes impact by using the existing government health structure and international and local NGOs



with demonstrated capacity in target areas.

From FY2007 to FY2012, 11 partners (seven international PVOs and four local NGOs) implemented the CORE Group Polio Project in Ethiopia. CGPP activities served 748,760 children under five years of age in 55 woredas in seven regions of the country (Afar, Amhara, Beneshangul Gumuz, Gambella, Oromiya, SNNPR, and Somali). CGPP partners (AMREF, Alemtena Catholic Church, CARE, ChildFund, Ethiopian Evangelical Church Mekane Yesus, Harargie Catholic Secretariat, IRC, Pastoralist Concern, Plan, Save the Children, and World Vision) collaborate closely with their respective woreda health offices and Health Extension Workers to enhance AFP surveillance and promote childhood immunization. The table below details each partner's catchment area, the numbers of children they serve, and the number of community volunteers serving the project.

**CGPP Implementing partners in Ethiopia**

| Partner PVOs and NGOs | Regional State(s) | No. Woredas | No. <5 | No. <1 | No. CVs |
|---|---|---|---|---|---|
| **African Medical and Research Foundation** | Afar | 6 | 21,296 | 6,112 | 265 |
| **Alemtena Catholic Church** | Oromiya | 2 | 11,765 | 2496 | 186 |
| **CARE** | Amhara, Oromiya | 4 | 65,058 | 12,885 | 256 |
| **ChildFund International** | Amhara, Oromiya, SNNPR | 4 | 75,017 | 17,650 | 768 |
| **Ethiopian Evangelical Church Mekane Yesus** | Gambella | 10 | 66,077 | 8,508 | 407 |
| **Harargie Catholic Secretariat** | Oromiya, Somali | 8 | 133,709 | 28,399 | 256 |
| **International Rescue Committee** | Benishangul Gumuz | 3 | 14,018 | 2,820 | 174 |
| **Pastoralist Concern** | Somali | 4 | 38,628 | 12,726 | 270 |
| **Plan International** | Amhara, Oromiya, SNNPR | 6 | 131,582 | 30,005 | 573 |
| **Save the Children** | Somali | 3 | 56,270 | 13,212 | 236 |
| **World Vision** | Benishangul Gumuz, SNNPR | 6 | 135,340 | 29,584 | 816 |
| **TOTAL** | **7** | **55** | **748,760** | **164,397** | **4,207** |

## OBJECTIVE 1: Build effective partnerships

CORE Group Ethiopia holds a respected and valued place among polio eradication partners in Ethiopia. CGE contributed to a variety of national and international forums this year, culminating in CORE Group Ethiopia's prominent role in the organization and implementation of a series of cross-border meetings in August. Below are details of CORE Group Ethiopia's partnership building efforts this year:

*National-level partnership*: In the reporting period, the CORE Group Ethiopia secretariat represented the organization and CGPP implementing partners through participation on a variety of advisory groups, task forces, working groups, and committees.

- **Interagency Coordinating Committee** – CORE Group Ethiopia is a contributing member of the ICC and several of its off-shoots, including the Communications Subcommittee on IEC Materials Development, the Task Force for Cross-Border Collaboration, the Measles SIA Task Force, and the New Vaccine Introduction Core Committee
- **Quarterly surveillance and EPI review meetings –** Hosted by WHO

- **SIA coordination meetings and review meetings –** CORE Group Ethiopia represented the project at the national level and at the regional level in Gambella and Beneshangul Gumuz
- **Annual Woreda-Based Planning Meeting** – CORE Group Ethiopia staff represented its implementing partners at this gathering of all NGOs/CSOs working on health in Ethiopia where they identified NGOs in CGPP areas with the capacity to contribute to microplanning
- **African Vaccination Week Task Force** – CORE Group Ethiopia staff contributed to the organization of African Vaccination Week activities and delivered the keynote address at the flagship event

*International Forums and Meetings:* Secretariat staff also contributed to meetings and workshops at the international level. Among these were:

