

Communication update

EOC Pakistan



Issue IX February 20, 20115

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PICK OF THE WEEK

Mr Bill Gates becomes a follower of twitter account @pakfightspolio



Technical Advisory Group Meeting

A Technical Advisory Group meeting was held in Islamabad on February 14 – 15, 2015, to review the progress made in polio eradication efforts in Pakistan. The meeting was attended by members of the technical advisory group, provincial program leads, partner organizations and provincial government representatives.



The context of the meeting was to seek guidance on following:-

- Is the low season plan being implemented as per envisaged alignment towards achieving the desired goals; what are the key gaps?
- Advise to improve reservoir specific plan implementation during the remaining low season?
- What would it take to make the reservoir specific plans contribute effectively towards a national success?

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The panel recognized the overall heightened commitment of the Government of Pakistan to stop poliovirus transmission and formation of PM's Focus Group, Cabinet Committee on Immunization, Ministerial Committee and establishment of Emergency Operation Centres for Polio Eradication at federal and provincial levels. The Panel also recognized the meticulous planning process for the low transmission season and the Bhurban (II) Workshop for finalizing the plan and developing national consensus. The panel observed that the Bhurban Plan seems appropriate with cornerstones, key approaches, SIAs schedule and reservoir specific strategies are well poised and if implemented fully, the plan has the capacity to stop wild polio virus circulation by the end of 2015. It further observed that given the population dynamics, immediate, simultaneous and synchronized implementation of the plan by all geographical areas was of utmost importance for success.

Noting that early high season would start in late April, which leaves 6 – 8 weeks, the panel made overarching and specific recommendations for improvement which, given the overall importance are provided in details as follows:-

Stick to the Bhurban Plan

- *The Plan has all the necessary ingredients; it needs proper implementation & tracking*
- *In the light of provincial presentations; Panel feels that the plan is not being meticulously followed up / tracked*

Accountability

- *Assign permanent EOC coordinators in all provincial EOCs*
- *Enhance security coordination under the umbrella of EOC*
- *One full time security forces/army representative in EOC*

Security

- *Area appropriate customized security plans should be put in place, that facilitate the operational plans*
 - *Covering implementation & monitoring*
 - *Coordinated & timely preparation*
 - *Better coordination between federal & provincial level*

Quality of Vaccinators

- *Place frontline workers at the center of the eradication campaign*
 - *Particularly in high risk UCs*
- *Establish a retention, training & motivational plan for appropriate recruitment locally*
- *Implement a strategic, holistic communication campaign to elevate the status of frontline workers in the community*
- *local community volunteers (FCVs, FCMs, LHCWs)*
- *Ensure timely payment to all vaccinators*
 - *urgent thorough situational review & immediate fixation for late payments*

Monitoring

- *Intra-campaign & post campaign monitoring, both are vital*
- *Intra-campaign monitoring to be immediately strengthened as per NEAP and Bhurban plan*
- *Maintain LQAS & out of house Survey as post campaign assessments*
 - *LQAS should be on a standardized and a randomized approach*
 - *Start disaggregating the reasons & track*

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- *EOCs should establish a dashboard to review campaign performance, with a set of consistent performance indicators*
- *National guidelines on vaccination response to failed LQAS lots should be followed & results documented*

Chronically Missed Children

- *Paradigm from now must be the “Chronically Missed Children”; not the ones reached*
- *Tracking through all possible sources*
 - *PTPs, health camps, AFP data monitoring*
- *Disaggregation UC by UC & House by house*
 - *Local plans should be developed to reach these children between campaigns*
 - *Reason-wise (break down not available) recording & tracking*
- *Include coverage of Zero dose children among the key performance indicators*

Recommendations for KP

- The initiative “Sehat Ka Ittehad” should be utilized to ensure
 - Improving access and community trust
 - tracking of missed children due to all reasons (insecurity, performance)
 - Stringent accountability for performance
- Missed children data tracking must be immediately streamlined & maintained
- IPV-OPV SIAs must immediately be implemented in Peshawar & Bannu
 - NW IDPs should get the IPV dose before returning
 - Bara IDPs before returning or during repatriation

