

THE CORE GROUP PARTNERS PROJECT (CGPP) ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

JANUARY - MARCH 2023

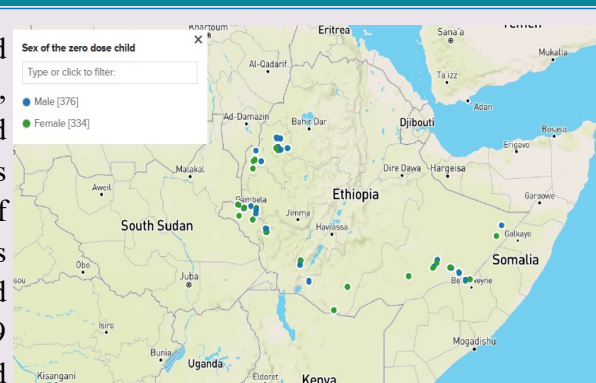
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CGPP COMMENCES NEW PROJECTS:

Additional funds obtained to implement COVID-19 and Zero Dose children mapping

With the financial support obtained from its longstanding donor, USAID, CGPP has started implementing COVID-19 projects in 42 implementation districts of CGPP Ethiopia. The project has aimed at building public trust and acceptance of the COVID-19 vaccines, demand generation, and increasing COVID-19 vaccination uptake. The implementation started on January 2023. Furthermore, aiming at addressing zero dose and unimmunized children a new project has been commenced by CGPP Ethiopia. The project utilizes the existing community-based surveillance to identify and map communities with higher zero dose and under-immunized children in six regions, fourteen zones



Registered Zero-dose children, as of March 31, 2023

and sixty-nine hard to reach implementation districts/woredas of the CGPP Ethiopia. In this relation, a new initiative of utilizing referral cards is being introduced to facilitate the identification and referral of zero-dose and under-immunized children to health facilities through the CGPP community volunteers.

CGPP Ethiopia Director receives award for the 2nd time

Dr. Filimona Bisrat, CGPP Ethiopia Secretariat Director has received an award from the Ethiopia Public Health Association (EPHA) as recognition for his outstanding contributions to the public health sector. Dr. Filimona received the award from Her Excellency Dr. Liya Tadesse, Minister of the Ministry of Health Ethiopia during the EPHA's 34th Scientific Annual Conference held on March 19, 2023, in Addis Ababa Ethiopia.

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EDITORIAL —

POLIO! STILL NEEDS FURTHER EFFORTS TO BE FULLY ERADICATED

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

Although polio may not be as prevalent as it once was, the odds of it resurfacing are high if we don't take action. Only wild polio virus (WPV) type 1 of the three wild poliovirus strains has not yet been totally eradicated. The last case of WPV type 2 (detected in 1999), and type 3 (detected in 2012) was declared eradicated in 2015 and 2019 respectively.

Globally, polio has been eradicated in about 99.9% of cases; to most people, it is completely gone, and there is no need to be concerned about it. This is especially true since there are many other pressing issues at the moment. People should also realize that if we don't pay close attention to the two remaining nations: Afghanistan and Pakistan—the virus will expand once more. Like in previous years, it will be a significant problem, and considering how frequently the polio virus spreads, the likelihood of it happening again is quite high. It was proven by the recently imported WPV1 from Pakistan infected Malawi and Mozambique. If we ignore the support and commitments, it will become a major issue all over again, which means all the resources invested will go to waste, and if it is reversed, it will require more resources and efforts to eradicate. Also, people will be infected with the virus, resulting in additional disabilities and possibly death.

Afghanistan and Pakistan still face polio due to the misinformation and misconceptions of people about the vaccine, religious ethics, insecurity within the country, and poor health systems. Therefore, it requires a local, innovative approaches in place to gain community acceptance.

