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CORE GROUP POLIO PROJECT • ANNUAL REPORT FY20

coregroup POLIO Project

Responding to Disruption *with* Resilience and Adaptation

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Children in Uganda receive vaccines for oral polio vaccine and measles during a CGPP-supported SIA held in October 2020. Photo by CGPP Uganda.

Cover Photos:

Left: A vaccinator administers OPV during a polio outbreak response campaign in Hamarweyne district in South Central Somalia. Photo by Ahmed Arale.

Right: An 11-day-old boy in India's Nawada village in Sambhal town receives two vaccines - the birth dose of oral polio vaccine and BCG for tuberculosis. This photo was taken by the CGPP's Block Mobilization Coordinator Ms. Tarranum, who monitored the July 1 immunization session.

Executive Summary

FY2020 has been a tough year for global polio eradication. Wild poliovirus cases increased in Afghanistan and Pakistan and circulating vaccine-derived type 2 outbreaks continued in Africa and Asia. Outbreak response and supplemental immunization days were canceled or postponed in response to the COVID-19 pandemic that threatened to overwhelm health care facilities. Routine immunization remained open, but utilization declined.

The reality on the ground has been extremely challenging, but the project and the GPEI have shown themselves both resourceful and resilient in the face of these daunting challenges.

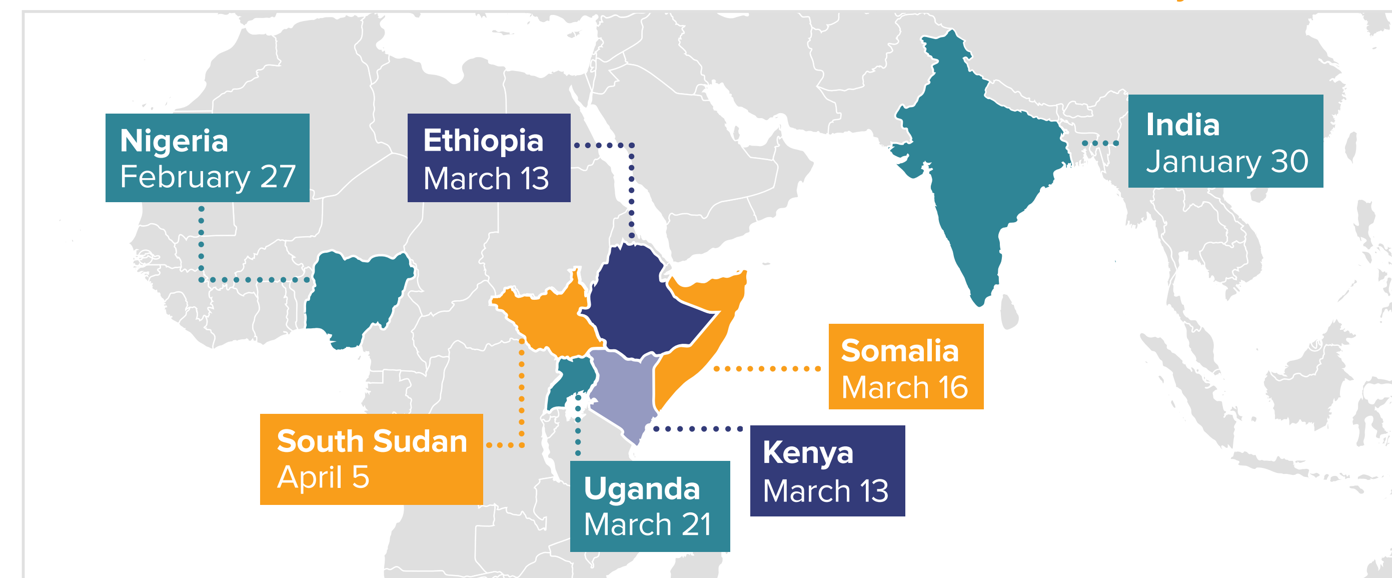
The pandemic has had a negative impact on routine immunization. Lockdowns, travel restrictions, and fear of exposure to the virus contributed to declines in OPV0, OPV3 and fully immunized children. Despite these challenges, the project-supported social mobilizers have continued to promote routine and supplemental immunization and coverage rates have not fallen precipitously. Additionally, there is hope that the introduction of a COVID-19 vaccine will motivate people to seek vaccination services which could provide a real opportunity to promote OPV and Inactivated Polio Vaccine (IPV).

Supplemental immunization activities were postponed or halted in the second half of the fiscal year, but they restarted in most countries in late 2020. Despite these disruptions, the cumulative number of children vaccinated in the SIAs and outbreak response campaigns in project areas increased in 2020. We are also optimistic that the introduction of the novel type 2 OPV will be a game-changer in the battle against cVDPV2 outbreaks in 2021.

Community-Based Surveillance, a hallmark of the CGPP, continued to expand in FY2020, with many countries, donors, and partners recognizing the beneficial role community-based surveillance can play in preventing and tracking disease outbreaks such as COVID-19. During the year, CGPP's community-based surveillance network reported nearly 1 in 2 NPAFP cases in project areas globally.

CGPP India field staff speak with a mother who works at a brick kiln factory. Photo by CGPP India.

Figure 1. Date of Confirmed First Case of COVID-19 in 2020 Click on a country to learn more.



In addition to Polio, the project has followed an integrated approach using our well-established platforms and community networks to contribute to COVID, Ebola, and Global Health Security Agenda (GHSA). USAID awarded additional non-polio funds for the project to support COVID in Nigeria and South Sudan, Ebola in South Sudan, and GHSA in Kenya, Ethiopia and Nigeria. The project has reported separately and specifically on the use of these funds.

The project was awarded a time extension and budget ceiling increase allowing the project to continue till 2024 which gives the project more flexibility to respond to future outbreaks and other needs. India began a transition process based on a transition plan that phased out community mobilizers in fy21 placing greater focus on training government-paid community health workers (ASHAs). Parts of the India transition plan may be delayed due to the impact of COVID and the emergence of cVDPVs in neighboring Pakistan.

The project has continued to document and promote its community-focused contributions to global polio eradication through numerous journal articles, conference presentations, and meetings. Two notable successes of the year were the certification of the eradication of wild poliovirus type 3 and the certification of a polio-free Africa. If the novel type 2 vaccine lives up to its promise of stopping the recurrent cVDPV2 outbreaks in 2021, GPEI will only need to resolve the ongoing wild polio virus circulation in Pakistan and Afghanistan to finally achieve global polio eradication.

Lee Losey

GLOBAL DEPUTY DIRECTOR

Acknowledgments

This report was developed with many people's contributions, starting with the submission of annual reports from 11 international NGOs and 22 national and local NGOs in seven countries. The in-country secretariats consolidated these partner NGO reports into country reports. Based on these country reports, the final global report was developed by Lydia Bologna, the CGPP Communications Technical Advisor, and Kathy Stamidis, the CGPP M&E Technical Advisor. Lee Losey, the CGPP Deputy Director, provided technical guidance. Since 2017, Graphic Designer Gwendolyn Stinger has provided creative expertise for the annual report's design and format.

Mr. Ali Noor, a CGPP community mobilizer, examines a 19-month-old girl suspected of AFP at Borehole11 village in Mandera County on the Kenya-Somalia border. Photo by Mohamed Ahmed, ADRA, CGPP Program Manager.

Objectives

The Fiscal Year 2020 Annual Report has been structured this year by objective rather than by country. The COVID-19 pandemic has resulted in significant disruptions to polio immunization campaigns, outreach activities, community-based surveillance, and health facility support. In FY20, the project incorporated COVID-19 activities at no cost through the polio platform to protect communities in India, Ethiopia, Kenya, Somalia and Uganda from polio and the pandemic. At the same time, South Sudan and Nigeria received specific COVID-19 funding to carry out pandemic-related activities. This report documents the CGPP's impact through the lens of COVID-19 on the six objectives and the community response to battle both poliovirus and the pandemic in an environment of widening immunization gaps and growing circulating poliovirus cases.

To fully access this report, please open the document in Adobe Acrobat. Click through the numbers in the header bar to access the objectives, or click on the Home icon to return to the Table of Contents. For objectives 2 and 3, click on the global map to access data for each country program.

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Acronyms

Acronym	Meaning
ADRA	Adventist Development and Relief Agency
AEFI	Adverse Events Following Immunization
AFP	Acute Flaccid Paralysis
AHA	Animal Health Assistants
AMREF	Health Africa African Medical and Research Foundation
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APHA	American Public Health Association
ARC	Formerly American Refugee Committee, now Alight
ARCC	Africa Regional Certification Commission
ASHA	Accredited Social Health Activist
BCC	Behavior Change Communication
BHP	Boma Health Promoter
BMC	Block Mobilization Coordinator
bOPV	Bivalent Oral Polio Vaccine
CADR	Community Animal Disease Reporter
CBHC	Cross-Border Health Committee
CBDS	Community-Based Disease Surveillance
CBS	Community-Based Surveillance
CCRDA	Consortium of Christian Relief and Development Associations
CGPP	The CORE Group Polio Project
CHIPS	Community Health Influencers Promoters and Services
CHV	Community Health Volunteer
CI	Community Informant
CKI	Community key Informant
CM	Community Mobilizer
CMC	Community Mobilization Coordinator
CRS	Catholic Relief Services
CV	Community Volunteer
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
EOC	Emergency Operation Center
EPI	Expanded Program for Immunization
EVD	Ebola Virus Disease
GAVI	The Vaccine Alliance
GHSA	Global Health Security Agenda
GPEI	Global Polio Eradication Initiative
HDAL	Health Development Army Leader
HEW	Health Extension Worker
HOA	Horn of Africa
HRG	High-Risk Group
HTR	Hard to Reach
IAG	Immunization Action Group
IBR	In Between Round
ICC	Interagency Coordinating Committee
ICM	Independent Campaign Monitoring
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IGAD	Inter-Governmental Authority for Development
IIP	Immunization in Practice
IMB	Independent Monitoring Board
IMC	International Medical Corps
IP	Implementing Partner
IPC	Interpersonal Communication
IPC	Infection, Prevention, and Control
IPD	Immunization Plus Day
IPV	Inactivated Polio Vaccine
IRC	International Rescue Committee
KI	Key Informant
LGA	Local Government Area
M&E	Monitoring and Evaluation
MOH	Ministry of Health
mOPV2	Monovalent Oral Poliovirus Type 2
MTI	Medical Teams International
NBT	Newborn Tracking
NC	Noncompliance
NEOC	National Emergency Operation Centre
NGO	Non-Governmental Organization
NID	National Immunization Day
NPAFP	Non-Polio Acute Flaccid Paralysis
NPHCDA	National Primary Health Care Development Agency
OBR	Outbreak Response
OPV	Oral Polio Vaccine
PCI	Project Concern International
PEI	Polio Eradication Initiative
PPG	Polio Partners Group
RCCE	Risk Communication and Community Engagement
RI	Routine Immunization
SIA	Supplementary Immunization Activity
SMNet	Social Mobilization Network
SNID	Subnational Immunization Day
SPHCDA	State Primary Health Care Development Agency
STC	Save the Children
TAG	Technical Advisory Group
tOPV	Trivalent Oral Polio Vaccine
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UP	Uttar Pradesh
USAID	United States Agency for International Development
VCM	Volunteer Community Mobilizer
VDPV	Vaccine-Derived Polio Virus
VHT	Village Health Team
VWS	Volunteer Ward Supervisor
WHO	World Health Organization
WPV	Wild Polio Virus
WPV1	Wild poliovirus type 1
WASH	Water, Sanitation and Hygiene
WV	World Vision

Mother holds her child in Hammer Woreda in S/Omo zone in SNNPR. *Photo by CGPP Ethiopia.*

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

Introduction

The CORE Group Polio Project (CGPP) works to improve vaccine uptake for polio (and other vaccine-preventable diseases such as measles), conducts surveillance for infectious disease threats, and strengthens health systems. The CGPP operates with 11 international nongovernmental organizations (NGOs) and 22 national and local NGOs in seven countries: India, Ethiopia, South Sudan, Nigeria, Kenya, Somalia, and Uganda. Based on a collaborative structure, the CGPP facilitates coordination, communication, and transparent decision-making at all levels - from global polio eradication partnership meetings to regional immunization policy planning sessions.

In FY20, the CGPP worked with traditional alliances to give voice to civil society, improving the health outcomes of hard-to-reach, inaccessible and marginalized populations with dysfunctional or weak health systems. Furthermore, the project joined new collaborators in a unified response to the COVID-19 pandemic – relationships that emphasize the value of strong coordination across sectors and among committed decision-makers. These efforts ensured complementarity with polio immunization and surveillance activities through integrated approaches. To that end, the project recognizes and amplifies the expertise of local and national NGO partners who directly assist the constellation of vulnerable communities impacted by vaccine-preventable disease and infectious disease outbreaks.

The Secretariat Model

Since 1999, a decentralized and well-established secretariat model of operation guides the project. A primary goal is to avoid duplication of efforts among actors who share the same space. The in-country secretariats function as technical resources to partners and oversee the quality and standardization of project implementation per national strategies. As part of this effort, the in-country secretariats contribute to building national-level partners' capacity to ensure sustainability long after polio eradication and once countries can operate independently of donor funding. All interventions are coordinated with government ministries for country-level ownership and implemented by international, national, and local NGOs.

Annex A provides country maps, profiles and partners.

Figure 2. The CGPP Secretariat Model of Operation

The CORE Group

Established in 1997 to foster collaboration between American NGOs working on Child Survival Projects, CORE Group has grown to become a leader in NGO collaboration, innovation, and sharing, advocating for a vast array of community health priorities. The organization promotes strong linkages through its now annual Global Health Practitioner Conference, an influential venue for highlighting the various CGPP contributions to polio eradication efforts. CORE Group also houses and regularly updates the project's website with recent activities, which receives over 2,000 views annually. CORE Group leads advocacy and social media efforts for CGPP. This year, social media messages promoting CGPP publications and community-based activities reached over 25,000 people in the global health community. In FY20, CORE Group welcomed HOA Secretariat Director Ahmed Arale to its Board of Directors, further strengthening linkages with top community health experts.

This year, CORE Group has led efforts to coordinate multi-level stakeholders supporting the global COVID-19 pandemic response. These highly attended global coordination calls featured lessons learned and best practices from the CGPP experience. HOA Secretariat Director Arale presented on CGPP utilizing pre-existing CBS e-surveillance for COVID-19 surveillance in Nairobi. Dr. Samuel Usman, the CGPP Nigeria Secretariat Director, offered insights from the CGPP experience on the integrated nature of coordinating a country-level response to COVID-19, including creative solutions to support immunization campaigns during COVID-19.

In July, CORE Group collaborated with Partnership for Maternal, Newborn & Child Health (PMNCH) to host the virtual event Lives in the Balance: A COVID-19 Summit for the Health and Well-Being of Women, Children and Adolescents with over 3,000 participants globally. The HOA Secretariat Director was a featured speaker for the breakout session *"PREPAREDNESS. Protecting the most underserved: women, children and adolescents in humanitarian and fragile settings."* His presentation described experiences that women face in Somalia and Kenya's border areas to inform preparedness and response planning as the pandemic continues. The Executive Director of CORE Group, Lisa M. Hilmi, is the NGO Chair for PMNCH and ensures polio lessons and work at events and learning activities.

CORE Group's Executive Director is a Board Member of the GAVI CSO Steering Committee. The GAVI CSO Constituency leads the implementation of the GAVI activities that aim to increase civil society participation in advancing countries' national health strategies and developing immunization policies at the country level. GAVI is also co-leading COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, by coordinating the COVAX Facility, a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines. Executive Director Hilmi is Co-Chair of the CSO Constituency on behalf of the GAVI CSO Steering Committee. On several occasions in 2020, this linkage has enabled secretariats to highlight their work on polio and global health security and COVID-19 response. Additionally, at a recent consultation with the United States Government transition team, the Executive Director emphasized the USAID's $1B investment in polio work. Lessons learned from polio eradication and CGPP could assist with COVID-19 response globally and in the United States.

Global Coordination Activities

A U.S.-based virtual secretariat serves as a global CGPP liaison, supplying overall coordination, technical assistance, and financial management to partners. The Global Polio Eradication Initiative (GPEI) agencies – WHO, Rotary International, UNICEF, CDC, the Bill and Melinda Gates Foundation and GAVI, the Vaccine Alliance - establish guiding protocols.

At the global level, the CGPP Deputy Director serves as the project's technical advisor and chief spokesperson. He provides high-level representation at the Independent Monitoring Board, Polio Partners Group, Technical Advisory Groups, and other opportunities to allow him to advocate for civil society inclusion. The secretariat directors work to ensure strong cross-sectoral coordination and communication at the national and regional levels, representing the national Interagency Coordinating Committee, the Emergency Operation Center, and One Health initiatives.

Country-level Coordination Activities

All secretariat teams represent bottom-up community perspectives, update partners, and share data and resources from project implementation areas. The brief descriptions below are examples of the secretariat's wide range of representation and contribution in FY20.

- CGPP Nigeria actively participates in the national and state polio EOCs and partners with State Ministries of Health, Primary Health Care Management Agencies and Boards at National and State levels, CDC-NSTOP, UNICEF, WHO, Rotary International, the Bill and Melinda Gates Foundation, e-Health Africa, and the Dangote Foundation, providing support to the government for planning, implementation, and

monitoring of all aspects of immunization activities across the five focal states. The strength of these partnerships contributed to the 2020 WPV-free certification of Nigeria.

