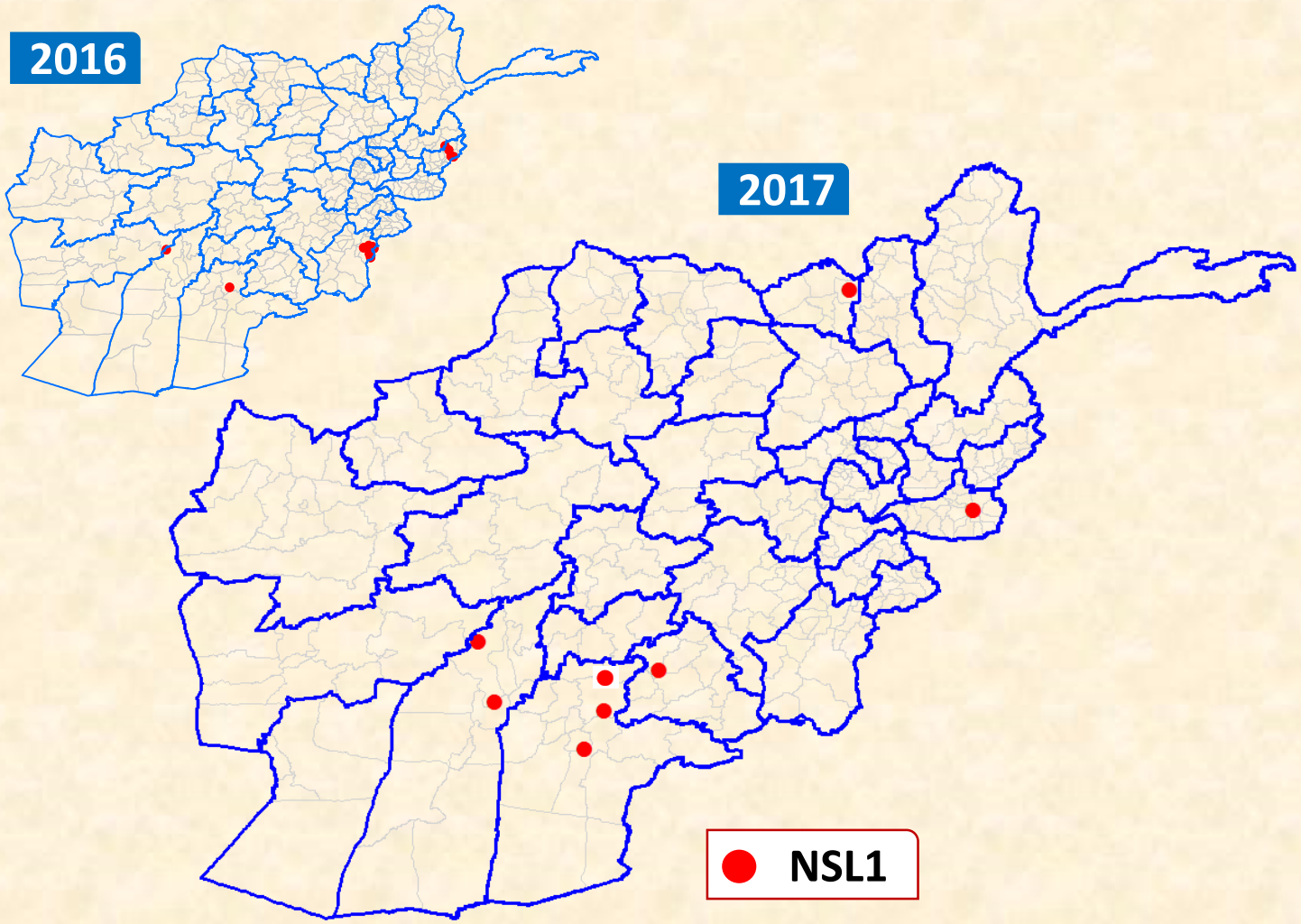
POLIO UPDATE
AFGHANISTAN

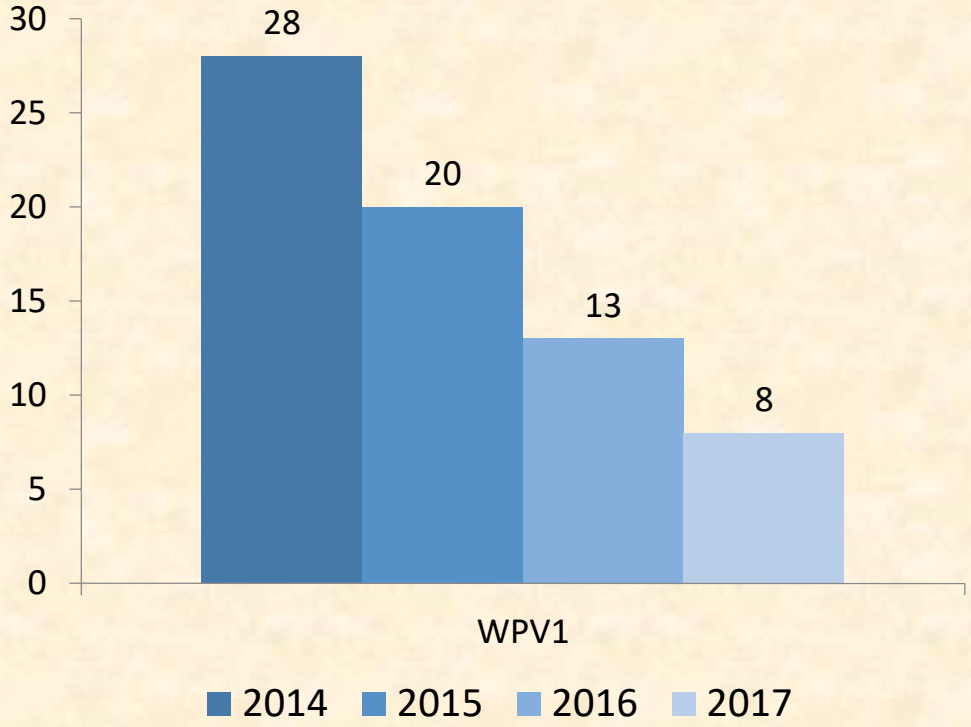
IMB Meeting

31 October 2017

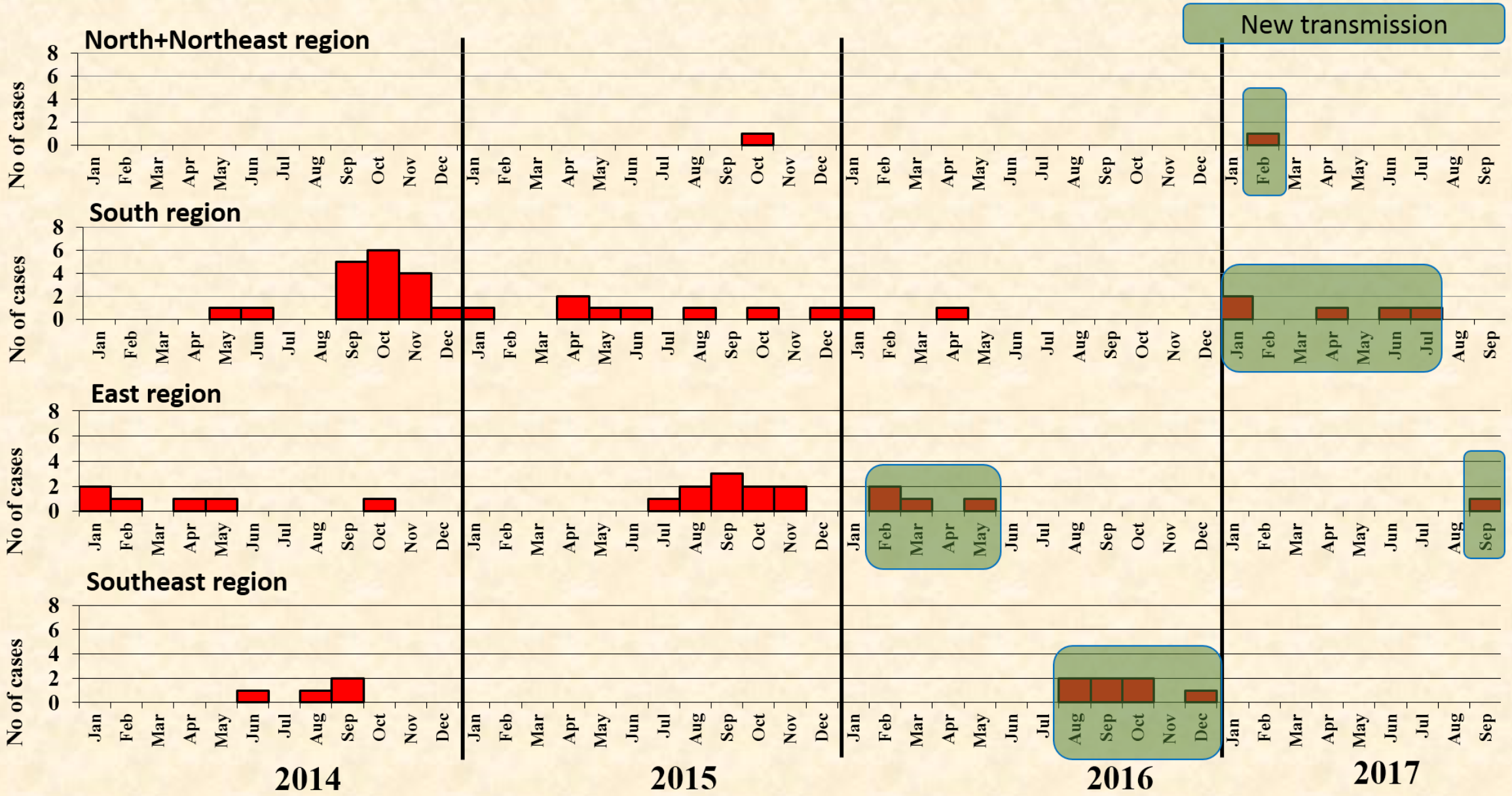
Afghanistan: Wild Polio Virus Isolates, 2017

Transmission largely limited to the southern region





New transmission stopped successfully, risk of transmission re-establishing in south



Transmission detected in environment

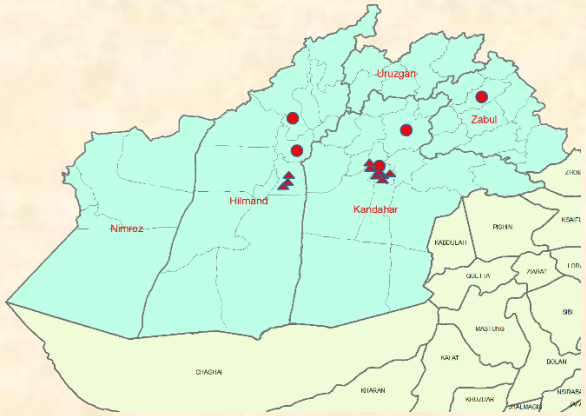
New transmission

S/N	Site	Total Samples 2013- to date	Environmental samples collection by Month
			Sep 13 · Oct 13 · Nov 13 · Dec 13 · Jan 14 · Feb 14 · Mar 14 · Apr 14 · May 14 · Jun 14 · Jul 14 · Aug 14 · Sep 14 · Oct 14 · Nov 14 · Dec 14 · Jan 15 · Feb 15 · Mar 15 · Apr 15 · May 15 · Jun 15 · Jul 15 · Aug 15 · Sep 15 · Oct 15 · Nov 15 · Dec 15 · Jan 16 · Feb 16 · Mar 16 · Apr 16 · May 16 · Jun 16 · Jul 16 · Aug 16 · Sep 16 · Oct 16 · Nov-1 16 · Nov-2 16 · Dec-1 16 · Dec-2 16 · Jan-1 17 · Jan-2 17 · Feb-1 17 · Feb-2 17 · Mar-1 17 · Mar-2 17 · Apr-1 17 · Apr-2 17 · May-1 17 · May-2 17 · Jun-1 17 · Jun-2 17 · Jul-1 17 · Jul-2 17 · Aug-1 17 · Aug-2 17 · Sep-1 17 · Sep-2 17 · Oct-1 17
Kandahar Province		**186**	
Kandahar city			
1	KDH-Khandak	61	
2	KDH-Rarobat	61	
3	KDH-Chawnie	7	closed
4	KDH-Loya wiala	36	
5	KDH- Karwan Kocha	21	
Helmand Province		**202**	
Lashkargah city			
1	LSK-Bolan Br	56	
2	LSK-Radio M	56	
Nahr-e-Siraj District			
3	Nahr-e-Siraj-Zarat Bagh	49	
4	Nahr-e-Siraj-Baran Sarai	41	
Nangarhar Province		**121**	
Jalalabad City			
1	J-abad-Radar Br	43	
2	J-abad-Sangi Qala	43	
3	J-abad-Ulfat Mena	9	
Behsud District			
4	Behsud- Hada Farm	26	
Kunar Province		**34**	
Asadabad city			
1	Mandacool	34	
Kabul Province		**120**	
Kabul city			
1	Qila-e-Zaman K	40	
2	Karta-e-Naw	40	
3	Khawaja Bughra	40	
Khost Province		**8**	
Matun city			
1	Hindu Kot	8	
Hirat Province		**4**	
Hirat City			
1	Payan Aab	4	
Balkh Province		**3**	
Mazar City			
1	Dawlatabad	3	
Kunduz Province		**2**	
Kunduz City			
1	Nooormahal	2	
Afghanistan		**680**	**10** · **97** · **148** · **184** · **241**

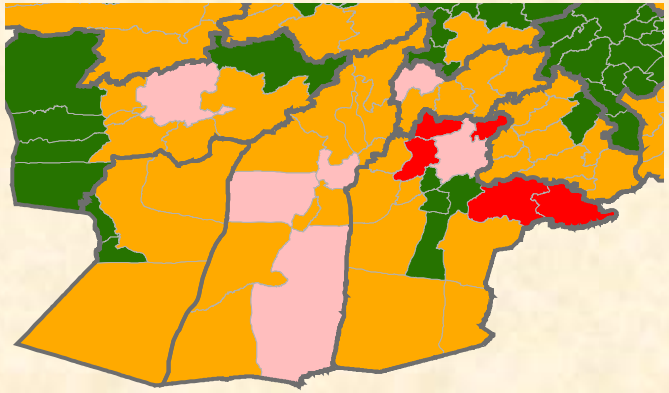
- 16/241 environmental positives in 2017
- 6 in Eastern and 10 in Southern region

Wild poliovirus type 1 | SL and SL+NPEV | NPEV | No Virus Isolated | Under Process

Transmission in Southern region



Access status



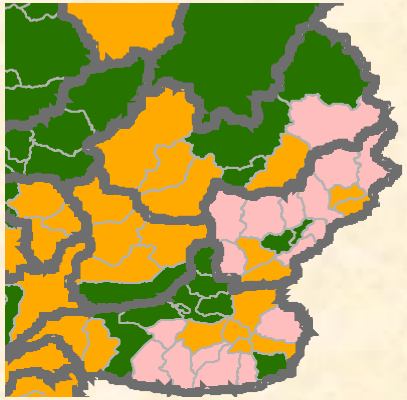
Province	District	Date of onset	Linkage
Kandahar	Kandahar	13-01-17	99.22% with PAK17-ENV004RD PAK/BN/PSN/TW-1/17/001 PISHIN
Hilmand	Nahr-E-Saraj	21-01-17	99.77% with PAK16-ENV435E1 PAK/BN/KAB/AK-1/16/011 KABDULLAH
Hilmand	Nawzad	16-04-17	98.34% with PAK17-ENV004RD PAK/BN/PSN/TW-1/17/001 PISHIN
Kandahar	Shahwalikot	19-06-17	99.44% with AFG17-NV024E3 AFG/SR/KDH/KDK-1/17/002 KANDAHAR
Zabul	Arghandab	10-07-17	99.56% with AFG17-210 AFG/08/17/024 HELMAND 99.56% with PAK16–ENV435E1 PAK/BN/KAB/AK –1/16/011 KABDULLAH

