

Enhancing AFP Surveillances in Ethiopia Somali Region

Some Good Practices in the Implementation of BMGF Supported Project



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Region: Some Good Practices in the
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List of acronyms

AFP	Acute Flaccid Paralysis
BMGF	Bill and Melinda Gates Foundation
CBS	Community Based Surveillance
CCRDA	Consortium of Christian Relief and Development Association
CGPP	CORE Group Polio Project
CV	Community Volunteer
GAVI	Global Alliance for Vaccines and Immunizations
HC	Health Centre
HEW	Health Extension Worker
HW	Health Worker
IEC	Information Education and Communication
IRC	International Rescue Committee
ODK	Open Data Kit
OWDA	Organization for Welfare and Development in Action
PC	Pastoralist Concern
PHEM	Public Health Emergency Management
SRHB	Somali Region Health Bureau
WHO	World Health Organization
WPV	Wild Polio Virus

FOREWORD



Since 2001, CORE Group Polio Project Ethiopia, in collaboration with CCRDA have been working to support and coordinate the efforts of NGOs and PVOs involved in the eradication of polio from Ethiopia. There is no doubt that the efforts of the secretariat and its implementing partners have contributed a great to the national and global efforts to eradicate polio.

The secretariat firmly believes in working in close collaboration with partners that include implementing partners, government, donors as well as the community. It also believes in designing or adapting innovative strategies and approaches that help to tackle specific problems that work best in specific context.

The project ‘Enhancing AFP Surveillances in Ethiopia Somali Region’ is one such project designed and implemented to tackle problems that exist in certain difficult-to-reach woredas in the Ethiopia Somali Regional State. The project aimed to improve early detection and timely reporting of AFP cases through Community Based Surveillance (CBS). We believe the introduction of CBS which involved community volunteers has resulted in success stories in just one year alone. This has encouraged us to document and share the knowledge and experiences we have gained in the implementation of the project for possible scaling up and replication. We believe that our readers will find our experiences useful.

We would like to thank Bill and Melinda Gates Foundation for funding the project and giving us technical support. We also would like to thank our implementing partners, Somali Regional Health Bureau, IRC, WHO, Woreda health offices, Health Workers, Health Extension Workers, Community Volunteers and the community at large whose participation and support was crucial.

Finally, we would like to inform you that the secretariat will continue to design and implement innovative approaches towards the eradication of polio; document and share the knowledge and experiences we gain in the process of implementing the projects.

Dr. Filimona Bisrat (MD, MPH)

Director, CORE Group Polio Project Ethiopia Secretariat, Senior Regional Advisor

INTRODUCTION

CORE Group (Inc) is a voluntary network of more than 58 citizen supported private, non-government organizations based in the US. CORE Group Polio Project (CGPP) provides community level support for supplemental immunization activities and community based surveillance. CGPP Ethiopia Secretariat signed a strategic partnership agreement with CCRDA in 2001 to implement Polio Eradication project in different parts of the country. The secretariat has also been supporting and coordinating the efforts of private voluntary organizations and NGOs engaged in polio eradication mostly in remote and inaccessible parts of Ethiopia.

From August 2015 to September 2016, CORE Group Ethiopia Secretariat and implementing partners implemented a project that aimed to enhance AFP surveillances in three woredas through Community Based Surveillance system. The woredas were: West Emi (Afdher Zone), Gura Damole (currently Liben Zone) and Danan in Shebelle Zone. Bill and Mellinda Gates Foundation funded the project. The project worked to improve early detection and timely reporting of AFP cases.

Now that the project is completed, the secretariat has documented its good practices and lessons learnt during the implementation of the project for sharing, learning, scaling up and replicating.

The good practices write up contains, among other issues, the problems that existed, the responses made, the results gained following the interventions as well as lessons learnt. In this publication, implementing partners, other partner organizations as well as members of the community who have participated in the project have shared their experiences and given their testimonies.

PART I

AFP Surveillance Problems in Ethiopian Somali Regional State

Currently, AFP surveillance at national level continues to meet the certification standard performance. However, there are still gaps related to stool adequacy, timely reporting and documentation of key AFP surveillance activities, particularly in the Ethiopia Somali Regional State. According to the 2014 WHO AFP surveillance report, the stool adequacy rate in Somali region is 69%, comparatively below the minimum requirements and standards.

This is mainly due to inaccessibility of the areas, weak health service system, the pastoralist way of life of the communities, scattered population settlement, harsh environment, etc. This often results in delays in collecting AFP stool samples, low awareness of the community on AFP surveillance, inadequate skills and knowledge of frontline health workers and poor program monitoring and evaluation.

