

FY19 Q3: CORE Group Polio Project (CGPP) Global Quarterly Update from April to June 2019.

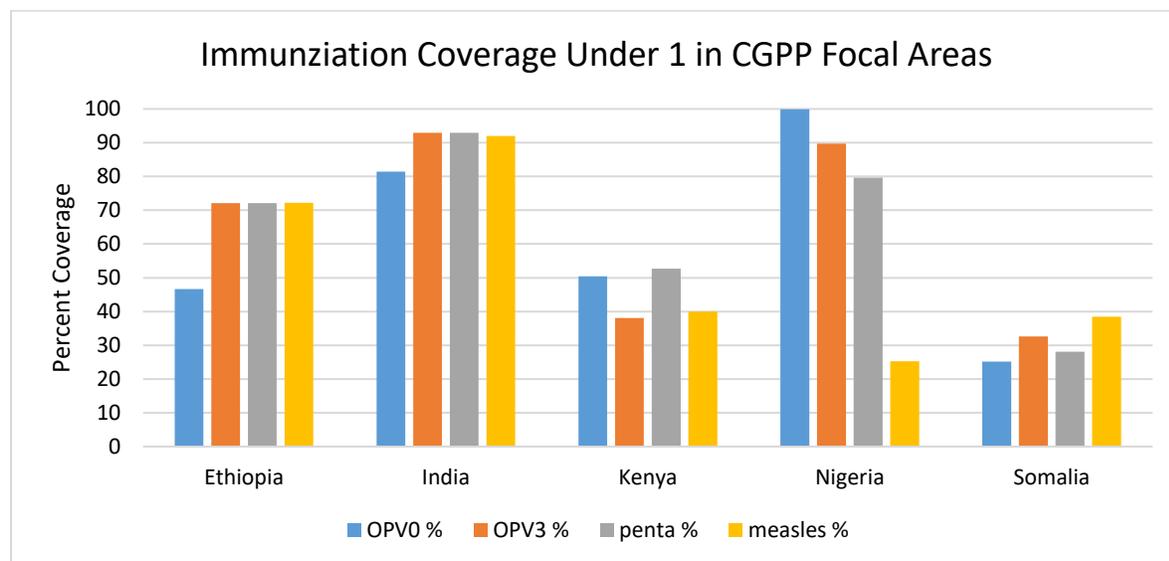
CGPP Partnerships

During FY2019 Q3, 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	1
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.

CGPP Ethiopia reported coverage of OPV0 (46.6%), OPV3 (72.1%), Pentavalent3 (72.1%), and Measles (72.2%) for children under one year. During the reporting period, the following activities were conducted to increase routine immunization coverage: 18,271 pregnant women were identified and referred for follow-up antenatal care (ANC); 11,084 newborns and 3,998 defaulters were identified and

referred to the nearest vaccination post; 24,387 liters fuel (Kerosene and Benzene), a total of 443 office supply items, EPI registers, reporting formats, and 151 IEC materials were provided to support routine immunization. A total of 29 refrigerators were maintained for outreach immunization services.

CGPP India reported coverage of OPV0 (81.4%), OPV3 (92.9%), Pentavalent3 (92.9%), and Measles (92.0%) in children under one year. The CGPP continued to use social mobilization to increase demand for immunization. The CGPP also continued work with government health departments at various levels to ensure the provision of vaccination. During the reporting quarter, CMCs visited households with eligible children to distribute invitation slips with needed antigens marked for the upcoming RI sessions. On the day of the RI session the CMCs helped to decorate with banners and posters and mobilize families for immunization.

CGPP Kenya reported coverage of OPV0 (50.4%), OPV3 (38.1%), Pentavalent3 (52.7%), and Measles (40.0%). The project supported 95 border health facilities which conducted 303 outreach clinics for hard to reach and nomadic settlements along the Kenya borders. These outreaches vaccinated 8,545 children and immunization defaulter tracing was done for 1,542 children under 5.

