



THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

Ethiopia launches two rounds of mOPV2 campaigns to combat outbreak in Somali Region



Dr. Filimona Bisrat giving polio drop during the launching at Togo Wuchale

Following the Circulating Vaccine Derived-Polio Virus (cVDPV) outbreak reported recently from Somali region Dollo Zone; Ethiopia conducted quick outbreak response campaign to the affected areas on July 2019 . Now, based on the recommendation from the HoA/TAG to conduct additional rounds of campaigns, Ethiopia conducted two rounds of monovalent oral polio vaccine type2 (mOPV2) vaccination campaigns in Somali region with the inclusion of adjacent and risk zones.

The first round was a synchronized cross border outbreak response campaign with neighboring countries:

Somalia, Somaliland and Puntland. These neighboring cross border areas face common challenges with highly mobile population, poor health infrastructure along the common borders and low immunization coverage.

The launching was held in Somali region Togo Wuchale town on August 19, 2019 with the presence of higher officials from: the Somali Regional President Office, Somali Regional Health Bureau Head, Fafan Zonal and City administration offices, religious/clan readers, partners from CORE Group Polio Project, WHO, UNICEF and Rotary. Representatives from Somaliland Ministry of Health were also attended the launching. Dr. Filimona Bisrat, CORE Group Polio Project (CGPP) Secretariat Director delivered a key-note speech at the launching.

continued on page 8

INSIDE THIS ISSUE

EDITORIAL: Page 2

NEWS: Page 1,3,5,8

CASE STUDIES: Page 2

POLIO CORNER: AFP UPDATES - P. 4

RESEARCH CORNER: Page 6—7



EDITORIAL —

Improving the quality and use of data for better immunization services

In healthcare service provision, data quality is critical to ensure safety and communicate health service delivery. In relation to immunization, local level evidence is important to decision-making for effective and efficient utilization of resources. It is evident that immunization remains one of the most important and cost-effective interventions to reduce vaccine-preventable child morbidity, disability and mortality. Timely and qualified immunization data is a key for effective immunization services.

Lack of data use for decision-making at each level of the immunization system remains the main challenge in most developing countries. Also, in Ethiopia, lack of accurate and good-quality immunization coverage data is one of the major problems.

CORE Group Polio Project (CGPP) is contributing for immunization data improvement in some of its implementation areas. During the integrated supportive supervisions conducted in CGPP implementation areas, it was observed that there is a gap related to inadequate documentation and data management at the health facilities, i.e. incomplete, untimely and poor-quality reports and non-utilization of available information on immunization.

Having such problems can lead to failure in immunization services due to lack of proper data for decision making and allocation of resources. Data quality is vital for: strengthening the quality of immunization coverage to help address equity; helps strengthen surveillance systems and use disease data to target and improve immunization programmes and outbreak preparedness; and help to improve data systems to detect adverse events and implement effective response strategies.

Currently, Ethiopia is facing problems of repeated outbreaks and low immunization coverage issues. Hence, we need to apply a system to support the health facilities at all levels to utilize data quality protocols and to apply targeted data improvement plans for better immunization services. Therefore, collaboration among the Ministry of Health, the health bureaus at all levels and immunization partners is vital to apply strategies to improve the immunization data quality at the health facility levels through capacity building of the health workforce, follow up the documentation system and conduct ongoing studies on issue related to data quality to improve the immunization services in the country.

CGPP undertakes operational research survey in two regions of Ethiopia

Operational research (OR) is used to identify activity status and improve accessibility and quality of services.

Considering the potential of OR findings to improve the outputs and outcomes of the immunization programmes by assessing/identifying the status of immunization programs in its implementation areas and lack of the availability of data and document at the health facilities; CGPP has carried out the qualitative data collection in Benishangul Gumuz and Somali Regions to assess “The Health Worker Caregiver Interaction on Immunization”.

The survey was conducted in 12 districts of five zones (3 zones of Somali region /Siti, Shebelle, Liben/ and two zones of Benishangul Gumuz region/Assosa and Metekel/). The research findings write up is under process and the final findings will be released and widely shared.

