Polio Update: Afghanistan

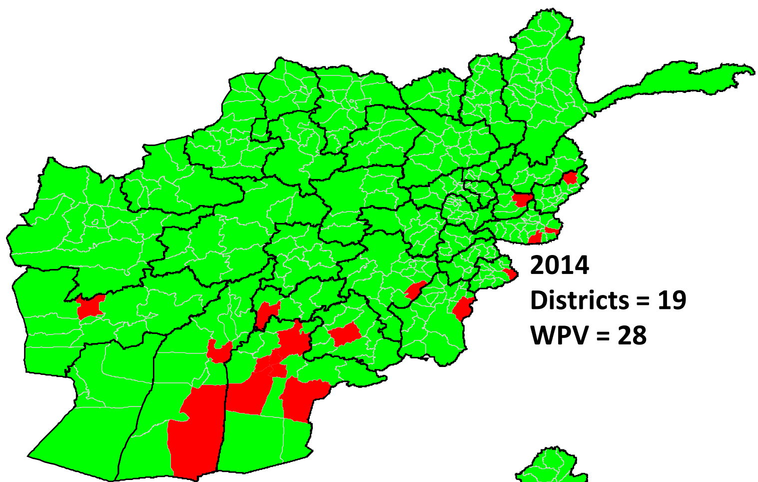
IMB Meeting

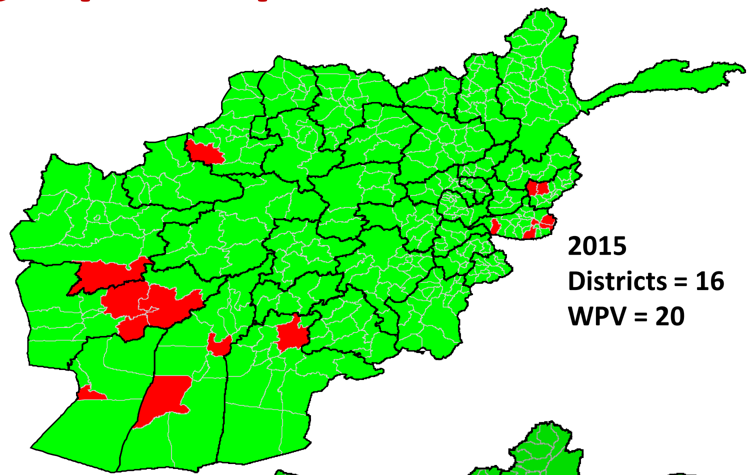
2-3 May 2017

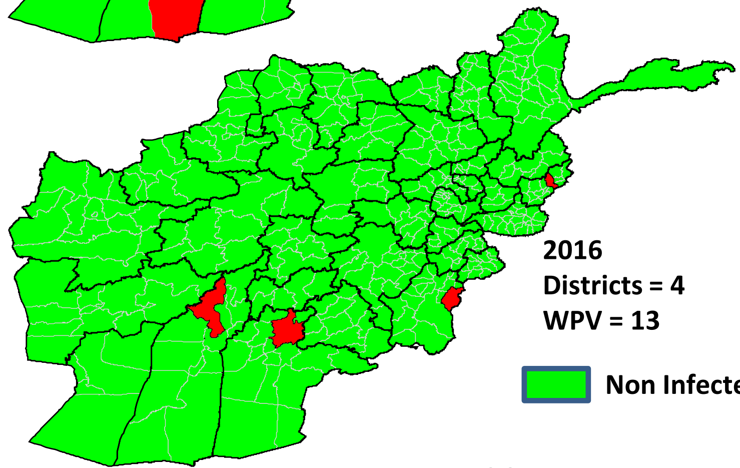
Technical Advisory Group Summary Conclusions

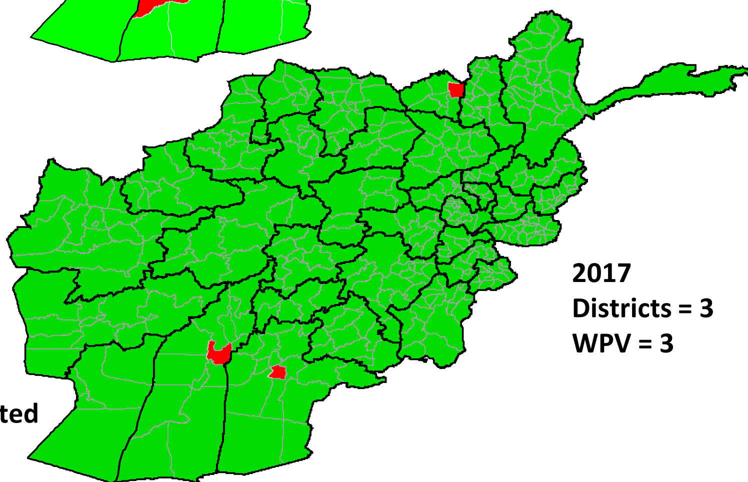
- **Strong political commitment and continued strong partnership** between government, UNICEF and WHO at national and regional levels.
- Systematic **implementation of NEAP 2016-2017** is paying results. **Strategic approach:**
  - Maintain program neutrality and gain access to all children
  - Use alternate strategies in inaccessible areas
  - Focus on identified high risk areas
  - Underpin all strategies to ensure community and household engagement
  - Ensure accountability at all levels
- Country has been able to interrupt transmission of 2015 in South and East. New transmissions in 2016/2017 have been temporally and geographically restricted.
- The **recent transmission in Kunduz** has potential of spreading/establishing. The risk of continued transmission in Bermal, Helmand and Kandahar cannot be ruled out.
- Sheegal and Bermal demonstrates that **pockets of unreached children**, however small, remain at risk.
- The transmission detected in 2016/2017 illustrates the **importance of population movement** for poliovirus transmission in the common reservoir.
- **Improved quality of the campaigns** as evidenced by reduction of failed LQAS lots from 26% in February SNID 2016 to 7% in February SNID 2017.
- **Improved analysis and data triangulation (**e.g. microplan validation, remote and third party monitoring in security compromised areas, Post campaign monitoring (PCM)/LQAS validation)
- Expansion of **Immunization Communication Network** showing promising results in reducing missed children

Reducing geographic spread

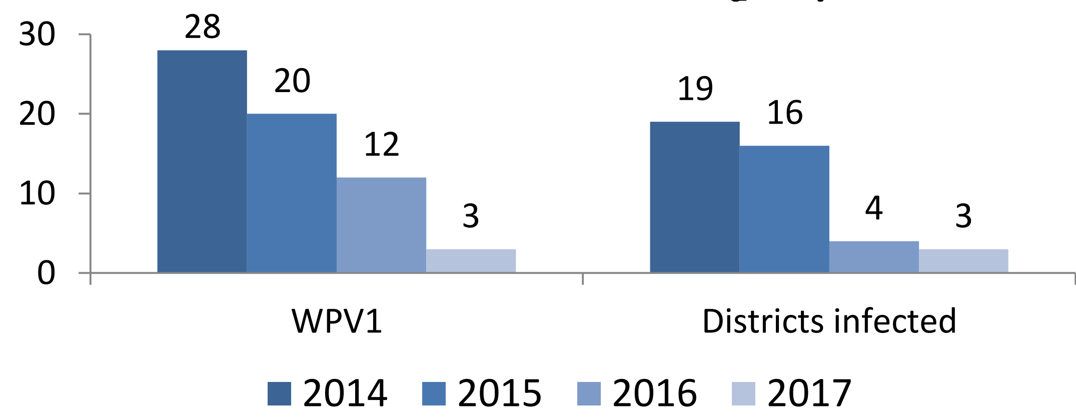






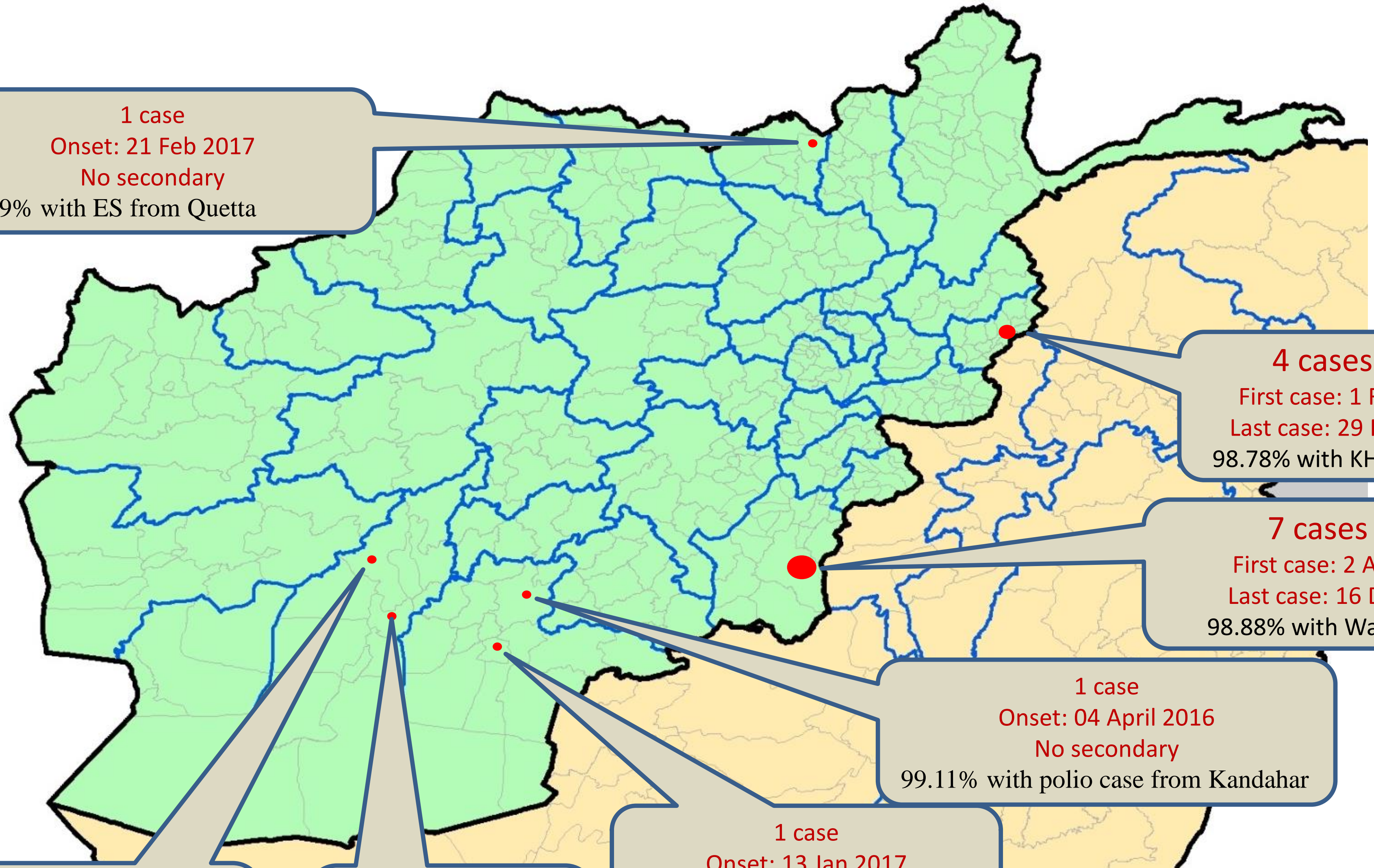


Non Infected
Infected

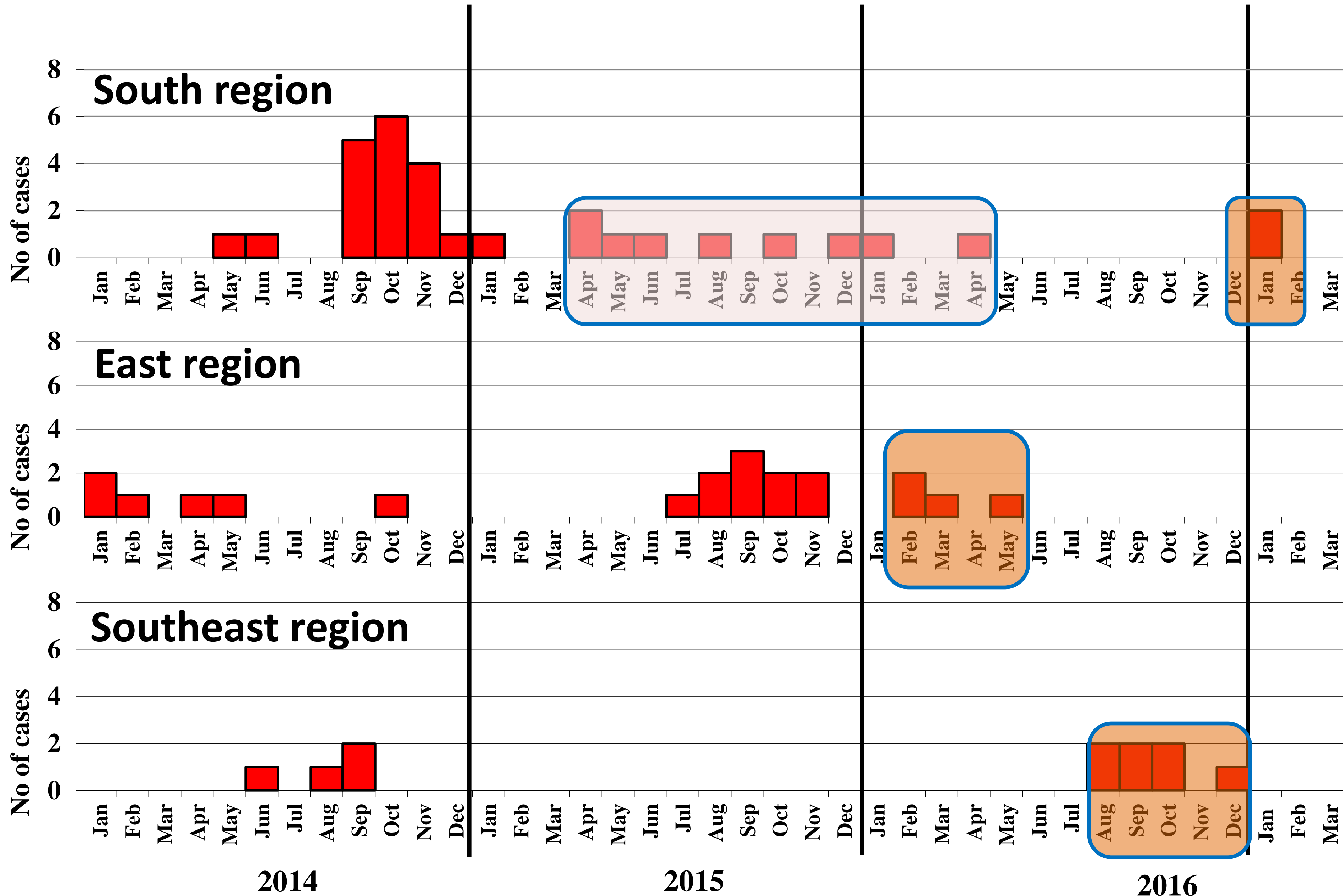


Data up to 13 Mar 2017

Transmission in 2016 and 2017



Transmission zones



Environmental Surveillance results

SN	Site	Total Samples 2013-to date
Kandahar Province		142
Kandahar city		
1	KDH-Khandak	50
2	KDH-Rarobat	50
3	KDH-Chawnie	7
4	KDH-Loya wiala	25
5	KDH- Karwan Kocha	10
Helmand Province		158
1	LSK-Bolan Br	45
2	LSK-Radio M	45
3	Nahr-e-Siraj-Zarat Bagh	38
4	Nahr-e-Siraj-Baran Sarai	30
Nangarhar Province		101
1	J-abad-Radar Br	38
2	J-abad-Sangi Qala	38
3	J-abad-Ulfat Mena	4
4	Behsud- Hada Farm	21
Kunar Province		29
Asadabad city		
1	Mandacool	29
Kabul Province		105
Kabul city		
1	Qila-e-Zaman K	35
2	Karta-e-Naw	35
3	Khawaja Bughra	35
Khost Province		3
Matun city		
1	Hindu Kot	3
Afghanistan		538

Environmental samples collection by Month: Sep 13 – Apr-2 17 (yearly totals: 2013: 10; 2014: 97; 2015: 148; 2016: 184; 2017: 99). KDH-Chawnie: closed.

