Afghanistan: Wild Polio Virus Isolates, 2017

Transmission largely limited to the southern region.
New transmission stopped successfully, risk of transmission re-establishing in south
Transmission detected in environment

Wild poliovirus type 1  SL and SL+NPEV  NPEV  No Virus Isolated  Under Process

- 16/241 environmental positives in 2017
- 6 in Eastern and 10 in Southern region
Transmission in Southern region

- Transmission of 2015 stopped; no transmission from April to Nov 2016; 5 Polio cases and 10 ES positives in 2017
- 4 of 5 Polio cases genetically linked to Quetta block; showing intense population movement within the corridor – massive increase in returnee refugees in late 2016
- Evidence of internal circulation (case in Shahwalikot & ES of Kandahar and Lashkargah)
- Limitations in implementing interventions to improve quality due to security issues

Response:
- Intensified focus on 15 high risk districts of Helmand and Kandahar (Southern corridor action plan)
- 4 NIDs, 4 SNIDs and one special campaign conducted
- Focus on guest and absent children & strengthened strategy to address refusals
- Successful dialogue and strategic placement of human resource to improve quality of campaign
- Recent increase in inaccessibility in Kandahar a challenge

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Date of onset</th>
<th>Linkage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandahar</td>
<td>Kandahar</td>
<td>13-01-17</td>
<td>99.22% with PAK17-ENV004RD PAK/BN/PSN/TW-1/17/001 PISHIN</td>
</tr>
<tr>
<td>Hilmand</td>
<td>Nahr-E-Saraj</td>
<td>21-01-17</td>
<td>99.77% with PAK16-ENV435E1 PAK/BN/KAB/AK-1/16/011 KABDULLAH</td>
</tr>
<tr>
<td>Hilmand</td>
<td>Nawzad</td>
<td>16-04-17</td>
<td>98.34% with PAK17-ENV004RD PAK/BN/PSN/TW-1/17/001 PISHIN</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Shahwalikot</td>
<td>19-06-17</td>
<td>99.44% with AFG17-NV024E3 AFG/SR/KDH/KDK-1/17/002 KANDAHAR</td>
</tr>
<tr>
<td>Zabul</td>
<td>Arghandab</td>
<td>10-07-17</td>
<td>99.56% with AFG17-210 AFG/08/17/024 HELMAND 99.56% with PAK16-ENV435E1 PAK/BN/KAB/AK-1/16/011 KABDULLAH</td>
</tr>
</tbody>
</table>

Access status
Transmission of Sheegal stopped; last case in May 2016
6 ES positive in 2017
1 Polio case in Batikot reported on 10th October (onset 15 Sept)
Batikot district is on the main Jalalabad-Peshawar road with frequent population movements
Response:
• 25-29 September NID
• Response campaign in 5 districts from 17-21 October
• Next campaign from 6 November
• Desk analysis of surveillance and active case search in health facilities conducted

Surveillance in districts with inaccessible pockets

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Collection date/ date of onset</th>
<th>Sequence Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>NANGARHAR</td>
<td>JALALABAD</td>
<td>24-Jan-17</td>
<td>97.79% with PAK15-972 PAK/FP/44/15/010 KHYBER</td>
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<tr>
<td>NANGARHAR</td>
<td>JALALABAD</td>
<td>25-Mar-17</td>
<td>99.22% with AFG17-ENV011E3 AFG/ER/NGR/RDR-1/17/001 NANGARHAR</td>
</tr>
<tr>
<td>NANGARHAR</td>
<td>JALALABAD</td>
<td>21-Jun-17</td>
<td>98.34% with AFG17-ENV011E3 AFG/ER/NGR/RDR-1/17/001 JALALABAD</td>
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<tr>
<td>NANGARHAR</td>
<td>JALALABAD</td>
<td>23-Sep-17</td>
<td>PEND</td>
</tr>
<tr>
<td>NANGARHAR</td>
<td>JALALABAD</td>
<td>23-Sep-17</td>
<td>PEND</td>
</tr>
<tr>
<td>NANGARHAR</td>
<td>BATIKOT</td>
<td>15-09-17</td>
<td>98.78% with PAK17-ENV-BMS044E1 PAK/KP/PWR/ST-1/17/006-BMS PESHAWAR</td>
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<tr>
<td>NANGARHAR</td>
<td>BATIKOT</td>
<td>15-09-17</td>
<td>98.45% with PAK17-ENV-BMS044E3 PAK/KP/PWR/ST-1/17/006-BMS PESHAWAR</td>
</tr>
</tbody>
</table>

