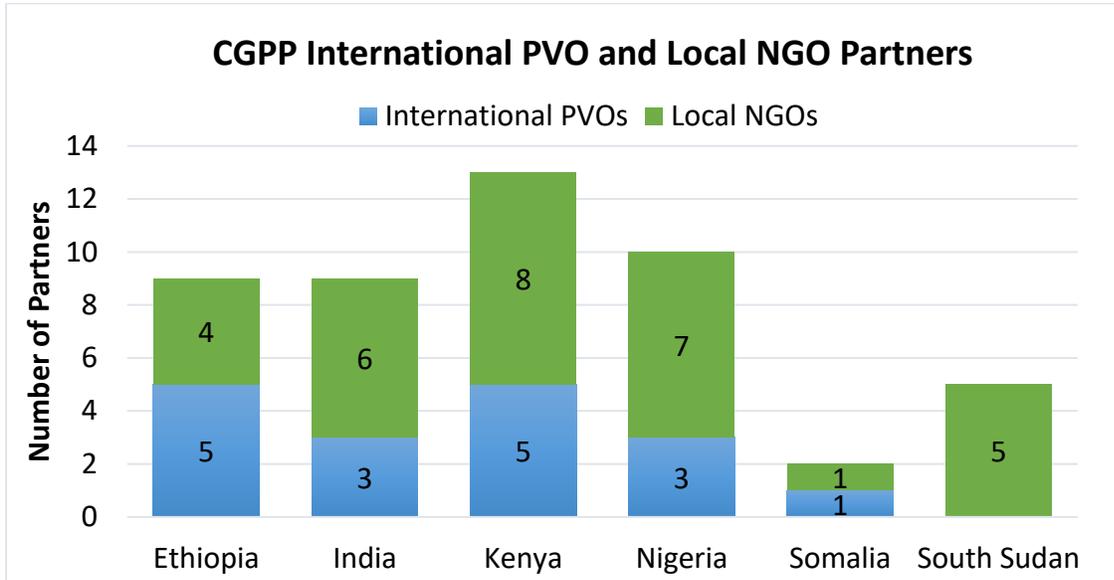


FY2018 Q4: CORE Group Polio Project (CGPP) Global Quarterly Update from June through September 2018.

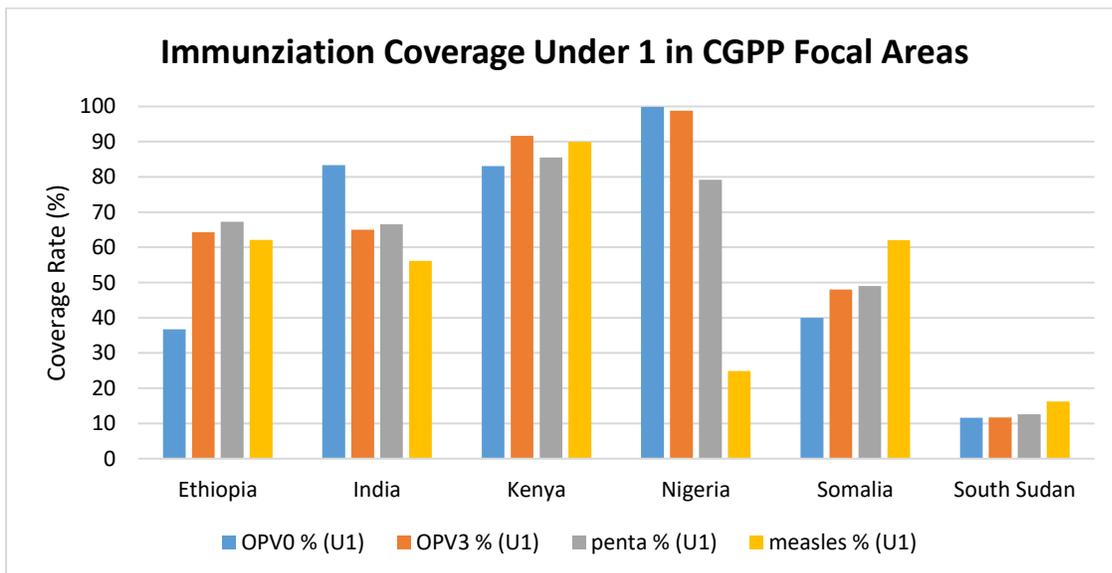
CGPP Partnerships

During FY2018 Quarter 4, CORE Group Polio Project implemented activities in seven countries: Afghanistan Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan. Within each country, CGPP Secretariats operated in high-risk locations in partnership with local NGOs and international PVOs.



