



# CORE GROUP POLIO PROJECT

October 1, 2020 to September 30, 2021





Children in a village in CGPP implementation area of South Sudan. *Photo by CGPP South Sudan.*

Cover Photo:

A CGPP community volunteer administers OPV drops during a supplemental immunization campaign in Gambella Region, Ethiopia. *Photo by CGPP Ethiopia.*

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# INTRODUCTION

The global picture of polio eradication is evolving and largely uncertain. Remarkably, there have been only five cases of wild polio virus (type one) reported in the world in 2021; three in Pakistan and two in Afghanistan and no new cases of wild poliovirus in Pakistan since January 2021. While we cannot rule out missed cases, this is certainly a strong and positive development. Additionally, the Taliban has lifted the ban on campaigns in Afghanistan and countrywide campaigns have now begun. If this trend continues, we may well see the last case of wild polio virus in the world in the very near future.

Circulating Vaccine Derived Polio Virus (cVDPV) is sadly moving in a very different direction and threatening to derail years of progress toward comprehensive paralytic polio eradication. The 2016 switch from trivalent to bivalent OPV use in both SIAs and routine immunization was intended to reduce the spread of cVDPVs but ironically the number of cVDPV cases reported has increased exponentially since then. As of the end of November, there were 2 cases of cVDPV type 2 reported in 2016, 96 in 2017, 71 in 2018, 366 in 2019, 1,078 in 2020 and 452 in 2021. This development is especially worrisome in Nigeria with 289 of the 452 global cVDPV2 cases in 2021 and also a concern in Afghanistan with 43 cVDPV2 cases and Pakistan with 8 cases in 2021. The recent cVDPV2 outbreaks have spread across West Africa through South Sudan and Somalia, looking very similar to historic wild polio virus outbreaks in 2013 and before.

The introduction of the Novel Oral Polio Vaccine type two (NOPV2) which was heralded as a more stable alternative to the existing monovalent oral polio vaccine type two (MOPV2) has been in short supply and unavailable to respond to many of the outbreaks. Use in Nigeria has been prioritized but has not so far slowed the outbreak. Also of concern is the wider spread of the virus in Nigeria to states that had long been polio free and a general perception in the country that polio had been eradicated and is therefore no longer a priority for funding or programming.

All of this has evolved against the background of the COVID-19 Pandemic which has put vaccine preventable diseases in the global spotlight as never before but also limited many of the critical programmatic activities such as SIAs, house-to-house social mobilization, and in-person meetings and trainings. At the project level, most of the country projects were most disrupted in 2020 with the majority of project activities and SIAs resuming in 2021, albeit with various COVID security measures in place.

The project has continued to expand, evolve, and respond to the changing needs and pressures of pandemics and politics. CGPP is currently working in eight countries, India, Ethiopia, Kenya, Nigeria, Niger, Somalia, South Sudan, and Uganda. CGPP continues to be a global champion (and originator) of Community-Based Surveillance (CBS), a means of identifying potential Acute Flaccid Paralysis (AFP) at the community level to augment weak surveillance-based surveillance systems. This approach has been expanded to priority zoonotic diseases and other vaccine preventable diseases such as measles through Global Health Security



A CGPP VCM administers OPV drops during a supplemental immunization campaign in Nigeria. *Photo by CGPP Nigeria.*

Agenda funding for the project in Kenya, Ethiopia and Nigeria. The project has also responded to the COVID pandemic with COVID-specific funded programs in India, Nigeria and South Sudan and the addition of COVID messaging and protocols at no additional cost in all of our countries.

Programmatic support to SIAs and outbreak response campaigns was significant in 2021 as campaigns previously postponed due to COVID were brought back. The project cadre of over 19,000 Community mobilizers promoted vaccine uptake through numerous interpersonal interactions at the community level throughout program countries. The social mobilizers and project staff also promoted population immunity through logistical, educational, and social support to immunization systems throughout the project countries. Broadly, vaccine coverage dipped in 2020 due to the impact of COVID-19 but saw a resurgence in 2021.

# ACKNOWLEDGMENTS

This report was developed with many people's contributions, starting with the submission of annual reports from international, national and local NGOs in seven countries. The in-country secretariats consolidated these partner NGO reports into country reports. Based on these country reports, the final global report was developed by Lee Losey, the CGPP Deputy Director, with Kathy Stamidis, the CGPP M&E Senior Technical Advisor. The data was collected and collated, and graphs were made by Manoj Choudhary, M&E Specialist (India). Since 2017, Graphic Designer Gwendolyn Stinger has provided creative expertise for the annual report's design and format.



CGPP South Sudan Boma Health Promoter delivers messages on vaccination and surveillance. *Photo by CGPP South Sudan.*

# OBJECTIVES

- 1** Build effective partnerships with PVOs, NGOs, and international, national, and regional agencies involved in polio eradication
- 2** Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication
- 3** Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization
- 4** Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)
- 5** Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)
- 6** Support PVO/NGO participation in national and/or regional polio eradication certification activities

# ACRONYMS

ADRA	Adventist Development and Relief Agency	CMC	Community Mobilization Coordinator
AEFI	Adverse Events Following Immunization	CRS	Catholic Relief Services
AFP	Acute Flaccid Paralysis	CV	Community Volunteer
AHA	Animal Health Assistants	cVDPV	Circulating vaccine-derived poliovirus
AMREF	Health Africa African Medical and Research Foundation	cVDPV2	Circulating vaccine-derived poliovirus type 2
ANC	Antenatal Care	EOC	Emergency Operation Center
ANM	Auxiliary Nurse Midwife	EPI	Expanded Program for Immunization
APHA	American Public Health Association	EVD	Ebola Virus Disease
ARC	Formerly American Refugee Committee, now Alight	GAVI	The Vaccine Alliance
ARCC	Africa Regional Certification Commission	GHSA	Global Health Security Agenda
ASHA	Accredited Social Health Activist	GPEI	Global Polio Eradication Initiative
BCC	Behavior Change Communication	HDAL	Health Development Army Leader
BHP	Boma Health Promoter	HEW	Health Extension Worker
BMC	Block Mobilization Coordinator	HOA	Horn of Africa
bOPV	Bivalent Oral Polio Vaccine	HRG	High-Risk Group
CADR	Community Animal Disease Reporter	HTR	Hard to Reach
CBHC	Cross-Border Health Committee	IAG	Immunization Action Group
CBDS	Community-Based Disease Surveillance	IBR	In Between Round
CBS	Community-Based Surveillance	ICC	Interagency Coordinating Committee
CCRDA	Consortium of Christian Relief and Development Associations	ICM	Independent Campaign Monitoring
CGPP	The CORE Group Polio Project	IDP	Internally Displaced Person
CHIPS	Community Health Influencers Promoters and Services	IDSR	Integrated Disease Surveillance and Response
CHV	Community Health Volunteer	IEC	Information Education and Communication
CI	Community Informant	IGAD	Inter-Governmental Authority for Development
CKI	Community key Informant	IIP	Immunization in Practice
CM	Community Mobilizer	IMB	Independent Monitoring Board
		IMC	International Medical Corps

IP	Implementing Partner
IPC	Interpersonal Communication
IPC	Infection, Prevention, and Control
IPD	Immunization Plus Day
IPV	Inactivated Polio Vaccine
IRC	International Rescue Committee
KI	Key Informant
LGA	Local Government Area
M&E	Monitoring and Evaluation
MOH	Ministry of Health
mOPV2	Monovalent Oral Poliovirus Type 2
MTI	Medical Teams International
NBT	Newborn Tracking
NC	Noncompliance
NEOC	National Emergency Operation Centre
NGO	Non-Governmental Organization
NID	National Immunization Day
NPAFP	Non-Polio Acute Flaccid Paralysis
NPHCDA	National Primary Health Care Development Agency
OBR	Outbreak Response
OPV	Oral Polio Vaccine
PCI	Project Concern International
PEI	Polio Eradication Initiative
PPG	Polio Partners Group
RCCE	Risk Communication and Community Engagement
RI	Routine Immunization
SIA	Supplementary Immunization Activity
SMNet	Social Mobilization Network



A vaccinator on his way to a vaccination outreach session in Kapoeta East County, South Sudan.  
*Photo by CGPP South Sudan.*

SNID	Subnational Immunization Day
SPHCDA	State Primary Health Care Development Agency
STC	Save the Children
TAG	Technical Advisory Group
tOPV	Trivalent Oral Polio Vaccine
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Emergency Fund
UP	Uttar Pradesh
USAID	United States Agency for International Development
VCM	Volunteer Community Mobilizer
VDPV	Vaccine-Derived Polio Virus
VHT	Village Health Team
VWS	Volunteer Ward Supervisor
WHO	World Health Organization
WPV	Wild Polio Virus
WPV1	Wild poliovirus type 1
WASH	Water, Sanitation and Hygiene
WV	World Vision

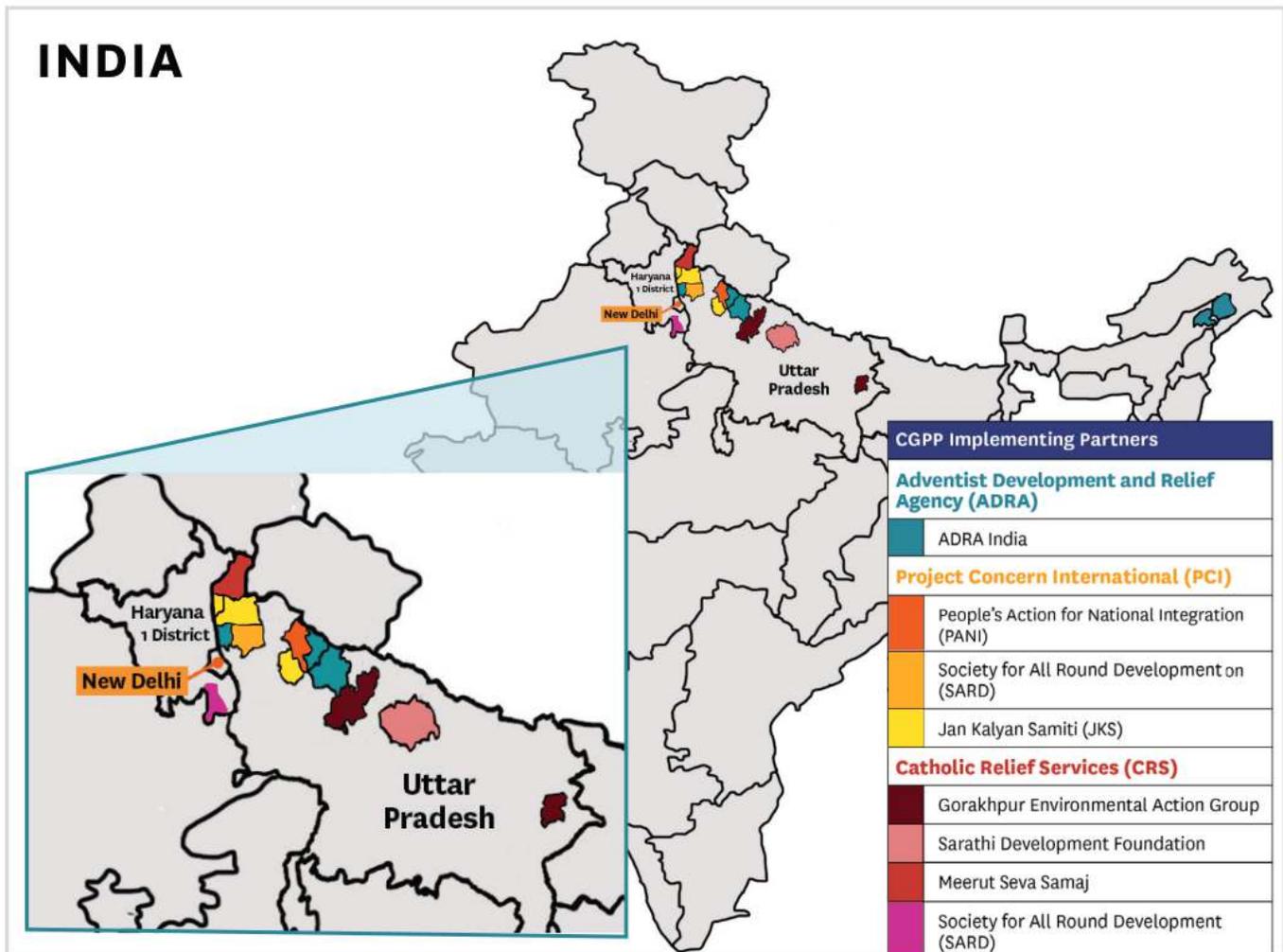


CGPP data collectors conducting a household survey in Hastinapur block of Meerut. *Photo by CGPP India.*

# INDIA

The last case of WPV3 in Uttar Pradesh was detected in 2010, a year before the country witnessed its last case in 2011 in West Bengal. Given the travel and trade links and increased movement of people from Afghanistan in the wake of recent political upheaval, there is a very real threat of reimportation of polio to India. A decline in routine immunization coverage due to the COVID-19 pandemic, compounded by poor hygiene and sanitation conditions, further increases the vulnerability. Additionally, due to the current COVID-19 exigency, the frequency of ‘pulse polio’ campaigns was reduced. In the reporting year in Uttar Pradesh (U.P), only one polio round (NID) was held, while in Haryana two rounds were conducted statewide, of which one was held in only High-Risk areas (HRAs). This is a marked downturn compared to the recommended three rounds (2 National Immunization Days and 1 Subnational Immunization Day) held every year prior to the pandemic.

As part of its efforts to maintain high immunity among children, CGPP India’s strategic communication aims to engage communities for polio and routine immunization. CGPP’s hallmark behavior change communication interventions engage individuals and communities to promote positive behaviors for immunization and COVID



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prevention. It also strives to build a supportive environment and enable communities to sustain positive and desirable behavior outcomes. The engagement of Community Action Groups and other influential members of the community reinforce these positive behaviors. Through additional funding CGPP added COVID-19 programming to project areas in mid FY21. The project operates its polio work in 13 districts (12 from Uttar Pradesh and 1 in Haryana) and operates additional activities for COVID-19 response in the same locations in addition to two districts in Assam.

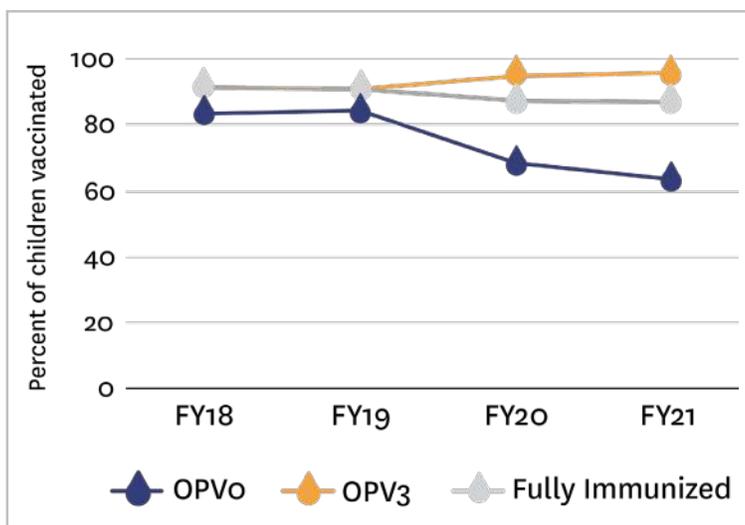
## OBJECTIVE 1

### Build effective partnerships with PVOs, NGO(s), and international, national and regional agencies involved in polio eradication<sup>1</sup>

During FY21, CGPP India partnered with three international NGOs: Adventist Development and Relief Agency (ADRA), Catholic Relief Services (CRS) and Project Concern International (PCI) and six local NGOs: Gorakhpur Environmental Action Group (GEAG), Jan Kalyan Samiti (JKS), Meerut Seva Samaj (MSS), People's Action for National Integration (PANI), Sarathi Development Foundation (SDF) and Society for All Round Development (SARD).

The CGPP secretariat continued to build strong partnerships with NGOs and development partners during the COVID-19 pandemic. Once field travel was allowed, field teams conducted mobilization activities following CAB (COVID Appropriate Behaviors). Virtual meetings were conducted with the PVOs and NGOs to discuss immunization, challenges, CGPP India's role in the COVID pandemic, the situation on the ground, field activities, and government regulations. The USAID India Mission provided CGPP with COVID-specific funding which has enabled the project to re-engage trained social mobilizers to promote COVID-appropriate behaviors and COVID vaccination in the states of U.P, Haryana, and Assam.

**Figure 1. Trends of Routine Immunization Coverage in Children 12-23 months, CGPP Project Areas, FY18-21**



<sup>1</sup> Note on data source and computation of coverage indicators – SIA and RI-related coverage indicators presented in this report are based on administrative and survey-based data. Most RI-related indicators reported for FY 18 and FY19 are based on the administrative data using proxy denominators, i.e. number of children born (during the specific period). The existing CGPP India MIS provides information on number of children received a particular vaccine during Routine Immunization. Every month, absolute and cumulative numbers on number of children received specific vaccine is reported by community level functionaries (CMCs). This information is considered as a numerator for computing RI coverage related indicators. CGPP India tracks RI coverage by different age cohorts, e.g. 1) among children born during FY20 (Oct'19 to Sep'20), 2) among children born during FY 19 (Oct'18 to Sep'19), and so on. RI indicators for FY 20 and FY 21 are reported based on the rapid RI coverage assessment surveys internally conducted by CGPP India functionaries.

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CGPP India organized and facilitated numerous meetings with government health officials and other leading partners. These included meetings with the government, UNICEF, and WHO at the state, district and block levels.

## OBJECTIVE 2

### Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

In FY21, CGPP India reengaged 698 CMCs for the January 2021 SIA (CMCs were transition out in March 2020) . Most of these were rehired as Community Mobilizers (CMs) in July 2021 to execute CGPPs COVID-19 response in Uttar Pradesh (12 districts) and Assam (2 districts). These community mobilizers covered 314,945 households with 236,209 children under 5. Block Mobilization Coordinators (BMCs) and CMs conducted 5,026 group meetings with mothers, influencers, Community Action Groups (CAGs), and religious leaders.

These efforts contributed to sustained immunization coverage near 90% for OPV3 and full immunization in children 12-23 months. However, the COVID-19 pandemic negatively affected the vaccination coverage of

#### **A CGPP India Best Practice: Community Action Groups (CAGs)**

Over the 20 years of programming in India CGPP created a vast informal network of community influencers who support health workers in immunization. CGPP staff was scaled back from 2019 to 2020 due to fewer polio specific activities. However, this network of influencers remained. As the COVID-19 pandemic impacted India, CGPP became concerned that COVID-19 would negatively impact childhood immunization and public health, and recognized the opportunity to engage this informal network. CGPP's Block Mobilization Coordinators contacted influencers and formed Community Action Groups (CAGs), groups of 5-6 influencers, with the goal of creating an enabling environment for healthcare workers working in immunization and COVID-19 infected and affected persons. The CAG often includes village heads and leaders, health workers, school teachers, religious leaders, ration dealers, shop keepers, local quacks/ doctors, etc. These group members are accessible to communities and are able to discuss issues related to immunization and COVID-19 and provide support.

CGPP observed falling immunization coverage as a result of COVID-19's disruption of immunization and health services. Additionally, COVID-19 related stigma, community shunning, and fear of visiting health centers were identified in CGPP focal communities. CAGs were mobilized to actively promote immunization and combat stigma through work with communities – dispelling myths and misconceptions related to immunization and COVID-19, assisting nearly 4,000 COVID-19 affected families access food and healthcare services, and supporting frontline workers in their promotion and delivery of health services.

*“Battling the pandemic  
by getting together to  
look after our own”*

**INDIA SECRETARIAT DIRECTOR,  
ROMA SOLOMON,  
ON THE PURPOSE OF CAGS**

# INDIA

children under 1 year with declines in both OPV3 and birth-dose coverage. OPV3 coverage among children 12-23 months rose from 94.7% to 95.9% in FY21. The coverage was slightly lower among males than females —86.1% compared with 88.2%, respectively. A 30-cluster survey revealed 87.1% of children 12-23 months in CGPP catchment areas were fully vaccinated, with similar coverage among boys and girls. The percentage of fully immunized children has declined by about three percentage points from FY19. The reduction is likely the combined effect of different data sources (FY18-19 was based on CMC records and later data is survey based) and the COVID-19 pandemic. As noted, timeliness of OPV3 declined in children 3.5 to 11 months from 68.9% to 67.7%. The COVID-19 pandemic has had a substantial impact on the downturn of OPV birth-dose coverage, trending downward from 84.5% in FY19 to 68.5% in FY20 to 63.7% in FY21.

The RI coverage survey (2021), found none (0%) of the children aged 12-23 months from CGPP catchment areas were never vaccinated. Thus, all the children have received at least one dose of any vaccine during routine immunization. However, about 1.3 percent of children under the age of 12 months had not received any routine vaccination (4 out of 301 sampled children with RI cards). The four zero-dose children were less than three months old.

## TRAINING

CGPP conducted trainings with a total of 4,522 participants, including 698 community volunteers and 3,542 health workers (including 2,099 ASHAs and ASHA supervisors). CGPP held three types of training this year: 1) Virtual review meetings and training of SRCs and DMCs, 2) Virtual orientation training of SRCs, DMCs, BMCs and Cluster Facilitators on CGPP India's COVID-19 response, 3) In-service training



Tea garden workers listening carefully to Community Mobilizers in Assam District, India. *Photo by CGPP India.*

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of government frontline health workers (including ASHAs, ASHA supervisors, Anganwadi workers and ANMs). A full list of trainings and participation can be found in Annex 2.

