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This summary details two key presentations made by the CORE Group Polio Project during the **Gavi CSO ConneXions 2018** conference held in Nairobi, Kenya. On September 11, a Donor Transition Advocacy Workshop included a panel discussion on the GPEI Transition with a specific focus on the CGPP focal countries of South Sudan, India and Nigeria. **CGPP South Sudan Secretariat Director Anthony Kisanga, CGPP Nigeria Secretariat Director Samuel Usman and CGPP India Communications Director Rina Dey** spoke of the impact on vulnerable populations due to the planned reduction of immunization funds from both the Global Polio Eradication Initiative (GPEI) and GAVI.

On September 14, the CGPP team provided insights from learnings on managing CSO networks during a dedicated session on Best Practices from the Polio Eradication Campaign. **Lee Losey, the CGPP Deputy Director and Technical Lead**, moderated both panel discussions and provided tips on working with donors. CGPP Secretariat Directors Kisanga and Usman addressed the CGPP's ability to access underserved children in hard-to-reach and insecure areas. Rina Dey joined **CGPP Ethiopia Secretariat Filimona Bisrat and CGPP Kenya and Somalia Secretariat Ahmed Arale** to discuss the project's innovative work along the borders of Ethiopia, Kenya, South Sudan, Somalia and Uganda as well as the use of behavior change communication to reach every child in India and the other CGPP countries.

### **Donor Transition Advocacy Workshop Gavi CSO ConneXions, Nairobi, Kenya September 11, 2018**

*Financial support for immunization from the Global Polio Eradication Initiative and Gavi, the Vaccine Alliance, is set to decrease in the next five to 10 years. In the three CGPP countries of South Sudan, India and Nigeria, transitioning from donor support will create multiple challenges as each country has unique circumstances. CSOs will need to influence the conversation in-country to advocate for the best use of domestic resources.*

#### **SOUTH SUDAN**

In **South Sudan**, a mere 5.8 percent of children are fully immunized. The protracted Civil War has left the country with among the worst health indicators in the world. As the conflict continues, the war has created 2.5 million refugees (more than 1 million have fled to Uganda) and 1.8 million Internally Displaced Persons (IDPs). A recent report states that 380,000 South Sudanese have died in the Civil War from violence, disease and malnutrition.

Three cases of circulating vaccine-derived polio virus (cVDPV2) in 2014 and 2015 exposed South Sudan's high vulnerability to another polio outbreak. A national outbreak response assessment review revealed that half of the counties (18 of 33) in the conflict-affected northern states of Jonglei, Upper Nile and Unity were silent – indicating an AFP surveillance system not sensitive enough to detect existing poliovirus cases. Funded by USAID and the Bill and Melissa Gates Foundation (BMGF), CGPP began work in South Sudan in 2010 and now operates in 36 the country's 80 counties. In October 2015, the CGPP extended its activities to all counties in the northern conflict states and hard-to-reach Kapoeta East. CGPP South Sudan operates through five national organizations to support Independent Campaign Monitoring, community-based surveillance and immunization systems strengthening.

Even as GPEI has waived co-financing for South Sudan until 2020, the country will experience a 77 percent decrease in GPEI funding between 2016 and 2019. By 2022, funding will be "minimum to zero." In South Sudan, 98 percent of polio funds also support Routine Immunization (RI) and disease surveillance, said Mr. Kisanga, adding that the South Sudanese government does not believe it should support immunization services. "Diminishing donor resources in the face on-going conflict" will serve as a blow to health goals and priorities in South Sudan, Mr. Kisanga said.

Mr. Kisanga explained that the CGPP, as a member of the South Sudan Polio Transition Plan Steering Committee, has been educating Ministry of Health officials and other stakeholders on the relevance of transition to address “the huge gap in knowledge that immunization contributes to the economy positively.” CSOs have a prominent role in advocating for allocation of resources for immunization, he said. The steering committee has reached all the significant transition planning milestones. In South Sudan, polio assets are planned to be transitioned to three identified national priorities: Expanded Program on Immunization (EPI); Integrated Disease Surveillance and Response (IDSR) and the Boma Health Initiative (BHI).

In developing strategies to move forward, the mapping of polio assets found that human resources are by far the largest and most valuable resource; 57 percent of staff working in the three northern conflict states receive support through polio eradication funds. Yet, the government is not stepping up to support health workers: “The government promised to support the human resource by supporting their salaries. Health workers have not received wages for more than eight months. So, basically, health services cannot work without human beings. And that is happening in South Sudan. Health facilities have been closed because these people are demotivated.”

