BILL & MELINDA GATES foundation

Final Narrative

Use this form to provide your final update to your foundation program officer regarding the results achieved for the entire project. In addition, please provide your perspective on key lessons learned or takeaways and input on the foundation's support of your work to ensure that we can capture and share learnings as appropriate both internally and externally.

The Final Narrative must be submitted in Word, as PDFs will not be accepted.

General Information

Investment Title	Strengthening CORE Group Polio Project Impact		
Grantee/Vendor	World Vision Incorporated		
Primary Contact	Frank Conlon	**Investment Start Date**	November 12, 2014
Feedback Contact[1]	202.572.6544	**Investment End Date**	December 31, 2018
Feedback Email[1]	fconlon@worldvision.org	**Reporting Period Start Date**	November 12, 2014
Program Officer	Michael Galway	**Reporting Period End Date**	December 31, 2018
Program Coordinator	Frank Conlon	**Reporting Due Date**	March 31, 2019
Investment Total		**Opportunity/Contract ID**	OPP1115367
Remaining Funds (If applicable)			

[1] Feedback Contact/Email: the full name and email of the contact whom foundation staff queries for various surveys.

Submission Information

By submitting this report, I declare that I am authorized to certify, on behalf of the grantee or vendor identified on page 1, that I have examined the following statements and related attachments, and that to the best of my knowledge, they are true, correct and complete. I hereby also confirm that the grantee or vendor identified on page 1 has complied with all of the terms and conditions of the Grant Agreement or Contract for Services, as applicable, including but not limited to the clauses contained therein regarding Use of Funds, Anti-Terrorism, Subgrants and Subcontracts, and Regulated Activities.

Date Submitted	March 31, 2019	**Submitted by Contact Name**	Frank Conlon
		Submitted by Contact Title	Director, CGPP
		Submitted by Contact Email	fconlon@worldvision.org
		Submitted by Contact Phone	202.572.6544

Progress and Results

1. Final Progress Details

Provide information regarding the entire investment's progress towards achieving the investment outputs and outcomes. In addition, submit the Results Tracker with actual results as requested. If this investment has an Integrated Product Development Plan (IPDP) that was developed with your foundation Program Officer, progress toward relevant outputs and outcomes should be updated in that document.

In October 2015, the CGPP shifted its geographic focus and programmatic activities to concentrate on community-based AFP surveillance in 34 counties in conflict-affected areas of Unity, Upper Nile and Jonglei States and the single county of Kapoeta East in Eastern Equatoria State. (Activities in Unity State technically began in July 2016.) With instability remaining and the pressing need for continued surveillance, the CGPP continued until December 2018 to conduct community-based surveillance in the counties and payams of the three hardest-hit, most infrastructure-poor northern states of Jonglei, Upper Nile and Unity as well as Kapoeta East County in Eastern Equatoria.

Over the three-year period, the CGPP underwent three phases of project implementation:

- Phase I of project implementation began October 1, 2015 by establishing CBS in 20 counties, 17 of which were silent or not reporting any cases. The project worked with five national organizations as implementing partners in Upper Nile Jonglei, Eastern and Central Equatoria States.
- Phase II of the project started September 1, 2016 with scaling up of activities to Unity State and adding 16 counties from the conflict-affected northern states. The project reduced the number of counties in the Equatoria region to one (Kapoeta East). At this time, the project reduced the number of partners from five to three due to performance issues.
- Phase III began October 1, 2017 with a total of 37 counties. The government of South Sudan created new states and counties as Pibor County was divided into Pibor and Boma and Akoba County was split into Akobo West and Akobo East. Operations in Magwi County were re-established but activities in Panyikang County were unable to begin due to active fighting between the government and opposition.

By the end of funding on December 31, 2018, the CGPP attained coverage of 36 counties in four states (Jonglei, Unity, Upper Nile and Eastern Equatoria) or 45% of all counties in the country. In addition, the project targeted over 2.8 million children under the age of 15 years in the four states, or 47% of the total population of the catchment areas.

