



SUPPLEMENTARY IMMUNIZATION ACTIVITIES IN A POLIO OUTBREAK

Training Manual For National/Regional Supervisors and Monitors

*Before the training ensure the missing data
for session II are available*



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The following materials are needed for this training:

- Flip chart with markers
- Monitors, vaccinators and supervisors training manuals
- Tally sheets House to House, fixed and transit teams
- Missed children sheets
- Question and Answers sheet
- Daily summary sheets
- Monitoring form for house visits
- Monitoring form for teams (for supervisors only)
- Writing book and pens/pencils

TRAINER'S INSTRUCTIONS

Before starting the session ensure that all participants are registered.

- Check that the participants attending the training are the ones on your list.
- Absent supervisors/monitors should be reported to the appropriate authorities, to ensure they, or their replacements, are trained.

Greet the participants and introduce yourself by mentioning in addition to your name and designation, your role in the outbreak response campaign.

How to use this manual

The supervisors/monitors training materials consists of:

- The National/Regional supervisors and monitors training module
- The "Supervisors training manual", which contains specific instructions for the supervisors.
- The "Vaccinators training manual", which contains the instructions for the vaccinators.
- The various forms used during the campaign

Exercises can be found throughout the documents.

The polio eradication initiative

I - 1 - Global update and country situation

The following points must be highlighted:

- Transmission of polio is restricted to only 2 continents – Asia and Africa.
- Most of the world including our neighbours like X, Y and Z, has eradicated polio.
- Polio transmission is now limited to the identified high-risk areas as
- The campaign for which this training is organized, is necessary following the occurrence of a case of wild polio in the country after having been absent for several years. The case occurred in(***name of province/district***)
- The detected polio case was infected by a virus that originated from.....
- This is a public health emergency for the country and a threat to the Global Polio Eradication Initiative. It requires a fast and high quality vaccination campaign of several rounds, targeting all children under the age of 5 years.

<p>☞ Trainer's instruction: Discuss in a simple way the problem of the reappearance of polio in the country.</p>


<p>☞ Trainer's instruction: Spend some time with the participants to discuss polio eradication, the ongoing epidemic and to answer questions.</p>
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General information

1 - 2 - What is polio

Polio is a paralytic disease that can not be cured. It is caused by a virus. It occurs mostly among children under 5.

There is a safe vaccine, called Oral Polio Vaccine (OPV), which can prevent the disease. Children have to be immunized at least 3 times or more to get protection. Because they are at the highest risk, polio campaigns target the age group of children under 5 years of age.

 **Trainer's instruction:**
ask if someone knows a case of polio and discuss the disease without becoming too technical.

1 - 3 - Why campaigns

There are 2 ways to vaccinate children: through the routine programme or through campaigns. Experience with polio eradication has shown that even good routine programmes do not vaccinate enough children to stop polio transmission. They can reduce the number of cases, but not eradicate the disease entirely.

To eradicate requires periodic campaigns, called National Immunization Days (NID). During these campaigns, which usually take place in 2 or more successive round of 3-5 days each, 1 month apart or less, all children under 5 get a dose of OPV.

There are a number of campaign strategies. Traditionally campaigns are done by establishing fixed vaccination sites throughout the country. The parents would then bring the eligible children to the site to get immunized.

This is an appropriate strategy to reach a large number of children, but a considerable number of children were still missed:

- parents who would not have time or do not want to go to the site;
- parents who have doubts about the usefulness of vaccination;
- children who would be travelling during the campaign;
- sick or sleeping children;
- children who would join their parents to their work in the field or elsewhere.

To make sure all these children could be immunized, a new strategy was developed called House to House (H-H) immunization, where the teams actually go to the children to immunize them within their household. Because the vaccine is oral and does not require special skill, it can be administered by anyone with a minimum training, without necessarily being qualified health staff.

In H-H teams will knock on every door, ask to see all children under 5, including sick or sleeping children and guests, immunize them and record missing children to be revisited. The team will mark all houses (see later on house marking).

When in the text below it says "House", strictly speaking it should be "Household". A compound consists of several households and each of them should be visited individually.

The majority of teams will be H-H teams, but teams will be added in Health Centres (fixed teams) and on taxi stands, markets, bus stations, etc. (transit teams).

☞ **Trainer's instruction:**
discuss H-H immunization with the participants to make sure they understand.

1 - 4 - Why monitoring

Monitoring allows to measure through a set of indicators the quality of the vaccination campaign.

