

Session#: 5078.0

**Enhancing the role of Civil Society Organizations in addressing
emerging infectious diseases through community-based
structures**

“No relationships or conflicts to disclose”

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Main Finding

- Collaboration between **Civil Society Organizations (CSOs)** and **Community-Based structures like religious leaders, traditional leaders, women groups**, etc. have *reduced* vaccine hesitancy and *increased* uptake for vaccines against **vaccine-preventable diseases (VPDs)**
- Working with Community-Based Structures, CSOs have *improved Surveillance* for infectious diseases like Poliomyelitis (**Acute Flaccid Paralysis**) and have shown capacity for many other infectious diseases like **COVID-19 etc.**
- *CSOs have shown that Community-Based Structures can be used to deliver critical health messages that can lead to important **behavior change** with resultant **increase in vaccine uptake***
- With adequate **training**, Community-Based Structures can be effectively used to **prevent, detect and respond** to all types of emerging infectious diseases.

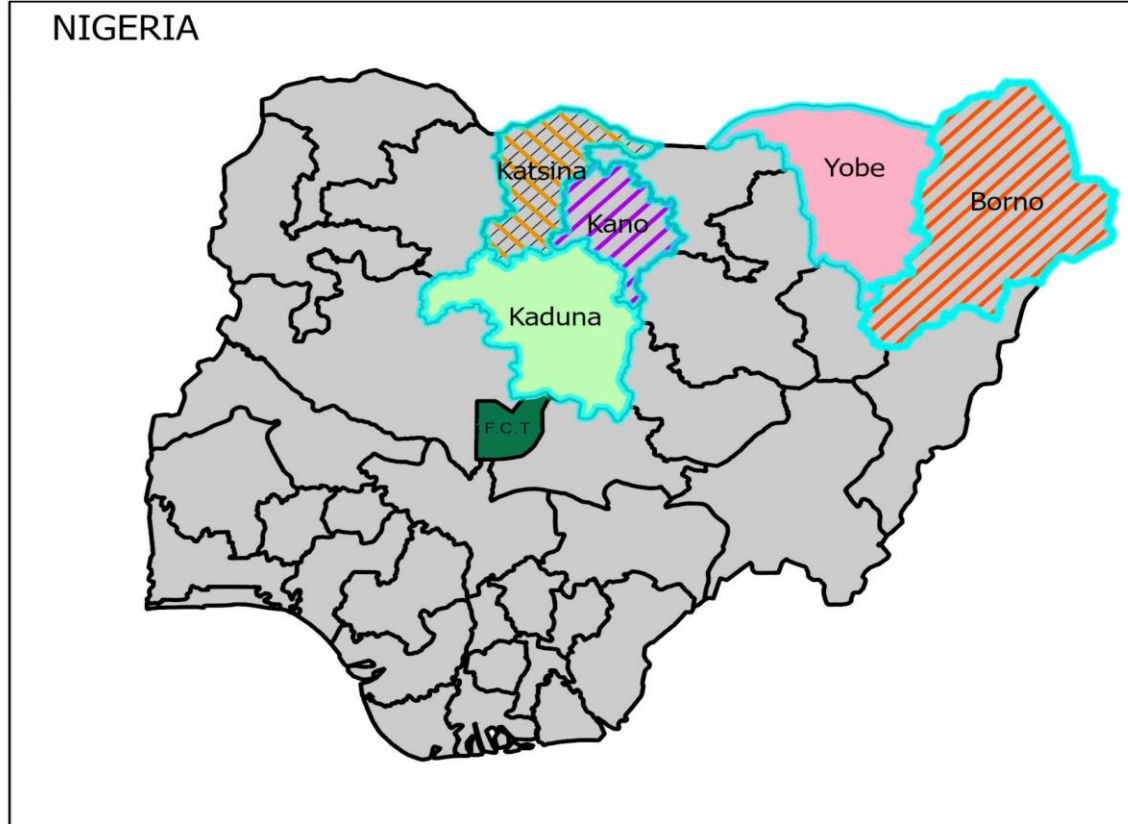
Intro:

The research involved desk of review of project data over five years (2016 to 2020), analysis of primary data from vaccination campaigns coverages, Review of RI cards, house-hold mobilization visits of community volunteers, and AFP data from project Surveillance reports.

