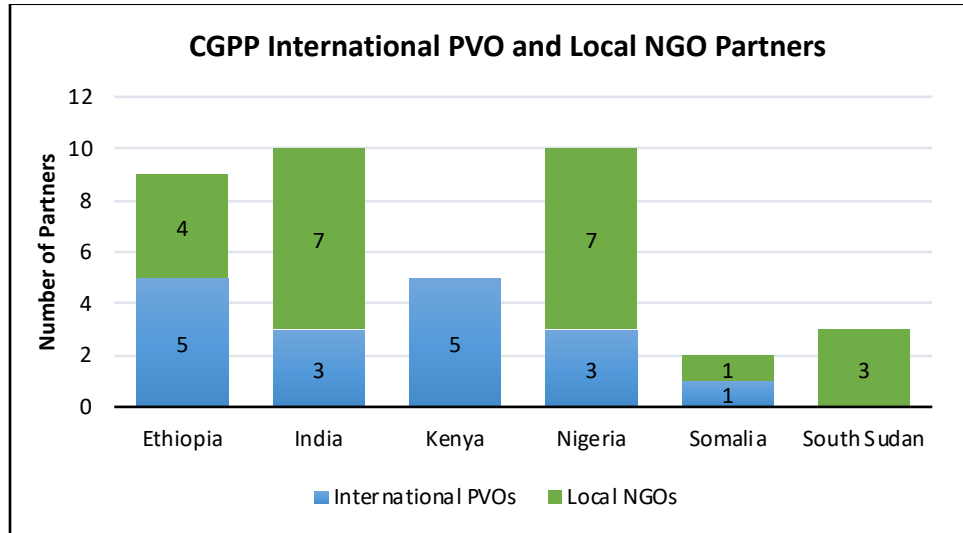


FY2018 Q3: CORE Group Polio Project (CGPP) Global Quarterly Update

April through June 2018

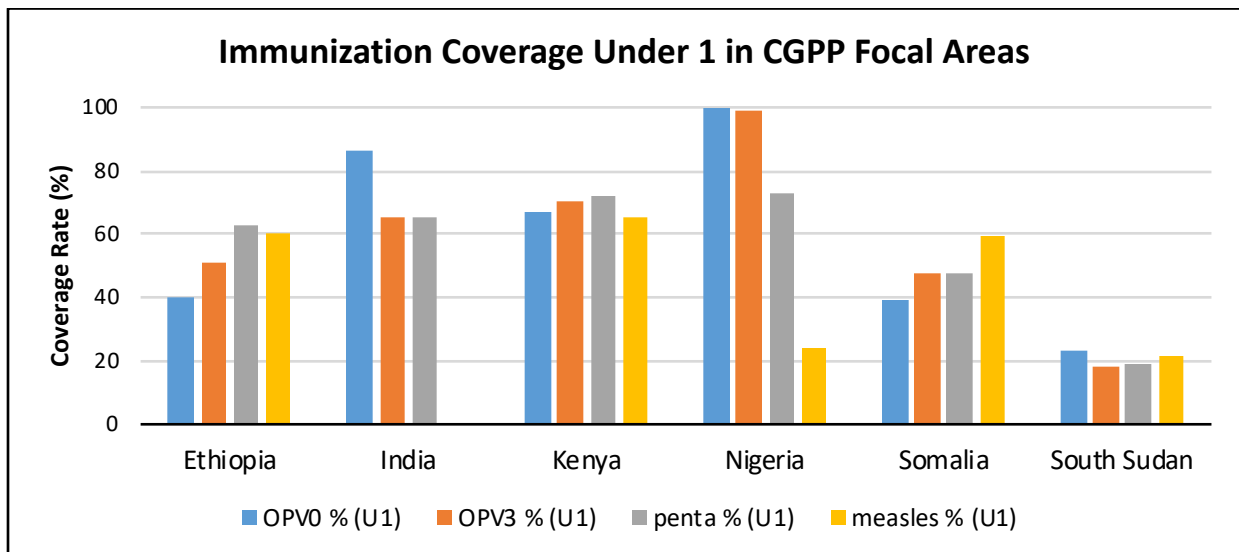
CGPP Partnerships

During FY2018 Quarter 3, 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 and underserved locations in partnership with local NGOs and international PVOs.



Routine Immunization Coverage

Immunization coverage in the CGPP focus countries is displayed in the graph below. Coverage rates for OPV0, OPV3, Penta3/Penta5, and Measles are shown for children under 1 year. (Note: Measles coverage for under-1 children was unavailable for India and is reported in the narrative for children 12-23 months old).



