

Polio Eradication Initiative, Afghanistan Progress Report PEI Afghanistan for IMB

1. Overview:

Afghanistan reported total of 37 confirmed polio cases in 2012 compared to 80 cases reported in 2011; a decrease of more than 50% in cases accompanied with a reduction in the number of infected districts from 34 in 2011 to 21 districts in 2012. Epidemiological data of 2012 shows that 65% of the cases (24/37) were reported from the three provinces of Southern region; Kandahar (11 cases), Helmand (11 cases) and Uruzgan (2 Cases). One case was also reported from the neighbouring province of Farah in West Region.

However, a new epidemiological situation emerged with the occurrence of sporadic cases followed by secondary cases in East and South Eastern regions. There were 6 cases reported from the Eastern Region (Kunar, and Nangarhar) while 5 cases were reported from South-East (Paktia and Khost provinces) Region. One case was reported from the Ghor province of West region.

In 2013, as of April 15, two confirmed cases have been reported compared to 6 cases reported for the same duration in 2012. The two reported cases are from Nangarhar and Kunar Provinces of the Eastern Region.

Another new epidemiological challenge during 2012 was the outbreak of cVDPV2 reported from the Southern region whereby eleven cases of cVDPV2 were reported from Helmand (7 cases) and Kandahar (4 cases) provinces. Ten out of eleven cases had zero OPV doses for routine (90%) and one case had received only 1 dose. Four out of eleven cases were zero dose for SIAs (36 %). cVDPV2 occurs in populations with very low vaccination coverage persistent over a long period of time, particularly the low routine EPI coverage and less frequent use of tOPV in campaigns and lastly is the constant presence of inaccessible pockets of populations. ***In 2013 to date, three cases of cVDPV2 (2 Helmand, 1 Kandahar) have been identified.***

One of the key successes of the program is that program has prevented establishment of circulation in most of the country after large outbreak in 2011 with occurrence of cases in North, North-East, West and Central regions. No case of Poliomyelitis is reported in 2012 or 2013(Jan-April) from these regions which constitute almost 75-80% of the total population of the country.

Main reason for the prevailing immunity gap in the localized area of Southern region is due to consistent compromised quality of campaigns compounded with very low routine EPI coverage. Our analysis of missed children shows *that 80% of the children missed in a campaign are in areas where teams have the access while only 20% children are missed due to inaccessibility. This indicates main challenge of improving gaps in management and accountability, pockets of inaccessible children in conflict/security affected districts and low community awareness and demand.*

2. Update on implementation of National Emergency Action Plan

2.1 Enhance Advocacy, Ownership and Oversight:

a. Political commitment in Afghanistan remains strong, with high level of interest from Office of the President and Minister of Public Health. An inter-ministerial task force is constituted to engage all line departments. First meeting was held in December 2012. The second meeting was due in March but is pending.

b. First meeting with the District Governors of high risk districts in Kandahar was also held and was co-chaired by Governor of Kandahar, Minister of Public Health and President's Focal Person on Polio Eradication. However, the meeting of the President with Provincial Governors of Southern region yet to take place (Table 1). Also Polio Policy Group Meeting chaired by Minister of Public Health and attended by WHO and UNICEF held regularly (Table 1)

Table 1: Update on oversight mechanisms outlined in NEAP

| National Level: | | | |
|--|----------------|----------------|------|
| Task | 4th Quarter'12 | 1st Quarter'13 | %Yes |
| National PEI/EPI Committee Weekly Meetings held with minutes available | Yes | Yes | 100% |
| Polio Policy Dialogue Group Quarterly Meetings held with minutes available | Yes | Yes | 100% |
| President's Quarterly Meeting with Governors held | N/A | No | 0% |
| Inter-Ministerial Task Force (IMTF) Quarterly Meetings held | Yes | No | 50% |
| Regional/Provincial Level: | | | |
| Task | 4th Quarter'12 | 1st Quarter'13 | %Yes |
| Regional/Provincial EPI Management Teams (REMT/PEMT) Monthly Meetings held | Yes | Yes | 100% |

c. Two of the Deputy Ministers, General Director Preventive Medicine and one director from each department of Ministry of Public Health (MoPH) monitored the campaign in various parts of Kabul in October 2012 and March 2013 NIDs. Six of the WHO and five UNICEF staff from Country Office monitored the last campaign in various parts of the country.

