



# AFRIN POLIO CAMPAIGN

8-13.Sep.2018



SYRIA  
IMMUNIZATION  
GROUP

# AFRIN POLIO CAMPAIGN



SYRIA  
IMMUNIZATION  
GROUP



ASSISTANCE  
COORDINATION  
UNIT

## Acknowledgments

Many thanks are due to the field staff who worked at grassroots level and managed to deliver the vaccine to almost all children; despite all the challenges and risks that were encountered and successfully overcome. The efforts they have made are really appreciated.

Thanks are also due to World Health Organization, UNICEF, QRC and other organizations for their contribution to the technical, social mobilization and the logistics support of the campaign.

Sincere thanks are extended to Hatay health directorate for effective coordination and their provision of extreme support to make the campaign a success.

Due appreciation and thanks are finally extended to all of those who worked behind the scene, including the individuals, associations and other bodies who contributed significantly to the success of the campaign.

*On behalf of Syrian children  
"Future Builders" thank you all*



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## **ACRONYMS**

<b>ACU</b>	<b>Assistance Coordination Unit</b>
<b>AFEI</b>	<b>Adverse Events Flowing Immunization</b>
<b>AFP</b>	<b>Acute Flaccid Paralysis</b>
<b>bOPV</b>	<b>Bi-valent Oral Polio Vaccine</b>
<b>C4D</b>	<b>Communication for Development</b>
<b>DLO</b>	<b>District Level Officer</b>
<b>EWARN</b>	<b>Early Warning and Response Network</b>
<b>ICE</b>	<b>Information, Communication, and Education.</b>
<b>IDPs</b>	<b>Internally Displaced Persons</b>
<b>INGO</b>	<b>International Non-Governmental Organization</b>
<b>MSF</b>	<b>Medicines' sans Frontiers</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>OCHA</b>	<b>Office for the Coordination of Humanitarian Affairs</b>
<b>OPV</b>	<b>Oral Polio Vaccine</b>
<b>PCM</b>	<b>Post Campaign monitoring</b>
<b>QRC</b>	<b>Qatar Red Crescent</b>
<b>SIG</b>	<b>Syrian Immunization Group</b>
<b>TOT</b>	<b>Training of Trainers</b>
<b>TPM</b>	<b>Third Party Monitor</b>
<b>TSC</b>	<b>Team support center</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>WHO</b>	<b>World Health Organization</b>



## EXECUTIVE SUMMARY

This campaign is the first campaign to be conducted in Afrin since 2 years; during these two years the population structure and distribution in Afrin has seen many changes.

Before campaign implementation, there was minimal information about population number and/or distribution.

The campaign was planned to cover Afrin district in Aleppo gov. targeting 35,300 children in (0- 5 years) age group in 6 TSCs, using bOPV adopting house- to - house strategy. 76 teams, 24 team supervisors were involved in this campaign with 6 central SIG supervisors in the field, and the same number of Turkish supervisors.

The campaign was launched on the 08th of Sep. 2018 and continued for 6 days with one day catch-up in (Afrin and Basuta TSCs) followed by 2 days Post Campaign Monitoring (PCM).

The teams reached 310 communities and Vaccinated 38,145 Children.

Administrative coverage (108 %), PCM (post campaign monitoring) (86.1 %).

● **310**  
communities

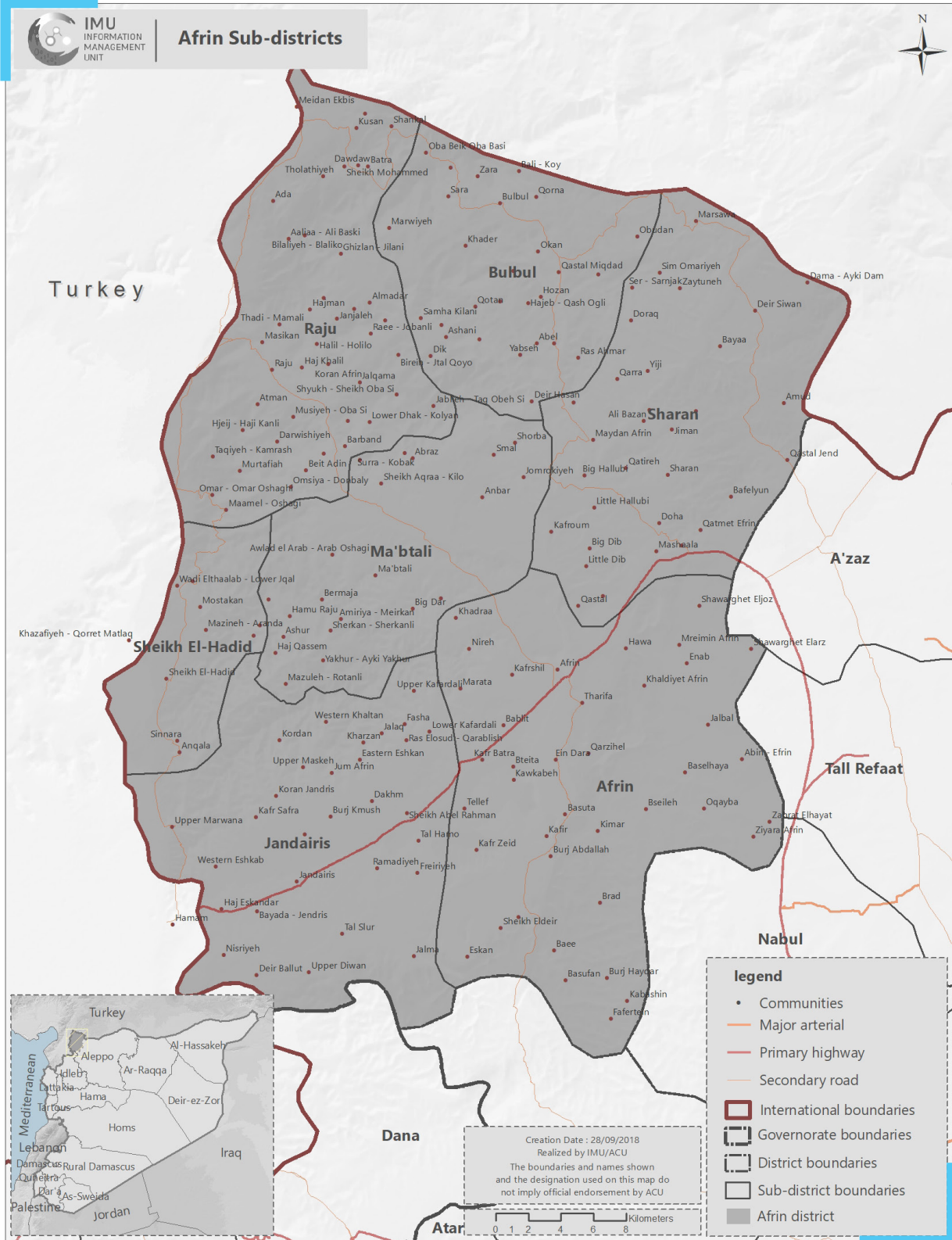
● **38,145**  
Vaccinated Children

● **108%**  
Administrative  
Coverage

● **86.1%**  
PCM Coverage



**Table 01:** Afrin MAP



## PARTNERS AND COORDINATION

One of the most important effective reasons for the completion and success of the work was the great coordination between all partners at the central level and in the field:

- **WHO:** Provided full technical support and led the communication and coordination process between all partners.
- **Hatay Health Directorate:** the campaign is -for the first time conducted in full collaboration with Turkish Health Authority in Hatay this coordination was the result of several meetings between SIG, WHO, UNICEF, and Hatay health directorate. The Turkish Health Authorities extended their full support especially regarding the security approvals to facilitate the campaign staff movements and supporting supervision.
- **UNICEF:** Provided vaccines, supplies and supported C4D and social mobilization activities.
- **SIG technical committee:** planned, trained the staff at all levels in addition to supportive supervision and follow-up before and during the campaign implementation.
- **QRC:** which played the role of an independent monitoring party.
- **NGOs:** that have contributed to the work especially MSF which have provided a part of the cold chain.
- **Local councils:** that assisted in the staff selection and provided facilities for teams in the field.
- **ACU:** which provided financial support for the operational cost of the campaign.





## INTRODUCTION

Since the beginning of the crisis in 2011, Syria has witnessed significant challenges in the humanitarian and security situation across the country. The infrastructure was subject to vast destruction, especially for the health facilities coupled with loss of many health care providers.

The health needs of people in Northern Syria are intensifying, particularly the immunization services that has been greatly affected and increased the vulnerability of children to vaccine preventable outbreaks of vaccine preventable diseases.

In view of the absence of vaccination activities over a long period of time, SIG and partners have developed a promising plan for both supplementary immunization activities as well as re-establishment of routine immunization program.

Both routine immunization and supplementary immunization plans depend largely on accessibility. Aleppo governorate has been partially accessible to immunization activities since the start of the conflict. Aleppo has eight districts, Afrin is a district with 7 sub-districts that have been inaccessible since the last two years. The district has experienced a wide displacement movement since the beginning of the crisis where information about the population size, distribution and other demographic characteristics was scanty and represented a challenge during microplanning and implementation.