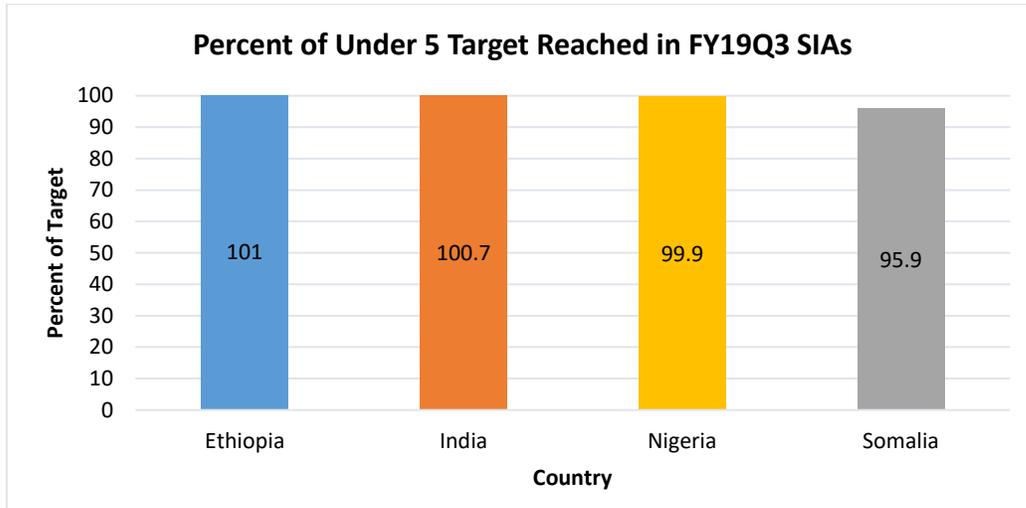
CGPP Nigeria reported coverage of OPV0 (99.8%), OPV3 (89.7%), Pentavalent3 (79.6%), and Measles (25.3%). During the quarter, the CGPP supported PEI-related Routine Immunization activities. The CGPP community volunteers worked closely with health facility in-charges (head) and RI focal person within their respective communities. Mobilization was done weekly for outreach and fixed sessions. There was a slight drop in percentage of children 12 – 23 months with OPV3 and Penta3 during the quarter. This may be the result of heavy rains in some areas, which prevented mothers from accessing health facilities. Additionally, many families are in the field during rainy season and attention is focused on planting crops.

CGPP Somalia reported coverage of OPV0 (25.2%), OPV3 (37.0%), Pentavalent3 (28.1%) and Measles (38.5%). CGPP Somalia supported 5 border health facilities in lower Juba region conduct 15 integrated outreach sessions in hard to reach nomadic communities vaccinating 219 children under 5 years old. CMs conducted household visits for social mobilization with a total 6415 HHs visits reaching 38,490 individuals with immunization and AFP surveillance messages. The Community Mobilizers conducted 174 group meetings on ACSM and conducted defaulter tracing for routine immunization and managed to trace 131 children. Refresher training was conducted for 84 CMs/CHVs on social mobilization and behavior change communications. The CGPP Somalia conducted OJT for 15 health facilities staffs on RI and AFP surveillance in Elwak and Gerille (Subdistrict) of Bardhere districts. The project team supported 23 community dialogue sessions in Gedo and Lower Juba regions of Somalia to promote routine immunization and good hygiene.

CGPP South Sudan. Secretariat staff attended (3/7) planned EPI-TWG (Technical Working Group) meetings. The CGPP used the meeting on May 10 to update the EPI-TWG members of the project transition plan from the three former conflict affected states of Jonglei, Unity and Upper Nile states to the three states of the Equatoria. The transition plan highlighted the project's key interventions including countrywide Polio Independent Campaign Monitoring, the Cross-Border initiative, Integrated Community Based Disease Surveillance and Social Mobilization, as well as some of the major project accomplishments from 2010 to 2018. The Project State Coordinator for Western Equatoria participated in the State EPI-TWG for Western Equatoria State (April 25 and May 4 meetings). The meetings were centered on mobilizing resources and logistics for the April/May National Immunization Day.

Polio Campaigns

Polio campaigns took place in Ethiopia, India, Nigeria, and Somalia. 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. Four Secretariat staff supported this second round (of the year) bOPV campaign in Gambella and Somali regions in April 2019. The Deputy Director and Communication Officer travelled to Gambella to support pre, intra, and post campaign activities. This included organizing a launching ceremony in Abobo Woreda, social mobilization activities in Gambella town and Abobo. The CGPP Director and Deputy Director travelled to Dollo Zone of the Somali region (Bokh Worda) to participate in the mOPV2 outbreak response campaign from June 20-27.