An indicator gives a certain value to an aspect of the programme. If the indicators are well chosen they give an idea about the overall quality of the programme.

A useless indicator would be to measure the number of children with red shirts and hope to get an idea about the quality of the vaccination campaign.

A useful indicator would be to measure the number of houses correctly marked, because this says something about the quality of the work.

Monitoring is therefore a critical activity during campaigns

- it allows for an evaluation of the campaign by programme managers going beyond the anecdotal feedback of supervisors and observers;
- it allows to define weaknesses and bring corrective action there where it is needed, rather than doing this blindly.

The purpose of monitoring is not to produce scientifically and statistically scrutinized data. The purpose is not to create overall averages, but rather to find those weak areas that would be flattened out in the average.

Monitoring is therefore somewhat biased towards worst than average performing areas.

1 - 5 - What will be monitored

A number of indicators were chosen to monitor the quality of the upcoming rounds:

- The number of children immunized based on finger marking;
- The number of children without finger mark;
- The reason of non-vaccination for unmarked children;
- The sources through which the parents knew about the campaign;
- The number of houses correctly marked by the teams (see later);
- The quality of the work by the teams.

Monitoring

1 - 6 - In-process monitoring

In-process monitoring takes place after the first day of the campaign. Households are visited after the teams have completed an area.

During in-process monitoring it is especially important to focus houses with the mark indicating that it does not have to be revisited (see the chapter on house marking). The houses with marks indicating that children were missed should not be visited at that

point, because they might be revisited later by the team or supervisor to immunize the missed children.

The independent monitors will only monitor on basis of households visits. In addition to this, National and Governorate supervisors will also fill out monitoring sheets when they visit vaccination teams.

1 - 7 -Post-process monitoring

Post-process monitoring takes place by independent monitors only for 2 days after completion of the campaign.

Because the work is supposed to be completed, all houses can be visited, irrespective the house mark.

Post-process monitoring can take place in 2 ways:

- By visiting households and checking vaccination status and house marking;
- By checking children in markets and other public places for their vaccination status.

1 - 8 -Sample size and area selection

For in- and post-process monitoring monitors should visit per day at least 4 clusters of 7 households with children under 5, i.e. a minimum of 28 children depending on the number of children per household.

For street monitoring in markets, bus/train stations, etc., monitors should check the vaccination status of 50-100 randomly selected children.

Regional and national supervisors should combine the monitoring with the rest of their supervisory tasks during the campaign. They can visit 5-10 households in the area completed by the team the supervisor is visiting.

There are 2 ways to select the area to monitor:

- Regional and national supervisors can randomly select from risk areas and/or areas with badly performing teams, because they have more experience to define these areas;
- Independent monitors should select the area randomly.

Random selection of an area starting from the Governorates level:

- write a list with district names;
- give each district a number, 1, 2, 3, etc.;
- cut pieces of paper, put the district numbers on them and ask somebody else to pick one with the eyes closed;
- repeat this process at districts level for the selection of the sub district;
- repeat this process at sub district level for the selection of the HC;
- repeat this process at HC level to select the village, or settlement. At this level you can also decide to include temporary settlements or other areas that are often missed and visit a few houses there. Once you are on the road you can include isolated houses. Remember, the idea is not to be scientific, but to detect weaknesses;

Random selection of the first house to be visited:

- when you arrive in the village, go to what looks like the middle of the village. Take a branch or use your pencil and decide which end will be the pointer. Throw the branch/pencil in the air in such a way that it rotates in the horizontal plane and let it fall on the ground.;
- start visiting the first house roughly in the line of the pointer;
- repeat the exercise if there is no house at all roughly in line with the pointer;

- visit 7 successive households, including houses marked as empty or closed. During in-process monitoring houses with missing children should be excluded, but they should be included after the campaign;
- at street corners, throw your branch/pencil and chose where you will go. You can also decide to go always first right, then left and so on. This is still random selection, because you do not know the villages you are going to;
- if there are no more houses before you reached 20 households, go to the nearest visible village and complete the series of 20.

House marking


House to House immunization is most effective if the houses are marked by the vaccination teams. This facilitates their work and the work of the supervisor.

All household should be marked with white crayon. An attempt should be made to put the mark as visible as possible. If there is no wall, the mark may be on a tree or any other big object close to the entrance.

