



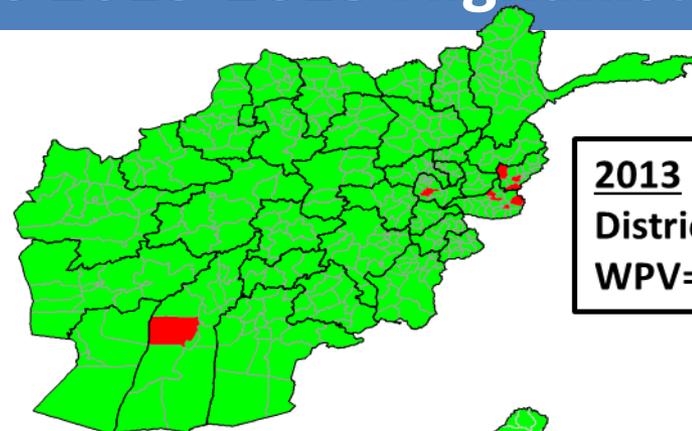
Polio Eradication Initiative Afghanistan

IMB meeting

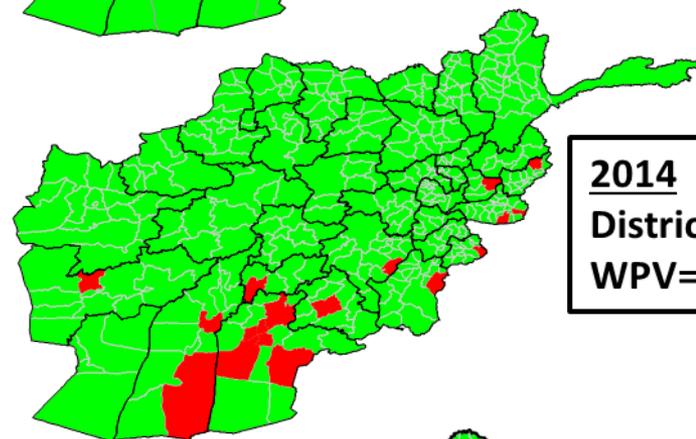
London, 6 October 2015

Reported Wild Poliovirus Cases 2013-2015 Afghanistan

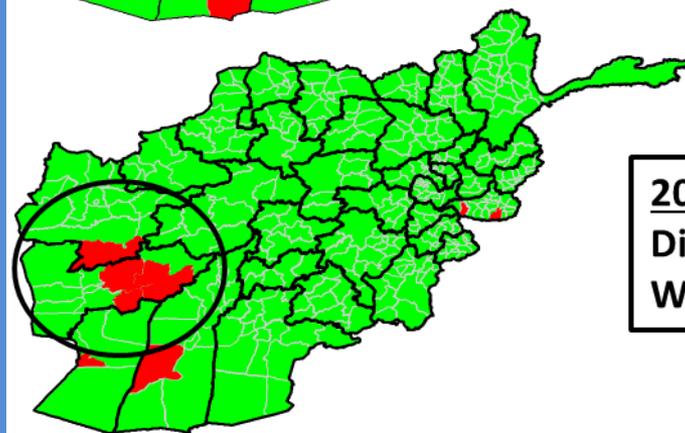
Region	Confirmed cases		
	2013	2014	2015
South	1	17	2
East	12	6	5
West	0	1	5
South east	0	4	0
Central	1	0	0
North	0	0	0
Northeast	0	0	0
Country	14	28	12



2013
Districts= 10
WPV=14



2014
District= 19
WPV=28



2015
District= 8
WPV=12

Non Infected Districts
 Infected Districts

In 2014, most of the infected districts were in South, East and South East regions.

As of 27 Sept 2015, 12 cases are reported from 8 districts of South, East and Western regions compared to 15 cases from 12 districts at the same time of last year.

The active circulation of WPV was in the districts of Farah province, Shindand district of Herat and Nimroz all form one epidemiological block

The new cross border importation to Achin in Nangarhar province also resulted in child to child transmission in the Eastern Region

Characteristics of polio cases 2015, Afghanistan

- Four cases are reported from Achin and 1 from Sherzad district of Nangarhar Province of Eastern region.
- Among the 12 Polio cases, 5 (42%) are reported from the Western region (Farah- 4, Hirat-1).
- One each from Reg/Helmand and Zaranj/Nimroz Provinces of Southern region.
- The Southern Region and Farah province of the Western Region have always been considered one epidemiological bloc due to socio-ethnic commonalities, frequent population movement and shared genetic cluster and lineage.
- The median age of all polio cases is 25 months ranging from 7 to 179 in 2015 comparing to 18 months in 2014.
- Nine cases (75%) are 0 doses for routine and 3 cases (33%) are zero OPV dose for both routine and SIAs.
- All cases are of NSL1 serotype and of genetic cluster R4B5C.

Summary of Laboratory data for Environmental Surveillance, Afghanistan, (Sep 2013 to date)

SN	Site Total Samples 2013- to date	Environmental samples collection by Month																														
		Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15							
Kandahar Province		55																														
Kandahar city																																
1	KDH-Khandak	24																														
2	KDH-Rarobat	24																														
3	KDH-(Chawnie)	7												closed																		
Helmand Province		54																														
1	LSK-Bolan Br	19																														
2	LSK-Radio M	19																														
3	Nahr-e- Siraj-Zarat Bagh	12																														
4	Nahr-e- Siraj-Baran Sarai	4																														
Nangarhar Province		37																														
1	J-abad-Radar Br	18																														
2	J-abad-Sangi Qala	18																														
3	Behsud- Hada Farm	1																														
Kunar Province		9																														
Asadabad city																																
1	Mandacool	9																														
Kabul Province		45																														
Kabul city																																
1	Qila-e-Zaman K	15																														
2	Karta-e-Naw	15																														
3	Khawaja Bughra	15																														
Afghanistan		200	10					97										93														

Summary: Total sites= 13

Total samples collected= 200

Total samples with results available= 187

Total samples positive for WPV= 25

Total samples positive for SL or SL+NPEV= 115

Total samples positive for NPEV= 43

Total samples NVI= 4

Update 27 Sept 2015

Wild poliovirus type 1

SL and SL+NPEV

NPEV

No Virus Isolated

Under Process

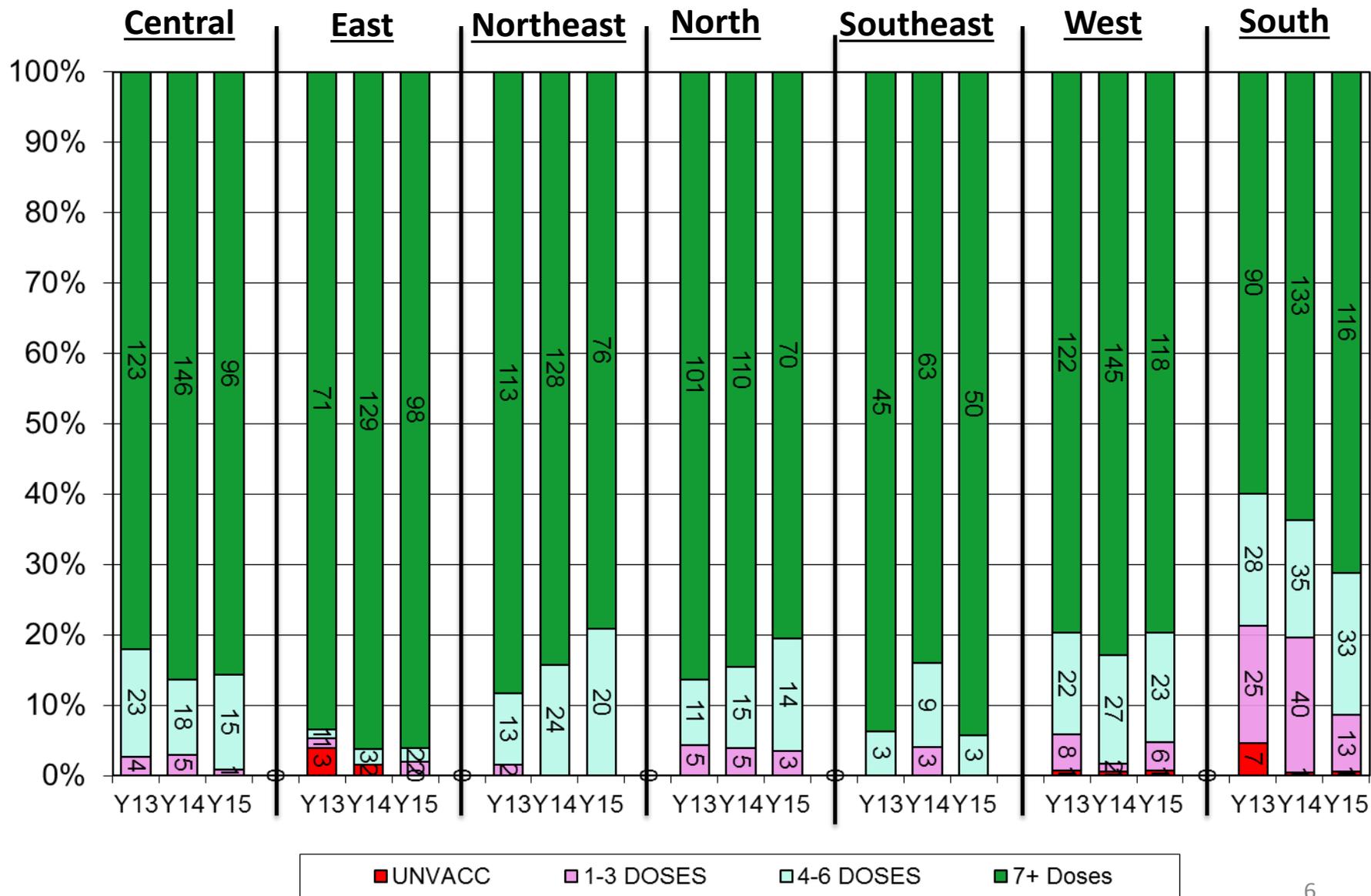
AFP Surveillance Indicators by region Afghanistan 2014-2015

