



World Vision



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Provincial governor in Luanda, Angola's capital city inaugurates polio campaign as part of advocacy push by CGPP and other Angola polio partners

submitted by:

Frank Conlon

Director, CORE Group Polio Project

300 I Street, NE

Washington, D.C. 20002

fconlon@worldvision.org

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ACRONYMS AND ABBREVIATIONS

ADRA	Adventist Development and Relief Agency
AFP	Acute Flaccid Paralysis
ANM	Auxiliary Nurse Midwife
BCC	Behavior Change Communications
BMGF	Bill and Melinda Gates Foundation
CBO	Community Based Organization
CDC	US Centers for Disease Control and Prevention
CFI	ChildFund International
CGPP	CORE Group Polio Partners
CHW	Community Health Worker
CMC	Community Mobilization Coordinators
CORE	Collaboration and Resources for Child Survival – “The CORE Group”
CRDA	Christian Relief and Development Association
CRS	Catholic Relief Services
CVSFP	Community Volunteer Surveillance Focal Person
DHO	District Health Officer
DPHO	District Public Health Office
EPI	Expanded Program on Immunization
EECMY	Ethiopian Evangelical Church Mekane Yesus

FCHV	Female Community Health Volunteer
GAVI	Global Alliance for Vaccines and Immunization
GOA	Government of Angola
GOE	Government of Ethiopia
GOI	Government of India
HCS	Hararghe Catholic Secretariat of Ethiopia
HFMC	Health Facility Management Committee
HMIS	Health Management Information System
ICC	Inter-Agency Coordinating Committee
IEAG	India Expert Advisory Group
IEC	Information, Education, Communication
IIP	Immunization in Practice
IMCI	Integrated Management of Childhood Illness
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (India)
NGO	Non-Governmental Organization
NID	National Immunization Day
NPSP	National Polio Surveillance Program
OPV	Oral Polio Vaccine
PCAE	Pastoralist Concern Association Ethiopia
PCI	Project Concern International
PEI	Polio Eradication Initiative
PLAN	Plan International
PVO	Private Voluntary Organization
RI	Routine Immunization
SAWSO	Salvation Army World Service Office
SC	Save the Children
SIA	Supplemental Immunization Activity
SMNet	Social Mobilization Network
SMO	Surveillance Medical Officer
SNID	Sub-national Immunization Day
SNNPR	Southern Nations Nationalities and Peoples Region of Ethiopia
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh State of India
USAID	United States Agency for International Development
WHO	World Health Organization
WPV	Wild Polio Virus
WV	World Vision - US

EXECUTIVE SUMMARY

In October of 2007 the USAID Global Bureau began to fund the CORE Group Polio Project (CGPP), a community-based project that continued and strengthened the polio eradication activities begun under the earlier USAID-funded Polio Eradication Initiative. The twelve CGPP implementing partners are members of The CORE Group. World Vision is the prime. The CGPP grant provides funding of up to US\$30 million for five years, ending in September 2012. The FY10 allocation for CGPP from USAID's Global Bureau was US\$2,564,838 million. In addition, the USAID Missions in Angola, Ethiopia and India provided US\$269,000, US\$900,000 and US\$1,600,000 in field support, respectively.

In 2010, the project pursues five strategic objectives to further the global push toward polio eradication:

- Build effective partnerships between agencies
- Strengthen national and regional immunization systems (Routine Immunization)
- Support national and regional planning and implementation of supplemental polio immunization
- Support efforts to strengthen AFP case detection and reporting
- Support timely documentation and use of information¹

This year brought some significant progress in the fight to eradicate polio. In India the total number of cases in 2010 as of the end of September was 39 as compared to a similar figure for 2009 of 464. Uttar Pradesh, the high transmission state where the CGPP works, has not has a case of wild poliovirus type 1 (WPV1) in 2010. Nigeria closed September with a year-to-date total number of cases of only 8 as compared to a total of 388 cases at the end of September 2009. The outbreak in Angola continued and spread, however, with a year-to-date total at the end of September of 25 as compared to 26 in September of 29, and cases appearing throughout the country including in districts along the border with the Democratic Republic of Congo. The Angolan virus continues to spread to the DRC. In addition, a major outbreak in Tajikistan has led to not only more than 400 cases there but also spread of the virus in the region, which had been polio free.

As the country responsible for a significant majority of the cases in Africa during 2010 (53 – 25 in Angola itself and 28 in the DRC caused by importation from Angola) interrupting polio transmission in **Angola** represents a major focus for the polio eradication effort. Not only does continuing transmission represent poor campaign quality, a problem noted repeatedly by the regional Technical Advisory Group (TAG), but it also may signal problems with surveillance and gaps in the health system. The CGPP this year focused on implementing the child registry system designed and approved by the Ministry of Health last year (MOH). Volunteers received training and supportive supervision on using the registers and then completed them. The project

¹ The sixth strategic objective, “Support PVO/NGO participation in either a national and/or regional certification activities” will become relevant only when polio virus transmission has been interrupted in the CGPP countries.

worked closely with the MOH and other stakeholders to address campaign quality through improved quality monitoring. The focus in the project's surveillance work was to enhance the frequency and quality of volunteers' interaction with community leaders likely to see cases of paralysis such as traditional healers.

