



FY21 Quarter 1 (October- December) 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 FY20Q2 and have been in place intermittently through the start of FY21. CGPP has continued to contribute to AFP surveillance and creating demand for immunization services, but disruptions continue to occur.

CGPP’s 17,562 volunteers reached 2.8 million people with immunization promotion, health education, and surveillance messages during FY21Q1. 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, and outreach activities with bullhorns.

CGPP has continued to leverage strong connections with communities, through volunteers and community leaders to assuage reluctance and ensure that parents continue to demand and value vaccination for their children. Polio SIAs were held in India, Nigeria, and Somalia during the quarter, reaching 1,319,663 (93.1% of children targeted).

Country	Date of Confirmed First Case of COVID-19 (Year 2020)
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

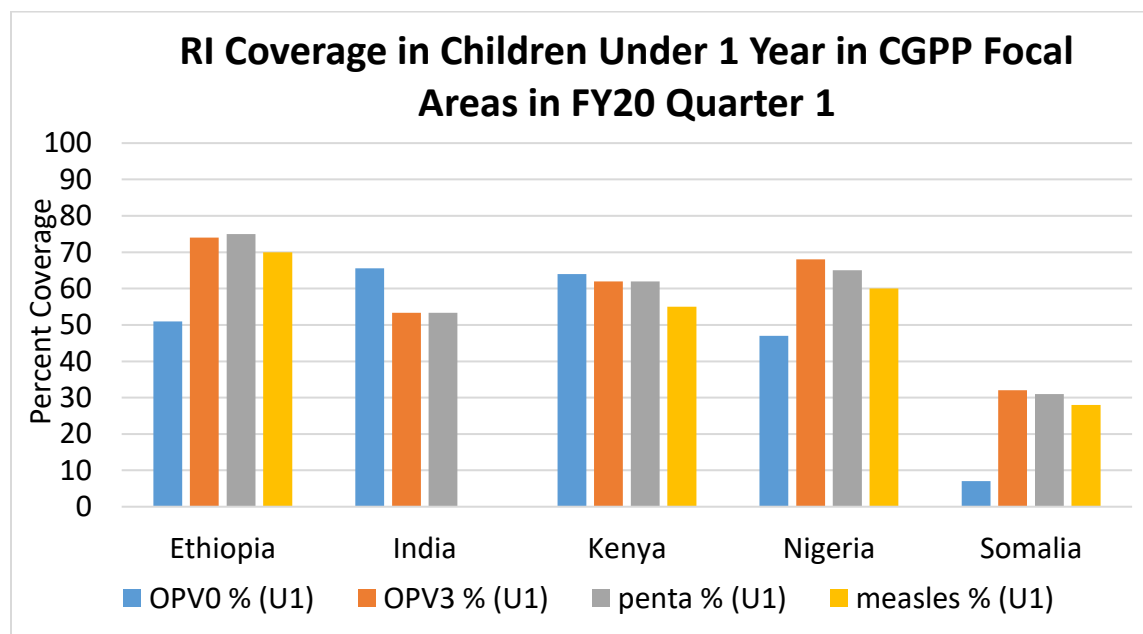
CGPP Ethiopia works through nine implementing partners in fifteen zones across five regions. During the quarter, 10,752 CVs/HDALs reached 332,133 households and 870,898 people and people in 85 high-risk woredas with immunization tracking, surveillance, social mobilization, and health education. CVs/HDALs identified and referred 17,296 pregnant women, 10,581 newborns, and 4,095 defaulters to vaccination posts. To support Routine Immunization efforts, the project provided 960 liters of fuel and 1793 office supply items, EPI registers, and reporting formats. Additionally, the CGPP translated three IEC materials for COVID prevention.