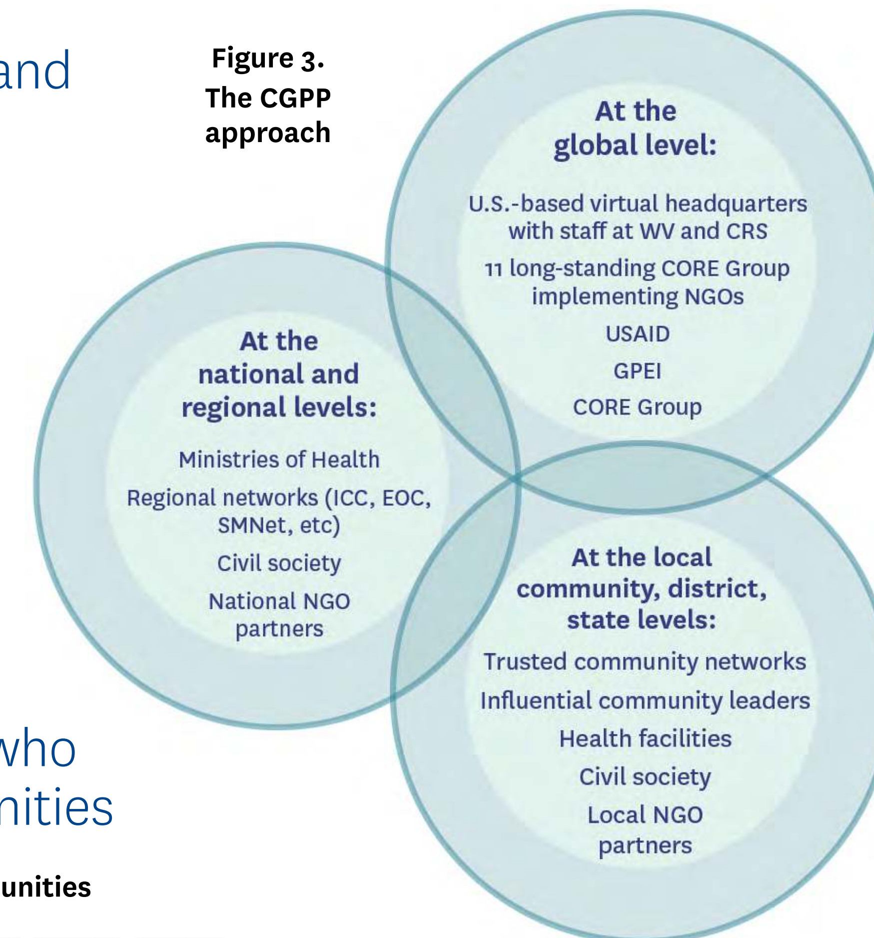
- CGPP Ethiopia, HOA, and South Sudan contribute to GPEI's bi-weekly partner and country meetings for Kenya, Ethiopia, Somalia, Sudan, Djibouti, South Sudan, Uganda, and Yemen. The virtual sessions focus on responding to the climbing cases of circulating vaccine-derived type 2 poliovirus (cVDPV2) in the region.
- CGPP India Secretariat Director Roma Solomon contributed to the India Expert Advisory Group (IEAG) meeting in November 2019 in New Delhi. Dr. Solomon provided strategic guidance to India's government to maintain high population immunity, mitigate risk from polioviruses (including containment) and transition the polio network. Drawing from more than 20 years of community-based polio expertise, CGPP India serves as a member of the COVID-19 Uttar Pradesh Economic Recovery Alliance to pull together civil society's pandemic response. The Alliance works with communities to provide immediate support in food, health care, and other essential supplies, restoring livelihood to affected persons. The secretariat director also takes part in the Inter-agency Risk Communication and Community Engagement (RCCE) Sub-group on Community Engagement in Low Resource Settings. This group is deliberating and co-designing a communication strategy and materials for COVID-19 risk communication.
- Based on strong community networks, CGPP HOA shares key observations during UNICEF-led weekly COVID-19 RCCE coordination meetings to build effective responses. Likewise, partners in South Sudan adopted technical guidelines on community-based surveillance for Ebola virus disease (EVD) developed in part by CGPP South Sudan.
- CGPP South Sudan created four cross-border surveillance committees in Yei, Morobo, Magwi, and Kajo-Keji counties to facilitate and coordinate surveillance-related interventions and outbreak response. The county health director leads each 12-member committee.
- In Ethiopia, the CGPP team is represented in the National One Health Steering Committee Health Cluster, chaired by national government officials. Regular meetings share information and review progress on the national immunization program and polio and zoonotic outbreaks. CGPP partners also participated in similar regional, zonal, and woreda-level outbreak response meetings. They used this information to inform and adapt its program design and implementation and work collaboratively with the appropriate stakeholders. Additionally, the secretariat is an active member of ICC, National Polio Command Post, National EOC at the Federal MoH, and Ethiopian Public Health Institute. The CGPP secretariat director is a member of the COVID-19 emergency response operation, which serves as the command center and contributes to the National Surveillance and Contact Tracing Working Group.

Annex B presents a summary of meetings by country.

CGPP's interconnected and inclusive approach

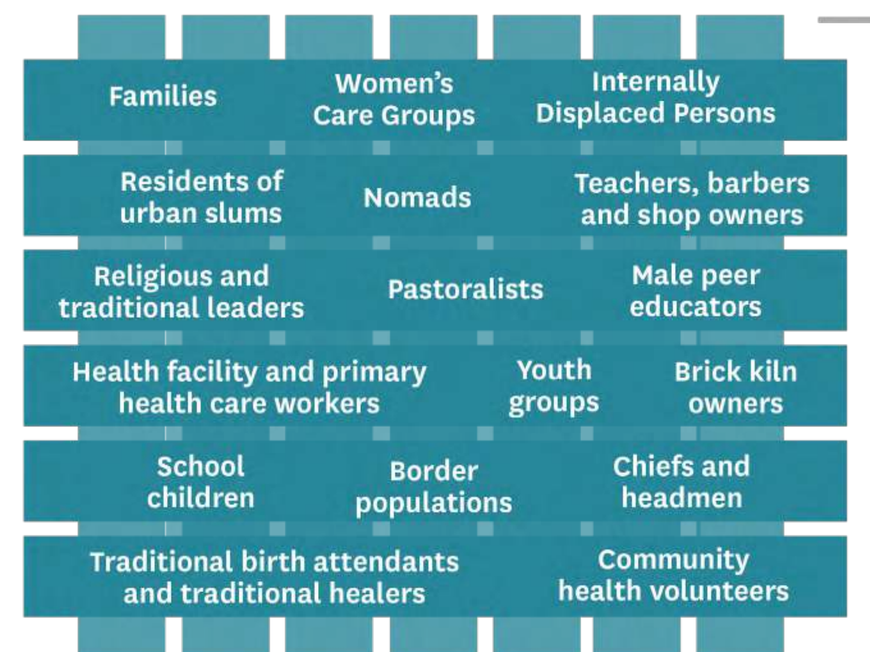
At the community level, the CGPP continually identifies, reviews, and prioritizes community needs and complex realities by registering community concerns and sharing diverse data, lessons learned, and effective practices. As a result, the project drives conversations from the bottom-up community perspective, ensuring shared learning and accountability, informing decision making to formulate practical strategies, and enabling rapid response and action.

Figure 3. The CGPP approach



Individuals and groups who comprise CGPP communities

Figure 4. The CGPP Communities



A partial list of individuals and groups who are part of the deeply woven fabric of CGPP communities that are shaped by unique contexts, socioeconomic conditions, social norms and health literacy, among other intersecting factors.

Mothers practice physical distancing during a routine immunization session in Uttar Pradesh.

Photo by CGPP India.

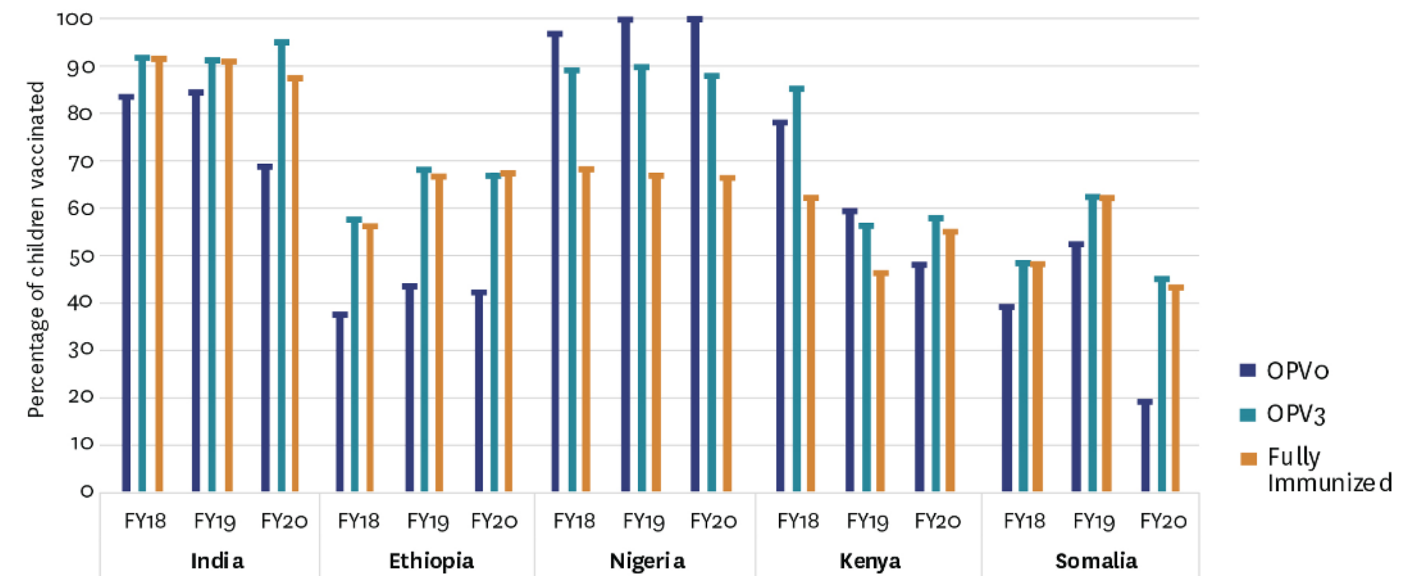
Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication

Introduction

While most governments insisted that health facilities stay open for immunization services, fear of contracting COVID-19, lack of transportation, healthcare staffing shortages, and a host of other pandemic-related challenges contributed to low patient turnout. In FY20, the project incorporated COVID-19 activities at no cost through the polio platform - best practices, volunteer knowledge and community trust – to protect communities in India, Ethiopia, Kenya, Somalia and Uganda from polio and the pandemic. At the same time, South Sudan and Nigeria received specific COVID-19 funding to carry out pandemic-related activities.

In 2021, recovery efforts will focus on restoring faith in health facilities, restarting campaigns and regaining lost ground during the tumultuous pandemic months. The CGPP has already begun laying the groundwork for these efforts by building the capacity and training of nearly thirty thousand volunteers, health workers and others to support focal communities.

Figure 5. Routine Immunization Coverage FY18-20 in CGPP Project Areas



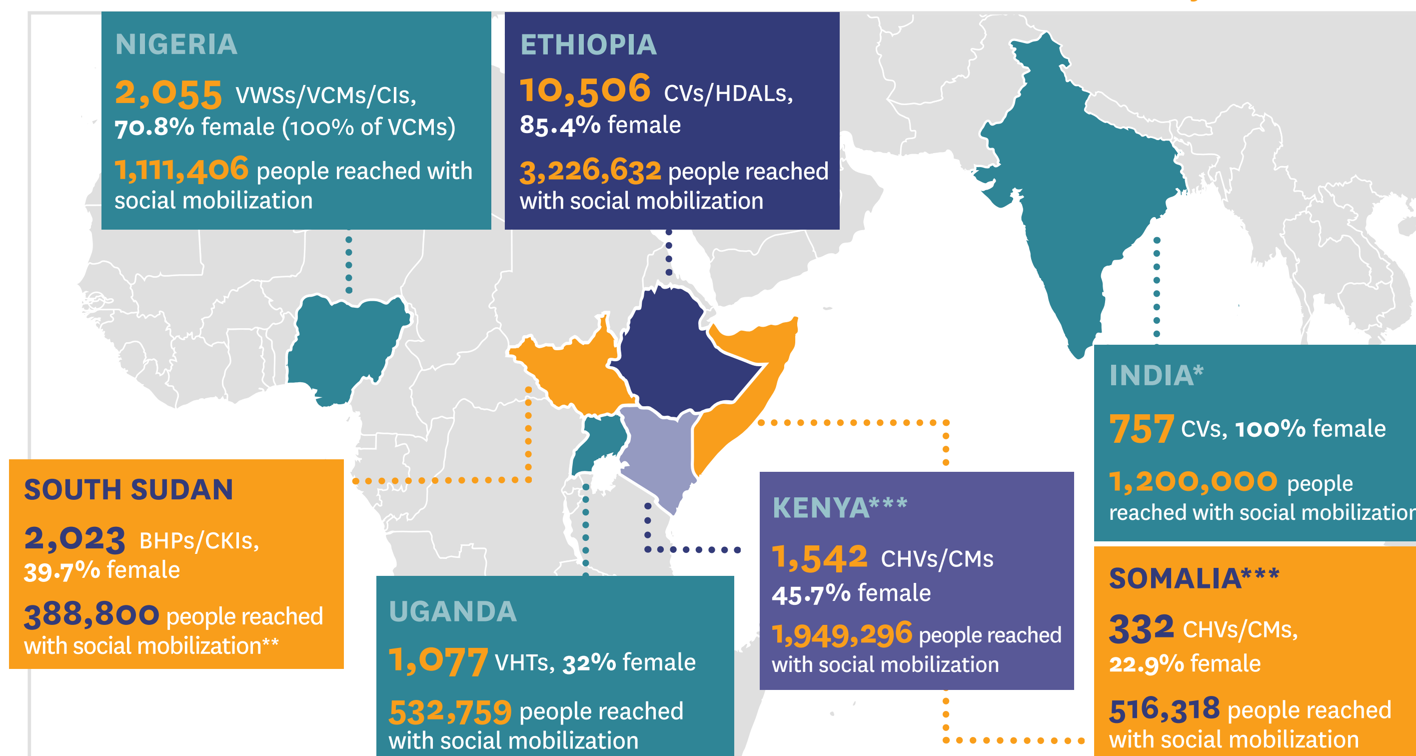
Data Source: National Administrative Data, Health Facility Records, CGPP Project and Partner Data, and Community Registers as of September 30, 2020.

** OPV0 Coverage is reported for children under 12 months*

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

Figure 6. Profile and reach of CGPP volunteers

Click on a country to learn more.



Data Source: CGPP Project and Partner Data.

** India community volunteers were transitioned in March but were re-called on a pro-bono basis to participate in COVID-19 response. India works through a network of 5,000 community influencers.*

*** South Sudan data is reported for April, May, and June 2020, when the program rolled out.*

**** Kenya and Somalia: Additionally, there are 4098 CHVs/CDRs in Kenya and 198 CHVs/CDRs in Somalia working on GHS programming.*

Table 1. Global training: Number of CGPP volunteers and health workers trained

Country	Number of Community Volunteers Trained	Number of Health Workers Trained	Total Number of People Trained
India	712	3,659	4,371
Ethiopia	5,668	3,853*	10,222
South Sudan	2,023	7	2,049
Nigeria	3,833	128	4,501
Kenya	4,384	1,259	5,643
Somalia	239	216	455
Uganda	1,722	65	1,990
TOTAL	18,581	9,187	29,231

Data Source: CGPP Project and Partner Data as of September 30, 2020.

+The total training numbers included 1,463 other participants in addition to community volunteers and health workers.

**Ethiopia's 3,853 health workers include health workers for both human and animal health (Animal Health Technicians)*

18,292 community volunteers worldwide

8.93 million people reached through social mobilization

In FY20, the pool of unimmunized and under immunized children expanded under widespread disruptions in the delivery and uptake of immunization, leaving them susceptible to vaccine-preventable diseases, especially polio and measles. Routine immunization rates (OPV0, OPV3, and fully immunized) fell across most project areas. Small gains were achieved in full immunization (Ethiopia and Kenya) and OPV3 coverage (India and Kenya). Building upon long-term relationships with the communities, networks and leaders, the CGPP's highly trained and strongly connected corps of 18,292 volunteers responded to reach communities affected by COVID-19 uncertainty and misinformation. They utilized COVID-19 safety protocols to reach, mobilize, and educate more than 8.9 million people through safe house-to-house visits, physically distanced small group meetings held outdoors, and mobile/loudspeaker campaigns.

India

Even within the constraints presented by COVID-19, CGPP India's 757 volunteers continued the vital practice of social mobilization to maintain population immunity against polio and other vaccine-preventable diseases, ultimately reaching 1.2 million people with social mobilization messages, health education, and direct support. Volunteers covered 338,643 families and 255,629 children under 5 in project areas. They conducted 105,099 one-to-one meetings and a total of 14,276 group meetings (with mothers/girls, fathers/boys, influencers/religious leaders), 282 community meetings, 2,746 polio classes, and 1,565 community rallies to prioritize polio vaccine uptake.

In FY20, program functionaries participated at various forums, such as the India Expert Advisory Group on polio and task force meetings at the state, district, and sub-district (block) levels. BMCs and DMCs (block and district mobilizers) assisted government medical officers to update immunization micro plans for high-risk group populations living in hard-to-reach areas, including nomads and slum dwellers. They worked to strengthen the immunization system by monitoring 5,223 RI sessions and supporting government-led vaccine drives.

The national/statewide lockdowns due to the threat of COVID-19 transmission and unavailability of health workers caused all immunization activities (polio and other RI) to be deferred in March and April for 49 days, impacting the vaccination status of 1.5 million children in UP. By May, immunization services had partially resumed in 36 of 58 blocks, and by June, 90% of RI sessions had resumed. The government tapped CGPP's expertise in micro planning and engaging influencers as part of the restart. These disruptions contributed to downturns in timeliness and overall routine immunization coverage. OPV0 coverage fell to 68.5% from 84.5% in FY19, and the timeliness of OPV3 coverage (children 3.5 to 11 months) dropped from 72.5% to 68.9%. The percentage of fully immunized children 12-23 months dropped to 87.3% from

90.9% in FY19. India's notable bright spot was the maintenance of high OPV3 coverage in children 12-23 months, rising from 90.8% in FY19 to 94.7% in FY20. All routine immunization was similar among boys and girls in the catchment areas, and about 92% of children had at least eight doses of OPV through routine immunization or Supplementary Immunization Activities (SIAs).

In March 2020, CGPP transitioned Community Mobilization Coordinators (CMCs), yet many later re-engaged with the project on a pro-bono basis as part of the COVID-19 response. In September 2020, CGPP partners and local NGOs organized *'Aabhar Samaroh'* (appreciation of CMC achievements) at the block level; 700 CMCs participated. The district and block team organized the events; senior government health and administration officials and local leaders attended. To celebrate their contributions, each volunteer received an umbrella, a stole, and a certificate of appreciation.

Training

CGPP held five training sessions to build the capacity of volunteers, frontline workers, health workers, and influencers. Between April and May 2020, a total of 4,440 former CMCs, BMCs, community influencers, Accredited Social Health Activists (ASHAs) and their supervisors participated in four virtual trainings on COVID-19 prevention. Additional in-service training from July to September for 3,930 ASHAs and ASHA supervisors aimed to improve vaccination coverage. More information on training can be found in Annex C.

COVID-19 Response

When the pandemic threatened CGPP India focal communities, its committed workforce sprang into action. As mentioned previously, CGPP partners re-engaged ex-CMCs for COVID-19 communication activities. Despite movement restrictions, project block and district field staff supported health officials to distribute COVID-19 information and promote immunization services resumption. The project equipped ASHAs with communication materials and key messages on COVID-19 and immunization. ASHAs worked with their Village Health, Sanitation, and Nutrition Committees (VHSNC) to ensure sanitized vaccination session sites and frontline workers and communities followed safe practices to minimize risk. About 5,000 community influencers and 1,000 ex-CMCs took part in this effort.

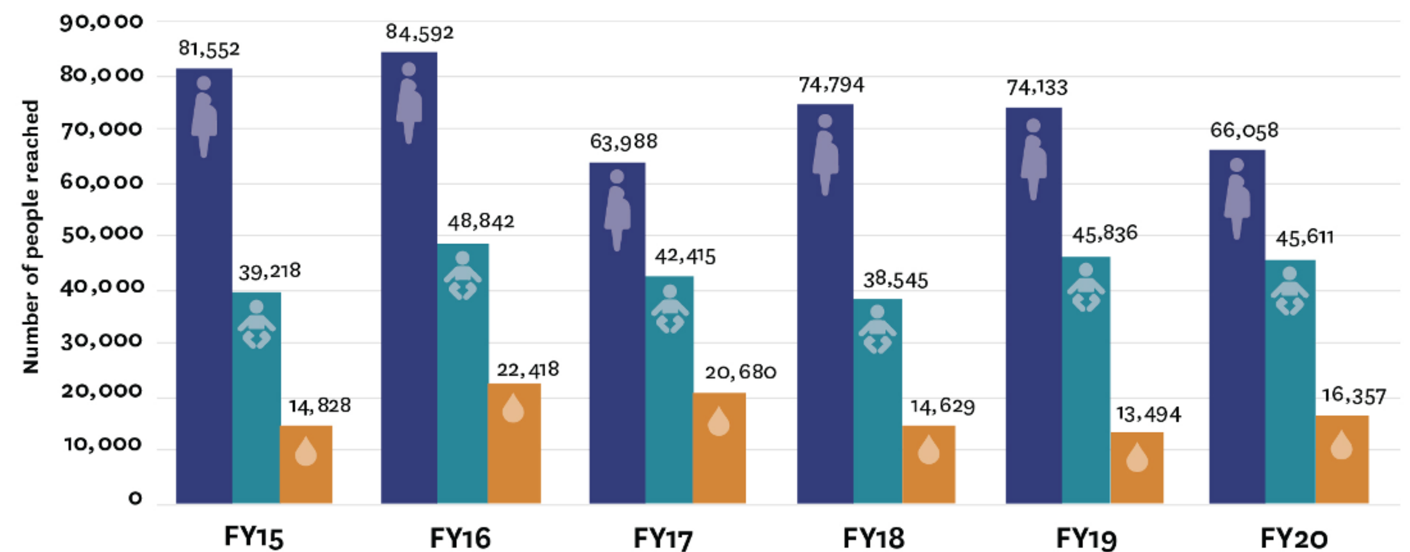
To address the multitude of stigma issues appearing from COVID-19, the secretariat and partners devised an innovative community-focused model called Community Action Groups (CAGs). CAGs integrate social, cultural, and educative approaches to combat fear and stigma related to COVID-19, vaccine hesitancy, and low immunization coverage issues. In FY20, the project formed 500 CAGs, composed of up to five influential community leaders - village heads, ward members, religious leaders, ration dealers, private doctors, local influencers, and ASHAs. The CGPP BMC leads each CAG. Group members respond to COVID-related myths and beliefs and motivate families for timely immunization while also ensuring the supply of essential commodities to the affected families - additionally, CAGs support frontline workers to mobilize communities for surveys and contact tracing. The CAGs can also continue to operate after the pandemic to broaden their members' support to the community.