- Transmission of 2015 stopped; no transmission from April to Nov 2016; **5 Polio cases and 10 ES positives in 2017**
- **4 of 5 Polio** cases genetically linked to Quetta block; showing intense population movement within the corridor – massive increase in returnee refugees in late 2016
- Evidence of internal circulation (**case in Shahwalikot & ES of Kandahar and Lashkargah**)
- Limitations in implementing interventions **to improve quality due to security issues**

- Response:
  - Intensified focus on **15 high risk districts of Helmand and Kandahar** (Southern corridor action plan)
  - **4 NIDs, 4 SNIDs** and one special campaign conducted
  - Focus on **guest and absent children & strengthened strategy** to address refusals
  - **Successful dialogue and strategic placement of human resource** to improve quality of campaign
- Recent increase in inaccessibility in **Kandahar a challenge**

Transmission in Eastern region

Access status



Response scope

Province	District	Collection date/ date of onset	Sequence Analysis
NANGARHAR	JALALABAD	24-Jan-17	97.79% with PAK15-972 PAK/FT/34/15/010 KHYBER
NANGARHAR	JALALABAD	25-Mar-17	99.22% with AFG17-ENV011E3 AFG/ER/NGR/RDR-1/17/001 NANGARHAR
NANGARHAR	JALALABAD	21-Jun-17	98.34% with AFG17-ENV011E3 AFG/ER/NGR/RDR-1/17/001 JALALABAD
NANGARHAR	JALALABAD	23-Sep-17	PEND
NANGARHAR	BEHSUD	24-Sep-17	PEND
NANGARHAR	JALALABAD	23-Sep-17	PEND
NANGARHAR	BATIKOT	15-09-17	98.78% with PAK17-ENV-BMS044E1 PAK/KP/PWR/ST-1/17/006-BMS PESHAWAR 98.45% with PAK17-ENV-BMS044E3 PAK/KP/PWR/ST-1/17/006-BMS PESHAWAR

- Transmission of Sheegal stopped; last case in May 2016
- 6 ES positive in 2017
- 1 Polio case in Batikot reported on 10th October (onset 15 Sept)
- Batikot district is on the main Jalalabad-Peshawar road with frequent population movements
- Response:
  - 25-29 September NID
  - Response campaign in 5 districts from 17-21 October
  - Next campaign from 6 November
- Desk analysis of surveillance and active case search in health facilities conducted

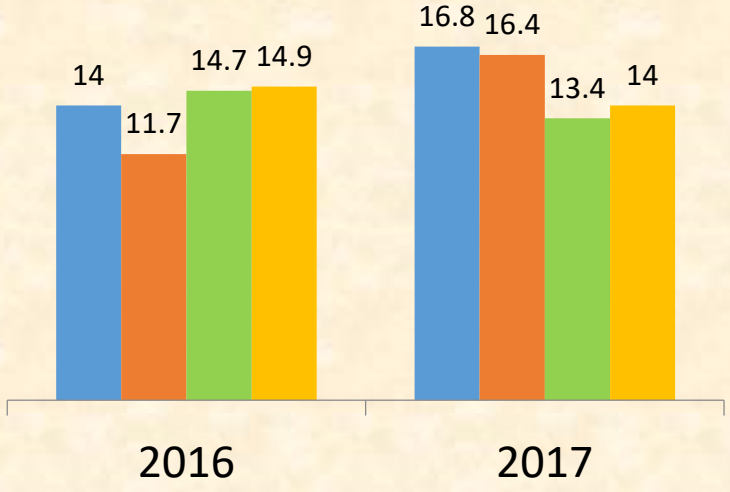
Surveillance in districts with inaccessible pockets

	Nangarhar	Kunar
Target (<5)	147,149	96,864
% inaccessible target population	10%	10%
% AFP cases	10%	17%
NPAFP rate in inaccessible pocket	**9.5**	**25.3**

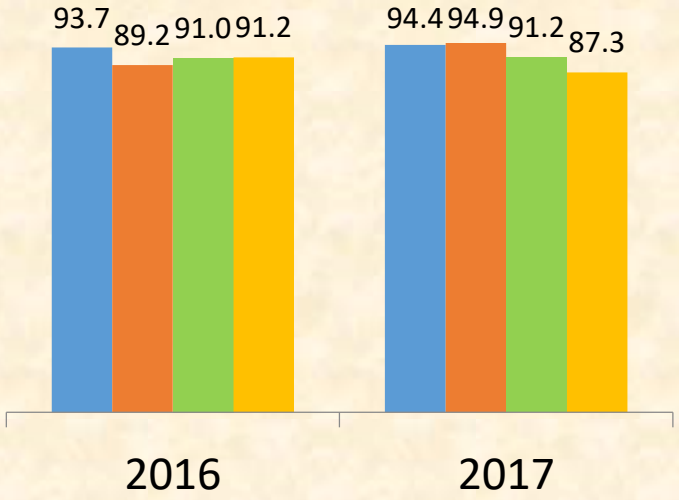
Surveillance in access compromised areas

Sensitive surveillance maintained across all access categories

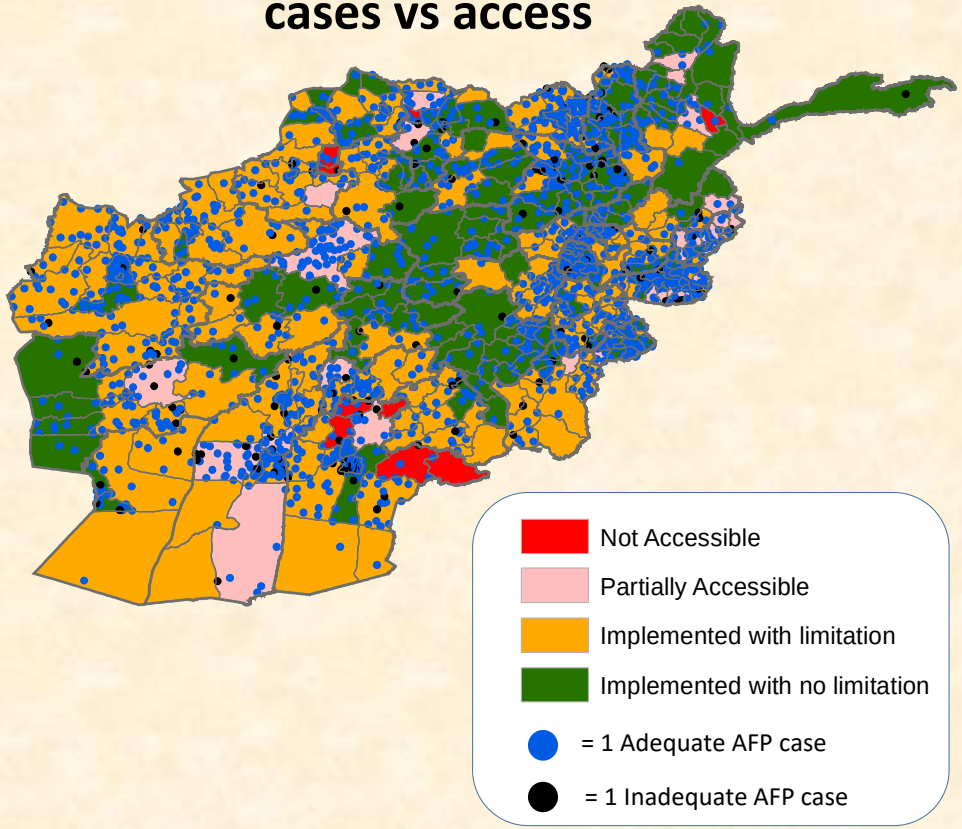
Non-polio AFP rate



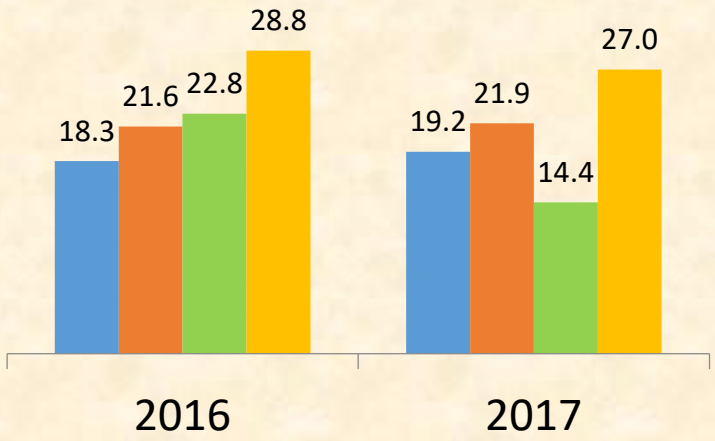
% stool adequacy

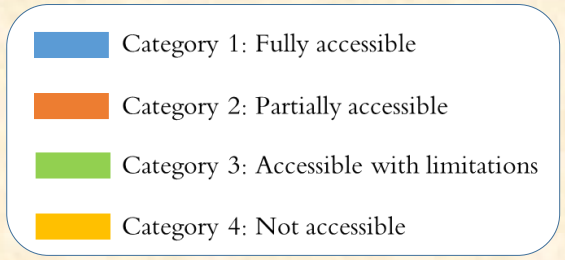


Distribution of AFP cases vs access



% NPEV isolation





Reporting network expanded

- Reporting sites increased from 4246 in 2016 to 4691
- Reporting volunteers increased from 20974 in 2016 to 28751

Districts with no AFP reported in 2017

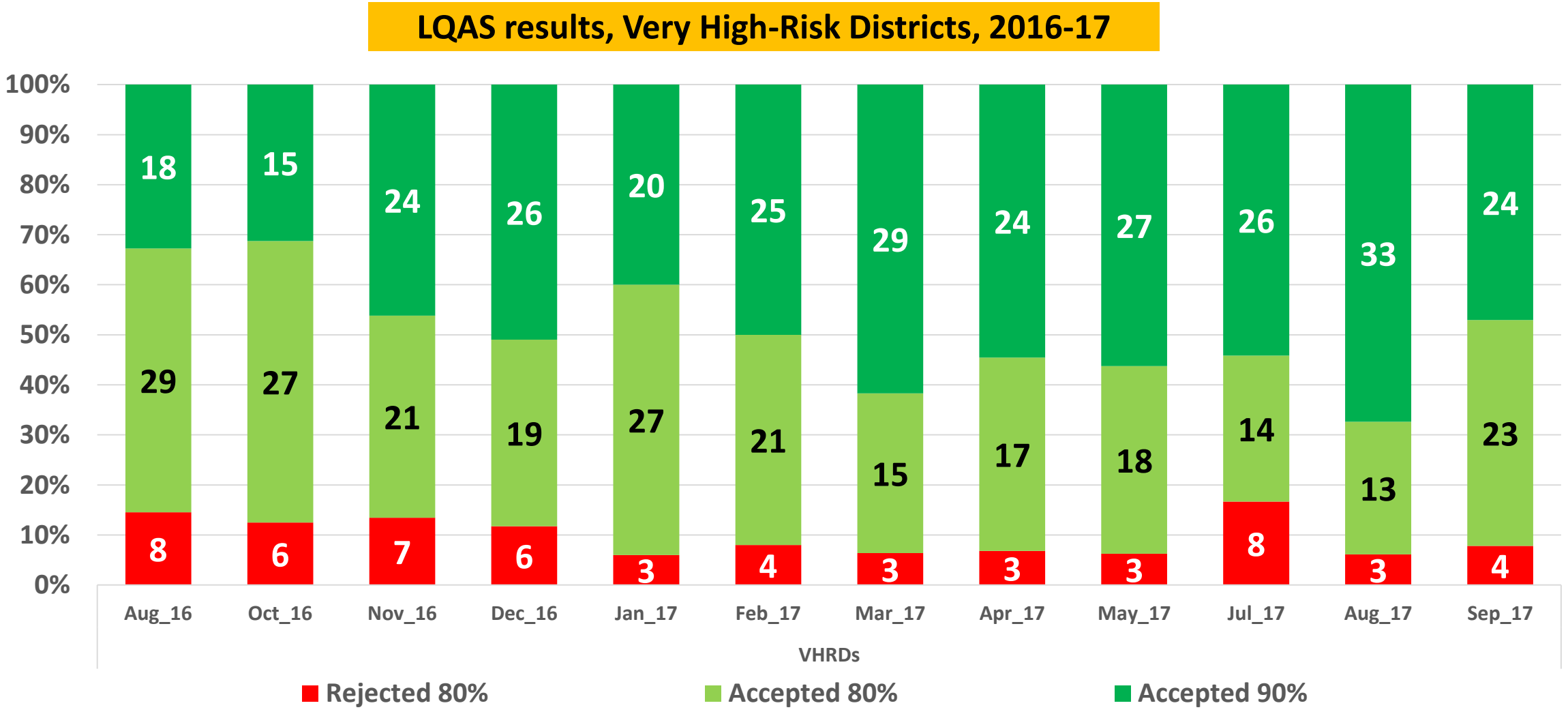
Low under 15 population, healthy children samples collected

PROVINCE	DISTRICT	Target <15 years	2015	2016	2017	Healthy children sampling Taken
BADAKHSHAN	ARGHANJKHWA	3773	0	1	0	Yes
BADAKHSHAN	KOFAB	10163	1	0	0	Yes
BADAKHSHAN	KOHESTAN	11117	1	0	0	Yes
BADAKHSHAN	SHAKI	7659	1	4	0	Yes
BADAKHSHAN	YAMGAN	13363	1	1	0	Yes
BADAKHSHAN	YAWAN	22325	2	5	0	Yes
BADAKHSHAN	ZEBAK	4257	0	1	0	Yes
KAPISA	ALASAY	25522	1	2	0	Yes
LOGAR	KHOSHI	16130	2	1	0	Yes
WARDAK	HESA-E- AWAL-E- BEHS	22163	2	0	0	Yes
GHAZNI	MALESTAN	47395	0	0	0	Yes
NURISTAN	BARG-E- MATAL	11243	1	1	0	Yes
NURISTAN	DUAB	11752	2	3	0	Yes
NURISTAN	MANDOL	14343	0	1	0	Yes
BALKH	KALDAR	10643	0	1	0	Yes
BALKH	MARMUL	9884	2	0	0	Yes
BALKH	SHARAK-E-HAYRATAN	4561	3	1	0	Yes
SAMANGAN	FEROZNAKHCHIR	7674	0	2	0	Yes
SAMANGAN	HAZRAT-E- SULTAN	25295	3	2	0	Yes
GHAZNI	ABBAND	20980	2	1	0	Yes
GHAZNI	ZANAKHAN	9403	1	2	0	Yes
PAKTIKA	SARRAWZAH	11809	1	0	0	Yes
PAKTIKA	WORMAMAY	9364	0	1	0	Yes
PAKTIKA	ZIRUK	10230	3	2	0	Yes
HELMAND	DEH-E-SHU	20942	1	1	0	Yes
KANDAHAR	MARUF	33170	0	1	0	Yes
KANDAHAR	MIYANSHIN	19485	1	4	0	Yes
ZABUL	SHOMULZAY	44404	4	0	0	Yes

