

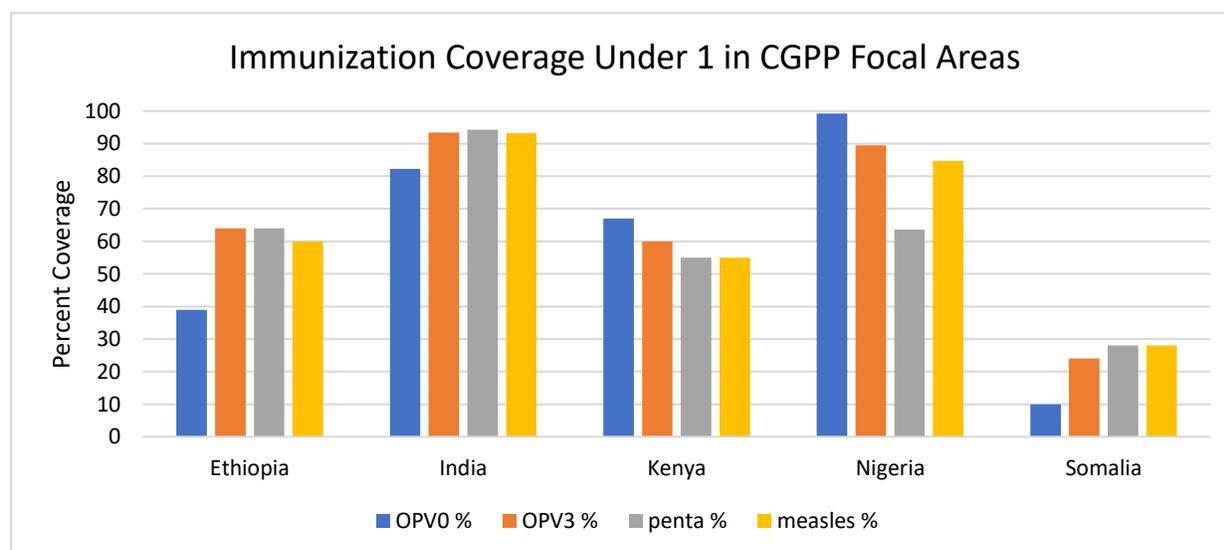
FY20 Quarter 2 CORE Group Polio Project (CGPP) Global Quarterly Update

The COVID-19 pandemic has had a significant impact on project implementation and reach due to preventive measures, lockdown, and movement restrictions that began in March in many project areas. AFP surveillance and immunization services were disrupted in some project areas due to lockdown, and in other areas because country surveillance teams and health workers shifted focus to COVID-19 response. The planned polio campaigns were postponed.

Despite the respective MOHs giving guidelines on the continuation of services, many parents are not taking their children for immunization. The disruption of immunization services will lead to many susceptible individuals and the potential for the outbreak of vaccine-preventable diseases. Catch up will be necessary once it is safe to continue.

To strengthen project activities in the context of the COVID-19 outbreak, CGPP has developed house to house protocols for community engagement. The protocols pull from existing guidelines and prevention measures for COVID-19 and simply outline key steps to keep volunteers and community safe including physical distancing, mask wearing, and hygiene. The CGPP has also integrated COVID-19 prevention messaging into the current project activities.

Country	Date of Confirmed First Case of COVID-19
India	January 30
Afghanistan	February 24
Nigeria	February 27
Ethiopia	March 13
Kenya	March 13
Somalia	March 16
Uganda	March 21
South Sudan	April 5





Ethiopia

CGPP Ethiopia works through nine implementing partners in fifteen zone across five regions. During the quarter, 10,167 CVs/HDALs reached 744,728 people in 85 high-risk woredas with immunization tracking, surveillance, social mobilization and health education. CVs/HDALs identified and referred 15,674 pregnant women to vaccination posts. To support Routine Immunization efforts, the project also provided 3,900 liters of fuel; 121 office supply items, EPI registers, and reporting formats; and 302 IEC materials. For the following RI antigens, coverage rates among children under 1 were OPV0 (39%); OPV3 (64.0%); Penta (64.0%); and Measles (60.0%). No polio campaigns were planned during the quarter; however, CVs/HDALs did reach 247,55 households with health education on vaccine-preventable diseases and surveillance.

