KARACHI PRIORITY SBC ACTIONS

Revitalized Strategies

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Introduction

Based on learnings from recent campaigns and field monitoring, the PEOC Karachi team has refined and updated its approach to address both operational gaps and emerging behavioural trends. Alongside targeted actions to strengthen implementation in transition UCs, hard-to-reach pockets, and grey-house areas, the programme has also sharpened its SBC focus around four key population groups. These tailored strategies—designed around the unique social dynamics of Karachi—aim to improve trust, access, and vaccination uptake across diverse community segments and contexts.

The four priority SBC strategies include:
• Priority Pashtun population strategy
• Posh/high-income community strategy
• Guest/mobile population strategy
• Hidden children & grey-house detection strategy

1. Narrative: Priority Pashtun Communities

In the remaining core reservoirs, achieving and sustaining zero polio depends on our ability to build deep, durable trust with Pashtun communities — especially in high-burden districts where refusals are rooted in history, mobility, and lived experiences with service gaps.

While vaccination efforts have made progress, we face a unique set of behavioural and social challenges: declining engagement from traditional influencers, limited access to male decision-makers during campaign hours, emerging female-driven refusals, and under-utilization of trusted female voices such as Alimas and adolescent girls. These factors require a more tailored and community-led approach.

Our Approach

We are shifting from transactional campaign-based engagement to **continuous, community-anchored trust-building**, led by local actors who are credible, respected, and culturally aligned. This includes:

- **Revitalizing genuine Pashtun influencer networks** — tribal elders, religious leaders, and youth advocates — and embedding them in micro-planning and daily campaign debriefs.
- **Creating male engagement platforms** in hujras, workplaces, markets, and mosques, particularly after Friday prayers.

- **Investing in female-driven engagement**, including mothers, grandmothers, and female mobilizers, supported by madrassah networks.
- **Activating Alimas and adolescent girls** as voice-bearers for immunization, trust, and child health — expanding the ecosystem of female credibility.
- **Maintaining presence beyond campaigns** to reinforce dignity, respect, and community support — including linking families to essential services wherever possible.

This model is grounded in the **Pashtun Trust Engagement Cycle** — moving systematically from **presence** and **respect**, to **reassurance**, **support**, and ultimately **acceptance**. It recognizes that trust is earned, not assumed — and that behaviour change must be led by communities, not imposed from outside.

This strategy is not only about interrupting the last chains of transmission — it is about **building a foundation of community trust that will protect children long after polio is gone**. Your support enables us to keep trusted voices engaged, empower women and youth leaders, and expand culturally grounded platforms that bring families and frontline workers together with dignity and respect.

This is how we finish polio in the toughest terrain — by walking every step with communities.

1.1. SBC Priority Strategy – Pashtun Communities in Karachi

Core Context

Pashtun pockets in Karachi (e.g., Orangi, Baldia, Keamari/Machar Colony, Gadap, Landhi, Korangi) remain critical due to:

- High mobility and migrant flows
- Mixed levels of trust and visibility
- Female access challenges
- Urban density with complex landlord-tenant dynamics
- Strong informal leaders and ethnic networks

This requires **urban-Pashtun tailored trust-building**, not rural replication.

Key Challenges

- Hidden refusals, fake finger-marking, new arrivals, unregistered newborns

- Weak access to male decision-makers during daytime
- Deep trust deficits from service gaps and political dynamics
- Limited engagement of female voices and Alimas
- Influencer fatigue and inconsistent accountability

Strategic Focus

1. Local Influencer Renewal & Accountability

- Identify **hyper-local Pashtun influencers** (elders, youth coordinators, shopkeepers, mosque committees, transport union reps)
- Refresher orientation on roles + **accountability in micro-plans & daily reporting**
- Recognize high-performing UCs publicly (social status matters)

Outcome: Genuine, active influencers anchoring trust

2. Reach Men Where They Are

- Evening / late-day engagement in:
  - **Tea hotels, workshops, truck stands, markets**
  - Transport union points (bus/truck depots)
- Friday mosque announcements and courtyard engagement

Outcome: Direct access to household decision-makers

3. Women-Centered Outreach

- Expand **female Pashto-speaking mobilizers**
- Small courtyard/home women's circles with mothers & grandmothers
- Partnerships with **women's madrassahs and female religious teachers**

Outcome: Women empowered to say "yes" independently

4. Alimas & Adolescents

- Build a **Karachi female madrassah engagement network**
- Train **Alimas & schoolgirls** in Orangi, Baldia, Gadap, Keamari to lead safe-space discussions