Methods:

1. Review of VCM registers across 26 CGPP focal districts which are high risk for Polio and COVID-19
2. Analysis of data from Surveillance reports, Supplemental Immunization Activity (campaign) reports and COVID-19 response reports
3. The data was tested via data validation and review meetings, house-hold surveys, spot-checks and administration of monitoring checklists


CGPP Nigeria program: Focal area map



LEGEND

CGPP Implementing Partners by State

-  CGPP Secretariat
-  Catholic Relief Services (CRS)

-  Save the Children
-  International Medical Corps (IMC)

Local NGOs

-  Royal Heritage Health Care Foundation (RHHF)
-  The Archdiocesan Catholic Healthcare Initiative (DACA)
-  Community Support and Development Initiative (CSADI)
-  Healthcare and Education Support Initiative (HESI)
-  Family Health and Youth Empowerment Organization
-  Federation of Muslim Women Association of Nigeria (FOMWAN)
-  WAKA Rural Development Initiative

CGPP Secretariat Model

CGPP Nigeria implements the Secretariat Model which ensures program resources are maximized to the letter through utilizing the varied competences of the CGPP in-country partners (CRS, SCI and IMC) and those outside CGPP (e.g., National Polio EOC, NTLC and HiLAT) which are coordinated and managed holistically by a small secretariat team of well trained, technical staff headed by the Secretariat Director-Chief of Party.

Through effective coordination using the various partnership platforms highlighted above, CGPP implements various community health approaches that help raise awareness and ensure under-five children (U5C) are immunized with resultant high coverage rates. These innovative approaches include;

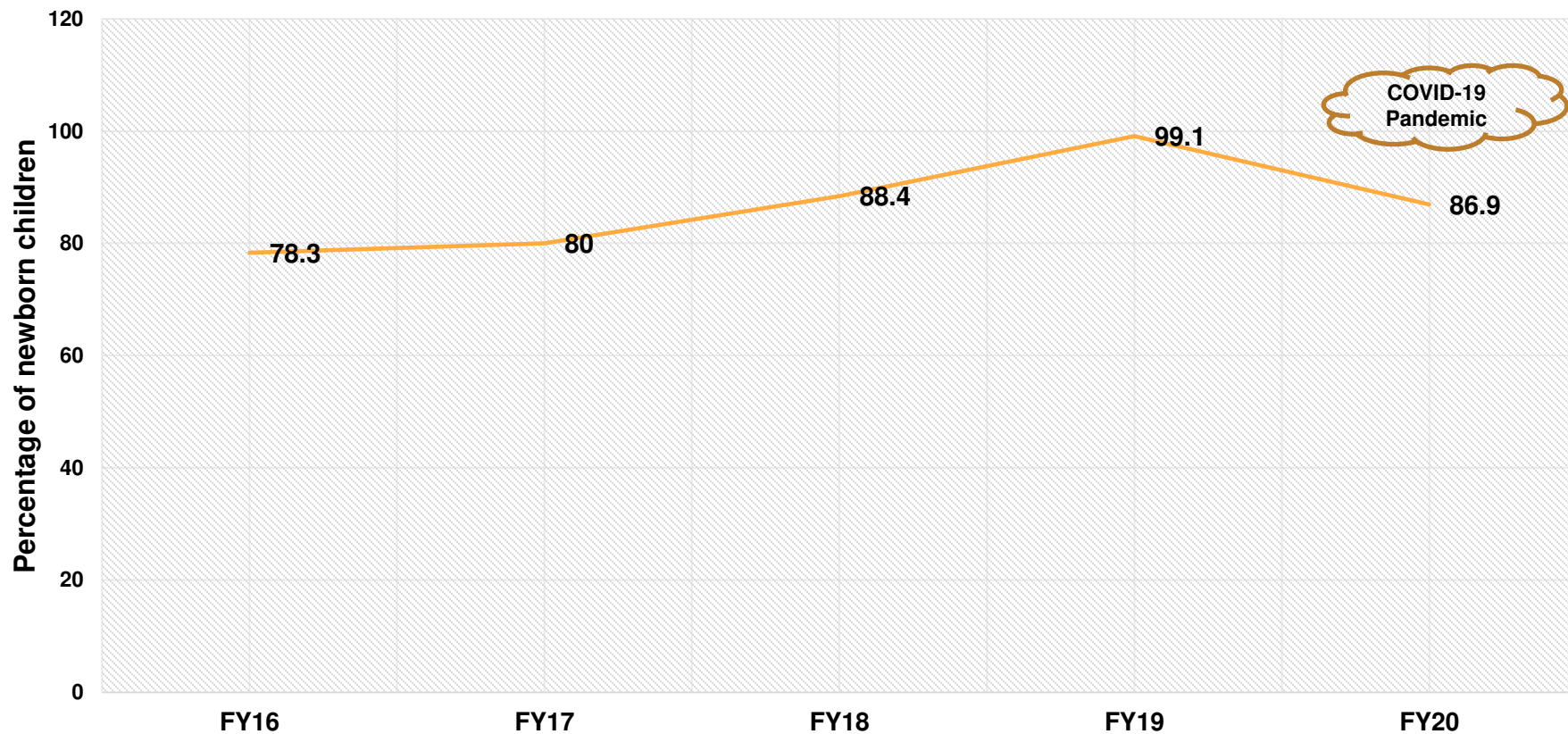
1. Compound meeting
2. House-to-House visit and mobilization
3. Targeted advocacy and sensitization of religious and traditional/community leaders
4. Community Dialogue (***This has been suspended due to the COVID-19 guideline that discourages large gatherings***)