Routine Immunization Coverage

Immunization coverage in the CGPP focus countries is highlighted in the graph below. Coverage rates for OPV0, OPV3, Penta3/Penta5, and measles are shown for children from 12 months and under.



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

CGPP Ethiopia reported coverage of OPV0 (36.7%), OPV3 (64.3%), Pentavalent3 (67.3%), and measles coverage (62.1%) for under ones. CGPP Ethiopia identified 21,810 pregnant women for antenatal care (ANC) and follow up; 11,864 newborns and 2,565 defaulters were identified and referred for vaccination. To support routine immunization, CGPP Ethiopia provided 688 office supplies, ETP registers, and reporting forms, 164 IEC materials, and maintained 48 refrigerators. The Secretariat organized EPI mainstreaming training for Christian and Muslim religious leaders in Bullen Woreda, Metekel Zone B/Gumuz region September 25-26 2018. A total of 42 participants including religious leaders, WoHO heads, surveillance focal persons and two BPTCS mobilizers attended.

CGPP India coverage of OPV0 (83.3%), OPV3 (65.0%), Pentavalent3 (66.6%), and measles coverage (56.2%). To maintain population immunity for polio eradication, routine immunization must remain high in India. Therefore, CGPP India partners continue to support community mobilization and monitor various governmental immunization campaigns including Mission Indradhanush, measles, and rubella campaigns. The field teams provided support in strengthening micro-plans, dissemination of campaign messages through IPC and group meetings and field monitoring visits.

CGPP Kenya reported coverage of OPV0 (83.0%), OPV3 (92.2%), Pentavalent3 (86.5%), and measles coverage (90.2%). CGPP supported 88 border health facilities along the Kenya border regions to conduct monthly outreach services. With support from community mobilizers, the outreach targeted hard to reach villages, border communities, internally displaced persons, and mobile populations including nomadic pastoralists. The community mobilizers worked closely with village elders to increase the update of services. A total of 12,477 children under 5 were vaccinated through this outreach. During the quarter, the project supported Turkana West, Turkana Central and Kibish sub counties with cold chair repairs as a results of the joint CGPP/MOH cold chair assessment in Q3.

CGPP Nigeria reported coverage of OPV0 (99.9%), OPV3 (98.8%), Pentavalent3 (79.2%), and measles coverage (24.9%) CGPP Nigeria has continued to work closely with health facilities and RI focal persons to mobilize for outreach and fixed sessions. By the end of FY18, average OPV3 coverage increased to 88.4%, climbing 8.4% during FY18. CGPP intensified social mobilization and community engagement activities through community meetings, house to house mobilization, compound meetings, and community dialogues.

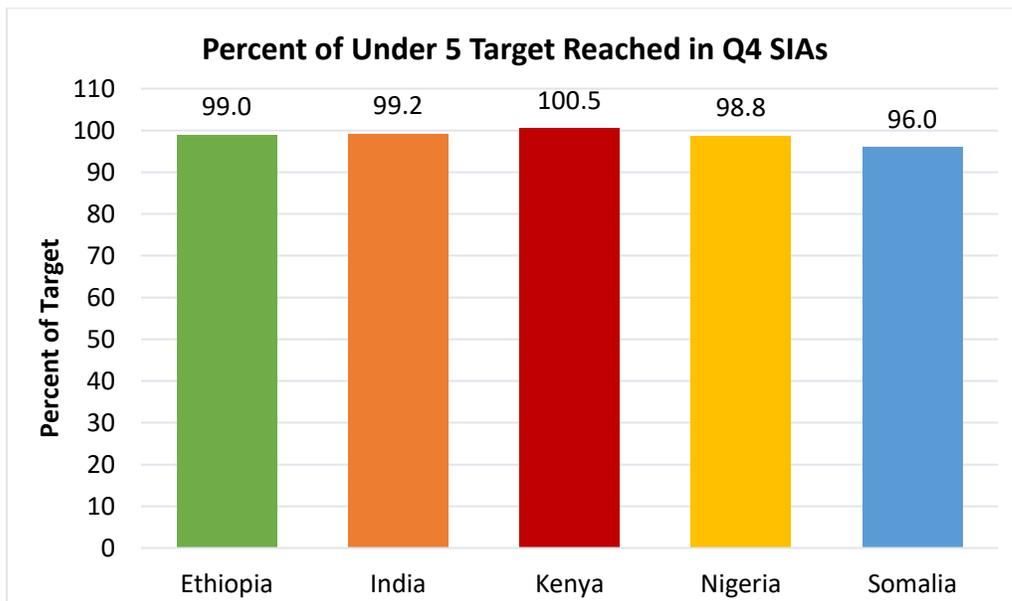
CGPP Somalia reported coverage of OPV0 (40.2%), OPV3 (48.0%), Pentavalent3 (49.0%) and measles coverage (54.1%). CGPP Somalia supported the MOH and key health partners in the peripheral health facilities to conduct monthly integrated outreach sessions in hard-to-reach nomadic communities and urban-rural areas through its 17 peripheral health facilities. The project conducted refresher training/OJT for 90 health workers on Routine immunization, Cold chain and documentation to health facility staffs in Lower Juba, Somalia. This training was meant to increase the skills and knowledge of health staffs offering Routine Immunization. Additionally, to improve the capacity of CHVs, CGPP conducted a 3-day OJT training for 60CHVs on CBS, polio campaigns and RI in Lower Juba region.

