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THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

Ethiopia launches the nOPV2 campaign along with the World Polio Day Commemoration



Ethiopia conducted a nationwide polio vaccination campaign with the type 2 novel oral polio vaccine (nOPV2) targeting over 17 million under-five children to end the circulation of poliovirus. The campaign was conducted in all regions of the country on 22-25 October 2021, except for Somali Region which was later conducted on November 12 – 15, 2021; and in Tigray region and in some of the zones of Amhara and Afar regions, the campaign was not conducted due to the current conflict and war.

The campaign was officially launched in Hawassa city of Sidama Region on Friday,

October 22, 2021, along with the commemoration of World Polio Day which was celebrated with this year's theme "One Day. One Focus: Ending Polio: Delivering on the promise of a polio-free world". The launching was conducted in the presence of Dr. Dereje Duguma, State Minister of Health; Dr. Meseret Zelalem, MoH MCH Directorate Director; and representatives from EPHI, CCRDA/CORE Group Polio Project, SNNPR Regional Health Bureau, Sidama Regional Health Bureau, Rotary, WHO, UNICEF and other non-governmental organizations.

Continued on page 3

CGPP Team Deliveries scientific papers to the American Public Health Association Annual Meeting and Expo

The CORE Group Polio Project (CGPP) team consists of the global office, the Ethiopia and Nigeria secretariats have attended the American Public Health Association (APHA) year 2021 annual meeting and expo held in Denver Colorado from October 24 to 27, 2021.

From the CGPP Global Office, Mr. Lee Losey, Deputy Director has attended the APHA annual meeting and Expo.

Continued on page 3

THE NEWSLETTER

INSIDE THIS ISSUE

EDITORIAL:
Page 2

ACTIVITY UPDATES:
Page 1, 3, 5, 8

POLIO CORNER:
Page 4

RESEARCH CORNER:
Page 6 - 7

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EDITORIAL —

RELEVANCE OF REACHING ZERO-DOSE CHILDREN

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

According to the definition of the Global Alliance for Vaccine and Immunization (GAVI), zero-dose children are those that have not received any routine vaccines. For operational purposes, Gavi defines “zero-dose children” as children who have not received the first dose of diphtheria-tetanus-pertussis containing vaccine (DPTev1) as a proxy measure. The root causes of zero-dose are poverty, failure of domestic governments and their public-health departments to reach the most vulnerable communities, or simply an inability to overcome deep-rooted social disadvantages.

A large number of zero-dose children live in three key geographic categories: urban areas, remote communities, and populations in conflict settings. Most zero-dose children are concentrated in Africa and South Asia: Nigeria, Ethiopia, Democratic Republic of Congo, India, Pakistan, and Indonesia.

Before the COVID-19 pandemic, one in eight children in Gavi-supported countries did not receive basic or routine vaccines and “zero-dose” children were accounted for nearly half of all children dying from vaccine-preventable diseases. The number of zero-dose children in Gavi-supported countries increased by nearly 30% due to the COVID-19 pandemic, heightening the risk of child deaths, disease outbreaks, and medical impoverishment.

Gavi is now launching “the GAVI 5.0 strategy”, a global movement to bring an end to this inequity and reach zero-dose children with immunization as its key priority for the next five years. The Gavi 5.0 strategy will bring a much stronger focus on reaching the most marginalized population. The strategy will focus on reducing the number of zero-dose children by 25% by 2025 and by 50% by 2030, which will mark the attainment of the Sustainable Development Goals (SDGs).

In addition to maintaining optimal levels of coverage any immunization activities such as new vaccine introduction, disease elimination, and eradication initiatives, reducing drop out and missed opportunities for vaccination should give due consideration to reaching zero-dose children. It will be critical that the zero dose approach is positioned to strengthen initiatives mentioned above, not compete, distract or detract from them.