Routine immunization coverage rates improved among children under 1 in project areas and were: OPV0 (51%); OPV3 (74%), Penta (75%); and Measles (70%). CGPP supported 3 polio campaigns during the quarter – one round of mOPV2 and two rounds of bOPV. CGPP supported one round of bOPV (December 25-28) in Sitti, Dollo, Shebelle, Dawa, and Liben zones. Forty-one CGPP staff provided technical support, 2095 CVs/HDALs participated as part of vaccination teams and logistical teams, and 4,160 liters of fuel were supplied. The average coverage was 99% for CGPP implementation areas. There were two mOPV2 campaign rounds conducted in the CGPP implementation zones of Sitti zone (Somali Region), S/Omo zones (SNNP region) and Borena zone (Oromiya Region). During the first round (October 7-10), CGPP provided technical support and staff, and four vehicles to transport staff and vaccination teams in Sitti, South Omo, and Borena zones. Additionally, two CGPP staff supported the second mOPV2 round (November 13-16) in Sitti and Borena zones.

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 54.5% (12/22) NPAFP cases and 100% (16/16) 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, 1392 zoonosis disease alerts (26 human & 1 animal rabies cases, 563 anthrax, 512 brucellosis and 290 animals die off) were reported from CGPP implementation areas and from these 1104 (79.3%) cases reported by CVs/HDALs and AHAs.

The CGPP Secretariat staff participated in various virtual and in-person meetings to carry forward and support programming safely through COVID-19, and to continue building relationships with partners. CGPP organized and conducted a virtual quarterly partners meeting on December 3 to discuss program progress, challenges, and future activities. Twelve partner field staff were recognized for performance in JSS field visits and surveillance reporting. CGPP help an introductory meeting with the newly assigned USAID Mission Maternal and Child Health Advisor on November 13 and presented update on progress and programming. The Secretariat staff participated in World Polio Day festivities.

The CGPP team virtually presented three abstracts at the annual APHA meeting (October 24-28) through one oral presentation and two poster presentations. Additionally, the team submitted two abstracts – for one poster presentation and one oral presentation at the CORE Group Global Health Practitioner Conference.



Data Sources: Nigeria (project registers); Ethiopia (government reports); India (CMC and ASHA registers); Kenya/Somalia (the MOH DHIS 2 Tool);

*Data reported for children 12-23 months for Nigeria.



India

It is evident that the COVID-19 pandemic negatively affected childhood vaccination and RI coverage declined significantly from the previous year. So as per the need, the government announced a Special Immunization Campaign (Nov 20 -Jan 21) to clear the backlog of missed sessions, thereby aiming to improve RI coverage where it was low due to fear of acquiring COVID-19 infection. The campaign started in November 2020 and will continue until January 2021. The secretariat provided a pictorial e-leaflet on RI and COVID-19-preventive behaviors. The same was shared by the state government with all the districts in UP.

During the reporting period, the District Mobilization Coordinators (DMCs) and Block Mobilization Coordinators (BMCs), provided on-site support to government frontline workers - Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs). They also guided due-list preparation, reinforcing safety measures during RI sessions, and ensuring distribution of invitation slips to the caregivers of children due for immunization. The team also supported the Block Medical Officers (BMOs) in revising Routine Immunization (RI) micro-plans based on the COVID-19 situation. Routine immunization coverage rates among children under 1 in project areas and were: OPV0 (65.6%); OPV3 (53.3%), Penta (53.3%); and Measles (not available).

Twenty NPAFP cases were reported from CGPP implementation areas of Uttar Pradesh; 15% (3) of cases were reported by CGPP functionaries. The NPAFP rate was 9.0 in implementation areas, and higher than the state average of 6.4 cases per 100,000 children under 15 years. A notable decline from 10.7 in the period prior to COVID-19 still remains. 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.

Although CMCs were withdrawn on March 31, 2020, many have voluntarily supported the dissemination of key messages on immunization and prevention of COVID-19. DMCs and BMCs also activated the network of approximately 5,000 'polio influencers' to support communities in delivering messages about immunization and COVID and mobilizing communities. 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 and the strong network of functionaries and connections CGPP build in work areas of India.

