

# CGPP NEWS LETTER

QUARTERLY NEWSLETTER, APRIL - JUNE 2018 ISSUE



## Ethiopia launches a week-long campaign of 8<sup>th</sup> African Vaccination Week across nation

Ethiopia launched the 8th African Vaccination Week on the 23rd of April 2018. The national launching was held in Addis Ababa Hilton Hotel. The launching event was held with the press conference which was led by high level officials H.E. Dr Kebede Worku, the State Minister of Health, Dr Ephrem Tekle Maternal and Child Health Directorate Director and Professor Yemane Berhan, Chairman the National Immunization Technical Advisory Group (NITAG) and attended by more than 70 participants from CSOs and media.

During the event, awareness made on benefits of immunization, introduced the new maternal and child health immunization booklet which replaces the previous yellow immunization card introduced which served for many years. Plans for the upcoming campaigns for the new vaccines such as HPV and MCV2 were also sensitized to the participants and media people.

In Gambella region, organized by Regional Health Bureau and CORE Group Polio Project and partners, the launching of AVW which was held with the presence of higher officials including; H.E. Ato Gatluk Tut President of the Gambella Peoples' National Regional State, Ato Senay Akwor, Deputy President and H.E. Dr. Oman Amulu Head of the Regional Health Bureau. Members of the House of Speakers, Cabinet members, Zonal and Woreda Administrators, Zonal and Woreda Health Office Heads, EPI and Surveillance focal persons from all woredas health bureaus, community and religious leaders, representatives from women and children affairs, education office, medias and other immunization partners were also attended. The event was conducted at Gambella Town Hidar 22 Assembly Hall. A total of 270 participants were in attendance.

### Inside

Editorial	2
Polio corner	4
Immunization corner	5
Research corner	6



# EDITORIAL

## Synchronized Polio Campaign for mOPV2

Somalia, Kenya and Ethiopia face common challenges of porous borders; such as formal and informal movement of people, insecurity and weak and under-resourced health infrastructure along the common borders. The current detection of the circulation of vaccine-derived poliovirus type (cVDPV) of type 2 and type 3 in the Environmental Surveillance in the two countries in Nairobi Kenya and Mogadishu Somalia without detecting in the AFP cases create a great concern and make the situation to be sub regional public health emergency.

The Horn of Africa Technical Advisory Group (TAG) in its 17th Meeting made particular emphasis on the continuing risk to the Horn of Africa (HoA) countries including Ethiopia and strongly recommended a declaration of a public health emergency by mid-May and a concerted effort to respond to the outbreak. The TAG consider the cVDPV2 outbreak as a Horn of Africa outbreak with particular risk for Ethiopia, Kenya and Somalia; the TAG strongly recommends that Somalia, Kenya and Ethiopia to conduct synchronized two mOPV2 rounds in all zones bordering the immediate response zone in South-Central Somalia and Northern Kenya as well as to conduct 2 additional Polio SIAs using bOPV in high risk areas. The Horn of Africa Coordination office is requested to facilitate coordination between countries and the finalization of target area for all involved countries.

The planned synchronized campaign of type 2 outbreak response in June and July 2018 need to have well organized cross border micro plan to ensure that all children in the border areas are reached. To be able to have smooth coordination in the implementation of the campaign in the border areas there is a need to have coordination and planning meeting of field operational staff from the border regions of Somalia, counties of Kenya and Zones in the Somali Region of Ethiopia.

Hence Kenya, Somalia and Ethiopia have enhanced all Polio eradication activities including strengthening routine immunization, surveillance and expansion of Environment surveillance and conducting quality Polio Campaign.

Therefore, the CGPP partners should give all the necessary support for the success of the campaign using the existing cross border committees for synchronization of the campaign with Kenya and Somalia counterparts. This round campaign is different from the usual polio SIAs, in such away that all the vaccine vials including the used vails should be recollected and disposed at regional level.

