5 Years Summary Report 2013-2017

CORE GROUP POLIO PROJECT IN ETHIOPIA

CORE GROUP POLIO PROJECT - ETHIOPIA

Five Years Summary Report

FY2013 – FY2017

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Table Contents

SECTION I. INTRODUCTION 7
SECTION II. BACKGROUND 8
SECTION III. SUMMARY OF ACTIVITIES AND ACCOMPLISHMENTS 10
3.1. Build effective partnership among agencies 10
3.1.1 CGPP Partners Meetings **11**
3.1.2 Representation in local and international forums **11**
3.2. Trainings....................14
3.3. Strengthen Routine Immunizations (RI)....................16
3.3.1. Community Mobilization....................16
3.3.2. Mainstreaming of immunization in to religious system 18
3.3.3. Pregnant Women & Newborn Registration and Defaulters Tracing and Referal....................19
3.3.4. Fuel support and equipment maintenance....................19
3.3.5. African Vaccination Week (AVW) 20
3.3.6. Achievements in Routine Immunization (based on Admin reports) 21
3.4. Support Polio Supplemental Immunization Activities (SIAs) 22
3.5. Community Based Surveillance 24
3.5.1. House -to -House visits for active case searching and reporting 25
3.5.2. Mobile device and web-based data collection and reporting: Open Data Kit (ODK) 26
3.6. Strengthen Cross-border Collaborative Activities....................27
3.7. Polio Certification and Transition Activities....................29
3.7.1.Participation in the national polio certification committee....................29
3.7.2. Polio Transition Plan....................29
3.8. Monitoring and Evaluation(M&E)....................30
3.8.1. CGPP annual Review and planning forums....................30
3.8.2. The CGPP Midyear review meetings....................31
3.8.3. Project baseline, midterm, and end term evaluations....................31
3.8.4. Joint Supportive Supervisions....................32
3.8.5. Periodic program and fiananical reports (monthly, quarterly, biannual, annual).........33
3.9. Documentation and Use of Information....................33
3.9.1 The CGPP Secretariat Quarterly Newsletter....................34
3.9.2 Operational Research and Publications....................34
SECTION IV. CONCLUSIONS....................36
4.1. Exemplary Practices....................36
4.2. Challenges and Obstacles....................38
ANNEXES....................41

Acronyms

AFP	Acute Flaccid Paralysis
AHA	Amref Health Africa
BCG	Baccilus Calmete, Guerene
BMGF	Bill and Melinda Gates Foundation
CBS	Community Based Surveillance
CGPP	CORE Group Polio Project
CCRDA	Consortium of Christian Relief and Development Associations
CRS	Catholic Relief Service
CSA	Central Statistics Agency
CVs	Community Volunteers
CSOs	Civil Society Organizations
DPT3	Diphtheria Pertussis Tetanus
EDHS	Ethiopian Demographic and Health Survey
EPI	Expanded Program on Immunization
FMoH	Federal Ministry of Health
FY	Fiscal Year
GAVI	Global Alliance for Vaccine and Immunization
HC	Health Center
HDA	Health Development Army
HDALs	Health Development Army Leaders
HF	Health Facility
HEW	Health Extension Worker
HoA	Horn of Africa
HP	Health Post
ICC	Interagency Coordinating Committee
IEC	Information Education Communication
IIP	Immunization in Practice
MCHSP	Maternal and Child Health Support Program
MNT	Maternal Neonatal Tetanus
NBT	Newborn Tracking
NGO	Non-Governmental Organization
NPAFP	Non Polio Acute Flaccid Paralysis
ODK	Open Data Kit
OWDA	Organization for Welfare and Development in Action
OPV	Oral Polio Vaccine
PEI	Polio Eradication Initiative

Acronyms

PVO	Private Voluntary Organization
RHB	Regional Health Bureau
SIAs	Supplemental Immunization Activities
SNIDs	Sub-National Immunization Days
SNNPR	Southern Nations, Nationalities, and Peoples Region
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPDs	Vaccine Preventable Diseases
WHA	World Health Assembly
WHO	World Health Organization
WoHO	Woreda Health Office
ZHD	Zonal Health Department

List of Tables & Figures

Table 1. CGPP Ethiopia implementation areas and project profile of implementing partners
Table 2. Partners meetings and number of participants, CGPP Ethiopia, FY2013 - FY2017
Table 3. Representation in local and international forums: CGPP Ethiopia, FY2013 –FY2017
Table 4. Trainings conducted, by training topics & number of trainees, CGPP Ethiopia, FY2013 – FY2017
Table 5. Participation of CGPP Staff in national and international training programs, CGPP Ethiopia, FY2013 – FY2017
Table 6. Community mobilization activities, CGPP Ethiopia, FY2013-2017
Table 7. Fuel support and equipment maintenance, CGPP Ethiopia, FY2013-FY2017
Table 8. Administrative Immunization coverage CGPP implementation areas and National, CGPP Ethiopia, FY2014 - FY2017
Table 9. Coverage of OPV0, OPV3, Penta3, Measles & fully immunized, by implementation zones, CGPP Ethiopia, FY2014 – FY2017
Table 10. Support provided for Polio SIAs, CGPP Ethiopia, FY2013 – FY2017
Table 11. Distribution of CVs/HDALs, Oct. 2012 - Sep. 2017, by implementing partners
Table 12. House-to-house visits by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017
Table 13. AFP surveillance indicators, Ethiopia, 2013 –2017
Table 14 Immunization coverage of children under 1- baseline, final and EDHS evaluations, CGPP Ethiopia, FY2013 - FY2017
Table 15. Joint supportive supervisions conducted by the Secretariat, CGPP Ethiopia, FY 201 -FY2017
Table 16. IEC materials and documents produced and distributed, CGPP Ethiopia, FY2013-FY2017
Table 17. Papers published & presentations made at regional and international forums, CGPP Secretariat Ethiopia, FY2013 – FY2017.
Table 18. Challenges experienced in FY2013 - FY2017, by category

Figures

Figure 1 Pregnant women referred to ANC follow up by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017
Figure 2 Pregnant women & newborn registered and defaulters traced and referred by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017

Figure 3. Baseline and Final Evaluation Survey findings sources of information about polio campaign: CGPP Ethiopia,
Figure 4. AFP cases detected and reported by CVs/HDALs, CGPP Ethiopia, FY2014 – FY2017
Figure 5. Immunization coverage rates between Baseline and Final Evaluation Surveys, CGPP Ethiopia, FY2013 - FY2017

SECTION I. INTRODUCTION

Cognizant of the seriousness and magnitude of the polio disease that was paralyzing 1,000 children every day in 125 countries across the globe, the World Health Assembly (WHA) resolved to work towards the eradication of polio in 1988. This was followed by the Global Polio Eradication Initiative (GPEI) that began its work 30 years ago to eradicate polio through surveillance and vaccination.

As a result, only three countries remained as polio – endemic in 2012. Today, the total number of polio cases has dropped by more than 99% worldwide (WHO, 2018). But still, the remaining 1% of polio strongholds consists of vulnerable populations found in remote, insecure, and hard-to-reach areas in the three endemic countries of Afghanistan, Pakistan, and Nigeria.

Ethiopia joined the GPEI in 1996 and the Ethiopian Federal Ministry of Health (FMoH) conducted its first Sub National Immunization Day (SNID) in the same year, targeting 2.5 million children under five-years of age in nine major cities to increase the number of children to be vaccinated with four doses of Oral Polio Vaccine (OPV), which had been at 35% at the time.

In FY2013, in Ethiopia, 1088 AFP cases were reported as of Week 52 annualized NPAFP rate of 2.7%, of which Somali Region constituted 86 AFP cases as of Week 52 annualized NP-AFP 3.4. With regard to the Wild Polio Virus, of the globally reported 362 WPV cases in 2013, the Horn of Africa represented nearly 60% or 200 of the cases of poliovirus type 1 (WPV1), constituting 180 from Somalia, 14 from Kenya, and six from Ethiopia (Dollo Zone). The initial case onset of paralysis was in July 2013, which was the first case since April 2008, and as of October 1, 2013, there had been four (4) confirmed cases of WPV1 from Warder and Galadi woredas of Somali Region. Similarly, as captured in the Epidemiological and Surveillance Updates, in FY2014, 1,199 AFP cases were reported as of Week 52 annualized NP-AFP rate of 3.1%, and 87% stool adequacy, and there had been only one (1) WPV case reported in Somali region for the same year.

In FY2015, 1,184 AFP cases were reported as of Week 52, with the annualized NP-AFP rate of 3.1% and stool adequacy rate of 92%, with no reported WPV cases for the year. In FY2016, 1,042 AFP cases were reported as of Week 52, the annualized NP-AFP rate of 2.5% and stool adequacy rate of 91%. This was a period in which Ethiopia was at high risk for polio virus importation, and therefore all health workers, particularly in bordering areas, were put in high alert and urged to intensify surveillance. There was no reported WPV case for the year. About 1,064 AFP cases were reported in FY2017 (as at Week 52), with the annualized NP-AFP rate of 2.5 and stool adequacy rate of 92%; no Wild Polio Virus (WPV) cases were reported after the January 2014 outbreak in Dollo zone of Ethiopian Somali region. Therefore, Ethiopia received a polio-free

status in July 2017. However, as mentioned in the reports, although there had been no reported WPV cases in the previous 47 months, Ethiopia was still at high risk for polio virus importation as a result of the Nigeria outbreak between July and August 2016.

SECTION II. Project Background

The Child Survival Collaborations and Resource Group (CORE Group) is a membership association of more than 70 U.S based organizations working to improve maternal and child health globally which was established in 1997. The CORE Group Polio Project (CGPP) is a collaborative effort established by CORE Group in 1999. The CGPP is a USAID-funded polio eradication project which was implemented the third phase of the project for five years (FY 13 – 17). The project provided community level support mechanisms for routine immunization, supplemental immunization and community based Surveillance in Angola, Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan. In the previous years, the project graduated in Bangladesh, Nepal and Uganda.