The field teams celebrated World Polio Day on 24 October 2020 in all the districts in order to maintain momentum and sustain efforts towards polio eradication. The team organized handwashing demos at Polio Gate in Muzaffarnagar and Polio Chowk (cross-section) in Moradabad. Polio day was also celebrated in local Community Health Centres (CHCs) and Primary Health Centres (PHCs) with

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. CGPP participated in the USAID Mission Virtual meeting which had several key learnings including: (1) the need for non-traditional approaches, forging stronger partnerships, and scaling up partnerships that work in the time of COVID-19. (2) Partners have been at the forefront of adaptive response. There is a need to build infrastructure, community trust, regulatory mechanisms, and government partnerships.

(3) USAID has articulated global priorities and requested partner support in being able to reach stated objectives (4) USAID team is keen to facilitate increased collaboration among partners. Weekly meetings with the SRCs allow the secretariat to identify challenges and capacity building needs; district and sub-district meetings are held regularly. Village heads are ensuring proper sanitization of polio and immunization session sites. In coordination with local leaders, ASHAs, and influencers, handwashing arrangements were ensured at the sites. COVID-19 preventive measures were followed, especially physical distancing. Additionally, CGPP Secretariat staff participated in the monthly inter-agency RCCE sub-group on Community Engagement in Low Resource Settings, U.P. Technical Support Group meeting, “Work Vision India Child Well-being Report’ 2020 Launch, and the 21st meeting of Expert Group on COVID vaccination.

The CRS partner NGO Chetanalaya was by SARD on November 1, 2020, for the CGPP and Mobilization Mitra Intervention funded by the Haryana government.

Country	Number of Mobilizers/Volunteers	Number of people reached by mobilizers/volunteers
Ethiopia	10,752	870,898
India	--**	939,645
Kenya	1,389	80,262
Nigeria	2,076	673,548
Somalia	224	14,889
South Sudan	3,124	250,560
Uganda	1,075	327,428
TOTAL	17,565	2,829,802

Data Source: *CGPP Project data collected by CGPP*
 **Number of volunteers includes all community volunteers, mobilizers, key informants
 ** India’s CMCs were officially withdrawn at the end of March 2020, but many returned to help with COVID education (pro-bono). A network of 5,000 influencers remains active and 500 community action groups were formed and active

HOA: Kenya and Somalia

The Horn of Africa (HOA) countries have experienced a surge of circulating vaccine-derived poliovirus 2 (cVDPV2) during the COVID-19 epidemic. The region reported 115 cVDPVs in 2020, notably from Yemen, Somalia, Ethiopia, Sudan, and South Sudan. Somalia reported 14 cVDPV2 cases and 24 cVDPV2 positive environmental samples in 2020, with the date of onset of the most recent cVDPV2 being October 25, 2020. GPEI and partners conducted intensive, coordinated, synchronized outbreak response campaigns in the region in November and December 2020. CGPP has provided financial and technical support in the polio outbreak response in South Central Somalia. Implementations of SIAs were successful amidst challenges of COVID-19, multiple humanitarian emergencies, and mOPV2 management. Despite the ongoing outbreak of cVDPVs in the region, Kenya has not reported a case since 2018. Nonetheless, the MOH and partners have intensified AFP surveillance in the border areas, focusing on counties with low



surveillance indicators. CGPP Kenya-Somalia implementing partnership includes five international NGOs: International Rescue Committee (IRC), Catholic Relief Services (CRS), World Vision-Kenya (WV-K), Adventist Development and Relief Association-Kenya (ADRA-K) and Somali Aid, a national NGO operating in Somalia. The project is supporting 28 districts/sub-counties and 129 health facilities.

CGPP HOA supported 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 continues to operate in hard-to-reach communities along the Kenya-Somalia borders, providing targeted, integrated immunization and surveillance outreach activities through 97 border health facilities in Kenya and through 32 border health facilities in Somalia.

