



**Ministry of Public Health**

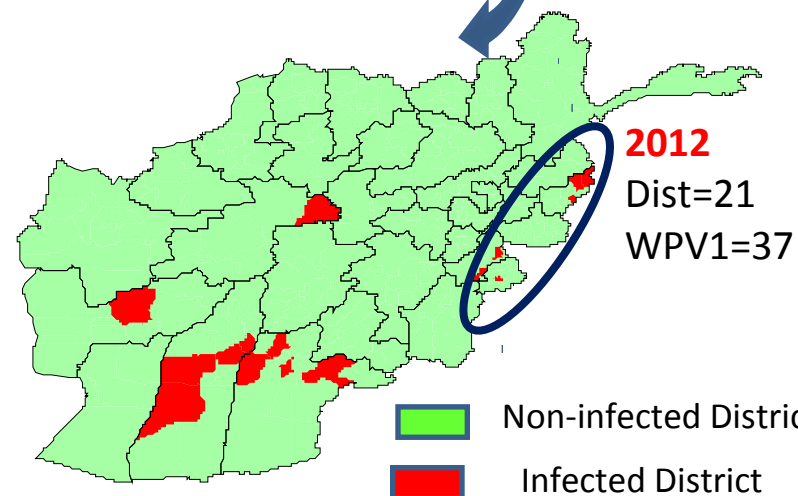
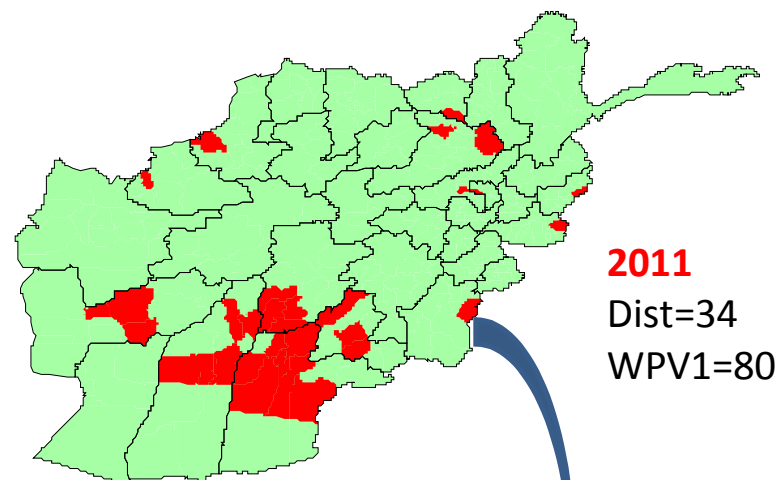
# **Polio Eradication Initiative Afghanistan**

**8<sup>th</sup> IMB Meeting , 7<sup>th</sup> May 2013**

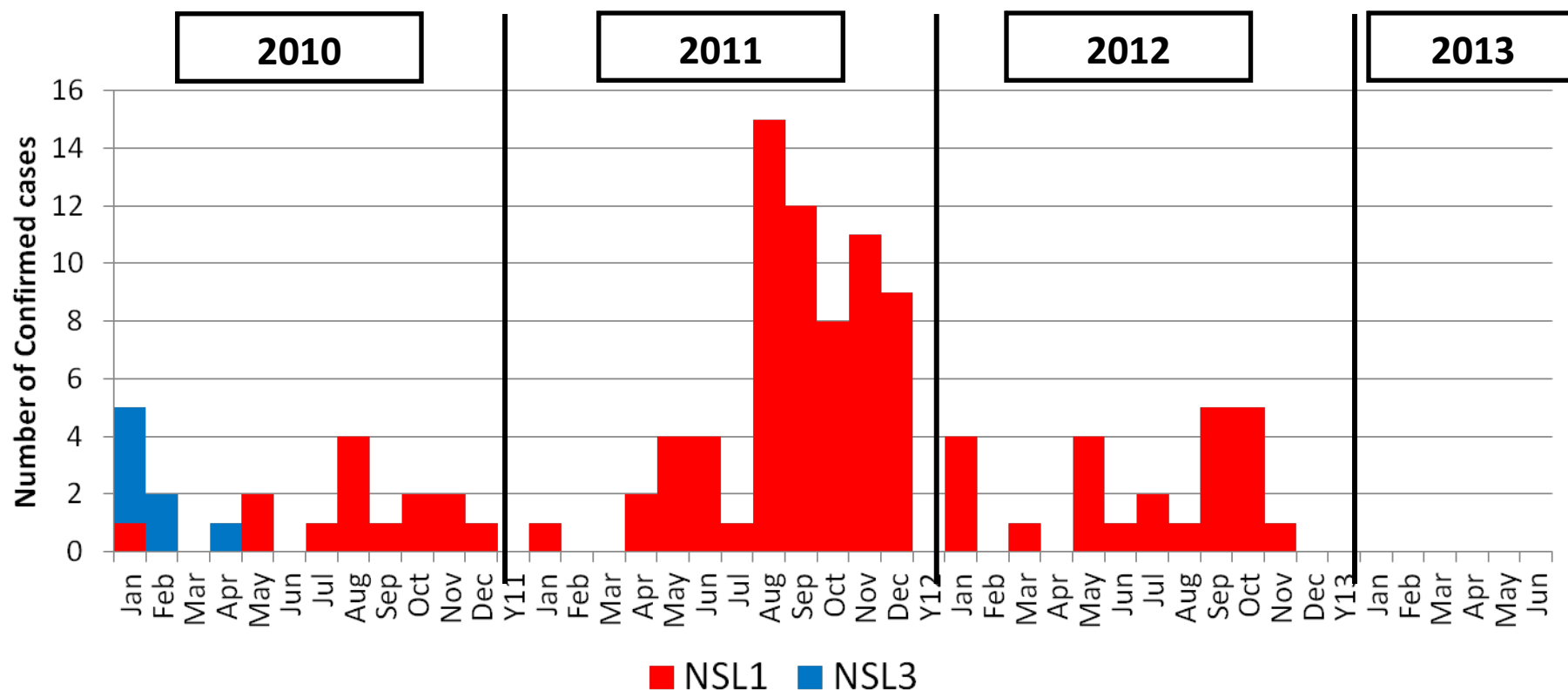
# Distribution of polio cases 2011-2013 (March) Afghanistan

Region	Confirmed cases		
	2011	2012	2013
Central	4	0	0
East	2	6	2
South east	1	5	0
<b>South</b>	<b>62</b>	<b>24</b>	<b>0</b>
North	2	0	0
Northeast	3	0	0
West	6	2	0
<b>Country</b>	<b>80</b>	<b>37</b>	<b>2</b>

- Number of cases and number of infected districts are less compared to last year
- Southern Region did not report confirmed case this year
- Worrisome development in Kunar with secondary cases and signs of virus circulation



