5 Years
Summary Report
2009 - 2013
CORE GROUP POLIO PROJECT
IN ETHIOPIA
Five Years Summary Report

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2009 - 2013
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### Ethiopia: Some Demographic and Health Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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<tr>
<td>Estimated population (2012)</td>
<td>84 million</td>
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<tr>
<td>Urban population (% of total), (2012)</td>
<td>16.8%</td>
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<tr>
<td>Under-1 population (2012)</td>
<td>2,856,000 (3.4%)</td>
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<td>Under-5 population (2012)</td>
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<td>Under-15 population (2012)</td>
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<td>Annual population growth rate (2012)</td>
<td>2.6%</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>37 per 1000 live births</td>
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<tr>
<td>Infant mortality rate (2012)</td>
<td>59 deaths per 1000 live births</td>
</tr>
<tr>
<td>Under-5 mortality rate (2012)</td>
<td>88 deaths per 1000 live births</td>
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<td>673 per 100,000 live births</td>
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<td>National health coverage (2012)</td>
<td>64%</td>
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<tr>
<td>National sanitation coverage (2012)</td>
<td>56%</td>
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<td>Population using improved drinking-water Sources (2012)</td>
<td>68.5%</td>
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<tr>
<td>National NP AFP rate (2012)</td>
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<td>National Stool adequacy rate (2012)</td>
<td>90%</td>
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Source: Central Statistics Agency (CSA), Demographic Health Survey (DHS), 2011, Federal Ministry of Health (FMoH), World Health Organization (WHO)
Message from CORE Group Polio Project Ethiopia Secretariat

The CORE Group Polio Project (CGPP), until CCRDA and USAID inked a strategic partnership in November, 2001 to embark polio eradication project in Ethiopia was nothing but a humble idea conceived; a novel move sketched in the minds and papers of few thoughtful people.

Thanks to the tailor-made strategies designed; the orchestrated partnership forged; the feasible interventions devised, the massive efforts exerted; and the comprehensive objectives actualized...hard journeys have been travelled during the second phase of the CORE Group Polio Project (2007-2012) in curbing the crippling impacts of Wild Polio Virus as well as in promoting the health and wellbeing of our society.

Looking back at the hurdles managed, one may get dazzled seeing the various aspects of the project fruiting in almost all of the fifty-five remote and inaccessible woredas of our country where the projects were implemented through local and international project implementing partners.

These humble contributions of CGPP Ethiopia Secretariat for the routine and enhanced programs of immunization; the adoption and transfer of scientific knowledge and skill on health as well as the partnership, cooperation and coordination it forged between and among the polio eradication partners in particular and the health sector actors in general, have shed glamorous light on the Ethiopian Health Sector Development Programs as well as the national and global efforts of Polio Eradication.

It may not thus be a wonder, due to its contribution for the national/global polio eradication efforts and the health sector development Program that CGPP Ethiopia Secretariat emerged as an emblem of Ethiopia's successful public health endeavor. After all Ethiopia despite its location in the high risk polio corridor of east Africa has reported zero cases of WPV for close to five years till September, 2013.

It goes without saying that all these successes were possible not only as a result of the feasible strategies designed for the project or the relentless effort exerted by the management and staff members of CGE secretariat office.
Rather to state it boldly, the significant portion of these successes emanated from the collaborative efforts made by our key partners (namely FMoH, USAID, WHO, UNICEF, Rotary International etc.) and program implementing partners (Namely EECMY, WVE, IRC, PC, MCC, HCS, AMREF, SC/US Care, Plan International and CFI) exerted to eradicate polio once and for all. Attaining the goals of the project without these partners would have been a farfetched fantasy.

CGPP Ethiopia Secretariat is of higher gratitude and recognition to these partners and is of firm conviction that the valuable partnership will be furthered till the end.

We particularly appreciate the support, regular follow-up and backstopping services provided by USAID, and trust that this will continue during the 3rd phase of project implementation.

On the other hand, scaling-up and replicating these successes, our Secretariat firmly believes, is a prerequisite in repealing the continued risk of Wild Polio Virus importation and transmission Ethiopia, due to its geographical, demographic, socio-economic and historic location in the high-risk polio corridor of East Africa, faces from its neighbors.

CGPP Ethiopia Secretariat also believes sharing knowledge and experiences gained in practical work greatly contributes to the improvement of health system performance and outcomes. In fact, sharing such experiences and hard-won solutions with one another will enable stakeholders to benefit tremendously.

CORE Group Polio Project is pleased to present the Summary Report on activities carried out in the 2nd phase of the Polio Eradication Project (October 2007- September 2012). The report touches upon activities and accomplishments, as well as challenges encountered and important lessons learned during implementation.

Thus the secretariat has documented some of the major activities it accomplished in the second phase of its CGPP implementation believing that the summarized report will serve as a benchmark for the implementation of the new five year project.
We admit that the summary report presented in this booklet represent only a fraction of what has been achieved. However, we hope the document will be instrumental in disseminating some valuable information and in sharing knowledge and experiences.

In this connection, we would like to inform you that we will continue documenting and sharing more and more of the practical experiences we have gained in the process of working towards the eradication polio and increasing immunization coverage in Ethiopia.

"Once A Partner; Always A Partner!!!"

Filimona Bisrat (MD, MPH)
Director, CORE Group Polio Project Ethiopia Secretariat
I. Document Overview

Part-I dwells on the epidemiology of the polio virus, stresses its preventability, and describes factors determining its successful eradication. The status of polio in Ethiopia is discussed, with a description of how the country’s much improved health system is helping to facilitate and complement CORE Group Polio Project (CGPP) activities. The mandate and objectives of CGPP Ethiopia Secretariat is also mentioned in detail.

Part-II describes activities undertaken by CGPP Ethiopia Secretariat Office and its partners in five major areas. These are: Supplemental Immunization Activities; Routine Immunization Activities; Community Based Surveillance on AFP, Measles and Neonatal Tetanus; Documentation and Use of Information, and Building of Effective Partnerships.

