

# Deep dive: Afghanistan



**Vaccination in humanitarian settings**

**Afghanistan: In-country overview**

# Vaccination in humanitarian settings: Afghanistan

## Humanitarian context

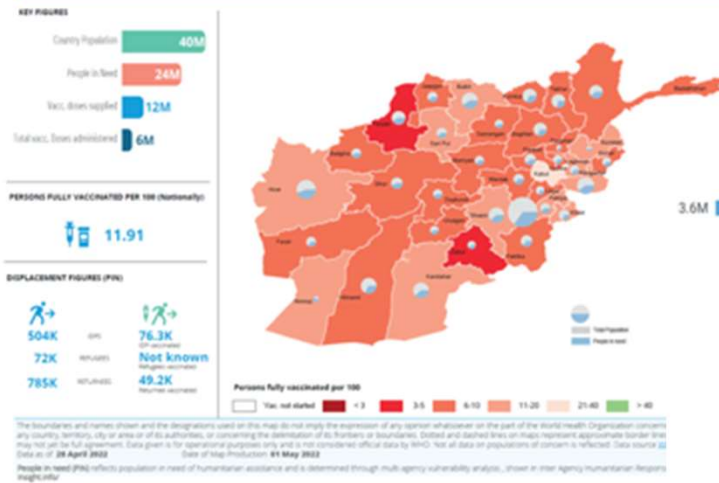
- L3 emergency - IASC
- GRADE 3 - WHO Emergency

- Defacto government
- Conflict, insecurity e.g., Nangahar, Kabul, Kandahar, Takhar, Baghlan,
- Natural Disasters
- Displacement IDP, returnee,
- H2R

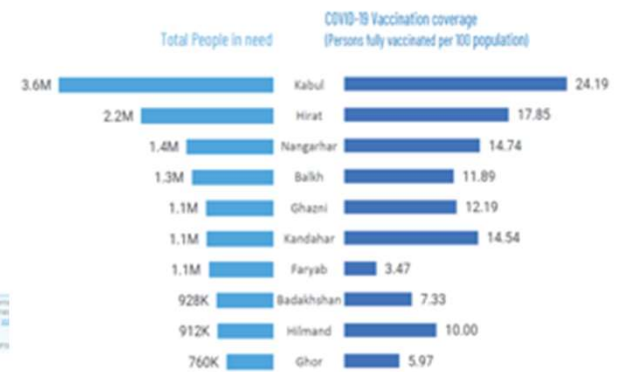
## People in Need of Humanitarian Assistance (PIN)

- 26M in HRP 2022
- 504K IDP PIN (out of 5.8M IDP )
- 785K Returnee PIN (out of 13.6M returnee)
- SEHATMANDI coverage only 64%

## AFGHANISTAN OVERVIEW: VACCINATION COVERAGE AND HUMANITARIAN NEED



Data as of 28 April 2022



## Populations of concern not being reached

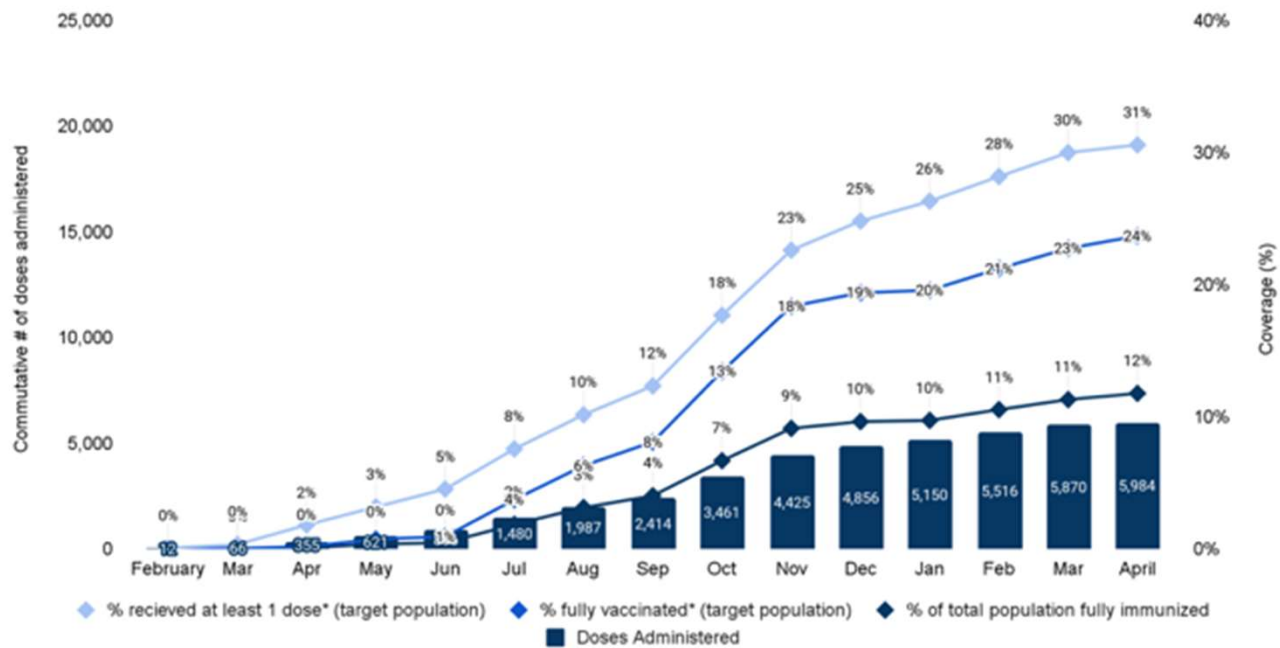
- Faryab, Badakhshan, Ghor
  - High numbers people in need of humanitarian assistance (PIN), low coverage
- IDP
- returnee