CGPP Nigeria program: Human resources

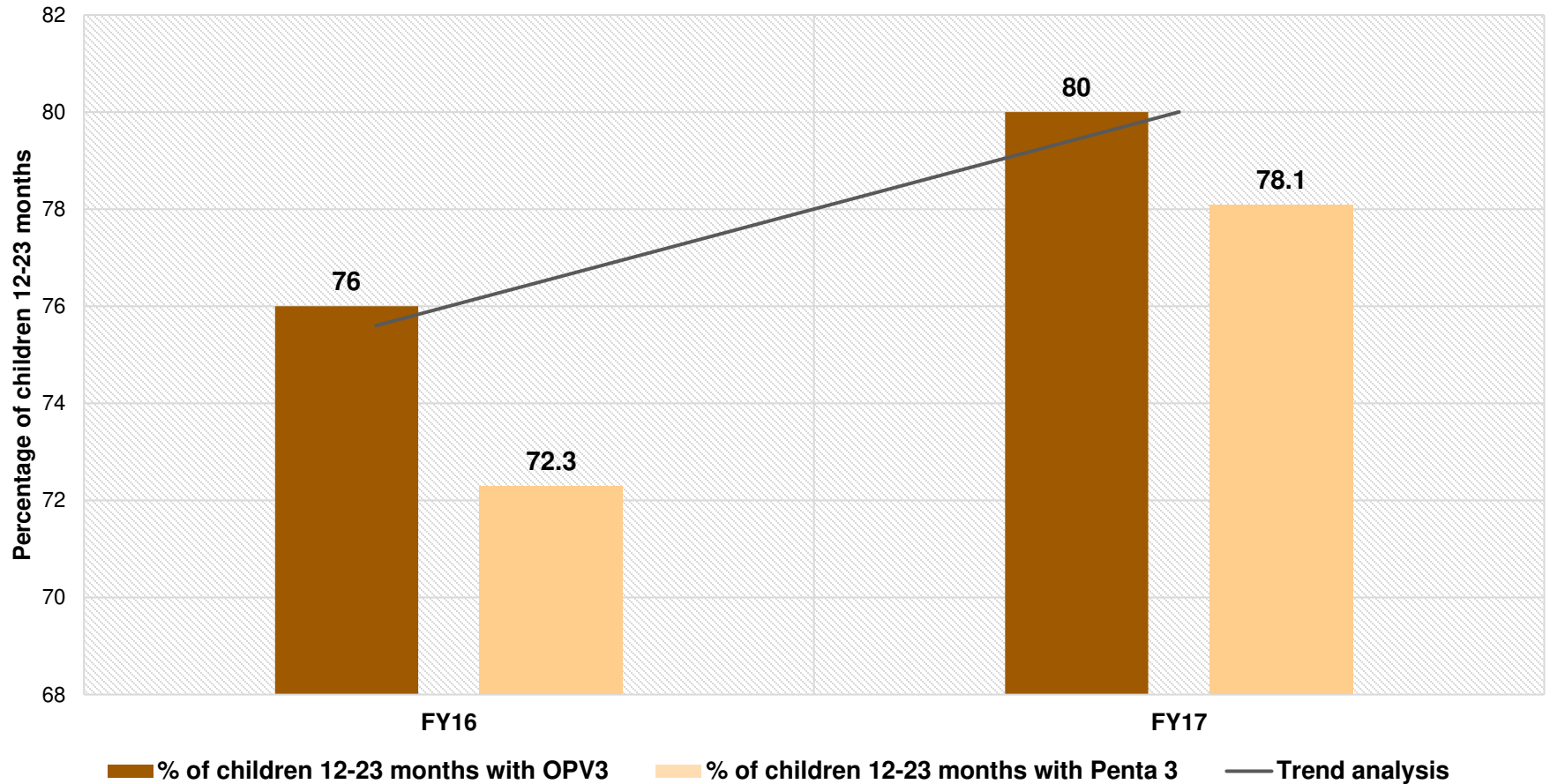
S/N	Description of Human resources	# of human resources	Location
1	CGPP Secretariat Staff	7	Abuja
2	CGPP Partner Staff (CRS, IMC and Save the Children)	23	Borno, Kaduna, Kano, Katsina and Yobe
3	CGPP Partner CBO staff	62	Borno, Kaduna, Kano, Katsina and Yobe
4	CGPP Volunteer Community Mobilizers	1140	Community level across 5 focal states
5	CGPP Community Informants	782	Community level across 5 focal states
6	CGPP Volunteer Ward Supervisors	124	Ward level across 5 focal states
	Total	2,138 personnel <i>(92 staff and 2046 volunteers)</i>	Across five states including the FCT