In Kenya, 96 CMs supervised 1,591 CHVs/CDRs to reach 250,760 people through social mobilization. CGPP implementing partners 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.

In Kenya, the project supported 334 targeted, integrated immunization and surveillance outreach sessions for nomadic pastoralists and hard to reach border communities. A total of 19,181 children under 5 were vaccinated in project areas, including 334 zero dose children. Additionally, 2,365 defaulter children under 5 were traced and vaccinated. The coverage rates for RI antigens in children under 1 in project areas in Kenya were OPV0 (64%); OPV3 (62%); Measles (55%); Penta3 (62%). Immunization coverage in project areas of Kenya have improved or remained steady from FY20 to FY21. Community mobilizers and CHVs supported community dialogues and group meetings, held care group meetings, and worked to mobilize hard to reach communities for vaccination. During the quarter, the project reached 80,262 people through group meetings, one on one contacts, and house to house visits. CGPP continued to build the capacity of volunteers and mobilizers through training on community-based surveillance, COVID-19, immunization services, and documentation/data collection. The project held 20 training sessions for 607 participants in Kenya including CMs/CDRs, CHVs, health care workers, and veterinary teams.

In Somalia, the project supported 15 integrated immunization and surveillance outreach sessions that vaccinated 11,996 children from hard to reach and nomadic settlements. The team traced and vaccinated 252 defaulter children through these efforts. Coverage rates were OPV0 (7%); OPV3 (32%); Measles (28%); and Penta (31%) for children under 1 in Somalia. CMs/CDRs and CHVs conducted 192 group meetings on AFP surveillance and routine immunization reaching 14,889 people through all social mobilization activities. Five training sessions were conducted for health care workers, veterinary teams, and Community volunteers (CMs/CDRs and CHVs), reaching 264 persons on community-based surveillance and immunization services strengthening, and documentation/data collection.