# Polio confirmed cases by month and polio virus type in Southern Region Afghanistan 2010-2013



From January 2013, conducted 7 rounds of SIAs in Kandahar and Helmand

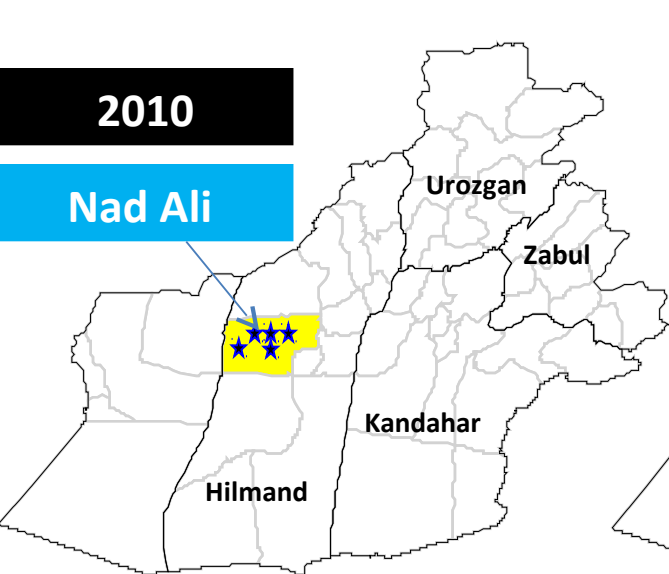
Two additional rounds are planned till June using bOPV

Four rounds used bOPV and 3 rounds tOPV is used.

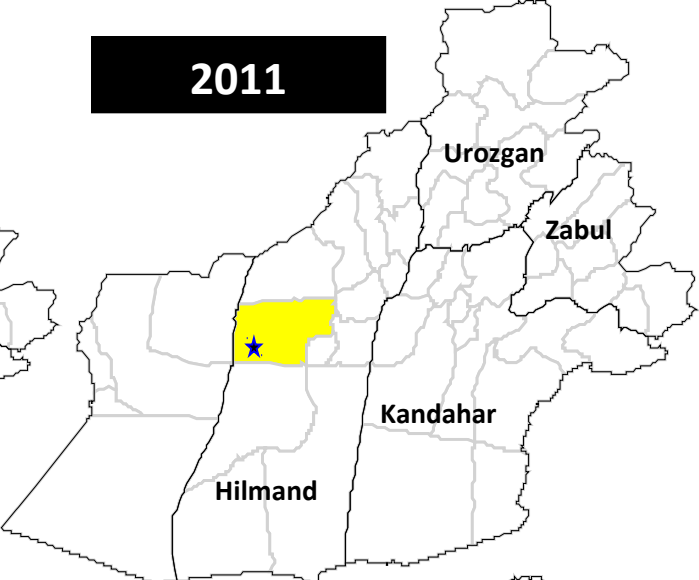
# Distribution of cVDPV2 cases 2010-2013: Southern Region Afghanistan

2010

Nad Ali

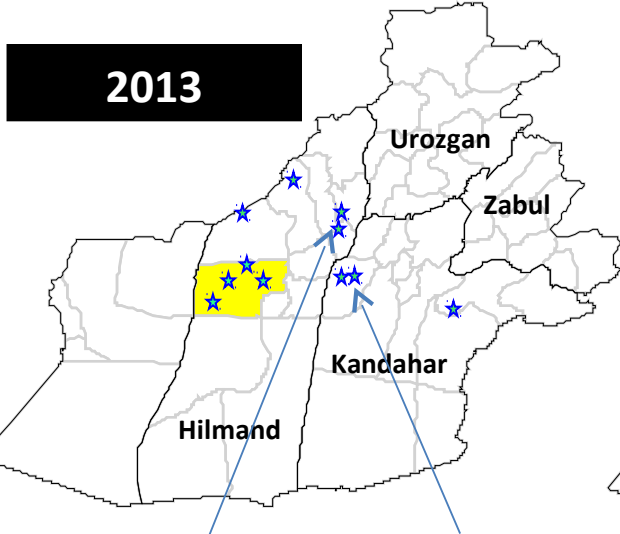


2011

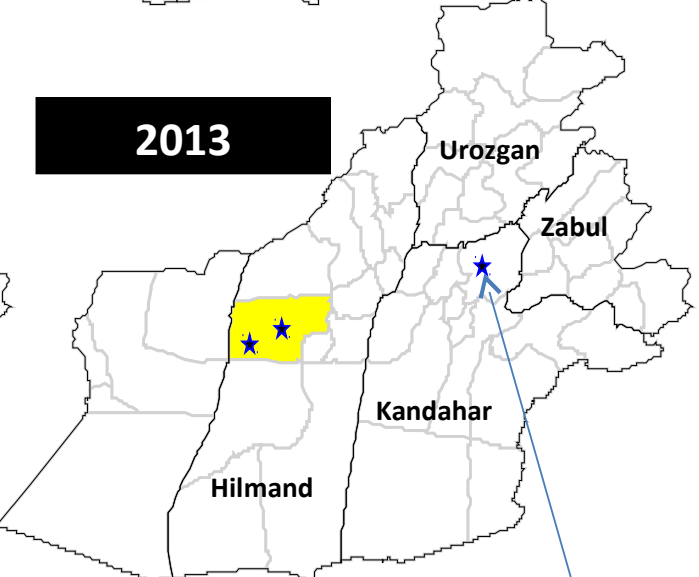


Most of the cVDPV2 cases are reported from Nad Ali District of Helmand followed by Maiwand and Nehresiraj. Last cVDPV2 is reported from Shahwali Kot District of Kandahar

