

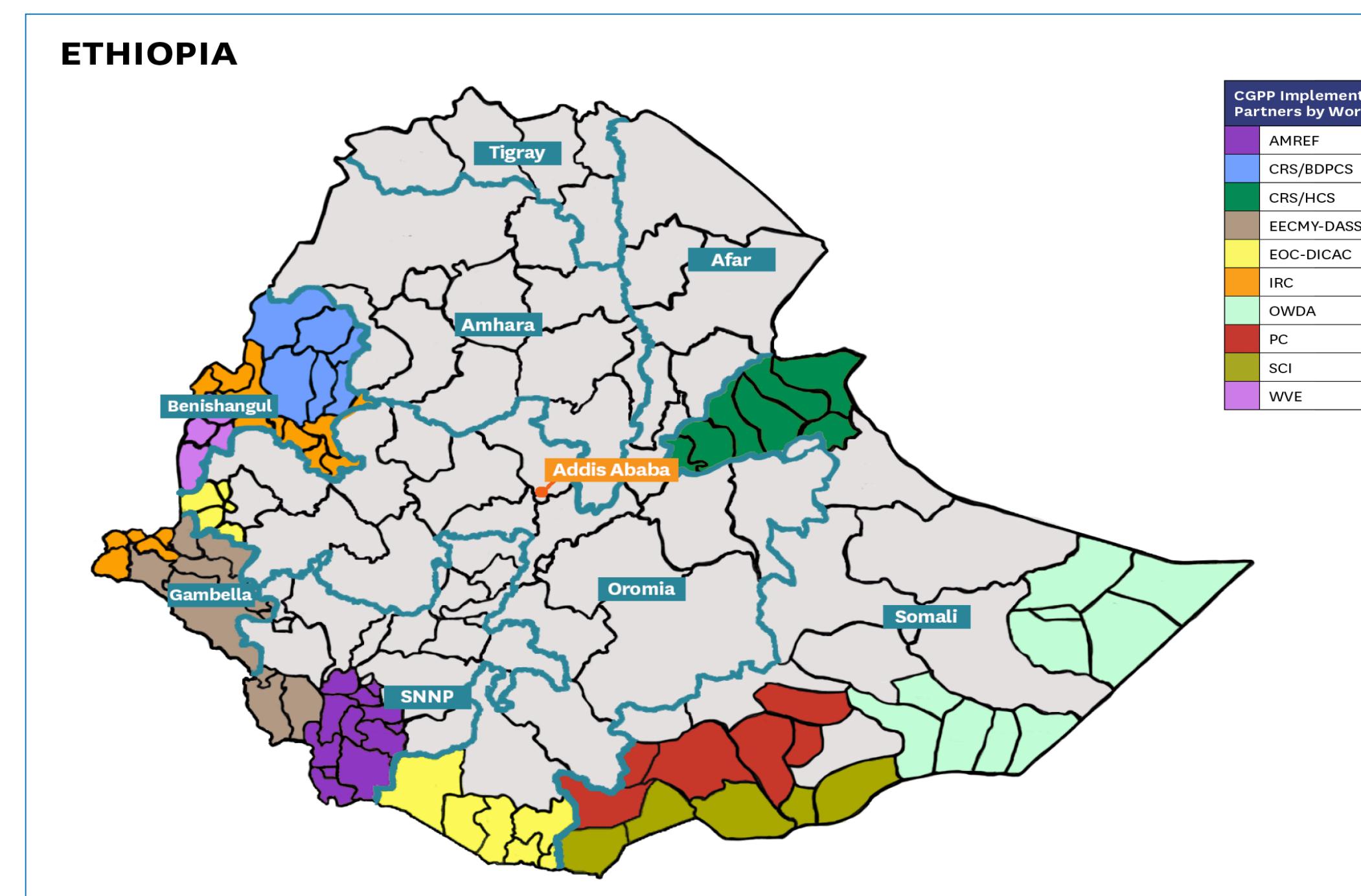
Community Volunteers and their knowledge and practice related to immunization, vaccine preventable diseases and disease surveillance in hard to reach pastoralist community of Ethiopia

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BACKGROUND:

In 2001, the CORE Group Polio Project (CGPP) began to support polio eradication initiatives in hard-to-reach pastoralist and semi-pastoralist areas and also in high-risk border areas. Now, in 2019, more than 11,000 CGPP Community Volunteers (CVs) provide support to increase the coverage of polio and other routine immunizations and to support the termination of wild poliovirus transmission.

