



**The Missing Carrots and Sticks:
Motivation and Accountability in the Polio
Eradication Program of Pakistan**

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Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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Acronyms

AIC	Area Incharge
DDM	Direct Dis-imbursement Method
DHO	District Health Officer
EPI	Expanded Program on Immunization
FATA	Federally Administered Tribal Areas
GPEI	Global Polio Eradication Initiative
KPK	Khyber Pashtun Khowa
LHWs	Lady Health Workers
NEAP	National Emergency Action Plan
NGO	Non-Governmental Organization
NIDs	National Immunization Days
OECD	Organization for Economic Co-operation and Development
PEI	Polio Eradication Initiative Program
SIAs	Supplementary Immunization Activities
UCMO	Union Council Medical Officers
UCs	Union Councils
UNDP	United Nations Development Program
UNECOSOC	United Nations Economic and Social Council
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UPEC	Union Council Polio Eradication Committee
WHO	World Health Organization

Abstract

Pakistan is one of the three countries left in the world where polio is still exists. Non-eradication of polio from Pakistan is not only a healthcare issue for the country itself but it is considered a threat to global health as the disease can be transmitted to those countries that have already been given a polio free status. Non-eradication of the disease in the context of Pakistan has become a complex issue on account of multiple causes as reported by previous studies. However, the role and performances of polio workers who actually administer the vaccine have generally not been analysed properly. Since polio eradication campaign is a human endeavour, the performance of polio workers cannot be ruled out; this study, therefore, considers poor performance of polio workers, as evident by the unsatisfactory campaign coverage of below than 80% and emergence of polio cases consistently, as one of the very important causes of non-eradication of the disease. The study finds very low level of motivation among polio workers on account of factors such as insufficient and delayed payment, improper security and capacity building issues along with poor accountability due to informal induction mechanism of volunteer polio workers to be adversely affecting the performance of staff. The study therefore recommends formal induction mechanism, better social mobilization and decentralization of financial powers for improvement in motivation and accountability that will enhance the performance of polio workers and will ultimately result in complete eradication of the disease from the country.

Relevance to Development Studies

The study analyses the causes of non-eradication of polio disease from Pakistan, which has become a serious healthcare issue in the development sector both nationally and internationally. The study is also related to poverty alleviation as the said program offers free of cost vaccination on universal basis to its population including the huge numbers of the poors and secondly the said program is a source of livelihood to about 200000 polio workers; thus solution of issues such as insufficient and delayed wages would definitely help them to come out from their own poverty effectively. The study recommends to government to address the causes of low level of motivation and poor accountability for improving the performance of the staff.

Keywords

Polio, Eradication, Pakistan, Motivation, Accountability, Capacity

Chapter 1 Background of the Research Study

1.1 Introduction

Pakistan is one of the three countries left in the world where polio is still endemic. This is not only a critical health care issue for the country itself but also for rest of the world as the disease could be transmitted to polio free countries as well. “As long as a single child remains infected, children in all countries are at risk of contracting polio” (Nishtar 2010:159). Previous studies have mentioned multiple causes of non-eradication of polio from the country, ranging from poor routine immunization to anti polio vaccination propaganda by the extremists and from insufficient demand from the masses to the lack of ownership by the health department. However, the role of polio workers who actually administer vaccines during the campaign has been neglected.

It is quite obvious that the motivation, accountability and capacity of polio team members, whose number reaches upto 200,000 (Global Polio Eradication Initiative 2015) during a country wide three days anti polio vaccination campaign are crucial factors when it comes to the successful implementation of the campaign as the success of organizations rest on its human resource to great extent. This study intends to analyse the motivation and accountability of those who are physically vaccinating the children in the campaign. The conceptual framework of the study is based on a relation between the performance of polio team members and the existing measures for motivation and system of accountability. The study applies the concepts of motivation, accountability and capacity building along with National Emergency Action Plan (NEAP) 2014 for polio eradication.

1.2 Research Problem

The human entro-virus is responsible for polio disease. The said virus is found in the faeces of an affected person that enters into the body of another person by way of contaminated food or water (Racaniello 2006). Incapacitating thousands of children every year in advanced countries during the twentieth century, it was considered to be among the very dangerous diseases. However, in the 1950s and the 1960s the invention of vaccines eliminated polio from the developed world. On the other hand, in developing countries, the elimination task proved to be prolonged; routine immunization was started in 1970s and after involving 20 million volunteers and spending 8 billion US dollars, the polio positive cases have been decreased by 99%; the numbers of cases have been controlled from 350,000 in 1980s to 650 in 2011. Currently it has been eliminated from all parts of the world except three countries: Afghanistan, Pakistan and Nigeria (Islam et.al 2013:79).

In Pakistan the prevalence of polio disease has remained a permanent feature. In 2010, the numbers of polio cases were 144 and thus the country became the polio danger zone of the world having an enormous share in the overall 647 cases recorded globally. Since 2001 the government initiated anti

polio eradication campaign under National Immunization Days (NIDs) during which all the children below the age of 5 years have been administered anti polio vaccination. The said countrywide campaign is conducted for three days at the same time, almost once in a month or two. Besides NIDs, Supplementary Immunization Days (SIDs) are also conducted in selected high risk Districts for additional immunity. Typically, during a campaign a two-member polio team go from home to home to vaccinate a given number of children in an area. However, despite the fact that till now many campaigns have been conducted involving huge amount of money and other resources, a polio free Pakistan is still a dream. It is quite ironical that the disease could be eradicated if only a few successful campaigns are conducted provided all children are vaccinated; however, the country has failed to achieve the target of 100% coverage, which usually remains below 85%. Moreover, “if polio is not eradicated from these last three remaining countries, it could result in as many as 200000 new cases every year, within 10 years, all over the world” [...] “This argument has been justified by our recent success in exporting the virus to China which recorded 18 cases of polio with the strain of the virus being traced to Pakistan” (Islam et al. 2013:79-80). Thus, the world is not safe from polio until and unless every country is declared to be polio free. The issue is therefore at the heart of international concern as well, as the virus in Pakistan can affect any child anywhere in the world (Nishtar, 2010:159).

There are various causes of non-eradication of the disease such as poverty, a very fragile public healthcare system, improper implementation of the campaign, poor routine immunization by the public hospitals, the use of a fake vaccination campaign by the CIA during the search of Osama Bin Ladin putting the genuine anti-polio vaccination campaign under suspicion in the eyes of the public, anti-vaccination propaganda by the extremists (Islam et al. 2013; Closser and Jooma 2013). However, the role of polio workers in terms of their performance has been generally neglected in the existing literature. The motivation and accountability of polio workers can be a key factor during the analysis of (successful) implementation of the polio eradication campaign. Recently, the government of Pakistan along with other organizations such as WHO and UNICEF prepared a comprehensive document known as National Emergency Action Plan (NEAP 2014) for Polio Eradication which tries to (partly) address these issues. Assessing the situation against the provisions in the NEAP 2014, the proposed research will analyse factors affecting motivation and the system of accountability of polio field staff. The success of an organization depends upon the quality of human resource it engages to achieve its objectives. The performance of human resource in turns depends upon their motivation, commitment and capacity. Motivation “in the work context, can be defined as an individual’s degree of willingness to exert and maintain to apply themselves to their tasks. Health sector performance is critically dependent on worker motivation: health care delivery is highly labor intensive. Consequently, service quality, efficiency, and equity are all directly mediated by workers’ willingness to apply themselves to their tasks” (Franco et. al 2002:1255).

Weak performance of polio workers has been pointed out by a previous study conducted by Fetene& Sherani (2013) in the context of the Pakistan. It states that failure to access and vaccinate all children below the age of 5 years is a serious failure of the campaign (2013:2). Similarly, while talking about Sup-

plementary Immunization Activities (SIAs) NEAP also states that “The SIAs’ data analysis indicates that a substantial number of children remain unvaccinated at the end of SIAs”(NEAP 2014:29) . The issue of poor coverage of the campaign has also been pointed out in a letter dated 26th December 2014 written by the Prime Minister’s Focal Person for Polio Eradication to the Chief Secretary Balochistan which states that the coverage of the campaign in Balochistan province is only 73% (see annex 1 for the letter). It is therefore important to analyse the factors which result in poor performance of polio workers. Identification of those factors will help the policy makers to address the same which will eventually help to achieve the goal of polio eradication. The focus of research is, therefore, on the factors affecting the performance of polio workers. It is the human motivation and dedication which ultimately results in failure or success of organizations (Storey 2001:6). This study will analyse as to why the polio workers are seemingly not motivated to perform better to achieve the goal of vaccinating the children comprehensively. It will study how polio workers perceive various issues that are important when it comes to motivation both inside the organization, such as remuneration, its mode of payment, relation with colleagues and capacity building on one hand and outside the organization, such as the response of the community, provision of security on the other hand.

1.3 Justification of Study

The role of motivation for better performance is generally researched in studies on the private sector while the literature on the motivation of health care staff is very scarce (Martineau-t 2003). The proposed research therefore intends to study the factors affecting the motivation of polio vaccinators. Moreover studies on the causes of non-eradication of polio have been mostly conducted in relatively developed provinces of Pakistan, such as the province of Punjab (Mushtaq et al. 2010) and Sindh (Mangrio et al. 2008) and one study on security compromised areas of Pakistan (Fetene and Sherani 2013). But even in these studies the role of motivation and accountability for improving the performance of the polio workers have not been analysed properly. Moreover, prevailing abject poverty, backwardness and close proximity to Afghanistan (the other polio affected country) are the key factors which make the province of Balochistan entirely different from the rest of the country. Analysing the role of motivation and accountability for better performance of polio workers as one of the most important causes of non-eradication of polio from an area such as Balochistan is therefore very relevant. Additionally, it has also been claimed by the policy makers that many changes in the Polio Eradication Program have been introduced in the recent past such as measures for improving accountability and introducing the concept of motivation by connecting remunerations with performance (Abid et al. 2010); it is, therefore, necessary to analyse the said claims on ground.

1.4 Research Objectives

1. To analyse factors affecting motivation of polio staff.
2. To assess the system of accountability of polio field staff.
3. To make suggestions to policy makers for eradication of polio from the supply side.

1.5 Main Question

Are polio workers and their field supervisors performing their duties according to the National Emergency Action Plan (NEAP) 2014 for Polio Eradication and if not, how can we explain the shortcomings?

1.6 Sub Questions

1. What motivates and what demotivates polio workers?
2. Is community playing its role in motivating polio workers?
3. Are polio workers held accountable for their performance?

1.7 Methodology

The study was conducted in Quetta district which is the capital of Balochistan province- one of the four provinces of Pakistan- while the other three provinces are Punjab, Sindh and Khyber Pashtun Khowa. The said district has been selected due to emergence of polio cases from the area on a consistent basis. Purposive sampling was done in this research. The focus of the study was at the level of Union Council as campaign activities such as planning, implementing and supervision are being done here as per NEAP (2014) instructions. The study selected the Union Council of Pashtoonabaad purposively out of the total 38 UCs (Paiman 2009). Since the most recent case of 2015 has also been reported from the same UC (The Daily Nation 2015), the study will help to assess the latest factors which resulted in the emergence of the polio cases. Both primary and secondary data were used in the research. The study applied qualitative modes of data collection, as the same have been reported effective in healthcare research (Mushtaq et. al 2010). The study selected polio workers as they are the front line force of the campaign and approaching them for information about what motivates and demotivates them is therefore quite relevant. The targeted sample population was 64 team members, 5 Area Incharges (AICs) and 15 officers out of which 42 polio workers, 4 AICs and 11 officers were ultimately available for the interviews and group discussions. Both polio workers and AICs deployed in the said UC were ladies. Despite my best efforts, the rest of the team members and AICs could not be approached due to their domestic engagements. Because of the ultra-traditional nature of the area, meetings with ladies were difficult while the four officers were out of the city. Short interviews and two focus group discussions (FGDs) were conducted at the two health facilities of the same UC (see Annex 2 for a list of participants in the FGDs). To get the views of policy makers about the causes of non-eradication of polio and its relation with the motivation and accountability of

staff and actions taken by them for the same, semi structured in-depth interviews were conducted with the officers from Government and donors at all the three levels i.e. Provincial, District and UC levels (see Annex 3 for a list of interviewees). With a view to have in-depth understanding of the demand side, a focus group discussion with the community was also conducted in the same UC where only male members participated due to the strict patriarchal and traditional nature of the UC where the majority of the inhabitants belonged to Pashtoons/Pakhtoons. It is interesting to mention here that the said community is living both in Afghanistan and Pakistan and polio cases are reported from the said community more frequently (NEAP 2014). This was also an important reason for the selection of the UC Pahstoonabaad (local word which means the area of Pashtoons).