Regions	Exp @2	Reported AFP Cases		NP AFP Rate		Stool ADEQ %		Detection within 7 days of paralysis		EV %		SL %	
		14	15	14	15	14	15	14	15	14	15	14	15
Badakhshan	11	52	42	9	11	98	98	90	95	15	21	14	5
Central	90	397	314	9	10	97	98	92	93	15	14	4	4
Eastern	39	301	255	16	19	91	95	85	90	26	24	7	5
North eastern	44	301	208	14	13	94	96	86	90	21	22	3	6
Northern	49	331	224	14	13	92	95	84	85	19	23	1	7
South eastern	39	204	137	11	10	98	96	93	92	22	22	7	9
Southern	69	444	373	13	15	82	89	75	78	27	21	7	13
Western	53	391	333	15	18	97	97	90	92	23	24	3	5
National	395	2 421	1886	13	14	92	95	86	88	22	21	5	7

National Level key Surveillance indicators meet the global criteria.

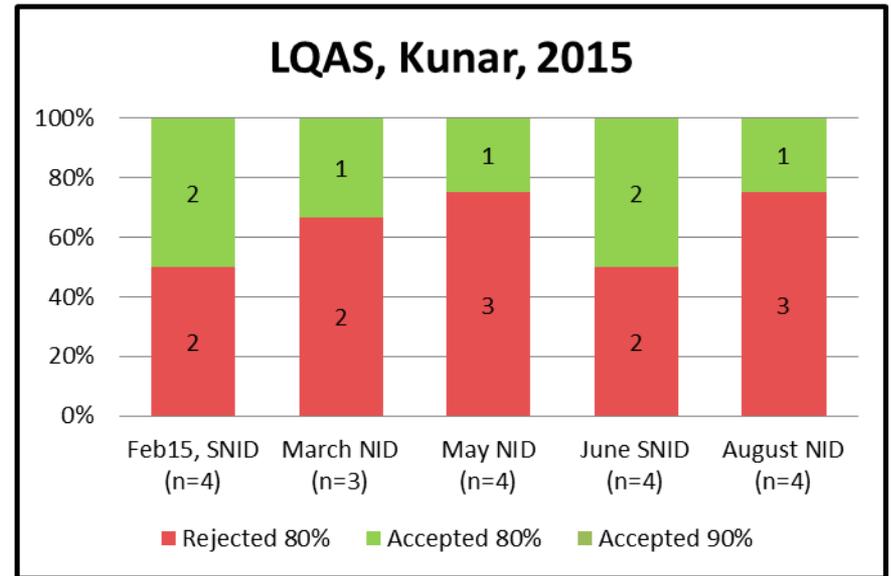
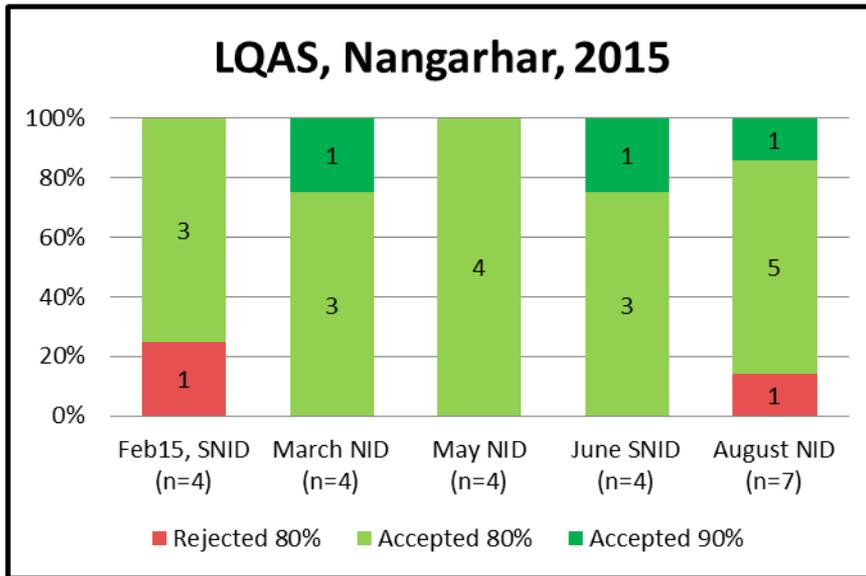
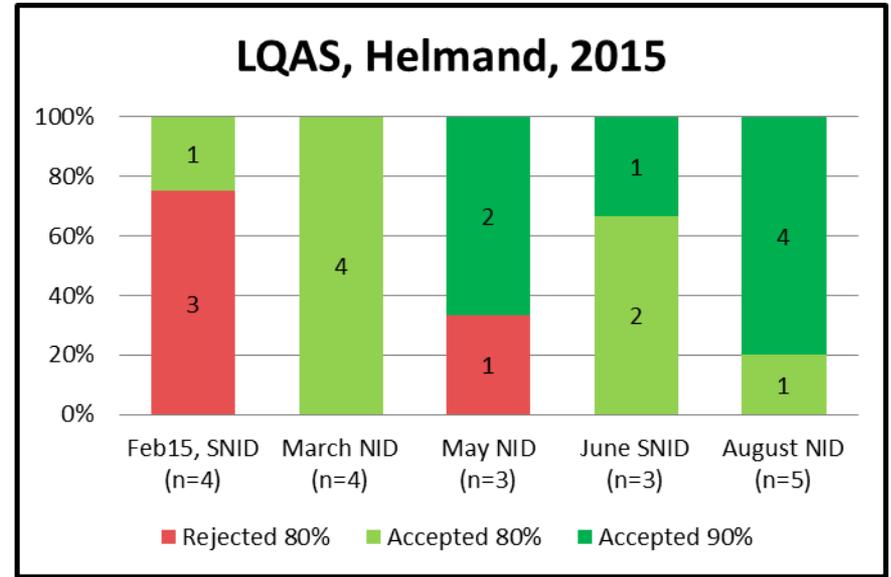
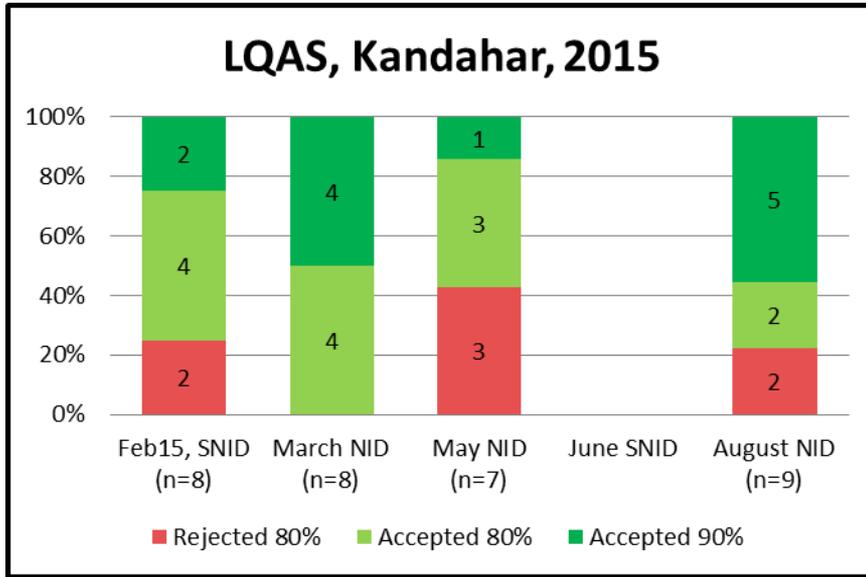
At the regional level, Southern region is slightly lacking behind the threshold of 80% for detection within 7 days.