## OBJECTIVE 3

### Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization<sup>2</sup>

The Government planned three SIA rounds (One National Immunization Day (NID) and two Sub-national Immunization Days (SNIDs) in FY21, but due to the COVID-19 pandemic, only one NID was conducted in January 2021, vaccinating 183,033 children from CMC areas of Uttar Pradesh. To support the campaign, CGPP hired 698 ex-CMCs for ten days to provide social mobilization support for about a week before the booth day. CGPP also supported and engaged ASHAs and BMCs. During the campaign, the CMCs reached 246,453 families with social mobilization messages to encourage vaccination of age-eligible children. They conducted community meetings with the support of ASHAs and CAG members. CMCs worked closely with BMCs to ensure mosque and temple announcements before booth day. BMCs organized influencer meetings at the

cluster level and supported training sessions on IPC for vaccinators.

**Table 1. Number of children vaccinated from High-risk groups (HRGs), 2021**

SIA vaccination: <b>3,337</b> children	OPVo: <b>158</b> children
OPV1: <b>2,631</b> children	fIPV1: <b>1,578</b> children
OPV2: <b>2,241</b> children	OPV3: <b>2,303</b> children
fIPV2: <b>1,453</b> children	OPV Booster: <b>3,338</b> children

Field teams engaged government officials and local influencers in inaugurating polio booths. To increase excitement and promote vaccination, CGPP organized “selfie points” at polio booths. Parents took the pledge: “*Mera bachha Surakshit Hain, kiyonki maine use polio ki khorak dilayi hain* (My child is safe because I have given him/her polio drops)”. About 81% of children below 5 years from CMC areas received OPV through 724 polio booths (fixed site vaccination). Booth coverage in CMC areas (81.1%) was much higher than in non-CMC areas (46.3%) of CGPP districts.

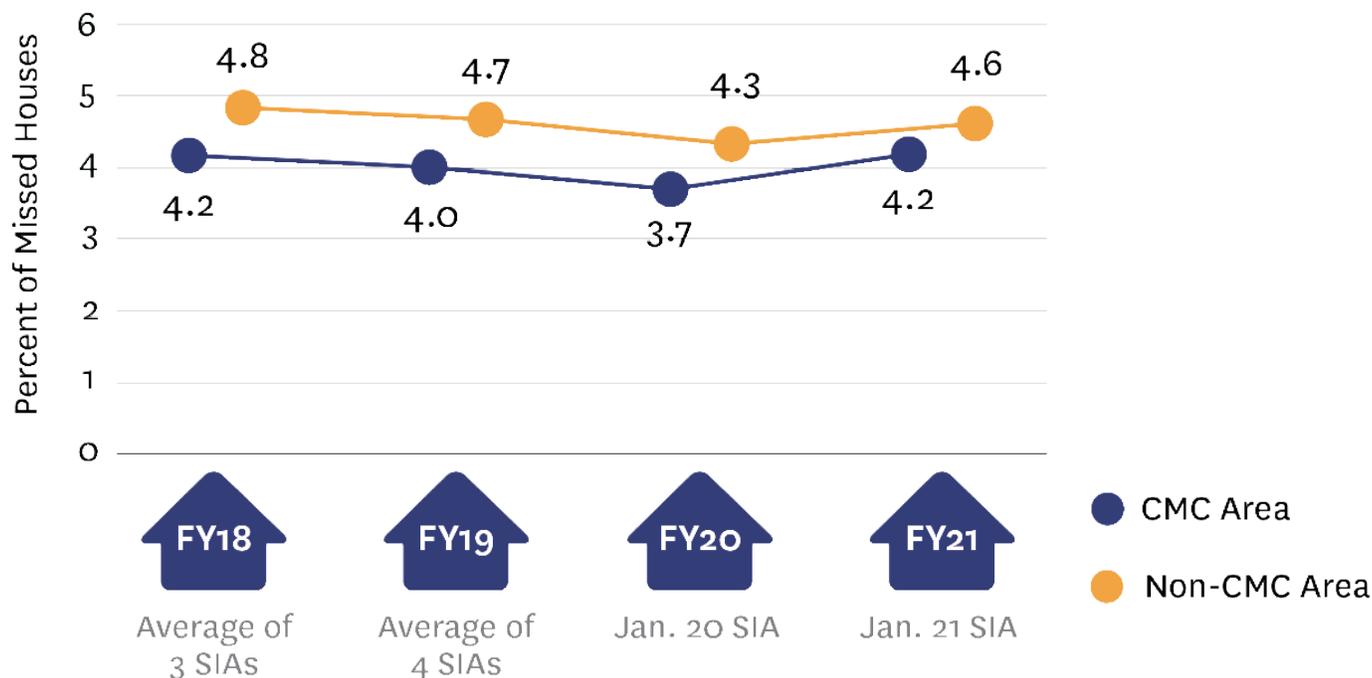
A total of 183,033 children were vaccinated in CGPP CMC areas of Uttar Pradesh, with a 99.9% campaign coverage. During the campaign, 17,039 vaccine

<sup>2</sup> Note on data source and computation of SIA indicators – SIA related coverage indicators presented in this report are based on program monitoring data generated through records of CGPP India’s front-line workers (CMCs) and information copied from the tally sheets/ records of government/WHO. Campaign and household level indicators e.g. booth/SIA coverage, missed houses, are presented solely based on the secondary data (copied from government/WHO). However, children’s specific indicators, such as percent missed children are generated from CMC records.

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doses were given to high-risk groups (HRGs) (Table 1). On average, 4.2% of houses were missed in CMC areas compared to 4.6% in non-CMC areas (Figure 2). Approximately 7.3% of eligible children were missed from CGPP CMC areas in Uttar Pradesh.

**Figure 2. The Percentage of Missed Houses in CMC vs. Non CMC areas in SIAs**



Zero percent of children 12-23 months have never been vaccinated, and 92% had at least 8 doses of OPV (as of FY20). However, among children under 1, the CGPP survey found that about 1.3 % of children under 1 had not received any routine immunization.

## OBJECTIVE 4:

### Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)

During FY 2021, 66 non-polio AFP (NP-AFP) cases were reported from CGPP areas from Uttar Pradesh, of which, about 30% (20 NP-AFP cases) were reported by CGPP mobilizers/staff. According to AFP surveillance indicators, as of 30th September 2021, the CGPP work districts from Uttar Pradesh had a Non-Polio AFP rate of 9.1, which is higher than the state average of 6.9 cases per 100,000 children under 15 years. However, compared to 2019, there is a noticeable reduction in the Non-Polio AFP rates of FY 20 and FY 21. The CGPP work districts maintained a high (85%) level of adequate stool collection rate (i.e., 2 stool specimens collected within 14 days of onset of AFP).

## OBJECTIVE 5:

### Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)

CGPP documented and disseminated project interventions, innovations, and lessons learned through peer reviewed publications and conference presentations.

Peer reviewed journal article publications:

1. *The Untold Story of Community Mobilizers Re-engaging a Disengaged Community During the Endemic Era of India's Polio Eradication Program*. By Roma Solomon. *Global Health: Science and Practice*; Volume 9, Supplement 1 [https://www.ghspjournal.org/content/9/Supplement\\_1/S6](https://www.ghspjournal.org/content/9/Supplement_1/S6)
2. *Significance of a social mobilization intervention for engaging communities in polio vaccination campaigns: Evidence from CORE Group Polio Project, Uttar Pradesh, India*. By Manojkumar Choudhary, Roma Solomon, Jitendra Awale, Rina Dey, Jagjeet Prasad Singh, William Weiss *Journal of Global Health*, 2021, Vol. 11, 07011 <http://jogh.org/documents/2021/jogh-11-07011.pdf>
3. *Effectiveness of a community-level social mobilization intervention in achieving the outcomes of polio vaccination campaigns during the post-polio-endemic period: Evidence from CORE Group Polio Project in Uttar Pradesh, India*. By Manojkumar Choudhary, Roma Solomon, Jitendra Awale, Rina Dey, Jagjeet Prasad Singh, William Weiss. *BMC Public Health*, 2021, Vol. 21:1371 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11425-0>

Presentations at the CORE Group (Virtual) Conference, January 2021

1. A legacy of polio eradication in action, an experience of CORE Group Polio Project, India. Presenter: Jitendra Awale
2. Community Action Groups (CAGs): An instrument of Community Engagement for risk communication and addressing stigma due to COVID-19. Presenter: Rina Dey
3. Effectiveness of a community-level social mobilization intervention for engaging communities and achieving the outcomes of polio vaccination campaigns: Evidence from CORE Group Polio Project, Uttar Pradesh, India. Presenter: Manojkumar Choudhary
4. Key findings of intervention research study on ' Building vaccine confidence among Accredited Social Health Activists (ASHAs) to address vaccine hesitancy and accelerate the uptake of childhood immunization in Nuh district of Haryana, India'; Presented at Vaccine Acceptance Research Network (VARN) meeting. organized by the Sabin vaccine institute on 17th February 2021; Presenter: Manojkumar Choudhary

Additionally, The CGPP India secretariat revised the reporting system to accommodate the information recorded in the registries of ASHAs, and to include the indicators of CGPP India's COVID-19 response that began from July 2021.

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## OBJECTIVE 6:

### Support PVO/NGO participation in national and/or regional polio eradication certification activities

#### TRANSITION AND LEGACY

Following the transition plan, CGPP continued to impart training of ASHAs to improve their skills to use communication tools, offer a better understanding of data, and improve their ability to record information systematically. In addition, CGPP partners maintained close partnerships with the local, block, and district government departments and officials, and maintained a strong interface and mutual exchanges between frontline workers and government functionaries. In the next fiscal year, CGPP will provide support to the National Health Mission cadre so that CGPP field experience can be utilized by the ASHAs and ASHA facilitators to accelerate the immunization services and basic health services to the community and help them to become aware of the immunization and COVID – 19 related issues. CGPP will also expand the network of Community Action Groups for sensitizing the community on COVID-19 facts, fear, and importance complete COVID vaccination especially child vaccination. Specific transition achievements in FY21 included:

- CGPP and their partners will continue to transfer appropriate communication skills to ASHAs and their supervisors.
- 296 ex-CMCs were successful in getting new jobs in the government-run public health programs and in the private sector.
- CGPP partners, PCI, and SARD have plans to include a chapter on polio eradication in the textbooks of the National Council of Educational Research and Training (NCERT) for generating awareness among students on how India fought one of the deadliest public health menaces and freed the country from the scourge of polio.

Documentation of processes followed in key communication activities is planned for FY22.



Ex-CMC provides health information to a mother in the community. Photo by CGPP India.

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## COVID-19 ACTIVITIES

There was an exponential rise in COVID-19 cases in the second wave in 2021 in India, exacerbated by COVID-risk behaviors and misinformation in rural and urban areas of selected states and districts. The government requested that CGPP India assist in mitigating the effect of the pandemic by ensuring strong community access to correct information and enabling COVID-19 preventive behaviors.

In June 2021, the CGPP India received a top-up grant to promote COVID-Appropriate Behaviors (CAB) and COVID vaccination in 15 selected districts (12 from Uttar Pradesh, 2 from Assam and 1 from Haryana). A brief project implementation and measurement plan was developed, specifying intervention strategies and critical project activities. The team also developed a training curriculum and trained 900 volunteers and field staff on COVID-Appropriate Behaviors (CAB), COVID vaccine, vaccine communication, support to COVID-related orphaned/semi-orphaned children and reporting and monitoring. In June-July 2021, 692 community mobilizers (632 in Uttar Pradesh and 60 in Assam) were hired and deployed in the field (an additional 6 were later added). A Baseline survey was conducted in July-August 2021 to establish the benchmark of COVID-19 response and track the progress. The survey followed a one-stage cluster sampling approach and CGPP functionaries (Block Mobilization Coordinators -BMCs in Uttar Pradesh and Assam, Cluster Facilitators, i.e CFs in Nuh, Haryana) conducted 1065 personal interviews with the adult population aged 18 years and above.

Following the baseline findings, the CGPP India team developed appropriate communication and social mobilization strategies to promote COVID-19 vaccination, especially among hesitant groups. The presence of the team on the ground, familiarity with the local socio-cultural milieu, and rapport with the government system gave the project a strategic advantage to provide instantaneous support to the affected families, help

### **Key findings from Baseline survey of CGPP India's COVID-19 response, July-August 2021**

- Vaccine hesitancy was high in general and more so among a religious minority. No significant difference was observed by gender and place of residence.
- Vaccine uptake did not change by gender in general though a significant difference seemed to exist between Muslim men and women.
- Vaccine uptake was noticeably low among the CAG members, and about half of them were indecisive/hesitant for vaccination.
- More than one third of the respondents hardly followed social distancing and proper mask wearing when in public
- There was plenty of misinformation and rumors doing the round. The source was quoted as being friends and relatives, followed by WhatsApp.
- COVID-19 pandemic significantly impacted routine childhood vaccination – about one-fifth of children missed any one RI dose in the last year.

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them mitigate the impending crisis, and collect evidence to inform the design of communication messages. The strategies and interventions are coordinated and implemented in conjunction with the CGPP partners, national and local governments. The interventions aimed to reach approximately four million people including special support to about 2.52 million vaccine-eligible people (63% of the total population) and encourage continued routine immunization for approximately 200,000 children under the age of 2. These activities are synergistic with ongoing efforts to sustain immunity for polio and identify suspected cases of polio. The baseline also found over 20% of children missed at least one RI dose. CGPP worked closely with the health department to organize special sessions for the ‘missed’ children.

### Key achievements under the CGPP (COVID):

- CGPP deployed 698 Community Mobilizers (CMs) to promote COVID-Appropriate Behaviors and COVID vaccinations in 15 districts
- CGPP trained 900 field staff and volunteers and oriented and conducted meetings with 577 CAGs.
- From July to September 2021, the CGPP India functionaries performed different social mobilization activities (149,712 one-to-one contacts, 3114 group meetings, 2363 mosque/temple announcements, 2400 E-rickshaw rallies, 3433 information booths.
- The project functionaries reached to 1,360,611 people with COVID-19 risk communications

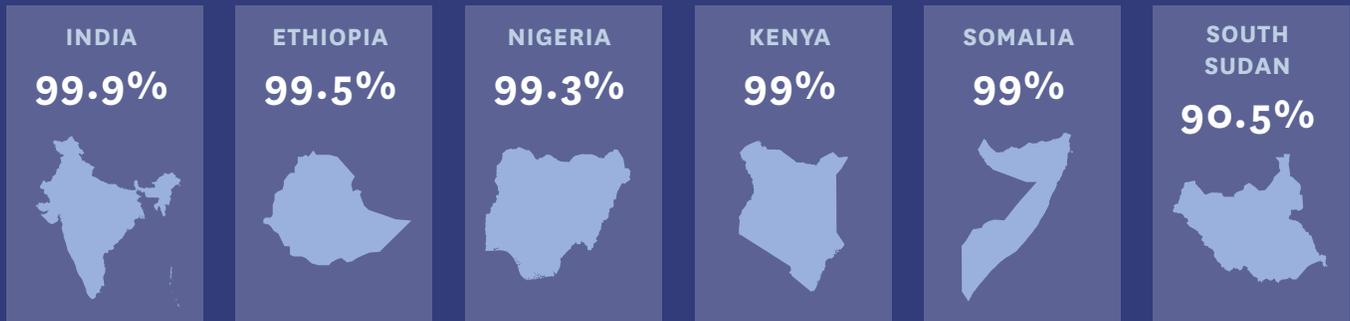
Apart from conducting the baseline using a sample survey, the Community Mobilisers (CMs) hired for the COVID-19 program visited all the households and listed all the adult population eligible for COVID-19 vaccination. Since then, every month, the CMs kept updating their records, and by the end of the reporting year, they came up with the following statistics:

Indicator/Information		15 CGPP Districts
Number of persons eligible for COVID-19 vaccination (18+ population) in the CGPP catchment areas as of 30 September 2021		2,088,262
Eligible persons partially vaccinated (received the first dose) against COVID-19 as of 30 September 2021	Number	594,357
	%	28.5
Eligible persons fully vaccinated (received the 2nd dose) against COVID-19	Number	119,912
	%	5.7

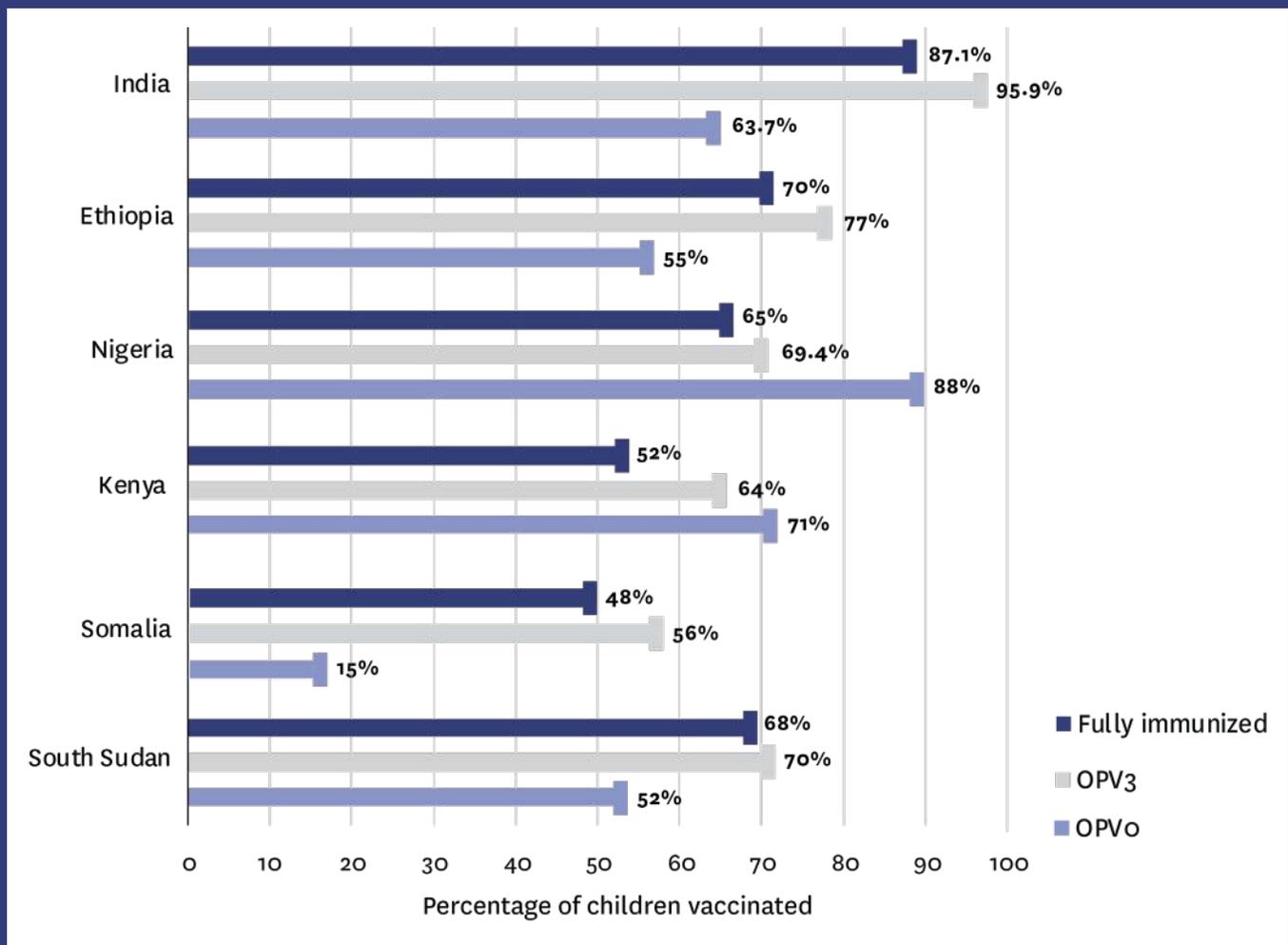
Reported data shows that about 29% of the eligible population received the first dose of COVID-19 vaccine in CGPP catchment areas from all three states.

