

UCPO Test-Paper

22/5/15

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 knowledge about polio and PFI programme. The test is to be attempted on the test sheet provided to you by the invigilator.

Kindly note that this is a confidential document and should be submitted back to the invigilator on completion of assessment.

Kindly conform with the instructions and address any queries you have to the invigilator.

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-305

Signature: Saufan

Mobile No: 0333-9644156

CNIC No: 14301-8332135-5

Section A: True & False/Abbreviations & Short Questions

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

- a. Cylindrical
- b. Spherical
- c. Round
- d. Oval

6). Following are the Important Sources of EPI Data

- 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

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How should multiple vaccines be administered to an infant in one session?

- a. Do 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 that 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 to eradicate 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)

- N-STOP - National Stop Transmission of Polio virus officer.
- TAG - Technical advisory group
- OPV - 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

Ans:- ~~fake vaccination should be reported to the upper level. The team will~~
~~be suspended to vaccinate the children. Fake vaccination issue is to handle~~
by the Social Mobilization. ~~and~~ sessions in the community. The team should be clear about Polio and meeting with community elders.

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

Ans. Supportive monitoring for the team. Boundaries checking vaccine management and to check the houses in campaign. ~~where~~

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

Ans PCM stands for Post Campaign Monitoring. it is carried out for checking the Campaign quality.

Signature

Q.3): Please, 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)

Ans:- Important Information which will help them to communicate with parents is about the vaccine and vaccination that why we are vaccinating the children. Share the Benefits of vaccine with parents that can prevent the children from different diseases e.g. T.B. diphtheria. polio pneumonia etc. (3)

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

Ans:- Important information included about vaccinator's training is.

- 1) To Be clear about the vaccine for what it is used to be.
- 2) When and where the vaccine will give to the children.
- 3) How many doses should be given to the child.
- 4) What age of children needs to be vaccinated.
- 5) At what temperature vaccines should be stored.
- 6) How ~~vaccine~~ vaccine should be used with proper angle.
- 7) How telly sheet should be fill.
- 8) How to meet with house hold and to vaccinate children.
- 9) Proper Mapping by the vaccinator of the area.
- 10) And missed children & Refusal Record. (4)

[Signature]

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

	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
	11014	11907	108.11	1287	25	1312	549	15	564	738	10	748
	7475	7888	105.53	1036	57	1093	461	23	484	575	34	609
UC-4	2348	2517	107.2	1187	173	1360	444	94	538	743	79	822
UC-5	4310	4589	106.47	181	15	196	37	2	39	144	13	157
UC-6	7671	8155	106.31	638	18	656	175	6	181	463	12	475
UC-7	8752	8968	102.47	764	40	804	415	15	430	349	25	374
UC-8	6592	6629	100.56	1077	82	1159	474	35	509	603	47	650
UC-9	10536	11379	108	816	120	936	315	67	382	501	53	554
				1135	277	1412	636	167	803	499	110	609

Ans: UC 3 has a big ratio of missed and Refused children. Make the UC level coverage teams for Refusal and Missed children which includes Patwaris, Sacteries, Nazims, Aake holder, doctors to communicate them and vaccinate the children. Trace the NA children wheather they are vaccinated in the other district Tehsil & UC, through UPEC chairman AIC and DPCR. Transit Points must have to vaccinate every child in entry and Exit Point. UC 1 data shows fake vaccination.

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

Ans: Social Mobilization of the Community about vaccination.
 No fake vaccination or coverages
 NA and Refusal coverage.
 Quality Campaign, Meeting with the elders of Community. Ulanas stake holder to convey message to the community about to give vaccine to their children.
 Proper EPI course of each child on-time.

THANK YOU FOR APPLYING

4

Sanjiv

Ans- UC 1 has achieved more than the target and have still missed children and Refused. The data in the MP and Tally sheets have a lot of difference. Needs Tally sheet Analysis of the Previous campaign to tally with it.

UC 2 has the same situation. Achievement is more than the target. Same technical issue is here. where as doubling of childs in the School and home.

UC 3 has the achievement of the ^{100%} ~~100%~~ ^{95%} ~~95%~~ children's vaccination and recorded NA and Refused is more than the target given.

UC 4-9 has the issue of achievement and target. Refused and NA. But the UC 1,2,3 has needs more Technical improvement than the other. There is a technical issue to which the teams should not to be understand.