A house mark can consist of for example:

- a) A team number, serial number of the house and the date of visit.
- b) A **V** mark indicating that the house was visited, but children were missed for immunization. The house will be listed on the sheet for missed children and should be revisited.
- c) A **V** mark in a circle indicating that the house was visited, and all children were immunized, or there are no children. The house does not need to be revisited.
- d) An **L** mark indicating that a house was locked. The house will be listed on the sheet for missed children and should be revisited.
- e) An **L** mark in a circle indicating that the locked house was revisited and still locked. If children were found and immunized, the **L** should be changed into a **V**.

Houses where parents refuse to have their children immunized should be marked with a **V** without a circle and the reason should be given on the missed children sheet.

 **Trainer's instruction:**

- a) Before moving to the next topic every participant should fully understand house marking.
- b) Do some exercises with the participants, to check if they know when to use the different house marks.

Examples of house marking

T1 **V** H12
1/6

Team number 1 visited its 12th household on 1 June.
There are no children, or all children were immunized.

T6 **V** H25
1/6

Team number 6 visited its 25th household on 1 June.
Some children were missing. The house needs to be revisited
and is listed on the back of the tally sheet.

T6 **V** H25
1/6
2/6

Team number 6 revisited its 25th household on 2 June.
All children were vaccinated.

T2 **L** H27
30/5

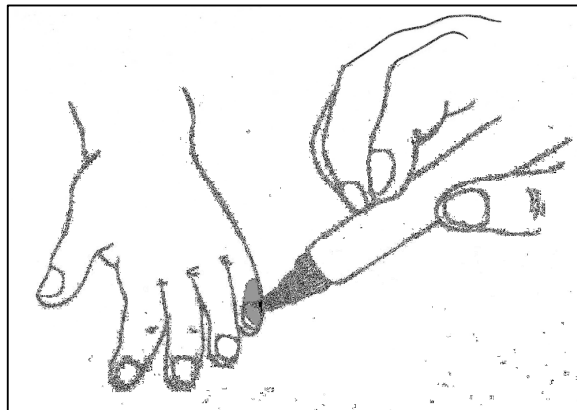
Team number 2 visited its 27th household on 30 May.
The house is locked. It should be listed on the back of the tally sheet and
revisited to check no children are missed.

T2 **L** H27
30/5
1/6

Team number 2 has revisited the previously locked house on 1 June.
The house is still locked, but does not need to be revisited.

Finger marking

Every child vaccinated by H-H, fixed or transit teams, should get a mark on the little finger of the left hand as in the drawing below.



The mark should cover part of the nail and the skin.

Finger marking hugely facilitates the work for the teams as well as the supervisor.

Inter personal communication


Experience has shown that parents are very sensitive to the behaviour of teams and monitors. If they are impolite and do not take the time to explain the purpose of their visit or answer questions from the parents, they could be met with hostility, leading to children not being immunized, or monitoring will be incomplete.

Remember: You are the guest in the household you are visiting and you should therefore behave as such.

Correct behaviour means that you:

- knock on the door normally, without giving the impression to be in a hurry
- introduce yourself to the parents. Remember that you are a guest to the household and should behave accordingly
- explain the purpose of your visit and ask permission to see all children under 5 in the household, including visitors
- ask politely if there may be any children missed, because they are playing, sleeping or sick
- ask if there are children absent due to traveling, shopping, accompanying parents to the field
- take time to answer questions about the epidemic and the safety of the vaccine
- encourage parents to take children to EPI and mentions the next round
- greet and thank the parents

The monitoring forms

 **Trainer's instruction:**
make sure everybody has the appropriate monitoring forms.


There are 2 types of monitoring forms:

- The form used by independent monitors as well as National and Governorate supervisors to monitor vaccination status during house visits. This form is explained below;
- The form used by National and Governorate supervisors only to monitor vaccination teams. This form is self explanatory and not explained here.

If you have doubts regarding the age of the child, there is a simple way to check it. If a child can not touch its right ear when stretching its left arm over the top of its head, it is most likely under 5. This is not an absolute rule. If the parents state the child is below 5, take their word for it. If they really do not know and the child can easily touch the ear, exclude it from the survey.

Only use this test in case of confusion, but do not waste time doing it with every child.

Children at the age of 5 and above should be excluded from the survey, even if they were immunized. Remember, the quality indicator refers to the number of children under 5 that were immunized.

 **Trainer's instruction:**
show how to check the age in the way described above.

Remember the unit for the house to house visits of the vaccination teams is the household. You should use the same unit, meaning that in a compound with multiple households, you do your survey in each one of them. On your monitoring sheet a compound with 5 households should cover 5 lines.