Source: CGPP Nigeria Personnel database

CGPP coverage of newborn children tracked and immunized with OPV birth dose from 2016 to 2020

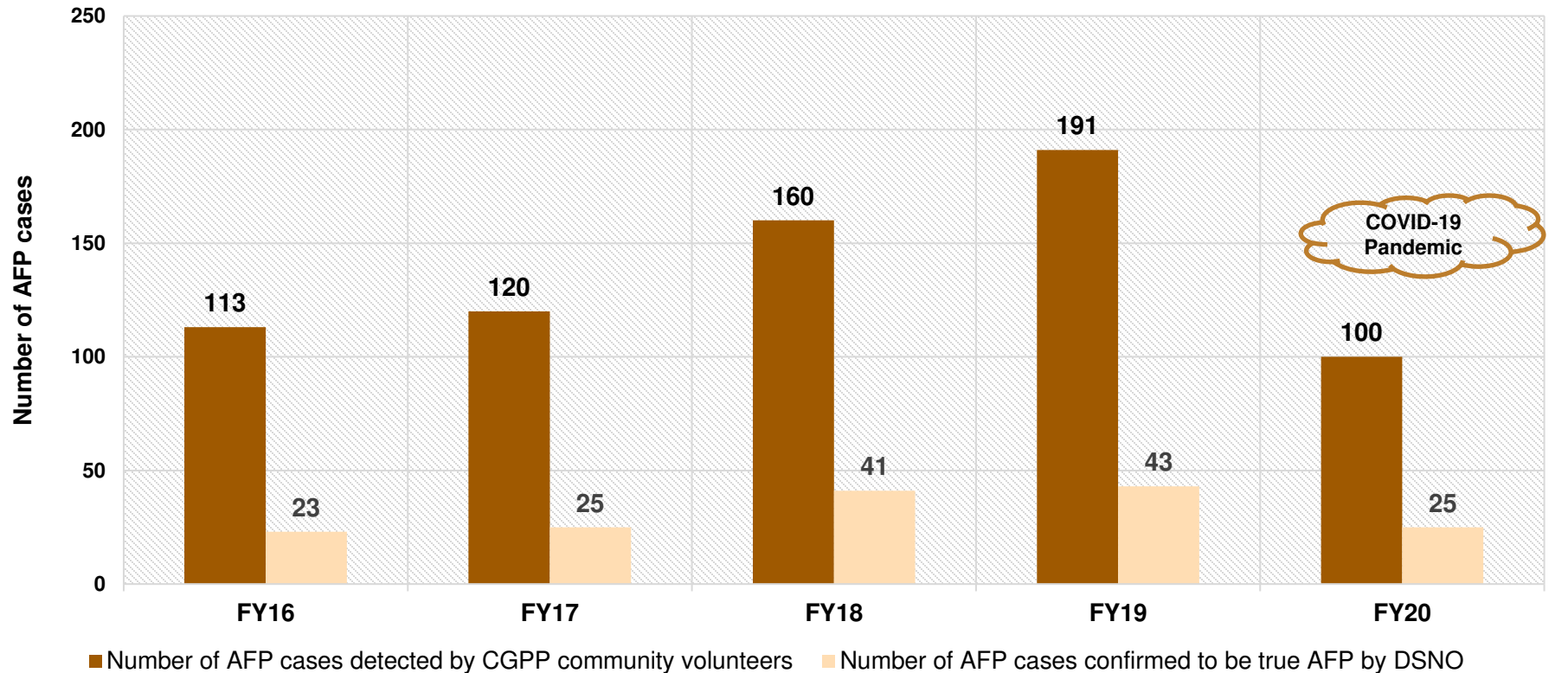


CGPP RI Grant (2016-2017): OPV3 and Penta3 coverage among children 12-23 months (%)