## The CGPP Runs mid year review and planning program

CGPP Secretariat organized CGPP partners' midyear review and planning meetings at four clusters; Hawassa, Bahir Dar, Dire Dawa and Jimma. In Hawassa, it was held on April 23 – 24, 2018, 19 participants from partner field and head offices of Amref Health Africa, Ethiopian Orthodox Tewahido Church (EOC), Pastoralist Concern (PC) and Save the Children (SC) were attended. Similarly, in Bahir Dar, it was organized for Bahir Dar Pastoralist Territory Catholic Secretariat (BPTCS), International Rescue Committee (IRC) Assosa and World Vision (WV) Assosa, 19 participants attended the review. On April 27 – 28, 2018; it was held in Dire Dawa where 18 participants from Hararge Catholic Secretariat (HCS) and Organization for

Welfare and Development in Action (OWDA) were participated; and in Jimma participants from IRC Gambella, EOC and Ethiopian Evangelical Church Mechaneyesus (EECMY) were attended.

A total of 73 participants from CGPP and partners central and field offices attended the two days meeting. At the event, all international partners presented their six months plan versus performance and re-planning exercise were done for the rest of the implementation months. Due to late budget release, local partners were late in activity implementation and re-planning of activities for the remaining months for local partners. All the programs were facilitated by CGPP Secretariat Staff members.

# Immunization and religion:

## The CORE Group Polio Project (CGPP) EPI Mainstreaming through Religious Systems program



### A Word from the religious leaders: Ariet Philip

Ariet Philip is married and a mother of one child living in Gambella region. She has a diploma in leadership and got her degree in social work. Ariet serves as a women's leader at the Ethiopian Evangelical Church Mechaneyesus (EECMY). Apart from her responsibility, she leads the "Tea and Coffee Program" in the community. This program is designed by the community and it is a community level gathering in which people, mostly, women gather around, have tea and coffee and discuss different social issues including health and immunization.

*"A year ago, I was attended a training program on Immunization organized by EECMY," she says. "It really helped me to understand about immunization and vaccine preventable diseases. I disseminate what I have learned from the training in different occasions such us tea coffee programs, house to house visits and church preaching programs"*

In 2012, CGPP has launched "EPI Mainstreaming through religious systems" program in Gambella region with EECMY. Noticing the workability of the program, it is duplicated in other implementation areas of CGPP with Ethiopian Orthodox Church and Muslim Religious Institutions in Oromia and Somali Regions respectively. Aiming at addressing the grassroots community with immunization key messages through the religious leaders, trainings are provided for them and consecutive follow-up are carrying out to see the performance and status of the program. Ariet is one of the religious leaders who have taken the trainings provided for protestant leaders in Gambella. She is active and keen in mobilizing the community for routine immunization as well as polio campaigns.

She said, "Immunization is mandatory; we have responsibilities to vaccinate our children to protect them from vaccine preventable diseases. We adapt bible verses about children, integrate it with key immunization messages and use them to teach the community about taking care of and protecting their children and how vaccination is important to protect children against vaccine preventable diseases which caused death and disability."

She mentioned few verses they use from the bible, "we use the word from the Holy Bible in New Testament at Mark 10:13 which says "And they brought young children to Jesus, that he should touch and bless them: and his disciples rebuked those that brought them. But Jesus saw it, he was much displeased, and said unto them, suffer the little children to come unto me, and forbid them not for of such is the Kingdom of God". We use verse to show how children need the very best thing. We also use the verse in Ephison 6:4, which says "And, ye fathers provoke not your children to wrath: but bring them up in the nurture and admonition of the Lord". Use many other bible verses and integrate it with immunization messages. We teach all mothers and father to take responsibilities seriously to take their children for vaccination.

She added that, "we used to see infants and children harmed and died in our community. We investigate their vaccination status and learned that most of them have never been vaccinated. We have worked to change the awareness of the community about immunization. Now, there are changes, we observe no disabled child due to polio in our community. We have also witnessed the change that many of families are taking their children for immunization. I think our efforts have contributed for that change" Says Areit.