When the text says "Parents" it includes other care takers, like uncles, aunts, elder brothers and sisters.

On the monitor sheet you will have to fill out the following information (to be adapted according to the sheet used):

- The information on the top identifies you and the area you are monitoring;
- When you knock on the door, there are a number of options:
 - Option a : there is nobody in the house. Check with the neighbors. If the house is used, but the inhabitants are absent, go to the next house. If the house is permanently empty or locked, check the appropriate column referring to the house mark and go to the next house;
 - Option b : there are people in the house, but there are no children under 5. Ask only questions 1 and 4, check the house mark and go to the next house.;
 - Option c : the door is opened, but there is nobody at home who knows exactly what happened when the vaccination teams came. This is left to the judgment of the monitor. If people seem to know who was and was not immunized and they remember the date when the team came, take them for their word and start with question 1. If nobody seems to know anything, go to the next house;
- Question 1: ask if the house was visited by vaccination teams during the round. If the answer is 'No', you mark the 2 for 'No' and go to the next household
- Question 2: after asking to see all children under 5
 - 2 a: put the total number of children under 5
 - 2 b: check the fingers where the mark should be placed, and put the number of children with finger mark in the column. Be aware though, that teams sometimes put the mark on another finger. Marks at the wrong place still count as marked.
 - 2 c: put the number of children without a finger mark, but of who the parents insist they were immunized, in the column
 - 2 d: mark the number of children not vaccinated, according to the parents
- Question 3: if children were missed by the vaccination teams, ask the parents the reason why. Possible reasons are given beside the question. Because more than one child may have been missed and for different reasons, more than one answer can be given;
- Question 4: ask the parents from where they heard about the campaign. Multiple answers are possible (see the codes beside the question).
- Thanks the parents for their cooperation, advise them to bring their children for routine immunization, tell them about the next round and take time to answer their questions.
- Question 5: check if the house mark corresponds with the information you got inside and check the cell in the column;

For a survey done in the market or in the street you should address yourself to parents walking with children you estimate to be under 5:

- ask the parent if the children they are accompanying were vaccinated. After asking for their age, fill the columns as before. Ask only about the children you can actually see at that moment;
- check the finger marks and complete the columns
- ask about the source of information;
- thanks the parents for their cooperation.

☞ **Trainer's instruction:**

make sure the participants understand the different scenario. Present them with scenario and check they know what to do.

Questions and Answers

Parents are of course fully entitled to know why their children are being immunized, against what and at what risk. The teams must be able to answer these questions. You should memorize the following Questions and Answers.

☞ **Trainer's instruction:**

go through the questions and at the end randomly check if the participants can come up with the correct answers.

1. Question

Why do you come to my house to vaccinate my children, instead of me having to go to the HC

Answer

For polio campaigns we come to the households, because we want to immunize all children, including those that are sick, sleeping or absent. We make it easier for you.

2. Question

So will you also come to my house for the routine vaccination.

Answer

No, for routine vaccination you still have to come to the Health Centre.

3. Question

If you vaccinate my children now during the campaign, does that mean that they do not have to be immunized during routine vaccination in the HC?

Answer

No, the dose your children get during the campaign are supplementary doses. They are not recorded on the vaccination card and your child should still get the complete series of routine vaccination doses.

4. Question

My child was already fully immunized by the routine programme. Is that not enough?

Answer

No, every additional dose your child can get will give extra protection.

5. Question

Is there not a risk to give too many doses?

Answer

No, the vaccine is safe and the more doses the better the protection.

6. Question

Is the vaccine safe?

Answer

Yes, the vaccine complies with the highest quality standards set by WHO. It has been given to billions of children over the past 50 years. Thanks to this vaccine, polio was eradicated from 90% of the world's population.

7. Question

Is the current epidemic caused by the vaccine?

Answer

No, the vaccine is safe. The epidemic started in January and the campaign took place in April. It was caused by polio virus that came from Sudan. With your help and a few good campaigns Yemen can again be free of polio.

8. Question

Are there side effects from the vaccine?

Answer

No, there are no side effects. Experience shows that if children develop diseases or symptoms after vaccination, it is a mere coincidence. They would have developed these diseases anyway, with or without vaccination.

9. Question

Why is vaccination so important?

Answer

Once someone has polio, it can not be cured. Several doses of polio vaccine can prevent a child from getting polio. In addition the WHO has launched in 1988 a global polio eradication programme. Most countries in the world are now free from polio. That is why your cooperation is extra important, for your country and for the world.