

CORE GROUP POLIO PROJECT

Quarterly Update FY20 Q1

The CORE Group Polio Project (CGPP) focuses on strengthening community engagement, community mobilization and community ownership activities for polio, vaccine-preventable diseases and infectious disease threats in high-risk, border, nomadic and hard-to-reach locations. The CGPP began polio eradication activities in 1999. Today, the CGPP partners with 11 long-term implementing international NGOs and about 20 national and local NGOs in seven countries: India, Ethiopia, South Sudan, Nigeria, Kenya, Somalia, and Uganda. More information on the partners working in each country can be found in the CGPP FY19 Annual Report.

	Number of Partners	
	International	National
Ethiopia	5	4
India	3	6
Kenya	5	0
Nigeria	3	6
Somalia	1	1
South Sudan	5	0
Uganda	2	0

Ethiopia

During the quarter, CGPP Ethiopia's 11,673 CVs were actively involved in social mobilization and disease surveillance activities, reaching 277,360 households and 898,531 people with health education messages on vaccine preventable diseases and surveillance. To strengthen routine immunization, community volunteers identified and referred 12,278 pregnant women to ANC and referred 8,424 newborns and 3,497 defaulters to vaccination posts. Immunization Coverage in project areas was: OPV (40.8%); OPV3 (57.3%); Penta3 (57.9%); Measles (51.9%).

The Secretariat and implementing partners participated in pre, intra and post campaign activities for the December bOPV round conducted in all CGPP implementation areas, vaccinating 878,148 children under 5. During the campaign, 5239 CVs/HDALs provided social mobilization support and participated as part of the vaccination teams. CGPP also provided technical support through 66 secretariat and partner staff and logistical support with 28 vehicles and 1377 liters of fuel to transport vaccinators and technical staff.

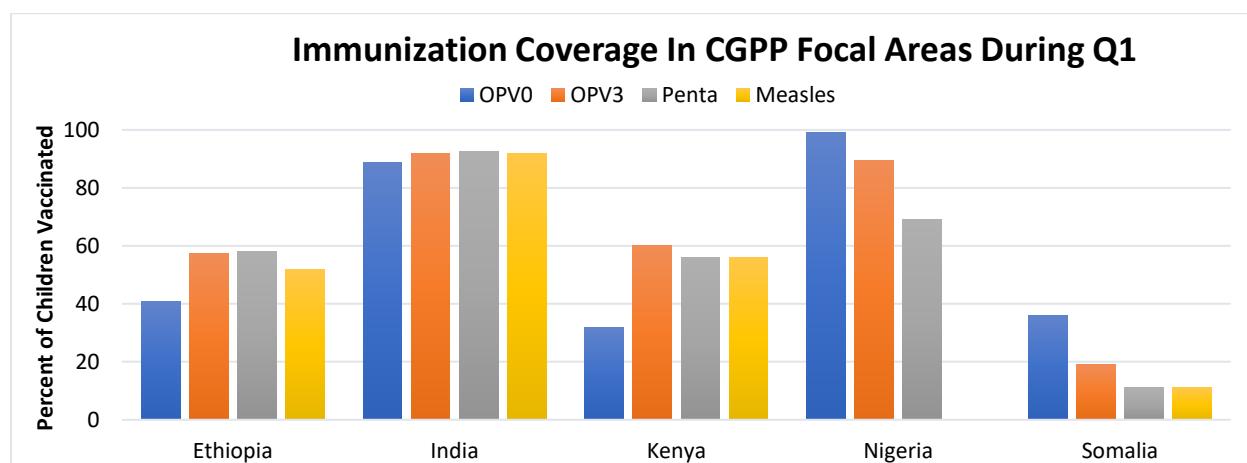
The NPAFP rate in CGPP implementation areas was 3.14 per 100,000 children under 15 years of age. Two stool samples were collected within 14 days of onset of paralysis in 87.5% of NPAFP cases. CGPP CVs/HDALs reported 81.8% (18/22) of NPAFP cases and 97.4% (75/77) of measles cases reported from CGPP implementation areas during the quarter; 9 NPAFP cases were identified among nomadic populations. New training manuals were printed Somali (2,000 manuals) and Amharic (150 manuals) to support AFP and Zoonotic disease surveillance, and 750 manuals were distributed. The CGPP Secretariat and implementing partners trained more than 700 CVs/HDALs, HEWs, HWs, AHT and HEW supervisors through CBS cascade trainings on integrated human and animal health.

