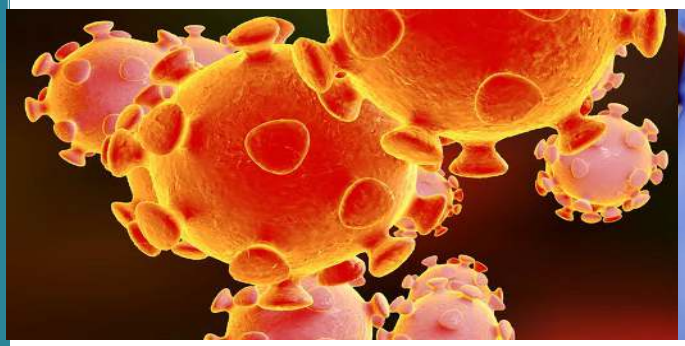
JANUARY — MARCH 2020

THE NEWSLETTER

THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER



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ETHIOPIA CONFIRMS FIRST CASE OF COVID-19

Higher officials briefing the media on the COVID19 (in the middle, Dr. Liya Tadesse, Minister of Health)

The Ministry of Health Ethiopia has confirmed a coronavirus disease (COVID-19) case in Addis Ababa, Ethiopia which was announced on the 13th of March 2020.

According to Dr. Liya Tadesse Minster of Health, Ethiopia, a 48- year old Japanese man reported having traveled from Japan to Burkina Faso and who then arrived in Ethiopia. He developed symptoms and presented at the health center in Addis Ababa from where the COVID19 response team moved him to the isolation facility in Yeka Kotebe . Currently his clinical manifestation become stable, with no severe symptoms.

The last confirmed case for March 2020, 42 years old male Ethiopian lives in Dire Dawa. He arrived from Australia to Addis Ababa on March 18/2020 before the mandatory quarantine is put in place and travelled from Addis Ababa to Dire Dawa on 19 March/2020. Upon developing symptoms, the Ethiopian Public Health Institute conducted a laboratory test and the result confirmed positive for COVID-19. The patient is under treatment in the designated treatment center in Dire Dawa.

Until the 31st of March 2020, a total of 26 confirmed cases were reported in Ethiopia.

EDITORIAL —

The Threat of Coronavirus pandemic in Ethiopia

By Filimona Bisrat (MD, MPH), CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor

The Coronavirus outbreak started in the Hubei province of China in December 2019 and has spread to the entire continents. It becomes the global public-health threat that according to the World Health Organization (WHO), it caused 750.890 cases and 36,405 deaths from more than 180 countries as of March 31, 2020. The Ethiopia Ministry of Health reported 26 confirmed cases and 2 there is no death of COVID-19 (as of March 31, 2020).

COVID-19 presents a unique challenge as it is highly contagious and that is hitting the globe all at once. This pandemic requires international synchronized coordination of resources, technical capabilities and human resources to interrupt the spread. Ethiopia is one of the poor countries with limited health budgets, a weak health system, and a shortage of trained health workforce. Though, when the number of cases increases, widespread testing is limited and treatment for severe cases requires critical care level hospitalization, which would lead to the collapse of the national healthcare system.

The WHO advises preventing Coronavirus by applying regular hand washing, avoidance of touching one's face and keep two meters physical social distancing. Also notify health professionals when anyone has a fever, cough, or shortness of breath. Cautions are also needed when visiting Health facilities such as covering mouth with elbow during coughing or sneezing or using tissue and disposing the used tissue it immediately into a garbage bin.

The pandemic is a critical time for the Government, all development partners and civil societies to act as one to respond in a coordinated manner to save the lives of the population. Therefore, the CGP-GHS project designed critical response activities to implement in its project areas.

CGPP Secretariat gives priority to communities to ensure the safety of community volunteers/health development armies, health extension workers, and communities. It is crucial to teach and increase the awareness level of the community, the transmission mechanisms, precautionary measures, mitigation options, adaptation and response mechanisms.