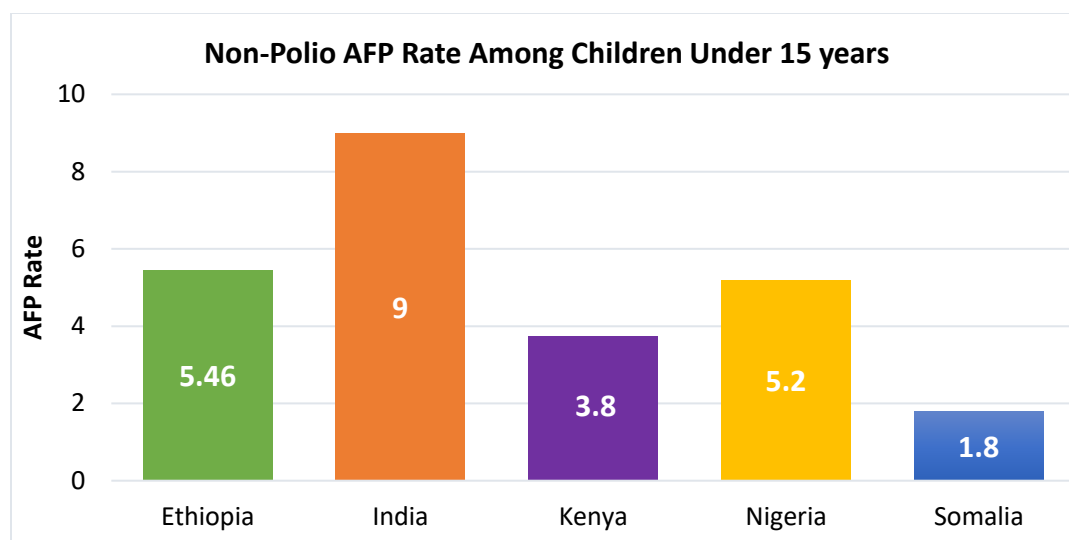


CGPP Somalia supported two polio SIAs which vaccinated 423,240 children during FY21Q1 (October 25-28 and December 20-25). CGPP teams supported/participated in the daily SIA planning & review meetings. CGPP focused on the special population (border villages, nomadic-pastoralists, IDPs, and returnees). In the project area, the October mOPV2 round targeted 267,142 children < 5 years and vaccinated 252,340 (95.6%) in the project area. The December bOPV campaign targeted 267,142 U5 children and vaccinated 263,723 (99%). CGPP CHVs and CMs (209 CHVs /29 CMs) did house-house community social mobilization and reached 69,540 households through these efforts. The project supported 36 extra vaccination teams deployed to the border and hard-to-reach special populations. They vaccinated 21,580 children in the two rounds of SIA.

CGPP CMs and CHVs continued to strengthen cross-border community-based AFP surveillance through active case search and social mobilization. In Kenya, CGPP supports 114 CMs working with health facility in-charges and community health extension workers. The CMs supported and supervised 1,275 CHVs. CMs/CHVs visited 48,586 households through active case search and reported 16/31 (52%) suspected AFP cases in project areas. The non-polio AFP rate improved slightly to 3.75 per 100,000 children 15 years and under, with 90% stool adequacy. AFP rates higher than 2 were reported in 5/8 focal county areas; Lamu and Marsabit did not report any AFP cases during the quarter. Additionally, CGPP participated in the investigation of a confirmed PV2 case in the IFO two refugee camp in Dadaab sub-county. The multi-agency investigate team visited three refugee camps, waste disposal areas, and all health facilities in the sub-county for active case search.

In Somalia, CMs reached 69,540 households for AFP active case search; community volunteers and mobilizers identified 1/5 (20%) of NPAFP cases in project areas. The average NPAFP rate in project areas was 1.81 per 100,000 children 15 years and under. However, this included Gedo region, which was silent during the quarter and did not report any AFP cases. The stool adequacy for project areas was 80% overall. CGPP continued to build the capacity of surveillance systems actors through the surveillance training of two care group leaders (Dollow and Belet-Hawa districts) and 22 health care workers in Badhadhe district (Lower Juba Region). The project also conducted two community dialogues sessions at IDP camps for 64 participants to sensitize them to the need for surveillance.

The CGPP HOA participated in various meetings to strengthen partnership and coordination across the program. CGPP participated in 33 national coordination meetings (31 in Kenya, 3 in Somalia); Kenya implementing partners also participated in 18 coordination forums at the county/subcounty level. In Kenya, the project supported nine stakeholder meetings in Kamkunji, Wajir, Turkana, Mandera, Lamu, and Garissa. In Kenya, Secretariat teams worked with MOH/Veterinary departments to provide quarterly joint supportive supervision to improve mentorship, performance indicators, and programming and data quality. In Somalia, CGPP presented on the project's progress at the quarterly National EPI forum in Mogadishu and actively participated in monthly Somalia health cluster coordination meetings in Dollow and Dhobley districts.



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. 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.

