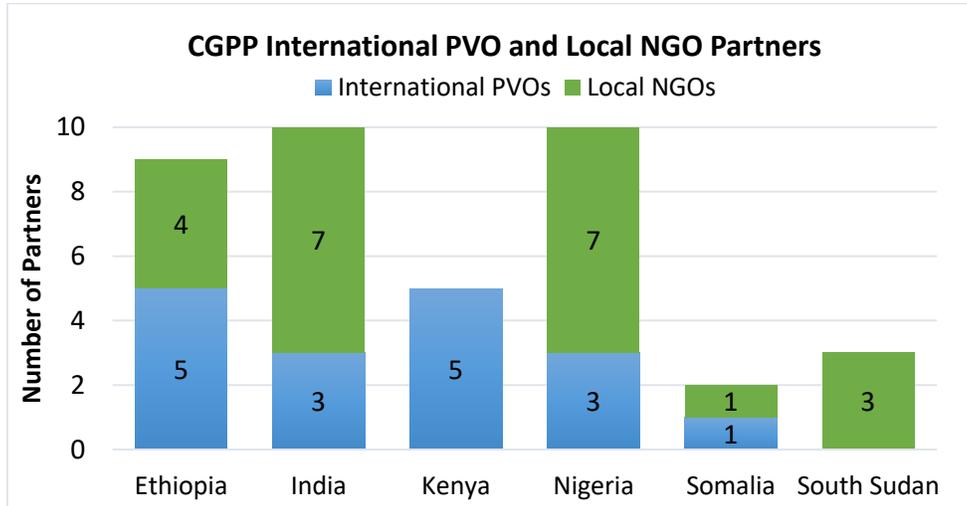


FY2018 Q2: CORE Group Polio Project (CGPP) Global Quarterly Update from January through March 2018

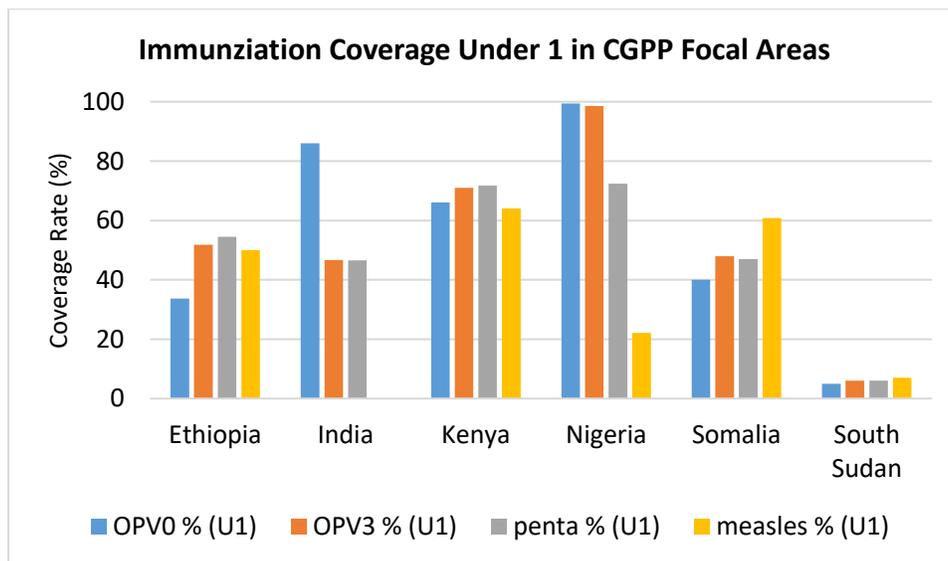
CGPP Partnerships

During FY2018 Quarter 2, CORE Group Polio Project implemented activities in six countries: Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan. Within each country, CGPP Secretariats operated in high-risk locations in partnership with local NGOs and international PVOs.