SIG, WHO, UNICEF and partners have seized the opportunity of accessibility in Afrin and started planning and implementing the anti-polio campaign and faced all the challenges and managed to deliver the vaccine to most of the children and all these activities were conducted in full coordination and collaboration with Turkish health authorities. The campaign coverage was very high while post monitoring indicated good coverage, however not as high as the administrative coverage. Many lessons were learned from this experience that will certainly help in improving the quality in sub-sequent campaigns.

## DEFINITIONS

- **Targeted children:** the expected number of children aged 0–59 months, existing in the areas where the campaign implementation takes place.
- **Vaccinated children:** The number of children aged 0-59 months who were vaccinated during the campaign and catch up activities.
- **Coverage percentage:** the percentage of vaccinated children out of the targeted children.
- **Team achievement:** the average number of the children vaccinated by each team per day, compared to projected target.

## PLANNING

Planning for the campaign began soon after making coordination with the Turkish health authorities and reaching agreement on the general plan to be followed.

The planning stage was very challenging; because this campaign is considered the kind of such an activity after two years of inaccessibility to the subject area, in addition to the lack of information about the changes that had taken place as to the demographics of Afrin district.

The basic information (population - geography – resources) was collected based on all available sources (OCHA – NGOs – local councils – Hatay health Directorate - data from last polio campaign).

SIG technical committee began to hold daily meetings with partners to discuss the situation on the ground and studied all the challenges and obstacles with a view to develop a comprehensive dynamic plan.

### The plan is completed through the following steps:

- Determine targeted children and catchment areas.
- Prepare campaign guideline, training materials, registers, forms...
- Prepare all required plans: macro-plan, logistic and vaccine management, human resources and training, C4D and communication, micro-plans...

### Macro -plan

Based on WHO guidelines a cumulative Macro-plan was set from field micro-plans for calculation and allocation of resources including target population size, required logistics, vaccine and supplies, transportation, technical and human resources.

Dis- trict	Target	Man Power				Cold Chain					Transportation			Register	
		District room	TSC room	Field Supervisor	Team	Refrigerator	Cold box	Vaccine carrier	Ice pack	Finger marker	District	TSC	Team	Supervisor	Team
Afrin	U5 years														
	35,300	1	6	24	76	7	15	130	800	200	2	12	24	37	76

### Human resources

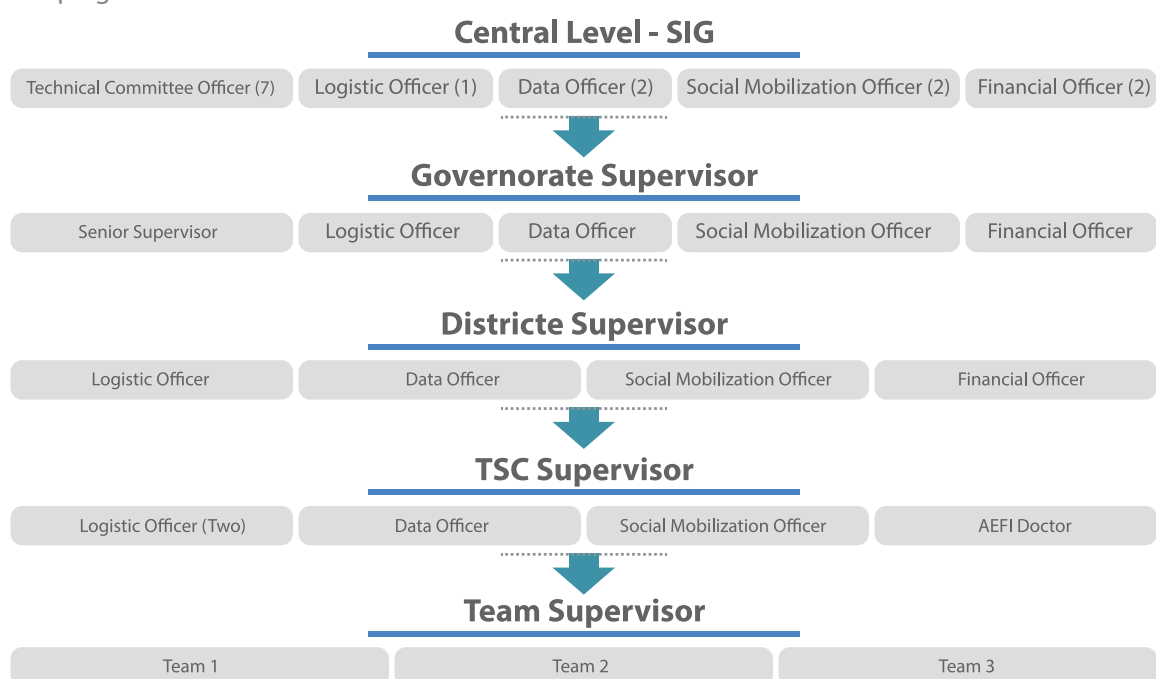
- Across the board, the staff members involved in the campaign were selected to cover all levels according to the criteria set by the SIG.
- A total number 211 person (152 vaccinators) participated in the campaign, distributed into one district and six (Team supporting center) TSCs.
- 76 teams, each team composed of two persons: vaccinator and recorder with 24 team supervisors, every three teams monitored by a team's supervisor.
- Average daily achievement 80 chi/day (17% daily coverage) and this is because of the exceptional situation of the campaign.
- The presence of a female in most vaccination teams was considered during planning to get a greater achievement in the campaign where 44% of vaccinators were of female. (Structure below).

District	Supervisor		logistics officer	Data Entry officer	Social mobilizer	Finance officer	Team Supervisor	Teams
	District	Center						
Afrin	1	6	13	7	7	1	24	76

## Human resources by TSC

TSC	# Vaccinators	# Male	# Female
Afrin	40	25	15
Basuta	18	10	8
Bulbul	30	17	13
Jandairis	28	13	15
Ma'batli	18	7	11
Raju	18	11	7
<b>TOTAL</b>	<b>152</b>	<b>83</b>	<b>69</b>

Campaign Structure:



## Training

Trainings conducted on two main levels:

- **TOT inside Syria:** the training will target members of district and TSCs rooms conducted by SIG supervisors 10 days before the campaign.
- **Service Providers training:** for teams and team supervisors conducted by SIG and TSCs supervisor in each TSC in the week before the campaign.
  - The SIG's central supervisors were attended all trainings sessions (Supervisor in each TSC).
  - The training was conducted according to the training guidelines under supervision TPM supervisors.
  - All trainees were given a training certificate.

## Training schedule

Type of Training	# Total trainee	#Male	#Female	# Session
District & TSCs Supervisors	35	35	0	2
Teams & Team Supervises	176	99	77	6
<b>TOTAL</b>	<b>211</b>	<b>134</b>	<b>77</b>	<b>8</b>

## Micro plan

**Micro plans were prepared with bottom – up approach (from team to district level) and this micro plan included:**

- Map and list of communities with estimated target children.
- Human resources: number of teams, supervisors, social mobilizer, logisticians, data technicians.
- List showing teams and daily target area to be covered.
- List of high risk and hard to reach area and population, IDPs camps.
- Prepare Talley sheets and registers at all levels (Team, team supervisor, district and TSCs supervisors) to be available in Arabic and Turkish languages.

SIG technical committee has compiled revised and updated micro-plans.

These revisions took place in consultation with the peripheral level according to field situation.

The plan and map were drawn up at each team level and available on the team register, taking into consideration the border-areas between teams, team supervisors and TSCs to ensure that all communities included in the plan.





## C4D and Social Mobilization plan

- 1- Agreement on key messages and design of IEC materials.
- 2- Select and train social mobilizers at all levels according to criteria.
- 3- Internal coordination through advocacy meetings with all local authorities at each TSC level with different community groups (Mosque preachers and imams, Famous People, Local councils ..... ) to facilitate the implementation.
- 4- Meetings with NGOs and INGOs especially who are working in immunization activities to participate it in stimulate community awareness about importance of vaccination.
- 5- Communicate with all media channels and using social media (Facebook, WhatsApp, telegram.....) to raise awareness and importance of vaccination through activities directed to public people.
- 6- A special plan was put in place to contain and deal with any rumors or misunderstanding about the vaccine.
- 7- Printed and distributed IEC materials according to the plan (Table below).
- 8- Implemented all activities at all levels (Table below).

IEC Material Quantities & Distribution					
TSC	Banners	Posters	Flayers	Bread Cards	Stickers
Afrin	55	208	2,000	15,000	75
Basuta	48	150	2,000	10,000	75
Bulbul & Sharan	55	167	2,000	11,000	75
Jandairis	54	160	2,000	11,000	75
Raju	48	155	2,000	8,000	75
Ma'batli & Sheikh El-Hadid	50	160	2,000	10,000	75
<b>Total</b>	<b>310</b>	<b>1,000</b>	<b>12,000</b>	<b>65,000</b>	<b>450</b>

Social Mobilization Activities Implemented				
DISTRICT&TSC	# Advocacy Meeting Sessions	# Internet Providers	# Bakeries	# Cars with Speaker
Afrin District	1	0	0	1
Afrin	1	1	1	1
Basuta	1	1	1	1
Bulbul & Sharan	1	1	1	1
Jandairis	1	1	1	1
Raju	1	1	1	1
Ma'batli & Sheikh El-Hadid	1	1	1	1
<b>Total</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>7</b>

During the implementation of the campaign, there were many challenges and obstacles in social mobilization, which had a clear impact on the results, especially in Afrin and Basuta TSCs, (indicated under the Difficulties and Management section).

