NATIONAL EMERGENCY ACTION PLAN FOR POLIO ERADICATION-ANNEXES

ISLAMIC REPUBLIC OF AFGHANISTAN

2016-2017

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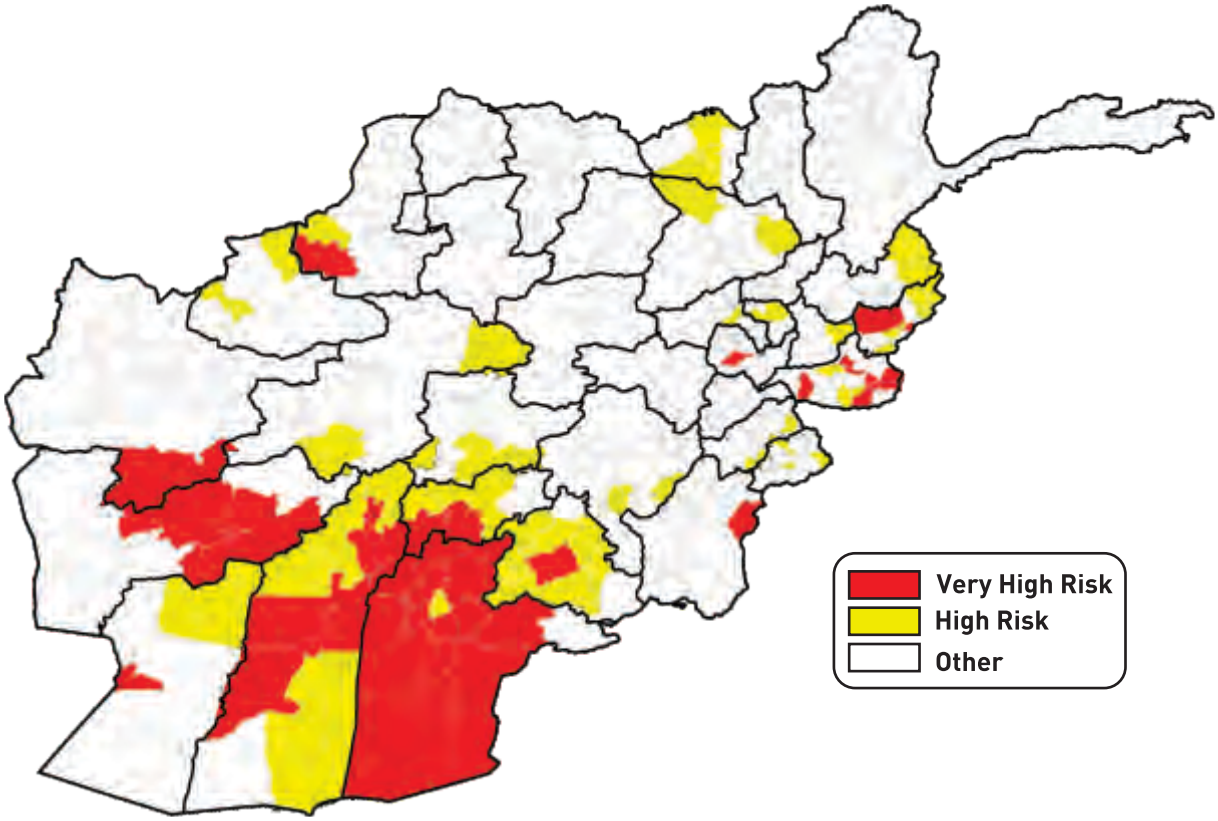


Annex II: Very high risk districts and high risk districts list

Very High Risk Districts

Province	District
Farah	Bakwa
Farah	Balabuluk
Farah	Gulestan
Farah	Khak-e-Safed
Faryab	Qaysar
Hilmand	Kajaki
Hilmand	Lashkargah
Hilmand	Musaqalah
Hilmand	Nad-e-Ali
Hilmand	Nahr-e-Saraj
Hilmand	Nawa-e-Barakzaiy
Hilmand	Reg
Hilmand	Sangin
Hirat	Shindand
Kabul	Kabul
Kandahar	Arghandab
Kandahar	Arghestan
Kandahar	Daman
Kandahar	Ghorak
Kandahar	Kandahar
Kandahar	Khakrez
Kandahar	Maywand
Kandahar	Miyanshin
Kandahar	Nesh
Kandahar	Panjwayi
Kandahar	Reg
Kandahar	Shahwalikot
Kandahar	Shorabak
Kandahar	Spinboldak
Kandahar	Zheray
Kunar	Chapadara
Kunar	Dara-e-Pech
Kunar	Marawara
Kunar	Watapur
Nangarhar	Achin
Nangarhar	Batikot
Nangarhar	Behsud
Nangarhar	Jalalabad
Nangarhar	Lalpur
Nangarhar	Muhmand Dara
Nangarhar	Sherzad
Nangarhar	Shinwar
Nimroz	Zaranj
Paktika	Bermel
Uruzgan	Dehrawud
Uruzgan	Tirinkot
Zabul	Qalat