CGPP India. During the quarter, two SIA rounds were conducted in April and June 2019. All three partners provided support in planning, social mobilization activities such as interface meetings, IPCs, group meetings, coordination meetings, polio class in primary schools, and children rally for universal acceptance of OPV across the districts. On the booth day, *bullawa* tollies (calling troops) were formed to increase the attendance of children in the booths. On average, 300,210 children were immunized in the two SIA rounds. An average of 4.1% of houses were missed during the June and April. During the April SNID the team visited 398,168 of which 17,356 (4.4%) were missed whereas in the June SNID the team visited 427,667 houses of which 16,611 (3.9%) houses were missed.

CGPP Kenya No SIAs were conducted in Kenya during the quarter. However, CGPP supported an SIA sensitization workshop for national logisticians in Nairobi.

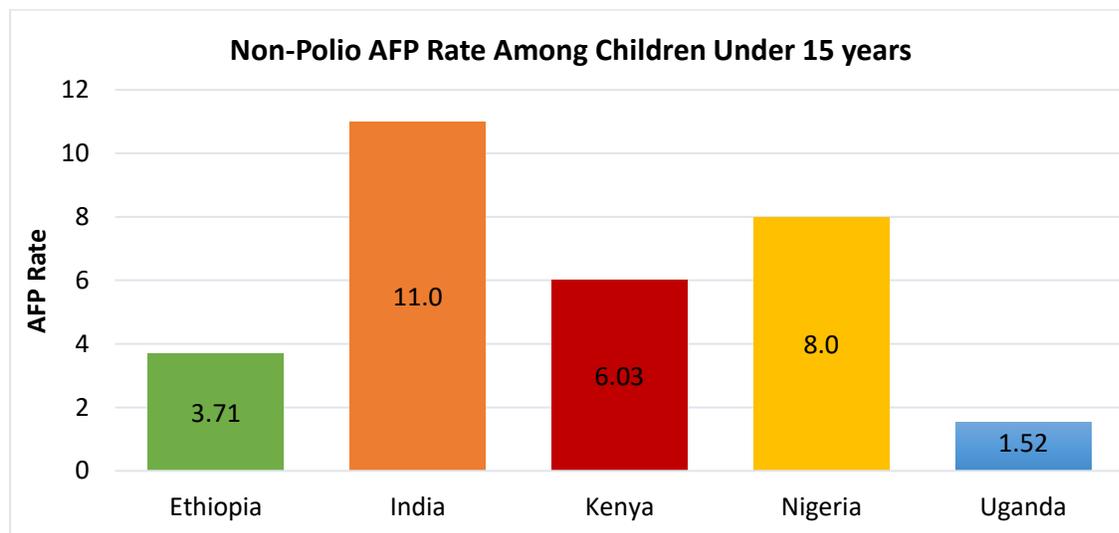
CGPP Nigeria continued to support Outbreak Response (OBR) for cVDPV in both focal and non-focal states in southwestern Nigeria. This support was given in response to the cases of circulating Vaccine Derived Polio Virus (cVDPV) reported in Kwara, Borno, Sokoto, Gombe, Niger and Lagos states. In CGPP focal areas, campaigns reached a total of 837,122 children under 5 years old, 99.9% of the target during the quarter.

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 12 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, supported social mobilization activities reaching 15,328 households with approximately 105,296 persons reached during the polio campaigns.

CGPP South Sudan. During the reporting period the Ministry of Health, WHO, UNICEF and other partners implemented the second round of the National Immunization Days (NIDs) from 30 April 2019 to 15 May 2019 targeting children under the age of five. Accordingly, CGPP implemented independent campaign monitoring (ICM) from 10-22 May 2019. The CGPP trained 29 central supervisors and 224 teachers as data collectors on ICM methodologies as outlined in the WHO ICM guidelines. Data collectors used both paper-based (insecure areas) and mobile phone ODK software for data collection and transmission. ICM was implemented in 57/75 (76%) counties where the polio campaign was held. A total of 9,320 households and 23,423 children were surveyed through house to house surveys, and geocoded. Additionally, 7,260 children were surveyed through out of house surveys. There were major operational challenges with this round of ICM, particularly, high vehicle hire costs (\$250 per day) and flight delays and cancellation, which caused delayed deployment of central supervisors from Juba.