CGPP Ethiopia-trained CVs/HDALs conducted active surveillance for AFP, measles, neonatal tetanus, as well as for three priority zoonotic disease - anthrax, rabies, and brucellosis. CGPP CVs/HDALs identified 62.5% (5/8) NPAPF cases and 81.2% (60/74) measles cases. The NPAPF rate was 2.57 per 100,000 children under 15 years in project implementation areas with three silent areas. The stool adequacy rate in project areas was 89%. Additionally, CGPP implementing partners conducted human and animal health integrated CBS cascade training for 3,082 CVs/HDALs, HEWs, HWs, AHT and HEW supervisors. The purpose of the training was to improve the capacity of the surveillance system actors.

The CGPP Ethiopia team conducted supportive supervision visits to ensure project implementation and to build capacity of field-level workers. The CGP-GHS Senior Advisor conducted a joint visit with colleagues from the USAID Mission to visit Woreda Health Offices in Errer and Shinuille, as well as the Catholic Relief Services office in Hararge. The CGPP Director and Deputy Director from global HQ along with the Secretariat Director visited the Gambella region from March 1 – 5. During the visit to Gambella the directors met with officials from the Gambella Regional Health Bureau, Agriculture, IRC and EECMY partners' office and visited Lare Woreda's CBS training.

Secretariat staff participated in key meetings to improve partnership and coordination. They attended TWG meetings at the MoH and supported planning for the Polio/Measles SIAs, IEC/BCC materials for the campaigns, the HPV and MCV2 Post Introduction Evaluation (PIE), and the Hepatitis B birth dose pilot. The Secretariat Director participated in the ICC meeting to contribute to the cVDPV2 outbreak response plan.

Due to the COVID-19 pandemic, partner staff at zonal and district levels are also working as member of the COVID 19 response task force. In March 2020, 743 people were trained on CBS, which included COVID-19 and prevention measures (hand washing, physical distancing, and masks). CGPP CVs and HDALs are not conducting house to house activities due to the risk of the disease as they do not have the personal protective equipment. To support community messaging, the Secretariat communication officer translated three IEC materials for COVID-19 prevention: on face mask utilization guideline, community engagement and community engagement guide, from English to Amharic (will also be translated into Oromifa and Somali languages) and was distributed as a leaflet for community awareness creation.



India

CGPP India supports ongoing social mobilization in high-risk areas of twelve districts of Uttar Pradesh (U.P) and one district of Haryana state. CGPP India partners with three INGOs – ADRA, CRS and PCI – and six local NGOs. During the second quarter, the National Polio Surveillance Project (NPSP) conducted a re-validation of High-Risk Areas (HRAs). Under the new criteria, greater priority was assigned to high-risk groups such as migratory populations, slum dwellers, and nomads. In all, 757 CGPP Community Mobilizers cover HRAs spread across 58 blocks (sub-districts) in Uttar Pradesh. In Haryana, CGPP supports only government frontline workers known as ASHAs.

At the end of the second quarter, CGPP India had planned to release the long-term CMCs. Due to COVID-19, on March 24 the government declared a three-week lockdown, interrupting planned celebrations for the CMCs and training of government frontline workers. All polio and RI activities were postponed, and partner work plans modified. As an immediate mitigation strategy, CGPP continued community engagement through tele-counselling of 5,000 community influencers and CMCs. CGPP India is utilizing BMCs and DMCs for spreading correct messages about COVID-19 through WhatsApp and telephone calls to influencers. Former CMCs were requested to spread correct messages about COVID-19 on a pro bono basis. CGPP India will conduct a brief virtual training, emphasizing the importance of handwashing, immunization, and social distancing at no cost to the project. Next steps include a rapid telephonic survey to assess the current situation in CGPP areas and existing COVID-10 knowledge among field staff. DMCs, BMCs and ex-CMCs will be surveyed and training curriculum for the field staff and former CMCs would be developed according to survey results.

The advertising agency 'Group M' approached CGPP India to learn more about its work in Haryana. The agency is developing a campaign to promote handwashing and vaccine promotion based on the partnership between Unilever's Lifebuoy soap and Gavi, the Vaccine Alliance. 'Group M' has requested permission to use CGPP India-developed materials in the advertising campaign, which aims to improve handwashing practices and increase demand for vaccination. Technology-based NGOs SARD and ZMQ met with CGPP India to explore ideas for disseminating CGPP India's achievements. Three main suggestions were cited: 1. preparing SOPs for different activities like Village Mapping for health interventions 2. preparing a repository of all BCC tools and materials 3. organizing workshops with various development partners and corporate donors to share the legacy of polio eradication to public health programs.