Prepared by:

CORE Group Polio Project, Ethiopia
Contact: Tel. 251 114 39 31 33 (Office)

Mobile: 251 911 42 78 91

E-mail: bethelahoma.cgpp@gmail.com

CGPP Secretariat, Ethiopia

Website: www.coregroup.org



CGPP's ACHIEVEMENTS: publishing for scholarly journals

WE ARE PLEASED TO ANNOUNCE THAT!

CGPP Ethiopia has published eight journal articles on:

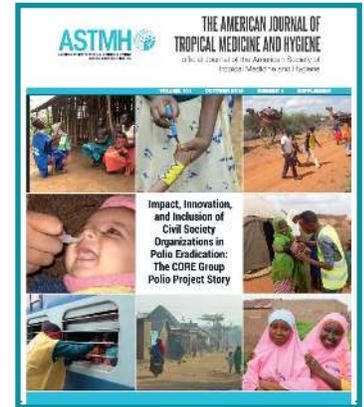
⇒ **The American Journal of Tropical Medicine and Hygiene (AJTMH)-**
Volume 101, Issue 4_Suppl, 2019

⇒ **Entitled “Impact, Innovation, and Inclusion of Civil Society Organizations in Polio Eradication: The CORE Group Polio Project Story”**

And

⇒ **Ethiopian Journal of Health Development (EJHD)-** Vol 33 No SPECIAL IS
(2019) Published July 21, 2019

Entitled “Endeavors to improve immunization uptake in Ethiopia”



The publications can be accessed through the following links.

- ⇒ https://www.ajtmh.org/content/journals/14761645/101/4_Suppl
- ⇒ <https://www.ejhd.org/index.php/ejhd/issue/view/125>

CGPP holds its annual Staff retreat program

For this year’s annual staff retreat, the CGPP Ethiopia team gathered at Rift Valley (Caneth) Hotel in Adama town from August 28 to September 2, 2019. The retreat involved a great deal of strategic and tactical planning on how to synchronize the CGPP program with the new Global Health Security project. Furthermore, critical review was done on the preliminary finding of the 2019 qualitative research and the CGPP priority operational research topics for 2020 were selected; in which an external consultant helped guide our team through a series of sessions that involved the whole process.

The other major activities conducted during the retreat were: the revision of biannual and monthly reporting

outlines based on the gaps identified by the secretariat and implementing partner’s staff during the past reporting periods; the final draft of the Community Based Surveillance (CBS) Training Manual in English and Amharic languages in which three Priority Zoonotic Diseases (PZDs) included were revised. The team also reviewed the new tool “the referral card” developed to augment and document the activities of community volunteers regarding identification and reporting of pregnant women, newborns and immunization defaulters. The program and financial implementation status of the CGPP was also reviewed.

At the close up of the retreat, the team agreed to translate and print the CBS manuals and the referral card into Oromifa and Somali languages; and to finalize the activity and budget planning for fiscal year 2020.





POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Oct 04, 2019

Region	Expected Cases (2019)	Reported (this period 2019)	Reported (same period 2018)	Reported this Week	NP-AFP Rate (annualized) 2019	NP-AFP Rate (annualized) 2018	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	17	19	20	1	3	3.1	100	95	8.6	0	0	0
AFAR	21	26	20	2	3.3	3.3	77	100	2.1	0	0	0
AMHARA	182	138	163	4	2	2.4	93	96	3.3	0	0	0
B/GUMUZ	12	13	19	0	2.9	4.2	92	100	0.0	0	0	0
D/DAWA	4	2	3	0	1.3	2.7	100	100	0.0	0	0	0
GAMBELLA	7	21	9	0	8	6	81	90	4.7	0	0	0
HARERI	2	3	1	0	4	1.3	100	100	0.0	0	0	0
OROMIA	380	308	241	9	2.2	1.8	89	94	3.0	0	0	0
SNNPR	191	160	161	12	2.2	2.2	94	97	2.2	0	0	0
SOMALI	60	114	62	7	4.9	2.9	89	96	6.5	0	0	0
TIGRAY	48	33	25	1	1.8	1.5	94	100	3.2	0	0	0
NATIONAL	924	837	724	38	2.4	2.2	91	95	3.4	0	0	0

Week 36,2019





CGPP conducts its Annual Review and Planning Meetings

The CGPP Ethiopia has organized its Annual Review and Planning Meeting (ARPM) in four clusters i.e. in Assosa and Jimma: on August 5 – 6, 2019; in Haswassa: on August 12 – 13, 2019 and in Dire Dawa: on September 2 – 3, 2019.