Therefore, Reaching children with a first vaccine is important as most of these children will consequently reach to receive several vaccines. We also want to emphasize that reaching zero-dose children and addressing barriers to immunization will improve equity in immunization coverage. Overcoming these challenges would help ensure no one is left behind with immunization in the SDGs era.

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Ethiopia Launches the nOPV2 campaign along with the World Polio Day Commemoration

Continued from page 1

Mr. Tenager Tadesse was representing CORE Group Polio Project, and delivered a speech during the panel discussion, which was organized as part of the campaign launching.

In his speech, Dr. Dereje Duguma appreciated the support provided by all polio partners and other stakeholders and urged all to join forces for the eradication of polio from Ethiopia. In his speech, Mr. Tenager Said that “the African continent, including Ethiopia, has the highest number of polio cases, with the number of cases have increased in the year 2020

compared to 2019. As a result, the risk of spreading poliovirus type 2 (cVDPV2) is increasing.” He added that, “the only way to reduce the risk of polio is to have a robust surveillance system that can quickly detect polio cases and then take immediate action to increase immunization coverage by boosting community immunity. It is also important to make sure that no child is left unvaccinated.”

The campaign was conducted by vaccinators house to house for under-five children. In addition, temporarily fixed sites were arranged in camps for internally displaced people and transit areas.

CGPP Team Deliveries scientific papers to the American Public Health Association Annual Meeting and Expo

Continued from page 1

The Ethiopian secretariat team who are attended the workshop were: Dr. Filimona Bisrat (presented an oral paper entitled “the assessment of health workers and caregivers interaction during child vaccination sessions at health facilities in Ethiopia”, Mr. Legesse Kidanne (presented one paper on “curbing circulating vaccine-derived poliovirus type2 (cVDPV2) outbreak in Ethiopia”, Dr. Muluken Asress (presented a paper “knowledge, perception and factors affecting health care service providers for reporting adverse events following immunization in pastoral zone of Ethiopia” and Mrs. Bethelehem Asegedew presented documentary film entitled “Towards polio-free country: reaching the unreached communities in Ethiopia”. From Nigeria, Dr. Samuel Usman has attended the workshop and presented two oral papers entitled “improving access to oral polio vaccine amongst internally displaced persons in conflict affect areas of northeast Nigeria” and “enhancing the role of civil society organizations in addressing emerging infectious diseases through community-based structures”.

The Annual APHA Meeting is the largest gathering of public health professionals in the world bringing



Group Pictures of the CGPP Team participants of APHA 2021

together thousands of people. More than 900 sessions featuring over 4,000 scientific papers and thousands of oral presentations are presented during the meeting. APHA champions the health of all people and all communities. This gathering is intended to strengthen the profession of public health, share the latest research and information, promote best practices and advocate for public health issues and policies grounded in research.