Moreover, limited participation of key community members during the planning, implementation and monitoring of the AFP surveillance resulted in low performance in AFP surveillance activities. In addition, the AFP surveillance activities were not well documented at health facilities and woreda health offices.

Long, porous borders with Somalia, a country affected by prolonged civil war, also makes the Ethiopian Somali Region a possible entry of WPV. Children under the age of five are mostly affected by polio virus in the region. A case in point is that ten cases were reported and confirmed in 2013/2014 in the Somali Regional State, Warder Zone. This has created a threat of WPV transmission in other parts of Ethiopia and implies that there could be an immunity gap in the vaccination status of most AFP cases. Similarly, polio eradication effort and other health programs in the region may be affected indirectly, and unless the outbreak is regulated, WPV transmission will continue in Ethiopia.

The problem also exists in Danan Woreda (Shebelle Zone), Guradamolle (Liben Zone) and West-Emi woredas in Afdher Zone where Community Based Surveillance (CBS) was not introduced. The fact that no AFP cases had been reported before the implementation of the project in the three woredas is a clear indication of the extent of the problem that existed in the woredas and the need for intervention.

Working with and through partners

CCRDA/CORE Group Secretariat firmly believes in the need to forge partnership and work with and through partners to bring about the desired results. The secretariat signed a partnership agreement with two implementing partners who in turn signed agreement with Ethiopia Somali Regional Health Bureau and the Regional Finance and Economic Development. The secretariat also believes in the need to select the right implementing partners.

CORE Group Secretariat has used the following criteria to select the most appropriate partners for Enhancing APF Surveillance in the Ethiopian Somali Regional State.

Criteria for selection of partners

1	Experience working in health projects		
2	Experience working in pastoralist and hard -to -reach areas		
3	Recent clear audit report		
4	Previous experience working with CCRDA and/or CCRDA/ CORE Group		
5	Partners membership for CCRDA		
6	Possession of renewed license		
7	Certificate for the fiscal year membership payment for CCRDA		
8	Donor recommendations		
9	Partner's willingness to work for the specific project		
10	Other project specific criteria		
Total Mark			

Using the above criteria, CCRDA/CORE Group selected two project implementing local NGOs.

Organization for Welfare and Development in Action (OWDA)

OWDA is humanitarian, non-political, non-profit making; non-religious organization registered both nationally and regionally. OWDA has been working in a number of development & emergency projects. OWDA has succeeded in delivering high quality service and achieved reputation among the different stakeholders; with government line bureaus, donor community and the communities it serves. It has forged good relationship based on mutual interest and shared commitments to poverty reduction and promotion of sustainable development in the Somali regional state of Ethiopia.

OWDA has been selected to work in partnership with CORE Group Ethiopia Secretariat in the Enhancing AFP Surveillance project in Danan Woreda , Shabelle Zone. Danan Woreda has a total Population of 30,726, of whom 14,717 are under 15 children.

Pastoralist Concern (PC)

Founded in 1995, PC is a pastoralist initiated, inspired and led Civil Society Organization committed to the development of Ethiopian pastoralists. It is a developmental and humanitarian intervention devoted to make a positive and lasting change in the lives and livelihoods of pastoralists in Somali Regional State as well as pastoralist communities in other parts of Ethiopia.

PC has experience working in the following areas: Primary Healthcare Services, livestock health, water development, pastoralist education, rangeland management, income generation and asset diversification, drought early warning and response, strengthening disaster prevention and preparedness and gender.

PC has been working in partnership with CCRDA/CORE Group in the Enhancing AFP Surveillances in the Somali Regional State, Afdher Zone, West Emey Woreda and Guradhamole Woreda in Liben Zone . West Emey has a total population of 60,185 while Guradhamole has a total population of 81,980.

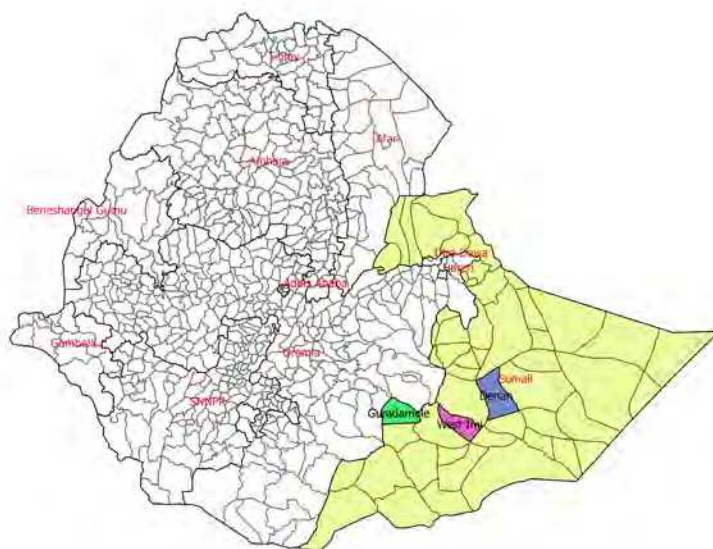
Legend

BMGF_Woredas

- Denan
- Guradamole
- West Imi
- Ethio_Woredas

Ethio_Regions

- Addis Ababa
- Afar
- Amhara
- Beneshangul Gumu
- Dire Dawa
- Gambela
- Hareri
- Oromia
- SNNPR
- Somali
- Tigray