1.8 Risks and Ethical Challenges

As already mentioned meetings with female polio workers were difficult given the traditional/tribal nature of an area such as Pashtoonabad. However, upon my request, the officers of the health department arranged my meeting with them inside the two hospitals located in the said UC. Moreover, since participation in any activity related to polio eradication is not safe, I was careful about the safety of participants and my own self especially in the said UC. I managed the same by wearing the local dress and also by remaining in low profile during which I kept my schedule and venue of the meetings with the UC staff and community members confidential. I was told by the officers of the health department that on account of security reason my first focus group discussion and interviews with polio workers and officer of the UC had been arranged at a Mother & Child Health Care Centre located at relatively safe and unnoticeable periphery area of the UC instead of the Civil Dispensary (CD) Pashtoonabaad which was located right in the heart of the UC. I came to know that in December, 2014 one police man deployed on the security of polio teams inside the said CD was killed in an attack on polio workers by terrorists. However, the second FGD was conducted in the said CD as all the staff were available for an official activity. I had to ensure that the group discussion was completed on time as I found that Medical Officer/Incharge of the said health facility was not happy due to the presence of polio workers gathered there to discuss the plan for the upcoming campaign with their supervisors. The said Medical officer was concerned about any security mishape as he perceived any activity related to polio taking place inside his hospital a security threat. Moreover, earlier I planned to participate in the campaign for the month of June but it was cancelled on account of security issues; it would have been better, if I could have observed the campaign for better understanding of the issues of polio workers in the field. Last but not the least was the fact that the study was analysing the factors of non-eradication of polio which was an issue of national and international concern; it was a challenge to obtain the views of managers and workers as it relates to their own performance directly or indirectly; however, the author assured all officers and workers that their names will not be disclosed in relation to the information they would like to share.

1.9 Organization of the Paper

The paper is divided into six chapters. The first chapter dealt with the introduction and background, justification, research problem, methodology, objectives, questions and sub questions and challenges faced during the study. The second chapter describes theoretical concepts and provides a literature review. The next chapter reviews brief facts about the province of Balochistan, the health sector in Pakistan, polio eradication measures, causes of non-eradication, the implementation of the campaign activities at the UC level and NEAP 2014. Chapters four and five presents the findings and analyses the factors relevant to motivation and accountability of polio workers. The final chapter provides a summary along with conclusion and recommendations.

Chapter 2 Motivation, Accountability and Capacity: Theoretical and Analytical Frameworks

2.1 Introduction

This chapter reviews the literature pertaining to the concepts of motivation, accountability and capacity building. The focus of the research is motivation of polio workers, as the study will analyse how the absence of factors such as job security and proper training result in poor accountability and capacity issues respectively. Theories of motivation are generally focusing private sector. Some studies on motivation of the employees of public sector have been conducted in developed countries. As far as healthcare workers of developing countries are concerned, they have not been studied much as argued by Franco et al. (2002). Similarly, literature on the perspective of polio workers and their motivation is very scarce. Knowledge about motivation will help government and International partners to take measures for improving the performance of polio workers. In the next part, the conceptual and theoretical frame work will be presented; later on, three theories of motivation: McGregor theory X and theory Y, Abraham Maslow's needs' hierarchy theory and Herzberg's hygiene & motivation theory will be analysed; in the end the concepts of accountability and capacity building/development will be mentioned. Finally, I will develop the analytical framework. The focus of the study is Herzberg's hygiene & motivation Theory being more relevant for analysing various factors affecting employees' behaviour of leaving an organization and the overall performance.

2.2 Theoretical Framework

The study analysis the factors for motivation and system of accountability for improvement in the performance of the employees. In this regards the important factors are remuneration, job security, safety, relation with colleagues, capacity, promotion, appreciation, role of community and accountability. The study applies the concept and theories of motivation such as theory X and Y of McGregor, Maslow's need-hierarchy theory and Herzberg's hygiene & motivation theory and the concept of accountability (bureaucratic/administrative accountability) and capacity for analysing motivation and performance. The concept and theories of motivation reveals that employees have complex job related needs. The managers have to distinguish between hygiene factors in order to retain the employees. Moreover, through motivation factors such appreciation, rewards, capacity development, promotion etc. the performance of the staff can be improved effectively. The study will apply these concepts to the findings to show that how absence of such factors result in a demotivated work force which ultimately result in the failure of an organization to achieve its goals.

2.3 Defining Motivation

Different writers have defined motivation in variety of ways. Motivation may be defined as those forces within a person that push or force him to fulfil basic needs or wants (Yorks 1976:21). Motivation is a concept applied to describe commencement, direction, intensity, perseverance and quality of behaviour (Maehr & Meyer 1997; Desler 1986). Rusel (1971) holds that three elements are part of most of the definitions of motivation: 1) It is an internal force, (2) it compels for action, and (3) and it determines direction of action (1971: 5). In the context of organizational work motivation is “as an individual's degree of willingness to exert and maintain an effort towards organizational goals” (Franco et. al 2002:1255). “Motivation is the force that energizes, directs and sustains behaviour. High performance is achieved by well-motivated people who are prepared to exercise discretion, i.e. independently do more than is expected of them” (Armstrong 2001:269). On the other hand in the absence of motivation even well-educated and skilled staff will fail to perform to the desired level. The managers, therefore, encounter the challenge of how to motivate their employees. In this regards there are two aspects, firstly how to make the work itself interesting for the performer, and secondly, how to ensure the working environment which motivates and facilitates the staff towards better performance (Martineau et.al 2006). If the employees are demotivated then they will express anti work attitude, absenteeism, indiscipline, frustration and other negative behaviour. Employers have to ensure the fulfilment of needs both related to the nature of the job and the environment so that it attracts, retain and utilize the best capabilities, energies and efforts of the employees for organizational goals (Armstrong 2001).

Keeping in view the key role of motivation in achieving the organizational goals, this study applies relevant theories of motivation to show how the managers understand and meet the basic needs of polio field staff. It is hoped that the findings of this study will result in better performance and finally contribute towards the goals of polio eradication. This relates to the sub questions number 1 and 2 asked in the context of organization and community respectively.

2.4 Theory X and Theory Y of Douglas McGregor

McGregor (1960) argues that there are two ways to deal with the staff in an institution according to the types of employees. He presents two theories that is Theory X and Theory Y. These two theories are classified on the basis of different beliefs about the type of employees. Theory X is based on the assumptions that staff dislike work and will always avoid duties; for such employees it is necessary to use strict measures for compelling them to fulfil their obligations. Truss et al. (1997) argue that this type of approach is based on autocratic style of management where there is no room for resistance and protest by the workers. This theory would utilize strict monitoring, accountability and sanctions to achieve the results

Theory Y on the other hand is based on the idea that work is something natural and the employees like to perform duties and feel pleasure by engaging

in the work (Robbins 1984: 47). The role of administrator is to ensure better working condition to enable them to achieve the organization goals. The leaders have to improve the skills and knowledge of the workers so that they could achieve the desired outcomes. Moreover involving staff in decision making, fulfilment of their basic needs and offering them proper incentives will ultimately facilitate the achievement of organizational goals (Truss et al. 1997). Such types of workers' needs are to be fulfilled by motivation or incentives instead of coercion. The orthodox supervision model believes in theory X while modern management models opt for theory Y; these theories are also known as hard management and soft management models respectively (Boeree 2006:3).

NEAP (2014) also mentions about accountability and motivation; for the former it states "strict accountability will be enforced in the face of inadequate performance at the UCMO level."(2014:20) and for the latter it directs the officers to ensure proper training, timely payment of remunerations provision of security by utilizing all available resources, and assignment of justifiable work load for polio team members (NEAP 2014). The study will look at polio field staff from the perspective of theory X which asks for strict accountability; sub question No.3, therefore relates to the said theory. Similarly, for employees, who are committed to achieve the goal of polio eradication, theory Y, emphasizing facilitation, incentives and better working conditions, is relevant as it helps to motivate the staff for better performance; sub questions 1&2 are therefore mentioned in this context.

2.5 Abraham Maslow's Needs Hierarchy Theory

Maslow (1954) argues that staff strives to fulfil five stages of needs in an organization. These include physiological, safety, social, ego, and self-actualizing needs from lower level to higher level. The worker will first satisfy his needs at the lower level and then he will make efforts for the next level of the needs. The individual gets motivated to satisfy his needs in hierarchy from the lower to higher level through various opportunities he finds during his work. Maslow theory of needs reveals the importance of fulfilment of employees needs for their wellbeing and motivation (Armstrong 2001:259). Boeree (2006) argues that there are important implications of Maslow theory. The organizations have to offer various types of incentives and management styles to fulfil the needs of the employees (2006). To satisfy the physiological needs, for instance, the organization has to offer better salary to its employees which will satisfy their basic needs. In order to provide safety, the managers have to ensure that employees are safe from threats and risks. Social needs can be met by ensuring friendly environment inside the organization. Ego of employees can be satisfied by appreciating their achievements and by assigning important tasks to the dedicated staff. Similarly assigning challenging tasks to employees will fulfil self-actualizing need.

Keeping in view the importance of various levels of needs, the study will analyse the fulfilment of needs of polio workers which include provision of security against attacks by the terrorists, timely and sufficient remuneration, assigning them an interesting and pleasant tasks and fulfilment of social needs

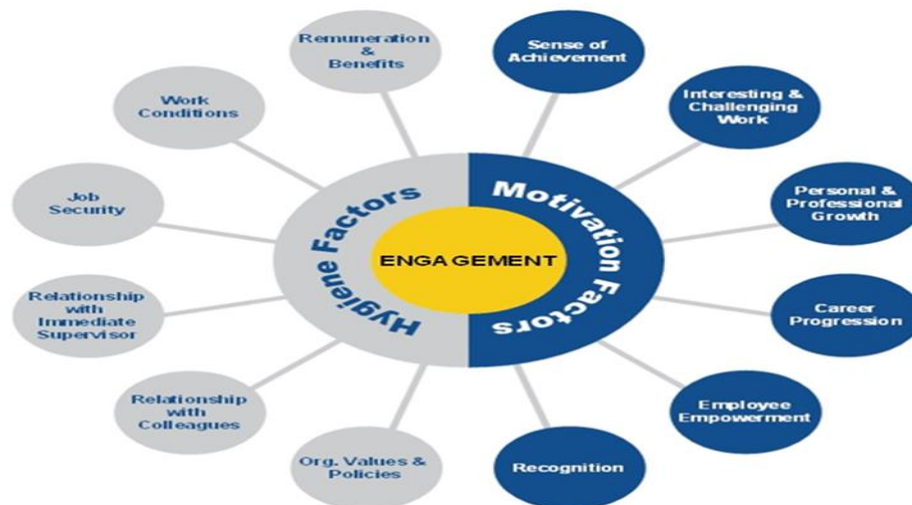
such as better acceptance of polio workers by the community by countering the rumours through media; sub questions No 1 and 2 therefore relate to fulfilment of such needs.

2.6 Fredric Herzberg's Hygiene and Motivators Factors Theory

Herzberg's theory is similar to Maslow's theory of needs but here the emphasis is more on working conditions. Herzberg argues that there are two kinds of important factors: hygiene factors or the dissatisfiers and motivators or the satisfiers (Figure 1.1). The hygiene factors include remuneration, job continuity, relation with colleagues etc. Similarly, the motivators encompass appreciation, capacity development, promotion etc. In other words these two kinds of factors relate to either the working environment or the work itself. Herzberg further elaborates hygiene factors have to be ensured by the managers in the beginning before the motivators are provided. This indicates motivators alone are not enough to motivate employees in situations where work environment is not satisfactory (Vroom and Deci 1970).