CGPP India, in partnership with the government's Translational Health Science and Technology Institute (tHSTI), is conducting intervention research on improving immunization coverage through capacity building of government frontline workers, the ASHAs and their supervisors in Nuh district of Haryana. The Sabin Institute partially funds this project. The CGPP organized a TOT on January 30 and 31 for 16 people on capacity building of ASHAs and ASHA supervisors.

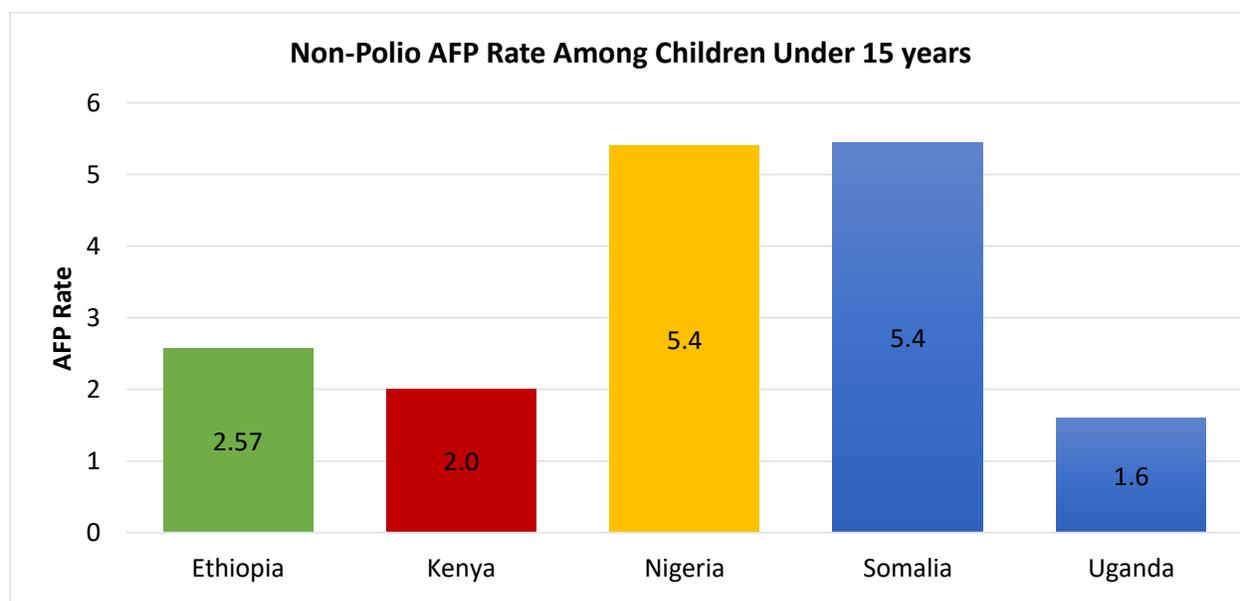
Ellyn Ogden visited India in February to meet with partners on the country's risk mitigation strategies and to share out USAID's expectations and guidance for future programming. Additionally, CGPP India

participated in the Immunization Action Group, USAID’s workshop on ‘Compliance and Capacity Development, and several Implementing Partners as well as Uttar Pradesh State Task Force meetings

CGPP India maintained a high level of routine polio vaccination coverage. According to project administrative data, coverage rates among children 12-23 months were OPV0 (82.3%); OPV3 (93.4%); Penta (94.3%); and Measles (60.0%). No polio campaigns were planned during the quarter. Due to COVID-19, many children missed RI sessions. CGPP India provided integrated messages on the importance of make-up RI upon resumption of services.

CGPP mobilizers reached more than 1.73 million people through various social mobilization activities conducted by 757 community mobilization coordinators. More than 50,000 home visits were conducted to share messages on polio and vaccine preventable diseases. One polio campaign was conducted in XX. CGPP teams provided social mobilization coverage through bullawa tollies, rallies and other events before, during and after campaigns. Approximately 99.9% of the 255,629 targeted children were vaccinated in project implementation areas. CMC areas had a notably higher proportion of targeted children visits fixed polio booths (87.4%) compared to non-CMC areas 47.1%). During the quarter, a total of 15 AFP cases were reported from CGPP implementation areas, 40% (6/15) of which were reported by CGPP mobilizers (CMCs/BMCs).

