

4. Project Design Matrix (PDM)

PDM₀

Project Name : EPI/Polio Control Project in Pakistan

Target Group : Children under the age of two in the target districts

Date : August, 2006

Target Area : 3 districts (Buner, Shangla, and Swat) in North West Frontier Province (NWFP)

Version : No. 17 (Final)

Project Period : 5 years

Narrative Summary	Objectively Verifiable Indicators*	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Morbidity due to EPI-targeted vaccine-preventable diseases is reduced in the target districts.</p>	<ol style="list-style-type: none"> Polio free is maintained. The incidence of measles is reduced. The incidence of NT is reduced. 	<ol style="list-style-type: none"> National Surveillance Bulletin (National Surveillance Cell) Report by EDO Health Offices (Annual Report of Federal EPI Cell) Same as above 	<p>Collaboration between EPI program and LHW program is maintained in NWFP.</p>
<p>Project Purpose</p> <p>Children under the age of two are vaccinated in the target districts.</p>	<ol style="list-style-type: none"> The number of immunized children under 2 year-old is increased. Reported routine EPI coverage (DPT 3) is increased. Drop-out rate of DPT is reduced [(DPT1-DPT3)/DPT1]. 	<ol style="list-style-type: none"> Report by EDO Health Offices Report by EDO Health Offices Report by EDO Health Offices 	<ol style="list-style-type: none"> Potency of EPI vaccine is assured. The nutrition status of children does not worsen. Polio campaigns are continued.
<p>Outputs</p> <ol style="list-style-type: none"> EPI services are properly provided in the target districts. Parents ensure their children to be vaccinated in the target districts. 	<ol style="list-style-type: none"> The number of Lady Health Workers (LHWs) and EPI technicians who are trained in EPI service provision is increased. The number of immunizations administered by LHWs is increased. Stock-out of vaccines at district vaccine storages and FLCFs is reduced. EPI centers timely and regularly report their performance to the EDO (Executive District Officer) Health Offices. The number of EPI centers that fulfill the standard set by the checklist is increased. Micro plan is formulated and implemented at FLCF level. The number of religious and community leaders, policy makers, parents, caretakers of children, maleks, etc. who have participated in social mobilization activities in this project is increased. The percentage of parents/caretakers of children under one year who recognize that routine immunization course protects children under one year from seven dangerous diseases, availing the services to complete the course in a timely manner. The percentage of parents/caretakers of children under one year who know where and how to avail the routine 	<ol style="list-style-type: none"> Participant list EPI Permanent Register Project Monitoring Report (From Activity 1-19) Report by EDO Health Offices The checklist Micro Plans of FLCFs Participant list KAP survey KAP survey 	<ol style="list-style-type: none"> "Role of LHWs in EPI" of the National EPI Policy remains unchanged. EPI vaccines are constantly supplied to NWFP. The natural disasters or conflicts do not affect project activities.

<p>3. EPI disease surveillance including using AFP (Acute Flaccid Paralysis) surveillance system is strengthened.</p>	<p>immunization services and to ask that new disposable syringes are used by health workers for immunization.</p> <p>2-4. The percentage of parents/caretakers of children under one year who acknowledge that minor side-effects of routine immunization are a sign that immunization is working and nothing to worry about.</p> <p>2-5. The percentage of parents/caretakers of children under one year who accept that routine immunization is essential in addition to Polio drops during NIDs/SNIDs.</p> <p>3-1. The number of medical personnel trained in the EPI disease surveillance is increased.</p> <p>3-2. Timeliness and completeness of the Weekly Zero Report (%)</p> <p>(Timeliness: the Report is submitted by following Monday. Completeness: The Report is submitted by following Wednesday.)</p> <p>3-3. The non-polio AFP rate is maintained ($1 \geq$ per 100,000 population < 15 year-old).</p> <p>3-4. The number of unreported EPI diseases is reduced in health facilities.</p> <p>4-1. The number of trained QCL staff is increased.</p> <p>4-2. The knowledge and skill level of QCL staff is increased according to the set criteria, including GMP.</p> <p>4-3. Procured equipment of the QCL is properly utilized and maintained.</p>	<p>2-4. KAP survey</p> <p>2-5. KAP survey</p> <p>3-1. Participant list</p> <p>3-2. Weekly Zero Report</p> <p>3-3. National surveillance Bulletin (National Surveillance Cell)</p> <p>3-4. Report by EDO Health Offices (From Activity 3-3)</p> <p>4-1. Participant list</p> <p>4-2. Questionnaire survey</p> <p>4-3. Questionnaire survey</p>	
<p>4. Quality control capacity of QCL/NIH is enhanced.</p>			