Routine Immunization Coverage

Immunization coverage in the CGPP focus countries is highlighted in the graph below. Coverage rates for OPV0, OPV3, Penta3/Penta5, and measles are shown for children under 1 year old. (Note: Measles coverage for under 1 was unavailable for India. It is reported in the narrative for children 12-23 months).

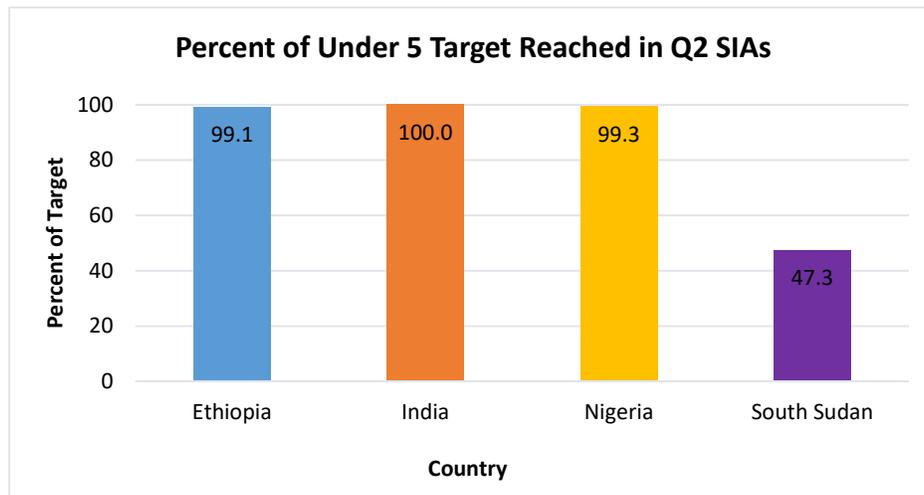


*** *Data Sources: India, and Nigeria data is from project registers; Ethiopia (government reports), Kenya/Somalia (the MOH DHIS 2 Tool) South Sudan data is from national administrative data reported by the government****

- CGPP Ethiopia reported coverage of OPV0 (33.7%), OPV3 (51.8%), Pentavalent3 (54.4%), and measles coverage (50.0%) for under ones. CGPP Ethiopia identified 21,884 pregnant women for antenatal care (ANC) and follow up; 9,463 newborns and 3,459 defaulters were identified and referred for vaccination. To increase RI coverage in the project woredas (including adjacent cross border districts) CGPP Ethiopia provided office supplies, reporting formats and EPI registers and 163 IEC materials were provided.
- CGPP India coverage of OPV0 (86.0%), OPV3 (46.7%), Pentavalent3 (46.6%) and measles coverage (92.1%). (Note: India's measles coverage is only available for children 12-23 months) Maintenance of high population immunity through high routine immunization coverage is crucial in India to maintain polio-free status. CGPP partners support through community mobilization and field monitoring. Field teams provided support in strengthening micro plans, dissemination of campaign messages through interpersonal and group meetings, monitoring of routine immunization sessions, and meetings with religious leaders/influential people.
- CGPP Kenya reported coverage of OPV0 (66.1%), OPV3 (71.0%), Pentavalent3 (71.8%), and measles coverage (64.0%). CGPP supported 98 outreach clinics to improve access and uptake of routine immunization, resulting in 8,061 children immunized with various antigens. The project supported the distribution of immunization reporting tools to 22 health facilities in Wajir South sub-county, and provided logical support to Mandera county for vaccine and supply transport from Nairobi to sub-counties. CGPP supported Turkana County Department of Health in assessing faulty cold chain equipment in health facilities bordering South Sudan. Additionally, 20 healthcare workers were trained on microplanning in Kamukunji sub-county of Nairobi.
- CGPP Nigeria reported coverage of OPV0 (99.4%), OPV3 (71.0%), Pentavalent3 (72.4%), and measles coverage (22.1%). RI activities in Nigeria are solely referrals made during house-to-house mobilization, supportive supervision and monitoring of Fixed Post sessions in Health Camps during IPDs and follow-up of RI track defaulters etc. In this quarter, there is slight increase in the number of children reached in focal area from 163,211 in first quarter to 169,824 in the second Quarter.
- CGPP Somalia reported coverage of OPV0 (40%), OPV3 (48%), Pentavalent3 (47%) and measles coverage (60.8%). The project supports 17 peripheral health facilities to provided immunization outreach services. A total of 7,599 children immunized through the outreach clinics in the six border districts. CGPP-IPs in Somalia have carried out social mobilization for Routine immunizations outreaches in 98 border villages for 328,780 persons. During the quarter, CGPP project supported a refresher training for 49 health staff on Routine immunization, Cold chain and documentation to health facility staffs at Dholebey and Diff border towns; RI microplanning coaching sessions for 30 health service providers at border health facilities in Lower Juba; conducted EPI training for 22 health workers from Lower Juba, Somalia Diff Health Center.
- CGPP South Sudan reported coverage of OPV0 (5%), OPV3 (6%), Pentavalent3 (6%) and measles coverage 7%). A total of 74 (58 men, 16 women) were trained as CGPP conducted a 3 day training on immunization practice and health information systems to health support strengthening of the national immunization system in South Sudan. Trainees included community vaccinators, payam polio assistants, and county polio supervisors. 10,060 children under the age of 1 and women of childbearing age were vaccinated within the quarter in 11 counties, mostly along the borders of Ethiopia, Kenya and Uganda. 3682 (36.6%) were vaccinated with oral polio vaccine.

