



USAID
FROM THE AMERICAN PEOPLE



CCRDA



JANUARY — MARCH 2019

coregroup | **POLIO Project**

THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

ETHIOPIA LAUNCHES 1st Round Polio Supplemental Immunization Campaign in three regions



Ethiopia launched the first round Polio supplemental immunization campaign (SIAs) in all Somali and Gambella Regions, and Borena and Bale Zones of Oromia Region on January 2019. The target groups were children under five years of age in these high-risk areas.

In this connection, CORE Group Polio Project (CGPP) Secretariat and implementing partners have been supporting the SIAs in the target regions; i.e. 2192 CVs/HDALs supported the campaign as vaccinators, guiders for vaccination teams and social mobilization activities. Moreover, 57 CGPP central and field staffs provided technical support through out the pre, intra and post campaign activities; 34 vehicles and 8721 liters of fuel were also provided by CGPP.

INSIDE THIS ISSUE

- ◆ **EDITORIAL:** *The First Vaccinology Course in Ethiopia* — P. 2
- ◆ **NEWS** — P. 1,2,5,8
- ◆ **GOOD PRACTICES, CASE STUDIES:** P. 3
- ◆ **POLIO CORNER :- AFP UPDATES** — P. 4
- ◆ **IMMUNIZATION CORNER:** *Vaccine Management and Logistics Support* — P. 5
- ◆ **RESEARCH CORNER:** *Assessment of immunization data qualities in Afar & Somali Regions* — P. 6—7

CCRDA/CORE GROUP POLIO PROJECT (CGPP)
TEL+251-11-4393332
E-MAIL coreethiopia@crdaethiopia.org
P.O. BOX 5674
ADDIS ABABA, ETHIOPIA



EDITORIAL — *Integrate CGPP with GHSA as polio transition plan*

The Global Polio Eradication Initiative (GPEI) was established in 1988 after the World Health Assembly resolved to eradicate poliomyelitis globally and has since made remarkable progress towards reaching the eradication target. As a result, polio cases globally decreased by over 99 percent from an estimated 350,000 cases in 1988, to only 33 reported cases in 2018. Furthermore, the number of countries with polio endemic decreased from 125 to only 3 countries – Afghanistan, Nigeria and Pakistan.

The Polio Eradication and End Game Strategic Plan, developed by the Global Polio Eradication Initiative expected countries to be prepared for the eradication of polio and consequently the wind down of the Global Polio Eradication Initiative.

The Polio Endgame Strategy 2019–2023 will take us through the final challenges to eradication and lay the groundwork for a sustainable future free of polio. Hence, one of the implementing strategies is polio legacy/transition plan. The polio eradication has reached experience in terms of human resources, logistic management, social mobilization, community based activities and others which need to be transfer to other health services.

Ethiopia maintained its polio-free status after the last wild polio case was reported in Somali region in January 2014. However, the surveillance system in the country is not as strong as expected; therefore, we should support to strengthen the system to be very vigilant to catch any potential importation cases and to report those possible cases quickly.

One of the USAID Global Health Security Agenda strategic approaches is community level extend preparedness, surveillance, reporting and response capability to high risk communities, especially for priority zoonotic diseases threats.

Global USAID identified that CORE Group Polio Project is already expert in community based surveillance (CBS) for selected vaccine preventable diseases such as AFP, measles, and NNT.

The polio eradication corresponds well with the need of the Global Health Security Agenda (GHSA) which is also focused on detecting infectious disease outbreaks. Therefore, USAID planned to integrate with the existing best experience of CBS to include priority zoonotic diseases - Rabies, Anthrax and Brucellosis - that the Government of Ethiopia has determined as priority.

Thus, CGPP future direction will be more focused on surveillance of Acute Flaccid Paralysis (AFP), Measles, Neonatal Tetanus and priority zoonotic diseases Rabies, Anthrax and Brucellosis.

Highlights from the field

Continued from page 8

Training on Community Conversation (CC)

The objective of the training was to equip CC facilitators with knowledge, skills and approaches to mobilize the community towards the enhancement of immunization coverage in low performing and hard to reach sub-districts of the four Districts (Dubti, Eldar, Kori and Dawi) of CGPP/GAVI implementation areas in Afar region. It was organized on February 5 – 7, 2019 at Afar region Logia town for Health Extension Workers, EPI Woreda Officers, Health Workers and CGPP Officers. About 29 participants attended the training. The training was organized by CGPP/GAVI program officer in collaboration with Amref Health Africa.