Linked to 2017 case from Kandahar (AFG/08/17/011)

98.67% related with ES from Pishin

99.66% with PAK16-ENV436E2 PAK/BN/QTA/RP-1/16/007 QUETTA

99.11%PAK16-ENV287E4 PAK/PB/LHR/GR-1/16/008 LAHORE

97.79% with PAK15-972 PAK/FT/34/15/010 KHYBER

99.22% related with ES from the same site in January 2017

Summary: Total sites= 17

Total samples collected= 538

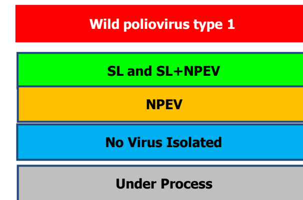
Total samples positive for WPV= 43

Total samples positive for NPEV= 147

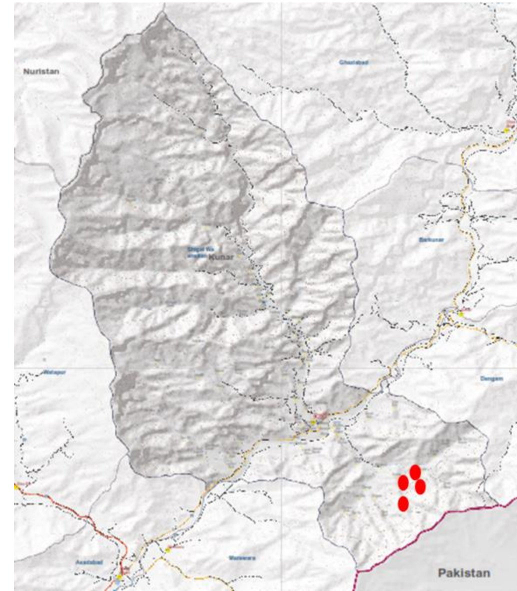
Total samples with results available= 513

Total samples positive for SL or SL+NPEV= 309

Total samples NVI= 14

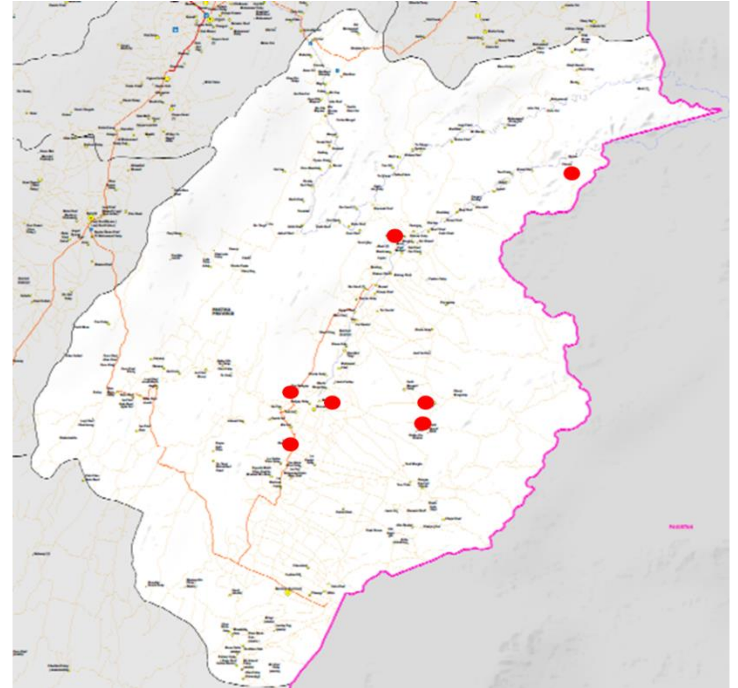


Transmission in Kunar



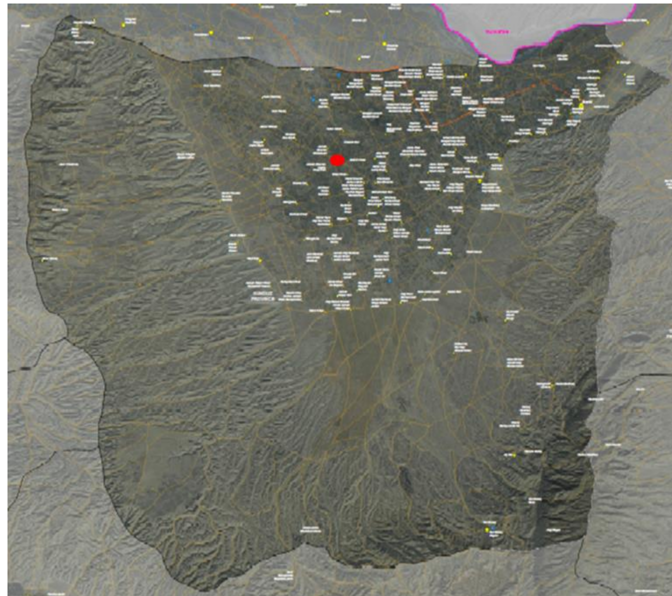
- Transmission limited to 1.5 Km square area
- 4 case (From 1st Feb to 29th May 2016)
- Area: Inaccessible since 2013; high number of Swati and Bajauri
- Response:
  - SIA campaigns including 1 IPV-OPV campaign; Permanent transit point at entry/exit point of valley; Polio plus and IPV from nearby health facility; mobilization of children from the inaccessible areas; 6 House-to-house campaigns conducted in the area since July.

Transmission in Paktika

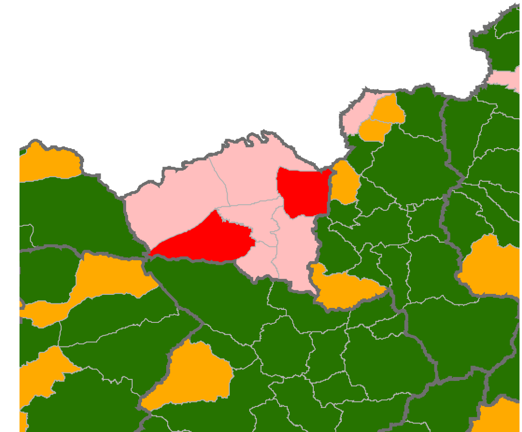


- Transmission limited to 10 Km square area
- 7 cases (From 2nd August to 16th Dec)
- Area: Pakistan refugee population; significant population under AGE control.
- Response:
  - 5 OPV SIAs and 1 IPV-OPV (20 October) since onset of first case; dialogue with concerned authorities; strong support from national level

Transmission in Kunduz



Access status



- 1 case from Dast-e-Archi (onset 21st Feb 2017)
- Area: Inaccessible since January 2016
- Response:
  - Permanent transit teams in place
  - Access gained for house to house vaccination
  - 3 Campaigns; first two with expanded age group (<10 years); 3rd with IPV+OPV; Scope of response 5 provinces (>1.7 million children)

Transmission in Reservoir areas

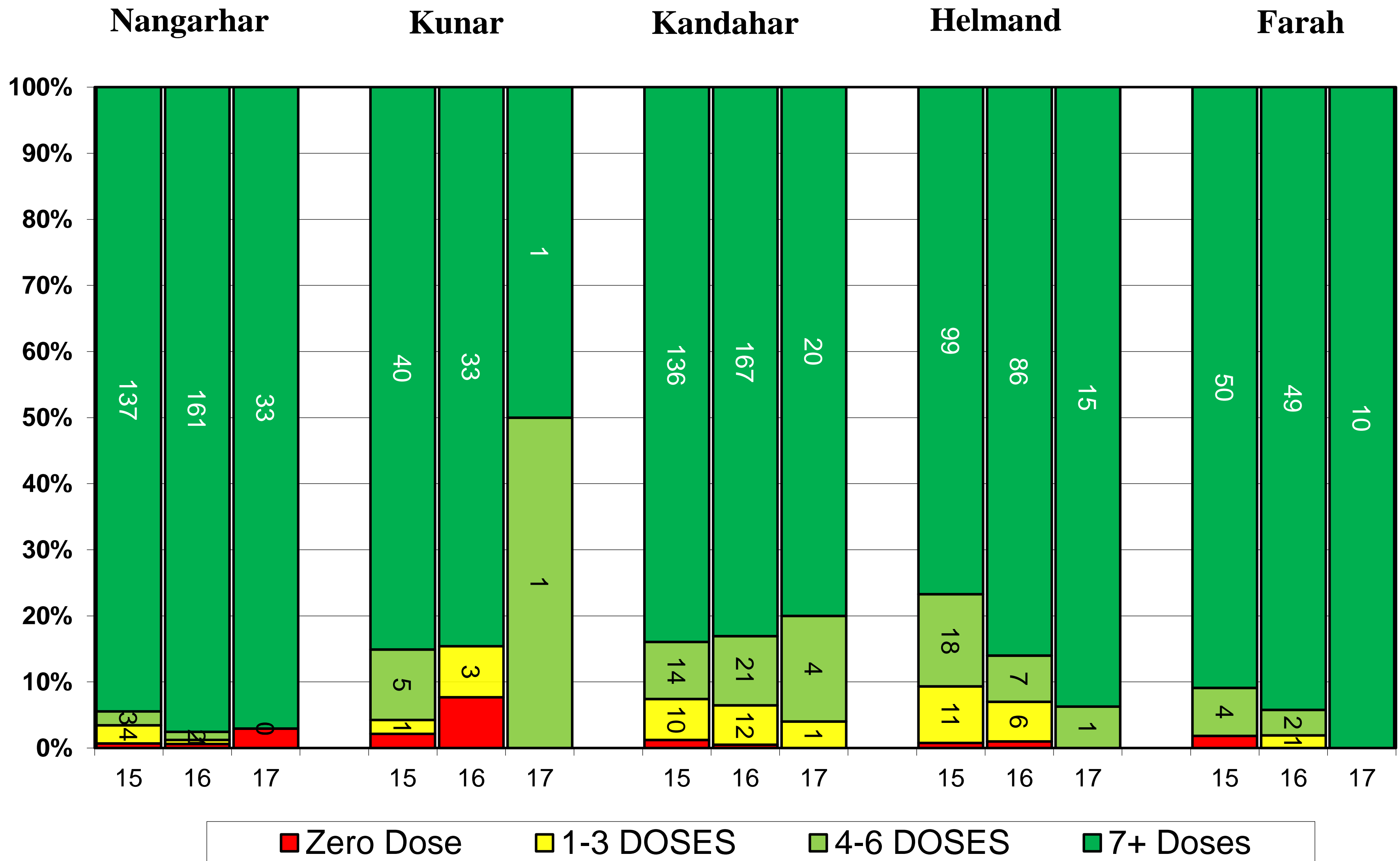
District	Transmission	Area character	Spread/ continuation	Response
Kandahar	AFP (Onset on 13 Jan 17)	Refusals, Population movement	ES positive, collected on 26 Jan 17 from Khandak	4 SIAs (30 Jan, 13 Feb, 27 Feb, 27 March) Focus on addressing refusal families (50% resolved)
	ES collected on 9 Mar 17	Population movement	**Nil**	3 SIAs (30 Mar, 17 April, 17 May), focus on returnee
Nahar-e-Saraj	ES collected on 23 Dec 2016	Population movement, AGE control	**Nil**	4 SIAs including 1 expanded age with IPV
	AFP (Onset on 21 Jan 17)	Population movement, AGE control	**Nil**	4 SIAs including 1 expanded age with IPV
Jalalabad	ES collected on 26 Dec 16	Population movement	**Nil**	4 SIAs (19 Jan, 30 Jan, 27 Feb, 27 Mar), focus on returnee
	ES collected on 24 Jan 17	Population movement	**Nil**	3 SIAs (30 Jan, 27 Feb, 27 Mar), focus on returnee
	ES collected on 25 Mar 17	Population movement		3 SIAs (30 Mar, 17 April, 17 May), focus on returnee

Vaccine-derived poliovirus type 2

- **Bermel District, Paktika Province**
  - Onset: 10 Sep 2016; Nine nucleotide changes in VP1
- **Action taken:**
  - Risk assessment of further spread
  - Detailed epidemiological investigation in the area and full clinical examination of the child
  - Contact samples (5 direct and 20 community contacts; all negative)
  - Search for leftover tOPV; none found
  - Enhanced surveillance measures (AFP surveillance reviewed and expanded; training/orientation of all focal persons)
  - IPV-OPV campaign conducted from 17 October
- **In absence of evidence of local circulation classified as aVDPV2**

Improvement in population immunity

Vaccination status of Non Polio AFP cases 6-59 Months- HR Provinces 2015-2017*

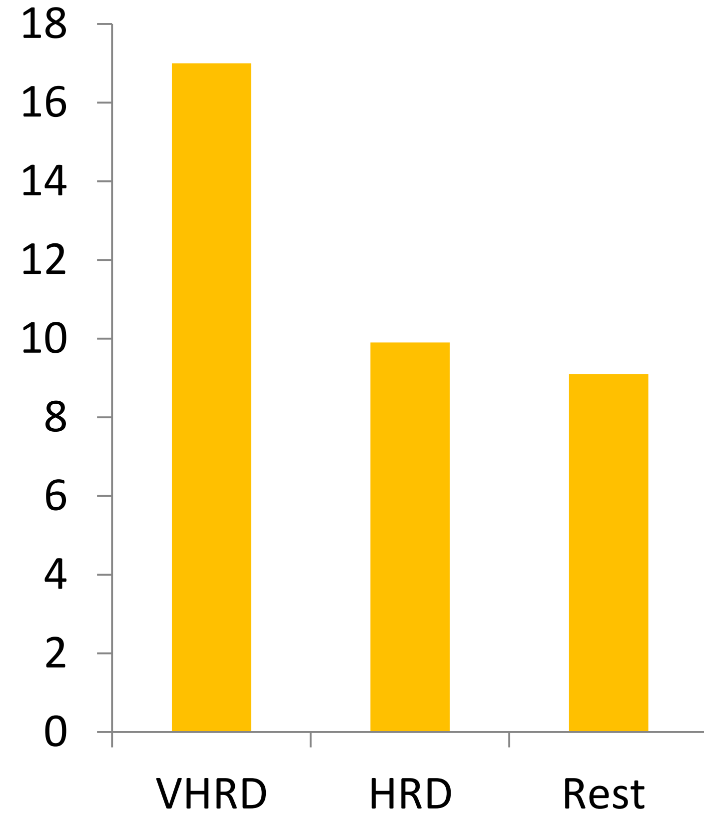


Data up to 22 Apr 2017

Indirect evidence of vaccine reach (SL isolation)

