EPI demand generation through community engagement intervention & implementation of HCD based Prototypes





Project Close-Out Report

September 2024 to February 2025

Muzaffarabad AJ&K

National Rural Support Programme (NRSP)

AJK Region, Islamabad

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Executive Summary

The Expanded Programme on Immunization (EPI) demand generation project in Muzaffarabad, AJK, implemented by NRSP under the RSPN-UNICEF collaboration, aimed to enhance routine immunization coverage in ten low-performing union councils (UCs) through Human-Centered Design (HCD) based community engagement interventions. The project, initially planned from August to December 2024, was extended to February 15, 2025, due to operational delays. It focused on zero-dose children and low-coverage areas, targeting caregivers, community influencers, and service providers.

Key interventions included orientation and coordination meetings with national and provincial health departments, development of micro-plans, and the implementation of five HCD prototypes: Champion Networks, Child Wellness Days, Community Health Hubs, Vaccinator Recognition Events, and Mobile Immunization Services. Community engagement activities such as caregiver awareness sessions, religious leader mobilization, and IEC material dissemination were conducted extensively. Over 5,200 individuals participated, with 1,428 caregivers expressing their intent to vaccinate their children, and community structures played a pivotal role in facilitating behavior change.

The project achieved or exceeded all performance indicators. It effectively addressed vaccine hesitancy, transportation barriers, and gender-based access issues through local partnerships, tailored messaging, and direct outreach. Awareness of Prevention of Sexual Exploitation and Abuse (PSEA) was also integrated into the sessions. The project highlighted the importance of consistent service delivery, community recognition, and stakeholder collaboration. Recommendations include strengthening LHW outreach, increasing transportation support, and sustaining community-based health structures to maintain momentum and expand the impact.

Introduction:

Pakistan has made significant strides in improving and sustaining routine immunization through demand generation and service delivery efforts. However, there remains a need for robust localized interventions to specifically address regions with low coverage and a significant number of zero-dose children.

Addressing multiple challenges requires a multi-pronged approach. UNICEF Pakistan rolled out the Human-Centered Design (HCD) research on routine immunization in Pakistan aimed at identifying social and behavioural change (SBC) interventions to enhance the demand for routine immunizations, focusing particularly on zero-dose populations. RSPN through its network implemented and tested prioritized prototypes in each location through the **Implementation of community engagement interventions** using the RSPs' community structures and platforms and their linkages with EPI service delivery.

Under the project, RSPN is implementing the Human Centered Designed (HCD) Research on routine immunization project through prototypes interventions in 16 districts at nationwide through 5 CSOs. NRSP is implementing this project in 7 districts including the district of Muzaffarabad in AJK. As per the project design, 10 low performing UCs in District Muzaffarabad have been selected. The criterion for selecting the 10 low-performing UCs was based on low coverage and zero dose children. It's a five month duration research project from August to December 2024.

Due to certain programmatic and operational considerations, the initiation of project activities was delayed from its original planned timeline. Accordingly, a No Cost Extension (NCE) was granted up to Feb 15, 2025.

Project Outputs

The project has the following four outputs and the corresponding set of activities.

Output 1 Caregivers of EPI eligible children in the targeted locations are engaged and have increased knowledge and awareness for vaccine uptake.

Output 2: Community structures and influencers are supporting Routine Immunization

Output 3: HCD prototypes are implemented, and results are reported

Output 4: Prevention of Sexual Exploitation & Abuse

Implementation of Project Activities

As per the project work plan and set targets, the descriptions of the key activities completed under the respective outputs and the achieved targets during the project time period (August 2024 to 15 February 2025) have been documented in this Project Close Out Report.

Output 1 Caregivers of EPI eligible children in the targeted locations are engaged and have increased knowledge and awareness for vaccine uptake.

Under this output, the following activities have been implemented

1.1 Project orientation meetings at the national and provincial levels

1.2 District level implementation plans meeting quality standards on Community Engagement developed

1.1. Project orientation meeting conducted at National and Provincial Levels

1.1.1. Participation in National Orientation (Islamabad)

A three-day (September 18- 20th, 2024) orientation workshop was conducted at Embassy Lodge, Islamabad, focusing on EPI demand generation through community engagement interventions and the implementation of Human-Centered Design (HCD) prototypes. Mr. Khalil ur Rehman, Regional Operation Manager and Muhammad Habib, Divisional Incharge, Muzaffarabad division participated in the meeting.

The workshop aimed to orient project teams on the scope of work, HCD prototype implementation, monitoring, reporting, and safeguarding policies, including gender and Sexual Exploitation, Abuse, and Harassment (SEAH) prevention. The resource persons from UNICEF and RSPN shared presentations about different aspects and parameters of the project.

The first day began with welcoming remarks from RSPN, followed by key insights from representatives of the Federal Directorate of Immunization (FDI) and WHO. An overview of the project scope, community engagement standards, and EPI delivery structure was provided by UNICEF and RSPN. Participants were introduced to the HCD approach, including practical guidance on prototype implementation, which was followed by a Q&A session to address any concerns. The second day focused on community engagement strategies for routine immunization, visibility, and communication of the HCD journey. The RSPN team discussed monitoring and reporting formats, data entry through the MIS dashboard, and donor compliance. A group activity involving community awareness sessions using the EPI flipbook allowed participants to practice delivering effective messages for routine immunization.

On the third and final day, discussions focused on gender mainstreaming in project implementation and safeguarding policies. RSPN's gender and safeguarding policies were explained, including the zero-tolerance policy on SEAH. Group discussions and activities around SEAH prevention, reporting, and investigation emphasized the importance of safeguarding beneficiaries.

The workshop concluded with mock sessions and group presentation to ensure participants were fully prepared to implement the HCD prototypes while maintaining compliance with gender and safeguarding policies. The sessions provided a solid foundation for effective project execution.

1.1.2. Provincial Orientation Meeting Lahore

Two orientation workshops were planned to orient the field staff on the project. One activity was conducted in Karachi for the Sindh teams and the other was conducted in Lahore for the Punjab and AJK teams. On October 15 and 16 October, 2024, provincial orientation meeting was conducted in Lahore. The participants from Lahore, Rajanpur and Muzaffarabad (AJK) participated in the event Dr Samra from EPI, the DHO Lahore and Dr Khurram from UNICEF participated in the activity.



The workshop provided a detailed overview of the project scope, focusing on the implementation of community engagement activities aimed at increasing routine immunization coverage. Key sessions covered the HCD approach, implementation guidelines for the prototypes, and the use of communication materials such as the EPI flipbook for community awareness sessions. UNICEF and RSPN participated in the activity and ensured that the project teams were well informed about the implementation design.

1.1.3. Meetings with UNICEF, EPI and DHOs for seeking approvals for conducting project related activities:

Meeting with EPI Muzaffarabad: On 22, October, 2024, a coordination meeting was held in Muzaffarabad for the Human-Centered Design (HCD) Research on Routine Immunization project. The meeting was attended by key stakeholders, including Dr. Abdul Sattar, Provincial Program Manager from EPI, Ms. Sidra, UNICEF Focal Person for AJK and the NRSP team. The primary goal was to discuss the project's background, expected outcomes, and implementation strategy, with a focus on selecting 10 low-performing UCs in District Muzaffarabad. Dr. Sattar affirmed his department's support for the project. It was added that

the NRSP Divisional Office, Muzaffarabad had already requested the DG Health Office, through a letter dated 27th Sep 2024 for necessary support and coordination facilities. A copy of the letter is annexed as Annexure 1. The DG Health Office advised both the Provincial Program Manager, EPI and the DHO Health Muzaffarabad to ensure coordination and facilitation with NRSP through its letter dated October 2, 2024. A copy of the letter is annexed as Annexure 2. A meeting was scheduled with the DHO on 23 October 2024, to finalize the UCs and discuss the implementation details. While Ms. Sidra, the UNICEF focal person, had not yet received formal approval from UNICEF HQ, she expressed her commitment to supporting the project. The meeting concluded with a vote of thanks, and the next steps were agreed upon to ensure smooth coordination for the project's execution. The copy of letter by Provincial Program Manager, EPI addressed to DHO Health for support to NRSP dated 14th October 2024 annexed as Annexure 4. The PM, EPI also addressed the DG Health with a follow-up request to the DHO Muzaffarabad dated 14th October 2024. copy of the letter is annexed as Annexure 5.

Meeting with DHO Muzaffarabad: On October 23, 2024, a meeting was held at the DHO Office in Muzaffarabad to discuss the implementation of the "EPI Demand Generation through Community Engagement" project. The NRSP team presented the project's background, objectives, and implementation strategy, highlighting the roles of key stakeholders, including the DHO, EPI, UNICEF, and RSPN. The DHO extended support for the project on the condition that NRSP would follow the SOPs developed by the DHO Office and instructed EPI representatives, Ms. Saba and Ms. Madiha, to review the intervention design and report back. Key decisions included selecting 10 low-performing UCs (LP UCs) and sharing baseline data. The DHO was requested to provide an approval letter for implementing the project activities. The team also discussed the need for EPI staff training and the arrangement of a coordination meeting (DIP) in early November. The meeting concluded with a commitment to follow up on all action items to ensure smooth project implementation. The attendance sheet for the meeting is annexed as Annexure 3.

1.2. District level implementation plans meeting quality standards on Community Engagement

1.2.1 Endorsement by Health Department (DHO Muzaffarabad) for project initiation and coordination

As per the project requirement, approval/endorsement of project activities was required from the health department through the DHO Muzaffarabad. The project team visited the DHO office Muzaffarabad along with the Project Manager, Head Office and the Regional

Operation Manager. The team members briefed the DHO about the project objectives and the required support from the DHO Office. It was informed that under the project, RSPN is implementing the Human Centered Designed (HCD) Research on routine immunization project through Prototypes interventions in 16 districts at National level through 5 CSOs. NRSP is implementing this project in 7 districts including district Muzaffarabad in AJK. As per the project design, **10 low performing UCs i**n District Muzaffarabad will be selected. Miss Saba Shabir, AD EPI Training confirmed the list of low performing UCs, noting that **4 of these UCs** are identified as high-risk and will require special attention.

The DHO was further requested for to provide the names of Vaccinators, Lady Health Supervisors, and focal persons for the Union Councils in the area. This information was essential for starting project activities in the relevant UCs. In response, the DHO Muzaffarabad assured the team of all possible support and cooperation from the Heath Department. NRSP team shared the list of Social Mobilizer who will be working along with the staff of the Health Department.

1.2.2 Identification and selection of 10 LP UCs:

After receiving approval from EPI and the DHO, a formal request was submitted to gather baseline data for 10 low-performing UCs in District Muzaffarabad.

S. No	UCs	Assigned SOs
1	Chatter Domail	Mohsin Bukhari & Ali Akhtar
2	Hattian Dupatta	Mohsin Bukhari & Ali Akhtar
3	Komikot	Mohsin Bukhari & Ali Akhtar
4	Tharian	Mohsin Bukhari & Ali Akhtar
5	Kattkair	Mohsin Bukhari
6	Saidpur	Razzaq Chughtai & Shahid Sadiq
7	Noora Sairy	Razzaq Chughtai & Shahid Sadiq
8	Langer pura	Razzaq Chughtai & Shahid Sadiq
9	Talgran	Razzaq Chughtai & Shahid Sadiq
10	Machiara	Razzaq Chughtai & Shahid Sadiq

1.2.3 District Planning meeting

Project Title: EPI demand generation through CE intervention recognizing gender dynamics & Implementation of HCD based prototypes – UNICEF
Date: Oct 23, 2024
Location: DHO Office, Muzaffarabad
Organization: NRSP & Dept of Health

1. Agenda: Endorsement of DHO for Implementing the project related activities and identification of 10 LP UCs in Muzaffarabad.

2. Meeting Objectives:

- Objective 1: Develop liaison with DHO Office
- Objective 2: Collect 10 LP UCs nominations and related data from EPI
- Objective 3: Set a date for district implementation plan meeting

3. Proceedings:

The NRSP team delivered a precise presentation covering the project's background, objectives, expected outcomes, and implementation strategy. The team also highlighted the monitoring roles of key stakeholders (DHO, EPI, UNICEF, and RSPN) and asked for input on developing a practical implementation plan.

The DHO Muzaffarabad mentioned that he had held meetings earlier with the NRSP team and expressed a desire to involve his EPI team in this activity. He instructed EPI representatives, Ms. Saba and Ms. Madiha, to gain a thorough understanding of the intervention and report back to him for decision-making.

The NRSP team held an-depth discussion with both representatives and proposed a detailed implementation plan. Ms. Saba stated that would seek approvals from the DHO and update the NRSP team after reviewing low-performing UCs. She also noted that she would return with a nomination of UCs and baseline data within the week.

In response to concerns about the mobilization team's competency regarding EPI, the NRSP team reassured the participants that training had been provided on the EPI toolkit and requested that the DHO's EPI staff set a date to review performance and provide guidance as per the EPI SOPs.

The team also shared the collaboration letter with the DG Health and EPI Muzaffarabad (Mzd), confirming that all necessary permissions and partnerships were in place. NRSP requested assistance in arranging a meeting with DHO staff, vaccinators, Lady Health Supervisors, and other relevant personnel after the NID concluded on November 5, 2024.

4. Action Items:

- EPI staff will provide NRSP with the approved letter from the DHO for starting project activities.
- DHO staff will select 10 LP UCs as per their updated database and share the list with NRSP within the week.
- DHO Staff will share the baseline data of the selected UCs.
- DHO Staff will share the contact details of the DHO EPI staff as per the provided template.
- A date will be set for conducting a review and training sessions for NRSP Social Mobilizers on the SOPs of EPI community engagement.
- A date will be segregated for conducting a coordination meeting with DVS, Vaccinators, KCIs and concerned staff (DIP) preferably around November 5th, 2024.

5. Conclusion

The DHO and NRSP teams engaged in a productive collaborative discussion regarding the project details. Ms. Saba and Ms. Madiha assured the participants that the DHO would be fully briefed on the project and that the necessary approvals would be obtained.

The NRSP team was asked to follow up on each action item, ensuring that all required information was gathered, documented, and completed as per the DHO Office's directives.

6. Participants:
Ms. Saba Shabir AD Training, DHO Office.
Ms. Madiha Naseem, AD EPI.
Dr. Javeriah Shamsy, Project Manager
Ms. Kishwar, Sultana Project Coordinator, UNICEF/NRSP.
Mr. Khalil ur Rehman, Regional Operation Manager.
Mr. Muhammad Habib, Divisional In-charge, NRSP MZD.



