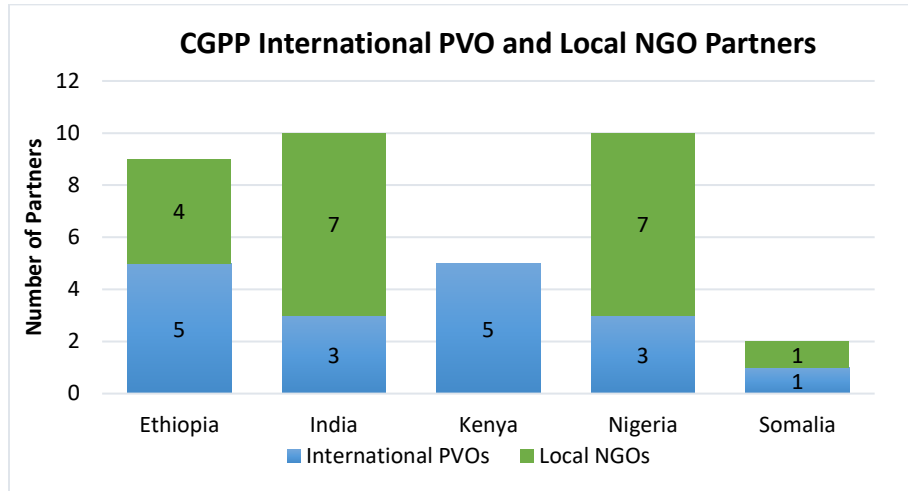


FY2018 Q1: CORE Group Polio Project (CGPP) Global Quarterly Update from October through December 2017.

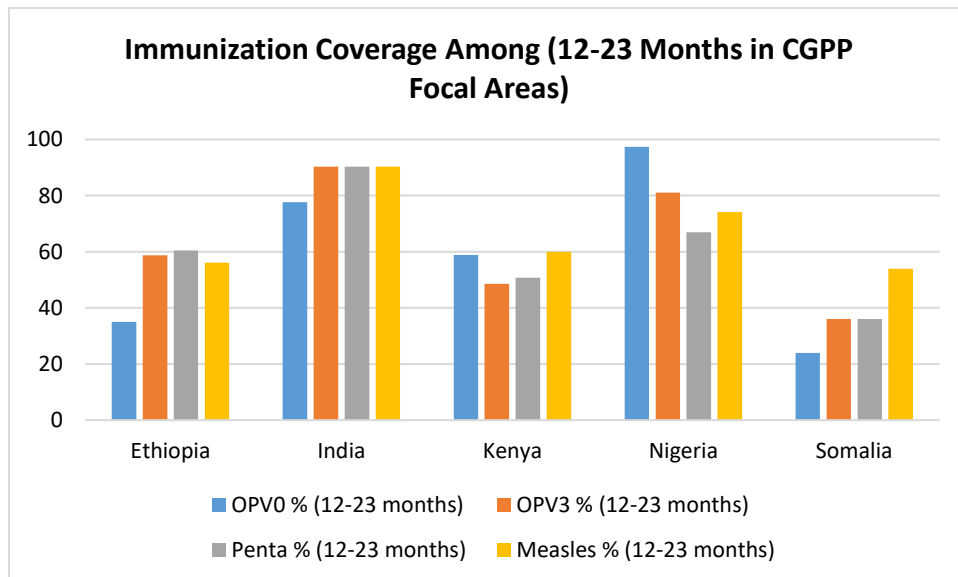
CGPP Partnerships

During FY2018 Quarter 1, 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 locations 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 for OPV0, OPV3, Penta3/Penta5, and measles are shown for children from 12 to 23 months old. Data under 1 year is still in process and will be reported in Q2 (Note: India will report age disaggregated data at the end of the fiscal year; OPV0 data is cited below. Additionally, data for Ethiopia is for under 1, not 12-23 months).