2013



2013



District	Target
Maiwand	42,000
Nehre Siraj	79,000
Nadali	100,000

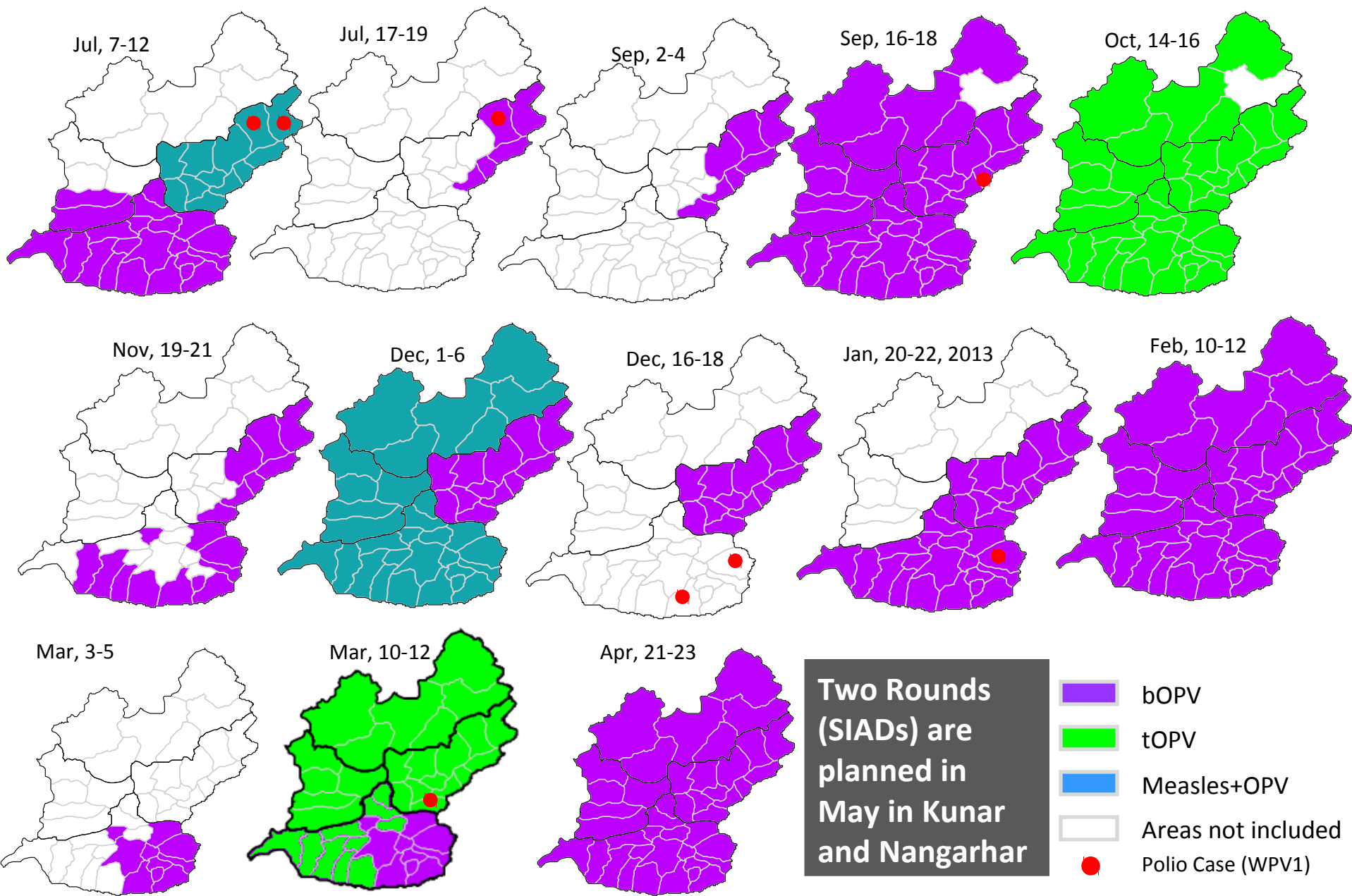
★ cVDPV2

NehreSiraj

Maiwand

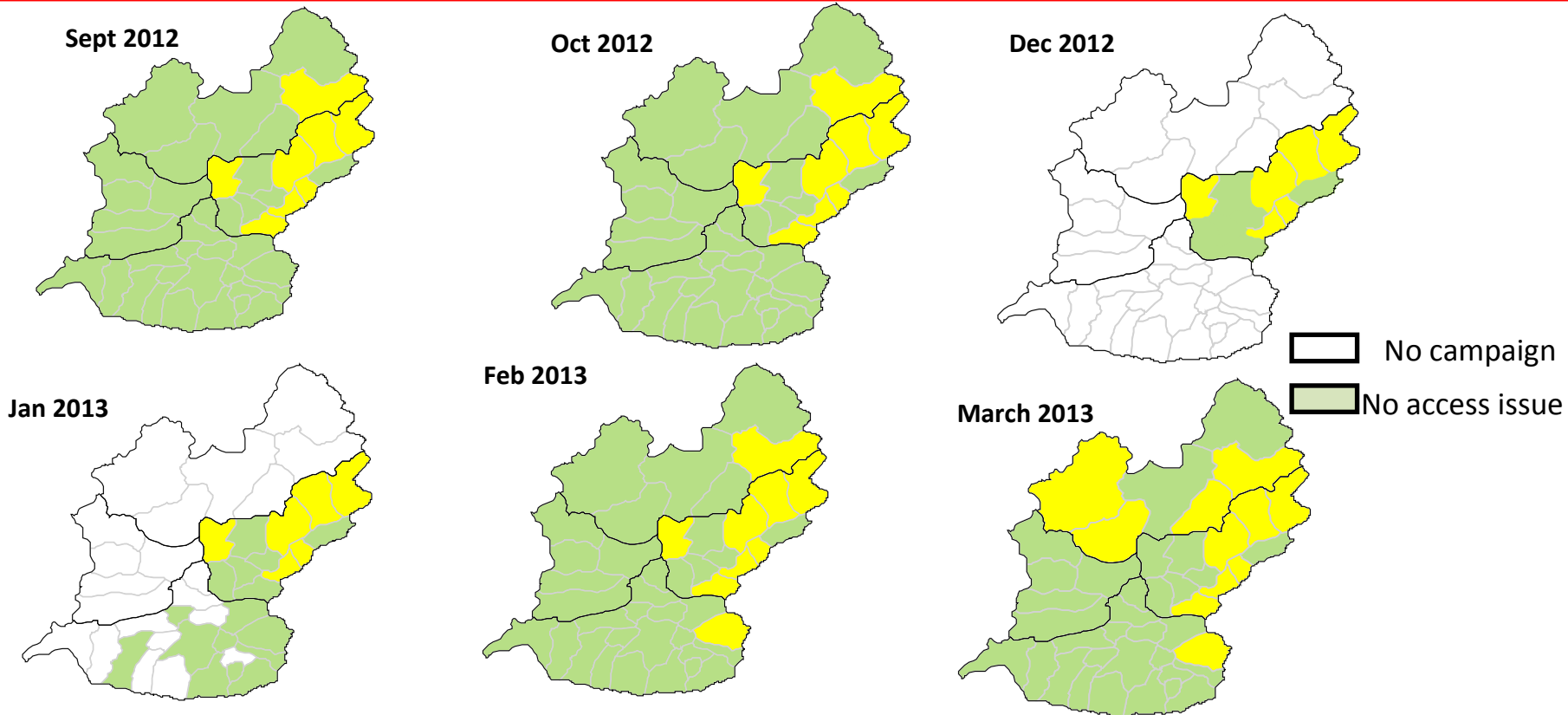
Shahwalikot

# New Epidemiological challenge: Distribution of confirmed Polio cases and response SIAs activities in Eastern Region July 2012- April 2013



