

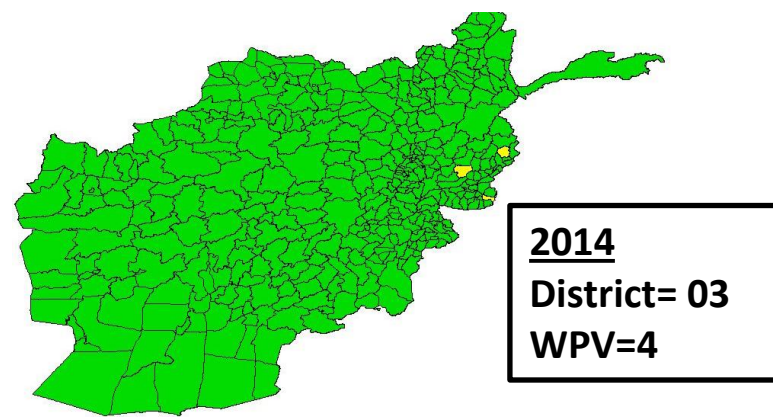
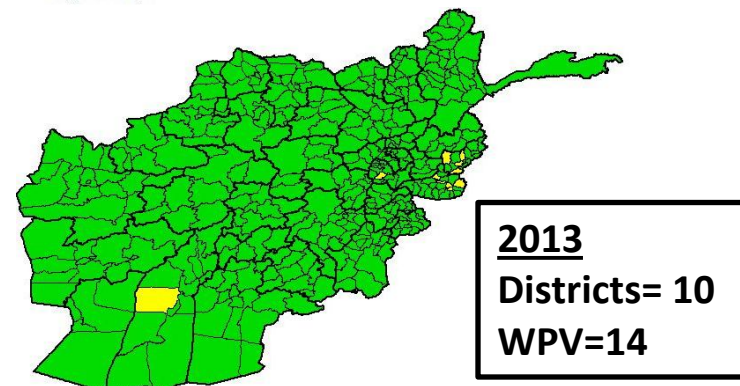
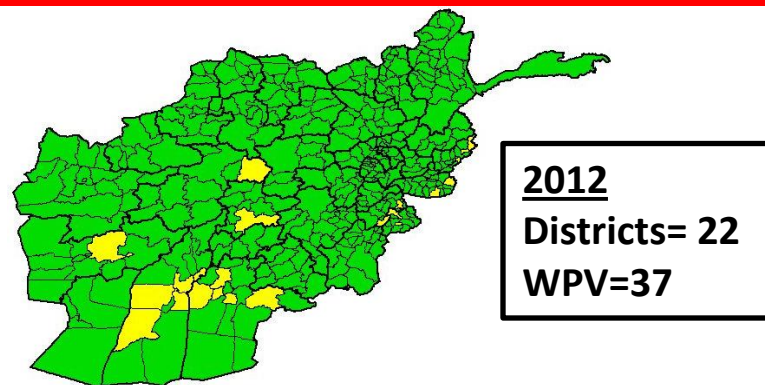


Polio Eradication Initiative of Afghanistan

**IMB Meeting
May 6-7, 2014**

Reported Wild Poliovirus Cases 2012-2014 Afghanistan

Region	Confirmed cases		
	2012	2013	2014*
Central	0	1	0
East	6	12	4
South east	5	0	0
South	24	1	0
North	0	0	0
Northeast	0	0	0
West	2	0	0
Country	37	14	4