## **NIGERIA**

Unlike South Sudan, both Nigeria and India are facing both Gavi and GPEI transition, known as simultaneous transition. One of three polio endemic countries, **Nigeria** has completed the necessary steps of the GPEI transition plan, said Dr. Usman, by shifting polio assets to Primary Health Care (PHC) with an emphasis on routine immunization, disease surveillance and PHC Systems Strengthening. Plans call for volunteer community mobilizers to be transitioned to CHIPS (Community Health Influencers, Promoters and Services) and technical staff will be switched to focus on RI areas. The CGPP has 2,347 community health workers in the northern high-risk states. There is a need for significant resources to continue due to address the 2018 outbreak of 22 cases of cVDPV2. This outbreak may be the single largest threat to the transition process.

Nigeria has graduated to a middle-income country, meaning that it is set to complete an accelerated transition by 2021. Gavi is reviewing an extension of the deadline to 2028 due to issues of insecurity, low RI coverage and economic growth not tied to better health outcomes mostly due to an insufficient health budget. To secure the extension, Nigeria must demonstrate a financial commitment of \$1.7 billion during the transition for procurement of vaccines, a commitment to governance and accountability, and the development of a realistic plan to improve coverage to 80 percent and equity. In response, Nigeria is proposing its Strategy for Immunization and PHC System Strengthening (NSIPSS) to achieve these goals. This strategy is the nexus between both donor transitions. Furthermore, plans for Nigeria include reaching 80 percent national immunization coverage by 2028.

## **INDIA**

The GPEI has cut funding to **India** by 42 percent, with the ramp down scheduled for completion in 2019. Gavi support, meanwhile, ends in 2021. Across sectors, the CGPP, WHO and UNICEF are conducting several transition plans. WHO will focus on surveillance through the IDSR and by building the capacities of government staff including Surveillance Medical Officers. UNICEF, meanwhile, received funding from the Government of India to finance the SMNet until early 2018; now the individual states determine funding and roles of the SMNet social mobilizers.

India was certified polio free in March 2014. The country’s full immunization rate is only 65 percent, with a goal of reaching 90 percent by 2020. “Strengthening RI is something that we are putting all our efforts (into) right now and reaching every child, getting them all the antigens timely, and planning for containment,” said Ms. Dey, who also serves as Secretary to the India Gavi Platform. In its transition plan, CGPP India will continue to support 1,007 Community Mobilization Coordinators and 125 other coordinators in the states of Uttar Pradesh and Haryana. Retaining social mobilization coordinators at the district and block levels is essential for communication purposes, said Ms. Dey. The CGPP India transition plan calls for transferring knowledge to government frontline workers called ASHAs (Accredited Social Health Activists); encouraging the government to fill vacancies with CORE-trained individuals; strengthening

emergency response to potential outbreaks and shifting the investments of CGPP India to meet other crucial health goals and priorities, such as RI, maternal and child health care and sanitation.

## **Best Practices from the Polio Eradication Campaign Gavi CSO ConneXions, Nairobi, Kenya September 14, 2018**

*In two separate panel discussions moderated by Mr. Losey, CGPP team members reflected on the teams' ability to access children in difficult circumstance, particularly in conflict zones. The first panel featured discussions by the Secretariat Directors from Nigeria and South Sudan. In the second conversation, the Secretariat Directors from Ethiopia and Kenya/Somalia discussed ways to reach children and families on the move along the porous borders in the Horn of Africa. The Communication Director from India also spoke of her country's successful use of behavior change communication to eradicate polio.*

### **Partnering with CSOs in conflict zones to reach children**

Under the CGPP Secretariat Model, more than 30 national CSOs work in especially hard-to-reach and marginalized locations in each CGPP country. A total of nine international PVOs and CSOs supervise the work of the national CSOs. The individual in-country secretariats oversee the work of all partners. In 2015, **CGPP South Sudan** shifted its focus to reach children in the northern states affected by restricted access due to active fighting and destroyed infrastructure. As international NGOs pulled out of South Sudan, the CGPP filled this void after the detection of three cases of circulating vaccine-derived polio virus and an inadequate surveillance system. To gain access to vulnerable children and women, Mr. Kisanga explained, “we went to the national organizations who have physical presence on the ground and the trust of the people and have operations in that area.” The CORE Group has continued its partnership with national organizations for community-based surveillance in conflict-affected areas. CORE Group South Sudan has responded to issues of low technical capacity and accountability among CSOs with enhanced training, intensive supervision (including the development and implementation of Join Movement Plans) and tightened financial and program monitoring. CORE South Sudan collaborates with other partners by integrating services such as involvement in measles campaigns, Guinea Worm surveillance and mosquito net distribution.