Target (<5)
Nangarhar 147,149
Kunar 96,864

% inaccessible target population
Nangarhar 10%
Kunar 10%

% AFP cases
Nangarhar 10%
Kunar 17%

NPAFP rate in inaccessible pocket
Nangarhar 9.5
Kunar 25.3
Surveillance in access compromised areas

Sensitive surveillance maintained across all access categories

**Non-polio AFP rate**

- **2016**: 14, 11.7, 14.7, 14.9
- **2017**: 16.8, 13.4, 14

**% stool adequacy**

- **2016**: 93.7, 89, 291.09, 12
- **2017**: 94.9, 91.2, 87.3

**% NPEV isolation**

- **2016**: 18.3, 21.6, 22.8
- **2017**: 21.9, 14.4, 27.0

**Distribution of AFP cases vs access**

- **Not Accessible**
- **Partially Accessible**
- **Implemented with limitation**
- **Implemented with no limitation**

**Legend**

- 1 Dot = 1 Adequate AFP case
- Indeq_17 = 1 Inadequate AFP case

**Reporting network expanded**

- Reporting sites increased from 4246 in 2016 to 4691
- Reporting volunteers increased from 20974 in 2016 to 28751
## Districts with no AFP reported in 2017

Low under 15 population, healthy children samples collected

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DISTRICT</th>
<th>Target &lt;15 years</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Healthy children sampling Taken</th>
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<td>BADAKHSHAN</td>
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<td>BADAKHSHAN</td>
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<td>BADAKHSHAN</td>
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<tr>
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<td>Yes</td>
</tr>
</tbody>
</table>

### 1. 28 districts not reported AFP cases in 2017

### 2. Healthy children samples collected from all districts with no AFP cases in past 6 months

### 3. More than 25% NPEV rate and no WPV detected among >400 samples tested
**Improvement in quality in priority areas**

South is the major remaining challenge where access is compromised.

**LQAS results, Very High-Risk Districts, 2016-17**

<table>
<thead>
<tr>
<th>Month</th>
<th>Rejected 80%</th>
<th>Accepted 80%</th>
<th>Accepted 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug_16</td>
<td>8</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Oct_16</td>
<td>6</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>Nov_16</td>
<td>7</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Dec_16</td>
<td>6</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Jan_17</td>
<td>3</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Feb_17</td>
<td>4</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Mar_17</td>
<td>3</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Apr_17</td>
<td>3</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>May_17</td>
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<td>18</td>
<td>27</td>
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<tr>
<td>Jul_17</td>
<td>8</td>
<td>14</td>
<td>26</td>
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<tr>
<td>Aug_17</td>
<td>3</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>Sep_17</td>
<td>4</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>
Improved vaccine reach and population immunity in high risk areas

Vaccination status of Non Polio AFP cases 6-59 Months

*Nserosurvey results, South region, 2017

- Seroprevalence survey conducted at Mirwais Hospital in Kandahar shows promising results;
- Convenience sampling technique results from 409 children
**Missed children - HR provinces, NIDs 2014-17**

Significant reduction in proportion of missed children in high risk provinces

*Note: Disaggregated PCM data on Newborn, Sick and Sleep is available from May 2016*
Missed children in Kandahar is in the range 4-8%

507 Houses Interviewed
991 children

499 Houses Team Visited
976 Children

8 Houses No Team
15 children

Refusal Children N=646
Reasons

Absent Children N=330
Reasons

A special investigation is regularly done to recover missed children, based on tally sheet data