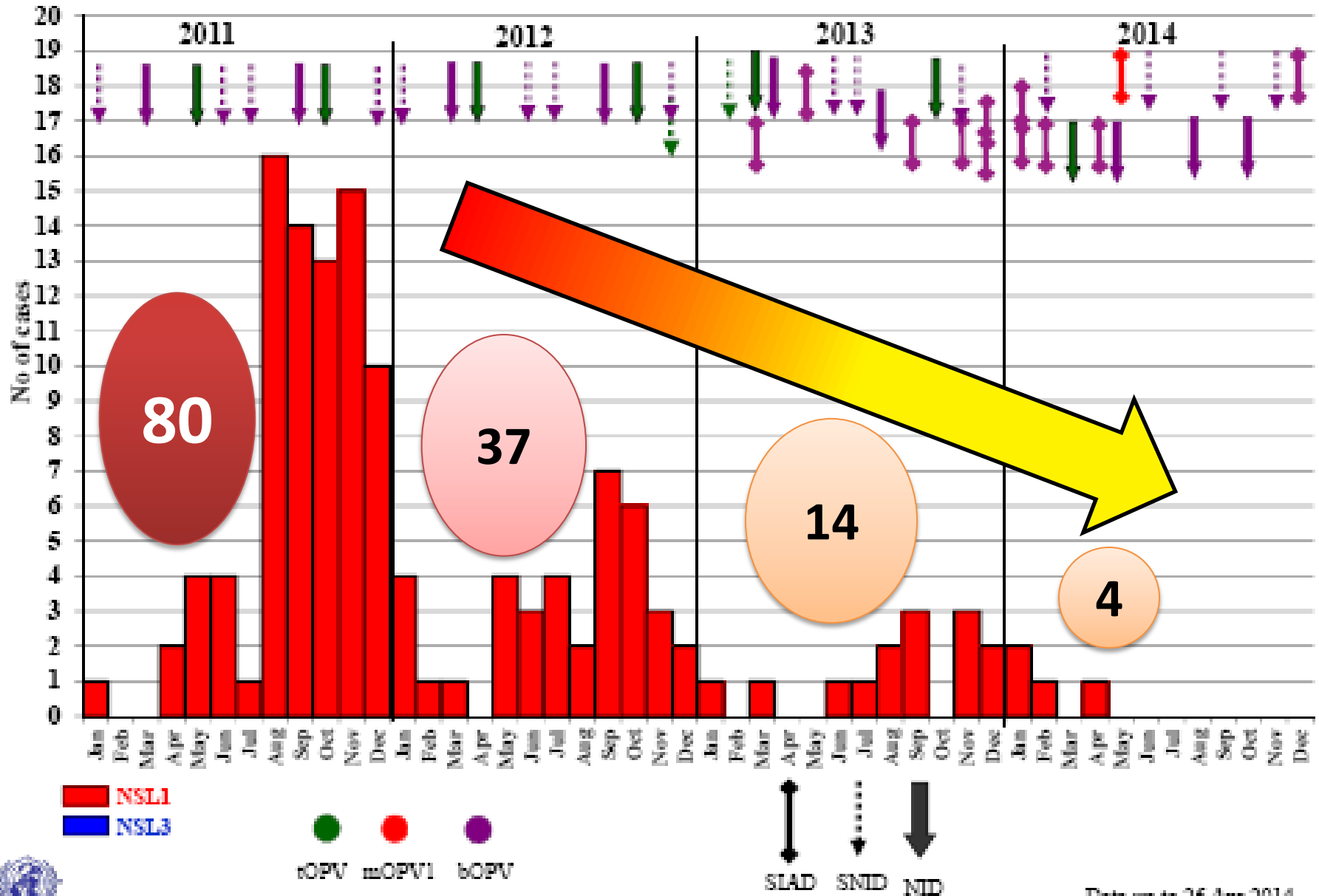


 Non Infected Districts

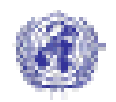
 Infected Districts

Data up to 24 Apr 2014

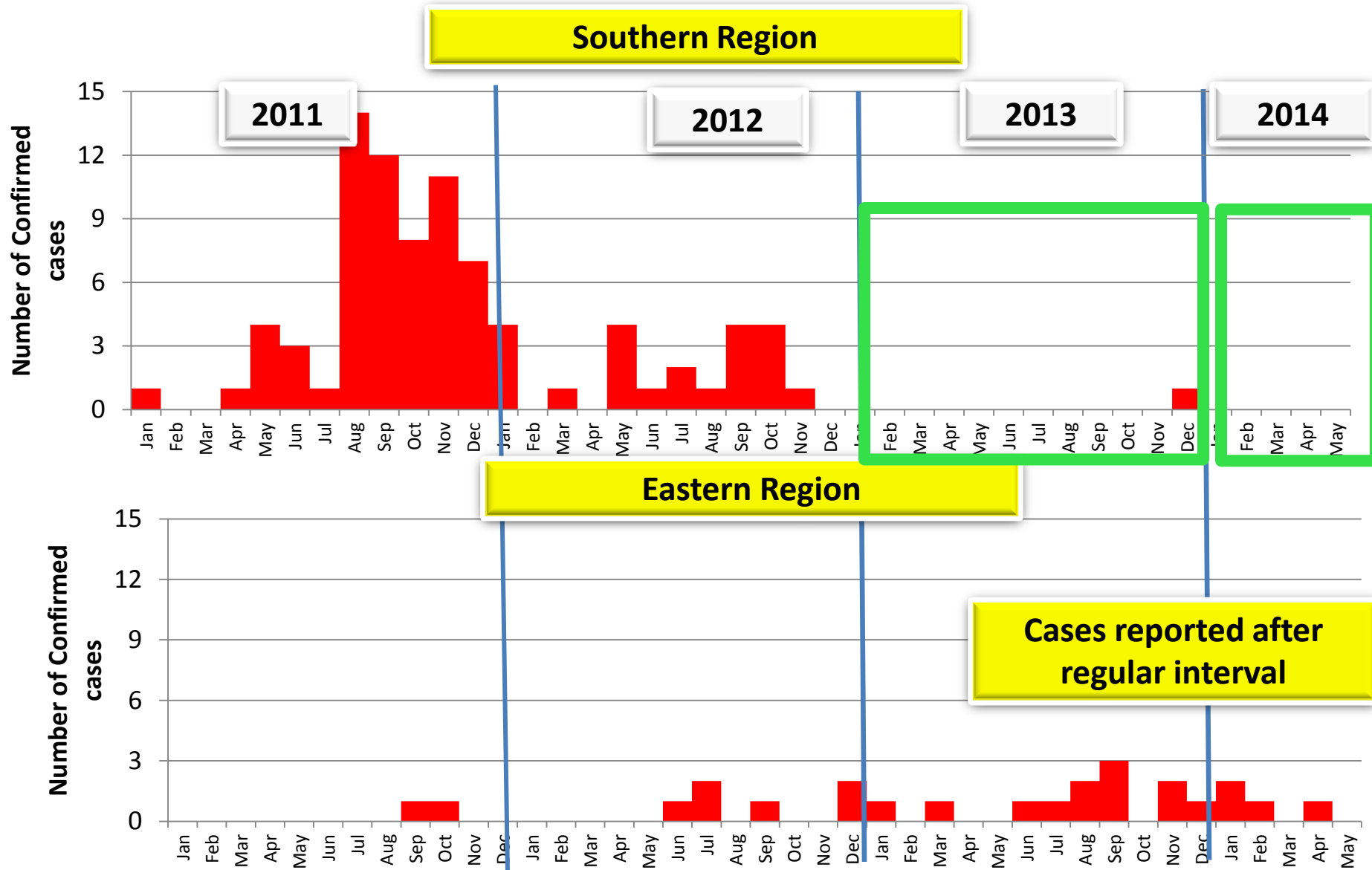
Polio Virus Isolates by Type & Month Afghanistan 2011-14



Data up to 26 Apr 2014



Polio confirmed cases by month in Southern and Eastern Region Afghanistan 2011-2014



* Data up to 1 March, 2014

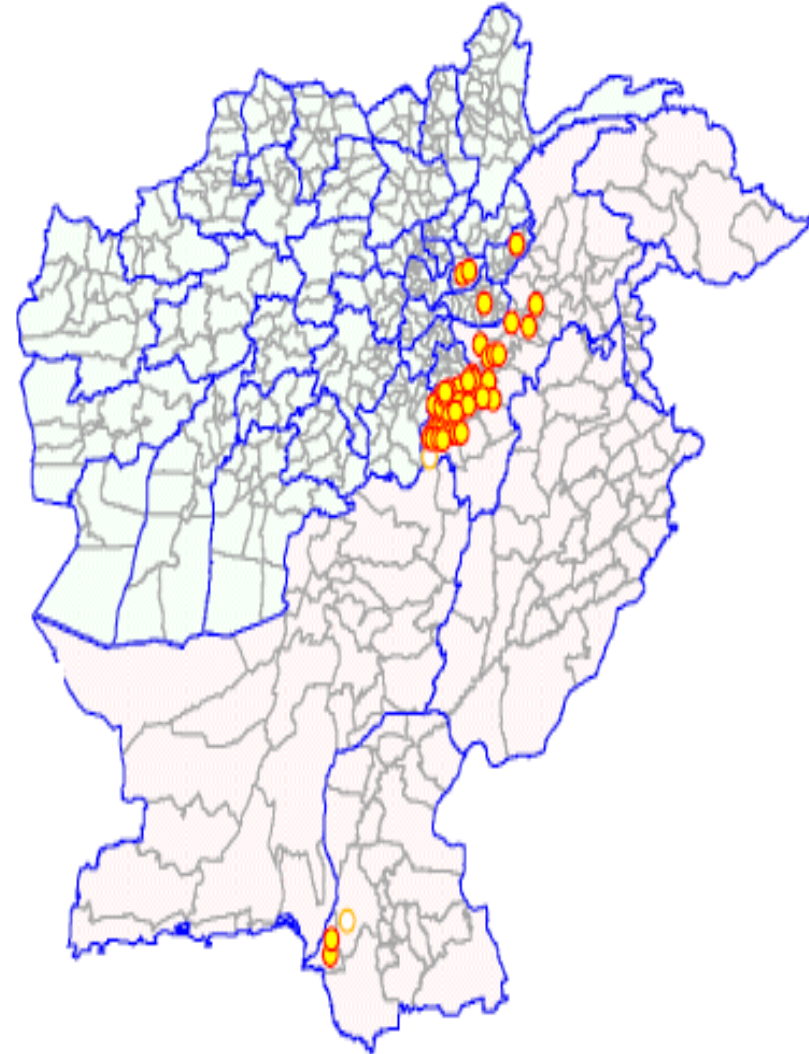
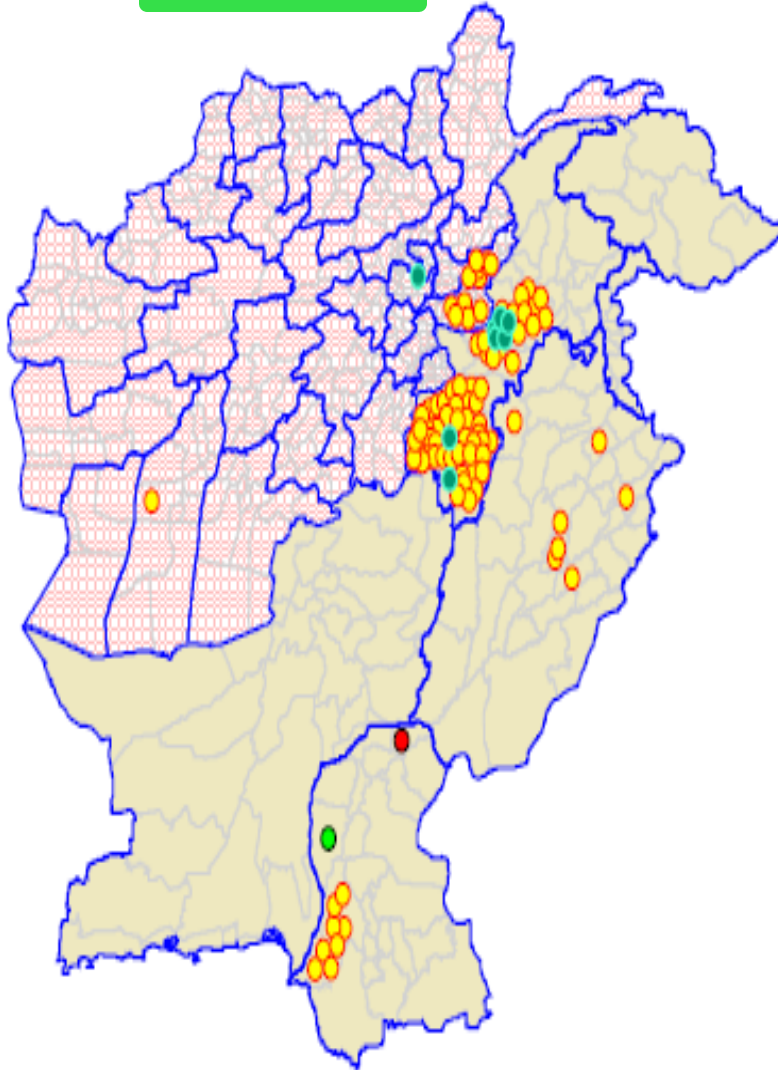
Afghanistan-Pakistan P1 isolates by genetic cluster 2013-14

