2nd Quarterly outbreak Response assessment

Somalia

30/04/2014

Objectives

- To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission within six months of detection of the first case, as per WHA-established standards, or as quickly as possible if this deadline has been missed, with a focus on status of implementation of previous 3 month assessment recommendations.

- To provide additional technical recommendations to assist the country meet this goal

Schedule

Activities	Date	Day	Venue
Arrival of assessment team members	20-Apr	Sunday	-
Technical Briefing	21-Apr	Monday	WHO Somalia Office
Security Brefing	21-Apr	Monday	WHO Somalia Office
Travel to Field	22-Apr	Tuesday	-
Field assessment	22 to 27 Apr	Tuesday- Sunday	***Team 1: Mogadishu/ Beletwein,*** ***Team 2: Baidoa/ Dollo,*** ***Team 3: Garowe/Bossaso,*** ***Team 4: Hargesia/ Berbera***
Feedback to the partners in field	26-Apr	Saturday	-
Return from field	27-Apr	Sunday	-
Desk review and interaction with Government, Lab and Key partners	22 to 29 Apr	Tuesday to Tuesday	WHO Somalia Office, UNICEF, KEMRI Lab and Other stakeholders
Compilation of findings	28th-29th Apr	Monday-Tuesday	WHO Somalia Office
Debriefing	30-Apr	Wednesday	WHO Somalia Office
Preparation of POA	01-May	Thursday	-
Departure of assessment team members	01-May	Thursday	-
First draft of report	07-May	Thursday	-
Submission of final report	14-May	Thursday	-

Assessment teams

Area for field assessment		S/N	Team Members		Departure date	Return date
			Name	Organization		
Nairobi	Nairobi	1	Brigitte Toure	UNICEF		
		2	Sara Lowther	CDC		
		3	Subroto Mukherjee	USAID		
Somaliland	Hargesia and Berbera	1	Sue Gerber	WHO/ BMGF	22-Apr	27-Apr
Puntland	Garowe and Bossaso	1	Hala Safwat	WHO/ EMRO	22-Apr	27-Apr
		2	Leila Abrar	UNICEF Kenya	22-Apr	27-Apr
South Zone	Baidoa and Dollo	1	Hemant Shukla	WHO	22-Apr	27-Apr
		2	Rustam Haydarov	UNICEF	22-Apr	24-Apr
Central Zone	Mogadishu and Beletwein	1	Sam Okiror	WHO	22-Apr	27-Apr
		2	Magdi Sharaf	WHO	22-Apr	27-Apr

Methodology

- Desk Review of relevant documents
- Field observation/assessment to areas affected and or areas at risk to evaluate the plan, process, implementation of the quality of outbreak response including supporting structures
- Key informant interviews of national, sub national officials, NGOs and other partner organizations involved in polio eradication activities
- feedback to the Government authorities and national and Zonal partner teams

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Appropriateness of immediate outbreak response activities as per WHA Resolution, 2006 (WHA59.1)
- Effectiveness of partner coordination during outbreak response
- Quality of SIAs – planning, delivery, monitoring , communications, adequacy of vaccine supply and appropriateness of the type of vaccine used
- Effectiveness of strategies to reach Non SIA areas
- AFP surveillance sensitivity
- Routine Immunization performance
- Adequacy of human resources to carry out effective response activities

Questions to be answered

- Were recommendations of previous outbreak response assessment fully implemented?
- Did the outbreak response activities meet the outbreak response standards (WHA 59.1 (RC61) particularly in terms of appropriateness ?
- Have national authorities and supporting partners played their role as laid down in WHA and RC resolutions for effective polio outbreak control?
- How likely is it that the currently implemented SIA strategy will interrupt transmission and what are the risks for further spread?
- *In Non SIA (Inaccessible) areas, are all possible measures being taken to reach with the vaccine including preparedness for newly opened areas?*

Questions to be answered

- Is AFP surveillance sensitivity currently adequate to detect all transmission, *including in Non SIA (inaccessible) areas*?
- Is the communication response plan adequate to ensure the sensitization and mobilization of all targeted populations?
- Does the country have additional unmet financial or resource needs that need to be addressed to further strengthen the implementation of immunization and surveillance activities?
- What are the remaining risks to stopping the outbreak and for further spread ?
- Have the polio outbreak response activities being undertaken in a manner that would strengthen routine immunization performance

Were recommendations of previous outbreak response assessment fully implemented?

Status of implementation of previous outbreak response assessment recommendations…1

Key recommendations:	Status
Exemplary government commitment to stopping polio transmission in Somalia should continue by declaring the current polio outbreak a national public health emergency.	Achieved, Concern on complacency setting in
The Somalia Outbreak Response Plan should be reviewed to ensure that the key strategies and activities not yet implemented are fully implemented by 1 November 2013 and should be shared with the other Horn of Africa countries on a monthly basis.	Achieved, but need to share with HOA countries
Somalia must now begin longer term planning efforts to ensure enhanced SIA and surveillance activities can continue through to June 2014.	Achieved

Status of implementation of previous outbreak response assessment recommendations…1.1

Key recommendations:	Status
An aggressive and flexible SIA campaign schedule must be maintained in Somalia until June 2014. Additionally, all age campaigns should be considered across the country as early as October 2013.	Achieved
Funding gaps in maintaining the current organogram structure through June 2014 should be raised with regional and headquarters level management.	Achieved

Status of implementation of previous outbreak response assessment recommendations…2

Coordination recommendations:	**Status**
Following each campaign, campaign reviews should be conducted to assess data and field observations, and prioritize resources and supervision for future campaigns. The notes and findings at each operational level of the campaign should be reviewed and shared with Nairobi.	Partially achieved, need to strengthen further in terms of regularity and follow up
Weekly coordination meetings for both operations and communications in each zone should be officially established with notes and actions recorded.	Partially achieved
The national team should designate a cross border coordinator to support coordination with the HOA countries and implementation of cross-border recommendations in Somalia.	Achieved

Status of implementation of previous outbreak response assessment recommendations…3

SIA recommendations:	Status
The Permanent Vaccination Post (PVP) strategy should be rapidly scaled-up to be operational by the end of September 2013 in: • All identified transit sites continuing to cover children less than ten years old. • All IDP camps covering all age groups.	Achieved, Up to 10 in IDP camps
SIADs should be implemented (and documented) in all newly accessible areas and IDP camps to boost immunity in these existing high-risk populations.	Achieved in 2/2 newly opened areas, Not in IDP camps
A standard template for team Microplanning that incorporates social/communication components should be finalized and shared with all zones for Implementation by October 2013.	Achieved
Microplan review should begin immediately by senior programme supervisors in highest risk areas as recommended in the Somalia Outbreak Response Plan – Zones should report monthly on areas where micro-plan reviews have been conducted.	Achieved, need to be strengthened (esp Puntland)

Status of implementation of previous outbreak response assessment recommendations…4

SIA recommendations:	Status
The training package for the immunization workforce should be urgently reviewed. This training package should include elements on proper house and finger marking, re-visiting missed children and tracking refusals, effective Microplanning, social mapping, and supervision.	Achieved, Not in Somali Language, should have more detail on revisit and FAQs
Post campaign independent monitoring and Campaign rapid assessment (CRA) should be expanded to all accessible districts from October 2013.	IM- Partially achieved (37/51 in SCZ; 25 out of 38 in SL and PL), CRA- Achieved
A standard set of campaign quality analyses should be developed and produced within 2 weeks of every SIA in order to track progress.	Partially Achieved; Being done at Zonal level, not national level
The programme should prioritize improving campaign quality in accessible areas through increased field supervisory visits from the national and zonal level to ensure direct oversight of activities.	Partially achieved; Security clearance and resource constraint, should explore places possible.

