

## **Progress Report**

**Reporting Period:**  
July-September, 2015

**Project Title**  
To Implement and evaluate a single strategy of delivering IPV, routine immunization and MNCH services at scale in high risk districts of Sindh, FATA and KP linked with advocacy and local information campaigns (a health and immunization campaign)

**Running Title**  
Mother and Child Care Project (MCCP 2)

**Principal Investigator**  
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**Reporting Institution**  
Trust for Vaccine and Immunization (TVI)

**Implementing Partner**  
Prime Foundation (PF)

**Reporting Date**  
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## 1. Back ground

Polio incidence has dropped more than 99% since the launch of global polio eradication efforts in 1988. According to global polio surveillance data of May 28, 2014, 220 polio cases have been reported to date in 2014 from Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Nigeria, Pakistan, and Syria. Poliovirus transmission is ongoing in the three endemic countries – Afghanistan, Nigeria, and Pakistan. It is therefore imperative that a final push toward eradication should be made as one of the highest priorities.

The year of 2014 has been a challenging one for polio eradication efforts in Pakistan. More than 280 cases have been identified and Pakistan shares about 80% of total polio burden in 2014. Because of the killing of polio workers, unpredictable vaccine availability and remaining inaccessibility to vaccinate in some of the highest risk areas. Despite multiple challenges, Pakistan has made notable progress on its journey toward stopping polio virus transmission and eradication over the past years. No isolation of Wild Polio Virus type 3 (WPV3) has been reported since April 2012. This progress is the result of concerted effort of the government at all levels, civil society and all national and international partners to implement a national polio emergency action plan, aimed at overcoming long-standing challenges during polio activities. More children are being reached than ever before, in particular in the traditional reservoir areas of Peshawar, Karachi and Quetta Block.

Targeting of frontline health-workers, bans by militant groups since June 2012, and military operations have all contributed to the increase in cases this year. There are 119 cases so far this year compared to 30 this time in 2013. 89% of these cases are from FATA and Khyber Pakhtunkhwa; of which 58% are from North and South Waziristan Agencies where no polio campaigns have been conducted and an estimated 290, 000 children under the age of five have not been vaccinated for two years leading to the ongoing explosive polio outbreak in the region. The numbers of infected districts are also on the rise, from 14 in 2013 to 17 in 2014.

Environmental sampling results further confirm that since January 2014, the virus is circulating across the country. Most of the population displaced by the military operation in NWA has moved to the settled areas in different parts of the country instead of refugee camps. The displacement of around one million persons in the high transmission season for polio with limited access to basic amenities poses threats to the health of the displaced individuals as well as the people residing in areas. However, access to the children who are migrated from NWA for the first time in two years, has given hope that intensive vaccination efforts in the latter half of this year will put Pakistan back on track in 2015 to eradicate Polio.

Pakistan is facing the certain challenges which are hampering its success to polio eradication. Inaccessibility due to insecurity continues to be the main reason why children miss polio vaccinations in Pakistan. There must be concerted efforts by all parties to understand and document the reasons for these missed children to enable strategies to be developed to ensure that greater access to children is achieved. Sub-optimal performance of routine immunization

means that Pakistan has to rely on campaigns to ensure an immunity gap does not develop in the birth cohort. Additionally, low routine coverage means that there may not be enough protection against type-2 poliovirus. The routine immunization system must be strengthened to enable the country to successfully introduce inactivated polio vaccine (IPV) by the end of 2015, as part of the polio endgame strategic plan to withdraw OPV by the end of 2016.

Building trust and demand for OPV is another important aspect which needs great attention through effective communication and community mobilization. Negative media coverage and the linking of polio campaigns to outside conspiracy resulted in a spike in refusals. It is imperative that the communication strategies should be drawn on the innovative principles of Reorientation of communication activities towards awareness generation and demand creation for broader child immunization and health goals;

Reframing polio messages within the broader context of preventive health services for children and their well-being (polio-plus, with all nine routine immunization antigens promoted, as well as exclusive breastfeeding, hand washing with soap and diarrhea management); Shifting of communication activities from advertising and high-visibility campaigns to content integration and long-format programming; Building social and professional platforms to drive the program at community level.

