CORE GROUP PARTNERS PROJECT

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World Vision

FY23 ANNUAL REPORT

CGPP Somalia providing integrated health services including immunization in a hard-to-reach village of Belet-Hawa, Gedo, Somalia.

CONTENTS

INTRODUCTION

The global fight against polio has achieved remarkable success in the last three decades. However, both the COVID-19 pandemic and the ongoing challenges in high-risk areas have posed serious threats to the goal of eradication. The COVID-19 pandemic disrupted polio campaigns and routine immunizations and increased vaccine hesitancy, leaving millions of children vulnerable to polio and other vaccine-preventable diseases. Several countries that had been polio-free for years reported new cases of wild poliovirus, while other countries experienced circulating vaccine-derived poliovirus (cVDPV) outbreaks, showing that the disease can resurge with disruptions in immunization.

As cVDPV outbreaks plagued Africa and cases were identified in project implementation areas, the CORE Group Partners Project (CGPP) doubled its efforts to reach children in the most remote, conflict-affected, and mobile communities. The project built upon and leveraged its well-established network of trained volunteers. CGPP also capitalized on and nurtured strong linkages with government health systems, national/local emergency operations centers, partners, and platforms of CSOs to engage communities in new ways.

In FY23, CGPP supported ten countries: Angola, India, Ethiopia, Kenya, Niger, Nigeria, Somalia, South Sudan, Uganda, and Djibouti with program activities. These regions face difficulties such as delayed outbreak responses, challenges with last-mile delivery, vaccine hesitancy, disruptions in immunization services, and poor disease surveillance. The presence of unvaccinated children, the emergence of vaccine-derived polioviruses, and the need for swift outbreak response are critical issues in the fight against polio in CGPP's focal countries.

For CGPP, this was a year of capacity strengthening, expansion, and innovation. The project focused on the global polio priorities to reverse the decline in routine immunization, conduct catch-up campaigns, and reach under-vaccinated children in vulnerable communities. CGPP built the skills of 34,701 volunteers, health workers, and others to provide integrated risk communication and community engagement (RCCE), support vaccine service delivery and logistics, execute quality vaccination campaigns, and surveil for priority diseases. CGPP's 21,719 community volunteers sought to address the behavioral and social drivers of vaccination by engaging over 11.8 million community members with revamped RCCE messaging and outreach strategies, supporting caregivers and ensuring vaccination of children in their communities. The project mapped zero-dose children and border crossing points to deliver vaccinations to previously unreached children in hard-to-reach areas, integrated RCCE and immunization service delivery for routine immunization and COVID-19, implemented and monitored outreach vaccination sessions, and collaborated through cross-border forums. And these efforts paid off, leading to increased coverage in polio and other routine immunizations, as well as strengthened community-based surveillance such that, 384 (41 percent) of suspected acute flaccid paralysis (AFP) cases in project areas were identified by CGPP volunteers.

To respond to the cVDPV2 outbreaks, CGPP provided technical and logistical support to 15 campaigns in project areas in seven countries, collaborating with governments and partners to improve quality and reach, with CGPP supported areas achieving high polio vaccination coverage from the SIAs. These efforts vaccinated children in FY23, including more than 21,167 zero-dose children in project areas.

ACCOMPLISHMENTS **FY23**

34,701
training session participants*
including:
- community volunteers
- health workers
- others related to the project

21,719
project volunteers reached **11.8M** people
with social mobilization and surveillance messages

CGPP supported the vaccination of
3.6M children**
with nOPV/OPV/IPV through supplementary immunization activities

41% of suspected **acute flaccid paralysis cases** identified by CGPP volunteers

ADDITIONALLY, volunteers provided integrated **community-based surveillance** for **8** priority zoonotic diseases

**total participants includes refresher trainings for the same individual*
***includes the repeated vaccination of some individual children during multiple SIAs in FY23*
DATA SOURCE: CGPP internal project data, country level WHO SIA and AFP surveillance data

CGPP's integrated Global Health Security (GHS) work in Ethiopia, Kenya, and Nigeria forged multisectoral and multidisciplinary partnerships including supporting the establishment of One Health Committees at lower levels to prevent and address emerging zoonotic disease outbreaks. The project also supported collaborations between actors in human and animal health to solidify plans for disease identification, investigation, and response to suspected disease outbreaks. CGPP worked closely with communities to assess needs and conduct integrated vaccination sessions for both humans and animals in nomadic and pastoralist communities. CGPP volunteers reported 3,114 priority zoonotic disease alerts in FY23. In South Sudan, CGPP provided support to strengthen border crossing screening sites for Ebola Virus Disease to prevent its importation from Uganda.

In FY23, CGPP supported the prevention and control of COVID-19 through RCCE and vaccination in the nine countries (all countries except Niger). More than two million people received COVID-19 vaccines through CGPP's support and over ten million people received convergent health messaging that included COVID-19.

While the year has been marked by progress in project areas, the ultimate goal of polio eradication is not complete. The project looks to the future knowing that optimism, innovation, and adaptability will be needed. In FY24, efforts will continue to expand into more hard-to-reach and conflict-affected settings where children remain unreached or under-vaccinated. CGPP will build upon its infrastructure of volunteers, partnerships, and pioneered strategies to push forward to the ultimate goal of polio eradication.

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

ACKNOWLEDGEMENTS

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

Community health nurse educating community volunteers on vaccine-preventable diseases.

ACRONYMS

AEFI	adverse events following immunization
AFP	acute flaccid paralysis
AHA	animal health assistant
bOPV	bivalent oral polio vaccine
CBS	community-based surveillance
CHV	community health volunteer
CKI	community key informant
CM	community mobilizer
CV	community volunteer
cVDPV	circulating vaccine-derived poliovirus
cVDPV2	circulating vaccine-derived poliovirus type 2
EOC	emergency operations center
EPI	Expanded Program for Immunization
fIPV	fractional inactivated poliovirus vaccine
GHS	Global Health Security
HOA	Horn of Africa (for the purpose of this project, signifies Somalia and Kenya)
ICM	independent campaign monitoring
IDP	internally displaced person
IDSR	integrated disease surveillance and response
IIP	immunization in practice
IPV	inactivated polio vaccine
JEE	joint external evaluation
MOH	ministry of health
mOPV2	monovalent oral poliovirus type 2
NGO	nongovernmental organization
NID	national immunization day
nOPV2	novel polio vaccine type 2
NPAFP	non-polio acute flaccid paralysis
OPV	oral polio vaccine
PVO	private voluntary organization
RCCE	risk communication and community engagement
RI	routine immunization
SIA	supplementary immunization activity
SNID	subnational immunization day
tOPV	trivalent oral polio vaccine
WPV	wild poliovirus
WPV1	wild poliovirus type 1
WASH	water, sanitation, and hygiene

ORGANIZATIONS

ARCC	Africa Regional Certification Commission
CGPP	The CORE Group Partners Project
FAO	Food and Agriculture Organization
GPEI	Global Polio Eradication Iniative
IMB	Independent Monitoring Board
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CGPP PARTNERS

Those in blue signify national & local NGOs

Action Dev

Adventist Development and Relief Agency

Amref Health Africa

Archdiocesan Catholic Health Care Initiative

Catholic Relief Services

Community Support and Development Initiative

Consortium of Christian Relief and Development Associations

CORE Group Inc.

Ethiopian Evangelical Church Mekane Yesus

Ethiopian Orthodox Church

Family Health and Youth Empowerment

Gorakhpur Environmental Action Group

International Medical Corps

International Refugee Committee

Jan Kalyan Samiti

Medical Teams International

Meerut Seva Samaj

Organization for People's Empowerment and Needs

Organization for Welfare Development in Action

Pastoralist Concern

People's Action for National Integration

Project Concern International

Royal Heritage Healthcare Foundation

Sarathi Development Foundation

Save the Children International

Society for All Round Development

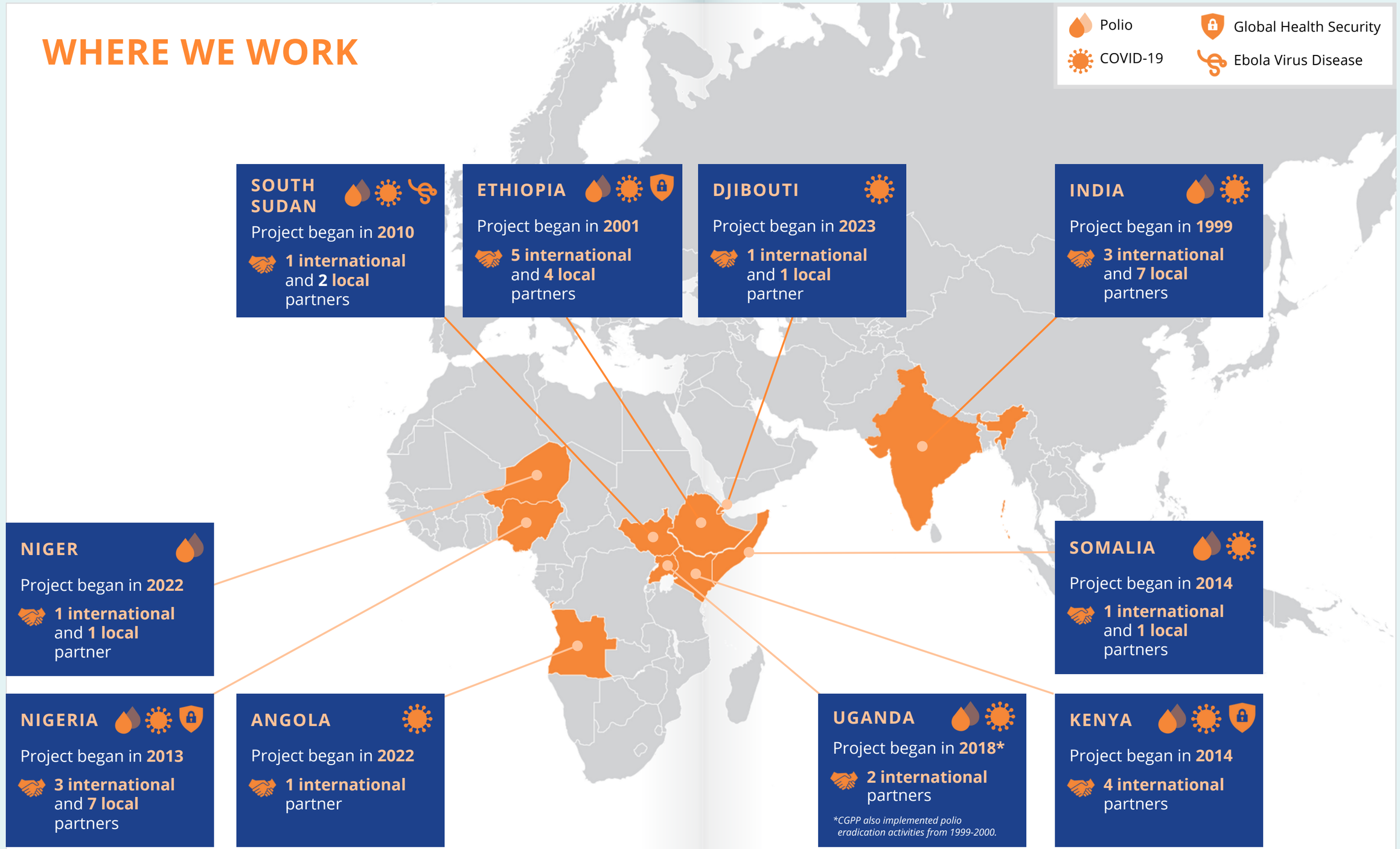
Support for Peace and Education Development Program

Vision Corps

WAKA Rural Development Initiative

World Vision International

WHERE WE WORK



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ETHIOPIA

Introduction

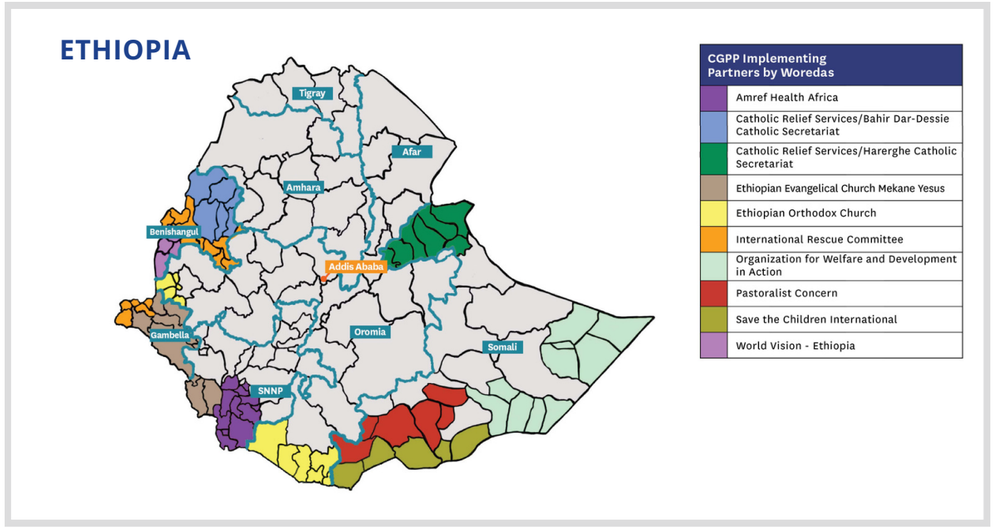
Fifty-four-year-old Seada Abar has been a community volunteer (CV) for CGPP Ethiopia for 20 years, most of that time alongside Asha Eget, one of her childhood friends. Asha, 56, has been volunteering for 15 years. Seada started volunteering even before there was a health center in her municipality (called a kebele). “We were born here and still live here,” Seada said. “The community members are our people. Before the establishment of this health center, many people were dying of many things. We started convincing them to come here after I helped advocate for it to be established 17 years ago.”

Not only have Seada and Asha watched healthcare change over time, but they have also been an integral part of catalyzing that transformation. “In my kebele, I saw children dying,” Asha said. “So, I came to the health center to try to identify the root cause. I realized that the children didn’t have vaccines they needed. So I shared with community members and asked them to go to the health center to get immunized. I told them our children are dying because of this. When the community accepted what I said, I became very satisfied that I am a community volunteer.”

Seada expressed that she also feels a similar satisfaction in being a CV. “Previously, women would give birth at home. Sometimes the child or the mother would die. One time, I convinced one family that the mom should come to the health center to give birth, and then I saw it happen. They came to the center to give birth and the mom and child were both healthy. At that moment, I was so proud of myself as a community volunteer.”

Seada and Asha are two of thousands of CGPP volunteers in Ethiopia. In FY23, CGPP Ethiopia trained and deployed 10,659 CVs and health development army leaders (HDALs).

> “WE WERE BORN HERE AND STILL LIVE HERE. THE COMMUNITY MEMBERS ARE OUR PEOPLE.”
>
> **SEADA ABAR**
> COMMUNITY VOLUNTEER, CGPP ETHIOPIA



This year marks the highest number of vaccinations achieved by CGPP since the project’s inception in 2001. Specifically, the project supported vaccinations for 14,423 Ethiopian and non-Ethiopian children under 5 in the 24 transit vaccination sites the project has established along the international border areas to create herd immunity. CGPP intentionally works in border areas not served by other projects. As such, CGPP facilitated three cross-border meetings to foster collaboration among key government stakeholders between Ethiopia and Djibouti, Kenya and Ethiopia, and Ethiopia, Somalia, and Kenya.

Concerning risk communication and community engagement (RCCE) and social mobilization activities, CGPP volunteers educated 4,852,347 individuals through 3,255,071 one-on-one meetings. In addition, 1,597,276 attendees participated in group meetings which covered disease surveillance for acute flaccid paralysis (AFP), vaccine-preventable diseases (VPDs), and priority zoonotic diseases (PZDs).

10,649
community volunteers and health development army leaders trained and deployed this year.

72,339
children under 5 vaccinated through CGPP supported SIAs

4,852,347
community members sensitized on polio and other VPDs and PZDs.

DATA SOURCE: CGPP Ethiopia project records, MOH Ethiopia administrative data

OBJECTIVE 1

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

In FY23, CGPP Ethiopia worked closely with multiple international partners including Catholic Relief Services and the Hareregе and Bahirdar-Dessie Catholic secretariats, Save the Children International, World Vision Ethiopia, International Rescue Committee, and Amref Health Africa. Additionally, CGPP worked with four local partners under the Consortium of Christian Relief and Development Associations, including: Ethiopian Evangelical Church Mekane Yesus, Ethiopian Orthodox Church, Pastoralist Concern, and Organization for Welfare and Development in Action.

CGPP operates in 80 woredas (districts) across six regions. Program implementation focuses on community-based surveillance (CBS) of AFP, VPDs, PZDs, and supports routine immunization (RI) in hard-to-reach areas along international borders.

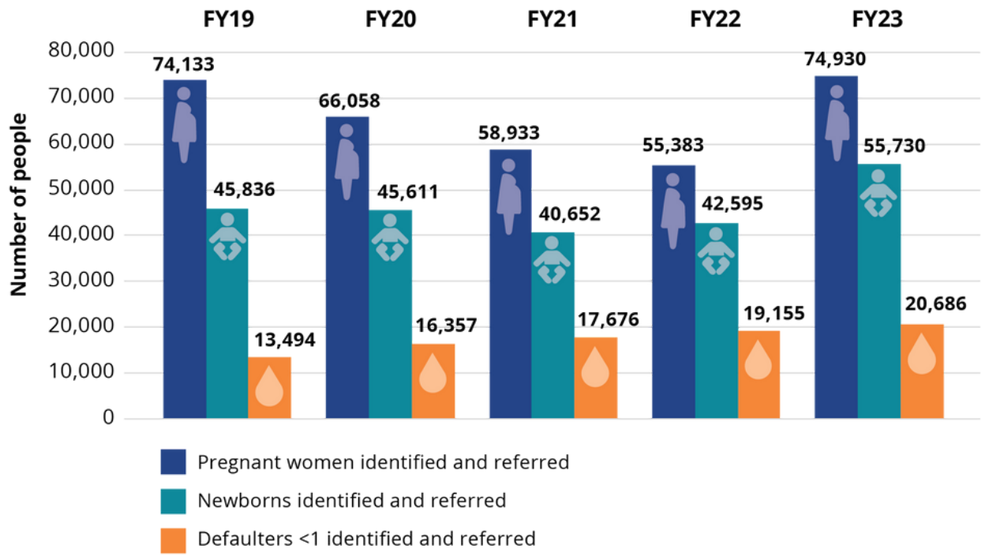
At the national level, the secretariat is an active member of the Interagency Coordination Committee (ICC), Emergency Operation Center (EOC), Expanded Program on Immunization (EPI) taskforce, and working groups for communication, logistics, and monitoring and evaluation, as well as the One Health Taskforce (OHTF). At the regional level, CGPP partners are members of the regional command post, EPI taskforce and EOC, which interface with the national team. In FY23, staff attended immunization, surveillance, and Global Health Security (GHS) meetings such as the Ministry of Health (MOH) annual review, planning, and plan alignment meetings, ICC meetings, MOH technical working groups, and OHTFs.

OBJECTIVE 2

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

This reporting period, polio coverage through RI rebounded in project areas following significant drops in coverage in the year prior. In FY23, CGPP's workforce was composed of 4,599 CVs (2,264 female, 2,335 male) and 6,050 all-female HDALs that were supervised by 3,628 health extension workers (HEWs) (3,137 female, 491 male). This community-based team reached 4,852,347 people through RCCE activities, imparting health education and mobilizing them for vaccination during 1,217,083 home visits and nteracting with a total of 3,255,071 individuals. Additionally, the project's workforce held group meetings in hard-to-reach areas educating 1,597,276 people to spread messages on polio, RI, and COVID-19, as well as alerting communities to the signs and symptoms of polio, VPDs, and PZDs. Of the CVs and HDALs, 2,986 worked in border areas or along transit routes, ensuring contact with mobile and pastoralist communities. The project also engaged religious and community leaders, sensitizing them on the importance of vaccination and encouraging them to relay these messages to their communities.

FIGURE 1.1 - FIVE-YEAR TREND OF CGPP CVS/HDALS REFERRALS AND DEFAULTER TRACKING

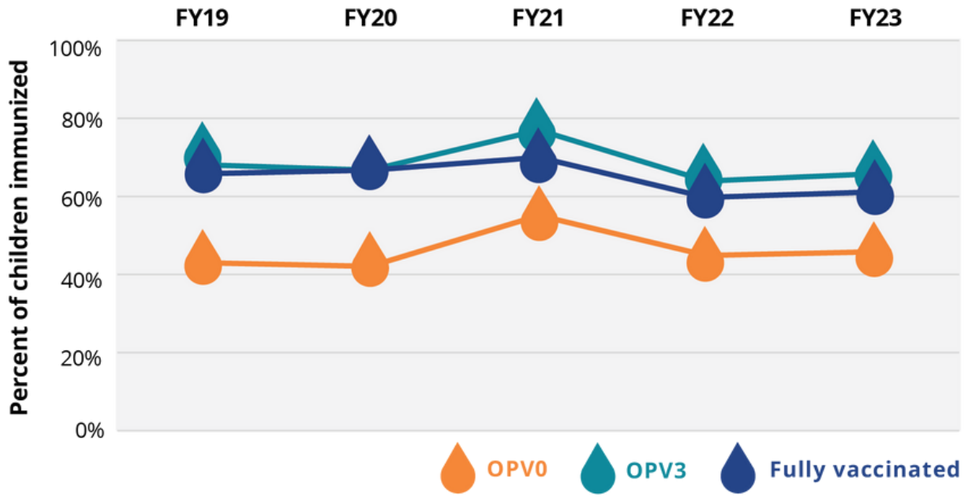


DATA SOURCE: CGPP ETHIOPIA INTERNAL PROJECT DATA

Over the last 20 years, CGPP has created a network of mostly female volunteers who have implemented a system of tracking and referring newborns, pregnant women, and defaulter children for vaccinations and health services. This mechanism of referrals has strengthened the RI system and allowed for children who may not have otherwise been reached to receive vaccinations for polio and other VPDs. In addition, CVs and HDALs identified and referred 74,930 pregnant women, 55,730 newborns, and 20,868 immunization defaulters under 1 year and referred them to health facilities for services, marking the most referrals by the project in the last five years (Figure 1.1). To ensure timely service utilization, CGPP implemented referral slips for volunteers to track pregnant women, newborns, and immunization defaulters to the closest health post. This tracking method will improve the quality of the data and allow for follow-up on the child's immunization status, as well as be used to identify, map, and vaccinate zero-dose children.

As a result, in FY23, CGPP CVs mapped and vaccinated 8,177 zero-dose children (91.9% of the target). To achieve this, CGPP relied on CVs trained in Open Data Kit (ODK), and organizational network analysis (ONA). CVs also conducted catch-up activities to cover any children initially missed.

FIGURE 1.2 - PERCENT OF CHILDREN UNDER 1 WITH VACCINES THROUGH ROUTINE IMMUNIZATION IN CGPP ETHIOPIA PROJECT AREAS FY19-23



DATA SOURCE: ADMINISTRATIVE DATA FROM DISTRICT HEALTH INFORMATION SYSTEM (DHIS)

Additionally, to support the vaccine cold chain, CGPP facilitated preventive maintenance for 167 refrigerators to sustain standard vaccine storage temperature. Likewise, the project upkept 42 motorcycles and supplied 27,197 liters of fuel to enable transportation for polio outreach activities.

In FY23, in CGPP implementation areas, a total of 103,959 (45.7%) and 150,536 (66.1%) under-1 children received OPV0 and OPV3 vaccinations through RI respectively (Figure 1.2). Meanwhile, the administrative coverage of Penta3, measles vaccine, and full vaccination was 65.8 percent, 62.3 percent, and 61.2 percent respectively, demonstrating improvement as compared to the FY22 coverage rate (OPV0, OPV3, and fully vaccinated coverage was at 44 percent, 64 percent, and 60 percent respectively). This increase may be due to the improved security situation in Benshangul-Gumuz Region and part of Kelem Wolega Zone in the Oromiya Region.

Training

In FY23, CGPP held 19 training sessions for a total of 6,216 participants (2,907 female, 3,309 male). Specifically, attendees included 1,590 CVs/HDALs (879 female, 711 male); 3,264 HWs/HEWs (1,640 female, 1,624 male); 407 animal health assistants (AHAs) (127 female, 280 male); and 955 community, religious, and clan leaders (261 female, 694 male). Trainings covered topics such as polio and VPDs, RI, data quality and management, reaching zero-dose children, gender and social inclusion, integrated community-based surveillance, COVID-19, and PZDs.

OBJECTIVE 3*

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

CGPP provided support to three polio supplemental immunization activities (SIAs): two polio SIAs in October and December 2022, and one nationwide integrated measles SIA in December 2022. A total of 3,678 CGPP CVs and HDALs participated in the SIAs as social mobilizers and vaccinators. Additionally, throughout the campaign periods, 71 CGPP secretariat and partner staff provided technical support in the form of training, monitoring, and supervision. Project implementing partners also contributed 46 vehicles and 9,188 liters of fuel for the campaign logistics and transportation for vaccinations and vaccine supplies.

CGPP supported the SIAs in its implementation areas: six woredas in Metekel Zone were reached by the December 2022 SIA and two woredas in Kelem Welega Zone were covered during both the October and December SIAs. The two campaigns in Kelem Welega Zone reached an average of 17,640 children, with an average coverage of 80.5%. The campaign in Metekel zone reached 37,059 (103% of the target). Overall, as a result of the campaigns, 72,339 doses of OPV were given to under-5 children, including 5,082 zero-dose children. The average campaign coverage was 90.7 percent for FY23.

As mentioned, the MOH also conducted a nationwide integrated measles SIA campaign in December 2022. A total of 14,598,818 under-5 children (or 98.5% of the target) were vaccinated nationally. Specifically, in CGPP implementation areas, 458,829 under-5 children were vaccinated, which amounted to a 93.4 percent coverage. The security situation in Metekel, Kamashi, and Kellem Wollega Zones, and the cholera outbreak in Afder and Dawa Zones of the Somali Region affected the lower campaign coverage rate.

** ETHIOPIA WHO DATA, ETHIOPIA MOH ADMINISTRATIVE DATA*

Vaccination at Abaley transit vaccination point in Ferfer, Shabelle, Somali, Ethiopia.

OBJECTIVE 4

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

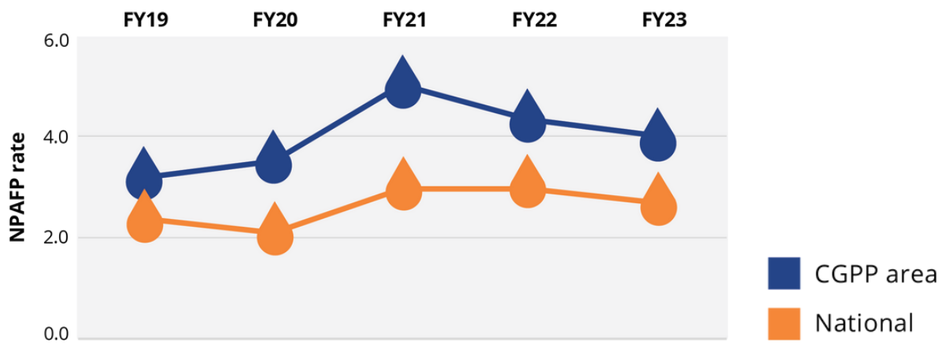
In FY23, CGPP volunteers provided robust CBS for polio as well as other VPDs (measles and neonatal tetanus), and PZDs. Notably, volunteers used the 1,217,083 household visits described in Objective 2 to implement active case search, based on community case definitions for AFP and other priority diseases. CGPP also trained 1,166 community level service providers (435 CVs/HDALs, 306 AHAs, and 425 HWs/HEWs) on CBS to reinforce and improve the effectiveness of the CBS system. To improve the surveillance system, CGPP held 1,907 surveillance meetings, workshops, and reviews of facility records. The project used these meetings along with joint supportive supervision conducted at health centers, health posts, and animal clinics to improve the ability of health personnel to detect and report suspected cases of AFP, VPDs, and PZDs.

These efforts contributed to an NPAFP rate of 4.1 cases per 100,000 children under 15 in the project areas (Figure 1.3). The NPAFP rate declined slightly from 4.4 in FY22, but it outperformed the national rate of 2.6 cases per 100,000 under-15 children. Project volunteers reported 36 of 123 (29.3%) AFP cases in the project areas. Seventy-eight percent of the NPAFP cases identified by CVs/HDALs were reported within seven days of the onset of paralysis. The stool adequacy was 95 percent.

The CGPP CBS network of CVs/HDALs also identified and reported 148 of 173 (85.5%) cases of measles from CGPP areas (source: WHO weekly update, 40th week of 2023). Moreover, 329 suspected zoonosis cases (102 human rabies, 16 human anthrax, 94 animal brucellosis, 16 animal anthrax, 60 animal rabies, and 41 animal die-offs) were reported from CGPP implementation areas, with 96 percent of these cases reported by CVs/HDALs/CAHWs.

Kamashi Zone, Mao-Komo Special Woreda of Benishangul Gumuz Region, and Nuer Zone of Gambella Region were silent as of September 30, 2023. Kamashi Zone and Mao-komo Special Woreda were conflict-affected areas and inaccessible, no reports were received from these areas during the reporting year. Part of the Nure Zone of Gambella Region was also inaccessible due to seasonal flooding and insecurity.

FIGURE 1.3: FIVE YEAR TREND OF NPAFP RATE, NATIONAL VS. CGPP



DATA SOURCE: WHO ETHIOPIA AFP LINE LIST, CGPP ETHIOPIA INTERNAL PROJECT DATA

OBJECTIVE 5

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

During the reporting period, CGPP shared lessons learned, exchanged information, and improved data quality through the following meetings and activities:

- Six secretariat staff attended the 150th American Public Health Association annual conference in Boston November 6-9, 2022, where they made three oral and four poster presentations.
- Two secretariat staff presented abstracts at the first conference of the National Immunization Research Dissemination Workshop, organized by the MOH in Addis Ababa from March 16-17, 2023.

Community volunteer, Seada Abar, visits two young mothers to discuss polio and other vaccine-preventable diseases.

- CGPP prepared and disseminated four quarterly newsletters in soft copy to immunization partners to provide updates on the project's work, indicators, and challenges.
- CGPP and project partners conducted a three-day data quality self-assessment training for 93 government staff from woreda health offices and health facility health management information systems focal persons.
- CGPP provided a three-day training in Benishangul Gumuz region Assossa woreda for 37 AHAs on data management. The purpose of the training is to equip AHAs with the necessary knowledge and skills for proper data management at all levels (data recording, reporting, storage, and use).
- The CGPP Ethiopia team authored a manuscript, *"Integration of Priority Zoonotic Diseases into the Existing Polio Project, Process, Opportunities, Success and Challenges*," for the Pan Africa Medical Journal under its One Health section in November 2022.

Implementation of referral slips

Adopted from the Gavi project to improve data quality, CGPP Ethiopia started the use of referral slips. These are uniquely designed cards, adorned with pictures that categorize children into different groups—newborns and infants, those unimmunized, and those who have defaulted on their vaccine schedule. Each slip also carries a tailored message aimed at the caregivers of the children. To further aid in the process, each kebele will have these slips laminated in five different colors. This color-coding system enables quick identification of which of the five CVs in a kebele made a particular referral. (See the full story on CGPP Innovation on page 62).