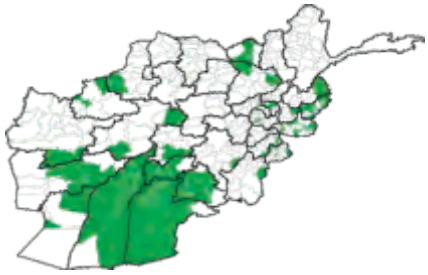
High Risk Districts

Province	District
Badghis	Ghormach
Badghis	Muqur
Baghlan	Baghlan-e-Jadid
Baghlan	Khost Wa Fereng
Daykundi	Gizab
Faryab	Almar
Ghazni	Giro
Ghor	Lal Wa Sarjangal
Ghor	Taywarah
Hilmand	Baghran
Hilmand	Garmser
Hilmand	Nawzad
Hilmand	Washer
Kapisa	Mahmud-e- Raqi
Kapisa	Nejrab
Khost	Mandozayi
Khost	Musakhel
Khost	Terezayi
Kunar	Asadabad
Kunar	Barkunar
Kunar	Dangam
Kunar	Ghaziabad
Kunar	Khaskunar
Kunar	Narang
Kunar	Nari
Kunduz	Aliabad
Kunduz	Chardarah
Kunduz	Emamsaheb
Kunduz	Kunduz
Laghman	Alingar
Nangarhar	Dehbala
Nangarhar	Kot
Nangarhar	Surkhrod
Nimroz	Khashrod
Nuristan	Barg-e- Matal
Nuristan	Kamdesh
Paktya	Chamkani
Paktya	Zadran
Parwan	Charikar
Uruzgan	Chora
Uruzgan	Shahid-e-Hassas
Zabul	Arghandab
Zabul	Atghar
Zabul	Daychopan
Zabul	Mizan
Zabul	Nawbahar
Zabul	Shahjoy
Zabul	Shinkay
Zabul	Tarnak Wa Jaldak

Annex III: SIA calendar July 2016 – June 2017

Q3-Q4, 2016

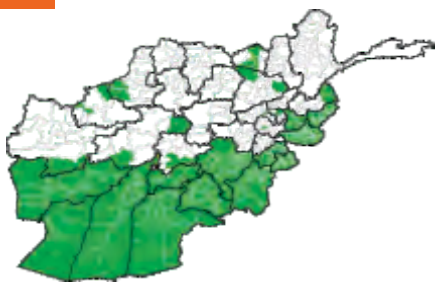
25-29 Jul VHRD



29 Aug - 02 Sep NID

10-14 Oct NID

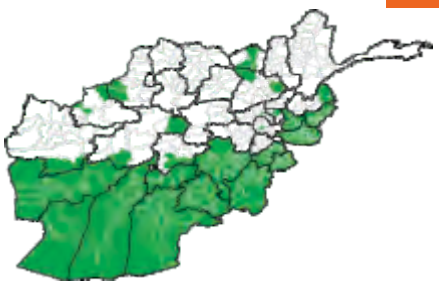
07-11 Nov SNID



12-16 Dec SNID

Q1-Q2, 2017

16-20 Jan SNID

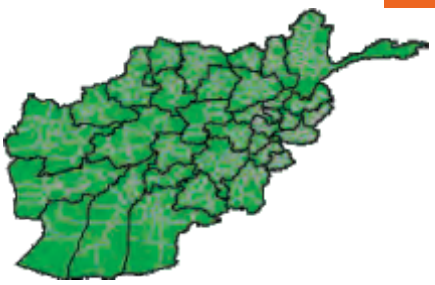


27 Feb-02 Mar SNID

27-31 Mar NID

17-21 Apr SNID

15-19 May NID



Annex IV: IPV-OPV Plan July 2016 – June 2017

Country plans to use IPV in SIA campaigns in two types of high risk areas:

- Areas which missed at least three consecutive vaccination opportunities in 2016 due to insecurity/ inaccessibility
- Very high risk districts which did not have an IPV-OPV SIA opportunity in 2015-2016.

The following table enlists the districts, target population and rationale for use

Province	District	Rationale	Target	Dose	Timeline
Nangarhar	Behsud, Jalalabad	VHR, no IPV in 2015-16	164,283	197,139	Q1, 2017
Faryab	Qaysar		43,783	52,540	
Nimroz	Zaranj		46,976	56,371	
Uruzgan	Dehrawud, Tirinkot		71,871	86,245	
Zabul	Qalat		27,579	33,094	
Paktika	Bermel		18,129	21,755	
Helmand	Lashkargha, Musaqalah, Nad-e-Ali, Nahr-e-Saraj		254,797	305,757	
Kandahar	Kandahar		107,442	128,930	
Kabul	Kabul		74,000	88,800	
Sub total			**808,859**	**970,631**	
Nangarhar	Pachieragam, Kot, Achin	Areas which missed at least three consecutive vaccination opportunities in 2016 due to insecurity/ inaccessibility	11,867	14,240	Immediately on gaining access
Laghman	Mehtarlam, Alingar		21,573	25,888	
Kunar	Watapur, Marawara, Dara-e-Pech, Chapadara, Nari		17,814	21,377	
Kunduz	Kunduz, Emamsaheb, Qala-e-Zal, Chardarah, Aliabad, Khanabad, Dasht-e-Archi		152,336	182,803	
Nuristan	Kamdesh		590	708	
Uruzgan	Chora		1,769	2,123	
Helmand	Nad-e-Ali		1,694	2,033	
Kandahar	Zheray, Shahwalikot, Maywand, Reg, Shorabak		15,399	18,479	
Paktia	Gardez		376	451	
Ghor	Pasaband		23,885	28,662	
Sub total			**247,304**	**296,765**	
Total			**1,056,163**	**1,267,396**	