Joint supportive supervisions

- Program

March 18 – 22, 2019- The joint supportive supervision has been done in Somali Region Shebele zone for the CGPP project implemented by CGPP and OWDA. In this program, the activities at: the partner field office, four health centers, one health post and woreda health offices have been visited. The supervision was done by CGPP Secretariat M & E Officer, OWDA Shebelle zone Coordinator; and, Gode and Adadle woredas CGPP field officers.

- Finance

January 27 – February 3, 2019 – Joint supportive supervision was conducted to monitor the financial utilization of CGPP implemented by CGPP and Ethiopian Orthodox Church Development Inter Church Aid (EOC-DICAC) in Oromia Region Borena zone. The supervision was done by CGPP secretariat Senior Finance Officer in collaboration with staff members from EOC/DICAC .

Prepared by: CORE Group Polio Project, Ethiopia

Tel. 251 114 39 31 33 (Office)

Mobile: 251 911 42 78 91

E-mail: betelehema.cgpp@gmail.com



Mothers' Opinions on Immunization

A case story: Interview with Hawa Jibril



“Before I heard about immunization from the health extension workers and community volunteers; I don't even like to go to the health facility; I run away from vaccinators and I was against immunization. After they told me about the advantages of immunization; my attitude changed and I understand well immunization is the only way to protect children from Polio and other vaccine preventable diseases.”

- Hawa Jibril

This is Hawa Jibril Ali, a mother of eight children, she lives in Somali Region Siti Zone Erer Woreda. She is married and her husband is a civil servant. Hawa said, she is blessed with four girls (aged 17, 15, 4 and 2 years old) and four boys (aged 13, 10 and 7 years old, and the last one is 6 months old). Five of her older children are in school.

According to Hawa her knowledge about immunization was limited and misinformed. "But few years back, after I heard about immunization from the community volunteers and health extension workers in our village, my doubts are resolved and my attitude towards immunization is positively changed." Hawa said "My older children were not fully immunized but ten years back, after I have the awareness, I have vaccinated four of my children."

Hawa believes that all parents must immunize their children against polio and other disease; unimmunized children are more vulnerable for illness, disability and death.

She also said that, she kept the vaccination cards of her children safe at home and thinks that all mothers should do the same.

Shake Usman, one of the religious leaders in Erer District; he is trained by CGPP on “EPI Mainstreaming through religious system” training . He is very active in disseminating immunization messages to the community. This picture is taken while Shake Usman is informing children at the Koran school about immunization.

Error District, March 2019



Photo by: Bethy Fasil, Erer Woreda, CGPP/
HCS Mobilizer



POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP surveillance Indicators, Ethiopia, 2008 – 2019

Indicators	Target	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*
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	2.6	2.3	2.0
Stool adequacy	80%	82%	82%	85%	88%	89%	87%	87%	92%	91%	92%	93%	90
Investigated < 2 days of notification	80%	95%	98%	98%	98%	93%	97%	97%	94%	91%	94%	93%	94
Specimen arriving at lab within 3 days	80%	99%	99%	99%	98%	99%	99%	97%	98%	98%	98%	99%	99
Specimen arriving in good condition	90%	99%	100%	88%	91%	91%	82%	79%	80%	85%	92%	88%	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%	7.2%	7.0%	3.6
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%	1.2%	2.5
Timely Lab result within 14 days of receipt	80%	88.5%	90%	99%	83%	76%	77%	79%	90%	87%	90%	90%	94

*As of Week 12 (Mar 29, 2019)



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.



IMMUNIZATION CORNER

Current issues on immunization

Vaccine management and logistics support

Improving planning and forecasting of vaccine supply needs:

WHO VACCINE WASTAGE RATES CALCULATOR

Vaccine wastage is the sum of vaccines discarded, lost, damaged or destroyed. Since vaccines account for a significant portion of immunization program costs, ensuring that wastage is minimized without jeopardizing vaccination coverage is key. Accurately calculating the wastage rate is essential for reducing stock-outs and over-stock, choosing the most appropriate vaccine presentation and immunization session size, as well as sizing supply chain infrastructure at country level. At global level, vaccine wastage rate is a key input in forecasting for global vaccine access program.