Part-III deliberates on the various opportunities and challenges to project implementation. The various opportunities for enhancing polio eradication efforts, provided by relevant national and international conditions have been discussed. Issues pertaining to budget usage, finance and administration; operations, logistics and communications; management of equipment; shortages of materials and supplies; and the activities of Community Volunteer Surveillance Focal Persons have also been discussed as some of the challenges on the project implementation.

Part IV - discusses lessons learnt from the 2nd phase of project implementation, which could be applied to the 3rd phase. Some of these lessons learnt during this period include- involving the community at all level; involving NGOs as key players; promoting the participation of women in Polio Eradication efforts; as well as using CGPP secretariat model as an advantages of establishing effective partnerships, among others. Expanding Cross-border collaboration and ensuring project sustainability and ownership have also been mentioned in this section.

Part V - of the document provides the concluding remarks from CGPP Ethiopia Secretariat. Some of these conclusions drawn from the five year long path of the project have indicated that the progresses toward polio eradication in Ethiopia demonstrates that eradication strategies can be successfully implemented, even in area with poor access and high insecurity. However, there still is much of a need to enhance the quality and coverage of the routine immunization programs as well as the quality and coverage of polio vaccination as well as the surveillance activities.
1. BACKGROUND

1.1. Polio and Its Infectious Nature

Polio is an infectious disease caused by a virus that mostly affects children under five years of age. It is contracted both from feces of polio infected persons, causing total paralysis of one or two extremities in a very short time. In the most severe cases, the polio virus attacks the nerve cells reducing the child’s breathing capacity and causing difficulty in swallowing and speaking.

Initial symptoms of polio, which enters the body through the mouth, are fever, fatigue, headaches, vomiting, stiffness of the neck and pain in the limbs. One in two hundred infections lead to irreversible paralysis, usually affecting the legs. Among those paralyzed, it is estimated that 5-10% die when their breathing muscles become immobilized. More intensive paralysis involving the trunk and much of the thorax and abdomen can result in children becoming quadriplegics.

The World Health Organization (WHO) defines “Polio Eradication” as “a permanent reduction to zero of the worldwide incidence of infections caused by the polio virus and where, therefore, intervention measures are no longer needed.

Similarly, the Global Polio Eradication Initiative defines the term as “ending the transmission of Wild Polio Virus (WPV), meaning that no child will be paralyzed by WPV”. The strategy to eradicate polio is based on preventing infection by immunizing every child until transmission is blocked and the virus dies out.

In the global arena, polio eradication efforts have remained a high priority for many years. Children who are not immunized remain vulnerable to the disease and provide a reservoir for virus transmission. In order to completely interrupt transmission and protect all children from morbidity, mortality and disability due to polio, an intensive effort must be made to reach every child.
Polio is preventable mainly through oral administration or by injecting polio vaccines. Globally, polio eradication efforts have remained a high priority for many years.

Three factors are of primary importance in determining the likelihood of successful polio eradication efforts: that effective, interventional tools are available to interrupt transmission of the agent (such as a vaccine); that diagnostic tools are on hand to detect infections that can lead to transmission of the disease; and that only humans are required for the life-cycle of the agent, which has no other vertebrate reservoir and cannot amplify in the environment.

1.2. Global and National Polio Eradication Status

1.2.1. Global

Since its establishment in 1988, the Global Polio Eradication Initiative has achieved tremendous progress in polio eradication efforts. There has been a 99% reduction in cases globally since 1988. Nearly 6 million cases of childhood paralysis were averted. In the same year, more than 1000 polio cases per day were reported in more than 125 countries. In 2012, only 3 countries were considered
polio-endemic (Pakistan, Afghanistan and Nigeria). Halting virus transmission is a top global priority, the aim being to certify the world polio-free 3 years after the last case was identified.

1.2.2. Ethiopia

The polio eradication initiative in Ethiopia commenced in 1996\(^1\), based on guidelines provided by WHO. Ethiopia has adapted four strategies to eradicate polio. These are: achieving high routine immunization coverage; conducting national supplemental immunization activities; implementing acute flaccid paralysis (AFP) surveillance; and undertaking “mop-up” campaigns. The country initiated AFP surveillance in 1997, which now forms part of the Integrated Disease Surveillance and Response (IDSR) system, adopted by Ethiopia in 1998\(^2\).

The last indigenous case of Wild Polio Virus in Ethiopia was reported in Alaba Special Woreda, SNNPR, in 2001. Between December 2004 and November 2006, Ethiopia reported four different importations from Somalia and Sudan, which resulted in forty cases of Wild Polio Virus (i.e. 1 in 2004; 22 in 2005 and 17 in 2006), affecting four of the eleven regions of the country (Tigray, Amhara, Oromiya and Somali). The last case of this series of importations was reported from Korahe Zone, Somali Region in November 2006. Following the interruption of these importations, the country reported no cases for 17 months until April 2008, when 3 cases of WPV1 were confirmed in Gambella Region. Confirmation of the outbreak in the region was followed by a series of polio immunization campaigns.

Ethiopia has not reported a single case of WPV since April 2000\(^3\). Furthermore, from 2008 – 2012, a total of 12 cases of circulating Vaccine Derived Polio Virus (cVDPV) were detected in Somali Region (Korahe Zone), Oromiya Region (Bale and East Hararghe Zones), and SNNPR (Bench-Maji Zone and Silti and Alaba Woredas).

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1 Epidemiology and ecology of health and disease in Ethiopia, 2006
2 FMOH Integrated Diseases Surveillance and Response (IDSR) strategy Document, 1999
3 External Disease surveillance review report, Ethiopia Sept 2008
1.3. CORE Group Polio Project in Ethiopia

CGPP has responded to the challenges of polio eradication in Ethiopia by focusing on reaching underserved rural and mobile populations. Wherever CGPP is operational, it strives to contribute towards the achievement of the national goal of increasing coverage of polio immunization through SIAs and routine immunization, improving surveillance for AFP, and strengthening the capacity of local immunization and surveillance activities. CGPP’s community-based strategies in particular are specifically designed to ensure that all children within the most vulnerable, hard-to-reach communities are immunized and all potential polio cases are reported.