The recently completed project of Aga Khan University in collaboration with Prime Foundation (and its subsidiary Peshawar Medical College) and other partners provided immediate knowledge on acceptability and feasibility of delivering IPV with a coverage rate of about 80% at all sites and an increase of routine immunization. The community took interest in the holistic approach of MNCH with polio as a component and health messages were well taken. Project team faced difficulties of access in certain areas however this was overcome by involving local religious leaders and having the local facilitators in the team but there were NO GO clusters. Community mobilization resulted in drop in refusals however the OPV coverage gap due to absence of Polio teams remains a concern. The project team received a very good response at health camps for their MNCH and immunization services especially the integration of Polio and EPI. Health camps were potentially found to be a good site for delivering interventions such as immunization and scaling up EPI vaccines. The community accepted and received IPV and project team covered more than 80% of the target population in the clusters of Group C.

The delivery of IPV was found to be acceptable and feasible within the community and no serious adverse event following immunization was observed. (Preliminary results attached in Annexes) As indicated in National Emergency Action Plan (NEAP) 2014 the Government of Pakistan aiming to stop the virus circulation by December 2014 which can only be possible with an effort to maximize the coverage of OPV, improvement in the routine immunization rates and introduction of IPV as a part of routine immunization with DPT3 as recommended by WHO.

Having had firsthand experience of successful conducting a large scale trial in which inventive communication activities and delivery of Injectable Polio Vaccine in health camps during SIA

has been piloted in Bajaur Agency, Prime Foundation contains the required expertise and capacity to support to Aga Khan University and Government of Pakistan in delivering this project and helping eradicate Polio from Pakistan.

## 2. Objectives

- 2.1 To implement a single strategy of delivering IPV, routine immunization and MNCH services at scale in selected districts and areas of FATA and KP linked with advocacy and local information campaigns (a health and immunization campaign).
- 2.2 To conduct impact evaluation of proposed strategy through standard design and assessment methods.

## 3. Inception meetings with AKU and PF

Before formal initiation of the project, several meetings were held between AKU and PF, for planning purposes.

### ***Planning meeting of PF with Principal Investigator***

Held: 19 Feb 2015

Outcome: Finalized target districts and agencies for KP and FATA respectively; agreed on target populations and overall implementation strategy.

### ***Planning meeting of PF with AKU Project Team***

Held: 5 Jan 2015

Outcome: Proposal of project target sites; plan for meetings with local authorities; project implementation strategies (data collection, community mobilization and health camps including IPV delivery); identification of medical colleges for capacity building; proposed project timeline.

### ***Follow-up meeting on technical & financial proposal between AKU/TVI & PF***

Held: 18-19 May 2015

Outcome: Revision of draft budget after negotiations; agreement on terms and conditions of the contract between TVI and PF.

## 4. Training of The Trainers (ToT)

### ***2 days ToT for Key Staff of Project***

24-25 July 2015

Summary: A two training was held for the project staff at Hotel Grand, Peshawar, in order to provide them with a detailed orientation and develop their capacity for conducting project activities including community mobilization and health camp management. Core staff of Prime Institute of Public Health (PIPH), Prime Foundation, conducted the training activity.

Dr. Saeed Anwar (Project Director, PIPH) delivered the welcome note and presented an overview on community mobilization activities regarding immunization and vaccination for preventable diseases, and counseling techniques. Dr. Usman Raza (PIPH) familiarized the participants with the project background, activities, timeline and target population. He also led

the consultative sessions on micro-planning and resource allocation for each of the target districts and agencies. Dr. Muhammad Sharif (PIPH) engaged the participant with discussion on community mobilization techniques and messages regarding nutrition, personal hygiene and health camp management.

The second day of the training was focused on planning and resource allocation among different target districts and agencies, and involved detailed discussions with participants who belonged to these locations, in order to incorporate the realities of local context into planning. A draft resource allocation was reached at the end of the day.

A few snapshots of the training activity:



## **2 Days ToT for Capacity Building of Medical Colleges & Survey Coordinators**

28-29 July 2015

Summary: Two days training was held for the project staff at Shelton House Peshawar, to develop their capacity for conducting project activities including Survey and Community Mobilization.

A team of experts from AKU and TVI visited Peshawar to conduct this training activity. Nominated staff from Medical Colleges also participated in the training in line with their expected role as support for the district based team trainings. Dr. Zamir Hussain Suhag (Consultant Pediatrician, Department of Pediatrics & Child Health, AKU), presented an overview of the Project, its various activities, data collection techniques and tools used as well as the flow and management of Health Camps. Dr. Noshad Ali (TVI) and Mr. Muhammad Ali (TVI) briefed the participants regarding the importance of field norms and cultural sensitivities, mapping and listing of Intervention areas, community mobilization and Data Management & related issues. A field exercise of household listing was also conducted as practice for later activity at district level.