# Reaching **children in need**

**Figure 3. Percent of Target Children Reached During FY21 Polio Immunization Campaigns**



**Figure 4. Routine Immunization Coverage in CGPP Project Areas, FY21**



\* OPVo Coverage is reported for children under 12 months

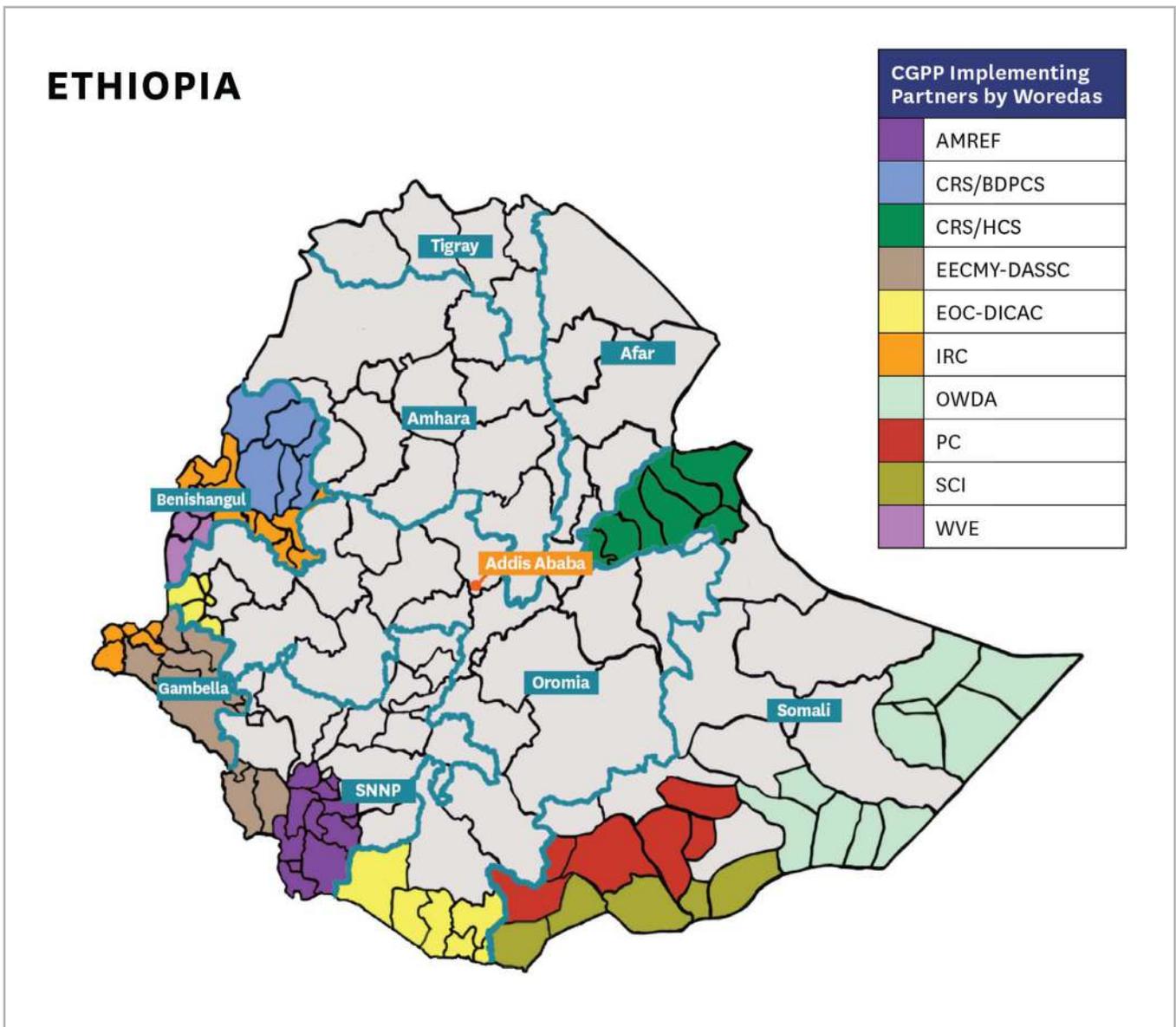
\* OPV3/Fully immunized coverage is reported for children under 1 for Ethiopia, Kenya, and Somalia. It is reported for children 12-23 months for children in India and Nigeria due to data availability.



A child receives OPV during the mOPV2 response campaign, Somali region, Sitti zone, Ethiopia. *Photo by CGPP Ethiopia.*

# ETHIOPIA

The COVID-19 pandemic, along with ethnic conflicts and security incidents in much of the country, presented challenges to project implementation, reporting, and staff movement. CGPP Ethiopia responded, utilizing virtual meetings and supportive supervision, limiting the number of participants in training sessions, and implementing safety protocols during house-to-house visits. Community volunteers adapted and continued to reach and engage communities, providing social mobilization, health education, and community-based surveillance to a target population of 6,013,084 in 80 hard to reach border districts in the five regions of Gambella, SNNPRS, Oromiya, Somali, and Benshangul Gumuz. These efforts contributed to improved routine immunization and AFP surveillance rates in FY21.



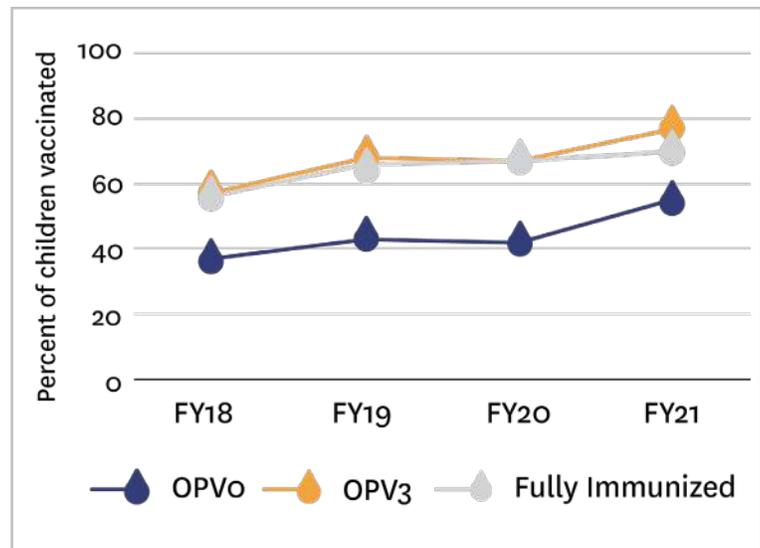
# ETHIOPIA

## OBJECTIVE 1:

### Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio eradication

CGPP Ethiopia continued to build strong partnerships with donors, multilateral and bilateral agencies, UN agencies, frontline health workers, NGOs, communities, religious leaders, parents, and others to achieve sustainable eradication of both wild and circulating poliovirus. CGPP Ethiopia works in partnership with five International NGOs (Amref Health Africa, Catholic Relief Services, International Rescue Committee, Save the Children International, World Vision) and four Local NGOs (Ethiopian Evangelical Church Mekane Yesus, Ethiopian Orthodox Church, Pastoralist Concern and Organization for Welfare Development in Action) in 80 hard to reach border Woredas in the five regions.

**Figure 5. Trends of Routine Immunization Coverage in Children under 1, CGPP Project Areas, FY18-21**



The CGPP Secretariat staff participated in various working groups at the national and regional levels during the year. The Secretariat Director and Deputy Director attended two ICC meetings, twelve National Emergency Operation Center (EOC) meetings and one EPI Task Force meeting (EPI-TF). Secretariat team members are also active in the One Health Steering Committee meetings (OHSC), the Communication Technical Working Group meetings (CTWG), the M&E Technical Working Group meetings (M&E TWG), the EPI and SIA logistic working group meetings, and various MOH meetings at the regional level.

The secretariat organized a CGPP partners' midyear review and planning meeting for 70 partner staff in May 2021. NGO partner and secretariat team members jointly conducted a detailed review of achievements over the last six months followed by developing detailed plans for the second half of the year.

Sixteen CGP GHS secretariat staff participated in a five-day staff retreat in Dire Dawa the first week of September. Attendees presented and discussed nine-month achievements and spending. They also presented and reviewed a draft FY22 activity and budget plan.

# ETHIOPIA

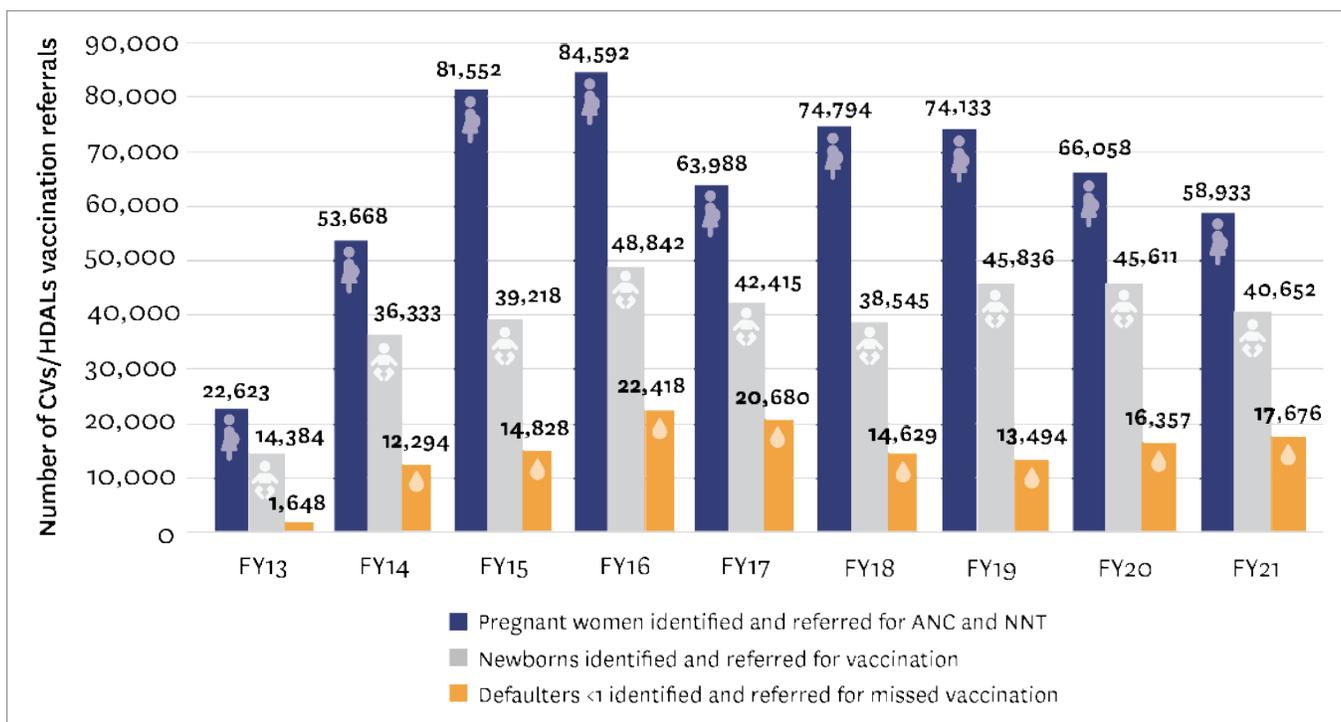
## OBJECTIVE 2:

### Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

To temper the impacts of the COVID-19 pandemic, the CGPP strengthened its efforts to promote timely and complete immunization, track defaulters, and provide comprehensive immunization and child health information to parents. CGPP Ethiopia’s 10,997 (85.4% female) project trained Community Volunteers and Health Development Army Leaders (CVs/HDALs) visited 1,375,217 households to reach 3,787,819 people with health education messages, expanding project reach over FY20. About one third of project volunteers, 2,933, worked in the most remote border areas of Ethiopia.

Through household visits and social mobilization, volunteers identified and referred 58,933 pregnant women, and 40,652 newborns for ANC follow-up and vaccination. Volunteers also traced and referred 17,676 vaccination defaulters for routine immunization (Figure 6). Additionally, to support and strengthen polio outreach activities, CGPP implementing partners contributed 70,536 liters of fuel for transportation and provided maintenance for 18 refrigerators and 16 motorcycles.

**Figure 6. CV/HDAL Vaccination Referrals in CGPP Implementation Areas of Ethiopia FY13-FY21**



These efforts contributed to notable gains in the coverage of all routine antigens among children under 1 in project areas. Coverage rebounded from significant losses in FY20 and climbed to the highest levels in the past 5 years. OPVo and OPV3 coverage in children climbed from 42% to 55%, and from 67% to 77%, respectively. The percentage of fully immunized children rose 10 percentage points to 70% in FY21.

# ETHIOPIA

## CROSS BORDER COLLABORATION

CGPP Ethiopia expanded activities to strengthen AFP detection and reporting, cross-border information exchange, and synchronization of supplemental immunization activities. The CGPP organized and attended two cross border meetings during the fiscal year. The first took place in Moyale, Kenya in February 2021 and included 35 participants from Kenya and Ethiopia including the CGPP Secretariats, the EOC-DICAC, Save the Children, and government health and veterinary staff. Participants identified crossing points, health facilities, and contact persons and defined next steps and meeting schedules for monthly and quarterly activities at Zonal, Woreda, and kebele levels. The CGPP Secretariat, the EOC and SCI partners organized a second cross-border meeting in Moyale, Ethiopia in August. Fifty-two participants from Kenya and Ethiopia attended including representatives from WHO, IGAD, HEEL, EOC, SCI, the secretariat, zonal government staff WVK, IRCK, and ADRAK. The participants visited a health post and a health center in Borena, Oromiya, reviewed crossing points, and updated contact information.

Additionally, to support vaccination at crossing points, CGPP organized a crossing point vaccination meeting at Siti Zone in Dire Dawa town. Twenty people participated from the Security, Immigration, Regional Health Bureau, Aysha and Dembel Woreda health offices, Dewale health center, HCS and CRS partners. Through these efforts, 2,377 children were vaccinated through transit vaccination (Table 2).

## SUPPORTIVE SUPERVISION

During the reporting period, the Secretariat staff carried out joint supportive supervision visits in 13 Woredas, 12 health centers, 13 health posts and two animal health clinics. In coordination with



Child is vaccinated in CGPP Ethiopia implementation area.

*Photo by CGPP Ethiopia.*

**Table 2. Transit Crossing Point Vaccination in CGPP Ethiopia Project Areas in FY21**

Woreda	Name of kebele	Name of transit site	Total number of under 5 years children vaccinated
Bokh	Gambaray	Gambaray	464
Galadi	Bariiscade	Bariiscade	296
Danod	Shaxda-buuhodle	Shaxda-buuhodle	209
Ayisha	Gilile	Gilile	458
Kelafo	Godere	Godere	120
Mustahili	Dudumo-karis	Dudumo-karis	322
Ferfer	Ferfer town	Ferfer town	283
	Abaley	Abaley	190
Itang sp.	anki	anki	35
<i>Total children vaccinated on transit point</i>			<b>2,377</b>

# ETHIOPIA

government counterparts, CGPP teams visited 22-hospitals, 346-health centers, 1211-health posts and 8 animal health clinics. The teams provided both verbal and written feedback as well as on-the-job training. The project geocodes supportive supervision visits to ensure transparency (Figure 7).

## TRAINING

CGPP secretariat and implementing partners organized and conducted trainings for the CGPP and government field staff to improve knowledge and skills of service providers and other frontline health workers and community level actors to strengthen routine immunization and surveillance activities in CGPP implementation areas.

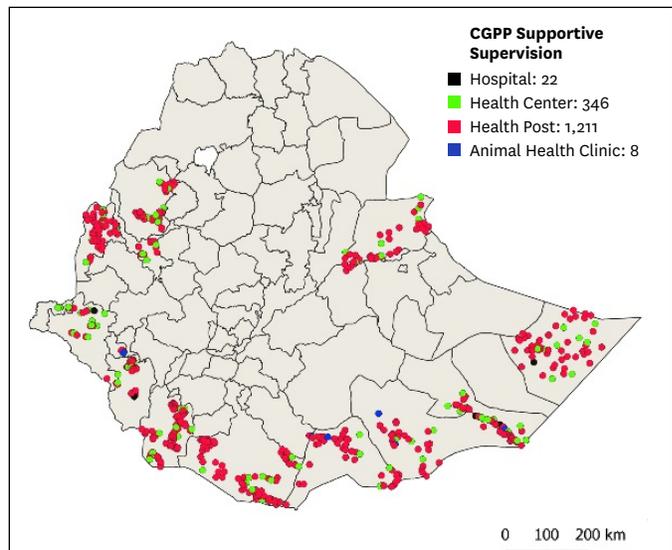
The project conducted 158 training sessions to train 4,072 participants (2,167 male and 1,905 female) on various topics including community-based surveillance, animal health, immunization, and data management; 1847 of the participants were CVs/HDALs who did not participate in the 2020 CBS training due to security constraints. CGPP also trained 818 health workers and 667 health extension workers on CBS, immunization in practice, cold chain, and data management and 342 Animal Health Assistants (AHA) on community-based surveillance (CBS). CGPP held additional training to sensitize religious and community leaders to the importance and use of CBS. The CGPP Secretariat collaborated with the Ministry of Health, UNICEF and WHO to conduct a basic Vaccinology course in Bishoftu, Adulala Resort in September; 23 participants attended the five-day training; nine (9) participants were from MoHEMCH Directorate EPI section, two (2) from EPSA (Ethiopia Pharmaceutical and Supply Authority) & EFDA (Ethiopia Food and Drug Authority), nine (9) participants were from regional health bureau EPI Managers (Amhara, Oromiya, Gambella, B/Gumuz, Dire Dawa, Harari, Addis Ababa, Afar and Somali regions), three (3) from CORE Group Ethiopia implementing partners, (PC, EECMY & OWDA).

## OBJECTIVE 3:

### Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

The Secretariat and implementing partners supported two rounds of mOPV2 response campaigns in the cVDPV2 outbreak areas (Siti zone of Somali region, South Omo zone of SNNPR and Borena zone of Oromiya regions) in October and November 2020. Additionally, CGPP supported a bOPV campaign in high-risk areas in December 2020 and an additional round in all Woredas of Somali region in March 2021. CGPP Ethiopia's 10,997 volunteers (CVs/HDALs) mobilized communities to ensure vaccination of eligible children during the campaigns.

**Figure 7. Geocoding of Supportive Supervision Visits**



# ETHIOPIA

The campaigns vaccinated 1,471,252 children (1,186,537 with bOPV & 284,715 mOPV2), reaching 99.5% of the targeted children with vaccination. Of those vaccinated, 1.38 % were zero-dose children. CGPP provided technical support through 93 Secretariat and partner staff and 6,201 CVs/HDALs participated as vaccinators or social mobilizers. The project provided 10,542 liters of fuel for 56 vehicles and 8 motorcycles to transport vaccination teams as well as campaign supplies.

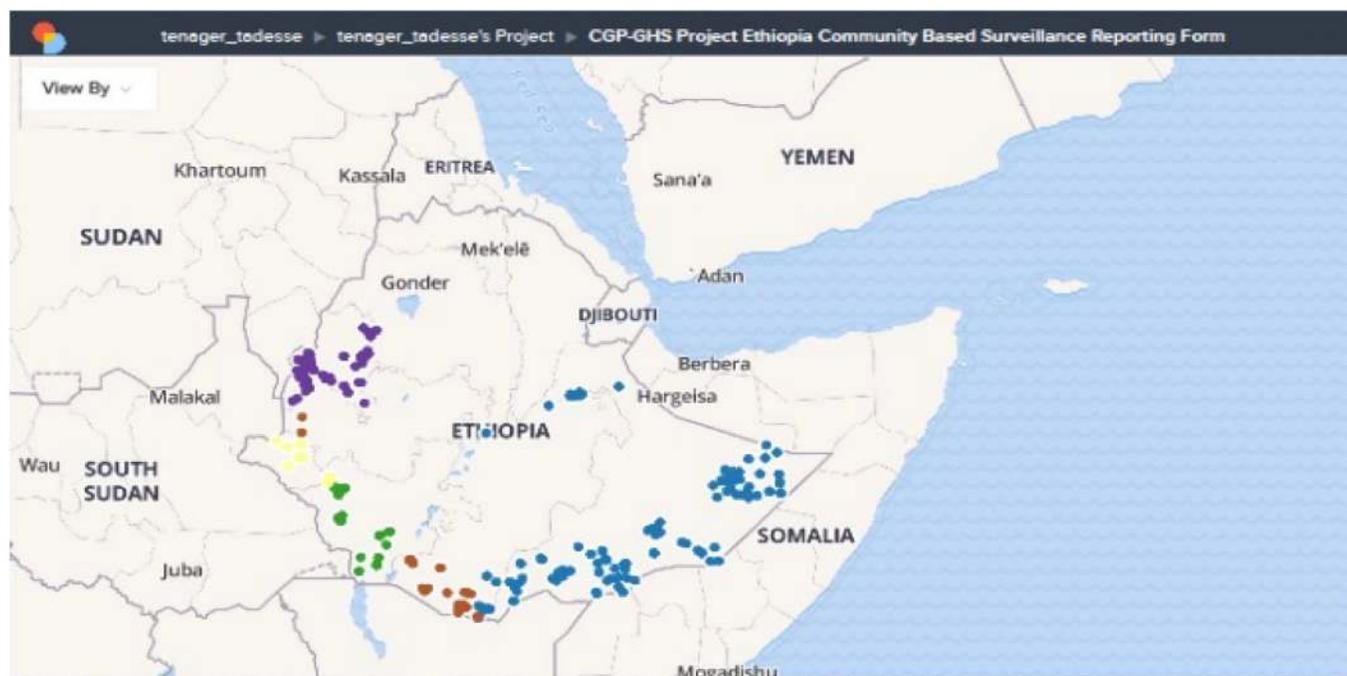
For World Polio Day Celebration, the secretariat prepared and distributed, 100-T-shirts & 100-Caps on October 24, 2020, 5,628 posters in three local languages, 600 training manuals, 250 branded table calendars with immunization and surveillance messages on it, 17,143 pages of reporting formats & file folders and 938 social mobilization materials.

## OBJECTIVE 4:

### Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

The continued circulation of wild poliovirus in Afghanistan and Pakistan and the current cVDPV2 outbreaks in Africa require strong surveillance and high population immunity to ward off the importation of wild and circulating vaccine derived poliovirus. Ethiopia reported 17 cVDPV2 cases in 2021 (16 AFP and 1 Environmental sample) in five regions (Tigray, Amhara, Oromiya, SNNP, Somali, Addis Ababa & Dire Dawa). The onset of the last case was July 16, 2021. There was a reduction in the number of cVDPV2 cases from 29 in 2020. As noted, two outbreak response campaigns were conducted to address these cases. No WPV cases have been reported since January, 2014.