The CGPP in Ethiopia has been a pioneer in the use of CVs for immunization promotion and community-based surveillance activities. The country reported its last case of wild poliovirus in January 2014.



The CGPP implementation areas where CVs are active

OBJECTIVE:

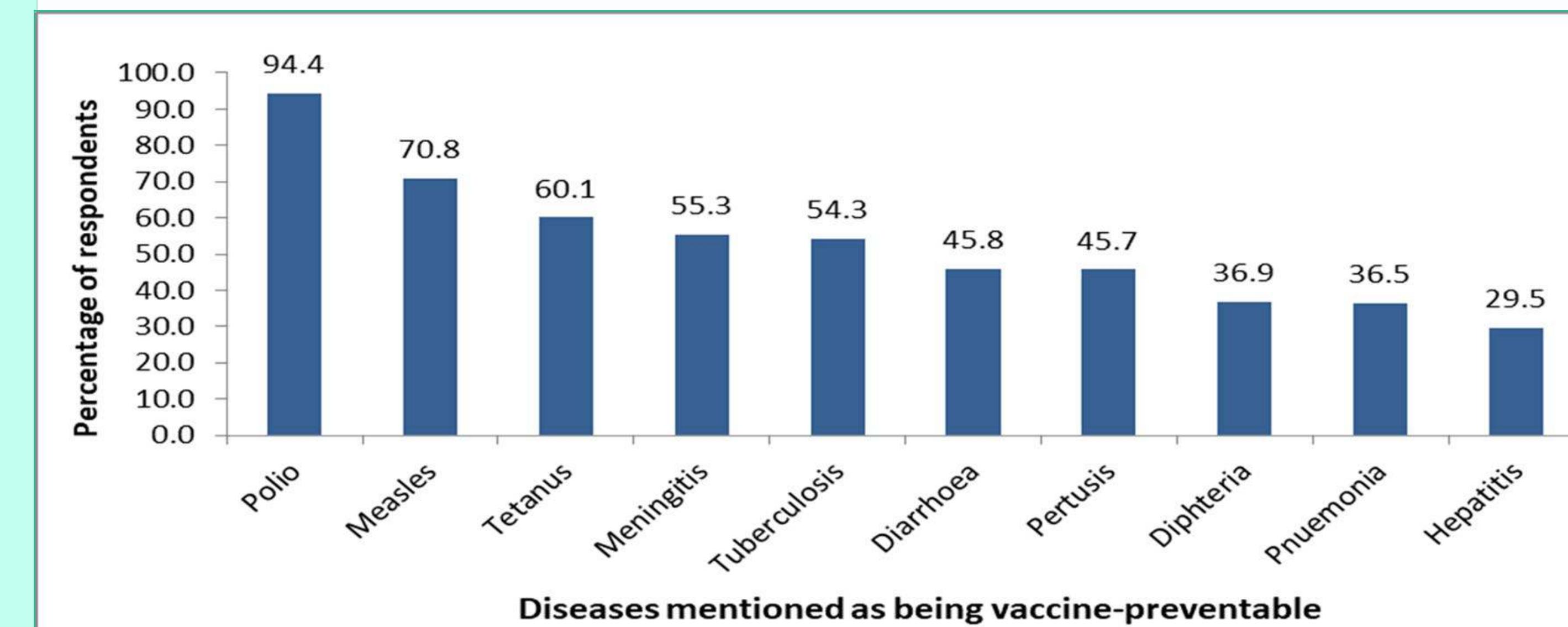
To assess the role of CGPP CVs in Ethiopia, their knowledge of vaccine-preventable diseases, and their practices related to polio immunization, other immunizations, and surveillance of vaccine-preventable diseases.

METHODS:

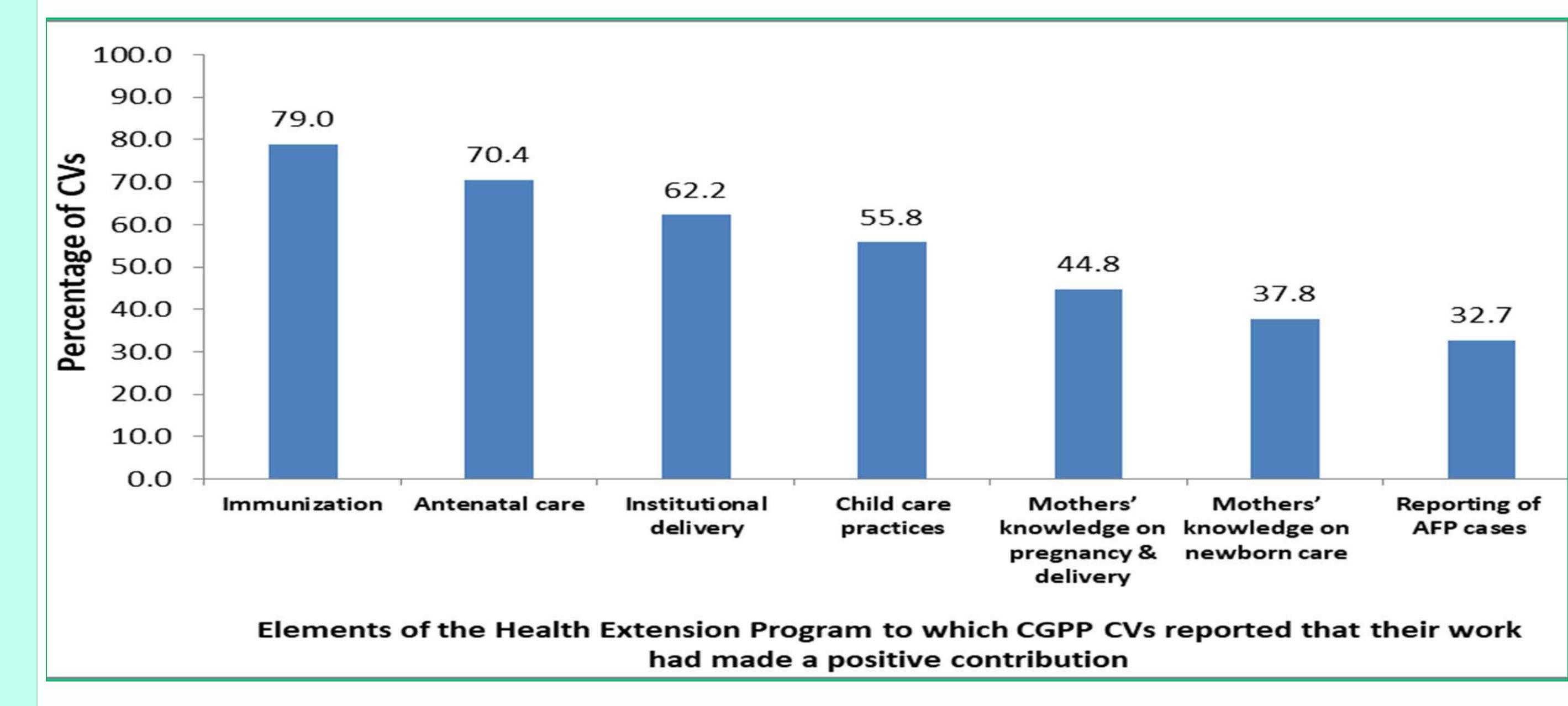
Of the 723 kebeles (sub-districts) where the CGPP was working at that time, 223 kebeles were randomly selected. Within each of these selected kebeles, three CGPP CVs were randomly selected for interview. A total of 675 CVs were interviewed.

RESULTS:

Survey findings demonstrate that CVs are trusted and respected in their communities. The study also revealed that the knowledge of CVs was sub-optimal. Regarding vaccine-preventable diseases, 94.4%, 70.8% and 60.1%, respectively, knew that polio, measles and tetanus are vaccine-preventable diseases. Regarding signs and symptoms of acute flaccid paralysis (AFP), 76.9% mentioned spontaneously limp limbs and 74.6% mentioned spontaneously cessation of crawling or walking as a sign or symptom of AFP.



The survey also showed that 84.1% of the CVs had conducted home visits in the previous month to identify and register pregnant mothers, provide health education, identify and register new-borns, conduct disease surveillance, search for and register immunization defaulters, and carry out social mobilization activities.



Results from the study show the close linkage between CVs and Health Extension Workers, who are salaried community health workers who each serve a catchment area of approximately 2,500 persons. 98.2% of the interviewed CVs reported that their work had led to improvements in the community in the areas of antenatal care, institutional delivery, immunization, reporting of AFP cases, child care practices, mothers' knowledge on pregnancy and delivery; and mothers' knowledge on new-born care.

CONCLUSION AND RECOMMENDATION:

Community volunteers can perform surveillance and improve immunization coverage in hard-to-reach areas. Community volunteers, if properly trained and supported, can make important contributions to disease surveillance and promotion of the utilization of maternal and child health essential services.



The CGPP community volunteers in Somali Region