

FY21 Quarter 3 (April - June) CORE Group Polio Project (CGPP) Global Quarterly Update

The second and third waves of the COVID-19 pandemic impacted CGPP focal countries, along with the rest of the world, during FY21 Quarter 3.

CGPP community volunteers continued to adhere to strong COVID-19 prevention protocols while executing planned social mobilization and surveillance activities. Their connection to communities remained critical and enabled them to reach community members with health information, track and refer newborns, defaulters, and pregnant women, and strengthen the surveillance system by providing strong community-based surveillance. During the reporting period, CGPP’s 16,256 community volunteers reached nearly 3.2 million people with social mobilization and health messages and served as connectors between communities and essential health services. During the third quarter, SIAs and OBR activities were held in Ethiopia, India, Kenya, and Nigeria to ensure vulnerable children were vaccinated, particularly in areas of cVDPV2 outbreaks and areas left vulnerable due to migration and under vaccination. CGPP supported the vaccination of 1,376,561 children through polio campaigns.

Country	Number of Community Volunteers	Number of Community Members Reached with Social Mobilization and Health Messages
Ethiopia	10,998	1,100,501
India	0	939,645
Kenya	1,935	152,279
Nigeria	2,046	479,202
Somalia	221	43,912
South Sudan	5,136	461,283
Uganda	1,056	365,327
TOTAL	21,392	3,641,149

Data Source: CGPP Project data collected by CGPP

**Number of volunteers includes all community volunteers, mobilizers, surveillance key informants

** After reengaging CMCs during Q2 (only), CGPP India relied on a network of 500 Community Action Groups and Influencers and trained government functionaries for social mobilization.

Ethiopia

CGPP Ethiopia works through 9 partner organizations to provide social mobilization, health education, and surveillance in the five focal regions of Oromiya, B/Gumuz, Gambella, Somali, and SNNPR. The project covers 79 implementation woredas in the 16 focal zones of these regions.

During the quarter, CGPP Ethiopia’s 10,998 CVs/HDALs reached 344,503 households and 1,100,501 people with health education on vaccine preventable diseases and surveillance in the project’s implementation areas. To support improved routine immunization coverage, CVs/HDALs identified and referred 13,834 pregnant women to ANC for follow-up and identified and referred 9,819 newborns and 4,987 defaulters to vaccination posts. The routine immunization coverage in children under 1 was: OPV0 (65%); OPV3 (87%); Measles (66%); Penta (83%).



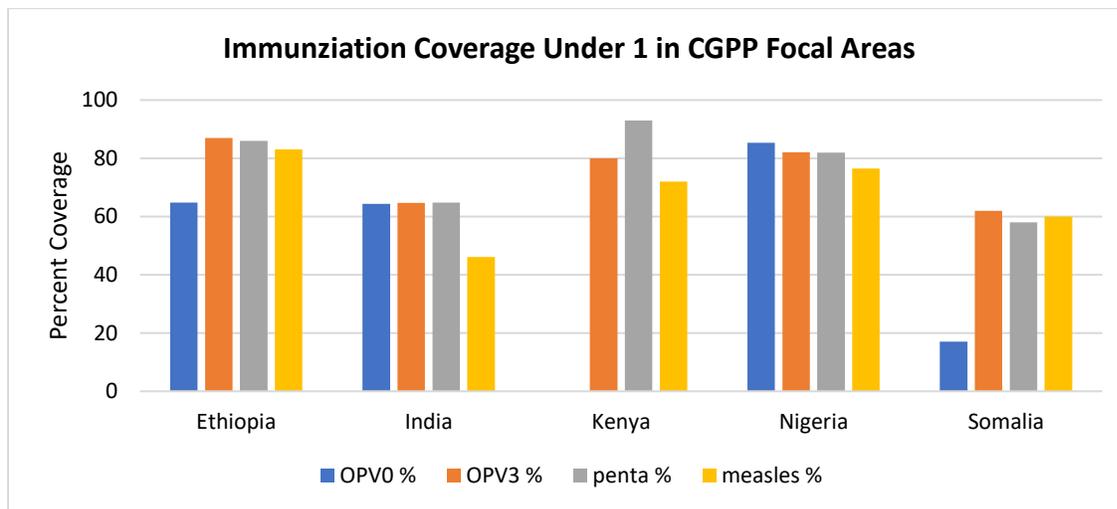
Robust community engagement, sensitization, and community-based surveillance added to strong surveillance in project areas, with project CV/HDALs reporting 60.5% (23/38) AFP cases and 71.1% (32/45) measles cases. Additionally, CV/HDALs/AHAs contributed to surveillance for priority zoonotic diseases, reporting 90% of zoonotic disease cases in humans and animals in project areas. (On the quarter, there were 71 zoonosis disease cases reported in CGPP project areas). The NPAFP rate in project areas was 4.4 cases per 100,000 children 15 years and under and the stool adequacy remained high at 88%.

