

Acknowledgement

Ms. Shahnaz Wazir Ali on behalf of the Government of Pakistan thanked the organisers for their efforts in providing this useful opportunity for a focused interaction among participants representing all Polio stakeholders. She acknowledged the representatives of WHO, UNICEF, Bill and Melinda Gates Foundation and PM Polio Monitoring and Coordination Cell for organizing a timely consultation. Recognizing the contributions of the Provincial Government officials and staff of UN agencies, she specially thanked the participants who had travelled from across the country to participate in the consultation. In the end she wished the participants a useful discussion and hoped that together they will be able to recommend the best way forward for the reservoirs.

Executive Summary

The first six months of 2013 will provide an historic moment of opportunity for polio eradication in Pakistan. This Last Low Season, as it's been called, is a chance to reach every child during this period with repeated doses of oral polio vaccine, particularly in reservoir and outbreak areas. Though cases in 2012 are down by more than 70 per cent as compared to 2011, in October NIDs 453,000 children were reported missed, there is inconsistent performance particularly at the UC level, positive environmental samples are widespread and thousands of children continue to be inaccessible due to insecurity especially in FATA and Khyber Pakhtunkhwa.

This report is a concise summary of the "reservoir" Consultation held from November 12 to November 14, 2012. The Consultation was designed to address these continuing obstacles to eradication and to further refine and target eradication plans to the reservoirs: areas with persistent and on-going transmission populated by the highest-risk populations.

The Consultation brought together government functionaries at all levels, international partners, medical and media professionals and frontline workers from the priority reservoir and outbreak areas: the Federally Administered Tribal Areas (FATA), Karachi particularly Union Council-4 Gadap, the Quetta Block (Killa Abdullah, Pishin and Quetta), and Khyber Pakhtunkhwa, which is facing a major outbreak and of all provinces has recorded the most cases this year.

As of end November 2012, 85% of cases were from Pashto-speaking populations, majority of them from Khyber Pakhtunkhwa and FATA. There is no question that the key to stopping transmission can be found in these four regions of the country and tracking and protecting Pashtun children wherever they are.

Subgroups for each of these four priority areas developed joint operational and communications plans built on the foundation of six cornerstones for the polio eradication programme in 2013. The cornerstones included agreement that the first six months of 2013 are vital to interrupt transmission; that in order to do so, the programme must zero in on the four main reservoirs and on missed children; that the key to accomplish this is through a Short Interval Additional Dose strategy implemented in all reservoirs and outbreak areas; that the strategic focus on high-risk populations and 'children on the move' must continue to be strengthened; that missed

children due to refusals and "not available" must be prioritized and tracked, particularly where there are clusters; and lastly the essential importance of cross-cutting issues like setting up effective Control Rooms, ensuring financial transparency, quality data and monitoring and integration of these strategies across the partnership.

This integration and in fact all these cornerstones must be widely supported by a One Team approach to ensure that partners collaborate, share information and adapt to address the unique and ever-changing circumstances in each of the priority areas.

Joint communications and operational plans were drawn up and are being reviewed by provincial teams. By the time of this publication, plans should be finalized and ready for implementation in January and to feed into the 2013 National Emergency Action Plan (NEAP) to be completed and endorsed by mid-December, 2012.

Individual reservoir strategies are briefly summarized in this report. In different ways they address the issues of how to address Pashtun populations, missed children, refusal families, creating demand for vaccination, and dealing with operational shortcomings. Yet one thing they all have in common is a recognition that now is the time to stop transmission and that with access, improved team performance, targeted communication and social mobilization, transmission can be stopped in 2013.

Background:

Pakistan has made significant progress in the past 12 months towards polio eradication. The country after remaining in a continued outbreak situation from 2008 till 2011 has demonstrated some progress in 2012. The total number of polio cases has reduced in the same time period (54 compared to 165 in 2011) and so have the number of infected districts (27 compared to 50). Moreover, some key areas of concern like Karachi and Killa Abdullah and Pishin districts of Quetta block did not report any polio case this year (though there is cVDPV circulation in Killa Abdullah and Pishin) and seem to have moved in the right direction. Likewise, accessibility in Khyber Agency in FATA also improved during the course of the year due to better civil military coordination. Hence, after experiencing a major outbreak in 2011, Bara Tehsil of Khyber Agency has reported 9 cases this year with the last case reported in July 2012.