The Secretariat encourages its partners to participate actively to the pandemic preparedness and response in their respective areas. Hence, CGP-GHS project field officers should involved in the COVID-19 response operation committees at woredas, zonal and regional levels and provide the necessary technical support.

Health Extension Workers (HEWs) are in a position to play a pivotal role in fighting the pandemic, especially in rural areas of the country. Therefore, as part of the health care delivery system, they should be equipped, trained and supported. Especially on the prevention and control of the Coronavirus, such as proper handwashing practice, use of personal protective equipment, improve surveillance and case detection and provide mass education and community awareness-raising programs. Also, the partners need to follow the national directions and guidelines of the Ministry of Health to reach the HEWs and communities.

The HEWs, in turn, will give orientation to the CVs/HDALs at the HP level on case definition and prevention, how to teach the community and how to notify cases. So that, CVs/ HDALs will be in a position to play a critical role in fighting the pandemic by delivering key health messages, especially in community and household levels.

HEWs and CVs/HDALs will organize community sensitization using community and religious leaders, women, and youth associations to aware of the prevention methods and practice of handwashing. They will also serve as key informants to report any suspected cases and newcomers in the community.

Risk Communication is an essential component of health emergency preparedness and response action plan. Therefore, CGP-GHS will adopt/reprint and distribute risk communication materials such as posters, broachers, leaflets, etc. based on the awareness level of communities using local languages, which will promote individual and collective behavior change to prevent and respond to COVID-19.

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CGPP Global Director and Deputy Director commences visit to Ethiopia

Mr. Frank Conlon CGPP Global Director and Mr. Lee Losey CGPP Global Deputy Director started their official visit in Ethiopia, on March 1, 2020 in Gambella Region.

Their visit in Gambella region was accompanied by Dr. Filimona Bisrat CGPP Ethiopia Secretariat Director and field coordinators from partner offices i.e. IRC and EECMY. The team had paid a visit to the Gambella Region Health Bureau, IRC, EECMY offices, and regional agriculture bureau and discussed issues related to the CGPP project in the region and other related issues. Field visits were also conducted to Jewi health post at Gambella Woreda, and the team attended the CBS training in progress in Lare Woreda and met religious leaders, CVs and attended the tea-coffee ceremony in Abobo Woreda. The visit to Gambella region was last until the 5th of March 2020.

Upon return from Gambella region Mr. Frank Conlon and Mr. Lee Losey had attended the partners meeting with CGPP partners' headquarters officials at the CCRDA training center and gave a brief update on their visit to Gambella Region. Furthermore, the general progress of the CGPP project financial and program issues and the next steps were discussed. At the final date of the visit plan to Ethiopia, Mr. Conlon and Mr. Losey have made a discussion with the CGPP Secretariat staff and discussed various issues related to the CGPP project and about the visit in Gambella. CGPP Secretariat gives priority to communities to ensure the safety of community volunteers/ health development armies, health extension workers, and communities. It is crucial to teach and increase the awareness level of the community, the transmission mechanisms, precautionary measures, mitigation options, adaptation and response mechanisms. The visit plan was concluded on March 6, 2020.

