CORE Group Partners Project

FY22 ANNUAL REPORT

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coregroup Partners Project

World Vision

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An online interactive version of the report is also available in addition to PDF.

A community mother shows an immunization card in South Sudan. *Photo by CGPP South Sudan.*

On the cover: CGPP volunteer checks for accute flaccid paralysis. *Photo by Jemima Tumalu, CGPP South Sudan.*

Introduction

The 2020 emergence of COVID-19 provided substantial challenges for the Global Polio Eradication Initiative. Vaccine hesitancy has grown, seemingly fueled by the introduction of the COVID-19 vaccine and the myths and misconceptions that overshadowed it. Routine immunization (RI) sessions were hampered and not well-attended, causing delays in the timing of RI in children born during the pandemic. Supplemental immunization activities (SIA) and group meetings were postponed or cancelled to prevent the spread of COVID-19, leaving many children without the supplemental doses needed to reinforce protection from the poliovirus.

However, FY22 brought glimmers of hope, as many activities returned to pre-COVID levels and rebounds were seen in routine immunization, SIA, and surveillance indicators in many countries.

In response, the CORE Group Partners Project (CGPP) built workforce capacity, expanded, and adapted to meet the changing needs of its nine focal countries. In FY22, CGPP continued its work in seven countries: India, Ethiopia, Kenya, Nigeria, Somalia, South Sudan, and Uganda, extending its polio work to Niger and COVID-19 programming in Angola. The lessons learned through the 23-year project history were applied in innovative ways to address circulating vaccine-derived poliovirus (cVDPV) cases, Global Health Security (GHS), and the COVID-19 pandemic in mobile, migrant, refugee, and other hard-to-reach populations. CGPP's pioneered approaches to integrated community-based surveillance and cross-border collaboration allowed the project to continue reaching nomadic and mobile populations as well as engaging community influencers and leaders all of which were integral to the project's progress during the year.

What began in 1999 as a mechanism to engage civil society in polio eradication is now a network of strong partnerships with 21,424 active community volunteers engaged in the fight to eradicate polio, stay vigilant against emerging zoonotic diseases, and reduce COVID-19's spread. Agile approaches to reach communities with health education, social mobilization, and community-based surveillance for vaccine-preventable and priority zoonotic diseases allowed volunteers to make headway, even in some of the most hard-to-reach, remote, and security-compromised border regions of the world. With an eye on sustainability, CGPP trained 22,527 people, including 16,061 project volunteers, building the capacity of volunteers, government frontline workers, and healthcare workers to increase vaccine demand, deliver lifesaving vaccines, and strengthen disease surveillance.

Adapting risk communication and community engagement (RCCE) strategies and messaging to combat misinformation, vaccine hesitancy, and stigma, the project continued to advocate for vaccination and positive behavior change. Project volunteers bravely reached more than 9.5 million people through one-on-one and group meetings to deliver clear information and mobilize parents to immunize their children. CGPP volunteers and staff supported outreach vaccination sessions to ensure ample opportunities to rectify missed vaccinations and reach zero-dose children. After significant declines in routine immunization following the start of the COVID-19 pandemic, RI coverage rebounded in most project areas. Routine immunization coverage fell in Nigeria and Ethiopia, hampered by insecurity in many project areas. CGPP also supported 13 supplemental immunization and outbreak response campaigns during the fiscal year, boosting the immunity of nearly 3.5 million children with OPV and IPV doses. Social mobilization efforts ensured that all campaigns in project areas surpassed the 90% coverage threshold.

As cVDPV cases persistently emerge throughout Africa, strong surveillance is of vital importance. CGPP continues to model and advocate for the effectiveness of integrated community-based surveillance. Project volunteers, influencers, and key informants contributed significantly to disease surveillance for polio and zoonotic diseases, identifying nearly half of all non-polio acute flaccid paralysis (NPAFP) cases in project areas globally. Through strong partnership, CGPP supported the collection and transportation of samples, ensuring that suspected NPAFP cases were reported and investigated quickly.

CGPP's Global Health Security work in Ethiopia, Kenya, and Nigeria utilized a One Health approach focused on multisectoral and multidisciplinary coordination, collaboration, and communication to address emerging and priority zoonotic disease threats. The project brought together human and animal health experts and volunteers to work jointly on the identification, investigation, and response to suspected disease outbreaks, and for the vaccination of humans and animals. CGPP also provided integrated community-based surveillance for eight priority zoonotic diseases – anthrax, brucellosis, rabies, bovine tuberculosis, highly pathogenic avian influenza, Rift Valley fever, Lassa fever, and trypanosomiasis in Ethiopia, Kenya, and Nigeria. The priority zoonotic diseases of focus differ between countries. In addition, the project supported the formation of One Health coordination mechanisms at the sub-national level in the three countries.

Social mobilizer announcing information about the COVID-19 vaccine in South Sudan. *Photo by Jemima Tumalu, CGPP South Sudan.*

Population movements due to drought, insecurity, and flooding present a constant challenge to preventing disease importation. CGPP strengthened cross-border collaboration during the year, holding a series of meetings between key stakeholders in Ethiopia, Kenya, and Somalia. Participants jointly planned activities, mapped crossing points, and sought to strengthen disease surveillance and vaccination among mobile and transient populations. CGPP will continue to expand cross border activities, planning additional meetings between Uganda and South Sudan next fiscal year.

The detection of wild poliovirus in the African region has been alarming because of the weak healthcare system, security challenges and resource limitations in the region to contain the outbreak. In addition, the endemic nature of wild poliovirus in Pakistan and Afghanistan and the widespread detection of cVDPV cases in multiple countries were some of the challenges to the Global Polio Eradication Initiative.

Despite these challenges, there is a heightened global commitment towards polio eradication with the launching of the polio eradication strategy 2022-2026, and the call from thousands of scientists and health experts to urge the world to fully fund this strategy. This initiative was followed by global leaders committing $2.6 billion at the World Health Summit to end polio, Gavi's initiative to reach zero-dose children, and the advent of the novel oral polio vaccine type 2 (nOPV2), among others.

By building on the global momentum, CGPP will play a key role in 2023 in the permanent interruption of polio virus transmission and the cessation of cVDPV transmissions. As it harnesses its vast infrastructure that serves as a nexus between communities, civil societies, and governments, the project will also strengthen the Global Health Security Agenda and help prevent and control COVID-19.

While CGPP reflects on the achievements of the year, we also acknowledge that significant challenges remain in the fight for polio eradication. Now, more than ever, it is important to be nimble, creative, resilient, and adaptive to reach the last mile of polio eradication.

Acknowledgments

This report was developed from the contributions of many people, starting with the submission of annual reports from international, national, and local NGOs in nine 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 Kathy Stamidis, the CGPP Global Senior Technical Advisor, MEAL and Program Implementation, Asha Plattner Belsan, Global CGPP Program Manager, and Gena Thomas, CGPP Global Advisor, Knowledge Management and Communications, with review and guidance from Hibret Tilahun, CGPP Global Director, and Ahmed Arale, CGPP Global Deputy Director. The GHSA sections were provided by Innocent Rwego, Senior Advisor for Global Health Security. Data was collected and collated, and graphs were made by Kathy Stamidis, with help from secretariat MEAL staff. Since 2017, Graphic Designer Gwendolyn Stinger has provided creative expertise for the annual report's design and format.

Creating awareness on COVID-19 appropriate behaviors among the tea workers in Tinsukia District, Assam. *Photo by CGPP India.*

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
AEFI	adverse events following immunization
AFP	acute flaccid paralysis
AHA	animal health assistants
AMREF	African Medical and Research Foundation
ANM	auxiliary nurse midwife
ANC	antenatal care
APHA	American Public Health Association
ARC	Formerly American Refugee Committee
ARCC	Africa Regional Certification Commission
ASHA	accredited social health activist
BCC	behavior change communication
BHP	boma health promoter
BMC	block mobilization coordinator
bOPV	bivalent oral polio vaccine
CDR	community disease reporter
CBHC	cross-border health committee
CBDS	community-based disease surveillance
CBS	community-based surveillance
CCRDA	Consortium of Christian Relief and Development Associations
CGPP	CORE Group Partners Project
CHIPS	community health influencers promoters and services
CHV	community health volunteer
CKI	community key informant
CM	community mobilizer
CMC	community mobilization coordinator
CRS	Catholic Relief Services
CV	community volunteer
cVDPV	circulating vaccine-derived poliovirus
cVDPV2	circulating vaccine-derived poliovirus type 2
EOC	Emergency Operation Center
EPI	Expanded Program for Immunization
EVD	Ebola virus disease
Gavi	Global Alliance for Vaccines and Immunization
GHSA	Global Health Security Agenda
GPEI	Global Polio Eradication Initiative
HEW	health extension worker
HOA	Horn of Africa
HPAI	highly pathogenic avian influenza
IAG	immunization action group
IBR	In between rounds
ICC	Interagency Coordinating Committee
ICM	independent campaign monitoring
IDP	internally displaced persons
IDSR	integrated disease surveillance and response
IEC	information education and communication
IGAD	Inter-Governmental Authority for Development
IIP	immunization in practice
IMB	Independent Monitoring Board
IMC	International Medical Corps
IPV	inactivated polio vaccine
LGA	local government area
LGACs	local government area coordinators
MEAL	monitoring, evaluation, accountability, and learning
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	nongovernmental 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
PPE	personal protective equipment
PPG	Polio Partners Group
RCCE	risk communication and community engagement
RCH	reproductive and child health
RDT	rapid diagnostic test
RI	routine immunization
SIA	supplementary immunization activity
SMNet	social mobilization network
SNID	subnational immunization day
SPHCDA	State Primary Health Care Development Agency
SRCs	sub regional coordinator
STC	Save the Children
SWAER	South Western Angola Emergency Response
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 poliovirus
VHT	village health team
VPDs	vaccine-preventable diseases
VWS	volunteer ward supervisor
WHO	World Health Organization
WPV	wild poliovirus
WPV1	wild poliovirus type 1
WASH	water, sanitation and hygiene
WV	World Vision

FY22 HIGHLIGHTS

SOUTH SUDAN

Project began in 2010

1 international and **2** local partners

IN FY22:

CGPP South Sudan maintained strong surveillance indicators with the challenges of insecurity and inaccessibility. The NPAFP rate was 7.2 and the stool adequacy was 95.8 in project catchment areas. Project volunteers identified more than half of NPAFP cases in project areas.

CGPP vaccinated 8,900 more people with COVID-19 vaccines compared to the annual set target of 352,944 individuals (over age 18) with almost 50/50 males and females vaccinated.

ETHIOPIA*

Project began in 2001

5 international and **4** local partners

IN FY22:

CGPP Ethiopia placed a strong focus on cross border activities, supporting the vaccination of 9,090 children under five with various antigens at 13 transit site vaccination points.

CGPP established 75 One Health Task Forces at the woreda, zonal, and regional levels. The task forces conducted follow-up meetings, discussed One Health issues, and evaluated the progress of human and animal health.

INDIA

Project began in 1999

3 international and **6** local partners

IN FY22:

CGPP India engaged 863 Community Action Groups comprised of 6,960 local polio program influencers, ex-CMCs, and other influential community workers. CAGs supported frontline workers and the community in the vaccination of adults for COVID-19 and children for polio and other routine immunizations.

NIGER

Project began in 2022

1 international and **1** local partner

IN FY22:

CGPP Niger completed the identification and mapping of CGPP Niger's cross-border settlement with Katsina State (bordering the region of Maradi) and Yobe State (bordering the region of Diffa). Following discussions with customary and health authorities of Maradi, recommendations were made for the inclusion of certain health areas not currently targeted by the project.

SOMALIA

Project began in 2014

1 international and **1** local partner

IN FY22:

CGPP Somalia supported six SIAs in which 822,641 doses of mOPV2 and FIPV were given to children under 5.

CGPP supported and participated in a variety of forums to enhance partnership and collaboration in contribution to the Somalia emergency action plan (SEAP 2022) to stop the spread of the scVDPV2 current outbreak in Somalia.

NIGERIA

Project began in 2013

3 international and **7** local partners

IN FY22:

CGPP Nigeria continued to build the capacity of the surveillance system to detect and report of Acute Flaccid Paralysis along with Priority Zoonotic diseases including rabies, bovine tuberculosis, Lassa fever and Highly Pathogenic avian influenza. A total of 34 cases of PZD and 82 suspected AFP cases were reported by CGPP volunteers.

ANGOLA

Project began in 2022

1 international partner

IN FY22:

Improvement in the COVID-19 vaccination coverage data of the teams supported by CGPP Angola, in the 3 provinces. A total of 154,986 people were vaccinated.

CGPP partnered with the SWAER Project to support the delivery of food baskets to household members at 30 supplemental feeding centers.

UGANDA

Project began in 1999-2000; 2018

2 international partners

IN FY22:

Resumed cross-border meetings in collaboration with CGPP South Sudan, with significant planning for cross-border meetings for FY23.

Established a direct link between CGPP and the Central laboratory at Uganda Virus Research Institute (UVRI), which has improved timeliness and quality of sample dispatch and information flow.

KENYA*

Project began in 2014

5 international and **0** local partners

IN FY22:

CGPP-HOA has strengthened coordination activities by supporting and participating in 286 coordination forums on strengthening AFP surveillance and immunizations systems.

CGPP HOA was selected to present on the importance of cross-border health surveillance at a WHO HOA-organized review and planning workshop for 11 African countries immediately following the recent WPV1 outbreak in Lilongwe, Malawi.

COVID-19 · Global Health Security · Polio · Ebola

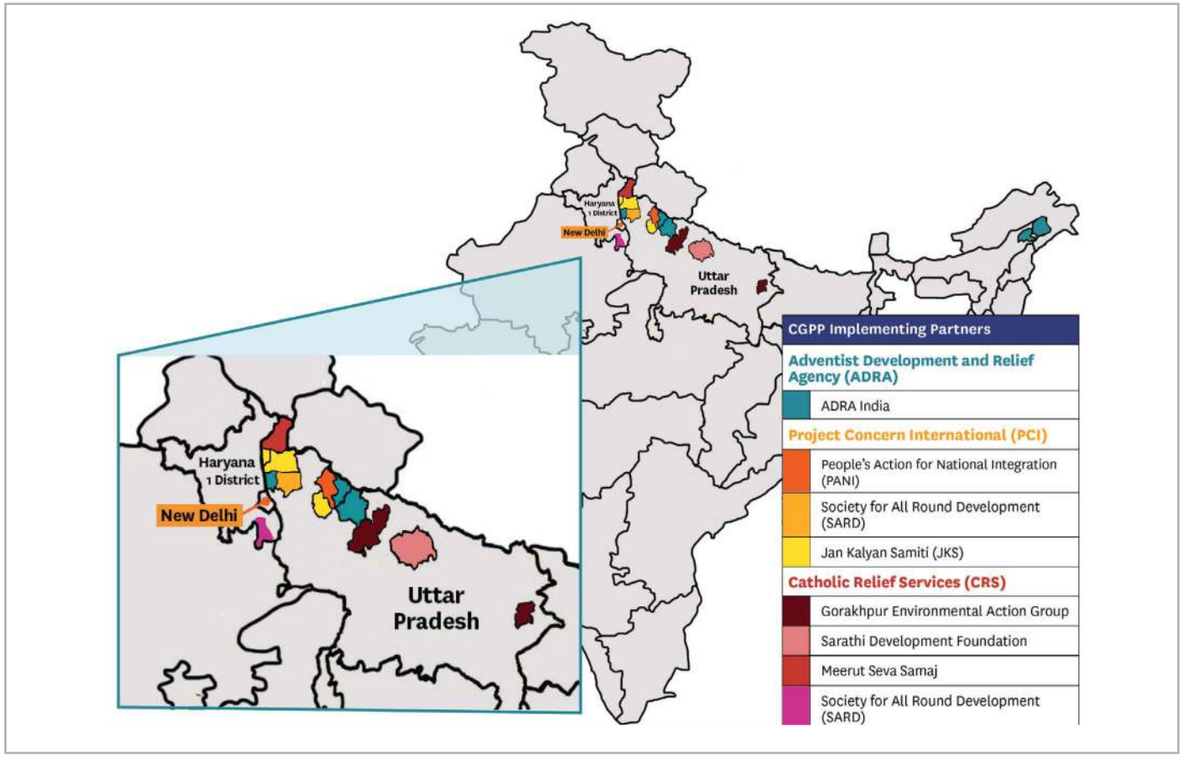
*No cost activities include convergent messaging, delivering messages and information about COVID-19 while doing social mobilization for polio and/or GHSA.

The CGPP India project staff were able to mobilize families who missed the due antigens of their children because of COVID restrictions. Also, the project maintained OPV3 and Penta 3 coverage above 85 percent among children aged 12-23 months. *Photo by CGPP India.*

India

Introduction

When CORE Group Polio Project began in 1999, an India secretariat was established. Having been certified free of wild poliovirus in 2014, the country has come a long way toward polio eradication. Even so, the challenge of sustaining community participation for polio vaccination remains arduous, especially considering its proximity to the two countries where polio remains endemic: Pakistan and Afghanistan.



Within the country, CGPP India works in 13 districts in two states: Uttar Pradesh (U.P.) and Haryana. Within these areas, through its unceasing efforts, implementation areas have maintained high levels of OPV3 and full immunization coverage. Throughout this fiscal year, polio and routine immunization coverage rose markedly, rebounding from the losses caused by the COVID-19 pandemic. The difficulty of delivering OPV0 in a timely manner during the pandemic affected the coverage (66.1%) in children 12-23 months old. Despite this, OPV0 coverage in the latest cohort of children under 1 climbed to 74% during the fiscal year and the number of zero-dose children remains low: of the 335 children sampled in November 2022, only one child was found to be zero-dose.

With the support of 692 community mobilizer coordinators (CMCs), the CGPP supported supplemental immunization and surveillance activities - three SIAs were conducted in Haryana and two in selected districts of U.P. A total of 220,352 children were covered in U.P. and 86,886 in Haryana, ensuring the retention of high population immunity. CGPP-trained functionaries helped to quickly identify suspected AFP cases, contributing more than a quarter of those found in focal areas.

Community Mobilizer conducting group meeting in Rampur, U.P. *Photo by CGPP India.*

Since the COVID-19 outbreak, CGPP India has utilized its polio platform to address COVID-19 vaccination hesitancy, misconceptions, and rumors, and promote COVID-appropriate behaviors, and assist in COVID-19 vaccination. Reaching about 3.5 million people through its COVID-19 response, CGPP harnessed the power of its existing network of polio influencers as well as its communication infrastructure to share messages through one-to-one meetings, mid media activities (such as information booths), and e-rickshaw rallies. Since beginning the COVID-19 activities, COVID-19 vaccination first dose coverage increased to 97% for 18 years and older, 70% for ages 15-17, and 49% for ages 12-14. The second dose coverage was 75%, 45%, and 33% respectively.

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

CGPP India works in partnership with three PVOs (Adventist Development and Relief Agency (ADRA), Catholic Relief Services (CRS), and Project Concern International (PCI)) and six local organizations (Gorakhpur Environmental Action Group, Jan Kalyan Samiti, Meerut Seva Samaj, Sarathi Development Foundation, Society for All Round Development (SARD), and People's Action for National Integration (PAN)).

CGPP sustained and supported coordination and networking through virtual and in-person meetings such as state/district task force meetings, with government health departments, development partners, and local community-based organizations.

Participating in the quarterly Immunization Action Group meetings conducted by the Ministry of Health and Family Welfare, CGPP's key takeaways included: decisions on state actions to ensure that sufficient vaccines are being carried by the Auxiliary Nurse Midwives (ANMs) to the vaccination session sites, determining Information, Education, and Communication (IEC) materials to be printed and displayed for

new vaccination sites in hospitals, etc., discussions on what works for addressing vaccine hesitancy, and plans to scale up.

The Polio India Expert Advisory Group (IEAG) meeting was held on May 19-20, 2022, and CGPP participated in the discussions focused on timing of the dosage of IPV, the COVID-related drop in RI coverage, and Uttar Pradesh Government's plan to conduct a high risk analysis (HRA). The future scope of SIAs will be based on the HRA findings.

On February 14, 2022, CGPP India met with NHM Haryana state officials to discuss the progress of the Mobilisation Mitra (MM) project and come to a common understanding on reporting requirements, advocate for additional funds for FY22-23, and discuss the request for extending the work into the neighboring Palwal district. State officials said that budget provisions with a 10% increase for the MM project in Nuh will be made in next year's NHM budget. It was agreed that CGPP would submit quarterly reports to the state and copy the district health officials in all communications. CGPP will consider scaling up activities in Palwal district following the approval of state plans by the Government of India.

At the Uttar Pradesh State Task Force meeting that CGPP participated in, the Additional Chief Secretary requested all partners to support the block-level MIS coordinator in completing routine immunization data on e-kavach under the RCH portal and ensure that all reusable vaccines are returned to the cold chain point during session monitoring.

On January 6 and 12, 2022, CGPP organized SRCs and program officers meeting to discuss the reason for COVID-19 vaccine defaulters, which include distrust of the government, misinformation and myths, fear of adverse effects following immunization (AEFI), subsequent loss of wages, inconvenient timing, participation in sowing/harvesting, migration, etc. As a result of the discussions, the CGPP team agreed to follow a multi-pronged approach: to emphasize on interpersonal communication (IPC) (using updated FAQs and other pictorial communication material), to promote the use of RI invitation slips, and to utilize IEC materials with specific messages for pregnant and lactating women.

Regular meetings were held between CGPP field functionaries and district and subdistrict level officials from the MOH, Women and Child Development, Panchayati Raj, UNICEF, WHO, and UNDP. The District and Block Task Force, District and Block Working Groups on RI, and partners meetings were helpful in collectively reviewing program performance and sharing learnings. These meetings resulted in decisions to include the allocation of additional RI sessions for missed areas and to assess the availability of hand sanitizers and PPE for ANMs and accredited social health activists (ASHAs) to use during the immunization sessions.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication[1]

CGPP India continues to execute activities to maintain high population immunity against polio and support the Government of India's initiatives to achieve high routine vaccination coverage. CGPP India functionaries actively participated in a variety of forums and meetings at national, state, district and subdistrict levels such as IAG as well as state, district, and block task forces on RI. Block Mobilization Coordinators and District Mobilization Coordinators assisted government medical officers in improving immunization micro plans by regularly updating data about high-risk groups such as nomads, slum dwellers, and those in traditionally hard-to-reach areas. In addition, CGPP functionaries trained and provided hands-on support to government frontline health workers, ASHAs, and ASHA supervisors in tracking children eligible for childhood vaccination, due list preparation, and communication. The CGPP field functionaries, block mobilization coordinators (BMCs) and district mobilization coordinators (DMCs) assisted the immunization system in monitoring RI sessions. In FY22, they monitored a total of 7,460 RI sessions in Uttar Pradesh. The field staff also conducted street plays, puppet shows, and e-rickshaw

[1] 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 of RI related indicators reported for FY18 and FY19 are based on the administrative data used 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. 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. 2019 to Sept. 2020; 2) among children born during FY19: Oct. 2018 to Sept. 2019, and so on. RI indicators for FY20, FY21 and FY22 are reported based on the rapid RI coverage assessment surveys internally conducted by CGPP India functionaries.

rallies, and supported government frontline workers in preparation for the due list. Additionally, they provided one-on-one and group meetings with non-compliant families.

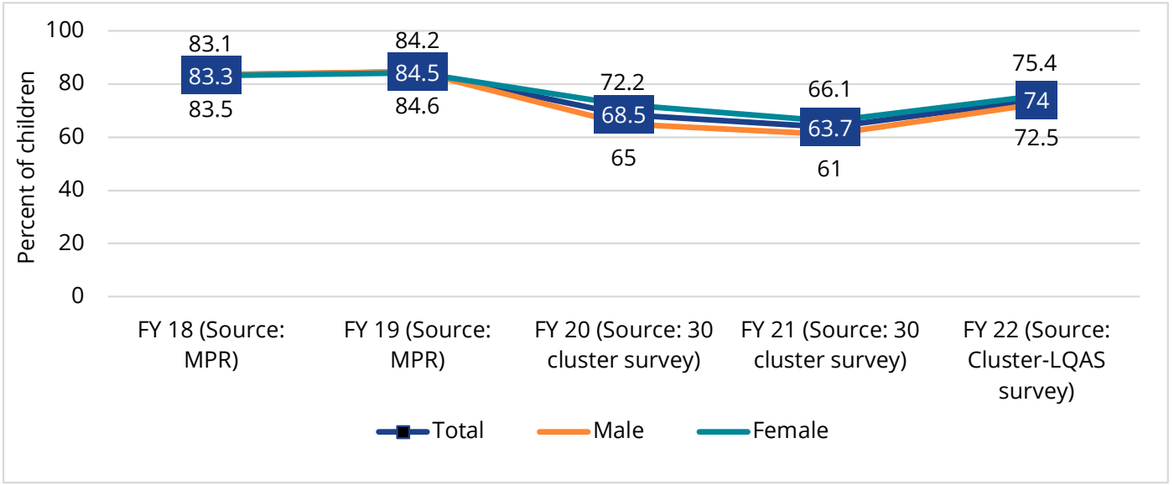
During SIAs, CGPP's 692 CMCs covered 306,136 households with 202,352 under-5 children for polio vaccinaiton. Since April 2020, CGPP India has focused on building capacities of government frontline health workers including ASHAs. Because ASHAs do not maintain records of all communication activities, the data related to one-on-one and group meetings are not available. However, CGPP India deployed CMCs along with vaccinators for social mobilization before and during the March and September 2022 polio SIAs in Uttar Pradesh. More information on these activities can be found under Objective 3.

As in previous years, the CGPP India secretariat performed a rapid assessment of RI coverage. Preparatory activities included: formulating survey questionnaires, designing and pre-testing an Android-based data collection application (using Kobo Collect), and training selected BMCs as survey investigators. The survey was conducted in the first week of November 2022, and was the source of the RI data presented in this report for FY22. Two groups of mothers were interviewed by BMCs for the survey – one group of 365 mothers of children less than 12 months old, while the other group was 359 mothers of children 12-23 months old. The results of this survey provided information about the coverage of various antigens as part of the Universal Immunization Program (UIP) and estimates the COVID-19 vaccination coverage.

Coverage of routine polio immunization indicators in the CGPP India work areas show an increasing trend among children aged 12-23 months. Through its continuous efforts, CGPP India implementation areas have maintained a high level of OPV3 and full immunization coverage. In FY22, OPV3 coverage rose from 95.9% to 97.8% and the percentage of fully immunized children improved markedly from 87.1% in FY21 to 94.8% in FY22. OPV0 coverage in children 12-23 months was 66.1%, reflecting the difficulty of delivering OPV0 during the COVID-19 pandemic. Of the 335 surveyed children aged 12-23 months that were sampled in November 2022, one child was found to be zero dose.

Together with the government, CGPP India's concentrated efforts helped in reducing the effects of the COVID-19 pandemic on OPV0 (birth dose) coverage and immunization coverage of children under 12 months. After a large drop in OPV0 coverage in FY20 and FY21, OPV0 coverage among children under 1 rebounded from 63.7% in October 2021 to 74.0% in November 2022 (Figure 1.1). OPV3 coverage among children under 1 declined from 67.7% to 66.0%. Timeliness of vaccination has fallen since FY19 due to the COVID-19 pandemic lockdowns, movement restrictions, and inability and/or fright of taking young children for vaccination. Five of 326 under-1 children (1.4%) were found to be zero-dose. Of note, all five of these children were under three months of age. No gender differences were found in routine immunization coverage among either age group.

FIGURE 1.1 PERCENT OF UNDER-1 CHILDREN WITH OPV BIRTH DOSE IN CGPP UTTAR PRADESH FOCAL DISTRICTS



The government health workers faced major challenges in conducting RI sessions, as they had to ensure and maintain COVID-19 prevention measures during the sessions. CGPP staff supported them in maintaining COVID protocols at the RI sessions and ensured that site disinfection occurred prior to the RI session, sanitizers, soap, and water were available, and that all mothers/parents wore masks and maintained social distancing while at the sessions. In addition, the team provided full support in community mobilization activities.

Training

To improve the capacity of CGPP functionaries, government frontline workers, health workers, and others in routine immunziation, interpersonal communication, VPD and COVID-19 knowledge, CGPP India held six types of trainings with a total of 2,310 paticipants (2,227 females, 83 males). The training participants included 692 community volunteers and 1,430 health workers. More specifically, participants included 780 CGPP functionaries (CMCs/CMs/BMCs/DMCs, and SRCs), 870 ASHAs, 515 ASHA supervisors, 45 staff members of the National Health Mission at the district and sub-district levels, and 100 Mobilization Mitras. The Mobilization Mitra (MM) is a communicator deployed at the sub-center level to support government health workers on community mobilization. The MMs were conceptualized by CGPP India secretariat, funded by the government of Haryana, and implemented by CGPP's NGO partner with technical support from CRS and the secretariat. An overview of the training offerings is as follows:

1. Training of trainers: 23 CGPP staff in Nuh, Haryana, were trained on the role of MMs, ways to engage MMs in mobilization activities, enhance their communication skills, and adhere to reporting and monitoring formats. The MMs were subsequently provided hands-on training on these topics.