CGPP South Sudan reported coverage of OPV0 (11.6%), OPV3 (11.7%), Pentavalent3 (12.6%), and measles coverage (16.2%). During the quarter, 82.3% (349/424) of the planned polio outreach vaccination sessions were conducted and a total of 30,748 children under the age of one year were

vaccinated with various vaccine antigen. In addition, a total 13,066 women of child bearing age (including 8,521 pregnant women) were vaccinated with at least 2 doses of tetanus Toxoid vaccine (TT2+) overall to boost their immunity against tetanus and neonatal tetanus. The outreach vaccination sessions were conducted in the 11 counties supported under the USAID polio grant. Of the children vaccinated during the reporting period 11,408 (37.1%) received different doses of oral polio vaccine (OPV) of which 2,406 (7.8%) received the vaccine for the first time (OPV0). The drop in the number of children vaccinated during the reporting period was a result of slowed project activities in the months of July because of the transition period from Bio Aid to the new implementing partners.

Polio Campaigns

Polio campaigns took place in Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan. High rates of vaccination were reported during SIAs. Between 96.0% and 100.5% of the target under 5 population was reached in these efforts.



Data Source: National Administrative Data

CGPP Ethiopia. Following the cVDPV outbreak in Kenya and Somalia, two rounds of mOPV2 were conducted in five zones of the Somali region. The Secretariat and partners participated in synchronized campaigns in the Somali region, bordering Somalia and Kenya. Dr. Bisrat gave remarks at the launching event. The two rounds were conducted from July 9-12 and September 23-26. Twenty-eight CGPP staff provided technical support during the pre, intra, and post campaign activities. The project provided 690 liters of fuel and 20 vehicles; 1161 community volunteers participated as social mobilizers and vaccination team members. Coverage was 101% of target. CGPP took part in several important meetings including a coordination meeting with WHO, UNICEF, and Core Group in September 2018 to discuss and agree upon harmonization of the surveillance and immunization supportive supervision checklist formats (and apply to ODK).

CGPP India. The state of UP conducted two SIA rounds on August 5th and 12th, 2018 due to an annual religious event (Kanwar). Partners launched the “Khusi Exzpress” a mobile van used to generate mass awareness through loudspeaker announcements, display immunization messages, and street plays. CMC helped to mobilize and bring children out from outreach areas on booth days.

CGPP Kenya. CGPP supported three rounds of SIA campaign in Garissa, Wajir, Mandera, and Lamu Counties through the provision of technical and logistic support. The project provided extra teams for hard to reach nomadic and border communities, IEC materials and social mobilization support. The project conducted LQAS and IM training and implementation for the first and second rounds of mOPV SIA and the first round of bOPV for 4 Counties (Wajir, Garissa, Mandera, and Lamu) in Kenya. Among the high-profile dignitaries who attended the Polio Launch were Minister of Health from Kenya, South Sudan, Ethiopia and Somalia under the auspice of IGAD.