Ethiopia

CGPP Ethiopia supported efforts to promote timely and complete immunization, track defaulters, and train volunteers and the government workforce to provide comprehensive immunization and health information. The Ethiopia project trained an active network of 10,506 Community Volunteers and Health Development Army Leaders (CVs/HDALs) who visited 1,018,888 households. While respecting movement restrictions and safety precautions, they provided health education and social mobilization to 3,226,632 people. Volunteers in FY20 reached 89% of the target population compared to the same period last year. To further strengthen the routine immunization system, volunteers tracked and referred 66,058 pregnant women and 45,611 newborns for antenatal care (ANC) and vaccination. They also referred 16,357 defaulters to vaccination posts.

Health facility-based immunization programs remained open during partial lockdowns; however, health workers had to engage in COVID-19 activities primarily. This extensive disruption in RI services, coupled with movement restrictions and a reluctance to visit health centers, led to a slight decrease in RI coverage in children under 12 months. OPV3 coverage dropped to 42% from 43% in FY19, and OPV0 coverage fell one

Figure 7. CV/HDAL Vaccination Referrals in CGPP Implementation Areas of Ethiopia FY15-FY20



Data Source: CGPP Ethiopia Project and Partner Data as of September 30, 2020.

percentage point to 67%. The most notable downturn was the percentage of fully immunized children, which dropped to 60% in FY20, from 66% in FY19.

Cross border work

CGPP Ethiopia further enhanced and strengthened the routine immunization system by supporting cross-border meetings and crossing point vaccination. Ethiopia has 12 cross-border committees that meet regularly, one per district; CGPP staff attended two sessions. CGPP supported and participated at a cross-border mapping meeting in Miyo Woreda (Borena Zone) organized by the EOC. The one-day mapping exercise and the establishment of special crossing point vaccination posts resulted in 359 doses of antigens to under-5 children in CGPP implementation areas bordering Kurmuk and Ayesha Woredas. In all, CGPP Ethiopia has eight functioning transit and border posts.

Training

The CGPP Ethiopia secretariat and partners organized and conducted 332 trainings, reaching 10,222 people. Ethiopia integrated three priority diseases (anthrax, brucellosis, and rabies) with existing surveillance for AFP, measles, and neonatal tetanus. This integration of new conditions into the surveillance system called for the secretariat to conduct Training of Trainers for partners, government staff, and animal health professionals. The secretariat and implementing partners then cascaded the training to reach more than 10,000 CVs/HDALs, HEWs, health workers, community leaders and key informants; about 5,700 of those trained were CVs and HDALs. More information on training can be found in Annex C.

The CGPP Ethiopia team meets with a nomadic community. Here, a child receives the bOPV vaccine. Photo by CGPP Ethiopia.

Table 2.
Border Post Vaccination in Ethiopia

Border post vaccination			
Antigen	Name of Woreda		
	Kurmuk	Ayesha	Total
OPV0	12	30	42
OPV1	65	0	65
OPV3	48	75	123
Penta1	15	24	39
Penta3	0	75	75
Measles	0	15	15
Total	**140**	**219**	**359**

Data Source: CGPP Project and Partner Data as of September 30, 2020.

Nigeria

The CGPP Nigeria cadre of volunteers includes Volunteer Community Mobilizers, Volunteer Ward Supervisors (VWSs), and Community Informants (CIs). The number of project volunteers (VCMs, VWSs, CIs) decreased to 2,055 due to changes in the number of project LGAs. Twenty-six LGACs supervised 127 VWs and 1,173 VCMs, who covered 455,773 families with 567,439 children under 5. Volunteers held 2,243 meetings and conducted 2,243 one-on-one contacts and 2,931,478 household visits to reach 1,111,406 people with social mobilization messages on vaccination and health and refer pregnant women and defaulter children for vaccinations. Additionally, CGPP supports nine special vaccination posts and three border and transit posts to ensure children in mobile and nomadic communities have access to vaccination.

Like other CGPP countries, health facilities remained open for routine immunization in project areas, despite COVID-19 movement restrictions and lockdowns. However, parents were reluctant to visit health centers for routine immunizations and communities were impacted by COVID stigma and misinformation. CGPP Nigeria's cadre of volunteers leveraged their strong community connections and status to mobilize parents for immunization, provide health information on COVID-19, track newborns, and link pregnant women and defaulters to health centers.

Volunteers' strong social mobilization, attendance at suna/naming ceremonies* and community connections supported sustained high OPV0 coverage at a nearly constant 99.5% (99.9% in FY19). However, there were downturns in the coverage of OPV3 and the percentage of fully vaccinated children during the year. The OPV3 coverage among children 12-23 months dropped during the fiscal year to 88.0% from 89.7% in FY19. The rate of fully vaccinated children 12-23 months dropped to 65.9% (from 66.4% in FY20), attributable to the COVID-19 pandemic restrictions and parental reluctance to visit health centers. Results showed similar vaccination rates among boys and girls.

Training

CGPP Nigeria held 31 wide-ranging trainings for 4,501 people, including 3,833 volunteers, 128 health workers, and 540 traditional leaders, religious leaders, project staff, etc. As part of these trainings, male peer educators and religious leaders received training and sensitizations to increase demand for immunization in their communities. LGACs, VWSs, DNSOs, VCMs, and Community informants trained on integrated surveillance for polio and COVID-19. A full list of trainings and participants can be found in Annex C.

**In the local Hausa language, suna is a naming ceremony. In northern Nigeria, every newborn is traditionally named on the 7th day during a special ceremony with family, relatives and friends. VCMs use this opportunity to vaccinate the newborn child and other children under five years old with OPV. Suna vaccination is an alternative to early Health Facility (HF) vaccination of newborns. Most of these children are not vaccinated at HFs until 40 days after birth, following cultural norms and practices primarily in the predominantly Muslim Northern Nigeria.*

HOA

Although routine immunization services remained open, the COVID-19 pandemic and movement restrictions and fear of infection created barriers for social mobilization and defaulter tracing, particularly in the most vulnerable communities. Community volunteers leveraged their relationships with communities and knowledge of community movement to support the immunization of as many children as possible. There were notable declines nonetheless in immunization coverage attributable to the pandemic.

CGPP HOA trained community mobilizers (CMs) to support the national cadre of Community Health Volunteers (CHVs) in Kenya and Somalia. CGPP CMs work closely with the CHVs and provide health education, conduct AFP surveillance, and mobilize communities to vaccinate their children. CGPP volunteers held 302,488 household visits in Kenya and Somalia for 2,465,614 people with polio and AFP surveillance messages. In all, CGPP HOA supported 756 integrated immunization and surveillance outreach sessions for nomadic pastoralists and hard-to-reach border communities in Kenya and Somalia, reaching 35,975 children with OPV3.

Kenya

The project supported 95 health facilities in Kenya's border regions to conduct targeted immunization outreach for hard-to-reach mobile populations. CGPP Kenya's 1,542 CMs/CHVs conducted 165,312 household visits through 921,259 one-on-one contacts and 101,946 group meetings, reaching 1,949,296 people with social mobilization messages on immunization and surveillance. The project supported health facilities to track 11,106 children under five who had defaulted on immunizations; CGPP CMs traced 7,451 (67%) and referred them to health facilities. The project reported gains in coverage of OPV3 and fully immunized children under 1. OPV3 coverage rose to 58% from 56% in FY19; the percentage of fully immunized children rose from 46% to 55%. However, birth dose OPV0 coverage dropped noticeably from 59% in FY19 to 48% in FY20 due to complications and inaccessibility issues surrounding COVID. Moreover, 53% of children in project areas received IPV.

Somalia

The project supported 27 health facilities in Somalia's border regions to reach children in nomadic communities and IDP camps. The project's 322 CMs/CHVs conducted 132,275 household visits, 1,175 group meetings, and 375,834 one-on-one sessions for 516,318 people with social mobilization messages. Even with volunteers' concerted efforts, factors associated with COVID-19 movement restrictions, violence, and inaccessibility led to reductions in routine immunization coverage in children under one across indicators. OPV birth dose coverage dove from 52% in FY19 to just 19% in FY20, leaving many newborns vulnerable to the effects of polio. OPV3 coverage dropped from 62% in FY19 to 45% in FY20 in project areas; the percent of fully immunized children plummeted to 43% from 62%.

Training

CGPP HOA trained 6,098 people on the Care Group model, community-based surveillance, data management, IDSR, routine immunization, and cold chain management. All training sessions followed COVID-19 safety protocols.

- CHVs took part in CRS-supported COVID-19 training at Lunga Lunga Health Centre in Nairobi on March 19, 2020.
- Health care workers and CGPP CHVs participated in MOH Somalia-supported training on COVID-19 at Dollow district in the Gedo region on March 30. Likewise, health care workers at Kalacha Villas in North Horr in Marsabit County received the CRS training on May 26, 2020.
- CHVs and CDRs received training on COVID-19, AFP, and priority zoonotic disease in Kibish, Turkana County, on June 8, 2020; included in the training was surveillance of COVID-19.

Table 3. HOA Volunteer Training

	CHWs		CMs		CHVs/CDRs		
	Male	Female	Male	Female	Male	Female	Total
Kenya	595	664	244	42	942	3,156	5,643
Somalia	162	54	94	22	85	28	455
Total	757	718	338	64	1,027	3,184	6,098

Source: CGPP Project and Partner Data as of September 30, 2020.

Cross Border Work

CGPP HOA supported eight cross-border meetings to enhance collaboration on AFP surveillance, polio, and COVID-19 outbreak response. CGPP staff attended three of the 23 cross-border committee meetings. There were 88,626 children in Somalia and 663,594 children in Kenya vaccinated at the 279 transit and 128 special vaccination posts in project areas. Most are informal transit sites set up by the project during immunization outreach, targeting border communities along the long, porous and insecure borders between Kenya, Somalia, and Ethiopia.

A vaccinator administers OPV during an outbreak response campaign in Hamarweyne district in South Central Somalia, where CGPP HOA operates. *Photo by Ahmed Arale/CGPP HOA*

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

Introduction

On March 25, 2020, the GPEI recommended the suspension of mass polio vaccination campaigns for several months to divert much-needed polio resources to the COVID-19 pandemic response. Two days later, the WHO's Strategic Advisory Group of Experts on Immunization (SAGE) issued a broader call to postpone all preventive mass vaccination campaigns for diseases including measles and yellow fever to prevent COVID-19 transmission. Although most health facilities remained open for immunization services, utilization decreased for fear of contracting COVID-19. Meanwhile, the polio and health workforce transitioned to focus on the COVID-19 emergency, thus contributing to a massive disruption of immunization and surveillance activities – ultimately leaving millions of children unprotected.

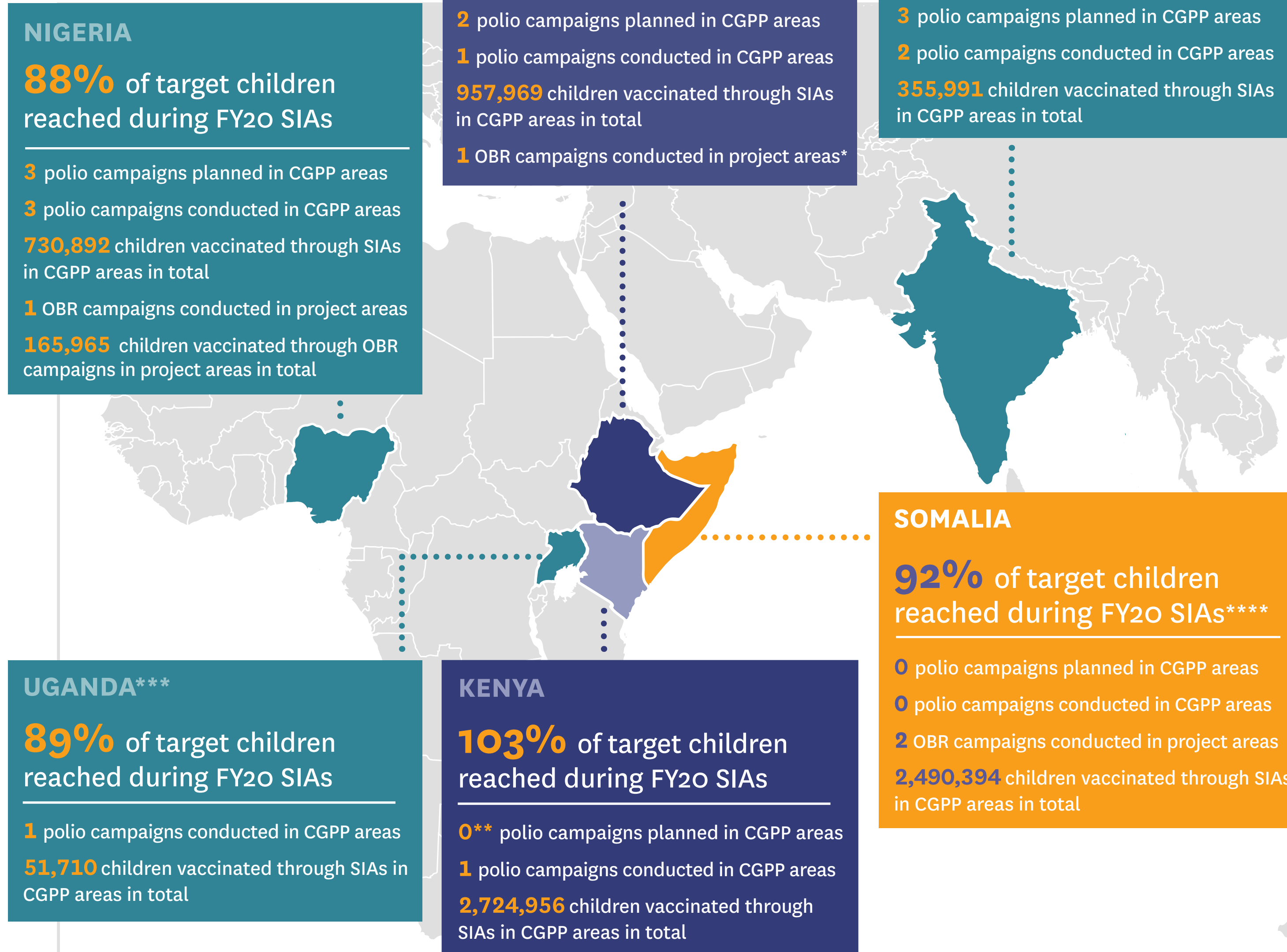
Community volunteers continued mobilizing populations on the benefits of vaccination, even as campaigns stopped. They remained steadfast linkages between communities and health systems, referring children for immunization, and even provided reliable information on COVID-19. After four months of cessation, mass polio vaccination campaigns resumed in some African nations in July 2020; for CGPP in Africa, only Somalia was able to restart during FY20. Additionally, India supported one September 2020 supplemental immunization activity (SIA). Before discontinuing campaigns, CGPP supported five SIAs in India, Ethiopia, Kenya, and Nigeria, and one outbreak response (OBR) campaign in Somalia.

In total,

7.38 million

children reached with OPV in SIAs and OBRs across CGPP operational areas

Figure 9. Planned and Conducted SIAs and OBRs in CGPP Areas



Data Source: WHO, EOC, and National Administrative Data as of September 30, 2020.

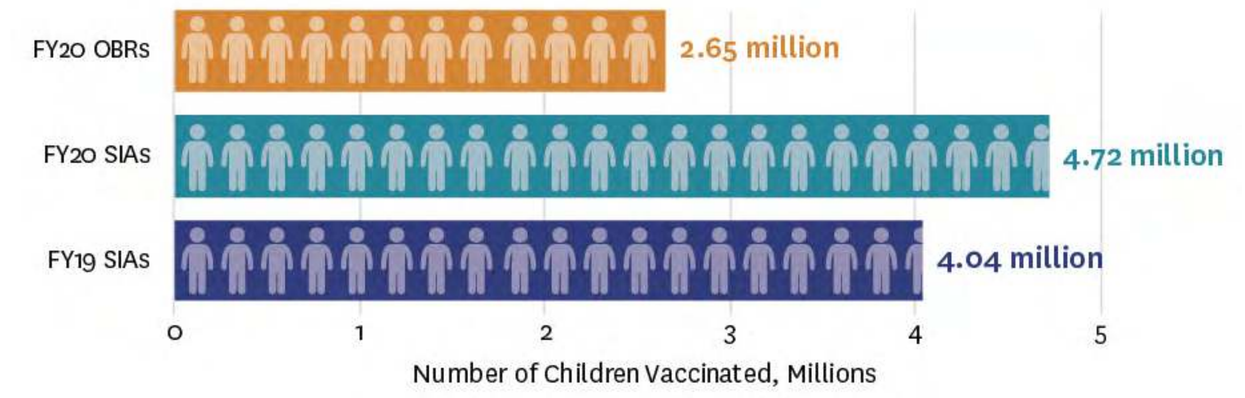
** CGPP Ethiopia supported one OBR outside of project areas; hence data on the number of vaccinated children is not available.*

*** Initially, zero campaigns were planned for FY20, but one campaign was postponed from FY19 and moved to FY20.*

**** CGPP Uganda focuses primarily on surveillance. However, when the measles/rubella campaign was combined with the OPV campaign, the project supported these initially unplanned activities.*

***** Somalia only participated in OBR campaigns during FY20. No SIAs were conducted in project areas*

Figure 8. Number of Children Vaccinated through SIAs and OBRs in CGPP Areas



Data Source: WHO, EOC, and National Administrative Data as of September 30, 2020.

All campaigns in project areas reached 7,376,683 children with OPV through planned supplemental immunization and outbreak response campaigns (Figure 8). Even with interruptions, SIAs reached 4,720,324 children with supplemental polio vaccinations in project areas mostly affected by circulating poliovirus outbreaks, representing an increase of 700,000 children from FY19 (4,037,044). Additionally, CGPP supported OBR campaigns in Nigeria and Somalia, which reached 2,656,359 vulnerable children in project areas. (CGPP Ethiopia, meanwhile, provided technical support to one OBR outside of project implementation areas).