When it comes to application of the hygiene factors, the employer should ensure a working environment which facilitates good performance. The employer will offer such salary which fulfils the essential requirements of the employees. Job security will also help to improve the output of the latter as they will better focus on the official tasks instead of their own future economic concerns. As far as the Motivators factors are concerned, the employers should ensure that the performance of the workers is appreciated, and the work helps them to realize that they are fulfilling their aspirations which will encourage them to perform even better. Workers want their personality development and the fulfilment of the desire that they should be trusted with the new responsibilities and challenging tasks (ibid).

Figure 1.1. Description of Hygiene Factors and Motivation Factors:



Source: <http://www.managementstudyguide.com>; accessed on 15-10-2015

Herzberg's theory reveals the importance of fulfilment of staff needs for better performance. The study will apply the Herzberg's Theory on polio field staff in relation to the amount of wages, timely payment, and capacity development, provision of security, job security and relations with colleagues. This relates to sub question No.1; while sub question No. 2 will explore the nature of the work itself being encouraging or otherwise on account of the response of the community as perceived by the polio team members.

2.7 Accountability

The concept of accountability is reviewed briefly here as the main theme of the study is motivation and also due to the reason that the author hypothesises that the causes that explain the lack of motivation are related to the lack of accountability as well. Since polio eradication is implemented by engaging a huge work force of volunteers who lack various motivation factors such as job security for instance along with absence of any formal work agreement, therefore, they can't be held accountable formally.

Accountability is one of the key features of good governance. However, the term accountability lacks an agreed upon single definition (Schillemans 2011). Anyone studying accountability will soon notice that it can imply many different things to many different people (Behn 2001; Dubnick 2005; Mulgan 2000; Pollitt 2003). Accountability is equated with many loosely defined political concepts such as transparency, equity, democracy, efficiency, responsiveness, obligation, and honesty (Behn 2001: 3–6; Dubnick 2007a; Mulgan 2000: 555). Accountability has been defined in variety of ways, traditionally "it entails holding elected or appointed officials charged with a public mandate responsible and answerable for their actions, activities and decisions" (UNECOSOC 2006:10). The main components as per majority of the definitions are: answerability, the responsibility of public officials to furnish details about their actions; and enforcement, the capability of the accounting agency to impose sanctions on the office holders who failed to perform properly. Accountability embraces many other interrelated concepts such as "surveillance, monitoring, oversight, control, public exposure, check, restraint and punishment" (Schedler 1999:14). Accountability is both vertical and horizontal, the former is the traditional one where a subordinate is answerable to his or her superior in an hierarchical relationship; this is based on the principal agent approaches to accountability and the idea of ownership; on the other hand, in horizontal accountability, an individual or organization is responsible to other parallel body or person such as semiautonomous agencies, independent evaluators, journalists and clients. (Schillemans 2011:390). The focus of the present research is the vertical accountability (administrative/bureaucratic accountability) traditionally found in executive agencies and organizations.

Koppell (2005) has mentioned 'five conceptions of accountability' which are: transparency (disclosing the details about performance), liability (facing the penalties of poor performance), controllability (performing as per principal's orders), responsibility (acting on laws), and responsiveness (fulfilling the objectives). These conceptions offer a framework for examining accountability is-

sues and priorities (2005). Following Schillemans (2011), the present study takes accountability as a communicative interaction between an accountant and an accountee in which the former's behaviour is assessed and umpired by the latter, in the light of possible consequences. Accountability practices can logically be divided into three stages. In the first phase, the accountant presents an account on his performance to a significant other such a legislature, a minister or any public office. In this information stage, the accountant furnishes retrospective information through formal and informal communications. In the second stage, the accountant and the accountee typically involve in a discussion on this account; hence, this phase may be termed the debating stage. Here, the accountee may call further facts and make queries. The accountability process completes when the accountant makes a final judgment on the conduct of the accountee. Here the accountee also decides whether and how he or she will utilize available sanctions to penalize accountant for his or her conduct. This is the consequences stage. "Sanctions may vary from formal disapproval to tightened regulations, fines, discharge of management, or even the termination of the organization" (Schillemans 2011:390).

Moreover many times assigning accountability becomes a challenging task. For instance emergency situation is a prime example when officials from district, provincial and federal governments, donors, NGOs and private sectors are involved, accountability becomes diffused as it is difficult to ascertain that who is accountable to whom in such a decentralized governance structure where policy makers are isolated and multiple. Such type of dispersed accountability results in poor performance (Thévenaz & Resodihardjo 2010). The issue of dealing such a challenge of assigning accountability in emergency situation could be dealt with by clearly mentioning the duties and responsibilities in the beginning. Besides challenges in defining and assigning accountability particularly in a multi actor context, issues are also faced when it comes to measuring accountability. The role of quality data, funding and expertise are essential to assess accountability. O'Loughlin (1990) argues that with a view to measure accountability the role of communication is crucial between the accountant and accountee. Communication depends on the quantity and quality of information and the level of scrutiny which the accountee applies to the information he or she receives.

The present study applies the narrow definition of accountability and is mainly focused with vertical accountability where communication process takes place along a chain of command. The study analyses how the existing accountability mechanism affects the performance of polio workers in the program. The sub question no. 3 deals with the accountability of polio field staff to explore the fact how they are dealt with in case of unsatisfactory performance.

2.8 Capacity Building/ Development

One of the most common buzzword of the development sector is capacity also known as capacity development and capacity building; however, there is lack of agreement on its definition. "Despite its advertised centrality to development, people everywhere struggle to explain exactly what capacity is or what it comprises" (Baser & Morgan 2008:8). Multilateral organizations define ca-

capacity development in different ways: OECD (2006: 12) maintains that "capacity development is the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time". Similarly, UNDP states that "capacity development as an endogenous course of action that builds on existing capacities and assets, and the ability of people, institutions and societies to perform functions, solve problems and set and achieve objectives." (UNDP 2003: Preface). While for UNESCO it is "the enhancement of capabilities of people and institutions to improve their competence and problem-solving capacities in a sustained manner" (UNESCO 2007).

Capacity building is much more than training and it includes the following:

At the individual level, capacity development includes ensuring an environment where employees continue learning innovative knowledge, upgrading skills uninterruptedly and adjusting to change; while giving due regards to local ideas and practices and giving them new dimensions. Similarly at institutional level, instead of establishing new institutions usually created on foreign 'blue prints', existing policies and practices are required to be reformed and corrected. Lastly, at societal level, capacity building comprises of enhancing community participation by involving them in monitoring, accountability and decision-making processes (UNECOSOC 2006).

Capacity development is also linked to the main theme of the study – motivation- as providing incentive both formal and informal helps to ensure an enabling environment during capacity building process for desired behaviour of individuals and performance within an organization (UNESCO 2007:12). Since the main emphasis of the study is motivation and secondly the fact that the author considers capacity building as part of motivation for employees to enhance their skills, mentioning and applying the concept of capacity in detail is beyond the scope and mandate of this paper. The author will rely on a basic but relevant definition: "increasing the ability of people and institutions to do what is required of them." (Newland in Honadle 1981) and will therefore focus mainly on training arrangements as part of motivation measures available for polio team members to improve their knowledge and skills. Capacity will be discussed under sub question 1 as one of the motivators available in the campaign.

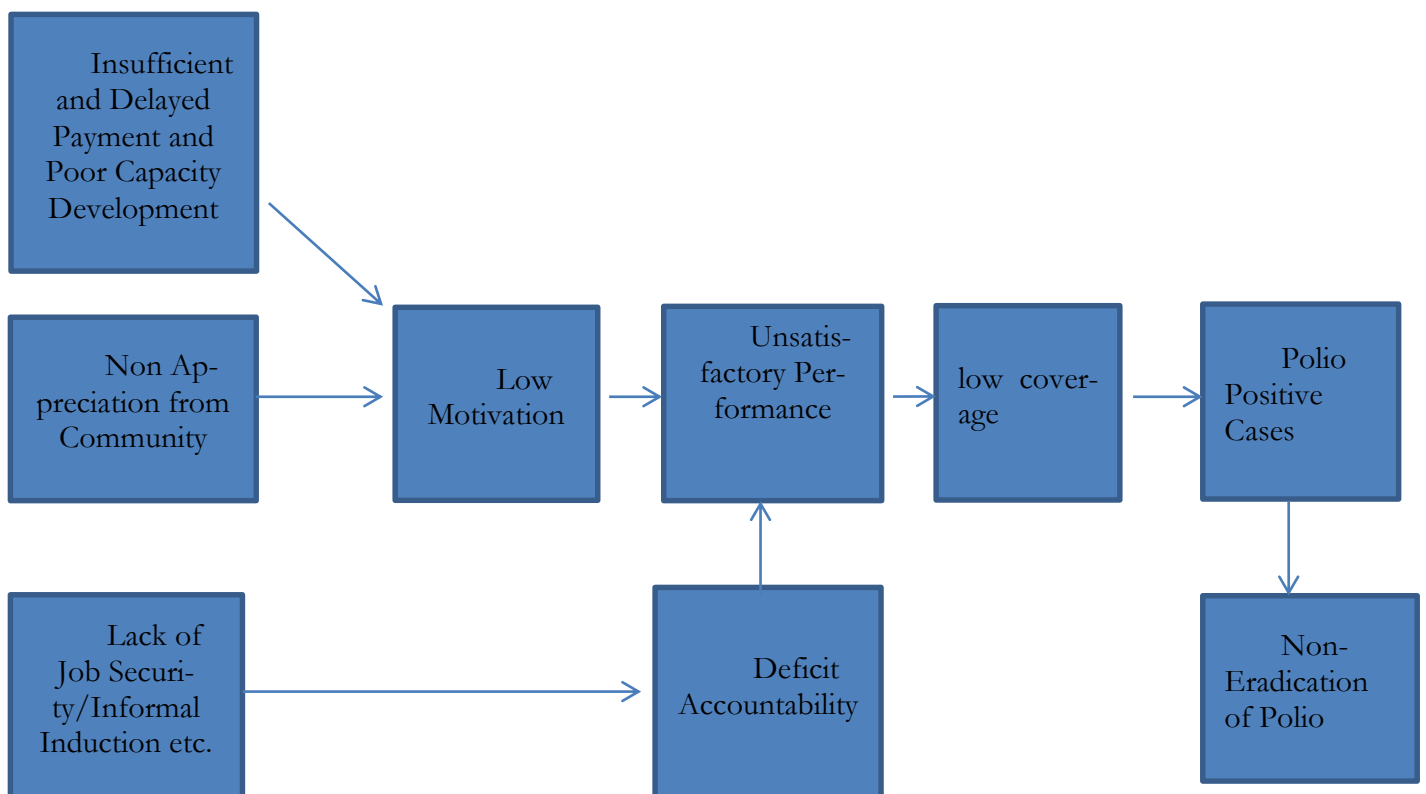
2.9 Analytical Framework

This research selects the concepts of motivation and accountability to draw a connection between them and performance of the employees (figure 1. 2). It is based on the research of various scholars (such as Guest 1995; Truss et al. 1997) which states that the managers have to understand and fulfil various kinds of needs of employees for motivating the employees and ultimately achieving better performance. It is assumed that the improvement in performance of staff will result in achievement of organizational goals. The said studies have argued that factors such as job security, provision of safety, incentives, appreciation, and proper salary motivate the employees to great extent.

The study hypothesizes that absence of factors for motivation such as sufficient and timely payment of salary/wages, rewards, promotion and appre-

ciation on one hand(sub question 1); and lack of accountability mechanism based on transparency, reporting and taking disciplinary actions against poor performers on the other hand lead to poor performance of polio workers(sub question3). Moreover, the role of community (sub question No.2) will also be analysed in terms of its impact on the motivation of polio workers.

Figure 1.2. How low motivation and accountability deficit result in poor performance:



Source: Author's Own Construct.

Thus it can be observed from figure 1.2 that low motivation of staff and absence of proper accountability mechanism result in poor coverage of the campaign which ultimately reflects itself in emergence of polio cases on consistent basis. The empirical fieldwork sought to assess the extent to which these factors were present or absent in the study area. The analytical framework also helped to analyse the fieldwork data and structure the presentation of findings. Before moving on to the latter, I will first give the necessary contextual and background information.