<p>Activities</p> <p>1-1 Conduct the Baseline Survey, Mid-term Review, and Terminal Evaluation.</p> <p>1-2 Formulate a micro plan in each district, including the allocation of EPI personnel.</p> <p><Human Resources Development ></p> <p>1-3 Conduct training needs assessment as part of the Baseline Survey (1-1).</p> <p>1-4 Conduct training on LHW involvement in EPI services for EPI technicians, Lady Health Supervisors (LHSs), etc.</p> <p>1-5 Conduct training on EPI service delivery for LHWs.</p> <p>1-6 Conduct refresher training for EPI technicians.</p> <p>1-7 Develop a module for the training on supportive supervisory skills.</p> <p>1-8 Conduct training on supportive supervisory skills for LHSs.</p> <p><Logistics Management></p> <p>1-9 Formulate an inventory of cold chain equipment, power and water supply, and facilities in EPI centers (1-1).</p> <p>1-10 Conduct equipment needs assessment as part of the Baseline Survey.</p> <p>1-11 Procure and install necessary equipment (1-1).</p> <p>1-12 Revise the existing Standard Operation Procedure (SOP) for EPI logistics management as required.</p> <p>1-13 Conduct training on EPI logistics based on SOP.</p> <p>1-14 Conduct training on maintenance and repair of EPI-related equipment.</p> <p><Access to EPI Services in Remote Areas></p> <p>1-15 Conduct needs assessment on mobile/outreach activities as part of the Baseline Survey (1-1).</p> <p><Monitoring Activities></p> <p>1-16 Conduct training on data management at district level.</p> <p>1-17 Integrate monitoring and reporting mechanisms of EPI activities implemented by LHWs and EPI technicians at first-level care facility (FLCF).</p> <p>1-18 Formulate checklists on EPI activities, including reported coverage, adverse events, vaccine wastage, and stock-outs at provincial, district, and community level.</p> <p>1-19 Ensure monitoring of EPI activities at EPI centers.</p> <p>2-1 Conduct a Knowledge, Attitudes, and Practices (KAP) survey as part of Baseline and Evaluation Study (1-1).</p> <p>2-2 Formulate a communication strategy for EPI.</p> <p>2-3 Develop or revise advocacy and Behavioral Change and Communication (BCC) materials as necessary.</p> <p>2-4 Hold seminars and workshops on child immunization for health workers, maleks, TBAs, school teachers, religious and community leaders, and policymakers.</p>	<p>Inputs</p> <p>Japanese side</p> <p>1. Personnel</p> <ul style="list-style-type: none"> • Long-term experts Chief Advisor/EPI Project Coordinator • Short-term experts QCL EPI disease surveillance As required <p>2. Training of project personnel in Japan and Pakistan</p> <p>3. Equipment/training materials</p>	<p>Pakistani side</p> <p>1. Personnel</p> <ul style="list-style-type: none"> Project Director Project Manager Counterpart personnel <p>2. Provision of the project office and facilities necessary for the implementation of the project</p> <p>3. Others</p> <ul style="list-style-type: none"> Administrative and operational costs Running costs for electricity, water, etc. 	<p>1. POL for activities is secured in the recurrent budget of the NWFP Health Department.</p> <p>2. The workload of EPI vaccinators and LHWs, such as NIDs and polio rounds, does not increase.</p>
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Pre-conditions	
	<p>2-5 Conduct health education on child immunization for parents, caretakers of children, etc. through health workers, LHWs, school teachers, religious and community leaders.</p> <p>2-6 Raise awareness of pregnant women on child immunization during ANC through Lady Health Visitors (LHV's) and Women Medical Officers.</p> <p>3-1 Develop guidelines on EPI disease surveillance.</p> <p>3-2 Conduct training on EPI disease surveillance.</p> <p>3-3 Monitor the EPI disease surveillance by reviewing admission records in health facilities in order to detect unreported cases.</p> <p>4-1 Formulate a procurement plan based on the needs assessment.</p> <p>4-2 Procure and install the equipment.</p> <p>4-3 Conduct training on the use and maintenance of the equipment.</p> <p>4-4 Conduct training on quality control of vaccines.</p> <p>4-5 Monitor QCL activities.</p>