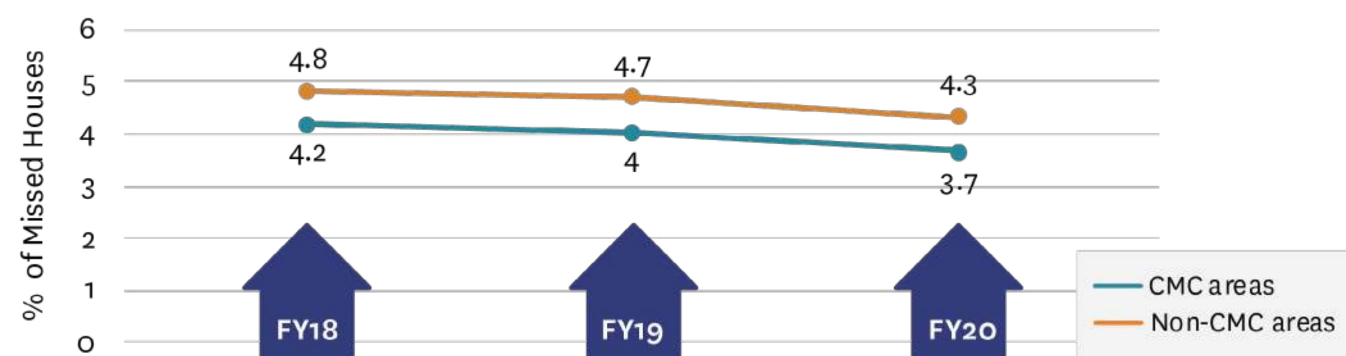
India

Initially, India planned one NID and two SNIDs (national and sub-national immunization days) in CGPP program areas during FY20. However, lockdowns and disruptions prevented campaigns from March through August 2020, allowing only two SIAs to go forward in CGPP catchment districts.

- **The January 2020 SIA** took place in both UP and Haryana. In CMC areas, 87.4% of children under 5 years received OPV through 1,000 polio booths (fixed vaccination sites) than non-CMC area vaccination rates of 47.1% at booths. A total of 255,247 children received vaccinations during the January SIA in CMC areas, 99.5% of the target. House-to-house vaccination teams visited 338,643 UP households. Results showed a mere 6.6% of missed children in CMC areas, a step-up from 7.5% in FY19 and 7.2% in FY18. The rate of missed houses remained substantially lower in CMC areas (3.7%) compared to non-CMC areas (4.3%)
- **The September 2020 SIA** was limited to the Nuh district of Haryana. CGPP India implemented activities and events such as *Bullawa tolies*, rallies, and influencers' engagement at booth inaugurations to increase vaccine uptake. There were 87,658 targeted under-five children from two CGPP intervention blocks. Overall, the efforts reached 100,744 children (114.9% of target) in CGPP implementation areas; 38% of targeted children were vaccinated at booths. Vaccinators reached 65,792 households and vaccinated 67,675 children through house-to-house vaccinations. The percentage of missed houses was about 13.4%, much higher than the January campaign in UP.

CGPP conducted a rapid 30-cluster survey in September 2020 to assess vaccination coverage in project areas. The survey revealed that 0% of children were zero dose (never vaccinated children). Around 92% of children 12-23 months from CGPP implementation areas received at least eight doses of OPV through SIAs or routine immunization. There were 14,865 doses of OPV/IPV given through routine immunization and SIAs to children from high-risk groups at transit and special vaccination posts.

FIgure 10. Percent of Missed Houses During SIAs in CGPP Project Areas of India



Data Source: WHO/National Administrative Data as of September 30, 2020.

Ethiopia

Ethiopia planned two SIA campaigns in FY20, with one campaign suspended due to the pandemic. The secretariat and implementing partners supported one round of bOPV SIA in December 2019 and one measles campaign during FY2020. In response to the cVDPV2 outbreak, the country held three rounds of OBR campaigns in December 2019, February and March 2020. CGPP supported the December campaign at the request of the MoH. The planned March 2020 measles NID was postponed. CGPP provided support to the rescheduled July 2020 measles campaign in project areas.

- **December 2019 SIA (bOPV).** The campaign vaccinated 957,969 under-5 children -95% of the target - in 80 CGPP implementation woredas. Due to strengthened RI and campaign coverage in previous years, just 0.01% of under-5 children had never been vaccinated (zero dose children). CGPP provided technical and logistical support for the bOPV campaign. Sixty-seven central and field staff provided technical support for pre, intra, and post-campaign activities. To support the campaign, 3,443 CVs/HDALs provided social mobilization or served as members of the vaccination team during campaign implementation. The CGPP also provided 28 vehicles, six motorcycles, and 1,377 liters of fuel to transport vaccinators and vaccines.
- **December 2019 cVDPV2 Synchronized Outbreak Response (mOPV2).** At the MoH request, the CGPP secretariat supported one round of synchronized cVDPV2 outbreak response in Oromiya and SNNPR zones. While the OBR took place outside of project areas, the secretariat project officer supervised and provided technical support to the campaign in Alaba and West Arsi.
- **July 2020 Measles Campaign.** The CGPP supplied technical and logistical support to the July measles campaign. Thirty-seven CGPP field staff provided technical support, 1,740 volunteers participated as vaccination team guides, and CGPP provided 19 vehicles and 4,590 liters of fuel for transportation of vaccination teams and vaccines. The campaign targeted 595,668 children 9 to 59 months; in all, the campaign resulted in 589,687 vaccinated children (98.99% coverage).

South Sudan

Following the confirmation of the index case of COVID-19 in April 2020, the government of South Sudan suspended all supplementary immunization campaigns in the country, including the April-May 2020 SIA. The CGPP continued to coordinate with the national MOH, WHO, and the EPI Technical Working Group on resuming the polio campaigns.

- **March 2020 SNID.** To support the campaign in two target counties, CGPP recruited, trained, and deployed 60 social mobilizers in Kajo-Keji and Morobo counties. The mobilizers visited 3,586 households and sensitized 6,931 community members with crucial polio messages.
    - During the SNID in Kajo-Keji and Morobo, social mobilizers traced 191 defaulter children and referred them for vaccination; 186 (97%) of the referred children received vaccinations during the campaign.
    - CGPP recruited and trained 22 research assistants to support ICM for the March 2020 SNID. However, the research assistants did not proceed as the government suspended the continuation of the campaign when South Sudan reported its first COVID-19 case.

CGPP established four of five cross -border surveillance committees in Yei, Morobo, Magwi, and Kajo-Keji to facilitate and coordinate surveillance-related interventions and outbreak response at the border counties. Each committee consists of twelve members; the County Health Director serves as the county's point person.

Nigeria

As Nigeria moved toward polio-free certification, VCMs and other volunteers worked with communities to mobilize parents to vaccinate children during the planned SIAs and OBR campaigns. They conducted house-to-house mobilization before and during each SIA/OBR. During the campaigns, volunteers provided support to vaccination teams and helped to resolve cases of vaccine non-compliance. There were three planned supplemental immunization campaigns executed before COVID-19 caused campaigns to be rescheduled. The campaigns delivered 1,428,806 doses of OPV and reached 88.2% of target children on average. Additionally, one OBR campaign in April 2020 vaccinated 165,965 children. Just 0.4% of children were zero dose and had never received OPV before campaigns.

- **October 2019 Immunization Plus Days** targeted 785,906 children and vaccinated 730,892, 93% of the target. The campaign, held in all five project focal areas, missed just 3% of houses and 7% of children and was the best performing of the three National Immunization Plus Days in the fiscal year.
- **December 2019 Immunization Plus Days** targeted children in three project focal states – Yobe, Kano, and Kaduna. The campaign reached 384,785 children, 87% of the target (442,282); results showed 6% of houses and 13% of children missed.
- **February 2020 Immunization Plus Days** reached 313,129 children, 80% of the target; 11% of houses, and 20% of target children missed. The February campaign had much lower coverage and higher percentages of missed children and houses than the other campaigns.
- **April 2020 OBR** reached 165,965 children with vaccinations in the CGPP project area of Katsina LGA in Katsina State. As part of the OBR, the remaining 12 participating LGAs in Katsina State were located in non-CGPP implementation areas.

Table 4. Children vaccinated through SIAs and OBR in project areas of Nigeria

State	Oct 2019	Dec 2019	Feb 2020	April 2020 OBR
Yobe	287,975	288,572	92,418	0
Borno	127,242	0	53,985	0
Kano	114,332	58,252	0	0
Katsina	169,872	0	148,245	165,965
Kaduna	31,471	37,961	18,481	0
Total	730,892	384,785	313,129	165,965

Data Source: Nigeria EOC as of September 30, 2020.

The COVID-19 pandemic called for the Executive Review Committee on Polio and RI to reschedule planned SIAs from the end of April 2020. The pandemic made it difficult for CGPP to implement key interventions, including the Iftar Strategy, the use of papalolos or clowns, and attendance at traditional gatherings due to social distancing and movement restrictions. Rescheduled campaigns resumed in Nigeria during October 2020.

HOA

Kenya reported its last case of cVDPV2, an environmental isolate, in April 2018. Somalia had a cVDPV3 outbreak in 2018 and reported 12 cVDPV2 cases during this reporting year, with the date of onset of the most recent cVDPV2 being September 29, 2020. To respond to these outbreaks, bOPV vaccine was used during OBR in Somalia. High cross border movement and low population immunity make Kenya and Somalia's border regions at risk. At the regional level, health authorities led intensive, synchronized response campaigns in Kenya and Somalia in November 2019. However, due to the COVID-19 pandemic, there was a disruption to the planned subsequent polio campaigns.

- **November 2019 Synchronized Campaigns in Kenya and Somalia:** CGPP provided technical and logistic support for the bOPV synchronized SIAs conducted in Kenya and the Outbreak Response in Somalia.
  - *Kenya SNID in high-risk counties:* The campaign targeted 2,636,037 and vaccinated 2,724,956 (103% of the target) under-five children in the 11 polio high-risk counties. Of those vaccinated, 14.4% were from special populations. The CGPP provided ICM for the campaign. The denominators used by the government to calculate target population for the campaigns are derived from the 2009 census. However, this census was widely thought to underestimate the population, particularly in areas where CGPP works. Additionally, CGPP operates in areas of high population flux and movement. Both of these factors contributed to the reported coverage topping 100%. Sub-nationally, campaign coverage also reached over 100% for similar reasons.
  - *Somalia OBR:* The OBR targeted 1,118,701 children under five and reached 982,464 children (87.8% of the target); 29,685 doses were given to zero dose children during the campaign.
- **September 2020 OBR (mOPV2) in Somalia:** CGPP supported the first round of the mOPV2 campaign in September 2020 in 62 districts in South Central Somalia that vaccinated 1,507,930 children under 5 (95% of the target). The CGPP implementing partners took part in monitoring and daily review meetings.

Overall, Somalia had a 92.0% coverage between the two OBR campaigns, while Kenya reached 103% of the targeted children in the SNID. Somalia reached 56,310 children with vaccinations through transit points; at transit vaccination points, children received 409 zero doses.

Uganda

Surveillance is the primary focus of the CGPP program in Uganda. However, the project did provide technical, logistical, and social mobilization support for the October 2019 immunization campaign that delivered OPV and vaccinations for measles and rubella to children in project areas. The MOH organized the campaign following the measles/rubella outbreak in Adjumani and other districts. Vaccine shortages and the new emphasis on the outbreaks impacted OPV's campaign coverage in project areas. There were 51,710 children in project areas immunized during the campaign; OPV campaign coverage reached 89% of the target.

- **IRC:** The campaign reached 91.4% of targeted children with OPV and 104.8% with measles/rubella. Yumbe, Bidibidi, and Lamwo districts achieved high OPV coverage, but Palabek settlement struggled with vaccine stock-outs and reached 71% of the target children with OPV during the campaign. Measles/rubella coverage was reported to be higher than 100% likely due to an underestimation of target children, particularly among children from mobile and refugee populations that are prevalent in project areas.
- **MTI:** The campaign reached 86.5% of target children with OPV and 99.4% of target children with measles/rubella vaccination.

The April 2020 SIA was postponed due to COVID-19 and restrictions to curb infections.

Passengers wash their hands at a CGPP handwashing station in Kaduna South LGA in Kaduna State.
Photo by CGPP Nigeria

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

Introduction

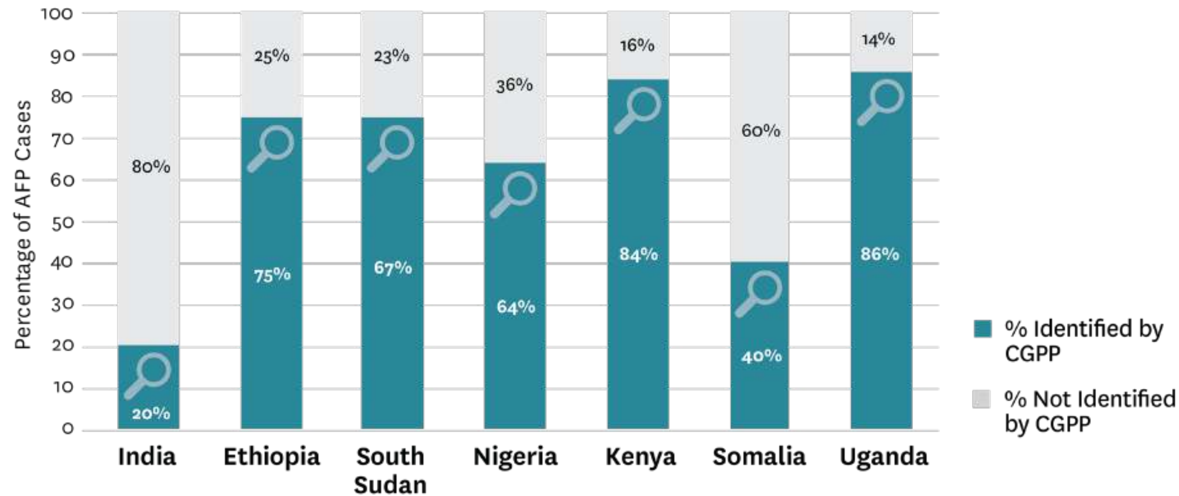
Based on the concept that community members are best suited to identify disease outbreaks, community-based surveillance has successfully enhanced traditional health facilities reporting. Community-based surveillance proved particularly useful this year in insecure areas with dysfunctional health infrastructure and COVID-19 lockdowns. Under the current pandemic emergency, volunteers have adapted surveillance activities to align with physical distancing and face-covering guidance on face-to-face meetings, group gatherings, and household-level activities.

The CGPP's community-based surveillance network continued to demonstrate its high value despite pandemic-induced downturns in NPAFP rates in all countries except Ethiopia. Widespread COVID-19 lockdowns, movement restrictions, and other efforts to minimize the virus's spread negatively impacted active case search and reporting. Nonetheless, CGPP volunteers and key informants persevered to effectively leverage community relationships during lockdown periods, reporting 47.8% (288/602) of NPAFP cases in project areas. In five countries, CGPP reported over 64% of NPAFP cases in project areas.

Nearly 1 of 2 Non-Polio Acute Flaccid Paralysis cases in project areas identified through the CGPP community-based surveillance network

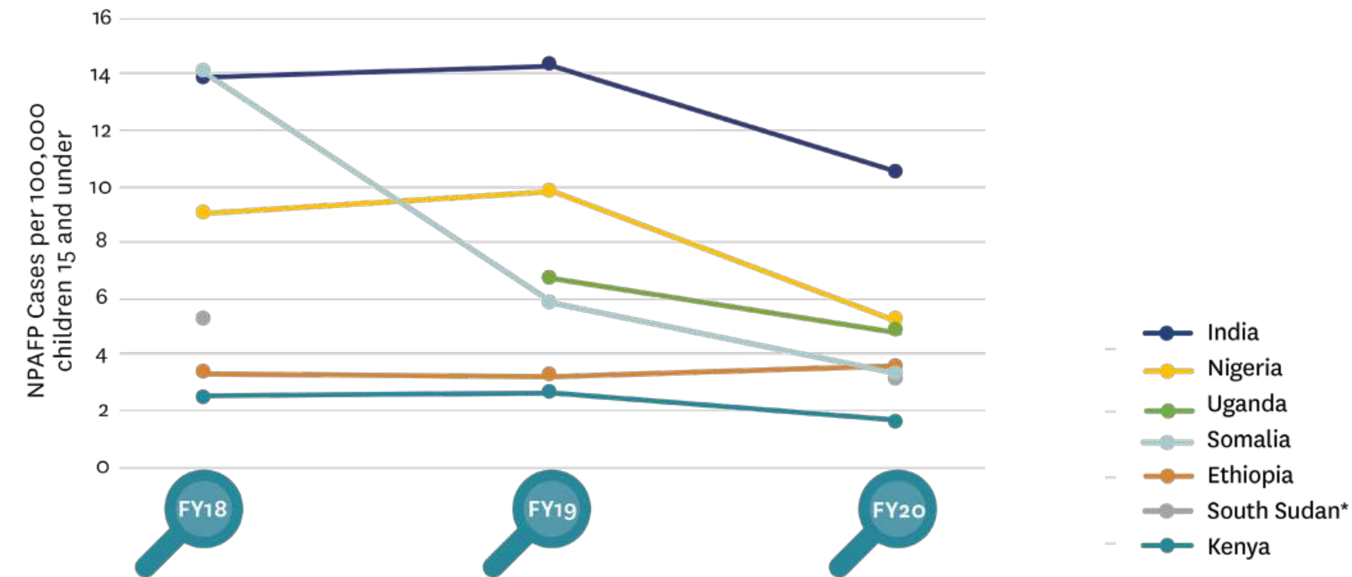
The polio platform has been leveraged to monitor zoonotic diseases in Kenya and Ethiopia and contact tracing for COVID-19 in Nigeria, Kenya, and South Sudan. In late FY20, CGPP Nigeria received funding for USAID's Global Health Security Agenda (GHSA) activities in its target states. As in Kenya and Ethiopia, Nigeria will integrate GHSA activities into its polio infrastructure.

Figure 11. Percentage of NPAFP Cases by Source of Identification in CGPP Areas



Data Source: WHO weekly reports and CGPP Program and Partner Data as of September 30, 2020.

Figure 12. Non Polio AFP Rates in CGPP Project Areas FY18-20*



Data Source: WHO Weekly Reports as of September 30, 2020.

** During FY19, South Sudan programming shifted implementation areas and project scope. This required building a new workforce of volunteers and government and partner buy-in, and program design. Therefore, South Sudan did not report NPAFP rates for FY19.*

In the reporting period, the surveillance portfolio includes a total of 13 diseases or events. The figure presents CGPP's broad and deep community-based surveillance efforts.

Table 5. Community-based Surveillance for 13 Diseases/Events by CGPP Teams

	AFP	COVID-19	Measles	NNT	Yellow Fever	Malaria	EVD	AEFI	Rabies	Anthrax	Brucellosis	Trypano-somiasis	Rift Valley Fever
India	x	x	x										
Ethiopia	x	x	x	x					x	x	x		
South Sudan	x	x*	x				x	x					
Nigeria	x	x*	x		x	x							
Kenya	x	x*	x						x	x	x	x	x
Somalia	x	x	x										
Uganda	x	x											

Data Source: CGPP Project and Partner Data.

** CGPP South Sudan and Nigeria volunteers participate in contact tracing through USAID COVID-19 funding. CGPP Kenya received a written request from the MoH to utilize CHVs for contact tracing.*

India

During regular visits with CMCs, CGPP field teams review AFP signs and symptoms and reinforce the need for timely reporting. In turn, CMCs share this information with communities during events like meetings with households and mothers and at IPC sessions. In FY20, 20% of the 69 AFP cases reported from project areas in UP were reported by CGPP functionaries with 81% stool adequacy collection. The NPAFP rate in UP's CGPP focal districts was 7.5 per 100,000 children under 15 years, considerably higher than the state average of 5.3 per 100,000 children under 15 years. Still, the rates reflected a noticeable reduction compared to previous years due to COVID-19 lockdowns.