Joint Supportive Supervision

The secretariat and partners carried out supportive supervision visits of 1,563 public health facilities consisting of 14 primary hospitals, 380 health centers, 1,169 health posts, and 345 animal clinics. The supportive supervision visits helped to strengthen documentation and the surveillance system and enhance data quality and transfer of knowledge and skills.

OBJECTIVE 6

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

In FY19, CGPP and implementing partners contributed to the development of the transition plan. The United Nations Foundation provided funding until FY22 and GPEI promised to continue support until FY26. CGPP will continue to strengthen local health systems and civil societies to enhance transition.

CROSS-BORDER INITIATIVES

As part of cross-border initiatives, CGPP supported the cross-border vaccination of 14,423 under-5 children (9,529 Ethiopians and 4,894 non-Ethiopians) at 24 transit point vaccination sites with OPV, Penta, and measles antigens during the reporting period. CGPP provided technical and logistical support including transit point mapping and transportation for transit point vaccination teams to support this activity. There has been a steady increase in the number of children vaccinated at crossing points from 359 children in FY20 to 14,423 children in FY23. This steady increase is due to the establishment of more transit vaccination sites in additional woredas, climbing from just two sites in FY20 to 13 in FY23.

Transit vaccination point, Dewele, Ayesha, Somali Region on the border of Djibouti.

Additionally, the EOC organized a meeting for local level, cross-country, and cross-border cooperation on March 2, 2023, in the Borena Zone of the Oromiya Region. A total of 17 participants attended, including representatives from all countries and regions invited, as well as the Ethiopian Public Health Institute (EPHI), EOC, and international partners. EPHI produced the committee action plan and together the group addressed the Moyale Woreda cholera outbreak, appraised the transit vaccination post-performance, and scheduled the next meeting. Finally, participants committed to strengthening cross-border vaccination and expand services to an additional, nearby crossing point.

Also, in FY23, Ethiopia held three meetings to enhance cross-border collaboration between Ethiopia and Djibouti in Dire Dawa, Kenya and Ethiopia in Hawassa, and Ethiopia, Somalia, and Kenya in Dolo Ado. At the Ethiopian-Djibouti meeting, the group discussed how to sustain and strengthen the Gillile transit point vaccination site and facilitate VPD and PZD information-sharing mechanisms.

GLOBAL HEALTH SECURITY

In 2019, CGPP began the GHS program with a focus on three PZDs and has since broadened to include surveillance for several more, namely: anthrax, rabies, brucellosis, RVF, and HPAI. In FY23, CGPP facilitated and supported the strengthening of partnerships between human health, animal health, and other sectors involved in implementation of the One Health approach. The project established communication among the key One Health sectors and mediated the sharing of epidemiological reports. CGPP, in collaboration with other stakeholders, formed 81 One Health taskforces, six at the zonal level and 75 at the woreda level.

Additionally, CGPP organized two virtual cross-border meetings during which participants identified crossing points and future collaboration on PZD surveillance. When Kenya's Ministry of Agriculture, Livestock, and Fisheries shared with Ethiopia government border area officials about an outbreak of an unknown disease resulting in massive sudden death of camels in Jubaland, Somalia, CGPP engaged with the Ethiopian Public Health Institute and WHO-AFRO on May 15 to discuss potential cross-border interventions.

Meanwhile, CGPP attended the joint external evaluation (JEE) 3.0 country self-evaluation workshop held from May 29-31, 2023, in Hawassa along with participants from WHO, USAID, and FAO and others from ministries of health, agriculture, and environment. The national level One Health teering committee organized the event to discuss major

activities in the relevant sectors. Similarly, CGPP attended the JEE workshop held in Bishoftu on September 18-22, 2023, which was put on by WHO and Resolve to Save Lives to discuss and evaluate the 19 thematic areas using JEE 3.0. CGPP will work with other GHS partners within the country to address the recommendations from this self-evaluation.

COVID-19*

In FY23, CGPP received USAID COVID-19 funding to implement a COVID-19 vaccination project in 42 woredas along the international borders and in hard-to-reach, underserved communities. The project targeted a total estimated population of 3,866,354, of which 773,271 were in high-risk groups.

As such, CGPP supported the COVID-19 coordination effort for vaccination campaigns as well as mop-up and catch-up vaccinations at the national, subnational, zonal, and woreda levels, and at health facilities to reduce vaccine hesitancy and improve uptake. Specifically, CGPP implemented the following activities:

- Training of trainers organized for 38 experts from implementing partners and government health offices on advancing COVID-19 vaccine uptake,
- Training held for 4,798 HWs, HEWs, and CVs (3,081 female, 1,717 male) on COVID-19 vaccination, vaccine hesitancy, and COVID-19 vaccine uptake,
- Training conducted for 2,434 vaccinators (HWs and HEWs) on addressing vaccine hesitancy and promoting vaccine uptake,
- Orientation provided for 1,776 CVs, religious leaders, and community leaders, on conducting social mobilization during house-to-house visits and at gathering places to draw the target population to the vaccination sites,
- Advocacy workshop (43 sessions) offered to 2,886 participants (853 female, 2,033 male) to engage influential leaders to mobilize their community and increase vaccine uptake,
- 25 audio-mounted vehicles provided in selected woredas for social mobilization and sensitization activities during the COVID-19 vaccination campaigns,
- 3,486 toolkits, including brochures, posters, leaflets, and stickers, in three local languages adapted and contextualized for use by HWs/HEWs (966) and CVs (2,520) to promote COVID-19 vaccine acceptance and utility, and
- 1,832 vaccination sites provided with technical support to establish special, additional sites outside of health facilities and thus increase access; logistical and transportation support also supplied to enable the functionality of these sites.

**DATA SOURCE: ETHIOPIA MOH ADMINISTRATIVE DATA*

As a result, MOH and CGPP administered 1.5 million doses of Pfizer, Janssen (Johnson & Johnson), and Sinopharm in project areas. Of the total doses, 41 percent was given as a first dose, 29 percent was given as the last recommended dose, and 30 percent was given as a booster dose. The gender breakdown of the vaccines is as follows:

- First dose: 40.5 percent of 600,820 doses provided to females,
- Last recommended dose: 42 percent of 432,523 doses provided to females, and
- Booster dose: 43 percent of 449,252 doses provided to females.

As explained in Objective 2, CGPP field staff and woreda health office staff visited 369 health facilities in 38 woredas, 332 of which had functional cold chain systems. This information helped CGPP to assess the capacity of the health facilities to integrate and align COVID-19 vaccination into RI and other health services.

In collaboration with woreda health offices, CGPP also conducted 64 review meeting sessions to evaluate project performance during the reporting period. Collectively, 3,556 participants (1,530 female, 2,026 male) attended the meetings. Participants included 38 heads of the respective woredas, six from zonal health offices, 400 HWs, 1,453 HEWs, and 1,659 CVs.

In general, participants expressed that COVID-19 had a significant negative impact on health systems and health outcomes, suggested the need for continued monitoring and evaluation of the response to the pandemic, and proposed the need for more integration and alignment with the routine system.

Finally, some of the challenges observed during the project execution were lack of funding (limited budget) to fully integrate and access the vaccines, shortage of vaccines, lack of storage requirements (especially for the Pfizer vaccine), limited access to vulnerable communities, disruptions to RI services due to COVID-19 pandemic, and limited human resources in the healthcare workforce.

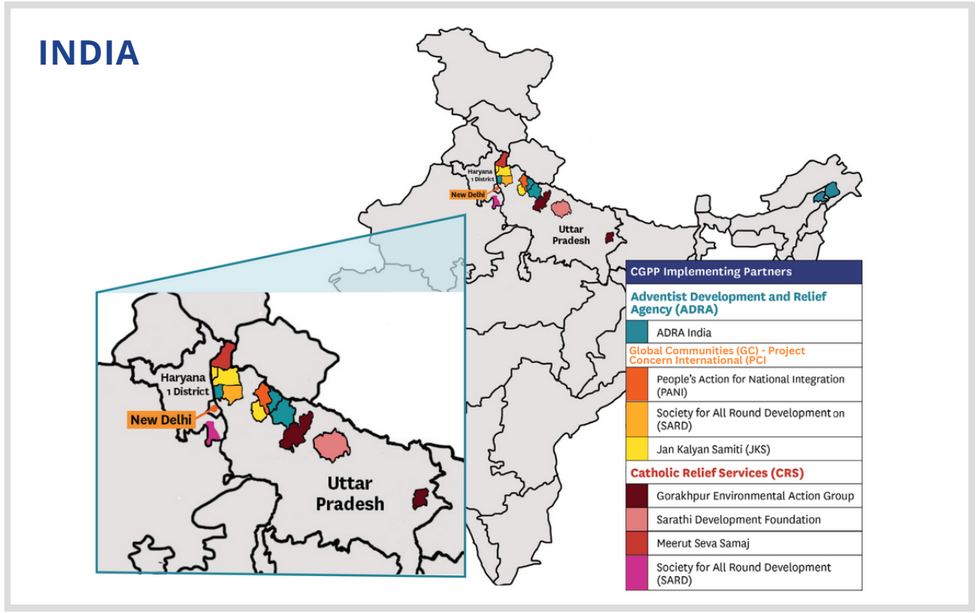
भारत
INDIA

Introduction

Recently, 46-year-old Madan lal, was visiting a village in Meerut District, an area notorious for reporting high numbers of households refusing the polio vaccination. Madan is part of one of over 400 mobilization mitras (MMs), a group of CGPP volunteers who assist the project in vaccination and social mobilization. Durings his time in Meerut, Madan called on Mustakim and Shaista Mewati, along with their six unvaccinated children. Aleema, the youngest, was born three days prior. “When I met Aleema’s parents for the first time, they slammed the door in my face and refused to listen to me. But I persisted and talked to their neighbors who told me that Mustakim himself was afflicted with polio and little Aleema had been born with a twisted leg,” Madan said. Undeterred, Madan approached Mustakim and asked him why he was condemning his little daughter to a life where she would not be able to walk properly or attend school. “Mustakim remained adamant and said that what had happened to him and to Aleema was God’s will, and he was resigned to the fact that she too would be crippled for life,” Madan recounted. “I told him, ‘Maybe it was Allah that had sent me to your house because he knew that Aleema needed help.’ I also spoke to Mustakim’s mother and Shaista, his wife, and told the family members to think about it overnight.”

When Madan visited the family again the next morning, the family was willing to take Aleema to seek medical treatment. Madan accompanied the family to the overcrowded health facility and waited for hours to be seen with them. Aleema was treated for clubfoot and the doctor told the family that they arrived just in time for the bones to be corrected. The next day, Madan brought the family pain relievers to make Aleema more comfortable.

> “THESE INCIDENTS WHERE WE GO BEYOND THE CALL OF DUTY, GAINING THE TRUST OF THESE SO-CALLED RESISTANT FAMILIES, ARE WHAT MAKES MY JOB WORTHWHILE.”
>
> **MADAN LAL**
> MOBILIZATION MITRA, CGPP INDIA



Madan’s words opened a closed door and his actions proved over and over again that he cared about the family. As a result, the family decided to vaccinate all six children and motivated 15 other neighborhood families to get vaccinated as well. “Now I am almost a member of the family and am welcome in the area,” Madan said. “These incidents where we go beyond the call of duty, gaining the trust of these so-called resistant families, are what makes my job worthwhile,” Madan explained.

Madan's story is one of countless successes experienced this year and throughout the twenty-four years of the project. CGPP India officially began in 1999, with field operations starting in 2000. Serving as the secretariat director since CGPP’s inception, Dr. Roma Solomon retired this year. She explained that she is both fulfilled and unfulfilled in terms

756
volunteers deployed this fiscal year

127,735
children under 5 vaccinated through CGPP supported SIAs

10,524
routine immunization sessions monitored.

DATA SOURCE: CGPP INDIA INTERNAL PROJECT DATA, WHO INDIA SIA DATA

of the project's progress toward polio eradication. "The world needs to work harder and faster before the virus re-emerges in polio-free areas. It can spread like wildfire and would wipe off billions of dollars and years of hard work. Somehow, I feel that the world is not very aware of the progress made and the efforts that have gone into the program so far. This war needs to be won as soon as possible." (Read more about Dr. Solomon on page 59 of this global report) CGPP named Jitendra Awale, deputy director since 2004, the new secretariat director at the start of FY24.

Overall in FY23, CGPP monitored a total of 10,524 routine immunization (RI) sessions in CGPP work areas and held trainings with a total of 9,274 participants on polio, VPDs, COVID-19 appropriate behaviors, and refreshed their skills on data and reporting tools. During a polio supplementary immunization activity (SIA) in May, CGPP supported the vaccination of 178,154 children under 5. This year, the project areas had a non-polio acute flaccid paralysis (NPAFP) rate of 5.7 per 100,000 children under 15 years compared to the state average of 4.7. Nine of 67 NPAFP cases (13.4%) were reported by CGPP mobilizers/staff. CGPP work districts maintained an adequate stool collection rate of 88.4 percent.

OBJECTIVE 1

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

CGPP partners with three international nongovernmental organizations (NGOs): Global Communities, Catholic Relief Services, and Adventist Development Relief Agency; as well as seven local NGOs: Project Concern International India, People's Action for National Integration, Society for All Round Development, Jan Kalyan Samiti, Gorakhpur Environmental Action Group, Sarathi Development Foundation, and Meerut Seva Samaj.

In FY23, CGPP attended meetings with the donor, district-level health officials, and immunization and implementing partners. CGPP's district teams also engaged in weekly meetings on RI campaigns and plans. Of note, in February 2023 in Lucknow, Uttar Pradesh, partners provided updates on measles and rubella outbreak and response activities, digital registration of accredited social health assistant (ASHA) health surveys, and the pilot of the federal government's digital platform initiative named U-WIN under the universal immunization program to strengthen primary health care, among other topics. Additionally, CGPP discussed the release of funds and held a detailed discussion on MM strategies with the Haryana National Health Mission. Throughout the year, GGPP contributed to meetings with the Immunization Action Group (IAG), the India Expert Advisory Group (IEAG) for measles and rubella (MR), and the immunization technical advisory group (ITAG).

At the April IAG meeting, discussions were held on MR elimination, the Zero-dose Children Reduction Agenda, Intensified Mission Indradhanush, national and subnational immunization day campaigns, and U-WIN national rollout by mid-May 2023.

At the India IEAG meeting for MR in June, the secretariat participated in discussions on MR elimination status. Meeting participants discussed RI and special campaigns to eliminate rubella, which was circulating country-wide throughout the year and significantly affecting children 5 and older. The group noted that the region is at risk of not achieving the MR elimination target of 2023, which depended on the rollout of national and subnational campaigns and reviewing program activities at the subdistrict level.

CGPP participated in the ITAG meetings in August and September to discuss South East Asia Region (SEAR) immunization status and recommendations. Points of discussion included RI, the regional strategic plan for polio transition, challenges, and programmatic risks. Meeting outcomes included preparing for the potential use of nOPV2 and sustaining polio eradication efforts to achieve broader immunization goals beyond polio. In addition, meeting participants discussed revising India's MR elimination target, conducting a MR SIA in early or mid-2024, and maintaining polio outbreak and readiness plans by holding simulation exercises for outbreak detection response.

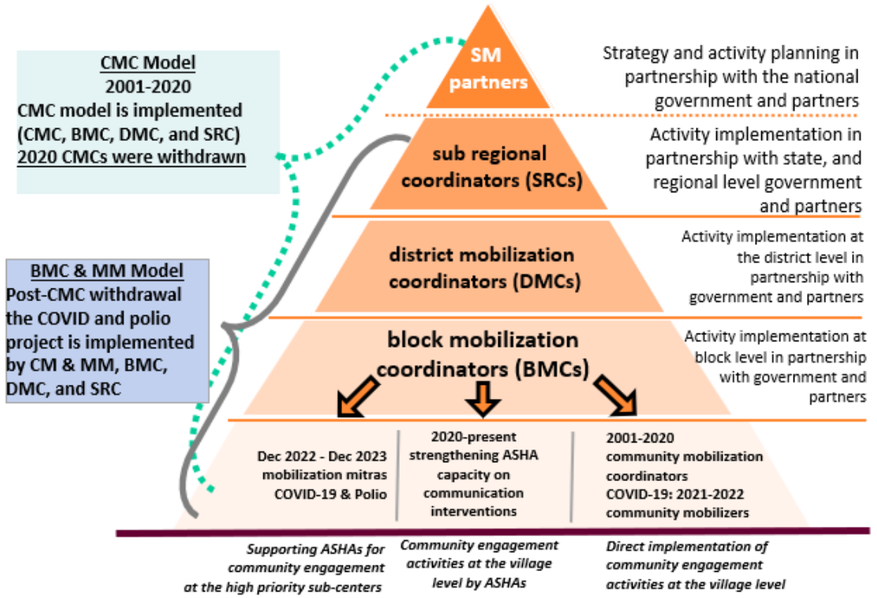
OBJECTIVE 2

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

In FY23, CGPP continued to implement activities to boost population immunity against polio and support the Government of India's various initiatives to achieve high routine immunization coverage. CGPP's field level activities to support polio immunization through RI systems were implemented through different models of field functionaries (Figure 2.1). Following the withdrawal of CMCs in 2020, the models were adjusted to the block model, where the block mobilization coordinators (BMCs) deployed at the block level to support a minimum of 12-14 ASHAs on strengthening social mobilization interventions for immunization. BMCs are supervised by the District Mobilization Coordinators (DMCs) deployed at the district level. These CGPP functionaries provide support to the government's all-female cadre of 2,013 ASHAs (871 in Uttar Pradesh and 1,142 in Haryana). The MM model was implemented in Nuh district in 2018 and expanded to CGPP's Uttar Pradesh districts in 2022, following the COVID-19 pandemic. The model operates by deploying MMs at the subcenter level – a subcenter is located in

every region with a population of 5,000 and is the first contact point between the primary health system and the community. This model supports ASHAs in strengthening community engagement activities. Each of the 401 MMs (194 female, 207 male) supports a minimum of five ASHAs in a subcenter. MMs are supervised by BMCs.

FIGURE 2.1 - CGPP INDIA CMC, MM, AND BMC MODEL

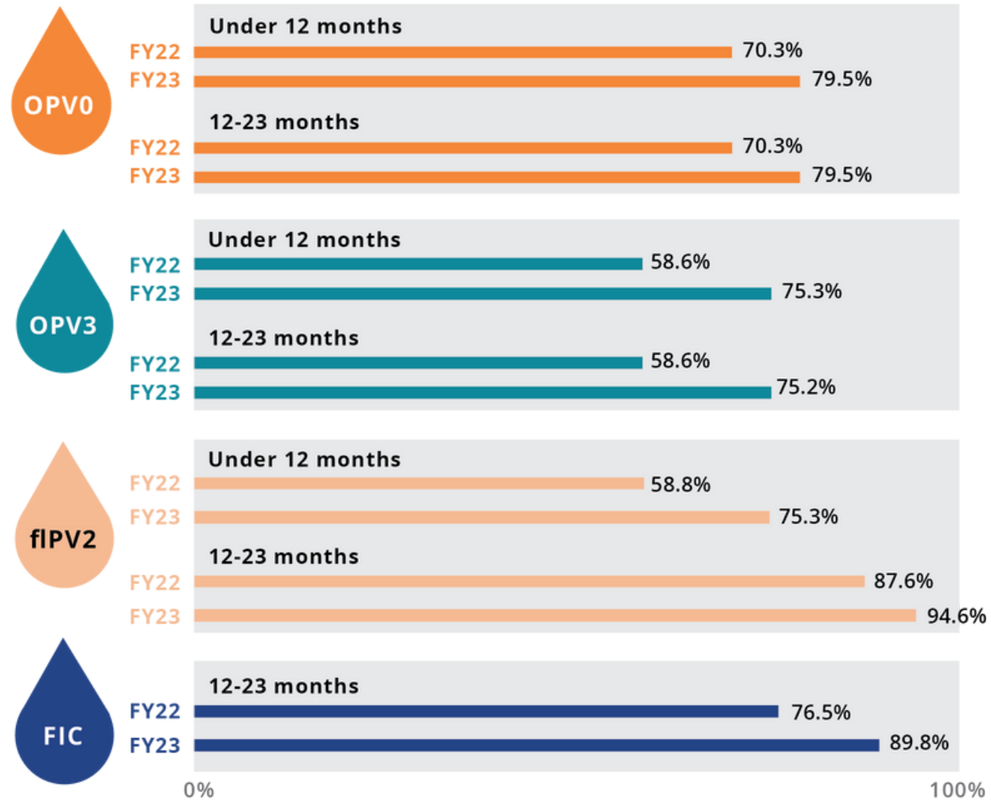


DATA SOURCE: CGPP INDIA PROJECT RECORDS

CGPP participated in various forums and meetings at national, state, district, and subdistrict levels to support polio immunization. BMCs and DMCs assisted government medical officers in improving immunization micro-plans by regularly updating data about high-risk groups such as nomads, slum dwellers, and those living in hard-to-reach areas. In addition, CGPP trained and provided hands-on support to government frontline health workers, ASHAs, and ASHA supervisors, in tracking eligible children for childhood vaccinations, preparing due-lists, and communicating to the communities in one-on-one meetings and group meetings. Additionally, BMCs and DMCs assisted the immunization systems in monitoring RI sessions. In FY23, CGPP monitored a total of 10,524 RI sessions in CGPP work areas (9,093 sessions in Uttar Pradesh districts and 1,431 sessions in Nuh district). WHO conducted special training for CGPP staff on RI monitoring tools on the Open Data Kit (ODK) platform. This will reduce the CGPP staff's workload of manually entering monitoring data and will allow for CGPP's contribution to RI monitoring to be reflected in WHO's state-level compiled reports.

Additionally coverage of routine polio immunization in project work areas improved among both children under 12 months and 12-23 months.

FIGURE 2.2 - RI COVERAGE IN CGPP WORK AREAS, UTTAR PRADESH, INDIA



DATA SOURCE: GOVERNMENT FRONTLINE WORKER (ASHA) RECORDS

Figure 2.2 provides RI coverage[1] of key indicators reported based on ASHA records for CGPP Uttar Pradesh work areas (12 districts). CGPP implementation areas maintained high levels (>90%) of OPV3 and fIPV2 coverage among children 12-23 months.

[1] *Note on data source and computation of RI coverage indicators – considering the ethical challenges in data collection, CGPP India did not conduct a survey to assess RI coverage for FY23 and instead used data compiled from the ASHA records. The ASHAs follow the Indian financial year (from April to March), and the age groups of children (i.e., the denominator of RI coverage) significantly differ by quarter. ASHA records provide the exact denominator (among under 1 and 12-23 months) only through the March report, and it is challenging to assess quarterly progress. Hence, March 2023 data was used to compare the performance of FY23 RI indicators with FY22.*

Notably, in January 2023, the federal government introduced a third dose of IPV (fIPV3) for children nine months and older. As such, CGPP worked to notify and mobilize caregivers to seek this third dose. These efforts contributed to coverage in children under 12 months rising from 55.9 percent in March 2023 to 81.4 percent (among children aged 6-17 months) in September 2023.

Training

During FY23, CGPP held seven types of trainings with a total of 9,274 participants (5,644 female, 3,630 male). These participants included 355 CMCs (334 female, 21 male); 2,978 ASHAs, ASHA facilitators, auxiliary nurse midwives, and Anganwadi workers (all female); 491 CGPP staff, including MMs, BMCs, management information system coordinators, DMCs, project officers, and sub-regional coordinators (216 female, 275 male); and 5,450 other key actors, such as community expert groups (CEG members), community action group (CAG) members, and schoolteachers (2,103 female, 3,347 male). Trainings included in-service capacity building for CGPP staff, polio SIA training for CMCs/MMs, training of government frontline workers, orientation of schoolteachers, training of CEG and Community action group (CAG) members, and an annual training for CGPP staff. The training sessions covered various topics including polio, due-list preparations, two-way communication, vaccine hesitancy, RI, and COVID-19 appropriate behaviors, data tools, and reporting.

OBJECTIVE 3*

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

In FY23, the Government of India held one polio subnational immunization day in 195 districts of India, targeting about 22.7 million children from 28 million households throughout the country. The polio SIA, which began on May 28, 2023, covered seven districts from Uttar Pradesh and one district from Haryana.

In Uttar Pradesh, CGPP re-deployed 355 CMCs for 12 days. The CMCs updated their registers and area maps, created SIA awareness by conducting one-on-one and group meetings, and assisted vaccination teams in tracking and vaccinating eligible children. The CGPP team performed various social mobilization activities during the SIA, including 1,933 group meetings for mothers, fathers, and influencers, 418 community meetings, 460 CAG meetings, 233 e-rikshaw rallies, and 490 mosque and temple announcements. The project also created opportunities to mobilize children for vaccination through 90 polio classes with school children, 344 polio rallies for children, and 295 bullawa tollies (children's groups encouraging sibling vaccination). CGPP also supported coordination meetings with frontline workers to support SIA implementation.

**DATA SOURCE: CMC RECORDS, GOVERNMENT ADMINISTRATIVE DATA, WHO SIA DATA*

In CMC areas from seven districts of Uttar Pradesh, 127,735 (102.4% of target) eligible children were vaccinated against a target of 124,779. Of these, 1,461 were from identified high-risk groups. (In India, the number of children vaccinated in the last round is considered a target for an SIA and to compute SIA coverage.) The CMC area booth coverage (the percentage of eligible children vaccinated at polio booths) was 84.4 percent. In non-CMC areas, just 47.4 percent of children were vaccinated at booths during the campaign. The house-to-house vaccination teams visited 171,970 households in CGPP CMC areas of Uttar Pradesh, of which about 4.2 percent were missed. CMC areas reported a comparatively lower proportion of missed houses than non-CMC areas (5.1%). Overall, 7.1 percent of children were reported as missed.

In addition, 239 CGPP-funded MMs assisted SIA vaccinators in booth-based and house-to-house vaccination activities in the COVID-19 response work areas from Uttar Pradesh and Assam. MMs also performed various social mobilization activities similar to those of CMCs before and during the polio SIAs. Health subcenter level data compiled by MMs/BMCs revealed that CGPP MMs contributed to vaccinating 141,670 children against the estimated target of 136,158 children in Uttar Pradesh's work areas. Similarly, to CMCs areas, SIA booth coverage was significantly higher in MM areas (69.6%), versus block levels coverage without MMs (51.5%).

Community action group members received kits after their orientation.

In Nuh district of Haryana, DMC, BMCs, and government-funded MMs assisted during the SIA. Out of 51,804 targeted under-5 children, 50,419 (97.3%) were vaccinated in Nuh district. About 41.9 percent of targeted children were vaccinated through fixed-site, booth-based vaccination. The district reported 7.7 percent of missed houses. Most of the missed houses were out of reach (locked or the family was away) to the SIA vaccinators. The percentage of missed children was reported as 2.7 percent (validated data from CMC records was not available).

OBJECTIVE 4*

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

To improve surveillance, CGPP sensitized community members about the signs and symptoms of AFP and other VPDs through one-on-one and group contacts. CGPP also held a total of nine meetings, workshops, and reviews of facility records regarding AFP surveillance.

Surveillance indicators in Uttar Pradesh implementation areas continued to outperform the national averages for NPAFP rate and stool adequacy. As of September 30, 2023,

Secretariat Director Jitendra Awale gives polio drops to a baby during a supplemental immunization activity.

project areas had an NPAFP rate of 5.7 per 100,000 children under 15 years compared to the state average of 4.7 cases per 100,000 children under 15. In FY23, 67 NPAFP cases were reported from CGPP Uttar Pradesh work areas. Of these, 13.4 percent (9) of cases were reported by CGPP mobilizers/staff. CGPP work districts maintained a high level of adequate stool collection rate at 88.4 percent. Within CGPP implementation areas, no silent areas were identified.

To support and improve community level surveillance, the CGPP ADRA team advocated with WHO for block-level AFP workshops and oriented more than 400 CAG members, including local community leaders, private medical practitioners, and former CMCs on AFP case definition. BMCs regularly sensitized CAG members and ASHAs about AFP case reporting and shared information of signs and symptoms of other VPDs, like measles and diphtheria.

**DATA SOURCE: AFP SURVEILLANCE DATA IS FROM THE WHO INDIA AFP LINE LIST. DATA ON CGPP VOLUNTEERS' CONTRIBUTION TO SURVEILLANCE IS FROM INTERNAL PROJECT DATA*

OBJECTIVE 5

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

In November 2022, CGPP revised recording and reporting formats for FY23 and performed a rapid assessment of RI indicators and COVID-19 vaccination coverage. The survey covered 365 mothers with children under 12 months and 359 mothers with children 12-23 months. After training on the survey protocol and the instrument, BMCs interviewed the mothers. CGPP then collected survey data using mobile applications designed with KoboCollect toolbox. The survey provided estimates of RI indicators and COVID-19 vaccination coverage. CGPP cleaned the data and performed a weighted analysis of key outcome indicators.

For the COVID-19 response grant, CGPP developed recording and reporting registers and Excel-based reporting templates built with automated analysis for monthly and quarterly reporting. Private voluntary organizations conducted data validation exercises to ensure the quality of vaccination coverage data compiled and reported by CGPP staff.

CGPP conducted three studies in FY23. The studies are in various level of completion, as noted in parenthesis:

- Transformative learning experiences in the CORE Group Partners Project (CGPP) in India: A study of community mobilization coordinators in Uttar Pradesh, India (report drafted),
- A study to understand the complex pathways that have enabled the CORE Group's secretariat model designed for NGO engagement in disease control programs, (analysis completed and report drafted), and
- Influencers' motivation and contribution to vaccination in Uttar Pradesh, India: Best practices and lessons learned (analysis completed).

CGPP utilized the community mobilization coordinators (CMC) transformation study (number one listed above) results to draft the following three articles. These will be completed and submitted to peer reviewed journals in FY24.

1. A new template for measuring transformative changes among community health workers: An experiment with the community mobilization coordinators of CORE Group Partners Project (CGPP), India,
2. Perspectives of agentic transformation among community mobilization coordinators of CORE Group Polio Project (CGPP), Uttar Pradesh, India: a qualitative analysis, and
3. From nobody to somebody: The story of nameless young women fighting polio at doorsteps and emerging confident and victorious.

In FY23, secretariat members and partners delivered a total of 21 presentations at international conferences including: 14 posters, six oral presentations, and one sponsored event with CGPP Horn of Africa, Ethiopia, and South Sudan. CGPP also attended six international conferences and meetings. See FY23 Presentations page at the end of this report for more.

OBJECTIVE 6

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

In FY24, CGPP will formally commend and congratulate MMs in Uttar Pradesh before their withdrawal on December 31, 2023. The CGPP team will continue to support frontline workers for a polio subnational immunization day planned for December 10, 2023. In addition, CGPP consortium partners will ensure implementation of transition plan activities and complete all research studies and journal articles.