Outcome: Trusted female voices and peer models

5. Urban Trust & Service Touchpoints

- Combine engagement with visible support:
  - RI linkages, nutrition tips, breastfeeding advice
  - Hygiene & safe-water messaging where feasible
- Create **polio + small service** value moments (doctor's visit, referral help, vitamin A link)

Outcome: Real value strengthens trust

6. Detect & Address Hidden Refusals ("Grey House" approach)

- Map suspected hidden refusal streets/buildings
- Use **shopkeepers, landlords, dai/midwives, pharmacy staff** to spot newborns and new arrivals
- Quiet revisit strategy using **female local teams**

Outcome: Newborns & hidden missed children surfaced early

Messaging Tone

- Respect, calm, confidence, local language
- Appeal to **protection, pride, community dignity**

"Karachi ke Pashtun bachay bhi mehfooz hon — hamari zimmedari, hamari pehchaan."

Expected Results

- Increased trust and conversion in high-risk Pashtun pockets
- Stronger female access and decision-making support
- Fewer hidden refusals and missed newborns
- Sustainable community-driven protection

1.2. Narrative: Posh / High-Income Community Strategy

In high-income and gated communities in Karachi, traditional house-to-house social mobilization has limited impact because families rely more on private health services, maintain privacy, and may not feel fully connected to public health outreach. To build trust and ensure vaccination among these groups, our approach focuses on credibility, convenience, and tailored engagement through their preferred systems and influencers.

The strategy prioritizes working through **private pediatricians, hospitals, schools, and resident associations**, as these actors hold greater trust and influence among affluent families. Instead of routine mobilizers, we are engaging **educated volunteers, junior doctors, and trained health ambassadors** who can communicate confidently and match the profile expectations of these communities.

Messaging and outreach are carried out through **school notifications, resident WhatsApp groups, private clinic reminders, and concierge-style booths** set up inside residential compounds and private schools, making vaccination both accessible and socially acceptable. Engagement is further supported by brief informational messages from respected doctors and school leaders to reinforce the importance of completing multiple polio doses.

This model removes social friction, aligns with parental preferences, and normalizes vaccination within these settings. Through this targeted, respectful, and partnership-based approach, we are ensuring that children in affluent areas are also reached, protected, and included in our collective effort to end polio.

1.2.1. SBC Strategy for Posh / High-Income Communities

Key Challenges

- Low responsiveness to house-to-house mobilization
- Preference for private healthcare services
- Limited trust in frontline teams due to profile gaps and perceived status difference

SBC Approach

1. Trust Through Social Proof & Credible Messengers

- Engage **pediatricians, private hospital networks, and leading medical associations** to endorse vaccination
- Use **resident influencers** (community leaders, PTA leads, parenting groups, women's networks)
- Short branded endorsements from **well-known doctors and schools**

"We vaccinate our children — protect yours too."

2. Shift to Status-Aligned Touchpoints (Not House-to-House)

Replace traditional mobilizers with **reputation-aligned channels**:

- School-led reminders via principals, counselors & health desks
- Digital outreach via **WhatsApp communities, resident Facebook/Instagram groups, building apps (e.g., Viber groups)**
- Pharmacy & pediatric clinic reminders

"Your child's school supports polio protection."

3. Concierge-Style Vaccination Experience

- Scheduled vaccination booths inside gated communities & private clinics
- Pre-booking through building security desk or digital link
- Polio "Health Desk" pop-ups at private hospitals and malls

4. Profile-Matched Mobilizers

- Engage **student volunteers, junior doctors, educated women mobilizers**
- Brand them as **Health Ambassadors**, not "polio workers"
- Polished script, ID, badges, professional look

"We're here as part of UNICEF & Ministry of Health's child health partnership."

5. Messaging Focus

Appeal to **risk, responsibility & convenience**, not fear:

- "Polio re-emerges when immunity drops — high-risk communities vaccinate."
- "Private doctors recommend multiple doses for full protection."
- "Quick, simple, safe — at your doorstep / school / clinic."

Tone: **polite, professional, empathetic, modern**

6. Partnership With Resident Systems

- MoUs with **residents' associations & apartment management**
- Health days or vaccination events inside gated complexes
- Notice boards & security desk sign-ups
- PTA-led vaccination drives in schools

1.3. Narrative: Guest & Mobile Population Strategy

In Karachi's high-risk areas, a significant number of children belong to **guest or mobile families**—including temporary renters, labor migrants, seasonal workers, and recently displaced households. Many of these families move frequently, live in shared housing, and may not be immediately known to neighbors or frontline workers. As a result, **children are often missed**, guest refusals go unrecorded, and some households remain invisible in standard line-listing processes.