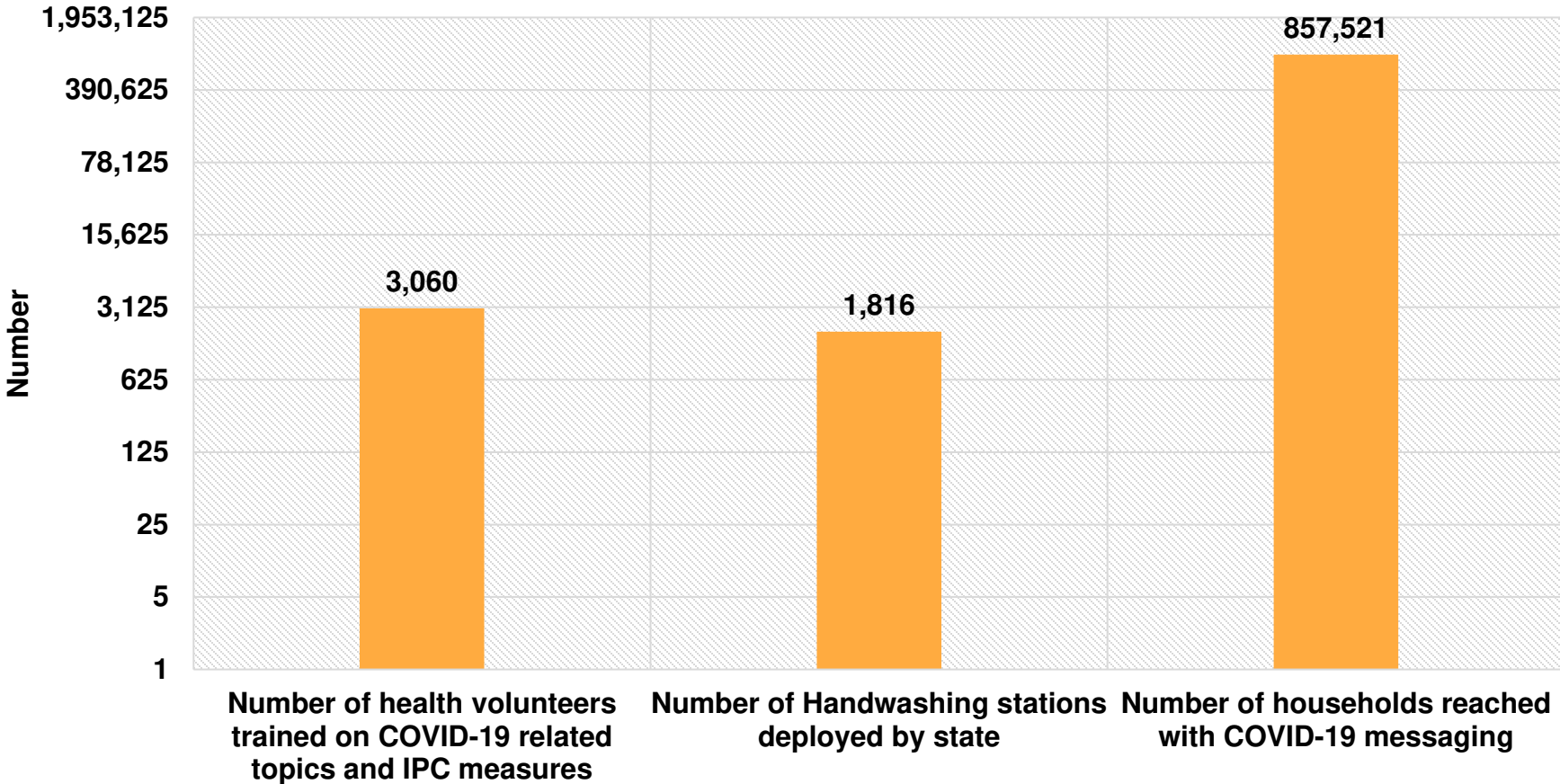


Source: CGPP VCM register/Annual reports

CGPP Nigeria community based surveillance for AFP results from 2016 to 2020

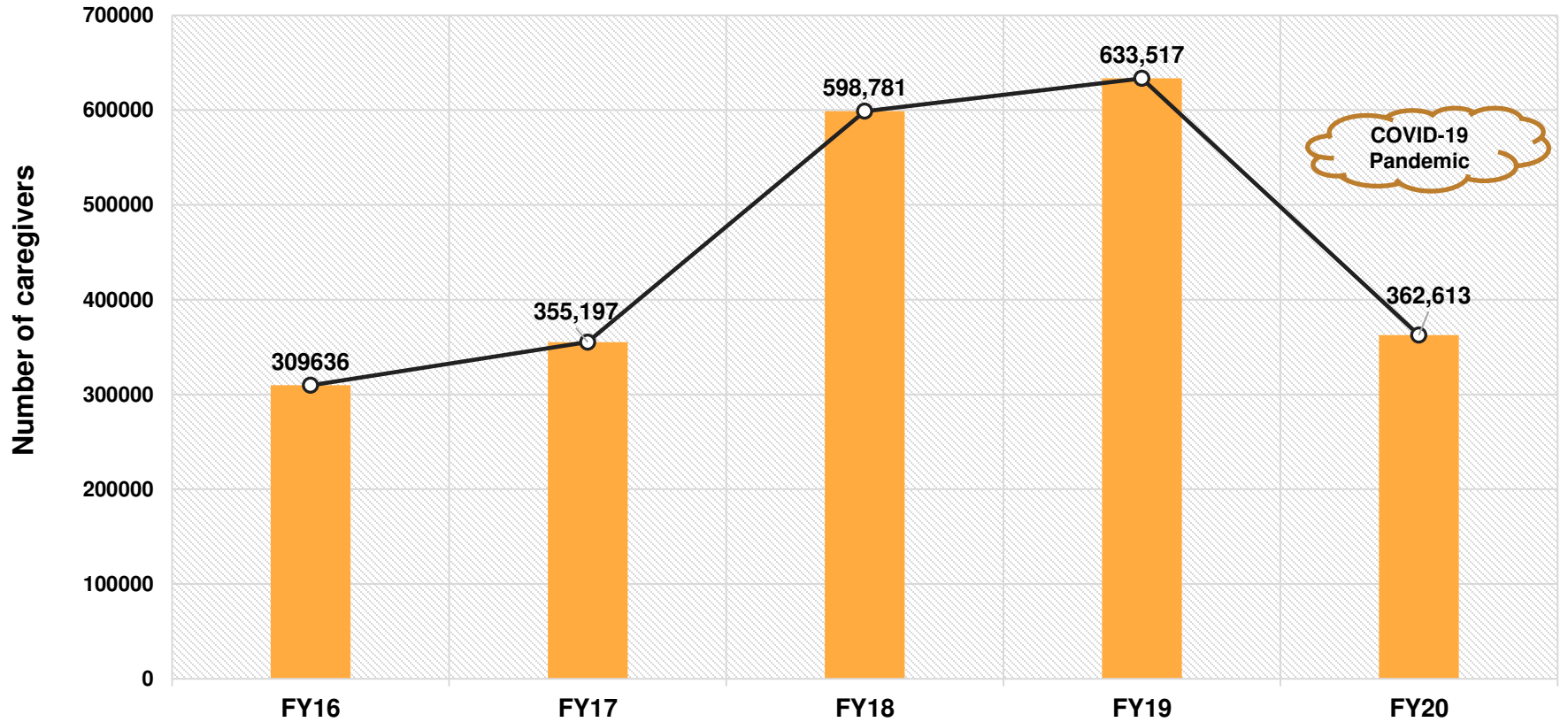


CGPP COVID-19 intervention: FY2020 Results



Source: CGPP COVID-19 tracker

Number of caregivers reached with convergent messaging from 2016 to 2020



Source: CGPP communication database/Annual reports

CGPP approach to community engagement and communication

1. **House-to-house mobilization and sensitization:** The VCMs visit targeted households every week where they use their flip books to sensitize mothers and caregivers on **convergent messaging** such as immunization, nutrition, personal hygiene, COVID-19 precautionary measures, use of Insecticide Treated Net, and other key household practices.
2. **Compound meetings:** Each CGPP VCM target women in a pre-determined compound where they affected women are engaged in a **health talk**. The VCM use a **flip book** which contain messages in local languages to educate these women on the benefits of health interventions (**Polio, Routine immunization, Nutrition**) and **detection of infections diseases (COVID-19 and Priority Zoonotic Diseases)**.