Status of implementation of previous outbreak response assessment recommendations…5

SIA recommendations:	**Status**
Standard SOPs should be developed for both communication announcers and community mobilizers to clarify their respective roles and objectives.	Achieved
UNICEF should consider recruiting a social data analyst.	Not achieved, in process

Status of implementation of previous outbreak response assessment recommendations…6

AFP Surveillance recommendations:	**Status**
Focus should be given to improving active case search in hospitals and in reporting sites that border inaccessible populations.	Achieved in SCZ
A one-day AFP sensitization-training package should be developed and conducted at major hospitals, nursing schools and public health institutes before the end of 2013.	Partially achieved
Village polio volunteers need to be engaged and trained to support AFP surveillance in selected areas.	Achieved. Trained by DPO and AFP booklet given. (No VPV in Dinsoor)

Status of implementation of previous outbreak response assessment recommendations…7

Routine Immunization recommendations	**Status**
WHO and UNICEF should support the establishment of EPI services in all hospitals by the end of 2013.	Not achieved
The assessment team identified routine immunization stock-outs at regional, district and health facility levels. Stock-out information collected weekly by district polio officers (DPOs) should be shared with UNICEF for enhanced tracking and follow up of RI stock management and distribution.	Being done at zonal level Routine Vaccine stock out in SCZ seen

Status of implementation of previous outbreak response assessment recommendations…8

Human Resource recommendations	Status
There is an urgent need to finalize recruitment of security and national surge staff as well as the village polio volunteers, all of which are vacant on the joint WHO/UNICEF organogram.	Achieved
UNICEF should advertise and recruit for a Nairobi based SIA Coordinator responsible for overall coordination of UNICEF partnership responsibilities.	Achieved
WHO/UNICEF staffing at all levels should be stabilized and consistence through the duration of the outbreak.	Partially Achieved

Did the outbreak response activities meet the outbreak response standards (WHA 59.1 (RC61) particularly in terms of appropriateness ?

Speed and appropriateness of outbreak response activities as per WHA Resolution, 2006 (WHA59.1)

Indicators	Status
Number of SIAs, dates, type of vaccines, target age groups, and areas covered during outbreak immunization response activities were appropriate	Yes
At least two full immunization rounds in the target areas after the most recent WPV detected case confirmation	Yes
SIA coverage at least 95% as evaluated by IM data	No
Response plan was followed during outbreak response	Yes

SIAs plan 2013

	Date	Campaign type	Area	Target	Target pop	Vaccine
Round 1	**14 - 17 May**	**sNID**	16 districts of Benadir	Under 5	367,206	tOPV
	15 - 18 May		Afgoye district	Under 10	90,862	tOPV
Round 2	**26 - 29 May**	**sNID**	16 districts of Benadir	Under 10	34,413	bOPV
	26 - 29 May		Other accessible areas of South and Central regions + Puntland	Under 5	927,641	tOPV
Round 3	**12- 18 June**	**NID**	16 districts of Benadir	All ages	1,800,000	bOPV
	12 - 17 June		Other accessible areas of South and Central regions	Under 10	1,447,154	bOPV
	12 - 15 June		Puntland + Somaliland	Under 5	616,852	bOPV
Round 4	**1 - 6 July**	**NID**	All accessible areas of South and Central regions	All ages	5,453,915	bOPV
	1 - 4 July		Puntland + Somaliland	Under 5	616,582	bOPV
Round 5	**21-25 July**	**NID**	All accessible areas of South and Central regions	Under 5	1,707,365	bOPV
	25-29 July		Puntland + Somaliland			
Round 6	**18 - 21 Aug**	**NID**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 10	3,440,533	bOPV
Round 7	**15 - 20 Sept**	**NID**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 10	3,440,533	bOPV
Round 8	**20 - 26 Oct**	**NID**	All accessible areas of South and Central regions + Puntland + Somaliland	All ages	8,538,175	bOPV
Round 9	**17 - 20 Nov**	**NID**	All accessible areas of South and Central regions	Under 5	1,707,365	bOPV
			Puntland + Somaliland	Under 5		
Round 10	**Dec**	**CHDs**	All accessible areas of South and Central regions + Puntland & Somaliland if funding allows	Under 5	1090783 + 616852 = 1707365	bOPV, Measles along with Vit A, Albendazol and ORS

SIA plan 2014 Jan-June

Round NO	Date	Campaign type	Area	Target	Target pop	Vaccine
Round 1	**19-22 Jan**	**SIAD**	Bari region	Under 5	118,394	**bOPV**
Round 2	**26-29 Jan**	**NIDs**	All accessible areas of South and Central regions	Under 5	1,076,717	**bOPV**
	P1: 28-31 Jan **P2: 4-7 Feb**		P1 = Puntland zone except Bari Region P2 = Bari region	Under 5	454,265	**bOPV**
	30 Jan – 2 Feb		Somaliland	Under 5	566,912	**bOPV**
Round 3	**16-19 Feb**	**SIAD**	Bari region	Under 5	118,394	**bOPV**
Round 4	**P1: 14-18 Feb** **P2: 21-25 Feb**	**CHDs**	Somaliland	Under 5	566,912	**bOPV**
	P1: 16-20 Feb **P2: 27-3 Mar**	**CHDs**	P1 = Puntland zone except Bari Region P2 = Bari region	Under 5	454,265	**bOPV**
	16-19 Feb	**SNIDs**	All accessible areas of South and Central regions	Under 5	1,076,717	**bOPV**
Round 5	**11-14 Mar**	**SIAD**	Bari region	Under 5	118,394	**bOPV**
Round 6	**23-26 Mar**	**NIDs**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 5	2,097,894	**bOPV**
Round 7	**20-22 Apr**	**SNIDs**	All accessible areas of South and Central regions + Puntland	Under 5	1,530,982	**bOPV**
Round 8	**18-21 May**	**NIDs**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 5	2,097,894	**bOPV**
Round 9	**15-18 June**	**SNIDs**	All accessible areas of South and Central regions + Puntland	Under 5	1,530,982	**bOPV**

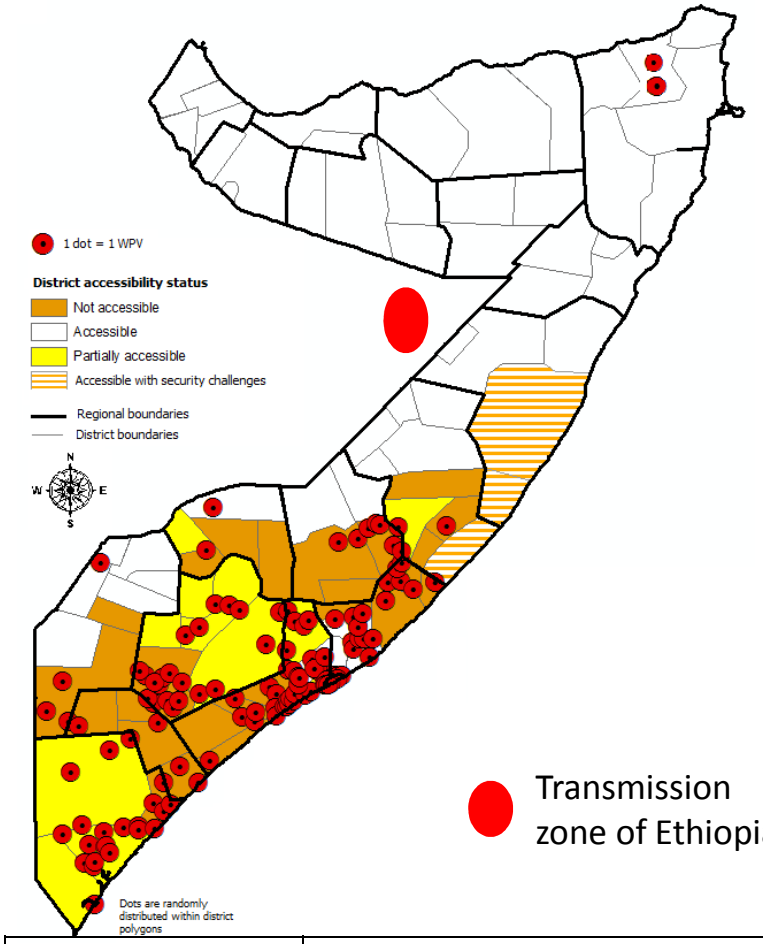
- In the second half of 2014, there is plan to conduct 2 NIDs and 1 CHDs. Areas for SNIDs can be expanded depending on the evolving poliovirus epidemiology

What has been the impact of the response on the outbreak?