"Immunization is mandatory; we have responsibilities to vaccinate our children to protect them from vaccine preventable diseases."  
- Ariet philp

# Polio Corner

Country or territory	Wilde virus confirmed cases						
	Full year total					01 Jan — 26 Jun	
	2013	2014	2015	2016	2017	2017	2018
Pakistan	93	306	54	20	8	2	3
Afghanistan	14	28	20	13	14	4	8
Nigeria	53	6	0	4	0	0	0
Somalia	194	5	0	0	0	0	0
Cameroon	4	5	0	0	0	0	0
Equatorial Guinea	0	5	0	0	0	0	0
Iraq	0	2	0	0	0	0	0
Israel	0	0	0	0	0	0	0
Syrian Arab Republic	35	1	0	0	0	0	0
West Bank and Gaza	0	0	0	0	0	0	0
Ethiopia	9	1	0	0	0	0	0
Kenya	14	0	0	0	0	0	0
<b>Total</b>	<b>416</b>	<b>359</b>	<b>74</b>	<b>37</b>	<b>22</b>	<b>6</b>	<b>11</b>

## Polio Heroes!



**Jonas Edward Salk:** (October 28, 1914 – June 23, 1995) was an American medical researcher and virologist. He discovered and developed one of the first successful polio vaccines. Until 1955, when the Salk vaccine was introduced, polio was considered one of the most frightening public health problems in the world. In the post-war United States, annual epidemics were increasingly devastating. The 1952 U.S. epidemic was the worst outbreak in the nation's history. Of nearly 58,000 cases reported that year, 3,145 people died and 21,269 were left with mild to disabling paralysis, with most of its victims being children. According to a 2009 PBS documentary, "Apart from the atomic bomb, America's greatest fear was polio." As a result, scientists were in a frantic race to find a way to prevent or cure the disease. U.S. President Franklin D. Roosevelt was the world's most recognized victim of the disease.

In 1948, Salk undertook a project to determine the number of different types of polio virus. Salk saw an opportunity to extend this project towards developing a vaccine against polio, and, together with the skilled research team he discovered the first Polio Vaccine. The news of the vaccine's success was made public on April 12, 1955, Salk was hailed as a "miracle worker" and the day almost became a national holiday.

# Immunization corner

## CGPP undertakes EPI Mainstreaming Programs in Two Districts of Siti Zone

The CGPP EPI Mainstreaming program was held in Erer and Shinile Woredas of Siti Zone Somali Region. In Erer Woreda, a one day EPI Mainstreaming review program has been conducted on June 4, 2018 at Erer Woreda. A total of 24 participants attended the review meeting. Participants were from; Erer Woreda Islamic Affairs office. Imams from each Mosques in 18 kebeles of Erer Woreda, EPI and Surveillance Focal Persons from Erer Woreda Health Office and CGPP/HCS staffs. The aim of the review meeting was to see the performance of the religious leaders on disseminating EPI Messages to the Muslim community in their areas based on EPI mainstreaming training delivered by CGPP in previous periods. It was also aimed at identifying problems faced during implementation of EPI mainstreaming; discuss possible solutions and planning of the upcoming EPI mainstreaming activities in the Woreda.



**Trainig in progress, Erer woreda**



**Exercising group works, Erer woreda**

In the workshop, Erer Woreda Routine Immunization and Surveillance updates were delivered by Erer Woreda EPI Officer and discussions were made on the reasons for low immunization coverage. Report on religious mainstreaming activities by Erer Woreda were delivered by religious leaders from all kebeles orally and discussed. In addition, all the participants filled the activity documentation form which is prepared in Somali language. Revisions were made on introduction to immunization, the role of religious leader in promoting immunization and how to report EPI mainstreaming activities.

The session was supported by discussion, question and answer parts and group exercises. All religious leaders were expressed their commitments to conduct the EPI mainstreaming activities in collaboration with the Woreda Health Office and CGPP. The 25 EPI Key messages in Somali language were printed and distributed to all participants to be used as a reference during mainstreaming EPI. The monthly and quarterly reporting formats prepared by CGPP were printed and distributed to all participants to document their mainstreaming activities and report back to CGPP through HCS Mobilizer.