**** 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 (40.1%), OPV3 (50.9%), Pentavalent3 (62.7%), and measles coverage (60.5%) for under ones. CGPP Ethiopia identified 19,728 pregnant women for antenatal care (ANC) and follow up; CORE Group identified and referred 9,375 newborns and 4,567 defaulters for vaccination. To increase RI coverage in the project woredas (including adjacent cross border districts) CGPP Ethiopia provided 462 office supplies, reporting formats and EPI registers and 75 IEC materials. Moreover, the project maintained 86 Refrigerators and 11 motor cycles for outreach immunization service. In other developments: The CGPP Secretariat with implementing partners EECMY and the IRC partners working in Gambella region celebrated the 8th African Vaccination Week in Gambella town on April 23, drawing 300 participants. The Ethiopia team participated in the National EPI and Surveillance external review from May 7-11 in Somali region (Dollo zone), B/Gumz region (Assosa zone), Gambella region (Anguak zone) and SNNP region (S/Omo zone). The CGPP Communications Officer traveled to Siti Zone, Somali Region to facilitate a two-day EPI mainstreaming training for Muslim Religious leaders in Shinile Woreda. A total of 34 participants attended the training program. The Secretariat Director attended the Regional Immunization Technical Advisory Group (RITAG) meeting in Kigali, Rwanda on June 29 and 30.

CGPP India reported coverage of OPV0 (85.9%), OPV3 (64.9%), and Pentavalent3 (64.9%) for under ones. The management information system (MIS) of CGPP India provides vaccination indicators among the age-eligible children and not for all the under-one children; hence, the coverage of OPV3/Pentavalent3 and Measles vaccination is computed among the children aged 2-11 months and 9-11 months, respectively. (Note: The CGPP India MIS generates and reports Measles coverage among 9-11 months old only in the last quarter of the fiscal year.) In the third quarter, the MIS also provided vaccination coverage among children aged 21-32 months). The coverage of OPV3, Pentavalent3 and Measles vaccination among 21-32 months old children was 92.2 percent, 92.2 percent and 92.8 percent respectively. Maintenance of high population immunity through high routine immunization coverage is crucial in India to maintain polio-free status. The field teams provided support in strengthening micro-plans, dissemination of campaign messages through interpersonal and group meetings and field monitoring of RI sessions. CGPP held community meetings with religious leaders and influential persons to reinforce the importance of polio immunization during SIAs and RI. The Secretariat team provided technical support in planning and monitoring of Measles and Rubella campaigns and review of the Universal Immunization Program in Uttar Pradesh, Assam and Rajasthan states, respectively. The CGPP team took part in Rotavirus introduction in Uttar Pradesh. The Secretariat met with ADRA to discuss interventions in Assam for WASH activities and to improve immunization coverage of two districts - Dibrugarh and Nagaon.

CGPP Kenya reported coverage of OPV0 (66.6%), OPV3 (70%), Pentavalent3 (71.8%), and measles coverage (65%). CGPP supported 88 border health facilities along the Kenya border regions to conduct monthly routine outreach services. The immunizations outreaches with support from the community mobilizers targeted hard-to-reach villages, border communities, internally displaced persons (IDPs), and nomadic pastoralists. The project conducted 180 outreach clinics to improve access and uptake of routine immunizations, resulting in 7,518 children immunized with various antigens. CMs worked closely with village elders during social mobilization to increase acceptance and the uptake of immunization services. During the quarter, the trained CMs reached a total of 423,494 persons with advocacy and social mobilizations messages through public address systems, public and religious gatherings and house-to-house visits. The REC (Reach Every Child) team immunized 169 children with different antigens in Kamukunj sub-county (Nairobi) through door-to-door immunization. The team visited a total 534

households and identified three zero dose children of the 169. In Turkana County, the IRC/CGPP manager and team established a blog titled “An Equal Shot at a Health: Providing Immunization Services for the Hardest to Reach.” The blog was featured by Gavi-CSO Forum during the 2018 World Immunization Week (April 24-30) and can be accessed at <https://sites.google.com/a/gavi-cso.org/gavi/mockup/Blog/anequalshotatahealthprovidingimmunizationservicesforthehardesttoreach>. Also, in Turkana County, the CGPP team regularly created synergy with the other IRC-funded projects by integrating the nutrition emergency response outreaches and immunizations in Loima and Turkana Central Sub Counties. This integration and layering of the project has lowered the outreach cost to reach many underserved communities. In Wajir County, the team synchronized routine monthly immunization outreach services between two border villages in Kenya and Somalia (Gerille, Kenya, and Gerille, Somalia). The team shared the reports and the findings with their counterparts in Somalia. In Mandera County, the project facilitated transportation of vaccines from Nairobi to the sub Counties of Mandera East, Lafey, Mandera South and Mandera West.

CGPP Nigeria reported coverage of OPV0 (99.9%), OPV3 (98.7%), Pentavalent3 (73%), and measles coverage (24.1%, computed among under one-year children) for children below one-year. Reported coverage of OPV3, Pentavalent3 and Measles among 12-23 months old children was 87 percent, 66 percent and 90 percent respectively. CGPP Nigeria has discontinued all direct RI interventions in compliance with USAID directives. However, CGPP still supports all Polio-specific RI interventions in recognition of the fact that RI remains one of the main pillars of the Polio Eradication Initiative.

