

II. Progress and Results

GENERAL PROGRESS

Despite the recent WPV outbreak in Somalia, South Sudan and Angola remained polio free in 2013. An initial erroneous report of two new cases in South Sudan in 2013 highlighted the continued risk of importation and the need for continued vigilance. Angola and South Sudan made significant progress toward polio eradication in the last year maintaining Non-polio AFP surveillance rates above two per 100,000 in children under 15 and high coverage in Supplemental Immunization Days although routine immunization coverage remains low in many areas. The CGPP continues to play a meaningful role in campaign monitoring, campaign implementation, social mobilization, AFP surveillance, and routine immunization.

In both countries, the CGPP worked with partner PVOs, the MOH and the spearheading partners to implement CGPP's unique mix of partner coordination and the use of community health workers (CHWs) to increase OPV vaccination doses in under-fives and enhance AFP surveillance. In each country, the secretariat team has used its ground-level knowledge and national level influence to shape polio eradication activities in response to rapidly shifting, urgent needs. In the final push toward global polio eradication, the involvement of PVOs through the coordination of the CGPP adds the critical community level engagement to ensure better quality SIAs, community level AFP surveillance, and targeted activities to improve routine immunization. Data available from surveys, independent monitoring, and administrative reports demonstrate that the project has contributed to high coverage during SIAs, good AFP surveillance and limited improvements in routine immunization coverage.

Despite the lack of recent cases of WPV in South Sudan and Angola, continued low routine immunization coverage and nomadic populations moving through porous borders make both countries particularly reliant on SIAs and susceptible to WPV outbreaks. While the Angola program is well established, the CGPP in South Sudan is a young program in a young country in need of a great deal of continued support to establish and maintain routine and supplementary immunization services as well as AFP surveillance.

CRITICAL MILESTONES

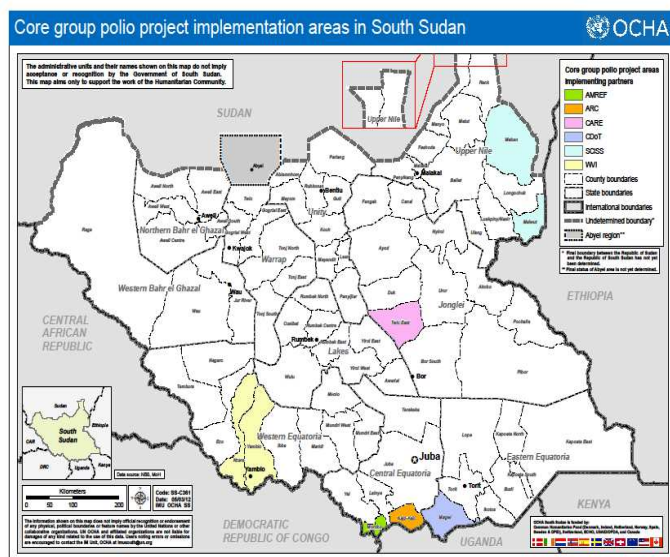
Objective 1: In South Sudan reduce the pool of susceptible or under-immunized children 0-59 months of age and strengthen AFP case detection and reporting

In South Sudan the CGPP has established a community-based surveillance system while supporting the MOH and WHO in strengthening the formal surveillance system, routine immunization services and campaign quality. With its difficult terrain and weak to non-existent health infrastructure community-based surveillance becomes more vital to ensure adequate AFP sensitivity. Additionally, CGPP partner PVOs have worked to re-establish and improve routine immunization services with support to cold chain management and training while driving demand for services by introducing a cadre of Community Health Workers (CHWs). The CGPP has provided logistical support for stool transport and case investigation to local health authorities as well as the transportation of vaccines, vaccine equipment and vaccination teams. To support vaccination teams in South Sudan, CGPP has provided bicycles to community volunteers and vaccinators so that they can serve a wider community.

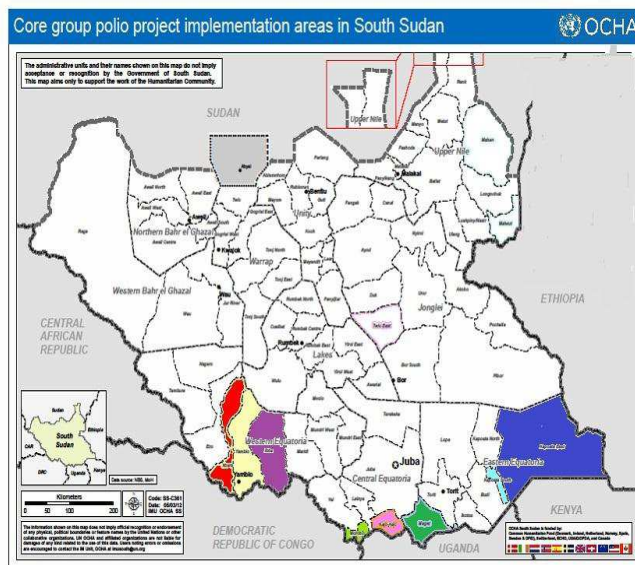
CGPP worked through the following six NGO partners in 2013; America Refugee Council, African Medical Research Foundation, World Vision, Catholic Diocese of Torit, CARE and Save the Children. These partners were active in eight counties including; Maban, bordering North Sudan, Maiwut bordering Ethiopia, Twic East, Jonglei State, Magwi, bordering Uganda, Kajo-Keji and Morobo, bordering Uganda and the Democratic Republic of Congo, and Yambio and Nzara bordering the Democratic Republic of Congo.

In 2014, CGPP intends to consolidate its efforts along the Southern Border of South Sudan and reduce the partners from six to three. In this restructuring of CORE Group South Sudan, the project will relocate to Ibbra County along Democratic Republic of Congo, Kapoeta East borders the northern part of Kenya and Ethiopia, Kapoeta South bordering Karamoja area of Eastern Uganda. In addition the project will continue to work with America Refugee Council, African Medical Research Foundation and World Vision South Sudan

The map below shows the old and new implementing counties of CORE Group Polio Project in South Sudan.



Old Map



New Map

Summary of population per county in CORE Group supported areas

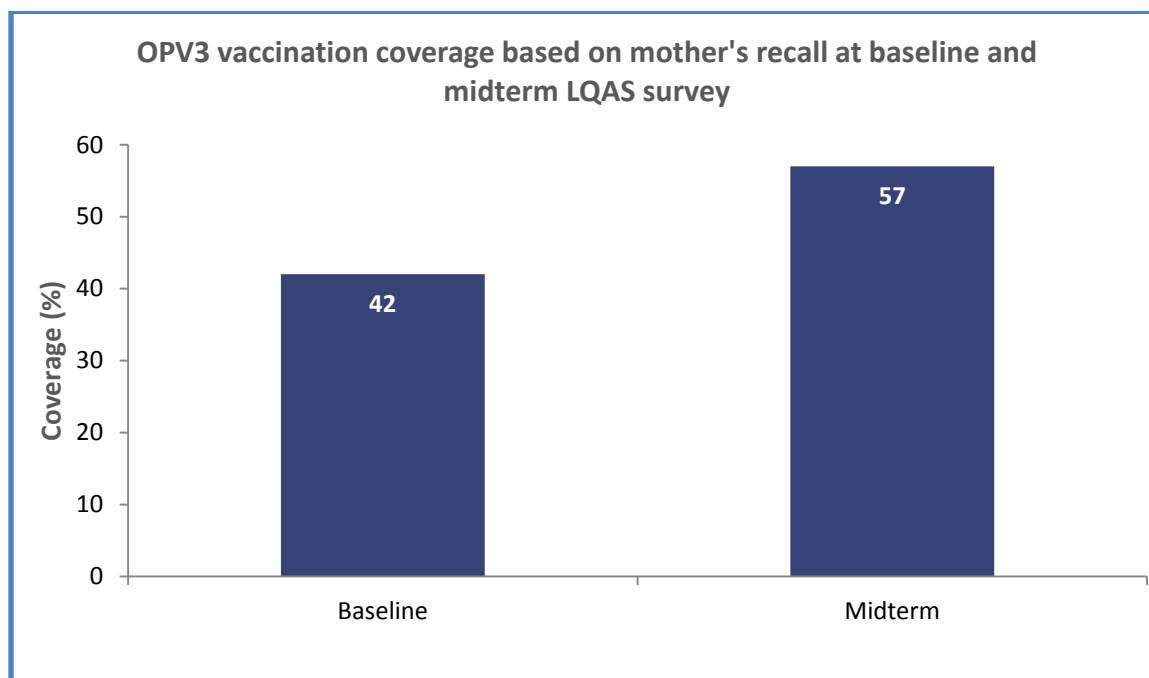
Counties	Pop Under 1	Pop Under 5	Pop Under 15
Kajo-Keji	10,300	52,164	116,748
Morobo	5,894	29,061	68,983
Magwi	10,747	45,136	101,018
Twic East	4,347	22,824	51,081
Maban	2,037	7,228	21,212
Maiwut	3,560	14,239	41,828
Nzara	3,424	17,454	39,064
Yambio	7,557	40,712	91,118
Totals	47,866	228,818	531,052

The CGPP conducted a baseline LQAS survey in February 2012 and a mid-term survey in March 2013 to measure progress on the project's nine critical milestones. In addition to the survey data, WHO and Ministry of Health data on campaign coverage, routine immunization, and AFP surveillance have been reviewed to evaluate project impact on the critical milestones supporting polio eradication in South Sudan.