MAJOR STRATEGIES of
CGPP ETHIOPIA

Supporting Supplementary Immunization Activities (NIDs and SNIDs)
Supporting community-based surveillance for vaccine preventable diseases, e.g., AFP, Measles, NNT
Improving documentation and use of information for quality intervention
Building partnerships for improved experience sharing and to avoid duplication of efforts
Strengthening existing routine immunization systems
In Ethiopia, CGPP Secretariat, hosted by the Consortium of Christian Relief and Development Associations (CCRDA), provides strategic direction and technical support to project implementing PVOs/NGOs at various phases. The 1st phase covered the period October 2001 - September 2007, while the 2nd phase extended from October 2007 - September 2012. The 3rd phase, already commenced, will cover the period October 2013 - September 2017. During the project period, CGPP operated in 55 districts or woredas located in seven regions in the country and covering an approximate population of 4,397,394. The regions were: Afar, Amhara, Oromiya, Somali, Benishangul Gumuz, Gambella and SNNPR.

CGPP implementing partners include seven PVOs and four local NGOs, all with practical experience in polio eradication activities in Ethiopia. The organizations are: CARE Ethiopia, Christian Children’s Fund International, Plan Ethiopia, Save the Children USA, World Vision Ethiopia, International Rescue Committee, African Medical Research Foundation, Pastoralist Concern Association Ethiopia, Hararghe Catholic Secretariat, Alem Tena Catholic Church, and the Ethiopian Evangelical Church Mekane-Yesus. It also collaborates with other key partners including FMOH, USAID, WHO, UNICEF, and Rotary International.

The Secretariat coordinates the activities of partners, conducts regular meetings, provides backstopping and technical services, compiles reports, and appraises projects. It also represents the Group at functions at national and regional level and meets regularly with bilateral and government partners in order to ensure smooth implementation of project activities.
Figure 2 Key & Program Implementing Partners of CGPP
Figure 3 -- CGPP Implementation Woredas vs. Implementing Partners
SUMMARY OF ACTIVITIES AND ACCOMPLISHMENTS
2. SUMMARY OF ACTIVITIES AND ACCOMPLISHMENTS

2.1. CORE Group Polio Project Baseline Survey: Ethiopia

A Baseline Survey conducted by the CORE Group Polio Project in 52 woredas in 2008, was aimed at better understanding the specific barriers to polio immunization in Ethiopia. Based on the findings, the survey has forwarded some of the following recommendations:

- Full and active participation of local health authorities should be solicited to ensure success of future immunization activities
- Sustained efforts are required to strengthen routine immunization regarding polio and other antigens
- Intensive advocacy activities should be conducted in Afar, Gambella and Benishangul Gumuz Regional states
- Emphasis should be placed on expansion of static and outreach sites, in order to increase routine immunization coverage
- Social/resource mobilization activities need to be strengthened
- Periodic coverage surveys should be conducted to supplement routine reports
- Health education on immunization should be strengthened, emphasizing the interpersonal communication aspect
- Training on data recording, reporting and analysis should be provided, so as to increase the quality of recording and properly retain immunization service/program data

2.2. Support to Supplemental Immunization Activities

One of the major activities under the Supplemental Immunization Program is social mobilization. CGPP partners actively mobilize communities to participate in various rounds of National Immunization Days (NIDs) and Sub-national Immunization Days (SNIDs).

During the project period, CGPP partners mobilized target communities using CVSFPs in all project areas to effectively utilize polio vaccination.
Several rounds of polio campaigns were implemented and supported through the deployment of supervisors and CVSFPs and the preparation and distribution of various social mobilization materials.

Vehicles were rented for the campaigns, fuel purchased, and other support provided to staff of woreda health offices and health facilities involved in the campaigns.

Sensitization and community mobilization workshops on high coverage of vaccination and identification of AFP cases were conducted for staff of government health facilities, community and religious leaders and traditional healers.

At the national level, the Secretariat engaged in activities starting from micro-planning to post campaign review meetings. Joint micro-planning activities with key actors were also undertaken at regional and woreda level. CGPP also participated in training programs organized for vaccination teams and team supervisors, and, furthermore, engaged in review meetings and monitoring activities regarding progress of the polio immunization campaign in its pre, intra and post campaign stages.
2.3. **STRENGTHENING ROUTINE IMMUNIZATION ACTIVITIES**

2.3.1. **Training**

Among the most important barriers to reaching and immunizing every child in each target woreda, are those relating to planning and management of human, material and financial resources at woreda and service-delivery level, rather than just physical barriers to access. To overcome these obstacles, it was essential to undertake capacity building activities aimed at improving managerial skills and integrating immunization services within the social and health infrastructure. All health workers involved in EPI activities were therefore expected to gain practical management experience. Thus from time to time, CGPP organized EPI Mid Level Management (MLM) training for both senior staff of partner organizations and staff of the Secretariat.

CGPP also organized immunization-related training for HEWs and health professionals stationed at Health Posts in its areas of operation.

HEWs also received Immunization-in-Practice, Cold Chain Users and Management, as well as Inter-personal Communication Trainings.

![Figure 5- Social Mobilization Workshop Gambella](image_url)
Social mobilization and community sensitization workshops focusing on immunization were conducted for CVSFPs, government health workers, religious, traditional and community leaders, traditional healers, heads of kebele administrations, and representatives of women’s and youth associations. The various training programs have contributed to enhancing the capacity of health workers to improve the quality of their activities.