- GAVI CSO Constituency Steering Committee Meetings (November 2011, Dhaka, Bangladesh and June 2012, Washington, DC)
- Third Regional Conference on Immunization (ARCI) and the 18th Africa Regional Inter-Agency Coordination Committee (ARICC) Annual Meeting (Windhoek, Nambia, December 5 – 8, 2011)
- Horn of Africa Technical Advisory Group Meetings (February and September, 2012, Nairobi, Kenya)
- Call to Action on Child Survival, organized by the Ethiopian, Indian, and American governments in close collaboration with UNICEF (June 2012, Washington, DC)
- Cross-Border Collaborative Meetings between Ethiopian representatives and representatives from Djibouti, Kenya, Puntland, Somalia, Somaliland, South Sudan, Sudan, and Uganda (August 2012, four locations along the Ethiopian border) *(See below for more details)*

*Cross-Border Collaboration Meetings:*

CORE Group Ethiopia played a leading role in the organization and implementation of a series of cross-border collaboration meetings held in August. At the recommendation of the Horn of Africa Technical Advisory Group in February, the MOH, CORE Group, Rotary, WHO, and UNICEF were tasked with organizing these meetings with the objective to strengthen surveillance, routine EPI, and coordinate activities in high risk areas along the borders. CORE Group Ethiopia was actively involved in the development of action points and meeting content; in the selection of meeting sites and the advocacy involved securing regional and local participation; in garnering the participation of local and national media outlets; and in the facilitation of the meetings, themselves.

The four meetings (detailed in the table below) were attended by a total of 284 local and international participants who represented: Ministries of Health; WHO and UNICEF Country Offices; Regional Health Bureaus; administrative bodies and health professionals from the bordering districts of Ethiopia and neighboring countries; representatives from the Ethiopian Nutrition and Health Research Institute (ENHRI); CORE Group Ethiopia secretariat and CGPP partner staff; and regional, national and international media outlets.

| Location (woreda, region) | International participants | | Ethiopian participants | Total |
|---|---|---|---|---|
| **Gambella, Gambella** | Kenya | 25 | 46 | 71 |
| **Gondar, Amhara** | Somalia<br>Somaliland<br>Puntland<br>Djibouti | 21 | 48 | 69 |
| **Jigjiga, Somali** | Sudan | 6 | 52 | 58 |
| **Moyale, Oromiya** | South Sudan | 16 | 70 | 86 |
| **TOTAL** | | 64 | 216 | 280 |

A set of key recommendations arose from these meetings and were presented at the HOA TAG in September. Implementation of these recommendations will commence in FY2013:

- Regular communication between district-level focal points on surveillance and immunization
- Collaboration on AFP case investigations
- Synchronization of SIAs
- Joint assessments of cold chain functionality and maintenance
- Support for joint capacity building activities for health workers
- Advocacy through local leaders
- Identification, documentation, and utilization of effective channels for special populations

**OBJECTIVE 2: Strengthen routine immunization systems**

Despite significant interventions, routine immunization coverage in the hard to reach border areas targeted by the project, remain dangerously low. For the most part, OPV3 coverage rates remained below 40% based on a final evaluation survey conducted in July 2012. The service delivery aspect of immunization in Ethiopia is done by government health staff at health facilities and outreach sites. The CORE Group Polio Project in Ethiopia supports the government in strengthening its immunization system through several strategies: technical support to health workers and health extension workers; logistics support to health centers and health posts; and community mobilization by community volunteers to increase the utilization of health services.

*Technical Support:* Partner program officers, secretariat program officers, and woreda health staff provided Immunization in Practice (IIP) training, Cold Chain Users training, and Inter-personal Communication (IPC) training to health workers at the health center level and health extension workers from health posts using standard IIP modules. The CGPP organized trainings based on supervision findings and according to the joint annual plan developed by CGPP implementing partners and their respective woreda health offices during the annual partner planning meeting in Addis Ababa.