Law
7

20 x³
20 x³
Kachhukar
Khatke

UCPO Test-Paper

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I agree to the guidelines of the assessment:

Candidate Roll No: UCPO- 304

Signature: Shahid

Mobile No: 0333-9717428

CNIC No: 14202-7476049-9

Shahid

Section A: True & False / Abbreviations & Short Questions

3.5

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.
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 - d. ✓ 6 hours.

- 3) While giving polio vaccine, it is important to remember that ✓
 - a. It is stored at room temperature
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- 4) Following is not the type of polio refusal case? ✓
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 - 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
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 - e. None of the above.
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- 7) What information is provided by the immunization card? ✓
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Shahid

How should multiple vaccines be administered to an infant in one session? ✓

- Do not give IPV and other injectable vaccines at the same visit.
- ✓ Give oral vaccines first, then inject the infant with each injectable vaccine separately.
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- c. SIAs
- d. Routine immunization.
- ✓ e. All of the above

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

N-STOP- National Stop Transmission of polio ✓
TAG -
tOPV. Trivalent oral polio vaccine ✓
RRU Ripped Respons unit ✓
NEAP. National Emergency action plan.

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

2.1- How to handle fake vaccination issue? 03 (1) Old Team remove from this Area and adjust new Team to handle fake vaccination issue? (2) Take regularly cluster in this Area. (3) Aware this community about vaccine importance. Door to door visits of social mobilizer to take review about fake vaccination.

2.2- What SMART indicators you will set for monitoring of Area level workers in the field during campaign? 04 (1) First will support and help the team in field then supervise thoroughly check the tally sheet and his IPC level in the field. (2) check the attitude of workers in field. (3) How Area worker motivate the community

2.3- What is PCM and why it is carried out? 03 For vaccination in the field, persistently missed children is most important childrens in campaign because they were not have not been vaccinated from 3 or above campaigns. The PCM childrens is very dangerous for our community, because virus can easily reach to his gods and can make the polio positive case. That reason we need to carried out and vaccinate the PCM childrens to avoid the community other children from polio case. majority of the PCM childrens from HRMPs children. They are moving one to another place which is can make the dangerous for our community. we need and vaccinate PCM childrens.

Shahid

Q.3): Please, 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.

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① First we do District Training (UCPOS, UCSPS, UCCSO) then Trainers are 10) NSTOP, DHCSO, PEI and EPI coordinators.

② TTMS level Training - Trainers: TPOS and UCPOS
 ③ SPS level Training - Trainers: UCCSO & DHCSO
 ④ AIC level Training - Trainers: TPOS + UCPOS

Q3: A. What important information should a vaccinator be taught, that will help them communicate with parents? (5)
 ① vaccinated child can have fever in the mosquito about the vaccination - that can help to communicate the children parents
 ② mobile contact is also important toll for communication
 ③ Next month will come for vaccination
 ④ parents can have vaccine can make fever of child for 24 hours - ⑤ cold is very important for vaccination

Q3: B. What important information should be included in vaccinators' training? (5)
 ① All the vaccinators have no AEFI form in the outreach session. This is important thing for the session.
 ② some have no tally sheet in the field Tally sheet is also important for outreach vaccination center.
 ③ Mosque Announcement is also very important and fruitful for vaccination - ④ social mobilization is also very important for the vaccination center session. These things are most important for the vaccinators trainings - ⑤ we have to train the vaccinator to take some important information from the Polio Area level workers - ⑥ make awareness programs in the community - ⑦ community influencers can help the vaccinator in the field this is also important to aware our vaccinator in the trainings.

③ UPEC level Training = Trainers: 10 - NSTOP - PEI coordinator
 PEI coordinator
 Ans: Team level Training 2 Trainers: UPE chairman and Area incharges.

Shahid

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

Union Number (UC)	Targeted Children	Children reported vaccinat ed	Children reported vaccinat ed (%)	Children Recorded as Unvaccinated			Recorded Missed Children covered after revisit during catch-up			Still Missed Children		
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UC-1 is to do extra catchup

UC-2

UC-3

UC-9

UC-8

These all UCs have to do catchup to vaccinate the NA and refused childrens -

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

Good monitoring and supportive supervision very important to eradicate polio from our district. Supportive supervision can aware the Teams and to do good work for polio eradication for our districts.

THANK YOU FOR APPLYING