20
18
16
14
12
10
8
6
4
2
0

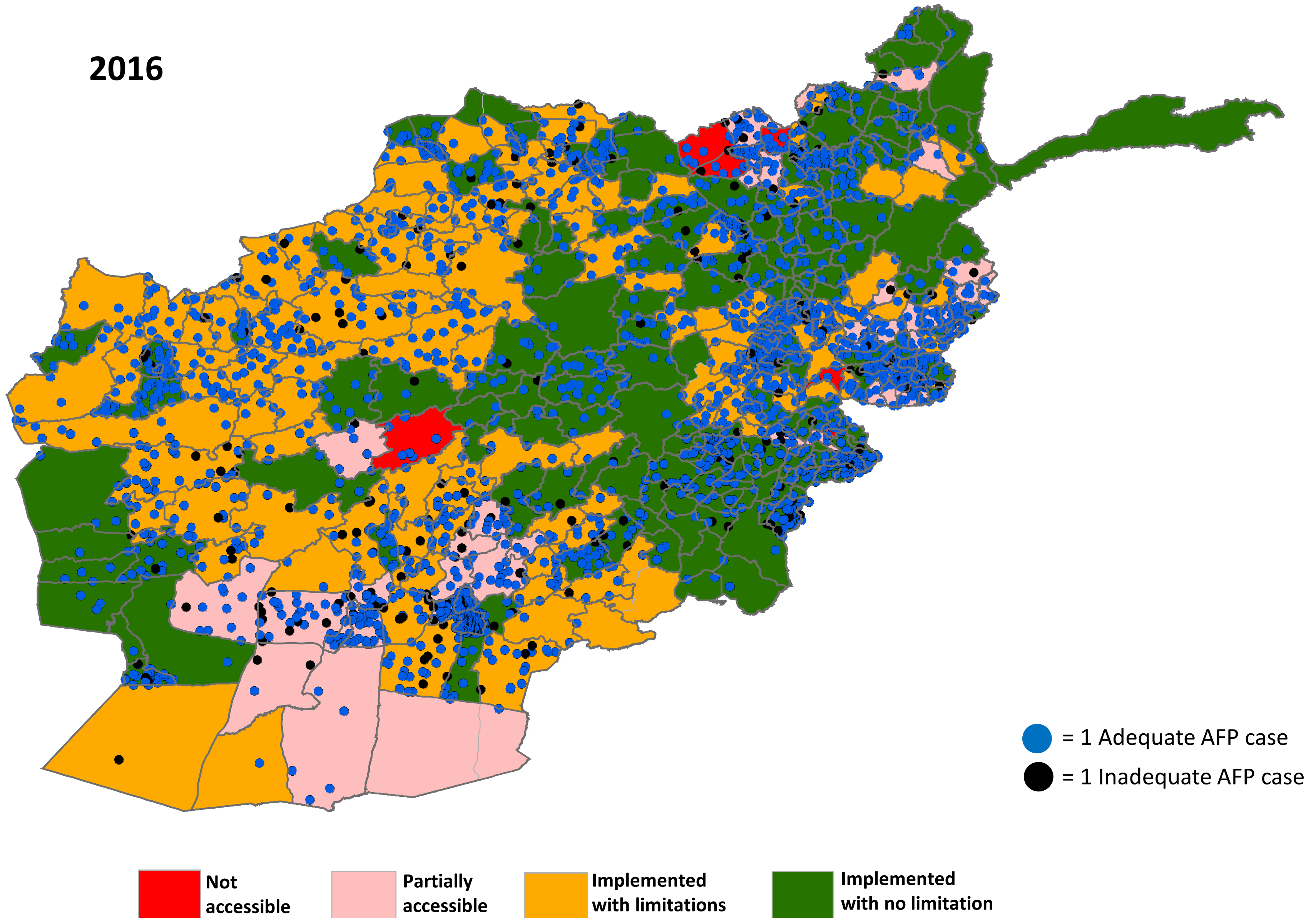
Helmand
Kandahar
Farah
Nanagarhar
Kunar
Kunduz
Paktika
National



