FY2017 Q2: CORE Group Polio Project (CGPP) Quarterly Update

CGPP Partnerships

During fiscal year 2017 (FY2017), Quarter 2 (Q2), 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 focal areas 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 among for OPV0, OPV3, Penta3/Penta5, and measles are shown for children from 12 to 23 months old.

- **CGPP Ethiopia** supported the increase of RI cover through material support, including fuel, office supplies, and EPI registers, and through training, which included 636 CVs/HDAs trained on CBS and NBT, 215 health workers and 352 health Extension workers trained on CBS & NBT, LQAS, Data Management, immunization in practice (IIP) and cold chain users and IDSR training. Additionally, CGPP staff facilitated religious immunization mainstreaming training. CGPP supported a March 2017 measles campaign, providing pre, intra, and post campaign support.
- **CGPP India** coverage of OPV0 (89%), OPV3 (77%), Pentavalent3 (88%), and measles coverage...
(87%). Of those immunized for OPV3, 92% received at least 8 doses. Special immunization sessions were held during Q2 to ensure that all children were up to date on RI and to increase OPV3 coverage. Due to misinformation in the form of a video about antigens and impotency, mobilizers and influential people were used to combat these rumors.

- **CGPP Kenya** reported coverage of OPV0 (75%), OPV3 (64%), Pentavalent3 (64%), and measles coverage (61%). CGPP supported health facilities in conducting targeted monthly outreach clinics in hard to reach nomadic settlements. Community mobilisers conducted social mobilization for the immunization outreach services in 31 hard-to-reach villages; a total of 1,633 children were vaccinated. A total of 35 community mobilisers were also trained on routine immunization and AFP surveillance.

- **CGPP Nigeria** reported coverage of OPV0 (98%), OPV3 (96%), Pentavalent3 (52%), and measles coverage (62%). In this quarter, there is continuous improvement in Routine Immunization (RI) support by CGPP across the focal states, especially in the implementation of a RI grant in the three RI focal states of Katsina, Borno and Yobe states. CGPP community volunteers worked closely with health facility in-charges (head) and RI focal person within their respective localities. “RI card Holder” was rolled out Yobe and will be rolled out later this year in other CGPP locations.

- **CGPP Somalia** reported coverage of OPV0 (19%), OPV3 (34%), Pentavalent5 (71%) and measles coverage (58%). During Q2, the CGPP Somalia IPs team, have continued to support monthly outreach clinics especially to the special population in hard to reach settlements along the borders. The CGPP Somalia supported the health partners offering health services at the border health facilities to conduct at least weekly outreach clinics to reach and increase the immunization coverage and immunity for children at the border settlements. A total of 4,711 children were reached through the outreach clinics in the six border districts.

- **CGPP South Sudan** reported coverage of OPV0 (5%), OPV3 (10%), Pentavalent3 (10%), and measles coverage (10%).

**Polio Campaigns**

Polio campaigns took place in all project countries: India, Kenya, Nigeria, and Somalia, and South Sudan. High rates of vaccination were reported during SIAs. Between 91% and 99.8% of the target under 5 population was reached in these efforts, except for South Sudan.
- **CGPP India.** During the reporting period one SIA campaign (NID) was conducted in January 2017. More than 493,300 households from CGPP India catchment areas (CMC areas) were visited by vaccinators and reached 378,549 children below five years. Children reached through SIA- Almost all eligible children were vaccinated in the January SIA campaign. Out of these, 82 percent of children under five from CMC areas were covered through booths (fixed site activity) in the SIA campaigns. The booth coverage was considerably higher in CMC areas than of Non-CMC areas in all the project districts of CGPP India. Overall coverage for the campaigns was 99.3, including both and house to house vaccination.

- **CGPP Kenya.** A Supplementary Immunization Activity (SIA) was conducted in January 2017. Prior to this, CGPP Kenya was involved in pre-campaign planning and training, and management of campaign activities. CGPP project supported social mobilization using the CHVs & CMs, logistical support for extra teams dedicated to nomadic settlements, IEC distributions and joint supportive supervisions during the SAI campaign period. A total of 178,559 children were vaccinated in CGPP project areas which represented 91.1% of the total children target.