*: If the areas and organizations are not specified in the Objectively Verifiable Indicators, the target values are supposed to be achieved in the target districts (Buner, Shangla, and Swat).

5. Plan of Operations (PO) 案

Annex XX: Tentative Plan of Operations (PO)
Schedule of Implementation and Responsible Organizations

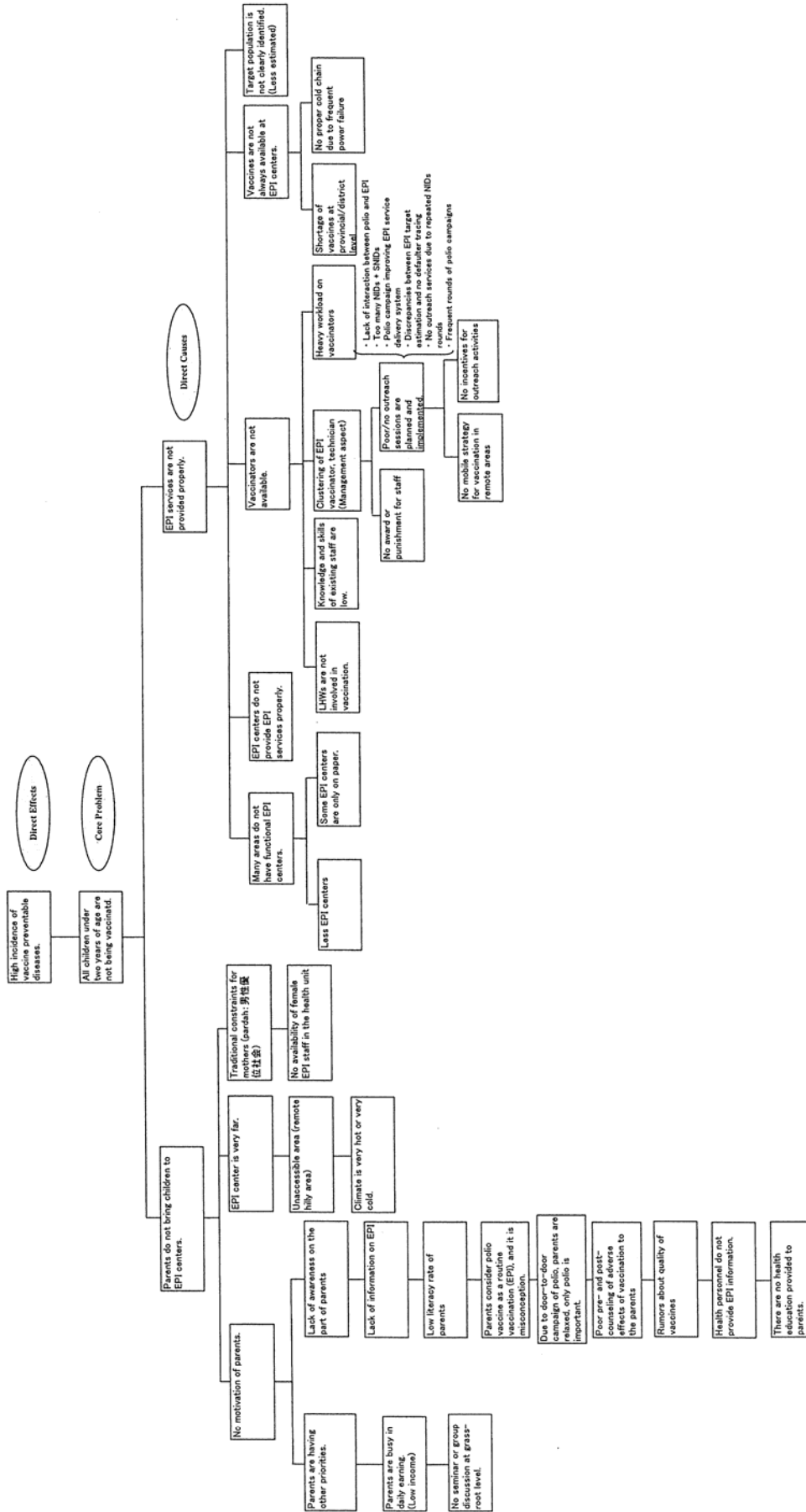
Project period: August 21st, 2006 – August 20th, 2011 (5 years) Date: August 11th, 2006