Data up to 13 Mar 2017

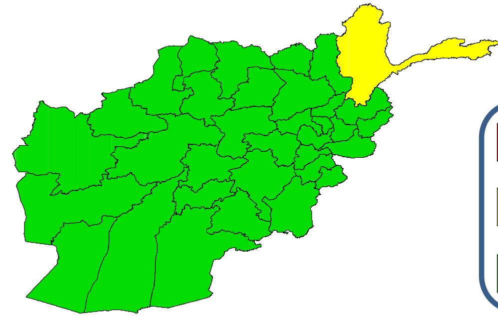
Surveillance

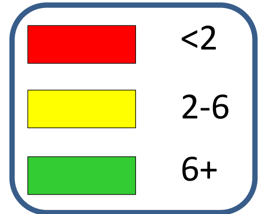
AFP cases and access status



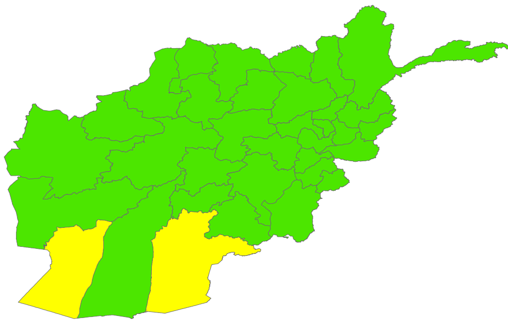
AFP surveillance: key indicators

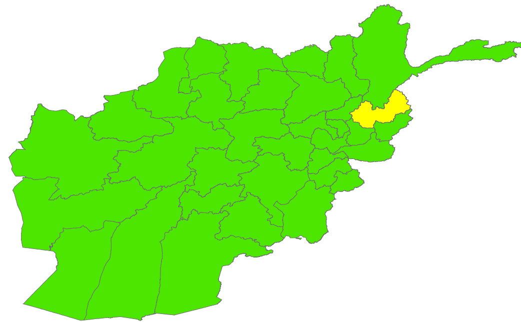
2015 | 2016 | 2017

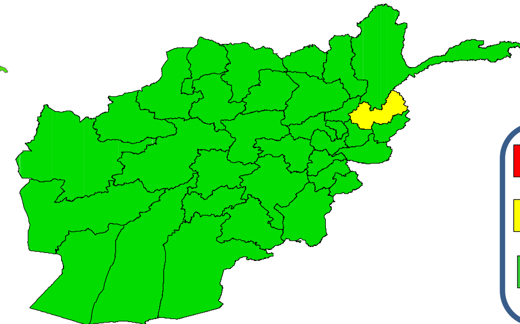


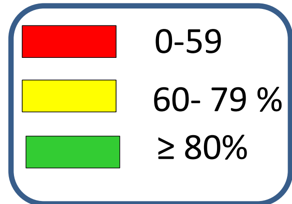


Non-polio AFP rate

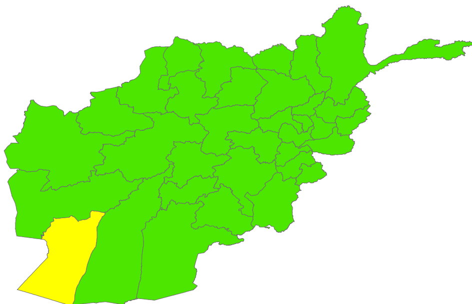


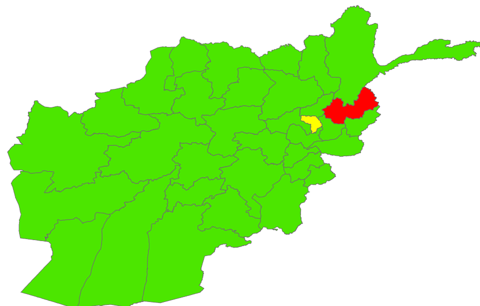


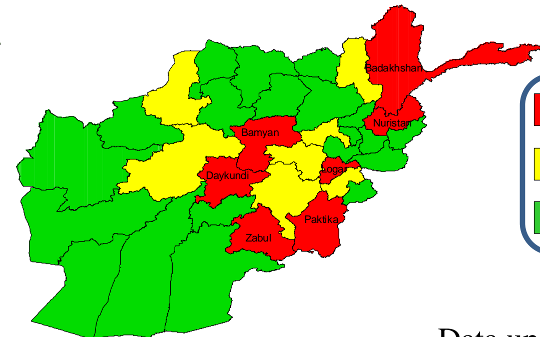


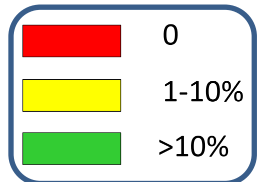


Stool Adequacy





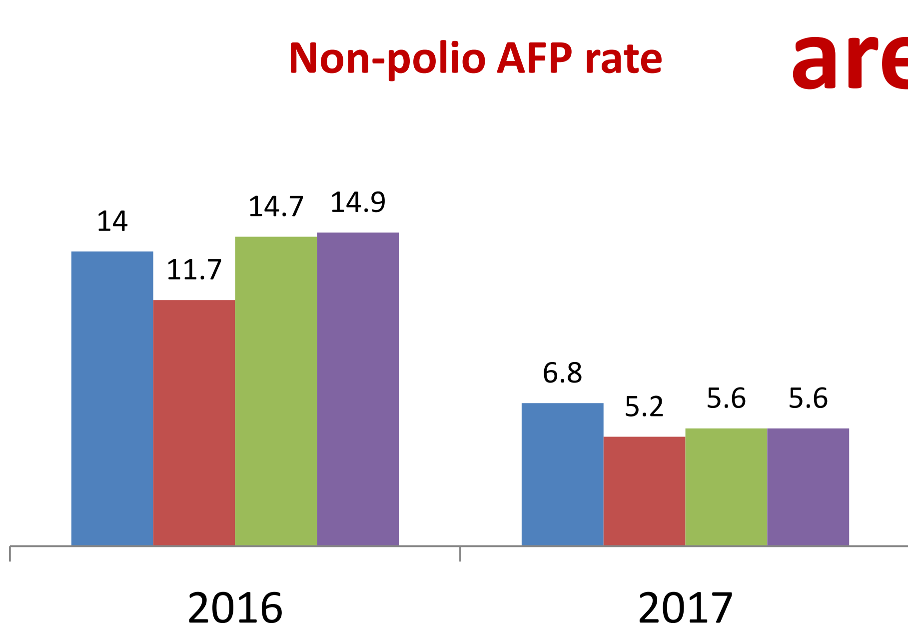


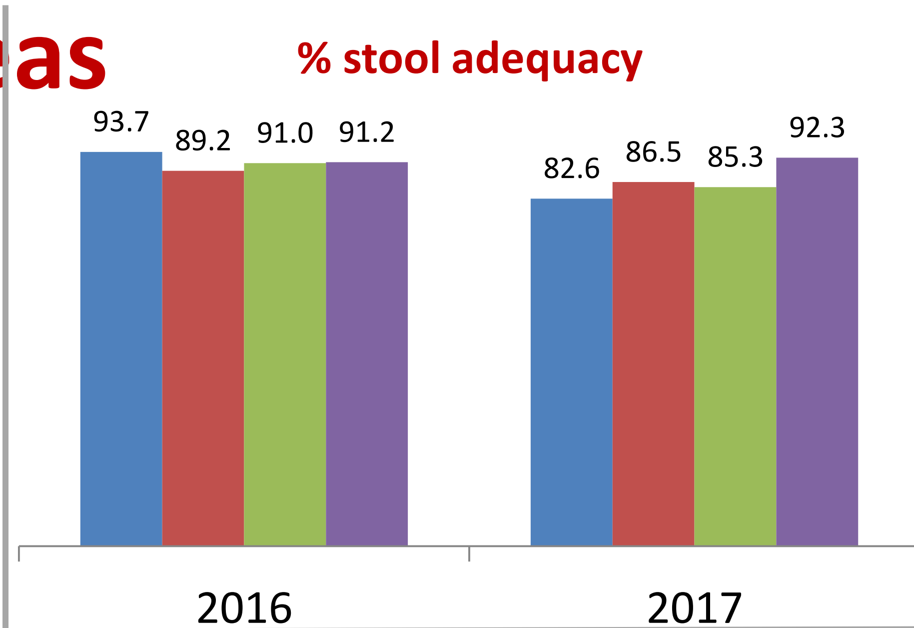


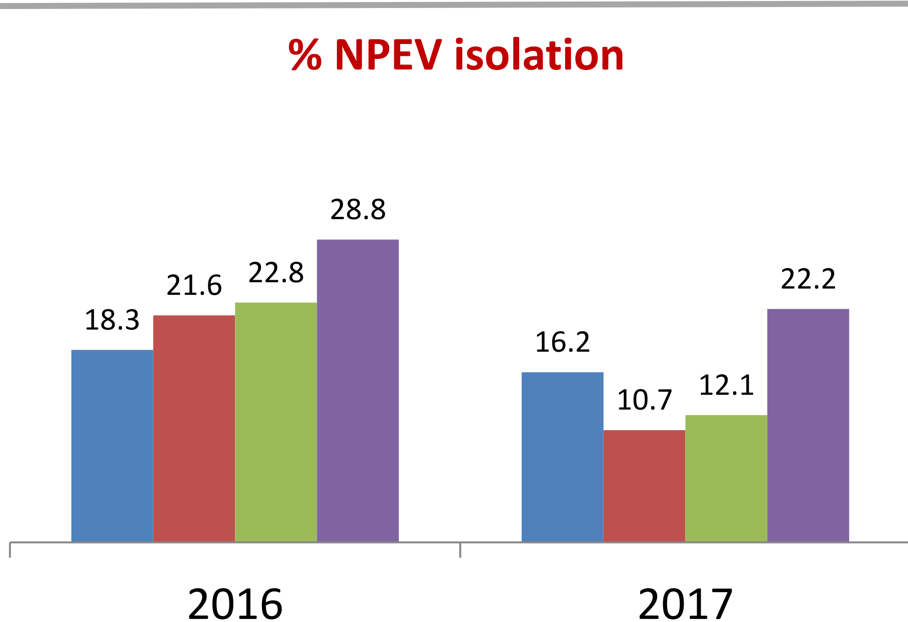
EV Isolation

Data up to 22 Apr 2017

Surveillance in access compromised areas







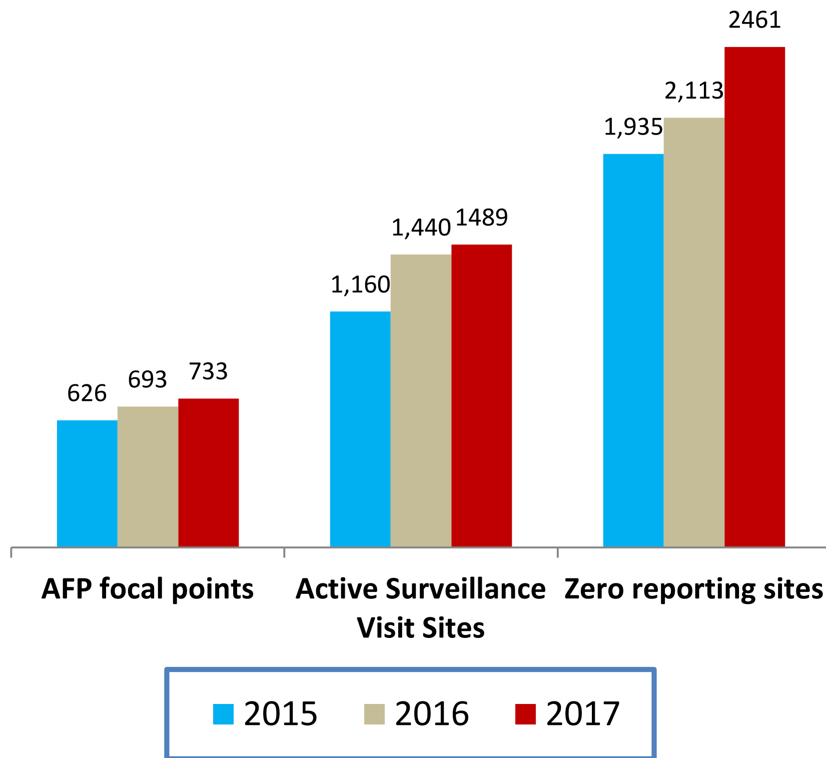
Category 1: Fully accessible

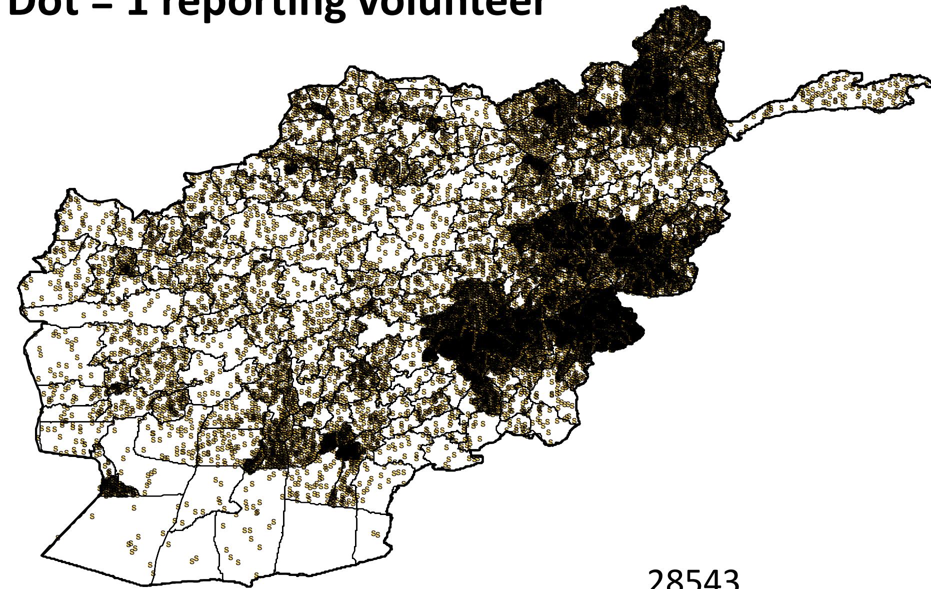
Category 2: Partially accessible

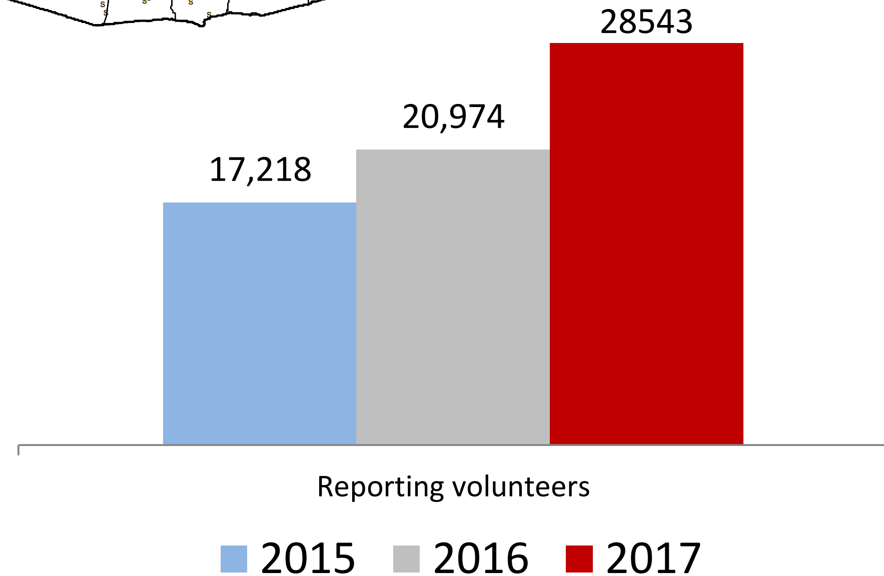
Category 3: Accessible with limitations

Category 4: Not accessible

Expansion of reporting network







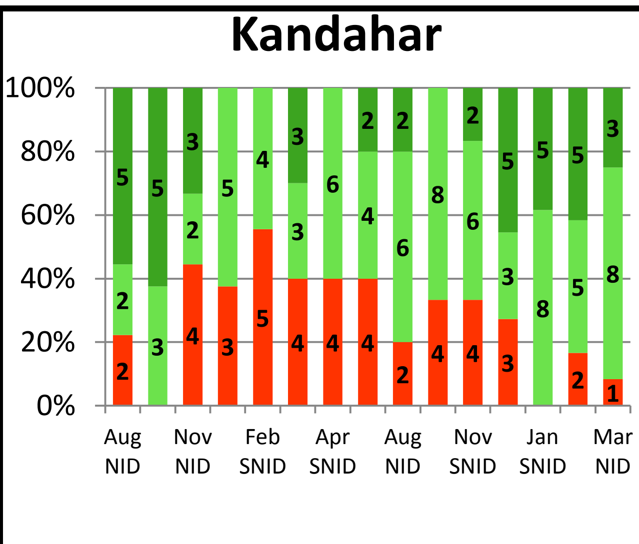
Data up to 11 Mar 17

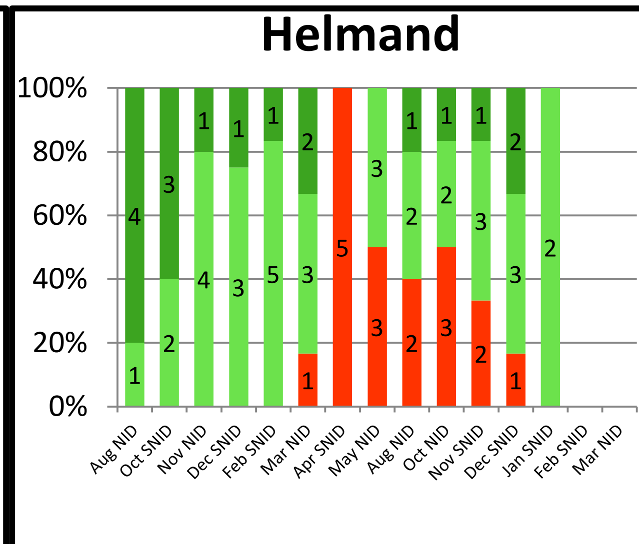
Reaching children with vaccine

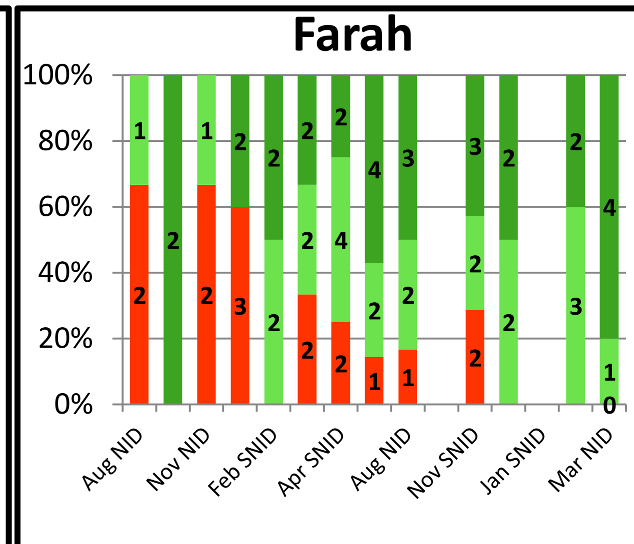
Improved quality of SIAs since early 2016

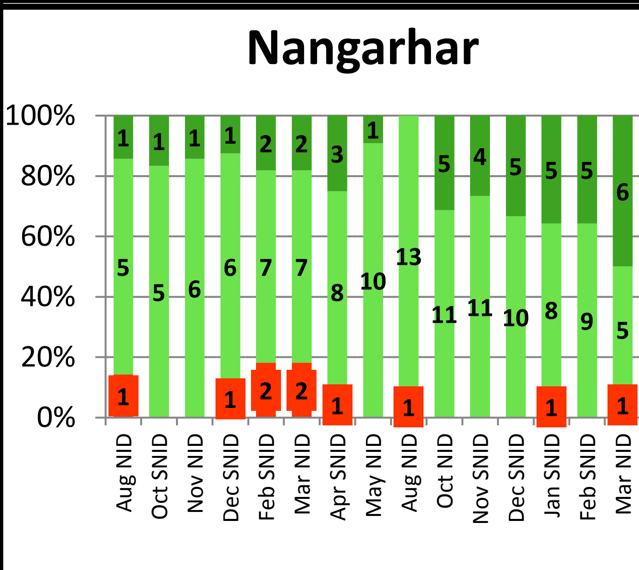
Data up to 24 April 2017

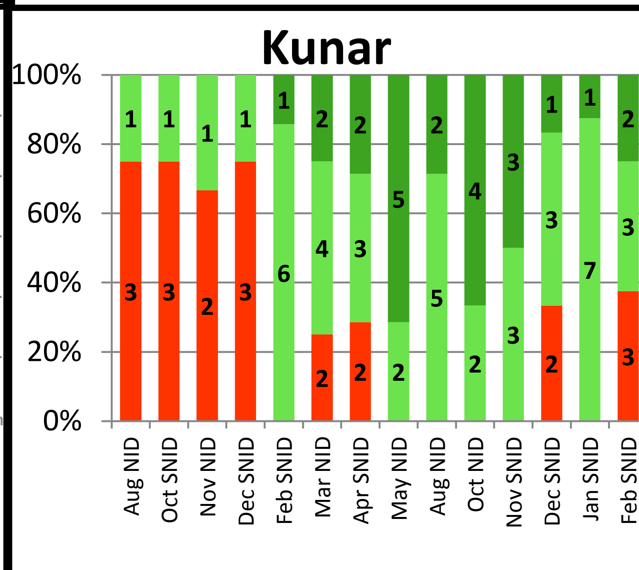
Improving SIA Quality: LQAS results by province

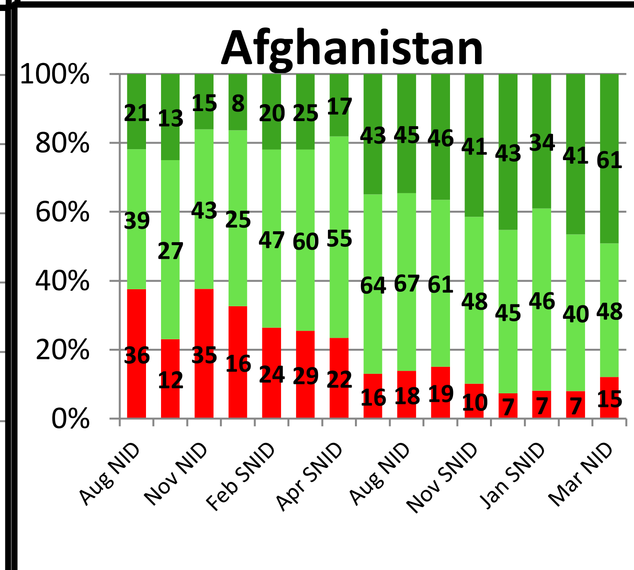












Accepted at 90% **Accepted at 80%** **Rejected at 80%**

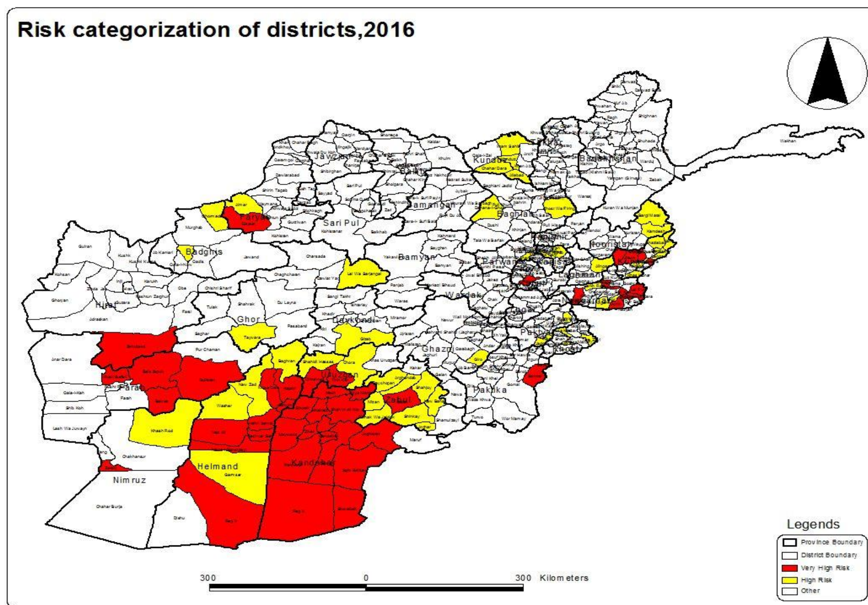
Data up to 24 April 2017

Major Interventions

- **Improving quality in core reservoir area:**
  - Focus on high risk areas
  - 4 NID and 6 SNID in 2016; IPV-OPV campaign in high risk areas
  - Microplan revision to ensure all houses are included
  - 5th day revisit strategy expanded and consolidated
  - Supportive supervision from national level
  - Data validation and triangulation
  - Third party and remote monitoring
  - Use of data for corrective action and tracking from EOC
  - Full time ICN for household engagement
- **Focus on High risk mobile population**
  - Identification, mapping and special strategies for reaching
- **Implementation of accountability framework**

Focus on high risk areas

- 6 high risk provinces and 49 very high risk districts (VHRDs)
- Focus of all interventions and close supervision from national level
- For all VHRDs: Profiling done, specific issues identified and action plan developed



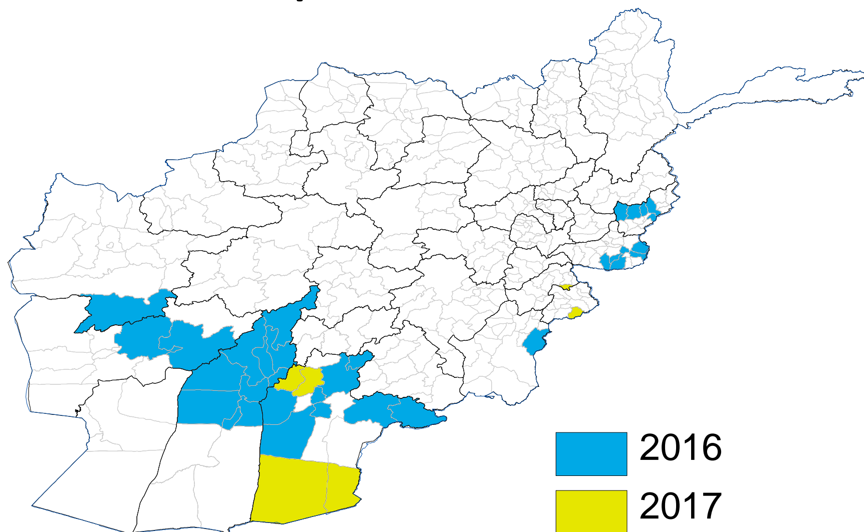
Intervention Specific for VHRDs

- Deployment of district level staff
- Deployment of ICN/ CHV
- Greater Monitoring and Supervision Focus
- District Profile and District Specific Plans
- Additional Supportive Strategies: Remote Monitoring, School Engagement
- National Monitors Deployment

