Pakistan Polio Eradication Initiative

National Emergency Action Plan

July 2024-June 2025

National Emergency Operation Centre, Islamabad

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Acronyms and Abbreviations

ADC Additional Deputy Commissioner
AFP Acute Flaccid Paralysis
AKU Agha Khan University
BMGF Bill & Melinda Gates Foundation
C4D Communication for Development
CDC U.S. Centers for Disease Control and Prevention
COMNet Communications Network
cVDPV2 Circulating Vaccine-Derived Poliovirus type-2
DC Deputy Commissioner
DEOC District Emergency Operations Centre
DHO District Health Officer
DPEC District Polio Eradication Committee
DQA Data Quality Assessment
DQSA Data Quality and System Assessment
DSRC District Surveillance Review Committee
EOC Emergency Operations Centre
EPI Expanded Programme on Immunization
ERM Evening Review Meeting
ERU Emergency Response Unit
ES Environmental Surveillance
FLW Frontline Worker
GPEI Global Polio Eradication Initiative
MMP Migrant and Mobile Population
IEC Information, Education and Communication
IPV Inactivated Polio Vaccine
ISD Integrated Service Delivery
KPI Key Performance Indicator
LEA Law Enforcement Agency
LHW Lady Health Worker
LQAS Lot Quality Assurance Sampling
M&E Monitoring and Evaluation
NA Not Available
NEAP National Emergency Action Plan
NEOC National Emergency Operations Centre
NID National Immunization Days
NSTOP National Stop Transmission of Polio
NTF National Task Force
NVI No Virus Isolated
OPV Oral Polio Vaccine
PCM Post-Campaign Monitoring
PEI Polio Eradication Initiative
PEOC Provincial Emergency Operations Centre
PID Primary Immunodeficiency Disorder
PMC Persistently Missed Children
PSEA Protection from Sexual Exploitation and Abuse
PTF Provincial Task Force
PTP Permanent Transit Point
RRL Regional Reference Laboratory
RSP Religious Support Person
SBC Social behavior Change
SHRUC Super High-Risk Union Council
SIA Supplementary Immunization Activity
SM Social Mobiliser
SNID Sub-National Immunization Days
SOP Standard Operating Procedure
TAG Technical Advisory Group
ToRs Terms of Reference
UC Union Council
UCMO Union Council Medical Officer
UNICEF United Nations Children's Fund
UPEC Union Council Polio Eradication Committee
VDPV Vaccine-Derived Poliovirus
VDPV2 Vaccine-Derived Poliovirus type-2
VPD Vaccine Preventable Disease
WASH Water, Sanitation and Hygiene
WHO World Health Organization
WPV Wild Poliovirus
WPV1 Wild Poliovirus Type-1

Executive Summary

The Global Polio Eradication Initiative has worked hand in hand with governments and global partners to eradicate poliovirus worldwide, bringing about a substantial 99% reduction in global cases. However, w ild poliovirus - remains endemic only in Afghanistan and Pakistan, and interrupting virus transmission in this one epidemiological block is critical to reaching zero polio.

Benefiting from the unwavering commitment of the Government of Pakistan, the National Polio Eradication Programme remains steadfast in its mission to eradicate poliovirus, ensuring a healthier future for children, both within the country and globally. Despite significant strides, several challenges persist, leaving a significant number of children with suboptimal immunity due to the complex socioeconomic and security environment in the - polio high-risk areas. Besides the programme's - operational gaps, inconsistent access to all vulnerable children on account of insecurity, vaccine hesitancy, refusals, demand-based boycotts and massive population movements continue to hinder achieving zero polio in the country. To finish the job, the Programme has developed a detailed, comprehensive roadmap to enhance operational and managerial capacities to eradication levels and ensure that the circulation of poliovirus is interrupted across the country by June 2025.

The roadmap consists of Three phases:

- ***Phase I:*** *Resetting the Programme to Eradication Level (**2 Months**: July and August 2024)*
- ***Phase II:*** *Reversing Current Virological Trends (**4 Months:** From September to December 2024)*
- ***Phase III:*** *Targeting Remaining Virus Pockets (**6 Months:** From January to June 2025)*

To ensure high-quality implementation of the roadmap and enhance access to all activities, programme oversight and accountability will be strengthened, together with a focus on improving security and access, as well as Migrant and Mobile Population (MMP) tracking and vaccination and improved coordination with the Afghanistan program throughout in all three phases of the roadmap.

Each phase will address key programmatic components, which are:

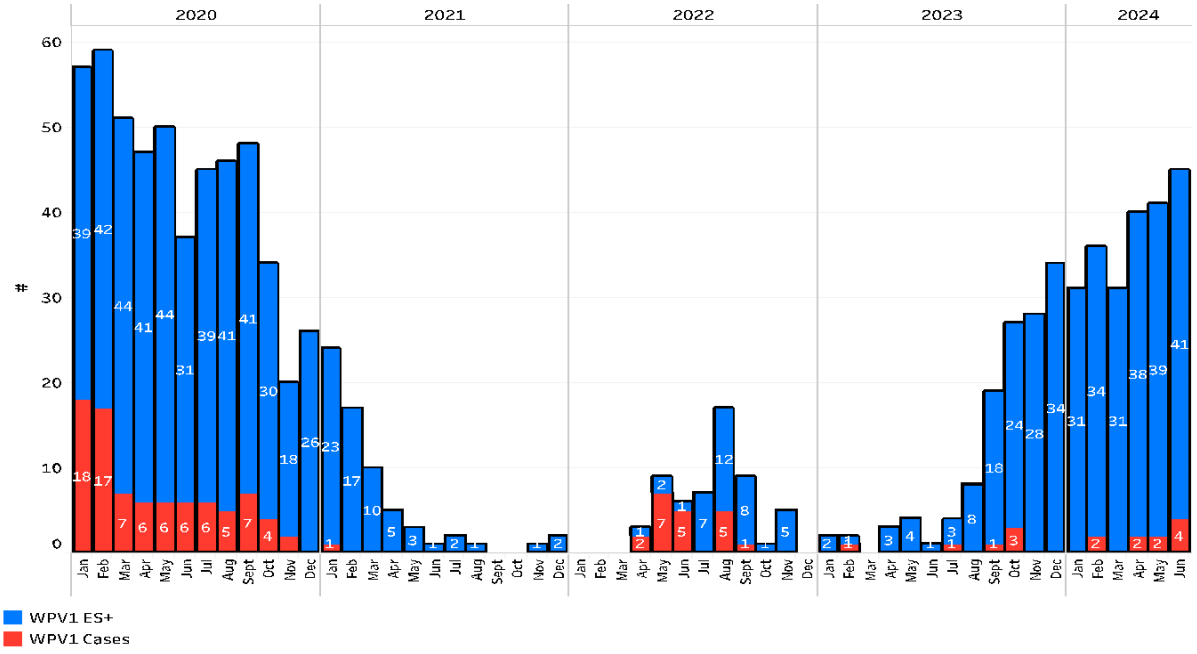
- **Renewed Oversight & Accountability** through revitalizing and empowering a strong core group empowered to take decisions; data-driven and participatory decision-making by multidisciplinary Task Teams (comprised of multiple organizations) across priority areas of work; critical reviews by the National Polio Management T eam and linking performance with meticulous accountability.
- **Implementing High Quality Polio Supplementary Immunization Activities** through implementing multiple nationwide and sub-national polio vaccination campaigns; reaching missed children through additional complementary activities; addressing operational gaps; resolving community boycotts and addressing the overall mistrust in the population through more effective community engagement. Priority will be given to ensuring the full synchronization of SIAs with the Afghanistan programme.

- **Rapid outbreak response activities and prevent importation of the virus** through risk based aggressive outbreak response for each poliovirus detection, amplifying vaccination for special populations, preventing re-establishment of virus transmission, enhancing cross-border coordination with Afghanistan and increasing the scope and reliability of campaign monitoring.
- Addressing gaps on the critical path to achieving and sustaining polio eradication through focused EPI-PEI synergy, reducing the number of zero dose and defaulter children for routine immunization in the highest risk UCs and districts for polio eradication, and **Integrated Service Delivery (ISD) including Health Camps.**
- Enhancing communities' trust in vaccination and promoting it as a collective societal responsibility (social norm) using Integrated **Human-Centered Design (HCD) and behavioral insights into social behavior change interventions**, communication strategy, media, advocacy and partnerships.
- **Sustaining gains through relapse prevention strategies from the 2nd half of 2025 to 2026** by maintaining high surveillance sensitivity, implementing a robust polio SIA calendar, mounting a rapid outbreak response and ensuring outbreak preparedness, as well as achieving and maintaining high routine immunization coverage throughout the country.

Introduction

The Pakistan Polio Eradication Initiative (PEI) National Emergency Action Plan (NEAP) July 2024-June 2025 has been developed in alignment with the *Global Polio Eradication Initiative Polio Eradication Strategy 2022-2026 and recommendations from the May 2024 meeting of the Technical Advisory Group (TAG)*

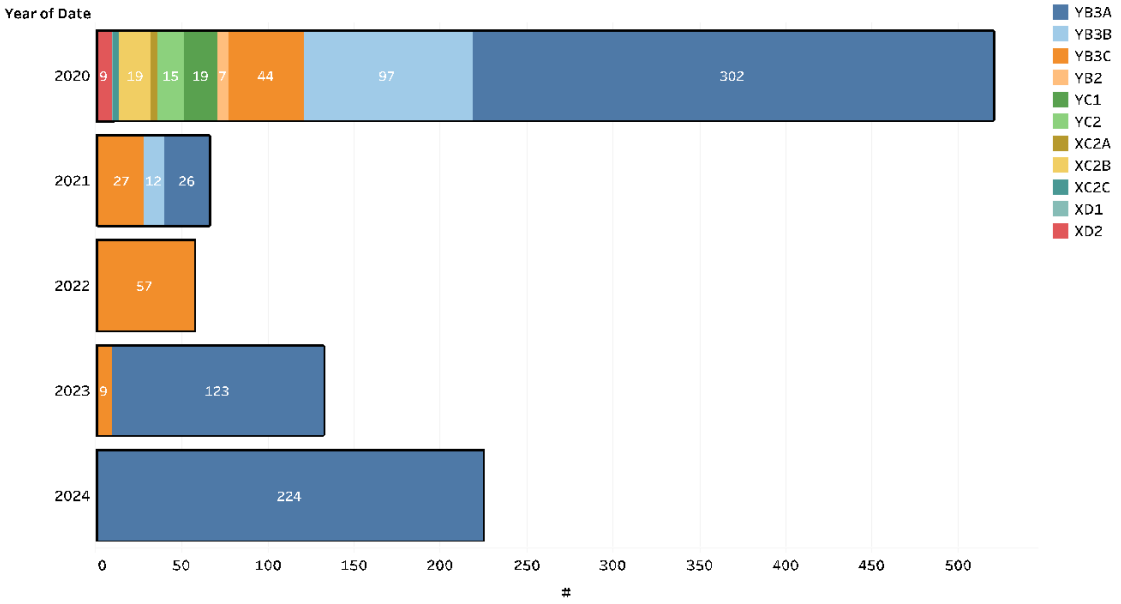
Pakistan is confronting a significant resurgence of Wild Poliovirus Type 1 (WPV1). Till the end of June 2024, Pakistan has reported 10 confirmed Polio Cases and 214 positive environmental samples. Following a promising period of nearly 15 months without a single WPV case from January 2021 to April 2022, and minimal virus detection in environmental samples, the country is now experiencing a rapid and widespread escalation of WPV1 infections. Since the final quarter of 2023, the cases have grown exponentially. Initially confined to a localized outbreak in South Khyber Pakhtunkhwa in 2022, the virus has expanded its reach specifically since the reintroduction of the cross-border YB3A cluster. As a result, WPV1 has re-established itself in regions previously declared polio-free, including historically core reservoirs.



In terms of genetic diversity, during the last five years, the epidemiological landscape of WPV1 in the Pak-Afghan region has seen a marked decline from 11 clusters in 2020, to just two remaining clusters in 2023 (YB3A and YB3C) Importantly, the YB3C cluster - historically endemic to southern Khyber Pakhtunkhwa - has not been detected in the region since the start of 2024, and the programme continues rigorous surveillance to detect any leftover potential hideouts in the endemic zone.

The May 2024 meeting of the Technical Advisory Group on Polio Eradication (TAG) concluded that the eradication of the YB3C cluster is achievable through sustained and

focused efforts to vaccinate all children, particularly in areas with ongoing challenges in access to immunization services.



The re-emergence of WPV1 in traditional core reservoirs such as Karachi, Quetta block, and Peshawar-Khyber poses significant challenges. High population density, scattered slums, mobility, poor sanitation, and malnutrition within these core reservoirs foster conditions ideal for poliovirus transmission. Gaps in campaign quality within core reservoirs, increased vaccine hesitancy associated with repeated SIAs, as well as the internal displacement of unregistered Afghan populations due to repatriation efforts, have resulted in an increase in hidden susceptible communities, leading to the current epidemiology. Given the potential of amplification and transmission elsewhere, the earliest interruption of circulation in core reservoirs is the programme's topmost urgency, alongside an aggressive risk-based response to detections in the rest of the country. An intensified focus on resolving issues hindering quality vaccination in South KP will be maintained to hunt the virus in potential circulation pockets in this critical zone.