# Inaccessibility in Eastern Region Afghanistan Sept 2012-March 2013

## Clusters partially or totally inaccessible



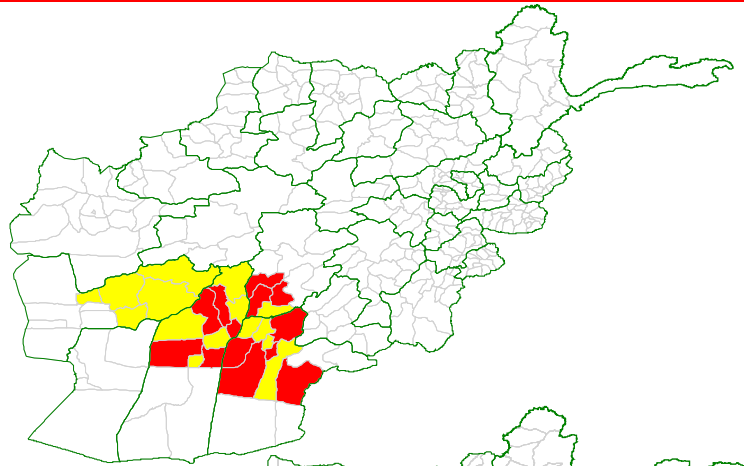
Campaigns	Total Inaccessible children	On going fight	AGE not supportive	Perception of fear	Management issues
NIDs Sept 2012	21 134	0	21 134	0	0
NIDs Oct 2012	22 392	0	22 392	0	0
SNIDs Dec 2012	21 395	0	21 395	0	0
SNIDs Jan 2013	21 781	0	21 781	0	0
SNIDs Feb 2013	26 576	0	26 576	0	0
NIDs Mar 2013	17 122	0	17 122	0	0

# **Political Commitment, advocacy and oversight**

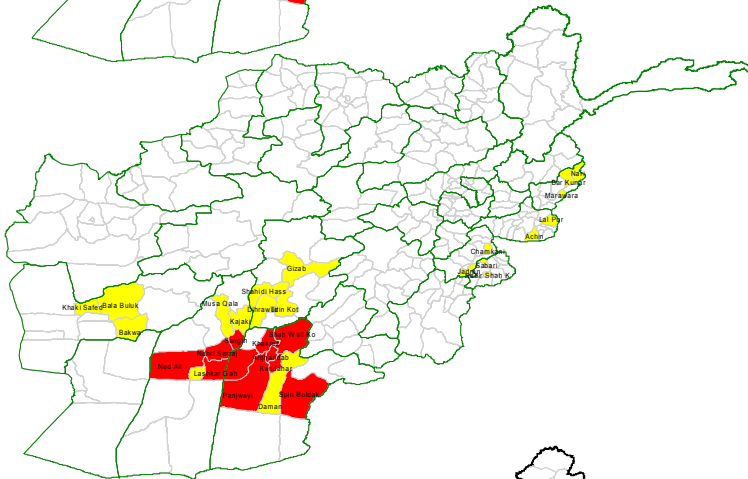
---

- **Office of President's Focal Person is fully staffed**
- **Joint visit of Minister and Advisor to President to Kandahar. Meeting with Provincial and District Governors of LPDs held. Governor Kandahar visited Ghorak. Advocacy meeting with Governor of Kunar in February**
- **First meeting of Inter-ministerial Task Force held in December**

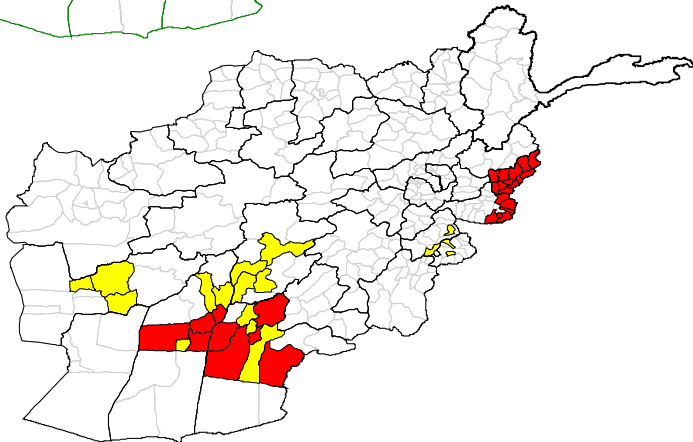
# Revisions of Low Performing Districts Afghanistan 2013



**June 2012:** There were 28 High-Risk Districts  
13 in Southern region were in Category 1 and 15 were taken as category 2.  
Total Target of 13 HRD was almost 0.7 million



**January 2013:** Revised and renamed as Low Performing Districts (LPDs)  
Total 31 districts labeled as LPDs  
11 in Kandahar and Helmand taken Category 1 and 20 taken as Category 2 for operational reasons.  
Target of 11 LPDs almost 0.67 million



**April 2013:** LPDs are Revised  
09 in Kandahar and Helmand while all 14 districts in Kunar and 6 districts of Nangarhar Provinces are taken Category 1 with target of almost 1.5 million  
17 districts are Category 2

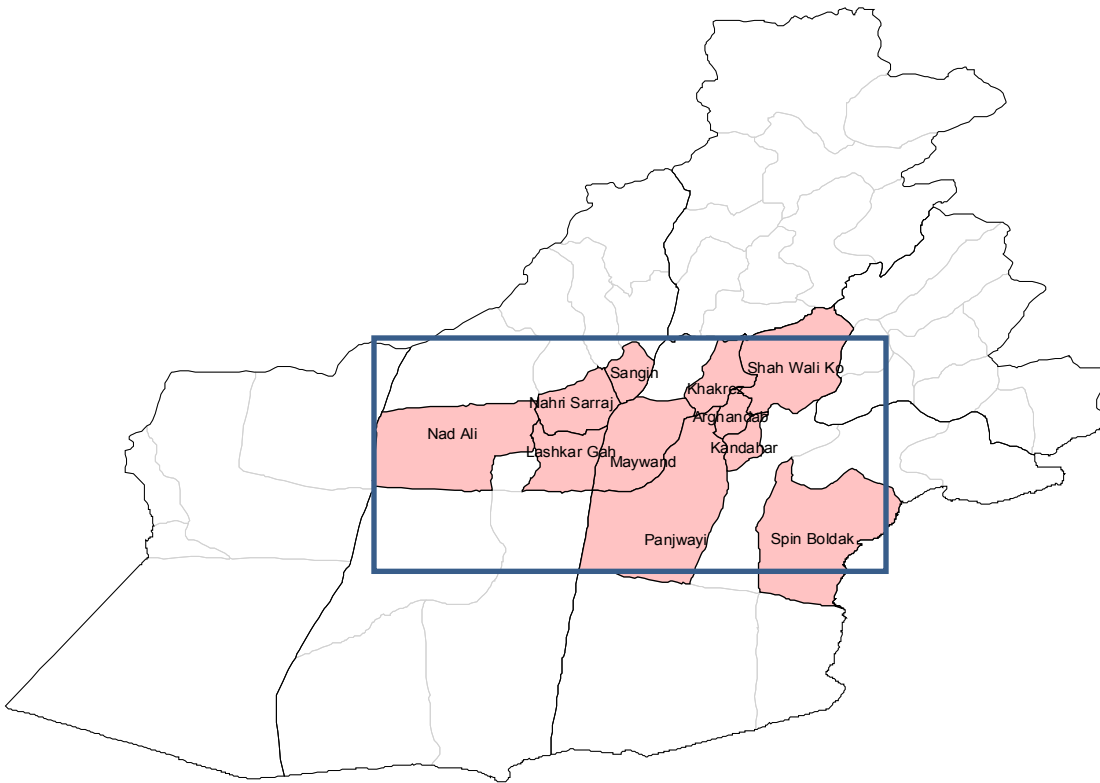
 Low Performing Category 1  Low Performing Category 2