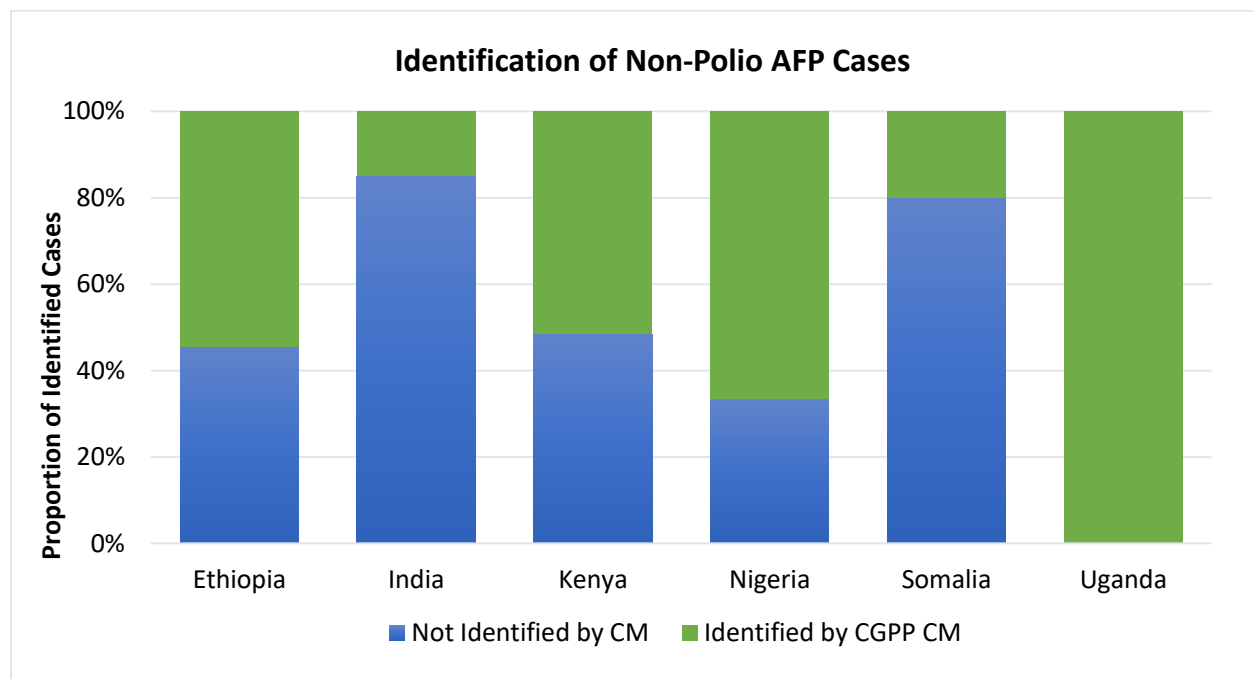
The CGPP Nigeria works through a total of active volunteers across the 5 project focal states: 1,180 voluntary community mobilizers (VCMs), 146 voluntary ward supervisors (VWSs), and 750 community informants to reached 673,548 with social mobilization messages. During the quarter, VCMs conducted routine house-to-house mobilization, compound meetings, RI defaulter tracking, newborn tracking and referral, community-based AFP case detection and that of other childhood diseases. Community dialogues were avoided due to the need to physical and social distancing due to COVID-19.

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. COVID-19 along with heightened insurgency and insecurity in project focal states has led to drops in current immunization coverage, under the 80% herd immunity threshold for both OPV3, measles and penta, endangering the health of many young children. The coverage rates for RI antigens in children 12-23 months in project areas of Nigeria were OPV0 (47%); OPV3 (68%); Penta (65%); and Measles (60%).

There was one polio campaign held in October 2020 in project areas. The campaign reached 80% (317,125 children of the 394,559) of targeted children. The most common reasons for missed vaccination were child relocation, parental reluctances, father’s rejection of the vaccine and religious and cultural beliefs.

The non-polio AFP rate in project areas was 5.2 per 100,000 children under 15 years, and the stool adequacy rate was 95%. CGPP VCMs and Key Informants continued to provide surveillance for polio and other childhood diseases including measles, malaria, and COVID-19. Weekly and monthly supervisory visits were designed to improve the surveillance capacity of CGPP volunteers. During the quarter, CGPP reported 30 AFP cases, of which 14 were reported as true AFP cases. Overall, in project areas, CGPP volunteers reported 66.7% (14/21) of NPAFP cases.

CGPP Nigeria continued an initiative to strengthen data quality, accuracy, and completeness. Integrated supportive supervision was conducted during the quarter to strengthen data the data reporting process and data quality. Monthly MEAL meetings were held virtually throughout the quarter. The CGPP MEAL manager left the project during the quarter and the process to hire a new MEAL manager has been initiated.



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. The project also supports immunization through routine immunization systems strengthening and support for supplemental immunization campaigns (through social mobilization and independent campaign monitoring).