WPV cases in Somalia, 2013

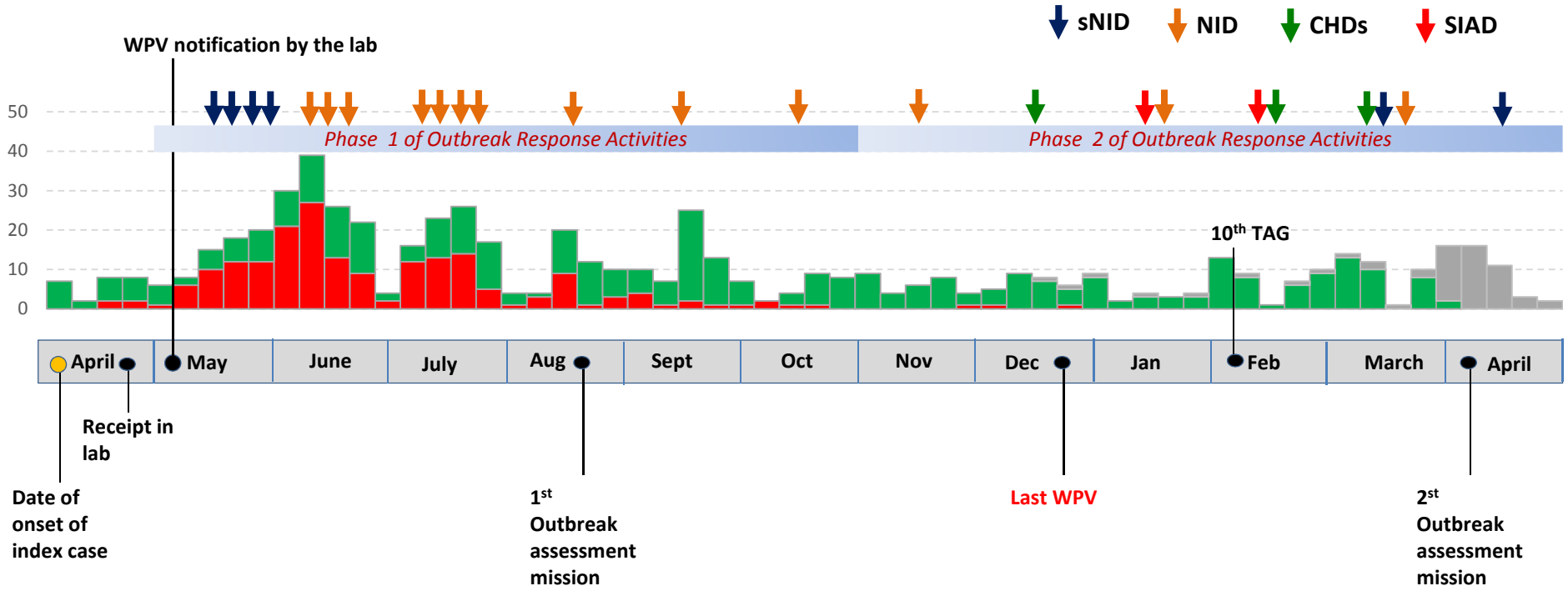
- First case: 17th April, Banadir
- Last WPV in AFP case:
  - Banadir: 19th July
  - Inaccessible SCZ: 26th Nov in Gedo (Bardera)
  - Accessible SCZ: 14th August in Jowher, Middle Shabelle
  - Somalia: 20th Dec, Bari, Puntland

- Positive environmental sample in Nairobi, Kenya (Oct'13) with genetic linkage to Somalia (July case)
- Last WPV in AFP case in Ethiopia:
  - 5th January: Warder, Somali region

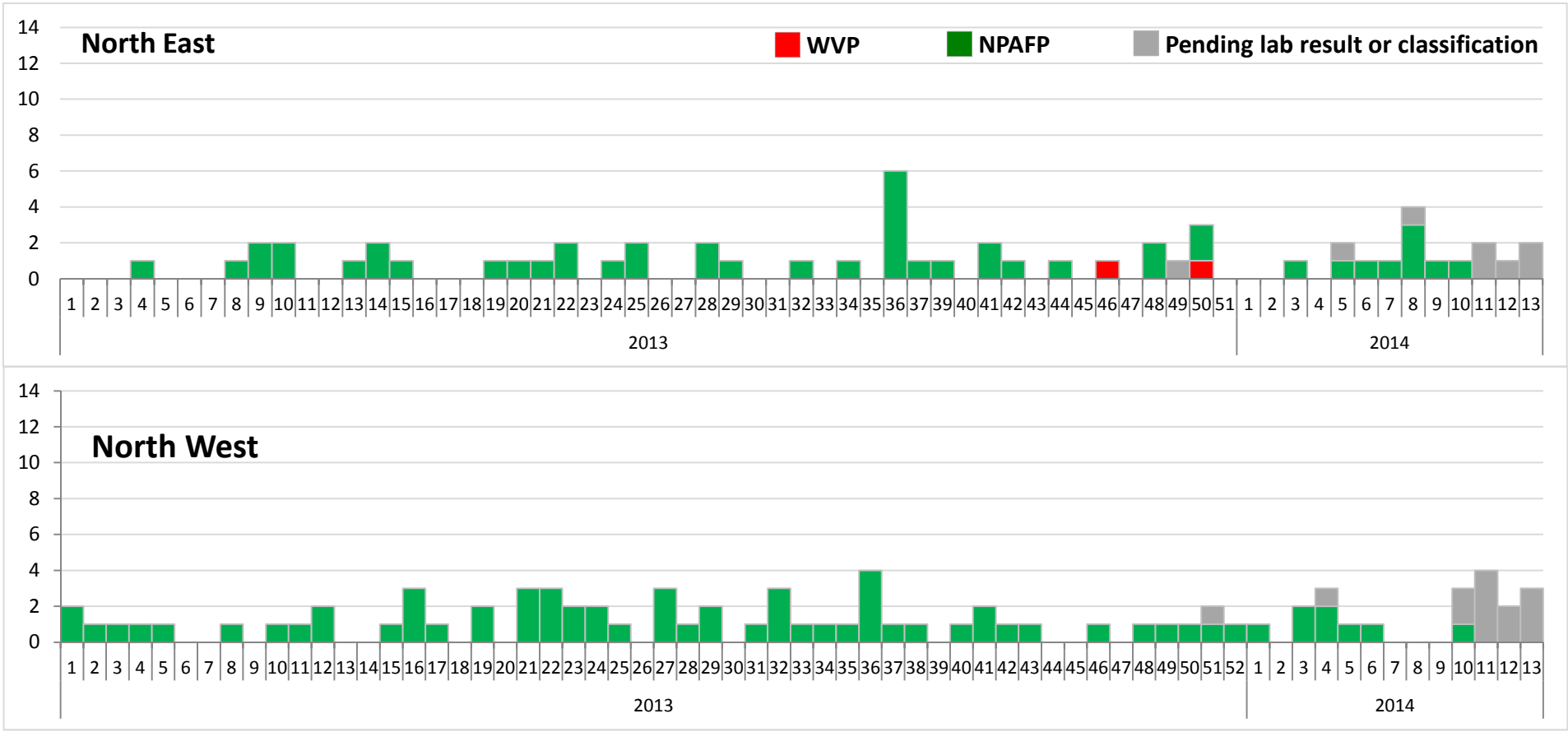


ZONE	Number of WPV cases
CENTRAL	139
NORTH-EAST	2
NORTH-WEST	0
SOUTH	53
TOTAL	**194**

Epi curve of Somalia




Banadir only
WVP
NPAFP
Pending lab result or classification
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 1 2 3 4 5 6 7 8 9 10 12
2013
2014
All districts of SC zone except Banadir
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 1 2 3 4 5 6 7 8 9 10 11 12
2013
2014
Inaccessible districts of South Central zones
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 42 43 44 45 46 47 48 49 51 1 2 3 4 5 6 7 8 9 10 11 12
2013
2014


North East
WVP
NPAFP
Pending lab result or classification
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 39 40 41 42 43 44 45 46 47 48 49 50 51 1 2 3 4 5 6 7 8 9 10 11 12 13
2013
2014
North West
14
12
10
8
6
4
2
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13
2013
2014

Have National authorities and supporting partners played their role in coordinated manner for effective polio outbreak control?

Effectiveness of partner coordination during outbreak response

- WHO and UNICEF have designated outbreak focal persons at National and Zonal level
- Polio Focal persons in Ministry
- SITREP has been merged with weekly polio update.
- Coordination mechanisms:
  - Weekly meeting of WHO and UNICEF at Nairobi
  - Weekly meeting at Zone level needs strengthening
- Overall good coordination between WHO and UNICEF, can be strengthened further in some zones.
- Good coordination with other UN agencies, but need to be sustained.
- Task force formed in Somaliland and Puntland.

How likely is it that the currently implemented Polio Vaccination strategy will interrupt transmission?