Annex V: NEAP 2016-2017 work plan

No.	Area	Sub-area	Activity	Timeline
1	Governance and coordination	Leadership and coordination	Continue and further strengthen functioning of Polio Steering Committee, Polio High Council and Office of Presidential Focal Point for Polio Eradication (PFPPE): - National Steering Committee meetings to take place biannually - Polio High Council meetings to take place 1st week of every quarter - PFPPE to regularly meet with line ministries and departments and governors of high risk provinces - National Focal Point for PEI to ensure full support from other departments within MoPH	Continuous Biannually Quarterly Regularly Continuous
2	Governance and coordination	Leadership and coordination	Provincial and district polio task forces fully functional with revised TORs in all five priority provinces and 47 VHR districts	Aug SIA onwards
3	Governance and coordination	Programme management	Continue and further strengthen the National and 3 Regional EOCs - Consolidate task team modality at national level - Conduct weekly VCs between National and Regional EOCs - Track NEAP implementation status on monthly basis	Continuous Continuous Weekly Monthly
4	High risk areas	High risk areas	District profiles and district specific plans to be further strengthened and updated after every SIA.	Continuous
5	High risk areas	High risk areas	Maintain focus on VHR districts without loosing sight of HR and non-HR districts and continue to improve quality in these areas	Continuous
6	High risk areas	High risk areas	Conduct analysis to identify high risk districts and revise list accordingly	31-Dec-16
7	SIAs	SIAs	Conduct 2 NIDs and 3 SNIDs in 2nd half of 2016 and 2 NIDs and 3 SNIDs in 1st half of 2017	As per schedule
8	SIAs	SIAs	Conduct IPV-OPV SIAs in VHR districts as per plan	As per schedule
9	Enhancing campaign quality	Missed children	Identify clusters of chronically missed children and refusals, and ensure communication and operational plans are aligned to address the local issues at cluster level	Aug SIA onwards
10	Enhancing campaign quality	Microplan revision	Complete microplan revision in the remaining 10 VHR districts	Q3 2016
11	Enhancing campaign quality	Microplan revision	- Review and strengthen microplan validation process/methodology - Conduct microplan validation using the revised methodology in a phased manner in 49 high-risk districts (Q4 2016) and in VHR districts (Q1 2017)	Q3 2016 Q4 2016 and Q1 2017
12	Enhancing campaign quality	FLWs and supervisors	Improve team selection: - Select local, female (where feasible), literate, and based on merit	Continuous

13	Enhancing campaign quality	FLWs and supervisors	Improve quality of training: - Train all vaccinators ahead of every 2nd SIA - In VHR districts monitoring from provincial/regional level and feedback to national level - NEOC to track training attendance (>90%) and quality	Continuous
14	Enhancing campaign quality	FLWs and supervisors	Monitoring and performance management: - Track performance of vaccinators and supervisors in VHR districts and implement accountability framework	Aug SIA onwards
15	Enhancing campaign quality	FLWs and supervisors	Ensure timely payment of FLWs: - Payment within 30 days of end of campaign - Track payment from national level and take corrective action in case of delay - Expand DDM in phase-wise manner where feasible	Continuous
16	Enhancing campaign quality	Supportive supervision	Identify, train and deploy national- and regional-level monitors for pre/intra/post-campaign phases	Continuous
17	Enhancing campaign quality	Supportive supervision	Improve performance of cluster supervisors: - Rationalize workload (max 5 teams/supervisor) - Provide intensive training on supportive supervision techniques - Enhance supervision by Disctrict Coordinators and ICMs - Analyse all supervisory checklists at provincial level - Track performance including all components (i.e. PCM, training attendance, missed children)	Oct SIA onwards
18	Enhancing campaign quality	Revisit strategy	Continue and further strengthen implementation of revisit strategy; track impact and take corrective action as required	Continuous
19	Enhancing campaign quality	Enhanced monitoring	Deploy M&A officers in all 47 very high risk districts - 4 M&A focal points to collect, compile, and present information to NEOC for corrective action	Q3 2016
20	Enhancing campaign quality	Enhanced monitoring: Pre-campaign	Pre-campaign dashboard to provide regular feedback on campaign preparatory status; NEOC to take corrective action as needed, including postponement of campaign based on preparedness	Continuous
21	Enhancing campaign quality	Enhanced monitoring: Intra-campaign	- In VHR districts: 1 ICM / 5 cluster supervisors, real-time data collection using IVR technology - Collect, analyse, and use ICM data at national/regional/provincial levels during and after campaign - Intra-campaign dashboards to be used for corrective actions on a daily basis	Aug SIA onwards
22	Enhancing campaign quality	Enhanced monitoring: Post-campaign	PCM - 100% of clusters in VHR districts and 50% in other districts - National level to oversee selection and training of monitors in 5 high-risk provinces - Institutionalize system of monitoring of monitors (5% sample cross-checking), apply "zero tolerance" policy for defaulters LQAS - Expand to all VHR and HR districts as security situation allows - Review current system and explore 3rd party engagement - Cross-check 10% of surveyors and conduct field validation of 10% of completed forms Use mobile technology to monitor the PCMs and LQAS monitors	Oct SIA onwards