Key Programme Challenges

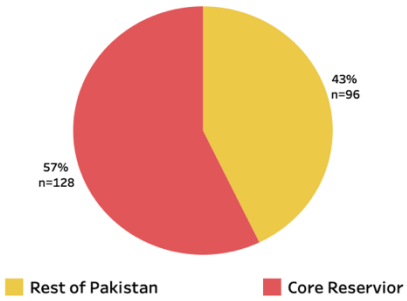
The Pakistan Polio Eradication Programme currently faces multiple and complex challenges that hinder the country from achieving zero virus detection and meeting the goal of eradicating polio. These are summarized below:

(i) *Re-emergence of WPV in Core Reservoirs:* The virus has re-established circulation in traditional core reservoirs of Karachi, Peshawar-Khyber and the Quetta block, which had been mostly virus-free from early 2021 to mid-2022. Clearing the virus from these areas has always been challenging as the areas are characterized by high-density populations, frequent population movement, inadequate sanitation, and a higher prevalence of malnutrition, which provide ideal conditions for the virus to thrive and spread to other cities. The shift in focus to interrupt endemic transmission in southern KP from 2022, complacency in the core reservoirs during the lull period, and the complex factors of repatriation of unregistered citizens leading to internal displacement and hiding of children by the vulnerable populations has led to the

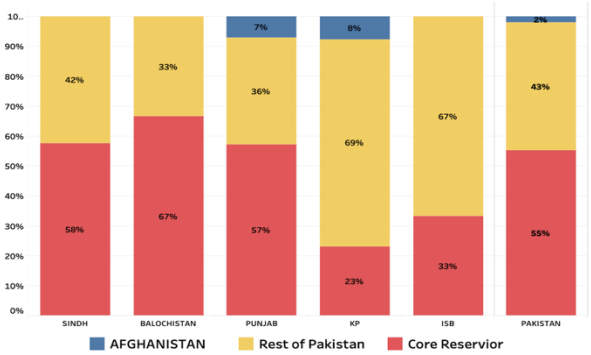
virus moving with people and reemerging not just in core reservoirs, but also finding ways into previously uninfected districts.

Of the ten WPV1 cases detected in the first half of 2024, seven (70%) came from the core reservoir districts, i.e. six (6) from Quetta block and one (1) from Karachi. Similarly, the Environmental sampling results show that during 2024, 121/214 (57%) WPV1 isolations have been in the historic core reservoirs: 14 in Peshawar, 44 in Quetta block, and 63 in Karachi Block. Furthermore, 55% of isolates in the rest of Pakistan in 2024, were genetically linked with the ongoing circulation in core reservoir districts.

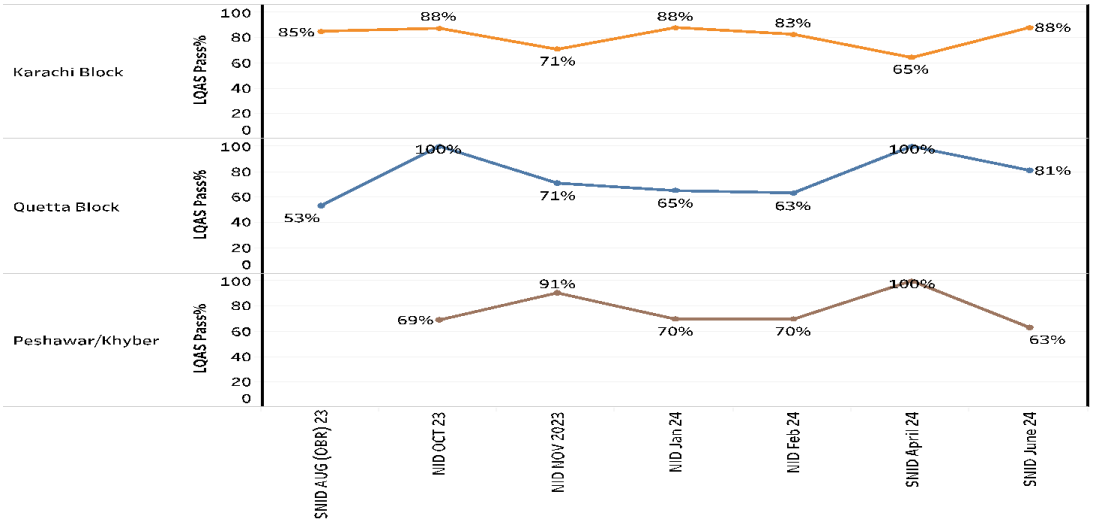
2024- Detections Linkages



2024- Rest of Pakistan Detections



Despite initial resilience, the virus re-established circulation in the Peshawar block, exploiting the remaining pockets of suboptimal immunity using high population movements as vehicles. From Jun 2023 to Jul 2024, campaign performance was inconsistent, with LQAS pass rates ≥ 90% only thrice in eight campaigns. The Karachi block saw the virus spread even more rapidly, with no campaign achieving LQAS pass rates ≥ 90% in the past many years. In Quetta Block, and during the 7 SIA rounds, only twice the LQAS pass rate was≥ 90%.



Other key issues haunting the programme are fake finger marking and large proportions of missed children, both recorded and unrecorded, especially those hidden in 0/0 houses. Meanwhile, the Quetta block also provided ample opportunities to the virus amidst suboptimal campaign performance and consistently low immunization coverage. Only two out of the seven campaigns achieved ≥ 90% LQAS pass rates. The main challenges were staggered campaigns and altered campaign modalities due to security, male team deployments, and hidden refusals.

(ii) *Security:* The complex security environment affects the implementation of quality vaccination campaigns. Security-related postponements or staggered campaigns hinder access to children in crucial areas, potentially creating a cohort that can sustain virus transmission. The endemic zone of Southern KP and Killa Abdullah and Chaman districts were particularly affected by such challenges during the 2023-2024 SIAs. The programme works closely with law enforcement agencies to ensure that campaigns and catch-up activities proceed as planned in all coverage areas.

(iii) *Community Boycotts:* The Programme has been facing a rising trend of demands-based community boycotts, especially in high-risk areas of southern KP and Balochistan, which affect the implementation of synchronised campaigns and leave a substantial number of vulnerable children unvaccinated. Since July 2023, a total of 393 boycotts have been reported, putting the vaccination of more than 600,000 children at risk. None of these boycotts are related to misconceptions or resistance to polio vaccine. The community understands the government's determination to eradicate polio; thereby, the boycotts serve- as an important bargaining chip for getting due attention for their problems. Security challenges and community boycotts combined have resulted in over 700,000 children being missed during 2023-2024 vaccination campaigns. Additionally, 0.4 million of the 1.2 million target population in southern KP has been missed during the past five campaigns.

(iv) *Population Movement:* The widespread movement of people across the border and within the country, coupled with the challenge of consistently synchronizing campaigns with the Afghanistan programme, has led to missed vaccination opportunities. Moreover, staggering the campaigns further enhances the probability of missing mobile children, leaving vulnerabilities. During the last SIAs season, the repatriation process of unregistered foreign citizens further complicated vaccination efforts as these populations tend to hide themselves to avoid repatriation. They often also mistrust polio teams for fear of being reported to the authorities and may refuse vaccination. Despite having a cross-border vaccination strategy with numerous sites at border crossings and vaccinating populations at repatriation centres, the programme could not effectively mitigate the associated risks and is re-strategizing to track and map all high-risk mobile populations repeatedly during future campaigns.

(v) *Community Resistance and Campaign Fatigue:* Repeated campaigns followed by augmented activities such as extended outreaches, outbreak investigations and multiple knocks in an effort to attain zero refusals have burdened the community with an activity almost every week. This has raised questions within the community on

vaccine efficacy and the required number of doses for each child. Thereby, the urge not to vaccinate outweighs the responsibility to vaccinate with every other round.

(vi) *Collusions and Fake Finger Marking:* Frontline worker (FLW) collusion with communities leading to fake finger marking in high-risk districts such as Karachi, Quetta Block, Peshawar, and Southern KP pose a serious threat to polio eradication, as the denominator/cohort of missed children remains unknown. Depleted supportive supervision and monitoring of the frontline workers over time and pressure for high coverage have led to this phenomenon seriously affecting the quality of programme data. Since January 2023, the programme has uncovered over 1,900 instances of fake finger marking in 22 districts. To combat this, the Programme maintains a zero-tolerance policy for fraudulent data and implements a fake finger-marking response framework to understand and address the barriers leading to such practices.

NEAP Key Principles for Change

This NEAP emphasizes urgency, accountability, and maintaining ownership and political drive at all levels, focusing on flexibility at the district and sub-district levels.

The following **Key principles** will guide the Programme across the country:

- *Strong government ownership:* At every level, the government will assume an unambiguous leadership role taking greater responsibility and accountability for the programme's success. Consensus data-driven decision-making will be ensured by capacitating and empowering core groups at all levels.

- *Strong coordination within and between the programme levels:* The programme will ensure effective coordination between the national and provincial levels, across multidisciplinary teams as well as with the Afghanistan programme.

- *"One Team" model:* The government and its partners will continue to work together as one team across different functional areas (SIA, operations & communications, surveillance, etc.) through revitalizing the multi-organisational Areas of Work and Task Teams as outlined in appendix B. The programme will also ensure that this model works across all levels of the programme – national, provincial and district levels.

- *Empowering staff:* Management structures will encourage and enable district, UC, and area-level teams to highlight challenges and problem-solve. Reporting gaps will not be discredited but instead encouraged and appreciated. The structures will be responsive and adapt quickly based on feedback from the field and findings of the frontline workers' codesign initiative.

- *Urgency mindset:* A strong sense of emergency will be imbued into the Programme to minimize the time from "issue to decision" and "decision to action."

- *Transparency and accountability:* Everyone at every level will clearly understand what is expected of them and others around them, and with appropriate channels for accountability will be further strengthened. Periodic performance assessments for all programme human resources, government as well as partners will be undertaken by the core teams at district, provincial and national levels linked with the accountability.

- *Reflecting local-level differences:* Given specific challenges in the remaining pockets of concern, local wisdom shall drive solutions. Specific approaches and structures will be tailored to local contexts as necessary with focus on consistently reaching all children. Encourage a spirit of adaptive programming that is responsive to the local context – local solutions to the local challenges.

- *Broadening partnerships and strengthening coordination:* to improve accessibility, availability, and acceptability of immunization and other health services in high-priority zones will be mapped and efforts aligned for the sake of polio eradication.

Goal

The Strategic Goal of the National Emergency Action Plan (NEAP) July 2024- June 2025 is **to interrupt poliovirus circulation across Pakistan by June 2025.**

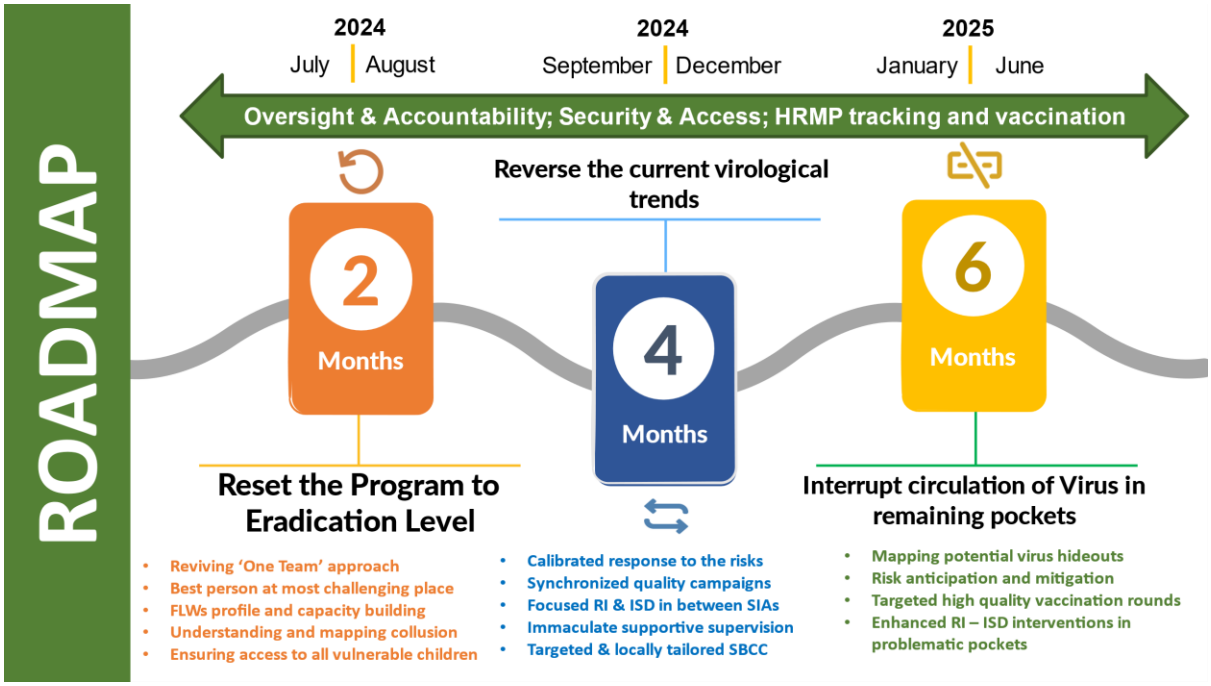
Theory of change:

To achieve the goal of interrupting Poliovirus circulation, the program designed a comprehensive (2-4-6) twelve-month roadmap to overcome all current challenges and address all the gaps; each phase consists of detailed activities for each area of work. Through strong governance and stewardship of the government, the roadmap will be implemented pursuing the key principles of merit and transparency and, in turn, closely monitored through a clear accountability framework.