1. **28 districts not reported AFP cases in 2017**
2. **Healthy children samples collected from all districts with no AFP cases in past 6 months**
3. **More than 25% NPEV rate and no WPV detected among >400 samples tested**

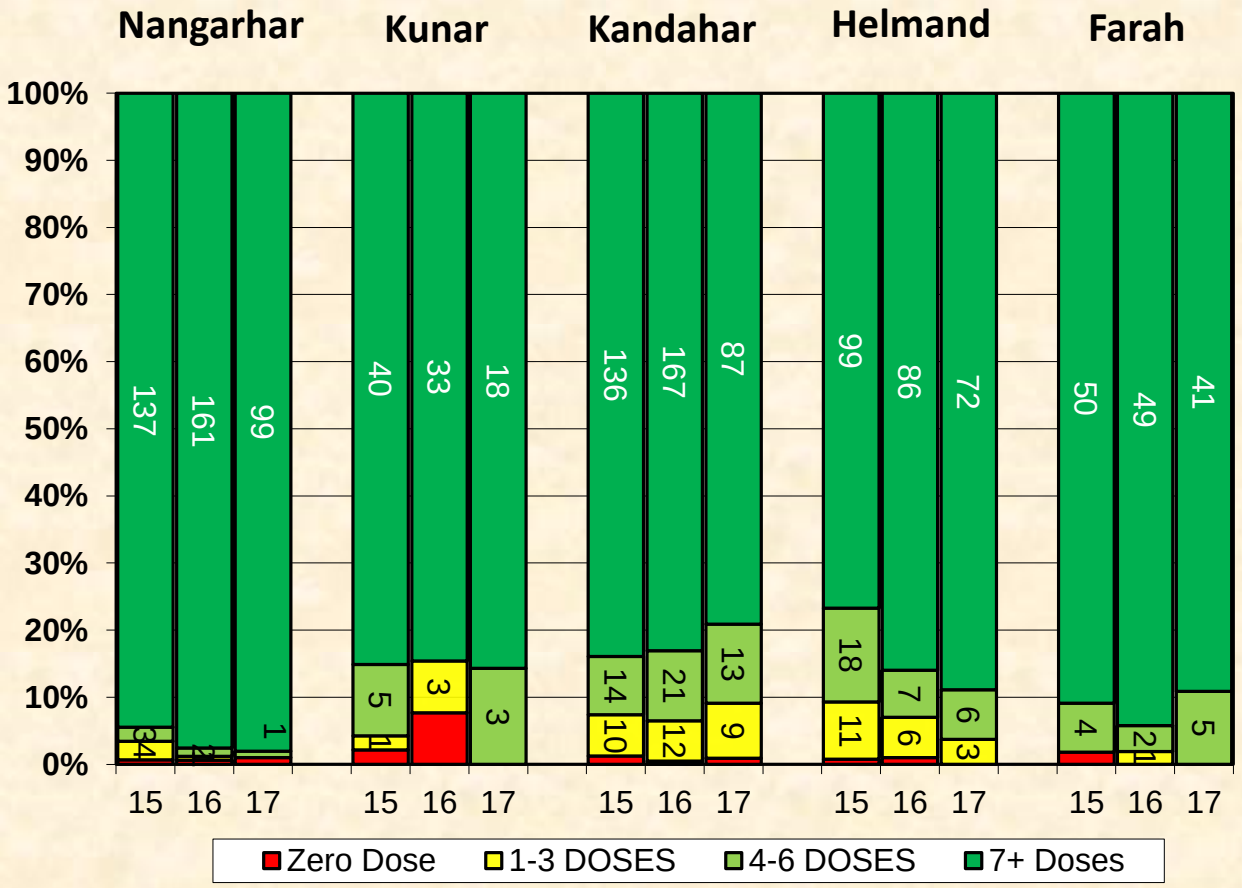
Improvement in quality in priority areas

South is the major remaining challenge where access is compromised

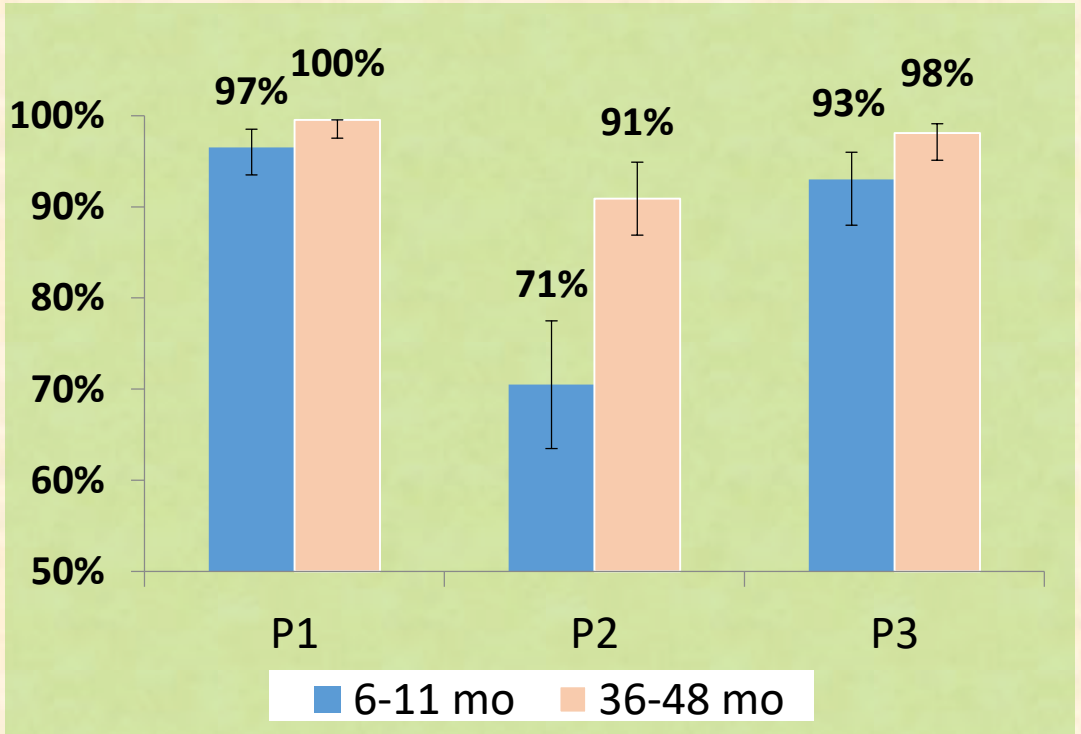


Improved vaccine reach and population immunity in high risk areas

Vaccination status of Non Polio AFP cases 6-59 Months



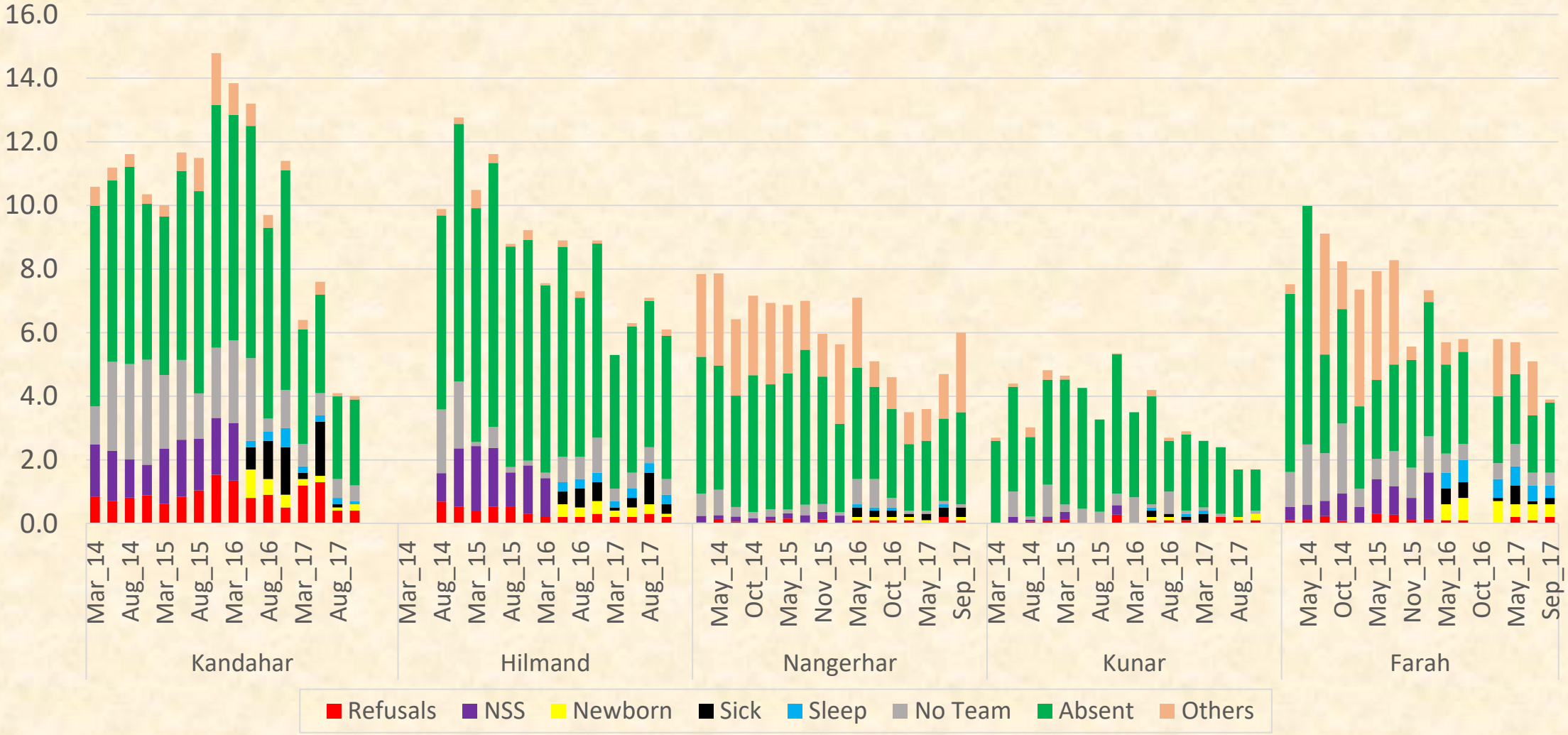
*Serosurvey results, South region, 2017



- Seroprevalence survey conducted at Mirwais Hospital in Kandahar shows promising results;
- Convenience sampling technique results from 409 children

Missed children - HR provinces, NIDs 2014-17

Significant reduction in proportion of missed children in high risk provinces



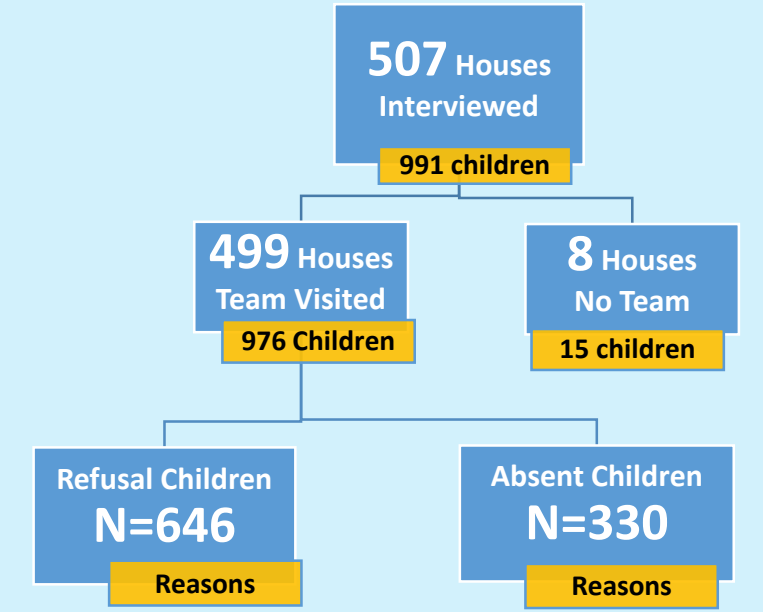
Note: *Disaggregated PCM data on Newborn, Sick and Sleep is available from May 2016*

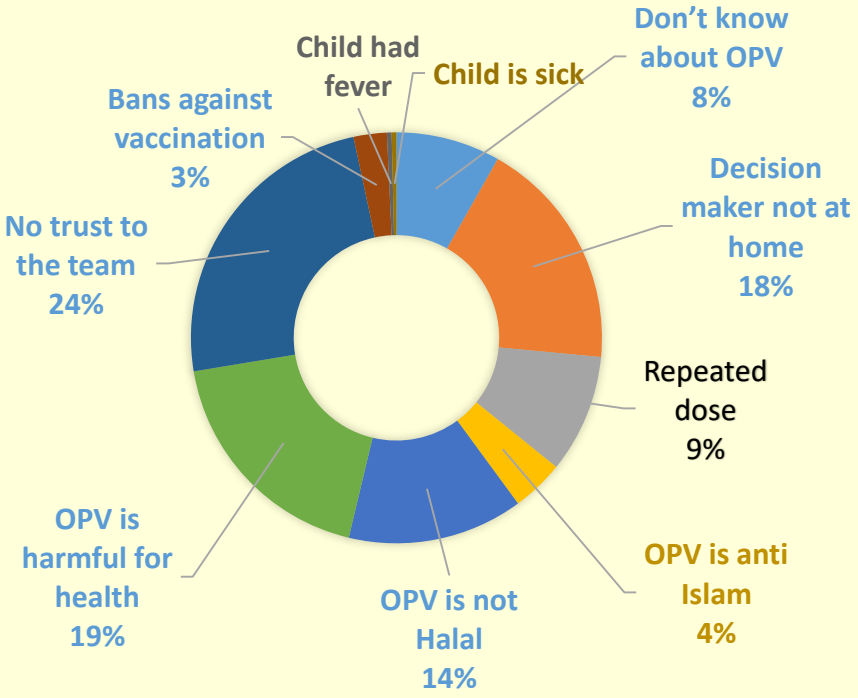
Understanding reasons for missed children in Kandahar

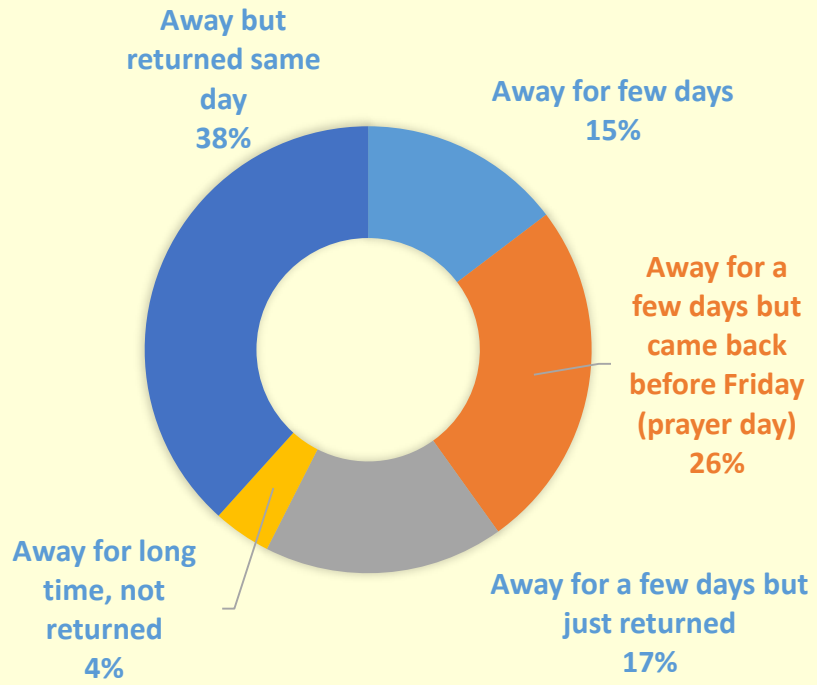
Special investigation and recovery of missed children