Don’t know about OPV 8%
Decision maker not at home 18%
Repeated dose 9%

Bans against vaccination 3%
No trust to the team 24%

OPV is harmful for health 19%
OPV is not Halal 14%
OPV is anti Islam 4%

Child had fever
Child is sick

Source: Special Investigation of Missed Children 2017
**Risks/challenges**

**Southern region:**
- Risk of re-establishment of transmission and further spread
- Access/insecurity: On & off bans/threats of ban (> 80,000 children unreached in Kandahar)
- Quality of campaign in some of the VHRDs:
  - Influence on Front Line Workers selection, access with limitations in monitoring
  - Pockets of refusals, absent children
- Heavy population movement within southern corridor

**Eastern/Southeastern region:**
- Straddling populations, refugees and returnees
- Small scattered pockets of chronically inaccessible children
- Repeated ES positive in Jalalabad

**Engaging females as FLWs**

**High risk mobile populations:**
Long distance travellers, nomads, straddling population and returnees

**Changing security dynamics**
1. Stopping transmission in Kandahar
   - Gaining access in Shahwalikot and surrounding districts
   - Addressing issue of FLW selection and refusals in accessible areas

2. Stopping transmission in Nangarhar
   - Response to transmission detected
   - Review of surveillance in inaccessible pockets
   - Maintaining population immunity in surrounding areas

3. Addressing high risk mobile population

4. Maintaining gains in Southeast region

5. Gaining and maintaining access
Interventions in Southern region

15 District plan
(part of Southern Corridor Action Plan)

- Continuous senior national level presence
- National/regional monitors for pre-intra-post campaign phase
- Additional campaign
- Staggered campaigns- mobilizing appropriate HR from other provinces
- Cluster level analysis of the issues (vaccine acceptance, access, HRMP, operational challenges), intervention and accountability
- Intensified engagement with key influencers including religious leaders and medical professionals
- High risk mobile population strategy

Access:

- Intensified dialogue at various levels
- Use of third party interlocutors

- 9 districts in Helmand and 6 districts in Kandahar
- Target population: 1.1 million
- Since 2010, these 15 districts account for:
  - 90% of cases in Southern Region
  - All chains of transmission in AFG that have lasted >6 months
**Inaccessible children:** May 2016 - Aug 17

Overall access improved, recent deterioration in Kandahar

<table>
<thead>
<tr>
<th>Region</th>
<th>May NID</th>
<th>Aug NID</th>
<th>Aug SNID</th>
<th>Oct NID</th>
<th>Nov SNID</th>
<th>Dec NID</th>
<th>Jan NID</th>
<th>Feb SNID</th>
<th>Mar NID</th>
<th>Apr SNID</th>
<th>May NID</th>
<th>Jun NID</th>
<th>Jul NID</th>
<th>Aug NID</th>
<th>Sep NID</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>131,781</td>
<td>73,355</td>
<td>71,085</td>
<td>23,204</td>
<td>24,213</td>
<td>17,488</td>
<td>19,156</td>
<td>18,932</td>
<td>21,002</td>
<td>34,528</td>
<td>26,734</td>
<td>21,841</td>
<td>23,366</td>
<td>23,852</td>
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</tr>
<tr>
<td>North</td>
<td>3376</td>
<td>0</td>
<td>0</td>
<td>6,206</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>90,213</td>
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<td>NE</td>
<td>165,333</td>
<td>101,434</td>
<td>197,192</td>
<td>176,377</td>
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<td>104,200</td>
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<td>3,450</td>
<td>17,913</td>
<td>105,462</td>
<td>11,391</td>
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<tr>
<td>South</td>
<td>22,811</td>
<td>49,403</td>
<td>28,798</td>
<td>141,142</td>
<td>120,597</td>
<td>18,192</td>
<td>78,254</td>
<td>12,4161</td>
<td>40,989</td>
<td>42,793</td>
<td>35,705</td>
<td>64,528</td>
<td>85,887</td>
<td>85,445</td>
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<tr>
<td>SE</td>
<td>400</td>
<td>1,215</td>
<td>12,101</td>
<td>46,808</td>
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<td>1,500</td>
<td>20,455</td>
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<td>23,075</td>
<td>14,040</td>
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<td>19,121</td>
<td>4,860</td>
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<td>650</td>
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<td>Total</td>
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<td>358,213</td>
<td>347,507</td>
<td>390,373</td>
<td>264,251</td>
<td>154,178</td>
<td>386,207</td>
<td>156,083</td>
<td>99,012</td>
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<td>80,899</td>
<td>124,920</td>
<td>241,168</td>
<td>219,559</td>
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**Legend**
- **Not accessible**
- **Implemented with limitations**
- **Partially accessible**
- **Implemented with no limitation**