## Logistic Plan

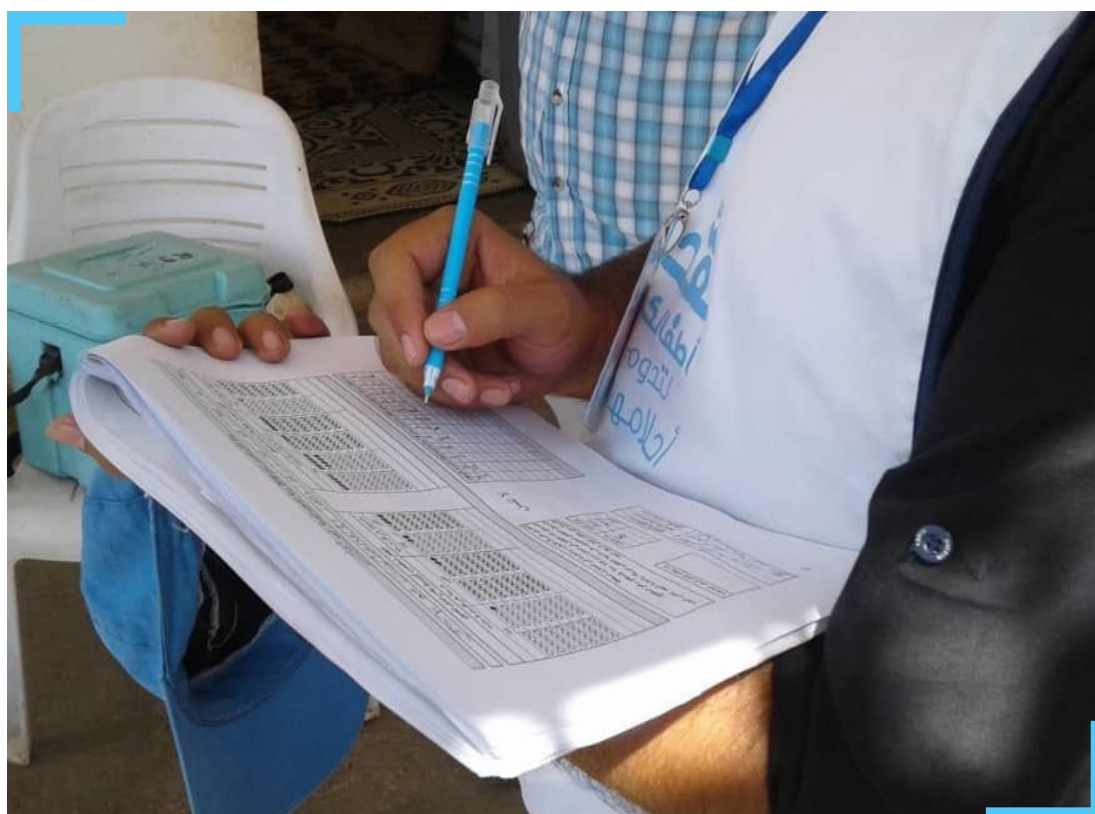
**before the campaign cold chain assessment conducting at all levels (Central - District – TSCs) in terms of capacity and efficiency, a plan was prepared for:**

- Taking over, distribution and monitoring of vaccines and supplies at all levels.
- Preparing required logistic forms to document all activities.
- Monitoring the temperature and taking inventory of the vaccine on daily basis before, during and after the implementation of campaign.
- Developed a comprehensive contingency plan to dealing with the situations that may occur during implementation of the cold chain campaign at any levels or in security situations.
- Management and disposal the vaccines and resulting wastes.

## Data flow and management plan

**All paper records (Tally Sheets) required for data entry were prepared during the planning.**

- Each team and supervisor will have its own register during the campaign days to record the data on daily basis.
- At the end of each day, the teams' supervisor receives the records from his teams and then collects the data in his record after checking the accuracy and completeness of all information.
- The TSC supervisor receives the records of its team supervisors and delivers them to the TSC data entry officer, which electronically inserts data into appropriate templates.
- The TSC data entry sends the data electronically to district data entry officer and then to governorate data entry officer.
- The governorate data entry sends the data to the data management team at the central level (SIG) after reviewing and cleaning.



### At central level:

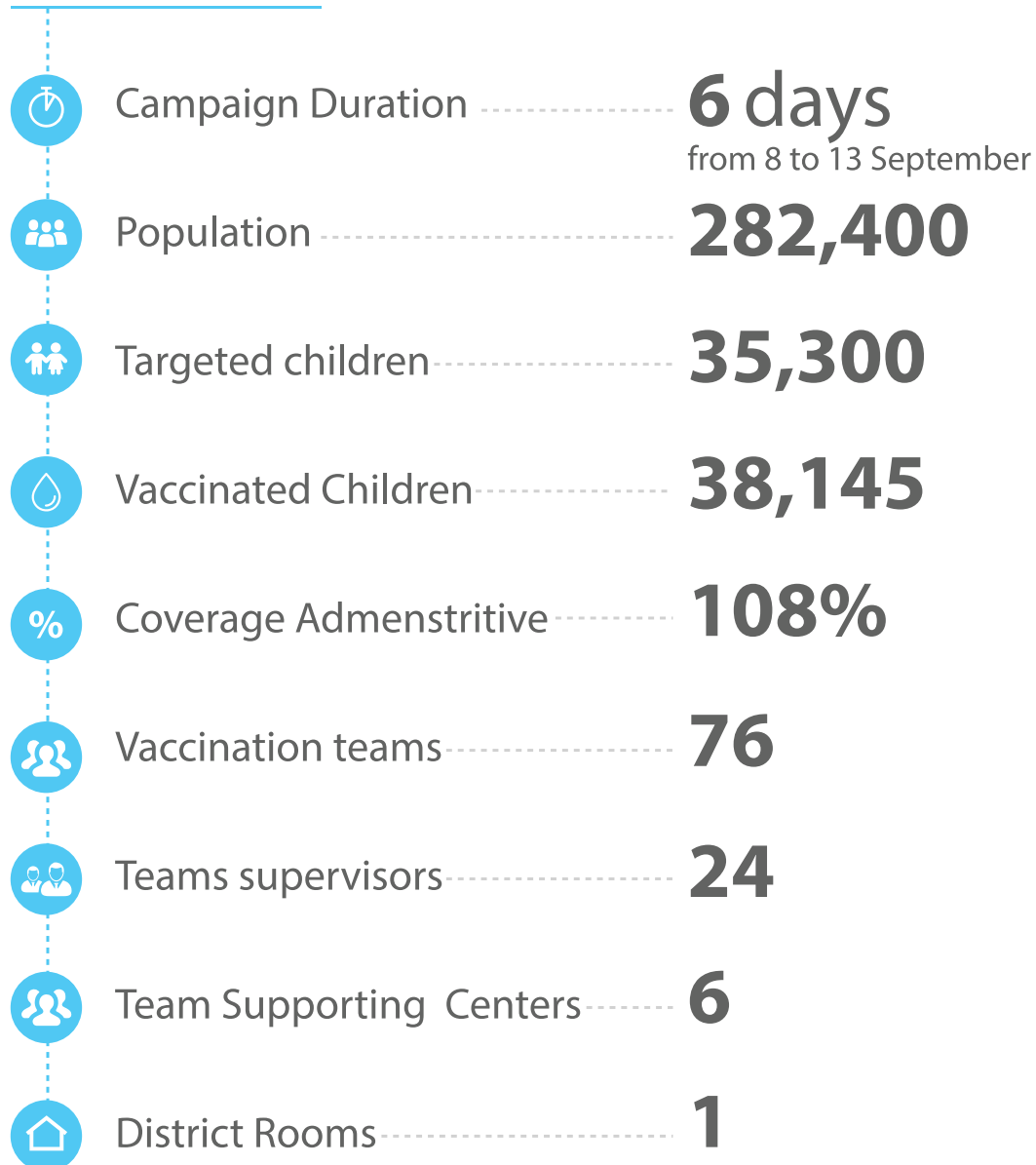
The data team receives all data items and presents it to SIG technical committee on a daily basis through:

- Reviewing data from the vaccination team.
- Reviewing supervision results.