While **Ethiopia** has not confirmed a case of wild poliovirus since 2008 the appearance of five vaccine-derived poliovirus cases in eastern Ethiopia this year is evidence that low levels of vaccination coverage can support the circulation of the virus once within Ethiopia's borders. Vigilance in ensuring high polio vaccination coverage through routine and supplemental immunization activities, and in maintaining robust AFP surveillance will be imperative not only in the border areas but throughout the country if Ethiopia's children are to remain safe from polio. The CGPP-Ethiopia continued to engage the government health system from the national to the community level in the fight against polio. For a third straight year, the CGPP hosted a regional high-level advocacy meeting, this year in Afar regional state, resulting in greater regional and local focus on immunization. Health post level Health Extension Workers (HEWs) are utilizing the CGPP's Community Volunteer Surveillance Focal Persons (CVSFPs) to support their immunization and surveillance programs to the benefit of the communities and the polio eradication effort. Meanwhile, secretariat staff and implementing partners have been exploring alternative systems for the dissemination of immunization and surveillance messages in pastoralist and semi-pastoralist areas where populations can be isolated and mobile and physical and health infrastructure is weak.

In **India**, the CGPP team focuses almost exclusively on social mobilization to support universal immunization and overcome remaining pockets of resistance in vulnerable communities in UP. This year's focus has been supporting the 107 High-Risk Block Plan. The new India activities added to address these areas of especially high risk for transmission were promotion of behaviors *to increase population immunity*. These activities include hand washing and hygiene and where circulation of wild poliovirus has never been interrupted. The significant progress this year in India suggests that the combination of social mobilization strategies to target the populations with the least access and the most resistance and technical approaches to targeting WPV 1 and WPV 3 appropriately have shown success. Along with its fellow Social Mobilization Network (SMNet) members the CGPP adapted its strategies to reach migratory populations, remaining pockets of religious and cultural resistance and family decision-makers such as mothers-in-law. Specifically within the CGPP-India, the project adapted its training methods for Community Mobilization Coordinators (CMCs) to include more role play, quiz games and other interactive techniques, incorporated meetings to transmit the project's messages to mothers-in-law and fathers, and developed and utilized

Globally the CGPP made significant progress in collecting and utilizing data to inform the project's response to the ever-changing situation in polio eradication. The project conducted a mid-term evaluation including both a quantitative household survey and a complement of qualitative interviews and focus group discussions in each country. In an effort to communicate the successes and lessons learned of the CGPP, the project has also

made progress in disseminating the lessons learned from the many years of CORE polio eradication activities. During FY 2010, the project ensured the completion of drafts of three articles for submission to peer-review journals. In addition, a poster based on one of the articles describing the secretariat model of collaboration was accepted to the annual conference of the American Public Health Association.

In addition, the CGPP completed its activities under a grant from the Bill and Melinda Gates Foundation and received new funding from the BMGF for an additional 9.8 million dollars over three years to complement USAID funded activities in Angola and India and to open activities in Southern Sudan.

I: GLOBAL OVERVIEW

In FY2010 the CGPP was implemented by twelve US-based members of The CORE Group, and their local partners in Angola, Ethiopia, and India. The US-based partners, led by World Vision-US, are:

- Adventist Development and Relief Association
- African Medical and Research Foundation
- Africare
- CARE International
- Catholic Relief Services
- ChildFund International
- International Rescue Committee
- Plan International
- Project Concern International
- Save the Children
- Salvation Army World Service Office
- World Vision-US

In each country, the CGPP partners are led by National Secretariats who are responsible for creating and maintaining the project's relationships and communications with key national and international stakeholders; setting the CGPP technical strategy; ensuring the quality of project implementation and ensuring CGPP activities support national and global PEI efforts. With training and supervision from the Secretariats, the US-based organizations and their local NGO partners supervise and support hundreds of local community members, including mothers and religious and community leaders who promote participation in routine and supplemental immunization and engage in awareness building and active case searching in support of AFP surveillance.

The project continued to pursue five USAID-approved intermediate results in FY2010 to further the global push toward polio eradication:

- IR1 Build effective partnerships between agencies
- IR 2 Strengthen national and regional routine immunization systems
- IR 3 Support national and regional planning and implementation of supplemental polio immunization activities
- IR 4 Support efforts to strengthen AFP case detection and reporting
- IR 5 Support timely documentation and use of information

The CGPP's sixth strategic objective, "Support PVO/NGO participation in either a national and/or regional certification activities" was not applicable in FY10, as none of the project countries had yet begun certification activities.

