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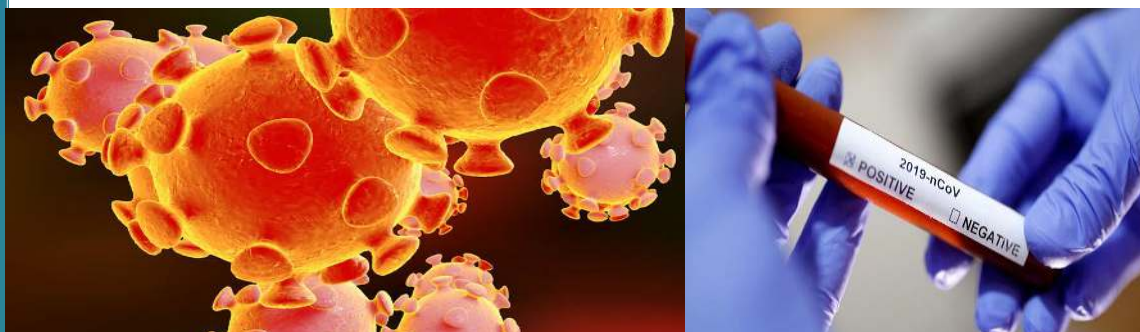
POLIO
Project



THE

NEWSLETTER

**THE CORE GROUP POLIO PROJECT
ETHIOPIA SECRETARIAT
QUARTERLY NEWSLETTER**



**INSIDE THIS
ISSUE**

EDITORIAL:
Page 2

ACTIVITY UPDATES:
Page 1, 2, 3, 5, 7, 8

POLIO CORNER:
Page 4

RESEARCH CORNER:
Page 6

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**HAS COVID-19 DISRUPTS ACTIVITIES
OF CGPP IN ETHIOPIA?**

In Ethiopia, as of 29 June 2020, from a total of 250,000 tested cases, there are 3,311 total active cases, 5,846 total confirmed cases, 2,430 recovered, 35 cases in severe condition and 103 deaths are reported. The number of cases has increased significantly, vast majority have been reported in Addis Ababa and followed by Oromia, Amhara, Gambella and Somali Regions. (Source: Ministry of Health, Ethiopia/Ethiopia Public Health Institute)

CGPP staff have continued to work partially from the office and home, but as internal movement restrictions are imposed in the country, staff members are not traveling to the field to provide technical support to our partners and monitor program implementation.

Instead, CGPP staff at the field level are continued supporting the program activities with taking necessary cautions of COVID-19.

According to weekly reports collected by the CGPP Secretariat technical team from the implementation areas to follow how health services especially immunization and maternal health services were being affected, it was identified that the immunization services are highly disrupted. This is due to restrictions in movement and the reluctance of parents and caregivers to bring their children to health facilities for fear of contracting the coronavirus, among other reasons.

continued on page 8



EDITORIAL — COVID-19 Pandemic: *It's Impact on Immunization and Polio Eradication*

By Filimona Bisrat (MD, MPH),

CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor

Over the coming months, the COVID-19 pandemic has the potential for infecting millions of people, greater loss of life, and economic losses in developed and developing countries. This crisis is challenging the delivery of essential services to the most affected countries population and children and families. As of June 29, 2020, the outbreak has already resulted in nearly 5846 cases and 103 deaths in Ethiopia.

One of the pandemic's greatest implications is interrupting the immunization services, the number of children vaccinated in routine immunization is declined. The WHO report revealed that from January to May 2020, 1710 confirmed measles cases were reported; of which vaccination status, zero dose was 79%. It is because of the fear of exposure to people with COVID-19; mothers or caretakers do not bring their children for vaccination. Many health workers also assigned to work on pandemic response activities, however, due to a shortage of personal protective equipment (PPE) in many rural areas, health workers become reluctant to provide the services.