On rare occasions and only in under-immunized populations, the live attenuated virus contained in the oral poliovirus vaccine can circulate in people and mutate into a form that causes paralysis. This mutated

form is called circulating vaccine-derived poliovirus (cVDPV), which occurs when routine or supplementary immunization activities (SIAs) are poorly conducted, and a large number of under-immunized children are in the community. If a population is fully immunized, they will be protected against vaccine-derived and wild polioviruses. Therefore, the cVDPV type 2 transmission and preventing outbreaks in non-endemic countries are becoming one of the challenges of polio eradication.

The cVDPV 2 is still reporting in many African countries, and there was the detection of a person infected with circulating variant poliovirus type 2 in New York, USA; and positive isolates in sewage samples in New York, Israel, and London were stark reminders that if polio exists anywhere, it is a threat everywhere.

The Global Polio Eradication Initiative (GPEI) has developed two goals to eradicate polio; 1st to interrupt all poliovirus transmission in Afghanistan and Pakistan, and the 2nd is to stop cVDPV transmission and prevent outbreaks in non-endemic countries'. To address the growing risk of type 2 cVDPV2, the GPEI has introduced the novel oral polio vaccine type 2 (nOPV2) vaccine as a tool in the fight against it.

The CORE Group Partner Project's polio program was extended by USAID until 2027, and most CGPP counties are currently experiencing cVDPV type 2 outbreak transmission. Hence, to stop transmission and prevent importation cases, CGPP's implementation efforts should be aligned with the GPEI's objectives and concentrate on high-quality surveillance and immunization activities. As the WPV type 1 outbreak and the ongoing cVDP2 outbreaks in some parts of Africa remains a huge threat. Therefore, CGPP also considers additional high-risk countries that need greater assistance from the matured experiences of CGPP.

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CCRDA recognizes USAID’s Global Polio Coordinator



Ms. Ellyn W. Ogden, the US Agency for International Development (USAID) Worldwide Polio Eradication Coordinator, received an award of recognition from the Consortium of Christian Relief and Development Association (CCRDA) during her official visit to Ethiopia. The award was extended for her extraordinary support to the Polio Eradication efforts in Ethiopia.

Ellyn was given a certificate and recognition award during the 250th CCRDA members' General Assembly Meeting and 50th anniversary held at the CCRDA Conference Hall. Moreover, the USAID Ethiopia mission office, the CGPP program implementing partners, the Ministry of Health Ethiopia, UNICEF, WHO, and Rotary International were also awarded certificates for their contribution for the

national polio eradication effort. This event attracted more than 300 participants.

Moreover, in attendance were, Dr. Hibret Tilahun, CGPP Global Director, Mr. Ahmed Arale Deputy Global Director, and Dr. Birkety Mengistu, Child Health Advisor for the USAID Mission in Ethiopia. Dr. Hibret moderated the award ceremony session of the General Assembly

At the side meetings, Ellyn Ogden met with the CGPP secretariat staff members, and program implementing partners to discuss issues related to CGPP implementation. Ms. Ellyn together with Dr. Hibret Tilahun, Mr. Ahmed Arale, and Dr. Filimona Bisrat also met Dr. Negussu Legesse, the CCRDA’s Executive Director to discuss future collaboration between CCRDA/CGPP and USAID.

Learning from the pain:

A commitment to prevent vaccine-preventable diseases



Shiek Oumar Hasen narrating his story at the training
about immunization and our children didn’t get vaccination even once by that time. My elder child Hasan, 12 years old experienced fever and sudden muscle weakness in his left leg. I took him to different health institutions even Adama Hospital and didn’t get a solution. The physicians told me that my child had polio-related complications, and left me to regret it. Since then, we moved to the nearest place where we could find health services and vaccination. Now Hasan is walking with a crutch. Since then I and my closest families vaccinate our children.”

Sheik Oumar Hasen is a religious leader who lives in the Awash Fentale district of the Afar Region in Ethiopia. He shared his story during and EPI mainstreaming training conducted On August 2022 by the Friendship Support Association (FSA)/CGPP using funds form the GAVI project. He shared his personal experience on immunization during the training and said,

“...It was almost 20 years back, I was living in a remote area with my wife Kediga Omer. We both have no idea

Contributions by: Bayush Gezachew (CGPP-GAVI/FSA) and Bethelehem Asegedew (CGPP Sec.)



POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia
Jan 01 – Mar 31 , 2023

Regions	Expected Cases (2023)	Reported (this period 2023)	Reported (same period 2022)	Reported this Week	NP-AFP Rate (annualized) 2023	NP-AFP Rate (annualized) 2022	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	21	4	6	0	1.5	2.4	100	100	0	0	0	0
AFAR	21	4	4	0	1.5	1.5	100	100	0	0	0	0
AMHARA	211	54	69	4	2.0	2.7	94	100	0	0	0	0
B/GUMUZ	11	6	5	1	4.4	3.6	100	100	0	0	0	0
D/DAWA	4	1	0	0	2.0	0	0	100	0	0	0	0
GAMBELLA	8	1	0	0	1.0	0	100	100	0	0	0	0
HARERI	2	0	1	0	0.0	4	0	0	0	0	0	0
OROMIA	436	126	103	10	2.3	2	96	99	0	0	0	0
Sidama	60	15	13	0	2.0	1.9	100	100	0	0	0	0
SNNPR	147	50	39	7	2.7	2.2	100	100	0	0	0	0
SOMALI	69	12	19	0	1.4	2.2	100	100	0	0	0	0
South West	36	17	12	3	3.8	2.7	100	100	0	0	0	0
TIGRAY	53	7	0	1	1.1	0	100	100	0	0	0	0
NATIONAL	1079	297	271	26	2.2	2.1	96	99	0	0	0	0

Week 13, 2023



Rotary International organizes “Polio Run” awareness campaign: CGPP takes part in the race

Rotary National PolioPlus Committee in collaboration with the Ministry of Health has organized an “END POLIO NOW” advocacy race on February 26, 2023, at the Hawassa City of Ethiopia. The rally involved a 21 kilometers Maraton mass race; an 8-kilometer elite mass race; and children’s race. Over 3000 local and international participants i.e. higher government officials, immunization partners including CORE Group Parntrs Project (CGPP), diplomats, UN agencies, community members, and children have attended the event. The rally was organized to create awareness towards polio eradication.

CGPP has covered the printing costs of banners and teardrop flags which were posted during the rally. Furthermore, five CGPP secretariat staff members led by Dr. Filimona Bisrat participated in the race.

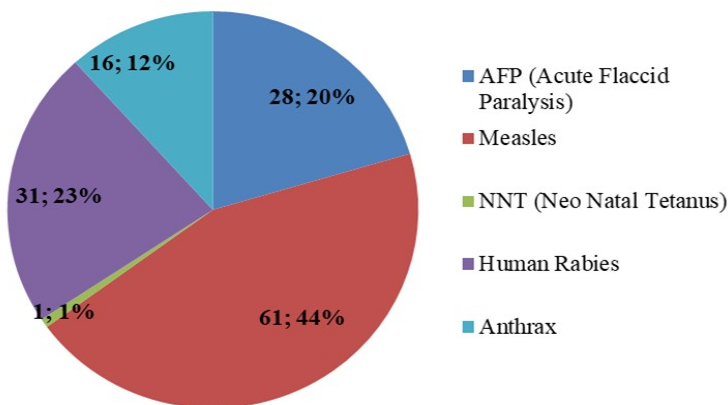




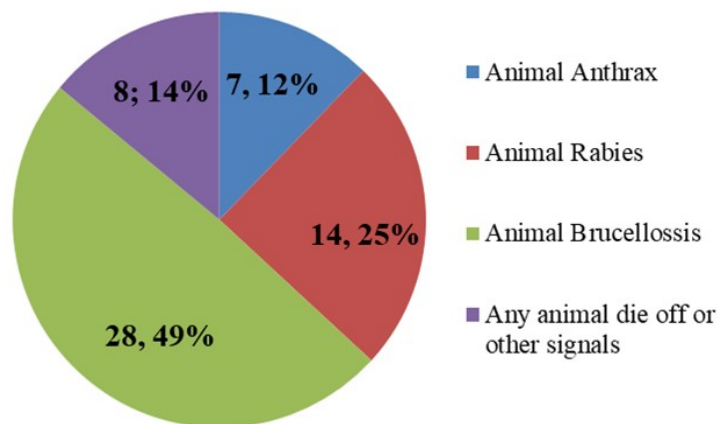
SURVEILLANCE AND SUPERVISION UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (January 1 to March 31, 2023)