Table 2: Update on District Coordination Committee meetings in LPDs

| District Level: | | | | | | | | | | | |
|--|--------------------------|---------|---------|---|------|-----------|----------|--------|--------|--------|-------|
| District Dashboard for Low Performing Districts in Southern Region | | | | | | | | | | | |
| Preparedness Indicators (Precampaign); | | | | District Coordination Committee Meetings Held | | | | | | | |
| Campaigns | Low Performing Districts | | | | | | | | | | % Yes |
| | Shahwalikot | Maiwand | Panjwai | Boldak | Bust | Nahesaraj | MusaQala | Nadali | Nawzad | SANGIN | |
| Oct-2012 | Yes | No | Yes | Yes | Yes | Yes | No | No | No | Yes | 60% |
| Dec-2012 | No | Yes | Yes | Yes | Yes | Yes | No | Yes | No | Yes | 70% |
| Jan--2013 | No | Yes | Yes | Yes | Yes | Yes | N/A | Yes | N/A | N/A | 86% |
| Feb--2013 | N/A | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 100% |

d. Regional/Provincial level ownership seems to be well taking place thanks to concerted efforts at this particular level (Table 2).

Table 3: Update on community support to the vaccination campaigns

| District Level: | | | | | | | | | | | |
|--|--------------------------|---------|---------|---|------|-----------|----------|--------|--------|--------|-------|
| District Dashboard for Low Performing Districts in Southern Region | | | | | | | | | | | |
| Preparedness Indicators (Precampaign); | | | | District Coordination Committee Meetings Held | | | | | | | |
| Campaigns | Low Performing Districts | | | | | | | | | | % Yes |
| | Shahwalikot | Maiwand | Panjwai | Boldak | Bust | Nahesaraj | MusaQala | Nadali | Nawzad | SANGIN | |
| Oct-2012 | Yes | No | Yes | Yes | Yes | Yes | No | No | No | Yes | 60% |
| Dec-2012 | No | Yes | Yes | Yes | Yes | Yes | No | Yes | No | Yes | 70% |
| Jan--2013 | No | Yes | Yes | Yes | Yes | Yes | N/A | Yes | N/A | N/A | 86% |
| Feb--2013 | N/A | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | 100% |

| Cluster/village level: | | | |
|---|-----------------|---------------------|-------------|
| Community Support to the Vaccination Campaigns | | | |
| Results of the "Investigation of Missed Children" Survey in the ER | | | |
| Question | Very supportive | Somewhat supportive | No, against |
| Do traditional/religious leaders in the community support polio campaigns/OPV | 74% | 26% | 0% |
| Do people in the household support polio campaigns/OPV | 100% | 0% | 0% |
| Are people in the community support polio campaigns/OPV | 94% | 6% | 0% |

e. District level ownership in Low Performing Districts is improving gradually but differ from one district to other and from round of the campaign to the other as such.

f. Although no direct data is available for community level ownership, a recent investigation of missed children using the global questionnaires results have been used to have an initial idea at this level. The results have revealed quite a high level of ownership by the communities at households and by the religious and elders of the communities. However these results need to be interpreted cautiously and can't be generalized since they have based on perceptions of the few interviewees in a district of Nangarhar province (Table 3).

2.2 Strengthen Management and Accountability: District EPI Management Teams;

- In each of the low performing districts in Southern region, District EPI Management Teams (DEMTs) are constituted as part of structural and functional reforms to improve and strengthen SIAs management and

service delivery at district and sub-district levels. In order to enhance the capacity of provincial and district mid-level SIAs manager formal trainings were conducted in Kandahar, Helmand and Farah provinces. This was a 5-day training package and was done during October-November 2012 attended by 140 persons.

- An accountability framework, with key monitoring indicators of performance for all relevant personnel at all provincial and district levels is developed and provincial teams are trained
- Number of actions taken by each level towards campaign personnel due to lack of improvement in performance is partially done and is a challenge, particularly in some of the districts of Helmand and Kandahar.