![Diagram showing number of persons receiving training on different topics]

*Table 1: No. of Persons Receiving Training on Different Topics 2008 – 2012*

2.3.2. **Logistics Support**

The project provided transportation services, fuel, maintenance of refrigerator and motorbikes for woreda health offices and health facilities. In addition, recording and reporting formats were also supplied to CVSFPs. Megaphones were also provided to government health institutions for social mobilization activities. In addition, IEC materials were distributed for use in awareness raising activities.

2.3.3. **Health Education**

CVSFPs have been providing health education house-to-house, at public gatherings, religious and traditional healing areas on immunization. During the project period, a total of 5,934,349 persons
received health education through the efforts of community volunteers, while 2,201,354 people were reached through house-to-house visits.

![Figure 6- A Community Volunteer Providing Education](image)

2.3.4. Monitoring and Supervision

The Secretariat conducted joint supervision at partner field offices, woreda health facilities, and at community level, updating responsible staff on techniques and skills of immunization and surveillance. CGPP also participated in regional and national EPI review meetings and assisted in micro-planning development at regional and woreda level.

Other activities conducted included registration of children for the immunization programs, convening of review meetings, and monthly and quarterly supervision of health facilities, among others.

2.3.5. Enhanced Routine Immunization Activities

The enhanced Immunization Program that is also funded by the GAVI Project mainly aims at reaching hard-to-reach areas with large number of unvaccinated children. In line with this, CGPP has actively engaged in activities aimed at enhancing Routine Immunization in Gambella, Shirele, Filtu, and Assosa.
2.3.6. High Level Regional Advocacy Workshops on Immunization

In view of Ethiopia’s susceptibility to polio importation, particularly in the border areas, coupled with very low immunization coverage, increased efforts were thus required at conducting polio eradication activities. The situation was alarming, since it was contributing to the spread of the wild polio virus in these regions.

CGPP Secretariat thus organized three workshops in 2008/2009 in Afar, Gambella and Benishangul Gumuz Regions. The workshops were organized by CGPP in collaboration with the RHB, WHO and UNICEF. Participants included officials from FMOH, representatives of regional, zonal and woreda administrations, community, traditional and religious leaders, national and international donor agencies, implementing partners and other NGOs.

The workshops which aimed at increasing commitment of political leaders; seeking technical and financial support from development partners; obtaining the support and involvement of religious leaders and elders has forwarded some of the following recommendations.

![Figure 7- Participants of one of the High Level Advocacy Workshops- Afar Region](image-url)
Outcomes of the Advocacy Workshops

- Established Inter-Agency Coordination Committees (ICCs) in all the three regions.
- Regional governments recognized EPI and polio eradication as one of their priorities and included immunization coverage as one of the performance evaluation indicators of woreda administrations.

![Figure 8- A Polio victim telling the impacts of polio during an advocacy workshop in Gambella, 2008](image)

- Regional health bureaus established and strengthened functional data management and reporting systems at all levels to conduct regular review meetings, and supervise, monitor and evaluate EPI activities.
- Woredas established Immunization Task Forces to identify financial, equipment and transportation needs and build staff capacity.
- In addition woredas allocated relevant budgets for EPI and ensure timely utilization of the same
- Woreda health offices identified areas with low immunization coverage for improvement
2.4. PIONEERING AND STRENGTHENING COMMUNITY BASED SURVEILLANCE

- AFP, MEASLES and NNT

Community Based Surveillance (CBS) refers to the process of identifying and immediately reporting of diseases under surveillance by the community to the nearest health facility. Analysis of surveillance data helps to know where and when the disease is occurring as well as who is affected by the disease.

CGPP volunteers are known as Community Volunteer Surveillance Focal Persons (CVSFPs). In community based surveillance the CVSFPs are the chief actors in identifying and reporting cases and educating the community on AFP, Measles and NNT. They endeavor to make people aware of the dangers of the diseases, its manifestations, methods of prevention, and when and to whom they should report the detected cases.

CVSFPs were equipped with the necessary training, mentoring, supervision and support from CGPP and woreda health offices. Except for the incentives such as gowns umbrella and bags they receive once in a while they are not paid for the service they render for the community. Since they are selected by the communities they serve, the volunteers are well recognized and trusted.

![Figure 9-Alem Tena CVSFPs with Umbrellas given to them as an incentive](image-url)
From 2008-2012, CGPP Ethiopia Secretariat and its partners, delivered training on AFP, Measles and NNT Surveillance for a total of 6,789 CVSFPs, HEWs and staff of government health facilities.

All CVSFPs are expected to plan and implement activities in consultation with HEWs in their respective kebeles, to whom they submit monthly reports.

CGPP linked its Community Based Surveillance activities with Health Extension Workers (HEWs). Respectively, Woreda Health Offices have ensured that community based surveillance is part and parcel of the Health Extension Program which included the following:

- Ensuring creation of strong linkages with CVSFPs (joint planning, implementing, reporting and review meetings)
- Undertaking Community Based Surveillance regularly
- Conducting Health Education sessions on vaccine preventable diseases primarily focusing on AFP, Measles and NNT
- Issuing reports on AFP and related immunization activities
- Regular monthly and quarterly review meetings and supportive supervision have strengthened the surveillance activities. CGPP partners regularly assisted CVSFPs in updating their capacity.

CVSFPs received refresher training on the importance of consistent searching and reporting of AFP, Measles and NNT cases.

Religious and traditional leaders, traditional healers, kebele administrations, and youth and women’s associations were provided with awareness raising workshops on CBS.

Preparation of guidelines and training manual on CBS in Amharic, Afan Oromo and Somali Languages; conducting training on CBS; ensuring consolidated linkages between HEWs and CVSFPs; undertaking monthly and quarterly review meetings; as well as conducting Annual Planning Forums, were among important activities undertaken by the Secretariat.
By the end of the 2012, there were 4164 CVSFPs working on CBS activities in all project areas, over double the number working in the 1st Phase of the project.

