Ending Polio is MY RESPONSIBILITY.

Afghanistan: Sanctuary: 13 High-Risk Districts

7th Meeting of Independent Monitoring Board London, United Kingdom
October 29, 2012
### Polio Cases Comparison for same Period (Jan-Oct) in 2011 and 2012 in Kandahar and Helmand Provinces

<table>
<thead>
<tr>
<th>District</th>
<th>No. Districts</th>
<th>Target Pop</th>
<th>Polio cases Jan-Oct 2011</th>
<th>Polio cases Jan-Oct 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandahar</td>
<td>13</td>
<td>430,000</td>
<td>21</td>
<td>09</td>
</tr>
<tr>
<td>Hilmand</td>
<td>13</td>
<td>561,000</td>
<td>15</td>
<td>08</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
<td><strong>991,000</strong></td>
<td><strong>36</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

**Distribution of Confirmed Polio Cases by District in Helmand and Kandahar Provinces 2011-12: Afghanistan**
Outbreak in Maiwand

- Six Confirmed cases reported in 2012
- Most cases reported from cluster 6 and cluster 9 in Zari of Maywand
- This is inaccessible since last 3 years
- Recent local negotiations allowed access in October
- Short Interval Additional Dose (SIAD) will be employed in this area
### June 2012 IMB Comments and Country progress

<table>
<thead>
<tr>
<th>IMB Comments</th>
<th>Country Progress</th>
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<tbody>
<tr>
<td>Insecurity is a challenge but not the only one. Improve PEI management</td>
<td>Program started to breakdown the reasons for insecurity to take proper action. District and Provincial PEI management is focused and new structures like DEMTs is functional now</td>
</tr>
<tr>
<td>Awareness of parents in Helmand and Kandahar remain low. Increase demand and awareness</td>
<td>ICN is now expanded to 80% of the high risk clusters</td>
</tr>
<tr>
<td>Children are also missed because team did not visit the house. This require improve micro-plan, supervision and management</td>
<td>Special trainings were conducted at Kandahar and Helmand to discuss and update district specific plans</td>
</tr>
<tr>
<td>NGOs accountability need to be tougher but remains poor</td>
<td>34 provinces are reviewed and report will be presented to MoPH</td>
</tr>
<tr>
<td>Presidential Leadership and cross government working</td>
<td>President is fully engaged and inter Ministerial task force constituted meeting is planned in November</td>
</tr>
</tbody>
</table>
Actions Taken: Oversight, Management and Accountability

Permanent structure with clearly outlined roles and responsibilities

Provide Management structure for vaccination activities

Challenges: Monitoring, Performance Appraisal and Accountability

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Actions Taken: Increasing Access (PPT)

146,000 children (21% of HRD) received additional dose

Over 9000 (6%) received OPV for the first time

Challenge: Selection, monitoring and cold chain

Figure 2: Map of areas for PPT in Kandahar City

Lowala stream

1. T1 G1 Target pop=12888 Coverage=4840
2. T2 G1 Target pop=13248 Coverage=8485
3. T3 G1 Target pop=12888 Coverage=4840
4. T4 G1 Target pop=11880 Coverage=6769
5. T5 G1 Target pop=11880 Coverage=7492
6. T6 G1 Target pop=6396 Coverage=7898

Thinly populated areas (G2)

G 1 Areas
Nahrisaraj Experience
Aug 7 - 9, 2012

Nahrisaraj district
Target Population = 77,315

Results Post Campaign Assessment = 91%
Immunization Communication Network in High Risk Districts

• 2000 person strong communication network

• Focus on house to house IPC during campaign addressing SSN, refusals and referral for absent children

• New initiative: pre-campaign IPC, mapping of children
Future Innovations and Strategies

Use of IT based technologies for program implementation and monitoring – telephone voice messages for awareness, telephone surveys, SMS based reporting by field staff, stipend distribution through mobile phones.
Thank You