CGPP Secretariat and partner staff supported one campaign round of bOPV in the Somali region from April 1 to 4, 2021 (postponed from March). The Secretariat staff supported the campaign in Shebele zone, with all partner staff participating in and supporting the campaign in designated project areas. The campaign achieved a 98% coverage rate, vaccinating 529,476 of the 541,595 targeted children. CGPP provided 1,463 CVs/HDALs as vaccination team members and social mobilizers. Twenty-eight project staff provided technical support, while transportation and logistical support were provided in the form of 22 vehicles, 4 motorcycles, and 1,281 liters of fuel.

Strong supportive supervision remains a hallmark of CGPP Ethiopia's approach and provides on the job training and support to health centers, animal health clinics, and staff. The CGPP Secretariat provided joint supportive supervision in Gambella and Somali regions, visiting 6 health centers, 8 health posts, and interviewing 2 CVs in seven supported woredas. Partner staff conducted supervision visits to 399 health facilities and animal health clinics during the quarter.

The CGPP Secretariat and partner teams participated in various meetings on the national and local levels to improve and support partnership. The CGPP Secretariat organized and held the Midyear Review Planning Meeting in two rounds from May 20-22 and May 24-26. The Secretariat and each partner presented both six-month achievements and worked together to plan for the second half of the fiscal year. Additionally, the CGPP Secretariat organized an immunization and surveillance advocacy and review meeting in Gambella region on May 10-11 for 86 participants. The CGPP Secretariat organized three virtual monthly partner meetings in April, May, and June where Secretariat staff presented on activities and implementation progress and received updates from each of the partners on implementation.

Four abstracts from CGPP Ethiopia were accepted for presentation at the American Public Health Association (APHA) conference slated for October 2021.



Data Sources: India data is from internal project surveys; Nigeria data is from project registers; Ethiopia (government reports), Kenya/Somalia (the MOH DHIS 2 Tool) South Sudan data is from national administrative data reported by the government***
 *Under 1 data is not available for India and Nigeria and is reported for children 12-23 months.
 *OPV0 coverage for Kenya was reported to be over 100%, as there was a denominator issue. It, therefore, is not reported here.

India

During the third quarter, India experienced a deadly second wave of COVID-19 which led to lockdown, movement restrictions, significant burdens on the healthcare system, and illness and death due to COVID-19. These circumstances presented significant challenges for the country and for CGPP. However, the project was able to engage Community Action Groups (CAGs) and influencers who continued to reach communities with important messages about vaccination, child health, and COVID-19. Project-associated ASHAs reached 939,645 people with social mobilization messages on the importance of immunization and COVID-19 appropriate behaviors during SIAs.

CGPP functionaries (BMCs) provided hands-on support through social mobilization and record keeping to the ASHA's in CGPP India's intervention areas. They also helped to update vaccination records and in the preparation of due lists. In April 2021, CGPP's MIS system started collecting information among children under 12 months and 12-23 months. It is evident that the COVID-19 pandemic has negatively affected childhood vaccination and RI coverage has declined from the previous year. The COVID-19 lockdown restricted field movement, but the BMCs and DMCs from Uttar Pradesh were able to support the government health system and ensure routine immunization quality by monitoring 1,773 childhood vaccination sessions (approximately 68% of the total sessions held during the reporting period. In Nuh district, CGPP teams monitored 483/3,958 sessions (12.2%). The routine immunization coverage in children 12-23 months (data for children under 1 not available for the quarter except for OPV0 coverage which was reported as 64.4%) dropped on the quarter due to lockdowns and other COVID restrictions: OPV0 (69.6%); OPV3 (64.7%); Measles (46.2%); Penta (64.2%) for children 12-23 months.

One SIA (Sub National Immunization Day) was conducted in project areas during the quarter (June). Due to COVID, the SIA was only conducted in Haryana and was cancelled in Uttar Pradesh. The campaign