2. District training of trainers (ToTs): 45 participants were trained on facilitation skills, practical communication skills and tools, and were provided with constructive and motivational feedback mechanisms to improve skills.

3. Training of government frontline health providers: 1,385 ASHAs were trained on routine immunization through formal and in-service training.

4. On-the-job training for COVID-19 response: 2,077 CMs, ASHAs, and ASHA facilitators were trained on COVID-19 response activities through on-the-job supervision and capacity building.

5. Training of CMCs for SIA operations: 692 CMCs were trained on social mobilization, interpersonal communication, and reporting, and were deployed to support the SIAs in Uttar Pradesh.

Community Mobilizer conducting school activity on hand washing In block Budhana, Muzaffarnagar, UP. *Photo by CGPP India.*

6. Annual CGPP field staff training: 88 BMCs and DMCs participated in annual refresher training to equip CGPP functionaries with information on revised/new strategies, formats, and skills. These functionaries use this information and skills to build the capacity of ASHAs and ASHA facilitators.

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations[2]

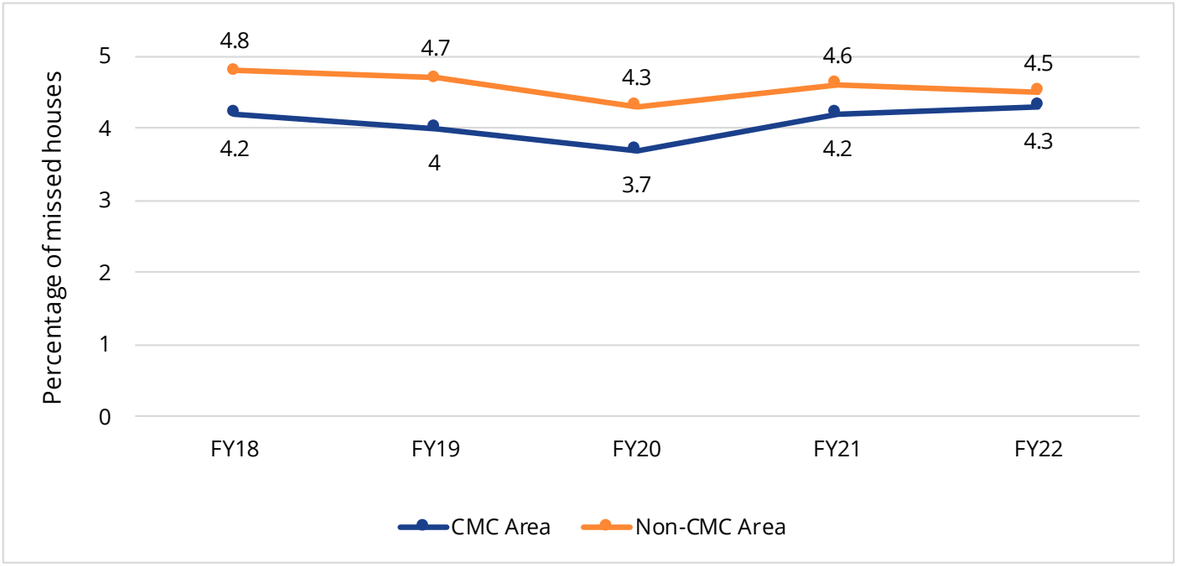
CGPP India supported three SIAs that were conducted in the CGPP catchment areas of Uttar Pradesh and Nuh district of Haryana. The first SIA, a national immunization day, was conducted in two phases in February and March. The February SIA covered Nuh district of Haryana, whereas Uttar Pradesh was covered in March. The second SIA in June 2022 covered the Nuh district of Haryana. The third SIA in September 2022, again covered Nuh district of Haryana and 7 out of 12 CGPP districts in Uttar Pradesh. While CGPP supported all SIA activities in its project areas, CMCs were only deployed for SIAs in Uttar Pradesh. Along with vaccinators, the CMCs contacted 306,136 and 162,286 (from 7 out of 12 districts) families during the March and September 2022 polio SIAs, respectively. CGPP's BMCs and CMs conducted 10,288 group meetings including mothers' meetings, influencers, and community action groups (CAG) meetings for promoting polio and routine immunization.

For the two SIAs that covered Uttar Pradesh (in March and September), CGPP engaged CMCs to execute intensified social mobilization activities including one-on-one and group meetings, children's rallies, bullawa tollies to inform/call parents on booth days, e-rickshaws, information booths, with the involvement of religious institutions, engagement of local influencers and CAGs, and updating CMC registers and area maps.

CGPP functionaries assisted during the campaign's fixed-site (booth-based) and house-to-house activities. For this reason, more comprehensive data is available on the March 2022 SIA that fully covered CGPP work areas in Uttar Pradesh. This data fully shows the impact of CGPP's CMCs deployed. During the campaigns, 220,352 children, 101% of the target (218,262) were vaccinated in CMC areas of Uttar Pradesh. Of these, 2,562 from high-risk areas received OPV during the campaign. Eighty-three percent of children received OPV through 877 booths. Booth coverage in CMC areas was much higher than non-CMC areas (40.7% received OPV through booths). House-to-house vaccination teams visited 306,136 households in CMC areas of Uttar Pradesh, of which, 4.3% were missed. As in previous years, CMCs fared better than non-CMC areas (Figure 1.2). In all, about 7.4% of children were missed during the campaign. For the September campaign in U.P., 120,462 (100%) targeted children were vaccinated. Only 3.7% of the houses and 6.5% of the children were missed in CMC areas in 7 out of 12 CGPP districts. The SIA was not held in the remaining 5 districts.

During the SIAs in Nuh district, approximately 72,958 (91.3%), 86,886 (99.6%) and 86,205 (101%) targeted children were vaccinated in February, June, and September 2022. The percentages of houses missed were as follows: 8% in February, 9% in June and 10.9% in September. Information is not available on the percentage of missed children, as there are no CMCs working in Nuh.

FIGURE 1.2 PERCENTAGE OF HOUSES MISSED IN CMC VS. NON-CMC AREAS IN CGPP IMPLEMENTATION DISTRCTS OF UTTAR PRADESH



[2] 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 frontline workers (CMCs) and information copied from the tally sheets/records of government/WHO. Campaign and household level indicators e.g. booth/SIA coverage, and missed houses, are presented solely based on the secondary data (copied from government/WHO). However, children-specific indicators, such as the percent of missed children, are generated from CMC records.

Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

During the polio campaigns and other points of contact, CGPP functionaries sensitized community members about the signs and symptoms of acute flaccid paralysis (AFP). In addition, CGPP field staff supported ASHAs in the dissemination of messages related to AFP during group and community meetings. To further strengthen the surveillance system, CGPP held eight meetings, workshops, and reviews of facility records regarding AFP surveillance. CGPP functionaries also participated in various activities and meetings related to AFP surveillance organized by the government.

Surveillance indicators in CGPP Uttar Pradesh work areas considerably improved and have nearly rebounded to pre-COVID-19 levels. According to AFP surveillance indicators, as of September 30, 2022, CGPP work districts from Uttar Pradesh had an NPAFP rate of 11.2 per 100,000 children under the age of 15, markedly higher than the state average of 8.7 cases per 100,000 children under the age of 15. CGPP project areas maintained a high level of adequate stool collection rate at 88%. There are no silent areas identified from CGPP project areas.

During FY22, 91 NPAFP cases were reported from CGPP areas of Uttar Pradesh. Twenty-five of these NPAFP cases (27.5%) were reported by CGPP mobilizers/staff. Four of these NPAFP cases were identified among mobile or nomadic populations.

Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

CGPP India uses primary and secondary data to plan, implement, and monitor the project's progress. The project regularly reviews statuses of field activities compared to intended outcomes and incorporates the learnings into future activity plans. Because the ASHAs are no longer collecting routine immunization information in project areas, CGPP conducted a survey to generate information on routine immunization coverage among children in project areas.

CGPP field teams support ASHA supervisors through hands-on and classroom training. In addition, CRS uses a grading tool to improve supervision and RI coverage. The Mau and Sitapur districts tested the ASHA area grading tool based on RI coverage. Antigen-wise coverage, ASHA record updating, and IEC communication activities are key indicators captured in these tools. BMCs used the RI tool to assess the performance of ASHAs, build their capacities, and conduct needs-based follow-ups. The RI grading system is beneficial in many ways, including enabling BMCs and DMCs to identify underperforming areas, recognize training/capacity-building needs, and support BMCs in developing follow-up plans in ASHA areas.

CGPP India trained its supervisory functionaries (SRCs/DMCs/BMCs) to routinely check and ensure data quality. All three PVOs have internally conducted data validation exercises for RI data in FY22.

CGPP India is currently supporting three separate studies to document the following:

1. Transformation of CMCs – This study aims to investigate CMC experiences that led to changes in their professional and personal development, attitudes, and practices.

2. The Secretarial Model – This study aims to understand the complex pathways through which the Secretariat Model designed for NGO engagement in disease eradication and control programs creates effective program outcomes. It systematically analyzes the elements of CORE Group's Secretariat Model and explains how the Secretariat Model of partnership governance is related to program effectiveness. This descriptive qualitative study used an analytical framework developed based on the concepts of participatory governance. The methodology comprised of document review and 26 Key Informant Interviews (KIIs) conducted among representatives, staff, partners, and other CGPP stakeholders from India, Ethiopia, Kenya-Somalia, South Sudan, Nigeria and the USA.

3. The influencers' motivation – This study intends to investigate/document the drivers of influencers' motivation (intrinsic and extrinsic) and engagement in vaccination.

Manojkumar Choudhary, CGPP India's M&E specialist, participated in the Sabin Social and Behavioral Research Grants Program Coalition Meeting in Dubai, July 27-28, 2022. He shared CGPP India's capacity

building and communication interventions that helped in addressing vaccine hesitancy and increasing timely uptake of childhood vaccines. One of the partner organzations, CRS, has completed a film that focuses on the role of the community-focused model called Community Action Groups (CAGs). Over the years, CGPP India has identified and created a vast network of community influencers who support immunization and polio campaigns. This trusted network of influencers was engaged and institutionalized as CAGs to create enabling environments, combat stigma, fear, and vaccine hesitancy related to COVID-19. The film highlights how the members of this group worked and supported their own community collectively.

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

The Government of India's transition plan has been prepared and executed in previous fiscal years.

The Government of India developed a polio transition plan jointly with the WHO NPSP (National Polio Surveillance Project, now known as the National Public Health Support Programme) which extends the scope of the network to wider public health functions, including emergency response, and measles and rubella elimination while continuing support to routine immunization. UNICEF withdrew its entire CMC cadre in March 2019 and is now supporting the government through block and district functionaries in RI with a focus on the health systems strengthening approach for demand generation.

India has a two-phase plan for polio eradication that has been formally endorsed by the government. The first phase ran from 2018 to 2021, and the second is on from 2022 to 2026. There has been a handover of functions using a state-based approach, which is graded depending on the capacities of individual states in the country.

COVID-19

The CGPP India implemented COVID-19 response interventions from July 2021 to August 2022 (mostly within FY22) to promote COVID-appropriate behaviors, assist in COVID-19 vaccination, and provide support to communities in need. CGPP deployed local community mobilizers and engaged a network of polio influencers, as CAGs formed by CGPP. Utilizing different communication channels and performing ground and mid-media activities, the project staff executed various social mobilization efforts using several communication tools and materials developed by CGPP. A total number of 692 CMs were re-engaged in the CGPP catchment area for COVID-19 preventive interventions. These CMs encouraged timely vaccinations and worked intensively to promote COVID-appropriate behaviors in normal life as well as at routine immunization and COVID-19 vaccination sessions. A total of 2,618,207 community members were reached with COVID-19 related messages through face-to-face meetings with

Interaction with families for COVID-19 and RI vaccination at a brick kiln site. *Photo by CGPP India.*

community mobilizers and messaging through mid-media activities, information booths and e-rickshaw rallies. CGPP also reached approximately one million people through other CABs and other COVID-19 related activities.

The following key activities were conducted by the field teams in response to COVID-19:

- Participated in District Task Force (DTF), Tehsil Task Force (TTF), and Block Task Force (BTF) meetings for intradepartmental coordination and shared regular monitoring feedback of the COVID-19 vaccination and mobilization activities.
- Before the vaccination day and on the day of vaccination, mosque announcements by religious leaders on COVID-19 vaccinations were made.
- CGPP CMs and BMCs actively tracked rumors related to COVID-19 vaccination and responded immediately with the help of community leaders and government medical officers.
- The community mobilizers managed the crowds at the vaccination session sites by helping people maintain physical distance and other COVID-appropriate behaviours.
- Information booths were organized by the CMs along with the community influencers at various locations to address queries related to COVID-19 and vaccination.
- Infotainment van/e-rickshaw rallies were conducted once every month in all CGPP areas.
- During community engagement for COVID-19 vaccination, the deployed community volunteers encountered barriers to vaccination such as rumours that COVID-19 vaccination is a population control program, fear of death, diarrhoea, fever, heart failure, paralysis, etc. Men believe that wives don't need to be vaccinated as they are always at home, and most believe that the first vaccine dose is enough.
- After a gap in communication with 18-to 24-year-old males, CGPP reoriented CMs, developed addition IEC activities, and implemented an information booth at a strategic location to address these barriers.

CGPP's COVID-19 response reached about 3.5 million people through social mobilization, including 2.1 million vaccine-eligible people from 15 districts, covering three states (Haryana – 1 district, Uttar Pradesh – 12 districts, and Assam – 2 districts) of India. The intervention areas included polio high-risk areas in Uttar Pradesh. Along with awareness creation, the project functionaries assisted community members in Co-WIN (India's COVID-19 Vaccine Intelligence Network) registration and helped vaccinators with crowd control at vaccination sites. They also tracked and dealt with the misconceptions and rumors about COVID-19 vaccination.

When the project began, a small portion (5%) of the catchment area population was vaccinated with the first dose of COVID-19, and about half of the eligible population was hesitant about vaccination. COVID-19 vaccination coverage increased to about 97% (17+ years), 70% (15-17 years), and 49% (12-14 years) for the first dose of the vaccine. The second dose coverage was about 75%, 45%, and 33% among the population 17+ years, 15-17 years, and 12-14 years. About 16% of the eligible population received the precautionary dose. Since precautionary dose coverage was abysmally low and a large proportion of the adolescent population was not vaccinated with the second dose, the CGPP India functionaries continue to share age-specific lists of unvaccinated/partially vaccinated individuals with the vaccinators and continue engaging CAGs in COVID-19 vaccination.

WHO ARE THE VOLUNTEERS 2022

INDIA

662 Community Volunteers

95.4% are female

951,185 people reached with social mobilization and health information

In **5** training sessions, CGPP India trained **2,310 people total.** Among them, **692** were community volunteers, and **1,430** were health workers.

401 females were trained in FY22.

India also works through Community Action Groups (CAGs), a network of 5,000 community influencers. In addition, CGPP works with 100 Mobilization Mistras and supports 860 ASHAs and 515 ASHA supervisors. India trained government front line workers including Accredited Social Health Activists (ASHAs) and ASHA supervisors.

ETHIOPIA

10,989 Community Volunteers

77% are female

4,408,053 people reached with social mobilization and health information

In **140** training sessions, CGPP Ethiopia trained **4,990 people total.** Among them, **1,774** were community volunteers, and **1,935** were health workers.

3,086 females were trained in FY22.

Ethiopia volunteers include 6530 Health Development Army Leaders (HDALs) and 4459 Community volunteers (CVs). Ethiopia's 1,827 Health workers include health workers for both human and animal health (Animal Health Technicians).

SOUTH SUDAN

4,986 Community Volunteers

45% are female

1,964,707 people reached with social mobilization and health information

In **15** training sessions, CGPP South Sudan trained **5,506 people total.** Among them, **4,986** were community volunteers, and **520** were health workers.

2,354 females were trained in FY22.

South Sudan volunteers include 457 Boma Health Promoters and 4,259 community key informants.

NIGERIA

2,164 Community Volunteers

66.5% are female

905,239 people reached with social mobilization and health information

In **65** training sessions, CGPP Nigeria trained **4,456 people total.** Among them, **4,289** were community volunteers, and **4** were health workers.

3,447 females were trained in FY22.

Nigeria program data include 126 VWS, 1148 VCMs, and 890 Community informants.

KENYA

1,189 Community Volunteers

39.1% are female

283,496 people reached with social mobilization and health information

In **19** training sessions, CGPP Kenya trained **1,101 people total.** Among them, **801** were community volunteers, and **300** were health workers.

401 females were trained in FY22.

Kenya volunteers include CMs, CHVs, CHAs, and AHAs.

SOMALIA

221 Community Volunteers

22% are female

49,285 people reached with social mobilization and health information

In **3** training sessions, CGPP Somalia trained **89 people total.** Among them, **80** were community volunteers, and **9** were health workers.

56 females were trained in FY22.

UGANDA

1,086 Community Volunteers

35% are female

2,171,869 people reached with social mobilization and health information

In **55** training sessions, CGPP Uganda trained **4,075 people total.** Among them, **3.439** were community volunteers, and **636** were health workers.

2,935 females were trained in FY22.

ANGOLA

127 Community Volunteers

47% are female

802,000 people reached with social mobilization and health information

24 training sessions held.

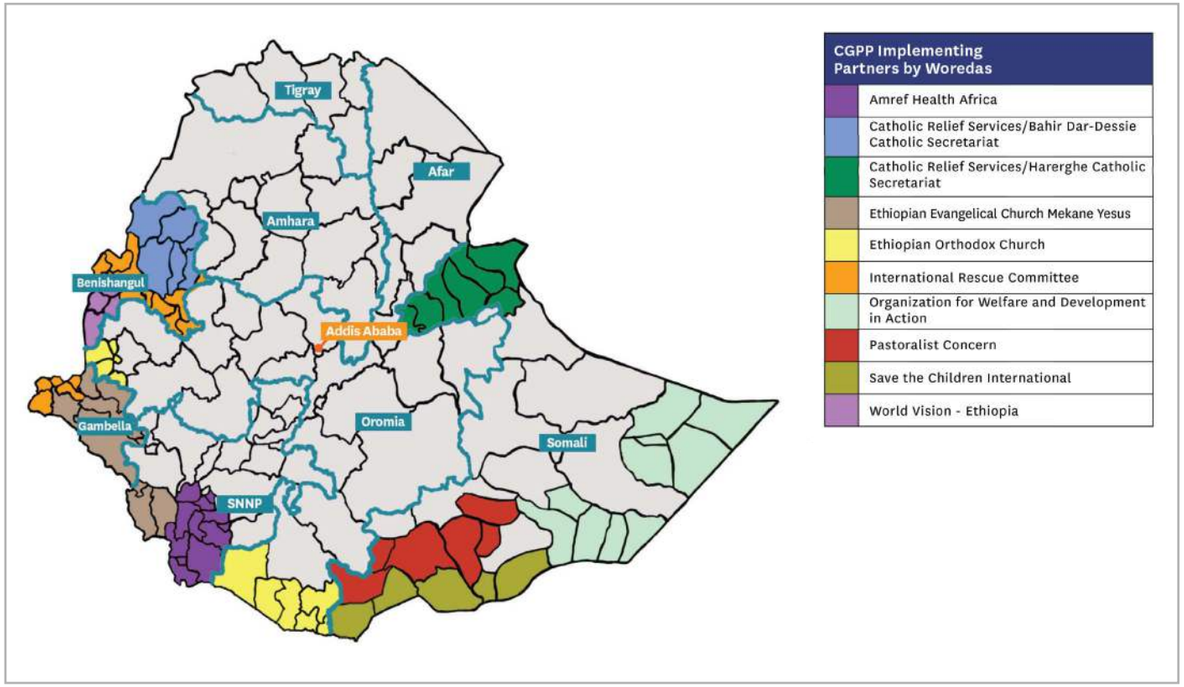
Angola social mobilization is for COVID-19 only; no polio activities.

Dr. Filimona Bisrat, Secretariat Director of CGPP Ethiopia, administers polio drops to an infant during African Vaccination Week. *Photo by CGPP Ethiopia.*

Ethiopia

Introduction

Despite the ongoing war in Ethiopia, severe unrest across much of the country, and COVID-19 challenges related to implementation, reporting, and accessibility to the target population, CGPP Ethiopia continued to support polio eradication, routine immunization, and One Health efforts in 80 woredas within five regions. While project implementation suffered unforeseen setbacks, CGPP continued implementing COVID-19 safety protocols such as utilizing PPE for community volunteers, limiting the number of people at in-person events, and relying on virtual supportive supervision when appropriate.



CGPP Ethiopia staff, along with nearly 11,000 community volunteers, conducted over one million household visits, provided health education sessions, trained on community surveillance, and offered social mobilization activities to the target population of 6,358,604 which included 841,307 children under 5 and 221,487 infants under 1. Supportive supervision provided verbal and written feedback and on-the-job capacity building to strengthen routine immunization provision and cold chain functioning.

A community worker shares the importance of routine immunizations during an SIA in Ethiopia. *Photo by CGPP Ethiopia.*

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

The fight against polio requires strong partnerships at various levels including with donors, multilateral and bilateral agencies, NGOs, community health workers, faith and traditional leaders, and heads of households. CGPP Ethiopia is working in partnership with five PVOs (Amref Health Africa, Catholic Relief Services, International Rescue Committee, Save the Children International, and 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 and bordering woredas in the following five regions: Gambella, SNNP, Oromiya, Somali, and Benshangul-Gumuz. CGPP Ethiopia has also been working with higher-level immunization partners including UNICEF and WHO.

CGPP Ethiopia is one of the key immunization and surveillance program partners in the country, and the secretariat staff participates in various meetings and working groups at the national and regional levels. This fiscal year, the Secretariat Director attended an Interagency Coordinating Committee meeting and both the director and deputy director attended four National Emergency Operation Center and EPI Task Force meetings. The CGPP program staff attended the One Health Steering Committee meetings, a Communication Technical Working Group meeting, a M&E Technical Working Group meeting, an EPI and SIAs logistic working group meeting, as well as various other meetings conducted at the MOH and regional levels.

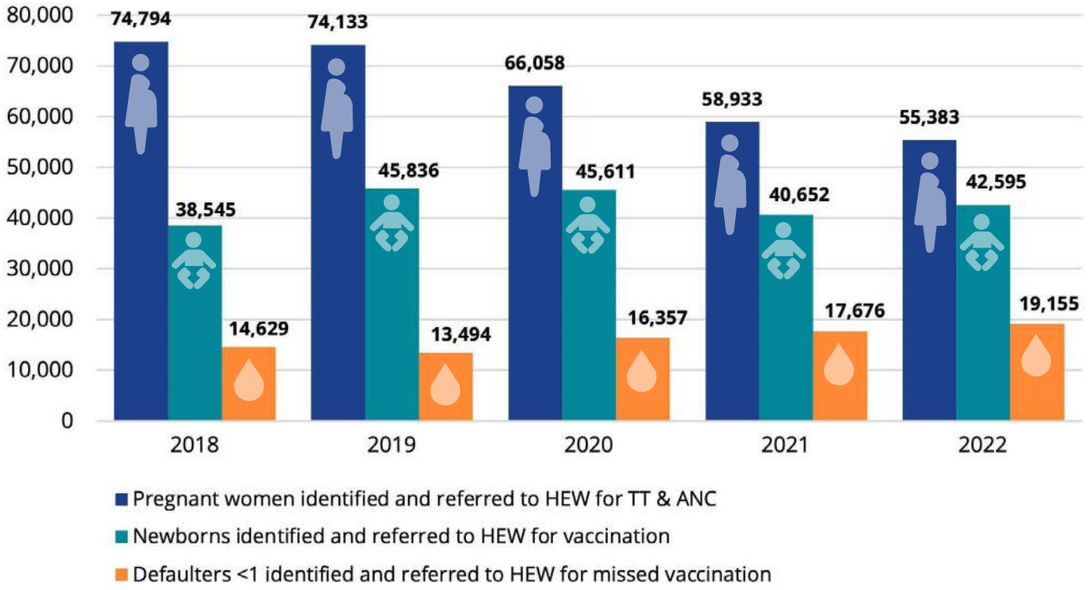
The secretariat organized and facilitated the CGPP Partner Annual Review and Planning Meeting (ARPM) in July and August 2022 in Gambella, Dire Dawa, Assosa, Arba Minch and B/Dar towns. The ARPM drew a total of 216 participants, including 68 CGPP partner staff and 148 staff from government agencies. The secretariat presented the FY22 nine-month plan versus achievement, and the partners presented the FY22 nine-month summary achievements. The attendees also conducted an FY23 activity planning exercise.

The CGPP secretariat workshop was held for all staff from August 28 to September 3, 2022. The staff discussed topics including CGPP's nine-month plan, workplan and activity progress, operational research topics, IEC materials to be reprinted, and the concept note development for an additional $500,000 from the USAID mission fund. Zero-dose children were also identified and mapped in the target areas. In addition, the team discussed the plan to produce referral slips for pregnant women, newborns and vaccine defaulters to trace and refer them to health facilities for immunization and ANC follow up. This new initiative will help support increased immunization coverage and reduce the number of zero-dose children. The referral slips will also help CVs in their routine activities and authenticate their contribution to tracking and referring pregnant women, newborn, zero-dose children and defaulters. The referral slips will strengthen the linkage between CVs and the health facilities/heath extension workers and simplify the communication between the HEWs and CVs who are illiterate, as the referral cards contain both pictures and words.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

Unrest, violence, and drought made the work of CGPP Ethiopia community volunteers difficult, derailing some of their efforts during the fiscal year. Nonetheless, 10,989 trained and actively engaged CVs (4,459) and HDALs (6,530) persisted to reach 1,089,520 households and 3,139,446 people in one-on-one social mobilization. Another 1,268,606 people were reached through group meetings in the most remote and challenging areas of the country. Community volunteers (CVs) and Health Development Army Leaders (HDALs) used these contacts with community members to impart health information on polio, routine immunization, zoonotic diseases, and surveillance for vaccine preventable diseases (VPDs) and priority zoonotic diseases (PZDs).

FIGURE 2.1 FIVE YEAR TREND OF CV/HDAL ACTIVITIES IN CGPP IMPLEMENTATION AREAS



Over the last decade, the predominately female (76.9%) cadre of CVs, HDALs, and Health Extension Workers (HEWs) have strengthened the routine immunization system through regular house-to-house health education sessions and social mobilization activities during routine and supplementary immunization campaigns. During these visits, they refer pregnant women, newborns, and defaulters for vaccinations and other healthcare services. In FY22, CVs and HDALs tracked and referred 58,933 pregnant women for immunization services and prenatal care, and 42,595 newborns and 19,155 defaulters for immunization (Figure 2.1). The number of pregnant women and children tracked decline in FY22 due to the drought in Somalia Region and Borena zone of Oromiya region, severe conflicts across project areas, and the lack of any reporting from project areas of Kamashi zone and part of Metekel and Kelam Wollega zones due to insecurity.

Despite the efforts of volunteers, routine immunization coverage in under-1 children in project areas declined in FY22, compared to FY21 coverage. OPV0 and OPV3 coverage fell to 44% (from 55% in FY21) and 64% (from 77% in FY21). The percent of fully vaccinated children dropped from 70% in FY21 to 60% in FY22. Decreased immunization coverage was due to a variety of factors including drought in the Somali region and conflicts in Benshangul-Gumuz region (specifically Kamashi and part of Metekel zones, Mao-komo special woreda) and Oromiya Regions (half of Kellem Wollega zone). In addition, there was no reporting on the year from the project areas of Kamashi zone and part of Metekel and Kelam Wollega zones due to insecurity.

CGPP volunteer delivers information about immunization to community members. *Photo by CGPP Ethiopia*

To support routine immunization and strengthen polio outreach activities, CGPP and implementing partners provided 41,328 liters of fuel and maintained 64 motorcycles for the transportation of vaccinators and vaccines during polio outreach activities. To support the vaccine cold chain, the project also provided preventive maintenance for 113 refrigerators.

The 12th Annual African Vaccination Week 2022 was officially launched on April 29, 2022, in Bahir Dar City, Ethiopia under the slogan "Long life for all." The celebration was organized by the Ministry of Health (MOH), the Amhara Regional Health Bureau, and immunization partners aimed at strengthening routine immunization activities. The secretariat deputy director and the communication officer attended the celebration and CGPP provided technical and financial assistance to the African Vaccination Week celebration.