**Figure 8. Geocoding map of suspected cases reported through the CGPP system**



# ETHIOPIA

CGPP's community volunteers executed strong community-based surveillance in project areas for Vaccine Preventable Diseases (VPDs) AFP, NNT, and measles. The project fostered strong links between health facilities and the community. Project volunteers reported 50 (57.4%) of 87 suspected NPAFP cases in project areas. Similarly, CVs/HDALs reported 132 (86.3%) out of a total of 153 measles cases and an additional 6 Neonatal Tetanus cases. Strong CGPP led CBS contributed to a NPAFP rate of 5.1 per 100,000 children 15 years and under. This is an improvement from FY20 (3.58 per 100,000) and is markedly higher than the national rate of 3.0 per 100,000. The stool adequacy rate was 94% and there were no silent project areas. CGPP utilized ODK/Ona to geocode suspected cases which helped with identification, tracking, and transparency of suspected cases (Figure 8).

Project staff participated in 1,587 surveillance meetings, workshops, and reviews of facility records to ensure a reliable and sensitive surveillance system. The project also organized a three-day outbreak investigation and response training for 27 participants in September in Jigjiga town for government and NGO partner staff working in both human and animal health.

## GLOBAL HEALTH SECURITY

CGPP successfully integrated zoonotic disease surveillance into the existing CBS program, adding three priority zoonotic diseases: Anthrax, Brucellosis and Rabies. The project's CVs/HDALs, HEWs and AHA reported 225 of 260 (86.5%) suspected zoonotic cases (113- Human rabies, 46-Animal rabies, 54-Anthrax, 23-brucellosis, 24-Animals die off) in project areas.

To strengthen the capacity of the CBS actors, CGPP trained 1847 CVs/HDALs and 342 Animal Health Assistant (AHA) on CBS. The project also trained 27 participants from human and animal health sectors on outbreak investigation and response. CGPP printed and distributed 5,628 posters on the three PZDs (Anthrax, Rabies, and Brucellosis) in three local languages and 600 GHS integrated training manuals to government health facilities to ensure that communities had adequate knowledge about the PZDs.

The CGPP GHSA advisor presented project field experiences at various GHS related meetings including the NOHSC, GHS Global monthly, USAID Mission bi-monthly GHS update, Brucellosis TWG and Quarterly country GHS update meetings.

## OBJECTIVE 5:

### **Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities**

Team members presented one poster and two oral papers virtually at the 148th APHA Annual Meeting and Expo (listed below), one poster at the CORE Group Health Practitioner Conference and one poster at the One Health Conference in Edinburgh, Scotland.

# ETHIOPIA

- From Polio and Measles to Rabies and Anthrax: Leveraging 20 Years of Experience in Vaccine-Preventable Disease Surveillance for One Health Community-Based Surveillance in Ethiopia. By Muluken Asres (APHA and Global One Health Conference)
- Improving acute flaccid paralysis (AFP) early case detection and reporting in pastoralist and hard-to-reach part of Ethiopia using CORE group Ethiopia community volunteers. By Tenager Tadesse (APHA)
- Evaluate child vaccination coverage and dropout rates in pastoral and semi-pastoral regions in Ethiopia: CORE group polio project implementation areas. By Filimona Bisrat (APHA)
- Evaluate Child Immunization Data Quality in Primary Health Care Units in Afar and Somali Region of CGPP/GAVI project Implementation area, Ethiopia. By Melaku Tsehay (CORE Global Health Practitioners Conference)

The CGPP Ethiopia team has begun work on a series of journal articles on community volunteer contributions, one health, cVDPV outbreak investigation and response, mHealth and the results of a KAP survey childhood immunization. These articles will be submitted for peer review during FY22.

## OBJECTIVE 6:

### Support PVO/NGO participation in either a national and/or regional certification activities

The CGPP secretariat and implementing partners contributed to the development of a national transition plan including asset mapping in 2019. The Ministry of Health Ethiopia is the lead for this activity and no further progress has been made on the Ministry side.

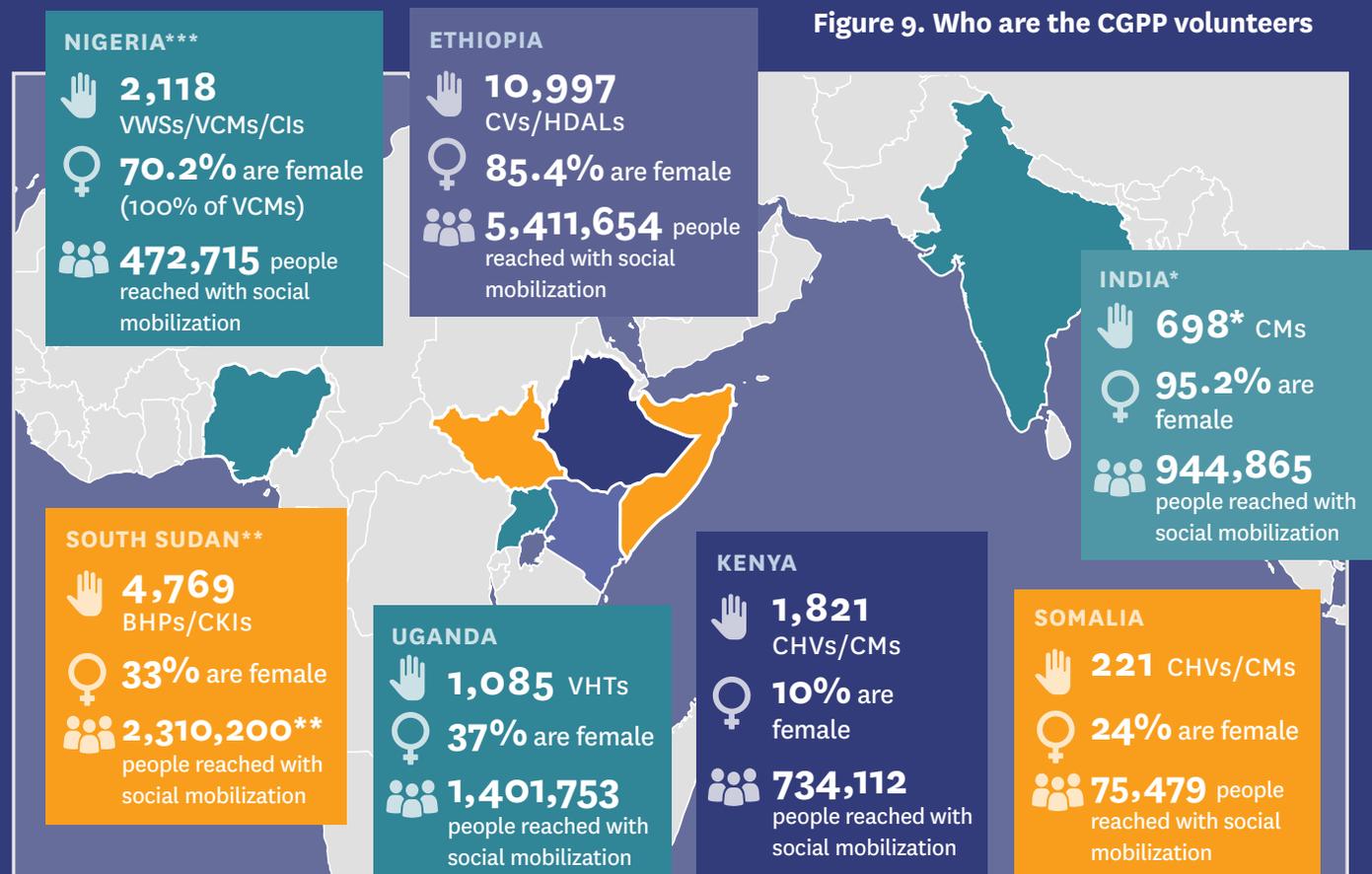
The independent Africa Regional Certification Commission (ARCC) for Polio Eradication certified Africa wild poliovirus free on August 25, 2020.

## COVID-19 ACTIVITIES

Since the confirmation of the first case of COVID-19 in Ethiopia on March 14, 2020, the number of cases and transmission to regions has been gradually increasing. The Government of Ethiopia lifted some of the COVID-19 restrictions, but stipulations on limiting mass gatherings and requiring face masks remained. CGPP community programming has adapted to limit the number of individuals in group meetings and trainings.

The CGPP implementing partners have been involved in community awareness creation on modes of transmission, precautionary measures, case detection and reporting mechanisms. Partner staff at the zonal and district levels participate and support the COVID-19 Response Task Force. CGPP Ethiopia integrated sessions on COVID into CBS and other trainings reaching 232 participants.

## Spotlight on CGPP volunteers



\* India community volunteers (Ex-CMCs) were rehired for January 2021 SIA and further joined as Community Mobilizers for CGPP India's COVID-19 response. Additionally, CGPP in India works through Community Action Groups (CAGs), a network of 5,000 community influencers. India's COVID-19 response began in July 2021 reached over 1.3 million people with COVID-19 messages.

\*\* South Sudan data include 4,329 community key informants and 440 Boma Health Promoters. South Sudan program reached through community-based surveillance (1,963,204 people) and polio campaigns (346,996 people).

\*\*\* Nigeria program data include 124 VWS, 1140 VCMs and 854 CIs

**Table 3. Global training: Number of CGPP volunteers and health workers trained**

Country	Number of Community Volunteers Trained	Number of Health Workers Trained	Total Number of People Trained
India	698	3,542*	4,348
Ethiopia	1,847	1,827**	4,072
South Sudan	4,769	469	7,198
Nigeria	1301	0	1,413
Kenya	885	408	1,296
Somalia	326	80	406
Uganda	3,413	335	4,107
<b>TOTAL</b>	<b>13,239</b>	<b>6661</b>	<b>22,840</b>

\* CGPP India trained 3,542 government frontline health workers, i.e., Accredited Social Health Activists (ASHAs) and ASHA Supervisors (2099), Anganwadi workers (648) and ANMS (795) on COVID-Appropriate behaviors and childhood vaccination during COVID

\*\*Ethiopia's 1,827 Health workers include health workers for both human and animal health (Animal Health Technicians)



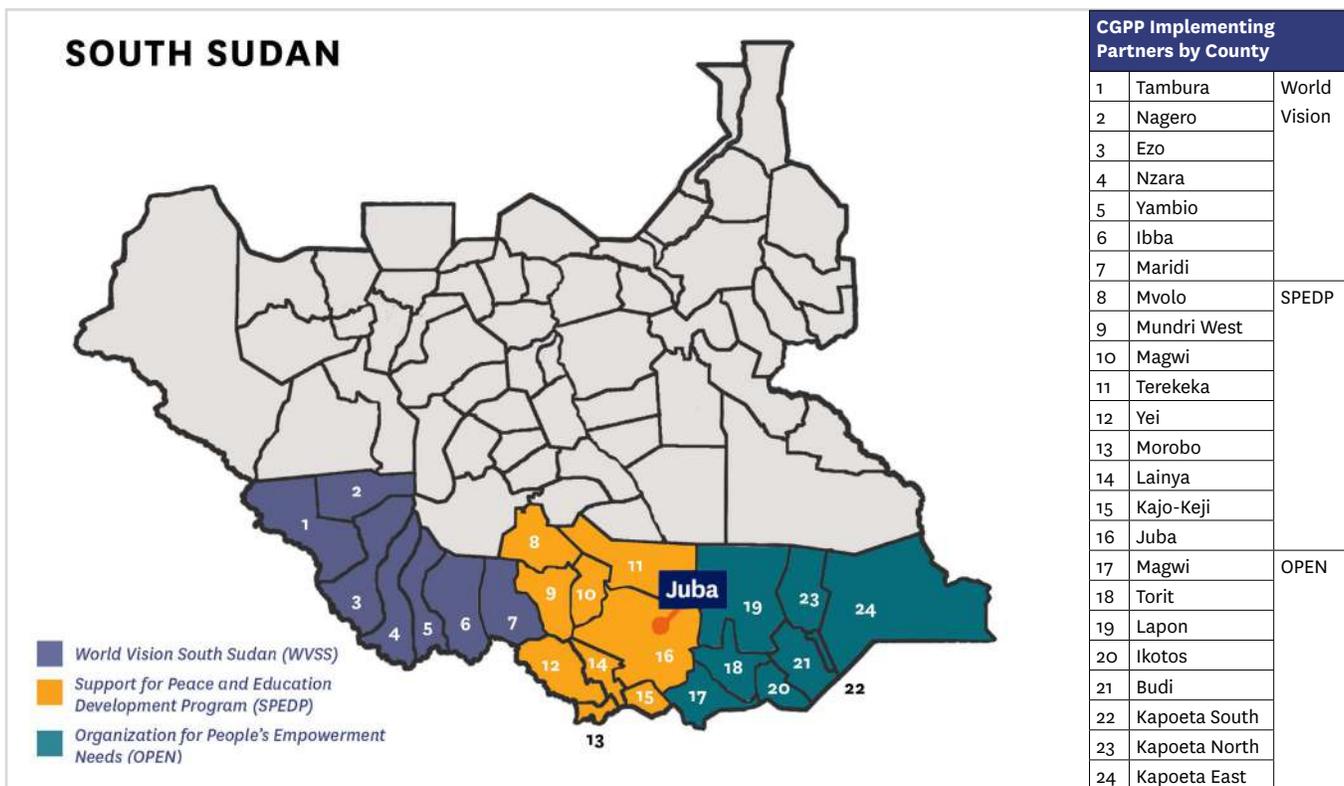
Boma Health Promoter provides information about polio, surveillance, and vaccines to a father in the CGPP implementation area. *Photo by CGPP South Sudan.*

# SOUTH SUDAN

## Introduction

South Sudan gained independence on July 9, 2011 but has been plagued by internal conflicts and insecurity that have ravaged the country’s healthcare and disease surveillance systems. The majority of the population resides in rural areas of the country and has limited access to routine health care services and immunization.

CGPP operates in the three States of Central, Eastern and Western Equatoria covering all 24 counties. In collaboration with the Ministry of Health, CGPP provides interventions for immunization system strengthening, independent campaign monitoring for SIAs, social mobilization, integrated community-based surveillance, risk communication and community engagement, COVID-19 preparedness and response. CGPP works through a well-trained network of 25 (24 males and 1 female) project supervisors, 440 (333 male and 107 females) Boma Health Promoters (BHPs), and 4,329 (2,429 male and 1,900 female) community key informants (CKIs). During FY21, CGPP reached 1,915,222 community members with key messages on polio and priority disease detection and reporting and COVID-19 prevention and control through house-to-house visits and visits to social gathering places. CGPP provided strong community-based surveillance for polio and other priority diseases, reporting two thirds of NPAFP cases in project areas. CGPP also implemented its hallmark independent campaign monitoring during all four of the polio campaigns, surveying the vaccination status of over fifty thousand children.



# SOUTH SUDAN

## OBJECTIVE 1:

### Build effective partnerships with PVOs, NGO(s), and international, national, and regional agencies involved in polio eradication

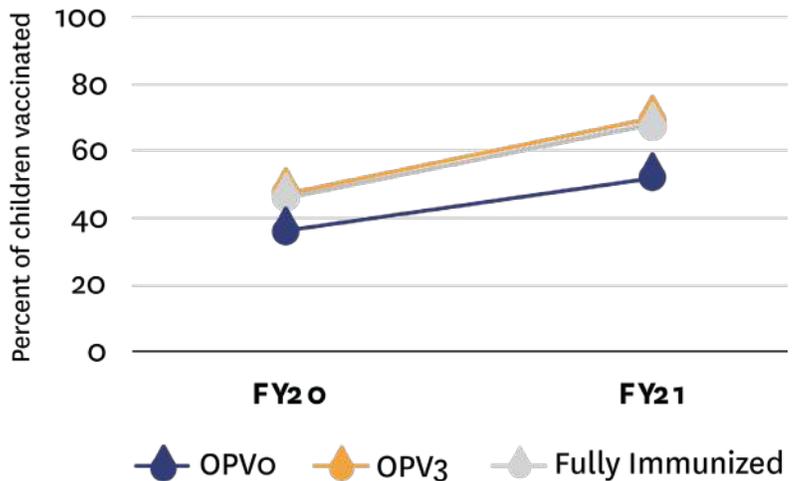
CGPP partners with World Vision South Sudan (WV-SS), and two local NGOs, Organization for People’s Empowerment and Needs (OPEN) and Support for Peace and Education Program (SPEDP) to implement its activities in South Sudan.

Strengthening effective partnerships and coordination between agencies is a core component of CGPP South Sudan. CGPP is a member of the interagency coordination committee for immunization, Expanded Program on Immunization and Supplementary Immunization Activities Technical Working Group (EPI-TWG), cVDPV2 outbreak working group, COVID-19

vaccination Technical Working Group (COVID-19-TWG), and the Border Health/ Point of Entry technical working group (BH/PoE-TWG). CGPP actively engages in coordination mechanisms with stakeholders, including the National Ministry of Health (MOH), State (MOH), WHO, UNICEF, JSI, CDC, UNOCHA, USAID Mission and Health Pooled Fund (HPF) at national, state and county levels. In FY 21, CGPP participated in over 114 coordination meetings at different levels. These include the Expanded Program on Immunization technical working group, COVID-19 coordination and vaccine deployment, USAID Mission monthly partners coordination meeting, cVDPV2 subgroup committee meetings, USAID-CGPP Global calls, supplementary immunization activity subcommittee meeting and monthly meetings with the project implementing partners.

Following the September 2020 cVDPV2 outbreak in South Sudan, CGPP attended thirty outbreak response meetings, as a member of the National Incident Management System (NIMS) for the Circulating Vaccine Derived Polio Virus type 2 (cVDPV2) outbreak response. Through these meetings, partners developed response strategies, mobilized resources, and monitored response activities. CGPP also participated in state preparatory meetings during the NIDs/SNIDs and COVID-19 response. As a measure to prevent and control COVID-19 spread, all the above coordination meetings were virtual.

**Figure 10. Trends of Routine Immunization Coverage in Children 12-23 months, CGPP Project Areas, FY18-21**



# SOUTH SUDAN



Children under 15 gather during an active case search by Boma Health Promoters in South Sudan. *Photo by CGPP South Sudan.*

## OBJECTIVE 2:

### Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

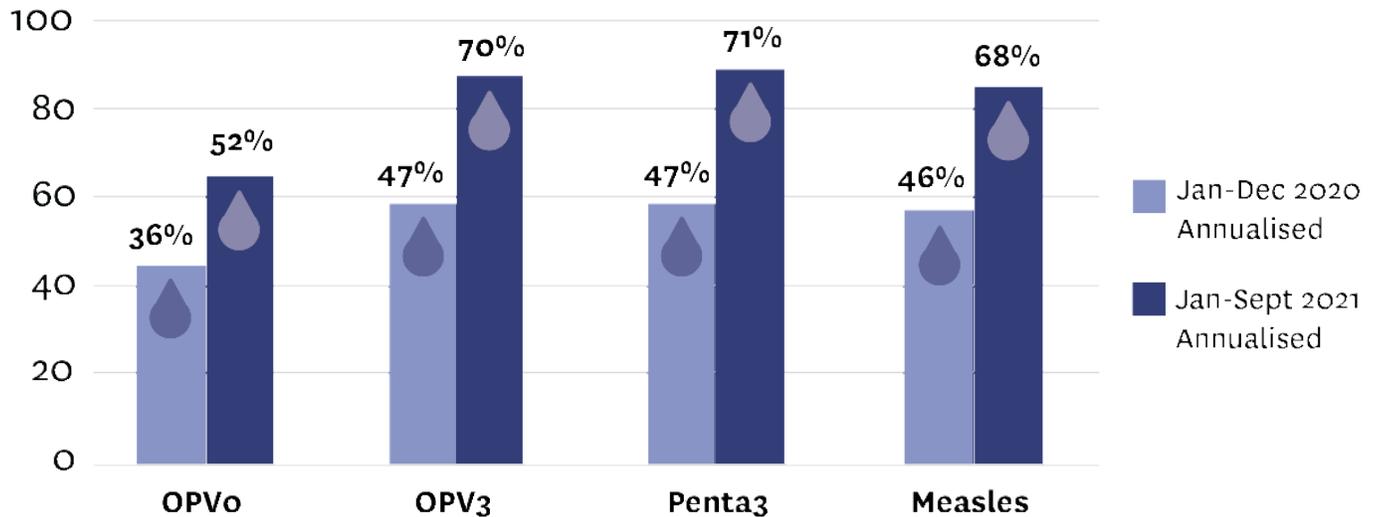
In collaboration with the county health departments in focal areas, CGPP worked to address the gaps in routine immunization, increase vaccination coverage, and reduce dropout rates. Immunization systems strengthening activities targeted counties with poor routine immunization coverage and hard to reach areas. These activities included training of vaccinators, outreach vaccination, mothers-to-mothers group meetings, tracking of defaulter children, and identifying and referring newborns and pregnant women for vaccination.

CGPP's 440 Boma Health Promoters (BHPs) worked closely with communities to sensitize and mobilize caregivers to vaccinate their children. CGPP conducted 1,597 outreach vaccination sessions in 18 out of the 24 project supported counties and vaccinated 38,762 children under the age of 12 months. All approved vaccines, including BCG, OPV, IPV, penta, and measles vaccines were administered. Project volunteers conducted 2,301 mothers group meetings sensitizing 22,851 mothers and women of childbearing age to the importance of vaccination in children. The BHPs identified a total of 16,264 unvaccinated/partially (Tetanus and Diphtheria) pregnant women and referred them to the nearest health facility; 12,108 (74.5%) of the those referred were vaccinated. Additionally, volunteers traced and referred 19,182 defaulter children with 13,197 (68.9%) vaccinated as a result. Volunteers focused on identifying newborns within the first 14 days of life and

# SOUTH SUDAN

ensuring the administration of OPV birthdose. They identified and referred 12,645 unvaccinated newborns aged 0-14 days, resulting in the vaccination of 9,500 newborns (75.1%) with OPVo.