2013

2014

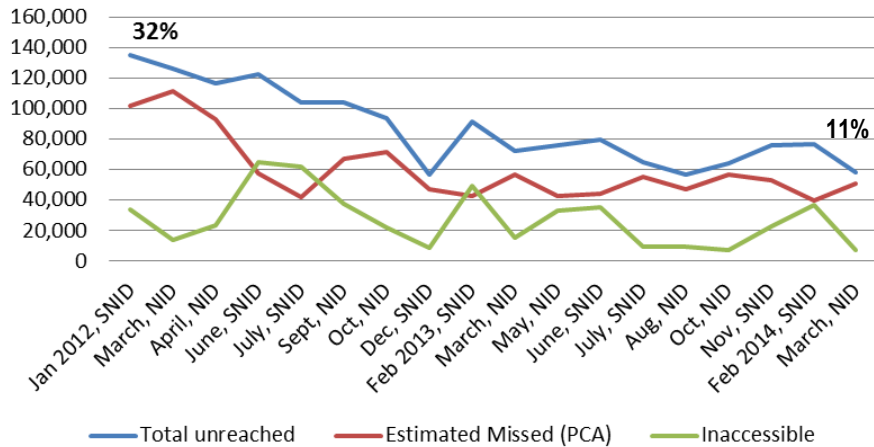
Legend

- R2B
- R3B
- R4A
- R4B
- FEND
- Province boundary
- District boundary
- 1 Dot = 1 Polio case

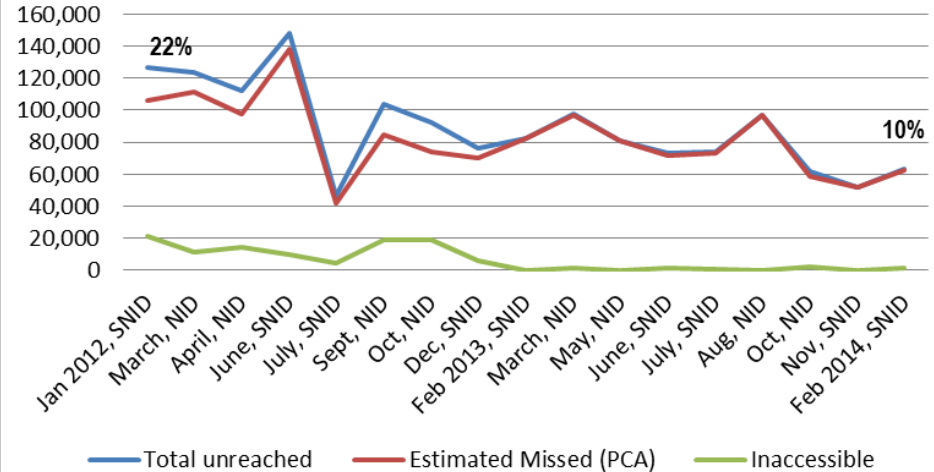


Estimated children missed by each campaign 2012-14; Trend in three high-risk provinces of Afghanistan

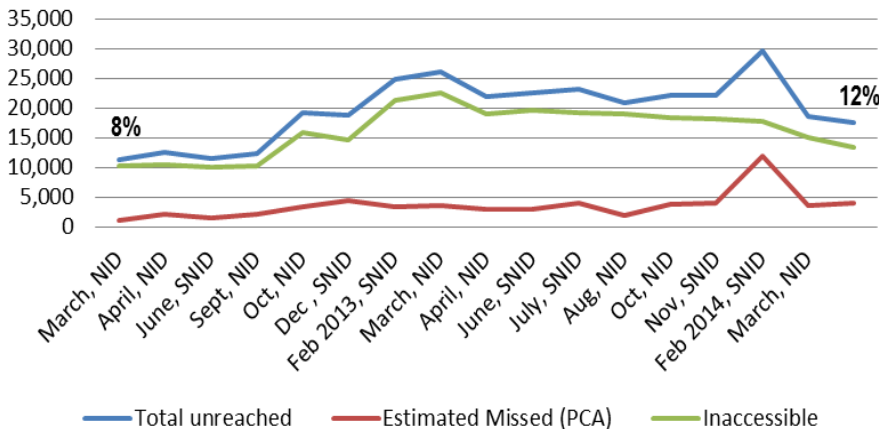
Kandahar- Estimated number children not vaccinated by round, 2012-2014



Helmand - Estimated number children not vaccinated by round, 2012-2014



Kunar, East- Estimated number children not vaccinated by round, 2012-2014



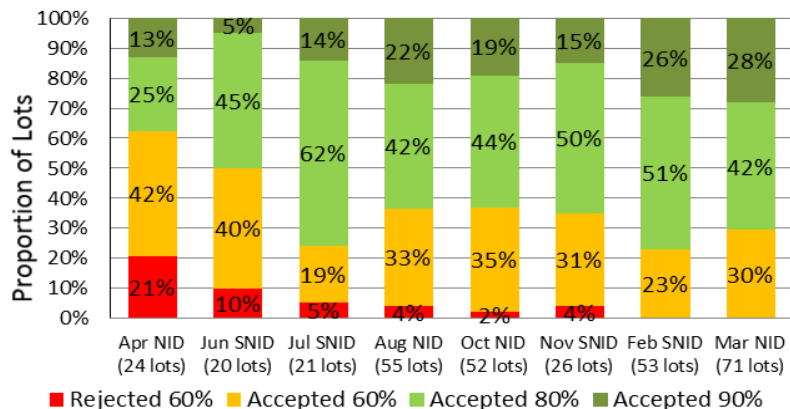
Helmand: No campaign in March in entire province (target 655,000) due to management and security related issue. Quality of campaign keep on changing.