Missed children in Kandahar is in the range 4-8%

A special investigation is regularly done to recover missed children, based on tally sheet data







Source: *Special Investigation of Missed Children 2017*

Risks/challenges

Southern region:

- Risk of re-establishment of transmission and further spread
- Access/insecurity: On & off bans/threats of ban (> 80,000 children unreached in Kandahar)
- Quality of campaign in some of the VHRDs:
  - Influence on Front Line Workers selection, access with limitations in monitoring
  - Pockets of refusals, absent children
- Heavy population movement within southern corridor

Eastern/Southeastern region:

- Straddling populations, refugees and returnees
- Small scattered pockets of chronically inaccessible children
- Repeated ES positive in Jalalabad

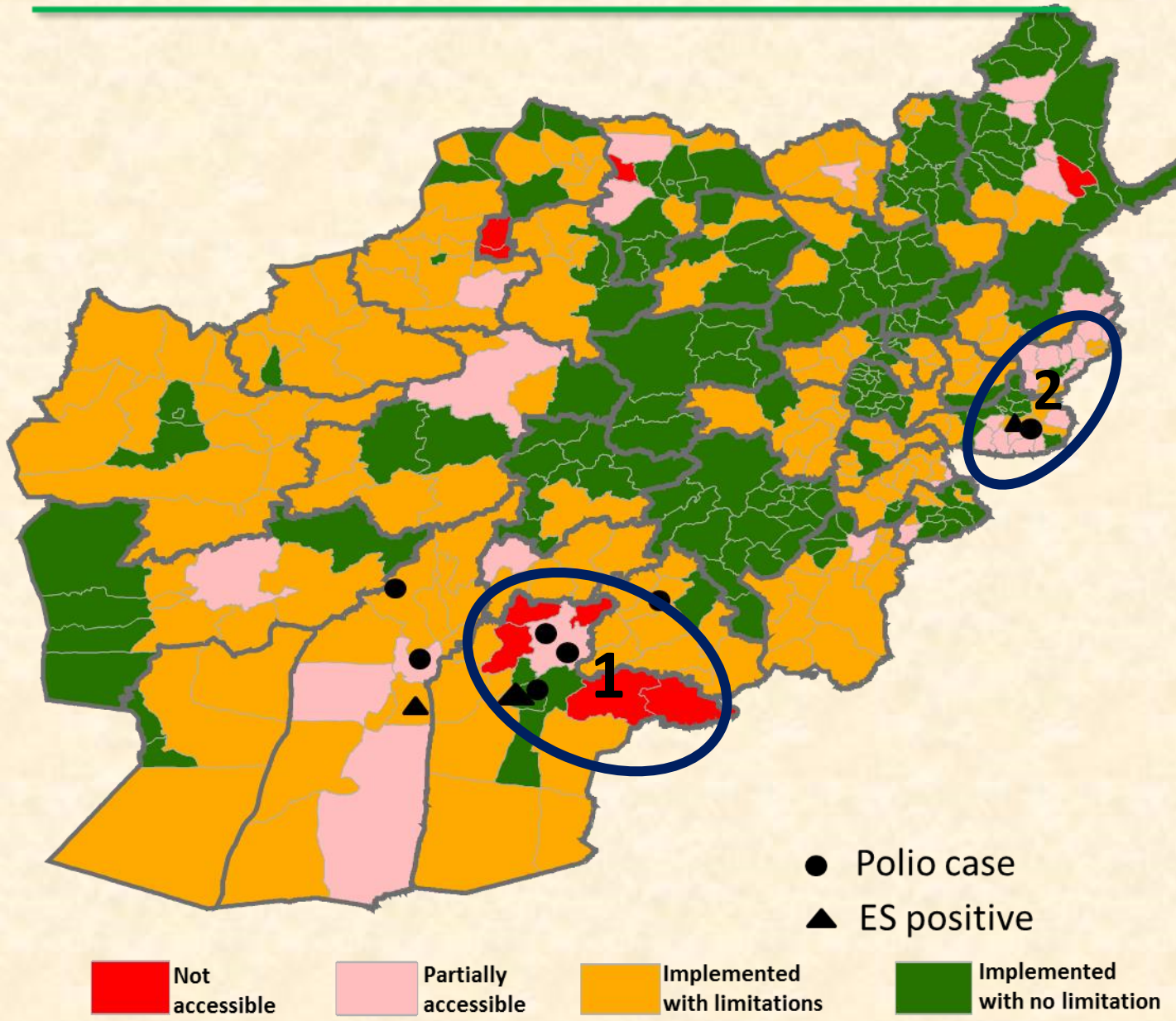
Engaging females as FLWs

High risk mobile populations:

Long distance travellers, nomads, straddling population and returnees

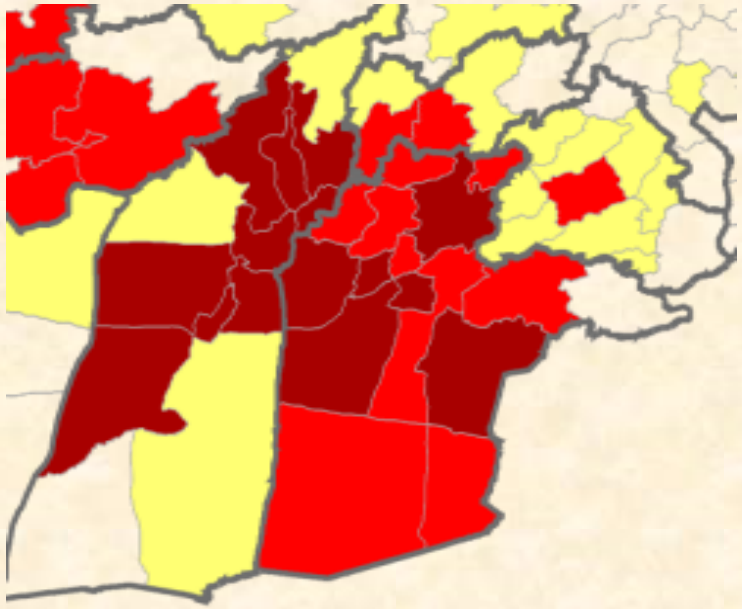
Changing security dynamics

Program priorities



1. **Stopping transmission in Kandahar**
   - Gaining access in Shahwalikot and surrounding districts
   - Addressing issue of FLW selection and refusals in accessible areas
2. **Stopping transmission in Nangarhar**
   - Response to transmission detected
   - Review of surveillance in inaccessible pockets
   - Maintaining population immunity in surrounding areas
3. **Addressing high risk mobile population**
4. **Maintaining gains in Southeast region**
5. **Gaining and maintaining access**

Interventions in Southern region



- **9 districts in Helmand and 6 districts in Kandahar**
- **Target population: 1.1 million**
- **Since 2010, these 15 districts account for:**
  - 90% of cases in Southern Region
  - All chains of transmission in AFG that have lasted >6 months

15 District plan

(part of Southern Corridor Action Plan)

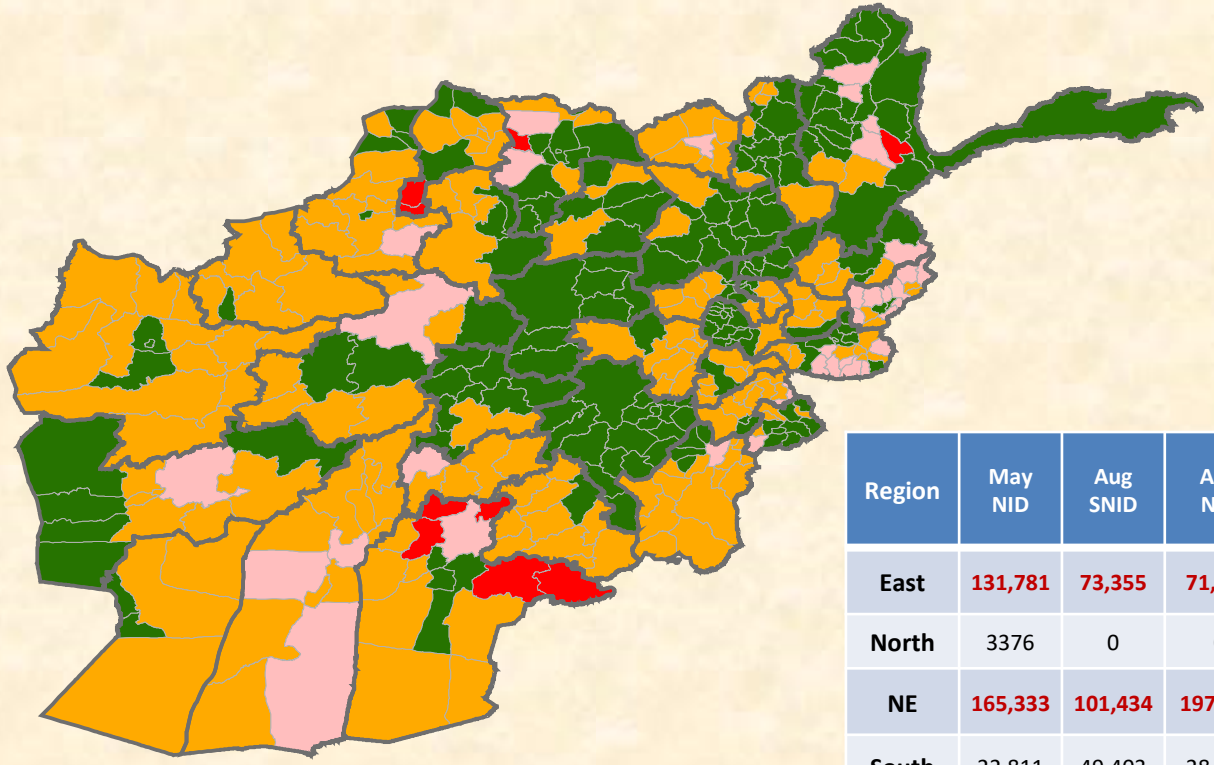
- Continuous senior national level presence
- National/regional monitors for pre-intra-post campaign phase
- Additional campaign
- Staggered campaigns- mobilizing appropriate HR from other provinces
- Cluster level analysis of the issues (vaccine acceptance, access, HRMP, operational challenges), intervention and accountability
- Intensified engagement with key influencers including religious leaders and medical professionals
- High risk mobile population strategy

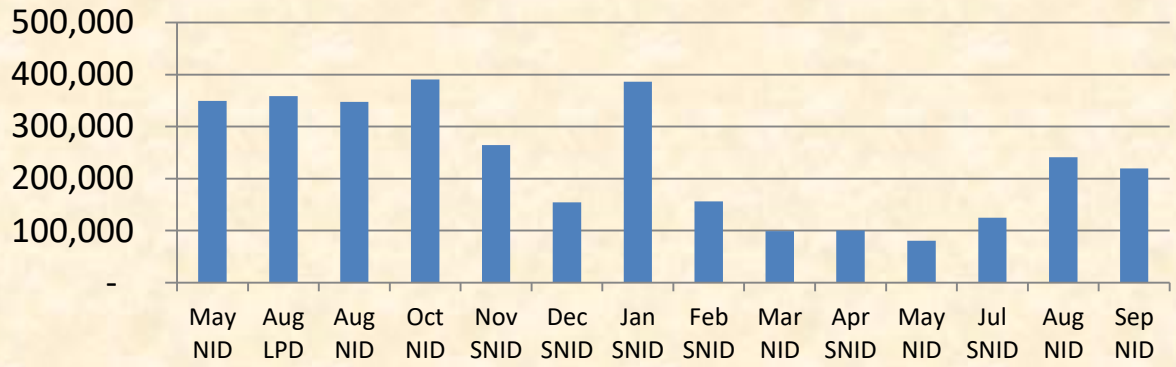
Access:

- Intensified dialogue at various levels
- Use of third party interlocutors

Inaccessible children: May 2016- Aug 17

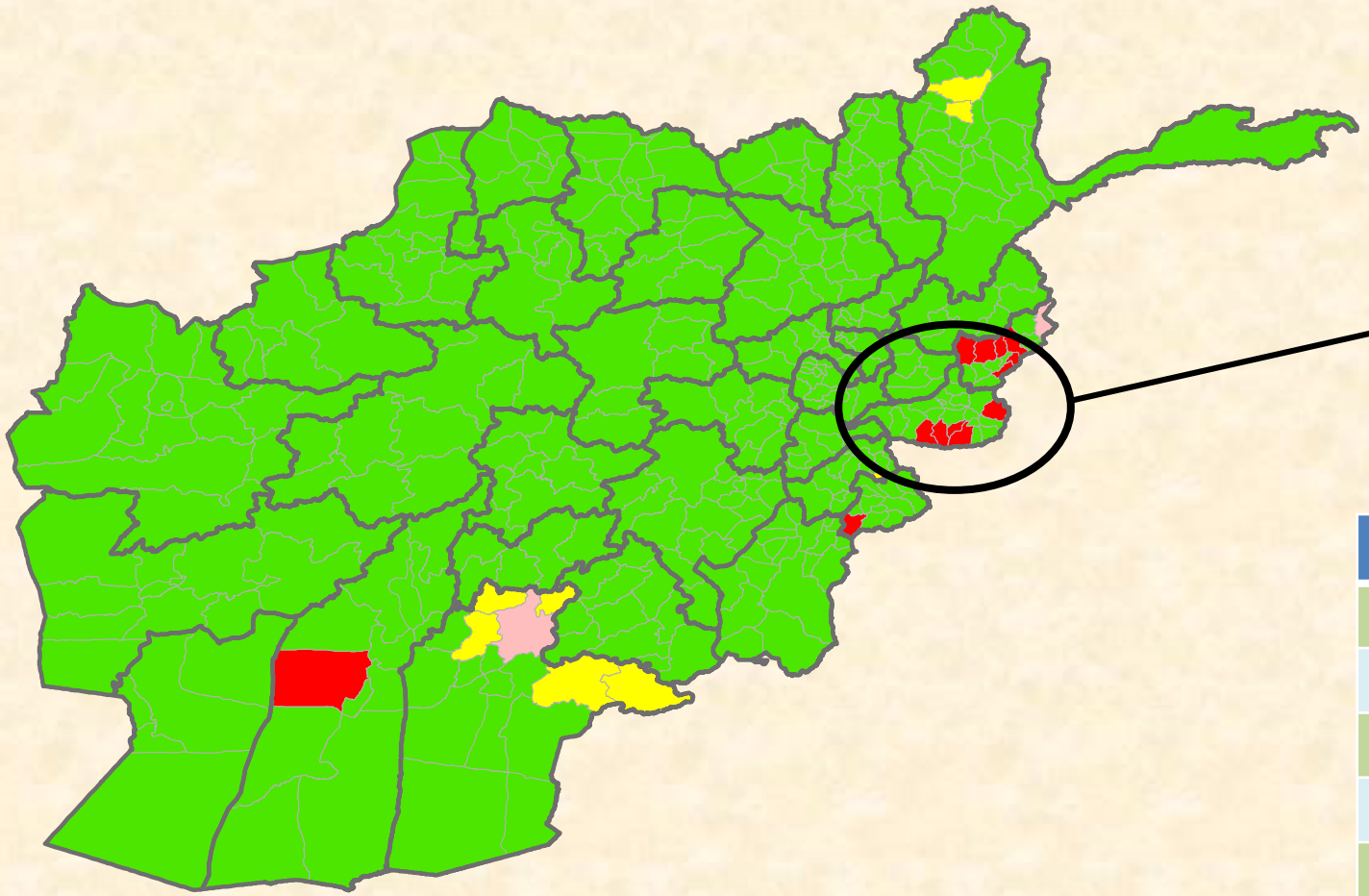
Overall access improved, recent deterioration in Kandahar

