ANNUAL REPORT FY18

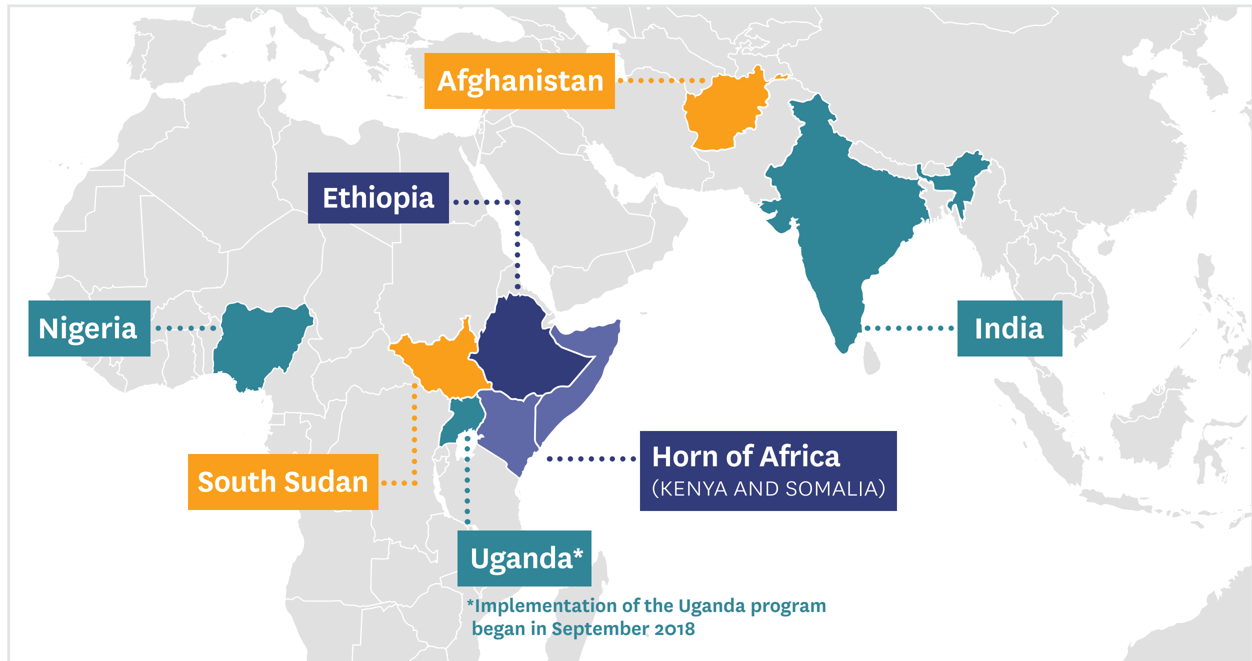
CORE Group Polio Project

October 1, 2017–September 30, 2018

TABLE OF CONTENTS

Executive Summary 4
Acknowledgements 6
Objectives 7
Acronyms 8
Core Group 11
Our Partners 13
Country Reports 15
India 15
Ethiopia 26
South Sudan 35
Nigeria 49
Horn Of Africa (Kenya and Somalia) 58
Afghanistan 70
Gender Analysis 76

EXECUTIVE SUMMARY



The CORE Group Polio Project (CGPP) has grown and performed better than ever in 2018 with many strong accomplishments and contributions to global polio eradication working directly in eight countries and contributing to strategies and policies that impact other parts of global polio eradication, immunization and maternal child health. Nevertheless, the global picture for polio eradication is more troublesome in 2018 than it was in 2017 with case numbers nearly doubling in Afghanistan and cVDPV outbreaks in many countries. The CGPP continued to deliver very strong programs in India, Nigeria, Ethiopia, Kenya, Somalia, and South Sudan while starting new polio eradication work in Uganda and Afghanistan and adding Global Health Security Agenda activities in Kenya and Ethiopia.

Where the role of NGOs and the CGPP was often met with skepticism at the onset, the CGPP's role, contributions and impact are now openly accepted, lauded, and emulated in Horn of Africa TAG meetings, Nigerian Emergency Review Committee meetings, South Sudan ICCs, GAVI meetings, CORE Group Annual meetings and in India. To document these accomplishments, the project has been developing 14 articles for a journal supplement in the American Journal of Tropical Medicine and Hygiene this year and presenting project experiences at a host of forums such as the APHA, the Annual CORE Group Meeting, the Global Behavior Change Communications Conference in Indonesia, the Polio Partners Group meetings in Geneva, the IMB meetings in London, the Horn of Africa Technical Advisory Group meetings, the GAVI Civil Society meeting in Nairobi and others.

2018 should have been a year to celebrate our accomplishments and plan for transition but with case numbers rising after years of steady decline, there is as much reason for global concern as there is for celebration. Optimistically, the CGPP is well positioned to make significant and hopefully

transformative changes in Afghanistan to put that country program back on track. Against strong opposition, the CGPP was finally able to place an NGO coordinator in Afghanistan who has helped to develop several strong documents and plans to re-energize the Afghanistan program. The NGO coordinator has benefited from the experience of other CGPP programs, notably India, who hosted two delegations from Afghanistan and has the strong backing of the government of Afghanistan to succeed. Similarly, the Nigeria program is going strong and appears to have interrupted wild polio virus circulation with the help of the CGPP.

To use an expression from boxing, the CGPP and its NGO partners have consistently punched above their weight class. With significantly fewer resources and less global recognition than the other GPEI partners, the project has contributed well beyond expectations or precedent. As the primary NGO organization engaged in the implementation of global polio eradication activities, the CGPP has demonstrated the critical role of civil society in global health initiatives. The fight is not yet over but this welterweight is ready to take it to the final round to knock out a foe who has been standing for far too long.

Lee Losey

Deputy Director and Technical Lead
CORE Group Polio Project
December 2018

ACKNOWLEDGMENTS

This report was developed with the contributions of many people, starting with the submission of annual reports from approximately 40 implementing partners in seven countries. The Secretariats consolidated the partner reports into country reports. The final global CGPP report was written by Lydia Bologna, the Project Communications Technical Advisor, and Kathy Stamidis, the Project M&E Technical Advisor, with overall guidance from Lee Losey, the Deputy Project Director and Technical Lead.

COVER: CGPP HOA Secretariat Director Ahmed Arale took this photo during a support supervision trip to a CGPP site in Kenya's Mandera County, capturing an immunization outreach service targeting nomadic pastoralists at Kilwaheri in Banisa Sub-County located six kilometers from the Ethiopian border. The Somali-language writing on the back of the vaccinator's t-shirt reads "Talal carurtada ka hortag cudurka dabesha," which translates to "Vaccinate your children to protect them against Polio."

CGPP staff provided all photos for this report unless otherwise noted.

OBJECTIVES

1. Build effective partnerships with PVOs, NGOs, and international, national, and regional agencies involved in polio eradication
2. Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication
3. Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization
4. Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases).
5. Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)
6. Support PVO/NGO participation in national and/or regional polio eradication certification activities

ACRONYMS

ADRA	Adventist Development and Relief Association
AGE	Anti Government Elements
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AFP	Acute Flaccid Paralysis
AMREF	African Medical and Research Foundation
APHA	American Public Health Association
ARC	American Refugee Committee
AVW	African Vaccination Week
BCC	Behavior Change Communication
BMC	Block Mobilization Coordinators
BPHS	Basic Package of Health Services
bOPV	Bivalent oral polio vaccine
CBHC	Cross Border Health Committees
CBHI	Cross Border Health Initiative
CBS	Community Based Surveillance
CCRDA	Consortium of Christian Relief and Development Associations
CGPP	The CORE Group Polio Project
CHV	Community Health Volunteer
CHIPS	Community Health Influencers Promoter and Services
CI	Community Informant
CM	Community Mobilizer
CMC	Community Mobilization Coordinator
CRS	Catholic Relief Services
CV	Community Volunteer
CSO	Civil Society Organization
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
cVDPV3	Circulating vaccine-derived poliovirus type 3
DMC	District Mobilization Coordinator
EOC	Emergency Operation Center

EPI	Expanded Program for Immunization
ERC	Expert Review Committee
GAVI	Global Alliance for Vaccines and Immunization
GCSP	Government Contracted Service Providers
GPEI	Global Polio Eradication Initiative
HDAL	Health Development Army Leader
HEW	Health Extension Worker
HMIS	Health Management Information System
HOA	Horn of Africa
HTR	Hard to Reach
IAG	Immunization Action Group
IBR	In Between Rounds
ICC	Interagency Coordinating Committee
ICM	Independent Campaign Monitoring
IDP	Internally Displaced Person
IDSRU	Integrated Disease Surveillance and Response Unit
IEC	Information Education and Communication
IGAD	Inter-Governmental Authority for Development
IIP	Immunization in Practice
IMB	Independent Monitoring Board
IMC	International Medical Corps
IDSRU	Integrated Disease Surveillance and Response Unit
IP	Implementing Partner
IPC	Interpersonal Communication
IPD	Immunization Plus Days
IPV	Inactivated Polio Vaccine
IRC	International Rescue Committee
LGA	Local Government Area
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NBT	Newborn Tracking
NC	Non compliance
NEOC	National Emergency Operation Centre
NGO	Non-Governmental Organizations
NID	National Immunization Day

NPAFPR	Non Polio Acute Flaccid Paralysis Rate
NPHCDA	National Primary Health Care Development Agency
OBR	Out Break Response
OPV	Oral Polio Vaccine
PC	Pastoralist Concern
PCI	Project Concern International
PEI	Polio Eradication Initiative
PPG	Polio Partners Group
RI	Routine Immunization
SAGE	Strategic Advisory Group of Experts on Immunization
SIA	Supplementary Immunization Activity
SNID	Subnational Immunization Day
SOP	Standard Operating Procedures
SPHCDA	State Primary Health Care Development Agency
STC	Save the Children
SVP	Special Vaccination Post
TAG	Technical Advisory Group
tOPV	Trivalent oral polio vaccine
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
VCM	Volunteer Community Mobilizer
VWS	Volunteer Ward Supervisor
VDPV	Vaccine Derived Polio Virus
WHO	World Health Organization
WPV	Wild Polio Virus
WPV1	Wild poliovirus type 1
WASH	Water, Sanitation and Hygiene
WV	World Vision

CORE GROUP

The CORE Group, a global consortium of more than 100 non-governmental organizations, academic institutions, and global health technical experts, has worked since 1997 to "improve and expand community health practices for underserved populations, especially women and children, through collaborative action and learning." As a sub-grantee of the CORE Group Polio Project, the CORE Group envisions "Communities where everyone can attain health and well-being." The CORE Group convenes the *International Community Health Network* to strengthen global community health through collaboration. In FY18, the CORE Group promoted CGPP's achievements and strategic approaches to polio eradication through emphasizing the power of community partnership and by linking the relevance of polio learnings for adaptability to multiple sectors.

A group of nine PVO/NGO members of the CORE Group serve as the long-term implementing organizations for the CGPP and are viewed as experts in community health programming for women and children: Adventist Development and Relief Agency (ADRA), African Medical and Research Foundation (AMREF), American Refugee Committee (ARC), International Medical Corps (IMC), Catholic Relief Services (CRS), Consortium of Christian Relief and Development Associations (CCRDA), International Rescue Committee (IRC), Project Concern International (PCI), and Save the Children. Coordinated by each in-country Secretariat, these nine members work closely with more than 30 local NGOs equipped with the expertise to work in hard-to-reach, security-compromised and complex settings.

The CORE Group's website houses the CGPP's webpage and is regularly updated with materials developed by CGPP staff and partners. During the reporting year, CORE Group assisted with developing, organizing and uploading the Polio Eradication Toolkit "How to Respond to a Polio Outbreak." Throughout the year, the CORE Group staff refreshed the website with country-specific content, conference and meeting reports, poster presentations, partner-developed videos, journal publications and donor reports.

Through strategic global outreach efforts, the CORE Group facilitated and supported CGPP communication, promotion and project implementation. Executive Director Lisa Hilmi presented at several high-level meetings, including the Global SBC Alliance in New York, sharing the benefits of the Secretariat Model and best practices from the Project, and a briefing for the Director of Countering Biological Threats, National Security Council, on the CGPP's developing partnership with the Global Health Security Agenda.

Furthermore, the CORE Group showcased the Secretariat Model and the positive impact of CGPP at several venues: the SBCC Summit in Nusa Dua, Indonesia; the Prince Mahidol Conference in Bangkok, Thailand; a Community Health Roundtable organized by the Malaria Consortium in London at the British House of Commons and a two-day UNICEF meeting for the Immunization Working Group in New York. The CORE Group Executive Director and the Senior Advisor for Community Health and Civil Society Engagement (CH/CSE) travelled to Nigeria to meet with the CGPP team in Abuja and field staff in Kano to observe the program and discuss future opportunities to provide support. Likewise, Ms. Hilmi traveled to Kenya to meet with CGPP HOA team, visit a health center in Nairobi, and join the regional polio campaign launch in Garissa.

At the Spring CORE Group Global Health Practitioner Conference in Bethesda, Maryland, the CORE Group Polio Project Secretariat Directors from South Sudan and Nigeria spoke of their work in protracted conflict situations to reach vulnerable children with polio immunization. CGPP Deputy Director Lee Losey, who served as the first CGPP Secretariat Director in Angola, moderated the concurrent session. **Read the full description of the session.**

In FY19, CORE Group will continue to support CGPP efforts to enhance partnership building, communications, education, publication as well as capacity-building and knowledge management strategies.

CORE Group Executive Director Lisa Hilmi (right) participates in the bOPV campaign in Kiambiu slums in Nairobi.

OUR PARTNERS

CGPP INDIA since 1999

Secretariat Host – Project Concern International (PCI)

1. Adventist Development and Relief Association (ADRA)
2. Catholic Relief Services (PCI)
3. Project Concern International (PCI)

Local NGOs

1. ADRA India
2. Chetanalaya
3. Gorakhpur Environmental Action Group
4. Jan Kalyan Samiti
5. Meerut Seva Samaj
6. Sarathi Development Foundation
7. Society for All Round Development (SARD)

The partnerships with Innovative Approach for Social Development Society and Malik Social Welfare Society Rampur were discontinued in May 2018.

CGPP ETHIOPIA since 2001

Secretariat Host - The Consortium of Christian Relief and Development Associations (CCRDA)

1. Amref Health Africa
2. Catholic Relief Services (CRS)
3. International Rescue Committee (IRC)
4. Save the Children International (STC)
5. World Vision (WV)

Local NGOs

1. Ethiopian Evangelical Church Mekane Yesus
2. Ethiopian Orthodox Church
3. Organization for Welfare Development In Action (OWDA)
4. Pastoralist Concern (PC)

CGPP SOUTH SUDAN since 2010

Secretariat Host – World Vision (WV)

National NGOs

1. Children Aid South Sudan (CASS)
2. Christian Mission for Development (CMD)
3. LiveWell
4. Support for Peace and Education Development Program (SPEDP)
5. Universal Network for Knowledge and Empowerment Agency (UNKEA)

The partnership with Bio Aid was discontinued on June 30, 2018.

CGPP NIGERIA since 2013

Secretariat Host- Catholic Relief Services (CRS)

1. Catholic Relief Services (CRS)
2. International Medical Corps (IMC)
3. Save the Children (STC)

Local NGOs

1. African Healthcare Implementation and Facilitation Foundation (AHIFF)
2. Archdiocesan Catholic Healthcare Initiative (DACA)
3. Community Support and Development Initiative (CSADI)
4. Family Health and Youth Empowerment (FAHYE)
5. Federation of Muslim Women Association of Nigeria (FOMWAN)
6. Healthcare Education and Support Initiative (HESI)
7. WAKA Rural Development Initiative

CGPP HOA (Kenya and Somalia) since 2014

Secretariat Host - American Refugee Committee (ARC)

KENYA

1. Adventist Development and Relief Association-Kenya (ADRA-K)
2. American Refugee Committee (ARC)
3. Catholic Relief Services (CRS)
4. International Rescue Committee (IRC)
5. World Vision-Kenya (WV-K)

SOMALIA

1. American Refugee Committee (ARC)

Local NGO

1. Somali Aid

CGPP AFGHANISTAN since 2018

Secretariat Host - International Rescue Committee

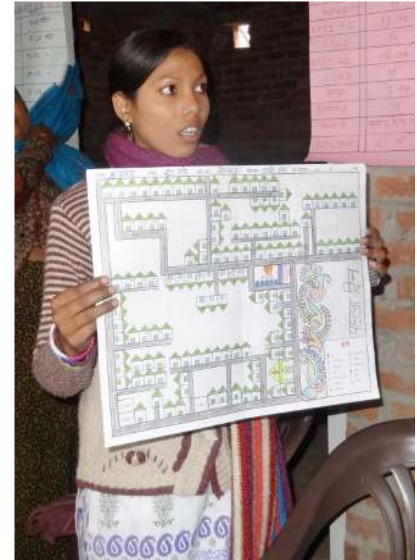
1. Aid Medical International (AMI)
2. Bangladesh Rural Advancement Committee (BRAC)

National NGOs

1. Agency for Assistance Development Afghanistan (AADA)
2. Bu Ali Rehabilitation and Aid Network (BARAN)
3. Coordination of Humanitarian Assistance (CHA)

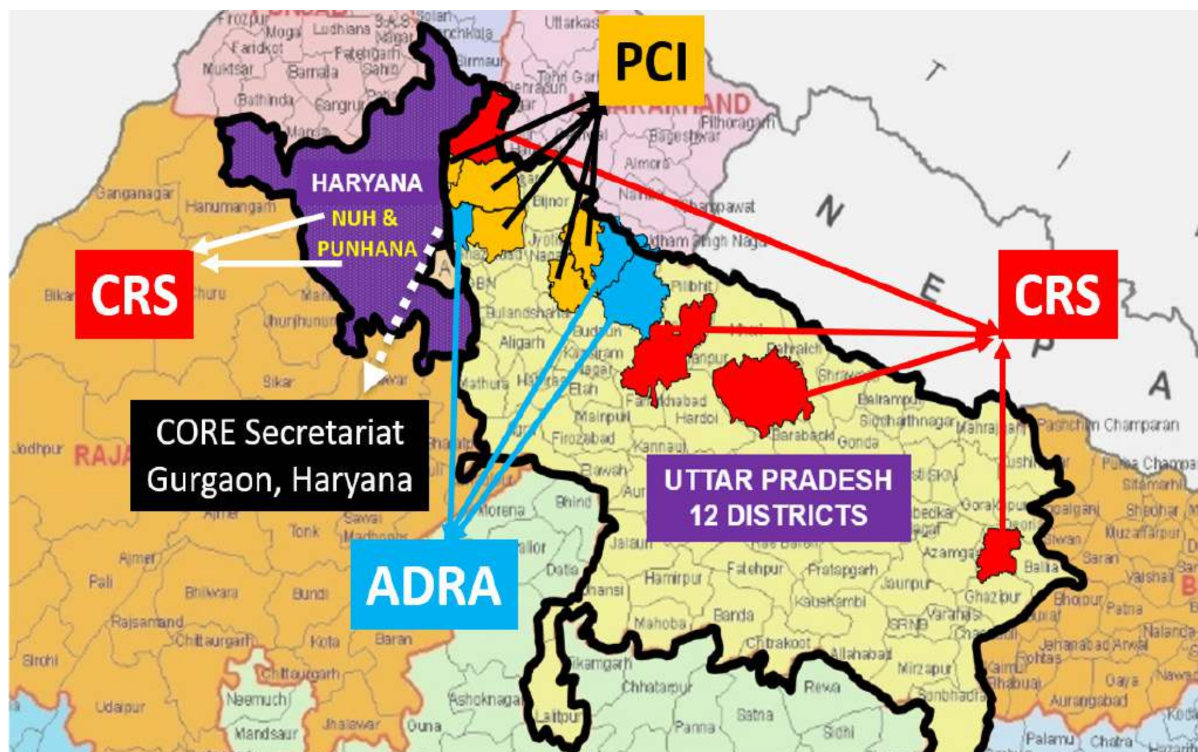
COUNTRY REPORT:

INDIA



India stopped wild poliovirus transmission in 2011 and the Southeast Asia Region celebrated its polio-free status in 2014. Since then, a total of 2.3 million vaccinators and 10,000 social mobilizers have successfully maintained high population immunity to deflect potential importation of the wild poliovirus and block any outbreak of circulating vaccine-derived poliovirus. Three high-quality supplementary immunization campaigns, a healthy national routine immunization program and a robust disease surveillance system all contributed to maintaining a polio-free nation in FY18.

CGPP India continues to vigilantly address pockets of low immunization coverage and gaps in surveillance by reaching significant populations of migrants and underserved communities with effective communication interventions for polio campaigns and routine immunization sessions. Central to mobilization efforts are high-quality interactions between vaccinators, community health workers and the mobilizers. CGPP India has about 1,100 social mobilizers who generate demand for the polio vaccine and ensure high uptake of the vaccine. In FY18, their efforts reached 474,783 households and 318,585 children under five years old. These strategic actions, coupled with the ever-evolving innovative work of its seasoned staff, are critical as neighboring Pakistan struggles with continuing cases of WPV.



Through the CORE Social Mobilization Network (SMNet), CGPP India reached chronically neglected and underserved populations with the goal of leaving no child behind. With its extensive reach, the SMNet concentrated support through social mobilization activities in 13 high-risk districts in the state of Uttar Pradesh (UP) and Nuh district in Haryana state. The network of motivated and dedicated mobilizers, especially Community Mobilization Coordinators, taps into years of knowledge, resources and skills to establish close relationships with families. The SMNet is a blueprint for how to intimately connect with people, their cultures, and their communities to improve health outcomes in complex settings.

1 *Build effective partnerships with PVOs, NGO(s), and international, national and regional agencies involved in polio eradication*

During FY18, CGPP India partnered with three international NGOs: Adventist Development and Relief Agency (ADRA), Catholic Relief Services (CRS) and Project Concern International (PCI) and seven local NGOs. CGPP discontinued work with two local organizations - Innovative Approach for Social Development Society (IASDS) and the Malik Social Welfare Society Rampur (MSWS) in May 2018. Shortly thereafter, ADRA assumed project implementation in Baghpat and Rampur districts. CRS added local NGO partner Chetanalaya in Nuh district of Haryana, maintaining the number of local NGOs at seven. All CGPP partners took part in divisional, district and sub-district level meetings conducted by government and development partners.

PVO partner	NGO partner	Work districts	Remarks
ADRA	Innovative Approach for Social Development Society (IASDS)	Baghpat	Associated until May 2018
	Malik Social Welfare Society Rampur (MSWS)	Rampur	
	ADRA India	Bareilly	
CRS	Meerut Seva Samaj	Saharanpur	
	Sarathi Development Foundation	Shahjahanpur	
	Gorakhpur Environmental Action Group	Sitapur & Mau	
	Chetanalaya	Nuh district (Haryana)	
PCI	Society for All Round Development (SARD)	Meerut	
	Jan Kalyan Samiti (JKS)	Moradabad, Muzaffarnagar, Sambhal & Shamli	

CGPP India collaborated with the MoH, WHO, and UNICEF to develop strategies and plan implementation. During the reporting period, it organized, directed and attended numerous meetings with government health officials, donors, and leading partners. Throughout the year, it conducted multiple forums to discuss project activities and implementation plans in the field, including a country director's meeting to review end line survey results and encourage additional documentation by the NGOs, as well as a series of program review meetings with all partners to critically analyze performance across districts and blocks, identify and respond to gaps, and reinforce data validation.