Polio Campaigns

Polio campaigns took place in Ethiopia, India, Nigeria, South Sudan. High rates of vaccination were reported during SIAs. In Ethiopia, India and Nigeria, 99-100% of the target under 5 population was reached in these efforts; South Sudan reached 47.3% of its target, an achievement given the breadth of the conflict there.



Data Source: National Administrative Data

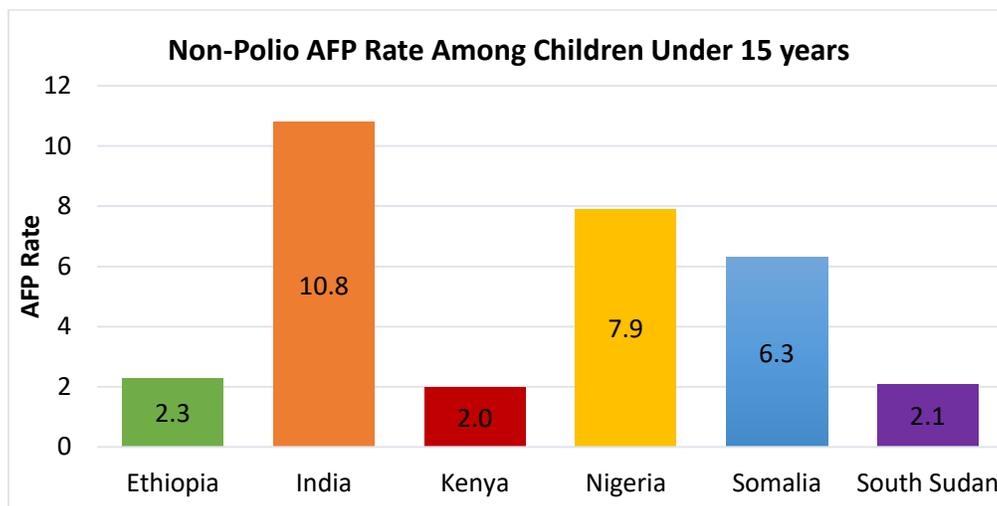
- CGPP Ethiopia. One Sub National Immunization Day (SNID) was conducted (January 2018) in CGPP implementation areas. During the campaign, 99.1% of the target were immunized. Eleven CGPP staff provided technical support during pre, intra and post campaign. In addition, 830 liters of fuel, 8 vehicles and 4 motor cycles were provided to support the SNID. A total of 366 CVs/HDALs participated on social mobilization activities during the campaign.
- CGPP India. Two NIDs (national immunization day) rounds were held in this reporting quarter. The first NID was held in January 2018 and second NID round was held in March 2018. Both the NIDs were intensively observed and monitored in all the program districts. A delegation from Afghanistan came during the March SIA to observe and learn about the best practices. CGPP areas achieved 100% of targets, and more than 80% booth coverage in CMC areas due to extensive social mobilization activities.
- CGPP HOA. No SIA was conducted in the second quarter in HOA. However, the project provided technical and logistic support to the cholera response in Turkana South, Central and Loima sub-counties of Kenya. Technical and logistic support was also given to support the measles vaccination campaign in Jubbaland State.
- CGPP Nigeria. In January 2018, thirteen states of Nigeria which included all CGPP-focal states participated in SIAs while only the North-Eastern states (Yobe and Borno inclusive) participated in March, 2018 round. During the two rounds, an average of 99.3% of the target was reached. CGPP provided technical support to the IPDs: attended pre-IPDs trainings and facilitated sessions, the VCMs mobilized parents and USC from House-to-House (H2H), supervised field activities and attended review meetings etc. Community volunteers worked closely with vaccination team and community leaders during the SIAs Community house to house visits, social mobilization, and encouraged mothers to bring their children for OPV, handing out candy,