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 Non-polio AFP rate for the CGPP program implementation areas was 3.71 per 100,000 children under 15 year. In the reporting period, 19 of 21 non-polio AFP cases (90.5%) were reported from CGPP implementation districts by project CVs/HDALs. Similarly, 102 of 106 (96.2%) 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 11.0. Overall the surveillance indicators are positive. However, there are a few pockets with surveillance

gaps, particularly where stool sample collection rates are sub-optimal. CMCs will continue to highlight and disseminate messages about the signs, symptoms, and reporting of AFP cases. CGPP functionalities reported about 40.7% of the 22 cases reported from CGPP areas. Additionally, India is doing environmental surveillance through 51 sites in 19 cities of 9 states. No cVDPVs have been reported.

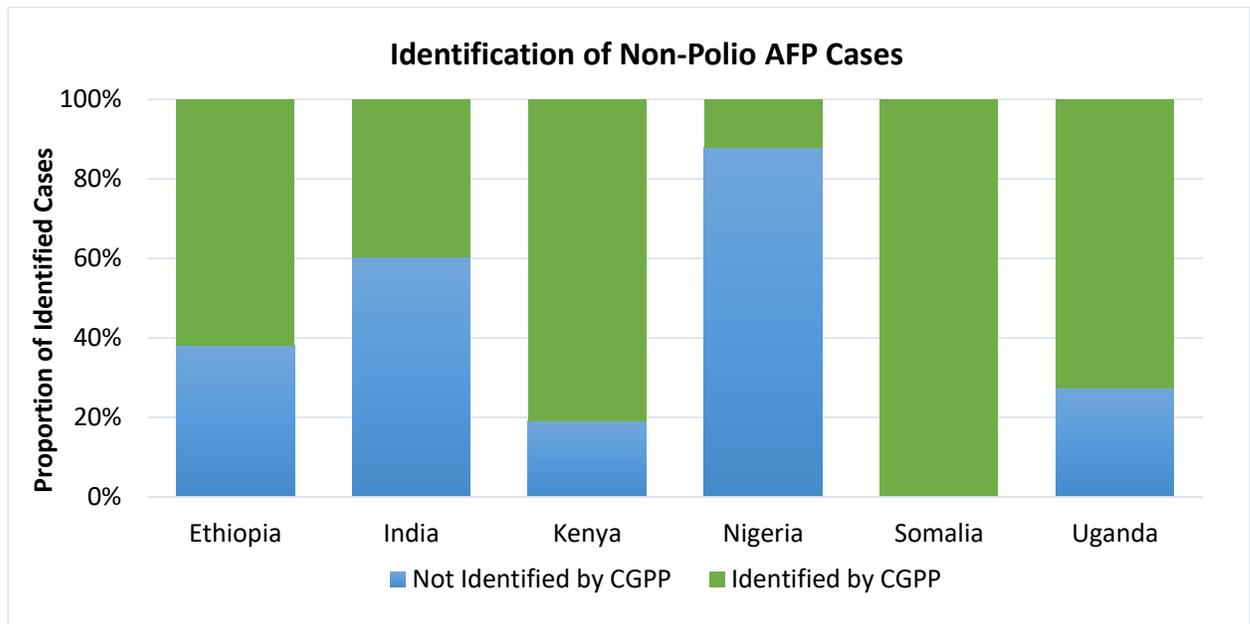
CGPP Kenya. The Non-polio AFP rate (per 100,000 children under 15 years of age) for CGPP areas was 6.03. A total of 16 AFP cases were reported in project areas in Kenya. The CGPP/ARC Garissa project supported procurement of 10 specimen carriers for the transportation of stool samples from suspected AFP cases, thus improving reverse cold-chain systems. A total of 192 CMs/CHVs and 93 traditional healers were sensitized on AFP surveillance. CMs conducted active case search/house to house visits during social mobilizations activities, reaching 12,116 HHs and 45,391 persons. The project had procured IEC materials especially 1500 posters of surveillance and supplied to all project border health facilities. CMs were trained on the use of ODK for reporting purposes.

CGPP Nigeria. The Non-polio AFP rate (per 100,000 children under 15 years of age) for CGPP areas was 9.6. CGPP reported 12 AFP cases with EPID number out of the 70 suspected AFP cases; some of which were discarded as non-true AFP cases in the quarter under review. VCMs and Community Informants (CI) actively searched for suspected AFP cases within their settlements during the quarter under review. The CIs include patent vendors, Traditional Birth Attendants (TBA), Bonesetters and Herbalists/ Traditional Healers among others.

