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## CASE COMPETITION

Collaborating, learning, and adapting (CLA) have long been a part of USAID's work. USAID staff and implementing partners have always sought ways to better understand the development process and USAID's contribution to it, to collaborate in order to speed and deepen results, to share the successes and lessons of USAID's initiatives, and to institute improvements to programs and operations. Through this case competition, USAID and its LEARN mechanism seek to capture and share the stories of those efforts. To learn more about the CLA Case Competition, visit the USAID Learning Lab at [usaidlearninglab.org/cla-case-competition](https://usaidlearninglab.org/cla-case-competition).

# Cross-border Vaccinations in the Horn of Africa

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### What is the general context in which the story takes place?

Africa reported no wild poliovirus cases for one year as of August 2015, with the last case being detected in Somalia in August 2014. To keep the virus from recurring and eventually eradicate it from the world, conducting routine vaccinations and polio campaigns are crucial, both in countries with and without current reported cases.

Since 1999, the CORE Group Polio Project (CGPP) has coordinated organizations through a few in-country staff members and global project staff to stop polio's transmission. This collaborative approach is known as the Secretariat Model, and it brings together civil society partners, such as private voluntary, non-governmental, and faith-based organizations; in-country and global government representatives; and other national and international players, such as UNICEF, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC).

The project currently works in Angola, Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan, and formerly worked in Bangladesh, Nepal, and Uganda.

In Horn of Africa countries (Ethiopia, Kenya, Somalia, and South Sudan), the project is expanding to cross-border activities to keep polio and other illnesses from spreading between nations, which is important following the 2013 outbreak in the region. Initial cross-border meetings started in August 2012. Historically, there have been polio outbreaks in the border areas of Horn of Africa countries resulting from cross-border importations. USAID funds the CGPP and its cross-border work through World Vision, with CORE Group managing and supporting logistics.

### What was the main challenge/opportunity you were addressing with this CLA approach or activity?

Tackling polio, as well as other viruses and diseases, in cross-border areas is necessary to keep them from spreading across countries, continents, and the globe. As the CGPP has used its coordination model in countries to stop the virus for 16 years, this expertise can be adapted for new approaches, such as cross-border vaccination work. The challenges of working in unstable areas, where regional conflicts and terrorist activity are present, and with internationally displaced persons and migrant populations make this work particularly important to ensure all individuals have access to vital vaccinations.



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In the Horn of Africa, health workers and volunteers collaborate to give vaccinations at border crossing points and border villages along the Democratic Republic of Congo, Ethiopia, Kenya, South Sudan, and Uganda.

To ensure this and other CGPP work can be conducted effectively, civil society partners collaborate with USAID Missions, the World Health Organization, UNICEF, the CDC, Rotary International, and Ministries of Health. What CORE Group brings to this work is a community component.

“What was missing was the community, dealing with the community directly,” said Bal Ram Bhui, Regional Polio Team Leader for the CGPP for the Horn of Africa region. “So, it is right that USAID saw that gap and brought in CORE Group to take that role and fit in that whole process.”

Bringing in the CGPP has helped expand vaccination activities to more remote and isolated areas in the Horn of Africa and elsewhere.

As the CGPP is independent of an organization, willing partners join to discuss what the needs are to address polio in communities, identify what should be done to address these needs, come up with related strategies, and then implement these strategies. This method harmonizes actions and helps create processes and structures that all organizations can follow in areas where they work, as opposed to agencies implementing different, inconsistent approaches.

#### **Describe the CLA approach or activity employed.**

The CORE Group model for its cross-border initiative to address polio is a collaboration among operational-level, international border health administrations. A cross-border health committee was formed and meets regularly. Comprehensive mapping and profiling of cross-border villages, border crossing points, and transit routes help collaborating border health administrations identify interventions to support populations, working with border counterparts as needed, and have better cross-border communication for sharing information on vaccinations and surveillance. To facilitate cross-border activities, border security authorities, immigration authorities, and local leaders are included in the process and related committees.

