

# Quarterly Newsletter

Quarter 3

April – June

2021



CGP-GHS HOA Director administering mOPV vaccine during the first round of SIA in Nairobi County.



Vaccination team administering mOPV vaccine to a nomadic family on the move in Wajir County.

## Over 3.2 million children vaccinated with monovalent oral polio type 2 vaccine (mOPV2) in Kenya's 13 polio high-risk counties.

In February 2021, the Kenya Ministry of Health detected three circulating vaccine-derived poliovirus type 2 (cVDPV2) cases from Garissa & Mombasa counties from human and environmental samples (ES), with the sequence genetically linked to isolates detected in Somalia. Despite the COVID-19 pandemic, the Kenya Ministry of Health, in coordination with WHO, UNICEF, CORE Group and other partners, conducted the first round of the mOPV2 polio campaign targeting 13 polio high-risk counties with 95 sub-counties and a target population of 3,437,378 under-five children on May 22-26, 2021, with an administrative coverage of 92.7% with Garissa County having the highest coverage at 128% and Mombasa County the lowest at 76%. The polio vaccination drive focused on special populations, vaccinating 105,258 refugees, 118,921 from informal urban settlements, 35,871 nomadic-pastoralists and 1,624 from security compromised areas. The polio campaign was conducted through house-house strategy under strict conformity with COVID-19 protocols, including wearing masks, face shields by vaccinators, sanitizing of hands after vaccinating each child, constantly observing social distance and caregivers opening the mouth of their child to receive the polio drops. During the vaccination campaign, some of the best practices realised were the transition from the previous polio campaign reporting platform to the Kenya Health Information System (KHIS), virtual coordination meetings for pre-campaign preparedness, and the roll-out of the country preparedness dashboard to the county level.

CORE Group Polio Project GPP supported the campaign by providing technical (independent monitoring [in-process & end-process monitoring] and lot quality survey [LQAS]) and logistical support during the entire drive to ensure smooth planning and execution of the polio campaign.

### INSIDE THIS ISSUE:

- 📖 Outreach Program in DarDar village, Lower Juba, Somalia. Pg.2
- 📖 Effects Of Covid-19 on immunization Pg. 3-4
- 📖 Community Health Champion Pg. 5
- 📖 Virtual Meetings in program activities Pg. 6
- 📖 Surveillance Section Pg. 7
- 📖 Picture Speak - Pg. 8

**OUTREACH PROGRAM IN THE HIGH RISK HARD-TO-REACH AREA OF DARDAR VILLAGE, LOWER JUBA, SOMALIA.**

*By Yusuf Abdullahi – Program Officer (ALIGHT)*



Yusuf - ALIGHT

*Children receiving vaccination during an outreach session to Dardar village*

Dardar village is located 36km, northeast of Diif town, in Afmadow District, Lower Juba. The village which has an estimated population of 2500, is predominantly inhabited by nomads. There is no fixed health facility in this village, and so the community members trek 36km to get to the nearest health facility. This is worsened by insecurity threats posed by the outlawed group that scared away organizations who are willing to start primary health care interventions in this village. The villagers have lost hope and they have now resorted to the herbal medicine and traditional doctors for any illness of whatever magnitude.

In April 2021, Alight started a routine immunization outreach program in Dardar village through

the Core Group Polio Project funded program. The children from this village can now access the immunization services right at their doorsteps since qualified health personnel visit this village twice a month to immunize all the eligible children. A jubilant Halimo Ahmed, who is a resident of this village reports that she will no longer travel long distances to ensure her child gets the immunization injection and this program has restored hope among many other mothers. Children who do not have access to immunization services previously can now access services without any cost courtesy of this program.



Yusuf - ALIGHT

*Routine immunization outreach sessions conducted in Afmadow Somalia*



Yusuf - ALIGHT

*An outreach session at Afmadow district, Lower juba region, Somalia.*

However, the villagers will not have to worry about accessing health services in the near future because CORE Group through its implementing partner ALIGHT is planning to integrate other health services into this existing routine immunization outreach program and the Dardar community’s health needs will be taken care of. The uptake of immunization services is expected to increase since the other services given alongside these services will be readily available at no cost.