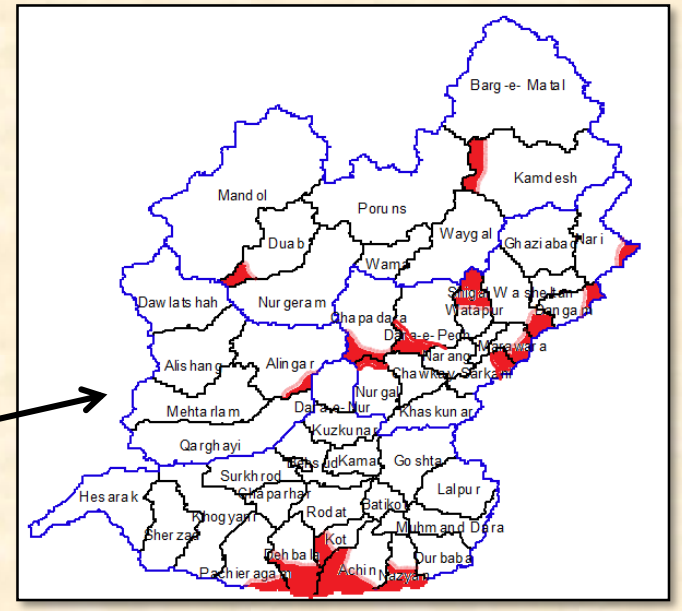




Region	May NID	Aug SNID	Aug NID	Oct NID	Nov SNID	Dec SNID	Jan SNID	Feb SNID	Mar NID	Apr SNID	May NID	Jul SNID	Aug NID	Sep NID
East	131,781	73,355	71,085	23,204	24,213	17,488	19,156	18,932	21,002	34,528	26,734	21,841	23,366	23,852
North	3376	0	0	6,206	0	0	0	0	0	0	0	0	0	90,213
NE	165,333	101,434	197,192	176,377	105,539	105,024	104,200	104,280	0	0	4,350	17,913	105,462	11,391
South	22,811	49,403	28,798	141,142	120,597	18,192	78,254	12,4161	40,989	42,793	35,705	64,528	85,887	85,445
SE	400	1,215	12,101	46,808	13,827	12,651	1,500	20,455	24,051	23,075	14,040	16,253	19,121	4,860
West	0	132,806	38,260	0	0	749	183,100	0	12,970	70	70	4,367	1,769	3,798
CR	0	0	70	0	75	75	0	0	0	0	0	0	650	0
Total	323,701	358,213	347,507	390,373	264,251	154,178	386.207	156,083	99,012	100,466	80,899	124,920	241,168	219,559

Chronicity of inaccessibility

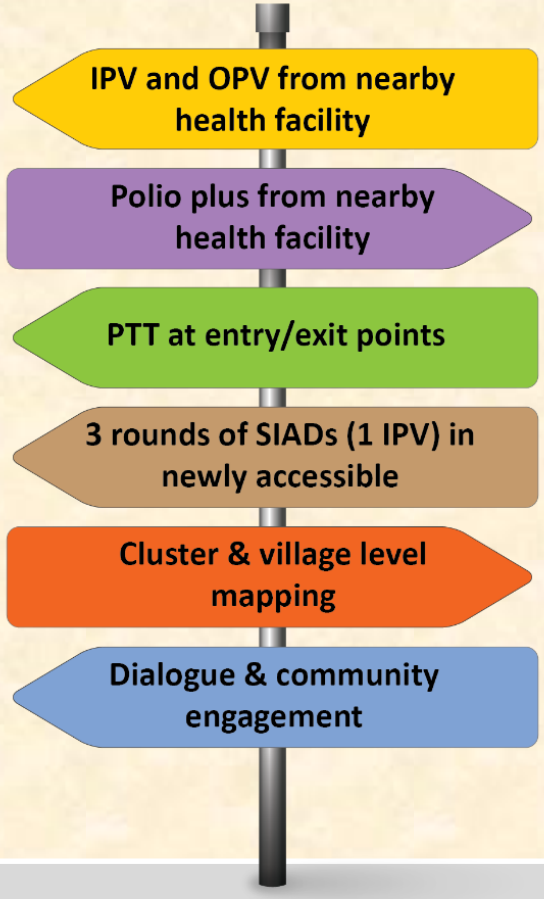




Province	>12 mth	>6 mth	> 3 mth
Kandahar		24,713	58,878
Nangarhar	13,468		
Kunar	8,422	813	
Helmand	941		
Khost	1,650		
Paktia			1,976
Badakshan			4,823
Total	**24,481**	**25,526**	**65,677**

- > 500 children inaccessible for more than 1 year
- > 500 children 1naccessible for more than 6 months
- > 500 children inaccessible for more than 3 months
- Rest of the Districts

Addressing inaccessibility

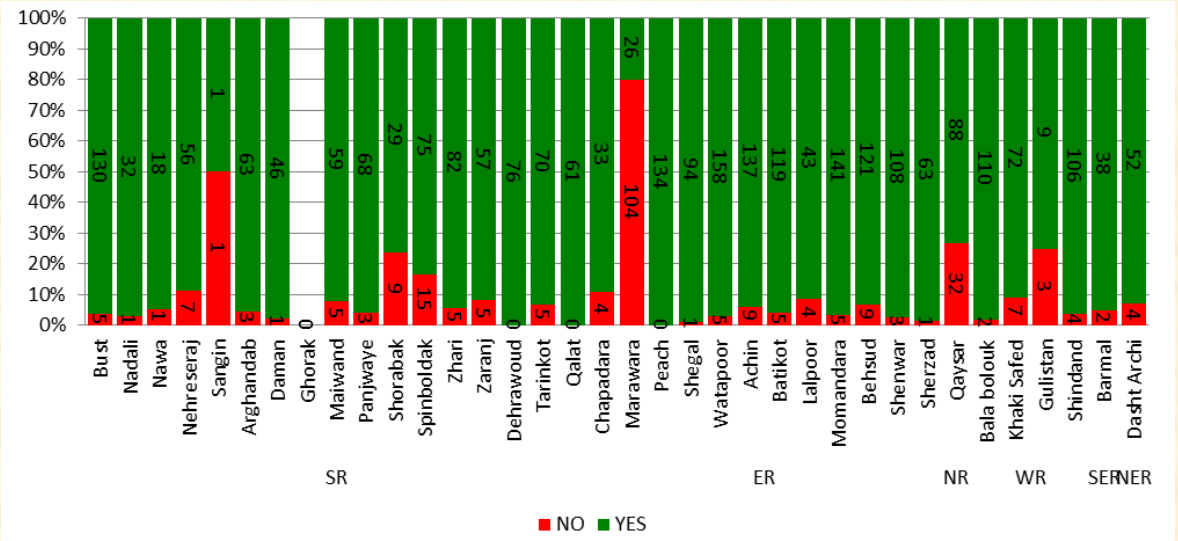


- Maintaining program neutrality
- Quality Access Team established
- 23 Community facilitators in place for key provinces

Monitoring in access compromised areas

- **Remote monitoring:**
  - Being conducted in VHRDs (on day 4)
  - Data used for action on revisit day, followed by re-survey
  - Remote monitoring expanded to 100 districts in September NID
- **Third party monitoring by independent partners in inaccessible areas**
- **National EOC focal points**
- **Information from PCM, LQAS, remote and third party monitoring triangulated**

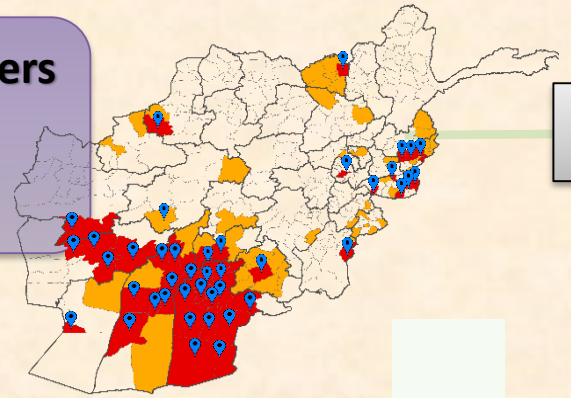
Did the vaccination team visit your house to administer polio drops to your under 5 years age?



Remote monitoring helps reaching out to the missed children

200,000 numbers in VHRD & HRD were shared with EOC for RM by MNOs (AWCC, Etisalat, Roshan, MTN, Salam)

Up to **400 subscribers per district** are randomly selected for RM during NIDs/SNIDs



EOC has a roster of **150 call center operators**

Up to 60 operators are invited and trained at EOC to conduct a RM per round

- **Day 3 and 4:** RM is conducted of the campaign before revisit day
- Up to **10,000 households** are targeted for survey (with around 40% success rate)
- Information about missed areas and missed houses collected

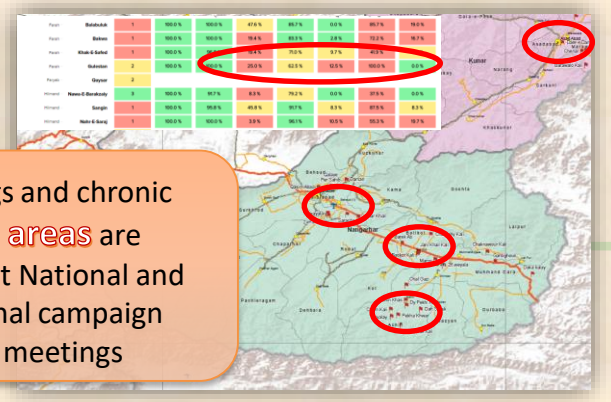
National EOC sends the **findings on missed areas and children to regional EOCs** by Thursday to consider for revisit day

District teams recover missed children on revisit day

- **Day 6:** Operators conduct **follow-up survey** by calling to missed areas
- Findings are shared with regional teams

Social mobilisers recover remaining missed children during **catch-up activities**

RM findings and chronic missed areas are presented at National and sub-national campaign review meetings



ACTION PLAN

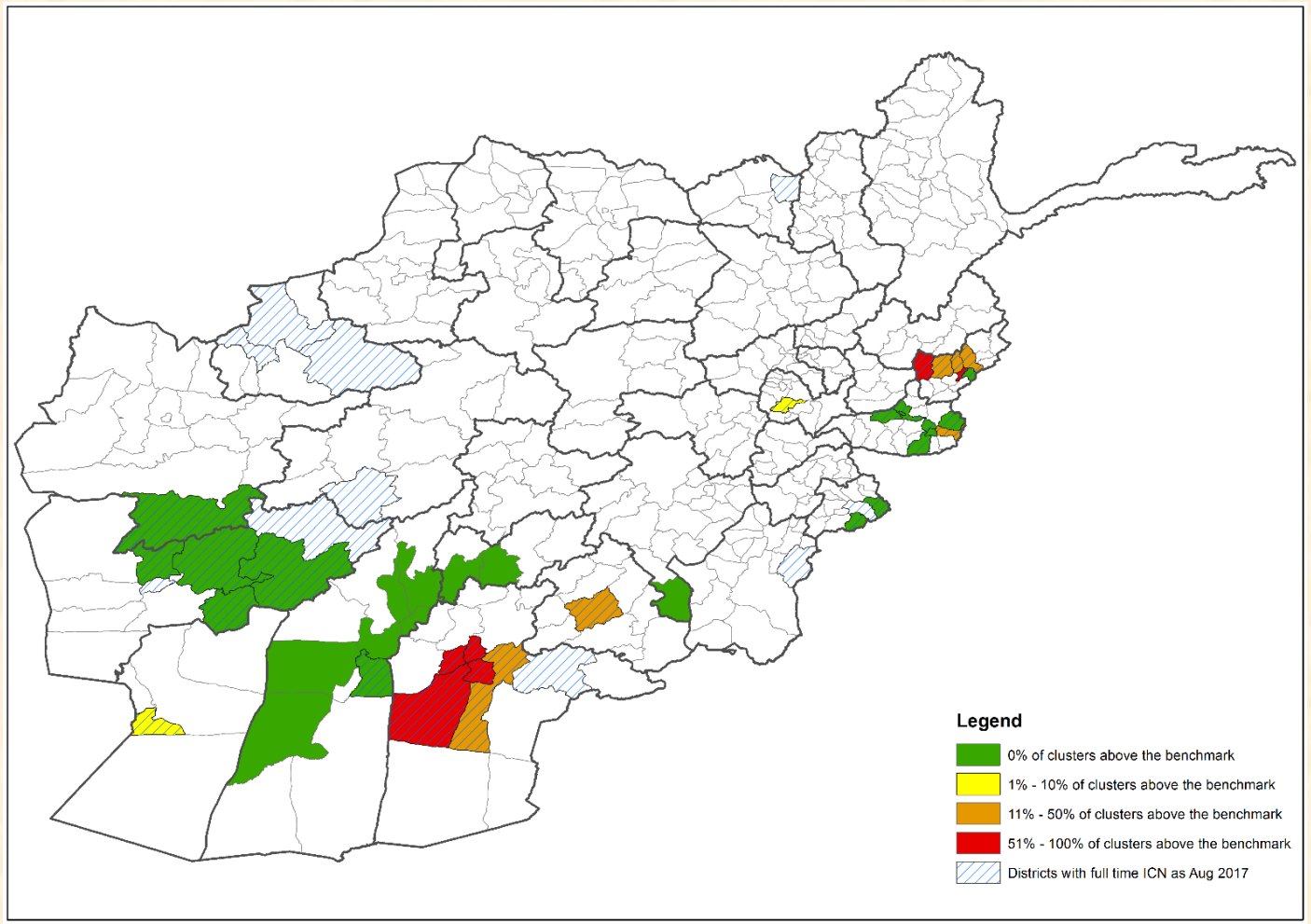
REGIONAL AND DISTRICT TEAMS DEVELOP PLAN OF ACTION AND IMPLEMENT THEM BEFORE NEXT CAMPAIGN

Refusals (August 2017)

A number of districts where there are high number of clusters with more than 1% children remained missed due to REFUSAL. Particularly, Kandahar City, Arghandab, Zahrai, Panjway, Asadabad, Chapadara have a high number of clusters with high refusals remaining

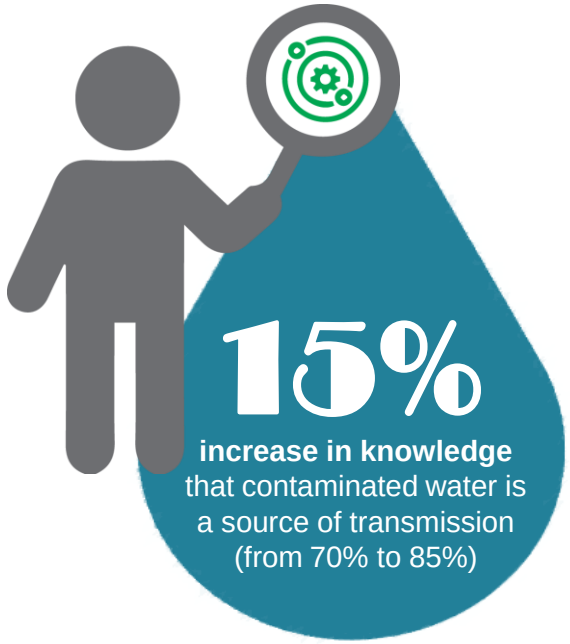
Reasons of chronic refusals are multi-layered and complex which require a long-term engagement and convincing strategy at multiple levels