Roadmap for Polio eradication:

The roadmap consists of Three phases:

- *Phase I: Resetting the Programme to Eradication Level (**2 Months**: July and August 2024)*
- *Phase II: Reversing Current Virological Trends (**4 Months:** From September to December 2024)*
- *Phase III: Targeting Remaining Virus Pockets (**6 Months:** From January to June 2025)*



Phase I: Resetting the Programme to Eradication Level (In July and August 2024)

Main objective and description of the way forward:

- ***Revitalizing Programme Management and Coordination:*** This would include improving and enhancing the quality of coordination between the National Emergency Operations Centre (NEOC) with provincial EOCs and among partner organizations. Revitalizing the multi-organisational Areas of Work and Task Teams approach would be the key to restoring the "one team' spirit at all levels. The core undertaking for this phase is to improve the overall functionalities and effectiveness of NEOCs, PEOCs, and capacities at the DEOCs and the administration levels below; each level is to work as one team under one roof, i.e. DEOCs should work under one roof for better coordination. Furthermore, DEOC's HR functionality review should be conducted in each province; in addition to having the best person in priority areas, their full-time presence at the place of assignment and ability to move around for supportive supervision is imperative. This must be closely monitored throughout the NEAP period. Finally, scientific risk assessment and data-driven consensus decision-making through the National Polio Management Team will ensure ownership and enhance the quality of implementation. Please refer to Appendix B & C.
- ***High-Quality Vaccination Campaigns:*** This includes preparing for a series of highly specific vaccination campaigns to cover all high-risk and previously missed areas. These campaigns will be meticulously planned, and modalities will be executed through frontline managers' inputs to ensure maximum coverage. The programme shall undertake extensive consultations with district teams of the endemic zone of Southern KP and core reservoirs to plug the gaps observed during the 2023-24 SIAs. DEOCs will undertake UC level performance analysis to identify low-performing union councils (LPUCs) and devise district-wise action plans. Deputy Commissioners shall be oriented explicitly to their revamped leadership roles with focus tilted

towards pre-campaign preparedness and meaningful readiness reviews encompassing alignment of the security and operational plans. The planning exercise shall further focus on enhanced supportive supervision of the frontline workers to deliver the best results during upcoming campaigns.

- ***Enhanced Surveillance:*** Surveillance systems will be further strengthened to promptly detect and respond to new cases, including deploying additional surveillance officers and utilizing advanced tracking technologies. The newly established 'Surveillance for Eradication Task Team' will identify triggers through an ongoing in-depth analysis of the potential determinants affecting the quality and ensure prompt mitigation measures.
- ***Community Engagement:*** To address vaccine hesitancy and resistance, targeted community engagement initiatives through validated influencers will be implemented. This involves working closely with community leaders, religious figures, and local influencers to promote vaccinations. Recognizing the impact of influencers and building their capacities through an intensified training program will help garner more support for access to communities in the remote regions, followed by an understanding of underlying communication challenges.
- ***Addressing Front Line Workers (FLW) Issues:*** The focus will also be on resetting the basics of recruiting frontline workers for SIAs, based on the principle of volunteerism and frequent rotation/replacement to ensure that the selection, training, and microplanning exercises are not affected due to collusion with communities that leads to fake vaccinations and misreporting. Renewed efforts will focus on intensifying genuine, supportive supervision and effective monitoring, with particular emphasis on pre-campaign and intra-campaign monitoring. The programme will undertake special efforts to inculcate a sense of ownership and pride among FLWs to keep them fully motivated. A training module which focuses on making the first knock effective with confidence-building exercises to report refusals and discourage collusion is being introduced.

Specific activities for each area of work:

- ***Management reset activities:***
  - To conduct management and orientation meetings with decision-makers at national, provincial, and district levels to set the roadmap and ensure the way forward is aligned.
  - Development of district improvement plans.
- ***Operation and SIAs:***
  - Training of DDHOs and identification of a pool of Master trainers in all priority districts.
  - Identify issues impeding quality campaigns.
  - Ensure all hamlets/settlements/villages are mapped & included in the microplans.
  - Map, register and track mobile and migrant population for enhanced focus during SIAs.
  - Identify and rectify drivers to FFM and misreporting.
  - Resolve factors resulting in cancellation and staggering.
  - Security coordination for enabling work environment and consistent access.
- ***Outbreak response***
  - Establish response teams at PEOCs for urgent investigation and response.

- Conduct cascade training for outbreak responders at the district level.
- Update the risk assessment, guiding responses under global SOPs adapted to the local context.

- ***SBCC***
  - Best and maximum workforce deployed in priority areas of the program.
  - Province-specific SBCC strategies tailored to each province's unique context with implementation plans and outcomes aligned with program needs.
  - Integrating ops and comms Micro Plans and updating FLWs IPC modules for making the first knock effective.
- ***Surveillance***
  - Risk assessment to determine the risk of undetected transmission/circulation.
  - Determining the appropriateness of surveillance sites' network.
  - Building capacity of key informants for identification of AFP cases & timely reporting.
  - Supportive supervision from NEOC surveillance in historic reservoirs to improve AS through direct oversight.
  - Granular analysis to determine reasons for low indicators.
  - Conduct needs assessment for the increased number of DSCs & their active involvement in surveillance work.

- ***Migrant and Mobile Population -MMP***
  - Migrant and Mobile Population / Other Immunization Action Plan for taking special Measures to Vaccinate Children among Migrant and Mobile Groups of interest, and inclusion of bordering districts/UCs in the plan and focusing on migrated population from Afghan bordering districts in other parts of the country.
  - Identification and Mapping: Identify and map migrant and mobile groups in core reservoirs and outbreak districts.
  - **Information Sharing** with all relevant units for **Risk assessment, integration, operational preparedness, Surveillance, Action plan for effective intervention planning and High-quality vaccination.**
  - **Plan for Other Immunization activities**.
    - Identify inaccessible areas with inconsistent SIAs in SKP and deployment of PEI-supported bikers teams with local skilled vaccinators for b- OPV and/ or RI Planning of Bikers teams (Search teams Outreach plus) to strengthen the EPI in uncovered EPI vaccinators areas for outreach sites - bOPV and RI vaccinations.
    - Planning of biker teams for the Nomads immunization initiative, targeting highly mobile populations based on their movement patterns in phases.
    - Rationalization of transit vaccination across the country at the most strategic locations, ensuring effective reaching and vaccinating populations on the move.

- ***Special Immunization activities:***
  - Conduct fIPV SIAs in selected high-risk UCs in Karachi. (Appendix F)

- *Complementary immunization:* Conduct a strategic review of transit/complementary vaccination programs to optimize resource allocation and impact. (Appendix G)

- ***Cross-border communication***
  - Improve the quality of ongoing activities, including cross-border meetings with clear and concrete action plans.
  - Regular tracking of the progress of the corridor's action plans and addressing challenges.
  - Improve communication strategies and jointly monitor border vaccination:
    - Strengthening overall coordination through regular exchange of information, data and strategies focusing on bordering populations.
    - Drawing on identified religious, community and tribal leaders, build trust within communities on both sides of the border.
- ***PEI-EPI Synergy***
  - Revitalizations of PEI-EPI synergy committees via revising the TOR and deliverables at all levels.
  - Develop and monitor combined PEI and EPI Calendar.
  - Ensure the engagement and support of PEI HR at all levels during the planning and implementation of the Big catch up planned by EPI.
  - Support for EPI services in Super High Risk Union Councils (SHRUCS) in Karachi, Peshawar, Quetta block through dispensaries offering primary health services, including routine immunization.
  - Prime Foundation support through a mobile health camp strategy to deliver primary health services, including routine immunization
  - Biker Teams plan to strengthen EI: The deployment of Nomads' teams is based on the MMP movement for polio and EI.
  - SEARCH Team to strengthen the EI in riverine districts:
    - Sensitizing PEI staff to generate demand for essential immunization
    - Strengthened processes for EI zero dose data recording, reporting, coverage and validation.
- ***Gender mainstreaming***
  - Gender mainstreaming Committee to formulate a mechanism to endorse and roll out the Anti-Harassment policy. Please refer to Appendix B.
  - Dedicated coordination of the implementation of the FFLW Co-design initiative.
  - All FLW Co-design Initiative solutions actively in development or implementation.

Phase II: Reversing Current Virological Trends (From September to December 2024)

Main objective and description of the way forward:

- ***Data-Driven High-quality Vaccination:*** Epidemiological data will be utilized to determine the scope of SIA rounds calibrating to the risk at a given point in time. Scientific risk assessment will be utilised to anticipate and mitigate the risk

beforehand. Areas with potential leftover immunity gaps after SIA shall be mapped for targeted RI outreach focusing on OPV and IPV. Along with focused community engagement, Integrated Service Delivery shall be strategically used to bridge the gap between the programme and resistant communities. Supportive supervision of FLWs will be ensured, and the higher levels will encourage field staff to report gaps for timely resolution. A secure environment for every campaign shall be ensured through dedicated security plans supporting the operational plan devised by the teams. Finally, a post-campaign assessment of all areas of concern will be ensured, and findings will be used for targeted action plans for the next campaign.

- ***Ensuring Access to all Vulnerable Children:*** During the preparedness phase, the district, divisional, and provincial leadership will engage with relevant stakeholders to ensure timely boycott resolution and the required measures for facilitating access to all vulnerable children.
- ***Supportive Joint Reviews for Consistent Quality Improvement:*** The National and Provincial EOCs will conduct joint in-depth campaign reviews virtually to transparently deliberate on remaining issues, develop solutions with a collective sense of responsibility, and implement required accountability measures.

Specific activities for each area of work:

- ***Operation and SIAs:***
  - Establish resilience in endemic and core reservoirs with *the* implementation of 3 *high-quality* campaigns by the end of Dec 24.
  - High quality preparedness & intense supportive supervision.
- ***Outbreak response***
  - Conduct intra-action and after-action reviews (IAR/AAR) to assess *whether* immunity gaps have been adequately addressed.
  - Follow up on implementation status of recommended actions at all levels.
- ***SBCC***
  - Updating the strategy through prototyping/ conducting SBC light assessment and Human-centred design studies and approaches.
  - All missed children approach- extending full support to vaccinating and identifying all missed Children.
  - SBC responds to all ongoing and new outbreaks through the implementation of HR and SBCC strategies.
  - Identifying tracking and vaccinating children on the move/Synchronizing cross-border communication strategy.
- ***Surveillance***
  - Conducting surveillance reviews in select districts.
  - Refresher training for ES focal persons and ES review of priority sites.
  - Develop a community advocacy plan to 1) increase HSB of the community to formal HCPs for AFP and 2) increase reporting of AFP cases by informal HCPs.
  - Develop specific community surveillance network for Hard-to-reach areas, mobile & migrant population and security compromised areas.

- **Inclusion of Migrant and Mobile populations in the Surveillance Network to enhance** sensitive surveillance activities within the migrant population.

- ***MMP***
  - Mapping and synchronizing SIAs in migrant and mobile settlements and areas.
  - Monitoring and supervising SIAs Quality and providing supportive supervision.
  - Specialized SIAs for displaced populations during floods.
  - **Complementary Immunization Activities** Execute Targeted focused vaccination activities, including biker strategies for migrant and mobile populations.
  - **Rationalized transit vaccination deployment at most strategic locations.**

- ***Special Immunization activities:***
  - Conduct fIPV SIAs in selected high-risk UCs in the remaining core reservoirs. (Appendix F)

- ***Cross-border communication***
  - *Conduct* Joint vaccination response*s* to poliovirus isolation in border areas.
  - Micro-synchronization of campaigns.
  - Enhance *district-level cross-border coordination and sub-provincial level meetings at border* points.

- ***PEI-EPI Synergy***
  - Improving Zero Dose (ZD) recording and coverage through implementing the National Electronic Immunization Registration of Zero Dose (NEIR ZD) data entry initiative in selected districts.
  - Collaborate with EPI in the implementation of specialized outreach vaccination sessions in areas where zero-dose AFP Cases are reported.
  - Microplanning and target setting: review and alignment of PEI SIA and EPI MIS targets.
  - Support planned EOAs in KPK in November.
  - EPI-PEOC collaboration in KPK and Balochistan to support RI system strengthening in high priority UCs/districts, with a focus on expanded outreach in areas not consistently reached through polio SIAs
  - Biker Teams plan to strengthen EI by expanding search teams (bikers' teams) in other priority districts, including South KPK and riverine/mountainous / desert districts.

- ***Gender mainstreaming***
  - Initiate the establishment of Inquiry Committees at all levels and build their capacities on inquiry processes and protocols.
  - Include monitoring indicators in the NEOC monitoring app to review progress on the FFLW Co-design Initiative.

Phase III: Targeting Remaining Virus Pockets (From January to June 2025)

Main objective and description of the way forward:

- ***Focused High-Quality Outbreak Response:*** Targeted vaccination drives will be conducted in areas with persistent virus presence through close collaboration with local health authorities and international partners. The effectiveness of outbreak response shall be systematically gauged to ensure that the immunity gap has been adequately plugged, minimizing the chances of breakthrough circulation.
- ***Vigilant Mapping of Potential Hideouts:*** In addition to virology, programmatic triggers will be used to map potential pockets carrying the risk of virus hideouts for targeted and locally tailored interventions.
- ***Strengthening Routine Immunization:*** Routine immunization services will be enhanced by devising and implementing integrated EPI-PEI plans, particularly in areas of Polio concern. EPI will further be optimally supported through an organized EPI-PEI synergy system to ensure that all children receive the necessary vaccinations on schedule and minimize dropouts, thereby building long-term immunity to sustain the gains. Priority focus will be placed on areas/UCs with a high number of zero-dose children and low immunization coverage, with meticulous planning and implementation of IOA/EOA activities.
- ***Sustained Political and Security Support:*** Continuous engagement with political leaders and security agencies will remain to ensure their unwavering support for eradication efforts. This includes maintaining the security of vaccination teams in high-risk areas and ensuring political commitment at all levels.