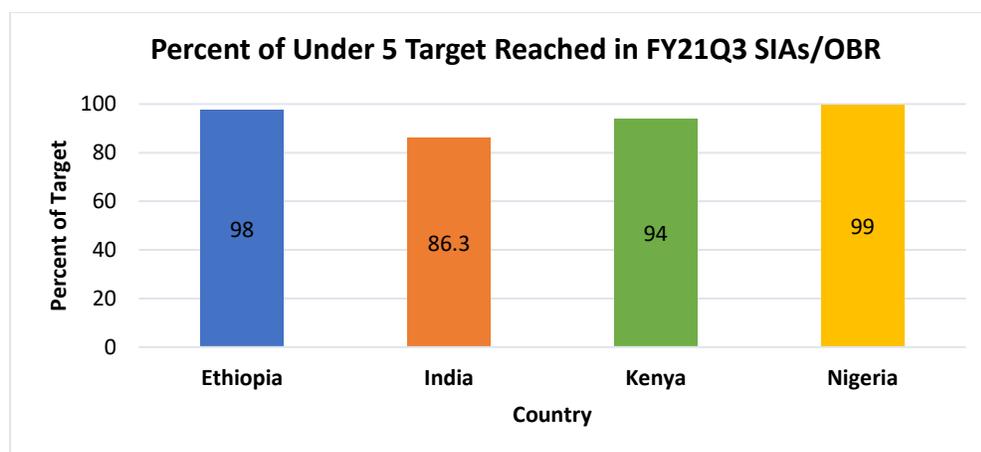


covered 192 villages and high-risk areas of Nuh District, Haryana. There were 86,330 targeted children in three CGPP intervention blocks in Nuh district. The overall SIA coverage was 86%; 35% of children were vaccinated at polio booths, and the rest through house-to-house campaigns. Approximately 97% of the targeted 188,669 vaccination eligible children were vaccinated. The house-to-house vaccination teams visited 46,040 houses, of which 9% were missed. The CGPP team worked closely with the health department through both booth and house to house vaccination. The team participated in SIA-related training, planning/review meetings, and contributed to the development and execution of microplans. In addition, CGPP functionaries contributed to mobilizing families through ensuring SIA announcements at mosques, conducting meetings with mothers/caregivers, conducting community meetings, assisting in converting resistant families, and conducting meetings with Community Action Groups.

During the quarter, 5 AFP cases were reported in CGPP implementation areas of Uttar Pradesh; 2 (40%) of these cases were reported by CGPP functionaries. CGPP work districts of Uttar Pradesh had a NPAFP rate of 7.8 cases per 100,000 children under 15 years old; the stool adequacy rate was 85%.

During the quarter, there was an exponential rise in COVID-19 cases across India. The rise was marked by the delta variant which spread rapidly and was exacerbated by inappropriate behavior and misinformation in many areas of India. The government requested CGPP India's assistance in ensuring that communities had access to correct information and enabling them to adopt appropriate behaviors. CGPP received a USAID top-up grant to carry out these activities. The team developed implementation plans, an interviewing matrix, MEAL plan, and communication and training materials during the reporting period. The program engaged community volunteers/mobilizers and influential people through CAGs in selected districts/areas of Uttar Pradesh, Haryana, and Assam. The approach to promote above behaviors is by engaging community volunteers/mobilizers and influential people now formed into Community Action Groups (CAGs) in selected districts/areas of Uttar Pradesh, Haryana and Assam. A total of 700 community mobilizers worked to ensure that communities were ready to adopt healthy behaviors to mitigate COVID-19 infection, tracked families for COVID vaccination and the need for psychological support, and collected information on common myths/rumors/misinformation and vaccines. The Secretariat developed a training package and trained all field staff virtually.

CGPP secretariat continued to build and strengthen partnerships with NGO and development partners during the COVID-19 pandemic. The field staff conducted mobilization activities following CAB (COVID Appropriate Behaviors). Virtual meetings were conducted with the PVOs and NGOs on addressing challenges in child immunization and CGPP India's role in the COVID pandemic. With support from India USAID local mission, CGPP and NGO/PVO partners implemented activities by engaging community mobilizers for promotion of COVID-appropriate behaviors and COVID vaccination in the states of Uttar Pradesh, Haryana and Assam. Partners participated in meetings with the government, UNICEF, and WHO at the state, district, and block levels.



Data source: National Administrative data; WHO data

Kenya and Somalia (HOA)

The reporting period highlighted the challenges of boosting population immunity and surveillance activities due to the ongoing COVID-19 pandemic. Kenya launched the National COVID-19 vaccination after receiving 1,120,000 doses of AstraZeneca vaccines through the COVAX facility. The COVID-19 vaccination exercise coincided with the polio outbreak response after Kenya reported cVDPV2 cases. In 2021, the Kenya Ministry of Health detected six cVDPV2 cases from Garissa & Mombasa counties from human and environmental samples, with the sequence genetically linked to isolates detected in Somalia. To respond to the outbreak, the Ministry of Health, in coordination with WHO, UNICEF, CGPP and other partners, conducted a supplemental immunization campaign targeting 13 high-risk counties with a target population of 3.4 million children under the age of 5 years.

In Kenya, CGPP HOA supported 97 border health facilities to conduct 201 outreach clinics for hard to reach and nomadic settlements along the Kenya borders. These outreach sessions vaccinated 2,615 children with various antigens. During these outreach sessions, community volunteers also identified and traced 1,542 children under 5 who had defaulted on RI and referred them for services. Social mobilization of focal communities was a key factor in turn out at outreach clinics and for routine immunization. During the quarter 1,821 CHVs and 114 Community Mobilizers in Kenya reached 152,279 people with one on one and group social mobilization activities and provided messages geared at enhancing routine immunization, and improving surveillance for polio, priority zoonotic diseases, and COVID-19. Community mobilizers conducted 633 group meetings on advocacy communication and social mobilization and traced an additional 418 defaulter children through group and one on one meetings. In Somalia, CGPP’s 192 CHVs and 29 CMs supported 5 border health facilities in lower Juba region to conduct 14 integrated outreach sessions in hard-to-reach nomadic communities vaccinating 412 children under 5. No outreach sessions were conducted in Gedo region due to frequent attacks by armed insurgents and abductions of health workers in Mandera triangle. Volunteers’ social mobilization activities reached 43,912 through 100,153 household visits and 261 group meeting; volunteers also supported 12 community dialogues in Gedo and Lower Juba to promote routine immunization and good



