

FY19Q1: CORE Group Polio Project (CGPP) Global Quarterly Update from October through December 2018

CGPP Partnerships

During FY2019 Q1, the CORE Group Polio Project implemented activities in 7 countries: Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan and Uganda. Within each country, CGPP Secretariats operated in high-risk locations in partnership with local NGOs and international PVOs.

CGPP Country	# International NGO Partners	# Local NGO Partners
Ethiopia	5	4
India	3	6
Kenya	5	0
Nigeria	3	7
Somalia	1	1
South Sudan	0	3
Uganda	2	0

CGPP India. On December 11th, prior to the PMNCH 2018 Partners’ Forum, the Maternal and Child Survival Program (MCSP), CORE Group, and the CORE Group Polio Project (CGPP) in India hosted a side event entitled *Power of Partnerships: Across Countries for Women, Children & Communities: Learning from cross-sector, integrated, and community-based approaches that reach every child and save lives.* Keynote speakers and panelists included stakeholders from UN agencies, community mobilizers, the Indian Ministry of Health, donors, and implementers. The event was attended by all the key development partners. A USAID delegation visited Nuh district and observed the Khushu express activities. During her visit, Elyn Ogden, USAID Worldwide Polio Eradication Coordinator, served as a keynote speaker at the PMNCH partners meeting, and met with WHO to discuss CGPP’s contributions to polio eradication and other possible avenues for support. The CORE Executive Director, Lisa Hilmi, visited and discussed possibilities for future work and support. CGPP India Secretariat Director, Roma Solomon, attend the WHO Meeting on “Supporting Polio Transition in Countries Globally” in Switzerland, and the IAG meeting.

CGPP Ethiopia. CGPP Secretariat staff attended the 20th FMOH Annual Review Meeting of the Health Sector Transformation Plan, the WHO 3rd quarter EPI and surveillance review meeting and presented on cross-border interventions. The CGPP Secretariat organized a partners’ meeting to discuss quarterly progress and unveil the new Global Health Security Agenda project. The Secretariat Director attended the HOA TAG in November 2018.

CGPP HOA. During the quarter, CGPP-HOA participated in 23 coordination meetings at the national and county levels, and in 37 coordination and planning meetings at the county and sub-country levels. CGPP HOA participated in its first Global Health Security (GHSA) program partners meeting convened by the USAID Mission at the KRCS HQ in Nairobi. The CGPP Secretariat held discussions with Comitato Collaborazione Medica (CCM) Kenya and Somalia Country representatives and team on possible collaboration on One Health activities in Marsabit County. CCM is due to start implementing a One Health project in Marsabit County. The Secretariat Director attended the HOA TAG in November 2018.

CGPP Nigeria continued developing close partnerships with its implementing partners and local CBOs.

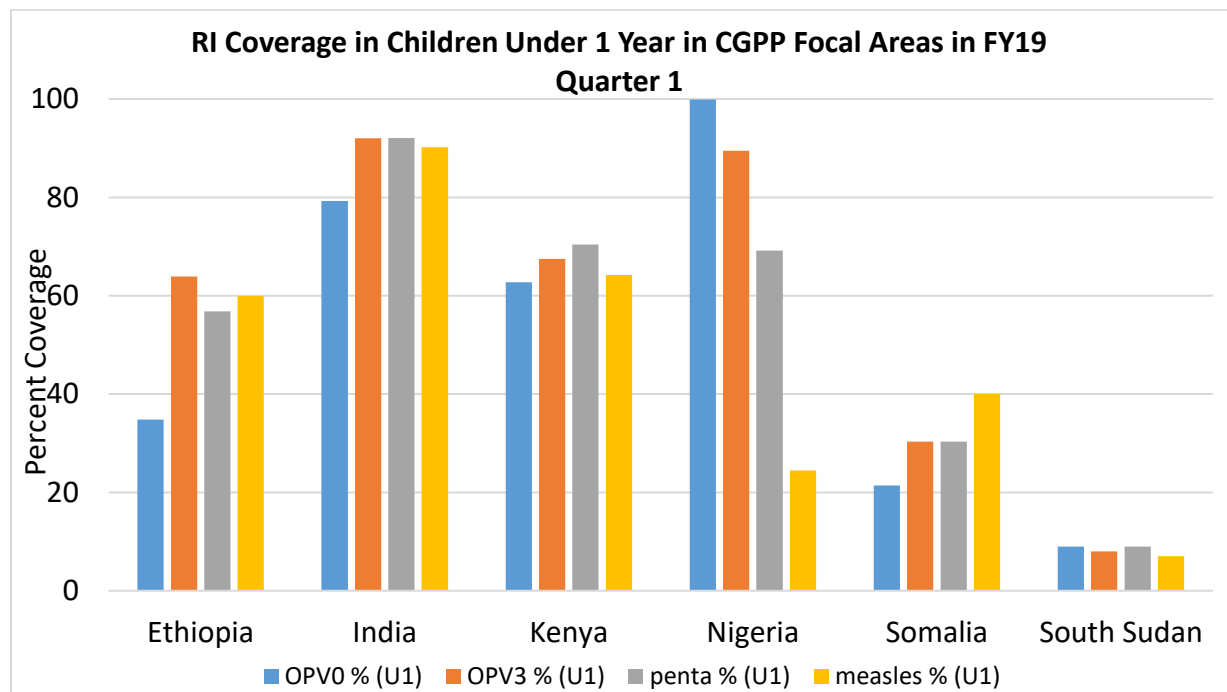
The project increased collaboration with the State Primary Health Care Development Agencies, the National and State EOC, and the Ministry of Health and LGA teams.

