

## UCPO Test-Paper

Time: 60 Minutes

Total Marks: 50

Attempt all questions. The answers should be in asked format.

### Instructions for Candidates:

Welcome to the assessment centre, the test will approximately take around 60 minutes to solve that will evaluate your basic knowlede about polio and PEI programme. **The test is to be attempted on the test sheet provided to you by the invigilator.**

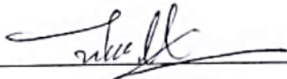
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**In case you are found cheating / hampering the process of assessment in any way your test assessment will be cancelled and you will become ineligible for any further positins under the program**

I agree to the guidelines of the assessment:

Candidate Roll No: ucpo-313

Signature: 

Mobile No: 0333-9417159

CNIC No: 21201-6156881-9

Section A: True & False/Abbreviations & Short Questions

4

Q.No.1:A)- Please choose/ highlight best possible answer against the statement mentioned against each question (05 Marks)

- 1) Workload distribution is called ✓
  - a. Time Management
  - b. Supervision
  - c. Work Priorities
  - d. Work Rationalization
  
- 2) BCG, Measles- must be discarded after ✓
  - a. 1 hour.
  - b. 2 hours.
  - c. 4 hours.
  - d. 6 hours.
  
- 3). While giving polio vaccine, it is important to remember that ✓
  - a. It is stored at room temperature
  - b. Each child gets four drops of polio vaccine
  - c. It is given to the child in sunlight
  - d. None of the above
  
- 4) Following is not the type of polio refusal case? ✓
  - a. Misconception
  - b. Repetitive campaigns
  - c. Demand refusal
  - d. House doesn't have children under the age of 5 Yrs.
  
- 5) Shape of a polio virus is X
  - a. Cylindrical
  - b. Spherical
  - c. Round
  - d. Oval
  
- 6). Following are the Important Sources of EPI Data X
  - a. Tally sheets
  - b. Children and women immunization cards
  - c. Daily & permanent registers
  - d. Defaulter lists/ register
  - e. None of the above.
  - f. All of the above.
  
- 7) What information is provided by the immunization card? ✓
  - a. Child's date of birth
  - b. Vaccines already received
  - c. Vaccines needed for the future
  - d. Next appointment for vaccination
  - e. All of the above

multiple vaccines be administered to an infant in one session? ✓  
 not give IPV and other injectable vaccines at the same visit.  
 b) Give oral vaccines first, then inject the infant with each injectable vaccine separately.  
 c. Mix all injectable vaccines into the same syringe

9). How does the poliovirus cause paralysis? ✓  
 a. It causes the receptors to misinterpret the signals from the central nervous system  
 b. It eats away at the muscles the provide mobility.  
 c. It destroys several key blood vessels in the spinal cord.  
 d. It destroys the motor neurons in the central nervous system.

10). The main strategies are to eradicate the polio are ✓  
 a. Surveillance.  
 b. Mop-up/ case response.  
 c. SIAs  
 d. Routine immunization.  
 e. All of the above

Q1. B)- Write correct abbreviations of the following (Marks-05) (4)

N-STOP- → National Staff for Polio 0.5 ✓  
 TAG - → Task Advisory Group 0.5 ✓  
 tOPV. → Trivalent oral polio vaccine ✓  
 RRU → Rapid Response Unit ✓  
 NEAP. → National Emergency action plan ✓

Q.NO.2) Write Short Answers of the following Questions- (Marks- 10)

2.1- How to handle fake vaccination issue? 03

2.2- What SMART indicators you will set for monitoring of Area level workers in the field during campaign? 04

2.3- What is PCM and why it is carried out? 03

...se, read assignments carefully, before you proceed to answers. 10 Marks

**Scenario:** Nomansland will provide polio vaccine and Vitamin A through house-to-house vaccination strategies in the upcoming campaign. Since they have not had campaigns for several years, training is needed for all supervisors and vaccinators. Many countries do training only one time during a 3 round campaign; however, some countries have found it critical to do trainings prior to each round. The MOH has decided to do training for all vaccinators and supervisors prior to the first round and to have sessions between the rounds in all high risk districts.