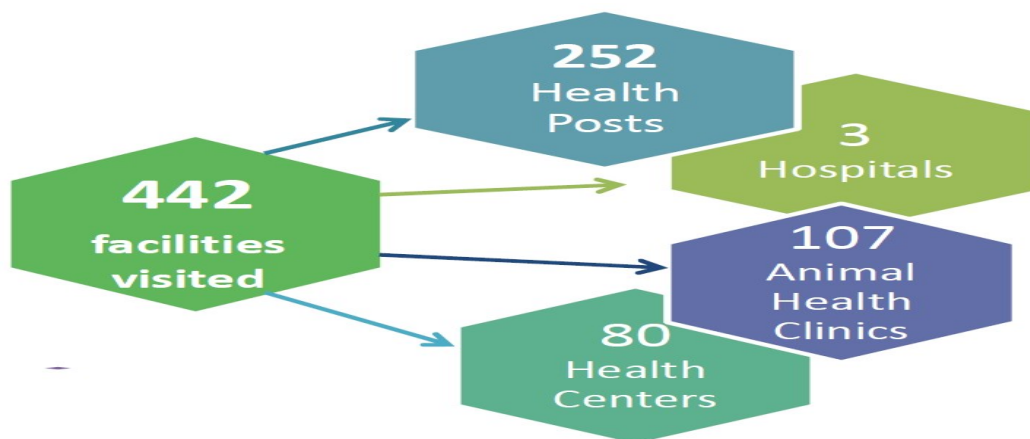
Human Disease Cases Reported.
Total number of cases= 137



Animal Disease Cases Reported
Total number of cases = 57



Facility level supportive supervision field visits conducted by CGPP Secretariat and implementing partners (January 1/20223to March 31/2023)



COVID-19 Updates

Total number of reported cases

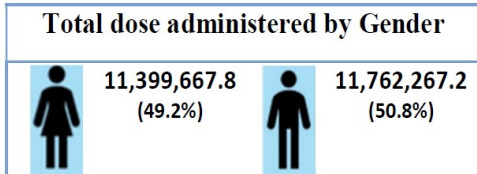
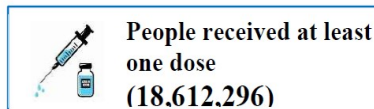
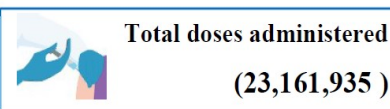
Updated on March 31, 2023

Laboratory test	→ 5,519,603
Total cases	→ 500,564
Total deaths	→ 7,573
Total recovery	→ 487,639
Total Vaccinated	→ 44,285,561

Source: FMoH Ethiopia

COVID-19 Vaccination Progress

Third round campaign progress





RESEARCH CORNER

Experiences from the field

STRENGTHENING EXPANDED PROGRAM FOR IMMUNIZATION (EPI) THROUGH FACILITY-BASED SUPPORTIVE SUPERVISION IN PASTORALIST AND HARD-TO-REACH PART OF ETHIOPIA: THE EXPERIENCE OF CORE GROUP PARTNERS PROJECT

Contributed by: Tenager Tadesse, CORE Group Partners Project

BACKGROUND: Ethiopia with an estimated population of over one hundred ten million is the 2nd most populous country in Africa. About 85% of its population is a rural resident. A substantial number of people are known to live in the underserved and least developed semi-pastoral and pastoral hard-to-reach areas of the country. Ethiopia has a considerable young population. Children under five years are about 15% and those under fifteen years of age form about 45% of the population. Morbidity, disability, and mortality among young infants < 5 five children due to vaccine-preventable diseases are major public health problems in the country. Immunization against vaccine-preventable diseases is a potent public health tool in reducing child morbidity, disability, and mortality.