CGPP South Sudan. During the quarter, each partner organized a monthly cluster meeting attended by the CGPP secretariat, state surveillance coordinator, key partner staff, and other stakeholders. The purposed of these meetings aims to coordinate activities, learn successes, and discuss challenges. The Secretariat Director attended the HOA TAG in November 2018.

CGPP Uganda. CGPP Ethiopia Secretariat Director/Senior Regional Technical Advisor visited Uganda from October 15 - 21, 2018. The purpose of the meeting was to discuss the startup of the new project with the implementing partners, government and key stakeholders, and to give technical support and advice. Frank Conlon, CGPP Global Director, Lee Losey, CGPP Global Deputy Director, and Ahmed Arale, CGPP Kenya and Somalia Secretariat Director, met with the team and discussed the project rollout and responsibilities. In addition to the CGPP Directors, others in attendance included high-level representatives from the MTI, IRC, MOH, UNICEF, USAID, UNHCR, Office of Prime Minister, and District Health Office.

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 are from national administrative data reported by the government****

CGPP Ethiopia reported coverage of OPV0 (36.7%), OPV3 (64.3%), Pentavalent3 (67.3%), and measles (62.1%) for children under 1. During the reporting period, strides were made to increase routine immunization coverage. A total of 20,825 pregnant women were identified and referred to antenatal care

(ANC), and 12,459 newborns and 2,502 defaulters were identified and referred to the vaccination posts. To support RI, 21,459 liters of fuel (kerosene and benzene), 401 office supplies, EPI registers, and reporting formats and 78 IEC materials were provided during the quarter. A total of 18 refrigerators and 2 motorcycles were maintained for immunization outreach services.

CGPP India reported coverage of OPV0 (79.3%), OPV3 (92.0%), Pentavalent3 (92.1%), and measles (90.2%) in children under 1. The field team mobilized refusal and reluctant families to accept immunization services. In November, the state government launched the Measles-Rubella (MR) campaign in all the 75 districts in Uttar Pradesh (UP). The MR campaign aimed to cover children ages 9 months to 15 years. CGPP field teams helped the health department in developing the line list of all the schools and madrasas in the project catchment areas and contributed to the development of high-quality micro plans. The team organized various social mobilization activities prior to and during the campaign at the community, block, and district level. The PCI team arranged to develop film clips on MR vaccines from youth icons such as Olympic, Commonwealth, and Asian Games medalists.

CGPP Kenya reported coverage of OPV0 (62.7%), OPV3 (67.5%), Pentavalent3 (70.4%), and measles (64.2%) in children under 1 year. The CGPP supported 102 border health facilities along the Kenya border regions. All the health facilities have project-supported community mobilizers to provide social mobilization of the communities for immunization services, especially targeting hard-to-reach villages. The project supported 359 outreach clinics to improve access and uptake of routine immunizations mainly in hard-to-reach and nomadic settlements. These outreach sessions reached 11,352 children (immunized) with various vaccinations antigens. The community mobilizers worked closely with the village elders during the social mobilization to increase acceptance and the uptake of immunization services. Additionally, a total of 47 healthcare workers trained in Marsabit and Wajir Counties.