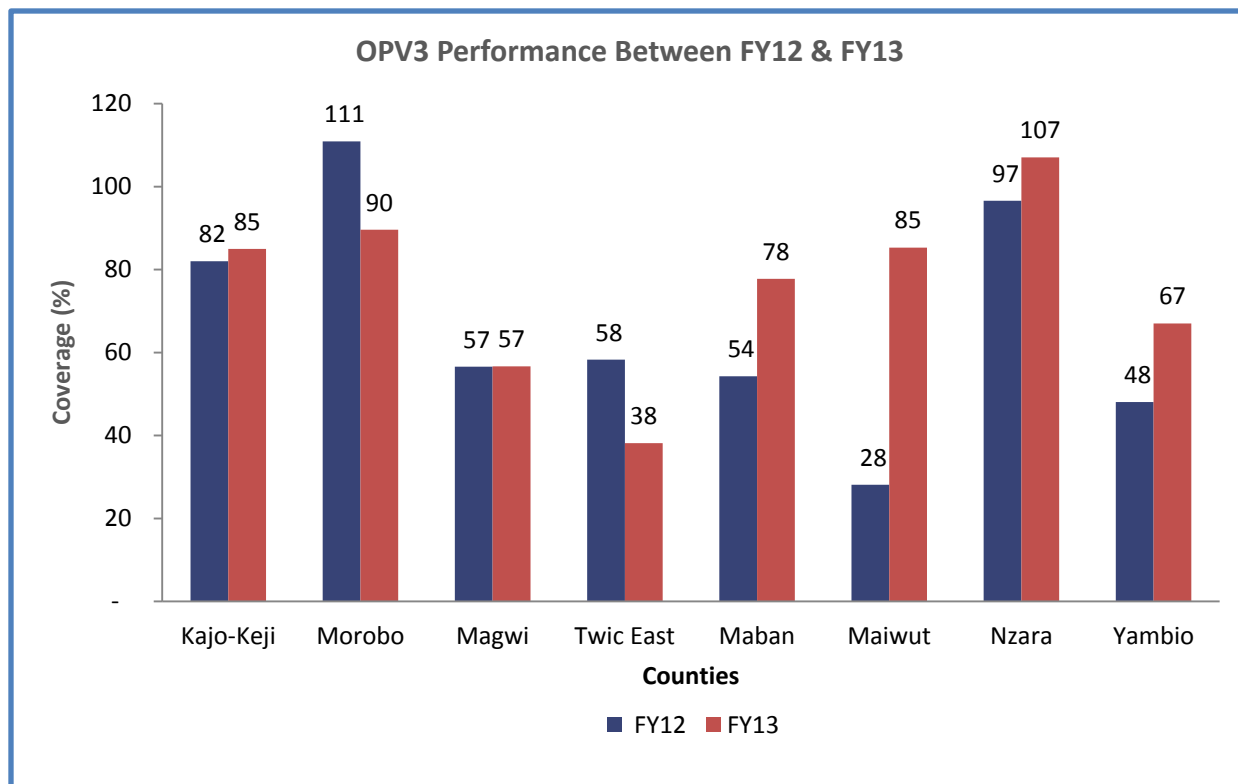
Critical Milestone 1: 10 percentage point increase in children who have received four doses of polio vaccine according to child's vaccination card and parent recall from baseline to end line. (Measures contribution to GPEI Obj. 3.4 - strengthening immunization systems)

Status: Milestone Met, based on proxy indicator.

As a proxy indicator, the project measured OPV3, which showed a 15% point increase from 42% OPV3 at baseline to 57% OPV3 at mid-term based on an LQAS survey in project areas.



The administration data for OPV3 from the Ministry of Health shows an increase in five of the eight counties. OPV3 declined slightly in Morobo County but remained above the target of 80%. OPV3 remained continued to be low at 57% in Magwi County. OPV3 decreased significantly in Twic East due to rebel activities, cattle rustling, and flooding that forced many people to leave the area effecting both immunization services and the availability of data (three months data missing) as shown in the table below.



The project trained a total of 309 health workers on immunization in practice (58), health information system (66), acute flaccid paralysis (82) and basic cold chain user's management training (103).



Training vaccinators in Yambio County

A numbers of micro-planning meetings were conducted at the county level involving health workers from the payam level to discuss the performances of routine immunization in their payams and develop local micro-plans.

The project supported cold chain facilities at the county and facility level through repair, installation of solar fridges provided by UNICEF and monthly vaccine transportation from the state to the counties and facility levels in order to minimize vaccine stock outs. In addition, the project provides monthly fuel to support motorbikes it donated to the counties to support them in supportive supervision and report collection.

The project established and re-established outreach sessions to reach to the hard to reach areas. A total of over 200 vaccinators supported under the project and provided with bicycles to travel to villages to conducted outreach sessions.

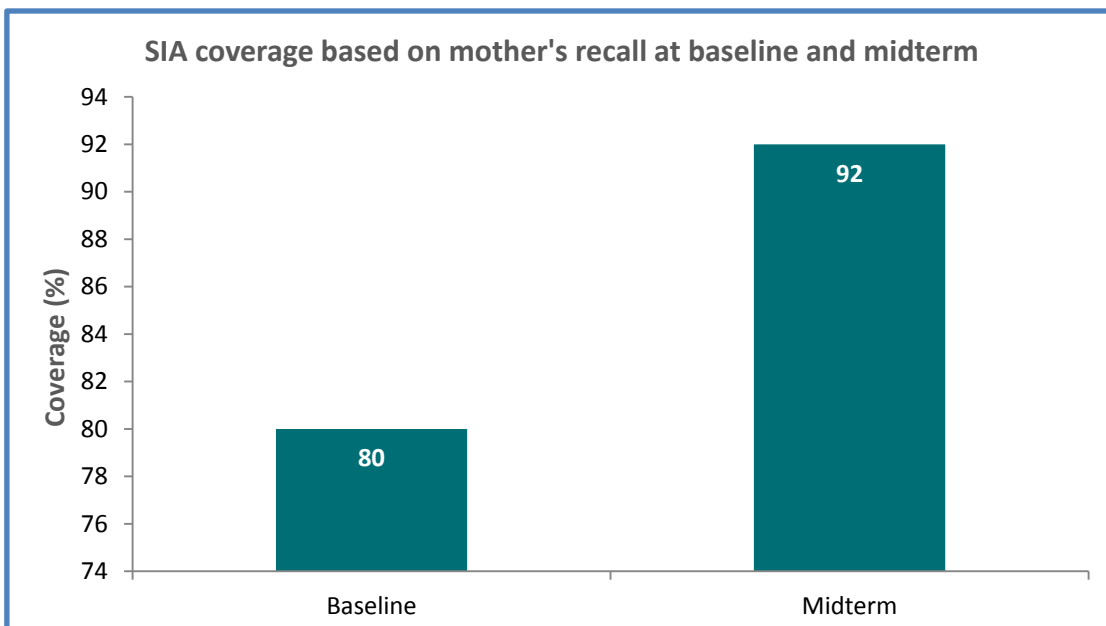


A vaccinator supported through CORE group polio project in Nzara County riding a bicycle to conduct an outreach in a nearby village.

Critical Milestone 2: <10% of missed children in most recent SIA according to parent's recall at end line (GPEI Indicator)

Status: Milestone Met.

The campaign coverage increased from 80% at baseline to 92% at mid-term based on mother's recall measured by LQAS survey in project areas. WHO collected post campaign data was available for seven out of the eight counties for the April 2013 polio campaign and it showed almost all counties achieving coverage of 90% or above with the exception of Magwi county which achieved 86.1% mostly because of expired or late distribution of finger markers.



Performance of CORE Group supported counties in April 2013 Polio SIA		
County	PCE Coverage (%)	Remarks
KAJO-KEJI	99.0	
MOROBO	92.0	
MAGWI	86.1	Some areas never used marker pens
TWIC EAST	93.4	
MAIWUT	92.9	
MABAN		No PCE conducted
NZARA	97.3	
YAMBIO	98.3	

Polio campaigns: a total of four (4) national immunization days and one (1) sub national immunization day were supported by the project during the year. The project supported these SNID/NIDs through the provision of fuel to freeze ice packs, hiring of vehicles for support supervision, vaccines distribution, training vaccinators and social mobilization by community volunteers.