# Main Focus: Low Performing Districts Kandahar and Helmand

## Improving Campaign Quality in LPDs

- Regular & continuous advocacy and oversight\*
- Formation of special teams\*\*/ \*\*\* each for Kandahar and Helmand LPDs
- Expansion of communication network to cover complete LPDs (all clusters)
- Strengthen Monitoring/ Performance appraisals
- Focus on district and cluster implementation



 Operational Team 1: Low performing districts

 Operational Team 2: all other districts

# Adjusted FM Coverage in Low Performing Districts Afghanistan 2012-13

DISTRICT	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	SIAS LPD	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	31-2 april				
Kandahar	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	92.7	2	28/10/12		
SHAH WALI KO	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	72.2	0		1	17/03/2013
ARGHANDAB	75.4	73.3	77.1	78.5	84.9	89.9	77.4	not planned	not planned	85.5	94.3	99.7	86.4	92.6	0			
KHAKREZ	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	37.8	1	14/03/12		
MAIWAND	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	89.1	7	20/10/12	1	17/10/12
PANJWAI	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
SPIN BOLDAK	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	95.7	0		1	11/05/12
BUST (LashKar)	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	91.8	1	19/11/12		
NAHR-E SARAJ	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	86.4	6	21/10/12	1	15/11/12
NAD-E ALI	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	84.1	2	23/01/12	5	26/02/13
SARBAN QALA	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	94.1	1	20/07/12		
		<80%		80 to 85%				86 to 89% e						>=90%				

## Percent and Reasons for missed children in SIAs in Southern Region, Afghanistan-2012-13 Survey: Post Campaign household Assessment Surveys

Campaign	Total children screened in Survey	Total children Missed for vaccination	
		Number	%
December SNIDs	38122	3963	10.4%
Jan 2013	34073	3311	9.7%
Feb 2013	75661	5888	7.8%
Mar 2013	76488	5736	7.5%

### Management remains the major challenge:

On average 54% of the children missed because they were not available at time of team's visit. The re-visit strategy is not implemented correctly

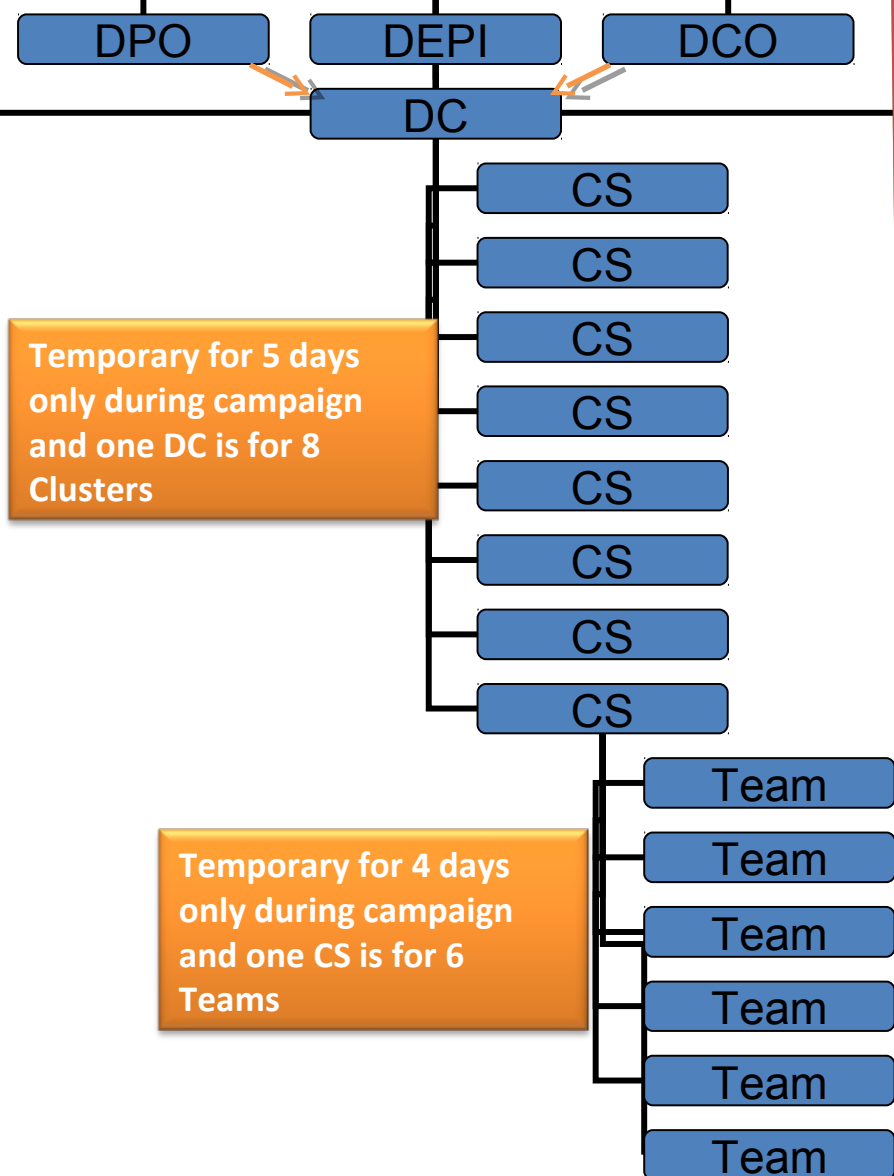
On average 20% of the missed children are not vaccinated as the teams did not visit their house indicating issues poor quality of supervision and planning in these areas

Almost 21% of children missed because in those houses where teams visited, they missed the newborn , sick and sleeping children

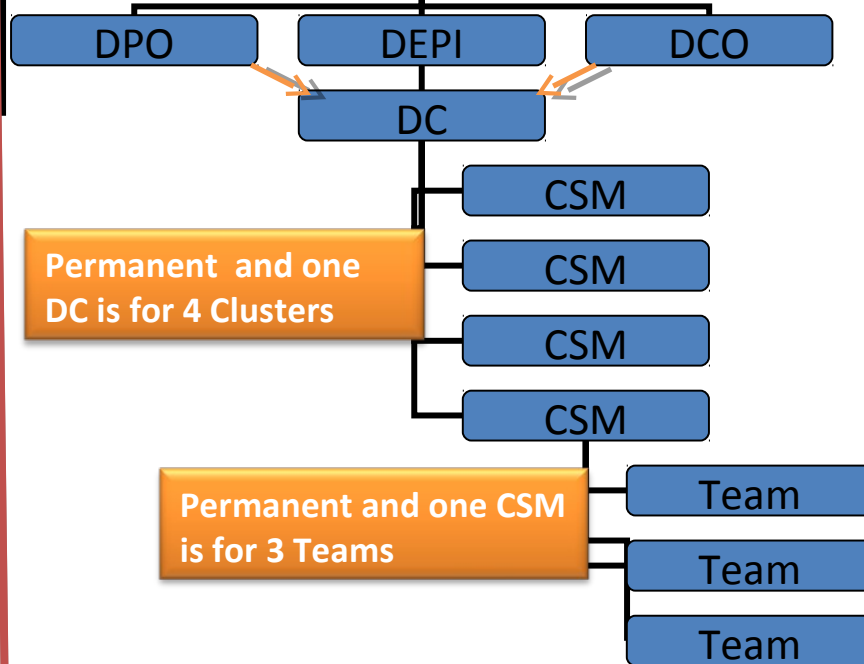
Only 3% refused to vaccinate the children.