The Gambella Visit in Pictures




Prepared by:
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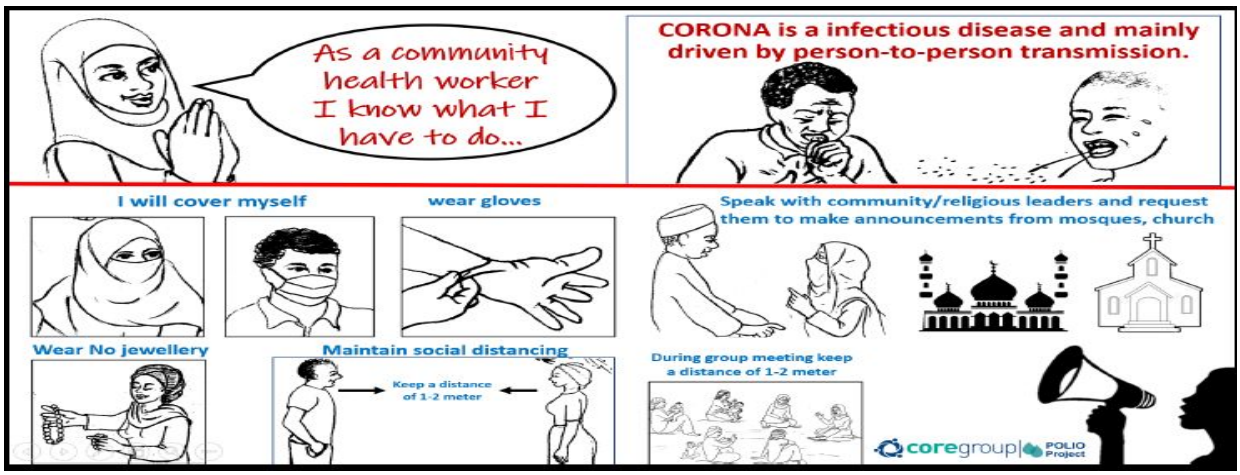


POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Mar 06, 2020

Region	Expected Cases (2020)	Reported (this period 2020)	Reported (same period 2019)	Reported this Week	NP-AFP Rate (annualized) 2020	NP-AFP Rate (annualized) 2019	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	17	8	8	0	4.9	2.7	100	100	7.1	0	0	0
AFAR	21	5	5	2	2.5	5.1	100	100	0.0	0	0	0
AMHARA	182	46	46	21	2.6	1.9	98	98	0.0	0	0	0
B/GUMUZ	12	2	2	0	1.7	4.8	50	100	0.0	0	0	0
D/DAWA	4	0	0	0	0	0	0	0	0.0	0	0	0
GAMBELLA	7	1	1	0	1.5	11.6	100	100	0.0	0	0	0
HARERI	2	0	0	0	0	5.8	0	0	0.0	0	0	0
OROMIA	380	90	90	20	2.4	2.6	84	98	0.9	0	0	0
SNNPR	191	43	43	7	2.3	1.4	98	95	1.7	0	0	0
SOMALI	60	20	20	8	3.5	5.1	90	100	0.0	0	0	0
TIGRAY	48	4	4	1	0.9	1.8	100	100	0.0	0	0	0
NATIONAL	924	219	219	59	2.4	2.4	91	98	1.1	0	1	0

Week 10, 2020

World Health Organization

Polio Eradication Summary

- National NP AFP rate is 2.4 in 2020 (2.4 in 2019. All regions have reported except Dire Dawa and Harar & from reported except Benishangul Gumuz, Gambella and Tigray Regions, all have met the minimum target 2/100,000 <15 population
  And Oromia and SNNPR which is in outbreak areas haven't meet the minimum requirement which is 3/100,000 <15 population i.e. 2.4 and 2.3 respectively NP AFP rate
- National stool adequacy rate is 91% in 2020 and it was 91% in 2019 (target: ≥ 80%). All reported regions have achieved stool adequacy rate of ≥ 80% except Benishangul Gumuz
- The national good stool condition is 98%. All reported regions have met the minimum target of 90% good stool condition upon submission to National Polio Lab
- As of week 10, 2020 a total of 219 AFP cases have been reported:
  - 83 cases pending lab result
    - 8 waiting for ITD result
  - 2 cases pending 60 days follow up and
  - 10 not due for 60 days for follow up and 0 cases pending NPEC review
- Polio compatibles 0 in 2020, 3 in 2019, 4 in 2018, 3 in 2017, 3 in 2016, 1 in 2015, 17 in 2014
- The NPENT rate is 1.1.% in 2020, 4.1 in 2019, 7.0 in 2018, 7.2 in 2017, 9.1 in 2016, 3.2% in 2015 (target: >10%)
- Additional two compatible cases in 2019 from NPEC (national Polio Expert Committee) classified in Somali, Dollo, in Warder Woreda and Oromia West Arsi in Shalla Woreda)
- One new cVDPV2 case was emerged in Oromia west Kokosa Woreda Date of onset January 31, 2020

