



USAID
FROM THE AMERICAN PEOPLE



coregroup

POLIO Project



CCRDA

THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

OVER 1.3 MILLIION CHILDREN RECIEIVED THE BIVALENT ORAL POLIO VACCINE IN BENISHANGUL GUMUZ AND SOMALI



The 2nd round bOPV2 campaign was conducted in eleven zones of Somali and seven Woredas of Benishangul Gumuz Regions. In Somali Region the campaign was started on April 1, 2021, and targeted 1.3 million under-five age children. In Benishangul Gumuz Region, it was launched on June 9, 2021, and targeted 57,830 under-five children. Both regions are marked as high-risk areas of polio transmission. According to the Ministry of Health Ethiopia report, all eligible children were vaccinated in the house to house immunization campaign and reached 100% immunization coverage.

CGPP Secretariat and partners staff members from the headquarters and the field have supported the pre, intra, and post-campaign activities in all the target CGPP implementation woredas in Benishangul Gumuz and Somali Regions. Staff members were deployed and provided technical support, vehicles, and motorbikes to support

the campaign activities.

Furthermore, the COVID-19 vaccination launching ceremonies has integrated with the polio campaign in some areas. The launching ceremonies were attended by government officials and immunization partners including CGPP.



The COVID-19 Vaccination launching ceremony in Siti Zone, Somali Region

THE NEWSLETTER

INSIDE THIS ISSUE

EDITORIAL:
Page 2

ACTIVITY UPDATES:
Page 1, 3, 5, 8

POLIO CORNER:
Page 4

RESEARCH CORNER:
Page 6 - 7

**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



EDITORIAL — REVITALIZING THE POLIO TRANSITION PROCESS

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

Global Polio Eradication Initiative (GPEI) is an initiative created to support a polio-free world based on the World Health Assembly (WHA) resolution in 1988. In the same year, around 350,000 children have paralyzed by polio in 125 polio-endemic countries. The initiative has managed to reduce the global incidence of polio by more than 99%, and the number of polio-endemic countries to two. As a result, more than 10 million people are walking today who otherwise would have been paralyzed.

Over three decades of operation, GPEI has built significant infrastructure for disease surveillance, social mobilization, and vaccine delivery, developed rich knowledge and expertise, and lessons and best practices on how to reach the most vulnerable and hard-to-reach populations.

As the world approaches polio eradication, many countries have secured polio-free certification, and GPEI resources have declined progressively. Therefore, countries are expected to smooth the transition away from GPEI funding and sustain their national polio eradication programs through other resources.

Ethiopia is one of the countries, which coordinate their polio programs based on funding from GPEI. Besides, GPEI-funded activities in Ethiopia have an impact beyond the scope of polio eradication and most importantly include improvement of routine immunization, vaccine-preventable diseases surveillance, social mobilization, and vaccine delivery.

To facilitate the transition process, the Federal Ministry of Health and its polio partners established a task force in 2017. The task force has assessed human resources, logistics, activities, and mapping of intervention areas to

coordinate the transition activities strategically.

Finally, the task force developed a five-year (2018-2022) polio transition plan to be implemented for USD 64,732,766. Due to the resource mobilization activities, around USD 52,802,665 were secured, and USD 11,930,101 funding gap was identified. However, due to a lack of funding to fill the gap and the COVID-19 pandemic, it was impossible to implement the envisaged transition plan.

Currently, WHO announced that it would stop the polio funding and plan to support the revitalization of the transition process until the end of 2021. Moreover, CORE Group Polio Project also received funds from United Nations Foundation to support the polio transition process by strategically intervening in advocacy activities, revitalizing the task force, and revising the existing transition plan. Other polio partners have also expressed their interest to facilitate the transition process.

The government and immunization partners have witnessed the contribution of polio resources (human resource, structure, and best practices) during the planning and coordination of COVID-19 activities in the countries. Therefore this is an excellent opportunity for the country, most importantly FMoH and polio partners, to integrate the existing resources and expertise to strengthen routine immunization and vaccine-preventable disease surveillance. Otherwise, the country will lose polio infrastructure, skilled staff, and thousands of community-based health workers and volunteers if the government and concerned partners do not strategically coordinate the transition process.