Kandahar: Access keep on changing

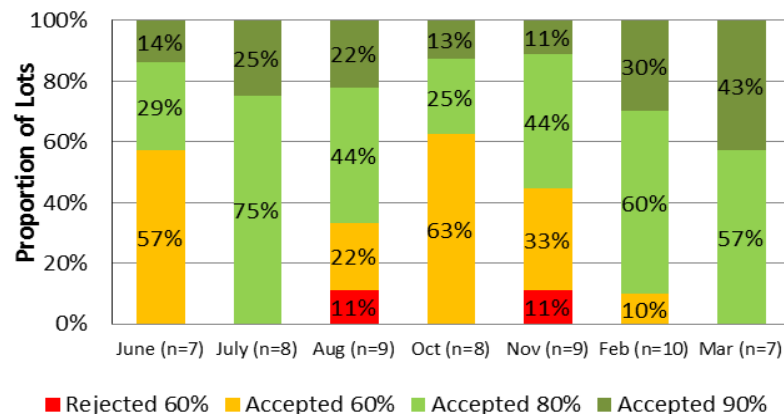
Kunar: No progress in access and campaign quality is going down

LQAS Results in bordering regions of Afghanistan , 2013-2014

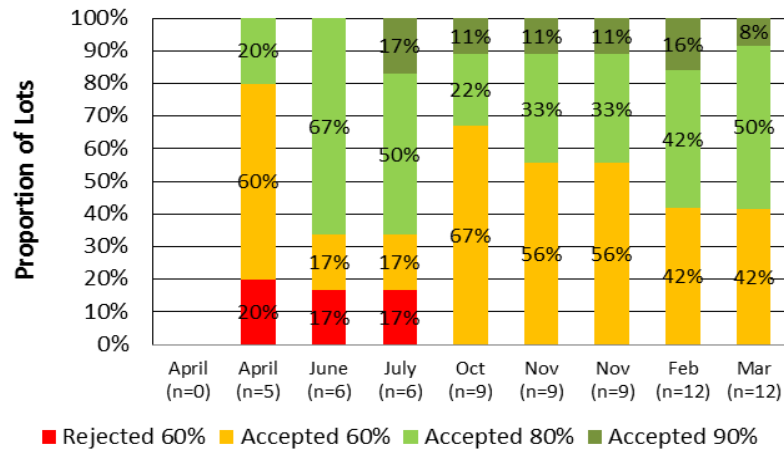
Afghanistan - LQAS results 2013-14



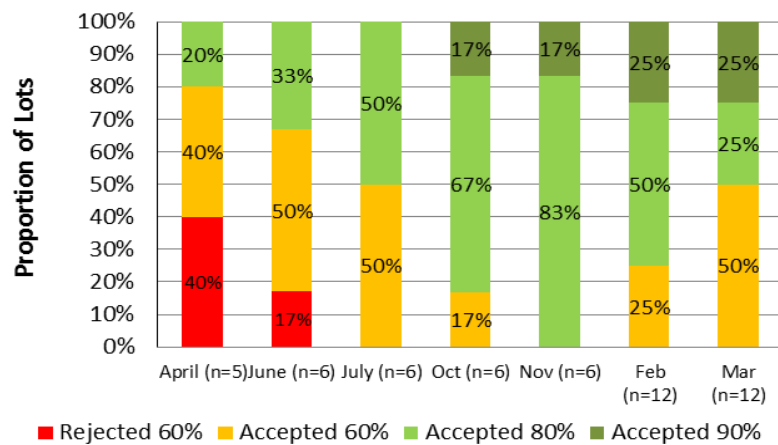
South - LQAS results 2013-2014



East - LQAS results 2013-2014



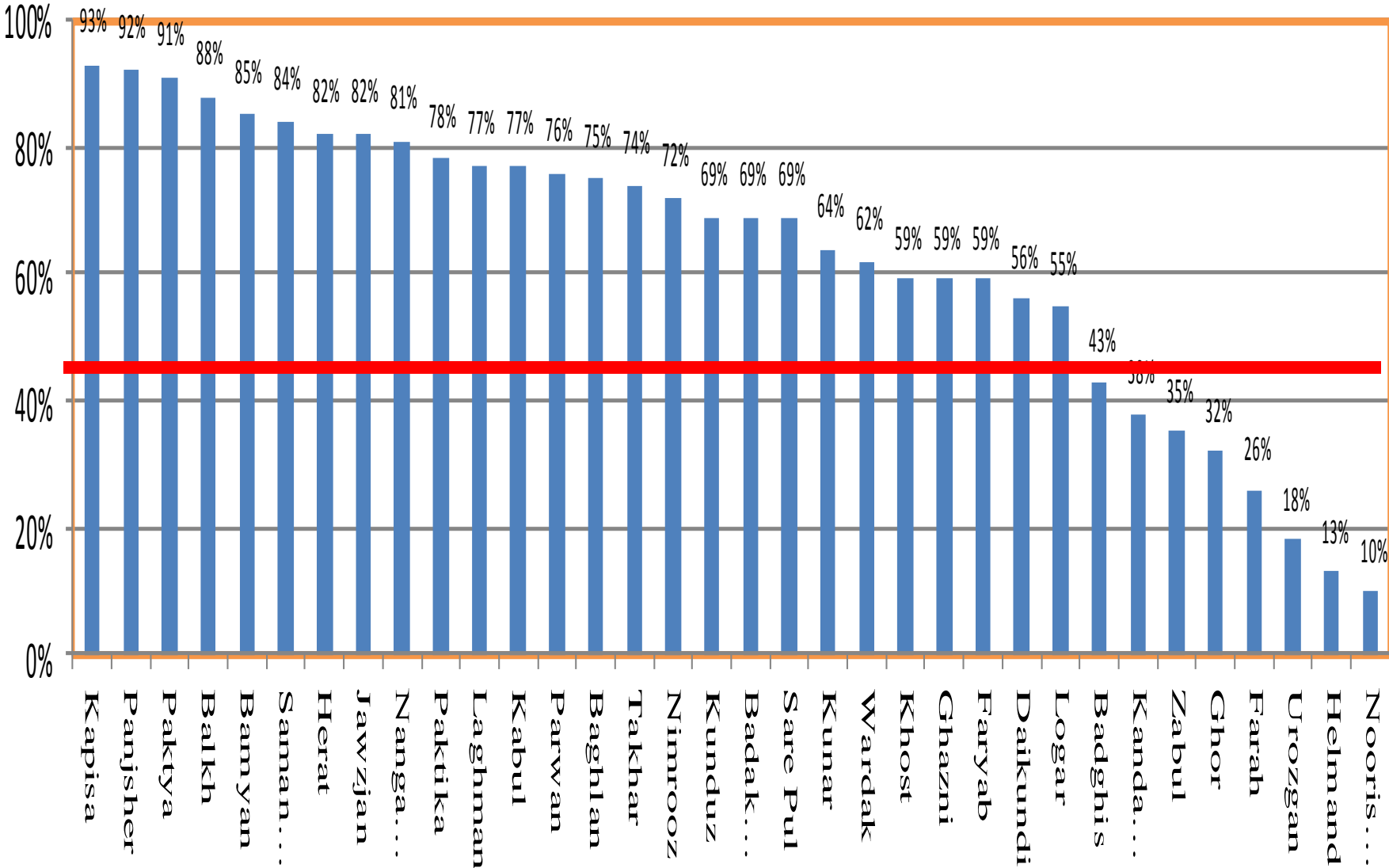
South East - LQAS results 2013-2014



LQAS Results shows an improving trend in Southern region, but 42%-56% of LOTs in Eastern Region are rejected at 80%.