Prepared by (Name, Designation) Ms Kishwer, DPO, AJK

1.2.4 Monthly Work plans (Nov, Dec, Jan and Feb) developed and endorsed

Upon the initiation of project activities, the project team held introductory coordination meetings with the District Health Officer (DHO) Office. The team requested the extension of departmental support and facilitation during the planning and implementation phases. The DHO Office was interested in having a detailed discussion and clarity regarding project modalities. In this regard, senior officials from the NRSP Region and Head Office visited Muzaffarabad and held a coordination meeting. These meetings helped clarity the project implementation modalities and the envisaged coordination roles of NRSP and the Department of Health.

As a result, the DHO office delegated the responsibility for the coordination role with the project team to Saba Shabir, AD EPI Training. After developing clarity regarding the project objectives and implementation modalities, SOPs were developed. The SOPs were accepted by NRSP and were to be followed and adhered to. The working mechanism was then established.

The 10 low performing union councils were identified and contacted their vaccinators and BHU staff were conducted. Monthly work plans for the months of November and in subsequent months of December, January and February were developed and signed by the DHO. These work plans formed the basis of the project activities.

Output 2: Community structures and influencers are supporting Routine Immunization

Under this output, following activities were implemented.

2.1 Religious, community & local political leaders engaged and supporting health services at the district and community levels (disaggregation by gender)

2.2 EPI micro plans developed jointly with targeted communities with a community engagement component.

2.3 % of people (community notables, key influencers, caregivers) involved in developing implementation plans, communication messages, info on demand generation for immunization in local communities

2.1 Engagement of religious, community & local political leaders & supporting health services at district and community level (disaggregation by gender)

A foundational action for working with traditional, community, civil society, government, and opinion groups and leaders; and expanding collective or group roles in addressing the issues that affect their lives.

Community engagement empowers social groups and social networks, builds upon local strengths and capacities, and improves local participation, ownership, adaptation, and communication.

Through community engagement principles and strategies, all stakeholders gained access to processes for assessing, analyzing, planning, leading, implementing, monitoring, and evaluating actions, programs, and policies that would promote survival, development, protection and participation. The Key Community Influencers in District Muzaffarabad played a vital role in community engagements. The list of key Community Influencer was obtained from Head Department. The list of key community influencer has been annexed as Annexure 6A and 6B.

2.2 EPI micro plans developed jointly with targeted communities with a community engagement component.

After getting permission from the DHO Office, baseline data for all 10 Union Councils were collected. Keeping in view this secondary data, the project team visited each Union Council. They held meetings with the BHU in-charge at the BHU, LHV, LHW and vaccinators. Following these meetings, it was decided that they would share their plans with the NRSP team. Within a week, they developed their plans and submitted them to NRSP. These plans were reviewed and created a micro plan. These micro plans were signed by the DHO. These Micro plans formed the basis of the field activities.

2.3 % of people (community notables, key influencers, caregivers) involved in developing implementation plans, communication messages, info on demand generation for immunization in local communities

2.3.1 Caregiver sessions conducted (November 24)

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
1	08-11-2024	1 session 1.UC Chatter Domail Village Maghoi 2. UC Saidpur Village shabela	-	08	8
2	11-11-2024	2 sessions 1. UC chattar Domail Village Karoli Health house saidban	01	07	8
3	12-11-2024	3 sessions 1.UC Chattar Domail Village Khunbandway 2.UC Nooraseri Village Saidban	01	44	45
4	13-11-2024	2 sessions 1.UC Hattian Dopatta Village Mera Dado 2.BHU Seridara	01	35	36
5	14-11-2024	2 sessions 1.UC Hattian Dopatta Village BAttlian 2.CD Machayar	02	36	38
6	15/11/2024	2 sessions 1.UC Chattar Domail Village charwaya 2.UC Saidpur Village Pehnth	-	45	45
7	16-11-2024	3 sessions 1.UC Therian Vilage Metahi 2.UC Saidpur Village Batangi	-	45	45
8	18-11-2024	5 sessions 1.UC Komikot Village Ghel	1	75	76
9	19-11-2024	2 sessions 1.UC Hattian Dopatta Village Noshara	-	42	42
10	20-11-2024	3 sessions 2.UC Machiara Village Mohri	39	-	39
11	21-11-2024	3 sessions 1.UC Komikot Village Java 2.UC Machiar Village Bsantkot	26	151	177
12	22-11-2024	2 sessions 1.UC Chattar Domail Villagr Kaloch 2.	13	76	89
13	23-11-2024	1 session 1.Model School Kutli	8	26	34
14	25-11-2024	2 session and childwellness day UC komikot	48	206	254
15	26-11-2024	1 session 1.UC Saidpur Village Datoora	1	70	71
16	27-11-2024	3 sessions	29	119	148

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
		1.UC Hattian Dopatta Village Bandi 2.UC Saidpur Village Datoora			
17	28-11-2024	2 sessions 1.UC Hattian Dopatta Village Awanpati 2.UC Sadipur Village Ghomat	35	147	182
18	29-11-2024	2 sessions 1.BHU Saidpur	16	321	337
19	30-11-2024	3 sessions 1.UC Hattian Dopatta Village Mohri 2.UC Saidpur Village Larri	101	96	197
		Total	**322**	**1,549**	**1,871**

Community Feedback after the session (Nov 24)

The feedback form responses as maintained in the MIS have been tabulated below. A sample community Feedback form annexed as Annexure 10A, 10B and 10C.

S.No	Feedback Form Responses	Total	Men	Women
1	No of population (Gender segregation) with an intent to take children to immunization point in their areas	1,871	322	1,549
2	No of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	-	-	-
3	# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism	422	-	-

2.3.2 Caregiver sessions conducted Dec 24

Sessions were delivered for caregivers participated in engagement actions.

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
1	03-12-2024	3 sessions 1.UC Katkair Village Rahimkot and vaccination recognition day 2.UC Katkair Village Praimkot 3.UC Langarpura Village Shalabagh	37	239	276
2	04-12-2024	2 sessions 1. UC Katkair Village Nakar Fatoot UC Langarpura Village Pona	20	121	141
3	05-12-2024	1 session1 1.UC Langarpura Village Rampura	15	43	58
4	09-12-2024	2 sessions 1.UC Therian Village Nala	05	93	98

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
		2.UC Therian Villlage Dolari Gharat			
5	10-12-2024	3 sessions 1.UC Hattian Dopatta Village Awanpati 2.UC Saidpur Village Bagh Chakrian Upper 3.UC Saidpur Village Bagh Chkrian Lower	29	215	244
6	11-12-2024	2 sessions 1.UC Hattian Dopatta Village Mohri 2.UC Langarpura Village Park	38	151	189
7	13-12-2024	1 session 1.UC Hattian Dopatta Vilage Mohri Batlian	28	47	75
8	14-12-2024	1 session 1.UC Langarpura Village Kardala	5	25	30
9	16-12-2024	1 session and child wellness day 1.UC Langarpura Village BHU Langarpura	23	111	134
10	17-12-2024	1 session 2.UC Nooraseri Village Gajoo	21	33	54
11	19-12-2024	2 sessions, Champion network and Community health house 1.UC Hattian Dopatta Village Bandi 2.UC Saidpur Village Datoora	48	147	195
12	23-12-2024	2 sessions and child wellness day 1.UC Hattian Dopatta Villager BHU Phagwan Dopatta 2.UC Langarpura Village Thotha Camp	57	411	468
13	24-12-2024	1 session 1.UC Langarpura Village Naka Shaikhan	16	49	65
14	26-12-2024	Follow Up meeting of champion network and community health house UC Saidpur Village Datoora	-	15	15
		Total	**342**	**1,685**	**2,027**

Community Feedback after the session (Dec 24)

The feedback form responses as maintained in the MIS have been tabulated below.

S.No	Feedback Form Responses	Total	Men	Women
1	No of population (Gender segregation) with an intent to take children to immunization point in their areas	2,027	342	1,685
2	No of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	20	4	16
3	# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback	729	-	-

S.No	Feedback Form Responses	Total	Men	Women
	mechanism			

2.3.3 Caregiver sessions conducted (January 2025)

Sessions were delivered for caregivers participated in engagement actions.

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
1	04-01-2025	1 sessions 1.UC Langarpura Village Mondi Bandi	3	17	20
2	07-01-2025	2 sessions 2. UC Komikot Village Ghel UC Komikot Village Komi	90	8	98
3	08-01-2025	1 session1 1.UC Machiar Village Batdara	18	30	48
4	09-01-2025	2 sessions 1.UC Machiara Village Kabaya 2.UC Machiara Villlage Koli	14	82	90
5	11-01-2025	1 session 1.UC Chattar Domail Village Tandali	08	101	109
6	13-01-2025	2 sessions 1.UC Machiara Village Machiar 2.UC Komikot Village Jawa	02	59	61
7	14-01-2025	2 sessions 1.UC Machiara Vilage Chakrian 2.UC Komikot Village Ghel Jawa	15	131	146
8	15-01-2025	1 session 1.UC Langarpura Village Kardala	4	36	40
9	20-01-2025	1 session and child wellness day 1.UC Machiara Village CD Machiara	5	198	203
10	22-01-2025	1 session 2.UC Therian Village Mathai	40	151	191

Community Feedback after the session (Jan 25)

The feedback form responses as maintained in the MIS have been tabulated below.

S. No	Feedback Form Responses	Total	Men	Women
1	No of population (Gender segregation) with an intent to take children to immunization point in their areas	1,012	117	895
2	No of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	7	2	5
3	# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism	265	-	-

2.3.4. Caregiver sessions conducted (February 2025)

Sessions were delivered for caregivers participated in engagement actions.

S/N	Date	Session conducted in (area, UC)	Men	Women	Total Participants
1	06-02-2025	1 session 1.UC Komikot Village Gehl Jawa	2	38	40
2	07-02-2025	1 session UC Saidpur Village Btangi	27	23	50
3	17-02-2025	1 session1 1.UC Chattar Domail Village Khun Bandi	29	131	160
4	22-02-2025	1 session 1.UC Saidpur Village Pehlian	47	119	166

Community Feedback after the session (Feb 25)

The feedback form responses as maintained in the MIS have been tabulated below.

S.No	Feedback Form Responses	Total	Men	Women
1	No of population (Gender segregation) with an intent to take children to immunization point in their areas	416	105	311
2	No of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	-	-	-
3	# People sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism	54	-	-

2.3.5. Consolidated Community Feedback after the session (Dec 24 to Feb 25)

The feedback form responses as maintained in the MIS have been tabulated below.

S.No	Feedback Form Responses	Total	Men	Women
1	No of population (Gender segregation) with an intent to take children to immunization point in their areas	**1,428**	**222**	**1,206**
2	No of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	**7**	**2**	**5**
3	# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism	**319**	**-**	**-**

The project data and MOVs were required to be updated on Google sheets as MIS. All feedback forms and MOVs were uploaded on shard links by MIS person.

Output 3: HCD prototypes are implemented, and results are reported

Under this output, the following activities were implemented.

3.1 Development of district wise prototype implementation plans
3.2 # of HCD prototypes developed and implemented in the selected locations
3.3 # of people engaged (caregivers and influencers) involved in the iteration process for the local context where needed.

3.1 Development of district wise prototype implementation plans

The project team visited the DHO's office along with officials from the Regional Office. The basic theme, concept and implementation of the prototypes were discussed. Following this meeting, the concerned official was intimated about the implementation of the five prototype which was signed. After the formal signing process, their implementation was initiated in the field. The letters of intimation for the implementation of the HCD prototype dated 20th and 29th November 2024 and the attendance sheet dated 20th November annexed as Annexure 7, Annexure 8 and Annexure 9.

3.2 # of HCD prototypes developed and implemented in selected locations

At the National level, 9 HCD Prototype were finalized for implementation. Of these, following 5 prototypes were finalized for Muzaffarabad district AJK.

1. Immunization Champion Network
2. Child Wellness Days
3. Community Health Worker Hubs with Women-Focused Services
4. Vaccinator Social /Community Recognition
5. Mobile Immunization with Community Guides and Local scheduling

The prototypes implemented in the current month (November 24) and planned for the next month (December 24) have been tabulated below.

The event reports on the implementation of these prototypes have been narrated below.

S. No.	ProtoType	UC	Village	Date
1.	Champion Network	Kamikot	Jawa	13/01/2025
2.	Community Health House	Komikot	Jawa	13/01/2025
3.	Mobile Immunization Day	Saidpur	Armach	15/01/2025
4.	Mobile Immunization Day	Therian	Methai	22/01/2025
5.	Vaccination Recognition Day	Chattar Domail	Tandali	11/01/2025
6.	Vaccination Recognition Day	Komikot	Jawa	14/01/2025
7.	Vaccination Recognition Day	Machiara	Machiara	20/01/2025
8.	Vaccination Recognition Day	Therian	Methai Dolari	22/01/2025
9.	Vaccination Recognition Day	Said pur	Pehlian	22/02/202
10.	Child Wellness Day	Chattar Domain	Khun Bandi	22/02/2025

S. No.	ProtoType	UC	Village	Date
11.	Community Health House	Said pur	Pehlian	22/02/2025

Lessons Learning during Implementation of Prototype

During the project implementation, the project team learned how to handle different situations. Success stories were encountered, and the team also faced challenges.

1. Key Learning's and Successes

1. Engaging Communities Through Events
Our prototype gained significant momentum during the Child Wellness Day event. The gathering of people to hear our message had a profound impact, leading to a steady increase in vaccination participation. Follow-ups with BHUs revealed that more children are now receiving vaccinations.

In previously hesitant areas like Machera Union Council, where only men initially participated, children have now begun visiting BHUs for vaccinations—a notable shift from the past.

2. Boosting Morale Through Recognition
Recognition events greatly motivated Health Department vaccinators, encouraging them to initiate community outreach programs.

- Certificates of appreciation for Lady Health Workers (LHWs) inspired them to actively support vaccination efforts by hosting weekly sessions in their neighborhoods.
- During subsequent recognition events, both Lady Health Supervisors (LHS) and LHWs received badges and certificates, addressing their concerns about being overlooked.
- Their enthusiasm was evident as they expressed gratitude, sharing that such recognition was unprecedented and transformative for their understanding of their healthcare contributions.

As a result, LHWs began maintaining detailed records of community demographics and health statistics, enhancing their collaboration with the Health Department.

3. Strengthened Stakeholder Collaboration
Initially, the Health Department wasn't involved in our prototype. However, as vaccinators, LHSs, and LHWs learned about it, they reached out with support. The District Office, DSV Sahib, and EPI representatives attended our meetings and acknowledged our efforts. Local councilors, community leaders, and stakeholders actively participated in our events, with attendance growing from 300-400 people to around 500 during our final event. This included many children, who enjoyed the activities. The community praised the initiative, appreciating its positive impact on child health and well-being.