Despite the gains made in two out of the three reservoirs, the situation remains fragile in all the three reservoirs and further complicated by a widespread outbreak in Khyber Pakhtunkhwa province. The current outbreak in Khyber Pakhtunkhwa indicates a significant immunity gap.

A-NEAP deserves the credit for the current progress. The oversight and ownership at the district level has played an instrumental role in improving the quality and by holding staff accountable in some districts. Despite improvement at the district and sub-district levels in general, there is still variability in establishing meaningful management at the UC level and this is true for some critical areas as well. As the program moves towards the end of 2012, there is a definite need to review the A-NEAP, draw the lessons learnt and utilize those to optimize the NEAP for implementation in 2013. This includes identifying areas for strengthening the program and its positioning to design and implement strategies for achieving maximum gains during the next low season and possibly make it the 'last low season' before the transmission of all WPVs is stopped. It is pertinent to mention that experience during the past years indicates that the performance during the low transmission season at the outset of the year sets the tone for the rest of the year and contributes largely

towards the progress. Better performance during the first 4 months of 2013 will be one of the key factors for progress towards interrupting the transmission by mid-2013. .

Each reservoir in Pakistan retains its own specific challenges. Though there are some cross cutting strategies applicable to each reservoir, specifically tailored strategies are designed to address some unique challenges in each reservoir. The ongoing outbreak in Khyber Pakhtunkhwa comes as a setback to the program and requires concerted efforts at all levels to make every campaign count.

It is quite evident that the program in Pakistan will have to optimally cash on the current low season and try to interrupt transmission of WPV by mid-2013. This is possible if lessons learnt from A-NEAP 2012 are optimally utilized as the guiding factors to modify strategies for 2013.

List of Acronyms:

AFP	Acute Flaccid paralysis
AKU	Aga Khan University
A-NEAP	Augmented National Emergency Plan
CM	Chief Minister
CMCC	Civil Military Coordination Committee
CS	Chief Secretary
cVDPV	Circulating Vaccine Derived Polio Virus
DC	District Commissioner
DCO	District Coordination Officer
DDM	Direct Disbursement Mechanism
DG	Director General
DHO	District Health Officer
DPEC	District Polio Eradication Committee
EPI	Expanded Program on Immunization
FATA	Federally Administered Tribal Areas
LHW	Lady Health Worker
MQM	Muttahida Qaumi Movement
NA	Not Available
OPV	Oral Polio Vaccine
PCR	Polio Control Room
PEI	Polio Eradication Initiative
PML-N	Pakistan Muslim League (Nawaz)
RI	Routine Immunization
SIA	Supplementary Immunization Activity
SIADS	Short Interval Additional Dose Strategy
STPEC	Sub Tehsil Polio Eradication Committee
TAG	Technical Advisory Group
UC	Union Council
UN	United Nations
UNICEF	United Nations Children Fund
UPEC	Union Council Polio Eradication Committee
WHO	World Health Organization

Objectives:

1. To review the epidemiology and progress obtained in each polio reservoir
2. To review in-depth the strengths, challenges and risks in each of these reservoirs and analyze the gaps in the current operational and communication strategy
3. To develop a polio-eradication action plan for each of these reservoirs for combined operations and communications
4. To clearly emphasize the significance of the “last low season”
5. To layout the cornerstones for the strategic focus in the first six months of 2013.

Methodology:

The consultation was designed to bring relevant staff from all major stakeholders, especially those working in the reservoirs. The participants were provided a structured methodology to brainstorm, discuss major challenges, opportunities and were encouraged to come up with a way forward, which would help interrupt transmission of WPV in each reservoir and stop the outbreak. Facilitators and rapporteurs with vast experience were carefully selected to guide the discussions. Reservoir specific guidelines and terms of reference for the facilitators were prepared. The participants from government and partners were divided into 4 groups as per their specific experience, one group for each reservoir (Karachi, FATA, Quetta block) and one for the recent outbreak area (Khyber Pakhtunkhwa). The groups were tasked to come up with a specific work plan for the first 6 months of 2013 following a uniform template.