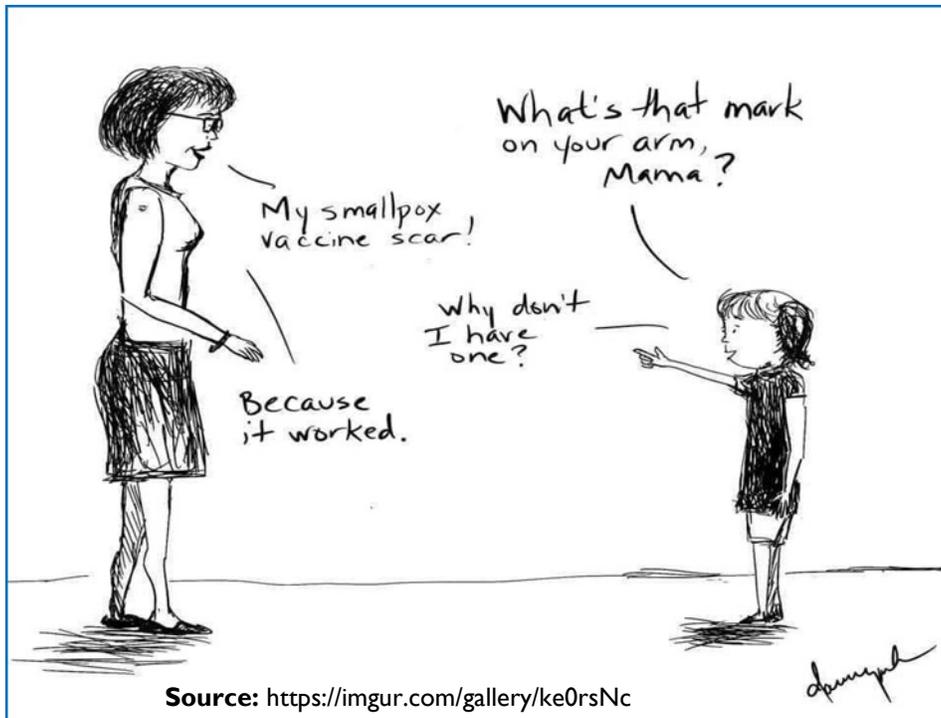
POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Dec 17, 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	29	27	1	3.5	3.2	93	100	12.5	0	0	0
AFAR	21	24	27	0	2.3	2.6	96	100	5.4	0	0	0
AMHARA	201	285	197	4	2.9	2.2	94	99	7.5	0	0	0
B/GUMUZ	14	28	14	1	4.1	2.4	89	96	13.0	0	0	0
D/DAWA	4	11	8	0	5.6	3.6	100	100	0.0	0	0	0
GAMBELLA	7	13	4	1	3.8	1.2	85	100	11.1	0	0	0
HARERI	2	5	2	0	5.1	2	80	100	30.0	0	0	0
OROMIA	402	670	542	11	3.4	2.8	90	97	6.9	1	7	0
Sidama	51	91	41	0	3.6	2.2	90	96	10.0	1	0	0
SNNPR	167	327	219	2	3.9	2.7	93	95	7.4	0	1	0
SOMALI	65	126	123	2	4	4.2	95	100	8.2	0	0	0
TIGRAY	53	12	31	0	0.4	1.3	100	100	4.5	0	1	0
NATIONAL	1004	1621	1235	22	3.3	2.7	92	97	7.6	2	9	0

Week 51, 2021



**VACCINES WORK!
DO YOUR PART!**

Thank you for your contribution

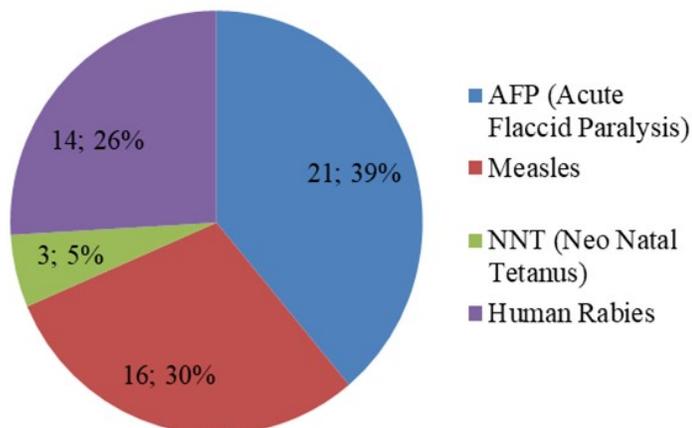
Your contribution to this newsletter is highly appreciated. Without your valuable contribution, it is hard to reach our audiences with messages that are worth reading. We need to collaborate and exert more efforts together.