The polio eradication program largely depending on field surveillance and house-to-house supplemental immunization activities (SIAs). Since the onset of the pandemic in the country, there was no polio SIAs conducted. According to the WHO weekly report, since January 2020 active case searching visits were decreased to 2,823 across the country compared with the same period in 2019 i.e. 4,150. The result also observed in AFP case reports that, out of the expected number of 924 AFP cases only 485 cases were reported in six months. The reason behind this was that government and partners surveillance officers and vehicles were repurposed for COVID-19 response in most of the areas and due to a

limited number of EPI partners available in the field as most of them are working from home.

The Ministry of Health initially planned to integrate the measles and polio campaign at the same time. However, due to the utilization of different approaches and strategies of measles and polio campaigns, i.e. static and house-to-house approaches respectively, the national COVID-19 committee rejected the integration of the two campaigns to avoid aggravating the risk of COVID-19 transmission, as polio requires large-scale community mobilization and engagement. Furthermore, the lack of PPE to supply all actors of the campaign was also another challenge. At the end of June, a nation-wide campaign was conducted only for measles.

WHO and UNICEF wanted to continue the immunization services by keeping the health workers safe and healthy through using protective measures, however, in developing countries, like Ethiopia, health workers in most of the rural areas conduct immunization services without using facemasks and hand sanitizers.

Therefore, CGPP would like to propose partners to maintain their roles and surge existing immunization services. We need to continue working on a high-level advocacy to the government and donors to avail more PPEs to frontline health workers to strengthen immunization and surveillance. We also need to enhance the integration of vaccine-preventable diseases and AFP, measles, and neonatal tetanus surveillance activities with COVID-19 response. We also require to do more work on awareness creation for the community to alleviate fear, stigma, rumors, and misinformation on COVID-19 to use the health services and avoid children's morbidity and mortality due to lack of vaccination.

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PROMISING INITIATIONS TO SUPPORT COVID-19

The good experiences of Pastoralist Concern: Integrating Immunization and COVID-19 Activities!

*Reported by - Birtukan Seid, Health Program Coordinator, Pastoralist Concern
Photo Credit - Hasan Bashir, Field Coordinator, Pastoralist Concern*

1. What is your observation on the effects of COVID 19 on immunization services in your project area on immunization/polio?

“According to reports we gathered from the field, provision of other health services are disrupted due to COVID-19 pandemic. Similarly, immunization services are also affected that the number of children coming for routine immunization is intensely declined. “

2. What do you do differently to challenge the effects of COVID 19 on immunization services?

“Pastoralist concern is supporting the COVID-19 activities in its program areas through its field staff members in provision of protection items, social mobilization and participating in different COVID-19 prevention committees established by the regional and local government”

3. Do you do social mobilization activities for COVID 19 together with polio/immunization and animal health ?

“Yes, we have conducted orientation on COVID-19 for CVs and HEWs in Filtu and Dekasuftu Woredas of Liban zone and Hudet woreda of Dawa zone. The orientation was integrated with the CBS training in Hudet woreda. Mass awareness creation was also conducted on COVID and Child Immunization twice a week at the livestock market place in Filtu Woreda. Awareness creation activities conducted in Charati town and surrounding 10 kebeles for 30 days in month of June. ”



Social mobilization for COVID-19 using banners and mobile vans

4. How do you do the social mobilization activities for COVID 19 and polio? Have you used any IEC/BCC?

“we have distributed 150 pcs of posters and three banners in Filtu, Dhaka Sufto and Hudet Woredas on COVID-19 mode of transmission, symptoms and prevention in Somali Language. We have provided six microphones for Filtu and Dhaka wordas to be used by Community Volunteers on COVID-19, immunization and surveillance activities for human and animal health.”



Provision of Microphones for social mobilization

Packs of Sanitizers and soaps

5. Do you provide any other support other for COVID-19 such as provision of PPE?

Pastoralist Concern have distributed 40 packets of Soaps and 200 bottles of hand sanitizers in Filtu and Dhaka Suftu woredas to be used for COVID-19 prevention. In addition, 100 bottles of sanitizer, 150 face masks, 6 packs of hand washing soaps, and two hand washing facilities was established in high spot areas of Charati town.”