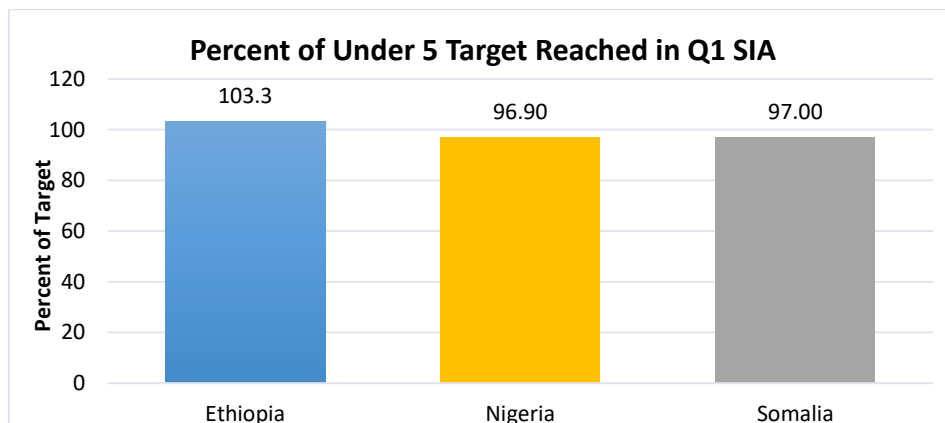


*** *Data Sources: India, and Nigeria data is from project registers; Ethiopia (government reports), Kenya/Somalia (the MOH DHIS 2 Tool) South Sudan data is from national administrative data reported by the government****

- CGPP Ethiopia reported coverage of OPV0 (35%), OPV3 (58.7%), Pentavalent3 (60.4%), and measles coverage (56.1%) for under ones. CGPP Ethiopia identified 13,372 pregnant women for antenatal care (ANC) and follow up; 7,843 newborns and 4,038 defaulters were identified and referred for vaccination. To increase RI coverage in the project woredas (including adjacent cross border districts) CGPP Ethiopia provided office supplies, reporting formats and EPI registers. No trainings for CVS were organized or provided in this quarter due to a delay in releasing the budget. CGPP program officer did facilitate cold chain maintenance training in Gambella town in December 2017 with 49 participants from Agnuak and Majang zones and Itang special woreda.
- CGPP India coverage of OPV0 (77.69%), OPV3 (90.37%), Pentavalent3 (90.36%), and measles coverage (90.37%).
- CGPP Kenya reported coverage of OPV0 (58.9%), OPV3 (48.6%), Pentavalent3 (50.7%), and measles coverage (60%). CGPP supported 65 outreach clinics to improve access and uptake of routine immunization, resulting in 8,061 children immunized with various antigens. CGPP supported a seven-day measles mop-up campaign in Wajir south sub-county. The Secretariat provided three hired vehicles to transport vaccinators and volunteers to the crossing point, bus stations, markets, and water points; 28,828 children under five years old were vaccinated.
- CGPP Nigeria reported coverage of OPV0 (97.4%), OPV3 (81.1%), Pentavalent3 (66.9%), and measles coverage (74.1%). RI outreach services continue to be intensified in the three RI project states of Katsina, Borno and Yobe. CGPP will monitor the utilization rates of recently released RI card holders to families in Yobe to measure the roll out's impact.
- CGPP Somalia reported coverage of OPV0 (24%), OPV3 (36%), Pentavalent3 (36%) and measles coverage (54%). The Secretariat and partners conducted monthly integrated outreach sessions in hard-to-reach nomadic communities. In Lower Juba, 3,310 children were reached. CGPP supported the border health facilities with bi-weekly integrated outreach for hard to reach nomadic villages at the border areas; 9,732 children received services during RI outreach. CHVs visited 22,741 households and reached 87,436 individuals. CM's conducted community dialogue sessions with pregnant and nursing mothers on the importance routine immunization reaching 16,831 mothers and 7,905 respectively.

Polio Campaigns

Polio campaigns took place in Ethiopia, Nigeria and Somalia. High rates of vaccination were reported during SIAs. Between 96.9% and 103.3% of the target under 5 population was reached in these efforts.