In response to the circulating Vaccine Derived Polio Virus type2 (cVDPV2) outbreak in South Sudan, the National Ministry of Health and partners conducted two rounds of polio supplementary immunisation activities (SIAs) over three days. The first round undertaken from 10 November 2020 to 8 December 2020 targeted 41 counties in the states of Northern Bahr el Ghazel, Warrap, Western Bahr el Ghazel, Lakes and parts of Western Equatoria. CGPP provided PCE/ICM for both rounds, conducting ICM in over 80% of the counties where the polio SIAs were implemented. The project recruited and deployed 30 (28 males and 2 females) central supervisors field researchers to supervise 202 data collectors for the two rounds of PCE. To ensure accountability, transparency and timely data collection, transmission and analysis, CGPP utilized the open data kit software (ODK) and all data were electronically uploaded to the project's server. Additionally, CGPP deployed 245 BHPs to mobilize communities for the campaign. They reached 55,683 community members through their efforts and identified 5,164 children 0-59 months who would have missed the campaign had they not been referred.

CGPP increased its geographical scope to support integrated community-based surveillance from 13 counties to 24 counties as of October 2020. The project also included Yellow Fever as infectious diseases and Adverse Events Following Immunization as part of its integrated community-based surveillance in South Sudan. During the reporting period, CGPP additionally recruited eight (8) project supervisors, 104 BHPs and 752 community key informants in the new counties. Cumulatively, the project now has 21 Project Supervisors, 318 Boma Health Promoters (BHPs) and 2,561 community key informants. CGPP trained newly recruited BHPs (6) and CKIs on integrated CBS and job responsibilities during a four-day training in Budi (Eastern Equatoria state) co-facilitated with the Budi County Health Department, WHO, and UNICEF field coordinators. The rapid increase of COVID cases during the second wave, necessitated additional COVID-19 training on contact tracing and stigma management for BHPs. In collaboration with WHO, UNICEF field teams, State Ministry of Health, County Health Departments and other implement partners in Yambio, Tambura and Ezo counties, the project trained 61 (27 males & 34 female) BHPs on COVID-19 community contact tracing and stigma management.

A total of 14 suspected AFP cases, 37 suspected measles cases, 14 yellow fever cases and one suspected case of each EVD and COVID-19 were reported through CGPP CBS during the quarter; the CGPP CBS network reported 63% of the total AFP cases reported in project areas.

The rapid increase in the number of COVID-19 cases during the first wave of COVID-19 overwhelmed the under-resourced and inadequate Ministry of Health supported teams of COVID-19 contact tracers at the county level. Continued community transmission and spikes in the number of cases during the second wave of transmission (October and December 2020) necessitated the project to train additional community volunteers (BHPs) to support community contact tracing and stigma management. In collaboration with WHO, UNICEF field teams, State Ministry of Health, County Health Departments and other implement partners in Yambio, Tambura and Ezo counties, the project trained 61 (27 males & 34



female) Boma Health Promoters on COVID-19 community contact tracing and stigma management. Cumulatively, the project has trained 10 (77%) of the Project Supervisors and 167 (53%) of the Boma Health Promoters on COVID-19 community contact tracing and stigma management. Additionally, on 7th December 2020, CGPP implementing partner OPEN officially took over the management of Nadapal Point of Entry (POE) screening point from CCM. The screening targets cross-border travelers along the South Sudan-Kenya-Uganda borders using an infra-red thermometer to conduct primary screening. In December alone, a total of 586 (295 males and 291 females) individuals were screened.

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 16,832 house-to-house visits and 4,860 visits to social spaces, reaching an estimated 250,560 community members with key messages.