In the absence of national figures, in 2002, WHO has issued Indicative Vaccine Wastage Rates for vaccine forecasting. While these WHO Indicative Vaccine Wastage Rates are still used to date, they have their limitations and do not necessarily reflect the country context.

To alleviate these limitations, WHO engaged in revising the vaccine wastage rates estimations and developed three work streams to provide a more precise estimate of wastage.

The first important step of this approach is the launch of a new WHO Vaccine Wastage Rates Calculator, which will enable immunization programme managers and global partners to estimate tailored wastage rates according to their vaccine delivery context and for all WHO prequalified vaccines. In absence of data at country level, the tool will also give the option of generating wastage rates, based on the WHO normative immunization targets. The new WHO calculator will help to estimate the total wastage rate, which includes the unavoidable open vial wastage rate, the closed vial wastage rate per storage facility and the avoidable opened vial wastage rates. The calculator is available in Excel format and can be downloaded as well as a user's guide, which explains step by step how to use the calculator.

You can download the WHO wastage calculator tool in excel file. With this news tool you can estimate vaccine wastage rates more accurately and by improving the monitoring and collection of wastage rates for vaccine forecasting processes. You can also download more related documents and concept note regarding vaccine management using the second link below.

https://www.who.int/immunization/programmes_systems/supply_chain/resources/WHO_Vaccine_Wastage_Rates_Calculator_Tool.xlsx?ua=1

Source: https://www.who.int/immunization/programmes_systems/supply_chain/resources/tools/en/

Ethiopia Launches Measles Vaccine 2ND Dose (MCV2)

Ethiopia launched the second dose measles vaccine (MCV2) into the routine immunization programme. The official launching was held on the 11th of February 2019 at Oromia Region Wolenchiti Health Center. The launching event was attended by Government higher officials from the Federal Ministry of Health and other sectors, representativeness from different stakeholders and partners including CORE Group Polio Project, WHO, Gavi, UNICEF and Global Fund .

In the launching it was mentioned that, measles is one of the leading causes of death among children globally. An estimated over 100,000 measles death occurred globally in 2017. Measles is a very contagious but can be prevented and controlled by vaccination. Since 2000, over 21 million lives have been saved globally by measles vaccination, and deaths decreased by

significant figure. Measles incidence in Ethiopia is still high above 50 cases/1,000,000 population per year, which is above the national set targets for measles accelerated control by 2012 (<5 cases/1,000,000 population per year) and measles elimination by 2020 (<1 cases/1,000,000 population per year. In Ethiopia MCV1 coverage in the 2017 according to WHO-UNICEF estimate is 65%.

Measles is endemic in Ethiopia with outbreaks reported annually. Improved outbreak preparedness and response efforts from the Government, as well as measles supplementary immunization activities (SIAs) the most recent of which was in 2017, have helped to significantly reduce measles cases over the years.