Newsletter Designed and Printed by:

Bethlehem Asegedew, CORE Group Polio Project, Ethiopia,

Contact: Tel. 251 114 39 31 33 (Office); 251 911 42 78 91 (Mobile), E-mail: bethlehem.cgpp@gmail.com,

Website: www.coregroup.org



Best practices to vaccinate children at crossing points:

The experiences of CGPP-GHS/OWDA

Children living in mobile populations, especially those who are frequently crossings international border points, are at increased risk of diseases transmission, particularly polio and other vaccine-preventable diseases (VPDs). Furthermore, the existing healthcare infrastructure in these settings compromises immunization and other routine health services delivery systems. It creates unimmunized or under-immunized children susceptible to potential disease outbreaks. When outbreaks occur in these areas, it spreads rapidly, often with a high probability of persistent disease transmission. Therefore, due to high population movement across national and international boundaries, the outbreaks of polio and other VPDs in those areas may result in large outbreaks often disseminated elsewhere. These factors conspire to inflict excess disease burden on this vulnerable population and contribute to increased risk of disease spread worldwide.

coverage.

In view of taking the cross border collaboration to the next level, CGPP-GHS has escalated the initiative into providing vaccination services at the crossing points. The recent progress achieved by one of the CGPP-GHS project implementing partners i.e. Organization for Welfare and Development in Action (OWDA) can be acknowledged as one of the best practices. OWDA CGP-GHS project established a regular transit vaccination service at the entry and exit point of Bohk, Danod, Geladhi and Warder woredas in Dollo Zone and Ferfer, Kelafo and Mustahil woredas in Shebele Zone. One central crossing point was selected in each woreda and has been utilized for vaccination and case screening. The areas are located at the border point between Ethiopia and Somalia.

The crossing vaccination points established with solid collaboration and involvement of government offices and partners that: Zonal and woreda level discussions were conducted with the Woreda health office head, EPI and Surveillance focal persons, and OWDA; site visits and orientation meetings were organized between OWDA and Woreda teams, Kebele chairman, security personnel, Health Extension Workers, and Community Volunteers on how to regularly conduct the polio transit point vaccination, an agreement reached on



The team during visiting the transit vaccination point at Danod Woreda

Without developing novel approaches to reach and vaccinate children in these areas, polio and other VPDs may persist. Implementing novel strategies to vaccinate children in those areas may save lives and interrupt the spread of disease. Considering this fact, CGPP has been implementing the cross border collaboration for immunization and surveillance in partnership with local partners and partners in neighbouring countries. The approach is aimed at facilitating access to vaccination for the hard to reach population. While the nature of settlement and movement of people may vary, identifying and providing vaccination access for those populations is critical to improving the odds of effective immunization

targeted significant crossing points, identification of target age groups, documentation of the activity, session preparation, monitoring and evaluation and reporting system of transit vaccination points.

Finally, the establishment of a transit vaccination site is officially launched, and the vaccination service is become available at the transit points for under five years of age children. As a result, about 495 children were vaccinated at the vaccination points. This achievement is an excellent opportunity to address children with basic vaccination services, which can help limit the transmission of polio and other VPDs and improve immunization coverage.



POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Jun 18, 2021

Region	Expected Cases (2021)	Reported (this period 2021)	Reported (same period 2020)	Reported this Week	NP-AFP Rate (annualized) 2021	NP-AFP Rate (annualized) 2020	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	17	15	12	2	3.7	2.9	93	100	0.0	0	0	0
AFAR	21	16	13	3	3.2	2.6	100	100	9.5	0	0	0
AMHARA	201	156	97	9	3.2	2.2	98	100	4.5	0	0	0
B/GUMUZ	14	13	5	1	3.9	1.7	85	100	16.7	0	0	0
D/DAWA	4	9	0	0	9.4	0	100	100	0.0	0	0	0
GAMBELLA	7	10	2	1	5.9	1.2	80	100	14.3	0	0	0
HARERI	2	4	1	0	8.3	2.1	75	100	12.5	0	0	0
OROMIA	402	311	144	13	3.2	1.5	92	100	6.2	0	0	0
Sidama	51	43	28	5	3.5	3.1	88	100	10.9	0	0	0
SNNPR	167	111	71	6	2.7	2.1	96	100	7.1	0	0	0
SOMALI	65	75	58	3	4.8	4	97	100	6.7	0	0	0
TIGRAY	53	10	6	1	0.7	0.5	100	100	0.0	0	0	0
NATIONAL	1004	773	437	44	3.2	1.9	94	100	6.4	0	0	0

Week 25, 2021



Ethiopia COVID – 19 Updates

Reported Cases in Ethiopia–As of March 31, 2021

- Laboratory test → 2,866,572
- Active cases → 11,480
- Total recovered → 260,372
- Total deaths → 4,320
- Total Cases → 276,174
- Total Vaccinated → 2,019,163