CGPP India hosted senior-level managers from USAID and CGPP headquarters as well as representatives from the Emergency Operation Center (EOC) in Afghanistan in March 2018 to learn from India's program. The delegation observed a polio campaign in Moradabad and Rampur, UP and held extensive meetings with various health officials.

CGPP India Secretariat Director Dr. Roma Solomon represented civil society at the following regional and international meetings:

- **India Expert Advisory Group on Measles and Rubella (IEAG-MR)**
  Dr. Solomon attended meetings of the IEAG-MR at the Ministry of Health and Family Welfare on November 9 and 10, 2017. The group gives strategic guidance on measles elimination and rubella/congenital rubella syndrome control.
- **Immunization Action Group (IAG) meeting**
  Organized by the Immunization Division of the Ministry of Health and Family Welfare on January 3, 2018, participants reviewed the GAVI-supported activities and the 2017 GAVI-India Joint Appraisal Report. Dr. Solomon conveyed CGPP's support to the government of Haryana for capacity building of social mobilizers (recruited under NHM funding) in Mewat. At the May 16, 2018 IAG meeting organized by the Ministry of Health, Dr. Solomon provided a progress report on CGPP's work with the social mobilizers in Nuh district, including meetings held with local influencers and community members. The IAG is the equivalent to the ICC in other countries.
- **The India Expert Advisory Group (IEAG) on Polio met in Delhi from June 12-23, 2018.** The IEAG provides technical expertise and input about recommendations on the specific questions posed by the Ministry of Health. Key take-aways from the meeting were:
  - From 2016 to 2017, the NPAFP rate declined from 9.5 to 8.9 and the stool sample rate dropped from 87% to 85% during the same period. There are large underperforming pockets.
  - Environmental surveillance sites increased from 3 to 41 from 2005 to 2018.
  - India is implementing a containment process as per the GAPII requirement. The National Institute of Virology in Pune stores WPV 2 and VDPV material.
  - The Emergency Preparedness and Response Plan (EPRP) is updated annually at both the national and state levels, and children at border crossing points would continue to be vaccinated until there is no longer an epidemiological risk.
  - IEAG recommended 1 NID and 2 SNIDs using bOPV in 2019 and 2020.

Additionally, Dr. Solomon attended the South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG) July meeting in New Delhi; the Transition Independent Monitoring Board (tIMB) for Polio in London in November 2017; a technical meeting organized by WHO at Lyon from June 25-29, 2018 to discuss definitions of community-based surveillance and share experiences and the Independent Monitoring Board (IMB) review of endemic countries findings on September 13 in London.

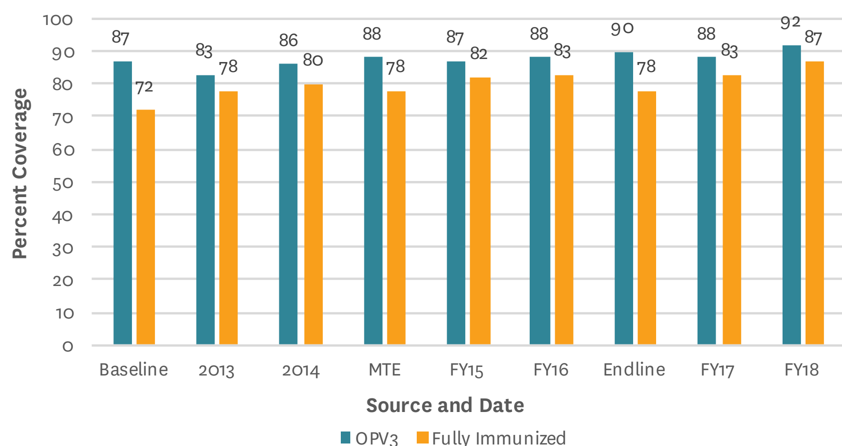
2 *Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication*

CGPP India supported multiple activities to bolster population immunity against polio and assist the government's various initiatives to achieve high routine vaccination coverage. It took part in various RI forums at the national, state, district and sub-district levels. Block Mobilization Coordinators (BMCs) and District Mobilization Coordinators (DMCs) assisted government medical officers by regularly updating micro plans to reach high-risk nomads, slum dwellers, and other populations in hard to reach areas through monitoring a total of 11,521 RI sessions, or 40% of RI sessions in the CGPP catchment areas in UP. Mobilizers conducted campaign monitoring and provided crucial data on missed sessions, vaccine supply, and demand-side indicators to address program improvement and shared with the government of UP, WHO and UNICEF. The CGPP supported government-led vaccination drives such as Mission Indradhanush/Intensified Mission Indradhanush and Measles and Rubella campaigns.

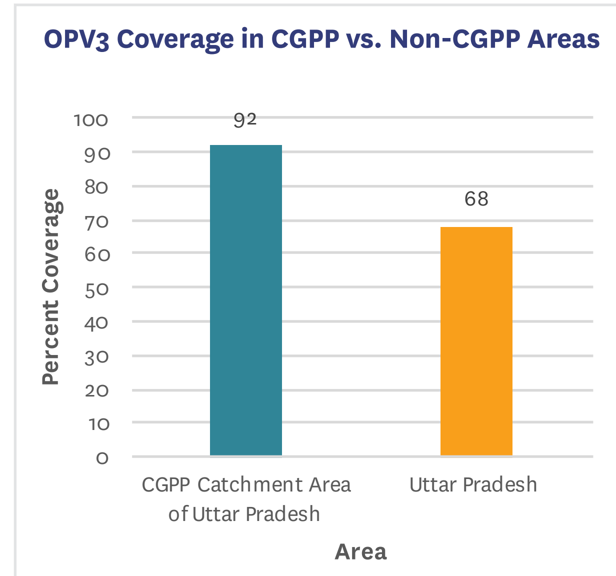
Sustaining community participation for polio vaccination after achieving polio-free status for more than five years is an immense challenge. Nonetheless, routine polio immunization coverage and RI coverage in CGPP India areas shows improvements.

On average, 83.3% of children under 12 months in CGPP areas received OPV0 in FY18. The coverage does not vary by gender. OPV0 coverage among children 12-23 month increased from 78% (FY17) to 81% (FY18). More remarkable is the increase from 2010 to 2018, in which OPV0 coverage increased by 45 percentage points from 36% in FY10.

OPV3 coverage among children aged 3.5 to 12 months in CGPP areas is, on average, 65%, ranging from a low of 49% in Sambhal district to a high of 79% in Saharanpur district. OPV3 coverage among the standard age group, 12-23 months, averaged 92% in FY18 in CGPP areas, an increase from the FY17 coverage



of 88% (program MPR data). OPV3 is significantly higher than the State level coverage of 68% in Uttar Pradesh (National Family Health Survey 4).



Full immunization coverage among children 9-11 months is 55.4% (56.4% among males; 54.5% among females) in CGPP program areas. This coverage is approximately 87% among children 12-23 months according to program monthly progress reports, up from 83% in FY17. In September 2018, CGPP India looked at a random sample of 75 CMC registers to assess immunization status among children 12-23 months. This analysis found that 84.9% of children were fully immunized, 11.7% were partially immunized, and 3.4% had not received any immunizations.

The percentage of zero dose (never vaccinated) children remains low in India. The 2017 end line evaluation showed that none of the children surveyed were "never vaccinated". An analysis of CMC registers from August 1, 2016 to July 31, 2018 found that about 97.8 percent of under twos received at least one routine vaccine.

The percentage of children aged 12-23 months with 8+ doses of OPV in the CGPP Catchment areas was 80.6% in FY18, down slightly from 83% in FY17. Coverage was slightly higher among females, 81.3% versus males at 80.0%. This indicator has remained above 80% for the last six years.

Training

CGPP India provided annual induction training for 1,049 CMCs and conducted two specialized trainings over five sessions throughout July 2018. The Secretariat organized one session of Training of Master Trainers for 33 participants in Pune on assorted topics such as working with ASHAs, communication strategies to address timely vaccination and use of data for improved planning. Additionally, the Secretariat organized training for 97 DMCs, BMCs and MIS Coordinators in Lavasa.

In all, the Secretariat reported 306,504 inter-personal communication (IPC) contacts and held 25,680 meetings with mothers and fathers of target children, influencers and religious leaders. CGPP India also conducted 246 community-level meetings. Among high-risk groups, CGPP India recorded 3,391 one-to-one contacts and 290 group meetings.

Key social mobilization activities

Consolidated number of Social Mobilization activities in the field: October 2017 to September 2018

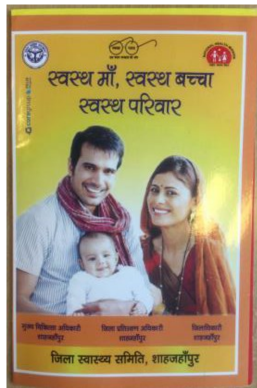
Project area districts	# IPC visits		Number of group meetings								Number of coordination meetings*		Participation in number of VHSNC meetings**		Number of special activities (in selected areas)			
			Mothers/ Adolescent girls' meetings		Fathers/ Adolescent boys' meetings		Interface/ Influencers/ Religious leaders' meetings		Total						Community meetings		Barbers' meetings	
	Planned	Done	Planned	Done	Planned	Done	Planned	Done	Planned	Done	Planned	Done	Planned	Done	Planned	Done	Planned	Done
Baghpat	27448	25729	2164	2001	16	15	621	573	2801	2589	36	34	157	149	28	31	4	1
Bareilly	20477	19690	1616	1566	11	11	377	361	2004	1938	27	20	70	63	28	22	2	2
Rampur	26950	26287	1377	1362	199	195	154	148	1730	1705	22	15	91	80	32	30	4	2
Mau	9221	9081	900	900	444	444	161	161	1505	1505	17	15	56	25	11	12	1	2
Saharanpur	15440	14571	694	681	9	9	3	3	706	693	16	16	54	54	16	16	1	1
Shahjahanpur	20405	20188	825	825	4	4	0	0	829	829	20	20	162	160	20	20	2	2
Sitapur	20424	18808	1762	1747	0	0	13	13	1775	1760	26	26	42	41	20	20	2	2
Meerut	26955	25802	1967	1961	20	20	6	6	1993	1987	26	23	36	35	27	26	3	3
Moradabad	49056	47478	3444	3428	0	0	5	5	3449	3433	29	22	87	58	27	22	2	2
Muzaffarnagar	43746	39731	3697	3300	7	5	244	241	3948	3546	46	42	99	80	31	25	2	1
Sambhal	52590	47350	3588	3523	0	0	967	934	4555	4457	30	30	83	80	15	15	2	2
Shamli	12224	11789	924	913	0	0	338	325	1262	1238	24	18	14	11	8	7	2	1
CGPP India (12 districts)	**324936**	**306504**	**22958**	**22207**	**710**	**703**	**2889**	**2770**	**26557**	**25680**	**319**	**281**	**951**	**836**	**263**	**246**	**27**	**21**

* Number of coordination meetings with frontline government. workers of health and ICDS department (ASHAs & ANMs)

** Village Health Sanitation and Nutrition Committee (VHSNC) meetings were organized at the community level

Social mobilization activities

CGPP India is adept at continuously adapting and improvising messages that appeal to communities and caretakers. District health officials in Shahjahanpur decided to paint CGPP India's famous umbrella design on the walls of all the government health centers using government funds. (Photo on right.)



Similarly, the district health department in Saharanpur printed and distributed CORE's CMC folder (photo on left) for government frontline workers to motivate families. Created in a pictorial format, the content of the folder describes each disease and vaccination for use by ASHAs during one-to-one meetings with resistant families. After using the CMC folder, the numbers of resistant families steeply declined, from 963 families to 77.

Cited below are additional innovative approaches:

Electronic (E) Rickshaw rally: PCI organized 57 E-rickshaw rallies across five districts to raise community awareness on routine immunization. Each rally featured three rickshaws decorated with messages on polio vaccinations and immunization schedules. The sub-division magistrate or block medical officer in charge flagged off each rally. Held in the most challenging High-Risk Areas of each block, this strategy reached more than 10,000 people.

Khushi (Happy) Express: To sustain population immunity for polio eradication, decorated information vans called "Khushi Express" traveled to selected high-risk villages in CGPP catchment areas in UP and Haryana states. The vans, equipped with amplifiers, carry a troupe of magicians and street theatre artists who also conduct quizzes on immunization. This strategy reached 95,000 people with messaging on the benefits of immunization and handwashing.

Healthy Baby Shows: PCI organized five shows, distributing 2,858 CGPP Appreciation Certificates to caregivers whose children were fully and timely immunized; these efforts encouraged parents to continue with good immunization practices.

Barbers' Initiative: In India, fathers are the main decision makers in families and play a key role in ensuring timely immunization. Barbers are an integral part of the Indian community and work even in the smallest of villages. Their shops not only give services but act as important meeting places for conversations on family life, village politics and cricket. They also reach large numbers of men with behavior change communication related to polio vaccination. Through this initiative, CGPP has built the capacity of barbers to share knowledge on immunization and initiate discussions with clients about the importance of polio immunization and their role in keeping children healthy.

Knowledge and skill transfer initiative: As planned, consortium partners are gradually withdrawing CMCs from the field each year. CGPP India works to enhance the capacity of local government cadres such as ASHAs (Accredited Social Health Activists) to deliver quality services to the beneficiaries on the ground. In the reporting year, partners conducted a two-day non-residential induction training for the ASHAs and a one-day refresher training for the veteran ASHAs. Along with Sanginis (ASHA supervisors), the ASHAs receive training on IPC skills, documentation, and supervisory skills, to conduct quality communication interventions.

Quiz competition: In Meerut, PCI and NGO partner, SARD conducted a district level quiz competition, called "Kaun Banega Quiz Champ" (Similar to "Who wants to be a millionaire?") for Auxiliary Nurse Midwives (ANMs) and Lady Health Visitors (LHVs) on Routine Immunization and Polio in collaboration with the Meerut Health Department.

3

Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization

CGPP India CMCs supported three supplementary immunization campaigns: two NIDs in January and March 2018 and one SNID in August 2018, reaching, on average, 99.7% or 383,054 of 384,051 targeted children.

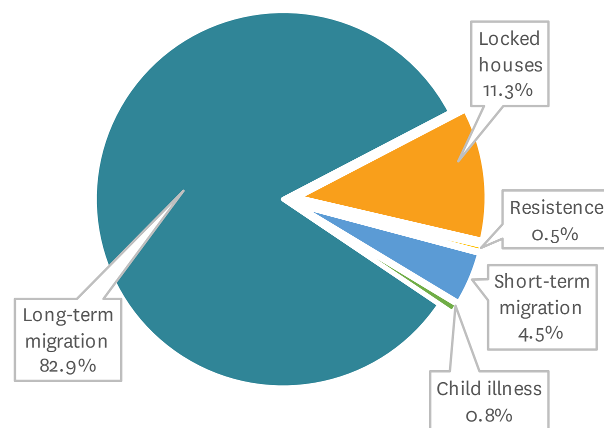
In FY18, 84% of children under five years received oral polio vaccine at 1,443 polio booths (fixed vaccination sites), significantly higher when compared to non-CMC coverage of 44.8%. District-wide booth coverage in project areas ranged from 80% in Sambhal to 95% in Mau. In addition to booth vaccinations, vaccinators visited 475,699 households from CMC areas, reaching 347,576 under-five children in each SIA. The total SIA coverage in CMC areas was 99.2% of the target, ranging from 97.9% in Saharanpur to 100.2% of the target in Baghpat. Over the last 10 years, there has been a downward trend in the percentage of missed houses during SIAs in the districts covered by CGPP. CMC areas have constantly maintained an equal or lesser percentage of missed houses than non-CMC areas.

Trends in Percent of Missed Houses

Year	CMC Area	Non-CMC Area
FY08	5.8	5.7
FY09	5.8	5.9
FY10	6.1	6.1
FY11	5.9	6.0
FY12	5.9	6.3
FY13	5.4	5.7
FY14	5.2	5.7
FY15	5.1	5.8
FY16	4.9	5.4
FY17	4.4	4.7
FY18	4.2	4.8

On average, 7.2% of children were missed during each SIA. The August 2018 SIA reported the lowest proportion of missed children at 6.4%. The district-wide proportion of missed children ranged from 2.3% in Mau to 10% in Muzaffarnagar. Like missed houses, missed children also include children whose vaccination status is unknown to the vaccinators; 87% of missed children were out of reach of vaccination teams due to short (4.5%) or long- term (83%) migration. The proportion of children missed from resistant families is negligible. The end line evaluation (2017) revealed that 0% of children aged 12-23 months were "never vaccinated." Vaccinators targeted children from High-risk Groups (HRGs), reaching 11,074 children from HRGs during the SIA campaigns.

Reasons Behind Missed Children in CMC Areas of CGPP India Catchment, FY18



Number of Children Vaccinated from High Risk Groups (HRGs) during FY18

Vaccination	Number of Children
SIA vaccination	11,074
OPV0	71
OPV1	3,750
fIPV1	1,838
OPV2	3,351
OPV3	3,057
fIPV2	1,592
OPV Booster	4,474

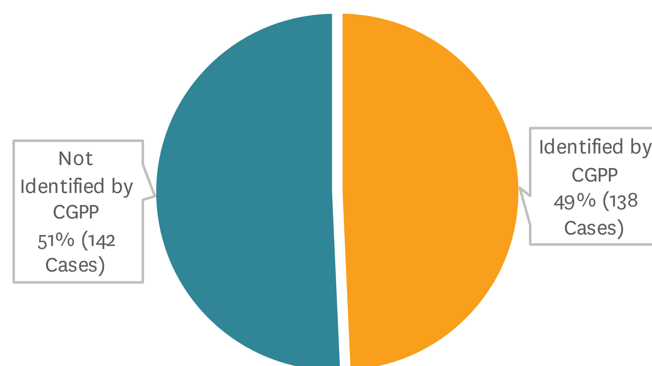
4

Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)

Led by the MOH and WHO, the India polio program has a robust AFP surveillance system based on facility reporting. CGPP attended 41 meetings and reviews of the AFP surveillance systems in the CGPP catchment areas during FY18. CGPP CMCs search for AFP cases and ensure timely reporting to the nearest health facility. CGPP support has been invaluable. In FY18, CMCs and BMCs from CORE Group reported 49% of all AFP cases in the catchment areas, or 138 of 280 total cases, a substantial increase in reported cases from 32.4% in FY17. Of the 280 AFP cases in FY18, 32 were among high-risk groups in the CGPP catchment areas.

The aggregated non-polio AFP rate for the entire state of UP was 10.6 per 100,000 children under 15 years. All 12 districts far exceeded the minimum threshold of 2, ranging from the lowest of 4.8 in Mau to the highest in Baghpat of 27.3. The aggregated adequate stool collection (2 stool specimens collected within 14 days of onset of AFP) for UP was 85% in FY18, compared to 86.8% in FY17. All CGPP India districts reported rates above 70%; the highest rate was reported in Mau at 94.4% and the lowest in Sambhal at 73.6%.

Proportion of AFP Cases Identified by CGPP



Number of Children Vaccinated from High Risk Groups (HRGs) during FY18

Project district	Non-Polio AFP rate	% of 2 stool samples collected within 14 days of onset of paralysis
Baghpat	27.3	87.7
Bareilly	14.8	84.9
Rampur	12.3	88.9
Mau	4.8	94.4
Saharanpur	12.3	79.5
Shahjahanpur	11.0	78.9
Sitapur	16.5	88.7
Meerut	14.8	83.3
Moradabad	16.2	88.7
Muzaffarnagar	15.6	84.9
Sambhal	15.8	73.6
Shamli	11.5	78.7
Uttar Pradesh state	**10.6**	**85.0**

Data source: WHO - NPSP, AFP Surveillance Indicators; Data as on week No. 39, September 2018

5

Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)

CGPP India's expertise in communications produced several impactful publications and presentations in FY18. The project staff published an article in BMC Infectious Diseases entitled "Demand-side determinants of timely vaccination of oral polio vaccine in social mobilization network areas of CORE Group polio project in Uttar Pradesh, India." The article was authored by Manojkumar Choudhary, Roma Solomon, Jitendra Awale and Rina Dey and can be found at **https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-018-3129-2**. In partnership with The Communication Initiative, CORE India drafted a book entitled "Influencing Change," which documents CGPP's numerous communications interventions. Project staff additionally developed three articles for the 2019 supplement of the American Journal of Tropical Medicine and Hygiene.

In all, CGPP India and implementing partners made seven conference presentations. Mr. Awale presented a paper entitled, "India Polio Eradication Program: Learnings to be used for other maternal and child health intervention programs at a scale" at the APHA meeting in November 2017 in Atlanta. CGPP India, ADRA India and PCI India represented the project through six oral and poster presentations at the SBCC Summit in Nusa Dua, Indonesia in April 2018.

6

Support PVO/NGO participation in national and/or regional polio eradication certification activities

Dr. Solomon attended the Independent Monitoring Board's meeting to review the endemic countries emerging findings in September 2018 in London.

Transition and Legacy

According to Dr. Solomon, a polio-free India is the most significant legacy of the polio eradication program and of the CGPP. Since the Government of India has recognized the value of the SMNet, it is now partially supporting UNICEF's SMNet. The CGPP did not attempt to secure this funding due to the high NICRA cost and complex nature of the CGPP structure. CGPP's legacy plan is to build the capacities of ASHAs to sustain mobilization for immunization. CGPP India's legacy is a skilled human resource based in the community committed to supporting immunization efforts to benefit the community. Additionally, large numbers of influencers and CSO members involved in polio are now supporting RI.

