**Comment 1 about section 5.1.4 Data quality**

The NEPI has been strengthening mechanisms and oversight to improve data quality for routine immunization, including through regular monitoring and supervision. EPI review meetings are also conducted on regular basis during which all involved partners look into the progress versus challenges, and put constructive recommendations to improve EPI service delivery. Comprehensive EPI review was conducted in coordination with the WHO and UNICEF recently and the findings will be shared with partners after finalization. Covering all provinces, 34 new data quality officers were recruited based on need in the provinces; these new staff will further improve data quality and the overall administration of vaccines in the field. In addition to routine data, Afghanistan has national coverage estimates from an immunization coverage survey. An annual data quality improvement plan has been developed and was uploaded to the Gavi portal. Under this plan all frontline workers will be trained, master training will be conducted for all EPI staff from the provinces in Kabul. Orientation workshop will also be conducted for the BPHS and EPHS implementing NGOs. Immunization Dashboard is in the designing, and Real Time Vaccine Logistics Management System is in the implementation process for NEPI and this will enable the NEPI and other partners to monitor real-time activities across the country.

**Comment 2 about target:**

The assumption is that the children receiving Penta 1 and Penta 2 will be excluded to receive Rota vaccine. Thus the number of children taking Rota vaccine will be lower than the children taking Penta vaccine. In addition this vaccine is newly introduced and we expect the demand will be also less than Penta vaccine.

**Comment 3 about section 6.2, net capacity of cold chain:**

The total net capacity in which Rota vaccine can also be accommodated in positive space is as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Level** | **Available capacity in m3** | | **Required capacity per supply period in m3** | | **Gaps in m3** | |
| **Positive** | **Negative** | **Positive** | **Negative** | **Positive** | **Negative** |
| National | 130.0 | 13.3 | 132.3 | 5.6 | -2.3 | 7.7 |
| Regional | 140.0 | 65.7 | 52.9 | 2.8 | 87.1 | 62.9 |
| Provincial | 32.9 | 40.4 | 44.1 | 1.9 | -11.2 | 38.5 |
| HFs | 60.6 |  | 22.0 |  | 38.6 | - |
| **Total** | **363.5** | **119.4** | **251.3** | **10.3** | **112.2** | **109.1** |

As it is clear from the above table, rota is kept in positive net capacity. Based on the calculation we need to increase the capacity at national and provincial level. This needs will be addressed through HSS3/CCEOP proposals. The CCEOP proposal aims to mostly address the need at the level of Health Facilities (HFs) in terms of net capacity.

**Comment 4 about section 6.2.6 expected positive impact of rota introduction:**

The country provides immunization services through fixed, outreach and mobile strategies. Based on the Afghan Mortality Survey 2010 (AMS) the leading causes of child mortality were pneumonia and diarrhea. Meanwhile the community is well aware that diarrhea is a deadly illness and we will further enhance the community awareness regarding the risks of the disease and availability of vaccine in all health facilities free of charge. Thus the increased demand for Rota vaccine will contribute to the demand for all antigens. Children are mostly take to health facilities by their mothers therefore it will definitely increase utilization of maternal health interventions such as ANC and other elements of service deliveries.

**Comment 5 about section 8.4 EVM:**

The referenced section is for campaign, not for routine EPI. The EVM part has been already addressed under 6.2.6 of the application. However, last EVM was done in Dec 2014 (Refer to the portal) and next one is planned to be conducted in September 2017.

**Question 6 about type of vaccine and expected community resistance:**

The NEPI has a comprehensive communication plan for improving the routine immunization to properly address the introduction in well contextualized manner. We know that Rota vaccine is also part of the routine immunization. The communication plan includes IPC, community mobilization and mass media campaign for increasing the knowledge and awareness of the community regarding the effectiveness of all antigens provided via routine immunization especially Rota vaccine. These actions will enable the community to differentiate between oral Rota vaccine and oral polio vaccine (OPV). However the available data shows that there is no difference between OPV, Penta and PCV in routine immunization. While a little refusal has been reported in polio campaign but no resistance was seen in routine immunization for other antigens.

**Comment 7 about target and drop-out in performance framework:**

The target for the newly introducing Rota vaccines is for 2017, 2018 and 2019 is 10%, 75% and 90% respectively, and the expected drop out will be 12% as per drop out percentage of the Pent vaccine.

**Comment 8 about consideration of rota introduction in comm related activities of HSS3, and revision of reporting formats:**

Worth to indicate that as part of preparation for rota vaccine introduction all reporting formats including Real Time Vaccines Logistics Management and online coverage reporting system have been revised and rota was included. Also, rota introduction will be part of all communication related activities being supported by HSS3 grant.

**Comment 9 about use of polio resource in real time reporting:**

It has been already agreed to use 20 percent time of the polio staff in the field in support of routine immunization in which rota is part of it.