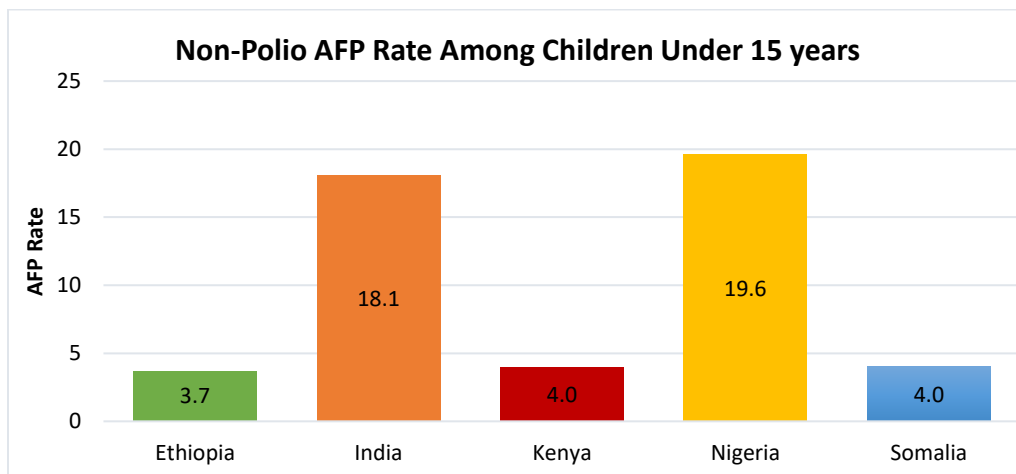


Data Source: National Administrative Data

- CGPP Ethiopia. One SIA (SNID) was conducted on October 25, 2017: 1,114 CVs supported social mobilization and vaccination activities; 103 CGPP staff provided technical support; 14 vehicles, 7 motorcycles and 1057 liters of fuel were used to transport the vaccine and health workers. During the SNID, 238,726 children under five were vaccinated with the polio vaccine; 2,438 were zero-dose.
- CGPP India. During the reporting period, no SIA campaigns were held.
- CGPP Kenya. No SIA was conducted in the first quarter in Kenya. However, the project supported the December 2017 SIA in Somalia due to the isolation of a Vaccine Derived Polio Virus 2 (VDPV2) case from an environmental sample in Mogadishu, Somalia. The response interventions targeted three regions of Central Somalia (Banadir, Lower Shabelle, and Middle Shabelle). The project heightened AFP surveillance through active case search in all health facilities and communities, particularly refugee camps and sub-counties along the Kenya and Somalia border. CGPP provided 28 extra teams to cover special populations at border crossing points, IDPs, transit centers, and watering points, reaching 16,331 children.
- CGPP Nigeria. The October polio immunization campaign (IPD) targeted 512,000 children under five; about 99% of the children were immunized. The project supported trainings, House-to-House (H2H) mobilization and sensitization, field supervision, provision of pluses, and other technical support. Secretariat staff participated in Directly Observed Polio Vaccination (DOPV) two days before the IPD and Mop-up. The Secretariat developed a plan for social mobilization activities to resolve the relatively high numbers of non-compliance (NC) cases in Yobe and Katsina States.
- CGPP Somalia. One SIA was conducted in December 2017. CGPP participated in the planning meetings, mobilized communities, provided logistical support, supervised and monitored teams and provided extra teams to cover special vaccination areas/cross border vaccinations.

AFP Surveillance

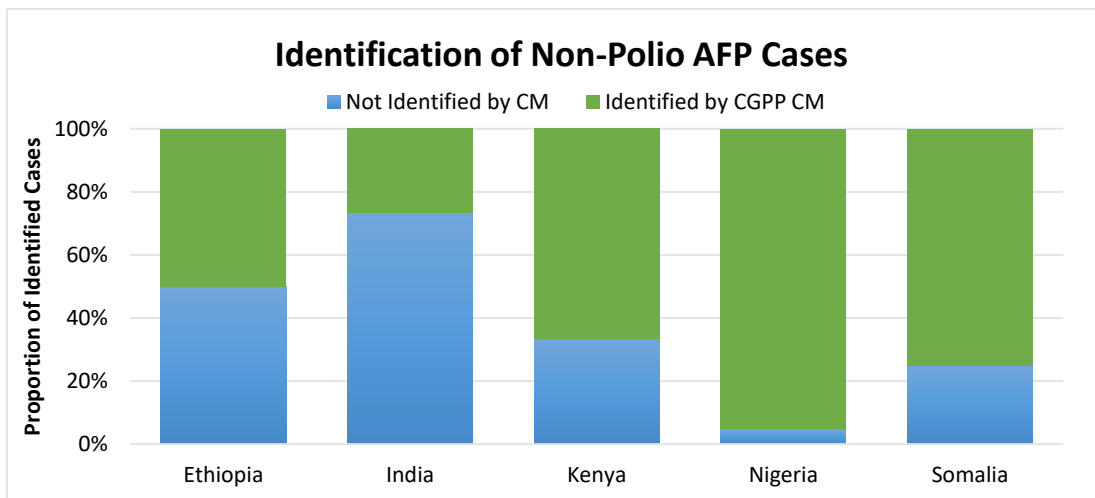
The graph below shows the non-Polio AFP rate (per 100,000 children under 15 years of age) in each of the CGPP focal countries.