The Secretariat supported implementation areas with supervisory visits during the quarter. The CGPP M&E Officer conducted joint supportive supervision visits in Shebelle Zone (2 health centers in Gode and 2 health centers in Adadle Woredas) from December 4-6. The GHSA Senior advisor visited Ethiopia from December 1-6 and held meetings with implementing partners, USAID, FAO, CDC, and other GHS partners to discuss progress and future collaborations.

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CGPP Ethiopia participated in a variety of conferences and meetings during the quarter. Secretariat and partner staff attended the World Polio Day Celebration on October 25, where the Director spoke and CGPP distributed 150 caps and t-shirts to event participants. Four CGPP Secretariat staff participated in the CORE Group Health Practitioner Conference October 14-16 in Nairobi. They shared training materials, project brochures, pictures boards, and various branded items with conference participants. Additionally, five CGPP Ethiopia Secretariat staff presented oral and poster sessions at the 147th APHA Conference November 2-6 in Philadelphia. Furthermore, CGPP Director and Deputy Director participated in the 21st Annual Review Meeting of FMOH October 15-18 at the Sky Light Hotel and the WHO EPI & Surveillance Quarterly Review Meeting from October 28-29 at Elilly Hotel.



****Note:** Coverage is available for children under 1 for Ethiopia, Kenya and Somalia; 12-23 months is the available age group for India and Nigeria.

India

CGPP India continued social mobilization in high-risk areas of Uttar Pradesh (U.P.), and Haryana, working through PVO/NGO partners in 12 districts of Uttar Pradesh, one district of Haryana and two districts of Assam state. CGPP India's strong network of 755 social mobilizers conducted activities with the goal of maintaining high OPV coverage through SIA rounds and strong routine immunization to prevent the risk of wild polio importation and infection. They reached 1,752,205 people through 55,081 IPC sessions, 6,512 group meetings, 104 VHSNC, and 77 community meetings.

Immunization Coverage is reported for India for children 12-23. Under 1 coverage is only available at the end of the fiscal year: OPV (88.8%); OPV3 (91.7%); Penta3 (92.6%); Measles (91.9%). The CGPP plans to do capacity building with government frontline workers to support social mobilization and ensure high uptake of immunization services. There were no polio SIAs during the quarter, but 1,800 supervisor visits were conducted to support and supervise social mobilization activities.

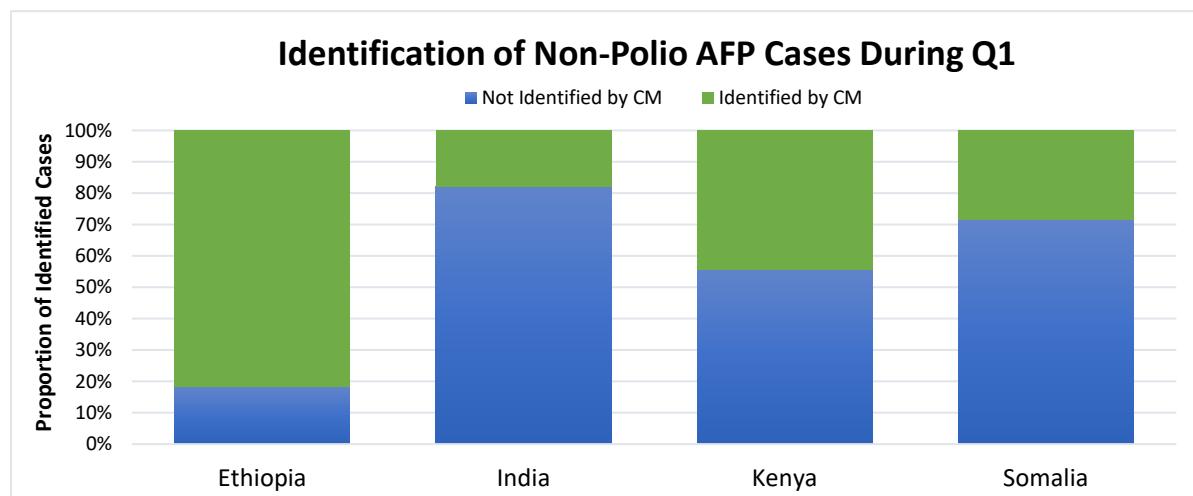
During the reporting quarter, a total of 39 AFP cases were reported from CGPP areas from Uttar Pradesh, of which 7 (18%) were reported by CGPP mobilizers (CMCs/BMCs). According to AFP surveillance indicators as on 31st December 2019, the CGPP focal districts from Uttar Pradesh had a Non-Polio AFP rate of 17.2, which is higher than the state average of 13.3 cases per 100,000 children under 15 years. Similarly, the CGPP focal districts had a high (87%) level of adequate stool collection (i.e., 2 stool specimens collected within 14 days of onset of AFP). CMCs at the field level will continue to

