



## FY20 Quarter 3 CORE Group Polio Project (CGPP) Global Quarterly Update

The COVID-19 pandemic has had an impact on project implementation and reach due to preventive measures, lockdown, and movement restrictions that began during Q2 and extended through much or all of Q3 in project areas. AFP surveillance and immunization services were disrupted in some areas due to the lockdown, and in other areas because country surveillance teams and health workers shifted focus to COVID-19 response. However, many of these activities restarted during Q3.

CGPP’s 16,607 volunteers reached nearly 3 million people with immunization promotion, health education, and surveillance messages during Q3. Volunteers followed strict COVID-19 protocols to ensure the safety of themselves and their communities. CGPP continued to utilize house to house visits, physically distanced group meetings (where allowed), and outreach activities with bullhorns. During the quarter, approximately 1/3 (5,393) of volunteers were trained to safely deliver important messages about polio, AFP surveillance, vaccine preventable diseases, and COVID-19.

| 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                                  |

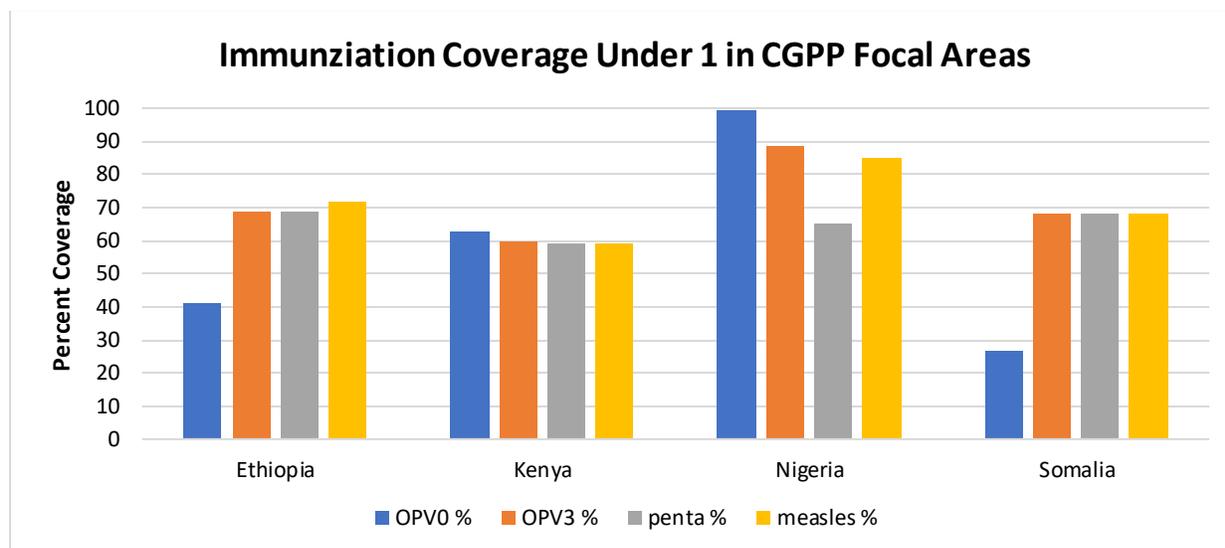
Parents are more able and willing to take their children for routine immunization, and although polio campaigns remained on hold during the quarter, there are plans to resume in many project locations next quarter. CGPP has continued to leverage strong connections with communities, through volunteers and community leaders to ensure that parents continue to demand and value vaccination for their children.

### **Ethiopia**

CGPP Ethiopia works through nine implementing partners in fifteen zone across five regions. During the quarter, 10,325 CVs/HDALs reached 768,928 people in 85 high-risk woredas with immunization tracking, surveillance, social mobilization and health education. CVs/HDALs identified and referred 15,649 pregnant women, 11,677 newborns, and 3,624 defaulters to vaccination posts. To support Routine Immunization efforts, the project provided 10,200 liters of fuel and 768 office supply items, EPI registers, and reporting formats. Additionally, the CGPP translated three IEC materials for COVID prevention. Routine immunization coverage rates among children under 1 in project areas were: OPV0 (41%); OPV3 (69%); Penta (69%); and Measles (72%). No polio campaigns were planned during the quarter. However, CVs/HDALs did reach 242,537 households with health education on vaccine-preventable diseases and surveillance. The Secretariat Director served as a National Command Post member for the measles follow-up campaign.

