Local Solutions for Local Challenges

Innovative Strategies to Maintain and Drive Progress Against Polio in Afghanistan

> Across Afghanistan, decades of heroic effort on a national scale has kept eradication hopes alive. But as polio eradication learned in India, the last stage of the fight will be at the most local level. Each one of Afghanistan's polio districts is coloured by a unique palette of needs and dilemmas around access, operations and trust.

In 2016, the polio programme took a new and closer look at these differences, putting each of the highest priority districts under the microscope.

"To really get inside these districts we decided to give each one a very detailed profile," said UNICEF's Melissa Corkum. "The idea was to tailor the programme around district profiles - to help us find the best strategies, the right, local people, and the smartest action plan for that specific area."

The district profiles produced distinct communication, monitoring and operational plans. They also gave the programme a new opportunity to address key issues still haunting its effectiveness: human capacity, and verification.

Men receive Polio Communication training in Jalalabad University Teaching Hospital in the city of Jalalabad in Nangarhar Province in Afghanistan, 2010. Image credit: ©UNICEF/Noorani

Building skills where it counts

Aman Ullah is a District Communication Officer in Kandahar City. The social mobilizers and vaccinators he works with are hired a few days in advance of the campaigns and paid for less than two weeks a month. Not surprisingly, he worries about how to sustain their motivation, and build trust with Kandahar's families.

“I do see communication gaps,” he says. “We have been working for so long but still people don’t understand the message. So sometimes I wonder if our teams always understand it themselves, or if families always believe them.”

A lot more could be achieved in Aman Ullah’s area if only his frontline workers were permanent staff. “At the moment, they come and they go,” he says. “And so also the communities are sometimes supporting and sometimes not. One month the mullah will announce the campaigns from the mosque – but the next he will refuse, or give me the key and say, ‘Do it yourself’.”

In 2015, Afghanistan’s polio programme piloted a concept that might help Aman Ullah see a real change. Dr Maiwand Ahmadzai, Manager of the National Emergency Operations Centre, worked with the National Head of EPI, Dr Parvez, to introduce the Community Health Volunteer initiative in Nangarhar Province.

Adapted from Pakistan’s Continuous Community-Protected Vaccinator programme, the CHV initiative makes polio vaccinators and social mobilizers permanent faces of the programme, selected from the local area.

“I’ve rarely come across genuine resistance to the idea of vaccination,” says Dr, Maiwand. “People here actively want services. If children are missed, it means that either teams aren’t getting to the houses or they aren’t trusted when they come.”

Under the CHV initiative, vaccinators are selected from the immediate clutch of houses in which they work. Ideally, they will be female Community Health Visitors – local health providers already known to local families. These new recruits add family mobilization to their portfolio, working month-long to revisit missed children and build local relationships where it matters most.

The CHV concept depends heavily on human capacity – and weaknesses here rival access as polio eradication’s central challenge.

“The key question for all of us in the field is: How can we have good capacity and good access at the same time?” says WHO’s Dr Soghaeir in Kandahar City. “This context can force you to choose between people who have the right relationships to access an area, and people with the right skills to convince families once they arrive. For example, in Kandahar city, 70 per cent of our vaccinators are male students who can move around freely but are not necessarily convincing on health matters. Once we even had to delay the campaign two weeks for them to take exams!”

Soghaier says that while complex access negotiations consume a great deal of planning energy, much more emphasis is needed on building skills to capitalize when access is granted. And this is exactly what the CHV approach hopes to provide.

“We can’t take an institutional system that has been destroyed for years and try to rebuild it in six months,” says Dr. Maiwand. “So instead we have to really focus on our people. If we can get the right teams at the right level, local and committed, vaccinating and convincing families without pause – then we can eradicate this virus.”

The CHV programme showed positive results in Nangarhar in 2015 – and in 2016 began an expanded pilot in Kandahar. Combined with a strong re-training programme utilizing a new curriculum focused on enhancing inter-personal communication for vaccinators and social mobilizers, and a renewed focus on accountability, it should help a much stronger polio force to emerge in the field, building trust and human knowledge, village by village.

The polio partners are optimistic – and also cautious. “We know we have to tread carefully, based on solid evidence and in real-world conditions,” says Corkum. “Afghanistan has taught us to be more attached to goals than individual strategies – because different strategies may fit different districts.”

According to Corkum, continuous vaccination should equate not to a ‘longer job’ but a ‘better job’. And a ‘better job’ will depend on a sincere investment in local men and women, helping them to build trust and acceptance for their children’s sake in the virus’ last, stubborn strongholds.