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promote, disseminate messages about signs, symptoms, and reporting of AFP cases during IPC and group meetings.

The CGPP India team continues to look toward transition. Partners are working closely with the National Health Mission at the district and block levels to provide supporting in training, review, IPC, and reporting and planning at the community level. As a part of the transition plan, the CMCs will be withdrawn in the next quarter. Before the withdrawal, the CMCs will be recognized at a function at the block and district level for their contribution towards the elimination of Polio from India. The CMCs, with skills and knowledge from the Polio project, have a high potential to be absorbed into any vacant health care worker roles in their respective communities.



Kenya/Somalia (HOA)

The potential for undetected virus circulation remains a threat in HOA due to suboptimal routine immunization, inaccessible areas, and mass population displacement due to flooding. This, along with recent cVDPV2 outbreaks in Kenya and Somalia in 2018 and 2019 highlight the need for strong surveillance, quality SIAs, and strong routine immunization systems. CGPP Kenya has 98 Community Mobilizers (CMs) who support and supervise 752 CHVs/CDRS based at health facilities. During the quarter, they reached 1.5 million people with social mobilization messages. In Somalia, 224 CMs/CHVs worked among nomadic pastoralists, IDPs, and border communities reaching 31,175 individuals with routine social mobilization messages about immunization and surveillance.

In Kenya, CGPP supported 95 border health facilities to conduct targeted immunization outreach in hard to reach and mobile populations. Project community mobilizers traced and referred 3,817 under 5 children to border facilities for vaccination. Immunization coverage was reported as OPV0: 32%, OPV3 60%, Measles (fully immunized): 56%.

CGPP Somalia supported 27 border health facilities to conduct monthly integrated outreach in hard to reach nomadic communities and IDP camps. During the quarter, 213 defaulter children were traced and vaccinated. Coverage during outreach was OPV0: 36%, OPV3: 19%, and Measles (fully immunized proxy): 11%.

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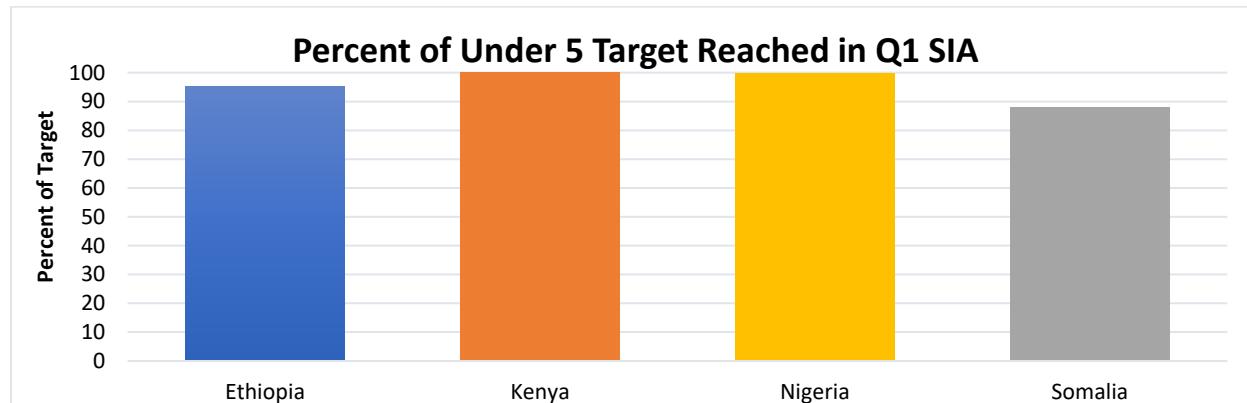
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CGPP HOA provided technical and logic support for the coordinated November 2019 bOPV campaigns in Kenya and Somalia. The Secretariat participated in the Kenya National SIA technical committee and in bi-weekly GPEI & tripartite (Kenya/Somalia/Ethiopia) meetings to assess progress in synchronized campaigns. In Kenya, the campaign reached 2,724,956, 103% of the targeted children under 5, and 105% of the targeted children in 6 CGPP border counties. In Somalia, the campaign reached 95% of the target 172,910 children under 5 in the 9 CGPP Somalia border districts.