detergent, milk, and soaps. The number of vaccinated children climbed from 506,034 in Q1 to 511,900 in Q2. Other activities supported by all Secretariat and state staff included Directly Observed Polio Vaccination (DOPV) which occurs two days before the IPDs and Mop-up. The number of non-compliant cases also dropped in this quarter (from 4224 in Quarter 1 to 2094 in Quarter 2) due to intensive Social Mobilization and awareness raising to address the factors leading to the Non-Compliance.

- CGPP South Sudan. CGPP participated in PCE of the sub-national March 2018 polio immunization campaign. As part of this effort, CGPP held a 2-day refresher training for 15 campaign central supervisors; 113 teachers were trained as data collectors, and were deployed in 30 counties of 5 states. PCE results: During subnational immunization days, a total of 13,357 children were surveyed, of which 11,263 (84.3%) under 5 were verified to be vaccinated; 8.8% were zero dose; 91.1% were reached by social mobilization messaging.

AFP Surveillance

The graph below shows the non-Polio AFP rate (per 100,000 children under 15 years of age) in each of the CGPP focal countries.



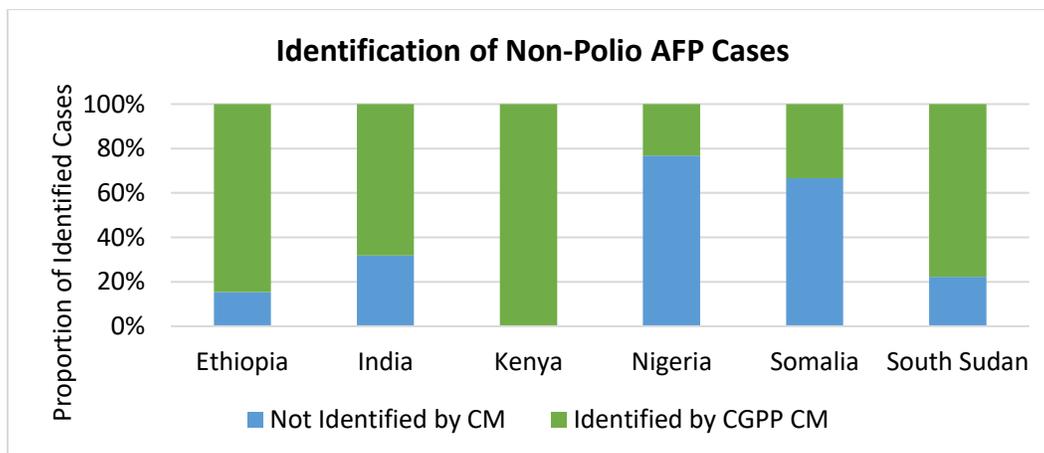
Data Source: National Administrative Data

