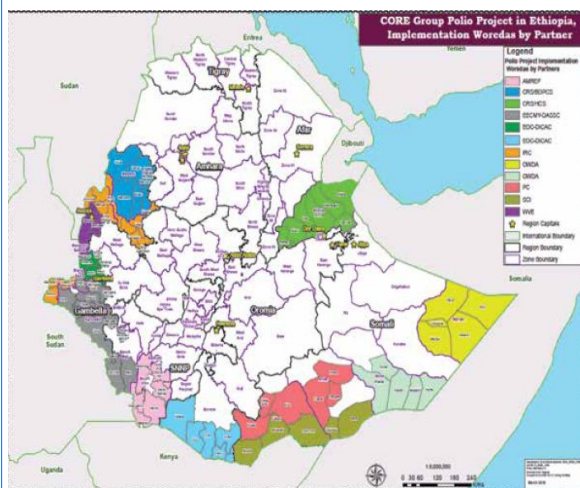


CGPP NEWSLETTER

Quarterly Newsletter, July — September, 2017



CGPP Ethiopia Receives Five Year: \$11.7 Million Award From USAID



Following successful completion of the five years project 2012 -17, CORE Group Polio Project (CGPP) Ethiopia has received a five-year project award with a \$11.7million USD from the United States Agency for International Development (USAID) for the period of October 2017 until September 2022.

The project will be implemented at the previously maintained 85 hard to reach, pastoralist, and international porous border CORE Group Polio Project implementation woredas in collaboration with five international and four local NGOs in five regional states namely Benshangul-Gumuz, Gambella, Oromiya, Somali, and Southern Nations and Nationalities Peoples.

Islamic Leaders Oaths to Promote Immunization



CGPP in collaboration with Erer Wroeda Health Bureau organized EPI Mainstreaming Training for Muslim religious leaders in Siti Zone Erer Woreda from July 3 – 6, 2017 at Erer Town.

Total of 46 participants from Siti Zone Islamic Affairs Supreme Court, Erer Woreda Office representatives

from mosques at 14 kebeles of Erer woreda, Siti Zone Health Bureau, Harrargae Catholic Secretariat woreda Social mobilizers and two CGPP and GAVI project coordinators were presented. During the training, Erer woreda Routine Immunization and Surveillance updates reported. .

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EDITORIAL

CGPP-Achievements and road ahead

Supported by USAID, CORE Group Polio Project (CGPP) Ethiopia has been involved in polio eradication and routine immunization activities in three phases, in close collaboration with international and local NGOs for the past fifteen years. More recently, CGPP Ethiopia has been implementing its 3rd phase five years program (October 2011 to September 2016) in 85 woredas of five regional states namely Gambella, Oromiya, Somali, Benshangul-Gumuz and Southern Nations and Nationalities Peoples.

Following its successful completion of the 3rd phase program, the 4th phase of the CORE Group Polio Project fund is approved by USAID that will be implemented from 2017 to 2022 focusing on pastoralist and semi pastoralist hard to reach districts. So far, CGPP has worked closely with different partners focusing on the following priority activities:-

- ◇ Strengthen routine immunization activities
- ◇ Support National and Subnational Immunization Days (NIDs)
- ◇ Community Based AFP Surveillance activities
- ◇ newborn tracking for polio birth dose, and
- ◇ Cross border activities

CGPP is part of the polio transition planning exercise which started in June 2016 achieved so far various outcomes continues to support the effort of the polio transition plan.

CORE Group believes that, achievements of the past fiscal years and the new funding opportunity will bring new chances to achieve more successes and fill the gaps in the future. CGPP is committed to support the Ethiopian Government initiatives to create healthy community free from Polio and other vaccine preventable diseases. Our commitment to create a healthy nation will continue.

CGPP executes project final evaluation survey via ODK

CGPP Ethiopia conducted end term evaluation from 16 to 24, July 2017 in 5 regions (Benishangul Gumuz, Gambella, Oromia, Somali and Southern Nations and Nationalities). The main objective of the final evaluation was to provide a country level final evaluation of the CGPP's five years project implemented from October 2012 until September 2017 by collecting survey data of the project indicators using household survey.