Activities undertaken by CVs included: community education on AFP, Measles and NNT; case searching on house to house visits and at religious and traditional healing areas.
During the project period, a total of 283 AFP cases were reported from 55 woredas, of which 125 AFP cases were reported by CVSFPs.

![Bar chart showing the number of AFP cases expected and reported from 2008 to 2012.](image)

**Figure 12**- Number of AFP cases expected and reported from target woredas and by CVSFPs during the period 2008 – 2012

![Image of a man speaking into a radio while a child looks on.](image)

**Figure 13**- House-to-house case searching
2.5. IMPROVING DOCUMENTATION AND USE OF INFORMATION SYSTEMS

One of the priorities of CGPP is to promote and strengthen documentation at all levels of the project with the aim of garnering useful and relevant information; properly documenting, managing and disseminating existing information as well as following up on and updating information.

Major activities undertaken during the project period were the following:-

- Sharing of reports, updates, and other information among CGPP implementing partners, government agencies and other key partners (i.e. FMoH, WHO, UNICEF, USAID, Rotary International etc)
- Compilation and submission of project activity reports to woreda health offices and eventually, to zonal and regional health bureaus.
- Ensuring proper filing of relevant documents at all levels.
- Training of 344 health professionals on the Health Management Information System (HMIS); Statistical software system packages; Lot Quality Assurance Survey (LQAS)
- Providing much-needed equipment, stationary and other materials to woreda health offices and health facilities.
- Supplying immunization cards and fully-vaccinated diploma, and recording and reporting materials

CGPP undertook a number of important researches/studies and disseminated during the project period which includes: -

- “Assessment of Barriers to Immunization Services Among Pastoralists: The Case of Shirele Zone, Somali Region”
- “Integrating Community Volunteers and HEWs to increase Scalability and Sustainability in CGPP/Ethiopia Project Areas”
- Assessment of Data Quality of Routine Immunization in Silit District of Southern Ethiopia”
“Risk Factors for Defaulting from Childhood Immunization in Assosa Woreda, Benishangul Gumuz Region, Western Ethiopia”

“Factors Associated with Immunization Coverage among Children of Age 12-23 months – The case of Zone 3, Afar Regional State”

“The Assessment of Effects of Acute Flaccid Paralysis/AFP/ Surveillance System on Other Health Programs in Guraghe Zone of SNNPR”

“Factors that Contribute to Low Regular Routine Immunization Service in Gambella Region”

“Cross Border Transmission of Wild Polio Virus (WPV) and Immunization Service Delivery in CGPP Implementation and International Border Areas”

“Newborn Tracking for Polio Birth Dose Vaccination in Pastoralist and Semi-Pastoralist CORE Group Polio Project Implementation Districts (Woredas in Ethiopia)”

“AFP Case Detection and Status of Surveillance in Pastoralist and Semi-Pastoralist Communities of CORE Group Polio Project Implementation Districts (Woredas) in Ethiopia”

“Risk Factors for Defaulting from Childhood Immunization in Assosa Woreda, Benishangul Gumuz Region”

Seven of these studies have been published by the Ethiopian Medical Journal. Among the above listed studies, “Barriers to Immunization in shirele Zone, Somali Region”; “Community-based Cross Sectional Study on Factors Determining Immunization Coverage in Zone 3 of Afar Region”; and “Assessment of Knowledge and Practice of Polio Vaccination in Gambella and Benishangul Gumuz” and “Evaluation of CORE Group Polio Project in Ethiopia: Coverage in Routine Immunization and Supplemental Immunization Activities” have been presented and disseminated during an Annual Conferences of Ethiopian Public Health Association.

In addition the studies “Integrating Community Volunteers and HEW’s to increase Scalability and Sustainability in CGPP/Ethiopia Project Areas” and “Assessment of Data Quality of Routine Immunization in Silti District of Southern Ethiopia” have been presented for the 13th World Congress on Public Health in which the first research received an award.
2.6. **BUILDING EFFECTIVE PARTNERSHIPS**

CORE Group Polio Project’s reliance on partnership as a key implementation strategy is frequently dubbed as ‘ultra creative’ and “effective”. This was further reinforced by the large number of activities **CGPP Ethiopia Secretariat** designed and undertook to build up effective and sustainable partnerships with concerned organizations working on immunization and polio eradication activities. These include FMoH, WHO, USAID, UNICEF and Rotary International, among others.

The project’s 2nd phase has, in particular, witnessed the effective consolidation of collaborative linkages between and among key and project implementing partners, relevant government structures at all levels, as well as HEWs, CVSFPs, traditional leaders and healers, youth and women’s associations, schools and other traditional and modern community structures. This has enhanced joint action against polio, as well as other vaccine preventable diseases currently rampant in the country.

The firm commitment of the Secretariat in forging and maintaining partnerships as a pillar of its activities has, among other things, enabled CGPP to expand its outreach and immunization activities and cover additional geographical areas.

Some prominent features of the effective partnership are the following: -

- CGPP Ethiopia Secretariat’s emphasis on joint planning on polio eradication activities
- Joint endeavors by CGPP Ethiopia Secretariat and its partners to lay out the macro and micro details of the 2007-2012 project period, as well as to devise annual, biannual, quarterly and monthly implementation activities
- Undertaking of the “CGPP Annual Partners Forum”, that serves as a joint review and planning session. The Forum has played a pivotal role in designing and refining activities, based on performance reports of previous years. It has also served as a platform for sharing experiences, exchanging information, discussing challenges and mapping future activities.
- The Secretariat’s organizing of regular “partners’ meetings” to discuss project status and to share information
Conducting of joint project implementation, supervision and monitoring activities by the Secretariat and the head and field offices of its partners, as well as other key project partners

Due to its positive relationship with the Ministry of Health, CGPP, on behalf of its partners, was extensively involved in various national consultations and reviews. It is presently a member of the HMIS National Advisory Committee set up by the Planning and Programming Department in the Ministry of Health. The Secretariat is actively participating in various committees at national level such as ICC, Immunization Task Force, New Vaccine Introduction, Communication Working Group, National Campaign Coordination Committee et al

CGPP was one of the platinum sponsors of the 13th World Congress on Public Health that was held in Addis Ababa from April 23-27, 2012 with the theme of “Towards Global Health Equity”.