Overall access improved, recent deterioration in Kandahar.
Chronicity of inaccessibility

<table>
<thead>
<tr>
<th>Province</th>
<th>&gt;12 mth</th>
<th>&gt;6 mth</th>
<th>&gt;3 mth</th>
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</thead>
<tbody>
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<td>58,878</td>
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<tr>
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<tr>
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<td>8,422</td>
<td>813</td>
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<tr>
<td><strong>Total</strong></td>
<td>24,481</td>
<td>25,526</td>
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Addressing inaccessibility

- Maintaining program neutrality
- Quality Access Team established
- 23 Community facilitators in place for key provinces

Monitoring in access compromised areas

- Remote monitoring:
  - Being conducted in VHRDs (on day 4)
  - Data used for action on revisit day, followed by re-survey
  - Remote monitoring expanded to 100 districts in September NID
- Third party monitoring by independent partners in inaccessible areas
- National EOC focal points
- Information from PCM, LQAS, remote and third party monitoring triangulated

Did the vaccination team visit your house to administer polio drops to your under 5 years age?
Remote monitoring helps reaching out to the missed children

- **200,000 numbers in VHRD & HRD** were shared with EOC for RM by MNOs (AWCC, Etisalat, Roshan, MTN, Salam)

- **Up to 400 subscribers per district** are randomly selected for RM during NIDs/SNIDs

- **EOC has a roster of 150 call center operators**

- **Up to 60 operators** are invited and trained at EOC to conduct a RM per round

- **Day 3 and 4**: RM is conducted of the campaign before revisit day

- **Up to 10,000 households** are targeted for survey (with around 40% success rate)

- **Information about missed areas and missed houses collected**

- **Day 6**: Operators conduct follow-up survey by calling to missed areas

- **Findings are shared with regional teams**

- **District teams** recover missed children on revisit day

- **National EOC sends the findings on missed areas and children to regional EOCs** by Thursday to consider for revisit day

- **Regional and District teams develop plan of action and implement them before next campaign**

- **Social mobilisers** recover remaining **missed children** during catch-up activities

- **RM findings and chronic missed areas** are presented at National and sub-national campaign review meetings
Refusals (August 2017)

A number of districts where there are high number of clusters with more than 1% children remained missed due to REFUSAL. Particularly, Kandahar City, Arghandab, Zahrai, Panjway, Asadabad, Chapadara have a high number of clusters with high refusals remaining.

Reasons of chronic refusals are multi-layered and complex which require a long-term engagement and convincing strategy at multiple levels.

Pockets of group refusals that cannot be negotiated at individual/family level (e.g. Bermal in Paktika among Pakistan refugees)

Source: ICN Catch-up records and data for August 2017; data for September/Oct staggered campaign under process
Improvements in acceptance, intention & trust. But still challenges remain.

- 89% of caregivers intend to give their child polio drops every time.
- 15% increase in knowledge that contaminated water is a source of transmission (from 70% to 85%).
- 56% feel recent vaccinators are better than those in past.
- 16% increase.
- 43% caregiver belief that polio paralysis would be curable declined dramatically.
- 08%.

Awareness of 'destructive rumours' declined from 64% to 23%.
Believed true decreased from 42% to 16%.