Pockets of group refusals that cannot be negotiated at individual/ family level (e.g. Bermal in Paktika among Pakistan refugees)



Source: ICN Catch-up records and data for August 2017; data for September/Oct staggered campaign under process

Improvements in acceptance, intention & trust.
But still challenges remain



89%

of caregivers **intend** to give their child polio drops every time

16% increase

43%

caregiver **belief** that polio paralysis would be curable declined dramatically

08%

Awareness of 'destructive rumours' declined from 64% to 23%

Believed true decreased from 42% to 16%

56%

feel recent vaccinators are **better** than those in past

Harvard Poll- conducted in high risk areas in Feb 2017 Data compared with 2015

HORP
Harvard Opinion Research Program

Aggressive national communication strategy with particular emphasis on household & community engagement in high risk areas

Communication focus & priorities

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

Community engagement & with focus on partnering with religious leaders

Advocacy, mobilizing decision makers and opinion formers

GENERATING DEMAND

Point of service promotion/ IPC skills of front line

Household engagement in HR areas

Communication Partners

Targeted interventions to resolve refusals:
Focus on Kandahar Province

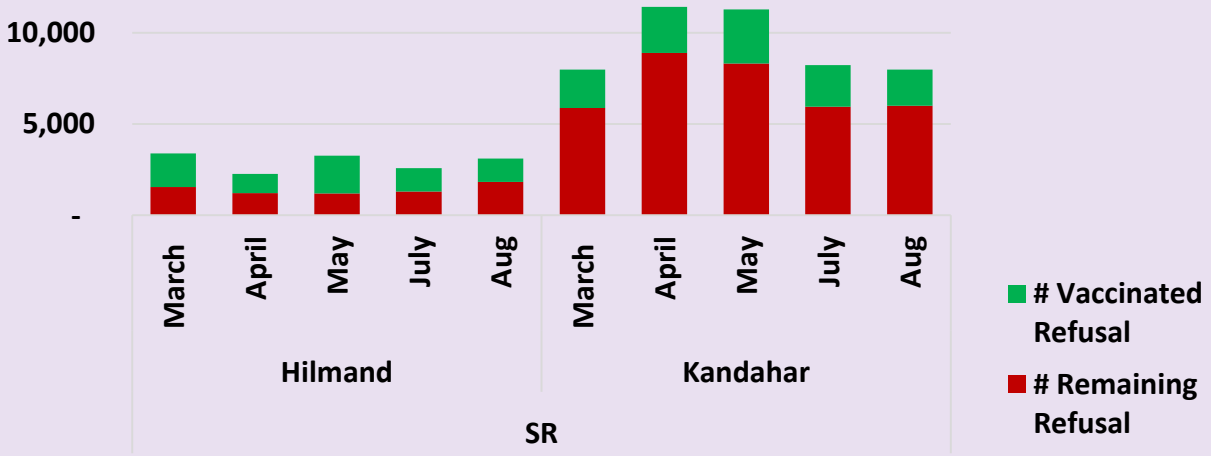
Engagement of local influential mullah imams: high risk clusters in Panjwai, Spinboldak, Arghandab and Zahrai;
(Up to September 2017 successfully convinced and vaccinated a total of more than 1500 children)

Mobilised a religious mobile team to conduct community meetings with refusals families
(798 children of refusal families vaccinated from June to Sep 2017)

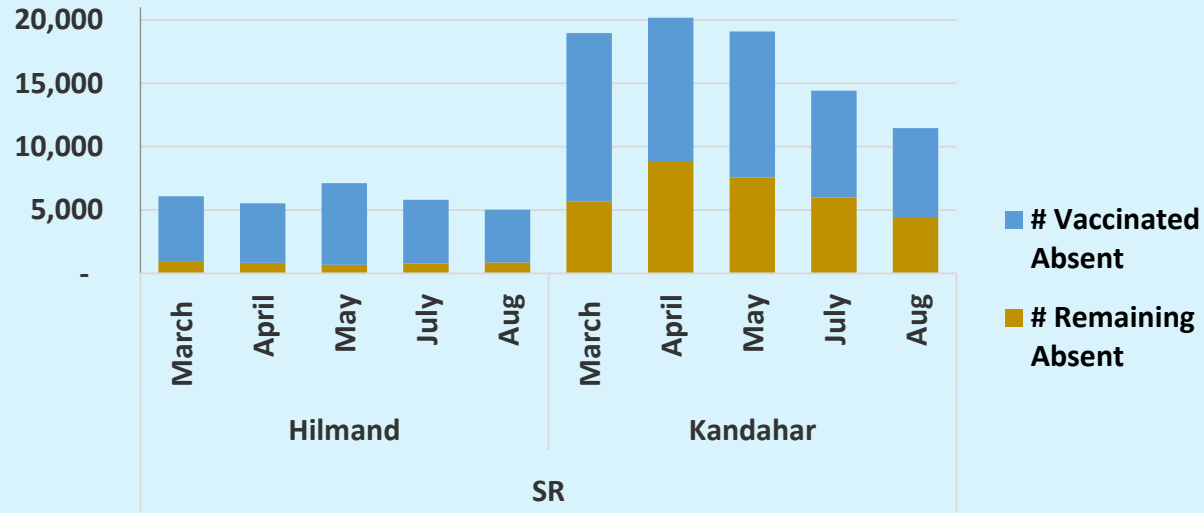
Cluster-level Refusal Resolution Committees: in high refusal clusters of Kandahar City, Zheray, Dand, Spinboldak and Panjwayi

Collation and use of **local fatwa of famous religious institutes** and **supportive letters signed by senior doctors** to convince community gatekeepers.

ICN reduces missed children due to Refusal after campaign



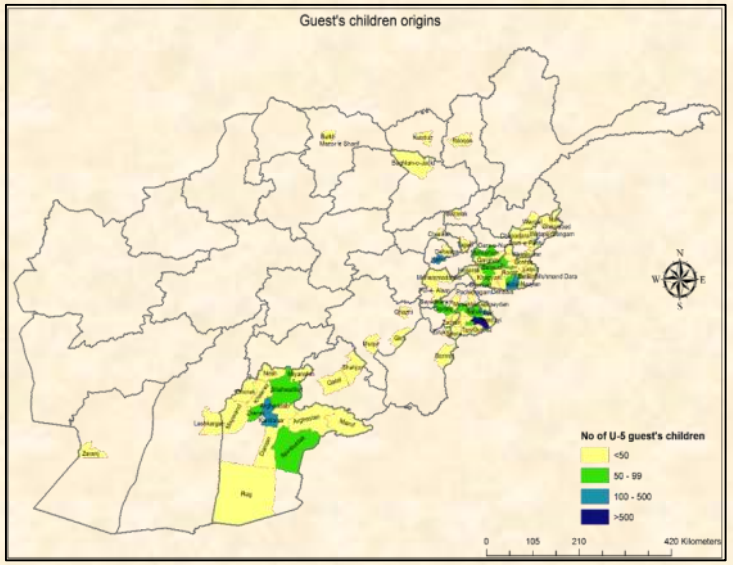
ICN reduces missed children due to Absence after campaign



High-risk mobile populations (HRMP)

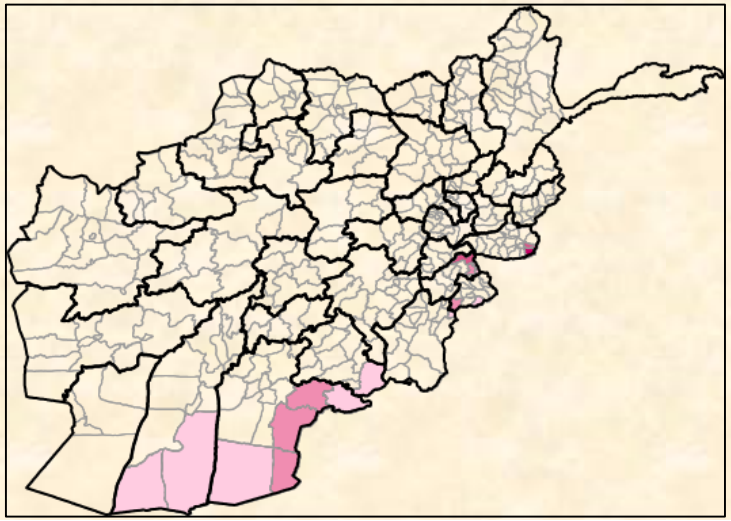
- 4 HRMP categories identified:
  - Long distance travelers
  - Nomads
  - Straddling populations
  - Returnees and refugees
- Cross border coordination for addressing HRMPs moving across border
- Database and mapping of all 4 categories of HRMPs
- PTT and CBT plans reviewed based on HRMP movement patterns
- Temporary settlement points included in SIA microplans
- OPV+IPV given to returnees at UNHCR and IOM centres

ICN survey for identifying guests & travelers

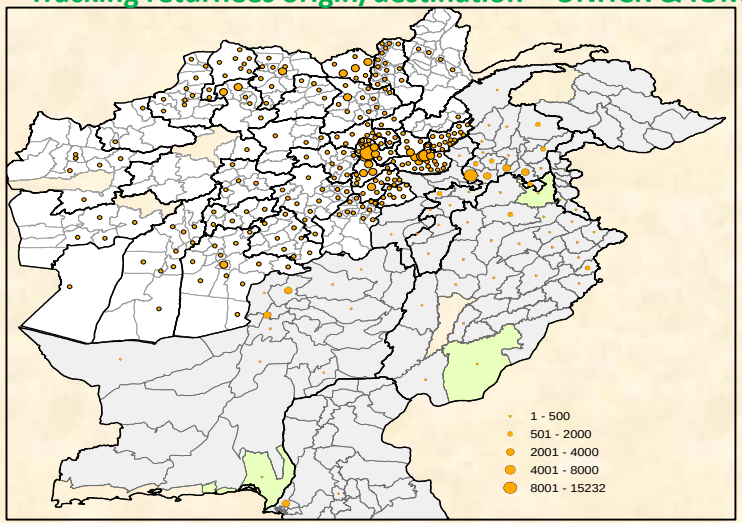


Mapping nomads' movement patterns

Mapping straddling populations



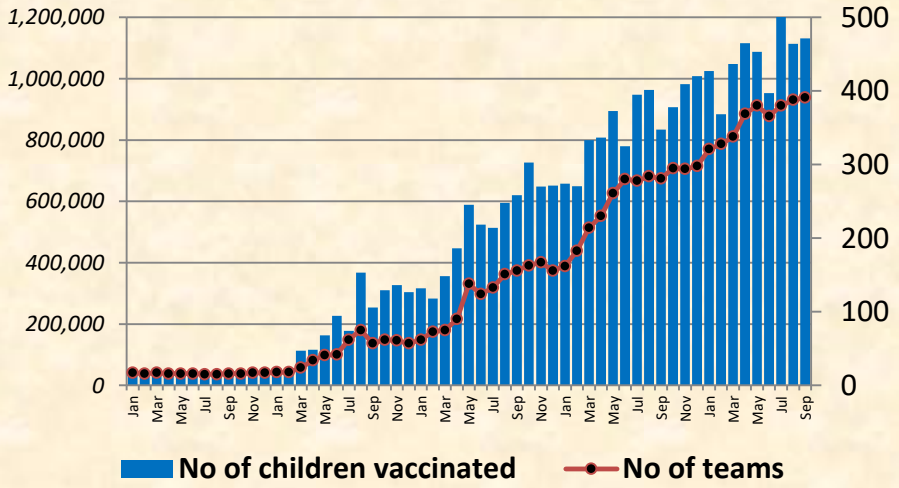
Tracking returnees origin/destination – UNHCR & IOM data



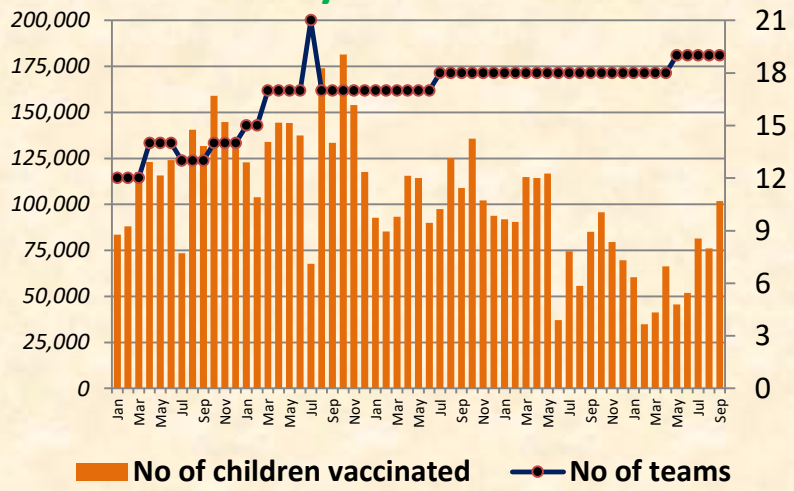
Strategies to address HRMPs

Type	Permanent transit teams	Cross border teams	SIA
Long distance travel within reservoir	PTTs strategically placed to vaccinate travellers <10 yrs to/from bordering and/or inaccessible areas	CBTs vaccinate children <10 yrs crossing borders	ICN/other data sources used to identify areas with guests – focused for coverage in SIA (trainings, implementation and monitoring)
Straddling population	PTT on routes of straddling population movement	Vaccination of straddling population while crossing borders	Settlements identified and included in SIA microplans
Nomadic population	Seasonal TTs on nomadic routes deployed during the movement season	Cross border teams on identified border crossing points, strengthened during movement season	Nomad specific SIA conducted during movement season in East Nomadic settlements included in all SIAs
Returnee refugees	PTTs reinforced on travel routes from Torkham and Friendship gates	Vaccination posts at UNHCR/IOM centers and Torkham/Friendship gates vaccinating with OPV (10y), IPV and measles	Villages/districts of final destination identified through UNHCR/IOM data, microplans revised and areas focused in SIAs