Vaccination status of Non Polio AFP cases 6-35 Months by region, 2013-2015, Afghanistan



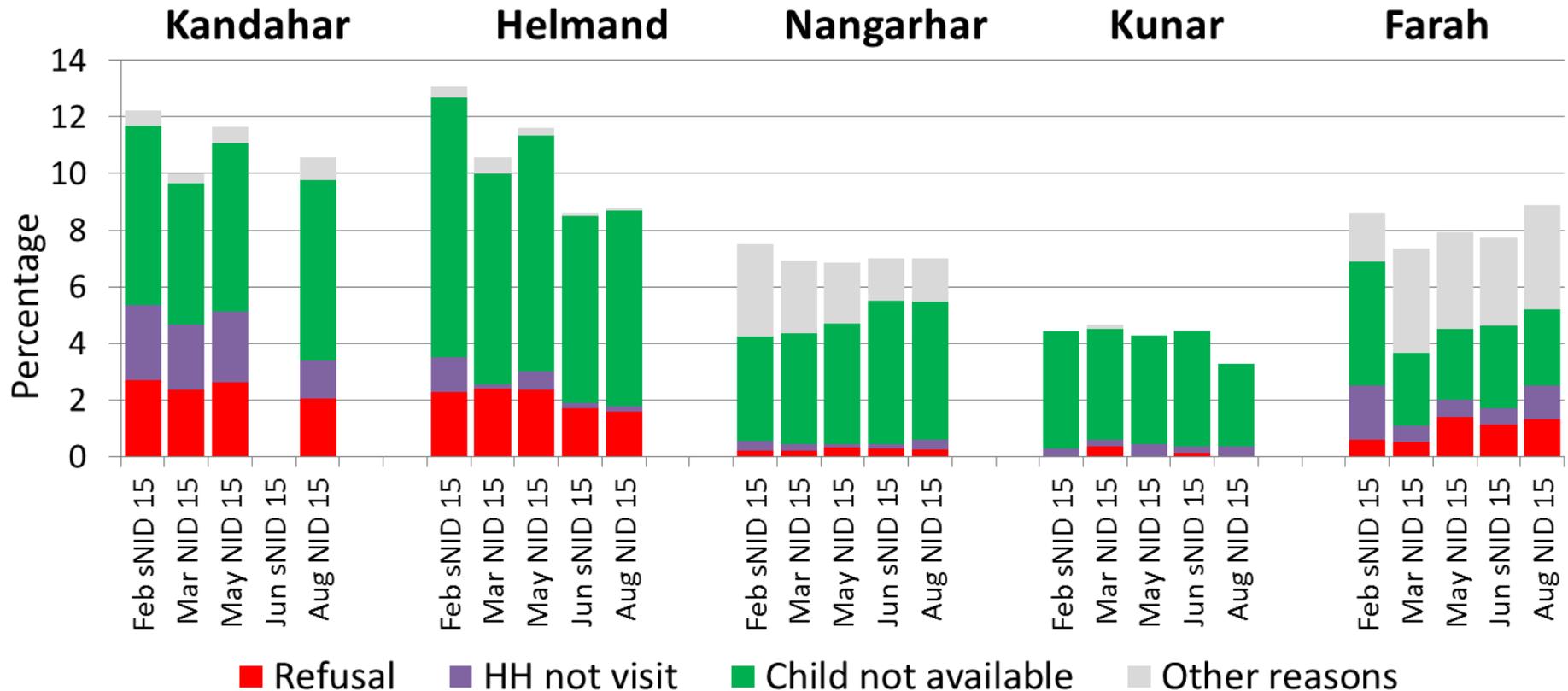
Data up to 20 Sep 2015

LQAS by province, 2015



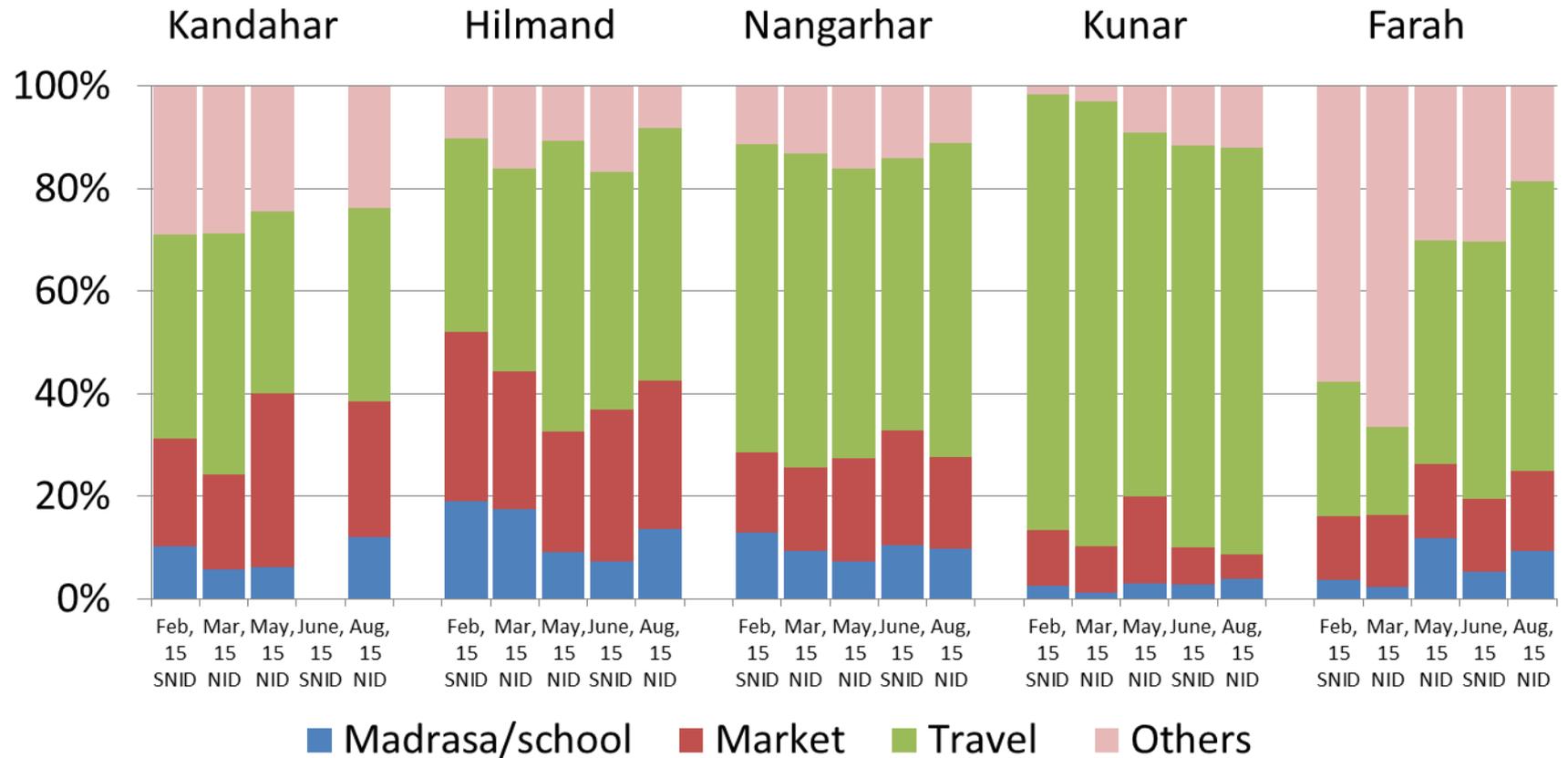
* No campaign in Kandahar in June

Trend of missed children and reasons (PCA/accessible areas) NIDs and SNID in priority provinces, August 2015