CGPP Nigeria reported coverage of OPV0 (99.9%), OPV3 (89.5%), Pentavalent3 (69.2%), and measles (24.5%) in children under 1. CGPP continued to support PEI-related Routine Immunization (RI) activities across the focal states. Community volunteers worked closely with health facility in-charges and RI focal persons within their respective localities to monitor and supervise RI activities. Specific support provided include mobilization and sensitization of pregnant women and caregivers of children eligible for key RI antigens. Defaulter Tracking, supervision of fixed and outreach sessions and other activities were carried out on a weekly basis. The disparity between OPV and Penta coverage shows the level of drop-out with injectable antigens.

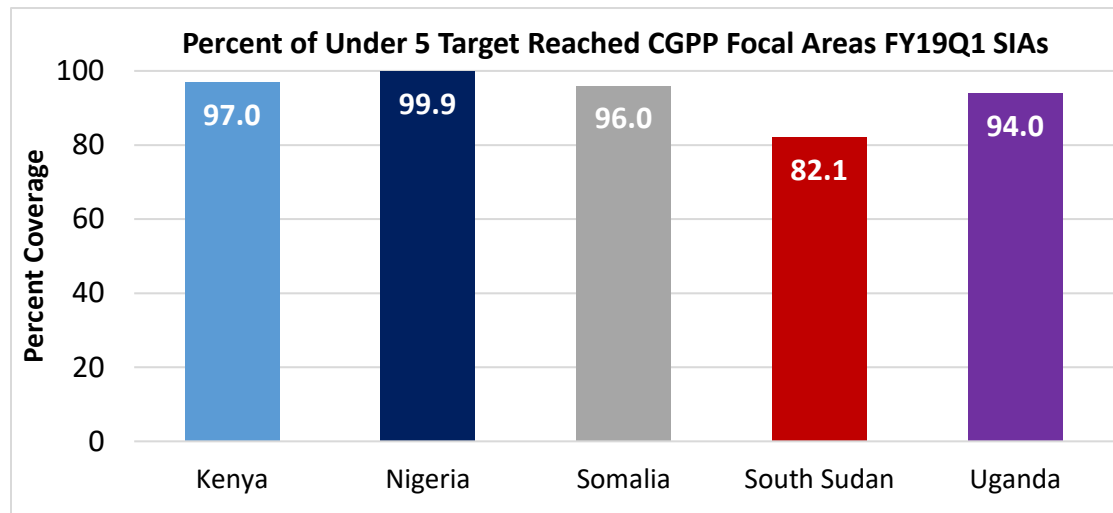
CGPP Somalia reported coverage of OPV0 (21.4%), OPV3 (30.3%), Pentavalent3 (30.3%) and measles (40.0%) in children under 1. CGPP CHVs conducted household visits in villages to assess the health situation. During this quarter, the CHVs reached a total of 96,160 persons. During the reporting period, community mobilizers conducted defaulter tracking for RI - tracking and referring 377 children for immunization. CGPP Somalia supported the MOH and key health partners operating at 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 targeted children under five years residing in routinely neglected remote villages along the borders. During this quarter, RI outreaches were disrupted due to the kidnapping of four health care workers providing services in Belet-Hawa district and the militant attack at Elwak district in Gedo region. Microplanning training was held from December 8-13 in both Somalia (Kismayo) and Jubbaland to train 55 participants on the RED/REC microplanning approach.

CGPP South Sudan. The CGPP continued to support vaccination outreach services in eleven (11) Counties with poor immunization coverage: Pibor, Longochuek, Maiwut, Ulang, Kapoeta East, Akobo, Magwi, Nasir, Duk, Ayod and Pochalla. The CGPP used community mobilization and built the capacity of community EPI vaccinators to improve the vaccination quality and to sustain routine outreach childhood vaccination coverage for BCG, OPV, Penta, Measles, and TT for women of childbearing age. CGPP South Sudan also established and maintained 116 outreach vaccination sites. Vaccination outreach schedules were developed and shared with the community leaders, facility health staff and the cadre of community social mobilizers. In this quarter, 56.4% (136/241) of the planned outreach vaccination sessions were conducted, and a total of 16,049 infants were reached with vaccinations. In addition, 1397 women of child bearing age received TT2+.

CGPP Uganda. To increase routine immunization, 1,723 pregnant women were identified and referred to vaccination posts, 22 refrigerators were maintained, and 22 EPI registers and reporting formats were provided. During their presentations at the quarterly meeting, IRC and MTI noted some challenges with inadequate cold chain facilities, vaccine stock outs, and their impact on low routine immunization coverage.