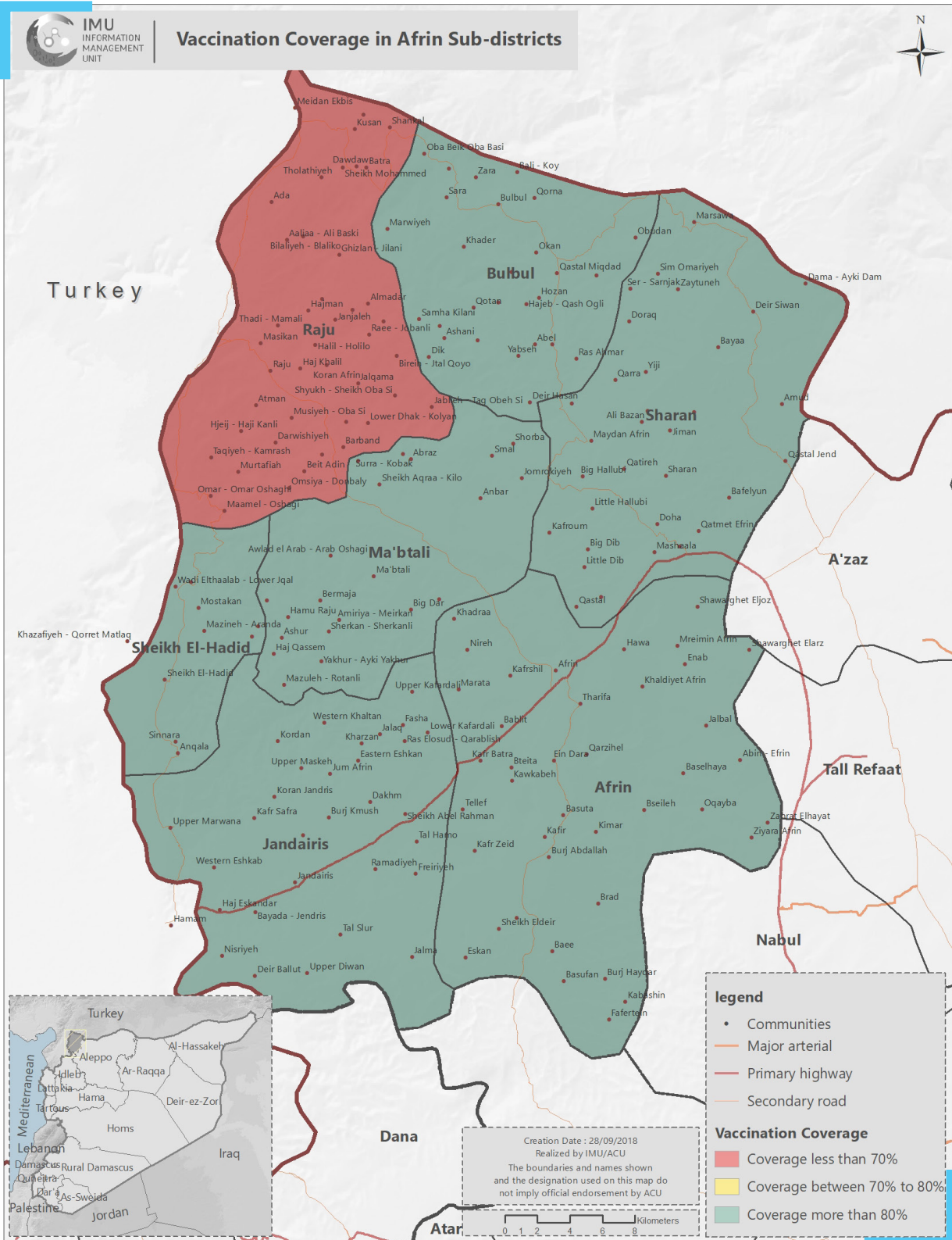
SIG technical committee with WHO & UNICEF experts analyzes and interpret all items in parallel with SIG supervisors in Afrin TSCs then feedback is provided to the vaccination team in the field for corrective action.

## IMPLEMENTATION

### General Review



**Table 01:** Vaccination Coverage in Afrin Sub-districts





## Total Results

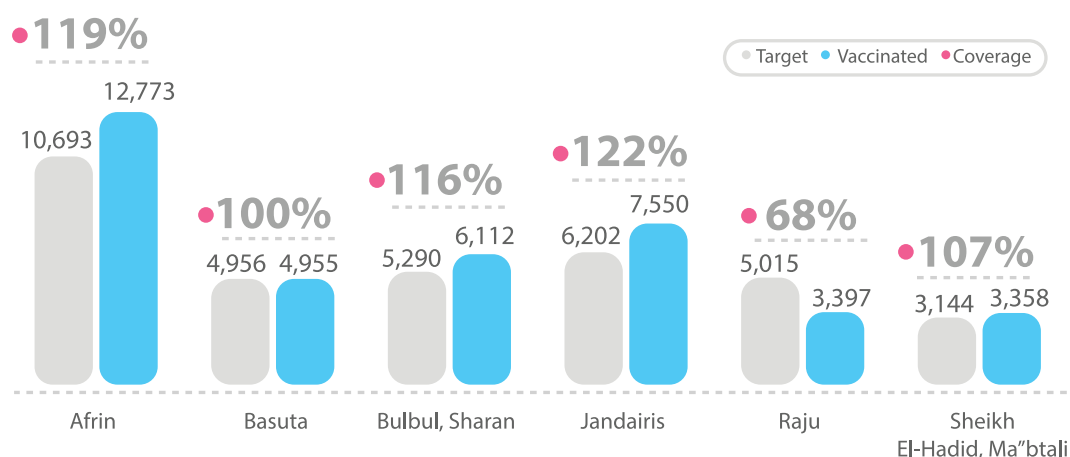
### Total Coverage by District Level



### Total Coverage by TSC's Level

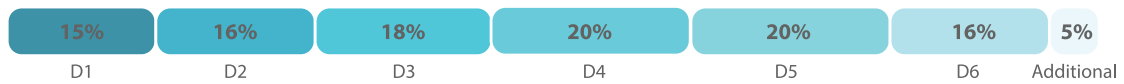
TSC	Target	Vaccinated	Coverage
Afrin	10,693	12,773	119%
Basuta	4,956	4,955	100%
Bulbul, Sharan	5,290	6,112	116%
Jandairis	6,202	7,550	122%
Raju	5,015	3,397	68%
Sheikh El-Hadid, Ma'btali	3,144	3,358	107%

### Total Coverage by TSC's Level



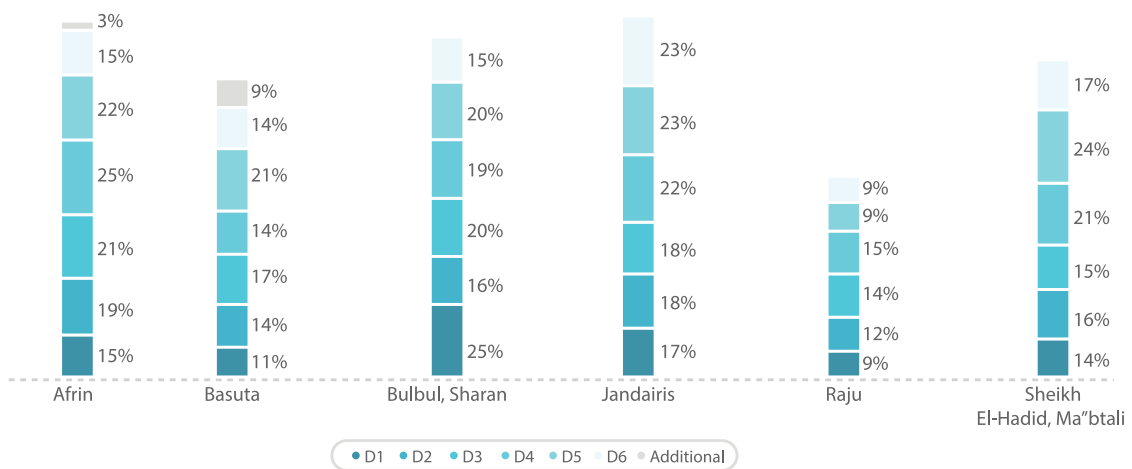
In Raju TSC the administrative coverage was 68% but this does not reflect the real coverage in this area because geographical coverage was close to 100%, and this was evident through Intra and PCM clusters (95%) conducted by TPM and This shows that there was an error in the target's estimating during planning the campaign.

### Daily Coverage by District Level



### Daily Coverage by TSC's Level

TSC's	D1	D2	D3	D4	D5	D6	Additional
Afrin	15%	19%	21%	25%	22%	15%	3%
Basuta	11%	14%	17%	14%	21%	14%	9%
Bulbul, Sharan	25%	16%	20%	19%	20%	15%	
Jandairis	17%	18%	18%	22%	23%	23%	
Raju	9%	12%	14%	15%	9%	9%	
Sheikh El-Hadid, Ma'btali	14%	16%	15%	21%	24%	17%	



An additional one-day extension was needed in Afrin and Basuta TSCs with (3% - 9% coverage) respectively.

This was because the geographical coverage was not achieved in those areas where many uncovered and poorly covered intra-campaign clusters were detected by independent monitoring supervisors, with lowest coverage than other TSCs (63.1 in Afrin – 74.3 in Basuta).

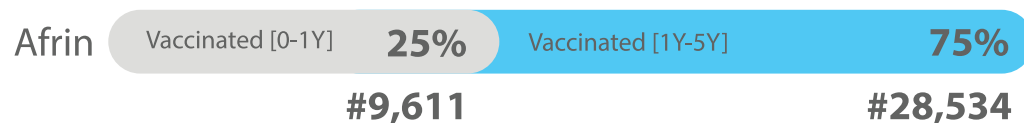
In addition to this, the problem was clear starting from the third day through coverage evaluation by SIG central supervisors especially in Afrin center.