World Health Organization

Exercising one health platform on cascading CBS training in Asosa Zone Benishangul Gumuz region

By Muluken Asress, GHS Advisor, CGPP Ethiopia

In 2019 CORE Group Polio project (CGPP) Ethiopia had been granted GHS budget from USAID to integrate Priority Zoonotic Diseases (PZDs) Surveillance in to its community based Vaccine Preventable Diseases (VPD) Surveillance system. At the end of FY19, CGPP Secretariat Provided ToT for Regional and Zonal Human and Animal Diseases Surveillance/Epidemiology Experts. The trainees were expected to cascade the training at woreda and community levels. The Cascaded training is the base for establishing the 'One Health Concept' from the regional to the community level especially on Community Based Surveillance (CBS) Activities.

Due to the delayed FY20 budget release the planned cascaded training were not implemented on time. Besides the budget delay, the ongoing security problems in some of the regions such as Benishangul Gumuz affected the timely provision of the training. The international PVOs namely IRC, WV and CRs have been challenged to cascade the training in their project areas. Despite the budget and security problems, the partners have finalized the cascaded training by involving human and animal health experts. So that, the two partners, IRC and WV have collaborated very well to utilize the same resource persons and conducted the training within a month (March 2020).

This exemplary exercise done by IRC and WV **in sharing of resources**, **planning** and **solving problems** during the CBS cascaded training conducted in seven Woredas of Benshangul Gumuz Region from March 2 to 20, 2020. From March 17-20, 2020 training held in four woredas and especially on March 19, 2020 training was done in four woredas in six training rooms simultaneously.

1. **Joint Planning: -** IRC and WV are two big NGOs in the country but at this time, the field officers sit together and set their training schedule.
2. **Sharing of resource persons (Trainer):** After they agreed on their schedule the two partners consulted the trainers and the respective government offices.
3. **Coordination:-** The GHS advisor played major role in mediating whenever gaps seen as well as the Secretariat availed transportation facility by assigning two cars.
4. **Efficient time utilization:** the other important lesson was effective and efficient training schedule to use the available resource persons**.** There were only 4 human and 4 animal experts as compared to the many training sessions held simultaneously. The reason behind was participatory planning and implementation of the training with proper distribution of topics with allotted time.

Table 1 shows IRC and WV CORE Group project Assossa Zone and Sedal woreda Casceded CBS training schedule

M	T	W	T	F	Sat	Sun	M	T	W	T	F	Sat	Sun	M	T	W	T	F	Sat	Sun	M	T	W
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Menge			Sherkole			Break	Odaa					Kurmuk (1)			Sadal			Kurmuk (2)					
									Assossa			Assossa			Assossa						Bambasi		
																		Homosha					
2 rooms			2 rooms				2 rooms		2 rooms			3 rooms			4 rooms	6 rooms					3 rooms		

RESEARCH CORNER

Experiences from the field

The One Year GAVI Project progress update:

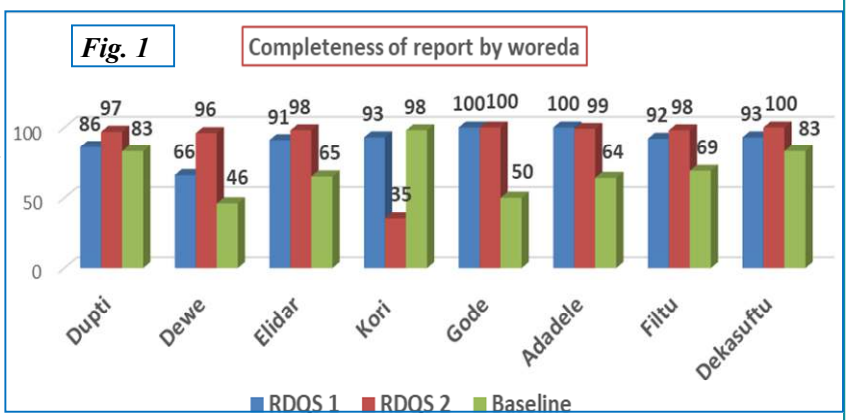
(From September 2018 to November 2019)