Polio Campaigns

Polio campaigns took place in Kenya, Nigeria, Somalia, South Sudan, and Uganda. High rates of vaccination were reported during SIAs. Between 76.0% and 99.9% of the target under 5 population was reached in these efforts.



Data Source: WHO/CGPP ICM report

CGPP Ethiopia. No SIAs were conducted during the reporting period.

CGPP India. No polio SIAs were planned in the quarter. CRS organized a three-day orientation meeting on the block model for field staff and partners at the Navjivan Renewal Centre, Delhi. The key objective of the meeting was to equip them with necessary knowledge about the ‘block model’ approach and job responsibilities. The block model will focus on improving the skills and capacities of ASHAs to maintain population immunity for polio by improving RI coverage and on strengthening the skills of ASHA facilitators. Field teams also celebrated World Polio Day on October 23 to maintain momentum and sustain efforts toward polio eradication. The team utilized the Khushi Express info van – a mobile van

with printed pictorial key messages on different thematic issues like polio, RI, handwashing and MR vaccine. The van was fitted with loudspeakers and accompanied by a troop of street theatre artists. A question and answer session followed. The mobile van moved to selected high-risk areas and performed street plays to raise awareness on polio, MR and other childhood vaccination among local community members.

CGPP Kenya. The fourth SIA round for the year was conducted from October 20-24, 2018 in Kenya. The campaign round reached 445,746 children, 97% of the target, according to WHO. CGPP officers supported and attended the SIA daily review and planning meetings with County/Sub-county Health Management Officials in the project areas. During the SIA planning session, CGPP officers emphasized coverage of the special populations (Nomadic, pastoralists) at the border villages and hard-to-reach nomadic settlements. Community mobilizers played an active role before and during the campaign to mobilize communities through house-to-house visits and through mass mobilization using vehicle-mounted public address systems. The CGPP offered logistical support by hiring 13 vehicles and two boats to support the SIAs and transport extra vaccination teams to border villages and hard-to-reach nomadic settlements. The project supported 62 extra vaccination teams to cover areas where special populations are located – border crossing points, watering points, and hard-to-reach villages. The CGPP also conducted Independent Monitoring (IM) and LQAS surveys in the border counties of Garissa, Lamu, Wajir, and Mandera from Oct 25-27, 2018.

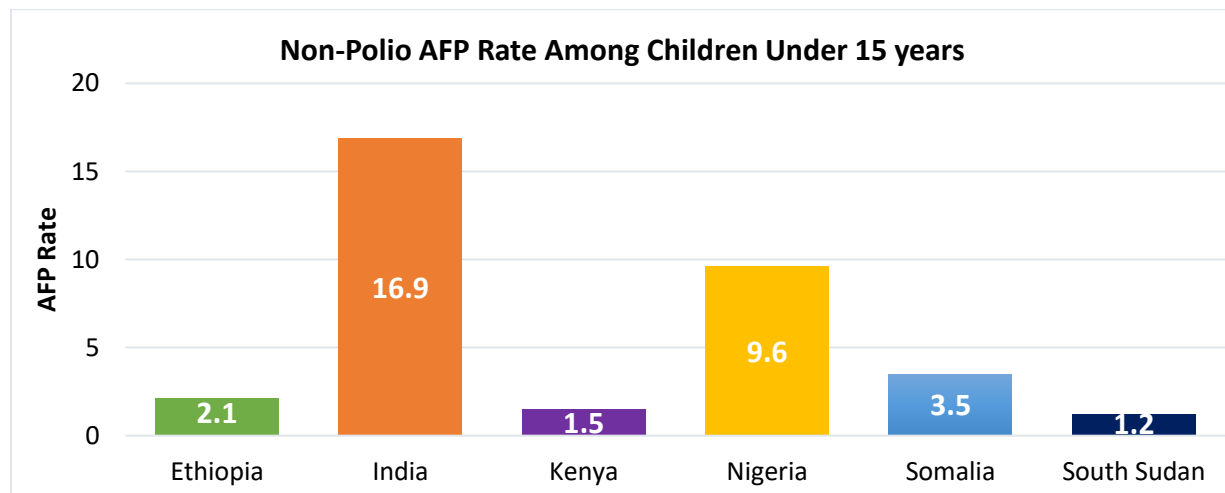
CGPP Nigeria. There was one IPD and one outbreak response (OBR) round in the focal states of Katsina, Kano and Kaduna in November and December, respectively. The OBRs were carried out in selected LGAs and not all CGPP focal-LGAs were involved in Kano and Katsina. In November, Yobe and Borno States participated in a fIPV campaign. The national program introduced fIPV to complement bOPV used during IPDs and mOPV used during OBRs. About 450,500 children between 3-59 months were immunized with fIPV in CGPP focal settlements in both states (Katsina and Kano). An estimate of 332,200 children under 5 were immunized with OPV during IPDs in Katsina, Kaduna and Kano. There were pockets of non-compliance across the states especially in Katsina state. This was mainly due to distribution of Insecticide Treated Net (ITNs) by the malaria program before December OBR and rejection by members of the community who claimed not to get the nets. About 70% of these cases were resolved immediately during the campaign. DOPV, which started two days before actual campaign, was also used to capture many of the children who were then vaccinated on the street.