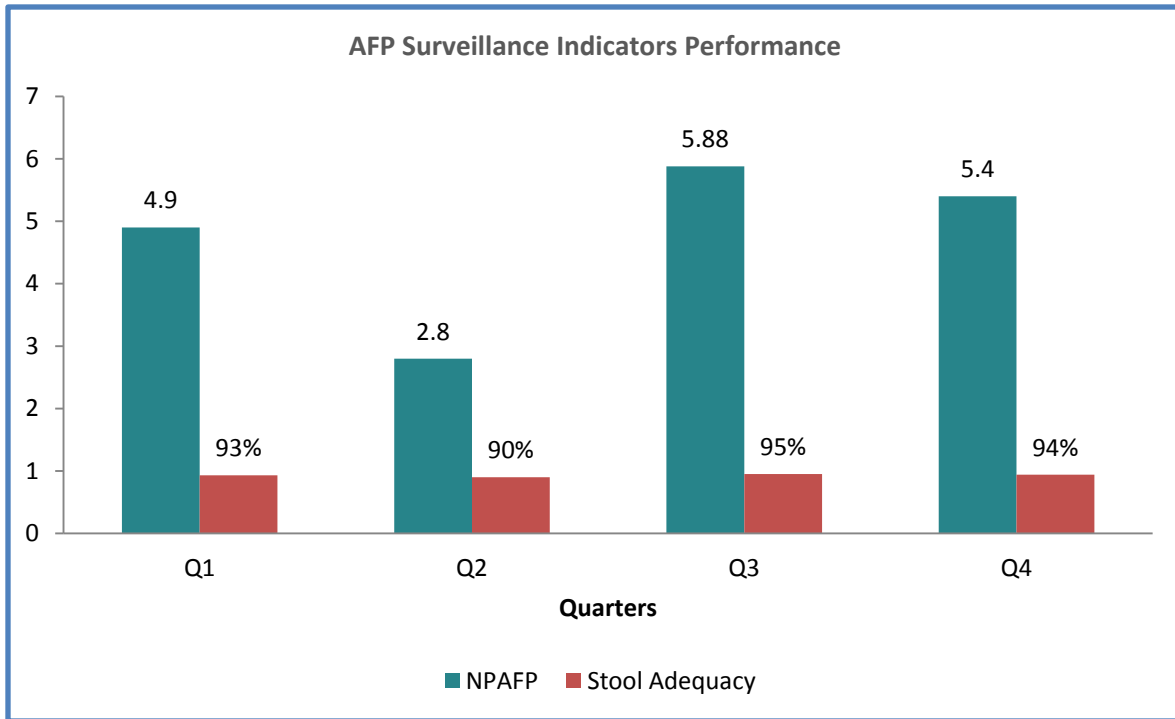
Cross Border collaborative Initiatives: CGPP South Sudan conducted a total of four (4) international cross border meetings with Uganda and Kenya. These meetings took place from July-September 2013, between the borders of Morobo (South Sudan)-Koboko (Uganda), Kajo-Keji (South Sudan)-Moyo & Yumbe (Uganda), Magwi (South Sudan)-Adjumani, Amuru and Lamwo (Uganda), Kapoeta East (South Sudan)-Turkana West (Kenya).

Post Campaign Monitoring: in August 2013, the EPI technical working group and the Ministry of Health requested CGPP to lead post campaign monitoring in Central Equatoria State covering six (6) of its counties, with funding and technical support from the World Health Organization. At the request of the MOH CGPP will expand its role in independent campaign monitoring in FY 2014.

Critical Milestone 3: *At least 2 out of the 5 counties in CGPP catchment areas reporting an increase in average monthly cases reported to a facility by CVFPs at project end (Contributes to GPEI Obj. 3.3/3.2 - enhancing poliovirus surveillance with emphasis in S. Sudan)*

Status: Only have proxy indicators.

AFP data was only available by state and not by county. The non-polio AFP rate per 100,000 children under the age of 15 was above the minimum standard of two in all four quarters of the year under review. The AFP rate decreased in the second quarter, up in the third quarter and slightly low in the fourth quarter.



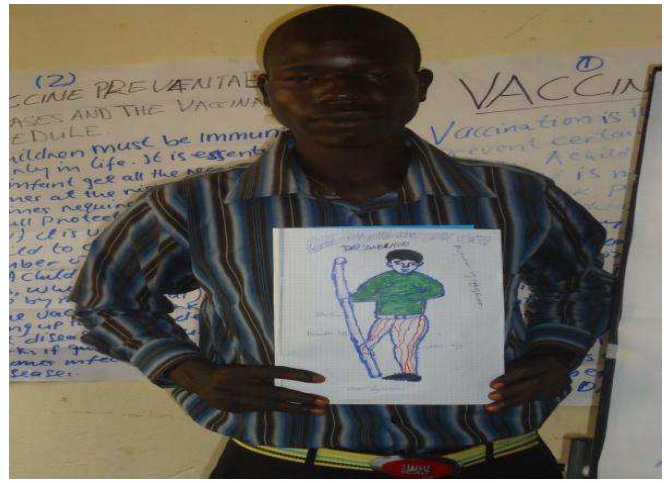
CORE Group supported community based AFP surveillance through a network of 740 community volunteers who conducted house to house visits to educate the community on key signs and symptoms of acute flaccid paralysis. Volunteers requested communities to report any suspected cases of AFP which the volunteer reported to the WHO field. CGPP also transported stool specimens to county headquarters and provided transport for case investigation and follow up.



Volunteers undergoing training on AFP surveillance

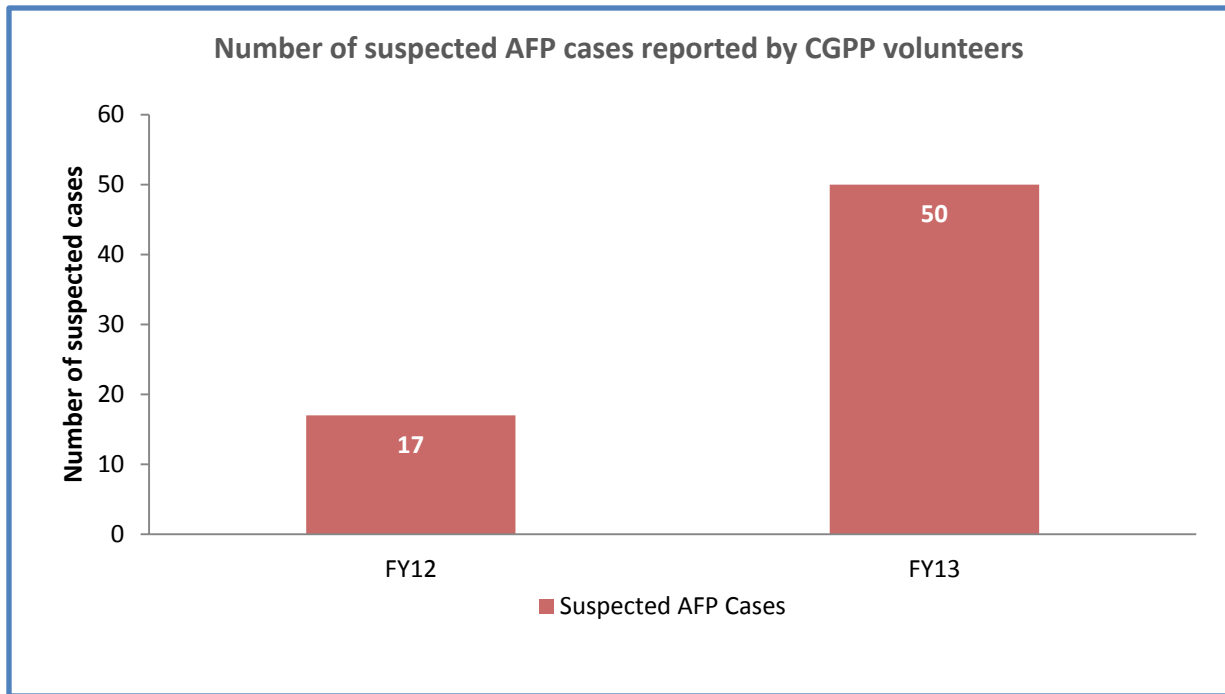


Community Based surveillance



Health education sessions on AFP Surveillance Community volunteer showing a polio case

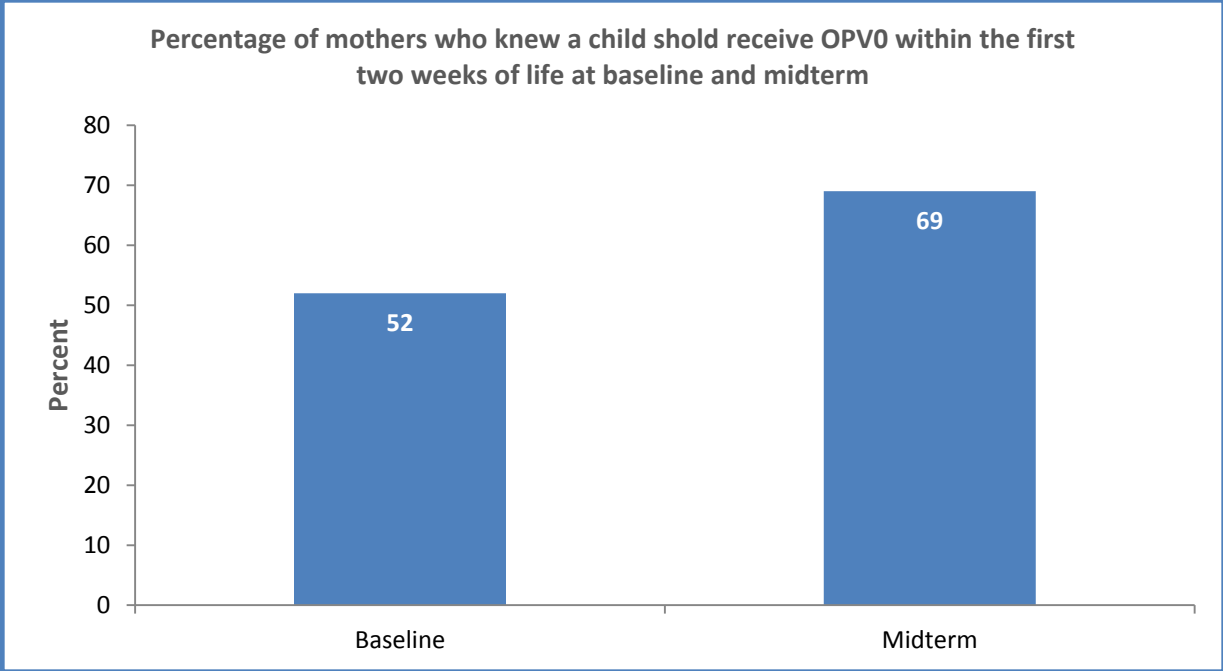
There was a significant increase in the number of suspected AFP cases reported by community volunteers in FY 2013.