Similarly, in Shinile Woreda, a two days EPI mainstreaming training was conducted for Muslim religious leaders from all Kebels of Shinile Woreda. The objective of EPI mainstreaming program was to train the Muslim religious leaders in the Woreda so that they can reach grass root community in EPI key messages using the Muslim religious teaching system as a channel. A total of 34 participants from Islamic Affairs Supreme Court (ISAC) Zonal office, Imams from Shinile Woreda, Zonal Health Bureau Focal Person, Shinile Woreda Health Office, EPI and Surveillance Focal Persons and HCS coordinators/mobilizers were attended the training program.



**Participants of Shinile Woreda**

Both programs were facilitated by CGPP Secretariat Communication Officer, CGPP/HCS Coordinator and Officers from woreda health offices.

# Research Corner

## Behavioral determinants of immunization service utilization in Ethiopia: a cross-sectional community based survey

Yohannes Ababu<sup>1</sup>, & Fiona Braka<sup>1</sup>, Aschalew Tekal<sup>1</sup>, Kinde Getachew<sup>2</sup>, Tefera Tadesse<sup>2</sup>, Yohannes Michael<sup>2</sup>, Zewdie Birhanu<sup>2</sup>, Peter Nsubuga<sup>4</sup>, Tersit Assefa<sup>4</sup>, Kathleen Gallagher<sup>2</sup>

*This article is published as part of the supplement "The Expanded Program on Immunization in Ethiopia" sponsored by World Health Organization (WHO) Ethiopia Country Office*

**Introduction:** Immunization is one of the most cost-effective public health interventions to curb potential health problems globally. As of 2011, the World Health Organization (WHO) estimated that immunization averted 2-3 million deaths globally. In Ethiopia, from 1960-2002, a 50% reduction in under-5 mortality was observed and the immunization program saved the lives of nearly 4 million children. However, several studies reveal that millions of people have still not benefited from the protection that vaccination provides and remain at risk of life-threatening illnesses every day. For instance, there are large numbers of unvaccinated children in Ethiopia. According to the Ethiopian Health Sector Development Plan IV annual performance report (HSDP IV), Ethiopia targeted to reach 90% coverage with DPT-Hib-HepB 3 (Pentavalent3) vaccine and 86% coverage with measles vaccine in 2010- 2011. However, the actual performance fell-short of the intended targets due to several reasons. Therefore, a nationwide comprehensive study was conducted to examine the behavioural determinants of immunization practices in the Ethiopian context. The study employed the Modified Steps of Behavioural Change (SBC) Model as a theoretical lens.

**Objective:** The primary purpose of the study was to investigate the potential behavioural and socio-economic determinants of immunization service utilization. We aimed to use the results of the study to suggest potential behavioural interventions that could help to improve immunization service utilization in Ethiopia.

**Methods:** a cross-sectional study was conducted in May 2012 in all the nine regions and the two city administrations of Ethiopia. The study used a community-based quantitative survey design comprising of multistage cluster sampling to draw relevant data from a sample of 2,328 caretakers whose children were 12-23 months of age at the time of data collection.

**Results:** There was a 100% response rate, of which, the large majority of them 96.3% were female. A total of 60.7% the study participants resided in rural areas. Half of the study participants were Muslims 50.3%, followed by Orthodox 35.8%. Out of 2,268 participants, 93.2% were married. Most participants 34% were in the 30-34 years age group, the 25-29 years age group had 26.5% participants. 49.6% participants cannot read and write. Most participants (55.9%) were housewives and farmers and 19.4% respectively. The 58.0% were middle economic income class.

Participants who owned mobile phones, radios, and televisions (TV) were 57.2%, 55.0% and 31%, respectively. The proportion of study participants who owned TV was lower in rural areas 10%. The percentage of mobile phones distribution varied across regions; Addis Ababa (87.5%) had the highest and Somali region had the lowest 44.2%. The urban participants obtained immunization information from TVs, health workers and radio, which constituted 60.6%, 57.8% and 57.5% respectively. Rural residents obtained information from health workers, radio and town criers are 55.9%, 42.3%) and 35.4% respectively. Religious leaders as immunization sources of information in Afar region and Addis Ababa contributed 23% and 0% respectively.