Chapter 3 Polio Eradication and NEAP (2014)

3.1 Introduction

Chapter three reviews brief facts about the province of Balochistan, health sector in Pakistan in general and polio eradication from the country in particular along with the key document of NEAP (2014). In the first section, brief facts about the province of Balochistan will be mentioned that will give an indication about the province lack of development; in the next section the conditions of health sector as it exists in the country will be reviewed which includes the organizational structure of the health department along with health indicators; it will be followed by polio eradication measures taken in the country with a focus at the level of the Union Council being the front line unit of the campaign where vaccines are administered. Finally relevant instructions of NEAP (2014) will be mentioned which aim to organize the performance of the polio vaccinators to achieve the goal of polio eradication at the gross root level of the UC.

3.2 Province of Balochistan

The study was conducted in Quetta district of the Province of Balochistan- one of the four provinces of Pakistan. The province is situated in southwestern part of the country and it shares borders with Punjab province and Federally Administered Tribal Areas to the North East, Sindh province to the south east, Arabian sea to the south, Iran to the west, Khyber Pashtun Khwa (KPK) (former North Western Frontier Province) province to the north west and Afghanistan to the north (see annex 4 for a map). The majority of the population is Baloch (54.7%), Pashtoons (29%), while Punjabi, Sindhi and Hazara also live as smaller ethnic communities. Area of the province is 347,000 sq. km and its population is 13,162,222. Area wise it is the largest province (44%) of the country, while population wise it is the smallest one as it hosts only 6% of the country's population. The population density here is very low on account of the mountainous terrain and scarcity of water. Despite rich natural resources such as gas, copper and gold, the province is the most backward and under developed as compared to other provinces (Mahsood and Khan 2013).

Polio positive cases are consistently reported from the province specially those adjoining the neighbouring Afghanistan such as District Quetta which is also the provincial capital (Abid et al. 2010: 1, 3). In 2014, 25 polio positive cases have been recorded from the province while five cases were reported from the said District (End Polio 2015). Administratively, the district is divided into 38 Union Councils for polio eradication campaign. The study selected one of the UC Pashtoonabad located in the urban area of the district. The most recent polio positive case of the district in the current year has also been reported from the same UC in the month of July (The Nation 2015).

3.3 Health Sector of Pakistan

In most of the third world countries, the delivery of healthcare services is a serious concern. Pakistan, already confronted with governance issues, has also a poor performing public healthcare system. Only 20% the population use public health facilities which is of low cost and private sector provides healthcare to 80% of the population (Hafeez: 2014). Health indicators of the country are highly critical. Under five, child mortality rate is 87 per 1000 live births due to which country is far behind the goals set under MDGs; more than 23 per cent of population is living below international poverty line of 1.25\$ a day (Gavi 2012:3). The population of the country is about 160 million and allocation for health sector is just 2%of the GDP, which is the lowest in the south Asia. There are eight physicians and four community health workers for every 10,000 persons (Mushtaq et al. 2010).

Central government is responsible for health planning and policy making while the provincial health department is mandated with the delivery of healthcare services. Since 1994, Polio Eradication Initiative (PEI) is part of Expanded Program on Immunization (EPI). National EPI controls PEI at the federal level which deals with policy making, planning, and procurement of vaccine, training of officers, supervision and collaboration with international organizations. On the other hand, the Director of Health Services (EPI), responsible for EPI/PEI at the provincial level, is mandated with the task of policy design, planning and arrangement of vaccine. In Districts, DHO (also called Executive District Officer-Health in some provinces) is the head of health department at the district level who is responsible for curative and preventive healthcare services including polio and other vaccinations (ibid).

3.4 Polio Eradication in Pakistan

Pakistan started the Extended Program on Immunization (EPI) in the late 1970s for securing the children against early age diseases including polio. It aims to vaccinate children and pregnant women to reduce mortality and morbidity. With a view to focus on polio exclusively, the country initiated the Polio Eradication Initiative (PEI) in 1994, which consists of vaccinating children on large scale during National Immunization Days. “The provision of OPV through fixed points during national immunization days, pursued from 1994 to 1999 was replaced by a house-to-house strategy from 2000 onwards” (Abid et al. 2010:8). “Polio Eradication Initiative has been following the successful approach of developed countries supplementing routine polio immunization with huge country-wide campaigns several times a year to deliver drops of oral polio vaccine to every child under the age of five years”(Nishtar 2010). More than 90% of polio vaccination is administered through polio eradication campaign which indicates the importance of the campaign being the most important source of mass vaccination both for the rich and the poor against the disease. Though the campaign reduced number of polio positive cases from 20000 a year during early 1990s to 89 in 2009 (Abid et al. 2010: 1, 3), still it has not been successful to achieve the goal of polio eradication from the country.

Moreover, for the last few years the virus has started re-emerging again with increasing numbers.

There are various causes of non-eradication of polio from Pakistan. Poor implementation of the campaign, defective routine immunization provided by the government hospitals which is free of cost and thus the only source of immunization for the poor, the improper functioning of over all public sector healthcare. Moreover, in Balochistan the rate of routine immunization is only 16% which means 84% of the target population are not receiving the essential vaccination and are therefore at risk to get a disease (National Institute of Population Studies 2013). Another important cause of polio non eradication is poor literacy rate. Balochistan's total literacy rate is 34% against the country's literacy rate of 52 per cent (The Daily Times 2007). The high illiteracy results in insufficient demand from the population on account of lack of awareness about the healthcare issues. The situation in recent times has further deteriorated due to the on-going war on terror against Taliban by the US led alliance of which Pakistan is also an important partner. It has been propagated by the extremists that polio vaccine is part of a western design to curtail the fertility of the muslim population. In some areas vaccinating the children is considered an act against the will of God (Islam et al. 2013:79). The extremists have, therefore, issued a legal statement to oppose anti-polio vaccination aswell. Moreover, during the operation that killed Osama Bin Laden inside Pakistani territory, a fake vaccination campaign was launched before the operation to confirm the his presence of at a suspected home. The CIA act of utilizing a fake vaccination campaign affected the credibility of the vaccinators (Closser & Jooma 2013). Armed attacks on polio team members have been reported for the last couple of years due to the same reasons (ibid). All these factors have also affected polio eradication activities to considerable extent. Consequently, in 2011 alone there were 198 polio positive cases making the country a polio danger zone of the world having enormous share in the overall 650 cases recorded globally. While in 2014 the polio cases reported from Pakistan and Balochistan were 306 and 25 respectively (Endpolio 2015).

3.5 Polio Eradication Campaign at Union Council Level

In this section polio campaign at the level of the UC will be reviewed. According to NEAP (2014) the focus of the campaign is required to be at the UC level as it is the tier where vaccines are actually administered by the polio teams. At the UC level the target population is the children who are below the age of 5 years covered by two members polio teams which usually consist of one government employee and one volunteer but sometimes both the member are either volunteers or government employees. The work of polio teams are monitored by an Area Incharge (AIC) who is in turn supervised by the Union Council Medical Officer (UCMO). Moreover, staff of partner organization such as Union Council Polio Worker (UCPW) and Union Council Communication Officer (UCCO) also perform duties in the campaign from WHO and UNICEF respectively. The former helps in technical assistance such as capaci-

ty development, micro plan preparation and campaign evaluation; while the latter is mandated with social mobilization and convincing refusal parents. The main task of UCMO is to ensure that all preparation is done before the campaign such as meetings at Union Council level, preparation of detailed plan for the upcoming campaign, recruitment of teams and presence of polio workers/team members in the training session. He also coordinates with officials of other partner organization such as WHO, UNICEF etc. (NEAP 2014).

3.6 Union Council Pashtoonabaad

The study was conducted in Pashtoonabaad (11-B) Union Council of Quetta district. The said U.C has below than 5 years target population of 13000 children; in the said UC, 32 polio teams (32*2=64 Polio Workers) for covering the abovementioned target population during each campaign; as in most of others UCs, in here too, polio teams consist of one government employee and one volunteer but here the latter is in majority(60%). In high risk UCs such as Pashtoonabad additional campaigns are also conducted (The Daily Balochistan 2015) to enhance environmental immunity for intercepting the virus during the low transmission seasons.

3.7 National Emergency Action Plan (NEAP 2014) for polio eradication

The government of Pakistan along with other organizations such as WHO, UNICEF prepared a comprehensive document known as National Emergency Action Plan (NEAP) for polio eradication since 2011 and the recent one being implemented is NEAP 2014; it has been mentioned in the said document that the focus of the anti-polio activities should be at the level of the UC. NEAP 2014 stipulates comprehensive instructions about UCMO, AICs and polio workers.

Keeping in view the NEAP 2014, the study reviews its implementation with a focus on activities and measures related to the motivation of polio team members along with the system of accountability practiced in the campaign at the level of the UC as detailed below:

3.7.1 Remuneration

NEAP 2014 ensures remuneration for polio team members and directs the district administration to complete formalities well in time without errors and incorrect information to avoid delay in the payment (NEAP 2014:37). As mentioned earlier, there are two types of polio team members i.e. government employees and volunteers. The formers are generally employees of the health department such as Lady Health Workers (LHWs) and vaccinators who receive their monthly salaries in addition to the polio remuneration. While the latter do not receive any salary except the remuneration for the three days of the campaign held during a period of one or two months. The money given to both government employees and volunteers are equal in amount and is at the rate of Rs. 250. (about \$2.5) per person per day from WHO and Rs. 300.

(about \$3) per person per day from Government of Baluchistan, thus the total amount given per person per day is Rs. 550 (about \$5.5).

3.7.2 Security

According to NEAP (2014:28), the district government will ensure security for polio front line workers during the campaign by formulating a well-integrated security plan. All resources will be made available and in the high-risk areas special strategies will be deployed for the security of polio workers, otherwise the campaign could be deferred in case of the lack of proper security measures. Accordingly, one policeman accompanies each polio team in areas having security issues.

3.7.3 Capacity building

NEAP (2014) maintains that “Capacity building is a priority for the polio eradication initiative” (2014: 41). Training sessions for all polio team members are conducted before every campaign. Training in polio eradication has two benefits; on one hand it is an important factor for motivation as it enhances the capacity of polio workers themselves in areas such as vaccination, communication skills, filling forms etc. which may help them to have a better job in future; on the other hand, it is an important measure to ensure quality of the campaign as per NEAP (2014) guidelines.

3.7.4 Accountability

The performance of polio workers are supervised by AICs, while UCMO supervise AICs of his respective UC. NEAP(2014) clearly mentions that AIC and UCMO will critically check the daily tally sheets that contains information about the children vaccinated and those missed on account of refusals or non-availability at their homes at the time when polio workers visit them (NEAP 2014: 22). At the UC level, UCMO is the most important officer who leads the campaign. NEAP (2014) emphasizes the important role and accountability associated with the position of the UCMO in these words: “the concerned authorities in the provincial governments will ensure availability of a Medical Officer (UCMO) in every UC particularly in the high risk UCs [.....]. Strict accountability will be enforced in the face of inadequate performance at the UCMO level” (2014:20). This reveals that NEAP 2014 has detailed instructions for monitoring and supervision of campaign activities. Accordingly, the government of Balochistan has also issued a notification dated the 26th January, 2015 from the office (see annex 6) of the Chief Secretary which mentions that in case of poor performance, the concerned UCMO (and DHO as well) will be suspended immediately and (punitive) action will be taken by the health department. Moreover, for LHWs, it mentions that in situation of non-participation in the campaign, either she will be terminated from the service or other punitive action such as salary deduction will be taken against her (ibid).