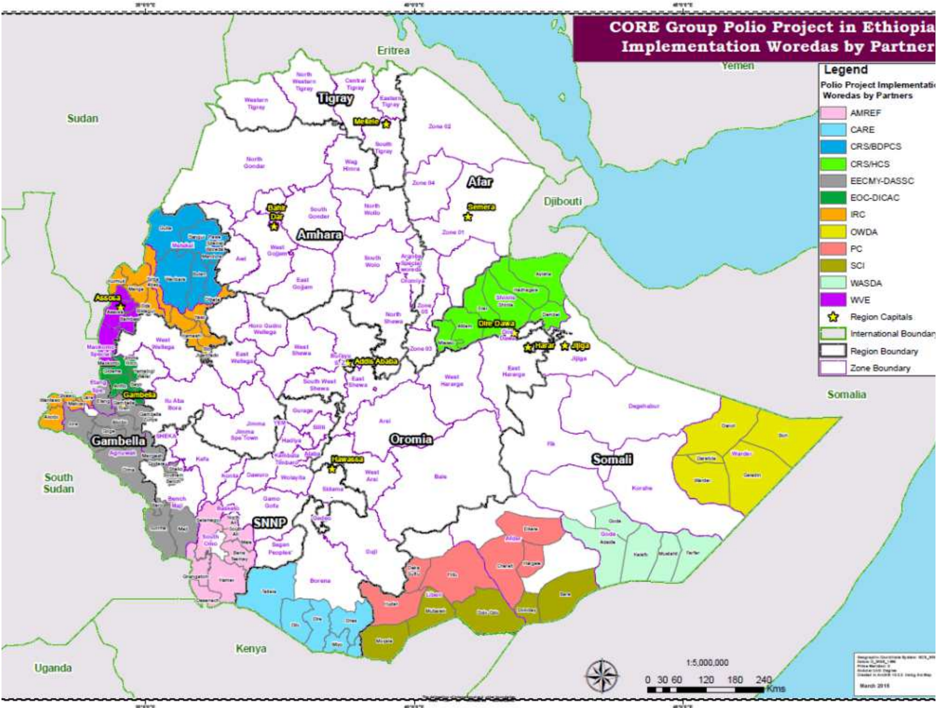
In Ethiopia, CGPP started in November 2001 and has been supporting and coordinating efforts of Private Voluntary Organizations (PVOs)/NGOs involved in polio eradication activities. The CGPP Secretariat is currently hosted in Consortium of Christian Relief and Development Associations (CCRDA) and closely collaborates with six international NGOs: Amref Health Africa, CARE, Catholic Relief Services (CRS), International Rescue Committee (IRC), Save the Children International (SCI) and World Vision Ethiopia (WV-E); and five local NGOs: Ethiopian Evangelical Church Mekane Yesus-Development and Social Service Commission (EECMY-DASSC), Ethiopian Orthodox Church Development Inter-Church Aid Commission (EOC-DICAC), Organization for Welfare and Development in Action (OWDA), Pastoralist Concern (PC), Wabishebele Development Association (WASDA). In addition, to these FMoH, CCRDA, WHO, UNICEF and Rotary International are close allies of CGPP Ethiopia.

The CGPP Secretariat provides strategic direction and technical support to project implementing partners. Its operations focus mainly on community-based strategies through improving surveillance for AFP, SIAs and routine immunization and strengthening the local capacity of immunization. Throughout all CGPP Ethiopia's implementation areas, Community Volunteers (CVs) and mobilizers are essential to strengthening disease surveillance, increasing vaccine coverage, and providing basic health information to improve Surveillance and EPI programs.

The 1st phase of the project covered the period between October 2001 - September 2008, while the 2nd phase extended from October 2008 - September 2012, and the 3rd phase, just completed, covered the period from October 2012 to September 2017, implemented in 15 zones located in the five regions, namely Oromiya, SNNP, Somali, B/Gumuz, and Gambella.

CGPP Ethiopia created forum for partnership with local and international NGOs to

implement polio eradication interventions in hard to reach and pastoralist areas of the country. In the reporting period, CGPP Ethiopia has been implemented in 85 woredas/ districts of five regional states namely Benshangul-Gumuz, Gambella, Oromia, Somali, and Southern Nations, Nationalities and Peoples Region. Currently, CGPP Ethiopia reaches a total population of 6,243,221 from which 218,513 are under one 973,942 are under five and 2,988,630 are under 15 year old. There are a total of 12,420 Community Volunteers (CVs) and Health Development Army Leaders (HDALs) who are trained and deployed at the village level to detect and report AFP, Measles and NNT cases and mobilize the community for polio SIAs and routine immunization activities. They also identify and refer pregnant mothers and newborns for ANC and vaccination respectively.



The CGPP Secretariat and its implementing partners were operating in a total of 85 woredas, as of FY2017 as indicated in Table 1 below.

Table 1. CGPP Ethiopia implementation areas and project profile of implementing partners

S/N	Name of Implementing Partners	Region	Zone	No. of Implementation woredas				
				FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
1	CARE Ethiopia	Oromiya	Borena	6	6	6	6	6
2	Ethiopian Orthodox Church	Oromiya	Kellem wollega	5	5	5	5	5
3	World Vision Ethiopia	B/Gumuz	Assosa & Mao komo special Woreda	4	4	4	4	4
4	IRC	B/Gumuz & Gambella	Assosa, Kamashi & Nure zone	13	13	13	13	13
5	Catholic Relief Service	B/Gumuz and Somali	Metekel & Siti	14	14	14	14	14
6	Ethiopian Evangelical Church Mekane Yesus	Gambella & SNNPR	Bench Maji, Anguak & Majang	14	14	14	14	14
7	Save the Children - International	Somali	Afder and Liben	5	5	5	5	5
8	Pastoralist Concern	Somali	Afder and Liben	6	6	6	6	6
9	Wabishebelle Development Association	Somali	Shebelle	5	5	5	5	5
10	OWDA	Somali	Dollo	NA	5	5	5	5
11	Amref Health Africa	SNNPR	South Omo	8	8	8	8	8
	Total	**5 Regions**	**15 Zones**	**80**	**85**	**85**	**85**	**85**

***SOURCE**: CGPP Annual Reports, FY2013 – FY2017*

SECTION III. SUMMARY OF ACTIVITIES AND ACCOMPLISHMENTS

3.1. Build effective partnership among agencies

The aim of this activity is to build and strengthen effective partnerships between Government, PVOs, NGOs, and bilateral and multilateral agencies at respective levels working in polio eradication for exchange of information and experiences and avoid duplication of efforts.

Thus, CGPP Ethiopia has worked over the past five years with six international and five local NGOs. The role of these implementing partners working to achieve the common goal of polio eradication in the just ended project phase was commendable. Without the commitment and unwavering efforts of these partners, the success registered in the polio project through the years would have been impossible. In addition to their key role in formation, training, and mobilization of thousands of community mobilizers, volunteers and HDAs, these partners have also contributed for the improvements in the health sector.

From FY2013 to FY2017, CGPP Ethiopia accomplished the following activities under the objective of Building Effective Partnership among Agencies.

3.1.1 CGPP Partners Meetings

CGPP Partners Meeting,FY 2013

The CORE Group Ethiopia Secretariat organized quarterly meetings with implementing and key partners on a regular basis. The aims of these meetings were to review project implementation progress, challenges, budget utilization, update partners on new immunization and surveillance related information and share experiences.

The Secretariat had organized a total of 24 partners meetings which were held in Addis Ababa and brought together about 225 participants drawn from both implementing and key partners and the CGPP Secretariat staff (Table 2).

Table 2. Partners meetings and number of participants, CGPP Ethiopia, FY2013 - FY2017

Fiscal Year	No. of partners meetings	No. of Participants
2013	5	18
2014	4	51
2015	3	20
2016	7	56
2017	5	80
Total	24	225

SOURCE: CGPP Annual Reports, FY2013 – FY2017

The number of partners' meetings held in FY2016 was relatively higher (7) than the other four fiscal years. This was mainly owing to the frequent meetings held in that year to develop new GAVI and Newborn grant proposals developments.

3.1.2 Representation in local and international forums

In the reporting period, CGPP Secretariat and Partners' staff attended different international and local events and meetings representing CGPP Ethiopia to share experiences, present scientific papers and gave updates on the project (Table2). In addition, the Secretariat staffs are involved in different working groups at the FMoH i.e. the Secretariat Director served as member of the ICC; Secretariat Deputy Director is member of EPI Taskforce, Communication Officer is a member of EPI Communication Working Group.

Furthermore, the Secretariat Director served as member of the GAVI CSO Steering Committee and Chairperson of the Ethiopian Civil Society Health Forum (ECSHF) Steering Committee. The Deputy Secretariat Director also served as EPI Working Group Member at the ECSHF.

National Immunization Conference, November 2016, Addis Ababa

Table 3. Representation in local and international forums: CGPP Ethiopia, FY2013 –FY2017

Year	Activity	No. of Sessions	Venue/Place	Output/Remarks/
FY2013	Project Launching Workshops at central and district level	1	At operational areas & CCRDA	Pledge to work together
	ICC meeting	2	FMoH, Ethiopia	1 main plus many technical ICC meetings
	participation in World Polio Day	1	Addis Ababa	High level officials sensitized on polio and immunization
	GAVI CSO Steering Committee meetings	2	Geneva	Attend twice a year
	EPI Communication Working Group Meetings	12		On monthly basis
	ECSHF steering committee Meetings	10		On monthly basis
	EPI Taskforce working group meetings	4		On quarterly basis
FY2014	Organizing Consultative meeting	1	Dire Dawa	Common understanding on annual plan, imp. modalities, and effective resources utilization
	ICC meeting	2	AA, Ethiopia	Technical ICC meetings conducted
	participation in World Polio Day	1	Addis Ababa	High level officials sensitized on polio and immunization
	GAVI CSO Steering Committee meetings	2	Geneva	Attend twice a year
	EPI Communication Working Group Meetings	12		On monthly basis
	ECSHF steering committee Meetings	10		On monthly basis
	EPI Taskforce working group meetings	4		On quarterly basis
FY2015	Horn of Africa M & E and Program Management Information System workshop	1	Kenya	Developed common indicators for CGPP Countries
	Participation at Horn of Africa outbreak assessment debriefing meeting	1	Kenya	Horn of Africa immunization and surveillance updates presented, recommendations forwarded
	Participation in 13th Horn of Africa Polio Eradication TAG meeting	1	Nairobi, Kenya	HoA immunization and surveillance updates presented, recommendations forwarded
	National EPI review meetings	3	FMoH, Ethiopia	National immunization and surveillance status reviewed
	ICC meetings	2	Ministry of Health Ethiopia	Technical ICC meetings conducted
	Participation in World Polio Day	1	Addis Ababa	High level officials sensitized on polio and immunization
	Immunization Working Group/ECSHF Meetings	6		Bi monthly basis