The results of the adjusted model revealed that the participants who have adequate knowledge about immunization constituted 76.7% of the total sample. Similarly, the percentage of participants who approved immunization service importance accounted for the 72.3%; and participants who had an intention to use immunization service was 67.6%. A total of 60.0% of the participants vaccinated their children with having adequate knowledge, approval and intention. Only 8% of the participants advocated for the immunization program by having adequate knowledge, approving the program, having intention and practice by oneself. In the bivariate analysis, the odd of older participants vaccinating their children was 3% less than for younger participants.

# Polio Corner

Sources of information about immunization among the study participants by region and residence, 2012, Ethiopia									
Region	Radio	TV	Kebele	Peer	HWs	HEWs	Criers	Clan Leaders	Religious Leaders
A/Ababa	20(62.5)	25(78.1)	2(6.2)	0(0)	12(37.5)	0(0)	1(3.1)	0(0)	0(0)
Afar	194(73.5)	118(44.7)	120(45.5)	90(34.1)	115(43.6)	82(31.1)	46(17.4)	48(18.2)	61(23.1)
Amhara	22(45.2)	104(38.5)	33(12.2)	29(10.7)	154(57.0)	39(14.4)	158(58.5)	26(9.6)	7(2.6)
Benishangul	34(42.1)	85(26.1)	87(27.4)	84(26.4)	248(78.0)	75(23.6)	130(40.9)	75(23.6)	27(8.5)
Dire Dawa	108(52.2)	102(49.3)	62(30.0)	52(25.1)	131(63.3)	21(10.1)	106(51.2)	70(33.8)	3(1.4)
Gambella	73(28.2)	30(11.6)	62(23.9)	42(16.2)	201(77.6)	94(36.3)	135(52.1)	84(32.4)	51(19.7)
Harrari	127(64.5)	118(59.9)	39(19.8)	13(6.6)	88(44.7)	74(37.6)	85(43.1)	12(6.1)	3(1.5)
Oromia	123(51.2)	44(18.3)	41(17.1)	29(12.1)	81(33.8)	144(60.0)	33(13.8)	22(9.2)	17(7.1)
SNNP	70(41.2)	40(23.5)	22(12.9)	15(8.9)	102(60.0)	42(24.7)	110(64.7)	29(17.1)	22(12.9)
Somali	96(46.6)	19(9.2)	40(19.4)	10(4.9)	78(37.9)	71(34.5)	32(15.6)	0(0)	3(1.5)
Tigray	25(25.5)	24(24.7)	16(16.5)	11(11.3)	70(72.2)	48(49.5)	0(0)	8(8.2)	4(4.1)
Residence									
Urban	12(57.5)	539(60.6)	239(26.9)	147(16.6)	514(57.8)	205(23.0)	321(36.1)	167(18.8)	54(6.1)
Rural	580(2.3)	170(12.4)	285(20.8)	228(16.6)	766(55.9)	485(35.4)	515(37.6)	207(15.1)	144(10.5)

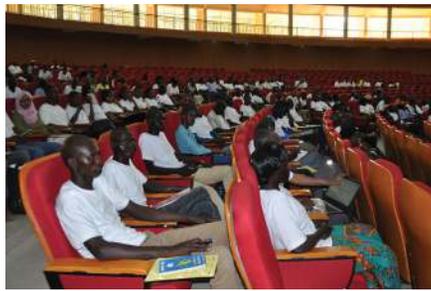
**Discussion:** Overall, there is a fairly good level of knowledge about immunization services demonstrated through our study (76.7%). We also found that 72.30% of the participants had approved or had very favorable attitude towards immunization service utilization;. However, the proportion of participants who developed intention was 67.6%. This implies that some parents intended to vaccinate their children without actually approving immunization service. This might happen due to peer influence or imitation of other parents. Immunization practice was below the national target; pentavalent3 vaccination coverage among the children sampled in the survey was 60%. The observed difference might be attributed to difference in design of the survey. Advocacy, the final step to behavior change, is a vital part of the process because it represents a level of commitment that goes beyond the mere practice of a new behavior. Our survey revealed that only 28% of the participants were found at the stage of advocacy, (i.e., expressed commitment to support immunization program in their community). Also, the communication approach may lack appropriate strategies to boost up people's confidence and to prepare them for advocacy.

