



POLIO CAMPAIGN

TELL ABIAD & RAS AL AIN

Second Round 24-29 Jan 2021



SYRIA
IMMUNIZATION
GROUP

POLIO CAMPAIGN TELL ABIAD AND RAS AL AIN



SYRIA
IMMUNIZATION
GROUP



ASSISTANCE
COORDINATION
UNIT

Appreciation and Thanks

Many thanks are due to the field staff who worked at grass roots level and managed to deliver the vaccine to almost all children despite all challenges and risks that were mitigated successfully.

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

Finally thanks go to all who worked behind the scene including 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

WHO	World Health Organization
SIG	Syrian Immunization Group
ACU	Assistance Coordination Unit
QRC	Qatar Red Crescent
NGO	Non-Governmental Organization
INGO	International Non-Governmental Organization
GPEI	Global Polio Eradication Initiative
EWARN	Early Warning Alert and Response Network
PCM	Post Campaign monitoring
TPM	Third Partner Monitor
H-t-H	House to House
TSC	Team support center
TOT	Training of Trainers
AFP	Acute Flaccid Paralysis
DLO	District Level Officer
AFEI	Adverse Events Following Immunization
C4D	Communication for Development
OPV	Oral Polio Vaccine
bOPV	Bi-valent Oral Polio Vaccine

EXECUTIVE SUMMARY

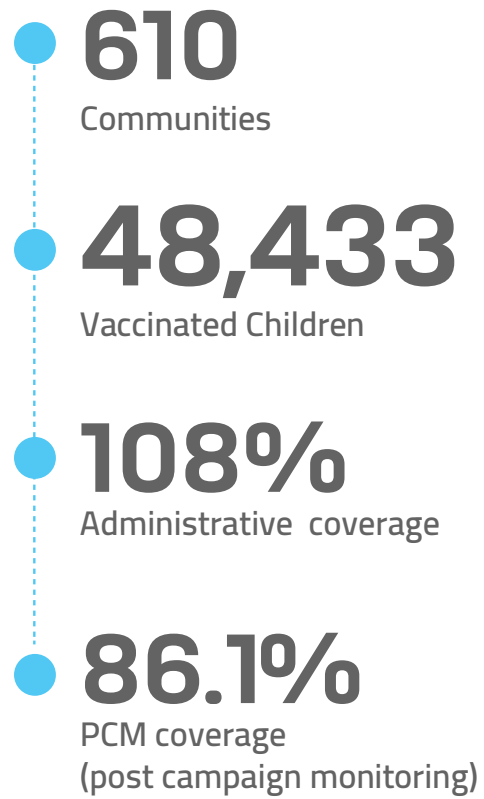
This round was planned to cover the same catchment areas that covered in the first round in Tal abyd and Ras alyn districts.

Targeting **45,257** children in (0- 5 years) age group in 5 TSCs, using bOPV adopting house- to – house strategy. 100 teams, 30 team supervisors were involved in this campaign with 5 central SIG supervisors in the field.

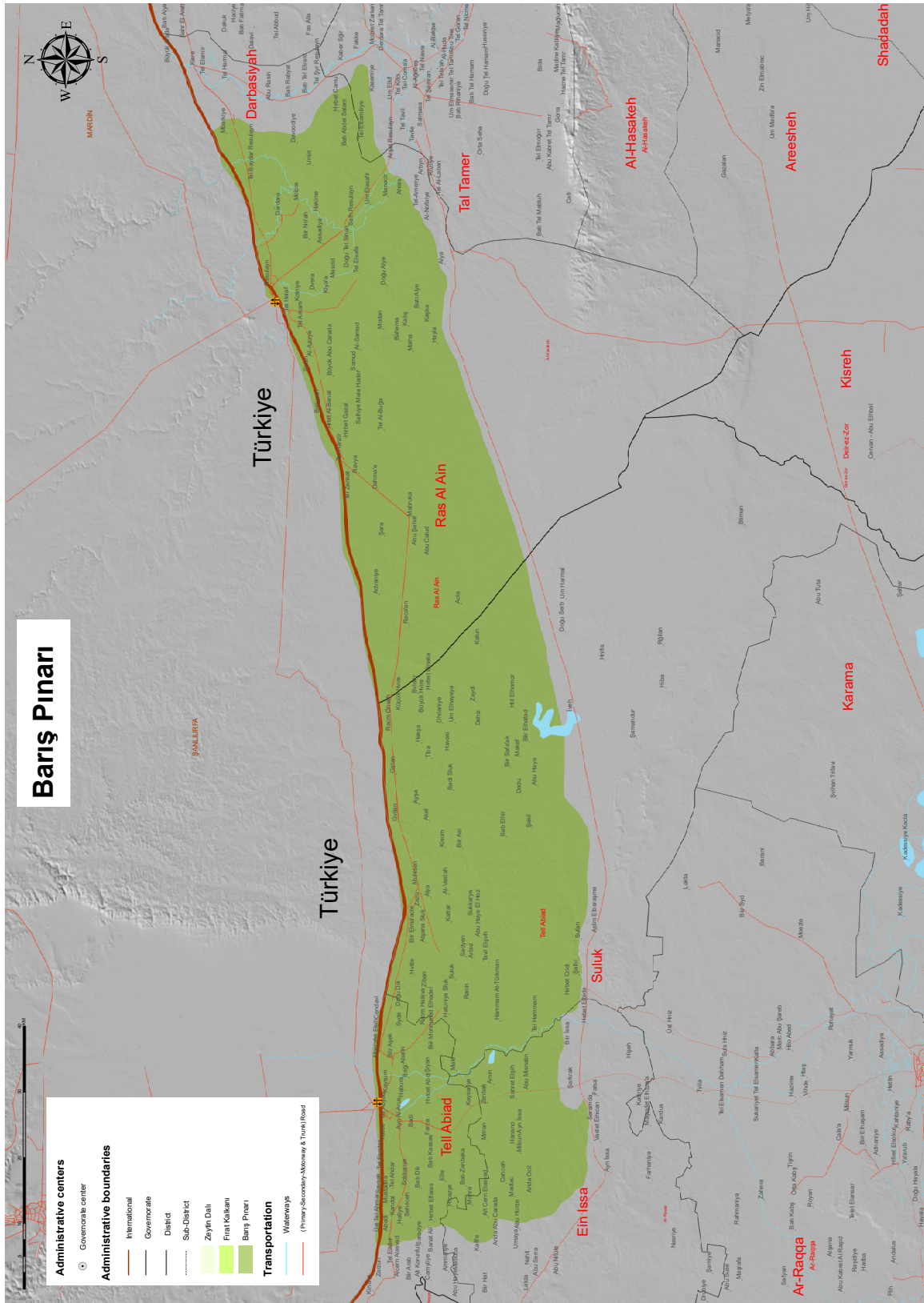
The campaign was launched on the 24th of Jan. 2021 and continued for 5 days with one catch-up day followed by 2 days Post Campaign Monitoring (PCM).