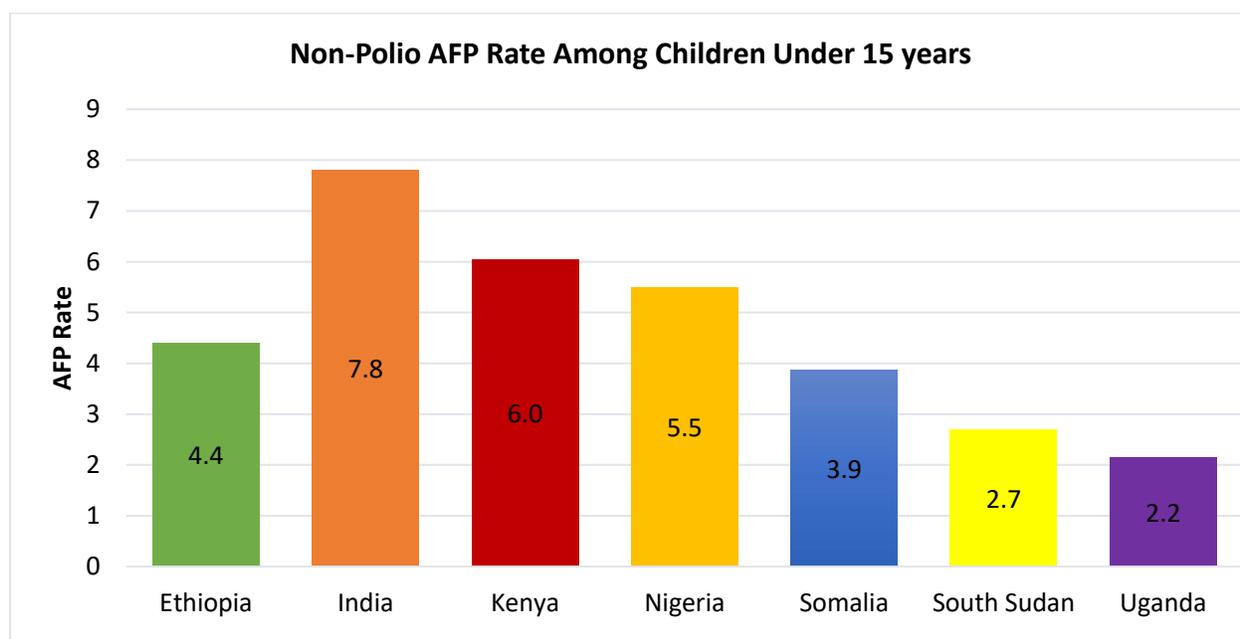
hygiene practices. These community contacts also allowed opportunities to trace and refer 194 defaulter children. Refresher training was conducted for 33 CMs/CHVs to build capacity on social mobilization and behavior change communication. On the job training was also provided for 12 health facility staff in Elwak and Gerille subdistricts of Bardhere district to improve knowledge and capacity on routine immunization and AFP surveillance.

HOA countries embarked on nOPV2 risk response campaign planning due to the persistence of cVDPV2 outbreaks since 2017 despite multiple mOPV2 SIAs. WHO proposed a synchronized large-scale use of nOPV2 in October and November 2021 and finalized the nOPV2 use preparedness documents under EUL. However, WHO postponed the planned HOA synchronized campaign due to fresh outbreaks of cVDPV2 in Uganda and Ethiopia. During the quarter, one polio SIA (mOPV) was conducted in 13 high risk counties of Kenya. The overall campaign reached 92.7% (3,303,356) of the targeted 3.4 million children and provided 3,840 vaccines to zero dose children. In CGPP focal areas (5 of the 13 included counties), 94% coverage was obtained, vaccinating 556,507 children of the 520,665 targeted. CGPP supported the campaign through technical and logistic support prior to, during, and following the campaign and by provided independent campaign monitoring through LQAS. Data for the SIA was collected through a new reporting platform – the Kenya Health information System (KHIS); a new country preparedness dashboard was also rolled out at the county level. No polio SIAs were held in Southern Somalia during the quarter.

Continued struggles with cVDPV2 outbreaks in the HOA region point to the continued importance of strong AFP surveillance in Kenya and Somalia, particularly in border areas with highly mobile populations. CGPP engaged in several initiatives to bolster and ensure strong surveillance capabilities in project areas. Training and sensitization on AFP surveillance was provided to 187 CMs/CHVs and 93 traditional healers CGPP supported the procurement and distribution of ten branded carriers designed to transport stool samples from suspected AFP cases in Garissa County. This contributed to enhanced performance indicators in the county. CGPP also procured and distributed surveillance related IEC materials including 1,500 posters to the border facilities in project areas. Fifty suspected AFP cases were reported in CGPP project areas of Kenya, with 36% (18) identified and reported by community mobilizers. The project supported the collection and transportation of stool samples from the 18 suspected cases detected by CMs. The NPAFP rate in project areas was 6.04 cases per 100,000 children under 15 years in project areas. In Somalia, CGPP supported 12 community dialogues sessions on surveillance and AFP case detection reaching 100 community opinion/religious leaders, village chiefs, elders, TBAs, and traditional healers. Eleven AFP cases were reported in program areas of Somalia with 1 (9%) being detected and reported by CGPP CMs. The NPAFP rate was 3.87 cases per 100,000 children under 15.