## EFFECTS OF COVID-19 ON IMMUNIZATION

*Vaccines Brings Us Closer: World Immunization Week 2021.*

*By: Abubakar Salah – Communication Officer.*



Abubakar Salah - CGP-GHS Secretariat

An outreach session at Qarsabula outreach site in the Kenya-Ethiopia border, Wajir County, Kenya.

*In order to protect children from being exposed to vaccine preventable diseases during the COVID-19 pandemic, it was necessary to adopt different strategies, trainings and community volunteers' contribution in order to immunize every child. We discussed the effects of COVID-19 on immunization with different community stakeholders to understand how best to keep on vaccinating children despite the COVID-19 pandemic.*

### COVID-19 ON IMMUNIZATION

The COVID-19 pandemic is having severe health effects and a negative impact on health services worldwide. With over 141 million cases reported worldwide, essential services such as immunization services were significantly affected, increasing the susceptibility of outbreaks of vaccine-preventable diseases (VPDs). Immunization is a critical component in health services and cost-effective health intervention.

According to WHO, immunization averts an estimated 2 to 3 million deaths every year, protecting children from polio, measles, pertussis (whooping cough), pneumonia, diphtheria, rotavirus diarrhoea, rubella, and tetanus. The disruption of immunization services was due to COVID-19 related burden on health services and decreased demand for vaccination due to travel

restrictions and community reluctance

### COMMUNITY HEALTH WORKERS' CONTRIBUTION.

CORE Group Polio - Global Health Security (CGP-GHS) which is a USAID-funded project uses community engagement and social mobilization strategy to prevent polio and other vaccine-preventable diseases. The project engages community health workers (CHWs) who have emerged as critical human resource and extend health systems as well as essential services directly to communities and households. They are probable to the sensitivity of the community members health-related problems and provide support to the community and their families.

The CHWs are trusted community members trained to provide a package of essential health care



Yusuf - ALIGHT

An outreach session at Iskadag outreach site in Afmadow district, Lower Juba, Somalia.

services in the community and act as a link between the health facilities and the communities. CORE Group's CHWs engage in a range of activities such as routine immunization outreach services, which are services taken to remote and hard-to-reach communities who cannot access the health facilities due to distance and other geographical barriers. The CHWs participate in these services by mobilizing the communities to bring out children for the immunization and the vaccination process while adhering to the COVID-19 protocols. They provide information on the importance of each antigen the children will be receiving, the return date, and the side effects the child will experience due to the vaccination. The commitment of the CHWs has contributed a great deal to achieving noteworthy immunization coverage in all the project areas.

USAID's CGP-GHS project through implementing partners trained over 5,000 CHWs on COVID-19 house-to-house protocols to protect themselves and the community as they conduct community activities. During house-to-house mobilization, they sensitize

communities on the importance of handwashing/sanitizing, a precaution of the vaccine-preventable diseases, and the ongoing COVID-19 pandemic, the importance of routine immunization, knowledge on the vaccine-preventable diseases, wearing of masks, and social distancing, among other notable lessons. When children default due to the nature of some of the communities being mobile, they are assigned to follow up on areas these children have defaulted to, so they do not miss their subsequent vaccines.

## COMMUNITY FEEDBACK

CHWs conduct two-way communication and feedback sessions during community dialogue sessions. Community members ask questions such as the reasons for the different vaccines, different schedules on immunization, why the vaccines are received at tender ages, and why children get side effects such as fever, among others. These types of questions are addressed during such sessions,

with correct information shared through immunization experts.

The community always appreciates the work of CHWs, who follow up on their children's schedule for immunization, their health status, and in-search for them whenever they default.