Quality of SIAs: % Coverage as per IM

% Coverage as per IM

Zone	Sep 13	Oct 13	Nov 13	CHD	Jan 14	Feb 14	Mar 14
South	94	84	84	No IM	87	87	89
Central	78	94	88	No IM	78	86	-
NEZ	95	92	91	No IM	94	96	97
NWZ	90	77	83	No IM	81	-	91

Number of districts with IM

Zone	SIA Districts	Sep 13	Oct 13	Nov 13	CHD	Jan 14	Feb 14	Mar 14
South	**16**	8	8	10	0	12	13	13
Central	**36**	0	26	26	0	30	7	24
NEZ	**19**		5	5	0	8	3	8
NWZ	**19**	5	6	9	0	9	No NID	15

Quality of SIAs: Field Observations…1

- Monitoring mechanism in place:
  - Most Independent Monitors (IM) from health or educational institutions and are being managed by NGOs or Educational institutions
  - Area selection for monitoring needs to be strengthened.
  - IM Data being analyzed at zonal level for action, need to share C4D related data with the partners
  - IM data need to be analyzed at national level and over the rounds

- Coverage:
  - Coverage as per IM data is close to 90%.
  - Field Observation: Coverage close to 90% in IDPs and around 85% in community in Puntland; >90% in South Zone and central zone.
  - Missed children reasons: Child not available, team error or refusals

Quality of SIAs: Field Observations…2

- Fund flow:
  - Fund flow for SIA Operations is timely
  - Permanent Transit Point Vaccinators not paid since January
  - NGO partners responsible for C4D not received funds Since Jan 2014 in SCZ
- Vaccine flow:
  - Timely availability of vaccine at all places
  - Vaccine prepositioned for newly opening areas.
  - Cold chain a concern, not enough IP freezing capacity or cold chain capacity.
- Documented plan for Supervision from Government exists and filled formats submitted by them seen. Need to strengthen quality of feedback (identification of specific problems) and follow up.
- Government well engaged in the program. There is need for structured engagement at region and district levels.

Quality of SIAs: Field Observations…3

- Supervision:
  - Well structure for supervision exists
  - DFAs moving in field but there is scope of improving quality of field supervision.
  - The data from supervision is being analyzed and used.

- Micro-planning:
  - In general better quality microplans with route map for teams and plan for coverage of special sites (Koranic Schools etc.) seen; are being updated before every round.
  - Special plans for high risk areas, special populations and hard to reach areas need to be strengthened.
  - Social mobilization component is not included in microplan.

Quality of SIAs: Field Observations…4

- Training:
  - New training module developed, need to be translated in local language
  - Training of vaccinators being done every alternate rounds
  - Documentation of trainings (attendance, participants etc.) needs to be improved

- Review mechanisms:
  - Good system of review meetings during campaign.
  - Post campaign review meetings being done in some zones, should be strengthened in quality and done consistently

Quality of SIAs…5

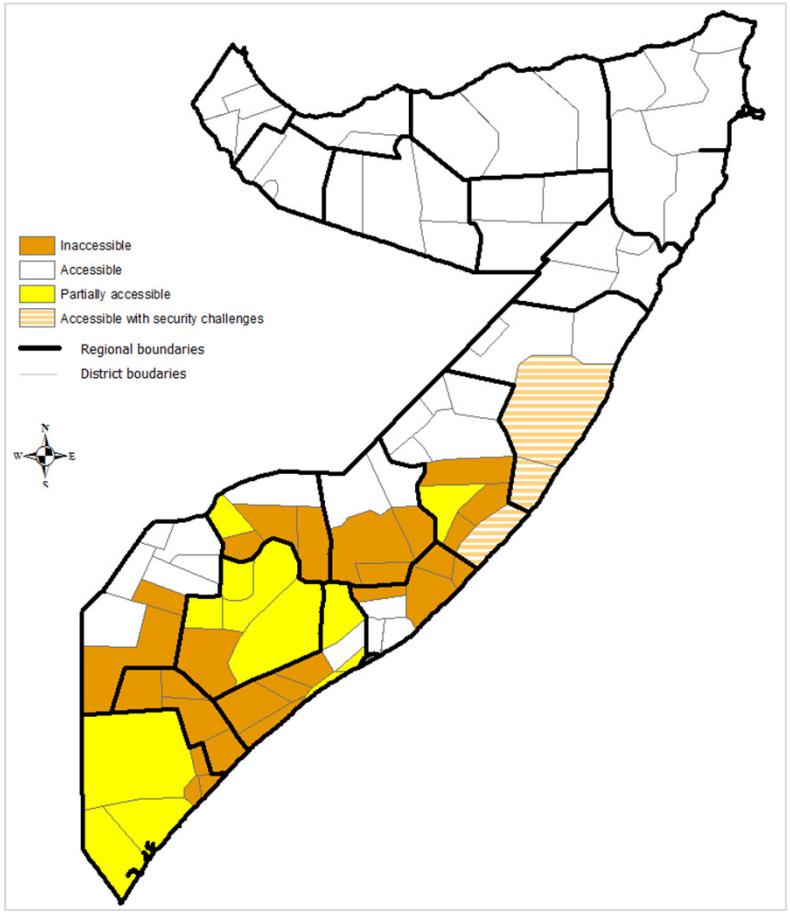
- Data:
  - Excellent data collection system
  - Being used by Zonal level and below for action, data managers on board
  - Need for streamlining data analysis at national level.
  - Target populations should be updated on regular basis, particularly in newly formed districts.

- Nomadic population, incoming population and population in movement are being identified, planned for coverage in SCZ but is not systematic and documented.

- Need to strengthen cross border activities particularly for permanent transit vaccination activity.

In Non SIA (inaccessible) areas, are all possible measures being taken to reach with the vaccine, including preparedness for newly opened areas?

Non SIA (Inaccessible areas)



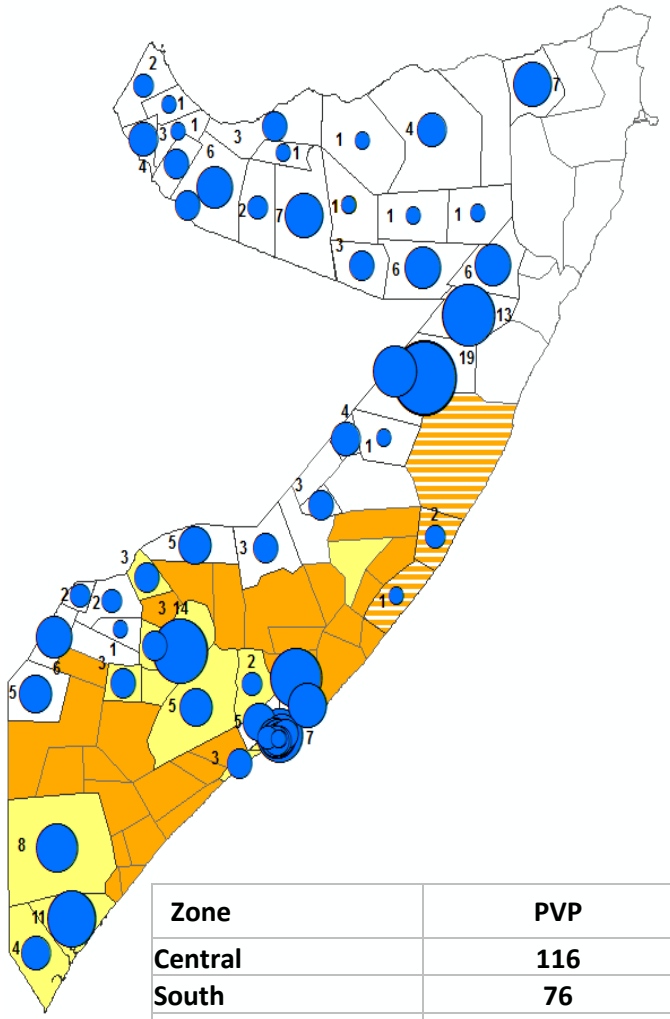
- 27 districts completely not accessible for mass immunization activities
- 12 districts partially accessible (SIAs possible in major towns but not rural areas)
- 572,490 unreached under 5 children.
- Area not covered since 2009.

Strategies:

- Alternate strategies for vaccine delivery in Non SIA areas
  - Permanent vaccination points
  - Other opportunities
- SIADs in newly opened areas
  - Preparedness

Permanent vaccination posts (PVP) at cross border and transit points

- Functional, need to improve planning
- Covering all age at transit points coming out from inaccessible areas, rest of the points <10.
- Need to differentiate transit posts around inaccessible areas
- Need of better coordination at Ethiopia Somalia border.
- Quality of data is concern in some areas and need to be analysed.
- At important transit points, shelter should be provided.