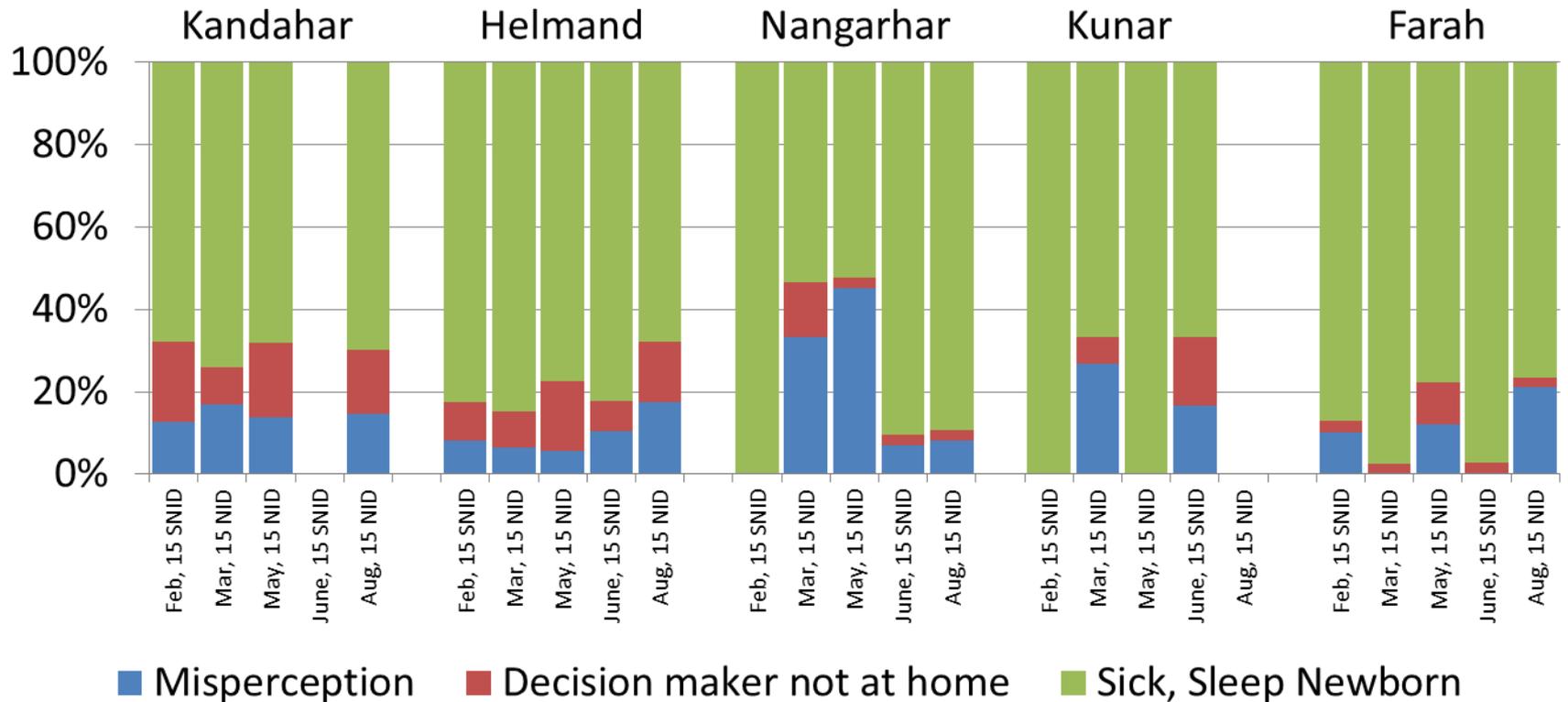
Children not available remains the main reason for children being missed. Ban of campaign in Kandahar during June SNIDs resulted in missing all children. The 'Team no visit' decreases in South, especially in Helmand (impact of microplanning revision).

Trend of missed children by sub category of “Not available” in priority provinces in 2015 NID and SNID (PCA)



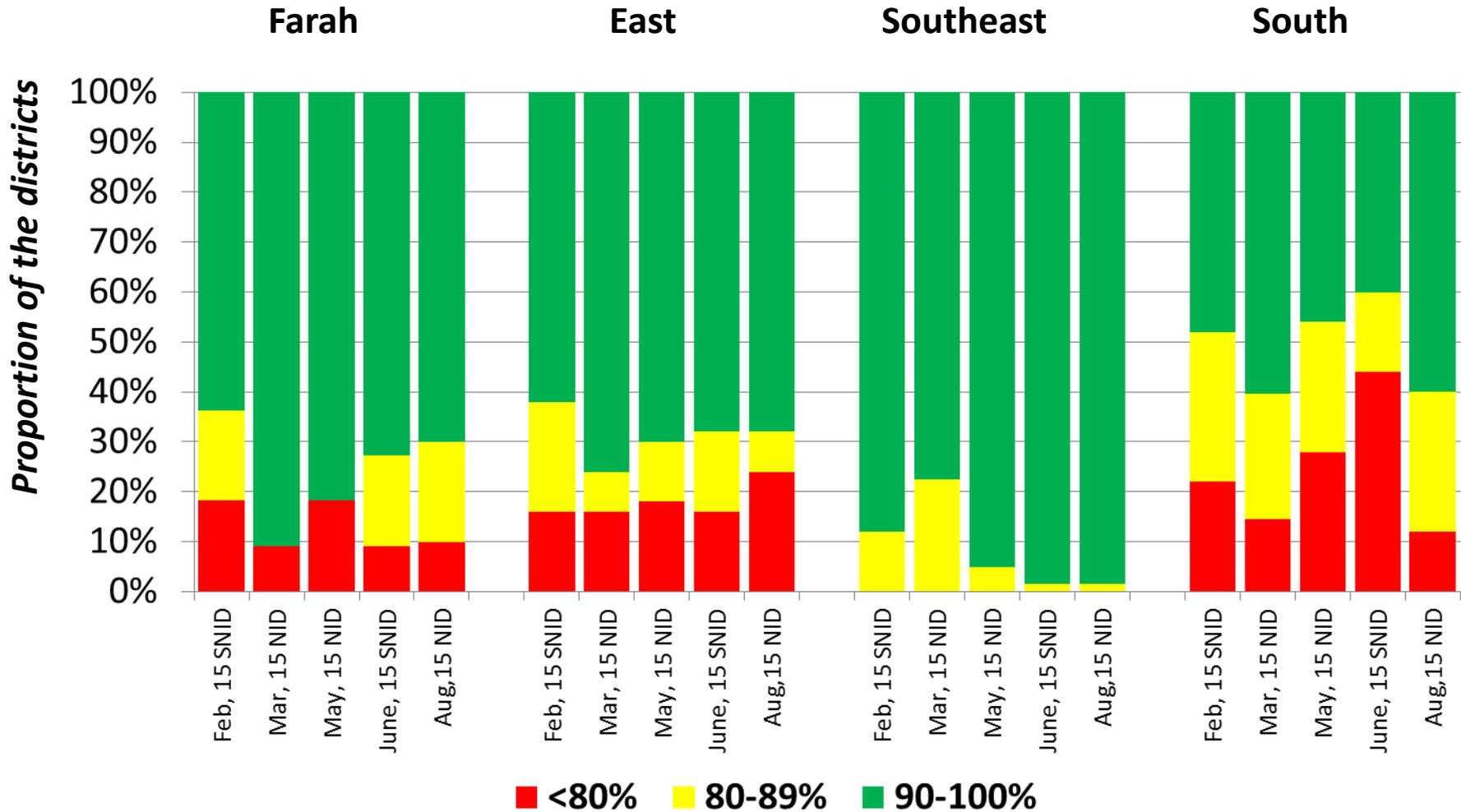
Majority of “Not available” are children travelling. Children missed because of others (social gatherings) still high in Helmand, Kandahar and Farah. On going field in depth analysis and revision of PCA.