Critical Milestone 4: 10 percentage point increase in parents who know that a baby should receive the first dose of polio vaccine (OPV) within the first two weeks of life from baseline to end line (Measures contribution to GPEI Obj. 3.4 - strengthening immunization systems)

Status: Milestone Met.

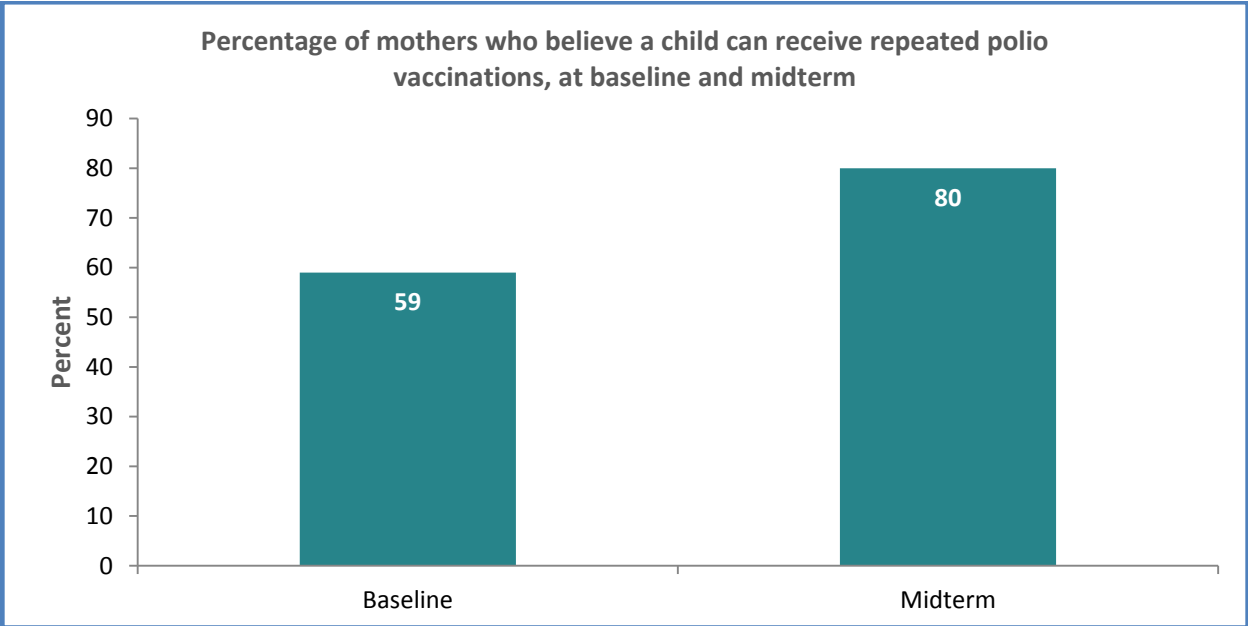
The percentage of care takers who knew that a baby should receive the first dose of polio vaccine within the first two weeks of life increased from 52% at baseline to 69% at mid-term survey.



Critical Milestone #5: 15 percentage point increase in parents who believe a child can receive repeated polio vaccinations from baseline to end line (Measures contribution to GPEI Obj. 3.3/3.2 - enhancing outbreak response and GPEI Obj. 3.4 - strengthening immunization systems)

Status: Milestone Met.

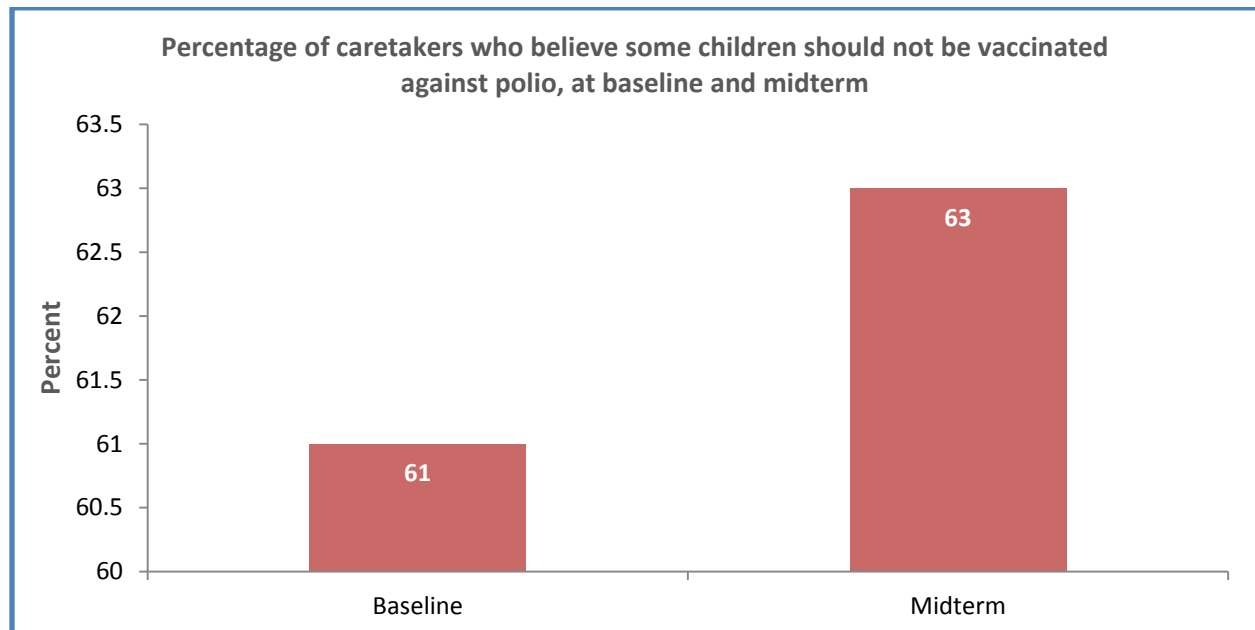
The percentage of caretakers who believe a child can receive repeated polio vaccinations increased by 21 % from 59% at baseline to 80% at mid-term LQAS survey.



Critical Milestone # 6: 15 percentage point decrease in parents who believe that some children should not be vaccinated or may be harmed by polio vaccination from baseline to end line (Measures contribution to GPEI Obj. 3.3/3.2 - enhancing outbreak response and Obj. 3.4)

Status: Milestone not met.

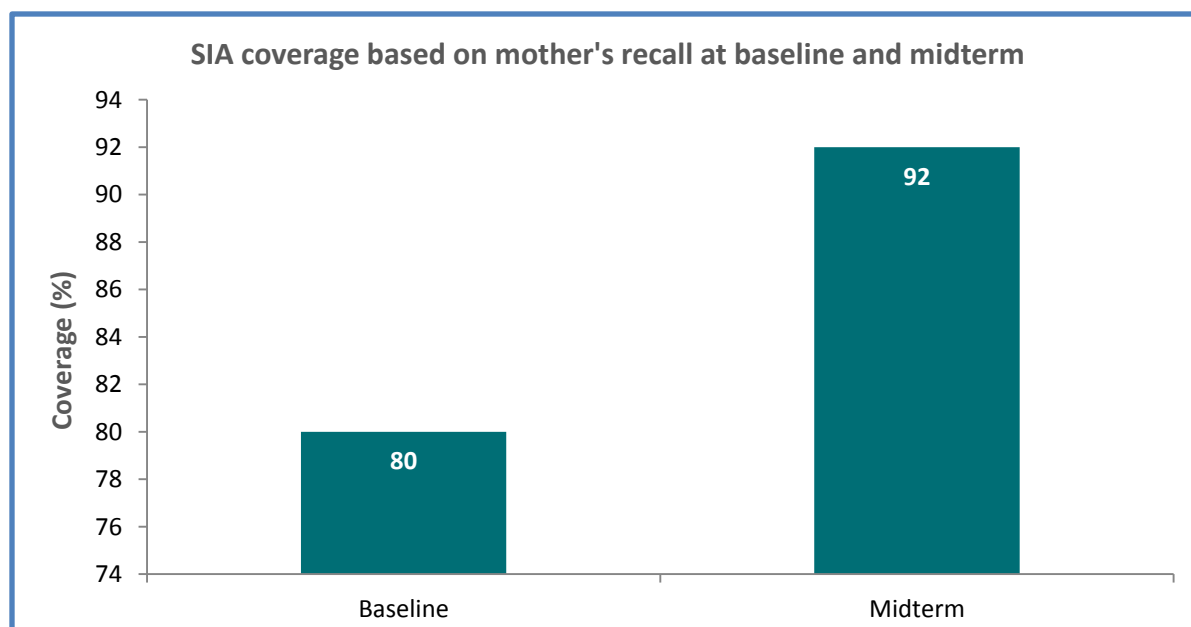
The percentage of parents who believe some children should not be vaccinated against polio actually increased by two percentage points from 61% at baseline to 63% at mid-term. Since two percentage points would be within the margin of error, there was no measureable change and no improvement in this milestone.



Critical Milestone # 7: *At least 90 percent concordance between mothers' recall of vaccination and marked thumbs during campaign monitoring (Measures contribution to GPEI Obj. 3.3/3.2 - enhancing outbreak response)*

Status: Milestone Met.

The results of the mid-term survey showed that 92% of mothers reported their child had been vaccinated during the last campaign during the mid-term survey while the coverage reported by post campaign monitoring ranged from 86% in Magwi County to 99% in Kajokeji.