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 75.0% (6/8) NPAFP cases and 88.9% (24/27) measles cases in project catchment areas. The NPAFP rate was 4.13 per 100,000 children under 15 years in project implementation areas with three silent areas; the stool adequacy rate in project areas was 83%. Additionally, 1,830 cases of zoonotic diseases were reported from CGPP implementation areas during the reporting period.

The CGPP Secretariat staff participated in various virtual meetings to carry forward and support programming safely through COVID-19. At the monthly partners meeting, CGPP worked with implementing partners to mobilize resources for response and to discuss the midterm evaluation, data collection, and incentives for CVs. Additional virtual meetings were held to support project activities.



*Data Sources: Nigeria data is from project registers; Ethiopia (government reports), Kenya/Somalia (the MOH DHIS 2 Tool); South Sudan data are from national administrative data reported by the government*  
*\*Data reported for children 12-23 months for Nigeria; Data not available from India*

### India

On April 28, the Government of Uttar Pradesh issued an order to restart immunization services in the areas where no or few COVID-19 cases had been reported. Health officials requested CGPP support to increase demand and facilitate logistical support for the more than 3,000 missed sessions. CGPP supported microplanning, providing a list of influencers/religious leaders and activating this network sensitizing and training ASHAs, supporting ANMs and ASHAs at RI session sites, and addressing rumors through BMCs and community influencers.

CMCs were withdrawn from communities on April 1, 2020 as part of the CGPP India transition strategy. This transition made access to key RI indicator data difficult. CGPP functionaries observed that some ASHAs either did not have RI registers/formats or were not properly maintaining their records. Additionally, ASHAs were constantly engaged in COVID-19 related activities, with RI not prioritized.

CGPP staff supported ASHAs in the organization of RI sessions and gave support to build capacity on record keeping and the preparation of due lists. CGPP India will try to collect data through a rapid coverage assessment survey or ASHA level data next quarter. CGPP India revised the M&E reporting system to accommodate program changes and incorporate reporting mechanisms to capture and review COVID information.

During the quarter, two NPAFP cases were reported from CGPP implementation areas of Uttar Pradesh. The NPAFP rate was 6.7 in implementation areas. Although higher than the state average of 5.0 cases per 100,000 children under 15 years, there was a noticeable decline from 10.7 in the period prior to COVID-19. Stool adequacy was maintained at a high (81%) level. CGPP is continuing to engage ex-CMCs to encourage them to report any AFP cases in their communities.

Social mobilization took on even more importance due to COVID-19 and the many hurdles that made outreach to communities difficult. These difficulties were exacerbated by the disengagement of CMCs, movement bans, lockdowns, and fear of infection. Field teams reached out to ex-CMCs and requested their support; more than 700 ex-CMCs volunteered on pro bono basis. DMCs and BMCs also activated the network of approximately 5,000 'polio influencers'; about 3,659 influencers were given orientation in small batches through mobile phones about COVID-19 prevention, support to health workers for COVID-screening surveys, organizing immunization sessions, addressing stigma, etc. Ex-CMCs and influencers played a very significant role in community mobilization for COVID-19 response and immunization during this challenging time. This is a part of the legacy of polio eradication. CGPP continues to focus on building the capacity of ASHAs to do community mobilization and support the network of influencers to ensure they continue to be engaged with government front line workers.