Zone	PVP
Central	116
South	76
Somaliland	54
Puntland	54
Total	300

Number of children vaccinated at permanent transit points

Zone	November - 2013		December -2013		January -2014		February -2014		March -2014	
	No. Vacc	**% 0 dose**	**No. Vacc**	**% 0 dose**	**No. Vacc**	**% 0 dose**	**No. Vacc**	**% 0 dose**	**No. Vacc**	**% 0 dose**
Central	180732	0.0%	165695	1.7%	194751	1.4%	212984	1.0%	144,823	1.7%
Puntland	44815	0.3%	45463	0.6%	49109	0.5%	43052	0.3%	21,756	0.1%
Somaliland	15569	8.7%	14184	4.6%	17146	2.6%	14996	1.6%	7,319	1.6%
South	34929	0.0%	43092	8.3%	45972	8.9%	45853	10.9%	34,923	15.0%
Total	**276045**	**0.5%**	**268434**	**2.7%**	**306978**	**2.4%**	**316885**	**2.4%**	**208,821**	**3.7%**

- Target population for transit points < 10 year
- 300 transit points across Somalia

Data as of 4 April 2014

Non SIA (Inaccessible areas): Other opportunities

- Alternate strategies for vaccine delivery in Non SIA areas: Other opportunities
  - Good SOP in place
  - There is system of support in form of Microplanning, funding, training and vaccine supply
  - Activity conducted in some areas e.g. Buale and Hagar border
  - Other planned areas could not be done (Bardera, Tieglo, Jilib East and Buloburty)

Non SIA (Inaccessible areas): Newly opened areas

- Newly opened areas:
  - Mahaday & Bardera
    - Mahaday: 4 SIADs (3 under 10 and one all age)
    - Bardera: 4 SIAD (One under 5 and 3 under 10)

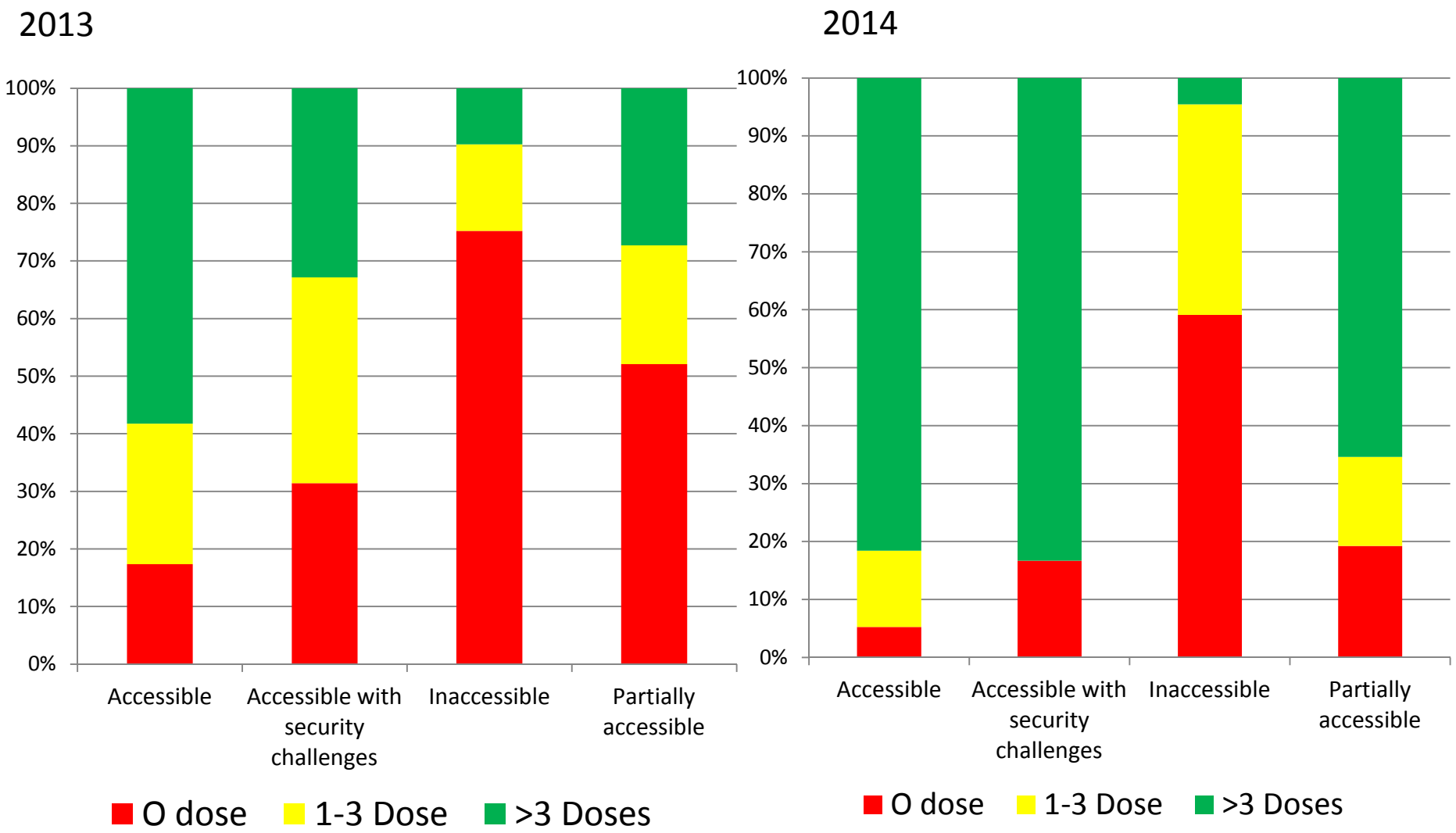
- Preparedness for new opening areas:
  - Assessment from AMISOM , OCHA and team on ground for conditions in process
  - Strategy: SIADs planned
  - Microplanning: Is being done, seen for some areas
  - Vaccine available and prepositioned at nearest hub: Mode and route of delivery being discussed.
  - Cold chain capacity is being assessed and strengthened

Non SIA (Inaccessible areas): Newly opened areas

District	Clearance	Cold Chain and Vacc Carrier	Vaccine	Microplan	Manpower
Buloburty	Awaited	Plan for assessment and supply being done.	Available, Mode of delivery to be discussed	Ready	In place
Burdubo	Awaited			Ready	In place
Wajid	Awaited			Ready	In place
Huddur	Awaited			Ready	In place
Quoruley	Awaited			Ready	In place
Dinsor	Not opening				
Bardera	Not opening				