Location of BMGF Project Target Woredas in Ethiopian Somali Region, 2015-16



Community Based Surveillance-Key Strategy in Enhancing AFP Surveillance

CORE Group Ethiopia Secretariat is pioneer in Ethiopia in introducing CBS. It has been using the approach in polio eradication interventions towards the achievement of a polio free country. The 'Enhancing AFP Surveillance in Ethiopian Somali Regional State' project emphasized the introduction and putting into practice the CBS approach in Danan, Guradamole and West Emey woredas.

The National Health Sector Transformation Plan (HSTP), the next five-year national health sector strategic plan, which covers (July 2015 - June 2020) also, recommends the need to mobilize the community with the key concept of ownership. It recommends strengthening collaboration and partnership. The country's flagship program known as the Health Extension Program (HEP) is also underpinned by the core principle of community ownership that empowers communities to manage health problems specific to their communities, thus enabling them to produce their own health.

Building capacity of partners



A TOT organized for partners in Gode and Chareti

Trainings

To increase the involvement of the Community in polio cases detection and reporting, CORE Group Secretariat offered a three day zonal level CBS TOT trainings, new born tracking and Open Data Kit (ODK) for staff of implementing partners, woreda level government health offices and health centre staff. Three focal persons from International Rescue Committee (IRC) also participated in the training. IRC coordinated the implementation of the Enhancing AFP Surveillance project in Ararso, Birkod and Shaykosh woredas of Somali Regional State with a separate funding from BMGF.

The trained staff then went on and organized three day woreda level trainings on CBS for 135 CVs-three from each of the 15 kebeles as well as all the 41 HEWs in the three woredas. The last day of the training was devoted to joint planning of the activities to be undertaken.

Sixty members of the community including clan and religious leaders, kebele leaders, women's associations and youth associations drawn from the three woredas were also sensitized on polio and AFP surveillances during a one day orientation session in each of the three woredas.

Establishing recording, reporting mechanisms

Upon completion of the three day training at woreda level, implementing partners provided recording and reporting materials to HEWs, CVs and district health offices. These included: reporting formats, manuals, registration books as well as IEC materials such as posters, leaflets and brochures. One hundred eighty manuals on CBS were also reprinted and used.

CVs reported to HEWs weekly whereas HEWs reported to the Woreda Health Office on monthly basis. Led by HEWs at kebele level, CVs and HEWs conducted monthly review meetings where they discussed issues and sought solutions for problems they might have faced. HEWs and CVs also conducted a quarterly meeting at woreda level with at least three staff that include the Woreda Health Office surveillance and immunization officer, implementing partner's officer as well as WHO or UNICEF staff occasionally. Participants of the meetings shared experiences, raised and discussed issues important to the successful implementation of the project. This meeting is preceded by a joint supervision to the kebeles where observations are made by the joint supervision team. The observations are often included as agenda for discussion during the quarterly woreda level meeting. CORE Group Secretariat also introduced a mobile device, web based reporting system and rented a server to be used by the system.

Communities have been using, among others, the following set of criteria to select CVs in each kebele.

The candidate should be:

- a permanent resident of the kebele,
- free from corrupt practices and bad habits,
- a respected and loyal member of the community,
- ready and willing to serve his/her community for free, and
- ready to educate other and learn from others.



A TOT organized for partners in Gode and Chareti



A poster used for creating awareness about polio

Joint supervision and monitoring

CORE Group Secretariat, jointly with implementing partners' project officers and woreda health office surveillance focal persons, conducted joint supportive supervision to health posts at kebele level in all the three woredas. Rather than to evaluate and criticize their work, the joint supervision focused on supporting the health frontiers to improve their knowledge and practices.

Seven joint support supervisions, six woreda level surveillance review meetings and two partner meetings have been conducted during the implementation of the project. During the supervision trip to five health posts, CORE Group conducted interviews and made observations.

According to the interviews conducted with eight CVs and observations made in five health posts, the health posts demonstrated good documentation mechanism and all the eight CVs were actively involved. The CVs also had good knowledge about Community definition of AFP.