Cross-border Activities and Transit Point Vaccination

There are 34 border woredas of CGPP implementation areas with a total of 2,986 CVs/HDALs working in these areas to reach and mobilize communities. All 34 border woredas have established cross-border committees. However, in FY22, only 13 of these cross-border committees had regular quarterly meetings. These 13 cross border committees meet regularly because they are tied to crossing point vaccination sites, and regularly meet to discuss that status of these activities. CGPP will continue to follow up on meetings and encourage all cross-border committees to have regular meetings.

CGPP supported 21 transit point vaccination sites in implementation areas that vaccinated 9,090 under-5 children in FY22. To improve oversight and monitoring of cross-border vaccination sites, CGPP supported four cross-border vaccination site reviews to identify performance, assess implemented activities, and establish plans for improving functionality.

Intercountry Cross-border Meetings and Participation from CGPP Ethiopia:

- **Moyale Kenya meeting March 8-9, 2022.** Twenty-five participants were in attendance from Ethiopia representing CGPP leadership, including the CGPP Ethiopia secretariat director/technical advisor and the CGPP secretariat GHSA advisor who gave presentations on the implementation experience with transit vaccination. The status of previously-agreed action points and successes and challenges were reviewed. Groups were formed to follow up on each of the implementation action points.

- **Gambella regional meeting March 17-18, 2022.** CGPP, with EECMY, organized a consultative meeting for 42 participants on cross-border One Health and transit point vaccination sustainability and expansion. The performance of four cross-border vaccination points were reviewed and activities for improving and revitalizing them were planned. Meeting participants joined from human and animal health offices of Gambella region woredas including Dima, Gog, Itang special woreda, and Lare, and included health workers from HCs, woreda security offices, and regional security delegates. In addition, the secretariat presented updates on cross-border activities and transit point vaccination.

Training

CGPP Ethiopia worked to identify and respond to knowledge and skills gaps among regional, zonal and woreda level immunization and disease surveillance experts, health providers, health workers, and community-level workers to improve routine immunization and surveillance in CGPP implementation areas (Table 2.1). The project, along with implementing partners, built the capacity of 4,909 people through 140 training sessions. Most of the participants were community-level workers including 1,774 CVs/HDALs and 1,935 health workers/HEWs. Of the total participants, 3,086 participants were female and 1,823 were male.

TABLE 2.1 TRAINING TOPICS AND PARTICIPANTS TRAINED BY CGPP ETHIOPIA IN FY22

Training Topics	Number and Type of Training Participants					
	HWs/ HEWs	CVs/ HDALs	Animal Health Assistants	Total	Male	Female
Community-based disease Surveillance, VPDs & PZDs	1,250	1,774	1,035	4059	1351	2708
Immunization in practice	494			494	250	244
Cold chain users training	34			34	18	16
Interpersonal communication	72			72	9	63
Integrated refresher training	47			47	24	23
Data management training	38			38	20	18
Data quality self-assessment	165			165	151	14
Total	2,100	1,774	1,035	4,909	1,823	3,086

Of particular importance, CGPP Ethiopia organized and conducted a data quality self-assessment (DQS) training for CGPP and woreda EPI staff. This 3-day training was held in July and August 2022 in Gambella, Dire Dawa, Assosa, Bahir Dar, and Arba Minch towns. A total of 146 participants attended—66 CGPP partner staff and 80 regional, zonal and woreda level immunization and disease surveillance experts. As part of the practical session, participants collected data from health centers and health posts, analyzed the data using the WHO tools, and presented the findings and recommended actions based on the results.

Supportive supervision

During the reporting period, the CGPP Secretariat staff carried out joint supportive supervision visits to 17 Woredas from Gambella Agnuak and Nure zones, Oromiya Borena zone, Omo zone in SNNPRS region, and Somali Sitti zone, 16 health centers, 21 health posts and 10 animal health clinics. Additionally, supportive supervision visits were held with 15 community volunteers and three animal health assistants. CGPP implementing partners partnered with the government district staff to visit an additional 1,370 health facilities including 12 hospitals, 323 health centers, 913 health posts and 122 animal health clinics. On-site verbal and written feedback and on-the-job capacity building were

provided during these visits. Some of the key findings from supportive supervision visits were that immunization session plans/monitoring charts were not updated, there was irregular cold chain monitoring, and there was poor documentation at the facility level.

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

Ethiopia conducted two nationwide nOPV2 campaigns in October 2021 and August 2022 to prevent cVDPV2 outbreaks. Overall, 1,971,721 of the 1,978,439 children were vaccinated, a 99.6% coverage (Table 2.2). During the October round, 99.6% of the targeted under-5 children were vaccinated. Coverage was similar during the August round with 99.7% of the targeted children vaccinated. Of the children vaccinated in the campaigns, 19,520 (0.99%) of children under 5 had never been vaccinated (zero-dose children). Only 1% of children were missed during the campaigns overall.

To support the campaigns, CGPP provided 159 secretariat and partner staff to provide technical support and 6,673 CVs/HDALs to participate as part of vaccination and/or social mobilization teams. Additionally, CGPP funded 81 vehicles and 8 motorcycles and provided 16,474 liters of fuel both to transport vaccination teams and to be utilized in support of campaign logistics.

TABLE 2.2 UNDER-5 CHILDREN VACCINATED THROUGH SUPPLEMENTAL IMMUNIZATION ACTIVITIES IN CGPP PROJECT AREAS

Campaign round	Number of children targeted for vaccination	Number of children vaccinated	Campaign coverage
October 2021	993,038	989,322	99.6%
August 2022	985,401	982,399	99.7%
Total	1,978,439	1,971,721	99.6%

Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

Continued cVDPV2 outbreaks in Africa in FY22 require continued attention to strong surveillance. As noted, countryside nOPV2 campaigns were conducted twice during the year to ensure population immunity and eliminate the threat of outbreaks or importation.

CGPP volunteers provided robust community-based surveillance in CGPP project areas for polio as well as other vaccine-preventable diseases (measles, neonatal tetanus), and priority zoonotic diseases. Project volunteers are well-trained on community case definitions and are able to identify suspected cases or priority diseases in their communities (Table 2.3). Although there were security, drought, and reporting challenges in project areas, volunteers continued active case search and contributed to a high NPAFP rate of 4.42 NPAFP cases per 100,000 children under 15 in the project areas. Project volunteers reported 33 of 131 (24.1%) of AFP cases in the project areas. These challenges caused a decline in the number of suspected human and animal cases reported. Ninety-three percent of

TABLE 2.3 HUMAN AND ANIMAL CASES REPORTED USING ODK FROM CGPP PROJECT AREAS DURING FY 2021 AND 2022

Suspected Human Cases			Suspected Animal Cases		
Type of Case	**FY21**	**FY22**	**Type of Case**	**FY21**	**FY 22**
AFP	87	67	Anthrax	54	50
Measles	152	149	Rabies	46	29
NNT	6	1	Brucellosis	23	83
Rabies	113	86	Die-offs	24	29
Anthrax	0	9	-		
Brucellosis		1	-		
Total	358	313	Total	147	191

cases were reported within 14 days of onset. Of those AFP cases reported in project areas, 39 were reported among mobile/nomadic populations. The stool adequacy rate was 93%, the same as FY21. Additionally, CGPP volunteers reported 235/382 (61.5%) measles cases and one case of neonatal tetanus in the project areas.

To improve the surveillance system, CGPP held 1,370 surveillance meetings, workshops, and reviews of facility records. This was about three times as many held during the previous fiscal year (424). The project used these meetings to ensure that the surveillance system was strong, reliable, and sensitive enough to pick up cases, and that those at the health centers were able to identify and report cases.

As with indicators in other sections, there were declines in project surveillance indicators due to insecurity and accessibility.

Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

This year, four regional and international forums were attended by the secretariat staff, where they shared the work and key learnings of the CGPP Ethiopia project. The secretariat director and deputy director attended the CORE Group Global Health Practitioner Conference in Bethesda, USA in October 2022, where they shared experience of CGPP Ethiopia polio integration and transition.

The CGPP Ethiopia Secretariat team attended the 2021 APHA annual conference held in Denver Colorado from October 24 to 27, 2021. The following presentations were made:

- Dr. Filimona Bisrat gave a presentation titled, *"The assessment of health workers and caregivers' interaction during child vaccination sessions at health facilities in Ethiopia"*
- Mr. Legesse Kidanne gave a presentation titled, *"Curbing circulating vaccine-derived poliovirus type2 (cVDPV2) outbreak in Ethiopia"*
- Dr. Muluken Asress gave a presentation titled, *"Knowledge, perception and factors affecting health care service providers for reporting adverse events following immunization in pastoral zone of Ethiopia"*
- Mrs. Bethelehem Asegedew presented a documentary film titled, *"Towards polio-free country: reaching the unreached communities in Ethiopia"*

One article has been published in the Pan African Medical Journal in May 2022 titled, *"Curbing an outbreak of circulating vaccine derived poliovirus type 2 in Dollo Zone, Somali Region, Ethiopia: response to outbreak"* by Legesse Kidanne, Filimona Bisrat, Mohammud Mohammed, and Negussie Deyessa. There are seven articles currently in process of publication:

- *Integration of PZDs surveillance into the existing polio eradication program in Ethiopia: Opportunities, success, and challenges.*
- *Effect of the COVID-19 pandemic on routine immunization and vaccine preventable disease surveillance in pastoralist and semi-pastoralist, Ethiopia: The case of CORE Group Polio Project implementation areas*
- *Contribution of community volunteers to the detection of NPAFP in pastoralist and semi-pastoralist areas: Lesson from CGPP in Ethiopia.*
- *Community volunteers approaches, contributions and challenges in immunization and Community Base Surveillance activities: The case of the CORE Group Polio Project.*
- *Using mHealth for real-time information for evidence-based decision making in pastoralist and hard to reach CGPP implementation areas, Ethiopia.*
- *Contribution of religious leader mainstreaming on the Knowledge, Attitude and Practice of VPDs in CGPP implementation areas, Ethiopia.*
- *Mother's and caretaker's knowledge, attitude, and practice towards childhood immunization in Somali Region, Ethiopia.*

World Polio Day was celebrated on October 22, 2021 in conjunction with the nOPV2 campaign launching at Sidam region Hawassa town. The secretariat prepared and distributed 100 T-shirts and capes with the polio slogan for those attending the ceremony.

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

Ethiopia was certified polio free in July 2017, with the WHO African Region being certified polio free in August 2022. Since June 2021, the CGPP secretariat and GPEI partners have been involved in the National Polio Transition plan development process. This included the budget development, asset mapping, and resource mobilization plan development. The plan covers the period from 2022–2025. Currently the documents are ready and waiting for the approval of ICC and Ministry of Health.

CGPP Ethiopia did receive funds from the UN Foundation for polio transition activities. The Ministry of Health Ethiopia is leading the transition activities and CGPP will continue to work with the Ministry to understand how best to plan for transition as the project nears its end.

The manpower, linkages, and infrastructure built through polio activities has been harnessed for GHSA and COVID-19 activities (funded by the UN Foundation in FY22 and will have additional USAID funds in FY23). The CV/HDAL workforce continues to grow in knowledge and scope as new initiatives are added to the CGPP portfolio. These volunteers can contribute to improving immunization uptake, supporting SIAs, social mobilization, health education, and strengthening the surveillance system for vaccine-preventable and priority zoonotic diseases.

Global Health Security

CGPP works to improve community-based surveillance, RCCE, and One Health collaboration for VPDs and PZDs including rabies, anthrax, and brucellosis in focal communities. Activities included strengthening CBS, sensitizing communities on VPDs and PZDs as well as collaborating between human and animal health agencies through cross-border activities. CGPP Ethiopia deployed over 11,000 community volunteers to conduct integrated CBS and RCCE activities in their focal communities.

Capacity Building for Community-Based Surveillance

CVs conducted house-to-house visits for the purpose of searching for animal and human (both VPD and PZD) cases, administering social mobilization, and creating health education/awareness interventions which was supported through training manuals and other IEC materials. CVs integrated education and messages on PZDs with information on polio and other VPDs to reach 1,705,329 people.

CGPP's cadre of volunteers were trained on community-based surveillance, the use of electronic surveillance tools to report in a timely and accurate manner, and on how to identify diseases using community-level case definitions. A total of 1,953 participants were trained on CBS for the VPDs and PZDs between October 2021 to September 2022. The trained workforce included 444 CVs, 1,077 human health experts, and 432 animal health assistants (AHAs). Building the workforce's capacity to collect information on VPDs and PZDs in a timely manner, improving the quality of reporting, and advancing risk communication were the purposes of the training.

One Health Coordination Mechanism at the Subnational Level

Multisectoral and multidisciplinary collaboration, coordination, and communication is key in addressing zoonotic disease challenges at the human, livestock, and environment interface. Implementation of the One Health approach began at the national level in Ethiopia in 2010. Currently, there is a One Health Steering Committee (NOHSC) at the federal level with priority zoonotic diseases technical working groups. With support from USAID, CGPP and its implementing partners established 80 One Health task forces (OHTF) at the subnational level. The subnational OHTF members meet regularly to evaluate and

act on the progress of the multisectoral priority zoonotic disease prevention, detection, and response. For instance, between April and September 2022 alone, 101 OHTF regular review meetings were held. These OHTFs have been involved in training community volunteers to report on any event related to project-targeted priority zoonotic diseases. The OHTF have also participated in disease outbreak investigation and response. Two examples of the coordination and response that results from OHTFs were the vaccination of nearly 10,000 cattle against anthrax in South Bench District and the vaccination of 265 dogs against rabies in Oda Bildgdu district.

Dr. Filimona Bisrat providing health education during an SIA. *Photo by CGPP Ethiopia.*

Cross-border One Health Coordination

These multisectoral government teams participated in four cross-border coordination meetings. The purpose of the coordination meetings was to share experiences, map informal and formal border entry points, develop tools and share the tools. The cross-border meetings were held between South Sudan and Ethiopia, Kenya and Ethiopia, and Somalia and Ethiopia as well as some intra-country cross-border meetings. A total of two permanent transit point vaccination sites were established in Dolo Ado woreda, namely Dolo Ado and Suftu crossing points, and three in Moyale (Kenya and Ethiopia) woredas. Crossing points at borders will be used to monitor the movement of humans, animals, and animal products during the control and management of zoonotic diseases.

COVID-19

Using the UN Foundation budget, CGPP prepared and disseminated COVID-19 vaccination messages through national radio, provided technical and vehicle support to facilitate two rounds of COVID-19 campaigns in the Addis Ababa and Gambella regions, contributing to increasing vaccine coverage. CGPP facilitated an advocacy workshop on the role of religious leaders in COVID-19 vaccination in the Gambella region. Moreover, with the support from United Nations Foundation, regional sensitization workshops on polio integration and transition have been conducted in Gambella, Sidama, Harari, Dire Dawa, and Addis Ababa regions with Ethiopian Civil Society Health Forum member CSOs. The purpose of these workshops was to create awareness among high level officials in regional health, finance, and administration.

OBJECTIVE 2: ROUTINE IMMUNIZATION

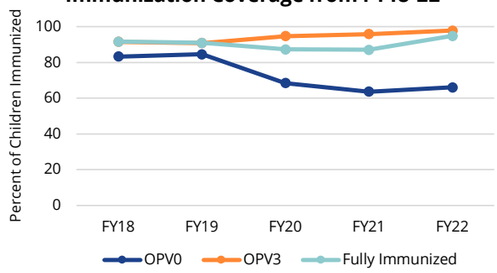
INDIA

IN FY22:

OPV0
74.0%

OPV3
97.8%

FULL IMMUNIZATION
94.8%



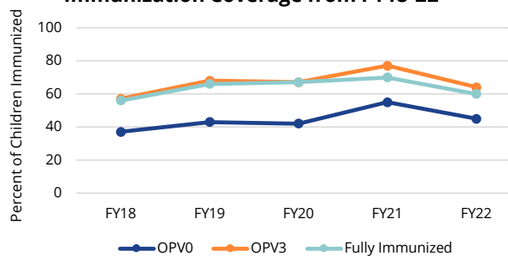
ETHIOPIA

IN FY22:

OPV0
44%

OPV3
64%

FULL IMMUNIZATION
60%



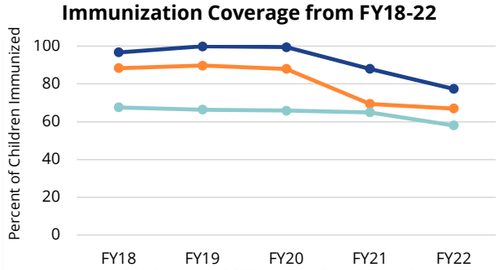
NIGERIA

IN FY22:

OPV0
77.4%

OPV3
67.0%

FULL IMMUNIZATION
58.0%



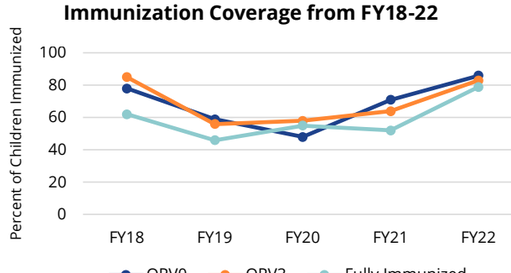
KENYA

IN FY22:

OPV0
86%

OPV3
83%

FULL IMMUNIZATION
79%



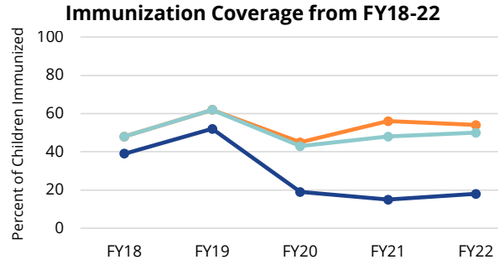
SOMALIA

IN FY22:

OPV0
15%

OPV3
54%

FULL IMMUNIZATION
50%



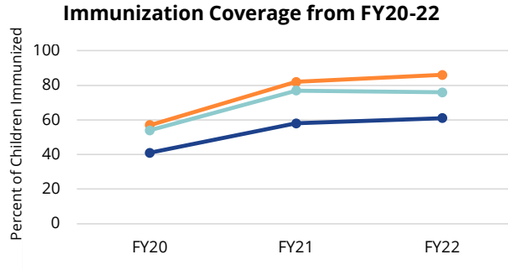
SOUTH SUDAN

IN FY22:

OPV0
61%

OPV3
86%

FULL IMMUNIZATION
76%



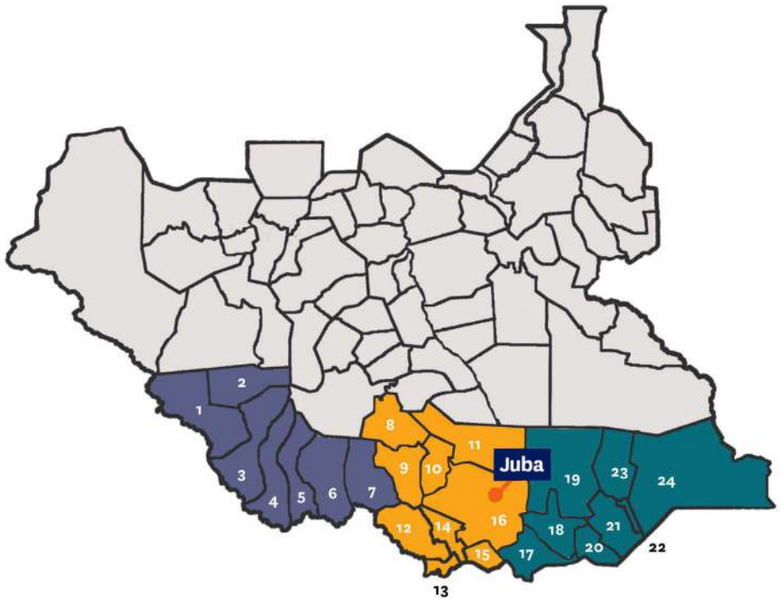
* OPV0 Coverage is reported for children under 12 months.
* OPV3/Fully immunized coverage is reported for children under 1 for Ethiopia, Kenya, Somalia, and South Sudan. It is reported for children 12-23 months for children in India and Nigeria due to data availability.

A CGPP vaccinator gives a COVID-19 vaccination in South Sudan. *Photo by CGPP South Sudan.*

South Sudan

Introduction

Even though the South Sudan CGPP Secretariat faces inaccessibility challenges due to insecurity, poor road infrastructure, difficult terrains, flooding, and COVID-19 vaccine hesitancy, the project reached beyond several target measures this fiscal year in the three states it works in: Central, Eastern, and Western Equatoria. Through its 457 boma health promotors and 4,529 community key informants, the project reached more than 1.9 million people with key messages on disease surveillance, prevention, vaccination, and control for polio, COVID-19, and other vaccine-preventable diseases.



Proposed CGPP Implementing Partners by County		
Western Equatoria Region *World Vision*	1	Tambura
	2	Ezo
	3	Nzara
	4	Yambio
	5	Juba
Central Equatoria Region *SPEDP*	6	Yei
	7	Lainya
	8	Morobo
	9	Kajo-Keji
	10	Magwi
Eastern Equatoria Region *OPEN*	11	Budi
	12	Kapoeta South
	13	Kapoeta East

World Vision South Sudan (WVSS)
Support for Peace and Education Development Program (SPEDP)
Organization for People's Empowerment Needs (OPEN)

Community volunteers supported routine immunization uptake through the provision of risk communication and community engagement activities, mobilized parents to take their children for vaccination, and tracked and referred children and pregnant women to the nearest vaccination sites.

A CGPP volunteer carries vaccines to a hard-to-reach location in South Sudan. *Photo by CGPP South Sudan.*

CGPP's hallmark community-based surveillance (CBS) system identified over half of the non-polio acute flaccid paralysis (NPAFP) cases in the project implementation area in FY22. This system continues to detect more than the respective NPAFP cases the health facilities are reporting. Stool adequacy rates in project areas improved by five percentage points, a notable achievement given the inaccessibility and insecurity that affect project areas and make sample collection and transport difficult. CGPP's strong collaboration and joint training with WHO helped improve the capacity of the surveillance system and led to timelier collection and transport of samples.

CGPP provided strong supportive supervision reaching all project volunteers during the year. Approximately 92% of its project supervisors, 77% of boma health promoters, and 87% of community key informants received quarterly mentorship visits. Supportive supervision and mentorship have ensured that workplans are implemented and all volunteers have the same understanding of community case definitions, improving the quality of CGPP work.

In addition to the project's polio and routine immunization work, it has also contributed to over 17% of the national COVID-19 vaccination coverage as of September 30, 2022, with a total of 361,919 doses of Johnson & Johnson and the AstraZeneca vaccines administered to community members in focal areas by CGPP vaccinators. Notably, CGPP exceeded its overall annual COVID-19 vaccination target of 352,944 set at the beginning of the project, with a special focus on females (50.4%) given initial hesitancy and low vaccination rates among women. Additionally, because of CGPP's already-existing polio infrastructure, the project was able to achieve a $4.7 USD crude cost per COVID-19 vaccine dose administered, less than half the price of the national average ($10 USD).

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

This fiscal year, CGPP continued to engage with World Vision South Sudan and two local NGO partners, Support for Peace & Education Development Program (SPEDP) and Organization for People's Empowerment and Needs (OPEN) to implement programming in South Sudan. These partnerships enable CGPP to champion community health programs in close collaboration with the county health departments, and state ministries of health under the leadership of the National Ministry of Health. CGPP is well-positioned to identify, review, and prioritize community needs and complex realities by registering community concerns and sharing diverse data, lessons learned, and effective practices with stakeholders.

In FY22, CGPP contributed to policy formulation and sharing of best practices and lessons learned on immunization, community-based surveillance, and risk communication and community engagement. This has been possible due to CGPP's active participation in over 162 (up from 114 in FY21) national, state, and county coordination meetings, including USAID-CGPP monthly collaboration calls, technical working groups on EPI/surveillance, COVID-19 vaccination, risk communication and community engagement, expanded program on immunization (EPI), supplementary immunization activities, and border health/point of entries. CGPP has also participated in national meetings with the Inter-agency Coordination Committee (ICC), Public Health National Steering Committee (PH-NSC), and COVID-19 operation meetings. This involvement allows CGPP an opportunity to contribute to the validation of key policy documents, including implementation guidelines and standard operating procedures on community-based surveillance. One significant outcome of the national coordination mechanisms was the development of the One Country, One Plan, One Budget framework to mitigate duplication of activities across implementing partners.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

CGPP immunization system strengthening activities targeted counties with poor routine immunization coverage with particular emphasis on hard-to-reach areas. The activities included mother-to-mother group meetings, tracking and tracing of immunization defaulters, and identification and referrals of unvaccinated newborns and pregnant mothers to nearest vaccination sites. CGPP also implemented outreach vaccination targeting hard-to-reach locations with all vaccine antigens approved for use in childhood vaccination programs in South Sudan.

CGPP's 457 (346 males, and 111 females) boma health promoters (BHPs) worked closely with communities to improve routine immunization uptake through the provision of RCCE activities, mobilize parents to take their children for vaccination, and track and refer children and pregnant women for vaccination. Project volunteers reached a total of 1,964,607 people through house-to-house and group meetings, as well as visits to social places with key messages on vaccination, disease surveillance, and infection prevention and control. They conducted 241,399 house-to-house visits reaching 1,087,843 (638,439 females, 449,404 males) with information on vaccination, VPDs, and other key priority diseases and conditions. Volunteers also made 39,760 visits to social places including churches, markets, schools, water points, and sports fields to mobilize communities and engage community members in dialogue about the importance of immunization for childhood VPDs and COVID-19. CGPP volunteers reached 100% of the targeted number of community members with RCCE and surveillance activities.

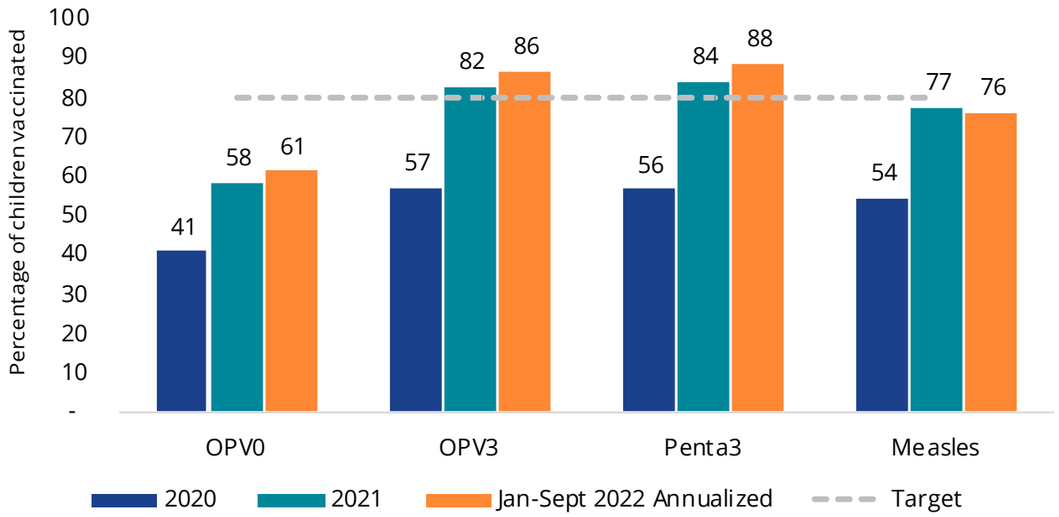
In addition to the household visits and visits to social places, BHPs conducted 9,784 mother-to-mother group meetings reaching 100,293 mothers, mainly lactating and pregnant, with key messages on vaccination. This represented 125% of the yearly target. There was an increased voluntary return of South Sudanese women from the neighboring countries as the security situation improved during the fiscal year. This meant that CGPP was able to reach more women than initially targeted. These women joined the mother-to-mother group meetings. This activity contributed to the identification of 25,736 unvaccinated or under-vaccinated mothers. These women were referred for vaccination and, as a result, 21,180 (about 82%) were vaccinated with tetanus and diphtheria toxoid to protect their unborn children against neonatal tetanus.

BHPs tracked and traced 21,189 (10,994 females, 10,195 males) children who defaulted immunization and referred them to the nearest vaccination post for vaccination. As a result, 16,692 children were vaccinated (78.8% of those referred). In FY22, CGPP tracked and referred more than the target, achieving 127.7% of the goal. Again, because of the improved security situation, there was an influx of returning South Sudanese from neighboring countries with children who had not completed their doses of routine immunization. CGPP volunteers were able to connect them with vaccination sites. Additionally, BHPs identified 17,712 (6,837 females, 10,875 males) unvaccinated children aged 0-14 days (zero-dose) and referred them to the nearest sites for vaccination. This activity contributed to the vaccination of 14,543 (5,712 females, 8,831 males) newborn zero-dose children with BCG and OPV0.