Ethiopia

CGPP Ethiopia continues to build its strong community-based surveillance network for AFP, NNT, measles, and three priority zoonotic diseases (rabies, anthrax, and brucellosis). In project areas, the NPAFP rate was 3.58 per 100,000 children under 15 years, an improvement from FY19, and significantly higher than the national rate of 2.1 per 100,000 children. Project areas reported 45 NPAFP cases, with CGPP CVs/HDALs reporting 75.5%; 29 cases were from nomadic populations. Stool adequacy was 89%, and 85% of NPAFP cases were reported within seven days of symptom onset. CVs/HDALs also

Geocoded joint supportive supervision by secretariat and partner staff in Ethiopia during FY20. Each dot represents a supportive supervision visit.

In Liben zone Dolo Ado, CGPP Ethiopia community volunteers attend a community-based surveillance training. Photo by CGPP Ethiopia.

reported 89.7% of the 185 measles cases reported in project areas. Issues of violence and inaccessibility deemed one project area silent this year, an improvement from two silent areas last year.

To guarantee the surveillance network's reliability and sensitivity, CGPP participated in 424 surveillance meetings, workshops, and reviews of facility records, far exceeding the 347 sessions during the previous year, despite COVID-19 movement restrictions. Additionally, secretariat staff held joint supportive supervision visits to 12 woredas for on-the-job training and review. Implementing partner staff visited 418 health facilities and 61 implementation districts to review health facility-level case detection. These visits intend to strengthen district and facility documentation.

GHSA

In 2019, the project broadened its disease portfolio to include three priority zoonotic diseases – rabies, anthrax, and brucellosis. As the first step, the secretariat organized and conducted Training of Trainers for partners, government staff, and animal health professionals. The secretariat and implementing partners then cascaded the training to reach more than 10,000 CVs/HDAs, HEWs, Animal Health Assistants (AHAs), health workers, and community key informants. (In June 2019, the team revised a CBS manual for CVs and included AFP, measles, NNT, and the three zoonotic diseases.) In FY20, the secretariat developed and distributed 10,000 posters in three languages to raise awareness of the three priority zoonotic diseases.

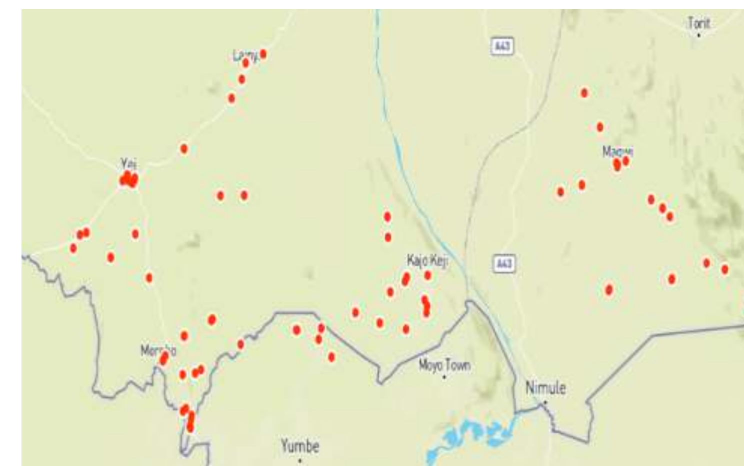
As of September 30, 2020, the team reported 60 suspected animal disease events – 35 rabies, 12 anthrax, 11 brucellosis, and two animal die-offs - as well as 32 rabies and one anthrax case in humans. CVs/HDALs reported 88.3% of cases; Animal Health Assistants reported 11.7% of cases.

South Sudan

In South Sudan, armed clashes, widespread flooding, poor road networks, COVID-19, and dysfunctional health infrastructure in hard-to-reach rural areas contribute to surveillance gaps at the sub-national level. Low routine immunization coverage and at-risk mobile populations left the country susceptible to cVPVD2 outbreaks. On September 18, 2020, officials reported three paralysis cases due to cVDPV2 – two in Jurs Rivers County of West Bahr el Ghazel and one in Tonj North County of Warrap State. By early December 2020, circulating poliovirus cases climbed sharply to reach 22. South Sudan also reported outbreaks of measles and yellow fever and cases of COVID-19.

CGPP South Sudan social mobilizers gather after training in Morobo county during the March 2020 SNID. Photo by CGPP South Sudan.

CGPP South Sudan's integrated community-based disease surveillance system searches for polio, Ebola, measles, COVID-19, and adverse events following immunization (AEFI). This network consists of 2,036 people, including 13 paid project supervisors, 214 volunteer Boma Health Promoters, and 1,809 volunteer Community Key Informants. They work together to provide integrated disease surveillance, support risk communication and community engagement activities, conduct active case searches, and shore up cross-border surveillance activities.



CGPP South Sudan utilizes open data kit (ODK) to geocode all supportive supervisions. Each dot on the map represents visits to Morobo, Lainya, Yei, Kajo-Keji and Magwi counties.

Polio

COVID-19 restrictions affected the project's broader operational ability to conduct supportive supervision, training, and monthly coordination meetings, reducing the frequency and duration of house-to-house visits and community sensitization sessions held at the very local level. Despite numerous challenges, the project retained a record 95% of BHPs and 98% of CKIs, bolstering the community-based surveillance network's stability and consistency. Supportive supervision provided capacity building and was an essential element of volunteer retention. Rates of supportive supervision increased from 15% to 72% for BHPs and climbed 14 percentage points for CKIs over the fiscal year.

Project volunteers conducted 28,887 household visits and 3,091 visits to worship sites, funeral gatherings, markets, water points, grinding mills, playgrounds, and schools, reaching 462,976 community members (183,994 community members through house-to-house visits and 278,982 community members at gatherings). Strong performance by volunteers, even with the restrictions of COVID-19, helped project areas meet national and state-level NPAFP rate goals and stool adequacy targets. In project areas, the NPAFP rate was 3.1 per 100,000 children 15 years and under, and the stool adequacy rate was 95.3%. Project volunteers identified twice as many NPAFP cases as facility-based surveillance in project areas reporting 67% (14/21) of NPAFP cases. As each of the nine project areas reported cases, there were no silent areas, representing a significant achievement given project operations take place in the most conflict-prone areas of Central Equatoria.

Ebola virus disease preparedness and Measles surveillance

With funding from USAID's GHSA, CGPP South Sudan joined national and state Ebola preparedness interventions in August 2019 as part of its integrated community-based disease surveillance in high-risk counties along the borders of Uganda, Democratic Republic of Congo (DRC), and the Central Africa Republic. The project's surveillance network contributed to active case detection and reporting of suspected cases and to RCCE activities. Although the preparedness initiative ended in March 2020, CGPP continued with Ebola surveillance based on the high risk of importation from DRC. Seven suspected Ebola case alerts were reported after March, indicating the high sensitivity of CBS.

As part of its integrated community-based surveillance efforts, CGPP supported measles detection and reporting. In all, volunteers reported 399 suspected measles cases from Yambio, Nzara, Ezo, and Tambura counties in Western Equatoria State.

COVID-19 Response

In July 2020, the CGPP received additional funding from USAID to support the COVID-19 response. The funds enabled the project to expand from nine to 13 counties. The CGPP added contact tracing training and activities for BHPs and project supervisors and provided COVID-19 IPC supplies. CGPP integrated COVID-19 into the CBS surveillance network; volunteers now detect and report suspected COVID-19 alerts and community deaths due to difficulty breathing.

In collaboration with WHO, UNICEF field teams and the State MOH, and other health partners in the county, the project trained 123 participants on contact tracing. Participants included ten Project Supervisors, 106 BHPs, and seven staff from the state MOH. Additionally, CGPP oriented 197 (92%) BHPs and 1,306 (72%) and CKIs on COVID-19 IPC measures.

Nigeria

CGPP expanded and strengthened activities related to AFP surveillance and active case search of vaccine-preventable diseases. The program improved the capacity of 1,173 Volunteer Community Mobilizers (VCMs) and 750 community informants (CIs), who include traditional birth attendants, local barbers, patent medicine vendors, bonesetters, and local herbalists. The total number of CIs decreased from 1,028 to 750 due to changes in project areas.

VCMs and CIs reached 431,569 people with active case search. There were 324 NPAFP cases reported in project areas, with 36.1% of cases reported by CGPP volunteers. COVID-19 movement restrictions negatively impacted the NPAFP rate in project areas, which dropped from 9.8 to 5.2 per 100,000 children under 15 years. The stool adequacy rate remained high at 95%, and 100% of cases were identified within 14 days of onset. There were zero silent project areas.

COVID-19 Response

In May 2020, CGPP Nigeria began implementing COVID-19 response activities in 76 LGAs across its five focal states. Project VCMs and CIs reach communities with integrated messages on COVID-19, polio vaccination, routine immunization, ANC visits, nutrition, and key WASH practices. Volunteers who traditionally conduct AFP surveillance now conduct contract tracing for COVID-19. Across the five states, volunteers tracked 198 contacts from confirmed cases, of which 104/150 suspected cases (69% of the target) were referred for COVID-19 testing. Nine individuals tested positive.

- In Kano state, motorized campaigns reached 1,193,073 adults; CVs conducted house-to-house visits to reach about 42,185 people on average each week. In Kaduna, Katsina, Yobe, and Borno states, outreach and motorized campaigns reached 5,397,225 adults. House-to-house visits yielded an average weekly of 62,750 adults reached with health education. In Kaduna and Yobe states, 11,516 sessions reached 11,609 men through Male Peer Educators, increasing face mask usage. The project also works closely with religious and traditional leaders.
- CGPP Nigeria constructed 1,816 handwashing stations across the five states, and project volunteers who live in the area are responsible for their maintenance.
- The team printed and distributed 361,856 IEC materials across the five focal states in English, Hausa, Kanuri, Fulfulde, and Ajami. The materials are used at the community level to raise awareness, improve IPC, and increase risk perception.

HOA (Kenya and Somalia)

Kenya

Project CMs visited 44,545 households in Kenya to conduct AFP active case search, contributing 46 of 55 (84%) reports of suspected AFP cases; 13 of the 46 (29%) cases identified as nomadic pastoralists. COVID-19 movement restrictions, areas of inaccessibility, and violence accounted for 1.66 per 100,000 children 15 years and under, dropping from last year's rate of 2.65. Project areas in Marsabit, Nairobi, and Turkana reported the lowest NPAFP rates of project areas, under 1 per 100,000 children 15 years and younger. Overall, CGPP implementation areas reported 89% stool adequacy.

Somalia

CGPP CMs reached 137,275 households with 42,194 children under 15 years old for active case search. They reported 70% of the 40 total NPAFP cases; eight originated from mobile/nomadic populations. The NPAFP rate was 3.3, with a 98% stool adequacy rate. In all, six (33%) of the 18 supported districts were silent due to factors of violence, unrest, and inaccessibility.

GHSA

The HOA project in Kenya integrates surveillance for anthrax, trypanosomiasis, rabies, brucellosis, and Rift Valley fever. CHVs, CMs, Community Animal Disease Reporters (CDRs), and Animal Health Assistants (AHAs) function as the primary linkage between community members, health facilities, and veterinary services. The project:

- trained 1,009 veterinary officers, AHAs, HWs, CDRs, and CMs on community-based surveillance of priority zoonotic diseases and risk communication.
- established One Health County Committees in six project counties to support zoonotic disease planning and preparedness.
- supported quarterly joint (veterinary and MOH surveillance teams) One Health support supervision in the six counties, and twenty community dialogue meetings.
- reported a total of 363 animal alerts: 70 clusters of animal deaths, 12 animal deaths with unusual bleeding, 16 abortions in late pregnancy, 105 aggressive animal bites, 77 abortion storms and deaths of young animals, and 83 cases of progressive loss of weight.
- facilitated development of the One Health strategic plan in Turkana County, conducted a brucellosis risk assessment, and supported outbreak response measures.
- reached 1,247,688 persons through 4,918 community engagement activities on priority zoonotic disease. The team finalized a field handbook for CHVs, CDRs, and CHAs to support disease surveillance in Kenya's arid and semi-arid counties. The manual highlights information to prevent, detect, identify, and report suspected AFP cases, measles, neonatal tetanus, acute watery diarrhea, fever with unusual bleeding, and the priority zoonotic diseases.
- developed a poster in multiple languages of the diseases for health facilities, veterinary pharmacies, marketplaces, and other public places to increase awareness and timely animal health detection.

COVID-19 Response

CGPP leveraged its existing community-based surveillance and social mobilization network to integrate COVID-19 reporting and prevention activities through the implementing partners. The project reviewed and updated its risk communication materials to include COVID-19 community case definition and preventive measures. It retrained its community mobilizers and health workers to reach vulnerable community members with risk and behavior change communication by promoting COVID-19 preventive measures, conducting hand wash demonstrations, and contact tracing. In Nairobi, CGPP received a written request from the MoH for the CGPP CHVs to be utilized for contact tracing and report directly to the COVD-19 response team. In response, CGPP trained 220 CHVs on contact tracing in Nairobi. They were issued digital thermometers and contact tracing reporting tools. In the border areas, particularly in Wajir, CMs reported most of the cases and their contacts; the County Health Department acknowledged this feat.

Uganda

Over the past few years, CGPP has built a robust surveillance network in Uganda's project areas led by 1,079 Village Health Teams (VHTs). This robust approach includes active and passive case search, reporting of notifiable diseases by community volunteers and health workers, and health education and social mobilization. VHTs reached 667,008 people through active case search during FY20. VHTs reported 86% (31/34) of NPAFP cases in project areas, up from 73% in FY19, and 89% of NPAFP cases in project areas were reported within seven days of symptom onset. There were no silent project areas. The surveillance network remained active, even with movement restrictions and other challenges brought about by the COVID-19 pandemic. Overall, the AFP rate in Uganda's CGPP focal areas was 4.82 per 100,000 children under 15 years, down from 7.89 in FY19; the stool adequacy rate also dropped from 100% in FY19 to 86% in FY20.

In MTI implementation areas, MTI integrated COVID-19 surveillance, but movement restrictions hampered efforts. In FY20, the AFP rate dropped to 5.41 per 100,000 children 15 and younger from 11.6 per 100,000 children 15 and under in FY19; stool adequacy remained at 100%. CGPP volunteers reported 85.7% of NPAFP cases in project areas. COVID-19 movement restrictions also impacted the ability to hold performance review meetings – 105 were held in FY20, compared to 544 in FY19. The meeting sessions were not implemented as planned due to COVID-19 related restrictions on public gatherings.

In the IRC implementation area, VHTs reached 254,7111 people through social mobilization. In addition to COVID-19, high VHT turnover presented a challenge. The NPAFP rate increased slightly to 4.24 per 100,000 children under 15 years compared to 3.92 per 100,000 children under 15 years old in FY19; stool adequacy was 86%. Project volunteers provided strong surveillance, reporting 90% of NPAFP cases, a sharp increase from 50% last year. Twelve NPAFP cases were from refugee populations. Even with the disruptions of COVID-19, CGPP held 384 meetings, workshops, and facility record reviews to build capacity and strengthen the surveillance system (57 were held in FY19).

A CGPP Ethiopia field officer conducts a Joint Supportive Supervision with Addale Woreda health office staff in the Somali Region's Shebelle zone. *Photo by CGPP Ethiopia.*

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

Introduction

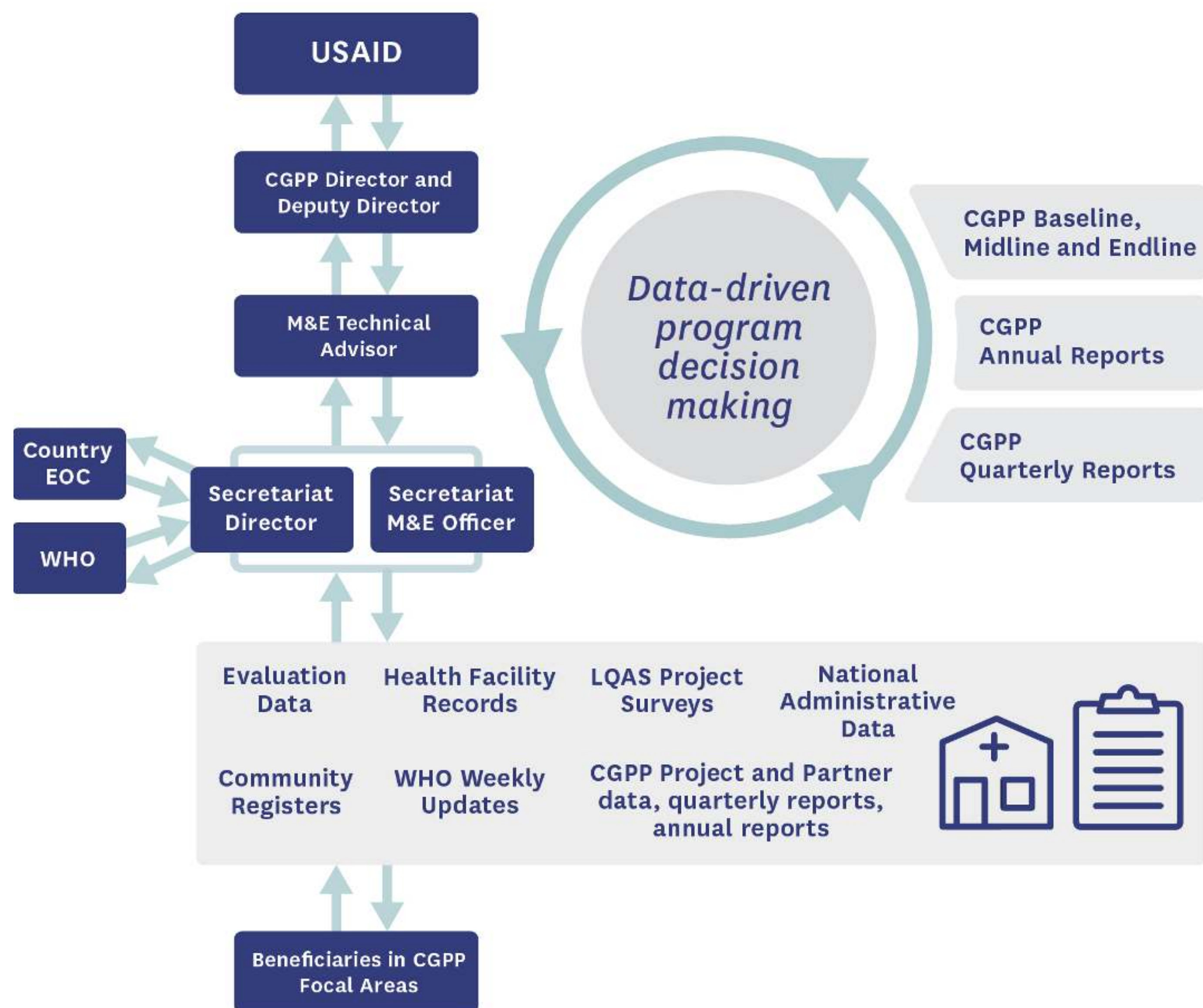
Project data are used at all levels to guide implementation, decision-making, and programmatic shifts. Robust data collection, adaptive multi-source digital platforms, timely inputs, and strong supervisory mechanisms underpin the CGPP Data Information System. Data on key global indicators are collected at the local level by project volunteers, health facilities, and local partners. The CGPP secretariat teams collaborate closely with partner and field Monitoring and Evaluation (M&E) teams, have real-time access to crucial beneficiary data and indicators through digital platforms, and provide constant capacity building and supervision to ensure quality data. The secretariat teams also keep close working relationships with the government, EOC, WHO, and other governmental and international partners to access key metrics and secondary data. CGPP's in-country partners supply formal quarterly and annual reports and data to the secretariats. The secretariats collate data from the partners, develop comprehensive country-level quarterly and annual reports, and then submit them to the virtual HQ secretariat. USAID, key partners, and stakeholders receive global reports quarterly and annually. Data on global indicators is maintained and updated in the HQ global database.