**Training support to routine immunization system (Oct. 2011 – Sept. 2012)**

| Type of training | Number of Health Workers/ Health Extension Workers trained |
|---|---|
| **Immunization In Practice (IIP)** | 579 |
| **Cold Chain Users** | 339 |

| | |
|---|---|
| **Inter-Personal Communication** | 19 |

*Logistics Support:* CGPP implementing partners provided logistics support to health posts and health centers whenever a shortage or gap was identified to ensure the continuation of immunization services. Logistics support included the provision of kerosene for the refrigerators, benzene for motor bikes used for outreach services and diesel fuel for vehicles used for outreach services or to transport vaccines to health posts. Refrigerator maintenance was done in the case of non functional refrigerators to avoid interruption of immunization service delivery. Similarly, implementing partners coordinated the repair of out-of-service motor bikes.

**Logistics support to routine immunization system (Oct. 2011 – Sept. 2012)**

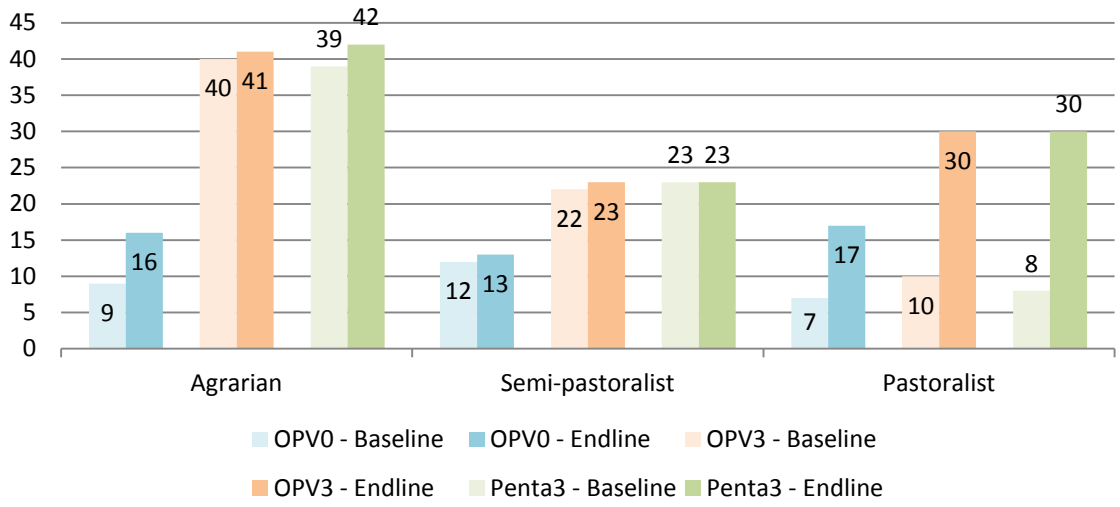
| Activity | Amount |
|---|---|
| **Kerosene distributed (liters)** | 41,541 |
| **Benzene/diesel fuel distributed (liters)** | 29,620 |
| **Supplies for recording and reporting** | 1,110 |
| **IEC materials distributed to health facilities** | 635 |
| **Refrigerators maintained** | 907 |
| **Motorbikes maintained** | 1,298 |

*Social Mobilization/Demand Creation:* Community volunteers work to increase the utilization of routine immunization services by communicating the importance of and opportunities for vaccination through house-to-house visits, health education sessions, and discussions at public gatherings. With special knowledge of and access to their communities, volunteers collaborate with their respective woreda Health Extension Workers to register all pregnant women and newborns, trace defaulting children, and spread the word about vaccination outreach events in their respective catchment areas. In the reporting period, volunteers supported routine immunization in their communities by making the following referrals:

**Mobilization support to routine immunization system (Oct. 2011 – Sept. 2012)**

| | Number referred |
|---|---|
| **Pregnant women identified and referred to HEW for TT** | 87,614 |
| **Newborns identified and referred to HEW for OPV0** | 28,153 |
| **Newborns identified and referred to HEW for missed OPV0** | 11,514 |
| **Defaulters <1 identified and referred to HEW for missed vaccinations** | 8,790 |