To support and establish effective partnerships and ensure cross border collaboration, CGPP held and participated in a variety of meetings in Kenya and Somalia. The CGPP HOA Secretariat participated in 31 coordination meetings at regional, national, County and districts levels, while the CGPP-IPs participated and supported 13 coordination and planning meetings at counties and sub-counties. The team also participated in Routine Immunization and Vaccine Preventable Disease Surveillance strengthening partner engagement meetings which included the CDC, UNHCR, and the MOH in addition to the CGPP

contingent. The project also conducted twenty stakeholder forums on community-based polio and zoonotic disease surveillance in Nairboi, Turkana, Marsabit, Wajir, Madera, and Lamu counties and participated in 14 USAID coordination meetings (including GHSA). WHO-HOA organized meetings on national surveillance and SIA planning and response to the cVDPV outbreaks. This meeting was included GPEI HOA partners including CGPP. In Somalia, the project supported monthly health and polio sub-cluster coordination meetings in Dhobley district to improve MOH and partner coordination related to polio activities. The project hosted the quarterly Kenya-Ethiopia cross-border forum in the border town of Moyale; the meeting was attended by the MOH officials and partners from the respective countries. The teams developed a joint cross-border workplan to address APF surveillance immunization along the Kenya-Ethiopia border. CGPP Somalia supported quarterly cross-border health committee to strengthen polio eradication activities along border regions and prepare for upcoming SIAs in the region.



Data Sources: National Administrative Data; WHO data

Nigeria

Despite rising cases and restrictions from the COVID-19 pandemic, CGPP Nigeria continued to support PEI interventions in all five of its focal states – Kaduna, Kano and Katsina in the northwest, and Borno and Yobe and the northeast. CGPP Nigeria continued to effectively implement key activities while adhering to strict COVID-19 protocols. CGPP supported Outbreak Response (OBRs) as well as the 2nd phase of COVID-19 vaccination across project areas.

CGPP’s cadre of well-respected volunteers sensitized women, mothers, and families on the importance of vaccinations, ANC care, and key household practices to ensure health of children. Currently, CGPP operates through 1,140 Volunteer Community Mobilizers (VCMs) who are supervised by 124 Volunteer Ward Supervisors (VWSs). CGPP also has 782 Community Informants who actively participate in AFP



surveillance in their communities. The activities of the community volunteers are coordinated by LGA Coordinators (LGACs). VCM's quarterly activities included house to house mobilization, compound meetings, RI defaulter tracing, newborn tracking and referral, community-based AFP detection and surveillance for polio and other childhood diseases. Through these activities, volunteers reached 479,202 people with social mobilization and health education. On the quarter, VCMs conducted 1,467 compound meetings (92.4% of those planned) to provide communities with convergent messaging on polio, routine immunization, COVID-19, and other health topics, to address the needs of women, children, and families in project focal areas. VCMs worked closely with Health facility in charges and the VWSs to line list, track and refer 7,312 vaccination defaulters and 22,275 pregnant women for antenatal care. VCMs tracked pregnant women and newborns and attended naming ceremonies to ensure that newborns received OPV0 within the first 14 days of life; 7,530 newborns (94.6% of those tracked) of newborns tracked by VCMs received OPV0. Despite continued challenges with insecurity and COVID-19 in project areas, routine immunization coverage rose significantly for OPV3, measles, and penta among children 12-23 months from quarter 2. Routine immunization rates were: OPV0 (85.3%); OPV3 (82%); Penta (82%) Measles (76.5%); fully immunized (76.5%).