3.7.5 Social Mobilization

As already mentioned lack of demand for vaccination and particularly for polio prevails in the community to great extent. Moreover, the propaganda of extremists against anti-polio vaccination has further aggravated the situation. The conditions on the ground have turned so critical that not only parents refuse to vaccinate their children but polio teams are attacked by terrorists. This demotivates the staff on account of fear factor and non-welcoming attitude of the community. In many districts, UNICEF has launched a social mobilization program to convince refusal parents for vaccinating their children at the gross root level of the UC. With a view to create awareness and convince parents about polio vaccination, NEAP, mentions clear instructions. It asks for active involvement of parliamentarians and meetings with religious leaders, influencers, tribal heads and councillors. To eliminate the suspicion around polio, it asks for making anti-polio campaign a part of overall vaccination/immunization program, which can be done by providing vaccination/medicine for other diseases as well so that it will “eclipse voices of deception and ignorance”(2014:27).

The above-mentioned details depict a picture of polio eradication campaign conducted in the light of NEAP (2014) which seems to be comprehensive and relevant for performance management of polio team members and their supervisors. It not only ensures motivation of work force but also suggest measures against the poor performers. In the next chapter, the perception of polio workers and officers will be mentioned and analysed to assess how far the provisions in NEAP (2014) dealing with motivation are implemented effectively to achieve the goal of eradication of polio.

Chapter 4 Motivational Factors Explaining Polio Non-Eradication

4.1 Introduction

This section presents findings on sub question 1 of the study which mainly relates to motivation inside the organization. The issue of motivation will be analysed with the help of three motivational theories but the focus will be on Herzberg's hygiene and motivation theory as it is more relevant to work motivation as reviewed in the chapter 2. Hygiene factors according to Herzberg are remunerations, relation with colleagues, job continuity, security etc. When one or more of these factors are missing, employees, according to the theory, will quit the job as they are dissatisfied. But when they are present it does not motivate the employees, it satisfies them and retain them in the organization. On the other hand, his motivation factors theory mentions motivators which satisfies and contributes towards development of the employees themselves. Such factors are capacity development, appreciation, reward, promotion etc. These factors actually motivate the staff to perform better and achieve the organizational goals (Vroom and Deci 1970). The application of Herzberg's theory to the polio eradication campaign is quite relevant as it helps to analyse the question such as low motivation of staff, non-achievement of goals and particularly it helps to analyse the problem of polio volunteers not coming for the campaign putting the managers in an awkward situation where the latter have to look for new volunteers at 11th hour just before the commencement of a new campaign. These issues result in more critical problems of deploying unskilled staff as the managers are unable to properly train the newly recruited volunteers in a very short period of time before the campaign. Following section analysis various factors contributing towards the lack of motivation of polio workers in the light of Herzberg's hygiene and motivation theory.

4.2 Research sub-question 1: What motivates and what demotivates polio workers?

4.3 Hygiene factors

The availability of relevant hygiene factors in polio eradication program are analysed below:

4.3.1 Remuneration

During the study I visited Mother and Child Healthcare Centre (MCHC) situated in the said U.C and conducted short interviews of polio workers both government employees and volunteers along with their Area Incharges(AICs) and UCMO. Majority (60%) of polio team members as deployed in the said UC were volunteers and both types of team members i.e. government and volunteers were women. They shared with me the problems faced by them in rela-

tion to their work in anti-polio eradication campaign. When I asked polio workers the question about their satisfaction regarding remunerations, all of them expressed their dissatisfaction on the amount of remunerations being given to them. Besides private expenses, they have to spend money on official expenses such as transportation, cell phone usage as well. They said that keeping in view their expenses and the fact that many of them (40%) were the sole breadwinner of their families; the remunerations given to them are very little. Besides the amount, they were also complaining about the late payment more intensely. It was revealed by many polio workers that they do not receive their remunerations on time being usually delayed by three to four months. The study finds that the issue of late payment was the most critical one compared to other problems being perceived by the polio workers. Almost all polio workers were dissatisfied with the amount of the payment and the delay usually caused during the payment.

One of the polio workers said:

“On account of payment issues, I have no money to pay school fees for my children and also rent of my home.”

Another polio worker said:

“I have no money for food and even I do not have money to buy a detergent to wash clothes at home”.

Speaking about the late payment one polio worker said:

“if they (the officers) just ensure the timely payment, we will ensure eradication of polio from our UC”

The above mentioned views indicate the issues of insufficient and delayed payment. During the in-depth interviews when I asked Government officers such as DHO, UCMO and Officers from federal government, they maintained that government of Balochistan is giving additional allowance of Rs. 300 (about\$3)/day to each polio worker but they also accepted the fact that still the money given to the volunteers are insufficient, however, during the interviews they expressed their inability to enhance the amount as it was beyond their official powers. They also considered the late payment as one of the serious challenge. Currently, WHO disburse money to polio staff through Direct Disbursement Mechanism (DDM) cards, during which polio staff fill the cards with their personal information and send it to WHO through the office of DHO; later on WHO sends money directly to polio staff without involvement of any third person such as a government paramedic/AIC as was the practice in the past. Majority (four out of seven) of the government officers whom I asked about the issue of late payment mentioned that the delay is caused from WHO side as District Offices send DDM cards in time to the latter, but still few (three out of seven) stated that since polio workers are semi-literate, they make errors while filling their details in the card which is returned back by WHO which causes delay on this account.

Moreover, when I discussed the issue of late payment with WHO officers, both the senior level officer at the provincial and UC levels justified the prevailing system of giving the money through DDM Cards as it ensures transparency. Before the system of payment through DDM cards, there was a direct payment method when the remunerations were given through AICs of the respective UC. There were complains that polio workers are not receiving their full remunerations. Moreover, cases were also reported when team members were only shown on papers while in reality they were not recruited and resultantly the campaign money was misappropriated by the managers at various levels. The Provincial Head of Polio at WHO Office defended the late payment on account of completion of the formalities in these words: “now the remunerations are given directly to the polio workers without the involvement of any middle man. However the delay is caused by the office of the respective DHOs as they send us the DDM cards very late and that too contains many errors. We have to return them back for correct information”.

Moreover, LHWs are facing the issue of late salary as well on consistent basis and many times they have to knock the doors of judiciary along with protests against the government. At a time when this paper is being written, Supreme Court passed a very strict order to the executive for paying the salaries to LHWs within 24 hours. The court observed that “LHWs who are playing a vital role in the elimination of fatal diseases and polio are on roads (for protest). It is a matter of shame”. The Daily Times (2015).

The above stated views of polio workers of UC Pashtoonabaad and the recent orders of the Supreme Court reveal a critical situation where they are encountering a range of issues on account of insufficient and delayed payment. The issues of insufficient remuneration and its delayed payment relate to Maslow’s (1954) theory of hierarchy of needs and in the present case one can find that the remunerations they are receiving is not enough for them to fulfil their basic physiological needs such as shelter and food. Most of the officers whom I interviewed mentioned that on many occasions volunteers do not appear for the new campaign. UCMO and AICs face a serious problem before every campaign when they come to know that the volunteers make excuses on one pretext or the other and refuse to perform duties in the campaign. Resultantly, UCMO start recruiting new volunteers to work in the campaign. The newly recruited polio workers take part in the campaign without any proper training session as it is already held on a scheduled date many days before the campaign. The utilization of inexperience and untrained staff adversely affects the quality of the campaign to considerable extent. It is very important to mention a letter dated 12th December 2014 of Health Department which speaks about observations of Secretary Agriculture Department, Government of Balochistan, who monitored a campaign held from 10th to 13th December 2014 wherein it has been mentioned that: many LHWs were found absent; most of the AICs and team members were volunteers and not trained properly; they were not recording Refusals/Not Available children on the back of the Tally Sheets properly; “motivation level of volunteers appeared to be down as they were not getting remunerations on time” (see annex 5). In this regard the findings of the study agrees with previous studies such as by Franco et al. (2002) conducted on individual, organizational and societal factors affecting motivation of healthcare staff. The said study reports “Herzberg’s model suggests,

for example, that if salaries are not paid in a timely fashion, health workers are likely to become more concerned with getting paid and less willing to exert effort at their job as they seek an alternative means to gain an income and support their families” (Franco et al. 2002 :1258). A study conducted on health workers in rural Vietnam (Martineau 2003) has also found insufficient salary and allowances as important dissatisfying factors.

4.3.2 Conditions of Work- The Issue of Security

For the last couple of years polio workers are facing armed attacks from the extremists. Since December 2012, 76 lives have been lost in attacks on polio teams nation-wide (The Daily Dawn 2015). During the campaign held in the month of December 2014 one police man deployed on security of polio workers lost his life inside the CD of Pashtoonabaad in an attack by the extremists. Commenting on the issue of security one of the polio workers said:

“We work in polio campaign due to our financial problems; we have no motivation as every time we go out in the field, we have a fear of target killing. If the government provide us proper security and our payment is also made on time all problems will be solved”- polio worker.

The above mentioned facts reveal the critical working conditions of polio workers particularly on account of target killings. The demand of polio workers and their supervisors was that polio team should have two security personnel while currently only one police man accompanies a team. Closser and Jooma (2013) maintain that the security provided to polio teams is inadequate. NEAP (2014:28) emphasizes provision of security and directs the district government including police to ensure security by utilizing all resources. Indeed the polio campaign of the month of June was cancelled due to the lack of security in the entire province. All these facts reveal that working conditions of polio workers are highly critical due to armed attacks and it is quite obvious that the same demotivates the staff to great extent.

4.3.3 Job Security

Job security is an important factor for the workers as it ensures freedom from the fear of losing the source of livelihood. Polio workers such as Lady Health Workers (LHWs) are regular government employees. They have got job regularization recently as a result of continuous struggle which consists of mass protests, sit- in campaigns in front of the parliament, rallies etc. and at one occasion the Supreme Court took the notice of the situation and ordered the government to regularize the services of LHWs in 2013 (The Daily Dawn 2013). Volunteers on the other hand are recruited temporarily for the campaign days while during the period between the campaigns, they mostly remain unemployed. They neither have a permanent job nor there exist any work agreement. They are even not sure of their work in the next campaign. They face a permanent threat of losing their source of earning every time. As mentioned earlier, relying upon volunteers who lack job security results in more critical problems such as their refusal to take part in the upcoming campaign compelling the officers to recruit and engage inexperienced and untrained new volunteers. Moreover managers are also not able to take any action against them

in case of poor performance on account of non-existence of any service formal agreement. Thus absence of job security of volunteers is a serious hygiene factor which results in workers behaviour of leaving the campaign and non-accountability.

4.3.4 Relation with Colleagues

The day I met polio workers and their supervisor in CD Pashtoonabad, they have called a meeting inside the health facility for the next campaign. During the second FGD that was held at CD Pashtoonabaad Medical Officer called Polio Officers and expressed his concern on the presence of polio staff on the ground that the said police man was killed just few months ago in his health facility. Sitting on his chair with other staff of the health facility, he talked to them in an unwelcoming tone. I found him indifferent about the polio eradication campaign being held in the catchment area of his hospital. He even called to DHO on cell phone and expressed his anger about polio related activities inside the CD. Though his concern about security was not baseless, however his attitude reflected lack of ownership of polio eradication campaign by health department to which he belonged. Apparently, this is due to the fact that in the country there are parallel systems of preventive and curative healthcare systems which are under separate chain of command. Since polio eradication, campaign falls under preventive healthcare, the medical officers who are also the main administrators of the healthcare facilities, show lack of interest about the program. Because of his non-welcoming attitude, I found polio workers, even the AICs, UCMOs and other officers showing apologetic behaviour in front of the said Medical Officer as if they were engaged in some least important task. Such attitude by the officer of health department is a serious demotivating factor for staff and officers belonging to polio eradication program.

Previous study (Mushtaq et al. 2010) has also reported that the indifferent attitude of health department is a serious obstacle in the way of complete eradication of the virus as the department has been unable to engage its staff such as Medical Officers effectively.

Some of the polio worker mentioned the inappropriate behaviour of security personnel accompanying them during the campaign. “the police man stands on the corner of street and we have to walk alone to homes without any security. At times police men give money to our children which we don’t like as we only have a working relation during the duty; there is no need to talk to our family members after the duty.” These details reveal the fact that polio team members are experiencing serious problems in their relations with their colleagues.

4.3 Motivators

In this section the study analysis factors which motivates and thus result in better performance of the staff according to Herzberg theory of motivators. These motivators satisfy the needs of employees and contribute towards per-

sonal development of the employees themselves. Such factors are training, appreciation/reward or recognition, promotion etc. These factors motivate the staff to perform better and achieve the organizational goals (Vroom and Deci 1970).