The CGPP India Secretariat participated in various meetings to ensure smooth transition, build capacity, support routine and supplemental immunization, and contribute in the COVID response. Weekly meetings with the SRCs allow the secretariat to identify challenges and capacity building needs; district and sub district meetings are held regularly. CGPP will continue to focus on equipping ASHAs and Sanginis to improve IPC, maintain registers, prepare proper due lists, and ensure timely immunization of every child. As lockdowns lift, PVOs will ensure that ASHAs understand and adhere to physical distancing guidelines.

| Country     | Number of Volunteers | Number of Volunteers Trained |
|-------------|----------------------|------------------------------|
| Ethiopia    | 10,325               | 516                          |
| India       | --- **               | 707                          |
| Kenya       | 1,687                | 931                          |
| Nigeria     | 2,019                | 1,269                        |
| Somalia     | 226                  | 52                           |
| South Sudan | 1,238                | 1,154                        |
| Uganda      | 1,112                | 764                          |
| TOTAL       | 16,607               | 5,393                        |

\*\* India's CMCs were officially withdrawn in April, but many returned to help with COVID education (pro-bono). A network of 5,000 influencers remains.



## **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, specifically 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.

Kenya and Somalia confirmed the first cases of COVID-19 on March 13 & 16, 2020, respectively. Since then, movement restrictions, lockdowns, community reluctance, and physical distancing requirements have provided unique challenges for the program. The health system's focus on COVID-19 has led to inadequate AFP active case search, resulting in low AFP rates. Many high priority health facilities were designated as COVID-19 isolation centers, thus reducing access to facilities for immunization and surveillance.

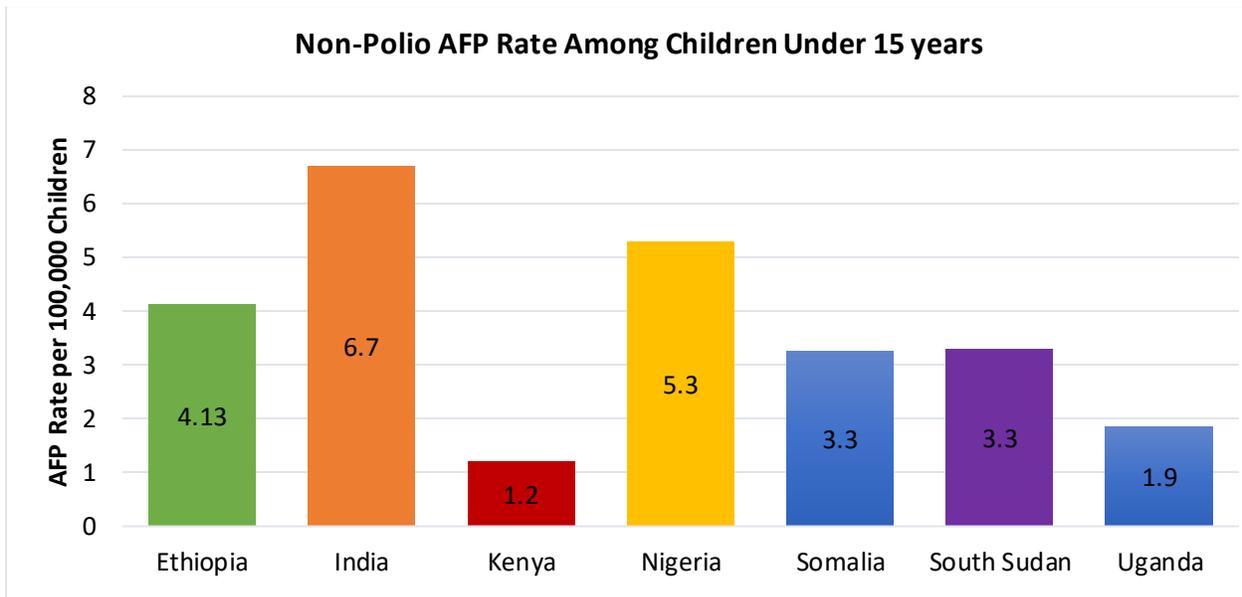
In Kenya, 96 CMs supervised 1,591 CHVs/CDRs to reach 250,760 people through social mobilization. CGPP implementing partners also supported 1 community dialogue and 562 group meetings facilitated by CMs/CHVs/CHAs. In Somalia, 226 CMs/CHVs reached a total of 120,689 people with social mobilization messages. The team supported 170 group meetings and 2 cross border meetings. In Kenya, CGPP trained 913 volunteers and 1,531 health care workers at the county and sub-county level on community-based surveillance, RI, and COVID-19 response. In Somalia, CGPP trained 10 healthcare workers and 52 CMs/CHVs through on the job training and supportive supervision activities.