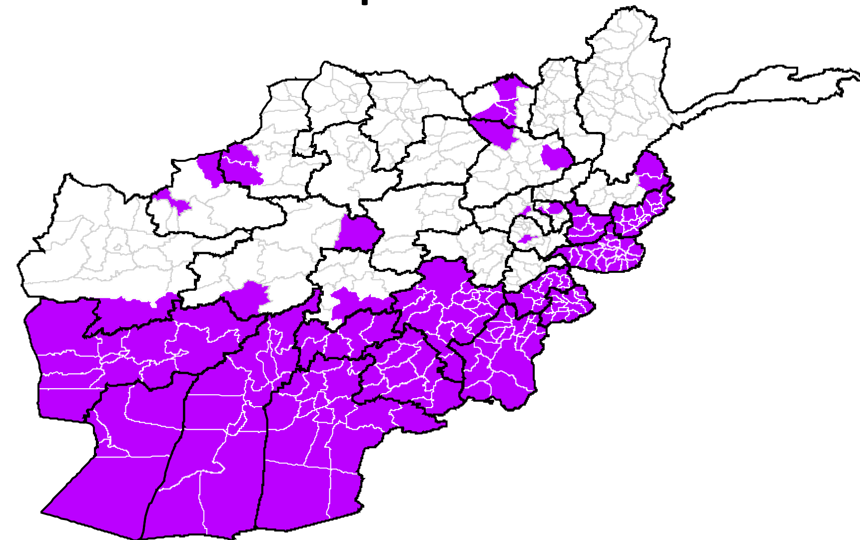
SIAs

- 3 NID and 6 SNID conducted since last IMB
- SNIDs cover all VHRDs, HRDs and high risk provinces
- IPV-OPV SIA:
  - Implemented in 44 districts Reaching ~970,000 children
  - 25 districts planned for 2017
  - fIPV pilot planned in Kabul (May-June 2017)

IPV SIA implementation status



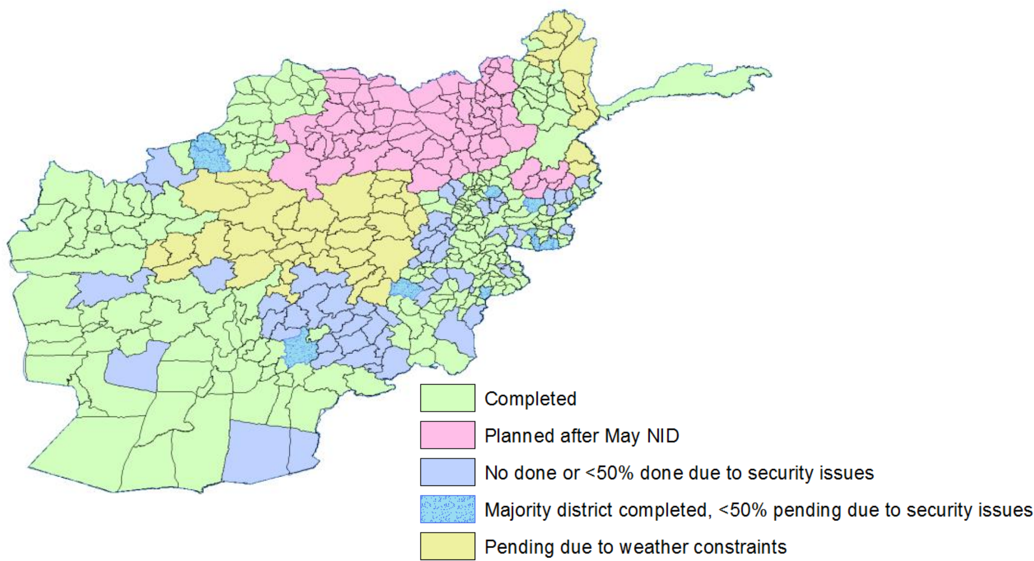
Scope of SNID



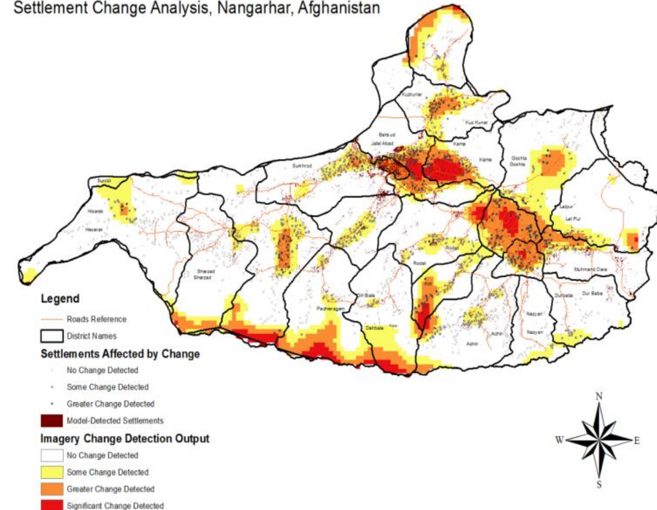
Microplan revision

- Phase 1: focus on VHRDs; completed in 43 districts-14,000 additional households identified.
- Phase 2:
  - Nationwide
  - completed in most of the country following March NID
  - Rest planned after May NID
- Ongoing revision on basis of GIS information and information on population movement

Status of Phase 2 microplan revision



Example of use of GIS for identifying population movement

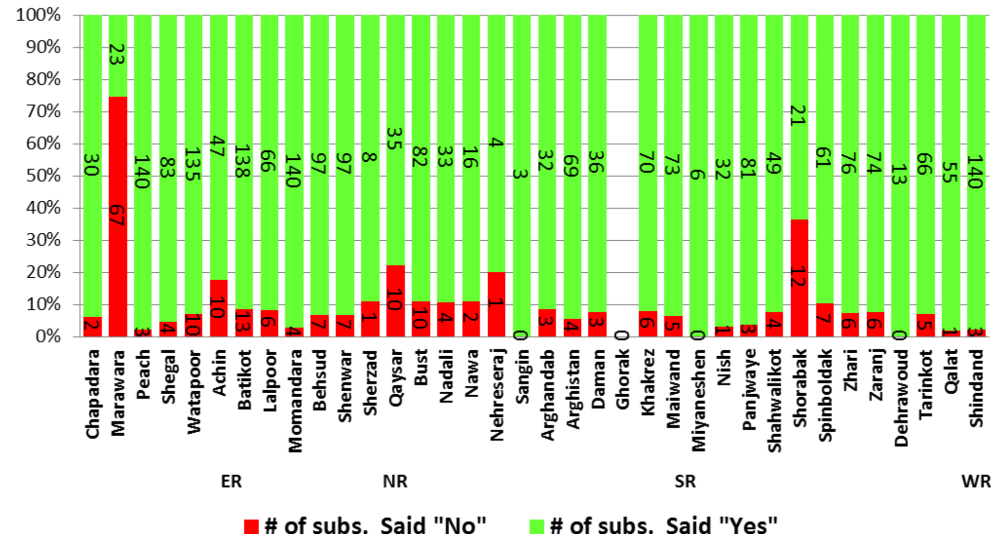


Intensified monitoring

- Expanded scope and quality control of Post campaign monitoring and LQAS:
  - 100% supervisory area monitored in VHRDs and 50% in other districts
  - LQAS in all high risk area, if feasible due to security
  - 5% PCM and 10% LQAS validated by regional/National level
- Remote monitoring in VHRDs using mobile technology
- Third party monitoring for security compromised areas
- Data from school engagement: reported by school students on whether every under 5 child in their household vaccinated or not.

Sample of Remote Monitoring Survey (Feb-SNIDs)

Question: Did the Vaccination team vaccinated all under 5 children in your house?



Use of program data

- Intra campaign monitoring (ICM)
  - Received on daily basis from VHRDs, analyzed at NEOC and feedback sent to field for corrective action
- Remote monitoring and school engagement:
  - Collected on day 3 & 4 of campaign, shared with field for recovery during revisit
- Areas with failed lots in LQAS
  - Detailed investigation for reason and plan for corrective action
- Post campaign review including feedback from National monitors

Analysis sample of ICM Data

Findings from first day of ICM and IVR data, March 2017 NIDs

Dear Southern region team colleagues,

Thank you very much for your efforts conducting polio campaigns in the difficult political situations there. NEOC reviewed ICM data collected from Kandahar, Uruzgan, and Zabul provinces as well as data of intra-campaign monitoring on specific indicators via Interactive Voice Record (IVR) approach. The IVR Data was collected from only 73 teams in 14 districts (10 VHRDs and 4 non-VHRDs) of four provinces.

National EOC request you to pay attention to address operational issues identified by the data in the forthcoming days of the polio campaign. Issues which cannot be addressed during the campaign should be discussed in your review and other meetings. We hope to have better polio campaigns in the future.

Points for consideration:

- All vaccinators were trained before the campaign; quality vaccine was used, which are good achievements. We are not aware from the quality of vaccine in Helmand from where use of poor quality vaccine was reported in the last round?
- The Rekshahs parade seems interesting.

ICM and IVR coverage:

- Southern region failed to send ICM checklist data from Helmand and Zaranj.
- IVR had the lowest ever collected data from SR since its commencement. We request Regional EOC to ask ICMs to submit their reports via IVR on a timely basis. We have serious concern on this issue.

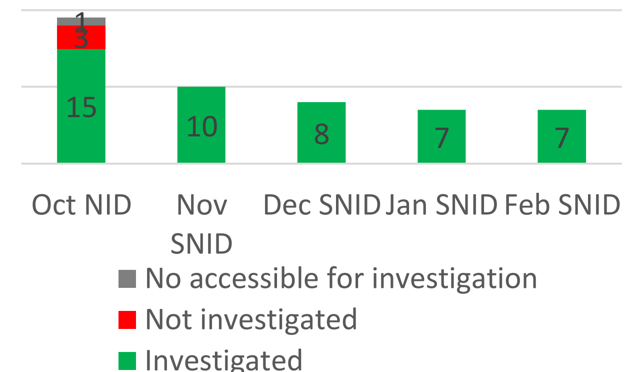
Issues to be addressed during the ongoing polio campaigns:

IVR

- Overall 95% of the observed teams were supervised, however its percentage was lower in:
  - Helmand Province: Nahrisiraj - 75%;
  - Kandahar province: Daman/Shega - 75%;
- The percentage of teams accompanied by social mobilizers was very low all ICN districts except Kandahar Kandahar/Dand, where the percentage was 93%. What are its reasons? We are seriously concern of under-usage of the deployed human resources?
- A total of 58 children were reported missed due to no team visit. Highest numbers were reported from Kandahar (32) and Zahrai (15) districts of Kandahar province. Please pay attention to its vaccination in the forthcoming day as well as revisit day vaccination.

95% of children were observed vaccinated based on finger marks. However, the FM coverage was lower in Kandahar (90%), Khakriz (78%), and Maywand (83%). The districts requires specific attention.

Failed LQAS Lots Investigated



Revisit strategy

- 5th day revisit strategy consolidated
- Gap on day 4 for better planning
- Feeding the data from remote monitoring and schools for focus during revisits

Supportive supervision

- Joint supportive supervision plan from National and regional level
- National monitors deployed for preparatory, implementation and post campaign phase
- Focal points from National EOC deployed to high risk provinces for closer support

Accountability framework

- Developed for every level of the program including frontline workers
- Mainly targeting performance indicators rather than outcome indicators
- Falsification of data and misuse of resources gets the highest level of sanctions
- A number of core accountability indicators identified that are followed from national level

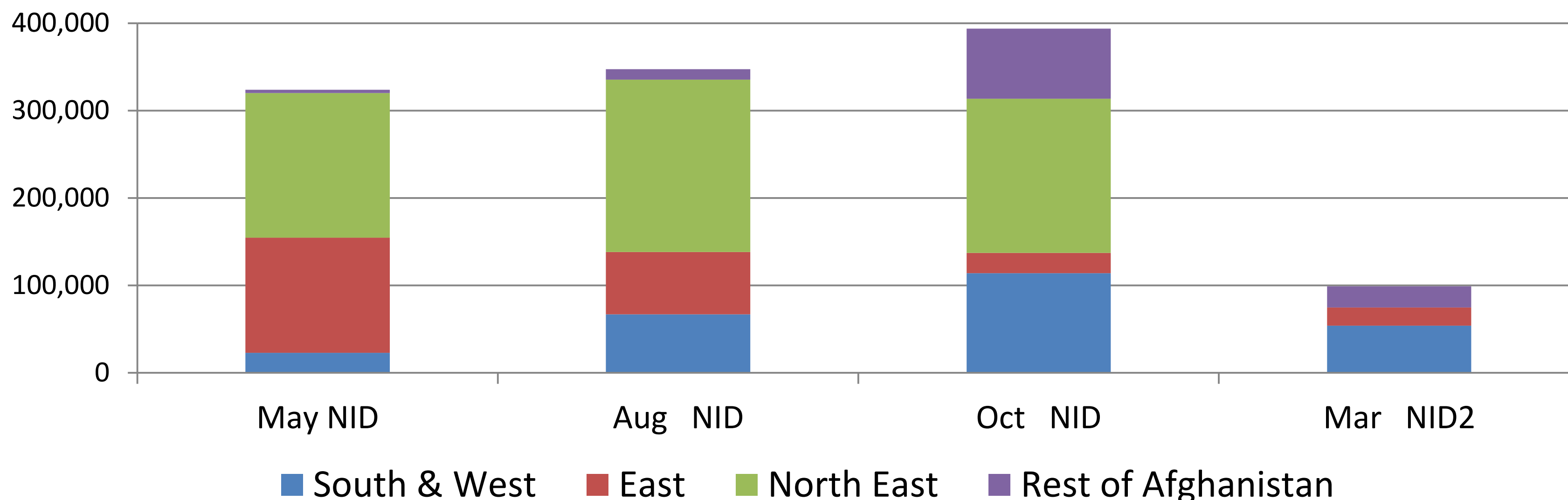
Replacements due to chronic underperformance
172 PCM monitors, 28 LQAS surveyors in 2017
11 DCO, 18 CCS, 61 SM in past 6 months

Warnings for to improve performance

Appreciation to good performers

Components	Activity	Expectation/Target	Responsible
Management & coordination	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
SIA - Microplanning	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 profile and plan updated after each campaign	Updated two weeks prior to the campaign date	DPO, DCO, DC, Cluster Supervisors, BPHS
SIA - Microplanning	Teams selected according to the national guidelines	At least one female local vaccinator; status review one week prior to the campaign	District Coordinators
SIA - Trainings	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	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 - Monitoring	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	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	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
Performance indicators	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	High quality & transparent data/information	All data transmitted to EOCs is accurate; immediate Removal of any team member who falsifies information/data	All stakeholders
Transparency	High quality transparent data/information	any misusse of polio resoureces will result in immediate removal of the involved person/s who may also face puntive action	
Transparency	High quality & transparent data/information	Financial: Ghost teams/Supervisors: immediate removal of any team member who recruits ghost teams	All stakeholders
Transparency	High quality & transparent data/information	if ghotst team/s was/were found in >1 supervisory area, coordinator will be sanctioned, if foud in 1 supervisory area, supervisor will be sanctioned.	All stakeholders