Trend of missed children by sub category of “Refusals” Kandahar, Helmand, Nangarhar, Kunar and Farah provinces in 2015 NID and SNID (Source PCA)



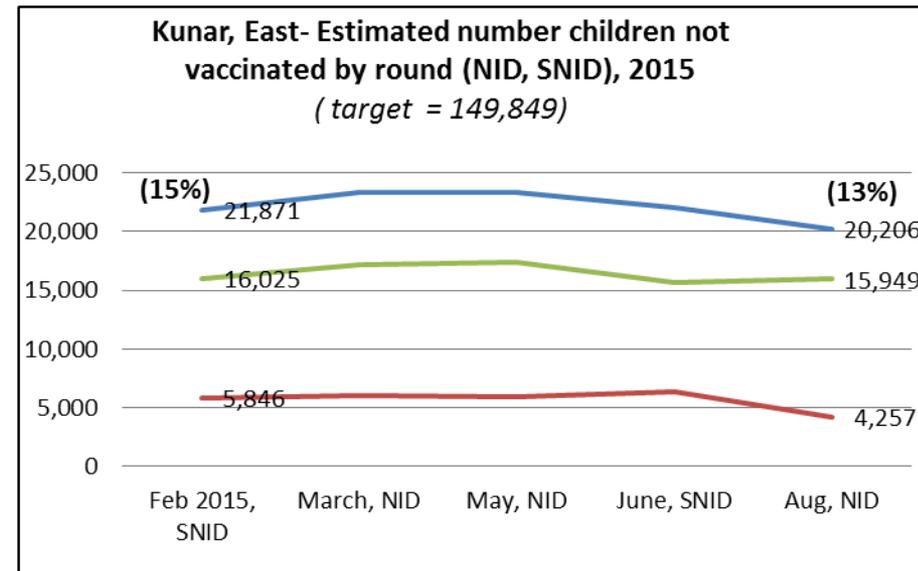
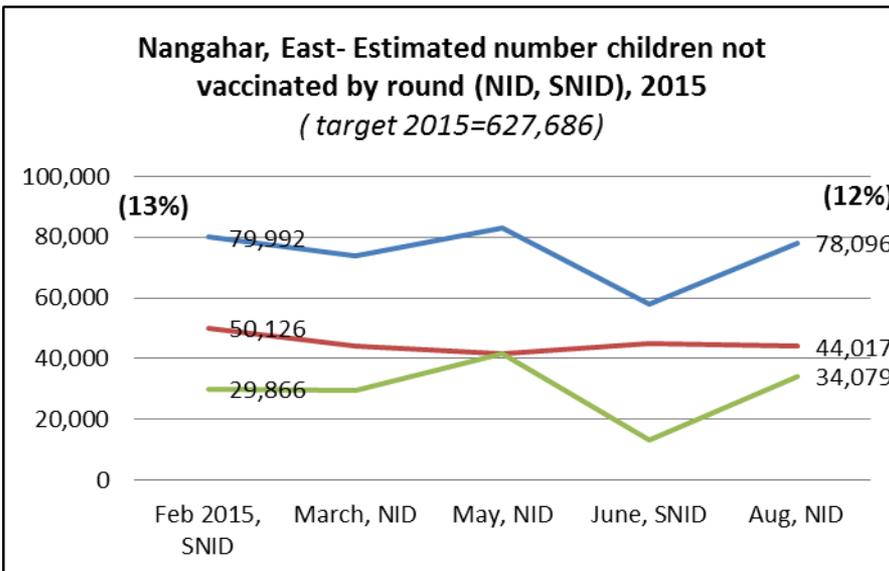
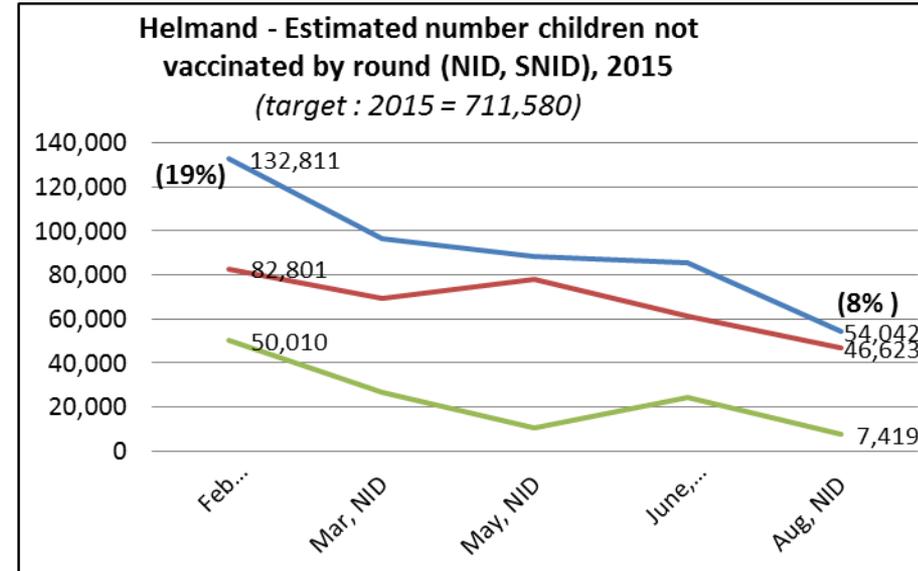
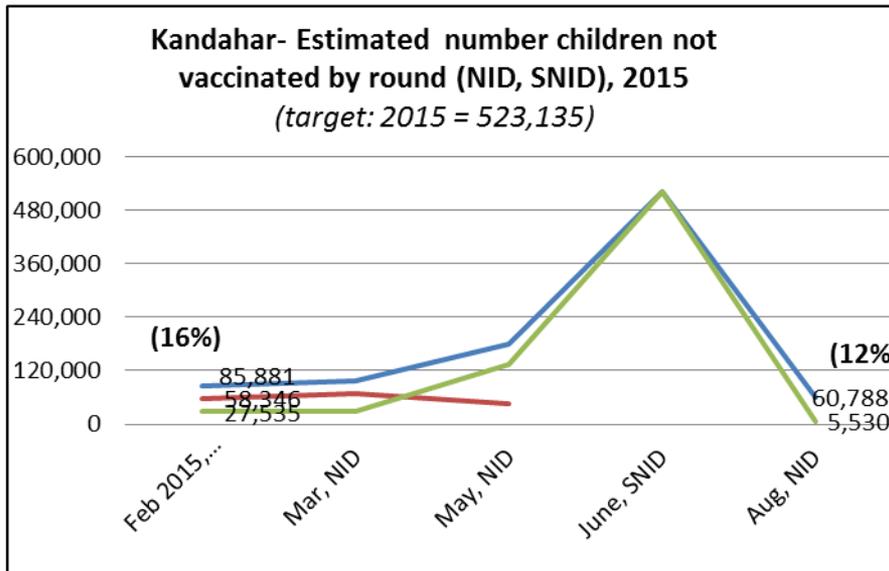
Majority of “Refusals” are “Sick, Sleeping and Newborn children”.

Adjusted* coverage of S/NIDs by region in AFG, 2015



* Coverage adjusted for accessibility

Estimated number of children not vaccinated by round (NID, SNID), Kandahar-Helmand-Nangarhar-Kunar provinces, 2015