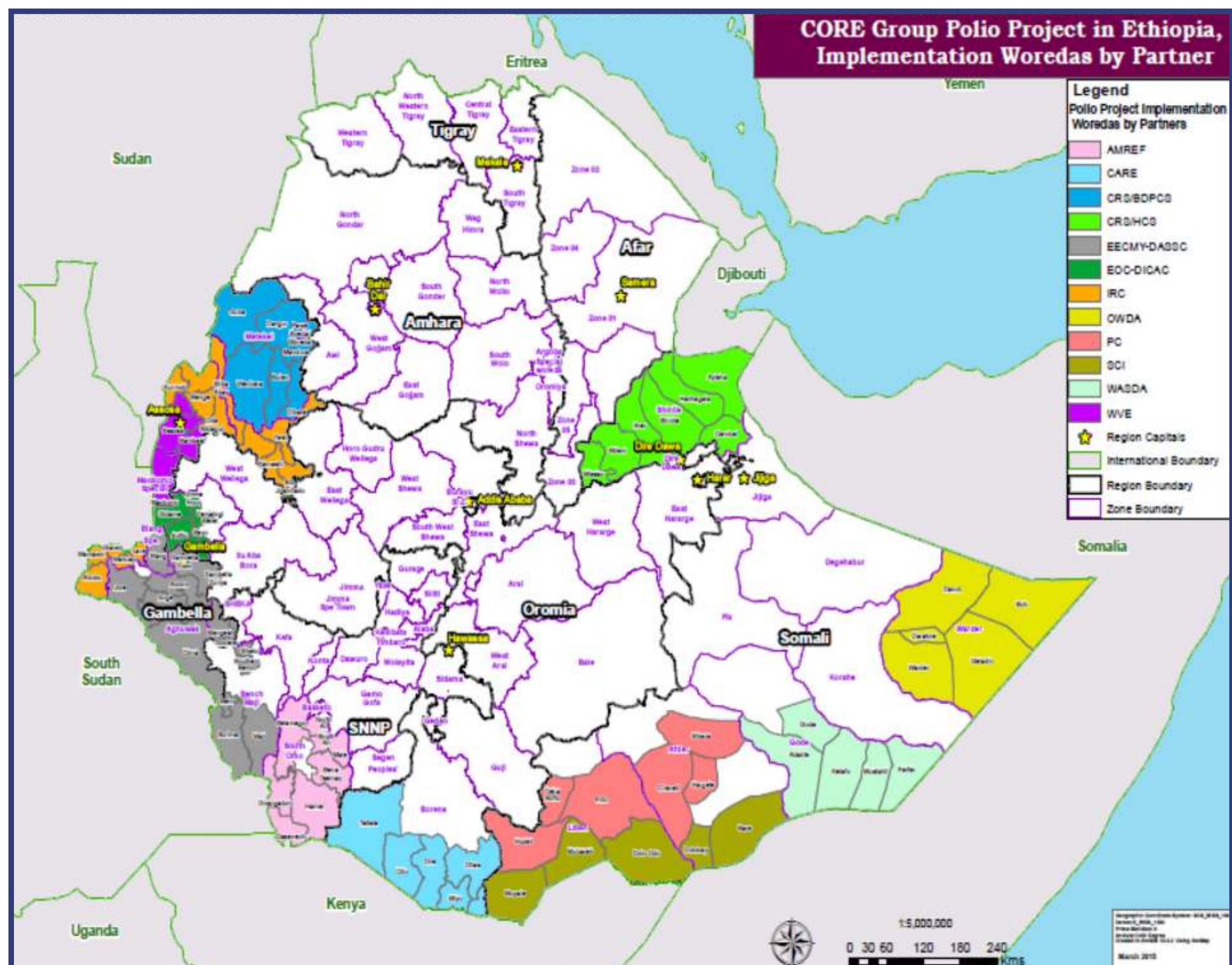
COUNTRY REPORT:

ETHIOPIA

Ethiopia continues to remain on high alert to the threat of separate outbreaks of circulating vaccine-derived poliovirus (cVDPV) detected in Somalia and Kenya. In response to the outbreaks, Ethiopia synchronized large-scale polio campaigns with its neighbors and intensified community-based AFP surveillance in hard-to-reach areas and border zones as well as adding environmental surveillance to two sites. These strategic actions, thus far, have contributed to stopping the spread of the virus into Ethiopia.

In FY18, the country continued its streak of polio-free years since the last reported case of WPV in January 2014. CGPP Ethiopia is leading the development of the national polio eradication transition plan. GGPP is also coordinating national and local cross-border forums. Increasing the involvement of traditional and religious leaders is among several strategies employed by the Project to improve community acceptance of the polio vaccine; plans call for expanding the program to reach school children in the new fiscal year.

The CORE Group Polio Project has operated in Ethiopia since 2001. Ongoing ethnic and tribal conflict in the areas of Somali, Benshangul-Gumuz, Gambella and Oromia regions resulted in the displacement of more than 1 million persons, impeded project staff movement and impacted project



implementation. Another major concern has been the poor access to and the quality of health care, particularly for pastoralist populations and refugees crossing into the country to escape conflict. Moreover, there are significant disparities found across project regions, but all share several features: difficult geographies, weak health infrastructures (with low technical and managerial capacities), bureaucratic systems with little accountability, very low routine immunization coverage, poor surveillance systems, unrestricted population movement, and vulnerable populations scattered along the hard-to-reach borders.

CGPP Ethiopia and its nine implementing partners trained a total of 11,157 Community Volunteers (CVs) and Health Development Army Leaders (HDALs) to reach 1.9 million persons with routine and supplementary immunization campaigns, community-based disease surveillance and house-to-house health education activities to track and register pregnant mothers, newborns and defaulter children. During FY18, they identified, tracked, and referred 74,794 pregnant women, 38,545 newborns, and 14,629 defaulters for missed vaccinations. While routine immunization coverage dipped in FY18 due to political insecurity, CVs/HDALs pushed ahead to identify, track, and refer 127,968 pregnant women, newborns, and defaulters for missed vaccinations. Countrywide, Ethiopia reported 658 AFP cases with a Non-Polio Acute Flaccid Paralysis (NPAFP) rate of 2.1 and a stool adequacy rate of 85% in FY18. However, CGPP Ethiopia's robust surveillance network in the hard-to-reach areas resulted in much stronger surveillance indicators: a 3.35 NPAFP rate and stool adequacy of 93% in CGPP focal areas. Additionally, CGPP Ethiopia's continued focus on nomadic and mobile populations resulted in the identification of 69 AFP cases among this high-risk group.

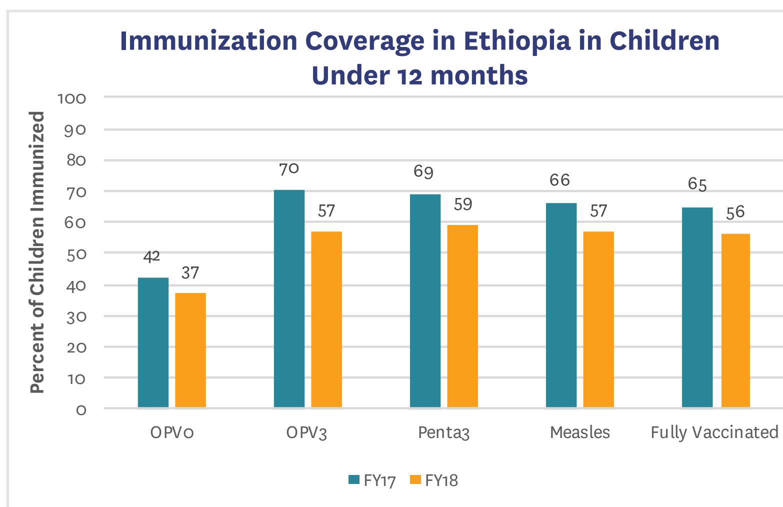
1 *Build effective partnerships with PVOs, NGOs, and international, national and regional agencies involved in polio eradication*

CORE Group Ethiopia contributed to polio eradication and routine immunization efforts in 85 border districts, or woredas, across the border regions of Gambella (13 woredas), SNNP (13 woredas), Oromia (11 woredas), Somali (28 woredas) and Benshangul-Gumuz (20 woredas). The Project targeted a total population of 6,069,274, including 201,533 children under one year; 812,565 children under five; and 2,757,413 children under fifteen years in pastoralist, semi-pastoralist and hard-to-reach areas of the country.

The Consortium of Christian Relief and Development Associations (CCRDA) hosts the Ethiopian Secretariat. CGPP Ethiopia provided sub-grants to five international organizations: Amref Health Africa, Catholic Relief Services, International Rescue Committee, Save the Children International and World Vision. The international NGOs work with four local on-the-ground NGOs: Ethiopian Evangelical Church

CGPP annual planning forum in Hawassa, Ethiopia in September 2018.

Mekane Yesus, Ethiopian Orthodox Church, Pastoralist Concern (PC), and the Organization for Welfare Development in Action (OWDA).



CGPP Ethiopia is a key immunization partner and member of the National EPI task force and the lead actor in developing a transition plan for the country. In FY18, the Secretariat organized six partner's meetings to review and plan project implementation, identify challenges and resolutions, address budget issues and update partners on the status of immunization-related topics. In April 2018, the Secretariat coordinated a two-day, mid-year review meeting at four sites (B/Dar, Hawass, Jimma and Dire Dawa) with the sub-grantees, who presented activities for the remaining project year due to the late release of budget funds.

In August and September 2018, the Secretariat modified the structure of the annual planning forum from one large central gathering rather than two smaller meetings in four sites. In August, partners met in Jimma, Assosa and Hawassa towns. Somali region partners met in August at the CCRDA office in Addis. The annual forum clarifies for partners the implementation process and PEI strategies, and rolls out the budget and action plan for FY19. The 157 participants included Secretariat staff, partners, and focal persons from the Regional Health Bureaus, Zonal Health Departments, the woredas health office EPI and Surveillance and WHO.

Ethiopia has been celebrating African Vaccination Week for the past seven years. This special week aims to bring together political and community leaders for mobilizing communities to reach more children with vaccination. More than 300 persons attended the 8th African Vaccination Week celebrated in Gambella town beginning on April 23.

The CGPP Ethiopia Secretariat took part in dozens of key international and national meetings and events.

- Secretariat Director Dr. Filimona Bisrat attended three ICC meetings organized by the FMoH. The CGPP Secretariat Deputy Director Fasil Tessema participated in the FMoH-led Polio Transition Plan meeting to discuss the budget and human resource mapping.
- Dr. Bisrat presented the keynote address for the World Polio Day celebration on October 24, 2017. Secretariat staff and implementing partners joined the festivities and distributed 500 CGPP-developed t-shirts and caps.
- CORE Group Ethiopia Senior Management attended the USAID Partners meeting in the Hilton Hotel on November 22, 2017 and gave an overview of CGPP activities. They also attended the Ethiopia Somali Immunization Advocacy Workshop on December 27 and 28, 2017 in Jijiga Town.
- The Secretariat senior management team visited the US Embassy in April 2018 to provide an update and insights on the Project's community surveillance activities.

- Dr. Bisrat traveled to Uganda in May 2018 to facilitate a new CGPP project in northern Uganda for South Sudanese refugees. Dr. Bisrat assisted with developing a project budget and selected two partners, Medical Team International and International Rescue Committee.
- Dr. Bisrat attended the Regional Immunization Technical Advisory Group (RITAG) meeting in Kigali, Rwanda on June 29 and 30, 2018.
- Officials from WHO, UNICEF and the CGPP met on September 12, 2018 at the WHO office to harmonize integrated surveillance and immunization supportive supervision visits using the same check list formats and the ODK online system.
- Dr. Bisrat and the Communication Officer Bethelehem Asegedew attended the Gavi CSO ConneXions 2018 Conference from September 12-14, 2018 in Nairobi, Kenya. Dr. Bisrat participated in several panel discussions.

2 *Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication*

According to administrative data supplied by the Ministry of Health and the CGPP partners, polio and routine immunization coverage has dropped slightly, likely due to political instability, unrest, and service interruption in project areas. The percentage of children 12 months and under who are fully immunized was 55.6% in FY18, down from 65.2% in FY17. Birth dose (OPV0) in children 12 months and younger decreased to 37% from 42% last year. (More than 90% of deliveries occur at home, making birth dose administration difficult.) OPV3 coverage fell to 57% from 70% in the prior year. Likewise, Pentavalent 3 immunization coverage dropped to 59%, from 69% reported in FY17. Measles coverage is 57%, down by 9% from the previous year.

Community Volunteers in Gambella region, Nure zone, receive training on community- based surveillance and newborn tracking.

During FY18, CGPP Ethiopia established a cross-border committee. Quarterly reporting from the committee to CGPP will begin in FY19. The CGPP identified areas and collected information to establish special vaccination posts in border areas. While not operational yet, the Project plans to establish and start service at these posts in FY19.

Building capacity for immunization service providers

CORE Group Ethiopia and partner NGOs developed 46 training sessions to improve the knowledge and skills of 3,866 (2,952 females; 914 males) immunization service providers. Of the total training participants, 2,712 CVs/HDALs received training on community-based surveillance and newborn tracking; 994 (568 females; 426 males) health workers and HEWs received a range of training on immunization, interpersonal communication, cold chain, data management, community-based

surveillance and newborn tracking. Additionally, the Secretariat staff and partners trained 160 religious leaders on vaccine-preventable diseases and 30 new partner staff received training on community-based surveillance and newborn tracking, and mobile device and web-based data collection and submission through the Open Data Kit (ODK) system.

During a monthly women's coffee ceremony held outside of Abobo Church in Gambella, the Rev. Obang Opien skillfully integrates key immunization messages with his sermon.

Involving the religious community in immunization and surveillance

The Ethiopia Secretariat organized several trainings to increase the involvement of the religious community in immunization and surveillance activities. The Secretariat and partners organized a series of two-day EPI trainings for 34 Muslim religious leaders and health department officials in Shinile Woreda and for 42 Ethiopian Orthodox, Muslim and Protestant religious leaders in Bullen Woreda. In addition to training, the participants received reporting formats, key messages, and immunization schedules. Afterward, a review meeting drew 28 religious leaders.

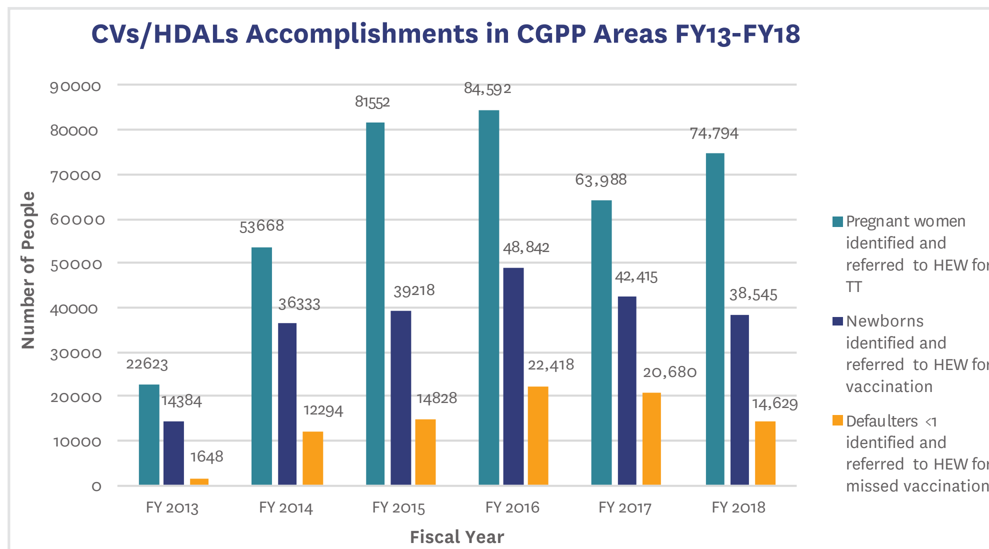
During the reporting period, CGPP Ethiopia reached 160 political and religious officials through community sensitization efforts.

Mothers enjoy their monthly coffee ceremony while learning about immunization from the Rev. Opien (above.)

Identifying pregnant mothers, registering newborns and tracing defaulter children

Community Volunteers (CVs), Health Development Army Leaders (HDALs) and Health Extension Workers (HEWs) actively searched and reported on cases of Acute Flaccid Paralysis, measles and neonatal tetanus and tracked newborns from early pregnancy. They regularly conducted house-to-house health education sessions and social mobilization activities during routine and supplementary immunization campaigns. In the reporting period, CGPP Ethiopia trained, supervised and supported 11,157 CVs and HDALs (16.1%, 1,796 male; 83.9%, 9,361 female) to visit 768,839 households and reached 1,971,014 people with health information. CVs and HDALs tracked and referred 74,794 pregnant women, 38,545 newborns, and 14,629 defaulters for missed vaccinations. Facility-based HEWs receive the referrals.

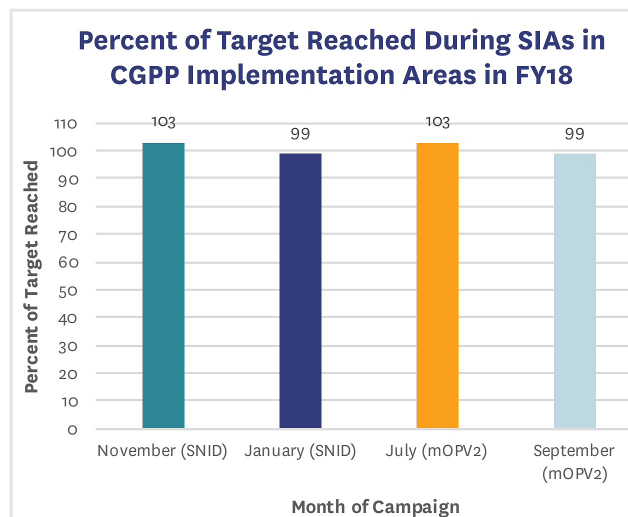
To strengthen and sustain routine immunization activities, CGPP partners supplied 58,371 liters of fuel for 150 kerosene-operated vaccine refrigerators and 11 motorcycles used for supervision visits, vaccine transportation and immunization outreach.



Source: CGPP Ethiopia Implementing Partners FY2018 Project Report

3 *Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization*

A total of 814,130 children in the CGPP focal areas received vaccinations during four supplemental immunization campaigns in FY18, with 2.01% of children never vaccinated. These campaigns covered the most vulnerable border areas of Kenya, Somalia, and South Sudan. Following the circulating vaccine-derived outbreak in the Horn of Africa, the Secretariat and NGO partners conducted two rounds of mOPV2 targeting 509,049 children under five years house-to-house in the five zones of Afder, Dawa, Korahe, Liben and Shabele, and in 42 woredas in the Somali region. The first round held in July reached 103% of the target population. The second campaign in September 2018 reported 99% coverage of the target. Kenya and Somalia synchronized both campaigns by targeting internally displaced persons, residents of five refugee camps and cross-border inhabitants along the shared borders of the three countries. CVs took part in community mobilization activities. The CGPP teams provided technical support through monitoring, supervision and vaccination as well as vehicles for transportation of vaccines and vaccinators. Due to security issues, the Secretariat postponed the campaign by one week.



Earlier in the reporting period, the CGPP Secretariat and NGO partners conducted two rounds of Sub National Immunization Days (SNIDs), supporting pre-, intra-, and post-campaign activities. Campaign coverage for the first SIA in November 2017 reached 103% of the target. The second SIA held in January 2018 reported 99% campaign coverage. A total of 142 central and field staff provided technical support, and 2,641 Community Volunteers served as social mobilizers or vaccinators. The partners supplied 42 cars, 11 motorcycles and 2,577 liters of fuel to transport the vaccination teams and the vaccines.

Collaborative activities among cross border districts

CGPP Community Volunteer conducts a house-to-house health education session using a project flipbook.

The CGPP Secretariat and NGO partners organized cross-border mapping meetings in August 2018 the B/Gumz region to strengthen CBS, improve immunization activities, and prevent poliovirus importation. Held in Assosa town, the meetings drew 104 participants, including representatives from the regional, zonal and woreda levels, health center officials and HEWs from the six woredas of Mao komo, Sedal, Guba, Sherkole, Kurmuk and Assosa. Meeting participants found and mapped crossing points, border villages and kebeles within Sudan and South Sudan. They also identified and mapped cross border facilities, including road accessibility to the sites. A total of 3,291 community mobilizers are available in border woredas, although further mapping will take place at the kebele and village level in FY19. The next step involves woreda health offices to begin vaccination at one crossing point in each woreda.

4 *Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)*

CGPP pioneered community-based surveillance in Ethiopia and is the chief actor for community-level surveillance of AFP, NNT, and Measles using 3,208 CVs and 7,949 HDALs. In addition to CBS, the volunteers and health workers receive training to move house-to-house and track and register pregnant women and newborns and provide health education activities. CGPP Ethiopia reported 66 AFP cases with a Non-Polio Acute Flaccid Paralysis (NPAFP) rate of 3.35 and a stool adequacy rate of 93% in project areas. This is a huge accomplishment, given the countrywide NPAFP rate was 2.1 and the stool adequacy was 85%.

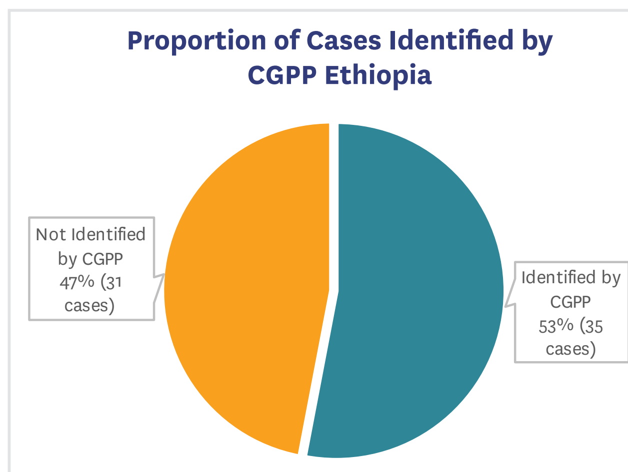
A total of 69 (10.5%) suspected AFP cases were identified among mobile or nomadic populations. During FY18, CORE Ethiopia held 28 meetings and workshops on AFP surveillance.

CGPP Ethiopia CVs/HDALs by Implementing partners

Partners	HDAs	CVs	Total
AMREF	0	414	414
SCI	0	279	279
PC	0	534	534
WVE	1413	0	1413
IRC	1836	400	2236
EOC	0	676	676
EECMY	1680	283	1963
OWDA	0	421	421
CRS	3020	201	3221
Total	**7949**	**3208**	**11157**

Visiting houses, searching for cases and providing health education

In FY18, 11,157 project CVs and HDALs visited 768,839 household and reached 1,971,014 people through health education. Of 66 NPAFP reported cases in CGPP implementation areas, CVs and HDALs reported 35 cases, or 53%. Of these 35 cases, 14 were identified among females and 21 were found among males. CORE Ethiopia transported 33 stool samples during the reporting period. CVs and HDALs from the CGPP project areas reported 716 of 891 (80.4%) total cases of measles.



In the CGPP implementation areas, only Oromiya region, Borena zone is silent.

Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)

Dr. Bisrat and CGPP Secretariat Deputy Director Legesse Kidane presented two abstracts at the 145th American Public Health Association's annual meeting held in November 2017 in Atlanta. The oral presentation was entitled "Assessment of health worker's readiness on immunization service delivery in hard to reach areas in Ethiopia: Evidence from CGPP Implementation areas" and the poster presentation was based on an "evaluation of immunization timing and interval between doses." CGPP Ethiopia staff took part in the 28th Ethiopian Public Health Association annual conference in February 2018 in Addis Ababa. In all, the Project made eight presentations in regional and international forums. Project staff additionally developed three articles for the 2019 supplement of the American Journal of Tropical Medicine and Hygiene.

Distribution of materials

The Secretariat and implementing partners continue to establish recording, reporting and filing systems at all target health facilities, woreda health offices and project field offices. The CGPP distributed 1,813 reporting formats on job coaching and documentation and proper use of the immunization monitoring charts used during joint supportive supervision visits. The Secretariat Communication Officer developed three quarterly newsletters on current immunization and surveillance-related information and distributed then to government offices and other partners. CORE Ethiopia distributed about 400 leaflets and banners through the partners for social mobilization purposes. The staff distributed the following IEC/BCC materials for government and CGPP partners at the field level office during joint supervision visits: 300 flip books, 200 calendars, 540 manuals about Community Conversation on Immunization, and 2,000 manuals about community-based surveillance.

Joint supportive supervision

The Secretariat's technical and financial staff conducted supportive supervision visits jointly with partner and government staff using a standardized checklist. The team carried out these visits in 33

woredas and 11 zones in five regions. The project conducted fewer supervision visit this year than last due to delays in receiving the new budget and insecurity in many of the project areas. Staff found poor documentation at the woreda health offices and immunization monitoring charts not updated at most health facilities. The Secretariat office provided immediate onsite verbal feedback and followed up with written reminders. CGPP staff also checked on progress through email and telephone with all woredas and partners offices. CGPP staff observed and supported all four supplemental immunization rounds during the reporting period.

