

## FY19 Q2: CORE Group Polio Project (CGPP) Global Quarterly Update from January to March 2019.

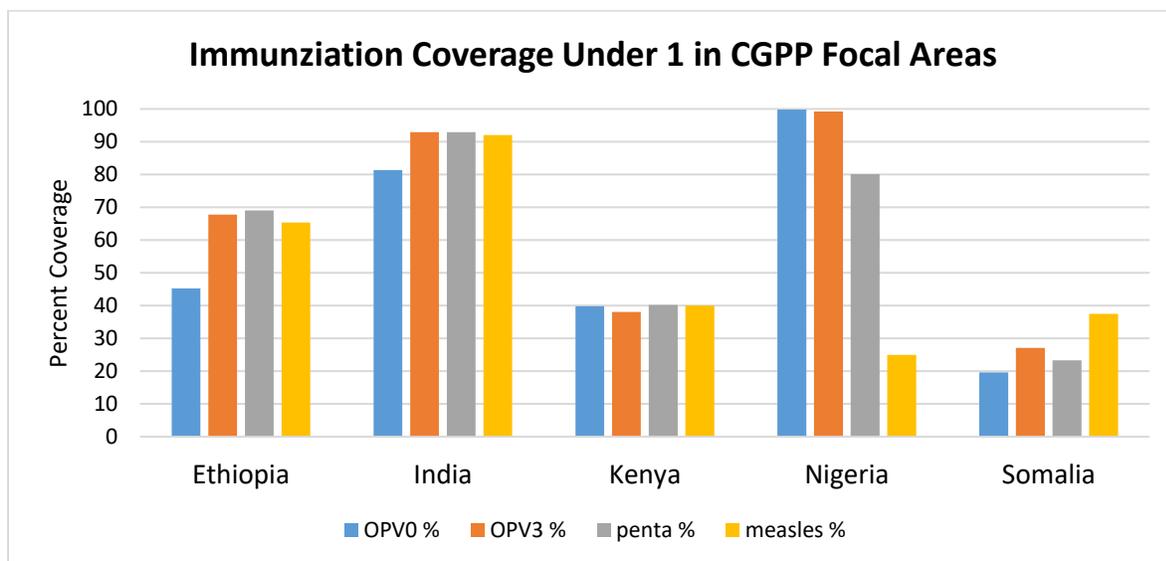
### CGPP Partnerships

During FY2019 Q2, the CORE Group Polio Project implemented activities in Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan, and Uganda. Within each country, the 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

### 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 12 months and under.



\*\*\* Data Sources: India and Nigeria data are derived from project registers; Ethiopia data is from government reports; Kenya/Somalia data is from the MOH DHIS 2 Tool and South Sudan data is reported by the government from national administrative data. India data is reported for children 12-23 months but is reported annually in the Under 1 age group.

**CGPP Ethiopia** reported coverage of OPV0 (45.3%), OPV3 (64.3%), Pentavalent3 (69.0%), and Measles (65.3%) for under ones. During the reporting period, the following activities were conducted to increase routine immunization coverage: 18,820 pregnant women were identified and referred for follow-up

antenatal care (ANC); 10,828 newborns and 3349 defaulters were identified and referred to the nearest vaccination post; 16,715 liters fuel (Kerosene and Benzene), a total of 877 office supply items, EPI registers, reporting formats, and 10 IEC materials were provided to support routine immunization; and six refrigerators and eight motorcycles were maintained for outreach immunization service.

**CGPP India** reported coverage of OPV0 (81.4%), OPV3 (92.9%), Pentavalent3 (92.9%), and Measles (91.6%) in children 12-23 months. The challenge of timely immunization continued due to fewer sessions and decreased demand in communities. During the quarter, the state of Uttar Pradesh introduced the replacement Measles-Rubella vaccine, which was provided in one dose to all children between the ages of 9 months and 15 years. The CGPP provided support in micro-planning, social mobilization, and monitoring of the campaign.