6. How do you support the health facilities to provide immunization service against COVID19?

“PC has covered the per diem of eight Health workers to conduct awareness creation in Filtu and Dhaka Sufto Woredas, each district has four health workers. Also, we support the immunization activities at the health facilities.

continued on page 8



POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Jun 05, 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	11	8	0	2.9	2.1	91	100	9.1	0	0	0
AFAR	21	12	15	1	2.6	3.2	100	92	9.5	0	0	0
AMHARA	182	89	78	8	2.2	1.9	98	99	0.6	0	0	0
B/GUMUZ	12	3	11	0	1.1	4.1	67	100	0.0	0	0	0
D/DAWA	4	0	1	0	0	1.1	0	0	0	0	0	0
GAMBELLA	7	2	15	0	1.3	9.7	100	100	0.0	0	0	0
HARERI	2	0	3	0	0	6.8	0	0	0	0	0	0
OROMIA	380	134	184	2	1.5	2.2	85	99	1.1	0	0	0
SNNPR	191	89	77	0	2.1	1.8	92	97	4.5	0	0	0
SOMALI	60	44	64	4	3.3	4.8	93	100	7.7	0	0	0
TIGRAY	48	6	24	0	0.6	2.3	83	100	0.0	0	0	0
NATIONAL	924	390	480	15	1.9	2.3	91	98	2.9	0	1	0

Week 23, 2020



Polio Eradication Summary

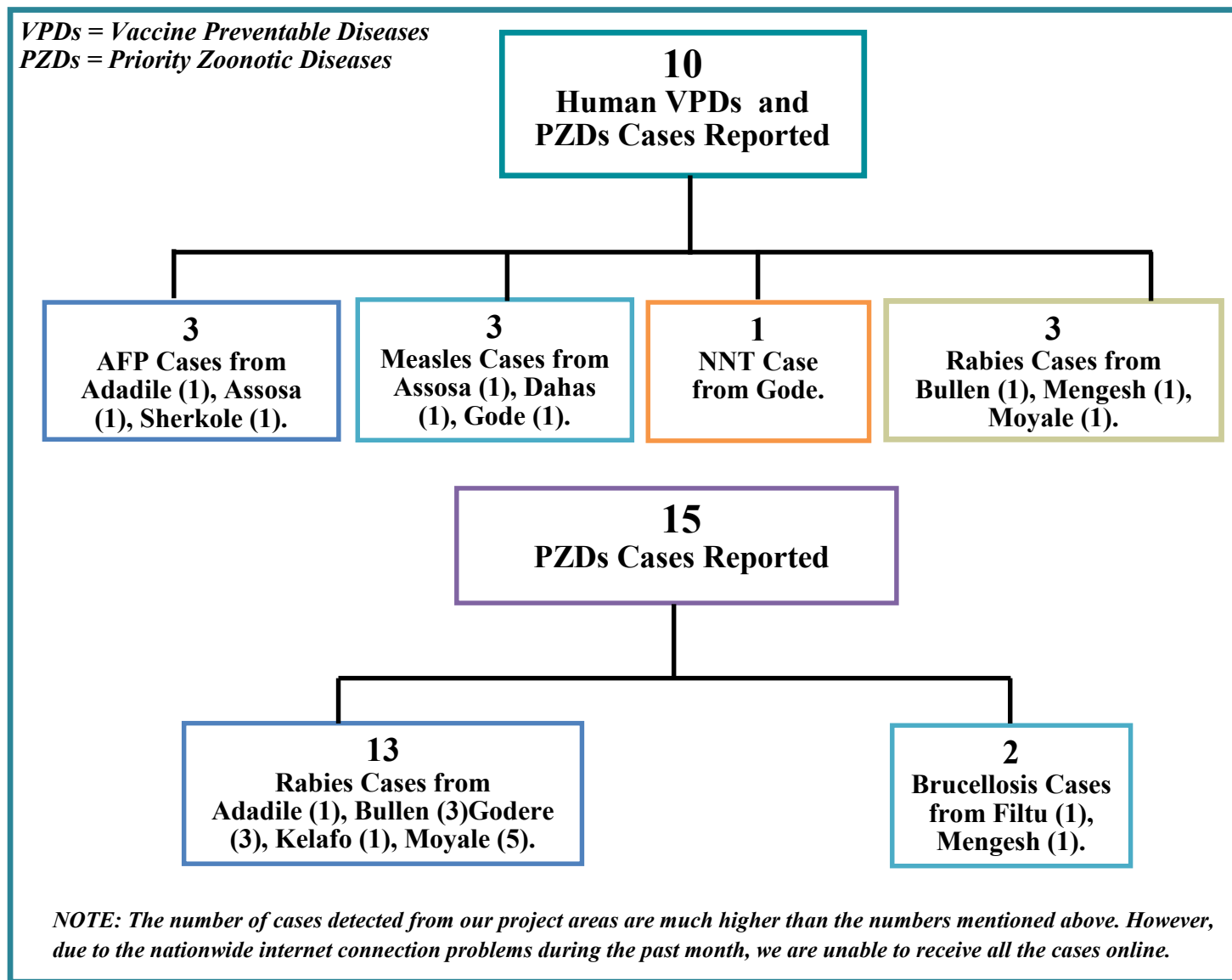
- National NP AFP rate is at **1.9** in 2020 (2.3 in 2019). All regions have reported except Dire Dawa and Harar & from reported except Benishangul Gumz, Gambella, Oromia and Tigray region all have met the minimum target of 2/100,000 <15 population.
 - And Oromia and SNNPR which is in outbreak areas haven't meet the minimum requirement which is 3/100,000 <15 population i.e 1.5 and 2.1 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 $\geq 80\%$ except Benishangul Gumz
- The national good stool condition is 99%. All reported regions have met the minimum target of 90% good stool condition upon submission to National Polio Lab.
- As of Week 23, 2020 a total of 390 AFP cases have been reported:
 - 18 cases pending lab result
 - 5 waiting for ITD result
 - 27 cases pending 60 days follow-up and
 - 1 not due for 60 days for follow-up and 4 Cases pending NPEC Review
- Polio** compatibles 0 in 2020, 4 in 2019, 4 in 2018, 3 in 2017, 3 in 2016, 1 in 2015, 17 in 2014
- The NPENT rate is **2.9%** in 2020, 4.1 in 2019, 7.0 in 2018, 7.2 in 2017, 9.1 in 2016, 3.2 % in 2015 (*Target: >10%*)