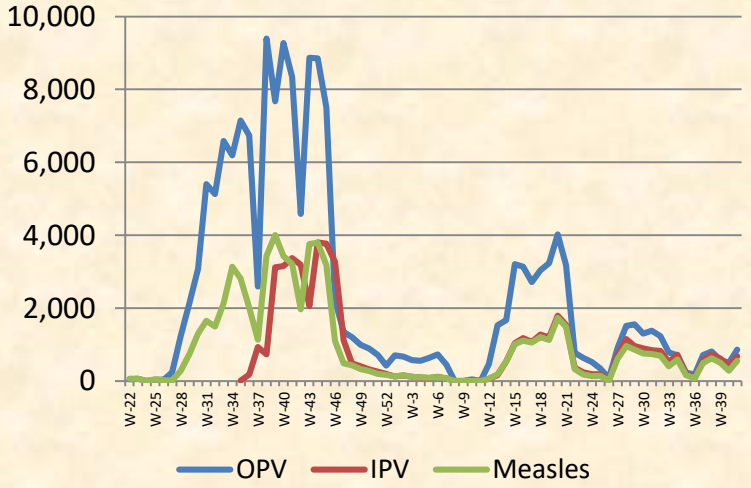
Vaccination at permanent transit teams



Vaccination by cross border teams



Vaccination of returnee refugees 2016-17

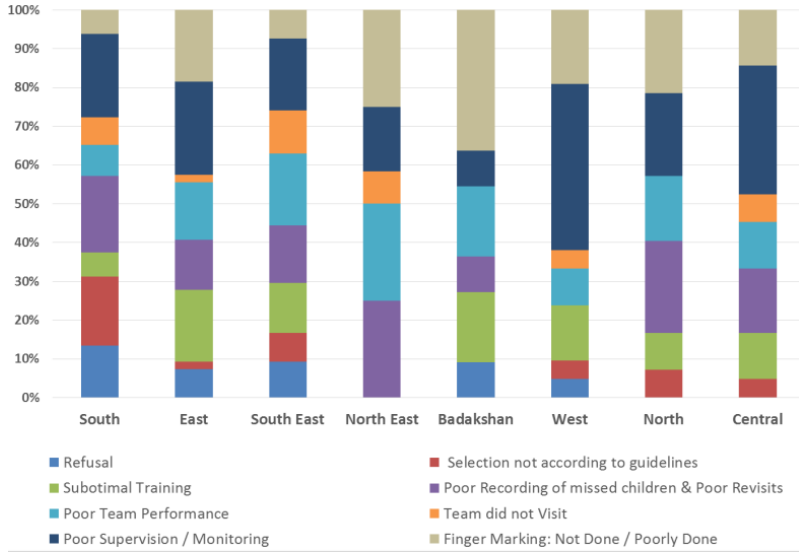


Other interventions

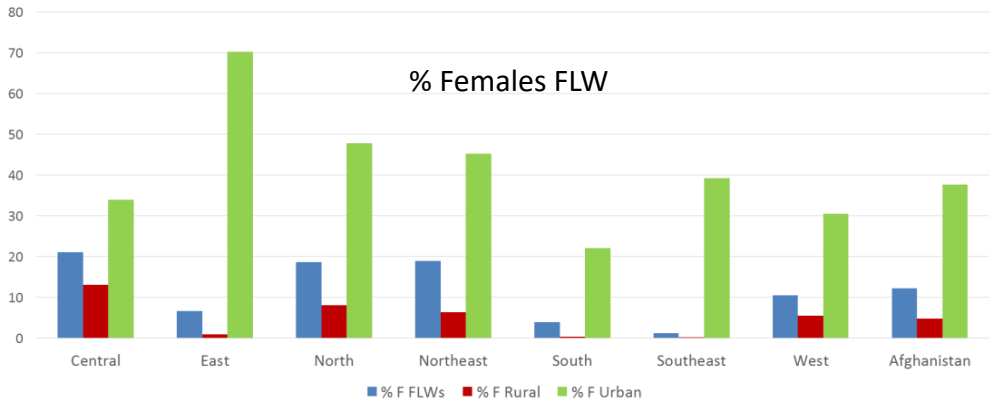
- **Investigation of failed lots for corrective actions**
- **FLW selection & implementation of accountability framework**
  - Selection committees established at provincial level
  - FLW registration and tracking from national level
  - Special focus to engage more females as FLWs in high risk areas
  - Tracking performance and payment through call center
  - Poor performing FLWs removed

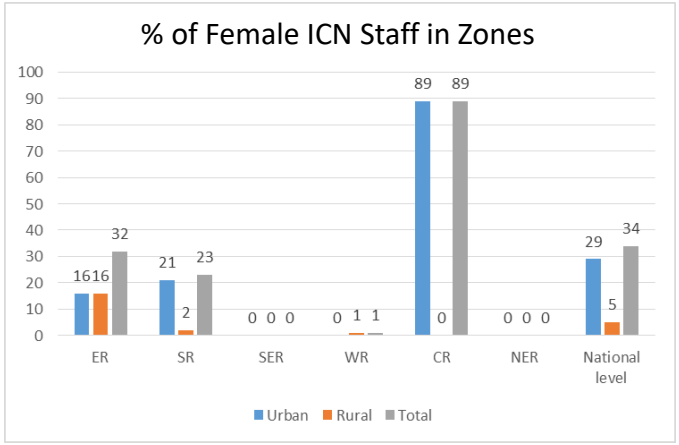
Investigation of failed lots

Major Reason Lots failed in regions from Oct NID 16- May NID 17



Engagement of females as FLWs





Accountability in action

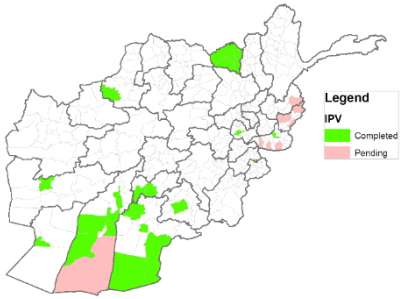
Category	# Removed (Sep NID)
FLWs	215
ICM	98
PCM	131
LQAS surveyors	17
Comm Sup	72*
Soc Mobilizers	517*

**Data for whole year 2017*

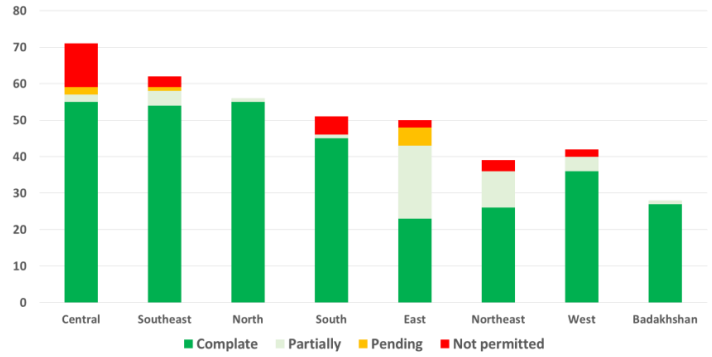
Other interventions

- New **tally sheet with focus on guest and absent**
  -- ***Data from Nahr-e-Seraj shows 5.9% guest children***
- IPV-OPV SIAs: 1.09 million children in 27 districts vaccinated in 2017. 194,000 children from 14 districts to be reached in Q4 2017.
- **House-based micro-plan** completed in 364 districts, rest 35 have serious security/access issues

IPV campaigns in 2017



Completion of house based microplanning



Revised tally sheet focuses on guest and absent children

OPV Tally Sheet for House to House Vaccination teams - Afghanistan

Guest refers to children not resident of the house who have come for short or long visit

Province_____ **District**_____ **Cluster number**_____ **Team number**_____ **Date**_____

Village Name:_____ **Name of Cluster Supervisor:**_____ **Name of communication supervisor** _____**Day(1**

Name of the volunteers: 1_____ **2:**_____ **Name of the Social Mobilizer:**_____

Name and address of first house owner :

House Number											**Total**
Total no. of children 0-5 yrs resident in the house											
Total no. of guest children 0-5 yrs in the house											
Total no. of children 0-5 yrs vaccinated in this house (resident & guest)											
House Number											**Total**
Total no. of children 0-5 yrs resident in the house											
Total no. of guest children 0-5 yrs in the house											
Total no. of children 0-5 yrs vaccinated in this house (resident & guest)											

Missed children tally sheet (sheet to record missed children from day 1-3 & for use for 5th day revisit)

Instructions: One row is for filling details about 1 child. This tally sheet will be used for all days - day 1-5.

At the end of each day work, use the next blank row for total of the day

Team No. **Village name** **Cluster No.**

Day of work (Day1, Day 2 or Day 3)	House number	Child name	Father name	Reasons				If absent, possible date of return	Outcome		
				Absent		Newborn/Sick/ Sleeping (NSS)	Refusal (R)		Child recovered (tick in any one column)		Day child recovered (1,2,3 or 5)
				Will return same day (SD)	Will not return same day (NSD)				Found vaccinated	Vaccinated by team during revisit	

Other interventions

- National Emergency Action Plan updated for the remaining part of 2017 with new work-plan & working modality of EOC (June 2017)
- District wise review of East, South and Southeast regions
- Incorporating **ICN as one of the two vaccination team** members
- **Modification of training kit** including strengthened monitoring of training sessions
- Surveillance:
  - Conduct internal surveillance review
  - Maintain and expand reporting sites & reporting volunteers as per the evidence
  - Review and expansion of environmental sampling
  - Healthy children sampling (in districts with no AFP cases reported for more than 6 months)
- Seroprevalence survey in 2 phases (1st completed)
- Implementation of 'PEI support to EPI' SOP with focus on microplanning, monitoring and mobilization; strong coordination mechanism in place at National EOC including EPI, PEI & BPHS

Summary: challenges and mitigation

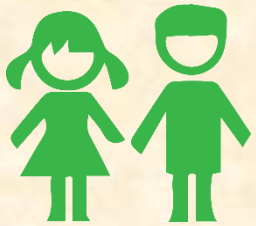
Risk/Focus	Mitigation/Action
Continued transmission in Southern region	• Southern corridor action plan: 15 districts of Helmand and Kandahar; district specific plans; special & staggered campaigns with national level monitoring
Transmission in Eastern region	• Robust vaccination response to detected transmission • Desk analysis and field review of surveillance
Changing security dynamics: Inaccessibility, particularly in South and East	• Continued dialogue and preparedness for any window of opportunity for vaccination; expansion of polio plus initiatives
Extensive population movement within the corridors	• Joint mapping and planning with Pakistan team and • Specific strategies for each category of access • PTTs and CBTs at strategic locations
Selection of appropriate FLWs, involvement of females as FLWs	• FLW registration and tracking from national level • Selection committee formed at each province to track and intensify involvement of females as FLW

Summary: challenges and mitigation

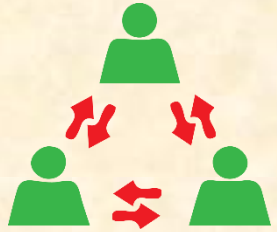
Risk/Focus	Mitigation/Action
Campaign quality in some of the focus districts	• House-based microplan • Long term deployment of national level staff to areas with concerns • New tally sheet with focus on guest and absent children • Expansion of remote and third party monitoring • Revised training module and monitoring of training by independent monitors • Intensification of intra-campaign transit team strategy
Concerns of vaccine acceptability in South region	• Engagement of local influential mullah imams: high risk clusters • Mobilization by a religious mobile team to conduct community meetings with refusals families • Cluster-level Refusal Resolution Committees: in high refusal clusters • Collation and use of local fatwa of famous religious institutes and supportive letters signed by senior doctors to convince community gatekeepers.

Thank you

High-risk mobile populations



Recent transmission in Afghanistan and Pakistan further underscores the importance of a systematic focus on mobile populations across the common epidemiological block



Close coordination with Pakistan at strategic and operational level

Type	Permanent transit teams	Cross border teams	SIA
Long distance travel within reservoir	PTTs strategically placed to vaccinate travellers <10 yrs to/from bordering and/or inaccessible areas	CBTs vaccinate children <10 yrs crossing borders	ICN/other data sources used to identify areas with guests – focused for coverage in SIA (trainings, implementation and monitoring)
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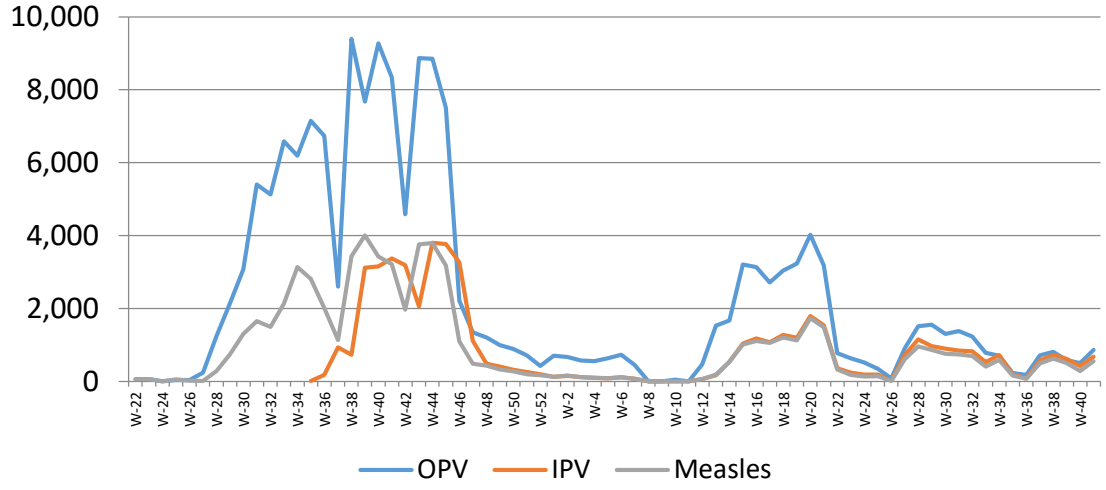
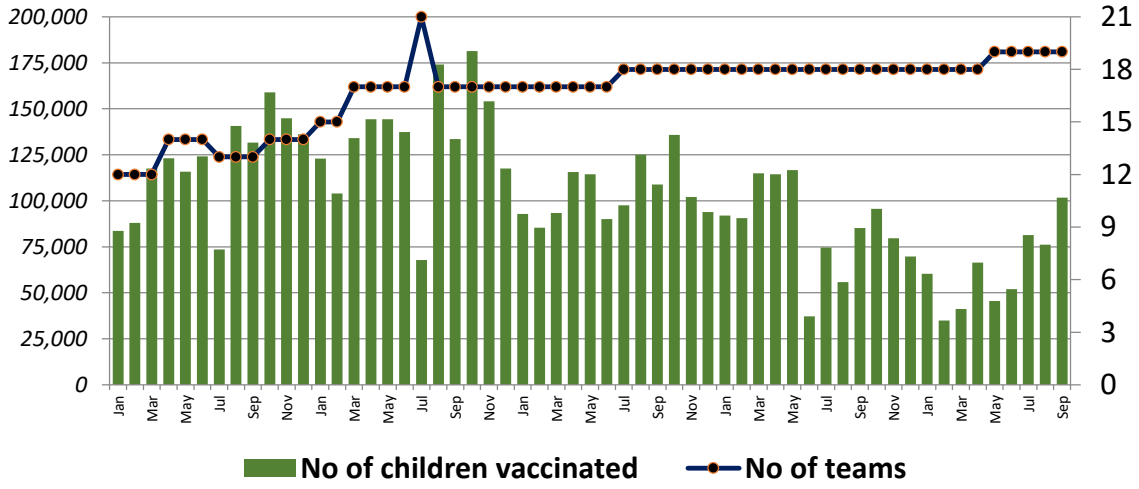
Vaccination of children on the move

- → **More than 1 million children** on the move are vaccinated every month
- → **19** cross border teams
- → **391** permanent transit teams (mostly around inaccessible areas)
- → **Vaccination of returnee refugee** at UNHCR/IOM sites with OPV and IPV

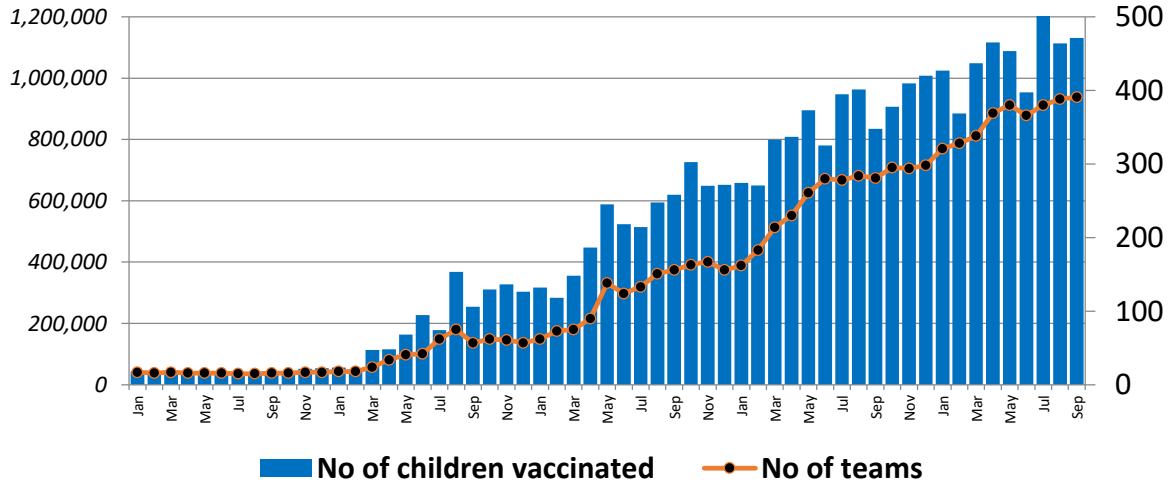
Vaccination of returnee refugees 2016-17