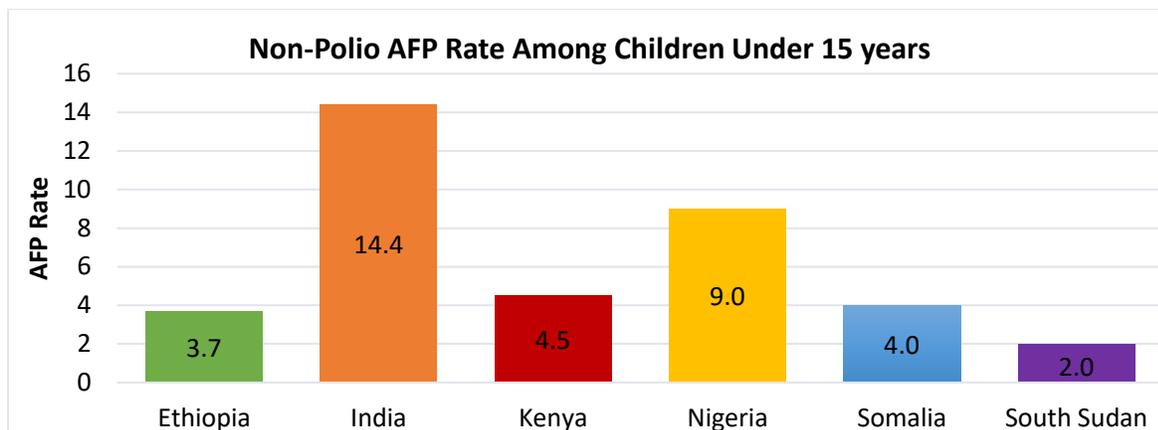
CGPP Nigeria. During the quarter, an round of OBR (Outbreak Response) was conducted in three of the CGPP focal states. CGPP supported immunization teams in addressing issues of non-compliance. In Kaduna and Katsina, CGPP engaged local clowns “papalolos” and gave incentives like sweets, milk, biscuits, and whistles to attract children to the streets for vaccination. CGPP conducted supportive supervision including spot checking tally sheets, and ensuring proper house and finger parts.

CGPP Somalia. During the Polio SIA in July and August 2018, the project community health Volunteers conducted door-door, watering points social mobilization at all the targeted border villages and nomadic communities reaching approximately 168,300 individuals with the key polio campaign messages. In addition to supporting the polio SIA, CGPP Somalia supported a measles mop-up campaign in Lower Juba and Gedo regions of Somalia. The project focused on the coverage of the special population (Nomadic, pastoralists, IDPs, and Returnees) at the border villages and hard to reach nomadic settlements.

CGPP South Sudan. CGPP supported integrated SIAs in Nasir County in September 2018. These campaigns included vaccination for polio, meningitis, measles, and tetanus. Original plans were to have integrated campaigns in 4 other counties, but it was determined that such an undertaking was not possible. A combination of fixed, temporary fixed, and outreach strategies were used to support the campaign. A team of 12 or more conducted campaign implementation in each payam/village/settlement for up to 10 days to deliver the necessary vaccinations. Community mobilizers helped to sensitize communities and ensure high levels of vaccination. The integrated Measles, meningitis and Tetanus mass vaccination campaign in Nasir county led to vaccination of 20,609 (93%) children below 59 months old with polio vaccine, 32,176 (42.0%) children below 59 months with MenAfric vaccine and 16,075 (58%) women of child bearing age with various does of Tetanus Toxoid

AFP Surveillance

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



Data Source: National Administrative Data

CGPP Ethiopia. CGPP Secretariat organized CBS, NBT and ODK training for the new Borena Zone EOC partner staff, six new EOC partner staff, and six government staff from August 15-18. In the reporting period, a total of 19 NPAFP cases were reported from CGPP implementation districts, of which 12 (62.3%) were reported by CVs/HDALS. Similarly, a total of 51 measles cases were reported from the same area, 41 (80.4%) of which were reported by CVs/HDALS.

CGPP India. Every month, during mothers’ meetings and IPC sessions, the CMCs discuss signs and symptoms of AFP. A total of 178 AFP cases were reported from CGPP areas of which 83 (52.3%) were reported by CMCs during the quarter.