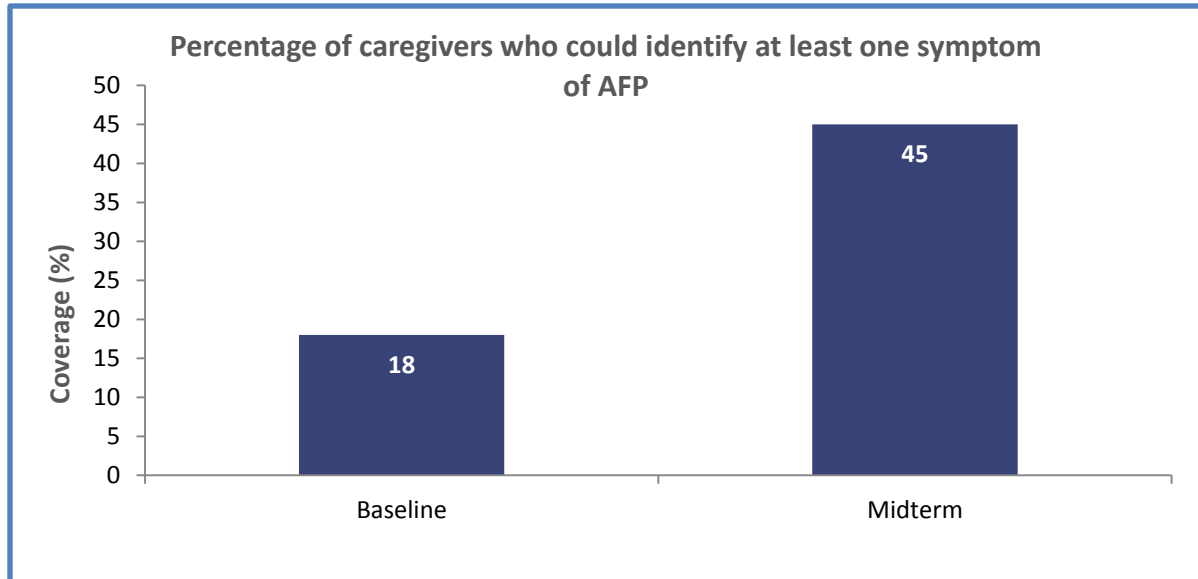


Performance of CORE Group supported counties in April 2013 Polio SIA		
County	PCE Coverage (%)	Remarks
KAJO-KEJI	99.0	
MOROBO	92.0	
MAGWI	86.1	Some areas never used marker pens
TWIC EAST	93.4	
MAIWUT	92.9	
MABAN		No PCE conducted
NZARA	97.3	
YAMBIO	98.3	

Critical Milestone # 8: 20 percentage point increase in caregivers correctly identifying at least one symptom of AFP from baseline to end line (Measures Contribution to GPEI Obj. 3.3/3.2 - enhancing poliovirus surveillance with emphasis in S. Sudan)

Status: Milestone nearly met.

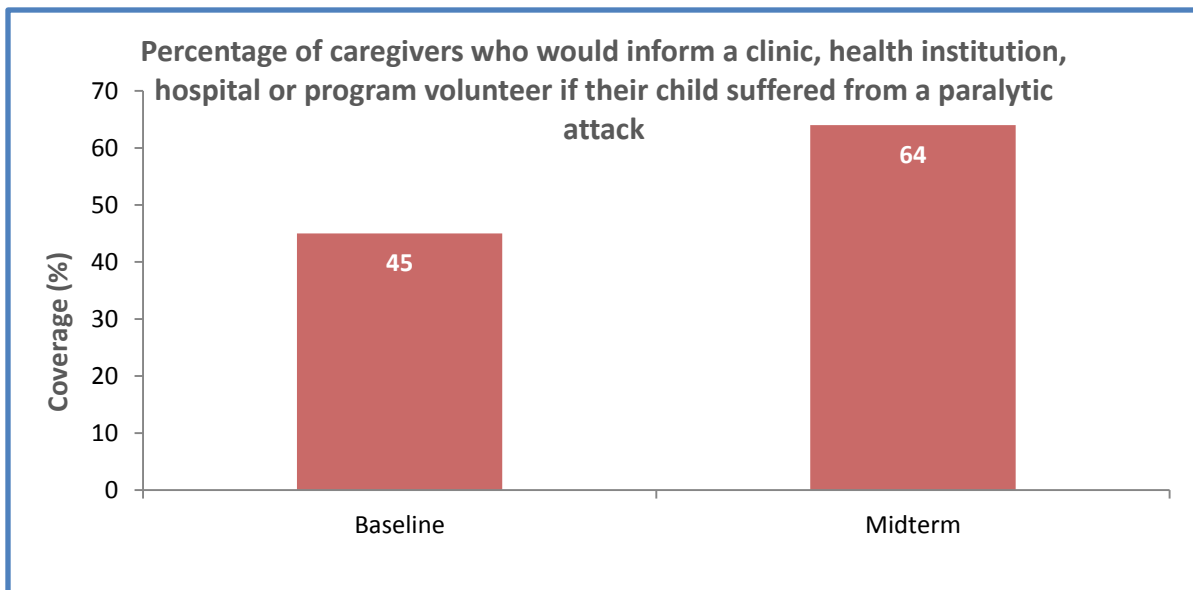
The percentage of caregivers who could identify at least one symptom of AFP increased 18% points from 45% at baseline to 63% at mid-term.



Critical Milestone # 9: 15 percentage point increase in respondents who would inform a clinic, health institution, hospital, or program volunteer if their child suffered from a paralytic attack in any part of their body from baseline to end line (Measures contribution to GPEI Obj. 3.3/3.2 - enhancing poliovirus surveillance with emphasis in S. Sudan)

Status: Milestone Met.

The percentage of caretakers who would inform a clinic, health institution, hospital or program volunteer if their child suffered from a paralytic attack increased by 19% from 45% at baseline to 64% at mid-term.



Other Relevant Updates

The CGPP in South Sudan has achieved a great deal in the relatively short time that the project has been fully operational. At present the CORE Group South Sudan Secretariat is fully functional and well integrated into the national ICC and the technical working group, working closely with WHO, UNICEF, and the MOH to coordinate, plan, and implement polio eradication activities at the national and county levels. CGPP has taken a lead role in planning, organizing and implementing cross border coordination meetings with neighboring countries to synchronize immunization activities and ensure that the border areas are protected from virus importation via mobile and nomadic populations, refugees and returning South Sudanese. In the field the partners are implementing strategies developed and honed in CGPP's 12 year history of polio eradication in India, Ethiopia and Angola. The weak or in some cases non-existent health infrastructure and logistical challenges of poor roads, floods, and insecurity requires the project to focus not only on demand creation but also service delivery. This is no easy task in a country as vast and logistically challenged as South Sudan. CGPP has an opportunity to make an important contribution to campaign quality this year in their new role as independent monitors which should build on the accomplishments that the project has made so far.

Objective 2: In Angola, reduce the pool of susceptible or under-immunized children 0-59 months of age and strengthen AFP case detection and reporting

Angola has not reported a new case of WPV since July 2011, leading to cautious optimism that WPV has again been interrupted. Nevertheless, there is still concern over the quality of AFP surveillance and low levels of routine immunization. Throughout FY12, the CGPP worked with the MOH, spearheading partners, and communities to improve campaign quality, focused on building coordinator and vaccinators' capacity and strengthening sub-district commitment and ability to develop and implement accurate micro-plans. In addition, the CGPP assumed leadership of campaign quality monitoring, conducting trainings in Luanda and beyond and compiling, analyzing, and presenting the results. Gates Foundation funding allowed the project to target Lunda-Norte Province, the location of a large outbreak in 2010 which spread to the Democratic Republic of Congo, and Uige Province, where the last two cases of polio were reported in 2011. The Gates funding also allowed intensification of efforts in Angola's historically high-risk Luanda-Benguela corridor.

Polio Status: Last Reported Case July 2011

CGPP Active: since 2000

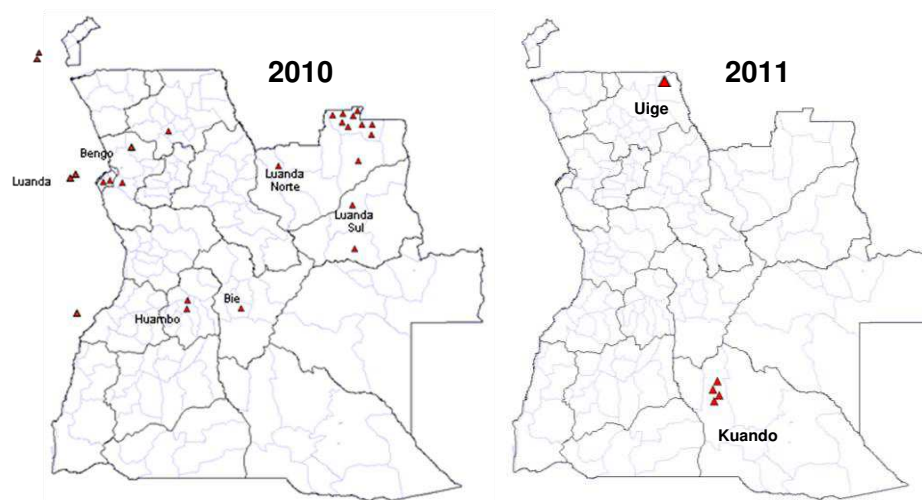
CORE Group Members and reach:

- Africare
- Catholic Relief Services
- Save the Children
- Salvation Army World Service Office
- World Vision
- Local partners

Total Number of beneficiaries: 9,422,824



Map of Wild Polio Virus Cases in Angola 2010 and 2011 – No New Cases Reported in 2012 or 2013



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, interrupted the circulation of wild polio viruses in 2001. Angola remained polio free until 2006, when a wild polio virus strain from India was reimported due to poor routine immunization. Additionally, Angola exported wild polio virus to the DRC and the Congo. Now that Angola has successfully interrupted transmission a second time, it is critically important to protect the country from reimportation through continued high quality surveillance and solid vaccination coverage.