CGPP Somalia. One AFP case was reported by CGPP. CGPP Somalia supported 23 community dialogue sessions meeting 857 persons (452 males, 405 females) including community opinion and religious leaders, village chiefs, elders, TBAs, traditional healers were sensitized.

CGPP Uganda. There were challenges with surveillance during the quarter. Overall, the non-polio AFP rate was 1.52 (per 100,000 children under 15 years). All stool samples were collected within 24 hours and safely transported for testing. There were a total of 11 non-polio AFP cases reported in project areas, with 72.7% (8/11) of these being reported by CGPP. All reported cases were identified and reported by VHTs within 7 days of onset of paralysis. On the job orientation and AFP surveillance training was provided for 245 new VHTs and 6 health assistants.

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

During Q3, community mobilizers 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	11,347	11.5%	812,803
India	911	3.9%	1,977,748
Kenya	400	89.0%	149,618
Nigeria	2,428	4.0%	2,600,000
Somalia	169		228,617
Uganda	2,353	79%	437,878
TOTAL	17,608	-	6,206,664

**Data is from CGPP Project Data

CGPP Ethiopia. During the reporting quarter, total of 11,347 CVs and HDALs were actively involved in social mobilization activities. They visited 226,872 households and reached 812,803 people with health education on the topics of vaccine preventable diseases and surveillance.

CGPP India. In India, 911 community mobilizers reached to approximately 2 million people through social mobilization activities to ensure community participation in immunization and WASH-related activities. A total of 60,803 IPC sessions were conducted to educate caregivers on polio, immunization, nutrition, and handwashing. Additionally, 287 Village Health Sanitation and Nutrition Committee

(VHSNC) meetings and 80 community meetings were held. ASHA/AWW/ANM coordination meetings were conducted to discuss the number of sessions missed, preparations, and operational challenges and to prepare action plans. Additionally, a total of 5,750 mothers' meetings were conducted by CMCs to encourage mothers and adolescent girls to adopt positive behavior related to immunization, hand washing, and use of toilets. PCI conducted 25 healthy baby shows and two meetings with the barbers. The work of the Khushi Express has continued in the quarter, covering 92 villages and reaching approximately 10,000 community members through the loudspeaker announcements, magic show/street play/puppet show, leaflets, and question and answer sessions. CRS trained 172 ASHAs on enhancing communication in Sitapur and Shahjahanpur districts, and 9 ASHA facilitators on supportive supervision. In addition, ADRA re-oriented 294 'CMC Sakhis' (friends of CMCs who help CMCs in conducting various mobilization activities at the community level) during the quarter.

CGPP Kenya. During the quarter, community mobilizers reached a total of 149,618 people through social mobilization activities. The ARC/CGPP Garissa project procured branded IEC materials to motivate community mobilizers. The CGPP conducted refresher training for 36 community based surveillance key informants and 210 CMs in Mandera County and Kamukunji subcounty to enhance the community-based surveillance in the project areas.

CGPP Nigeria has 2,428 community volunteers who reached 2.6 million people during the quarter. Due to the vaccine-derived outbreak in Nigeria, volunteers added outbreak response activities to their normal house to house activities. For focal states where outbreak response was conducted, all community volunteers participated in pre-implementation trainings. CGPP personnel supported trainings in non-focal states including Jigawa, Kwara, Bauchi, Sokoto, Adamawa, and Taraba.

CGPP Somalia. A total of 169 CMs/CHVs supported social mobilization activities during the SIA, reaching 15,328 households with approximately 105,296 people. Project community mobilizers also conducted household visits reaching 38,102 households with 228,617 persons with messages on immunizations and hygiene.

CGPP Uganda. A total of 2,353 VHTs worked in CGPP focal areas of northern Uganda, reaching a total of 437,878 people with community based disease surveillance messages for AFP (and other infectious diseases) through AFP awareness creation meetings (with mothers, adolescent girls, barbers, religious and cultural leaders, and market vendors), integrated community outreach (EPI), defaulter tracking, and nutrition activities during Q3. There were 224 VHTs trained during the quarter. VHT quarterly review meetings were organized and conducted to discuss issues including CBS for AFP (and EVD from neighbouring DRC), success and challenges in active case search, integrated community outreaches (EPI), defaulter tracking and nutrition activities in focal communities.