*Community dialogue session on VPDs & COVID-19 in Afmadow district, Lower Juba, Somalia.*

**“Our community health workers are very supportive and always put our children's health first, despite the pandemic.”**



*Ahmed Arale - Director CGP-GHS*

*Community dialogue session on VPDs & COVID-19 in Afmadow district, Lower Juba, Somalia.*

## APPRECIATION.

USAID's CGP-GHS project would like to acknowledge and appreciate all the community health workers who work tirelessly to deliver immunization services to the underserved communities worldwide. We honor and thank the excellent services they do to create bridges from health care and other services to the community members and recognize them during special week of world immunization week. Without their tireless effort, reaching the goal of having children paralyzed by polio fall to over 99%, and having a high immunization coverage would not have been achieved.

## MEET OUR COMMUNITY HEALTH CHAMPION



Mohamed Ibrahim - ALIGHT

*Mohamed embedded with the nomadic communities*

frontline worker who lives and works in the insecure areas of the Kenya-Somalia border. Mohamed Ibrahim Hire, popularly known as PMO, is a Community Mobilizer in the Damajaley border settlement of Dadaab sub-county, Garissa. He supervises CHVs reporting to Damajaley Dispensary. He doubles the Chairman of CORE Group Polio Project (CGPP) community mobilizers in Garissa County. He is married and a father of 6 children. Mohamed holds a certificate in Community Health. Also, he did a six-month course on Primary Health Care and previously worked as a community health worker at Dadaab refugee camp.

Some of the CHW technical courses achieved include Community Maternal Newborn Health, Community Nutrition, and Infant and Young Child Feeding training courses. He joined the Ministry of Health as a CHV in 2008 in Damajaley Community Health Unit and has extensive experience and skills in immunization services, maternal-child health, community nutrition, and social mobilization.

“Volunteering is at the very core of being a human. No one has made it through life without someone else’s help.” - Heather French Henry

Volunteerism is the lifeline of many communities, especially those hard-to-reach underserved communities. Community Health Volunteers (CHVs) is a community health aide trained and volunteers to render essential health services to their communities. They play a vital role in bridging gaps in health workers shortage in low-income countries by linking underserved communities to health and other social services.

In this edition, we highlight the story and contribution of one of our celebrated community health volunteers. He is a



Mohamed Ibrahim - ALIGHT

*Mohamed (on the left) conducts a house-to-house visit in the weekly program errands*

Mohamed has worked in Damajaley Dispensary and ensured the continuity of essential services like immunization and maternal child services in the absence of the Nurses due to insecurity. He joined CGPP as a community mobilizer during the wild poliovirus outbreak in the Dadaab sub-county in 2014. He conducts immunization and diseases surveillance outreaches to the nomadic pastoralists and the underserved border communities. He is a representative of the community mobilizers in the Dadaab sub-county cross-border health committee. As a nomadic pastoralist, he is passionate about serving the geographical peripheral and underserved communities, improving their access to and coverage with essential health services. He appreciates the continuous training opportunities and support from the County Department of Health, UNICEF, WHO, CORE Group Polio Project and other partners.



Mohamed Ibrahim - ALIGHT

*Award presented to Mohamed Ibrahim Hire by the Governor of Garissa County for service to the community*

## EFFECTIVENESS OF VIRTUAL MEETING IN SUPPORTING THE PROGRAM ACTIVITIES IN BORDER AREAS. *By: Joshua Rutto – Program Officer (IRC)*

Since the Government of Kenya reported the first COVID-19 case in early March of 2020, various containment measures were enforced to curb the spread of virus. These measures affected the implementation of most of the activities for instance, coordination meetings, data review meetings, trainings, support supervisions and many other activities that increased chances of the spread of the virus.

With the virus staying longer than anticipated, the program had to find ways to continue with implementation of activities while at the same time observing protocols laid down by the Ministry of Health to curb the spread of the virus.

Virtual meetings is one of the measures adopted by the program for continuity of implementation of program intervention. meetings and trainings were held virtually where participants were provided with bundles and the sessions would be held with participants being at their respective locations. In comparison to the physical meetings, virtual meetings have some advantages which include:

- Cost effectiveness - during the physical meeting it would cost about Ksh 7,000 per person per day to have a meeting or training. However, with the virtual meeting it would only cost internet bundle worth Ksh 1000 to have the meeting especially with the community health workers.
- Flexibility - With virtual meeting, many people can participate per session compared to the physical meeting where the number of people is limited to the capacity of the conference facility.
- Convenience - virtual meetings are also convenient since people do not have to travel outside their working stations and hence this does not interfere with the routine activities.
- Environmentally friendly - Due the COVID-19, this has created an environment where everyone can stay safe without getting exposed to the virus especially during trainings.