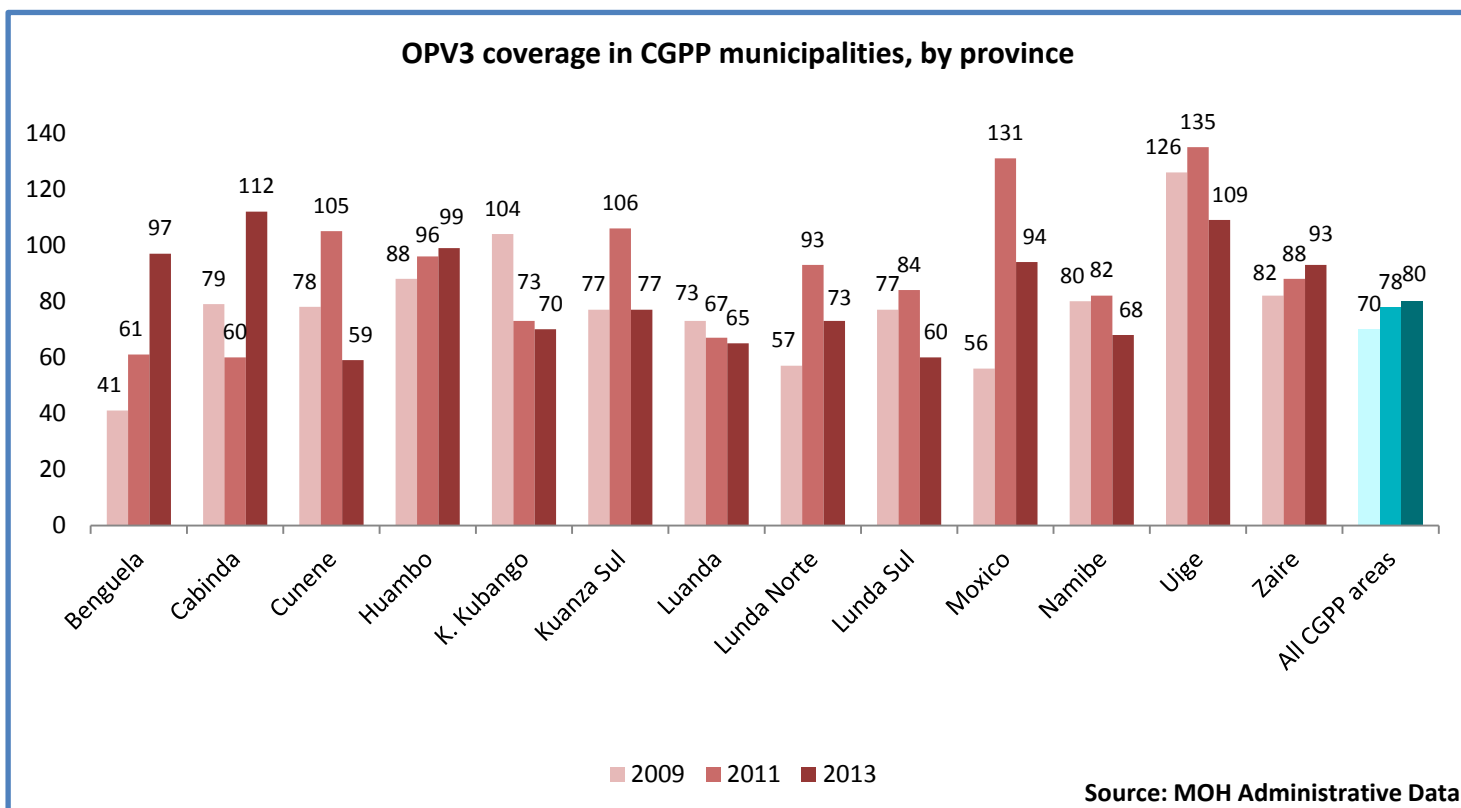
Although the decade of peace following the end of the civil war in 2002 has greatly improved security in Angola and ushered in a host of infrastructure improvements such as the construction of roads, bridges, schools, and housing; peace and road repair have also greatly increased the movements of people throughout the country. This new independence of movement coupled with a still weak health infrastructure and poor routine immunization services creates an environment that would facilitate the spread of wild polio virus or other communicable diseases should they be introduced to Angola. In this context it remains critically important to pay close attention to AFP surveillance and ever vigilant to improve routine immunization coverage and booster inadequate rates with campaigns and outreach vaccination services.

Critical Milestones: Gates Foundation

Critical Milestone #1: 15 percentage point increase in children who have received four doses of polio vaccine according to child's vaccination card and parent recall from baseline to endline.

Indicator Not Met

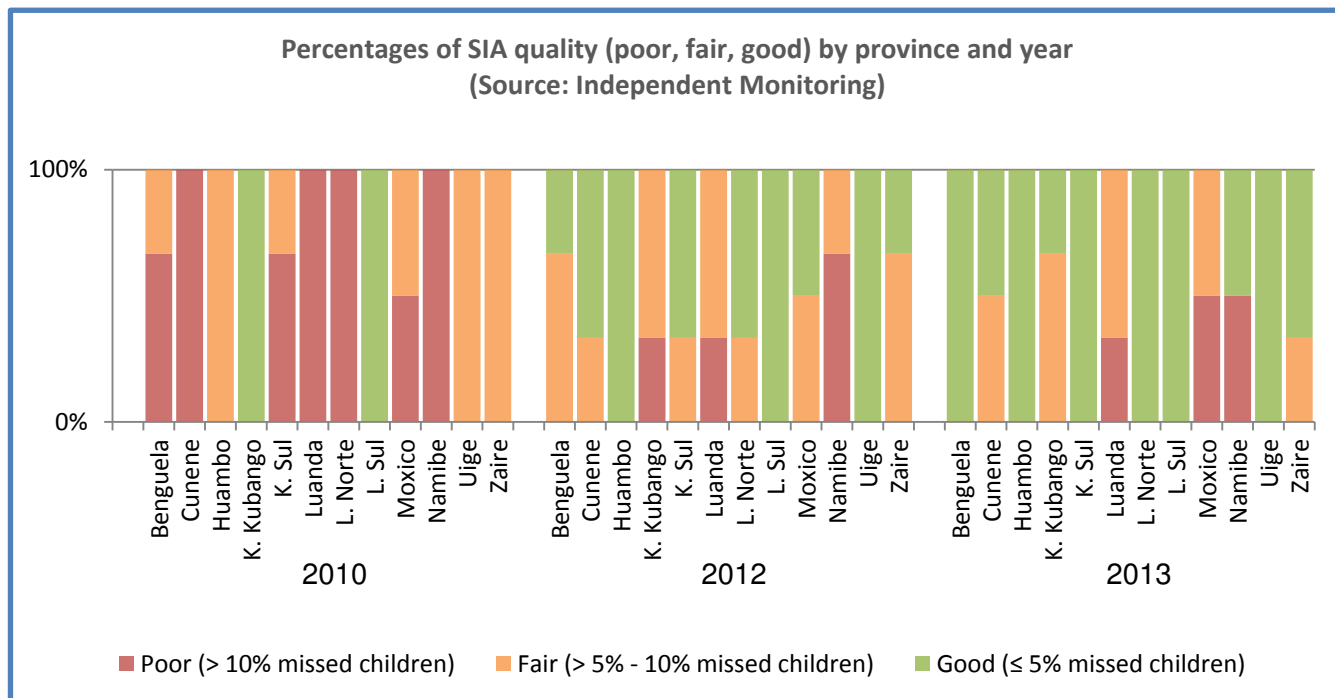
MOH administrative appear fairly flat over the last two years hovering around the 80% coverage range for the project areas. Additionally, the routine coverage reported by administrative data has been consistently lower than the coverage found in surveys indicating that there is still a significant amount of work to be done to increase routine immunization coverage. Although the project is not directly responsible for service delivery, reports of stock outs point out the need to increase not only demand but also access to routine vaccination services.



Critical Milestone #2: <10 percent of missed children in most recent SIA according to parent’s recall at endline.

Indicator Met

Data from independent campaign monitoring demonstrates that fewer than 10% of children have been missed in the SIAs over the last three years. There has been some inconsistency of campaign coverage in specific municipalities but these have been documented and targeted in subsequent campaigns. CGPP’s role as independent campaign monitors remains critical to the maintenance of high campaign quality especially in light of the inadequate routine immunization coverage.



Critical Milestone #3: 25 percent of municipalities in CGPP catchment areas reporting an increase in average monthly cases reported to a facility by community volunteers

Indicator Not Met

Although project volunteers continue to conduct community based case detection and encourage community members and key informants to report suspected cases of AFP, the actual numbers of cases specifically attributed to volunteer reports dropped from 24 to 13 in 2013. This may be a real reduction or merely a reporting phenomenon in so much as the role of the volunteers is to raise awareness and to encourage community members to report cases to the health authorities who might not give volunteers credit for their advocacy and social mobilization. Overall, non polio AFP rates in project areas has remained above two per 100,000 in children under the age of 15 and the community level awareness is generally perceived by the MOH and WHO as a means of catching cases earlier and or catching cases that might initially show up outside the formal health sector among traditional healers, untrained pharmacists, and faith healers.