CGPP Somalia. The project supported one SIA round in December. The CGPP project team attended the SIA review and planning meetings with WHO Regional Polio Officers, District Medical Officers and other key health partners for planning. The SIA review and planning sessions focused on the coverage of the special populations (nomadic, pastoralists, IDPs, and returnees) at the border villages and hard-to-reach nomadic settlements. ARC supported and participated in the review meetings during the campaigns to analyze the team performance and mitigate any challenges reported promptly. CGPP Somalia routinely carried out community social mobilization through use of the existing 165 CMs/ 4 CHVs. Community outreach activities included sensitizing key community members such as the religious leaders, elders, community leaders (chiefs), youth and women groups. Community Mobilizers carried out mass social mobilizations using vehicle-mounted public address systems and door-to-door visits. They also targeted other heavily populated areas such as market places, water points, and other social gathering spots. The social mobilization activities reached approximately 229,362 persons with the key polio campaign messages.

CGPP South Sudan. The CGPP supported and intensified social mobilization activities in the five counties of Magwi, Kapoeta East, Pibor, Ayod and Duk by identifying 115 community social mobilizers. They were then trained and deployed before and during campaigns for seven days to conduct house-to-house social mobilization and to create awareness about the campaign schedule and the importance of polio vaccination. The Project supported the development of the County Polio Campaign micro plans in the same five counties and launched polio campaign in Kapoeta East, Magwi and Pibor.

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: MoH/WHO Surveillance Reports

CGPP Ethiopia. The Non-Polio AFP rate was 2.1 per 100,000 persons under 15 years. In the reporting period, a total of 20 non polio AFP cases were reported from CGPP implementation districts, of which 12 (60%) were reported by CVs/HDALs. Similarly, a total of 169 cases of measles reported from the same areas of which 143 (85%) of the cases were reported by CVs/HDALs.

CGPP India. The Non-Polio AFP rate was 16.9 per 100,000 persons under 15 years. Routine activities were performed as part of AFP surveillance. CMCs continued to inform communities about AFP identification and reporting during IPC and group meetings. They also report suspected AFP cases in their communities.

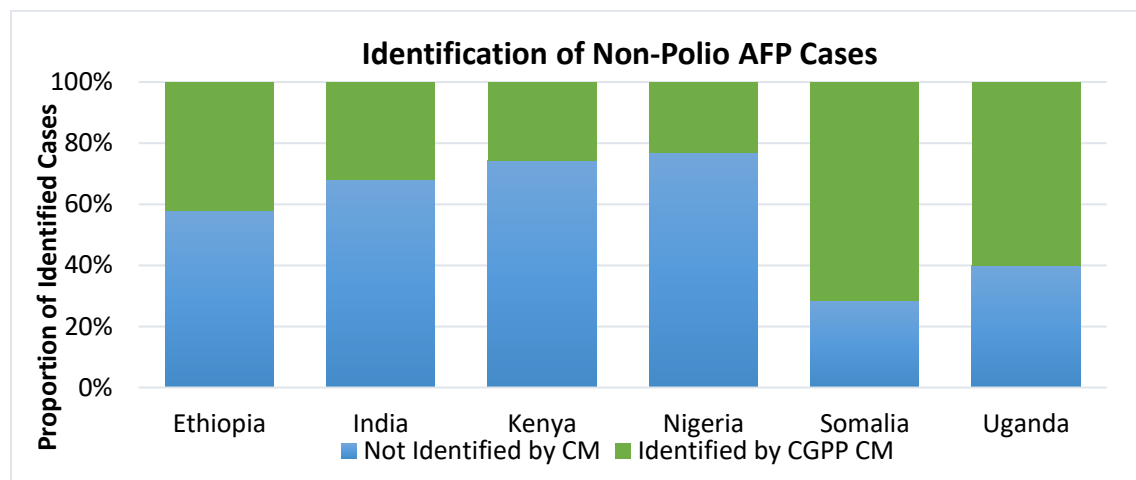
CGPP HOA. The Non-Polio AFP rate was 1.5 per 100,000 persons under 15 years in all the CGPP project areas. The project has 90 Community Mobilizers (CMs) working with health facility in-charges and community health extension workers. The CMs supported and supervised over 400 CHVs based at the health facilities to strengthen Community Based Surveillance (CBS). The 90 CMs and 400 CHVs participated in refresher training on community-based surveillance through on job training in this quarter. A total of 9 cases out of the 35 (26%) suspected AFP cases reported from the project areas were detected by the community mobilizers. CGPP facilitated the transportation of specimens from the counties to the national referral laboratories (KEMRI-Kenya Medical Research Institute). Additionally, the Project assessed the Turkana East health facilities for the expansion of community-based AFP surveillance and met with the Kamukunji Community Health Committees to strategize about improving AFP surveillance.