Many reasons can be attributed this, the first obstacle was the spread of many checkpoints so, and this led to the difficulty in the teams' movements. Added to that many communities were close to the conflict lines (in Basuta center). The second challenge was related to team performance; as many of the teams did not have accurate map on registers, especially in the first two days of campaign. Another reason was the loss of some missed areas in border-area between the centers because of poor coordination between TSCs.

We Note that in general daily coverage at district as a whole and TSCs level is close to the planned average (17% per day in 6 days duration) and there are some fluctuations in some centers, especially of Afrin TSCs where we note that the coverage began to rise from the third day this is because Afrin city has the largest target (about a third of the campaign target) thus teams daily achievement increased with near the city center where the population density is greater.

- In Raju TSC the daily coverage was less than average during all days although the highest geographical and administrative coverage was achieved in this area. This is because wrong estimation of target and very hard area.
- In Jandairis TSC the team in forth day discovered some camps were not included in plan therefore the coverage increased in the last two days of the campaign.

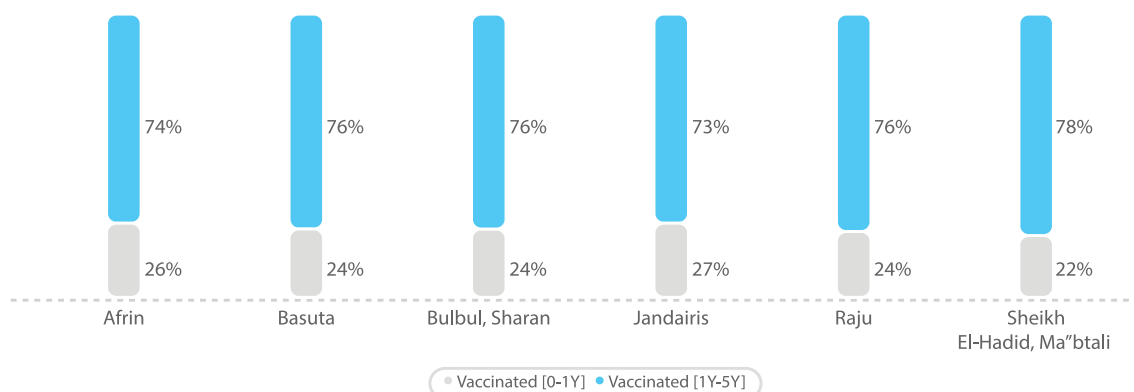
### Total Vaccinated According to Age Group by District Level



### Total Vaccinated According to Age Group by TSC's Level

TSC	Vaccinated [0-1Y]	Vaccinated [1-5Y]
Afrin	3,376	9,397
Basuta	1,210	3,745
Bulbul, Sharan	1,462	4,650
Jandairis	2,003	5,547
Raju	814	2,583
Sheikh El-Hadid, Ma'btali	746	2,612
<b>Total</b>	<b>9,611</b>	<b>28,534</b>

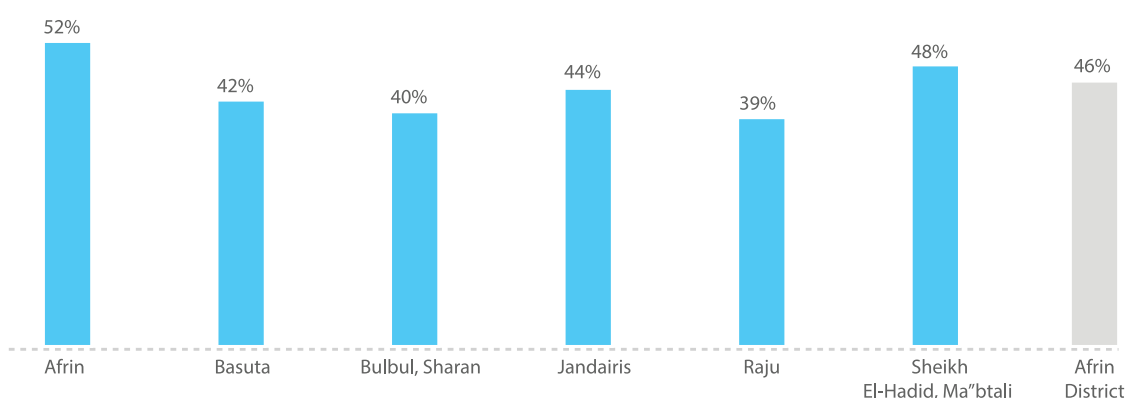
### Vaccinated Ratio According to Age Group by TSC's Level



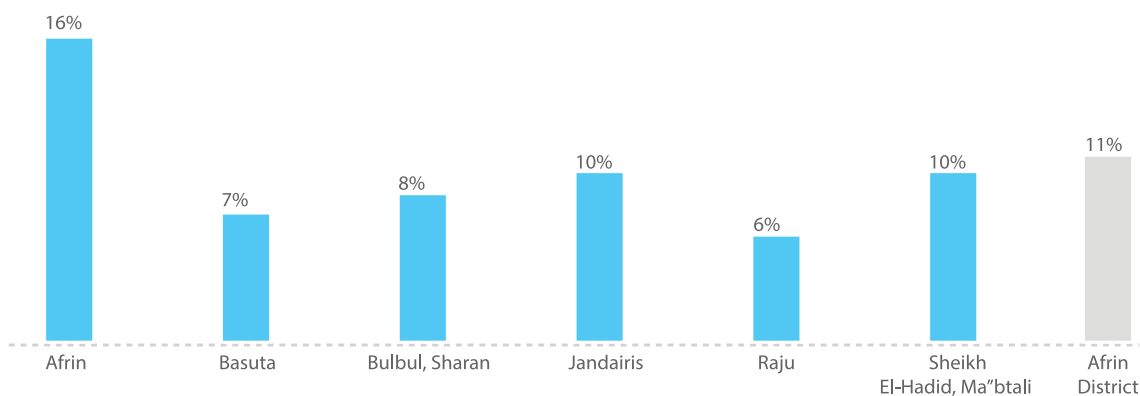
### First Dose by District and TSC's Level

TSC	FD [0-1Y]	FD [1Y-5Y]	Vaccinated [0-1Y]	Vaccinated [1-5Y]
Afrin	1,765	1,497	3,376	9,397
Basuta	510	278	1,210	3,745
Bulbul, Sharan	587	389	1,462	4,650
Jandairis	873	579	2,003	5,547
Raju	314	162	814	2,583
Sheikh El-Hadid, Ma'btali	359	255	746	2,612
<b>Afrin District</b>	<b>4,408</b>	<b>3,160</b>	<b>9,611</b>	<b>28,534</b>

### First Dose Ratio by District and TSC's, (0-1Y)



### First Dose Ratio by District and TSC's, (1-5Y)

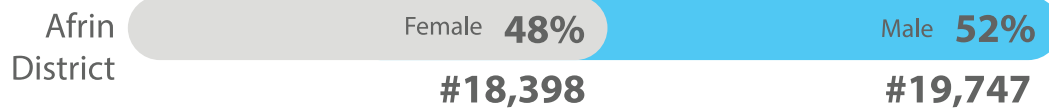


In general, we note that the percentage of children vaccinated for the first time in the age group less than a year (46%) is almost half of the number of vaccinated children and this is normal proportion because no campaign has been carried out in this area since long time.

In Afrin TSC the percentage of children with first dose in the two age groups (less than 1 year and 1 – 5 years) was the highest (52 % - 16 % Respectively), and this is because the highest proportion of IDPs who did not receive any dose of vaccine for years ago like (Rural Damascus, Damascus, Dar'a, Homs and Eastern governorates...) Settled in Afrin city.



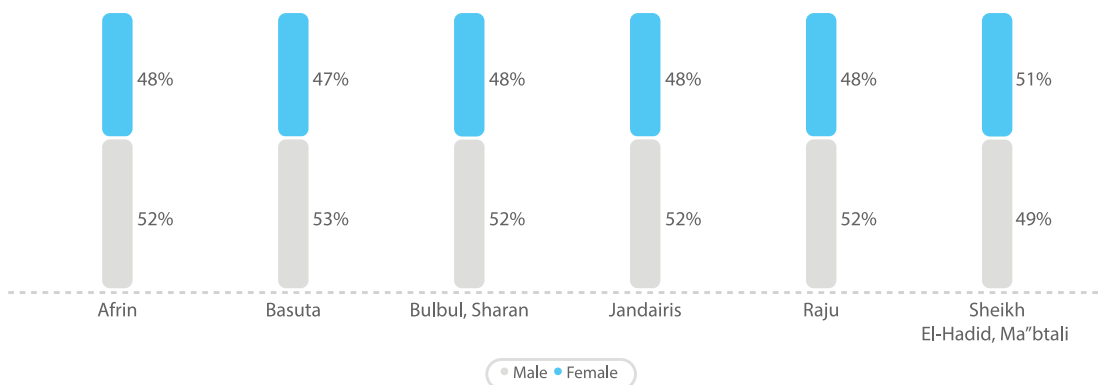
### Vaccinated children Male and Female by District level