- CGPP Ethiopia. During Q2, project CVs/HDALs reported 11 of 13 (85%) non-polio AFP cases from CGPP implementation districts. Additionally, project CVs/HDALs reported 386 of 468 measles cases in CGPP districts. The NAFFP rate was 2.3 per 100,000 under 15 years in CGPP project areas.
- CGPP India. Routine activities were performed as part of AFP surveillance. A total of 69 non-Polio AFP cases were reported in CGPP districts. Of these, 22 (68.1%) were identified by CGPP. The NAFFP rate was 10.8 per 100,000 under 15 years in CGPP project areas.
- CGPP Kenya. Eleven suspected AFP cases were reported from Mandera, Turkana, and Garissa counties. Of these 11, all (100%) were reported by CGPP CMs/CHVs. The CGPP facilitated the transportation of the specimen to the national referral laboratories; all were found to be negative. The non-Polio AFP rate was 2.0 per 100,000 under 15 years in CGPP project areas.
- CGPP Nigeria. VCMs and Community Informants (CI) actively searched for suspected AFP cases within their settlements. A total of 121 AFP cases were reported in this quarter reported across

the focal LGAs out of which 28 (23.1%) were reported by CGPP team. The NPAFP rate in CGPP focal areas of Nigeria was 7.9 per 100,000 under 15 years.

- CGPP Somalia , CGPP Somalia worked closely with the community members, WHO district staffs and Volunteers. A total of 8 AFP cases were detected, 4 (25.0%) were reported by CGPP community workers. The non polio AFP rate was 6.3 per 100,000 under 15 years.
- CGPP South Sudan. CGPP supports a robust community based surveillance network in 36 counties of Unity, Upper Nile, Jonglei, and Eastern Equatoria States through a network of 3,520 key informant volunteers. In the quarter, they held 1,403 health sessions, to increase awareness on key AFP surveillance identification, reaching 26,903 community members. CGPP provided supportive supervision to 35/36 counties, ensuring that the community based surveillance system is functioning effectively. During the quarter, 44 true AFP cases were reported, 28 AFP cases; 28 stool samples were taken and transported Juba. Of the 44 true cases, 28 (63.7%) by CGPP. The AFP rate was 2.1 per 100,000 under 15 years.

CGPP community mobilizers play a crucial role in community based AFP surveillance and well as social mobilization. The chart below shows the percent of cases of non-Polio AFP in CGPP focal areas that were identified by CGPP community mobilizers.



Data Source: Project data collected by CGPP

Community Mobilizers and Volunteers

Community mobilizers are the backbone to CGPP activities in the six project countries. During Q2, they participated in training, held community meetings, participated in surveillance, sensitized communities, addressed barriers, and worked to mobilize communities to participate in immunization. A total of 18,230 CGPP community mobilizers were active and reached 5,814,376 people during Q2. The number of community mobilizers for each of the project country and the reported outreach can be found below.

CGPP Country	# of Community Mobilizers	% of mobilizers who are male	Reach of Community Mobilizers (# of people)
Ethiopia	11,153	16.1%	490,310
India	1,007	3.91%	2,373,830
Kenya	83	89%	392,930

Nigeria	2,348	12%	2,213,000
Somalia	169	89%	179,638
South Sudan	3,470	87%	26,903
TOTAL	18,230	-	5,814,376