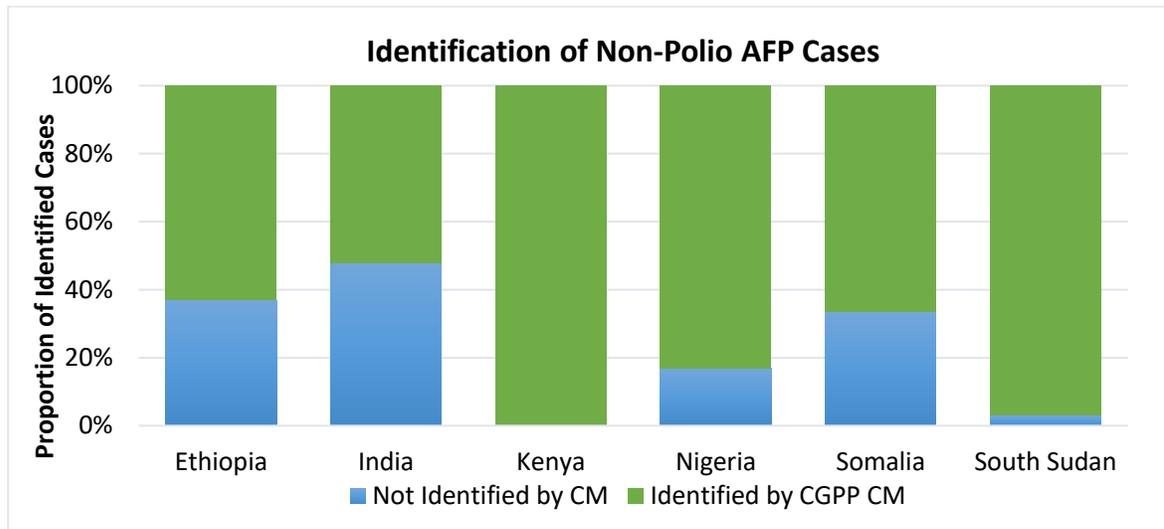
CGPP Kenya. During this reporting period, CGPP worked closely with the community members, WHO staff and Volunteers and managed to detect 15/15 (100%) suspected AFP cases through community-based health Volunteers/VPVs. CGPP Kenya also supported AFP active case detection in all the project supported health facilities and offered supportive supervision on disease surveillance integrated with RI services.

CGPP Nigeria. VCMs and Cis actively searched for AFP cases within their settlements during the reporting period. A total of 95 suspected AFP cases were reported in the focal LGAs (including non-focal Wards within the LGA) out of which 79 (83.2%) were detected by CGPP. Seven of this were true AFP and given EPID number. Sensitivity for AFP surveillance is high in CGPP focal areas. It should be noted that CGPP does not support all Wards within the LGAs.

CGPP Somalia worked with community mobilizers and health volunteers to improve and conduct strong community based AFP surveillance, and to refer children for vaccination. As a result, of the three total suspected AFP cases, CGPP Somalia identified two (66.7%) Non-Polio AFP cases, all from Afmadow district of Lower Juba.

CGPP South Sudan A total of 105 suspected AFP cases were reported by community key informants. Of the true NPAFP cases, 33/34 (97.1%) were reported by CGPP. All suspected cases validated as true AFP had stool samples collected for laboratory analysis. Few reported suspected AFP cases were validated (30) this quarter since the County supervisors were in Juba for project review meeting. (South Sudan surveillance activities supported through BMGF grant)

CGPP community mobilizers play a crucial role in community based AFP surveillance and well as social mobilization. The chart below shows the percent of cases of non-Polio AFP in CGPP focal areas that were identified by CGPP community mobilizers.



Data Source: Project data collected by CGPP

Community Mobilizers and Volunteers

Community mobilizers are the backbone to CGPP activities in the six project countries. During Q4, they participated in training, held community meetings, participated in surveillance, sensitized communities, addressed barriers, and worked to mobilize communities to participate in immunization. The number of community mobilizers for each of the project country and the reported outreach can be found below.

CGPP Country	# of Community Volunteers	% of mobilizers who are male	Reach of Community Volunteers (# of people)
Ethiopia	11,157	16.1	577,500
India	1,007	3.8	2,326,437
Kenya	83	-	391,093
Nigeria	2,469	4	2,600,000
Somalia	169	15	128,695
South Sudan	260	-	12,100
TOTAL	14,989	-	6,035,825

***Data is from CGPP Project Data*

CGPP Ethiopia. 11,157 CVs/HDALs supported immunization and surveillance activities. CVs visited 207,387 households, reaching 577,500 people with social mobilization activities.