23	Enhancing campaign quality	Enhanced monitoring: Post-campaign	Conduct detailed field investigation and plan for corrective action in areas with failed lot in LQAS and/or PCM detecting >3 missed children in one team area; lots failing repeatedly to be further investigated and interventions modified	Continuous
24	Enhancing campaign quality	Enhanced monitoring: Post-campaign	PCM and LQAS data to be made available to the program within 10 days of end of campaign; analyse PCM data by access category	Continuous
25	Enhancing campaign quality	Coordination meetings: Pre-campaign	Conduct pre-campaign coordination meetings at national/regional/provincial levels, 2-4 weeks prior to campaign	Continuous
26	Enhancing campaign quality	Coordination meetings: Pre-campaign	NEOC to monitor campaign preparedness through pre-campaign dashboards (10/7/3/1 days prior) and take corrective action as required; if inadequately prepared 3 days before, postpone campaign	Continuous
27	Enhancing campaign quality	Review meetings: Intra-campaign	Conduct intra-campaign/evening review meetings at national/regional/provincial/district levels and use the standard matrix for documenting and sharing findings and interventions	Aug SIA onwards
28	Enhancing campaign quality	Review meetings: Intra-campaign	NEOC to monitor campaign implementation using intra-campaign dashboards and through daily feedback from ICM (data) and national/regional monitors in the field, along with the operational feedback from EOCs and PEMT.	Aug SIA onwards
29	Enhancing campaign quality	Review meetings: Post-campaign	Conduct post-campaign review meetings at national/regional/provincial levels within 15 days after end of each campaign; in five high risk provinces with representation from the National EOC	Continuous
30	Enhancing campaign quality	Review meetings: Post-campaign	Update district profiles and district specific action plans for 47 very high risk districts during post-campaign review meetings; National EOC to track the outomes and progress made	Continuous
31	Community health volunteer strategy	Community health volunteer strategy	Complete CHV pilot planned for Spin Boldak of Kandahar and present in next TAG	31-Jan-17
32	Data management	Data management	Data from various sources to be fed into the EOC database for analysis and display through a series of dashboards to guide decision making	Continuous
33	Data management	Data management	- Intra-campaign: Administrative coverage, ICM and evening meeting data to be available to NEOC next day afternoon - Post-campaign: Administrative coverage, PCM, LQAS, out-of-house, compiled ICM and access data to be available within 10 days of end of campaign	Aug SIA onwards
34	Data management	Data management	Explore and expand use of mobile technology for real-time data transfer of administrative coverage, ICM, PCM and LQAS data by December 2016	31-Dec-16
35	Access-challenged areas	Areas inaccessible for vaccination (Categories 2&4)	- Negotiate at different levels through neutral and credible mediators - Map accessibility at cluster- and village-levels and conduct campaigns in all accessible areas - Deploy PTTs at entry and exit routes of inaccessible areas - Promote ongoing community engagement activities,	Continuous

			including with local elders - Produce access status report after each SIA - Track accessibility over the rounds and areas inaccessible for >2 SIAs to be treated as high risk areas	
36	Access-challenged areas	Areas inaccessible for vaccination (Categories 2&4)	- Scale up PolioPlus initiatives in and around inaccessible areas - Provide IPV-OPV at health facilities surrounding areas inaccessible for >1 year	31-Oct-16
37	Access-challenged areas	Areas inaccessible for vaccination (Categories 2&4)	Newly accessible area after inaccessibility for >6 months and/or missed 3 vaccination opportunities: - Conduct 3 rounds of SIADs, including one round of IPV-OPV	ASAP as area becomes accessible
38	Access-challenged areas	Areas inaccessible for vaccination (Categories 2&4)	Develop a contingency plan to address any increase in inaccessibility	October
39	Access-challenged areas	Areas accessible with limitations (Category 3)	- Negotiate at all levels with key authorities/stakeholders on quality of campaigns and independence of monitoring - Share feedback on gaps in quality of operations including reasons thereof with relevant authority	Continuous
40	Access-challenged areas	Areas accessible with limitations (Category 3)	- Explore possibility of engaging other neutral parties for monitoring - Monitor remotely the quality of campaigns using mobile technology	Continuous
41	Complementary vaccination activities	Permanent transit teams	- Continue to assess and modify number and location according to needs of programme and evolving accessibility situation - Strengthen supervision and monitoring of PTTs with close tracking by National EOC on monthly basis	Continuous Aug onwards
42	Complementary vaccination activities	Permanent polio teams	- Review the performance of the existing PPTs and modify as required - Track and monitor the output of PPTs through regional EOCs	September
43	Complementary vaccination activities	Cross-border teams	- Modify number of teams as per the workload - Monitor CBT performance by independent monitors - Ensure full synchronization with vaccination operations across the border in Pakistan	Continuous
44	Complementary vaccination activities	Nomads and underserved population groups	- Develop special population (nomads) plans at provincial level - Conduct special campaigns targeting this population group	July 2016 As per plan
45	Complementary vaccination activities	Nomads and underserved population groups	Develop and implement plan for vaccination (OPV and IPV) of returnee refugee populations including contingency for surge in numbers	August

46	Building demand in immunization	Household and community engagement	- Develop communication plan as part of district specific plans including focus on high-risk clusters to address locally-specific reasons for missed children - Conduct detailed analysis of children missed due to 'not available', particularly in Kandahar, and develop intervention plan	Oct onwards October
47	Building demand in immunization	Household and community engagement	Full-time ICN fully operational in all VHR districts - Assess impact of ICN on reduction of missed children from October SIA onwards - ICN to follow up rigorously on missed children during and between campaigns	End of Sep Oct SIA onwards
48	Building demand in immunization	Partnerships with key influencers	- Map and engage key religious leaders at local level building on NIUG platform - Incorporate voices of religious leaders in media content - Organize workshops to seek support of doctors and health workers in the programme at all levels	Sep onwards Continuous Continuous
49	Building demand in immunization	External relations and partnerships	- Create media partnerships; hold regular media briefings and trainings; ensure regular interactions with key reporters/editors/talk show hosts - Develop and disseminate awareness-raising materials for print and electronic media platforms	Continuous
50	Building demand in immunization	Data collection and evidence generation	Implement 2nd Harvard poll to further understand shifts in attitudes and perceptions	31-Dec-16
51	Building demand in immunization	Data collection and generation of evidence	Conduct third party monitoring of communication interventions in VHR districts	Sep onwards
52	Surveillance	Reporting network	Review and expand the reporting network and conduct health facility contact analysis of all all AFP cases, particularly inadequate cases, to guide expansion of network	Aug onwards
53	Surveillance	Data analysis	Analyse surveillance data at district level by security status to identify gaps to take corrective action as required	Aug onwards
54	Surveillance	Active surveillance visits	Strengthen active surveillance visits with close supervision and tracking from regional/national levels	Continuous
55	Surveillance	Case search	Continue case search by FLWs during SIAs and strengthen further in vaccinator training	Continuous
56	Surveillance	Specimen shipment	Explore alternate modes/routes, as contingency, for specimen shipment to RRL	30-Sep-16
57	Surveillance	Environmental surveillance	Review the existing ES sites for their appropriatness and explore possible expansion of ES to the areas surveyed in 2015 without compromising on the quality at existing sites	Q4 2016
58	Case response	Investigation	Conduct detailed investigation of any new case within 72 hours of notification by lab and produce report within three days of completion of investigation	Continuous