Inaccessible children: May 2016- Mar 17



Region	May NID	Aug SNID	Aug NID	Oct NID	Nov SNID	Dec SNID	Jan SNID	Feb SNID	Mar NID
East	**131,781**	**73,355**	**71,085**	**23,204**	**24,213**	**17,488**	**19,156**	**18,932**	**21,002**
North	3376	0	0	6,206	0	0	0	0	0
NE	**165,333**	**101,434**	**197,192**	**176,377**	**105,539**	**105,024**	**104,200**	**104,280**	**0**
South	22,811	49,403	28,798	141,142	120,597	18,192	78,254	12,416	40,989
SE	400	1,215	12,101	46,808	13,827	12,651	1,500	20,455	24,051
West	0	132,806	38,260	0	0	749	183,100	0	12,970
Central	0	0	70	0	75	75	0	0	0
Total	**323,701**	**358,213**	**347,507**	**390,373**	**264,251**	**154,178**	**386,207**	**156,083**	**99,012**

Addressing inaccessibility

Quality and Access Team

IPV and OPV from nearby health facility

Polio plus from nearby health facility

PTT at entry / exit points

3 rounds of SIADs (1 IPV) in newly accessible

Village level mapping

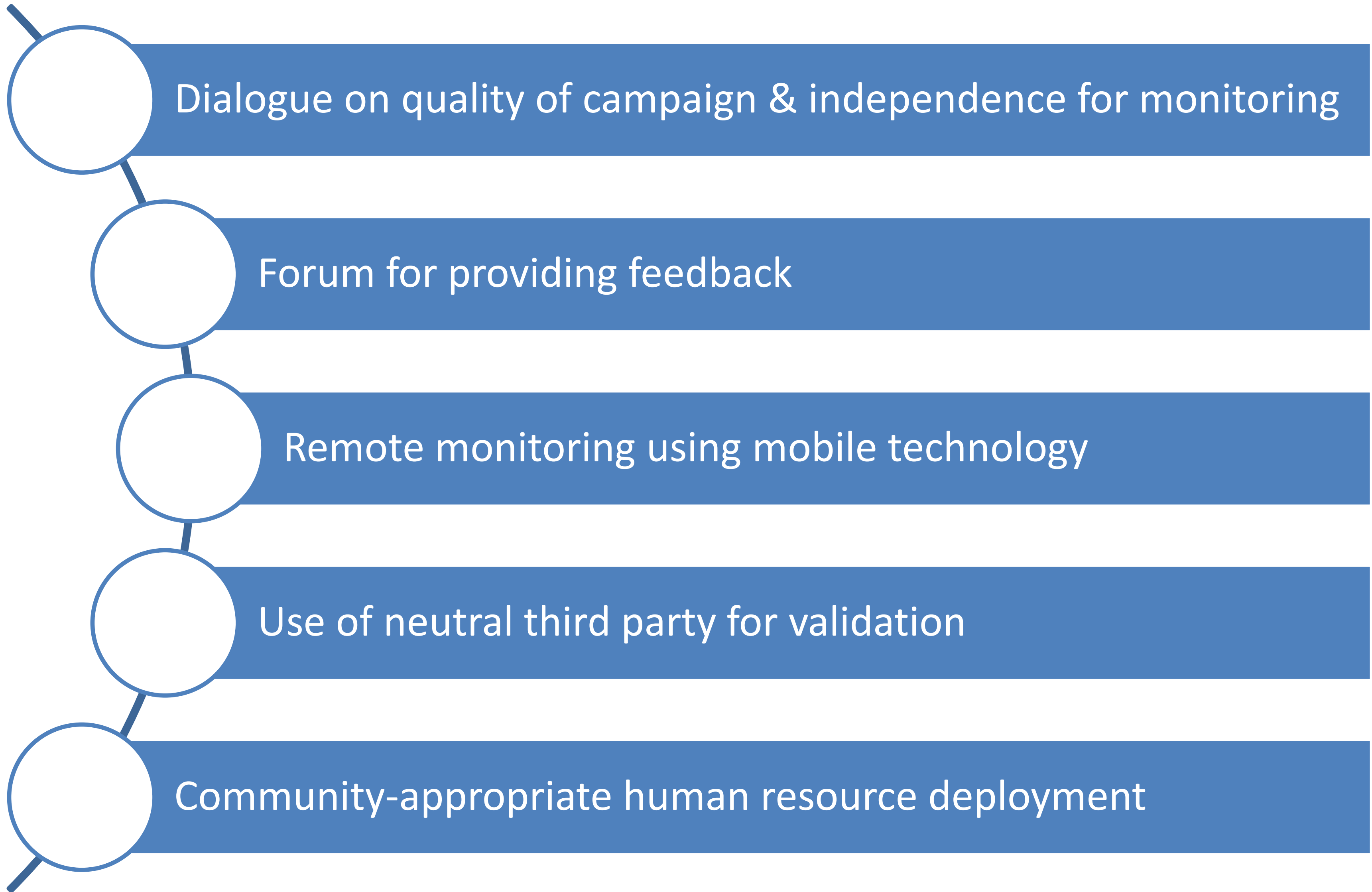
Dialogues & community engagement

Ban on vaccination

Areas with active fight

- State of preparedness
- Dialogue with all the parties
- Recovery once active fight over

Addressing security challenged accessible areas



High-risk mobile populations

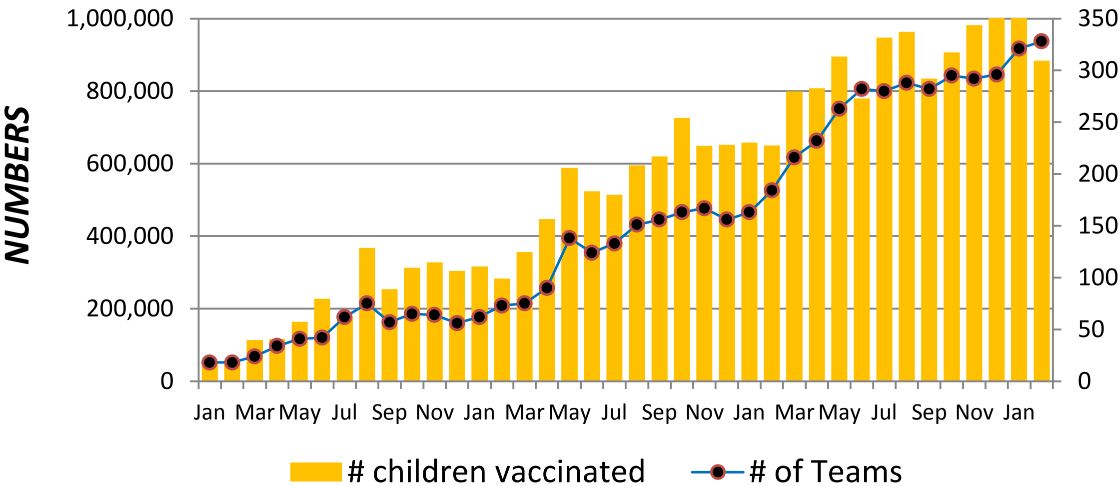
- 2016/2017 shows that mobile population plays crucial role in sustaining and spread of transmission
- Program has identified 4 categories:
  - Long distance travel within reservoir areas, e.g.
    - Karachi, Quetta block, Kandahar, Helmand, Farah and Faryab
  - Straddling population at the border areas
    - Paktika, Khost, Nangarhar and Kunar
  - Nomadic population
    - Within country and inter-country
  - Returnee
    - Returnee refugees from Pakistan to Afghanistan
    - Returnee refugees from Afghanistan to Pakistan
- Specific interventions being done for each of these

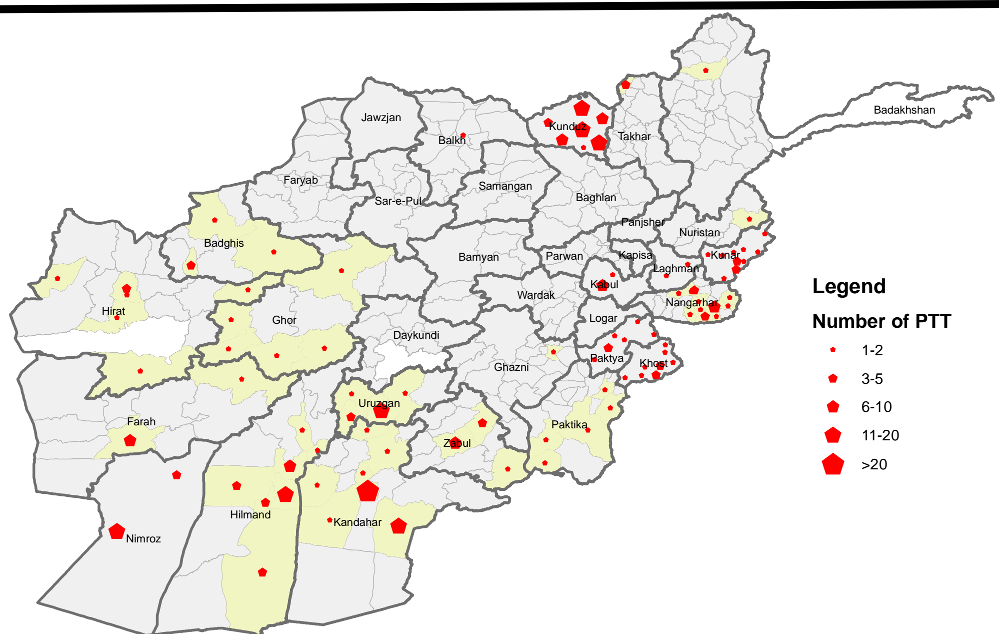
Long distance travel within reservoir

- 2 specific corridors identified
  - Eastern corridor (KP-Nangarhar)
  - Southern corridor (Quetta-Southern/western AFG)

- Interventions:
  - PTTs and CBTs at all major points; modified as per changing scenario
  - More emphasis on guest children by vaccinators, SM, supervisors and monitors
  - Areas with high population movement being identified and focused (e.g. Loyawala of Kandahar, Nahar-e-saraj of Helmand)

Permanent Transit Teams

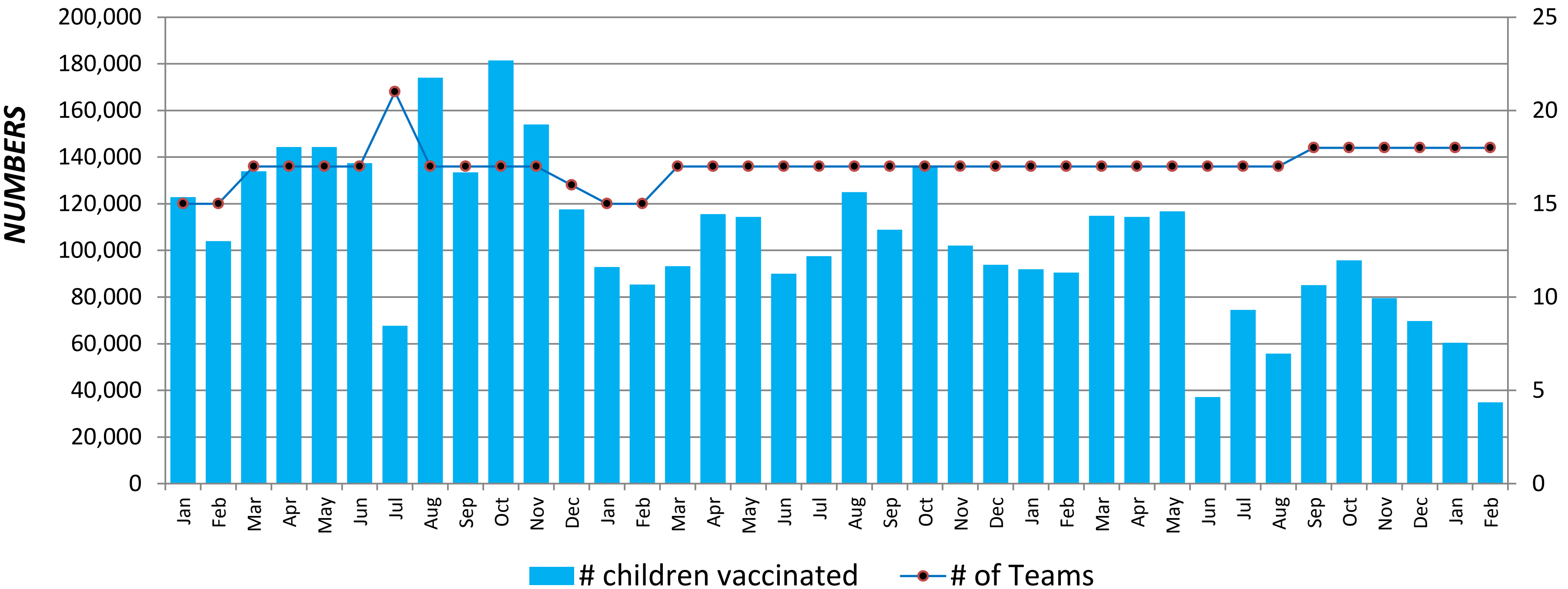




PTTs concentrated in conflict prone/inaccessible areas

- *PTTs increased from 163 in Jan 2016 to 328 in Feb 2017*
- *On an average ~850,000 children vaccinated per month*
- *PTT strategy being continuously reviewed and reinforced in security compromised areas*
- *Age group for vaccination by PTTs expanded to 0-10 years*
- *PTT microplan revised on monthly basis based on changing security situation*

Cross Border Teams (CBT)



- *Age group for vaccination increased to < 10 years*
- *Average ~85,000 children are vaccinated per month in 2016*
- *Decline seen in June 2016, due to*
    - *Stricter regulations for crossing border, only with legal documents*
    - *Significant proportion of crossing children vaccinated at IOM zero point, coverage included in returnee population vaccination*
    - *Strengthening of cross border teams on Pakistan side*