As per the transition plan, the CMCs were disengaged from regular work on March 31, but called for ten days for the June polio SIA. For the past two years CGPP has done capacity building of government frontline workers - ASHAs and *Sanginis* through trainings and supervisory visits. It is envisaged that ASHAs would do IPC for immunization and support immunization activities so that immunization coverage will be sustained. Many CMCs would be engaged by health department as ASHAs or for TB work.





Kenya and Somalia

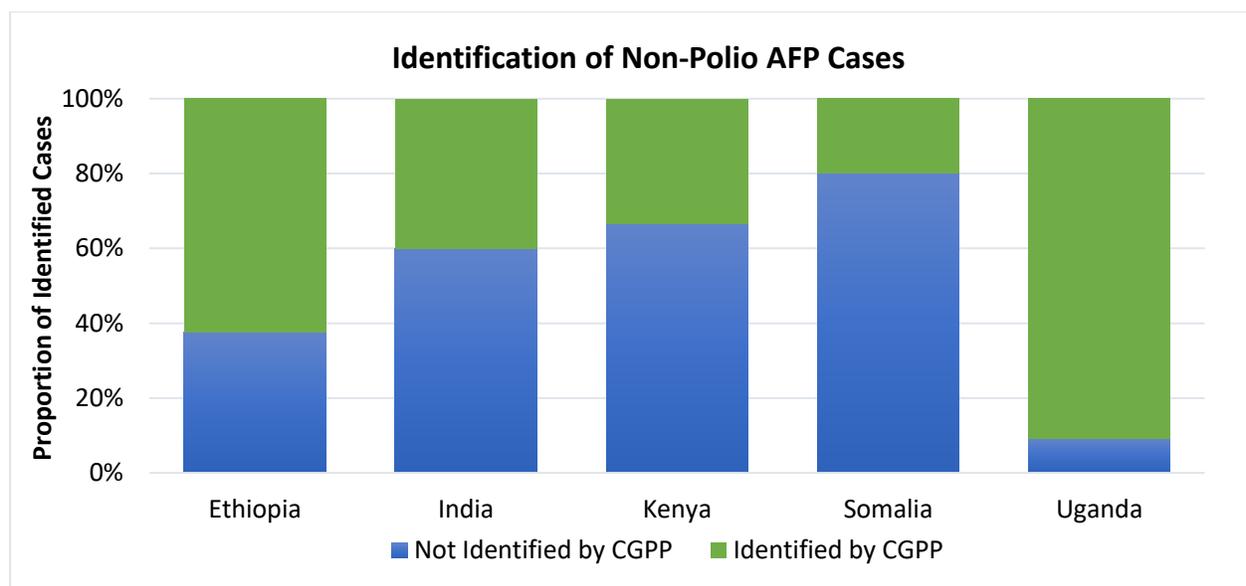
CGPP HOA supports interventions to strengthen routine immunization, supplemental immunization, and surveillance systems to achieve polio eradication and enhance population immunity among special populations such as nomadic pastoralists and Internally Displaced Persons, or IDPs. The project operates in hard-to-reach communities along the Kenya-Somalia borders, providing targeted, integrated immunization and surveillance outreach activities through 95 border health facilities in Kenya and through 27 border health facilities in Somalia. In quarter two, CGPP HOA reached 685,702 people with polio and AFP surveillance health education messages during routine and SIA social mobilization activities in Kenya and Somalia. In Kenya, 98 CMs supervised 2,234 CHVs/CDRs to reach 443,366 people through social mobilization. CGPP implementing partners also supported 13 community dialogues and 490 group meetings facilitated by CMs/CHVs/CHAs. In Somalia, 226 CMs/CHVs reached a total of 242,620 people with social mobilization messages. The team supported 9 community dialogue sessions and 76 group meetings.

In all, 10,076 children under 1 year received OPV 3 (Kenya 6,637 and Somalia 3,439) through targeted outreach sessions for nomadic pastoralists and other people located in hard-to-reach border communities). Additionally, CMs/CHVs tracked and referred 1,647 children in Kenya and 75 children in Somalia to border health facilities for vaccination. The coverage rates for RI antigens in children under 1 in project areas in Kenya were OPV0 (67%); OPV3 (60%); Measles (55%); and Penta (55%). Coverage rates were OPV0 (10%); OPV3 (24%); Measles (28%); and Penta (28%) for children under 1 in Somalia.