The teams reached **604** communities and Vaccinated **48,433** Children.

Total Administrative coverage was (107%), PCM (post campaign monitoring) coverage was (98.6%).



CATCHMENT AREA MAP



COORDINATION

- As usual, this campaign was planned and implemented in full and great coordination and collaboration with the **Turkish health authorities** in Urfa, as they had a prominent role in this round by providing the vaccines (**50000 Doses**) of OPV2, in addition to facilitating the logistical matters and the movement of the **SIG** supervisors through the border gates.
- The implementation was carried out by the **SIG Team** in participate and coordinate with **Qatar Red Crescent (QRC)** as independent monitoring.
- **ACU:** which provided financial support for the operational cost and social mobilization activities of the campaign.

DEFINITIONS

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

Lessons learned from the first round

- During planning, special attention was given to the cities because they are most likely to miss or forget the children due to the density and diversity of the population in them, unlike villages and small communities.
- Special importance has been given to selecting and training team supervisors in sufficient time before the campaign, because they are the most important in the campaign structure.
- The mistakes and gaps that were made in the first round were used and included in the training methodology in order to overcome them in the next round.
- The online training experience has proven its effectiveness in raising the efficiency and capabilities of cadres before conducting physical training.
- All itinerary maps must be prepared by the teams and team supervisors according to the required standards before the trainings and valid them during that trainings.

PLANNING

After the successful implementation of first round of polio campaign in the Tell Abyad and Ras al-Ain districts, 43% of children were vaccinated for the first time and this is because of at least more than two years without any immunization activities in these areas, and this showed the urgent need to implement several rounds of polio campaigns in order to ensure that an adequate immune barrier against polio is secured for all the targeted children.

SIG technical committee began to hold many meetings to discuss the situation on the ground and studied all the challenges and obstacles in addition to review the data and lessons learned from first round to develop a comprehensive dynamic plan.

All stages of the plan were based on the WHO and GPEI guidelines for polio campaigns implementation in context of COVID-19.

All plans for second round were built based on the assumption that the target in this campaign will be the vaccinated children in the first round.

The plan is completed through the following steps:

- Determine strategy to be (5+1) five days door - to - door and one catch up day.
- Determine targeted children and catchment areas.
- Prepare campaign guideline, training materials, registers, forms
- Prepare readiness file at TSCs level to follow all activities.
- Prepare all required plans: macro-plan, logistic & vaccine management, human resources & training, C4D & 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 & supplies, transportation, technical and human resources.

District	Target	Man Power				Cold Chain				Transportation			Register			IPC Equip-ment	
		District room	TSC room	Field Supervisor	Team	Refrigerator	Cold box	Vaccine carrier	Ice pack	District	TSC	Team	Supervisor	Team	FM	Steriliz-er	Masks
Tell Abiad	28,431	5	15	19	62	6	5	72	576	4	6	19	20	56	132	1,710	155
Ras Al Ain	16,826	5	10	11	38	4	4	50	500	4	4	11	13	34	84	11,28	100
Total	45,257	10	25	30	100	7	15	130	800	8	10	30	33	90	200	2,838	255

Human resources

A total number of **261** person (**200** vaccinators) participated in the campaign, distributed into two districts and five TSCs (Team supporting center).

100 teams, each team composed of two persons: vaccinator & recorder with 30 team supervisors, every three teams monitored by a team's supervisor.

Average daily achievement 100 chi/day (**20%** daily coverage).

The presence of a female in most vaccination teams was considered during planning to get a greater achievement in the campaign where **49%** of vaccinators were of female, (Structure below).

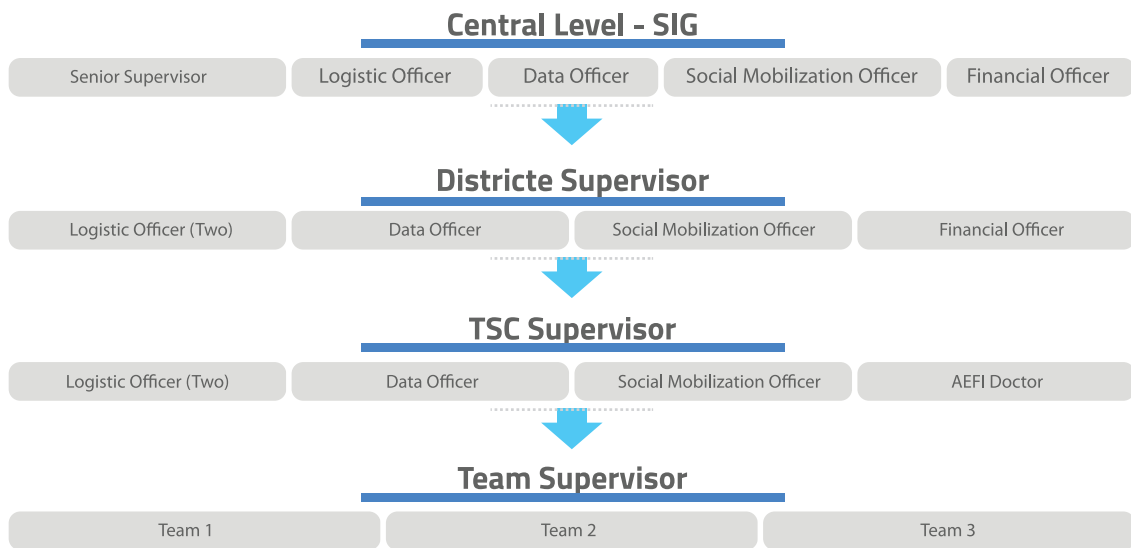
District	Supervisor		logistics officer	Data Entry officer	Social mobilizer	Finance officer	Team Supervisor	Teams
	District	Center						
2	2	5	12	7	7	2	30	100

Human resources by TSC

TSC	# Teams	# Vaccinators	# Male	# Female
Tell Abiad	23	46	24	22
Suluk	29	58	29	29
Ein Eissa	10	20	14	6
Ras Al Ain_1	25	50	21	29
Ras Al Ain_2	13	26	15	11
TOTAL	100	200	103	97



CAMPAIGN STRUCTURE



TRAINING

In this campaign, and after successful training experience in the first round we applied the same strategies, so two types of training were conducted, Online and Physical.