Plenary sessions were designed to provide the context and objectives of the consultation and create an opportunity for allowing key note speakers to highlight significant cross cutting issues. The two key presentations were: 1) “the cornerstones” to help achieve interruption of wild poliovirus in reservoirs by end June 2013 and 2) “Innovative Program Interventions”. Senior political (parliamentarians) and religious advocates were also invited to provide their inputs and share their thoughts on the current status of the program as well as the way forward.

Summary of key presentations

1. Cornerstones

The presenter highlighted the importance of setting a framework for the subgroups as they develop their targeted reservoir plans. The joint reservoir plans to be developed must address all of these agreed-upon cornerstones to ensure they are responding to the existing needs and reality of the polio eradication programme in Pakistan. Six cornerstones were identified.

- **Timeline:** All groups need to design plans with the objective of interrupting transmission during the first six months of 2013. Furthermore, the work done in subgroups need to feed into the remaining weeks of 2012 to put all plans in place via the NEAP process, including consultations with the provinces, the TAG meeting, and approval and endorsement of the NEAP by the National Task Force on polio eradication. With this in-hand, the implementation of the emergency plan can begin from January 1, 2013.
- **Focus on reservoirs and missed children:** It was agreed that individual, integrated action plans must be developed for each reservoir and outbreak group incorporating communications and operations.
- **SIADs:** A Short Interval Additional Dose strategy will be adopted across all reservoirs and outbreak areas, and all high-risk areas. The SIAD strategy depends on integrated communications and operational plans at the UC level, as well as mapping, micro-planning and enhanced supervisory mechanisms.
- **Special Strategies:** These are strategies that target high-risk populations, such as the Pashtun strategy, migrants strategy, transit strategy and that all of these

strategies at the DPEC and UPEC levels must include programme management elements of operations, communications, accountability and advocacy.

- **Children missed due to refusals and “not available”:** This issue must be looked at holistically to see where these missed children are clustered and why. Individually addressing these clusters will be essential. This analysis and action must be taken all the way down to the UC level, going far beyond simply identifying these households but developing a coherent strategy once the causes are identified.
- **Crosscutting issues:** Effective and integrated control rooms are essential, as are reliable monitoring and evaluation mechanisms, intra campaign monitoring and training. All of these activities should be integrated across the partnership. It was agreed to implement zero tolerance for mis-reporting, financial misappropriation and that Direct Disbursement Mechanism would be the only method of payment.

2. Innovations

The presenter highlighted some successfully implemented innovations initiated by the programme in 2012 and also shared some relevant innovations undertaken by the Indian programme. The major thematic program areas were emphasized, such as Pashtun, transit and migrant strategies, communications and some innovations done to address specific local challenges.

- The significance of reaching Pashtun children was reiterated by highlighting the fact that around 2/3 of all WPVs in Pakistan from 2009-2012 have been in Pashtun children. Innovative strategies put in place in Lahore were shared as an example, where the programme is conducting detailed mapping of all Pashtun communities, recruits Pashtun frontline staff including vaccinators, mobile local vaccination teams cover all Pashtun population on Day 1 of the campaign and the AIC revisits the Pashtun settlements on Day 2 and Day 3 in the evening to verify. This is followed by

another revisit of all settlements on Day 4. Very recently 34 Pashtun University students have been deployed with incentives provided by DCO Lahore.

- The placement of permanent teams at key transit points to ensure vaccination of mobile population was highlighted. The presentation also covered the innovative measures undertaken by the programme for engaging the religious leadership across the board and the efforts underway to get onboard all political parties in Quetta Block ensuring their active engagement in polio eradication activities at all levels.
- Other examples of successful innovations carried out by the programme in 2012 included; the real time data transmission by the WHO field staff through mobile phones and its usefulness for assessment of the SIA preparation quality; initiation of the Direct Disbursement Mechanism to ensure timely payment to all frontline workers; recruitment and deployment of 98 Pashtu speaking females as permanent team members in UC-4 Gadap in April 2012; and Polio Plus (+EPI antigens) implemented in coordination with political administration and local militant Tanzeem (Ansarul Islam) in Tirah valley of Khyber agency in FATA.