Summary table of project activities

No	Activities	Accomplishments	Implementer
1	Zonal level TOT trainings	One zonal level TOT training was organized for implementing partners, woreda level partners and HC staff on CBS /PHEM and ODK	CORE Group Secretariat
2	Woreda level trainings on CVs and HEWs	Three woreda level trainings were organized for 41 HEWs and 135 CVs on Community Based AFP Surveillance	CORE Group Secretariat
3	Community sensitization on polio and AFP Surveillance	60 religious/clan leaders, kebele leaders and leaders of women's associations and youth associations, etc were sensitized	PC OWDA Woreda Health Offices
4	Establishment of ODK	Mobile device web-based reporting system (ODK) established and a server rented for use	CORE Group Secretariat
5	Stool transportation	The transportation of sample stool from kebeles to the national laboratory was facilitated	CORE Group Secretariat PC
6	Joint supervision	Seven joint meetings were conducted	CORE Group Secretariat PC OWDA Woreda Health Offices
7	Woreda level surveillance	Six woreda level surveillance review meetings conducted	PC OWDA Woreda Health Office
8	Regional project performance meetings	Two regional project performance meetings were conducted	PC, OWDA, CORE Group IRC,WHO,SRHB Woreda Health Offices Regional Health Office
9	Central Coordination	Two partners' meetings conducted	CORE Group, IRC,WHO

Achieving Promising Results

CCRDA/CORE Group Secretariat and implementing partners have achieved significant result through the implementation of Community Based AFP Surveillance in the three woredas of the Ethiopian Somali Regional State.

Four acceptable AFP cases have been identified and reported by trained CVs. Two four and one year old children (one female) were identified by CVs in West Emi Woreda. A one year old case (female) was reported from Danan Woreda in Shebelle Zone while one three year old case (female) was identified and reported from Gura Damole Woreda (Liben Zone). Given the fact that no cases were previously reported from the woredas and in light of the fact that WHO standard requires the identification and reporting of two cases in an area with a population of 100,000 populations under 15 years of age, detecting and reporting four cases in areas inhabited by 172,700 under 15 populations is quite an achievement.

Regarding the stool transportation, stool was transported from a PC site to Dolo using a rented vehicle. UNHAS owned airplane then took the samples from Dolo Ado to Bole International Airport in Addis Ababa. CORE Group secretariat facilitated the transportation of the stool samples to the National Polio Laboratory Center at Pastor Institute in Addis Ababa.

The CBS system which has already proved to be effective to detect and report AFP cases in the context has been already put in place. Awareness about the diseases and AFP surveillance through CBS has been created among government health workers, CVs and the community at large. Strong linkage has also been created between HEWs and CVs.

The trainings offered, the review meetings and joint supervisions conducted at zonal, woreda and kebele levels have created awareness about community based AFP surveillance. Practical experiences have been gained by all stakeholders in the implementation process. CORE Group secretariat believes that all these achievements are asset for the sustainability of the community based AFP surveillance work after the life time of project.

Use of ODK improves reporting, documentation

Open Data Kit (ODK) is a free and open-source set of tools which help organizations to author, field, and manage mobile data collection solutions. ODK provides users the ability to build different data collection forms or survey and collect the data on a mobile device and send it to a server. It enables them to aggregate the collected data on a server and extract it in useful formats. ODK runs on most Android smart phones and form factors including tablets and netbooks. In addition to socio-economic and health surveys with GPS locations and images, ODK is being used to create decision support for clinicians and for building multimedia-rich nature mapping tools.



ODK on Android smart phone

In order to make proper decision, availability of data is crucial. The surveillance system has its own reporting formats and is used at different levels. The data which is reported has to be consistent, timely and complete at all times. To be able to do this, utilizing innovative approach such as ODK is recommendable.

CCRDA/CORE Group Secretariat has been using ODK for online reporting and documentation purposes in its Enhancing AFP Surveillance Project in the three woredas in the Ethiopian Somali Regional State. Initially, it gave training to partners' surveillance officers on how to use it and provided them with Android smart phones. The secretariat also rented a server for its use which it is currently based in Kenya and Ethiopia. ODK has proved to be an effective tool to collect and share important data and information.

CORE Group Secretariat, implementing partners have witnessed the following advantages of using ODK for AFP surveillance reporting and documentation:

- It makes it easy to share the data quickly among implementers and stakeholders and others who need it all levels-local, national and global. The reported case can easily be summarized at central level on excel and power point slides.
- Pictures and video clips of the suspected AFP case can be attached and sent for decision making.
- It enables to identify the locations from which the data is reported as it provides GPS locations.
- It saves time and cost by reducing the time and cost needed to handle data on bunches of paper.
- It makes the documentation of data more reliable than data available on paper. Data made available on paper in the hands of few people is susceptible to damage, loss and misuse.
- It is user-friendly. The applications are not complicated.
- It is accurate - not error-prone.
- It is effective and timelier when compared to other data collection systems.