**CGPP Kenya** reported coverage of OPV0 (39.8%), OPV3 (38.1%), Pentavalent3 (40.2%), and Measles (40.0%). The project supported 99 border health facilities to conduct 80 outreach clinics for hard-to-reach and nomadic settlements along the Kenya borders. The outreach activities resulted in the vaccination of 1,683 children and immunization defaulter tracing of 5725 under-5 children. A total of 39 healthcare workers were trained on RI microplanning. The WVK/CGPP project in Wajir County and partners supported a Measles campaign for children 6-59 months old, which resulted in the vaccination of 99,011 children, or 104.1% of 94,759 children targeted.

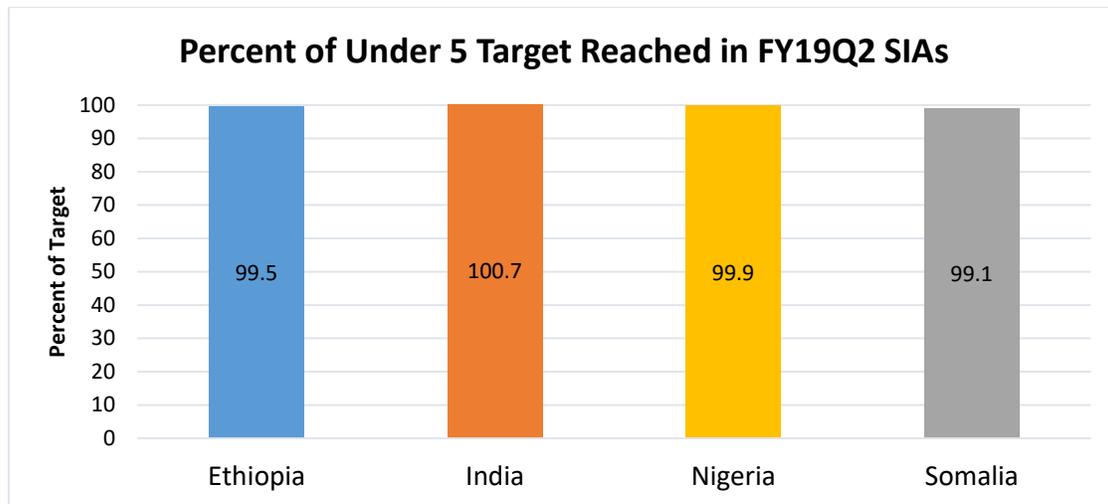
**CGPP Nigeria** reported coverage of OPV0 (99.8%), OPV3 (99.2%), Pentavalent3 (80.1%), and Measles (25.0%). During the quarter, the CGPP supported PEI-related Routine Immunization activities. The National Emergency Routine Immunization Coordinating Center (NERICC) is responsible for coordinating RI activities across the country. Nigeria has developed the Nigeria Strategy for Immunization and Primary Healthcare Systems Strengthening (NSIPSS) 2018 – 2028, which details Nigeria's road-map to attaining sustainable RI service delivery with funding from both the Government of Nigeria (GON) and Global Vaccine Alliance.

**CGPP Somalia** reported coverage of OPV0 (19.6%), OPV3 (27.1%), Pentavalent3 (23.3%) and Measles (37.5%). CGPP Somalia supported 17 peripheral health facilities to conduct monthly integrated outreach sessions in hard-to-reach nomadic communities. In Lower Juba, a total of 20 routine immunization outreach sessions were conducted and 278 children under one were vaccinated. CMs/CHVs conducted household visits for support of routine immunizations services. The CGPP conducted a RI micro-planning workshop for 11 District Health Managers in Dollow, Gedo region. In Lower Juba, the project trained 24 MOH managers at Diff and Kulbiyo health facilities to strengthen their capacity on RI micro-planning and HMIS. The Project also held 30 quarterly community dialogue meetings to promote routine immunization and hygiene.

**CGPP South Sudan** attended four of six bi-weekly EPI Technical Working Group meetings, chaired by the National MOH. CGPP South Sudan updated partners and EPI-TWG members on project activities, plans, and challenges, sharing the most recent PCE findings for review and planning of the next campaign.

### **Polio Campaigns**

Polio campaigns took place in Ethiopia, India, Nigeria, Somalia, and South Sudan. High rates of vaccination were reported during the SIAs; between 99.1% and 100.7% of the target under-5 population was reached by these efforts.