Harvard Poll - conducted in high risk areas in Feb 2017 Data compared with 2015.
Aggressive national communication strategy with particular emphasis on household & community engagement in high risk areas
Targeted interventions to resolve refusals: Focus on Kandahar Province

Engagement of local influential mullah imams: high risk clusters in Panjwai, Spinboldak, Arghandab and Zahrai; (Up to September 2017 successfully convinced and vaccinated a total of more than 1500 children)

Mobilised a religious mobile team to conduct community meetings with refusals families (798 children of refusal families vaccinated from June to Sep 2017)

Cluster-level Refusal Resolution Committees: in high refusal clusters of Kandahar City, Zheray, Dand, Spinboldak and Panjwayi

Collation and use of local fatwa of famous religious institutes and supportive letters signed by senior doctors to convince community gatekeepers.

ICN reduces missed children due to Refusal after campaign

ICN reduces missed children due to Absence after campaign

<table>
<thead>
<tr>
<th>Month</th>
<th>Hilmand</th>
<th>Kandahar</th>
<th>SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td># Vaccinated</td>
<td># Remaining</td>
<td>Refusal</td>
</tr>
<tr>
<td>April</td>
<td>5,000</td>
<td>10,000</td>
<td>15,000</td>
</tr>
<tr>
<td>May</td>
<td>20,000</td>
<td>25,000</td>
<td>30,000</td>
</tr>
<tr>
<td>June</td>
<td>30,000</td>
<td>35,000</td>
<td>40,000</td>
</tr>
<tr>
<td>July</td>
<td>40,000</td>
<td>45,000</td>
<td>50,000</td>
</tr>
<tr>
<td>August</td>
<td>50,000</td>
<td>55,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>
High-risk mobile populations (HRMP)

- 4 HRMP categories identified:
  - Long distance travelers
  - Nomads
  - Straddling populations
  - Returnees and refugees
- Cross border coordination for addressing HRMPs moving across border
- Database and mapping of all 4 categories of HRMPs
- PTT and CBT plans reviewed based on HRMP movement patterns
- Temporary settlement points included in SIA microplans
- OPV+IPV given to returnees at UNHCR and IOM centres

ICN survey for identifying guests & travelers

Mapping nomads’ movement patterns

Tracking returnees origin/destination – UNHCR & IOM data
### Strategies to address HRMPs

<table>
<thead>
<tr>
<th>Type</th>
<th>Permanent transit teams</th>
<th>Cross border teams</th>
<th>SIA</th>
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<td>Seasonal TTs on nomadic routes deployed during the movement season</td>
<td>Cross border teams on identified border crossing points, strengthened during movement season</td>
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</tr>
<tr>
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<td>PTTs reinforced on travel routes from Torkham and Friendship gates</td>
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<td>Villages/districts of final destination identified through UNHCR/IOM data, microplans revised and areas focused in SIAs</td>
</tr>
</tbody>
</table>

### Vaccination at permanent transit teams

![Graph showing vaccination at permanent transit teams](image)

### Vaccination by cross border teams

![Graph showing vaccination by cross border teams](image)

### Vaccination of returnee refugees 2016-17

![Graph showing vaccination of returnee refugees 2016-17](image)
Other interventions

- Investigation of failed lots for corrective actions
- FLW selection & implementation of accountability framework
  - Selection committees established at provincial level
  - FLW registration and tracking from national level
  - Special focus to engage more females as FLWs in high risk areas
  - Tracking performance and payment through call center
  - Poor performing FLWs removed

Engagement of females as FLWs

Accountability in action

<table>
<thead>
<tr>
<th>Category</th>
<th># Removed (Sep NID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLWs</td>
<td>215</td>
</tr>
<tr>
<td>ICM</td>
<td>98</td>
</tr>
<tr>
<td>PCM</td>
<td>131</td>
</tr>
<tr>
<td>LQAS surveyors</td>
<td>17</td>
</tr>
<tr>
<td>Comm Sup</td>
<td>72*</td>
</tr>
<tr>
<td>Soc Mobilizers</td>
<td>517*</td>
</tr>
</tbody>
</table>

*Data for whole year 2017

Major Reason Lots failed in regions from Oct NID 16 - May NID 17

Investigation of failed lots

- Refusal
- Substandard Training
- Poor Recording of missing children & Poor Revisits
- Poor Team Performance
- Poor Supervision / Monitoring
- Fingerprinting: Not Done / Poorly Done

