Final Project Report

Strengthen MNCH by Improving Routine EPI Microplanning in High-Risk Union Councils in Khyber Pakhtunkhwa Province

Pakistan

Balochistan

Khyber Pakhtunkhwa

Contents

Acronyms

BHU	Basic Health Unit
CD	Civil Dispensaries
CH	Civil Hospital
DDHO	Deputy District Health Officer
DHO	District Health Officer
DoH	Department of Health
DSV	District Superintendent for Vaccination
EMPHNET	Eastern Mediterranean Public Health Network
EOC	Emergency Operations Center
EPI	Expanded Programme on Immunization
EPIMIS	Expanded Programme on Immunization Management Information System
GHD	Global Health Development
HF	Health Facility
HRUC	High Risk Union Council
HR&MP	High-risk and mobile population
KP	Khyber Pakhtunkhwa
LHS	Lady Health Supervisors
LHW	Lady Health Workers
RHC	Rural Health Center
RED	Reaching Every District
TSV	Tehsil Superintendent for Vaccination
UC	Union Council
UCMO	Union Council Medical Officer

Executive Summary

The provinces of Balochistan and Khyber Pakhtunkhwa are in the northwestern and southwestern regions of Pakistan, respectively. The province of Balochistan has a population of 12,33 million[1], and is divided into seven divisions: Kalat, Makran, Nasirabad, Quetta, Sibi and Zhob. Each division is further divided into 33 districts. Whereas the population of Khyber Pakhtunkhwa is 35.53 million[2], with 52% males and 48% females, comprising 11.9% of Pakistan's total population. It is divided into seven divisions: Bannu, Dera Ismail Khan, Hazara, Kohat, Malakand, Mardan and Peshawar. The divisions are further sub-divided into 34 districts.

The Department of Health of both the provinces are effectively and efficiently contributing towards Sustainable Development Goals (SDG). However, the overall health indicators of Balochistan and Khyber Pakhtunkhwa provinces are compromised and are superimposed with challenges of inaccessibility, weak health system, high out-of-pocket expenditure, security issues, heavy snow prone mountainous areas and precarious health condition of children and mother.

In both the provinces, the child health interventions are mainly planned at the grassroot level with community participation and stakeholder's engagement. Continued efforts for universal immunization of under five children against vaccine-preventable diseases is one of the best practices contributing towards preventing neonatal, infant and child mortality. The access to each child is ensured by using the Reaching Every District (RED) Strategy. However, the Routine EPI indicator for all basic vaccinations (age 12-23months) are at 29% and 55% in Balochistan and Khyber Pakhtunkhwa provinces, respectively. There is a need for an intensive support to address common obstacles to increase immunization coverage such as sub-optimal microplanning for immunization service delivery in remote districts, low quality and unreliable service, inadequate monitoring, and supervision of health workers.

In this regard, KHUDDI R&D supported, Department of Health, Khyber Pakhtunkhwa with an EPI project for 4.5 months (5th Dec 2020 – 14th April 2021). The goal was to reach and immunize every child by strengthening of routine EPI microplanning in high-risk union councils of the province. The project objective was to strengthen microplanning in high risk and poor performing union councils by capacity building of health facility staff and by adapting and translation of the microplanning curriculum, if required. The project achieved training of 618 staff in 171 health facilities, beyond its original target, of 600 in 17 districts.

The KHUDDI R&D provided extension of the above-mentioned EPI project with expanding its support in Balochistan province, as well for 07 months (1st Dec 2021 – 30th June 2022). The goal is to reach and immunize every child by strengthening of routine EPI microplanning in high-risk union councils of the two provinces. The project objective is to strengthen microplanning in high risk and poor performing union councils by capacity building of health care providers.

[1] *Pakistan Bureau of Statistics http://www.pbs.gov.pk*

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The project developed a two-pronged approach for the selection of project districts: If there are only 10 or lesser number of high risk and poor performing union councils in the districts. Or/ districts with less than 40% PENTA-3 coverage, preferably in 50% or more high risk union councils.

A total of 22 districts in both the provinces (12 Balochistan and 10 in Khyber Pakhtunkhwa), had a total of 425 union councils (208 Balochistan and 217 in KP) in which the PENTA III coverage was less than 80%, as per EPMIS data of DoH, of both provinces. There was a total of 11,320 (3500 Balochistan and 7,820 KP) health facility staff involved in routine EPI, which required capacity building in microplanning. However, the DG Health KP stressed upon to focus on southern districts for further improving of the PENTA III coverage, specifically LHWs and newly recruited EPI Technicians and vaccinators involved in routine EPI, which required capacity building and refresher courses in microplanning.

Given the project targets, it was agreed in consultation with Department of Health Balochistan and KP that presently, a total of 1,320 staff (360 in Balochistan and 960 in KP) staff will be trained in 22 district workshops.

However, given the dire need of capacity building, the project distinctly achieved training of 1,402 health facility staff in both provinces (396 in 15 district workshops in Balochistan and 1,006 staff in 32 district workshops in Khyber Pakhtunkhwa), beyond its envisioned target.

The strengthening of routine EPI project in Pakistan, achieved:

Balochistan:

1. The project work plan was approved by DGHS, DoH Balochistan.
2. Prepared 15 districts situation analysis report of the project districts.
3. 12 District level cascade training action plans were developed.
4. 15 district level cascade trainings conducted.
5. 396 health staff in 12 districts of Balochistan were trained in microplanning.
6. 263 microplans updated in union councils with less than 80% PENTA III coverage, reported in last year, from Jan-Dec 2021.
7. AEFI referral flow chart reviewed and adapted.
8. The microplanning district presentation was reviewed, adapted, and translated in Urdu.

Khyber Pakhtunkhwa

1. The project work plan was approved by DGHS, DoH Khyber Pakhtunkhwa.
2. Prepared 10 districts situation analysis report of the project districts.
3. 10 District level cascade training action plans were developed.
4. 32 district level cascade trainings conducted.
5. 1,006 health staff in 10 districts of Khyber Pakhtunkhwa were trained in microplanning.
6. 335 microplans updated in union councils with less than 80% PENTA III coverage, reported in last year, from Jan-Dec 2021.

7. AEFI referral flow chart reviewed and adapted.
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The KHUDDI R&D funded EPI project was able to achieve beyond its targets due to continued policy level advocacy, coordination and oversight provided by the provincial DGHS office, Balochistan and Khyber Pakhtunkhwa. The engagement and ownership of both the DGHS office determined the purposeful decisions and enabled policy level guidance for the well-timed implementation of the planned activities, despite ongoing COVID vaccination and SNID in the districts. Moreover, the provincial and district EPI and LHW program synergy ensured positive impact throughout the district level cascade training.

The capacity building opportunity keenly observed the gender specific needs and successfully trained almost 60% and 63% females in Balochistan and Khyber Pakhtunkhwa provinces (out of 100% planned target of health staff) health care workers comprised of LHVs, LHS and LHWs for enhanced engagement and to ensure effective participation of women during capacity building activities for improving routine EPI.

Recommendation:

1. Extension of the project capacity building activities for remaining EPI and LHW program staff in districts of Balochistan and Khyber Pakhtunkhwa.
2. Capacity building of LHWs in other aspects of routine EPI in all districts of Balochistan and Khyber Pakhtunkhwa.
3. Maintain EPI and LHW programs synergy and coordination among partners.
4. Strengthening of the EPI and LHW surveillance system at all levels.
5. Use of microplans for effective outreach activities for routine EPI.
6. Strengthen coordination with education, social security, and local government units.

Background

The provinces of Balochistan and Khyber Pakhtunkhwa are in the northwestern and southwestern regions of Pakistan, respectively. The province of Balochistan has a population of 12,33 million[3], and is divided into seven divisions: Kalat, Makran, Nasirabad, Quetta, Sibi and Zhob. Each division is further divided into 33 districts. Whereas the population of Khyber Pakhtunkhwa is 35.53 million[4], with 52% males and 48% females, comprising 11.9% of Pakistan's total population. It is divided into seven divisions: Bannu, Dera Ismail Khan, Hazara, Kohat, Malakand, Mardan and Peshawar. The divisions are further sub-divided into 34 districts.

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Khyber Pakhtunkhwa provinces are compromised and are superimposed with challenges of inaccessibility, weak health system, high out-of-pocket expenditure, security issues, heavy snow prone mountainous areas and precarious health condition of children and mother.

In both the provinces, the child health interventions are mainly planned at the grassroot level with community participation and stakeholder's engagement. Continued efforts for universal immunization of under five children against vaccine-preventable diseases is one of the best practices contributing towards preventing neonatal, infant and child mortality. The access to each child is ensured by using the Reaching Every District (RED) Strategy. However, the Routine EPI indicator for all basic vaccinations (age 12-23months) are at 29% and 55% in Balochistan and Khyber Pakhtunkhwa provinces, respectively. There is a need for an intensive support to address common obstacles to increase immunization coverage such as sub-optimal microplanning for immunization service delivery in remote districts, low quality and unreliable service, inadequate monitoring, and supervision of health workers.

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The project developed a two-pronged approach for the selection of project districts: If there are only 10 or lesser number of high risk and poor performing union councils in the districts. Or/ districts with less than 40% PENTA-3 coverage, preferably in 50% or more high risk union councils.

A total of 12 districts were selected in Balochistan, in which the PENTA III coverage was less than 80%, as per EPMIS data of DoH, Balochistan. These 12 districts had a total of 208 union councils with less than 80% PENTA III coverage and total of 3500 health facility staff involved in routine EPI, which required capacity building in microplanning. Likewise, 10 districts were selected in Khyber Pakhtunkhwa, in which the PENTA III coverage was less than 80%, as per EPMIS data of DoH, Khyber Pakhtunkhwa. However, the DG Health KP stressed upon to focus on southern districts for further improving of the PENTA III coverage in . These 10 districts had a total of 217 union councils with less than 80% PENTA III coverage and total of 7,820 health facility staff (specifically LHWs and newly recruited EPI Technicians and vaccinators) involved in routine EPI, which required capacity building and refresher courses in microplanning.

Given the project targets, it was agreed in consultation with Department of Health Balochistan and KP that presently, a total of 1,320 staff (360 in 12 districts of Balochistan and 960 in 10 districts of KP) will be trained in 22 district workshops.

However, given the dire need of capacity building, the project distinctly achieved training of 1,402 health facility staff in both provinces (396 in 15 district workshops in Balochistan and 1,006 staff in 32 district workshops in Khyber Pakhtunkhwa), beyond its envisioned target.

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Khyber Pakhtunkhwa

1. The project work plan was approved by DGHS, DoH Khyber Pakhtunkhwa.
2. Prepared 10 districts situation analysis report of the project districts.
3. 10 District level cascade training action plans were developed.
4. 32 district level cascade trainings conducted.
5. 1,006 health staff in 10 districts of Khyber Pakhtunkhwa were trained in microplanning.
6. 335 microplans updated in union councils with less than 80% PENTA III coverage, reported in last year, from Jan-Dec 2021.
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The KHUDDI R&D funded EPI project was able to achieve beyond its targets due to continued policy level advocacy, coordination and oversight provided by the provincial DGHS offices of Balochistan and Khyber Pakhtunkhwa. The engagement and ownership of both the DGHS office determined the purposeful decisions and enabled policy level guidance for the well-timed implementation of the planned activities, despite ongoing COVID vaccination and SNID in the districts. Moreover, the provincial and district EPI and LHW program synergy ensured positive impact throughout the district level cascade training.

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engagement and to ensure effective participation of women during capacity building activities for improving routine EPI.

Project Goal

- Reach and immunize every child by strengthening of microplanning in high-risk union councils of Balochistan and Khyber Pakhtunkhwa provinces of Pakistan.

Project Objective

The project objective was to:

1. Build a core team of trainers in microplanning in Balochistan and Khyber Pakhtunkhwa.
2. Strengthen microplanning in high risk and poor performing union councils by capacity building of a total of 1,320 (360 in Balochistan and 960 in Khyber Pakhtunkhwa) health care providers of EPI and LHW program in microplanning.
3. Update the low performing facilities' micro plans responding to the coverage enhancement requirements, especially in the hard-to-reach areas and high-risk districts.

Project duration

- The project duration seven months. (1st Dec 2021 --- 30th June 2022)

District eligibility criteria for the project

The EPI data analysis of Balochistan and Khyber Pakhtunkhwa provinces revealed a wide range of low coverage in various districts. In some districts there are only few (less than 5) union councils with low coverage. Whereas, on the contrary there are districts with more than 50% of remote and far-flung high-risk union councils which are poor performing and have <40% PENTA-3 coverage. Therefore, the project developed a two-pronged approach for the selection of project districts in Balochistan and Khyber Pakhtunkhwa provinces.