Staff retreat

CGPP Ethiopia held a staff retreat from September 3-7 in Adama Rift Valley Hotel to review the Secretariat's 11-month plan and the budget utilization report. The group covered wide-ranging topics, including the potential application of the ODK system for other diseases, the Cross-Border Health Initiative, and developing a plan for FY19.

The Secretariat also reviewed the third round of funding from the GAVI CSO Support Fund provided through the Ethiopian FMoH. From October 2018 through November 2019, the project targets immunization coverage and equity through strengthening data quality and community demand generation in four zones and eight woredas (districts) of Afar and Somali Regions. The project will be implemented by Amref, PC and OWDA.

6 *Support PVO/NGO participation in national and/or regional polio eradication certification activities*

National and international teams conducted an external outbreak response assessment. The Ethiopian Secretariat is a member of the African Region Certification Committee (ARCC.) The Secretariat took part in the National EPI and Surveillance external review from May 7-11, 2018 in Somali region.

Planning for polio transition

Since transition efforts began in June 2016, CGPP Ethiopia has been a leader in developing a plan to strengthen community-based surveillance and immunization activities and transition resources to the government. To ensure the sustainability of EPI and surveillance activities, CORE Ethiopia continues to build the capacity of government employees. The Secretariat has completed mapping of polio personnel and physical assets; developed a detailed plan of action and key transition strategies for essential and non-polio functions and drafted a budget for the transition plan. The Deputy Director participated in numerous meetings on polio transition related to revision of budgets and mapping of human resources.

COUNTRY REPORT:

SOUTH SUDAN

In South Sudan, the CORE Group Polio Project expanded its activities in FY18 to support outreach vaccination sessions to boost OPV coverage, address gaps in extremely low routine immunization coverage, and promote vaccine acceptance through social mobilization efforts in eleven counties in Jonglei, Upper Nile and Eastern Equatoria States. The Project continued its nationwide polio Independent Campaign Monitoring program to assess the quality and coverage of the country's four polio campaigns and conducted community-based surveillance in 36 counties. The CGPP team also supported cross-border collaboration efforts.

Working in South Sudan poses extraordinary risks and difficulties. In FY18, the deteriorating humanitarian situation in South Sudan persisted with elevated levels of violence and escalating unrest between government and opposition forces, violence-driven inaccessibility to reach communities, a frail health infrastructure and large population movements of vulnerable women and children. Many health workers, who were primarily responsible for treating children brought to the clinic with AFP symptoms, fled for security reasons, and many health facilities were destroyed. The numbers of unvaccinated or minimally vaccinated children have increased, as has the threat of vaccine-preventable outbreaks, including polio, measles and neo-natal tetanus.

The ongoing conflict has resulted in the internal displacement of 1.96 million people and the exodus of more than 2.5 million people (UNOCHA 2018) to the neighboring countries of Uganda, Ethiopia, Sudan, Kenya, the Democratic Republic of Congo (DRC) and Central African Republic. These critical factors, plus the recent vaccine-derived outbreaks in Kenya and Somalia, underscore the continued need for a strong community-based surveillance network in greatly deprived communities, strengthened Routine Immunization services and strong SIAs to improve coverage in polio-vulnerable communities.

1 *Build effective partnerships with PVOs, NGO(s), and international, national and regional agencies involved in polio eradication*

The CGPP collaborates closely with WHO, UNICEF and the Ministry of Health (MOH). In FY18, CORE Group South Sudan directed the work of six national NGOs: Support for Peace and Education Development Program (SPEDP), Universal Network for Knowledge and Empowerment Agency (UNKEA), Children Aid South Sudan (CASS), LiveWell, Christian Mission for Development (CMD) and Bio Aid in 36 of 37 planned counties; Panyikang county remained inaccessible due to active fighting. On June 30, 2018, the CGPP terminated its contract with Bio Aid due to issues of corruption.

These implementing partners worked in 235 payams (sub-counties) primarily in the conflict-affected northern states of Jonglei, Upper Nile and Unity with additional activities in the Southern border counties of Eastern Equatoria. These areas were also impacted by flooding, cattle rustling, and interclan and tribal conflicts. The Secretariat recruited and deployed 36 County Supervisors, 235 Payam Assistants and a network of 3,464 community key informants.

National NGO partners and distribution of counties through June 30, 2018

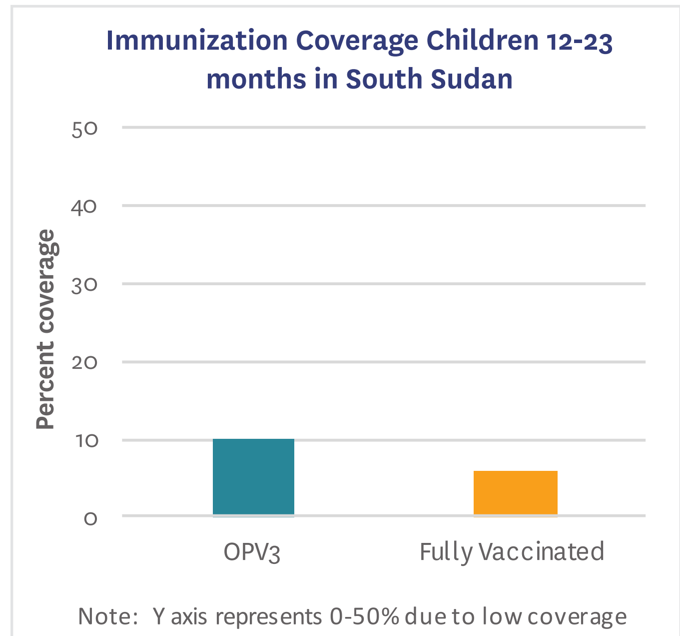
National NGO Partner	# of Counties	States	Distribution of Counties
Bio Aid	12	Jonglei	Duk, Ayod, Twic East, Bor South, Pibor, and Boma
		Upper Nile	Malakal, Baliet, Akoka and Panyikang*
		Eastern Equatoria	Kapoeta East and Magwi
UNKEA	10	Jonglei	Pochalla, Akobo, Uror, Nyirol, Fangak, and Piggi
		Upper Nile	Ulang, Nasir, Maiwut and Longochuk
SPEDP	15	Upper Nile	Fashoda, Maban, Renk, Manyo, and Melut
		Unity	Rubkona, Guit, Koch, Panyijar, Manyo, Mayendit, Leer, Abiemnhem Mayom and Pariang
Total	**37**	**4**	**37 *denotes conflict-affected and hard-to-reach county**

The table below depicts the re-organization of the two current NGOs and three new NGOs –Children Aid South Sudan (CASS), LiveWell, and Christian Mission for Development (CMD) - and their geographic assignments as of July 1, 2018. The CGPP conducted an orientation workshop for the five partners on June 27 and 28, 2018 to discuss the re-alignments. Three State Surveillance Coordinators and the finance team from World Vision South Sudan facilitated the workshop. In all, 32 Project and M&E officers and Project and finance managers reviewed the CBS situation in South Sudan, standard operating procedures, monitoring and evaluation and financial and assets management.

Redistribution of counties per partner as of July 1, 2018 in CGPP catchment areas

National NGO Partner	# of Counties per partner	States	Distribution of Counties
LIVEWELL	7	Jonglei	Duk, Twic East, Bor South, Pibor, and Boma
		Eastern Equatoria	Kapoeta East, Magwi
CASS	6	Upper Nile	Maban, Melut, Malakal, Baliet, Akoka and Panyikang*
CMD	5	Jonglei	Piggi, Fangak, Nyirol, Ayod and Uror
UNKEA	6	Jonglei	Pochalla, Akobo
		Upper Nile	Ulang, Nasir, Maiwut and Longochuk
SPEDP	13	Upper Nile	Fashoda, Renk, and Manyo,
		Unity	Rubkona, Guit, Koch, Panyijar, Manyo, Mayendit, Leer, Abiemnhem, Mayom and Pariang
Total	**37**	**4**	**37 *denotes conflict-affected and hard-to-reach county**

CGPP South Sudan Secretariat Director Anthony Kisanga represented the Project at regional and international forums to support the global push to eradicate polio and improve child health. He addressed the significant value of community-based surveillance and its nimbleness for adaptation to other public health interventions in various contexts, as well as the pivotal role CSOs will play during polio transition. Mr. Kisanga presented at the CORE Group Global Health Practitioner Conference in Bethesda, Maryland in June 2018. At the CORE Group conference, the Secretariat Directors from South Sudan and Nigeria spoke of their work in protracted conflict situations to reach vulnerable children with polio immunization. He also took part in the SBCC Summit in Nusa Dua, Indonesia in April 2018 and contributed to the GAVI Donor Transition Advocacy Workshop and the Gavi CSO ConneXions meeting in Nairobi in September 2018.



The Secretariat is a contributing member of the EPI Technical Working Group (EPI TWG), the National Routine Immunization Taskforce for South Sudan, the South Sudan Polio Transition Planning Steering Committee and the Inter-Agency Coordination Committee. The Director attended the Regional Immunization Technical Advisory Group (RITAG) meeting in Johannesburg, South Africa in December 2017 to discuss country-level plans for the upcoming funding transition; the 17th Horn of Africa Technical Advisory Group meeting (HOA-TAG) in Nairobi in May 2018 and the National EPI Performance Review Meeting in July 2018 in Juba.

Additionally, CORE Group South Sudan held monthly coordination meetings in Juba with all implementing partners. During these forums, the Secretariat and partners discuss and document the status of Project implementation, explore best practices and review monthly plans.

2 *Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication*

The CORE Group Polio Project supported the MOH at the county level to strengthen immunization services upended by five years of ongoing warfare. Beginning in January 2018, the Project targeted children under the age of one along 11 border counties through outreach sessions conducted by volunteer community vaccinators selected by the county health departments. Results from the 2017 MOH EPI coverage survey revealed a 0% coverage rate in Pibor, Pochalla and Ulang counties; Akobo county indicated a rate of only 4%.

To build the capacity of the county health departments, the CGPP boosted coverage in these areas with outreach, cross border and social mobilization strategies. The Secretariat conducted a rapid survey

in September and October 2018 to measure the impact of these new efforts. The survey consisted of interviews with 1,835 caretakers from ten of the 11 CGPP border counties. Results showed that 10.1% of children 12-23 months old (13.2% of males, 9.2% of females) received OPV3 by card and 9.4% (11.1% of males; 7.5% of females) of children 12-23 months received OPV birth dose.

According to the rapid survey, the percentage of zero dose (no dose or never vaccinated) children 12-23 months old averaged 81.6% (83.5% of females; 79.9% of males) by card and 61.6% by card and history. There was no difference between male and female children when using either the card only or the card plus history. The survey also showed that 24.7% of children 12-23 months old received 7 or more doses of OPV (22.8% of males; 26.9% of females).

South Sudan's EPI policy defines fully vaccinated children 12 to 23 months old as receiving BCG, OPV birth dose, OPV1, Penta1, OPV2, Penta2, OPV3, Penta3 and the measles vaccines. The CGPP survey indicated that 6.1% of children 12-23 months were fully immunized. Clearly there is still a great deal of work to do to achieve reasonable routine immunization coverage in these war affected areas and a strong need for supplemental immunization activities to bolster extremely poor coverage.

Community Social Mobilization Activities

CORE Group South Sudan recruited 260 community social mobilizers (199 male and 61 female): 175 mobilizers supported polio supplementary immunizations days, while 85 suppported RI outreach sessions three times a week. The mobilizers, Payam Assistants and County Supervisors visited 66,696 households, reaching 166,905 community members (98,474 females and 68,431 males). Mobilizers raised awareness through house-to-house visits and meetings with women's groups and community leaders on the importance of immunizing children and women, the value of polio vaccines and other antigens, and the signs of AFP and the need to immediately report any suspected case.

Trainings

During the reporting period, the CGPP conducted more than 100 different trainings with wide-ranging topics and audiences, including communication for development training for social mobilizers and refresher training for data collectors. A total of 4,330 people (3,215 male and 1,115 females) received training in FY18.

County Supervisors meet during a training session at the Juba Grand Hotel.

The CORE Group South Sudan conducted a three-day training based on the Immunization in Practice Manual for South Sudan and the HMIS. The 116 trainees (96 males and 20 females) hailed from the counties of Pibor, Ulang, Longochuk, Ayod, Duk, Magwi, Pochalla, Kapoeta East, Nasir and Akobo and included community vaccinators, Payam Assistants, County Supervisors and county health department staff. Topics adhered to the Manual: EPI targeted diseases and vaccines used in South Sudan; the management of the cold

chain and vaccines; planning, organizing and conducting immunization sessions; injection safety; waste management; planning for immunization services at the county and health facility levels; communication and building alliances; monitoring and evaluation of EPI programs, and vaccine-preventable disease surveillance.

To ensure a high-quality post-campaign evaluation, the CORE Group Polio Project conducted a two-day refresher training for 109 polio campaign Central Supervisors at the Secretariat office in Juba. The training covered data collection methods, including the use of mobile phone technology/ODK (mHealth) for collecting real-time transmission of data from the field. The Project also trained 748 teachers as data collectors to support ICM of the November and December 2017 and the March and April 2018 campaigns.

For effective social mobilization, the Project trained 260 social mobilizers (199 males and 61 females); 175 participated in four SIAs and 85 supported ongoing RI outreach sessions. The CGPP-trained social mobilizers conducted intensive social mobilization activities for four days during the SIAs through house-to-house visits and during outreach sessions. Social mobilisers typically visit household three times a week.

CGPP South Sudan conducted a four-day refresher training for 34 County Supervisors from Jonglei, Upper Nile and Unity states and two counties in Eastern Equatoria states. County Supervisors work together with WHO field supervisors to facilitate timely reporting and investigation of suspected AFP cases reported by Payam Assistants The training equipped the County Supervisors with the knowledge and necessary skills in community-based disease surveillance and to improve the quality of community-based AFP surveillance across the Project catchment areas.

The County Supervisors, in collaboration with WHO field supervisors and county health department officials, trained 226 of 236 Payam Assistants. The review covered basic information on community-based surveillance, including the reporting of cases, use of interpersonal communication, supervision of community key informants and improved reporting skills. Each Payam Assistant identifies, trains and supervises about 15 community key informants. Payam assistants conduct social mapping and ensure timely reporting of cases from the payam level up to the county levels and provide laboratory results to the households.

The CORE Group trained 2,852 of 3,464 key informants on the basics of proper identification and reporting of AFP cases in children under 15 years old. The key informants are well-respected community members and typically work as traditional birth attendants, traditional healers, church leaders, chiefs or headmen, local clinic owners, teachers, and women and youth leaders. Families reach out to the trusted community informants when a child is showing AFP symptoms.

Type of training	Type of personnel trained	Gender		Total
		Male	Female	
IIP & HMIS	County Supervisors, Payam Assistants, CHD staff and community vaccinators (12 trainings)	96	20	116
C4D	Social Mobilizers (11 trainings)	199	61	260
ICM Round1	Central Supervisors training of trainers	29	2	31
ICM Round2	Central Supervisors refresher training	27	3	30
ICM Round3	Central Supervisors refresher training	19	4	23
ICM Round4	Central Supervisors refresher training	20	5	25
ICM Round1	Data collectors	200	25	225
ICM Round2	Data Collectors refresher	202	47	249
ICM Round3	Data Collectors refresher	100	13	113
ICM Round4	Data Collectors refresher	101	60	161
Community Based Surveillance	Community Key Informants (34 trainings)	2,005	847	2,852
Community Based Surveillance	Training of Central Supervisors	32	2	34
Community Based Surveillance	Refresher for County Supervisors	11	0	11
Community Based Surveillance	Payam Assistants (34 trainings)	200	26	226
Total		**3,216**	**1,115**	**4,331**

Left, community leaders gather in Pochalla county. Right, a women's group meets in Nasir county.

The 8th African Vaccination Week (AVW) campaign

CORE Group South Sudan collaborated with the Universal Network for Knowledge and Empowerment Agency (UNKEA), WHO, UNICEF, Nile Hope, International Medical Corps, and the Akobo County Health Department to commemorate the 8th African Vaccination Week from April 23 to April 29, 2018 in Akobo County. The main goal of the annual initiative is to strengthen immunization programs in South Sudan and to draw attention to the right of every child and woman protection from vaccine-preventable diseases. The theme for this year's AVW was "Vaccines work. Do your part!" A **full report** of AVW activities is available on the CGPP webpage.

The team implemented activities for the underserved, marginalized and hard-to-reach populations in Akobo County. The five-day campaign targeted 3,560 children under age with various antigens. The campaign used 3,137 doses of different antigens to reach a total of 2,068 (1,124 males and 944 females) children below the age of one year, which was 58.1% of the monthly target. An additional 245 children 12-59 months received vaccinations during the campaign period. A total of 2,394 women of child-bearing age received various doses of Tetanus Toxoid (TT) antigens; 48.7%, received TT for the first time (TT1). The AVW campaign reached 97.7% of the monthly TT target for the four payams in Akobo county.

3 *Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization*

South Sudan is dependent on outside help to provide basic health services including routine immunization services. Considering South Sudan's low routine immunization coverage, maintaining high quality coverage through these immunization campaigns is critical to preventing re-importation of the wild polio virus. (Low RI coverage is also the underlying cause of circulating vaccine outbreaks.) In the reporting year, South Sudan conducted three national and one sub-national immunization campaign (NIDs and SNID) in November and December 2017 and in March and April 2018.

Campaign	Type of SIA	Month implemented
Round 1	National Immunization Days	November 2017
Round 2	National Immunization Days	December 2017
Round 3	Sub-National Immunization Days	March 2018
Round 4	National Immunization Days	April 2018

During the March and April 2018 rounds, the CGPP supported the launch of activities in Pibor, Magwi, Ayod, Kapoeta East and Duk counties. The Project trained and deployed about 175 social mobilizers to support microplanning to better reach all community members with details of the campaigns and to encourage caretakers to stay at home to not miss the vaccinators. Social mobilizers also responded to any myths, misperceptions

CORE Group South Sudan health workers review a village map to ensure no missed children.

or misinformation related to the oral polio vaccine. They visited 26,588 households before and during both campaigns, reaching 89,274 (52,299 females and 36,975 males) community members and caretakers; in addition, they reached 543 community leaders during the launching of both campaigns.

Independent Campaign Monitoring

Due to the nature and vastness of the country, the CORE Group in FY18 targeted 80% of counties in each campaign round. Previously, the Project aimed to reach 100% of counties. Several criteria for selecting counties and payams for ICM participation include performance in routine immunization, polio SIAs and surveillance, previous history of polio virus and vaccine-derived polio virus outbreaks, proximity to international borders, high-population density, insecurity and frequent reporting of AFP cases.

In each county, at least four payams and a minimum of four clusters/villages/areas are selected (two located along the road and the two inside the village for comparison purposes.) In each village/cluster, at least 10 households are chosen randomly. In each household, all eligible children between the ages of 0-59 months are included in the survey. The survey uses both in-house and out-of-house data collection tools: the in-house survey targets 40 households within a payam and the out-of- house survey targets 30 children in public places like churches, markets, waterpoints, grinding mills, and schools within the same payam. Proof of vaccination is a finger mark. Three or more households with eligible children who do not have finger marks are "missed" and considered for a mop-up or re-vaccination of that area/ village/cluster.

Independent campaign monitoring provides a measurement of vaccination coverage and spotlights the proportion of missed children in high-risk settlements. The CGPP seeks to obtain reliable data on missed children to help guide mobilization and programming, assess the quality of NIDs/SNIDs (including coverage, awareness on SIAs, reasons for missed children and reasons for zero dose children), and to guide immediate mop-up campaigns for poorly covered areas (<10% missed children).

Independent monitors and interviewers conduct and supervise the campaign monitoring process. The monitors are not part of the polio implementation team or part of the health system. Sources of monitors include teachers, NGO/ UN staff, and university students. They collect data during (in-process) and after the campaigns (end-process). As mentioned earlier in this report, the CORE Group Polio Project conducted a two-day refresher training for 109 polio campaign Central Supervisors and trained 748 teachers as data collectors.

Geographic Coverage by CGPP ICM in FY18

Indicators	November 2017	December 2017	March 2017	April 2017
# of counties where SIA was implemented	70	70	33	67
# of counties where ICM was implemented	54	57	30	56
% of counties reached by ICM	77.0	81.4	99.9	83.6
# of households surveyed during each ICM	8,320	8,560	4,710	8,590

Source: CGPP ICM data; WHO line list

National Performance based on Independent Campaign Monitoring

Indicators	November 2017	December 2017	March 2017	April 2017
# of children screened by fingermarks during ICM	23,663	25,722	13,357	25,402
# of children vaccinated (based on finger marks)	20,440	23,029	11,263	22,089
% of children vaccinated confirmed by ICM	86.4	89.5	84.3	87.0
# of counties that reached the target of 90% and above	23	30	8	24
% of children missed during each round	13.6	10.5	15.7	13.0
% of Households missed by vaccinators as indicated through ICM	8.3	1.6	11.4	2.7
# of zero dose children	2,094	1,348	993	1,044
% zero dose children	10.2	5.9	8.8	4.7
% of social mobilization coverage	85.5	89.4	91.1	90.2

Source: CGPP ICM data; WHO line list

Supervisors provided transportation to the field, ensured that collectors received credit with incentives and sent forms to Juba for entry and analysis. Initial post-campaign evaluation results typically reveal the numbers of children missed at the end of each campaign day.

In three of the four immunization campaigns, CGPP South Sudan met the goal of conducting ICM of 80% or more of counties where an SIA was implemented. During the FY18 rounds, the CGPP monitors screened 88,144 children using finger markings to verify vaccination and visited over 8,000 houses per round during NIDs and over 4,000 during the March SNID.

The ICM results indicated that none of the four rounds achieved the 90 percent threshold, granted the December 2017 campaign merely missed the mark at 89.5%. More children were missed during the campaigns in FY18 than the previous reporting period. The three most common reasons for missed children were the vaccination team did not visit; children were not at home, and the child was sick, sleeping or a newborn. The December campaign saw the greatest percentage of children vaccinated (89.5%) and the lowest percentage of missed children (10.5%). On the other hand, the March SNID reported the lowest percentage of children immunized (84.3%) and the highest percentage of missed children (15.7%). Factors attributable to the sub-par performance during the March campaign included issues of inaccessibility, poor morale of vaccinators linked to low pay, and fatigue from repeated campaigns. The November NID reached the greatest number of zero dose children – 2,094 children. The percentage of zero dose children ranged from 4.7% to 10.2% in the four campaigns. Social mobilization coverage was higher than 85% in each of the campaigns, a notable achievement under difficult circumstances in South Sudan.

Integrated Supplementary Immunization Campaign

CGPP South Sudan partnered with WHO, UNICEF and implementing partner UNKEA to support an integrated supplementary immunization campaign in Nasir, Longochuk, Ulang and Maiwut counties.

The counties, located along the border of Ethiopia and South Sudan, were unreached with any vaccination services since 2015. The August 2018 campaign that started in Nasir county vaccinated 32,175 persons with MenAfriVac; 11,831 with measles; 20,609 with OPV and 16,075 with TT. The CGPP participated in the planning of the campaign and trained social mobilizers and vaccinators. In addition, 18 field staff from the Project took part in the campaign. Staff were only able to complete the campaign in Nasir by late September; activities for the remaining three counties continued in October 2018.

CGPP Coordinator Taban Ayoub facilitates a planning meeting during an integrated SIA in Nasir county.