To reach these children, we are shifting from a static house-to-house approach to a **dynamic, community-linked model**. This includes systematically identifying buildings and neighborhoods with high guest turnover and working with **local gatekeepers** such as landlords, building caretakers, shopkeepers, labor contractors, and transport hubs to flag new arrivals or guest families. Once identified, teams conduct **welcome and reassurance**

visits—with sensitivity to privacy and social norms—to register and vaccinate guest children quickly.

Engagement is also being tailored to mobility patterns through **evening and weekend outreach, flexible micro-plans, and language-appropriate mobilizers** who can connect effectively with migrant groups. Importantly, we are strengthening documentation by ensuring guest children and any guest-related refusals are **recorded in NA line-lists**, enabling follow-up and accountability.

This approach reduces missed children, builds trust with mobile households, and ensures that **no child is left unprotected simply because their family is on the move**. The strategy not only strengthens polio delivery—it promotes dignity, inclusion, and equitable access to health services for highly mobile and often overlooked families.

1.3.1. SBC Guest Strategy

Challenge:
Guest or temporary children often remain unregistered in the NA line-lists, and refusals among these groups are rarely documented. High mobility, low visibility, and weak community linkages lead to missed and hidden children.

SBC-Focused Strategic Actions:

Community Mapping & Social Profiling:
Identify areas with high numbers of guest families (rental buildings, labour sites, informal settlements, transit hubs) and develop social profiles to understand mobility patterns, gatekeepers, and preferred communication channels.

Behaviour-Sensitive Registration:
Introduce a “guest child” tick-box in NA line-lists and refusal registers to ensure inclusion without triggering stigma or fear. Train teams to ask sensitively and reassure families about purpose and confidentiality.

Trusted Gatekeepers & Social Networks:
Mobilize micro-community actors (building caretakers, landlords, shopkeepers, labour supervisors, transport union reps) to help track arrivals, guide teams to unregistered households, and normalize vaccination.

Flexible & Community-Driven Outreach:
Conduct mobilization and engagement at times that match labour and migrant movement patterns (early morning/evening shifts, weekends) and in places where men gather (markets, transport hubs, worksites).

Culturally & Linguistically Relevant HR:
Deploy mobilizers and influencers who speak the languages of transient groups and understand their norms. Prioritize female mobilizers where access to mothers is limited.

Rapid Trust-Building Visits:
Activate small ops-SBC joint teams within 24 hours of a guest-child notification for reassurance visits, dialogue, and follow-up, emphasizing safety, dignity, and support.

Tracking & Learning:
Monitor guest-child registration, outreach quality, and resolution of refusals in UC dashboards. Use weekly reflection meetings to capture barriers, refine messaging, and adjust community entry points.

Outcome:
Improved identification, documentation, and vaccination of mobile/guest children through trust-building, tailored engagement, and flexible community strategies — reducing hidden missed children and refusal leakage.

1.3.2. SBC Strategy: Strengthening Social Permission & Respectful Access to Guest children

1. Reframe the Ask: "Support the Child, Respect the Family"
Position hosts as protectors and supporters, not decision-makers for guests.

- Messaging cues:
    - "We ask for your support to guide us, not to decide for the family."
    - "Helping us reach them protects all children in this community."

This removes pressure from hosts and avoids social over-stepping.

2. Engage Community Elders & Influencers for Social Clearance
Use respected figures (mosque imams, local elders, malik/arbab, women's leaders) to signal that helping vaccinators reach guests is socially acceptable and valued.

- Short endorsement lines:
    - "As a host, your guidance is a service to your community."
    - "Welcoming protection for all children is a form of hospitality."

3. Conduct Gender-Aligned Outreach
Where cultural norms restrict male entry or interaction:

- Deploy female mobilizers to speak with women and mothers
- Use same-ethnicity/community mobilizers where possible
- Coordinate short "women-only" outreach windows

4. Courtesy Protocol

Train teams to always request permission from hosts first, with a scripted respectful entry line:

- "With your permission, we would like to greet your guests to ensure all children here are protected — only if the family is comfortable."

Creates dignity and trust.

6. Recognition & Social Incentives

Celebrate supportive hosts:

- "Protecting all children in this house" stickers
- Verbal appreciation by community leaders
- Public acknowledgment at mosque/community meeting (if appropriate)

Shifts norms: becoming a "supportive host" becomes a status identity.