- CGPP Ethiopia. 11,153 CVs/HDALs supported immunization and surveillance activities. During Q2, CGPP Ethiopia CVs visited 191,963 households, reaching 490,310 people with social mobilization activities.
- CGPP India. A total of 1,005 CMCs is working in twelve districts of Uttar Pradesh. They organized 51 community meetings, 104 Village Health Sanitation and Nutrition committee (VHSNC) meetings, 354 Coordination Meetings with frontline workers – ANMs, ASHAs, AWWs. In addition, the Community Mobilization Coordinators (CMCs) conducted 63,250 Interpersonal Communication (IPC) sessions and 6049 group meetings with pregnant women and mothers of children under 5 years old. A total of 561 ‘CMC Sakhis’ (*A friend of CMCs who help conduct various mobilization activities at the community level – a strategy of transferring knowledge and skill*) were identified and trained during this quarter. Hands-on training was provided to CMCs during supportive supervision by block and district level staff.
- CGPP Kenya. 83 CMs provided community mobilization, community base surveillance, AFP case detection, and reporting. During the quarter, community mobilizers reached 392,930 people with social mobilizations activities through public address systems, public gatherings, religious gatherings and house to house meetings. The CGPP Garissa project team conducted AFP social mobilization and routine immunization outreach in seven Kenya-Somalia border villages. A total of 3432 individuals received AFP messages, and 174 vaccinated during the outreaches, with IPV used during the outreach. CGPP through CRS Kenya, collaborating with the sub-county health management teams, trained 36 CHVs attached to border health facilities to intensify cross-border AFP surveillance along the Kenya-Ethiopia border.
- CGPP Nigeria. There was a total of 2,132 Volunteer Community Mobilizers (VCMs) and 216 Volunteer Ward Supervisors (VWS) who are coordinated by LGA Coordinators (LGACs) across the 32 LGAs where CGPP provides support. During the quarter, VCMs intensified effort to conduct in-between round (social mobilization) activities such as; community dialogues, compound meetings, house-to-house sensitization, tracking of newborn, vaccination at naming ceremonies, tracking of defaulters and referral of mothers with under five children for routine immunization. Health education was provided to mothers with key messages about polio vaccination, RI, ANC for pregnant women, personal hygiene, malaria prevention, and nutrition. All VCM, VWS and LGACs from the focal states participated in pre-IPDs training in January and March. New VCM registers were produced and distributed to the VCMs.
- CGPP Somalia. 169 community mobilizers were active in social mobilization outreach reaching 256,500 persons in 42 villages in Dollow and Balat-Hawa. Community dialogues immunization targeting pregnant and nursing women reached 14,831 mothers and 7,358 males. Bi-monthly community sessions on AFP case detections and 98 community dialogues were held on this topic. An AFP refresher training was conducted was held for 67 CMs, CHVs, and Village Polio Volunteers at Kulbiyo and Ras-Kambooni in Lower Juba, Somalia.
- CGPP South Sudan. During the quarter project trained and deployed 25 social mobilizers to conduct house to house polio campaign mobilization in Pageri, Mugali, and Nimule Payams reaching 1,824 households and a total of 3,375 (1,950 females, 1,425 males) with key polio vaccination messages.

Monitoring, Evaluation, Accountability, and Learning

- CGPP Ethiopia. A site visit was made by a CGPP program officer to SNNPR, S/Omo zone Benatsemy woreda to visit 1 health center and 1 health post.
- CGPP India. The program continues to use existing monitoring tools and following standard practices to maintain quality data and timely reporting. A data collection template was developed and shared for the Barber Shop Initiative.
- CGPP HOA. The Secretariat conducted five joint support supervisions for the CGPP project sites along the border of Turkana, Marsabit, Wajir, Mandera Counties and Kamukunji Sub-county in Kenya. CGPP Kenya and Somalia developed the Annual Environmental Mitigation and Monitoring Plan (EMMP) and received approval from USAID. During the quarter under review, the project monitored the medical waste management for the all the project supported health facilities and outreach sites and developed facility action plans.
- CGPP Nigeria. Supportive supervision was strengthened in the second quarter by using the checklists developed in the first quarter. All State M&E Officers, supported by their M&E Assistance (from CBO partners) worked closely with the secretariat to track program indicators and to document reports. Tracking of routine data was mainly based on the activities of the VCMs and their supervisors. Indicators monitored included, birth tracking, immunization of newborns and other USC at naming ceremonies, number of AFP cases detected and reported, number and types of trainings conducted, number of advocacy visits to religious, political and district leaders etc. CGPP VCMs updated their micro-census by identifying missed settlements, new-born and pregnant mothers within their catchment areas.