Training schedule

Online Training

Type of Training	# Total trainee	# Session
District & TSCs Supervisors	7	9
Social Mobilizer	5	7
Logistician	8	7
Data Entries	7	6

Fascial Trainings

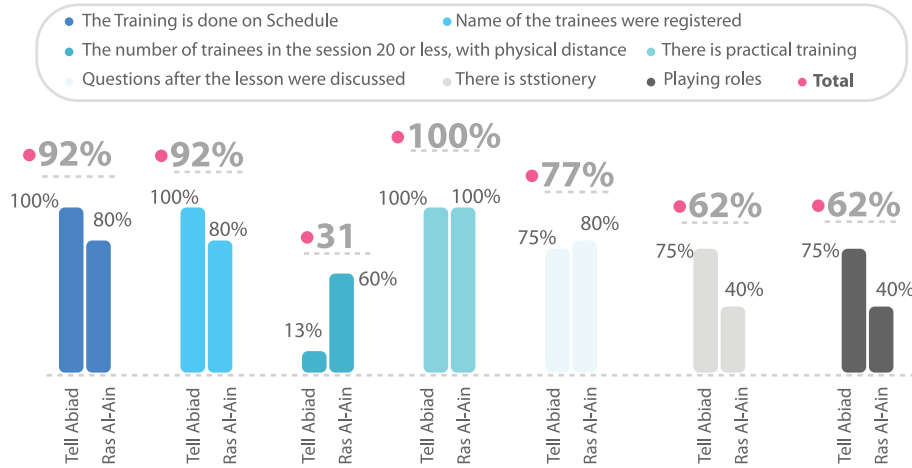
Type of Training	# Total trainee	#Male	#Female	# Session
District & TSCs Supervisors	7	7	0	6
Team Supervisors	30	26	4	7
Teams & team supervisors	229	127	102	7
Social Mobilizer	7	7	0	7
Logistician	12	11	1	7



TRAINING QUALITY INDICATORS (TPM)

As we see in figure; the training quality indicators in the two districts. As shown "Number of the trainees were less than 20 with physical distance" indicator was the lowest indicator with 31% in Total. "There is stationery" indicator was 77%, and 62% for both indicators "There is practical training" and "Playing roles", 92% for both indicators "the training is done on schedule", and "the training is done on schedule", and 100% for indicators "Questions after the lessons were discussed".

Training Indicators - Pre-Campaign



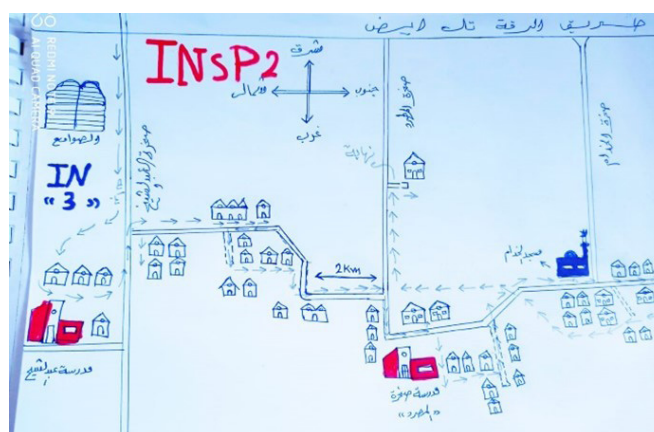
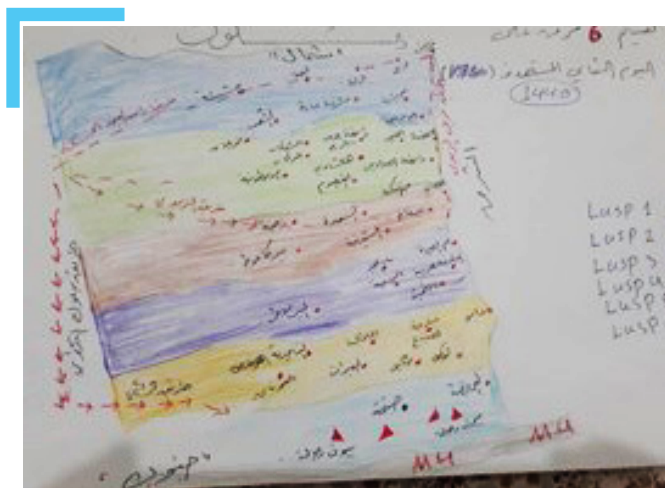
Micro plan

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

- Map & list of communities with estimated target children.
- List of high risk and hard to reach area & population, IDPs camps.
- Special vaccination sites (medical points - kindergartens - schools - public markets - bazaars - crossing points ...).
- Human resources: number of teams, supervisors, social mobilizer, logisticians, data technicians.
- List showing teams and daily target area to be covered.
- The daily team maps were carefully prepared in cooperation between the teams and the team supervisors based on unified standards for all.
- Prepare Talley sheets and registers at all levels (Team, team supervisor, district & TSCs supervisors).
- A table has been added to Talley sheets to count the number of children under the age of 15 years in each house that is visited by the teams.
- 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, team supervisors and TSCs supervisors and available on the registers, taking into consideration the border-areas between teams to ensure that all communities included in the plan.



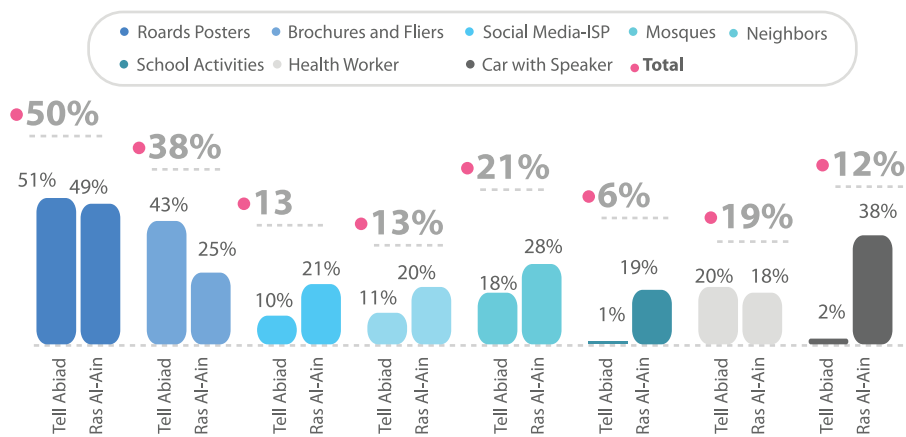
Pre-Social Mobilization (TPM)

The percentages of people's knowledge about the campaign before starting the campaign, Ras Al Ain was 55%, and Tell Abiad was 66.5%. Overall, the total percentage was 62.6%.

The people who knew about the campaign details 79.2% of people who know about the campaign knew about what vaccine will be used, 74.5% knew about the targeted age groups, 75.4% knew about vaccination benefits and 66.3% knew about the date of the campaign.

The details of the source of information for people who were knowing about the campaign in Pre-Campaign, the top of these sources in total were "Road Posters" (50%), Brochures and Fliers (38%), and Neighbors (21%).

Percentage Of Pre Source Of Information [Top Results] - Pre-Campaign



Pre TSC – Preparation (TPM):










Readiness and preparedness of the TSCs and Teams.