CGPP initiated the establishment of Ethiopian Civil Society Health Forum that is chaired by CGPP Director.

CGPP Director is also an elected member of the GAVI/CSOs Steering Committee and represents Ethiopian CSOs engaged in immunization activities.

Figure 14-CGPP Partners Annual Meeting
2.7. **MONITORING AND EVALUATION**

Monitoring is the continuous, systematic collection and analysis of information as a project progresses.

Monitoring activities in CGPP operational areas were usually undertaken through regular reports, supportive supervisions, and periodic review meetings, as well as annual surveys and mid-term evaluations.

2.7.1. **SUPPORTIVE SUPERVISION**

‘Supportive supervision’ is one of the monitoring mechanisms employed at all levels of the program implementation. The activity involves checking status of project activities, identifying strengths and weaknesses, taking corrective measures, providing feedback and other backstopping supports.

During the project period, frequent and regular supportive supervisions were conducted in all operational areas at all levels.

Routine activities of CVSFPs were supervised by HFWs who also provide feedbacks and backstopping supports from a close distance. CGPP partners from the field offices together with health professionals from the woreda health offices conduct regular supervisions at community and health facility levels. Occasionally, experts from the Regional Health Bureaus also participate in the joint supervision works.

Furthermore, using standard supervision checklists, CGPP Secretariat staff jointly with staff from the head and field offices of partners and experts from woreda health offices conducted regular supportive supervisions at woreda health office, partner field office, health facility, CVSFPs and community level.

The supervisory visits to households were intended to check the knowledge, attitude and practice of households on AFP, Measles and Neonatal Tetanus and Vaccine Preventable Diseases (VPD).
In addition the supervisions to the CVSFPs and HEWs have assessed the level of knowledge on community based surveillance and immunization as well as the status of implementation including documentation.

The visiting supervisors held discussions with CVFSPs, HEWs and community leaders, soliciting oral feedback and providing on-the-spot advice on addressing weaknesses and building on strengths.

Teams of supervisors monitored immunization and surveillance activities, including those of health facilities, as well as the status of immunization logistics and cold chain equipment.

In addition, written feedback was provided to responsible bodies, and training subsequently organized based on identified gaps.

Figure 15-CGPP secretariat staff conducting supportive supervision

2.7.2. Review Meetings

All 55 woredas have conducted either quarterly or biannual review meetings during the project period with the aim of reviewing the project performance vis-à-vis the plan as well as refreshing the knowledge of CVSFPs and HEWs and sharing experiences.
At the woreda level, meetings were conducted in the attendance of representatives from the woreda administration and woreda health office; focal persons from partner field offices; HEWs and CVSFPs.

Monthly review meetings of CVSFPs, HEWs and kebele administration were also conducted at kebele level, with subsequent follow up and technical backstopping were provided by HEWs.

The Secretariat discussed the micro and macro details of the project implementation with its staff during the weekly staff meetings it holds to plan and implement and monitor the project activities regularly. All the details of the meetings are well documented with a minute for later referencing.

![Figure 16- CVSFPs and HEWs conducting quarterly Review Meeting](image)

Attended by representatives from the head offices of implementing and key partners, CGPP Secretariat regularly conducted partners’ meetings to discuss and review project performance, update pertinent issues as well as share information and experience.

Besides, the Secretariat conducted CGPP Partners Annual Review and Planning Forums in the attendance of representatives from the head and field offices of implementing partners,
regional/zonal and woreda health offices as well as other key partners. The meetings served to update participants on immunization, polio eradication and surveillance; review project performance; and to jointly plan project activities in the upcoming fiscal year.

It also conducted monitoring mainly through direct observation, e-mail, telephone calls and review of feedback, based on CGPP plans of action and quarterly reports previously submitted by individual partners.

![Figure 17: Participants of Annual Planning meeting exercising joint planning](image)

### 2.7.3. Survey

Yearly monitoring surveys were conducted, by the Secretariat and its partners using Lot Quality Assurance Sampling (LQAS). The surveys were designed to assess the status of the project and corrective measures were taken accordingly.

Mid-term and end-term project evaluation surveys have been conducted using professionals commissioned by the Secretariat. Findings of the mid-term survey were utilized in furthering the project implementation. The end-term evaluation has brought the overall achievement and outcome of the project to light.

### 2.7.4. Cross-border Collaborative Meetings

As a key polio eradication partner of the Federal Ministry of Health (FMoH), the Ethiopian Secretariat of CGPP in close cooperation with its long time partners, WHO, Rotary International and others, has taken the lead in organizing four cross border meetings in 2012.
The first of the CbMs was held in Moyale town (Ethio-Kenyan Border town located Some 700 KMs South of the capital Addis Ababa) from 15th-16th of August, 2012.

Whereas the meetings in Jigjiga (the capital of the Somali regional state of Ethiopia which borders Somalia, Kenya, Puntland, Somaliland and Djibouti) and Gondar (a town in the northern part of Ethiopia located close to the republic of the Sudan and South-Sudan) were conducted simultaneously from 28th to 29th August, 2012, the fourth meeting was held in Gambella town (capital of the Gambella regional Administration which borders South-Sudan) from 30th to 31st of August, 2012.

The four CbM cites were attended by a total of 280 local and international participants who represented the Ministries’ of Health of their respective countries, WHO and UNICEF Country Offices, Regional Health Bureaus, administrative bodies and health professionals from the bordering districts of Ethiopia and its neighboring countries as well as representatives of Ethiopian Nutrition and Health Research Institute (ENHRI) secretariat staff members of CCRDA/CORE Group Ethiopia, CGPP implementing partners and regional, national and international media among others.