Vaccination by cross border teams



Vaccination at permanent transit teams



Guest children

Periodic household surveys in very high risk districts for guest children

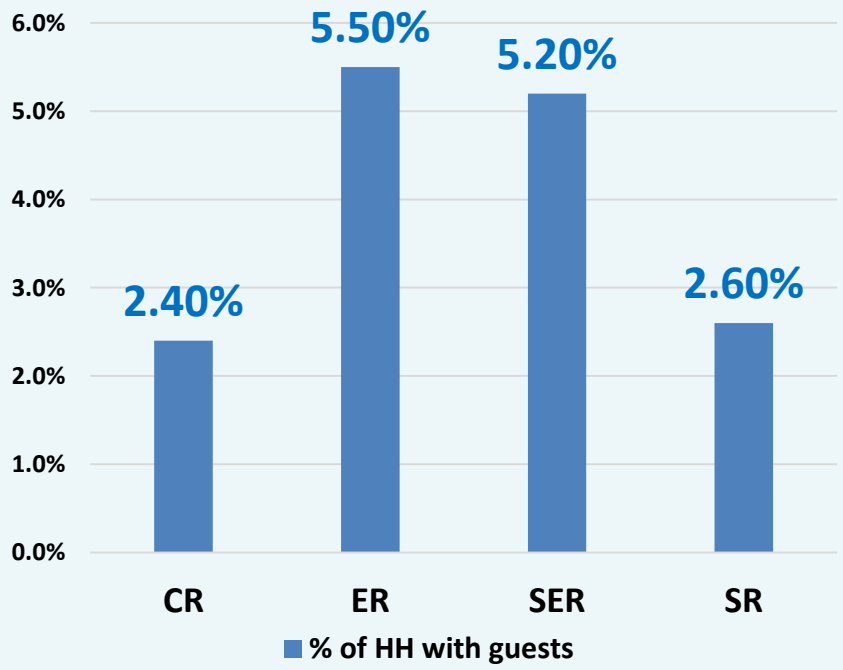
House to House tally sheet and ICN register modified to capture guest children

Focus on guest children during training

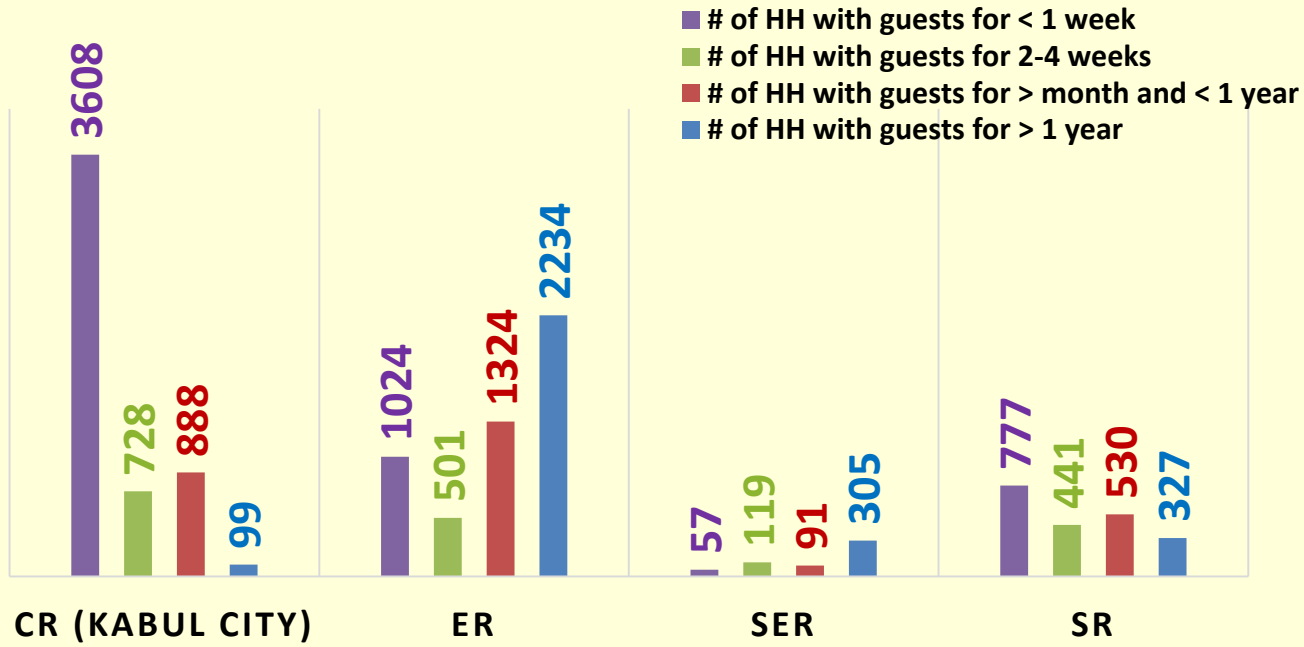
Sharing of information with Pakistan on origin and destination

Household Guest survey in ICN districts, August 2017

% of HH with guests

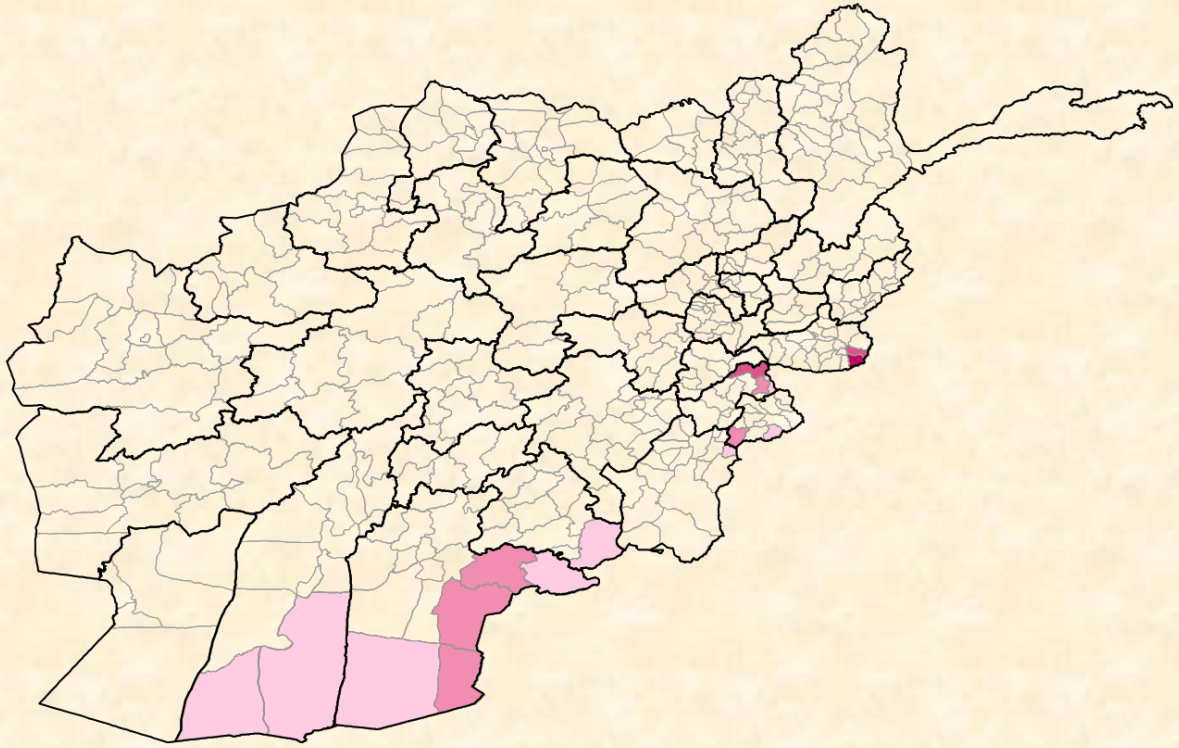


Time duration for the guests in surveyed households by ICN, August 2017



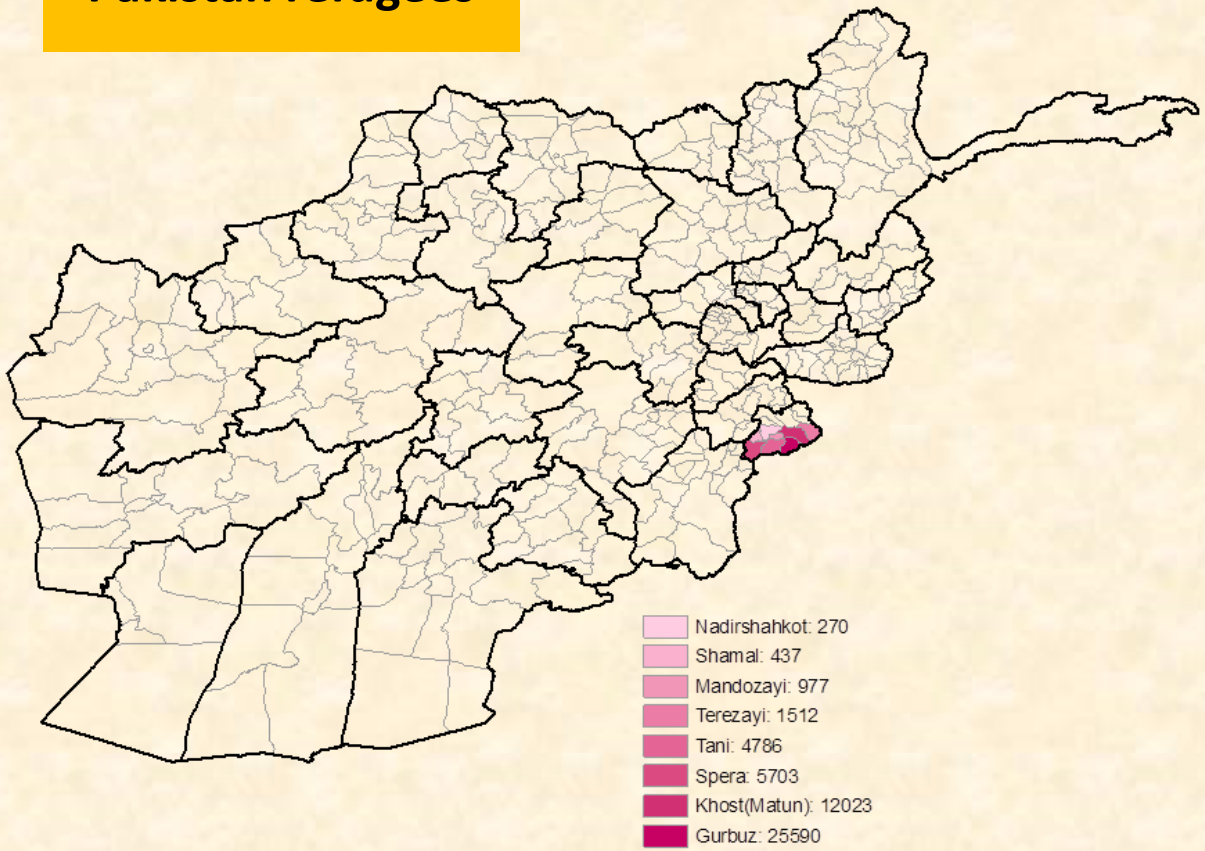
Straddling & pockets of refugee populations identified & prioritized

Districts with straddling populations – families having houses on both sides of border



- Straddling populations mapped
- Border crossing points identified
- Points of interest on both sides of the border listed – PTTs in these points strengthened

Pakistan refugees

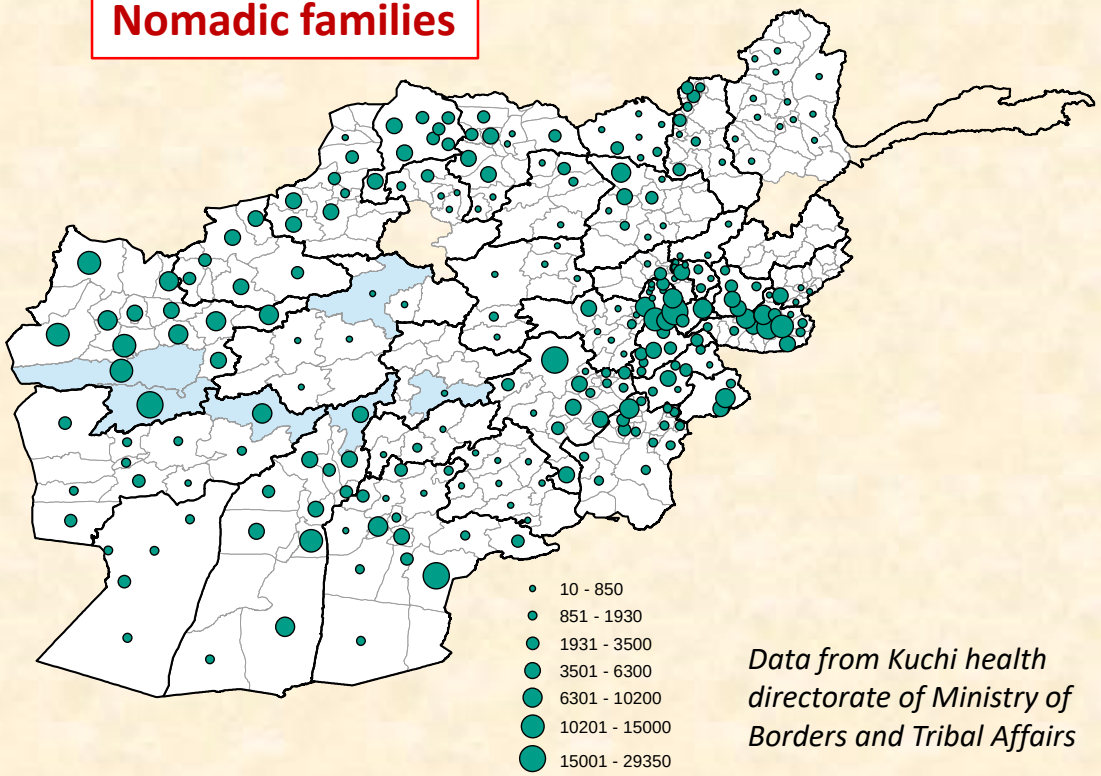


- Biometric registration of Pak refugees by UNHCR
- Village wise data available and used to plan vaccination activities in these areas

Nomadic populations

1. Close working with Kuchi health directorate of Ministry of Borders and Tribal Affairs
2. Nomadic group-wise data collected during campaigns
3. Special nomad campaigns and specific transit teams for nomads targeting nomads
4. Nomadic groups crossing border identified
5. Border crossing points identified and PTT/CBT strengthened

Nomadic families



Data from Kuchi health directorate of Ministry of Borders and Tribal Affairs