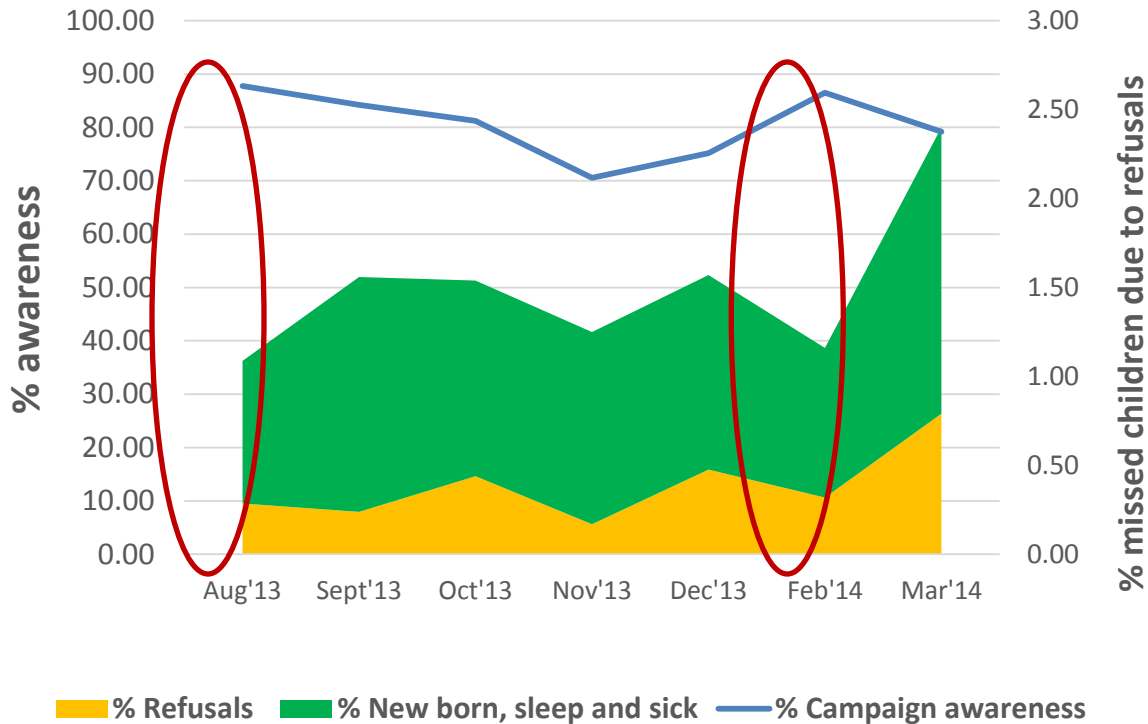
Status of Routine Immunization by Province 2013; Afghanistan

Results of Coverage Evaluation Survey : DPT3/OPV3 Coverage by Province 2013, Afghanistan



ICN Indicators: Increase awareness and enhance demand

Campaign Awareness and Refusals 11 LPDs
South Region Afghanistan - PCA data

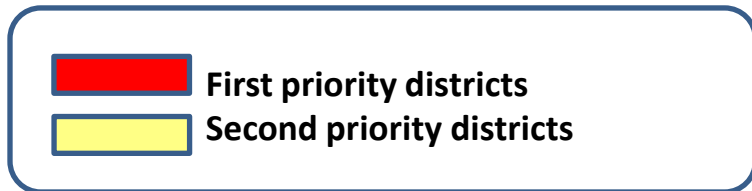
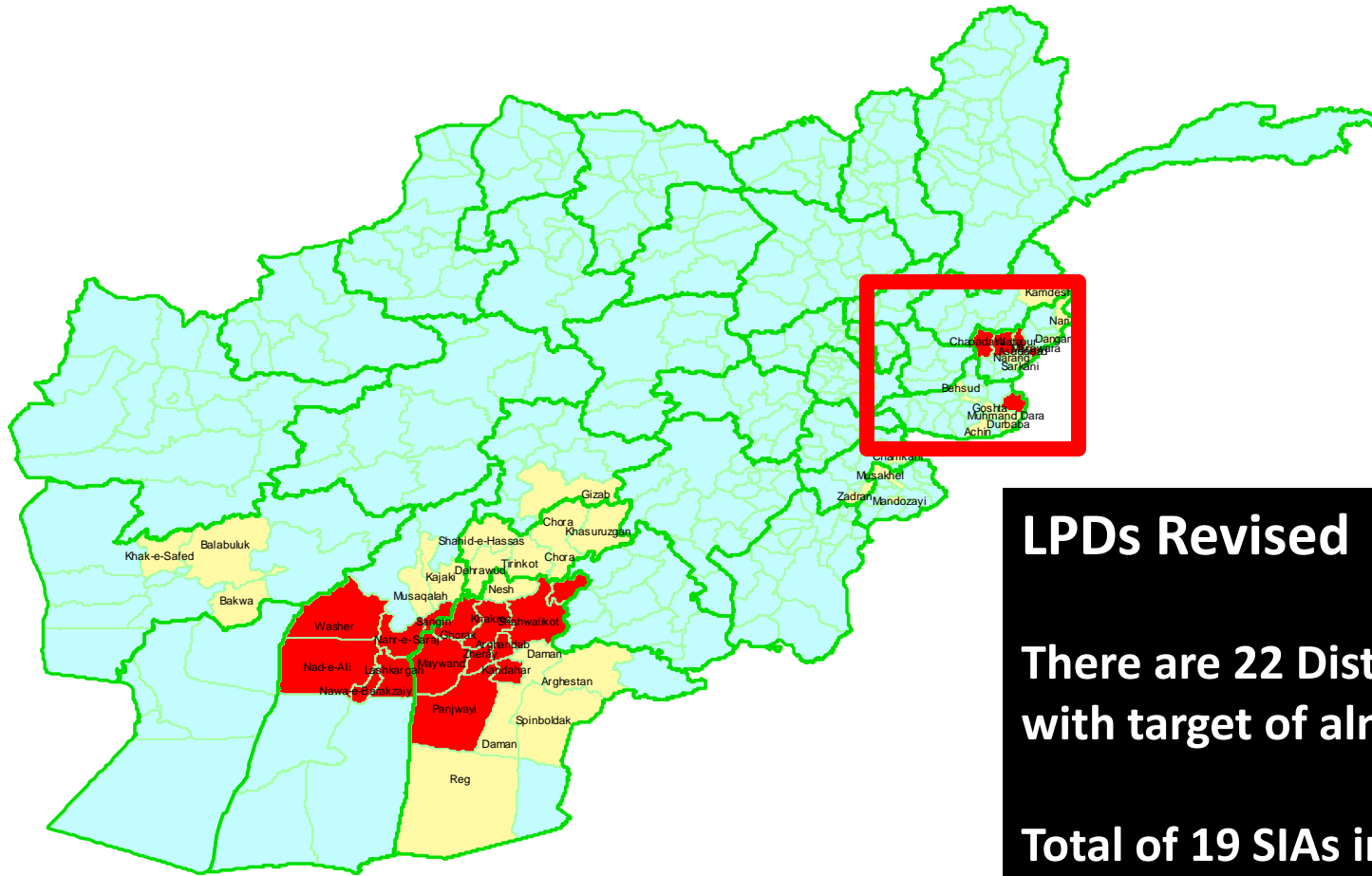