CGPP India. A total of 1,007 CMCs are working in twelve districts of Uttar Pradesh. The CMCs conducted

73,364 IPC sessions and 6,423 group meetings with pregnant women, mothers with children under 5, and adolescent boys and girls. Special activities were held for school children to increase sanitation and immunization messaging and sensitization – 1980 rooster rallies were organized to promote sanitation and a better understanding among school children, 2,628 fun classes were organized for primary schools to promote handwashing and personal hygiene. CGPP India continued with extensive capacity building – the Secretariat conducted several three day residential training programs for 107 master trainers and District Mobilization; partners trained 1005 CMCs on polio and new RI vaccines and communication skills. CGPP India will continue with the CMC Sakhi (friend) initiative and child rallies to support higher update of polio and RI vaccinations.

CGPP Kenya. The project’s 83 CMs worked closely with the village elders to increase acceptance and the uptake of immunization services. During the quarter, the project reached a total of 391,093 persons with advocacy and social mobilizations messages through the trained community mobilizers (CMs). The CMs use public address systems, public and religious gathering and house to house in reaching the people.

CGPP Nigeria. There is a total of 2,205 Volunteer Community Mobilizers (VCMs), 264 Volunteer Ward Supervisors (VWS) who are coordinated by LGA Coordinators (LGACs) across the 32 LGAs where CGPP provides support. Additionally, CGPP works with a total of 747 community informants. During the quarter, the project commenced implementation in a new LGA in Borno State. All volunteers were selected from the interventional settlements. All 2,469 community volunteers (VCMs and VWSs) participated in some form of training – including OBR pre-trainings, RI, BCC, IPC, and M&E. There was also training conducted for CIs.

CGPP Somalia. During this quarter the Community Mobilizers conducted social mobilization through household visits and dialogue sessions reaching 128,695 individuals with Routine immunization messages and 168,300 individuals with the key polio campaign messages. These sessions were meant to increase community knowledge and change their habits on health-seeking behaviors.

CGPP South Sudan. The project continue to support social mobilization activities to create demand for immunization services in the supported counties. During the reporting period, the project conducted nine (9) community sensitization meetings attended by 100 individuals. At the household level, the project intensified house to house visits in the community to sensitize the community on the importance of vaccination of children and women of child bearing age. During the reporting quarter, 470 household visits were made reaching 799 individuals.

Monitoring, Evaluation, Accountability, and Learning

CGPP Ethiopia. From USAID HQ Washington Carmen Tull, Deputy Chief Child Health and Immunization Division and Ellyn Ogden, Global Polio Eradication Coordinator accompanied by Ethiopian Team, Miranda Beckman, Child Health and Infectious Diseases Team Lead, USAID Ethiopia; Solomon Zeleke Transform-HDR and Dr. Filimona Bisrat, CGPP Ethiopia Secretariat Director & Senior Regional Technical Advisor conducted a field visit from August 22 - 25, 2018 in Bambasi and Menge of Benishangul-Gumuz Region WVE and IRC implementation woredas respectively.

CGPP India. The program continued to use the existing monitoring tools and followed the standard practices for maintaining data quality and timely reporting. ADRA conducted a data validation exercise in all three districts with inputs from the CGPP secretariat. An app based supervisory checklist and spot check tool for data quality is being developed by one of the CGPP partners (PCI) and will be tested next quarter.

CGPP Kenya/Somalia. During the quarter, the project scaled-up the use of Open Data Kit (ODK) mobile-based data collection tool for weekly and monthly reporting by the project officers and community mobilizers. This step has significantly improved the real-time data reporting and visualization of the project activities. The project has enhanced the use of WhatsApp messaging platform and formed a chat group for all its staff to facilitate real time communication and information and picture sharing. Weekly project updates are now shared with partners, HQ, USAID. Work continued on a manuscript for the CGPP Journal supplement on the cross-border health initiative.

CGPP Nigeria. Across the focal states, M&E is being strengthened to support the collection, collation, analysis, interpretation and reporting of data. Program staff from the Secretariat and amongst the in-country partners routinely visited the states to provide technical guidance through on-the-job coaching, mentorship and supportive supervision. Generally, the timeliness of reporting has improved due to routine tracking and improved record keeping of data.