Cross Border Initiatives

During Q2, CGPP Kenya, Somalia, and Nigeria participated in cross-border initiatives to ensure the vaccination and surveillance of migrating populations and internally displaced persons.

- CGPP Kenya and Somalia. Kenya Cross-Border Health Committee Meetings: Five cross-border committee meetings were held in Liboi, Elwak, and Mandera of Dadaab sub-county. The key discussions were the cross-border movement of mobile population and intensification of the AFP active case search consequent to the isolation of the ES in Mogadishu. Planned Somalia, Ethiopia, and Kenya Polio Cross-Border Coordination forum at the border town of Dolow, Somalia was postponed due to the indefinite closure of the border at Mandera-Belethawa crossing point.
- CGPP Somalia. The project supported a cross-border polio coordination meeting held in Liboi border town of Dadaab sub-county. The key discussion was the monitoring of cross-border movement of mobile population and intensification of the AFP active case search consequent to the isolation of the ES in Mogadishu. The participants were Cross-border committees from Kenya (Liboi) and Somalia (Dhobley) together with MOH officials. To track the movement of nomadic pastoralist during this dry/rainy season as well as mapping of informal border crossing point and also to intensify AFP case search along the border, among the refugees.
- CGPP Nigeria. CGPP has remained a member of the Lake Chad Basin Coordination Committee through which it continues to support cross border activities in Yobe, Borno States. Meetings were held prior to the IPDs in January and March to make plans for the immunization of children along the border areas to improve coverage in border settlements and among migrating children.

- CGPP South Sudan. As part of the cross-border initiative, the project established 3 transient vaccination posts at Nimule check point and Panzala in Magwi County and Nadapal in Kapoeta East county during the March 2018 polio Sub National Immunization Days, with total of 784 children under 5 years (399 males and 385 females) vaccinated with one dose of oral polio vaccine within four (4) days of the polio campaign.

Certification and Transition Planning:

- CGPP India. CMC *Sakhis'* (friend of CMC) –A total of 230 'CMC *Sakhis'* (friend of CMCs who help CMCs on various mobilization activities at the community level) were trained on the know-how of conducting IPC and group meetings. During their supervisor's field visits on sight, hands-on training was also provided to *Sakhi's* and CMCs by the block and district level coordinators. Capacity building of government frontline health workers: More than two hundred ASHA and ASHA supervisor's skills were built on interpersonal communication in selected areas. The project will continue to conduct more training to build the capacity of CMC *Sakhis* and ASHAs.
- CGPP Nigeria. CGPP has continued to support Polio certification activities through its membership of the Polio Transition Technical Task Team (PT4) which coordinates Nigeria's Polio certification efforts. Currently, Nigeria is supporting work on the Polio Transition Business Case in Nigeria.

Project Challenges:

- CGPP Kenya. Insecurity along the Kenya Somali border hindered service delivery especially Mandera County. Drought is leading to a massive movement of pastoralist across borders.
- CGPP Somalia. Inaccessibility due to increased threats of armed groups and impassable terrain affected the project; vaccine stock out, including BCG and IPV at project health facilities also provided difficulties.
- CGPP South Sudan. Fighting between the government and opposition groups in counties like Koch, Uror and Mayendit continued to affect smooth project implementation due to displacement and destabilization of the surveillance system. However, CORE Group was able to swiftly regroup all its field staff after each fighting and continue providing community-based surveillance activities to the community.