4.4.1 Appreciation from the Officers

Herzberg mentions that appreciation both financial in the form of rewards and non-financial such as appreciation certificates are effective tools for motivating the workers. Accordingly, I asked if polio workers had received any appreciation from their superiors, 75% replied in negative while 25% stated that they have been encouraged verbally for good performance. When I asked polio workers about any award or bonus given to them for better performance, all of them replied in the negative. Nonexistence of any performance based rewards or written appreciations such as performance certificates reflects a serious drawback of the campaign which results in low motivation of the polio workers. Previous studies (Martineau-t 2003) and (Dieleman et al. 2006) conducted on health care staff have reported a positive relation between appreciation and motivation of healthcare staff

4.4.2 Promotion Prospects

When I asked the question from government polio workers such as LHWs about their chances of promotion, three quarter of them replied in negative while one quarter of them were unaware of any prospects of promotion. On the other hand, all of volunteers mentioned that since their job is temporary, therefore there are no prospects of promotion.

Previous studies (Mangrio et al. 2008; Mushtaq et al. 2010) undertaken on the vaccinators of Sindh and Punjab provinces respectively have also reported poor service structure with no promotion prospects. In the latter study it has been shown that even after twenty years of government service, the staff have no chances of promotion in the next grade.

4.4.3 Capacity Development/Building

Capacity development sessions for polio team members are conducted before every campaign. Training improves the capacity of polio team members and AICs which not only equips them with skills about better communication and written work but also prepare them to conduct the campaign according to NEAP instructions. However, practically, due to presence of volunteers who are not regular employees, the desired benefits from arranging these trainings are not being achieved. It was found during the interviews with officers that about 60 to 70 per cent of the polio workers attend the training session. Since 50% of polio team members are volunteers and many times, they do not turn up for the training session because of their unpredictable and casual attitude towards the campaign. Thus capacity building sessions are conducted without participation of all the team members. When UCMO and Area Incharge come to know about the fact that volunteers who participated in the previous campaign have not turned up for training session, they start searching for fresh re-

cruits for the upcoming campaign. Sometimes, even those volunteers who take part in training session also do not appear on the day of the campaign.

One of the officer remarked about issues in capacity development sessions:

“capacity development sessions are not taken seriously by polio team members; the staff argue that there is no need for training as they got training during the past sessions. But we say training is important as it refreshes the knowledge of old staff and it also trains the newly recruited staff because we have new members for every new campaign. Unfortunately, we train one person but in the field we find another person. Moreover, quality of training is also not upto the mark as we lack resources, learning environment and required number of trainers”- Officer.

It has been found in another study that training to enhance communication skills of staff contribute considerably towards improving vaccination coverage (Briss et al. 2000). Moreover Training has been reported in previous studies to be an important motivating factor (Dieleman et al. 2006; Martineau 2003). However, the present study indicates that though training is arranged but currently the expected results are not being observed. Since training session offers a convenient opportunity to government healthcare staff, engaged in polio campaign as well such as LHWs, Vaccinators and Paramedics who travel from far away areas where their respective duty place/hospital is located to the city centre where training sessions are conducted, to submit their monthly performance reports about their respective hospitals (routine monthly performance reports other than polio eradication campaign). Thus they submit their hospital reports physically by utilizing the time and money actually approved for training purposes. Since submission of reporting in the rural areas of the country is not through internet or postal service, staff (government staff) attend session to submit their routine monthly reports and data of their respective hospitals physically and thus technical and learning aspects of vaccination are overlooked during these sessions (Mushtaq et al. 2010; The World Health Report 2006). It is pertinent to mention here that a one day training allowance of Rs. 150/person (about \$1.5) is also given to the polio team members to participate in the session, it is not clear whether the staff perceive capacity building sessions as means to acquire skills for career advancement (motivator/satisfier) or they participate in it for the training allowance or as means to compensate for their insufficient income (hygiene factor). The details reveal the facts that both hygiene and motivation factors are either insufficient or totally missing in the context of polio workers of Balochistan at the level of the organization. In the next chapter it will be analysed if community is compensating the failure of organization to motivate and encourage polio workers.

Chapter 5 Motivation from Community and the System of Accountability

5.1 Introduction

Chapter 5 deals with the question about the role of community in connection with motivation. The role of community is more important particularly when measures to motivate the staff are lacking from the organization's side. The chapter later on analysis the existence of accountability in the program.

5.2 Research sub-question 2: Is community playing its role in motivating polio workers?

On account of rumours and propaganda against polio vaccination from extremists, parents particularly in rural areas and in some urban areas are not welcoming polio workers during the campaign. Propaganda against polio campaign has been launched by the Taliban and the same is further continued by the clerics in many rural areas of the country. Balochistan's total literacy rate is only 34 per cent against the country's overall literacy rate of 52 per cent (The Daily Times 2007) which also results in lack of awareness about better health practices and the related issue of low demand level among the masses for polio vaccination. In Balochistan, KPK and Federally Administered Tribal Areas (FATA) anti vaccination views are propagated by the extremists; however, the same has not been countered by the government and partner organizations such as UNICEF and others mandated with social mobilisation effectively. When I asked the question from polio workers: are parents influenced by the anti-polio vaccination propaganda of extremists? The response was:

“Usually people do not welcome us; they consider us doing useless job; people say that they do not have clean water to drink and enough food to eat then why we (polio team members) are so concerned about polio vaccination only. Parents tell us there are many other diseases in the community such as diarrhoea, cough and TB (Tuber Culosis), there are no medicine in hospitals but everyone is worried about polio, why? They argue with us that on one hand Americans and NATO are killing children in our Tribal Areas (in the war against terrorism) on the other hand they are giving polio drops to our children.”- Polio Team Members.

These details reveal that one of the important causes of non-eradication of the disease is prevailing illiteracy, lack of awareness about healthcare and misconception as well as mistrust among the masses. Staff of UNICEF/ComNet at UC Pashtoon mentioned that the task of covering refusals and raising awareness among the masses have been assigned to them under UNICEF program on social mobilization. They conduct community awareness sessions, engage influencers such as tribal leaders, teachers and counsellors to convince refusal families. On account of their efforts, propaganda launched by the fun-

damentalists has been countered to considerable extent. The UNICEF officer at UC Pashtoonabaad said:

“We have covered and convinced 50% of refusal parents and currently there are 93 families in Pashtoonabad UC who are still chronic refusals”

During FGD with the members of the community, some important facts were mentioned by the residents of pashtoonabaad. It was revealed that though people are reluctant to vaccinate their children but many of them are still in favour of the polio vaccination, however, they still have serious reservations about polio workers. Majority of the participants responded in these words “we don’t like polio teams which consist of one male and one female members; many times we found them non serious and non-professional. They remain busy talking on their mobile phones with their friends and relatives. We are traditional and hospitable people; we will definitely welcome and allow women teams inside our homes”. Another member opined in these words: “the government and donors should recruit staff who are residents of pashtoonabaad, who can speak pashtoo language so they can convince the parents about the benefits of the vaccination. If polio vaccinator can not speak pashtoo, how could he convince the parent who only can only speak pashtoo. They have some local team members, but they can’t speak our language. They are locals of the district but not residents of this UC”. The points mentioned by the residents seem to be relevant as mostly polio cases are reported from the said community (NEAP 2014) but it was personally observed by the author too that about 70% of the polio teams deployed in the said UC were unable to speak Pashtoo language.

The study indicates that lack of awareness, poor literacy rate coupled with anti-polio vaccination rumours result in the refusal and non-welcoming attitude towards anti-polio vaccination of the community. Unfortunately, anti-polio views have not been countered by the government and partner organization effectively. Previous study conducted outside the country has also reported that poor communication strategies by the government to be one of the important factors of non-eradication of polio (Waisbord 2004).

Moreover, the response and feedback from the community is closely inter-linked with motivation and also with the issue of capacity building/development if we take the broader definition of the latter which points towards the component relevant to societal factors outside an organization. For better capacity building the role of community is fundamental as it provides an enabling environment outside the organization as well. A study (Martineau-t 2003) conducted in resource poor areas of rural Vietnam reported that health care providers found that the appreciation and respect from the local population motivate the formers considerably in a an environment where appreciation both financial and non-financial from the managers were found absent. However, that too is missing in the context of Pakistan’s polio eradication program, which not only demotivates but obstructs proper capacity building of polio team members.

Another relevant but often neglected matter is the issue of repeated campaigns conducted in high risk Union Councils to enhance the immunity of the children. However, during the study it was found that polio team members and UC level officers were not in favour of the same. According to Herzberg's theory of motivation, an interesting and challenging work itself enhances the motivation of the staff and results in better performance, which ultimately results in achievement of organizational goals. However, when I asked the question from the polio workers whether they found repeated campaigns interesting and beneficial for the overall goal of polio eradication? The response was: "repeated campaigns are enhancing negative attitude of the parents. Even those families who want to vaccinate their children turn to be reluctant when we visit their homes frequently during a month. Infact these repeated campaigns result in the soft refusals in the community and multiply our problems." Moreover, repeated campaigns also enhance fatigue, as the vaccinators have to visit the area frequently within a month. The study indicates that repeated campaign increases not only the numbers of polio refusal parents but it also demotivates polio staff. This fact confirms the findings of a previous study (Fetene and Sherani 2013) conducted in Pakistan, which points towards negative affect of the repeated campaigns as it result in community resistance.

5.3 Research sub-question 3: Are polio field staff held accountable for their performance?

It was earlier mentioned in the chapter three that accountability is an essential part of responsible and efficient governance. It was also mentioned that NEAP (2014) stresses the importance of accountability in the program, it maintains that for proper accountability, the concerned authorities at provincial and district levels will post responsible government officers who will lead the campaign as UCMO. About accountability of UCMO, for instance, it explicitly states, "strict accountability will be enforced in the face of inadequate performance at the UCMO level." (2014:20). NEAP(2014) also maintains that AIC and UCMO will critically observe the daily tally sheets that contains data about the children vaccinated and those missed on account of refusals or non-availability during the campaign (NEAP 2014: 22)

When I discussed the matter of accountability with the DHO during the in-depth interview, he mentioned: "we cannot take disciplinary action against non-government polio workers(volunteers) as there exists no service agreement; we issue show cause notices/charge sheets to government polio workers, AICs and UCMOs only". This shows that volunteers who are more than 50 per cent of the work force both at UC Pashtoonabaad and in other UCs are not accountable due to their informal nature of their work.

It was stated in chapter two that the role of quality data is crucial during the accountability process. However, the data that is reported and communicated from UC to the district and provincial authorities are usually of poor quality. Since volunteers are semiliterate and inexperienced workers, they fail to record the data on tally sheets as per standard requirements. The same is

communicated to the upper levels making it difficult for the policy makers to hold staff accountable on the basis of the incorrect and incomplete data. Another issue related to defective accountability was the non-availability/posting of UCMO in the said UC as I came to know that the present UCMO has been posted very recently for the last three months; and he does not belong to the Quetta district and he performs his regular duties in the Provincial Eye hospital located in a separate UC. This is again in violation of NEAP which maintains that the UCMO should be a local/resident of the respective UC (NEAP 2014). During the past more than three years, the said UC was without any UCMO and the campaign was supervised by a relatively lower staff and even by the staff of other organisation such as WHO, which is against the instructions of NEAP (2014) as it stresses that the campaign has to be conducted under UCMO or by any other senior/ responsible government officer. The situation reveals the ineffective role of District Health Officer as despite of the fact that a doctor is already posted/available in the CD of the UC but his services are not utilized for polio eradication activities while another UCMO who do not belongs to the said UC is posted to supervise the campaign. Had the current Medical Officer/Incharge of Civil Dispensary posted as UCMO, the campaign could have been better conducted on account of his strong managerial position inside the hospital and his social status in the community. This shows that in absence of a formally appointed head of the campaign, accountability might have been seriously affected. Moreover, it was also observed that due to the presence of various actors such as Government, WHO, UNICEF, councillors and many others, the situation was portraying a typical example of diffused and poly centric accountability found in emergency like situation. As per NEAP (2014) UCMO is the ultimate authority at the UC level, but it was observed that other officers and officials from various organizations operating in the field were also giving directives to the polio team members of the UC on account of the formers relatively higher status within their respective organizations. One of the UC level official from WHO revealed that “ in the past two years when UCMO was not posted, I used to supervise and monitor the entire campaign”. All these details indicate that at UC level the process of accountability is highly defective and therefore, the poor performers survive without any sanction from the top management.