The selection criteria of the project districts were as follows:

1. .If there are only 10 or lesser number of high risk and poor performing union councils in the districts. The project support will strengthen microplanning in the high-risk UCs and will bring the immunization coverage

to the optimal level. This will result in more than 80% immunization coverage in the entire district.

2. Districts with less than 80% PENTA III coverage, preferably in 50% or more high risk union councils.

3. A total of 12 districts were selected in Balochistan in which the PENTA III coverage was less than 80%, as per EPMIS data of DoH, Balochistan. These 12 districts had a total of 208 union councils with less than 80% PENTA III coverage and total of 3500 health facility staff involved in routine EPI, which required capacity building in microplanning.

District	PENTA III Coverage	District	PENTA III Coverage	District	PENTA III Coverage
Sorab	35%	Khuzdar	38%	Bolan	40%
Washuk	45%	Duki	51%	Sherani	52%
Quetta	52%	Zhob	53%	Killa Abdullah	57%
Sibi	57%	Pishin	58%	Musa Khel	60%
Mustang	61%	Panjgaur	62%	Jhal Magsi	66%
Kalat	69%	Ziarat	69%	Lasbela	70%
Chaman	69%	Dera Bugti	76%	Gwadar	77%
Naseerabad	78%	Jaffarabad	78%	Killa Saifullah	78%

4. The DGHS KP recommended to focus on southern districts of Khyber Pakhtunkhwa. Thus, a total of 10 districts were selected in which the PENTA III coverage was less than 80%, as per EPMIS data of DoH, Khyber Pakhtunkhwa. These 10 districts had a total of 217 union councils with less than 80% PENTA III coverage and total of 7,820 health facility staff involved in routine EPI, which required capacity building in microplanning.

District	PENTA III Coverage	District	PENTA III Coverage	District	PENTA III Coverage
Haripur	80	Bannu	79	Swat	77
Chitral	74	DI Khan	73	Lakki Marwat	67
Orakzai	67	Karak	63	Kohat	63
Tank	55				

5. Given the project targets, it was agreed in consultation with Department of Health Balochistan that presently, 360 staff in 300 MCH centers will be trained in 12 district cascade workshops. Likewise, in Khyber Pakhtunkhwa, presently 960 staff in 320 health facilities will be trained in 10 district cascade workshops.

Balochistan Province Achievements of District Cascade Training

1. The project district cascade training work plan was approved by DGHS, DoH Balochistan.
2. 15 batches of district level cascade training conducted.
3. 396 health staff of 263 health facilities with less than 80% PENTA III coverage in 12 districts of Balochistan province, were trained in microplanning.
4. 263 microplans updated in union councils with less than 80% PENTA III coverage, reported in last year from Jan-Dec 2021.
5. AEFI referral flow chart developed.
6. The microplanning district presentation translated in Urdu.

Khyber Pakhtunkhwa Province Achievements of District Cascade Training

1. The project district cascade training work plan was approved by DGHS, DoH Khyber Pakhtunkhwa
2. 32 batches of district level cascade training conducted.
3. 1,006 health staff of 335 health facilities with less than 80% PENTA III coverage in 10 districts of Khyber Pakhtunkhwa province, were trained in microplanning.
4. 335 microplans updated in union councils with less than 80% PENTA III coverage, reported in last year from Jan-Dec 2021.

5. AEFI referral flow chart developed.
6. The microplanning district presentation translated in Urdu.

Training Objective

- To strengthen routine EPI microplanning with an integrated approach of health system strengthening between EPI and LHW programs in Balochistan and Khyber Pakhtunkhwa provinces.

Salient Features

- A total of 44 district cascade training of 3 days (12 in Balochistan and 32 in KP) were organized in 22 districts (12 in Balochistan and 10 in KP) by the Department of Health Balochistan and Khyber Pakhtunkhwa in coordination and collaboration with District Health office teams. These were jointly implemented and facilitated by the EPI and LHW Programs of each district and jointly monitored by the DGHS office Balochistan and Khyber Pakhtunkhwa, district health officer of the respective district and the Snr. Technical Advisor, Khuddi Research & Development.
- The entire technical, logistic, and financial support was provided by KHUDDI R&D. The Urdu translated training material and other related technical support was provided by the Snr. Technical Advisor, Khuddi Research & Development.
- The training medium was Pashto, Urdu and English.
- A mixed training methodology was used. It was mainly brainstorming, district experience sharing of the participants, group work and presentations by the participants.

- In all the 44 districts, the training commenced with recitation from the Holy Quran followed by introduction of the participants and facilitators.
- The norms were established, and the training objective was shared with the participants.
- As an overall, during the various training sessions the participants identified the following constraints that exist in various communities.
  - Lack of political commitment
  - High cost of health services
  - Lack of financial support for optimal health services
  - Health workforce problems
  - High cost at private health sector facilities
  - Lack of accessibility to avail essential health service package
  - Various security concerns
  - High risk areas/populations
  - Hard to reach areas
  - Urban populations
  - Internally displaced populations
  - Seasonal migrants
  - Nomads
  - Areas with shortage of health workers
  - Insufficient number of additional staffing required
  - Lack of updated maps of the catchment area

Training participants

- ✓ A total of 1,402 participants (396 in Balochistan and 1,006 in KP) of various cadres from EPI and LHW program attended the 3 days district cascade training in 44 batches (12 in Balochistan and 32 in KP) in 22 districts (10 in Balochistan and 12 in KP).
- ✓ The detailed list of participants (cadre wise) is attached as annex 1a, 1b for Balochistan and KP, respectively.

Microplans

The various steps of microplanning process were thoroughly discussed. All of the 1,402 participants (396 in Balochistan and 1,006 in KP) in 22 districts (10 in Balochistan and 12 in KP) developed 598 microplans (263 in Balochistan and 335 in KP) of their respective health facilities in both the provinces.

While discussing the importance of effective microplanning to reach the high-risk populations and access to marginalized communities. The following items were identified by the participants, throughout all the districts.

- ✓ Catchment area
- ✓ Unvaccinated target population
- ✓ Newborn details
- ✓ Any defaulters and their location
- ✓ High risk areas/populations
- ✓ Hard to reach areas
- ✓ Urban populations
- ✓ Internally displaced populations
- ✓ Seasonal migrants
- ✓ Nomads
- ✓ Areas with shortage of health workers
- ✓ Number of additional staffing required
- ✓ Updated maps of the catchment area
- ✓ Details of supplies

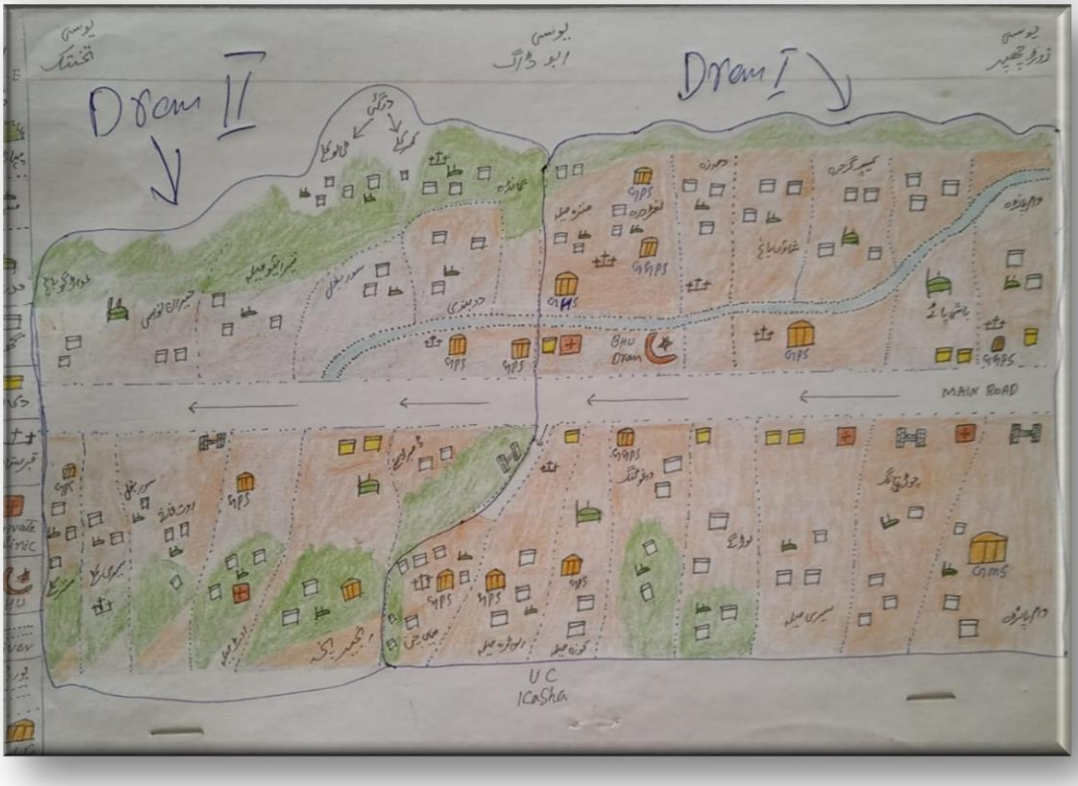
- ✓ Social mobilization activities
- ✓ Any refusals
- ✓ Barriers to immunization
- ✓ Supervision and monitoring
- ✓ Recording and reporting tools

During the group work while developing microplans of respective union council, participants developed:

1. Maps of the respective catchment area
2. Prepared list of villages

3. Calculated the EPI targets
4. Identified the specific problems related to the catchment area of the respective health facilities were identified and solutions proposed through discussions and brainstorming.

The map of the respective catchment area were developed during the group work by all the 22 districts and the sample of few districts are as follows:

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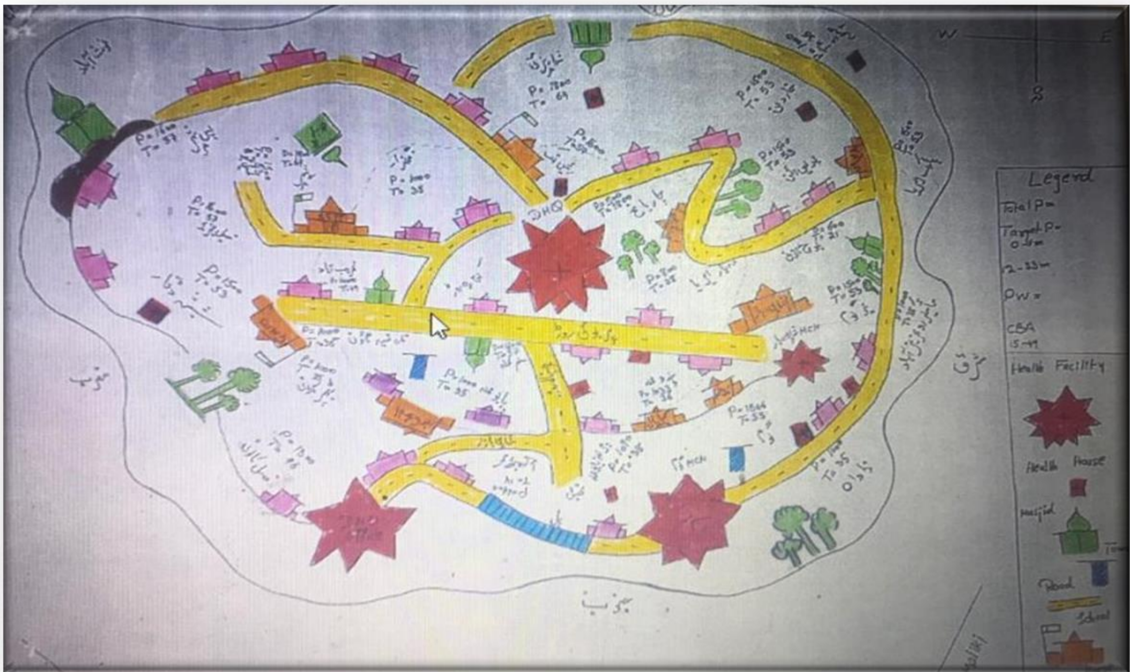
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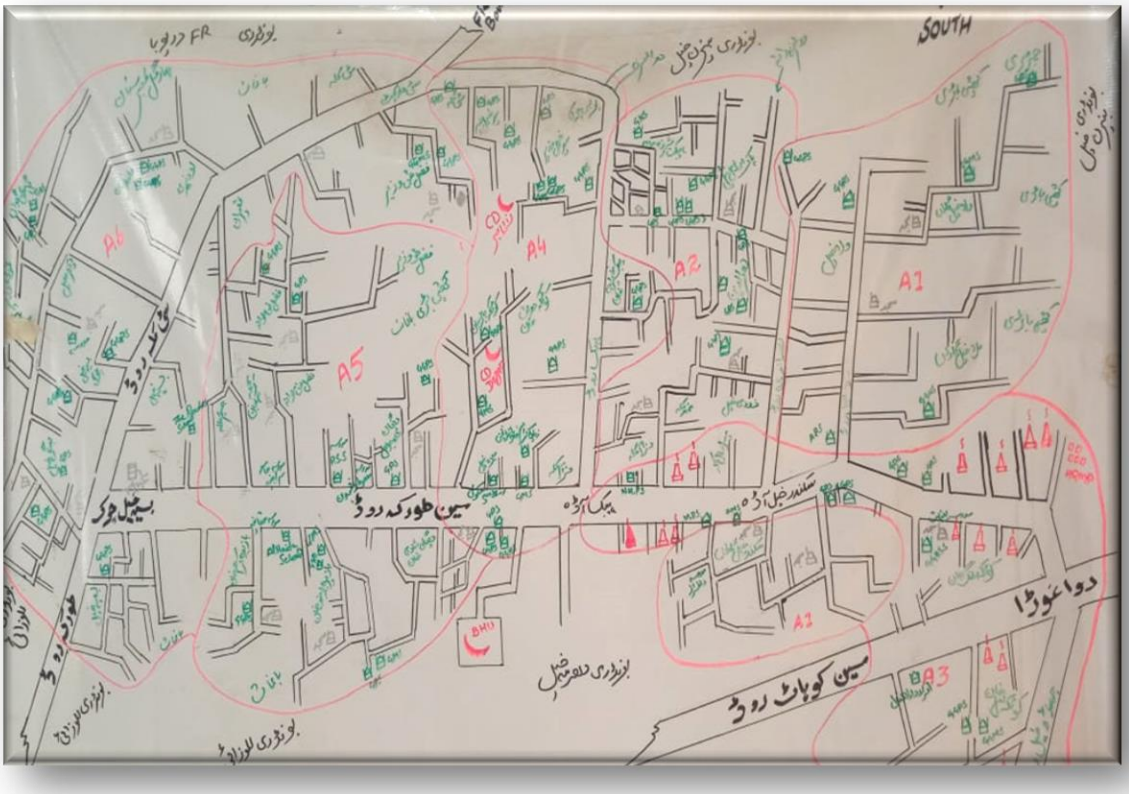
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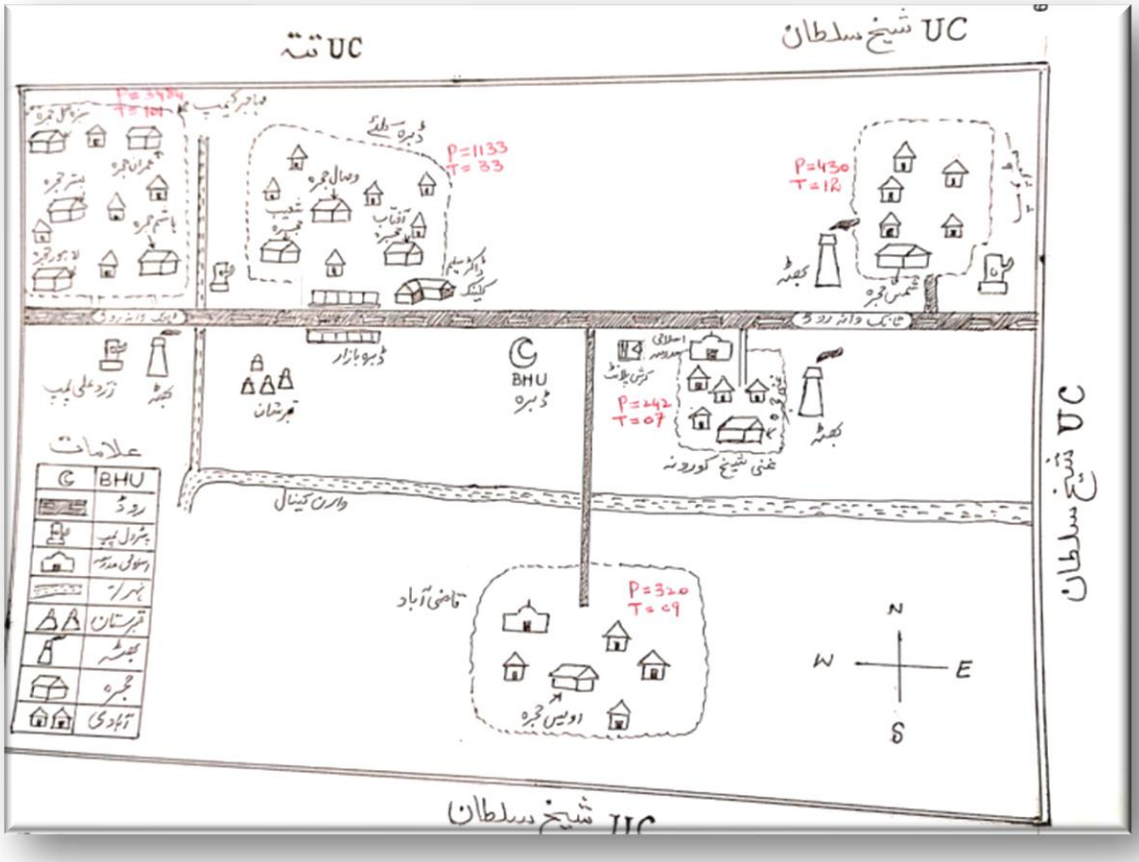
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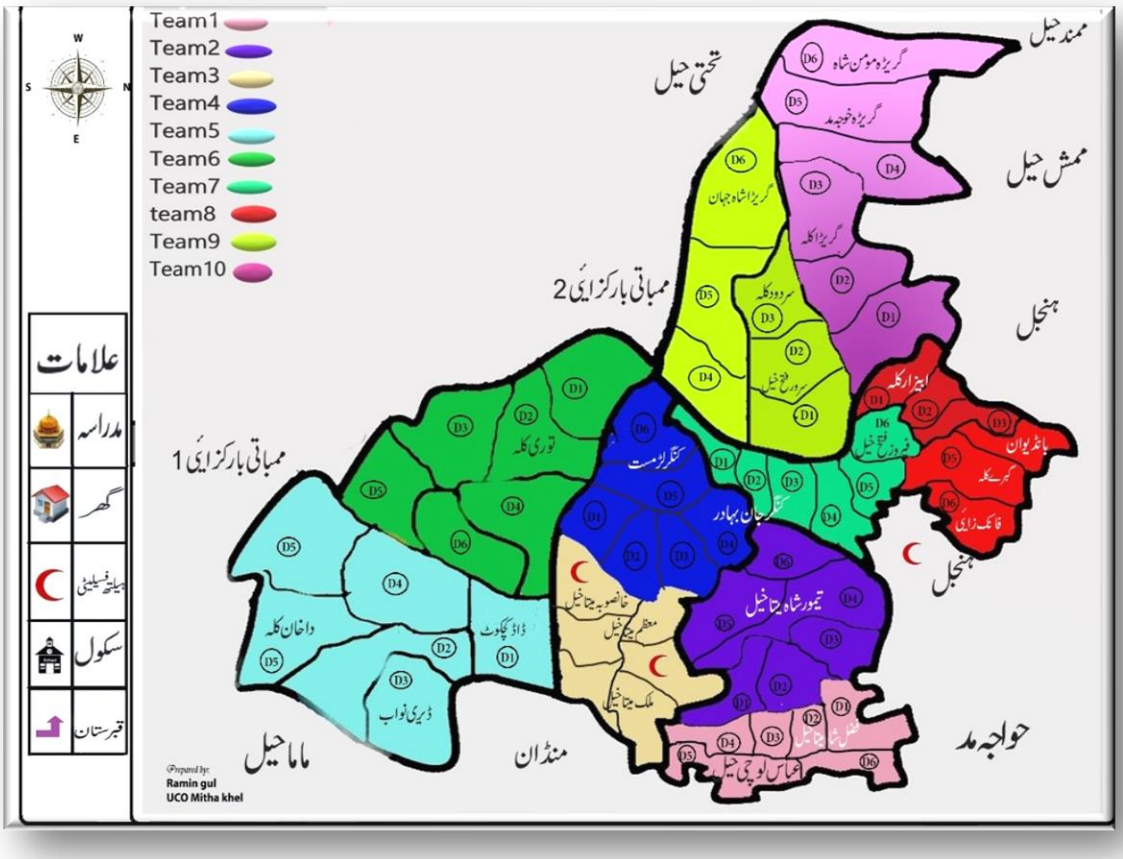


The **health facility annual targets for immunization** were calculated as follows:

Total Population کل آبادی	Annual Target Population						Total villages/ mohallahs گاؤں/محلوں کی تعداد
	New Born نوزائیدہ بچے	Surviving Infants	12-23 M	0-59 M	P & L women	CBAs	
31695	919	870	870	5071	937	6972	22

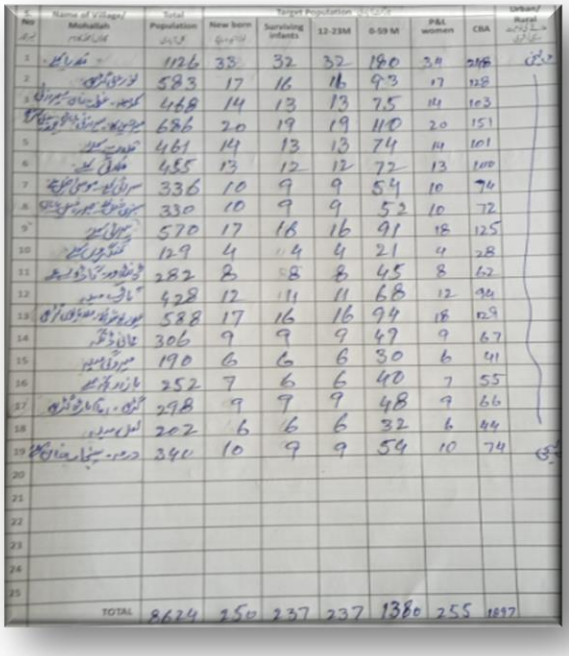


Table 1: Population and Target** (آبادی اور ٹارگٹ)

Total Population کل آبادی	Annual Target Population (سالانہ ٹارگٹ آبادی)						Total Villages/ mohallahs
	New born نوزائیدہ بچے	Surviving Infants	12-23M	0-59 M	P&L Womens	CBA	
39274	1375	1302	1280	6284	1402	8640	30

on Analysis (حفاظتی ٹیکہ جات کے اعداد و شمار کا تجزیہ)***

Compile population, immunization coverage data in the previous 12 months									Analyze problem								
Target population	Dose of vaccine administered				Immunization coverage (%)				Unimmunized (No.)			Drop-out rate (%)		Identify problem		Categorize problem - second	Prioritize area
< 1 year	Penta 1	Penta 3	Measles	TT2	Penta 1 (C/B x 100)	Penta 3 (D/B x 100)	Measles (E/B x 100)	TT2 (F/B x 100)	DPT3 (B-D)	Measles (B-E)	unimmunized (B-2)	P1-P3 (C-D)/C x 100	P1-Measles (C-E)/C	Access	Utilization	Category 1,2,3,4	Priority 1,2,3,....
B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
29	27	24	26	11	93	83	90	38	5	3	8	11	4	Good	Poor		
31	22	20	21	9	71	65	68	29	11	10	21	9	5	Poor	Good		
30	18	13	16	10	60	43	53	33	17	14	31	28	11	Poor	Poor		
29	22	18	19	12	76	62	66	41	11	10	21	18	14	Poor	Poor		
25	23	20	23	13	92	80	92	52	5	2	7	13	0	Good	Poor		
8	7	6	7	7	88	75	88	88	2	1	3	14	0	Good	Poor		
19	13	12	13	15	68	63	68	79	7	6	13	8	0	Poor	Good		
40	12	12	12	10	30	30	30	25	28	28	56	0	0	Poor	Good		
27	22	20	18	8	81	74	67	30	7	9	16	9	18	Good	Good		
38	8	8	8	12	21	21	21	32	30	30	60	0	0	Poor	Good		
7	5	5	5	3	71	71	71	43	2	2	4	0	0	Poor	Good		
15	14	13	14	8	93	87	93	53	2	1	3	7	0	Good	Good		
26	24	23	23	12	92	88	88	46	3	3	6	4	4	Good	Good		
7	5	5	5	5	71	71	71	71	2	2	4	0	0	Poor	Good		
10	9	8	8	8	90	80	80	80	2	2	4	11	11	Good	Poor		
19	14	13	17	11	74	68	89	58	6	2	8	7	-21	Poor	Good		

Total Population کل آبادی	Annual Target Population						Total villages/ mohallahs گاؤں/محلہ کی تعداد
	New Born نوزائیدہ بچے	Surviving Infants	12-23 M	0-59 M	P & L women	CBAs	
6130	173	161	161	979	173	1339	07

Village/ Mohallah گاؤں/محلہ کا نام	Compile population immunization coverage data پچھلے بارہ ماہ کے اعداد و شمار									Analyze problem مسئلے کی جانچ پڑتال							Prioritize area
	Target population ایک سال سے کم عمر بچوں کا سالانہ ہدف	Children vaccinated (Number) لگائی جانے والی ویکسین کی تعداد				Immunization coverage (%) حفاظتی ٹیکہ جات کی کوریج				Unimmunized (Number) ویکسین سے محروم بچے		Drop-out rate (%) مسئلے کی درجہ بندی		Identify problem مسئلے کی جانچ		Categorize problem according to table 14	
	< 1 year Live Birth	Penta-1	Penta-3	Measles 1	TT2	Penta1 (c/b x100)	Penta 3 (d/b x100)	Measles-1 (e/b x100)	TT2 (f/b x100)	Penta 3 (b-d)	MCV1 (b-e)	Penta1-Penta3 (c-d)/c x 10)	Penta1-MCV1(c-e)/c x100	Access	Utilization	Category 1,2,3,4	Priority 1,2,3,4,5,...
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
نورینگ	54	44	23	8	18	82	43	15	33%	31	46	48	82	Good	Poor	2	2
گولہ کوراش	47	43	21	10	12	92	45	23	26%	26	36	51	76	Good	Poor	2	3
بیرونی بلاک A	23	14	9	3	1	61	39	13	4%	14	20	36	78	Poor	Poor	4	4
بیرونی بلاک B	15	15	8	3	2	100	53	2	13%	7	12	47	80	Good	Poor	2	8
روڈی خیل A	52	36	6	0	8	69	11	0	15%	46	44	83	100	Poor	Poor	4	1
روڈی خیل B	20	18	8	1	0	90	40	5	0%	12	19	56	94	Good	Poor	2	5
جعفران	10	5	0	0	0	50	0	0	0%	10	10	100	100	Poor	Poor	4	6
نورچڑی	14	15	6	3	4	100	43	21	31%	8	11	60	80	Good	Poor	2	7

✓ The **union council social mobilization plan** were developed during the micro planning group work and the sample of few districts are as follows:

Health Facility/ UC Social Mobilization Plan					
S. No	**Name/ Type of Activity**	**Venue of activity (Name of Village / Mohallah)**	**Date of Activity**	**Number of Expected Participants**	**Name of Responsible Person for Activity**
1	School Awareness Session	Haji Jamal School	7-Apr	10	Rasheed Sab/UCPO
2	School Awareness Session	Usman Bin Afan School	12-Apr	13	Nafi Sab /UCCO /Dulat Sab/SM
3	Community with Community Elder	Habibullah House	9-Apr	8	Sarfaraz Sab /UCO/Nafi Sab/ UCCO
4	EOA awareness	Haji Jamal Barma	6-Apr	15	Rasheed Sab UCPO/Dulat /SM
5	EOA Awareness Session	Talib Aka Taal	12-Apr	12	Allah Muhammad/Abdul Rauf Vaccinator
6	Refusal Community Session	Khan Aka Barma	7-Apr	10	Allah Muhammad/ Abdul Rauf/ Vaccinator
7	EOA Awareness Session	Haji Jamal House	14-Apr	14	Nafi Sab/ UCCO/Dulat/SM
8	Refusal Community Session	Meerjan Barma	7-Apr	10	Allah Muhammad/ Abdul Rauf Vaccinator
9	Community with Community Elder	Qureshi Medical	12-Apr	11	Rasheed Sab UCPO
10	EOA Awareness Activity	Khan Aka Barma	8-Apr	10	Sarfaraz Sab/ UCO/Nafi Sab / UCCO
*** Community with community elder, school awareness session, LHW meeting, mosque announcement, vehicle announcement, etc**					

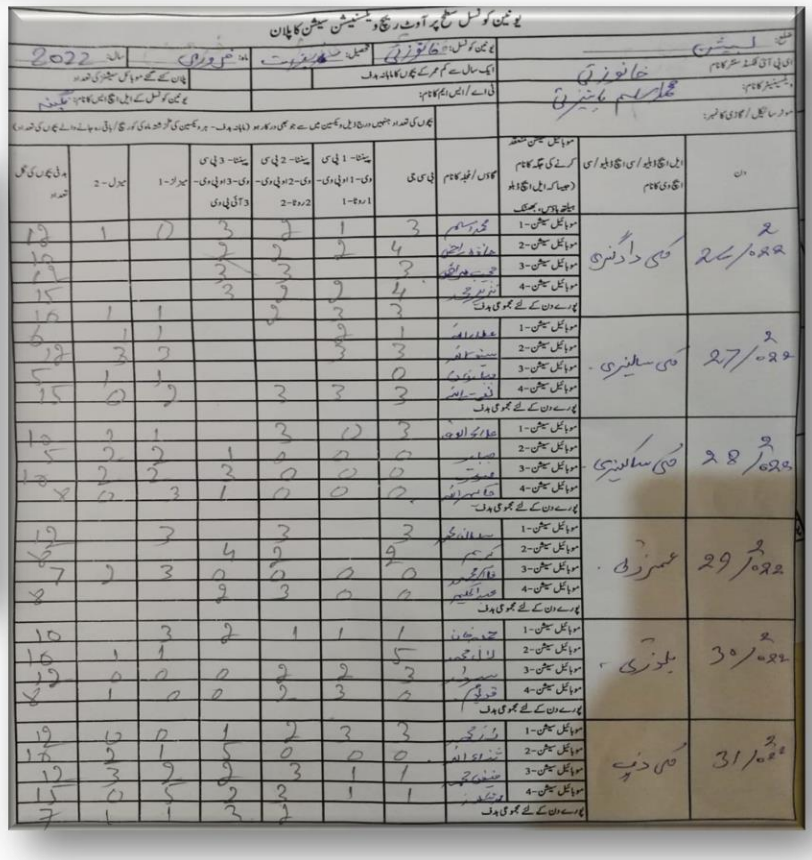
Activities that can be conducted by HF level to improve	Activities that need support by district or higher level	What other interventions can be delivered at same time as
E	F	G
BRU FYN SYRUP	session	health camp
BRU FYN SYRUP	Community session	health camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	machar daniyan
BRU FYN SYRUP	Community session	machar daniyan
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp
BRU FYN SYRUP	Community session	free medical camp

✓ **The vaccination session plans** were also discussed while preparing the microplans during the micro planning group work in all the districts and the outcome of group work are as follows:

Table 9: Vaccination Session Calculation ***

Village/ Mohallah	Total population	Target population	Session type (Fixed, outreach, mobile)	No of injections per year (target population x 12)	No of injections per month	Estimated sessions per month (divided by 80 for fixed site and 40 for outreach)	Actual sessions planned per month (realistic judgment)	Other child survival interventions planned	Hard to reach area (refer to table 8)
A	B	C	D	E=C*12	F=E/12	G	H	I	J
Kareem khel A	450	12	Outreach	156	13	1	1	ORS+Awareness	No
Kareem khel B	500	14	Outreach	60	5	1	1	ORS+Awareness	No
Murtaza khel A	700	19	Outreach	72	6	1	1	ORS+Awareness	No
Murtaza khel B	750	21	Outreach	60	5	1	1	ORS+Awareness	No
Fateh Khan khel A	750	21	Outreach	360	30	1	2	ORS+Awareness	No
Fateh Khan khel B	550	15	Outreach	348	29	1	2	ORS+Awareness	No
Ghunda abadi A	750	21	Outreach	288	24	1	2	ORS+Awareness	No
Ghunda abadi B	676	19	Outreach	180	15	1	1	ORS+Awareness	No
Ghunda abadi C	350	10	Outreach	180	15	1	1	ORS+Awareness	No
suleman khel A	600	16	Outreach	168	14	1	1	ORS+Awareness	No
suleman khel B	600	16	Outreach	300	25	1	2	ORS+Awareness	No
Umer khel	850	23	Outreach	300	25	1	2	ORS+Awareness	No

*Number of Injectons:(BCG*1, Penta*3, Pcv*3, IPV*1, MCV*2, TT*2) Total 12.



The **problem-solving matrix** was developed during the micro planning group work in district cascade training workshops , and the sample of district Kohat is as follows:

Village/ Mohallah گاؤں/ محلے کا نام	Compile population immunization coverage data: Target population ایک سال سے کم عمر بچوں کا سالانہ ہدف	Children vaccinated (Number) لگائی جانے والی ویکسین کی تعداد				Immunization coverage (%) حفاظتی ٹیکہ جات کی کوریج				Analyze problem: Unimmunized (Number) ویکسین سے محروم بچے		Drop-out rate (%)		Identify problem		Categorize problem according to table 14	Prioritize area
	< 1 year Live Birth	Penta-1	Penta-3	Measles 1	TT2	Penta1 (c/b x 100)	Penta 3 (d/b x 100)	Measles-1 (e/b x 100)	TT2 (f/b x 100)	Penta 3 (b-d)	MCV1 (b-e)	Penta1-Penta3 (c-d)/c x 100	Penta1-MCV1(c-e)/c x 100	Access	Utilization	Category 1,2,3,4	Priority 1,2,3,4,5,....
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Chadrar	80	70	62	50	40	88	78	63	50	18	30	11	29	Good	poor	2	1
Chadrar زیارت کوٹ	9	8	4	4	2	89	77	44	22	5	5	50	50	Good	poor	2	4
Gaara Pather	78	68	62	50	48	87	78	64	62	16	28	9	26	Good	Good	1	2
Masuid Kot pather	13	12	7	7	8	92	79	54	62	6	6	42	42	Good	Poor	2	3
Warin Kot	5	5	4	3	2	100	80	60	40	1	2	20	40	Good	poor	2	5

List all problems for RED components, identify activities at HF and district level to overcome the issue of sub-optimal implementation of RED components.

RED components حکمت عملی کے اجزاء	Problems مسائل	Activities with limited resources محدود وسائل کے ساتھ اقدامات	Activities needing resources and assistance from district وہ اقدامات جن کیلئے وسائل اور ضلعی سطح سے مدد درکار ہوں	When and Area name کب علاقے کا نام	Responsible Person ذمہ دار شخص کا نام
Re-establishment of outreach services آؤٹ ریچ کو بحال	Lack of education, lack of suppoer, lack of LHW, repeat polio campaign	panadol syrup for fever	medical camps EPI coordination support	Wanda zarif wal	DHO SP
Supportive supervision نگرانی برائے اصلاح	AIC ASUPPORT TSV DSV	AWERNES SESSION WHOstaff	EPI coordination DHO SB	Wanda zar khan soor band	UCSO SB
Community links with service delivery حفاظتی ٹیکہ جات کیلئے لوگوں سے روابط	restrition on the vacination	adding of supportive staff	DHO PEO AND STAFF DHCSO SB	AHMAD KHEL	DHO EPI coordination
Monitoring and use of data for action نگرانی اور حفاظتی ٹیکہ جات کے اعداد و شمار کا استعمال	polio m shamuliat sb s bara masla h	Demand of govt medicine	DHO EPI MOBIL TEAM	Wanda seemu	PEO UCO UCSP
Planning and management of resources وسائل کی منصوبہ بندی اور ان کا استعمال	polio refusal coverage planning with who staff	facility AIC co.operation all staf	district adm. +DPCR DHO SB	mohalla bahadur	UCO SM UCSP

Table 7: Problem solving by the using RED strategy.