COVID-19*

CGPP received the second grant from USAID for a nine-month COVID-19 response starting on December 15, 2022, for implementation in Uttar Pradesh and 60 tea gardens in the Dibrugarh and Tinsukia districts of Assam. Tea garden workers are primarily migrants from other states like Jharkhand, one of the most vulnerable population groups with very poor maternal and child health.

As such, CGGP deployed 299 MMs in high-priority subcenters in Uttar Pradesh and tea gardens in Assam in late December 2022. The MMs assisted ASHAs in promoting COVID-appropriate behaviors such as handwashing through schools, tracking of zero-dose children, and social mobilization for improving immunization coverage. Together they focused on mitigating and preventing challenges such as outbreaks and outbreak response of emerging VPDs because of a decline in RI sessions during the COVID-19 pandemic. Additionally, the MMs and CGPP staff participated actively in the SIA and Intensified Misson Indradhanush campaigns and supported ASHAs to ensure no children missed due antigens.

CGPP supported 122 COVID-19 vaccination sessions and contributed to vaccinating 5,038 eligible persons. In addition, MMs supported 14,246 RI sessions and 5,989 special immunization sessions specifically designed to support reaching zero dose children.

**DATA SOURCE: CGPP INDIA MM RECORDS*

Community mobilizer supporting polio vaccination team during house-to-house vaccination in Moradabad, Uttar Pradesh

WHO ARE THE VOLUNTEERS?

INDIA

756
community volunteers

72%
of volunteers are female
(541 volunteers)

957,229
people reached with social mobilization and health information

ETHIOPIA

10,649
community volunteers

78%
of volunteers are female
(8,304 volunteers)

4,852,347
people reached with social mobilization and health information

KENYA

1,430
community volunteers

48%
of volunteers are female
(686 volunteers)

495,402
people reached with social mobilization and health information

SOMALIA

182
community volunteers

21%
of volunteers are female
(39 volunteers)

61,291
people reached with social mobilization and health information

SOUTH SUDAN

5,866
community volunteers

44%
of volunteers are female
(2,604 volunteers)

2,086,305
people reached with social mobilization and health information

UGANDA

1,098
community volunteers

40%
of volunteers are female
(440 volunteers)

1,017,097
people reached with social mobilization and health information

ANGOLA

127
community volunteers

NIGERIA

1,561
community volunteers

63%
of volunteers are female
(984 volunteers)

2,301,274
people reached with social mobilization and health information

NIGER

50
community volunteers

36%
of volunteers are female
(18 volunteers)

19,919
people reached with social mobilization and health information

DATA SOURCE:
COUNTRY LEVEL INTERNAL PROJECT DATA

Nchi ya Kenya | Dalka Kenya

KENYA

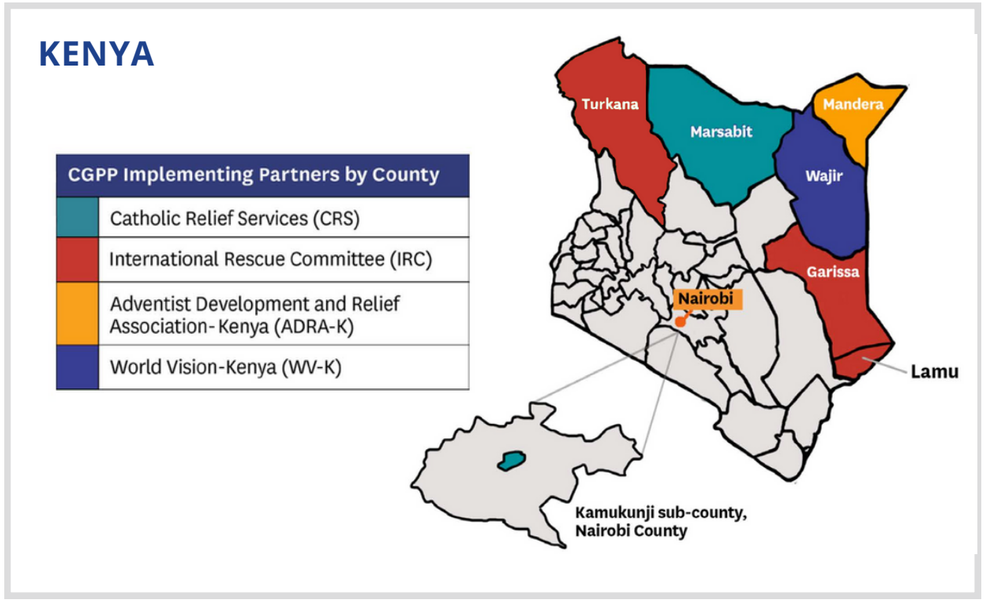
Introduction

In the remote expanse of Kibish in Turkana County, Kenya, dedicated community mobilizer (CM) Victor Ngimoe stands as a vigilant guardian of community health. Through tireless community-based surveillance (CBS) efforts, Victor uncovers a suspected case of acute flaccid paralysis (AFP) in his village that raises concern among the residents.

Guided by unwavering determination and fueled by a sense of purpose, Victor fearlessly navigates the challenging terrain on his trusty motorbike, a reliable companion that journeys with him. Through rocky paths and treacherous landscapes, Victor battles the elements to swiftly transport the two crucial stool samples, taken 48 hours apart, from the child suspected to have polio. From his training, Victor knows the samples need to be at the lab within 14 days after onset. “Sometimes you have to go above and beyond for your people,” he says. Victor is one of 125 CMs volunteering with CGPP Kenya, all of whom overcome obstacles to ensure the potential threat of diseases is addressed.

With neighboring countries grappling with circulating vaccine-derived poliovirus type 2 (cVDPV2) and persistent outbreaks, Kenya faces a heightened risk of transboundary diseases, despite being declared wild poliovirus-free in 2020. The recent closure of the Kenya-Somalia border led to eight cVDPV2 cases in Garissa County, linked to strains from Somalia. The influx of Somali immigrants, driven by insecurity and dire humanitarian conditions, increased the risk of diseases like polio, measles, and cholera in Kenya. Informal border crossings and reduced surveillance of AFP cases compounded the risk. In response, the Ministry of Health, CGPP Kenya, and GPEI partners initiated

> “SOMETIMES YOU HAVE TO GO ABOVE AND BEYOND FOR YOUR PEOPLE.”
>
> **VICTOR NGIMOE**
> COMMUNITY MOBILIZER, CGPP KENYA



three rounds of supplementary polio immunization activities in high-risk counties during the reporting year.

In total, the project supported 125 CMs who worked together with 1,305 community health volunteers (CHVs) in counties that border Somalia, Ethiopia, Uganda, and South Sudan conducting CBS, risk communication and community engagement (RCCE), and response activities. This fiscal year, the project sensitized 495,402 community members on disease surveillance for AFP, vaccine-preventable diseases (VPDs), priority zoonotic diseases (PZDs), nutrition, and proper hygiene and sanitation practices. CGPP volunteers detected and reported 81 suspected AFP cases and 621 PZDs.

1,430
volunteers including community mobilizers and community health workers were deployed this fiscal year

344,057
children under 5 vaccinated through CGPP supported SIAs

495,402
community members sensitized on polio and other VPDs and PZDs

DATA SOURCE: CGPP KENYA INTERNAL PROJECT DATA, WHO SIA DATA

OBJECTIVE 1

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

CGPP Kenya implements services through four international nongovernmental organizations (NGOs): International Rescue Committee (IRC), Catholic Relief Services (CRS), World Vision-Kenya (WV-K), and Adventist Development and Relief Agency-Kenya (ADRA-K) in seven counties: Turkana, Marsabit, Mandera, Wajir, Garissa, Lamu, and Nairobi.

The secretariat and implementing partners participated in 137 coordination meetings at the national, regional, county, and districts levels. Key meetings included separate cross-border One Health coordination meetings with South Sudan and Ethiopia, an annual polio certification report writing and validation workshop hosted by the Africa Regional Certification Commission (ARCC), a national surveillance review meeting, outbreak response and after-action review meetings due to a cVDPV2 outbreak in Garissa County, a national polio campaign review meeting, and USAID-CGPP monthly coordination meetings.

In regard to One Health, CGPP Kenya worked closely with CGPP South Sudan and CGPP Ethiopia to coordinate multiple-day meetings to enhance collaboration and information sharing on cross-border disease surveillance, outbreak prevention, and best practices involving stakeholders in human, animal, and environmental health.

In the spring of 2023, ARCC held a workshop with CGPP, MOH, WHO, and CDC to finalize and validate polio surveillance reports. The group classified 658 AFP cases from 2022, improving the collective understanding of polio surveillance situation and how to move forward more effectively.

In May 2023, three cVDPV2 cases were found from two AFP cases in Garissa County. The genetic sequencing from these confirmed linkages to cVDPV2 cases in Banadir, Somalia. CGPP collaborated with MOH and GPEI partners in after-action review meetings, supporting reinforced surveillance and immunization efforts, specifically in the Dadaab Refugee Camp. Additionally, the project attended frequent outbreak planning and response meetings with the same stakeholders, collaborating to map crossing points, assess cold chain systems, and provide additional vaccination teams. As part of the national response to this outbreak, CGPP participated alongside national stakeholders in three rounds of a supplementary immunization activity (SIA) campaign. On August 6, stakeholders, including CGPP, came together to review the performance of the first SIA round.

Community volunteer educating mothers on vaccine-preventable diseases during a mothers group in Kamukunji, Nairobi, Kenya.

Together, the group addressed challenges and discussed recommendations for future improvements. Outcomes included high coverage and independent monitoring success, but also mixed results from lot quality assurance sample assessments. Rounds two and three of the campaign will be implemented in FY24.

The project also participated in the national surveillance review meeting in June 2023, which focused on updating surveillance for AFP and VPDs, addressed the polio transition plan, and worked to enhance cross-border surveillance efforts. Key initiatives included resource allocation for surveillance in all project counties and strengthening partnerships for cross-border surveillance.

A monthly standing call with USAID's mission in Kenya allows the project to provide updates on polio, GHS, and COVID-19 activities, and gives time for reflection on lessons learned and best practices for upcoming work.

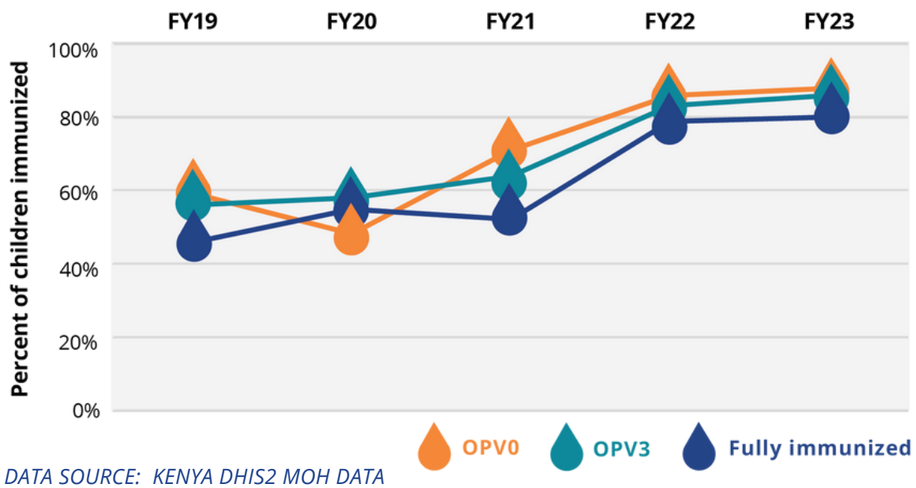
OBJECTIVE 2

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

In FY23, the project supported 123 health facilities in the border regions of Kenya to conduct targeted immunization outreach and surveillance activities for hard-to-reach and mobile populations. CGPP's 125 CMs (15 female, 110 male) supervised 1,325 CHVs (671 female, 654 male) to mobilize and sensitize communities through group meetings, dialogues, care group sessions, and conduct active case search for polio, VPDs, and PZDs. Additionally, CGPP utilized 50 community health assistants (CHAs) (8 female, 42 male) to support community dialogues, sensitization, and disease alert verification. Additionally, CGPP oriented 30 (all male) animal health assistants (AHAs). Thus, in FY23, CGPP's volunteer workforce reached 495,502 community members with integrated RCCE messaging on polio, VPDs, immunization, PZDs, disease surveillance, hygiene, and nutrition. This cadre of volunteers connected with 221,237 people through household visits and held 2,106 group meetings, reaching an additional 271,789 people. In response to the ongoing polio, cholera, and measles outbreaks, on-the-job training sessions were organized for CMs and CHVs. These training sessions emphasized active case search for AFP, other VPDs and PZDs, and health education.

Additionally, CGPP supported a total of 1,237 mobile outreach sessions, reaching a total of 14,707 under-5 children, to enhance the immunization uptake in hard-to-reach areas. These sessions specifically targeted the nomadic and cross-border populations,

FIGURE 3.1 - PERCENT OF CHILDREN UNDER 1 WITH VACCINES THROUGH ROUTINE IMMUNIZATION IN CGPP KENYA PROJECT AREAS FY19-23



DATA SOURCE: KENYA DHIS2 MOH DATA

ensuring that immunization services were accessible and available to these communities as well. To make certain that all under-5 children were immunized, CMs traced 67 percent (10,440) out of 15,621 immunization defaulters and linked them to the nearest health facilities to complete their immunization schedules.

CGPP also provided support for cold chain maintenance. The project identified 17 faulty refrigerators that were then either replaced or repaired, and trained 12 biomedical engineers in Wajir County to conduct assessments and preventative maintenance.

These activities contributed to improvements in coverage of OPV0, OPV3, and fully immunized children under-1 from FY22 to FY23 (Figure 3.1). OPV0 vaccination rose from 86 to 88 percent; OPV3 coverage rose from 83 to 86 percent; and the percentage of fully immunized children improved slightly from 79 to 80 percent.

Training

CGPP supported 35 integrated trainings in project areas throughout the year. These trainings focused on social mobilization, referrals, RI polio, defaulter tracing, surveillance for VPDs, PZDs, and COVID-19. A total of 923 people (526 female, 397 male) were trained including 513 CMs/CHVs (128 female, 385 male) and 340 health care workers (112 female, 228 male).

OBJECTIVE 3*

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

An outbreak of eight cVDPV2 cases was reported in Hagadera Refugee Camp in Garissa County. Of the eight cases, four were AFP cases; and of these four, three came from healthy children sampled on arrival from Somalia and one came from an environment surveillance (ES) sample (Garissa ES site). In response to the outbreak, the Kenyan MOH initiated coordination meetings with GPEI partners and stakeholders regarding activities to stop transmission, prevent spread of the poliovirus, and strengthen RI and surveillance activities in the country. Based on the risk assessment, the MOH, with support from partners, planned three rounds of polio SIA campaigns in 10 high-risk counties using nOPV2 vaccines.

In FY23, the first round of the SIA was conducted from August 24-28, 2023, using nOPV2, targeting children under 5 in four high-risk counties including two CGPP implementation

**DATA SOURCE: WHO KENYA DATA, KENYA MOH ADMINISTRATIVE DATA*

areas: Garissa County and Kamukunji Subcounty (Figure 3.2). The campaign surpassed its target (327,577) reaching 344,057 children under 5. However, the target was lower due to an underestimation of the under-5 population based on population movement and other factors. A total of 158 zero-dose children (156 in Garissa and 2 in Kamukunji) were vaccinated during the campaign.

FIGURE 3.2 - AUGUST 2023 POLIO SIA NOPV2 COVERAGE IN CGPP PROJECT AREAS

Project areas covered	Targeted under-5 children	Children under 5 vaccinated	Zero-dose children vaccinated	Coverage of campaign
Garissa County	273,000	287,498	156	105.3%
Kamukunji Subcounty	54,577	56,559	2	103.6%
Total	**327,577**	**344,057**	**158**	**105.0%**

**DATA SOURCE: KENYA MOH ADMINISTRATIVE DATA*

CGPP provided technical, logistical, and community mobilization assistance during the first round of the SIA. At the county level, CGPP supported microplanning, training of vaccinators and volunteers, in-process monitoring, and vaccine management, as well as gave feedback during daily review meetings at the county and national levels. The project also provided seven vehicles in cross-border areas to facilitate the monitoring and supervision of hard-to-reach areas and teams. Additionally, CGPP helped Garissa County to map 48 formal and informal border crossing points. This information served to identify additional migratory routes used by mobile populations so vaccination teams could be deployed accordingly.

At the community level, CMs played a crucial role in raising awareness about the importance of vaccinations and encouraging community members to participate in the vaccination campaigns before and during the campaign in Garissa and Nairobi counties. CMs helped to dispel myths and misconceptions about the nOPV2 vaccine. They also visited households and used public address systems to sensitize specific populations in marketplaces, bus stations, and water points. Likewise, CGPP fostered collaboration and strategic engagement of religious and community leaders. As a result, the leaders were then able to demonstrate their understanding of the importance of vaccinations, dispel common harmful myths and misconceptions, and encourage community-wide participation and trust in vaccination efforts. CGPP also provided 10 extra vaccination teams that were deployed to the 10 identified border crossing points, resulting in the vaccination of 3,729 under-5 children.

FIGURE 3.3 - POLIO SIA ADMINISTRATIVE COVERAGE IN CROSS-BORDER AREAS AND NOMADIC SETTLEMENTS

Subcounty	0-11 months		12-59 months		Total (0-59 months)
	Zero-dose	Not zero-dose	Zero-dose	Not zero-dose	
Dadaab	4	249	0	1,667	1,920
Fafi	5	154	5	522	686
Hulugho	12	181	3	927	1,123
Total	**21**	**584**	**8**	**3,116**	**3,729**

**DATA SOURCE: KENYA MOH ADMINISTRATIVE DATA*

OBJECTIVE 4*

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

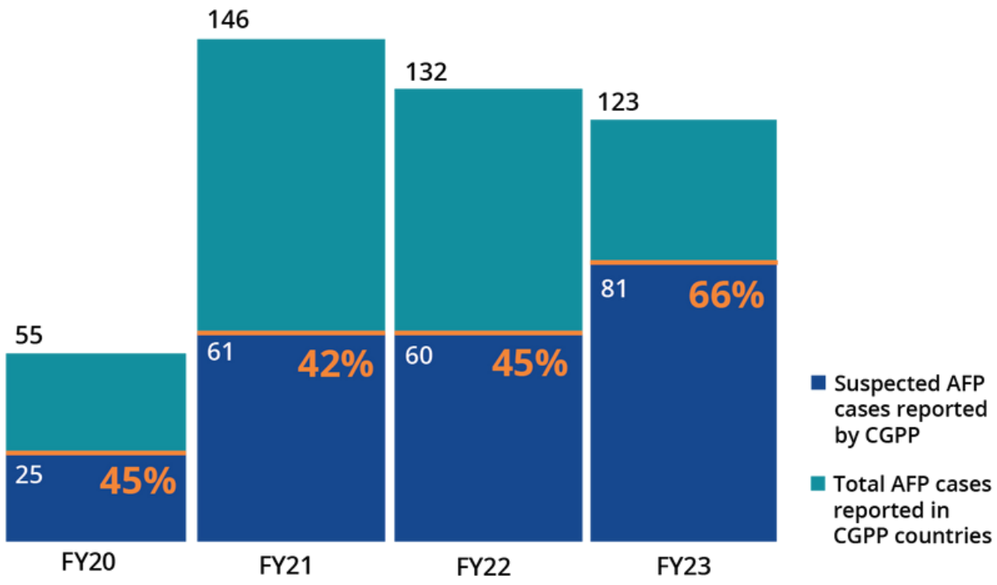
CMs and CHVs improved the surveillance in project areas by conducting active case searches, providing information on AFP symptoms to communities, and working with key influencers and community members to identify NPAFP cases. Overall, improvements in surveillance indicators were seen in CGPP work areas. This was likely due to relaxed COVID-19 restrictions and a greater ability to conduct active case searches, hold continuous trainings, and offer CMs mentorship on CBS activities. The CMs conducted active case searches in 96,519 households in cross-border villages and screened 144,159 under-15 children for AFP. The project held 59 structured community dialogue sessions that reached 4,140 community members.

These sessions facilitated interactions that brought together community leaders, religious leaders, bone setters, traditional birth attendants, and health care workers (HCWs) to discuss CBS activities, health, social concerns, and ways to strengthen information sharing between volunteers and community informants. CGPP worked with the community to map the location of traditional healers in Marsabit and Wajir Counties. Based on this mapping, the project then provided the healers with training on priority diseases including AFP, VPDs, and PZDs, and strengthened their linkage with the CMs. Through this effort, one suspected case was reported by a traditional healer in Wajir County. In addition, CGPP held 95 meetings, workshops, and reviews of health facility records to improve health facility detection of AFP, VPDs, and PZDs.

To involve children in the CBS system, CGPP facilitated the establishment and sensitization of One Health clubs in 22 primary schools in Wajir County. These clubs are dedicated to raising awareness about AFP, PZDs, and other VPDs within the school and the community. This initiative not only enhanced the reporting of suspected cases, but also promotes the long-term cross-generational sustainability of the CBS system.

In FY23, the Kenya national non-polio AFP (NPAFP) rate was 3.17 per 100,000 under-15 children and 88 percent stool adequacy. The NPAFP rate for CGPP-supported counties was at 6.93 cases per 100,000 under-15 children, with a stool adequacy rate of 84 percent. There has been an upward trend in the number of AFP cases identified by CGPP, climbing from 61 in FY22 to 81 in FY23. CGPP CMs successfully identified and reported 65.9 percent of cases (81 out of 123). Of those, 67 AFP cases were reported among nomadic populations. Of the NPAFP cases reported by CGPP, 100 percent were reported within seven days of onset of paralysis. Additionally, CGPP reported 41 cases of acute watery diarrhea, 45 cases of fever and rash, seven suspected cases of COVID-19, and 621 suspected PZDs. Only Kutulo Subcounty in Mandera was silent most of the year. To counter this, the project built the capacity of volunteers on VPD surveillance to ensure reporting. As a result, one AFP case was detected in October 2023 from this formerly silent area.

FIGURE 3.4 - ANALYZING TOTAL SUSPECTED AFP REPORTS: TOTAL REPORTED IN CGPP COUNTIES VS. REPORTED BY CGPP VOLUNTEERS



DATA SOURCE: WHO KENYA AFP LINE LIST, CGPP INTERNAL PROJECT DATA

OBJECTIVE 5

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

CGPP implemented several activities during FY23 to improve real-time data utilization and ensure that key stakeholders received timely updates. For example, the project utilized biweekly bulletins, quarterly reports, newsletters, and WhatsApp/social media communication to share implementation progress, achievements, success stories, lessons learned, and challenges encountered during project implementation. CGPP also disseminated 17 biweekly bulletins and three quarterly newsletters to relevant stakeholders (the final quarterly newsletter will be published in FY24). Additionally, the project documented project successes and implementation through blog posts and success stories on CORE Group Inc.'s website and social media accounts. These posts covered various topics including: RI sessions in inaccessible and hard to reach areas, the utilization of WhatsApp for PZD CBS, World Epidemiology Day, and World Rabies Day.

During FY23, CGPP continued to utilize and expand upon the use of the WhatsApp platform for real-time data sharing. This platform is used to circulate information within the project to keep all implementing partners, volunteers, and staff informed, for ease of tracking events, cases, or outbreaks, and to respond swiftly to reduce in-country or cross-border transmission. The platform is also used to share information with key stakeholders on project activities or cross-border needs outside the project.

Additionally, to improve data quality, CGPP conducted a data quality analysis in Turkana and Mandera Counties with the MOH, focusing on improving data accuracy, reporting reliability, and proper documentation practices particularly in the context of CBS and health-related alerts to address data gaps. As a result, the CMs reporting rate significantly increased to above 90 percent.

Lastly, CGPP printed and distributed: 215 CM weekly reporting tools, 1,305 PZDs posters, 50 branded polo shirts, 50 T-shirts, 50 backpacks, 50 hats, and 50 half jackets.

Joint Supportive Supervision

The project conducted 23 joint supportive supervision (JSS) visits across CGPP supported cross-border facilities. These sessions assessed project performance, strengthened childhood immunization, enhanced surveillance for AFP, PZDs, identified challenges faced by the field team, and provided local solutions to some of the concerns raised. JSS visits allowed for data and implementation checks, the identification of problem areas, and the generation of real-time solutions.

Several key improvements resulted from these visits, including:

- Enhanced sensitivity of the CBS system providing early warning surveillance system through early detection and reporting of disease alerts such as AFP, PZDs, and other VPDs,
- Identified frequent stock outs of RI antigens in cross-border health facilities (e.g., rotavirus vaccine),
- Highlighted frequent stockout of RI antigens in cross-border health facilities (e.g., rotavirus vaccine),
- Documented sub-optimal data, such as records of weekly CMs reports available at the facilities, but not consistently reported on a weekly basis, as required,
- Strengthened defaulter tracing mechanisms in CGPP project areas to reduce the number of under-immunized children,
- Improved linkages between traditional healers and CMs, which led to referrals of suspected AFP case-enhancing CBS in CGPP-supported counties,
- Organized community dialogue sessions during supervision to maximize the presence of the subcounty and county health and vet teams in sensitizing the communities, and
- Supported distribution of all RI antigens during the JSS in CGPP-supported facilities.

FIGURE 3.5 - CGPP'S COMMUNITY-BASED SURVEILLANCE OF PRIORITY ZOONOTIC DISEASES USING WHATSAPP IN KENYA

1

Community mobilizers (CMs) report suspected priority zoonotic diseases (PZDs):

Utilizing their cell phones, CMs open up the WhatsApp app, take and submit photos to the community health assistants (CHAs) and animal health assistants (AHAs). Then they send voice notes in their local language to the CHAs and AHAs describing the situation of the sick animal or sick people.

2

CHAs and AHAs verify cases if they meet community case definitions:

CHAs and AHAs receive photos and/or voice notes. They then call the CMs for more information if needed. CHAs and AHAs determine if the situation reports meets the community lay case definition for the suspected disease. If so, the CHAs and AHAs then verify the cases.

3

Subcounty officials then officially report the cases, triggering the appropriate response:

Once confirmed, CHAs and AHAs report these cases to the subcounty disease surveillance coordinators and subcounty veterinary officers who subject the suspected cases to the standard case definition and then report the cases to the Kenya Health Information System and the Kenya Animal Bio-surveillance System. This then triggers an investigation and response at both the subcounty and county levels.

OBJECTIVE 6

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

In FY23, CGPP participated in the Horn of Africa surveillance update meetings to ensure key exchange information across borders. The Kenya MOH together with six other Afro-region countries (Ethiopia, Angola, South Sudan, Madagascar, Botswana, and Uganda) provided weekly cross-border surveillance updates. The meeting was organized by WHO AFRO and provided a platform for the exchange of surveillance information, cross-border surveillance data, and discussion of surveillance challenges. The meeting enhanced coordination efforts to improve disease surveillance in the region.

CROSS-BORDER INTIATIVES

During the year, CGPP supported the following cross-border coordination meetings:

Kenya and South Sudan | March 7-9, 2023| Turkana County, Kenya
CGPP supported a three-day cross-border One Health coordination meeting between Kenya and South Sudan, organized by the respective Ministries of Health. Other participants included WHO, UNHCR, FAO, CGPP, African Medical Research Foundation, VSF Germany, Concern Worldwide International, and County Media. The meeting aimed to enhance collaboration in response to an influx of refugees into Kenya and a measles outbreak in South Sudan. The Nadapal screening point was non-operational due to discontinued UNHCR support, leading to uncontrolled population crossings. The meeting facilitated discussions on mutual One Health interests, which consider the interplay of human, animal, and environmental health. Action plans were developed to strengthen cooperation between the two countries, with participation from relevant government entities, UN agencies, and partner organizations.

Kenya and Ethiopia | July 18-19, 2023| Hawassa, Ethiopia
CGPP organized a two-day cross-border meeting between Ethiopia and Kenya in Hawassa town, Ethiopia, from July 18-19, 2023. The meeting was comprised of various stakeholders such as MOH, Ministry of Agriculture and Livestock Development at the national and county/woreda levels, CGPP implementing partners, and both secretariats. The cross-border meeting focused on enhancing One Health collaboration, coordination and information sharing on cross-border disease surveillance, ongoing outbreaks, best practices, and lessons learned. This helped the project to ensure timely communication among the One Health teams in both countries. The meeting outcomes included:

- Reached agreement on the need to synchronize human and animal health interventions along the borders to reduce the risk of transboundary infections,
- Strengthened information sharing to enhance cross-border One Health activities,
- Addressed updates on formal and informal crossing points,
- Developed action plan and task force for spearheading information sharing, and
- Activated cross-border coordination meeting between Turkana West, Kenya, and South Omo Region, Ethiopia.

Kenya and Ethiopia| August 4, 2023| Virtual
Following the action point from the in-person cross-border coordination meeting, CGPP's implementing partners (IRC representing Turkana West, Kenya, and AMREF representing South Omo, Ethiopia) held a virtual meeting on August 4, 2023. The partners discussed opportunities for strengthening Kenya-Ethiopia cross-border collaboration and reviving coordination among the two regions.

Immunizing a nomadic child in Kenya.

GLOBAL HEALTH SECURITY

Using a multisectoral and multidisciplinary collaboration and community-centered approach, CGPP Kenya received additional investments to work on GHS programming in 2018. The program started by integrating CBS for Kenya's top five PZDs: anthrax, brucellosis, rabies, Rift Valley fever (RVF), and trypanosomiasis.

In FY23, the project trained 931 people on CBS for PZDs, including 531 CVs (223 female, 308 male), 231 HCWs (57 female, 120 male), and 169 community key informants (CKIs) (78 female, 91 male). The effective use of information, education, and communication materials with simplified information containing community case definitions and pictorials of both human and animal PZDs played a crucial role in disseminating information, raising awareness, and educating communities on PZDs and VPDs. The posters and the CBS guide served as resourceful materials to equip the CVs as they conducted active case searches and hosted community dialogues.

Additionally, in FY23, CVs reported 674 suspected PZD cases, including 38 animal anthrax, 78 animal brucellosis, 19 human brucellosis, 163 animal rabies, 34 human rabies, 115 RVF, and 227 trypanosomiases in six project counties. CVs also reported 122 clusters of animal deaths, 317 rumors about potential outbreaks, and 19,800 zero reports. As well, CGPP helped create 22 One Health student clubs, containing between 30-50 students each, and trained a total of 682 students (294 female, 388 male) on PZDs. Regarding awareness creation, CVs reached 104,681 community members (63,670 female, 41,011 male) with key messages on PZDs through group meetings.

Furthermore, CGPP implemented a "Kimormor" (meaning 'all together' in the local language) One Heath innovation strategy in Turkana County in partnership with different government sectors.

This Kimormor session was conducted in four different sites from June 15-23, and

- 672 under-5 children were vaccinated, of whom 80 percent were zero-dose,
- 716 under-5 children were screened for nutritional status,
- 312 people received eye care services,
- 1,419 people received outpatient services
- 130 school-going girls were vaccinated against the human papilloma virus, and
- 700 people received national hospital insurance fund services.

As part of the outreach, CMs and the county One Health unit sensitized 3,734 people on

PZDs. A total of 17,445 animals were attended to in 227 households, including 43 dogs vaccinated against rabies.