WHO and MOH typically use an echo-down approach to training - i.e. starting with 'training of trainers', who train next level, who then train teams. Sessions for teams are often conducted by field supervisors and sometimes by higher level officials or consultants for higher risk areas. One week before the campaign begins, you and your team decide to visit several training sessions being held throughout the district and to assess facilities and districts for level of preparedness for implementation. Answer the following questions based on the support you will provide for various training sessions.

**Q3: A. What important information should a vaccinator be taught, that will help them communicate with parents? (5)**

**Q3: B. What important information should be included in vaccinators' training? (5)**

Q.NO-4 Analyze the data in the table and also give recommendations for coverage of missed children. (10- Marks)

Union Council (UC)	Targeted Children	Children reported vaccinated	Children reported vaccinated (%)	Children Recorded as Unvaccinated			Recorded Missed Children covered after revisit during catch-up			Still Missed Children		
				Recorded NA	Recorded Ref.	Total Recorded	NA	Ref.	Total	Still NA	Still Ref.	Total Still Missed
UC-1	11014	11907	108.11	1287	25	1312	549	15	564	738	10	748
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UC-9	10536	11379	108	1135	277	1412	636	167	803	499	110	609

Q.NO.5)- What will take to eradicate polio from your district? (05 Marks)

THANK YOU FOR APPLYING

Handwritten note: <sup>para 1</sup>  
The vaccination is very serious issue  
which has always been come under Red Line  
Whenever this issue found first of all we  
have to check the back ground of concern  
Staff. If the Staff is newly un-trained then  
there should be flexibility in the decision  
if the Staff is old and well trained strict  
disciplinary actions should taken. The  
Staff should clearly Report to the 1st line  
Supervisor accordingly light the ground  
Reality of Jack vaccination with proof.

Q No 2.2 What Smart Indicators you will set for  
Monitoring of Area level Supervisor/workers in the  
field during campaign.

Ans The following must be the indicators

- (1) In current scenario the worker following  
all the COVID-19 SOPs or not.
- (2) The staff having plan for supervision & Monitoring
- (3) Either the team following Routemap per  
daily house to house vaccination.
- (3) The staff maintain cold chain.
- (4) No sunlight vaccination
- (5) The staff Trained or not before Round?
- (6) Either the staff/worker having all the  
Relevant documents.

- ⇒ (7) Either the staff well versed in the cultural value.
- ⇒ (8) Either the staff well skilled in communication verbally or non verbally.
- ⇒ (9) Staff must be well versed on IPC's.

Q No 2.3 What is part of why it is carried out.

Ans PCM Means Post Campaign Monitoring

- and it is always been carried out to assess the quality of the campaign in the area. It is identify all gap/issue in the concern area. it provide clear picture for quality vaccination.
- Q=3 What important information should a vaccinator thought, that will help them communicate with parent

- Ans The following must be the information for vaccinator.
- ⇒ He has knowledge of vaccine preventable Diseases (VPDs) about
  - ⇒ He should know all the routine vaccine for specific disease
  - ⇒ He should know the time interval between all the vaccine.

- ⇒ He should know also about the possible Reaction of the vaccine
- ⇒ He should also know the side where vaccine to be taken/injected.

important information should be included  
vaccinator training.

Following information should be included.

- (1) Date of upcoming rounds.
- (2) Type of vaccine to be administered.
- (3) Possible reaction side effect of the vaccine.
- (4) Strategic of good IPE's.
- (5) Community social back ground information must included in the training.  
i.e. social cultural values.
- (6) Data about Refusals and its conversion activities like social Mobilization by community engagement sessions.

Q5 what will take to eradicate polio from your District.

Ans The following Measures should Taken

- (1) Involvement of the community through different social Mobilization activities
- (2) Involvement of different Govt line Departments.
- (3) Arranging special Seminars, Sessions & work shops.

P-T-O



page (4)  
⇒ (4) involvement of RSP's Religious Support person  
in the community session.

⇒ (5) involvement of the community key  
influencers in vaccination & Mobilization  
activities, like Jirga Members.  
Matak of Community Elders.

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Q4 Data Analysis Table.

Ans in all the v's there is above  
100% coverage of vaccinated children.

in the revisit good coverage has  
been seen. There must be the following

(1) Strategies to ~~ensure~~<sup>Report</sup> Minimum Missed children

(1) Teams must given proper time to each  
and every house hold.

(2) Teams must be trained on all steps  
to be followed for vaccination & coverage.