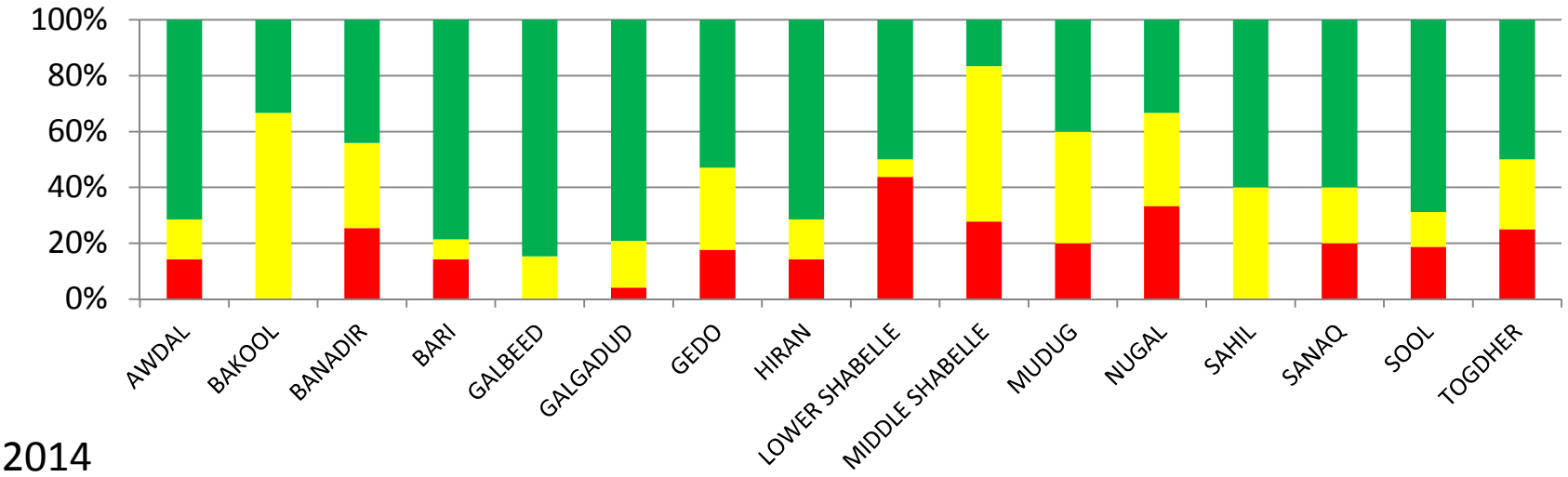
Estimated under 5 population: 53,303

OPV status of access status Somalia 2013 and 2014

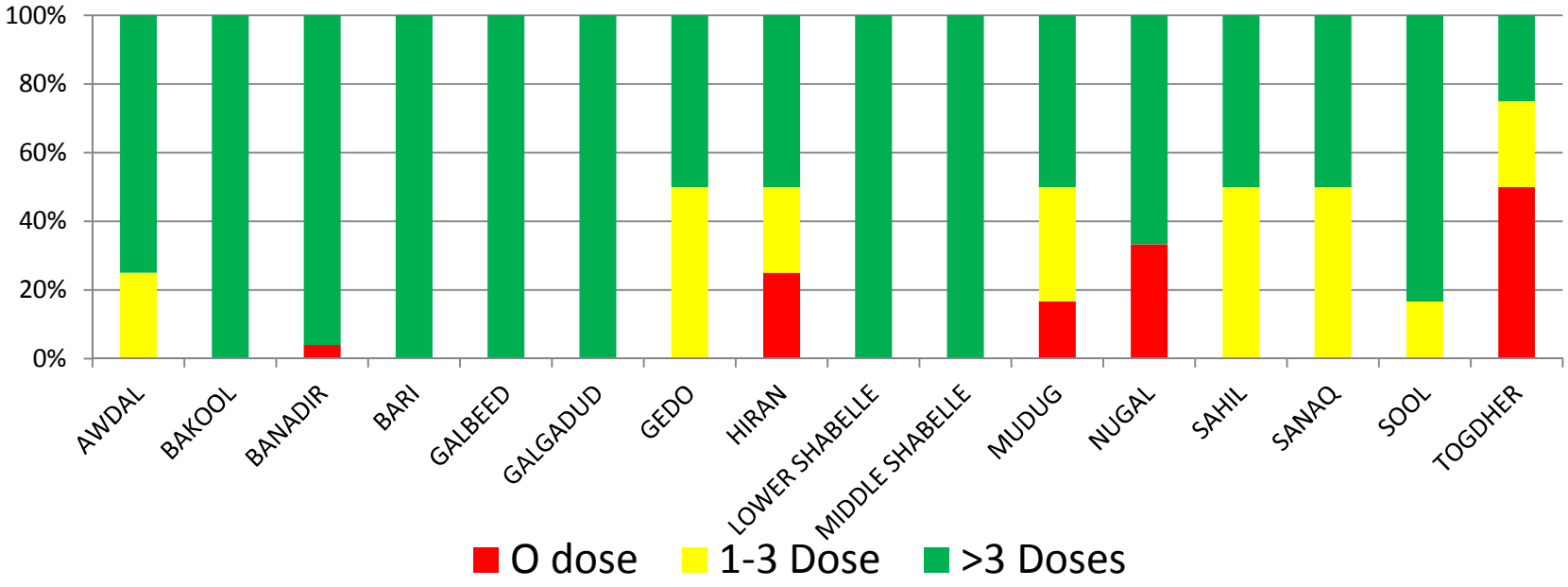


OPV status by accessible districts of regions

2013



2014



Is AFP surveillance sensitivity currently adequate to detect all transmission, particularly in Non SIA areas?

AFP surveillance sensitivity

Area	NPAFP Rate					Adequate Stool rate				
	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14
Central	1.4	4.8	6.3	6.2	7.3	100%	85%	82%	95%	100%
North E	5.6	8.4	9.4	9.1	8.2	100%	85%	92%	92%	88%
North W	3.7	4.9	5.4	5.0	2.6	100%	100%	100%	92%	100%
South	1.5	3.0	5.0	5.7	4.0	100%	93%	90%	96%	89%

Area	NPAFP Rate					Adequate Stool rate				
	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14
Access	3.1	5.7	6.8	6.4	6.9	100%	90%	96%	91%	95%
Inaccess	2.3	3.2	5.5	5.6	3.3	100%	78%	85%	95%	97%
Part. Acc.	1.1	3.8	5.9	6.5	5.5	100%	90%	85%	100%	92%
Acc S Ch	0.8	4.1	4.5	4.7	3.7	100%	97%	71%	100%	100%

NPAFP Rate by regions

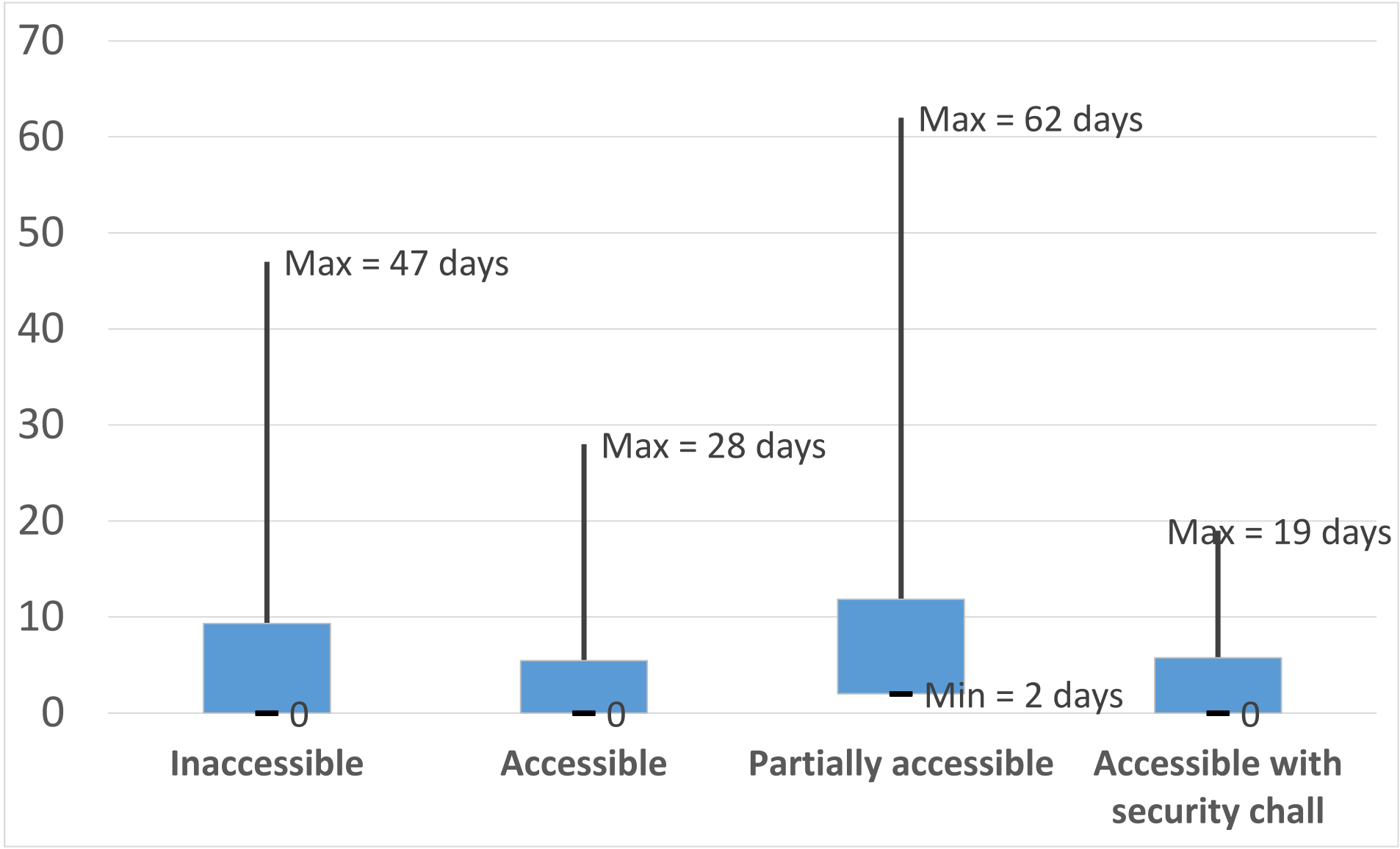
Region	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14
AWDAL	5.7	9.5	3.8	5.7	5.6
BAKOOL	2.6	5.1	10.2	2.6	7.4
BANADIR	0.8	9.7	5.1	3.4	10.2
BARI	2.1	4.2	6.3	10.6	14.4
BAY	0.9	6.9	8.7	6.9	7.6
GALBEED	3.0	4.0	3.0	3.0	3.9
GALGADUD	3.5	14.0	29.7	15.7	22.0
GEDO	3.0	9.0	12.0	9.0	10.2
HIRAN	2.0	12.0	14.0	8.0	13.6
LOWER JUBA	2.4	6.1	15.9	18.3	14.2
LOWER SHABELLE	0.5	2.5	5.4	3.0	5.3
MIDDLE JUBA	2.9	0.0	11.5	5.8	11.2
MIDDLE SHABELLE	1.2	3.7	3.7	5.0	8.5
MUDUG	7.5	20.0	12.5	10.0	14.6
NUGAL	10.3	10.3	20.6	0.0	15.0
SAHIL	21.8	16.3	10.9	5.4	10.6
SANAQ	3.1	0.0	12.4	0.0	6.0
SOOL	0.0	15.5	35.0	7.8	22.6
TOGDHER	1.5	2.9	4.4	2.9	4.3

AFP surveillance sensitivity

Area	% NPEV					% Sabin				
	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14
Central	20%	10%	9%	10%	2%	20%	9%	9%	7%	7%
North E	50%	15%	8%	50%	11%	0%	15%	17%	8%	13%
North W	27%	16%	11%	17%	0%	0%	21%	21%	25%	17%
South	0%	7%	10%	7%	14%	20%	10%	13%	7%	11%

Area	% NPEV					% Sabin				
	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14	Q1 13	Q2 13	Q3 13	Q4 13	Q1 14
Access	30%	12%	13%	23%	2%	13%	9%	22%	12%	15%
Ac Sec Cha	100%	9%	6%	14%	0%	0%	20%	6%	0%	0%
Inacc	0%	7%	5%	16%	13%	0%	4%	0%	11%	5%
Partial acc	0%	10%	11%	0%	4%	33%	13%	15%	9%	8%

Timeliness of stool collection days from 2nd stool to arrival in lab by accessibility



AFP surveillance sensitivity

- Good reporting network involving hospitals and MCH centers. There has been effort to include all EPI facilities, pharmacies and traditional healers but it needs to be expanded.

- High quality and regular frequency (weekly, fortnightly) of Active Surveillance Visits in identified reporting sites however, prioritization of reporting sites is not consistent

- Sensitization of focal persons of health facilities done.

AFP surveillance sensitivity

- Village Polio Volunteers are playing crucial role in strengthening of surveillance, needs to optimized.
- Definition of AFP not clear to some of the focal points interviewed at the reporting network.
- Documentation of stool shipment is needs to be improved.
- Poor communication of Lab results to field.
- 3 Contact samples collected for every AFP case.

Is the communication response plan adequate to ensure the sensitization and mobilization of all targeted populations?

Communications (findings…1)

- Generally campaign awareness, vaccine acceptance, and public momentum had been high and conducive to the repeated polio rounds; some build up of campaign fatigue is emerging.

- Social mobilization is happening, however often mis-coordinated with vaccination activities. Quality and the management of social mobilization interventions in the deep field (training, SM and IEC materials, social maps, SM team deployment plans, programmatic feedback) is weak.

- Deployment of Social Mobilizers have been inconsistent since Jan 2014 in South Central Zone as a result of non liquidation of advanced funds.

Communications (findings…2)

- Special / flexible communication approaches exist to reach mobile and hard to reach population (Somaliland), however, the operationalization and documentation of these strategies is lacking.

- There is an evidence of use of campaign rapid assessment, independent monitoring and other social data for campaign planning at national and zonal levels. There is no evidence of the same in districts, even where the analysed data is available for action.

Does the country have additional unmet financial or resource needs that need to be addressed to further strengthen the implementation of immunization and surveillance activities?

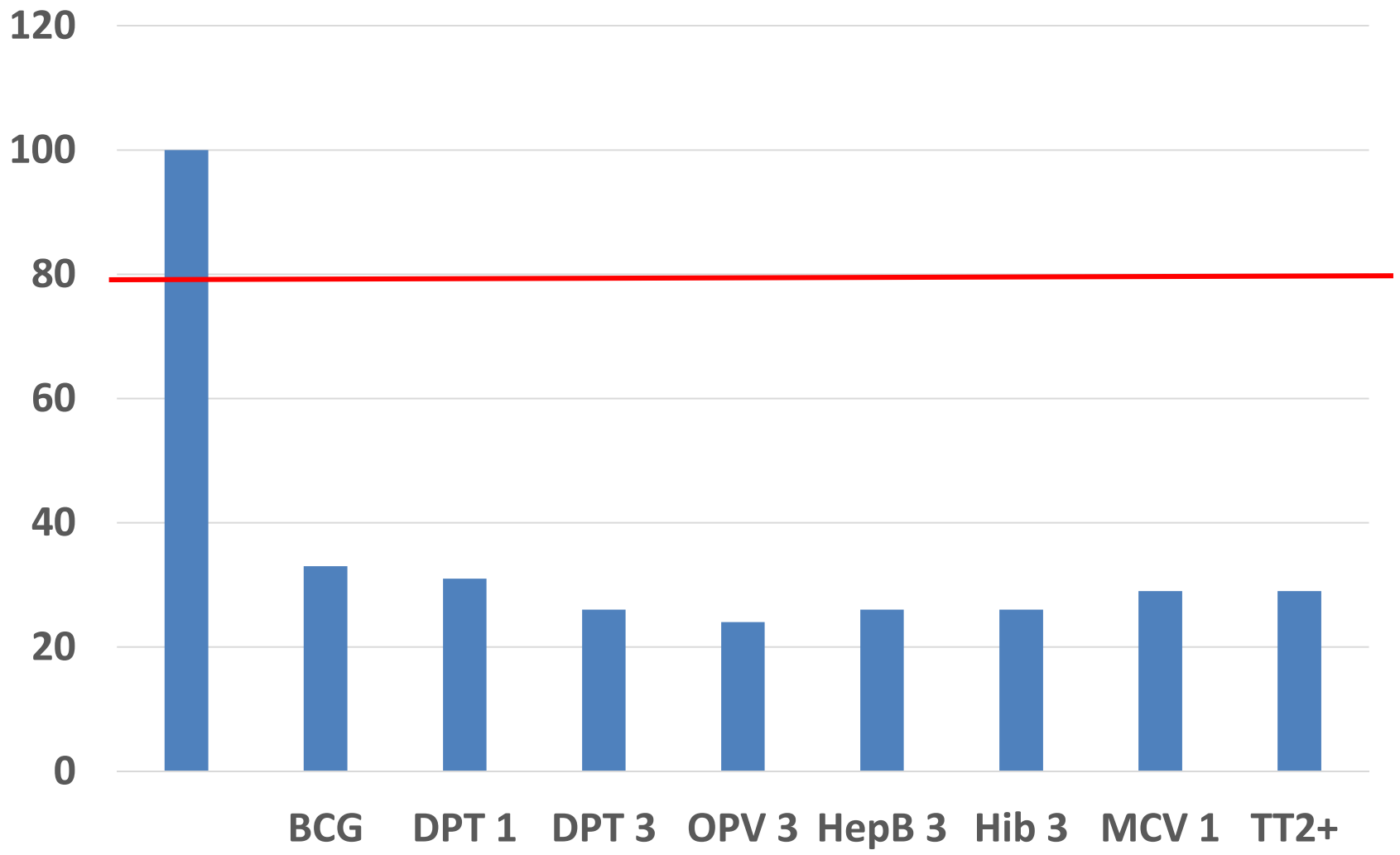
Adequacy of resources to carry out effective response activities

- Most of the HR Surge for WHO, including security staff and Village Polio Volunteers in place. However need to fill vacancies of Surge staff and drivers.

- UNICEF: National Polio outbreak coordinator taken on board, vacancy of M&E and SCZ Polio Outbreak coordinator.