*Anthony Kisanga and Dr. Samuel Usman*

There was no CSO involvement in northern Nigeria when CGPP began in 2014. After detection of four cases of WPV in northern Borno state, “we worked closely with the Borno state government ... and with the local religious leaders and traditional leaders to identify CSOs,” said Dr. Usman. Despite the presence of Boko Haram and difficult terrain, **CGPP Nigeria** successfully recruited local partners and trained volunteers to travel house-to-house raising awareness of vaccine acceptance. Additionally, Outreach services and hit-and-run strategies contributed to markedly improved RI coverage rates and reduced numbers of missed children. Using military personnel as vaccinators in the most challenging settings has helped to overcome hurdles of accessibility. “We realize that it's one of the biggest lessons learned is that apart from collaborating with government, you need to identify critical stakeholders ... because that drives awareness and improves access to immunization services.” In Nigeria, CGPP has become one of the leading members of the national polio Emergency Operating Center (EOC) to support community-based surveillance, outbreak response, and enhanced immunization systems through 2,300 community mobilizers. To avoid duplication of efforts, partners coordinate their work and share information to improve decision making. Use of a GPS-based Vaccine Tracking System “is very important in security, compromised settings” to monitor the activities of vaccinators giving OPV during immunization campaigns. The system works by comparing the geo-coordinates of houses visited by vaccinators against already mapped settlements to ensure high coverage during immunization campaigns.

## Sharing experiences: Donor funding, BCC and the Cross-Border Health Initiative

Building and sustaining long-term relationships is essential to continued funding, said Mr. Losey. He provided six points highlighting the importance of nurturing relationships with current and potential donors.

1. "If you're going to demonstrate and get interest from the donors, do a few good things well that they can see."
2. "We're willing to go where others are not willing and where the need is - in places that are insecure, places along the border."
3. "We make our contributions known by standing up at various meetings and forums ... so, you do have to kind of blow your own horn a little bit and make sure you're in the meetings and places where people are talking about the things that you do."
4. "We collaborate rather than compete, and that's been a principal of this project from the start. We bring people together; we collaborate with other NGOs. We don't try to compete with the bigger players like UNICEF, WHO; we help them, and we collaborate. We don't try to compete with the government or necessarily criticize the government; we help them, and we offer solutions for their problems."
5. "We build strong personal relationships with the donors."
6. "We look for opportunities by tracking RFAs, RFPs."



*From left, Rina Dey, Ahmed Arale and Dr. Filimona Bisrat*

**CGPP Ethiopia** is highly respected for its ability to attract funds from major donors. Working closely with the national NGOs along the 85 border districts develops trust that is essential to pursue funding opportunities. Partners first ask themselves, "Is it workable for us?" If so, the partners harness their diverse expertise in writing or finance, for example, to complete an RFA. CORE Ethiopia has been hugely successful in this approach by receiving several grants linked to its social mobilization and community-based activities, said Dr. Bisrat.

Despite past issues of non-compliance in India or current issues of reaching nomadic pastoralists in the HOA, communication is vital to reaching vulnerable children. **CGPP India** has documented its efforts to overcome resistance by closely listening to the needs of the community and responding with local, indigenous tools to convince parents to accept vaccines, said Ms. Dey. Regular communication among partners, building technical capacity, and avoiding duplication of work in terms of geographic areas and human resources. Now with polio eradicated in India, the CORE Group has moved from one behavior (vaccine acceptance) to promoting multiple behaviors, such as breastfeeding, handwashing, diarrheal management, and routine immunization. Most recently, CGPP India has employed a strategy called the Barber's Initiative. This strategy involves conversations between barbers and their clients to encourage men to bring their children for immunization.

**CGPP Kenya and Somalia** spoke of accessing unimmunized children in challenging settings through the Cross-Border Health Initiative. The Initiative, created in response to a WPV outbreak in the HOA, focuses on a coordinated response between HOA countries to reach nomadic pastoralists who travel along and across the borders of Kenya, Somalia, Ethiopia and South Sudan. "These are populations with low immunity because of the nature of their lifestyle," said Mr. Arale. "They don't go to static (health) facilities ... these are people always searching for pasture, water. They don't have borders." Monthly communications meetings between CGPP partners, both countries' MOH officials and local border, immigration and security administrators serve to track the movement of not only nomadic pastoralist, but also refugees and IDPs. "We're able to track them and vaccinate them." Additionally, Special Vaccination Posts at transit points reach people on the move with vaccination services. These approaches are finding success, Mr. Arale said, due to the platform provided by the CORE Group Polio Project.