List all problems for RED components, identify activities at HF and district level to overcome the issue of sub-optimal implementation of RED components

RED components حکمت عملی کے اجزاء	Problems مسائل	Activities with limited resources محدود وسائل کے ساتھ اقدامات	Activities needing resources and assistance from وہ اقدامات جن کیلئے وسائل اور ضلعی سطح سے مدد درکار ہوں	When and Area name کب علاقے کا نام	Responsible Person ذمہ دار شخص کا نام
Re-establishment of outreach services آؤٹ ریچ کو بحال	Our Area Is very Risky.Moment in the field is very risky.	Avalaible Resource use by U	Need EPI Center in Wanda Fateh khan Shumali	Every 3 Months UC samandi	EPI Tigers
Supportive supervision نگرانی برائے اصلاح	Need Support of TSV and DSV in this UC	EPI Officals must vist in Community of this UC	EPI Coordinator must vist every month to this UC	Wanda Aurangzeb and Wanda Bergi	EPI Tigers
Community links with service delivery حفاظتی ٹیکہ جات کیلئے لوگوں سے روابط	Unicef Staff Awearness weakness	EPI Staff use own resoure in the community about vaccination	DSV & TSVs talk every month to the community	Wanda Qabool Khel Every Month	EPI Tigers
Monitoring and use of data for action نگرانی اور حفاظتی ٹیکہ جات کے اعداد و شمار کا استعمال	The filed Injection Numbring to Solve Better Place Very Hard work	EPI Staff Aware the community about Vaccination	EPI Officials give awerness about wrong information of Vaccainton in the community.	Every Month Kara Nawar Khel	EPI Tigers
Planning and management of resources وسائل کی منصوبہ بندی اور ان کا استعمال	Planning about present EPI is wrong.Use new planning for better	EPI Staff visit with the elders of the community.	DHO sb visit after every 6 months.	Wanda Shahab uddin and Alam Shah Khel Every Month	EPI Tigers

List of areas (according to priority) ترجیحات کے اعتبار سے علاقوں کے	Category of problem i.e 1,2,3,4 (refer to table 1) مسئلے کی درجہ بندی (ٹیبل نمبر ۱ سے رجوع کریں)	Reason for Hard to reach (see foot note) (Y/N) مشکل گزار علاقہ	How many times were they reached last year پچھلے سال کتنی بار ان مشکل گزار علاقوں تک رسائی ممکن ہوئی	Activities that can be conducted by HF level to improve access وہ اقدامات جو مرکز صحت کی سطح سے کیے جا سکتے ہوں تا کہ حفاظتی ٹیکہ جات کی پہنچ اور اس کا استعمال بہتر بنایا جاسکے	Activities that need support by district or higher level وہ اقدامات جو ضلعی سطح سے کیے جاسکتے ہوں تاکہ حفاظتی ٹیکہ جات کی پہنچ اور اس کا استعمال بہتر بنایا جاسکے	What other interventions can be delivered at same time as مزید ایسے اقدامات جو حفاظتی ٹیکہ جات کے ساتھ مشکل گزار علاقوں میں کیے جاسکتے ہوں جیسا کہ وٹامن A وغیرہ
A	B	C	D	E	F	G
khoo	1	yes	8	health education	LHW arraingment	approch aria
kassona	1	yes	7	health education	LHW arraingment	approch aria
Bakkri	1	yes	5	viccin	LHW arraingment	approch aria
Gulfeza	1	yes	9	meating	LHW arraingment	approch aria
palqata	1	yes	8	awernes obut viccin	LHW arraingment	approch aria
malam	1	yes	10	health education	midical camp	approch aria
Lodia	2	yes	8	health education	LHW arraingment	free midicin
Balakot I	2	yes	10	community meating	LHW arraingment	paracitamol syrp
Spinioba	2	yes	9	community meating	midical camp	free midicin
Toortoot	2	no	8	meating with LHw	midical camp	midical camp
Tango	2		8	meating with LHw	midical camp	midical camp
Asharri	3	yes	8	meating with LHw	midical camp	paracitamol syrp
kishawra	3	no	11	meating with LHw	midical camp	paracitamol syrp
Spinioba v	3	no	11	meating with LHw	midical camp	midical camp
khamba	3	yes	10	meating with LHw	midical camp	midical camp

The **sample of the list of names and contact details of the community members** was developed during the micro planning group work in all the district workshops, and the sample of few districts of both the provinces, are as follows:

Table 4: Ilst of Community contact persons ***

S.No	Name of Village/Mohallah گاؤں / محلہ	Name of contact person رابطہ	Contact Number رابطہ نمبر
1	Ahmad khel / ghani khel	Bilal khan	3109976155
2	Ahmad khel / durk khel	Molvi ayoub khan	3135793811
3	Shah hassan khel/ bahar khel	Arif ullah	3109662804
4	Shah hassan khel/ fatah khel	Gul pariz haji	302882622
5	Wanda faqeeran / faqeer khel	Mehmood	3018756723
6	Wanda zar khan / zar khan khel	Asghar ali PST	3158194316
7	Wanda seemo / lesahtana	Ali muhammad PST	3159121923
8	Wanda zarif wal / zarif khel	Hazrat khan	3025747451
9	Wanda seemo / langer khe;l	Arab khan PST	3109720761
10	Hzar dharak / dharak khel	Sarfaraz	3035069265
11	Ahmad khel/ rode side	Sherin jan dukandar	3065762997
12	Shah hassan khel / yousaf khel	Sami ullah dukandar	3059814801
13	Muslim abad/ mir gul khel	Farooq molvi	3024268694
14	Shah hasan khel / rode side	Muhammad nawaz	3004689622
15	Wanda zar khan / aslam khel	Rizwan molvi	3023522695
16	Shekh khola/ kundal	Arif ullah	3109662804

Table 4: List of Community Contact Persons (رابطہ نمبر)

S. No نمبر شمار	Name of Village/ Mohallah گاؤں / محلہ	Name of Contact Person رابطہ نمبر	Contact Number رابطہ نمبر
1	chabar Ziarat kot	Rahmatullah	0333-9842564
2	Gora Pather	Irfan (SM)	0336-5375952
3	Mahsud Kot Pather	Noor Muhammad	0343-0977232
4	Warin Kot	Izatullah	0309-565-4321
5			
6			
7			
8			
9			
10			

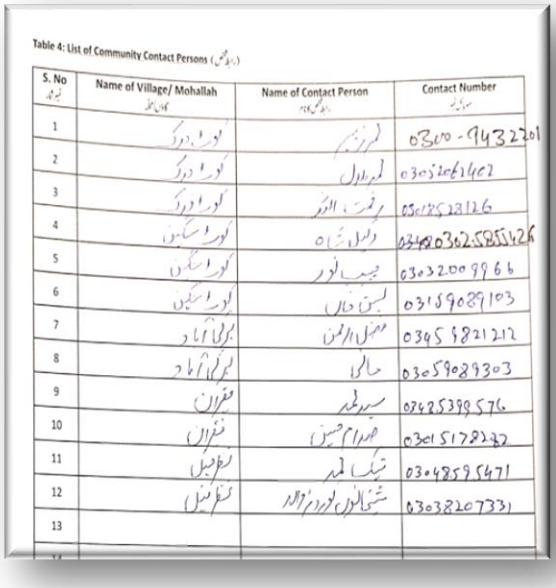
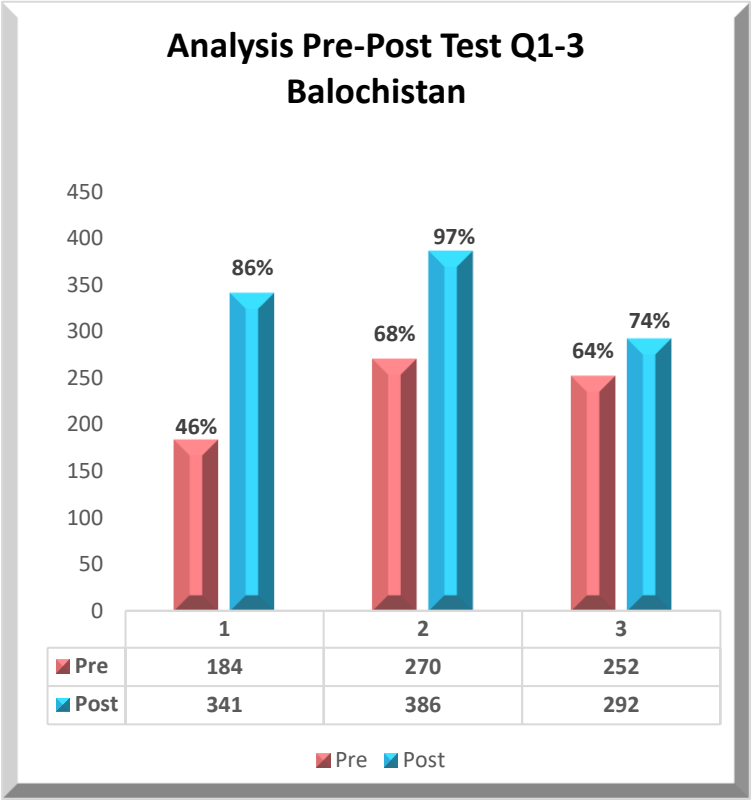


Table 4: List of Community Contact Persons (رابطہ نمبر)

S. No نمبر شمار	Name of Village/ Mohallah گاؤں / محلہ	Name of Contact Person رابطہ نمبر	Contact Number رابطہ نمبر
1			0340-9432701
2			03032681402
3			03012523126
4			03480362585526
5			03032009966
6			03159089103
7			0345 8821212
8			03059089303
9			03425399576
10			03015178282
11			03048595471
12			03038207331
13			

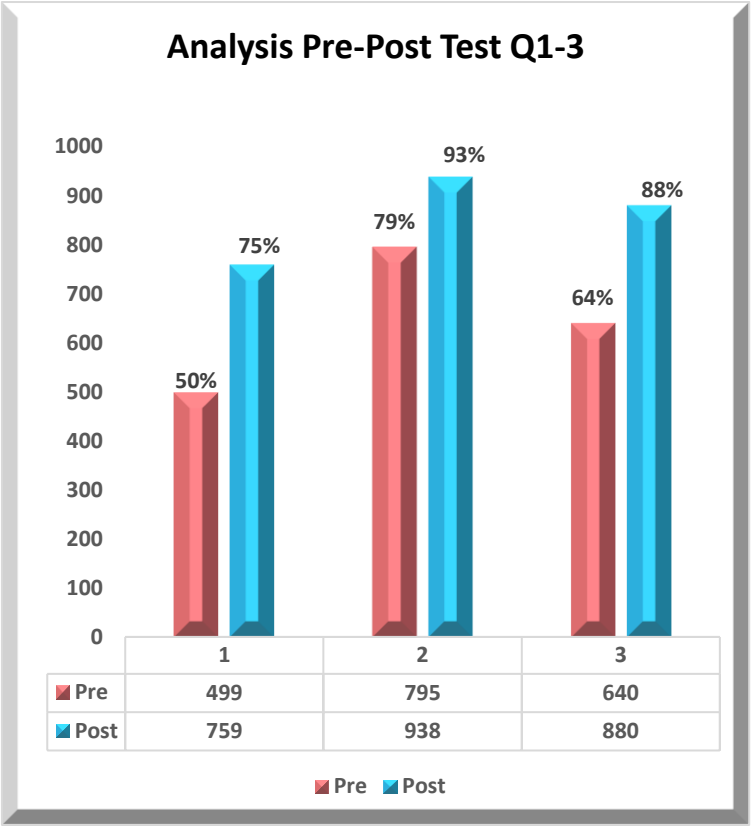
Pre & Post test

The pre and post-test were administered prior and post sessions of the district training in both the provinces, to assess the knowledge of the participants regarding routine EPI. The responses were recorded anonymously.



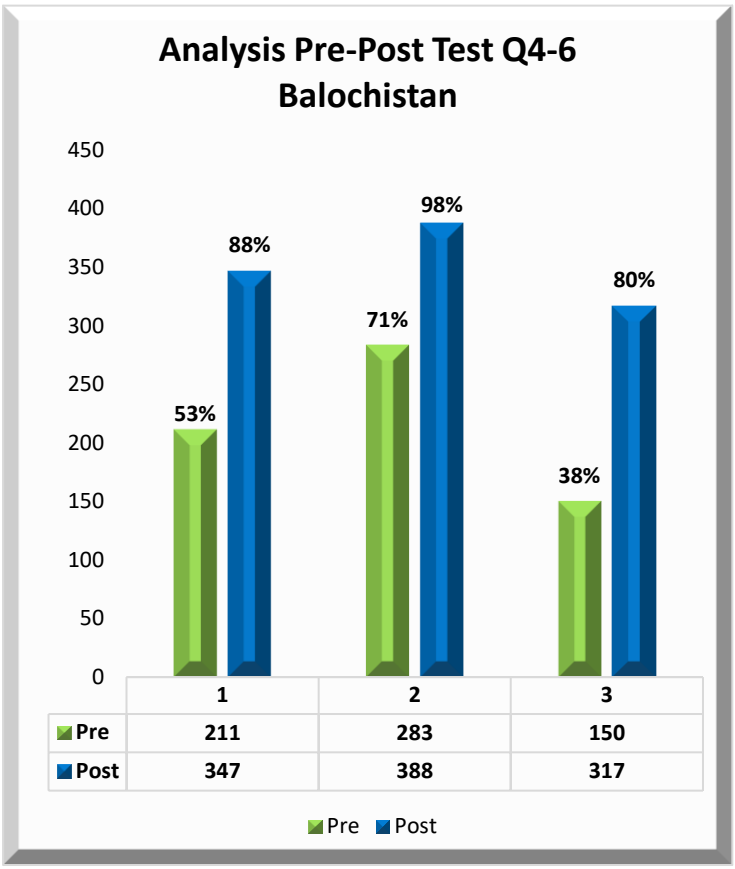
The overall knowledge of 396 and 1006 participants in Balochistan and Khyber Pakhtunkhwa provinces was recorded. According to analysis it revealed that in both the provinces the participants from EPI program comprised of DSV, ASV and vaccinators have knowledge about microplanning and other related elements. However, lady health visitors, lady health supervisors and lady health workers information and knowledge varied and in remote districts it was almost minimal.