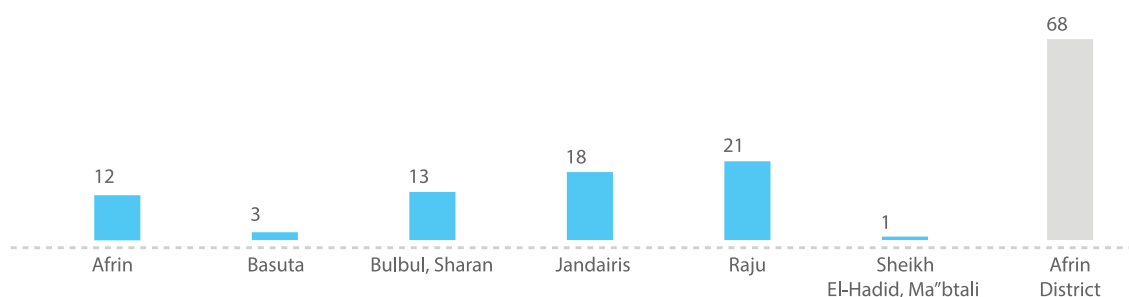
### Vaccinated children according to gender by district TSCs level

TSC	Vaccinated [Male]	Vaccinated [Female]
Afrin	6,602	6,171
Basuta	2,613	2,342
Bulbul, Sharan	3,168	2,944
Jandairis	3,937	3,613
Raju	1,769	1,628
Ma'batli & Sheikh El-Hadid	1,658	1,700

### Vaccinated ratio according by gender at TSC's level



## AFP (Suspected Cases)

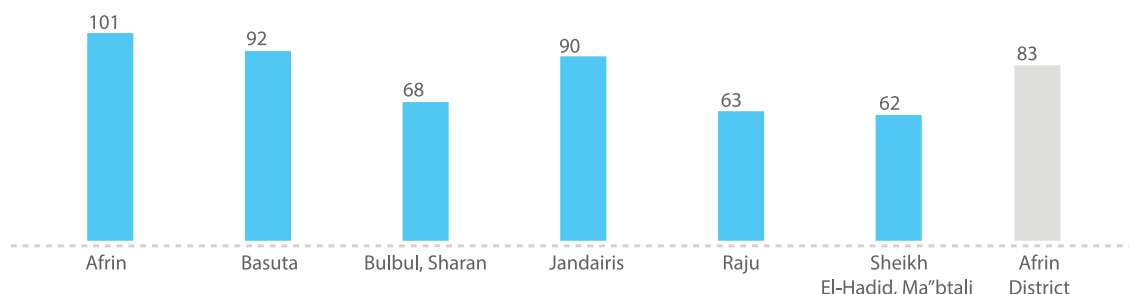


House-to-house strategy is a valuable opportunity to ask about AFP (acute flaccid paralysis) and it is particularly important in Afrin district which is considered a black box because of its long-term inaccessibility and also because about 50% of the population are IDPs from areas where vaccination activities have not been implemented for years, such as Rural Damascus, Damascus, Dar'a, Homs and dangerous epidemiology areas like Deir al-Zor and Raqqah governorates. Therefore, priority was given to AFP during the training.

All teams were trained to ask about paralysis under the age of 15 years, and all cases were recorded in the registers according to families' understanding, whether they were flaccid paralysis or not in order not to exclude or neglect any cases by the teams.

All cases were recorded in a line list and the surveillance officer (DLO) in the field was notified for investigation and follow-up in coordination with the central level in the EWARN program and SIG/WHO.

## Average Achievement of Teams



In general, the team average achievement at district level (83 chi/day) is close to the planned 80 chi/day. About Raju and Ma'btali TSCs, the reasons for low achievement (63 – 62 respectively) were explained earlier (in daily coverage); in addition to that, in Ma'btali, most of the communities are scattered and have small targets.

While the opposite picture was in Afrin TSC, the team achievement (101) is higher than the average because the target was underestimated and because of the population density in the city.

### In Bulbul TSC, many reasons can be attributed to the substandard team achievement:

- Poor performance of the teams' members and the teams' supervisors.
- A large displacement wave took place in the Sharan and Bulbul regions after the campaign had already started.
- Many children were left unvaccinated; because of refusals cases or the team could not reach out.

## Missed Children

Governorate	District	TSC	Target	Missed Children	Retrieved	Percentage of retrieved from missed children	Still Missed	Percentage of still missed from target	Reasons of Unvaccinated		
									Absent	Refused	Other
Aleppo	Afrin	Afrin	10,693	175	84	48%	91	0.9 %	41	42	8
		Basuta	4,956	256	94	37%	162	3.2 %	114	40	8
		Bulbul, Sharan	5,290	114	29	25%	85	1.3 %	70	14	1
		Jandairis	6,202	330	137	42%	193	3 %	189	3	1
		Raju	5,015	200	64	32%	136	2.7 %	136	0	0
		Sheikh El-Hadid, Ma'btali	3,144	112	45	40%	67	2 %	64	3	0
<b>Total</b>			<b>35,300</b>	<b>1,187</b>	<b>453</b>	<b>38%</b>	<b>734</b>	<b>2 %</b>	<b>614</b>	<b>102</b>	<b>18</b>

Although most of the teams were from locals and had good knowledge of the, areas especially in the villages and small gatherings and were making a great effort to return to retrieve children by the end of the day, one of the most important challenges in the campaign was to catch up the missed children because of many difficulties, but most important thing the lack of house marking and quality maps.

Thus, the number (1,187) is not fully representative of the actual number of missed children in the campaign.

In general, we note that in all centers the percentage of missed covered was low and less than expected.

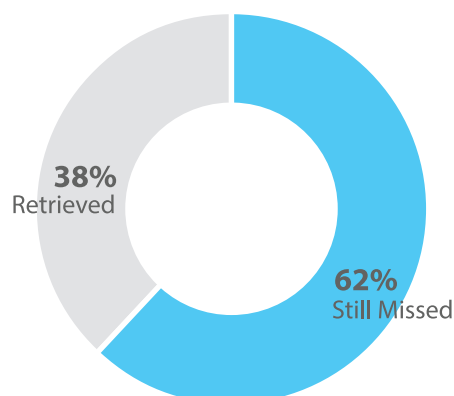
At district level the percentage of missed children is about 3.5% (1,178) of total target, 38% (453) of 1178 (1.5% of total target) who are covered and 2% (734) who are still missed because two main reason not available N.A and refusal (614 – 102 respectively).



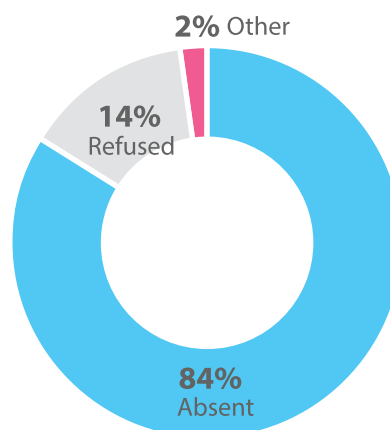
At TSC level in four centers Bulbul, Jandairis, Raju and Ma'btali the largest percentage of un-vaccinated of children was due to absence after second visited by teams and in this case, we can only be addressed during the planning for next campaigns.

In Afrin and Basuta centers We note that the refusal rates are high, especially in Afrin 42 children (46%) Of 91 still missed, 40 children in Basuta where most IDPs came to and they refused to vaccinate their children because of lack of trust and language barriers.

**Total Percentage of still missed children and covered missed retrieved**



**Reasons behind the still missed children**



### Vaccination in transient points

The implementation of the campaign coincided with the intensification of threats to carry out a military operation in Idlib, resulting in population movements towards Afrin as a security stable zone. Therefore, vaccination teams had to be activated at the crossing points to vaccinate all IDPs, where two vaccination points were established and worked for twelve days during and after the campaign and vaccinated 1241 children:

The first team in Ghazawiyet to vaccinate the children entering from (Daret Azza) Aleppo Gov. to Basuta in Afrin, they vaccinated 472 children.

The second in Deir Ballut to vaccinate the children coming from (Atma) Idlib Gov. to Jandairis in Afrin, they vaccinated 769 children.

Note: The number of vaccinated children was added to the corresponding center in Basuta and Jandairis to be considered in the next campaigns. Therefore, the Total vaccinated number is 39,386 (38,145 plus 1,241)

Date	8 Sep	9 Sep	10 Sep	11 Sep	12 Sep	13 Sep	14 Sep	15 Sep	16 Sep	17 Sep	18 Sep	19 Sep	Total
Ghazawiyet	89	81	52	31	42	40	47	30	25	35	-	-	472
Deir Ballut	-	186	-	109	114	57	60	49	78	-	66	50	769
<b>Total</b>	<b>89</b>	<b>267</b>	<b>52</b>	<b>140</b>	<b>156</b>	<b>97</b>	<b>107</b>	<b>79</b>	<b>103</b>	<b>35</b>	<b>66</b>	<b>50</b>	<b>1,241</b>



## SUPERVISION AND MONITORING

Effective supervision and monitoring are of utmost importance for conducting a high-quality campaign. There were two types of monitoring:



### Internal monitoring:

Through supervisors working in the campaign (SIG, district, TSCs and team supervisors). One of the features of the campaign was the presence of enough number of supervisors in each center, which made it easier to daily follow-up the work of all teams in the field especially Team's performance from the first day of the campaign

### At central level:

Daily follow-up was done through:

- 1- SIG technical committee conducts daily evening meeting with partners, reviewing the progress of the campaign to recommend the needed actions to be taken based on the daily field feedback and TPM observations.
- 2- SIG technical committee formed WhatsApp rooms for following up, the members of central level, TSCs; district and governorate supervisors to facilitate the direct contact between the central technical committee and TSCs and central supervisors.
- 3- During evening meetings daily reports are received from all TSCs with some videos and photos from daily evening meetings on TSCs level.
- 4- The attendees conducted separated teleconferences with SIG central supervisor to discuss the progress of the campaign, and to learn more about the challenges and way forward.