As far as the accountability of officers such as DHO and UCMO are concerned, I discussed the issue with senior most government officers at the provincial level; one of the officer responded that accountability do exists in the campaign; he shared with me details of UCMOs posted in the province who have been issued written charge sheets. It was revealed that during the last two years only seven, out of more than 300 UCMOs of the entire province, have been issued show cause notices. This shows that the ‘information stage’ of accountability communication mechanism was existing to some extent. However, those who have been issued a charge sheet for poor performance have not been awarded any minor or major penalties as per existing service rules. The situation reveals that the final phase of accountability which is about the decision and execution of penalty on the defaulters is completely missing in the present case. Another senior officer at the provincial level revealed that as per NEAP 2014 they are supposed to change DHO if a polio positive case is reported from the respective district but this is not being done due to the pres-

asures from the politicians and ministers. During interviews, it was revealed that during the last couple of years two DHOs were removed from the position on account of poor performance in polio eradication campaign but after couple of weeks, they were posted on more lucrative and important positions.

Absence of accountability is a serious obstacle in the way of successful implementation of NEAP 2014. The study indicates that due to induction of volunteers who lack job security and any service written agreement, no formal action can be taken against them. Moreover, being semi-literate, they are not able to make correct entries in the tally sheets and thus incorrect data is reported from the UC to the upper level which further affects the existing accountability as the policy makers receive false impression of satisfactory performance of polio teams in the field. While due to vested interests of ministers and sometimes bureaucracy, no serious action is taken against those who fail to perform.

The above mentioned details indicate two important factors of motivation and accountability which are missing in the current polio eradication program of Pakistan as observed at the grass root level of UC Pashtoonabaad.

Chapter 6 Conclusion

6.1 Introduction

Chapter 6 presents the summary of the main findings, conclusion and recommendations. The author sought to analyse why polio disease still prevails in Pakistan on consistent basis. The focus was on assessing the motivation level of the polio team members who actually remain in the field. The focus of the study were the questions: what are the factors which affects the motivation of polio workers which ultimately result in poor performance; are polio workers and their supervisors held accountable in case of poor performance; and what alternative measure could be recommended to improve the motivation and accountability for better performance.

The main theme of the research was the fact that since polio eradication campaign is a human activity, the outcome of the same heavily depends on the performance of the work force engaged to accomplish the goals, while performance in turn depends on the motivation, capacity and accountability of the employees. However, the previous studies on the causes of non-eradication of polio have neglected this crucial factor. The study looked at the issue through the lens of motivation theories and through the concepts of administrative accountability and capacity development along with NEAP 2014 as a key policy document.

6.2 Wrap Up of the Key Findings

The study finds that there are various causes of non-eradication of polio disease from the country such as poor performance of polio teams as revealed by consistent polio cases emerging from Quetta district and poor vaccination coverage of less than 80%, involvement of volunteers who have serious capacity issues, anti-polio propaganda influencing parents to become refusals, lack of awareness of the people about health issues and defective accountability mechanism on ground.

The study further finds that the motivation of polio team members who actually administer vaccine in the field is very low on account of missing Herzberg's hygiene factors such as:

6.3 Hygiene Factors

Polio workers are facing the most critical issue of late payment of salary/wages which are mostly delayed by four to six months. The amount of wages is also insufficient and polio team members are not able to fulfill even their very basic needs.

The study finds that fear factor is prevailing among the polio workers on account of lack of security as during the last couple of years around 76 lives have been lost in attacks on polio teams.

The study indicates that lack of permanent/regular job is a serious hygiene factor for volunteers while LHWs were successful to get their services regularized very recently.

The study finds that sometimes polio team members encounter indifferent attitude from the doctors/ incharge of the health facilities who attach importance to routine curative services instead of preventive vaccination.

The study finds that how the absence of these hygiene factors result in the critical issue of volunteers leaving the campaign and managers have no option except to engage fresh recruits which are usually untrained and inexperienced. Thus the overall quality of the campaign gets affected on account of deploying such staff. Importantly, the findings are completely in agreement with Herzberg's theory which states that if hygiene factors are missing the employees would prefer to leave the organization. The theory therefore recommends policy makers to first ensure the presence of hygiene factors before introducing motivators as the formers help to retain the employees while the latter are meant to improve the performance.

6.4 Motivators

According to Herzberg theory of motivators, factors such as appreciation, awards, promotion, and capacity building actually motivate the employees for better performance. The study finds that appreciation, awards or bonuses are totally missing in the campaign. Never a polio member has been issued a written certificate or any financial award for better performance. The study also established the absence of appreciation from the community as well due to anti polio propaganda launched by the extremists and also due to poor literacy rates of the country and particularly of the Balochistan province. Thus appreciation on the whole was a rare commodity in polio eradication campaign as observed in the UC Pashtoonabaad.

6.5 Accountability

The study also finds that accountability is missing in the program both for volunteer team members and in case of government officers such as UCMO and DHO. In case of the former the main reason of the absence of accountability is their informal mode of induction in the campaign which continues without any formal service agreement and secondly the poor quality of data reflecting a false sense of achievement that is reported from the UC to the district; while in case of the later pressures from the ministers and politicians discourage any disciplinary action against a poor performing UCMO or DHO.

6.6 Capacity Building/Development

The study finds that polio eradication campaign was encountering issues in capacity building of the work force. Considering capacity building in its narrow meaning of training, it was found to be critically inadequate. Capacity building sessions were arranged before every campaign but both the quality of

the training and the issue of partial attendance by the staff were the main areas of concern. Moreover it was again not clear that either the polio team members attend training sessions for capacity building or their main motive was to receive the training allowance. Since the wages of polio workers are insufficient, therefore one cannot mention it with confidence as capacity building is a hygiene factor or a motivator in the present case.

Besides issues in training at individual level, the study finds that capacity building is a challenge both at organization level and societal level. Health department has not been able to own the campaign and involve its employees such as doctors, paramedics and LHWs fully in the program. Moreover, the society is still portraying a non-welcoming attitude towards polio vaccination while measures for social mobilization are not able to convince the refusals as 73 families are still chronic refusal in UC pashtoonabaad only.

6.7 Conclusion

Non-eradication of polio from Pakistan is a complex issue on account of various administrative, political, societal and cultural issues. Previous studies have mentioned causes which range from poor routine immunization to lack of mobilization and from lack of ownership by the health department to the poor literacy of the masses. However, the role of polio workers in terms of their motivation, accountability and capacity has not been given the required attention. The present study not only agrees with the already pointed out causes of non-eradication of the disease from the country but also emphasises the need to immediately address the prevailing issues of low motivation and poor accountability for better performance of polio workers as it will soon pave the way towards the goal of polio eradication from Pakistan and ultimately from the world.

The findings indicate that in polio eradication program of Pakistan, almost all of the hygiene factors are absent, i.e. the study found evidence of late and insufficient salary, lack of job security for volunteers, critical law and order situation and unpleasant relations with colleagues. Though government has taken some measures to address the situation; however, it is not difficult to notice the half-hearted and indifferent attitude of the government in these steps. Thus it can be said that hygiene factors are highly insufficient to an unusual degree in the context of polio team members of Pakistan. This results in the inconsistent behaviour of volunteers who left the work in the campaign which is fully in agreement with Herzberg's theory that employees will leave the organization if hygiene factors are missing.

The analysis of motivators, which Herzberg suggests for better performance, indicates that the situation is again far from being normal. Motivators such as rewards both either financial or non-financial are totally missing; capacity building sessions that are held before every campaign are not taken seriously both by regular and volunteer polio workers. When one turns towards the community with the hope that they might compensate for motivation of polio workers, one comes to the bitter truth that too is not available for polio workers. Keeping in view the missing hygiene factors and motivators it is not difficult to explore the underlying causes of poor performance of polio workers.

The study also indicate that how low motivation is connected to the prevailing deficit accountability and improper capacity specially in case of volunteers who constitute about 50 per cent of the total work force of the polio workers. The study therefore maintains that basic issues of the late payment and relying on the informal induction of volunteers in the campaign result in more critical issues of workers leaving the campaign and absence of accountability respectively.

The afore mentioned details indicate that two important factors of motivation and accountability are found missing in the current polio eradication program of Pakistan. Though the commitment to eradicate the disease exists at the level of policy makers, the same level of motivation and commitment is not observed at the grass root level of the UCs where polio field staff administers polio drops at the doorstep of the communities. The polio workers are performing their duties amidst host of problems ranging from non-welcoming response of the community to the late payment of wages and from indifferent attitude of officers of hospitals to the target killings by the terrorists. In such a gloomy scenario, the governments of Pakistan and the International Organizations have to come forward and to take practical measures for improving the working conditions of polio workers who put their lives at great risk to immunise our children and save our future generations against the danger and constant fear of permanent disability on account of polio.

6.8 Recommendations

1. Timely payment to the staff may be ensured; one of the measure that may be taken by WHO is to decentralize the relevant financial powers from its central office located in the capital city of Islamabad to the it's provincial offices; this will reduce the delay due to DDM cards issues. Other measures could be arranging frequent trainings for polio team members on DDM cards filling and by holding respective UCMO personally responsible for timely submission of DDM cards.
2. Keeping in view a range of problems on account of engaging volunteers informally, the government should either deploy a permanent work force by recruiting them on regular basis or by introducing a work/service contract for the volunteers.
4. The current amount of remuneration/wages disbursed to polio workers should be enhanced at least to a limit that will enable them to meet their basic day to day needs.
5. The number of security personnel accompanying polio team may be increased from one to two as per current demand of polio team members and managers.
6. Demand for polio vaccination in communities may be enhanced by awareness programs through TV and Radio specially the latter being more popular in the rural areas; while on account of its growing popularity the youth, social media may also be utilised for urban areas.
7. Refusal to vaccination on religious grounds may be addressed by involving the religious scholars by recruiting them for the campaign and by integrating them with the current UNICEF project on social mobilization. Re-

cruitment of religious scholars especially in rural areas will make them a stakeholder in the campaign while their integration with UNICEF program on communication will enable them to get benefit from the experience of the latter.

8. The issue of medical officers being reluctant to perform duties in the campaign may be addressed by incorporating an additional column in the annual confidential report of the UCMO about the fact that the officer has performed in the campaign or otherwise.
9. The number of repeated polio campaigns may be reduced which will help to solve the problem of non-welcoming attitude of parents to considerable extent.
10. Currently Pakistani passengers are required to show vaccination certificate before proceeding on international journey. The practice may be extended to other instances such as at the time when a child is applying for admissions at schools, seeking medical healthcare, applying for National Identity Cards (NICs) and Passport. This will compel the parents to vaccinate their children before applying for the said services.
11. In areas such as pashtoonabaad, only female team members who can also speak the language(s) of the UC may be recruited. Preference should be given to the residents of the UC who are familiar with the culture, dress code and psychology of the people. This will also help polio teams in convincing refusal parents in the context of Pakistan where different ethnic groups, cultures and languages coexists.

The aforementioned recommendations are meant to address the prevailing issues of low motivation and poor accountability in the polio eradication program of Pakistan. The successful implementation of these recommendations by the government of Pakistan and also by WHO and UNICEF and other donors will ultimately help to protect the lives of the children and coming generations from the crippling disease of polio not only in Pakistan but also from the entire world.

