



Reaching Every Child Across All Settings – Learning from Practice and Implementation from the CORE Group Polio Project



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From left: Moderator, Lee Losey, CGPP Deputy Director; Samuel Usman, Secretariat Director, CGPP Nigeria; and, Anthony Kisanga, CGPP Secretariat Director, South Sudan

The CORE Group Polio Project Secretariat Directors from South Sudan and Nigeria spoke of their work in protracted conflict situations to reach vulnerable children with polio immunization. To support the global push to eradicate polio and to improve child health, the directors addressed the need to integrate immunization services with nutrition, safe water, good hygiene practices, and other health promotion activities that go beyond simply providing two drops of Oral Polio Vaccine (OPV.) CGPP Deputy Director Lee Losey, who served as the first CGPP Secretariat Director in Angola, moderated the concurrent session.

The CORE Group Polio Project, funded by USAID, began in 1999 with the goal of actively engaging Civil Society and NGOs in the polio eradication effort. At the time, the world was struggling with 350,000 cases of Wild Polio Virus (WPV.) As of June 2018, only 11 WPV cases had been confirmed: 8 in Afghanistan and 3 in Pakistan.

The main strategies of the CGPP are mass immunization campaigns targeting millions of children under 5, independent campaign monitoring to verify the quality of the campaigns and robust disease surveillance by the community in addition to health facility professionals. In addition to its work in South Sudan and Nigeria, CGPP presently works through more than 20,000 on-the-ground workers in India, Ethiopia, Kenya, Somalia, Afghanistan and northern Uganda; a group of nine international NGOs and 30-plus local NGOs coordinate efforts to the eradication of polio.

The project is based on the Secretariat Model, an approach grounded on a collaborative, cooperative approach that includes bundled funding proposals from USAID. “One of the greatest strengths of this project has been the coordination and collaboration from the very start,” Mr. Losey said.

Both Secretariat Directors spoke of working in security-challenged areas and the complicated efforts to reach unimmunized and under-immunized children with life-saving immunization services. The Boko Haram insurgency in northeast Nigeria and the prolonged civil war in South Sudan have caused the forced displacement of millions of people, creating severe humanitarian crises.

CGPP South Sudan Secretariat Anthony Kisanga spoke of his work over the last eight years in insecure, hard-to-reach and dangerous settings due to brutal conflict's beginning in mid-December 2013 that followed the multi-decades' long Civil War. South Sudan's independence in 2011 brought peace that lasted only two years when fighting resumed in 2013. The conflict has left 1.7 million South Sudanese internally displaced. More than 1 million have fled to northern Uganda and another 1 million have sought safety in Sudan, Kenya and the Democratic Republic of Congo. Fifty thousand people are feared dead, including more than 95 health workers.

Despite severe access limitations, the South Sudan program capitalizes on its neutral approach in working with both government and opposition-controlled areas to strengthen surveillance and to provide immunization services. The Secretariat provides independent, post-campaign monitoring across the country and community-based AFP surveillance in 35 conflict-affected counties.

The health infrastructure in South Sudan is dysfunctional with minimal access to basic health services including immunization; the fighting has left health facilities destroyed and health workers displaced, Mr. Kisanga said. The country has insufficient population immunity against a wild polio virus importation and there are inaccessible areas of the country that could potentially harbor undetected virus circulation should an importation occur. Special efforts such as Special Vaccination Posts along the borders and routine immunization outreach sessions have been valuable for reaching displaced populations, including refugees who are fleeing conflict zones, and nomadic populations.

Flexibility and rapid responsiveness are critical to the South Sudan's accomplishments. "When war comes, people focus on how will my family survive. Where will my family get food? Food becomes a top priority," Mr. Kisanga said in explaining the need to integrate immunization services, for example, with the UN World Food Program's distribution schedule and other nutrition programs.

The CGPP is a people program: "We push the ownership to the community from the beginning," said Mr. Kisanga.

Shifting partnerships from the international partners to the local partners who have gained essential trust from the local communities/authorities and have readily available infrastructure on the ground. Within a brief three-month period, CGPP South Sudan rapidly expanded from 8 southern counties to 35 hard-to-reach counties in the northern part of South Sudan and recruited over 3,500 community based network volunteers. Strong supportive supervision is crucial to achieve high-quality impact, Mr. Kisanga stressed.

In Nigeria, the Boko Haram insurgency has displaced more than 1.7 million Nigerians since 2013. The Theatre Commander of the Nigerian Army North East Military Command is now working with the Ministry of Health, the National Polio Emergency Operations Center and Development partners like CGPP to reach thousands of displaced children in the security-compromised Local Government Areas (Districts), reported Dr. Usman.

Extremist attacks have destroyed large swaths of farming land - contributing to severe food shortages and creating critical levels of malnutrition. Due to the conflict-induced food insecurity, the Nigeria Secretariat has been integrating immunization services with nutrition services by combatting moderate acute malnutrition with a cereal-soy-groundnut blend known as “Tom Brown,” or Garin Bulbul in local language. Community volunteers prepare the nutrient-dense diet to promote recovery from malnutrition and promote life-saving vaccinations at the same time. Multiple interventions, such as WASH and health camps, added to the immunization messaging to improve vaccination acceptance and uptake, Dr. Usman said.

CGPP Nigeria works with the government, local partners, and the military to reach inaccessible children. More than 2,000 female volunteer community mobilizers go house-to-house to vaccinate children; this cadre of volunteers has been tapped to assist with the recent measles outbreak response. Religious and traditional leaders play an integral role in social mobilization efforts. These combined efforts between CGPP, Government and other partners have resulted in 19 months without a WPV case.

To successfully work in conflict-affected areas, Dr. Usman said fully understanding the political, social and economic context is a must. “You need to identify local resources: know the context, know the issues, know the local language, know the local actors.” Building capacity using simple tools is essential, he added.

“The beauty is that if you work closely with the locals, you work closely with traditional leaders who work closely with the role models, they’re able to collaborate with you so as to help you to reach the people in need,” Dr. Usman said.

The CGPP has been actively involved in ongoing discussions on transition planning to ensure critical functions continue, particularly the need to sustain population immunity by transferring the knowledge and skills of volunteers. Once polio is eradicated, the volunteer community mobilizers in Nigeria will be seamlessly transitioned to CHIPs, the Community Health Influencers, Promoters and Services that is being championed by the National Primary Health Care Development Agency (NPHCDA). In South Sudan, the infrastructure of the community-based surveillance network is slated to be transitioned to the Boma Health Initiative, a new approach to community health service delivery lead by the Republic of South Sudan’s Ministry of Health and partners to provide sustainable delivery of essential health care and public health programmes at the community level.