The NPAFP rate in CGPP implementation areas of Kenya was 3.39 per 100,000 children under 15 years of age. CMs visited 36,053 houses through active case search and identified 44% (4/9) cases in project areas. The stool adequacy rate was 89% during the reporting period. In Somalia, CMs conducted daily AFP case searches and AFP social mobilization, reaching a total of 33,585 families. The NPAFP rate in CGPP implementation areas of Somalia 3.41 per 100,000 children under 15 years, with 71% stool adequacy.

To build effective partnerships between CORE Group implementing partner NGOs and international, national and local agencies involved in polio eradication in the region, CGPP HOA supported/participated in various international, regional, and local partner/stakeholder forums. The CGPP HOA Secretariat participated in 31 coordination meetings at the national and county levels while the CGPP-IPs participated and supported 13 coordination and planning meetings at counties and sub counties. CGPP implementing partners formed 7 new partnerships besides polio.

Inaccessibility and insecurity continue to hamper project activities in the Kenya-Somalia border areas. Additionally, flooding and cross-border migration due to flooding have caused difficulties in implementation areas. Inadequate cold chain and stock outs at border health facilities provide challenges for routine immunization.



Nigeria

As Nigeria continues to move toward polio free certification, CGPP's cadre of 3,086 volunteers are reaching communities with information, social mobilization and surveillance. The CGPP Nigeria contributed to the Polio Transition Technical Team (PT4) and supported the 37th ERC meeting of the Nigeria PEI program during the quarter.

CGPP Nigeria's 1,841 Volunteer Community Mobilizers (VCMs) and 217 Volunteer Ward Supervisors (VWSs) worked closely with health facility in-charges and RI focal persons within their respective

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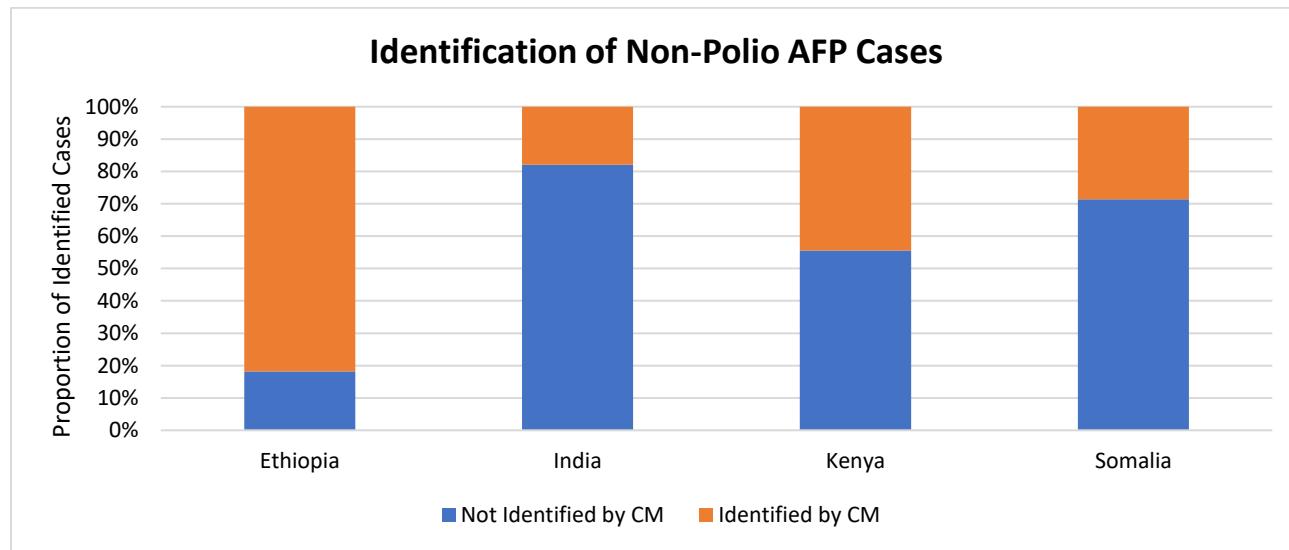
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localities to monitor and supervise RI activities. Volunteers tracked new-borns, child vaccination and pregnant women. They noted mothers' fears of side effects with injectable vaccines and increased efforts to provide accurate information and dispel myths and misconceptions. During the quarter, the percentage of children 12-23 months with OPV3 was 89.5% and Penta at 69.2%.