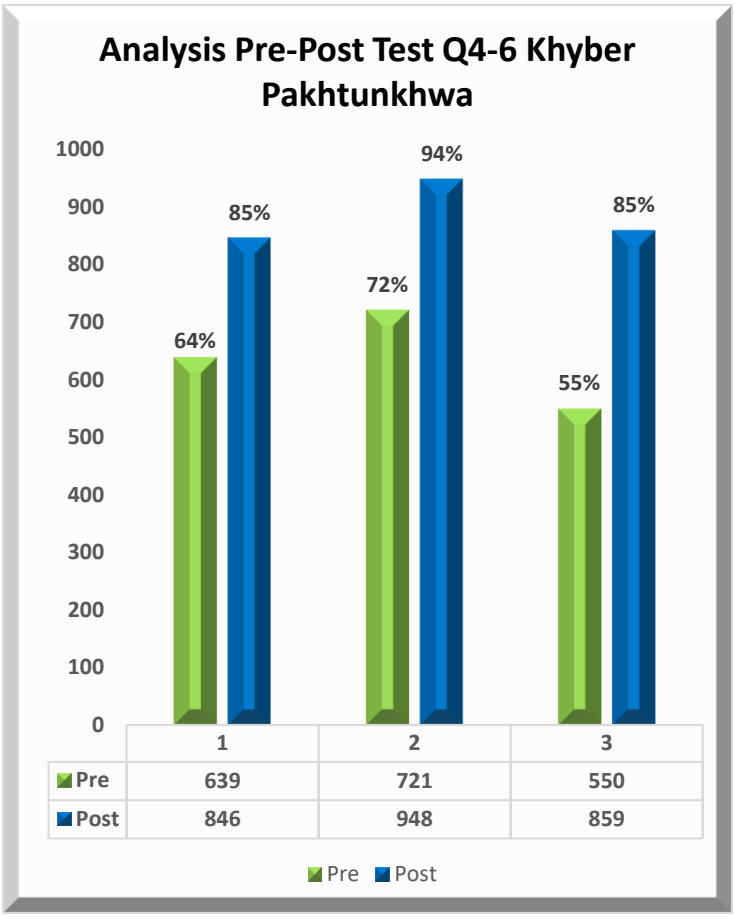
The findings of the pre and post-test in percentages for questions 1 -- 3 are presented in the graphic representation, as follows:



The pre and post test data analysis of 1,402 participants (396 in Balochistan and 1,006 in KP). Balochistan and Khyber Pakhtunkhwa provinces reveals that:

- ✓ During the pre and post-test 62% and 86% participants responded to the correct answers, respectively.
- ✓ Thus, an overall increase of 24% was recorded in the knowledge of all 1,402 participants (396 in Balochistan and 1,006 in KP).
- ✓ It is significant to note that for question 3 regarding 'situation analysis for microplanning', the knowledge of level of participants was uniform at 64% in both the provinces.





The findings of the pre and post-test questions 4 -- 6 are presented in percentages in the graphic representation, as follows:

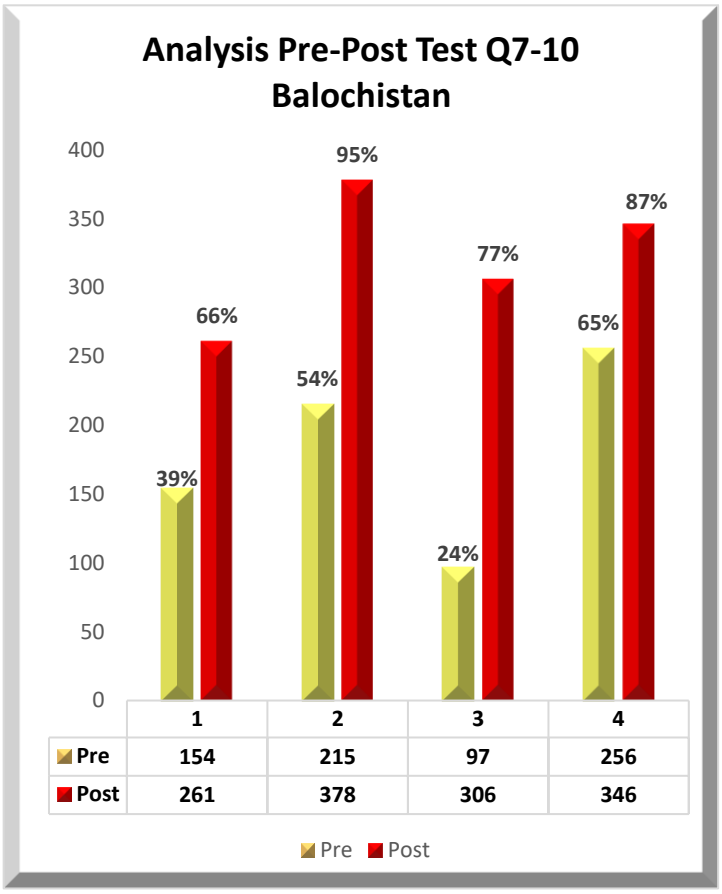
The pre and post test data analysis of 1,402 participants (396 in Balochistan and 1,006 in KP). Balochistan and Khyber Pakhtunkhwa provinces reveals that:

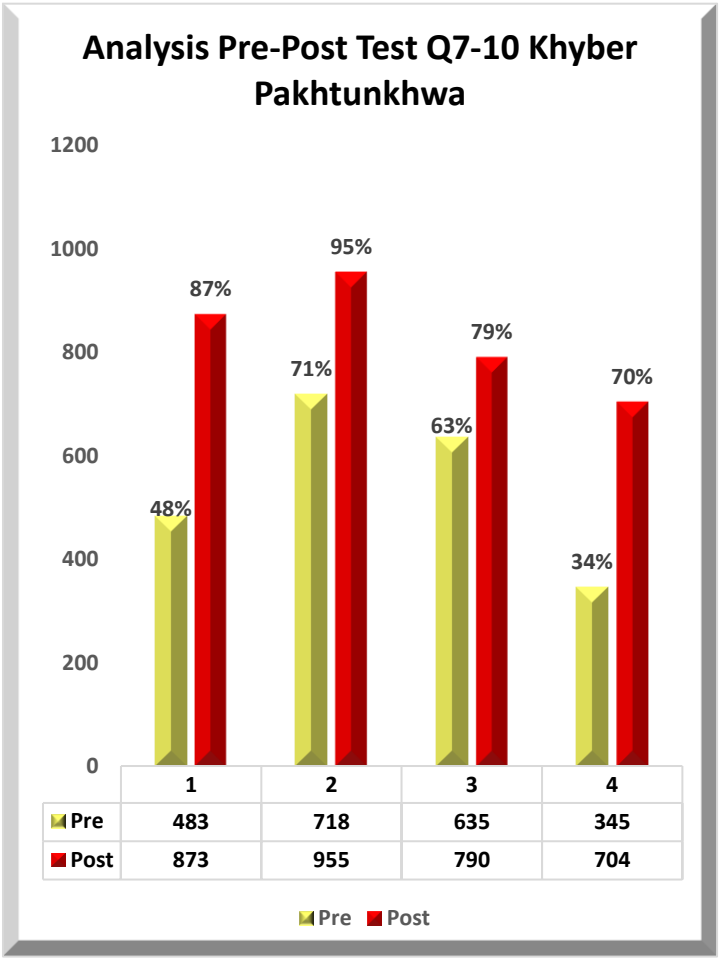
✓ During the post-test, 88% answered correctly, in comparison to the 59% participants who were able to answer correctly during the pre-test, administered at the commencement of the training.

✓ Thus there was an overall increase of 29% in the knowledge of all participants regarding various components related to the strengthening of routine EPI microplanning.

✓ As an overall analysis of pre-training knowledge of the participants, it was revealed that the pre-test result of Balochistan is lower at 54% as compared to 63% in Khyber Pakhtunkhwa.

✓ The limited knowledge regarding the involvement of stakeholders in the microplanning process (question 6) in both the provinces of Balochistan and KP was recorded at 38% and 55% respectively during the pre-test. However, it was improved to 80% and 85%, respectively.





The findings of the pre and post-test in percentages for questions 7-10 are presented in the graphic representation, as follows:

The pre and post test data analysis of 1,402 participants (396 in Balochistan and 1,006 in KP). Balochistan and Khyber Pakhtunkhwa provinces reveals:

✓ During the post-test, 82% answered correctly, in comparison to the 50% participants who were able to answer correctly during the pre-test, administered at the commencement of the training.

✓ Thus, there was an overall increase of 32% in the knowledge of all participants regarding various components related to the strengthening of routine EPI microplanning.

✓ As an overall analysis of pre-training knowledge of the participants, it was revealed that the pre-test result of Balochistan is lower at 46% as compared to 54% in Khyber Pakhtunkhwa.

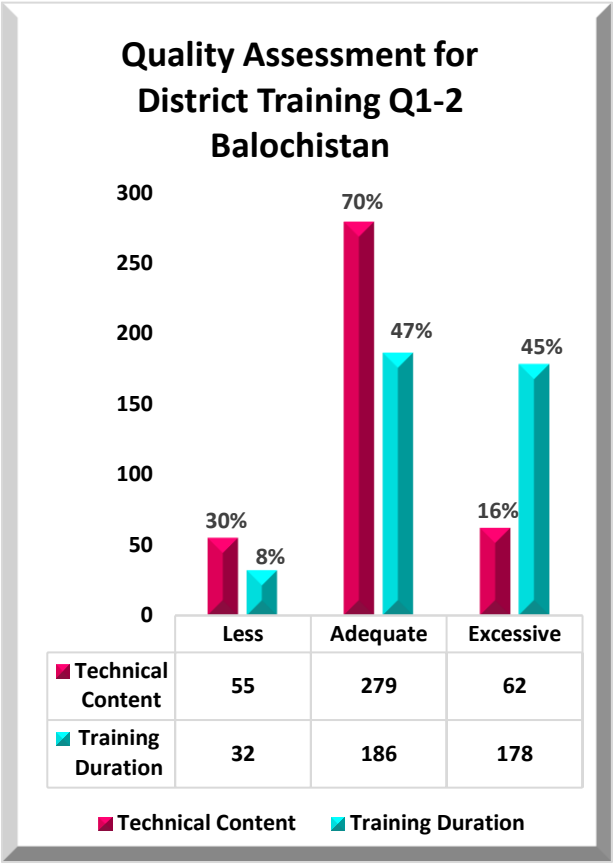
✓ During the pre-test, limited knowledge was recorded at 24% regarding the abbreviation of UHC (question 9) in Balochistan. Whereas, in KP the knowledge for HSS (question 10) was limited and was recorded at 34% during the pre-test.