- **CGPP Nigeria** Three rounds of polio immunization campaigns were conducted across the 5 CGPP focal states – January, February, and March. CGPP staff and partners were very active in these campaigns, providing direct technical support, supportive supervision, observing vaccination, mop up campaigns, and resolving non-compliance.

- **CGPP Somalia** During Q2, two rounds of supplementary immunization activities had been planned but only one was conducted in February 2017. CGPP Somalia worked closely with MOH and WHO local representatives and supported through logistic support, supervision and monitoring of teams during the SIA, playing an active roll in SIA planning/microplanning meetings, and providing extra teams to cover special vaccination areas/cross border vaccinations.

- **CGPP South Sudan.** SIA's were conducted in South Sudan in February and March. However, coverage was quite low – reaching 35% of the target in February. In March, exceeded the target by almost 10,000 children. CGPP’s main role during campaigns in ICM, which was provided in six states during both of the campaigns.

### 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 Among Children Under 15 years](image)
CGPP Ethiopia. During Q2, 24 non-polio AFP cases were reported from CGPP implementation districts, of which 16 were reported by CGPP Community Volunteers/Health Development Armies. Additionally, a total of 63 measles cases were reported during Q2, 46 of which were reported by CVs/HDALs.

CGPP India. Non-Polio AFP rates for CGPP districts, UP state and India are consistently more than expected. A total of 71 Non-Polio AFP cases were reported from CGPP India’s catchment area, during the reporting period, out of which, 34 cases were reported by CGPP functionaries.

CGPP Kenya. A total of 8 NP-AFP cases were reported during Q2. Disease surveillance training was help for facility staff and CMs in sub-counties.

CGPP Nigeria. VCMs and Community Informants (CI) actively searched for suspected AFP cases within their settlements within the reporting period. The CI include patent vendors, Traditional Birth Attendants (TBA), bone setters and herbalists among others. A total of 134 suspected AFP cases were reported at the focal LGAs (including non-focal wards within the LGA) out of which 62 were reported by CGPP. It should be noted that CGPP does not support all wards within the LGAs.

CGPP Somalia. worked with community mobilizers and health volunteers to improve and conduct strong community based AFP surveillance, and to refer children for vaccination. As a result, half of the NPAFP cases were identified by CGPP Somalia.

CGPP South Sudan. has a diverse network of 3,237 community informants who play an active role in the community based surveillance system in five states. During Q2, they reported 71 suspected cases, 24 of which were true AFP cases.

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. Overall, 52% of the non-polio AFP cases were identified through CGPP community mobilizers.

![Identification of Non-Polio AFP Cases](chart.png)
Community mobilizers are the backbone to CGPP activities in the six focal 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. 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>65</td>
<td>309,777</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,336</td>
<td>2,100,000</td>
</tr>
<tr>
<td>Somalia</td>
<td>21</td>
<td>113,224</td>
</tr>
</tbody>
</table>

- **CGPP Ethiopia.** More than 10,000 CVs/HDALs participated in immunization and surveillance activities in CGPP project areas. During Q2, they referred 15,305 ANC and follow-up care, identified 11,391 newborns, and identified and referred 4739 defaulters to the vaccination post. A total of 3517 CVs/HDAL were involved in social mobilization activities as vaccination team members during polio/measles campaigns.
- **CGPP India.** CGPP India attempts its audiences to adopt positive behavior towards immunization through various social mobilization activities. A three-day residential training for new and relatively weak performing CMCs was conducted in March 2017 in all CGPP districts. A total of 707 CMCs were trained.
- **CGPP Kenya.** A total of 35 community mobilisers underwent a two-day refresher training on routine immunization and community-based AFP surveillance. In this quarter, approximately 309,777 people were reached through social mobilization during Q2.
- **CGPP Nigeria.** There are a total of 2,095 Volunteer Community Mobilizers (VCM) and 247 Volunteer Ward Supervisors (VWS) which supervise the VCMs; making a total of 2,336 volunteer mobilizers. CRS expanded to two more LGAs (Fune and Nguru LGAs) were VCMs were engaged and trained in March, 2017. All volunteers were.
- **CGPP Somalia.** In addition to the 21 community mobilizers, there were 148 community health volunteers who contributed to the success of CGPP Somalia. Eight community dialogue sessions were conducted in 6 districts with a total of 980 beneficiaries.