The purpose of the ARPM was to review the status of the project in the fiscal year 2019. In this meeting, updates were given on overview of CGPP- Global Health Security (GHS); status of Community Based Surveillance (CBS) and Vaccine Preventable Diseases (VPDs) by CGPP; and the cVDP2 outbreak and response status was presented by WHO. Partners were also reported their program and financial implementation status.

The last day of the meeting was dedicated for planning in which all partners drafted and presented their activity plan



The Annual Planning forum in Hawassa

for 2020. A total of 192 participants from CGPP secretariat staffs, CGPP partners headquarters and field office staffs; and regional, zonal and woreda health office EPI and surveillance officers attended the 2019 ARPM.

CGPP organizes ToT on the community based surveillance for VPDs and PZDs

The CGPP Ethiopia has organized CBS Training of Trainers program in four clusters i.e. in Assosa and Jimma: on August 7 – 9, 2019; in Haswassa: on August 14 – 16, 2019 and in Dire Dawa: on September 4 to 6, 2019. The purpose of the ToT was to introduce the new Global Health Security (GHS) - One health program and the three additionally included priority zoonotic diseases, such as; Rabies, Anthrax and Brucellosis, to the CGPP implementation program. It was also aimed to give updates on Acute Flaccid Paralysis (AFP), Measles and Neonatal Tetanus (NNT).

The program had also created a network between the CGPP staff members and regional zonal and woreda health office staffs with the animal health experts at the regional, zonal and woreda level to bring synergies together, and adhere to the goals of the project.

The three days ToT was attended by all CGPP implementing partners; and human and animal health experts from the government offices of the CGPP program implementation regions, zones and woredas. Updates were delivered by human and animal health experts on current issues

related to the priority zoonotic diseases. During the training, participants were performed role plays and other exercises to simulate the activities to be conducted at the grass root level. A total of 168 participants attended the ToT.

At the last day of the program, planning was done to cascade the training to the lower level. A committee consisting partners field office staff members, experts from the government health bureau and animal health experts were established to follow up and lead the training cascade and activities following the training.



Group photo - ToT attendees in Assosa



RESEARCH CORNER

Experiences from the field

Use of dedicated Volunteer Community Mobilizers for polio eradication program in pastoralist, hard to reach and bordering parts of Ethiopia

By Tenager Tadesse, M & E Officer, CGPP Ethiopia

BACKGROUND:

The CORE Group Polio Project (CGPP)

The surveillance intervention in Ethiopia has not adequately involved the community to be part of the surveillance system. The level of community sensitization and eventual detection and reporting of Acute Flaccid Paralysis (AFP) cases is minimal. If the level of community awareness is increased, they can be of substantial assist in AFP case and other vaccine preventable diseases detection and reporting, facilitation of stool collection. In Ethiopia active surveillance of AFP has been conducted at community and health facility levels.

CORE Group Polio Project (CGPP) Ethiopia is working in partnership with 11 Non-Governmental organizations, covering 85 Districts in five regions, mainly to contribute towards polio eradication efforts of the FMOH in pastoralist, semi pastoralist and hard to reach areas of the country.

Community Volunteers

Volunteer Community Mobilizers (VCMs) are backbone of the Community Base Surveillance (CBS) and New Born Tracking (NBT) program of CGPP in Ethiopia. VCMs after three days training deploy to carry out activities like pregnant women and new born identification and registration, immunizations defaulter tracing, community education by moving house to house & in community

gatherings. Moreover; they are expected to actively search and report cases of AFP/Measles and NNT.

STUDY OBJECTIVE:

Assess contribution of Volunteer Community Mobilizers in Polio Eradication through early cases detection and reporting of Acute Flaccid Paralysis (AFP) in pastoralist, hard to reach and bordering part of Ethiopia.