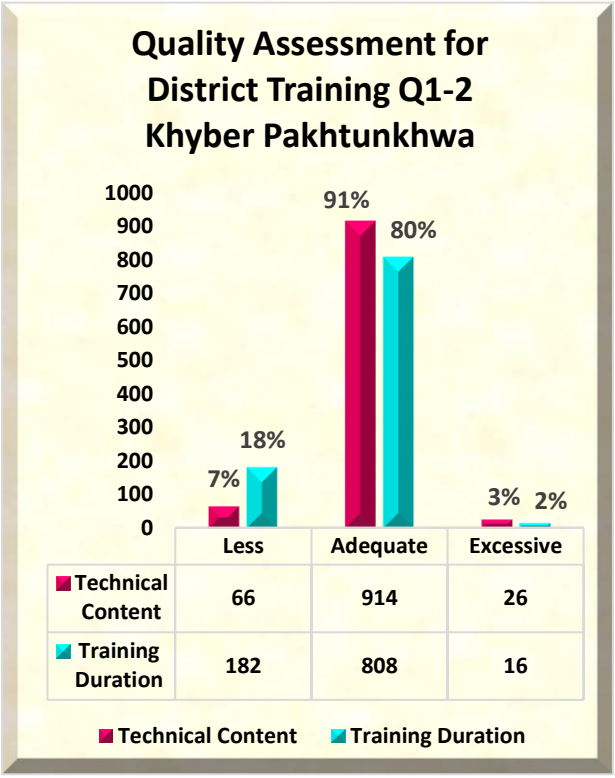
Quality of Training Assessment

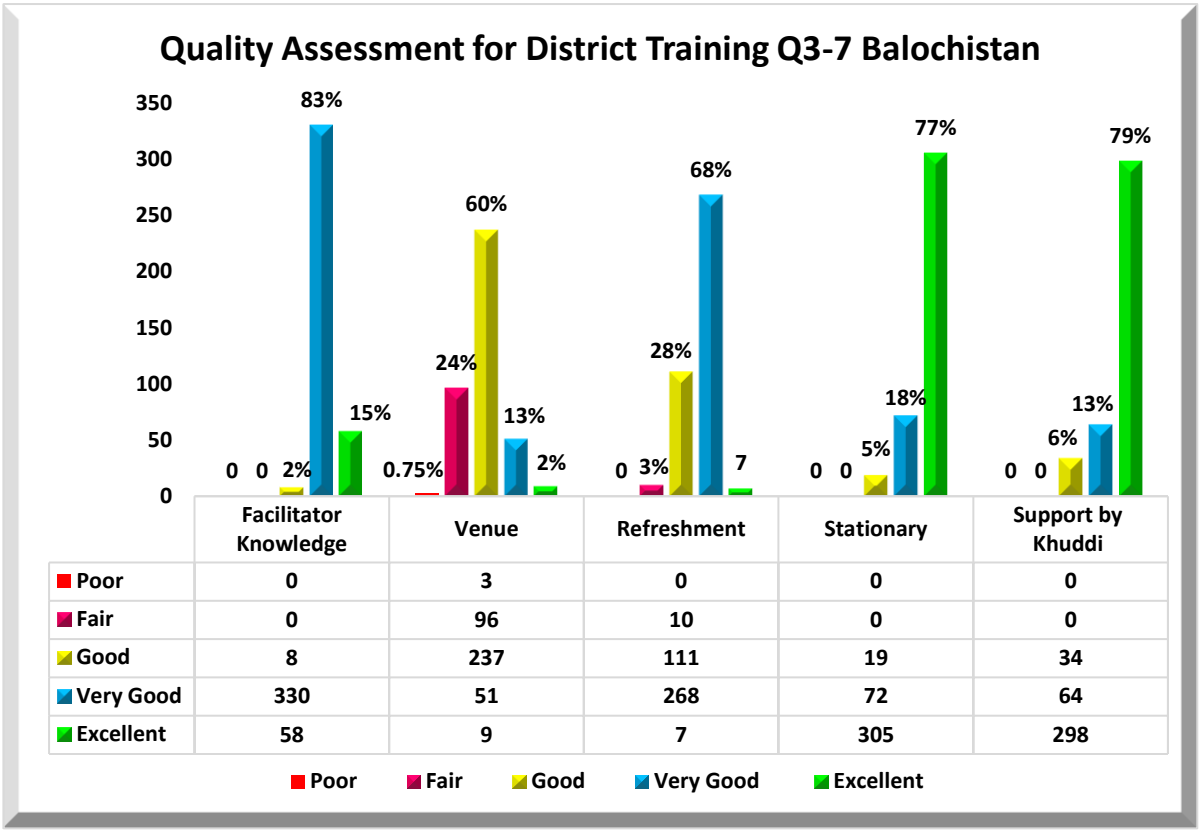
The quality assessment of the district training was conducted on a pre-designed quality assessment questionnaire comprised of nine questions, specifically designed for the training in Balochistan and Khyber Pakhtunkhwa.

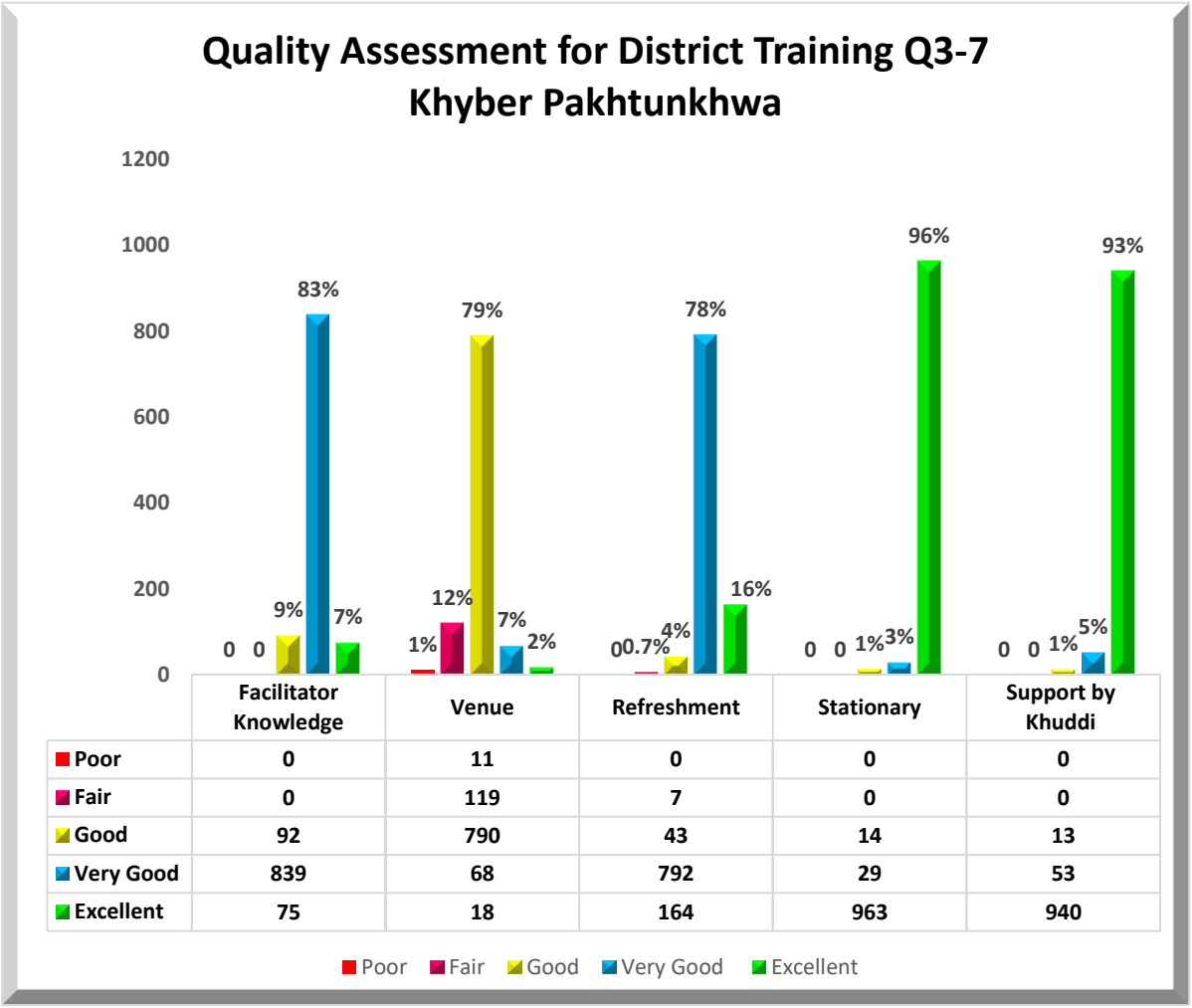
The objective was to record participant's views and recommendations for improvement of future training in both the provinces. 1402

- ✓ The adequacy of technical content was reported at 70% and 91% in Balochistan and KP provinces, respectively.
- ✓ Thus 80% of the total 1,402 participants (396 in Balochistan and 1,006 in KP) reported that the technical content was adequate.
- ✓ The facilitator's knowledge was equally appreciated at 83% by participants in both the provinces.
- ✓ The venue of the district training was considered good by 60% and 79% in Balochistan and KP, respectively. However, only 2% reported it excellent in both the provinces.
- ✓ The refreshment provided during the district training was considered very good by 68% and 78% in Balochistan and KP, respectively. However, less than 17% reported it excellent in both the provinces.
- ✓ The stationary provided during the district training was considered excellent by 77% and 96% in Balochistan and KP, respectively.
- ✓ The support provided by the Khuddi Research & Development team was rated excellent by 79% and 93% in Balochistan and KP provinces, respectively.

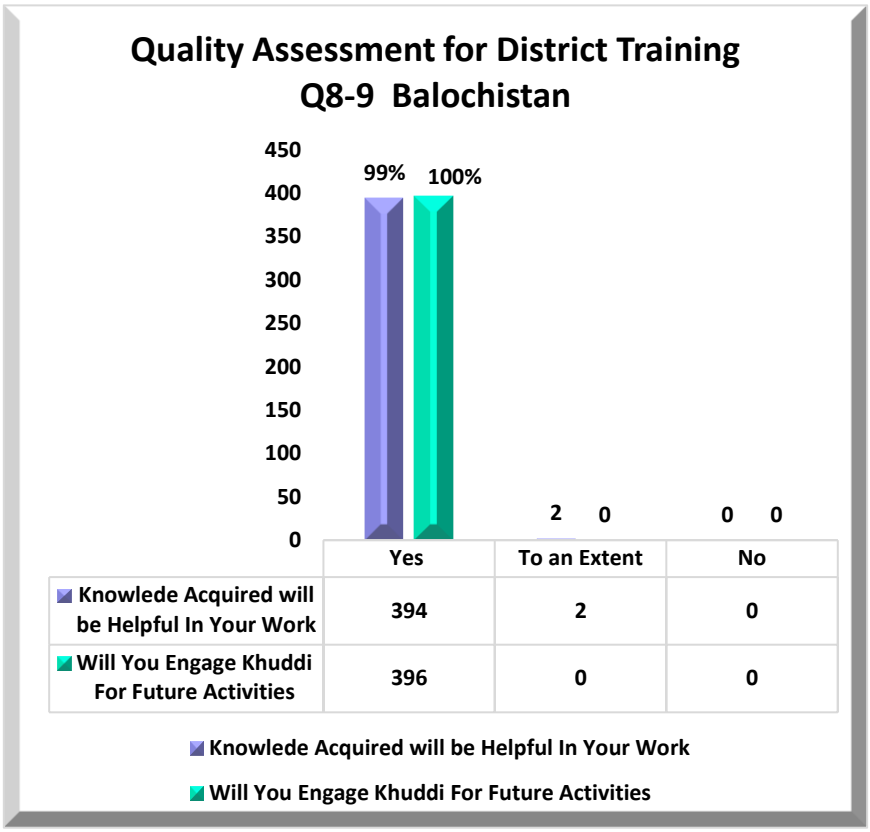


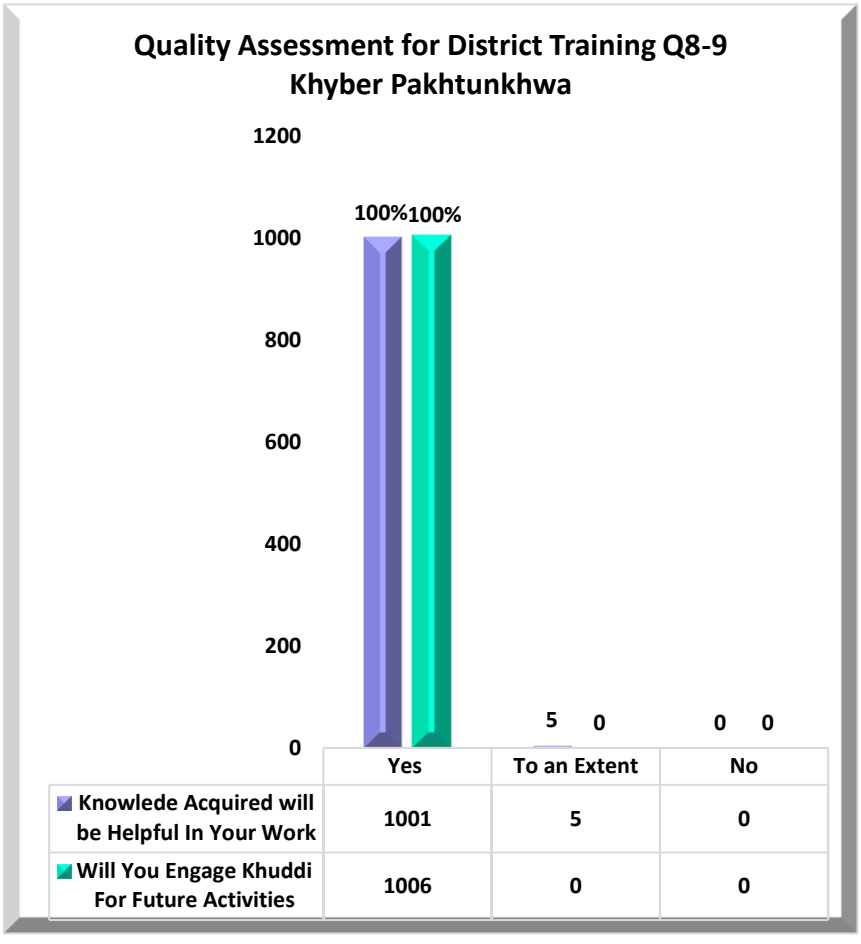



Quality Assessment for District Training Q3-7 Balochistan
350
300
250
200
150
100
50
0
0 0 2% 83% 15%
0.75% 24% 60% 13% 2%
0 3% 28% 68% 7
0 0 5% 18% 77%
0 0 6% 13% 79%
Facilitator Knowledge
Venue
Refreshment
Stationary
Support by Khuddi
Poor 0 3 0 0 0
Fair 0 96 10 0 0
Good 8 237 111 19 34
Very Good 330 51 268 72 64
Excellent 58 9 7 305 298
Poor Fair Good Very Good Excellent