Recommendations for FATA

- Plans for conducting door to door SIAs in Bara and Jamrud should be implemented in letter and spirit
 - Khyber puts the entire central KP & FATA at risk
- House to house vaccination, in North Waziristan (areas with population) & FR Bannu
- Panel endorses the plan for vaccination during repatriation & emphasizes its proper implementation and monitoring
- The UAE – PAP payment mechanism for the front-line workers should be urgently streamlined

Recommendations for Karachi

- The improving EOC should have political support to achieve accountability
- Security & communication plans should aim to produce enabling ground environment for the vaccinators
 - Operational, security & communication plans synchronization
- IPV-OPV SIAs to be implemented in the remaining high risk UCs
- Panel endorses the SIAs strategy for the eight super high risk UCs (Feb – Mar)
 - However, reaching the chronically missed children holds the key – not just vaccinating the same kids

Recommendations for Balochistan

- Good local initiatives (permanent polio teams); but there is need to provide better evidence of impact on access & coverage
 - Strengthen ground-up accountability

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- Cross border coordination with southern Afghanistan team should be maintained ensure all communities are reached
- The high risk UCs / tehsils focus to be enhanced during rest of the low season

Recommendations for Punjab

- Urgent steps should be taken to ensure all the high risk / migrant communities are included in the UC micro-plans of Lahore & Rawalpindi
- The problem of language / culture in-appropriate teams must be overcome immediately
- Proper implementation of Mobile population strategy in the entire province, especially the south Punjab
- Continue efforts to improve routine EPI particularly in HRUCs

February NID Campaign Update

The February NID was launched on 16 – 18, 2015, to reach a target population of more than 34 million children below the age of 5 years. The data compiled till the end of day three indicates the cumulative average coverage of 94 %. In Islamabad the health authorities are administering OPV with measles campaign.

The catchup for the children missed during the three-day campaign continues and the social mobilizers are also engaged in addressing refusals, which though are as low as 0.15 percent of the target population, have a special focus from the authorities.

Province / Region	Total target population for the campaign	Children reported vaccinated		Reported unvaccinated children					
		No. of children reported vaccinated	% Children vaccinated Based on Total Target	Children still unvaccinated among recorded unvaccinated					
				Not Available		Refusal		Total	
				n	% among targeted	n	% among targeted	n	% among targeted
AJK	698,909	699,477	100	2,633	0.4	25	0.00	2,658	0.4
BALUCHISTAN	2,418,971	1,380,841	57	20,183	1.1	5,257	0.29	25,440	1.4
FATA	1,144,764	648,037	57	15,001	1.3	333	0.03	15,334	1.3
GBALISTAN	214,352	168,771	79	0	0.0	0	0.00	0	0.0
ISLAMABAD	261,261	107,369	41	0	0.0	0	0.00	0	0.0
KP	5,254,841	4,989,969	95	106,640	2.0	37,615	0.72	144,255	2.8
PUNJAB	17,575,331	18,136,385	103	593,385	3.4	1,445	0.01	594,830	3.4
SINDH	6,703,056	6,090,604	91	89,527	1.5	3,421	0.06	92,948	1.6
Total	34,271,485	32,221,453	94	827,369	2.5	48,096	0.15	875,465	2.7

Polio Case Count

As of February 20, 2015, nine confirmed cases of wild polio virus have been reported in the current year. Of these five cases have been reported from the province of Khyber Pakhtunkhwa, three from Federally Administered Tribal Area and one from Sindh.

PROVINCE	2009	2010	2011	2012	2013	2014	2015
PUNJAB	17	7	9	2	7	4	0
SINDH	12	27	33	4	10	30	1
KPK	29	24	23	27	11	68	5
FATA	20	74	59	20	65	179	3
BALUCHISTAN	11	12	73	4	0	25	0
GILGIT-BALTISTAN	0	0	1	1	0	0	0
TOTAL	89	144	198	58	93	306	9