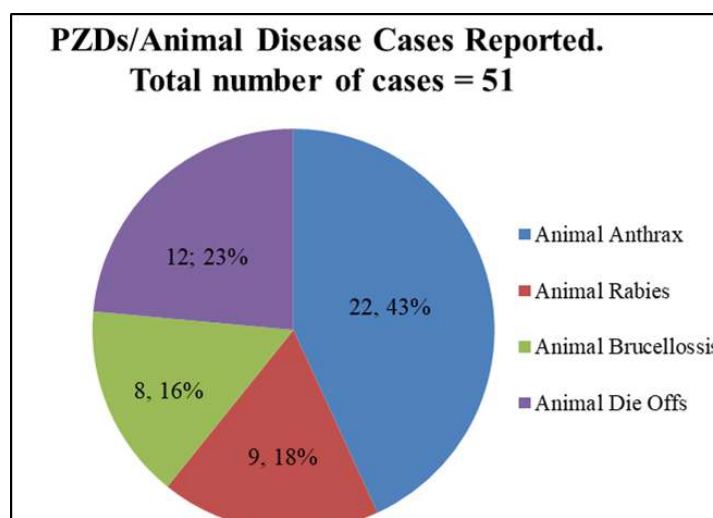
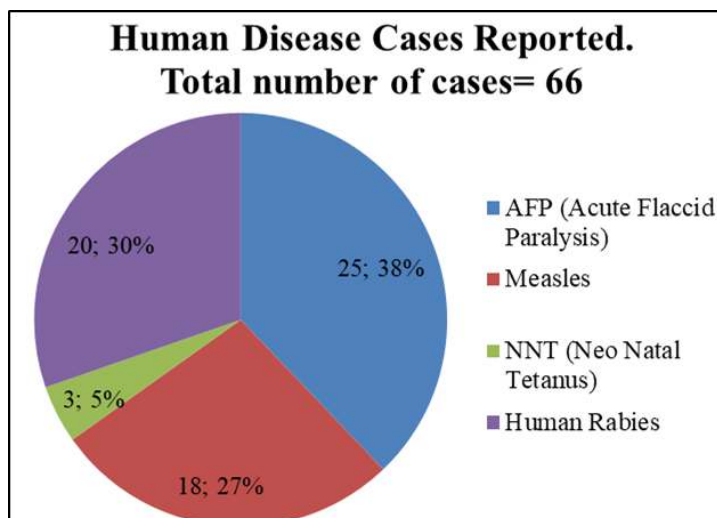
Thank you for your contribution

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.



SURVEILLANCE UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (April 1 to June 30, 2021)



Facility level Supportive supervision visits conducted by CGPP Secretariat and partners—April 1/2021 to June 30/2021

Region	Zone	Number of Health Facilities Visited	Total HF visited by region
Benishangul Gumuz	Assosa	28	61
	Kamashi	7	
	Metekel	26	
Gambella	Agnua	9	17
	Nuer	3	
	Majang	5	
Oromia	Borena	35	35
SNNP	Bench Sheko	19	88
	South Omo	69	
Somali	Afder	17	198
	Liben	36	
	Shebele	42	
	Siti	39	
	Dollo	28	
	Dawa	36	
Grand total = 4 Hospitals 89 Health Centers 305 Health Posts 1 Animal Health Clinic			= 399



RESEARCH CORNER *Experiences from the field*

HEALTH WORKER AND CAREGIVER INTERACTION DURING CHILD VACCINATION SESSIONS AT HEALTH FACILITIES IN SOMALI REGION OF ETHIOPIA: A QUALITATIVE STUDY

*Filimona Bisrat, Tenager Tadesse, Melaku Tsehay, Samuel Teshome:
CORE Group Polio Project*

INTRODUCTION:

The Somali region located in the east southeastern part of Ethiopia is one of the regions that has persistently performed low with routine immunization coverage. In 2018, the region administrative data for Penta 3 coverage was 71% and measles coverage 67%, way below the national target of 90%. The dropout rate from Penta 1 to Penta 3 was 15.6%, which is above the highest acceptable level of 10%. Communication during vaccination sessions at health facilities is a key factors that influence caregiver's decision to bring back their children for vaccination.

STUDY OBJECTIVES

The objective of this study was to assess health worker and caregiver interaction during immunization sessions and identify communication gaps at health facilities in the Somali region.