# New HR Surge District Level in Low Performing Districts Southern Region Afghanistan

## Current Structure



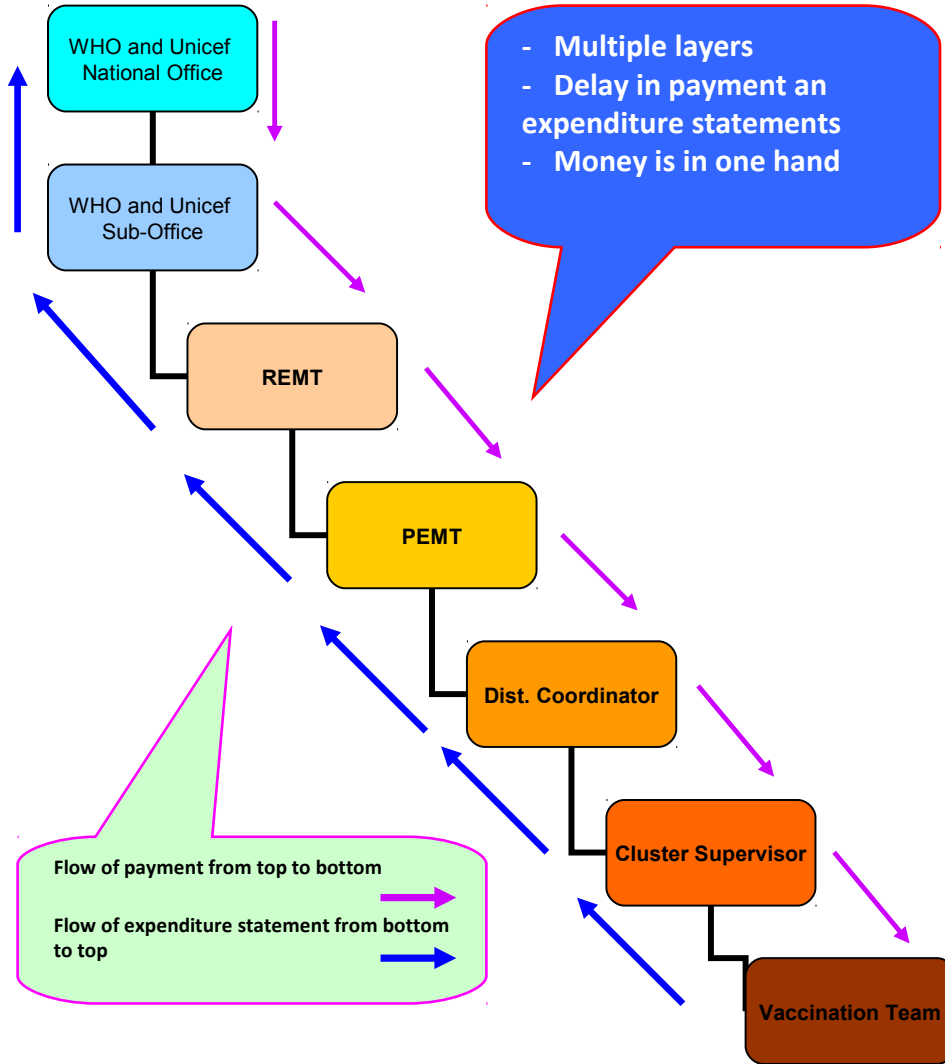
## Newly proposed Structure



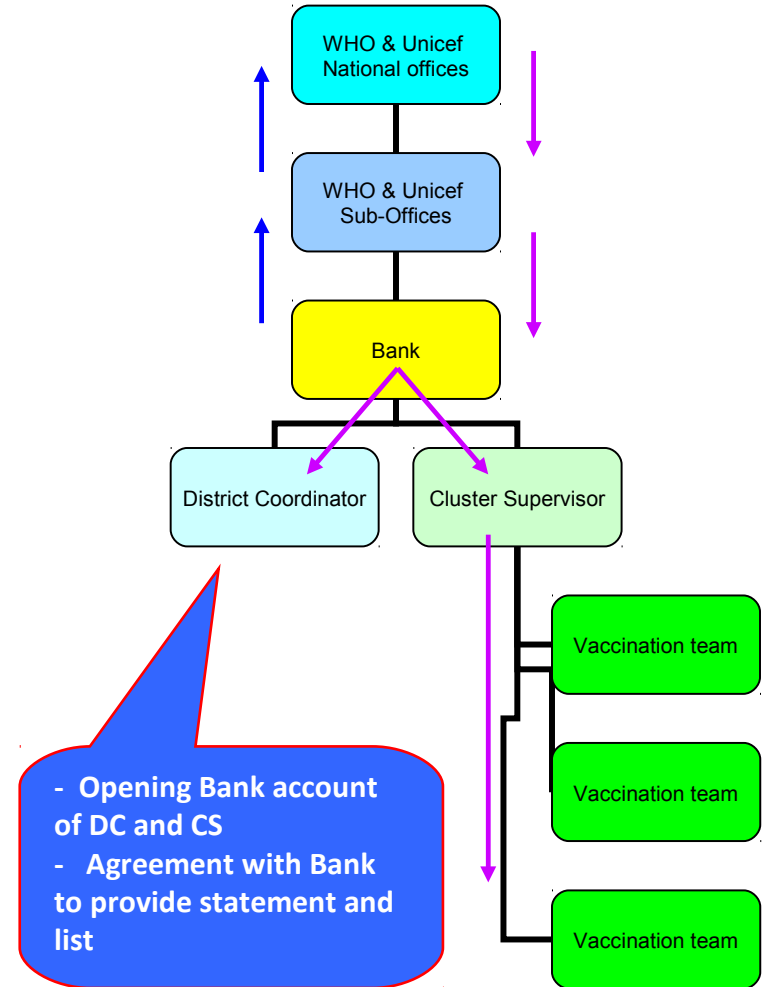
**DPO - DISTRICT POLIO OFFICER**  
**DEPI - DISTRICT EPI MANAGER**  
**DCO - DISTRICT COMMUNICATION OFFICER**  
**DC - DISTRICT COORDINATOR**  
**CSM - CLUSTER SUPERVISOR/MOBILIZER**