District	vaccine is valid (VVM & validation date)	Enough ice boxes-vac hold-er-thermometers-etc.	Polio Vaccine and vials as targets	All teams trained as plan	Are these answers taken from the supervisor when you met him
Tell Abiad	100%	100%	100%	100%	100%
Ras Al Ain	100%	100%	100%	100%	100%
Total	100%	100%	100%	100%	100%

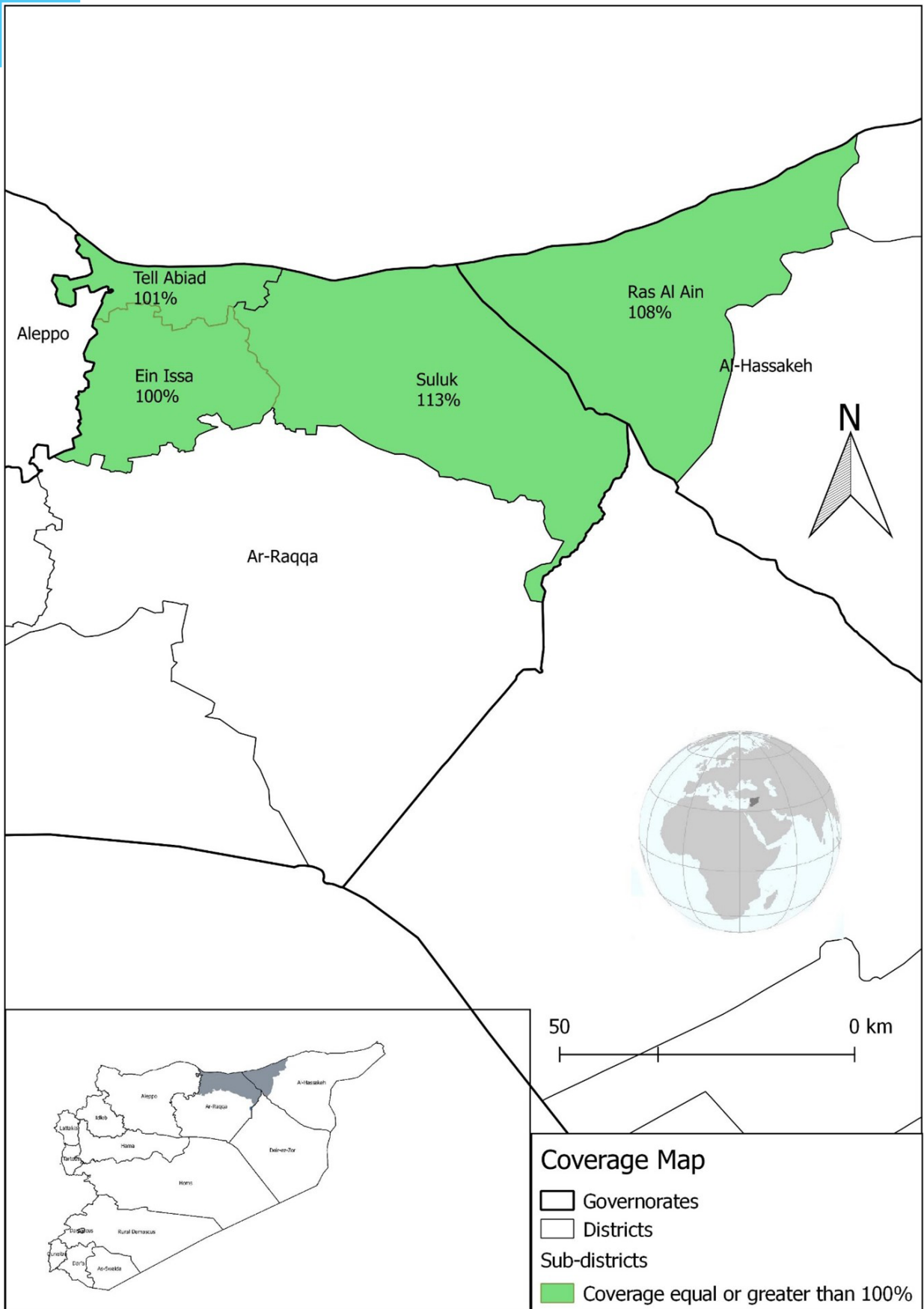


IMPLEMENTATION

General Review

	Campaign Duration	5 days +1 Catch-Up
	Target Population	350,000
	Targeted children	45,257
	Vaccinated Children	48,458
	Coverage Admenstritive	107%
	Vaccination teams	100
	Teams supervisors	30
	Team Supporting Centers	5
	District Rooms	2

Coverage Map



Total Results

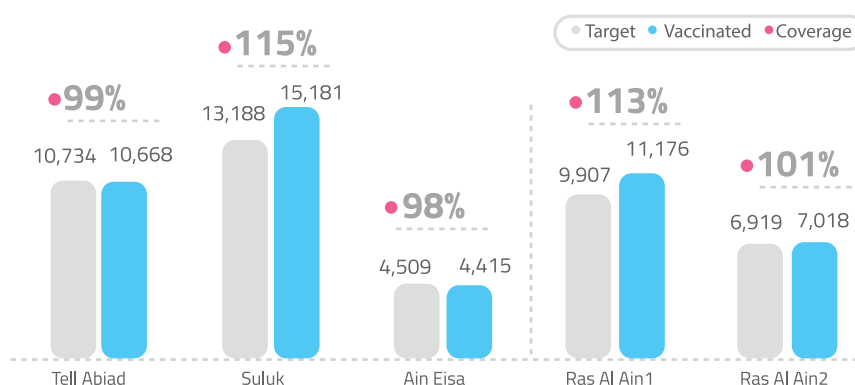
Total Coverage by District Level



District	Target	Vaccinated	Coverage
Tell Abiad	28,431	30,364	107%
Ras Al Ain	16,826	18,194	108%
Total	45,257	48,558	107%

Total Coverage by TSC's Level

District	TSC	Target	Vaccinated	Coverage
Tell Abiad	Tell Abiad	10,734	10,668	99%
	Suluk	13,188	15,181	115%
	Ain Eisa	4,509	4,415	98%
Ras Al Ain	Ras Al Ain_1	9,907	11,176	113%
	Ras Al Ain_2	6,919	7,018	101%

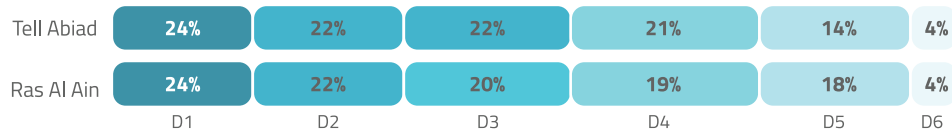


It is worth noting that the reason for the increase in the number of vaccinated children in Ras Al-Ain 1 TSC was the entry of many displaced families from northwestern Syria to the city of Ras Al-Ain during the period after the first round.

As for the Ras al-Ain 2 TSC, the increase in vaccinated children is because of that there are many families in the agricultural projects that was empty in the first round, in addition to the increase in the number of people who wish to seek refuge in Turkey in some border villages with Turkey.