Expected Result

A respectful, culturally-aligned approach where hosts feel socially permitted and honored to help — increasing access to guest children without violating norms.

1.4. Narrative: Hidden Children & Grey-House Strategy

In Karachi's high-risk neighborhoods, children may be missed not only because they are newborns or recently arrived, but also when **families deliberately hide eligible children, present fake finger-marking, or avoid disclosure** due to mistrust, fatigue, social pressure, or fear of being judged. These are not always refusal households in the traditional sense — many simply do not feel comfortable engaging openly with the programme.

To address this, we are strengthening **SBC-led, community-driven intelligence and social-listening systems** to proactively surface "grey houses" — homes where polio teams may not be seeing the full picture. This means harnessing COMNet's trusted presence on the ground and leveraging **existing community social capital** — including women's groups, midwives/dais, shopkeepers, building caretakers, madrassah networks, school contacts, youth leaders, and neighborhood elders — who often know when children are being missed, hidden, or falsely marked.

Through this quiet, relational listening network, we can identify situations where **children of any age** may be present but not vaccinated — whether hidden during visits, marked falsely, or absent at the time of the team's arrival. These insights are handled sensitively and followed by **dignified, trust-based visits by local, often female, mobilizers** who prioritize listening, reassurance, and privacy. The goal is not to confront households but to

create comfort, reduce fear, and normalize open dialogue so families feel safe allowing vaccination.
All suspected grey houses are re-visited, tracked, and supported until children are reached — ensuring both follow-through and respect. This approach shifts us from reactive problem-finding to **proactive community-guided inclusion**, ensuring every child — newborn, older, guest, or temporarily shielded — is reached without stigma.

By embedding SBC social-listening, COMNet insights, and community trust structures into routine operations, we are strengthening the programme's ability to **see every child, address quiet hesitancy, reduce fake marking, and build genuine confidence**, not just compliance.

1.4.1. SBC Strategy: Surface & Support "Grey Houses"

Challenge
Hidden refusals and missed children due to:

- Fake finger-marking
- Unregistered newborns
- Undeclared guest or extended families
- Limited disclosure in some communities

1. Proactive Micro-Mapping

- Flag streets/buildings with repeated "all vaccinated" but low visible child presence
- Weekly review of **zero newborn reporting**
- Identify UCs/lanes with **no refusals recorded** (a risk signal)

Zero refusals = blind spot, not success.

2. Community Intelligence Network
Activate trusted local connectors to quietly alert teams:

- Lady doctors, nurses, LHWs
- Midwives/dais and women's madrassah teachers
- School staff and daycare owners
- Pharmacy staff, shopkeepers, and building caretakers
- Elders and faith/community leaders

Soft intel, not complaints — to help protect every child.

3. Women-Led Listening Circles

- Mothers' groups, mosque women's circles, daycare chats
- Use **peer mothers** to surface hidden children or concerns in a respectful way

4. “New Baby Welcome & Registration”

- Friendly congratulatory card or message
- Gentle cue to register newborns & vaccinate early

Positive entry — not surveillance.

5. Sensitive Validation Visits

- Quiet walk-throughs by female FLWs, SBC + local volunteers (LHWs)
- Dialogue-based approach, not checking or policing

“Any new babies recently? We want to support early protection.”

6. Track & Follow Up

- Daily UC list of newborns, new arrivals, guest families
- **Grey-House Tracker** updated each round with follow-through

Message & Tone

- Privacy, dignity, and reassurance
- **No naming or shaming — only support and protection**

We are here to listen, respect, and help protect every child.

Expected Results

- Earlier identification of hidden and mobile children
- Fewer fake finger-marking cases
- More trust-based access through **community social networks & COMNet listening capacity**

“Listen locally. See quietly. Reach every child.”

Simplified SBC Indicators

1) Priority Pashtun Communities

- **Pashtun influencers active in micro-planning & daily reviews**
- **hujra / mosque / women's madrassah sessions held**
- % refusals converted in Pashtun clusters

2) Posh / High-Income Areas

- **private schools / clinics engaged for messaging & booths**
- **resident group / WhatsApp announcements made**
- % refusals converted in affluent buildings / societies

3) Guest & Migrant Populations

- **guest children identified & recorded (guest tick-box used)**
- **gatekeepers engaged (landlords, caretakers, shopkeepers)**
- % guest children vaccinated (vs identified)

4) Hidden / Grey-House Children

- **grey houses flagged & revisited**
- **newborns identified by community informants (FLWs, midwives, shopkeepers)**
- % hidden/missed children vaccinated after re-visit