Quality Assessment for District Training Q3-7 Khyber Pakhtunkhwa
1200
1000
800
600
400
200
0
0 0 9% 83% 7%
1% 12% 79% 7% 2%
0 0.7% 4% 78% 16%
0 0 1% 3% 96%
0 0 1% 5% 93%
Facilitator Knowledge
Venue
Refreshment
Stationary
Support by Khuddi
Poor 0 11 0 0 0
Fair 0 119 7 0 0
Good 92 790 43 14 13
Very Good 839 68 792 29 53
Excellent 75 18 164 963 940
Poor Fair Good Very Good Excellent

- ✓ The 99% and 100% participants in Balochistan and KP provinces, respectively considered that the knowledge acquired will be helpful in their work.
- ✓ The 100% participants in both the provinces, considered to engage Khuddi Research and Development for future activities.





Recommendations:

1. Capacity building on inter-personal communication skill for front-line workers.
2. Training on EPI and LHW recording, and reporting tools must be organized.
3. There should be more such training courses arranged for LHWs, CMWs and LHS.
4. Inter district visits must be arranged for the staff to learn from best practices of other good performing districts. The union council staff may also be provided an opportunity to visit the major districts.
5. Such training mut be organized in better places like Bhurban, Islamabad, Peshawar, and Malam Jabba. The training material may also be translated in Pashto.
6. Training aids must be developed like pictorials, posters, and short videos for visual learning.
7. Capacity building on EPI and LHW recording, and reporting tools must be organized.
8. The union council staff may also be provided an opportunity to visit the major districts.
9. Such training mut be organized in Quetta or Karachi.
10. The training material may also be translated in Balochi and Pashto.
11. There should be more pictorials, posters, and short videos for visual learning.

Best about Training:

1. Learnt to develop color coded microplans.
2. Developed microplans under supervision of vaccinators and mistakes were addressed.
3. LHWs and CMWs involvement will develop better synergy for routine EPI.
4. Teaching environment were very interactive, friendly, and conducive.
5. Facilitator knowledge was up to date.
6. Facilitator explained in Pushto, Balochi and Urdu, which was very easy to understand.
7. The participatory approach in group work was excellent.
8. Khuddi team was very helpful, cooperative, and friendly.
9. Excellent time keeping by facilitator and Khuddi team.
10. Thanks to Khuddi team for souvenirs.
11. This is the best interactive training to learn microplanning.
12. Jointly learning and preparing microplans with vaccinators is the best.
13. Khuddi team is very cooperative and friendly.
14. Stationary has variety of items to learn and prepare color coded microplans.

Dislikes about Training

1. Other LHWs in the health facilities were not included.
2. Training venue should not be in the district. Such training must be organized at Bhurban, Islamabad, Peshawar, Karachi, Gawadar, Quetta and Malam Jabba.
3. Limited number of EPI and LHW staff of the district were included.
4. Number of role plays were very few.
5. The number of CMWs and LHVs should have been more.
6. There were no field visits to other union councils and districts.
7. The pre and post-test felt like sitting in examination.

Evaluation Outcome of District Cascade Training

Indicator	Target Achieved Balochistan	Target Achieved Khyber Pakhtunkhwa
✓ The proportion of targeted health facilities staff trained on micro-planning and outcome	✓ **66% (263)** of targeted health facilities have **396** staff trained on micro-planning and outcome	✓ **33% (335)** of targeted health facilities have **1006** staff trained on micro-planning and outcome
✓ The proportion of targeted health facilities with updated microplans	✓ **66% (335)** targeted health facilities have updated microplans	✓ **33% (335)** targeted health facilities have updated microplans
✓ Planned target of reaching 360 health staff in Balochistan ✓ Planned target of reaching 960 health staff in Khyber Pakhtunkhwa	✓ **396** health staff reached ✓ (36 additional health staff than the project target of 360)	✓ **1006** health staff reached ✓ (46 additional health staff than the project target of 960)
✓ More than 95% of targeted 300 health facilities have updated micro-plans in Balochistan ✓ More than 95% of targeted 320 health facilities (3 staff/HF) have updated micro-plans in Khyber Pakhtunkhwa	✓ **88% (263 HF)** of targeted 300 health facilities have updated micro-plans	✓ **More than 100%** (335 HF) of targeted 320 health facilities have updated micro-plans
✓ Planned target of conducting 12 district workshops in Balochistan ✓ Planned target of conducting 32 district workshops in Khyber Pakhtunkhwa	✓ **15** district workshops conducted (3 additional workshops beyond the planned target of 12 district workshops)	✓ **32** district workshops conducted

Sustainability

1. All the 47 district cascade trainings (15 in Balochistan and 32 in KP) were conducted in consultation and close coordination with EPI Unit, DGHS office Balochistan and Khyber

Pakhtunkhwa and aimed at health system strengthening of the public sector health facilities staff.

2. The preliminary consultative meeting with provincial EPI units in both the provinces guided the project in selection of districts with poor performing union councils, based on the EPI Management Information System.
3. The provincial and district EPI offices in both the provinces were involved throughout the project cycle to spearhead the coordination, nomination of the selected staff for capacity building activities, monitoring, and supervision.

Gender Perspective of the project

- ✓ The project successfully trained almost 60% and 63% female health care workers, comprised of Nurse, FMTs, LHVs, LHS, CMW and LHWs for enhanced engagement and to ensure effective participation of women during immunization capacity building activities in Balochistan and Khyber Pakhtunkhwa provinces, respectively.
- ✓ The project keenly observed and analyzed the gender specific needs and challenges during the entire period of project implementation in both the provinces.
- ✓ The LHWs involvement in routine EPI was the most integral component added to the gender component of the entire project in in Balochistan and Khyber Pakhtunkhwa provinces.
- ✓ Moreover, PHC Technician, MT Technician, LHVs and CMWs from the MNCH program were also trained to enhance their capacity in microplanning to strengthen routine EPI with an integrated approach.

Annex 2 Training Agenda

Strengthening of Routine EPI

3 Days District Cascade Training to Strengthen Microplanning for Routine EPI

Day 1

S. No	Topic	Facilitator
1	Registration of participants	DHO office
2	Recitation & Introduction	EPI Coordinator
3	Welcome remarks	DHO
4	Importance of routine EPI	EPI Coordinator
5	Involvement of LHWs in routine EPI	LHW Program Coordinator/DSV
6	Components of district routine EPI plan	EPI Coordinator
	Tea Break	
7	Planning of routine EPI session at health facility	DHO
8	Steps for microplanning	EPI Coordinator
9	Reaching hard areas and the high-risk population	LHW Program Coordinator/DSV
	Lunch	

Day 2

S. No	Topic	Facilitator
2	Recitation and Recap from Day 1	Participant
3	Immunization barriers in catchment area	EPI Coordinator
4	Defaulter tracing	LHW Program Coordinator/DSV
	Tea Break	
7	Identification of missed children	EPI Coordinator
8	Communication skills	LHW Program Coordinator/DSV
9	Demand creation	LHW Program Coordinator
	Advocacy, Communication and Social mobilization plan (ACSM)	LHW Program Coordinator/DSV
	Strategies for routine EPI session	EPI Coordinator
	Development of session plans	EPI Coordinator
	Lunch	

Day 3

S. No	Topic	Facilitator
1	Recitation and Recap from Day 2	Participant
2	Supplies for Routine EPI	EPI Coordinator
3	Infection, prevention during Routine EPI during COVID pandemic	EPI Coordinator
	Tea Break	
4	AEFI during immunization session	EPI Coordinator
5	Waste management	LHW Program Coordinator/DSV
6	Recording and reporting tools of Routine EPI	EPI Coordinator
7	Supervision and monitoring	EPI Coordinator
8	Expected role of LHS and LHWs in Routine EPI	LHW Program Coordinator/DSV
9	Development of monthly tour plan	EPI & LHW Program Coordinator
	Lunch	

Annex 3 Urdu Presentation

Annex 4 AEFI Flow Scheme

Annex 5 KEY Pre-Test – Post-Test

Please encircle/tick the correct response/s

1. **How can you get immunity?**
    a. Person gets vaccination
    b. Person's immune system is stimulated to produce antigen specific antibodies and immune cells
    c. Person is suffering from chronic disease
    d. Person is re-infected with the disease
    e. All of the above

2. **The EPI program is for:**
    a. Children under 5
    b. Children under 15
    c. Pregnant and lactating women only
    d. Women of childbearing age
    e. All of the above

3. **Situation analysis for microplanning involves:**
    a. Knowledge about eligible populations
    b. Past immunization trends
    c. Updated catchment area maps
    d. Population data
    e. All of the above

4. **What are migratory communities ?**
    a. Temporary harvesters
    b. Construction laborer in large construction
    c. Nomadic sites
    d. Internally displaced populations
    e. Refugees
    f. All of the above

5. **What is a catchment area ?**
    a. Geographical area being served
    b. Villages and communities covered under fixed sites
    c. Outreach sites mobile
    d. Eligible populations in the village
    e. All of the above

6. **The micro-map is jointly developed with:**
    a. Concerned community members
    b. Potential stakeholders

c. Police authorities
d. Deputy Commissioner Office
e. All of the above

7. What do you mean by ADS in EPI?

a. Auto Disable Syringe
b. Auto Disease Surveillance
c. Autoimmune Disease Syndrome
d. Acute Distress Syndrome
e. All of the above

8. What is AEFI?

a. Acute Events Following Investigations
b. Acute Events Following Immunization
c. Adverse Events Following Immunization
d. Adverse Events Following Investigations
e. All of the above

9. UHC stands for:

a. Universal Housing Scheme
b. Universal Health Company
c. Universal Health Coverage
d. Universal Human Cure
e. All of the above

10. HSS is abbreviation of:

a. Health System Strengthening
b. Health System Services
c. Health Services System
d. Health Services Strengthening
e. All of the above

Annex 6 Facilitators biodata

- The facilitator's biodata is attached herewith, as annex 6a Balochistan and 6b Khyber Pakhtunkhwa.

Annex 7 Participant biodata

- The participant's biodata of districts Kalat, Sorab, Khuzdar, Killa Saifullah, Mastung, Pishin, Chaman, Gawadar, Quetta, Panjgaur, Sibi, Killa Abdullah are attached herewith, as annex 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 7i, 7j, 7k, 7l, respectively.
- The participant's biodata of districts Bannu, Chitral, Dera Ismail Khan, Haripur, Karak, Kohat, Lakki Marwat, Orakzai, Swat and Tank are attached herewith, as annex 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 7i, 7j, respectively.

Annex 8 Attendance sheet

- The participant's attendance sheets of districts Kalat, Sorab, Khuzdar, Killa Saifullah, Mastung, Pishin, Chaman, Gawadar, Quetta, Panjgaur, Sibi, Killa Abdullah are attached herewith, as annex 8a, 8b, 8c, 8d, 8e, 8f, 8g, 8h, 8i, 8j, 8k, 8l, respectively.
- The participant's attendance sheets of districts are annex, as follows:

S.No	District	Annex
1	Bannu	8a
2	Chitral	8b1, 8b2, 8b3
3	DI Khan	8c
4	Haripur	8d1, 8d2
5	Karak	8e
6	Kohat	8f1, 8f2, 8f3, 8f4
7	Lakki Marwat	8g
8	Orakzai	8h1, 8h2, 8h3, 8h4, 8h5
9	Swat	8i
10	Tank	8j