Outputs and Activities	Schedule of implementation															Responsible organization in charge				
	2006			2007			2008			2009			2010			2011			Federal Level	Provincial Level
Output 1: EPI services are properly provided in the target districts.																				
1-1 Conduct Baseline Survey, Mid-term Review, and Terminal Evaluation.																				EPI Coordinator NP Coordinator
1-2 Formulate a micro plan in each district, including the allocation of EPI personnel.																				EDO-H EPI Coordinator
1-3 Conduct training needs assessment as part of Baseline Survey.																				NP Training Coordinator
1-4 Conduct TOT on LHW involvement in EPI services for EPI technicians, Lady Health Supervisors (LHS), etc.																				NP Coordinator NP Training Coordinator
1-5 Conduct training on EPI service delivery for LHWs.																				NP Coordinator
1-6 Conduct refresher training for EPI technicians.																				EPI Coordinator
1-7 Develop a module for the training on supportive supervisory skills.																				NP Training Coordinator
1-8 Conduct training on supportive supervisory skills for LHSs.																				NP Training Coordinator
1-9 Formulate an inventory of cold chain equipment, power and water supply, and facilities in EPI centers.																				EPI Coordinator
1-10 Conduct equipment needs assessment as part of Baseline Survey.																				EPI Coordinator
1-11 Procure and install necessary equipment.																				EPI Coordinator
1-12 Revise the existing Standard Operation Procedure (SOP) for EPI logistics management as necessary.																				EPI Coordinator
1-13 Conduct training on EPI logistics based on SOP.																				EPI Coordinator
1-14 Conduct training on maintenance and repair of EPI-related equipment.																				EPI Coordinator
1-15 Conduct needs assessment on mobile/outreach activities as part of Baseline Survey.																				EPI Coordinator
1-16 Conduct training on data management at district level.																				EPI Coordinator
1-17 Integrate monitoring and reporting mechanisms of EPI activities implemented by LHWs and EPI technicians at FLCF.																				EPI Coordinator NP Coordinator
1-18 Formulate checklists on EPI activities, including reported coverage, adverse events, vaccine wastage, and stock-outs at provincial, district, and community level.																				EPI Coordinator NP Coordinator
1-19 Ensure monitoring of EPI activities at EPI centers.																				EPI Coordinator NP Coordinator