CGPP Somalia reported coverage of OPV0 (39%), OPV3 (47%), Pentavalent3 (48%) and measles coverage (59%) among under one-year old children. The Secretariat and partners conducted monthly integrated outreach sessions in hard-to-reach nomadic communities and urban-rural areas through 17 peripheral health facilities, reaching 7,051 children in Lower Juba. Community mobilizers reached 32,820 households and 199,310 persons in 48 villages in the Gedo region and Lower Juba with social mobilization for routine immunizations outreaches. CM’s conducted community dialogue sessions with pregnant and nursing mothers on the importance of routine immunization and hygiene, reaching 16,831 mothers and 7,905 men. Project staff conducted refresher training for 56 health staff at Dhobley and Diff border towns on routine immunization, the cold chain and documentation.

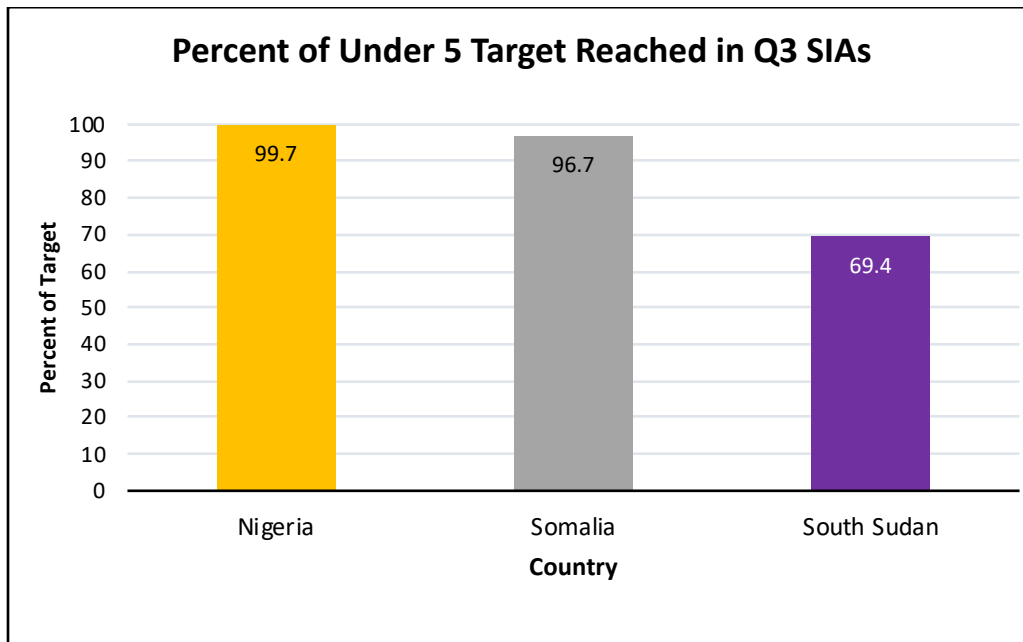
CGPP South Sudan reported coverage of OPV0 (23%), OPV3 (19%), Pentavalent3 (19%) and measles coverage (22%). During the third quarter, 507 of the planned 508 polio outreach vaccination sessions reached a total of 12,438 children under 1 year with different vaccine antigens. The outreach vaccination sessions were conducted in the 11 counties along the international borders of Ethiopia, Kenya and Uganda. A total of 19,917 children received vaccinations through a combination of outreach and static sessions. A total of 10,086 children under the age of 1 year received oral polio vaccine (OPV) of which 5,585 (55.5%) received the vaccine for the first time (OPV0). There has been a marked improvement in the number of children vaccinated due to the full functionality of the project, improvement in data submission and validation of data by the project. The Secretariat, in collaboration with Universal Network for Knowledge & Empowerment Agency (UNKEA), WHO, UNICEF, Nile Hope, IMC and the Akobo County Health Department (CHD), commemorated the 8th African Vaccination Week in Akobo County from 23rd to 29th April 2018 with the theme “Vaccines work, do your part!”. CGPP recruited and trained a team of 26 social mobilizers to conduct 5 days of social mobilization. This activity resulted in 1,232 households visited and 1,817 community members mobilized and sensitized on the importance of vaccination. Following the five-day campaign, the project vaccinated 3,139 (1,723 males and 1,416 females), representing 88.2% of the monthly target. In addition, 363 children above the age of one who were never or under vaccinated due to the conflict received vaccinations.



Mothers gather to learn about the benefits of vaccinations and disease detection in Illeret, Marsabit County, Kenya.

Polio Campaigns

Polio campaigns took place in Nigeria, Somalia and South Sudan. High rates of vaccination were reported during SIAs. In Nigeria and Somalia, 97-100% of the target under 5 population was reached in these efforts; South Sudan reached 69.4% of its target, an achievement given the breadth of the conflict there.



Data Source: National Administrative Data

CGPP Ethiopia. No National or Sub National Immunization Day (NID) or (SNID) were conducted in CGPP

implementation areas during the reporting period.

CGPP India. During the reporting period, there was no SIA campaigns held.

CGPP Kenya. No SIA was conducted in the third quarter in Kenya. However, the project trained health workers, conducted vaccination coverage survey and door to door vaccination to support polio outbreak in Kamukunji, Nairobi. Also supported facility- and community-based active case search for AFP cases and tOPV or any OPV2 containing vaccines (mOPV2) in immunization facilities. CGPP also provided vaccination teams and logistics support and training and development of micro plans for SIA round of May 2018 in Nairobi.