CGPP Nigeria supported SIPDs in November and December. Volunteers reported notable pockets of non-compliance in Katsina and Yobe states, which they worked to resolve during the campaign. An estimated of 823,973 Under-five Children (U5C) were vaccinated with OPV, 99.8% of the target across the five states during SIPDs; 1,446 children were missed. During the quarter, CGPP VCMs and 1,028 Community Informants (CIs) detected 60 AFP cases (identified, reported and checked by DSNOs). Ten AFP cases detected by CGPP were given an EPID number.

CGPP Nigeria continued to build M&E capacity at the Secretariat and field levels. The MEAL Manager participated in a training in Kenya on data management and the use of geospatial mapping and analysis. A Data Quality Assessment (DQA) is planned for the second quarter of FY20.

Due to funding challenges, CGPP Nigeria intends to close out program activities in Katsina and reduce the scope of work in Kano, Kaduna and Yobe. The work in Borno will remain at its current level, as it remains high risk and difficult to reach.



South Sudan

During the quarter CGPP South Sudan continued to lay the groundwork for successful new initiatives. The CGPP held key meetings and workshops to engage stakeholders, provide information about CGPP community based surveillance and its successes, and detail the utility of CBS in complimenting the traditional facility based surveillance in new project areas. Launching workshops were held in Yei (October) and Western Equatoria (November).

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Efforts continued to build the community based surveillance system in new project areas. CGPP recruited nine project supervisors (7 male, 2 female) during the quarter to support and supervise Boma Health Promoters. CGPP conducted a 5 day Training of Trainers (TOT) for project Supervisors from October 28- November 1 which trained seven project supervisors, three project officers, and one program officer on community based surveillance, disease detection, notification and reporting, community mobilization, mapping communities, monitoring and evaluation, and basic concepts of financial management (for partners). Project supervisors then cascaded the training to the county level.

Boma Health Promoters (BHPs) will play a key role in the focal communities, supervising a network for Community Key Informants (CKIs) to build a strong, support community based surveillance structure in new project areas. BHPs are local community volunteers with basic education who reside within the focal community and have good knowledge of the local culture, community needs and traditional beliefs and practices, and have good interpersonal and conflict resolution skills. CKIs will promote positive messages of behavior change for AFP, EVD, and measles, and identify suspected cases of these disease in their communities. During the quarter, CGPP recruited 78 BHPs in seven counties (Yambio, Nzara, Tombura, Ezo, Yei, Lainya and Morobo) and trained 18 BHPs. Additionally, CGPP identified, and selected 179 CKIs in Yambio and Nzara counties.

Uganda

CGPP Uganda's 2,347 VHTs made significant contributions to strengthening the AFP surveillance system during the quarter. They reached 489,780 people with social mobilization activities through community dialogues and house to house visits. VHTs reported 6/6 (100%) of AFP cases in project areas; four of the cases were among refugee populations. VHTs reported 87.5% of identified cases within 7 days of onset of paralysis and NPAFP rate in project areas was 4.82 per 100,000 children under 15 years of age.

The CGPP trained 393 people, including 280 VHTs, to build the capacity of AFP surveillance actors. Community based disease surveillance workshops were held for health facility staff to improve their ability to detect and investigate vaccine preventable diseases (AFP-polio, measles, NNT, and adverse reactions following vaccination. CGPP trained VHTs to improve case identification, reporting, and social mobilization activities.

CGPP provided training to support the National Immunization Days (NIDs) and sub-National Immunization days (SNIDs). CGPP supported the distribution of vaccines and supplies to health facilities, and provided fuel and allowances for district supervisors to monitor activities. Coverage was high in most project areas, however OPV vaccine stock outs hampered the ability to reach all target children in some areas - Yumbe district achieved 101% of the polio and 107% of the Measles/Rubella target; Lamwo district achieved 91.6% of the polio and 106.4% Measles-Rubella targets; Adjumani achieved 91.2% of the target for polio and 100% for Measles-Rubella; Palorinya reached 90.2% of the target.