We identified that good level of knowledge was associated with positive behavior of immunization service utilization. In addition, we found out that caretakers' residence and religious backgrounds were associated with low immunization uptake. Although we revealed important findings on determinants of immunization services utilization in Ethiopia, the study did not address immunization service determinants like immunization service quality, logistic inventory, inter personal communication skills and practice of health workers. These determinants may have influences on caretakers' immunization service utilization and deserve investigation in the future.

**Conclusion:** we identified that caretakers' knowledge, approval, intention, parents' residence, and religious backgrounds were associated with immunization service utilization. To achieve sustainable behavioural change on immunization service utilization of the caretakers in Ethiopia, this study suggests investing in activities that enhance caretakers' knowledge, approval, intention, and practice components represented in the behavioural change model.

# Ethiopia launches a week-long campaign...

The Welcoming Speech was delivered by H.E. Dr. Oman Amulu Gambella RHB Head. In his speech, Dr. Oman appreciated the efforts of all stakeholders to organize the African Vaccination Week and the World Health Day Celebrations.



H.E. Dr. Gatluk Tut, Gambella Region President

The opening remark was delivered by H.E. Dr. Gatluk Tut President of the Gambella Region. H.E. Dr. Gatluk thanked all for coming for these important events and also appreciated governmental and non-governmental organizations for their supports.

Dr. Filimona Bisrat Director of CGPP has delivered the keynote address stressing that, “It is time that we need to work very hard to increase immunization coverage. Studies showed that there are several children defaulting immunization and there are also several of children who never been vaccinated. In some parts of Ethiopia, children are affected by outbreaks of vaccine preventable diseases; this is an indication that the immunization service quality is still inadequate.” All the speakers stressed that, strong collaboration is needed to improve quality and service of the health sector including immunization.

As a side event, the regional red cross branch office has been delivered an awareness creation presentation on blood donation and collected blood from volunteer donors at the event. Dr. Filimona Bisrat and W/ro Bethelehem Asegedew were among people who donated blood for the red cross team.

The celebration has been ended with commitments on action points drafted by the participants on how to revitalize the Health Extension Program implementation of the Region. CGPP has covered the whole technical and financial support of the AVW celebration.



H.E. Dr. Oman Amulu, GRHB Head



Dr. Filimona Bisrat, CGPP Director

## USAID Mission and CGPP HQ Officials Visits CGPP Programs

The team from USAID; has visited CGPP area in South Omo Zone from May 21—23, 2018. Accompanied by Ato Legesse Kidanne, D/Secretariat Director and Ato Solomon Zeleke CGPP Program Officer, the team visited the USAID funded projects including CGPP activities are being implemented in South Omo. The team has met officials at the South Omo Zonal Health Department; Jinka General Hospital; and visited Hamer and Benatsemay Woreda Health Offices, two Health Posts in (Goldiya HP & Sembale HP) and three Health Centers in (Turmi HC, Dimeka HC & Keyafar HC). In addition, the team visited Community Volunteers in Simbele and Goldiya Kebeles. The Cvs show their (community Based Surveillance and EPI Job Aid) which they use to educate women, children and family in their community about the importance of timely vaccinations to prevent childhood diseases.

Similarly, the CORE Group HQ Communication Technical Advisor Mrs. Lydia Bologna has visited activities of CGPP in Gambella region from May 23rd to 26th 2018. Accompanied by CGPP Communication Officer W/ro Bethelehem Asegedew and Ato Tenager Tadesse CGPP M&E Officer, Lydia visited CGPP partners, Ethiopian Evangelical Church Mechaneyesus and International Rescue Committee offices. In the visit, activity updates were presented by Ato Tariku Firissa and Ato Gulima Mesfin from IRC and Ato Abula Dingur from EECMY.



Tea and coffee program at Abobo church



Lare Health post, with HEWs and CVs

She also visited CGPP communication activities in Abobo and Lare Woredas. The community tea and coffee discussion programs at Abobo Church and one health centre in Abobo woreda; and the Woreda Health Office, one health post and community members in Lare Woreda were visited by the team.