Data Source: National Administrative Data

- CGPP Ethiopia. During Q1, project CVs/HDALs reported 4 of 7 non-polio AFP cases; all 4 cases were found in nomadic populations. Additionally, project CVs/HDALs reported 98 of 124 measles cases.
- CGPP India. Non-Polio AFP rates for CGPP districts, UP state and India are consistently high. A total of 71 Non-Polio AFP cases were reported from CGPP India’s catchment area during the reporting period; CGPP volunteers or staff reported 19 of the total cases.
- CGPP Kenya. Two of three Non-Polio AFP cases were reported by community mobilizers. (One case of suspected AFP was reported from Mandera North sub-county on November 5th, 2017. CGGP (ADRA-K) facilitated the transportation of the specimen from Mandera to the KEMRI lab. The result was negative.)
- CGPP Nigeria. VCMs and Community Informants (CI) actively searched for suspected AFP cases within their settlements. During H2H active case search, 74 suspected AFP cases were reported at the focal LGAs (including non-focal wards within the LGA.) 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, of the four total suspected AFP cases, CGPP Somalia identified three Non-Polio AFP cases all from Afmadow district of Lower Juba.

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.



Data Source: Project data collected by CGPP

Community Mobilizers and Volunteers

Community mobilizers are the backbone to CGPP activities in the six project countries. During Q1, 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 project country and the reported outreach can be found below.

CGPP Country	# of Community Mobilizers	% of mobilizers who are male	Reach of Community Mobilizers (# of people)
Ethiopia	11,178	16.1%	369,758
India	1049	3.91%	2,373,830
Kenya	83	93%	392,930
Nigeria	2,348	-	2,213,000
Somalia	156	89%	179,638
TOTAL	14,814	-	5,529,156

- CGPP Ethiopia. 11,178 CVs/HDALs supported immunization and surveillance activities. During Q1, CGPP Ethiopia referred 13,372 pregnant women for ANC and follow up care, identified 7,843 newborns, and identified and referred 4,038 defaulters to the vaccination post. CVs visited 160,160 households, reaching 369,758 people with social mobilization activities.
- CGPP India. A total of 1,007 CMCs is working in twelve districts of Uttar Pradesh. They organized 51 community meetings, 104 Village Health Sanitation and Nutrition committee (VHSNC) meetings, 354 Coordination Meetings with frontline workers – ANMs, ASHAs, AWWs. In addition, the Community Mobilization Coordinators (CMCs) conducted 63,250 Interpersonal Communication (IPC) sessions and 6049 group meetings with pregnant women and mothers of children under 5 years old. A total of 561 ‘CMC Sakhis’ (*A friend of CMCs who help conduct various mobilization activities at the community level – a strategy of transferring knowledge and skill*) were identified and trained during this quarter. Hands-on training was provided to CMCs during supportive supervision by block and district level staff.
- CGPP Kenya. The project’s 83 CMs work closely with the village elders to increase acceptance and the uptake of immunization services. During the quarter, community mobilizers reached 309,657 people with social mobilizations activities through public address systems, public gatherings, religious gatherings and house to house meetings.
- CGPP Nigeria. There is a total of 2,348 Volunteer Community Mobilizers (VCMs) and Volunteer Ward Supervisors (VWS) who are coordinated by LGA Coordinators (LGACs) across the 32 LGAs where CGPP provides support. During the quarter, increased in-between round (social mobilization) activities such as community dialogues, compound meetings, house-to-house sensitization, tracking of newborns, vaccination at naming ceremonies, tracking of defaulters and referral of mothers with under five children for routine immunization.
- CGPP Somalia. Twenty-one CMs conducted 126 community dialogue sessions with 19,742 pregnant and nursing mothers and 9,583 males on the importance of routine immunization and AFP surveillance.

Monitoring, Evaluation, Accountability, and Learning

- CGPP Ethiopia. Four CGPP program officers and the M&E officer conducted a joint supportive supervision visit in three zones during November and December 2017; 15 woreda health offices,

two health centers and 17 health posts were visited and community members interviewed. 18 U.S. and Canadian Rotarians visited the Secretariat. With the FMOH, CGPP conducted the GAVI-CSO quarterly meeting. The Secretariat Director and Deputy Director participated in the 145th American Public Health Association annual meeting and expo from November 4-8, 2017 in Atlanta, Georgia. They provided an oral presentation on the “Assessment of health worker’s readiness on immunization service delivery in hard to reach areas in Ethiopia: Evidences from CGPP Implementation areas” and poster presentation on “evaluation of immunization timing and interval between doses’ made.”