School children in Nairobi show off their vaccination status during the round zero SIA.

A detailed explanation is cited here: CGPP Kenya is a member of the National Polio Outbreak Steering Committee, the Technical Coordination Committee and the EOC. In response to a circulating vaccine-derived PV2 (cVDPV2) positive environmental sample from Kamukunji site 2 in April, the CGPP trained health workers from 20 immunizing health facilities on immunization, micro planning, door to door immunization and social mobilization outreach in Kamukunji. CGPP conducted a vaccination coverage survey, targeting at least 300 households with under five children. CGPP supported facility and community-based active case search for AFP cases and for tOPV or any OPV2 containing vaccines (mOPV2) in health facilities. Case search expanded to the communities with the participation of 60 CHVs. A Reach Every Child (REC) team of eight nurses and 20 CHVs completed two weeks of door-to-door vaccination activities in Kamukunji. Activities included social mobilization and defaulter tracing, and verification of the immunization status of the under-five children. The team vaccinated 566 children and found 7 zero dose children within the two weeks; this was a significant achievement for the team and the sub-county yet highlights the threat of polio transmission. From May 9 to 13, CCPP supported the SIA Round Zero in Nairobi. CGPP provided five extra vaccination teams to vaccinate at bus stops and slums, and social mobilization teams (six CHAs & 201 CHVs) in all the five wards of Kamukunji sub-county, to reach 13,880 households. The CGPP supported the logistics of vaccine distribution, monitoring of team movements and development of SIA micro plans for all the health facilities in Kamukunji sub-county. The SIA vaccination teams were provided gumboots, umbrellas, torches, and microphones. During the campaign, 46,589 of 48,072 under five children were vaccinated with nine cases of zero dose children. Following the isolation of VDPV2 in Kenya from an environmental site in Kamakunji, Nairobi (where the virus was linked to the VDPV2 isolated from Mogadishu, Somalia) the CGPP conducted two rounds of mOPV2 campaigns in three central and south regions. IPV immunization was held from April 8 to 12 in the same geographical areas targeting a total of 299,414 children 4 to 23 months old. Administrative data showed 270,484 vaccinated children; ICM coverage was 95 percent by finger marking.

CGPP Nigeria reported several cases of Circulating Vaccine-Derived Polio Virus (cVDPV): 19 cVDPV2 cases and 1 ambiguous VDPV2 case from environmental site (ES), 2 cVDPV2 cases from an AFP case, and 2 cVDPV2 cases from healthy children; all confirmed in 7 LGAs in Jigawa, Sokoto, Gombe and Yobe states. One SIA was conducted in April across the CGPP focal states. As directed by the National EOC, CGPP also supported the polio campaign with the Management Support Team (MST) in eight Southern States of Nigeria in April and June. The CGPP team participated in pre-IPDs trainings and meetings. The VCM network raised awareness of the campaign through compound meetings and community dialogues.

During the campaign, VCMs moved house-to-house with the vaccination teams and community leaders. Social mobilization efforts reached more than two million people; 514,700 children under five years (99.7%) were immunized with OPV. The number of non-compliance cases dropped to almost zero due to intensified social mobilization activities. To resolve non-compliance, the CGPP conducted its second year of the Iftar Strategy. The CGPP worked with the LGA teams and Imams by providing food to break fasting at dusk during Ramadan. The effort targeted 2,660 under-fives in 1,470 Non-Compliant Households; 2,578, or 97%, were vaccinated.

CGPP Somalia conducted a May mOPV2 SIA and a measles mop-up campaign in Lower Juba and Gedo regions. CGPP participated in the planning and review meetings and trained 24 CMs on the use of OKD for data collection; 169 CMs carried out active community social mobilization through house-to-house visits, reaching 236,750 persons. The project team conducted in-process supervision and post-campaign monitoring of the vaccinating teams during the polio campaign; 18 extra teams covered eight formal and informal crossing points, five pastoralist sites and two IDPs centers, vaccinating 1,672 children with no refusals.