2.3 Increase Access to all children in conflict affected areas:

Engaging ICRC and local level access negotiation used as basic strategy and local access negotiators from within the communities who are acceptable to various parties are recruited. More than 10 meetings arranged by ICRC during the period August 2012 to January 2013. As a result of all these efforts the number of inaccessible children in the low performing districts of Southern region reduced to almost 15000 in December compared to 66,000 in June 2012. However, this has not worked out in Nangarhar, Kunar and Nuristan provinces of Eastern regions where more than 20,000 children continue to remain inaccessible in each campaign. Mapping of children by clusters/villages and by reasons is being carried out

2.4 Increase Community Demand:

- The new polio communication campaign with a motto 'Ending Polio is MY RESPONSIBILITY' has been launched with over 8 times increase in the airtime use on both radio and television for PSAs; over 25 radio and 12 television channels broadcast Polio messages in SNIDS and over 50 radio and 19 television challenges do so in NIDs, expansion of use to include all varieties of programs and active involvement of media personnel. The campaign has been very well received.
- Polio/ Immunization Communication Network restructuring to increase linkages between operations and communication workers has been completed. By end 2012, the social mobilization network covered 80% of the low performing clusters in south region. Provincial Polio Communication Teams comprised of representatives of departments of education, religious affairs, women affairs, youth/ sports have been constituted in Kandahar and Helmand and are working on active involvement of these departments in awareness raising, community involvement and monitoring of communication activities.
- The Inter Personal Communication (IPC) training module for Polio campaigns was revised and training of all vaccinators, social mobilizers and cluster supervisors in the Low risk districts.
- Community Sensitization sessions with mullah imams, ulema-i-shura and other community elders organized in LPDs of Southern Region.
- Sporting events including football tournaments were organized to promote the cause of Polio eradication in South region
- According to a KAP survey conducted in 2012, in the 13 high risk districts of Southern region 73% of caregivers had heard of polio campaigns while 83% of caregivers were aware that OPV can prevent polio.

2.5 Strengthen Routine EPI:

- A comprehensive EPI review has been conducted and an action plan is being prepared on the basis of findings and recommendations.
- GCMU has been engaged to review the performance of the NGOs however corrective actions for under performance are still pending.
- A joint review meeting of EPI and PEI has taken place with the participation of National, Regional, and Provincial EPI/PEI staff along with donors community, NGOs, UNICEF and WHO.
- The well-established infrastructure of AFP surveillance system is contributing the improvement of the EPI activities, including the epidemiological surveillance of measles. AFP surveillance data has been and is still

being used to identify the low coverage areas and as a result districts have been mapped to conduct additional EPI interventions such as RED approach and measles immunization campaigns.

3. Positioning the PEI Program for low transmission season (Jan-June) 2013:

Based on recommendations of the November 2012 Technical Advisory Group (TAG) and also in the light of November 2012 IMB Report, Afghanistan PEI program has developed an accelerated plan for 6 months. The objective is to take full advantage of low transmission season to stop the poliovirus circulation. Within the National Emergency Action Plan, six key national priorities were listed for the low transmission season and were also endorsed by the TAG.

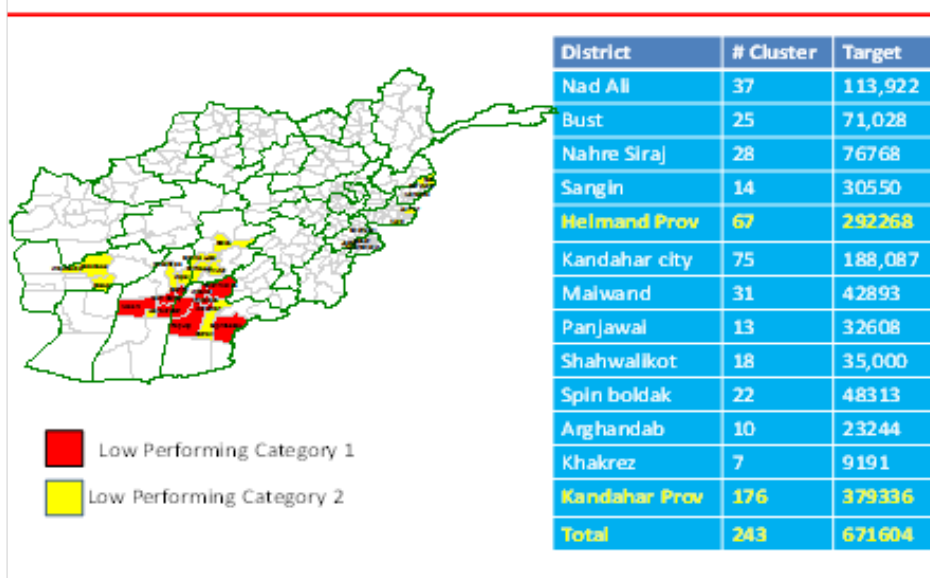
3.1 Revision of high-risk districts and rename as Low Performing Districts (LPDs):

An exercise was undertaken in January 2013, using set criteria, to list low performing districts. There are 31 districts in the country under LPDs. Out of the total 31, there are 11 districts in south (7 in Kandahar and 4 in Helmand) which are taken as category 1 for operational purposes and are the main sanctuaries while rest of the 20 are in Category 2.