Lastly, multisectoral teams also supported ten outbreak investigations in project areas (four acute camel death syndrome, two rabies, one brucellosis, one RVF, and two anthrax outbreaks). County One Health Units team members collected 692 animal samples during the investigation. Meanwhile, CGPP supported social mobilization of communities to participate in vaccination of their animals against RVF, anthrax, and rabies. A total of 94,594 animals were vaccinated, including 32,330 animals vaccinated against RVF, 61,943 animals vaccinated against anthrax, and 321 animals vaccinated against rabies.

During the World Rabies Day celebration on September 28, 2023, CGPP volunteers sensitized and reached a total of 1,050 community members (599 female, 451 male) with key messages on rabies transmission, prevention, and control. CGPP also conducted a total of 59 community dialogue sessions reaching 4,140 community members (2,177 female, 1,963 male).

COVID-19*

Since the beginning of the COVID-19 pandemic, Kenya has recorded 344,070 COVID-19 cases and 5,689 deaths. Respectively, a total of 11,090,440 and 14,494,372 persons have been fully and partially vaccinated against COVID-19 disease. Initially, CGPP delivered no-cost integrated messaging, social mobilization, and CBS on COVID-19 prevention and vaccination alongside messaging for polio, VPDs, and PZDs.

In October 2022, CGPP received COVID-19 funding and began implementing additional COVID-19 activities. In FY23, 415,312 community members received information about COVID-19 and 28 suspected COVID-19 cases were referred to the nearest health facility. Notably, in September 2023, CGPP supported a four-day COVID-19 vaccination campaign in Kamukunji, reaching 865 people with COVID-19 vaccinations (683 Moderna doses and 182 of AstraZeneca doses). CGPP also supported 22 COVID-19 vaccination outreach sessions in Mandera County border settlements, where 338 community members (136 female, 202 male) were vaccinated with the Johnson & Johnson vaccine, in August and September 2023. The project supported the Turkana County EPI department to transport 6,000 doses of Johnson & Johnson vaccine to the project areas. Throughout the course of the year, CGPP worked with local radio stations and air radio talk shows to produce radio spots on COVID-19 awareness and vaccines in local languages, reaching an estimated 1,700 listeners.

DATA SOURCE: CGPP INTERNAL PROJECT DATA, MOH ADMINISTRATIVE DATA

Vaccinating hard-to-reach nomadic families in Dadaab District, near the Kenya-Somalia border.

Najeriya
NIGERIA

Introduction

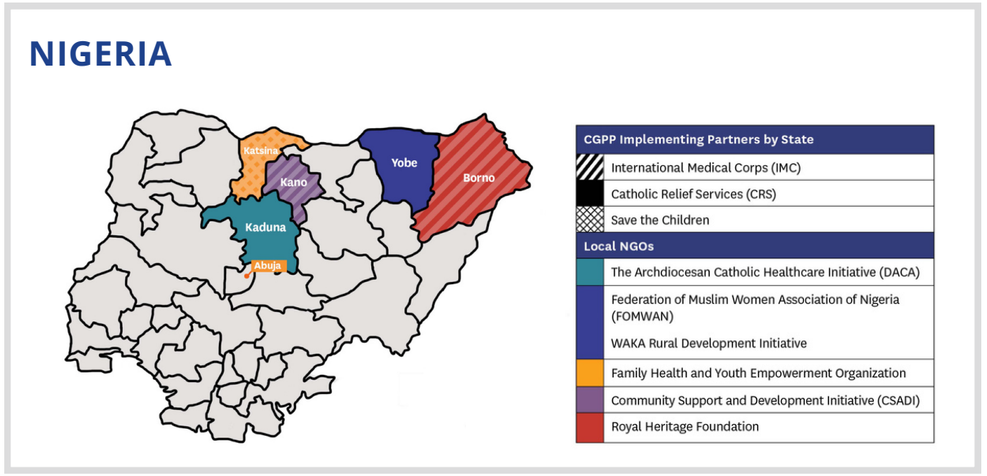
Zainab Zakariya, a volunteer community mobilizer (VCM) in Kano, Nigeria, said she's fortunate to have worked with CORE Group Partners Project for over eight years. "I love what I do. I love meeting mothers, caregivers, and children, because all of them are impacting and affecting the change needed to ensure that no child in my community will ever again suffer polio paralysis or any disease outbreak," she explained.

Zainab, who works in Unguwar Liman Settlement Dausara of Yada Kunya Ward in Ungogo, is one of 745 VCMs working with CGPP. Like her colleagues, she conducts house-to-house mobilization, tracks and refers for routine immunization (RI), supports supplementary immunization activities (SIAs), sensitizes her community on COVID-19 and Global Health Security (GHS), and conducts active case searches for acute flaccid paralysis (AFP). Recently, Zainab was honored with an award for her dedication, determination, and steadfast spirit.

While she often comes across mothers and caregivers who miss second and third doses of RI schedules, this committed VCM explained she is optimistic in closing the gaps by educating caregivers on accurate information about RI and the importance of children being fully immunized. "My greatest satisfaction is when, through my accomplishment as a VCM, there is a reduction in AFP cases in my community. To see the smiles on the faces of children and their caregivers gives me joy and a sense of accomplishment because that's my major goal — seeing my community free from polio and accepting the vaccines."

During the fiscal year, CGPP experienced several challenges. Throughout the five focal

> "TO SEE THE SMILES ON THE FACES OF CHILDREN AND THEIR CAREGIVERS GIVES ME JOY AND A SENSE OF ACCOMPLISHMENT BEAUSE THAT'S MY MAJOR GOAL — SEEING MY COMMUNITY FREE FROM POLIO AND ACCEPTING THE VACCINES."
>
> **ZAINAB ZAKARIYA**
> VOLUNTEER COMMUNITY WORKER, CGPP NIGERIA



states that CGPP works in, security was a constant concern, specifically, armed robbery, kidnapping, and cattle raiding threatened the implementation of services. In FY23 there was a significant increase in the price of petroleum affecting transportation services. Additionally, low uptake is a continued issue in Katsina and Yobe states. While these challenges created obstacles for project activities, steadfast volunteers and staff worked through them to continue implementation.

Through the dedication of 1,561 total project volunteers, including Zainab (VCMs, ward supervisors, and community informants), CGPP reached over 2.3 million caregivers in FY23 with convergent messages on RI, AFP surveillance, nutrition, hygiene, WASH, COVID-19 prevention and control, and priority zoonotic diseases (PZDs). Through household visits and compound meetings, volunteers tracked and referred 45,726 pregnant women for antenatal care, 38,442 children who had defaulted on routine antigens, and 24,704 newborns. CGPP supported the administration of 976,320 doses of oral polio vaccine through outbreak response activities in focal states, mobilizing parents to bring their children for vaccination.

1,561
volunteers deployed this fiscal year

488,160
children under 5 vaccinated through CGPP supported SIAs

2,301,274
community members sensitized on polio and other VPDs and PZDs

DATA SOURCE: CGPP NIGERIA INTERNAL PROJECT DATA, WHO SIA DATA, NIGERIA MOH ADMINISTRATIVE DATA

OBJECTIVE 1

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

In FY23, CGPP Nigeria engaged with International Medical Corps (IMC) in Kano and Borno, Save the Children International (SCI) in Katsina, and Catholic Relief Services (CRS) in Kaduna, and Yobe. Six local nongovernmental organizations (NGOs) implemented program activities: Federation of Muslim Women Association of Nigeria, WAKA Rural Development Initiative, Royal Heritage Healthcare Foundation, Healthcare and Education Support Initiative, the Archdiocesan Catholic Initiative, and Community Support and Development Initiative.

The secretariat continued collaboration with the National Emergency Operations Center (NEOC) to ensure activities and plans aligned with Government of Nigeria (GON) priorities. In the reporting year, CGPP worked closely with the NEOC communications working group to conduct a training for health educators from 19 northern states on 7 July 2023. The training familiarized participants with the new national communication indicators, developed a strategy for post-election advocacy at national, state, and local government area (LGA) levels, and developed a state Q3 and Q4 communication plan.

At the national level, CGPP participated in a workshop led by Breakthrough ACTION (a USAID-funded project) on April 17, 2023. The workshop's objective was to test-run a rumor tool kit that assessed and tracked the impact of health-related rumors. Similarly, CGPP attended a one-day media orientation on diphtheria organized by the Nigeria Centre for Disease Control in collaboration with UNICEF. The orientation focused on information officers and media practitioners transmitting verified messages to community members using the appropriate communication channels at various levels.

Notable meetings in the fiscal year included the following:

- The National Primary Health Care Development Agency (NPHCDA) and partners, including CGPP, convened a global roundtable from November 15-16, 2022 to agree on plans and resource requirements for the interruption of circulating vaccine-derived polio vaccine type 2 (cVPV2).
- CGPP participated in the 39th and 40th Expert Review Committee (ERC) meetings in February and September 2023. Attendees from CGPP, WHO, Bill and Melinda Gates Foundation, UNICEF, and USAID reviewed the status of implementation of prior recommendations and obtained updates on polio epidemiology to assess and develop a new set of recommendations.

Volunteer community mobilizer speaking to a group of mothers on polio and other vaccine-preventable diseases.

- CGPP attended the State Health Educators orientation review meeting organized by NEOC on July 7, 2023. The meeting assessed the progress of polio and COVID-19 activities at the state level and the impact of engaging traditional leaders in outbreak response efforts.
- The secretariat conducted a national technical working group meeting with partners CRS, IMC, and SCI in June 2023 that aimed to strengthen program quality and accountability and review progress, identify challenges, and devise solutions to ensure CGPP's successful implementation. The three partners also shared updates on immunization campaigns, including coverage rates, outreach strategies, and emerging issues.
- The secretariat attended the joint external evaluation (JEE) on August 14, 2023. CGPP's global senior GHS advisor and GHS manager participated in the workshop, which aimed to measure progress across 19 International Health Regulation (IHR) core capacities, set new benchmarks for developing implementation plans and a roadmap for action plans, and assess the status of the health security capacity using JEE 3.0.

OBJECTIVE 2

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

During FY23, CGPP Nigeria's cadre of volunteers focused on tracking pregnant women, newborns, and children to ensure that zero dose and under-immunized children were identified and referred for vaccination, and that all children in project areas received timely immunizations. The project's volunteer workforce is comprised of 1,561 (984 female, 577 male) people. Eighty-three (54 female, 29 male) volunteer ward supervisors (VWSs) monitored the implementation of project activities, reviewed data, and supervised and supported 745 (all female) volunteer community mobilizers (VCMs). VCMs engaged communities through house-to-house and group visits providing key messages on polio, immunization, COVID-19, GHS, tracking and referring children and adults for appropriate immunizations, and identifying suspected cases of AFP, COVID-19, and PZDs.

In addition, 590 community informants (CIs) (176 female, 414 male), all of whom are well-established members of the community, contributed to the community-based surveillance (CBS) network by reporting suspected cases of AFP, COVID-19, and PZDs.

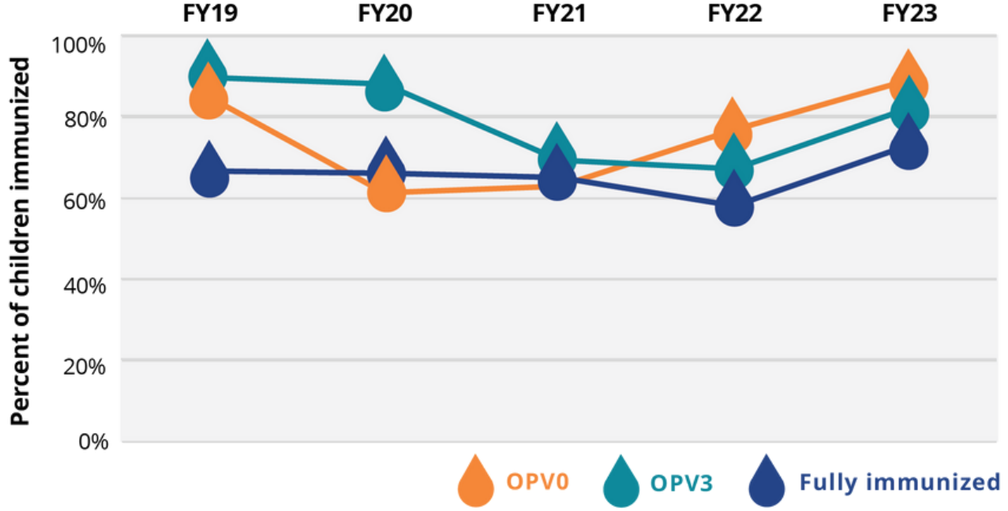
CGPP engaged 110 male peer educators to sensitize and mobilize fathers and male decision makers to make positive choices about immunization and child health. CGPP activities were supervised by 26 paid local government area coordinators (LGACs) (7 female, 19 male) and 7 LGAC assistants (2 female, 5 male) who were responsible for ensuring that all data generated was verified and validated at the LGA before submission to the community-based organization MEAL assistant.

VWSs and VCMs provided clear and actionable information to communities to increase vaccine uptake in FY23. During household visits, VCMs reached 2,301,274 caregivers with convergent messages on RI, AFP surveillance, nutrition, hygiene, WASH, COVID-19 prevention and control, and PZDs. CGPP VWSs and VCMs, with support from LGACs, also conducted 1,110 advocacy visits to community and religious leaders to discuss immunizations and solicit their support in resolving emerging challenges to immunization, reaching 5,575 people (1,154 female, 4,421 male). In addition, CGPP VCMs held 5,337 compound meetings with community members to promote health-seeking behaviors and childhood immunization. A total of 19,820 people were reached through these group meetings and dialogues. Additionally, the project tracked and referred 45,726 (of the targeted 44,6080) pregnant women for antenatal care. The project exceeded the target because more pregnant women were reached than those in the VCM register. VCMs also tracked and referred 38,442 defaulter children to health facilities to receive their missed antigens. Additionally, 24,704 newborns were tracked and vaccinated with OPV0 within 14 days of birth, with 18,348 of these newborns being contacted during VCM-attended baby naming ceremonies.

As a result of community-based activities designed to increased vaccine demand and the return of regular immunization sessions post COVID-19, the project experienced improvements in RI coverage among children 12-23 months and in children under 1 from FY22 to FY23 (Figure 4.1). Zero-dose children in project areas equaled 0.2 percent or 328 out of 16,7312 children in FY23, while 0.1 percent was recorded last year.

In FY23, 558,846 (73%) children 12-23 months in project areas were reported as being fully immunized, a marked increase from 58 percent in FY22. Additionally, OPV0 coverage among children in this age group rose from 73 to 89 percent. OPV3 coverage increased to 82 percent from 67 percent in FY22. The IPV coverage among children in this same age group increased from 60 percent in FY22 to 82 percent in FY23.

FIGURE 4.1 - PERCENT OF CHILDREN 12-23 MONTHS WITH VACCINES THROUGH ROUTINE IMMUNIZATION IN CGPP NIGERIA PROJECT AREAS FY19-23



DATA SOURCE: CGPP VCM REGISTERS

Training

In FY23, CGPP Nigeria held 52 training sessions with a total of 6,862 participants (4,954 female, 1,908 male). This included both new and refresher trainings for volunteers, health workers, and others. Of the participants 6,337 were volunteers (4,711 female, 1,626 male) and 525 were health workers (243 female, 282 male). The training topics included CBS and reporting, advocacy, risk communication and community engagement (RCCE), monitoring and evaluation, data and reporting, COVID-19, and GHS.

OBJECTIVE 3*

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

During the fiscal year, CGPP provided technical support in two outbreak response campaigns, one in quarter 1 (Q1) and one in quarter 4 (Q4) to address the cVPV2 outbreak across the country and boost population immunity using fIPV and nOPV2. The average coverage across the four states was 99.4 percent during all campaigns, with an average of 244,080 children reached per quarter. During the campaigns, CGPP volunteers worked closely with their communities to notify and mobilize households prior to and during campaigns and conduct revisits to resolve cases of compliant households. During the campaigns, volunteers successfully resolved noncompliance in 775 households with 1,248 eligible children receiving the polio vaccine.

In Q1, CGPP conducted an outbreak response in Yobe, Kaduna, and Katsina states achieving a coverage of 99.9 percent, 97.7 percent, and 99.5 percent respectively. The overall campaign coverage for Q1 across the three states was 99.3 percent, with 225,588 children under 5 vaccinated with OPV out of the targeted 227,259. In Q4, CGPP conducted an outbreak response in Kaduna, Borno, Katsina and Yobe states, vaccinating children 0-59 months with nOPV2 during the integrated fIPV and nOPV2 campaign. In Kano state, children 6 weeks to 59 months were vaccinated with fIPV only. The achievements in Kaduna, Borno, Katsina, and Yobe were 99.7 percent, 99.8 percent, 99.2 percent, and 100.0 percent, with an overall coverage in the four states of 99.6 percent. The campaigns reached 328 zero-dose children.

** DATA SOURCE: WHO NIGERIA SIA DATA, NIGERIA MOH ADMINISTRATIVE DATA, VCM REGISTERS*

OBJECTIVE 4

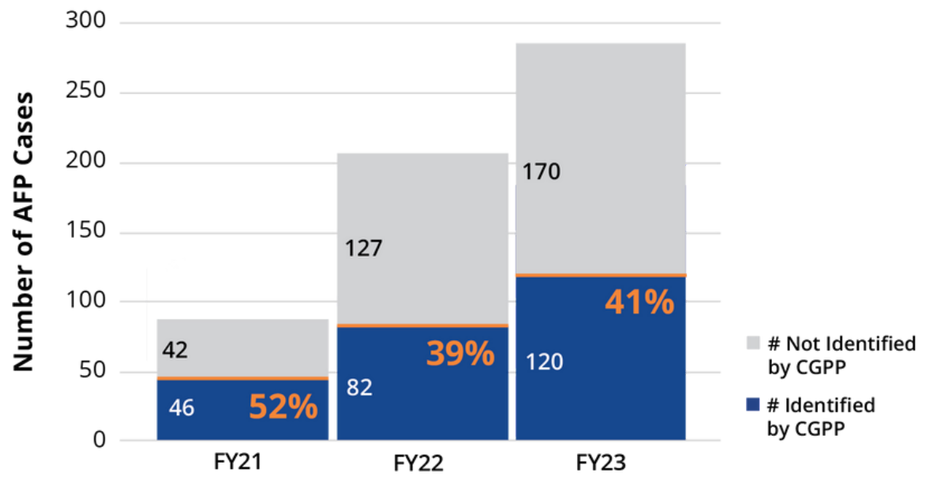
Support PVO/NGO efforts to strengthen acute flaccid paralysis case detection (and reporting and detection of other infectious diseases)

CGPP's five-state CBS network is comprised of VCMs and CIs who detect and report suspected cases of AFP, VPDs, PZDs, and COVID-19. VCMs implement active case searches, utilizing their household and compound meetings to actively search for suspected cases of priority diseases. Distinctively positioned to detect, CIs are well-connected members of their communities, interacting regularly with many other community members. CIs include traditional healers, traditional birth attendants, patent medicine vendors, bone settlers, and herbalists. In FY23, CGPP volunteers conducted 764 active case searches in their communities.

The effectiveness of the CBS system relies on a strong understanding of community case definitions for priority diseases. CGPP conducted various trainings for VCMs, CIs, and VWSs to ensure the functionality of the CBS system, including its ability to quickly detect and report true cases AFP, VPDs, and PZDs. There were a total of 290 AFP cases reported in project areas, with 120 of these (41.2%) being reported by CGPP (Figure 4.2).

In FY23, the AFP rate in project areas rose to 8.7 per 100,000 children under 15 years, from 7.8 per 100,000 in FY22. The stool adequacy rate was 94.5 percent in FY23, a slight decrease from 96 percent reported in FY22.

FIGURE 4.2 - TREND IN AFP IDENTIFICATION IN CGPP FOCAL AREAS FY21-FY23



DATA SOURCE: WHO NIGERIA AFP LINE LIST, CGPP INTERNAL PROJECT DATA

OBJECTIVE 5

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

USAID Monitoring, Evaluation, Learning, and Social Accountability (MELSA) held field-based monitoring visits to assess progress since its last visit, and reviewed output indicators for October 2022 through July 2023 in Kaduna and Katsina states. MELSA shared preliminary findings that showed a significant improvement in the quality of CGPP reporting and data management processes, particularly in reviewing and updating VCM registers.

CGPP conducted an internal data quality assessment (DQA) in Borno and Katsina using the USAID DQA checklist and MEASURE evaluation multi-indicator routine DQA tools. The internal DQA is part of CGPP's data management process to periodically review the Monitoring, Evaluation, Accountability, and Learning (MEAL) system and identify gaps to improve data quality for enhanced decision-making.

In September 2023, CGPP organized a national training of trainers to revise the VCM register and more specifically to ensure harmonization and accurate data management across project states. The revised VCM register was piloted in October 2023, a micro census was then conducted, and deployment is scheduled for the first quarter of next year.

In FY23, CGPP was recognized for its contributions in improving access to essential primary health care services at state and national levels. The secretariat director received a national honor as a new Member of the Order of the Niger given by former President Muhammadu Buhari prior to his departure from office. Additionally, four volunteers received Rotary State Level Frontline Field Workers Awards from the National PolioPlus Committee of Rotary International.

OBJECTIVE 6

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

Since 2015, the secretariat has continued to support Nigeria's polio transition planning process upon significant progress towards wild poliovirus eradication and reduced funding from the GPEI. CGPP is also a member of the national polio transition technical

A father holds his child while the VCM register is being updated on routine immunization.

task team that prioritized primary health care revitalization, integrated disease surveillance and outbreak response, and RI to polio transition. CGPP continues to advocate the role of civil societies in sustaining community-based networks.

CROSS-BORDER INITIATIVES

Nigeria borders the Republic of Niger, Cameroon, and Chad. CGPP conducts cross-border activities in Katsina and Yobe states. Border synchronization meetings and visits carried out by the project staff in the existing border areas of the two international focal states which resulted in mapping all health facilities in border areas and their immunization session days to target age groups for under 1, under 5, under 15, as well as women of childbearing age (WCBA) and SIAs activities in the area. In addition, CGPP carried out advocacy visits to both state and international border policy makers, traditional leaders, local health authorities, and security agencies working in border areas and solicited for their support for the planned cross border intervention activities of CGPP. The security situation and the type of telecommunication networks available in the border areas were

also assessed. In Katsina state, CGPP held a planning meeting with disease surveillance and notification officers (DSNOs) of all the international border LGAs in the state and worked out the modalities of collaborating with their Niger Republic counterparts on how coordinate and improve cross-border surveillance activities.

CGPP is currently planning to expand its cross-border activities to cover other areas along the Niger border.

GLOBAL HEALTH SECURITY

CGPP began the GHS project in Nigeria in 2021 in all five focal states. The project started by developing the first-ever case definitions for PZDs in animals, followed by training community-based volunteer staff and frontline workers on the One Health approach and CBS for PZDs. In FY23, CGPP developed a manual for PZDs, and flipbooks and posters about bovine tuberculosis, Lassa fever, highly pathogenic avian influenza (HPAI), rabies, and monkeypox. The project developed and distributed these materials to community-level workers for use during active case searches.

Also, in FY23, CGPP implemented surveillance for PZDs in 628,731 households while simultaneously sensitizing 630,984 persons in these households. CGPP conducted 3,275 rounds of PZD sensitizations, reaching 8,263 people, including 37 butcher associations and 12 poultry farmer associations, with a particular focus on the control and prevention of bovine tuberculosis (TB) and HPAI. In addition, CGPP conducted education for 708 school-going children on rabies.

Additionally, CGPP conducted quarterly refresher trainings in the five focal states to improve the capacity of program staff on CBS regarding rabies, bovine TB, HPAI, Lassa fever, monkeypox, and yellow fever. Participants included 745 VCMs, 82 VWSs, 595 CKIs, 26 LGACs, and 397 others. Within the reporting period, CGPP reported 1,189 bovine TB-like lesions, 11 human rabies, 34 animal rabies, 47 human TB, 143 bovine TB, nine human HPAI, and 943 animal HPAI alerts using volunteers across the five states. Early warning surveillance and event verification and investigation remain important key indicators under the surveillance technical area.

Furthermore, CGPP CVs, in collaboration with the Igabi LGA One Health Committee, reached 914 students (353 female, 561 male) across 18 schools (both primary and Islamic) with convergent messaging in the Kwarau, Rigachikun, and Rigasa project wards.

Specifically, students learned about the signs and symptoms of animal and human rabies, Lassa fever, HPAI, and bovine TB, immediate reporting of dog bites to their parents/guardians, and the importance of handwashing and hygiene. The children are at high risk for most of these PZDs, hence CGPP's focus on specifically targeting them for sensitizations in their various schools and ultimately raising overall community awareness on PZDs.

Notably, CGPP reactivated the One Health steering and technical committees in Katsina and Yobe states through the One Health advocacy process which engages different sectors to identify issues and propose collaborative solutions. In pursuit of this effort, CGPP focused on reestablishing One Health commitment and operations, as well as engaging in high level advocacy, planning meetings, and community activities along the relevant state line ministries. CGPP also coordinated with government and development partners. Yobe State government inaugurated the One Health steering and technical committees in April while Katsina State government inaugurated in September 2023.

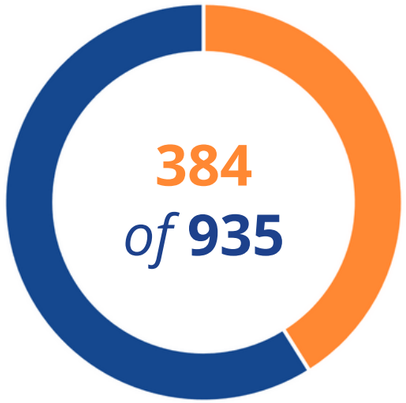
Lastly, CGPP supported the development and dissemination of state public health multi-hazard emergency preparedness and response plans, as well as risk profile assessments for PZDs in Kaduna. The final document contains response plans for different layers of outbreaks and will help to foster a coordinated surveillance and reporting system for outbreak emergencies across human, animal, and environmental health sectors. The document will be disseminated to the public as a work plan for the Kaduna State Ministry of Agriculture.

COVID-19*

In FY23, CGPP continued to implement the COVID-19 scale 3.0 strategy for integration of COVID-19 vaccination with RI services in Yobe and Kaduna States. In Katsina, Kano, and Borno, COVID-19 intervention support was limited to RCCE activities such as household mobilizations and motorized campaigns, due to funding. CGPP's COVID-19 activities in the five focal states focused on mobilizing caregivers, addressing myths and misconceptions, and vaccinating eligible persons. In FY23, the project reached 3,617,955 adults with convergent messages including COVID-19, and vaccinated 106,981 adults with a first dose of the Johnson & Johnson vaccine and 30,037 with booster doses in all focal states.

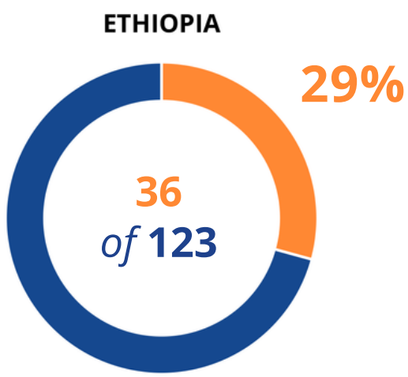
** DATA SOURCE: NIGERIA MOH ADMINISTRATIVE DATA, NIGERIA STATE VACCINATION REGISTERS*

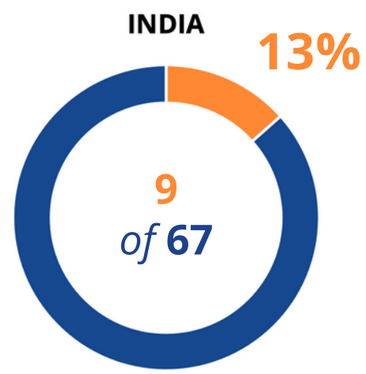
COMMUNITY-BASED SURVEILLANCE



ACROSS ALL CGPP PROJECT AREAS,

41% of NPAFP cases were identified by CGPP volunteers

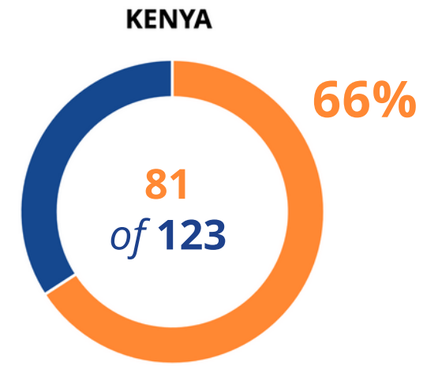


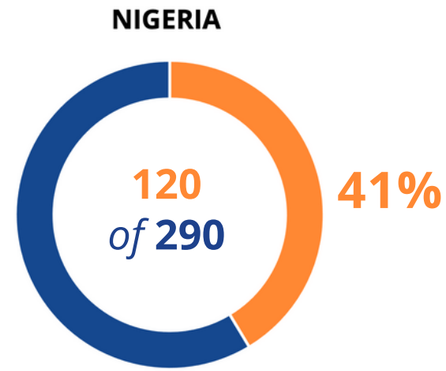


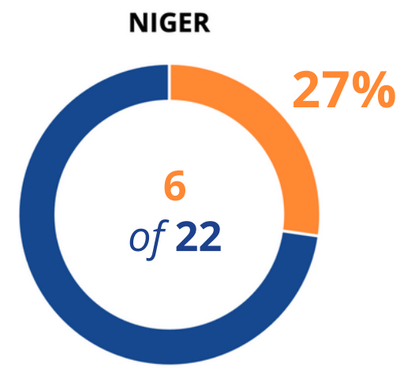
NPAFP cases in project areas identified by CGPP volunteers

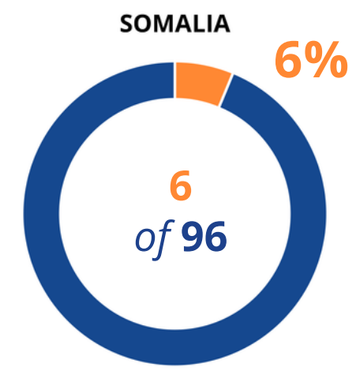
NPAFP cases in project areas not identified by CGPP volunteers

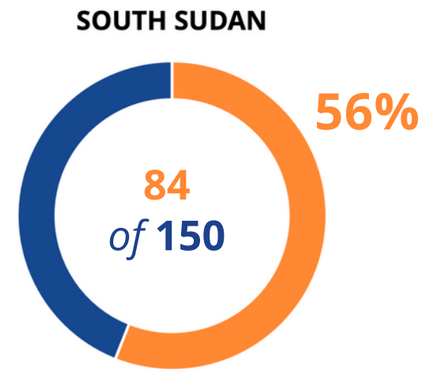
DATA SOURCE: COUNTRY LEVEL WHO AFP LINE LIST, CGPP COUNTRY LEVEL INTERNAL PROJECT DATA

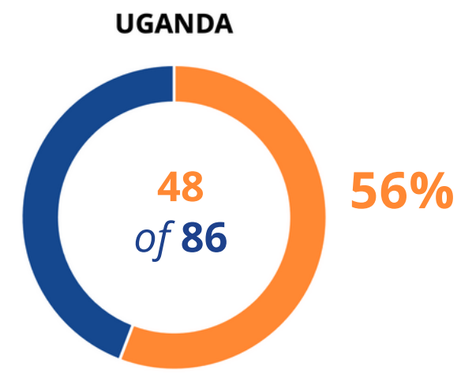












República du Niger | Jamhuriyar Nijar

NIGER

Introduction

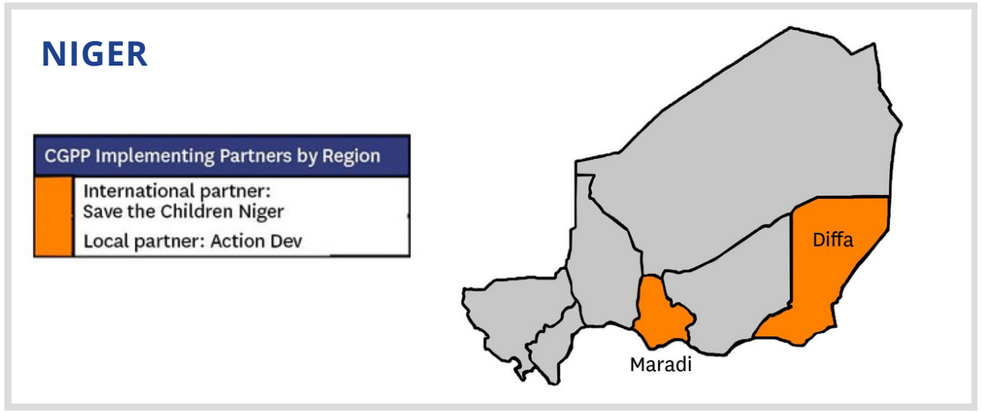
Labidou Yacouba is a community leader and the village chief of Angoual Jimaye. His leadership and dedication have transformed the perception of health in his village in Niger. “Poliomyelitis is one of the diseases that are poorly understood by the population. Thank God with the sensitizations, we had a collective awareness of the need for vaccination in general,” he said.