# SIAs Payment System: New HR Surge District Level in Low Performing Districts Southern Region Afghanistan

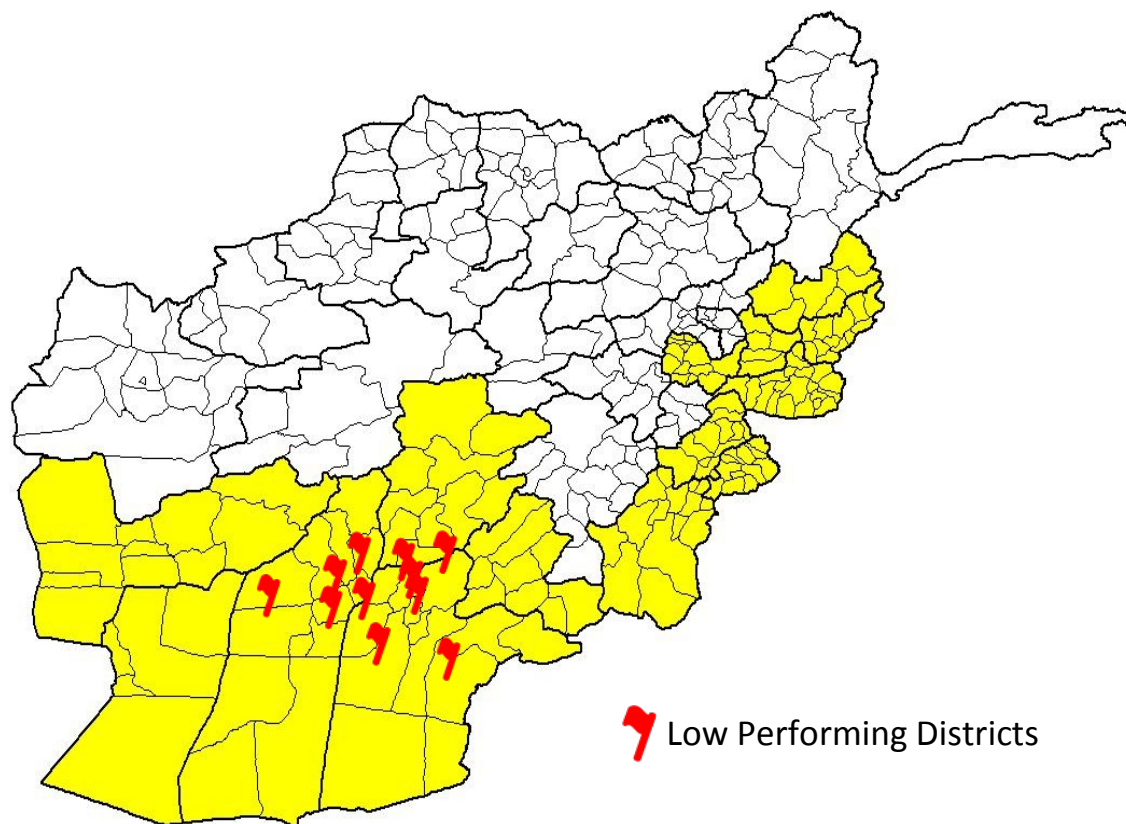
## Current payment structure



## Newly proposed payment structure



# Strengthen Monitoring and Evaluation: Polio Control Rooms



**Target : Establish PCR in 14 Provinces and 20 LPDs in two phases**

**Phase 1: 11 LPDs and 4 Provinces in South**

**Phase 2: Establish PCR in rest of the Provinces in East and South-East**

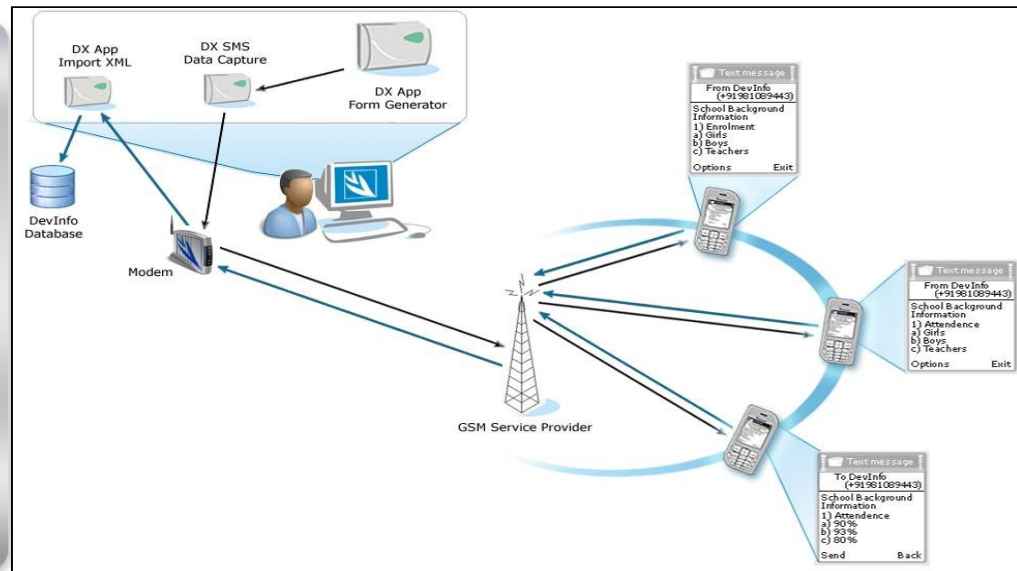
## **Update:**

- PCR at National level in 4 provinces and 11 LPDs are fully established.
- Training conducted for all staff, Reporting formats are finalized
- PCRs are functional and first report will be generated in SIAs planned for May 05-07.



# Strengthen Monitoring & Evaluation: Use of mobile technology

- ❖ Mobile technology for M&E in 4 areas – all to be linked to PCRs:
    - **SMS use for reporting by communication network** from district and provincial level - **started**
    - **Telephone surveys to monitor payments** to volunteers and social mobilizers.
    - **Telephone surveys to identify missed children and areas.**
    - **SMS use to and from field to track the logistic supplies.**
- (last 3 - programmes developed, supplies procured, trainings to begin soon)



# Strengthen Monitoring and Evaluation: Dashboards

Dashboard being produced for all LPDs for key pre, intra & post-campaign indicators  
Being shared with decision makers at provincial and district level