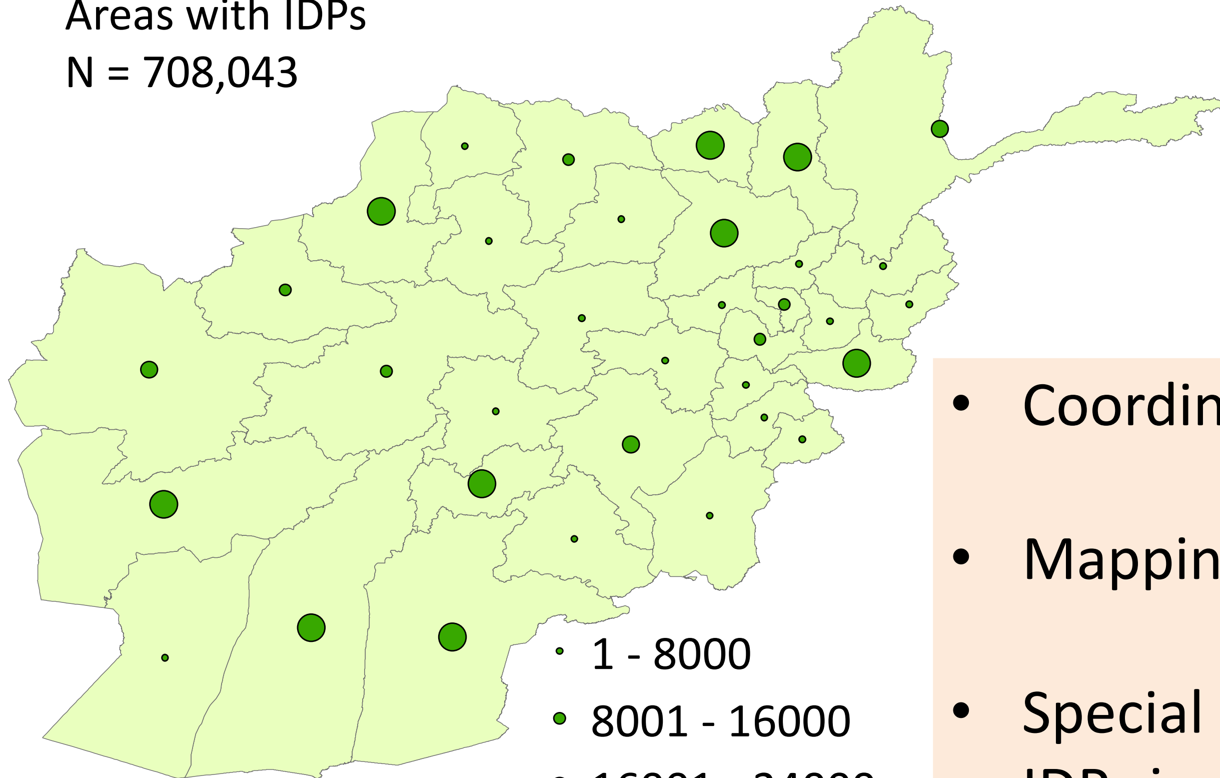
Long distance travel within reservoir areas

- Survey being done in VHRDs to identify households with the guest children
- Completed in Eastern region and 2 districts of South/Southeast
- It will be used to focus on guest children during the campaign

Identification of households with the guest children

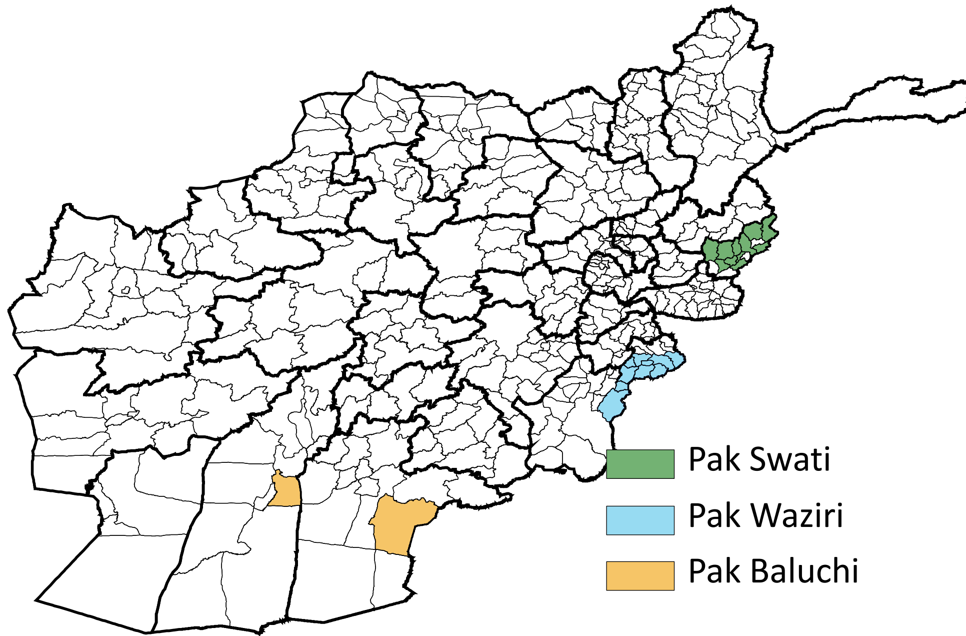
	# households with special population (as per ICN register)	# households with AFG returnees	# households with PAK refugees	# households with Internally Displaced People (IDP)	Number U5 children belong to Returnees/ Refugees/IDP/ Guests Population	#HHs belong to Returnees/Refugees/IDP population *[exclude guests]*	#U5 children belong to Returnees/Refugees/IDP population *[exclude guests]*	#HHs with guests	#U5 guest children
SR	**3,139**	**628**	**99**	**1,784**	**8,676**	**2,511**	**7,144**	**610**	**1,532**
Kandahar									
Kandahar City	2,571	407	71	1,536	6,866	2,014	5,555	539	1,311
Spinboldak	568	221	28	248	1,810	497	1,589	71	221
ER	**15,614**	**8,526**	**297**	**5,775**	**52,656**	**14,552**	**50,086**	**1,073**	**2,570**
Kunar									
Asadabad	467	118	30	295	1,410	442	1,366	24	44
Chapadara	150	41	1	93	487	135	454	17	33
Marawara	141	30		99	387	129	368	12	19
Pech	239	96	14	79	589	189	478	50	111
Shegal	200	108	7	70	603	185	574	15	29
Watapoor	184	88	7	13	483	108	328	76	155
Nangarhar									
Achin	570	109		366	2,082	475	1,808	97	274
Batikot	773	478	28	253	2,858	759	2,826	14	32
Beshoud	6,487	4,237	65	1,953	22,035	6,250	21,480	226	555
Jalalabad	3,072	1,956	49	646	8,864	2,649	7,859	425	1,005
Lalpura	268	61	2	205	976	268	976		-
Momandra	705	238	20	418	2,799	676	2,664	26	135
Shinwar	1,250	192	49	1,017	5,665	1,253	5,657		8
Surkhrod	1,108	774	25	268	3,418	1,034	3,248	91	170
SER	**1,416**	**202**	**419**	**327**	**5,510**	**948**	**3,771**	**620**	**1,739**
Khost									
Alishir	876	143	135	240	3,562	518	2,189	466	1,373
Gurbaz	540	59	284	87	1,948	430	1,582	154	366
Grand Total	**20,169**	**9,356**	**815**	**7,886**	**66,842**	**18,011**	**61,001**	**2,303**	**5,841**

Long distance travel within reservoir areas

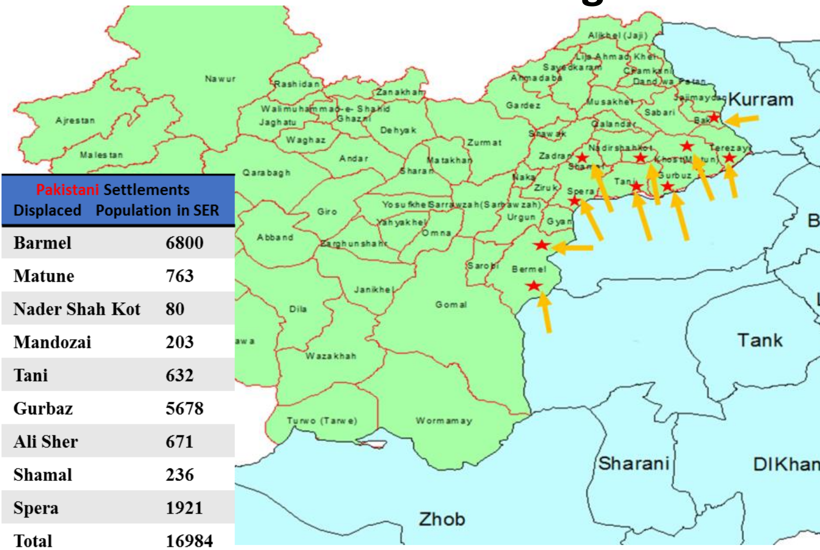


- Coordination with OCHA
- Mapping of IDP camps
- Special campaigns/inclusion of IDPs in campaign microplans
- Population absorbed in host community being identified

Straddling population across border



Southeast region

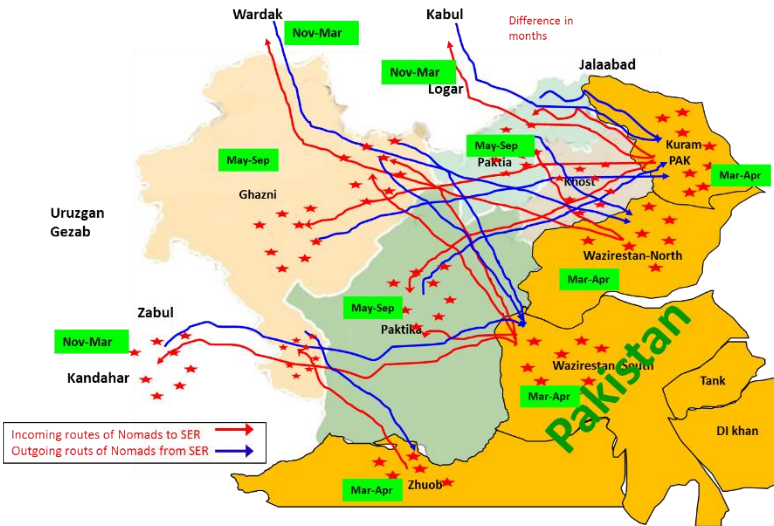


Pakistani Settlements Displaced	Population in SER
Barmel	6800
Matune	763
Nader Shah Kot	80
Mandozai	203
Tani	632
Gurbaz	5678
Ali Sher	671
Shamal	236
Spera	1921
Total	16984

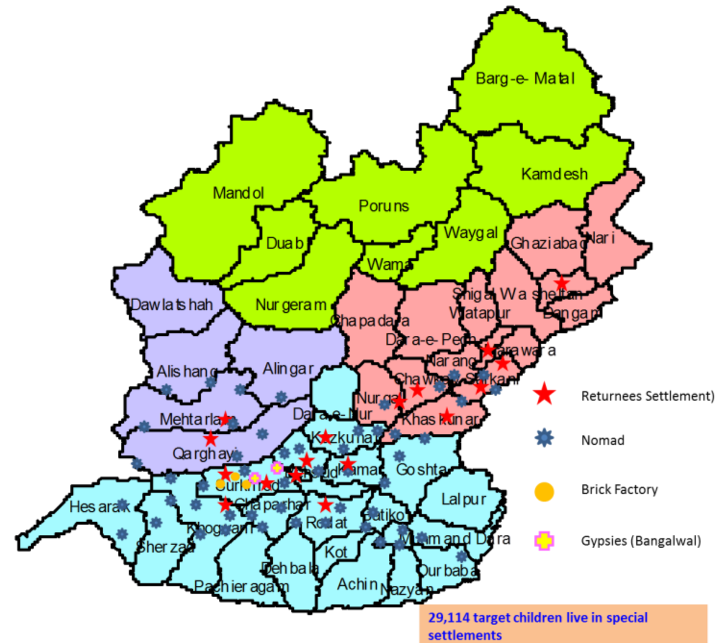
- Populations with frequent cross border movement (East, Southeast and South)
- Mapping of straddling populations including relations
- Strategically placed cross border teams to vaccinate straddling populations
- High refusal amongst these populations, particularly in Swatis & Waziris
- Close cross-border coordination for resolving refusals; fatwas from religious leaders followed by these populations

Nomadic population

Nomad Movement pattern/seasonality, SER

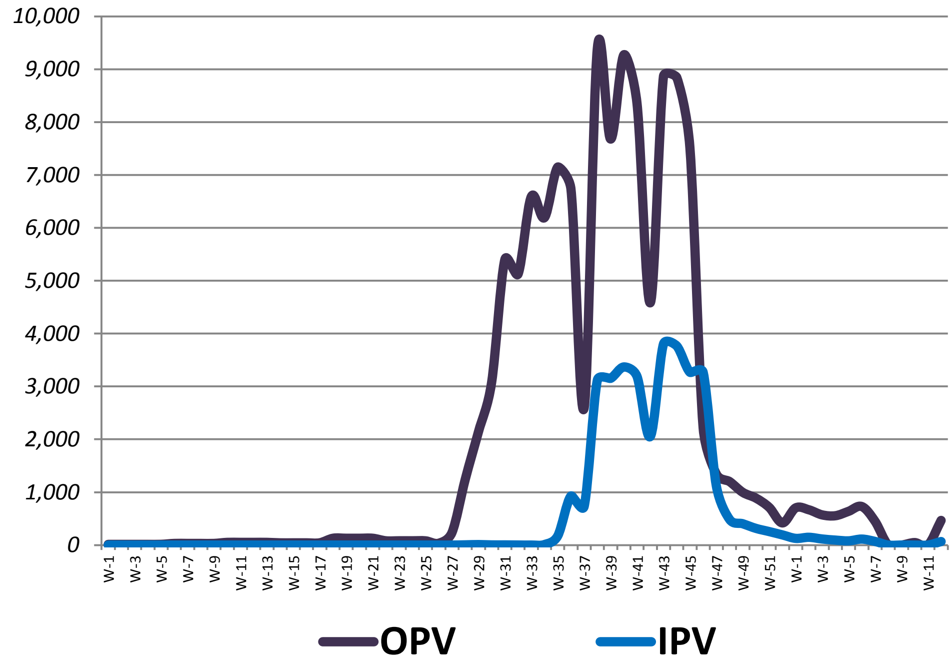


Returnee/Nomad settlement, ER



- Close coordination with Ministry of Borders and Tribal Affairs
- Nomads have defined movement patterns and seasonality, mapping done
- Specific strategies deployed as per movement patterns in South, Southeast, East, West and Central region
  - Nomadic campaigns in Southeast - August (>43,000 children vaccinated
  - Seasonal Nomad Teams in South – Sept-Nov (>83,000 children vaccinated)

Afghan returnee refugees

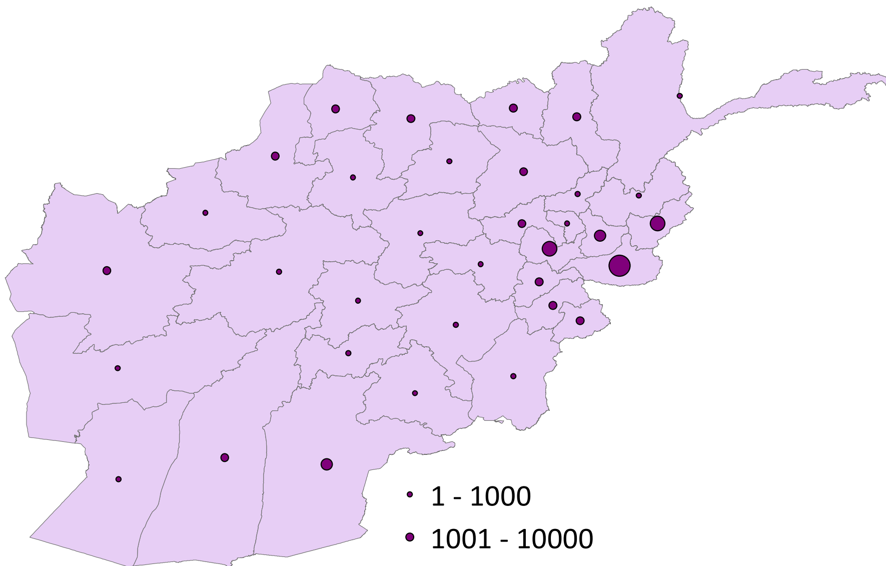


- Programme working in close coordination with UNHCR, IOM, OCHA and NGOs
- Sudden surge in Afghan returnee population from Pakistan since July 2016
- Returnees vaccinated with IPV, OPV & measles vaccines at UNHCR & IOM centers
- Surge in returnees declined since November 2016; resumed in April 2017
- Vaccination activities strengthened to cater to the surge