In an effort to provide vaccination services to hard-to-reach populations, CGPP conducted 21,180 outreach vaccination sessions through a network of 199 outreach vaccinators in 20 poor-performing counties in Central Equatoria (5), Eastern Equatoria (8), and Western Equatoria (7) states.

As a result of this outreach vaccination sessions, CGPP reached 70,345 under-1 children with OPV0, OPV3, Penta3, and measles antigens. While the targeted number of 163,560 was not reached, this does represent a 5.7% increase from last year's vaccination numbers. The country currently uses 2008 projected population data, and CGPP suspects there is an overestimation of the population as many people are still living in refugee camps in Uganda, Democratic Republic of Congo, Ethiopia, and Sudan. CGPP will revisit targets in FY23 and continue activities to reach as many children as possible with vaccinations. CGPP began routine immunization strengthening activities in 2020, and there has been a notable improvement in vaccination coverage over the past two years in focal states (Figure 3.1). However, with CGPP's increased efforts to mobilize focal communities and strengthen immunization systems, there was improvement in the routine immunization indicators in project areas during FY22. OPV0 coverage increased from 58% to 61% in FY22 while OPV3 increased from 82% to 86%. The percentage of fully immunized children dropped slightly from 77% to 76% in FY22. This decline could be attributed to closure of some of the health facilities and vaccine stockouts.

FIGURE 3.1 ROUTINE IMMUNIZATION PERFORMANCE IN CGPP AREAS FROM 2020-2022



While in South Sudan, the ARCC (African Regional Certification Commission for Polio Eradication) and WHO-AFRO teams held a field visit to two health facilities in Juba. The team raised concerns over the quality of routine immunization in South Sudan. For example, despite the 82% immunization coverage in 2021, South Sudan still experienced reoccurring measles outbreaks, which suggests gaps within the immunization system. The visiting team recommended the following:

- Cleaning the national line list for polio,
- Lobbying for funds to support polio activities,
- Strengthening of both health facility and community-based disease surveillance activities to sustain the gains in polio certification,
- Improving in quality of routine immunization and putting in place deliberate efforts to support hard-to-reach communities, such as through outreaches and mobile vaccination services,
- Conducting an annual supplementary immunization campaign to boost population immunity, and
- Involving polio committees in the investigation and verification of reported suspected cases to enable good polio reporting indicators.

TABLE 3.1 CGPP SOUTH SUDAN TRAINING PARTICIPANTS IN FY22

Training Topic	Males	Females	Total
Volunteers (4,529 CKI + 457 BHPs)	2,741	2,245	4,986
Vaccinators	314	91	405
Project Staff	55	05	60
Nurses (Ag. RDT)	23	6	29
Data clerks (Open Data Kit & DHIS2)	19	7	26
Total	3,152	2,354	5,506

Training

CGPP South Sudan held 15 training sessions to build the capacity of 5,506 people including 4,986 (4,529 CKIs, 457 BHPs) and 520 health workers (Table 3.1).

To build the capacity of volunteers to identify COVID-19 cases and provide current information on COVID-19, CGPP oriented 4,986 volunteers including 457 BHPs and 4,529 CKIs on COVID-19 key messages and community case definitions. The refresher training on CBS, supportive supervision, and mentorship visits provided to the CBS network enhanced network understandings on community case definitions of priority diseases. This contributed to timeliness in reporting and improvement in the quality of reports.

To provide quality vaccination and minimize adverse events following immunization (AEFI), CGPP trained 465 project staff and volunteers on vaccine-related topics. This included 60 project staff and 405 volunteer vaccinators. In collaboration with the Ministry of Health National Public Health Laboratory, CGPP trained 29 (6 females, 23 males) nurses on the use of antigen rapid diagnostic tests to support screening at the point of entry.

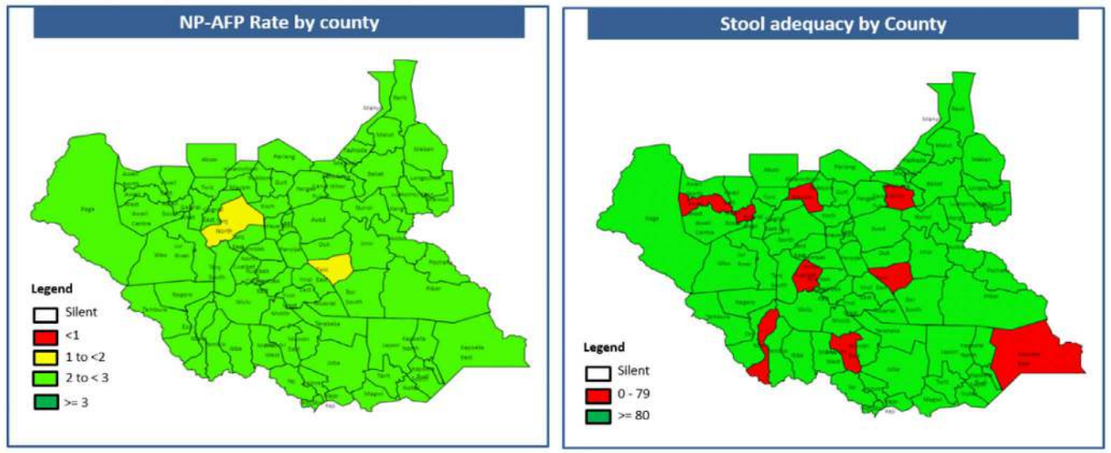
Additionally, to improve data quality and efficient data submission 26 project staff were trained on the use of Open Data Kit and DHIS2 to support as data clerks.

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

The Ministry of Health did not plan any polio supplementary immunization activities in FY22. South Sudan was not prioritized by World Health Organization for the introduction of the novel oral polio vaccine (nOPV) due to the insufficient stocks of vaccine.

A team comprising CGPP South Sudan Secretariat, WHO, Ministry of Health, and CDC Afenet represented South Sudan in a multi-country WPV1 outbreak planning and review workshop in Nairobi from May 9-12, 2022. The meeting resulted in the review of the country's polio preparedness plan, human resource capacity, needs for technical assistance, and operational budget.

FIGURE 3.2 MAIN AFP INDICATORS: NP-AFP AND STOOL ADEQUACY RATE BY COUNTY EPI WEEK 44, 2022



Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

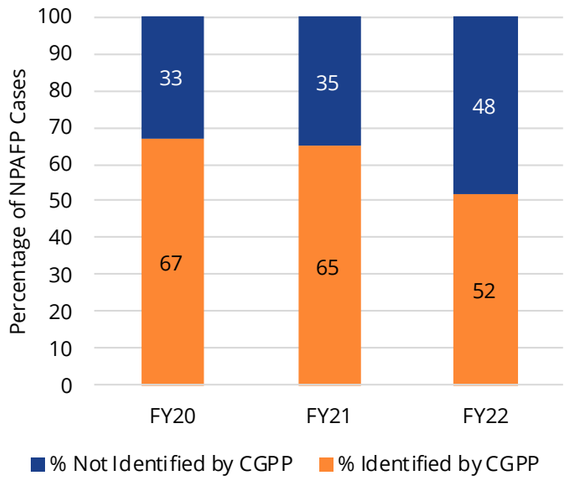
CGPP South Sudan's vast community-based surveillance network is comprised of 457 (111 females, 346 males) BHPs, and 4,529 (2,134 females, 2,395 males) CKIs. The CBS CKIs include people who have frequent interactions with community members including traditional healers, traditional birth attendants, local clinic owners, village chiefs and headmen, women leaders, youth leaders, and teachers. These individuals are uniquely positioned to identify and be told of unusual events, illnesses, or symptoms within their community. The network is trained on community case definitions to enable early detection and reporting of suspected priority diseases and conditions including AFP, COVID-19, EVD, AEFIs and others. CGPP volunteers report cases to county surveillance focal persons, WHO field supervisors/assistants, and/or CGPP project supervisors for further validation and investigation.

The project's strong CBS network contributed to solid AFP surveillance indicators in project areas. Despite a decline in NPAFP rate in project areas from 8.2 per 100,000 under-15 children in FY21 to 7.41 per 100,000 under-15 children in the current fiscal year, the NPAFP rate remained significantly higher than the standard of 2 per 100,000 children 15 and older. There was steady improvement in stool adequacy rate in project areas from 90.8% in FY21 to 95.8% in FY22. This is a notable achievement given the insecurity and inaccessibility in many of CGPP's focal communities. There was improved coordination between WHO and CGPP at the field level to investigate and transport AFP cases. During the fiscal year WHO supported the training of both their field supervisors and CGPP project supervisors on surveillance (investigation, packaging, documentation of cases, and transportation) improving the capacity of the surveillance system. All the project-supported counties achieved the national target for stool adequacy except for Kapoeta East, Mundri East, and Nzara counties which did not achieve the recommended 80% and above stool adequacy target. None of the 24 CGPP-supported counties were silent, exceeding the target of below 5% of counties silent on the year (Figure 3.2).

The CGPP CBS system reported 52% (82 of 159) of NPAFP cases in the project implementation area in FY22 (Figure 3.3). Despite the decline in the percentage of NPAFP cases reported through CBS in FY22, the CGPP CBS system continues to detect more than 50% of NPAFP cases reported in project

implementation areas, a significant achievement. Insecurity and inaccessibility continue to impact surveillance in CGPP's focal areas.

FIGURE 3.3 CONTRIBUTION OF CBS TO AFP SURVEILLANCE IN CGPP IMPLEMENTATION AREAS



CGPP continued orientation of BHPs and CKIs on the community case definition for acute flaccid paralysis, consistent review of the performance of the community-based surveillance system by payam through quarterly review meetings, and continuous follow up of the community key informants by BHPs to look for cases. To promote information sharing and learning, CGPP conducted 58 BHP quarterly review meetings and 765 CKI quarterly review meetings attended by project volunteers to review key activities and project performance. The review meeting was led by the county health departments and attended by other community leaders such as chiefs, local authorities, youth leaders, women, church leaders, and others.

There is high demand and expectation for the project, especially surveillance activities, from the main stakeholders, including the communities. Due to funding gaps, CBS only covers 126 payams out of 147 and 457 of the 681 bomas in Central, Eastern, and Western Equatoria States. The project has integrated lower-cost activities, but these expectations remain a challenge.

Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

This fiscal year, CGPP had several opportunities to share information to improve the quality of polio eradication activities. Some of the project's significant achievements are as follows:

- All project supervisors, BHPs and CKIs received supportive supervision and mentorship visits during FY22. On average 92% of project supervisors and 77% of BHPs received quarterly supportive supervision visits and on the job mentorship. Additionally, 87% of CKIs received mentorship quarterly. Supportive supervision and mentorship visits ensured that project activities were conducted according to the workplan and that project volunteers had a strong understanding of community case definitions, reporting, and other key job functions. On December 3, 2021, CGPP debriefed the new USAID mission health director on the rollout of the Johnson & Johnson COVID-19 vaccine in the project catchment area. In the meeting, the director commended CGPP for digitalizing COVID-19 data collection, transmission, and reporting through the use of the Open Data Kit.

- The CGPP Secretariat participated in the national EPI review meeting in Juba from March 30 through April 1, 2022, to review the national routine immunization performance for 2021. This meeting resulted in the development of action points to further strengthen the immunization system in the country. Additionally, CGPP Secretariat actively participated in the National COVID-19 Intra-Action Review organized by the national COVID-19 steering committee May 22-23, 2022. This meeting reviewed the performance of the national COVID-19 response in 2021, identified gaps and challenges, and provided recommendations to improve the response activities in FY22.

- CGPP participated in the development of a National Health Promotion strategic plan meeting in Juba May 24-25, 2022, organized by the Ministry of Health and the Department of Health Education and Promotion.

- CGPP supported concurrent state-level annual review meetings which took place from September 8-21, 2022. The participants included county health directors, county EPI supervisors, project

coordinators, project officers, project supervisors, and MOH representatives from the three supported states. Participants reviewed the overall project performance, discussed challenges facing project implementation, and ways to provide support. Routine immunization was identified as an under-performing area, and the gap was partially attributed to unrealistic targets and population denominators used for planning. The review recommended a bottom-up community led micro-planning process to guide implementation of routine immunization.

- CGPP participated in the USAID Implementing Partners' Exhibition on branding and marking that was held in Juba on June 30, 2022. This event brought together various USAID implementing partners, and CGPP was recognized for its consistency in submitting high-quality success stories to the USAID mission according to established standards.

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

CGPP attended a high-level advocacy meeting organized by ARCC and WHO-AFRO committee in Juba South Sudan from September 12-16, 2022. The meeting was chaired by the Undersecretary of the National Ministry of Health. Other stakeholders that attended the meeting included JSI, Access for Humanity, UNICEF, Health Pooled Fund, WHO, National Task Force (NTF) for Polio, National Polio Certification Committee (NCC) members & National Polio Expert Commission (NPEC). The primary objective of this meeting was to assess the functionality of the NCC, NPEC, and NTF and advocate for improved surveillance and routine immunization performance in the country.

Boma health provider administers a Johnson & Johnson dose of the COVID-19 vaccine to a community member in a hard-to-reach region. *Photo by CGPP South Sudan.*

COVID-19

CGPP South Sudan received USAID COVID-19 funding in FY22 from USAID to support COVID-19 outbreak response in 24 counties of Eastern, Central, and Western Equatoria States. CGPP implemented COVID-19 vaccination in 74 health facilities and 32 outreach sites in the 24 counties across the three states supported by 364 (84 females, 270 males) vaccinators. The COVID-19 outbreak response activities focused on COVID-19 vaccination, COVID-19 sample collection and transportation from Nimule point of entry to Nimule Hospital for Polymerase Chain Reaction (PCR) testing, risk communication and community engagement, and contact tracing and follow-up by BHPs.

Cumulatively, in FY22, CGPP vaccinators administered 361,919 doses of Johnson & Johnson and the AstraZeneca vaccines to community members in CGPP focal areas. A total of 357,780 individuals aged 18 years and above were fully vaccinated as a result of these efforts. This accounted for 17.06% of the national COVID-19 vaccination coverage as of September 30, 2022. Given initial hesitancy and low vaccination rates among women, CGPP intensified outreach to females at markets, farms, and churches/mosques across the 24 focal counties. Of those reached with vaccinations, slightly more than half, 50.4% were female. Notably, CGPP was able to achieve and exceed its overall annual COVID-19 vaccination target of 352,944 set at the beginning of the project.

One of those women vaccinated with COVID-19 vaccine was 26-year-old Natabo. She was one of the first at the water point in her village (mostly comprised of cattle keepers and miners) when CGPP showed up to distribute the vaccine. “I have not heard of anyone who got vaccinated in this village. I am happy to be the first, not only in my family but also in my community,” she said. “If the vaccines were not brought to us, no one would have got it.” As a mother of three who lives in a village that has no schools nor health facilities, she did not think the vaccine would arrive in Nasikina Village—located in Kapoeta South County in Eastern Equatoria State. For her and her neighbors, medical facilities are located 26 kilometers away, a two hour walk from the village. Just like its polio, measles, and Ebola virus disease components, CGPP South Sudan’s COVID-19 work focuses on hard-to-reach communities like Natabo’s.

As mentioned previously, one of the most significant successes of the already-existing polio infrastructure was the ability of the project to achieve a $4.7 USD crude cost per COVID-19 vaccine dose administered. This, compared to the national average of $10 USD, points to the effectiveness of the CGPP framework ready and able to adapt to ongoing needs.

Point of Entry/Border Health Screening

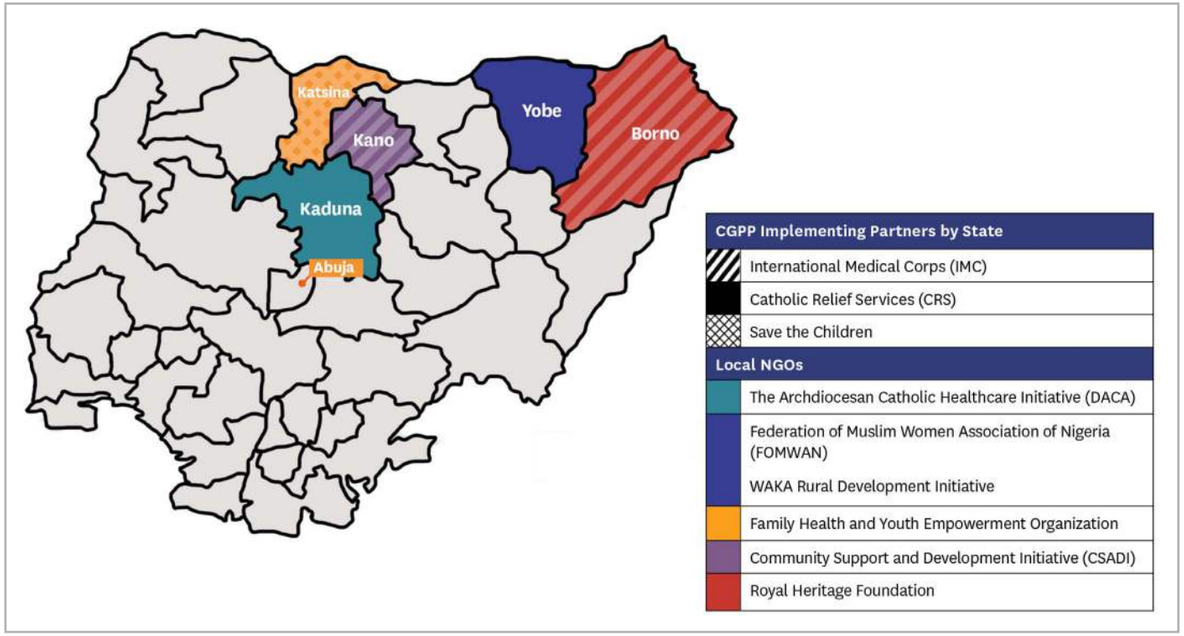
CGPP screened 105,650 (42,999 females, 62,651 males) travelers at the point of entry in Nimule, identifying 3,437 suspected cases which were referred for COVID-19 testing at Nimule Hospital. CGPP also supported the collection of 5,876 (3,115 females, 2,707 males) COVID-19 samples from Nimule Point of Entry and transported them to Nimule Hospital for Polymerase Chain Reaction testing within 24 hours. Of these, 248 samples were positive.

A volunteer community mobilizer shows a community member how to wash hands properly. *Photo by Hibret Tilahun.*

Nigeria

Introduction

Two years ago on August 25, 2020, Nigeria was certified free from wild poliovirus, triggering that same certification for the entire African continent. As CGPP knows well, maintaining wild poliovirus free status poses its own challenges, and there is still much work to be done to reach polio eradication. This fiscal year, the continued efforts were recognized by the Federal Ministry of Health and the National Primary Health Care Development Agency in Nigeria through its Polio Heroes Award given to CORE Group Partners Project (CGPP) Nigeria – a testament to the hard work and dedication of the CGPP team and the 2,164 volunteer community mobilizers, community informants, and local government area coordinators.



Despite several challenges, including heightened insecurity and flooding in project areas, the closure of two IDP camps in FY21 and an additional two in FY22, CGPP's work carries on. Due to the aforementioned obstacles, routine immunization indicators dropped this fiscal year, and many project areas experienced increased levels of resistance and defaulters compared to previous years. Gratefully, the project did see a drop in zero-dose children, declining from 1.8% to 0.1% (177) in project areas.

Focusing on immunization system strengthening, improving surveillance for acute flaccid paralysis (AFP), increasing demand for COVID-19 vaccination, and improving zoonotic disease reporting, CGPP Nigeria, through community informants and volunteers across all five focal states made strides in improving its efficacy in these activities.

One of the project's key achievements this year was strengthening community-based surveillance activities for AFP and priority zoonotic diseases (PZDs) and improving the quality of AFP detection. The detection and reporting of AFP including other PZDs such as rabies, bovine tuberculosis, Lassa fever, and highly pathogenic avian influenza improved across focal areas. A total of 34 cases of PZDs and 82 suspected AFP cases were reported by CGPP volunteers in FY22. CGPP attended advocacy meetings with traditional and religious leaders on polio and zoonotic diseases. Mentoring and on-the-job trainings were held for VCMs, VWs, and LGACs at the community level to build capacity to conduct RCCE activities and active case searches for both animal and human health.

Another significant achievement included the support of four outbreak response campaigns across focal states. CGPP deployed volunteers and technical staff to support the OBRs by mobilizing 325,551 households for vaccination and supporting the quality of the polio campaign to ensure all eligible children receive the vaccine.

To strengthen the data quality and address project data issues identified by USAID's DQA, the project implemented the CGPP MEAL Remediation Plan. CGPP will continue to monitor data quality and conduct an internal DQA in FY23.

CGPP Nigeria worked with three in-country implementing partners: Catholic Relief Services (CRS), International Medical Corps (IMC), and Save The Children International (SCI) as well as local partners to implement activities in the focal states. IMC implements CGPP activities in Borno and Kano states; SCI in Katsina state and CRS in Yobe and Kaduna states. Each partner worked with their community-based organization, namely Royal Heritage Healthcare Foundation (RHHF) in Borno state, Archdiocesan Catholic Health Care Initiative (ACHI-DACA) in Kaduna state and WAKA Rural Development Initiative (WAKA RDI) and FOMWAN in Yobe state. In addition, the project worked with Community Support and Development Initiative (CSADI) in Kano state and Family Health and Youth Empowerment (FAHYE) in Katsina state.

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

CGPP is a valuable partner in the national polio eradication program and has been working in close collaboration with the Federal Ministry of Health, the National Primary Health Care Development Agency (NPHCDA), WHO, UNICEF and Rotary International.

Through these international and local organizations, CGPP has continued to collaborate with national, state, and LGA officials to support polio eradication activities by deploying community mobilizers in areas where the polio program faced major challenges, primarily resistance to polio immunization.

CGPP maintained working with the Government of Nigeria through the Polio Emergency Operations Centre and continued collaboration and relationship with Polio Eradication Initiative (PEI) stakeholders both at the national and state levels. These key stakeholders include WHO, UNICEF, the U.S. Centers for Disease Control and Prevention (CDC), AFENET, Bill and Melinda Gates Foundation (BMGF), Rotary International, State Primary Health Care Management Board (SPHCMB), and the Ministry of Health, among others.

Alongside its in-country partners and through local CBOs, CGPP implemented activities at the subnational level across 26 LGAs in the five states. These activities included community engagement, polio communication, surveillance, outbreak response campaigns, coordination meetings, monitoring support, and Global Health Security activities.

At the focal state level, CGPP is a member of various technical working groups (TWGs) that coordinate and oversee the polio eradication activities in the states. These TWGs are Polio Emergency Operation Center (EOC), advocacy communication and social mobilization (ACSM), surveillance, COVID-19, and risk communication. CGPP also collaborates with other PEI supporting partners, and is a member of the Rapid Response Team task force and the Advocacy Communication and Social Mobilization task forces at the LGA.

CGPP participated in the National One-Health Priority Zoonotic Diseases Re-Prioritization workshop in Lagos from July 20-23, 2022. The event reorganized the priority zoonotic diseases in Nigeria and planned technical groups for the eradication of those diseases.

Through CGPP's membership of the Polio Transition Technical Task Team (PT4), it has provided sustained leadership and technical support to the development and rollout of the Polio Transition Plan (PTP). CGPP has demonstrated good and versatile knowledge of the transition process by being a part of the PTP at all levels.

CGPP collaborated with the Breakthrough Action Nigeria on COVID-19 response interventions focused on RCCE activities for raising awareness on disease prevention and vaccination uptake among communities in Kaduna and Kano states. CGPP supported response to the following zoonotic disease outbreaks across focal states: rabies in Kano state, rabies and highly pathogenic avian influenza (HPAI) in Katsina state, and Lassa fever and HPAI in Kaduna state. CGPP also developed IEC materials, flipbooks, and a glossary of terminologies on CBS and PZDs to aid in community engagement activities for CIs and VCMs.

The secretariat director, secretariat communications lead, and implementing partner country representatives from CRS, IMC, and SCI participated in the first expert review committee (ERC) meeting since the Africa region was certified as wild poliovirus-free on August 25, 2020. After the ERC meeting, the national EOC developed a one-year polio risk response plan to interrupt transmission and increase population immunity. The response plan includes the following critical outcomes:

- Gap analysis and response planning for outbreak SIAs in watchlist states,
- Integrated RI in high-risk states to be implemented in three phases, and
- Prioritization of low coverage LGAs for RI activities.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

The cadre of CGPP Nigeria volunteers is comprised of 126 (72 females, 54 males) volunteer ward supervisors (VWSs) who supported and supervised 1,148 (all female) volunteer community mobilizers (VCMs), ensuring the implementation of planned activities and verifying data. Additionally, 26 project-supported local government area coordinators (LGACs) oversaw the work of the CGPP volunteers. CGPP also utilized 890 community informants (CIs) for surveillance activities (Table 4.1).

TABLE 4.1 NUMBER OF CGPP VOLUNTEERS BY STATE

State	VWSs	VCMs	CIs
Kaduna	4	40	20
Yobe	48	480	225
Katsina	15	65	150
Kano	15	150	150
Borno	44	413	345
Total	**126**	**1,148**	**890**

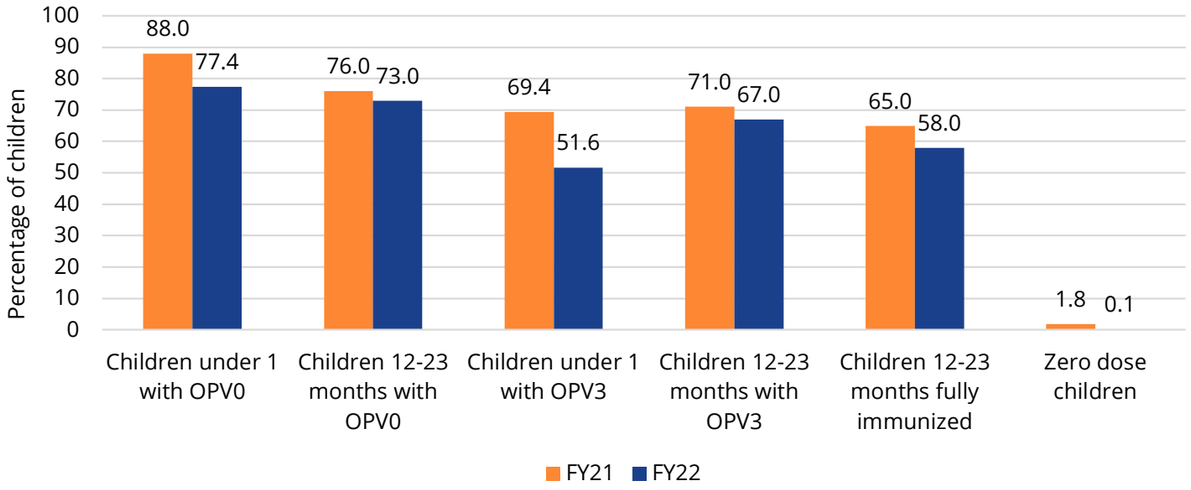
VWSs conducted 861 advocacy meetings with traditional and religious leaders during the year, reaching 5,128 influencers to help mobilize communities for vaccination. VCMs engaged communities through 1,146,842 house-to-house visits and 5,162 group meetings. They tracked the immunization status of children and pregnant women, tracked and referred newborns and defaulters for vaccination, supported health centers in mobilizing caregivers for vaccination, reminded caregivers to take their children for vaccination, and provided convergent messaging on polio, vaccination, priority zoonotic diseases, and COVID-19. CGPP volunteers across the five states reached 325,551 households/families through sensitization, 430,739 caregivers through house-to-house visits, and 41,512 caregivers through (group) compound meetings. They tracked and referred 9,910 defaulter children for missing vaccinations and engaged with communities in group settings through community dialogues, advocacy visits with influencers, and naming ceremonies leveraging community events to vaccinate groups of children.