However, the virtual meetings have also had a few limitations which include poor internet connectivity in some field locations and also training sessions that require practical sessions can be a challenge when having virtual meeting. Despite these few challenges, the advantages of virtual meetings out way the disadvantages and adopting the virtual world into normal programing will be highly encouraged.



## VACCINE DERIVED POLIO-VIRUSES

Oral polio vaccine (OPV) contains an attenuated (weakened) vaccine-virus, activating an immune response in the body. When a child is immunized with OPV, the weakened vaccine-virus replicates in the intestine for a limited period, thereby developing immunity by building up antibodies. During this time, the vaccine-virus is also excreted. In areas of inadequate sanitation, this excreted vaccine-virus can spread in the immediate community (and this can offer protection to other children through ‘passive’ immunization), before eventually dying out.

Circulating VDPVs occur when routine or supplementary immunization activities (SIAs) are poorly conducted and a population is left susceptible to poliovirus, whether from vaccine-derived or wild poliovirus. Hence, the problem is not with the vaccine itself, but low vaccination coverage. If a population is fully immunized, they will be protected against both vaccine-derived and wild polioviruses.

TYPE OF POLIO VIRUS	DEFINITION	RISK FACTORS	HOW TRANSMISSION IS STOPPED	STRAINS
<b>WILD POLIOVIRUS (WPV)</b>	Infectious virus that invades the nervous system. Can cause paralysis or death.	Low immunisation rates, poor sanitation, high population densities.	Vaccinate all children under five years of age with OPV.	Type 1: Causes 100% of current cases Type 2: Eradicated in 2015 Type 3: Eradicated in 2019
<b>CIRCULATING VACCINE-DERIVED POLIOVIRUS (cVDPV)</b>	Rare, circulating virus mutated from the weakened virus contained in OPV, which can only emerge in under-immunised populations.	Low immunisation rates, poor sanitation, high population densities.	Vaccinate all children under five years of age with OPV.	There are three types of cVDPV – types 1, 2 and 3, with type 2 currently causing the vast majority of cases