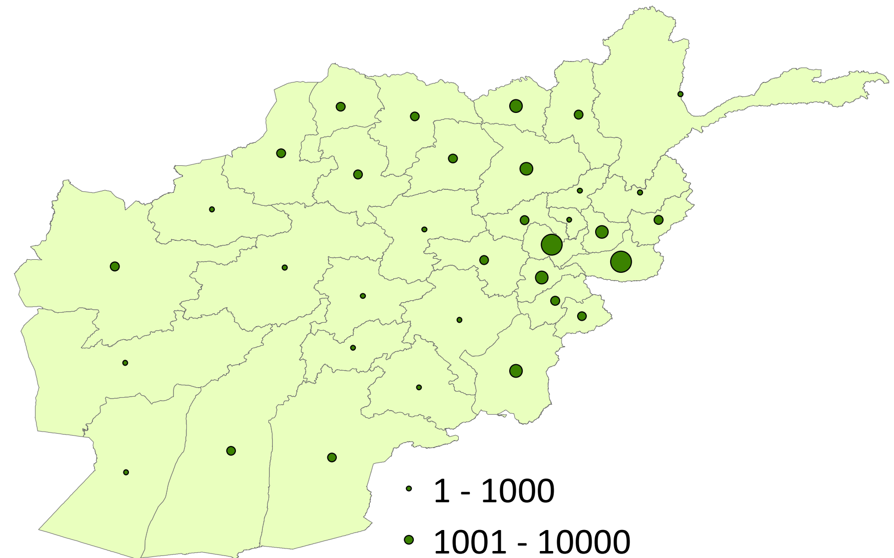
Afghan returnee refugees

- Place of settlement of returnee being identified
  - UNHCR/IOM data
  - Survey before campaign for new settlement
  - House to house survey in selected areas
- More than 750,000 returnees identified

IOM Assisted



UNHCR Assisted



Communication **focus & priorities**

Branding, advertising & 'edu-tainment' and local media

Community engagement & with focus on partnering with religious leaders

GENERATING DEMAND

Advocacy, mobilizing decision makers and opinion formers

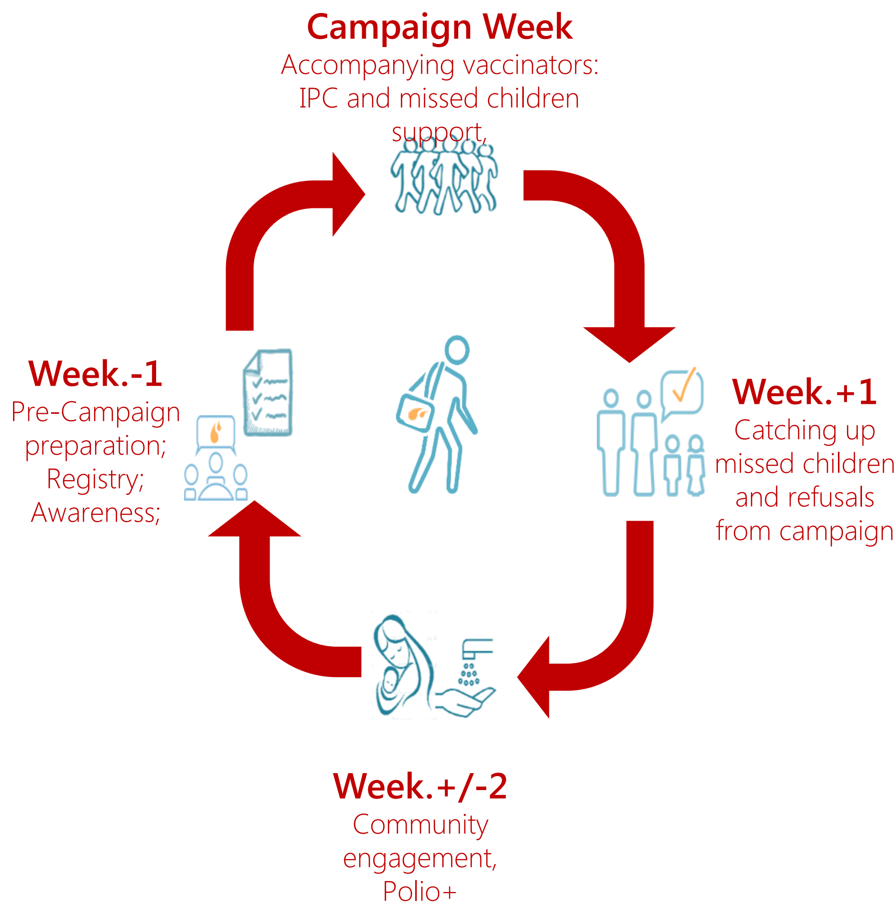
Point of service promotion/ IPC skills of front line

Household engagement in HR areas

Immunization Communication network

Household and community engagement to build trust

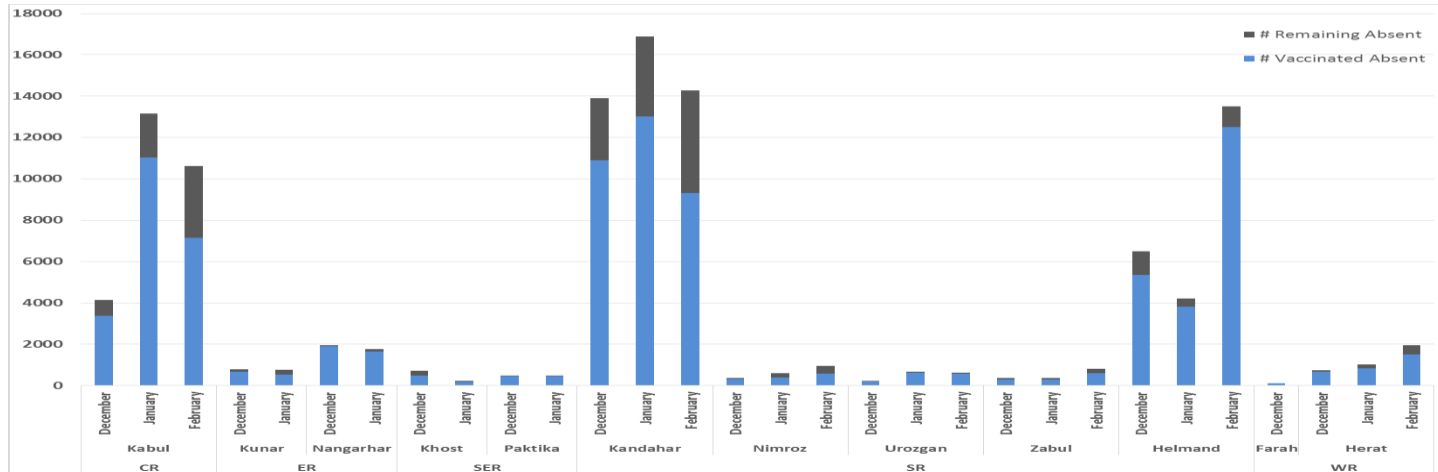
- Maintain a register of households & < five children
- Focus on reducing missed children during/between SIAs, including tracking chronically missed children
- Tracking of guests – and place of origin within/outside Afghanistan (returnees, IDPs, etc) to feed into HRSP analysis
- Promoting a broader package including routine immunization referral, hygiene and sanitation in between campaigns
- Part of the microplanning process to ensure strong links with operations
- Implemented outbreak response campaign in Jalalabad



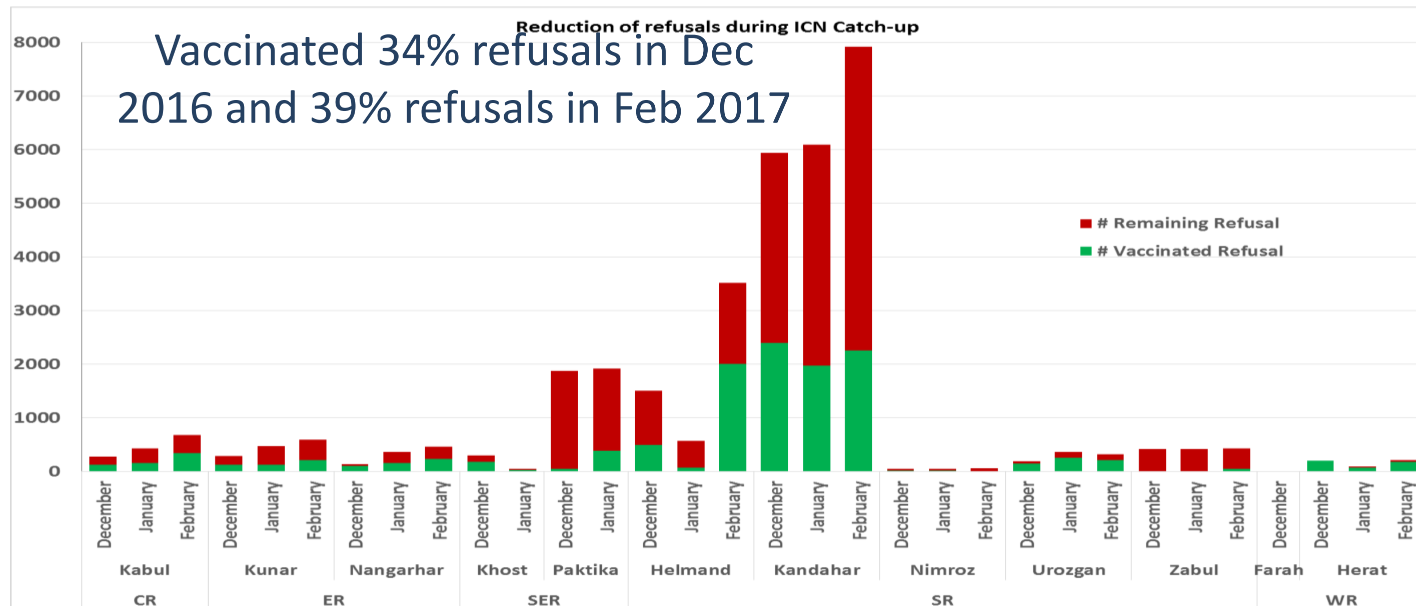
Monthly workflow of a full-time social mobiliser

ICN reducing still missed children

Nearly 80% of absent children
recovered during catch up activities

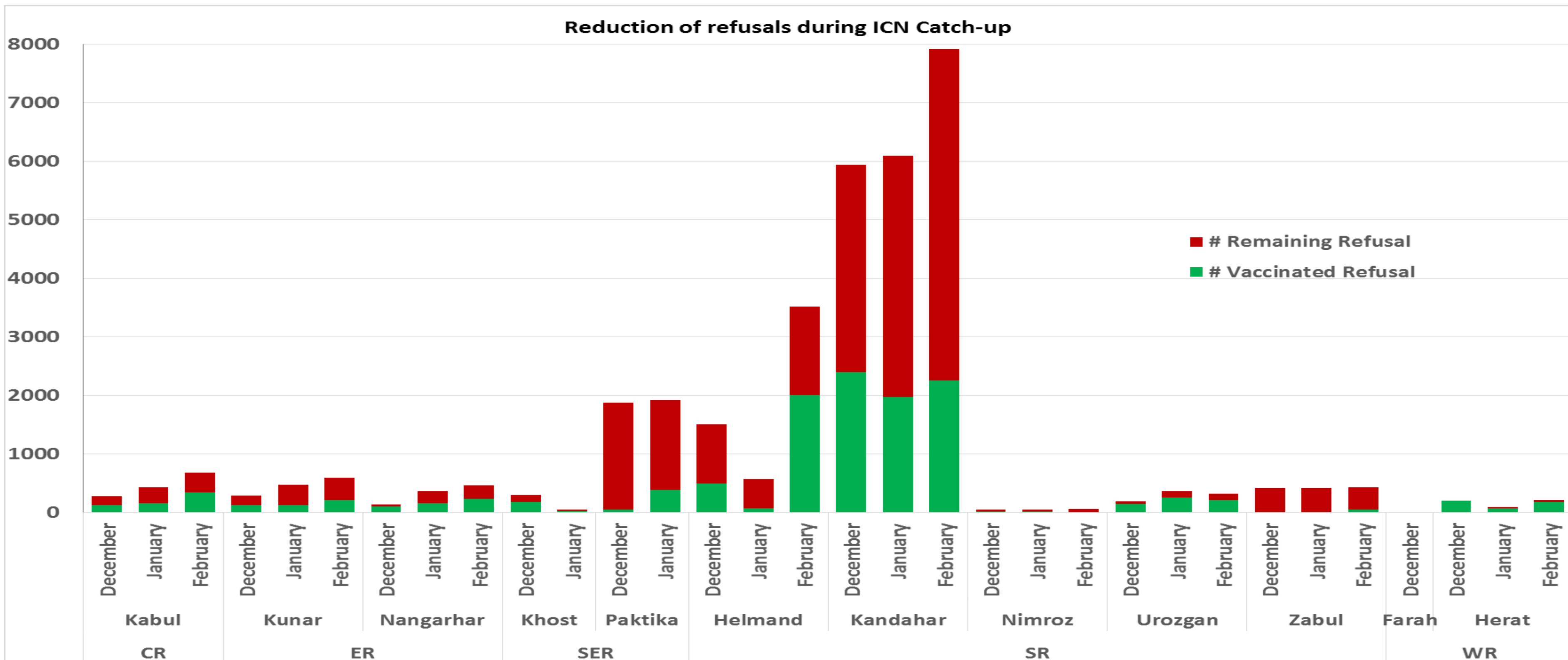


Vaccinated 34% refusals in Dec
2016 and 39% refusals in Feb 2017



ICN focus on reducing refusals during Catch-up

Vaccinated 34% refusals in Dec 2016 and 39% refusals in Feb 2017



PEI support to EPI

- Registration and follow up on RI by ICN/CHV
- Supporting revision of RI microplans
- Monitoring and feedback on outreach and fixed RI session
- PEI staff giving 20% of time for EPI

Risks/remaining challenges

- Risk of continuation or spread of transmission in Kunduz to neighboring previously inaccessible areas
- Risk of re-establishment of transmission in southern region
- Remaining inaccessible areas particularly in Eastern and Southeastern region. On and off bans/threat of bans in some areas of South and West region
- High risk mobile populations: Long distance travellers, nomads, straddling population and returnees
  - Relatively under-immunized and potential of carrying transmission from one area to other
- Pockets of unreached children in accessible core reservoir areas/VHRDs

Way forward (1)

- Full implementation of TAG recommendations and NEAP 2016-2017 with systematic tracking from national level.
- Robust outbreak response to Kunduz case and any new transmission.
- Continue improvement of quality of SIA in VHRDs:
  - Complete microplan revision
  - Fully implement SOP for FLW selection, increasing females in teams
  - Systematically address cluster of missed children due to refusals or not available
  - Continue data triangulation/validation and use for corrective action
  - Full implementation of accountability framework
  - Use of ICN for reaching missed children

Way forward (2)

- Continue dialogue for access in remaining inaccessible area and implement 3 passage of SIAD including one with IPV-OPV in newly accessible areas.
- Identification of pockets of unreached children and rapidly address the gaps
- Fully implement strategies for high risk mobile population in coordination with Pakistan
  - Identification and mapping of Nomads, returnee refugees, long distance travellers and straddling population at border
  - Focus for vaccination during movement and at the point of settlement
- Maintain sensitive surveillance system with disaggregate data analysis for access. Expansion of ES to Herat, Mazar and Kunduz
- Involvement of BPHS partners further strengthened in accountable manner

Thank you