The project enters the third year of this grant in a rapidly evolving epidemiologic situation. Transmission in India dropped dramatically in 2010, to only 39 cases as of the end of September. Scattered cases in districts outside Uttar Pradesh and Bihar did indicate possible gaps in surveillance, however. Angola continues to pose a major threat to polio eradication because of on-going low-level poliovirus transmission allowed by

sub-national gaps in surveillance and low coverage in both routine and supplemental vaccination coverage. Twenty-six P1 cases, had been reported in 2010 as of the end of September and, in contrast to 2009, these cases have come from throughout the country. Ethiopia is approaching two years free of wild poliovirus (WPV) but did experience five vaccine-derived polio cases in 2010.

To document the project progress and maximize its potential contribution to polio eradication as the fight narrows to overcome the most significant challenges, in FY2010 the CGPP conducted data collection for its mid-term evaluation. In-country consultants conducted household surveys of caregivers of 12- to 23-month-old children, utilizing the WHO 30-cluster sampling strategy. In addition the consultants conducted focus group discussions with mothers and grandmothers and key informant interviews with leaders at the community, district and national levels in configurations varying by country. The full detailed report is expected by the end of (calendar year) 2010.

Various members of the CGPP team contributed to the completion of drafts of three scholarly articles this year. Special Advisor Bill Weiss was first author of a paper documenting the higher vaccination coverage and conversion of resistant households for submission to the journal *BioMed Central Public Health*. Filimona Bisrat was first author of a case study of the CGPP-Ethiopia's experience with community-based surveillance and its contribution to polio eradication there, and Dora Ward was first author of an article and an accompanying scholarly poster describing the secretariat model of collaboration. At the end of FY2010 each of these two articles was undergoing internal review before final submission to a scholarly journal.

Having won funding from the BMGF Gates award in 2008 and implemented activities in India and Angola as a complement to USAID funded activities, at the request of the BMGF, the project developed a proposal for additional complementary activities. The proposal was successful and new activities funded by the BMGF in upcoming years will include refresher training, new volunteer recruitment, development and utilization of new behavior change communication (BCC) materials and distribution of additional non-monetary incentives for volunteers, as well as expansion to new geographic areas of Angola and initiating a new program in Southern Sudan.

II: ANGOLA

CGPP activities in Angola were implemented in FY2010 through a partnership of six CORE member PVOs working in 25 high-risk districts (municipalities) in 10 provinces. Activities in FY10 were supported by funding from the USAID Global Bureau and \$269,000 from the USAID Mission.

The epidemiological situation of Angola is critical, and it is characterized by the persistent transmission of the wild polio virus type 1 for more than 3 years in 8 provinces throughout the urban coastal center as well as the rural interior of the country. Angola had registered 26 positive cases of the wild polio virus type 1 as of September 30, 2010 in

the provinces of Bié, Bengo, Benguela, Huambo, Luanda, Lunda Norte, Lunda Sul and Uíge.

As a member of the global Polio Eradication Initiative, the Angolan government renewed its commitment to develop all the efforts to guarantee the interruption of the transmission of the wild polio virus in Angola by the end of 2010. To reach this ambitious goal, the Government of Angola and its partners identified some key priorities in its efforts to improve routine immunization coverage, vaccination campaign quality and surveillance.

- Building support among a broader base of leaders including provincial governors, the armed forces and local, non-traditional authorities such as headmen, traditional healers and traditional birth attendants
- Increased local level leadership through more detailed district level microplanning and district level social mobilization committees.
- A nation-wide push to “catch-up” routine immunization through deploying mobile teams and re-establishing routine vaccination clinics and repairing cold chain gaps wherever needed.
- Conducting additional NIDs in August and September

This year the CGPP in Angola focused on two main areas to support the national emergency plan priorities: supporting routine immunization strengthening by completion of implementation of child immunization registries and improving campaign quality through coordinating stakeholders and partners at all levels to improve campaign quality monitoring.

IR1 Effective partnerships

During this fiscal year, the Ministry of Health of Angola requested support from the CGPP secretariat staff in organizing and overseeing the campaign quality monitoring. The CGPP Angola secretariat coordinated among the MOH, UNICEF, WHO, Rotary, the Angolan armed forces and the Angolan Red Cross to train monitors, and collect, analyze and present monitoring results. (See Angola, IR 5 for further details.)

PVO partners contributed to local will-building through holding local advocacy meetings with both non-health leaders and district and sub-district MOH staff. This activity included providing technical support to an advocacy meeting held in Luanda among health and provincial and municipal authorities.

