

THIRD PARTY VALIDATION (TPV) OF GOVERNMENT OF PUNJAB'S 'REACH EVERY DOOR' (RED) CAMPAIGN

About Us

The Foreign, Commonwealth & Development Office (FCDO) leads the UK's global efforts to end extreme poverty, deliver the international Sustainable Development Goals (SDGs) and tackle a wide range of global development challenges. FCDO works extensively in Pakistan to provide budgetary, project-based and humanitarian assistance to bring about improvements in the fields of education, health, economic development, governance and security, and others.

With support from FCDO, the **Technical Assistance (TA) to Improve Health Service Delivery in Punjab Project (Phase-2)** aims to provide TA to the provincial Primary and Secondary Healthcare Department (P&SHD) in the development and application of new policies, strategies and governance mechanisms, with an overarching goal of improving health outcomes in Punjab, in line with WHO's building blocks of health system; service delivery, health workforce, health information, essential medicines, health financing and leadership and governance. The Project is being managed by Oxford Policy Management (OPM).

About the Study

In order to target vulnerable, marginalized or missed out groups and increase vaccination coverage in the Province, the Government of Punjab initiated the RED Campaign for COVID-19 vaccination. This TPV was conducted to assess the outcome of Phase-1 of the RED Campaign. The aim of this mixed-method assessment was to provide a transparent Provincial level evaluation with clear identification of community, area, district and region wise differences and disparities regarding COVID-19 vaccination coverage. This TPV followed the Development Assistance Committee (DAC) criteria formulated by the Organization for Economic Cooperation and Development (OECD).

Objectives

- To review the **RED Campaign strategy** (across North, Central and South Punjab)
- To obtain feedback regarding **quality of services** provided to beneficiaries
- To assess the Campaign's:
 - a. **Relevance**
 - b. **Effectiveness**
 - c. **Efficiency**
 - d. **Equity**
 - e. **Sustainability**
 - f. **Safety and Waste Disposal**
 - g. **Monitoring**
- To propose **recommendations** for the Phase-2 of the RED Campaign

Methodology & Sample

- For **qualitative** data collection, **25** Key Informant Interviews (KIIs) were held with management of the RED Campaign and **30** Focus Group Discussions (FGDs) were conducted with COVID-19 Vaccination Drive Staff. The total qualitative sample was **205**.
- For **quantitative** data collection, a cross-sectional survey was used to collect data of **1080** (**360** from each region) respondents, telephonically. This sample was calculated using Cochran's Formula with **95%** Confidence Interval (z-score 1.96) and 0.03 margin of error. Respondents were individuals who received a vaccine dose between 25th October-12th November 2021 (phase-1 of RED Campaign) and were 12 years of age or older.

Qualitative Sample		Quantitative Sample
Key Informants	Vaccination Drive Staff for FGDs	Beneficiaries
EPI Lead for RED	Data Entry Operators	Vaccinated individuals from general population, vaccinated between 25 th Oct to 12 th Nov, 2021 (Phase-1 of RED Campaign)
Chief Executive Officers (CEOs)	Female Vaccinators	
District Health Officers (DHOs)	Male Vaccinators	
Deputy District Health Officers (DDHOs)	Social Mobilizers	
Deputy Superintendent Vaccination (DSVs)	Assistant Superintendent of Vaccination (ASVs)	
25	180	1080

Geographical Coverage

The TPV was carried out in Punjab. Two Divisions from each of the three regions (Central, Northern, Southern) were chosen. One District - **Rawalpindi, Sargodha, Lahore, Okara, Multan** and **Dera Ghazi Khan** - was then selected from each Division.

Data Collection

Data was collected between **22nd - 26th November, 2021**.

QUANTITATIVE FINDINGS

Socio-Demographic Profile of Respondents



48.3% were female



63.5% were from rural areas



97.8% were Muslim in faith



54.2% had a monthly income ≤ PKR 20,000



70.1% were married



30.2% were housewives



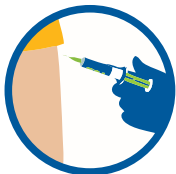
35% had completed education till middle school



0.8% reported to have a disability

Feedback Regarding RED Campaign

Satisfaction with Quality of Services



54.0% received vaccination from Community Outreach Kit Stations (Door to Door Campaign & Community Campaign)*



90.6% were satisfied with the overall RED Campaign; highest satisfaction from D.G. Khan (97.2%)



58.7% reported they were likely to get a booster dose of the COVID-19 vaccine, if needed

Effectiveness of COVID-19 Vaccines



85.6% did not experience any Adverse Effects Following Immunization (AEFIs) of COVID-19 vaccines



Only **minor** AEFIs were experienced; self-limiting fever (76.3%) was the most common AEFI