Specific activities for each area of work:

- ***Supplemental Immunization Activities (SIAs):***
  - Conduct 3 high-quality campaigns in the first half of 2025.
  - Scope of SIAs to be defined by the evolving risk.
  - Aggressive response to new outbreaks.
- ***Outbreak response***
  - Ensure timely implementation of OBR-SOPs.
  - Additional rounds for districts with breakthrough-continued detection of WPV1.
  - Outbreak response assessment to guide on mop-up campaigns and closure.
- ***SBCC***
  - Evaluate the outcomes, continue with the gains and re-strategize in areas of challenges.
  - Coordinate and work in synergy with EPI to support to EI in core reservoirs/pockets of remaining virus circulation.
- ***Surveillance***
  - Analysis of PID surveillance and reprioritization of sentinel sites.
  - Follow-up risk assessment to determine the risk of undetected transmission/circulation.

- Internal surveillance reviews in remaining districts not covered by external review.

- ***MMP***
  - Continuous Improvement: Review the action plan to refine strategies and address challenges.
  - **Ongoing Review and Continuous Assessment -**Continuously assess and adjust transit team deployment and strategies for other immunization activities.
  - Expand successful approaches i.e. biker strategies to additional districts, ensuring improved immunization.

- ***Cross-border communication***
  - Focusing on additional areas of cooperation, including EPI and approaching pockets of epidemiological importance with specific interventions.
  - Jointly planned approach for sub-district level interventions.
  - Review and update the corridor action plan and ensure its implementation across borders through effective & efficient coordination.

- ***PEI-EPI Synergy***
  - Improving ZD recording and coverage (by extension of NEIR ZD data entry initiative to core reservoirs).
  - Develop and implement validation mechanism for ZD children in core reservoirs and outbreak districts after each SIA.
  - Improve ZD coverage by at least 10-15%.

- ***Gender mainstreaming***
  - Train program staff on Anti-Harassment and gender mainstreaming at all levels.
  - Implementation of the Study on Intersectional Gender Analysis for the polio program.
  - All FFLW co-design solutions to be implemented.
  - Periodic Listening sessions Exercises with FFLW for their feedback.

Integrated service delivery (ISD) and Health camps

Since the scope of work of the ISD and Health camps requires a long period of time, the timeframe to implement the specific activities is going to be throughout the NEAP period:

ISD and health camps planned activities:

1. **Support for Routine Immunization in priority UCs**:
   - Strengthen operational support for Routine Immunization in Special Health and Remote Underserved Communities by improving access and ensuring consistent service delivery.
2. **System Strengthening in High-Risk Areas**:
   - Enhance health systems in polio high-risk areas (South KPK, Quetta block, Karachi) by upgrading infrastructure, improving logistics, and strengthening cold chain management.

- Establish Outpatient Therapeutic Programme (OTP) centers linked with mobile outreach nutrition services in collaboration with the Nutrition Directorate and implementing partners, targeting high-risk Union Councils (UCs) in Karachi (15 UCs), South KPK (46 UCs), and Balochistan (40 UCs).

3. **Primary Health Care and Nutrition Services**:
   - Strengthen primary health care, including nutrition services, in key polio high-risk areas, specifically 57 UCs in South KPK, 15 UCs in Karachi, and 40 UCs in Balochistan.
4. **Water, Sanitation, and Hygiene (WASH) Services**:
   - Rehabilitate water and sanitation services in 40 health facilities in DI Khan and Bannu, improve drinking water supply schemes in 28 health facilities of Tank and Bannu, and enhance waste disposal in 86 health facilities in polio high-risk UCs in North Waziristan Tribal District (NWTD).
   - Intensify advocacy and resource mobilization to deliver an Integrated Package of WASH Services at community and health facility levels in polio high-risk UCs of core reservoir areas.
5. **Cross-Sector Coordination and Resource Mobilization**:
   - Initiate a coordination mechanism with other sectors at national and provincial levels, leveraging resources to support integrated service delivery in high-risk areas.
6. **Social Mobilization and Community Engagement**:
   - Enhance evidence-based social mobilization and community engagement to build partnerships for integrated services in polio high-risk UCs of core reservoir areas.
7. **Health Camp Support**:
   - Continue supporting health camps in South KPK and other polio core reservoirs and high-priority areas as needed.

These action points reflect a holistic approach, integrating RI, primary healthcare, WASH, and cross-sector collaboration to strengthen service delivery in polio-endemic, high-risk areas.

Reaching children in Security compromised areas:

To address the issue of reaching children in security-compromised areas in Southern KP and Baluchistan, guidance in this regard is included as the following:

1. Exercising All Options to Access Vulnerable Children Across SKP and Balochistan

- **Community Engagement:** Develop targeted communication strategies to engage community leaders and influencers. This includes religious leaders, local elders, and community volunteers to build trust and promote vaccination.
- **Mobile Vaccination Teams:** Deploy mobile vaccination units to reach children in remote or insecure areas. These teams should be well-equipped and supported by local security forces.
- **Cross-Sector Collaboration:** Work with other sectors, such as education and social services, to identify and reach out to unvaccinated children. Schools and social service centres can act as vaccination points.

2. Maintaining the Best Possible Campaign Synchronization – Division-wise Approach

- **Division-Level Planning:** Implement a division-wise approach to synchronize campaigns across multiple districts. This ensures a uniform effort and maximizes coverage.
- **Coordination Meetings:** Regular coordination meetings at the division level to align efforts and address challenges. Include representatives from health, security, and local government.

3. Sticking to 3+2 Modality for Optimal Coverage and Quality

- **3+2 Modality:** Adhere to the 3+2 vaccination strategy (three days of active vaccination followed by two days of catch-up) to ensure thorough coverage.
- **Quality Assurance:** Implement stringent monitoring and supervision during the vaccination days to ensure quality and coverage.

4. Ensuring Dedicated Catch-Up Days for Specific UCs Requiring Different Modalities

- **UC-Level Flexibility:** Allow for flexibility at the Union Council (UC) level to adapt modalities based on local needs and security conditions.
- **Dedicated Catch-Up Days:** Ensure specific UCs have dedicated catch-up days to vaccinate missed children. This should be planned in advance and communicated to all stakeholders.

5. Locking the Agreed Plan and Focusing on Preparedness

- **Plan Finalization:** Lock the final vaccination plan well in advance and avoid last-minute changes.
- **Preparedness:** Focus on detailed planning and preparedness at all levels. Ensure all resources, including vaccines, personnel, and security, are in place before the campaign starts.

6. Alignment of Security Deployment Approach with Operational Plans

- **Security Coordination:** Align security deployment with operational plans to ensure the safety of vaccination teams.
- **Security Briefings:** Conduct security briefings for vaccination teams before deployment to inform them about the local security situation and protocols.

7. Meaningful UC-Level Readiness Review

- **Readiness Assessments:** Conduct thorough readiness assessments at the UC level. This includes checking the availability of vaccines, personnel, and logistical support.
- **Pre-Campaign Reviews:** Hold pre-campaign readiness review meetings to address any gaps and ensure preparedness.

8. Avoiding Last-Minute Changes

- **Fixed Schedules:** Adhere to fixed vaccination schedules to avoid confusion and logistical challenges.

- **Contingency Plans:** Develop contingency plans to handle unexpected changes or challenges without disrupting the overall campaign.

9. Supportive Supervision and Quality Monitoring During All Three Phases

- **Phase-wise supervision:** Implement supportive supervision and quality monitoring during all three campaign phases.
- **Real-Time Monitoring:** Use real-time monitoring tools to track progress and address issues promptly.

10. Improving Essential Immunization Coverage by Optimizing EPI-PEI Synergy – Upcoming BCU

- **Collaboration with EPI Departments/FDI**: Partner with EPI Departments and the Federal Directorate of Immunization (FDI) to coordinate and streamline vaccination services, focusing on SHRUCs and high-risk areas.
- **EPI-PEI Integration:** Optimize the synergy between the Expanded Program on Immunization (EPI) and Polio Eradication Initiative (PEI) to improve overall immunization coverage.
- **Strengthening Vaccination Services in High-Risk Areas:** Prioritize efforts to boost vaccine delivery and coverage in high-risk polio regions, ensuring system resilience and addressing operational challenges in South KPK, Quetta block, and Karachi.
- **BCU Preparation**: Prepare for the upcoming Big Catch Up (BCU) by aligning resources and strategies and establish a team to work with EPI in the preparation and implementation of the BCU.

11. Implementing Complementary Vaccination with Realistic Expectations

- **Complementary Strategies:** Implement complementary vaccination strategies such as health camps and integrated service delivery points for the coverage of priority children.
- **Realistic Goals:** Set realistic vaccination coverage and quality expectations, considering the challenging operational environment.

By following these guidelines, the polio eradication efforts in security-compromised areas of Southern KP and Baluchistan can be effectively managed, ensuring maximum reach and impact.

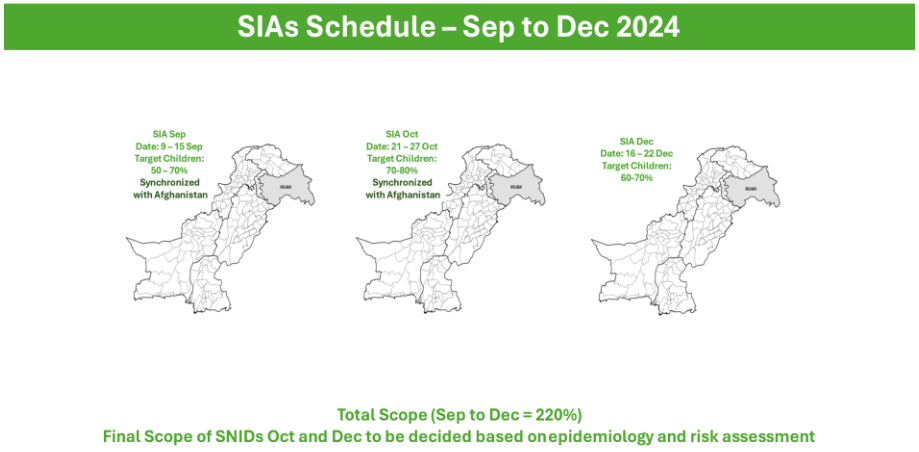
Measuring the change

To ensure efficient and high-quality implementation of NEAP, each phase of the roadmap will be closely monitored with clear performance indicators; these indicators are result-based for each area of work to ensure the implementation of the roadmap, as well as TAG, POB and IMB recommendations. Additionally, mid-term and end-of-NEAP evaluations will be carried out to ensure that the roadmap is on track. The mid-term evaluation will measure the progress of implementation and adherence to the initial principles and provide an opportunity to address emerging needs and enable modifications if required. The end-of-NEAP evaluation

will measure the success in achieving the overall goal and will pave the way for sustaining the gains and moving forward.

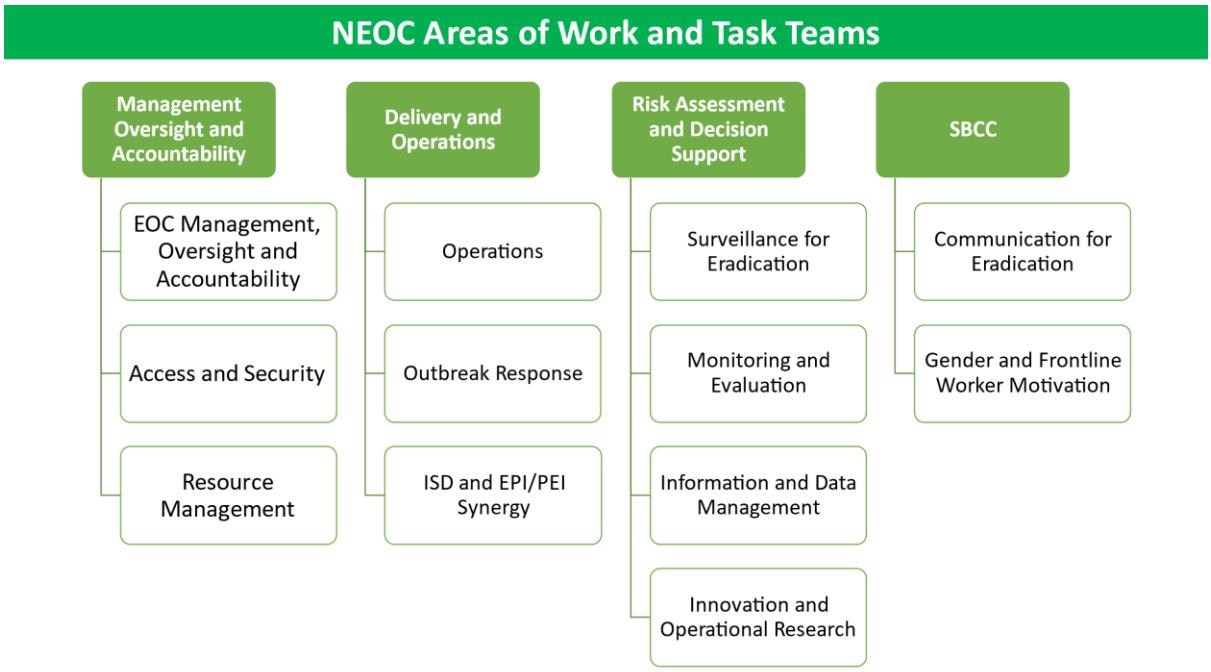
Appendices

Appendix- A: Campaign Schedule 2024- 2025



Appendix- B: Area of Work and Task Teams

Revitalization of Area of Work and Task Teams



Revitalization of Area of Work and Task Teams

(Terms of Reference (ToRs) / Functions)