**OPV0, OPV3 and Penta3 coverage among children, 12 -23 months of age, with vaccination cards in project areas (Source: 2008 baseline and 2012 endline surveys)**

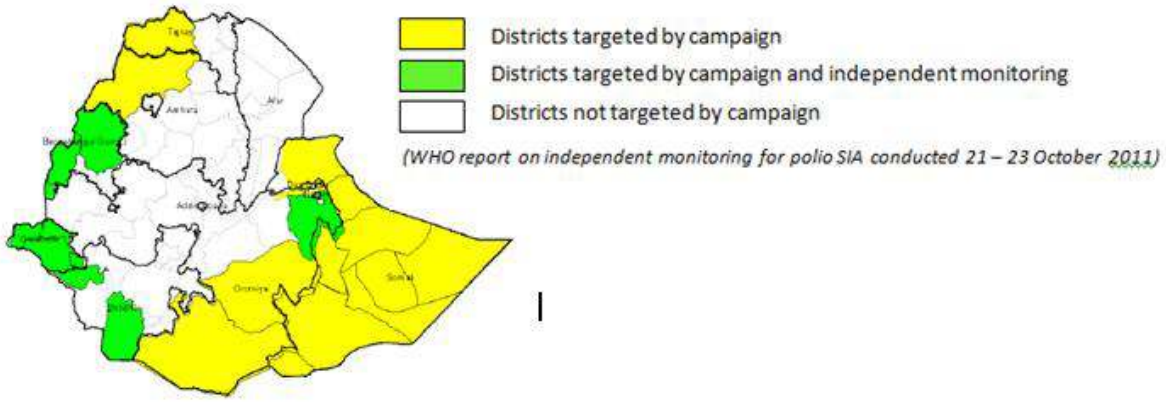



**OBJECTIVE 3: Support supplemental polio immunization activities**

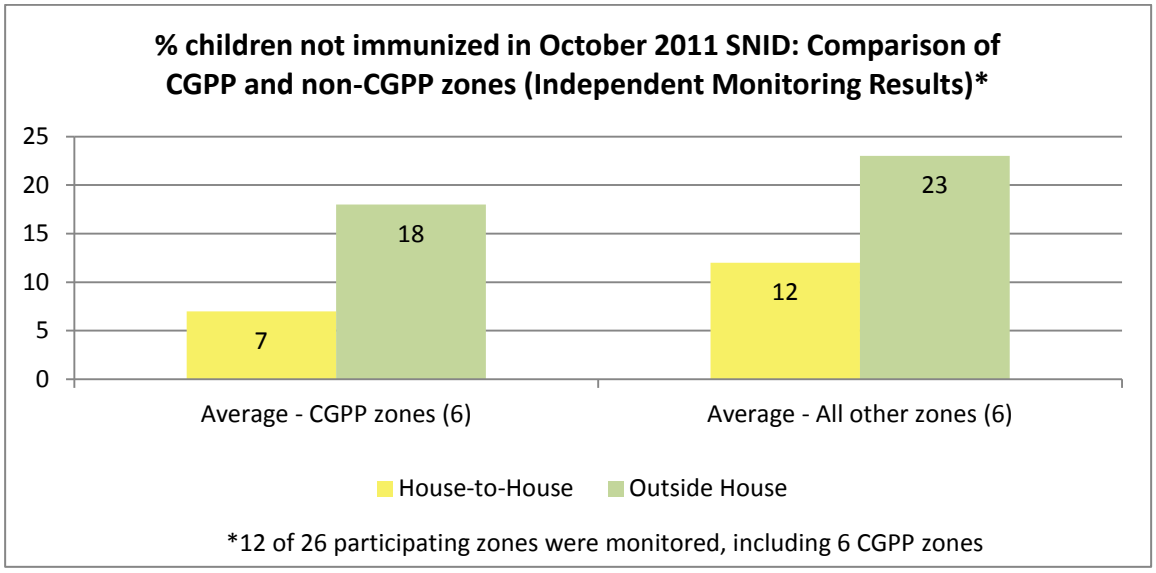
Two rounds of sub-national immunization days were held in October and November 2011 targeting high-risk zones primarily along the border where there is high population movement and low routine immunization coverage (See map). Independent monitoring results demonstrated that NID coverage was better in CGPP areas than the country average despite the fact that CGPP focuses on the hardest to reach at risk populations. Monitoring results also demonstrated that there were far fewer children in the homes than outside the homes. Overall, the NID coverage in still too low with 7% of children missed house- to-house monitoring and 18% missed outside the house in CGPP areas.