2. Challenges Faced

1. Lack of Support from BHU Staff
During an event at a Basic Health Unit (BHU) in a Union Council, we faced significant challenges due to the uncooperative behavior of the staff. Despite providing gifts for children, fruits for adults, and refreshments, the staff offered no support and left us to arrange utensils

and other necessities. We even served tea to the attendees, including the staff. To address this, we called in additional team members from our office to ensure the successful execution of the prototype.

2. Budget Delays and Financial Challenges
Our project faced budget delays and initial clarity issues due to a lack of timely budget clearance. This caused difficulties in managing finances for prototype creation. After receiving the budget clearance, we encountered further challenges in resolving the financial settlements for the already implemented prototypes.

3. General Observations and Lessons Learned

1. **Barriers to Vaccination Access**
    - Many women in these areas are uneducated and often forget vaccination dates without reminders. When they do visit the centers, vaccination sessions are delayed or canceled due to insufficient attendance.
    - Women in remote areas face significant travel challenges, as public transportation is unavailable, and private vehicles are unaffordable. Without support from their husbands or the community, many are unable to bring their children for vaccinations.
    - Extreme weather, difficult terrain, and the added burden of caring for disabled children further complicate travel for mothers.
2. **Lack of Awareness and Social Constraints**
    - Many women are unaware of the importance of vaccinations against life-threatening diseases.
    - Even when women understand the need for vaccinations, some husbands restrict them from taking their children to the health centers.

4. Next Steps for Improvement

1. **Empowering Lady Health Workers (LHWs)**
    - Ensure that LHWs perform timely outreach, covering the entire population, and emphasize the dangers of preventable diseases. Active engagement from LHWs has shown significantly better outcomes in communities where they work effectively.
2. **Community Awareness Campaigns**
    - Collaborate with the Health Department to enhance awareness about the importance of vaccinations during routine activities like vaccination campaigns, Polio Days, and Mother-and-Child Weeks.
    - Conduct more awareness sessions, as they have already demonstrated success in reducing the number of unvaccinated children.
3. **Addressing Accessibility Challenges**
    - Develop transportation solutions to assist women in remote areas, especially during extreme weather conditions.
    - Create strategies to support mothers with disabled children, ensuring that they can access vaccination services.

By addressing these barriers and enhancing awareness, we can create a more supportive environment, encouraging more women to vaccinate their children and improving overall health outcomes.

Output 4: Prevention of Sexual Exploitation & Abuse

Awareness given regarding affected children and adults who have access to safe channels to report sexual exploitation & abuse (PSEA)

During community engagement sessions, awareness was given to 2,027 participants as tabulated below.

Performance Indicator/s	Total Target	December	Achievement as of Dec 2024
# of affected children and adults who have access to safe channels to report sexual exploitation & abuse (PSEA)	4,063	1,220	2,027

Output 5: IEC Material integrated with PSEA Messages

Staff trained on PSEA and risk mitigation with focus on safety and resilience of girls and women

NRSP staff was trained on PSEA and risk mitigation as tabulated below.

Performance Indicator/s	Total Target	Target December	Achievement as of Dec 24
# of staff trained on PSEA and risk mitigation with focus on safety and resilience of girls and women	47	16	40

S. No	Date	Venue	No of Participants	Name of Social Organizer
1	16-10-2024	Lahore	5	1.Razaq chughtai 2. Ali Akhter
2	27-11-2024	NRSP office Muzaffarabad	40	1. Syed Mohsin Bukhari 2. Razaq Chughtai





Challenges & Mitigation Plans

S/N	Challenges	Mitigation Plan
1	**Limited Accessibility for Mobile Immunization Camp** **Issue:** Vehicles couldn't reach the designated camp location. **Impact:** Delayed setup and inability to decorate the vehicle for visibility	**Adaptive Approach for Immunization Camp** **Action:** Vehicles were parked at a distance due to inaccessibility. **Engagement:** Facilitated local dispute resolution and conducted awareness sessions. **Impact:** Successfully vaccinated a significant number of children.
2	**Connectivity Challenge in Remote Areas** **Issue:** Lack of mobile network coverage hindered real-time communication. **Impact:** Unable to send updates or share pictures instantly	Alternative communication methods, offline data collection, pictures and post-visit reporting
3	Health staff was unavailable during two Big Catch-ups and four Polio Campaigns	Field visit plans were adjusted and merged; some were revised based on staff availability.

Activities related to the project but are not added in the work plan:

We conducted household visits to personally encourage people to get vaccinated. In areas where vaccine hesitancy was previously prevalent, we focused on those households and successfully persuaded them to get vaccinated. Similarly, individuals who had initially refused vaccination were approached by community members and Health Department officials. Through home visits and personalized engagement, these individuals were convinced to receive their vaccine.

Over all Target Vs Achievement

The overall target vs achievement as of 15th February 2025 has been tabulated below.

Result Statement	Performance Indicator/s	Total Target	Total Achievement	% Achievement	Remarks
Caregivers of EPI eligible children in the targeted locations are engaged and have increased knowledge and awareness of vaccine uptake	No of people who participated in engagement actions (Gender segregation)	4,063	5,271	130	Exceeded target by 30.0%
	%age population (Gender segregation) with an intent to take children to immunization point in their areas	1,219	5,271	432	Exceeded target by 332.0%
	%age (30%) of the people (Gender disaggregation) who report immunization related advice from a community mobilizer in the past 2-4 months	1,219	2,661	218	Exceeded target by 118.0%
	# people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism	1,219	1510	124	Exceeded target by 24.0%
Community Structure and Influencers are supporting Routine Immunization	# of religious, community & local political leaders engaged & supporting health services at district and community level (disaggregation by gender	120	120	100	Achieved 100.0% of target
	Number of EPI micro plans developed jointly with targeted communities with a community engagement component	10	30	300	Exceeded target by 200.0%
	% of people (community notables, key influencers, caregivers (gender disaggregation) involved in developing implementation plans, communication messages, info on demand generation for immunization in local communities	203	249	123	Exceeded target by 23.0%
HCD prototypes are implemented and results are reported	# of HCD prototypes developed and implemented in selected locations	1	23	2,300	Exceeded target by 2200.0%
	# of people engaged (caregivers and influencers) involved in iteration process to local context where needed	20	120	600	Exceeded target by 500.0%
	Development of district wise prototype implementation plans	1	1	100	Achieved 100.0% of

Result Statement	Performance Indicator/s	Total Target	Total Achievement	% Achievement	Remarks
					target
Prevention of Sexual exploitation and Abuse	# of affected children and adults who have access to safe channels to report sexual exploitation & abuse (PSEA)	4,063	5,453	134	Exceeded target by 34.0%
IEC Material integrated with PSEA Messages	# of staff trained on PSEA and risk mitigation with focus on safety and resilience of girls and women	47	61	130	Exceeded target by 30.0%

Data Validation Exercise at Regional Office Sihala Islamabad

A two day EPI Data Validation exercise was held from 23rd to 24th January 2025 at the AJK Regional Office Sihala Islamabad. The Muzaffarabad EPI team and Dr Javeriah Shamsy participated in the event which was facilitated by the regional team. In this exercise, EPI data validation and the correlation of hard copies with soft copies and with other MoVs were done.

At the end of the exercise, following action points were noted down as the way forward.



1. All community session files to be organized chronologically by session date, along with the feedback forms collected from the communities.
2. The KCI list needs to be consolidated into a single file. Two hard copies to be searched out at Divisional office and incomplete entries into soft copy to be completed. The hard copies and online google sheet must be updated accordingly.
3. For Indicator 1.3 in the MIS spreadsheet, the KCI validation numbers must be corrected as per Nouman's instructions.
4. CE feedback form entries should be revised and organized. Any missing data entries must be completed.
5. Each HCD prototype file must be maintained separately and updated as per the given guidelines.
6. Universal feedback forms should be 2-3 per prototype

Success Stories

Case Study 1: Enhancing Vaccination Coverage in Katkair Union Council

Background

On December 4, 2024, a health outreach initiative was conducted in Katkair Union Council, an area where vaccination coverage was found to be significantly lagging, with only 60% of the eligible population vaccinated. This gap left many children vulnerable to preventable diseases. The aim of the intervention was to address the low vaccination rates and to mobilize the community toward proactive health practices.



Problem Identification

The visit revealed the following critical issues:

1. **Low Vaccination Rates:** Many children had never been vaccinated or had incomplete immunization records.
2. **Limited Awareness:** A lack of understanding among caregivers about the importance of vaccines and their role in preventing **12 life-threatening diseases**.
3. **Inadequate Health Services:** The absence of regular health worker visits hindered vaccination efforts.

Intervention Strategy

1. **Community Meeting and Awareness Campaign:**
    - A meeting was held with local residents to educate them on the **12 life-threatening diseases** and the significance of timely vaccinations.
    - The team highlighted the **40% gap** in vaccination coverage, emphasizing the risks posed to the community.
2. **Formation of the Champion Network:**
    - **12 community members**, including **two women**, volunteered to act as vaccination advocates.
    - These champions were trained on:
        - The **importance of immunization**.
        - Strategies to encourage caregivers to vaccinate their children.
    - The network was tasked with meeting **twice a month** to discuss progress, identify challenges, and coordinate with the local vaccinator.
3. **Regular Vaccination Services:**
    - Arrangements were made for the vaccinator to visit the village **twice a month**, ensuring children received their required immunizations.

Results and Impact

- **Increased Vaccination Coverage:**
  The Champion Network, coupled with regular vaccinator visits, led to a **gradual increase in vaccination rates**, ensuring that previously unvaccinated children were brought into the immunization program.
- **Improved Community Awareness:**
  Caregivers became more informed about the risks of vaccine-preventable diseases and committed themselves to the program.

- **Strengthened Health Infrastructure:**
  By addressing the service gaps, the initiative laid the groundwork for sustained health services in the community.

Challenges

- Initial **resistance from caregivers**, due to misconceptions about vaccines.
- **Geographical barriers** and limited access to healthcare facilities.

Key Lessons Learned

- **Community Engagement is Critical:** Training local champions created a sense of ownership and accountability within the community.
- **Consistency in Service Delivery:** Regular vaccinator visits built trust and reliability in the program.
- **Targeted Awareness Efforts Work:** Tailored messaging about the risks of incomplete vaccination motivated caregivers to participate.

Conclusion

The intervention in Katkair Union Council highlights the importance of a **community-centered approach** to overcoming health service delivery gaps. By mobilizing local champions and ensuring consistent vaccination services, significant progress was made in safeguarding children's health. This model can be replicated in other underserved areas to achieve similar outcomes.

Next Steps

- Strengthen the Champion Network with further training and resources.
- Explore partnerships to address logistical challenges, such as transportation for vaccinators.
- Expand the initiative to neighboring regions with low vaccination coverage.

Case Study 2: Overcoming Barriers to Immunization for Hasan Raza's Family

Background



On November 8, 2024, during a health outreach initiative in **UC Chattar Domail Village, Khagran**, our team encountered Hasan Raza's family. This family had recently relocated from Neelam and was living in severe poverty. Their living conditions were deplorable, with no basic furniture, such as chairs, and limited access to essential services. Notably, none of their children had received even the first round of vaccinations, leaving them vulnerable to preventable diseases.

Problem Identification

The family faced several challenges:

1. **Lack of Access to Healthcare Services:**
   - Unlike in Neelam, where healthcare workers visited homes for vaccinations, the family had received no outreach services in Khagran.
2. **Lack of Awareness:**

- The mother was unaware of the vaccination schedule or its importance.
- She was unable to read the vaccination cards, further hindering her ability to follow up on her children's immunizations.

3. **Geographic and Logistical Barriers:**
   - The family lacked transportation or knowledge of where to access vaccination services.

Intervention

1. **Immediate Vaccination:**
   - Our team vaccinated Hasan Raza and his sibling during the home visit and created vaccination cards for both children.
2. **Education and Awareness:**
   - The mother was educated about the importance of vaccinations and their role in preventing life-threatening diseases.
   - We explained the vaccination schedule in simple terms and assured her of continued guidance for follow-up vaccinations.
3. **Addressing Logistical Barriers:**
   - Recognizing the family's inability to travel to healthcare facilities, we transported the mother and her children to the **BHU (Basic Health Unit)** in our vehicle.
   - At the BHU, both children received their next scheduled vaccinations.
4. **Empowering Caregivers:**
   - The mother was informed about the risks of vaccine-preventable diseases, including how unvaccinated children could spread illnesses to others.
   - She committed to ensuring that her children's timely vaccinations and attending follow-up appointments at **Midland Doctor Hospital**.

Results and Impact

1. **Successful Vaccination:**
   - Both children received essential vaccinations, significantly reducing their risk of contracting preventable diseases.
2. **Increased Caregiver Awareness:**
   - The mother now understands the importance of immunizations and has committed to ensuring her children's adherence to the vaccination schedule.
3. **Strengthened Linkage to Healthcare Services:**
   - The family was connected with **Midland Doctor Hospital** and the BHU for continued care, bridging the gap between them and healthcare services.
4. **Community Impact:**
   - By vaccinating the children and educating the caregiver, potential disease outbreaks in the neighborhood and the school were mitigated.

Challenges Faced

1. **Severe Poverty:**
   - The family's living conditions highlighted the broader issue of poverty impacting access to healthcare.
2. **Geographical Isolation:**
   - The absence of healthcare worker outreach in Khagran emphasized the need for improved service delivery in remote areas.

Lessons Learned

1. **Proactive Outreach Saves Lives:**
   - Direct home visits can identify vulnerable families who may otherwise remain excluded from essential health services.
2. **Education is Key:**
   - Empowering caregivers with knowledge about vaccinations is critical to ensuring long-term adherence to immunization schedules.
3. **Bridging Gaps Requires Coordination:**

- Addressing logistical barriers, such as transportation, is essential for achieving health equity in underserved areas.

Conclusion

This case highlights the transformative impact of targeted health interventions in underserved communities. By addressing Hasan Raza's family's immediate needs and educating them on the importance of vaccinations, we not only protected their children's health but also strengthened their connection to the local healthcare system. This approach underscores the importance of proactive outreach, caregiver education, and logistical support in achieving universal immunization coverage.

Success Story 3: Overcoming Barriers to Immunization

At the inception of our EPI immunization program, our team visited Union Council Machhiyara, including the villages of Batangi and Batnara. Comprising a vaccinator and social organizers, our mission was to raise awareness about immunization, family health, and nutrition.

However, we faced an immediate challenge—the men in the session refused to allow women to participate, asserting that they would not permit them to attend the meetings. Undeterred, our team adapted and proceeded with the session for the men, discussing crucial topics such as nutrition, family planning, and the significance of vaccinations.

The impact was profound. The men, initially hesitant, became advocates for immunization, encouraging their families to get vaccinated. This shift in mindset led to a remarkable increase in vaccination demand, with the vaccinator reporting a packed schedule and no free time due to the overwhelming turnout.