<table>
<thead>
<tr>
<th>Location</th>
<th># Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>International</td>
<td>Local (Ethiopia)</td>
</tr>
<tr>
<td>Moyale</td>
<td>25</td>
<td>46</td>
</tr>
<tr>
<td>Jigjiga</td>
<td>Somalia,</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Somaliland,</td>
<td></td>
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<tr>
<td></td>
<td>Puntland and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Djibouti</td>
<td></td>
</tr>
<tr>
<td>Gondar</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>Gambella</td>
<td>16</td>
<td>70</td>
</tr>
<tr>
<td>TOTAL</td>
<td>64</td>
<td>216</td>
</tr>
</tbody>
</table>

Figure 18-Total number of CbM participants in the four meeting cites of Moyale, Jigjiga, Gondar and Gambella

The Cross Border meetings were aimed at:-
Facilitating the sharing of information and best experiences among countries on the status of polio eradication activities

Identifying migrant, mobile and hard-to-reach populations along the international borders Ethiopia shares with its neighbors and reach upon a consensus as to how they can be reached

Discussing mechanisms of strengthening coordination, surveillance and addressing population immunity gaps along the borders

Strengthening advocacy, communication and social mobilization activities for enhancing polio eradication efforts along the border areas.

In line with their objectives, the meetings have identified key issues which include:

- Very limited/no sharing of information across borders (local level)
- Lack of routine service delivery in insecure and poor access areas
- Cold-chain, human resources constraints
- No synchronization of SIAs
- Missed children
- Variations in communication channels along the borders
- Need and interest for revitalization of cross border collaboration efforts and follow up

With a view of alleviating these issues, the meetings have recommended:

- Enhanced coordination
- Exchange of surveillance information and collaboration in AFP case investigation
- Identification and involvement of community based focal points
- Synchronization of SIAs
- Facilitation of assessment of HF and cold chain functionality; cold chain maintenance
- Support for joint capacity building activities for health workers in III's across borders
- Advocacy through local leaders
- Identification, documentation and utilization of effective channels for special populations.
PART 3

OPPORTUNITIES AND CHALLENGES
3. OPPORTUNITIES and CHALLENGES

3.1. Opportunities

In addition to the Health Sector Development Programs, the Federal government of Ethiopia has subsequently put in place national child and health-related plans of action and strategies, all of direct relevance to the CGPP project.

It is important to note that CGPP is implemented using the existing governmental and partner structures laid down up to the grass root level. This is evidenced in the project’s close collaboration with government health system that favored the implementation of the project.

CCRDA is an umbrella organization with more than 360 member organizations. The housing of the secretariat in the Consortium has created an opportunity to easily select US based PVOs and other local NGOs who are willing to implement CGPP.

The Global Alliance for Vaccines and Immunization (GAVI) is the major supporter of EPI service in low-income countries. CCRDA/CORF Group has obtained a financial support from GAVI to compliment and strengthen the ongoing EPI activities in the CGPP implementing areas.

3.2. Challenges

Polio eradication efforts in Ethiopia and elsewhere face a number of challenges and constraints in their implementation. Given its very wide coverage in the country and diverse activities CGPP Ethiopia has also faced part of these challenges.

Some of the most important challenges/constraints CGPP faced during the five-year project implementation period are summarized as follows:

3.2.1. Administrative and Financial

- Late release of funds had caused delays in implementation and non-adherence to operational time tables. Although budgets are expected to be utilized within a certain period, this has not always been possible, due to difficulties in obtaining signed project agreements from concerned regional governments and other administrative and procedural difficulties. This has resulted in delays in commencement of activities and timely release of funds.

- Due to shortage of funds, it was not possible to meet increasing demands of target communities, as well as other woredas.
3.2.2. Project Coordination and Follow-up

- Due to high staff turnover and pressure of work, there were difficulties in getting RHBs and woreda health offices as well as field and head offices of partners to follow up on implementation of activities, including supervision.
- Poor utilization of CVSFPs by woreda health offices was observed in some project areas. There were also insufficient numbers of CVSFPs to reach every part of target woredas.
- There appeared to be a lack of uniformity in project implementation. Project activities in pastoralist areas were not proceeding according to plan. This could be directly related to the weak capacity of the Health Extension Program in these areas to establish strong linkages between HFWs and CVSFPs and limited capacity of some implementing partners.

3.2.3. Logistic and Communication

- In some project areas there were insufficient vehicles to support immunization activities. Furthermore, frequent motorbike damage was observed, due to the bad state of roads and terrain that was aggravated by recurrent fuel shortage for vehicles and refrigerators.
- Lack of internet facilities and poor telephone services, hampered activities in most project implementation areas.
- Shortages of vaccine supplies, reporting formats, register books, stationery and megaphones were encountered in some project areas.

3.2.4. Insecurity and Inaccessibility

The inaccessibility of project implementation areas, poor infrastructure, infrequent clashes between clans coupled with the mobile nature of the pastoralist communities has negatively impacted immunization coverage and surveillance efforts.
LESSONS LEARNED
4. **LESSONS LEARNED**

The 2008-2012 project has brought to the fore a number of important lessons and best practices which could be utilized during implementation of the 3rd phase of CGPP. These lessons/best practices are indicated as follows.

**4.1. Involving the Community at All Levels**

Communities should always be involved in, and take the lead in implementing activities involving their own welfare. People, especially those in tightly-knit communities, know each other well, usually have a very good understanding of their needs, and can mobilize themselves and required resources at a moment's notice in order to address challenges. Activities such as polio eradication should, as much as possible, be rooted in the community.

Involving the community in case searching, identification and reporting has boosted the existing facility based disease surveillance system. The community based surveillance system, which CGPP pioneered and promoted, has narrowed the gap between the community and the health facility.

**4.2. Involving NGOs as Key Players**

PVOs, CSOs and NGOs can translate strong national leadership and systems such as record keeping and surveillance, into direct action at community level. They can bring to bear their knowledge of and trustworthiness in, the community, in order to overcome barriers to acceptance in marginalized, hard-to-reach and vulnerable communities.

