

Assess Community Based Surveillance: A successful strategy to hunt hidden AFP cases in hard to reach and underserved communities in Ethiopia.

Background: In Ethiopia, active surveillance of AFP has been conducted at community and health facility levels. The CORE Group Polio Project (CGPP) is the pioneer and it is the main actor for community-based AFP surveillance using community volunteers (CVs) in hard to reach and in accessible areas of Ethiopia. Currently, CGPP has trained and deployed more than 11,600 CVs to work on Community Based Surveillance, newborn tracking for polio birth dose and house to house health education. The project has been monitoring these CVs through regular supervision, review meetings and reports.

Objectives: Assess the effectiveness of Community Based Surveillance in detecting Acute Flaccid Paralysis surveillance in hard to reach and under-served communities in Ethiopia.

Methodology: The assessment used review of CGPP annual report, WHO AFP line listing and project final evaluation survey data.

Findings: In FY17 (October 2016 – September, 2017), about 729,662 households visited and 1,836,750 peoples were reached by CVs for health education; as a result knowledge of mothers on identifying signs of AFP increased from 57.4% to 82% reported child stops walking or crawling and from 39.2% - 60% reported child to have limp limbs. On the other hand mothers who reported do not know reduced from 21% to 5.7%. A total of 75 AFP cases were reported from all project areas from which 23 (30.67%) of the cases were reported by CVs. The non-polio AFP rate was 2.8 per 100,000 <15 years children which was above the target (2.0) as well as above the national achievement (2.5).

Conclusion and recommendation: community engagement using CVs, who are member of the community is an effective way of supporting the families and communities. The government health system and CGPP need to encourage CVs to feel that they are part of the health system through supportive supervision and appropriate training, provision of promotional materials and job aids help to improve quality of performance. Non-monetary incentives can motivate CVs and provide a sense of pride in their work and increased status in their communities.

Table 2: Summary of AFP Surveillance indicators by Region, Ethiopia Jan 01 – Sep 30, 2017

Region	Expected Cases (2017)	Reported (this period 2017)	Reported (same period 2016)	Reported this Week	NP-AFP Rate (annualized, 2017)	NP-AFP Rate (annualized, 2016)	Stool Adequacy (%)	Stool Cond. (%)
B/GUMUZ	14	19	10	1	3.8	2.8	89	94
GAMBELLA	4	2	8	0	2.8	1.4	100	100
OROMIA	351	292	263	8	2.3	2.2	90	93
SNNPR	178	138	131	2	2.2	2.1	95	95
SOMALI	50	62	73	0	3.5	4.3	95	98
NATIONAL	849	742	709	17	2.5	2.4	92	93

Source 2017 FY WHO Polio update, week 37

Table 3: Summary of AFP Surveillance indicators, Ethiopia, 2008-2017

Indicator	Target	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
NP-AFP rate per 100,000<15 yrs	2	2.9	2.2	2.8	2.7	2.9	2.9	3.1	3.1	2.4	2.5
Stool Adequacy	80%	82%	82%	85%	88%	89%	87%	87%	92%	90%	92%

Source 2017 FY WHO Polio update, week 37

Table 4: Number of confirmed Wild Polio Virus cases in Ethiopia since 2007, Sep. 30/2017.

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
WPV cases	0	3	0	0	0	0	9	1	0	0	0	13
VDPV	DNA	3	2	6	0	1	0	1	1	0	0	14