CGPP Nigeria. The Non-Polio AFP rate was 9.6 per 100,000 persons under 15 years. VCMs and CIs actively searched for AFP cases in Nigeria. The CGPP detected 54 of the total 153 AFP (35.3%) cases (identified in communities and checked by the Disease Surveillance and Notification Officer-DSNO) in the LGA. Of 153 detected cases across the LGAs, 87 were affirmed by the DSNO as True AFP and given EPID numbers. 20 (23%) of these 87 were reported by CGPP.

CGPP South Sudan. The Non-Polio AFP rate was 16.9 per 100,000 persons under 15 years. CGPP South Sudan supported AFP community surveillance in the 36 Counties in Unity, Upper Nile, Jonglei and Eastern Equatoria states, through a community network of 3,470 community key informants, 239 Payam Assistants and 36 County Supervisors, targeting 1,677,518 children below the age of 15 years in the four states. Within the quarter, CGPP South Sudan held 1059/1294 planned community awareness meetings and reached a total of 8,175 people with information about AFP signs and symptoms to strengthen the capacity of communities and strengthen the surveillance system. Supportive supervision was provided in or with 84.3% of the counties, 80.2% of Payam Assistants, and 84.5% of key informants. A total of 154 suspected cases were identified in the quarter. Of these, 20 were true AFP cases and 13 (65%) were identified by CGPP.

CGPP Uganda The first Partners Quarterly Review Meeting was held on January 31, 2019 with 22 participants from IRC, MTI, local government office representatives, Ministry of Health UNEPI Head, USAID Mission Uganda, UNICEF, UNHCR, and WHO. Dr. Filamona Bisrat opened the meeting by explaining CGPP operations in Focal countries. IRC and MTI presented their quarterly activity performance, problems, and future programming plans. MTI conducted CBS with the adopted training manual. IRC will train VHTs and will start using the same manual to guide surveillance next month. A total of 20 AFP cases were identified during the quarter, 12 (60%) by CGPP VHTs.

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



Data Source: Project data collected by CGPP

Community Mobilizers and Volunteers

Community mobilizers are the backbone to CGPP activities in the six project countries. During Q1, they

participated in training, held community meetings, participated in surveillance, sensitized communities, addressed barriers, and worked to mobilize communities to participate in immunization. The number of community mobilizers for each of the project country and the reported outreach can be found below.

CGPP Country	# of Community Volunteers	% of mobilizers who are male	Reach of Community Volunteers (# of people)
Ethiopia	11,196	11.5%	518,704
India	911	4.2%	2,180,637
Kenya	90	90%	87,997
Nigeria	2,469	4.3%	2,600,000
Somalia	165	90%	229,362
South Sudan	200	-	12,000
TOTAL	15,031	-	5,617,307

***Data is from CGPP Project Data*

**South Sudan social mobilizers (200 working only during campaigns)*

CGPP Ethiopia. During the quarter, a total of 11,196 CVs/HDALs were actively involved in social mobilization activities. A total of 143,216 households were visited and 518,704 people were reached through health education on vaccinate preventable diseases and through surveillance.

