FY2017 Q1: CORE Group Polio Project (CGPP) Quarterly Update

CGPP Partnerships

During the first quarter of the 2017 fiscal year, the CORE Group Polio Project implemented activities in six countries: Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan. Within each country, CGPP Secretariats operate in high-risk focal areas in partnership with local NGOs and international PVOs.

This report provides a snapshot of activities from October through December 2016.

- **CGPP Ethiopia** provided leadership at local and national polio events and meetings including the National Polio Legacy Task Force Meeting, EPI Task Force Meeting, and the National Immunization Conference. The Secretariat Director presented the keynote address for World Polio Day in October 2016 in Ethiopia.

- **CORE India** staff participated and led various meetings and working groups with USAID, PCI and IAG. The Secretariat Director represented CGPP at the GAVI CSO meeting held in October in Geneva.

- **CGPP Kenya** and **CGPP Somalia** actively organized meetings with the health border committee to devise plans and strengthen coordination of polio-related activities along the Kenya-Somalia border. **CGPP Kenya** participated in the Garissa Health Summit, where partners from 47 counties met to discuss service delivery in hard to reach and border communities.

- **CGPP Nigeria** continued to develop and strengthen partnerships across all levels of the Nigeria Polio Eradication Initiative (PEI) and was very active in the National Polio Emergency Operations Center, which coordinates the national eradication initiative in Nigeria.

- **CGPP South Sudan** directed the work of three national NGO partners. During Q1, CGPP South Sudan staff participated in the EPI technical working group meetings, partner meetings, and led the Cross-Border Initiative.
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 from 12 to 23 months old.

- **CGPP Ethiopia** reported coverage of OPV0 (40%), OPV3 (68%), Pentavalent3 (67%), and measles coverage (62%).
- **CGPP India** reported coverage of OPV0 (89%), OPV3 (77%), Pentavalent3 (88%), and measles coverage (87%). Of those immunized for OPV3, 92% received at least 8 doses.
- **CGPP Kenya** reported coverage of OPV0 (75%), OPV3 (64%), Pentavalent3 (64%), and measles coverage (61%).
- **CGPP Nigeria** reported coverage of OPV0 (98%), OPV3 (96%), Pentavalent3 (52%), and measles coverage (62%).
- **CGPP Somalia** reported coverage of OPV0 (19%), OPV3 (34%), Pentavalent5 (71%) and measles coverage (58%).
- **CGPP South Sudan** reported coverage of OPV0 (5%), OPV3 (10%), Pentavalent3 (10%), and measles coverage (10%).
Polio Campaigns

During Q1, polio vaccination campaigns took place in four of the six project countries: Ethiopia, Nigeria, Somalia, and South Sudan. High rates of vaccination were reported during campaigns; between 91% and 99.8% of the target under 5 population were reached in these efforts.

- **CGPP Ethiopia** deployed technical staff to support SIAs in December 2016. Staff participated in pre-campaign orientation, intra- and post-campaign monitoring.
- **CGPP India** did not conduct any SIA activities during Q1. For the upcoming January 2017 SIA, staff conducted program review meetings with partners and high-risk group data validation through tracking and mapping of migratory groups.
- **CGPP Kenya** finalized plans for the upcoming SIAs in January and March.
- **CGPP Nigeria** worked with partners to conduct nine OBRs and contributed to the vaccination of 10 million children in each round. CGPP Nigeria supported SIAs in all five of its focal states in October/December 2016.
- **CGPP Somalia** participated in community mobilization and sensitization surrounding World Polio Day. CGPP was active in SIA planning, community mobilization, supervision and monitoring. Prior to the campaigns, 148 volunteers and 21 community mobilizers conducted house visits, gave public addresses, and attended mothers’ meetings.
- **CGPP South Sudan** participated in four SIA campaigns in November and December, supporting the vaccination of more than 3 million children. CGPP was active in campaign monitoring and post campaign evaluation. As part of this effort, monitors, supervisors, and data collectors were trained or retrained.
**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.

*Non-polio AFP rate in South Sudan are not available for Q1.*

- **CGPP Kenya** trained nine community mobilizers and 12 health facility workers using CGPP-developed modules on community-based AFP surveillance, documentation, and RI/SIA microplanning. Additional on the job training was carried out for health facility based staff for AFP detection, investigation, and reporting.
- In **Nigeria**, two CGPP VCMs and Community Informants received awards from Rotary International for detecting AFP cases.
- **CGPP Somalia** worked closely with WHO field representatives to ensure necessary support for community mobilizers.
- **CGPP South Sudan** worked to develop initial AFP investigation forms, AFP line list forms, and social mapping tools. These tools were implemented in 33 of 34 counties to improve AFP detection. Quarterly non-polio AFP rate is not available.