The CORE Group secretariat and implementing partners in participating areas of Beneshangul Gumuz, Gambella, Oromiya, and Somali regions supported these efforts.

Independent monitoring of the October SNID was conducted in 12 of 26 participating zones. CORE Group implements the CGPP in six of these, four in Gambella and one each in Beneshangul Gumuz and Oromiya (see graph). Monitoring results from the six CGPP zones shows the percentage of children not immunized in the campaign to be at or below 20 percent for both house-to-house sampling and outside sampling in all but one instance (outside sampling in Asosa, Beneshangul Gumuz). According to results from house-to-house sampling, only one of six zones registered greater than 10 percent missed children. Likewise, according to outside sampling, two of six zones registered greater than 10 percent missed



children.



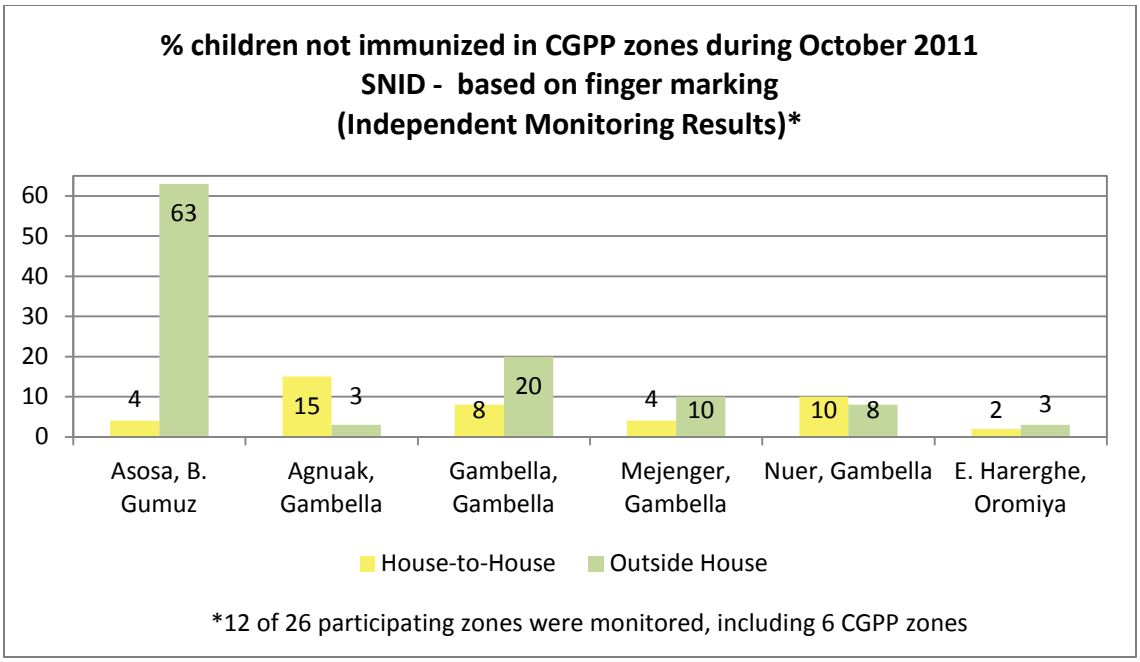

in the

*Secretariat Involvement:* As members of the SIA Task Force, the CORE Group Secretariat supported national-level decision-making and preparations for both polio rounds. Secretariat staff also deployed to Beneshangul Gumuz and Gambella regional states where they were actively involved in pre-, intra-, and post-campaign activities at the regional-level. Staff supported microplanning and intra- and post-campaign monitoring in both states and organized the high-profile regional launching ceremony in Beneshangul Gumuz.