**Figure 11. Comparison of EPI performance in CGPP catchment areas in 2020 and 2021**



These efforts contributed to marked improvement in OPVo, OPV3, Penta, and Measles coverage in the 19 counties of Eastern, Central and Western Equatoria states where CGPP supports the Ministry of Health (Figure 11).

## TRAINING

In collaboration with the State Ministries of Health, County Health Departments, World Health Organization (WHO) and United Nation Children’s Fund (UNICEF) field teams, CGPP trained a total of 196 (148 males and 48 females) vaccinators on immunization in practice (IIP). The trained vaccinators were deployed to counties with poor routine immunization coverage to implement outreach vaccination.

## OBJECTIVE 3:

### Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization

In response to the circulating Vaccine Derived Polio Virus type2 (cVDPV2) outbreak in South Sudan, the National Ministry of Health and partners conducted four rounds of polio supplementary immunization activities (SIAs) in November 2020, December 2020, February 2021, and April 2021. A mop-up Polio SIA was also implemented from 27-30 May 2021 in counties with poor vaccination coverage during the campaigns. Five CGPP focal counties, Budi, Kapoeta North, Magwi in Eastern Equatoria, Terekeka in Central Equatoria and Maridi in Western Equatoria State were part of the mop-up campaign.

## SOUTH SUDAN

CGPP South Sudan conducted its hallmark country-wide Independent Campaign Monitoring (ICM) to assess the quality of the country's four polio immunization campaigns and for the integrated measles follow-up, vitamin A, and deworming campaigns (MFUC) implemented in FY21. By definition, Independent Campaign Monitoring, which is also known as post-campaign evaluation (PCE), aims to provide an objective independent source of rapid and reliable quantitative data for each round of polio campaigns, and to guide corrective actions to improve the quality of the subsequent campaign rounds.

To administer ICM activities, CGPP recruited and deployed 122 research assistants, also known as Central Supervisors, and 871 data collectors (mostly teachers lent by the County Education Directorates) to collect and electronically transmit PCE data using open data kit (ODK). PCE targeted all eligible children during each campaign and geocoded each surveyed household to improve timely data collection, transmission, accountability, and transparency. The project utilized open data kit (ODK) software to collect and electronically upload the collected data for quick analysis and decision making. CGPP tabulated the results of the evaluation and disseminated the findings to the Ministry of Health, WHO, and UNICEF to improve subsequent campaign efforts (Table 4).

**Table 4. Achievement in Post Campaign Evaluation by campaign round in FY21**

PCE Indicator	Nov 2020 Polio PCE	Dec 2020 Polio PCE	Feb 2021 polio PCE	April 2021 Polio PCE	MFUC 2021 PCE
# Of Central Supervisors trained and deployed	18	12	32	31	29
# Of Data collectors trained and deployed	130	73	208	225	235
# Of counties where SIA was implemented	41	23	67	71	75
# Of Counties where CGPP implemented PCE	33	19	52	57	59
% Of counties with SIAs reached by PCE	80.5%	82.6%	77.6%	80.3%	78.7%
# Of household surveyed during PCE	5,260	2,990	8,220	8,810	9,505
# Of Children surveyed during PCE	12,195	7,059	19,276	19,849	16,604
% Zero dose children	11.2%	8.2%	7.9%	6.5%	NA

CGPP achieved its target of 70% ICM/PCE coverage in each of the SIA rounds and during the MFUC campaign. Following each campaign, CGPP conducted PCE in at least 70% of the counties where the campaign was implemented. Overall, the project surpassed the 50% WHO global target for ICM in all campaigns implemented during the year.

For the polio PCE, data collectors surveyed 58,379 children under the age of five years from 25,280 households of which (89.1%) 52,027 were found to be vaccinated based on finger marking. During the MFUC PCE, the project interviewed 9,505 caretakers of 16,604 children aged 6-59 months in 59 counties countrywide, 75% of the caretakers resided in the rural areas. The MFUC PCE found low (59.6%) vaccination card retention. The survey found a national vaccination coverage for the measles follow up campaign at 86.6% by history, 59.5% by card and 73.1% by both card and history. These findings are below the national benchmark of 95% standard measles campaign coverage.

# SOUTH SUDAN



CGPP Boma Health Promoters gather for trainings. *Photo by CGPP South Sudan.*

## SOCIAL MOBILIZATION AND DEMAND CREATION FOR CAMPAIGNS

CGPP trained and deployed 969 (651 male and 318 female) social mobilizers to conduct house to house social mobilization to create demand for polio vaccination during the four rounds of polio SIAs and one mop-up campaign. In addition to mobilizing the communities for the vaccination, the social mobilizers traced eligible children who missed vaccination and referred them to health centers.

Social mobilizers visited a total of 30,978 households overall and reached 346,996 (147,203 males and 199,793 females) community members aged 15 years and above with key messages on poliomyelitis and oral polio vaccine. Project mobilizers also identified and referred 21,552 (9,498 males and 12,054 females) eligible children below the age of 5 years who missed vaccination during the campaign; 97.1% received polio vaccination.

### OBJECTIVE 4:

## **Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)**

CGPP's integrated community-based surveillance programming focuses on poliomyelitis (AFP), measles, COVID-19, Ebola virus Disease (EVD), Yellow Fever and Adverse Events Following immunization (AEFI). To strengthen and improve the sensitivity of the community-based surveillance system, CGPP trained and supervised a workforce of supervisors, Boma Health Promoters and Community Key Informants in risk communication, community engagement, disease detection, and reporting of priority diseases and events.

# SOUTH SUDAN

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

CGPP utilizes Risk Communication and Community Engagement (RCCE) strategies to create awareness on disease prevention, address myths and misconceptions, and promote early reporting of suspected cases of priority diseases and events in the community. RCCE activities are implemented by the network of 440 BHPs through house-to-house visits and visits to social places including markets, schools, places of worship, funeral gatherings, and waterpoints. Following the confirmation of COVID-19 in South Sudan, the project integrated COVID-19 risk communication into ongoing RCCE activities for poliomyelitis, Ebola virus disease, measles, yellow fever, and adverse events following immunization (AEFI).

In FY21, CGPP conducted a total of 164,671 RCCE sessions including 135,139 house-to-house visits and 29,532 visits to social places reaching a total of 1,568,226 community members with messaging on the prevention of priority diseases and the importance of early detection and reporting of priority diseases. BHPs reached 813,126 community members through house-to-house visits and 755,100 through visits to social places.

## TRAINING OF THE CBS NETWORK

CGPP collaborated with the State Ministries of Health, WHO and UNICEF to train CGPP's field project staff and volunteers through the support of the County Health Departments. In FY21, CGPP trained 440 BHPs (333 male and 107 female) and 4,329 community key informants (2,429 male and 1,900 female) on CGPP CBS strategies. The CBS training focused on detection and reporting of suspected cases of Acute Flaccid Paralysis, COVID-19, Measles, Ebola Virus Disease (EVD), Yellow fever and adverse events following immunization, roles, and responsibilities of the CKIs, BHPs, and interpersonal communication.

Through the technical support from CGPP Secretariat, the project conducted State level annual and county level quarterly reviews meetings. The objective of the review meetings is to evaluate progress, and lessons learned, identify best practices, and discuss challenges, and develop practical plans of action. In FY21, all three states (Central, Eastern, and Western Equatoria) conducted state level annual review meetings attended by project supervisors and officers from partners World Vision, SPEDP, and OPEN. SPEDP conducted the annual review meeting for Central Equatoria state on 13 March 2021 in Juba. OPEN and World Vision conducted state level annual review meetings for Eastern Equatoria and Western Equatoria States concurrently on 20 March 2021 in Torit and Yambio respectively. A total of 35 participants including project officers, project supervisors, county surveillance officers attended the annual review meetings. At the county level, the project supervisors conducted twenty county level quarterly BHPs review meetings attended by 440 participants. The BHPs conducted 115 quarterly Boma level community key informant quarterly review meetings. A total of 4,329 CKIs attended the meetings.

## PERFORMANCE OF INTEGRATED COMMUNITY BASED SURVEILLANCE IN CGPP CATCHMENT AREA

The CGPP integrated CBS system improved the sensitivity of the AFP surveillance system in South Sudan by complementing facility-based AFP surveillance. The community-based approach is particularly valuable in South Sudan, where many health facilities are closed or dysfunctional due to the prolonged insecurity and

## SOUTH SUDAN

war. During the past two fiscal years, CGPP's CBS systems reported the majority of NPAFP cases in project areas, outperforming the facility-based system and other reporting mechanisms.

The CGPP CBS reported 66% (82/124) and 66.7% (14/21) of NPAFP cases in the CGPP catchment areas compared to 34% (42/124) and 33.3% (7/21) reported through the non-CBS surveillance system in FY20 and FY21 respectively. In addition to reporting AFP cases, the CBS reported 340 suspected measles cases, 15 suspected COVID-19 cases, 35 suspected EVD cases, 139 suspected yellow fever cases and 41 suspected cases of adverse events following immunization (AEFI). To improve accountability, transparency, and tracking, CGPP utilized ODK to geocode suspected cases and adverse events. During FY21, 92.7% of suspected reported AFP cases, 57.4% of the suspected measles cases, 50.5% of the suspected COVID-19 cases, 55.9% of the EVD cases, 52.5% of the suspected yellow fever cases and 17.1% of the AEFI cases were geocoded.

The NPAFP rate for CGPP implementation areas was 6.1 per 100,000 children under 15 years. Of the 24 CGPP focal counties, 23 had NPAFP rates of 3/100,000 children 15 years and under; Kajo-Keji's rate was under 2.0/100,000. The number of silent counties reduced during the fiscal year from 12.5% at the start of FY21 to 0% in quarter 4.

### SUPPORTIVE SUPERVISION

CGPP provides strong supportive supervision at all levels of the CBS system (Table 5). However, during FY21, there were disruptions in supportive supervision due to COVID-19 restrictions and security issues in project focal areas. CGPP will focus on reaching high levels of supportive supervision during FY22.

**Table 5. Supportive Supervision of CGPP Workforce in FY21**

CBS Network	Oct-Dec		Jan-March		April-June		July-Sept	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Project supervisors	85%	75%	85%	100%	85%	100%	85%	48%
Boma Health Promoters	80%	61%	85%	94%	85%	59%	85%	87%
Community Key Informants	80%	68%	85%	98%	85%	71%	85%	86%

# SOUTH SUDAN

## OBJECTIVE 5:

### **Support timely documentation and use of information to continuously improve the quality of polio eradication (and other health-related activities)**

CGPP South Sudan provided strong documentation countrywide independent campaign monitoring for all four polio campaign rounds and one campaign round for measles, as detailed in the section above. CGPP shared ICM findings with stakeholders including the Ministry of Health, World Health Organization, United Nation Children’s Fund, and other health implementing partners supporting routine vaccination.

On September 13, USAID conducted a Data Quality Assessment (DQA) for CGPP South Sudan to review documents, reports, and data from 2020 to 2021. The findings included:

- The assessed indicators do not use any secondary or tertiary data
- There was consistent use of data collection, collation and reporting tools
- CGPP has low risk of data being manipulated
- CGPP was able to repeat data reporting process for verification of the data in an acceptable way.
- All the data are frequently collected and sufficiently current to support project decision-making
- There was some transcription error in the FY21 Q3 report
- CGPP has not defined the words/phrases of its indicators to avoid validity, reliability, and precision issues.

The CGPP will work to address the issues brought forth from the DQA during FY22.

## OBJECTIVE 6:

### **Support PVO/NGO participation in national and/or regional polio eradication certification activities**

No polio certification activities conducted in South Sudan as the country was certified polio free in August 2020 by the Africa Regional Certification Committee for polio eradication.

## TRANSITION PLANS

During FY21, CGPP has continued to expand the scope of its surveillance, health education and response activities for various priority diseases. Strong emphasis is placed on building the capacity of BHPs, CKIs, and healthcare workers. Eventually, the project plans to transition BHPs, nurses, and vaccinators to county health departments to support health education/promotion, community-based surveillance, and routine immunization services.

## COVID-19 OUTBREAK PREPAREDNESS AND RESPONSE

CGPP received additional funding from USAID to address the COVID-19 outbreak in South Sudan. Response activities include training of community health workers, risk communication, COVID-19 vaccinations, Antigen Rapid Diagnostic Testing, COVID-19 screening and promotion of hygiene practices as a measure of COVID-19 infection prevention and control.

South Sudan reported a surge of COVID-19 infection during the first quarter of FY21. The rapid increase in the number of COVID-19 cases overwhelmed the Ministry of Health supported COVID-19 contact tracers at the county level. In response, CGPP trained additional BHPs to support community contact tracing and stigma management. In collaboration with WHO, UNICEF, State Ministry of Health, and County Health Departments, CGPP trained 10 project supervisors and 227 BHPs on COVID-19 community contact tracing and stigma management.

CGPP, through its national implementing partners Organization for People's Empowerment and Needs (OPEN) and Support for Peace and Education Development Program (SPEDP), established two point of entry screening points in Kapoeta East County (bordering Kenya) and Morobo County (bordering Uganda and DR Congo). During the reporting period CGPP screened a total of 34,422 (18,845 males and 15,577 female) travelers of which 4,562 (13.3%) were found to have fever and referred for further investigation. In September 2021, CGPP worked with the WHO and Ministry of Health to support the rollout of the COVID-19 Rapid Diagnostic Test.

Through support from USAID, and in collaboration with State Ministries of Health and County Health Departments, CGPP implemented COVID-19 vaccination scale up activities in 21 counties of Central, Eastern, and Western Equatoria. CGPP worked with County Health Departments to map 95 health facilities, of which 45 were designated as fixed vaccination sites and 50 as mobile vaccination sites. CGPP identified 135 nurses to support the vaccine scale up and compile and transmit COVID-19 vaccination data from the health facilities.

CGPP worked closely with staff and community volunteers to prevent the spread of COVID-19 through programming activities. The project distributed bars of soap to 3,846 project volunteers and face masks to 1,158 volunteers for infection prevention. CGPP installed 112 hand washing facilities in nine counties to promote hand washing practice in schools, prisons, points of entry, markets, churches, and health facilities.



Screening of traveler for COVID-19 at Kaya point of entry in Morobo County, South Sudan. *Photo by CGPP South Sudan.*

# Number of children vaccinated through SIAs and OBRs

Figure 12. Number of Children Vaccinated through SIAs and OBRs in CGPP Areas

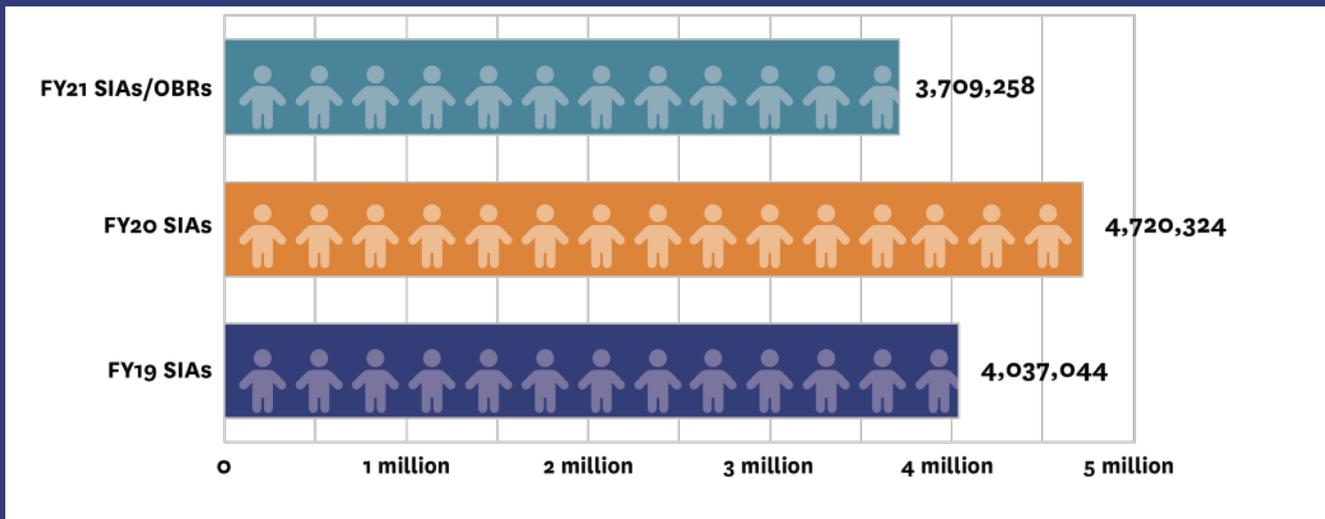
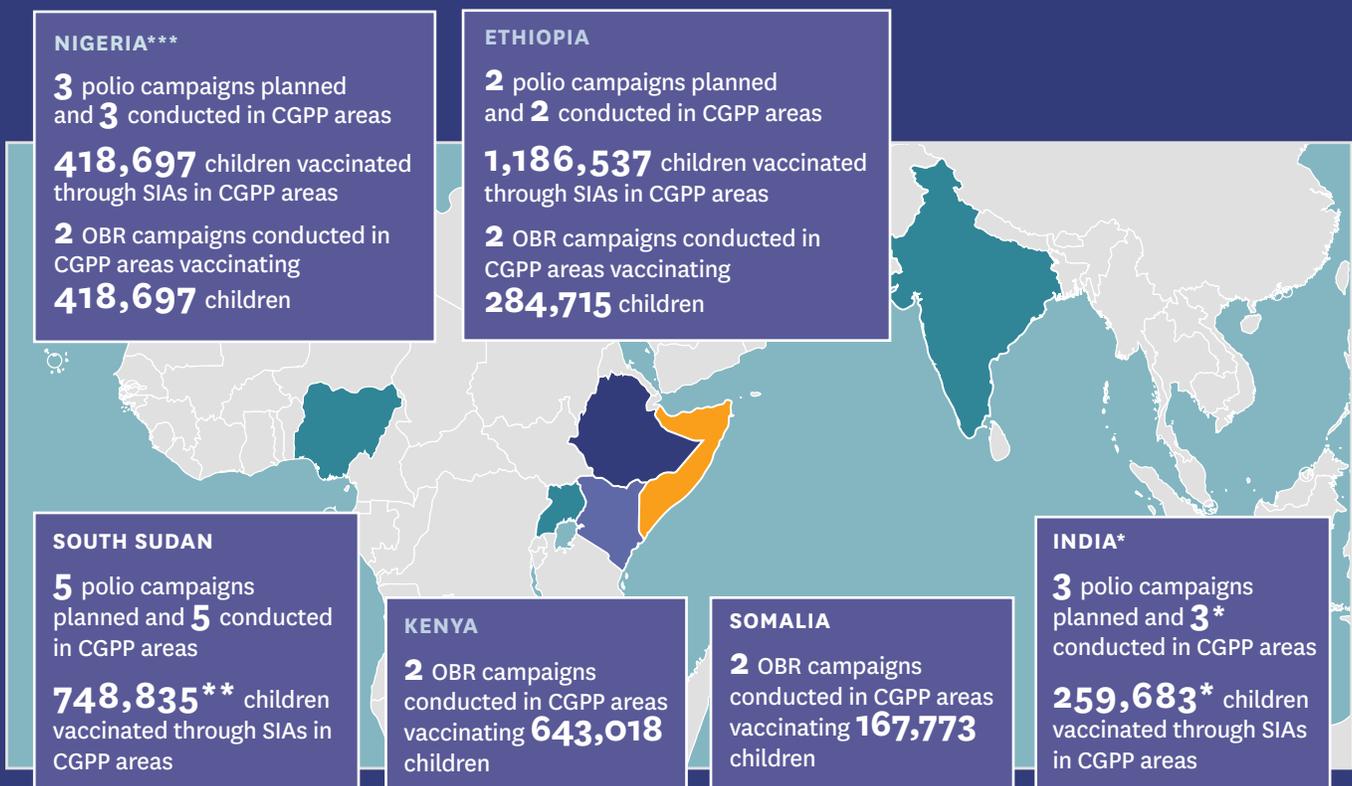


Figure 13. Planned and Conducted SIAs and OBRs in CGPP Areas



\* Out of three SIAs conducted, one (January 2021) SIA covered both Uttar Pradesh and Haryana states. In January SIA, 183,033 and 766,50 children were vaccinated from CGPP areas of Uttar Pradesh and Haryana state, respectively.

\*\* South Sudan had 4 SIAs and one mop up campaign. Of which, December 2020 NID reported highest coverage, a total of 748,835 children were vaccinated.