Recruitment, Capacity Building and Supervision of CBS

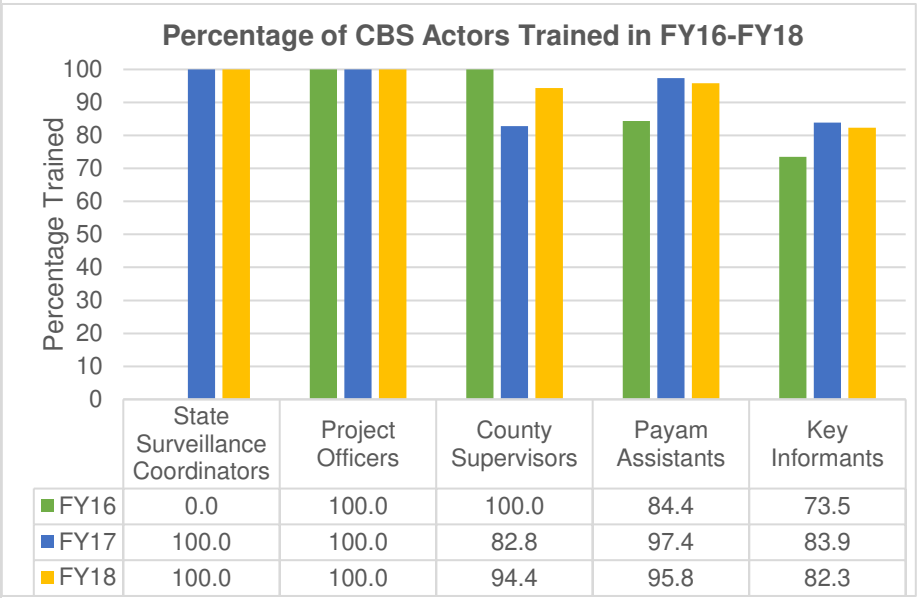
The project set out to create a strongly trained, well- supervised surveillance system that could detect AFP cases in the conflict affected states of Jonglei, Upper Nile, and Unity. The CBS system combined components of active community-based AFP case surveillance and behavior change, utilizing community volunteers to cover a much larger area at a much smaller cost.

In the final year, the CGPP CBS system grew to 3,736 actors, including 3,646 unpaid key informants (KIs) at the community level. KIs were monitored by a cadre of paid supervisors – Payam Assistants and County Supervisors. The CGPP created and maintained a community-based surveillance system that identified the majority of AFP cases in project areas, reduced the number of silent counties, and increased the non-polio AFP rate.

Number of Community-Based Surveillance Actors			
	FY16	**FY17**	**FY18**
County Supervisors	20	34	36
Payam Assistants	132	230	236
Key informants	1,977	3,129	3,464
TOTAL CBS ACTORS	2,129	3,393	3,736

- **95% of county supervisors, payam assistants and KIs trained on disease surveillance and reporting**

The CGPP developed skills and built capacity at all levels of the surveillance system through consistent refresher training. This was of particular importance in geographic areas that lacked WHO field staff. CGPP trained County Supervisors to investigate suspected AFP cases, collect and package stool samples, and provide documentation - filling gaps that existed prior to programming. Payam assistants and key informants were trained on polio and disease surveillance and on reporting, strengthening community resources and creating a system that could be incorporated by the government. By the end of the project, overall, 36/36 (100%) county supervisors, 235/236 (99.6%) payam assistants, 3,461/3464 (99.9%) KIs were trained on the community-based surveillance model and deployed to the field. The annual training percentages are shown in the graph on the left. Within the first two fiscal years of the project, 100% of payams maintained at least 10 KIs; this number dropped slightly to 93% in FY18 due to continued violence and active fighting in some of the payams.