The CGPP HOA supported 177 targeted, integrated immunization and surveillance outreach sessions for nomadic pastoralists and hard to reach border communities. A total of 9,880 (Kenya 6,606 & Somalia 3,274) children under received OPV 3 through these sessions. CGPP CMs traced 1,448 children under 5 and referred them for vaccination in Kenya; 68 children under 5 were referred in project areas of Somalia. The coverage rates for RI antigens in children under 1 in project areas in Kenya were OPV0 (63%); OPV3 (60%); Measles (59%); Penta3 (59%); IPV (57%). Coverage rates were OPV0 (27%); OPV3 (68%); IPV (51%); Measles (68%); and Penta (68%) for children under 1 in Somalia.

CGPP CMs and CHVs continued to strengthen cross-border community-based AFP surveillance through active case search and social mobilization. In Kenya, CMs visited 45,226 houses through active case search, and reported 5/10 (50%) suspected AFP cases in project areas. The non-polio AFP rate in was 1.21 per 100,000 children 15 years and under, with 100% stool adequacy. While Garissa and Lamu reported adequate NPAFP rates, the other four project focal counties reported NPAFP rates from 0-0.54. In Somalia, CMs reached 31,044 households through active case search; community volunteers identified 4/10 (40%) of NPAFP cases in project areas. The average NPAFP rate in project areas was 3.62 per 100,000 children 15 years and under.

The CGPP HOA participated in various meetings to strengthen partnership and coordination across the program including 36 coordination meetings at the national and county levels. CGPP implementing partners supported 23 coordination and planning meetings at the county and sub-county levels. The

impact of COVID-19 on polio surveillance and immunization were discussed in many of these meetings. Additionally, CGPP and implementing partners played an active role in the USAID Kenya/East Africa COP monthly meetings, quarterly joint MOH meetings, and the COVID-19 nation and sub-national committees and technical working groups. CGPP supported two cross-border health committee meetings in Belet-Hawa districts of Somalia that brought together all health partners, MOH, WHO, and local authorities on AFP surveillance, COVID-19, RI, and SIAs.



*Data Source: MoH/WHO Surveillance Reports*

### **Nigeria**

The CORE Group Partners Project implements polio eradication activities in five high-risk focal states, Kaduna, Kano, Katsina, Borno, and Yobe, 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 Q3, CGPP’s activities supported the upcoming polio-free certification of Nigeria and the African region by the African Regional Certification Commission (ARCC). CGPP, through CBO partners, raised awareness, reduced misinformation, tracked defaulters, encouraged vaccination, and fought against non-compliance and vaccine rejection.

Despite the barriers presented by COVID-19, CGPP Nigeria continued to effectively implement key activities with strict adherence to physical and social distancing and routine IPC protocols for COVID-19. In addition to polio activities, CGPP (through COVID-19 funding) contributed to the COVID response as part of the COVID-19 Task forces in all five focal states.