National routine immunization activities have nearly returned to pre-COVID-19 levels, and targeted activities such as fixed post-sessions and outreaches have resumed. CGPP continues to support fixed and outreach sessions through demand creation and mobilization of caregivers to attend sessions, tracking of defaulters, and reconnection for uptake of missed antigens during the sessions. Despite strong efforts

by CGPP volunteers, all routine immunization indicators dropped during FY22. Various factors were responsible for this drop, including diversion of critical government RI staff to support COVID-19 activities, inadequate government commitment, and inaccessibility to several RI facilities due to insecurity. Some project activities were also hampered by heightened insecurity and flooding in project areas, causing the relocation of some households and difficulty in reaching others. Borno state experienced the closure and relocation of IDP camps once served by CGPP to other non-focal areas. Additionally, many project areas experienced higher levels of resistance and defaulters than in previous years. CGPP will work with other stakeholders to advocate for greater support from government to the immunization program. OPV0 coverage in children under 1 declined from 88% to 77.4%, and OPV3 dropped from 69.4% to 51.6% during the year. Declines in vaccination timeliness were also experienced with vaccination rates among children 12-23 months falling from 76% to 73% with OPV0 and 71% to 67% with OPV3. The percent of fully immunized children in project areas dropped from 65% to 58%. However, a significant achievement was the drop in zero-dose children, declining from 1.8% to 0.1% (177) in project areas. CGPP will continue to work with security agencies and community leaders to ensure that communities are accessed and that volunteers support increased uptake of routine immunization among eligible children. The impacts of these challenges were seen in the routine immunization coverage (Figure 4.1).

Mother and child come to a health facility for vaccination. *Photo by Hibret Tilahun.*

FIGURE 4.1 ROUTINE IMMUNIZATION AMONG CHILDREN IN CGPP NIGERIA PROJECT AREAS



Training

During the year, a total of 4,456 (3,447 females, 1,009 males) people participated in CGPP's 65 organized training sessions.

A total of 2,168 people (1,600 females, 568 males) participated in integrated polio trainings including 2,164 community volunteers (1,148 VCMs, 126 VWS, and 890 CIs) and four health workers who were engaged on a variety of topics including advocacy, communication, and social mobilization, cascade training on data tools, micro census, community engagement activities, routine immunization, and AFP case detection. Additionally, all the state team leads, MEAL officers, and other program officers participated in capacity building sessions during technical working group meetings and capacity-building sessions on communications, surveillance, gender, and MEAL.

Additionally, CGPP organized a two-day national training of trainers on the Global Health Security Agenda (GHSA) for government and partner staff in the focal states. The training focused on the use of CBS for priority zoonotic diseases, case definitions, and reporting processes and tools. A total of 2,288 (1,847 females, 441 males) community volunteers were trained during the GHSA cascade training across the five states. The training participants also included 163 CGPP staff.

Cross-border activities

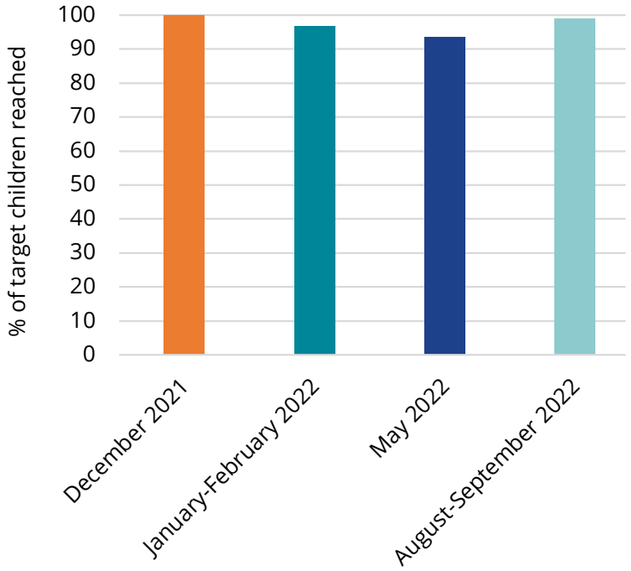
CGPP began planning and mapping cross-border activities and settlements between CGPP Nigeria and CGPP Niger to support the international border synchronization of polio eradication activities. Advocacy visits to all the states and border LGAs were conducted and the cross-border activity was introduced to the relevant stakeholders in the states and LGAs. During FY23, these activities will be focused in three LGAs in Katsina and Yobe states.

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

CGPP supported four OBRs across the focal areas. CGPP Nigeria supported four outbreak response campaigns in project areas in December 2021, January-February 2022, May 2022, and August-September 2022 (Figure 4.2). Overall, the coverage for the four campaigns was 96.6% in project areas. The December campaign was conducted in Kano, Kaduna, Borno, and Yobe and reached 146,564 children, 99.9% of the target. The January-February 2022 and May 2022 campaigns were conducted in all project areas – Kaduna, Katsina, Kano, Borno, and Yobe, and reached 416,246 children under 5 (96.7% of the target) and 388,563 children under 5 (93.6% of the target). The final OBR campaign in August-September 2022 reached 342,158 children under 5, (98.9% of the target) and was conducted in Kaduna, Katsina, Borno, and Yobe. Overall, 77.6% of children under 5 in project areas have received at least seven doses of OPV, in their lifetime. The percentage of zero-dose children declined to 0.1% (177) from 1.8% in FY21. During the campaign, 177 zero-dose children were vaccinated.

During the campaigns, CGPP volunteers worked closely with their communities, to mobilize households before and during the campaign and conducted revisits to resolve non-compliant households and missed children. The sweet taste of the nOPV2 vaccine appeared to help draw children out for vaccination. VCMs revisited non-compliant households and successfully resolved 2,627 non-compliant households, vaccinating 3,464 children under 5 initially not vaccinated during the year's campaign activities.

FIGURE 4.2 OUTBREAK RESPONSE CAMPAIGN COVERAGE IN CGPP PROJECT AREAS

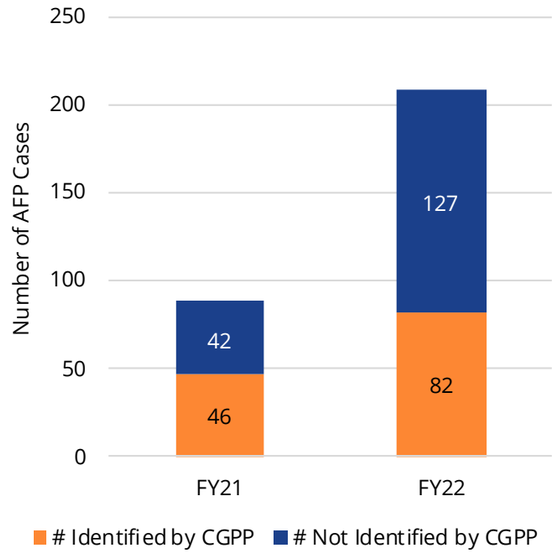


Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

CGPP Nigeria provides extensive community-based surveillance to support facility-based surveillance in the five states. CGPP's 1,148 VCMs work with 890 CIs to identify and report suspected AFP cases, suspected VPD cases, and zoonotic disease alerts. VCMS and CIs actively search for suspected cases using community case definitions for VPDs, PZDs, and COVID-19. CIs are well-established members of their communities who interact with many people on a regular basis. These interactions make them uniquely positioned to detect cases in their communities. CGPP's CIs include traditional healers, traditional birth attendants, patent medicine vendors, bone settlers, and herbalists. Due to cVDPV2 outbreaks, CGPP intensified community-based surveillance efforts in FY22 by building the capacity of project volunteers on community case definitions and strengthening the collaboration with the LGAs and state surveillance teams in CGPP focal states. As a result, more NPAFP cases were reported by VCM/CIs, 82 compared to 46 in FY21 (Figure 4.3). During FY22, there were 209 AFP cases reported in CGPP project areas and CGPP VCMs and CIs reported 39% of these.

The NPAFP rate was 7.8 per 100,000 children under 15 and the stool adequacy rate was 96%. There were no silent project areas.

FIGURE 4.3 TREND IN AFP IDENTIFICATION IN CGPP FOCAL AREAS IN FY21-22



Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

Utilizing its polio, GHSA, and COVID-19 data, CGPP supported decision-making activities for the project including tracking newborns, RI defaulters, community surveillance, and ACSM. CGPP utilized data for decision making. When key immunization indicators dropped during the year, CGPP intensified community engagement and immunization systems strengthening activities.

CGPP has engaged the Nigeria Centre for Disease Control to discuss the possibility of using the AVADAR (Auto-Visual AFP Detection and Reporting) system to report diseases in the focal states. The system is currently being piloted nationally and the focal states will be informed and involved as the process evolves. Meanwhile, CGPP is using the Open Data Kit (ODK) system to report real-time alerts and events. Disease reporting in the animal health sector is currently paper based, although there are on-going discussions about the possibility of having surveillance and reporting systems that are interoperable in both the ministries of health and veterinary services.

Collaborating alongside state teams, CGPP staff conducted supportive supervision across the focal states and provided technical assistance to address MEAL issues and improve data quality. During the field visits, CGPP staff mentored the volunteers and their supervisors on documentation and reporting process, especially on MEAL procedures and tools.

As a response to the USAID data quality assessment conducted in Q4 of FY21, CGPP developed and implemented the MEAL Remediation Plan (MRP) to address the issues identified. The secretariat also institutionalized weekly MEAL meetings to share updates on the status of the remediation actions in the MRP tracker and to address MEAL challenges as they arose. In addition, the CGPP secretariat held a national training of trainers on January 28, 2022, on conducting a micro census and using data tools such as the new VCM registers and tally sheets.

The focal states commenced biweekly MEAL meetings to improve processes. They have also strengthened supportive supervision, mentorship, and verification of data for quality. CGPP held a MEAL technical working group meeting in Abuja with its three implementing partners to discuss MEAL challenges, implementation of the MRP, share updates, and identify next steps. This working group was also leveraged as an avenue to orient MEAL officers and state team leads on CGPP MEAL processes, data tools, and MEAL priorities.

The Activity MEAL Plan has been revised and the data management standard operating procedures and guidelines are currently being revised based on the feedback from the data quality assessment. Data tools (tally sheet, reporting timelines, monitoring checklists, etc.) have been revised and shared with the implementing partners. Specifically, the tally sheets were updated to include additional data elements such as age categorization for newborns, zero-dose children, fully immunized children, etc.

CGPP staff supervising a VCM house marking a linelisted household during a microcensus exercise in Kaduna. *Photo by CGPP Nigeria.*

The new VCM registers are currently being printed and will be distributed to the states. CGPP has engaged internet service providers to register SIMs and provide internet data. The Data Accountability Framework (DAF) has been developed as a part of CGPP's efforts to strengthen the CGPP MEAL system. This framework will help hold states accountable to address the issues of poor reporting and data quality and improve the way reports and deliverables are tracked.

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

To help sustain the gains of Africa's WPV certification, CGPP provides technical assistance every year on the activities and interventions captured in the National Polio Eradication Emergency Plan (NPEEP). Additionally, CGPP remains a member of the Polio Transition Technical Task Team (PT4), which is charged with providing leadership, guidance, and technical assistance to the entire country on the use of polio assets to strengthen the broader health system. With the technical assistance of the PT4, the Government of Nigeria has identified three areas to transition polio assets: routine immunization, surveillance and outbreak response to priority diseases, and health systems strengthening (specifically revitalizing primary healthcare centers). At present, the PT4 has developed and received approval to implement the Polio Transition Plan (PTP). The immediate next steps are to ensure buy-in from stakeholders, engage state teams, and provide on-the-ground technical assistance to state and community-level stakeholders on polio transition across the 36 states and the Federal Capital Territory.

CGPP's plan is to maintain the role of volunteers through capacitating the civil societies to support them so they continue their indispensable role in improving the health of their community.

Global Health Security

CGPP implements GHSA activities in five focal states of Nigeria utilizing the existing polio infrastructure to conduct community-based surveillance (CBS), risk communication and community

engagement (RCCE) and investigating and responding to four priority zoonotic diseases (PZDs): bovine tuberculosis, highly pathogenic avian influenza, Lassa fever, and rabies. In a One Health Zoonotic Disease Prioritization session attended by CGPP Nigeria mid-2022, two more zoonotic diseases (yellow fever and monkeypox) were prioritized in addition to the four above. The government plans to develop strategic planning documents targeting all six PZDs.

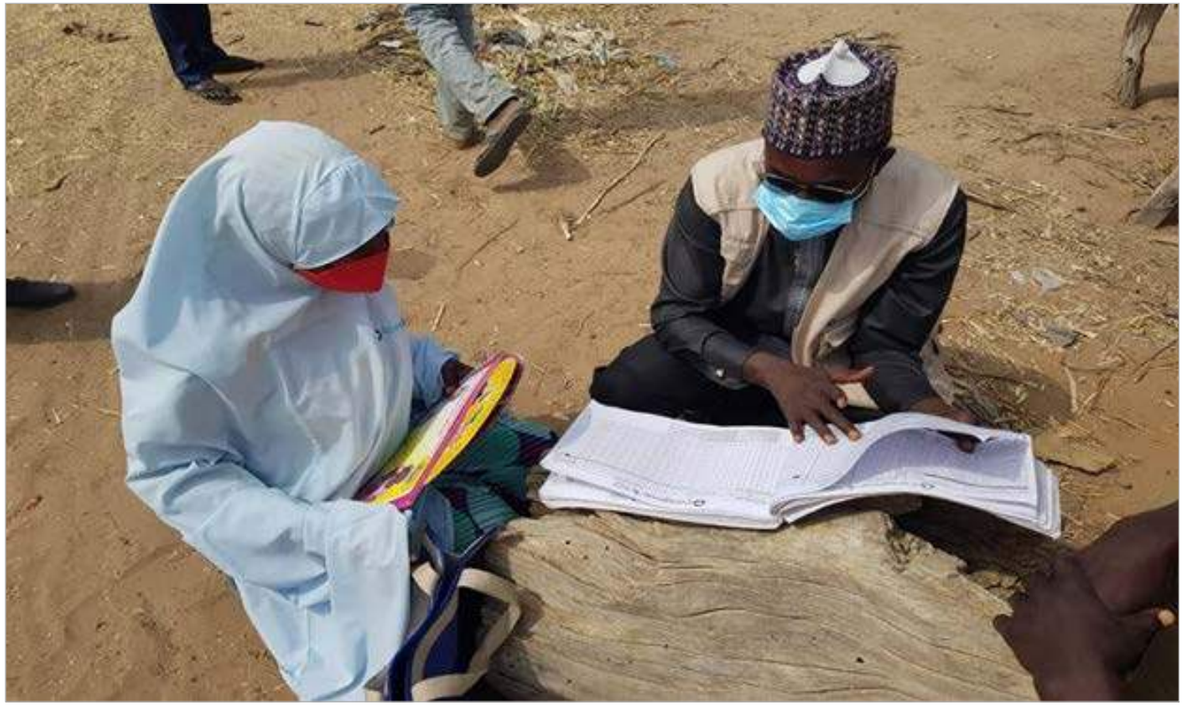
Capacity Building on Community-based Surveillance

A total of 95 people (28 females, 67 males) from the CGPP state team were trained on CBS for PZDs during a national training of trainers for CBS of PZDs. Facilitators included government officials from NCDC, and members from the GHS partners FAO Emergency Centre for Transboundary Animal Diseases (ECTAD), Breakthrough Action – Nigeria (BA-N), and the CGPP secretariat staff. In attendance were members from the Ministry of Health, Department of Livestock and Grazing Reserves, Ministry of Environment, WHO, CDC, and other partners. The objective of the training was to improve CBS for PZDs at the community level. The state teams cascaded the training at the LGA level to train a total of 2,288 people, as noted in the training section above. Participants from the Primary State Health Care Development Agencies, Ministries of Agriculture, Department for Livestock and Grazing Reserves, partners (WHO, UNICEF and AFENET), CBOs, and CGPP LGA teams attended the cascaded training. Roleplays, use of case studies, and scenarios were used to impart knowledge to community volunteers.

Following the national training of trainers and cascade training at the state level, CGPP began data collection and CBS activities for the PZDs across the focal states. Alert data from suspected zoonotic disease from animal and human cases are reported through the ODK system. Disease confirmation is conducted by the LGA government surveillance officers, the area veterinary officers for animal health, and the disease surveillance and notification officers for human health. The National Animal Disease Information System is almost completely paper based. However, plans are underway by the government for an electronic upgrade. CVs have been able to conduct sensitization and community-based active case searches for PZDs across communities and relevant areas, especially during outbreaks as well as implement routine risk communication and community engagement activities.

Multisectoral and Multidisciplinary Coordination of Disease Outbreak Investigations and Response

CGPP supported the formation of state and LGA One Health coordination mechanisms and facilitated planning meetings to revive and strengthen the collaboration between the Ministry of Health, Federal Ministry of Agriculture and Rural Development, and Ministry of Environment. The commissioners of the line ministries in the states will be championing One Health. Additionally, CGPP supported the Government of Nigeria in the formation of the National One Health coordination committee located in the Nigeria Center for Diseases Control called the Nigeria One Health Surveillance Information Sharing Group. CGPP supported Federal Ministry of Agriculture and Rural Development in finalizing the National Strategic Plan for rabies eradication and the annual World Rabies Day mass vaccination campaign.



Provision of on-the-job mentorship to VCM during supportive supervision in Machina LGA. *Photo by CGPP Nigeria.*

Multisectoral and multidisciplinary state teams participated in disease outbreak responses for various PZDs. For instance, with support from CGPP, the Kano state rapid response team responded to a rabies outbreak. Risk communication activities were conducted in affected communities and ring vaccination campaigns were implemented. A total of 27 dog bite cases were reported across eight LGAs in the first half of the year. One death was recorded, and the other 26 cases were put on post-exposure prophylaxis. A total of 1,405 dogs were vaccinated against rabies. In the second half of the year, there were a total of 54 dog bites reported in Kano state. Thirty-two samples (heads of dog) were collected for laboratory investigation, out of which 18 were confirmed to have rabies disease. CGPP supported ring vaccination in this state where 27,834 dogs were vaccinated in seven LGAs. In Kaduna state, there was one single case of a dog bite. Unfortunately, this case was fatal. There, 199 dogs were vaccinated against rabies.

In Kaduna state, Lassa fever outbreak was reported in four LGAs of Zaria, Kubau, Giwa in December 2021. In the second half of the fiscal year, 11 laboratory-confirmed cases of Lassa fever and eight deaths across eight LGAs were reported. CGPP supported risk communication and prevention in the communities where the positive cases came from. In the same state, 2,000 poultry were affected by HPAI in two LGAs on four farms. On these farms, CGPP conducted community sensitization in January 2022 to the communities around the affected farms.

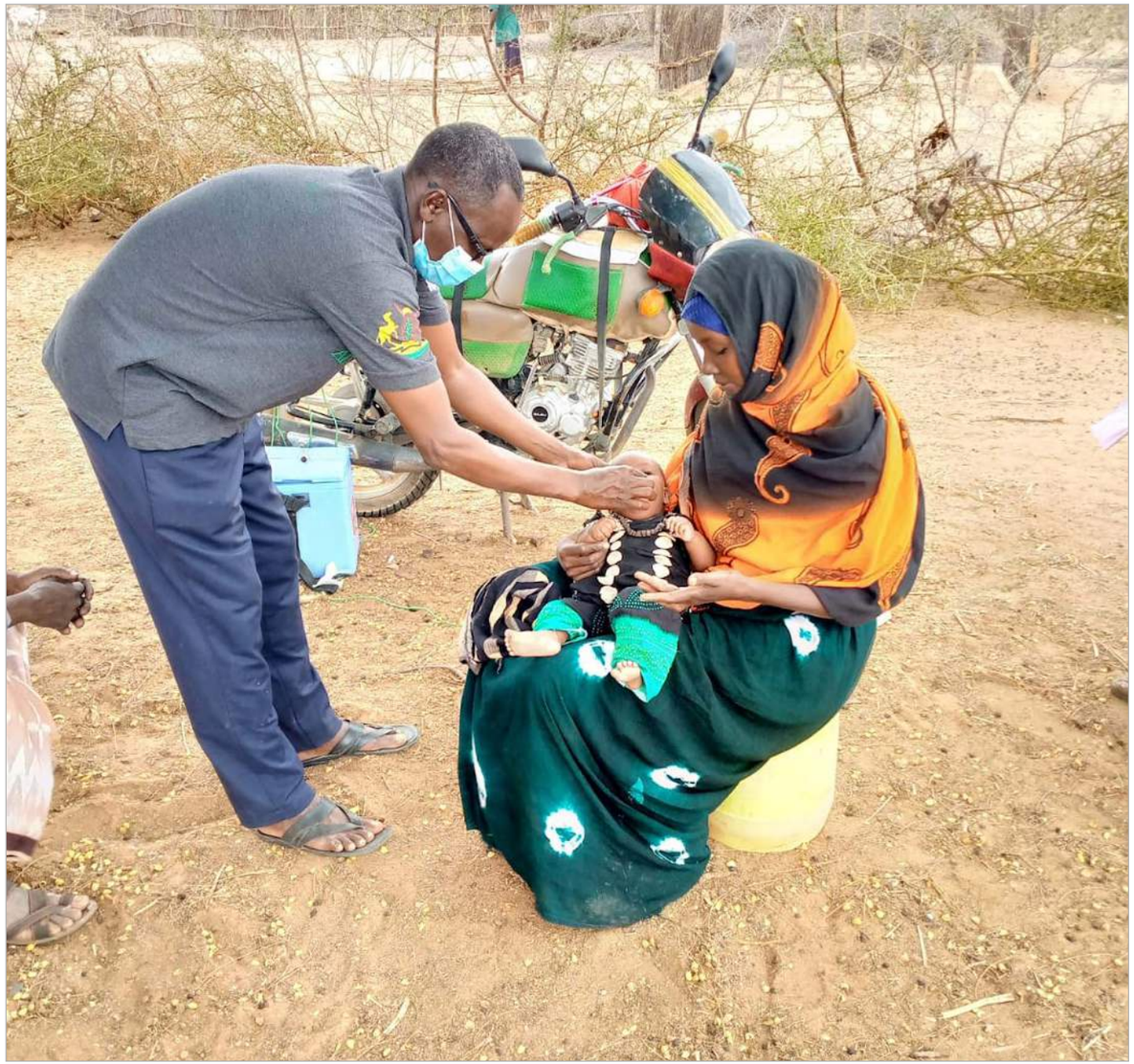
A similar outbreak of HPAI took place in Katsina state in four LGAs of Batagarawa, Rimi, Funtua, and Bakori. A total of 12,881 dead poultry out of 76,780 poultry on 11 farms were disposed of within the state. Poor disposal of dead birds was observed in Tsageru, with people picking dead birds for food. CGPP supported the Katsina State Department of Animal Health in the disease outbreak investigation, proper burning and burying of poultry carcasses, and community sensitization for the communities around the affected farms and specifically near the dump site. Katsina state also reported seven confirmed cases of monkeypox. Two cases were reported in Baure, Ingawa, Katsina and two more cases in Rimi LGAs. The index case was reported on June 19, 2022. CGPP team is supporting the state with case investigation, contact tracing and community sensitization as part of the rapid response team on monkeypox. Contact tracing and sample collection is ongoing. The EOC Incidence Action plan has been activated. Psychosocial support has been provided to community members, especially those with suspected cases and contacts. The project, together with other partners, is distributing IEC materials on monkeypox.

COVID-19

CGPP conducted a short-term COVID-19 intervention to support Kaduna and Kano states during FY22. Project volunteers sensitized 270,001 households in 1,148 communities on COVID-19 preventative measures through house-to-house mobilization visits by VCMs, using of IEC materials (3,600 copies of IEC materials were produced and distributed in three local languages: Hausa, Ajami, and Fulfulde). CGPP volunteers also provided information on the benefits of COVID-19 vaccination and dispelled rumors, myths, and misconceptions with 430,739 caregivers to reduce vaccine hesitancy. CGPP volunteers also supported COVID-19 vaccination by referral to health facilities and sensitizing community members at facilities through health talks.

Two other key interventions were carried out by CGPP to reduce the spread of COVID-19 and increase vaccinate uptake. The first is that CGPP conducted 75 motorized campaigns where communities were provided information on COVID-19 disease using a vehicle with public address system. Those motorized campaigns reached 994,158 community members. Secondly, male peer educators were trained to provide COVID-19 related information to community males, reaching 17,536 male counterparts during the year.

CGPP plans to provide more extensive COVID-19 related activities in FY23.

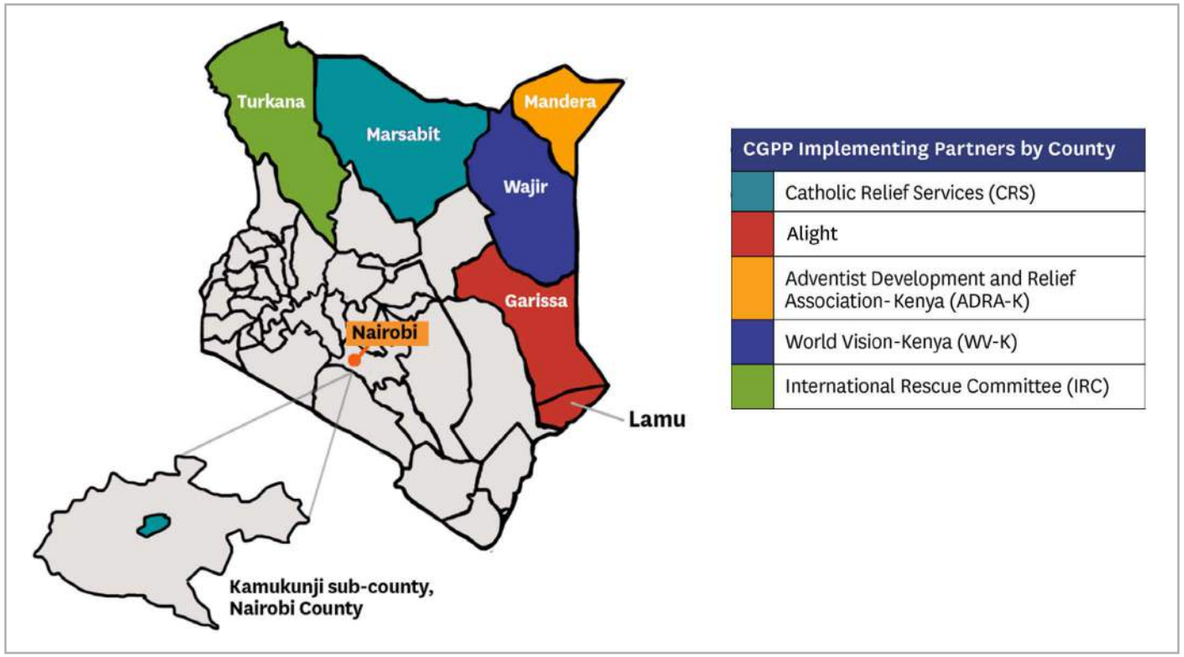


Community-based health volunteer gives polio drops to a child during an outreach session in Mandera County. *Photo by CGPP HOA.*

Kenya

Introduction

This year, Kenya has suffered from the worst drought in over four decades, with failed rains leading to increased cross-border movement of both people and animals. Compounded with disruptions from the COVID-19 pandemic and outbreaks of measles and cholera, routine immunization and surveillance services were negatively impacted. To improve the surveillance indicators, Kenya conducted integrated active surveillance in 30 out of 47 counties. Within CGPP project areas, nomadic pastoralists and community members in hard-to-reach areas crossed into neighboring countries of Ethiopia and Somalia in search of pasture and water. A rapid assessment conducted by CGPP on the populations arriving



from inaccessible areas indicated that a large proportion of children coming from Somalia are zero-dose. Hence, the project deployed mobile teams to screen children at formal and informal crossing points and establish transit vaccination posts.

Despite these challenges, the CORE Group Partners Project made significant strides toward eradicating polio, contributing to increased routine immunizations, and strong surveillance for polio and priority zoonotic diseases. Because so many routine immunization services had decreased at the start of the COVID-19 outbreak, it was a huge accomplishment for the project to collaborate with the government and other partners to ramp up these critical services.

Services are implemented through five INGOs—American Refugee Committee (ARC), International Rescue Committee (IRC), Catholic Relief Services (CRS), World Vision Kenya (WV-K), Adventist Development and Relief Agency-Kenya (ADRA-K). CGPP operates in seven counties in Kenya: Turkana, Marsabit, Mandera, Wajir, Garissa, Lamu, and Nairobi, and supports a total of 126 community mobilizers (CMs) who supervise and work with community-based health volunteers (CHVs), community health assistants (CHAs), and animal health assistants (AHAs). along the migration routes of Kenya, Somalia, Ethiopia, and South Sudan, in conducting community-based surveillance (CBS) and interventions. These activities help prevent outbreaks through risk communication and community engagement, detection of threats, and responses in collaboration with various stakeholders.

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

CGPP secretariat and implementing partners participated in 286 coordination meeting forums at regional, national, county, and districts levels. The key meetings included biweekly Global Polio Eradication Initiative (GPEI) HOA coordination meetings, joint One Health and cross-border coordination meetings, quarterly and annual review meetings, quarterly support supervisions, quarterly community sensitization forums on community-based polio and zoonotic disease surveillance forums, quarterly partner reviews, and community dialogue meetings.