*Data Source: WHO/County/MOH Administrative Data*

**CGPP Ethiopia** supported one round of bOPV during the reporting period in Somali, Gambella and two zones of Oromiya regions; 57 CGPP staff provided technical support before, during and after the campaign and 2192 CVs/HDALs participated as social mobilizers and vaccination team members. The CGPP provided additional support through the provision of 8721 liters of fuel and 34 vehicles. The average OPV coverage rate of the CGPP implementation area was 99.5% of the target.

**CGPP India.** One bOPV SIA was conducted in all the U.P. districts. More than 300,000 under-five children were vaccinated in the CGPP project areas. Only 4% of houses were missed. The CGPP teams conducted social mobilization through *bullawa tollies* and rallies before the SIA. During the SIA, the CGPP supported vaccination teams with IPC activities for target families. DMCs and BMCs, meanwhile, assisted in planning and monitoring of the SIA at the district and block levels.

**CGPP Kenya** participated in a technical planning meeting held by the Kenyan MOH for upcoming campaign activities in the second half of FY19 in 11 high-risk counties, including all six of the Project counties.

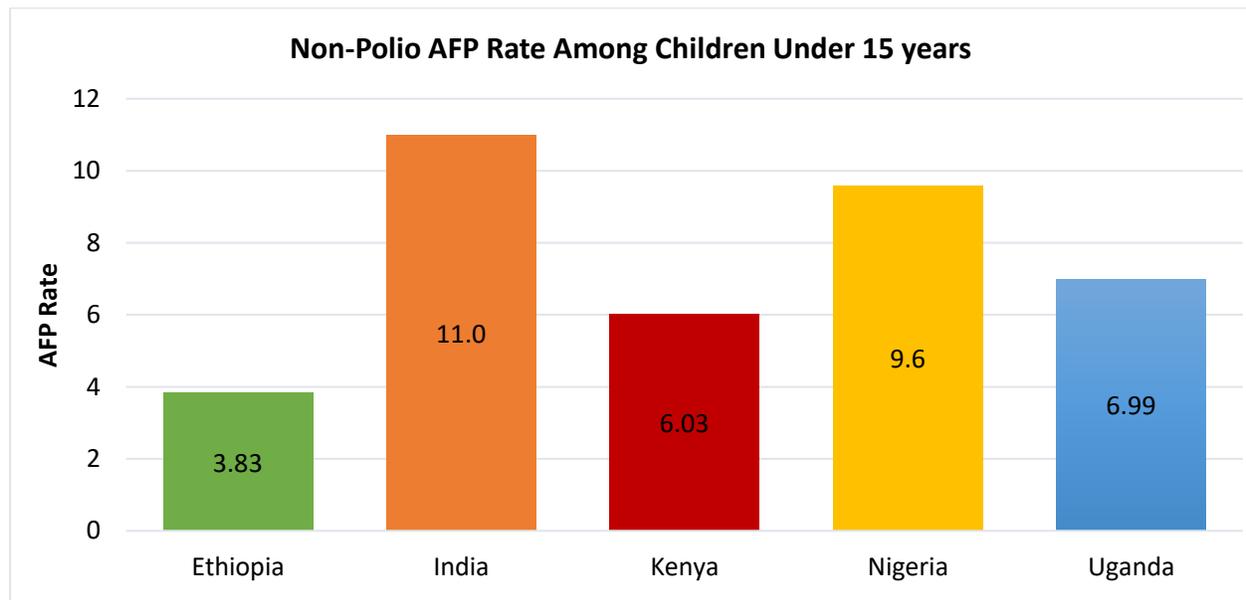
**CGPP Nigeria** participated in the January Outbreak Response (OBR) for cVDPV. All CGPP focal LGAs participated in Kano, Kaduna, and Katsina states, and three LGAs participated in Borno state. Although no focal LGAs participated in Yobe State, the CGPP supported OBR in the Damaturu LGA there. During the OBR, 99.9% of the target children under 5 were reached.