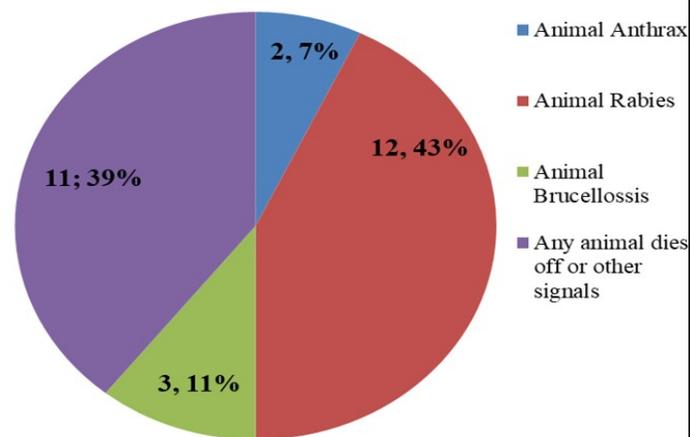
SURVEILLANCE AND SUPERVISION UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (October 1 to December 31, 2021)

Human Disease Cases Reported. Total number of cases= 54



Animal Disease Cases Reported. Total number of cases = 28



Facility level supportive supervision field visits conducted by CGPP Secretariat and implementing partners (October 1/2021 to December 31/2021)

Region	Number of Health Facilities Visited				
	Hospitals	Health Centers	Health Posts	Animal Health Clinics	TOTAL
Benishangul Gumuz	1	9	50	1	61
Gambella	1	8	13	0	22
Oromia	0	15	18	0	33
SNNP	0	2	27	0	29
Somali	0	28	63	2	93
TOTAL	2	62	171	3	238

Ethiopia COVID – 19 Updates

Total Number of Reported Cases in Ethiopia- Updated on December 31, 2021

Laboratory test → 4,112,267
 Active cases → 58,357
 Total recovered → 355,046
 Total deaths → 6,937
 Total Cases → 420,342
 Total Vaccinated → 9,344,163



RESEARCH CORNER

Experiences from the field

ASSESSMENT OF THE KNOWLEDGE OF MOTHERS/CAREGIVERS ON VACCINE PREVENTABLE DISEASES AND IMMUNIZATION IN LOW PERFORMING AND HARD TO REACH AREAS: *LESSONS FROM THE GAVI CSO CEISLPA PROJECT*

Contributed by: Asrat Assress, CORE Group Polio Project, Ethiopia

Background: Ethiopia has made significant paces in protecting more than three million annual birth cohort against vaccine-preventable diseases and has made progress in increasing coverage for all antigens. CCRDA/CORE Group Polio Project (CGPP), as a Government partner to scale up immunization coverage, has been working in pastoralist and semi-pastoralist regions along the international borders to boost immunization coverage through its implementing partners. With the support from Global Alliance for Vaccine and Immunization (GAVI), CORE Group devised a project entitled ‘Collective Effort to Enhance Immunization Services in low performing and Hard to Reach Areas’ (CEISLPA) implemented in selected 85 priority Woredas of six regions namely: Afar, Gambella, SNNP, Oromia, Somali and Benishangul Gumuz regions. Programmatic data is vital for improved and quality service delivery, to ensure immunization programs reach every child.

Methods: A cross-sectional descriptive survey was employed to estimate child immunization coverage and factors hindering vaccination. The household survey design was employed using the EPI cluster survey procedures (WHO, 2013). The survey employed 30 by 10 modified WHO EPI cluster sampling procedures (WHO, 2013) using the two-stage cluster sampling method. A total of 300 mothers/caretakers of children 12-23 months of age were interviewed to collect data on child vaccination and to determine the reasons for no or incomplete vaccination. Socio-

demographic characteristics were also collected from mothers. Interviewer-administered standardized questionnaires were used and the questionnaires were translated into local languages (Afan Oromo, Amharic, and Somali languages). The data was entered into a pre-designed EpiData template and the statistical analysis was conducted using SPSS 16.0 program.

Results:

Reasons for not being Vaccinated or defaulting Child Vaccination: Mothers/caretakers were asked to describe the reasons for the child not being vaccinated or defaulting from the routine vaccination. The survey found out that the reasons for not receiving child vaccination were lack of information (56%), other obstacles (29%), and lack of motivation (15%). (Figure 1).