\*\*\* Nigeria had 3 SIAs and two OBRs CGPP focal areas. On average, each polio SIA and OBR vaccinated 418697 children

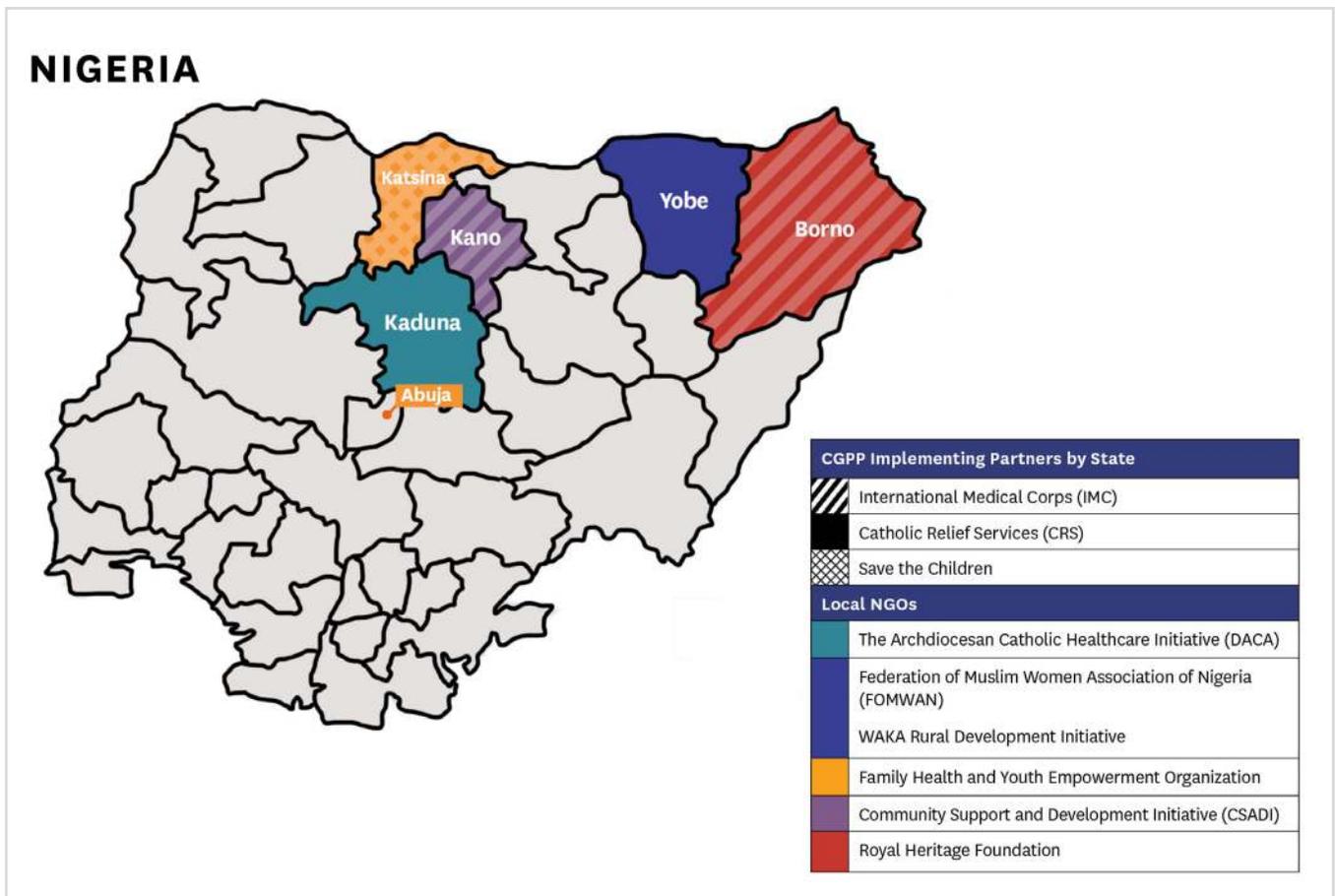


CGPP VWS addressing caregivers during a compound meeting in Kudu 2 Ward of Katsina LGA, Katsina State.  
*Photo by CGPP Nigeria.*

# NIGERIA

The intense and sustained outbreak of cVDPV2 in Nigeria presents a great challenge to the global polio eradication efforts. The number of cVDPV2 cases rose sharply from 22 cases in 2020 to 305 cases of cVDPV2 cases in 2021. The cVDPV2 outbreak, affecting 22 states and 112 LGAs, impacted the polio assets and resources available to implement key community level activities. Nigeria’s certification as wild polio virus free led to a reduction in investments in routine immunization and commitment from the government and key stakeholders. This situation was exacerbated by the COVID-19 pandemic and the need to divert funding and government resources to curb COVID-19 infection. The steady rise of insecurity in CGPP implementation areas in Kaduna (Igabi LGA) and Katsina State (Funtua LGA) further impacted the implementation of planned activities and supervision.

Despite these challenges, CGPP project volunteers persisted, redoubling efforts to reach families and ensure the vaccination of community children. CGPP implementing partners continued to work closely with the government and UN agencies to support communities that would otherwise remain unreached with key messages and activities. CGPP engaged volunteers, including community informants, in a strong network of community-based surveillance, improving the detection of suspected AFP cases in project areas.



# NIGERIA

## OBJECTIVE 1:

### Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio

CGPP works in 26 Local Government Areas (LGAs) in five focal States through three International NGOs: International Medical Corps (IMC) in Borno and Kano states, Save the Children International (SCI) in Katsina state, and Catholic Relief Services (CRS) in Yobe and Kaduna states. Each of the international NGOs partnered with local Community-Based Organizations (CBOs) including Royal Heritage Healthcare Foundation (RHHF) in Borno, Archdiocesan Catholic Health Care Initiative (ACHI-DACA) in Kaduna, WAKA Rural Development Initiative (WAKA RDI), FOMWAN in Yobe states, Community Support and Development initiative (CSADI) in Kano State and Family Health and Youth Empowerment (FAHYE) in Katsina State.

CGPP closely coordinated with the Government of Nigeria through the Polio Emergency Operations Center at the National and State levels. Furthermore, CGPP continued strong collaborative relationships with the World Health Organization (WHO), UNICEF, the US Centers for Disease Control and Prevention (CDC), AFENET, Bill and Melinda Gates Foundation (BMGF), Rotary International, National Primary Health Care Development Agency, State Primary Health Care Management Board (SPHCMB), and the Ministry of Health (MoH).

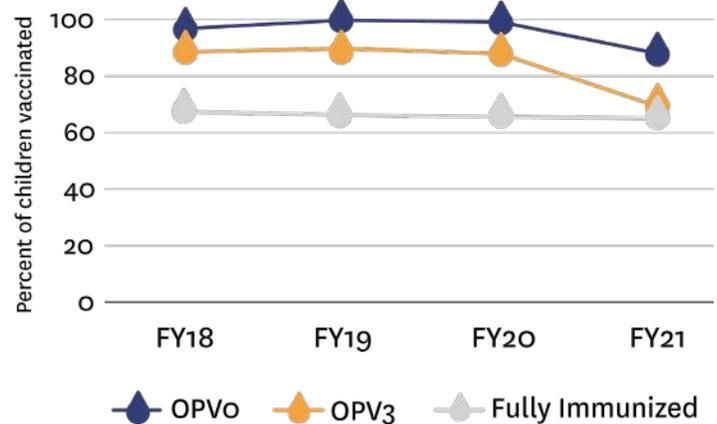
CGPP supported and participated in the National Polio Transition Plan Workshop in held in Abuja. Other activities at the National level included. Additionally, CGPP participated in national planning meetings for the COVID-19 vaccination phase rollout in the Nigeria and national strategic meetings to address the cVDPV2 outbreaks in Nigeria.

## OBJECTIVE 2:

### Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

The CGPP Nigeria cadre of volunteers is comprised of 126 Volunteer Ward Supervisors (VWSs), 1,140 female Volunteer Community Mobilizers (VCMs), and 880 Community Informants. The volunteers are supervised by twenty-six Local Government Activity Coordinators (LGACs). VWSs supervise activities planned by VCMs, organize compound and group meetings, and verify data from project registers. VCMs engage communities through house-to-house and group visits and provide key messages on routine immunization, nutrition, hygiene, and COVID-19 prevention and control, and track and refer pregnant women and newborns for

**Figure 14. Trends of Routine Immunization Coverage in Children 12-23 months, CGPP Project Areas, FY18-21**



# NIGERIA

vaccination. Community informants, well established members of the community, contribute to the community-based surveillance network by reporting suspected AFP cases. During FY21, CGPP volunteers reached 265,493 households, with 418,697 children under 5 and delivered social mobilization and health education messages to 472,715 people (425,444 females, 47,271 males), 447,219 through house-to-house visits and 25,874 through group meetings.

COVID-19 lockdowns, insecurity in project areas, and fear of COVID-19 infection impacted parents' choices to bring their children for routine immunization. VCMs continued their efforts to mobilize communities and educate them about the importance of OPV and other childhood immunizations. Rates of OPV3 in children 12-23 months fell during the fiscal year, while the percentage of fully immunized children remained steady at 65%. The percentage of children with OPV3 and OPV0 were 69.4% and 88% respectively. VCMs prioritized the tracking of pregnant women and attendance at Suna (naming) ceremonies to ensure that children received their first dose of OPV in the first 14 days of life; 99.8% of newborns tracked by CGPP in project areas were vaccinated with OPV as a result. The percentage of zero dose, never vaccinated children, was 1.8% in project areas.

## TRAINING

CGPP Nigeria continued to build the capacity of project volunteers through training. The project held 36 trainings on the year to improving the skills and understanding of volunteers on topics related to polio, routine immunization, social mobilization, interpersonal communication, community-based surveillance, contact tracing and COVID-19. A total of 1,296 volunteers participated in the various training sessions.

## OBJECTIVE 3:

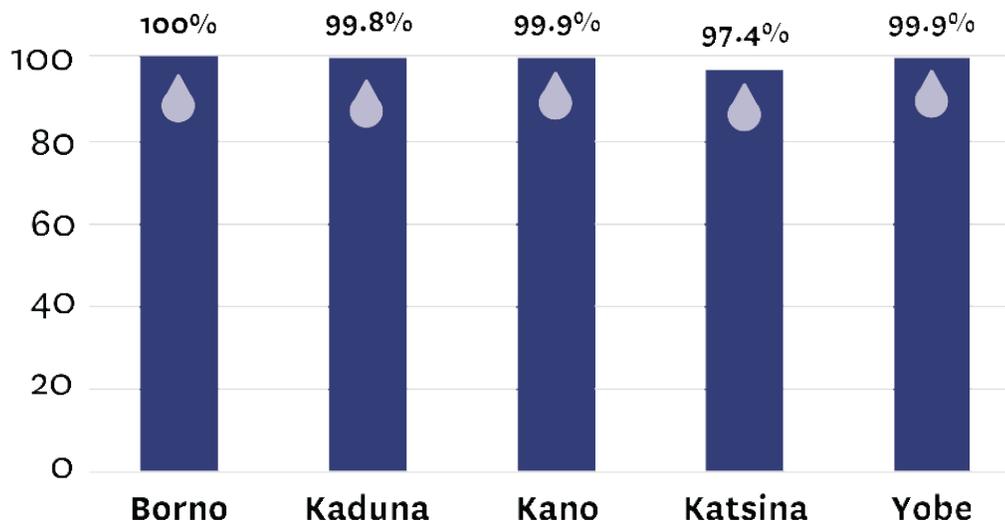
### **Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio Immunization Activities**

CGPP supported three SIAs (National Immunization Plus Days) and two OBR campaigns across the five program focal states during FY21 - SIAs held in November 2020, January 2021, and September 2021 in all focal states and OBRs in June OBR (Yobe, Borno, Kano, and Katsina) and July. CGPP also supported a third OBR campaign and the rollout and use of novel Oral Polio Vaccine Type 2 (nOPV2) in the country in four non-CGPP focal states of Sokoto, Zamfara, Niger and Delta States in March and April 2021.

The campaigns reached 421,560 children in project areas, with an overall FY21 campaign coverage of 99.3% in CGPP focal areas. Coverage in project areas ranged from 97.4% to 100% of targeted children on average (figure X). More than two thirds of children, 77%, had received at least 7 doses of OPV. CGPP VCMs successfully resolved a total of 76 noncompliant households which resulted in the vaccination of 175 children with OPV.

# NIGERIA

**Figure 15. SIAs campaign coverages across CGPP Nigeria focal States in FY21**



## OBJECTIVE 4:

### Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

Maintaining strong AFP surveillance remains a high priority following Nigeria’s polio-free certification in 2020. Insecurity, COVID-19 movement restrictions, and nomadic populations provide significant challenges to strong surveillance. CGPP provided strong community-based surveillance through its diverse network of 880 key informants and 1,140 VCMs. These volunteers conducted active case searches for AFP cases among children under 15 years. They engaged communities in group meetings and one on one conversations about AFP cases to ensure that suspected AFP cases were identified and reported quickly.

CGPP VCMs and CIs detected a total of 143 suspected AFP cases across the five States; 46 of the cases were confirmed true AFP and issued Epid numbers. There were a total of 88 true AFP cases reported in CGPP focal areas, with 46 (52.3%) reported by CGPP volunteers.

The NPAFP rate in project areas was 6.5 per 100,000 children 15 years and under. The stool adequacy rate was 100% and there were no silent areas.

## OBJECTIVE 5:

### Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

The Monitoring, Evaluation and Learning Services Bridge (MELSB) Activity of DevTech Systems, Inc. Nigeria, supported the USAID/Nigeria Health Population and Nutrition (HPN) technical office to conduct a National

# NIGERIA

(central), state, LGA and Ward-level Data Quality Assessment (DQA) in the CGPP focal states of Kano and Yobe. The central level DQA was conducted on August 4, 2021, while the state and community level DQAs were held on July 26-30, 2021, for both states. The DQA steps included a desk review of activity documents and data, data verification, and a review of the five (5) data quality standards across six (6) indicators for Q1 and Q2 FY2021.

The DQA identified some serious weaknesses in the project's data quality and recommended improvements. In response, CGPP developed a robust MEAL Remediation plan to address the gaps identified. USAID approved the operational plan developed to implement the remediation plan actions.

## OBJECTIVE 6:

### Support PVO/NGO participation in either a national and/or regional certification activities

CGPP is a member of the Polio Transition Technical Task Team (P4) at the National level. The CGPP Secretariat provided inputs into the development of the draft transition costed plan document in collaboration with other partners. CGPP also participated in the Polio transition workshops held during the fiscal year.

There was no Independent Surveillance review during the fiscal year. However, CGPP co-chairs the Operations Working Group of the National EOC where surveillance activities in the country are discussed and reports reviewed from states.

## TRANSITION PLAN

Nigeria has identified three national priorities for the transition of Polio assets to strengthen the PHC system. These are PHC revitalization, Disease Surveillance and Outbreak Response, and Routine Immunization. Following the ramp down in funding for PEI programs, CGPP a member of the Polio Transition Technical Task Team (P4) at the National level has supported and participated in the development of the costed transition plan.

The volunteers are one of the key assets to be transitioned to GON's community volunteer program called CHIPS (Community Health Influencers, Promoters and Services). CGPP Nigeria developed a concept note to build the capacity of the volunteers to be eligible for transitioning to the CHIPS program. In FY22, the transition plan was included in the work plan wherein CGPP will guide its in-country partners in building the capacity of the volunteers to become CHIPS. The Government of Nigeria and Partners continue to discuss the funding needed to implement the transition.

## GLOBAL HEALTH SECURITY

Under the Global Health Security Agenda, activities were ramped up with advocacy to stakeholders at the national and sub-national levels while the case definitions of the four (4) priority zoonotic diseases were finalized and approved by USAID. The GHSA MEL plan was developed and shared with the Mission for review, and the approved case definitions for the four selected priority zoonotic diseases have been translated into four languages common in the CGPP focal areas. These languages include Hausa, Fulfulde, Kanuri and Ajami for easy understanding by the Community volunteers.

# NIGERIA

## COVID-19

CGPP Nigeria implemented COVID-19 interventions through additional funding from USAID. COVID-19 strategies focused on leveraging the CGPP network of volunteers and their strong community relationships to deliver key messages on COVID-19 control and prevention and sensitizing and mobilizing communities for COVID-19 vaccination. CGPP supported the production and printing of COVID-19 IEC materials like posters, banners, leaflets, Flip books and translated COVID-19 documents in to 4 local languages of Hausa, Kanuri, Fulfulde and Ajami for use by the local communities. Additionally, well-positioned community volunteers were trained to identify suspected COVID-19 cases and conduct contact tracing in their communities. CGPP volunteers traced 56 COVID-19 contacts and conducted 175 COVID-19 outreach campaigns across focal LGAs.

CGPP supported the phase one and two roll-out of Astra Zeneca and Moderna COVID-19 vaccinations across its focal areas. A total of 173 CGPP personnel (18 staff and 155 volunteers) received the 1st dose of COVID-19 vaccines while 164 personnel (18 staff and 146 volunteers) received their 2nd dose.

CGPP actively participated in national and subnational tasks forces and meetings including: the National Rapid Response Teams of the COVID 19 Task Force in the areas of Risk Communication and Community Engagement (RCCE), Point of Entry (POE), Surveillance and Contact Tracing, Infection Prevention and Control (IPC), and Coordination at National, State and LGA levels. CGPP collaborated with the COVID-19 Command-and-Control Center (C&CC) of the National EOC to conduct a virtual National Training of Trainers on COVID-19 for all CGPP key staff which was cascaded to all CGPP frontline field workers.



CGPP VCMs and VWS line up during CGPP Motorized campaign on Covid-19 at Daura LGA, Katsina State which was carried out by CGPP Katsina. *Photo by LGAC.*

# Non-polio AFP rates by the numbers

Figure 17. Percentage of Non-Polio AFP Cases by Source of Identification in FY21

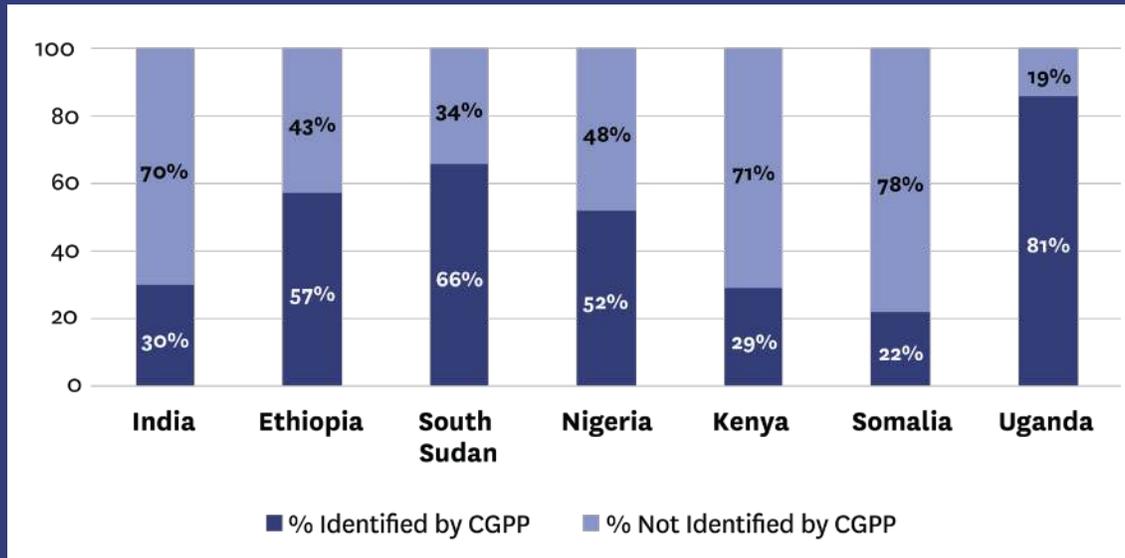
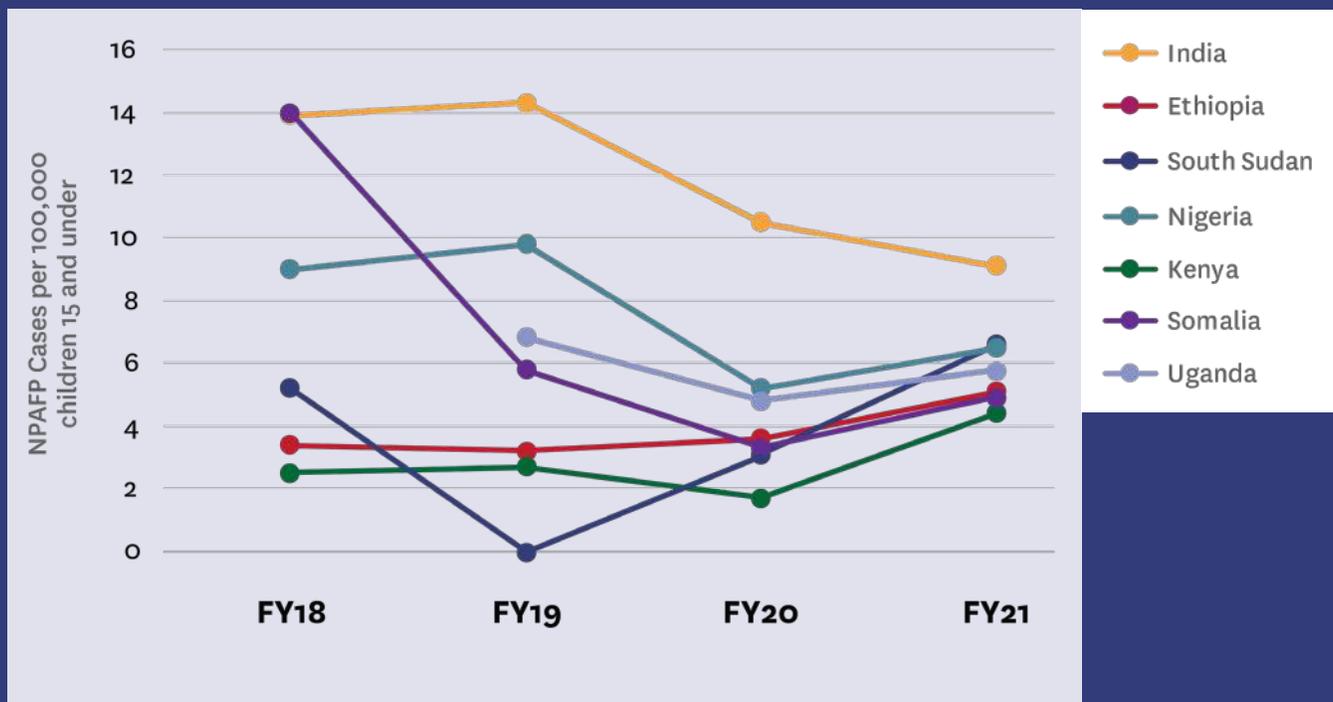