- Visible correlation between awareness levels and refusal rates in general
- Need to sustain more than 90% awareness levels
- More than 80% refusal conversion rates by Social Mobilizers through revisit strategy

NEAP 2013-14: Main Objectives and Status update

S/N	NEAP Objective	Status
1	Stop cVDPV in South	Achieved
2	Prevent establishment of polio virus in non-transmission zone of the country.	Achieved
3	Interrupt Poliovirus circulation in South	Partially Achieved
4	Control ongoing outbreak in East	To be Achieve

Intense focus on “Low Performing Districts”: Revised List 2014 Afghanistan



LPDs Revised

There are 22 Districts in Category 1 with target of almost 700,000

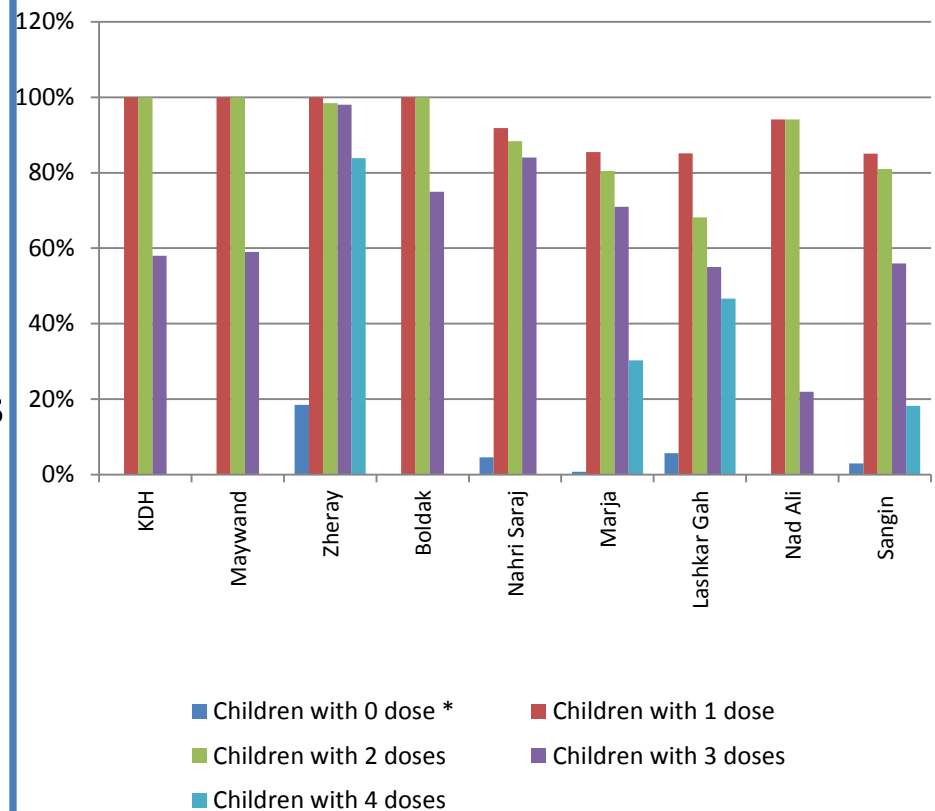
Total of 19 SIAs implemented in LPDs.

7 rounds implemented during last 6 months with intensified operational and communication activities

Additional Vaccination Activities in LPDs, 2013-14: Afghanistan

- **Permanent Polio Team Strategy covers 70% target of 11 LPDs. Assessment in 2013: Almost 89% children received at least one dose, 81% two doses and 56% received three OPV doses. More than 30,000 children (7%) received OPV for the first time.**
- **Transit Teams at entry and exit points of the difficult districts in Kandahar, Helmand vaccinating almost 43000 children per month.**
- **All case responses are implemented within two weeks. Three rounds completed for Kabul case response**

PPT review - Results of Household survey by district based on permanent register



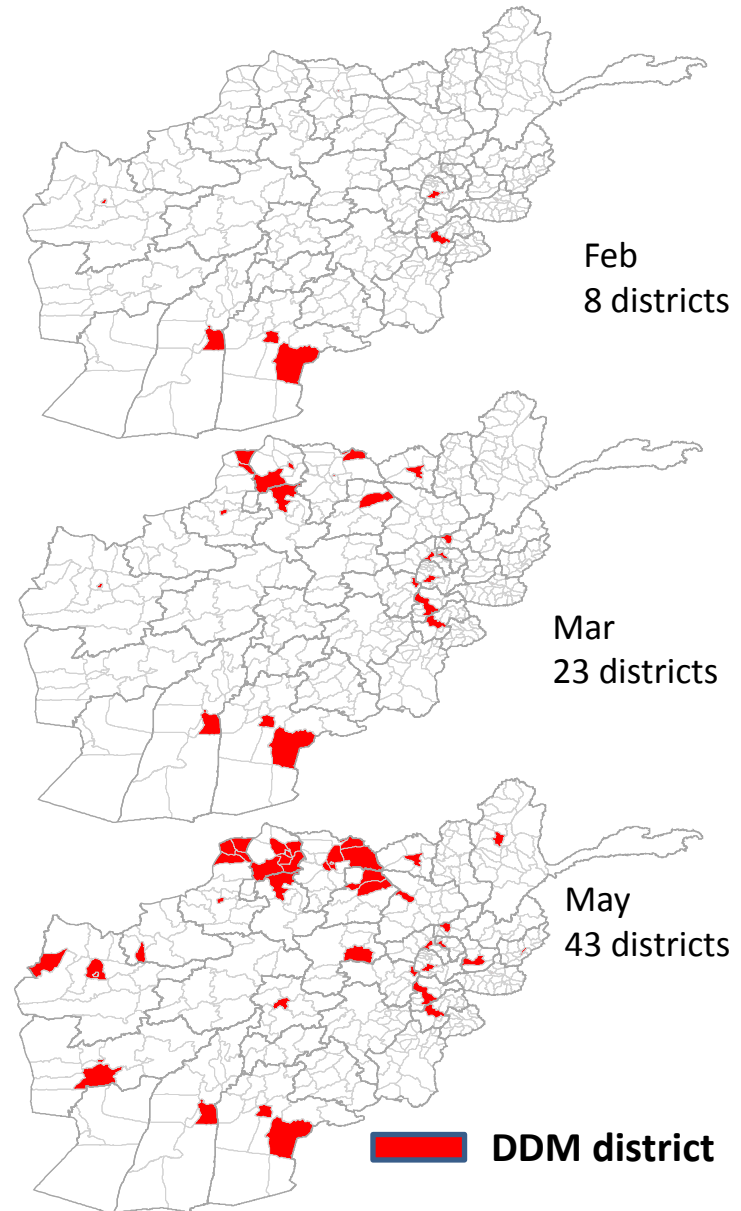
Maintain Cross-Border Coordination

- AFG-PAK meeting of National Teams held in March 2014 at Islamabad. A joint action plan is developed

MONTH	DATE	DATE
	Pakistan	Afghanistan
March	24 – 26 (NID)	23-25 (NID)
April	14 – 16 (SNID)	
May	05 – 07 (SNID)	04-06 (NID)
May	19 – 21 (SIAD)	18-20 SIAD
June		22-24 SNID
August	18 – 20 (SIAD)	17-19 NID
September	08 – 10 (SIAD)	21-23 SNID
September	29 Sep – 1 Oct (SIAD)	
October	20 – 22 (SNID)	19-21 NID
November	10 – 12 (NID)	16-18 SNID
November	24 – 26 (SNID)	
December	08 – 10 (NID)	14-16 SIAD
December	22 – 24 (SIAD)	

