A girl is immunised in Jalalabad, Afghanistan.

Situated at the border with Peshawar, Pakistan, there is heavy movement of populations to and from Jalalabad through the Torkham Border.

- Afghanistan conducts a mop-up in the north in response to Tajikistan outbreak
- Communication Planning Workshop conducted for the Southern Region
- Kandahar mop-up
- Communication Focal Points in Southern Region trained on Social Mapping and Survey
- Study confirms radio and TV as chief sources of information in security compromised areas
- Finding partners for polio in the Southern Region

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Afghanistan conducts a mop-up in the north in response to Tajikistan outbreak

As a response to the outbreak of type 1 polio in Tajikistan, a country that borders Afghanistan in the north, a mop-up using mOPV1 was conducted from June 1 - 3, 2010. Over 1.2 million children were targeted in the provinces of Balkh, Badakhshan, Kunduz and Takhar.

This region has been polio-free since 2006. To ensure that a maximum number of children are reached during this campaign, a range of pre-round mobilisation activities were conducted. Meetings with mullahs, village elders and schoolteachers was organised at the district level to orient them on the need for the mop-up. In Mazar-e-Sharif alone, over 600 people were oriented two days prior to the round. Key messages included the need to protect children from the risk of importation of wild poliovirus from Tajikistan, and to ensure that every child below five years of age is immunised.

Since OPV resistance is virtually unknown in the north with communities generally accepting the vaccine, vaccination teams were trained mostly on identifying and locating children from gypsy communities living on the outskirts of the city. In addition, there are nomadic Turkmen tribes that also potentially run the risk of having under-immunised children. A strong transit strategy that focussed on bus stations, cross-roads, wedding halls, and the Blue Mosque helped to cover a large number of children. According to Dr. Magdi Shareef of WHO, almost 20% children are immunised at fixed posts such as clinics and hospitals. While this demonstrates good access and utilisation, it adds to the workload of the house-to-house teams that have to revisit a house to check if the child is immunised. Dr. Shareef of WHO believes that using fixed posts to reach children on the first day of the round and sending teams house-to-house on subsequent days is a good way to avoid duplication and encourage families to immunise their children in health facilities.

Operationally, the focus of the mop-up was on securing the northern border against polio. In Balkh, at the border with Uzbekistan at Hairaton, a special two-member team was set up to screen children and immunise them with OPV. These border teams will continue to administer OPV beyond the polio campaigns and will be stationed there for a few months. Although this border is mostly used for trade and commerce and families travelling with children seldom cross at this point, having a team administering OPV is a cautionary measure to ensure that the virus does not travel to Afghanistan. In addition, since polio has affected children above five in Tajikistan, the border posts have been administering OPV to people below fifteen years of age.
Communication Planning Workshop conducted for the Southern Region

The southern region has continued to pose a challenge in reaching communities and children due to increasing insecurity. This has contributed to poor OPV coverage during SIA rounds and the continued circulation of poliovirus – type 1 and 3. So far, two cases of type 1 polio have been recorded in the southern provinces of Kandahar and Zabul. Communication challenges in security compromised south are centred around poor access to communities. These challenges are exacerbated by the near absence of civil society organisations that can support polio immunisation.

In keeping with the recommendation of the Technical Advisory Group (TAG), to develop an integrated communication strategy focusing on the 13 high risk districts in the south, a planning workshop was organised in Kabul. 40 participants from the provinces of Helmund, Kandahar and Urozgan participated in this two-day workshop. They included representatives from the Ministry of Public Health, Provincial and Regional Polio Communication Officers (PPCO/RPCO), District Communication Focal Points (DCF), representatives from NGOs that help implement SIA rounds in these provinces, District Health Officers (DHO), and Provincial and Regional EMIs.

Supported by UNICEF Headquarters, New York and The Communication Initiative, aside from developing an integrated communication plan for the high risk districts, the objective of the workshop was also to identify critical gaps in monitoring and evaluation, in coordination and in soliciting and expanding community ownership.

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Over 40 field functionaries attended the District level Communication Planning Workshop to identify priorities and activities for their districts. Over two days, provisional plans were developed and discussed for 13 High Risk Districts in the Southern Region.
A case of type 1 poliovirus in Shawalikot district of Kandahar province necessitated an immediate mop-up response. Five districts in Kandahar province were targeted for this activity – Kandahar City, Shawalikot, Spin Boldak, Panjwaie and Maiwand. Approximately 0.33 million children were reached with bivalent OPV (bOPV) in a three day campaign from June 29 – July 1, 2010. The SIA record in this district has been poor with reports of inadequate access to the population by vaccinators and social mobilisers. Communication response to mobilise families in an area that is severely compromised in terms of security, has centred around using information, education and communication (IEC) material and using channels such as mobile phone messaging to generate awareness. Although the effectiveness of mobile messaging in encouraging people to immunise their children has not been assessed, there is no doubt that it does serve the useful function of spreading awareness among a population that has little access to information.