The CGPP Nigeria works through a total of 2,019 active volunteers across the 5 project focal states: 1,123 voluntary community mobilizers (VCMs), 146 voluntary ward supervisors (VWSs), and 750 community informants to reach 1,000,000 people with social mobilization messages. During the



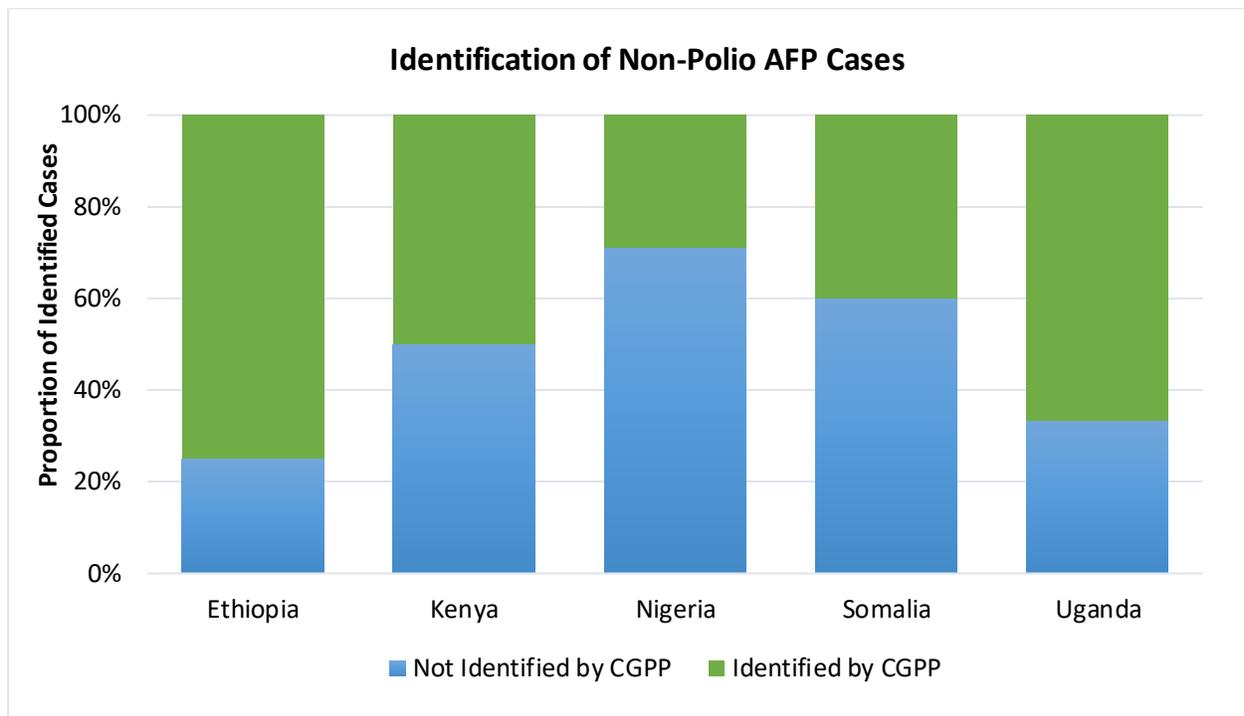
quarter, VCMs conducted routine house-to-house mobilization, RI defaulter tracking, newborn tracking and referral, community-based AFP case detection and that of other childhood diseases. The CVs leveraged existing structures to sensitize community members, adding COVID-19 awareness to already established education messages. CGPP intensified social mobilization and community engagement activities by VCMs mainly through house-to-house mobilization. A limited number of compound meetings were conducted in rural locations. However, many were cancelled due to safety concerns and COVID lockdowns; 296/788 (38%) planned compound meetings were conducted during the quarter. A total of 1,192 adults were reached through these meetings and sensitized on the need to utilize RI services, even during the COVID-19 pandemic.

VCMs and VWSs worked closely with Health Facility In-Charges to identify and track RI defaulters. VCMs maintained strong connections to health facilities to ensure effective referrals. During the quarter, they referred 2,002 defaulters to appropriate health centers for vaccination. Health facilities remained open throughout the period of lockdown mandated by the government. As a result of the commitment by the community volunteers, despite the pandemic, immunization coverage remained stable in project areas. The coverage rates for RI antigens in children 12-23 months in project areas of Nigeria were OPV0 (99.4%); OPV3 (88.3%); Penta (65.1%); and Measles (84.8%). All polio campaigns were put on hold due to COVID-19. There are current plans to commence SIAs in August 2020.