Area of Work (AoW) and Task Teams 2024

1. Management, Oversight & Accountability AoW

S#	Task Team	TORs / Description
1	**EOC Management, Oversight and Accountability Team (Core Team)** Lead: National Coordinator Members: Core Group Frequency: Weekly	a) Oversee the management and operation of EOCs across all levels to ensure alignment with polio eradication strategies. b) Monitor performance of different programme components, adherence to standards, and provide guidance for improvement. c) Undertaking periodic performance reviews and ensuring accountability in polio eradication efforts. d) Implement quality assurance measures for EOC operations and address any discrepancies or issues with corrective actions. e) Review and respond to provincial requests for additional interventions and support, from time to time. f) Developing programme narrative and overseeing development of national guidelines, preparation of materials for different national and international fora
2	**Access & Security** Lead: Security Advisor Frequency: Monthly meeting and as required.	a) Monitor and facilitate access to target populations for vaccination teams, resolving security, logistical, and social barriers. b) Ensure the safety and security of program staff by developing and implementing security protocols with local authorities. c) Liaise with security and law enforcement agencies for security risk assessments ahead of all campaigns in areas with access and security concerns and updating contingency plans to mitigate risks. d) Maintain communication with community leaders and local law and enforcement agencies, providing regular updates on access and security issues.
3	**Resource Management** Lead: WHO and UNICEF Team Leads) Frequency: Monthly	a) Oversee the allocation and distribution of resources, ensuring timely supply of vaccines, equipment, and funding. b) Monitor the budget and financial aspects of the program, ensuring compliance with regulations and efficient resource use. c) Forecast future resource needs and secure additional resources to meet program demands and address challenges. d) Submit periodic physical and financial progress reports to M/o NHSRC and M/o P&D as per PC-1 requirement. e) Arrange quarterly donors briefings to keep all stakeholders updated on programme progress and challenges

2. Delivery and Operations AoW

S#	Task Team	TORs / Description
1	**Operations Task Team.** Lead: WHO and UNICEF operation team leads. Frequency: Weekly meeting and as required.	a) Develop and manage national operational plans for polio eradication and coordinate with provincial EOCs for effective execution of campaign calendar. b) Oversee daily operations, ensure adherence to protocols, and provide technical support to PEOCs on operational issues. c) Evaluate operational effectiveness to generate alerts, identify improvement areas, and use data to enhance program efficiency. d) Ensure proper resource allocation and management, addressing logistical and supply chain challenges.
2.	**Outbreak Response Task Team** Lead: WHO OR Lead and UNICEF SBCC specialist Frequency: As required	a) Monitor and detect polio outbreaks through surveillance systems and coordinate with authorities for case verification. b) Develop and implement strategies for outbreak response, including vaccination and coordinate with relevant authorities. c) Lead crisis response efforts and develop contingency plans for emerging risks. d) Prepare and share regular reports on outbreak status and response, ensuring clear communication with all stakeholders.
3.	**Integrated Services Delivery/EPI-PEI Synergy** Lead: NTFP NEOC, Co-lead FDI Deputy & UNICEF Frequency: Fortnightly	a) Map all stakeholders involved in ISD in Polio critical areas and coordinate with PEOCs for aligning efforts towards PEI objectives. b) Develop and track implementation of ISD strategies / interventions for zones of Polio concern. c) Facilitate coordination between ISD and EPI to improve essential immunization coverage and create an enabling environment for polio eradication. d) Oversee data integration and analysis for identifying bottlenecks, and informing improvements. e) Guide the PEI-PEI Synergy Technical Working Group in implementation of the framework.

3. Risk Assessment and Decision Support AoW

S#	Task Team	TORs / Description
1.	**Surveillance for Eradication Task Team** Lead: TO Surveillance and SPO BMGF Frequency: Fortnightly	a) Identify surveillance gaps in endemic areas, core reservoirs, bordering districts, and HRMP. b) Conduct risk assessments and develop action plans aligned with 2+4+6 timelines. c) Coordinate with provinces and districts for surveillance indicators and enhance surveillance sensitivity. d) Perform additional tasks as directed by the NEOC core team.
2	**Monitoring and Evaluation Task Team**	a) Thoroughly review and update the M&E mechanism according to the evolving programme requirements b) Monitor and evaluate all phases of SIAs to ascertain the effectiveness and identify areas for improvement.

S#	Task Team	TORs / Description
	Lead: M& E lead WHO, UNICEF Frequency: Fortnightly	c) Identify needs for additional monitoring activities / special studies beyond routine assessments in areas of programmatic concerns. d) Coordinate and oversee data collection & analysis and using findings to inform decisions at various levels. e) Prepare and disseminate periodic evaluation reports with recommendations for stakeholders and ensuring follow-up actions.
3	**Information and Data Management** Lead: Operation Room lead (NSTOP) Frequency: Weekly	a) Manage data collection, integration, and storage, ensuring accuracy and consistency across systems for polio eradication activities. b) Analyze data to generate insights and prepare reports and dashboards on key metrics and performance indicators. c) Facilitate data sharing and collaboration among NEOC, EOCs, and partners, supporting cross-sectoral integration and program improvement.
4	**Innovations and Operational Research** Lead: Deputy Team Lead WHO Frequency: Monthly	a) Identify and support innovative approaches and research to enhance the effectiveness of polio eradication efforts, collaborating with research institutions and stakeholders. b) Evaluate and implement new technologies and methodologies, promoting best practices and innovative solutions to address challenges. c) Utilize research evidence to inform program strategies and disseminate findings to integrate lessons learned into planning.

4. Communication

S#	Task Team	TORs / Description
1	**Comms Task Team for Eradication** Lead: WHO and UNICEF Frequency: weekly	a) Take communication to eradication level to ensure the remaining challenges related to missed children are addressed working collaboratively with operations, while ensuring overall confidence in the polio program with all key stakeholders b) Adapt the current SBCC strategy to ensure full alignment with the program priorities with a priority focus on the communications (SBCC) in the Endemic, core reservoirs, bordering districts, HRMP population/areas - 're-fresh' to eradication. c) Conduct periodic assessments of communication interventions including desk review of current social, campaign and other data (including operations) with particular focus on the prioritized districts and areas of highest concern. d) Develop an action plan aligned with 2+4+6 timelines, ensure regular stock takes to assess progress e) Review coordination platforms to ensure streamlined communications with provinces fand priority districts for full alignment and escalation of particular issues to Core teams at each level f) Ensure harmonization of resources across the EOC for communications and ensure one team towards a consolidated SBCC strategy and action plan. g) Other tasks are requested by the core team of the NEOC

5. Gender Working Group and Frontline Worker Motivation

S#	Task Team	TORs / Description
1	**Gender Working Group (Notified) and Frontline Worker Motivation** Lead: DG Health & Secretary: NTFP NEOC) Frequency: Monthly	a) Commission Anti-harassment policy and its roll out plan for the program. b) Develop gender strategy for the polio program c) Oversee and coordinate FLW Co-Design Initiative in consultation with provinces. d) Monitor the progress of implementation of FLW Co-design Initiative Phase II. e) Create interventions to boost FFLW motivation in consultation with Provinces and other stakeholders. f) Formulate a mechanism to address complaints reported by the polio worker through 1166 and build capacity of 1166 staff.

Appendix- C: Management, Oversight and Accountability (MOA)

The Polio program is supported by a comprehensive Management, Oversight, and Accountability (MOA) framework that ensures efficient implementation of vaccination campaigns, monitoring, and responsive actions. This structure is crucial for addressing challenges swiftly and effectively.

Oversight

Oversight is provided through a governance framework consisting of national and provincial task forces, advisory committees, and international partners. These bodies are responsible for setting strategic directions, reviewing program performance, and guiding operational teams.

Management

Management involves coordination among government and non-governmental entities, including the Ministry of National Health Services, provincial health departments, and international organizations like WHO and UNICEF. Key responsibilities include planning and executing vaccination campaigns, conducting surveillance, responding to polio cases, and managing human and financial resources.

Accountability

Accountability mechanisms are essential for transparency and responsibility at all levels. These mechanisms include regular reporting, performance reviews, and implementing corrective actions when needed. The program emphasizes community engagement and stakeholder communication, fostering trust and collaboration in the fight against polio. While prompt actions will be taken against misconduct such as damaging the programme's interests, FFM, data fudging, gender harassment, etc., the programme will reward those with the best performance.

The MOA framework plays a crucial role in implementing the National Emergency Action Plan (NEAP). It develops and tracks data-driven action plans, addresses program challenges, and

integrates recommendations from the Technical Advisory Group (TAG), the Independent Monitoring Board (IMB), and the Emergency Committee for Polio Eradication under the International Health Regulations (IHR). In line with the 2024 NEAP, these oversight bodies ensure polio eradication remains a top priority through coordinated efforts, high-quality performance management, and timely resource allocation.

Priorities for 2024-25

During the 2024-25 NEAP period, the MOA aims to:

1. **Enhance Oversight and Management**: Improve the effectiveness of all oversight, management, and implementation structures through increased coordination, consistent reviews, and good governance.
2. **Revitalize Programme Management**: Implement high-quality Supplemental Immunization Activities (SIAs) across districts, focusing on co-reservoirs, endemic zones, outbreak zones, and high-risk districts.
3. **Strengthen Polio Surveillance**: Maintain and enhance the sensitivity of the polio surveillance system to ensure comprehensive coverage.
4. **Increase OPV Coverage**: Protect the children of Pakistan through enhanced Oral Polio Vaccine (OPV) coverage, especially in Karachi, Quetta, and Peshawar blocks.
5. **Build Community Trust**: Foster community trust through social and behavior change communication (SBCC) and additional services such as Ehsaas, the Benazir Income Support Programme (BISP), and water, sanitation, and hygiene (WASH) services.

1. National Task Force for Polio Eradication (NTF)

Composition:

Chairperson:

- Prime Minister

Members:

- Chief Ministers of all provinces
- Chief Secretaries of all provinces, GB and AJK
- Prime Minister's Focal Person for Polio Eradication (Secretary)
- Federal Minister of Health
- Federal Secretary of Health
- Representatives from key ministries (EAD, Planning, Finance, Information)
- Core Group of NEOC (National Coordinator along with Team Leads of partner agencies)
- Country Representatives from international partners (WHO, UNICEF, Rotary International, BMGF, CDC).

Terms of Reference (ToRs):

1. Oversee and monitor the progress of NEAP implementation in each province.
2. Endorse and issue policy advice on the program.
3. Promote inter-provincial and inter-sectoral coordination.
4. Ensure adequate resource allocation for the Programme.
5. Convene meetings at least once every quarter to review progress and address challenges.

Provincial Task Force (PTF)

- **Composition**:
    - Led by the Chief Minister/Chief Secretary
    - Members/representatives from:
        - Minister Health
        - Home department
        - Health Department (SH, DG Health, EPI Manager)
        - PPHI
        - Law enforcement agencies
        - Education department
        - Information department
        - Local government
        - Auqaf Department
        - EOC Coordinator along with Partner agencies (WHO, UNICEF, Rotary International, BMGF, N-STOP)
        - Expanded Program of Immunization (EPI)

        - Commissioners and Deputy Commissioners of all divisions and districts of all divisions and districts

- **Frequency of Meetings**:
    - Meet at least once every quarter / before each campaign
- **Terms of Reference (ToRs)**:
    1. Review progress against NEAP targets and ensure accountability for low performing districts.
    2. Ensure district and sub-district level structures implement district-specific plans and involve line departments as needed.
    3. Ensure adequate resource allocation for the Programme in the province.

Divisional Task Force (DTF)

Composition:

Chairperson: Commissioner

Members:

- Deputy Inspector General
- Director Education & Literacy Department
- Local Government Representative
- Deputy Commissioners of all districts within the division
- Divisional Director Health Services
- Regional Manager PPHI
- CEOs-H/DHOs, EPI Coordinators
- Representatives from partner agencies (WHO, UNICEF, BMGF, N-STOP, Rotary International)

Frequency of Meetings:

- Meet before each campaign, mid-campaign review meetings

Terms of Reference (ToRs):

1. Oversee and manage polio eradication activities at the divisional level, ensuring alignment with provincial strategies.
2. Facilitate coordination between districts, ensuring consistent communication and sharing best practices and challenges.
3. Monitor district-level performance against KPIs post-SIA, identifying areas for improvement and implementing corrective actions.
4. Address security and logistical challenges, coordinating with law enforcement and relevant agencies to ensure safe campaign implementation.
5. Oversee the distribution and utilization of resources, including vaccines and personnel, ensuring accountability and efficiency.