*Partner Involvement:* Six implementing partners provided technical and logistical support to the polio rounds in their respective woredas. Technical support included the provision of SIA social mobilization training for community leaders and project volunteers, the involvement of partner field officers as campaign supervisors and the participation of community volunteers on vaccination teams. Implementing partners provided fuel for refrigerators and supported the transport of vaccines, vaccination teams, and campaign supervisors.

In project areas where the routine vaccination program has particular difficulty in reaching target infants, woreda health offices, in collaboration with CGPP field offices, conducted enhanced routine immunization activities (ERIAs) to ensure as many children as possible were reached.

| CGPP partner support to two rounds of SIAs (October and November 2011) | |
|---|---|
| Community leaders and volunteers trained in social mobilization for SIAs | 1,473 |
| Project volunteers serving on vaccination teams | 1,059 |
| Partner staff acting as campaign supervisors | 47 |
| Fuel provided for refrigerators and vehicles (liters) | 10,232 |
| Partner vehicles deployed for transportation of vaccines, vaccination teams, and supervisors | 33 |




When compared with the six non-CGPP zones, the average of children not immunized in the campaign was five percentage points less in CGPP zones for both house-to-house and outside of house sampling (see graph).

**OBJECTIVE 4: Support efforts to strengthen AFP surveillance**

The national Non-Polio AFP rate has remained above two per 100,000 for children under 15 years of age for the last seven years and in woredas covered by CGPP volunteers and a large number of those cases were reported by project volunteers. In the reporting period, 42 cases of acute flaccid paralysis were expected in the project's 55 implementation woredas; project volunteers reported 40 cases.

Project volunteers are the cornerstone of community-based surveillance and work with the objective of bridging the gap between the community and formal surveillance mechanisms. As one Health Extension Worker reflected,

"*I think working as an HEW could have been more challenging and daunting had it not been for the intervention of CVSFPs. They go to remotest areas where I could not due to work overload here. They are also very good at educating the public about the signs and symptoms of vaccine preventable diseases.*"

Volunteers are involved in active case searching for acute flaccid paralysis and other diseases through a number of surveillance activities. Activities include house-to-house visits, health education sessions, discussions at community events, and meetings with key community stakeholders (religious leaders, traditional healers, etc.). Through these activities, volunteers also discuss the signs, symptoms, and consequences of polio and other diseases, disease prevention including routine immunization, and to whom community members should report suspected cases.

In FY2012, over 4,000 project volunteers were actively working in community-based surveillance and accomplished the following:

**Volunteer activities supporting community-based surveillance and routine immunization (October 2011 – September 2012)**