Enhance Transparency and Management Direct Disbursement Mechanism (DDM)

- Afghanistan introduced and piloted DDM in 7 districts in 2013. Number of challenges and lessons are learned
- MoPH issued official letter to all PHDs to ensure implementation of DDM
- DDM is expanded to 23 districts in March NIDs and will be implemented in 43 districts in May NIDs 2014
- A full time experienced DDM consultant is hired by WHO
- Shift of Operational Cost of SIAs from UNICEF to WHO from June; UNICEF managing vaccine supply and communication costs



Enhance Community Demand: Immunization Communication Network

- **Strategic expansion of the ICN in the East region, especially in Kunar.**
 - awareness levels by social mobilizers rose from 43% in October 2013 to 90% in March 2014.
- **Provincial Social Mobilization Groups constituted in all provinces of LPDs**
- **IPC training modules and training videos for frontline workers rolled out**
 - Early trends indicate reduction in children missed due to New Born, Sick and Sleep in the 11 LPDs in South region. From 1.32% in Sept'13 to 0.84% in Feb'14
- **Efforts for increased female engagement ongoing:**
 - 381 female SMs in SR in 2014 compared to 122 in 2013
 - 50 female SM & 4 female CCSs in ER in 2014 compared to 38 SMs only in 2013
- **Continued efforts for community elders sensitization:**
 - 1187 Mullahs, Teachers and community elders given orientation in SR in 2014

Kunar: Bottlenecks and Barriers

1. Quality of Campaigns in Accessible Areas

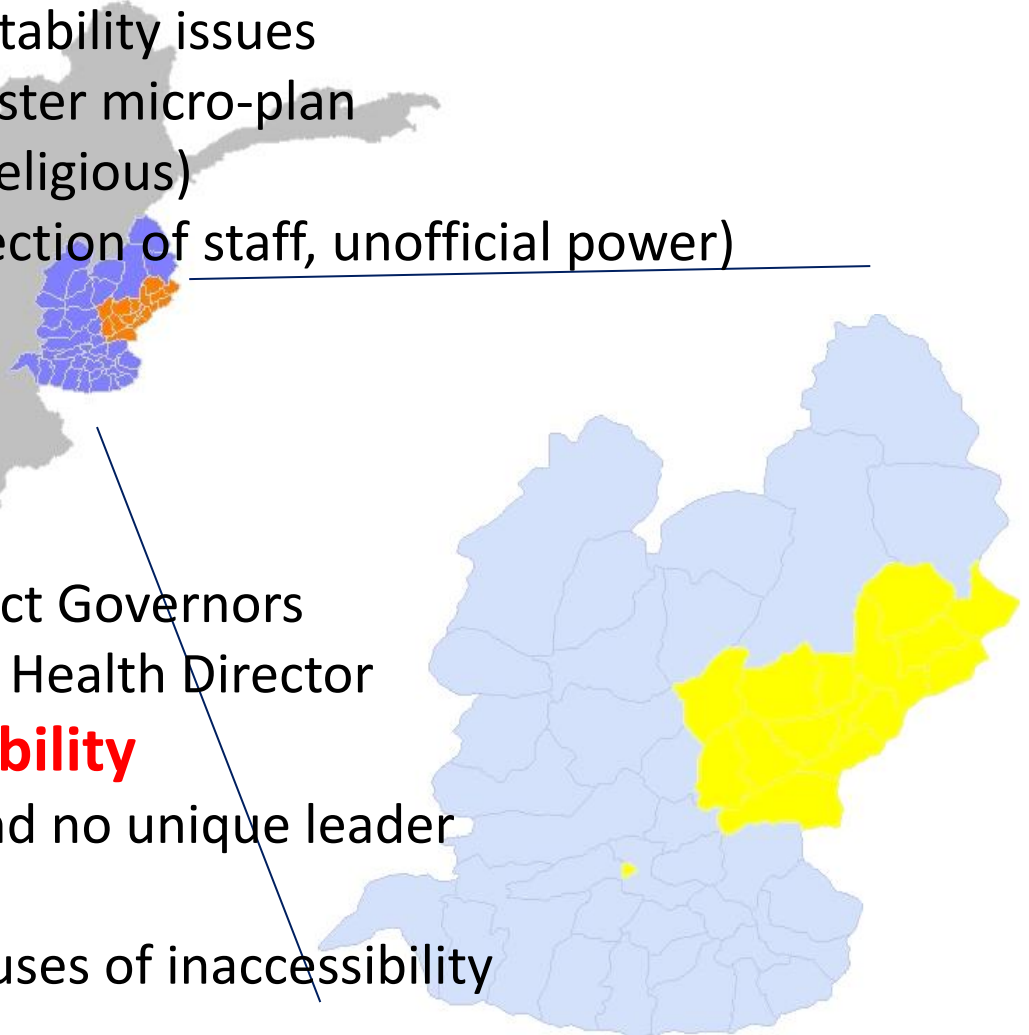
- Management and accountability issues
- Inadequate Cluster by cluster micro-plan
- Refusal (misconception, religious)
- PEMT (in appropriate selection of staff, unofficial power)
- Highly Mobile Population

2. Weak Political Context

- New Provincial Governor
- Less engagement of district Governors
- Non innovative Provincial Health Director

3. Insecurity and Inaccessibility

- AGE have Multi groups and no unique leader
- More hardliner AGE
- Insufficient analysis of causes of inaccessibility