District Polio Eradication Committee (DPEC)

Composition:

Chairperson: Deputy Commissioner

Vice-Chair: District Health Department Officer (CEO-Health/DHO)

Members:

1. District Police Officer
2. District Education Officer
3. District Revenue Officer
4. Municipal Officer /Local govt. rep.
5. District manager PPHI
6. District Khateeb
7. District EPI Manager
8. District LHW Manager (RMNCH Coordinator)
9. District surveillance coordinator and Disease surveillance officer
10. Members of the District EOC
11. Local NGOs /CBOs Reps

Frequency of Meetings: Meet before and after each campaign; (DPEC) should also conduct Readiness meetings, campaign daily evening review meetings, Monthly EPI & Surveillance review meetings,

Terms of Reference (ToRs):

1. Oversee polio eradication and essential immunization activities at the UC wise in the district.
2. Coordinate with all line departments and local partners for high-quality implementation of vaccination campaign strategies
3. Ensure effective monitoring and supervision of vaccination activities (district EOC and UC level staff be responsible for monitoring)
4. Address and resolve any operational issues related to immunization campaigns
5. Engage community notable, political and community leaders /civil societies and associations
6. Reward and appreciation for FLWs and other PEI and EPI staff
7. Ensure effective support to FLWs through sub-tehsil and UC support teams

Union Council Polio Eradication Committee (UPEC)

Composition:

- Chaired by a full-time health department representative (Medical Officer, in-charge of the Health Facility, Lady Health Supervisor)
- Assisted by Partner staff in the technical management of polio eradication activities
- Members:

- Education department representative (Principal/Headmaster of Government Schools)
- Representative of Station House Officer (SHO)
- Local government representatives /UC secretary
- Tapedar /Mukhtarkar
- Health facility in charge
- EPI Vaccinator
- All area in-charges/area supervisors
- Partners' UC-level staff /community mobilizers

Frequency of Meetings: Meet before campaign, during campaign and post campaign.

Terms of Reference (ToRs):

1. Ensure SIAs and other polio eradication activities are well planned and carried out effectively
2. Coordinate with all relevant departments and partners for seamless implementation
3. Measure progress towards achieving targets against all indicators in each UC
4. Address and resolve any issues or challenges in the implementation of polio eradication activities
5. Engagement and community mobilization activities

A. National Emergency Operations Centre (NEOC)

Functions:

1. Serve as the national hub for coordinating and monitoring polio emergency activities, liaising with Provincial EOCs and tracking progress.
2. Provide technical support and analysis to the Prime Minister's office, Ministry of National Health Services, and stakeholders, including for surveillance and outbreak investigations.
3. Review monitoring data for quality improvement and oversee SIA quality through third-party evaluations and NEOC officers.
4. Manage standardized immunization services, forecast needs, and secure necessary resources.
5. Integrate PEI with essential immunization efforts, prepare and distribute SIA reports with corrective actions.
6. Ensure urgent and effective execution of polio eradication activities.

Coordinators Committee (CC)

Composition:

Chairperson: National Coordinator

Members:

1. Provincial Coordinators (Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan)
2. NEOC Core Group
3. EPI Managers (AJK, GB) and DEOC Incharge (Islamabad)

Frequency of Meetings: Monthly (physical / virtual as per convenience)

Terms of Reference (ToRs):

1. Assess program status, review data, provide strategic recommendations, support capacity building of workers, and facilitate information exchange across provinces.
2. Engage political leaders, advocate for resources, foster cross-party collaboration, increase public awareness, and support policy development and implementation.

National Polio Management Team (NPMT)

Composition:

Chairperson: Prime Minister's Focal Person for Polio Eradication

Members:

1. National EOC Coordinator
2. NEOC Core Group
3. Provincial EOC Coordinators
4. Provincial Core Groups
5. National and Provincial EPI Managers
6. DHO Islamabad

Frequency of Meetings: Quarterly basis

Terms of Reference (ToRs):

1. Lead and guide NEAP implementation and follow-up on NTF decisions, addressing any bottlenecks or challenges.
2. Review progress across provinces, focusing on endemic and high-risk districts, and utilize data to inform decision-making.
3. Assess performance against key indicators, identify gaps, propose corrective actions, and develop SMART action points.
4. Report on EPI performance, vaccine supply, and other VPD outbreaks, coordinating response strategies and addressing supply chain issues

B. Provincial Emergency Operations Centers (PEOCs)

Functions:

1. Implement and coordinate provincial-level polio eradication activities and liaise with NEOC for guidance and resources.
2. Monitor district-level activities for adherence to guidelines and ensure effective response to cases and outbreaks.
3. Analyze district data to identify gaps and areas for improvement.
4. Coordinate with health departments for PEI integration and provide support to District EOCs.
5. Facilitate training and capacity building for district staff and health workers.
6. Manage the distribution and availability of vaccines and resources.
7. Conduct regular progress reviews and meetings to address challenges.

8. Ensure functionality of the task teams

C. District Emergency Operations Centers (DEOCs)

Functions:

1. DEOC core team works as one team and assists in implementing polio eradication activities at the district level, coordinating with PEOCs and local stakeholders for SIAs and routine immunization.
2. Monitor and supervise immunization campaigns, analyzing data on coverage, virus transmission, and campaign performance.
3. Identify and resolve operational challenges in real-time.
4. Communicate and collaborate with local health facilities, schools, and community leaders to mobilize support.
5. Provide regular updates and reports to PEOCs on progress, challenges, and needs.
6. Manage vaccines, cold chain, and logistics effectively.
7. Conduct surveillance and investigate acute flaccid paralysis (AFP) cases and other polio-related incidents.

D. Union Council Emergency Operations Centre (UC EOC)

Functions:

1. Coordinate and implement polio eradication activities within the Union Council, liaising with District EOCs and local stakeholders.
2. Ensure right person at right place are being deputed mainly area supervisors and their teams to vaccinate children as per daily target children.
3. Organize and oversee Supplementary Immunization Activities (SIAs) and routine immunization efforts, ensuring effective execution.
4. Collect and analyze data on immunization coverage, polio cases, and campaign performance, monitoring effectiveness and identifying improvements.
5. Engage with local community leaders and families to promote polio eradication and essential immunization, addressing concerns and mobilizing support.
6. Ensure the availability and proper management of vaccines and resources, coordinating logistics, including cold chain and distribution.
7. Monitor activity quality and provide regular updates to District EOCs, reporting on progress, challenges, and needs.
8. Conduct surveillance for acute flaccid paralysis (AFP) and coordinate response strategies for identified cases or outbreaks.

Appendix- D: Delegates & SoPs for new projects and funds utilization

A. Coordination Mechanism for International Delegations and Partners

1. Purpose and Scope:

- Ensure visits of international missions like POB, TAG, IMB, and partners are coordinated through NEOC.
- Set clear objectives, timelines, and details for each visit in advance.

2. Request Submission Process:

- Submit visit plans and objectives to the NEOC Coordinator via email or official channels.
- NEOC will acknowledge within 48 hours and confirm visit details in 5 business days.

3. Visit Coordination:

- NEOC will arrange a planning meeting and finalize the itinerary with the visiting delegation.
- NEOC will assist with travel logistics, security protocols, and assign points of contact.

4. Protocols During Visit:

- Ensure smooth execution of activities according to the itinerary and provide necessary resources.
- Collect feedback from the delegation on the visit and any recommendations.

5. Post-Visit Actions:

- Prepare and share a summary report, including key discussions and follow-up actions.
- Address any action items or recommendations from the visit.

b. Standard Operating Procedures (SOP) for Project Initiation and Support

Standard Operating Procedures (SOP) for Project Initiation and Support

1. Initial Agreement:

- **Proposal Submission:** Partner agencies and donors must submit a comprehensive project proposal to the NEOC, detailing objectives, activities, timeline and expected outcomes.
- **Alignment and Review:** NEOC will rigorously evaluate the proposal to ensure it aligns with polio eradication priorities and feasibility, followed by formal approval or requested revisions.

2. Project Planning and Agreement:

- **Formal Agreement:** NEOC may allow both parties to finalize project agreement, explicitly defining roles, responsibilities, and measurable deliverables.
- **Mutual Sign-Off:** Both the partner agency/donor and 3rd party must formally sign the agreement, ensuring full accountability and clarity before implementation.

3. Implementation Phase:

- **Stakeholder Engagement:** Conduct a detailed project inception meeting with all key stakeholders to review and confirm the project plan, including milestones and deliverables.
- **Progress Oversight:** NEOC will review and monitor project progress, ensuring adherence to the agreed timelines, with the partner agency submitting regular, detailed reports.

4. Quality Assurance and Compliance:

- **Adherence to Standards:** Ensure all project activities meet or exceed the predefined quality standards through continuous monitoring and stringent inspections.
- **Regulatory Compliance:** Ensure full compliance with all relevant regulations, including financial, operational, and technical standards, with periodic audits to validate integrity.

5. Project Closure:

- **Comprehensive Final Review:** Conduct a thorough evaluation of the project's outcomes, addressing any issues and compiling lessons learned into a detailed report.
- **Financial Accountability:** Ensure completion of all financial transactions, including an audit report that verifies all expenditures and reconciliations, followed by post-project evaluations.

This structure ensures each project is meticulously planned, executed, and reviewed, with a focus on quality, compliance, and accountability throughout.

c. Standard Operating Procedures (SOPs) for Financial Mechanisms

Standard Operating Procedures (SOPs) for Financial Mechanisms

1. Overview:

- **Objective:** Establish SOPs for WHO and UNICEF to manage polio eradication program components, ensuring appropriate fund usage and timely submission of financial and performance reports.
- **Responsibility:** WHO and UNICEF are responsible for the financial management of their respective program components, adhering to NEOC guidelines.

2. WHO Financial Mechanism:

2.1. Components:

- **Scope:** WHO is responsible for operations, surveillance, and technical assistance components within the polio eradication program.
- **Activity Requests:** NEOC must formally approve activity requests for these components before funds are allocated.

2.2. Fund Utilization:

- **Fund Allocation:** Allocate funds as per the approved activity plan, maintaining detailed records of all expenses for operations and surveillance.
- **Approval Process:** Ensure expenditures follow an internal approval process with authorization from financial officers, and conduct regular internal audits for compliance.

2.3. Reporting:

- **Utilization Report:** Submit a detailed financial utilization report to NEOC quarterly, covering expenses for operations and surveillance, with all supporting documentation.
- **Progress Report:** Include updates on program performance, highlighting key achievements and challenges, as part of regular reports submitted per the project timeline.

3. UNICEF Financial Mechanism:

3.1. Components:

- **Scope:** UNICEF manages vaccine procurement, social mobilization, communication, integrated services delivery, and technical assistance for the polio program.
- **Activity Requests:** NEOC must formally approve requests related to these components before any financial commitment is made.

3.2. Fund Utilization:

- **Fund Allocation:** Allocate funds in line with the approved plan, ensuring accurate records for vaccine procurement, social mobilization, and communication activities.
- **Approval Process:** Implement an internal financial approval process, including necessary sign-offs from financial managers, and conduct periodic audits for compliance.

3.3. Reporting:

- **Utilization Report:** Provide a detailed utilization report covering all relevant expenditures, submitted quarterly or as required by NEOC, with proper documentation.
- **Progress Report:** Regularly update NEOC on program performance, highlighting progress and challenges for vaccine procurement, social mobilization, and communication.

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4. Coordination and Compliance:

- **Coordination Meetings:** Conduct regular meetings between NEOC, WHO, and UNICEF to review financial management, activity plans, and progress, resolving issues and ensuring program alignment.
- **Compliance:** Ensure strict adherence to NEOC financial management guidelines, making necessary adjustments based on feedback to maintain compliance and program effectiveness.

5. Review and Improvement:

- **Periodic Evaluations:** Regularly evaluate financial management practices and reporting processes, incorporating feedback to enhance efficiency and accuracy.
- **SOP Updates:** Continuously update financial SOPs based on policy changes, and provide ongoing staff training to ensure compliance with new guidelines.

These SOPs provide robust mechanisms for WHO and UNICEF to effectively manage their respective components, ensuring financial integrity, compliance, and alignment with NEOC's polio eradication goals.

Appendix- E: Monitor and Evaluation Indicators

M&E Indicators

Ensure the scope and scale of monitoring activities are sufficient to detect performance shortfalls in a timely manner.	• A pre-campaign, intra-campaign, and post-campaign monitoring plan for ≥90% of SIAs (OBRs, NIDs and SNIDs) is designed, implemented, and overseen by the M&E Team • ≥90% of monitoring tools have measurable indicators and are available on the NEOC App by Sep 2024. • ≥90% LQAS and PCM are implemented by independent surveyors with at least one female team member. • Independent Monitors during intra-campaign will be deployed in all priority Districts by Sep 2024.
Provide detailed UC- and district-level data and analysis across multiple data streams to highlight areas of concern.	• ≥90% of district and UC scorecards (highlighting areas of weakness and overall performance for each SIA. • ≥90% of district performance profiles are updated after each campaign on the EOC dashboard for review at all levels. • ≥90% of campaign facilitators (federal, provincial, district) access UC profile reports to prepare for campaign monitoring (effective Oct 2024).
Develop and implement a systematic way to assess the quality of incoming campaign data	• Routine data quality assessment mechanism (RDQA) utilised at the provincial level in all SIAs October 2024. • Perform two data quality and system assessments (DQSA) in 2024, with the goal of: • 95-105% acceptable accuracy level (+/-5% between verified and reported results). • 2.5-3.0 score indicating strong components of data management and reporting system. • >95% of households with matched child-level information with registration book (CBV areas).
Develop the capacity to collect, analyse, interpret indicators, and visualise data for decision-making at	• Develop SOPs/ training manuals on data compilation, analysis, interpretation of indicators, visualisation, and data use in decision-making. • Completion of SOPs/training manual by October 2024 • Capacity building training of PDA and other data staff by December 2024

provincial and district level.	
Gender-segregated data in all monitoring and evaluation tools	• Sex-segregated data will be collected through ICM clusters, and the checklist will be updated by Sep 23024 • 100% lots of LQAS and PCM will have missed children data by sex by Sep 2024

Appendix-F: Fractional IPV 2024

In the current epidemiological situation, there is a dire need to boost children's immunity through two rounds of fIPV and bOPV co-administration, especially in areas at high risk of sustaining polio transmission, including the districts of core reservoirs, the endemic zone of SKP, and a few other high-risk districts. The scope of the fIPV is reflected in the map below. The scope targets ~4.8 million children with bOPV and ~4.5 million children with fIPV in each round.