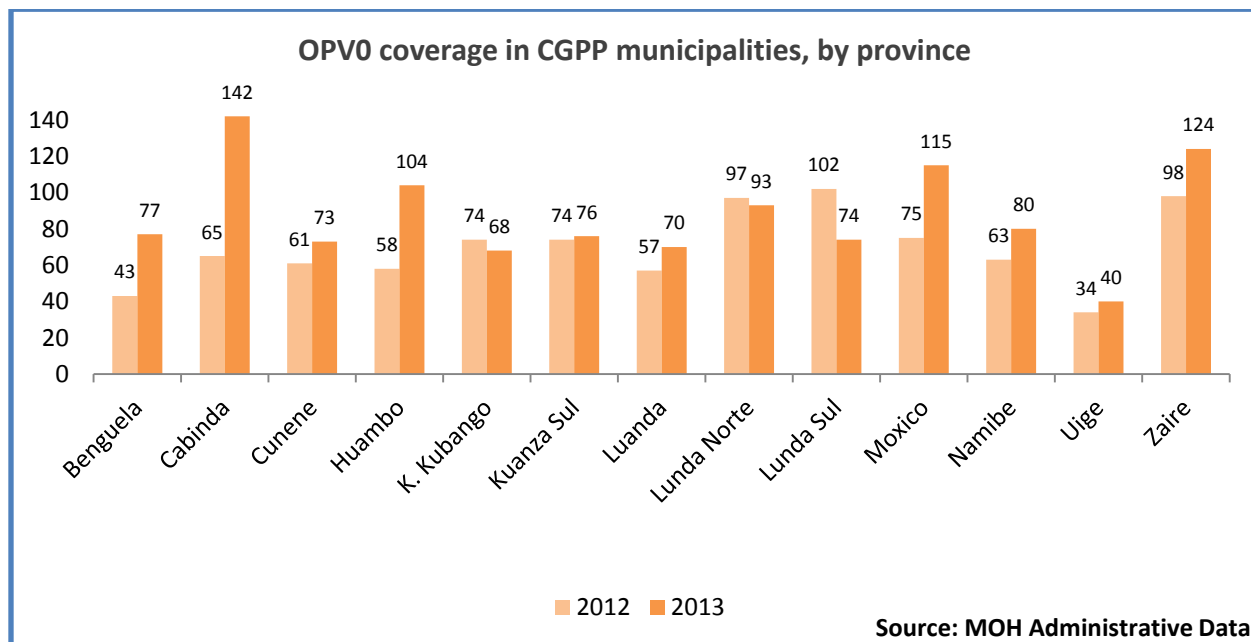
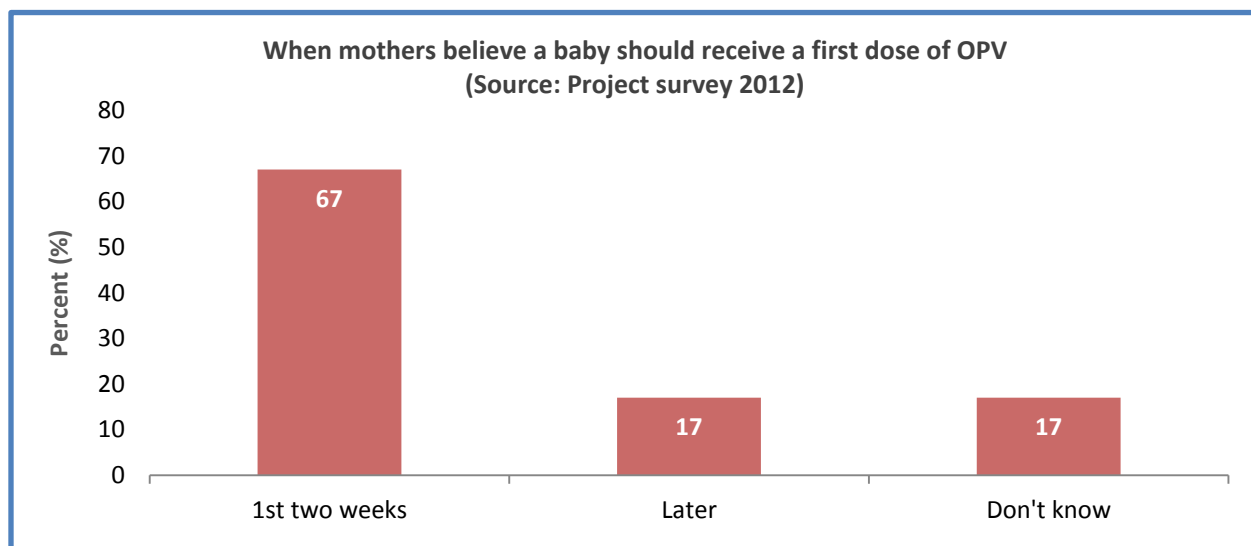
AFP Cases Detected by CGPP Community Health Workers				
Province	2010	2011	2012	2013
Huambo	0	4	0	1
K.Kubango	0	3	2	5
K.Sul	4	3	5	5
Luanda	6	10	15	0
Moxico	0	2	0	0
Lunda Sul	0	0	0	0
Zaire	0	1	0	0
Namibe	0	1	0	2
Cunene	0	0	0	0
Uige	0	4	0	0
Benguela	8	6	2	0
Lunda Norte	0	1	0	0
Total	18	35	24	13

AFP Surveillance Performance in Angola						
Province	Oct. 15, 2010 – Oct. 14, 2011		Oct. 21, 2011 – Oct. 20, 2012		Oct. 21, 2012 – Oct. 21, 2013	
	NP AFP Rate	Adequacy Rate	NP AFP Rate	Adequacy Rate	NP AFP Rate	Adequacy Rate
Benguela	2.7	92%	2.0	80%	3.0	93%
Cabinda	2.3	62%	3.4	100%	3.2	100%
Cunene	2.0	75%	1.7	100%	1.7	100%
Huambo	2.3	100%	2.1	94%	3.0	84%
K. Kubango	7.0	95%	3.8	89%	2.6	100%
K. Sul	1.4	89%	3.0	88%	3.2	95%
Luanda	1.9	77%	2.6	81%	2.2	86%
L. Norte	4.0	100%	4.9	88%	5.9	90%
L. Sul	5.5	100%	4.6	88%	1.7	100%
Moxico	2.3	91%	2.2	100%	1.5	100%
Namibe	6.0	100%	11.5	100%	6.7	100%
Uige	3.7	70%	4.3	87%	3.1	76%
Zaire	6.0	88%	2.3	100%	3.5	100%

Critical Milestone #4: 15 percentage point increase in parents who know that a baby should receive the first dose of polio vaccine (OPV) within the first two weeks of life from baseline to endline

Indicator Partially Met based on proxy indicator

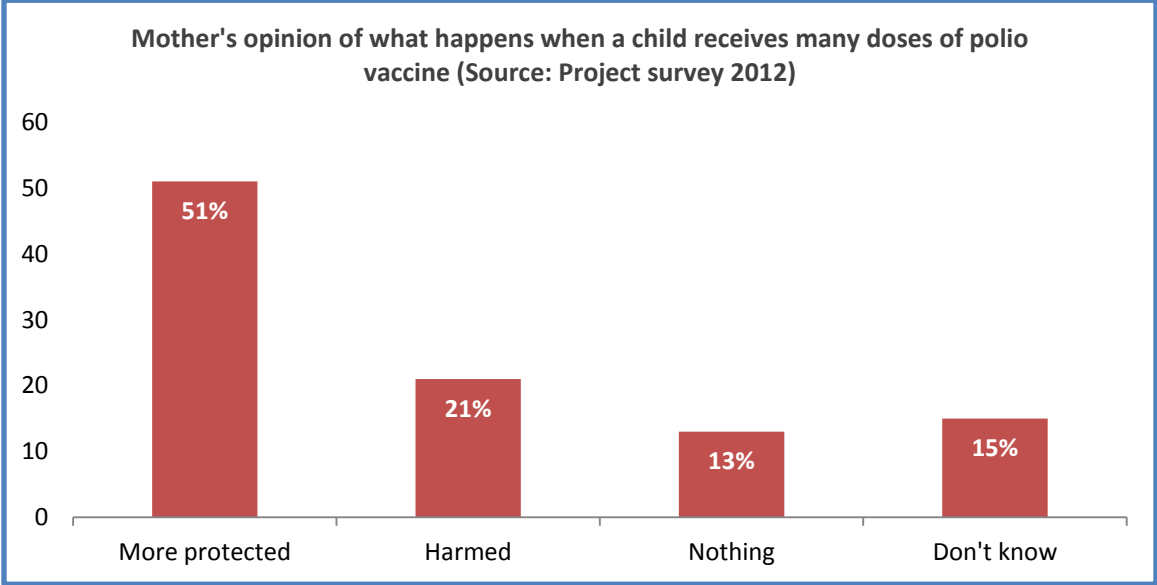
This milestone was substantially achieved based on a 30 cluster project survey conducted in 2012 which demonstrated that with 67 percent of mothers responding that their baby should receive a first dose of polio vaccine in the first two weeks of life. We do not have baseline data for this question and for 2013 we only have proxy indicator data based on MOH administrative OPV0 coverage which increased in ten out of 13 of the provinces in which the project is working.