59	Case response	Case response	- Conduct 3 case response campaigns targeting at least 500,000 children in surrounding area; 1st round within 2 weeks; 1 of the 3 round with IPV (as required) - National level monitors to support and monitor pre-/intra-/post-campaign phases - Respond to detection of any type 2 poliovirus as per global SOP	Continuous
60	Case response	Case response	- Develop a generic response plan for any outbreak in an inaccessible area - Conduct joint analysis, planning, response, monitoring, and reporting for outbreaks in areas contiguous with Pakistan	30-Sep-16 Continuous
61	Vaccine and cold chain management	Vaccine management	Forecast, plan, and deliver timely all vaccines (OPV, IPV) and non-vaccine items to service delivery points	Continuous
62	Vaccine and cold chain management	Cold chain	Implement quarterly cold chain inventory and procure cold chain equipment as required	Quarterly
63	Vaccine and cold chain management	Training	Enhance skills of cold chain staff at national and provincial levels in vaccine and cold chain management through capacity building	31-Dec-16
64	Cross-border coordination	Cross-border coordination	- Ensure weekly communication between CB focal points of AFG and PAK EOCs - Conduct biannual face-to-face meetings and VCs between the two national EOCs	Weekly Biannual
65	Cross-border coordination	Cross-border coordination	Conduct monthly meetings of relevant provincial and regional teams of both countries	Monthly
66	Cross-border coordination	Cross-border coordination	Synchronise SIA dates; streamline cross notification of AFP cases; ensure uniform communication interventions at cross-border transit points to ensure consistent messaging	Continuous
67	Evaluation	Operational	- Conduct review of NEAP (midterm Jan 2016 and end of term Jun 2017) - Conduct AFP surveillance review (Jun 2017)	Jan 2016 and Jun 2017
68	Evaluation	Population immunity	Conduct serological survey in Kandahar Q1 2017	31-Mar-17
69	Routine immunization	PEI support	Ensure polio field staff spend 20% of their time on RI supporting monitoring of fixed and outreach sessions, training of health workers and mobilization	Continuous
70	Transition planning	Transition plan	- Appoint a transition oversight committee to oversee planning Q3 2016 - Identify a focal person within NEPI to manage transition plan development and work plan to be in place by Q1 2017 - Conduct asset mapping and transition planning workshop in Q4 2016 - Develop draft plan by Q2 2017	Q3 2016 Q1 2017 Q4 2016 Q2 2017

Annex VI: Afghanistan accountability framework

Setting the context

The polio eradication programme in Afghanistan is first and foremost accountable for ensuring the health and wellbeing of the children of the country. The Government of Afghanistan and partners have declared polio as a public health emergency and committed to ensuring the effective use of resources to ensure that no child ever again knows the crippling effects of polio within the context of the Global Polio Eradication Strategic Plan. There strong political commitment from the highest level of government. His Excellency President Ghani has reiterated strong support for the programme. He emphasized that adequate resources should be available for the programme and that the MoPH will come up with a comprehensive assessment of the challenges and concrete steps to address these issues. Importantly he emphasized the need to ensure programme neutrality in key areas of the country and reiterated the need for transparency and accountability. The need for a strong oversight and management structure underpinned by an accountability framework.

The following accountability framework outlines how the polio programme and everyone that is part of the programme will be held accountable to the Government and people of Afghanistan. As a member state of the World Health Assembly (WHA) and the fact that member states resolved to eradicate polio globally, the programme will remain accountable to the WHA as well as other global oversight and technical bodies. All organizations, including UN agencies, donors and NGOs working to support the Government of Afghanistan to eradicate polio will also be accountable for the commitments they have made and to ensure that the technical assistance is of the highest standards possible.

The accountability framework is embedded in Afghanistan's National Emergency Action Plan 2016-17 which outlines the required activities, objectives, targets, milestones and timelines to stop transmission of polio in Afghanistan. The NEAP has been translated into detailed work plans across task teams with clear deliverables at each level. All activities outlined in the NEAP are closely monitored by the Emergency Operations Centre (EOC) through a task tracker. Regional EOCs and polio control rooms have been established to monitor progress and identify gaps in implementation. NEAP Implementation work plans have been established throughout the system down to the SIA micro plans - National/Provincial/District/Cluster level across a defined number of Areas of Work. Each Area of Work has specific Products, Deliverables, Tasks and Activities with associated Timelines and Focal points for implementation. In order to ensure that the programme reaches it NEAP Objectives and delivers on NEAP work plans it was agreed that an associated Accountability and Performance Management Framework be developed and implemented.

This document provides a Framework for each level of the system to adapt and implement. It will provide the basis for oversight, measurement and performance evaluation performance.