Year	Activity	No. of Sessions	Venue/Place	Output/Remarks/
	EPI Communication Working Group Meetings	12		On monthly basis
	ECSHF steering committee Meetings	10		On monthly basis
	EPI Taskforce working group meetings	4		On quarterly basis
FY2016	Organizing the 'Global CGPP Communication' workshop	1	Bahir Dar, Ethiopia	24 participants from 5 CGPP countries attended; communication experiences shared, and communication approaches developed
	HoA TAG meeting	1	Nairobi, Kenya	HoA polio eradication and surveillance updates presented, recommendations forwarded
	Participation in RI TAG and African Region Inter Agency Coordinating Committee meeting	1	Brazzaville, Congo	Routine immunization updates presented; recommendations forwarded for Anglophone countries
	Participation in Road Map Development on ADI	1	Cairo, Egypt	Road map developed to implement Addis Declaration (2016) on immunization
	National EPI review meeting	1	FMoH, Ethiopia	National & regional level EPI and Surveillance implementation progress reviewed
	ICC meetings	2	FMoH	Technical ICC meetings conducted
	Participation in World Polio Day	1	Addis Ababa	High level officials sensitized on polio and immunization
	Addis Declaration on Immunization 2016 Summit at the African Union	1	Addis Ababa	CGPP participated in the summit & organized an exhibition
	Immunization Working Group/ECSHF Meetings	6		Bi monthly basis
	EPI Communication Working Group Meetings	12		On monthly basis
	ECSHF steering committee Meetings	10		On monthly basis
	EPI Taskforce working group meetings	4		On quarterly basis
FY2017	Participation in Strengthen CGPP Horn of Africa (HoA) office	1 travel	Nairobi, Kenya	Different projects documents developed
	Participation in 16th Horn of Africa Technical Advisory Group (HOA-TAG) Meeting	1	Nairobi, Kenya	HoA immunization and surveillance updates presented, recommendations forwarded
	Organizing/participation in World Polio Day	1	Addis Ababa	High level officials sensitized on polio and immunization
	Organizing/participation in National Immunization Conference	1	CCRDA Health Forum, A.A	CGPP Mid-Term Evaluation findings presented
	Participation in RITAG meeting	1	Brazzaville, Congo	Immunization updates presented; recommendations forwarded
	Participation in WHO African Health Forum	1	Kigali, Rwanda	Updates on African health issues presented
	Participation in Acting on the Call (AOTC) Summit 2017	1	AU Conference Hall, A.A, Eth.	Recommendations developed on maternal and child health issues
	Senior Management Retreat	1	Middleburg, USA	CGPP countries experience shared
	Participation in CORE Group's Fall 2017 Global Health Practitioners Conference	1	Maryland, USA	Discussion done and directions developed
	Participation in National EPI review meetings	1	Addis Ababa, Ethiopia	National & regional level EPI and Surveillance implementation progress reviewed
	ICC meetings	2	FMoH, Ethiopia	Technical ICC meetings conducted
	Immunization Working Group/ECSHF Meetings	6		Bi monthly basis
	EPI Communication Working Group Meetings	12		On monthly basis
	ECSHF steering committee Meetings	10		On monthly basis
	EPI Taskforce working group meetings	4		On quarterly basis

***SOURCE**: CGPP Annual Reports, FY2013 – FY2017*

3.2. Trainings

Standardized immunization focused training programs have been conducted to strengthen the capacity of community members, immunization service providers and CGPP staff. These training packages included: Immunization in Practice (IIP), Cold Chain Users, Community Based Surveillance (CBS) & Newborn Tracking (NBT), Reaching Every District/Child (RED/REC) and micro planning at woreda level (mainly for all HEWs and HWs' at Health Centers), and Interpersonal Communication (IPC) to service providers at peripheral level to ensure quality immunization. EPI Mainstreaming trainings were also conducted for Christian and Muslim religious leaders. In addition, training on Web-based Data Submission using Open Data Kit (ODK) has also been organized for CGPP field staff. To this end, CGPP Secretariat and implementing partners had organized close to 290 training sessions in the reported project phase (Table 4).

Training for Community Volunteers on documentation Woreda, Nuer Zone, Gambella Region 2017

Table 4. Trainings conducted, by training topics & number of trainees, CGPP Ethiopia, FY2013 – FY2017

Training Topics	2013	2014	2015	2016	2017	Total
Immunization in Practice	64	110	259	75	254	**762**
Inter Personal Communication	95	-	165	148	17	**425**
Cold Chain Users	90	98	144	67	94	**493**
CBS and NBT (*for HWs and HEWs*)	-	875	1386	1044	862	**4,167**
Lot Quality Assurance Sampling (LQAS)	19	22	-	-	33	**74**
Sensitization of community leaders	-	884	209	282	257	**1,632**
CBS and NBT (for CVs/ HDALs)	2581	2536	2,479	2,720	1860	**12,176**
EPI Midlevel Management (at central level)	-	-	19	-	-	**19**
Open Data Kit (ODK) system	-	-	46	-	-	**46**
Communication skill training (*for religious leaders)*	-	-	34	80	272	**386**
Quantum Geographic Information System (QGIS) (*at central level*)	-	-	-	17	-	**17**
Data Quality Audit (DQA) (*at central level*)	-	-	-	-	56	**56**
EPI mainstreaming through religious system Training (*for Zonal Islamic Affairs, Health office head and officers, and representatives of mosques and consultant)*	-	32	-	55	46	**133**
Total # of Trainees	**2,849**	**3,674**	**4,741**	**4,488**	**3,751**	**20, 386**
Total # of Training Sessions	**DNA**	**22**	**97**	**78**	**89**	**286**

SOURCE: CGPP Annual Reports, FY2013 – FY2017

When viewed in terms of number of trainees, the training programs conducted in FY2015 (4,741 participants) were the highest in number, followed by FY2016 (4,488 participants), FY2017 (3751 participants), and FY2014 (1,146 participants) (Table 5A). A number of reasons underlie the variations in number of training sessions across the five years. One of the reasons for the increase in the number of trainings and participants in FY2015 was because the government introduced the new HDA system starting from mid-2015. This was in addition to a refresher training given every year for CVs/HDALs and government demands for trainings. As the data in the above Table indicate, the number of CVs/HDALs who took part in the training programs offered on CBS & NBT was also quite high in FY2015 and FY2016. The other possible reason may be owing to the new partner (OWDA), which joined CGPP in FY2014, as a result of which new CVs, partner and government staffs from the new five woredas underwent training programs in different topics.

Cold chain maintenance training for HEWs Gambella region Nure Zone, FY 2017

Similarly, CGPP staff participated in seven international training programs organized outside Ethiopia from FY2015 to FY2017; the training packages were on topics closely related to CGPP's interest areas (Table 5).

Table 5. Participation of CGPP Staff in national and international training programs, CGPP Ethiopia, FY2013 – FY2017

Year	Activity	Sessions	Venue	Output/Remarks/
FY2015	Participation in 15th annual international Vaccine Institute (IVI)	1	Seoul, S. Korea	Training on International advanced course on Vaccinology
	Participation in Result-based M&E for Development Project	1	Pretoria, South Africa	Familiarize with the current M&E system
FY2016	Participation in Communication for Development (C4D) in Emergencies and Disease Outbreaks Training	1	Nairobi, Kenya	Staff capacitated with knowledge of C4D and outbreak response
FY2017	Participation in Financial Management and Auditing of Donor Funded Projects training	1	Pretoria, South Africa	Knowledge and skill on new financial management gained
	Participation in African Annual Vaccinology Course	1	Cape Town, South Africa	Staff capacity built on vaccines
	Participation in Project Monitoring Tool Development training	1	Maastricht, Netherlands	Staff skill and knowledge built on project monitoring and evaluation tools
	Participation in ONA Platform training	1	Nairobi, Kenya	Acquainted with tools for data collection, analysis, and data visualization using mobile device and ODK Collect

3.3. Strengthen Routine Immunizations (RI)

This intervention is intended for strengthening targeted woreda immunization services in order to improve routine immunization coverage and achieve the ultimate goal of polio eradication, and the control of other Vaccine Preventable Diseases (VPDs). To realize this goal, the CGPP Secretariat, together with its implementing partners, employed a number of initiatives in the past five years (FY2013 – FY2017) as presented below.

3.3.1. Community Mobilization

Community mobilization is one of the activities that were intended to raise communities' awareness on routine immunization and increase utilization of the service. The mobilization activities were carried out through various media/means, including by rallying religious and political leaders, holding sensitization workshops, as well as by using IEC materials (billboards, ban-

Community Volunteers' in Ethiopian Somali region, FY 2016

ners, posters, leaflets, and the like). Relatedly, the combined number of people reached through social mobilization in the past five years has been computed at 7,940,229 and the number of CVs/HDALs who were involved in the 5-year project period has been 39,718 (Table 6)

Table 6. Community mobilization activities, CGPP Ethiopia, FY2013-2017

CVs'/HDALs' activities	FY2013	FY2014	FY2015	FY2016	FY2017	Total
Pregnant women registered and referred to ANC	22,623	53,668	81,552	84,592	63,988	**306,423**
NBs registered and referred for immunization	14,384	36,333	39,218	48,842	42,415	**181,192**
Defaulters traced	1,648	12,294	14,828	22,418	20,680	**71,868**
Households visited	166,272	495,793	571,041	700,991	729,662	**2,663,759**
People reached through Health Education	1,657,428	1,350,071	1,375,994	1,719,986	1,836,750	**7,940,229**
CVs/HDALs participated as a social mobilizers	2,058	4,296	7,942	11,650	13,772	**39,718**

SOURCE: CGPP Annual Reports, FY2013 – FY2017

When you see CVs/HDAs contribution to pregnant women registration and referral to ANC fellow up shows an improvement from year to year but in 2017 FY the registration and referral to ANC is decreases because of security problems.

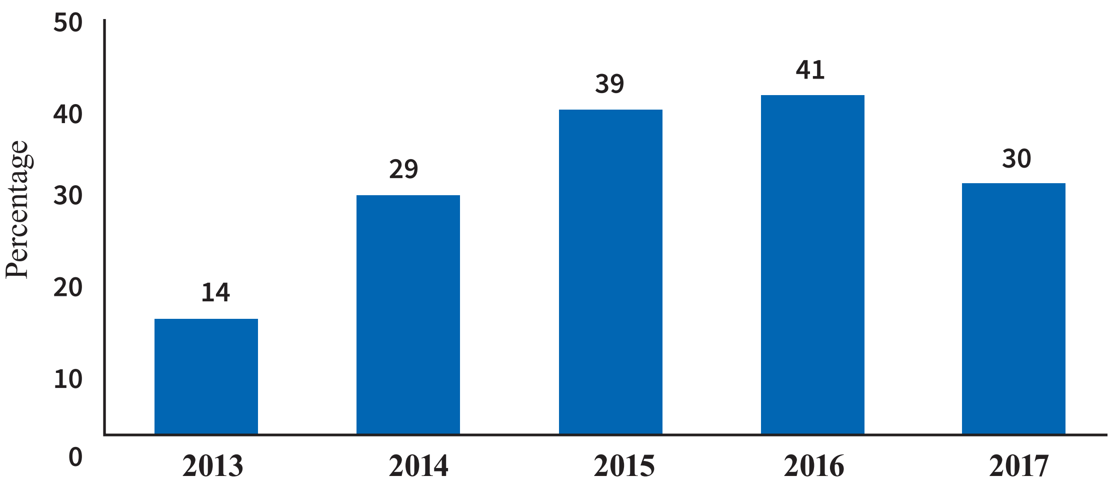


Figure 1. Pregnant women referred to ANC follow up by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017

3.3.2. Mainstreaming of immunization in to religious system-

EPI Mainstreaming is the integration of activities undertaken for immunization into the ongoing functional religious structures. CGPP Ethiopia is well informed that the role played by religious leaders at different levels in mainstreaming immunization is quite substantial since they have deep and trusted relationships with their followers and often have strong linkages with the most disadvantaged and vulnerable members. As such, they are particularly well placed to address issues related to social factors such as social norms, behaviors and practices. Due to that, CGPP has been actively involving religious leaders (Christian and Muslim) to provide immunization education to mothers/caretakers in particular and community in general to reach unreached children and create demand. Since 2012, CGPP has been executing its program “EPI mainstreaming through religious systems” in Gabmella expanded it to Somali (Muslim), Oromia (Orthodox), Benishangul Gumuz (all religions) selected woredas in 2016 and 2017.