## Health Cluster Partner Operational Presence



## 24% of the estimated target population\* have been fully vaccinated, with 31% having received at least one dose of the vaccine

Cumulative COVID-19 doses administered (1,000s), and percentage of target population\* vaccinated; upto April 24, 2022

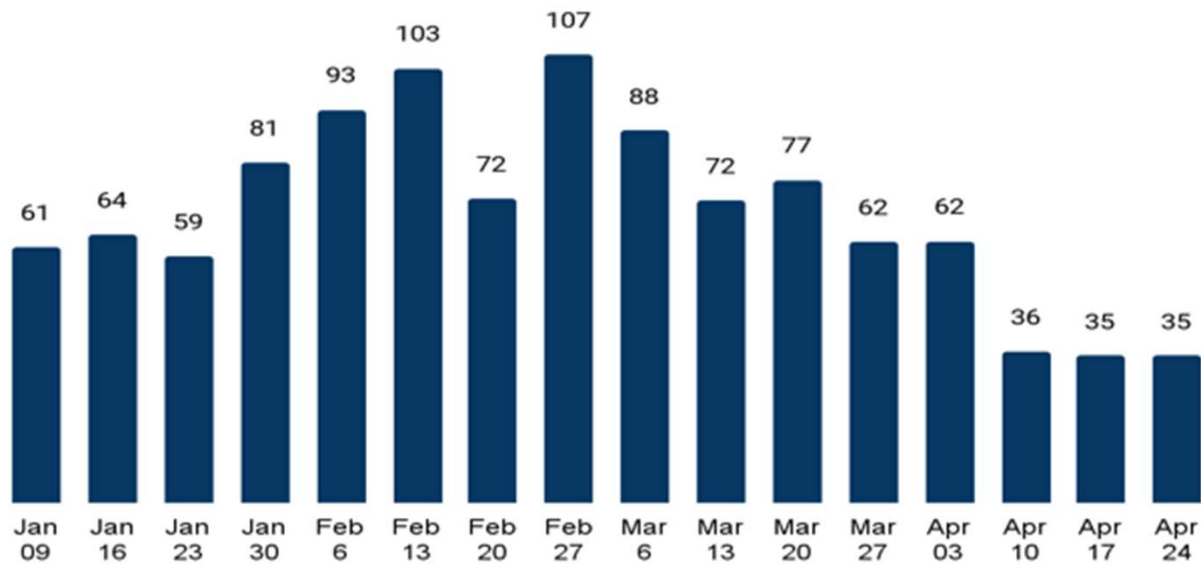


- **Country target:**
  - 20% by June 2022
  - 40% by Dec 2022
- **Total Vx pop:**
  - 13% at least 1 dose
  - 12% fully vaccinated
  - HWs vaccinated: 18.4%
  - Elderly pop (60+): 4%
- **Daily Vx rate (4 wk avrg):**
  - 7,124
  - 482,987 (required)

Source: DHIS2 data, NEPI

\*COVID19 Target population is 18+ years in Afghanistan which translates to 19.5mil based on UN estimation in 2021

## Weekly performance has decreased rapidly since March



Weekly vaccine administration rate, as well as average per-site vaccine administration; April 24, 2022\*