CGPP organized a One Health cross-border coordination meeting between Kenya and Ethiopia, together with government and other partners (including WHO and UNICEF) to review progress, discuss areas of integration, and produce an action plan for cross-border surveillance.

WHO-HOA organized a review and planning workshop in Nairobi for 11 AFRO countries, in which CGPP HOA and CGPP South Sudan both participated. CGPP HOA gave a presentation titled *Community-based cross-border surveillance in reaching underserved communities: Kenya experience* during the workshop. The discussion focused on the recent WPV1 outbreak in Lilongwe, Malawi, and asked participants to come up with outbreak response models for countries with similar conditions of population and environment to that of Malawi.

CGPP in Turkana County, through joint work planning with several stakeholders, conducted various integrated outreach sessions together with the Kenya Red Cross Society, integrating COVID-19 vaccination into the routine immunization sessions of the outreaches.

Through the USAID County Liaison Team, CGPP participated in the cocreation of annual workplans with Wajir, Turkana, Mandera, Garissa, Marsabit, and Lamu Counties. The process exists to promote USAID's Journey to Self-Reliance (JSR) and its current Country Development Cooperation Strategy (CDCS) aimed at strengthening the collaborative framework with the Government of Kenya at all levels.

The CGPP HOA Secretariat team participated in the biweekly GPEI HOA partners and tripartite country (Kenya, Somalia, Ethiopia) meetings organized by the WHO-HOA office. The meetings discussed the status of preparations for the proposed synchronized nOPV2 campaigns, the validation of acute flaccid paralysis (AFP) cases and enhanced AFP surveillance. CGPP contributed by sharing updates on cross-border activities.

The project presented on the health impact of COVID-19 at the Inter-Governmental Authority and Development (IGAD-EU) Kenya, Somalia, and Ethiopia cross-border meeting held at the Granada Hotel, Mandera from October 20-21, 2021. The forum utilized the existing cross-border committees supported by CGPP.

The CGPP HOA team supported the subcounty team in situational analysis, preparedness, and response following confirmation of four measles cases in the Turkana West area. Subcounty protocols were implemented on case investigation, line listing and reporting were adopted, and an interagency emergency response team was commissioned.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

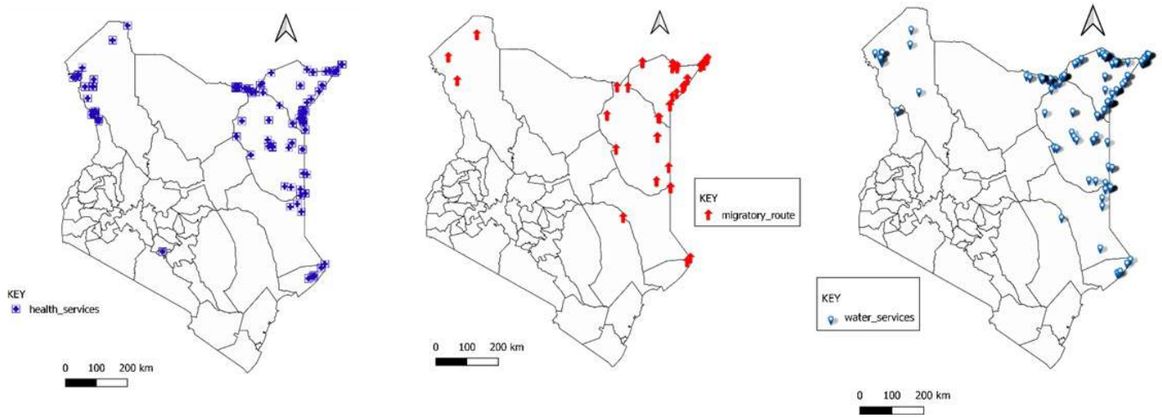
The project supported 95 health facilities in the border regions of Kenya to conduct targeted immunization outreach for hard-to-reach mobile populations. Through CGPP Kenya's 126 community mobilizers, 918 CHVs, 96 CHAs, and 48 AHAs were supervised in project areas reaching 283,496 people with social mobilization messages on immunization and surveillance. CMs in partnership with CHVs conducted 184,980 household visits. Additionally, CMs/CHVs conducted 5,346 group meetings reaching 74,660 people. Group meetings were used for advocacy, communication, and social mobilization activities and were conducted at public gatherings such as bazaars, religious gatherings, and through public address systems. CGPP's reach of community members through social mobilization was impacted significantly by the drought and mass movement of people.

The project volunteers supported 682 outreach immunization clinics for hard-to-reach children and nomadic settlements along the border regions of Kenya reaching a total of 10,416 children under 1 (5,596 females, 4,820 males) with routine immunizations. Community volunteers supported health facilities to track 13,668 children under 5 who had defaulted on immunizations; CGPP CMs traced 9,079 of those who defaulted (66%). They were referred to health facilities and vaccinated as a result.

Even with the challenges created by the drought, insecurity and COVID-19 pandemic, the project reported notable gains in coverage of OPV0, OPV3 and fully immunized children under 1. Immunization coverage has rebounded since the start of COVID-19 in 2020. OPV0 rose from 71% to 86%; OPV3 coverage rose to 83% from 64% in FY21, and the percentage of fully immunized children rose from 52% to 79%. Moreover, 61% of children under 1 in the project areas have been vaccinated with IPV.

CGPP undertook GIS mapping exercises to plan health interventions, monitor outbreaks, identify vulnerable populations, and share trends (Figure 5.1). Important landmarks such as migratory routes, trade industries, health facilities, provincial administrations, and water services were mapped to better comprehend the communities and context. Mapping showcased the need for screening refugee children coming from Somalia to the refugee camps in Kenya. CGPP undertook screening of children at Dhobley crossing to ensure that they were not missed from immunizations. More report on the crossing point vaccination can be found in the CGPP Somalia section of this report. The mapping exercise was also important for Global Health Security activities in tracking outbreaks, reporting cases, and tracking movement of animals in hard-to-reach areas.

FIGURE 5.1 MAPS OF TRACKING FOR NOMADIC PASTORALIST MOVEMENT AND KEY MIGRATORY ROUTES IN KENYA PROJECT AREAS



Training

CGPP supported 19 integrated trainings in project areas throughout the year. These trainings focused on social mobilization, referrals, routine immunization polio, surveillance for VPDs, PZDs, and COVID-19. A total of 1,138 people (417 females, 879 males) were trained including 801 CMs/CHVs and 300 community health workers.

Cross-border activities

CGPP organized and participated in an in-person cross-border meeting between Ethiopia and Kenya in March 2022. The team invited various stakeholders such as the government's One Health - Zoonotic Disease Unit, national and county MOHs, WHO, UNICEF and CGPP implementing partners in both Kenya and Ethiopia. Participants discussed various cross-border topics including the review of progress and gaps in animal and human health surveillance in the border areas, enhancing cross-border coordination among partners and government officials working in the counties and woredas, identifying areas of collaboration on One Health, strengthening cross-border committees and cross-border mapping to understand the types of infrastructures available, border settlements, informal and formal transit points and animal movement. The meeting also highlighted learnings, key achievements, and best practices between the two countries. The team established a joint action plan between counties and woredas in order to enhance collaboration. During the year, there were four virtual meetings between Kenya and Ethiopia to share information on nOPV campaigns in Ethiopia, measles outbreak in Mandera and Wajir counties, yellow fever outbreak in Kenya, and the potential consequences of the drought affecting movement of people and animals between Kenya and Ethiopia.

Additionally, CGPP has supported collaboration between Kenya and Somalia to ensure that relevant stakeholders had real-time updates on cross-border movement especially at the Dhobley crossing point in Somalia, surveillance of AFP cases (one cVDPV case reported in Mandera County), and screening of children to mitigate the spread of cVDPVs and reduce the number of zero-dose under-5 children crossing the border. CGPP conducted screening of children under 15 traveling to the refugee camps in Kenya bordering with Somalia.

Immunization of a nomadic child in Garissa County during a campaign. *Photo by CGPP HOA.*

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunization

No supplemental immunization activities were conducted in Kenya during FY22. CGPP participated in World Polio Day and used this opportunity to amplify the importance of routine immunization. Mothers were encouraged to bring their children for routine immunization during this special day.

Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

CMs/CHVs worked to improve the surveillance in project areas through active case search, providing information on AFP symptoms to communities, and working with key influencers and community members to identify NPAFP cases. The strategies used by CMs/CHVs in conducting house-to-house visits included screening children for any suspected AFP cases and monitoring routine immunization schedules for any defaulters to reduce the number of unvaccinated children.

CGPP implementation areas reported a total of 132 suspected NPAFP cases, with 60 (45%) of cases identified by CGPP CVs/CHVs. The NPAFP rate in project areas was 3.67 per 100,000 children under 15 and the stool adequacy rate was 91% in project counties (see Table 5.1).

TABLE 5.1 SURVEILLANCE INDICATORS IN CGPP KENYA IMPLEMENTATION AREAS

Project County	Under-15 Pop.	Expected AFP Cases (FY22)	Under-15 AFP Cases Detected	NPAFP	Percentage Stool Adequacy rate
Wajir	423,451	8	37	10.82	95%
Turkana	464,091	9	11	2.93	91%
Nairobi	1,460,735	29	29	2.46	87%
Marsabit	219,685	4	15	8.45	80%
Mandera	526,287	11	17	4	94%
Lamu	61,408	1	4	8.06	75%
Garissa	572,995	11	24	5.19	100%
All project areas	3,728,652	75	137	3.67	91%

Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

CGPP has established several mechanisms to improve real-time data and information sharing and ensure that key stakeholders receive timely updates. The project shares a weekly bulletin to all key stakeholders (including USAID, WHO, UNICEF, and others), which provides regular updates on CGPP's cross-border activities. This is an avenue used to exchange information, respond to issues, and provide support in areas that require attention. The project also produces and disseminates quarterly update newsletters to key stakeholders.

The CGPP HOA Secretariat has pioneered the use of WhatsApp forums to allow CMs/CHVs to share information with their supervisors in real time. The CM/CHVs share program photos for motivation as well as information on case detection, defaulters, and outbreaks. This platform is used to share information within the project to keep all implementing partners, volunteers, and staff informed, for ease of tracking events, cases or outbreak, and to respond swiftly to reduce in-country or cross-border transmission. It is also used to share information on project activities or cross-border needs outside the project with key stakeholders including the Ministry of Health and Ministry of Agriculture, Livestock and Fisheries, WHO Kenya, UNICEF Kenya and GPEI partners. The team also has cross-border WhatsApp forums for information exchange between Kenya-Ethiopia and Kenya-Somalia.

CGPP utilizes supportive supervision to improve project information generation and use, and to ensure that data is collected and transmitted timely and accurately. The project supported a total of 29 joint supportive supervision visits in various project areas across Kenya. The supervision visits are done jointly with the Ministry of Health and veterinary officials for One Health inclusion. Some of the notable findings of the supportive supervisions were issues on cold chain management, high reported cases of brucellosis, COVID-19 vaccine hesitancy in women, data discrepancies at the facility and community levels, and low vaccine stock. In response to these issues, the project supported the staff in capacity building and engaged medical engineers for cold chain repairs. To help improve data quality, CGPP supported a data quality audit training for 17 health records and information officers from Kamukunji

health facilities. The project also conducted integrated routine data quality audits in Turkana County to assess data management, reporting systems, and the capacity to produce high-quality data for decision making at the facility level as well as implement corrective measures through mentorship.

Three CGPP Kenya Secretariat staff attended the American Public Health Association Conference in November 2021 virtually and presented three posters:

- *Knowledge, Attitudes and Practices by Community Volunteers on Rift Valley Fever in Remote areas of Kenya*
- *Mapping of the CORE Group Partners Project and Global Health Security Early Warning Infrastructures for Priority Zoonotic Diseases*
- *Door-to-door Immunization Strategy in the Border Counties of Kenya*

CGPP Kenya collects a sample from a camel for Rift Valley fever. *Photo by CGPP HOA.*

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

CGPP HOA Secretariat participated in the African Regional Certification Commission (ARCC) Kenya Polio Update Report writing in Kenya on April 4, 2022, to be sent to ARCC for review and acceptance for the year 2021. The report is comprised of several objectives in which the country team drafts a transition plan to follow the funding ramp downs.

The report included information about Kenya meeting the criteria for use of nOPV2 in the event of an outbreak of cVDPV2. They are currently waiting for the vaccines to be available for immunization. To boost population immunity, CGPP is working with partners that are conducting active cases searches and SIAs in high-risk populations where CGPP supports community-based surveillance and conducts joint supportive supervision. National coverage was also highlighted in the report with Kenya's OPV3 rate at 86% for both OPV3 and IPV during 2021. It is critical that CGPP participates in this report writing process to aid in the polio transition process and provide evidence to maintain Kenya's polio-free status.

The project also significantly contributed to the ARCC Kenya Polio Update Report. CGPP shared information and experience with cross-border activities and surveillance in border regions and among nomadic and pastoralist communities.

Finally, CGPP actively participated in the GPEI HOA tripartite coordination meetings to share updates, challenges, and lessons from its cross-border activities.

Country-specific transition/legacy plans and linkages to GHSA and COVID-19

The project leveraged the already-established polio infrastructure and resources to implement GHSA and will use this same infrastructure for COVID-19 responses in FY23. The critical role that CGPP's community-based polio assets have played supporting GHSA response demonstrates that these assets have a clear role to play in tackling other health emergencies. Community volunteering has been considered a major arm of healthcare, due to the ability to quickly respond to emerging and reemerging infectious diseases at the initial stages at the community level.

The polio infrastructure allowed CGPP to expand its agenda by retraining various CMs and recruiting CDRs in both GHSA and COVID-19 protocols to respond to the pandemic through community sensitization, mobilization, and case reporting. The CMs have been equipped with reporting tools for GHSA and will soon be given COVID-19 reporting tools for effective responses for both human and animal emerging and reemerging diseases.

Global Health Security (GHSA)

CGPP implements Global Health Security activities in Kenya by providing community-based surveillance and RCCE for PZDs including rabies, anthrax, and brucellosis in focal communities. This year, activities focused on strengthening the community-based surveillance network through training and capacity building, sensitizing communities, and improving One Health coordination and collaboration through cross-border activities and relationships between human and animal health authorities. CGPP's Global Health Security programming works through 43 CMs, 300 CHVs, 95 CHAs, and 48 AHAs in the border areas of Kenya with special focus on border-crossing points.

Capacity Building for Community-based Surveillance

CGPP's cadre of CMs and CHVs, in addition to community health assistants (CHAs) and animal health assistants (AHAs), provided integrated RCCE on polio, vaccine-preventable diseases (VPDs), and priority zoonotic diseases (PZDs). They also actively search for suspected cases of VPDs and PZDs that fit community case definitions.

Repeated community engagement, training of volunteers, and linkages with the government health and veterinary systems have shortened the time between identifying and verifying health events. Community-based surveillance (CBS) alerts were reported in real-time using Open Data Kit (ODK). A total of 856 suspected cases of AFP, measles, tetanus, rabies, anthrax, brucellosis, or other human and animal health events were reported to CHAs and AHAs. These alerts included 269 animal alerts, 124 human alerts, and 463 animal die-offs. Of the CBS alerts reported by CGPP communities, 76.5 percent (206 of 269) were verified as true alerts, correctly matching the community case definitions. Many of the livestock deaths were due to low immunity and poor body conditions due to the prolonged drought affecting the Horn of Africa region.

Ahmed Arale, Deputy Global Director & Technical Lead administers polio drops during a campaign in Wajir County. *Photo by CGPP HOA.*

To strengthen the community-based surveillance system, increase the capacity of volunteers, and improve PZD preparedness and response, CGPP Kenya trained 236 volunteers on indicator and community/event-based surveillance, epidemic preparedness, and response to PZDs and VPDs. These include community disease reporters, community health volunteers, and healthcare workers. In addition, 226 community volunteers and program officers were trained on RCCE for PZDs and VPDs. Additionally, CGPP volunteers who reported cases that did not fit the community case definitions for

PZDs were provided with refresher training to improve their performance.

One Health Coordination and Collaboration

To strengthen community preparedness for PZDs and other emerging diseases, CGPP participated in a five-day USAID and DETRA-funded tabletop simulation exercise (SIMEX) and after-action review (AAR) for a Rift Valley fever (RVF) outbreak in Naivasha, Kenya. The SIMEX and AAR were the first subnational activity that involved joint planning and implementation from experts at the national and county governments, CGPP, Food and Agriculture Organization (FAO), African One Health University Network, among others. The AAR was conducted using Mandera's recent RVF outbreak investigation case study and was facilitated by experts from CGPP. They were assisted by other facilitators drawn from the Zoonotic Disease Unit and County One Health Unit. This training contributed to the One Health workforce development, by enhancing epidemiological competencies of the national and subnational multisectoral workforce in line with zoonosis and human resource action packages of the GHSA and the WHO monitoring and evaluation framework of the IHR (2005). The CGPP participants will train other county teams, community-based organizations, and partners undertaking SIMEX and AAR.

One Health Cross-border Activities

CGPP organized two cross-border One Health coordination meetings between Kenya and Somalia in December 2021 and Kenya and Ethiopia in February 2022 in the towns of Dadaab and Moyale. The objectives of the cross-border engagement were to improve cross-border collaboration between the human and animal health sector and administrative authorities in the respective countries and establish a cross-border disease surveillance mechanism for polio, other diseases of public health importance, and PZDs. Finally, these meetings discussed strengthening surveillance, joint disease investigations and response, and engaging cross-border communities to enhance early warning and 149 cross-border health facilities supported in Kenya and Ethiopia were mapped. Further strengthening of the linkage between the County One Health structures and Zoonotic Disease Unit (ZDU) is needed. Synchronizing of immunization activities targeting cross-border areas, strengthening coordination among cross-border health facility staff, and the need to train more volunteers at the border crossing points were suggested. Additionally, One Health coordination committees at the county level continue to investigate and respond to PZD outbreaks. CGPP plans to continue supporting the committees to meet regularly, develop preparedness and response plans, conduct simulation exercises, and conduct after-action reviews.

COVID-19

At no additional cost, CGPP integrated COVID-19 messages with health and social mobilization messaging for polio, VPDs, and zoonotic diseases. As a result of training, volunteers were able to identify and report suspected cases while conducting routine community-based surveillance activities for VPDs and PZDs, as well as provide information to the community on the signs and symptoms of COVID-19, modes of transmission, and preventive actions. This information, along with community case definitions for suspected COVID-19 cases, was added to the second edition of the CBS handbook for VPDs and PZDs, printed for the CMs/CHVs, and captured in the reporting tool in the ODK system. The handbook serves as a guide for CMs/CHVs when conducting social mobilization activities to sensitize communities and detect cases based on lay case definitions.

CGPP received funding from CRS private funds for COVID-19 work in Nairobi County. CGPP volunteers worked to improve knowledge around COVID-19 and COVID-19 appropriate behaviors among community members in the informal settlements of Kamakunji. CGPP leveraged the Care Groups established for polio to transfer information about COVID-19, dispel myths and misinformation, and promote preventive behaviors.

OBJECTIVE 3: SUPPLEMENTAL IMMUNIZATION ACTIVITIES

INDIA

3 polio campaigns conducted in CGPP areas

218,262 children vaccinated through SIAs in CGPP areas

101% of target children reached through SIAs

ETHIOPIA

2 polio campaigns conducted in CGPP areas

1,967,800 children vaccinated through SIAs in CGPP areas

99.6% of target children reached through SIAs

NIGERIA

4 polio campaigns conducted in CGPP areas

402,529 children vaccinated through SIAs in CGPP areas

96.6% of target children reached through SIAs

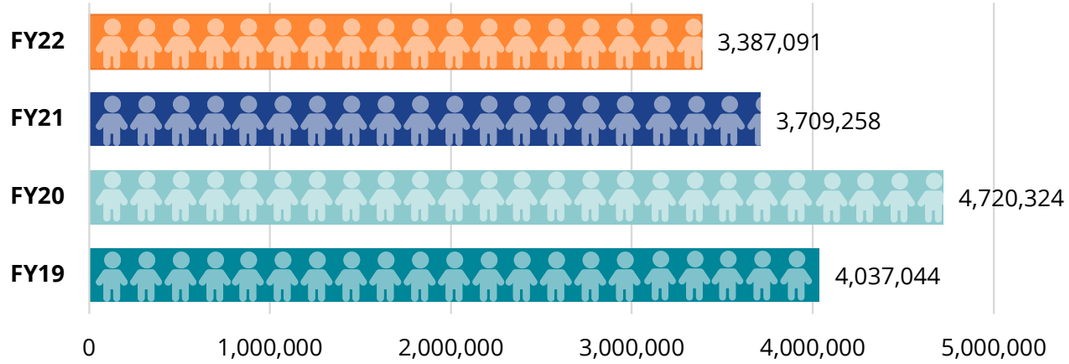
SOMALIA

6 polio campaigns conducted in CGPP areas

798,500 children vaccinated through SIAs in CGPP areas

93.9% of target children reached through SIAs

Reach of Supplemental Immunization Activities in CGPP Project Areas FY19-FY22



13 polio campaigns conducted in CGPP areas.

3,387,091 children vaccinated through SIAs in CGPP areas.

No SIAs conducted in project areas in the other countries.

*CGPP Nigeria also supported one SIA in a non project area with

**information from Somalia includes 5 supported mOPV2 campaigns and 1 supported fIPV campaign in project areas

CHW gives polio drops to a child during a polio campaign in Lower Juba, Somalia. *Photo by CGPP HOA.*

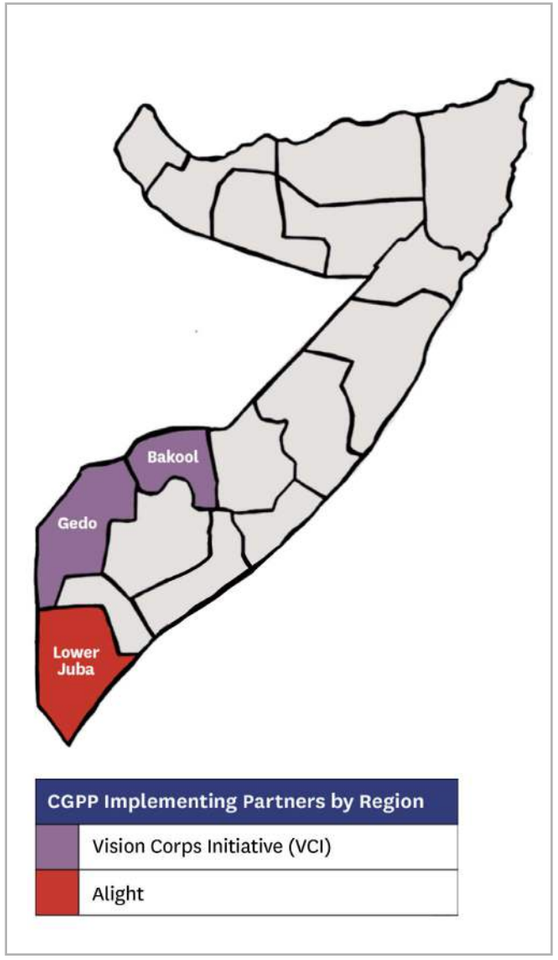
Somalia

Introduction

In the face of protracted political and security challenges, compounded by the COVID-19 crisis, cyclic floods and drought, food insecurity and outbreaks of several infectious diseases, CGPP Somalia (based out of the CGPP HOA office in Kenya) continued its critical work of supporting polio eradication, routine immunization, and surveillance.

Due to insecurity, 40 districts in south and central Somalia have been somewhat or fully inaccessible to immunization activities for over two decades. More than one million children under 10 reside in these districts, making Somalia the country with the most geographically-concentrated unvaccinated children globally.[1] Of that one million children, 468,326 reside in border districts. CGPP campaigns reached 94% of the targeted children.

The threat of cross-border importation and epidemic outbreaks results from the constant border movement of vulnerable populations with



[1] Global Polio Eradication Initiative. From Somalia Polio Outbreak Update, Somalia Ministry of Health, WHO-UNICEF Somalia, 2013, https://polioeradication.org/wp-content/uploads/2016/07/10.1_9IMB.pdf

low immunity. Consequently, there is evidence of multiple incidents of international spread to Ethiopia and Kenya. Most notably, a cVDPV2 case was reported by a CGPP community volunteer that was cross notified from Kenya to Somalia. A collected sample from an acute flaccid paralysis case in the Dadaab refugee camp was genetically linked to the SOM-BAN 1 chain in Somalia. With its longstanding focus on AFP surveillance, CGPP contributed to identifying 41% of the suspected non-polio acute flaccid paralysis cases reported in its project areas during FY22.

Somalia has one of the longest-running cVDPV2 outbreaks reported to date. Detection of cVDPV2 first occurred in November of 2017 and continues to threaten unvaccinated children. In FY22, four cVDPV2 human cases and three environmental isolates were reported, with the date of onset of the most recent case being July 16, 2022. To stop the ongoing cVDV2 outbreak, the Federal Government of Somalia convened a high-level Call to Action: Somalia Emergency Action Plan Summit on March 21-23, 2022, in Nairobi, Kenya. International bilateral agencies and donors endorsed the Somalia Polio Emergency Action Plan (SEAP) 2022 and reaffirmed their commitment to stopping the cVDV2 outbreak in Somalia. As a result, five rounds of subnational and national immunization days were conducted in Somalia. CGPP provided technical and logistic support to the supplementary immunization activities with a special focus on hard-to-reach communities. However, even SEAP 22's goals had impediments affecting all implementing partners: due to inadequate access negotiations in the security-compromised areas, the supplementary five rounds of short interval additional polio doses for inaccessible areas did not occur.

Activities are implemented by the international NGO, Alight, in Lower Juba region and a local NGO, Vision Corps Initiative, previously known as Somali AID, in Gedo and Bakool regions.

CHWs walking through for house-to-house social mobilization. *Photo by CGPP HOA.*

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

CGPP participated in a variety of meetings to enhance partnership and collaboration, improve the quality of program delivery, and provide technical and logistical support.

Monthly Health Cluster Coordination Meetings: This fiscal year, CGPP supported and participated in 14 health cluster coordination meetings with the MOH, WHO, UNICEF and other NGO partners. These meetings work to strengthen partner coordination and provide updates on polio eradication and cross-border diseases surveillance activities.

The CGPP Secretariat team represented the larger project team in the biweekly GPEI HOA partners and Tripartite country (Kenya, Somalia, and Ethiopia) meetings organized by the WHO-HOA office. The meetings discussed preparations for the proposed synchronized nOPV2 campaigns, based on availability of vaccines, cVDPV cases, outbreak responses, and surveillance in cross-border areas.

Jubaland Health Sector 5th Annual Review Meeting: CGPP presented on the project performance at the 5th Annual Review Meeting for Jubaland state with high-level delegates including the state's Minister of Health and other partners. The goal of this meeting was to discuss the performance of the state and partner contributions. The meeting contributed to the review and planning of Jubaland health interventions, to avoid overlaps and advocacy for more support from partners.

Bill and Melinda Gates Foundation (BMGF) Project: Through funding from the BMGF, CGPP will work to increase population immunity in inaccessible and cross-border areas of south and central Somalia to reduce the high number of reported zero doses and increase routine immunization uptake. The project will be working in five cross-border districts in Lower Juba and five inaccessible districts of Middle Juba. Approximately 450,000 under-10 children are not accessible due to the influence of non-state actors and have remained deprived of any vaccination opportunities for the past 12 years. Therefore, these children form the most at-risk group to vaccine-preventable diseases, including cVDPV2. The project will aim to reach the vulnerable children living in these conditions using local NGOs through integrated health camps which will include components of EPI services, nutrition, and other medical services that reach children in inaccessible areas.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

As in Kenya, CGPP works through CMs to support the national cadre of community health volunteers (CHVs). The two work closely together to ensure that communities are supported with health education, AFP surveillance, and social mobilization. CGPP Somalia's 163 CHVs and 29 community mobilizers support 22 health facilities in high risk and hard-to-reach nomadic communities, 11 in Gedo, five in Bakool and six health facilities in Lower Juba. Out of the supported facilities, three are currently non-functional in Gedo region (two in Belet-Hawa and one in Dollow districts). The project supported the health facilities in conducting 56 integrated immunization sessions which reached 1,340 under-1 children (780 females, 560 males) with vaccinations. A new IDP camp formed in Lower Juba (Gedo), and the team identified over 6,000 people seeking shelter at Dhobley and Gedo coming from Middle Juba due to drought. CGPP conducted targeted routine immunization outreaches to identify and vaccinate zero-dose children. Additionally, the CGPP outreach reporting was able to identify other gaps in health and nutrition services for the communities.