Have the polio outbreak response activities being undertaken in a manner that would strengthen routine immunization performance

EPI Coverage 2013



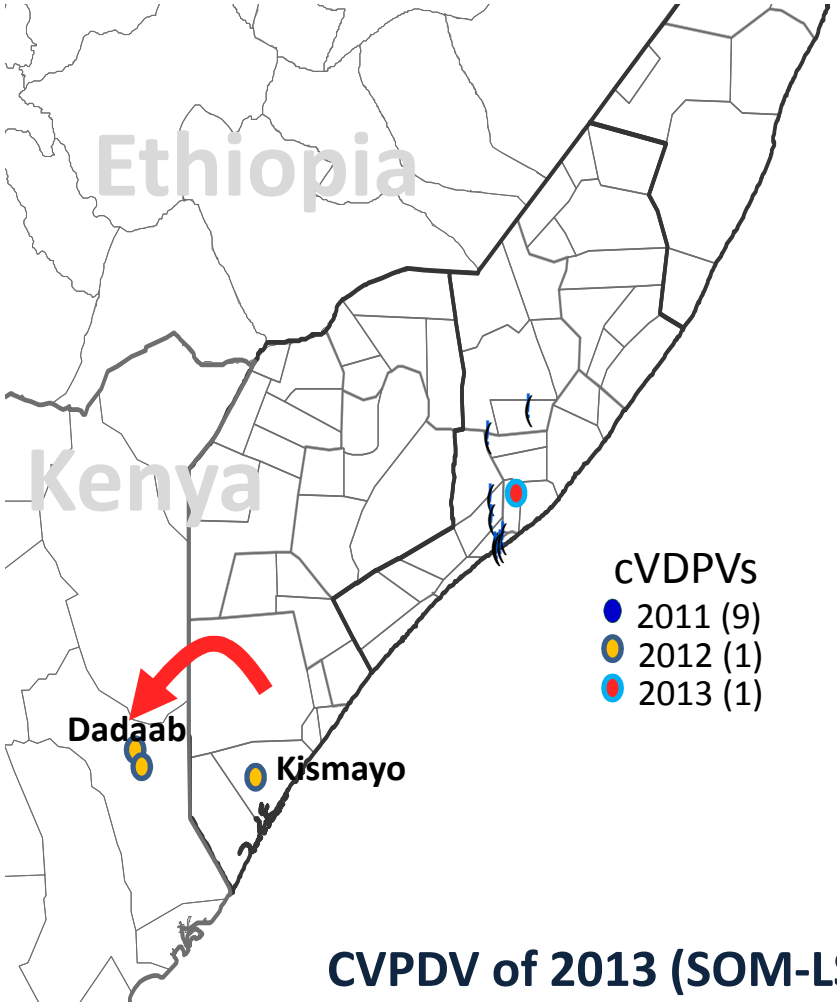
Routine Immunization performance

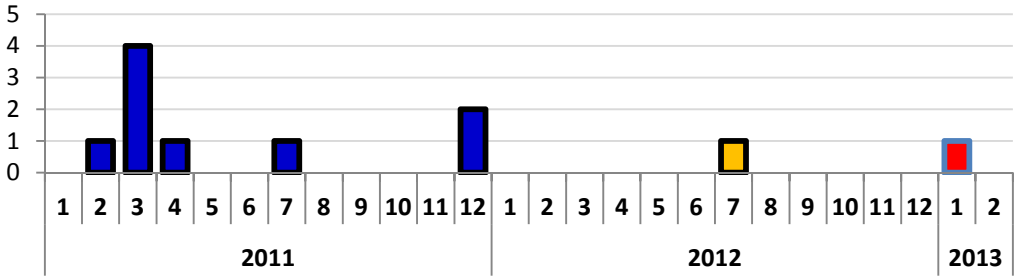
- Overall, very low routine EPI tOPV coverage
- Evidence of tOPV stock out at many centres, some MCH centres were found using bOPV for Routine EPI in SCZ.
- Many health facilities do not have routine EPI facility.
- Cold chain is a serious concern especially in SCZ; need to be assessed and strengthened.

Routine Immunization performance

- Data generated by DPOs during their weekly visit to health facilities is not being optimally used for addressing the gaps in EPI.
- Outreach services are negligible
- Measles outbreak have been reported.
- Good initiative of comprehensive RI improvement plan in Somaliland.

cVDPV2 Somalia, 2011 - 2013





CVPDV of 2013 (SOM-LSH-AFG-13-001-C3, AFGOI, 2013-01-17) is linked to 2011 case SOM-BAN-SBS-11-001-C3, SHIBIS, 2011-03-04

What are the risks to stopping the outbreak and for further spread ?

Risks

- Cohort of approximately 1 million under 10 still unreached under/unimmunized children in south central zone.
- Sensitivity of surveillance in inaccessible and remote areas.
- Operational gaps in SIAs particularly in remote areas.
- Low Routine EPI coverage.
- Emergence of cVDPV2.

Conclusions

Conclusions (1)

- Outbreak appears to have slowed down. However, there is significant risk of continued transmission particularly in inaccessible and remote areas

- Most of recommendation from previous assessment have been implemented, beginning immediately after last assessment.

- Country has maintained intensive and flexible outbreak response schedule in 2nd phase; however milestone related to quality of SIAs is missed

- Assessment team recognizes the efforts made to reach children in inaccessible areas through non traditional approaches and appreciates rapid implementation of Expanded age SIADs in newly opening areas.

Conclusions (2)

- Although overall AFP Surveillance system is sensitive enough to detect the transmission; possibility of missing transmission in inaccessible and remote areas can not be ruled out.
- Continued low routine EPI coverage poses a significant risk; poor supply of EPI vaccines including tOPV is concerning.
- Robust communication strategy in place with overall high awareness of the program; however implementation at field level including use of social data is weak. Suboptimal use of community communication structure.

Recommendations

Recommendations…1

- Continued commitment at all levels across the partnership and organizations is commendable; sense of urgency must be maintained. Weekly SITREP should be restarted.

- 6 Months after last WPV1 in HOA, 6 Month Outbreak Response assessment will be done in Kenya, Somalia and Ethiopia to declare closure of outbreak.

- Efforts of reaching children in inaccessible area through transit vaccination points and partners should be continued; state of preparedness should be maintained to conduct four expanded age (<10) SIADs in newly opened areas. Country should explore opportunities to reach children in these areas.

Recommendations…2

- Intensive and flexible outbreak response schedule in 2nd phase should be continued till June 2014 as planned.

- In view of the risk of CVDPV2 emergence, country should convert one of the 2 planned NIDs to tOPV and add one additional bOPV campaign in SCZ.

Round NO	Date	Campaign type	Area	Target	Target pop	Vaccine
Round 8	**18-21 May**	**NIDs**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 5	2,097,894	**bOPV**
Round 9	**15-18 June**	**SNIDs**	All accessible areas of South and Central regions + Puntland	Under 5	1,530,982	**bOPV**
Round 10	**Aug/ Sep**	**NIDs**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 5	2,097,894	**tOPV**
Round 10	**Oct**	**SNID**	All accessible areas of South and Central regions	Under 5	1,076,717	**bOPV**
Round 11	**Nov**	**NIDs**	All accessible areas of South and Central regions + Puntland + Somaliland	Under 5	2,097,894	**bOPV**
Round 12	**Dec**	**CHDc**	All accessible areas of South and Central regions + Puntland + Somaliland			**bOPV**

Recommendations…3

- Campaign quality should be improved to achieve >95% IM coverage by further improving microplans especially in remote areas & mobile populations and focussing on training using Somali language training module.

- Independent Monitoring should be standardized and expanded to all accessible (and partially accessible) districts; IM data should be analysed in standardised format and used for tracking the trend and improving quality of SIAs including communications at all levels.

- Post SIA review meetings, including operations and communications, should be standardized at all levels with clear SOPs.

Recommendations…4

- Management, monitoring, and quality, of social mobilization interventions should be rapidly improved with SM training, planning, social mapping, IPC tools and regular field monitoring visits.

- The existing microplan should be updated to have Social Mobilization component.

- Use and document the existing social structures such as livestock market, clan structure, religious network etc. for polio and routine immunization messaging before July 2014.

Recommendations…5

- Good coordination between WHO and UNICEF (and implementing partners) should be further strengthened at field levels; sustain regular/weekly meetings with sharing of relevant data, information and feedback.

- Initiative of Permanent Vaccination Point should be strengthened by improving use of data and closer monitoring; Extra focus should be given on transit points around inaccessible areas. Country should document the lessons learnt.

- Good initiative of field supervision by national and international WHO and UNICEF staff should continue and strengthened further. Especially for SCZ, opportunities with other UN missions should be explored.

Recommendations…6

- Somalia coverage improvement plan 2014-2015 should be implemented including ensuring adequate vaccine supply and expanding routine EPI services to all health facilities; The data collected by polio network should be utilized to provide updated inventory of cold chain and specific vaccine to be added to the stock.

- Surveillance network should be expanded to include all EPI facilities, pharmacies and traditional healers; should be updated and prioritized on regular basis. Active Surveillance visit opportunities should be used to sensitize health workers on AFP definition.

- Good initiative of Active case search in the community for every AFP case should be expanded.

Assessment team acknowledges and appreciates all the good work being done by Government, partners and other UN agencies.

We also appreciate the effort taken by administration and field teams in making the field visit possible

Thank you