3.2 Enhance Capacity of DEMTs

Second session of 5-day training was held in January 2013 to train 70 personnel of district level from the 11 LPDs. The lesson plans aimed at improving management, planning, supervision and monitoring. For the first time pre- and post- tests were conducted, which had shown significant improvement in knowledge. Also district and cluster specific plans are updated in these trainings

Figure 1: Revised list of Low-Performing Districts



3.3 Intense Focus and increase schedule of SIAs (Kandahar, Helmand, Kunar, Nangarhar)

In order to achieve the maximum benefit of low transmission season with the aim to stop poliovirus circulation it was planned to administer at least 8 doses of OPV in low performing districts during period of January-June 2013. Six rounds of SIAs are completed by end of April in 11 LPDs. Additional rounds are administered in Kunar, Nanagarhar, Khost and Pakiya as case response. Two rounds using SIADs strategy is planned in May 2013 and one round in June 2013.

3.4 Engagement of Provincial and District Governors: See section 2.1 (b)

3.5 Strengthen Monitoring, establish dashboard system and Polio Control Rooms:

Real time monitoring and provide proper feedback to field or program level workers through functional Polio Control Rooms and dashboard system to link them with governors was another priority to improve the quality. Dashboard system is started while Polio Control rooms (PCR) are functional since April NIDs. In the first phase PCRs are established at National level, in 4 provinces of Southern region and in 11 LPDs. Afghanistan also started, for the first time, LQAS system of monitoring since April.

3.6 Identify and HR needs in LPDs:

Since January 2013, additional 24 staff is placed by MoPH (including staff at national, provincial and district Polio Control Rooms, National and Provincial SIAs coordinators and national communication coordinator), WHO has recruited additional 13 District Polio Officers and 8 Provincial Polio Officers in Southern region, Kunar, Nangarhar Khost and Paktiya. UNICEF conducted an HR needs assessment and recruited a immunization communication network manager and grants management officer at the national level, supported recruitment of Provincial Communication teams (composition given in section 2.4) in Kandahar and Helmand, 4 provincial and 6 District Polio Communication Officers have also been recruited.

3.7 Increasing immunization communication network:

Polio/ Immunization Communication Network restructuring has been completed. By end 2012, immunization communication network covered 80% of the low performing clusters for communication in south region. Expansion is continuing with 100% of LPDs to be covered by network by May 2013.. The awareness levels in the 13 HRDs in South region increased from 55% in April to 64% in October and 84% in February 2013 polio campaign.

Table 4: Awareness levels in Low Performing Districts in South Region

| Campaigns | Low Performing Districts | | | | | | | | | |
|---------------|--------------------------|---------|---------|--------|------|--------------|----------|--------|--------|--------|
| | Shahwalikot | Maiwand | Panjwai | Soldak | Bust | Nahr-e-siraj | MusaQala | Nadali | Nawzad | Sangin |
| Oct-2012 | 5 | 49 | 64 | 65 | 75 | 59 | 75 | 60 | 87 | 90 |
| Dec-2012 | 25 | 43 | 66 | 76 | 78 | 66 | 75 | 66 | 76 | 81 |
| Jan--2013 | 38 | 55 | 75 | 91 | 85 | 79 | | 80 | | |
| Feb--2013 | | 83 | 17 | 83 | 83 | 83 | 96 | 83 | 90 | 90 |
| 3-5 Mar--2013 | 41 | 73 | 70 | 93 | 82 | 74 | | 64 | | 90 |
| Mar SR1--2013 | 54 | 68 | 58 | 94 | 88 | 88 | 46 | 85 | 68 | 96 |

To gain access into the household the SR team has been working to increase the number of women involved in programme implementation. Efforts continue to increase women's participation in the campaigns as vaccinators, social mobilizers, supervisors, monitor and coordinators. Since the beginning of the year in Kandahar/ Helmand provinces (Kandahar, Lashkar Gah and Nehr-i-siraj) the number of females vaccinators/ SMs and supervisors has increased from 276 to 360 (K: 120 H: 240. In March campaign for the first time 4 IC Monitors were women..