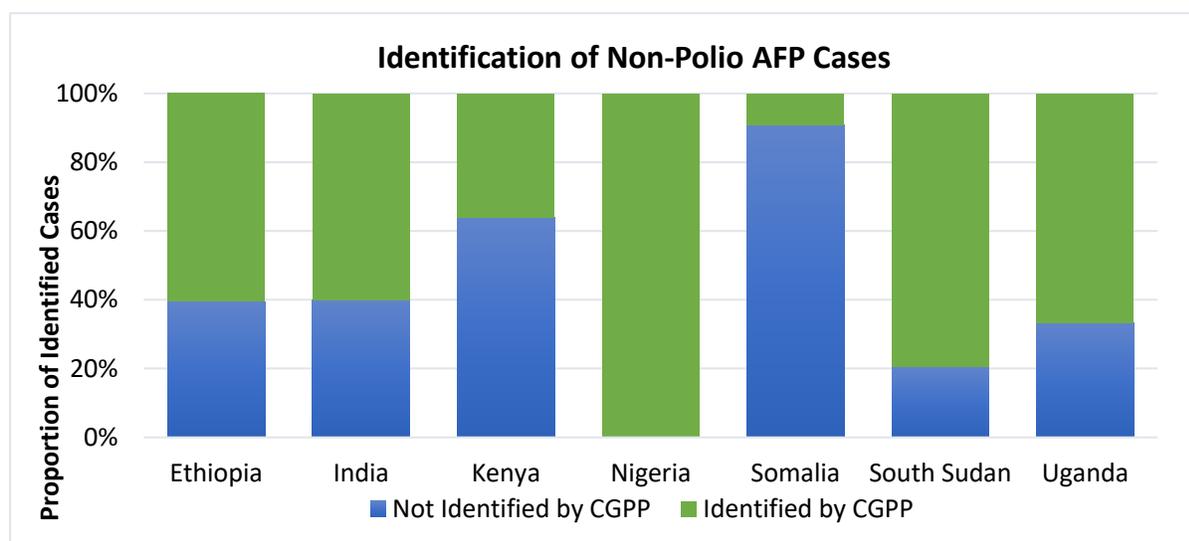
CGPP supported an OBR in Yobe, Borno, Kano and Katsina from June 2021 to July 2021. The OBR response reached 99% (251,931) of the targeted 253,232 children under 5 years old in project areas. Kano, Katsina, and Yobe reached 100% of targeted children with nOPV2 vaccine, while Katsina reached 94.9% of targeted children. The high coverage of the campaign is a tribute to the social mobilization efforts of VCMs prior to and during the campaign. VCMs revisited non-compliant households during the campaign to support vaccination and ensure that missed children were reached. Anecdotally, children were happy to get vaccinated as they observed that the nOPV2 vaccine was sweet. Kaduna has an OBR campaign scheduled for August due to cBDPV2 outbreaks in Ikara and Lere LGAs.

To strengthen AFP surveillance, CGPP community volunteers and community informants actively detected and reported AFP cases as well as cases of others childhood illnesses including measles, malaria, and COVID-19. In addition to VCMs/VWSs, CGPP's 782 Community Informants contributed to the surveillance system. CGPP volunteers reported 100% (17/17) confirmed AFP cases in project areas, an improvement over Q2. The NPAFP rate in CGPP project areas was 5.5 per 100,000 children under 15 years and the stool adequacy rate was 95% during the quarter.

A total of 701 people participated in refresher training on surveillance, community engagement, documentation, and routine immunization. This included 564 VCMs and 137 VWSs, LGACs and health workers.

CGPP Nigeria continued initiatives including virtual and in-person supportive supervision, on the job training, and mentorship to improve data collection, collation, dissemination and use. Monthly M&E Meetings were held at the LGA level to verify and validate data in the VCM registers. The MEAL Manager visited Borno and Kano states to provide technical support and identify/address MEAL and data system gaps. The CGPP Secretariat conducted a combined Technical Working Group Meeting (MEAL, Communication, Surveillance, and GHSA) with all three in-country partners to provide guidance, updates, and plans to build capacity of state teams.

CGPP remains a member of the Polio Transition Technical Task Team (PT4) which is charged with providing leadership, guidance, and practical technical assistance to the entire country on the use of Polio assets to strengthen the broader health system. The PT4 has identified 3 areas to transition Polio assets into. These areas are Routine Immunization, Surveillance and Outbreak Response to priority diseases, as well as Health Systems strengthening and revitalization of Primary Health Care Centers. At present, the PT4 has developed and gotten approval of the Polio Transition Plan (PTP) and the immediate next step is to ensure buy-in and shared understanding is achieved with the state teams through planned state engagements and on-the-ground technical assistance on Polio Transition across the 36 states and the Federal capital Territory.



Data Source: WHO Surveillance Line List; CGPP project records collected by CGPP

South Sudan

CGPP South Sudan continued to implement project activities in 24 counties of Central, Eastern, and Western Equatoria States. Programming in South Sudan focuses on global polio eradication and infectious disease outbreak surveillance and response. The program operated through a strong network of 24 project supervisors, 421 Boma Health Promoters (BHPs), and 4,715 community key informants who provided community-based surveillance, risk communication and community engagement, COVID-19 outbreak response activities, and detection and reporting of priority diseases and events. The program encountered challenges due to unrest, insecurity, flooding, COVID-19 restrictions, and flooding on the quarter.

Working in collaboration with county health departments, CGPP continued to implement activities to promote immunization systems strengthening in program focal areas with poor routine immunization performance. CGPP supported 450 outreach vaccination sessions in 13 poor performing counties (Kapoeta East, Kapoeta South, Kapoeta North, Budi, Torit, Ikotos, Yei, Kajo-Keji, Ibba, Maridi, Mundri East, Mundri West and Mvolo) to ensure that children had access to live saving routine immunizations



including OPV. The project's BHPs conducted 632 mother to mothers' group meetings, reaching 5,900 mothers with messages on the importance of routine immunization and the consequences of vaccine preventable diseases. BHPs worked closely with communities to identify and refer pregnant women, defaulter children, and newborns for vaccination. During the quarter, BHPs referred 6,553 pregnant women (74% were vaccinated), 7,420 defaulter children (66% were vaccinated), and 5,553 newborns 0-14 days (83% were vaccinated) to the nearest health facilities for vaccination.