CGPP South Sudan routinely engaged in coordination meetings with other groups and stakeholders including National Ministry of Health (MOH), State (MOH), WHO, UNICEF, JSI, CDC, UNOCHA, USAID Mission and Health Pooled Fund (HPF) to build effective partnerships. CGPP is a member of the National COVID-19 TWG, State and county-level COVID-19 Taskforce, EPI TWG, and Border Health/ Point of Entry TWG headed by the Ministry of Health. During the reporting period, the project participated in nineteen (19) coordination meetings comprising of five (5) EPI-TWG meetings held bi-weekly, six (6) weekly EPI-Surveillance and Point of Entry/ Border Health TWG meetings, two (2) monthly state EVD/COVID-19 task force meetings and two (2) CGPP monthly partners meetings in November and December 2020. CORE Group, as a member of the National Incident Management System (NIMS) for the Circulating Vaccine Derive Polio Virus type 2 (cVDPV2) outbreak response, participated daily and attended thirty (30) cVDPV2 outbreak response meetings. These cVDPV2 outbreak response meetings helped partners develop response strategies, mobilise resources and monitor response activities. The project also participated in two state preparatory meetings during the November and December SNIDs in Yambio

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. 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, integrated disease surveillance and capacity building to health center workers. CGPP supported 1,075VHTs to reach 385,338 people with surveillance, health education messages, social mobilization, and radio programming in the four focal districts. Thirteen trainings were held during the



quarter to provide information and capacity building to 931 people, including 599 VHTs. Training focused on surveillance, case detection, utilization of reporting tools, and COVID-19 surveillance.

The non-polio AFP rate in project areas of Uganda was 2.0 per 100,000 children 15 years and under. A total of 7 NPAFP cases (that met standard case definitions) were identified in project areas, with all 7 (100%) being identified by CGPP VHTs; 2 of the NPAFP cases were identified among refugee populations.

IRC's network of 490 VHTs in Yumbe and Lamwo reached a total of 112,928 people with integrated messages on polio/AFP, measles, and nutrition. In Yumbe, 406 VHTs conducted 10,241 home visits and 84 community sensitization sessions, reaching 26,217 people. In Lamwo district, 80 VHTs, conducted 23,319 house to house visits reaching 65,245 people, and 1,624 group sensitization sessions reaching an additional 21,466 people. The visits focused on surveillance for AFP to improve on early case identification, reporting and sensitization. Community active case search for AFP continued throughout and across both settlement and host communities with three cases identified or notified. These visits were also integrated with surveillance for diseases of outbreak potential where zero suspected cases of measles and NNT were reported. A total of 510 vaccine defaulter were also traced and referred to immunization centers; 324 were subsequently vaccinated because of these efforts. IRC conducted 25 VHT review meetings with 691 VHTs to emphasize community-based AFP surveillance (case detection and reporting). Additionally, the project conducted 20 meetings with key informants including religious leaders, village chiefs, and women leaders) to increase potential case detection. A total of 212/224 (94.6% of Key Informants) were included in these meetings.

MTI's network of 589 VHTs in Adjumani and Obongi districts reached a total of 62,410 people with integrated health activities and surveillance during the quarter. While adhering to COVID protection guidelines, social mobilization, community sensitization workshops, monthly and quarterly review meetings were conducted with the VHTs/CVs, community leaders and community members with greatly improved outcomes. CGPP conducted door to door sensitization using mega-phones, community dialogues with community leaders and volunteers, COVID 19 risk communication and also introduced Dial COVID, a web-based intervention for community to prevent and control COVID-19. CGPP supported integrated radio talk shows in partnership with district surveillance and EPI departments, which reached an estimated 210,000 additional individuals. MTI conducted capacity building for key staff in collaboration with district local government to enhance surveillance for AFP. Thirty clinicians from health facilities were trained on AFP diagnosis and surveillance in December to improve their ability to diagnose suspected cases. MTI partnered with DLG to organize and support refresher training on microplanning, vaccine administration/monitoring, and management of cold chain equipment for 47 EPI focal persons and health assistants from 20 HFs in Adjumani and 15 HFs in Obongi district. Cold chain supportive supervision was also conducted in 12 health facilities to ensure proper handling and storage of vaccines and maintenance of refrigerators.