3.8 Missed children due to no team:

Musa Qala and Nawzad LPDs are the only ones which have achieved having less than 5% missed children due to no team visit across all rounds. The rest of LPDs have not shown a good performance with Nadali and Shawalikot showing the worst. Shahwalikot is constantly not performing well both in no team visit and awareness indicators.

Table 1: Percentage of children missed due to 'no team visit' in Low Performing District in South Region

| Campaigns | Low Performing Districts | | | | | | | | | |
|---------------|--------------------------|---------|---------|--------|------|-----------|----------|--------|--------|--------|
| | Shahwalikot | Maiwand | Panjwai | Boldak | Bust | Nahejaraj | MusaQala | Nadali | Nawzad | SANGIN |
| Oct-2012 | 45 | 25 | 3 | 25 | 7 | 17 | 1 | 20 | 0 | 12 |
| Dec-2012 | 34 | 20 | 7 | 11 | 9 | 6 | 0 | 29 | 0 | 13 |
| Jan--2013 | 21 | 28 | 32 | 29 | 14 | 6 | | 28 | | |
| Feb--2013 | | 43 | 63 | 18 | 9 | 44 | 1 | 11 | 2 | 21 |
| 3-5 Mar--2013 | 41 | 16 | 60 | 9 | 19 | 41 | | 34 | | 4 |
| Mar SR1--2013 | 54 | 4 | 7 | 8 | 21 | 26 | 0 | 28 | 0 | 3 |

4. New approaches:

New tactics like Permanent polio teams are functional in 10 of the 11 low performing districts. These serve as permanent vaccination teams that supplement vaccine delivery outside normal campaign schedules. Almost 195,000 children vaccinated by these teams from April to September and 6% of them received OPV for the first time. Short Interval Additional Dose Strategy (SIADs), District Focus Campaign, high risk cluster approach, integration of communication at cluster level with operations and “window of opportunity” in conflict affected areas are adapted during 2012.

Afghanistan pioneered, yet another intervention, where OPV was administered with Measles vaccine, in all over the country to all children of age up to 10 years. This was done in two phase; first phase was for 17 provinces in July while second phase was in December for remaining 17 provinces.

5. Result based Monitoring:

There is recent indication of increase coverage in low performing districts. Six of the 11 LPDs had coverage above 80% in recent SIAs compared to 4 districts in December 2012. National milestones are also showing steady progress.

Finger Mark Coverage (adjusted for inaccessibility) in 11 Low Performing Districts Southern Region Afghanistan 2012-13