Weekly output of the vaccinations gone down for two reasons –

- (a) month of Ramadan, and
- (b) a general laid-back attitude towards vaccination following lifting of Covid related restrictions in many countries

Planned March campaign was halted by MoH



## Upcoming Covid-19 campaign:

- The covid vaccination campaign is currently planned to take place from 10<sup>th</sup> May to reach 4.8 million target.
- The AEFI kits have been procured for the campaign, which is a condition for Minister of Health to give approval for the commencement of the campaign.
- There remains some reluctance in some provinces to hire female vaccinators but had agreed that at least 50% of vaccinators for the campaign are female, and therefore it would be important for the partners to ensure the plan is adhered to.
- No dedicated approaches for specific groups (IDPs, Returnees, Nomadic population, Urban migrants) was followed – tailored approaches will be conceptualized during the July mini-campaign.
- Demand generation, social mobilisation and community engagement to ensure good uptake of the campaign - is the time sufficient to make a meaningful impact
- Funding for deployment of the upcoming campaign is available and already in-country.

## To regain momentum, demand generation activities will focus on the upcoming campaign, to achieve up to the 4.8 million set target

### Defining key demand messages

- Media and Communication Committee (MCC) agreed to develop key messages to build demand in advance of the campaign, and 15 messages to sustain demand during the campaign. Messages will focus on:
  - Pre-campaign: Informing people about the C-19 campaign (taking vaccine to communities)
  - During-campaign: Focused messages on getting people to come out and get the vaccine
- visuals and infographics for COVID-19
- complimentary visuals and infographics for routine immunization, as part of a new push on integrated demand planning for EPI

### Social media

- Acasus will promote the NEPI Facebook page to reach broader audience
- UNICEF to finalize the video clip on COVID19 vaccine (ideally focused on campaign)

### Leadership engagement

- Script for a new Minister video on the campaign is prepared and signed-off for launch
- The NEPI Executive Advisor for EPI is yet to set the date for shooting the video

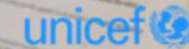
### IEC Materials, Social Mobilizers

- IEC material request submitted to UNICEF by NEPI; UNICEF to approve and print (work in progress)
- Social mobilizers to be hired and trained in all the provinces
- New letters to be sent to Mullah Imams through MoRA to support COVID-19 campaign

### Community-led advocacy

- UNICEF leveraged its long-standing community networks to engage different tiers of community networks to promote vaccine confidence, health workers, religious leaders, community influencers, school management Shuras, child protection action network, youth volunteers in informal networks, vaccinators, mobile health, nutrition counsellors.