EPI Mainstreaming Training, Siti Zone, Somali region, FY 2016

In September 2014, EPI mainstreaming workshop has been conducted in Gambella and 32 protestant religious leaders were attended. In 2016, the program has been organized at Somali Region for 55 Muslim religious leaders at Siti Zone and 25 in Dollo Zone. In 2017, similar programs have been conducted in Benshangul Gumuz Region Metekel Zone for 26 priests from Ethiopian Orthodox Church and 46 Muslim Leaders from Somali Region Siti attended the training.

3.3.3. Pregnant Women & Newborn Registration and Defaulters Tracing and Referal

CVs/HDALs and HEWs are key players of pregnant women, newborn registration and defaulters tracing activities. They traced, registered, referred and reported pregnant women, newborn, immunization defaulters and tracked newborns starting from early pregnancy (Figure 2). Since they lived in the community, CVs could also follow the day- to- day physical changes of mothers, and as they were also educating the community during house to house visits, they had the opportunity to find pregnant women and get them registered, to advice and refer them to nearest health facilities for antenatal care, delivery, and post-natal follow-ups. All in all, owing to the CVs' and HDALs' activities there has been much improved facility delivery and OPV0 & BCG vaccines coverage rates. In FY2017, the activities accomplished by CVs/HDALS were relatively low due to draught and conflicts resulting population displacements.

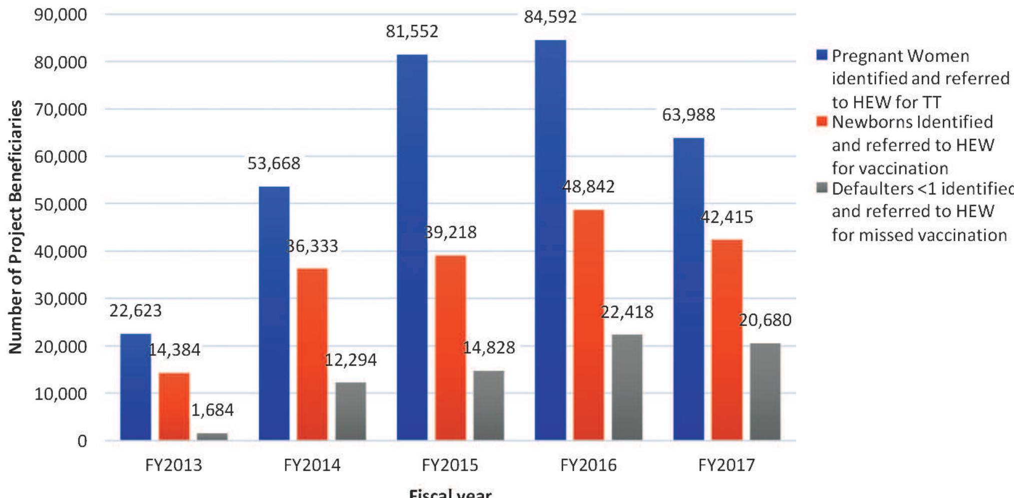


Figure 2. Pregnant women & newborn registered and defaulters traced and referred by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017

Source: CGPP Annual Reports (FYs 2013 - 2017)

3.3.4. Fuel support and equipment maintenance

Of the challenges encountered for effective implementation of Routine Immunization activities, particularly in pastoralist and bordering areas has been absence of supply of power (electricity) and accessible roads. In these areas, most of the refrigerators are using kerosene and the major means of transportation (for vaccine, supervision and immunization services) are motorbikes. Overcoming this hurdle required improvisation of logistics and implementation approaches in these remote and hardly accessible ar-

eas. Therefore, CGPP and implementing partners were regularly engaged in providing the necessary supports, like fuel for refrigerators in health facilities and for motorbikes, to strengthen and sustain implementation of outreach and mobile immunization services. Moreover, implementing partners provided the support to assess and maintain nonfunctional refrigerators and motorbikes. During the reporting period, 388,120 liters of fuel (Kerosene & Benzene) was supplied, and a total of 424 refrigerators and 282 motorbikes were repaired and put back into operation (Table 7).

Fuel support for routine immunization activities in Borena zone, FY2016

Table 7. Fuel support and equipment maintenance, CGPP Ethiopia, FY2013-FY2017

Fuel/maintenance	2013	2014	2015	2016	2017	*Total*
Fuel (kerosene and benzene) support in liters	33,018	62,018	132,493	78,068	82,523	388,120
Refrigerator maintenance	12	66	104	85	157	424
Motorbikes maintenance	36	37	134	36	39	282

3.3.5. African Vaccination Week (AVW)

CGPP Ethiopia has been active participant of the African Vaccination Week program, which Ethiopia has been part of since 2011. The aim of the program is to bring political and community leaders together to mobilize the community and to vaccinate more children (mainly defaulters) during the week. In each of the events held in the past five years, all CGPP partners took part in the event in their respective localities/woredas in implementation regions.

The event was celebrated by carrying out different activities throughout the country. In some places it was by vaccinating unvaccinated and defaulted children for the whole

week while in some others it was just by conducting panel discussions for awareness creation. CGPP Ethiopia, as a member of EPI task force and communication Working Group at the FMoH and as part of the AVW event organizing committee, provided technical and financial supports.

African Vaccination Week, Oromiya Region, FY2017

3.3.6. Achievements in Routine Immunization (based on Admin reports)

Coverage for the four antigens (OPV0, OPV3, Penta3, and Measles) shows slight increases: FY2014 – FY2017. As depicted in the table below, coverage of OPV0 and OPV3 increased from 32% and 80% in FY2014 to 43% and 82%, respectively, in FY2017. In the same way, Penta3 and Measles coverage had increased from 68 % and 62% (FY2014) to 83% and 77%, respectively, in FY2017. A steady rise in coverage was observed mostly for the Measles antigen. In addition, the rate of coverage for Fully Immunized children, which was at 70% in FY2014 and declined slightly during the subsequent two fiscal years, grew to 76% in FY 2017.

Despite strong efforts made by CGPP and the government to narrow the gap between the national coverage and the pastoralist & hard to reach areas, the achievement in coverage of the three antigens for the reported years appears to be lower than the national rates of the four consecutive years. For instance, as the figures in the below table show, coverage rates for Penta3 and Measles, which were at 83 and 77 percent, respectively, for CGPP, were at 97.5 and 93.6 percent for the national rate of the respective antigens in the final (FY2017) year of the past project phase. At the same time, fully immunization coverage in CGPP implementation areas was found to be significantly lower than that of the national average (76% vs. 91.2%). This was mainly owing to the location/ nature of CGPP implementation areas, almost all of which are in pastoralist and hard to reach areas among others (Table 8).

Table 8. Administrative Immunization coverage CGPP implementation areas and National, CGPP Ethiopia, FY2014 - FY2017

Year	CGPP intervention areas coverage					National				
	OPV0 %	OPV3 %	Penta3%	Measles%	Fully %	OPV0 %	OPV3 %	Penta3 %	Measles %	Fully %
2014	32	80	68	62	70	-	-	87.6	83.2	77.7
2015	38	82	77	64	63	-	-	94.4	90.3	86.4
2016	37	72	75	69	68	27	56	94.4	90.3	86.4
2017	43	82	83	77	76	-	-	97.5	93.6	91.2

SOURCE: CGPP annual reports: FY2014 – FY2017; FMoH, Health and Health related Indicators: FY2014- FY2017

Table 9. Coverage of OPV0, OPV3, Penta3, Measles & fully immunized, by implementation zones, CGPP Ethiopia, FY2014 – FY2017

Administrative coverage, by zone (FY2014 –FY2017)																				
ZONE	2014					2015					2016					2017				
	OPV0 %	OPV3 %	Penta3 %	Measles %	Fully %	OPV0 %	OPV3 %	Penta3 %	Measles %	Fully %	OPV0 %	OPV3 %	Penta3 %	Measles %	Fully %	OPV0 %	OPV3 %	Penta3 %	Measles %	Fully %
Assossa	27	87	87	84	68	47	100	94	84	57	29	92	94	90	94	46	107	108	96	97
Kamashi	16	80	81	70	63	39	95	84	69	58	29	75	81	70	84	45	95	96	86	80
Metekel	12	62	95	78	45	17	56	65	57	56	19	59	66	58	51	23	74	74	68	68
Agnuak	23	81	45	34	60	49	75	66	57	58	33	48	48	43	63	70	89	94	72	73
Majang	11	80	43	33	55	18	89	59	63	83	60	93	95	76	59	38	62	61	55	54
Nuer	25	59	55	56	54	34	94	102	68	28	32	64	64	61	69	38	83	83	85	83
Borena	10	98	86	83	98	10	86	84	71	55	38	93	95	88	78	48	85	86	79	78
K/ Wollega	50	98	77	79	93	52	119	96	96	94	53	84	86	86	86	53	93	97	94	92
B/ Maji	22	86	72	65	75	10	49	46	41	43	22	56	87	79	44	DNA	80	77	72	68
S. Omo	28	116	84	76	101	61	66	81	64	62	67	68	69	64	70	70	76	78	75	72
Afder	13	64	71	62	63	29	96	68	65	69	42	82	80	70	63	49	85	86	73	75
Liben	70	62	79	76	56	54	77	80	75	73	37	63	50	58	68	36	73	64	67	64
Shabele	85	81	DNA	DNA	78	79	85	81	43	80	37	89	87	87	77	63	79	79	77	77
Siti	61	70	73	69	67	43	79	78	74	69	46	59	59	53	54	40	92	94	80	95
Dollo	NA	NA	NA	NA	NA	23	71	73	40	55	16	51	59	51	60	28	64	64	75	61
CGPP	**32**	**80**	**68**	**62**	**70**	**38**	**82**	**77**	**64**	**63**	**37**	**72**	**75**	**69**	**68**	**43**	**82**	**83**	**77**	**76**
National			***87.6***	***83.2***	***77.7***			***94.4***	***90.3***	***86.4***			***94.4***	***90.3***	***86.4***			***97.5***	***93.6***	***91.2***
MIN.	**10**	**59**	**43**	**33**	**45**	**10**	**49**	**46**	**40**	**28**	**16**	**48**	**48**	**43**	**44**	**23**	**62**	**61**	**55**	**54**
MAX.	**85**	**116**	**95**	**84**	**101**	**79**	**119**	**102**	**96**	**94**	**67**	**93**	**95**	**90**	**94**	**70**	**107**	**108**	**96**	**97**

SOURCE: CGPP Annual Reports: FY2014 – FY2017; FMoH, Health and Health Related Indicators: FY2014-FY2017

3.4. Support Polio Supplemental Immunization Activities (SIAs)

Supplemental Immunization Activities (SIAs) enhance the population herd immunity. It requires massive resource mobilization, coordination and involvement of responsible partners and stakeholders in pre, intra and post campaign activities. The activities include technical, logistic, and social mobilization support. More specifically, CGPP Secretariat and partners participated in preparation of micro planning, provision of vehicles for transporting the vaccination teams and vaccines; training of vaccination teams; organizing/launching workshops; preparation and distribution of IEC materials, and community mobilization. The CVs/HDALs played important role in mobilizing communities for vaccinations and guiding vaccination teams during the house - to - house

vaccination campaigns. Following the detection of confirmed Wild Polio Virus in Somalia, Kenya 2012 and in Ethiopia 2013, several rounds of polio campaigns were conducted in all CGPP implementation areas during the reported period. Activities undertaken in SIAs during the past project phase by CGPP Secretariat and IPs are summarized in Table 10 below.