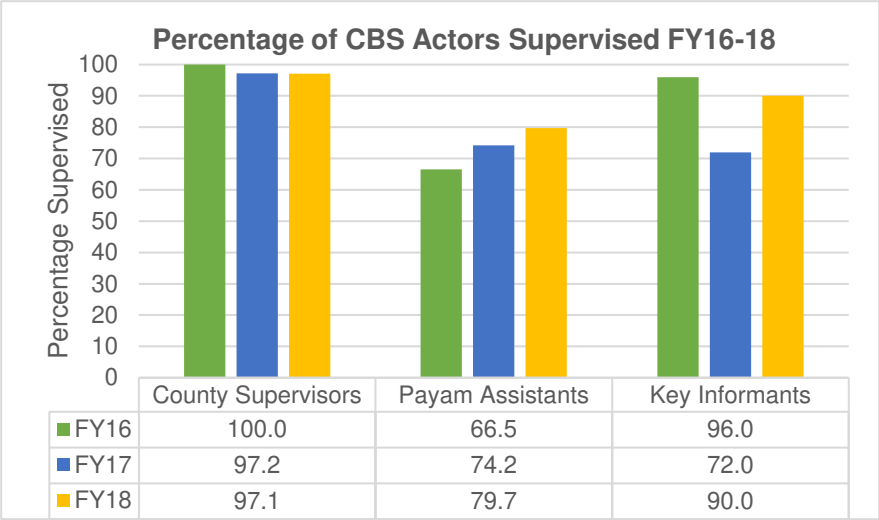


	State Surveillance Coordinators	Project Officers	County Supervisors	Payam Assistants	Key Informants
FY16	0.0	100.0	100.0	84.4	73.5
FY17	100.0	100.0	82.8	97.4	83.9
FY18	100.0	100.0	94.4	95.8	82.3

❖ 90% of community leaders reached with surveillance awareness messages during health sessions

The CGPP also strengthened the CBS system by improving the surveillance-related knowledge and awareness of community members. During the project period, CGPP reached a total of 156,271 community leaders with AFP surveillance messages during group meetings and health sessions. Initially, the annual target was 73,280 community members. However, due to intensified periods of fighting, many of the communities, payams, and counties became inaccessible during the end of FY16 and throughout FY17. The CGPP did not meet the target during this period. Once fighting slowed in many of the project areas, the project intensified efforts in FY18 to reach over 100% (79,376/73,280) of the target.

❖ 90% of county supervisors, payam assistants, and Key Informants visited for supportive supervision



	County Supervisors	Payam Assistants	Key Informants
FY16	100.0	66.5	96.0
FY17	97.2	74.2	72.0
FY18	97.1	79.7	90.0

Proper supervision at all levels of the surveillance system was critical to project success. The CGPP established strong supportive supervisory structures to monitor surveillance actors. The project maintained high levels of supervision at the county level. However, fighting particularly in FY17, made supervision of payam assistants and key informants more difficult. By the final year of the project, the supervision of county supervisors and key informants met or exceeded the 90% target; supervision of payam assistants reached 79.7%, failing to meet the target.

Improved Sensitivity, Effectiveness, and Reporting Through CBS

WHO guidelines for polio surveillance indicate that a Non-Polio AFP rate of at least 2/100,000 children under the age of 15 years is necessary to ensure proper sensitivity of polio surveillance. At inception, CGPP aimed to improve upon this sensitivity with a target of 4/100,000.

❖ Non-Polio AFP Rate above 4.0/100,000 children under 15 years in CGPP supported counties

The overall AFP rate among project counties was 6.4/100,000 at the close out of the project, a strong achievement in surveillance sensitivity. All states supported by the CGPP were able to achieve more than the 4/100,000 target by the end of the project.

❖ Suspected AFP Rate above 10/100,000 children under 15 years in CGPP supported counties

The CGPP community-based system considerably boosted the suspected AFP rate considerably during the project in focal areas. The suspected AFP rate increased steadily from the beginning of the CGPP CBS system until the close of the project. In FY16, the suspected AFP rate was only 3.7/100,000, but grew nearly threefold to 14.1/100,000 by the end of the project.

❖ Less than 10% silent Counties in the CGPP catchment areas

At the start of the project, there were 17 silent counties in the three focal states of Jonglei, Upper Nile, and Unity. These 17 counties had not reported any AFP cases for at least 6 months. By the end of the project, only 1 silent county remained (2.7%), a significant achievement given the inaccessibility and violence throughout project areas.

❖ Silent Counties in CGPP Focal Areas			
	❖ Total # of counties	❖ Total # of silent counties	❖ % of silent counties
❖ FY15	❖ 20	❖ 17	❖ 85.0%
❖ FY16	❖ 20	❖ 5	❖ 25.0%
❖ FY17	❖ 34	❖ 4	❖ 11.8%
❖ FY18	❖ 37	❖ 1	❖ 2.7%

❖ More than 40% of true AFP cases reported through CGPP CBS

Following the first year of implementation, a much greater proportion of AFP cases were reported through CBS than through health facilities. Overall, the CGPP CBS system has far exceeded the target of 40% target set at the beginning of the project. The cumulative percentage of AFP cases reported through CBS during the funding period was (232/334) 69.5%. This percentage climbed steeply from (29/96) 30.2% in FY16 to, with (78.86) 90.7% and (125/152) 82.2% reported in FY17 and FY18 respectively, a notable achievement.