CORE Secretariat provided support to the MOH in organizing media coverage featuring national basketball players including Carlos Almeida, captain of the basketball team, showing their children being vaccinated as part of social mobilization for the polio campaign of 11-13 June 2010.

The CGPP in Angola continued to participate in a full complement of ongoing technical representation including the ICC, Angola’s social mobilization working group and the regional Technical Advisory Group.

IR 2 Strengthen routine immunization systems

Full implementation of the child-tracking registries required both refresher training for all 2000 volunteers but also intensive, on-site supervisory follow-up. The CGPP secretariat staff delivered a training of trainers to PVO staff, who then trained the volunteers. A total of 2000 volunteers across the six PVOs and six CGPP provinces received the refresher training, which reviewed basic community-based surveillance and vaccination topics as well as covering use of the registers in detail. Upon completion of the training, volunteers received a volunteer kit of incentives designed to allow them to assist in activities, such as satchels to carry their registers in, colored pens to fill out and code the registers with and t-shirts and identification badges to identify them as polio workers. Preliminary analysis of the mid-term evaluation results from Angola indicated a statistically significant improvement of routine immunization coverage, likely due in part to these efforts.

Cold chain support through providing transportation and advocacy with higher levels of the ministry of health also remained an important part of routine activity.

IR 3 Support supplemental polio immunization activities

The CGPP in Angola conducted ongoing activities in support of campaigns, both in terms of community social mobilization and of will building among leaders. The social mobilization approach this year placed special emphasis this year on visits to traditional healers, as well as continuing the more established street theater, group education sessions and house-to-house visits.

A key, persistent challenge facing polio eradication in Angola was achieving full, high quality implementation of the house to house strategy during SIAs. Preliminary evaluation results and campaign quality both corroborated that the primary reasons for missed children remains that vaccinators did not visit the households. CGPP supervision revealed that supervisors and volunteers still lack detailed maps of their supervision areas at times and do not uniformly visit and mark every house.

Table 1: CGPP Participation in SIAs – October 2009 to September 2010

Province	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	O	N	D	J	F	M	A	M	J	J	A	S
Benguela												
Bie												
Huambo												
Kwanza Sul												
Luanda												
Lunda Sul												
Moxico												
Zaire												

IR 4 Support efforts to strengthen AFP surveillance

The CGPP in Angola responded to the national commitment to intensify active case search by emphasizing active community-based case search. PVO CGPP staff and volunteers increased the frequency of case search visits to traditional healer and TBAs. A significant component to the AFP-related messaging of the project was to encourage these traditional leaders likely to observe cases of paralysis to report cases themselves, or to encourage families to report cases directly to the health facility.

In addition, routine AFP surveillance support activities continued, including case recognition and reporting promotion as part of family health education and joint supervision visits with WHO personnel for surveillance performance and health units.

Table 2: AFP and polio cases in Angola areas, Oct. 09 – Sept. 10

Province	Total # of AFP cases reported in this year	# of AFP cases reported by CGPP FCHVs or other CGPP staff	# confirmed polio cases reported in CGPP catchment areas this year	# confirmed polio cases reported by CGPP staff
Benguela	11	0	0	0
K.Sul	11	0	0	0
Luanda	45	2	1	1
Zaire	2	0	0	0
Huambo	0	0	0	0
Kuando Kubango	8	0	0	0
Lunda Sul	11	1	1	1
K. Sul	5	0	0	0
Moxico	9	0	0	0
Total	107	3	2	2

IR 5 Support timely documentation and use of information

The Ministry of Health of Angola requested support from the CGPP secretariat staff in organizing and overseeing the campaign quality monitoring. The secretariat staff was responsible for training monitors and receiving, analyzing and presenting campaign quality data for the 2010 supplementary immunization activities (SIAs). While campaign quality still appeared to be lacking, improved quality data allowed the ICC and provincial and municipal authorities to better understand the remaining gaps. This year's campaign quality monitoring led to more accurate identification of areas for intensive support, especially the most challenging sub-districts within urban areas and the remote rural areas with persistent gaps in basic vaccination quality.

In addition, after completion of the volunteer training, the secretariat staff conducted a filed supervision visit to each field site to observe the volunteers' implementation of immunization tracking. Filed visits uncovered one pocket of poor implementation; the

province has been targeted for retraining. Several smaller issues uncovered during supervisions allowed for the refining of the system. For example, volunteers were unsure about how to register mobile families (especially in urban areas); PVO staff have been instructed to use upcoming monthly meetings review the procedure for updating registries to ensure each child can be located and each house covered.

National and district level CGPP staff continued to provide technical support at microplanning for national, district and sub-district level with a special focus on the district level in keeping with the national focus on conducting more-detailed microplanning at the district level.

NOTE: Angola activities were funded in part with funds from the first BMGF grant.

