FY2017 Q3: CORE Group Polio Project (CGPP) Quarterly Update

CGPP Partnerships

During fiscal year 2017 (FY2017), Quarter 3 (Q3), 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. Partnerships have remained the same over three quarters of FY17.

- **CGPP Ethiopia** participated in a key regional and country-level meetings including: ICC (June 2017); Polio Transition Regional meeting (April 2017); RITAG (June 2017); First Africa Health Forum organized by WHO’s AFRO (June 2017); TAG (May 2017); EPI TF meeting (May 2017).
- **CGPP India** participated in the meeting of SEAR Immunization Technical Advisory Group (ITAG) in June 2017. The key areas of discussions during the meeting included measles elimination and rubella control, strengthening routine immunization systems and services, polio eradication and endgame strategy, introduction of new vaccines and availability of safe and effective vaccines. CGPP worked with the Afghan NGO delegation in April 2017 to educate the team about CGPP India, planning, capacity building, vaccination and mobilization strategies, and microplanning.
- **CGPP Kenya** actively organized and participated in local, national, and regional meetings including partner review meetings, MOH disease surveillance meetings, National Polio Coordination Committee meetings, and HOA-TAG.
- **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 Somalia**. During Q3, CGPP partners in the region, ARC International & Somali Aid actively participated in monthly structured health & polio coordination cluster meetings at the project districts. CGPP Somalia Partners (ARC International & Somali-Aid) worked closely with WHO and MOH to continuously provide updates on polio eradication program.

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** During the reporting period, the following activities were conducted to increase routine immunization coverage; 16,568 pregnant women identified and referred to antenatal care (ANC) follow up, 10,499 newborns 5711 defaulters have been identified and referred to the vaccination post. Joint supportive supervision visits conducted on 20 woredas and 8 zones of Oromiya, B/Gumz, SNNP and Gambella regions. The Secretariat participated in African Vaccination Week Celebration in April 2017 and the director made a key note address.

• **CGPP India** In this quarter, with support from secretariat, all the three partners organized an awareness campaign through the a decorated mobile van with messages on polio and immunization coupled with public addressing system and a team of street play or magicians conducted events in selected areas to raise awareness for Routine Immunization (RI), reduce vaccine avoidance behavior and create a favorable environment of vaccinations in high risk areas. More than 150,000 people were exposed to these activities.

• **CGPP Kenya** The project provided integrated Outreach sessions in 75 border health facilities. The outreach focus was in Nairobi’s Kamukunji targeting slums and nomadic settlements. Further, house to house visits was conducted by CHVs for RI sensitization. Kenya procured three solar powered batteries to power the central vaccine freezer in Turkana county, Kibish sub-county, Kaikor Sub County hospital. This was to enable consistent supply of vaccines to other peripheral dispensaries especially those at the hard to reach cross border areas. Operationalizing the central vaccine storage at Kaikor makes vaccines readily available for outreaches and SIA. 8,067 under five-year children are targeted for reach with immunization because of this initiative.

• **CGPP Somalia** CGPP Somalia had worked closely with the health partners operating in the project districts’ health facilities to conduct routine immunization outreach especially to hard-to-reach populations. CGPP Somalia is currently supporting 17 health facilities to conduct routine immunization outreach services in the project border districts. A total of 5,461 children were reached through the integrated and targeted 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**

During Q3, polio vaccination campaigns took place in four of the six project countries: India, Nigeria, Kenya, and Somalia, and South Sudan. All campaigns were done in April 2017. Campaigns were very successful in CGPP focal areas, reaching over 90% of the target in each of these areas.
CGPP India. During Q3, one SIA campaign (NID) was conducted in April 2017. About 504,679 households from CGPP India catchment areas (CMC areas) were visited by vaccinations and reached to 374,160 children age below five years during the SIA. 84% of children from CMC areas were covered through booths (fixed sites) during SIAs. In April 2017, vaccination teams visited 504,679 households from the CGPP India catchment areas. Out of which, about 5 percent houses were missed at the end of each SIA campaign. CGPP also provided training to 142 ASHAs and Sanginis to improve interpersonal communication and communication material use.

CGPP Kenya. During Q3, one SIA round of sub-national immunization activities was conducted. CGPP supported through SIA meetings, 80 community mobilizers utilized for sensitization, logistical support, supervision and monitoring, and cross border vaccinations.

CGPP Somalia. In April, CGPP supported NID round conducted in Somalia. CGPP participated in planning, identifying hard to risk populations, social mobilization, logistical support, supervision and monitoring during the campaign, and cross border coordination. The CGPP team provided an extra 21 teams to cover special populations.

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. Due to constraints in-country, it is not possible to obtain the non-polio AFP rate in South Sudan.

CGPP Ethiopia. During the reporting period a total of 14 non polio AFP cases were reported from CGPP implementation districts, of which 10 cases were reported by CVs/HDAs. Similarly total of 83 cases of measles reported from the same areas of which 52 of the cases were reported by CVs/HDALs.