External Evaluation Report

In FY19, the Technical Advisor (TA) for Monitoring and Evaluation assembled an evaluation team comprised of polio technical experts to conduct an external evaluation across the global program's 20 years of operation. The review offers a comprehensive assessment of the CGPP by documenting its accomplishments and critical contributions to the global polio eradication initiative results. It identifies pertinent programmatic innovations and strategies, highlights challenges or difficulties, identifies essential lessons learned and provides recommendations for transition, future programming, and potential adaptation of the CGPP secretariat model. Key findings from the January 2020 report included:

- **CGPP Contributions:** CGPP has made and continues to make major contributions to the polio eradication initiative, especially at its most critical stage of termination/extinction of the virus, which involves dealing with the most challenging and final resisters (e.g., remaining 5-10%). By building community capacity to be self-sufficient and using community mobilizers and community health volunteers, the CORE Group has reached underserved and remote populations and strengthened house-to-house contact and information exchange. Through their intensive community contact and community involvement in polio planning processes, CGPP secretariat staff and NGO implementing partners have developed trusting relationships and

Figure 13. CGPP Data Flow Map



demonstrated respect for cultural/social norms while offering change options in a non-threatening manner.

- **Reaching the Unreachable in the Future:** The CGPP specialization in working in remote and high-risk underserved locations has potential use in other development and emergency programs. As such, as polio tasks wind down, NGO partners should explore other areas of possible engagement. The current experiences in routine EPI and zoonotic diseases should be followed closely to understand better what is necessary to transition the approach to other areas.
- **The Secretariat Model:** The concept of a unified NGO network resonated positively among interviewees. The secretariat model is a key foundation for the CGPP. The entire network is structured to take advantage of NGO partner strengths and their respective, strong sub-national and local district focus. Secretariat is the link between on-the-ground operations and strategic decision-making processes. Although the basic format (a small independent staff and host NGO) is the basic model, it may be operationalized differently in different countries, depending on the need and NGOs involved.
- **CGPP in Supporting Role to GPEI:** Several GPEI partners view the CORE Group as a fast and efficient implementing partner of the GPEI and not a GPEI member, per se. While accepting that CGPP provides grounded information about community realities, they are also perceived by some as having a micro-perspective of what is occurring and not necessarily a big picture of what is needed. This may explain several CGPP interviewees' perception that UNICEF and other UN agencies overshadow the CORE Group's work. GPEI partners are not always open to their work, i.e., challenging ideas/motivations. There is consensus among CGPP members that they should be included in future planning and discussions with the government and receive partner support for their efforts. They realize that as an NGO project, CORE Group has a behind-scenes role in supporting the government in polio eradication, so there is a fine balance to be maintained – i.e., being recognized for work accomplished but not upstaging.
- **Documentation and Sharing:** Although CORE Group has maintained consistent evaluations over the years, the need for better documentation for which the researchers are also in agreement. Building on the current evaluations, the potential exists to collect data on behavioral determinants that could explain community responses. This information would complement the process evaluation results and provide a fuller picture of what is happening and why specifically. Given that the different CGPP operations have developed numerous tools and materials, they have untapped resources that could be shared more widely to improve community-based practice more widely.

Midterm Evaluation

In collaboration with the secretariat teams, the M&E TA designed and launched the initial secondary data collection phase for the midterm evaluation. Initially, the protocol also included analyzing secondary data on routine polio immunization, supplemental immunization from FY17-19, and a qualitative component to collect information from key actors in the surveillance and immunization systems. COVID-19 related concerns placed the qualitative study on hold. The data is now slated for analysis and reporting out in mid-2021.

Publications

- **Why communities should be the focus to reduce stigma attached to COVID-19**
  CGPP Communications TA Lydia Bologna, CGPP M&E TA Katherine V. Stamidis, GHSA Senior TA Sarah Paige, CGPP India Secretariat Director Roma Solomon, CGPP Ethiopia Director Filimona Bisrat, CGPP South Sudan Director Anthony Kisanga, CGPP Nigeria Director Samuel Usman and CGPP HOA Director Ahmed Arale. American Journal of Tropical Medicine and Hygiene, November 30, 2020. This perspective piece illustrates the CGPP's ability to leverage the polio system to counter stigma and discrimination around COVID-19 through participatory community engagement, community networks, and community leaders.
- **The Critical Role and Evaluation of Community Mobilizers in Polio Eradication in Remote Settings in Africa and Asia**
  Global health advisors Judy Lewis and Karen LeBan, CGPP India Director Roma Solomon, CGPP Ethiopia Director Filimona Bisrat, CGPP Nigeria Director Samuel Usman and CGPP HOA Director Ahmed Arale. Global Health: Science and Practice, August 3, 2020. Key findings show data use, community engagement, local adaptation, linkage with the health system, and a solid community platform are critical for successful community programming. Community-based disease surveillance using local volunteers enhanced national and district efforts.
- **World Vision and USAID reach over 59,000 people through intensified COVID-19 awareness campaign** and **World Vision, USAID and UNMISS support training of 34 COVID-19 responders in South Sudan.**
  CGPP South Sudan Director Anthony Kisanga and World Vision. Briefs published on the World Vision website June and July 2020.
- **Health worker and caregiver interaction during child vaccination sessions at health facilities in Somali region of Ethiopia: A qualitative study**
  CGPP Ethiopia Director Filimona Bisrat, CGPP Ethiopia M&E Officer Tenager Tadesse, Melaku Tsehay, and Samuel Teshome. International Journal of Health Services Research and Policy, June 2, 2020.
- **Quality of health worker and caregiver interaction during child vaccination sessions: A qualitative study from Benishangul-Gumuz region of Ethiopia**
  Samuel Teshome, CGPP Deputy Director Legesse Kidane, CGPP Ethiopia Program Officer Asrat Asress, Muluken Alemu, CGPP Ethiopia Communication Officer Bethelehem Asegedew, and CGPP Ethiopia Director Filimona Bisrat. The Ethiopian Journal on Health Development, April 17, 2020.
- Significance of a social mobilization intervention for engaging communities in polio vaccination campaigns: Evidence from CORE Group Polio Project, Uttar Pradesh, India. CGPP India M&E Specialist Manojkumar Choudhary, CGPP India Director Roma Solomon, CGPP India Deputy Director Jitendra Awale, CGPP India Communication Officer Rina Dey, Jagajeet Prasad Singh, and William Weiss. Accepted for publication in the Global Health Journal.

A Volunteer Community Mobilizer sensitizes caregivers on respiratory hygiene during a compound meeting in Igabi LGA in Kaduna State. Photo by CGPP Nigeria.

Presentations

148th American Public Health Association conference

At the virtual APHA annual meeting in October 2020, the CGPP staff presented the project's broad influence.

- **Using Established Polio Eradication Networks and Systems to identify and Respond to COVID-19 Outbreaks in Northeastern Nigeria,** (panel discussion); CGPP Deputy Director Lee Losey, CGPP Nigeria Director Samuel Usman, CGPP M&E TA Kathy Stamidis, and CGPP Nigeria M&E Opeyemi Adeosun.
- **Evaluating child vaccination coverage and dropout rates in pastoral and semi-pastoral regions in Ethiopia,** (poster); CGPP Ethiopia Director Filimona Bisrat.
- **Improving Acute Flaccid Paralysis (AFP) Early Case Detection and Reporting in Pastoralist and Hard-to-reach part of Ethiopia using CORE Group Ethiopia Community Volunteers,** (poster); CGPP Ethiopia M&E Officer Tenager Tadesse.
- **Leveraging polio infrastructure for COVID-19 mitigation in the informal settlement of Nairobi, Kenya,** (poster); CGPP HOA Secretariat Director Ahmed Arale and CRS Senior Program Officer Moses Orinda.

- **Boda Boda taxi! Delivering cost-effective outreach vaccination and medical services to nomadic populations in remote areas of Kenya and Somalia,** (poster); CGPP HOA M&E Coordinator Yusuf Ajak.
- **Improving access to first dose of Oral Polio Vaccine through community volunteers: The CGPP experience,** (poster); CGPP Nigeria Secretariat Director Samuel Usman.

Organizational and Media Interviews

The GPEI featured Rina Dey, the communications director for CGPP India, in a November 17, 2020 profile about women leaders. Ms. Dey explains why listening to communities is key to ending polio: Even the smallest question should be answered.

CGPP Nigeria's Secretariat Director provided perspective in an August 25, 2020, Devex article. How the eradication of wild poliovirus from Africa can guide the COVID-19 response addresses how community structures in the Northern part of Nigeria, where CGPP works, can be used to implement a successful disease outbreak response for COVID-19 and other diseases.

On July 10, 2020, Channel Africa aired an interview with CGPP South Sudan's Secretariat Director, who spoke of how the project responded to fear-driven discrimination of those who have tested positive for the virus and the complex fall-out based on widely held misinformation.

Communications Materials

- **COVID-19 Community Engagement Protocol:** In April 2020, to ensure that the CGPP community volunteers and mobilizers could continue to work safely, the CORE Group GHSA Senior Advisor Sarah Paige drafted a protocol for house-to-house visits. The protocol includes a risk assessment and a set of guidelines for community health workers to follow when conducting community outreach. The CGPP communications team developed a simple flyer using images to illustrate key messages from the guidance. The protocol itself is part of the global resource hub for Risk Communication and Community Engagement managed by the Global Outbreak Alert and Response Network.
- **Community-based surveillance handbooks and Care Group flipbooks:** CGPP HOA integrated COVID-19 community case definition, preventive measures, contact tracing, and reporting into risk communication and IEC materials. The team, lead by HOA Program Officer Abubakar Salah Farah, premiered its first bi-annual newsletter. The secretariat provides real-time updates through WhatsApp and weekly project bulletins to USAID mission and partners.
- **Community-based surveillance training manuals in three local languages - Amharic, Oromia and Somali:** CGPP Ethiopia printed 10,000 manuals addressing integrated vaccine-preventable and priority zoonotic diseases for use by CVs and HDALs. The secretariat awarded 4,800 certificates of appreciation to CVs and distributed 6,000 branded vests for volunteers to wear for identification during house-to-house visits and social mobilization activities Bethelehem Asegedew, CGPP Ethiopia Communication Officer, produced comprehensive quarterly newsletters. CGPP staff post updates from the field consistently on Telegram.
- **CGPP India Research Surveys:** 1. Understanding CGPP functionaries and ex-CMCs on COVID-19 and 2. Preparatory activities for a rapid RI coverage survey. **Annex D provides details on the surveys.**
- **CGPP India** produced a wide range of materials in response to the pandemic emergency. The CGPP developed a leaflet on RI and widely shared and used by government functionaries. The secretariat additionally developed a comprehensive first newsletter for partners and donors. **Annex E presents CGPP India communication materials developed for COVID-19 response.**

Community Action Group members gather during the COVID-19 pandemic to discuss the importance of immunization. Photo by CGPP India.

USAID Worldwide Polio Eradication Coordinator Ellyn Ogden points to a congratulatory note for her historic contribution to a WPV-free Africa. *The continent celebrated the achievement on August 25, 2020.*

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

Introduction

On August 25, 2020, the independent Africa Regional Commission for the Certification of Poliomyelitis Eradication (ARCC) declared that the WHO African region had succeeded in interrupting all indigenous wild polioviruses' transmission. Nigeria was the final country to contribute to the region's certification, marking five of WHO's six regions free of all WPV. In October 2019, the ARCC concluded the worldwide eradication of wild poliovirus type 3 (WPV3). WPV3 is the second strain of the poliovirus to be wiped out, following the certification of the eradication of WPV2 in 2015.

Certification activities

CGPP Nigeria: On June 18, 2020, the ARCC approved Nigeria's documented evidence of high-quality surveillance and improved routine immunization coverage. As a member of the Polio Transition Technical Task Team (PT4), CGPP Nigeria aligns with the government to transition the country's polio infrastructure to Routine Immunization, Primary Health Care systems strengthening, surveillance, and outbreak response. At the community level, the CGPP-trained VCMs would transition with CHWs to the Community Health Influencers, Promoters and Services (CHIPS) program.

CGPP South Sudan participated in a verification visit from the ARCC to assess national documentation accuracy and completeness for polio-free certification. The committee, which visited from January 21-31, 2020, applauded the team for spearheading the innovative community-based disease surveillance system, resulting in increasing surveillance sensitivity in the conflict-affected states of Unity, Upper Nile, and Jonglei. The ARCC recommended expanding surveillance efforts to Kapoeta East and conflict-affected counties in the now-defunct Yei River State.

In June 2020, the ARCC approved South Sudan's documentation for polio-free certification. The Secretariat team contributed to developing and adapting the concept of integrated community-based surveillance as part of its national IDSR strategy, with national guidelines developed in 2020. CGPP South Sudan will con-

tinue to partner with national NGO partners to implement the integrated community-based surveillance of polio, measles, COVID-19, Ebola, Yellow Fever, and adverse events following immunization.

CGPP HOA contributes to certification committee meetings and provides documented evidence of polio-free status to the country-level polio transition planning team. The secretariat participated in bi-weekly GPEI partners and tripartite country coordination meetings to respond to the ongoing cVDPV2 outbreaks and monthly AFP surveillance meetings with high-risk counties. The team additionally participated in MOH monthly stakeholder forums on AFP surveillance in the 11 high-risk counties.

CGPP Ethiopia contributed to developing the FY19 plan, including tapping polio assets and infrastructure and creating the business plan; funding to back the plan has not yet been secured by the government.

CGPP Nigeria volunteers progress house-to-house to check and validate data during October 2020 IPDs in Bursari LGA in Yobe State. Photo by CGPP Nigeria.

A lead mother conducts a Care Group session on RI in Belet-Hawa in Somalia. Photo by Ibrahim Mohamud/CGPP Program Manager with SomaliAID.

Dr. David Salisbury, Chair of the Polio Certification Committee (left), stands with CGPP Deputy Director Lee Losey on World Polio Day, October 24, 2019, in Geneva for the wild poliovirus type 3 (WPV3) eradication ceremony.

Transition Planning

Continued circulation of wild poliovirus type 1 in Pakistan and Afghanistan and multiple global outbreaks of cVDPVs have complicated the transition process. Nevertheless, the CGPP has continued to focus on the three main areas of transition planning and implementation: transitioning of assets, continuing critical services, and documenting lessons learned. Over the past year, the project continued to focus on documenting lessons learned, accomplishments, and systems through various presentations and publications as described in objective five. The project has also worked very closely with government and national health systems to ensure that critical services such as routine immunization and disease surveillance will not suffer when the project ends. India developed a transition plan based on a goal to graduate in September 2022, which shifted from project CMCs to working with the government AHSAs to ensure that the project's BCC knowledge and skills will continue to benefit the country for years to come. Due to COVID and the continued threat of cVDPVs, India's graduation has been delayed until September 2023 and some of the CMCs have returned to work voluntarily to support COVID messaging. Finally, in terms of the transitioning of assets, which are primarily human assets and concepts or methodologies, the project has demonstrated over the last year that the CGPP infrastructure is a valuable asset to apply to other health needs such as COVID-19, Ebola, and Global Health Security Agenda. The project's well-established Community Based Surveillance model has proven useful in tracking AFP cases and Ebola, COVID-19, and various zoonotic diseases.

At the global level, the Deputy Director contributed to the Transition Independent Monitoring Board (TIMB), and at the national level, the secretariats participated in various transition planning meetings.

During September's mOPV campaign, CGPP social mobilizer Beti Fasil vaccinates children in Ethiopia's Somali Region, Siti Zone, Erer Woreda. Photo by CGPP Ethiopia.

The following chart presents a snapshot of current polio status and transition plans.

CGPP Country	FY 2020 Status	Transition/Legacy Plan
India*	WPV free since 2014; continue gradual transition activities through FY22.	Withdrew CMCs in March (later recalled to volunteer for COVID-19 response); in FY 21, there will be continued reductions in staff and high-quality training to ASHAs and supervisors for IPC and group sessions, preparing due-lists, and mobilizing communities for RI to support transition to graduation of the India program. Several ex-CGPP staff were accommodated in the Government of India's National Health Mission at various levels, thus continuing the legacy of CGPP.
Ethiopia	WPV free since 2017; experiencing cVDPV2 outbreaks	Contributed to the development of the FY19 plan, including the mapping of polio assets and infrastructure and creation of the business plan; funding to support the plan not yet secured.
Nigeria	Declared WPV free June 2020; experiencing cVDPV2 outbreaks.	Working with government to transition VCMs to the Community Health Influencers, Promoters, and Services (CHIPS) program.
Kenya and Somalia	WPV free since 2014; Somalia experiencing cVDPV2 and cVDPV3 outbreaks	Deploying resources to support Global Health Security on community-based disease surveillance of priority zoonotic diseases; conducting social mobilization and community sensitization and screened at villages and border crossing points for COVID-19 response; enhancing cross border health collaboration
South Sudan	Declared WPV free June 2020, experiencing cVDPV2 outbreaks	Transitioning community volunteers to the government's Boma Health Initiative.
Uganda	Declared WPV free in 2000.	Integrating COVID-19 surveillance activities into routine community-based surveillance for AFP and other infectious diseases, building the capacity of village health teams, refugee leaders, and others in the active involvement of disease surveillance

**The secretariat plans to conduct several studies to research further and document the project's legacy. Wide-ranging topics will include research on CMC experiences and impact on their personal lives; male engagement, particularly the involvement of local barbers, in immunization programs; the intergenerational effect of the immunization program on school children; and strategies used over the years to boost community mobilization, reduce community refusals and increase timeliness of polio and other vaccines for children under five years old. The team will develop a textbook lesson on polio eradication for the National Council of Educational Research and Training.*

Gender Analysis

In 2020, the COVID-19 pandemic dealt a strong blow to the health status of the world's most vulnerable. It exposed gender inequities in access to healthcare, sanitation, and resources. COVID-19 placed a disproportionate burden on women as caregivers, workers, mothers, and wives. The CGPP intensified efforts to support families, particularly mothers, through the pandemic. Volunteers helped families navigate decisions around routine immunization and child health and supported them with clear messages about COVID-19 prevention.

Through the challenges brought by COVID-19, CGPP sought to build the capacity of women as decision makers, engage men to participate in the health of their children, support couples' communication and link women to much-needed health services. CGPP's predominately (68%) female volunteer corps mobilized communities and parents to sustain polio vaccination coverage and ensure that parents prioritized routine immunizations. CGPP developed the capacity of volunteers, expanding their capability to conduct safe social mobilization, surveillance, and to address polio along with emerging diseases such as COVID-19 and zoonotic diseases. Female volunteers' close community relationships and keen understanding of social and gender norms, boundaries, and decision-making allowed them to make headway, even as project areas were plagued with lockdowns, uncertainty, and stigma associated with COVID-19. Volunteers provided linkages to needed health services and information, fought against stigma, and gave families stability and clear information in uncertain times. To protect volunteers and communities, CGPP implemented global house-to-house and mask protocols safety protocols, linked volunteers with masks, and developed physically distanced methods of social mobilization.

Promoting Female Empowerment

- CGPP HOA expanded the Care Group Model to provide additional women with a network of support. CGPP trained "lead mothers "to deliver bi-weekly modules on immunization and child health to their neighbor groups. Care Group members discussed planned information and offered support and tips to each other on health, immunization, child rearing and women's health. CGPP HOA added a module and trained lead mothers on COVID-19 home-based care to provide support and equip women who were tapped as caregivers during the pandemic.
- CGPP India, as part of its transition plan, intensified work with the all-female cadre of ASHAs and their supervisors to build skills on communication, data and record keeping, and supervision. Additionally, CGPP India enhanced the capacity of CMCs, who were reactivated to provide COVID-19 awareness messaging to their communities. CMCs contacted 21,000 community members to provide clear information on immunization, COVID-19 prevention, and dispel myths and misinformation. CGPP India has continually invested in building the capacity of the (98% female) CMCs, empowering them with new skills and confidence. During the year, 300 recently disengaged CMCs found new opportunities for work due to their strong skills.