Though women were unable to attend the meetings, many still brought their children for vaccinations, demonstrating the power of indirect influence and community engagement. The awareness raised among the men created a positive ripple effect, significantly boosting immunization rates in the area.

Building on this success, our team plans to return in the coming weeks to establish a "Champion Network", a community-driven initiative aimed at further promoting immunization and healthcare services. By fostering local leadership and advocacy, we aspire to ensure sustained healthcare awareness and improved vaccination coverage for all.





Success Story 4: Overcoming Challenges to Deliver Immunization

The mobile immunization event at Union Council Saidpur, Village Batangi, was both challenging and rewarding. Our team had to navigate difficult terrain to reach this remote

community, where we worked tirelessly to convince local residents to participate in the vaccination drive.

A crucial awareness session was held at the local mosque, where our team engaged with women, emphasizing the importance of immunization for their children's health. Initially, some men hesitated to allow their families to participate, but with consistent efforts and meaningful dialogue, we successfully persuaded them to support the initiative. The event led to a remarkable breakthrough, with seventeen children receiving vaccinations, most of whom had never been immunized before. To make the experience more enjoyable for the children, our team distributed gifts, fruits, and biscuits, fostering a positive and welcoming environment.





This initiative highlights our team's unwavering commitment to making healthcare accessible to underserved and remote communities. By overcoming logistical and cultural challenges, we continue to pave the way for a healthier future for all.

Success Story 5: Reviving Community Health Services in Union Council Saidpur

Background

Union Council Saidpur, like many rural areas, faced challenges in accessing consistent and reliable health services. A local resource, a room that once served as a dispensary, had been left unused for a significant period, leaving a gap in the availability of nearby healthcare facilities.

Initiative

Abdul Latif Sahab, a retired head teacher and well-regarded community activist, recognized the need for accessible health services in his locality. In a generous and community-minded gesture, he dedicated a room in his home for public health use. This space, formerly a dispensary, was repurposed to host regular health activities once again.

Implementation

With support from the Expanded Programme on Immunization (EPI) and the National Rural Support Programme (NRSP) teams:

- Two health workers now visit the room twice a month to offer essential health services to local residents.
- The facility has also become a site for routine vaccination drives, where vaccinators administer immunizations to children in the area.

Outcomes

- The revival of the space has brought basic health services closer to underserved residents.
- Local families, especially children, benefit from regular immunization and healthcare





checkups without needing to travel far.

- The initiative has been praised by both the community and the partnering organizations.

Impact

This effort reflects the strength of community-led development and the positive outcomes of collaboration between local volunteers and institutional partners. It stands as a model for how underutilized community assets can be repurposed to meet local health needs.

Conclusion

The success of this initiative is a direct result of consistent outreach efforts, health awareness sessions, and the unwavering commitment of individuals like Abdul Latif Sahab. His contribution highlights how local leadership and coordinated support can make a lasting impact on public health delivery in rural settings.

Reflections /feedback of relevant Stakeholders

1-Caregivers of Zero Dose/Defaulter Children

Before attending the session/event, what were your main reasons for not vaccinating your child?
Due to misconception about vaccine.
What specific information or experience from the event motivated you to get your child vaccinated?
Price of vaccine (lack of awareness) importance of our children health.
How did your perception of vaccination change after participating in the prototype implementation?
After prototype all people get vaccine then I also ready to vaccine.
What challenges, if any, did you face in accessing vaccination services before, and how were they addressed?
Permission from elder/husband. After session and prototype activity they give me permission.
Would you encourage other parents to vaccinate their children? Why or why not?
Yes Because health children have a long life.

Name of caregiver	**Aima Bibi**
UC	UC Saidpur Village Larri
Consent to share her/his story and picture in our reports and publications	No
Name of person collecting the story	Shahid Sadiq
RSP	NRSP

2-Caregivers of Zero Dose/Defaulter Children

Before attending the session/event, what were your main reasons for not vaccinating your child?

The main reason for not vaccinating was transport issue and lack of awareness.
What specific information or experience from the event motivated you to get your child vaccinated?
The information about the benefit of vaccine and the 12 harmful diseases.
How did your perception of vaccination change after participating in the prototype implementation?
After participating in the prototype activity our mind set change by seeing other people vaccinated their children. And we got awareness about vaccine during the session also.
What challenges, if any, did you face in accessing vaccination services before, and how were they addressed?
The BHU is far away from our area. The outreach mobile immunization help us in vaccination of our children.
Would you encourage other parents to vaccinate their children? Why or why not?
Yes because we are now aware about the benefit of vaccine .

Name of caregiver	**Adil**
UC	UC Komikot Village Sanglor
Consent to share her/his story and picture in our reports and publications	yes
Name of person collecting the story	Mohsin Bukhari
RSP	NRSP

3-Caregivers of Zero Dose/Defaulter Children

Before attending the session/event, what were your main reasons for not vaccinating your child?
For from my home. Alone at home. Nobody at home with me. My husband in Rawalpindi.
What specific information or experience from the event motivated you to get your child vaccinated?
I knew the importance of health of my child. Vaccine is too expensive.
How did your perception of vaccination change after participating in the prototype implementation?
Most of people are ready for vaccine so I became ready to see them.
What challenges, if any, did you face in accessing vaccination services before, and how were they addressed?
I don't have fair for vehicle. BHU is far to our home.
Would you encourage other parents to vaccinate their children? Why or why not?
Yes I must Because I don't know the vaccine protocol. I thought it is like polio vaccine.

Name of caregiver	**Samia Bibi**
UC	UC Saidpur Village Larri
Consent to share her/his story and picture in our reports and publications	No

Name of person collecting the story	Shahid Sadiq
RSP	NRSP

4-Caregivers of Zero Dose/Defaulter Children

Before attending the session/event, what were your main reasons for not vaccinating your child?
Alone at home and BHU is far away.
What specific information or experience from the event motivated you to get your child vaccinated?
Benefits of vaccination.
How did your perception of vaccination change after participating in the prototype implementation?
My husband allow me to vaccinate our child after this activity.
What challenges, if any, did you face in accessing vaccination services before, and how were they addressed?
My husband not allow me to vaccine our child before the sessions. After attending a session in our village he allowed me .
Would you encourage other parents to vaccinate their children? Why or why not?
Yes. Because I know the benefits of vaccine.

Name of caregiver	**Arif**
UC	UC Machiara Village Dollyar
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Shahid Sadiq
RSP	NRSP

5-Caregivers of Zero Dose /Defaulter Children

Before attending the session/event, what were your main reasons for not vaccinating your child?
Lack of awareness and religious barrier.
What specific information or experience from the event motivated you to get your child vaccinated?
I know about the importance of vaccine and health of our child.
How did your perception of vaccination change after participating in the prototype implementation?
When we participate in the event and met with other people our mind set change about vaccine.
What challenges, if any, did you face in accessing vaccination services before, and how were they addressed?
Our elders refuses from vaccine but after session and prototype activity they allow us to vaccine our children.
Would you encourage other parents to vaccinate their children? Why or why not?

Yes, because health of our children is important than everything and it is our responsibility.

Name of caregiver	Nasir Awan
UC	UC Langarpura Village Mundi Bandi
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Mohsin Bukhari
RSP	NRSP

6-Champion Network

In your experience, what are the most common reasons caregivers hesitate to vaccinate their children?
Transport problems. Seasonal condition like snowfall or rainy season. Alone at home.
What strategies did you use to convince caregivers to vaccinate their children?
Sent to vaccinator at their village through LHW,massages,LHW's Homes and discussion with cargivers to awareness about vaccine.
How many children were you able to mobilize for vaccination through your efforts?
About 20 to 30 every month.
Where were these children referred for vaccination, and how accessible were the services?
LHW's Homes. Mostly refer to BHU.
How do you plan to continue your advocacy for immunization in your community?
We held meeting twice a month

Name of caregiver	Khadija Bibi
UC	UC Saidpur Village Datoora
Consent to share her/his story and picture in our reports and publications	No
Name of person collecting the story	Shahid Sadiq
RSP	NRSP

7-Champion Network

In your experience, what are the most common reasons caregivers hesitate to vaccinate their children?
Domestic problems. Fear from fever after vaccine.
What strategies did you use to convince caregivers to vaccinate their children?
Sitting with them to listen their problems and convince them with kind behavior.
How many children were you able to mobilize for vaccination through your efforts?
About 21 children mobilize for vaccine.
Where were these children referred for vaccination, and how accessible were the services?
We referred to BHU.

How do you plan to continue your advocacy for immunization in your community?
We will Do meeting twice every month and will convince the people and advocate the people after every meeting.

Name of caregiver	Shazia Bibi
UC	UC Nooraseri Village Basant kot
Consent to share her/his story and picture in our reports and publications	No
Name of person collecting the story	Shahid Sadiq
RSP	NRSP

8-Champion Network

In your experience, what are the most common reasons caregivers hesitate to vaccinate their children?
Limited knowledge about vaccine-preventable diseases, vaccine benefits.
What strategies did you use to convince caregivers to vaccinate their children?
Highlight the importance of vaccination in preventing diseases and protecting public health.
How many children were you able to mobilize for vaccination through your efforts?
About 27 children mobilize for vaccine.
Where were these children referred for vaccination, and how accessible were the services?
We referred to BHU accessibility of these services varied, with some areas facing challenges such as social, financial and geographical.
How do you plan to continue your advocacy for immunization in your community?
Identify and empower local leaders to become immunization advocates, promoting vaccination within their networks.

Name of caregiver	Qirat Hameed
UC	UC Komikot Village Ghel Jawa
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Mohsin Bukahri
RSP	NRSP

9-Champion Network

In your experience, what are the most common reasons caregivers hesitate to vaccinate their children?
Lack of awareness about vaccine.
What strategies did you use to convince caregivers to vaccinate their children?
By telling them about the benefits of vaccine and importance of health of their children.
How many children were you able to mobilize for vaccination through your efforts?
About 30 children mobilize for vaccine.
Where were these children referred for vaccination, and how accessible were the services?

Firstly we referred them to nearest BHU. If there is any outreach camp then I send them there.
How do you plan to continue your advocacy for immunization in your community?
I aware the caregivers in every meeting about the benefits of vaccine.

Name of caregiver	Zorain Bibi
UC	UC Nooraseri Village Basant kot
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Kishwer Sultana
RSP	NRSP

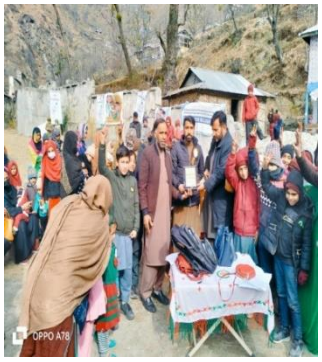
10-Champion Network

In your experience, what are the most common reasons caregivers hesitate to vaccinate their children?
In my opinion there are issue of transport because BHU centers are far from some areas.
What strategies did you use to convince caregivers to vaccinate their children?
I told them about the importance of children health and preventing from diseases.
How many children were you able to mobilize for vaccination through your efforts?
About 24 children mobilize for vaccine.
Where were these children referred for vaccination, and how accessible were the services?
I referred them to nearest BHU.
How do you plan to continue your advocacy for immunization in your community?
Identify and empower local leaders to become immunization advocates, promoting vaccination within their networks.

Name of caregiver	Nargis
UC	UC Komikot Village Ghel Jawa
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Mohsin Bukhari
RSP	NRSP

11-Recognized Vaccinators

How did it feel to be recognized for your efforts in increasing vaccination coverage?
Despite all of efforts in outreach area covered in these activities.
What were the biggest challenges you faced in reaching and vaccinating children during this initiative?
Vaccinating caregivers and motivating them to increase vaccination rates.



Did this experience inspire you to take any new initiatives to further improve immunization coverage? If so, what are they?
Yes its very motivational approach to enhance vaccination.
What message do you have for caregivers who are hesitant to vaccinate their children?
Vaccination is for prevention against dangerous diseases.
What support do you think is needed to sustain and further improve vaccination efforts in your area?
For outreach mobility is necessary to overcome the vaccination in essential areas.

Name of Vaccinator	**Khawaja Waseem**
UC	CD Machiara
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Abdul Razaq
RSP	NRSP

12-Recognized Vaccinators

How did it feel to be recognized for your efforts in increasing vaccination coverage?
Very good feeling not before this
What were the biggest challenges you faced in reaching and vaccinating children during this initiative?
The biggest challenge is POL. We don't have fuel for outreach.
Did this experience inspire you to take any new initiatives to further improve immunization coverage? If so, what are they?
Yes, we want to improve vaccination without reach service.
What message do you have for caregivers who are hesitant to vaccinate their children?



Vaccine are free and we are available everywhere because prevention is better than cure.
What support do you think is needed to sustain and further improve vaccination efforts in your area?
We need fuel, motivation/Mobilization through mobilizer.

Name of Vaccinator	**Malik Arshad**
UC	UC Machiara Village Batdara
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Abdul Razaq
RSP	NRSP

13-Recognized Vaccinators

How did it feel to be recognized for your efforts in increasing vaccination coverage?
It happened never before it was a new and healthy activity.
What were the biggest challenges you faced in reaching and vaccinating children during this initiative?
Fuel and facilitation to outreach is a big challenge for us.
Did this experience inspire you to take any new initiatives to further improve immunization coverage? If so, what are they?
Yes it improved us to cover outreach and hard areas.
What message do you have for caregivers who are hesitant to vaccinate their children?
We are available to protect our new souls now it's essential for mothers to take the responsibility and vaccinate your child.
What support do you think is needed to sustain and further improve vaccination efforts in your area?
Mobilization through community and notables to vaccinate their children.

Name of Vaccinator	**Naseer Awan**
UC	UC Hattian Dopatta Village awanpati
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Mohsin Bukhari
RSP	NRSP

14-Recognized Vaccinators

How did it feel to be recognized for your efforts in increasing vaccination coverage?
Being acknowledged for our efforts motivated me to continue striving for excellence in promoting immunization awareness and improving vaccination rates.
What were the biggest challenges you faced in reaching and vaccinating children during this initiative?
Lack of proper roads, transportation, and storage facilities hindered vaccine delivery and storage.
Did this experience inspire you to take any new initiatives to further improve immunization coverage? If so, what are they?
Yes, Creating training programs to equip healthcare workers with the knowledge, skills, and confidence to effectively administer vaccines.
What message do you have for caregivers who are hesitant to vaccinate their children?
Vaccines not only protect your child from serious diseases, but they also help prevent the spread of diseases in your community
What support do you think is needed to sustain and further improve vaccination efforts in your area?
Support for community outreach and education programs to promote vaccination awareness and acceptance.