Cross Border Health Initiative

CGPP South Sudan worked closely with WHO, UNICEF and the MoH to advance cross-border collaboration efforts with Uganda, Kenya, Ethiopia and the Democratic Republic of the Congo (DRC). A total of 9,387 children (5,055 females and 4,332 males) under 15 years received two doses of OPV at five heavily traveled cross-border Special Vaccination Posts (SVPs) located at Nadapal, Nimule, Mingkaman, Mogos and Panjala. During the March SNID, the Project set up three transient vaccination posts at the Nimule check point, at Panjala in Magwi county and at Nadapal in Kapoeta; 784 children under 5 years (399 male and 385 female) received one dose of OPV over the four-day campaign.

Participants pose for a group photo at the regional cross-border meeting in Arua, Uganda.

In late September 2018, CORE Group South Sudan supported a regional cross-border meeting in Arua, Uganda in partnership with WHO and the Uganda MOH. The 80-plus participants hailed from Uganda, the DRC and South Sudan. The delegation included WHO Geneva, WHO HOA, and WHO country offices of the three countries, UNICEF, MOH teams, NGO partners and other key stakeholders. The delegates focused on arresting the current cVDPV outbreaks and the Ebola outbreak in Ituri Province of DRC that borders Uganda and South Sudan. As the Ebola outbreak continues to expand, and the war in DRC shows no sign of abating, the risk of importation across the porous borders of South Sudan and Uganda is growing into a dangerous threat. The forum allowed the three countries to exchange information on OBR preparedness, explore mitigation measures along the entry and exit points at the border districts, and develop a comprehensive response plan.

4

Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)

Funded by the Bill and Melinda Gates Foundation, the CORE Group conducted surveillance activities across 36 counties in three conflicted-affected and infrastructure-poor northern states of Jonglei, Unity and Upper Nile, and in two counties in Eastern Equatoria State due to its significant population movement and proximity to refugee routes. With a population of 3.7 million people within the catchment areas, the Project targeted nearly two million children under the age of fifteen years with the aim of finding potential AFP cases and halting the potential spread of wild polio and vaccine-derived polio virus.

The Project supported 36 County Supervisors, 236 Payam Assistants and 3,464 volunteer community key informants, who included traditional healers, chiefs, herbalists, local clinic owners, teachers, Christian and Islamic leaders, women and youth leaders, and traditional birth attendants. Families reach out to the trusted community informants when a child is showing AFP symptoms.

Continued conflict in the counties of Maiwut, Longochuk, Koch, Panyikang, Mayiendit, Panyijar and Leer has destabilized surveillance efforts. However, only Panyikang county remained silent due to intensified fighting, as there were no cases reported in the last six months to WHO.

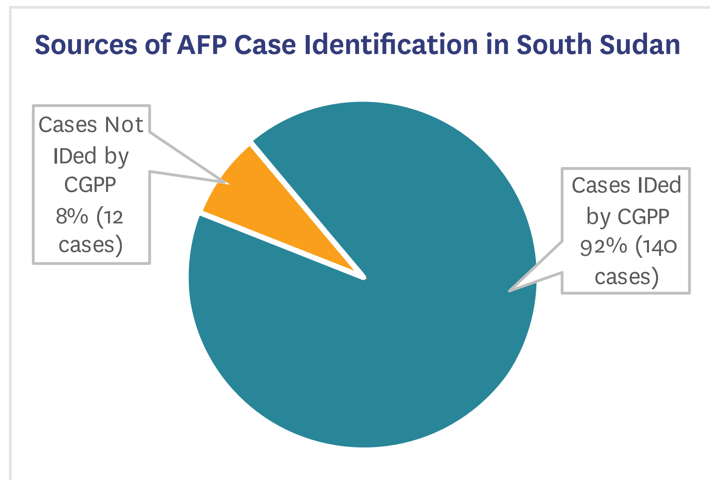
Community-Based Surveillance Indicators in CGPP Focal Areas

Area	Suspected AFP cases	True AFP cases	AFP reported within 7 days	% of reported cases within 7 days
Unity State	141	55	35	24.8%
Upper Nile State	168	79	52	31.0%
Jonglei State	154	52	36	23.4%
Kapoeta East County	10	10	10	100%
Magwi County	0	0	0	0%
Total	473	196	157	33.2%

AFP Cases with Stool Samples Collected and Brought to Juba

Area	# of counties supported by CGPP	Pop <15	NP-AFP Rate
Unity State	9	864,151	4.63
Upper Nile State	12	895,541	5.58
Jonglei State	13	982,693	4.48
Kapoeta East County	1	148,775	6.72
Magwi County	1	115,187	5.21
Total	36	2,902,385	5.24

All the CGPP focal areas achieved a Non-Polio AFP rate of more than 4 per 100,000 children under the age of 15 years. The average rate in CGPP focal areas was 5.24 per 100,000 children under the age of 15 years. According to the WHO line list, there were a total of 152 true AFP cases reported in CGPP focal areas during FY18. However, the CGPP line list captures 196 true AFP Cases. All these cases were reported to WHO. However, stool samples for the remaining 44 cases were either not collected by WHO, the samples were not viable, or the samples were lost during transport to Juba.



The CGPP reported a total of 473 suspected AFP cases in the focal states during FY18. Of these, 157 (33.2%) were reported within 7 days of onset of paralysis. The total of AFP cases reported through CGPP community-based surveillance with stool samples that reached Juba was 140 of 152 (92.1%).

5

Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)

To document South Sudan's contributions to polio eradication, the CGPP team developed a manuscript for the American Journal of Tropical Medicine and Hygiene on the functionality and effectiveness of the community-based surveillance system in conflict and hard-to-reach areas of South Sudan.

A rapid assessment conducted in September and October 2018 in 10 of the 11 Project counties underscored the extreme need to strengthen immunization systems in South Sudan. The assessment points to the need for improving cold chain and data quality for action, recruiting and training additional vaccinators and reducing stockouts. Likewise, the documented proceedings from the 15th Regional Cross Border Collaboration on polio and Ebola in Uganda will be useful to move forward in a coordinated effort.

Video: **https://drive.google.com/open?id=1NDSgtFCTufc6o6KnoVheSyAWluo5pvOY**

Photos: **https://drive.google.com/open?id=1w_bT-F9ZpmRqOmuMrca23iY9Fdo6zDT5**

Additionally, CGPP presented results of the four campaigns to the EPI TWG to improve later rounds and strengthen communication strategies. Lastly, the Secretariat Director made three presentations on polio transition and lessons learned from implementing the Project in conflict states.

6

Support PVO/NGO participation in national and/or regional polio eradication certification activities

For the last two years, CGPP South Sudan has been a member of the South Sudan Polio Transition Planning Steering Committee. Contributions for the Secretariat include resource mobilization, asset mapping, documentation of CGPP lessons and best practices, and the transferability of CBS for use in other public health programs.

Challenges, Complexities and Shifting Context

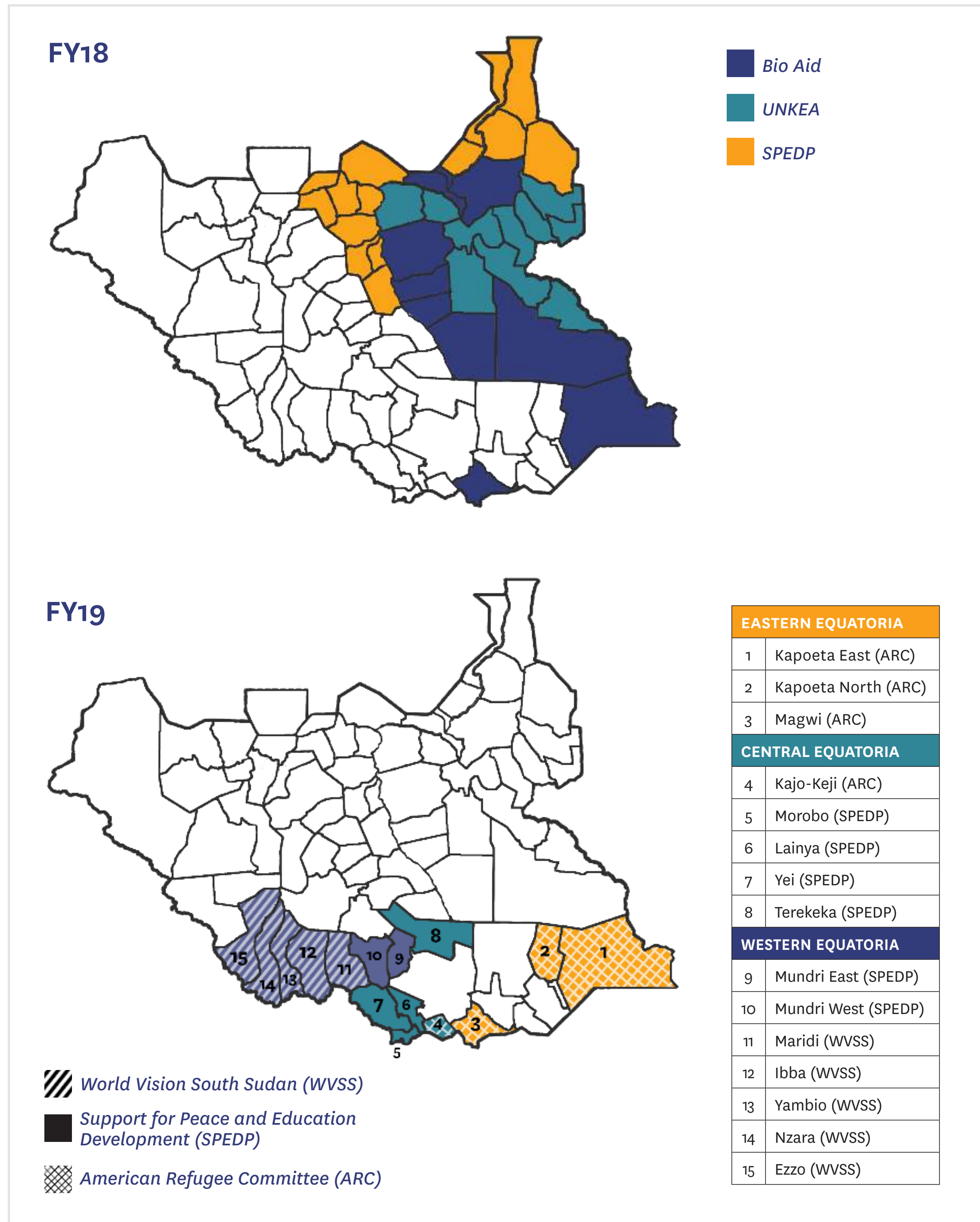
The CORE Group Polio Project South Sudan has made a significant contribution to polio eradication, despite several challenges noted here:

- Spiking fuel prices, particularly in areas controlled by the opposition, have pushed costs to unsustainable amounts of 4 to 6 USD per liter.
- A lack of network coverage limited internet access in the states of Upper Nile, Jonglei and Unity. This affected prompt communication by creating prolonged delays in reporting between County Supervisors and partner NGOs on the ground.
- In some locations, WHO has not been responsive in confirming suspected AFP cases or collecting stool samples. WHO field focal persons or WHO Supervisors are located too far away to respond to a reported AFP cases; others are reluctant to handle the case and instead leave validation of suspected AFP cases to the CGPP County Supervisors. Additionally, WHO field supervisors have been late in collecting stool samples, or do not show up once a case has been reported. These supervisors are the focal person to investigate, collect stool samples and coordinate with WHO in Juba to arrange transport to the laboratory for testing. Furthermore, WHO has not provided feedback to the community on laboratory test results, leaving many community members distrustful of the system.
- The destruction of cold chain facilities within the counties has created a significant void in capacity. Maiwut county does not have a single cold chain refrigerator; instead, the vaccines are ferried from Nasir at high transportation costs. Both Ayod and Longochuk counties have one cold chain facility with limited capacity. UNICEF is currently implementing a cold chain optimization plan to scale up capacity at a slow pace, continuing to leave children in these areas unvaccinated or under vaccinated.

Future Activities

In response to these complex challenges and shifting contexts and circumstances, the CGPP will transition primarily BMGF-funded operations in the three states of Unity, Upper Nile and Jonglei to the local partners recruited and trained by the CGPP over the last three years. The transition will be completed by December 31, 2018. The CORE Group Polio Project will then shift program implementation from the northern part of the country to the higher risk southern borders in Eastern, Central and Western Equatoria States. The re-alignment will focus on 15 counties that are classified high risk due to large population movements between porous borders and their location near adjacent countries known for frequent polio and Ebola outbreaks.

In FY19, CGPP South Sudan will fill gaps in integrated community-based disease surveillance for AFP, measles and Ebola; scale up cross-border vaccination activities along the high-risk border counties and integrate with Ebola screening of returnees from, Kenya, DRC and Uganda, and strengthen county-level coordination mechanisms through the formation of cross-border health coordination committees to oversee and supervise the performances of health activities, including immunization services within the border counties.



	EASTERN EQUATORIA
1	Kapoeta East (ARC)
2	Kapoeta North (ARC)
3	Magwi (ARC)
	CENTRAL EQUATORIA
4	Kajo-Keji (ARC)
5	Morobo (SPEDP)
6	Lainya (SPEDP)
7	Yei (SPEDP)
8	Terekeka (SPEDP)
	WESTERN EQUATORIA
9	Mundri East (SPEDP)
10	Mundri West (SPEDP)
11	Maridi (WVSS)
12	Ibba (WVSS)
13	Yambio (WVSS)
14	Nzara (WVSS)
15	Ezzo (WVSS)

COUNTRY REPORT:

NIGERIA

The wide-scale circulation of vaccine-derived poliovirus type 2 (cVDPV2) in four of the seven CGPP focal states and the frequent attacks by insurgents in Borno and Yobe states threaten to undermine the gains achieved in Nigeria since the last reported case of WPV in 2016. During the reporting period, violence associated with kidnappings, armed banditry and cattle rustling impeded access to children under five years; earlier in the reporting year, anti-vaccination rumors contributed to a bump in cases of non-compliance.

Despite the complexity and intensity of these challenges, the CORE Group Partners Project generated notable results. The CGPP's social mobilization and communication strategies, including the engagement of religious leaders and fathers, contributed to a large decrease in missed children - from 4.46% in 2014 to just 0.8% in 2018. During the same period, the percentage of fully immunized children climbed from 57% to 68%, while the percentage of children 12-23 months vaccinated with OPV3 catapulted from 62.3% in 2017 to 88.4% at the close of the project year.

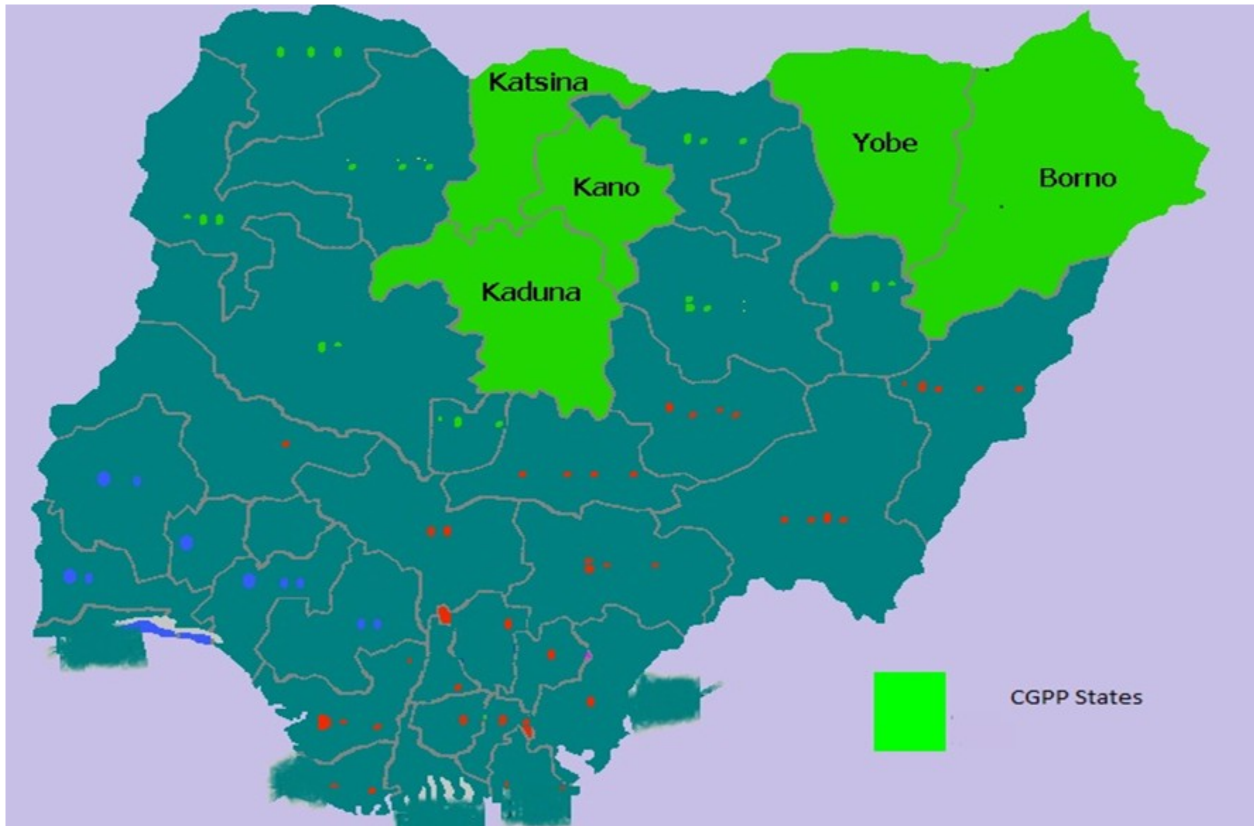
Aligned with the National Polio Emergency Operations Center (NEOC), CGPP Nigeria supported three Outbreak Response campaigns to reach 4.5 million children under five. Operating in complex circumstances, more than 3,000 community volunteers, in addition to supporting social mobilization, reported 160 of 364 (44%) suspected AFP cases through the country's highly sensitive community-based surveillance system.

1 *Build effective partnerships with PVOs, NGOs, and international, national and regional agencies involved in polio eradication*

CGPP Nigeria is united with the National Primary Health Care Development Agency (NPHCDA) and the NEOC. CORE Nigeria targets the five high-risk states of Katsina, Kano, and Kaduna in the northwest, and Borno and Yobe in the northeast. The CGPP and its ten implementing partners reached 825,195 children under the age of five across 2,500 settlements in FY18.

A CGPP Volunteer Ward Supervisor conducts In-Between Round activities using a CGPP flipchart to educate mothers on the importance of Routine Immunization and Antenatal Carre during during a compound meeting held in the Batsari LGA in Katsina State.

CGPP Nigeria partners with three international NGOs: Catholic Relief Services, International Medical Corps, and Save the Children and seven local NGOs under their supervision. The same seven community-based organizations continued with the project



in FY18: the Archdiocesan Catholic Healthcare Initiative (DACA) in Kaduna; Federation of Muslim Women Association of Nigeria (FOMWAN) and WAKA Rural Development Initiative in Yobe; Family Health and Youth Empowerment Organization and the Healthcare and Education Support Initiative (HESI) in Katsina; Community Support and Development Initiative (CSADI) in Kano, and African Healthcare Implementation and Facilitation Foundation (AHIFF) in Borno.

The PVOs provide settlement-level community and social mobilization interventions; two PVOs operate in Katsina and Yobe, and one PVO works in each state of Kaduna, Kano, and Borno. Their work has reduced non-compliance and vaccine hesitancy. PVO staff received regular training from CGPP to engage in high-level advocacy visits to religious and traditional leaders. In FY18, CGPP Nigeria formed a new partnership with the Chigari Foundation, a Nigerian NGO which works with traditional institutions to improve the quality of, and access to, primary health care services.

CGPP Nigeria joined the Interagency Coordinating Committee (ICC) meetings held by the Federal Ministry of Health. Dr. Samuel Usman, the Secretariat Director, attended two ICC meetings beginning in the second quarter. CORE Group Nigeria participated in several key regional and international meetings: the first meeting of the Technical Advisory Group on Polio Eradication for the Lake Chad Basin in N'Djamena, Chad, November 2017; the 35th and 36th Expert Review Committee (ERC) on Polio and Routine Immunization meetings in Abuja; the African Regional Certification Commission (ARCC) for Poliomyelitis Eradication in Abuja in June 2018; the CORE Group Spring conference in Bethesda, Maryland in June 2018; the September 2018 GAVI transition meeting in Nairobi; and, the Health Systems Research Symposium in Liverpool, UK in October 2018.

Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

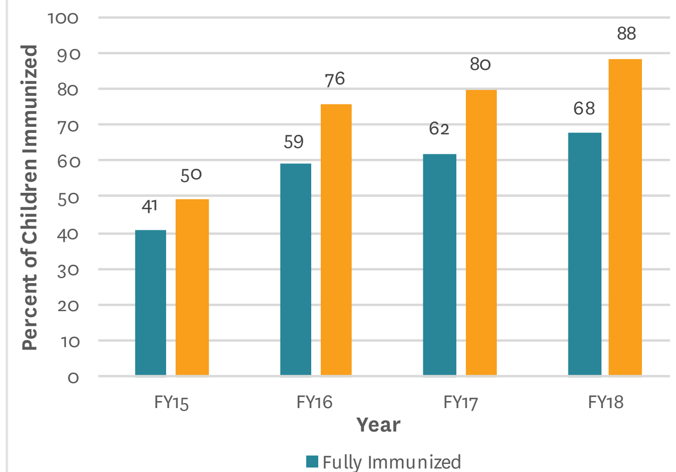
2

The impact of courageous and influential CGPP community volunteers who work in highly insecure and tremendously complex locations cannot be understated. The network of 2,205 Volunteer Community Mobilizers (VCMs), supported by 264 Volunteer Ward Supervisors (VWSs), tracked pregnant mothers, newborns, all under-five children and defaulters by line-listing all households within their settlements.

States	LGAs	Number of VCMs	Number of VWS	Number of LGACs	Number of CIs
Borno	10	749	118	10	170
Yobe	10	780	78	10	93
Kano	6	320	30	11	236
Kaduna	2	100	10	2	50
Katsina	4	256	28	4	198
TOTAL	32	2205	264	37	747

These committed volunteers stand behind significant improvements across several key immunization indicators. OPV3 coverage of children 12 to 23 months old rose by 8.4 percentage points from last year to reach 88.4%. Coverage rates were similar, although slightly higher, among male (91.3%) versus female (85.4%) children. Birth dose (OPV0) reached 96.8%, up from 92% in FY17. VCM tracking of defaulter children and mobilizing for fixed and outreach sessions contributed to this achievement. Fully immunized children (12-23 months) steadily grew from 62% to 68% in FY18. The percentage of zero dose children declined to only .52%.

Trend of Immunization in Children 12-23 months in CGPP Program Area



CGPP VCMs monitored 2,500 settlements across the five states to ensure that all children under 5 received vaccinations. The total number of families covered by VCMs increased by 41% to 598,781 in FY18 from 355,197 households in FY17, despite a decrease in the number of households in Borno during the first two quarters due to the forced movement of IDPs. Similarly, the number of children under 5 surged by 40% to reach 825,195 from 497,359 in FY17. An updated micro-census of the target population across CGPP-supported communities resulted in the distribution of new VCM data registers to find more children. In the final quarter of the year, CGPP Nigeria added Kala/Balge LGA in Borno State and 80 VCMs and 20 VWSs. In Kaduna, the project grew from 30,248 households in FY17 to cover an additional 10,044 households with children under 5 years in FY18, bringing the total number of households to 40,292. This is a testament to the persistence of VCMs to reach more children through widening access to immunization and other PHC services.