CGPP HOA provides community-based AFP surveillance in border areas through its network of trained CMs and CHVs, conducting house-to-house active case search. Volunteers geocoded suspected cases and reported them through WHO's ODK mobile platform for Integrated Support Supervision (ISS). During active case search, volunteers visited 45,952 houses and identified 5 of 15 (33%) NPAFP cases in project areas. In Kenya, the NPAFP rate in project areas was 2.0 per 100,000 children under 15 years, with 100% stool adequacy. Due to necessity and violence, Lamu, Marsabit, and Turkana remain difficult to access and reported an AFP rate of 0.0. Lamu East subcounty remains as the only silent project area. In Somalia, volunteers reached 24,323 households through active case search. The NPAFP rate in project areas was 5.44 per 100,000 children under 15 years, with 100% stool adequacy. Community volunteers identified 5 of 15, (33%) of NPAFP cases.

CGPP HOA trained and conducted supportive supervision of community volunteers and facility healthcare workers in Kenya and Somalia. The project trained a total of 246 facility health care workers and 326 Community Volunteers (CMs/CDRs/CHVs) at the county and district levels on integrated AFP surveillance, SIAs, Routine Immunization, COVID-19, and GHSA. The global M&E Technical Advisor held a special training of the Secretariat team in Nairobi to sharpen skills on project reporting and documentation tools, operational research and qualitative research. High-level supportive supervision visits were conducted by the CGPP Global Deputy Director to Mandera and Marsabit counties and by the USAID Mission's GHSA team which traveled to Turkana County.

CGPP HOA and its partners are actively supporting COVID-19 county surveillance. Some partners are using private funds to procure PPE (gloves, gowns, facemasks) to support health workers. CGPP Kenya-Somalia, through its implementing partners, adhere to COVID-19 prevention measures as they continue to implement community-based AFP surveillance, social mobilization, and targeted immunization services for the highly vulnerable populations. To contain the spread of COVID-19, the Government of Kenya in March suspended all public gatherings, sporting events, religious and public meetings, and conferences. The order also bars entry and exit to four CGPP-supported counties (Mandera, Wajir, Garissa and Nairobi) that are most affected by mounting cases of COVID-19. Dawn to dusk curfews were in place during the reporting period. While program activities have continued, these measures have disrupted some planned activities including dialogue meetings, trainings, routine immunization outreach services, active case search and support supervision. The planned polio campaigns in Somalia were postponed due to the COVID-19.





Nigeria

The CORE Group Partners Project implements polio eradication activities in five high-risk focal states in Northern Nigeria through in-country partners and collaborates closely with the State Primary Health Care and Development Agencies, the State EOC, the Ministry of Health, and the LGA team. During the quarter, there were increases in numbers of both focal settlements and CVs. With the advent of COVID-19, CGPP Nigeria instituted strict infection prevention control, including physical and social distancing, to protect volunteers and community members.

A total of 1,269 CGPP-trained community volunteers (VCMs and VWSs) reached one million people with RI-supported activities. These efforts included awareness creation with messages on the importance of vaccination, newborn tracking, and defaulter tracing and referral to health facilities for vaccination. For the following RI antigens, coverage rates for children 12-23 month old were OPV0 (99.7%); OPV3 (89.5%); Penta (69.2%); and Measles (91.0%).

CGPP Nigeria provided technical support for the February 2020 SIA; all CVs received training prior to the campaign that took place across all five focal states. A total of 408,423 children under five received OPV, which can be credited to the intensive mobilization efforts by the VCMS. Insecurity at international borders disallowed campaign synchronization.

Along with VCMs and VWSs, CGPP's 750 Community Informants (CIs) actively searched for and reported on AFP cases in the focal settlements. Through community-based surveillance, CGPP-trained CIs detected 20 suspected AFP cases (identified in communities and checked by the Disease Surveillance and Notification Officer, or DSNO); none of the cases was confirmed as a true AFP case. To prepare for future COVID-19 surveillance, the Primary Health Care Development Agency held a training on Infection Prevention and Disease Control (IPC) and surveillance training on COVID-19. Senior CGPP staff attended the training, cascading information to VCMs prior to a planned training in April.