# Implementers Case Study



**Insights from IOM**

**Update from ACASUS**





# IOM COVID-19 vaccination in Afghanistan- reflections

Alice Wimmer, IOM  
Senior Migration Health Officer

*with special thanks to the Afghanistan  
IOM Migration Health Unit*

# Migration Health key figures (2021)



Over **255,000** people assisted with essential health services



Almost **31,000** women & girls provided with reproductive health services



Nearly **35,000** psychosocial consultations



Over **1,600,000** screened for COVID-19



Over **600,000** Afghans screened for TB



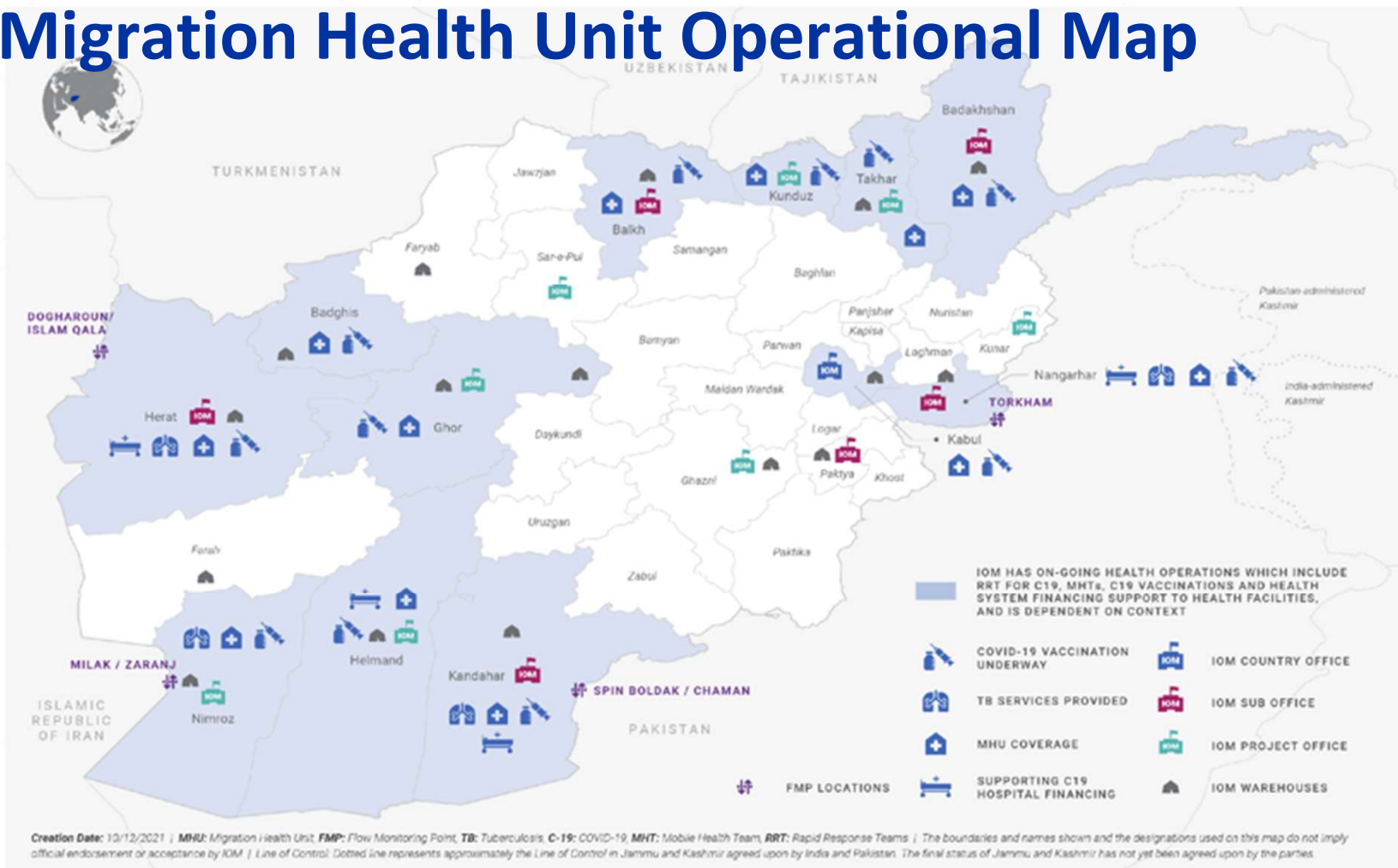
19 mobile health teams , 50 Rapid Response teams and 4 COVID-19 hospitals



Over **1,200,000** Afghans reached with health education



# Migration Health Unit Operational Map



## In coordination with MOPH, IOM implementing COVID-19 vaccination activities since October 2021 in 12 Provinces

### Activities:

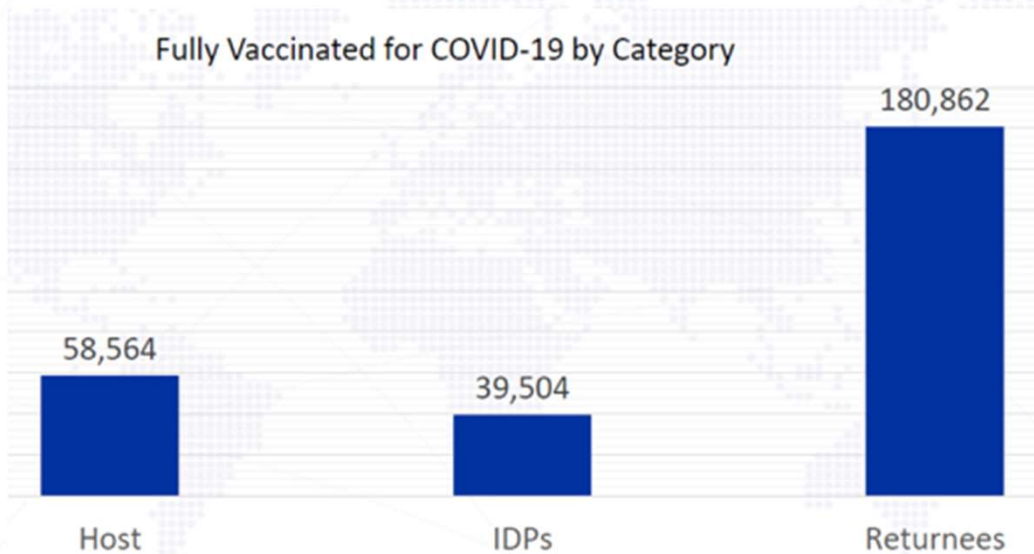
- Administration of the COVID -19 vaccine
  - via 42 vaccinators linked to 19 mobile health teams
  - via implementing partners running COVID-19 hospitals linked to outreach vaccinators
  - mainly J&J, AZ and Sinopharm vaccines
- RCCE