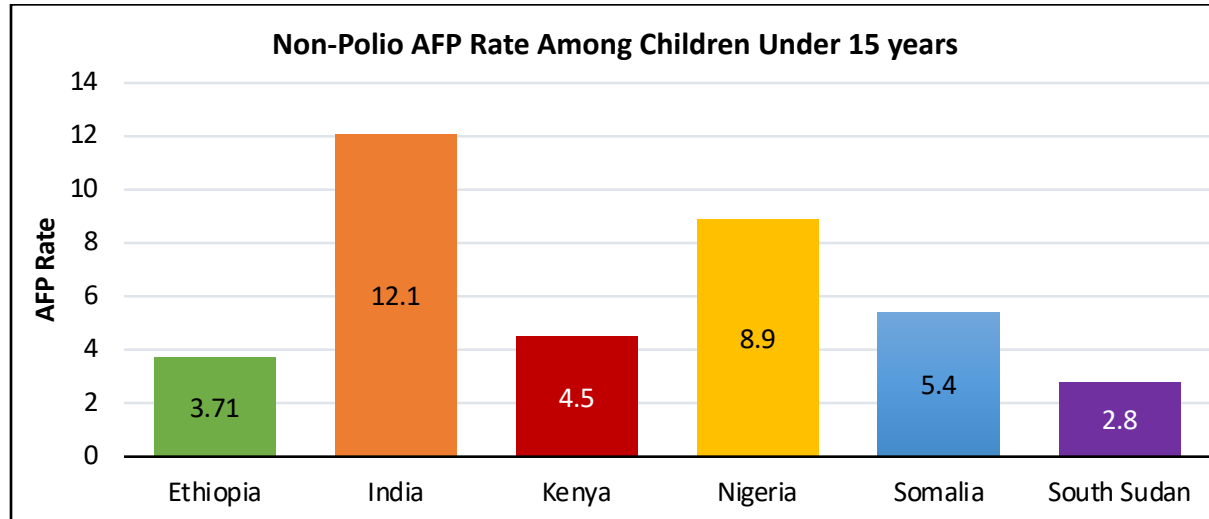
CGPP South Sudan. CGPP participated in the second round of National Immunization Days (NIDs) in April. The campaign targeted children under five years with bOPV within 70 counties; 10 counties could not be reached due to insecurity. The CORE Group reached 56 (80%) counties with Independent Campaign Monitoring. As part of this effort, CGPP held a one-day refresher training for 31 campaign central supervisors; 225 teachers received training as data collectors. PCE results: The data collectors surveyed a total of 27,580 children under the age of five years; 22,089 (87%) were verified as vaccinated; 4.8% were zero dose; and 90.2% were reached by social mobilization messaging. The project conducted refresher training for three days on Immunization in Practice (IIP) and Health Management Information System (HMIS) in Ulang, Longichuk and Nasir counties. A total of 35 participants took part, including 24 community vaccinators, three County Supervisors and eight Payam Assistants.



Vaccinators wade through floods during the mOPV2 in Eastleigh, Nairobi, Kenya

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 Q3, project CVs/HDALs reported 8 of 26 (31%) non-polio AFP cases from CGPP implementation districts. Additionally, project CVs/HDALs reported 191 of 248 measles cases in CGPP districts. The NPAFP rate was 3.7 per 100,000 under 15 years in CGPP project areas. The CGPP Secretariat Director, Deputy Director and M&E officer visited the United States Embassy to share the project's experiences with community-based surveillance. The Secretariat Director traveled to Uganda from May 22-27 to support the development of a budget and work plan for MTI and IRC for implementation of a new CGPP project in Uganda with the full backing of UNICEF and WHO.

CGPP India. Non-Polio AFP rates for CGPP districts, UP state and India are consistently high. A total of 52 non-Polio AFP cases were reported in CGPP districts. Of these, 24 (46.2%) were identified by CGPP. The NPAFP rate was 12.1 per 100,000 under 15 years in CGPP project districts. During monthly mother meetings and interpersonal communication (IPC) sessions, the CMCs discuss signs and symptoms of AFP. Dr. Solomon represented the CGPP at the 27th meeting of the India Expert Advisory Group (IEAG) on Polio to respond to questions posed by the MOH. The wide-ranging conversation touched on budget allocation for IPV procurement, the dip of the NFAFP rate and stool sample rate in substantially underperforming pockets, an increase of environmental surveillance sites from 3 to 41, containment and the Emergency Preparedness and Response Plan that calls for the continuation of vaccination of children at the border crossing points until there is no longer an epidemiological risk. The IED recommended 1NID and 2 SNIDs using bOPV in 2019 and 2020.

CGPP Kenya. The Kenya team reported 73 suspected AFP cases. Of the 73 cases, CMCs/CHVs reported 100 percent of the cases. The non-Polio AFP rate was 4.5 per 100,000 under 15 years in CGPP project areas. CGPP implements community-based AFP surveillance through 88 community mobilizers working with health facility in-charges and 72 community health extension workers. The CMCs support and supervise about 400 CHVs based at the health facilities catchment populations. Following the influx of