RESEARCH CORNER

Experiences from the field

Assessment of immunization data qualities in Afar and Somali regions, Ethiopia

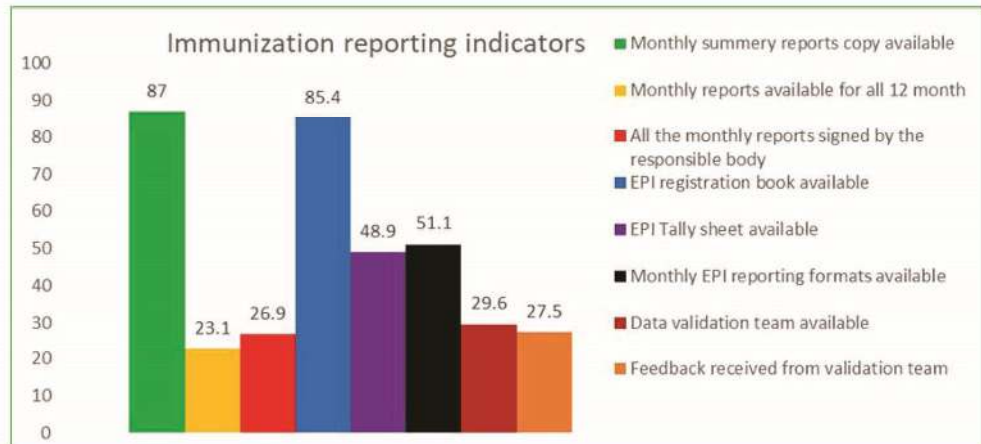
By Melaku Tsehay, CGPP Ethiopia

Background: Globally, there is increasing interest in the measurement of indicators to capture key information about health services and programs. This reliance on indicators necessitates quality assurance mechanisms that promote reliable data collection, storage, and management. Although global routine immunization coverage has increased over time, one in five children remain unvaccinated, where reaching that fifth child has been a challenge worldwide quality of data is a key factor in generating reliable health information that enables monitoring progress and making decisions for continuous improvement. In Ethiopia the quality of data in the routine health information system has been deemed poor in some reports and studies, there is little research based evidence of the current state of data quality in the country as well as factors that may influence data quality in routine health information systems. This study, which is part of Gavi Alliance supported project to improve immunization data quality and demand generation in Afar and Somali regions.

Method: A cross-sectional community survey on Health posts, Health centres and district health offices were visited to check immunization data quality. The number of health posts in each Woreda was chosen using Probability Proportional to Size (PPS) sampling techniques. All Health centres those that provide supervisory support to the selected kebeles with health posts were visited to assess data quality. All Woreda/District health offices to which the health post reports to were also be visited for data verification and data quality assessment. The WHO data quality self-assessment tool (DQS) was used to compare facility tallied data with reported data in immediate past reporting year to check for discrepancies. In addition, an observational checklist was used to check for how data will be

captured, stored, retrieved, analysed and utilize in the facility. These data quality assessment survey was conducted in Afar region of four woredas (Elidar, Dubti, Telalak, and Dewe) and Somali region of four woredas (Filtu, Dekasuftu, Adadile and Gode) which cover a total population of 22 health centers, 30 health posts and 8 woreda health offices.

Result: Theoretically, the data from health facility levels is regularly sent to woreda or district health office or next level for its aggregation to be submitted to the next reporting system. Overall, eighty-seven percent of health facilities/Woreda offices had monthly summary reports available. Facilities in Gode Woreda are relatively less likely to have monthly reports (66.7%) than others (see table).



Overall, the completeness of reporting is 65%. Facilities in Dubti and Dekasuftu Woreda were more likely to have complete reports (83%) than facilities in Kori Woreda (35%). The completeness of reporting in Somali (68%) and Afar (63%) region is almost similar. From all facilities that report immunization service data, only 7.1% had all 12 months report were timely reported (12.5% at Woreda Health office, 15.8% at health centre and 0% at health post). Similarly, none of the health facilities or Woreda health offices in Liben and Zone 5 had all 12 months' reports are not timely reported.



RESEARCH CORNER

Experiences from the field

Half (50%) of the facilities reporting had the reports meet deadline. Among all facilities, less than one fourth (23%) of the facilities had all 12 month reports available and nearly six in ten (57.1%) facility had timely reported for the one-month report. The external consistency overall VF for penta1, penta3, measles and TT2 at health center was 1.310, 1.351, 1.428 and 0.892, respectively indicating high under reporting.

The external consistency overall VF for penta1, penta3, measles and TT2 at health center was 1.310, 1.351, 1.428 and 0.892, respectively indicating high under reporting. The overall VF for penta1 and TT2 at health center level was 1.307 and 1.771, respectively (see table).

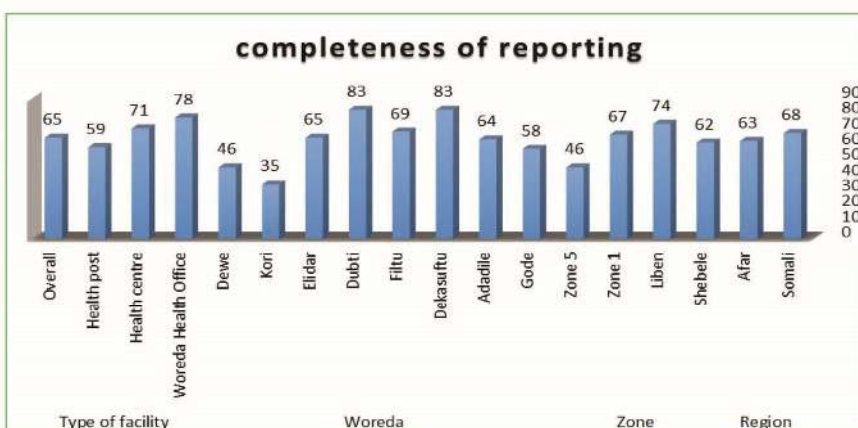


Figure 1 Percent distribution of completeness of reporting by background characteristics, Dec, 2018