METHODS :

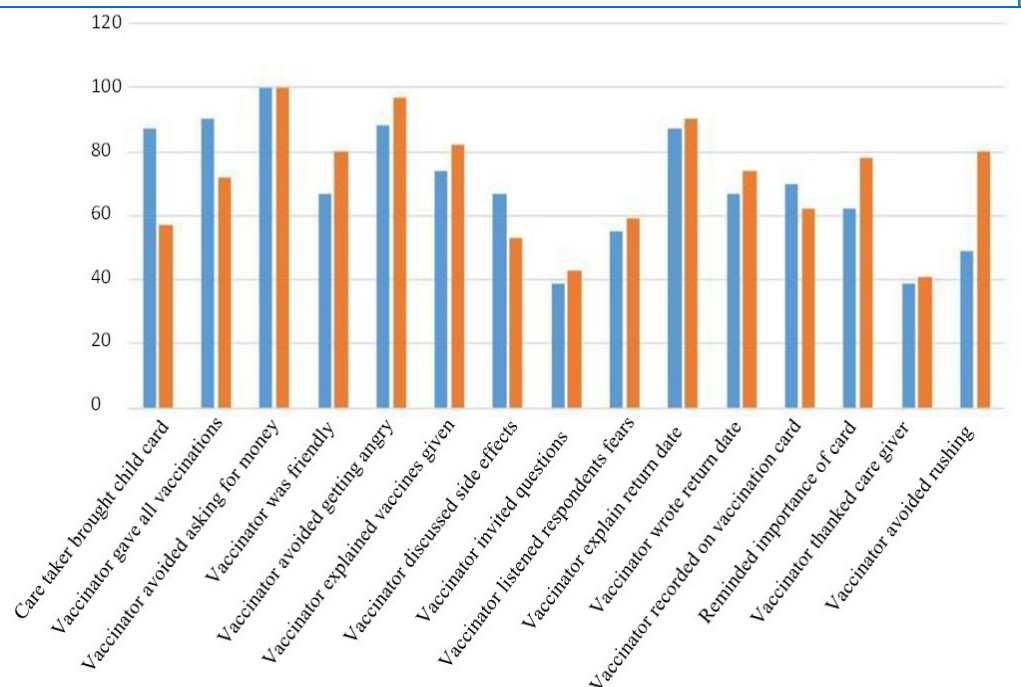
The study used a qualitative cross sectional method. It was carried out using in-depth interviews with health workers responsible for vaccination, observation of vaccinator and caregiver interaction during immunization sessions, and exit interview of caregivers who

brought their children for vaccination or whose child was vaccinated at the health facility. Three districts in the region, geographically representing central and remote areas were selected purposively. Health workers responsible for vaccination in twelve health facilities from the central and remote parts of the region were interviewed. A total of 63 vaccination sessions in the 12 health facilities were observed and caregivers were interviewed on exit.

RESULTS :

The study was conducted between 20-26 July 2019. A total of 63 vaccination sessions in twelve health facilities were observed, and caretakers with a child vaccinated at health facility were interviewed on exit.

Figure 1. Finding from observation of immunization session at health centers and health posts in the Somali region



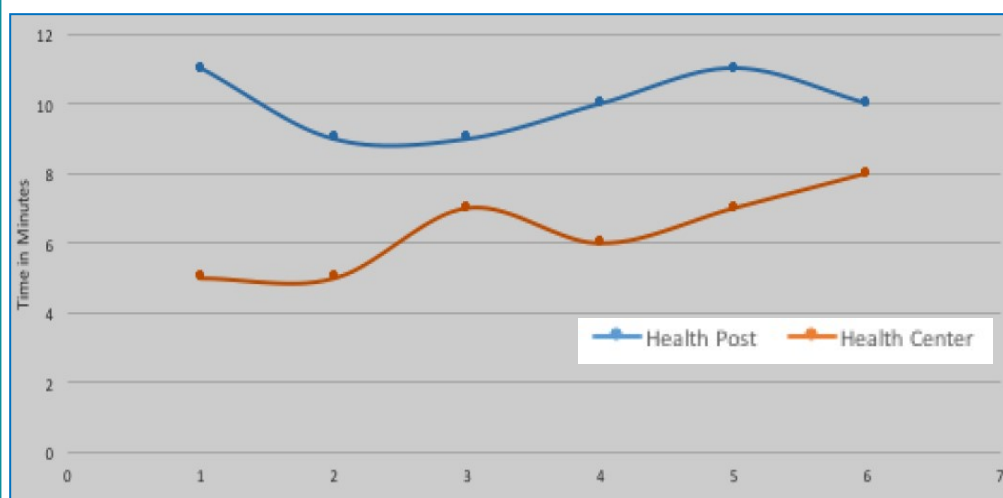


RESEARCH CORNER

Experiences from the field

All of the caretakers who brought a child to health facility were mothers and the majority were in the age group 25-34 years (52%, 33/63) and most cannot read and write (54% 34/63). Most caregivers (87% 120/138) brought immunization card with them when they visited health centers than those visiting health posts (57%, 79/138).