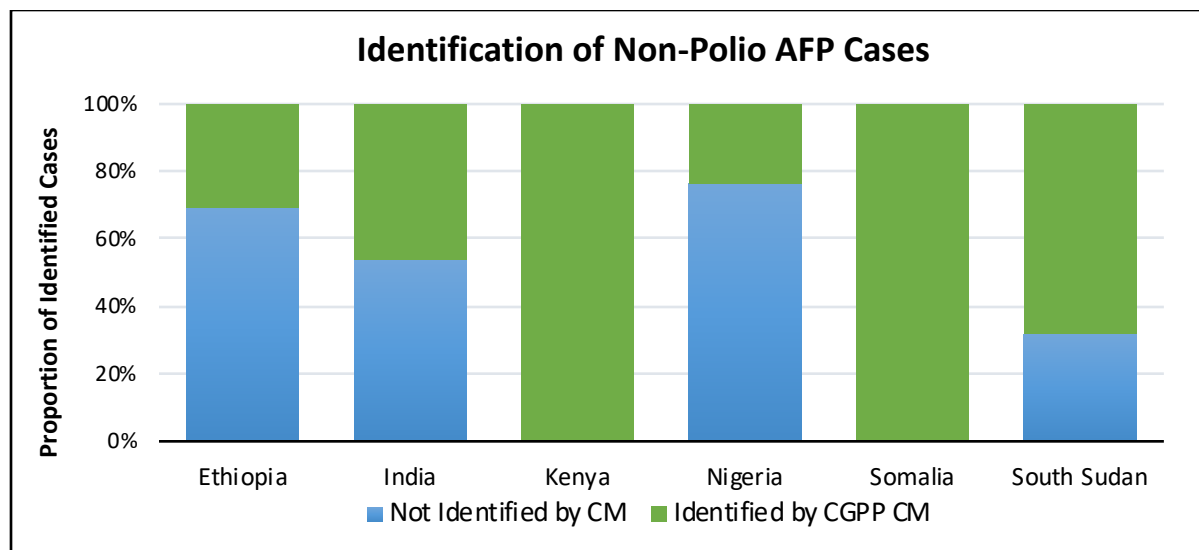
refugees and displaced persons from Ethiopia to the Kenya border county of Marsabit, the CGPP conducted a vaccination campaign at two camps for Ethiopian refugees. A nurse has been placed at the Dambala Fachana camp dispensary. Ten CHVs received training on community-based disease and conducted active disease surveillance in two camps, Somare and Dabala Fachana.

CGPP Nigeria. VCMs and Community Informants (CI) actively searched for suspected AFP cases within their settlements. A total of 89 AFP cases were reported in this quarter reported across the focal LGAs out of which 21 (23.6%) were reported by the CGPP team. The NPAFP rate in CGPP focal areas of Nigeria was 8.9 per 100,000 under 15 years.

CGPP Somalia. CGPP Somalia worked closely with the community members, WHO district staffs and Volunteers. A total of two AFP cases were detected, and they (100.0%) were reported by CGPP community workers. The Non-polio AFP rate was 5.4 per 100,000 under 15 years. The project worked closely with community members, WHO district staff and volunteers to detect one AFP case in the community. The project conducted TOT on the use of ODK for the upcoming mOPV2 campaign for CMs and DFAs in Belet-Hawo. Community mobilizers reached 32,820 households and 199,310 persons with social mobilization for routine immunizations outreaches in 48 villages in both Gedo region and lower Juba.

CGPP South Sudan. CGPP supports a robust community-based surveillance network in 36 counties in Unity, Upper Nile, Jonglei and Eastern Equatoria states through a network of more than 3,447 community volunteers (Key Informants), 231 Payams Assistants and 36 County Supervisors targeting 1,677,518 children in the four states. In the quarter, they held 1,570 health sessions, reaching 21,799 community members. Key informants reported a total of 107 suspected AFP cases; 32 stool samples were collected and transported to Juba. During the quarter, 47 true AFP cases were reported; 32 (68.1%) by CGPP. The AFP rate was 2.8 per 100,000 under 15 years.

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 Q3, they participated in training, held community meetings, participated in surveillance, sensitized communities, addressed barriers, and worked to mobilize communities to participate in immunization. A total of 16,515 CGPP community mobilizers were active and reached 5,953,069 people during Q3. The number of community mobilizers for each of the project country and the reported outreach is below.

CGPP Country	# of Community Mobilizers	% of mobilizers who are male	Reach of Community Mobilizers (# of people)
Ethiopia	12,420	16.1	553,446
India	1,007	3.8	2,373,830
Kenya	83	89.0	423,494
Nigeria	2,348	88.0	2,213,000
Somalia	169	89.0	282,471
South Sudan	488	-	106,828
TOTAL	16,515	-	5,953,069

CGPP Ethiopia. 12,420 CVs/HDALs supported immunization and surveillance activities. During Q3, CGPP Ethiopia CVs visited 209,329 households, reaching 553,446 people with social mobilization activities.

CGPP India. A total of 1,007 Community Mobilization Coordinators (CMCs) is working in twelve districts of Uttar Pradesh. They organized 66 community meetings, 228 Village Health Sanitation and Nutrition committee (VHSNC) meetings, 296 Coordination Meetings with frontline workers – ANMs, ASHAs, AWWs. In addition, the CMCs conducted 77,287 Interpersonal Communication (IPC) sessions and 6,383 group meetings with pregnant women and mothers of children under 5 years old. The CGPP organized 896 Kuk Roo Koo rallies (rooster rallies) to promote sanitation in the community and enhance better understanding among school children on immunization and handwashing. The India team organized a total of 1,780 Masti ki Kaksha (fun classes) in primary schools, where CMCs demonstrated handwashing activities and discussed the importance of immunization and personal hygiene. PCI conducted 27 Healthy Baby Shows to promote timely immunization; CMCs and BMCs spoke of RI and other vaccine-preventable diseases.