Table 3.7 Health facility/Woreda Level Data Verification for EPI data, by health unit

Percent distribution of data verification indicators, by health unit								
Background characteristics	Verification by antigen type							
	Verification factor for penta1	Number of HF/ Woredas	Verification factor for penta3	Number of HF/ Woredas	Verification factor for measles	Number of HF/ Woredas	Verification factor for TT2	Number of HF/ Woredas
Internal consistency by health unit type								
Facility Type	V.F	n	V.F	N	V.F	n	V.F	n
Woreda Health office	0.932	2	0.698	2	0.917	2	0.883	1
Health centre	1.005	5	1.001	5	1.025	3	0.981	2
Health post	-	-	-	-	-	-	-	-
External consistency by health unit type								
Health centre	1.310	10	1.351	10	1.428	7	0.892	6
Health post	1.307	2	-	-	-	-	1.771	2

Conclusion and recommendation: Half (50%) of the facilities reporting had the reports meet deadline. Among all facilities, less than one fourth (23%) of the facilities had all 12 month reports available. Among all facilities, nearly six in ten (57.1%) facility had timely reported for the one-month report. The overall VF for penta1, penta3, measles and TT2 at health center level was 1.005, 1.001, 1.025 and 0.981, respectively.

The DQA is thus an innovative tool that meets its two main objectives: it serves as a diagnostic tool for immunization monitoring system by providing practical recommendations as to how it could be improved. It is, therefore, important to improve the quality and usefulness of relatively low-cost, pre-existing monitoring systems within the emerging regions. Zonal health departments should provide all health facilities with HMIS guidelines and reporting formats through Woreda health office, who should further distribute them to health facilities.



Highlights from the field

GAVI Project launching

The CGPP Ethiopia received fund from Gavi for the third time. It is a one year project aimed at improving immunization coverage and equity through strengthening data quality and community demand generation in four districts of Afar region namely Elidar, Dubti, Telalak and Dewe) and four districts of Somali Region namely Filtu, Dekasuftu, Adadile and Gode. The project will be implemented in collaboration with CGPP implementing partners i.e. Amref Health Africa (AHA) in Afar region and; Pastoralist Concern (PC) and Welfare and Development in Action (OWDA) in Somali Region.



DQS training at Filtu Town, Liben Zone



Data Quality Self-Assessment (DQS) Training

The training was organized from January – February 2019. It was aimed at strengthening the capacity of health staff on the accuracy, completeness, timelines, consistence and precision of immunization data at the health facility. It was targeted Zonal, District and Health Center HMIS officers, EPI focal persons, Health Centers heads and partners staffs. The program was organized by CGPP Secretariat and project implementing partners:-

Somali, 15 – 17 January - It was organized at Gode Town and about 18 participants from Gode and Adadle Districts attended. It was organized by Organization for Welfare and Development in Action (OWDA) field office; and, CGPP/GAVI Coordinator and Monitoring and Evaluation Officer from the CGPP Secretariat .

South Omo Zone, January 22 – 26 - organized at Zone Jinka Town in two rounds. A total of 50 participants attend the training. The training was organized by Amref Health Africa (AHA) field office in collaboration with CGPP/GAVI Coordinator.

Somali, 5 – 7 February - About 20 participants attended the training organized at Liben Zone, Filtu town. It was organized by Pastoralist Concern (PC) field staffs and two Program staffs from CGPP secretariat .

Afar Region, February 13 – 15 - it was organized at Logia, Semera Town of Afar Region a total of 32 participants were in attendance. The training was organized by AHA field office in collaboration with CGPP/GAVI Coordinator .

The project launching has been held on January 14, 2019 at Gode and Filtu towns of Somali region. In Afar Region, it was launched on November 20, 2018 at Logia Town. In February 4, 2019 it was held at Liben Zone of Somali Region. In the launching ceremony, political, clan and religious leaders; Zonal and District administration and health office heads; EPI Officers, project implementing partners and other key partners working on immunization in the area were attended. A total of 103 people attended the launching at both regions.



GAVI Project Launching & advocacy y meeting at Gode Town, Shebele Zone



Continued to page 2