The Ministry of Health, in collaboration with the World Health Organization, UNICEF, and other partners, implemented the second round of the nationwide polio campaign from April 13-16, 2021, covering all 10 states and 80 counties in the country. The campaign targeted 3.5 million children under five with bivalent Oral Polio Vaccine (bOPV). In addition, a mop up campaign was conducted from May 27-20 in counties with poor vaccination coverage in the first and second rounds of that national campaign. The mop up targeted 19 counties, including 5 (Budi, Kapoeta North, Magwi in Eastern Equatoria, Terekeka in central Equatoria and Maridi in Western Equatoria State) of CGPP implementation counties. CGPP supported the polio campaign with social mobilization activities in the 24 project focal counties. BHPs conducted 24,390 house to house visits, reaching 156,386 community members with key messages on polio and oral polio vaccine to create awareness and mobilize households in the three days prior to the campaign. They also referred 33,699 missed children for vaccination (84.6% were vaccinated as a result). During the mop up campaign, CGPP conducted a one-day refresher training for 349 social mobilizers on polio, vaccination, and communication skills. During the mop up campaign, social mobilizers reached 51,847 community members. Social mobilizers conducted defaulter tracing following the campaign, referring 21,379 children under the age of 5 for vaccination (99.3% were vaccinated as a result).

CGPP Sudan provided its widely recognized nationwide Post Campaign Evaluation (PCE) to provide real time, reliable data on immunization coverage, social mobilization, and campaign gaps. CGPP trained and deployed 31 research assistants and 225 data collectors to collect and transmit data on the campaign. PCE activities reached 80.3% (57/71) counties that implemented SIA activities. A total of 8,810 households with eligible children were surveyed and 19,849 children were screened for vaccination; overall, 84% of children were found to be vaccinated based on finger marks. In addition to surveying children, the project geocoded each surveyed household to improve accountability and transparency and utilized ODK to transmit real time data for quick decision making. CGPP's PCE achievements led to a signed cooperation agreement with WHO to implement PCE following the recent measles campaign. CGPP trained 29 research assistants and 235 data collectors who were deployed to the field for data collection. CGPP reached 59/80 (74%) of counties where the measles follow-up campaign was implemented. Data collectors surveyed 9,505 households and screened 16,604 children using immunization cards and history. The preliminary results were presented to the country's Expanded Program on Immunization technical working group.

CGPP South Sudan implemented community-based surveillance (CBS) for on polio (AFP), measles, COVID-19, Ebolavirus Disease (EVD), yellow fever, and adverse events following immunization (AEFI) through its network of BHPs and community key informants. Risk communication and community



engagement, detection and reporting of priority diseases and conditions, and COVID-19 outbreak response activities helped to strengthen the surveillance system in CGPP implementation areas. BHPs conducted 45,166 household visits and 11,611 visits to social places (including markets, schools, funerals, and waterpoints) to reach 461,283 community members with sensitization messages on priority diseases and active case search. CGPP BHPs and community key informants identified 27/34 (80%) of NPAFP cases in project areas during the quarter. The non-polio AFP rate was 3.7 and the stool adequacy rate was 94% for cases reported through CBS. Two of twenty-four (8.3%) implementation counties were silent, reduced from 12.5% in quarter 2. To continue to build the capacity of the surveillance network, CGPP trained 20 BHPs in Lopa and Lafon counties and 499 community key informants on CBS strategies. In addition to NPAFP cases reported, the CGPP CBS system reported 6 COVID-19 alerts, 181 suspected measles cases, 78 Yellow Fever suspected cases and 22 adverse events following immunization. Project supervisors conducted 9 county level quarterly review meetings for 105 BHPs and 43 quarterly review meetings for 1,104 community key informants. Review meetings help to evaluate project achievements and deliverables, identify challenges, and devise tangible solutions to improve performance.

CGPP South Sudan continued its strong tradition of partnership with local and international partners and implementers to ensure that program activities had strong support and CGPP South Sudan could contribute to national planning and implementation of key activities. CGPP participated in 26 coordination meetings during the quarter including those with the Expanded Program on Immunization Technical Working Group, cVDPV2 outbreak subcommittee, Supplementary Immunization Activity subgroup, USAID-CGPP Global Calls, USAID Mission Monthly health partners coordination, CGPP South Sudan monthly partners and cluster meetings. CGPP South Sudan also supported a Data Quality Audit (DQA) organized by the USAID Mission South Sudan during the quarter.

Uganda

Medical Teams International (MTI) – Uganda and International Rescue Committee (IRC) implement CGPP programming in the West Nile districts of Uganda, areas which host many South Sudanese refugees. MTI covers Adjumani, Moyo/Obongi and Amuru districts at the Elegu border of South Sudan and the IRC covers Lamwo and Yumbe districts in Northern Uganda. CGPP Uganda's response focuses on integrated disease surveillance and the detection, reporting and investigation of AFP cases among refugee and host communities in focal areas.