**CGPP Somalia.** In collaboration with the MOH, WHO, and other partners, the CGPP supported polio SIAs in the border districts of Dollow, Belet-Hawa and Afmadow. The CGPP project team participated in 7 SIA review and planning meetings with WHO Regional Polio Officers, District Medical Officers (DMOs) and other key health partners. CGPP Somalia, through its 169 CMs/CHVs, conducted 586 group meetings and 10,332 household visits with approximately 203,530 people to share and discuss strategic polio and health education messages. Prior to the campaign, CGPP participated in planning meetings to support the process of updating mapping for SIAs. CGPP supported four DMOs to conduct supervision and monitoring during the polio campaign, March 24-27.

**CGPP South Sudan.** The project conducted PCE (post-campaign evaluation) during the SNIDs from March 1-26. The SNIDs targeted a total of 2.3 million children across 10 states in 52 counties. CGPP PCE was conducted in 38/52 (73.1%) counties and 138 payams. Leading up to the PCE, the CGPP recruited and trained 22 field researchers to supplement four program staff as central supervisors. The 26-member team was deployed to the counties upon completion of a Juba-based training on the use of the WHO manual for PCE training and the use of mobile phones equipped with ODK technology. In the counties, 138 teachers were recruited and trained as data collectors, who surveyed a total of 5,740 households. Results from the PCE showed that 44.7% of counties reached the 90% benchmark and social mobilization coverage improved to 89% from 85.7% in November 2018. The main reasons for missed children were vaccinators not reaching households, children not found at home, vaccine shortages, and delays in the start of campaigns.

**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: WHO/MOH Administrative Data \*Not available from Somalia and South Sudan*

**CGPP Ethiopia.** The NPAPF rate for the CGPP program implementation areas was 3.83 per 100,000 children under 15 years. In the reporting period, 23 of 32 non-polio AFP cases (61%) were reported from CGPP implementation districts by project CVs/HDALs. Similarly, 385 of 481 (80.0%) cases of Measles were reported from the same locations by project CVs/HDALs.

**CGPP India.** The Non-polio AFP rate (per 100,000 children under 15 years of age) for CGPP areas was 11 and in 88% of NPAPF cases, two stool samples were collected within 14 days of onset of paralysis. CGPP field functionaries reported approximately 50 of 83 (39.8%) total AFP cases reported from CGPP areas. India conducts environmental surveillance through 51 sites located in 19 cities across 9 states. No VDPV has been reported. While gaps remain in some areas, the surveillance indicators and stool sample collection rates remain excellent in CGPP program areas.

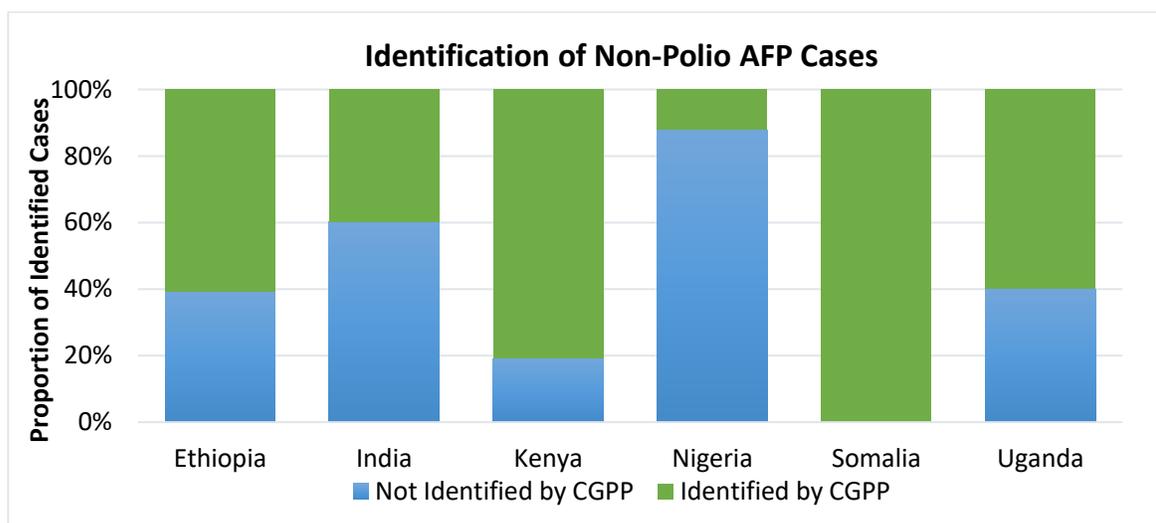
**CGPP Kenya.** A total of 192 CMs/CHVs and 93 traditional healers were trained to conduct active case search during house-to-house visits and social mobilization activities. A total of 21 AFP cases were reported in project areas of which 17 (82.0%) were reported by CGPP CMs/CHVs. The Project trained CMs on newly installed ODK software on their phones. The CGPP-HOA project supported SBCC training for 19 project officers and CGPP-HOA Secretariat staff. The workshop was facilitated by (Rina Dey, Communications Advisor from India, and Lydia Bologna, -Communications Advisor from CGPP HQ). The project additionally supported mapping of border villages, crossing points (both formal and informal) and outreach sites.