CGPP Ethiopia has been launched a five year polio interruption project in 14 zones located in the five regions. For this, a baseline study has been carried out in 2013 to provide a bench mark for project status and Mid-term evaluation was conducted in 2015. So as to monitor its performance, using the baseline and the mid-term evaluation surveys, the final evaluation of the CGPP Ethiopia is conducted. Data was collected using smart mobile phones through Open Data Kit (ODK) system.

The final project Evaluation survey data collection is finalized and data cleaning and analysis is underway.

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Using Community Volunteers for better Immunization Service utilization in Hard to reach areas

Meet our Volunteers!

“I know the advantages of immunization, that is why both my children are fully immunized”.

Yisak Kawa, Community Volunteer

Yisak Kawa is a 24 years old farmer, living in Selma Hamer Kebele in Bankish Village in South Ari Woreda SNNP Region. He has been working as a community volunteer at CGPP/Amref implementation area since 2013. Yisak is a 9th grade student.

What encourages you to be volunteer?

Yisak said “We are unprivileged compared to the community in other areas, especially from people living in urban areas regarding hygiene, sanitation and immunization access, which is what provoked me to serve my community.”

What do you do as a volunteer?



Yisak told us that he support the health extension program and preform “Identifying pregnant women, identify and mobilizing children for vaccination, encourage institutional delivery in my village, deliver vaccine from Sengale Health Center to Health posts on foot which is 1:30 hrs travel up to Bank Sekete kebele”

Regarding AFP surveillance he said “Me and other Volunteers identify and report eye problems in our village, identify



...1:30 hrs travel by foot to deliver vaccine ...

and report AFP, measles and NNT suspected cases to health extension workers, deliver Health education on hygiene and sanitation and dry waste management in the community. Moreover, he is conducting, house to house searching in the kebele and meeting with Kebele leaders and educates the community about immunization.”

Any support you got from CGPP/Amref Health Africa?

Amref Health provides three days training on AFP surveillance and immunization for Health Workers and Community Volunteers and gives technical support and follow up.

As a result of all the efforts, changes are observed in which mothers/care takers are taking their children for immunization and become certified for fully vaccinating their children. In addition, community’s awareness raised proper use of latrines. Positive changes have been also observed that there are no polio victim in the community.

Tegeke said “We want to thank Amref Health Africa for supporting this effort; I hope we will continue working together to support the community.”

Partners Corner



Background

Pastoralist Concern (PC) is a local non-governmental organization founded in 1995 and used to be known as Pastoralist Concern Association Ethiopia (PCAE). In 2009, PC has been legally registered at the Charities and Societies Agency of the Ministry of Justice.

Programs

PC is devoted to make a positive changes in the life and livelihood of the pastoral community of Ethiopia through pastoralist development innovations. For the past twenty years, PC has managed to secure different grants from various sources, providing effective M & E and financial management with excellent implementation records.

Currently, in 2017 FY, PC is implementing different projects which include CGPP, GAVI-CSO-Support with CORE Group, Promotion of Pastoralist Women Economic Empowerment with MMG, Guradhamole Livelihood Enhancement project with Canadian Swan City Rotary Club, Pastoralist and Agro-pastoralist Natural Resource Management and Livelihood Initi-

ative Project, Strengthening Institutional Peace and Development Project SIPED-II, Waayee RMNH Project and Humanitarian Emergency Response Interventions in Liban, DAWA, Nogob, Err, Fafan & Afdher zones of Ethiopian Somali Regional State. These projects are benefiting more than 461,796 population.

Partnership with CGPP

PC has been working with CCRDA/CGPP since 2005. Immunization is among the projects implemented by PC supported by CGPP and GAVI. The main objectives of both projects are to improve immunization access and coverage in hard to reach areas of 6 districts of Afdher and Liben Zones of Ethiopian Somali regional state. The implementation districts are Charati, Hargelle and Elkari of Afdher Zone and Dekasuftu, Hudet, and Filtu of Liban Zone. So far, the projects are contributing efforts in improving immunization and eradication of the polio from the country.