CGPP India. A variety of social mobilization activities were organized during the quarter by the CMCs. The activities included community meetings, Village Health Sanitation and Nutrition committee (VHSNC) meetings, Coordination Meetings with frontline workers – ANMs, ASHAs, AWWs along with health supervisor and ASHA supervisors (*Sangini*). In addition, healthy baby shows were organized by PCI team, in which certificates of appreciation were distributed to parents who completed vaccination on time. The key thematic issues discussed during IPC and group meetings are mainly on polio, RI, breastfeeding, diarrhea management, and handwashing.

CGPP Kenya. During the quarter, the project reached a total of 87,997 people with social mobilizations activities through the community mobilizers (CMs). The CMs used public address systems, public gathering, religious gathering and house to house in reaching the people. The project 90 CMs continued to provide Community-based Surveillance, AFP case detection and reporting, Routine Immunization and Supplementary Immunization Activities (SIA). Their key roles are organizing community group meeting, dialogue days, and sensitization on for polio campaigns, AFP surveillance, and routine immunization where they visit each pastoralists settlement, meeting with religious leaders and community gatekeepers, periodic house to house visits to encourage immunization of children.

CGPP Nigeria. CGPP Nigeria currently has 2,095 Volunteer Community Mobilizers (VCM) and 264 Volunteer Ward Supervisors (VWS). The number of VWS increased due to expansion to another LGA in Borno state, now totaling 2,469 volunteer mobilizers. All volunteers were selected from the project’s focal areas with each VCM selected specifically from intervention settlements. The activities of the community mobilizers are being coordinated by LGA Coordinators (LGAC). There are 32 LGACs across the five states. All 2,469 community mobilizers participated in one training or the other before each campaign. All of them participated in the Ward level SIPDs pre-campaign trainings each month before every SIAs. All the VCMs and VWS in Yobe and Borno states also attended pre-campaign training for fIPV in November and all community volunteers in Kano, Kaduna and Katsina states also attended pre-campaign trainings for OBR at Ward and LGA levels.

CGPP Somalia. The project submitted weekly Progress Report to the Secretariat through ODK Kobo collect. CGPP Somalia Project team members have worked with the MOH on submission of weekly DHIS2 data to the regional level. CGPP Somalia team provided joint support supervision to Badhadhe district especially Ras-Kambooni areas.

CGPP South Sudan. The project has a cadre of 85 trained social mobilizers across the 11 counties who engaged in house to house meetings and health dialogue meetings with mothers and fathers. A total of 322 households were visited, reaching a total of 492 community members. Six dialogues for community members (3 for mothers and 3 for fathers) were conducted and a total of 115 people were reached through these. An additional 115 social mobilizers were used during SIAs.

Monitoring, Evaluation, Accountability, and Learning

CGPP Ethiopia. Two Secretariat staff conducted joint supervision visits in SNNPR (S/Omo zone) and Gambella region (Anguak and Nurea zones) during the quarter. A total of 11 woreda health offices, (S/Omo zone (Nyangatom, Dassenech, Hammer and Malie woredas) Nure zone (Lare, Wantho, Mekoy, Jikawa) Anguak zone (Abobo, Gambella town, G/Zuria)) 11 health centers, 16 health posts and more than ten community volunteers were visited and received written and verbal feedback on activities and performance. CGPP Secretariat Director, Deputy and Senior Program officer attended and made 1 oral & 3 poster presentations on the 146th APHA annual conference held in San Diego from November 10-14, 2018. Oral and poster papers presented on Immunization provision and surveillance in hard to reach areas, plastic bags for card retention in semi pastoralist regions, and the role of religious and knowledge of caregiver knowledge in hard to reach pastoralist communities.

CGPP India. The program continued to use the existing monitoring tools and followed the standard practices for maintaining data quality and timely reporting. To improve the quality of program supervision, PCI has developed an android-based application that replaces the erstwhile paper-based supervisory filed monitoring checklists. The new mobile-based system was rolled out in the field beginning October 2018. All the PCI field teams started using the application without any trouble and supervisors could provide real-time feedback to their respective teams. It is hoped that the application will be also used by the other consortium partners beginning next quarter.

CGPP HOA. The Secretariat conducted joint support supervision for the CGPP project sites along the border of Garissa and Lower Juba implemented by ARC. The project supported polio eradication initiatives (AFP surveillance, SIAs support, social mobilization for RI) in three sub-counties bordering Somalia and two regions of Jubaland, Somalia. The supervision visits were used to gauge progress and share best practices ideas, challenges and learning points. The Project, with the international partners, conducted seven Joint MOH/CGPP quarterly supervisory visits, led by county disease surveillance officers and EPI managers to strengthen on-job training on disease surveillance and routine immunization services. The targeted group for this activity was the health facility staff including the in charges, the community health assistants (CHAs) and CGPP community mobilizers.