Name of Vaccinator	Mir Adnan
UC	UC Saidpur Village Saidpur
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Shahid Sadiq
RSP	NRSP

15- Recognized Vaccinators



How did it feel to be recognized for your efforts in increasing vaccination coverage?
It was a new innovative event and never happened before.
What were the biggest challenges you faced in reaching and vaccinating children during this initiative?
To find and reach out the uncovered area was the big challenge for covering.
Did this experience inspire you to take any new initiatives to further improve immunization coverage? If so, what are they?
It was a wonder experience to motivate and overcome hardships.
What message do you have for caregivers who are hesitant to vaccinate their children?
We are available for all out reach area.
What support do you think is needed to sustain and further improve vaccination efforts in your area?
Mobilization through community.

Name of Vaccinator	Mukhtiar Ahmed
UC	UC Katkair Village Rahimkot
Consent to share her/his story and picture in our reports and publications	Yes
Name of person collecting the story	Mohsin Bukhari
RSP	NRSP

16-District Health Authorities. EPI Focal Person



How has the prototype implementation impacted immunization coverage in your district?

The prototype has significantly improved immunization coverage by strengthening vaccine programs, supply, and delivery. It has increased vaccination rates, especially in hard-to-reach areas, highlighting the effectiveness of targeted interventions in saving lives.

Name of official: Sidra
Designation: EPI Focal Person
Consent to use his/her remarks in our project reports and publications: Yes
Name of person collecting data: Kishwer Sultana
Name of RSP: NRSP

17- District Health Authorities, District Supervisor of Vaccination (DSV)

What positive changes have you observed in vaccination outreach and service delivery due to this initiative?
NRSP and Health Department advocates (LHS, LHW) have actively promoted vaccination, addressing concerns and misconceptions. This has led to increased caregiver engagement, improved vaccination coverage, and better health outcomes in the community."

Name of official: Sheikh Rafaqat
Designation: DSV
Consent to use his/her remarks in our project reports and publications: Yes
Name of person collecting data: Kishwer Sultan
Name of RSP: NRSP



18- Health Facility Staff

Have you noticed a difference in caregivers' attitudes towards vaccination since the prototype implementation?
Since the prototype's implementation, caregivers have shown greater enthusiasm, engagement, and confidence. Their improved interactions and commitment reflect a positive shift in attitude toward vaccination."

Name of official: Saima Noreen
Designation: LHS
Consent to use his/her remarks in our project reports and publications: Yes
Name of person collecting data: Kishwar Sultana
Name of RSP:NRSP



19- Vaccinator

What changes have you seen in caregiver turnout and acceptance of vaccination services since this initiative started?

Since the initiative began, caregiver turnout and vaccine acceptance have significantly improved. More parents now voluntarily vaccinate their children, reflecting increased trust in immunization. Effective outreach has dispelled fears and educated families, fostering a healthier community.

Name of official: Benish
Designation: Vaccinator
Consent to use his/her remarks in our project reports and publications: Yes
Name of person collecting data: Mohsin Bukhari
Name of RSP: NRSP

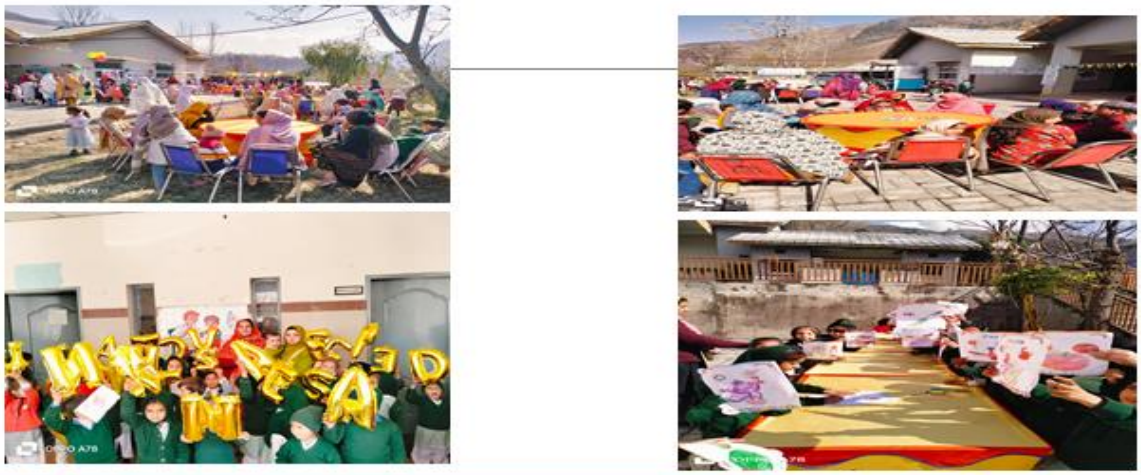


A. **Pictorial Highlights**

Child Wellness Day in UCs: Komikot, Langarpura, Hattian Dopatta
Dated: 25th Nov, 16th and 23rd Dec 2024



Child Wellness Day in UC: Chattar Domail Village Khun Bandi
Dated: 22nd Nov, 2025



Vaccinator Social/Community Recognition in UCs: Hattian Dopatta, Saidpur, Katkair Dated: 28th and 29th Nov and 3rd Dec 2024








Vaccinator Social/Community Recognition in UCs: Chatter Domail, Komikot, Machiara Dated: 11th , 14th and 20th January 2025









Vaccinator Social/Community Recognition in UCs: Hattian Dopatta, Saidpur, Katkair
Dated: 28th and 29th Nov and 3rd Dec 2024






Champion Network in UCs: Nooraseri, Katkair, Saidpur
Dated: 21st Nov, 4th and 19th Dec 2024








Community Health Worker Hubs with Women-Focused Services in UCs: Saidpur, Komikot
Dated:19th Dec 2024, 13th Jan 2025






Community Health Worker Hubs with Women-Focused Services in UC: Saidpur Village Pehlian
Dated: 22nd Feb 2025




Community Engagement Sessions with Caregivers at District Muzaffarabad



Community Engagement Sessions with Caregivers at District Muzaffarabad



Community Engagement Sessions with Caregivers at District Muzaffarabad

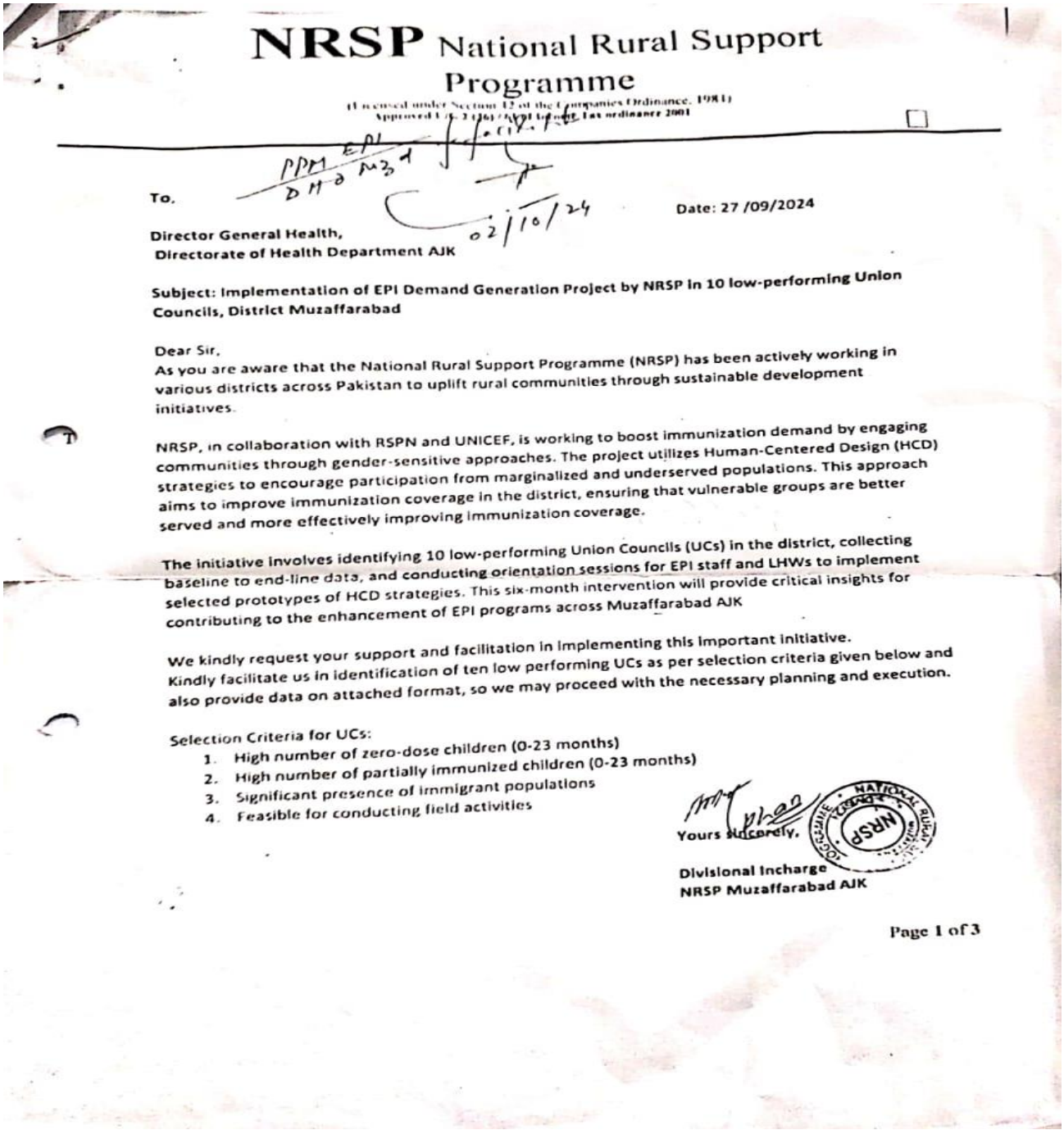


Community Engagement Sessions with Caregivers at District Muzaffarabad



Annexures

Annexure 1. NRSP letter to DG Health requesting support in project implementation



NRSP National Rural Support Programme

(Licensed under Section 42 of the Companies Ordinance, 1984)
Approved U/S 2(36) of Income Tax ordinance 2001

To,

Director General Health,
Directorate of Health Department AJK

Date: 27 /09/2024

Subject: Implementation of EPI Demand Generation Project by NRSP in 10 low-performing Union Councils, District Muzaffarabad

Dear Sir,
As you are aware that the National Rural Support Programme (NRSP) has been actively working in various districts across Pakistan to uplift rural communities through sustainable development initiatives.

NRSP, in collaboration with RSPN and UNICEF, is working to boost immunization demand by engaging communities through gender-sensitive approaches. The project utilizes Human-Centered Design (HCD) strategies to encourage participation from marginalized and underserved populations. This approach aims to improve immunization coverage in the district, ensuring that vulnerable groups are better served and more effectively improving immunization coverage.

The initiative involves identifying 10 low-performing Union Councils (UCs) in the district, collecting baseline to end-line data, and conducting orientation sessions for EPI staff and LHWs to implement selected prototypes of HCD strategies. This six-month intervention will provide critical insights for contributing to the enhancement of EPI programs across Muzaffarabad AJK

We kindly request your support and facilitation in implementing this important initiative. Kindly facilitate us in identification of ten low performing UCs as per selection criteria given below and also provide data on attached format, so we may proceed with the necessary planning and execution.

Selection Criteria for UCs:

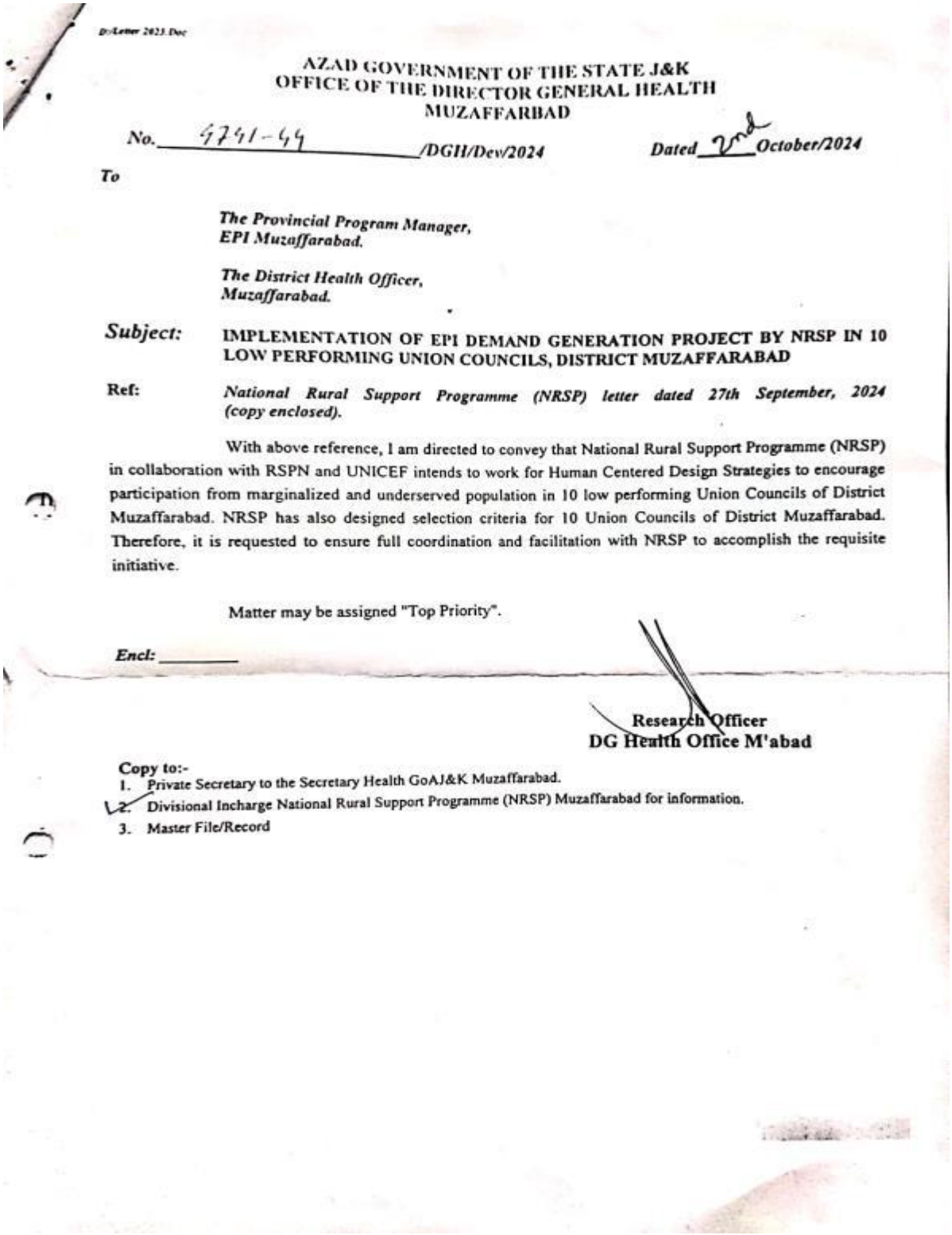
1. High number of zero-dose children (0-23 months)
2. High number of partially immunized children (0-23 months)
3. Significant presence of immigrant populations
4. Feasible for conducting field activities

Yours sincerely,

Divisional Incharge
NRSP Muzaffarabad AJK

Page 1 of 3

Annexure 2: Letter from DG Health to Provincial PM EPI and DHO Health



D:\Letter 2023 Doc

AZAD GOVERNMENT OF THE STATE J&K
OFFICE OF THE DIRECTOR GENERAL HEALTH
MUZAFFARBAD

No. 4791-99 /DGH/Dev/2024 Dated 2nd October/2024

To

The Provincial Program Manager,
EPI Muzaffarabad.