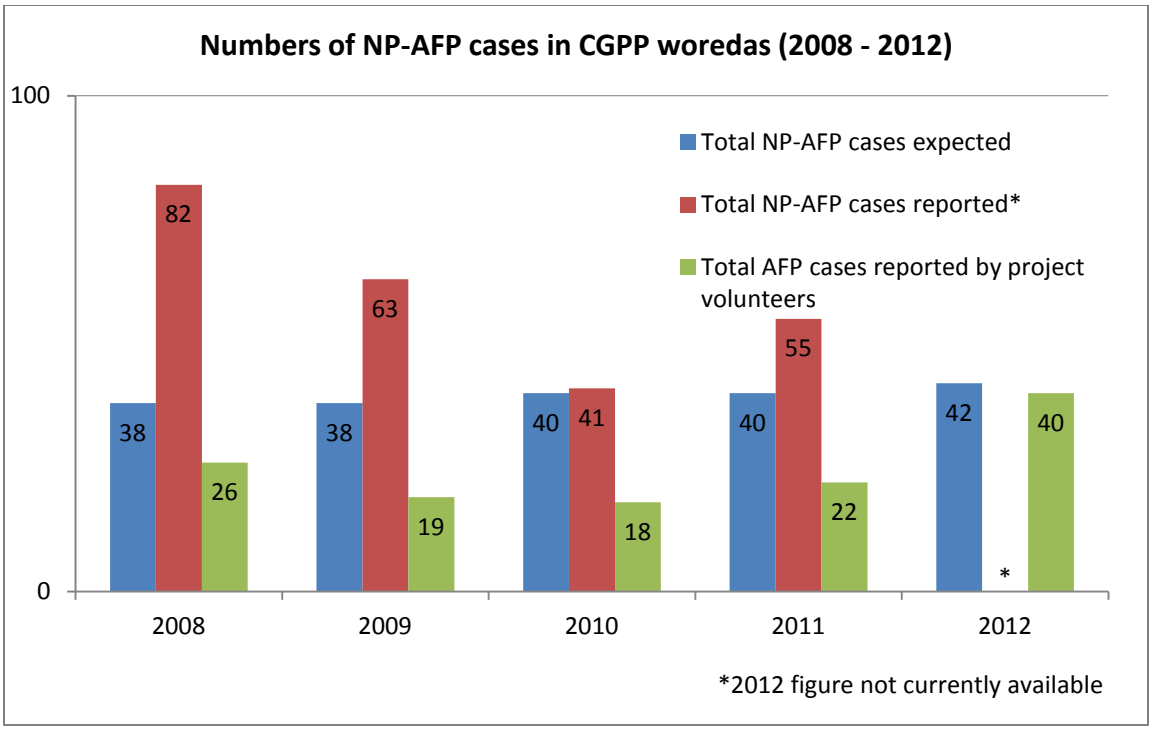
| Activity | # CVSFPs conducting activity | # activity conducted | # people reached |
|---|---|---|---|
| **House-to-house visits** | 4,536 | 517,117 | 1,560,487 |
| **Case searching/ health promotion at community gatherings** | 4,148 | 110,821 | 1,952,261 |
| **Health education sessions** | 4,185 | 102,651 | 2,154,391 |

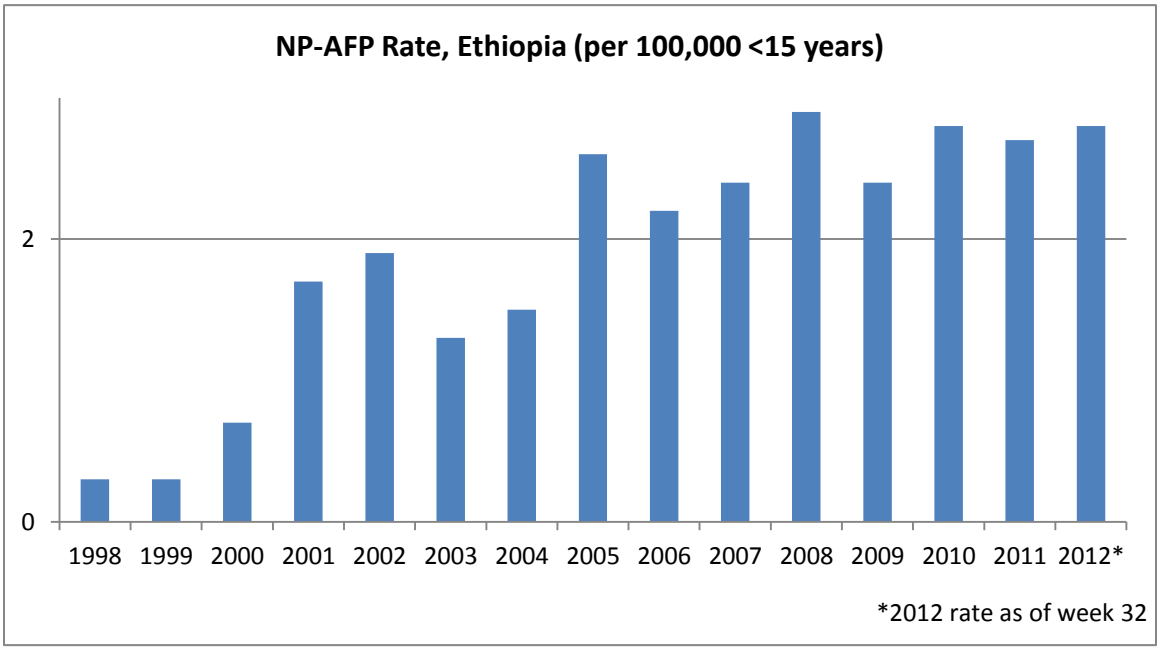
**Volunteer training supporting community-based surveillance and routine immunization (October 2011 – September 2012)**