Key lessons learnt

CORE Group Ethiopia Secretariat, implementing partners and government partners who partnered in the implementation of Enhancing AFP surveillance through the CBS approach in the three woredas of the Ethiopian Somali Regional State have learnt the following key lessons.

- CVs have proved instrumental in achieving the project objectives as they are most close to the community. HEWs alone, who are government health workers, could not have covered the vast and often hard-to-reach areas without the support of CVs. CVs facilitated the timely reporting of AFP cases. The training the CVs have received has enabled them to effectively contribute to the achievement of the projective objectives.
- Creative approaches and use of technology enhance the achievement of the objective of the project. In this regard, CBS and ODK have been instrumental in the achieving significant results.
- Working with and through partners saves cost and helps to reach difficult-to-reach areas. The project employed just three staff and allocated a budget of 97,000 dollars but successfully implemented CB AFP surveillance in vast area in the Ethiopian Somali Regional State.
- Involving influential people such as clan and religious leaders has paramount importance in getting acceptability among the target community.
- Awareness creation is a key initial step in working to the achieve success in a project that involves the community.



PART II

In their own words:

HEWs, CVs, community leaders, partners reflect on their experiences; give testimonies





*Sahel Abdulahi Jama
is Guradmaole Health Office
EPI Surveillance Coordinator*

“CBS viable and working”: Sahel Abdulahi Jama

“Gura Damole is one of the most inaccessible woredas in the Ethiopian Somali Regional State. Besides total absence of or very poor infrastructure, the climate is very hot, sometimes reaching 40 oc. The communities are predominantly pastoralists and there are 15 kebeles that are far apart and scarcely populated. Most of these areas are inaccessible by car making it very difficult to reach even to the woreda town let alone to the kebeles. So there is no wonder that the pastoralist population were totally unaware about polio, measles, NNT and other health hazards. Not a single AFP case had been reported until recently.

Things changed when CCRDA/CORE Group and PC started to implement the ‘Enhancing AFP Surveillance’ project last year. PC trained HEWs and CVs in the woreda. It provided registration books and EPI formats for searching and reporting polio, measles and NNT. The CVs started their house-to-searches and reported to health posts who in turn reported to the Health Office. The HEWs and CVs exchanged reports weekly and had monthly meetings. CVs, HEWs and community leaders also created awareness in public gatherings such as livestock markets using microphones.

Soon after the AFP detecting and reporting system was established, a CV in Adole kebele, Hara Adan sub-kebele reported - for the first time in the woreda- one AFP case to a health post who in turn reported it to the Woreda Health Office. The Health Office, PC and WHO together further verified the case and took the sample stool to the laboratory in Addis Ababa. This doesn’t, however, mean that there were no AFP cases in the woreda. In fact there are many grown up people already crippled by the disease as there was no or very weak system to report the case timely. The recent reporting of the case shows that the CBS system which involves CVs is viable and working.

The Woreda Health Office staffs have been working in close partnership with PC staff. We visit health posts and CVs and conduct supportive supervision. We organize meetings with CVs, HEWs and community members. PC covered transportation and paid per diems. PC and our Woreda Health Office easily integrated their plans because they have the same objectives and goals.

CCRDA/CORE Group and PCs' CBS has not only helped to put in place a reporting system but has also created awareness among health frontiers and the community. Members of the community now know the signs and symptoms of the diseases and they are most likely to report AFP cases to CV when they come across them. However, this does not mean we should stop our efforts to create more awareness and further strengthen the system."



Serar Abdu Aden has been working as HEW at Lemu Kebele Health Post in Danan Woreda, Shebelle Zone. Serar describes the AFP Surveillance activities and what the project has achieved.

“HEWs, CVs, Community and religious leaders key to enhancing AFP Surveillances” Serar Abdu Aden

“Just nearly a year ago, the community was not aware about polio and related diseases. At health facility level, we see the cases only when patients are brought to the facilities. This was because there was no mechanism in place to search AFP cases except during polio campaign programs.

Things started to change when OWDA staff, together with the woreda health office staff, came to us and trained us about the ‘Enhancing AFP Surveillance’ project. We conducted a meeting with community members where three people were selected based on a set of criteria for selection. The selected individuals and I then attended a three-day training organized by OWDA in Danan town. The training focused, among other things, on community based surveillance- which was new to our woreda- as well as on how to use the reporting formats and record minutes.

Once back in our kebele, the trained individuals started working as CVs. They went from house to house searching AFP cases and educating households about the polio. They worked very closely with me. We regularly filled in different reporting formats and recorded minutes. They reported to me every week. The CVs and I met regularly every month to exchange information and discuss how better to do our surveillance work. From time to time, we educated the community at public gathering about AFP.