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Polio Corner

Summary of AFP surveillance Indicators, Ethiopia, 2008 – 2017

Indicators	Target	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 *
NP-AFP rate per 100,000 < 15 Yrs	2.0	2.9	2.20	2.8	2.7	2.9	2.9	3.1	3.1	2.5	2.5
Stool adequacy	80%	82%	82%	85%	88%	89%	87%	87%	92%	91%	92%
Investigated < 2 days of notification	80%	95%	98%	98%	98%	93%	97%	97%	94%	91%	89%
Specimen arriving at lab within 3 days	80%	99%	99%	99%	98%	99%	99%	97%	98%	98%	98%
Specimen arriving in good condition	90%	99%	100%	88%	91%	91%	82%	79%	80%	85%	93%
Non-polio enterovirus isolation rate	10%	8.3%	10.6%	6.5%	7.6%	4.6%	7.9%	7.0%	3.2%	9.1%	7.9%
Suspected Polio Virus Isolation Rate	10%	3.3%	3.8%	3.8%	2.2%	1.2	7.3	4.2%	4.5%	3.6%	1.0%
Timely Lab result within 14 days of receipt	80%	88.5%	90%	99%	83%	76%	77%	79%	90%	87%	86%

*As of Week 40 (Oct 06, 2017)



Polio Eradication Summary

- ⇒ National NP AFP rate is 2.5 in 2017 (2.3 in 2016) . Of the 11 regions, Afar (1.4) and Hareri (0/Silent) have not yet met the minimum target of 2/100,000 <15 population.
- ⇒ National stool adequacy rate is 92% in 2017 while it was 90% in 2016 (Target: ≥80%)
- ⇒ All regions that reported at least one case has achieved stool adequacy rate of >80%
- ⇒ As of Week 40, 2017 a total of 807 AFP cases reported:
 - ◊ 64 cases pending lab result; 0 cases Pending ITD Result; cases pending 60 days follow-Up; 5 waiting 60 days for follow-up and 7 Case pending NPEC Review
- ⇒ No compatibles so far in 2017, 3 in 2016, 1 in 2015, 17 in 2014
- ⇒ The NPENT rate is 7.9% in 2017, 9.1 in 2016 ,3.2 % in 2015 (Target: >10%)
 - Efforts in progress to maintain the reverse cold chain
 - Importation of reference virus being followed with IST/ AFRO and CDC
- ⇒ The zero doses and unknown vaccination status in <5 yrs is 3% and 9% respectively
- ⇒ Environmental Surveillance going well with a plan to increase lab capacity, conduct on-site review and possibly expand to additional sites.
- ⇒ National complete polio documentation report submitted and accepted with destruction of remaining potentially infectious materials being a challenge.
- ⇒ Repurposing of polio staff to support health and nutrition emergencies with the framework of Incident Management System reduced the rates of active case search, timely case validation and 60-day follow up.



Immunization Corner

1 in 10 infants worldwide did not receive any vaccinations in 2016

Joint WHO and UNICEF News Release/07

17 JULY 2017 | GENEVA - Worldwide, 12.9 million infants, nearly 1 in 10, did not receive any vaccinations in 2016, according to the most recent WHO and UNICEF immunization estimates. This means, critically, that these infants missed the first dose of diphtheria tetanus-pertussis (DTP)-containing vaccine, putting them at serious risk of these potentially fatal diseases.

Additionally, an estimated 6.6 million infants who did receive their first dose of DTP containing vaccine did not complete the full, three dose DTP immunization series in 2016. Since 2010, the percentage of children who received their full course of routine immunizations has stalled at 86% (116.5 million infants), with no significant changes in any countries or regions during the past year. This falls short of the global immunization coverage target of 90%.

“Most of the children that remain unimmunized are the same ones missed by health systems,” says Dr. Jean-Marie Okwo-Bele, Director of Immunization, Vaccines and Biologicals at WHO. “These children most likely have also not received any of the other basic health services. If we are to raise the bar on global immunization coverage, health services must reach the unreached. Every contact with the health system must be seen as an opportunity to immunize.”

Immunization currently prevents between 2-3 million deaths every year, from diphtheria, tetanus, whooping cough and measles. It is one of the most successful and cost-effective public health interventions

Global immunization coverage levels

According to the new data, 130 of the 194 WHO Member States have achieved and sustained at least 90% coverage for DTP3 at the national level – one of the targets set out in the Global Vaccine Action Plan. However, an estimated 10 million additional infants need to be vaccinated in 64 countries, if all countries are to achieve at least 90% coverage. Of these children, 7.3 million live in fragile or humanitarian settings, including countries affected by conflict. Four million of them also live in just three countries: Afghanistan, Nigeria and Pakistan, where access to routine immunization services is critical to achieving and sustaining polio eradication.