The non-polio AFP rate in project areas was 5.3 per 100,000 children under 15 years, and the stool adequacy rate was 96%. CGPP VCMs and Key Informants continued to provide surveillance for polio and other childhood diseases including measles, malaria, and COVID-19. During the quarter, CGPP reported 9 (29%) of the 31 true cases reported in the focal LGAs.

CGPP Nigeria continued an initiative to strengthen data quality, accuracy, and completeness. Mentorship and capacity building cascaded from the Secretariat to the State M&E Officers to the LGA Coordinators. Strong mentorship of the VWSs was instrumental in continuing to build the capacity and skills VCMs and ensure strong data collection at the field level. Due to movement restrictions, CGPP implemented virtual supportive supervision to support the immediate needs of field staff and provide on the job capacity building and training. Data validation was done when possible at the LGA level, respecting COVID movement restrictions.

On June 18<sup>th</sup>, 2020, all the Polio Certification documents submitted by the Nigeria PEI were accepted by a unanimous decision of the ARCC, clearing the way for Nigeria to be certified free of WPV. This is a monumental achievement for Nigeria and for the 47 countries of the WHO Afro Region, which will shortly be certified WPV-free. The final, virtual ceremony to present the certification for WPV-free status to the Afro region will take place on August 25, 2020 and will be attended by the President of Nigeria and Presidents of other African nations. CGPP is part of all the pre, intra and post-certification activities.



*Data Source: WHO Surveillance Line list; Project data collected by CGPP*

### **South Sudan**

The CORE Group Polio Project implements integrated Community-Based Disease Surveillance (CBS) activities for four priority diseases: Acute Flaccid Paralysis (AFP) for polio, EVD, Measles and COVID-19. CBS activities take place in thirteen (13) high risk counties that border Kenya, Uganda, the Democratic Republic of Congo and Central Africa Republic.

Community based surveillance operates through a strong community key informants (CKIs), boma health promoters (BHPs), and project supervisors. Thus far, the project has recruited and trained 1,238 (83% of planned) CKIs, 128 BHPs (85% of planned), and 10 project supervisors (100% of planned). Supportive supervision at all levels of the surveillance system is crucial to its success. During the quarter, COVID-19 movement restrictions disrupted some of the planned supportive supervision. However, 65.6% of BHPs and 86.4% of CKIs received supportive supervision visits to check progress and build on the job capacity. CGPP trained newly recruited BHPs (7) and CKIs (189) on integrated CBS and job responsibilities during a three-day training co-facilitated with the Yei County Health Department, WHO, and UNICEF field coordinators. Quarterly review meetings were held in nine counties to review data, workplans and activities; attendants included 123 BHPs (96%) and 741 (60%) CKIs.

A total of 18 suspected AFP cases, 0 EVD alerts and 250 suspected measles cases were reported through CBS during the quarter; the CGPP CBS network reported 63% of the total AFP cases reported in project areas. Of these, 72.2% of suspected AFP cases and 23.6% of the suspected measles cases were geocoded



as a measure to improve accountability. The majority of suspected measles cases reported came from the four counties of Yambio, Ezo, Nzara and Tambura in Western Equatoria.

The project integrated COVID-19 community awareness messaging into the ongoing sensitization on Polio, EVD and Measles. CGPP volunteers focused on dispelling rumors and myths in rural communities who lack access to information and support. BHPs and CKIs conducted house-to-house visits and delivered information at popular social spaces to reach neglected communities and create awareness on polio, measles, EVD, and COVID, and other focal diseases and to promote early detection and reporting. CGPP conducted 9,453 house-to-house visits and 968 visits to social spaces, reaching an estimated 155,385 community members with key messages. Although there was slight improvement from the second quarter, the targets could not be achieved due to government restrictions.