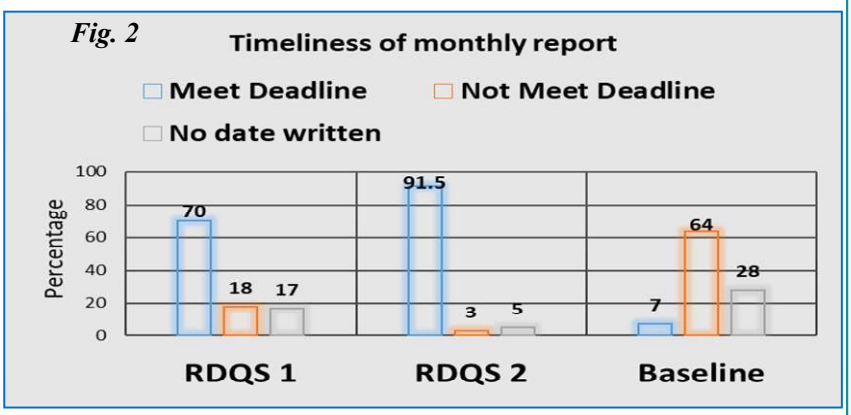
By Melaku Tsehay, CGPP-GAVI Coordinator

BACKGROUND: The GAVI project was implemented in 8 wordas of Afar and Somali regions (four from Afar (Elidar, Dubti, Kore, and Dewe) and four from Somali (Filtu, Dekasuftu, Adadile and Gode). The selected Words are low performing and prioritized by the Regional Health Bureaus (RHBs). The objective of the project is to contribute to the improvement of immunization coverage and quality in Afar and Somali Regions of Ethiopia through strengthening data quality and community demand generation. Major activities Implemented in September 2018 to November 2019 are boldly categorized into four parts that strengthen Immunization Data Quality and System, Demand Generation on Immunization, Increase immunization access to the unreached community and Monitoring and Evaluation. On these core activities, a lot of sub-activities were conducted with the project implementing partners (PIPs) and RHB.

METHODS : At the begging of the project baseline survey was conducted using the WHO routine data quality self-assessment (RDQS) tool to document the quality of reporting data, underlying data management, and reporting systems. Hence, the evaluation of midterm and final evolution applied the same methodology to comparing and verifying the quality of reporting data and assessing the underlying data management and reporting systems.

DISCUSSION AND RESULTS : From the total of 8 woredas and 32 health facilities, the total completeness and timeliness of routine monthly immunization report in baseline survey is 65% and 7% respectively, After six month of the project the first round RDQA assessment was conducted with the completeness and timeliness the report is 70% and 91.5% respectively, in contrast in the final RDQA assessment, the completeness and timeliness of routine monthly immunization report on this assessment is 99% and 91% respectively.





In this connection, the Gavi project implementation brought a significant improvement on the availability of monthly reports as well as completeness and timeliness of the report. In the final RDQA assessment the internal VF of Penta 3 and measles at woreda health offices 100% accurate and from the total health facilities 65% and 70% of Penta 3 and measles respectively. These findings had matched (reliable report) form source document to HMIS report and 35% and 30% of the remaining Penta 3 and measles report had over and under-report.A baseline survey conducted at woreda health office levels high over-reporting in Penta 3 and

RESEARCH CORNER

Experiences from the field

measles (100% and 50% respectively) and under-reporting in health center levels of Penta 3 and measles (40% and 66% respectively).