Last low season

The presentation clearly laid out the way forward and also highlighted the timeline by highlighting the opportunity of reaching interruption quality campaigns to cash on the approaching low season. The message of the presentation was the fact that that this may be the last opportunity for the country to turn tables on the virus and to reach this historic goal. To do this, the programme will have to gear up and ensure that every campaign during the low season is of optimal quality and reaches the highest number of children.

- The progress made by the programme in 2012, the oversight mechanisms established at the highest level and its effectiveness were highlighted. It also communicated to the audience that a strong platform has been set to launch the final battle for interruption in

Pakistan, when the political commitment at all levels is at its highest and the district administration is onboard.

- The progress in both Karachi and Quetta block are not insignificant despite the fact that this improvement remains fragile due to still ongoing challenges. This along with the new emerging challenges such as the ban in the Waziristans, security issues in Karachi, outbreak in Khyber Pakhtunkhwa and cVDPVs in Quetta will require a consistent and concerted team effort at all levels.

In a nutshell the presentation highlighted the progress made during the last 12 months and the remaining challenges and started and ended with the quotes from IMB, which in October 2011 said that “**The Governance of Pakistan’s Polio Eradication Program is Deeply Dysfunctional**” and its conclusion in June 2012 was that “**Program in Pakistan has raised its Game and the Improvement must continue**”. It was clear that the programme in Pakistan has the ability to finish the job and to achieve this, it will have to make the optimal utilization of the “Last Low Season” and transition in to 2013 by strengthening the existing weaknesses and ensuring that it targets to reach interruption by mid-2013.

Key note speakers

Ms. Shahnaz Wazir Ali:

Congratulated all the participants in her remarks and acknowledged the spirit of team work. While discussing the objectives of the workshop and Polio Eradication Programme, she stressed on the essence of collective efforts to achieve the objectives of the Augmented NEAP in the coming months. Ms. Ali specially expressed her gratitude to the international partners including representatives of Bill and Melinda Gates Foundation, UNICEF and WHO for their participation and inputs.

She stated that the Prime Minister’s Polio Monitoring and Coordination Cell has worked diligently to ensure that all strategies in the Augmented National Emergency Action Plan are implemented in letter and spirit right down to the union council level.

“This consultation should be a game changer from this point forward,” said Ms. Shahnaz Wazir Ali while reviewing the six-month strategies presented to her. The outlines of the integrated operations, communications and accountability plans for FATA, Khyber Pakhtunkhwa, the Quetta Block and Gadap area of Karachi developed in the consultation will remain the key to achieve interruption in the coming low transmission season. “We must pull ourselves together as one team, so we are bonded together in the fight against polio” added Ms. Shahnaz Wazir Ali.

Dr. Altaf Bosan

Dr. Altaf Bosan, while giving the overview on the current polio situation said that despite progress in polio sanctuaries, the situation remains fragile due to continued evidence of virus circulation in these reservoirs, security situation in Gadap and Quetta, performance and administrative issues in Pishin and Quetta block, ban on Polio Campaigns in N & S Waziristan, current outbreak of Polio in Khyber Pakhtunkhwa, continued transmission of Polio virus in Bajour – Kunar block, isolation of cVDPD-2 in Quetta block and also the pockets of underserved Pashtun, transit and migrant population across Pakistan.

Discussing the importance of the Polio Reservoir Consultation, Dr. Bosan emphasized that the first six months of 2013 are absolutely critical and should be considered the last low season to stop the transmission. “If we can reach every child multiple times, particularly in Khyber Pakhtunkhwa and these critical reservoirs, we will be in an excellent position to eradicate polio from Pakistan” said Dr Bosan.

Dr. Azra Fazal Pechuho

Acknowledged the presence of international partners from WHO / UNICEF Headquarters and the Gates Foundation office in Seattle to support this crucial consultative process.

She said that eradicating Polio was a commitment both to the children of Pakistan and children of the world. The last two years have been eventful in Pakistan’s progress towards interruption of polio transmission especially due to challenges such as, the unprecedented floods and deterioration in security environment in some key areas.

She reiterated that having come this far we need to stop, rethink, re-strategize and give Polio the final push. FATA, Quetta Block, Khyber Pakhtunkhwa and Gadap still remain

areas of concern. This requires special strategies that are tailored to cope with the ever changing and evolving scenarios in these virus reservoirs.