Additionally, CGPP facilitated three types of COVID-19 focused training. The project provided basic COVID-19 orientation training to 6 project supervisors, 124 BHPs, and 1,030 CKIs. Training was conducted in batches with 10 participants per session who remained 2 meters apart. With support from the MOH, WHO and County Health Departments, CGPP integrated COVID-19 CBS and awareness messaging into existing CBS systems. COVID-19 Contact Tracing Training was conducted by CGPP, with support from WHO and TRISS, for 31 BHPs and two project supervisors in Yei, Magwi, and Kajo-keji. Lastly, CGPP, with support from the United Nation's Mission in South Sudan (UNMISS), collaborated with the National and State Ministries of Health of Central Equatoria state to train nineteen County COVID-19 Taskforce members and fifteen Rapid Response Team members in Terekeka county.

### Uganda

In Uganda, CGPP operates surveillance strengthening activities for polio and other vaccine preventable diseases in refugee camps and host communities through implementing partners. MTI and IRC trained village health teams (VHTs) conduct activities in four districts of Northern Uganda – Adjumani, Obongi, Lamwo, and Yumbe. The COVID-19 pandemic impacted activities, restricting movement and group meetings, but VHTs continued to support community based and facility-based AFP surveillance and the delivery of messages to promote immunization and identification of suspected AFP cases. CGPP supported 1,112 VHTs to reach 293,270 people with surveillance and health education messages in the four focal districts. Eight trainings were held to sensitize and provide information to 764 VHTs.

IRC's network of 520 VHTs in Yumbe and Lamwo reached a total of 36,030 people with integrated messages on polio/AFP, measles, and nutrition. They conducted 13,288 home visits, reaching 25,545 people. VHTs held 380 group sensitization sessions, reaching an additional 10,485 people through community outreaches, dialogues, and meetings at immunization and meetings held at maternal and child nutrition service points. Forty review meetings in addition to one-on-one meetings reaching 331 VHTs with on the job training experiences to improve capacity. One on one meetings were also held with key informants (village chiefs/religious leaders/women leaders) to improve their awareness and ability to identify suspected AFP cases. CGPP Uganda supported 66 health facilities (21 in Lamwo; 45 in Yumbe) to conduct facility-based AFP case detection and reporting and to track immunization coverage.



In Yumbe district facilities, a total of 82 active case searches were conducted at health facilities, of which 56 were recorded on ODK and shared with WHO/MoH through the MoH server.

MTI's network of 592 VHTs in Adjumani and Obongi districts reached a total of 257,240 people with integrated health activities and surveillance during the quarter. Using cloth face masks and adhering to physical distancing, VHTs utilized house to house visits to deliver health prevention and promotion messages related to polio, AFP surveillance, vaccination, COVID-19, measles, EVD, and other infectious diseases. Volunteers integrated AFP active case search with EPI defaulter tracking and referral services.

The non-polio AFP rate in project areas of Uganda was 1.9 per 100,000 children 15 years and under, up slightly from quarter 2. A total of 6 NPAFP cases were identified in project areas, with 4 (67%) being identified by CGPP VHTs; 4 of the NPAFP cases were identified among refugee populations.

Key partnerships were crucial to the continuation of work and the ability to reach communities during COVID lockdowns and movement restrictions. CGPP leveraged these partnerships to provide support to health facilities, surveillance and capacity building to health center workers. In Lamwo, CGPP supported the training and orientation of 11 Health Assistants and Inspectors from both government and settlement facilities on community-based disease surveillance. Additionally, IRC worked with district level government personnel to strengthen the AFP surveillance system. As part of this effort, a review of EPI and surveillance records were conducted with the district biostatistician to review progress made by health centers in the district. MTI partnered with district local governments to intensify surveillance for COVID-19 along with AFP and other infectious diseases. This created more opportunities for active case search and allowed for the referral of more pregnant women and children for vaccination.