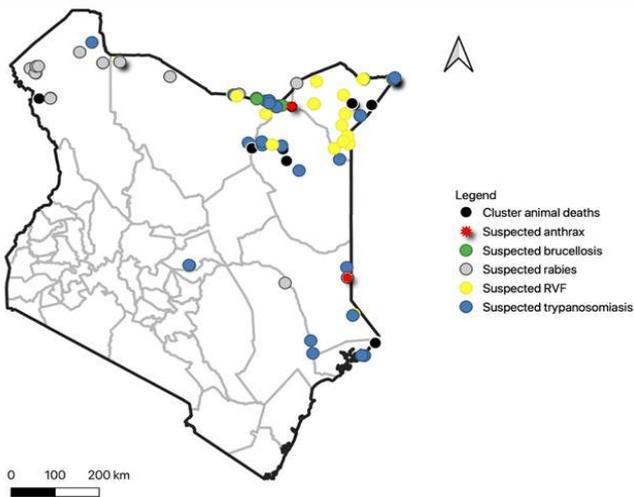
*Source: GPEI*

## SURVEILLANCE SECTION

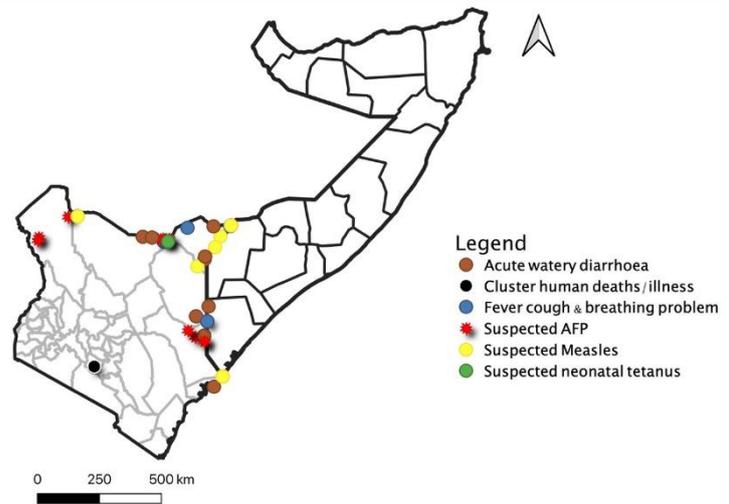
By: Yusuf Ibrahim, M&E Coordinator

### Community Based Surveillance (Human and Priority Zoonotic) Performance 01/04/2021 – 30/06/2021

County/Region	Animal	Human	Rumour	Zero Report	Grand Total
Garissa	8	5	2	102	117
Lamu	22	1	55	71	149
Mandera	120	18	7	220	365
Marsabit	52	10	4	1294	1360
Nairobi		25	23	30	78
Turkana	29	3	4	1643	1679
Wajir	25	35	33	1451	1544
<b>Kenya</b>	<b>256</b>	<b>97</b>	<b>128</b>	<b>4811</b>	<b>5292</b>
Gedo	0	0	1	91	92
Lower_Juba	0	27	0	81	108
<b>Somalia</b>	<b>0</b>	<b>27</b>	<b>1</b>	<b>172</b>	<b>200</b>
<b>Grand Total</b>	<b>256</b>	<b>124</b>	<b>129</b>	<b>4983</b>	<b>5492</b>



Map: Geolocation of the Suspected Priority Zoonotic Disease alerts sent by the Community Mobilizers.



Map: Geolocation of the Suspected Human Disease alerts sent by the Community Mobilizers.



Community Mobilizer conducting active case search, social mobilization and defaulter tracing in, Gedo region, Somalia



CM conducting active case search for Priority Zoonotic Diseases in Bute, Wajir, Kenya.

**PICTURE SPEAK**



Abubakar Salah - CGP-GHS Secretariat

Polio ambassador senator Harold Kipchumba administering polio vaccine during the launch of the first round of SIA campaign



Abubakar Salah - CGP-GHS Secretariat

No touch finger marking done by a CHV in Garissa County in line with COVID-19 regulations



Yusuf - ALIGHT

Community dialogue session on Vaccine Preventable Disease & COVID-19 in Gedo, Somalia



Yusuf - ALIGHT

Routine Immunization outreach session conducted in Lower Juba Somalia

**About CORE Group Polio and Global Health Security Program:**

CGP-GHS is a multi-year project funded by the United States Agency for International Development (USAID) under award No. AID-615-A-16-0011. The project contributes to polio eradication initiative through community-based AFP surveillance, routine immunization, social mobilization, and outbreak response in Kamukunji, Nairobi, Turkana, Marsabit, Mandera, Wajir, Garissa, and Lamu counties in Kenya and Lower-Juba, Gedo region and Elbardhe & Rabdure districts in Bakool region of Somalia. In 2018, CGP-GHS received additional investment to support Kenya's health security programming by integrating community-based surveillance for five priority zoonotic diseases-Anthrax, Trypanosomiasis, Rabies, Brucellosis and Rift Valley Fever

**Partners:**

World Vision-Kenya (WVK), Catholic Relief Service (CRS), ALIGHT , International Rescue Committee (IRC), Adventist Development & Relief Agency (ADRA-Kenya), and Somali AID, working with the national Government of Kenya & the Federal Government of Somalia.

Contact: Ahmed Arale, Secretariat Director, CORE Group Polio & Global Health Security Program-Kenya & Somalia, Capital West Building, 6th Floor, Lantana Road, Westlands, Nairobi-Kenya T: +2547222940941

Produced by: Abubakar Salah, Communication Officer, abubakar.cgpp@gmail.com