Outputs and Activities	Schedule of implementation												Responsible organization in charge			
	2006		2007		2008		2009		2010		2011		Federal Level	Provincial Level	District Level	
Output 2: Parents ensure their children to be vaccinated in the target districts.																
2-1 Conduct a Knowledge, Attitudes, and Practices (KAP) survey as part of Baseline and Evaluation Study.														EPI Coordinator NP Coordinator		
2-2 Formulate a communication strategy for EPI.														EPI Coordinator		
2-3 Develop or revise advocacy and Behavioral Change and Communication (BCC) materials as necessary.									Revise					EPI Coordinator NP Training Coordinator		
2-4 Hold seminars and workshops on child immunization for health workers, maleks, TBAs, school teachers, religious and community leaders, and policymakers.														EPI Coordinator NP Training Coordinator		
2-5 Conduct health education on child immunization for parents, caretakers of children, etc. through health workers, LHWs, school teachers, religious and community leaders.														EPI Coordinator NP Training Coordinator		
2-6 Raise awareness of pregnant women on child immunization during ANC through Lady Health Visitors (LHVs) and Women Medical Officers.														EPI Coordinator NP Training Coordinator		
Output 3: EPI disease surveillance including using AFP (Acute Flaccid Paralysis) surveillance system is strengthened.																
3-1 Develop guidelines on EPI disease surveillance.														NSC Coordinator		
3-2 Conduct training on EPI disease surveillance.														NSC Coordinator		
3-3 Monitor the EPI disease surveillance by reviewing the admission records in health facilities in order to detect unreported cases.														NSC Coordinator		
Output 4: Quality control capacity of QCL/NIH is enhanced.																
4-1 Formulate a procurement plan based on the needs assessment.														Chief in QCL		
4-2 Procure and install the equipment.														Chief in QCL		
4-3 Conduct training on use and maintenance of the equipment.														Chief in QCL		
4-4 Conduct training on quality control of vaccines.														Chief in QCL		
4-5 Monitor QCL activities.														Chief in QCL		