With the introduction of the CORE Group Partners Project, Labidou has observed a tremendous shift in perspective, especially regarding polio. “As a village leader, I strongly support these community mobilization efforts, and I will ensure that the disapproving parents are fully convinced of the importance of childhood vaccinations.” Labidou’s steadfast dedication has inspired a surge of enthusiasm within the community. Today, men and woman have a newfound determination to safeguard their children’s health by adhering to vaccination schedules.

In Niger, CGPP focuses on strengthening the capacity of existing health and community structures and supporting the increase of fully immunized 1-year-olds. Efforts are concentrated on increasing oral polio vaccine (OPV) coverage in children under 1 as well as increasing the number of acute flaccid paralysis (AFP) cases identified within 14 days of onset with two stool samples separated by 24 hours. The project is targeting an estimated 294,096 children 0-5 years old (149,989 female, 144,107 male).

Despite challenges in starting activities and the socio-political and security context, CGPP

> “POLIOMYELITIS IS ONE OF THE DISEASES THAT ARE POORLY UNDERSTOOD BY THE POPULATION. THANK GOD WITH THE SENSITIZATIONS, WE HAD A COLLECTIVE AWARENESS OF THE NEED FOR VACCINATION IN GENERAL.”
>
> **LABIDOU YACOUBA**
> VILLAGE CHIEF



with its implementing partners, Save the Children International (SCI) and Action Dev, succeeded at strengthening regional immunization systems and AFP case detection. CGPP and its partners achieved this through a network of 50 volunteers and mothers who reached 14,625 individuals (10,333 female, 4,292 males) like Labidou with social mobilization messaging on polio, routine immunization (RI), and other health messaging.

OBJECTIVE 1

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

CGPP Niger works in collaboration with the health authorities (five health districts, two regional health directorates, and 20 health centers of the targeted areas); community leaders such as religious leaders, customary leaders, influential individuals; administrative authorities such as governors and prefects; and various community groups such as women's groups, youth groups, etc.

50
volunteers deployed this fiscal year

279,082
children under 5 vaccinated through CGPP supported SIAs

19,919
community members sensitized on polio and other VPDs and PZDs

DATA SOURCE: CGPP NIGER INTERNAL PROJECT DATA, MOH ADMINISTRATIVE DATA, DISTRICT SIA EVALUATION DATA

The project implementation team includes one senior project coordinator (male), three health promotors (males), one project supervisor (male), two MEAL officers (males), and the SCI health and nutrition technical advisor (female).

Overall, the project is implemented through 42 community volunteers (CVs) and 8 mid-upper arm circumference (MUAC) mothers (22 female, 28 male). These volunteers sensitize communities on the benefits of vaccination, mobilize the community to complete vaccinations in RI and polio supplementary immunization activities (SIAs), and detect and report suspected cases of AFP. Three health promoters, one in Maradi and two in Diffa, supervise the CVs and MUAC mothers. Additionally, the project utilizes the input from the 80 members (34 female, 46 male) of the complaint and feedback committees who are trained to manage project accountability and the community feedback mechanism.

In partnership with SCI and Action Dev operating in Diffa and Maradi regions, CGPP Niger held launching activities in early FY23. During three workshops with key stakeholders and partners, the secretariat shared the project's main goal, activities, and implementation strategy. Launch activities included sharing donor policies and procedures, CGPP structure and policies, project activities and indicators, partners, and targeted areas of intervention. CGPP encountered difficulties mobilizing health authorities for malaria, cholera, and other RI activities.

Awareness campaign on the promotion of routine immunizations.

CGPP also held separate coordination meetings in early FY23 with health districts in Tessaoua, Aguié, Gazaoua, Diffa and Mainé. CGPP met with religious leaders, traditional leaders, and women's groups in Maradi to encourage community participation and vaccination promotion. A total of 138 people (35 female, 103 male) attended both meetings. In May, CGPP held advocacy meetings on immunization in Diffa. Participants included health, administrative, and traditional authorities, local and international nongovernmental organizations (NGOs), civil society organizations (CSOs), and women's groups. CGPP reviewed lessons learned to apply to future project implementation during the July meeting.

OBJECTIVE 2

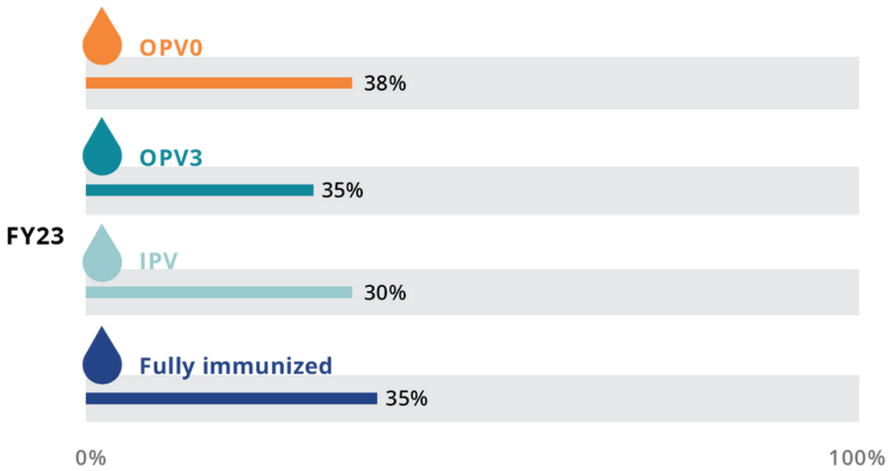
Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

CGPP volunteers reached 19,919 people through social mobilization, including 9,947 people (6,760 female, 3,187 male) through house-to-house visits and 9,972 people (6,694 female, 3,278 male) through 908 group meetings. Additionally, the project volunteers facilitated 151 community dialogues with 1,308 participants. During these contacts, volunteers provided information on polio and the importance of vaccination for polio and other vaccine preventable diseases (VPDs). Volunteers utilized registers to track the immunization status of children and pregnant women, tracked and referred newborns and defaulters for vaccination, supported health centers in mobilizing caregivers for vaccination, and reminded caregivers to take their children for vaccination. Through these efforts, volunteers identified and referred 1,598 child defaulters (1,278 female, 320 male) and 1,979 zero-dose children (1,108 female, 871 male) to the nearest integrated health centers. Additionally, CGPP organized multiple meetings with 138 religious, traditional, and female leaders to sensitize them to the importance of immunization.

Furthermore, to improve polio immunization through RI, CGPP supported cold chain maintenance in health centers in Diffa and Maradi. Immunization coordinators from the project's five districts, accompanied by regional cold chain operators, visited the 20 health centers to conduct maintenance on existing equipment and supervise the health workers with cold chain installation and maintenance.

OPV coverage through RI is a challenge in CGPP project areas of Niger and is one of the reasons these areas were selected for intervention. CGPP conducted a baseline knowledge, attitudes, and practices (KAP) survey among children 12-23 months in project areas in January 2023 to determine RI coverage in project areas (Figure 5.1). The results from this survey were OPV0 coverage of 38 percent, OPV3 coverage of 35 percent, IPV coverage of 30 percent, with 35 percent of children fully immunized. This data is in stark contrast to that reported via administrative coverage in project areas which indicates coverage of over 100 percent for all routine antigens among children 12-23 months.

FIGURE 5.1 - PERCENT OF CHILDREN 12-23 MONTHS WITH VACCINES THROUGH ROUTINE IMMUNIZATION IN CGPP NIGER PROJECT AREAS



DATA SOURCE: CGPP NIGER BASELINE KAP SURVEY

OBJECTIVE 3*

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

In FY23, CGPP supported three polio supplementary immunization activities (SIAs) - November 2022 in Maradi, then May and June 2023 in Maradi and Diffa. Prior to and during the SIAs, CVs implemented awareness campaigns to mobilize families with children for vaccination. Prior to the May and June campaigns, CGPP CVs sensitized a total of 14,625 individuals (10,333 female, 4292 male). Additionally, CGPP held an awareness caravan on childhood and poliomyelitis vaccination importance in 20 villages and refugee camps in Diffa and Maradi, directly reaching 4,035 people (3,141 female, 894 male).

To support campaign logistics, CGPP provided vehicles and fuel to the departments of health in Diffa, Maine-Soroa, Tessaoua, Aguie, and Gazaoua. CGPP also supported regional and district-level supervision and data collection during the three polio campaigns.

Despite security issues in Diffa that rendered certain areas inaccessible (particularly in Maine-Soroa and Chétimari), SIA coverage exceeded project targets. Overall, the campaigns reached 114 percent of the target (244,690), including 3,046 zero-dose children. During the campaigns, volunteers identified 825 missed children through tracking and ensured their vaccination. The individual campaigns had the following coverage: November campaign in Maradi reached 50,698 (105% of the target); May campaign in Diffa and Maradi reached 114,854 (116% of the target), and the June campaign reached 114,854 children (117% of the target). CGPP attributes this overachievement to vaccinators reaching populations in neighboring villages and health centers, and vaccinating Nigerian refugees that were not part of the target numbers (leading to inaccurate denominators).

Following the May and June campaigns, CGPP participated in and supported independent campaign monitoring organized by WHO. The project participated through in-process, end-process, and lot quality assurance sampling.

**DATA SOURCE: NIGER MOH ADMINISTRATIVE DATA, DISTRICT SIA EVALUATION DATA*

OBJECTIVE 4*

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

CGPP Niger focused FY23 efforts on building the capacity of its community-based surveillance (CBS) network to identify and report suspected cases of AFP and other VPDs. CGPP trained 44 participants (21 female, 23 male) including MUAC mothers and CVs on AFP surveillance and gender norms from December 14-18, 2022. The project held four post-training follow-up sessions, with 84 participants (12 female, 72 male) from April to June to ensure retention of information and improve the ability of health workers, volunteers, and community actors to surveil and report suspected AFP cases effectively.

Using this knowledge, CVs conducted 1,598 house-to-house visits to actively search for AFP cases. Through active case search, CVs identified and reported six suspected AFP cases (54.5%) of the total eleven reported in the project areas. Of the CV-reported cases,

**DATA SOURCE: WHO NIGER AFP LINE LIST, CGPP NIGER INTERNAL PROJECT RECORDS*

three cases were in Diffa (Maine-Soroa) and three were in Maradi (Gazaoua and Aguie). All cases were detected by CVs within 7 days of symptom onset and 100% were sampled adequately. The NPAFP rate in project areas was 5.7 per 100,000 children under 15.

In collaboration with health workers, CGPP provided 77 field support visits for MUAC mothers and CVs on AFP CBS and detection in May. During these visits, the project held 151 community mobilization activities and dialogues in support of CBS. Additionally, in September 2023, CGPP organized joint supportive supervision visits with district regional health teams in Maradi and Diffa to support surveillance activities.

OBJECTIVE 5

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

In FY23, CGPP, alongside its partners SCI-Niger and Action Dev, participated in a monitoring, evaluation, accountability, and learning (MEAL) training of trainers via Zoom on September 15, 2022. CGPP facilitated the training which provided an overview of CGPP Niger MEL plan, reviewed the performance indicator reference sheet, reporting tools, and the detailed implementation plan template.

MUAC mother recording child immunization data in a volunteer community mobilizer register.

CGPP conducted project baseline data collection in Maradi and Diffa from January to February 2023. To enhance the data collection efforts, on March 7 the project held a workshop on baseline data validation in Maradi which included participants from health districts and regional directorate of health from Diffa and Maradi. Additionally, CGPP organized a workshop on lessons learned in July in Maradi where 50 health partners (11 female, 39 male), Action Dev, and SCI attended.

The project conducted monthly field support missions for CVs as well as MUAC mothers in Diffa and Maradi to strengthen their capacities on the appropriate use of volunteer community mobilizer registers. These missions supported revising registers and refresher trainings for 50 CVs (18 female, 32 male). Monthly monitoring meetings for the project recorded and managed 104 feedback reports.

OBJECTIVE 6

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

From October 10-12, 2023, Niger hosted a joint meeting of the National Polio Eradication Committee, providing an opportunity to review the country's polio eradication process. CGPP was represented by its program manager, who explained the intervention areas and activities.

CGPP identified the main challenges in surveillance and vaccination:

- Reaching special populations (those living in insecure areas, geographically hard-to-reach areas, refugees, and internally displaced persons),
- Insufficient funding for activities,
- Shortage of personnel,
- Irregularity in supervision at all levels, and
- Irregularity in coordination meetings.

CROSS-BORDER INTIATIVES

CGPP Niger planned a cross-border meeting in Maradi in August 2023, but due to insecurity and movement restrictions and border closures, the team rescheduled this activity for FY24.

Nchi ya Somalia | Dalka Soomaliya

SOMALIA

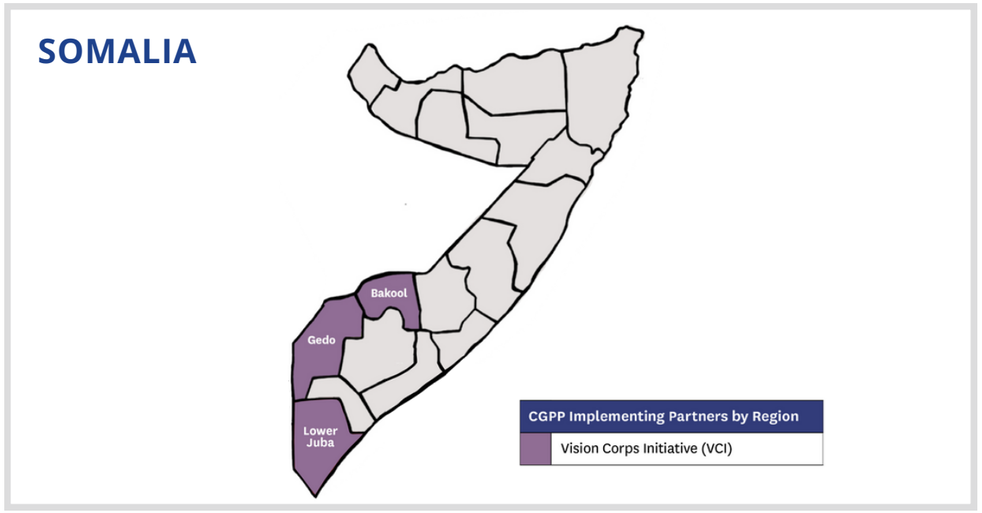
Introduction

In an effort to raise public awareness, address misinformation and disinformation, and build trust among his community, one of CGPP Somalia's 20 community mobilizers (CMs), Mohamed Omar, purposefully repeats sessions with certain community leaders in order to demystify the rumors that spread about vaccine-preventable diseases like polio and COVID-19. Recently, during the COVID-19 rumors, he met individually with religious leaders, elders, and youth, including Ahmed Hussein Ali, a prominent community leader, after community dialogue sessions that CGPP hosted. Ahmed, who believed the COVID-19 vaccine was a government ploy, said that he was left in awe when he realized people were still discussing it. "I thought that it was no longer a threat, just government propaganda."

Mohamed held several sessions with Ahmed, which still produced no change in the community leader. However, one of Ahmed's relatives also told Ahmed about the benefits of the vaccine, which eventually moved him to get vaccinated. Ahmed returned to Mohamed and apologized for his poor reaction. "Thank you for always engaging our communities in matters of health without forcing anyone and continuously following up," Ahmed said to Mohamed.

During the fiscal year, CGPP project areas experienced a succession of challenges ranging from droughts, floods, disease outbreaks, and security concerns. Droughts led to food shortage and loss of pastoral livelihood, while floods led to even more inaccessible roads and health risks such as a cholera outbreak and other diarrheal diseases. Security challenges caused population movement and a lack of access to humanitarian aid.

> "THANK YOU FOR ALWAYS ENGAGING OUR COMMUNITIES IN MATTERS OF HEALTH WITHOUT FORCING ANYONE AND CONTINUOUSLY FOLLOWING UP."
>
> **AHMED HUSSEIN ALI,** COMMUNITY LEADER



The threat of cross-border importation and epidemic outbreaks results from constant border movement of vulnerable populations with low immunity. Consequently, there is evidence of multiple incidents of transboundary disease spread from Somalia to Ethiopia and Kenya. For example, Somalia has one of the longest-running cVDPV2 outbreaks reported to date. Detection first occurred in November of 2017 and continues to threaten unvaccinated children. During FY23, Somalia reported nine cVDPV2 cases, of which four were acute flaccid paralysis (AFP) cases and five were environmental surveillance samples.

In spite of these challenges, because of 182 dedicated community volunteers and mobilizers like Mohamed, the project reached 61,291 community members with community sensitization messages on polio, routine immunization (RI), and COVID-19. The team supported seven integrated outreach sessions, reaching 146 children under 5 with routine antigens and supported the vaccination of 19,705 children under 5 during

182
volunteers deployed this fiscal year

1,513,770
children under 5 vaccinated through CGPP supported SIAs

61,291
community members sensitized on polio and other VPDs and PZDs

DATA SOURCE: CGPP SOMALIA INTERNAL PROJECT DATA, WHO SIA DATA

polio supplementary immunization activities (SIAs) at crossing points, internally displaced persons (IDP) camps, and hard-to-reach areas. Care group discussions led by the 270 mothers who were trained this year – who then sensitized other mothers in their own neighborhoods – resulted in the referral of 2,734 children for polio and other routine immunizations. Additionally, CGPP CMs traced 90 percent (260 of 286) of RI defaulters in all project border districts.

OBJECTIVE 1

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

CGPP Somalia, through its local partner Vision Corps Initiative (VCI), operates in the Gedo region (Elwak, Luq, Bardhere, Belet-Hawa, and Dollow), Lower-Juba (Dhobley, Afmadow, and Badhadhe), and Bakool (Elbarde and Yeed).

In FY23, CGPP Somalia proactively fostered collaboration and communication with federal, regional, and district-level stakeholders to exchange information, hold strategic discussions, and align efforts to eradicate polio. The project was integral in supporting the Ministry of Health (MOH) joint polio SIA planning, coordination, and micro-plan preparation in collaboration with the Global Polio Eradication (GPEI) partners. The micro-plans featured advocacy, communication, social mobilization, vaccination strategies, population targets, vaccine forecasting, mapping, and integration with other health interventions such as the Bill and Melinda Gates Foundation (BMGF) funded Far Reaching Integrated Delivery (FARID) project that uses health camps and transit polio vaccinations (TPVs) sites.

Key meetings included strengthening cross-border collaboration with MOH and nine partners, coordinating with the Jubaland MOH, responding to the cholera outbreak, and providing an update on village polio volunteers (VPV) working in FARID health camps and the linkages between TPV teams. Additional meetings served as forums to assess community-based surveillance (CBS), discuss health seeking behaviors and tracking of nomadic communities during community health committee sensitization meetings, and coordinate between regional MOHs. The project also participated in monthly health regional cluster meetings with MOH, WHO, health partners, and VCI.

CGPP participated in four polio coordination meetings and a polio SIA review meeting. The coordination meetings focused on coordination and collaboration between partners,

CGPP transit point vaccination team member supporting an SIA campaign in Lower Juba.

strengthening CBS, RI, cross-border initiatives, and SIA response activities. The attendees, who included project partners and government stakeholders, collectively agreed that MOH would spearhead all coordination activities. Further, the group decided to create a WhatsApp forum to share information on cross-border surveillance and response activities, plan a data review meeting supported by CGPP, and strengthen cross-border health committee meetings. At the polio SIA review meeting, MOH, WHO, UNICEF, and other GPEI partners reviewed campaign performance and discussed the final 2023 national immunization day campaign. Outcomes included scheduling early micro-planning activities to ensure high coverage, enhanced advocacy, communication, and social mobilization activities, and assigning additional vaccination teams at crossing points.

OBJECTIVE 2*

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

CGPP Somalia uses a similar volunteer workforce structure to its neighbor Kenya that relies on community volunteers. In Somalia, the structure is composed of 20 CMs (5 female, 15 male) who supervise 162 community health volunteers (CHVs) (34 female, 128 male) to support health centers and populations in hard-to-reach and nomadic areas in Gedo, Bakool, and Lower Juba regions. Partnering with health facilities, CGPP supported seven integrated outreach sessions in FY23 that reached 145 children under 5 with the following antigens OPV0 (14), OPV2 (16), OPV3 (64) and MR1 (51).

CVs worked closely with communities through house-to-house and group meetings to increase demand for immunizations through risk communication and community engagement (RCCE), tracking of defaulter children, and mobilizing parents to bring their children to outreach sessions and static immunization sites. CMs and CHVs also used these one-on-one and group interactions to create awareness on surveillance for AFP and other vaccine preventable diseases (VPDs). Volunteers visited communities in project areas including IDP camps and nomadic settlements, reaching 61,291 community members in the project areas with RCCE and surveillance messages during FY23. Of these, 50,544 were reached through one-on-one contacts and 10,747 were reached through group meetings. CMs also used door-to-door engagement opportunities with the communities to track children and refer them for immunization. CMs tracked and referred 420 out of the 573 RI defaulters (73.3%) children under 1 who had missed RI appointments and linked them to the nearest health facility to receive the missed antigens. Through these interactions, CGPP sensitized caregivers on the benefits of timely immunization.

As well, CGPP implemented the care group model, conducting regular monthly sessions for 170 care group mothers. These sessions were used to share information on polio, immunization, surveillance, COVID-19, and other general health issues. They provided mothers the chance to learn from each other and discuss key topics related to child health. Care groups also provided an additional mechanism for tracing and referring immunization defaulters. These care group interactions led to the referral of 2,734 children for RI, including 358 children under 5.

To improve data quality and program implementation, CGPP Somalia participated in five joint supportive supervision (JSS) visits with MOH and WHO, supporting 24 cross-border health facilities in Gedo, Bakool, and Lower-Juba regions. Some of the key findings of the supervision included data quality issues related to facility registers and DHIS2 data, and inappropriate vaccine stocking and management. The JSS team mentored and instructed the health workers on RI documentation and reporting, as well as vaccine management and forecasting.

** DATA SOURCE: MOH SOMALIA ADMINISTRATIVE DATA*

Training

CGPP held four training sessions in FY23, reaching a total of 232 participants (119 female, 113 male): 130 HCWs, 92 care group mothers, and 10 project assistants. The training topics included: CBS, AFP, VPDs, PZDs, COVID-19 vaccination, micro-planning for vaccination campaigns, reporting tools, and RCCE. Additionally, CGPP provided on the job training for 36 health care workers (HCWs) (12 female, 24 male) in Gedo region to improve their knowledge of standard case definitions and disease surveillance, vaccine cold chain management, and reporting.

OBJECTIVE 3*

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

During the year, the MOH reported a total of nine confirmed cVDPV2s (four AFP cases and five environmental surveillance [ES] samples). In response to the cVDPV2 outbreak, CGPP, in collaboration with MOH Somalia, WHO, and other GPEI partners, supported three polio SIA campaign rounds in FY23. The campaigns were conducted in May, July, and September in south central Somalia including in Lower Juba, Gedo, and Bakool.

An average of 504,590 children under 5 (101.8% of target) in project areas were reached each round with a total of 1,513,770 nOPV2 and IPV doses given during FY23. During the May, July, and September rounds the following numbers of children under 5 were vaccinated in project areas: 495,607 (100.1% of target), 499,763 (100.9% of target), and 518,400 (104.6% of target). There is a need for additional population data in CGPP areas in Somalia to better project the number of children to target during campaign activities. Due to likely inaccurate denominators, particularly the lack of inclusion of newly accessible areas, campaign coverage exceeded one hundred percent. To increase awareness of the SIA campaign, CGPP supported the MOH in conducting social mobilization activities in cross-border project areas. CMs and CHVs conducted mobilization activities through door-to-door visits and used public address systems mounted on vehicles to sensitize populations in public gatherings, market and social halls, community water points, and schools. CGPP Somalia supported 23 extra

** DATA SOURCE: WHO SOMALIA SIA DATA*

vaccination teams (12 in Gedo and 11 in Lower Juba) to support the SIA campaign. The teams supported polio SIA vaccination at crossing points, IDP camps, and hard-to-reach areas, vaccinating a total of 19,705 children under 5 (Table 6.1). The campaigns reached a total 12,553 zero-dose children.

Additionally, through the FARID project in ten inaccessible districts (Beled Hawa, Dolow, Dhobley, Badhadhe, Afmadow, Jamame, Hagar, Elwak, Luuq, and Bardera), the health camp and TPV teams were engaged to support the September SIA campaign. The teams vaccinated a total of 2,707 children under 5, of whom 738 were zero-dose children.

CGPP provided technical support in training of vaccinators and district field assistants to ensure that the quality of SIA improved. During the training, the teams developed sketch maps and movement plans to ensure that no child was left out during the SIA campaigns. In addition, the team supported in-process monitoring, logistical support, and feedback during the daily review meetings.

Community mobilizer conducting social mobilization in Gedo, Somalia

FIGURE 6.1 - SEPTEMBER 2023 SIA SITES AND VACCINATIONS

Region	Polio SIA special sites	Crossing border points	Extra teams provided for SIAs	Number of children under 5 vaccinated
Gedo	Crossing border points	4	4	1,830
	Hard-to-reach areas/nomadic settlement	3	5	2,884
	IDP sites/centers	3	3	4,472
Lower Juba	Crossing border points	3	3	2,789
	Hard-to-reach areas/nomadic settlement	2	4	3,065
	IDP sites/centers	2	4	4,665
Total		**17**	**23**	**19,705**

DATA SOURCE: WHO SOMALIA SIA DATA, CGPP SOMALIA INTERNAL PROJECT DATA

To help improve campaign quality, CGPP supported 24 independent monitoring (IM) teams, training and deploying them across seven CGPP cross-border districts (Luq, Dollow, Belet-Hawa, Elwak, Afmadow, Dhobley, and Badhadhe) and one in Kismayo. Key findings included:

- Inadequate engagement of team supervisors and key community stakeholders to address soft refusals,
- Inadequate vaccination teams for the SIA campaign,
- Logistical challenges to ease movement for hard-to-reach teams,
- Poor house and finger marking reporting due to suboptimal training of the vaccination team at district level, and
- Fear of vaccine uptake in inaccessible areas (due to stigma by non-state actors).

Recommendations included:

- Strengthen ACSM activities, to increase community awareness on polio SIA especially in hard-to-reach areas,
- Continuous engagement of community key stakeholders and team supervisors to address reported refusals,

- Resource mobilization from GPEI and other health partners to support the SIA campaign,
- Improve the quality of the SIA training, especially among vaccinators and volunteers, and
- Proper micro-planning to ensure high quality SIA campaign.

Community health worker marking a child's finger during an SIA in Gedo, Somalia.

OBJECTIVE 4*

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

Overall, Somalia reported a total 312 AFP cases in the country as of September 30, 2023. Children aged 6-59 months accounted for 251 (80%) of whom 84 (32%) were under-immunized, having received less than three doses of OPV. Of the 84 under-immunized children, 58 (69%) were from access-compromised regions of South and Central Somalia. Twenty-three of 251 cases were reported as zero-dose (Source: WHO).

To promote case detection, CMs/CHVs worked with communities to identify non-polio acute flaccid paralysis (NPAFP) cases. The CMs/CHVs in Somalia reached 9,168 households with 17,950 under-15 children during active case search. They went house-to-house to ensure that no NPAFP cases in project areas were missed or left unreported. Project CMs also worked closely with community leaders, traditional birth attendants/healers, bonesetters, and community gatekeepers to strengthen AFP surveillance. The team also used the five JSS visits explained above to address capacity gaps on surveillance and ensure that health workers and staff were adequately able to detect and report suspected cases of AFP and other VPDs. The CGPP CBS system detected and reported six AFP cases, one case of acute watery diarrhea, two suspected cases of COVID-19, and seven cases of neonatal tetanus.

There were 96 suspected NPAFP cases identified in project areas during FY23, with 6 percent (6 cases) identified by CGPP CMs/CHVs (Table 2). The NPAFP rate in project areas was 7.9 per 100,0000 children under 15 years, improving from 4.6 per 100,000 children under 15 years in FY22. The stool adequacy rate remained at 98 percent in FY23. Both the NPAFP rate and the stool adequacy rate are above the national average for Somalia.

*** DATA SOURCE: WHO SOMALIA*

OBJECTIVE 5

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

In FY 2023, CGPP highlighted project updates, enhanced project data capture, reporting, and visibility, created community awareness of the importance of immunization and improved uptake, and even celebrated CGPP Somalia's own epidemiologist, Fathia Abdullahi. CGPP disseminated 17 project biweekly bulletins and three newsletters to MOH and other GPEI partners. The bulletins highlighted project updates on CBS, RI, social mobilization, TPV, and health camp activities. The project printed and distributed 70 surveillance standard case definitions, 70 community case definitions, 34 CM weekly reporting tools, and 30 TPV weekly reporting tools. CGPP commemorated African Immunization Week and posted a blog post on World Epidemiology Day. The project submitted an abstract to the third International Conference on Public Health in Africa, titled: Transit Point Vaccination – A novel approach for AFP surveillance and immunization against polio and other VPD for mobile children in cross-border districts in Somalia.

OBJECTIVE 6

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

In FY23, CGPP Somalia did not participate in polio eradication certification initiatives.