A nurse administers oral polio vaccine to a child at a health facility in Nairobi's Githogoro informal settlement on World Polio Day. Photo by Ahmed Arale/CGPP HOA.

- CGPP Ethiopia's predominately female CVs/HDALs continued their mission to link mothers and children to health centers for missed vaccinations. CVs provided information about ANC, immunization, and child health. They encouraged reluctant mothers to stay up to date with routine immunizations and health visits during the uncertainty of the COVID-19 pandemic. CVs/HDALs referred 128,026 pregnant women (NNT and ANC care), newborns, and defaulters to health centers during the project year.
- As CGPP South Sudan assembled the community-based surveillance network in FY20, the program prioritized female representation and engagement at all levels. Forty-one percent of community key informants are female. The project engaged female traditional birth attendants, traditional healers, community leaders, and others.

Male Engagement

CGPP has long recognized the decision-making power afforded to men in project areas. Without their buy-in, children are often left unvaccinated. CGPP trains influential men including religious leaders, community leaders, headmen, and other well-connected men to be "immunization champions" and reach others with information about vaccinations and child health.

- CGPP Nigeria trained additional Male Peer Educators (MPE), equipping them with communication skills and information on immunization to share with other community men. CGPP Nigeria expanded this initiative after successfully implementing it in Kaduna. The local government instituted the MPE model in its own work after witnessing the success of CGPP.
- CGPP Ethiopia mobilized a network of male religious leaders to share key messages about immunization during key religious rituals including Sunday church services, conferences, and coffee and tea ceremonies.

In addition to efforts to empower women and engage men, CGPP continued to track key indicators and disaggregate by gender to ensure equal distribution of vaccines during routine immunization and supplemental immunization. No notable differences in coverage were found by gender for immunization status or reach of SIAs in project areas. CGPP will continue to disaggregate and analyze this data on a quarterly basis to ensure that any disparities are quickly addressed. Volunteers will continue to dialogue with communities to ensure that any gendered myths are dispelled and parents bring all children for vaccination.

During the Intensive Mission Indradhanush drive, religious leaders gather to address myths. Photo by CGPP India.

CGPP Nigeria field staff sensitize people on a busy street during Market Day in Nguru LGA in Yobe state. Photo by CGPP Nigeria.

Annex A. CGPP map of implementation area, country team profile, and list of partners

CGPP India supports polio immunization activities in 12 districts (56 blocks) in Uttar Pradesh (UP) state and one district (two blocks) in Haryana state. The project maintains population immunity against polio and promotes high routine immunization coverage through social mobilization for polio and other vaccine-preventable diseases. The project supports government frontline workers, ASHAs, and their supervisors. To mitigate the risk of COVID -19 transmission, CGPP India formed more than 500 Community Action Groups in FY20 to ensure community engagement for risk reduction on stigma and adoption of healthy behaviors.

CGPP INDIA since 1999

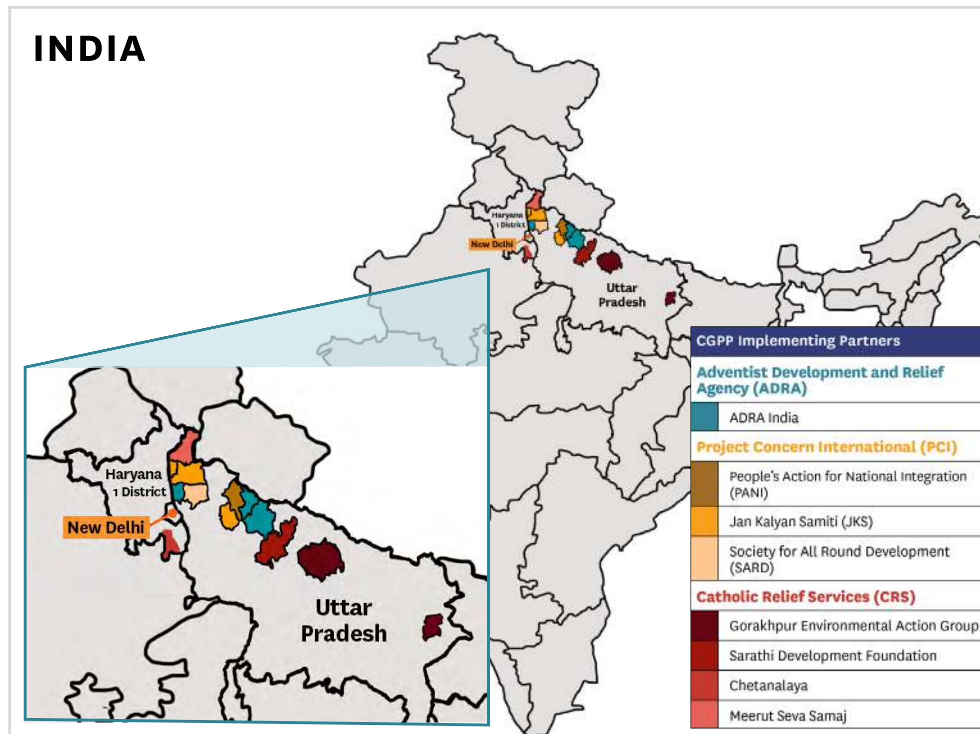
Secretariat Host – Project Concern International (PCI)

International NGOs

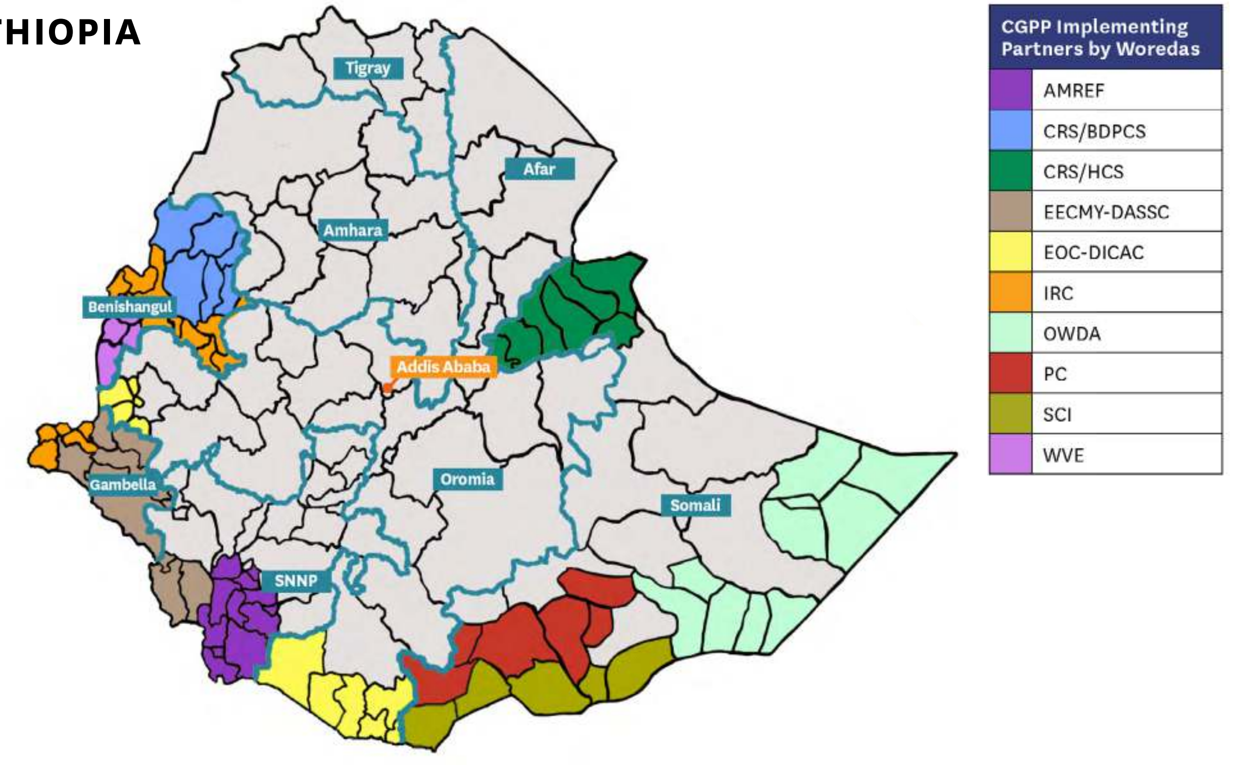
1. Adventist Development and Relief Agency (ADRA)
2. PCI
3. Catholic Relief Services (CRS)

National/Local NGOs*

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



**CRS partner Chetnalaya in Nuh withdrew from the partnership on September 30, 2020. Implementing Partner CRS has selected SARD as the new partner for FY21.*



CGPP Ethiopia operates in 85 rural, pastoralist, and semi-pastoralist woredas (districts) across five regions. Community Volunteers, Health Development Army Leaders (HDALs), and Health Extension Workers (HEWs) actively search and report on cases of Acute Flaccid Paralysis (AFP), measles, and neonatal tetanus and track newborns from early pregnancy. They regularly conduct house-to-house health education sessions and social mobilization activities during routine and supplementary immunization campaigns. The project integrates COVID-19 awareness and Community-Based Surveillance (CBS) for three priority zoonotic diseases – rabies, anthrax, and brucellosis – to strengthen Global Health Security.

CGPP ETHIOPIA since 2001

Secretariat Host - The Consortium of Christian Relief and Development Associations (CCRDA)

International NGOs

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

National/Local NGOs

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

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

CGPP South Sudan implements integrated CBS activities in the southern part of the country for four priority diseases: AFP, measles, Ebola Virus Disease (EVD), and COVID-19 (plus Adverse Events Following Immunization or AEFI) in 13 counties in Central, Eastern, and Western Equatoria states. The project also supports national independent campaign monitoring for polio and measles, including polio campaign social mobilization within project catchment areas. Community volunteers called Boma Health Promoters (BHPs) and Community Key Informants (CKIs) participate in active case detection and reporting, RCCE, and contact tracing and follow up. The project also supports national independent campaign monitoring for polio and measles, including polio campaign social mobilization within project catchment areas.

CGPP SOUTH SUDAN since 2010

Secretariat Host – WV

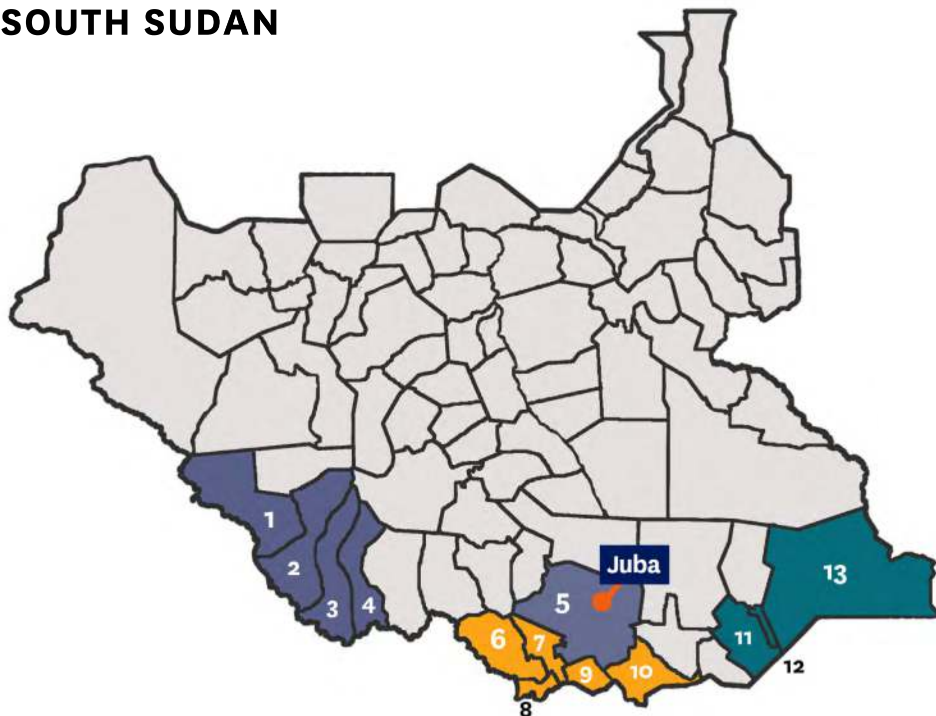
International NGO

1. WV

National NGOs

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

SOUTH SUDAN

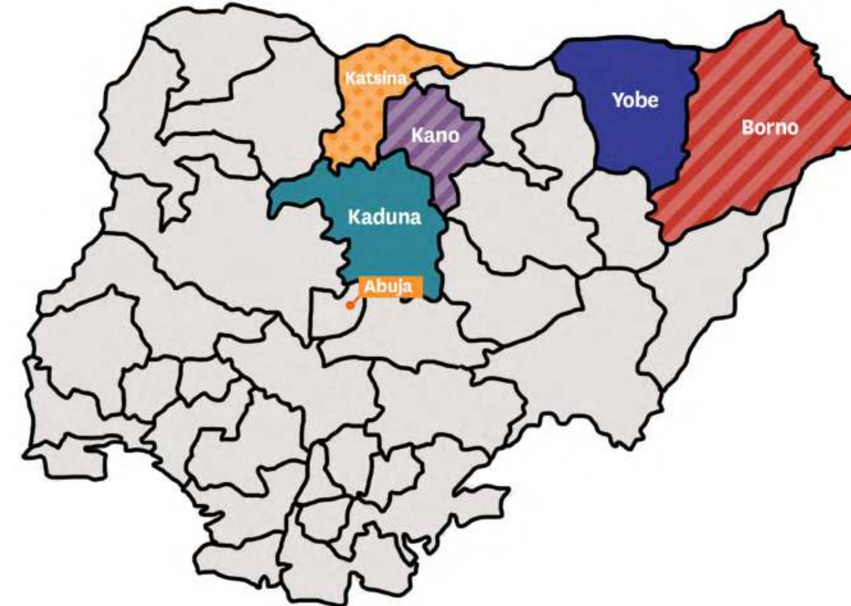


Proposed CGPP Implementing Partners by County

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

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

NIGERIA



CGPP Implementing Partners by State
International Medical Corps (IMC)
Catholic Relief Services (CRS)
Save the Children
Local NGOs
The Archdiocesan Catholic Healthcare Initiative (DACA)
Federation of Muslim Women Association of Nigeria (FOMWAN)
WAKA Rural Development Initiative
Family Health and Youth Empowerment Organization
Community Support and Development Initiative (CSADI)
Royal Heritage Foundation

CGPP Nigeria implements activities for the community-level promotion of immunization and AFP case detection in 26 Local Government Areas (LGAs) across five northern states. The project's volunteer workforce of all-female Volunteer Community Mobilizers (VCMs) move house to house with CGPP-developed flip charts. The flip charts contain key messages to raise awareness of the polio vaccine's benefits, routine immunization, ante-natal care visits, exclusive breastfeeding, use of mosquito-treated bed nets, and other hygiene and nutrition practices. They also include COVID-19 Infection, Prevention and Control (IPC) measures such as face masks, hand washing, and social distancing. Community volunteers work with health facilities during fixed and outreach sessions. Supervised by Volunteer Ward Supervisors, they support Immunization Plus Days (IPDs) and outbreak response for circulating virus outbreaks, conduct tracking of defaulters and newborns for immunization, and carry out community-based surveillance for polio, measles, malaria, and yellow fever. CGPP also uses traditional birth attendants, local barbers, patent medicine vendors, bonesetters, and local herbalists to serve as Community Informants (CI) to detect AFP.

CGPP NIGERIA since 2013

Secretariat Host- Catholic Relief Services

International NGOs

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

National/Local NGOs

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

CGPP Kenya and Somalia (HOA), through its network of trained community mobilizers, conducts community-based AFP surveillance and supports Routine Immunization and outbreak response in the border districts/counties in Kenya and Somalia. The project targets nomadic-pastoralist and other high-vulnerable mobile, hard-to-reach, and underserved border populations. The project supports 97 border health facilities in Kenya and 27 border health facilities in Somalia. In 2018, the project received additional investments to support Kenya's health security programming. The project integrated community-based surveillance for five priority zoonotic diseases – anthrax, trypanosomiasis, rabies, brucellosis and Rift Valley fever. Community Health Volunteers (CHVs), Community Mobilizers (CMS), Community Animal Disease Reporters (CDRs) and Animal Health Assistants (AHAs) function as the primary linkage between community members, health facilities and veterinary services.