The chart below shows the percent of cases of non-Polio AFP in CGPP countries that were identified by CGPP community mobilizers.
**Community Mobilizers and Volunteers**

Community mobilizers are the backbone of CGPP activities. During Q1, these essential individuals participated in training, held community meetings, participated in surveillance, sensitized communities, addressed barriers, and mobilized communities to participate in immunization activities. The number of community mobilizers for each of the focal country and the reported outreach can be found below.

<table>
<thead>
<tr>
<th>CGPP Country</th>
<th># of Community Mobilizers</th>
<th>Reach of Community Mobilizers (# people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>13,579</td>
<td>361,958</td>
</tr>
<tr>
<td>India</td>
<td>1100</td>
<td>*</td>
</tr>
<tr>
<td>Kenya</td>
<td>9</td>
<td>39,122</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,238</td>
<td>2,100,000</td>
</tr>
<tr>
<td>Somalia</td>
<td>21</td>
<td>113,224</td>
</tr>
</tbody>
</table>

*CGPP India does not collect such data.

**CGPP South Sudan data is not available for Q1.**

**Monitoring, Evaluation, Accountability, and Learning**

- **CGPP Ethiopia** conducted supervision visits in 21 woredas and 13 zones of 5 regions. Health extension workers were trained for improved documentation and use of immunization monitoring charts. Four CGPP Secretariat Staff members attended APHA and subsequent trainings. APHA accepted five abstracts - three oral presentations and two posters.

- **CGPP India** developed templates for monthly reports, data entry, and automated analysis. Check lists and register verification were used to monitor field activities, and administrative data was regularly reviewed, validated and checked for quality. Secondary analysis of barrier data was conducted and a manuscript was drafted for journal submission.

- **CGPP Kenya-Somalia** and partners conducted quarterly field visits to gauge project progress and to monitor SIAs activities. CGPP Secretariat staff met with project partners to review and evaluate performance and review activities and targets.

- **CGPP Nigeria** increased its efforts in collection, collation, analysis, interpretation, and reporting of PEI/RI data. An M&E working group was inaugurated during Q1 to create a platform for the Secretariat and focal state M&E officers to discuss successes, challenges, and lessons learned.

- **CGPP South Sudan** collaborated with consultants and partners to revise the monthly reporting tools for the County Supervisors/Payam Assistants. With assistance from consultants, CGPP developed the following tools: a field check list for county supervisor performance, an initial AFP investigation form for CBS, AFP line list forms, stool line list forms, key informants form, sample log books for Payam Assistants, social mapping tools, and workplan templates for Payam Assistants/County Supervisors.
Cross Border Initiatives

During Q1, **CGPP Secretariats, Nigeria, South Sudan, Somalia, and Kenya** participated in cross-border initiatives to ensure the vaccination and surveillance of migrating populations and internally displaced persons.

- **CGPP Kenya** conducted monthly internal cross border meetings to discuss and update AFP surveillance and routine immunization and to monitor the progress of activities. A joint Kenya-Somalia cross border workshop was also held to discuss polio eradication challenges in border regions, share workplans, and coordinate efforts.

- **CGPP Nigeria** worked in border communities in Borno and Yobe states to increase cross-border coordination, immunization services, AFP surveillance, and RI service delivery. Prior to the campaign, CGPP attended border synchronization meetings in October with teams from Yobe State and the Niger Republic.

- **CGPP Somalia** formed cross border health committees to work with the MOH, WHO, UNICEF, IOM, and local stakeholders to enhance partnership in polio eradications initiatives. A workshop and three monthly internal border cross meetings were held to discuss SIAs, surveillance and immunization services. During the two SIAs, CGPP Somalia provided (26 and 27) extra teams to cover at-risk populations at border crossing points, transit centers, and watering points. CGPP Somalia provided 27 and 26 extra teams in October and November, respectively. A total of 14,489 children were reached by the extra teams during both SIA rounds.

- **CGPP South Sudan** supported and implement cross-border activities along the borders of South Sudan and Uganda, Kenya, Ethiopia, and DRC through planning, organizing and implementing meetings with neighboring countries. In all, 13 Special Vaccination Posts have been established at heavily traveled border sites due to instability, conflict and nomadism. The SVPs reduce the risk of a cross border outbreak by immunizing refugees and IDPs traveling along or across interstate and international borders. During the period under review, a total of 12,820 children between the ages of 0-15 years were vaccinated with one dose of oral polio vaccine.