## Independent Monitoring

Qatar Red Crescent (QRC) was contracted for independent monitoring activities, the methodology of monitoring and tools were developed by WHO.

The monitoring was carried out in three phases: pre, intra and post campaign by assessing preparedness, quality of performance and coverage percentage.

Independent monitoring would reflect the credibility and reliability of achieved work and improves campaign quality through:

- Transferring important notes to the vaccination team to take appropriate action when necessary.
- Evaluation coverage of vaccination to identify poorly covered and non-covered areas for corrective action
- Evaluate the quality of corrective actions taken during the campaign.



### Pre-Campaign (TPM)

#### Training quality indicators

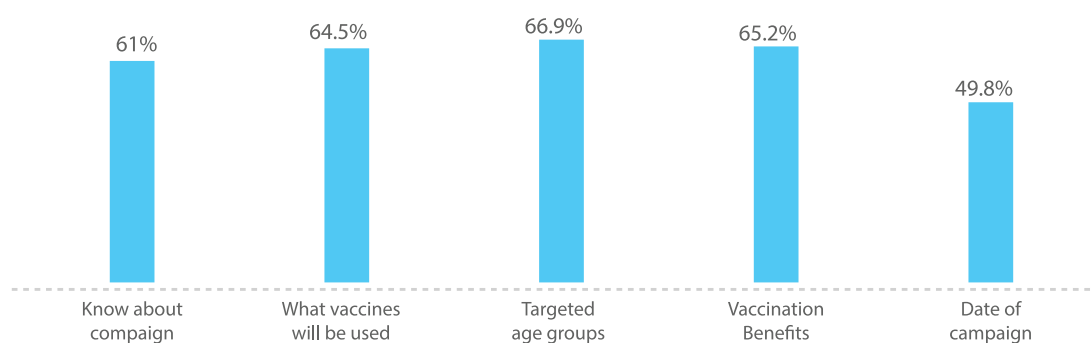
Governorate	Total No. of TSCs/ Districts	Training done on schedule	The names of the trainees were registered	No. of the trainees are less than 30	Questions after the lesson were discussed	There is stationery	There is practical training	Role play
Aleppo	7	7	7	4	7	5	7	7
		100.0%	100.0%	57.1%	100.0%	71.4%	100.0%	100.0%



All Training indicators were very good except trainee's number in Afrin, Bulbul and Jandairis TSCs which was more than 30 trainees in each session because of training of extra teams to deal with any suspected team's unavailability during the campaign.

### Social Mobilization Indicators

Pre-Social Mobilization (TPM)						
Governorate	Target	Know about the campaign	Which vaccines will be used	Targeted Age Groups	Vaccination Benefits	Date of Campaign
Aleppo	480	293	189	196	191	146
		61%	65%	67%	65%	50%



### Campaign preparation indicators

Fridge or Cold Box Allocated for the vaccine	There is enough storage capacity in the fridge Or Cold Box	List of team Support centers	Teams have their Micro plan	Gov /TSCs Target Defined by Com. Pop	List of special communities and their targets	List of teams' members, Supervisors, logistics, etc.	List of Supervisors for each Level with their supervision plans
6	6	6	6	6	6	6	6
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Vaccination tools delivered & distributed as packet	Social mobilization supplies received and distributed according to the plan	The vaccine is valid (VVM & validation date)	Enough ice boxes-Vaccine carriers-etc.	OPV and drop-pers delivered by targets	All Teams Trained by Plan (Documented)	Are these answers taken from the supervisor when you met him	#TSC
6	6	6	6	6	6	5	6
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	-

## Intra Campaign (TPM)

### Converge

#### Intra Campaign Result By district level

Finger making

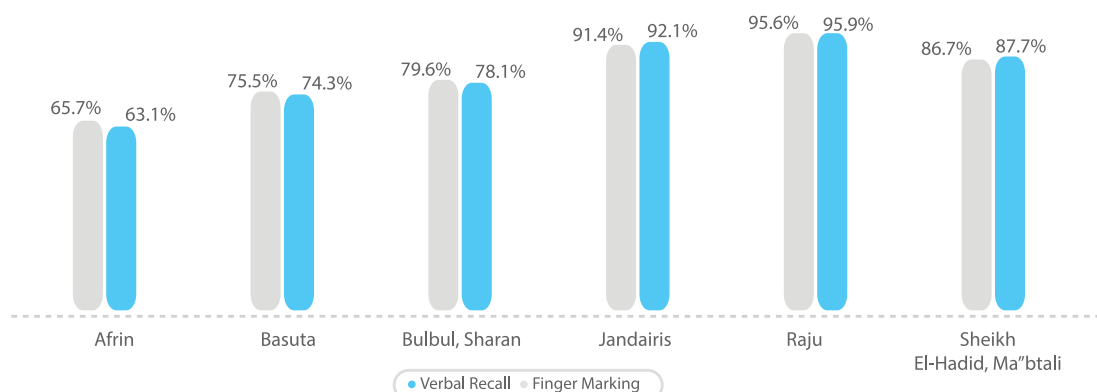
**79.2%**

Verbal Recall

**80%**

#### Intra Campaign Result By TSCs level

TSC	Verbal Recall	Finger marking
Afrin	65.7%	63.1%
Basuta	75.5%	74.3%
Bulbul & Sharan	79.6%	78.1%
Jandairis	91.4%	92.1%
Raju	95.6%	95.9%
Ma'btali & Sheikh El-Hadid	86.7%	87.7%



#### Team Performance

District	Date	Number of Team Visited	Total Observation	Percentage of correct Obs.
Afrin	08-Sep-18	31	775	84.3%
	09-Sep-18	13	325	79.1%
	10-Sep-18	16	400	84.3%
	11-Sep-18	16	400	82.8%
	12-Sep-18	16	400	87.0%
	13-Sep-18	16	400	88.3%
<b>Total</b>		<b>108</b>	<b>2,700</b>	<b>84.4%</b>



## Post Campaign

### Converge

Afrin district

Finger making

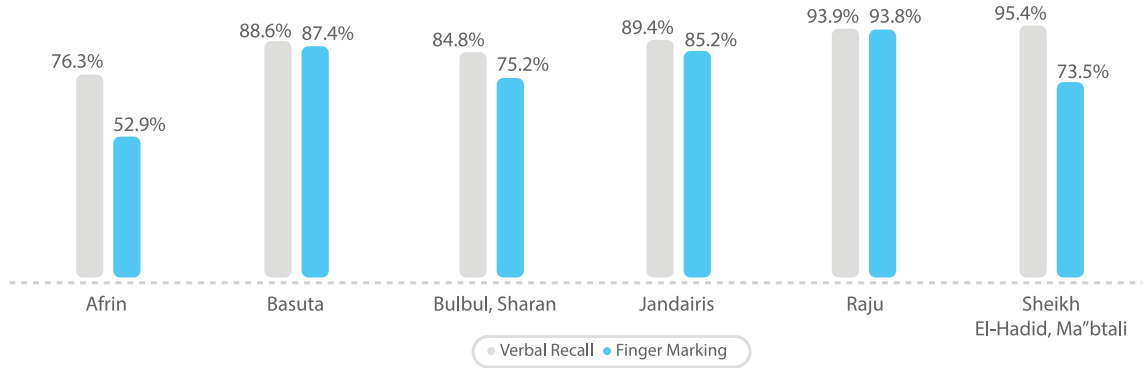
74.7%

Verbal Recall

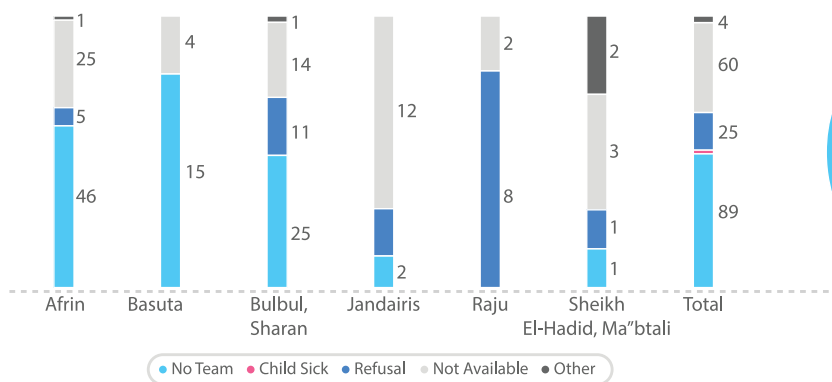
86.1%

### Post Campaign Results by TSCs

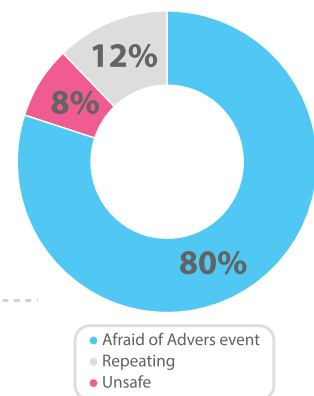
TSC	Verbal Recall	Finger marking
Afrin	76.3%	52.9%
Basuta	88.6%	87.4%
Bulbul & Sharan	84.8%	75.2%
Jandairis	89.8%	85.2%
Raju	93.9%	93.8%
Ma'btali & Sheikh El-Hadid	95.4%	73.5%