Guiding Principles of Afghanistan's accountability framework

The Accountability and framework for managing performance will operate under a number of guiding principles. This framework describes clear roles and responsibilities of all stakeholders involved in delivering the polio programme – a governance structure. The accountability framework is linked back to the expected outcomes outlined in Afghanistan's NEAP. The accountability framework will set out appropriate performance measures and a sound performance management strategy that enables managers to track progress, measure outcomes, support subsequent evaluation work, learn, make adjustments to improve on an ongoing basis; and ensure adequate reporting on outcomes.

- Accountability will be enforced at all levels within the programme and include all individuals participating in the programme while maintaining programme neutrality in key parts of the country:
  - All levels (cluster, district, province, regional, national & international)
  - All Individuals and members of the polio teams (political, managerial, operational)
  - All Partners including government, members of the Global Polio Eradication Initiative and donors

- Performance will be measured
  - For individuals, teams and the Programme as a whole
  - Against agreed tasks/activity completion, key performance indicators and against NEAP implementation objectives/targets.
  - quantitatively and qualitatively
  - transparently

- Performance will be monitored and evaluated
  - In real time and through analysis of KPIs
  - will be fed back in a systematic way

- There will be rewards for those that are performing well and sanctions taken against those that are not meeting their agreed key performance indicators after an in-depth investigation.

Polio Eradication Emergency Operations Centre (EOC) have been established at national and regional levels, supplemented by polio control rooms in key provinces. The EOC and the implementation of the National Polio Eradication Emergency Action Plan are Government led processes where key Government and polio eradication partner staff work together in the same physical location with the aim of improving information sharing as well as joint programming (planning, implementation, monitoring and evaluation). The EOC is expected to be a full-time operation, promote a framework for joint problem identification and solving and enhancing more coordinated response to evolving situation. Members of the EOCs should have the decision making authority to act quickly in implementation of the plan. The strength of the EOC approach is that there is one team working to implement one plan. At the provincial, district and sub-district level, a similar approach must be maintained. There should be one team, led by government and supported by partners which develops and implements an integrated workplan with clear deliverables, timelines and responsibilities across the team members.

Objectives of the accountability framework

The objectives of the Afghanistan accountability framework will be to establish

- a systematic process of monitoring individual and team performance, evaluation & feedback;
- a series of tools, including dashboards for the monitoring of performance against NEAP priorities;
- a process for evaluating the progress of the NEAP on a quarterly basis; and
- a mechanism for rewarding good performance as well as sanctioning poor performance following an investigation process.

Afghanistan system for managing performance

An important part of the system for managing performance within the accountability framework will be tracking the overall programme implementation, as well as the performance of teams/groups and individuals working within the programme. The overall drivers of accountability as outlined in the NEAP 2016/17 shall be:

- Polio Steering Committee
- National EOC
- Regional EOCs
- PEMTs
- Team Leads and Country Representatives of the implementing partner agencies

Tracking programmatic performance

The NEAP provides the overall framework for the entire programme and forms the basis for the accountability framework and what will be monitored in terms of performance. Implementation of the NEAP and programmatic implementation will be constantly monitored at reviewed at all levels. NEAP work plans and the Key Performance Indicators (KPIs) which are part of the NEAP tracker will be used at the various levels to track accountability and performance management. The national and regional EOCs at national and regional level will carry out regular performance reviews of the programme.

- Monthly NEAP progress reports will be developed to track the status of the implementation of the NEAP workplan which will be tracked through the NEAP tracker. The NEAP tracker outlines the planned deliverable, who is responsible and the timeline/deadline for implementation.
- The EOC will track key performance indicators (inputs and process indicators) across the LPDs on a monthly basis.
- Campaign performance and overall implementation will be reviewed following every campaign to identify performance gaps, areas for improvement and additional resource needs.
- The EOC at each level will track the performance of key thematic areas of the programme which are outlined in the NEAP. Performance will be tracked through programmatic dashboards and will include (but not be limited to) SIA implementation, communication and AFP Surveillance.
- Monitoring and accountability officers will be deployed to strengthen the monitoring of all key pre-campaign, intra-campaign and post-campaign activities at the implementation level (district) level to ensure the highest possible SIAs. This cadre independent officers will be deployed to the prioritized districts (as appropriate based on the local context) to collect and verify timely and reliable information at the district level and transmit it directly to the national EOC for necessary action.
- Every part of this process should be well documented with clear action points which are tracked.

As recommended by the Technical Advisory Group, periodic NEAP reviews will be held to understand the overall progress towards stopping transmission of polio as well as gaps in the programme. These reports will be shared with the key oversight bodies including the Technical Advisory Group and the Independent Monitoring Board (IMB).

Tracking team performance

Afghanistan's polio programme is comprised of a number of teams at various levels of the programme which are accountable for fulfilling specific functions.

These include but may not be limited to:

- Teams performing operational functions (ie: polio vaccination teams/frontline workers, mobilizers, etc
- Teams undertaking oversight & coordination functions
- Teams providing management and support functions (Task Teams/working groups which are part of the National or regional EOCs)

These teams will be accountable for the deliverable, tasks and activities assigned to them in the NEAP Implementation Work Plans and team performance will be monitored and assessed against the NEAP objectives, and targets. Expectations and deliverables will be clearly defined in the NEAP work plan and task-tracker, district profile/plan and micro plan at the lowest level. The overall supervisor of the team (depending on the level) would be tasked with ensuring the team and its membership clearly understand their and accountabilities. For example, the Strategy working group of the National EOC is supervised and managed by the Director of the EOC. Supportive supervision of the team will be critical through the team manager who is accountable for the overall performance of the team.