The District Health Officer,
Muzaffarabad.

Subject: IMPLEMENTATION OF EPI DEMAND GENERATION PROJECT BY NRSP IN 10 LOW PERFORMING UNION COUNCILS, DISTRICT MUZAFFARABAD

Ref: *National Rural Support Programme (NRSP) letter dated 27th September, 2024 (copy enclosed).*

With above reference, I am directed to convey that National Rural Support Programme (NRSP) in collaboration with RSPN and UNICEF intends to work for Human Centered Design Strategies to encourage participation from marginalized and underserved population in 10 low performing Union Councils of District Muzaffarabad. NRSP has also designed selection criteria for 10 Union Councils of District Muzaffarabad. Therefore, it is requested to ensure full coordination and facilitation with NRSP to accomplish the requisite initiative.

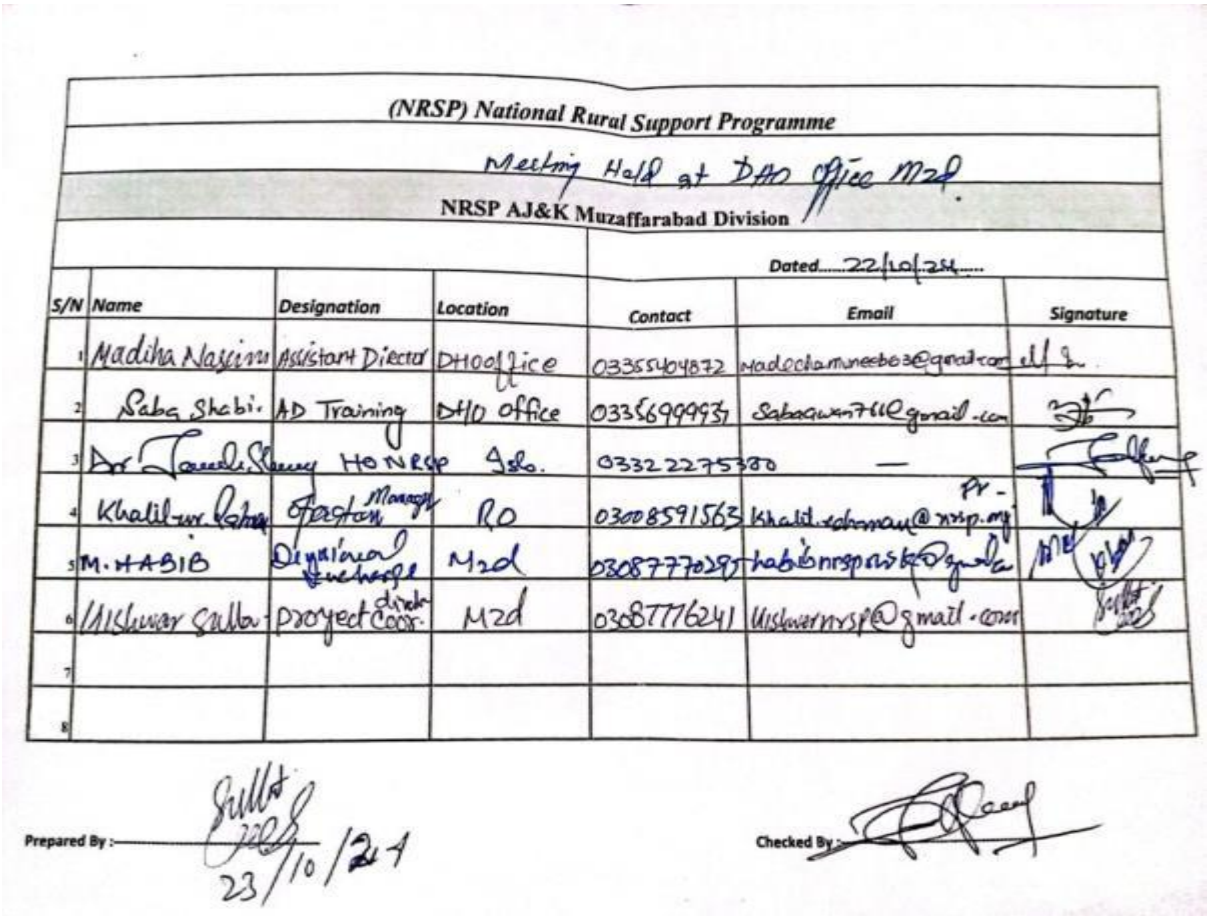
Matter may be assigned "Top Priority".

Encl: _____

Research Officer
DG Health Office M'abad

Copy to:-
1. Private Secretary to the Secretary Health GoAJ&K Muzaffarabad.
2. Divisional Incharge National Rural Support Programme (NRSP) Muzaffarabad for information.
3. Master File/Record

Annexure 3. Attendance Sheet District Planning Meeting dated 22nd October 2024



(NRSP) National Rural Support Programme

Meeting Held at DAO office M2d

NRSP AJ&K Muzaffarabad Division

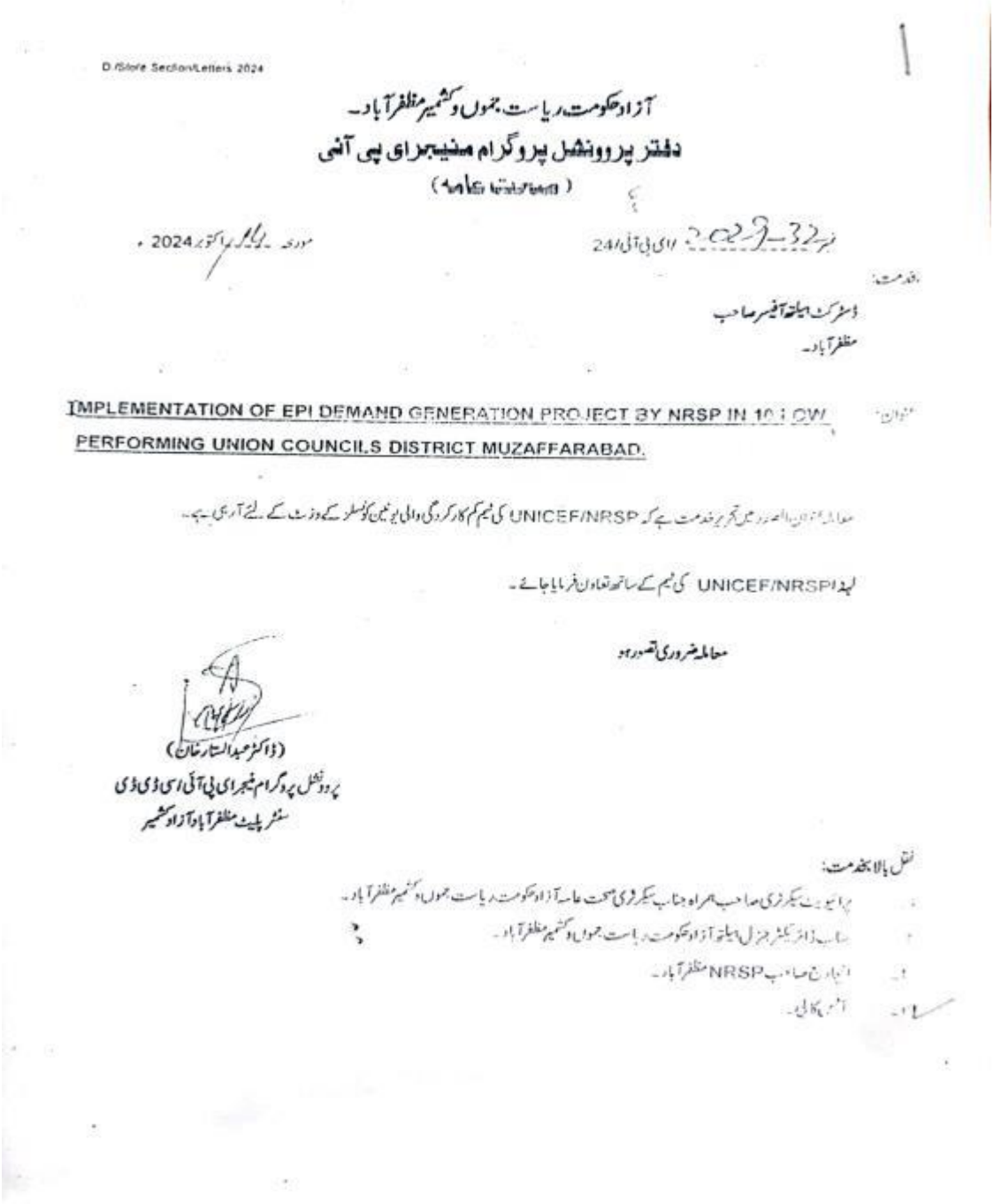
Dated 22/10/24

S/N	Name	Designation	Location	Contact	Email	Signature
1	Madiha Nasreen	Assistant Director	DH Office	03355404872	madeehamuneeb3@gmail.com	
2	Saba Shabi	AD Training	DHO office	03356999937	Sabaawan711@gmail.com	
3	Dr Tanveer Shams	HO NRSP	Isb.	03322275380	—	
4	Khalilur Rehman	Operation Manager	RO	03008591563	khalil.rehman@nrsp.org.pk	
5	M. HABIB	Regional Incharge	M2d	03087770297	habibnrsp@gmail.com	
6	Ishwar Gulla	Project Dist. Coor.	M2d	03087776241	Ishwarnrsp@gmail.com	
7						
8						

Prepared By: 23/10/24

Checked By:

Annexure 4. Letter by Provincial Program Manager EPI to DHO Health for support to NRSP



D:\Store Section\Letters 2024

آزاد حکومت ریاست جموں و کشمیر مظفر آباد۔

دفتر پروونشل پروگرام منیجر ای پی آنی

( )

نمبر 2023-32 ای پی آئی/24 مورخہ 9 اکتوبر 2024ء

بخدمت:

ڈسٹرکٹ ہیلتھ آفیسر صاحب

مظفر آباد۔

عنوان: IMPLEMENTATION OF EPI DEMAND GENERATION PROJECT BY NRSP IN 10 LOW PERFORMING UNION COUNCILS DISTRICT MUZAFFARABAD.

معاملہ ہذا کے عنوان بالا میں تحریر خدمت ہے کہ UNICEF/NRSP کی ٹیم کم کارکردگی والی یونین کونسلز کے وزٹ کے لئے آرہی ہے۔

لہذا UNICEF/NRSP کی ٹیم کے ساتھ تعاون فرمایا جائے۔

معاملہ ضروری تصور ہو

(ڈاکٹر عبدالستار خان)

پروونشل پروگرام منیجر ای پی آئی اسی ڈی ڈی

سنٹر پلیٹ مظفر آباد آزاد کشمیر

نقل بالا بخدمت:

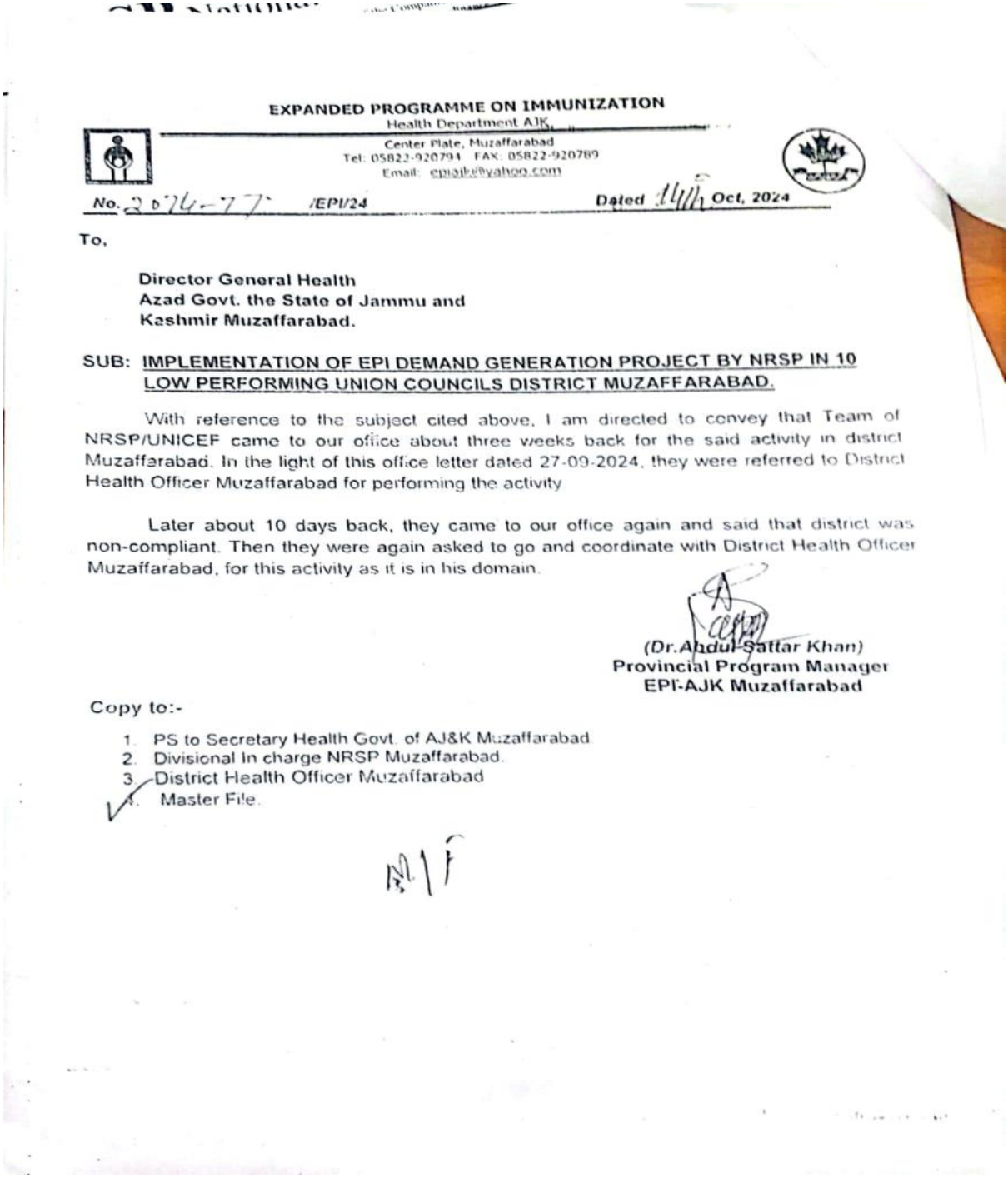
1۔ پرائیویٹ سیکرٹری صاحب ہمراہ جناب سیکرٹری صحت عامہ آزاد حکومت ریاست جموں و کشمیر مظفر آباد۔

2۔ جناب ڈائریکٹر جنرل ہیلتھ آزاد حکومت ریاست جموں و کشمیر مظفر آباد۔

3۔ انچارج صاحب NRSP مظفر آباد۔

4۔ آفس کاپی۔

Annexure 5. Letter by Provincial Program Manager, EPI to DG Health for follow up request with DHO Health



EXPANDED PROGRAMME ON IMMUNIZATION
Health Department AJK
Center Plate, Muzaffarabad
Tel: 05822-920794 FAX: 05822-920789
Email: epiajk@yahoo.com

No. 2076-77 /EPI/24 Dated 14th Oct, 2024

To,

Director General Health
Azad Govt. the State of Jammu and
Kashmir Muzaffarabad.