Appendix- G: Complementary Immunization in Polio Eradication Initiatives

Rationale

Complementary vaccinations play a crucial role in the polio eradication initiative by providing strategic immunization opportunities outside of the regular Supplementary Immunization Activities. These vaccinations are designed to reach populations that are often missed during SIAs due to their mobility, vulnerability, or location in areas with security challenges. Below is a comprehensive overview of the rationale behind complementary vaccinations and their strategic use in polio eradication efforts.

- **Targeting Migrant, Mobile Populations, and Other High-Risk Groups**
  Complementary immunization is crucial for reaching Migrant and Mobile Populations (MMPs) who are often missed during SIAs due to their constant movement between infected and non-infected areas. By utilizing strategies like transit vaccination posts at key locations such as international borders and core reservoirs, these populations receive polio vaccinations, reducing the risk of transmission.

- **Mitigating the Risk of Poliovirus Transmission**
  Complementary immunization targets under-immunized groups, particularly in high-risk areas, to reduce the risk of poliovirus spread. These efforts are essential in preventing polio outbreaks and supporting global eradication goals.

- **Complementing Supplementary Immunization Activities (SIAs)**
  Complementary vaccinations enhance SIAs by filling gaps and ensuring children missed during regular campaigns are vaccinated, particularly in areas with inconsistent SIA coverage. This strengthens overall immunization efforts.
- **Case Response and Event-Based Immunization**

Targeted strategies like ring-fencing and special transit posts are deployed in response to polio cases or specific events, containing the virus and preventing further transmission in high-risk areas.

- **Supporting EPI to S trengthen the Routine Immunization**
  Complementary vaccinations support routine immunization by strengthening the Expanded Programme on Immunization in resource-limited / uncovered EPI areas and security-compromised areas, ensuring all children receive necessary vaccines.

- **Reaching Security Compromised Areas**
  In conflict or insecurity-affected regions, complementary immunization adapts to ensure children are vaccinated, maintaining progress toward polio eradication despite challenging conditions. These efforts are essential in areas where regular SIAs cannot be conducted, helping to continue progress toward polio eradication even in the most challenging environments.

- **International T raveller Vaccination Interventions as per IHR**
  Ensure polio vaccination is available for international travellers at district health offices, international airports, and land crossing points. Provide travellers with polio vaccinations and issue certificates: manual at cross-border points and digital at other designated locations.

Strategies for Complementary Immunization

- **Transit Vaccination Posts (Permanent and Special)**
  The Transit vaccination Posts strategy must be reviewed in all provinces to ensure its effectiveness.
  Permanent Transit Posts remain functional throughout the year at high-risk locations such as international borders, international airports, and interprovincial checkpoints. Special Transit Posts (STPs) are established during specific times of the year, such as seasonal migrations, religious events, or outbreaks. These posts ensure that mobile populations, including nomads and seasonal workers, are immunized as they move through these locations.

  In response to polio case detection, strategies such as ring-fencing STPs are deployed to contain the virus quickly. These targeted immunization efforts are vital in areas where the virus has been detected or where there is a high risk of an outbreak.

  Expectations: Ensure continuous vaccination coverage at critical points and adapt to emerging needs or outbreaks.

- **Biker Strategies** include two main strategies: Nomads immunization teams and Search teams outreach Plus
  - **Nomads Immunization Initiative:**
    Nomads Immunization Initiative, focus on ensuring that children in nomadic settlements receive polio and essential immunizations in between campaigns. These efforts target high-risk mobile populations in prioritized districts,

ensuring consistent vaccination coverage. The deployment is based on mobile population movement patron and phase wise manners.

- **Search Teams for Routine Immunization**
  Search Teams outreach plus are deployed to support the Expanded Programme on Immunization in areas where regular EPI vaccinators may not be available. These teams focus on improving routine immunization coverage in priority districts, including riverine, endemic and outbreak districts, mainly targeting children under 2 years old.

  Expectations: Achieve consistent vaccination in nomadic and hard-to-reach areas and enhance routine immunization in priority districts, including those in security-compromised regions.

Summaries the Expectations of Complementary Immunization

1. Reach Underserved Groups: Vaccinating MMPs and vulnerable populations who are often missed during SIAs.
2. Reduce Polio Risk: Lower transmission by targeting under-immunized areas.
3. Fill SIA Gaps: Improve coverage by reaching missed children due to security compromised and inconsistent SIA.
4. Support Case Response: Need-based deployment of transit teams in response to detected polio cases.
5. Strengthen the Routine Immunization: Enhance EPI coverage in uncovered EPI vaccinator areas.
6. Aid Security Affected Areas: Vaccinate children in conflict zones.
7. Implementation of IHR temporary recommendations- facilitating international travellers with polio vaccination and issuance of vaccination certificates (proof of polio vaccination).

Appendix- H: District Improvement Plan checklist[1]

Appendix H1 – Operations, MMP and M&E

Campaign Phase	Indicators	Score
Pre-Campaign	Selection of team with at least one female team member	100%
	Language and culturally appropriate teams	100%
	At least one local team member	100%
	Trainings are conducted at appropriate venues	100%
	All trainings must have no more than 30 participants	100%
	Ensure following of Stall methodology and pre-campaign mock, field exercise	100%
	Ensure compliance with the training monitoring checklist	100%
	Rationalize workload for all teams (intra-team, inter-team)	100%

[1] To be included each district plan

Campaign Phase	Indicators	Score
	High-quality Microplan desk review and field validation by UC and district cadres with a focus on boundary verification (between teams/AICs /UC and districts)	100% of all AICs
	Stringent UC level MP DS and FV followed by corrective measures	100%
	Sample Validation of UC MP DS and FV by district staff to ensure quality	10%
	Inclusion of Mapped Migrant and Mobile populations in microplans and operational sheets, if applicable	100%
	UCs with migrant populations that successfully pass the Microplan Quality Assessment before each SIA (if applicable)	100%
	UCs that complete and present their readiness with MMP (Migrant and Mobile Population) indicators before the District readiness meeting.	100%
Intra-Campaign	Ensure AICs monitor teams twice daily during campaigns	100%
	Conduct high-quality, objective UC ERMs focusing on the identification of poor-performing teams/areas in charge and corrective measures for the next day.	100%
	Record minutes of the ERM and share with the DEOC and DHO for record	100%
	Reviewing the findings, issues, and vaccination coverage during SIAs evening review meetings of the mapped communities for corrective measures.	100% where applicable
Post campaign	LQAS pass % of assessed UC (on 90% estimated coverage) at the district level	80%
	pass % of assessed UC (on >= 95% coverage) at the district level	80%

Appendix H 2 – Surveillance

Surveillance Area of Work	Indicators	Score
Surveillance active site review	Review and re-prioritize reporting sites (if required) in the AFP active surveillance network.	100%
Active surveillance visit compliance	Ensure that all planned active surveillance visits are conducted per priority and plan.	>90%
Case Detection and Reporting Efficiency	Conduct periodic rigorous sensitization of all healthcare workers to AFP surveillance and notification requirements, including zero reporting.	>90%
Community-Based Surveillance (CBS) Network Strengthening	Strengthen the CBS network to ensure that over ≥10% of AFP cases in hard-to-reach and border areas with service delivery issues are detected and reported through the CBS network	≥10%

Capacity Building through Training and Orientation	Implementation of planned orientations and training sessions for formal and informal healthcare providers, community informants, and PEI staff.	>90%
follow up on action points of Surveillance reviews and Outbreak Investigation	Ensure the implementation and quarterly feedback of action points derived from surveillance meetings, reviews, and outbreak investigations.	>90%

Appendix H 3 – SBCC

S#	Campaign Phase	Category	Indicator	Benchmark Score	Remarks
1	In-Between Campaigns	Influencer Engagement	Influencers are categorized based on their area and level of influence	100%	
2			UC-level influencer lists endorsed by UPEC	100%	
3			UC-level influencer lists shared with Tehsil / District	100%	
4			Tehsil-level influencers list endorsed by Assistant Commissioner	100%	
5			District-level influencers list endorsed by Deputy Commissioner	100%	
6			Conduct orientation sessions for all new influencers to enhance their capacity	100%	
7		Children missed due to program challenges.	FLWs listening exercise conducted in areas where NT / TVBMC is reported to identify the reasons	100%	
8			Report (including recommendations) of FLWs listening exercise shared with DEOC / Operations	100%	
9		FFM	Plan FGDs / IDIs for FFM suspected areas based on data triangulation, monitors feedback and community listening	100%	
10			Conduct all planned FGDs / IDIs in areas suspected of FFM (with FLWs and Community)	100%	
11			Report (including recommendations) of FGDs / IDIs shared with DEOC and Operations for joint problem-solving	100%	
12			FFM response committee formulated at the District level	100%	
13			Social Investigation conducted for all reported FFM cases by FFM response committee	100%	
14			Investigation reports (including recommendations) shared with DEOC / Operations	100%	

S#	Campaign Phase	Category	Indicator	Benchmark Score	Remarks
15		**Hidden Children and Grey Houses**	Influencer engagement to gather information of suspected hidden children and grey houses to address concerns	100%	
16		**Boycotts**	Continue resolution and delinking efforts and Regular sharing of updates on previous unresolved boycotts until resolution	100%	
17		**Campaign Facilitators (Access)**	Identify and Engage Key Personalities in areas with access issues to get their support in negotiating access for Polio Teams - Under direct supervision of Deputy Commissioner	100%	Campaign facilitators to be engaged for all areas with access issues
18		**Still NA and Refusals**	Missed children of last round engaged through correct influencers during in-between rounds and pre-campaign phase	80%	Targeting high engagement, while leaving room for circumstantial issues such as availability of missed children family or availability of influencer
19	**Pre-Campaign**	**Boycotts**	Identify potential boycotts before the start of the campaign	100%	
20			Identify Reasons, Instigators and Key Influencers for each potential boycott	100%	
21			Utilize community alliances to mediate dialogue between administration, instigators and influencers for each boycott	100%	
22		**Children missed due to program challenges.**	Support operations in identifying suitable female candidates to work as FLWs through community alliances (in male team areas)	100%	
23		**Communication Microplanning**	Prepare an updated communications microplan based on the current challenge mapping	100%	All UCs

S#	Campaign Phase	Category	Indicator	Benchmark Score	Remarks
24		**Community Engagement**	Plan and Conduct Community Engagement Sessions / Jirgas with the support of local influencers to create an enabling environment for Polio Teams during the campaign	100%	Planned on the basis of Challenge Mapping with a target of 100% implement ation against the plan
25		**FFM**	FLWs sensitization sessions conducted (with the support of religious influencers) in areas suspected of FFM and areas where FFM cases have been found	100%	
		Training	Train all front-line workers on IPC	100%	For non-COMNet areas, UCMOs / AICs will be trained to further cascade to FLWs
		Media	DEOCs submit campaign media plans with EOCs.	100%	
26		**Social media**	Social Media influencers profiled in high-risk districts.	100%	
27	**Intra-Campaign**	**Boycotts**	Identify Reasons, Instigators and Key Influencers for each boycott reported during the campaign	100%	
28			Utilize community alliances to mediate dialogue between administration, instigators and influencers for each boycott for resolution within campaign duration	100%	
29		**Missed Children Coverage**	Support operations in tracking and vaccination of Not-Available Children in Missed Children Cluster Areas	100%	
30			Engage influencers for refusal coverage in missed children cluster areas	100%	
31			Support operations in reaching no-access and no-response houses through influencer support	100%	
			Active participation in ERMs to prepare prioritized plan for the next campaign day	100%	
		Visibility	Visibility materials placed in high-risk union councils.	100%	
		Social Media	Social Media influencers engaged during the campaign.	100%	

S#	Campaign Phase	Category	Indicator	Benchmark Score	Remarks
32		**Missed**	# of missed children reported on helpline facilitated	100%	
33	Post-Campaign	**Social Profiling and Challenge Mapping**	Social profiling of all still missed children of the last round conducted	100%	
34			Identification of the correct influencer for each still missed child of the last campaign	100%	
35			List of prioritized missed children (EI Zero Dose, PMC, Under 2 Years) prepared at UC level	100%	
36			Updated challenge mapping prepared	100%	
37		**FLWs motivation and Confidence building**	FLWs appreciation and recognition ceremonies conducted in the district (for each campaign cycle)	100%	
38		**Hidden Children and Grey Houses**	Listing of Houses based on FLWs feedback having suspected hidden children	100%	
39		**Influencer Engagement**	Influencer recognition and reward ceremonies held in the district	100%	

Appendix- I: Risk categorization map- TAG May 2024

Appendix- J: Integrated Service Delivery

Appendix J1 - Priority 1 Union Councils

List of selected 18 Union Councils by district and target population, South KP, KP							
SNo	Province	Region	District	Tehsil	UC	Total Population (Estimated)	<5 Population
1	KP	SOUTH-KP	BANNU	WAZIR	HINDI KHEL	14,376	2,444
2	KP	SOUTH-KP	BANNU	WAZIR	JANI KHEL COLONY	28,553	4,854
3	KP	SOUTH-KP	BANNU	WAZIR	SAIN TANGA	11,276	1,917
4	KP	SOUTH-KP	LAKKIMR WT	SERAI NAURANG	BAKHMAL AHMAD ZAI	54,259	9,224
5	KP	SOUTH-KP	LAKKIMR WT	SERAI NAURANG	SHAKH QULI KHAN	36,294	6,170
6	KP	SOUTH-KP	LAKKIMR WT	SERAI NAURANG	THAKHTIKHEL	36,335	6,177
7	KP	SOUTH-KP	WAZIR-N	GHULAM KHAN	GHULAM KHAN	51,371	8,733
8	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 4	39,018	6,633
9	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 7	72,082	12,254
10	KP	SOUTH-KP	DIKHAN	DARAZINDA	KOHI BAHARA	10,371	1,763
11	KP	SOUTH-KP	DIKHAN	KULACHI	LOONI	31,482	5,352