CGPP Nigeria. Across the focal states, M&E is being strengthened to enhance the collection, collation, analysis, interpretation and reporting of data. All M&E Officers supervised core M&E activities across the states starting from planning of activities to the supervision, recording, collation and reporting to the county level. The Secretariat continued to support the state M&E officers on a routine basis through physical and remote program support. CGPP is focused on improving the level of completeness and accuracy of data generated by the community volunteers. During the quarter, there were regular monthly M&E meetings in each LGA where all community volunteers, their supervisors and CBO M&E Assistants

met to review data from the VCM registers.

CGPP South Sudan. To ensure that the quality of immunization data is maintained in South Sudan, the CGPP conducted two (2) EPI data verification and validation visits in Kapoeta East and Ayod Counties to assert that EPI data reported are consistent and match.

Polio Certification

CGPP HOA. The CGPP secretariat participated in a presentation at the Africa Region Certification Commission (ARCC) held on November 12-16, 2018 in Nairobi, Kenya. The CGPP Secretariat represented the project teams at the OBRA Polio certification meeting in Nairobi during the reporting period.

CGPP Nigeria. In the quarter under review, the CGPP, as a member of the Polio Transition Technical Task Team (PT4), supported the review of the Business case in a bid to update and finalize it as recommended by the 35th Expert Review Committee (ERC) meeting of the Nigeria PEI program. The draft Business case is currently being finalized by government and partners.

Cross Border Initiatives

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

CGPP Kenya. The project presented during Outbreak Response Assessment (OBRA) meetings as well as the 18th TAG meeting to highlight the cross-border health initiative conducted by CGPP in support of the polio eradication initiative in the region especially since the outbreak of cVDPV2 in the Horn of Africa region. The HOA TAG was held on November 27-29 with the objective of reviewing the outbreak situation in HOA countries. CGPP gave a presentation on its cross-border community-based AFP surveillance in HOA countries. The meeting was attended by CGPP Global Director, CGPP Global Deputy Director, HOA Secretariat Director and other CGPP HOA Secretariat staff. Additionally, CGPP M&E coordinator and Wajir Polio project Officer took part in mapping out border settlements, the point of interest and IDP camps with 15 KM of the Kenya Somalia /Kenya Ethiopia border.

CGPP Nigeria. Synchronized immunization campaigns were held between Jigawa state and Machina LGA of Yobe state each month of SIAs. Kano and Katsina as well as Kano and Jigawa also synchronized campaigns; this will advance additional synchronization across country borders. Internationally, the CGPP continued to participate in meetings and key activities involving the Lake Chad Basin Polio Program involving five countries.

CGPP Somalia. CGPP Somalia conducted four monthly internal cross-border health committee meetings in Belet-Hawa and Afmadow districts with key partners. Members discussed and shared updates for border health activities specifically on RI, surveillance and mapping for special populations. The committee coordinated and shared updates with the neighboring districts/sub-counties health team.

Transition Planning

CGPP India. The CMCs who were withdrawn from the program were congratulated in a special function organized at the district level. Local government officials and representatives from development agencies participated and were receptive to considering CMCs as ASHAs. Partners continue to enroll and build the capacities of CMC friends (*sakhi*) in selected districts.

Challenges

CGPP Kenya/Somalia. Insecurity along the Kenya-Somalia border and frequent insurgent attacks hindered service delivery, especially in Mandera County. Poor road networks also made movement for supportive supervision of border facilities difficult. During the quarter, there was an influx of IDPs from Ethiopia due to tribal clashes, with most arriving in Marsabit and Mandera counties. In Somalia, limited health sector funding by donors and by the Somalia government toward polio eradication and routine immunization continue to hamper work.

CGPP Nigeria. Security issues across Yobe and Borno States continue to make the planning and supportive supervision rounds challenging. This security issues have extended to Katsina and some LGAs of Kano and Kaduna where kidnapping and cattle rustling have become rampant. The program has continued to work with government and partners to ensure the safety of staff.

South Sudan. The security situation in South Sudan remains the main challenge for the project. There has been continued sporadic conflict and cattle raiding in Unity and Jonglei States, causing a lack of trust between the community and the surveillance teams. Inadequate cold chain capacity has made it difficult to store and transport stool samples and has limited routine vaccination outreach. Additionally, the transition of the CBS grant has significantly affected implementation.