SUB: **IMPLEMENTATION OF EPI DEMAND GENERATION PROJECT BY NRSP IN 10 LOW PERFORMING UNION COUNCILS DISTRICT MUZAFFARABAD.**

With reference to the subject cited above, I am directed to convey that Team of NRSP/UNICEF came to our office about three weeks back for the said activity in district Muzaffarabad. In the light of this office letter dated 27-09-2024, they were referred to District Health Officer Muzaffarabad for performing the activity.

Later about 10 days back, they came to our office again and said that district was non-compliant. Then they were again asked to go and coordinate with District Health Officer Muzaffarabad, for this activity as it is in his domain.

(Dr.Abdul Sattar Khan)
Provincial Program Manager
EPI-AJK Muzaffarabad

Copy to:-

1. PS to Secretary Health Govt. of AJ&K Muzaffarabad
2. Divisional In charge NRSP Muzaffarabad.
3. District Health Officer Muzaffarabad
4. Master File.

Annexure 6A: Key Community Influencers District Muzaffarabad AJK

EPI Demand Generation Through Community Engagement Interventions & Implementation of HCD Based Prototypes

Key Community Influencers District Muzaffarabad AJ&K

S.No	Dist.	Tehsil	UC	Name	Gended	Designation	Village/Basti/Area	Cell No	Provided with Honararium for Nov,Dec 2024
1	Muzaffarabaad	Muzaffarabad	Chattar Domiel	Adnan Mughal	Male	KCI	Kaloch	3465247811	10000
2	Muzaffarabaad	Muzaffarabad	Chattar Domiel	Aqeel kayani	Male	KCI	Tandali	3469617376	10000
3	Muzaffarabaad	Muzaffarabad	Chattar Domiel	Ali Mugal	Male	KCI	Subri	3479444809	10000
4	Muzaffarabaad	Muzaffarabad	Chattar Domiel	Zulqarnain	Male	KCI	Tandali	3418995221	10000
5	Muzaffarabaad	Muzaffarabad	Therian	Iram Shakeel	Female	KCI	Banian	3487966621	10000
6	Muzaffarabaad	Muzaffarabad	Therian	Abida Bibi	female	KCI	Pagri	3454485682	10000
7	Muzaffarabaad	Muzaffarabad	Therian	Raja Zeeshan Shabir	Male	KCI	Therian	3408142799	10000
8	Muzaffarabaad	Muzaffarabad	Therian	Raja Khuram Nasab	Male	KCI	Methai	3449540809	10000
9	Muzaffarabaad	Muzaffarabad	Komi Kot	Iqra Afaq	Female	KCI	Komi Patti	3485867802	10000
10	Muzaffarabaad	Muzaffarabad	Komi Kot	RajaBilal	Male	KCI	Komi kot	3401537395	10000
11	Muzaffarabaad	Muzaffarabad	Komi Kot	Aqsa Arshid	Female	KCI	Ghel	3498136216	10000
12	Muzaffarabaad	Muzaffarabad	Komi Kot	Mehboob Ahmed	Male	KCI	Mera	3418867762	10000
13	Muzaffarabaad	Muzaffarabad	Hattian Dopatta	wasim zaman	Male	KCI	artkha	3419608935	10000
14	Muzaffarabaad	Muzaffarabad	Hattian Dopatta	Moh. Saqib	Male	KCI	Awan Patti	3448822687	10000
15	Muzaffarabaad	Muzaffarabad	Hattian Dopatta	Moh.Sabtain	Male	KCI	Naka	3442196013	10000
16	Muzaffarabaad	Muzaffarabad	Hattian Dopatta	Moh.Ashaq	Male	KCI	Kandlan	3450485093	10000
17	Muzaffarabaad	Muzaffarabad	Katkair	Amna Mushtaq	Female	KCI	Rahimkot	3475222790	10000
18	Muzaffarabaad	Muzaffarabad	Katkair	Rabia Khatoon	Female	KCI	Srukkar	3492378324	10000
19	Muzaffarabaad	Muzaffarabad	Katkair	Iqra Parvez	Female	KCI	Pedhot	3428350314	10000
20	Muzaffarabaad	Muzaffarabad	Katkair	Saima Shaheen	Female	KCI	Pedhot	3498106730	10000
21	Muzaffarabaad	Naseerabad	Said Pur	Rashida Bibi	Female	KCI	Kulthian	3473348081	10000
22	Muzaffarabaad	Naseerabad	Said Pur	Saqib Latif	Male	KCI	Pehlian	3485203007	10000
23	Muzaffarabaad	Naseerabad	Said Pur	Anjam Nisar	Female	KCI	Guhrian	3405439599	10000
24	Muzaffarabaad	Naseerabad	Said Pur	Ghulam Mustafa	Female	KCI	Saidpur	3454393562	10000
25	Muzaffarabaad	Muzaffarabad	Langar Pura	Sayeda Tatheer Naqvi	Male	KCI	Dabun	3118551062	10000
26	Muzaffarabaad	Muzaffarabad	Langar Pura	Azra Abbasi	Female	KCI	Langarpura	3415677491	10000
27	Muzaffarabaad	Muzaffarabad	Langar Pura	Wajid Ali	Male	KCI	Pona	3418842650	10000
28	Muzaffarabaad	Muzaffarabad	Langar Pura	Liaqat Ali	Male	KCI	Langarpura	3415677491	10000

29	Muzaffarabaad	Naseerabad	Noora Sari	Mir Muhammad Naseer	Male	KCI	Chatthian	3435642080	10000
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33	Muzaffarabaad	Naseerabad	Talgran	Rukhsana Bano	Female	KCI	Sarrian	3496238468	10000
34	Muzaffarabaad	Naseerabad	Talgran	Muhammad Arif	Male	KCI	Sarrian	3443222349	10000
35	Muzaffarabaad	Naseerabad	Talgran	Umama Munir	Female	KCI	Sarrian Bala	3498212038	10000
36	Muzaffarabaad	Naseerabad	Talgran	Jamila Khurshid	Female	KCI	Talgran	3405244193	10000
37	Muzaffarabaad	Naseerabad	Machiara	Iqra Manzoor	Female	KCI	Chatthian	3129803685	10000
38	Muzaffarabaad	Naseerabad	Machiara	Minail Fatima	Female	KCI	Machiara Sharqi	3432476510	10000
39	Muzaffarabaad	Naseerabad	Machiara	Yasmeen Yousaf	Female	KCI	Machaiara Gharbi	3198414713	10000
40	Muzaffarabaad	Naseerabad	Machiara	Atika Gulfraz	Female	KCI	Machaiara Sharki	3489915338	10000

19-11-24.

DPOs EPI NRSP
Muzaffarabad.

Saba Shabir AD Training.

20/11/24.

DHOs- office
Muzaffarabad.

CamScanner

Annexure 7: Letter of Intimation for Implementation of HCD Prototype District Muzaffarabad

③

NRSP National Rural SupportProgramme

(Licensed under Section 42 of the Companies Ordinance, 1984)
Approved U/C 2 (36) / 61 of Income Tax ordinance 2001

To,
District Health Officer
District Muzaffarabad AJ&K

Date: 20/11/2024

Subject: Letter of intimation for Implementation of HCD prototypes District Muzaffarabad

Dear Sir,
As yourself is well aware that NRSP in coordination with health Department District Muzaffarabad is Implementing a UNICEF funded project "EPI Demand Generation Through Community Engagement interventions and Implementation of HCD based Prototypes" in ten low performance UCs of District Muzaffarabad. We are going to start below HCD Prototype activities in these UCs for this purpose you are formally intimated and requested for departmental facilitation.

Date	Day	HCD Prototype	UC Name
21/11/2024	Thursday	Champion Network	Nooraseri
25/11/2024	Monday	Child Wellness Day	Komikot
28/11/204	Thursday	Vaccinator Recognition	Hattian Dopatta
29/11/2024	Friday	Vaccinator Recognition	Saidpur
30/11/2024	Saturday	Mobile Immunisation	Saidpur
03/12/2024	Tuesday	Vaccinator Recognition	Katkair
04/12/2024	Wednesday	Champion Network	Katkair
11/12/2024	Wednesday	Mobile Immunisation	Hattian Dopatta
16/12/2024	Monday	Child Wellness Day	Langarpura
19/12/2024	Thursday	Community Health worker Hub	Saidpur
19/12/2024	Thursday	Champion Network	Saidpur
23/12/2024	Monday	Child Wellness Day	Hattian Dopatta
26/12/2024	Wednesday	Champion Network	Therian
26/12/2024	Wednesday	Community Health worker Hub	Therian

Your support is crucial for the successful execution of these activities. We kindly request your approval for the events and your guidance to ensure that all necessary arrangements are made.

With kind regards,

Yours sincerely,

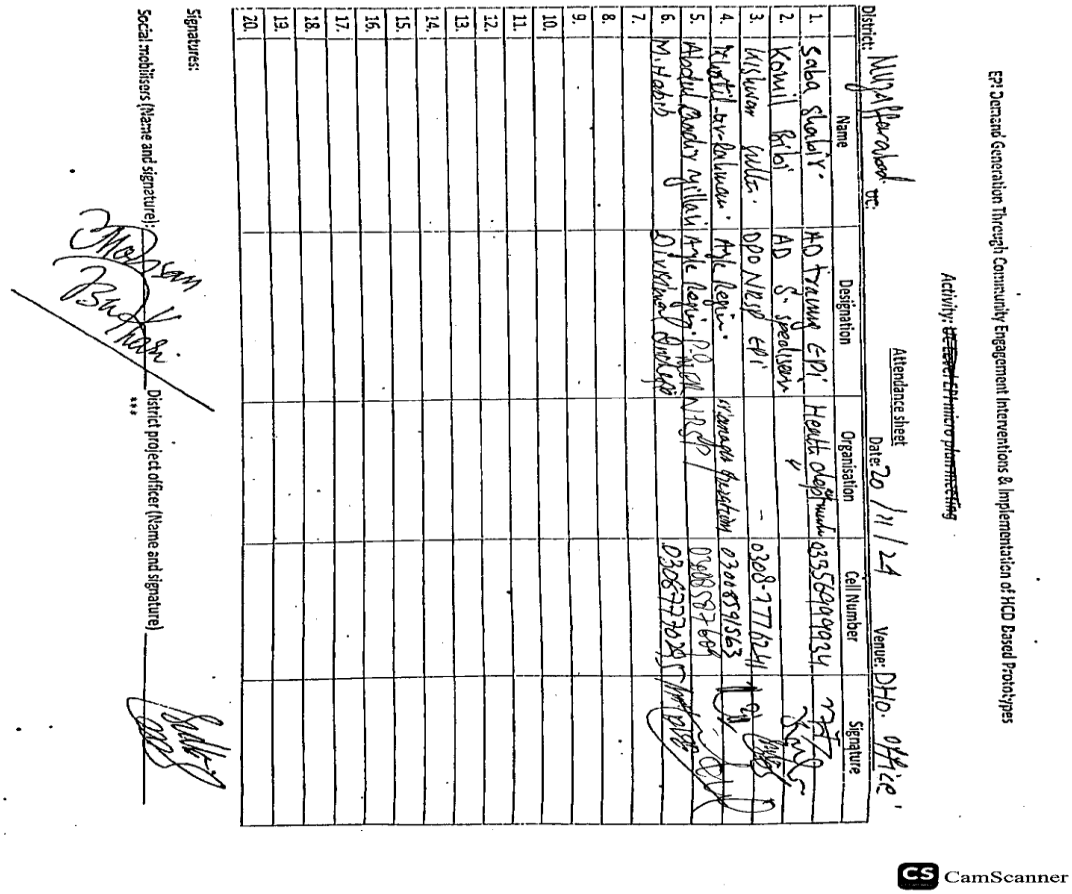
20/11/24

DPO EPI UNICEF PROJECT
NRSP Muzaffarabad AJK

AD TRAINING
20/11/24

DHO office
Muzaffarabad

Annexure 8: Attendance Sheet Meeting Letter of Intimation_20th November 2024.