METHODS:

One year WHO weekly AFP data (January to December 2018) and CGPP Ethiopia report reviewed to asses VCMs contribution in early AFP case detection and reporting. Then AFP cases detected and reported by VCMs compared with cases presented straight to health facility (HF) in CGPP Ethiopia implementation areas.



Picture 1: Borena Zone CGPP Volunteer Community Mobilizers, CGPP Ethiopia, 2019



RESEARCH CORNER

Experiences from the field

Table 1: Comparison of average days from onset of illness to detection, from notification-to- investigation and from onset of illness to second stool collection between cases reported by VCMs and cases presented to health facility, CGPP Ethiopia 2019.

Reported by	# of cases	Average Days from Onset-to Notifica-tion	Average Days from Notification-to- Investigation	Average Days from Onset-to 2 nd Stool col-lection
Volunteer Community Mobilizers	39	3.9	1.0	7.3
Health Facility	104	6.3	0.4	9.0
Total/Average	143	5.6	0.6	8.5

RESULTS:

From January to December 2018, total of 143 AFP cases reported from 85 CGPP implementation Districts, of which 39 (27.2%) reported by VCMs. Average days from onset of illness to detection were 3.9 for cases reported by VCMs and 6.3 for HF presented cases. Average days between onset and 2nd stool collection were 7.3 and 9.0 for VCMs reported and HF cases respectively, which meet the standard (within 14 days).

CONCLUSION:

Community based surveillance complements conventional facility based surveillance and possess great potential to improve the sensitivity of surveillance system.

This finding revealed that, VCMs significantly contributed not only in AFP case detection and reporting but also early detection of AFP cases when compared with HF presented cases by two and half days.

RECOMMENDATION:

Motivate VCMs to improve AFP case detection rate and share experiences to scale up the program to similar areas of the Country.



Picture 2: Geo map of AFP reported cases in CGPP Ethiopia implementation areas 2019.

Acknowledgements:

The author extends his great thank for, Volunteer Community Mobilizers, CGPP field officers, District health office staff and WHO Ethiopia staff for the data.



Ethiopia launches two rounds of mOPV2 campaign in Somali Region

continued from page 1

The 1st campaign was conducted in August 19 to 22, 2019 and reached over half a million (586, 511) children aged 0-59 months from the five high risk zones namely Fafan, Jarar, Dollo, Erar and Nogob.

CGPP, WHO, UNICEF, CDC and other immunization partners were supported the pre, intra and post campaign activities. Legesse Kidanne Deputy Secretariat Director and CGPP and CGPP - OWDA field office staffs provided technical support for the pre, intra and post campaign activities conducted at Dollo Zone. Four vehicles were deployed by CGPP to provide transportation for the campaign.

This campaign mainly used house-to-house vaccination approaches to reach all targeted children. Furthermore, according to Legesse, kindergartens, hospitals, health centers, water points, streets, market areas and border crossing points have also been visited to fully address all targeted children.

The 2nd round of the campaign was held from September 23—26, 2019. Asrat Assress program officer CGPP and five staff members of the CGPP-OWDA supported the pre, intra and post campaign activities at targeted woredas of Dollo Zone. In addition four vehicles were provided by CGPP to support the campaign. According to Assrat, in Galadi woreda where he was assigned to support the SIA, 21,780 were vaccinated during the house to house vaccination campaign. In addition, at the eight vaccination transit points which was established by CGPP and OWDA (i.e. four in Bokh and 2 in Galadi woredas), 447 children were vaccinated.

Two suspected AFP cases were also detected during the house to house vaccination campaign at Galadi and Warder woredas.



Left to right: Asrat Asress (CGPP program Officer) and Niman Mohammed (CGPP- OWDA Program Officer) supporting the campaign at Dollo Zone

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.

CCRDA/CORE GROUP POLIO PROJECT (CGPP)
TEL+251-11-4393133, 251-11-4393332
E-MAIL coreethiopia@crdaethiopia.org
P.O. BOX 5674
ADDIS ABABA, ETHIOPIA
WEBSITE: www.coregroup.org