In 2016, eight countries had less than 50% coverage with DTP3 in 2016, including Central African Republic, Chad, Equatorial Guinea, Nigeria, Somalia, South Sudan, Syrian Arab Republic and Ukraine.

Globally, 85% of children have been vaccinated with the first dose of measles vaccine by their first birthday through routine health services, and 64% with a second dose.

Nevertheless, coverage levels remain well short of those required to prevent outbreaks, avert preventable deaths and achieve regional measles elimination goals.

152 countries now use rubella vaccines and global coverage increased from 35% in 2010 to 47% in 2016. This is a big step towards reducing the occurrence of congenital rubella Syndrome, a devastating condition that results in hearing impairment, congenital heart Defects and blindness, among other life-long disabilities.

Global coverage of more recently-recommended vaccines are yet to reach 50%. These vaccines include vaccines against major killers of children such as rotavirus, a disease that causes severe childhood diarrhoea, and pneumonia. Vaccination against both these diseases has the potential to substantially reduce deaths of children under 5, a target of the Sustainable Development Goals.

Many middle-income countries are lagging behind in the introduction of these newer and more expensive vaccines. These countries often do not receive external support and their health budgets are often insufficient to cover the costs of procuring these vaccines

Related links

WHO/UNICEF 2016 country and regional immunization coverage data

<https://data.unicef.org/topic/child-health/immunization/>
Global Vaccine Action Plan 2012-2020

Progress and Challenges with Achieving Universal Immunization Coverage: 2016

Estimates of Immunization Coverage

State of inequality: Childhood immunization
UNICEF “Narrowing the gaps”

CROSS BORDER COLLABORATION FOR IMPROVED IMMUNIZATION SERVICES!

CGPP Ethiopia organized in country Cross Boarder Meetings (CBM) in its implementation areas. The intention of CBM was to share experiences and updates on immunization, communication, AFP surveillance, SIAs and to map international bordering villages, health facilities and crossing points between Ethiopia and Kenya to design intervention strategies and activities.

In Moyale town, on August 9 & 10/2017, 29 participants from seven bordering woredas of Ethiopia (woreda health offices and health centers), CGPP Secretariat Staff and CGPP coordinators from EOC-DICAC and Save the Children were attended the meeting.



Cross Border meeting in Moyale Town

Similarly, CBM held in Dire Dawa Town from September 13 to 15/2017. In the meeting CGPP/Hararge Catholic Secretariat coordinators from four bordering woredas with Djibouti and Somalia (Hadigala, Aysha, Dembel and Error) participated, about 38 people attended the training.

In Warder Town, same meeting was carried out on September 19-21/2017 and coordinators from Organization of Welfare and Development in Action and five bordering woredas with Somalia (Warder, Bok, Galahabur, Danot and Daratol) were attended.



Cross Border, Dire Dawa

In Dollo Zone, at Dollo Ado Town, CBM was held from September 19-21/2017 with CGPP/Save the children and three woredas bordering with Kenya and Somalia (Dolo Ado, Dolo Bay and Bare) and 31 participants were in attendance.

At the end of the meetings, participants agreed on forming a cross border committee in each woreda and crossing kebeles in order to follow-up, monitor and evaluate the interventions. Recommendations were also made on continuous Cross Border activities and strengthen the collaboration. Therefore, a committee drawn from different sectors were elected.

Islamic Leaders to promote immunization

Continued from page 1

Furthermore, introduction to immunization, religious leaders role in promoting immunization, EPI messages development and delivery and how to cascade the training to lower levels and reporting systems were delivered. Attendants were actively discussed in between each presentation, ask questions and clarifications.

At the end of the training, the religious leaders expressed their commitments to deliver EPI messages to the community at every occasion and cascade the training to lower level mosque leaders. It was also discussed that continuous follow up is needed from CGPP/HCS on the conduct and reporting of the activities.

