PROGRESS REPORT 2013-2015
Results for children in Pakistan
ERADICATE POLIO
In recent years, the Government of Pakistan has demonstrated increased commitment to social sector development, consequently leading to some notable successes. In particular, the country is celebrating the recent achievement of the Millennium Development Goal (MDG) for sanitation, halving the proportion of the population without sustainable access to basic sanitation. Over the past two decades, the government has also made notable strides in combatting polio, increasing routine immunization and decreasing the number of out-of-school children.

UNICEF, along with its partners, is supporting the Government of Pakistan to achieve the MDGs and will continue to do so in the post-2015 era. More specifically, UNICEF is providing support to achieve the following results in Pakistan:

- **BIRTH REGISTRATION**: Achieve universal birth registration by 2024
- **EDUCATE ALL CHILDREN**: Provide access to improved education to more than 1.2 million children in Pakistan by 2017
- **ERADICATE POLIO**: Eliminate the disease by May 2016
- **STOP STUNTING**: 1.9 million fewer children with stunted growth and development by 2017
- **IMPROVE ACCESS TO SANITATION**: 10 million fewer people practising open defecation by 2017
- **DECREASE CHILD DEATHS**: Reduce newborn mortality from 55 to 20 live births per 1,000 by 2017, and have 90 percent fully immunized children (aged 12-23 months) by 2017

These progress reports take a deeper look into these issues, including the latest data and how government interventions have positively impacted children and communities in Pakistan. These reports also present key challenges, recent research, knowledge and evaluations, and strategic direction for the future.

Through these reports, we seek to foster productive collaboration, demonstrate the collective contribution of UNICEF and its partners, and reassert our commitment to the Convention on the Rights of the Child.

Angela Kearney
UNICEF Representative in Pakistan
OVERVIEW

Pakistan is one of only three countries in the world categorised “endemic” by the Global Polio Eradication Initiative (GPEI), along with Afghanistan and Nigeria.

After 25 years of continual efforts to eradicate the virus in Pakistan – mobilizing and training millions of volunteers, social mobilizers and health workers, vaccinating children in previously untouched households in neglected communities and improving the overall delivery of basic health services in the country – the end is in sight.

Pakistan’s 2015 National Emergency Action Plan (NEAP) is aiming to eradicate polio by May 2016.

The Government of Pakistan has renewed its commitment to lead and oversee the eradication effort, implementing a whole of Pakistan approach that includes players from all levels of government as well as key national and international stakeholders.

To achieve this final push, a number of recent strategic shifts are focused on preventing the spread of the virus through detecting and vaccinating children who are continuously missed in the polio campaigns.

The government’s polio communication strategy has also experienced a major shift – placing frontline workers at the centre of the polio eradication effort. Past experience has proven that the key to eradicating polio depends on their success at the doorsteps of households and in the communities.
Today I am proud that my endeavors have culminated with success - when I can convince many families to vaccinate their children against polio.”

Muhammad Ashfaq Navid
Polio survivor and UNICEF Social Mobilizer

GLOBAL TARGET
A polio free world by 2018

UNICEF PAKISTAN TARGET
Stop all wild poliovirus and vaccine-derived poliovirus transmission by May 2016

Estimated
60,000 children inaccessible for vaccination

374 million doses of oral polio vaccine supplied to Pakistan in 2014. 380 million and 290 million will be supplied in 2015 and 2016

Up to 200,000 vaccinators across the country

80% of cases - children under 2 from Pashto-speaking families
Only 70% of parents and caregivers in FATA accept polio drops
Average 2,500 Communication Network (COMNet) staff engaged in social mobilization

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POLIO IN PAKISTAN

306 wild poliovirus cases from 44 districts were reported in Pakistan in 2014, representing 86 percent of all cases reported globally. The majority of reported cases continue to be detected from known reservoir areas:
- North and South Waziristan and Khyber agencies in the Federally Administered Tribal Areas (FATA)
- Greater Peshawar and Southern/Central Khyber Pakhtunkhwa
- Karachi in Sindh
- Quetta block in Balochistan.