To ensure that the cases being reported were, in fact, true AFP cases, the CGPP set a goal to validate at least 80% of the AFP cases by WHO field Staff, CORE Group County Supervisors, or facility health workers. By the last year of project implementation, 100% of cases were validated.

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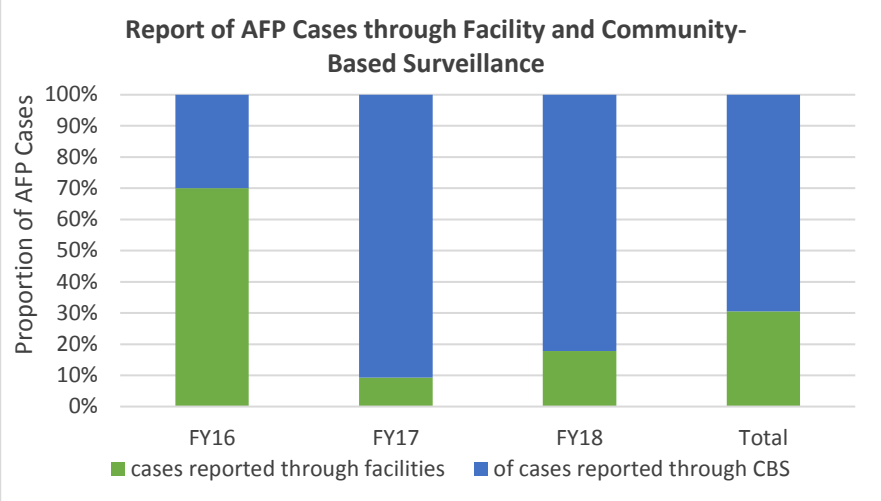

2. Geographic Areas to Be Served

Provide the final list of countries and sub-regions/states that have benefitted from this work and associated dollar amounts. If areas to be served include the United States, indicate city and state. Add more rows as needed. More information about Geographic Areas to Be Served can be found here.

Location by County	Foundation Funding (U.S.$)
Panyikang, Akoka, Baliet, Maban, Melut, Malakal	
Piggi, Fangak, Nyirol, Ayod, Uror	
Duk, Twic East, Bor South, Pibor, Boma, Kapoeta East, Magwi	
Fashoda, Maban, Renk, Manyo, Melut, Rubkona, Guit, Koch, Panyijar, Mayendit, Leer, Abiemnhem, Mayom, Pariang.	
Pochalla, Akobo, Uror, Nyirol, Fangak, Piggi Ulang, Nasir, Maiwut and Longochuk Counties	
Ayod, Uror, Nyirol and Panyikang	
Akobo, Fangak and Piggi	
Duk, Ayod, Twic East, Bor South, Pibor, and Boma Malakal, Baliet, Akoka and Panyikang, Kapoeta East, Magwi	
South Sudan - Juba, Central Equatoria State	
South Sudan – Ibba, Morobo	
South Sudan – Kajo Keji, Juba	
Angola – Soyo, cuimba, Namacunde, Cuanhama, Noqui, Uige, Manibe	
Angola – Benguela, Lunda Norte	
Angola – Luanda, Nunda Sul, Moxico	

Angola – Huambo, Kwanza Sul	

3. Geographic Location of Work

Provide the final list of countries and sub-regions/states where this work has been performed and associated dollar amounts. If location of work includes the United States, indicate city and state. Add more rows as needed. More information about Geographic Location of Work can be found here.