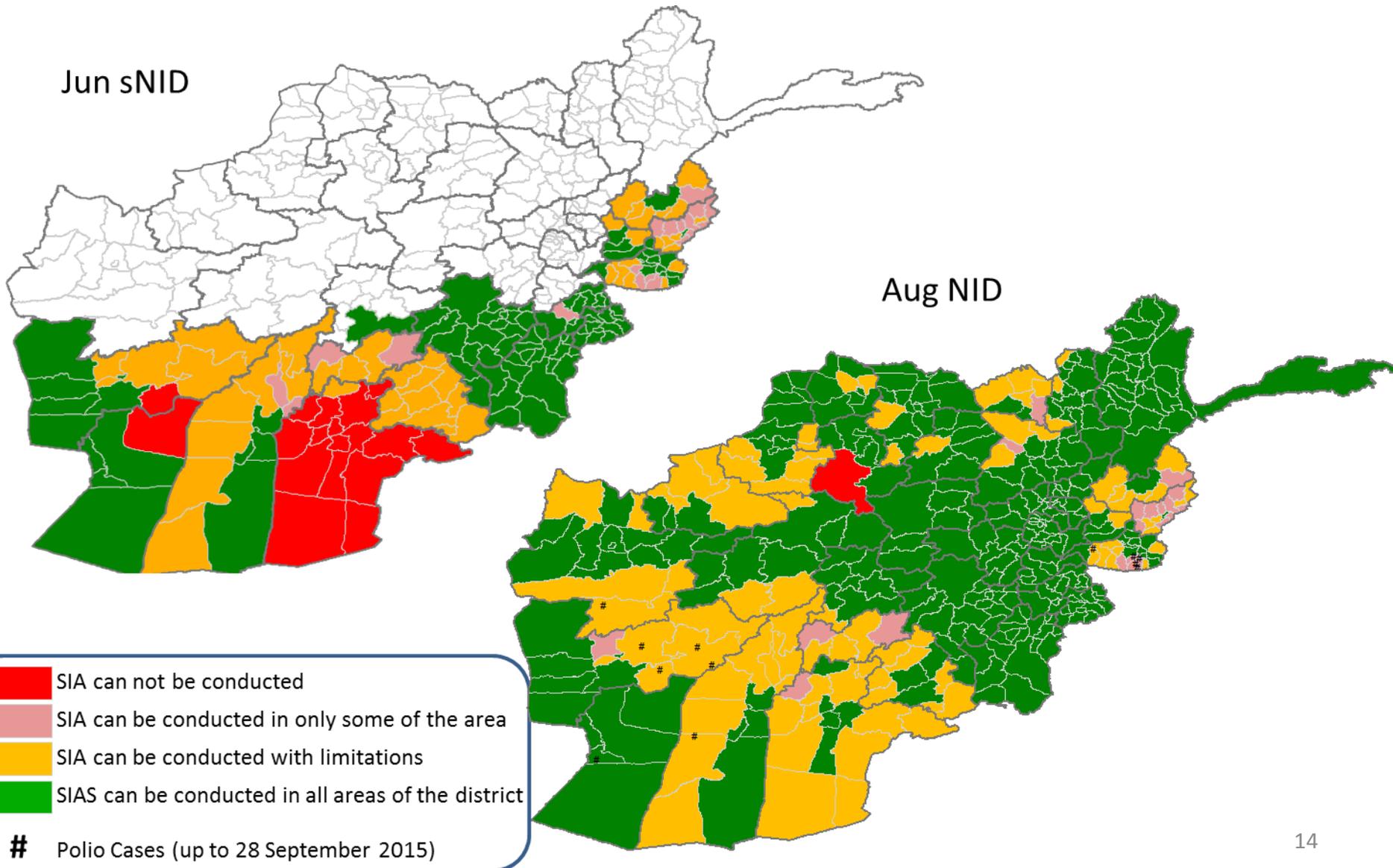


Inaccessible children by reasons, 2015 (SNIDs/NIDs inaccessibility reports)

- Main reasons for missed children in access compromised areas are due to:
 - ban by AGEs (84%)
 - active fights (14%)
- Volatile security situation in South.
- Deteriorating security situation in East with new bans in Achin (with 4 cases), Dehbala and Rodat districts of Nangahar.
- Continuous ban in 9 districts of Kunar (Watapur, Chapadara, Ghaziabad, Sarkani, Marawara, Sheegal, Dangam, Pech, Noorgal).

Accessibility during SIAs by Districts, Afghanistan

June - August 2015



PEI Management and Coordination

- Emergency Operation Center (EOC)-recommended by IMB
 - Appointment of Senior Advisor as Polio Focal Point by HE Minister of Public Health in May 2015
 - AFG Team visited National PAK EOC during June TAG meeting
 - Regular/weekly coordination meetings of PEI partners chaired by Polio FP with minutes and action points available
 - Proposal for the establishment of permanent EOC prepared and submitted to BMGF
 - Interim EOC established
 - Sites for Kandahar, Jalalabad, Herat and Farah EOC identified
- Visits by H.E Minister of Public Health and PEI Focal point to polio priority provinces conducted
- Different supporting fora of coordination such as Polio High Council, Polio Policy Dialogue, EPI/PEI Task Force and Partners/Donors Coordination Meeting continue to work

National Emergency Action Plan (NEAP)

- NEAP has been finalized through a consultative process, including regional/provincial workshop covering the period of 01 July 2015-June 2016
- Six month national and provincial activity plan have been developed to operationalize NEAP
- NEAP focuses on the reduction of missed children through SIAs, complementary immunization activities and innovative strategies
- NEAP includes Integrated Monitoring and Evaluation Plan, Milestone and Indicators

Improving SIAs Quality- Reducing Missed Children

- ***“Team did not visit”***
 - I. GIS mapping conducted in 5 LPDs Helmand and 8 in Kandahar. Plan for Farah, Nimroz and Eastern Region underway.
 - II. Field survey conducted in the districts where GIS mapping completed.
 - III. Micro-plans updated in the districts as final step in Helmand and the other places are ongoing.
- ***“Child not at home”***
 - Enhancing Intra Campaign Monitoring (ICM). Checklist and guidelines revised to focus on the recording and tracking missed children and cross checking with tally sheets for the purpose of re-visit.
 - Re-visit strategy review. Daily re-visit was strengthened and an external review of 4th Day re-visit was conducted. Findings and recommendations were taken into account, including change in campaign days and vaccination time schedule.
- **Supportive visits** to provincial and district levels to reinforce pre/intra/post phases of SIAs

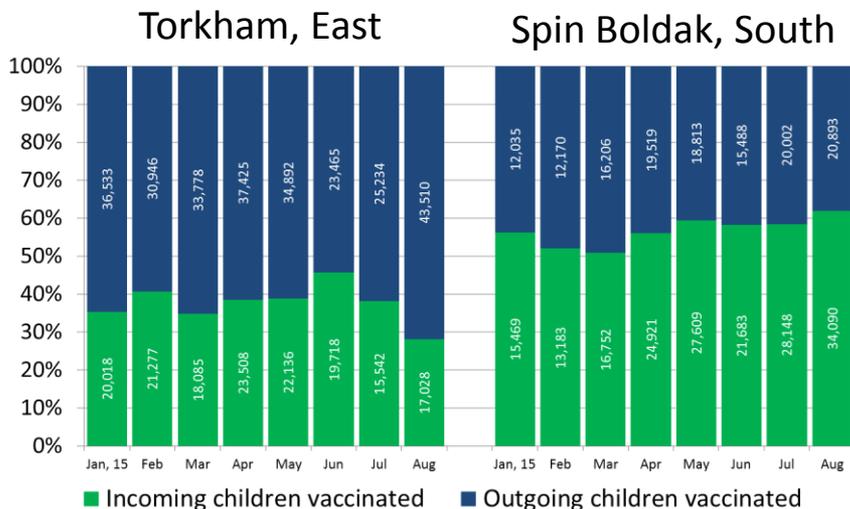
Monitoring & Evaluation

- Post Campaign Assessment conducted in 50 to 80% of districts after every NIDs. Outsourced to third parties in Nangarhar and Kandahar.
- LQAS after every SNID and NID. Number lots increased to 96 in August NIDs from 73 in March. Limitations in expansion due to qualification of surveyors and their ability to move due to security. Challenges included limited areas where mobile technology can be used (network and security).
- Out of house survey as additional assessment tool in selected districts.
- Daily evening meetings conducted at district and provincial level
- Review meetings at regional or provincial level after campaigns.
- Use of mobile technology for monitoring PEI activity to be extended.

Complementary Immunization Activities

Cross Border (CBT) and Permanent Transit Teams (PTT), 2015

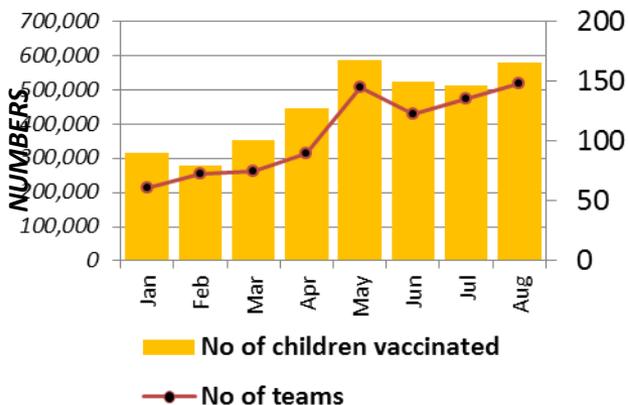
Incoming and Outgoing children vaccinated



Cross border teams

- ❖ 17 CB posts are functional using bOPV.
- ❖ Age group: <10 years (Spin Boldak and Kunar) and <5 years (all other CBT).
- ❖ On average 103,000 Children vaccinated/month:
 - Torkham (East) and Spin Boldak(South) is 52,900 and 39,600, representing **51%** and **38%** of total vaccinated children by CBT.
 - On average 41% of incoming children from PAK are vaccinated at Torkham and 57% at Friendship gate.