CROSS-BORDER INITIATIVES

There were no international cross-border coordination activities in FY23. However, to enhance surveillance in the wake of the increased threat of a polio outbreak, CGPP conducted district-level, cross-border coordination meetings that connected stakeholders from Lower Juba (Dhobley) and Gedo (Belet-Hawa) regions. The meetings focused on cross-border disease surveillance, transit point vaccination, and the enhancement of coordination and collaboration among teams from the district MOH, WHO, and other health partners.

COVID-19*

CGPP implemented COVID-19 activities in eight districts of Jubaland state, which recorded 27,334 confirmed cases and 1,361 deaths in FY23. Project activities involved community sensitization, outreach, radio spots, vaccine transportation, and cold chain assessment.

CMs conducted community sensitization forums that addressed COVID-19 vaccination uptake and vaccine hesitancy reaching 14,893 community members, including community gatekeepers. The project also worked with two local radio stations: Hogmaal in Kismayo, Lower Juba and Radio Gado in Gedo. Through these efforts, CGPP reached an estimated 252,800 people with key COVID-19 messages. Further, the project supported COVID-19 outreach that resulted in the vaccination of 14,360 persons in IDP camps, cross-border hard-to-reach areas, and urban locations in Kismayo.

In addition, the project supported vaccine transportation from Kismayo to Badhadhe district in Lower Juba. The project also conducted both a need-based and regular cold chain assessment of all CGPP-supported health facilities in Gedo and Bakool regions to ascertain functionality of cold chain systems and ensure uninterrupted COVID-19 vaccination activities. Lastly, CGPP supported trainings on various COVID-19 modules in Kismayo, Dhobley, and Belet-Hawa districts, to train 100 HCWs (23 female, 77 male).

**SOMALIA MOH ADMINISTRATIVE DATA, CGPP INTERNAL PROJECT DATA*

SUPPLEMENTAL IMMUNIZATION ACTIVITIES

INDIA

1
polio campaign conducted in CGPP areas

102%
of target children reached through SIAs

269,405
children vaccinated through SIAs in CGPP areas

ETHIOPIA

2
polio campaigns conducted in CGPP areas

90.7%
of target children reached through SIAs

72,339
children vaccinated through SIAs in CGPP areas **(5,082 zero dose children)**

NIGERIA

2
polio campaigns conducted in CGPP areas

99.4%
of target children reached through SIAs

488,160
children vaccinated through SIAs in CGPP areas **(328 zero dose children)**

SOMALIA

3
polio campaigns conducted in CGPP areas

101.8%
of target children reached through SIAs

1,513,770
children vaccinated through SIAs in CGPP areas **(12,553 zero dose children)**

DATA SOURCE: COUNTRY LEVEL WHO AND MOH ADMINISTRATIVE DATA

3.6 million*
children vaccinated through SIAs in project areas with OPV/nOPV2/IPV

KENYA

1
polio campaign conducted in CGPP areas

105%
of target children reached through SIAs

344,057
children vaccinated through SIAs in CGPP areas **(158 zero dose children)**

UGANDA

3
polio campaigns conducted in CGPP areas

133.6%
of target children reached through SIAs

726,437
children vaccinated through SIAs in CGPP areas

NIGER

3
polio campaigns conducted in CGPP areas

114%
of target children reached through SIAs

279,082
children vaccinated through SIAs in CGPP areas **(3,046 zero dose children)**

**includes the repeated vaccination of some individual children during multiple SIAs in FY23*

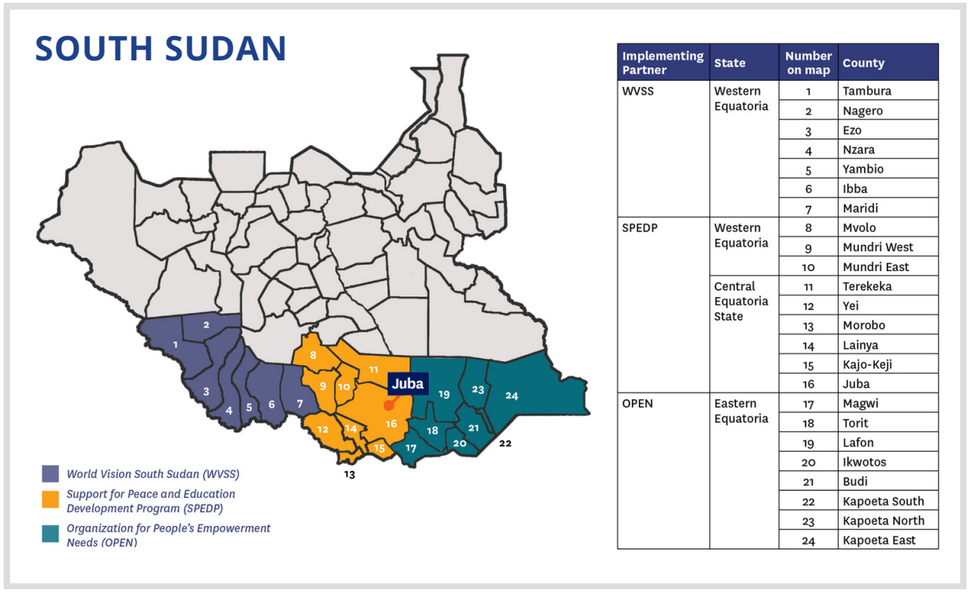
Junub Sudan
SOUTH SUDAN

Introduction

A few years ago, Joseph Anthony's sister, Ngbarago, died of a vaccine-preventable disease. "I would have lost my 5-year-old son, Abraham, the same way I lost my sister," the father of 12 said. Joseph's sister died from measles after developing a rash on her body. But rashes are a normal symptom experienced in Joseph's village due to hot weather. Even after Ngbarago died, Joseph did not realize the importance of vaccinations for diseases like polio, measles, and diphtheria. When he became a father, like most of the fathers in his village, he did not vaccinate his children because the health center closest to him only offered services to HIV patients. The nearest vaccination site was a four-hour walk, so the family did not get vaccinated.

However, William, a CGPP volunteer home health promoter (HHP), visited Joseph's village and taught the community about the signs and symptoms of polio, measles, and other diseases. A few weeks after William's visit, Joseph's son Abraham developed rashes on his body. Initially, Joseph did nothing. But when Abraham's eyes turned red and he developed mouth sores alongside the rashes, Joseph remembered what William had taught the community. "With William's help, I took my son to Nzara Health Centre, where he received treatment and eventually recovered," Joseph said. Contemplating his sister's death, Joseph realized that she would not have died if he and his family members knew about the disease. "No child will die in my village now because we are aware of common diseases that affect our children. We made sure Abraham was isolated from the rest of the children to avoid further infection, until he was completely healed." Now, Abraham is healthy, and Joseph is advocating for a health facility to be built in his village.

> "NO CHILD WILL DIE IN MY VILLAGE NOW BECAUSE WE ARE AWARE OF COMMON DISEASES THAT AFFECT OUR CHILDREN."
>
> **JOSEPH ANTHONY**
> COMMUNITY MEMBER, FATHER OF 12



Implementing Partner	State	Number on map	County
WVSS	Western Equatoria	1	Tambura
		2	Nagero
		3	Ezo
		4	Nzara
		5	Yambio
		6	Ibba
		7	Maridi
SPEDP	Western Equatoria	8	Mvolo
		9	Mundri West
		10	Mundri East
	Central Equatoria State	11	Terekeka
		12	Yei
		13	Morobo
		14	Lainya
		15	Kajo-Keji
		16	Juba
OPEN	Eastern Equatoria	17	Magwi
		18	Torit
		19	Lafon
		20	Ikwotos
		21	Budi
		22	Kapoeta South
		23	Kapoeta North
		24	Kapoeta East

William is one of 553 CGPP HHPs, who altogether this fiscal year reached over two million individuals 15 and older with social mobilization messages on polio, infection prevention, and vaccine-preventable diseases (VPDs). HHPs traced and referred 32,728 routine immunization (RI) defaulters to the nearest vaccination site, where 81 percent were vaccinated. They also traced and referred 25,476 newborn children, where nearly 85 percent received their first dose of oral polio and other childhood vaccines.

As well, CGPP supported the administration of 104,604 vaccine doses for the polio vaccine, Penta3, and the measles vaccine through outreach and periodic RI sessions during FY23.

5,866
community volunteers deployed this fiscal year

104,611
vaccines administered for polio, Penta3, and measles through outreach and PIRI

2,086,305
community members sensitized

DATA SOURCE: CGPP SOUTH SUDAN INTERNAL PROJECT DATA

OBJECTIVE 1

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

In FY23, CGPP South Sudan partnered with World Vision International (WVI) to implement activities in seven counties of Western Equatoria State (Yambio, Tambura, Nagero, Ezo, Ibba, Maridi, and Nzara). Two local NGOs contributed to and sustained CGPP efforts: Support for Peace and Education Development Program (SPEDP) in six counties of Central Equatoria State counties (Juba, Terekeka, Kajokeji, Yei, Lainya, and Morobo) and three Western Equatoria State counties (Mundri West, Mundri East, and Mvolo), and Organization for People's Empowerment and Needs (OPEN) in eight Eastern Equatoria State counties (Torit, Magwi, Lafon, Ikwotos, Kapoeta East, Kapoeta South, Kapoeta North, and Budi).

CGPP contributed to multiple regional, national, and subnational meetings to advocate for the importance of polio vaccination and integration. The secretariat participated in policy and decision-making forums at the national level, including the Inter-Agency Coordination Committee (ICC) and Public Health-National Steering Committee (PH-NSC). The secretariat also engaged in several technical working groups, such as emergency preparedness and response, Expanded Program for Immunization (EPI) surveillance, and point of entry (POE)/border health. At the subnational level, implementing partners took part in state coordination meetings and county health cluster meetings.

Key meetings included November 2022 discussions on cross-border strategies with attendees from Uganda, Central Africa Republic, Sudan, and the Democratic of the Congo. At the national One Health workshop March 15-17, 2023, CGPP launched a One Health national coordination mechanism. USAID led a mid-course strategy review workshop in March 2023, which CGPP attended. In addition, the secretariat participated in the September 2023 International Conference on Primary Health Care in Ethiopia.

As a result of these meetings, discussions, and workshops, CGPP cited several achievements:

- Advocating for integration of polio and other RI antigens into the measles campaign,
- Successfully demonstrating integration of COVID-19 into RI and primary health care, which led to the development of the national guideline for integration,
- Advocating for cold chain installation in health facilities to reach hard-to-reach populations due to distance and vaccine potency, and
- Participating in the review of the Reach Every Child (REC) strategy to ensure that all children had access to vaccines for polio and other antigens.

OBJECTIVE 2

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

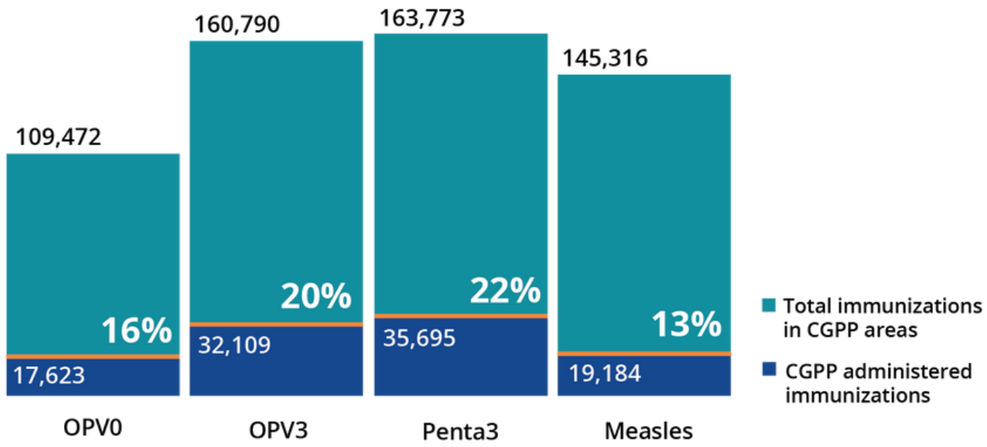
CGPP's improved micro-planning, extensive social mobilization through 533 HHPs (115 female, 438 male) and 5,313 community key informants (CKIs) (2,489 female, 2,824 male), and increasing the duration of outreach services through periodic intensified routine immunization (PIRI) within communities provided greater access to the polio vaccine for children in the project's implementation areas of South Sudan. HHPs reached 2,086,305 individuals 15 and older through risk communication and community engagement (RCCE) on polio and childhood immunization, infection prevention and control, and suspected VPD detection and reporting. This included reaching 1,021,929 community members (558,316 female, 463,613 male) through house-to-house visits and 1,064,376 people, including 145,618 pregnant and lactating women, through group meetings. As well, the project reached an additional 918,758 individuals through visits to social places in CGPP implementation areas of South Sudan. HHPs reached 2,086,305 individuals 15 and older through risk communication and community engagement (RCCE) on polio and childhood immunization, infection prevention and control, and suspected VPD detection and reporting. This included reaching 1,021,929 community members (558,316 female, 463,613 male) through house-to-house visits and 1,064,376, including 145,618 pregnant and lactating women through group meetings.

Notably, the project reached an additional 918,758 individuals through visits to social places. HHPs used their interactions with community members to trace and refer children and pregnant women for vaccination, ensuring the children received OPV on the prescribed schedule. HHPs traced and referred 32,728 children (17,284 female, 15,444 male) who defaulted on RI to the nearest vaccination site. Eighty-one percent, or 26,643 of those referred (14,032 female, 12,611 male), were vaccinated as a result. A total of 25,476 newborn children (13,225 female, 12,251 male) (0-14 days) were tracked and referred for OPV0 by CGPP volunteers. Of these, nearly 85 percent, or 21,609 children (11,162 female, 10,447 male), received their first dose of the polio vaccine. CGPP tracked and referred 23 percent of the project's annual target of 93,809 newborns. The target was not fully met because, due a shift in preference to health facility-based deliveries, more newborns are receiving OPV at birth and do not need to be referred.

In FY23, CGPP contributed to building the immune profile of children through PIRI, integrated outreach, and fixed site vaccination sessions. Through these efforts, CGPP vaccinated 17,623 children with OPV0, 32,102 children with OPV3, 35,695 children with Penta3, and 19,184 children with the measles vaccine. Due to issues with the South

Sudan National Bureau of Statistics 2023 data, which has underestimated the population, immunization rates in project areas appear extremely bloated and because of unreliable denominator data – 87 percent with OPV0 and 134 percent with OPV3 coverage. Figure 7.1 shows the vaccinations administered by CGPP through outreach and PIRI, and the contribution to all RIs provided in project areas during FY23. A population census is needed to better understand the population in project areas and resolve denominator issues, particularly given the fluid and mobile nature of the population in South Sudan.

FIGURE 7.1 - CGPP CONTRIBUTION TO OVERALL VACCINATION OF CHILDREN <1 YEAR IN PROJECT AREAS



DATA SOURCE: CGPP SOUTH SUDAN INTERNAL PROJECT DATA, ADMINISTRATIVE DATA

CGPP adopted PIRI as a strategy in FY23 to address immunization gaps in the hardest –to-reach areas. PIRI entails mass deployment of vaccinators to under-served populations in areas that have non-functional health facilities and have accessibility challenges due to difficult terrain and insecurity. Through this intervention, CGPP administered 23,152 doses of OPV3, 26,448 doses of Penta3, and 10,957 doses of measles to children under 1.

Additionally, CGPP implemented integrated service delivery for COVID-19 vaccination into RI in 97 health facilities in June 2023, with the support of 206 vaccinators (58 female, 148 male). Integrated immunization services were provided through outreach within the catchment area and a health facility fixed site on antenatal clinic day for those facilities with functional primary health care services. As a result, CGPP provided 8,957 doses of OPV3, 9,247 doses of Penta3, and 8,587 doses of measles between June and September.

HHPs traced and referred **32,728 children** who defaulted on RI

81% of those children were vaccinated as a result (26,643)

Additionally, 51,291 doses of tetanus diphtheria (Td) vaccines were administered to women of childbearing age (both pregnant and non-pregnant women) through PIRI and integrated service delivery of COVID-19 with RI.

Training

In FY23, CGPP conducted 49 training sessions that reached 7,054 participants (1,531 female, 5,523 male). During the year, 336 volunteers (107 female, 229 male) and 6,662 health workers and vaccinators (1,417 female, 5,245 male) participated in training sessions, with some attending multiple sessions. The volunteers trained include 256 HHPs (79 female, 177 male) and 80 CKIs (28 female, 52 male). The training sessions included new and refresher topics focused on immunization for polio, VPDs, and COVID-19, integrated CBS for polio and other priority conditions, and data quality.

OBJECTIVE 3*

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

The MOH did not plan or implement any polio supplementary immunization activities (SIAs) in FY23. However, in response to the measles outbreak in December 2022, the MOH, in partnership with WHO, UNICEF, and other partners including CGPP, conducted a nationwide measles follow-up campaign (MFUC) in April and May 2023. CGPP was called upon to support the SIA and post campaign evaluation (PCE) due to strong technical support provided in many past polio SIAs nationally. CGPP capitalized on this experience to implement the following activities during the MFUC: training for vaccinators, payment of incentives of vaccinators, supportive supervision during the campaign, and integration of other RI antigens such as OPV, Penta, BCG, and IPV into the MFUC in the 24 counties of CGPP implementation areas. The national campaign targeted 2,597,415 children, 6-59

** DATA SOURCE: PCE FROM CGPP INTERNAL PROJECT DATA, WHO SOUTH SUDAN, MOH ADMINISTRATIVE DATA*

months across the country. The MFUC vaccinated 2,386,290 children from the targeted age group, representing 92 percent of the national target. The campaign targeted 799,211 children in CGPP's implementation areas in Eastern Equatoria, Central Equatoria, and Western Equatoria. As a result, the campaign reached 649,770 children 6-59 months (81 percent of the target) in project areas.

Upon completion of the MFUC, CGPP conducted a country-wide PCE for the national integrated MFUC at the request of the MOH. The PCE's primary objective was to assess the coverage of the MFUC among eligible children aged 6-59 months. The survey reached 13,542 respondents from 13,542 households in 62 counties (77 percent of counties that implemented the campaign). CGPP administered a set of questions adopted from the WHO guidelines for PCE to the caretakers of eligible children 6-59 months to assess the vaccination status for measles. In addition, CGPP assessed children aged 6-23 months for pentavalent vaccination status by recall and card confirmation. Overall, the PCE survey results indicated the campaign coverage by card was at 73 percent, as opposed to 92 percent as reported by WHO. None of the 10 states and three administrative areas attained the national target of 95 percent. Some of the key findings included:

- **Measles coverage:** Of the 13,542 children surveyed, 1,849 (14%) were missed and not vaccinated during the campaign. Reasons for missed children included caretakers not knowing about the campaign (24.6%) and vaccination sites being too far (16.9%), among others.
- **Measles zero-dose children:** Forty-two percent (4,929) of the 11,733 children aged 9-59 months surveyed were zero-dose and received the measles vaccine for first time during the campaign.
- **Penta zero-dose children:** Of the 9,707 age-eligible children 6-23 months, 10.7 percent were vaccinated for the first time with the pentavalent vaccine. A majority of the zero-dose children were concentrated in Jonglei State (19.1%), Warrap State (17.5%), and Pibor Administrative Area (17.6%).

The PCE recommended implementing a mop-up vaccination campaign in counties with less than 80 percent campaign coverage, investing in traditional channels of social mobilization such as street announcements using megaphones and engaging social mobilizers and community leaders. The performance metrics of the campaign, including areas that struggled with coverage and social mobilization, will help to inform future campaigns for polio and other VPDs.

Integration of RI into the MFUC

CGPP integrated PIRI into the nationwide MFUC implemented by WHO and UNICEF to ensure that children were also reached with OPV during the campaign. This enabled CGPP to vaccinate children aged 0-23 months with other childhood vaccines and mothers with tetanus diphtheria (Td) in the project areas during the campaign. During the integrated integrated PIRI, 9,351 children were vaccinated with OPV0, 18,296 children were vaccinated with OPV3, and 21,055 children were vaccinated with Penta3. Additionally, CGPP vaccinated 39,801 (24,558 non pregnant mothers, 15,213 pregnant) mothers with a dose of Td vaccine.

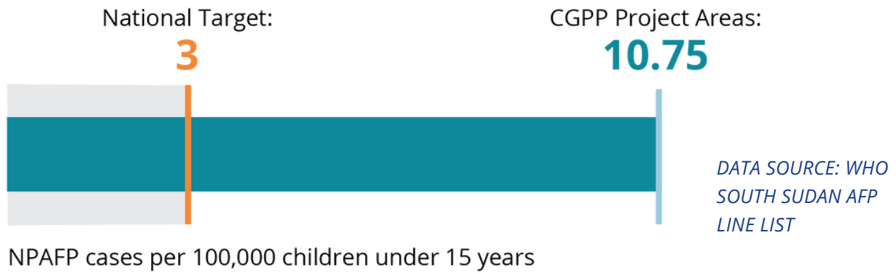
OBJECTIVE 4

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

CGPP implements integrated CBS for AFP, VPDs, Ebola virus disease (EVD), COVID-19, and adverse events following immunization (AEFI), through a network composed of 31 project supervisors (4 females, 27 males) at the county level, 553 HHPs (128 females, 438 males) at the boma (village) level, and 5,313 CKIs (2,489 female, 2,824 male) at the village level. This well-structured CBS network has enabled communities to contribute to the surveillance system by improving its sensitivity in the project areas. In FY23, CGPP project areas surpassed the national polio surveillance indicator targets achieving a non-polio AFP (NPAFP) rate of 3/100,000 children under 15 years and a stool adequacy rate more than 80 percent.

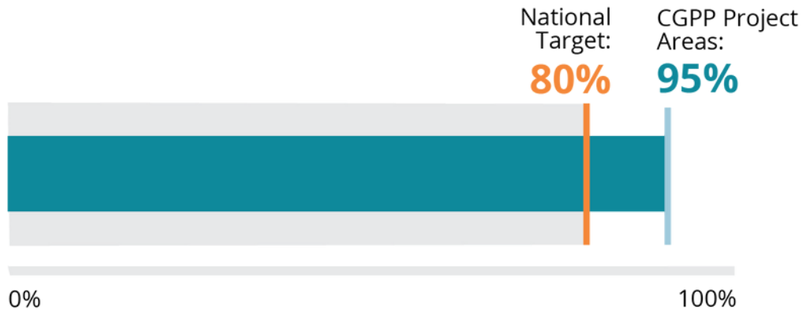
During FY23 (EPI week 40), 150 suspected AFP cases were reported in CGPP implementation areas, 56 percent (84) of which were reported by CGPP community volunteers. None of CGPP implementation areas remained silent in the fiscal year. The stool adequacy in CGPP areas was 95 percent, substantially higher than the national target of 80 percent (Figure 7.3). The NPAFP rate in project areas overall was at 10.75 per 100,000 children under 15 (Figure 7.2).

FIGURE 7.2 - NPAFP RATE IN CGPP AREAS VERSUS NATIONAL TARGET IN FY23



Additionally, CGPP incorporated the integration of other VPDs and conditions into CBS and was able to detect the following number of suspected conditions: measles (84), yellow fever (3), EVD (3), COVID-19 (1), AEFI (10), and acute watery diarrhea (15).

FIGURE 7.3 - STOOL ADEQUACY RATE IN CGPP AREAS VERSUS NATIONAL TARGET IN FY23



DATA SOURCE: WHO SOUTH SUDAN AFP LINE LIST

OBJECTIVE 5

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

In FY23, CGPP held biannual review meetings for 33 HHPs and 547 CKIs across 24 counties and other state and national review meetings. Together, the secretariat and USAID conducted data quality checks and an audit, while USAID independently visited project sites for monitoring. In June, July, and September, CGPP conducted state-level meetings for partner-specific achievements and a national annual review meeting to measure FY23 project activity. The project review meeting was attended by over 150 participants (10 female, 140 male), including project staff and key stakeholders. Key action points from the state review meeting included, providing project staff with an increased understanding of project interventions, project indicators, and compliance issues. The national review emphasized the importance of effective and efficient coordination and collaboration with stakeholders, the scope of work in FY24, and the presentation of a template to include qualitative feedback.

USAID held monitoring visits to five project sites to verify activity implementation, identify gaps in implementation, understand lessons learned, and provide recommendations to enhance consistency and overall improvement. These USAID third-party monitoring visits revealed limited information, education, and communication (IEC) materials for HHPs,

Community members in Hai-Baraka in Juba lining up to get their children vaccinated during an outreach in Gudele during the commemoration of African vaccination week.

mobility challenges for volunteers due to difficult terrain, heavy workload for volunteers due to the large geographical areas covered by each HHP, vaccine stockout in health facilities, inadequate training for vaccinators, and underreporting of data from health facilities. Action steps included training vaccinators on immunization in practice and COVID-19, increasing the number of volunteers to one HHP per boma, following up with other partners and MOH for updated IEC materials, and developing job aids for HHPs.

In furtherance of Objective 5, CGPP also documented the project's work through scholarly articles and social media. With support from global headquarters, CGPP submitted a journal article to the Journal of Global Health Science and Practice entitled "Leveraging the polio infrastructure to integrate COVID-19 vaccination." The article showcases the innovation and integrated service delivery of RI. The article is tentatively scheduled for publication in January 2024. Additionally, the secretariat published several success stories and blogs on polio and the role of community-based volunteers through Facebook, LinkedIn, and WVI websites. USAID South Sudan also published CGPP success stories, pictures, and blogs on its website and social media platforms.

Supportive Supervision

CGPP provided supportive supervision to project supervisors on a quarterly basis, monthly

to HHPs, and biweekly to CKIs. In FY23, 71 percent (22 of 31) of project supervisors, 56 percent (311 of 553) of HHPs, and 55 percent (2,926 of 5,313) of CKIs received regular supportive supervision and mentorship visits from their respective supervisors. During the fiscal year, the number of project supervisors increased from 25 to 31, the number of HHPs increased from 457 HHPs to 553, and the number of CKIs increased from 4,570 CKIs to 5,313, through funding from the EVD preparedness and response program.

OBJECTIVE 6

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

In September 2022, the Africa Regional Certification Committee and WHO African Region committee recommended South Sudan clean the national line list for polio, strengthen both health facility and community-based disease surveillance, improve the quality of RI, and institute deliberate efforts to support hard-to-reach communities as important steps in maintaining the polio-free status of the country. In line with the above recommendations, CGPP, with assistance from WHO, supported cross-border collaboration meetings with Uganda, Kenya, and Democratic Republic of the Congo in FY23.

Additionally, CGPP, in collaboration with MOH, WHO, UNICEF, and John Snow Inc., conducted joint advocacy meetings and supportive supervisions to the states and counties. Additionally, the joint team reviewed the performance of disease surveillance, including environmental surveillance in the country. With these partners, CGPP also advocated for strengthening of disease surveillance and immunization through vaccination at POEs with Sudan to curb the risk of importation because of ongoing instability.

CROSS-BORDER INITIATIVES

Due to economic uncertainties and the fragility of the country, the South Sudanese population has become mobile, constantly moving into neighboring countries. With funding from WHO, CGPP's cross-border initiative supported MOH efforts to operationalize the WHO International Health Regulations (IHR, 2005) to address the health needs of the border populations, strengthen coordination, surveillance, information sharing, and respond to public health threats. This work will greatly contribute to the risk reduction of morbidity and mortality among the mobile community. During FY23, CGPP supported several

cross-border public health initiatives on polio, EVD, and COVID-19, including coordination meetings, vaccination, screening at POEs, and training for surveillance committees.

CGPP conducted and participated in the following during the fiscal year:

- **One Health meeting:** March 7-9, 2023, jointly organized by CGPP South Sudan and CGPP Horn of Africa in Kakuma, Turkana, Kenya, between Kapoeta East, Eastern Equatoria State and Turkana, Kenya to strengthen One Health collaboration, coordination, and information sharing on disease surveillance. The meeting was attended by 49 participants (7 female, 42 male) drawn from government counterparts from South Sudan, Kenya, WHO, and other health implementing partners.
- **One Health cross-border meeting:** June 6-7, 2023, organized by IOM in partnership with WHO. The meeting highlighted the importance of tracking the One Health contingency plan for public health emergencies, improving inspection of animals and people crossing borders, and establishing border posts to enhance disease surveillance in border communities.
- **Polio cross-border meeting:** October 20-21 and November 22-23, 2022, in Nimule and Yumbe districts of Uganda. The cross-border meeting was organized jointly by CGPP South Sudan and CGPP Uganda and attended by 111 participants (8 female, 103 male) drawn from government line ministries in Uganda, DRC, and South Sudan, and also health development partners such as WHO, IOM, and others. The meeting emphasized information sharing on diseases outbreak, RI surveillance, polio SIAs, and strengthening cross-border collaboration and coordination. Participants also agreed to establish an integrated border management committee to support coordination of polio activities at the border communities, reinforce quarantine points at major border crossings, strengthen capacity of the surveillance team, and respond to public health emergencies.
- **Epidemiology Bloc 2 polio surveillance:** November 2, 2023, organized by WHO, the Bloc 2 forum members are South Sudan, Chad, Central Africa Republic, and Sudan. The secretariat director represented CGPP during the virtual meeting. The South Sudan team raised concern about delay in sample transportation to Uganda Viral Research Institute (UVRI) and WHO briefed the forum on the progress of contracting a new company to handle sample shipment to the UVRI.
- **Polio planning cross-border meeting:** December 21-22, 2022, organized by WHO in Khartoum, Sudan. South Sudan team included delegates from MOH, WHO, as well as delegates from WHO AFRO, Eastern Mediterranean Regional Office (EMRO), and Chad. Delegates emphasized the importance of developing a roadmap for better coordination of AFP surveillance and outbreak response, establishment of joint cross-border coordination forum, and an M&E framework and reporting system.

Project Officer Job Logboro verifying a suspected measles case.

GLOBAL HEALTH SECURITY

Following this successful implementation of the EVD project, South Sudan CGPP secretariat will start implementing a GHS program in FY24 (October 2023 onwards) with funding from USAID. The project will promote multisectoral coordination and collaboration using the One Health approach at the subnational level, strengthen integrated CBS on zoonotic diseases using the 7-1-7 strategy of detecting a disease outbreak within seven days, notifying appropriate authorities within one day, and supporting systems to respond within seven days of notification. In addition, the GHS project will conduct RCCE on PZDs and continuously improve quality of GHS activities by timely documentation and use of information to inform policy decision making on prevention, detection, and response to zoonotic diseases.

COVID-19*

In FY23, CGPP continued its COVID-19 outbreak response with funding from USAID and the World Bank, through UNICEF. Specifically, between November 2022 and April 2023, through support from UNICEF, CGPP implemented a national COVID-19 vaccination campaign alongside nine other implementing partners and two private companies. CGPP trained and deployed 2,440 vaccinators, 1,293 social mobilizers, and 147 payam supervisors across 25 counties (23 counties covered by CGPP and two counties in Upper Nile State). The campaign resulted in the vaccination of 421,600 individuals (50.2% female, 49.8% male) 18 years and older with the Johnson & Johnson primary series and 163,179 with the Johnson & Johnson booster dose.