CGPP Kenya continues to work with 80 community mobilizers based. On the job training were done to 104 community mobilizers in coordination with CGPP supported Counties. The mobilizers have been instrumental in mobilizing the health facility and cross border mobile populations for routine immunization services and community-based AFP surveillance. They have also been actively engaged in community mobilization for the CGPP supported EPI outreaches. Because of, 6 AFP suspected cases were reported during this reporting period.

CGPP Somalia During the AFP case detection and reporting, CGPP Somalia partners’ staff and volunteers worked closely with WHO field representatives to make sure the necessary support was given. CGPP Somalia worked closely with WHO Regional and District Polio Officers, MOH.
and key health partners to monitor both community- and facility-based AFP surveillance. Three AFP cases were identified through community based surveillance. During this quarter CGPP Somalia Conducted Community-based AFP refresher training for 84 community health volunteers and 10 community mobilizers. The key objective of the refresher training was mainly to improve the knowledge and skills of AFP case detection and reporting.

- **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.

**Community Mobilizers and Volunteers**

Community mobilizers are the backbone to CGPP activities in the six focal countries. During Q3, 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. (CGPP India does not collect information on the reach of the mobilizers. South Sudan focuses on ICM and surveillance and program does not utilize community mobilizers.)

<table>
<thead>
<tr>
<th>CGPP Country</th>
<th># of Community Mobilizers</th>
<th># Community Mobilizers Trained</th>
<th>Reach of Community Mobilizers (# people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>13,758</td>
<td>642</td>
<td>503,309</td>
</tr>
<tr>
<td>India</td>
<td>1100</td>
<td>203</td>
<td>**</td>
</tr>
<tr>
<td>Kenya</td>
<td>80</td>
<td>104</td>
<td>309,777</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,336</td>
<td>2336</td>
<td>2,203,000</td>
</tr>
<tr>
<td>Somalia</td>
<td>169</td>
<td>84</td>
<td>87,436</td>
</tr>
</tbody>
</table>

- **CGPP Ethiopia.** During the reporting quarter, 16,568 pregnant women identified and referred to ANC follow up, 10,449 newborns, 5711 defaulters were identified and referred to the vaccination post by CVs/HDALs.
- **CGPP India.** A total of 171 CMCs were retrained in CRS districts on understanding of mobilization activities and update knowledge on polio and new vaccines. A total of 31 master trainers were also trained on the same methodologies.
- **CGPP Kenya continues to work with 80 community mobilizers based.** On the job training were done to 104 community mobilizers in coordination with CGPP supported Counties. The mobilizers have been instrumental in mobilizing the health facility and cross border mobile populations for routine immunization services and community-based AFP surveillance. They have also been actively engaged in community mobilization for the CGPP supported EPI outreaches. Because of, 6 AFP suspected cases were reported during this reporting period.
- **CGPP Somalia** During Q3, CGPP Somalia supported the community mobilizers to conduct community dialogue sessions with pregnant and nursing mothers on the importance of routine immunization. A total of 19,742 mothers were reached in the project areas. 9,583 male were also reached with community dialogue session. The CMs educated the community on the importance of immunization.

**Monitoring, Evaluation, Accountability, and Learning**
During FY17, all Secretariats were engaged in planning and coordination for the Endline program evaluation. Secretariat staff worked closely with the M&E technical advisor to hire local consultants, train local data collectors, and design study instruments.

- **CGPP Ethiopia** Five CGPP secretariat staffs conducted joint supportive supervision visits on 20 woredas from six zones. In line with this; 20 health centers and 24 health posts were visited and 16 community volunteers interviewed during the reporting month. Implementation gaps identified and possible solution proposed jointly with partners.

- **CGPP India** has begun use of the automated analysis of project monitoring data template in excel. A paper, “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” was presented at the 15th World Congress on Public Health in Melbourne, Australia (April 2017)

- **CGPP Kenya** conducted supervision visits to all the 80 CGPP supported health facilities, which included data review sessions and data management training for EPI and disease surveillance and response units and community health volunteers.

- **CGPP South Sudan** collaborated with partners to revise the monthly reporting tools for the County Supervisors/Payam Assistants. Tools were developed including: 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.

**Polio Certification and Transition**

- **CGPP Ethiopia.** During the supportive supervision visits CGPP Secretaries staffs and implementing partners supported woredas health offices and health facilities on documentation for polio certification (Woreda level documents like: EPI task force meeting minute, immunization related review meetings, Reported AFP cases, community based surveillance activities, outbreak response documentation and immunization campaign)

- **CGPP Kenya.** CGPP participated in the National Polio Coordination committee meeting whose objective is to promote coordination with the National certification committee. The project participated in the meetings’ national implementation plan for planning, execution, and monitoring and evaluation of routine Immunization and AFP surveillance indicators.

**Cross Border Initiatives**

During Q3, **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** During the April SIA, CGPP provided 68 vaccinators on 8 extra teams to target cross border points, Kamukunji’s slums, and bus stops, reaching 178,599 under-fives with OPV.

- **CGPP Somalia** During the April-2017 NID, CGPP Somalia had provided 21 extra teams to cover areas where special populations are concentrated (e.g. border crossing points, IDPs, transit centres, watering points). A total of 20,631 children from special populations were reached by the extra teams during the April NID round. CGPP Somalia also participates in monthly cross border meetings.