Permanent Transit Teams



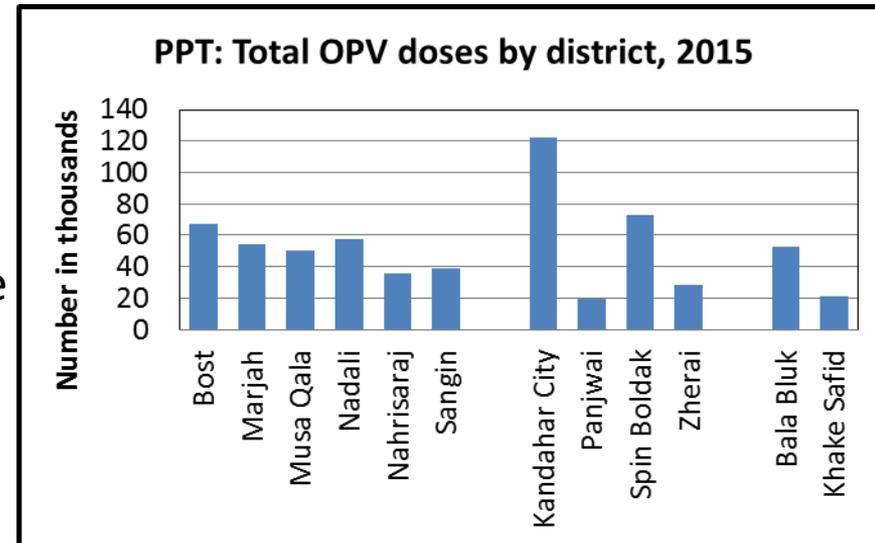
- ❖ PTTs increased from 61 in January to 148 in August 2015.
- ❖ bOPV used among <10 years (Kabul, Kunar) and <5 years in the rest of PTTs.
- ❖ On average 552,700 children vaccinated by month: 47% coverage reported from South where 103/148 teams are functioning.
- ❖ New assignment of PTTs according to field dynamics:
 - access issue : East (Achin, Shinwar), South
 - movement of special groups (nomads, IDPs): West, South East, South (movement between Kandahar-Helmand-Farah-Herat)

Complementary Immunization Activities

Permanent Polio Teams (PPTs) and Special Population

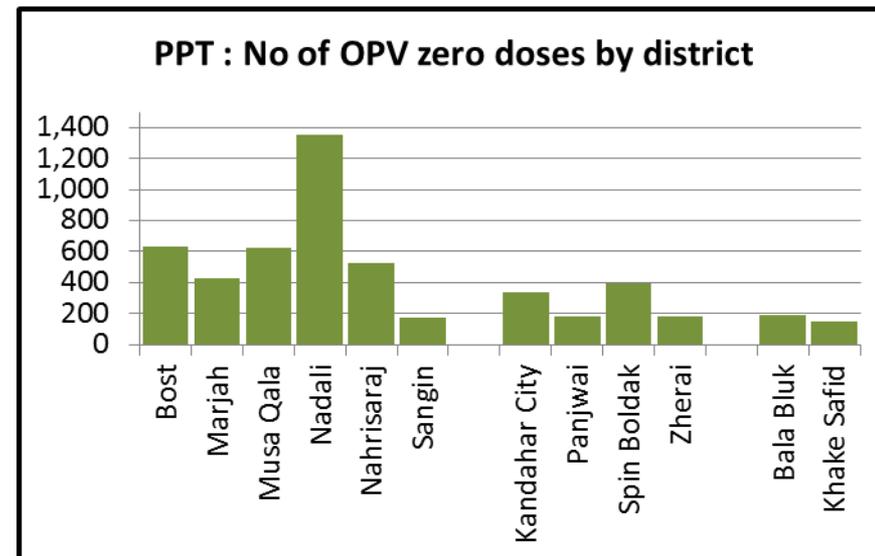
Permanent Polio Teams (PPTs):

- 33 House to House teams in Kandahar (4 districts), 36 in Helmand (6 districts) and 12 in Farah (2 districts).
- Jan-June 2015: 619,836 doses of OPV were administered to <5 years children including 5,166 children with Zero doses.
- PPT activities is related to access.



Immunization activities targeting nomads:

- Nomad campaign conducted in South East in July 2015 with 26,954 children vaccinated from Tent to Tent.
- Special PTT during nomads seasonal movement (Apr, May, Oct and Nov) with 10,594 children in April and May 2015.
- Nomads PTT planned in Oct-Nov in South.



Review of strategies carried out

PPT/PTT/4th day revisit

Strategy	Key Findings	Recommendations
PPTs	Contribution to population immunity. Some impact in accessible areas, but not implemented in the inaccessible areas.	Continuation and re-allocation of PPTs to inaccessible areas when possible. Sustained & expanded supportive supervision.
PTTs	Contribution to population immunity (e.g. those moving from/to insecure areas).	Continuation PTTs with expansion to be considered.
	Every day work under difficult security & weather situation.	Coordination with transport companies and local police for providing adequate working environment.
4th day Revisit	Revisit enabled the program to minimize the missed recorded children. Doing well in urbanized areas of Kandahar & Helmand, but need strengthening in some districts. Concern that 4 th day revisit may overshadow daily revisit.	Close monitoring of daily revisits during daily evening meetings. Introduction of specific timing for re-visit. Consideration of 4 th day revisit on Friday.

Gaining Access to Children in Security Compromised Areas

- Negotiations at different levels and according to the local realities
- Ground rule of neutrality maintained
- Regular Reporting on inaccessible children by district
- One round of IPV+OPV after gaining access to inaccessible areas. Already conducted in Shinwar, Bakwa, Khashrood, 8 districts Kandahar.

Maximizing impact of FLW

- Selection: Continue and increase selection of local FLWs on merit basis, increasing involvement of CHWs in SIAs
- An external review of training of FLWs was conducted in August with recommendations on methodology, curriculum and supervision. Implementation is underway.
- Payments : DDM through m-Paisa and Azizi Bank to be continued and expanded as per availability of means.
- Accountability, Sanctioning and Recognition; payments to be related to performance

What we are doing differently

Momentum in media on polio: From awareness to appreciation of public health issue

Significant increase in discussions and coverage of polio as a public health issue on Afghan radio. Key messages on effectiveness of vaccines, emphasis on missed children inserted into stories.

New cultural leaders endorsing vaccination and promoting positive images of vaccinators.

Commencing in October during SIAs in LPDs: Voice mail and ring-back tones using trusted regional influential voices.

Reaching caregivers at an emotional level by engaging through radio. Contracts with BB.C, VOA, and Da Pulay Poray.

Re-designing and diversifying IEC materials to correct common misconceptions (i.e, only 27% of Afghans in LPDs believe that polio is incurable).