From June through September 2023, CGPP began integrating the COVID-19 vaccination into RI in 97 health facilities. In total, 206 vaccinators (58 female, 148 male) were recruited, trained, and deployed across these health facilities to support both fixed-site vaccination and integrated outreach vaccination. As a result, 3,589 integrated outreach vaccination sessions were conducted, leading to the vaccination of 8,141 individuals 18 years and above (4,166 female, 3975 male). As of September 30, 2023, CGPP fully vaccinated a total of 788,652 individuals (50.3% female, 49.7% male), contributing to 17.02 percent of the overall vaccination coverage in project areas.

SOUTH SUDAN MOH ADMINISTRATIVE DATA, COVID-19 DASHBOARD, CGPP SOUTH SUDAN INTERNAL PROJECT RECORDS

EBOLA VIRUS DISEASE PREPAREDNESS

In the aftermath of the declaration of an outbreak of EVD caused by the Sudan Ebola virus species in Uganda on September 20, 2023, CGPP received additional funding from USAID to support the implementation of EVD readiness activities in 11 high risk counties. CGPP established 10 point of entry screening sites in Eastern, Western, and Central Equatoria. In collaboration with WHO, state MOHs, and county health departments, CGPP trained 36 point of entry staff (16 female, 20 male), including nurses, screeners, and crowd controllers, across these points of entry on EVD surveillance, infection prevention, and water, sanitation, and hygiene (WASH). As a result, 183,055 travelers (76,707 female, 106,348 male) were screened for elevated body temperature. Additionally, CGPP led a joint monitoring team to Kajokeji, Yambio, Maridi, Yei, and Morobo Counties involving the national incident management systems of MOH, Public Health Emergency Operation Center, State Ministry of Health, Center for International Programs, WHO, SPEDP, and the county health departments. The teams assessed the EVD readiness activities, mentored field staff, addressed implementation challenges, and documented learning.

On December 13, 2022, CGPP, in collaboration with state MOH, WHO and OPEN, conducted a cross-border meeting in Nimule, Magwi County of Eastern Equatoria. The meeting brought together 34 participants (2 female, 32 male) from Uganda and South Sudan to strengthen collaboration, coordination, and information sharing on EVD between the two countries.

Following the declaration of Uganda free from EVD on January 11, 2023, CGPP has reprogrammed the EVD funds to support GHS efforts.

Jamhuri ya Uganda

UGANDA

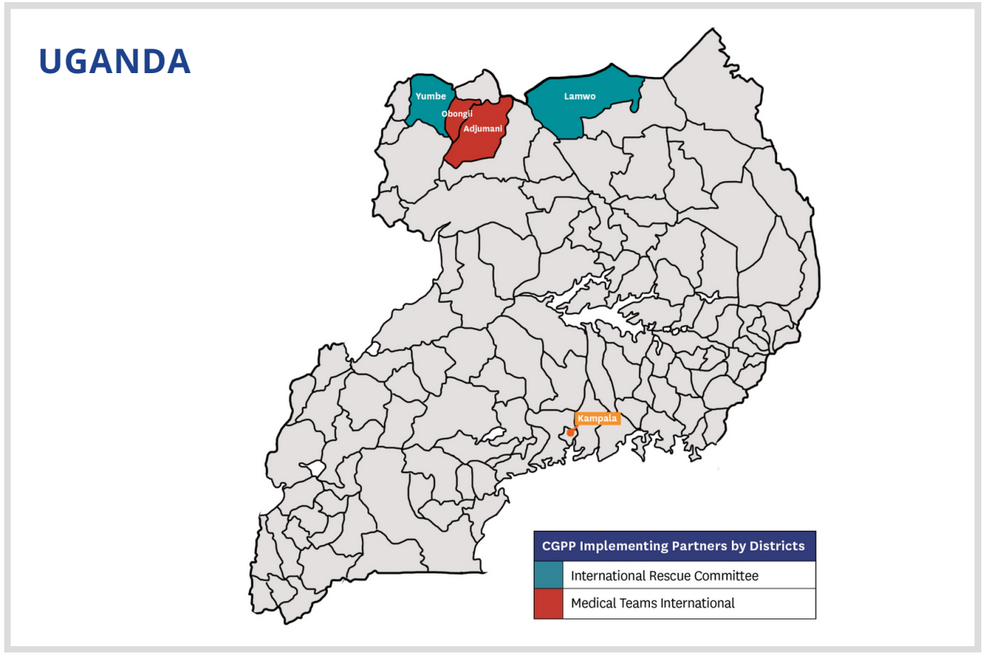
Introduction

Oyella John, a 39-year-old father of three, is doing what some in his community deem women's work. Unphased by the laughing and derogatory comments by mothers waiting in the vaccination area of a health center in Bidibidi Refugee Settlement where he lives, John not only brought his child to be vaccinated, but devotes his time to inspire fellow men to share the responsibility of ensuring that all children are fully immunized against vaccine preventable diseases (VPDs).

Betty, the health worker at the center, corrected the women teasing John. "It's the responsibility of both parents to ensure that their children are fully immunized," she told them. She openly thanked John for taking interest in bringing his child for immunization, emphasized that vaccines are safe, and encouraged parents who bring their children for vaccination to be ambassadors encouraging other parents – especially men – to get involved.

John's wife had held negative beliefs about immunization, and as a result their children defaulted on routine immunizations. But after interactions with CGPP's village health team members (VHTs) who repeatedly came looking for John's wife because of missing vaccines, John learned that that the impact of diseases like polio, tuberculosis, hepatitis, and measles can last a lifetime. With this information, John decided the responsibility was also his. He took it upon himself to take their children to the health facility. Absorbing all he learned from the VHTs and the health worker at Iyete Health Center III, John now devotes his time to educating families in his community about immunization and advocating for shared responsibility of parents.

> "IF BOTH MEN AND WOMEN GET INVOLVED, WOMEN WILL BE ENCOURAGED TO MAKE THE RIGHT CHOICES FOR THEIR CHILDREN AND FAMILIES, AND THEIR BURDENS WILL REDUCE."
>
> **OYELLA JOHN**
> COMMUNITY MEMBER, FATHER OF 3



John is actively working to demystify negative attitudes about men getting involved. "If we both get involved, the women will be encouraged to make the right choices for their children and families, and their burdens will reduce," John said.

The community-based surveillance (CBS) network is made up of 1,098 trained VHTs who reached over one million community members this fiscal year. After tracing and referring 5,907 defaulter children, VHTs saw 95.4 percent receive vaccinations as a result of their efforts. Additionally, they traced and referred 3,891 newborns, with a 99.6 percent vaccination coverage rate.

1,098
volunteers deployed this fiscal year

726,437
children under 5 vaccinated through CGPP supported SIAs

1,017,097
community members sensitized on polio and other VPDs and PZDs

DATA SOURCE: CGPP UGANDA INTERNAL PROJECT DATA, DHIS2 MOH ADMINISTRATIVE DATA

OBJECTIVE 1

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

In partnership with International Rescue Committee (IRC) and Medical Teams International (MTI), CGPP Uganda operates in Yumbe, Lamwo, Adjumani, and Obongi districts. CGPP prioritizes robust partnerships with USAID, WHO, UNICEF, the Ministry of Health (MOH), Uganda National Expanded Program for Immunization (UNEPI), and Uganda Virus Research Institute (UVRI), and values relationships with local district health offices, surveillance, and Expanded Program for Immunization (EPI) focal persons.

In FY23, CGPP engaged in international, national, and subnational coordination and technical meetings. Internationally, CGPP participated in two cross-border meetings with Uganda, South Sudan, and the Democratic Republic of the Congo (DRC) as well as the global annual planning meeting for the project in Mombasa, Kenya. At the national level, CGPP attended biweekly COVID-19 incident management team meetings.

Monthly meetings were held with EPI partners, the National Emergency Operation Center, the polio surge team, the National Interagency Coordination Committee (NICC), and with CGPP implementing partners. Each quarter, project partners participated in review meetings with GPEI partners. At the district level, CGPP took part in monthly district task force and settlement coordination meetings.

In October and November 2022, CGPP contributed to two cross-border meetings with Uganda, South Sudan, and DRC that were attended by 175 people. Outcomes included the provision of a vaccine refrigerator at the transit center for vaccine storage, development of the joint action plan for border health monitoring and submission to WHO, and the establishment of a WhatsApp service.

Outcomes of the September 12-14, 2023, NICC meeting included progress on the implementation plan for integrated child health days (ICHDs) and finalizing the targeting tool, budget, and partner mapping to support ICHDs.

Oyella John taking his son to get vaccinated at the health facility.

OBJECTIVE 2

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

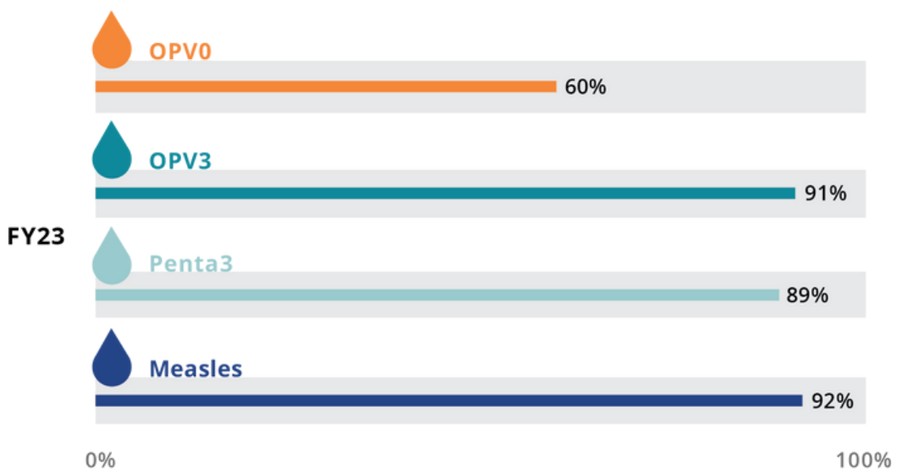
CGPP Uganda's trained workforce of 1,098 VHTs (440 female, 658 male) reached 1,017,097 people. Of those, 655,792 were reached through group meetings and 378,396 through one-on-one sessions to improve acceptance and uptake of vaccines for polio and other VPDs in project areas. VHTs provided information on polio and VPDs and connected communities to existing service delivery points. CGPP VHTs also conducted surveillance for adverse effects following immunization (AEFI), though none were recorded in the project areas. VHT used interactions with community members to identify and refer defaulters, newborns, and pregnant women who needed vaccination. They traced and referred 5,907 defaulter children, with 95.4 percent being vaccinated as a result. To ensure that newborns received their OPV birth dose, VHTs tracked and referred 3,891 newborns, almost all of which were vaccinated (99.6%). In addition, VHTs referred 4,964 pregnant women for antenatal services, 62.9 percent connected with a health center.

CGPP's ability to reach communities and support vaccination uptake was strengthened by the retention of 90 percent of VHTs. This allowed for continuity of interactions with the community and improved community trust.

To improve project implementation and support immunization systems strengthening, regular integrated joint supportive supervision and monitoring in immunization programs was conducted in partnership with the district health offices in all 128 health facilities in four partner implementing districts. Additionally, to ensure a strong cold chain in project areas, CGPP conducted preventive maintenance on refrigerators in 69 health facilities.

These efforts contributed to achieving high coverage for OPV3 (91%), Penta3 (89%), measles (92%), and fully immunized (92%) children. In contrast, OPV0 coverage was low in project areas, at just 60% (Figure 8.1). To help improve this, CGPP VHTs will continue to track pregnant women and refer newborns for vaccination in FY24.

FIGURE 8.1 - RI COVERAGE FOR CHILDREN UNDER 1 IN CGPP UGANDA PROJECT AREAS FY23



DATA SOURCE: DHIS2 UGANDA MOH ADMINISTRATIVE DATA

Training

In FY23, CGPP held nine training sessions focused on improving VHTs' skills in CBS, message dissemination, education, and mobilization ahead of the SIAs. The trainings were tailored to address skill gaps identified among the VHTs during supportive supervision and report submission. Overall, 3,972 people (1,824 female, 2,148 male) participated in the trainings, which included important sessions on integrated CBS for 949 VHTs and SIA training for 961 VHTs.

Additionally, CGPP conducted health worker trainings with 1,202 participants following the launch of version three of the integrated disease surveillance and reporting manual. The project also provided training on surveillance for AFP and other VPDs, cold chain management, and SIAs.

Finally, CGPP Uganda trained project staff on the Open Data Kit (ODK)/Organizational Network Analysis (ONA) system with the support of CGPP Ethiopia. The project is currently using the ONA system to track project-specific data alongside the COMPANION app for MOH/WHO.

OBJECTIVE 3*

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

In FY23, CGPP Uganda supported three polio SIAs in project areas. Two of these were integrated child health days (ICHDs), conducted in October 2022 and April 2023. The third campaign was a polio SIA conducted in November 2022. CGPP provided technical support and participated in the planning, implementation, and monitoring of polio SIAs. VHTs conducted house-to-house mobilizations to increase demand and ensure that caregivers brought their children for vaccination during campaigns. Additionally, VHTs visited public gatherings to provide information about vaccination and held community sensitization workshops with religious leaders, women, and youth associations, and also at schools. VHTs distributed CGPP-produced education and communication (IEC) materials (such as banners, posters, leaflets, etc.) for social mobilization and utilized local media outlets to increase community awareness about the campaign. CGPP worked with refugee communities and involved block and influential leaders to mobilize the community and help facilitate the campaigns.

**WHO UGANDA SIA DATA, UGANDA MOH ADMINISTRATIVE DATA*

The November 2022 polio SIA resulted with 383,112 vaccinated children (146% of the target). Data quality and estimating the target/denominator for SIAs has been a major challenge in project areas due to high population movement of refugees. Independent campaign monitoring revealed that 97 percent of children were reached, with 3 percent missed. It also showed that 92 percent of caregivers had heard about the upcoming SIA in project areas. The two ICHDs reached 77,911 children in October 2022 and 6,002 children in April 2023 with the polio vaccine.

CGPP also supported a yellow fever vaccination campaign and the measles-rubella (MR) vaccination campaign by providing RCCE and social mobilization in focal communities. Additionally, CGPP participated in and supported technical meetings, provided training for VHTs and health workers ahead of the campaign. The June 2023 yellow fever campaign performance was affected by the very short planning and implementation period and stockout of the vaccines during the five-day event. The campaign reached 11,926 children (54.7% of target) in Lamwo district and 146,486 children (75.6% of target) in Adjumani district. The October 2022 MR campaign overperformed, reaching 344,381 children (147.2% of the target).

OBJECTIVE 4*

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

The CBS network is made up of 1,097 trained VHTs (40.1 percent female) who reached 1,017,097 community members with active case search and other social mobilization activities. The CBS network used house to house and group meetings, and other interactions with community members to actively look for suspected AFP cases. A total of 86 true AFP cases were identified, reported, and fully investigated in CGPP areas. Sixty-four of the AFP cases were among refugee populations. Through their efforts, CGPP VHTs identified 56 percent (48 of 86) of all AFP cases reported in project areas. Of the cases reported by VHTs, 87 percent (41 of 48) were reported within seven days of onset of paralysis. The CGPP CBS system also identified and reported 72 suspected measles cases of which 39 were positive for measles and three for rubella, 18 suspected cases of bacterial meningitis, which four turned positive, and one suspected case of viral hemorrhagic fever which was found to be negative on investigation.

**DATA SOURCE: WHO UGANDA AFP LINE LIST, CGPP UGANDA INTERNAL PROJECT DATA*

Project areas had a non-polio acute flaccid paralysis (NPAFP) rate of 10.3 per 100,000 children under 15 years, significantly higher than the national target of 4 per 100,000. The stool adequacy for FY23 was 92 percent, well above the national target of 80 percent. The project held 92 meetings, workshops, and reviews of facility records to support health facility detection and improve the ability of health workers to detect and report suspected cases of AFP and other VPDs.

Village health team administering polio vaccinations.

OBJECTIVE 5

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

In FY23, CGPP implemented a variety of activities to improve data quality, documentation, and use. CGPP conducted data quality monitoring and assessments each quarter in 69 health facilities in conjunction with the office of the district health officer (DHO). The project supported monthly supportive supervision, monitoring, register review during active searches, integrated EPI performance review, and surveillance activities.

Performance review meetings were held with VHTs to review their reports that feed into integrated community case management. Implementing partners focused on monthly data quality reviews of CGPP. EPI review sessions were conducted across health facilities and contributed to six continuous quality improvement projects on monitoring coverage of three doses of the combined diphtheria, tetanus toxoid, and pertussis vaccine (DPT3) and the first dose of the MR vaccine (MR1). One cross-learning visit was conducted between CGPP Ethiopia and CGPP Uganda to improve project implementation and data collection process. Additionally, one in-country exchange visit between CGPP partners at field sites was conducted to share lessons learned.

OBJECTIVE 6

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

There were no certification activities in FY23. CGPP Uganda continues to work and contribute to the national and sub-national plan for polio transition and integration.

CROSS-BORDER INITIATIVES

CGPP organized two cross border meetings with the health and political leadership of the border districts in Uganda and the relevant counties in South Sudan. These meetings took place in October 2022 in Nimule, South Sudan with Uganda (Amuru, Adjumani, Lamwo, and Magwi county) and in November 2022 in Yumbe, South Sudan with Uganda and DRC (Yumbe, Koboko, Adjumani, Moyo, Kajo Keji, Yei, and Morobo counties). Additionally, CGPP conducted four cross-border joint supportive supervisions with Adjumani, Amuru district local governments (DLGs) and port health teams at Elegu/Nimule and nine monthly supportive visits to Elegu, Ngomoromo, and Madi Opei.

The cross-border engagements resulted in improved staffing for the port health clinic at Elegu, improved coordination and communication across the border, and development and submission of the joint action plan for border health monitoring to WHO. Amuru DLG provided a vaccine refridgerator for use by the CGPP team at the transit center.

CGPP received additional USAID funding to strengthen COVID-19 vaccination access, utilization, and integration into routine health service delivery in the four refugee settlements. The project activities focused on training health workers on the use of the Smart Paper Technology (SPT) forms, entry of COVID-19 vaccination data into the national COVID online system, integration of COVID-19 vaccination into primary healthcare activities, and supporting coordination efforts at the district level.

Below is the breakdown of the specific activities conducted:

- Trained 68 health workers on the use of SPT forms,
- Supported entry of over 90,000 backlogged COVID-19 vaccination records into the EPIVAC system (about 70,000 records pending),
- Integrated COVID-19 vaccination into RI, chronic care clinics, point of entry screening and vaccination for travelers and new arriving refugees, nutrition programs, and school health programs,
- Supported last-mile delivery of COVID-19 vaccines and supported emergency vaccine orders in two districts, and
- Supported 12 district task force meetings.

The immunization coverage for the four refugee settlements is detailed in the table below. The low coverage is attributed to vaccine stockout, especially of the Pfizer vaccine which is used for 12–17 year-olds (Figure 8.2).

FIGURE 8.2 - COVID-19 COVERAGE IN CGPP UGANDA PROJECT AREAS FY23

Age Category	Settlement	Target (Refugees only)	1st dose	Fully vaccinated	1st dose coverage	Fully vaccinated coverage
18+ years old	Adjumani	91,165	38,329	35,353	49.1%	45.2%
	Obongi	56,877	49,855	32,239	91.5%	59.2%
	Lamwo	33,757	12,418	2,932	36.8%	8.7%
	Yumbe	92,214	49,057	7,367	53.2%	8%
12-17 years old	Adjumani	41,726	1,783	53	4%	0%
	Obongi	22,341	10,119	3,874	45%	38%
	Lamwo	11,300	2,093	28	18.5%	0%
	Yumbe	28,388	16,992	472	59.9%	1.7%

DATA SOURCE: UGANDA MOH ADMINISTRATIVE DATA

DR. ROMA SOLOMON
RETIRES AFTER 24 YEARS WITH THE PROJECT

Dr. Roma Solomon worked for 24 years on our project, leading the India secretariat since its inception in 1999. Roma retired at the end of this fiscal year.

A medical doctor by profession, Roma became the executive director for the project when it began. Dr. Solomon, her team, and community workers faced a lot of resistance along the journey, including vaccinator teams getting hot water thrown at them by community members. But Dr. Solomon found a way to listen beyond the violence. "The community was not prepared for such an ambitious and intensive health program where global standards of data collection, reporting, and accountability had to be followed. A very coercive family planning program in the 1970s made people suspicious of this program in 1999, when vaccinators landed on their doorsteps without previous warning. The suspicion and resistance were heightened when all sorts of rumors connected to the vaccine surfaced, starting with impotency, HIV/AIDS, etc. Then 9/11 happened and people thought that a certain community was being targeted due to its links with the al-Qaeda. Entire villages used to get emptied the day before the immunization campaign round, at times due to a fatwa—a formal ruling or interpretation on a point of Islamic law—circulated by an imam. To nullify that fatwa, our field staff had to set out at night to look for the perpetrator. Poor service delivery from the health and other departments also prompted such violent reactions. For example, if the government frontline workers did not provide good healthcare, or streetlights or roads were not looked after, people were angry and reacted by refusing the vaccine," she said.

"My attitude from the beginning was to leave my ego behind when I went to work. Also, I never gave a chance to anyone to complain that I was rude to them or fought with them, no matter the provocation. Of course, my biggest support came from Ellyn Ogden," Dr. Solomon recounted. USAID's Worldwide Polio Eradication Coordinator, Ellyn Ogden, was there when CGPP started, and the two have worked together since 1999.

As Roma has watched the world become more gender-aware, she explained there's still a long way to go. "The mindset at the field level hasn't changed much. Women need to empower themselves and not wait for the men to change since they are encultured to be patriarchal. Education, negotiation skills, and diplomacy are all steps towards equality." One positive change she has seen is in who brings children for vaccinations. "More and more fathers are turning up, rather than mothers."

One of Dr. Solomon's most memorable moments in over two decades of work speaks to this. "On one of my field visits, the community mobilizer led me to what we called a refusal household. I saw a woman my age washing clothes in the open veranda. As soon as she saw me, she ran inside and picked up a little girl and asked me to leave. I sat down beside her and started a conversation with her, trying to find out the reason why she did not want her grandchild to get vaccinated. To my surprise she started crying and told me that she had just lost a grandson because he was given some injection by a local 'doctor' for 'fever' and she didn't want to lose this child too. The community mobilizer and I spent the next half hour with her, explaining how the polio vaccine works and how it would protect this child and not harm her. She agreed to not only vaccinate the little one but also spread the word among her friends and neighbors," Dr. Solomon said.

Not too long ago, India had been one of the most stubborn places worldwide to eradicate polio. In a truly remarkable accomplishment, India completed 2012 without a single case of wild poliovirus. The country was certified polio-free in March 2014.

As far as leaving a legacy, Dr. Solomon said she hopes that she and her team have been able to do justice to the communities in which they have worked. "For me personally, compassion, empathy, and social justice means a lot, and I have tried to work keeping all three in mind. As a team, we have been successful in transforming a generation of young women from volunteers to professionals who have the confidence and ability to move to higher positions," she said. (A recent study was completed on CGPP India's community mobilization coordinators and the transformative changes among them. The secretariat is currently working on publishing those results in an academic journal.)

For others working toward vaccination uptake in their regions, Dr. Solomon suggests three things:

1. Keep yourself aware and pay attention to technical updates on vaccine-preventable diseases.
2. Do not provide free incentives to promote vaccination because parents must realize their responsibility in keeping their child healthy and disease-free.
3. Work with children, parents, and all community members on infection control guidelines.

> "MOTHERS ARE NOT STUPID TO DENY INTERVENTIONS THAT WOULD BENEFIT THEIR CHILDREN. THEIR BEING ILLITERATE OR LACKING KNOWLEDGE SHOULD NOT BE EQUATED WITH STUPIDITY. IT IS OUR FAILURE IF WE CANNOT CONVINCE MOTHERS OR UNDERSTAND THE REASON BEHIND THEIR REFUSAL."
>
> **DR. ROMA SOLOMON**
> FORMER SECRETARIAT DIRECTOR, CGPP INDIA

REPÚBLICA DE ANGOLA

ANGOLA

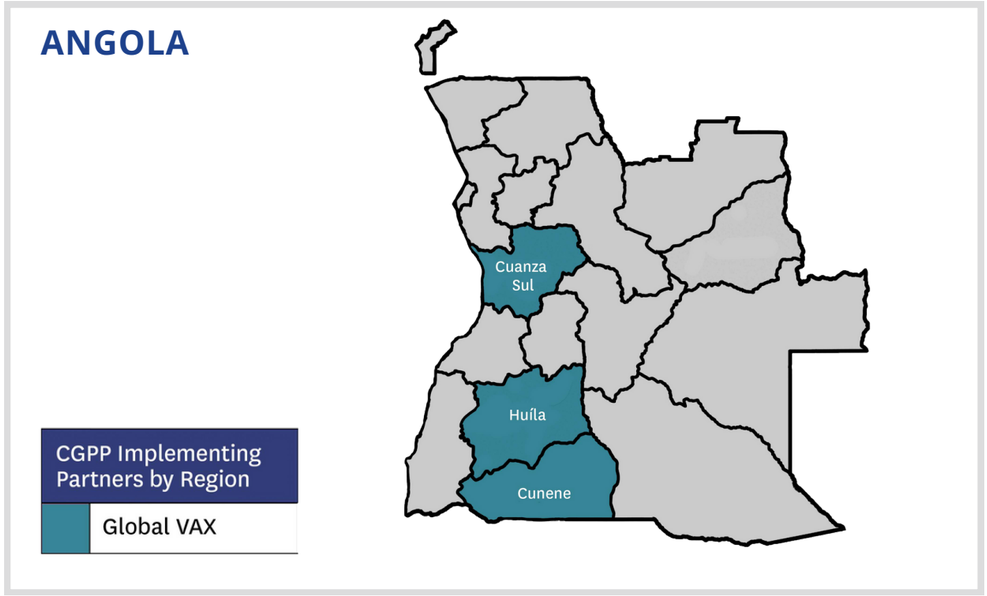
Introduction

In March 2023, in Bata Bata in Huila Province, two pregnant women received their third and fourth doses of the COVID-19 vaccine. "I had stopped taking the other vaccines since I became pregnant, but today I learned that pregnant women can also get vaccinated against COVID and there is no risk," explained one of the women.

CGPP Angola's Project Global VAX supports the Angola Ministry of Health (MOH) 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, just like the aforementioned mothers. In addition to the vaccination support activities, the project includes a food basket distribution component, targeting households with malnourished children in community feeding centers to improve the food security situation in these households and to increase vaccination coverage.

Activities are implemented in the Huila, Cunene, and Cuanza Sul provinces of Angola, through one partner, World Vision Angola (WVA), in coordination with the MOH, and provincial and municipal health departments.

The MOH workforce supported by CGPP consists of 34 mobile vaccination teams, 127 social mobilizers (SMs), and 56 provincial supervisors. Each mobile vaccination team consisted of one SM, one vaccinator, one register, and one preparator. MOH volunteers with experience in vaccination campaign were selected. Mobile vaccination teams conducted their activities in difficult to access and/or distant peri-urban and rural areas. Apart from the mobile vaccination teams, CGPP Angola supported 127 SMs (60 female, 67 male). The SMs provided information to communities prior to vaccination campaigns and sensitized and worked with local leaders, including traditional leaders, religious leaders, key female influencers, and others, to help mobilize communities for COVID-19 vaccination. Additionally, CGPP supported 56 MOH supervisors to monitor and support provincial coordinators and vaccination teams. The project built the capacity of vaccination teams to ensure that they implemented activities and collected and transmitted data timely and accurately.



CGPP ANGOLA PROJECT OBJECTIVE

To support the Ministry of Health in accelerating the COVID-19 vaccination campaign in the provinces of Huila, Cunene, and Kwanza Sul

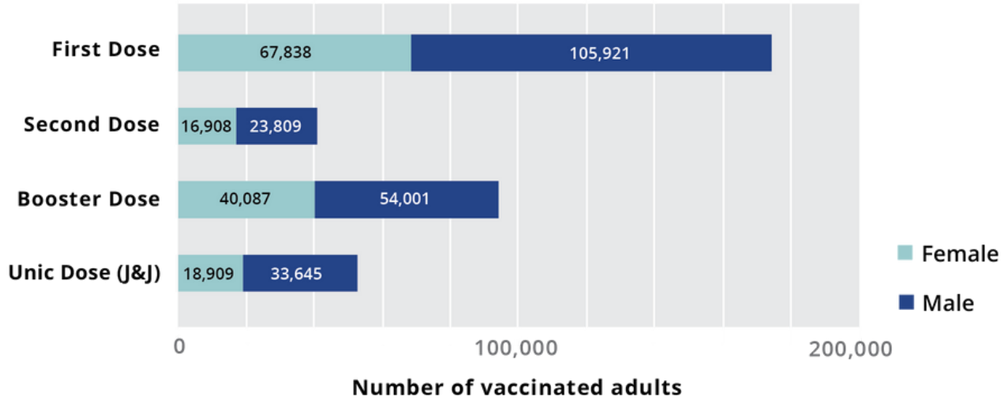
CGPP's deployed 127 trained SMs to support social mobilization and risk communication and community engagement one to two days prior to COVID-19 vaccination campaigns, and prior to the arrival of vaccination teams in project areas. They provided information about the COVID-19 vaccination for adults and routine immunization (RI) (for polio and other vaccine preventable diseases) in children under 5 via house-to-house visits and visits to schools, churches, and markets, reaching 77,083 community members (55,806 in Huila, 13,110 in Cuanza Sul and 8,167 in Cunene). SMs 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 FY23, CGPP held five advocacy workshops with local authorities, traditional leaders, religious leaders, and women's groups, garnering the attendance of 159 participants (53 female, 106 male). The workshops helped advocate with local authorities to encourage community vaccine adherence, particularly amongst women. In Angola, while women compose a higher percentage of the population, they have lower vaccine coverage than men.

In FY22, CGPP began collaboration with the South Western Angola Emergency Response (SWAER) project, and this year added the partnership with the Global Hunger Response project. These partnerships had the intent of boosting immunity through addressing the prevalence of malnutrition and under nutrition and addressing communicated needs of the focal communities. The project conducted vaccination activities in conjunction with food basket distribution to reach the already captive target audience. As a result of this strategic pairing, 25,451 individuals were vaccinated by CGPP supported teams during food basket distributions in project areas.

CGPP-supported MOH supervisors monitored and supported the implementation of project activities, built the capacity of teams through on the job training, and ensured the data was reported in both project and national reporting systems.

FIGURE 9.1 - CGPP VACCINATED ADULTS BY GENDER AND VACCINE DOSE



DATA SOURCE: MOH National Dashboard, ReDIV

These efforts led to the vaccination of 361,118 people (143,742 female, 217,376 male) with one or more doses of the COVID-19 vaccine by CGPP Angola-supported vaccination teams in FY23 (Figure 9.1). Of these, 173,759 individuals (67,838 female, 105,921 male) received a first dose, 40,717 received a second dose, and 94,088 received booster doses.

CGPP vaccinated with three vaccines – the multi-dose Pfizer and Moderna vaccines and the single dose Johnson & Johson vaccine. CGPP intentionally provided the Johnson & Johson vaccine, a single dose vaccine, to families in drought-affected areas that were likely to migrate to areas with better access to food and water, making it difficult for them to return for repeat vaccinations.

Vaccination point for COVID-19 for CGPP Angola.