CORE Group Partners Project (CGPP) /formerly called CORE Group Polio Project/ in Ethiopia established in 2001 focuses on pastoralist communities and hard-to-reach areas to increase the immunization coverage necessary to achieve interruption of polio transmission to enhance the polio eradication program through community-based activities. Most of the activities of the project are delivered through services provided by the partnership of five PVOs and four NGOs. Currently, CGPP Ethiopia contributing to polio eradication and routine immunization efforts in 80 hard-to-reach and border Districts.

OBJECTIVE: To evaluate the changes on EPI performance of the health facilities due to the support through supervision in 80 pastoralist and hard to reach CORE Group Partners Ethiopia implementation districts.

METHODS: Seven months (June-December 2021) of facility-level supportive supervision data collected by CGPP staff via the ODK platform, to monitor round-wise changes in the EPI performance of the health facilities. The supervisory visits were conducted by district-level

project and government staff using WHO supervision checklist (observation & interview questions) loaded on a smartphone, supported with GPS location. During each visit, on-the-job training was provided and before concluding each visit there was a meeting with the facility staff to discuss the observed gaps and develop an action plan. Filled checklist submitted to the project central server. Round-wise analysis was done, on selected indicators using SPSS statistical software.

RESULT: During the seven months, 834 health facilities supportively supervised EPI, of which 75.7% were health posts, 22.9% were health centers, and 1.4% were hospitals. 372, 285, and 177 facilities were visited on the first, second, and third rounds respectively.

The proportion of facilities without immunization session plans and reach every child (REC) micro plan on the first visit decreased from 58.1% to 14.4%, and 52.0% to 18.9% on the 3rd visit respectively. Similarly, irregularity of the cold chain status decreased from 8.2% to 1.2%.

Table 1: The number of rounds of this visit during the current fiscal year

	Is there an updated (last 6 months) Reach Every District (RED/ REC) micro plan	The number of rounds of this visit during the current fiscal year			Total
		1st round	2nd round	3rd round	
yes	Count	238	216	131	585
	%	72.3%	80.9%	78.9%	76.8%
no	Count	91	51	33	175
	%	27.7%	19.1%	19.9%	23.0%
Total	Count	329	267	166	762
	%	100.0%	100.0%	100.0%	100.0%