Volunteers intensified their highly impactful social mobilization and community engagement activities in the past year to reach more households within their settlements by holding health talks on integrated

messaging, or better known as convergent messaging in Nigeria. They recorded a total of 3,616,126 one-on-one contacts and held 6,100 group meetings during the reporting period. Using CGPP-developed behavior change materials to support their demonstrations, VCMs addressed topics on immunization, handwashing, exclusive breastfeeding, malaria, diarrhea management and the dangers of self-medication. Caregivers and pregnant women received information on antenatal care (ANC) and Routine Immunization and offered referrals to health centers. VCMs in each CGPP settlement attended newborn naming ceremonies (*suna*), where they administered OPV. The effective tactics employed during In-Between Rounds (IBR) contributed to significant increases in OPV3 coverage and fully immunized children as well as a decrease in the drop-out rate.

A CGPP VCM updates her register after a child receives an RI antigen at PHC in Mando in Kaduna State.

Type of Social Mobilization	Number Reported
One-on-on Contacts	3,616,126
Group Meetings	6,100
Social Mobilization in border areas	448

In Kaduna and Katsina, the CGPP engaged local clowns known as "*papalolos*" to offer sweets, sachets of milk, biscuits, and whistles to attract children for vaccination. To improve the quality of immunization services, CGPP conducted spot checks on tally sheets, checked proper house marking and finger marking for vaccinated children, monitored health camps and fixed posts to align with standard operating procedures, validated the vaccination team at takeoff points, and assessed the workability of the cold chain.

To counter non-compliance based on religious misconceptions and myths, CGPP employed innovative tactics to support immunization teams. The CGPP team met with local traditional and religious leaders in each project ward to provide clarity and gain support for the immunization activities. Likewise, to ensure the seamless uptake of immunization and other health services and interventions, the CGPP actively engaged fathers and husbands, who are the main decision makers in the CGPP focal settlements, through the Iftar strategy to reach non-compliant fathers during Ramadan. CGPP conducted this year's strategy in more than 30 mosques, vaccinating 2,518 children of the targeted 2,606 eligible children, culminating in a remarkable 97% success rate.

The VWSs closely supervise and monitor activities of the VCMs, organize compound and community meetings, and verify records in the VCM register. Using a monthly supportive supervision developed from a Detailed Implementation Plan (DIP) each quarter, each VWS oversees about 8 to 10 VCMs. (The Local Government Area Coordinators, LGACs, manage affairs of the LGA, plan activities, attend all

LGA-level coordination meetings, compile reports and ensure the achievement of project goals at the LGA level.)

Mandated by the NEOC, CGPP Nigeria instituted the Rewards and Sanctions program to motivate VCMs and VWSs. One outstanding VCM each quarter receives an appreciation certificate to acknowledge her contributions; low performers, on the other hand, could face sanctioning.

A CGPP VCM administers OPV to a young girl.

Training and Supervision

CORE Group Nigeria collaborated with partners to provide multiple training sessions (with a total of 9,130 participants) on OBRs, SIAs, data, AFP surveillance, social mobilization, and behavior change, among other topics and strategies. During the reporting period, a total of 3,129 CGPP volunteers (2,416 females and 713 males) received training. All community volunteers and LGACs received training before IPDs and on active AFP case search and Routine Immunization. Health workers at Ward and LGA levels received training in many areas, including vaccine utilization and management, facility surveillance, improved defaulter tracking, and IPC. Fifty (18 males and 32 females) health workers trained in Kano State and an additional 60 (23 males and 37 females) health workers trained in Katsina.

Cross-border Activities

CORE Group Nigeria formed a total of 24 border committees that met regularly, including three committees formed in the Lake Chad Basin region and three sub-committees that met to explore social mobilization, surveillance, and data. Yobe state staff met with the Niger Republic on twelve occasions to plan around SIAs conducted in the three LGAS bordering the country. In all, CGPP attended 18 cross-border health committee meetings.

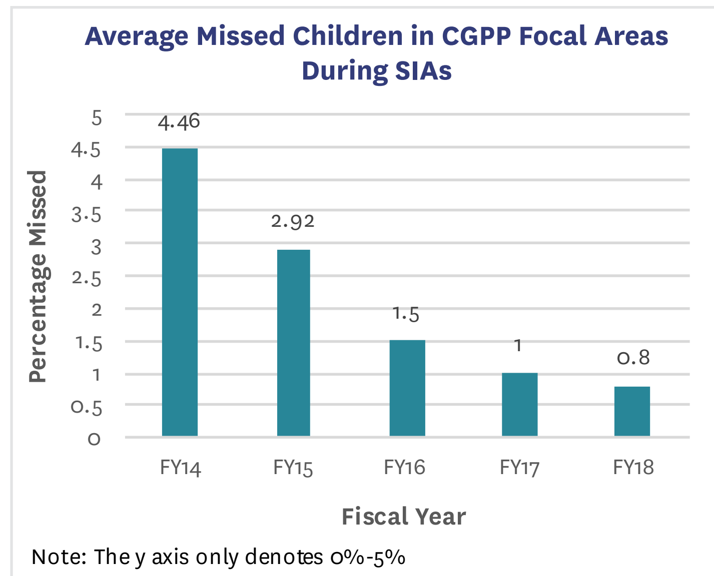
The State Team Lead of Borno represented the CGPP during two cross-border ICC meetings in June and August 2018 in the Chad Republic and Nigeria. The meetings provided updates on the categorization of high-priority LGAs/districts in the Lake Chad region and discussed practices and challenges related to reaching the security-compromised areas, particularly the planned Phase II cross-border communication strategy. There were nine transit route posts established in the cross-border LGAs of Monguno, Ngala, and Kala/Balge; these locations included water and crossing points for cattle and camels.

Over the reporting period, CGPP established five new linkages with health system interventions outside of polio, including NERICC, SERICC, LERICC, NPHCDA and supported Measles campaign, Men-A and Yellow fever campaigns. Additionally, the CGPP worked with NPHCDA and other partners to develop the CHIPS training manual, supported the development of the EPI Communication Strategy and the development of the Nigeria Strategy on Immunization and PHC Systems Strengthening (NSIPSS).

3

Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization

CORE Group Nigeria supported three intensive outbreak campaigns in response to 66 cases of cVDPV2. CGPP supported both May 2018 OBRs covering 54 LGAs (in 4 states each) and the September OBR involving 92 LGAs in 7 states. In all, about 4.5 million under-five children were vaccinated during the three campaigns. Separately, CGPP supported five IPDs during FY18. A total of 837,454 children under five years old were vaccinated within CGPP focal areas, which is nearly twice as many as last year.



The percentage of zero dose or never vaccinated children fell to .52% (the same among males and females in FY18,) from 1% the previous year. Over the last 5 years, there has been an impressive drop in the percentage of missed children in CGPP focal areas during SIAs, from 4.46% in FY14. 92.9% of children one year and older received seven or more doses of OPV in FY18, with no notable differences between male and female children. Several factors contributed to this achievement: increased house-to- house mobilization, improved newborn tracking and greater VCM presence at naming ceremonies, increased tracking and referral of pregnant women to health facilities for ANC, and higher numbers of compound and community meetings. In Kaduna, Kano and Yobe, engagement of Polio Survivors Groups (PSGs) created awareness and resolved instances of non-compliance during the initial two days of Directly Observed Polio Vaccination (DOPV) campaigns; about 150,000 children received vaccinations on the streets during each campaign. Incentives for the focal LGAs during campaigns and IBR activities also contributed to the reduced numbers of zero dose children.

In Kaduna, the implementation of the Optimized Integrated In-Between Round Activities (OIIBRA) in June 2018 yielded positive results. The strategy involved directly engaging ward heads (Mai-Angwas) and influential people to resolve 58 persistently non-compliant households with 89 eligible children. These families refused vaccination during the last three consecutive SIAs. After this intensive engagement, all the children received vaccinations.

The CGPP reported fewer children missed during SIAs in project areas due to effective social mobilization activities. In FY18, of the 6,700 missed children, 80% were immunized before the next round. To resolve cases of non-compliance, regardless of the reason provided by the family, each household was revisited during the same day of the campaign and LGACs were deployed to intervene. Cases of refusals were revisited between rounds as well. A compound meeting or community dialogue was conducted to resolve cases of non-compliance, usually with the assistance of religious or community leaders. The CGPP monitored the movement of vaccination teams through a mobile phone-enabled GPRS (tracker) handled by the team supervisor, ensuring the team was covering the mapped areas.

Cross Border activities

As discussed in the previous section, CGPP Nigeria was involved in the formation and coordination of three cross border committees. The CGPP was involved in eight immunization campaigns (5 SIAs, 3 OBRs) in border areas of CGPP focal areas. CGPP utilized a total of 376 community volunteers working in border areas or along transit routes. In the first three quarters of FY18, there were three mobilizers in each of the cross border LGAs (Monguno and Nagala); in quarter four, this number grew to nine with the addition of mobilizers in Kala/Balge LGA. Additionally, there was a total of 367 community volunteers in the four LGAs in Yobe State that borders Niger.

CGPP VCMs conduct mop-up activities during the IPD campaign in February 2018 in Dan'Alhaji Yangayya ward in Batsari LGA in Katsina State.

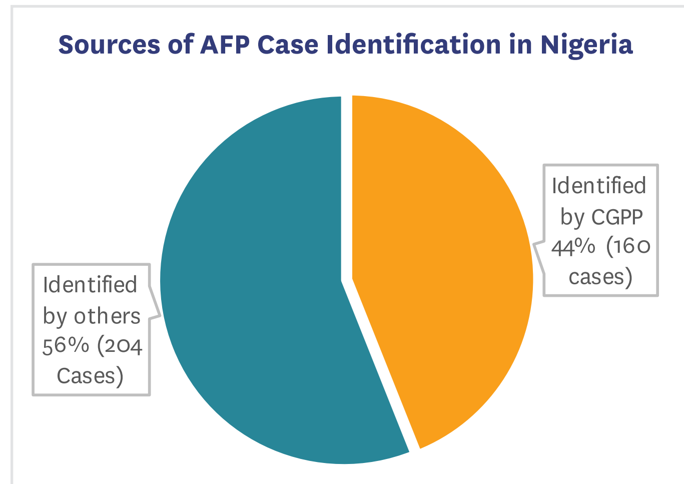
4 *Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)*

To support community-based surveillance, 747 CGPP-trained Community Informants (CIs) assisted 2,205 VCMs to identify and report suspected AFP cases within their settlements. CIs included Traditional Birth Attendants (TBAs), Patent Medicine Vendors (PMVs), bone setters and herbalists. VWS received reports of suspect AFP cases and referred them to the CGPP LGA Coordinator. In turn, the LGA Disease Surveillance Notification Officer (DSNO) began a case investigation. An example from Borno State shows the dedication of CGPP volunteers. In August 2018, a CGPP VCM identified a two-year-old girl with AFP in Gudumbali, Guzamala LGA. She reported this case quickly, but due to insecurity, the DSNO could not visit the household to take samples for laboratory confirmation. However, the LGA Coordinator, noting the urgency of the suspected case, traveled more than 250 kilometers to reach the child and validate the case.

States	Detected in CGPP focal areas	Given EPID Number in CGPP focal areas	Detected in the whole LGA	Given EPID Number in whole LGA
Borno	21	11	47	16
Kaduna	7	0	53	36
Katsina	65	20	85	45
Yobe	56	10	103	85
Kano	11	0	76	42
Total	**160**	**41**	**364**	**224**

CGPP VCMs and CIs played a key role in AFP surveillance, and achievements in FY18 reflect a highly sensitive CGPP-supported Community Based Surveillance system. In FY18, CGPP VCMs/CIs detected 44% (160 of the 364) of suspected AFP cases in the focal LGAs. Of the 224 that were given an EPID number in the whole LGA, 41 were detected in CGPP focal areas by CGPP volunteers. The Non-Polio

AFP rate in FY18 was 9.0, down slightly from 9.8 in FY17. The reported stool adequacy rate was 96% for FY18, which has remained consistently above 80% since the program began. There are zero silent areas in CGPP focal areas of Nigeria.



The CGPP Secretariat organized and conducted a series of "town hall" meetings for CIs from the focal settlements to review simple AFP case definition, case detection and the proper reporting channel of any detected case of AFP and other priority diseases. During the meetings, CIs shared surveillance challenges and suggested improvements. The CIs met their supervising VWSs and exchanged contact information to ease communication, coordination, and reporting of any suspected AFP case.

In addition to training of CGPP volunteers and staff, CGPP and partners trained health workers in health facilities on AFP case definition, detection, and the reporting system. CGPP Nigeria held 234 meetings to review facility registers with facility in-charge and the DSNO to point out any errors. The CGPP LGA and VWS each conducted routine quarterly meetings with community informants to strengthen AFP detection and reporting.

5 *Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)*

In FY18, CGPP Nigeria made three presentations at the CORE Group Spring meeting in Bethesda, Maryland and at the Donor Transition Advocacy Workshop and the Gavi CSO ConneXions 2018 conference held in Nairobi, Kenya. CGPP Nigeria's contributions to the CORE Group and Gavi meeting presentations may be found at the CORE Group Polio Project webpage (**https://coregroup.org/our-work/programs/core-group-polio-project/**). Dr. Usman additionally presented at the Health Systems Research Symposium in Liverpool, UK.

CGPP Nigeria used real-time data collected through VCM registers for ODK to inform program decisions throughout FY18. CGPP staff observed and reported on 22 immunization campaigns during the reporting period. Information gathered during these observations was reported and shared in LGA and EOC meetings to help strengthen SIAs.

6 *Support PVO/NGO participation in national and/or regional polio eradication certification activities*

As a member of Polio Transition Technical Task Team (PT4), CGPP Nigeria has been a key partner driving the country's transition plan. CORE Group Nigeria contributed to drafting the Transition Business case, developing six scenarios, with scenario four selected as the most beneficial and cost-effective for the country.

CGPP Nigeria aligns with the Nigeria Polio Legacy Plan to transition the polio infrastructure to support Primary Health Care services, particularly RI, surveillance and PHC Systems Strengthening. A new cadre of community workers, called CHIPS for Community Health Influencer, Promoters and Services, will work at the community level to improve access to healthcare as part of the Government of Nigeria's effort to improve access to care and the revitalization of 10,000 primary health care centers. The CHIPS staff will work to influence, promote and offer front-line treatment of common diseases and support community-based primary health care. All VCMs, TBAs, and other community-level workers will fall under the umbrella of CHIPs, including UNICEF-recruited VCMs. The ultimate goal is to recruit 200,000 CHIPS workers across the country under the direction of six criteria to work with the traditional, community and religious institutions. Presently, CHIPS have been engaged to support 48 communities in Nassarawa state with plans for expansion to other states.

A CGPP VCM gives OPV drops during a January 2018 IPD campaign in Katsina LGA in Katsina State.

CGPP Nigeria participated in the Donor Transition Advocacy Workshop (GAVI ConnXions 2018) in Nairobi, Kenya. Dr. Usman spoke of the Nigeria Transition Plan by highlighting the linkage between the GPEI transition plan, which emphasizes the ramp down of resources, and the GAVI transition, which focuses on a phased approach of supporting Nigeria toward funding its immunization program independently.

COUNTRY REPORT:

HORN OF AFRICA (KENYA AND SOMALIA)

After three years without a recorded case of poliovirus in Kenya and Somalia, WHO declared a Public Health Emergency of International Concern (Grade 2) following an outbreak of circulating vaccine-derived poliovirus type 2 and type 3 (cVDPV2 and cVDPV3). In Somalia, the epicenter of the outbreak, health officials recorded 27 environmental isolates from four sites (first detected in late 2017) and confirmed 12 human cases: five type 2, six type 3 and one co-infection of type 2 and type 3. In March 2018, one cVDPV2 isolate from an environmental site in Nairobi, Kenya was genetically linked to the cases in Somalia - indicating a regional outbreak.

The CORE Group Kenya-Somalia program mounted rapid response activities to reach border and nomadic communities. Kenya conducted four campaigns (three rounds of mOPV2 and one bOPV campaign) in 12 high-risk counties; the CGPP supported Garissa, Lamu, Wajir and Mandera counties by reaching more than 1.2 million children under five years from nomadic, pastoralists, and border communities. In Nairobi, the CGPP trained health workers from 20 health facilities on micro-planning, a door-to-door immunization campaign, a vaccination coverage survey and social mobilization outreach.

The CGPP, in partnership with WHO and the MOH, supported four campaigns in Somalia's border districts in Lower Juba and Gedo regions. CGPP Somalia provided technical and logistical support for six border districts through, in part, supplying 185 extra vaccination teams at crossing points to reach 365,537 children of pastoralists, nomads and IDPs.

The CGPP supports a polio campaign in the Tula Amin IDP camp in Somalia's Gedo Region

The CGPP Secretariat is a recognized leader in cross-border collaboration through the Cross-Border Health Initiative. The CORE HOA program promotes immunization and surveillance activities in high-risk, hard-to-reach border communities which host vulnerable and marginalized IDPs, refugees and nomadic and pastoralist herders. The CGPP works in insecure border districts affected by insurgent attacks, inter-clan clashes over grazing lands, and mass migrations following cattle raids; political instability and weak health systems additionally contribute to the growing cases of circulating virus. In FY18, heavy rains caused severe flooding in parts of Kenya and Somalia, making roads impassable particularly for IDPs and returnees in Lower Juba, Somalia.

The CGPP works with a network of Community Mobilizers (CMs) that support structured community-based health volunteers (CHVs). In FY18, CORE Group Kenya and Somalia trained community health workers to provide outreach services through 115 health facilities. The CGPP employed an array of strategies to achieve high levels of population immunity and increase vaccination uptake. Synchronizing monthly routine immunization services between border villages, integrating vaccination outreaches with nutrition emergency response outreaches, and increasing the participation of religious and community leaders contributed to improved rates of vaccine acceptance among the high-risk mobile populations.

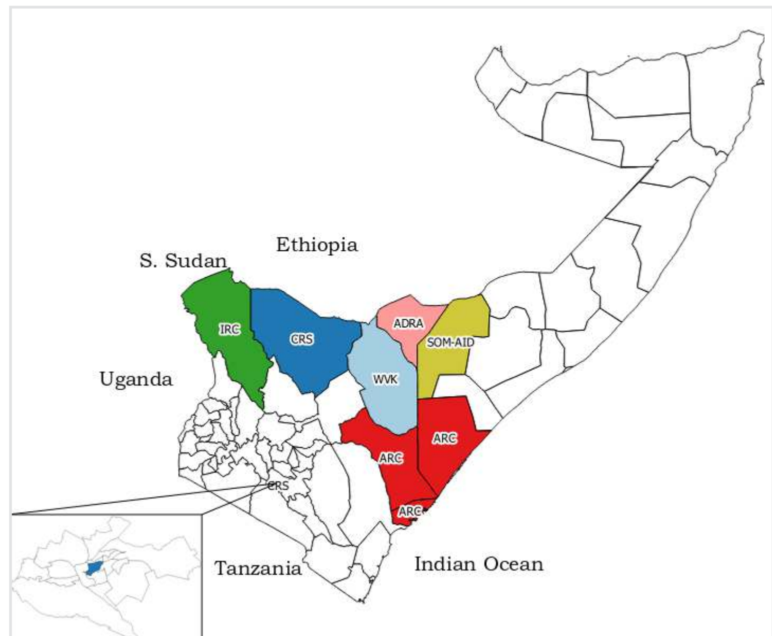
1

Build effective partnerships with PVOs, NGOs, and international, national and regional agencies involved in polio eradication

The CORE Group HOA team works directly with 98 border health facilities in Kenya's seven counties and 17 health facilities in Somalia's two border regions of Kenya and Ethiopia. CGPP Kenya-Somalia works through five international NGOs and one local organization – American Refugee Committee (ARC), International Rescue Committee (IRC), Catholic Relief Services (CRS), World Vision-Kenya (WV-K), Adventist Development and Relief Association-Kenya (ADRA-K) and Somali Aid, a local NGO. ARC hosts the Nairobi-based Secretariat.

KENYA

The CGPP supports six border counties in Kenya - Garissa, Lamu, Wajir, Mandera, Marsabit and Turkana, and Kamukunji sub-county in Nairobi County, which is home to many Somali refugees. In FY18, the Secretariat worked with 98 cross-border health facilities – supporting 23 more facilities than in FY17. The CGPP supports cross-border health facilities to improve the planning, operation, and monitoring of polio campaigns, routine immunization, and AFP surveillance, and it works closely with the local communities to increase polio, AFP and RI knowledge through behaviour change interventions.



County	# of border HFs supported	Catchment population of health facility	Under one-year children population	Under five-year children population	Under 15-year population
Garissa	9	97,497	4,044	19,500	43,874
Wajir	16	168,966	5,965	22,357	73,503
Mandera	22	587,858	23,514	117,572	270,415
Marsabit	18	196,250	5,345	30,747	91,695
Turkana	19	123,098	2870	16,055	56,587
Nairobi (Kamukunji)	8	317,294	9,569	40,154	96,148
Lamu	6	6,745	310	1,101	3,035
Total	98	1,479,708	51,617	247,486	635,257

SOMALIA

The CORE Group supports six border districts in South-Central Somalia: Bardere, Elwak, Belet-Hawa and Dollow districts in Gedo region, and Afmadow and Badhadhe in Lower Juba region through 17 health facilities. The Project promotes coordination among key stakeholders, immunization, and surveillance in high-risk, hard-to-reach border populations in a total of 148 villages. Long-standing insurgency, tribal clashes, political instability, weak health systems and fluid population movements of vulnerable and marginalized communities contribute to a potential re-emergence and circulation of WPV.

District	Region	# Border health facilities supported	Catchment population	Under one-year children population	Under five-year children population	Under 15-year population
Afmadow	Lower Juba	3	142,730	7,137	28,546	64,229
Badhadhe	Lower Juba	2	60,329	3,016	12,106	27,148
Dollow	Gedo	6	42,745	2,137	8,549	19,235
Elwak	Gedo	2	69,978	3,499	13,996	31,490
Belet-Hawa	Gedo	3	92,309	4,615		18,462
Gerille (Bardere)	Gedo	1	15,500	610	3,200	7800
	Total	17	423,591	21,014	84,859	191,441

Over the reporting year, CGPP Somalia strengthened relationships with the MOH, the Regional Jubaland state MOH, WHO, UNICEF, and other key health partners who operate in the Project regions. The CGPP supported and participated in the Somalia monthly health and polio sub-cluster coordination meetings, and SIA review and planning meetings for mapping and identification of IDPs, refugees, nomads and pastoralists.

CGPP Kenya-Somalia conducted planning and implementation program activities in coordination with WHO, MOH offices, and UNICEF. CORE Group convened and participated in scores of regional, national, county and health facility level meetings during the reporting period: seven coordination meetings at the national level in both countries and 12 coordination, planning, and joint supervisory meetings at the regional and county levels.