The Secretariat conducted a MEAL working group meeting in early March to plan key activities and devise strategies to improve reporting, supervision, and data quality. The MEAL Manger supervised the implementation of a Data Quality Assessment (DQA) in Borno and Kaduna states to identify data quality and reporting issues. Results from the DQA will be used to improve the systems that capture data. Across the focal states, VCMs received new registers. After conducting a micro-census to , VCMs added newborns to the new registers and removed children under 60 months old to avoid duplication.

Since the beginning of the of COVID-19 pandemic, CGPP Nigeria has worked closely with the government and partners through the COVID-19 Task Force to ensure an effective Outbreak Response. The CGPP is also part of the Rapid Response Team which is responsible for procuring and deploying resources (human and material) to fight COVID-19. Planned group meetings including community dialogues and compound meetings were put on hold to reduce the potential of COVID-19 exposure.



South Sudan

In August 2019, CGPP South Sudan began rolling out an integrated community-based disease surveillance program for AFP, EVD and measles. The integrated approach is implemented in nine high-risk border counties. On January 14, 2020, the project held a one-day stakeholder's orientation workshop in Magwi county's Nimule in Eastern Equatoria state. Twenty participants from the government, NGOs, UN agencies as well as community leaders convened to discuss the complimentary role of community-based disease surveillance to health facility surveillance.

During the quarter, CGPP South Sudan participated in 17 coordination meetings as well as implementation of an integrated measles, de-worming and vitamin A immunization campaign, the national EPI review meeting in February 2020 and several audit reviews with World Vision's regional office in Nairobi. As a member of the South Sudan National Polio Committee on Polio Eradication, the Secretariat represented the project during a verification visit with the African Region Certification Commission (ARCC) for Polio Eradication.

In Kajo-Keji and Morobo counties, CGPP mobilizers conducted outreach and communication activities to generate demand for the country's first polio SNID in 2020. The March 24-30 campaign targeted 34 of 80 counties in 10 states. In both focal counties, the project recruited and trained 60 mobilizers (49 men, 11 women) to conduct house-to-house mobilization activities for six days (3 pre-campaign and 3 intra-campaign days.) Mobilizers informed families of the campaign conducted community-based surveillance for suspected AFP, measles and EVD cases, and identified missed children and provided referrals for vaccination. Mobilizers visited 3,586 households, reaching 6,931 people (57.1% males; 42.9% females) 10 years and older with information and key messages for the polio SNIDs. Mobilizers identified 191 missed children 0-59 months; 184 or 97.4% received vaccinations after follow-up. In Morobo county, a CGPP mobilizer detected and reported the first AFP case in more than three years.

To support ICM of the March 2020 polio SNID, the project trained 22 Research Assistants (20 men; 2 women) for deployment to 29 of 34 counties as Central Supervisors at the county level. Once the first case of COVID-19 was reported in Juba, the monitoring was canceled as movement restrictions were imposed by the High-Level Task Force for COVID-19 on April 5. Prior to the cancellation, the two-day training included a review of the WHO's methodology of conducting post campaign evaluation as well as paper-based and electronic data collection techniques, including Open Data Kit (ODK), for both in-house and out-of-house. Physical distancing requirements of 1.5 to 2 meters were followed during the training.

CBS activities across the nine high-risk border counties resulted in detecting and reporting of 6 AFP cases, 3 EBV cases, and 121 measles cases. To detect and report suspected cases of polio (AFP), measles and EVD, the project in the second quarter recruited 127 (68%) Boma Health Promoters (BHPs) and 1,049 (56.4%) Community Key Informants (CKIs). All BHPs (92 men; 35 women) were trained over three days and across the nine project counties on integrated community-based disease surveillance. After the training, BHPs worked to increase community awareness of the three diseases and improve community engagement in CBS. During the reporting period, the BHPs conducted 3,054 house-to-house visits and



held 462 sessions in markets, schools, and places of worship, reaching nearly 59,000 people. All CKIs (815 men; 234 women) received a one-day training on their roles and responsibilities, as well as basic knowledge and skills to detect and timely report suspected cases of the three priority diseases in their communities to BHPs or nearest health facility.

Ten project supervisors and a project coordinator received training on ODK to improve reporting through efficient data collection and promote real time data transmission and reporting across the project sites. Field staff will now be able to submit biweekly quantitative reports as well as document support supervision, suspected cases/alerts, mapping, and geocoding of BHPs and CKIs. After the training, the project immediately began geocoding all reported cases via ODK; 50% of the AFP cases and 17% of the measles cases were geocoded. One of the three suspected EVD cases met the definition for Viral Hemorrhagic Fever. Samples were collected and sent to the national public health laboratory in Juba, where they tested negative.