Fig. 3- Accuracy ratio at HC level

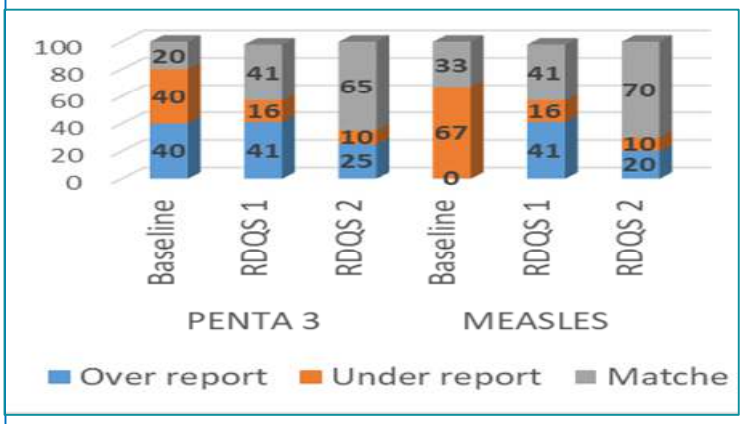
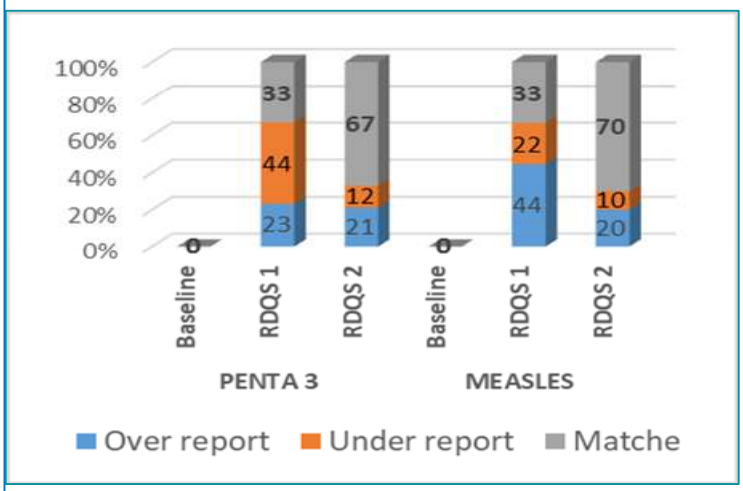


Fig. 4- Accuracy ratio at HPs level



The assessment shows that after launching of the Gavi project the data quality of the project implementing areas has significant improvement in accuracy and consistency of reported data. The average QI result at woreda level is 57% and 68% at health center level; this is not reached on the WHO criteria (QI greater or equal to 80%) of system data quality.

Fig. 5

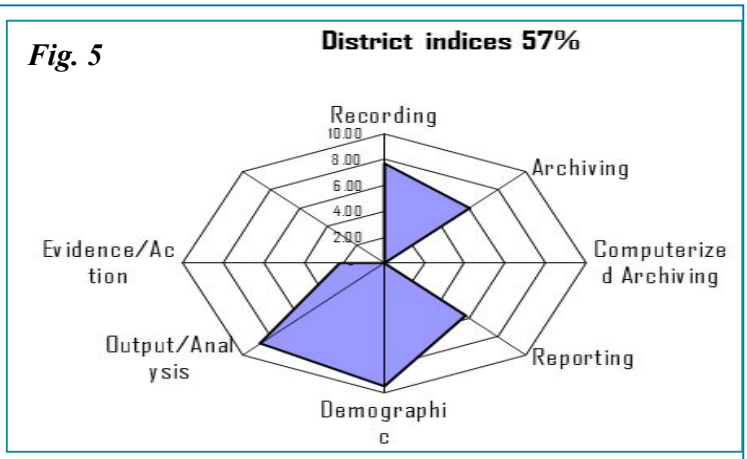
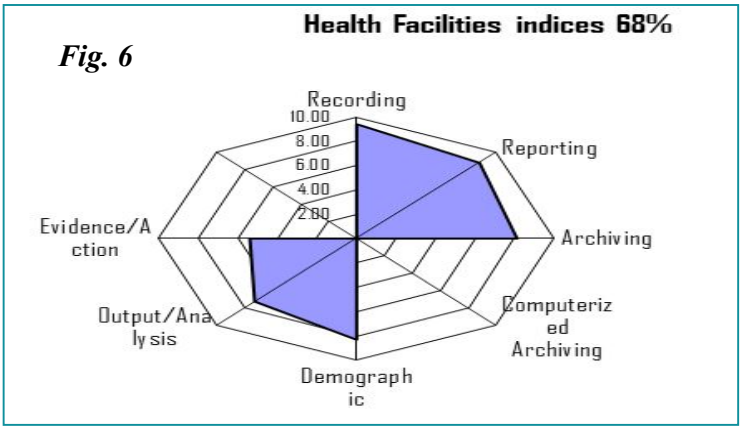