In South Sudan, the CGPP has set up fixed, cross-border vaccination points along the Kenya and Uganda borders to interrupt polio transmission coming into the country. In addition to polio, the project partners also focus on other childhood diseases, such as measles, tetanus, and diphtheria, including through routine immunization.

In Kenya, the project is working with border health facilities and community volunteers to take care of populations at and crossing the borders for supplementary polio vaccinations, acute flaccid paralysis surveillance, and routine immunization. The project is also implementing community-based surveillance to complement conventional facility-based surveillance. Volunteers are also using mobile phones for reporting their work, conducting surveys, teaching health messages, and managing cases.

One strength of the CGPP in the Horn of Africa and other countries is that it's not limited to one approach or organization's resources; with a range of partners involved, the strengths and assets of all of them can be tapped. If something works well, it can be replicated; if it is failing, it can be stopped; and if an idea is fledgling, it can be tested.

#### **Were there any special considerations during implementation (e.g., necessary resources or enabling factors)?**

The USAID Missions in Kenya and the East Africa region also help acceptance by supporting the CGPP as an important partner for polio eradication. USAID Mission advisors provide program advice and suggestions, linking the CGPP with and promoting it to national and regional health and development actors, including at the USAID Chief of Party's breakfast meetings in Kenya. That country's Mission also holds regular meetings with health advisors and conducts field visits. Mission representatives have also promoted the CGPP within Kenya, Djibouti, Ethiopia, and South Sudan.



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The cross-border initiative needed more monetary and logistical resources, as the border population is distant, marginalized, and mobile. This assistance was needed to support community health volunteer stipends, travel, materials, trainings, and vaccinations themselves, among other needs and costs.

Ultimately, for the CGPP to be successful in countries, its approach has to be accepted. Initially, partners are often hesitant to trust these new actors, but when they realize the project is there to ensure children are vaccinated against polio and other illnesses, partners are often accepting.

### **What have been the outcomes, results, or impacts of the activity or approach to date?**

The CGPP's Horn of Africa cross-border vaccination activity is yielding results as expected. While it is premature to look for adequate impact and attribution of it, the initiative has strengthened the process with clear-cut goals, objectives, and functions. Cross-border committees have been established in the Turkana county of Kenya between Kenya, South Sudan, and Uganda; in Moyale in Kenya between Kenya and Ethiopia; and in Garissa between Kenya and Somalia. A monitoring and evaluation plan for indicators and a joint, cross-border work plan is used to monitor the initiative's progress. The border health administration has ensured the placement of vaccination teams at border crossing points, providing vaccinations in cross-border villages and communication between the villages. Other players engaged in cross-border health issues also are interested in collaborating with the CGPP.

In addition to the cross-border monitoring activities, the CGPP has implemented independent campaign monitoring in several countries. In South Sudan, the project conducted a post-campaign evaluation that monitored the quality of polio supplementary immunization.

"This is something that never happened in the country, and though the secretariat is small, we are able to implement it," said Anthony Kisanga, the Secretariat Director for the CGPP in South Sudan.

Kisanga said as a result of this evaluation, they were able to get timely data to improve activities for follow-up campaigns and partners started accessing new areas.

In 2014, the CGPP in South Sudan was made the country's lead civil society organization for implementing cross-border activities. Additionally, the South Sudan Ministry of Health did a review of the vaccination program in February 2015. This review found that out of 20 counties in the country where the government is doing polio campaigns, six of the eight best ones were where the CGPP works.

### **What were the most important lessons learned?**

The CGPP and its cross-border approach show that collaboration can trump competition in achieving a common goal. This collaborative method also demonstrates that resources and systems set up for one effort can be adapted to work on other programs and health issues. Despite being created to address polio, the CGPP has expanded to support vaccinations for several childhood illnesses. As polio eradication in our world becomes even more likely and there is less need to support activities focused solely on it, these existing networks in CGPP countries can then focus on other health concerns.