SIA in Oromia Region Borena Zone, FY2016

Table 10. Support provided for Polio SIAs, CGPP Ethiopia, FY2013 – FY2017

FY	SIAs (# of rounds)	# of CGPP staff participated	# of CVs/HDALs Participated	# of Vehicles Provided	Fuel Distributed (in liter)	Average Coverage (%)
2013	2 rounds (Gambella & B/Gumuz) 4 rounds (Somali& Oromiya/Borena)	108	2,058	55	33,018	>95
2014	7 in Somali, 5 in Gambella and 3 in Oromia & SNNP	205	7,908	205	46,239	>95
2015	4 rounds for each 85 CGPP woredas & 5 round for 46 woredas of Gambella & Somali Regions and Borena Zone	435	10,099	167	19,783	95
2016	4 rounds for 85 woredas 5 round for 65 woredas	518	12,799	160	17,474	95
2017	2 rounds of polio SIAs in 45 woredas and 1 round in 26 woredas 1 Measles campaign	169	6,766	81	37,684	93
Total		**1435***	**39,630***	**668**	**154,198**	

SOURCE: CGPP Annual Reports, FY2013 – FY2017

* Numbers may have been repeated or a double counting, as same people are involved in the consecutive campaigns.

As depicted in the table, the success rate in most of the implementing woredas was above 95% of the targets set, and even above 100% in some woredas. The number of polio campaigns was the highest in FY2014/15 because of occurrences of confirmed polio case in Somalia, Kenya, and Ethiopia in 2013/14.

Relatedly, as the findings of CGPP baseline (FY2013) and final evaluation (FY2017) reports showed, CVs/HDALs were the most important source of information for the populations on ongoing as well as forthcoming polio campaigns conducted in their areas. Accordingly, the results showed that as a source of information, community volunteers or health development armies represented 41.3% and 58.9% for FY2013 and FY2017, compared to Health Workers (39.5% and 54.6%), and friends or neighbors (9.2% and 25.9%) for same baseline and final evaluation years, respectively (Figure 3).

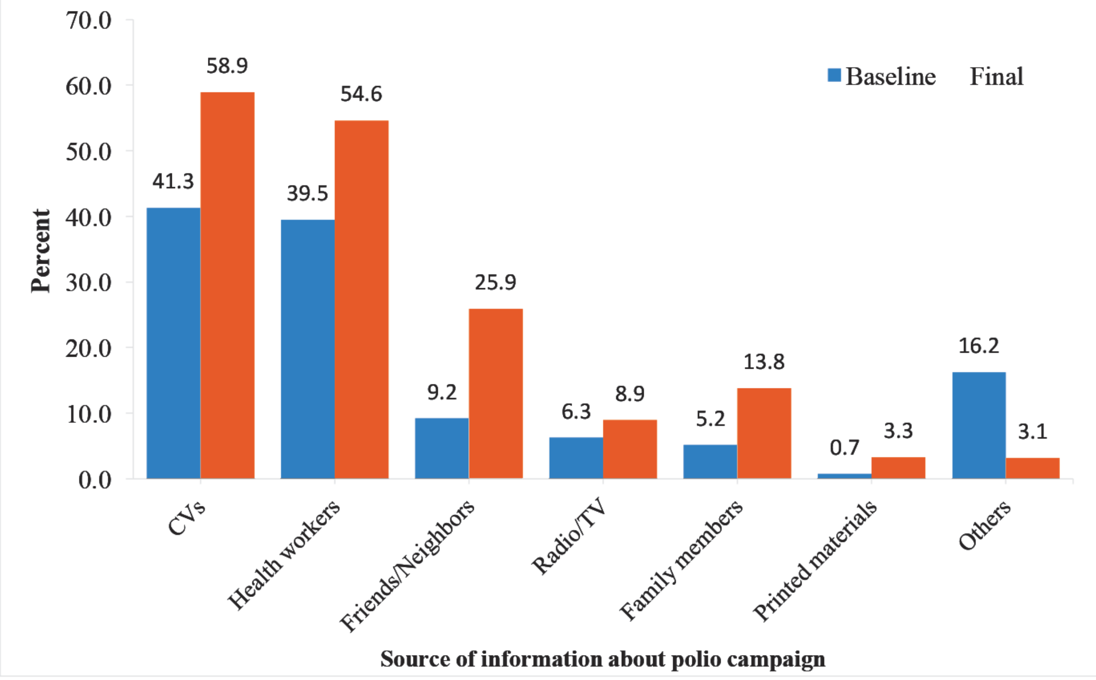


Figure 3. Baseline and Final Evaluation Survey findings sources of information about polio campaign: CGPP Ethiopia,
SOURCE: CGPP Ethiopia Final Evaluation results (2017)

3.5. Community Based Surveillance

Community Based Surveillance (CBS) is intended to enhance active AFP, measles and NNT case detection, reporting and community awareness rising. CGPP Ethiopia is the pioneer of CBS and key partner of Polio eradication activities in the country. CGPP has been engaged in community based surveillance activity through CVs/HDALs. Thus, in 2013, CGPP had trained and deployed more than 2,058 CVs. After the introduction of the government new HDA system in 2015, the number of CVs/HDALs was reached 13,772 in FY2017 (Table 6). These CVs/HDALs perform house-to-house visit for early AFP, measles and NNT case detection; and health education. The CVs/HDAs have been monitored through joint supportive supervision, quarterly review meeting at woreda level and monthly meetings at health post level. During their monthly meetings with HEWs, the CVs/HDALs submit their activity report, get refreshed on immunization and surveillance.

AFP Case investigation, Oromia Region Borena Zone, FY2016

During the reporting period, CGPP Ethiopia and implementing partners had a total of 13,772 CVs/HDALs (as of FY2017) who were trained and working in communities in implementation areas As can be seen in the table below, the number of CVs/HDALs trained and deployed in communities had shot up by two-fold in FY2017 when compared to FY2013, and increased significantly vis-à-vis FY2016.

Table 11. Distribution of CVs/HDALs, Oct. 2012 - Sep. 2017, by implementing partners

Partners	2013	2014	2015			2016			2017		
	CVs	CVs	CVs	HDALs	*Total*	CVs	HDALs	*Total*	CVs	HDALs	*Total*
AMREF	0	383	244	0	244	319	0	319	466	0	466
SCI	236	326	256	0	256	265	0	265	256	0	256
PC	270	455	506	0	506	537	0	537	534	0	534
CARE	113	188	187	0	187	0	2812	2,812	0	1,740	1,740
WVE	343	513	513	0	513	0	1433	1,433	0	1,439	1,439
IRC	174	853	345	1870	2,215	345	1762	2,107	0	2,107	2,107
EOC	105	353	345	0	345	353	0	353	353	0	353
EECMY	433	577	688	0	688	0	733	733	351	382	733
WASDA	NA	188	97	0	97	0	130	130	130	0	130
CRS	384	460	459	2251	2,710	201	2561	2,762	201	5,518	5,719
OWDA	NA	NA	181	0	181	199	0	199	295	0	295
Total	**2,058**	**4,296**	**3,821**	**4,121**	**7,942**	**2,219**	**9,431**	**11,650**	**2,586**	**11,186**	**13,772**

SOURCE: CGPP Annual Reports, FY2013 – FY2017

3.5.1. House -to -House visits for active case searching and reporting

The active role played by CVs/HDALs in house - to - house case searching and reporting was quite substantial. CGPP Secretariat and partners have been supporting stool samples collection and facilitate transporting the samples for testing at the national laboratory. According to WHO Polio Update, stool adequacy was reported to have improved from 87% (in 2014) to 91% (in 2017). The number of HHs visited, which was at 166,272 in FY2013, had shot up to 729,662 in FY2017 (Table 12).

Table 12. House-to-house visits by CVs/HDALs, CGPP Ethiopia, FY2013 – FY2017

FY	Househol ds visited	People reached	Total AFP cases reported in CGPP areas			Stool sample transportation facilitate by CGPP	Measles cases
			Expected # of cases	Total reporte d cases	Reported by CVs		
2013	166,272	1,657,428	40	40	13	-	-
2014	495,793	1,350,071	46	38	15	-	602
2015	571,041	1,375,994	48	32	31	17	465
2016	700,991	1,719,986	50	34	29	20	259
2017	729,662	1,836,750	52	75	47	22	220
Total	***2,663,759***	***7,940,229***	***236***	***219***	***135***	***59***	***1,546***

SOURCE: Extracted from CGPP Annual Report: FY2013-FY2017

As showed in Table 12 above, a total of 2,663,759 households had been visited and 7,940,229 people were reached through health education by CVs/HDALs between FY2013 and FY2017. Again, about 135 AFP and 1,546 measles cases were also identified and reported by CVs/HDALs from CGPP project areas. As well, 59 stool sample transportations were facilitated by CGPP secretariat and partners during the reporting period.

As per the WHO Surveillance report, the national AFP surveillance indicators showed that encouraging achievements were registered in the reported project phase.

Table 12. AFP surveillance indicators, Ethiopia, 2013 –2017

Indicators	Target	2013	2014	2015	2016	2017
NP-AFP rate per 100,000 < 15 Yrs	2	2.9	3.1	3.1	2.5	2.6
Stool adequacy	80%	87%	87%	92%	91%	92%
Investigated < 2 days of notification	80%	97%	97%	94%	91%	94%
Specimen arriving at lab within 3 days	80%	99%	97%	98%	98%	98%
Specimen arriving in good condition	90%	82%	79%	80%	85%	92%
Non-polio enterovirus isolation rate	10%	7.90%	7.00%	3.20%	9.10%	7.20%
Suspected Polio Virus Isolation Rate	10%	7.3	4.20%	4.50%	3.60%	1.00%
Timely Lab result within 14 days of receipt	80%	77%	79%	90%	87%	90%

SOURCE: Summary of WHO Surveillance indicator: December 31, 2017

3.5.2. Mobile device and web-based data collection and reporting: Open Data Kit (ODK)

Open Data Kit (ODK) is free and open source software used for data collection and analysis. CGPP Ethiopia established this system in mid-2015 to verify AFP, Measles and NNT cases reported by CVs/HDALs to the health posts and the CGPP field officers immediately collect the reports and submit to the CGPP Ethiopia central server using

smart phones. As a result of implementing this system, CVs/HDALs' contribution in case searching and reporting was recognized; the number of AFP, NNT and Measles cases detected and reported are improved, and the number of silent zones/woredas in CGPP implementation areas decreased (Figure 4).