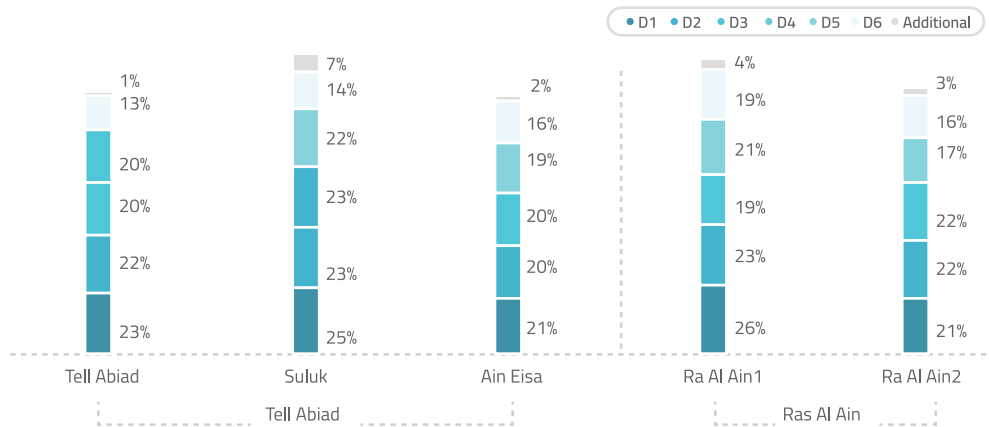
In Suluk TSC there was access to some new communities that were not reached in the first round.

Daily Coverage by District Level

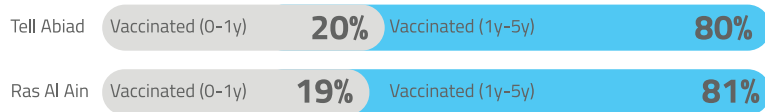


Daily Coverage by TSC's Level

District	District	D1	D2	D3	D4	D5	D6
Tell Abiad	Tell Abiad	23%	22%	20%	20%	13%	1%
	Suluk	25%	23%	23%	22%	14%	7%
	Ain Eisa	21%	20%	20%	19%	16%	2%
Ras Al Ain	Ras Al Ain_1	26%	23%	19%	21%	19%	4%
	Ras Al Ain_2	21%	22%	22%	17%	16%	3%



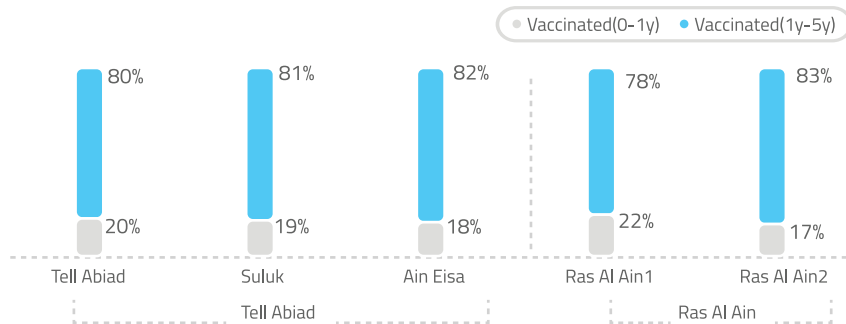
Total Vaccinated According to Age Group by District Level



District	Vaccinated [0-1Y]	Vaccinated [1Y-5Y]
Tell Abiad	5,829 (19%)	24,435 (81%)
Ras Al Ain	3,594 (20%)	14,600 (80%)

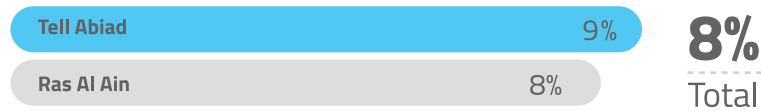
Total Vaccinated According to Age Group by TSC's Level

District	TSC	Vaccinated [0-1Y]	Vaccinated [1Y-5Y]
Tell Abiad	Tell Abiad	2,098 (20%)	8,570 (80%)
	Suluk	2,953 (19%)	12,228 (81%)
	Ain Eisa	778 (18%)	3,637 (82%)
Ras Al Ain	Ras Al Ain_1	2,225 (22%)	8,751 (78%)
	Ras Al Ain_2	1,169 (17%)	5,849 (83%)



First Dose by District Level

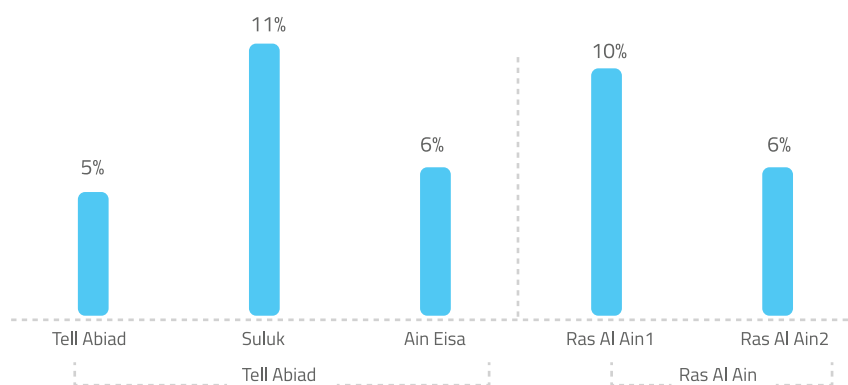
District	First Dose	Total Vaccinated
Tell Abiad	24,65	30,264
Ras Al Ain	1,576	18,194
Total	4,041	48,458



First Dose by TSC's Level

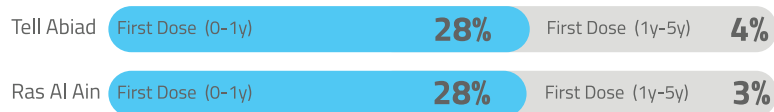
District	TSC's	First Dose	Total Vaccinated
Tell Abiad	Tell Abiad	548	10,668
	Suluk	1,667	15,181
	Ain Eisa	250	4,415
Ras Al Ain	Ras Al Ain_1	1,144	11,176
	Ras Al Ain_2	432	7,018

First Dose from total vaccinated %



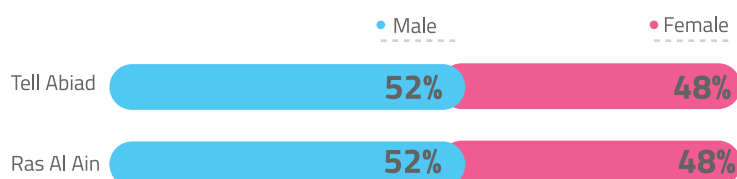
First Dose according to age group

District	First Dose [0-1Y]	First Dose [1Y-5Y]
Tell Abiad	1,610	855
Ras Al Ain	1,013	563