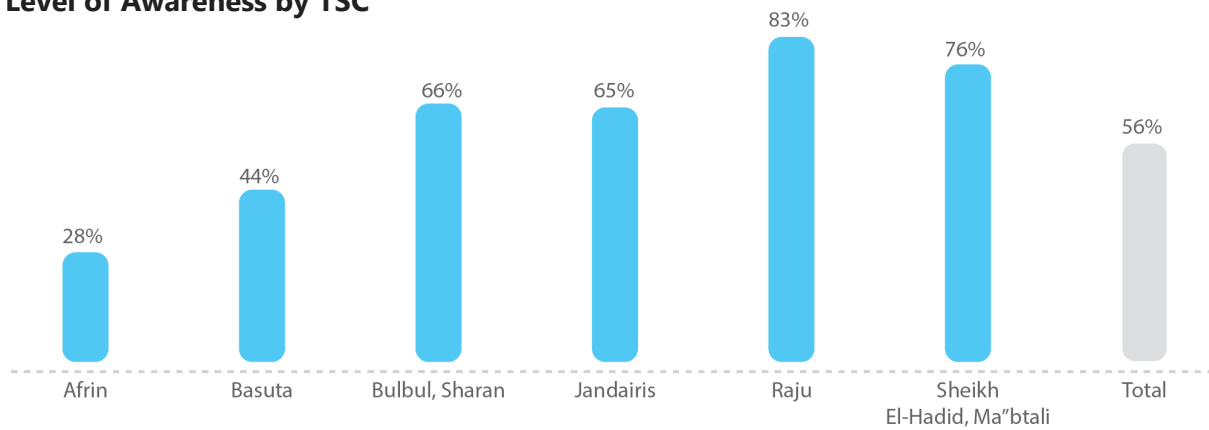
### Reasons for Missed Children %



### Reasons for Refusals



## Social Mobilization Level of Awareness by TSC



## CHALLENGES AND MANAGEMENT

### Target population

One of the most important challenges is the absence of a realistic target at the beginning of planning because there is no knowledge of the demographic and geographical situation in the region. Therefore, based on the available sources (OCHA – NGOs –.....) in building a macro plan then the target and micro plan were placed during the preparing and training on the ground. Where the target was estimated at 35,300 and the teams vaccinated 38145 (108 % coverage percentage) children under 5 years.

### Geodemographic obstacles

The complex situation of the demographics, where the IDPs constitute about 50 % of population, coming from different places (northern rural Homs - rural Damascus –eastern governorates - Idlib .....) in addition to the difference of language between residents and IDPs, but this issue has been overcome by forming teams from all components to reach all communities.

Difficult terrain mountain nature of most sub districts in Afrin; where there is a lot of small-scattered gathering, which is very demanding and involve extra efforts by the teams. Accordingly, the plans for some teams had to be changed, and the use special means of transportation, like motorcycles for quick and easy access had to be resorted to.

### The staff

Due to the military situation that has been exposed to Afrin area as well as the last campaign was carried out about two years ago. There were not many experienced teams and about 90 % of staff in this campaign working for the first time. But this has been managed through good training preparation through close supervision and follow up with three supervisors in each TSC led by a central SIG supervisor.

No house marking caused problems with supervisors in following and find the team by supervisors, also more difficult to find missed children.

### Social mobilization

Social mobilization activities in the region in general was weak for many reasons:

- Started only 4 days before the campaign
- There were no coordination sessions with physicians and health workers, so they did not know about the campaign.
- Few numbers of mosques had a role in social mobilization activities in Afrin city.
- The differences in population composition were not considered during social mobilizer's selection.

### The security situation

The spread of many barriers (Checkpoints) in all TSCs region which caused difficulties in the team's movement and they need to take long time to finish the daily work. However, the supervisors often managed to handle that through communicating and coordinating with the responsible local authorities.

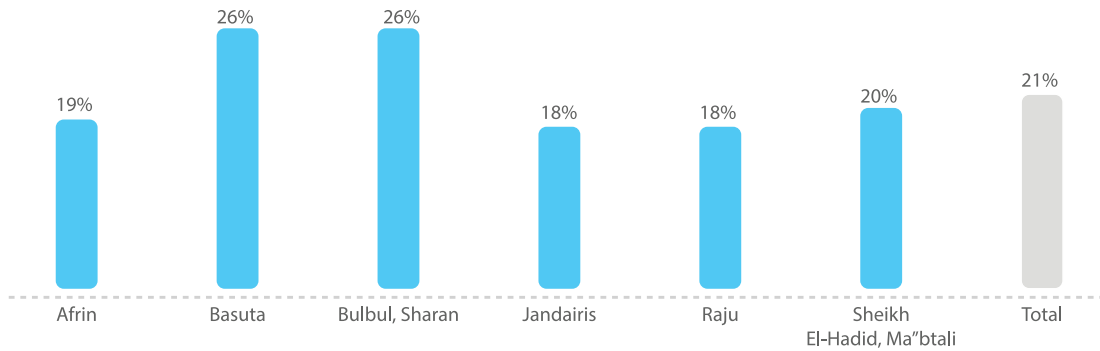
The presence of some communities near the conflict lines, especially in the Basuta TSC, where there are some villages in contact with regime control areas in addition to the presence of some gatherings are not safe because of landmines or remnants of explosives.

The teams dealt with this situation by calling the target population to present themselves at a safe place and the apply the vaccination to their children. At the same time, the team charged someone of the locals, or requested the authorities to charge somebody, to act as a road guide during the team's movement.

### Logistic

Vaccine waste rates were high (about 30%) especially in Bulbul and Basuta TSCs in the beginning and this was due to the poor quality of the droppers where it is very hard, but the waste rate decreased from the third day by training teams on how to deal with it.

### Wastage %



Some of the finger markers were poor because some of the old pens were distributed and this has led to decrease in finger marking coverage rate in some TSCs Therefore, the use of these pens was stopped and destroyed, and new pens were distributed to teams.

There was no house marking for due to lack of approval and that was very difficult for supervisors to follow the teams and takes a long time to find them so this situation forcing supervisors to make additional big efforts to track the teams in the field.





## POINTS OF STRENGTH

- Great coordination and collaboration with the Turkish health authorities represented by Hatay Health Directorate
- Teams were able to reach hard-to-reach areas and communities close to conflict lines. Follow many strategies to overcome circumstances that led to low coverage in some areas.
- Supportive supervision in the field by most supervisors at all levels.
- Respond quickly and effectively to independent monitoring observations on daily basis and take appropriate corrective actions.
- Continuous daily communication by SIG at central level with SIG supervisors in all TSCs to discuss and interpret all findings and results.
- The teams took advantage of the campaign strategy to counting the number of children under the age of 15 years in all the visited houses to take advantage of them in planning to future activities where the teams totaled 80,632 children U 15 y.
- Special emphasis was given to Acute Flaccid Paralysis (AFP) case search by the teams. Eighty-six (68) cases were reported from all teams working in the campaign. This findings were shared with responsible DLO in the field and EWARN program in central level for feedback.
- One of the important things that contributed to the success of the campaign was that the teams were selected from both local community people together with the (IDPs) which made it possible to have access to all communities



## RECOMMENDATIONS

- Giving more time for training (a theoretical day and a practical day adding plans and maps).
- The number of teams will be in proportion to vaccinated children in each TSCs, considering the geographical nature of the area.
- The Afrin TSC will be divided into two TSCs to facilitate the work and so there will be seven TSCs in next campaigns.
- Distributing the teams' supervisors to their teams during training to know each other before the campaign.
- Taking into consideration the language, population distribution and geographical nature in Afrin communities when choosing the teams.
- Before the campaign, there must be Communication with the local authorities on the ground to obtain the necessary facilities.
- Social mobilization activities must begin 10 days before the campaign and the social mobilizers must be strictly selected to deliver the message to all components and to manage any refusals.
- Analyze social mobilization results for this campaign to overcome weaknesses and benefit from data in planning for next campaigns.
- Provide some supplies like Scissors because of the difficulty in opening the vaccine vials and good quality finger marks.
- To expedite the reactivation of the routine immunization program in Afrin district to ensure sustainable delivery of services to all beneficiaries.

## CONCLUSION

Finally, we thank God that the campaign was implemented in all stages as planned and without any big problems or obstacles. Credits for the successful delivery of this noble mission are awarded, the great effort made by all staff members working inside Syria and on top of all, is of course, all partners.

# AFRIN POLIO CAMPAIGN



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SYRIA  
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