There was also some spill-over to Central Pakistan encompassing districts in Northern Sindh, Eastern Balochistan and Southern Punjab. The epicentre of this outbreak was in FATA, with Peshawar and Karachi acting as amplifiers through movement of high-risk, mobile populations.

HOW UNICEF WILL HELP ACHIEVE RESULTS

UNICEF’s social mobilization goal is to support vaccinators at that critical moment of contact with a parent to ensure zero missed children. Trust is vital at this time, so the vaccinator must be acceptable to the community, motivated, well-trained and have both technical and people skills.

Simultaneously, parents must be aware of polio, of the vaccination campaign and trust that the vaccinator has the best interest of their child at heart.

Ultimately, UNICEF wants to create a situation where the dangers of polio are understood and the importance of vaccination is universally accepted.

GLOBAL POLIO ERADICATION INITIATIVE

Within the GPEI, the largest public health programme in history, UNICEF is the lead agency for communication and behavior change, and vaccine procurement and management. The initiative is led by national governments in partnership with:

In Pakistan, under the leadership of the government, partners work in Emergency Operation Centres at the national and provincial levels.

DATA PROFILE

Huge improvements since 1994 – the end is in sight

Reported polio cases in Pakistan, 1994-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of WPV cases</th>
<th>Total No. of infected districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>93</td>
<td>25</td>
</tr>
<tr>
<td>2014</td>
<td>306</td>
<td>44</td>
</tr>
<tr>
<td>2015</td>
<td>25</td>
<td>14</td>
</tr>
</tbody>
</table>

Data source: National Polio Control Room data 2015 (data as of 14 July 2015).
Supporting emergency operations centres
Polio Eradication Emergency Operations Centres (EOCs) have been established at federal and provincial levels. These are led by government coordinators and include all stakeholders at a single site to strengthen coordination, improve the quality of campaigns and ensure comprehensive disease surveillance. UNICEF and other partner agencies have assigned dedicated technical staff to the EOCs for epidemiology and communication.

Innovations to support the frontline heroes
Frontline health workers, most of them women, are the backbone of the polio eradication initiative. To motivate and retain this valued workforce, the polio programme is rolling out improved training and tools, supportive communications, and regular on-time payment. Innovative mobile applications – including interactive voice response technology, SMS-based reporting and mobile surveys – are used to monitor frontline workers during National Immunization Days.

Focusing on the children
Almost half a million children who were previously missed have been reached with polio vaccination in challenging areas in FATA and Karachi.

**Reduction in unreached children in FATA, Jan 2013 to May 2015**

Data source: FATA Polio Control Room 2015.

**Reduction in unreached children in Karachi, June 2013 to February 2015**

Data source: Sindh Polio Control Room 2015.
Revamped communication strategy

The EOC’s new communication strategy, endorsed at the national and provincial levels, revolve around two main components: 1) making vaccination the norm for a community and ultimately the entire society, building on existing customs and traditions of a community, tribe or ethnic group; 2) humanizing frontline workers and equipping them with the best possible tools to ensure that contact with parents and caregivers leads to the successful vaccination of children.

Vaccine management and cold chain system strengthening

Cold chain equipment inventory was completed in all provinces and essential equipment, including solar ice-lined refrigerators, is now being provided to ensure proper maintenance of vaccines. UNICEF provided crucial technical and human resource support to provinces to strengthen their vaccine management systems as well as improve tracking of inactivated polio vaccines and oral polio vaccines for campaigns to minimize loss. This has improved Pakistan’s overall routine immunization efforts.

Linking eradication efforts with improved health, sanitation and nutrition for the most vulnerable

With “Polio Plus”, UNICEF’s polio programme is trying to improve access of socially vulnerable groups to services such as health, water and sanitation. In areas where the polio virus was detected circulating in the environment, sanitary conditions were improved through installation of new water pipes and sewage systems.