(3) Teams must be trained on IPC's  
inter personal communication.

(4) should focus on PMQ's and chronic  
Referrals and NA.

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I agree to the guidelines of the assessment:

Candidate Roll No: 302

Signature: M. Javed

Mobile No: 0315-9065520

CNIC No: 17301-3534828-5

Section A: True & False / Abbreviations & Short Questions

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- Surveillance.
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Q1. B)- Write correct abbreviations of the following (Marks-05)

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Q2 => (2x1)

(302) M. Javed

As this is a Red line Issue  $\epsilon^{\text{as}}$  per programme team no grace could be given to the employee except termination.

These kind of Issues should be Immediately Reported to the programme team via email for further Investigation & to take strict actions as per guidelines. (2)

2.2 SMART Indicators

- 1) Specific => visit should be <sup>for a</sup> specific purpose i.e Supportive Supervision.
- 2) Measurable => It should be measurable. (2)
- 3) Attainable => Set the target that is attainable.
- 4) Realistic => It should be based upon Realities.
- 5) Time bound => To make sure all the given tasks are achieved within stipulated time period.

2.3 PCM

Post campaign monitoring is conducted to evaluate the quality of campaign. As per NEAP 2020 It should be conducted after 1 day of campaign.

A total of 60 houses are analysed in a given UC to check the quality of campaign. (2)

Q.No.3)  
Scen  
ho

Q.No.3): Please, read assignments carefully, before you proceed to answers. 10 Marks

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Q3: B. What important information should be included in vaccinators' training? (5)

Q3 ⇒ Vaccinator should be taught GATHER approach to communicate with parents.

- G ⇒ GREET → meet parents with positive body gestures
- A ⇒ ASK → Ask them their problems/questions.
- T ⇒ TELL → Tell them effectiveness of vaccination
- H ⇒ HELP → Help them to get vaccinated.
- E ⇒ EXPLAIN → Explain the importance of vaccination
- R ⇒ RETURN → Return & ask for next time vaccination.

⇒ IPC  
Interpersonal communication skills

- Enhance the IPC level of vaccinators.
- 9 back Questions that a vaccinator should have to ask.
- Behaviour change communication.

- Q3 (b) → Use of practical demonstrations during trainings
- Use of materials to be used during campaign  
i.e. tally sheets, etc.
  - Practical demonstration on door marking & finger marking.
  - Role plays
- Practical demonstration of OPV
- Use of white boards & markers.



(302) M. Jawad

(303) M. Javed

Q.NO-4 Analyze the data in the table and also give recommendations for coverage of missed children. (10- Marks)

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Q.NO.5)- What will take to eradicate polio from your district? (05 Marks)

THANK YOU FOR APPLYING



Q423 Based upon the data UC-3 has more

308

Handwritten notes on the right margin: "Handwritten notes on the right margin" and "D on".

still missed children as compare to other UC's.

→ Reason's should be Identified for such a huge number of Recorded missed children.

→ Extra 2nd visit is conducted in UC or net-

→ Referrals been visited by UC staff or net.

Detailed training should be conducted in UC & continuous feedback through regular visits to make sure each & every child get vaccinated.

• 2nd top most priority will be UC-1, though it has huge target as compare to others.

3rd will be UC-7 as it has 650 children still missed.

4th priority will be UC-2 & 9 as both have 609 children missed respectively.

7

UC-8 will be on the 5th priority based upon their still missed children i.e. 554.

UC-5 will be prioritized at number 6 having 475 kids still missed.

UC-6 will be prioritized at number 7 having 374 kids still missed.

UC-4 will be the at last as this UC has the least still missed as compare to other all UC's.

\* Centralized trainings of each tier starting from district to UC level to cover still missed children.

\* validation of still missed children's by district & by UC.

\* Comparative analysis of still missed children against targets to find the UC with high ratio of still missed children

\* Deployment of transit teams to get children vaccinated on transit points.

(302)

Q5

1) Strengthening of Essential Immunization.

By achieving benchmark of 80% of essential Immunization, we can eradicate polio.

2) AFP Surveillance ✓

Strong AFP Surveillance, to take on-board all the Informal health care providers.

3) Mop-up / Case Response ✓



4) SIA's ✓

National Immunization Sys ✓

Sub National Immunization Sys ✓

Short Interval additional doses ✓