List of selected 18 Union Councils by district and target population, South KP, KP							
S No	Province	Region	District	Tehsil	UC	Total Population (Estimated)	<5 Population
12	KP	SOUTH-KP	DIKHAN	KULACHI	MADDI	30,335	5,157
13	KP	SOUTH-KP	TANK	TANK	SHAH AALAM	33,347	5,669
14	KP	SOUTH-KP	TANK	TANK	SHEIKH UTTAR	33,353	5,670
15	KP	SOUTH-KP	TANK	TANK	TATTA	29,371	4,993
16	KP	SOUTH-KP	WAZIR-S LOWER	BIRMAL	ANGOOR ADDA	17,524	2,979
17	KP	SOUTH-KP	WAZIR-S LOWER	BIRMAL	DANA	7,671	1,304
18	KP	SOUTH-KP	WAZIR-S LOWER	SHAKAI	SHAKAI	17,676	3,005

Appendix J2 -Priority 2 Union Councils

List of selected 39 Union Councils by district and Target population, South KP							
S. No	Province	Region	District	Tehsil	UC	Total Population (Estimated)	<5 Population
1	KP	SOUTH-KP	BANNU	BAKAKHEL	GHURA BAKA KHEL	27,724	4,713
2	KP	SOUTH-KP	BANNU	BANNU	AMANDI	20,547	3,493
3	KP	SOUTH-KP	BANNU	BANNU	BANNUCITY2	22,494	3,824
4	KP	SOUTH-KP	BANNU	BANNU	CITY 1	23,565	4,006
5	KP	SOUTH-KP	BANNU	BANNU	HINJAL	35,612	6,054
6	KP	SOUTH-KP	BANNU	BANNU	SUKARI	32,735	5,565
7	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 1	31,806	5,407
8	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 2	28,759	4,889
9	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 3	38,812	6,598
10	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 4	39,018	6,633
11	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 5	25,465	4,329
12	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 6	27,406	4,659
13	KP	SOUTH-KP	WAZIR-N	MIR ALI	MIR ALI 7	72,082	12,254
14	KP	SOUTH-KP	WAZIR-N	MIRAN SHAH	MIRAN SHAH 1	41,441	7,045
15	KP	SOUTH-KP	WAZIR-N	MIRAN SHAH	MIRAN SHAH 2	44,888	7,631
16	KP	SOUTH-KP	WAZIR-N	MIRAN SHAH	MIRAN SHAH 3	66,488	11,303
17	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DERA CITY-I	11,647	1,980
18	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DERA CITY-II	20,459	3,478
19	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DERA CITY-III	9,994	1,699

List of selected 39 Union Councils by district and Target population, South KP							
S. No	Province	Region	District	Tehsil	UC	Total Population (Estimated)	<5 Population
20	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DERA CITY-IV	18,965	3,224
21	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DERA CITY-V	30,718	5,222
22	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	DEWALA	32,606	5,543
23	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	KOTLA SAIDAN	65,688	11,167
24	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	KURAI	41,400	7,038
25	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	LACHRA	43,353	7,370
26	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	MURYALI	56,671	9,634
27	KP	SOUTH-KP	DIKHAN	DERA ISMAIL KHAN	RATTA KULACHI	65,453	11,127
28	KP	SOUTH-KP	DIKHAN	PAROA	PAROA	36,941	6,280
29	KP	SOUTH-KP	WAZIR-S UPPER	Serwekai	Barwand	5,547	943
30	KP	SOUTH-KP	WAZIR-S UPPER	Serwekai	Serwekai	1,624	276
31	KP	SOUTH-KP	WAZIR-S UPPER	Serwekai	Shahoor	3,141	534
32	KP	SOUTH-KP	WAZIR-S UPPER	Serwekai	Chaghmalai	7,912	1,345
33	KP	SOUTH-KP	WAZIR-S UPPER	Sararogha	Sara Rogha	6,971	1,185
34	KP	SOUTH-KP	WAZIR-S UPPER	Sararogha	Janata	5,282	898
35	KP	SOUTH-KP	WAZIR-S UPPER	Ladha	Shabi Khel	5,324	905
36	KP	SOUTH-KP	WAZIR-S UPPER	Ladha	Ladha	2,006	341
37	KP	SOUTH-KP	WAZIR-S UPPER	Ladha	Kaniguram	4,941	840
38	KP	SOUTH-KP	WAZIR-S UPPER	Makin	Makeen	7,582	1,289
39	KP	SOUTH-KP	WAZIR-S UPPER	Tiarza	Tiarza Upper	7,771	1,321

Appendix J3 -Priority 3 Union Councils

List of selected 40 union councils by districts and target population, Balochistan				
S.#	**Districts**	**UC**	**Total population (Estimated)**	**Target Under 5**
1	CHAMAN	D. ASHAZAI-2	43431	7368
2	CHAMAN	GIRDI PINKI-1	16065	2731
3	CHAMAN	GIRDI PINKI-2	15235	2590
4	CHAMAN	KHAIR ABAD	20765	3530
5	CHAMAN	MIRALZAI	19606	3333
6	CHAMAN	ROGHANI 2	25106	4268
7	DBUGTI	GANDOI	15729	2674
8	DBUGTI	GULZAR WESR	24094	4096
9	DBUGTI	LOTI	15953	2712
10	DBUGTI	MARROW	14029	2385
11	DBUGTI	SANSEELA	9188	1562
12	DUKKI	NASAR ABAD	33641	5719
13	DUKKI	SHARQI THAL	10835	1842
14	DUKKI	VIALLA 2	12188	2072
15	DUKKI	VIALLA 3	17247	2932
16	HUB	KHURKHIRA	13106	2228
17	HUB	PINYAN	5147	875
18	HUB	SAKRAN	17200	2924
19	KABDULAH	DAROZAI	16788	2854
20	KABDULAH	GULISTAN 2	32853	5585
21	KABDULAH	KABDULLAH3	17600	2992
22	KABDULAH	SHAMSHOZAI	13412	2280
23	MASTUNG	MALLSARPARA	8218	1414
24	MASTUNG	MAROOW	8012	1362
25	MASTUNG	SHIRINAB-II	6112	1039
26	MASTUNG	SORO	5747	977
27	PISHIN	AJRUM	9418	1601
28	PISHIN	C. COLLEGE	42994	7309
29	PISHIN	IBRAHIMZAI		2795
30	PISHIN	MANDOZAI	8206	1395
31	PISHIN	ROD MALAZAI	17488	2973
32	PISHIN	ZIARAT-PISHIN	9859	1676
33	QUETTA	13E	69529	11820
34	QUETTA	MIAN GHUNDI	7935	12059

List of selected 40 union councils by districts and target population, Balochistan				
S.#	Districts	UC	Total population (Estimated)	Target Under 5
35	QUETTA	SARA GHURGI	37224	6328
36	SIBI	KUT MUNDAI	10129	1722
37	SIBI	SADAR-A	13447	2286
38	SIBI	SADAR-B SAFI	8794	1495
39	SIBI	SAT MARLA	8741	1486
40	SIBI	TULI	15047	2558

List of selected 15 Union Councils by district and target population, Karachi, Sindh						
No	Province	District	Town	UC	Total Population (Estimated)	Target < 5
1	SINDH	KHIEAST	GADAP	GUJRO A	84,606	14,383
2	SINDH	KHIEAST	GADAP	GUJRO B	85,971	14,615
3	SINDH	KHIEAST	GADAP	GUJRO C	219,882	37,380
4	SINDH	KHIEAST	GADAP	GUJRO D	177,853	30,235
5	SINDH	KHIEAST	GADAP	GUJRO E	173,059	29,420
6	SINDH	KHIWEST	ORANGI	CHISTI NAGAR-7	109,388	18,596
7	SINDH	KHIWEST	GADAP	MANGOPIR-8	299,547	50,923
8	SINDH	KHIWEST	GADAP	SONGAL-5	454,588	77,280
9	SINDH	KHICENTRAL	NEW_KARACHI	KHAMISIO GOTH - 10	92,553	15,734
10	SINDH	KHIKEAMARI	BALDIA	GULSHAN-E-GHAZI-1	146,447	24,896
11	SINDH	KHIKEAMARI	BALDIA	ISLAM NAGAR-3	221,412	37,640
12	SINDH	KHIKEAMARI	BALDIA	ITTEHAD TOWN-2	246,782	41,953
13	SINDH	KHIMALIR	LANDHI	MUSLIMABAD-2	112,647	19,150
14	SINDH	KHIMALIR	LANDHI	MUZAFARABAD-1	142,806	24,277
15	SINDH	KHIWEST	SITE	ISLAMIA COLONY-9	119,294	20,280

Appendix- K: Proposed Health Camps in 2024

List of Union Councils by district for Health Camps in SKP & Baluchistan					
SKP			Baluchistan		
Sno	District	Union Council	Sno	District	Union Council
1	BANNU	HINDI KHEL	1	QUETTA	GOR
2	BANNU	JANI KHEL COLONY	2	QUETTA	KHAROTABAD2
3	BANNU	MOMAND KHEL	3	QUETTA	ZARGHOON ABAD
4	BANNU	SAIN TANGA	4	PISHIN	AJRUM
5	BANNU	SARDI KHEL	5	PISHIN	ALIZAI
6	DIKHAN	CHAUDWAN	6	PISHIN	Balozai
7	DIKHAN	DRABAN KALAN	7	PISHIN	Batazai
8	DIKHAN	HATHALA	8	PISHIN	Huramzai
9	DIKHAN	KIRRI SHAMOZAI	9	PISHIN	IBRAHIMZAI
10	DIKHAN	LOONI	10	PISHIN	Khanozai
11	DIKHAN	MADDI	11	PISHIN	LUMARAN
12	DIKHAN	YARIK	12	PISHIN	MALAZAI
13	LAKKIMRWT	CHECHANDI SAMAN	13	PISHIN	MALIKYAR-2
14	LAKKIMRWT	KOUTE KHWUA	14	PISHIN	Manzari
15	LAKKIMRWT	PIAKASHT BETTANI	15	PISHIN	Pishin Town
16	LAKKIMRWT	WATEEN SAR	16	PISHIN	Saranan
17	TANK	Amma Khel	17	PISHIN	Trata
18	TANK	GOMAL BAZZAR	18	KABDULAH	AUGHBERG2
19	TANK	Gul Imam	19	KABDULAH	GULISTAN 1
20	TANK	Jandola A	20	KABDULAH	GULISTAN 2
21	TANK	Jandola B	21	KABDULAH	KABDULLAH1
22	TANK	KHAISRAY	22	KABDULAH	KABDULLAH3
23	TANK	MULAZAI	23	KABDULAH	NORAK SULEMANKHEL
24	TANK	Pai	24	KABDULAH	SHAMSHOZAI
25	TANK	PING A	25	CHAMAN	Girdi Pinki-2
26	TANK	PING B	26	CHAMAN	Roghan 2
27	TANK	PIR TANGY			
28	TANK	SARANGZOONA			
29	TANK	SHAH ALAM			
30	TANK	TATTA			
31	TANK	WARASPOON			
32	WAZIR-N	DATTA KHEL 6			
33	WAZIR-N	GARYOUM			
34	WAZIR-S Lower	Gomal Dam			
35	WAZIR-S Lower	Mantoi			
36	WAZIR-S Lower	Zalwanay			
37	WAZIR-S Lower	Zar Mellon			

Appendix- L: Support to Routine Immunization

List of selected Union councils for Routine Immunization support						
Bannu, Chaman & Killa Abdullah				North Waziristan		
	Bannu UCs (n=22)	**Chaman UCs (n=9)**	**Killa Abdullah UCs (n=10)**	**SNo**	**UC (n=7)**	**Health facility**
1	Amandi	Roghani-3	Jilga 2	**1**	Mir Ali-5	CHC Shahnoor
2	Mamash khel	Girdi Pinaki 1	Pir Alizai 1	**2**	Shahawa-1	BHU Addat Khan
3	HInjal	Roghni 1	Pir Alizai 2	**3**	Spinwam-1	CD Gham Khon
4	City 1	Eid Gah	Jangle Camp 1	**4**	Spinwam-2	BHU Hassan Khel
5	City 2	College Road	Jangle Camp 2	**5**	Datta Khel-1	Rauf Hospital
6	Sukari	Bughra	Naurak SulemanKhel	**6**	Datta Khel-2	CD Kani Rogha
7	Nurar	Daman Ashazai 1	Killa Abdullah 1	**7**	Datta Khel-3	CD Umar Din
8	Mandew	Puraana Chaman	Killa Abdullah 3			
9	Haved	Hassan Takedar	Norak SulemanKhail			
10	Lewan		Shamsozai			
11	Ghoriwala					
12	Domel					
13	Bezan Khel					
14	Daryoba					
15	Ziraki Pirba Khel					
16	Asperka Waziran					
17	Gadi Tap					
18	Gurbuz					
19	Ghura Bakk Khel					
20	Takhti Khel					
21	Narmi Khel					