NEXT STEPS

- Development of more targeted BCC materials such as reminders for families, training aides for volunteers, and modularized training sessions for ongoing refresher training
- Conduct high level advocacy meetings directed toward building broad support (beyond the MOH) at the provincial and district levels for addressing persistent cold chain and EPI failures and improved campaign quality through prompt and full payment of vaccinator per diems and improved vaccinator training and supervision
- Correction of localized problems with registers and training through instance of repeated training and implementation of secretariat collection and review of supervision form from PVO supervisors,

III: ETHIOPIA

CGPP activities in Ethiopia are implemented through a partnership of eight CORE member PVOs and four local NGOs working in 54 high-risk woredas in seven regions. Activities in FY10 were supported by funding from the USAID Global Bureau and \$900,000 from the USAID Mission.

While Ethiopia has not confirmed a case of wild poliovirus since 2008 when an outbreak in South Sudan spread throughout the Horn of Africa, Ethiopia remains at risk for wild poliovirus importation and transmission. Neighboring South Sudan has suspected ongoing transmission of the poliovirus while a case was recently confirmed in neighboring Uganda. The appearance of five vaccine-derived poliovirus cases in eastern Ethiopia this year is evidence that low levels of vaccination coverage can support the circulation of the virus once within Ethiopia's borders. Vigilance in ensuring high polio vaccination coverage through routine and supplemental immunization activities, and robust AFP surveillance will be imperative not only in the border areas but throughout the country if Ethiopia's children are to remain safe from polio.

The CGPP-Ethiopia continued to engage the government health system at multiple levels in the fight against polio. For a third straight year, the CGPP hosted a regional high-level advocacy meeting, this year in Afar regional state, resulting in greater regional and local focus on immunization. The CGPP also continued to strengthen its relationships with government health systems at the implementation level by forging strong partnerships between CVSFPs, HEWs, and woreda health offices. Health post level HEWs are utilizing CVSFPs to support their immunization and surveillance programs to the benefit of the communities and the polio eradication effort. Meanwhile, secretariat staff and implementing partners have been exploring alternative systems for the dissemination of immunization and surveillance messages in pastoralist and semi-pastoralist areas where populations can be isolated and mobile and physical and health infrastructure is weak.

IR1 Effective partnerships

High-level Advocacy Workshop in Afar Regional State

At the request of the federal Ministry of Health and the Afar Regional Health Bureau, the CGPP sponsored its third regional high-level advocacy workshop in three years in January. Past workshops have been held in Gambella and Beneshangul Gumuz regional states. In January the CGPP hosted this year's workshop where participants included representatives from the Afar RHB, the MOH, WHO, UNICEF, USAID, and local women's organizations; administrators from district health offices and health facilities; and local religious and traditional leaders.

The workshop resulted in three primary outcomes. First, the Afar regional Interagency Coordinating Committee was established and convened for the first time in February. The Afar ICC will regularly assemble stakeholders to review regional EPI data and issue recommendations to improve vaccination coverage and disease surveillance in the region. Second, the Afar RHB now requires woreda health offices to report pentavalent 3 vaccination coverage as part of their routine monitoring indicators, thereby making a statement to local and point-of-service health officials that vaccinating children is a regional priority. Finally, woreda health office representatives committed to establishing immunization task forces in their respective woredas to support the renewed emphasis on child vaccination.

Strengthening Partnerships with Local Health Officials

Strengthening relationships with the government health system continued to be a project priority in Ethiopia this year. CVSFPs now report directly to Health Extension Workers where the HEW system is functional. HEWs and their supervisors, woreda health officials, are provided an orientation to the project and training on immunization and community-based surveillance in order to strengthen ownership and sustainability of the project in the government health system. Each CVSFP and their corresponding HEW meet monthly to plan and coordinate their immunization and surveillance activities. In addition, the secretariat staff included both representatives from implementing partners

and woreda health offices in attendance in the annual planning forum. The forum allows partners, together with woreda health officials, develop annual budgets and work plans for the new fiscal year and provides an opportunity for joint training and discussion on technical topics.

IR 2 Strengthen routine immunization systems

Leveraging the CGPP for funds to support routine immunization

Secretariat staff leveraged the unique secretariat structure and the CGPP's achievements in hard-to-reach areas to secure funding from the Global Alliance for Vaccines and Immunization (GAVI). With GAVI funding, additional staff in the secretariat and partners are working in close concert with polio eradication staff in 40 woredas in Beneshangul Gumuz, Gambella, SNNPR, and Somali regional states to increase immunization coverage in hard-to-reach and pastoralist communities by strengthening local capacity to conduct quality routine immunization services. The program has thus far focused on strengthening the capacity of local health officials to develop and implement microplanning and on providing means of reliable transportation to support outreach vaccination programs in remote areas where they are vital.

Mid-level Management Training

In the ongoing effort to build the capacity of mid-level managers to plan and manage routine immunization programs effectively, in June the CGPP Secretariat hosted a six-day Mid-Level Management (MLM) training program attended by representatives from the secretariat staff, CARE, the Ethiopian Evangelical Church Mekane Yesus, and the International Rescue Committee. Participants will disseminate the information from the training to local health officials where needed in the coming year.

“Mainstreaming” immunization messages into church communication

The CGPP Secretariat and Gambella-based implementing partner and the church of the majority of Gambella residents, the Ethiopian Evangelical Church Mekane Yesus (EECMY), launched an effort in FY10 to develop and incorporate appropriate polio and immunization messages into the church's systematic communications. The CGPP launched the effort with a stakeholder workshop in February after a rapid assessment on possible communication strategies in this infrastructure-poor region identified the church as a promising conduit to reach caretakers with messages on immunization and AFP. The strategy utilizes the existing well-established and far-reaching church structure requiring relatively lower investment than establishing a new, independent network for dissemination of messages.

In May, 40 participants, including pastors, evangelists, and church officials, attended a training of trainers program. Training topics included technical information on vaccine-preventable diseases, routine immunization, and surveillance; and communication skills, message development, and public speaking. The training concluded with a practical

exercise where participants linked immunization and Bible messages, developed talks appropriate to their positions, and presented them to the group. With technical support and guidance from CGPP focal persons, the participants conducted one-day orientation sessions in their respective areas to preachers and lay officials. In July secretariat staff completed a series of follow-up coordination meetings to ensure for the introduction of polio and immunization messages into weekly religious services and other regular church activities.

IR 3 Support supplemental polio immunization activities

The CORE Group Polio Project supports supplemental immunization activities (SIAs) when activities occur in project implementation areas. In FY10, the CGPP lent technical, logistical, and mobilization support to four rounds of SIAs in Ethiopia: a campaign in the first quarter covering all areas of Gambella regional state in eastern Ethiopia and campaigns in quarters three and four covering areas of Oromia and Somali regional states in western Ethiopia. The Gambella campaign in October 2009 was the last in a series of campaigns responding to the 2008 wild poliovirus outbreak. Ethiopia-based NGO partner, the Evangelical Ethiopia Church Mekane Yesus (EECMY), covers all CGPP catchment areas in Gambella and joined the Secretariat in supporting the SIA.

During the first half of 2010, five vaccine-derived poliovirus (VDPV) cases were confirmed in areas of Oromia and Somali regions in eastern Ethiopia. A series of sub-national immunization days were held beginning in June in areas of Oromia and Somali to address the suboptimal vaccination rates that have allowed vaccine-derived poliovirus to develop and circulate in these areas. CGPP Secretariat staff and partners, CARE, Hararghe Catholic Secretariat, Pastoralist Concern, and Save the Children, activated their response mechanism and supported the campaigns in their respective areas.

The table indicates when and where the CGPP-Ethiopia supported supplementary immunization activities in FY10.

Table 3: CGPP Participation in SIAs – October 2009 to September 2010

Region	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	O	N	D	J	F	M	A	M	J	J	A	S
Afar												
Amhara												
B. Gumuz												
Gambella												
Oromia									*		**	
SNNPR												
Somali									*			***

* CGPP Areas – Borena and E. Hararghe zones in Oromia; Shinile Zone in Somali

** CGPP Areas – Borena and E. Hararghe zones

*** CGPP Areas – Shinile and Liben

The CGPP secretariat staff and implementing partners supported the planning, implementation, and supervision of the polio campaigns:

Technical Support

- Secretariat staff deployed to campaign areas where they provided technical assistance to (and at times facilitated) the campaign coordination committee to plan, monitor, and evaluate campaign activities. Staff also engaged in advocacy with government health officials where needed.
- Partners-based polio coordinators acted as campaign supervisors along with representatives from regional, zonal, and district health offices. Supervisors conducted campaign monitoring and supervision and contributed to daily review meetings hosted by the campaign coordination committee.

Social Mobilization

- The CGPP was actively involved in social mobilization activities to support SIAs through the work of CVSFPs and community and religious leaders. CVSFPs and leaders mobilized their communities to participate in SIAs before and throughout campaigns.
- Implementing partners developed banners in local languages to raise awareness of upcoming SIAs.

Logistical Support

- The Secretariat and implementing partners provided vehicles and fuel to transport vaccine, vaccination teams, and supervisors during campaigns. This was critical in hard-to-reach areas where many of the campaigns have occurred in the past year.

IR 4 Support efforts to strengthen AFP surveillance

No confirmed wild poliovirus cases were reported in Ethiopia from October 2009 through September 2010. Five cases of vaccine-derived poliovirus were reported outside of the CGPP's catchment area. During the reporting period, CGPP CVSFPs reported 19 cases of Acute Flaccid Paralysis in the 54 operational woredas. The table below presents the number of AFP and confirmed polio cases reported in CGPP woredas by region this fiscal year.

Table 4: AFP and polio cases in CGPP-Ethiopia areas, Oct. 09 – Sept. 10

Region	# CGPP woredas within region	Total AFP cases reported in CGPP woredas	# AFP cases reported by CVSFPs in CGPP woredas	# confirmed polio cases reported in CGPP woredas	# confirmed polio cases reported by CVSFPs in CGPP areas
Afar	6	0	0	0	0
Amhara	4	7	6	0	0
Oromia	8	0	0	0	0
Somali	12	0	0	0	0
SNNPR	7	9	9	0	0

Gambella	10	0	0	0	0
B. Gumuz	7	4	4	0	0
Total	54	20	19	0	0

Special initiatives for hard-to-reach populations

In FY10, the CGPP-Ethiopia continued its efforts to improve the surveillance process among project populations that do not fit neatly into the standard model of community-based surveillance. During the last quarter of FY10, CGPP secretariat staff and implementing partner AMREF undertook a feasibility study of a new communication strategy to be implemented in the infrastructure-poor, pastoralist region of Afar. The strategy would utilize existing traditions of inter-clan greeting and storytelling, called *dagu*, common among mobile communities of Afar to spread key messages on surveillance and immunization and to identify potential occurrences of acute flaccid paralysis in hard-to-reach areas. The CGPP-Ethiopia also initiated a strategy to spread key messages on AFP to semi-pastoralist populations in Gambella via preachers and church officials through the Ethiopian Evangelical Church's extensive network in that region.

IR 5 Support timely documentation and use of information

Reaching beyond the health post: Community-based surveillance for polio eradication

Secretariat Director, Filimona Bisrat and Senior Technical Advisor, Dora Ward, authored a paper documenting the community-based surveillance system in Ethiopia, the first of CGPP countries to have implemented such a system. The paper describes the structure and implementation of the system from the selection and training of Community Volunteer Surveillance Focal Persons (CVSFPs) to forging relationships between the formal and community-based surveillance systems and supervision and monitoring of surveillance activities. The paper also highlights the contributions community-based surveillance has made to the polio eradication effort in Ethiopia. The paper is currently undergoing revisions and will be submitted to a peer-reviewed journal once the revision process is complete.

NEXT STEPS

- Strengthening newborn tracking and promotion of the birth dose
- Strengthening community mapping among CVSFPs
- Exploration of additional context-specific modes of communicating project messages
- Exploration of other areas for replication of the “mainstreaming” of immunization messages through area church structures

III: INDIA

CGPP activities in India were implemented in FY2010 through a partnership of three CORE member PVOs working in 58 blocks throughout 10 high-risk districts of Uttar Pradesh State. Activities in FY10 were supported by funding from the USAID Global Bureau and \$1,600,000 from the USAID Mission

The significant progress this year in India suggests that the combination of social mobilization strategies to target the populations with the least access and the most resistance and technical approaches to targeting WPV 1 and WPV 3 appropriately have shown success. Polio cases in India as of September 30 totaled 39 as compared to 568 at the same time in 2009. The dramatic drop in cases suggests that campaign efforts and vaccine combinations are having an impact on reducing transmission in the transmission reservoirs of Uttar Pradesh and Bihar. However, scattered cases spread throughout the county also suggest possible surveillance gaps, as well.

During this year the India polio partners developed a 107 High-Risk Block Plan. The plan outlines strategies for increasing population immunity in the blocks identified as being at highest risk for ongoing transmission. These strategies include both constant attention to conducting the highest possible quality campaigns, but also to increasing children's physiologic receptivity to vaccine. Thus the plan endorses intensive social mobilization to promote not only vaccination acceptance but also hand washing, breastfeeding and hygiene.

Along with its fellow Social Mobilization Network (SMNet) members the CGPP adapted its strategies to reach migratory populations, remaining pockets of religious and cultural resistance and family decision-makers such as mothers-in-law. Specifically within the CGPP-India, the project adapted its training methods for Community Mobilization Coordinators (CMCs) to include more role play, quiz games and other interactive techniques, incorporated meetings to transmit the project's messages to mothers-in-law and fathers, and developed and utilized

The primary focus in FY10 for the CGPP in India was adapting the already mature and established system of social mobilization to target resistance and child tracking to identify missed children to incorporate the recommendations for the 107 high risk blocks identified by the India Expert Advisory Group (IEAG). The CGPP secretariat staff in India developed a Detailed Implementation Plan to describe its intensified activities in the 14 CORE blocks of the 107 high risk blocks. The plan included development of new BCC materials especially field tested in the high risk blocks, the production of videos targeted to Muslim leaders and the inclusion of messages promoting messages on home practices to reduce the incidence of diarrheal disease.

IR1 Effective partnerships

The CGPP in India continued to be a key member of the SMNet, participating in the process of designing a strategy for intensified focus on the 107 High Risk blocks. In

addition the project participated in a range of national/international and district/state/local events with a range of partners

- Regular meetings of the SMNet and participation in the Social Mobilization Working Group meeting, IEAG, IIP, Polio Partners
- Meetings with representatives of MCHIP, the Clinton Foundation, NIRHPAD/Futures Group, BMGF, CI
- Devinfo training provided by UNICEF
- Round table meeting with the Special Envoy to the Organization of Islamic Countries

IR 2 and 3 Strengthen routine immunization systems

The CGPP in India conducted a range of activities focused primarily on promoting routine immunization including holding health camps organizing MOH providers to offer routine polio immunization at the same time as other health services; promotion of vaccination during visits to individual homes and meetings with groups; and child tracking to refer children for routine immunization. Based on the Knowledge Attitude and Practice survey conducted in FY2009 the CGPP India team identified a need to target mothers-in-law and fathers for messages promoting vaccination, as they are key decision makers in the family. Home visits and group meetings by CMCs in FY2010 specifically targeted fathers and elder women and messages addressed their motivations.

IR 3 Support supplemental polio immunization activities

The CGPP in India conducted its activities covering vaccination team support for campaign immunization and intensive, targeted social mobilization prior to and during campaign including school rallies, temple and mosque announcements, and deployment of bullawa tollies (school age children sent to bring younger children to the booth on booth day of campaigns). In addition, the project staff included messages to encourage behaviors that may increase children’s physiologic receptivity to the vaccine such as hand washing, exclusive breastfeeding and home treatment of diarrhea with zinc in their house visit and group meeting activities and messages.

Table 5: CGPP Participation in SIAs – October 2009 to September 2010

		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
District		O	N	D	J	F	M	A	M	J	J	A	S
ADRA	Baghpat												
	Bareilly												
	Rampur												
CRS	Mau												
	Saharanpur												
	Shahjahanpur												
	Sitapur												
PCI	Meerut												
	Moradabad												

Muzaffarnagar												
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IR 4 Support efforts to strengthen AFP surveillance

The CGPP in India does not focus significantly on surveillance activities, as the CDC supports an extremely effective national polio surveillance system on behalf of the MOH. CGPP CMCs did, however, contribute to India’s surveillance effort through promotion of case reporting in the communities, identifying five wild poliovirus cases in CGPP catchment areas during FY2010.

Table 6: AFP and polio cases in CGPP-India areas, Oct.09 – Sept. 10

District	Total AFP cases reported in CGPP areas	# AFP cases reported by CMCs in CGPP areas	# confirmed polio cases reported in CGPP areas	# confirmed polio cases reported by CMCs in CGPP areas
Baghpat	64	14	8	2
Bareilly	30	17	3	0
Rampur	55	36	0	0
Mau	15	3	0	0
Sitapur	35	17	0	0
Shahjahanpur	59	32	0	0
Saharanpur	18	3	0	0
Meerut	70	22	3	0
Muzaffarnagar	103	42	14	3
Moradabad	170	29	1	0
TOTAL	619	215	29	5

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This fiscal year included adjustments to community mobilization coordinator (CMC) training in response to the results of the Knowledge Attitudes and Practices survey conducted among the CMCs in FY09. The two most significant results of that survey were 1) CMCs were not necessarily adopting all the behaviors they were promoting and 2) CMCs felt mothers-in-law and fathers were significant decision makers in the household but were not receiving messages from the project. Accordingly, improvements in the training for the CMCs were adapted and implemented during FY10. The FY10 refresher trainings incorporated more active learning and participatory techniques to ensure that CMCs completely understand and embrace targeted health practices and beliefs themselves. In addition the encouraged the CMCs to conduct group education sessions with mothers-in-law and implementation of results of FY09 KAP through more participatory training, greater focus on including fathers and MIL in groups

NOTE: India activities were funded in part with funds from the first BMGF grant.

NEXT STEPS

- Further emphasis on referral of newborns for the birth dose
- Social mobilization to combat resurging rumors (observed in preliminary analysis of the mid-term evaluation) that sick children cannot be vaccinated
- Continue to develop strategies to target mothers-in-law and fathers as key decision makers in the household

Table 9: Numbers of activities - India

District	Group Meetings	Interface Meetings	Health Camps	Rallies
Baghpat	2,517	178	34	838
Bareilly	820	106	67	636
Mau	2,203	222	13	245
Meerut	1,445	141	68	659
Moradabad	4,478	354	59	2,006
Muzaffarnagar	2,639	209	86	1,072
Rampur	733	163	12	280
Saharanpur	1,427	128	8	622
Shahjahanpur	2,014	296	14	845
Sitapur	2,120	328	42	523
TOTAL	20,396	2,125	403	7,726