Engagement of females as FLWs

% of Female ICN Staff in Zones

- Refusal
- Substandard Training
- Poor Recording of missing children & Poor Revisits
- Poor Team Performance
- Poor Supervision / Monitoring
- Fingerprinting: Not Done / Poorly Done

*Data for whole year 2017
Other interventions

- New tally sheet with focus on guest and absent
  -- Data from Nahr-e-Seraj shows 5.9% guest children
- IPV-OPV SIAs: 1.09 million children in 27 districts vaccinated in 2017. 194,000 children from 14 districts to be reached in Q4 2017.
- House-based micro-plan completed in 364 districts, rest 35 have serious security/access issues

IPV campaigns in 2017

Revised tally sheet focuses on guest and absent children

Missed children tally sheet (sheet to record missed children from day 1-3 & for use for 5th day revisit)

Instructions: One row is for filling details about 1 child. This tally sheet will be used for all days - day 1-5.
At the end of each day work, use the next blank row for total of the day

Team No.                 Village name                                Cluster No.

Day of work (Day1, Day 2 or Day 3)  |  House number  |  Child name  |  Father name  |  Absent  |  Neonatal/Sick/Sleeping (NSS)  |  Refusal (R)  |  If absent, possible date of return  |  Child recovered (tick in any one column)  |  Day child recovered (1,2,3 or 5)  |  Vaccinated by team during revisit  |  Found

Legend

- Complete
- Partially
- Pending
- Not permitted

Completion of house based microplanning

OPV Tally Sheet for House to House Vaccination teams - Afghanistan

Guest refers to children not resident of the house who have come for short or long visit

Province________________________    District______________________________    Cluster number___________________________    Team number_________________________    Date__________________________

Village Name:_______________________________    Name of Cluster Supervisor:_______________________________    Name of communication supervisor ________________________Day( 1  , 2 , 3)

Name of the volunteers: 1____________________________   2:______________________________    Name of the Social Mobilizer:_______________________________

Guest refers to children not resident of the house who have come for short or long visit

Name and address of first house owner :

Total

Team No.                 Village name                                Cluster No.

Will return 
same day
(SD)

Will not 
return same 
day (NSD)

Refusal (R)

If absent, possible date of return

Child recovered (tick in any one column)

Day child recovered (1,2,3 or 5)

Vaccinated by team during revisit

Found

Missed children tally sheet (sheet to record missed children from day 1-3 & for use for 5th day revisit)

Instructions: One row is for filling details about 1 child. This tally sheet will be used for all days - day 1-5.
At the end of each day work, use the next blank row for total of the day
Other interventions

- National Emergency Action Plan updated for the remaining part of 2017 with new work-plan & working modality of EOC (June 2017)
- District wise review of East, South and Southeast regions
- Incorporating ICN as one of the two vaccination team members
- Modification of training kit including strengthened monitoring of training sessions
- Surveillance:
  - Conduct internal surveillance review
  - Maintain and expand reporting sites & reporting volunteers as per the evidence
  - Review and expansion of environmental sampling
  - Healthy children sampling (in districts with no AFP cases reported for more than 6 months)
- Seroprevalence survey in 2 phases (1st completed)
- Implementation of ‘PEI support to EPI’ SOP with focus on microplanning, monitoring and mobilization; strong coordination mechanism in place at National EOC including EPI, PEI & BPHS
## Summary: Challenges and Mitigation

<table>
<thead>
<tr>
<th>Risk/Focus</th>
<th>Mitigation/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued transmission in Southern region</td>
<td>• Southern corridor action plan: 15 districts of Helmand and Kandahar; district specific plans; special &amp; staggered campaigns with national level monitoring</td>
</tr>
<tr>
<td>Transmission in Eastern region</td>
<td>• Robust vaccination response to detected transmission</td>
</tr>
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<td>Changing security dynamics: Inaccessibility, particularly in South and East</td>
<td>• Desk analysis and field review of surveillance</td>
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<td>Changing security dynamics: Inaccessibility, particularly in South and East</td>
<td>• Continued dialogue and preparedness for any window of opportunity for vaccination; expansion of polio plus initiatives</td>
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<td>Extensive population movement within the corridors</td>
<td>• Joint mapping and planning with Pakistan team and</td>
</tr>
<tr>
<td></td>
<td>• Specific strategies for each category of access</td>
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<td></td>
<td>• PTTs and CBTs at strategic locations</td>
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<td>Selection of appropriate FLWs, involvement of females as FLWs</td>
<td>• FLW registration and tracking from national level</td>
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<td>• Selection committee formed at each province to track and intensify involvement of females as FLW</td>
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## Summary: challenges and mitigation