A partial list is cited here:

Key regional, national and sub-national levels meetings

- The CGPP participated in the Somalia Polio Outbreak Simulation Exercise (POSE) in October 2017 in Hargeisa, Somalia. The three-day meeting drew 84 participants from the MOH, UNICEF, WHO, CDC, the Bill and Melinda Gates Foundation (BMGF), and the Kenya Medical Research Institute (KEMRI) laboratory. After the POSE meeting, the CGPP presented on the cross-border health initiative during the Somalia Polio/Expanded Program of Immunization (EPI) Annual Review Meeting.
- The CGPP Secretariat team participated in the Kenya MOH Surveillance and Immunization

Coordination Meeting in February 2018 in Nairobi to review the status of VPD surveillance and routine immunization performance in Kenya and launch the surveillance and immunization (EPI) operational plan for 2018.

Ellyn Ogden, USAID Worldwide Polio Eradication Coordinator, pays a visit to the Biafra Clinic during a polio campaign in Kamukunji, Nairobi.

- The CGPP participated in the monthly USAID/Health Population and Nutrition Office breakfast meetings in Nairobi. The gathering is particularly useful to the CGPP as it collaborates with other USAID-funded health projects involved in cross-border activities. At the September breakfast meeting, Ellyn Ogden, USAID Worldwide Polio Eradication Coordinator, presented on the "Polio Journey: 30 years of experience." Ms. Ogden later met with senior MOH officials at the EOC, WHO-Kenya, CORE Group, and USAID.
- The CGPP participated in six GPEI Horn of Africa Partners and Tripartite Country Meeting at the WHO Office in the Gigiri UN Compound, providing planning and implementation updates on the outbreak response in the HOA.
- The CGPP Secretariat team took part in the Kenya National Immunization Stakeholders forum to inform stakeholders and the media on Round Zero and One SIAs.
- The HOA team participated in a CDC and MOH meeting to plan CDC's six-month surveillance rapid response project in the Kenya-Somalia border counties.
- As a member of the Kenya National Polio SIA Technical Coordination committee, the CGPP participated in four meetings on the cVPDV2 outbreak response activities at the Emergency Operation Centre (EOC) in Nairobi.
- The team participated in the USAID and WHO-HOA planning meeting in May 2018 on the upcoming polio SIAs and then later met with USAID, WHO, and UNICEF to assess partner capacity to implement the synchronized campaign in Kenya, Somalia and Ethiopia.

Lee Losey, CGPP Deputy Director, leads two panel discussions on CGPP activities at the Gavi ConneXions meeting.

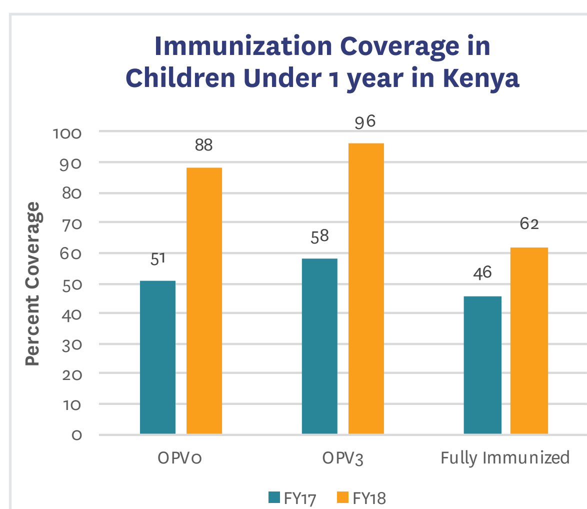
Left to right: India Communications Director Rina Dey, HOA Secretariat Director Ahmed Arale and Ethiopia Secretariat Director Dr. Filimona Bisrat.

- The Secretariat attended the 17th HOA TAG meeting in Nairobi in May 2018 to assess the cVDPV outbreak response and suggest ways to strengthen design and implementation.
- The Project team participated in the Wajir County immunization data review and GAVI grant inception meeting, recommending enhanced mentorship and on-the-job training after the EPI operational training for health workers and data quality improvement through audits. GAVI plans to launch a vaccine supply-chain strengthening project through the World Bank.
- In Mandera County, the CGPP team participated in an advocacy meeting of the Members of County Assemblies on June 29, 2018 organized by the MOH and Save the Children International. Members received updates on the status of maternal and child health and related interventions.
- CGPP HOA Director Ahmed Arale participated in a panel discussion on best practices of Project during the Gavi CSO ConneXions meeting in September 2018 in Nairobi.

2 *Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication*

Kenya

The CGPP supported 98 border health facilities along the Kenya border regions to conduct monthly routine outreach services. Community mobilizers targeted hard-to reach villages, internally displaced persons (IDPs) and mobile populations (including nomadic pastoralists). A total of 247,486 children under 5 were covered by volunteers.



Gains in coverage were steadily made with each quarter of FY18 for OPV0, OPV3, penta3 and measles coverage in children under 12 months. Immunization coverage in CGPP focal areas climbed sharply in FY18. A total of 61,222 children under one year were vaccinated with OPV0, for a coverage rate of 88% in FY18, compared to 51% the previous year. OPV3 coverage among children under 12 months rose to 96% in FY18, up from 58% in FY17. The percent of fully immunized children also increased significantly from 46% in FY17 to 62% in FY18.

Number of People Trained in Integrated Routine Immunization in Kenya

Type of Trainee	# of people trained
CHVs/CHWs	168
CMs	23
TBAs	125
Health Facility managers	17
Health Facility staff	186
TOTAL	519

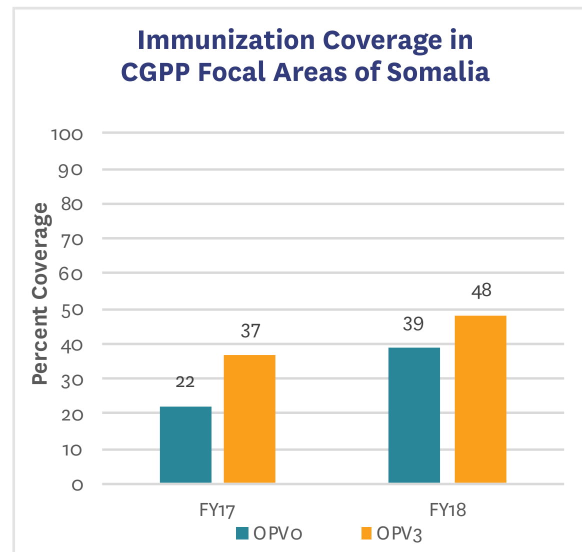
CGPP Kenya utilized 90 CMs and 935 CHVs in FY18 to reach a total of 1,501,498 people in the focal areas. CGPP HOA utilized diverse strategies to improve vaccination: door-to-door immunization by the Reach Every Child team in urban areas (Kamukunji); synchronization of monthly immunization outreach services in border villages of Kenya and Somalia; and

in Turkana, integration of vaccination outreach with IRC nutrition emergency responses, allowing teams to reach underserved communities at a lower financial cost.

CGPP Kenya held 19 trainings in FY18, training a total of 519 people (Males 319 (61%), Females 200 (39%). To ensure that community mobilizers had the skills needed to affect change in their communities, 121 (66% male; 34% female) CMs participated in first-time or refresher training in FY18.

Somalia

CGPP Somalia supported the MOH and key health partners operating in the 17 peripheral health facilities of focal areas in Somalia. Monthly integrated outreach sessions in hard-to-reach nomadic communities were held in the six border districts. During FY18, CGPP Somalia volunteers covered a total of 84,859 children under 5 years.



A total of 171 (78.4% male) community mobilizers in CGPP Somalia reached a total of 397,178 people with social mobilization messaging about immunization and AFP surveillance. They held 32 group meetings and had 184,567 one-on-one contacts. These efforts contributed to rising coverage rates of OPV0 and OPV3. Birth dose (OPV0) coverage reached 39.4% in FY18 (38.8% among females; 40.0% among males), increasing from 22% in FY17. Similarly, OPV3 coverage increased by ten percentage points to 48% (47.7% among males; 53.2% among females) in FY18. These are remarkable improvements given the security situation in these border communities.

CGPP Somalia partners conducted five refresher trainings on integrated routine immunization during FY18. A total of 743 people (males 669 or 90%; females 75 or 10%) received training. Additionally, a routine immunization micro-planning session was held for 114 health staff from the MOH, WHO and key health partners working in border districts.

HOA Cross-Border Activities

As part of the Cross-Border Health Initiative, the CGPP supported monthly internal cross-border health committee meetings in border counties and sub-counties/districts in Kenya and Somalia. CGPP staff attended 35 cross-border committee meetings with a primary focus on providing updates on cross-border activities related to routine immunization, surveillance and mapping for special populations. The Project employed special efforts to track the movement of nomadic pastoralists, map informal border crossing

Health workers take part in IDSR training in Wajir, Kenya.

points and intensify AFP case searches along the border and among refugees. The cross-border health committees have implemented 42 permanent (or fixed) transit vaccination posts (TVPs) and 92 temporary TVPs during an SIA along the Kenya, Somalia, and Ethiopia border. Additionally, they hold monthly cross-border vaccination outreach to target nomadic and pastoralist communities straddling the border, IDPs, and children on the move.

CGPP cross-border teams vaccinate children of nomadic pastoralists at the Kenya-Somalia border.

CGPP HOA held additional meetings to work jointly with officials and teams from Ethiopia and South Sudan. In June 2018, the CGPP held a joint cross-border meeting with Ethiopia MoH; the CGPP and Turkana MoH Team crossed into Ethiopia for the meeting.

Additionally, the CGPP launched a community-based cross-border polio project in Lamu County, which shares an insecure and porous border to the southwest with Somalia. The Project, implemented by the American Refugee Committee (ARC), held an inception workshop for stakeholders on July 24, 2018 in Lamu. The Project supports the following health facilities: Kiunga Health Centre, Mkokoni Dispensary, Ishakani, Mangai, Kiwayuu, and Ndau Dispensary.

The CGPP supported the Intergovernmental Authority on Development (IGAD)-led regional launch of bOPV in Garissa on September 14, 2018 in response to the outbreak of vaccine-derived poliovirus type 2 and type 3 (cVDPV2 & cVDPV3). The Health Ministers of Kenya, Somalia, Ethiopia, and South Sudan signed a communique during the event calling for a coordinated and synchronized regional outbreak response.

3 *Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization*

Kenya

The Kenya Medical Research Institute (KEMRI) laboratory on April 6, 2018 notified the MOH of Polio Virus 2 (PV2) isolation from an environmental sample collected on March 21, 2018 from Eastleigh site 2, Kamukunji Sub-county in Nairobi County. CDC in Atlanta confirmed the sample as circulating vaccine-derived PV2 (cVDPV2). The MoH, with the support of the CGPP, WHO HOA Coordination Office, and UNICEF, mounted a rapid response to the outbreak. CGPP HOA played a prominent support role in this response, training 20 health facility staff on immunization microplanning, supporting door-to-door immunization, undertaking a vaccination coverage survey, and increasing social mobilization outreach in Kamukunji.

Following the cVDPV outbreak, Kenya conducted three rounds of mOPV2 and one bOPV campaign in 12 high-risk counties. The CGPP supported four high-risk border counties of Garissa, Lamu, Wajir, and Mandera during the SIA. A total of 1,284,306 children were vaccinated among the nomadic pastoralist and border communities. An average of 6% of houses were missed during the campaigns in FY18, and 0.17% zero-dose children were vaccinated during the four campaigns.

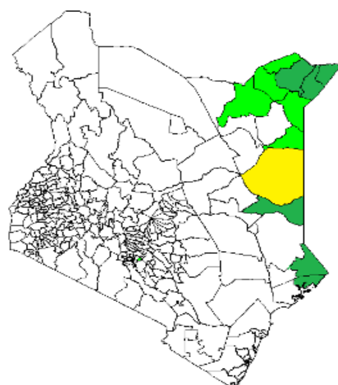
During FY18, 50 transit teams were formed and deployed to high-risk communities. A total of 97,528 children were vaccinated at transit and SVPs from July to September. In August 2018, Kenya and Somalia conducted a synchronized SIA in CGPP project areas, culminating in the vaccination of 504,145 children (97% of the target).

Number of People Trained in Integrated Routine Immunization in Kenya

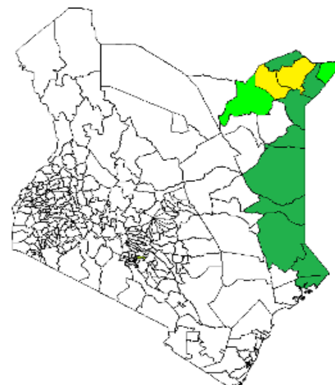
Round	Vaccinated at Cross Border Point	Vaccinated at Water Pont	Vaccinated in Nomadic Settlement	Total Vaccinated at Transit and Special Vaccination Posts
May (Kamkunji only) (9 – 13)	0	0	0	123
July (June 30- July 4)	13,038	3,958	13,802	30,798
August (4 - 8)	5,257	8,076	24,282	37,615
September (15-19)	3,978	7,802	17,335	29,115
Total	22,273	19,836	55,419	97,528

Following the influx of refugees and displaced persons from Ethiopia to the Kenyan border county of Marsabit, the CGPP conducted a vaccination campaign at two refugee camps – Somare and Dambasa Fachana in Moyale sub-county. Through implementing partner CRS, a nurse was placed at one of the camp's dispensary. Ten CHVs received training on community disease surveillance at both camps, with active disease surveillance conducted at both camps.

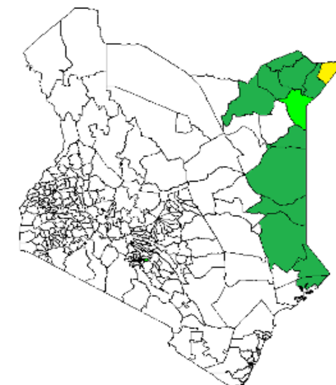
The Project conducted Lots Quality Assessment Sampling (LQAS) in Garissa, Lamu, Wajir, and Mandera counties to monitor the quality of the four rounds of supplementary immunization activities conducted in Kenya and help to address the gaps in the SIAs. The CGPP trained surveyors and provided logistical support for the exercise using ODK for data collection. The assessment included checking for coverage of correctly marked houses; finger markings; independent monitoring coverage in open places; and monitoring parent's awareness of campaigns. Below is the performance of the CGPP counties.



July 2018 LQAS performance



August 2018 LQAS Performance



September 2018 LQAS performance

Somalia

CGPP Somalia provided technical and logistical support for six border districts in Gedo and Lower Juba regions of Somalia. The Project team took part in the SIA planning and review meetings, conducted microplanning training for the border health facilities, and provided ACSM activities through the trained community health volunteers. To ensure higher coverage, 185 extra vaccination teams were trained and deployed at the formal and informal crossing points for pastoralist communities and IDPs.

In FY18, CGPP partners worked closely with WHO and the MOH to conduct 4 NIDs/SIAs targeting hard-to-reach areas at the border districts in Lower Juba and Gedo regions. A total of 365,537 children under 5 in border and nomadic communities were vaccinated in FY18 - 96% of the target. This represents more than triple the number of vaccinated children compared to FY17 results, which showed 101,368 vaccinated children. Missed houses averaged 5% during the campaigns; 19.7% of children had never received polio vaccine.

Cross-Border Health Initiative

In collaboration with WHO, UNICEF, and the respective MOHs, the CGPP supported four joint cross-border health coordination forums for middle-level health officials and the countries disease surveillance and EPI focal persons from Kenya, Somalia, and Ethiopia. The forums targeted microplanning and synchronization of SIAs at border points and the development of a joint action plan for cross-border collaborations to strengthen surveillance for AFP and other diseases.

- The CGPP supported the Kenya and Somalia joint cross-border coordination forum from December 5-7, 2017 to develop joint workplans between the Kenya and Somalia regional teams.
- The CGPP conducted a follow-up Kenya and Somalia Cross-Border Health Coordination Forum from April 4-6, 2018 to review the action plan.
- A cross-border forum during June 5-7, 2018 planned for an HOA synchronized cross-border SIA.
- The CGPP, in collaboration with WHO-HOA, UNICEF, and the respective MOHs, supported a joint Somalia, Kenya and Ethiopia Cross-Border Health Coordination Forum on synchronized SIAs from June 5-7, 2018. The cross-border teams developed a joint detailed cross-border micro-plan for the synchronized HOA SIA.
- CGPP HOA conducted the Joint Kenya-Somalia Cross-Border Health Coordination Forum from September 25-27, 2018 at the Agan Hotel in Kismayu, Jubaland State of Somalia. The forum was attended by high-level dignitaries.

4 *Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)*

The Project supported quarterly joint CGPP and MOH quarterly immunization and disease surveillance support supervision in the Project areas along the border regions in Kenya and Somalia. The Project scaled up the use of WHO ODK integrated supportive supervisions (ISS) for surveillance.

Kenya

Ninety (90) CMs are supporting and supervising 935 CHVs to strengthen surveillance efforts in the populations served by the health facility catchment areas. In Kenya, the CMs are linked to health facility

in-charges and community health extension workers. During the Project year, CHVs reported 44 cases (29%) of 151 AFP cases in the CGPP Kenya focal counties. Within the sub-county where the Project works, the CGPP reported 34 of 44 cases (77%). This is a significant improvement compared to last year's 18 CHV-reported cases of 53 (34%) total cases. CGPP Kenya reported an average 3.8 non-polio AFP rate of 2.5 per 100,000 children under age 15 (ranging from 2 in Turkana to 11.33 in Garissa) in program focal areas and an average stool adequacy rate of 76% (ranging from a low of 60% in Turkana to a high of 87% in Wajir.) There was a total of five silent sub-counties – three in Turkana and one each in Nairobi and Mandera.

During the reporting period, the Secretariat trained 22 health staff and six community mobilizers on IDSR in the new Lamu Project site. Additionally, CORE HOA conducted 746 integrated supervisory visits; 280 or 38% of all visits were to high-volume facilities and 77 visits, or 10%, to the highest priority facilities.

County	Cases expected in FY18	Cases detected in FY18	CGPP CHVs detected/ reported cases	NP AFP rate	Stool adequacy Rate	No of silent sub-counties
Mandera	15	14	12	2.58	79	1
Nairobi	57	61	11	3	77	1
Marsabit	6	5	5	3	75	0
Wajir	10	31	4	9.53	87	0
Turkana	22	10	7	2	60	3
Garissa	8	30	5	11.33	67	0
Total	118	151	44	3.80	76	5

Somalia

CGPP Somalia collaborated with WHO regional officers, district polio officers, the MOH and other key health partners to monitor both community and facility-based AFP surveillance, detecting 12 AFP cases in the community. CGPP Somalia identified 10 of the cases, or 83.3%. Somalia reported a non-polio AFP rate of 14 per 100,000 children under age 15. The national stool adequacy rate was 75 percent. Somalia reported one silent area. The CGPP in Somalia has carried out social mobilization for routine immunization outreaches in 148 villages in both the Gedo and Lower Juba

regions using CMs to reach 397,178 persons with health messages on the importance of immunization and disease surveillance.

5 *Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)*

The CGPP Secretariat team presented on the Project's performance and best practices at 52 international, regional and national forums. The Project scaled-up the use of the Open Data Kit (ODK) mobile-based data collection tool for weekly and monthly reporting by the Project officers and community mobilizers; this has significantly improved the real-time data reporting and visualization of the Project activities.

A CGPP team vaccinates a child of nomadic pastoralists along the Kenya and Somalia border.

The Secretariat expanded the use of the WhatsApp messaging platform by creating a chat group for all staff to receive real-time communication. Likewise, the Secretariat compiled a weekly bulletin with updates for partners, global headquarters and USAID.

The Director and Deputy Director developed an article on cross-border strategies for the 2019 supplement of the American Journal of Tropical Medicine and Hygiene. Implementing partners contributed to Project promotion. ADRA developed a video documentary of Project activities in Mandera: **https://www.youtube.com/watch?time_continue=18&v=FCZxuDZXr5s**. The IRC team, in collaboration with the Turkana County Ministry of Health, published an article for GAVI CSO on 2018 World Immunization Week: **An Equal Shot at a Health: Providing Immunization Services for the Hardest to Reach**

6 *Support PVO/NGO participation in national and/or regional polio eradication certification activities*

The CORE Group HOA, in conjunction with WHO Kenya-Somalia and the WHO-HOA coordination office, provided support to Kenya's MOH to ensure a robust outbreak response to the border districts and counties in Kenya and Somalia. The Project took part in two Kenya national polio certification meetings and provided technical and logistical support to the ARCC reporting workshop. In November 2018, the ARCC re-visited the Kenya case for certification.

Country-Specific Transition/Legacy Plans

CGPP HOA is a key contributor to the development of both countries' polio transition plans. These

plans are aligned with the national and sub-national health priorities. CGPP Kenya-Somalia has developed strategies to define and sustain essential polio functions. It has succeeded in fortifying the country and regional-level immunization and surveillance systems; established best practices and effective partnerships; built community engagement and shepherded the Cross-Border Health Initiative for greater coordination between countries and to better served the transboundary nomadic populations. The Project is integrating with other public health initiatives, such as the Global Health Security Agenda (GHSA), which focuses on zoonotic diseases of pandemic impact by preparing communities to effectively plan and respond.

The Project is implementing easy-to-use and cost-effective technological innovations, such as GIS mapping, the ODK ISS tool, and the Auto-Visual AFP Detection and Reporting (AVADAR) tool, which is a mobile SMS-based software application. These computer and mobile phone-based tools assist health workers and community health volunteers to improve active case search, microplanning, and reporting. Despite weak health infrastructure systems, CGPP Kenya and Somalia prioritizes the capacity building of CMs and CHVs through on-the-job training and supportive supervision in disease surveillance and routine immunization services.

During the October 2018 campaign, vaccination teams accessed the Wajir Police Station, where they located immigrant families with infants from Ethiopia. In addition to the polio vaccine, vaccinators offered Vitamin A and deworming medicine.

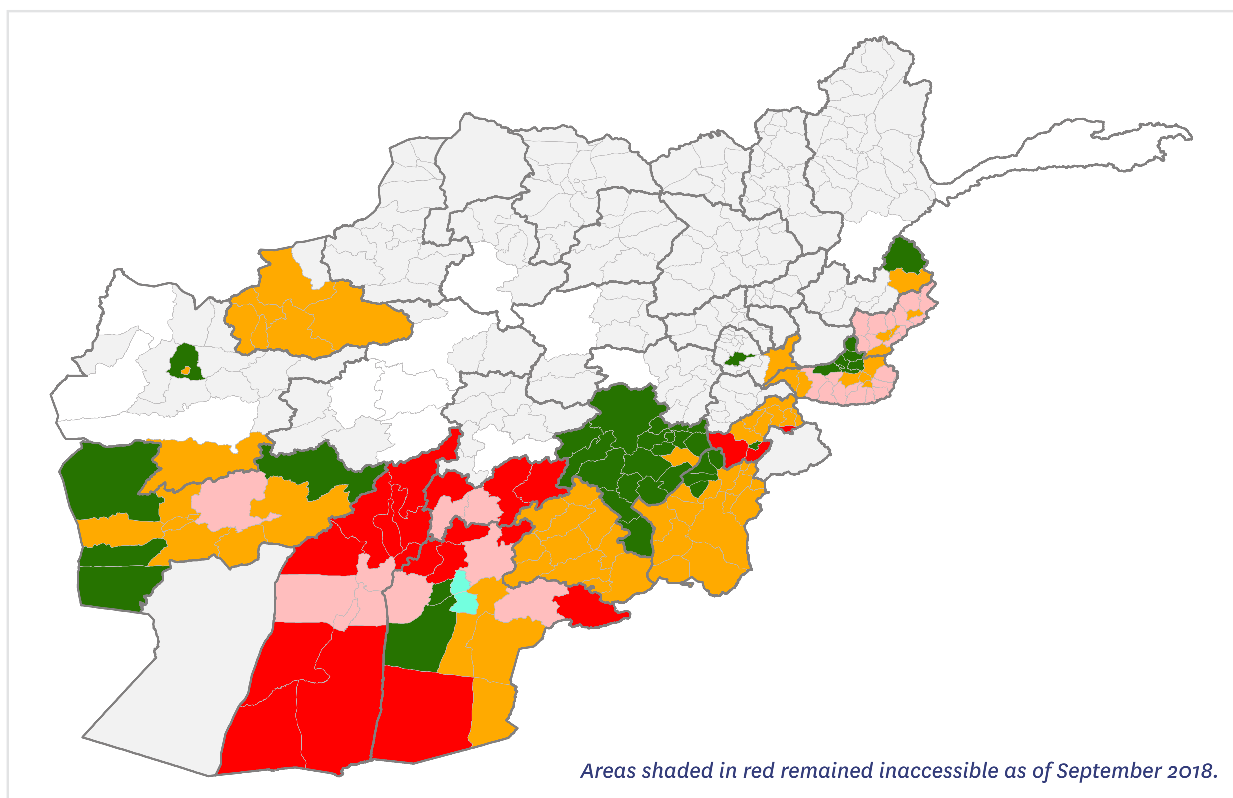
COUNTRY REPORT:

AFGHANISTAN

Afghanistan is one of three remaining polio-endemic countries in the world with the peak number of polio virus cases. At the end of September 2018, Afghanistan reported 16 wild polio virus cases: five cases from the Eastern region in Kunar and Nangarhar provinces and 11 cases from the Southern region's Kandahar, Helmand and Uruzgan provinces. Kandahar recorded half of the country's WPV cases. Additionally, environmental sampling at sewage sites detected another 50 cases in six provinces.