Name of District: <b>Maywand 2407</b>												
Campaigns in 2012	Preparedness Indicators (Precampaign)			Process Indicators Intra campaign Monitoring					Outcome Indicators: (Post Campaign Assessment)			
	District Coordination Committee Meeting Held	% of volunteers attended in training sessions	Zero Dose AFP case reported this month	Teams			Supervisors		% of Finger Mark Coverage	% of awareness	Proportion of missed children due to "No team"	# Inaccessible children
				Teams are resident of area	Going house to house	Recording absent children	Resident of the areas	Visiting teams in the field				
	1	2	4	5	6	7	8	9	10	11	12	13
Oct-2012	No	85	No	100	80	60	100	80	72	49	25	7565
Dec-2012	Yes	87	No	100	100	14	100	86	82	43	20	4305
Jan--2013	Yes	84	Yes	100	100	13	100	88	83	55	28	2259
Feb--2013	Yes	86	No	100	100	14	95	84	90	83	43	601
3-5 Mar--2013	Yes	87	No	100	100	11	94	88	85	73	16	383
Mar SR1--2013	Yes	85	No	96	100	8	95	84	89	68	4	383
31 Mar-2 Apr --2013	Yes	84	No	94	100	15	95	89	90	84	8	383
		90 - 100%		90 - 100%	90 - 100%	90 - 100%			90 - 100%	90 - 100%	< 05%	
		80 - <90%		80 - <90%	80 - <90%	80 - <90%			80 - <90%	80 - <90%	05 - 10%	
		<80%		<80%	<80%	<80%			<80%	<80%	>10%	

**LQAS is implemented in Afghanistan from April NIDs. This exercise is done in 24 districts (Lots) of 6 Regions. Results are being processed to take actions**



# Social Mobilization in 11 Low Performing Districts

Target: cover 100% clusters in LPDs with Social mobilizers

Baseline: March 2012- **26% clusters covered**

Update: April 2013- **92% clusters covered**

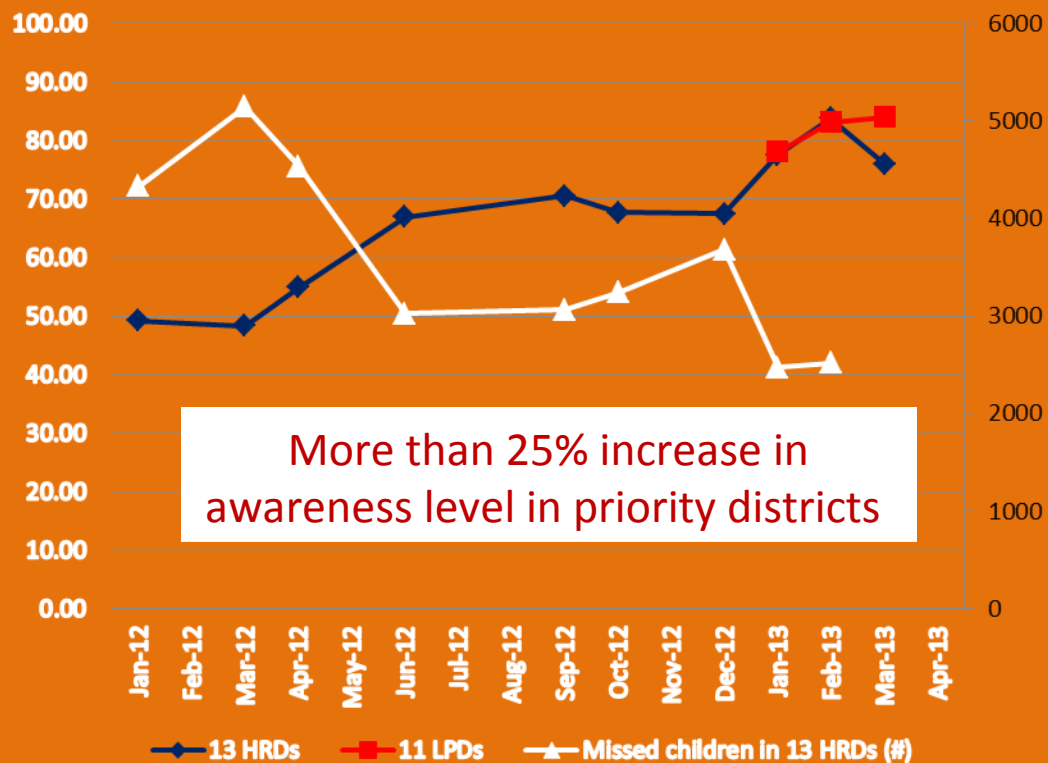
Target: recruit 2675 Social mobilizers

Baseline: March 2012- **1151 SMs**

Update: April 2013- **2398 SMs**



Trend in caregivers awareness levels and # of missed children in high risk/ low performing district in Afghanistan  
Jan 2012 to Feb 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 <b>Achieved</b>	Target: 9	Target: 7	50% Decrease
2	Number of reported inaccessible children in Southern Region	<b>15,098</b>	Target: 12000 <b>Not Achieved: 12603</b>	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 <b>Not Achieved: 102433</b>	Target 75000	50000	>50% Decrease
4	Number and % of zero Dose AFP cases of age less than 5 years in Southern Region	<b>17%</b> <b>(44/120)</b>	<b>Target: 12%</b> <b>Achieved: 9% (5/57)</b>	<b>Target: 7%</b>	<b>Target &lt;5%</b>	>50% Decrease
5	% of High Risk Cluster covered through ICN	75%	Target: 80% <b>Achieved :85%</b>	Target 85%	90	15% increase
6	% Awareness level in LPDs	65%	Target: 70% <b>Achieved :82%</b>	Target 80%	90%	>25% increase
7	Stop Polio virus circulation in Kunar, Nangarhar, Khost and Paktika provinces.	12 Polio Cases	<b>Target: Stop outbreak by end of June 2013</b> <b>Two cases reported in January and March</b>			
8	Number of year to date Polio confirm cases in province Helmand and Kandahar	<b>22</b>	<b>Target: stop transmission by end of June 2013</b> <b>No case reported as on March 31</b>			
9	Number of year to date Polio confirm cases in Farah province	<b>1</b>	<b>Target: stop outbreak by end of June 2013</b> <b>No case reported in last 6 months</b>			

# Strengthening Routine EPI: Using PEI Network

- Routine services expanded from 1351 Fixed Center in 2010 to 1451 in 2012. Services are through BPHS NGOs. Hepatitis B and Hib are introduced in 2006 in 2009. Introduction of Pneumococcal is planned.
- Using AFP surveillance data to strengthen Routine

EPID	PROVINCE	DISTRICT	VILLAGE	% DPT 3
AFG/02/10/204	SAMANGAN	AYBAK	Jo-i-Zandan	15
AFG/02/10/238	SAMANGAN	KHURAM WA SARBAGH	Baba Qambar (1)	24

- PPOs Regular supervision of Fixed centers and assist Measles and TT SIAs, Supporting District team in EPI district micro planning
- Routine EPI coverage in Southern region, particularly in the LPDs remain very low (<20%).
- BPHS NGOs accountability is challenging
- **Five Main Areas of improvement:** Streamlining data discrepancies, strengthen monitoring, regularize out-reach services, RED approach

# Challenges and Risks

---

- **Reducing proportion of missed children in the accessible areas due to team performance and quality of supervision and monitoring**
- **Inaccessible children in south, Kunar and Nuristan**
- **Routine EPI coverage in Southern region, particularly in the LPDs remain very low (<20%). BPHS NGOs accountability is challenging**
- **Management issues, particularly monitoring performance and appraisals at district level.**

**Thank You**

**Questions, Comments**