CGPP Uganda's 1,056 VHTs reached 365,327 people through house-to-house visits, community dialogues, community meetings, and sensitization sessions. CGPP (MTI) also supported a radio spot that reached an estimated 270,000 which sensitized communities on the importance of AFP surveillance, COVID surveillance, and provided information on immunization and other pertinent health topics. During the quarter, CGPP supported 5 trainings which trained a total of 1,031 (including 40 health center staff, medical personnel, community leaders, and others and 991 VHTs) on topics related to surveillance, AFP case identification and reporting, health education, and cold chain maintenance. The relaxing of COVID restrictions and increased focus on surveillance contributed to improved NPAFP rate in project



areas, 2.15 per 100,000 children under 5 during quarter 2, with a 100% stool adequacy rate. There were 15 NPAFP cases identified in CGPP project areas of Uganda, with 10 (67%) identified by project VHTs; 6 NPAFP cases were identified among refugees. All cases reported by VHTs were reported within 7 days of symptom onset.

IRC's 464 VHTs in Yumbe and Lamwo reached 89,607 people with active house to house case search, social mobilization, group dialogues, and community outreach. In Lamwo district, a total of 21,650 house to house visits were conducted (86.52% of the planned) reaching at least 61,337 people. The visits focused on surveillance for AFP to improve early case identification, reporting and sensitization. These visits were also integrated with surveillance for diseases of outbreak potential where one suspected case of measles and 33 suspected COVID-19 cases were reported. A total of 542 vaccine defaulters were traced and 527 referred to immunization centers: including 191 OPV3, 155 IPV, 199 DPT3 and 243 measles. Additionally, in Lamwo district, VHTs collected vital information on sanitation. Of the 21,650 households visited in the CGPP operational areas, only 17,285 HHs (79.83%) had functional latrines; 62% had access to handwashing facilities. Twenty-eight VHT review meetings were held to strengthen the surveillance system by ensuring and emphasizing community-based AFP surveillance (case detection and reporting) and discuss associated challenges. The project team also met with key informants (village chiefs, religious leaders, and female leaders) – reaching 165 people to raise awareness and mentor key informants to improve active case search surveillance. In Yumbe, 328 community sensitization sessions, social mobilizations were conducted reaching 18,478 people in various service points at health facilities. The VHTs also reached 12,644 people with social mobilization messaging in house to house and group meetings. The project also leveraged the use of Bodaboda Broadcast Initiative which uses prerecorded messages that play through speakers on motorbikes to disseminate information, in this case, on polio and AFP surveillance. CGPP supported facility-based surveillance in 23 health facilities in Lamwo district and 48 health facilities in Yumbe district. CGPP provided on the job training and mentorship to health facility staff to ensure high levels of AFP case detection.

MTI's 592 VHTs in Adjumani and Obongi project areas reached 78,321 people with social mobilization, active case search, group dialogues, and community outreach. The project conducted door to door sensitization with megaphones and community dialogues with community leaders and volunteers to ensure that communities had correct information and AFP cases were identified. Integrated community outreach allowed VHTs to reach communities with messages on AFP surveillance, immunization, and COVID-19 simultaneously. CGPP supported radio talk shows in Adjumani and Obongi that were conducted in collaboration with district disease surveillance department and health education teams and reached an estimated 270,000 people with messages on polio, vaccinate preventable diseases, and COVID-19. CGPP trained 71 community health volunteers on the VHT reporting tool/booklet to ensure timely reporting of cases of AFP, COVID-19, and other diseases. A total of 308 (F73, M235) host VHTs from high-risk border sub counties of Kochi, Kerwa, and Kei were oriented on CBDS to strengthen their capacity and improve the effectiveness and sensitivity on surveillance activities for timely notification and reporting of AFP and other priority diseases including COVID-19.



CGPP participated in various meeting, forums, and partnerships to ensure program functioning. During the quarter, no national or international CGPP partners meetings took place due to COVID-19 pandemic. Throughout the quarter, IRC worked closely with Yumbe and Lamwo Districts Local Government and Offices of the DHO to strengthen the surveillance of AFP and other diseases among the host and refugee communities. IRC conducted quarterly health sector review meeting with district health senior management team, health facility and maternity in-charges in which the performance of CGPP was presented and stakeholders were urged to increase AFP case detection and reporting in both districts. MTI in partnership with UNICEF, PLAN INT, WVI, SCI, WINDLE INT, Reproductive Health Uganda, WAR Child Canada and the District Local Governments of Adjumani and Obongi conducted integrated community-based disease surveillance activities led by the heightened response to COVID-19 pandemic. CGPP worked closely with UNHCR to facilitate capacity building of VHTs that was interrupted by the COVID-19 pandemic. MTI also continued to partner with the district local governments in Adjumani and Obongi to conducted integrated surveillance in all refugee settlements. This collaboration undoubtedly strengthened the quality of the surveillance system for AFP, vaccine preventable diseases, and COVID-19.