Escalating conflict has created a highly challenging operating environment. Inaccessibility, refusals driven by rumors and mistrust and low-quality campaigns are major threats to Afghanistan's polio program. Moreover, 850,000 to 1,000,000 children have been missed in each immunization campaign since May 2018 when Anti Government Elements (AGE) imposed the ban on house-to-house campaigns. The ban has greatly expanded the number of missed children in the Southern region between May and September 2018 in each SIA in Helmand, Kandahar and Uruzgan provinces.

Afghanistan and Pakistan form one epidemiological block for poliovirus transmission. In 2018, WPV cases have been geographically limited to the Northern and Southern corridors – the historically shared reservoirs of transmission between both countries. In Afghanistan, the polio Emergency Operation Center (EOC) led by the Ministry of Public Health (MOPH) oversees and coordinates the efforts of partners to implement the polio National Emergency Action Plans (NEAPs), with support from implementing partners UNICEF and WHO and donor partners, the Bill and Melinda Gates Foundation, Rotary and the Centers for Disease Control and Detection (CDC).



Areas shaded in red remained inaccessible as of September 2018.

While many tactics and strategies have been implemented, there are immunity gaps in both accessible and inaccessible areas as evidenced by both WPV cases and positive environmental samples. The MOPH, Independent Monitoring Board (IMB), donors and other stakeholders have recognized that one well-funded asset in the immunization sector that has been under-utilized are the Government Contracted Service Providers (GCSP) – the Basic Package of Health Services (BPHS) contractors. These contractors are NGOs that implement the health services in Afghanistan through managing facility and community-based health care interventions and deliver packages of health services in 31 of 34 provinces.

In December 2017, the IMB recommended a mechanism for better NGO coordination in Afghanistan which could streamline the efforts between PEI and RI. The active involvement of NGOs is vital and an overriding priority to get eradication back on track. In response to growing case numbers and at the request of the MOPH, the CORE Group Polio Project developed a new position of NGO Coordinator to support and collaborate the work of NGOs in five high-risk polio provinces to align with the NEAPs and to strengthen cooperation between RI and PEI partners. Improved coordination between the EOC and NGOs can accelerate progress to raise population immunity for polio and other vaccine-preventable diseases. In February 2018, the CGPP selected Dr. Abdul Wali Ghayur as the new NGO Coordinator. He is based in the office of the national EOC, which coordinates, implements and leads polio eradication activities in Afghanistan.

1

Build effective partnerships with PVOs, NGOs, and international, national, and regional agencies involved in polio eradication

Dr. Ghayur, CGPP's NGO Coordinator in Afghanistan, has been working closely with five NGOs focused on the high-risk provinces of Kandahar, Helmand, Farah, Nengarhar and Kunar. Dr. Ghayur conducted two large-scale consultative workshops with more than 30 NGOs in March and April 2018 and has since held monthly meetings with five NGOs. Dr. Ghayur mentors, facilitates and coordinates the work of the five NGOs through strategies such as IEC and social mobilization, monitoring and supportive supervision, negotiating access and use of CHWs as front-line workers.

NGO name	Type	Province covered	HQ office
Bu Ali Rehabilitation and Aid Network (BARAN)	Nat.	Kandahar	Kabul
Bangladesh Rural Advancement Committee (BRAC)	Int.	Helmand	Bangladesh
Coordination of Humanitarian Assistance (CHA)	Nat.	Farah	Kabul
Agency for Assistance Development Afghanistan (AADA)	Nat.	Nengarhar	Kabul
Aid Medical International (AMI)	Int.	Kunar	France

The NGO coordinator is an active member of numerous PEI and RI coordination groups, including the Polio High Council, the polio policy dialogue group, the ICC, the Strategic Working Group of Polio (SWG), the PEI to EPI task team, and the EPI coordination forum. These forums have enabled NGOs to contribute their inputs to the action plans. The SWG is the leading technical decision making and oversight committee for polio eradication efforts in Afghanistan. Moreover, the NGO coordinator succeeded to clarify the roles and responsibilities of NGOs, the EOC and the PEI teams to synergize the efforts of polio eradication and routine immunization programs.

2

PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

To establish productive relationships with the five NGOs, Dr. Ghayur conducted the following activities:

- Developed assessment tools to identify RI gaps in high-risk districts.
- Assessed RI gaps of 15 districts located in high-risk provinces to help inform resource allocation and planning processes of NGOs.
- Addressed key challenges of NGOs related to cold chain and timely payment by the government.
- Contributed to the national development of micro-plans.
- Supported the planning process for implementing an acceleration of campaigns in low-coverage districts.
- Initiated signing the standard MoU between the NGOs of high-risk provinces and the EOC. This document clarifies the roles and responsibilities of NGOs to support polio eradication efforts, the PEI partners to support RI activities, and the NGOs contract management office at the government. (This document received approval in October 2018.)
- Highlighted the inclusion of PEI/RI NGO responsibilities in the proposal documents for the three-year, $600 million SEHATMANDI (health) project beginning in January 2019. According to the World Bank, “the program development objective is to increase the utilization and quality of health, nutrition, and family planning services across Afghanistan.”
- Participated in the joint appraisal of the annual immunization program.
- Drafted an Accountability Framework in consultation with PEI partners, RI partners and NGOs to define key activities, synergize efforts and define specific tasks and timelines to streamline support among key stakeholders.
- Followed up on the actions by NGOs in response to the findings of monitoring missions through the PEI/EPI task team.
- Coordinated cross trainings of NGO and PEI officers on polio and RI by WHO and UNICEF.

A volunteer vaccinates a young child. (Photo provided by the EOC)

In October 2018, the EOC with significant inputs from Dr. Ghayur developed the "Framework for Change: Fast track to zero polio cases." The draft document outlines the main risks to the polio program: the house-to-house ban in major parts of the Southern region, small pockets of chronically inaccessible children in the Eastern region, high population movement between both countries, refusals around Kandahar and parts of the Eastern region, and sub-optimal quality and low EPI coverage in some areas.

Seven wide-ranging suggestions address strategic and managerial issues and reflect changes to current thinking on approaches and tactics. The slightly edited list is cited here:

1. A 'Contingency plan' for polio immunization in inaccessible areas of Helmand, Kandahar and Uruzgan through bundled interventions, such as IPV and OPV; the Permanent Polio Team (PPT) strategy; OPV vaccination during measles campaign; strengthening Permanent Transit Team (PTT); vaccination through Mobile Health Teams (MHT), and the EPI acceleration plan in the Very High RISK Districts (VHRDs) in areas with house-to-house ban settings; and, inclusion of additional vaccinators to reach all villages.
2. Conducting an external review of the communication strategy and its adaptation to specific contexts with high-impact interventions.
3. Coordinating the provision of other services related to health, water and sanitation, nutrition and education in Kandahar focusing on the most-affected districts in urban areas of Loya Walla and Manzil Bagh.
4. Strengthening routine immunizations in the seven provinces - Kandahar, Helmand, Farah, Zabul, Pakitika, Nangerhar and Kunar - to reach 90% penta-3 coverage.
5. Increasing the number of health facilities in very high-risk districts with sufficient numbers of vaccinators for fixed, outreach and mobile immunizations and deploying Community Based Outreach Vaccinators, recruited from the village, for deployment in the village.
6. Empowering the provincial team and the regional EOCs through additional resources, replacing poor performers and reshuffling best national and international capacities to the south
7. Establishing the framework of accountability, appraisal and reward schemes and the system at all levels and applying corrective and disciplinary measures for poor performers and negligence.

The NEOC and partners will develop an implementation plan once the framework receives final approval. There is a low prospect of improved security or access any time soon, continuing to present a tremendous challenge for health workers to reach children in the high-risk areas. Furthermore, the population movement in the northern corridor contributes to the risk of harboring and spreading transmission, requiring a higher level of transparent coordination between both countries to implement joint strategies.

3

Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization

Afghanistan remains highly volatile and unpredictable, making it difficult to reach all children during supplemental polio campaigns. Non-compliance and refusals are still an obstacle, worsened by the Anti Government Elements' (AGE) ban on house-to-house campaigns instituted in May 2018. Since then, over a million children have been missed during each NID. The ban has proven disastrous for the Southern Region, which includes Helman, Kandahar, and Uruzgan provinces. Between 810,000 and 940,000 children were missed in the Southern Region during each of the NIDs in May, July, August, and September 2018. The achievements during May – September NIDs can be seen in the table below.

Region	Indicator	May NID	Jul sNID	Aug NID	Sep sNID
Southern	# of vaccinated children	1,089,381	1,099,281	1,044,140	1,088,223
	# of missed children	818,172	810,172	938,443	900,242
All country	# of vaccinated children	8,903,674	5,752,195	8,575,868	4,709,685
	# of missed children	996,326	847,805	1,324,132	960,342

According to a post-review meeting of the November 2018 SNID, Dr. Ghayur reported on the contributions of the NGO partners from Kandahar, Helmand, Farah and Nengarahr provinces. The NGOs participated in the regional/provincial meetings to varying degrees. Only one NGO attended coordination meetings at the district levels, while the other NGOs reported that the PEI held no district meetings. The NGOs shared lists of active CHWs and raised concerns over their limited involvement.

For the November SNID, each NGO assigned supervisors, provided vehicles for campaign days, and supplied IEC materials to Health Facilities in Kandahar and Helmand provinces.

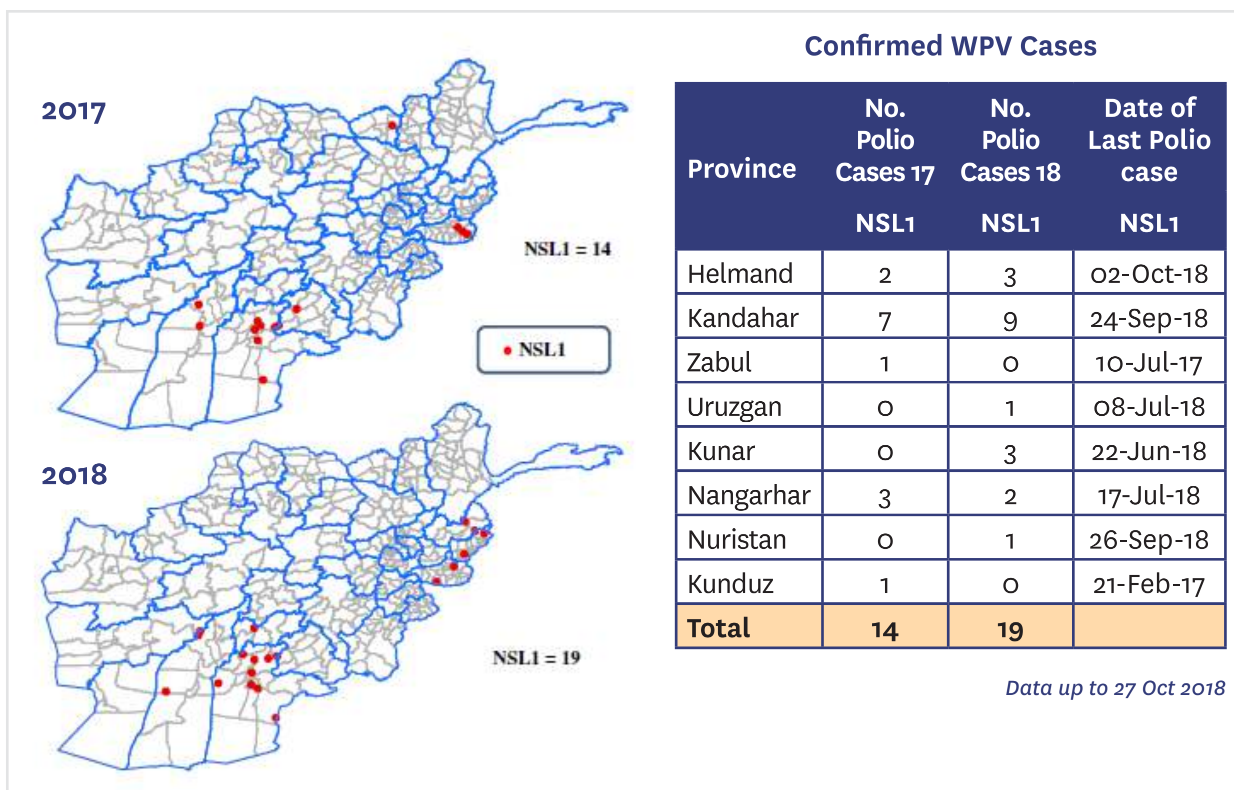
Findings from the November 2018 campaign revealed challenges with pockets of refusals mostly in Kandahar and in the east, scattered populations and heavy movement of IDPs and returnees, low public awareness and insecurity, land mines, and active fighting. The ISIS threat prevented campaigns in the east. Furthermore, campaign volunteers had limited or no follow up on missed children, did not inquire about sick or guest children and failed to register absent children. The campaign revealed that high numbers of front line workers and supervisors were not local residents. The review also found that there were no door markings in some accessible villages and no finger markings on newborns. Residents complained about the frequency of campaigns.

The NGOs suggested meaningful adjustments to improve performance and to fill gaps. Recommendations included selecting front line workers and supervisors from the local communities; improving coordination among all partners, including WHO, UNICEF and the BPSH implementing NGOs; engaging additional CHWs in the next round of campaigns; providing further guidance of PEI workers for RI support; strengthening supervision and monitoring of pre- and intra-campaign phases, and improving the selection of campaign monitors and boosting the quality of volunteer trainings.

4 Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)

In Afghanistan, NGO clinics and community networks are part of the surveillance system. Countrywide, there were 3,064 AFP cases during FY18, with an overall NPAFP rate of 17. Approximately 18% (552 of 3,064) of AFP cases were from the Southern region. The NPAFP rate was also 17 in the Southern Region.

A total of 19 confirmed WPV cases have been recorded in 2018, five more than in 2017. The majority of these continue to be in the Southern Region, making surveillance and reaching all children during NIDs paramount.



Confirmed WPV Cases

Province	No. Polio Cases 17 NSL1	No. Polio Cases 18 NSL1	Date of Last Polio case NSL1
Helmand	2	3	02-Oct-18
Kandahar	7	9	24-Sep-18
Zabul	1	0	10-Jul-17
Uruzgan	0	1	08-Jul-18
Kunar	0	3	22-Jun-18
Nangarhar	3	2	17-Jul-18
Nuristan	0	1	26-Sep-18
Kunduz	1	0	21-Feb-17
Total	**14**	**19**	

Data up to 27 Oct 2018

GENDER ANALYSIS

During FY2018, the CORE Group Polio Project reported impressive gains in immunization coverage rates and heightened levels of community engagement. As the CGPP works to understand the dynamic contexts of communities, identifying any gender disparities and gender barriers and addressing them is crucial to successfully reaching families with the polio vaccine. Over the program year, the CGPP continued to build the capacity of women as decision makers, engage men to participate in the health of their children, support couples' communication and link women to much-need health services.

Female Empowerment

In CGPP communities, gender roles and norms show that mothers are primarily responsible for child rearing and child health. However, in my communities, they lack the power to make decisions. Throughout FY18, the CGPP engaged and empowered women in focal communities through improved knowledge, capacity, and skills.

- **Mother-to-Mother Support Groups and Community Dialogues** are forums for mothers and pregnant women to exchange ideas, share experiences, and learn from one another. The CGPP community mobilizers initiate, lead, and support mothers' groups in their communities. The primary purpose of these groups is to provide information about vaccination and child health, answer questions, and encourage women to seek vaccination for their children. The CGPP trains to mentor new women and offer support. Community mobilizers empower women with information and encourage them to take part in collective decision- making in their communities. CGPP HOA developed Mother to Mother (M2M) groups in rural areas where women had little access to information and services. CGPP combined strong messages about immunization and child health with support for breastfeeding, child rearing and women's health. The M2M groups encouraged women to take part in community discussions and decision making. CGPP South Sudan selected and trained 89 women's group leaders and 69 female community leaders to foster conversation with women in their communities on immunization of children, AFP symptoms, and early reporting of AFP cases. These leaders were able to engage and teach other women.
- **Female Mobilizers and Volunteers:** More than 20,000 Community volunteers and mobilizers are the backbone of the CGPP's programming. In FY18, the majority, 60% in FY18, are women. This makes them more relatable to mothers and allows them access to community women. Community volunteers work tirelessly to ensure that all children in their communities receive vaccinations, link women and children to programs and health services, identify all AFP cases and empower women to make positive choices. Volunteers have gained knowledge and confidence through training and skill-building activities, and are trusted sources of information in their communities.
- **Linkages to Health, Services and Support:** The CGPP volunteers use frequent contacts, and accurate information to build trust with women and families in their communities. The primary goal of mobilizers and volunteers is to increase the uptake of polio vaccination in their communities. In addition, they leverage community networks to provide "add-on" information and referrals and to provide women and families with important linkages to other health and support services. CGPP Ethiopia CVs/HDALs track pregnant women to ensure vaccination of newborns. In FY18, volunteers

used these one-on-one contacts and community dialogues to link 74,794 pregnant women to ANC and child health services. These connections ensure high levels of vaccination uptake and empower women to take active roles in their family's health. CGPP Nigeria has built the capacity of VCMs with added training on nutrition, WASH, malaria, and home-based care. In FY18, VCMs offered information, referrals, and assistance to their communities that reached far beyond vaccination. These additional services and support have in turn increased their trust and value with families, ultimately allowing them to have great impact and access, track more children, and increase vaccine uptake.

- **Planning for Continued Support of Women and Children:** CGPP is developing plans for future transition of resources and programming once polio funding end. Country programs are using strategic initiatives to ensure that communities and children do not lose crucial support. During FY18, country programs began plans to transition essential functions. In India, female CMCs support communities, particularly women and children, with information on vaccination and child health. During the last fiscal years, the CGPP began an initiative to select and train female Sahkis ("friends of the CMC"). Sahkis are volunteers selected from focal communities and trained to take part in various social mobilization activities. CMCs mentor Sahkis to transfer knowledge and skills. Sahkis will remain in their communities to continue providing support once CMCs have withdrawn. CGPP India selected and trained more than 500 Sakhis in FY18.
- **Empowering Women Through Training.** During FY18, CGPP provided training for over 6,500 women. Through these many trainings, CGPP built the capacity of female mobilizers, community informants, health center staff, community workers, and others. Trainings covered topics including immunization, polio and AFP surveillance, interpersonal communication, child health,

and monitoring and evaluation. With this enhanced knowledge and skills, participants were more able to contribute to the well-being of their communities. Health staff and community mobilizers with more training are more competent and able to impact their communities. Community volunteers have not only gained knowledge, but have increased confidence, respect, and influence because of training.

Male Engagement

Although women are the primary caregivers of children, they often have limited decision-making power. Men are frequently the gatekeepers and decision makers about family health and health-seeking behaviors. During FY18, the CGPP expanded country-specific efforts to engage men in programming, increase their knowledge about vaccination and child health, and encourage couples' communication and shared decision making. CGPP country teams identified "gathering places" and trusted influencers for men and used this information to craft impactful interventions.

- **Sensitizing and Utilizing Male Influencers.** To effectively target men with immunization messaging, CGPP identified, educated, and engaged influencers in communities. The CGPP chose these influencers because they were trusted by community men and able to provide information about polio immunization. Traditional leaders, headmen, village elders, bone setters, and other influencers were trained on the benefits of polio immunization and asked to impart these messages to others in their communities. During FY18, CGPP Kenya used clan elders for social mobilization, to track pastoralist movement, and trained them to deliver interventions for vaccine refusals in pastoralist and mobile populations. Clan elders also provided information on context and cross border movement, which helped to plan more effective cross-border coordination.
- **Engaging Religious Leaders.** Religious leaders are looked to ubiquitously for guidance in the CGPP communities, particularly by men. Their regular contact and position of power make them ideal community influencers. Additionally, religion religious teachings were often cited as a common source for vaccine refusal. In FY18, the CGPP sought to train and incorporate more religious leaders - Christian, Muslim and other leaders, into program strategies. The CGPP began the Iftar Strategy in FY17, and expanded it during FY18. Muslim religious leaders were trained and sensitized with messages and information about immunization. During Ramadan, they were encouraged to impart these messages to worshipping men during daily prayers, targeting those from non-compliant families. Vaccination teams were available following nightly prayers to vaccinate children. In FY18, this activity was conducted in over 30 mosques in across the states where the CGPP vaccinated 2,518 children, 97% of the targeted children. CGPP Ethiopia implemented "EPI mainstreaming through religious leaders," working with Ethiopian Orthodox Priests and Muslim leaders to weave immunization message into sermons/prayers/worship services. CGPP Ethiopia trained 267 male religious leaders in FY18.
- **Using Gathering Spaces.** CGPP found that many men were not attending community dialogues or were resistant to traditional channels of information transfer. Instead of expecting men to attend program activities, the CGPP devised programming to reach men in traditional gathering spaces. These spaces represent an opportunity to reach large numbers of men with behavior change communication, in a relaxed environment, where they were more receptive to messaging. CGPP India identified that barbers are an integral part of the community and can be found in even in

the smallest of villages. For men, barber shops not only provide services, but are an important meeting places for conversations on family life, village politics, cricket, and many other issues. Through this initiative, CGPP India has built the capacity of barbers to impart knowledge about immunization and initiate discussions about the importance of polio immunization. It has also helped sensitize men to take responsibility for their children's immunizations. In FY18, CGPP worked with 563 barbers as part of this initiative.

Immunization Coverage

During FY18, there were no notable differences in immunization coverage rates among male and female children in the CGPP project areas. This is consistent with reporting during the last grant period. However, the CGPP will continue to track this to ensure this remains constant.

https://coregroup.org/our-work/programs/core-group-polio-project/