Location by County	Foundation Funding (U.S.$)
Panyikang, Akoka, Baliet, Maban, Melut, Malakal	
Piggi, Fangak, Nyirol, Ayod, Uror	
Duk, Twic East, Bor South, Pibor, Boma, Kapoeta East, Magwi	
Fashoda, Maban, Renk, Manyo, Melut, Rubkona, Guit, Koch, Panyijar, Mayendit, Leer, Abiemnhem, Mayom, Pariang.	
Pochalla, Akobo, Uror, Nyirol, Fangak, Piggi Ulang, Nasir, Maiwut and Longochuk Counties	
Ayod, Uror, Nyirol and Panyikang	
Akobo, Fangak and Piggi	
Duk, Ayod, Twic East, Bor South, Pibor, and Boma Malakal, Baliet, Akoka and Panyikang, Kapoeta East, Magwi	
Ibba, Morobo	
Kajo Keji, Juba	
Juba, Central Equatoria State	
Angola – Soyo, cuimba, Namacunde, Cuanhama, Noqui, Uige, Manibe	
Angola – Benguela, Lunda Norte	
Angola – Luanda, Nunda Sul, Moxico	
Angola – Huambo, Kwanza Sul	
US Headquarters Staff Support	
US Headquarters Staff Support	

4. Lessons Learned

Describe the top one to three takeaways or lessons learned from this project.

In October 2015, the CORE Group Polio Project designed and implemented a new and highly effective community-based surveillance system in South Sudan's northern conflict states. This approach was based on the use of unpaid community key informants rather than paid health workers to cover an estimated 37 counties in the conflict-affected states of Jonglei, Upper Nile and Unity in addition to the hard-to-reach state of Eastern Equatoria (Kapoeta County and newly added Magwi County) that shares its international southern border with Kenya and Uganda. This strategy combined components of active community-based AFP case surveillance and behavior change education using community volunteers to create a new system of AFP surveillance that could cover a much larger area at a reasonable cost by relying on 3,464 unpaid

community informants to identify and report suspected AFP cases in their communities. Three takeaways are cited here for the Foundation's consideration:

1. The CBS system is a valuable complement or replacement to facility-based surveillance in insecure and complex environments where the health infrastructure has been destroyed and health staff are unable to work in violent areas. The CBS system resulted in higher quality surveillance over facility-based surveillance. Final outcomes indicate a significant increase in the number of suspected AFP cases reported by Community Key Informants and a greater number of cases identified within 48 hours of onset of symptoms than did cases identified through the health facility surveillance system. Trusted community informants are essential resources and critical in strengthening surveillance sensitivity in inaccessible and hard-to-reach areas
2. Partnership with the implementing local NGOs and stakeholders, collaboration and engagement with the local community, and coordination through a well-established and well-functioning CBS structure are necessary in developing strong programming in fragile areas. Engaging the community through the use of local NGOs greatly improves the identification and detection of AFP. The CBS structure is supported by NGOs that hire and train paid local staff (County Supervisors and Payam Assistants) and train and supervise key community informants who serve as unpaid volunteers. A high level of partnership, collaboration and coordination have substantially increased the capacity of local level staff, whose experiences and expertise can be applied to the government's Boma Health Initiative.
3. The CBS system can be applied broadly for disease control and detection of communicable disease threats, such as Ebola guinea worm, tuberculosis, kala-azar, measles, and neonatal tetanus and detection and control of zoonotic disease such as Anthrax and Rabies.

5. Feedback for the Foundation

Provide one to three ways the foundation successfully enabled your work during this project. Provide one to three ways the foundation can improve.

The Foundation enabled the CORE Group Polio Project to rise to the challenge of expanding to 34 counties in the northern conflict states to focus solely on AFP surveillance. The CGPP designed an entirely new strategy and the courageous team in the field implemented it in a very dangerous and complex environment with very impressive results. Since 2016, there has been a strong increase in the proportion of AFP cases reported by community-based surveillance versus those reported by facilities, raising the levels of Non-polio AFP surveillance to an average of over four per 100,000 children under 15. Final outcomes indicate a significant increase in the number of suspected AFP cases reported by Community Key Informants and a greater number of cases were identified within 48 hours of onset of symptoms than did cases identified through the health facility surveillance system. The strategy also has worked remarkably well by reducing the number of silent counties from 18 to one. These results could not have been achieved without the continued commitment of the Gates Foundation, which enable the CGPP to achieve remarkable results in a country struggling with multiple challenges. During the reporting period, South Sudan remained challenged with high levels of violence and unrest between government and opposition forces, a frail health infrastructure and large population movements of vulnerable women and children. Health facilities have been destroyed; many health workers, who were primarily responsible for treating children brought to the clinic with AFP symptoms, have fled for security reasons. 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.