SURVEILLANCE UPDATES

Reported Human and Animal Disease Cases Reports from CGPP implementation Areas (April—June 2020)



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.

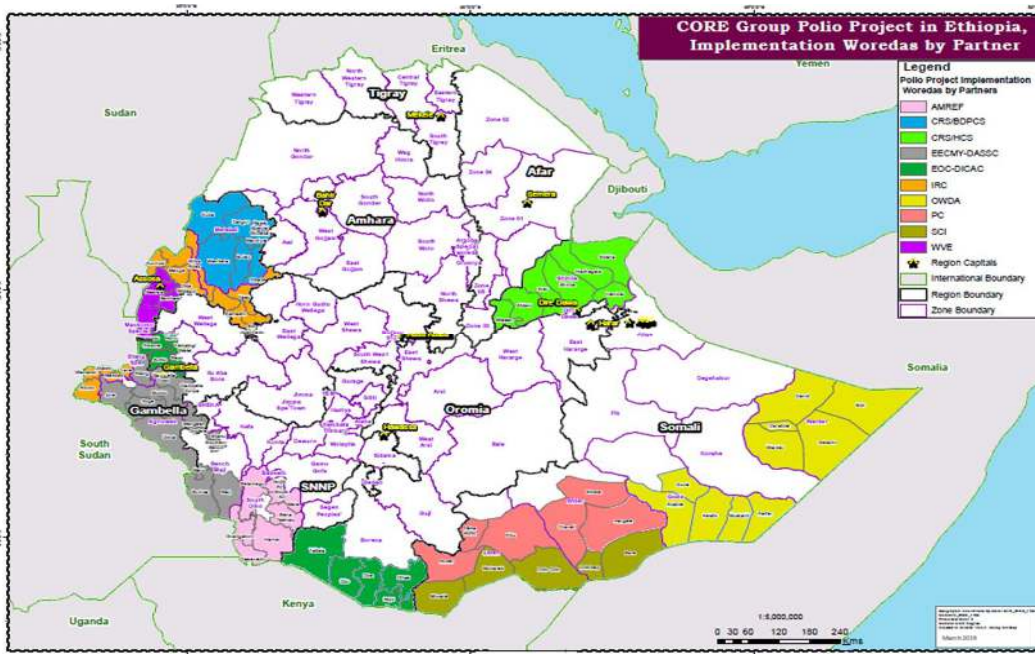


RESEARCH CORNER

Experiences from the field

Use of Dedicated Volunteer Community Mobilizers for polio Eradication Program in Pastoralist, Hard to reach and Bordering part of Ethiopia

By Tenager Tadesse, Monitoring and Evaluation Officer, CGPP Ethiopia



Picture 1: CGPP Ethiopia implementation areas

BACKGROUND:

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, and facilitation of stool sample 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 (CVs) 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.



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-Notification	Average Days from Notification -to- Investigation	Average Days from Onset-to 2 nd Stool collection
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

Then, AFP cases detected and reported by VCMs compared with cases presented straight to health facility (HF) in CGPP Ethiopia implementation areas.

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 area, 2019



Has COVID-19 disrupts activities of CGPP in Ethiopia?

continued from page 1

We asked Ms. Bethy Fasil, CGPP Social Mobilizer at Erer Woreda Siti zone Somali Region about the challenges of working in the project area during COVID-19, she said *“It is not easy working in the field where essential resources for the pandemic are not readily available. But we are trying our best to address the community with important messages about immunization and COVID-19 despite the challenges”*.

She added, *“We can see some people queuing up for health services without maintaining physical distance and without wearing face masks. So that, we need to avail COVID-19 prevention materials for our staff members and community volunteers as well as health extension workers and strongly continue awareness creation activities to the community and support the immunization activities at the health facilities.”*

Mr. Seid Ahmed, who is coordinating the activities of CGPP in Godere, Dima, and Mengesh Woredas in Gambella Region said, *“We have been conducting integrated social mobilization and awareness creation activities of polio immunization, disease surveillance and COVID-19 awareness creation activities through our Community Volunteers. We have also used opportunities at the CBS training programs to orient our staff members,*

health extension workers, and community volunteers. We have been also supported immunization campaigns in our implementation areas. However, the increased numbers of the detection of new COVID-19 cases in the region, our activities were severely disrupted. One of the recent cases of COVID was from Mengesh Woreda”.

Regarding the behavior of the community towards preventing the pandemic, he said, *“I have observed that the community is taking necessary preventive measures while using the services at the health facilities that the majority of them are wearing facemasks and using the handwashing facilities. However, sometimes, people are not maintaining physical distances especially while many people are coming to the service.”*

Concerning the impacts of the COVID-19 towards immunization services, Seid added, *“the immunization services in our areas are highly affected by the pandemic.”* He added that *“despite the unavailability of funds to provide important protection materials for COVID-19, we, the project staff members and community volunteers were working hard to aware the community on the essential message of the immunization, zoonotic disease, and COVID-19.”*

The good experiences of Pastoralist Concern

continued from page 3

7. How is the role of religious leaders on COVID 19?

“Social mobilization campaign conducted on COVID-19 in Hudet woreda using laud speakers. Religious leaders were participated in this campaign. Banners and posters were also prepared and distributed in Somali language. We have oriented 10 religious and clan leaders about COVID-19 and fully engaged them in awareness creation activities in Charati town.”

8. Is there any challenge in your project areas in relation to COVID-19?

“PC is supporting the COVID-19 response activities in our project areas using funds from other sources. Unavailability

of fund from CGPP to support the COVID-19 is the main challenge we are facing. The demand from the regional government is high, we are unable to respond to it. We have tried to obtain funds from other sources to support COVID-19 prevention activities in the area. However, the demand of the region and our support is incomparable.”

9. What is your suggestion on COVID-19 Prevention?

“All partners in the country and donors shall extend their supports towards ensuring continuity of essential health services such as immunization.”