Monitoring, Evaluation, Accountability, and Learning

CGPP Ethiopia. The Secretariat conducted the CGPP Partners' Mid-year Review and Planning Meeting from May 6-8; 13-15 at the Adama Caneth Hotel. A total of 82 partners' central and field staff attended the meeting. The implementing partners each presented their implementation progress by zone and then answered questions. The Secretariat presented the overall CGPP Ethiopia six-month progress report, updated participants on the Global and National Surveillance and on the Global Health Security Agenda (GHSa). Additionally, an orientation was given on the Integrated Supportive Supervision Visit Checklist and the Care Group Model. The Secretariat also conducted a second quarter review meeting with CCRDA, in which the team presented a progress report, and planning for the rest of the year.

CGPP India. During the quarter, partners submitted Monthly Progress Reports to the Secretariat. PCI began a research to study the reasons for lack of timeliness in immunization. The primary cause of missing OPV0 was delayed or cancelled RI sessions. Other reasons were illness with children sick or hospitalized, out migration, and vaccine hesitancy among caregivers. CGPP plans to do a small study on vaccine hesitancy in Mewat with caretakers and front-line health workers in partnership with tSHTI.

CGPP Kenya/Somalia The project field staff submitted weekly Progress Reports to the Secretariat through ODK. The CGPP project teams supported 9 joint integrated supportive supervision visits in project areas in Kenya and Somalia. The project held a workshop for implementing partners to review reporting tools and training manuals. The M&E coordinator participated in the USAID Monitoring, Evaluation, and Learning training. The project conducted a data review workshop for Kibish sub-county of Turkana.

CGPP Nigeria. The project has implemented MEAL, Surveillance, and Communications Working Group Meetings, which continued this quarter. The working group participants included Secretariat staff, all state MEAL officers, the surveillance officer, and State Team Leads (STLs). One of the key objectives was to reach a better understand of the program's updated MEL plan, incorporate any necessary changes, and review and update Detailed Implementation Plans.

CGPP South Sudan The Monitoring and Evaluation Officer attended the Environmental Procedures and Compliance Workshop organized by USAID Mission in South Sudan from May 20 – 22, 2019. The training was conducted in the Management Service International (MSI) Office in Juba and was attended by over seven USAID implementing partners including MSI, WHO, FAO, IOM, HPP, CRS, and CGPP. The topics covered included Concepts of Environmental Impact Assessment (EIA), Scoping Statement and Environmental Assessments, Principles of Environmental Monitoring, Environmental Mitigation and Monitoring Plan (EMMP) and Environmental Compliance Reporting.

CGPP Uganda Quarterly review meetings were held to ensure progress and check the quality of data being reported. The team continues to make progress on collecting and reporting data timely and correctly.

Cross Border Initiatives

During Q3, CGPP Ethiopia, HOA, and Nigeria participated in cross-border initiatives to ensure the vaccination and surveillance of migrating populations and internally displaced persons.

CGPP Ethiopia. The CGPP Senior Program Officer participated in a cross-border microplanning meeting held at Mansoor Hotel, Hargeisa from June 12-12. CGPP presented the performance of cross border activities by CGPP HOA and Ethiopia.

CGPP HOA. CGPP participated in one joint HOA cross border health coordination and microplanning meeting in Hargeisa, Somalia and supported 13 in-country (monthly) cross border health committees meeting in project areas.

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. This includes Yobe and Borno States. 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 The CGPP Somalia continued to coordinate and conduct cross border activities to strengthen polio eradication activities along the border villages. During the April SIAs, the project provided 8 extra teams in major population crossing points, vaccinating 298 children.

CGPP Uganda. A regional cross-border meeting was organized on June 28th in Gulu, which included participants from 5 districts - Moyo, Adjumani, Gulu, Amuru, and Nwoya. The meeting was attended by District Health Officers (DHO), Resident District Commissioners (RDCs), District and Regional Surveillance Officers, and others. Attempts were made for counterparts from South Sudan to attend the meeting, however, it was not possible to get clearance for them to cross to Uganda. Intensified cross-border surveillance was conducted through on-the-job mentorships of VHTs and health workers from border health facilities. This has enhanced their disease surveillance capability by refreshing their knowledge on community-based disease surveillance (CBDS) for the VHTs and integrated disease surveillance response (IDSR) for the health workers.

Transition Planning

CGPP India. The CGPP India is implementing changes to start transitioning program activities and functions. CGPP is strengthening the capacities of ASHAs to ensure that immunization remains high and community engagement continues long after CGPP India. CGPP will gradually shift to the block model and will continue to work closely ASHAs.