Figure 2. Time vaccinator spends with the caregiver during immunization session in Somali region



Vaccinators in the majority of the health facilities mentioned the return date and its importance to caregivers.

However, there was inadequate documentation of the return date and vaccine given on immunization cards. Most children visiting health centers received all the vaccine they required than those at health posts.

The average time that a caregiver stays at the health facility for the child to be vaccinated is higher at health posts (average 20.8 minutes, range 15-35 minutes) than at health centers, (average 11.6 minutes, range 10-15 minutes). All caregivers praised health workers' treatment during the service. Caregivers identify the vaccine given to the child by the site of injection and route of administration and not by name and purpose.

DISCUSSION:

There is a high level of illiteracy among caregivers who brought children for vaccination. Caregivers who cannot read will not comprehend what is written, and the purpose and importance of the child vaccination card. Some caregivers do not bring the child vaccination card with them, and some vaccinators do not give service and return the caregiver to bring the card. This could be avoided if the contents and purpose of the immunization card are clearly and regularly communicated. Health workers are characterized as friendly. This is a very positive and encouraging finding. Return date is not written on vaccination card in some cases and vaccinators. Caregivers did not know the specific vaccine that was administered to their

child; this is because they could not read the name of the vaccine given from the vaccination card. Community volunteers contribute hugely to the success of immunization programs.

CONCLUSIONS

Health workers do not communicate all information required for continued use of immunization services at health facilities during vaccination sessions. In the Somali region, caregiver communication will need to be improved through training of health workers on immunization basics and effective communication skills.

The full journal of this article can be accessed from:

International Journal of Health Services Research and Policy (IJHSRP), Volume 5, issue 2, August 2020, e-ISSN:2602-3482



CGPP organizes EPI Advocacy and Review Meeting in Gambella Region

CGPP Secretariat organized a two-day EPI advocacy and review workshop in Gambella Region from May 10 to 11, 2021. The workshop aimed to enhance the participation and contribution of the Regional Government, woreda administrations, and communities at all levels to increase the coverage of polio, routine immunization, and surveillance activities in the Gambella Region.

The participants discussed the disease surveillance, polio campaign activities, and the Health Extension Program status in the Region, issues related to reasons for low immunization coverage and future improvement actions. It was also conferred the support and involvement of religious and community leaders in social mobilization activities for immunization programs and strengthening collaboration of stakeholders on the cross border EPI and one health programs.

Finally, an agreement was reached on solid collaboration and follow-ups activities to improve immunization data quality and increase immunization coverage. Proper utilization of resources, proper implementation of the health extension program and strengthening COVID-19 exercises are issues among the action points. Intense supportive supervision, engaging religious leaders, equipment maintenance and improving immunization services at the health facilities are also recommended.

About 86 participants from CGPP secretariat, Project Implementing Partners Headquarters and field offices, representatives from The Ministry of Health, Gambella Region Health Bureau, Zonal Health Departments and Woreda Health Bureaus; religious leaders and immunization partners are in attendance. One Health Taskforce members and Gambella Region parliament members were also among the attendees.

Connecting plan with progress: Highlights from CGPP Ethiopia mid-year review and planning meetings



CGPP Ethiopia organized the partners' midyear review and planning meetings (MYRPM) in Adama town. The meetings were scheduled in two clusters from May 20-22 and 24-26, 2021, to follow-up of CGP-GHS project partner's activity implementation progress, budget utilization, and experience sharing among partners' organizations and to plan for rest of the implementation months.

The meeting brought 70 participants from the CGPP Secretariat team, CGP-GHS partners, zonal coordinators, and field staff members. They reviewed their six months activity performance, identified implementation problems and proposed possible solutions; and shared experiences. Moreover, activity and budget planning exercises were performed for the remaining implementation months. The training was also provided to partners on "how to write

good practice document", "partnership, leadership and communication", and "Proper use of the CGPP Telegram Channel and ODK platform". At the end of the meeting, it was agreed to conduct strong follow-up and action on supportive supervision, timely and accurate reporting, proper utilization of the CGPP media and activity and budget.

The MYRPM is a vital tool for bringing together all the CGPP Secretariat and partners headquarter and field staff members to share ideas and listening to the expectations and opinions of everyone on the implementation-related issues of CGPP programs. It is also an opportunity to evaluate and review the results and outputs of CGPP and improving planning and implementing progress, and discuss challenges and solutions.