Figure 18. Non-Polio AFP Rates in CGPP Project Areas FY18-21



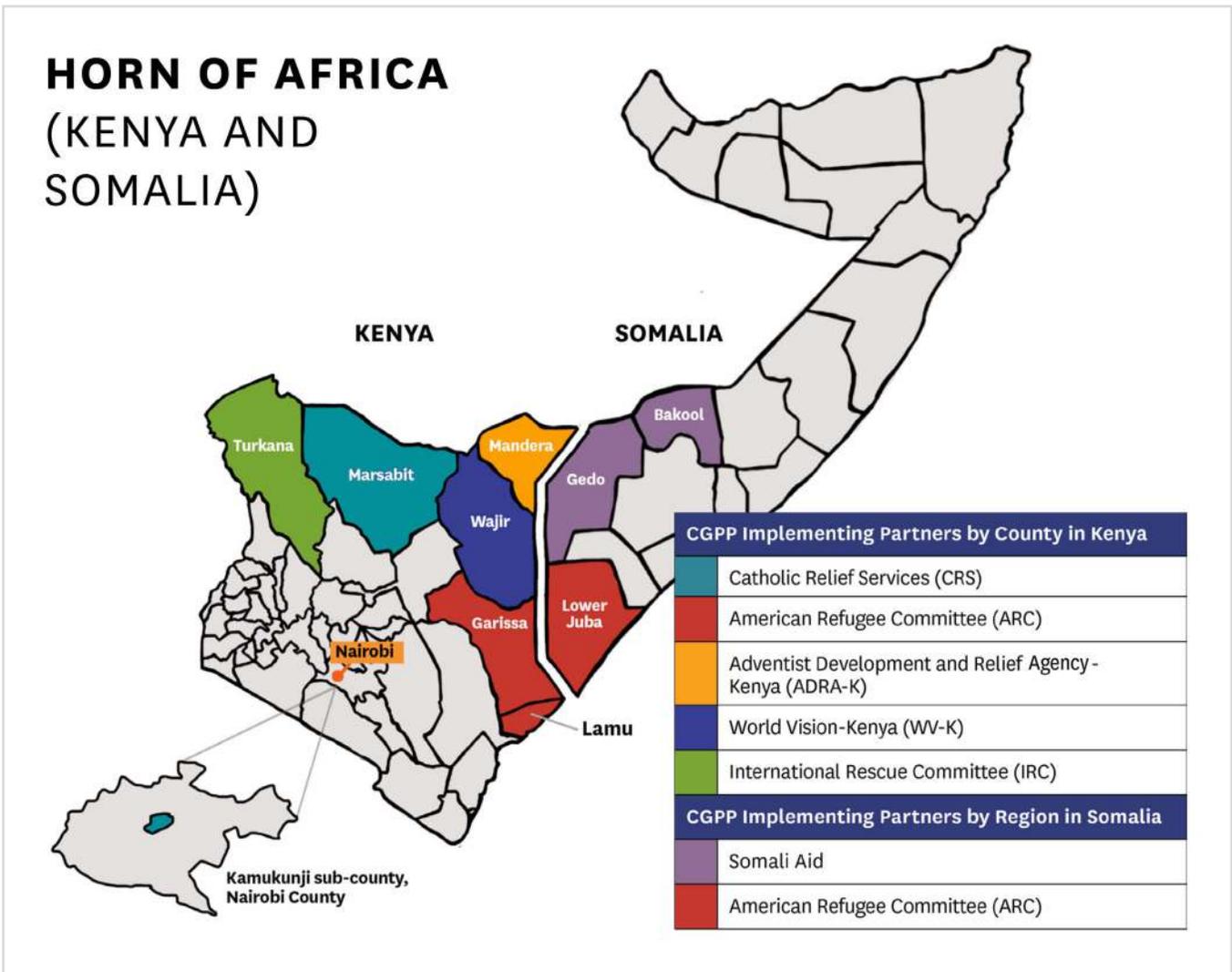


Outreach session in Degaga village in Afmadow district, lower juba region, Somalia. *Photo by CGPP HOA.*

# HORN OF AFRICA

## Introduction

The Horn of Africa (HOA) countries have experienced a resurgence of circulating vaccine-derived poliovirus 2 (cVDPV2) due to reduced and interrupted routine immunization schedules during the COVID-19 epidemic. Somalia continues to report cVDPV2 outbreaks, with three cVDPV2 cases in 2019 and 14 cVDPV2 cases in 2020 and three cases in 2021. The persistent transmission and trend clearly show evidence of the internal and international spread of the virus. Kenya remains at high risk of persistent transmission of cVDPV2 due to the frequent cross-border movement of highly vulnerable, low immunity mobile populations along the common porous and insecure borders. The region has pockets of suboptimal population immunity, with pools of under-immunized children among special population sub-groups such as nomadic pastoralists, immigrants, refugees, internally displaced persons (IDPs), and security compromised border settlements.



## HORN OF AFRICA

In 2021, Kenya reported six cVDPV2 cases from Garissa & Mombasa counties from human and environmental samples, with the sequence genetically linked to isolates detected in Somalia. The nationwide Lockdown, restricted movement, and the engagement of the surveillance personnel in COVID-19 response has resulted in low AFP case detection and missed vaccination schedules for many susceptible individuals and communities. CGPP responded with strong community engagement and intensified community-based surveillance, and outreach immunization services targeting special populations and security compromised border areas.

### OBJECTIVE 1:

#### **Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio**

CGPP worked through the coordinated efforts of five implementing NGO partners: World Vision-Kenya (WVK), Catholic Relief Service (CRS), Adventist Development and Relief Agency-Kenya (ADRA-K), International Rescue Committee (IRC), Alight (formerly American Refugee Committee) and SomaliAID. Implementing partners in Kenya supported 165 national and local coordination meetings to coordinate project activities and provide updates on COVID-19, risk communication, quarterly/annual program reviews, quarterly One Health coordination, community sensitization and dialogue sessions.



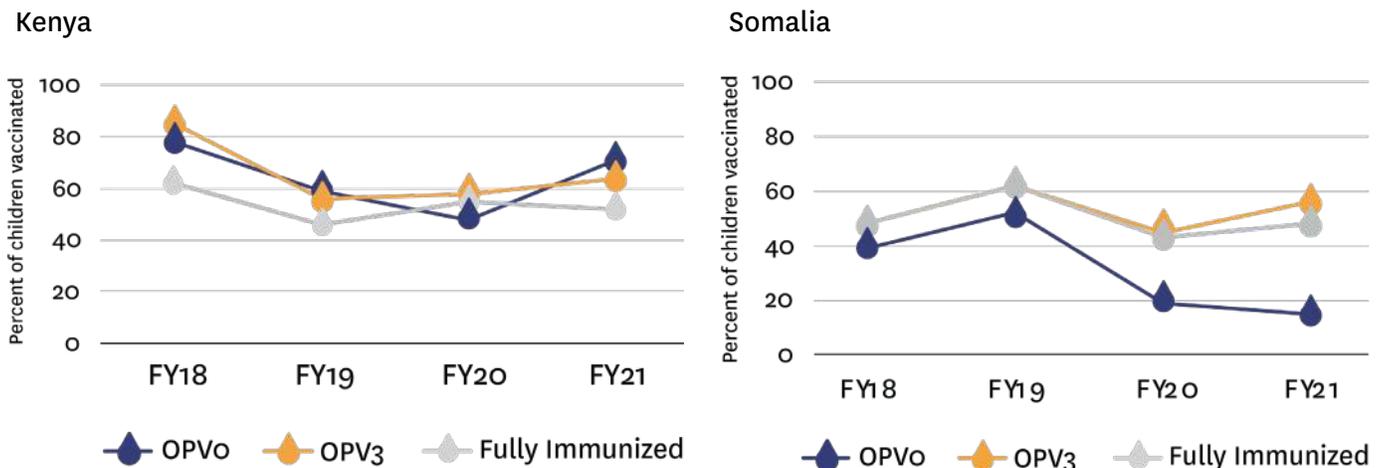
Vaccination of children during the second round of the mOPV campaign in Mogadishu, Somalia. *Photo by Ahmed Arale.*

# HORN OF AFRICA

CGPP Somalia implementing partners supported 30 coordination meetings (monthly/quarterly, annual review, SIA planning, and cluster coordination). CGPP made presentations on the status of cross border activities at The Global Polio Eradication Initiative (GPEI) bi-weekly partner and country meeting for Kenya, Ethiopia, Somalia, Sudan, Djibouti, South Sudan, and Yemen. CGPP participated in the Polio surge activities in Kenya and was chosen to lead the Cross Border Technical Working Group.

CGPP Kenya/Somalia continued to work closely with the Ministries of Health, WHO, UNICEF, USAID, and the CDC to ensure that all project activities are well coordinated among partners and the government. Additionally, the Secretariat participated in the UNICEF-led Weekly Risk Communication & Community Engagement Coordination meetings and the USAID Implementing partners COVID-19 Communication & Community Engagement Meetings.

**Figure 19. Trends of Routine Immunization Coverage in Children under 1, CGPP Project Areas, FY18-21**



## OBJECTIVE 2:

### Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

CGPP HOA trains CMs to support the national cadre of Community Health Volunteers (CHVs) in Kenya and Somalia. CGPP CMs work closely with the CHVs to provide health education, conduct AFP surveillance, and mobilize communities to vaccinate their children. CGPP trained community mobilizers conducted 1,241,038 household visits (512,121 in Kenya and 728,917 in Somalia) during routine social mobilization efforts. Project volunteers reached 809,851 people with Polio and AFP surveillance messages to promote vaccination and improve AFP case detection.

The project was challenged by COVID-19 lockdowns, health care facility closures, cold chain challenges, and vaccine carrier shortages during FY21, but worked closely with the MoH and partners to address these challenges through advocacy and procurement. These efforts contributed to improved OPV0 and OPV3 coverage in Kenya and increased OPV3 and full immunization coverage in Somalia.

# HORN OF AFRICA

## KENYA

CGPP's community mobilizers supported 95 border health facilities to conduct 676 outreach sessions for hard to reach and mobile populations along the Kenyan border. CGPP's 1,821 CMs/CHVs reached a total of 734,112 people through social mobilization activities – 483,637 through house-to-house visits and 250,4735 through group meetings.

Routine immunization coverage improved for OPVo and OPV3 for children under 1 in project areas from FY20 to FY21. OPVo coverage rose from 48% to 71%, while OPV3 coverage increased to 64% in FY21 from 58% in FY20. The percentage of fully immunized children dropped five percentage points to 52% for the year.

## SOMALIA

CGPP's 192 CHVs and 29 community mobilizers supported 27 health facilities to conduct 45 integrated immunization sessions, which reached 13,465 children under 1 with OPV3. Community mobilizers tracked and referred 792 of the 1,527 children who had missed routine immunization appointments. CM/CHVs worked closely with communities to mobilize parents to bring their children for immunizations. During the year, volunteers reached 75,479 people with social mobilization messages.

Routine immunization coverage improved for OPV3 and full immunization for children under 1 in project areas in FY21, but declined for OPVo. OPV3 coverage rose steadily from 45% in FY20 to 56% in FY21. The percentage of fully immunized children climbed from 43% in FY20 to 48% in FY21. OPVo coverage dropped to a dismal 15%, likely due to COVID-19 movement restrictions and insecurity.

## TRAINING

CGPP HOA continued to build the capacity of volunteers and healthcare workers in Kenya and Somalia. CGPP trained 1,296 people (408 HCW, 888 CMs/CHVs) in Kenya and 406 people (80 HCW, 326 CMs/CHVs) in Somalia on community-based surveillance, the care group model, vaccine preventable diseases, and priority zoonotic diseases.

High staff turnover in the facilities hampered program activities, especially routine immunization and surveillance. CGPP trained and sensitized new staff through refresher and on the job training where possible.

# HORN OF AFRICA

## OBJECTIVE 3:

### Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization activities

CGPP HOA supported four outbreak response campaigns in border areas of Kenya and Somalia to facilitate the vaccination of 1,487,865 children in FY21.

#### KENYA

CGPP provided technical and logistic support from the two outbreak response campaigns implemented in project areas in May and July 2021. The campaigns vaccinated a combined total of 1,163,683 children under five, achieving a 97 % coverage rate in the seven CGPP supported counties. The first campaign in May, reached 94% of the targeted children, while the second reached 99% of targeted children (Table 6). At the 290 transit and special vaccination sites supported by the CGPP, 147,356 children under the age of five received vaccinations. A total of 1,013 zero dose children were vaccinated through the two campaigns, with 4% missed children. Project CMs/CHVs mobilized communities to vaccinate their children. Program Officers from the CGPP implementing partners also participated in the supervision of the campaign through the provision of LQAS and inprocess monitoring.

#### SOMALIA

Two outbreak response campaigns were executed in Somalia during FY21. CGPP implementing partners provided extra teams, aided in the development/updating of microplans, and increased house to house visits to raise awareness for the campaigns. Partner staff participated in monitoring and daily review meetings during the campaigns. Overall, the campaigns reached 324,182 children, 99% of the targeted children (Table 7). Two percent of houses and one percent of children were deemed missed during the campaign. The number of zero dose children, 2,268 was much higher in FY21 than it was in FY20, likely due to the COVID-19 movement restrictions and insecurity in Somalia.

**Table 6. Children reached through Supplemental Immunization Activities in Kenya**

	<b>OBR 1 (bOPV) Nov/Dec 2020</b>	<b>OBR 2 (mOPV2) July 2021</b>
Target	556,507	647,884
# Reached	520,665	643,018
% Reached	94%	99%
# Reached at transit/special posts	45,836 (9%)	101,520 (15%)
Zero doses	595	418

**Table 7. Children reached through Supplemental Immunization Activities in Somalia**

	<b>OBR 1 (bOPV) Nov/Dec 2020</b>	<b>OBR 2 (mOPV2) July 2021</b>
Target	170,190	157,882
# Reached	167,773	156,409
% Reached	99%	99%
# Reached at transit/special posts	79,178 (46%)	38,552 (24%)
Zero doses	570	1,698

# HORN OF AFRICA

## OBJECTIVE 4:

### Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)



CGPP Secretariat Director Ahmed Arale administering OPV to a child in Wajir County, Kenya. *Photo by CGPP HOA.*

## KENYA

CGPP community mobilizers visited 728,917 households to reach 1,059,274 families with 131,303 children under age 5. The project reached 809,851 people with information about polio and AFP surveillance. CGPP supported CMs visited 512,121 households for active case search. The non-polio AFP rate overall in project focal areas of Kenya was 4.4 per 100,000 children under 15 years, an improvement from FY20. Six of seven project focal counties had AFP rates higher than 2.0 per 100,000 children under 15 years, with Lamu County being the only exception. The stool adequacy rate for project areas was 76%. A total of 146 AFP cases were reported from CGPP project areas in Kenya; of these, 43 (29%) were identified by CGPP CMs/CHVs.

To improve the functionality of the surveillance system, as noted above, CGPP trained CHVs/CDRs, CMs, and others on community-based surveillance, data management, and IDSR. During the reporting period, 65 surveillance meetings, workshops, and reviews of health facility data were held to ensure strong surveillance data reporting.

## SOMALIA

Community mobilizers visited 728,917 households with 1,059,274 families, and 131,303 children aged five years and under during social mobilization and active case search in project areas. During the reporting period of FY21, a total of 58 suspected AFP cases were reported in CGPP-supported locations, of which 13 (22%) were identified by community mobilizers (Table 5). Seven of the suspected AFP cases were detected from nomadic populations. The non-polio AFP rate for project areas was 4.93 per 100,000 children under 15 years. All project focal areas had an NPAFP rate above 3 per 100,000 children under 15 years. The stool adequacy rate was 88% for project areas. Four out of eighteen CGPP supported districts were silent.

# HORN OF AFRICA

## GLOBAL HEALTH SECURITY

Through its established network of volunteers, CGPP provided strong surveillance for priority zoonotic diseases. Through community engagement activities, CGPP volunteers reached 809,591 people in Kenya and Somalia with critical messages on human and priority zoonotic diseases. The project conducted 14 community dialogue meetings to sensitize communities and clarify knowledge related to priority zoonotic diseases. Volunteers reported a total of 976 animal alerts over the year.

Strong integrated (MOH and Veterinary) supportive supervision was a key component of CGPP's GHS work. CGPP supported 33 integrated supportive supervision sessions in the six counties of Kenya and two regions of Somalia. These sessions aimed to enhance the performance of the surveillance actors and provide real time solutions to challenges. CGPP trained 1,699 health care workers, community mobilizers, and community disease reporters (CDRs) on community-based surveillance and risk communication for priority zoonotic diseases. Additionally, CGP-GHS supported Marsabit County in developing a disease control and surveillance strategy and organized Rift Valley Fever response meetings in Garissa, Mandera, and Wajir counties.

### OBJECTIVE 5:

## **Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities**

CGPP focused on improved communication and information exchange during FY21, utilizing real-time updates through WhatsApp and Weekly project bulletins to the USAID mission and partners. The CGPP designed and disseminated a quarterly project bulletin detailing the projects accomplishments, lessons learned, and challenges. In addition, CGPP, through support from the implementing partners, published and distributed 10,469 revised community-based surveillance handbooks, Care Group flipbooks, and bi-annual newsletters. These resources aid in improving communication education and surveillance.

The CGPP HOA team and CGPP HQ presented three posters at the American Public Health Association (APHA) conference virtually in October 2020. The posters presented included:

- Leveraging polio infrastructure for Covid-19 mitigation in Nairobi's informal settlements.
- Boda Boda taxi! Delivering cost-effective outreach vaccination.
- Medical services to nomadic populations in Kenya and Somalia remote areas.

# HORN OF AFRICA

## OBJECTIVE 6:

### Support PVO/NGO participation in either national and regional certification activities

Polio transition planning at the country level relies upon evidence and improved documentation. CGPP continues to contribute in this way to the country transition plans. CGPP attends bi-weekly GPEI partners and tripartite national coordination meetings to respond to ongoing cVDPV2 outbreaks. By attending the monthly AFP surveillance meeting with high-risk counties, CGPP facilitated the distribution of IEC materials in sponsored counties/regions. The project leads the cross-border technical working group.

CGPP HOA has endeavored to use the polio investment and infrastructure to successfully integrate interventions for Global Health Security and COVID-19. Global Health Security work focuses on community-based surveillance for priority zoonotic diseases. To respond to the COVID-19 pandemic, CGPP used its existing polio infrastructure and network of trained community volunteers and program employees to conduct social mobilization and community sensitization and screen people at villages and border crossing locations. Through training, the project has equipped community health volunteers to better plan for, report (electronically) signals and respond to emerging and re-emerging infectious diseases, especially priority zoonotic diseases. In addition, the project supported the establishment of One Health coordination mechanisms in the six project implementation counties in Kenya. It has also strengthened cross-border health coordination & collaboration through the establishment of cross-border health committees.

#### COVID-19

CGPP integrated COVID-19 prevention messaging into its already established risk communication and community engagement messaging. A total of 66,221 (65,127 in Kenya, 1,094 in Somalia) community leaders (religious leaders, female leaders, village headsman, traditional healers, and other influencers) and 1,318 (1,210 in Kenya, 108 in Somalia) community volunteers in CGPP project areas were taught about COVID-19. The trained CHVs reached 229,489 (140,904 in Kenya, 88,585 in Somalia) households with covid-19 messages. The CGPP implementing partners shared 838 (690 in Kenya, 148 in Somalia) messages with members of the communities in the supported areas using WhatsApp platforms reaching approximately 1,531,305 (1,512,224 in Kenya, 19,081 in Somalia) persons in the community.

CGPP regularly attended and presented at the CORE Group Global COVID-19 coordination meetings, weekly USAID COVID-19 communication and Community Engagement Coordination meetings, and at the UNICEF bi-weekly Risk Communication and Community Engagement Coordination meetings.