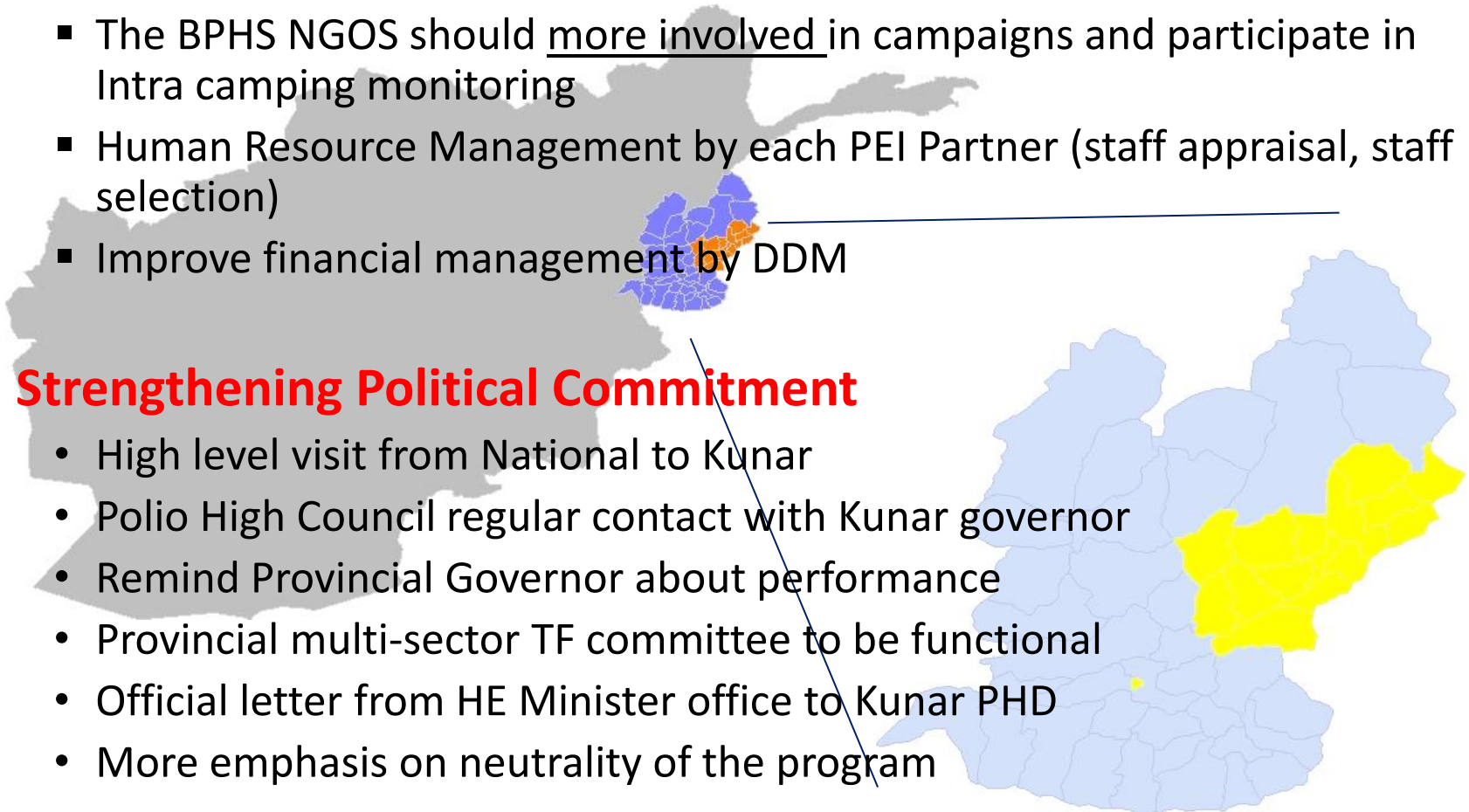
Kunar: Proposed Solutions

1. Management and accountability issues:

- Accountability of BPHS NGOs (see district by district RI coverage from AFP data and practice of cluster by cluster micro-plan by WHO)
- The BPHS NGOs should more involved in campaigns and participate in Intra camping monitoring
- Human Resource Management by each PEI Partner (staff appraisal, staff selection)
- Improve financial management by DDM

2. Strengthening Political Commitment

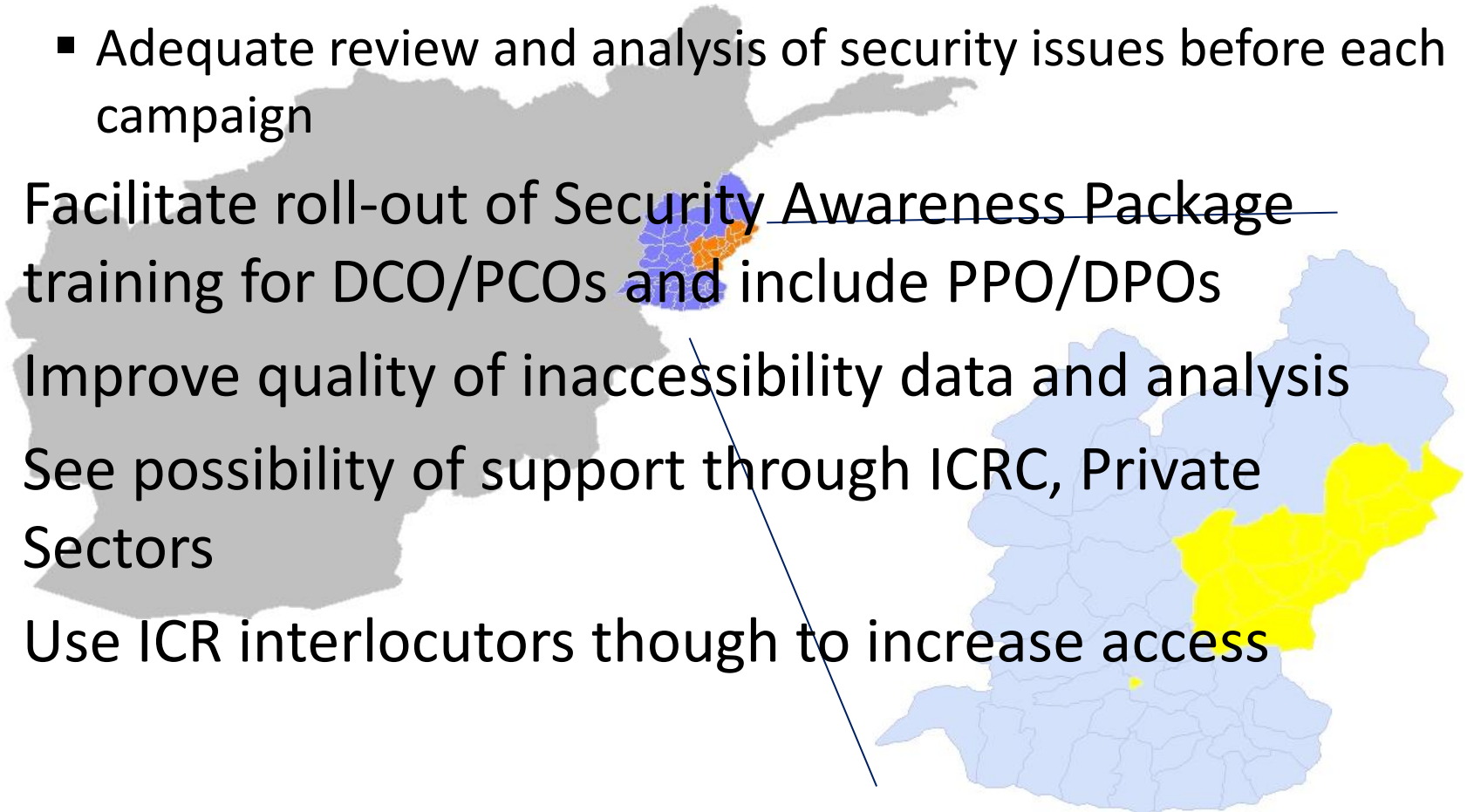
- High level visit from National to Kunar
- Polio High Council regular contact with Kunar governor
- Remind Provincial Governor about performance
- Provincial multi-sector TF committee to be functional
- Official letter from HE Minister office to Kunar PHD
- More emphasis on neutrality of the program



Kunar: Proposed Solutions

3. Insecurity and Inaccessibility

- Analyze and review insecurity issues
 - Adequate review and analysis of security issues before each campaign
- Facilitate roll-out of Security Awareness Package training for DCO/PCOs and include PPO/DPOs
- Improve quality of inaccessibility data and analysis
- See possibility of support through ICRC, Private Sectors
- Use ICR interlocutors though to increase access



PEI Program Challenges and Risks

- **Election and Political Transition period of April-June**
- **Insecurity and Inaccessibility, particularly in Kunar and parts of Southern region**
- **Pockets of low immunization coverage, population movement and poliovirus circulation across the border pose continued risk to South and Eastern regions.**

Future Plans 2014: PEI Afghanistan

- **Monitor implementation of revised NEAP**
- **Expansion of Environmental Surveillance in Eastern and Central Regions and international AFP surveillance review**
- **Introduction of IPV in Routine Immunization in 2015 and pilot in LPDs in August 2014**
- **Engagement of PEI network to strengthen Routine EPI on micro-panning, supervision, monitoring and reporting in selected areas**
- **Periodic KAP Surveys through Harvard University**

Thank You