Reasons for not Receiving Child vaccination (Never Vaccinated)

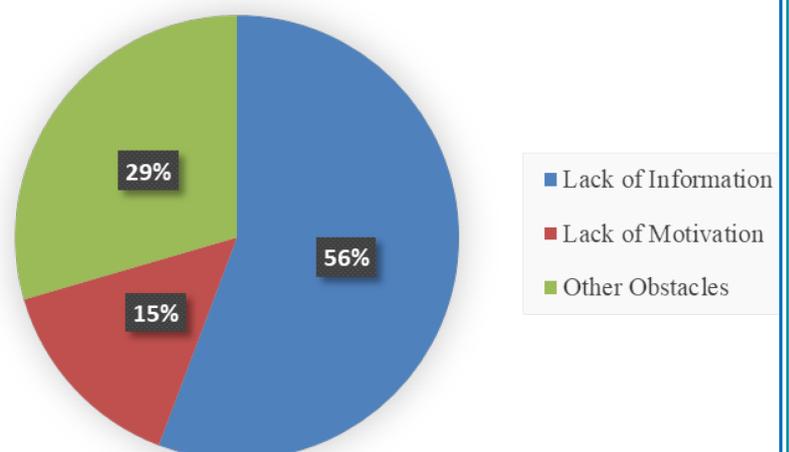


Figure 1: Reasons for not Receiving Child Vaccination, December 2015 – January 2016.



RESEARCH CORNER

Experiences from the field

The study found out that the reasons for defaulting child vaccination among children aged 12 – 23 months were lack of information (68%), other obstacles (29%), and others (3%). Half of the caretakers responded that the reason for the children defaulting from the routine vaccination was not knowing whether to come back for the next vaccination or not, and the other reason mentioned commonly was inconvenient vaccination time (14%) (Figure 2). The most commonly stated suggestions of the caretakers to make a child more likely to be vaccinated were availability of all antigens at the clinic (14.2%); vaccination site with reasonable walking distance (13.5%); short waiting time at the vaccination site (13.1%) and friendly vaccinator (9.8%).

study. The survey revealed a high drop-out rate in the child immunization services in the project implementation areas which indicates low-level program continuity and follow-up. Therefore, it is significantly important to mainstream EPI through social mobilization, awareness-raising, advocacy, demand generation activities. There should be locally sound strategies to reach underserved communities in the pastoralist areas.

Recommendation: SBCC and Health Education: lack of information among the clients was the most common reason for defaulting and not receiving any vaccines. This can be ensured through: raising the awareness of the community through the relevant media: It is imperative to

use diverse communication channels to raise the awareness of the community, and it is also pertinent to effectively utilize community volunteers and influential community leaders as a key part of community mobilization activities. Effective communication between clients and health service providers would be useful to assess the vaccination status and requirements of the clients. assigning appointment dates, informing adverse effects following immunization and its management, and bringing empathetic and friendly immunization sessions are also important.