**CGPP Nigeria.** CGPP VCMs reported 13 AFP cases with Epid numbers off the 107 cases reported in the LGAs (12.1%). Nigeria is experiencing a cVDPV2 outbreak in many areas of the country, making AFP surveillance of greater importance. In 2018 and 2019, 54 cVDPV2 cases from environmental samples were confirmed in 8 states; 10 cVDPV2 cases were reported from Environmental Site in Borno state collected in January 2019.

**CGPP Somalia** The CGPP held a project refresher training for 84 CM/CHVs in Somalia. During the quarter, 2 suspected AFP cases were reported in CGPP areas, both reported by CGPP CM/CHVs. CGPP Somalia supported 30 community meetings to raise awareness on the importance of AFP surveillance.

**CGPP Uganda.** During the quarter, CGPP Uganda trained all 712 VHTs and 40 health workers from 17 health facilities in project areas. Trainings focused on active case search and AFP case detection, SBCC, promotion of health-seeking behaviors, and timely reporting of illness to health centers. VHTs participated in active case searches during their monthly routine home visits, identifying a total of 6 cases, or 60%, of the cases identified in project areas.

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



*Data Source: Project data collected by CGPP*

## Community Mobilizers and Volunteers

Community mobilizers are the backbone of CGPP activities. During Q2, 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	11,263	11.5%	615,911
India	911	3.9%	1,977,748
Kenya	400	89.0%	124,759
Nigeria	2,428	4.0%	2,600,000
Somalia	169	90.0%	203,530
Uganda	712	62.4%	420,960
<b>TOTAL</b>	<b>15,883</b>	-	<b>5,942,908</b>

*\*\*Data is from CGPP Project Data*

**CGPP Ethiopia.** During the reporting quarter, total of 11,263 CVs and HDALs were actively involved in social mobilization activities. They visited 251,273 households and reached 615,911 peoples through health education on vaccine preventable diseases and surveillance.

**CGPP India.** A total of 911 social mobilizers reached 1,977,748 people through various social mobilization activities to improve community participation in immunization and WASH-related activities. A total of 63,351 IPC sessions were conducted to educate caregivers on polio, immunization, nutrition and hand washing. There were 53 coordination meetings with government frontline workers – Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs), and Anganwadi Workers (AWWs) - for improved coordination and immunization coverage; 215 Village Health Sanitation and Nutrition committee (VHSNC) meetings; and, 41 community meetings. In PCI areas, 25 healthy baby shows were held. CRS organized refresher/induction training for both new CMCs and for those in need of additional training. A total of 40 CMCs (9 from Mau, 17 from Saharanpur and 14 from Shahajahanpur) received IPC training about the importance of timely vaccination. M&E and Communications Staff from the Secretariat conducted sessions on monitoring and BCC activities. The use of the Khushi Express continued, successfully covering 47 villages and reaching approximately 4,727 community members from Sitapur district and 1,215 community members from Shahjahanpur district.

**CGPP Kenya/Somalia.** In Kenya, the 400 CGPP CM/CHVs reached a total of 124,759 people with social mobilizations activities. In Somalia, CMs/CHVs conducted household visits to support RI services by reaching 14,265 HHs with 57,060 persons in Gedo region and 3937 HHs with 17,870 individuals in the Lower Juba region. Refresher training was conducted for 84 CMs/CHVs on social mobilization and behavior change communications.