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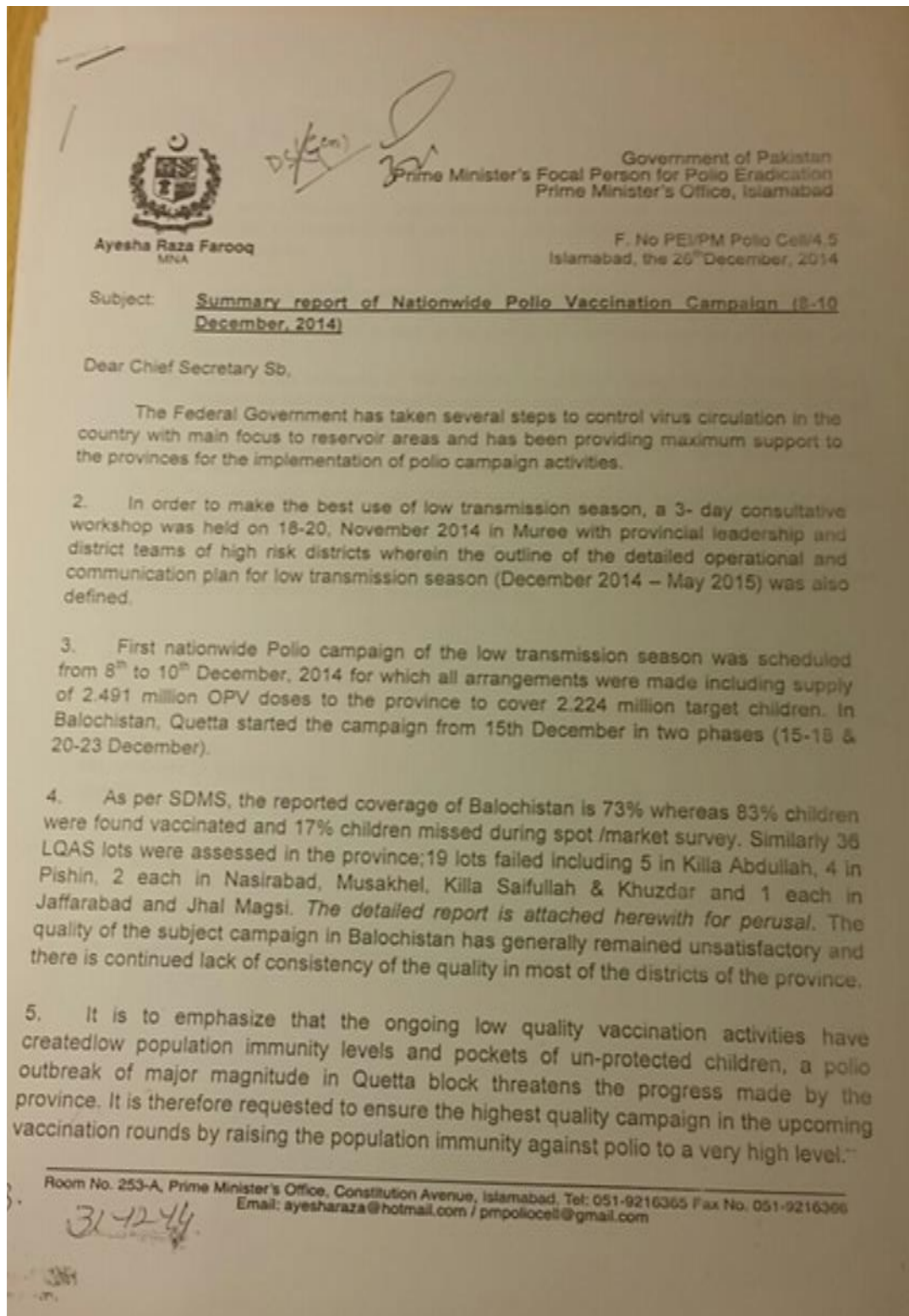
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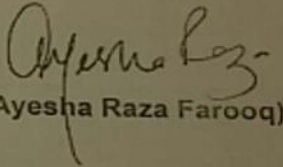
Annex 1



6. Kindly advise the Deputy Commissioners in the province, particularly those of the high risk districts to personally look into the current concerning quality of the SIAs and take necessary actions

- a) to update their microplans with inclusion of security arrangements along with ensuring stringent supervision by Area-in-charges and UCMOs especially in the areas of over-reporting (tally sheet reports do not match number of vaccine vials used).
- b) There is an increase in the number of children being found in the houses missed by teams in intra-campaign and post-campaign monitoring (on average 7% children missed due to no team found in LQAS).
- c) Intra campaign supervision / monitoring and quality of polio teams training should be improved to overcome these gaps.
- d) The readiness report data (NEAP indicators) should be verified at the district level by provincial staff as data verification is must for quality campaigns.

7. I appreciate your leadership to this programme and sincerely hope our continued joint efforts till eradication of polio from the province.


(Ayesha Raza Farooq)

Chief Secretary,
Government of Balochistan,
Quetta.

Copy to the:

1. Secretary, Ministry of NHR&C, Islamabad.
2. Secretary Health, Government of Balochistan, Quetta.
3. Emergency Coordinator, Provincial Emergency Operations Centre, Quetta

Annex 2:

List of Participants in FGDs (Polio Staff of the UC)

S.No	Name	Gender	Designation	Organization
1	Bushra	F	Area Incharge	Govt.
2	Nadia	F	Area Incharge	Volunteer
3	Shazia	F	Area Incharge	Volunteer
4	Gul Nisa	F	Area Incharge	Govt.
5	Miss Hinah	F	UC Polio Worker	WHO
6	Miss Arfa	F	UCCO	INICEF
7	Ajab Khan	M	Social Mobiliser	UNICEF
8	M.Azam	M	Social Mobiliser	UNICEF
9	Nasurrullah	M	Social Mobiliser	UNICEF
10	SabarguL	M	Social Mobiliser	UNICEF
11	Sajda	F	Polio Worker	Volunteer
12	Tahira	F	Polio Worker	Volunteer
13	Laiba	F	Polio Worker	Volunteer
14	Gul Sima	F	Polio Worker	Volunteer
15	Sadia	F	Polio Worker	Govt.

Annex 3:

List of Interviewees (Officers)

S.No	Name	Gender	Designation	Organization
1	Dr.Sayfurrahman	M	Provincial Coordinator	ProvincialGovt
2	Mr.Abdullah Khan	M	Additional Secretary	Provincial Govt
3	Dr.Shahjahan	M	DHO	Provincial Govt
4	Dr.Aftaab Khan	M	Polio Officer	Federal Govt.
5	Dr. Samee. Tareen	M	Polio Officer	Federal Govt.
6		M	Provincial Head	WHO
7	Dr. Anwer Bugty	M	Area Coordinator	WHO
8	Mr. Shahpor Khan	M	Communication Officer	UNICEF
9	Mr. Khalid Kasi	M	Communication Officer	UNICEF
10	Abdul Bari	M	UCMO	Provincial Govt

Annex 4:

Map of Balochistan



Source: <http://www.radiotnn.com>



No. DS (Gen :) / Polio / 2014 / 26941-4
GOVERNMENT OF BALOCHISTAN
HEALTH DEPARTMENT

To

Dated Quetta the 12 Dec: 2014

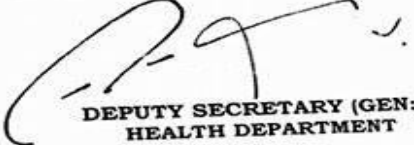
**The District Health Officer,
Quetta,**

Subject: **MONITORING OF POLIO ERADICATION CAMPAIGN.**

The Secretary, Agriculture and Cooperatives Department has conveyed the following observations / recommendations with regard to the Polio Eradication Campaign held in Quetta from 10th to 13th December 2014: -

- Overall arrangements were observed to be satisfactory.
- Control Room established in the office of Deputy Commissioner Quetta was functional.
- Though readiness reports were submitted, it appeared that UPECs had not done their job properly. Micro-plan were either not available in updated form or not being followed. Most of the team members and even area in-charges were volunteers and not trained properly. The teams were not recording refusals/NAs on the back of Taily Sheets properly as required.
- UCMOs Kuchlak A&B, despite intimation refused to accompany the undersigned for monitoring, stating that they finished their work before 01:00 PM on 3rd day of the campaign. The coverage in both the UCs appeared to be weak.
- Many LHWs were found missing from the campaign.
- Motivation level of the volunteers appeared to be down as they were not getting their remuneration on time.

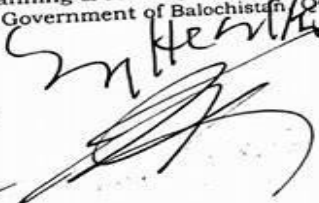
2. You are requested to furnish report/comments in the matter and also provide names and other detail of the LHWs, who were reported missing from the campaign.


**DEPUTY SECRETARY (GEN:)
HEALTH DEPARTMENT**

Copy forwarded to:

1. The Secretary, Agriculture & Cooperatives Department, GoB, Quetta.
2. The Additional Secretary (Staff) to the Chief Secretary, GoB, Quetta.
3. The Commissioner, Quetta Division at Quetta.
4. The Director General Health Services, Balochistan Quetta.
5. The Provincial Coordinator, Expanded Program on Immunization, Quetta.
6. The Provincial Coordinator, Family Planning & Primary Health Care, Quetta.
7. P.S to Secretary, Health Department, Government of Balochistan, Quetta.
8. Master file.

16
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Annex 6

TO BE PUBLISHED IN THE EXTRAORDINARY
ISSUE OF BALUCHISTAN GAZETTE

GOVERNMENT OF BALUCHISTAN
SERVICES AND GENERAL ADMINISTRATION
DEPARTMENT
(REGULATION-1)

Dated Quetta, the 26th January, 2015.

NOTIFICATION.

No.S.O(R-1)5(29)A/S&GAD-2015/123-45. On the recommendation of the National Emergency Action Plan, 2014 the following accountability mechanism is notified at the district level for Polio Eradication Initiative Activities in Quetta Block:-

A) If, repeatedly twice, failed, Lot Quality Assurance Sampling (LQAS) are reported in a district, the concerned DHO and Union Council Medical Officer (UCMO) will be suspended and transferred immediately (Immediate action will be taken by the Health Department. Post facto approval will be sought by the Department from the competent authority).

B) Strict action will be taken against the LHWs who do not report or participate in Polio Campaign, which may be termination from service and salary deduction (Action will be taken by Health Department).

C) As per recommendation of NEAP, 2014 the ADC (G) of Quetta Block will be designated as in charge District Polio Control Room. He will be exclusively responsible for PEI. If district fails in LQAS twice, action will be immediately taken against him by the S&GAD on the recommendation of Provincial Polio Control Room.

D) In case the district LQAS have failed twice in a district, the Deputy Commissioner concerned will be issued displeasure/warning letter by the Chief Secretary office and same would be recorded in the PER of the concerned officer as per recommended by the NEAP.

E) A committee to facilitate and support pre, during and post campaign comprising the following is constituted:-

1. Secretary, Government of Balochistan, Social Welfare, Special Education, Literacy, Non-Formal Education and Human Rights Department
2. Secretary, Government of Balochistan, Population Welfare Department
3. Secretary, Government of Balochistan, Religious Affairs and Inter-Faith Harmony Department

**CHIEF SECRETARY
BALUCHISTAN**


The Controller,
Printing and Stationery Department,
Balochistan, Quetta for publication
and provision of 20-copies of the Gazette.

No. _____ Even. _____ Dated. _____ Even. _____

A copy is forwarded for information to:-

1. The Principal Secretary to Governor Balochistan, Quetta.
2. The Principal Secretary to Chief Minister Balochistan, Quetta.

Page 01 of 02



3. All Members of the Committee
4. The Administrative Secretaries, Government of Balochistan, Secretary Social Welfare, Special Education, Literacy, Non-Formal Education and Human Rights Department, Population Welfare and Religious Affairs and Inter-Faith Harmony Department, Quetta.
5. The Additional Secretary (Staff) to Chief Secretary Balochistan.
6. The Director General Public Relations Balochistan, Quetta.
7. The Commissioner Quetta Division, Quetta.
8. The Deputy Commissioners Quetta, Pishin, Killa Abdullah, Chaghi and Nushki.
9. The Additional Secretary (Admn:) S&GAD Quetta.
10. The District Health Officer, Quetta, Pishin, Killa Abdullah, Chaghi and Nushki.
11. The Private Secretary to Secretary S&GAD, Quetta.
12. Master File.