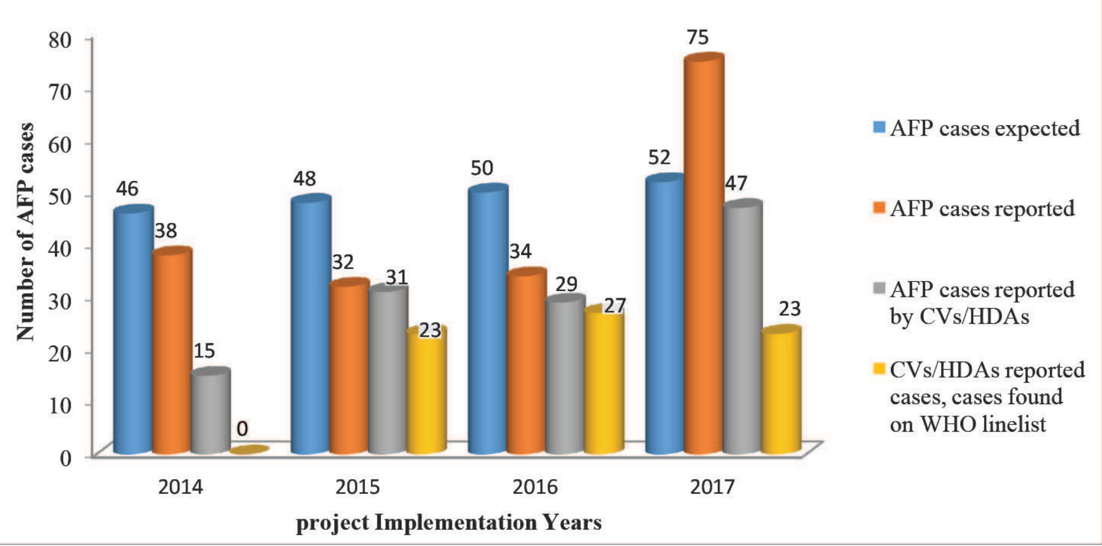


Figure 4. AFP cases detected and reported by CVs/HDALs, CGPP Ethiopia, FY2014 – FY2017

3.6. Strengthen Cross-border Collaborative Activities

Ethiopia is bordering with more than six countries. Border areas are expected to be highly risk for polio importation because of frequent movements across borders, sub optimal population immunity in districts along the borders, previous history of importations of WPV (Ethiopia: 2004-2008, 2013) and inadequate cross border collaboration and lack of synchronization of activities. In this relation, IHR temporary recommendations highlight the need to ensure that cross border collaboration to allow early detection and effective response to any detected WPV is coordinated and effective to interrupt transmission within four months of detection. Also, the Technical Advisory Group (TAG) at its 10th HOA TAG meeting held in Nairobi February 2014, emphasized the importance of continued cross border meetings as per recommendation nine "The TAG strongly recommends cross-border coordination among countries for immunization, communication and surveillance. The TAG recommendation on sharing of information on activities, particularly cross notification of polio HOT cases and synchronization of SIAs, with the neighbouring countries should be continued and further strengthened.

CGPP Ethiopia, in collaboration with partners and CGPP Secretariats of bordering countries, has been establishing forums among adjacent border districts for prevention

of polio transmission; creating information sharing mechanism on immunization and surveillance; facilitating for establishment of vaccination posts at border checkpoints, and mechanisms for identification and vaccination of unvaccinated children, among others.

Accordingly, CGPP Ethiopia, in collaboration with CGPP Kenya-Somalia organized several meetings with the involvement of government health experts and implementing partners, and the Secretariat. The aims of these gatherings were to strengthen cross-border collaboration in the areas for timely AFP case detection and crossing point vaccination during SIAs. In these meetings, the CGPP Secretariats in Ethiopia and Kenya took the lead in coordinating government stakeholders and implementing partners to map the health facilities and crossing points. In addition, joint cross border review meetings were conducted between the Moyale Kenya and Ethiopia cross-border committee.

In FY2017 CGPP Ethiopia organized and conducted four local-level (in-country) and cross- border mapping meetings in Dire Dawa, Moyale, Dolo Ado, and Wardher. In the four cross-border meetings of the last fiscal year (2017), 130 participants took part. The participants represented woreda administrators, Woreda Health Office heads, health facility heads, CGPP implementing partners from national and field, and other NGOs working on immunization and surveillance in the areas. In these meetings, experiences on cross-border activities were shared among participants; health facility capacity assessment and crossing points were identified. In addition, migrant, mobile, and hard to reach populations along the Ethiopia, Djibouti and Somalia borders were identified and mapped; intervention strategies and activities were also identified and designed. And, cross-border committee were established in 24 Woredas and able to identified 33 health facilities and 75 crossing points, 65 cross- border kebeles were located in the bordering areas.

3.7. Polio Certification and Transition Activities

3.7.1. Participation in the national polio certification committee

CGPP Ethiopia, being a major actor of the national polio eradication initiative, its staff members have been involved in the external disease surveillance review team in the country. Furthermore, CGPP Ethiopia was part of the national polio certification, document reviewing, and simulation exercise meeting conducted in Addis Ababa, with the document to be submitted to African Regional Certification Commission (ARCC).

CGPP Secretariat and implementing partners have been supporting immunization and surveillance related recording, reporting, and filing system in place at health facilities, woreda health offices and project field offices, which was a significant activity in the certification process. Accordingly, Ethiopia got the polio free status in June 2017 by ARCC in Malabo, Equatorial Guinea.

3.7.2. Polio Transition Plan

The polio transition planning process aimed at both achieving a polio free status in Ethiopia and the world; and ensuring that the investments made to get this status contributed to future health goals after the completion of polio eradication. The CGPP Secretariat, as a major actor of Polio eradication in Ethiopia, have been a member of National Polio Transition Planning Committee (NPTPC) since 2015 and actively engaged in the development of the national polio transition planning.

Thus, CGPP Ethiopia organized, developed and included the following documents as part of the national polio transition planning documentation:-

i. Completed Polio personnel and physical asset mapping;
ii. Developed a detailed plan of action;
iii. Developed a set of key transition strategies for essential and non-essential polio functions; and
iv. Developed business case/budget.

In addition, the following supportive documents have also been included:-

a. List of polio best practices and lessons learnt;
b. Ethiopian (particularity Pastoralist population, border and low – performing) woredas;
c. Resource mobilization strategy;
d. Communication and advocacy strategy;
e. Polio transition human resource plan; and
f. Capacity assessment and capacity building plan.

Finally, the five years (2018 – 2022) polio transition planning documents have been submitted and approved ICC.

3.8. Monitoring and Evaluation(M&E)

CGPP Ethiopia uses different forums, supervisions, review meetings, evaluation surveys and operational researches as a monitoring and follows up of activities implementation progress and to take timely corrective actions for project improvement purposes. In line with this, the following activities were carried out during the reporting period:-

3.8.1.CGPP annual Review and planning forums

Annual Review and Planning Meeting, FY 2015

The CGPP Annual review and planning forums has been one of the major activities of the CGPP Secretariat under Monitoring and Evaluation. Basically, the intent is to create experience sharing forum on the implementation process so as to create a common understanding among partners on CORE Group polio eradication strategies and to prepare budget and action plan for the coming fiscal year. It's regularly held at the CCRDA Training Center where all CGPP partners present their achievements of the preceding year, challenges encountered and the way forward and plans for the next fiscal year. Attendees are also updated with current information on immunization and surveillance. In the forum, CGPP implementing partners, FMoH, Regional Health Bureaus, Zonal Health Departments, Woreda Health Offices EPI and Surveillance focal persons were participated. And, key partners such as UNICEF, WHO, Rotary International, USAID, PATH, CHAI, IFHP were also attended in the forum.

In the reporting period, four annual planning forums (one in each fiscal year, excepting 2017) were organized by the Secretariat in which a total of 593 people had taken part. The planning forum held in FY2016 had had the highest number of participants (186), followed by that of FY2015 (175), FY2014 (143), and FY2013, with 89 attendees.

3.8.2. The CGPP Midyear review meetings

The CGPP Secretariat organized the Mid-year Review Meetings to review project implementation progress and to make timely revisions of activities with CGPP partners. These meetings were held at the middle of every fiscal years, in different locations of the country (Bahir Dar, Dire Dawa, Hawassa and Jimma) based on geographical proximity of program implementation areas. Thus, a total of 11 meetings were held in FYs 2015 – 2017 and attended by about 200 participants.

3.8.3. Project baseline, midterm, and end term evaluations

Baseline (FY2013), midterm (FY2015), and end term (FY2017) evaluations were conducted and the reports were shared with partners and stakeholders. All three evaluations explored all aspects of the strategies and objectives of CGPP Ethiopia and forwarded recommendations for subsequent operation years. Accordingly, findings from each of these evaluations were used to feed next term evaluation, and to inform program decisions making and strategy design.

According to the evaluations' findings, OPV0 had increased from 17.8% in baseline to 23.8% in end term (card); and OPV3 coverage rose from 35.2% (baseline) to 45.8% in 2017 (Table 14).

Table 14. Immunization coverage of children under 1- baseline, final and EDHS evaluations, CGPP Ethiopia, FY2013 - FY2017

Vaccine	Baseline, 2013 (%)		Final, 2017(%)		EDHS 2011(%)	EDHS 2016 (%)
	Card	*History & card*	*Card*	*History & card*		
OPV0	17.8	52.0	23.8	54.2	20	27.1
OPV1	41.1	92.4	49.6	83.0	82	80.6
OPV2	*	-	47.8	80.1	*	71.7
OPV3	35.2	85.5	45.8	73.5	44	56.4
Penta1	39.8	90.1	49.7	84.4	64	73.2
Penta2	*		48.2	80.1	*	65.1
Penta3	37.2	82.6	46.1	68.8	37	53.2
BCG	39.5	85.5	44.5	86.0	-	69.2
Measles	30.3	78.0	40.8	84.7	56	54.3
Fully Immunized	**24.7**		**36.2**	**57**	**24.3**	**38.5**

SOURCE: CGPP Ethiopia Evaluation Reports (2013&2017) and EDHS-2011 & 2016
** The baseline survey did not include OPV2, Penta 2, and fully vaccinated children.*

In general, as reported in the final survey and described in the figure below, RI coverage (Immunization Card) had shown a marked increase from baseline to end term. The increased performance of the project under Routine Immunization, particularly in coverage rate for specific polio vaccines, i.e. OPV0, OPV1, and OPV3, becomes more apparent when compared to the initial year of the project phase, as well as the EDHS rates (Table 14/Fig. 5).