CGPP South Sudan. The project M&E coordinator on 25th July held an M&E coordination meeting. This meeting was attended with the partner M&E officers (CGPP UNKEA, SPEDP, LiveWell, CASS and CMD) supporting the project activities. During this meeting, the M&E coordinator introduced the project M&E officers to the project result frame work, reporting tools (line list, monthly report forms quantities and qualitative /Narrative, Initial case report forms (IRF) County supervisor monthly report form) and reporting channels and datelines.

Polio Certification

CGPP Kenya/Somalia. The project participated and supported two Kenya national polio certification meetings and supported the ARCC reporting workshop with technical and logistic support.

CGPP Nigeria. Nigeria has now gone more than 2 years without a case of WPV. However, the focus is on improving the surveillance and OPV coverage in the Northeastern regions and other high risk and security compromised areas. Unfortunately there have been several cases of cVDPV2 reported this quarter.

Cross Border Initiatives

During Q4, CGPP Ethiopia, Kenya, Somalia, Nigeria, and South Sudan participated in cross-border initiatives to ensure the vaccination and surveillance of migrating populations and internally displaced persons.

CGPP Kenya/Somalia. CGPP HOA conducted a Joint Kenya-Somalia Cross-Border Health Coordination Forum at Agan Hotel in Kismayu on September 25 – 27, 2018. The objective of the forum was to strengthen the functions of the Cross-Border Health Committees (CBHC) for polio eradication and develop joint action plans for coordinated responses to the polio outbreak in HOA and cross-border collaborations to strengthen cross-border disease & AFP surveillance. The projects teams in the respective counties conducted monthly cross-border health committee meetings to monitor the movement of mobile populations and plan for synchronized SIA campaigns. Inaugural cross-border health committee meetings were held on Lamu Island and between Turkana County and Narus County in August 2018. The Turkana-Narus meeting showed the similarities in health care structures, challenges, including highly mobile populations and recognized that they could collaborate in many ways to address diseases that transcend their borders. The CGPP/IRC also partnered with Sight Savers - Kenya in planning and undertaking a cross-border health committee meeting in Kapoeta State, South Sudan. Sight Savers rode on the links established by CGPP to address key cross-border issues affecting Trachoma programming in both Kenya and South Sudan including mass drug administration targeting trachoma susceptible populations and their tracking along and across the border.

CGPP Ethiopia. CGPP Secretariat with implementing partners IRC, WVE & CRS/BPTCS organized cross border mapping meeting for B/Gumz region. A total of 104 participating attended the meeting, including the Regional Health Bureau Head and deputy, zonal surveillance officers, Woreda Administrators, Woreda Health Office Heads, Health Center Surveillance Officers, and 6 health extension officers were in attendance. Crossing points and border villages with South Sudan were identified and mapped. Cross border facilities (health posts/centers) were identified. Woreda health offices have planned to start vaccination at one crossing point per wordea.

CGPP Nigeria. CGPP supported synchronized immunization in Borno and Yobe State. In Yobe, three LGAs had meetings with Niger Republic during and after SIAs. Security issues across Yobe State continue to make the planning and supportive supervision challenging as movement is restricted in some LGAs.

South Sudan. Core Group Polio Project South Sudan successfully conducted its 15th Regional Cross Border Collaboration Meeting on Polio Eradication on 25th and 26th September. This meeting which involved Uganda, South Sudan and DR Congo was in response to the circulating Vaccine Derived Polio Virus (cVDP) and ongoing Ebola outbreaks in the Ituri province of DRC. In the short term, this meeting contributed to improved cross-border collaboration on health intelligence, strengthened cross border disease surveillance and outbreak preparedness, mitigation and response. It is also expected to improve information sharing and reinforce cross border surveillance in border districts and counties of South Sudan, Uganda and DR. Congo

Transition Planning

CGPP India. Capacity building of 'CMC *Sakhis*' and government frontline health workers: As part of the transition plan, consortium partners continue to engage ASHAs and friend of CMCs (*Sakhi*) by building their capacity on soft skills. CGPP Secretariat and partners brainstormed to have a common understanding of transitioning, legacy planning, USPs, marketing strategy etc. Two consultants were hired and after interactions with CGPP staff, partners and various stakeholders and a day-long 'Deep-Dive' workshop was organized to list the prioritized actionable ideas for CGPP partners to work together beyond polio. The report, 'A way ahead' highlights the strengths and opportunities for CGPP partners. The study findings recommend that CGPP consortium should continue to work together beyond polio to address other public health issues in the country.