Pledging for the goal of Polio Free Pakistan, she stressed that we are determined to take on the remaining challenges and will not rest till protected from Polio. Disability and disease cannot be and will not be the destiny of the children of Pakistan.

Senator Rubina Khalid

The senator, who belongs to Khyber Pakhtunkhwa shared her thoughts from the perspective of a public representative as well as a Pashtun mother. She emphasized on the role of public representatives in Polio Eradication Initiative. Speaking on the importance of awareness of this crippling disease she reiterated on the need for introducing innovative strategies for communications. She highlighted the fact that “Communications techniques should be developed keeping in view local context of the target audience”. She made the point that success and effectiveness of a communication message is determined by its ability to easily reach out to the target audience in their specific cultural environment. Discussing Pashtun culture, she emphasized on the need to utilize indigenous resources (personalities) to make the message reach home more effectively.

Maulana Tahir Ashrafi, Chairman All Pakistan Ulema Council

Spoke on the role of religious leaders in Polio Awareness Initiative. Assuring his full support to the cause of Polio Eradication he stressed that Ulema and religious leaders of all schools of thought should be requested to record public service messages endorsing PEI. Discussing the root cause of misconceptions, he focused on its remedy through the effective support of religious scholars and leaders. Maulana Ashrafi offered Ulema Council services to the cause of Polio Eradication Initiative. Addressing the importance of mass communication strategies, he strongly suggested that religious leaders should regularly appear in print and electronic media to advocate the importance of polio vaccines and negate all negative propaganda being spread by certain elements of the society.

Dr. Nadeem Ehsan

Commenting on the collective team work of all reservoir representatives and international partner agencies, he said that we are on the right track towards the destination of Polio Free Pakistan. Our basic objective to gather here is to identify gaps and find workable solutions.

Highlighting the contributions of MQM in Polio Eradication Initiative, he reiterated the commitment of his party chief, Mr. Altaf Hussain and said that the party will go to every extent to eradicate this menace from the country. “Our party members and Parliamentarians are committed to the cause and are directed not to tolerate negligence in the course of action”, stated Dr. Nadeem Ehsan.

Dr. Tariq Fazal Chaudhry

He appreciated the team work in PEI and appreciated the efforts of Punjab Government. He expressed that there is no Polio reservoir in Punjab but efforts must continue across the province to reach every single child during all future polio campaigns. He expressed his concern over the repeated isolation of positive environmental samples in major cities of Punjab and reiterated his full support and leadership to give polio the final push. He pledged that PML-N will work with all stakeholders to save the country from this scourge.

Dr Momin Qazi (AKU)

A team of researchers from Aga Khan University conducted a field research on “Parental perceptions surrounding polio and self-reported non-participation in polio supplementary immunization activities in Karachi, Pakistan”. The key findings were presented by one of the research team members at the reservoir consultation. The context of the research was based on the facts that, Karachi being the only megacity in the world has not been able to interrupt polio transmission, its diverse population and the fact that very few studies have been conducted on trying to find specific reasons for this failure. The study assessed parent’s knowledge and perceptions surrounding polio vaccination, acceptance and participation in polio supplementary immunization activities (SIAs) targeting children aged < 5 years, and reasons for non-participation. The key findings were: the fact that a clustering of vaccine refusals among ethnic low-income Pashtun; and high-income populations was noted; publicity surrounding the bogus vaccination campaign may have reinforced or perpetuated negative perceptions in Pashtun families and widespread belief that repeated doses of OPV are harmful in the high income population may undermine the overall success

of polio eradication program. The conclusion of the study was that interruption of polio transmission requires integrated and participatory community interventions targeting high-risk populations.

Closing remarks by Dr Guido Sabatinelli WHO Representative and Dan Rohrman, UNICEF Representative:

In separate remarks, the UNICEF and WHO Country Representatives emphasized the importance of the next six months, expressing optimism that transmission could be stopped. Both agencies reaffirmed their commitment to polio eradication in Pakistan and emphasized their continued partnership with other stakeholders.