CGPP Kenya. The project’s 83 CMs worked closely with and mobilized community to increase acceptance and the uptake of immunization services, conducted community base surveillance, detected AFP cases. During the quarter, community mobilizers reached 423,494 people with advocacy and social mobilizations activities through public address systems, public and religious gathering and house to house meetings.



CGPP and other partner staff examine a child for AFP in Adamawa in Nigeria.

CGPP Nigeria. There is a total of 2,132 Volunteer Community Mobilizers (VCMs) and 216 Volunteer Ward Supervisors (VWSs) coordinated by LGA Coordinators (LGACs) across the 32 LGAs in CGPP implementation areas. All volunteers and their LGACs attended routine pre-IPDs training. Various states held refresher trainings. The Kano team, for example, trained 45 persons on IPC skills (including VWS and LGACs) and 46 persons on Social Mobilization. The Kaduna team provided training on the Short Messages System (SMS) for the LGA team based on simple (non-android) phones to submit data at the state level. In Borno, refresher trainings on the use of M&E tools boosted the skills of 436 VCMs and VWSs. There was also a Polio Plus training (WASH and CMAM) attended by 50 persons.



A VCM uses a flip book to educate mothers in Nigeria.

CGPP Somalia. CGPP Somalia supported on-the-job training for 169 CMS, who conducted a total of 104 bi-monthly community sessions on AFP case detection targeting mothers with children under five years. These sessions enhanced and improved community knowledge on AFP case detection and reporting in the project area.

CGPP South Sudan. To ensure effective social mobilization, the project trained 150 social mobilisers. Trained social mobilisers conducted intensive social mobilization activities for a period of 10 days, visiting 24,746 households and 84,274 community members (36,975 males and 52,299 females) with campaign messages on the importance of the oral polio vaccine for children.

Monitoring, Evaluation, Accountability, and Learning

CGPP Ethiopia. The USAID Mission HPN staff, accompanied by the CGPP Deputy Director and Project Officer, conducted a field visit in South Omo zone to AMREF-supported project areas. The team visited the S/Omo Zonal Health Department, two Woreda Health Offices (Hamer & Bentsemay), two Health Posts (Godiya & Sembale) and three Health Centers (Turmi, Dimeke & Keyafar). In other developments, the CGPP Secretariat organized the partners' midyear review and planning meeting at four sites during April 2018. The APHA selected four articles written by CGPP Ethiopia for presentation at the APHA annual meeting in San Diego.

CGPP India. The program continued to use the existing monitoring tools and followed the standard practices for maintaining data quality and timely reporting. Dr. Solomon represented the CGPP at the 27th meeting of the India Expert Advisory Group (IEAG) on Polio to respond to questions posed by the MOH. The wide-ranging conversation touched on budget allocation for IPV procurement, the dip of the NFAFP rate and stool sample rate in substantially underperforming pockets, an increase in the number of environmental surveillance sites from 3 to 41, containment and the Emergency Preparedness and Response Plan that calls for the continuation of vaccination of children at the border crossing points until there is no longer an epidemiological risk. The IED recommended 1NID and 2 SNIDs using bOPV in 2019 and 2020.

CGPP-HOA. The Secretariat participated in numerous coordination meetings at national levels in both countries while CGPP-IPs participated and supported several coordination, planning, and joint supervisory meetings at regional or county levels. CGPP participated in six GPEI Horn of Africa Partners and Tripartite

Country Meeting at WHO Office at Gigiri UN Compound. The meetings were convened to provide planning and implementation updates on the cVDPV2 outbreak response in HOA. The Secretariat conducted joint supportive supervision for the CGPP project sites along the borders of Turkana, Marsabit, Wajir and Mandera Counties and Kamukunji Sub-county in Nairobi. Through the implementing partners, the project 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.

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. The project institutionalized the use of DIP and supportive supervision checklists to ensure that planned activities are conducted. In May, the Strategic Information Officer and the Social Mobilization Officer joined other partners to support the development of a training manual and tools for CHIPS. The National Primary Health Care Development Agency is working to bring all members of the VCM network under one umbrella.

CGPP Somalia. CGPP Somalia submitted weekly progress reports to the Secretariat. The project has continuously liaised with the Secretariat, WHO, UNICEF and the MoH focal person on technical support. The project supported the MOH with training and printing of HMIS microplanning tools for health facilities providing RI.

Polio Certification

CGPP Ethiopia. No Polio Certification related activities were conducted in the reporting period.

CGPP India. No meeting was conducted on Polio Certification during this period.

CGPP Kenya. The Secretariat participated in two certification meetings held at the regional level in Nairobi, Kenya.

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). The CGPP Nigeria program supported the meeting of the African Regional Certification Commission for Poliomyelitis Eradication in Abuja from June 18-22. The meeting was officially opened by the Honourable Minister of Health in the presence of the Executive Director/NPHCDA, BMGF, CGPP, CDC, Rotary International, USAID, the ARCC chair, WHO and UNICEF representatives. The ARCC commended Nigeria's efforts and progress in implementing the polio eradication initiative despite the many remaining challenges. It recommended workable strategies and new technologies to address the proportion of unreached children in security-compromised areas; the number of islands and their populations; surveillance and routine immunization gaps; and regular updates on proportions of unreached population and territories through various data sources.