A lot has changed since we received the training and started CBS in our Lemu Kebele. We now have complete information about the health condition of every member of the community. We know about the number of under-five children, pregnant women and newborns. We are also able to trace defaulters-those who missed the EPI vaccination. More importantly, all people have become conscious and knowledgeable about AFP including their signs and symptoms. I don’t think there is any possibility of the diseases spreading unnoticed in the future thanks to the training on community based AFP surveillance that was fully implemented in our kebele.”

“CVs have become bridges between health workers and the community” Temam Farah

“I live in 01 Keble of West Emi Woreda and earn a living both as farmer and from livestock rearing. I was elected by my community in a meeting PC and the Woreda Health Office had organized to have CVs elected. I think they elected me because I have previous experience in linking my community with government and NGOs. I have completed grade 10 and I’m regarded as better educated in my dominantly pastoralist and agro-pastoralist community.

Once I was elected, PC staff and the Woreda Health Office officers gave us CVs and HEWs three-day training. The training focused on community based AFP surveillance. During the training, we were told how to search, detect and report AFP cases. Among other lessons, we were made familiar with polio, measles, NNT and their signs and symptoms.

After the training, we started house- to- house search of AFP cases. We worked very closely with HEWs with whom we conducted monthly meetings. During our visits, we asked households if they had faced any health problems and also educated them about the diseases. We also carefully observed children for any signs and symptoms of AFP. We educated our community in livestock market places using microphones and this helped us to make sure that every member of our community has heard and become aware about the diseases.

One day, in one of my house to house visits in my 01 kebele (Sub Keble 5), I asked- as usual- a mother if there was a sick child. The mother then showed me to her four year daughter. I suspected the case to be AFP case as it was exactly the same with the signs and symptoms that we were told during the training to be an AFP case. Her left hand and left leg were soft and weak. I immediately reported the case to the kebele HEW who in turn reported to the Health Centre. The Health Centre reported to PC staff. They then took stool sample from the patient and sent it to the central laboratory in Addis Ababa.

Things have changed for the better here with regard to AFP surveillance. Moreover, good working relation has been created between the CVs and HEWs. In fact, CVs have become bridges between health workers and the community. I’m sure this relationship will also be useful for future health interventions.”



Sixty two year old, Zara Maelim, is famous among her community in Danan town, 03 Kebele, Shebelle Zone. She is adored by her community for working hard for them in her role as CV and for giving other free services despite the economic problems she found herself in after the death of her husband a decade or so ago. Zara is also one of the CVs who reported AFP case in her kebele.

Zara Maelim (Left) the child's mother and the child with history of the case

“I’m happy and proud of my achievement in my service to my community” Zara Maelim

“I have no other income except the aid money I receive through the local government. However, I often participate in kebele activities voluntarily. One day, one of the kebele officials who knew my interest to serve my community told me about the AFP surveillance and the need for participation of community volunteers. I agreed to serve as a CV then and there.

I started my job as a CV after I participated in a three -day training here in Danan town. Together with four other CVs in my Kebele, I then started visiting households searching for AFP cases and at the same time educating them about polio, measles and NNT. We ask families if there is a sick child, but we also scrutinize every child in the household for signs and symptoms of AFP. There are three other groups of CVs with four members each and they do the same in their respective kebeles. OWDA and the woreda health professionals supervised us and gave us guidance in our work.

I have witnessed a lot of changes in our community’s attitude and their awareness about the diseases. People are now aware about diseases and show us respect for letting them know about it. They know the signs and symptoms of the diseases and contact us when they suspect a case. We share such information orally and on paper with HEWs weekly and we also inform OWDA staff.

A case in point is what happened one morning as I did my AFP surveillance work. In one of the households whose member of the family I knew, we saw a one year old child with the signs and symptoms similar to the ones we learnt during my three day training. The child had fever, pain

and walking difficulty as his muscles were soft and weak. We reported the case to health workers who investigated it. I also called OWDA office and a staff came with woreda AFP surveillance focal person. They made further investigation, filled in different formats and took the stool sample with them. I was later informed that the sample was first sent to Gode Hospital through woreda health office and then to a laboratory in Addis Ababa through WHO.

I'm happy and proud of my achievement in my service to my community. I don't think money could have brought such satisfaction that I'm currently enjoying."



Gered Jama is Enhancing EPI Surveillance Project Officer. Guradamole Woreda Health Office

“Project success can be attributed to CBS approach :” Gered Jama

“A year or so ago, community volunteers and community mobilization were unknown in our woreda. The health posts did not have linkage with the community. So there is no surprise that the communities were not aware about AFP and other health issues. People used to believe that polio is caused by evil spirits. Only one HEW was assigned to cover a kebele which has sub kebeles that are as far as ten kilometers far from each other. The problem, coupled with lack of transportation and harsh climate made it difficult for the HEWs to cover all the 15 kebeles.