“We know we have to tread carefully, based on solid evidence and in real-world conditions … because different strategies may fit different districts.” – former UNICEF polio chief Melissa Corkum

Image credit: ©UNICEF/Claire Hajaj

Checking performance at a distance

As vaccinators' performance improves in polio's key districts, verification is racing to take advantage. Afghanistan's polio campaign monitoring systems follow international guidelines – but the realities of life in this divided context present unique challenges to monitoring teams.

Dr. Ahmadullah Faizi is Deputy Director, Public Health, in Kandahar Province. "In areas under control of the government we don't have difficulty with monitoring," he says. "We check on progress during the campaign, in the Post-Campaign Assessment (PCA) and through Lot Quality Assurance Sampling (LQAS). There are hundreds of people involved in the process in this province alone."

This three-step process of intra- and post-campaign assessments, followed by LQAS, is relied on throughout the polio world to check the work of vaccinators, and understand why children are missed.

"We absolutely triangulate our data," says Dr. Maiwand. "With the government moving more and more into implementation and WHO focusing even more strongly on monitoring through universities and other third parties, it's a very healthy partnership."

LQAS has proved extremely effective in identifying poor performance.

“When the official post-campaign coverage rates in Kunar look very healthy for a specific campaign but the LQAS picks up a lot of failed clusters – well, you know you have a problem with verification,” says WHO’s Dr Shukla. “And in fact it’s very reassuring when these discrepancies do come up, because it means the system is working.”

But in insecure areas, where even tally sheets are sometimes forbidden, the traditional three-step formula is not enough.

Thuy Ha Buy is UNICEF’s Monitoring and Evaluation Specialist for polio. “We see data arriving late and patchy, because often people have to leave an area before they are even allowed to record anything,” she says. “So we have to make the very best of the data we can get – and this is where technology can help.”

“Making the most of data means being able to correlate information and understand its implications,” Buy says. “This new platform will help us improve how data is correlated. We will be able to analyze trends in why children are missed, or map large numbers of absent children in one area to unexpected spikes in coverage in other areas.”

Training is key to good data management, according to Buy, and the shift towards “continuous” vaccination and mobilization is going to make a big difference. “The idea of continuously employed vaccinators and social mobilizers means a great deal from a data/M&E perspective,” she says. “When people are permanent you can really train them, and make data and M&E part of their job. You can add new indicators for them to collect more consistently. And also you can start to look at convergence – linking delivery of polio services with other health needs.”

The EOC team also works on district-specific approaches for data collection – sitting down with frontline workers to produce a detailed social ‘map’ of each district and deciding on the right tools to track the right issues.

Grafting new technologies and sophisticated data strategies onto Afghanistan’s frontline workers will take time. But the investment will pay off richly – and not just for stopping transmission.

“We have to remember that even if transmission interrupts this year, we are going to have to keep focus and improving campaigns for at least three more years,” Buy says. “And to sustain eradication during that time we are going to need stronger information on a range of issues – on social attitudes and acceptance, on other health services, on access and on performance. The more we invest today, the bigger the long-term gains.”

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Maintaining focus

Maintaining focus for the long term is a truism for the entire programme. So much has been invested in eradication here – unquantifiable reserves of energy and will, national resources and even lives. There has never been more determination to break through to the finish line – to be a country without polio, reaping the rewards of this effort in Afghanistan's most vulnerable communities.

"I see this as a battle for equity," says UNICEF's Dr Yussuf in Kandahar, where hundreds of people are still carrying the fight to the virus. "It's not just about polio – it's about livelihoods, security, health services and human rights for these families. It's about an opportunity for the world's poorest children to get something that millions of their peers can access without a second thought."

Yussuf believes that Afghanistan has good cause to be proud of its persistence – and every reason to keep going. “This really is a flagship programme for the country,” he says. “And when Afghanistan records its last case, it will be a tangible and measurable victory. We have tried many initiatives here over the past 30 years – and sometimes it is hard to see how far we have come. But when polio is ended – there will be no doubt.”

He and the rest of the polio team believe that victory will be won by Afghanis themselves, their resilience carving its own path through a unique eradication landscape.

“When India stopped polio we all celebrated,” says WHO’s Dr Shukla. “And then Nigeria followed – so we celebrated again. But Nigeria did not have to become India to succeed. It found its own way. And Afghanistan will do the same.”

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