**CGPP Nigeria.** CGPP Nigeria currently has 2,095 Volunteer Community Mobilizers (VCM) and 264 Volunteer Ward Supervisors (VWS), who reached 2.6 million people during the quarter. Due to the vaccine-derived outbreak in Nigeria, volunteers doubled their efforts with increased surveillance and mobilization activities to ensure that all children were vaccinated. They also tracked and referred pregnant women for ANC, tracked

vaccination of newborns and referred them for RI, and provided information to communities on nutrition, WASH, and other pertinent health topics.

**CGPP Uganda.** 712 VHT volunteers conducted house-to-house visits to educate and raise awareness of community members to the signs and symptoms of AFP and to conduct active case searches. VHTs and community leaders in refugee settlements were oriented to the need for immediate reporting of AFP cases. Additionally, project officers utilized maternal and child nutrition programming meetings and sessions to provide awareness messages about AFP, reaching 420,960 people in the program catchment areas.

#### **Monitoring, Evaluation, Accountability, and Learning**

**CGPP Ethiopia.** One CGPP program officer conducted JSS visit in Gambella region Anguak zone from Jan. 15-18/2019, visiting two woreda (Gog & Jor) Health Centers, four health posts, and community members at the respective catchment area. CGPP Secretariat communication officer travelled to Sitti Zone, Somali Region Erer and Shinile Woredas to conduct a JSS visit for EPI mainstreaming activities and visited Aysha to observe the Cross-border activities at Dewelle, from February 18 – 23, 2019. She also interviewed religious leaders and HEWs on their activities & contributions. Two CGPP Secretariat technical staff travelled to Metekel and Shebelle Zones of B/Gumz & Somali regions respectively to conduct JSS from March 18 – 22/2019. Four woredas from Metekel zone (Guba, Dangur, Pawe and Dibate) and three woredas from Shebelle zone (Gode, Adadle & Kelafo) were visited and the supervision included 7 health centers, 7 health posts, and six CVs/HDALs interviews. Implementation gaps were identified, and possible solutions were proposed.

**CGPP India.** An application-based supervisory checklist and spot check tool for data quality was tested for accuracy and usefulness. It will be rolled out in the field soon. ADRA India completed an extensive data validation exercise. Findings of this exercise were shared with all the CGPP partners. PCI performed desk reviews of data, work plans of BMCs and DMCs, and identified areas for improvement. The Deputy Director and M&E Officer conducted SIA monitoring in Haryana and Uttar Pradesh during the March 2019 SIA round. CGPP HQ deployed an External Evaluation Consultant to conduct a field visit, interviews, and meetings to gather information for the global external evaluation of CGPP.

**CGPP Kenya** Project officers and MOH officials conducted 17 joint supervisory meetings and monitoring visits. The Secretariat conducted seven joint support supervision visits for the CGPP project sites in Garissa, Wajir, Marsabit, Turkana, Lamu, Mandera, Gedo, and Lower Juba project areas. A CGPP External Evaluation Consultant visited Kenya to conduct meetings, interviews, and field visits. Additionally, the CGPP M&E Officers from the Secretariats of Kenya, Somalia, Ethiopia, and South Sudan participated in the WHO Data Management and GIS Workshop for the HOA countries held in Nairobi.

**CGPP Nigeria.** The program intensified its supportive supervision across the focal states. Detailed Implementation Plans (DIPs) were submitted to the Secretariat by all state staff. A strong focus was placed on improving the completeness and accuracy of the project's routine data generated by community volunteers. To support this, new Smartphones were procured, and old ones replaced. CGPP HQ deployed an External Evaluation Consultant to conduct a field visit, interviews, and meetings to gather information for the global external evaluation of CGPP.

**CGPP Somalia** submitted weekly Progress Reports to the Secretariat through ODK Kobo collect. Weekly DHIS2 data was also submitted at the regional level. The CGPP Somalia team conducted four JSS visits to Badhadhe, Afmadow, Dollow, and Belet-Hawa district, reaching 14 health facilities.