| PROVINCE | DISTRICT | LPD Priority | YEAR 2012 | | | | | | | | | | YEAR 2013 | | | | 2012 and 2013 | | | |
|----------|--------------------|--------------|-----------|------|------|-----------|-------------|-----------|------|---------------------|-------------|-----------|-----------|-----------------------|-------------|--------|------------------|--------|--------------------|--|
| | | | SNIDs | NIDs | NIDs | SNIDs | SNIDs | NIDs | NIDs | Bordering Districts | SNIDs | case resp | SNIDs | LPD and case response | NIDs | WPV1 # | donset last WPV1 | cVDPV2 | donset last cVDPV2 | |
| | | | Jan | Mar | Apr | Jun | Jul | Sep | Oct | Nov | Dec | Jan | feb | 3-5 march | 10-12 march | | | | | |
| Kandahar | Kandahar/Dand | 1 | 87.4 | 88.8 | 93.2 | 94.2 | 99.1 | 92.3 | 91.6 | 93.6 | 89.9 | 84.6 | 91.9 | 95.1 | 92.5 | 2 | 28/10/12 | | | |
| Kandahar | SHAH WALI KOT | 1 | 11.2 | 20.5 | 22.8 | no access | no access | no access | 27.0 | not planned | 60.6 | 63.0 | no access | 60.2 | 63.3 | 0 | | | | |
| Kandahar | ARGHANDAB | 1 | 75.4 | 73.3 | 77.1 | 78.5 | 84.9 | 89.9 | 77.4 | not planned | not planned | 85.5 | 94.3 | 99.7 | 86.1 | 0 | | | | |
| Kandahar | KHAKREZ | 1 | 36.7 | 38.1 | 35.8 | 29.3 | 25.0 | 50.1 | 31.6 | not planned | not planned | no access | no access | no access | 26.7 | 1 | 14/03/12 | | | |
| Kandahar | MAIWAND | 1 | 40.8 | 49.3 | 37.9 | 45.4 | 44.3 | 54.9 | 59.4 | not planned | 74.0 | 78.3 | 88.4 | 83.8 | 88.3 | 7 | 20/10/12 | 1 | 17/10/12 | |
| Kandahar | PANJWAI | 1 | 23.8 | 19.9 | 23.4 | 24.3 | 18.5 | 78.4 | 78.7 | not planned | 80.4 | 84.0 | 68.7 | 35.3 | 46.0 | 0 | | 2 | 20/12/12 | |
| Kandahar | SPIN BOLDAK | 1 | 78.9 | 78.3 | 77.7 | 82.0 | 84.0 | 83.4 | 75.9 | 88.1 | 82.0 | 87.5 | 91.6 | 91.8 | 91.5 | 0 | | 1 | 11/05/12 | |
| Helmand | BUST (LashKar Gah) | 1 | 77.2 | 87.1 | 80.6 | 83.6 | MMRC | 80.7 | 78.7 | not planned | 78.5 | 87.1 | 90.2 | 85.1 | 77.3 | 1 | 19/11/12 | | | |
| Helmand | NAHR-E SARAJ | 1 | 88.2 | 86.5 | 90.0 | 86.8 | MMRC | 84.5 | 86.5 | 87.4 | 84.9 | 81.3 | 85.7 | 84.4 | 88.2 | 6 | 21/10/12 | 1 | 15/11/12 | |
| Helmand | NAD-E ALI | 1 | 69.6 | 63.4 | 74.2 | 78.2 | not planned | 70.6 | 86.5 | not planned | 70.7 | 81.6 | 84.2 | 81.7 | 83.3 | 2 | 23/01/12 | 5 | 20/02/13 | |
| Helmand | SARBAN QALA (Sang) | 1 | 79.5 | 88.1 | 82.4 | 81.8 | 87.2 | 89.0 | 90.7 | not planned | 92.7 | MMRC | 94.7 | 96.1 | 94.4 | 1 | 20/07/12 | | | |

<80%
80 to 85
86 to 89%
>=90%

Table 6: National Milestone for Polio Eradication Jan-June 2013

National Milestone for Polio Eradication Jan-June 2013

| S/N | Milestone | Baseline end 2012 | End of March 2013 | End of April | End of June | Remarks |
|-----|--|---------------------|--|-------------------|----------------------|---------------|
| 1 | Number of Low Performing districts in Southern Region | 13 District | Target: 11 Achieved | Target: 9 | Target: 7 | 50% Decrease |
| 2 | Number of reported inaccessible children in Southern Region | 15,098 | Target: 12000 Not Achieved: 12603 | Target: 10000 | Target:5000 | >50% Decrease |
| 3 | Number of missed children in the accessible area of Southern Region (Campaign quality/management) | 142041 | Target: 100,000 Not Achieved: 102433 | Target 75000 | 50000 | >50% Decrease |
| 4 | Number and % of zero Dose AFP cases of age less than 5 years in Southern Region | 17% (44/120) | Target: 12% Achieved: 9% (5/57) | Target: 7% | Target <5% | >50% Decrease |
| 5 | % of High Risk Cluster covered through ICN | 75% | Target: 80% Achieved :85% | Target 85% | 90 | 15% increase |
| 6 | % Awareness level in LPDs | 65% | Target: 70% Achieved :82% | Target 80% | 90% | >25% increase |
| 7 | Stop Polio virus circulation in Kunar, Nangarhar, Khost and Paktika provinces. | 12 Polio Cases | Target: Stop outbreak by end of June 2013 Two cases reported in January and March | | | |
| 8 | Number of year to date Polio confirm cases in province Helmand and Kandahar | 22 | Target: stop transmission by end of June 2013 No case reported as on March 31 | | | |
| 9 | Number of year to date Polio confirm cases in Farah province | 1 | Target: stop outbreak by end of June 2013 No case reported in last 6 months | | | |

6. Challenges:

- Reducing proportion of missed children in the accessible areas due to team performance and quality of supervision is one of the major challenges.
- Deteriorating security situation and the impact on the increased number of children remained inaccessible over a period of time in Kunar and Nuristan provinces of Eastern Region
- Despite efforts routine EPI coverage remains as low as 20% in the Southern Region, specifically in the LPDs and BPHS NGOs accountability is challenging
- Maintain the neutrality of the programme so far has been successful but is a challenge in the presence of various parties of conflict.