- CGPP India. The program continued to use the existing monitoring tools and followed the standard practices for maintaining data quality and timely reporting. In addition to routine MIS, CGPP could initiate a study on understanding the efficacy of program transition through the transfer of community mobilization to government frontline workers through the local barber initiative.
- CGPP Kenya. CGPP-HOA Secretariat participated in seven coordination meetings at national levels in both countries while CGPP-IPs participated and supported 12 coordination, planning, and joint supervisory meetings at regional or county levels. The Secretariat conducted joint supportive supervision for the CGPP project sites along the border of Garissa and Lower Juba implemented by ARC in three sub-counties bordering Somalia and two regions of Jubaland, Somalia. The project through the IPs conducted five Joint MOH/CGPP quarterly supervisory visits. This supervisory is led by county disease surveillance officers and EPI managers to strengthen on-job training session on disease surveillance and routine immunization services. The targeted group for this activity was the health facility staff including the in charges, the community health assistants (CHAs) and CGPP community mobilizers. The project also participated in Somalia Polio Outbreak Simulation Exercise (POSE) in October.
- CGP Nigeria. The Strategic Information Officer regularly visits the state and interacts with the State M&E officers who in turn work closely with CBO M&E Officers. Data are tracked and collated routinely and shared with the National EOC. In November, supportive supervision checklists were developed and utilized for LGACs to track VWS activities and VCM activities in-between rounds. At the M&EWG meeting in December 2017, State M&E Officers and the STLs discussed data-related issues and challenges.
- CGPP Somalia. The project supported the printing and distribution of HMIS tools for health facilities and community mobilizers.

Polio Certification

- CGPP Ethiopia. Staff and implementing partners supported woreda health offices and health facilities on documentation for polio certification.
- CGPP Kenya and Somalia. The Secretariat participated in two certification meetings held at the regional level in Nairobi, Kenya.
- CGPP India. No meeting was conducted on Polio Certification during this period.
- CGPP Nigeria. The Secretariat continued to support certification activities through its membership of the Polio Transition Technical Task Team (PT4) which coordinates Nigeria’s Polio certification efforts. Currently, Nigeria is working on the Polio Transition Business Case which CGPP is also supporting after having conducted a comprehensive mapping of its Polio assets in 2016. The Secretariat is a member of the PT4 and supported the development of the Transition component of the 2018 National Polio Eradication Emergency Plan (NPEEP).

Cross Border Initiatives

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

- CGPP Kenya and Somalia. The project supported the joint Kenya and Somalia cross-border coordination forum held from December 5-7, 2017 at the Panafric Hotel in Nairobi. The meeting focused on strengthening the existing Cross-Border Health Committees (CBHCs) along the Kenya-Somalia border, synchronize SIAs at border points and strengthen disease surveillance. UNICEF, WHO, MOH-Somalia, MOH-Kenya, WHO-HOA regional office, Intergovernmental Authority on Development (IGAD), Norwegian Refugee Council (NRC), Centers for Disease Control (CDC) and USAID-funded BroadReach Healthcare/Regional Action through Data (RAD) project developed a joint work plans between the Kenya and Somalia regional teams. Additionally, the Secretariat provided technical support to WHO for the Lake Chad Cross-border initiative. CGPP Somalia conducted six monthly internal cross-border health committee meetings in Dollow, Balat-Hawa and Afmadow districts to discuss and share updates on RI, disease surveillance, and mapping. CGPP HOA is currently supporting 88 border health facilities in 6 counties.
- CGPP Nigeria cross border immunization was synched between Jigawa state and Machina LGA of Yobe beginning with a Border synchronization meeting held one week prior to the IDP. Security issues across Yobe State continued to hinder planning and supportive supervision rounds as movement is restricted in certain LGAs – especially in Geidam and Yunusari LGAs or districts. CGPP Nigeria supported the Lake Basin Technical Task Team’s focus on cross-border activities between the five countries in the Lake Chad Basin - Nigeria, Niger, Chad, Cameroun and Central African Republic (CAR). Cross-border activities in Borno state have been significantly hampered by the activities of Boko Haram and only occur in very limited scope within few settlements which are accessible through coordination with the Military authorities.