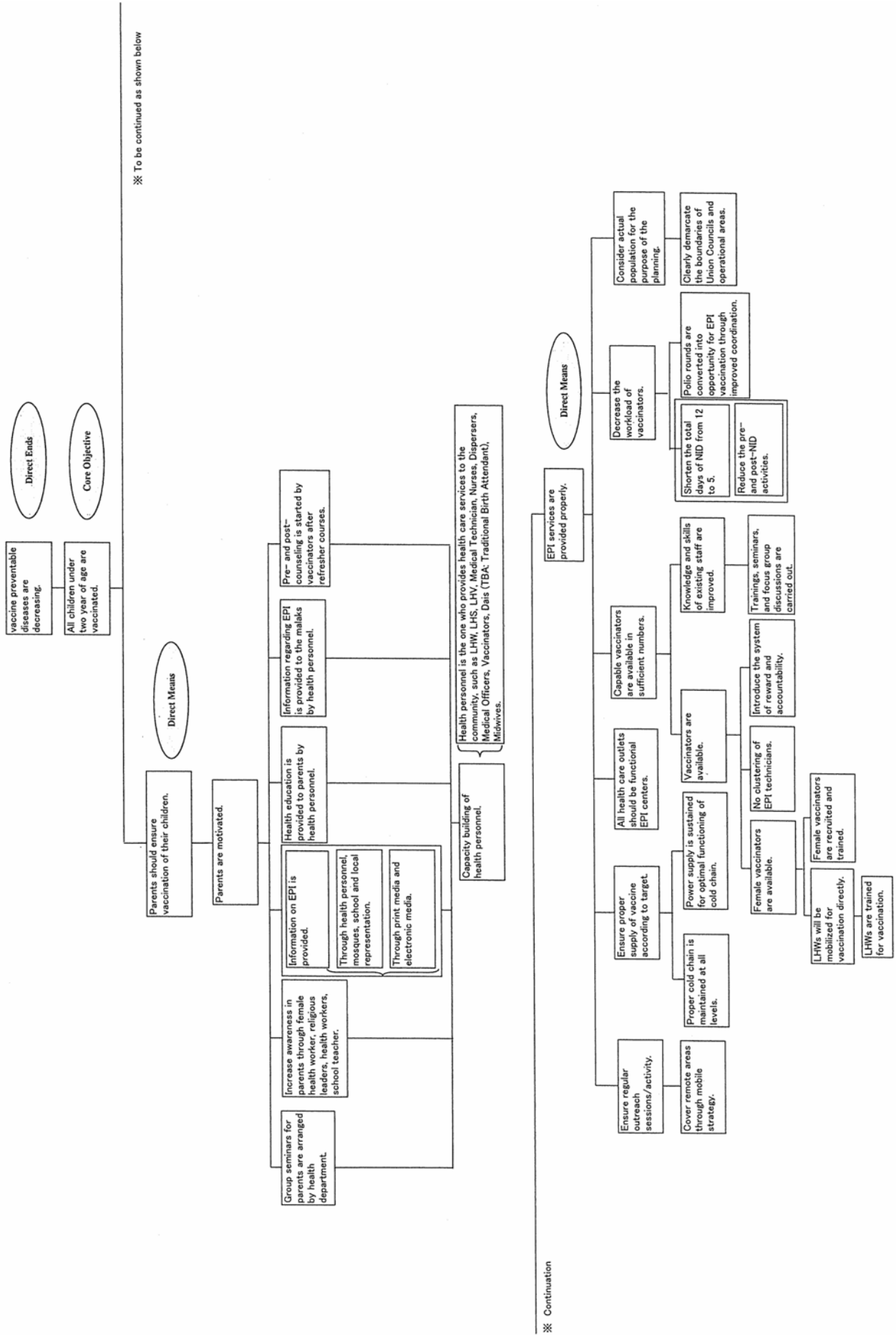
6. PCMワークショップ・問題分析図

Problems Tree



7. PCMワークショップ・目的分析図

Objectives Tree



8. 収集資料の目次

- 1 EPI Communication Plan 2004 - 5
- 2 Economic Survey (2004-2005)
- 3 Organizational Structure
- 4 Format of the Provincial Monthly Report in the National Program for Family Planning and Primary Health Care
- 5 District Level EPI Coverage Evaluation Survey, 2006 (Instructions for the Federal Monitoring Team)
- 6 Budgetary sheet of EPI, NIH
- 7 Budgetary sheets in three districts
- 8 Member Lists of the National Steering Committee (EPI) & EPI Inter Agency Coordinatin Committee
- 9 EPI Training Budget of UNICEF (six days LHWs Theoretical EPI Training and six monrths LHWs EPI Training)
- 10 Data of Measles and Neonatal Tetanus Cases
- 11 National Surveillance Bulletin, NSC, Issue 6, June 2006
- 12 Panphlet of NIH
- 13 Lady Health Worker Program, Quantitative Survey Report, March 2002
- 14 Lady Health Worker Program, NWFP and FATA Survey Report, March 2002
- 15 Notification Lettter regarding Focal Person and Co-focal Person of the project in NWFP, Peshawar
- 16 平成18年度版 JICA国別事業実施計画 パキスタン・イスラム共和国
- 17 平成18年度 現地ODAタスクフォース対処方針 (パキスタン国)
- 18 Current Status of Government of Japan/JICA's Health Projects, May 2006
- 19 EPI-related Coordination Committee by Mr. Zahir
- 20 Consolidated checklist for EPI Activities
- 21 Involvement of LHWs in routine EPI by Dr. Inamullah
- 22 Country Programme Action Plan (CPAP) 2004 - 2008, Government of Pakistan/UNICEF
- 23 10 Year Perspective Development Plan 2001 -2011, September 1, 2001
- 24 Joint Collaborative Programmes, Workplans, WHO, 2006 -07