**CGPP South Sudan** The Secretariat Director and the Project M&E officer attended a four-day training on

Geographic Information System (GIS) from February 18-22 in Nairobi Organized by WHO-HOA. The training was held for data managers, M&E advisors and GIS focal persons from WHO, UNICEF, and other partners, MOH officials from the WHO HOA region and CORE Group. The training addressed the detailed analysis of the data and triangulation with other sources of data in the program using GIS and other data visualization applications. CGPP HQ deployed an External Evaluation Consultant to conduct a meetings and interviews to gather information for the global external evaluation of CGPP.

**CGPP Uganda** held a quarterly review meeting in Kampala on January 31 to review project achievements and challenges. The meeting was attended by 22 persons including the CGPP Regional Technical Advisor, development partners (USAID, WHO, UNICEF), district government and MOH officials. Discussion topics touched on challenges related to project reporting, tools, capacity building, coordination, and community-based surveillance.

### **Polio Certification**

**CGPP Nigeria.** The National EOC, under the leadership of the National Primary Health Care Development Agency, has commenced pre-certification activities in preparation for the potential of Nigeria being certified free from WPV. However, the certification has been impeded by 151 cVDPV2 cases from 2018 to 2019, with 139 in 2018 and 12 in 2019 (prior to April 1).

### **Cross Border Initiatives**

During Q2, CGPP Ethiopia, Kenya, Nigeria, Somalia, South Sudan, and Uganda participated in cross-border initiatives to ensure the vaccination and surveillance of migrating populations and internally displaced persons.

**The CGPP conducted the Cross-Border Health Coordination Meeting (CGPP Kenya, Ethiopia, South Sudan, Uganda)** from February 18-21, 2019 at Lodwar in Turkana County. Seventy-three participants attended from MOH/Veterinary offices, WHO, UNICEF, and NGOs from the Ateker region (Turkana and Marsabit Counties from Kenya, Kapoeta County from South Sudan, Moroto district from Uganda and South Omo zone in Ethiopia). This meeting was organized by CGPP HOA with a theme of "One People, One Health, One Future." The meeting proposed to strengthen already existing innovations by documenting challenges and opportunities to integrating human and animal health in the Ateker region (Kenya, Uganda, South Sudan and Ethiopia) with a focus on Integrated Disease Surveillance and Response, Routine Immunization services and other notifiable disease detection Participants developed a joint work plan to inform implementation of subsequent activities.

**CGPP Kenya.** As explained above, the CGPP HOA team hosted the Cross-Border Health Committee meeting for 73 participants in Turkana County. In addition, the project supported 11 in-country cross border health committees in the project areas in Kenya.

**CGPP Ethiopia.** The CGPP Secretariat Deputy Director and two program officers facilitated the cross-border mapping meeting at Gambella for Nuer and Agnua Zones from January 11–15/ Mapping activities were conducted in seven woredas: four woredas in EECMY-DASSC intervention woredas (Dima, Jor, Gog and Itanag ) and in three IRC intervention woredas (Wonthoa, Lare and Jikawo). The CGPP Secretariat Deputy Director and a program officer facilitated a cross-border mapping meeting in the Somali region of Gode town on February 12 and 13. A total of 51 participants from Adadle, Kelafo Mustahili and Ferfer woredas attended. Participants included zone and Woreda administrations officials, Woreda health office heads, health center EPI/Surveillance focal persons, and HEWs from health posts.

**CGPP Nigeria.** Prior to each campaign, the National EOC mandates border synchronization meetings between Nigeria and neighboring countries to address cross-border vaccination-related concerns. Due to issues of insecurity, cross-border activities were not implemented in Borno. Cross-border activities were held in Yobe in the three CGPP focal LGAs located at the border with Niger.

**CGPP Somalia** conducted four monthly internal cross-border health committee meetings in Dollow, Belet-Hawa and Afmadow districts. The committee shared updates with the neighboring districts/sub-county health teams. Three joint cross-border health coordination meetings were held with Ethiopia (Liban zone) and Kenya (Garissa and Lamu counties).