3. **Community dialogue meeting:** This has been suspended due to the COVID-19 guideline that discourages large gatherings.
4. **Engagement with religious and traditional leaders;** CGPP identified and mapped the **religious** and **traditional/community leaders** in its focal areas and is constantly **engaging them through regular, scheduled advocacy and sensitization meetings**. During such meetings, issues regarding immunization uptake, vaccine hesitancy due to cultural beliefs and fathers' rejection as well as community mobilization are discussed. The religious and traditional/community leaders use their influence to engage with the community members (especially the heads of households who are the decision makers on health matters) which eventually improves the immunization acceptance and coverage.

CGPP Interventions

- 1. CGPP approach to active case search:** CGPP has a pool of experienced **Community Informants** who by their specialization (**Bone setters, TBAs, Traditional barber, Traditional healers, PMVs**) regularly have contact with community members. CGPP has trained the community informants, VCMs and all other program personnel on Community based surveillance for AFP and how to conduct active case search. The VCMs on a weekly basis conduct case search during house-to-house mobilization while the Community informants do same during their interaction with community members.
- 2. Supportive supervision approach:** In order to strengthen the quality of supportive supervision, CGPP secretariat regularly engages the states by providing technical assistance during field visits. Also, the State team prioritized “**rubdugu supportive supervision**” – an innovation that ensures the frontline workers receive mentorship and support across all technical areas during supervisory visits.
- 3. Support to the State and National EOC:** Technical support and participation in National and State Polio Emergency Operations Center activities is critical to CGPP work. This way CGPP supports outbreak response to Circulating Vaccine Derived Polio Virus Type 2 thereby reducing disease burden and improving coverage for vaccines against VPDs.

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