Using radio to shape perceptions and reach remote audiences

Inserting voices of health workers and key message into more frequent and more informed radio reporting



85% of Afghans in low performing districts trust radio for health news a great deal or somewhat

Radio stories on polio in 2015



83% of caregivers trust "a great deal" or "somewhat" polio information from community health workers

New engagement with BBC and VOA reaching communities by shortwave that previously had no access to information on polio. Emphasis on interviews with health workers

"We listen to the VOA each night and heard there would be a polio vaccination campaign. I waited with my children but no one came to our house"

Mother of boy in Bakwa District who got polio in August 2015



New public service announcements draw on different cultural leaders to correct misconceptions about vaccinations and to create a sense that polio eradication is a national priority

Social mobilization

Immunization Communications Network

80

District Communications
Officers

911

Cluster Communications
Supervisors

4930

Social Mobilizers

ICN Activities

- Door to door visits – pre campaign and during campaign
- Meetings with individual caregivers of missed children from previous campaign

Coverage

- ICN prioritizes coverage in LPD 1 districts; Currently covering 26 out of 28 LPD 1 districts
- Coverage in new priority areas (non-LPD districts with new cases). Agreement being processed with NGOs to engage CHWs in new priority areas with no ICN

Social mobilization shifts

Assessment of the role of CHWs in social mobilization, September 2015

Findings

- Communities prefer messages from familiar people in the neighborhood, consistent with KAP data
- Confirmed that CHWs working in male/female pairs are the most highly trusted, where culturally appropriate
- Female FLWs are more likely to adhere to door-to-door practices, fully delivering messages, noting and persistently returning to missed children (where appropriate)

Current engagement with CHWs

- A maximum of 10% of PEI vaccinators are CHWs

The Way Forward

- Engaging CHWs would address the less effective parallel structure, create synergies with the MoPH community-based health approach and strengthen PEI/EPI convergence and PEI legacy
- Mapping for integrating CHWs in social mobilization is in progress

Cross Border Coordination

National Level CBC Meeting was conducted on 3rd of June in Islamabad

- **Weekly** Conference Calls between southern region and Baluchistan
- **Monthly** Conference Calls/ Video Calls between east-southeast & KPK and FATA
- One face to face meeting between South and Baluchistan at Zero point in Spin Boldak during early September
- One face to face meeting in early September between both teams at Peshawar

Communication

- Synchrony of IEC materials and similar radio messages in border areas on both sides has been endorsed by Afghanistan team
- Both Countries are using same color brand for IEC materials

PEI Support to EPI

- Provincial Polio Officers support to Routine Immunization

Regions	Visits Planned	Visits Conducted	Reports Submitted
Badakhshan	164	113	60
North East	156	152	128
North	260	212	193
South East	461	390	324
West	191	164	158
South	807	725	441
East	405	336	319
Central	365	351	245
National	2809	2443	1868

- EPI/PEI Coordination meetings at the provincial level
- Disease surveillance, outbreak response and emergencies
- Participation in Measles SIAs; micro planning, training, supervision and monitoring

Yielding continuous improvements in cold chain and vaccine management

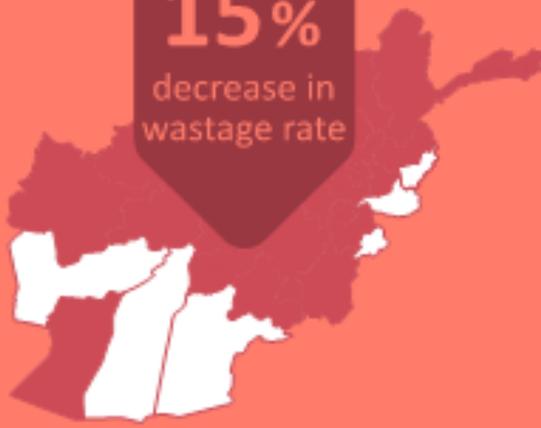
Transforming cold chain management through vigorous trainings, yielding continuous improvements in wastage rates

Establishment of Vaccine Management Committee in August

September-November: Training of provincial cold chain officers and technicians in six locations to achieve nation-wide improvement in vaccine wastage rate

July ToT trainings yield immediate 15% decrease in vaccine wastage rate in six priority provinces

15%
decrease in wastage rate



From ad-hoc and non-reporting. Now 80% of provinces are generating timely Vaccine Utilization Reports since July ToT

WAY FORWARD

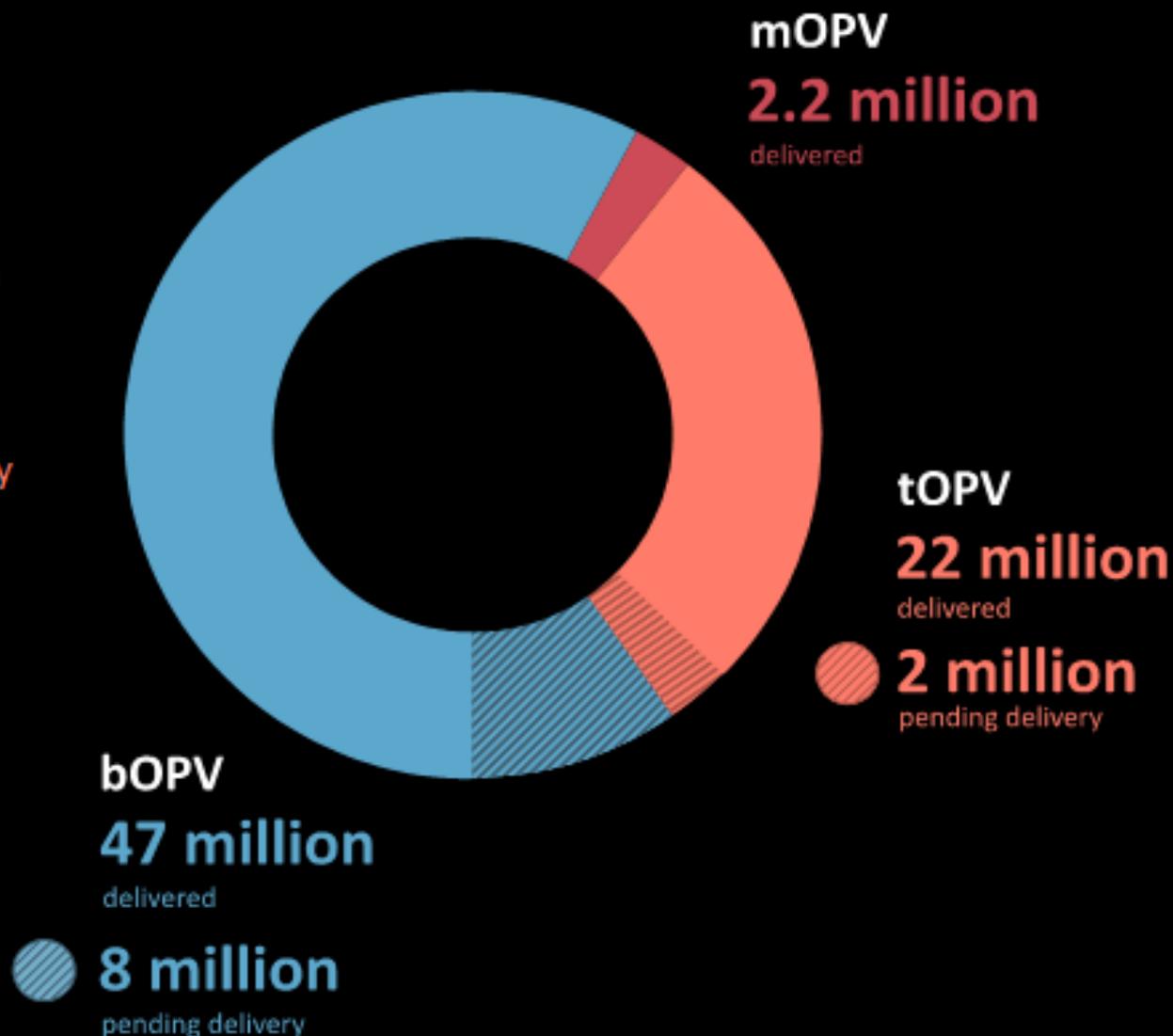
Engaging with all 1500 health facilities creates EPI centers

Planned versus actual delivery in 2015

Successes

100% of vaccines arrive on time at provincial level for all 2015 SIA's.

No vaccine stock out at any level despite challenging epidemiological situation and access and security issues



Way Forward

- Fully functional EOCs at National and Regional levels during transmission season in 2015-last quarter
- Reduction of missed children by:
 - Completion of GIS Mapping/field surveying/microplanning in priority provinces-October 2015
 - In depth analysis of children not at home and within that category children traveling in order to convert missed children-October 2015
 - Re-orient daily and 4th day re-visit strategy-October 2015
 - Optimizing complementary immunization activities based on the recommendations of external reviews-September 2015
 - Strengthening involvement of CHW in PEI activities-last quarter
- Pre/during and post campaign review meetings at national level
- Enhance cross border coordination by moving towards action oriented joint decisions/commitments-ongoing
- Maximize utilization of PEI assets to support routine EPI-December 2015
- Implement IHR recommendations as per feasibility-last quarter 2015