### Populations of concern:

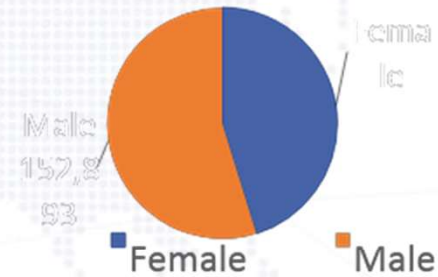
- Returnee Afghans
- Internally Displaced Persons (IDPs)
- Person residing in hard-to-reach communities
- Underserved host communities.

# Main Achievement (October 2021 to 20 April 2022)

- 278,930 people vaccinated
  - MHTs 76,426
  - IPs 202,504



People fully vaccinated for COVID-19 by gender



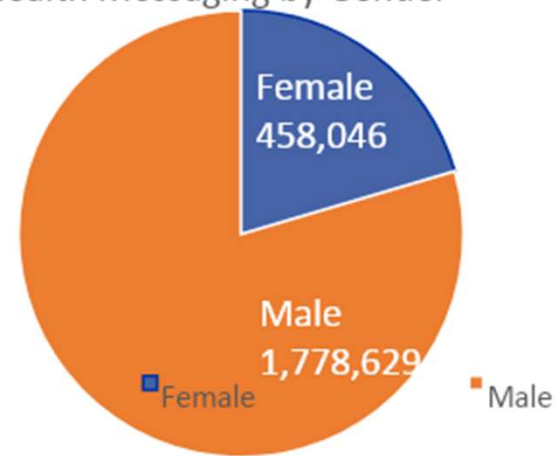
Fully vaccinated person are considered to have received single dose of J&J, or two doses of AstraZeneca & Sinopharm

## Main Achievement (October 2021 to 20 April 2022) cont.

RCCE reached 2,236,675 vulnerable people  
Prisoners received vaccine doses



Number of People Reached through Health Messaging by Gender



## What worked well, as we know it



- MHT to reach last mile/ remote locations
- Local IPs, facilitated the activities in location where IOM MHTs had limited/no access (Helmand province)
- Female vaccinators and male vaccinators
- RCCE messages were integrated in the normal health education session

## The 'déjà-vue' challenges

- Shortage of vaccines availability in the country
- Short shelf life of supplied vaccines (3 -4 months) and weak supply chain management
- Hesitance: wrong information/misconception towards the COVID-19 vaccine at community levels (around fertility, growth of fetus, newborn or child, death of adult...)
- Security incidents
- Sporadic difficulties of female staff to access their workplaces



## Other challenges & food for thought

- Geographical and seasonal situations (snow/flooding) contributed to reduce access to populations and/or health centers (NB : shelf life!)
- High mobility of the targeted beneficiaries → IOM staff/ IPs were not always able to track people for 2nd dose

→ Forecasting/ planning taking other factors into account, enabling also rapid reaction to supply/ demand fluctuations linked to:

- weather,
- seasonal (labour) migration
- insecurities

→ IOM 'MoRIA' approach, expansion to additional hard-to-reach areas and major mobility corridors

## Mobility centered Routine Immunization Approach (MoRIA)

Framework to increase routine immunization coverage and essential health care services among migrants and mobile populations

- Objective: to reach more children/ adults in underserved communities, remote locations, along mobility corridors and thus increase global immunization coverage
  - This brings together IOM's comparative advantage in the field of Health and DTM
  - Aims to complement traditional vaccination programming methods with Population Mobility Mapping (PMM)
  - PMM is used to characterize mobility patterns, population distribution, spaces of vulnerability (SoV), health facilities and mobility corridors which are overlaid with vaccination coverage data
- priority areas for intensified and adapted vaccination activities, particularly in difficult-to-reach areas.



### Targeted population:

- Migrant population within the corridors
- Returnees, refugees and displaced populations
- Nomads (seasonal and others)
- Long distance travelers