Uganda

In Uganda, CGPP operates surveillance strengthening activities for VPDs in refugee camps and host communities through implementing partners. MTI and IRC that conduct activities in four districts of Northern Uganda – Adjumani, Obongi, Lamwo, and Yumbe.

IRC

IRC's network of 471 Village Health Teams (VHTs) in Yumbe and Lamwo reached a total of 34,882 people with messages about polio and AFP surveillance. They conducted 18,534 home visits, reaching 25,707 people. VHTs conducted 169 group sensitization sessions, reaching an additional 9,175 people through numerous venues including community outreaches, dialogues, and meetings at immunization and maternal and child nutrition service points.

IRC partnered with the District Local Government and the District Health Office in both Yumbe and Lamwo to strengthen the surveillance of AFP and other diseases for the host and refugee communities. In Lamwo, the IRC held a one-day CBS orientation for 30 health workers from both government facilities and settlements, including officers from the regional IDSR and UNICEF. Twenty-one review meetings with 579 (455 men; 124 women) VHTs focused on community-based AFP surveillance and associated challenges. During the review meetings, VHTs identified a continuing shortage of IEC materials. In addition to the review meetings, 74 one-on-one VHT supervisions/mentorships were conducted with 221 (150 men and 71 women) VHTs to support quality surveillance activities. Twenty-two meetings were held with community key informants to improve AFP case search. In Yumbe, 251 community mobilizers (246 VHTs and 5 Health Assistants) were trained on CBS, polio, AFP and case definition, home visits, key informants and case reporting pathway as well as the integration of COVID-19 disease sensitization messages.

During home visits, 38 suspected cases of measles were investigated; all tested negative. Through vaccine defaulter tracing, 24 measles vaccine defaulters were identified and referred to immunization centers. Eighty-five active case searches of VPDs were conducted in health facilities; 55 were recorded through ODK and shared with WHO and the MoH through the MoH server. IRC reported a total of 5 AFP cases in CGPP districts, all in Yumbe where the cases accounted for 125% of the quarter target with a NPAFP rate of 4.89. In Lamwo district, no suspected AFP cases were reported from either facilities or community surveillance.

MTI

MTI partnered with the Office of Prime Minister and the UNHCR to conduct border monitoring at Elegu, vaccinating South Sudanese refugee children against polio and measles and providing other medical interventions. In all, 592 VHTs led sensitizations and mobilization contributing to 92.3% and 94.8% OPV coverage in Adjumani and Obongi, respectively. During the reporting period, ACF joined MTI to conduct regular health outreaches to the inaccessible communities of Mireyi, Agojo, and Baratuku settlements as well as other communities located more than five kilometers from existing health centers.



Surveillance efforts contributed to identifying and reporting the following suspected cases: 3 Ebola Virus Disease cases in Adjumani (all negative); 12 measles cases (2 samples from Adjumani tested positive for rubella; 6 samples from Obongi tested positive for measles); 23 African Trypanosomiasis samples (6 cases from Adjumani tested positive and were linked to care; 17 cases from Moyo tested negative) and 12 COVID-19 cases (one of seven cases from Adjumani tested positive; contact tracing identified 94 contacts and is ongoing.)

During the quarter, 592 VHTs (300 in Adjumani and 292 in Obongi) conducted home visits, screened children under 15 years old for AFP and other notifiable diseases and conducted mobilization for outreaches and SIAs. VHTs were trained on a new data collection tool designed by MTI with the MoH. The new tool is being rolled out to support VHT reporting in both locations. In all, 73 community dialogues/health talk sessions reached 416,370 individuals with information on AFP, VHF, hygiene and sanitation, COVID-19, and a mass campaign for Yellow Fever. Twelve radio talk shows reached approximately 416,000 listeners in Adjumani and Obongi districts during mobilizations and sensitization for AFP, EVD and COVID-19. The VHT quarterly review meeting discussed integrating CBS for AFP with other infectious disease such as EVD and COVID-19. Other topics included a discussion on the quality of reports, harmonization of remuneration for VHTs, timely reporting of events and participation in all community health promotion activities.