In remote high-risk areas where populations have limited or no access to basic health services, UNICEF is working in partnership with provincial and district authorities and other stakeholders to establish and run health camps, providing services such as routine immunization, counselling on nutrition and breastfeeding as well as basic medicines and supplies.

EQUITY

The social profile of polio cases in Pakistan shows that the virus is reported more amongst certain geographical, language and socio-economic groups. The UNICEF polio programme supports the government to reach out to the most vulnerable people, including migrants and the under-served and marginalized.

LOOKING FORWARD

All efforts and available resources are geared to make the goal of polio eradication by 2016 a reality. The coming low-transmission season, starting in September 2015, will be critical in interrupting virus transmission and paving the way for complete eradication.

The core eradication strategy is to cover all missed children and increase immunity levels by reaching all children everywhere in the country through nine campaigns in nine months. Complimentary strategies will include:

- Using Inactivated Polio Vaccine (IPV)
- Community-protected vaccination (which ensures that vaccinators are from the same community), deployed for a fixed-term and focused in the heart of reservoirs
- Demand-driven approaches such as health camps and Polio Plus
- Transit point vaccination that will attempt to cover children moving within the country between polio reservoir areas and across international borders
RESEARCH, KNOWLEDGE, EVALUATION

Knowledge, Attitudes and Practices Study 2014
This research provides insights into current knowledge, attitudes and practices of parents/caregivers towards polio eradication and polio vaccination, as well as key stakeholders.

Rapid Qualitative Study of High-Risk Populations 2014
The study was conducted by UNICEF in seven of the most at-risk Pashto tribes in Pakistan (including those displaced from FATA). The objective was to better understand the community’s perceptions regarding polio campaigns, as well as their sources of information about polio and other health services.

Channel Analysis 2015
This qualitative analysis sheds light on the triggers for and barriers to vaccination and identifies the most appropriate channels for community engagement and media consumption.

Strengthening Routine Immunization in Pakistan using Polio eradication Initiative’s Assets 2015
This qualitative research provides data on communities’ perception and experiences regarding routine immunization as opposed to polio vaccination campaigns. This helps UNICEF and partners to improve the training of frontline workers, and to ensure planning and monitoring is more comprehensive and based on evidence.

REAL LIVES, REAL CHANGE
Frontline heroes crucial to the eradication effort

Gulnaz Sherazi works as frontline polio worker in the Gulshan Bunair union council of Karachi.

“As a social mobilizer, my responsibility is to convince fathers and mothers to vaccinate their children each time a vaccination team visits them.”

“I dedicate special time and visits to families who refuse the vaccine. As a Pashtu speaker I can talk to resistant parents at Landhi, a Pashtun community in Karachi, about the benefit of polio drops in driving the vicious virus away from their children.

“I also go to bus stops, railway station and schools to disseminate positive knowledge about children’s health. I also reach out to influential scholars to solicit their crucial support and persuade the resisting ones. In addition to increasing acceptance of the vaccine among the community, social mobilizers help the work of vaccinators to be much easier and safer. The social mobilizer treks across the terrain in extreme heat or cold weather to persuade parents of the necessity of accepting the vaccine.”

Polio workers face immeasurable hazards - apart from physical challenges like difficult terrain and harsh weather, many vaccinators have been harassed, threatened and even killed. Despite this, Gulnaz continues to do her work with courage and dedication.

“I feel energized each time I empty a vaccine vial. This means 18 children under the age of five have just been protected from a lifetime disability – the crippling polio virus. These 18 children will grow up healthy and thrive to become Pakistan’s future doctors, engineers and teachers.”
Sources


Islamic Republic of Pakistan 2015, National Polio Control Room.

Islamic Republic of Pakistan 2015, Sindh Polio Control Room.

Islamic Republic of Pakistan 2015, Federally Administered Tribal Areas Polio Control Room.


The maps in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line between Jammu and Kashmir represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties.