Monthly Bulletin

Gov-HER-Nance

Ensuring Gender Equity and Socio-Economic Resilience During COVID-19

Women are generally the primary caregivers in Pakistani society. And with the outbreak of the COVID-19 pandemic, that burden of care has vastly increased. Data* shows that 83% of a woman's time is spent at home, providing care for household members, home maintenance and self-care. It is also reflected in the limited mobility of many Pakistani women.

They are often four times less mobile than men leading to limited sources of information being available for them.

Their need for updated information is critical to providing efficient care for their families. This bulletin aims to reach women and provide them with COVID-19 related news to help them navigate around issues of safety, community and local governance.

Accountability Lab Pakistan (ALP), with support from the Department of Health Khyber Pakhtunkhwa (KP) and Ministry for Economic Cooperation and Development (BMZ), Germany, is publishing bulletins under the "Governance Ensuring Gender Equity and Socioeconomic Impact during COVID-19" campaign. This campaign aims to build and strengthen the resilience of marginalized populations, especially women, in three districts of Khyber Pakhtunkhwa against the negative impacts of COVID-19 as well as other future pandemics and health emergencies.

These bulletins include important government decisions, community feedback, verified information, valid concerns, and other questions from the ground around health, safety and local governance. These bulletins are translated into Urdu and 600 copies are disseminated on a monthly basis in three districts of Khyber Pakhtunkhwa - Peshawar, Mardan and Nowshera.

*Source: UNWomen

FACT

Booster dose strengthens your vaccine induced immunity against COVID 19

COVID-19 vaccines do not create lifetime immunity against the virus, rather immunity from COVID 19 vaccine starts to decline in a period of six months. A booster shot is an additional shot of COVID-19 vaccination, which helps to maintain strong protection against coronavirus. A study published in the Journal of American Medical association shows that booster shots have significantly decreased the chances of delta and omicron variant.
Booster doses are available for individuals of above 12 years in mass vaccination centers. The booster dose may differ from the original type of vaccine that an individual received. Mixing and matching of vaccines is allowed per availability of vaccines. Some individuals might experience transient adverse effects like pain at injection site, mild fever, body aches, swollen lymph nodes and lethargy.

Source: John Hopkins Information papers

MYTH

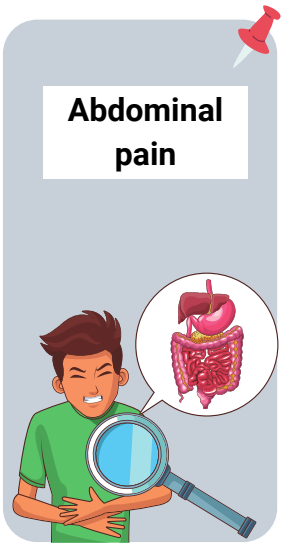
Can vaccines cause cancer and other comorbidities

There is no evidence that vaccines can cause cancer in human beings. Vaccines contain weakened or inactive parts of an organism that triggers an immune response in a body. As the immune response is triggered some individuals might experience swollen axillary lymph nodes, this is a common side effect and the swelling is transient in nature. According to the Radiological Society of North America, one should only be concerned about the swelling that appears after getting vaccination and may persist after 6 weeks.

Doctors of Shaukat Khanum Cancer Hospital and Research center have recommended that cancer patients should be given vaccines on priority basis in consultation with their oncologist (doctors who specialize in cancer treatments).

Source: radiology society north america, Shaukat Khanam Cancer memorial Hospital and research center,

3 new symptoms of omicron

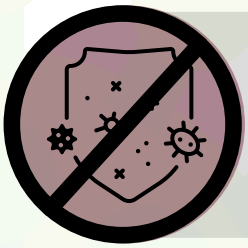


Source: livemint

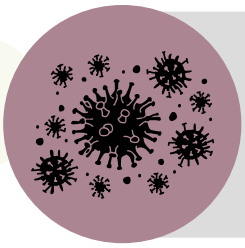
What is vaccine immunity and why is it recommended over natural immunity?

After recovery from COVID-19, it may seem that our body has now developed its own protection and further vaccine protection is not required, but this is not true. Natural immunity which develops after infection to corona virus has been reported to be a weak form of immunity and it declines faster than vaccine induced immunity. Study conducted by the US Center for Disease Control and Prevention in September 2021 showed that one third of infected patients of COVID 19 did not develop natural immunity. Another study conducted by CDC in Nov 2021 reported that unvaccinated individuals were 5.4 times likely to get coronavirus infection.
Being vaccinated after recovery from coronavirus infection helps you to maintain strong immunity levels and decrease risk of reinfection.

Source: John hopkins COVID 19 updates



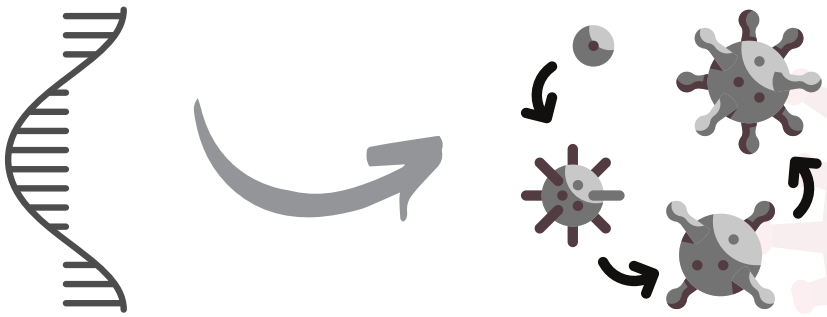
One third of infected patients of COVID 19 did not develop natural immunity



Unvaccinated individuals were 5.4 times likely to get coronavirus infection

How do vaccinations reduce the risk of variance of coronavirus

Coronavirus is an RNA virus. RNA virus is a type of virus which mutates to create new variants resulting in change in nature of infection. These mutations are dependent on transmission of virus in multiple hosts thus increasing the chance of mutation. Influenza is also an RNA virus and due to its mutation its vaccine is upgraded every six months. According to research conducted, current vaccines are effective against the current variant called Omicron.
Coronavirus vaccines are creating wide spread immunity among the population without actual infection of coronavirus. This immunity limits transmission of coronavirus from one individual to another thus reducing the chance of mutation and emergence of new variants.



Source: John hopkins COVID 19 updates, WHO

EXPERT INTERVIEW WITH.....

For this months edition, we interviewed Dr. Ikram Ullah (Chief HSRU, Department of Health, KP) to learn about the number of vaccinations in the province of Khyber Pakhtunkhwa and to understand the systematic changes they have made to reduce vaccine hesitancy.

During different waves of COVID 19 did you observe vaccine hesitancy in Khyber Pakhtun Khua (KP?)

When talking about routine vaccination, there is vaccine hesitancy, in specific areas of KPK. The reason for low uptake of vaccination in these areas is due to low education and traditional mindset and are mostly tribal areas that refuse to be vaccinated. For reducing vaccine hesitancy, the government has put together a communication strategy which engages multiple mediums of information dissemination like religious leaders, political leaders and notable members of society. Many government departments are working together to reduce vaccine hesitancy like the auqaf department. Effects of this strategy are being witnessed by reduction of vaccine hesitancy in tribal areas. After the emergence of the pandemic, vaccination process started in KPK on 6th Feb 2021. Now we have around 1100 MVCs Mass Vaccination Centers which include mobile MVCs. All hospitals where general vaccines centers previously existed have now an additional role as COVID 19 vaccine centers.

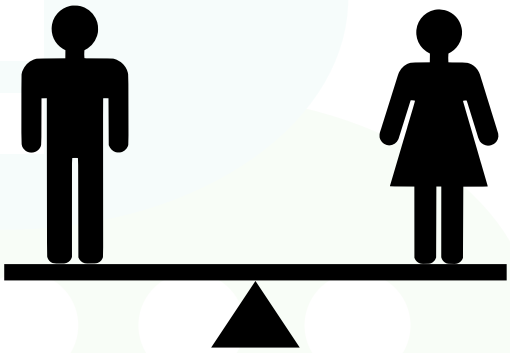
COVID 19 vaccine eligible population	**24.7 million**

provided vaccine coverage to 70% of this eligible population

COVID 19 vaccine hesitancy is found in those same areas where polio vaccine hesitancy and general vaccine hesitancy is seen. In Khyber Pakhtunkhwa, COVID 19 vaccine eligible population is 24.7 million and we have provided vaccine coverage to 70% of this eligible population. This makes almost 2.5 crore people in which 60% have received the first dose of vaccine, 45% have received both the doses. .

If we talk about numbers of fully vaccinated people in KP it is 1 crore and 12 lakh people, whereas there are 1 crore and 50 lakh people who have received only a single dose of vaccine. As we plan to fully vaccinate 2.5 crore of population (above 12 yrs of age) we are adopting different ways to penetrate the masses. We are going door to door providing vaccines. We initiated a vaccine campaign this year from 1st Feb to 14th Feb where we employed 10 thousand teams apart from our regular teams to provide door to door vaccination service.

This campaign greatly increased vaccine uptake, now we are planning a second such campaign from 7th March to 14th March where we seek to provide a second dose to those individuals who were vaccinated by first dose in the February campaign. This will increase percentage of fully vaccinated people, we are also working to include vaccine hesitant areas in this fold of vaccination we have support of district line offices, education, higher education, district management, tehsil management, police, law enforcement, local notables political and religious leaders all are supporting our efforts to increase vaccine uptake in these areas where vaccine hesitancy is dominant. We are employing print, electronic media, social media, local whats app groups, and local masjid for spreading our messages. We have specially asked ulemas to talk about vaccines in Friday prayers so we are countering this vaccine hesitancy through these means.



What are the percentages of male and female vaccine uptake and how is the government ensuring gender balance in the vaccination program?

At first we had a higher percentage of male vaccination but as we started door to door vaccine services the percentage of female vaccination greatly increased. Now we look at the vaccinated individuals. There is almost 50-50 percent of male to female vaccination uptake ratio. We have targeted schools and madrasas students above the age of 12 years, irrespective of their gender. And when our teams visit homes we usually encounter female members of a family as their male members are outside earning a living. To better facilitate this interaction with female members of a household we have tried to increase females in our teams. We have involved Lady Health Workers in these door to door teams. Currently we have almost more than 16,000 LHWs and other female staff involved in the vaccination campaign. So we are trying to apply a gender lens to our COVID 19 vaccination program.

Research shows that women literacy plays a leading role in vaccine uptake. What programs has the KP government started to inform local women about coronavirus infection and benefits of its vaccination?

As I mentioned earlier, we have almost 17,000 lady health workers and lady health supervisors who form our door to door vaccination campaign teams. When our teams go for vaccination they engage with local women and inform them about the benefits of vaccination. Every month they report community engagements they carried out around the benefits of vaccination.

While running community vaccination programs through Lady Health Workers, what challenges do you face?

In the KP region, we observe more conservative social norms. Mobility of persons is a bit difficult. In the tribal belt and southern belt of KP relatively more strict social norms are observed, but similar norms are also observed in central, Hazara and Malakand regions with a varying degree of openness. Going to a health facility like a hospital for vaccination is not the priority of people. So this is a challenge, which is mitigated by our door to door vaccination services. For this purpose we employed technicians who specifically work on COVID vaccination so routine vaccination is not affected. To focus on both COVID and routine vaccination we have kept separate teams so the regular vaccination process is not hindered. We have also mobilized such staff members who are certified to inject vaccines to facilitate this mass door to door vaccination campaign to curb this challenge of mobility.

How can local women help lady health workers in promotion of COVID 19 vaccines?

The initial focus of the Lady Health Worker program was to make local community groups of mothers and women to keep them engaged and aware about different health risks, family planning and local diseases. Seeing the effectiveness of lady health worker in public health we engaged them in many other activities related to health. To keep them motivated, we regularized their jobs and provided them with a service structure for their promotion. Each LHW serves a specific community of 100 to 150 houses where they are engaged with female members of these households and with influential female community members. Among these communities they act as our liaison, in their monthly report they mention how many meetings they have conducted with them and how they have engaged their community groups. LHWs are always strengthening their community linkages. During the pandemic they have helped local women to register for vaccines from their own mobiles. Lady Health Workers are trained in National Incident Management System (NIMS) registration, local organizations have also provided us tremendous support. Different levels of health management have tried to keep LHWs motivated during this time of burden which have positively impacted the percentage of vaccine uptake.

As the budget of health is less than 1% of GDP, how much fiscal burden is the health department facing due to hospitalization of COVID 19 patients? In such a situation do you face any resource constraints for COVID 19 vaccination program and if you face such a challenge then how do you mitigate it?

In Khyber Pakhtunkhwa, fortunately, our health minister is also the finance minister. As a result of this, we have not faced any challenges in terms of resource constraint. Health and Education has always been a priority of previous governments and it is a priority for the current government. During this term we have brought many health reforms to improve our health system.

None of our activities witnessed financial constraints.

- ☑ We have revamped all our local primary health care facilities like Basic Health Units and District dispensaries.
- ☑ We have refurbished them and improved their supply of medicine.

- ☑ We have started revamping all District Health Units, we are also working on doctor to patient ratio by recruiting new doctors.
- ☑ We have increased the supply of medicines and soon we will provide medicines in Out Patient Departments(OPDs.)

We don't want a doctor to provide low quality health care support to a large number of patients rather for them to be able to provide good quality health care service to 50 patients. We have started sehat sahulat cards and restructured our health system to better facilitate each citizen. We have also started liver transplant surgeries so as per my observation there is no financial constraint.

Have you identified any gaps in the implementation of COVID 19 response program?

Before COVID 19 pandemic, our facilities were not equipped to meet the needs of the large number of COVID 19 patients. Due to support of the government and our partners, we were able to establish 340 beds isolation wards in each district. First, people had to travel to Peshawar to get treated but now we have made these COVID 19 facilities in districts like D I Khan, Kohat, Lucky Marwat, Banu to facilitate people in their districts. Less travel time will reduce suffering of people, we have also formed 1600 beds of High Dependencie Units in each tehsil. In case of an increase in numbers of COVID 19 patients we can expand care facilities in 24 hrs and we have increased ventilation capacity of all hospitals. Prior to COVID 19, we had a central oxygen facility in very few hospitals.

Now we have 22 hospitals in which facility of central oxygen supply is present. We have 340 ventilators in each tehsil apart from already installed ventilators in ICUs, we have trained thousands of professionals on patient management. Only yesterday such training ended where professionals from each district participated. These trainings of several batches include Rapid Response Teams Training their Refresher courses, ventilation use training and ICU training. The pandemic will end Inshallah as vaccine uptake increases, but our focus is to maintain these resources we have developed during pandemic to keep benefiting individuals at grass root level.

Seeing the successful implementation of COVID response program have you made any changes in the emergency response program of the health department?

In these two years, we have developed a multi sector approach to the emergency response program. In such a pandemic other departments are also involved in the response efforts so we have strengthened those lines of communications among departments to have a multi sectoral approach to any calamity.

As we have now a legislative cover under the public health act for all public and private hospitals to report progress of any disease which will ensure monitoring of disease. In 2020, we also passed an Act regarding Emergency Control and Pandemic, Epidemic Response. This act binds different departments to work together for effective response. As a result of this act we have developed these multisectoral communication resources which we want to maintain for future response efforts.

VACCINATION CENTRES

MARDAN

DHQ Hospital Mardan
03005921350

Mardan Medical Complex, Mardan
03339298814

NOWSHERA

Cat D Hospital, Manki Sharif
03028318682

District Head Quarter Hospital Nowshera
03005712208

PESHAWAR

Hayat Abad Medical Complex Hayatabad
03005669116

Khyber Teaching Hospital University Town
03339677767