EP: Demand Generation Through Community Engagement Interventions & Implementation of HCD Based Prototypes

Activity: ~~EP Level CH micro plan meeting~~

Attendance sheet Date: 20/11/24 Venue: DHO office

District: Muzaffargarh

	Name	Designation	Organisation	Cell Number	Signature
1.	Saba Shabir	HO Trauma EPI	Health Department	03556999934	
2.	Kawish Bibi	AD S. Specialist			
3.	Mishwan Gulzar	DPO NIDs EPI		0308-7770244	
4.	Khalid-ur-Rehman	Male Legion	Manager Taxation	03018791563	
5.	Abdul Qadir Gillani	Male Legion	P&D NIDs	03487	
6.	M. Habib	Division Accounts		03067	
7.					
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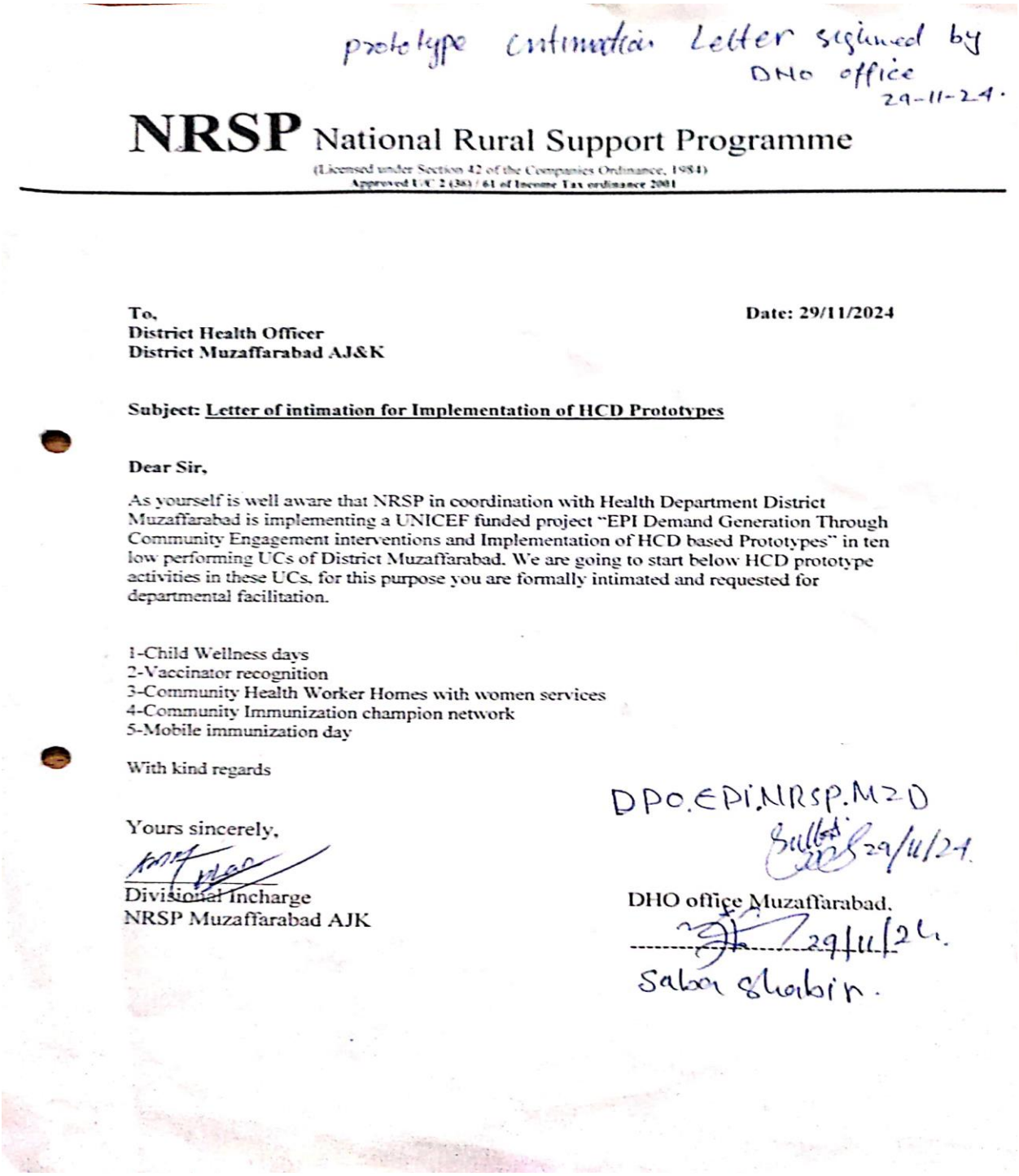
Signatures:

Social mobilizers (Name and signature):

District project officer (Name and signature)

CamScanner

Annexure 9: Letter of Intimation for Implementation of HCD Prototype



prototype intimation Letter signed by DHO office 29-11-24.

NRSP National Rural Support Programme

(Licensed under Section 42 of the Companies Ordinance, 1984)
Approved U/C 2 (36) / 61 of Income Tax ordinance 2001

To,
District Health Officer
District Muzaffarabad AJ&K

Date: 29/11/2024

Subject: Letter of intimation for Implementation of HCD Prototypes

Dear Sir,

As yourself is well aware that NRSP in coordination with Health Department District Muzaffarabad is implementing a UNICEF funded project "EPI Demand Generation Through Community Engagement interventions and Implementation of HCD based Prototypes" in ten low performing UCs of District Muzaffarabad. We are going to start below HCD prototype activities in these UCs, for this purpose you are formally intimated and requested for departmental facilitation.

1-Child Wellness days
2-Vaccinator recognition
3-Community Health Worker Homes with women services
4-Community Immunization champion network
5-Mobile immunization day

With kind regards

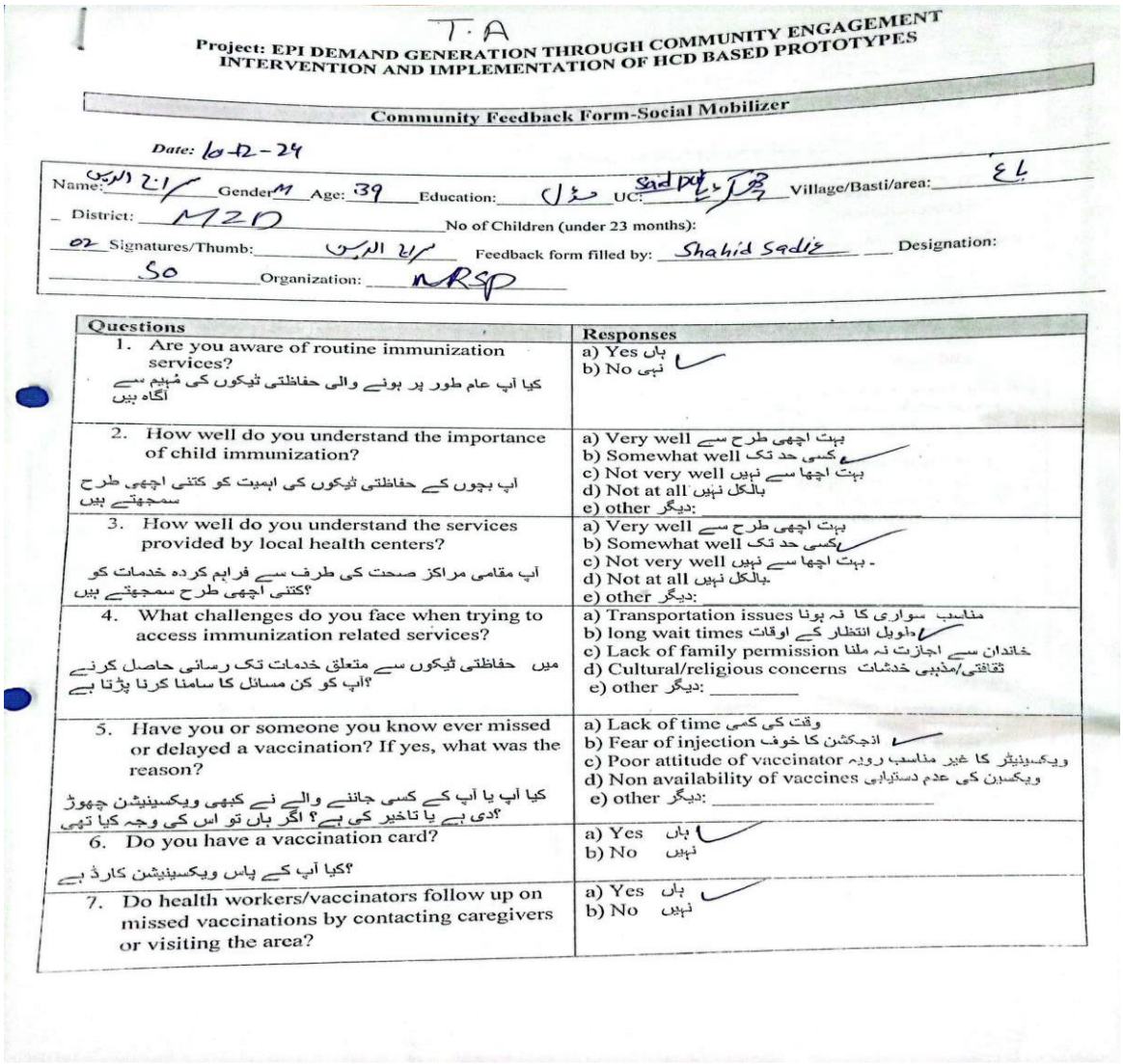
Yours sincerely,

Divisional Incharge
NRSP Muzaffarabad AJK

DPO.EPI.NRSP.MZD
29/11/24.

DHO office Muzaffarabad.
29/11/24.
Saba Shabir.

Annexure 10 A: Sample Community Feedback Forms



T.A

Project: EPI DEMAND GENERATION THROUGH COMMUNITY ENGAGEMENT INTERVENTION AND IMPLEMENTATION OF HCD BASED PROTOTYPES

Community Feedback Form-Social Mobilizer

Date: 10-12-24

Name: [illegible] Gender M Age: 39 Education: [illegible] UC: Sad Pat Village/Basti/area: [illegible]

District: MZD No of Children (under 23 months):

02 Signatures/Thumb: [illegible] Feedback form filled by: Shahid Sadiq Designation:

SO Organization: MRSP

Questions	Responses
1. Are you aware of routine immunization services? کیا آپ عام طور پر ہونے والی حفاظتی ٹیکوں کی مہم سے آگاہ ہیں	a) Yes ہاں ✓ b) No نہیں
2. How well do you understand the importance of child immunization? آپ بچوں کے حفاظتی ٹیکوں کی اہمیت کو کتنی اچھی طرح سمجھتے ہیں	a) Very well بہت اچھی طرح سے b) Somewhat well کسی حد تک ✓ c) Not very well بہت اچھا سے نہیں d) Not at all بالکل نہیں e) other دیگر:
3. How well do you understand the services provided by local health centers? آپ مقامی مراکز صحت کی طرف سے فراہم کردہ خدمات کو کتنی اچھی طرح سمجھتے ہیں؟	a) Very well بہت اچھی طرح سے b) Somewhat well کسی حد تک ✓ c) Not very well بہت اچھا سے نہیں - d) Not at all بالکل نہیں۔ e) other دیگر:
4. What challenges do you face when trying to access immunization related services? میں حفاظتی ٹیکوں سے متعلق خدمات تک رسائی حاصل کرنے آپ کو کن مسائل کا سامنا کرنا پڑتا ہے؟	a) Transportation issues مناسب سواری کا نہ ہونا b) long wait times طویل انتظار کے اوقات ✓ c) Lack of family permission خاندان سے اجازت نہ ملنا d) Cultural/religious concerns ثقافتی/مذہبی خدشات e) other دیگر: _____
5. Have you or someone you know ever missed or delayed a vaccination? If yes, what was the reason? کیا آپ یا آپ کے کسی جاننے والے نے کبھی ویکسینیشن چھوڑ دی ہے یا تاخیر کی ہے؟ اگر ہاں تو اس کی وجہ کیا تھی؟	a) Lack of time وقت کی کمی b) Fear of injection انجکشن کا خوف ✓ c) Poor attitude of vaccinator ویکسینیٹر کا غیر مناسب رویہ d) Non availability of vaccines ویکسین کی عدم دستیابی e) other دیگر: _____
6. Do you have a vaccination card? کیا آپ کے پاس ویکسینیشن کارڈ ہے؟	a) Yes ہاں ✓ b) No نہیں
7. Do health workers/vaccinators follow up on missed vaccinations by contacting caregivers or visiting the area?	a) Yes ہاں ✓ b) No نہیں

کیا ویکسینیٹر آپکے علاقے میں ٹیکہ جات سے رہ جانے والے بچوں کے لیے رابطہ یا علاقے کا دورہ کرتے ہیں	
8. Are you able to read the vaccination card? کیا آپ ویکسینیشن کارڈ پڑھ سکتے ہیں؟	a) Yes ہاں ✓ b) No نہیں
9. Where do you get information about immunization? آپ کو امیونائزیشن کے بارے میں معلومات کہاں سے ملتی ہیں؟	a) social media سوشل میڈیا (Facebook, TikTok, YouTube, WhatsApp etc.) b) Community leader کمیونٹی رہنما c)Religious Leader مذہبی رہنما d) Social Mobilizer سوشل موبلائزر ✓ e) Other دیگر:
10. Based on your experience of vaccination, did the vaccinator Inform you about the steps to take in case of any side effects such as fever and pain? آپ کے ویکسینیشن کے تجربے کی بنیاد پر، کیا ویکسینیٹر نے آپ کو بخار اور درد جیسے کسی بھی ضمنی اثرات کی صورت میں اٹھانے والے اقدامات کے بارے میں آگاہ کیا؟	a) Yes ہاں ✓ b) No نہیں
11. What information did the vaccinator provide? Select all that apply ویکسینیٹر نے کس بارے میں معلومات فراہم کی (ان سب چنیں جو لاگو ہوتی ہیں)۔	a) Benefits of the vaccination ویکسینیشن کے فائدے b) Information on the vaccine being given دی جانے والی ویکسین کے بارے میں معلومات c) Possible side effects ممکنہ ضمنی اثرات ✓ d) Possible side effects and what to do in case they occur ممکنہ ضمنی اثرات اور ان کے ہونے کی صورت میں کیا کرنا چاہیے e) Information on other routine vaccinations that the child needs بچے کو درکار دیگر معمول کے ٹیکوں کے بارے میں معلومات f) Others دیگر
12. Based on your experience of vaccination, how likely are you to recommend the vaccination to your friends, neighbors, relatives, and other community members? اپنے ویکسینیشن کے تجربے کی بنیاد پر کیا آپ اپنے دوستوں ، پڑوسیوں ، رشتےداروں اور دیگر کمیونٹی ممبرز کو ویکسینیش کا مشورہ دیں گے ؟	a) Very likely بے امکان بہت b) Somewhat Likely کسی حد تک امکان ہے c) Not Likely امکان نہیں
13. How would you like to receive information that could clarify your concerns? آپ چاہیں کرنا حاصل کیسے معلومات متعلق سے ویکسینیشن گے سکے حل کر کو خدشات کے آپ جو	a) Health worker ہیلتھ ورک b) religious leader مذہبی رہنما c) Family elder خاندانی بزرگ ✓ d) social media سوشل میڈیا e) Other دیگر: _____

Project: EPI DEMAND GENERATION THROUGH COMMUNITY ENGAGEMENT INTERVENTION AND IMPLEMENTATION OF HCD BASED PROTOTYPES

14. Are you willing to vaccinate your children or children in your family? کیا آپ اپنے بچوں یا اپنے خاندان کے بچوں کو حفاظتی ٹیکہ جات لگوا نیں گے؟	a) Yes ہاں b) No نہیں

Additional Feedback: اضافی تاثرات