I believe the Enhancing AFP Surveillance in Ethiopian Somali Regional State succeeded mainly because it applied the CBS approach which closed the gap and lack of communication between the HEWs and the community through CVs. Once the HEWs and CVs received training on AFP, community based AFP surveillance the latter started their house-to-house search of AFP. They reached every household in the kebele and reported to the HEW.

I believe the strong linkage that has been created between the HEWs and CVs is a great achievement. The linkage can also be used for other health intervention and beyond the life time of this project. The knowledge and the experiences the woreda health surveillance officers,

HEWs, CVs, clan and religious leaders and other influential members of community have gained will certainly be used in future health interventions as well. Moreover, the use of ODK and the various materials such as the manuals, recording and reporting formats, posters during the project has become asset for similar endeavors in the future. The Woreda Health Office has now adapted CBS as its approach to AFP surveillance.

Having said that, I believe more should be done to enable the Woreda Health Office to take over the project activities and continue registering positive results. Some of the activities of the project such as review meetings, refresher trainings, supportive supervisions, etc require finances and as far as I know the Woreda Health Office has no budget that can be allocated for the activities.”



Sixty two year old Abdi Ahmed Umer is a leader of Ugas Nur clan. The father of 17 children lives in Danen Woreda, Shebelle Zone and earns his living as a businessman. Abdi Ahmed describes his service to his community and his role in community based AFP surveillance as follows.

“I’m working for the welfare of my community:”

Abdi Ahmed Umer

“I was elected as one of the leaders of my Ugas Nur clan mainly because of my contribution in mediating conflicts that had arisen within my clan. I was also credited for working with government to see to it that the needs and interests of my clan are met. I also mobilized the community for anything that benefitted them, AFP surveillance being one.

Initially, like everybody else in my clan, I was totally ignorant about the diseases and the need for surveillance. Later, however, I received a one day orientation on Polio, Measles, NNT and became aware about the diseases, the signs and symptoms and how they are transmitted as well as the critical need for AFP surveillance.

After the training, I started going to public places such as mosques and community meetings and shared the knowledge I gained from our training. I sometimes accompanied CVs as they went from house to house searching cases and educating families. I also advised members of our clan—both men and women young and old— to benefit from immunization services and eradicate polio. In fact, I seized every opportunity I got to advise my people to cooperate with health workers and CVs and save themselves and their families including their loved ones.

both men and women young and old— to benefit from immunization services and eradicate polio. In fact, I seized every opportunity I got to advise my people to cooperate with health workers and CVs and save themselves and their families including their loved ones. Things have changed in our area in a big way in the last one year alone. Just very recently, people used to turn a deaf ear to immunization efforts. The attitude of community towards the diseases and the surveillance activities has changed dramatically. Everyone is now aware about the diseases, seeks vaccination services and cooperates in AFP surveillance activities.

I am happy to be able to contribute my share to polio eradication and through AFP surveillance activities because it is about the health and life of my community. As a leader, I’m expected to work for the welfare of my community and that is exactly what I have been doing. I will happily continue doing so as long as I’m alive and until the diseases are eradicated. I hope the much needed support we get from the project will also continue.”



*Abdi Mohammed Shuriye
Acting Head of Danan Woreda Health
Office, Shebelle Zone. Abdi has worked
for three years as Environmental Health
Expert in the Woreda Health Office.*

“We could not have achieved all that on our own” Abdi Mohammed Shuriye

“CBS was unknown here before the project started in the woreda almost a year ago. We had no CVs at all and the surveillance was done only at health facilities level. We now have strong CBS surveillance activities actively taking place in all kebeles including in the remotest part of our woreda.

Not only that we were not familiar with CBS surveillance concept, but also we didn’t have budget allocated to put such system in place even if we had known about it. CORE Group Secretariat and partners were able to put community based AFP surveillance in place because they have experts and experience in the area. Moreover, they allocated budget to train our health workers, CVs and others health personnel, to conduct supervisions, review meetings; to provide recording and reporting materials and support related activities. We could not have done all that on our own.

Having said all that, we have worked closely with OWDA staff. The Woreda Health Office and health facilities staff members that were trained by OWDA were fully convinced that the AFP surveillance work was innovative and beneficial to our communities. Our staff and OWDA staff together formed a team that was in charge of conducting supervisions and other AFP surveillance activities. As they worked together with the experienced OWDA staff, our staff learnt a lot and even rectified mistakes that were done in their supervisions the past. During the supervisions, nonfunctional refrigerators were maintained.