| Training | # trained |
|---|---|
| **Community-based surveillance for new volunteers** | 966 |
| **Community-based surveillance refresher training for volunteers** | 1188 |

One volunteer-reported case of AFP in Silte Zone, SNNPR was determined to be VDPV2 from mop-up activities in the area.

The graph below shows project volunteers' contributions to NP-AFP surveillance through active case searching and reporting from FY2008 to FY2012. The numbers of total NP-AFP cases reported in CGPP woredas may also reflect cases of NP-AFP reported by community members directly to health facilities as a result of volunteers' education efforts.




**OBJECTIVE 5: Supporting timely documentation and use of information**

*WCPH panel discussion and poster presentation:* CORE Group Ethiopia was instrumental to ensuring that polio eradication and the CORE Group Polio Project were well represented at the World Congress on Public Health held in Addis Ababa in April. CORE Group Ethiopia coordinated the panel discussion

'Polio Eradication: Global Health Public Emergency'. Representatives from WHO AFRO and EMRO, the MOH, and CORE Group Ethiopia participated in the panel and presented topics on the global aspect of polio eradication, polio eradication in conflict countries, civil society contributions to polio eradication, and the status of polio eradication in Ethiopia.

The project also presented two posters: one on the collaboration between HEWs and project volunteers and the other on community-based surveillance and immunization data quality in project woredas. Both posters ranked in the top ten of all posters (560) presented at the conference.

*Final evaluation and special study in pastoralist and semi-pastoralist areas:* In the reporting period, the project conducted both a final evaluation of all project areas and a special study looking specifically at the status of surveillance, newborn tracking and the polio birth dose, and cross-border immunization service delivery in pastoralist and semi-pastoralist project areas. The results of both are being combined and will be used to guide project strategies and strengthen activities in the new year as CORE Group Ethiopia turns its focus exclusively on border areas in pastoralist and semi-pastoralist areas.

*Annual review meeting:* The secretariat hosted its CGPP Annual Review Meeting in July with participants from partner country and field offices, woreda health offices, zonal health offices, and some regional health bureaus. The primary objective of the meeting is for partners and their respective government health officials to collaboratively plan the project's woreda-level activities for the coming year using administrative, monitoring, and evaluation data, and current EPI and surveillance information presented by representatives from the MOH, WHO, and UNICEF.

*Quarterly upportive supervision and review meetings:* Partner project officers and woreda health office staff provided joint quarterly supportive supervision to Health Extension Workers, which focused on the partnership between HEWs and project volunteers, HEW competency on surveillance and EPI, and the quality and quantity of volunteer activities. General actions taken in response to supportive supervision visits included on-the-job training for HEWs, particularly in the areas of documentation, cold chain monitoring, and proper supervision of project volunteers.

Partner project officers and woreda health office staff also hosted quarterly review meetings attended by both HEWs and project volunteers where they were provided information and training on topics identified during quarterly supervision visits.