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

- **CGPP Ethiopia.** Staff conducted joint supervision visits in 7 zones, visiting 26 woredas/districts - 29 health centers and 28 health posts were visited and 23 community volunteers, 1 kebele leader, and 2 religious leaders interviewed during these visits. Implementation gaps were identified and possible solutions were proposed jointly with partners. A team of six staff submitted 10 abstracts to the American Public Health Association Conference to take place in Atlanta, Georgia, USA in November.
- **CGPP India.** A tool was tested for entry and automated data analysis of the project monitoring checklist data, which will provide for better information. An article was submitted for publication to the BMC in January, “Demand-side determinants of timely OPV3 immunization among children aged 6-11 months in Uttar Pradesh, India: Evidence from a Doers and Non-doers survey conducted in the catchment areas of CORE Group Polio Project (CGPP).
• **CGPP Kenya.** The project team with the support of CGPP secretariat officials conducted quarterly field visits to gauge project progress and during the SIAs the project supports the monitoring of the SIA activities in the project areas.

• **CGP Nigeria.** Generally, the timeliness of reporting has improved due to routine tracking and improved record keeping of data. Timeliness and completeness of data from community volunteers, such data include weekly report of new-born and number of new-born immunized at naming ceremony and other under-fives immunized.

• **CGPP Somalia.** The project team conducted a quarterly site visit to the project areas to ensure that activities were implemented as planned, and the monitor the quality of SIAs.

• **CGPP South Sudan** continues to work on improving reporting systems. The team has been working with Gates Foundation consultants to improve the M&E system, workplan, and frameworks.

**Polio Certification**

• **CGPP Ethiopia.** Staff and implementing partners supported woredas health offices and health facilities on documentation for polio certification.

• **CGPP Kenya and Somalia.** CGPP Secretariat team along with Director, Frank Conlon, attending an NPCC meeting held in Nairobi in January 2017. The HOA team participated in certification meetings at the regional level with senior WHO & UNICEF staff.

• **CGPP Nigeria.** GPEI Headquarters in Geneva commissioned a team of Polio experts to visit Nigeria and determine the quality of the Out-Break Response (OBR) to the cases of WPV and Circulating Vaccine-Derived Polio Virus (cVDPV) detected in Nigeria. This Out Break Response Assessment (OBRA) is one of the mandatory steps GPEI conducts as part of its Polio Certification exercise which determine Nigeria’s eligibility or otherwise, to being certified Polio-free. CGPP Nigeria has supported this assessment during Q2.

• **CGPP South Sudan.** The Secretariat Director has been active in certification and legacy planning including asset mapping and documenting best practices. The Secretariat has engaged with WHO and UNICEF steering committee members, and will continue to play an active role in these discussions.

**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 and Somalia.** The project supports monthly cross border meetings. During the quarter, a total of 5 monthly cross-border health committee meetings were conducted. These included discussions about strengthening AFP surveillance and routine immunization, immunizing children living in hard to reach areas, reactivating the established cross-border health committee members, and planning a joint cross-border health coordination meeting between Kenya and Somalia.

• **CGPP Nigeria** There was border synchronization immunization between Jigawa state and Machina LGA of Yobe state during each month of SIAs. This starts with a Border synchronization meeting a week before each IPDs. Security issues across Yobe State continue to make the
planning and supportive supervision rounds challenging, as movement is restricted in certain LGAs – especially in Geidam and Yunusari LGAs or districts.

- CGPP South Sudan. During March 2017, Nasir county, along the South Sudan/Ethiopia border received vaccinations for the first time since the war broke out in 2013. A total of 8 functional special vaccination posts have been established and were operational, after past difficulties with security. During Q2, 9,654 children under 15 were vaccinated at special vaccination posts.