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| Campaign quality in some of the focus districts | • House-based microplan  
• Long term deployment of national level staff to areas with concerns  
• New tally sheet with focus on guest and absent children  
• Expansion of remote and third party monitoring  
• Revised training module and monitoring of training by independent monitors  
• Intensification of intra-campaign transit team strategy |
| Concerns of vaccine acceptability in South region | • Engagement of local influential mullah imams: high risk clusters  
• Mobilization by a religious mobile team to conduct community meetings with refusals families  
• Cluster-level Refusal Resolution Committees: in high refusal clusters  
• Collation and use of local fatwa of famous religious institutes and supportive letters signed by senior doctors to convince community gatekeepers. |
Thank you
## High-risk mobile populations

Recent transmission in Afghanistan and Pakistan further underscores the importance of a systematic focus on mobile populations across the common epidemiological block.

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Close coordination with Pakistan at strategic and operational level.
Vaccination of children on the move

- More than 1 million children on the move are vaccinated every month
- 19 cross border teams
- 391 permanent transit teams (mostly around inaccessible areas)
- Vaccination of returnee refugee at UNHCR/IOM sites with OPV and IPV

Vaccination by cross border teams

Vaccination at permanent transit teams
**Guest children**

Periodic household surveys in very high risk districts for guest children

House to House tally sheet and ICN register modified to capture guest children

Focus on guest children during training

Sharing of information with Pakistan on origin and destination

---

### Household Guest survey in ICN districts, August 2017

**% of HH with guests**

<table>
<thead>
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<th>% of HH with guests</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>2.40%</td>
</tr>
<tr>
<td>ER</td>
<td>5.50%</td>
</tr>
<tr>
<td>SER</td>
<td>5.20%</td>
</tr>
<tr>
<td>SR</td>
<td>2.60%</td>
</tr>
</tbody>
</table>

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### Time duration for the guests in surveyed households by ICN, August 2017

- **# of HH with guests for < 1 week**
  - CR (KABUL CITY): 3608
  - ER: 888
  - SER: 1024
  - SR: 441

- **# of HH with guests for 2-4 weeks**
  - CR (KABUL CITY): 1324
  - ER: 501
  - SER: 132
  - SR: 327

- **# of HH with guests for > month and < 1 year**
  - CR (KABUL CITY): 2234
  - ER: 1024
  - SER: 119
  - SR: 91

- **# of HH with guests for > 1 year**
  - CR (KABUL CITY): 57
  - ER: 191
  - SER: 305
  - SR: 530

---

**Focus on** guest children during training

Sharing of information with Pakistan on origin and destination

---

**Periodic household surveys** in very high risk districts for guest children

**House to House tally sheet** and ICN register modified to capture guest children

**Focus on** guest children during training

**Sharing of information** with Pakistan on origin and destination
Straddling populations mapped
- Border crossing points identified
- Points of interest on both sides of the border listed – PTTs in these points strengthened

Districts with straddling populations – families having houses on both sides of border

Pakistan refugees
- Biometric registration of Pak refugees by UNHCR
- Village wise data available and used to plan vaccination activities in these areas
Nomadic populations

1. Close working with Kuchi health directorate of Ministry of Borders and Tribal Affairs
2. Nomadic group-wise data collected during campaigns
3. Special nomad campaigns and specific transit teams for nomads targeting nomads
4. Nomadic groups crossing border identified
5. Border crossing points identified and PTT/CBT strengthened

- Cross border movement
- Movement across regions
- Movement within region

Nomadic families

Data from Kuchi health directorate of Ministry of Borders and Tribal Affairs