With renewed and strengthened leadership since 2011, Pakistan is now on the right track and has an opportunity to interrupt poliovirus transmission in 2013. The two UN chiefs commended participants for developing concrete work plans in a relatively short time and emphasized the need for a management structure to ensure plans were monitored and optimally implemented.

Working Groups for Reservoirs and Outbreak Area

The working groups during an intensive session for a day and a half; examined with focus the context of the reservoir, agreed on the goal (s) for the reservoir, outlined the key challenges and objectives and finally the strategies to overcome the challenges. Below is a brief outline of the group work. In addition, the working groups also developed work plans for the first half of 2013 (annexed) that outline the key activities, timeline and responsibility for the outlined strategies.

Reservoir: Bara – Khyber Agency (FATA)

Context:

Bara tehsil of Khyber Agency has been inaccessible since September 2009 due to insecurity. It has resulted in an explosive WPV-1 outbreak that has continued for nearly three years. Moreover, Khyber agency has been the only place in the entire Asian continent that has reported type-3 polio in 2011 and 2012. Continued inaccessibility coupled with inconsistent performance in the accessible areas magnifies the risk of further continuation of infection. Khyber Agency constitutes a paramount risk for the adjoining districts of Khyber Pakhtunkhwa due to ongoing very frequent and large scale population movement. Khyber Agency together with districts Peshawar, Nowshera, Charsadda and Mardan form the greater Khyber-Peshawar region that has historically been a reservoir.

Goal:

Gain maximum access to all areas of the reservoir agencies in FATA for quality SIAs

Challenges:

- Lack of access in certain areas of Bara Tehsil and FATA
- Low quality campaigns in accessible areas of Khyber and the rest of FATA
- Lack of political commitment, ownership and oversight at agency and sub-agency levels

- Non-functional UPECs in majority of agencies
- No significant breakthrough in North and South Waziristan in lifting of the ban imposed by the militants in July 2012 which can result in Waziristans becoming a potential polio reservoir
- No activity after July 2012 including no OPV through routine immunization putting at risk more than 200,000 children for polio
- Expanding risk of polio outbreak within country and across the border if immunizations not restored in the Waziristans
- Bajour and Kunar nexus can be a potential reservoir

Objectives:

- To maintain access obtained in September 2012 for implementation of at least 3 good quality rounds in the low season
- To advocate earliest lifting of the ban in Waziristan agencies
- To increase access and sustain quality polio vaccination campaigns in all of FATA and especially in the security compromised areas in the next 6 months through strengthening civil-military coordination
- To initiate negotiations with local stakeholders and influencers (parliamentarians/ religious leaders and groups) for accessing areas currently restricted for polio vaccination and EPI
- To develop a comprehensive integrated micro plan with operational and communications activities
- To develop and maintain early response capacity for utilization of “windows of opportunity” and ensuring vaccine buffer stocks
- To maintain close cross-border coordination with Afghan PEI to help synchronize activities along areas of Afghanistan bordering FATA

Strategies:

- Close coordination with military authorities through CMCCs to utilize every opportunity for vaccinating as many children as possible in Bara and the rest of FATA
- Approach the highest levels of Military command for requesting further military cooperation and coordination in accessing security compromised areas
- Continue advocacy with the Governor and Political Agents to improve access and SIAs quality
- Establish and ensure fully functional STPECs (sub-tehsil Polio Eradication committees) by end 2012
- Ensure high quality Polio Plus rounds with feasible package acceptable to the target communities
- Develop and maintain community and political pressure through engaging the national provincial and local religious leadership
- Engage locally acceptable diaspora of Waziristan Agencies to help reach out to all stakeholders
- Maximize utilization of "Windows of opportunity" - through developing flexible integrated operational plans and strategies.
- Increase community acceptability and demand for OPV and routine immunization through specifically tailored communication strategies
- Enhance ownership of the political administration and other stakeholders
- Ensure meaningful accountability at all levels
- Synchronize all SIA activities including SIADs for areas along FATA and neighboring Afghanistan

Outbreak Area: Khyber Pakhtunkhwa:

Context:

Among the total 27 polio cases reported from the country over the last 4 months, 24 have been reported from Khyber Pakhtunkhwa and FATA - 17 from Khyber Pakhtunkhwa and 7 from FATA. The 17 polio cases in Khyber Pakhtunkhwa during the last 4 months came from 10 districts (total infected districts during the year: 17) – indicating a widespread outbreak. The close geographical proximity of Khyber Pakhtunkhwa with FATA and ongoing population movement constitutes a risk for Khyber Pakhtunkhwa, while the Khyber Pakhtunkhwa-FATA block together forms a risk for the rest of the country.