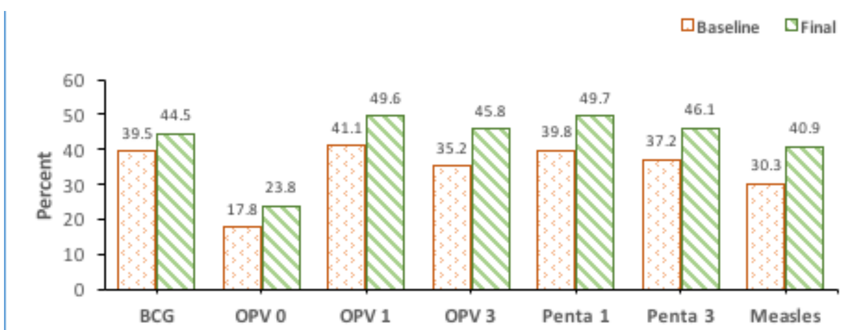


Figure 5. Immunization coverage rates between Baseline and Final Evaluation Surveys, CGPP Ethiopia, FY2013 - FY2017

As showed in Figure 5 and Table 14, comparisons between baseline and final surveys (Immunization Card) showed improvements in routine immunization coverage in all CGPP implementation areas. OPV0 showed slight increase in the final evaluation because of the fact that most children in CGPP implementation areas are delivered at home which makes it difficult to provide timely birth dose. In addition, the first and third dose of polio vaccines coverage showed slight increase in the final evaluation (Figure. 5).

3.8.4. Joint Supportive Supervisions

CORE Group Secretariat staffs have been conducting quarterly joint supportive supervisions to follow the program implementation status, and partners' financial utilization using a structured supervision checklist. The supportive supervision visits are always carried out jointly with CGPP zonal coordinators and Woreda level field staffs and secretariat staffs and government Woreda surveillance or EPI focal persons at the grassroots level. In each of the supervision visits, on-site verbal and written feedback was given at each level (Table 15). Moreover, frequent follow-ups have been done through e-mail

Joint Supportive Supervision in Somali Region Shebele Zone, FY 2015

and telephone. CGPP implementing partners had also conducted regular supportive supervisions in their respective implementation areas.

Table 15. Joint supportive supervisions conducted by the Secretariat, CGPP Ethiopia, FY 201 -FY2017

FY	Program Supportive supervisions (# of woredas)	Achievement (in %)	Finance supervision conducted to local partners	Remark
2013	18 Woredas	22.5%	EOC DICAC and EECMY DASSC (EGBS, SWBS)	Total project woredas were 80
2014	31 Woredas	36.5%	WASDA, EECMY-EGBS, PC-Liben, EOC-	5 woredas of Dollo Zone added in 2014 & total number of woredas reached 85
2015	33 Woredas	38.8%	OWDA, WASDA and EECMY (EGBS)	
2016	58 Woredas	68.0%	PC (Afdher & Liben)	
2017	65 Woredas	76.4%	Not conducted	

SOURCE: CGPP Ethiopia Annual Reports (FY2013-2017)

3.8.5. Periodic program and fiananical reports (monthly, quarterly, biannual, annual)

CGPP Ethiopia is expected to produce periodic program and financial reports and to submit to CGPP HQ, donors and partners. In line with this, 5 annual, 20 quarterly; 60 monthly program reports were produced and submitted to CGPP HQ and 10 biannual were reports submitted to USAID mission in the past project phase. The monthly and annual reports were also prepared and submitted to CCRDA. Likewise, 20 financial reports were prepared quarterly and annually and submitted to WV Ethiopia.

3.9.Documentation and Use of Information

CGPP is supporting the documentation, reporting and utilization of immunization and surveillance data. These activities comprise: provide recording and reporting formats for HDALs/CVs, health facilities and woreda health offices; reprinting standard FMoH and RHB formats and cards for registration, documentation and reporting whenever there is a gap. To support the community based surveillance, CGPP produced and distributed CBS training manuals in four different languages. To strengthen routine immunization and surveillance, job aids such as flip books, table calendars and key messages were also produced and availed. Brochures, posters, banners, notebooks with pens and stickers were produced and distributed for branding purposes. (Table 16).

3.9.1 The CGPP Secretariat Quarterly Newsletter

The secretariat has been produced the CGPP quarterly newsletters in a regular basis to update the immunization and surveillance related information; share good practices of CGPP and project implementing partners. The quarterly newsletter has different sections such as News, editorial, good practices, immunization, polio and research corners. The newsletter is disseminated to project implementing partners, government offices, international NGOs, UN agencies and stakeholders in hardcopies, softcopies through emails and CORE Group Website.

Table 16. IEC materials and documents produced and distributed, CGPP Ethiopia, FY2013-FY2017

Items	2013	2014	2015	2016	2017	Total
CBS manual in Amharic	6500	2500	7500	0	0	16,500
CBS manual in English	0	0	100	100	0	200
CBS manual in Somali	0	1500	0	200	0	1,700
CBS manual in Afan Oromo	1500	0	0	0	0	1,500
Quarterly Newsletter	1000	750	1000	1000	1000	4,750
Table Calendar	500	500	500	500	500	2,500
Flip Books (Flip Chart) in Amharic	0	0	0	0	1000	1000
EPI Key messages	1500	1500	2500	2000	2500	15,000
Brochures	500			100		1500

SOURCE: CGPP Ethiopia Annual Reports (FY2013-2017)

3.9.2 Operational Research and Publications

The CGPP Secretariat conducted operational researches on immunization and surveillance to assess gaps and improve project performance and use the information for decision making. In this relation, nine peer-reviewed journal articles were published in the Ethiopian Medical Journal, and six additional articles were in the pipeline for publication in the Ethiopian Journal of Health Development. Twenty-five immunizations

and surveillance related papers were presented at national, regional, and international forums by CGPP staff. These included presentations made at the American Public Health Association, Ethiopian Public Health Association, IGAD international Conferences (in South Africa, Kenya, and Ethiopia), and presentations made in quarterly immunization and surveillance review meetings (Table 17). In addition, the findings were also disseminated through the CGPP quarterly newsletters.

Table 17. Papers published & presentations made at regional and international forums, CGPP Secretariat Ethiopia, FY2013 – FY2017.

Year	Conference/Forum/Publisher	# of Presentations/ publications	Venue	Remarks
FY2013	Publications at Ethiopian Medical Journal	9*	Ethiopia	Articles published
	Presentation at APHA annual conference	2	Boston, USA	One oral one poster
FY2014	Presentations at 1st IGAD Int. conference on Health Meeting	2	Addis Ababa	One oral & one presentations
	Presentations at APHA annual conference	3	New Orleans, USA	Two oral and one poster
FY2015	Presentations at Ethiopian Public Health Association annual conference	1	Bahir Dar	Poster presentation
	Presentations at APHA annual conference	3	Chicago, USA	Two oral and one poster
FY2016	Presentations at Ethiopian Public Health Association annual conference	2	Addis Ababa, Ethiopia	One oral and one poster
	Presentations at APHA annual conference	6	Denver, USA	Four oral and two poster
	Presentation at Institutionalizing Community Health Conference (ICHC)	1	Johannesburg, South Africa	Oral presentation
	Presentation at the National Immunization Conference	1	Addis Ababa, Ethiopia	Oral, organized by ECSHF
	Presentation at African Annual Vaccinology Course	1	Cape Town, South Africa	Oral presentation
FY2017	Presentation on *Immunization Time Interval from the Midterm Evaluation Survey Findings*, at the biannual immunization and surveillance review meeting	1	Addis Ababa, Ethiopia	Oral, organized by FMoH and WHO
	Presentations at the APHA annual expo	5	Atlanta, USA	Three oral and two posters
	Presentation at the 1st National SBC Conference "The Role CVs towards Mobilizing the Community on Immunization"	1	Addis Ababa, Ethiopia	Oral organized by FMoH & JHU/CCP

**See Annex 1 for updated list of publications by CGPP Ethiopia, FY2013 – FY2017.*

SECTION IV. CONCLUSIONS

The summary report has reflected the strides made by CORE Group Polio Project Ethiopa Secretairat and its program implementation in various aspects. Therefore, this section, as a concluding part, presents recaps of : i) selected CGPP practices believed to be exemplary, ii) obstacles or challenges experienced in program implementation, and iii) worthwhile lessons derived or experiences gained in the process during the reported program phase.

4.1.Exemplary Practices

- Successful expansion to cover much larger and remote geographic areas: At the beginning of 2013, CGPP Ethiopia was operating in 80 woredas and covered a total of 4.3 million target population. At the end of FY2017, it had expanded its coverage to 85 woredas and was reaching more than 6 million target populations mostly residing in remote, hard to reach and border areas. These populations were reached in routine immunization, CBS and health education activities.

- Mobile device and web-based vaccine preventable diseases surveillance and reporting system: This system was introduced by CGPP Ethiopia in mid-2015, which transformed the way data had been managed and enabled the instant transfer of information directly to the central server. The system was also used for data collection in project midterm and final evaluations. It was learned that the implementation of this system has improved early case detection and reporting. As well, data were more efficiently transferred and made available to CGPP Secretariat to be used for programmatic decision making. Utilizing this system has helped to easily magnify the contribution of CVs/HDALs in disease reporting activity.

- Mobilization of additional Grants: Owing to its experiences and effective partnerships, CGPP and Implementing Partners succeeded in securing additional grants from CORE Inc., Bill and Melinda Gates Foundation (BMGF), GAVI-CSO and International Vaccine Institute (IVI). The fund was used to supplement budget gaps encountered for immunization and surveillance activities of CGPP.

- Immunization mainstreaming: Immunization mainstreaming into religious system to increase community participation for surveillance and immunization activities through community mobilization is one of the strategies of CGPP Secretariat and implementing partners. During the past project period different mainstreaming activities were carried out to mainstream immunization into Muslim and Christian religions. This program has been piloted in 2012 in Gambella region with protestant religion. Following the successful achievement of the program, it has been scaled up in Siti and Dollo Zones

(Somali Region) with Muslim Religion; in Kelem Welega Zone (Oromia Region) with Ethiopian Orthodox Church and in Metekl Zone (Benishangul Gumuz Region) with Ethiopian Orthodox Church, Protestant Church and Muslim Religions.

- Cross-Border activities:- It is an international focus area recommended by TAG. Based on the recommendation, CGPP Secretariat has taken the initiative and established cross border collaborations between Ethiopia and Kenya in Moyale Woreda since2014. Following its success, the program has been expanded to Djibouti, Somalia, Sudan and South Sudan Bordering areas. Among the achievements of this initiative were vaccinating children in the crossing points during SIAs and synchronization of SIAs.

- Polio Legacy Transition planning:- The polio legacy and transition planning aimed to ensure that the investments made to eradicate polio contribute to future health goals, through a program of work to systematically document and transition the learnings and assets of the Global Polio Eradication Initiative. The three major components to Polio Legacy include: mainstream polio functions such as immunization, surveillance, and communication into on-going public health programs; share lessons learned and transition of capacities and identify assets from polio eradication to support other health priorities. The CORE Group secretariat was actively involved in this process on behalf of its partners.

- Partnership:- The CGPP Secretariat Model follows partnership approaches and working with 10 international and national CSOs. Due to this, it covers large geographic areas with minimum cost and avoids duplication of efforts. Furthermore, CGPP Ethiopia, as a longtime partner of the government, has been supporting and working closely with the health system, especially on immunization and surveillance programs, particularly on polio eradication initiatives in hard-to- reach, pastoralist, and porous border areas for the past 15 years. CGPP is using the existing government's health system which insures sustainability of the project, joint planning, implementation, and monitoring of polio eradication activities. CGPP was also has strong working relationship with other key partners such us WHO, UNICEF, Rotary International, CHAI, PATH, JSI/UI FHS, IFHS and others.