Training

In FY23, the project also trained 168 CHWs (63 females, 105 males) through two trainings.

The first training, held in Huila province in July 2023, covered topics including: identifying the target population, monitoring adverse effects following immunization, referrals, and biosafety. This training had 95 participants (37 female, 58 male). A second training was conducted for 73 participants (26 female, 47 male) in May in Cuanza Sul province. The training focused on COVID-19 data collection and processing.

PROJECT-WIDE OBJECTIVE

Build effective partnerships with PVOs, NGOS, and international, national, and regional agencies

CGPP Angola worked closely with USAID Angola and other COVID-19 vaccination partners on key activities, planning, and implementation. On September 14, 2023, CGPP along with

other Global VAX partners, attended a critical USAID meeting to address the development of the COVID-19 integration strategy, as well as the cold chain situation of the health facilities involved. This meeting was a forum to discuss the new approach of integrating COVID-19 vaccination into RI systems in Angola. Partners were asked to contribute to the mapping of health facilities that would be needed in these integration efforts.

During this fiscal year, CGPP also attended key meetings at the provincial and municipal levels, including micro-planning meetings. These meetings served as an opportunity to revisit the macro-plan targets set nationally and adjust them based on data from the municipal and provincial levels. CGPP also used these forums to improve future implementation by sharing challenges and lessons learned.

Throughout FY23, CGPP found that strategic partnerships with community leaders, including health and religious leaders, helped to improve second dose coverage and led to greater adherence to vaccine schedules. Another lesson learned was related to the creation of data recovery teams. These teams, strategically supported by CGPP, were deployed to remote areas where data capture was not recorded in the national report. Recovering this data allowed the MOH to better assess coverage and make subsequent decisions.

CGPP food distribution integrated with COVID-19 vaccination services.

CGPP INNOVATION

REFERRAL CARDS FOR COMMUNITY VOLUNTEERS

On a Thursday morning in June 2023, 48-year-old Nefisa Mehmed sat under a green tarp draped over six skinny metal poles at the vaccination crossing point, seven kilometers outside of Dewele Kebele on the border of Ethiopia and Djibouti.

The border crossing just closed and she took out her referral cards to show them to Samuel Abdissa, Health and Nutrition Senior Project Officer for Catholic Relief Services (CRS).

Nefisa is a CV for CGPP, which is implemented through Catholic Relief Service (CRS) and Hararghe Catholic Secretariate in Nefisa's county.

"I've noticed how many pregnant mothers and defaulters I've referred so far," Nefisa explained to Samuel. "I feel happy because the health center will acknowledge my contribution by counting and seeing the referral cards."

Nefisa Mehmed explains how she uses the referral cards to refer people to health centers.

In Nefisa's zonal region, illiteracy rate among CVs is 69 percent, yet one of their roles in the community is giving group health education sessions at community gatherings such as at the market and at mosques during prayer time. This is done through easy to understand pictorial flipbooks that CVs are trained to use.

Nefisa does not know it, but the recently implemented referral cards she held that morning have been a long-time project for CGPP. "It was three years ago that I had an idea for them and started working on it," said Bethelehem Asegedew, Communications Advisor for CGPP Ethiopia. After implementing input from CGPP staff, Bethelehem drafted the next iteration. She then started looking for a printer. "We wanted it to be laminated and waterproof because of the extreme weather conditions in the hard-to-reach areas with thicker paper so they would last longer, but no provider would print

to our specifications." Then COVID-19 hit, and the project was put on hold.

In the fall of 2022, Bethelehem looked into printing again. "We decided we'd try to print something and that would be better than printing nothing." She said that a lower-quality material was found after a lot of searching. CGPP had the referral cards printed in April 2023 and distributed them to the 11 implementing partners. All the partners were excited to have this new resource, Bethelehem said. "This is an innovative resource we hope others will replicate," said Filimona Bisrat, Secretariat Director of CGPP Ethiopia at the time this story was written.

Samuel believes the cards will be effective for everyone involved. "The referral cards will be helpful for the beneficiaries, community volunteers, and the woreda project staff. For the beneficiaries, they are easily reminded to go to the health care facility to get the needed service," he said. "For CVs, they can take pride in what they've contributed through the referral cards will also indirectly help staff evaluate if the planned activities are on the right track for the reporting period.

Bethelehem first saw the cards in use at the vaccination crossing point. "I felt proud when I saw Nefisa pull out her referral cards and show them to us. It is nice to see something you did has an impact. I hope to see more mothers and children brought to the health facilities because of this."

Bethelehem said that these cards help the overall work of tracking zero-dose children, children who haven't received routine immunizations from birth, and registering pregnant women and newborns. "It's easy for the community members to register at the health centers through them, and it helps the mothers remember to go. And now the CVs work can be tracked."

> "I FELT PROUD WHEN I SAW NEFISA PULL OUT HER REFERRAL CARDS AND SHOW THEM TO US. IT IS NICE TO SEE SOMETHING YOU DID HAS AN IMPACT."
>
> **BETHELEHEM ASEGEDEW**
> COMMUNICATIONS ADVISOR, CGPP ETHIOPIA

Yohannes Abebe, 43, serves as the Ayesha Woreda Field Officer and focal point for CGPP. He knows the value of the CVs even without tracking their referrals. "The CVs give health education and information and share the use of the vaccines to the community. They inform caretakers that effect or consequences if their children do not take the vaccines, the community comes to understand and internalizes it. This results in many community members coming to the health center for immunizations. The relationship between the CVs, the mothers, and caretakers are smooth and friendly," he said. Still, he's about the referral cards. "We thank CGPP for creating these, and they are waterproof too. They're great," he said.

The health extension worker who receives the referral card from the caregiver or mother will document which CV it came from. Each CV has five cards for each of the three categories.

Bethelehem Asegedew displays the referral cards used by CVs.

Bethelehem hopes these current cards can last a couple of years. "Maybe we can find better quality printers sometime in the future," she said.

For now, Nefisa can walk into the Dewele Health Center and proudly see the cards that have returned to the center visibly in the pocket folder on the wall.

Yibuuti | Jabuuti | جيبوتي
DJIBOUTI

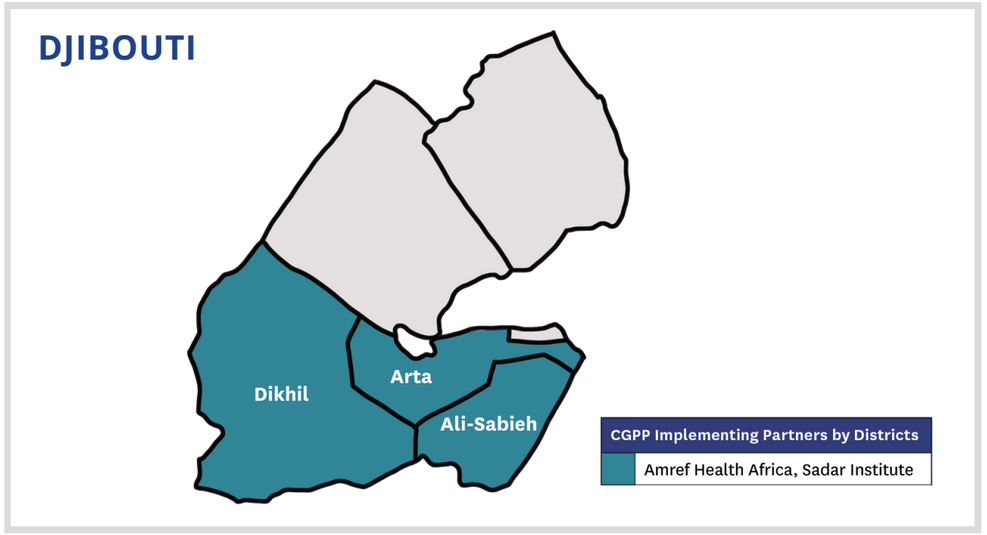
Introduction

The Republic of Djibouti is in the Horn of Africa, bordered by Eritrea, Ethiopia, and Somalia, a multi-ethnic nation with slightly over one million people. About 70 percent of the entire population lives in Djibouti City. The country is known for its strategic location as a gateway to the Red Sea and the Gulf of Aden, thus making Djibouti a transit country, with many people traveling to and from neighboring countries. This puts Djibouti at risk for importation of infectious diseases, including COVID-19 and childhood vaccine preventable diseases (VPDs) such as polio. Notably, COVID-19 vaccine uptake has been low with factors such as access, equity, vaccine hesitancy, community health-seeking behaviors, community education, and vaccine logistics impacting coverage. In addition, one of the emerging health priorities in Djibouti is the need to improve routine immunization (RI) coverage following an increase in zero-dose children between 2020 to 2022. A 2022 UNICEF survey revealed a high proportion of partially immunized children (34.1%) and a high rate of zero-dose children (16.5%).

CGPP DJIBOUTI PROJECT BACKGROUND

CGPP began work in Djibouti in April 2023 with COVID-19 funding from USAID. The project aims to enhance the Ministry of Health's (MOH) capacity to increase the uptake of the COVID-19 vaccination by integrating it with RI and VPD surveillance. The implementing partner is Amref Health Africa with its sub-grantee, Sadar Institute. Additionally, CGPP works closely with the USAID Djibouti to ensure the project is responsive to USAID's goals and priorities. Project objectives are:

1. Supporting COVID-19 vaccine campaigns, mass vaccination, and temporary mobile sites to ensure expansive access and in turn equitable access to COVID-19 vaccines,
2. Providing adaptive technical assistance to improve the COVID-19 micro-plan, logistics, and data systems to address challenges over time in the vaccine rollout process,
3. Assisting vaccine availability to increase absorption by assessing and addressing the reasons for low absorption,



4. Assisting in vaccine access, demand, and confidence building through CGPP's innovative, consistent, and tailored communication and social mobilization approaches,
5. Supporting COVID-19 human resource surge capacity by engaging CGPP's community network, and
6 Supporting national and subnational coordination efforts to enhance vaccine rollout coordination and monitoring.

In collaboration with its partners and the MOH, CGPP enhances the technical capacity of community-based health workers through training and equipping them with information education and communication (IEC) materials. The goal of this capacity strengthening is to improve risk communication and community engagement (RCCE) and social mobilization activities to improve uptake of COVID-19 and RI in project implementation areas.

PROJECT KICK-OFF

CGPP organized a three-day project kick-off mission in Djibouti from April 23–26, 2023. The visit covered Djibouti City and border regions in Arta, Dikhil, and Ali Sabieh. The mission objectives were to identify and engage critical stakeholders in Djibouti, such as the MOH, International Organization for Migration (IOM), UNICEF, and WHO, involved in the vaccination efforts to foster trust, cooperation, and collaboration during project

implementation. These stakeholder engagement sessions at national and regional levels informed the project design and implementation, as well as created a shared understanding of the project goals and expected outcomes to promote complementarity and avoid duplication. Afterwards, CGPP finalized project documents, including M&E and work plans and staffed the project team, consisting of a project manager and three project assistants.

Administering COVID-19 vaccinations through a mobile clinic.

COVID-19

After the official project launch in April 2023, CGPP began implementation across the three regions in July. From July to September, the project conducted 25 outreach sessions, administering COVID-19 doses to 9,675 people (7,348 male, 2,327 female), or 25.4 percent of the annual target of 38,107 (Figure 10.1). CGPP noted a disparity in access between males and females with males receiving 75.9 percent of vaccines due in part to Djiboutian social-cultural norms. In response, CGPP expanded the vaccination strategy to include household visits and community outreach to connect with women and vulnerable populations with vaccinations. Table 10.1 summarizes the doses of Johnson & Johnson vaccine administered by region by month.

FIGURE 10.1 - Johnson & Johnson COVID-19 DOSES ADMINISTERED BY CGPP DJIBOUTI, JULY TO SEPTEMBER 2023

Regions	July	August	September	Total Doses
Dikhil	319	1,576	1,692	3,587
Arta	313	1,466	1,460	3,239
Ali Sabieh	361	1,027	1,461	2,849
Total	993	4,069	4,613	9,675

DATA SOURCE: MOH COVID-19 REGISTERS

ROUTINE IMMUNIZATION

The project integrated COVID-19 vaccinations with RI of children to improve overall uptake and enhance project relevance and ownership by the government. RI was conducted at fixed sites within the regional referral hospitals and mobile vaccination sites in the Dikhil and Arta regions. However, human resource challenges in the Ali Sabieh region hampered RI mobile vaccination efforts. Figure 10.2 shows the children reached with different RIs during the period of July to September 2023.

FIGURE 10.2 - NUMBER OF CHILDREN REACHED WITH RI BY CGPP DJIBOUTI, JULY TO SEPTEMBER 2023

Regions	July	August	September	Total Doses
Dikhil	38	104	263	405
Arta	21	140	213	374
Ali Sabieh	222	218	363	803
Total	281	462	839	1,582

DATA SOURCE: MOH VACCINATION REPORTS

Measles, polio, and Penta 1 are the commonly-administered vaccines within the project areas. The total routine immunizations administered for the period are shown in Figure 10.3.

FIGURE 10.3 - DOSES ADMINISTERED PER RI VACCINE BY CGPP DJIBOUTI, JULY TO SEPTEMBER 2023

Vaccine Type	Doses Administered
Measles	**263**
Polio	**199**
Pentavalent	**463**
Diphtheria, tetanus, and pertussis	**115**
Varicella	**189**
Diphtheria, tetanus, and whooping cough	**235**
Pneumonia	**65**
Rotavirus	**49**
Bacillus Calmette-Guérin	**2**
Hepatitis B	**2**
Total	**1,582**

DATA SOURCE: MOH VACCINATION REPORTS

ENHANCING COLD CHAIN MANAGEMENT

A robust cold chain function is crucial to ensure successful COVID-19 and RI vaccination efforts. CGPP evaluated cold chain management at all three referral hospitals and identified critical gaps in both vaccine cold chain and vaccine supply chain. There was suboptimal forecasting due to weak communication between the vaccinators and storage facilities and unreliable records for forecasting led to stockouts. Additionally, while the storage facilities at the referral hospitals were sufficient, many refrigerators needed replacement. Finally, outreach activities also strained cold chains at referral hospitals because the cool boxes used in the immunization clinics are also used for outreach activities.

To address these challenges, CGPP scheduled a series of trainings targeting the supply chain and cold chain managers across the three regions. Planned for November-December 2023, the training will be conducted in collaboration with the MOH Expanded Program on Immunization coordinators at the regional and national levels to ensure that the solutions identified are implemented.

PROJECT CHALLENGES

In addition to CGPP Djibouti's many successes this fiscal year, the project has also encountered the following challenges:

- Djibouti's terrain across the three regions is very rocky, often affecting the project's ability to reach communities and conduct effective engagement sessions.
- Some of the migrant communities and community members do not keep vaccination records, making it difficult to ascertain their vaccination history.
- Data management is still weak, with the district health information software having been recently rolled out in the country and the health workforce is still being onboarded and sensitized.
- Project plans shift based on drought and migratory patterns, calling for agility to adapt vaccination plans and outreach to align with the local and migrant populations' availability. The migrant communities often speak different languages, such as Amharic or Oromia from Ethiopia, causing communication challenges for community engagement activities.

CGPP Djibouti Project mobile team administering COVID-19 vaccine in a hard-to-reach area.

FY23 CONFERENCE PRESENTATIONS

Global Health Practitioner Conference

Bethesda, Maryland, USA | October 5-9, 2022

Dr. Filimona Bisrat, Ahmed Arale, and Dr. Innocent Rwego, concurrent presentation: *Global Health Security Project: A One Health Community Level Approach*.

Doris Lamunu and Dr. Filimona Bisrat: concurrent presentation, *How CGPP has utilized its polio platform and infrastructure to integrate other programming.*

Manojkumar Choudhary, oral presentation: *Measuring community engagement in polio vaccination campaigns: A case of CORE Group Polio Project (CGPP), India.*

Rina Dey, poster presentation: *A holistic approach and use of local indigenous tools during communication interventions enhance confidence building among frontline workers and communities to adopt positive behaviors for COVID-19 and routine immunization In Uttar Pradesh, India.*

Parul Ratna, roundtable presentation: *Engaging Community Action Groups (CAGs) to increase the uptake of COVID-19 vaccine in four districts of Uttar Pradesh.*

Yatender Singh, poster presentation: *COVID-19 vaccination among pregnant and lactating women: How CORE Group Polio Project turned the tide in high-risk areas of selected districts of Uttar Pradesh, India.*

Dr. Samuel Usman, roundtable presentation: *Enhancing pandemic preparedness through strengthening community-based surveillance for detecting acute flaccid paralysis and other disease outbreaks.*

American Public Health Association Annual Meeting

Boston, Massachusetts, USA | November 6-9, 2022

Bethelehem Asegedew, oral presentation: *Knowledge, attitude, and practice of mothers/caretakers towards childhood immunization in Ethiopia.*

Dr. Muluken Asres, poster presentation: *Priority Zoonotic Diseases surveillance integration into the existing polio eradication program in Ethiopia: Opportunities, success, and challenges.*

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, CONTINUED

Jitendra Awale, poster presentation: *Barriers and enablers of the world's largest COVID-19 vaccination program - a case study of India.*

Dr. Filimona Bisrat, oral presentation: *Assessing the contribution of community volunteers to strengthen polio surveillance in pastoralist and semi-pastoralist areas: Findings from the CORE Group Polio Project in Ethiopia, 2018-2020.*

Manojkumar Choudhary, poster presentation: *Investment in polio eradication is an investment in the resilient health system redeemed dividend in COVID-19 pandemic response - Lessons from CORE Group Polio Project India;* and oral presentation: *Tackling gender imbalance in COVID vaccination: CORE Group Polio Project India's experience,* which won special recognition and a $500 award from APHA's International Health Section.

Bahiru Getachew, oral presentation: *Cost-benefit of community volunteers in the detection of acute flaccid paralysis in pastoralist and semi-pastoralist areas in Ethiopia, 2018-2022.*

Tenager Tadesse, poster presentations: *Strengthening Expanded Program for Immunization through facility-based supportive supervision in pastoralist and hard-to-reach part of Ethiopia: The experience of CORE Group Ethiopia* and *Health workers and caregiver interaction during child vaccination session at health facilities in Somali Region of Ethiopia, a qualitative study.*

Dr. Melaku Tsehay, poster presentation: *Effect of COVID-19 pandemic on childhood immunization: Evidence from the Gavi project in Ethiopia.*

Dr. Samuel Usman, roundtable presentation: *Interrupting transmission of vaccine-derived poliovirus using community volunteers.*

International Social Behavior Change Communication Summit

Marrakech, Morocco | December 5-9, 2022

Bethelehem Asegdew, Rina Dey, Abubakar Salah, and Jemima Tumalu, roleplay presentation: *Building resilience to unravel misinformation in human and animal health - A CORE Group Partners Project Experience in One Health communications.*

Jitendra Awale, oral presentation: *CORE Group Partners Project (CGPP) India's experience in adapting polio communication lessons in COVID-19 pandemic response.*

National Immunization Research Dissemination Workshop

Addis Ababa, Ethiopia | March 16-17, 2023

Dr. Melaku Tsehay, presentation: *Quality of health worker and caregiver interaction during child vaccination sessions: A qualitative study from Benishangul-Gumuz region of Ethiopia.*

Asrat Asres, presentation: *Contribution of community volunteers on immunization and disease surveillance in Gambella.*

Second Annual Vaccination Acceptance Research Network Conference

Bangkok, Thailand | June 12-15, 2023

Jitendra Awale, poster presentation: *Recovery of routine immunization coverage disrupted by COVID-19 pandemic: India's lessons in mitigating the catastrophic impact on immunization services disrupted by the pandemic.*

Manojkumar Choudhary, oral presentation at plenary session: *Value of deploying community-level mobilizers to mobilize communities and boost or rebound vaccination uptake: CORE Group Partners Project's experience in increasing polio, routine immunization, and COVID-19 vaccination in hard-to-reach areas of Uttar Pradesh, India.*

Sudipta Mondal, poster presentation: *A New template for measuring transformative changes among community cadre: An experiment with the community cadre of CORE Group Partners Project India.*

Parul Ratna, poster presentation: *Community engagement to uptake the childhood immunization service utilization during the COVID-19 pandemic in four districts of Uttar Pradesh.*

SECOND ANNUAL VACCINATION ACCEPTANCE RESEARCH NETWORK CONFERENCE, CONTINUED

Yatender Singh, oral presentation at concurrent session: *Rebounding routine immunization coverage slowed down by COVID-19 pandemic: How community action group came forward and turned the tide in Uttar Pradesh, India.*

Samuel Usman, poster presentation: *Improving access to oral polio vaccine amongst internally displaced persons in conflict affected areas of Northeast Nigeria.*

International Conference of Primary Health Care

Addis Ababa, Ethiopia | September 5-7, 2023

Ahmed Arale, Doris Lamunu, Dr. Filimona Bisrat, and Dr. Muluken Asres, concurrent panel: *Partnering for Innovative Integration: Strengthening Immunization and Disease Surveillance in Primary Health Care.*

17th Vaccine Congress Conference

Glasgow, Scotland | September 24-27, 2023

Jitendra Awale, poster presentation: *Significance of collaborative efforts between NGOs/CSOs and government in maximizing reach for vaccination of zero-dose children, lessons from CGPP India.*

Manojkumar Choudhary, poster presentation: *Building vaccine confidence among government frontline workers (ASHAs) to address vaccine hesitancy and accelerate the uptake of childhood immunization - Experience of CORE Group Partners Project, India.*

Rina Dey, poster presentation: *Comprehensive pictorial holistic packaging of information aided by indigenous tools for behavior change interventions helped in reducing vaccine hesitancy among parents/caretakers in Uttar Pradesh, India.*

Parul Ratna, poster presentation: *Community engagement to increase utilization of childhood immunization services during COVID-19 pandemic in four districts of Uttar Pradesh, India.*

Yatender Singh, poster presentation: *Influx of zero-dose children during and post COVID-19 pandemic: How CORE Group Partners Project supported the government mission to overcome challenges in high-priority sub centers in Uttar Pradesh, India.*

GENDER HIGHLIGHTS

While CGPP increases access to vaccinations for people living in hard-to-reach places, the project also understands that access is not the only barrier. Often decisions are made by male heads of households or male leaders in a family or a community, which is why this year, CGPP has focused on expanding its influence for both genders.

CGPP trained and engaged male community leaders and fathers to serve as change agents, sensitizing others and promoting immunization at local gathering places. In Nigeria, male peer educators met with other fathers to talk about child health and used trusted relationships to ensure vaccination. In Kenya, CGPP found that although young mothers in care groups had information on vaccinations, their power in decision making was limited. In response, the project added care groups for fathers, so they had a safe space to learn about immunization and were supported in making positive health decisions for their families. In Uganda, as highlighted earlier, a female health worker corrected the women around her teasing a father for bringing his children in for vaccination. That father, Oyella John, has become an advocate in his community for the concept that both men and women need to share responsibility for child vaccinations.

While routine immunization coverage remained comparable among girls and boys in CGPP program areas, there were lower rates of COVID-19 vaccination among women in many project areas. CGPP South Sudan utilized innovative strategies, including integrated vaccine service delivery for COVID-19 and routine immunization. This created greater access opportunities for women to get vaccinated for COVID-19 as they simultaneously brought their children for routine immunization.

CGPP's volunteer workforce (predominately female at 63 percent) continued to engage mothers through one-on-one and group interactions, providing support and information, and referring them to health centers for vaccination. In Ethiopia, volunteers linked 74,930 pregnant women, the highest number of pregnant women for tetanus diphtheria vaccine in the last five years. In India, through the CMC transformation study, volunteers highlighted their own personal empowerment and transformation and the importance of the training and on-the-job mentorship CGPP provided. CGPP had 10,557 female training participants this year.

For decades, the project has focused on gender dynamics specific to the regions it works in, but this year, the project formally learned a detailed theory behind gender barriers in immunizations. This was achieved through World Vision's Gender Equity and Social Inclusion (GESI) 6-week training that 15 of the project members attended from several countries. In the training, the project learned of the five domains of GESI transformation: access, participation, decision-making, systems, and well-being. The training included topics such as conducting a GESI analysis, integrating GESI into program design, and GESI and monitoring and evaluation, among others.

The whole project received a trickle-down version of the GESI training during its in-person project-wide meeting in March.

"Gender-focused interventions primarily targeted towards women overlook the influence of male decision-makers within households," said CGPP Nigeria's Gender Lead, Racheal Pindar. CGPP Nigeria conducted a gender analysis of two of its five focal states, Katsina and Borno, to align with the objectives of USAID. Focusing on gender equality and women's empowerment, especially in improving immunization uptake, the analysis sought to enhance CGPP's understanding of how gender interacts with various factors such as age, education, ethnicity, location, religion, migration, and disability. By employing an intersectional gender approach, the analysis aimed to uncover the complexities influencing access to and utilization of vaccination services.

The analysis highlighted key insights into immunization practices in these unique socio-cultural contexts. Despite the mandatory nature of childhood immunization, the lack of enforcement measures at the institutional level poses challenges to achieving widespread coverage. Furthermore, underserved populations, specifically children from poor families and those with disabilities, face difficulties in accessing vaccines, leading to health inequalities. The report confirmed additional barriers such as inadequate remuneration for female volunteers, insufficient immunization infrastructure, and low awareness among men regarding the importance of vaccines. Suggestions included leveraging religion as an entry point for intervention, collaborating with faith-based organizations and religious clerics, and forming partnerships to challenge and transform gender norms and beliefs that hinder vaccine acceptance. It underlines the need for comprehensive and sustainable strategies to address these challenges in Katsina and Borno states. The gender analysis will be a crucial tool in developing CGPP Nigeria's gender strategies across all focal states, playing a vital role in developing more effective and inclusive immunization programs. The insights will also be useful in shaping gender interventions in other countries.

Beyond training and analysis, CGPP saw a new level of female leadership this past fiscal year. In January, Dr. Lami Samaila joined the project as the deputy director for CGPP Nigeria. Mendilyi Yohanna also joined as the MEAL manager for CGPP Nigeria. In February, Josephine Ihahi joined the project as the deputy director for CGPP Horn of Africa, and in March, the project welcomed Fathia Abdullahi as the epidemiologist in Somalia. Fathia was highlighted for World Epidemiology Day this year, saying, "Somalia is scarred by decades of conflict and instability, where fragile healthcare systems bear the weight of frequent outbreaks...In today's interconnected world, where a virus can traverse the globe in mere hours, the role of epidemiologists has never been more crucial. They stand as the guardians of our global health and contribute to the overall well-being of populations." Additionally, in September, the project welcomed Afrah Mohammedsanni as the scientific writer and researcher based in Addis Ababa, Ethiopia. Of the 55 current CGPP secretariat staff across ten countries, 20 are female (36%).

CORE GROUP

CORE Group's mission is to improve and expand community health practices for underserved populations, especially women, children, and adolescents, through collaborative action and learning by bringing together leading technical experts to address global public health issues at the local, regional, and global levels.

Our membership is composed of over 200 NGOs, faith-based organizations, private sector institutions, academia, and individuals. Collectively, our members work in over 150 countries through a network of more than 20,000 civil society organizations. CORE Group fosters connections between the polio-specific work of CGPP and other health responses that could benefit from its polio experience.

CORE Group promotes linkages through its annual Global Health Practitioner Conference, highlighting the various CGPP contributions to polio eradication, COVID-19 activities, and Global Health Security (GHS) efforts. The 2022 conference featured a celebration of 23 years of CGPP. CORE Group presented the Polio Project Impact Award to the project in recognition of its commitment toward of global polio eradication. Several sessions highlighted the project's contributions, including a plenary session on GHS, presentations on One Health and integration, and 90-second roundtable discussions.

CORE Group supported CGPP in planning and facilitating an auxiliary event at the Social Behavior Change Communications Summit on Building Resilience to Unravel Misinformation in Human and Animal Health. CORE Group staff liaised with summit organizers for event logistics, technical support for agenda planning, promotion of the event, and live event support.

CORE Group co-hosted a webinar with Gavi on Strategies to Reach Zero-dose Children in Fragile States and Cross-border Settings. This webinar was an opportunity for CGPP to share learnings from its experience implementing immunization and outreach projects in fragile and cross-border contexts.

CORE Group supported CGPP's participation in the inaugural International Conference on Primary Health Care. CGPP presented on Partnering for Innovative Integration: Strengthening Immunization and Disease Surveillance in Primary Health Care.

CORE Group coordinated a series of three knowledge sharing sessions between CGPP and USAID's MOMENTUM Routine Immunization Transformation and Equity, to exhange experience and lessons learned on vaccinating in hard-to-reach places. CGPP also addressed GHS and strengthening vaccination in zero-dose communities.

In the first session, Ahmed Arale (CGPP Global Deputy Director) and Dr. Samuel Usman of CGPP Nigeria, discussed polio surveillance strategies, the epidemiology of polio in Africa, and CGPP's work. During the second session, CGPP Ethiopia's Dr. Filimona Bisrat presented on polio surveillance, eradication, and CGPP's links to GHS. As well, Anthony Kisanga of CGPP South Sudan spoke on the national COVID-19 vaccination campaign as a strategy for fragile states and the integration of COVID-19 into the polio program. For the third session, Dr. Hibret Tilahun (CGPP Chief of Party/Global Director) shared advances CGPP has made in GHS with a One Health approach, integration of community-based surveillance of zoonotic diseases with surveillance of acute flaccid paralysis and other vaccine-preventable diseases, the importance of robust community engagement and ownership, and how to adapt these approaches to other cultures, geographies, and infrastructures.

Also in FY23, CORE Group organized three capacity-building webinars for CGPP staff. In August, the webinar focused on human-centered design (HCD), during which consultants from the African HCD agency, Matchboxology, shared examples of integrating human and animal vaccination in Kenya, and integrating outreach sessions for RI and COVID-19 in South Sudan. CORE Group will offer a follow-up session in the first quarter of FY24 on HCD for immunization programs hosted by WHO. Additionally, CORE Group hosted two webinars for CGPP on using Microsoft Teams in July and SharePoint in August.

In July and August 2023, CORE Group supported the procurement process to create a video on the role of NGOs in polio eradication in India. The finished video is expected in the first quarter of FY24.

Further, CORE Group hosted and updated the project's website with recent activities and publications. Social media campaigns in FY23 included World Polio Day 2022 and World Immunization Week from April 24-30, 2023. This fiscal year, CORE Group also began work on a new CGPP website that will be published in FY24.

CORE Group connected CGPP to the National Academies Pandemic Preparedness Symposium in April and May 2023. CORE Group also shared resources and technical papers with CGPP around gender, immunization, and other topics. From April 25-28, CORE Group Executive Director Lisa Hilmi participated in the Polio Transition Independent Monitoring Board and the WHO Polio Transition Global Vision Stakeholder Forum in Geneva, providing technical details on CGPP among other immunization programs. Resources from CGPP were shared with organizers, and she made linkages between CGPP and MRITE. Future opportunities are being planned to share CGPP lessons learned and promote collaboration with the Gavi-funded Raise4Sahel project in its work with zero-dose populations. Lisa Hilmi is a member of the Gavi Learning Hub Advisory Committee and co-chairperson of the WHO Civil Society Organization Commission and Steering Committee.