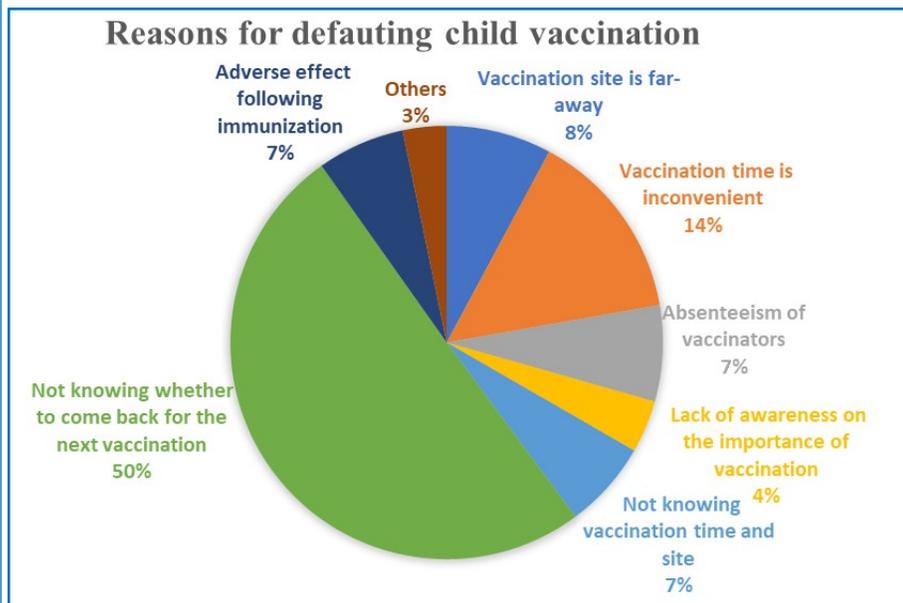


Figure 2: Reasons for Defaulting Child Vaccination, December 2015 - January 2016.

Conclusion: The study revealed that the majority of children aged 12 – 23 months have access to child immunization services. Some children aged 12 - 23 months were not utilizing the accessible service at the recommended level due to different barriers. Timely and valid doses coverage was found to be very low in the

References

CCRDA/CGPP. (2016). *GAVI CSO CEISLPA PROJECT BASELINE SURVEY Immunization Coverage Baseline Survey Report*. Addis Ababa.



Meet our Community Volunteers!

Nefisa Mohammed, Aysha Woreda of Siti Zone in Somali Region



I am Nefisa Mohammed, a housewife and a mother of five children. I live in Dewole town, Siti zone of Somali region. Seven years ago, CGPP/Harrargae Catholic Secretariat (HCS) approached our community and discussed the possibility of initiating community engagement for polio

eradication through the involvement of Community Volunteers in the area. The agreement was reached during the discussion to select volunteers by the community members themselves. I was one of the volunteers selected by my community to participate in the program. I was given three days of training organized by CGPP/HCS and held in Dewole town.

After participating in training, I started working as a Community Volunteer (CV) to facilitate AFP surveillance. I am still working together with three other CVs in my *Kebele*. I conduct house-to-house visits two times a week, reaching 30 households to search for AFP cases and at the same time educating members of the households about polio, measles, and NNT.

So far, I and other CVs reported three AFP cases to the health center. During house-to-house visits, we ask family members if there is a sick child who has a fever and conduct physical check-ups of every child in the household for signs and symptoms of AFP, measles, and NNT cases. Furthermore, we also identify pregnant mothers and newborns and advise the family to take them to the health center for vaccination. Besides, we also undertake tracing defaulter children and connecting them with the health

facility for next-level vaccination. We also asked household members if they had faced any health problems. We gave them information and messages about the diseases and advise them to ask health workers in the nearby health facility for more advice and treatment.

During Polio campaigns, we mobilize the community using megaphones to advise them to stay in the house with the children to get their vaccination. In addition, we also go house to house with the vaccinators, carry the vaccines and direct them to the location of the houses.

I have gained information and knowledge on community-based surveillance on the major diseases affecting humans and animals from the three days of training I received two years ago which was organized by CORE Group/HCS. After this training, I searched for rabbis, brucellosis, anthrax, and any animal die-offs and reported the cases to the health center or animal health technicians. I also teach the community not to eat meat from dead animals.

I have witnessed many changes in our community's awareness and attitude about vaccine-preventable diseases and immunization. In the beginning, there were rejections, but People are now aware of diseases, show us respect, and are interested in learning more about the problems and consequences of their actions on their children.

I'm happy and proud of the achievements I have exhibited working for the program and my service to my community without any payment. I don't think that money could have satisfied my work. However, I suggest that it is advisable (if possible) to provide umbrellas, bags, and shoes that facilitate our efforts to provide essential services to the community.

Story and Picture Credit: Filimona Bisrat (MD, MPH), CGPP Secretariat, Ethiopia