Goal:

Every UC in K P will have < 3% missed children as measured by all data sources by end March 2013, and sustain this level of coverage throughout 2013

Challenges:

- Continued transmission in core reservoir Greater Khyber – Peshawar an extension of the Khyber reservoir
- Tracking and reaching the children from Khyber and other neighboring agencies visiting Peshawar and adjacent districts
- Consistently high numbers of missed children after SIAs
- High population movements of IDPs and Afghan refugees
- Gaps in Transit and migrant population strategies
- Persistent pockets of refusals
- Inconsistent levels of ownership of PEI by DCOs in KHYBER PAKHTUNKHWA

Objectives:

- To ensure high quality campaigns in all districts of KHYBER PAKHTUNKHWA during every future SIA
- To include missed children as one of the criterion for Identifying high risk UCs in the province

- To ensure that all districts have fully functional DPECs and all the high risk UCs have fully functional UPECs
- To fully implement provincial strategy for transit and migrant populations
- To track and reach children of FATA populations visiting and living in KHYBER PAKHTUNKHWA districts
- To initiate quick and effective response immunization campaigns for all IDP situations in Khyber Pakhtunkhwa
- To establish mechanisms to monitor and report OPV stocks after every campaign
- To implement SIADs in all high risk and newly infected districts of Khyber Pakhtunkhwa
- To Improve coordination amongst stake holders at all levels

Strategies:

- Clearly define greater Khyber and Peshawar reservoir areas
- Identify criteria for narrowing down the number of high risk UCs in the province for increasing the focus and quality of interventions,
- Improve the quality of mapping and coverage for transit and migrant populations in Khyber Pakhtunkhwa
- Strengthen UC level managerial capacity and infrastructure
- Conduct high quality SIADs in high-risk districts and UCs of Khyber Pakhtunkhwa
- Specific communications strategies to be designed and implemented for clusters of refusals
- Analyze the scale and reasons for missed children and design appropriate interventions Establish fully functional DPECs and UPECs in all the high risk UCs through improved coordination mechanisms

Reservoir: Gadap and other Pashtun areas of Karachi

Context:

Gadap town Karachi has been one of the most stubborn reservoirs of the country. Till the end of first quarter of 2012, the key reasons behind the continued low quality SIAs were the management issues leading to poor quality planning and implementation. Since April 2012, there have been major programmatic developments that led to improvement in the SIAs quality. However, since July 2012, the insecurity has been the major hindrance to maintain the SIAs quality; this is especially true for the reservoir UC within Gadap Town, the UC-4. Coupled with this issue is the challenge of efficiently reaching the underserved Pashtun population in UC-4 utilizing the vaccination teams who speak the same language and are culturally and socially acceptable to the community.

Goal:

Karachi, UC-4, and other Pashto-speaking areas of the city are polio free by June 2013

Challenges:

- Highly underserved communities with almost no basic social services especially UC-4 Gadap
- UC-4 Gadap is a No Go area for UN since 17 July 2012 shooting incident
- Persistent environment of fear in UC-4 Gadap, which does not allow the community-based field staff to operate
- Gadap remains tightly linked with FATA , especially Waziristan

Objectives:

- To ensure sustained access for vaccination teams and supervisors in UC-4 Gadap and other UCs in Karachi with Pashtun population
- To implement SIAs through integrated strategies and micro-plans to ensure that every child <5 years receives OPV in each campaign

- To enhance operational and communication activities focused on tracking and reaching all missed children in UC-4 and other HR UCs of Karachi
- To build confidence in Pashtun communities of UC-4 and other areas of Karachi through providing Routine Immunization, a package of health and other development services (polio plus)
- To cover all children on the move by Polio Vaccination transit teams at PTPs, street teams, and any other innovative strategies required to cover children outside the house
- To provide consistent and accurate operational and communications information to all stakeholders for timely decision making in UC 4 Gadap and other HR UCs