CELEBRATING **20** YEARS

coregroup FALL 2017
 GLOBAL HEALTH PRACTITIONER CONFERENCE

COLLABORATING FOR HEALTHY COMMUNITIES: RESULTS, REALITIES, OPPORTUNITIES
 SEPTEMBER 25 - 29, 2017 | BALTIMORE, MD



The CORE Group Global Celebrates 20 years anniversary and Holds Health Practitioners Conference and Senior Management Retreat

The CORE Group Fall 2017 Global Health Practitioner Conference and 20 years anniversary was held in Baltimore, Maryland, from Monday 25th of September through Friday, 29th of September 2017. Participants were drawn from more than 70 Member and Associate Organizations, donors, academics, and other community health advocates. More than 250 participants were attended the conference.

Senior Management retreat was attended by five Secretariat Directors from Ethiopia, India, Kenya, Nigeria, South Sudan, Somalia and the CGPP HQ Director, Deputy Director and Technical Lead, Technical Advisor, Monitoring and Evaluation, Technical Advisor, Communications and Program

Assistance. It was held from September 18-22, 2017 at Middleburg, VA.

The retreat meeting has managed to bring together all CORE Group Polio Project Secretariats and HQ staffs to discuss and review the status of the project implementation and sharing experience on polio eradication project. Despite several constraints, the participants have agreed to work hand in hand with PVOs and NGOs and Government and multilateral organizations to ensure eradication of polio from their countries.

Dr. Filimona Bisrat, CGPP Ethiopia Secretariat Director was attended all the events and gave updates on CGPP Ethiopia Programs to the audiences.

CGPP Team Retreats for strategic plans of year ahead



CGPP Ethiopia secretariat organized staff retreat program from August 28 to Sep. 3/2017 in Arbaminch town, Mora Height Hotel.

In the retreat program, the Secretariat 11 month's performance presented and discussion made, supportive

supervision checklist reviewed, Secretariat strength and weakness, Opportunities and Treat (SOWT) analysis done and finally secretariat's future plan enlisted. The retreat offered a chance for all staff to report updates on their respective program areas and activities.



CGPP NEWSLETTER

Ethiopia Hosts the 4th “Acting on the Call 2017” Summit

Hosted by the Governments of Ethiopia and India, the Acting on the Call (AOTC) 2017 conference held at the African Union conference Centre, Addis Ababa on the 24th and 25th of August under a theme “Overcoming Critical Barriers to Maternal and Child Survival

The conference aims to highlight successful approaches to increasing the use of high-impact reproductive, maternal, new-born, child and adolescent health interventions (RMNCAH) with equity, quality and sustainability; increase commitment from countries, private sector and NGOs to strengthen the system required to overcome the remaining key obstacles for maternal and child survival. More than 500 participants from 24 countries, Health Ministers, high level policymakers, NGOs/CSOs, UN agencies and the private sectors attended the conference.

Officially opening the conference, President Mulatu Teshome stated that amazing progress has been achieved over the past decades in ensuring healthy lives for children in Ethiopia. He also stressed the need to employ joint efforts, commitment and clear directions and effective investment towards ending preventable maternal and child deaths.

In his speech, H.E. Professor Yifru Berhan, Health Minister of Ethiopia, noted that reducing maternal and child mortality is one of the priorities of Ethiopia and is included in the country Health Sector Transformation Plan (HSTP). Ethiopia was one of the countries that made greatest progress on reaching Millennium Development Goals 4 and 5 on child and maternal mortality, with some of this success attributed to investments in sectors other than health, including education, gender equality, and water, sanitation and hygiene.



The conference was held in plenary sessions. The opening session focused on welcoming guests, recounting the successes and setting the stage for this conference. The closing session focused on renewing and strengthening partnerships to advance the. Ministers and other high-level heads of delegations had conclaves to discuss best practices and the way forward.

The event was also featured an innovation marketplace and offered partners and organizations an opportunity to share successful projects, best practices showcase and approaches in which conference attendees had interacted with innovations and innovators. A best practices book were also provided and shared.

Mrs. Lisa Hilmi, CORE Group Inc. Director and Dr. Filimona Bisrat CGPP Ethiopia Director were also among the participants, they are also attended the CSOs side meeting which was held in August 23rd prior to the AOTC Conference. In the CSO meeting, CSOs roles in improving maternal and child health were discussed and commitments made to improve maternal and child health.

Thank you for your contribution

Your contribution to this newsletter is highly appreciated. Without your valuable contribution, it is hard to reach our audiences with messages that are worth reading. We need to collaborate and exert more efforts together.