The community volunteers worked closely with communities to mobilize parents to bring their children for immunizations. They intensified their efforts to make up for decreased immunization rates due to COVID. During the year, volunteers reached 49,285 people with social mobilization messages including 32,165 people reached through house-to-house visits and 17,673 reached through group meetings. Community mobilizers also tracked and referred 660 out of a total of 1,122 children (59%) children under 1 who had missed routine immunization appointments.

CGPP utilized the Care Group Model for the dissemination of information on immunization, health, strengthening surveillance, and tracking immunization defaulters. During the year, 41 Care Group lead mothers were trained to disseminate key messages on immunization, COVID-19, AFP, and zoonotic disease surveillance to all sections of the refugee camps. CGPP also supported the formation and regular meetings of six cross-border committees in CGPP project areas of Somalia.

Routine immunization coverage improved overall in CGPP areas of Somalia. The percentage of children under 12 months with OPV0 rose from 15% in FY21 to 18% in FY22 while OPV3 declined from 56% in FY21 to 52% in FY22. The percentage of children fully immunized also increased from 48% in FY21 to 50% in FY22. Due to drought in CGPP project areas, there have been several IDP camps that were established in Somalia. To respond, CGPP increased outreach sessions in these camps, and intensified social mobilization activities by CGPP volunteers to increase uptake and ensure that all children received appropriate vaccinations.

Training

CGPP HOA continued to build the capacity of volunteers and healthcare workers in Somalia. The project conducted three training sessions for 97 people (53 females, 36 males), including eight health workers and 89 CMs/CHVs in Somalia for routine immunization, vaccine-preventable diseases, and AFP surveillance in Raskamboni subdistrict of Badhadhe district, Dhobley in Afmadow district, and health facilities in Kismayo.

Social mobilization activities in Gedo, Somalia. *Photo by CGPP HOA.*

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

CGPP HOA supported five rounds of immunization campaigns during the year including national immunization days and subnational immunization days using the mOPV2 vaccine. The campaigns were conducted in October 2021 and in February, March, July, and August of 2022 in south central Somalia including Lower Juba, Gedo, and Bakool.

Additionally, in November 2021, CGPP supported a fractional inactivated poliovirus vaccine (FIPV) pilot campaign in Dollow district of Gedo region. CGPP CMs and CHVs provided social mobilization for the campaign through house-to-house visits, use of the public address system, and meetings with key stakeholders. The campaign had fixed vaccination sites focusing on two IDP camps in Dollow: Qansaxley and Kabasa.

In total, CGPP supported the vaccination of 822,641 children with nOPV2 and IPV during FY22. The campaigns reached 93.9% of the targeted under-5 children in project areas, with 6% of children and 8% of houses missed. The individual achievements of each campaign are shown in Table 6.1. CGPP volunteers began social mobilization activities three days prior to each campaign and continued with these activities until

TABLE 6.1 CHILDREN VACCINATED WITH SIA CAMPAIGNS IN CGPP SOMALIA PROJECT AREAS

	Region	# Target	# Reached
FIPV campaign (Nov. 20-21, 2021)	Gedo	19,350	19,294
SIA - mOPV2 (Oct. 24-27, 2021)	Gedo	75,676	75,202
	Bakool	24,946	24,044
	Lower Juba	51,365	48,929
SIA - mOPV2 (Feb. 12-14, 2022)	Gedo	75,886	75,331
	Bakool	25,236	24,548
	Lower Juba	51,365	49,217
SIA - mOPV2 (March 27-31, 2022)	Gedo	75,950	74,350
	Bakool	25,540	24660
	Lower Juba	51,365	48,215
SIA - mOPV2 (June 5-8, 2022)	Gedo	76,210	75,004
	Bakool	26,638	25,241
	Lower Juba	51,365	49,487
SIA - mOPV2 (Aug. 20-25, 2022)	Gedo	57,864	55,986
	Bakool	32,025	29,149
	Lower Juba	155,029	123,984
	Total	**875,810**	**822,641**

the end of the campaign. CGPP focused on mobilizing the hardest to reach special populations including nomads, pastoralists, and IDPs in border villages and nomadic settlements. The project provided 75 extra transit teams in the project areas to support vaccination during the campaigns. CGPP also supported a transit vaccination teams which allowed for the vaccination of 94,017 children at crossing points and special vaccination posts, with 11.4% of the total number of children vaccinated during the campaigns. Through multiple campaign rounds in FY22, the percentage of zero-dose children was reduced in accessible areas of Somalia. Efforts continue to reach zero-dose children crossing the border from inaccessible areas, some, as aforementioned, of which have not been reached in eight years. In total, 7,454 zero-dose children were reached in the five mOPV campaigns and 196 zero-dose children with FIPV.

CGPP HOA provided various types of technical support to ensure that the campaign was successful, and children were reached with OPV and IPV. CGPP provided support to district medical teams to conduct supportive supervision and monitoring of the vaccination teams during polio campaigns, and update SIA maps before the start of the campaign. Additionally, CGPP conducted independent monitoring in all five campaigns conducted in Gedo and Bakool regions and in the four campaigns in Lower Juba.

Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

In line with the Somali Emergency Action Plan (SEAP) goal two, the emergency outbreak plan to respond to the longstanding cVDPV2 outbreak in Somalia, CGPP continued to support community-based disease surveillance (CBS) in nine border districts in south central Somalia of Lower Juba and Gedo region with 148 border villages. These border districts are: Luug, Bardhere (Gerille), Elwak, Belet-Hawa, Dollow of Gedo region, Afmadow and Badhadhe of Lower Juba and Elbarde and Rabdhure/Yeed in Bakool region. The project strengthens cross-border coordination and collaboration among the government and GPEI partners in Kenya, Somalia, and Ethiopia.

To promote case detection, CMs/CHVs worked with communities to identify NPAFP cases. The CMs/CHVs in Somalia reached 186,854 households with 110,536 people during active case searches and social mobilization activities. They went house-to-house to ensure that no NPAFP cases in project areas were missed or left unreported. To strengthen the CBS system, 29 CMs supervised and supported 163 CHVs based at the health facilities with information and supported related to AFP surveillance. Project CMs also worked closely with community leaders, traditional birth attendants and healers, bonesetters, and community gatekeepers to strengthen AFP surveillance.

There were 37 suspected NPAFP cases identified in project areas during FY22, with 40.5% (15 cases) identified by CGPP CMs/CHVs (Table 6.2). The NPAFP rate in project areas was 4.0 per 100,0000 children 15 years old and under in Somalia and 4.6 per 100,0000 children 15 years old and under in CGPP project areas. The stool adequacy rate was 98%. There were small declines in the NPAFP rate (down from 4.93 in FY21) and the stool adequacy rate (100% in FY21) as a result of the severe drought, which drove substantial population movement. There were four silent project areas.

TABLE 6.2 SURVEILLANCE INDICATORS FOR CGPP SOMALIA PROJECT AREAS

PROVINCE	< 15 population	Number of AFP cases	Stool adequacy cases	NPAFP rate	% Stool adequacy
GEDO	535,072	16	14	3.8	94%
BAKOOL	216,808	9	9	5.3	100%
LOWER JUBA	419,224	16	16	4.8	100%
TOTAL	1,171,104	41	39	4.6	98%
NATIONAL	8,537,926	268	262	4.0	98%

Objective 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities

CGPP engages in real-time information sharing through WhatsApp for project activities, such as suspected cases, outreach sessions, cross-border information, and learning materials. There are WhatsApp groups set up to support community volunteers and a broader group to update key stakeholders and partners, and also a high-level WhatsApp group with USAID members and other key stakeholder for real-time information sharing on project activities. In addition to the WhatsApp groups, CGPP shared weekly updates through email/WhatsApp with various stakeholders at the national, regional, and state levels. To track progress, CGPP implementing partners also submitted weekly progress reports to the secretariat through ODK and KoboCollect and weekly DHIS2 data to the regional level.

CHW administers polio drops to a child during a polio campaign in Somalia. *Photo by CGPP HOA.*

Supportive supervision visits were used to ensure information sharing, provide on-the-job training, and improve data quality and program implementation. The CGPP Somalia team conducted three joint support supervision visits to Badhadhe, Afmadow, Dollow, and Belet-Hawa districts reaching 19 health facilities. The team reported findings from the supervision through the digital integrated support supervision (ISS) tool. Some of the findings included poor cold chain infrastructure, capacity gaps requiring refresher trainings, shortage of information education communication (IEC) materials, deficiencies in data quality, and poor waste management. The findings were shared with key stakeholders such as MOH, WHO and UNICEF to improve the quality of services in these facilities.

To improve data quality and use, CGPP project officers conduct data analyses on the community mobilizer routine reports submitted weekly via KoboCollect. Data on social mobilization, active case search, and outreach sessions are submitted by the CGPP community mobilizers and volunteers. The project also produced a video documentary for polio activities in the Gedo region of Somalia. The video was shared with stakeholders and through media platforms such as email and WhatsApp to show the progress of CGPP activities and motivate the CMs/CHVs conducting health activities.

Objective 6: Support PVO/NGO participation in either national and/or regional certification activities

CGPP took part in the Call to Action: Somalia Emergency Action Plan Summit held from March 21-23, 2022, in Nairobi to discuss the polio emergency action plan amidst the various outbreaks of cVDPV2 cases. The project supported cross-border activities through screening children, outreach sessions, support in SIA campaigns, and CBS.

The project also participated in the biweekly GPEI Horn of Africa Tripartite meeting by providing activity updates for both Kenya and Somalia. The GPEI platform is used to provide key polio and other vaccine-preventable disease updates, outbreaks, immunization coverage, and AFP surveillance, including cross-border activities and campaigns.

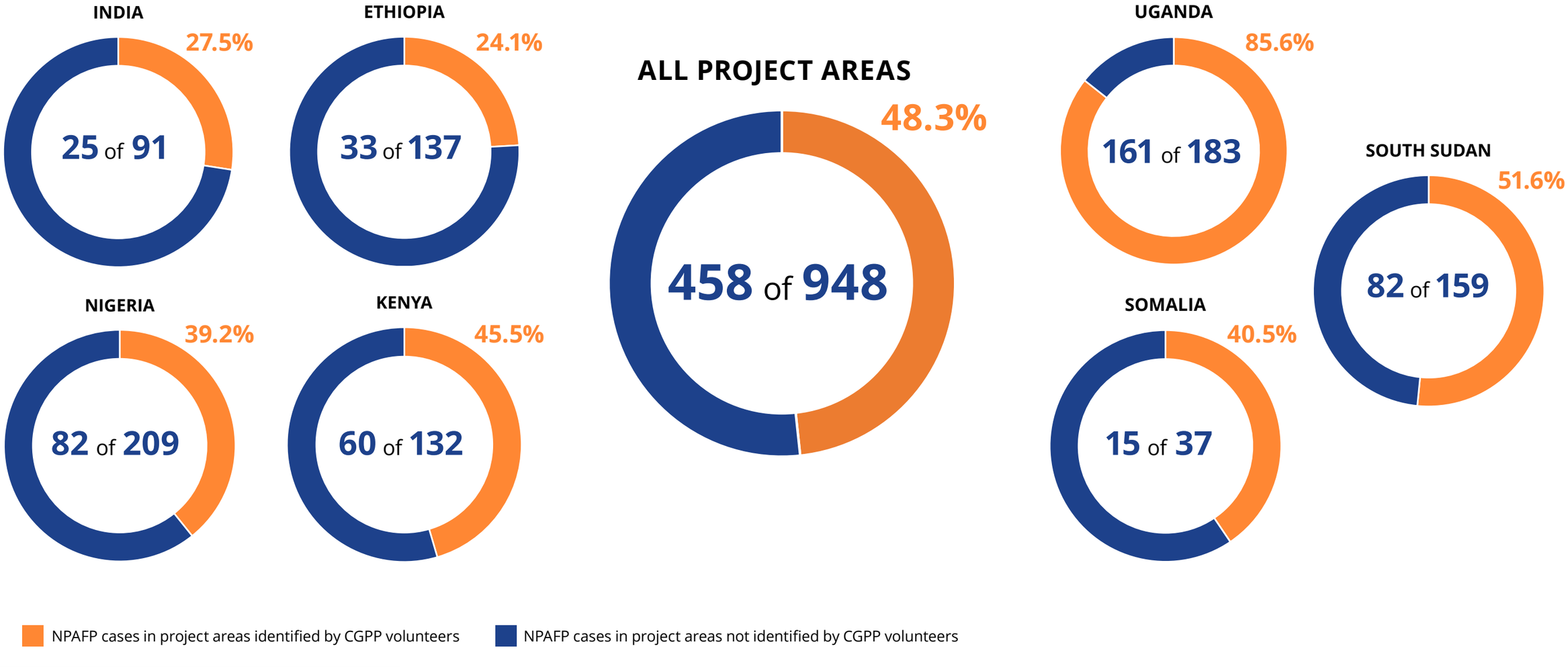
These routine activities are crucial to maintaining the polio-free status of Somalia and are important to the certification process. They included discussion on the integration and transition processes as well as support of the national certification committee to collect and review country documentation.

COVID-19

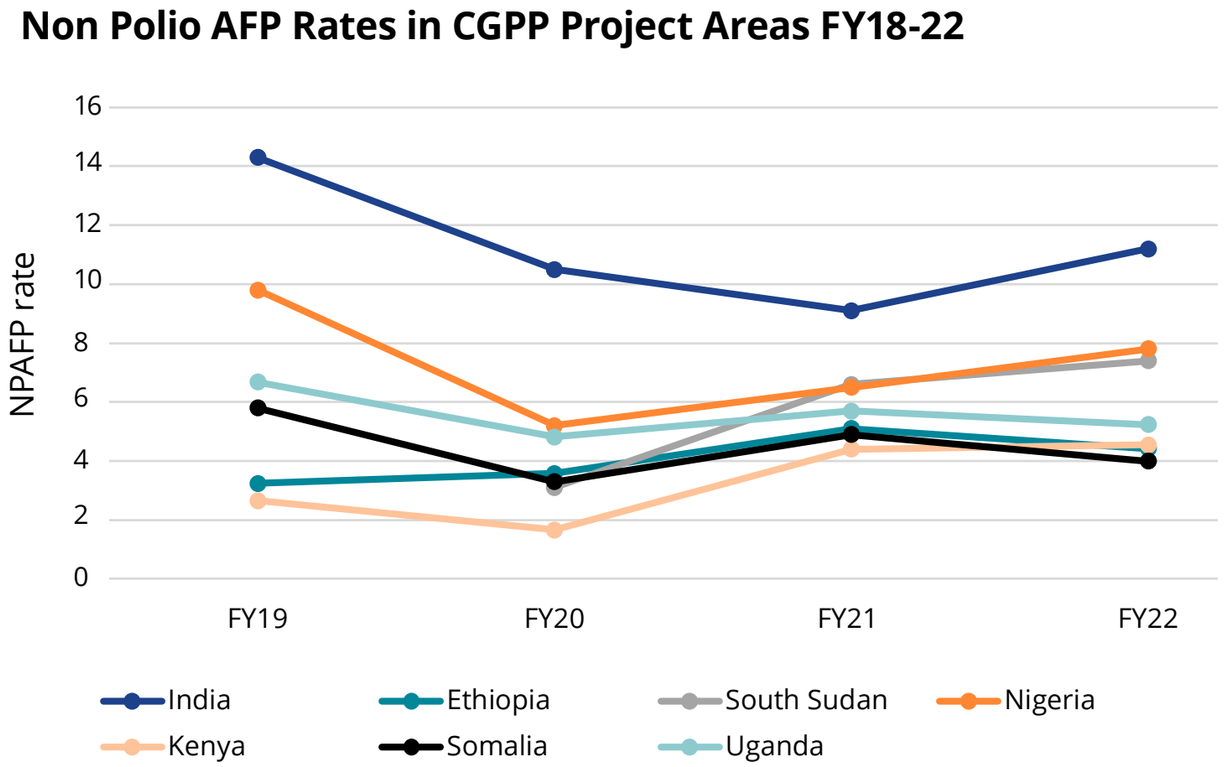
CGPP Somalia leveraged the surveillance and social mobilization infrastructure built for polio to integrate COVID-19 prevention and case detection with no additional cost. During the year the project integrated COVID-19 surveillance into routine community surveillance reporting and messaging tools. The team managed to report a total of six suspected COVID-19 cases to the various supervisors in Lower Juba region. Additionally, CGPP integrated COVID-19 into its training material for healthcare workers and CMs/CHVs. This allowed CMS/CHVs to raise awareness about COVID-19 and deliver integrated information on polio, priority zoonotic diseases, and COVID-19 during household visits and group meetings. Additionally, by improving the COVID-19 knowledge of CMs/CHVs, CGPP was able to help prevent transmission while they conducted community activities.

After USAID approved COVID-19 funds for the project in Somalia, CGPP began to lay the groundwork for program activities during FY22. In FY23, CGPP will scale up COVID-19 vaccination and integration of routine immunization in urban centers of eight districts (Kismayo, Badhadhe, Dhobley, Afmadow, Dollow, Belet-Hawa, Luq, and Elwak) with an estimated population of 1,401,078 including 194,417 IDPs. CGPP will retrain health workers and CMs/CHVs in conducting COVID-19 multi-vaccine accelerated outreaches integrated with EPI services, conducting RCCE through social mobilization activities, performing community-based surveillance on suspected COVID-19 cases, monitoring and supervision of these activities, and data management. CGPP will devise strategies to address the low uptake of COVID-19 immunization among women and will strengthen the inclusive community engagement and accountability mechanism to ensure gender equality is maintained.

OBJECTIVE 4: SURVEILLANCE



OBJECTIVE 4: SURVEILLANCE



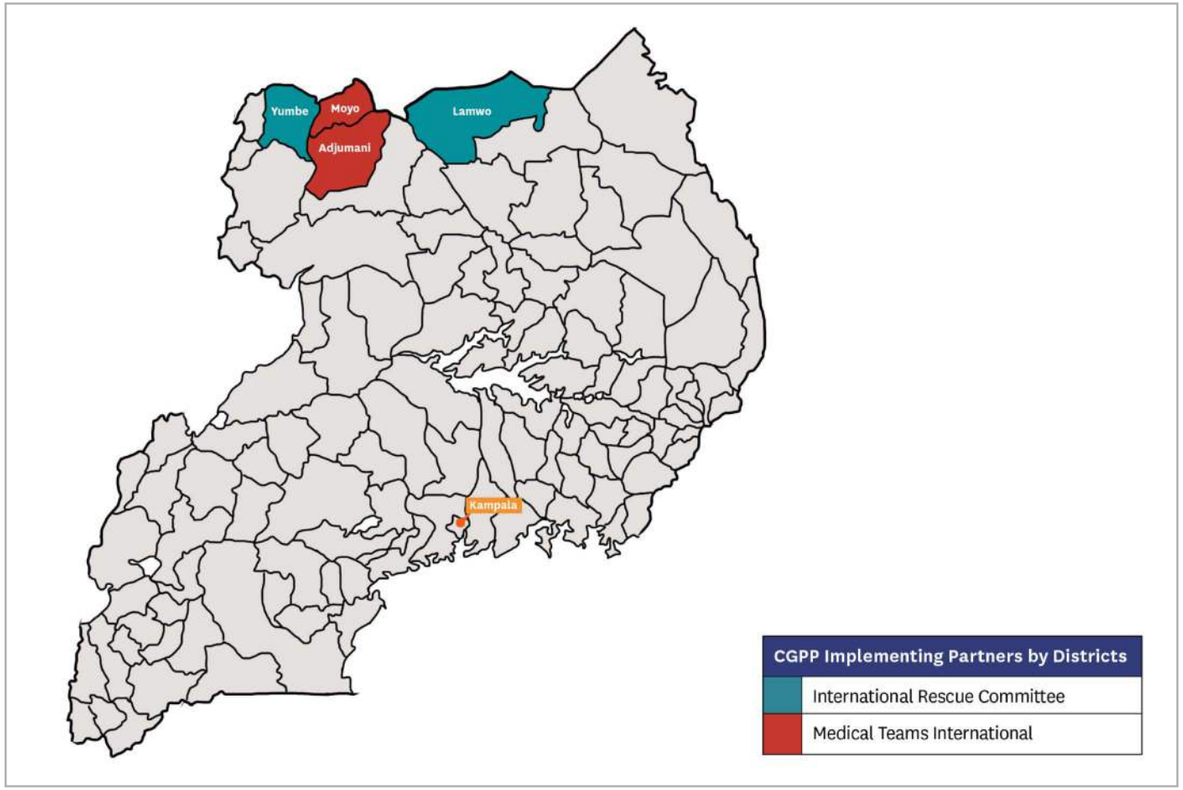
Community health worker assesses for acute flaccid paralysis. *Photo by CGPP South Sudan.*

Verification of accute flaccid paralysis case by a health worker. *Photo by CGPP Uganda.*

Uganda

Introduction

At the request of the Ugandan Government, CGPP Uganda launched in FY19 to support the influx of refugees crossing its borders by strengthening the integrated disease surveillance and response system at the community level, lessening the vulnerabilities of cross-border disease importation.



In collaboration with the district local governments, CGPP's partners, Medical Teams International (MTI) and International Rescue Committee (IRC) Uganda, implement activities in four districts in northern Uganda—Adjumani, Obongi, Lamwo, and Yumbe. These hard-to-reach areas are home to 1,676,395 people, including 761,451 children under 15. The population includes host communities as well as significant numbers of South Sudanese refugees. According to the refugee population data from July of this year, 658,582 refugees were reported in Yumbe, Adjumani, Obongi, and Lamwo districts. CGPP works through a cadre of more than 1,000 trained volunteers, called village health teams (VHTs) who implement community activities to support polio eradication. Community-based surveillance, including improved AFP case detection, reporting, and investigation are the key priorities of CGPP in Uganda. To support improved disease surveillance this fiscal year, VHTs conducted active case search and educated communities on the signs and symptoms of AFP. They provided integrated disease surveillance in border areas that may not otherwise detect suspected cases. Additionally, VHTs engaged communities with RCCE activities, providing integrated messages about polio, routine immunization, COVID-19, and other key health topics as well as mobilizing caregivers to seek vaccinations for their children. CGPP volunteers and staff also supported an nOPV supplemental immunization campaign in project areas, providing social mobilization for communities and encouraging vaccine uptake.

Objective 1: Build effective partnerships between PVOs, NGOs and international, national, and regional agencies involved in polio eradication

CGPP partners collaborated with a variety of key Expanded Program on Immunization (EPI) stakeholders in Uganda including WHO, UNICEF, UNHCR, USAID, and the MOH. During this reporting period, two quarterly partner review meetings were conducted and led by CGPP's senior regional technical advisor. The meetings were attended by participants from IRC, MTI, district health management, district surveillance, and EPI focal persons, MOH, WHO, UNICEF, UNHCR, and USAID to discuss implementation progress and challenges. At the district level, CGPP attended coordination meetings and worked closely with other health partners for training, case investigation, review meetings, and supervision.

Social mobilization event in a hard-to-reach community in northern Uganda. *Photo by CGPP Uganda.*

CGPP offered technical support to health facility EPI surveillance focal persons to enhance the quality of routine immunization and surveillance activities through participation in EPI surveillance review and routine immunization microplanning meetings at the district level.

At the district level, partners conducted quarterly health sector review meetings with senior health management teams, health facilities, and maternity in-charges. As a result, CGPP partners performance was presented, and stakeholders were urged to increase AFP case detection and reporting. Additionally, CGPP worked closely with local governments and district health offices to strengthen the surveillance of AFP and other diseases of public health concerns including COVID-19, monkeypox, Ebola virus disease, and disaster preparedness among host and refugee communities.

CGPP-affiliated MTI staff conducted a learning visit to the Uganda Virus Research Institute acquiring the protocols and procedures for sample handling, seeking inclusion in the results-sharing list, and establishing contacts for future collaboration.

Objective 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

While CGPP Uganda's focus began as surveillance, in FY22 the project participated in various activities to improve routine immunization in project areas such as weekly integrated outreach activities, quarterly supplementary child health days, integrated supportive supervision, defaulter tracing, and maintenance of refrigerators to ensure proper storage of vaccines.

CGPP assisted the MOH in conducting weekly integrated outreach sessions in hard-to-reach local communities and refugee settlements through 128 health facilities. Outreach sessions targeted children under 1 living in routinely neglected and remote areas, including refugee settlements. Additionally,

CGPP Uganda holds its monthly VHT performance evaluation meeting. *Photo by CGPP Uganda.*

CGPP participated in monthly integrated outreach sessions with the MOH in hard-to-reach and refugee communities, focusing on vaccination and follow-up during family planning and antenatal and postnatal care visits. VHTs also supported quarterly child health days, where more than 90% (73,108) of children under 15 were reached with needed vaccinations, Vitamin A supplementation, and deworming.

The project's 1,086 VHTs, 35% of whom are female, worked to track immunization defaulters and refer mothers and babies for vaccinations and postnatal care. VHTs provided communities with information on polio, other vaccine-preventable diseases, and COVID-19 as well as the benefits of routine immunization. As a result of VHT-integrated home visits, in Yumbe and Lamwo, 4,162 defaulters were traced and referred to health facilities. Of these, 86.8% (3,612) received vaccinations. In Adjumani and Obongi, in collaboration with nutrition partners, follow-ups of defaulters were conducted during maternal, child health and nutrition (MCHN) clinics. CGPP leveraged the MCHN clinic bimonthly food and cash distributions to screen for vaccine defaulters, and vaccinated 8,080 children under 5 with oral polio, Pentavalent, and measles vaccines.

To improve project implementation and reinforce immunization systems strengthening, regular integrated joint supportive supervision and monitoring of the immunization program was conducted in partnership with the district health offices in all 128 health facilities in four partner implementing districts. Additionally, in working to ensure effective cold chain systems, 14 EPI refrigerators and two motorcycles were maintained in Adjumani and 17 EPI refrigerators and two motorcycles were maintained in Obongi.

Objective 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations

In August 2021, the Ministry of Health declared circulating vaccine-derived polio virus type 2 (cVDPV2) in Kampala after two cases were detected from environmental samples. From January 14-16, 2022, Uganda conducted an nOPV immunization campaign in response to the outbreak. During the campaign, door-to-door vaccination activities were completed with a national immunization coverage of 111.1%.

Active acute flaccid paralysis case search and mentorship hosted at the local health facility. *Photo by CGPP Uganda.*

Campaign coverage in CGPP project areas was 95%. CGPP partners, in collaboration with the district health officers, facilitated the district microplanning, coordination, and logistics for delivery of vaccines and supplies. CGPP partners also participated in the campaign with social mobilization, capacity building of health workers and community volunteers, last mile distribution of vaccines and supplies and documentation and reporting.

VHTs used megaphones to mobilize the community, delivered house-to-house messages, and publicly announced the vaccination date in marketplaces and churches. In addition, CGPP worked with refugee communities and involved block leaders and influential leaders to mobilize the community and help facilitate the campaign.

Objective 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases)

CGPP's network of 1,086 VHTs reached 2,171,869 community members with health education, information on surveillance, active case search, and other mobilization activities. A total of 183 NPAFP cases were reported from project areas in FY22, with 161 (88%) reported by CGPP VHTs. Forty-nine of these cases were reported among refugee populations. The NPAFP rate in project areas was 5.2 per 100,000 children under 15. This is markedly higher than the Uganda national target of 4.0 per 100,000 children under 15. The stool adequacy rate in project areas was notably 98%, in comparison to Uganda's target of 80% stool adequacy. There were no silent project areas.

In addition to NPAFP cases, project volunteers also reported 12 suspected cases of measles among new refugees in Adjumani; one was confirmed positive which was managed in isolation. A national measles-rubella vaccination campaign was scheduled during an annual SIA in October 2022. Additionally, volunteers reported one suspected monkey pox case in Adjumani. The sample was collected, transported to the national lab, and confirmed to be negative.

Risk Communication and Community Engagement

RCCE efforts play a critical role in outbreak prevention, response, and surveillance. CGPP implementation areas in northern Uganda have very limited mass-communication access due to different dialects, languages, and high illiteracy rates. Additionally, diverse cultures among refugees make communication difficult for the project. CGPP partners play a major role in assessing needs, increasing awareness, and providing timely and accurate information about polio to communities that would otherwise not receive this information. CGPP engaged communities through house-to-house visits, group meetings, street announcements, and using IEC materials including posters, flyers, and banners. The messages were specifically designed to address the information needs as well as myths and misconceptions in refugee and host population project areas.