In addition, to strengthen the communication network in this area, and to enable data collection to measure outcome and change, UNICEF together with partners is conducting in two high risk districts, a social mapping and survey to assess reach and impact due to specific communication activities against a change in number of children immunised during each round.

Over the next few weeks, mapping and surveys in the two districts will be completed in time for the polio round in September. With this hard but important work accomplished, the fieldworkers can rest briefly during the Ramadan!
Towards the end of 2009, UNICEF commissioned a study to understand the Knowledge, Attitude and Practices (KAP) among caregivers vis-à-vis polio immunisation. In addition, the study sought to understand the chief sources of information among families in high risk areas for polio transmission. It also sought to understand if there had been an improvement since the previous KAP study conducted in 2007. The study was conducted in six provinces in the Eastern and Southern Region of Afghanistan – where polio transmission has never stopped. These included Kandahar, Helmand, Farah, Nangarhar, Laghman and Baghlan.

According to the study findings, knowledge about polio immunisation was poor in Farah and Kandahar provinces. Nangarhar and Laghman provinces recorded people with appropriate knowledge. 36% of the population relied on the radio for information. The southern provinces of Kandahar and Helmand in particular, used the radio while television found more popularity in Nangarhar and Farah.

As compared with the first KAP study, there was a decline in community mobilisers as a source of information from 32 to 17%. An indication that vaccination teams are perhaps not reaching communities was also evident from a reduction in these teams as a source of information about polio immunisation from 22 to 13%. Radio and TV as sources of information recorded an increase as compared with the previous study.

Most importantly, the absence of security that compromises the ability of community mobilisers and vaccinators to reach families, became evident in the drop in knowledge about polio immunisation as compared with the previous study. Nearly half the population surveyed felt that polio immunisation could prevent other childhood diseases. While refusals had declined from nearly 45% in the previous study to 4% in the present one, children were often missed due to a variety of other reasons. 40% of the children were missed because they were travelling (26% in 2007), 22% because the vaccinators could not reach the families, 18% because the child was sick (4% in 2007), and 8% because the child was asleep (7% in 2007). 38% of the parents and caregivers interviewed admitted that children were often left unimmunised as the absence of security restricted their access to health facilities.
Finding partners for polio in the Southern Region

The swiftly deteriorating security situation in the Southern Region has increased challenges towards meeting the goal of eradicating polio. There are districts where access for vaccinators is almost impossible during polio rounds. In the July round for instance, almost 18% of the target of 180,228 in the provinces of Kandahar and Urozgan were left unimmunised after the first three days of the round due to absence of security. 13% of these missed children are from Miawand and Panjwai districts of Kandahar province. In Shawalikot – a district that recorded type 1 poliovirus in June, the campaign was postponed until 1 August 2010.

The problem of access is a recurring one. Various channels have been explored to break into communities that are controlled by Anti-Government Elements (AGE) but the results have been mixed. However, a partnership with the International Committee of the Red Cross (ICRC) and with the Afghan Red Crescent Society (ARCS) has provided encouraging results. The ICRC has helped to gain access to the hard-to-reach district of Maiwand in Kandahar and is hoping to broker a sustainable partnership for polio in Shawalikot district as well. The ARCS too has a strong network on the ground that seems to have survived the conflict and insecurity and has committed to helping with the polio immunisation effort in Argystan and Dand districts.

In addition, a partner and media mapping exercise for the 13 high risk districts is being undertaken to identify channels through which OPV coverage can be increased. Although many NGOs have slowly wound up their activities, there are still some small pockets where they continue to operate. The media environment is quite fertile as in the absence of too many channels of entertainment radio and TV attracts a good audience. In rural areas in particular, radio has a very strong listenership (see story on KAP findings). Through this mapping exercise, appropriate media channels for broadcasting polio messages will be identified and approached for support prior to and during polio rounds.

Partnership with the ICRC has been strengthened to gain access to Maiwand and Shawalikot districts. In addition, a partner and media mapping exercise in the 13 High Risk Districts is underway to identify additional channels through which the communities can be consistently reached with polio messages.