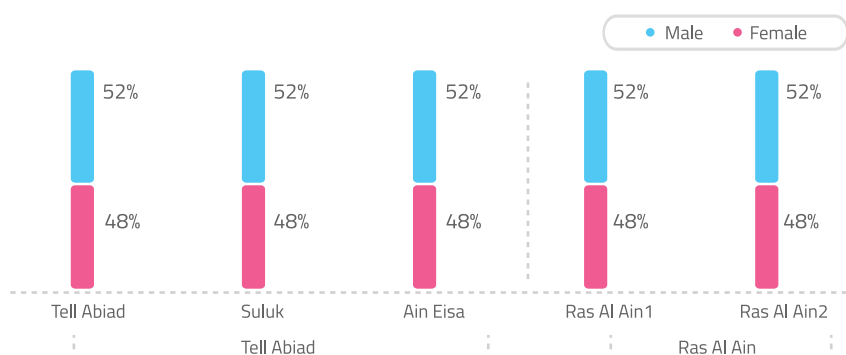
Vaccinated children Male and Female by District level

District	Vaccinated [Male]	Vaccinated [Female]
Tell Abiad	15,724	14,540
Ras Al Ain	9,482	8,712



Vaccinated children Male and Female by TSC's level

District	TSC	Vaccinated [Male]	Vaccinated [Female]
Tell Abiad	Tell Abiad	5,569	5,099
	Suluk	7,865	7,316
	Ain Eisa	2,290	2,125
Ras Al Ain	Ras Al Ain_1	5,836	5,340
	Ras Al Ain_2	3,646	3,372



Wastage Percentage

District	TSC	Total Vaccinated	Used Vials	Wastage %
Tell Abiad	Tell Abiad	10,668	631	15%
	Suluk	15,181	898	15%
	Ain Eisa	4,415	261	15%
Total Tell Abiad		30,264	1,790	15%
Ras Al Ain	Ras Al Ain_1	5,836	5,340	
	Ras Al Ain_2	3,646	3,372	
Total Ras Al Ain		18,194	1,035	12%



AFP (SUSPECTED CASES)

District	AFP (Suspected Cases)
Tell Abiad	1
Ras Al Ain	0
Total	1



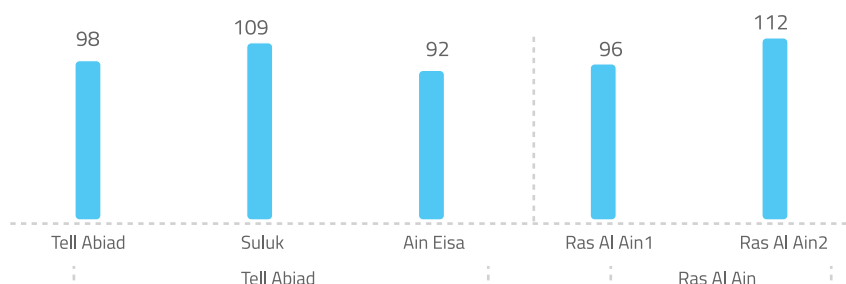
House –to–house strategy is a valuable opportunity to ask about suspected AFP (acute flaccid paralysis) and It is particularly important in these areas which is considered blind area because of its long-term inaccessibility areas; Therefore, priority was given to AFP during the training. All teams were trained to ask about paralysis under the age of 15 years, and all cases were recorded in the registers according to family ' understanding, whether they were flaccid paralysis or not in order not to exclude or neglect any cases by the teams.

We note that compared to the first round in which a 170 case of AFP was recorded, we find that this campaign one case in Suluk TSC was recorded, and this is because the teams were well trained on how to ask about cases in addition to that the teams were the same teams that have been worked in the first round and they know all cases that were recorded in the first round and for this reason, it was not recorded again.

The AFP case in Suluk was 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 EWARN program and SIG /WHO.

Average Achievement of Teams

District	TSC's	Average Achievement
Tell Abiad	Tell Abiad	98
	Suluk	109
	Ain Eisa	92
Ras Al Ain	Ras Al Ain_1	96
	Ras Al Ain_2	112

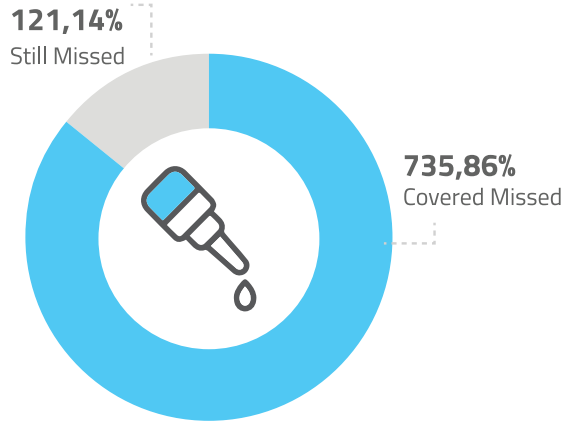


Missed Children

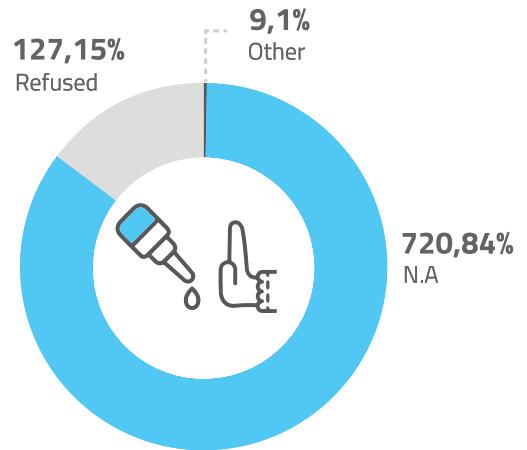
District	Target	Missed Children	Missed Covered	Still Missed	Percentage of Missed Covered	Reasons of Unvaccinated		
						N.A	Refused	Other
Tell Abiad	28,431	856	735	121	720	127	9	86%
Ras Al Ain	16,826	449	443	6	410	36	3	99%
Total	45,257	1,305	1178	127	1,130	163	12	90%

Total Percent of still missed children and covered missed – Tell Abiad

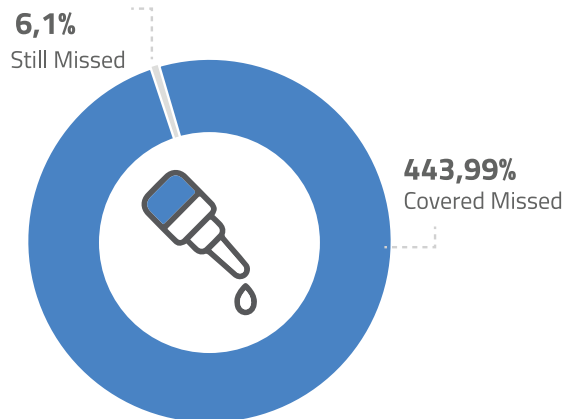
Still Missed Children and Covered Missed - Tell Abiad



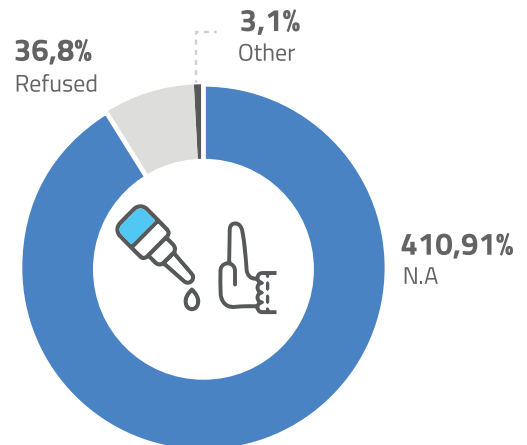
Reasons of missed children - Tell Abiad



Still Missed Children and Covered Missed - Ras Al Ain



Reasons of missed children -- Ras Al Ain



SUPERVISION & MONITORING

Effective supervision and monitoring are of the most 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 first day of campaign.