Training

In FY22, CGPP Uganda held 55 training sessions with 4,075 (1,828 females, 2,247 males) participants, of which 3,439 were community volunteers. Of those participants, 1,501 (721 females, 780 males) were trained by IRC, and 2,574 (1,107 females, 1,467 males) were trained by MTI. Volunteers were trained on topics including community-based surveillance, active case search, polio and other vaccine-preventable diseases, the benefits of immunization, and social mobilization and communication strategies.

Cross-border Activities

During this reporting period, Adjumani district experienced an influx of refugees from South Sudan through the Elegu and Nyumanzi entry points. Children crossing the border were vaccinated with routine immunizations. CGPP health workers identified three suspected AFP cases and 15 suspected measles cases. Samples were collected and transported to Uganda Virus Research Institute; one measles case was found positive.

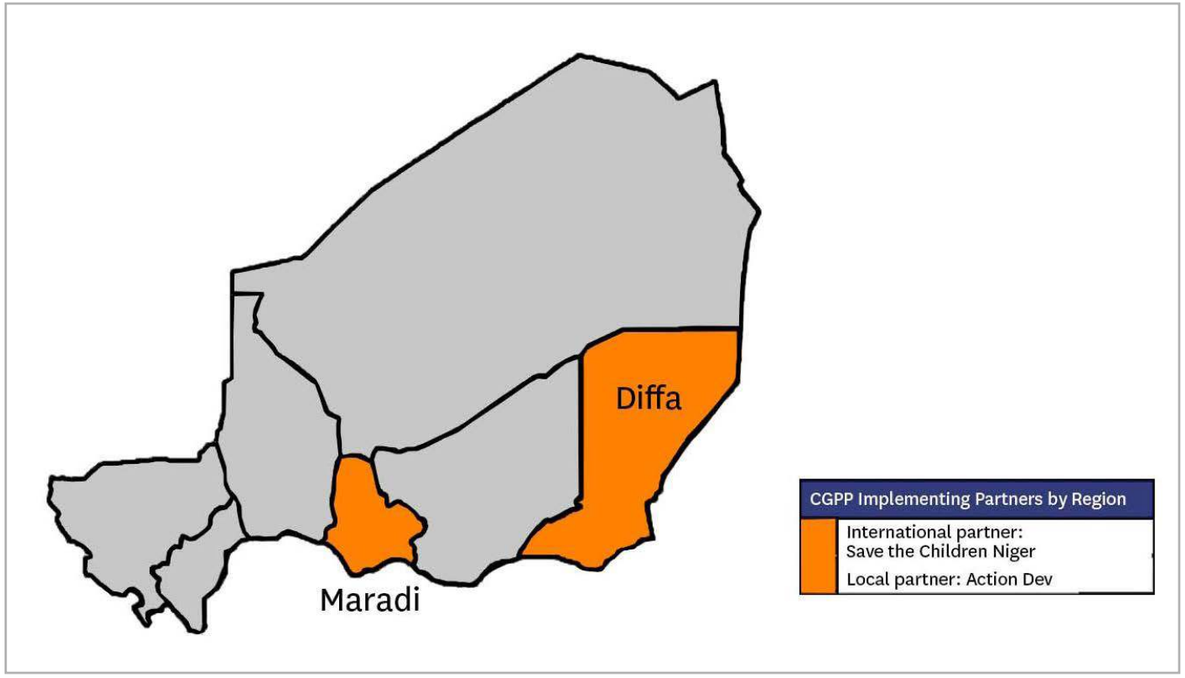
COVID-19

Through no-cost activities, VHTs provided integrated messaging on COVID-19 and vaccination during their house-to-house visits, active case searches, and community dialogues, and passed information along to influential leaders.

Coordinating meeting with key community leaders in Diffa District. *Photo by CGPP Niger.*

Niger

CGPP began in the Republic of Niger on July 1, 2022, and currently has funding until June 30, 2023. The project activities are being implemented in Maradi (Tessaoua, Aguié, and Gazaoua districts) and Diffa (Maine Soroa and Diffa districts) regions, located in the southern part of Niger. This region has porous borders with Nigeria, which allows polio to be transmitted easily across the borders into both countries. Save the Children and a local NGO, Action Dev, are the primary organizations supporting CGPP polio eradication activities. CGPP also collaborates with the following strategic partners: regional directorates of health, health districts, community volunteers, community leaders, those trained in MUAC for mothers (mothers/caregivers that are trained to identify early signs of malnutrition in their



children using a Mid-Upper Arm Circumference tape), and other NGOs. The project focal areas have a total population of 1,720,862 with 294,096 children under the age of 5. While the project will have a concentrated focus in specific health zones, it will be providing overall support for all health districts.

Niger became certified free from wild polio virus in 2017 due to the combined efforts of the government and its partners by systematically strengthening the expanded program for immunization (EPI) and the surveillance of vaccine-preventable diseases. Unfortunately, the country has experienced some setbacks due to porous country borders, natural disasters, forced population displacements, and inaccessibility to many population groups stemming from the conflicts in north-east Nigeria. In addition, the COVID-19 pandemic and challenges with cold chain management have weakened the existing mechanisms, primarily routine management of EPI inputs.

Since 2020, there have been no new cases of cVDPV2 recorded in Niger. However, the government and its partners have remained committed and mobilized in this fight with the strengthening of surveillance and systematic vaccination of all children through routine EPI as well as mass vaccination campaigns. In October 2023, the Government of Niger and other partners including the World Health Organization, UNICEF, Gavi, and the Bill and Melinda Gates Foundation, plan to conduct the first national forum on vaccination and polio eradication in Niger.

CGPP Niger Startup

Since the official start of CGPP Niger in July 2022, the project has been planning for activity implementation by recruiting project staff, conducting project launch meetings, partner vetting, reviewing the capacity building plan of the local NGO, preparing the baseline study protocol and instruments, and holding initial trainings on MEAL, project tools, and donor procedures.

The CGPP Niger virtual project launch meeting was held on August 17, 2022, and the hybrid project launch meeting with regional and district MOH partners was held on September 20, 2022. These meetings were crucial in building an effective partnership between PVOs, NGOs, international, national, and regional organizations involved in polio eradication work in Niger. The goal of the two launch meetings was to share general project information (donor policies and procedures, CGPP structure and policies, project activities and indicators, partners, targeted areas of intervention), discuss roles and responsibilities of the parties involved, consider anticipated challenges to project implementation, collect recommendations, and identify action points.

MEAL

CGPP Niger, including Save the Children-Niger and Action Dev, benefitted from a MEAL training of trainers held via Zoom on September 15, 2022. The training was facilitated by the CGPP Nigeria team and focused on reviewing the CGPP Niger MEAL plan, the performance indicator reference sheets, CGPP reporting tools, and the detailed implementation plan template. Four staff from Save the Children-Niger and six staff from Action Dev participated in this training. Other MEAL activities completed in FY22 included recruitment of the project MEAL officer, MEAL plan creation and review by the project team, and baseline protocol instruments developed, translated, and submitted to Niger authorities for approval.

Cross-border activities

The identification and mapping of CGPP Niger's cross-border settlement areas with Katsina State (bordering the region of Maradi) and Yobe State (bordering the region of Diffa) has been completed. Following discussions with customary and health authorities of Maradi, recommendations were made for the inclusion of certain health areas not currently targeted by the project. This includes Bosso in Diffa and Gudan Gueza in Maradi.

Challenges and next steps

This year, there was an increased strain on health services in Niger due to a rise in malaria transmission and multiple outbreaks of cholera in the project regions. This has been a significant challenge for the project, as these outbreaks reduced the ability of CGPP Niger to work with the health partners on crucial project start up activities (i.e. the baseline methodology and tools approval by the MOH, signing of the implementation protocol by the government, etc.) because health authorities were more involved with national campaigns, surveys, and assessments.

The next steps for CGPP Niger in FY23 are as follows:

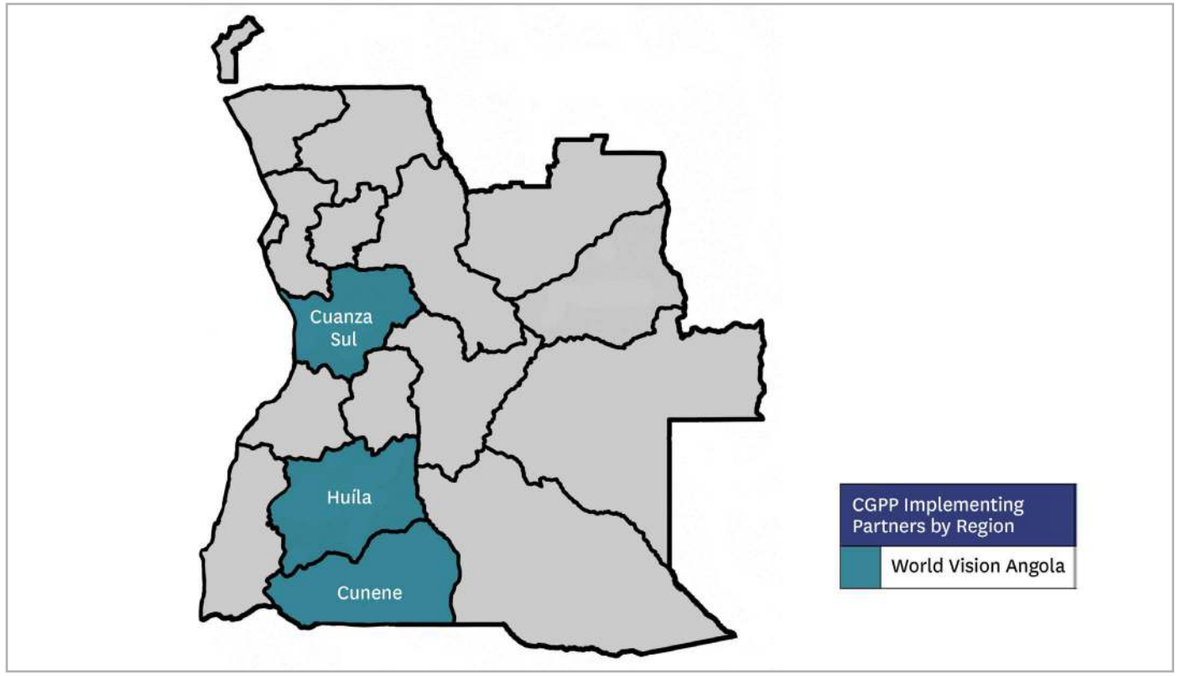
- Completing the baseline survey/collection of data for the project indicators,
- Signing implementation protocol with the Government of Niger,
- Signing the agreement with the local NGO, Action Dev,
- Completing the fund transfer and capacity building for Action Dev,
- Beginning implementation of activities in the community and health centers,
- Retraining of Diffa/Maradi health providers on polio, including a module on gender equality and vaccination,
- Hosting advocacy meetings to promote immunization.

Community health worker administers a COVID-19 shot in Chibia Municipality, Huíla Province. *Photo by CGPP Angola.*

Angola

Introduction

The vaccination campaign against COVID-19 has greatly impacted Angola's urban areas. Factors such as proximity to vaccination posts, ease of movement, and access and exposure to information have all contributed to the successful uptake of the COVID-19 vaccine. However, in peri-urban and rural areas the situation is quite different, with a lack of information and difficulty in accessing vaccination posts negatively impacting the COVID-19 vaccine uptake. CGPP Angola's Project Global VAX supports the Angola Ministry of Health in vaccination efforts against COVID-19, with strategies aligned in partnerships with ministerial, government, provincial, and municipal leaders.



The project aims to reach the most vulnerable and inaccessible populations using mobile teams. In addition to expanding activities to support vaccinations, World Vision Angola included a food basket distribution component to the program that started in April, targeting households with malnourished children in community feeding centers during a three-month period to improve the food security situation in these households and to increase vaccination coverage.

Preparatory Activities

In FY22, CGPP Angola began activities to strengthen COVID-19 vaccination delivery and recuperate vaccination data that was not captured by the ReDIV (Angola's nationwide real-time registration and vaccine roll-out monitoring system), information, social mobilization, and uptake. CGPP Angola's work is implemented by one partner, World Vision Angola. CGPP worked closely with USAID to draft the project concept note and design project activities. To support this, a project manager, three provincial coordinators, two nutrition supervisors, and an M&E specialist were hired for the project and held advocacy meetings in the focal provinces of Kwanza Sul, Cunene, and Huíla to formally present the project. The team also procured necessary supplies including rental vehicles, smartphones, visibility materials, and other key items needed for the project.

CGPP participated in microplanning discussions at the provincial and municipal levels. These meetings included health leaders and other key stakeholders and were instrumental to defining roles and responsibilities, planning activities, scheduling mobile vaccination teams, and allocating resources effectively.

In collaboration with other implementing partners, CGPP trained mobile teams on the activities, supplied information about COVID-19 and vaccination, and reported information through the Ministry of Health.

Objective and Key Activities

The main objective of CGPP's work in Angola is to support the MOH in accelerating COVID-19 vaccinations. The key activities were:

- Supporting MOH mobile vaccination teams (renting vehicles and providing per diems for MOH staff),
- Providing logistical equipment to the mobile vaccination teams,
- Supervising mobile vaccination teams,
- Supporting the provincial health department in the preparation of their micro vaccination plans,
- Supporting the MOH in the recuperation of vaccination data, and
- Providing food baskets to the most vulnerable households to promote vaccinations (linked to the BHA-funded emergency response project – community feeding centers).

Implementation and Outcomes

A total of 34 mobile teams comprised of 127 field mobilizers were deployed to support social mobilization and health education for COVID-19, polio, and other routine immunizations. The mobilizers were trained with key information on the COVID-19 vaccine and were given an orientation to the vaccination sites.

TABLE 9.1 NUMBER OF MOBILE TEAMS AND MOBILIZERS BY GENDER

Province	Number of mobile vaccination teams	Male	Female	Number of field mobilizers	Male	Female
Kwanza Sul	10 (40 persons)	16	24	28	15	21
Cunene	10 (40 persons)	18	22	36	12	16
Huíla	14 (56 persons)	33	23	63	40	23
TOTAL	**34 (136 persons)**	**67**	**69**	**127**	**67**	**60**
Percentage	*100%*	*49%*	*51%*	*100%*	*53%*	*47%*

A nurse vaccinates a community member during a mobile vaccination campaign. *Photo by CGPP Angola.*

TABLE 9.2 NUMBER OF PROVINCIAL SUPERVISIONS CARRIED OUT BY GENDER

Province	Supportive supervision	Male	Female
Kwanza Sul	16	04	12
Cunene	26	14	12
Huíla	14	04	10
TOTAL	56	22	34

The field mobilizers began activities and provided information to the communities one to two days prior to the arrival of mobile vaccination teams. Community mobilizers also sensitized and worked with local leaders including traditional leaders, religious leaders, key female influencers, and others to help mobilize communities for COVID-19 vaccination. During FY22, the field mobilizers reached 802,000 community members with social mobilization messages through house-to-house visits and visits to schools, churches, and markets. Mobilizers used these engagement opportunities with community members to advocate for and educate on the importance of routine immunization (including polio) for children under 5. Additionally, the project reached 526,077 people through mass and social media activities and COVID-19 vaccine-related messages.

CGPP supported 56 provincial program supervisors with the objective of monitoring and supporting provincial coordinators and vaccination teams, performing 114 field supervisions and supporting 24 trainings at the provincial and municipal levels. Supervisors helped to improve the capacity of teams and ensure they report accordingly. Data was collected through KoboCollect and reported through both the government and project Power BI dashboards (ReDIV). The project also held 120 monthly strategy alignment meetings at the provincial level and 25 at the municipal level.

CGPP recognized the prevalence of malnutrition and undernutrition in the focal communities and the protective impact of good nutrition in fighting disease. To address this, CGPP began collaboration with the SWAER (South Western Angola Emergency Response) Project to provide food baskets and supplemental feeding along with immunization services in 30 supplemental feeding centers. The food baskets consist of beans, rice, and vegetable oil. Target participants receive a basket three times during a three-month period (the time that malnourished children receive the Premix porridge in the community feeding center). The food basket is sufficient to cover 50% of the monthly food needs of each household member. Food distribution activities were integrated with vaccination services specifically targeting pregnant women for COVID-19 vaccination and children for routine immunizations. Subsequently, the

project vaccinated a total of 154,986 people with the COVID-19 vaccine. Details are listed in Table 9.3.

TABLE 9.3 CGPP SUPPORTED VACCINATION BY PROVINCE

	1st Dose			2nd Dose			3rd Dose			Single Dose			Totals
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
Kwanza Sul Province	32,375	16,431	48,806	18,566	9,413	27,979	11,060	6,435	17,495	9,652	5,149	14,801	109,081
Cunene Province	5,543	3,989	9,532	688	605	1,293	959	541	1,500	4,084	1,754	5,838	18,163
Huila Province	6,894	6,884	13,778	1,586	1,654	3,240	1,768	1,413	3,181	3,907	3,636	7,543	27,742
													154,986

The vaccination levels in Kwanza Sul are much higher than in Cunene and Huíla provinces. This is due to the following reasons:

- The population density in Kwanza Sul is much higher than in the other two provinces,
- In the third phase of the campaign, one vehicle in Kwanza Sul was able to support two mobile teams due to the higher population density and the proximity of one location to the other,
- In Huíla and Cunene provinces, most of the population are cattle herders and thus, more difficult to reach, and
- The provincial health team in Kwanza Sul has a high level of autonomy to organize their vaccination activities and change teams if they do not perform well.

Future Direction

CGPP Angola will utilize targeted strategies to address vaccine hesitancy in target populations. The project will seek to improve vaccination rates among women and dispel lingering myths and misconceptions surrounding vaccination. CGPP will conduct advocacy meetings to engage more religious and traditional leaders, teachers, and other influencers. This strategy has been very effective in improving vaccine uptake in Angola (particularly in Cunene province) as well as in other CGPP countries.

Food baskets, in partnership with the SWAER Project, will be distributed in the focal communities of Cunene and Huíla provinces. The project will continue looking for opportunities to couple food basket distribution with integrated vaccination opportunities, where routine immunizations – including polio – are available at COVID-19 vaccination sites.

Field mobilizers speak to a mother about the importance of vaccination. *Photo by CGPP Angola.*

Gender Analysis

“I feel safe now,” said 65-year-old Clementina Kaku, one among thousands of internally displaced people (IDP) who settled in Mangalla IDP Camp in South Sudan after her community flooded two years ago. She was vaccinated against COVID-19 through a campaign CGPP hosted. “It is good to be healthy and protected from the virus and hunger,” she said. After meeting a woman who was vaccinated and remained alive and well, Kaku doubted the rumors she’d heard that the vaccine could make women infertile or kill them. And as CGPP volunteers know well, women have influence over each other. It wasn’t just Kaku getting the vaccine, she also encouraged her grandchildren and her neighbors to do so because, as she said, life is precious.

Kaku’s story, captured by CGPP South Sudan’s Communications Officer Jemima Tumalu, shows the trickle effect of women reaching women—a phenomena that CGPP knows well. As the impacts of the COVID-19 pandemic continued around the globe, CGPP’s predominately female volunteer network innovated and adapted to respond to the changing needs of their communities. While insecurity, drought, and a global pandemic resulted in unprecedented challenges, CGPP volunteers remained steady, constant, and trusted sources of health information in their communities. They supported women as health decision makers, encouraged the uptake of both routine immunization and COVID-19 vaccination, and provided safe spaces for two-way conversation about health issues. Uniquely positioned as members of the communities they serve, CGPP’s volunteers are able to understand and respond to the gender dynamics of their communities. They can enter households to reach women who many not otherwise have access to information. Using strategies to build the immunization knowledge of fathers, volunteers engaged them to participate alongside women in child health decisions and support positive health-seeking behaviors in their communities.

Routine immunization coverage in CGPP implementation areas remained comparable among girls and boys in program areas. While some countries reported differences in vaccination rates by gender, these distinctions were not significant. CGPP volunteers continued to work with communities to promote equity in vaccination to ensure that parents had clear, actionable information about its importance. Volunteers constantly monitored rumors and misinformation related to vaccination. Countries with COVID-19 programming noted myths and misconceptions related to COVID-19 vaccination and fertility.

Community mobilizers going house-to-house checking for zero-dose children. *Photo by CGPP India.*

Female Empowerment, Linkages, and Support

CGPP sought to empower women in communities as leaders, decisions makers, and trusted sources of information. Program strategies were developed to allow for and encourage equal participation of women.

- **Capacity building and training.** CGPP provided training to 12,680 female volunteers, health workers, and others to build their knowledge and capacity in interpersonal communication, immunization, priority zoonotic diseases, surveillance, COVID-19 and other key topics. These trainings enabled the female volunteers and health workers to cascade information, which, in turn, built the capacity of women in their communities.

- **Equity in COVID-19 vaccination.** CGPP volunteers and staff reported a plethora of misinformation and myths related to gender and COVID-19 vaccination. Most prominent was the myth that the vaccination decreases fertility. CGPP South Sudan and Angola launched tailored RCCE strategies and messaging to improve community knowledge and dispel misinformation, and vaccine coverage improved among females in the project areas.

- **Linkages to health centers and community support.** As trusted confidants and sources of health information, community volunteers bridge the gap between communities and health centers. They track and refer children and pregnant women in need of vaccination to the nearest health post, streamlining the process, facilitating vaccination, and removing barriers to seeking care. CGPP Ethiopia volunteers used household visits to track and refer pregnant women, newborns, and defaulter children to facilities for vaccination. During FY22, 55,383 pregnant women, 42,595 newborns, and 19,155 children under 1 were referred to health facilities for vaccination as a result.

- **Equity of access to health information.** CGPP volunteers use RCCE and IPC methods that allow for participation of women, regardless of education or literacy status. Volunteers use locally-developed pictorial guides about immunization and conversations to convey information and provide a safe space for dialogue and information transfer. CGPP Kenya and Somalia use Care Groups to provide guided connection to other mothers and allow women access to information and strategies to aid in positive decision-making for health. The project trains lead mothers to lead discussions on immunization, child health, and other pertinent topics. Women are able to learn from each other's experiences, receive clear information, and discuss challenges in a safe environment.

- **Female participation.** CGPP utilizes inclusive strategies, such as meeting women at watering holes or timing meetings around common household practices, to ensure female participation in program activities. While promoting gender equity, the program is also conscious of country-specific cultural and religious beliefs that can limit participation of women. Female volunteers have unique access to households and can enter homes to have conversations and encourage mothers to vaccinate their children during campaigns. This access allows them to bring programming to women who may not be able to attend meetings or events outside the home.

Community health worker administers polio drops during an SIA in Lower Juba, Somalia. *Photo by CGPP HOA.*

At the global program level, CGPP sought to attract qualified female candidates to apply for open positions in the country secretariats and at the global secretariat. The project will continue to mentor and build the capacity of females within the project to take on leadership roles, represent CGPP at national and international forums, and interact with high-level stakeholders. In FY23, the Nigeria CGPP has plans to work with gender experts at USAID for an overall project gender analysis. In addition, CGPP will continue to intentionally seek opportunities for improving gender equity across all countries.

Male Engagement and Support

CGPP engaged men as positive change agents in their communities to support health seeking behaviors and encouraged them to make decisions jointly with women.

- **Participation in and support of positive child health seeking behaviors.** While women are often seen as primary caregivers for children, they often lack the power and control of resources to make health seeking decisions alone. CGPP trains male volunteers and community members for peer-to-peer engagement with male counterparts. During these one-on-one and group interactions, trained men can promote vaccination and positive health seeking behaviors, advocate for joint decision making, and encourage men to facilitate family health by availing resources like transportation, money, and time. CGPP Nigeria trained male peer educators across the five focal states to engage their male counterparts on the importance of making informed health decisions for themselves and their families. Peer educators hold group meetings, one-on-one interactions, and leverage community events and gatherings to convey messages to fathers and other men. Additionally, the project started sensitizing grandmothers with information about vaccination so they can influence their sons in decision making.
- **Engagement of male key influencers.** CGPP identified and trained clan leaders, traditional healers, religious leaders, and other key male influencers to engage with community men. They meet men in typical gathering spaces and have become trusted sources of information. With training, they deliver key messages and information to fathers and other male decision makers. These influencers foster and encourage joint decision making, male involvement in positive health choices, and reinforce the importance of immunization and other health decisions. CGPP India engaged CAGs (groups of influencers) to improve male participation and support of immunization seeking behaviors. CGPP India also trains barbers to deliver key messages about immunization at barbershops, where men typically gather for conversation.

About CORE Group's Support for CGPP

CORE Group is a leader in community health, working to end preventable maternal, newborn, and child deaths around the world. CORE Group was first established in 1997 to foster collaboration between NGOs working on USAID Child Survival Projects and has grown to become a leader in NGO collaboration, innovation, and sharing, advocating for a vast array of community health priorities. This year, CORE Group celebrated 25 years of collaboration and learning. The organization promotes strong linkages through its annual Global Health Practitioner Conference (GHPC), an influential venue for highlighting the various CGPP contributions to polio eradication and global health security efforts. At GHPC22, CORE Group planned several sessions to highlight CGPP's contributions to global polio eradication initiatives, including an awards ceremony to recognize and celebrate the CGPP secretariats and USAID lifetime achievements in polio eradication, and a plenary session on global health security, which included CGPP secretariat directors. CORE Group also housed and regularly updated the project's website with recent activities, which received over 2,300 views this year. Additionally, CORE Group led advocacy and social media for CGPP.

During the past year, CORE Group led efforts to promote COVID-19 vaccine confidence in Kenya, Nigeria, and Uganda. As part of this COVID-19 Vaccine Confidence Project, CORE Group hosted a webinar series titled *Vaccine Confidence Live: Transforming Vaccine Hesitancy to Confidence* which highlighted CGPP's experience with promoting COVID-19 vaccine confidence to the broader global health community. Resources developed from this project such as social media toolkits and animations, were disseminated to the CGPP secretariats to support their work in this area.

CORE Group also organized capacity-building sessions based on the technical needs of the secretariats, including a session on writing effective and quality reports and success stories as well as one on gender transformative programming. The next workshop offered will be on human-centered design approaches for monitoring and evaluation. Additionally, this year CORE Group helped promote linkages between USAID-funded immunization projects by planning adaptive learning sessions with USAID MOMENTUM Routine Immunization Transformation and Equity (MRITE) and CGPP, to provide the MOMETUM project and DRC Ministry of Health the opportunity to learn from CGPP's expertise in polio eradication and global health security.

Community health worker teaching mothers about immunization health. *Photo by CGPP HOA.*

CORE Group's executive director, as a member of Gavi CSO Steering Committee and the COVAX CSO co-chair, involved CGPP secretariat directors on several webinars and COVAX CSO consultations in 2022. In addition, she facilitated introductions with UNICEF Afghanistan to share CGPP strategies with cross-border populations and ensured that Gavi can learn from CGPP's long-standing work with remote and fragile settings, as Gavi establishes programs in these areas. The executive director conducted a visit to the Horn of Africa team and had the opportunity to meet with community leaders, staff members, and women involved with the CGPP project in Kenya.

Annex A: Our Partners

India

International NGOs

1. Adventist Development and Relief Agency
2. Project Concern International*
3. Catholic Relief Services

National/Local NGOs

1. Adventist Development and Relief Agency India
2. Gorakhpur Environmental Action Group
3. Jan Kalyan Samiti
4. Meerut Seva Samaj
5. Sarathi Development Foundation
6. Society for All Round Development
7. People's Action for National Integration

Ethiopia

The CGPP Ethiopia Secretariat is hosted by Consortium of Christian Relief and Development Associations.

International NGOs

1. Amref Health Africa
2. Catholic Relief Services
3. International Rescue Committee
4. Save the Children International
5. World Vision

Additionally, local partners Bahir Dar-Dessie Catholic Secretariat and Harerghe Catholic Secretariat work with Catholic Relief Services.

National/Local NGOs

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

South Sudan

International NGOs

1. World Vision*

National NGOs

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

**Denotes in-country Secretariat Host Organization*

Nigeria

International NGOs

1. Catholic Relief Services*
2. International Medical Corps
3. Save the Children

National/Local NGOs

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

Horn of Africa (HOA)

Kenya

International/National NGOs

1. Adventist Development and Relief Agency Kenya
2. Alight
3. Catholic Relief Services
4. International Rescue Committee*
5. World Vision Kenya

Somalia

International NGO

1. Alight

Local NGO

1. Vision Corps Initiative (Formerly Somali Aid)

Uganda

International NGOs

1. International Rescue Committee
2. Medical Teams International

Uganda does not have a Secretariat and is managed through the CGPP Ethiopia Secretariat

Niger

1. Save the Children*
2. Action Dev

Angola

1. World Vision Angola*

**Denotes in-country Secretariat Host Organization*