Fig. 6



CONCLUSION AND RECOMMENDATION:

Majority of the woreda and facilities reporting had the reports meet the deadline and timely. Among all facilities, all of woreda and health facilities monthly report is available. The overall VF of woreda health offices is more accurate data in the internal verification assessment tools. The total VF result in HCs shows a tolerable over-report in Penta 3 and measles (0.25 and 0.20) and tolerable under-reporting in Penta 3 and measles (1.0 and 1.0). The DQA a diagnostic tool for immunization monitoring system by providing practical recommendations as to how it could be improved. It is, therefore, important to improve the quality and usefulness of relatively low-cost, pre-existing monitoring systems within the emerging regions. In addition to facility level triangulating data quality with vaccine supply and community level immunization statues is more relevant and strengthening the evidence of data quality.

Exercising one health platform on cascading CBS training in Asosa Zone Benishangul Gumuz region

continued from page 5

5. **In Commitment of Trainers:-** The trainers own the work since they were part of the TOT and passed through the decision. Both COVID -9 preparations and the cascaded training required the surveillance experts they sacrificed and managed to facilitate the training. Moreover, the commitment of Regional and Zonal Animal Health experts to travel to Odaa and Sadal woredas which are highly insecure was very paramount.

IRC Specific lessons;

6. **Planning of HDALs Training**:- IRC used factious data for planning to organize the training and reporting the achievement as well as decided to finalize the training on Tuesday and Thursday in two weeks' time period.

7. **Pre and post Test**: Prepared and provided pre- and post-test and posted both results immediately in all the five woredas. The result showed the training has brought knowledge change on the trainees. The tests were analyzed using paired t-test and in all woredas there was statistically significant between the pretest and posttest. The null hypothesis was there is no difference between pretest and posttest among the trainee. The mean difference shows by calculating from pretest to posttest. As you can see from the tables there is negative mean which tell as the posttest value is larger than the pretest. Except Sherkole Woreda the T-test value is very high. The Confidence level shows no big difference among training participants except Sherkole. However, the paired t-test statics shows as there was significant difference between the pretest and posttest in all woredas. So it is possible to say the training shows progress among the participant knowledge. It is recommendable to measure the reliability of each question for the next step. The detailed result shown below (Table 2).

Table 2- shows Paired t-test analysis of pretest and posttest among Assossa Zone IRC CGP-GHS intervention areas.

Paired Samples Test						
Woredas		Paired Differences			T	Sig. (2-tailed)
		Mean	95% Confidence Interval of the Difference			
			Lower	Upper		
Pair 1	Meng pretest - Menge Post Test	-27.4118	-30.5920	-24.2315	-17.141	0.0001
Pair 2	Sherkole pretest - Sherkole Post Test	-21.1917	-25.5117	-16.8716	-9.816	0.0001
Pair 3	Kurmuk pretest - Kurmuk Post Test	-27.0821	-30.6896	-23.4746	-14.989	0.0001
Pair 4	Odaa pretest - Oda Post Test	-24.6082	-27.7009	-21.5156	-15.795	0.0001
Pair 5	Sadal pretest - Sadal Post Test	-20.9524	-24.0687	-17.8361	-13.440	0.0001

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