## Community-based Surveillance by CGPP teams

Figure 20. Community-based Surveillance for 13 Diseases/Events by CGPP Teams









	India	Ethiopia	South Sudan	Nigeria	Kenya	Somalia	Uganda
AFP	X	X	X	X	X	X	X
COVID-19	X	X	X	X	X	X	X
Measles		X	X	X	X	X	
NNT		X	X				
Yellow Fever			X				
EVD			X				
AEAI			X				
Rabies		X			X		
Anthrax		X			X		
Brucellosis		X			X		
Trypanosomiasis					X		
Rift Valley Fever					X		

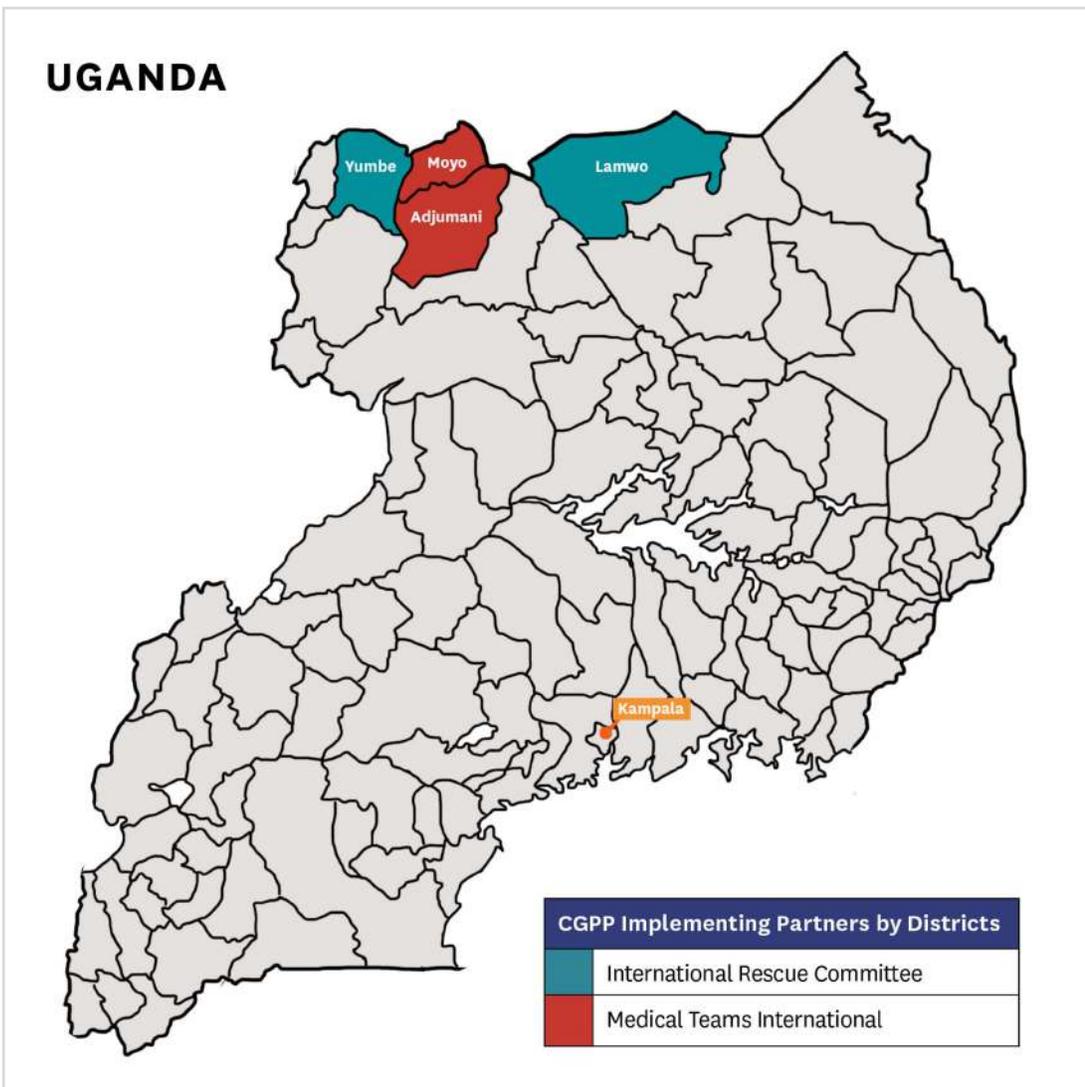


Supervision and mentorship of healthcare workers on AFP surveillance and reporting in CGPP implementation area of Uganda. *Photo by CGPP Uganda.*

# UGANDA

CGPP Uganda continued to work through two International NGOs; Medical Teams International (MTI) and International Rescue Committee (IRC) to conduct a program focused primarily on Community-Based Surveillance in refugee communities along Uganda’s Northern border with South Sudan. The project targeted four districts; Lamwo, Yumbe, Adjumani and Obongi reaching a total population of 1,401,753 beneficiaries, including 738,343 children under 15 years of age. The project achieved a NPAFP rate of 5.7 per 100,000 children under 15 years of age in project areas.

The CGPP program in Uganda was launched in 2019 in response to a request from the Ugandan Ministry of Health and the WHO at an annual Horn of Africa TAG meeting. The program in Uganda has a limited focus on the specific need to conduct community-based surveillance among South Sudanese refugees on Uganda’s Northern border to protect the country from the importation of polio across the porous border. In FY2021,



# UGANDA

CGPP continued to support reporting and investigation of AFP cases among refugees from South Sudan and host communities in four districts located near border crossing points and refugee settlements, including the Bidibidi Refugee Camp that houses a quarter million South Sudanese. In all, Uganda hosted about 850,000 South Sudanese refugees, or 59% of all refugees and asylum seekers during the reporting period. Refugees cited insecurity, lack of food and access to basic services, such as education and healthcare, as the main reasons for flight, according to the United Nations High Commissioner for Refugees (UNHCR).

Uganda has a progressive, open-door policy for refugees, providing plots of land for housing and farming and access to multi-sectoral services. Central to government policies based on fairness and equity, resources are shared between local and refugee communities. Similarly, the new CGPP program was launched at the request of the Ugandan government to benefit the influx of refugees as well as the host communities by strengthening the Ugandan Integrated Disease Surveillance and Response (IDSR) system at the community level. This is done by establishing a Community Based Disease Surveillance (CBDS) system utilizing existing Village Health Teams (VHTs) and recruiting community leaders in refugee settlements to work as key informants (KIs); both groups look for and report on suspected cases of AFP to enhance traditional facility-based surveillance. This general approach was pioneered by CGPP Ethiopia and then later adapted by CGPP South Sudan. Community mobilizers are engaged in both active and passive disease surveillance. They comprise prominent members of society, such as VHTs, community leaders, religious leaders, market vendors, barbers and opinion leaders. VHTs act as the primary contact for village-level health needs. VHTs engage and empower villages in broad ways, reaching the community through house-to-house visits, community dialogue, sessions of maternal and child nutrition groups or service points such as food distribution sites. They meet with mothers, adolescent girls, barbers, market vendors, religious and cultural leaders. They conduct contact tracing and provide referral and linkages to health facilities. Key informants, on the other hand, are identified to support the community-based surveillance system. Local council members, religious leaders, opinion leaders, clan leaders and elders passively look for and report on suspected cases of AFP to greatly enhance the sensitivity of traditional facility-based surveillance.

## OBJECTIVE 1:

### **Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio**

In collaboration with the District Local Governments, two international NGOs implemented project activities in four northern Uganda districts. Medical Teams International (MTI) reached 238,237 children under the age of 15 through surveillance in 19 settlements in Adjumani and Obongi. International Rescue Committee (IRC) reached 408,668 persons under 15 years of age through surveillance in Yumbe district and 104,977 children under 15 in Lamwo district. Both partners supported health facilities and referral services in and around refugee settlements. Quarterly review meetings were led by regional CGPP staff and attended by members from IRC, MTI, District Local Governments and MOH to discuss implementation progress and challenges. Both partners attended routine inter-agency coordination meetings and worked closely with other health partners for training, case investigation, review meetings, and supervision.

# UGANDA

## OBJECTIVE 4:

### Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

The combination of CBDS and IDSR has strengthened district surveillance systems by increasing the number of active case searches, defaulter tracing, and health education sessions during routine household visits in the CGPP focal districts. In all, 1,085 VHTs reached 1,401,753 people with social mobilization messages and 738,343 children under 15 through surveillance; 37% of all VHTs are women. CGPP-trained VHTs and KIs contributed to the integrated disease surveillance system by conducting case searches and reporting identified cases to local health facilities. Overall, they identified 81.4% (35/43) NPAFP cases in project areas; 34.9% (15/43) were identified among refugee populations. The combined NPAFP rate was 5.7 per 100,000 children under 15 in CGPP focal districts compared with 4.82 per 100,000 children under 15 in FY2020. The stool adequacy rate was 94% in project areas, and there were zero silent project areas.

Additionally, CGPP continued to build the capacity of the surveillance system in project focal areas. CGPP and partners held 33 training sessions with 4,107 participants during FY21. The training topics included surveillance, immunization, child health, and other related topics.

Following the Ministry of Health's identification of vaccine derived Polio virus in Uganda in August 2020, CGPP intensified active AFP search with regular visits to health facilities by DSFP and PHO to support the surveillance teams at health facilities and border monitoring team. CGPP partners conducted thirty-three training sessions for 4,107 participants of including 3,413 village health teams (VHTs), 335 were health workers and 359 community key informants. These capacity-building sessions included formal training, mentorships, continuous professional development, and one-on-one orientation.

## MTI

Medical Teams International, alongside two NGOs - Alliance Forum for Development and Plan International – MTI trained and supported 593 VHTs to conduct surveillance and health promotion activities, reaching 1,070,620 people with social mobilization messages. CGPP affiliated VHTs reported 100% (21/21) NPAFP cases in the project catchment areas; All NPAFP cases were reported within 7 days of paralysis.

CGPP partners focused on building a strong network of key informants, sensitizing communities to signs and symptoms of AFP and conducting AFP surveillance, and providing strong supportive supervision, mentorship and review meetings to Cross-border Collaboration. VHTs used their planned house-to-house visits to conduct active case searches. They provided communities with messaging on AFP surveillance and immunization during regular health education sessions conducted during community meetings and during market days. MTI supported micro-planning meetings for 42 focal persons in Adjumani and 15 in Obongi to develop a road map for monitoring performance. In all, MTI held 544 monthly meetings with religious leaders, community volunteers, VHTs and mothers to address integrated CBDS and event reporting, success and challenges in active search for AFP cases, integrated community outreaches in EPI, defaulter tracking and nutrition activities in the



Investigating a suspected AFP cases in Lamwo District. *Photo by CGPP Uganda.*

communities. CGPP collaborated with the District Diseases Surveillance Department to produce nine radio talk shows that were broadcast to more than 500,000 potential listeners in Adjumani and Obongi with polio surveillance and immunization messages.

Following a second national lockdown in June 2021, VHTs conducted community mobilization and sensitization using a door-to-door approach and megaphones for sensitization during general food distribution (GFDs). This activity reached out to an estimated 290,250 people with AFP, COVID-19, and other health promotion messages.

MTI conducted four VHT quarterly review and performance review meetings in health facilities in Adjumani and Obongi covering 22 health facilities. CGPP supported the District Health Office's weekly EPI outreaches in hard-to-reach areas and provided support for child health days and three multiantigen catch-up campaigns. Additionally, MTI supported cold chain management systems, supportive supervision visits, vaccine fridge maintenance and transportation and redistribution of vaccine antigens to all health posts and outreach points. With support from UNHCR, 476 VHTs and 48 KIs in Adjumani and Moyo and nearby host villages were equipped with kits containing a bicycle, raincoat, umbrella, back bag, torches, gumboots and reporting tools.

# UGANDA

## IRC

To build the capacity of the surveillance network, IRC trained and supported 492 VHTs and 1,040 community key informants to conduct effective polio-related health education sessions and defaulter tracing, reaching 331,133 people in FY21. VHTs, through active case search, reported 63.6% (14/22) of the total NPAFP cases in project areas.

VHTs provided communities with health education and information about polio, AFP surveillance, childhood immunizations, COVID-19 and other relevant health topics. VHTs and community key informants worked together to identify and report cases in project focal areas. VHTs went house to house to deliver information and search for suspected AFP cases. VHTs and community leaders held monthly meetings in their respective villages with public health officers and health facility in-charges to review performance and conduct refresher training on case definitions, identification, and referral protocols. CGPP partners facilitated district-led quarterly support supervision of health centers.

IRC built the capacity of the surveillance network through training, mentorship and on the job training. CGPP provided mentorship of health workers to improve knowledge on immunizations, vaccine preventable diseases, case detection and reporting, and vaccination. During FY21, IRC conducted 414 review meetings and workshops to support and improve facility AFP detection. The team provided Cold chain monitoring, on-the-job mentorship, and development of health facility micro-plans to ensure timely vaccination of children were among the focus areas during these support supervision visits. In Yumbe, IRC conducted two trainings for 224 VHTs on community-based AFP surveillance and campaign activities for NIDs and SNIDs; 334 VHTs participated in the same training in Lamwo. A separate training for health workers on community-based surveillance, detection of vaccine-preventable diseases, and reporting reached 144 health workers in Yumbe and 42 health workers in Lamwo. WHO, in collaboration with the MOH and the Lamwo District Local Government, conducted a joint CBDS refresher training for 300 VHTs. IRC conducted monthly mentoring of health workers at 17 health facilities in Lamwo. IRC identified, recruited, and trained 100 key informants, including local council members, religious leaders, opinion leaders, clan leaders, women leaders and elders.

## A closer look at circulating vaccine-derived poliovirus (cVDPV) cases

Figure 21. Circulating Vaccine-derived Poliovirus (cVDPV 2) reported through AFP cases in African CGPP countries, 2016 to 2021



Table 8. Number of Circulating Vaccine-derived Poliovirus (cVDPV) cases in African CGPP countries

CGPP Country	Source of sample collection	No. of cVDPV (Type 2) cases					
		2016	2017	2018	2019	2020	2021*
Ethiopia	AFP cases	-	-	-	14	36	9
	Other human sources	-	-	-	9	0	-
	Environment samples	-	-	-	3	4	-
	<b>Total cVDPV 2</b>	-	-	-	26	40	9
Nigeria	AFP cases	1	-	34	18	8	289
	Other human sources	2	-	53	18	8	112
	Environment samples	1	-	44	64	5	153
	<b>Total cVDPV 2</b>	4	-	131	100	21	554
South Sudan	AFP cases	-	-	-	-	50	9
	Other human sources	-	-	-	-	19	5
	Environment samples	-	-	-	-	6	-
	<b>Total cVDPV 2</b>	-	-	-	-	75	14
Kenya	AFP cases	-	-	-	-	-	-
	Other human sources	-	-	-	-	1	2
	Environment samples	-	-	1	-	1	1
	<b>Total cVDPV 2</b>	-	-	1	-	2	3
Somalia	AFP cases	-	-	6	3	14	1
	Other human sources	-	-	-	2	13	2
	Environment samples	-	2	19	5	27	1
	<b>Total cVDPV 2</b>	-	2	25	10	54	4
Uganda	AFP cases	-	-	-	-	-	-
	Other human sources	-	-	-	-	-	-
	Environment samples	-	-	-	-	-	1
	<b>Total cVDPV 2</b>	-	-	-	-	-	1

\*Data as of 23rd November 2021

Source: WHO, Global Circulating Vaccine-derived Poliovirus, <https://polioeradication.org/polio-today/polio-now/this-week/circulating-vaccine-derived-poliovirus/>

# GENDER ANALYSIS

As the impacts of the COVID-19 pandemic continued around the globe, CGPP’s predominately female volunteer network persisted to reach isolated and hard to reach communities with information and support in FY21. They exemplified strong leadership in struggling communities, providing evidence-based information about polio, vaccination, and COVID-19 prevention, linking communities with health care centers and services, and encouraging open, safe conversations and support among community women.

Vaccination coverage in CGPP implementation areas remained comparable among girls and boys in CGPP program areas. While some countries reported differences in rates among boys and girls, these differences were not significant. However, gender norms related to decision-making continued to impact child vaccination status. The CGPP strived to empower women as leaders and decision makers in their families, to improve the knowledge and positive engagement of men in child health, and to create communities that support equity in access to polio immunization and in vaccination.

## EMPOWERMENT AND SUPPORT OF WOMEN

- **Capacity Building and Training for CGPP Female Volunteers and Healthcare Workers:** The CGPP built the capacity of its predominately female volunteer workforce through extensive training sessions, supportive supervision, and on the job training. During FY21, over 10,000 female volunteers and



Conducting supportive supervision by project officer in Kapoeta South County, South Sudan. *Photo by CGPP South Sudan.*

# GENDER ANALYSIS

healthcare workers participated in CGPP training sessions. Volunteers were equipped with strong command of health, vaccination, and surveillance information, keen knowledge of their communities, and strong interpersonal communication skills. These qualities made them successful even under the constraints levied by the COVID-19 pandemic.

- **Supportive and Safe Spaces for Women:** CGPP utilized one on one and group opportunities to reach women and provided a confidential and safe space to share information and learn. CGPP HOA expanded its use of the Care Group Model during FY21, increasing the number of groups and adding modules on COVID-19 home based care to equip women who were tapped as caregivers during the COVID-19 pandemic. Through Care Groups, lead mothers provided bi-weekly education sessions on immunization, health, and child rearing. These sessions acted as safe spaces for women to share personal experiences and learn from each other.
- **Linkages to healthcare centers and other services:** CGPP's volunteers acted as links between communities and the provision of key health services. They tracked infants and pregnant women to ensure OPV birth dose and routine immunization, identified defaulters and referred them to healthcare centers, and mobilized communities around supplemental immunization campaigns and other special opportunities for the provision of health services. In FY21, CGPP Ethiopia HDALs/CVs referred 58,933 pregnant women, 40,652 newborns, and 17,676 defaulter children. Similarly, BHPs in South Sudan identified and referred 16,264 pregnant women, 18,182 defaulter children, and 12,645 newborns for vaccination. In Kenya and Somalia, CMs and CHVs support established health posts utilize health records and community connections to identify and trace children in need of vaccination.

## MALE ENGAGEMENT AND SUPPORT

Although women are typically primary caregivers of children in CGPP implementation areas, men possess decision making power. Without their buy-in and support, immunization initiatives cannot permeate communities. CGPP leveraged the power and status of key male voices to educate, mobilize, and empower communities for vaccination. CGPP endeavored to simultaneously engage men and empower women through a variety of social and behavior change interventions.

- **Engagement of Male Religious, Clan, and Community Leaders:** The CGPP utilized prominent and influential male figures to impart information about vaccination to communities. Religious leaders used church and mosque services to provide information about childhood immunization to attentive community members. Once sensitized, community leaders acted as immunization champions to improve the acceptance of vaccines in their communities. CGPP India formed Community Action Groups (CAGs), groups of 5-6 key (usually male) influencers, who met regularly with the purpose of creating and enabling environment for health workers. This community-focused approach helped to resolve vaccine hesitancy, address stigma, and mobilize communities.
- **Support from Male Peers:** Social and gender norms often complicate the delivery of health information from female volunteers to male community members. Instead, CGPP trained and male community members to impart correct information about vaccination and health to their peers. CGPP

## GENDER ANALYSIS

Nigeria began the Male Peer Educator (MPE) initiative to reach fathers and influential males in focal communities in Borno, Yobe, Kano, and Katsina. Men were selected from their communities and trained on the importance of OPV and vaccination. They were then deployed to have conversations with other men, particularly those resistant to vaccinating their children.

# ANNEX A

## Trainings by CGPP India in FY21

DETAILS OF TRAININGS CONDUCTED BY CGPP INDIA, OCT. 2020 TO SEP. 2021

No.	Type of training	Participants	Dates	No. of participants
1	Review meetings cum trainings (virtual)	SRCs and Program Officer	29 <sup>th</sup> Oct. 2020	4
		SRCs and Program Officer	9 <sup>th</sup> and 23 <sup>rd</sup> Nov. 2020	4
		SRCs, Program Officer and DMCs	18-19 Feb. 2021	20
		SRCs and Program Officer	12 <sup>th</sup> Apr. 2021	4
		SRCs and Program Officer	20 <sup>th</sup> July 2021	5
		SRCs, Program Officer and DMC (Technical meeting on LQAS and writing short stories on the project)	31 <sup>st</sup> Aug. 2021	20
		SRCs, Program Officer and DMCs	17 <sup>th</sup> Sep. 2021	20
		SRCs, Program Officer and DMCs	23 <sup>rd</sup> Sep. 2021	20
2	Orientation cum training on CGPP India's COVID-19 response	SRCs and DMCs, BMCs, Cluster facilitators	June 2021	108
		Community Mobilizers	June-July 2021	696
		Mobilizer Mitras – MMs (Government-supported field functionaries) from Nuh district of Haryana	June-July 2021	83
3	In-service training to improve RI vaccination coverage and promote COVID-Appropriate behaviors	ASHAs and ASHA supervisors	Oct. 2020 to Sep. 2021	2099
		Anganwadi workers	Jul. to Sep. 2021	648
		Auxiliary Nurse Midwives (ANMs)	Jul. to Sep. 2021	795

# ANNEX B

## Our Partners

### India

#### International NGOs

1. Adventist Development and Relief Agency (ADRA)
2. PCI
3. Catholic Relief Services (CRS)

#### National/Local NGOs

1. ADRA India
2. Gorakhpur Environmental Action Group
3. Jan Kalyan Samiti
4. Meerut Seva Samaj
5. Sarathi Development Foundation
6. Society for All Round Development (SARD)
7. People's Action for National Integration (PAN)

### Ethiopia

#### International NGOs

1. Amref Health Africa
2. CRS\*
3. International Rescue Committee (IRC)
4. Save the Children International (STC)
5. World Vision (WV)

*\*Additionally, local partners Bahir Dar-Dessie Catholic Secretariat and Harerghe Catholic Secretariat work with CRS.*

#### National/Local NGOs

1. Ethiopian Evangelical Church Mekane Yesus
2. Ethiopian Orthodox Church
3. Pastoralist Concern
4. Organization for Welfare Development in Action (OWDA)

# OUR PARTNERS

## South Sudan

### International NGOs

1. World Vision

### National NGOs

1. Support for Peace and Education Development Program (SPEDP)
2. Organization for People's Empowerment and Needs (OPEN)

## Nigeria

### International NGOs

1. CRS
2. International Medical Corps (IMC)
3. Save the Children (STC)

### National/Local NGOs

1. Archdiocesan Catholic Healthcare Initiative (DACA)
2. Community Support and Development Initiative (CSADI)
3. Family Health and Youth Empowerment (FAHYE)
4. Federation of Muslim Women Association of Nigeria (FOMWAN)
5. WAKA Rural Development Initiative
6. Royal Heritage Healthcare Foundation

# OUR PARTNERS

## HOA

### *Kenya*

#### International/National NGOs

1. ADRA-Kenya
2. ARC (Alight)
3. CRS
4. International Rescue Committee
5. WV-Kenya

### *Somalia*

#### International NGO

1. ARC (Alight)

#### Local NGO

1. Somali Aid

## Uganda

#### International NGOs

1. International Rescue Committee
2. Medical Teams International (MTI)