Strategies:

- Sustain advocacy with Sindh Chief Minister, Chief Secretary for continuation of support to DC Malir to facilitate campaigns in UC-4 Gadap
- Maintain strong partner support for DC Malir
- DC Malir to finalize a package of social services in coordination with other stakeholders.
- Advocacy with CM and CS for allocating resources to initiate basic social services in UC-4 Gadap and other relevant areas of Karachi
- Ensure that all frontline workers (vaccination teams, supervisors, social mobilizers) in UC-4 and other high risk communities include at least 1 member speaking local area language, at least 1 female member, and are from the communities they serve and have the skills to vaccinate every child
- Implement innovative strategies required to cover children outside the house including children in transit and in the streets Ensure timely transmission of accurate operational and communications information to all relevant stakeholders for appropriate action and timely decision making

Reservoir: Quetta Block of Balochistan

Context: Quetta Block was the region with the highest number of polio cases in the country in 2011. There has been continued sub-optimal performance in the region over the years that led to accumulation of very large number of susceptibles and hence the explosive outbreak in 2011. It is pertinent to mention that persistence of infection has only been in Chaman, Pishin town and Quetta City which indicates that the circulation is localized, well identified and yet unresolved. Despite the fact that there have been no reported wild polio cases this year from Killa Abdullah and Pishin and environmental samples have also been negative in Quetta since February 2012; the performance in the block has remained inconsistent. Moreover, the ongoing cVDPV outbreak has made the situation even more complex.

Goal:

Interruption of Polio virus transmission in Quetta Block by end of June 2013

Challenges:

- Inconsistent quality of campaigns
- Paramedics causing impediments through harassment of polio teams
- Political interference impeding meaningful accountability
- Increasing trends of refusals in 2012
- Misrepresentation of data at many levels. The PCR data does not correspond to real time data reported from the field.
- Weak and ineffective managerial structure at district and UC levels for PEI lacking accountability
- Poor and inappropriate micro planning

- Poor supervision and Monitoring lacking a firm mechanism to track and reach “not available” children
- Underutilization of the LHW workforce (out of 220 in Pishin- only 29% utilized in campaigns)
- Limited administrative authority of the DCs to hold DHOs accountable (DHOs report to the DG Health)
- Increasing insecurity making it more challenging for the polio workers.

Objectives:

- To strengthen the management of PEI at all levels
- To integrate all communication and operational micro plans
- To design sound strategies to track and Reach 90% of still missed (NA + Refusal) children after each round
- To ensure optimal vaccination of transit and migrant population
- To improve quality and accuracy of data being reported at all levels
- Ensure timely and full stipend disbursement to the frontline workers
- All the healthcare providers to be periodically sensitized on AFP surveillance
- The health system to strengthen the RI infrastructure and implementation with special focus on high risk areas / populations
- To initiate specific activities to reduce refusals (clusters and individual) from current 5% to less than 1%
- To ensure increased community engagement and participation at UPEC level
- To enhance awareness amongst the communities that OPV is the only form of prevention and is completely safe

Strategies:

- A senior full time focal person to be nominated for overseeing the Polio Eradication Activities and ensure NEAP implementation
- Chief Secretary must lead the periodic oversight of the programme
- Improve DC's understanding of the deferment criteria, concept and his role in ensuring high quality campaigns
- Sustain political advocacy at the provincial level to review progress, highlight gaps and take timely actions
- Provincial Government to convene an "All Political Parties Provincial Crisis Consultation" to ensure all political parties are onboard
- Chief Secretary to lead the formation of an alliance with Tribal Leaders of Quetta block to support PEI
- Fully Implement DDM in all of the Quetta block
- Conduct a special Investigation to determine the reason (s) for increasing refusals and take appropriate corrective actions

Way forward

- 15-30 Nov: Develop draft 2013 NEAP
- 13 Dec: Consultation with the Provinces
- 14-15 Dec: Core TAG to review NEAP
- 18 Dec: Approval by the National Task Force on Polio Eradication
- 1 Jan 2013: Emergency programme implementation begins

Annexures:

- **Agenda**
- **Presentations (reservoirs)**
- **List of participants**
- **Polio reservoir consultation in media**