CGPP Somalia. The Secretariat did not participate in a meeting conducted on Polio Certification during this period.

Cross Border Initiatives

During Q3, 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. In collaboration with WHO HOA, UNICEF, and the Kenya and Somalia MOH teams, the Secretariat supported a joint Somalia and Kenya Cross-Border Health Coordination forum on April 4 to 6 in Wajir, Kenya. Participants reviewed the implementation of the joint action plan for cross-border collaboration between Somalia and Kenya, which was developed last December. The Secretariat also participated in a Cross-Border Health Coordination workshop on synchronized SIAs from June 5 to 7 in Machakos, Kenya. The project supported monthly cross border health committee meetings in Gedo and Lower Juba regions of Somalia and the border counties of Kenya. The focus of the meeting was tracking the cross-border movement of mobile population and intensification of AFP active case search and planned SIAs synchronization between Ethiopia, Kenya, and Somalia. In Somalia, the project conducted three monthly internal cross border health committee meetings. CGPP Somalia conducted internal cross border surveillance to monitor the performance of key issues including routine immunization, surveillance and close monitoring of the special populations along the border areas of Gedo region and Lower Juba. During the supplementary polio campaign in May, the project supported cross border vaccination teams by reaching 482 children, of which 129 children were vaccinated in a village called Deg-elema that straddles the Kenya-Somalia border. The Secretariat led a joint cross-border meeting with Ethiopia MoH officials from June 11-15, 2018 in Amorate town of Ethiopia. [See video of CGPP and Turkana MOH team crossing to Ethiopia for the cross-border meeting.](#)

CGPP Nigeria. The Secretariat continues to support cross border activities in Yobe and Borno States. As these two states border other African countries, CGPP held meetings before the April IPDs and May OBR. In June, the CGPP participated in the Technical Advisory Group meeting of the Lake Chad Basin countries (Nigeria, Niger, Chad, Cameroun and Central African Republic) held in Ndjamen, Republic of Niger.

Program Transition Plans

CGPP India. As part of the transition plan, consortium partners continue to engage ASHAs and friends of CMCs by building their capacity on soft skills. The partners plan to conduct more training on communication skills for CMC *Sakhi's* & ASHAs in the next quarter. The Secretariat organised a consultation meeting on June 14 to brainstorm and develop a mutual understanding about transitioning, legacy planning, USPs, marketing strategy, resource generation and other related issues. Partner PVO and NGO Directors/CEOs, CGPP PVO Technical and Management Support staff, SRCs, and the Secretariat team attended the meeting.

CGPP Nigeria. The Secretariat has continued to support the Nigeria Transition Plan as a member of the Polio Transition Technical Task Team (PT4). The Nigeria Polio Transition plan has made steady progress in terms of critical outcomes in line with the Polio Endgame. The Polio Transition Business Case has been finalized. To implement the transition plan as recommended by the Business Case, the eight strategic pillars must be adopted. CGPP Nigeria will be working with the Government of Nigeria and other partners to ensure their adoption.

CGPP South Sudan. As a member of the Polio Transition Planning Committee for South Sudan, the Secretariat team participated in the July 17 meeting with UNICEF, WHO and the MOH to discuss resource mobilization. At the meeting, Gavi waived co-financing from 2017-2020 for South Sudan and requested that partners use the polio networks and lessons learnt in polio eradication to strengthen routine immunization and other health interventions.

Challenges

In **Nigeria**, insecurity across the Northern region is still very fluid, dynamic and unpredictable with occasional waves of attacks by highway bandits and Fulani herdsmen. Based on security reports, the activities of Boko Haram have also spread more to Yobe State although no CGPP focal area has been significantly affected after the Dapchi (Bursari LGA) girls' abduction in February 2018.

In **Kenya and Somalia**, a significant threat from Somalia-based armed non-state actors with increased attacks along the Kenya-Somalia border has hindered the cross-border activities. Inter-clan clashes over grazing lands displaced communities in Wajir County. During the quarter, Kenya and Somalia received heavy rains that made roads impassable and floods that affected IDPs and returnees especially in Lower Juba of Somalia. The Hamey Dispensary on the Kenya-Somalia border is not providing vaccination due to a refrigerator explosion and no telephone network coverage in Hulugho, Sangailu, Bothai and Galmagala; the roads are impassable due to flooding.

In **South Sudan**, fighting between the opposition forces and the government delayed community-based surveillance activities in Koch, Leer and Mayiendit; calm has since returned, allowing field staff to resume work. The hyperinflation in South Sudan has increased fuel prices from \$1.5 to \$5, well beyond the rate approved in the budget. A six month-extension by the Gates grant and realignment of the USAID polio grant has resolved this issue. Lack of or inadequate cold chain facilities affected storage of stool samples and affected vaccination services, particularly in Piggi, Maiwut and Longochuk counties. The CGPP advocated through the Routine Immunization Taskforce for allocation of cold chain equipment by UNICEF during the GAVI cold chain optimization plan.