At central level:

Daily follow-up was done through:

- SIG technical committee conducts daily evening meeting with partners, reviewing the progress of the campaign to recommend the needed actions to taken based on the daily field feedback and TPM observations.
- SIG technical committee formed WhatsApp groups for following up, the members of central level, TSCs, district & supervisors to facilitate the direct contact between the central technical committee and TSCs & central supervisors.
- During evening meetings daily reports are received from all TSCs with some videos and photos from daily evening meetings on TSCs level.
- The attendees conducted separated teleconferences with SIG central supervisor to discuss the progress of the campaign, and to learn about the challenges and way forward.
- In this campaign, priority was given to houses supervision forms starting from the second day of the campaign, and all supervisors, especially team supervisors were asked to take daily clusters in their teams' work areas, based on a daily supervision plan that is discussed at the end of each working day after obtaining the coverage results from TSCs data entries on team level and communities.

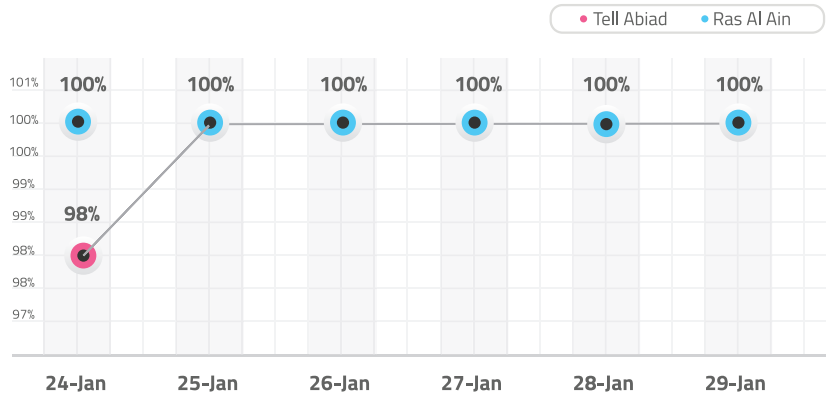


Results of internal Supervision.

Team Performance Indicators:

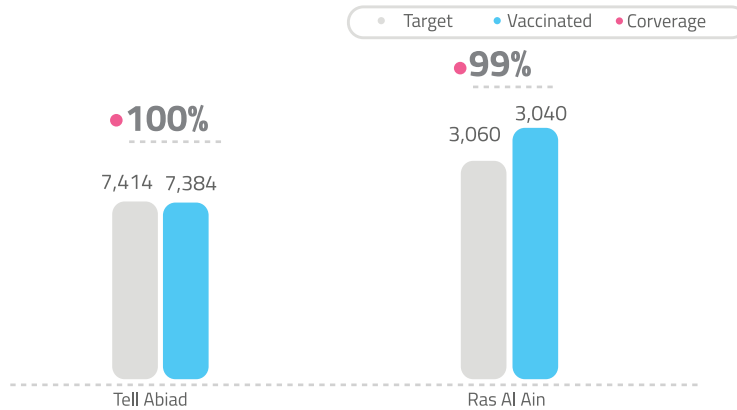
- 1 Team members wearing campaign cloths (one of them)?
- 2 Is the vaccine given at 45 degree without touching the child's mouth?
- 3 Finger marking on the left hand after vaccination?
- 4 Team asked about missed children?
- 5 Team asked about (AFP)?
- 6 Team have a training card?
- 7 Vaccine stored in vaccine holder with enough ice packs?
- 8 Polio vaccine stored in a special bag in the vaccine holder?
- 9 VVM valid for vaccine?
- 10 Team know how to read VVM?
- 11 Team have a daily work plan with a known target?
- 12 Team have a complete map for all campaign days?
- 13 Map have daily itinerary?
- 14 Team follow his location on the map?
- 15 Polio vac. delivered according to target?
- 16 All deliverable registered (Polio vac.)?
- 17 Team have masks and sterilizers as required?
- 18 Team members wearing masks?
- 19 Team members change the mask every 4 hours or when contaminated?
- 20 Team sterilize his hands well?
- 21 The distance is at least a meter between the beneficiaries and the vaccination teams?
- 22 Number of vials compatible with vaccinated children?
- 23 Team recorded missed children and their adress clearly?
- 24 Team recorded (AFP) and their adress clearly for the previous day?
- 25 Vaccinated children, and zero dozes registered in the tables correctly?
- 26 Data is completed in the team register?
- 27 Team visited by the supervisors during the day?
- 28 Supervisors observations documented today?
- 29 Supervisors observations documented yesterday?

Positive Observations %



H – t – H Clusters

District	# Clusters	# Houses	Target	Vaccinated	Coverage	Simple Size
Tell Abiad	250	3,298	7,414	7,384	100%	26.1%
Ras Al Ain	130	1,430	3,060	3,040	99%	18.2%



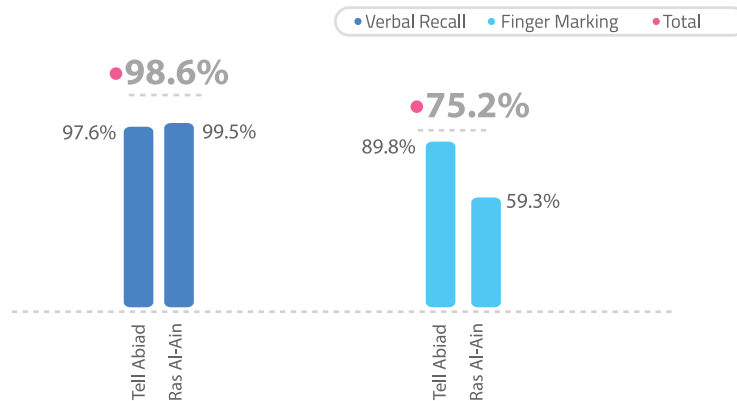
INDEPENDENT MONITORING

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

The monitoring will be carried out in three phases: pre, intra and post campaign through assessing preparedness and preparedness, Quality of performance and Coverage ratios. Independent Monitor reflects the credibility and reliability of the achieved work and improves campaign quality.