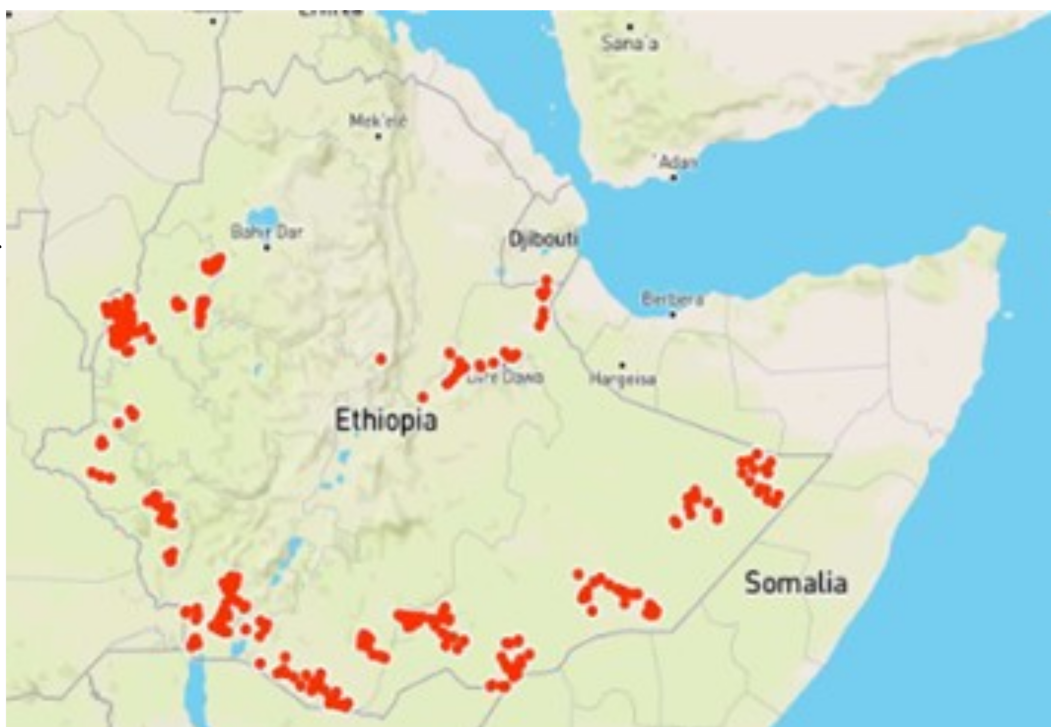
RESEARCH CORNER

Experiences from the field

Availability of updated immunization monitoring chart improved from 48.9% to 57.8%, immunization defaulters tracking mechanism from 75.4% to 89.2% and proper utilization of immunization register from 82.4% to 90.4% on the third round of visits.

More than half (53.7%) of the facility management committee was not functional on the first round visit which reduced to 4.9% on the third visit.

The supervised health facilities' refrigerator temperature regularity improved from 65.7% to 78.9% between the first and the third visits.



Picture 1: Geo Map of supportive supervision visits conducted in CGPP imple-

Table 2: Status of cold chain monitoring in the last month

Status of cold chain monitoring in the last month		The number of rounds of this visit during the current fiscal year			
		1st round	2nd round	3rd round	Total
Regular	Count	216	195	131	542
	%	65.70%	73.00%	78.90%	71.10%
Irregular	Count	27	14	2	43
	%	8.20%	5.20%	1.20%	5.60%
Not working	Count	56	44	22	122
	%	17.00%	16.50%	13.30%	16.00%
Other	Count	30	14	11	55
	%	9.10%	5.20%	6.60%	7.20%
Total	Count	329	267	166	762
	%	100.00%	100.00%	100.00%	100.00%

CONCLUSION: The result showed that the proportion of facilities with updated immunization monitoring charts, micro plan, cold chain status & immunization defaulters tracking mechanisms significantly improved since the first visit.

This suggests a positive correlation between regular and sustained supportive supervision visits and improvement in immunization program management. Building the capacity of the district health staff for continuous supervisory support to the facilities and strengthening the facility management committee is very mandatory for the sustainability of the immunization program.



CGPP Global organizes a retreat program: *All country secretariats attended*

The CORE Group Polio Project has concluded its Global Retreat scheduled to hold from March 19 – 25, 2023, in the Mombasa City of Kenya.

This Secretariats’ retreat was organized by the CGPP Headquarters aiming to create a learning session among countries and to discuss future directions on sustaining the lessons learned.

CGPP is implementing its programs in seven countries: Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan, and Uganda, and, recently extending its work to Niger, Angola, and Djibouti. The lessons learned and innovative

approaches gained through the 23-year project history have been applied to address circulating vaccine-derived poliovirus (cVDPV) cases, Global Health Security (GHS), and the COVID-19 pandemic in mobile, migrant, refugee, and other hard-to-reach populations. CGPP’s pioneered approaches to integrated community-based surveillance and cross-border collaboration which allowed the project to continue reaching nomadic and mobile populations as well as engaging community influencers and leaders as an integral part of the project’s progress.



Group picture of the CGPP Global retreat attendees

CGPP Ethiopia Director receives for the 2nd time

Continued from page 1

This is the second award that Dr. Filimona received this fiscal year (2022-23) including the Gordon and Wyon award presented by the American Public Health Association at its annual conference held in Boston, MA (November 2022). He has also received 2022’s Life Time Impact award of the CORE Group at the Global Health Practitioners’ Conference held in Bethesda, MD, in the USA (October 2022),



The CGPP Ethiopia team congratulates Dr. Filimona Bisrat for his achievements!