63.5% managed their AEFIs at home with self-medication



29.5% experienced AEFIs within a day



86.5% did not report their AEFIs anywhere



Only 0.2% respondents reported they contracted COVID-19 after getting vaccinated (presented with mild symptoms before receiving the second dose)

*The RED Campaign utilized various service delivery modalities including Fixed Kit Stations, Community Outreach Kit Stations, Sectoral Outreach Kit Stations and Mobile Outreach Kit Stations

QUALITATIVE FINDINGS

RELEVANCE	
<ul style="list-style-type: none"> RED Campaign was in line with the needs of communities and Districts Campaign was relevant to the objective of "Reach Every Door" Main purpose of the Campaign was to: <ul style="list-style-type: none"> Target previously missed and left out groups Increase number of vaccinations in the Province Educate people and spread awareness about COVID-19 vaccines to dispel misconceptions and fears Identify non-vaccinated population 	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Improved coverage of COVID-19 vaccination in the Province Directly reached vulnerable groups 	<ul style="list-style-type: none"> Limited human resource, especially technical staff Electronic and social media awareness about RED Campaign had limited traction in rural areas
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Provided facilities to people who are in hard-to-reach areas Provided an opportunity to reach people who refused vaccination initially Provided awareness regarding benefits of vaccination 	<ul style="list-style-type: none"> Insufficient time to thoroughly prepare for RED Campaign, especially in the hiring of technical staff Vaccination Staff felt overburdened and had to multi-task with no added financial benefits
EFFECTIVENESS	SUSTAINABILITY
<ul style="list-style-type: none"> RED campaign was effective and achieved 70-80% of its stated objectives Response was slow initially due to misinformation about COVID-19 vaccines Vaccination Staff managed by multi-tasking (e.g. Vaccinators also took up the task of data entry when needed) 	<ul style="list-style-type: none"> Knowledge, professional, managerial, and planning skills improved as a result of participation in the RED Campaign Local knowledge of staff increased and they gained experience on how to deal with people of varying cultures Lack of standardized training in all Districts may have implications for sustainability
SAFETY & WASTE DISPOSAL	EQUITY
<ul style="list-style-type: none"> Recommended SOPs were strictly followed, but lacking in certain aspects of waste disposal, nonetheless, teams were able to improvise and dispose off waste by digging pits Teams found difficulty in digging pits in heavily populated areas Some participants felt that safety measures, particularly those related to safe disposal of ampoules and syringes, could be improved further 	<p>Special efforts were made to target vulnerable groups, however, certain challenges were faced:</p> <ul style="list-style-type: none"> Many people in vulnerable groups did not possess a CNIC/ B-Form and/or personal cell phone People were reluctant to get their children vaccinated People felt that the COVID-19 vaccine would cause infertility in females In Pakhtun communities and South Punjab, male members of the family felt women did not need to get vaccinated because they are not part of the formal labour force and do not end up traveling a lot Field teams were unable to vaccinate the elderly without doctor's prescription
MONITORING	EFFICIENCY
<ul style="list-style-type: none"> All Districts mentioned that there was strict monitoring in place There were incidents of people contacting vaccination staff to register as vaccinated without getting jabbed, and offered as much as PKR 5000 for this. However, robust monitoring ensured there were no fake entries during the Campaign Participants from all Districts agreed that despite the success of the existing monitoring system, there was room for improvement and further strengthening the monitoring mechanism 	<ul style="list-style-type: none"> RED Campaign was efficient in utilization of available resources and time Number of vaccinated people increased in all Districts as a result of this initiative Data provided by NADRA and NCOC was particularly helpful in locating non-vaccinated individuals Social mobilizers did their job well, developed rapport and won trust of targeted people Key Informants felt that the Campaign was efficient and well managed, however, more efficient mechanisms need to be put in place and mainstreamed to proactively communicate challenges faced by field staff to the policy makers

RECOMMENDATIONS



Clear protocols and algorithms in place for data entry into Vaccination App to reduce margin of error and improve monitoring.

Realistic vaccination coverage targets for each District based on current coverage for increased effectiveness.



Devise a far-reaching advocacy campaign comprising print, electronic and social media.

Registration through thumb impression/ biometrics for individuals not in possession of CNIC/ B-Form to improve accessibility.



Tailored strategies are needed to overcome service utilization barriers in urban areas and service access barriers in rural areas, such as greater involvement and buy-in of religious leaders, NGOs and policy experts.

Increase equity through greater outreach to marginalized groups, such as setting up road side camps for beggars and homeless people, kit stations for jail inmates and engagement with NGOs for disabled persons.



Standardized trainings of field staff on communication with vulnerable groups, management of refusal cases and safe waste disposal practices