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

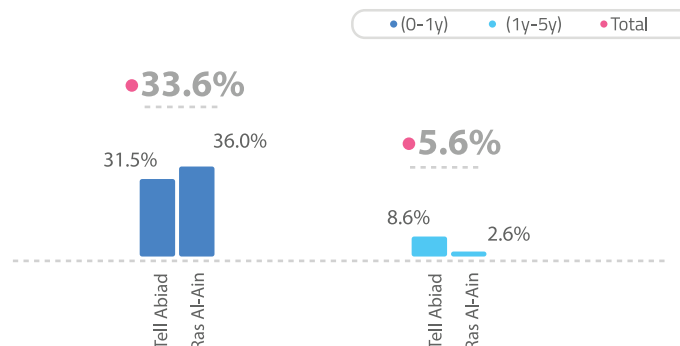
TPM RESULTS Intra Campaign



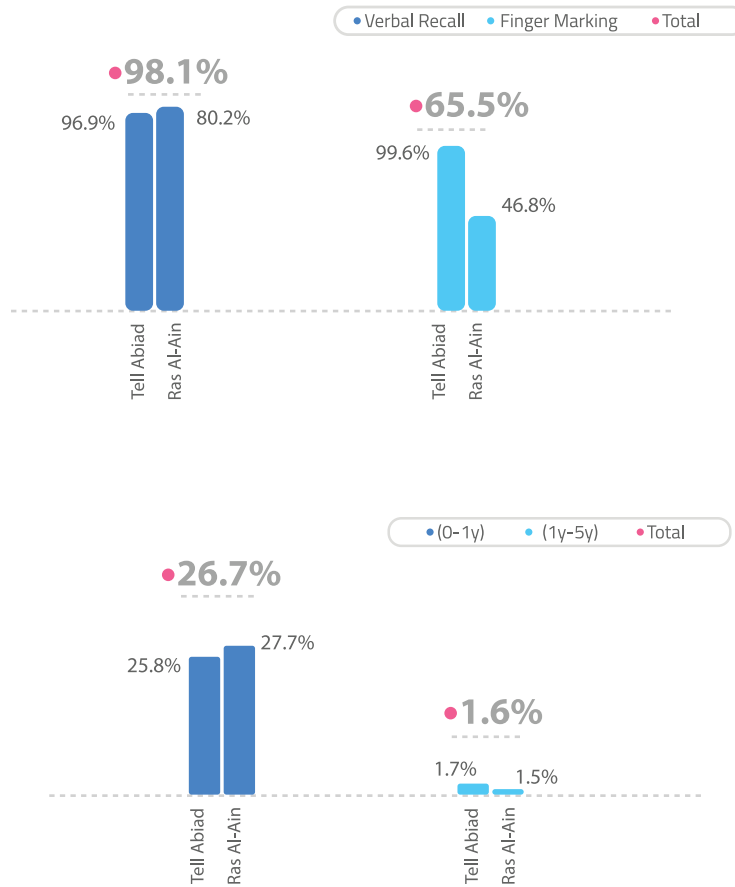
Children Vaccinated for the First Time:

The percentage of children who were vaccinated for the first time in the two districts distributed into two age groups. The percentages are based on vaccinated children by verbal recall in the same age group in each district monitored.

As shown, the percentage of children who were vaccinated for the first time was 83% in the first age group (0-11 months), and 26.2% for the second age groups (12-59 months). These high percentages of children who were vaccinated for the first time due to a very long time from doing polio campaign in these areas.



Post Campaign: Post Campaign Results - Markets

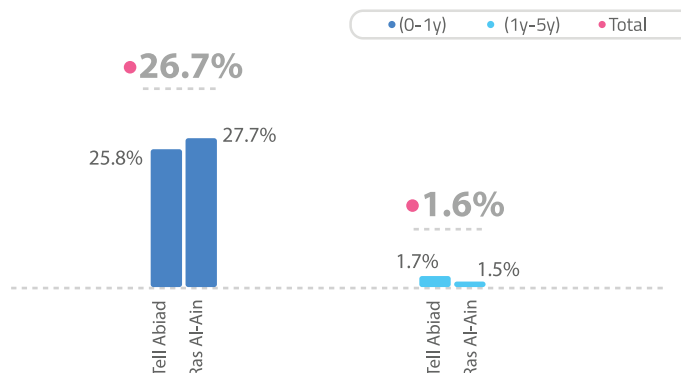


In Market surveys, the results were close to the clusters by verbal recall results and different by finger marking results. As shown in figure, the coverages in total were 98.6% by verbal recall and 75.2% by finger marking.

Children Vaccinated for the First Time:

The percentage and the total number of children who were vaccinated for the first time in the two districts distributed in the two age groups. And as we mentioned earlier the percentages are based on vaccinated children by verbal recall in the same age group in each area monitored.

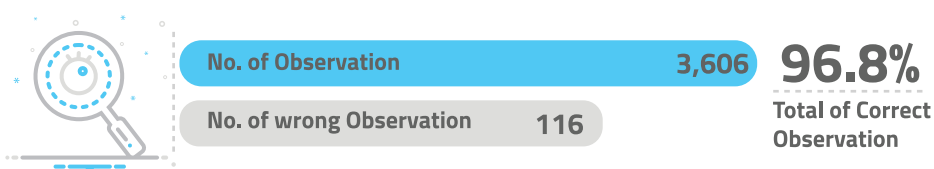
The percentage of children who were vaccinated for the first time was 26.7% in total for the first age group, and 1.6% for the second age group.



Team performance

As shown in the table, the results were on all days of the campaign in the two districts. These observations were recorded by team on daily basis of campaign days, each independent monitor informed the supervisor of the vaccination team of all these observations for direct and necessary corrections, and the wrong observations diminished every day to the best performance in the last days of the campaign.

District	No of Teams	No of Visits	No. of observations	No. of Wrong observations	Percentage of correct observations
Tell Abiad	57	71	1,951	58	97%
Ras Al Ain	36	60	1,655	58	96.5%
Total	93	131	3,606	116	96.8%



CHALLENGES AND MANAGEMENT

In general, the challenges and difficulties in terms of the target, geographical nature, the security situation, and the logistical issues were less than the first round, and this is because of that the staff limited all the challenges during the first round and worked to address them in the appropriate ways before and during the second round, as well as prior coordination and collaboration with all partners helped overcome all obstacles.



ADVANTAGES

- Reaching new, previously uninhabited communities.
- The maps were drawn with high accuracy and according to guidelines at all levels, so that they can be relied upon in the coming campaigns.
- Coordination and collaboration with all field authorities after the success of the first round, and this greatly facilitated the work.
- Modifications were made to the records based on the observations of the vaccinators and supervisors in the previous campaign, which had a great positive impact in this round.
- The campaign was implemented with almost the same staff in the first round, and this gave the teams good field experience.
- No major field changes were noticed due to the short interval between the two rounds, and this facilitated the work and also led to gaining the trust of the people in vaccination team and its capabilities.



CONCLUSION

At the end, we would like to appreciate all the cadres working in this campaign, especially the teams who are the field heroes who set a challenge for them to implement a successful campaign without any problems or gaps and Indeed, the lessons learned from the first round have been taken into consideration to reach all children in all communities, even those considered hard to reach in the first round.



**POLIO
CAMPAIGN
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