The knowledge and practical experience accumulated by NGOs makes a critical difference in reaching the hitherto un-reached, and has been at the heart of CGPP’s success. It should be noted that benefits of NGO involvement can also entail challenges inherent in joint planning, coordination and implementation of activities.

**4.3. Promoting the Participation of Women in Polio Eradication Efforts**

Women should be deployed as social mobilizers, vaccinators, heads of surveillance teams and, in general, leaders in polio eradication efforts. Influential women who speak out about vaccinating their own children could serve as role models for children’s caregivers (mainly women) to
emulate. Involving women as community workers is important, as mothers and other female
 caregivers often interact with women more comfortably than with men. Women may also gain
 admission to the homes of vulnerable families where men would be refused entry. Furthermore,
 the involvement of women at all levels would help advance the status of women, rather than
 reinforcing gender-in equitable norms.

4.4. CGPP Secretariat Model as an Advantages of Establishing Effective Partnerships

The structure of CGPP Ethiopia Secretariat, involving partnerships with PVOs, increases its
efficiency in project implementation through clarification of roles and joint planning, collaboration
and coordination of activities. There is less competition among collaborating groups, since the
Secretariat is staffed by professionals not associated with any PVO, and because decision-making
is transparent and based on program needs.

Furthermore, partnership will result in coverage of even more communities as yet unreached by
polio immunization activities.

NGOs working in one specific area could avoid duplication of activities by utilizing their energy
and resources into covering new, geographic areas ripe for immunization activities.

In addition, constant exchange of information among NGOs regarding operational and other
aspects could result in more efficient implementation of activities.

The Secretariat model also simplifies government liaison with the CGPP PVOs and NGOs
implementing activities on the ground, through provision of a central contact point. Furthermore,
partnerships with the government and other national and international actors created synergies and
enhanced project effectiveness.

It is important that partnership among government agencies, PVOs, NGOs and other partners
continue and strengthen, in a bid to obtain broad consensus and support for short, medium, and
long term objectives and activities.
4.5. Expanding Cross Border Collaboration

Ethiopia’s porous borders increase the country’s susceptibility to polio importation, particularly in the border areas. Due to access, security and seasonal challenges, population immunity gaps along the neighboring border districts of Somalia, South Sudan, Sudan and Kenya, coupled with frequent cross border population movements, pose further threats of potential polio importation and transmission.

Thus cooperation between the adjacent districts/woredas of the country’s in exchanging information as well as synchronizing surveillance, polio eradication and immunization activities across the borders, is necessary.

4.6. Ensuring Project Sustainability and Ownership

CGPP undertakes its activities in collaboration with different stakeholders, the most important being the government (through health structures at all levels), as well as targeted communities. This has inevitably imbued a sense of ownership of the polio eradication project among local populations. They understand that the successes of various activities are bound to have a pronounced impact on the lives of their children.

Ensuring project sustainability and longevity should be a crucial feature of any polio eradication project. Orienting health workers in woreda health offices and health facilities about the project will help to strengthen project sustainability, while promoting a sense of ownership by the government and target communities.

Establishing, maintaining and enhancing linkages between CVSFPs and HEWs at kebele level is another way of supporting sustainability of activities such as community based surveillance and routine immunization. This is bound to ensure project longevity. Communities and health facilities should understand that they have a major stake or interest in continuing and strengthening polio eradication activities.

They should particularly bear in mind that CGPP will not be there to support them indefinitely, thus an increased measure of self-reliance will be required, preferably beginning at an early stage.
CONCLUSION
5. CONCLUSION

During the 5-year project period, CORE Group Polio Project undertook numerous activities and registered a great many accomplishments, while striving to address a myriad of challenges.

Progress toward polio eradication in Ethiopia demonstrates that eradication strategies can be successfully implemented, even in areas with poor access and high insecurity. National capacity has been strengthened by building up a disease reporting and surveillance system and developing human resources through training and capacity building initiatives. Among other things, the project has developed a platform to provide country-wide health services by establishing an extensive system to access children.

Much however, still remains to be completed during the third phase of the project (2013-2017), as challenges are still prevalent.

There is a need to further enhance the quality and coverage of current programs. Key emphasis should be placed on improving the quality of SIAs and surveillance. Increased levels of polio vaccination coverage and surveillance should be maintained. Crucial activities, including enhanced surveillance, sustaining on-going community activities at polio eradication, and reducing the number of unimmunized children in zones with poor coverage, should be strengthened in the border areas of regional states such as Benishangul Gumuz, Gambella, Afar, and Somali, considered most susceptible to polio importation. Due attention should be accorded to New born tracking activities.

Other activities that should be enhanced include development of micro plans at various levels; regular cross-border exchange of information on polio-related issues, and synchronization of activities on both sides of districts along neighboring countries. Additional focus should be given to cross-border areas and border districts. Monitoring and follow-up activities should be enhanced. On the other hand, the ongoing community-based activities should continue in an enhanced manner - the gap between CVSFPs and links should be narrowed through hiring new social mobilizers in the intervention woredas.
In addition, documentation and newborn tracking activities should require increased attention, while the successes registered in the partnerships should be further consolidated so as to avoid duplication of efforts.

Internal and external resource mobilization efforts need to be encouraged to meet short term, midterm and long term goals and objectives. Positive government-project cooperation, as well as the continued goodwill of other partners and donors in the endeavor, will be vital to meeting the programmatic and organizational needs of CGPP.

It is imperative that polio eradication efforts in the country continue and accelerate as a matter of priority, in view of the looming deadline for realization of child health-related Millennium Development Goals.

Polio eradication will only become a reality through concerted action and commitment by all involved, whether they be decision makers or ground-level actors, to meet the challenge head on.
Staff of CGPP Ethiopia Secretariat

Partners Meeting

Annual Planning Forum