It is important to highlight that given the diversity of organizations working for the polio programme, there will be a number of existing supervisory structures. Individual team members will have various reporting and management structures from within their own organizations. However the task team supervisor should meet regularly with the entire team and provide feedback on performance who is accountable for the overall performance of the team. Regular monitoring, evaluation and feedback will take place on a consistent basis to understand team performance. The national EOC will monitor the performance of the regional EOCs; regional EOCs will monitor the performance of the PCRs and the PEMTs. The Director of the EOC will monitor the performance of all the individual working groups or task-teams. Monitoring and Accountability Officers will provide additional independent analysis of district level teams directly to the national EOC for action. Performance will be monitored through analysis of existing dashboards (ie: pre-campaign implementation), analysis of reported data, IM and LQA data, field visits and regular post-campaign reviews.

A menu of tools currently exist within the programme to support monitoring and evaluation at all levels. These include:

- The NEAP Implementation tracker
- SIA dashboards (pre-campaign, intra-campaign)
- Weekly reports from the M&A officers
- Field visits by monitoring teams
- LQAS, & PCA results
- Data from special initiatives (ie: PPTs, PTTs, CHVs)

Tracking Individual Performance

The polio programme is comprised of an extensive network of individuals with varying roles and accountabilities. From the Director of the EOC to a social mobilizer at the community level, each individual has a terms of reference and a set lists of tasks and objectives to which they are accountable and responsible for implementing.

Each level and each agency must have in place a mechanism to drive accountability and performance. All Operational Supervisors/Team leads has in place a systematic process for performance review and management based on the principles and methods outlined in this document. All individuals and teams to expect to have their performance regularly monitored and evaluated and to cooperate with and support these processes

This accountability covers all activities of PEI (e.g. holdings of meetings quality of SIAs, tracking missed children, surveillance, community engagement etc). In addition, each level of the programme must be in a position to measure performance against the targets set in NEAP and the NEAP Work Plans. Finally, they must be have in place mechanisms to recognize and reward good performance as well as sanction poor performance.

To effectively track individual performance, the terms of reference of each individual must be clear and well understood. Tasks, timelines and accountabilities should be embedded in the NEAP workplan/tracker or micro plan as is the case at the lowest level of the programme. Every individual engaged in the programme will have a designated supervisor who is responsible for providing oversight, guidance, support and importantly feedback on performance, particularly highlighting areas where improvements are needed. Individuals should be well informed of the frequency of their performance assessment (ie: daily, weekly, quarterly, etc). It is important to highlight that given the diversity of organizations working for the polio programme, there will be a number of existing supervisory structures. In many instances there will be an operational supervisor as well as an administrative supervisor (as in the case of the partner agencies as applicable). Where individual performance does not improve despite continuous supportive supervision, then appropriate sanctions should be taken (ie: warning letter, dismissal) in consultation with the administrative supervisor (from within a partner agency if necessary).

Assessment of performance should be based on agreed criteria which could range from attendance records, third party monitoring, and evidence of tasks being undertaken against a workplan combined with more formalized supervisor assessments. Both WHO and UNICEF have established performance monitoring dashboards to track key performance indicators of their technical capacity.

Components	Level	Activity	Expectation/Target	Responsible Person/Organization
Management & coordination	National	National EOC coordination meetings	Weekly meeting	Director, National EOC
Management & coordination	National	National post-campaign review meeting	Two weeks after each campaign	Director, National EOC
Management & coordination	National	Review of NEAP task tracker	Monthly meeting	Director, National EOC
Management & coordination	National	Cross-border coordination meeting	Quarterly meeting	Director, National EOC
Management & coordination	National	Pre-campaign dashboard review	Two weeks, one week, three days and one day prior to the campaign start date	Director, National EOC; National EOC data team
Management & coordination	National	Deployment and briefing of national supervisors for SIAs	Two weeks prior to the campaign date	Operations Lead, National EOC
Management & coordination	National	National Polio High Council meeting	Quarterly meeting	Presidential Focal Point and team
Management & coordination	National	Coordination meeting with BPHS and NGOs	Monthly meeting	Polio Focal Person, MoPH
Management & coordination	Regional	Regional EOC meetings	At least two meetings each week	Manager Regional EOC; facilitated by partners
Management & coordination	Regional	Regional post-campaign review meeting	Two weeks after each campaign	Manager, Regional EOC; facilitated by partners
Management & coordination	Regional	Pre-campaign dashboard review	Two weeks, one week, three days and one day prior to the campaign start date	Manager, Regional EOC; facilitated by partners
Management & coordination	Regional	Deployment and briefing of regional supervisors for SIAs	Two weeks prior to the campaign date	Manager, Regional EOC; facilitated by partners
Management & coordination	Regional	Cross-border coordination meeting / weekl teleconference	Weekly teleconference	Manager, Regional EOC; facilitated by partners
Management & coordination	Provincial	Provincial post-campaign review meeting	Two weeks after each campaign	PEMT, facilitated by partners, supported by regional teams
Management & coordination	Provincial	Provincial campaign coordination & advocacy meeting	Two weeks prior to the campaign date	PEMT, facilitated by partners, supported by regional teams
Management & coordination	Provincial	Pre-campaign dashboard review	Two weeks, one week, three days and one day prior to the campaign start date	PEMT, facilitated by partners, supported by regional teams
Management & coordination	National	Outbreak investigation of each confirmed WPV/VDPV	Detailed epidemiological investigation of each event occurs within 10 days of the event	National Rapid Response Team
SIA - Microplanning	Regional	Validation and revision of microplans in all priority districts	All prioritized districts have updated microplans two weeks prior to the campaign date	WHO, with partners
SIA - Microplanning	Regional	profiles Validation of district and plans after each campaign	Two weeks prior to the campaign date	Regional EOC, supported by partners
SIA - Microplanning	District	Preparing, validating and revising detailed field microplans	All prioritized districts have updated microplans two weeks prior to the campaign date	DPO, DCO, DC, Cluster Supervisors, BPHS implementers
SIA - Microplanning	District	District profile and plan updated after each campaign	Updated two weeks prior to the campaign date	DPO, DCO, DC, Cluster Supervisors, BPHS implementers

SIA - Microplanning	District	Teams selected according to the national guidelines	At least one female local vaccinator; status review one week prior to the campaign	District Coordinators
SIA - Social Mobilization	National	IEC materials distributed ahead of every campaign	Two weeks prior to the campaign date	UNICEF, supported by MoPH and WHO
SIA - Social Mobilization	National	Monitor media tonality; manage positive messaging through print/electronic media	Monthly media monitoring report circulated amongst stakeholders	UNICEF, supported by MOPH and WHO
SIA - Social Mobilization	National	Meeting of National Islamic Ulema Group (NIUG) to ensure coordination with key religious influencers	Quarterly meeting	NIUG Focal Person
SIA - Social Mobilization	National	Generate social data analysis guiding communication strategy	By end 2016	UNICEF
SIA - Social Mobilization	Regional	Dissemination of IEC material to Provinces/Districts	Ten days prior to the campaign date	UNICEF, supported by Regional EOC
SIA - Social Mobilization	Regional	Tracking refusals and missed children after each campaign	Data/reason analysis presented during post-campaign review meeting	UNICEF, supported by Regional EOC
SIA - Social Mobilization	District	Social mobilization plan incorporated into district specific plan	Two weeks prior to the campaign date	UNICEF, supported by district team
SIA - Social Mobilization	District	Follow up of missed children through Social Mobilizers	80% missed children recovered by mobilizers after each campaign	UNICEF
SIA - Trainings	Regional	TOT for provincial staff	TOT of provincial staff twice every year	WHO, with partners
SIA - Trainings	District	Master trainers conduct training for frontline workers	Training of 90% FLWs conducted at least 2 days prior to campaign	District Coordinator, supported by partners
SIA - Trainings	Regional	Monitoring of training quality	At least 90% of training sessions in prioritized areas monitored by regional and provincial teams	Regional EOC, PEMT and partners
SIA - Vaccine/ cold chain	National	Vaccine and logistics made available at regional level	10 days prior to campaign	UNICEF, WHO, National EPI
SIA - Vaccine/ cold chain	Regional	Vaccine and logistics made available at provincial level	4 days prior to campaign	REMT, supported by partners
SIA - Vaccine/ cold chain	Regional	Vaccine and logistics made available at district level	2 days prior to campaign	PEMT, supported by partners
SIA - Vaccine/ cold chain	Regional	Weekly vaccine stock inventory and reporting	Weekly	REMT
SIA - Vaccine/ cold chain	Provincial	Weekly vaccine stock inventory and reporting	Weekly	PEMT
SIA - Vaccine/ cold chain	All	Effective vaccine management	No vaccine found beyond stage 2 at any level	All stakeholders

SIA - Monitoring	All	Compilation of pre-campaign dashboard	Two weeks, one week, three days and one day prior to the campaign start date	National EOC data team
SIA - Monitoring	Regional	Compilation of pre-campaign dashboard	Two weeks, one week, three days and one day prior to the campaign start date	Regional EOC data team
SIA - Monitoring	Provincial	Compilation of pre-campaign dashboard	Two weeks, one week, three days and one day prior to the campaign start date	PEMT/PPCU
SIA - Monitoring	Provincial	Compilation of pre-campaign dashboard	Two weeks, one week, three days and one day prior to the campaign start date	District Coordinator, supported by DPO and DCO
SIA - Monitoring	National	Compilation of intra-campaign monitoring data	Provide ICM data to the programme within 24 hours of each campaign day at the national level	Data Team
SIA - Monitoring	National	Compile PCA data and share with National EOC and partners	PCA data available for programme review and interventions within 10 days after campaign	WHO
SIA - Monitoring	National	Compile administrative coverage data and share with National EOC and partners	Administrative coverage data available within 10 days after campaign	National EPI
SIA - Monitoring	Regional	Validation of PCA and LQAS	10% of surveyors will be cross-checked by provincial polio officers/provincial communication officers during monitoring activities. In addition, 10% of completed forms will be validated in the field for correctness.	Regional WHO and UNICEF field teams
SIA - Monitoring	Regional	Conducting field investigation of rejected LQAS lots, providing report to National level	Reason analysis of rejected LQAS lots conducted within 2 days of the initial survey	Manager, Regional EOC
SIA - Payments	Provincial	Submission of financial documents of implementation	Within 7 days of completion of campaign	PEMTs through RMT
SIA - Payments	District	Payments to FLWs completed	Before the start of next campaign	WHO
Performance indicators	All	Cardinal surveillance indicators maintained above globally recommended targets	In 100% regions, 100% provinces, >90% districts	WHO
Performance indicators	All	Involvement of CHWs in vaccination teams	>20% CHW increase in engagement of CHWs compared to 2015/16 baseline	GSMU and BPHS
Performance indicators	All	High quality campaigns	Where PCA/LQAs fails more than 3 times, a detailed investigation to be undertaken by a national team; sanctions to be taken based on the results of the investigation	National EOC

Performance indicators	All	High quality campaigns	<5% missed children (PCA); if >3 missed children found in more than 1 supervisory area the coordinator will be sanctioned; if >3 missed children found in a supervisory area the team supervisor will be sanctioned for the performance of their teams;	All stakeholders
Transparency	All	High quality & transparent data/information	All data transmitted to EOCs is accurate; immediate Removal of any team member who falsifies information/data	All stakeholders