Critical Milestone #5: 10 percentage point increase in parents who believe a child can receive repeated polio vaccinations from baseline to endline

Milestone Partially Met

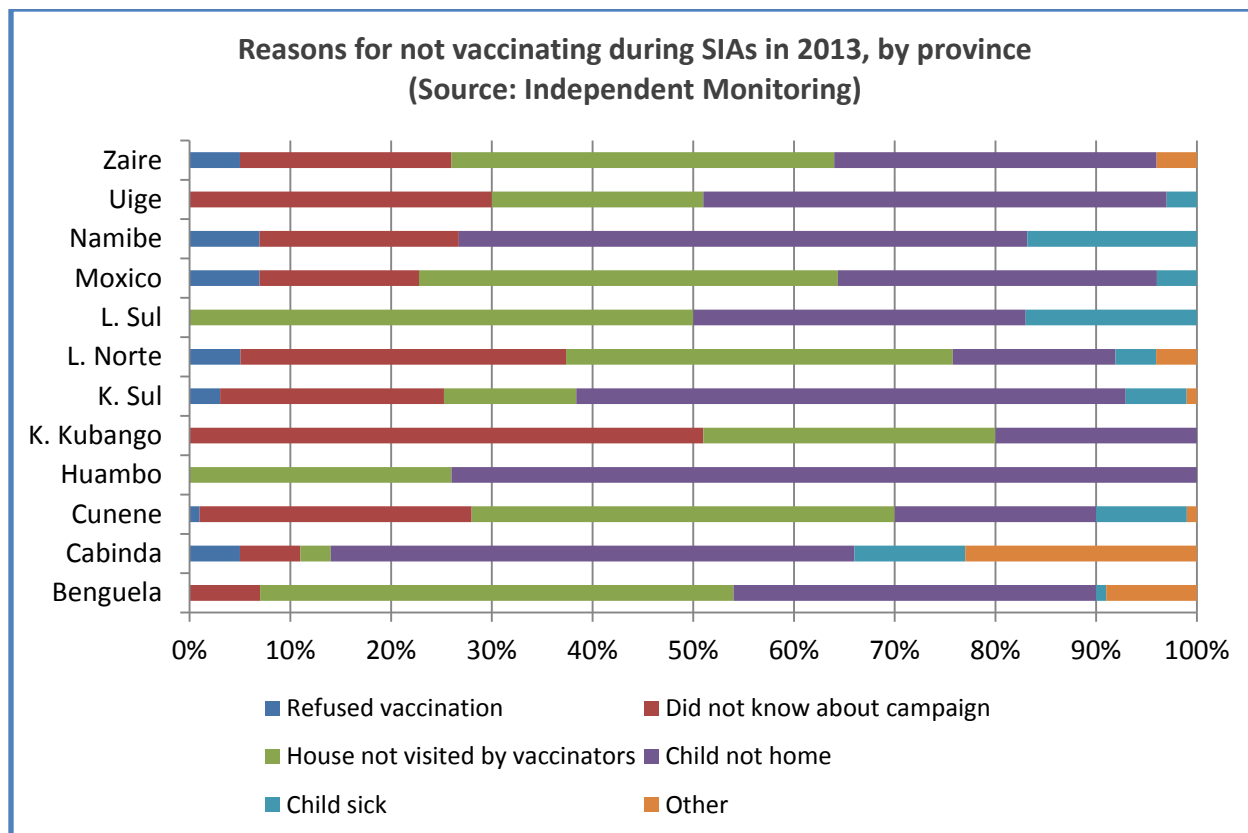
This milestone has been partially achieved, with 51% of mothers participating in recent 30 cluster survey in 2012 responding that a child receiving many doses of polio vaccine would be more protected. We do not have baseline data for this milestone because the wording of the question on the previous questionnaire created unreliable responses and we will not conduct a final evaluation survey until 2014.



Critical Milestone #6: 10 percentage point decrease in parents who believe that some children should not be vaccinated or may be harmed by polio vaccination from baseline to endline

Indicator Met based on proxy indicator

This indicator was largely met based on post campaign monitoring data that demonstrated that among missed children, less than 10% were missed due to refusals. Most children were missed during campaigns because the child was not at home when the vaccinators came or because the vaccinators did not come to the house.



Critical Milestone #7: *At least 90 percent concordance between mothers' recall of vaccination and marked thumbs during campaign monitoring*

Milestone Met

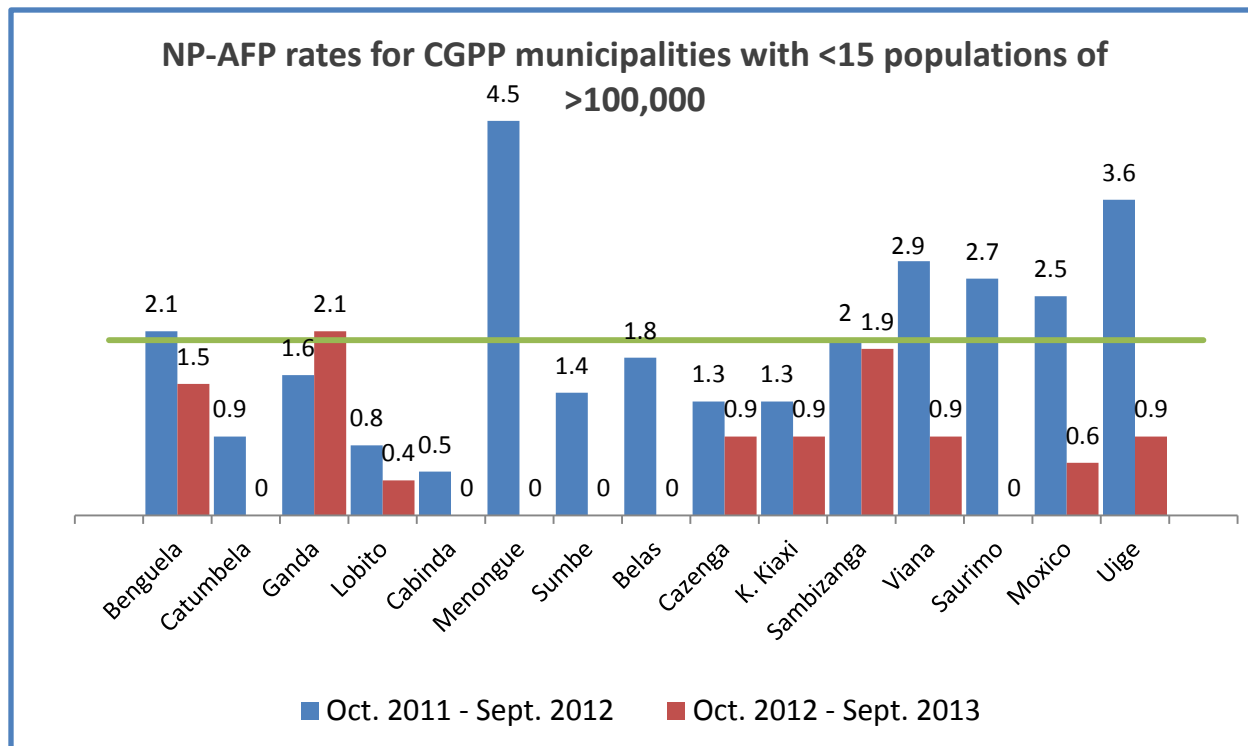
This milestone has been achieved based on data from a 30 cluster survey collected in July 2012 compared to Independent Campaign Monitoring data for the June 2012 and June 2013 SIA. The 30 cluster survey found 95% of under five children vaccinated in the SIA according to mother's recall and the monitoring results by province for the same 7 provinces ranged from 2% to 10%, most falling around 4% to 7% while monitoring results for the 12 CGPP provinces show that % missed children ranged from 0 – 11%, with ¾ of these provinces at or below 5% missed children.

Critical Milestone #8: *15 percentage point increase in caregivers correctly identifying at least one symptom of AFP from baseline to endline*

Milestone Not Met

This milestone has been delayed with only 40% of caregivers able to identify AFP symptoms at final evaluation in 2012 compared to 38% at Mid-term in 2010. We do not have new survey data to measure this for 2013. The project partners have worked to improve on this milestone through the distribution of bicycles and polio educational flip charts in 2013 to assist the community volunteers to reach the caregivers with the right messages. As a proxy indicator, provincial non polio AFP rates are mostly above the standard of two per 100,000 children under the age of 15 but several municipalities fail to meet this standard.

AFP Surveillance Performance						
Province	Oct. 15, 2010 – Oct. 14, 2011		Oct. 21, 2011 – Oct. 20, 2012		Oct. 21, 2012 – Oct. 21, 2013	
	NP AFP Rate	Adequacy Rate	NP AFP Rate	Adequacy Rate	NP AFP Rate	Adequacy Rate
Benguela	2.7	92%	2.0	80%	3.0	93%
Cabinda	2.3	62%	3.4	100%	3.2	100%
Cunene	2.0	75%	1.7	100%	1.7	100%
Huambo	2.3	100%	2.1	94%	3.0	84%
K. Kubango	7.0	95%	3.8	89%	2.6	100%
K. Sul	1.4	89%	3.0	88%	3.2	95%
Luanda	1.9	77%	2.6	81%	2.2	86%
L. Norte	4.0	100%	4.9	88%	5.9	90%
L. Sul	5.5	100%	4.6	88%	1.7	100%
Moxico	2.3	91%	2.2	100%	1.5	100%
Namibe	6.0	100%	11.5	100%	6.7	100%
Uige	3.7	70%	4.3	87%	3.1	76%
Zaire	6.0	88%	2.3	100%	3.5	100%



CM #9: 15 percentage point increase in respondents who would inform a clinic, health institution, hospital, or program volunteer if their child suffered from a paralytic attack in any part of their body from baseline to endline

Milestone Delayed

As of 2012, this milestone was delayed with an actual decrease in the percentage of respondents who said that they would contact a health facility or volunteer if their child had AFP. We will not conduct another survey to measure this until 2014. The project continues to work with field partners and community volunteers through the distribution of bicycles and educational flip charts to improve on this milestone.