- Community engagement (CVs/HDALs & Religious leaders):- CGPP Ethiopia, as most of its activities are implemented at community level, has learnt about the great benefit gained by linking them with the lower level government health system to make them sustainable and running with lesser cost using CVs/HDALs, religious and clan leaders.

4.2. Challenges and Obstacles

Despite the encouraging achievements observed, several challenges have been encountered in the past program phase. Of these, the toughest hurdle, as reported, was adapting to a new cadre of volunteers, called HDALs, which were introduced by Government of Ethiopia for community education and mobilization in mid-2015 FY. This had necessitated a shift in CGPPs' implementation strategy as CGPP was then required to use these volunteers, provide training for HDALs selected form the total HDALs wherever there were possibilities to do so, and using CVs in addition to the HDALs in areas where allowed. This occurrence was despite the fact that, although the Secretariat had achieved rather better results with its own community volunteers under its direct control, and the fact that utilizing the HDALs required more project resources for supervision and follow-up.

Table 18. Challenges experienced in FY2013 - FY2017, by category

Category	Challenge	Remedial Measures Taken	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Internal	1. **Poor Infrastructure** - CGPP is implementing in hard to reach pastoralist and semi pastoralist areas with hard geographical setting, poor bureaucracy system, less accountability trend, low technical and managerial health professional capacity, little communication means and poor infrastructure. These barriers have contributed to delayed and incomplete response of reports and queries.						
External	2. The Government of Ethiopia's new HDALs structure in mid-2015for community education and mobilization. This had necessitated a shift in CGPPs' implementation strategy as CGPP was then required to use this structure (very large number of HDALs) which required big resources for training, review meeting, supervision and reporting.						
Internal	3. **Delayed project start-up-** New CGPP project phase began in 2013, followed by inclusion of new woredas and implementing partners. The budget release, recruitment process, launching the project and other factors contributed for delayed start-up of project activities implementations. These also led to less fund utilization rate.						
External	4. **Occurrence of Polio Outbreaks-** Even if there was not a single confirmed wild polio case since April 2008, 10 confirmed wild polio virus cases were found in the Dollo zone of Somali region in July 2013 up to January 5/2014. This had forced CGPP Ethiopia and its implementing partners to prepare new emergency response action plan and share their time and man power.	Prepared new emergency response action plan and shared time and man power accordingly					
Internal	5. **Sub-standard performance of local partners:** The performance of Wabi Shebele Development Association (WASDA), and West Gambella Bethel Synod was found unsatisfactory, and CGPP Secretariat was forced to provide frequent support and close follow up in order to get activities implemented according to the plan. However, despite all the close technical support from the Secretariat, the organization [WASDA] had shown no improvement in performance, and was finally replaced with other partner working in the area.	Providing frequent support and close follow up					

Category	Challenge	Remedial Measures Taken	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Institutional and others	6. **Repeated polio SIAs-** In response to occurrence of the HOA polio outbreak of January 2014, repeated polio SIAs have been carried out in most parts of the country, and especially in border and hard to reach areas where CORE Group Ethiopia operated. This affected the timely implementation/completion of other routine activities of the CGPP and its implementing partners.						
External	7. **Drought and Outbreak–** The 2017 FY drought and acute watery diarrhea that occurred in some parts of the country, especially in most areas of the Ethiopian Somali region, affected implementation of project activities according to the plan.						
External	8. **Security problems-** The State of Emergency, which was declared by the G.O.E in 2017 and lasted for more than six months due to the unrest in Oromiya and Amhara regions, had significantly affected CGPP staffs' movement and timely project implementation.						
External	9. **High Government staff turnover**						

Last is the problem of working in large and far-flung target areas, which had posed - and was still posing in 2017, a management challenge for the Secretariat and partners' staff to make oversight visits. In fact, this factor has been long recognized and stressed by various, both national level stakeholders and international partners. As indicated in the CGPP Ethiopia's Final Evaluation Report of 2017, many stakeholders, including representatives of the FMoH, UNICEF, and Rotary International, acknowledged the challenges of achieving high immunization coverage in a country as large and diverse/scattered settlements as Ethiopia, and often expressed their appreciation of CORE Group Ethiopia. They particularly commended CGPP for creating a strategy and system to work alongside the government, rather than in parallel, and at community level, as well as for improving/ influencing the existing system that made it possible to use resources effectively and for greater reach.

In connection with this, an FMoH official was quoted as saying that since the year 2000 there had been a decrease in vaccine-preventable diseases in the CGPP target areas, mainly as a result of the fact that communities in previously considered unreachable areas were now enlightened not only about the values of polio vaccine but also about immunizations in general.

ANNEXES

Annex 1. Articles published and in preparation by CGPP Ethiopia

Journal articles

a) The nine (9) articles published in the Ethiopian Medical Journal (EMJ) in 2013 were:-

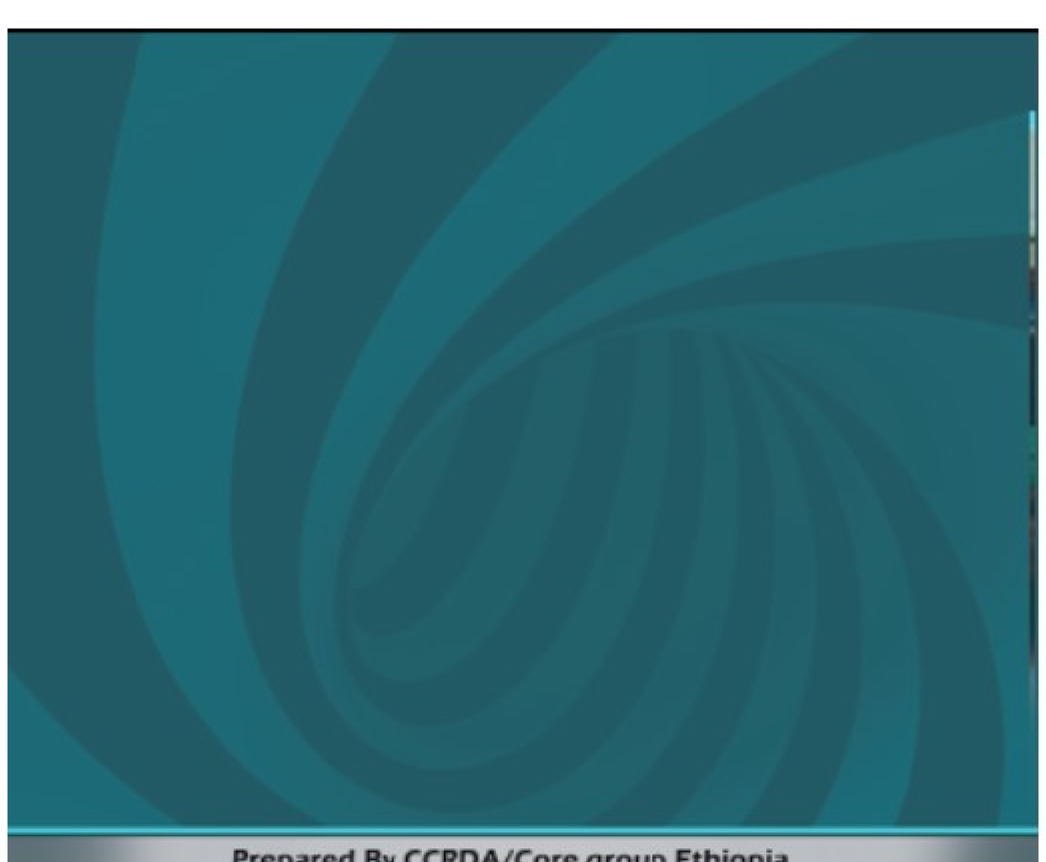
- o Newborn tracking for polio birth dose vaccination in pastoralist and semi pastoralist CGPP implementation districts in Ethiopia
- o Acute Flaccid Paralysis surveillance status and community awareness in pastoralist and semi-pastoralist community of Ethiopia
- o Assessment of Cold Chain Status for immunization in Central Ethiopia
- o Cross border wild polio virus transmission in CGPP areas in Ethiopia
- o Factors Associated with Immunization Coverage Among Children Age 12-23 months: The case of Zone 3, Afar Regional state
- o Knowledge and practice of front line health workers (HEWs and CVSFPs) towards Acute Flaccid Paralysis case detection and reporting in pastoralist and semi pastoralist areas of Ethiopia
- o Knowledge of mothers on polio myelitis and other vaccine preventable diseases and vaccination status of children in pastoralist and semi pastoralist areas of Ethiopia
- o Health facility preparedness for routine immunization services in Gambella region, Ethiopia
- o Linking CVSFPs with health extension workers on polio surveillance

b) Six (6) articles in preparation to be published in the Ethiopian Journal of Heath Development (EJHD) in 2018. The titles are:-

- o Vaccination coverage, dropout and associated factors in Pastoralist and Semi-pastoralist region of Ethiopia: CORE Group Polio Project Implementation areas
- o Evaluate Child Vaccination Timing, Interval and Missed Opportunity in Hard to Reach Pastoral and Semi-pastoralist Areas in Ethiopia: Evidence from CORE Group Polio Project implementation areas
- o Immunization Service Availability and Readiness at Primary Health Care Unit in Pastoralist and Semi-Pastoralist CORE Group Polio Project Ethiopia Implementa tion Areas
- o Health providers' readiness in immunization services provision in Pastoralist and Semi-pastoralist regions, Ethiopia
- o Primary health care service providers' knowledge and practice towards vaccination in CORE Group Polio Project Ethiopia intervention areas
- o Knowledge and Practice of Community Volunteers on Immunization and Disease Surveillance in Pastoralist and Semi Pastoralist Implementation Zones of CGPP Ethiopia

Annex 2. Sources Used

CGPP Ethiopia Annual Work plan FY 2013 - FY 2017
CGGP Ethiopia Baseline Survey Report (2013)
CGGP Ethiopia Mid-Term Evaluation Report (2015)
CGPP Ethiopia Final Evaluation Results (2017)
CGPP Countries Evaluation Report (2018)
Ethiopian Demographic & Health Survey (EDHS) – 2011
Ethiopian Demographic & Health Survey (EDHS) – 2016
FMoH Ethiopia Health and Health Related Indicators 2011- 2016
CGPP Ethiopia Annual report FY 2013 – FY 2017
CGPP Secretariat proceedings and Minutes
CGPP Secretariat Quarterly News letters
WHO Polio Weekly Updates FY 2013 – FY 2017
CGPP Secretariat 5 year's summary report Sep. 2007- Oct. 2012
Stamidis, et. al. (2018). "Trust, Communication, and Community Networks: How CGPP Community Mobilizers led the Fight against Polio in Ethiopia's Most At-Risk Areas", CGPP Secretariat Qualitative Study Report.



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