A few snapshots of the training activity:



## 5. PF delegation exposure visit to DMU at AKU, Karachi

Three core team members from PF visited AKU, Karachi for having an orientation re the Data Management Unit with the aim of establishing a sub-unit of this facility at Prime Foundation. The team was provided with detailed presentation by DMU staff on its functions, processes, infrastructure and software requirements. The teams also discussed MCCP2 project deliverables in relation to data management, and agreed on a split strategy for this purpose whereby part of data entry would take place at DMU Karachi and part of it would be done in Peshawar at the newly established DMU.

PF staff also participated in MCCP2 Project Review Meeting of AKU/TVI with EOC Sindh in Karachi during this visit.

## 6. PF Field Level Team Hiring and Trainings

Following the recruitment of key staff for the project, PF completed the hiring of field teams which included Community Mobilizers, Survey Enumerators and Team Leaders for all the target Districts and Agencies. Due to the massive scale of this recruitment, the process was decentralized and conducted at field offices. The teams for KP component of the project have been officially hired and actively working, while the teams for FATA are on hold until the issuance of NOC for field activities.

The following training activities have been completed for capacity building of the field staff hired:

- Training of Survey Teams on Pre/Post-Vaccination Survey
- Training of Community Mobilizers on Community Mobilization activities

Training for health camps and vaccinators are expected to be held very soon.

Below are some snapshots of field trainings held so far.



*Training on Community Mobilization in DI Khan*



*Training on PVS in DI Khan*



*Training on CM & PVS in FR Tank and SWA*

## 7. Coordination meeting of PF with local authorities and EOC

Coordination meetings were held by Prime Foundation (PF) at Emergency Operation Centers (EOCs) of the Dept. of Health KPK and FATA on 12th May, 2015 and 18th May, 2015 respectively, chaired by the Secretary Health KPK and Secretary Social Sector Department FATA. Minutes of the meeting are annexed with. Dr. Imtiaz, Consultant BMG GPEI KPK & FATA played a crucial role in facilitating these coordination meetings.

Subsequently coordination meetings were held with the DHOs and Agency Surgeons of the project districts as per timeline below to brief them about the project activities including the mutual expectations and support.

June 8, 2015: DHO D.I.Khan, and Agency Surgeon, FR D.I.Khan

June 9, 2015: DHO Tank, Agency Surgeon FR Tank, and Additional Agency Surgeon SWA

June 10, 2015: DHO Lakki Marwat, and Agency Surgeon FR Lakki Marwat

The local project staff of Prime Foundation is in regular contact with the local authorities and district/agency/FR health offices in connection with various activities of the project.

## 8. Challenges

While NOC for the KPK project districts became available well in time, the NOC for FATA areas of the project is waited yet despite a formal request as early as June 16, 2015 clubbed with active follow up and reminders.

Similarly the dearth of local skilled human resource together with interferences of one type or the other in hiring has also been quite bothersome.

## 9. Way forward/Next plans/Timeline

With the pre-vaccination survey underway, the immediate next steps include training for health camps and distribution of medical supplies (include vaccines based on requirements) for health camps at the required districts. An outline of current status of activities and immediate next steps is given below.

MCCP2 Workplan & Status - 9 Sep 2015		Apr	May	Jun	Jul	Aug	Sep																				
Task	Status	Weeks -->																									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
<b>Coordination</b>																											
Inception meetings & briefings	Complete																										
NOC for KP	Complete																										
NOC for FATA	In progress																										
<b>HR &amp; Logistics</b>																											
Hiring of key positions	Complete																										
Hiring of field staff	In progress																										
Set up field offices	Complete																										
Engaging govt staff for camps	Planning																										
Procurement - Cold Chain	In progress																										
Procurement - Medicine	In progress																										
Procurement - DMU	Complete																										
Procurement - Vaccines	Planning																										
<b>Training Activities</b>																											
Project Orientation	Complete																										
ToT for key staff	Complete																										
Medical Colleges ToT	Complete																										
Survey trainings	Complete																										
CM trainings	Complete																										
Health camp trainings	Planning																										
Vaccination trainings	Planning																										
LHS training	Not started																										
<b>Field Activities (KP only)</b>																											
Household listing	Complete																										
Pre-Vaccination Survey	In progress																										
Community Mobilization	Planning																										
Health Camps after SIA	Not started																										
Post-Vaccination Survey	Not started																										