As the result of hard work and cooperation between OWDA and us, people in our woreda are now well aware of the diseases and what they should do to prevent them including the need to have their children and pregnant women vaccinated. We were also able to report an AFP case in a silent woreda where no case was previously reported. Utilization of immunization has also increased as a strong linkage has been created between the health workers and CVs who

supported in immunization campaigns as well.

I believe the key to the success was the establishment of the innovative CBS system that enabled the involvement of CVs and the improvement of the reporting systems. CBS also made possible reaching hard-to-reach areas. Due to this, we now have the list of all under five year old children and pregnant women in our woreda.

We have learnt a lot of lessons from the project which we will use in our immunization campaigns as well as in other health related interventions. However, if all the achievements of the project are to be maintained, there is a strong need for the Enhancing Project to continue for some time until we are financially ready to take over the project.”



*Beshir Sheik Aden
Resource Mobilization & NGO
Coordination Case Team Coordinator
Somali Regional Health Bureau.
Beshir is responsible for coordinating
and facilitating efforts made by
the Regional Health Bureau in
partnership with health sector
partners including UN agencies as
well as local and international NGOs.*

“Community Based AFP Surveillance in line with government plans, strategies:” Beshir Sheik Aden

“We believe that the work of our bureau and other partners working in the health sector must be coordinated in order to achieve the objectives of the health sector. We believe this would also enable us to use available resources efficiently. Thus, one of the responsibilities of the bureau is to identify the existing gaps and priorities and guide and supervise partners’ activities. Joint planning, review meetings and joint supervisions are also conducted at woreda level.

The regional bureau participates in regional review meetings and sometimes at woreda level as well.. The regional health bureau has a Monitoring and Evaluation team responsible to carry out the task including at woreda level.

As we know, the Ethiopian Somali Regional State is one of the regions that were left behind for a long time and it has been still difficult for the government to cover all the social services. We certainly need partners who are committed to collaborate with us and support us to fill this gap. However, most organizations are interested to work in specific geographical areas often causing duplication of efforts and resources. In this regard, we have good collaboration with CORE Group Secretariat and its implementing partners as they are willing and ready to fill our gaps by working in remote and sometimes inaccessible parts of the region. We selected the three woredas for the implementation of the project together with CORE Group Secretariat. We conducted quarterly partners’ forum meetings, discussions and communicated with them on AFP surveillance and related health issues. We also raised and discussed issues and exchanged AFP surveillance information even during the monthly Health and Nutrition Cluster meetings apart from the review meetings we had with them on quarterly basis.

We are always ready to support CORE Groups Secretariat and its partners’ AFP surveillance work because it is in line with our five year plan, woreda based national plan, HSTP and other government strategies and plans. We believe it has contributed to the achievement of our objectives in just one year, which is such a short duration for a project to show meaningful results. I believe the project needs to be given some more implementation time until it is handed over to government and sustainability can be fully assured.”



*Beshir Mohammed Ahmed
Ethiopian Somali Regional Coordinator
WHO. Behir has the following to say
about CORE Group Secretariat and part-
ners' effort to enhance AFP surveillance
in the region.*

“CBS approach innovative, relevant” Beshir Mohammed

“The Ethiopian Somali Region has pastoralist population and long porous borders with Somalia—a country that had been unstable for a long time. The Ethiopian Somali Region was an epicenter of polio outbreak as witnessed in August 2013. We had ten confirmed polio cases in Dolo Zone alone during the time. In light of this and other problems such as inaccessibility of vast areas in the region, the Enhancing AFP Surveillance project by CORE Group Secretariat and its implementing NGOs has been very encouraging. The CBS approach they have introduced is also innovative and relevant. We also appreciate the use of ODK.

WHO plays coordination role and it is centrally managed. At the regional level, we work with implementing NGO partners such as OWDA, PC and IRC. Our surveillance officers at Zonal and woreda levels work with the NGOs to bring about behavioral changes among communities. We also participated in the review meetings that CORE Group Ethiopia Secretariat and its implementing partners organize on quarterly basis. Besides, we gave technical support such as trainings in stool collection and made follow ups.

We believe CORE Group Ethiopia Secretariat and its implementing partners are filling the gap in AFP surveillance as it should not be left to government alone. We have learnt a lot from CORE Group Ethiopia Secretariat about CBS and even encouraged other organizations to follow suit.

We urge donors to continue supporting CORE Group Secretariat and implementing partners' efforts until they successfully hand it over to the government. Currently, they are working only in three woredas but we believe the project should include more woredas with similar problems in the future. On our side, we are very keen to work in partnership with CORE Group Secretariat and its implementing partners as we are well aware of their capacities to implement projects working in close collaboration with communities, particularly with those communities living in the remotest part of the region.

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