CGPP HOA (Kenya and Somalia) since 2014

Secretariat Host - American Refugee Committee (ARC) or Alight

Kenya

International/National NGOs

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

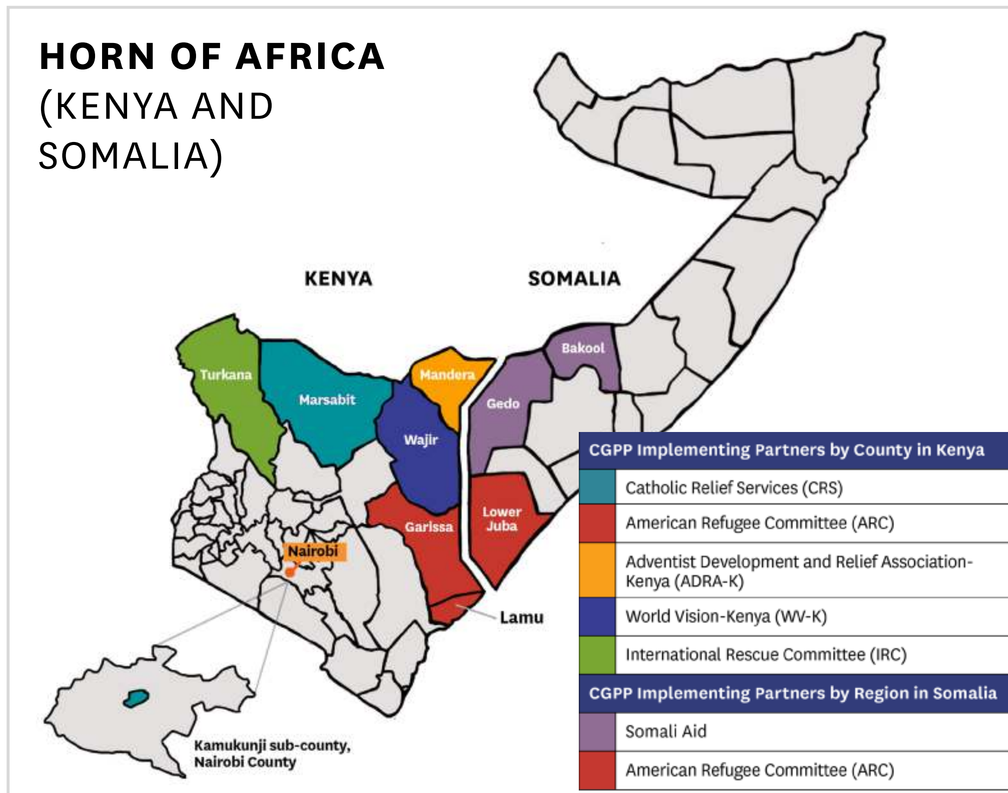
Somalia

International NGO

1. ARC (Alight)

Local NGO

1. Somali Aid

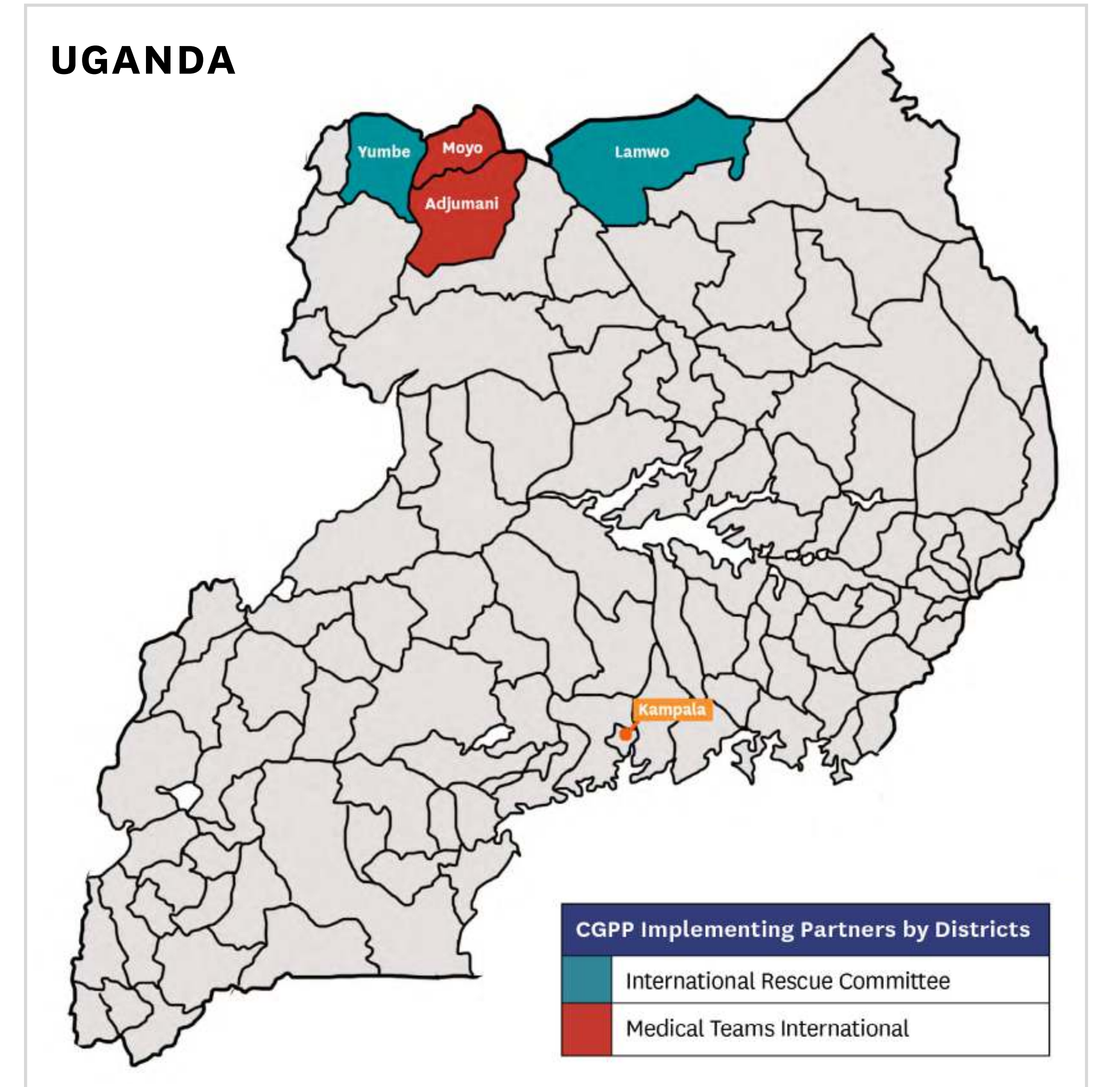


CGPP Uganda was launched in FY19 per the request of the Ugandan government to improve detection, reporting, and investigation of AFP cases among children under 15 years of age among refugees from South Sudan and host communities by strengthening Uganda's Integrated Disease Surveillance and Response (IDSR) system at the community level. (In the past two years, the health sector has integrated refugee health services into the national health care system under the Comprehensive Refugee Response Framework.) The Community Based Disease Surveillance (CBDS) system utilizes existing Village Health Teams (VHTs). The teams are the leading project implementers. They are primarily refugees and recruit fellow community leaders in refugee settlements to work as key informants. Both groups look for and report on suspected AFP cases (and COVID-19 cases) to enhance traditional facility-based surveillance in districts near border crossing points and refugee settlements, including the Bidibidi Refugee Camp.

CGPP UGANDA since 2018

International NGOs

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



Annex B. Summary of meetings by country

CGPP India: Project partners participate in divisional, district, and sub-district level meetings conducted by government and development partners, such as state/district-level task force meetings for polio and routine immunization. Weekly program review meetings with SRCs and program officers addressed program challenges related to COVID-19 and field issues. In UP, CGPP represented a state-level routine immunization meeting to review RI program performance and special immunization campaigns such as Intensified Mission Indradhanush. The director attended the 28th meeting of the India Expert Advisory Group (IEAG) on November 13 and 14 in New Delhi to review polio eradication progress and provide strategic guidance to the government to assess importation risks. In October 2019, the project's CMCs, ANMs, and ASHAs from Sambhal provided a performance on immunization at a MOH event celebrating 25 years of the country's successful polio eradication program.

CGPP Ethiopia: The secretariat contributes to the ICC meetings, EPI Task Force, One Health Steering Committee, and the National EOC. Secretariat staff took part in EPI technical working groups for monitoring and evaluation, communication, EPI, and SIA logistics. The secretariat participated in WHO EPI and Surveillance quarterly review meetings and MoH annual review meetings. Moreover, the secretariat staff participated in One Health Technical working group meetings on rabies, anthrax, and brucellosis.

CGPP South Sudan: The project participated in 54 Ebola/COVID-19, EPI and Point of Entry TWG national and state coordination meetings and organized monthly partners coordination meetings, state task force meetings, and monthly partner meetings with the USAID Mission.

CGPP Nigeria[1] The secretariat took part in a total of 120 State coordination meetings (EOC meetings, SIAs, and OBR campaign planning and review meetings, technical working group (TWG) meetings); 30 review and planning meetings with community-based organizations; and eight meetings with the three implementing partners.

CGPP HOA: In all, CGPP Kenya supported 189 national and local-level coordination meetings on COVID-19, risk communication and ONE Health, as well as quarterly and annual program reviews, community sensitization and dialogue sessions. CGPP HOA shares key observations during UNICEF-led weekly COVID-19 RCCE coordination meetings to build effective responses. The team participated in the UNICEF-led Kenya EPI Coverage and Equity Working Group effort to support the MOH National Vaccine and Immunization Programme toward developing a coverage and equity assessment report to guide mobilization of GAVI funding for the next five years. CGPP HOA contributed to the development of community-based surveillance guidelines during Kenya's event-based surveillance stakeholder meeting. CGPP Somalia conducted 23 monthly, quarterly and annual coordination reviews, SIA planning sessions, and cluster coordination meetings. CGPP involved community members in promoting ownership, planning jointly and receiving feedback on community-based surveillance.

CGPP Uganda: Through a series of inter-agency meetings with UNHCR and IRC-trained VHTs, the group reached an agreement to reduce the high turnover rate of CGPP mobilizers. Separately, MTI organized a key cross-border health committee with five bordering districts along South Sudan (Amuru, Adjumani, Lamwo, Obongi and Moyo.) Due to the COVID-19 lockdown of cross border movements, South Sudan counterparts were not able to participate. Still, the meeting continued with discussions on cross-cutting surveillance issues.

Yussuf Abdullahi, ARC CGPP Somalia Program Officer, conducts community sensitization on COVID-19 and the importance of continuing routine immunization at border town of Dhobley, Lower Juba in Somalia. Photo by Hussein Abdirizack with ARC Somalia.

1 The project aligned its activities with the 2020 National Polio Eradication Emergency Plan (NPEEP)of the National Polio Emergency Operations Center (NEOC.) These yearly plans drive the country's PEI while also strengthening Nigeria's Routine Immunization (RI) program coordinated by the National Routine Immunization Coordination Center (NERICC). In addition to the EOC, CGPP Nigeria provides technical support to the High-Level Advocacy Team (HiLAT), the Inter-agency Coordination Committee (ICC) and the Northern Traditional Leaders Committee on PHC Service Delivery (NTLC) for conducting advocacy and behavior change at all operational levels.

Appendix C. Training Schedules

India Training

Type of Training	Participants	Dates	Number of participants
Virtual training on COVID-19 Prevention	SRCs and DMCs	April 2020	17
	BMCs and Cluster Facilitators	April 2020	56
	Ex-CMCs and Mobile Mitras	April-May 2020	712
	Community level influencers	April- May 2020	3,659
In-service training to improve RI vaccination coverage	ASHAs and ASHA supervisors	July – Sep 2020	3,930

Ethiopia Training

Type of participant	Training Topics	Number of Participants
CVs/HDALs	VPDs & PZDs	5668
HEWs	VPDs & PZDs	1907
Health Workers	VPDs & PZDs	708
Animal Health Technicians	VPDs & PZDs	1238
Community leaders and key informants	VPDs & PZDs	701
Total		10222
VPDs-Vaccine Preventable Diseases		
PZDs-Priority Zoonotic Diseases		
Total training sessions -332		
Female participants- 5886 and Male-4336		

South Sudan Training

CGPP South Sudan Trainings conducted in FY20							
Summary of trainings conducted from October 1 to 10 September 2020							
Type of Trainings	**Location**	**Duration**	**Dates**	**Gender**		**Total**	**Cadres**
				Males	**Females**		
Training of trainers	Juba	4 days	28 Oct- 1 Nov 2019	9	1	10	Project Supervisors
Social mobilization	Morobo	1 day	21-Mar-20	22	8	30	Social mobilizers
Social mobilization	Kajo-keji	1 day	20-Mar-20	27	3	30	Social mobilizers
ICM	Juba	2 days	23-Mar-20	20	2	22	Research Assistants
Open data Kit (mHealth)	Ye, Magwi & Yambio	1 day	Sep-20	10	1	11	Project Supervisors
Community based disease surveillance	Yei	3 days	31st Aug – 2nd Sept. 20	13	3	16	Boma Health Promoters
Community based disease surveillance	Kapoeta East (Natinga & Narus)	4 days	4-oct. to 7-oct. 2020	13	1	14	Boma Health Promoters
Community based disease surveillance Kapoeta East (Mogos &JIE)		4 days	13-oct. to 16-oct. 2020	7	0	7	Boma Health Promoters
Community based disease surveillance	Budi chukudum	4 days	28-sept. to 1-oct 2020	16	2	18	Boma Health Promoters
Community based disease surveillance	Budi Kimotong	4 days	21-oct. to 24-oct 2020	5	1	6	Boma Health Promoters
Community based disease surveillance	Kapoeta south	4 days	30-sept. to 3-oct. 2020	15	0	15	Boma Health Promoters
ToT training on CBS and stigma management	Juba	3 days	2-4 September	5	1	6	1 Project officer, 1 M&E officer, 3, Project supervisors, 1 Program manager
Contact Tracing	Yei	2 days	3rd – 4th Sept. 2020	17	2	19	1 PS & 18 BHPs

COVID-19 contact tracing	Nimule	2 days	31/8-1/9-2020	10	6	10	I Project Supervisor & 15 BHPs
COVID-19 contact tracing	Magwi	3 days	7-9/9/2020	7	11	7	1 Project Sup & 17 BHP
COVID-19 contact tracing	Kajo-keji	2 days	28-29/8/2020	12	2	14	Boma Health Promoters
ToT training on COVID-19 contact tracing and stigma	Yambio	3 days	September 7-9, 2020	15	0	15	4 Project Supervisors, 4 County Surveillance Officers & 1 State Surveillance Officer, 1 state data manager 1 State Ministry of Health officer
Community Case Management – COVID-19	Yei	1 day	9th, 10th, 11th Sept. 2020	10	6	16	1PS, 5 BHPs & 10 CKIs
Covid-19 infection prevention & control	All 13 counties	1 day	April-September 2020	152	62	214	community key informants
Community based disease surveillance	All 13 counties	1 day	Jan-Sept 2020	1060	749	1809	community key informants

Nigeria Training

Topics of training	Number of persons trained	Cadres of persons trained	Date of training
Male Peer Educator training	100	MPEs	01/07/20
ToT on COVID-19 Outbreak Response	8	STL, MO/SFP, LGAC, LGA/ MEAL Assistant,	01/07/20
Step down training on COVID-19 Outbreak Response	44	VCM, VWS	01/08/20
Sensitization training on COVID-19	440	Traditional leaders	12-13/08/2020
Covid-19 Training	385	Volunteers	20/08/2020
Training of COVID-19	440	Community Informants	28/09/2020
AFP Surveillance Training for VCMs	821	VWS/VCMs/Cis	20/04/20
AFP Surveillance training	56	VWS and LGACs	22-23 /07/2020
AFP surveillance training	30	LGACs, VWSs and LGA DSNOs	27-28/08/2020
AFP Surveillance Stepdown Training	91	VCMs	26/08/2020
AFP Surveillance Stepdown Training	322	VCMs	3-5/09/2020
Training of Religious leaders on PEI	44	Religious leaders	26/09/2020
IPC Skills training	24	LGAC'S, VWS's	25-26/08/2020
IPC Skills Training	60	LGACs and LGA HE	14-15/09/2020
IPC Skills Training	56	LGACs/VWS	26-27/082020
IPC Skills Stepdown Training	413	VCMs	28-30/08/2020
IPC Skills Training	322	VCMs	28/1/2020 - 05/02/2020
MEAL Training	60	LGACs and LGA M&E	16-17/09/2020
MEAL Training	24	LGACs and VWSs	3-4/09/2020
MEAL Training	8	VWS and LGAC	29/11/2019
MEAL Training	56	LGACs/VWSs	24-25/08/2020
MEAL Stepdown Training	91	VCMs	31/08/2020
MEAL Stepdown Training	322	VCMs	1-2/092020
MEAL Smartphone Training	56	VWS and LGACs	18-19/06/2020
Orientation Training for newly engaged VCMs	7	VCMs	20/08/2020
Orientation Training on Post-Polio Free Certification	447	LGACs, VWS and VCMs	16-25/09/2020
IPDs State Level Training	10	CBO/LGACs	19/10/2019
IPDs Training	982	LGACs/VWS/VCMs	19/10/2019
SIPDs Training	351	LGACs/VWS/VCMs	20/02/20
VCMs Refresher Training on PEI Social Mobilization and Documentation	110	VWS and VCMs	02/2/2020

HOA training

Country	Month	Type of training	Participants	# Participants
Kenya	June	AFP surveillance during COVID 19	CMs,CDRS,AHAs,CHAs	17
Kenya	July	Care group Model	CHVs and HCWs	20
Kenya	September	Care group model flip chart On job training for CMs	CHVs and HCWs	12
Kenya	November	Care group Model	CHVs and HCWs	13
Kenya	July	Care group Model	HCWs, subcounty surveillance officers	24
Kenya	November	Care group Model & Community Based Surveillance	CMs and CDRs	22
Kenya	November	Community Based Surveillance	CMs,CDRS,AHAs,CHAs	16
Kenya	June	Community Based Surveillance	CMs,CDRS,AHAs,CHAs & HCWs	152
Kenya	June	Covid-19	CHAs	30
Kenya	June	Community Based Surveillance, covid-19	CHVs	36
Kenya	August	Community Based Surveillance, covid-19	CHAs, CDRs, CMs, AHAs, subcounty veterinary officers and subcounty surveillance officers	20
Kenya	October	Community Based Surveillance, covid-19	CHAs, CDRs, CMs, AHAs, subcounty veterinary officers and subcounty surveillance officers	57
Kenya	January	Community Based Surveillance, covid-20	CHAs, CDRs, CMs, AHAs, subcounty veterinary officers and subcounty surveillance officers	27
Kenya	January	Community Based Surveillance, covid-19	CHVs, CDRs	22
Kenya	May	Covid-19 and incorporation of the one health concept	HCWs and CHVs	45
Kenya	June	Covid-19		67
Kenya	July	Defaulter tracing during covid	CHVs	17
Kenya	November	Community Based Surveillance, covid-20	HCWs	39
Kenya	March	One health concept	CMs,CHAs,SCHMTs, CHMTs	13
Kenya	October	Covid-19 Home Based Care and Community Based Surveillance	CMs CDRs SCDS SCVO AHAs and HFs in charge	20
Kenya	July	Care group Model	facility incharge and community mobilizer	4
Kenya	August	Care group Model	CMs CDRs SCDS SCVO AHAs and HFs in charge	202
Kenya	July	Refresher Community Based Surveillance	CDR's/CM's AHA's and SCDC.	26
Kenya	August	Refresher Community Based Surveillance	CMs CDRs SCDS SCVO AHAs and HFs in charge	24
Kenya	November	Refresher Community Based Surveillance	CMs CDRs SCDS SCVO AHAs and HFs in charge	26
Kenya	June	Refresher Community Based Surveillance	CMs CDRs SCDS SCVO AHAs and HFs in charge	121
Kenya	August	Refresher Training on project objective	CMs CDRs SCDS SCVO AHAs and HFs in charge	80
Kenya	April	Refresher Community Based Surveillance, reporting alerts and zero reporting	CHVs, CDRs	39
Kenya	October	Refresher Community Based Surveillance	CMs	14
Kenya	September	Routine immunisation during covid	CHVs	31
Kenya	December	SIA Review and planning	CMs,CHAs,SCHMTs, CHMTs & HCWs	57
Kenya	November	SIA Vaccinators training	CVHs	121
Kenya	August	Social mobilisation during COVID	CVHs	37
Kenya	July	Community Based Surveillance during COVID	CVHs	16
Kenya	June	Training of CHVs and CDRs	CHVs,CDRs,AHAs,subcounty veterinary officers and subcounty surveillance officers	85
Kenya	May	Sensitization on Covid-19 (Prevention, contact tracing and case management)	CMs,CHAs,SCHMTs, CHMTs & HCWs	4292
				5643

Annex D. CGPP India Survey Findings

In April 2020, CGPP India conducted a rapid survey of knowledge, attitudes, and practices about the COVID-19 epidemic. The study was based on the need to develop approaches that would best protect the CGPP workforce and minimize disruptions to polio activities while informing the broader health system. The survey covered 58 blocks/polio planning units from 12 project districts of Uttar Pradesh. First, four program managers received a briefing on the survey questionnaire and data collection training; they then phoned 103 BMCs, DMCs, and MIS Coordinators during April 4-10, 2020. Second, a team of 31 project DMCs and BMCs received training to collect data from former CMCs. From April 16 to 19, 2020, they phoned 296 randomly selected mobilizers from polio at-risk communities.

Key survey findings showed:

- Most respondents had a basic understanding of COVID-19, such as transmission, precautions, and preventive measures.
- All the respondents stated at least one correct mode of the disease transmission. About two-thirds said that 'COVID-19 spreads through coughing or sneezing by an infected person' followed by 'touching a contaminated surface and then touching one's eyes, nose or mouth'.
- 89% of respondents mentioned 'fever' as a common symptom, followed by 'dry cough' or 'cough' (71%).
- A majority (80%) did not perceive that 'There is a high likelihood among community members to get this virus.' In contrast, about three-fourths (70%) were anxious that they or their family members might get infected.

In response, the secretariat revised the reporting system to accommodate the field deployment-related changes (i.e., withdrawal of CMCs and BMCs' work with ASHAs) and to include the COVID-19 specific indicators (Including the efforts of CGPP functionaries, ex-CMCs, and local influencers). Also, the secretariat established a reporting mechanism to review COVID-19 facts and the CGPP's efforts to strengthen the vaccination system.

Annex E. Communication materials on COVID-19 and routine immunization