



OPV Vaccination Campaign

16-21 December -2023



ACU
ASSISTANCE
COORDINATION
UNIT



IP
IMMUNIZATION
PROGRAM



ACU

Appreciation and Thanks

The Assistance Coordination Unit (ACU) would like to acknowledge BMGF for technical, financial, and moral support, which facilitated the successful OPV vaccination campaign in the Tell Abiad and Ras Al-Ain areas (TARAA).

The Immunization Program at ACU conveys its appreciation to the Şanlıurfa Health Directorate for its effective coordination and support in making the campaign successful.

Special thanks to the real heroes' field staff who worked at the grassroots level and delivered the vaccine to almost all children despite all challenges and risks that were mitigated successfully. The ACU fully recognizes the immense work done by the various technical working groups to steer this process to success; in particular, we laud the Syria Immunization Group (SIG) for their immense efforts. We would also like to thank the following:

The households, particularly the mothers of the vaccinated children.

The following partners: UNICEF, World Health Organization (WHO), GAVI, BMGF, Local councils, Education directorates, and all I/NGOs in TARAA

Finally, thanks to all those who worked behind the scenes, including individuals, associations, and other bodies who contributed significantly to the campaign's success.

We appreciate the tremendous efforts and support of all people whose silent efforts have saved countless lives. These brave anonymous soldiers have played a meaningful role in securing the future of Syrian children, hand in hand with us.

On behalf of Syrian children, "Future Builders," thank you all.

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Abbreviation

WHO: World Health Organization

BMGF: Bill & Melinda Gates Foundation

SIG: Syrian Immunization Group

GAVI: The Vaccine Alliance /Global Alliance for Vaccines and Immunization

ACU: Assistance Coordination Unit

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 Party Monitor

TSC: Team support center

TOT: Training of Trainers

AFP: Acute Flaccid Paralysis

DLO: District Level Officer

AFEI: Adverse Events Flowing Immunization

C4D: Communication for Development

OPV: Oral Polio Vaccine

bOPV: Bi-valent Oral Polio Vaccine

MSF: Médecins Sans Frontières

VPD: Vaccine-Preventable Diseases

ZDC: Zero Dose Children

TARAA: Tell Abiad & Ras Alain Area

Executive Summary:

1- OPV Vaccination Campaign

- **From:** 16-12-2023 To: 21-12-2023
- **Target age group:** All children from 1 Day to 5 Years
- **Table 1: Results of the campaign**
 - **Duration:** 4+1 days - From 16 to 21 December 2023
 - **Area:** Tell Abiad & Ras Alain Area (TARAA)
 - **Targeted Population:** 260,000
 - **Targeted Children:** 45,796 children
 - **Vaccinated Children:** 40,220 children
 - **Coverage:** 88%
 - **Vaccination Teams:** 125 vaccination teams, including 2 members (vaccinator and register).
- **Team's Achievement:** 66 children are vaccinated daily (Tell Abiad 105- Ein Issa 73- Suluk 71- Ras Alain1 55- Ras Alain2 47)
- **Team's supervisors:** 41 team supervisors
- **TSCs:** 5 TSCs, each TSC control room consists of five members (TSC supervisor, Logistic officer, Cold Chain monitor, Data entry officer, and social mobilization officer).
- **Districts:** 2 Districts, each District control room consists of six members (District supervisor, AEFI doctors, Logistic officer, Data entry officer, social mobilization officer, and Finance officer).



Background

1-Highlights

Since 2011, the protracted conflict in Syria has affected immunization services, especially in areas outside governmental control. In 2017, the Syria Immunization Group (SIG) started revitalizing the EPI in NWS, but there are still many gaps in NES, especially in the Tell-Abiad and Ras-Alain areas (TARAA).

- The area was considered poor by health services in Syria before 2011, and after 2019, most INGOs withdrew from the area, and U.N. agencies didn't interfere in the area because of the U.N. resolution. The area also has a high percentage of malnutrition cases compared with other regions in NWS and low coverage of all vaccines.
- High population movement affects the coverage estimation and causes many drop-out children and zero-dose cases.
- There are high risks of vaccine stockouts at the governorate level due to problems with w/the transport of vaccines and the earthquake effect in Turkey and Syria.
- The early cut in program support for Polio mass vaccination by GPEI increases the risk of re-introducing the Wild virus and the risks of outbreaks.
- The TARAA area extends to geographical regions of Al-Raqqa and Al-Hasakeh governorates between the international highway M4 in the south and the Turkish border in the north and a depth of 32 km with a length of approximately 120 km starting from Ras Al-Ain in the east to the city of Tell Abiad in the west. TARAA is spread over four Sub-Districts:
- Ras Al-Ain Sub-District (Al-Hasakeh Governorate).
- Suluk, Tell Abiad and Ein Issa Sub-Districts (Al-Raqqa Governorate).
- There are 541 communities in TARRA, and the population now is around (260.000).
- The TARAA suffers from a significant population movement due to security unrest and economic conditions, and the area depends mainly on agriculture and grazing. Unfortunately, drought struck the southern regions in the TARAA, especially in the countryside of Ras Al-Ain district, which led to the displacement of the population primarily out of the TARAA.

2- Context:

- The area is isolated from all sides, with no stable access except the Turkey side.
- In general, the economic and living situation is terrible, as the region suffers from poverty, and agriculture is the primary source of income for the people in those areas. The services provided in the primary sectors, such as health, education, and others are minimal. They do not meet the needs due to the lack of humanitarian organizations working there and the poor support they provided due to being isolated from the other Syrian areas under the control of other forces. The situation is getting worse.
- The targeted area expands on a large geographical area and includes a considerable number of small communities that could be easily missed; the region suffers from low economic status and depends mainly on agriculture as a source of income, and due to being isolated from the other Syrian areas which are under the control of other forces the situation is getting worse.
- Since 2020, the Assistance Coordination Unit (ACU) has been accessing the TARAA and trying to revitalize the EPI under the SIG umbrella. The immunization schedule and the protocols are the same in the NWS.
- ACU has been supporting five EPI centers—the operational cost from BMGF and the vaccine from the Turkish health authorities. There are no other immunization activities in this area.
- There are five EPI centers with seven EPI teams. The annual target is 8460 children U1 year.

District	EPI Center	#EPI teams	# Monthly target U1	Launching Date
Tell Abiad	Tell Abiad	1	100	12-Mar-2020
	Suluk	2	227	25-Nov-2021
	Ali Bajleh	1	76	22-May-2022
Ras Alain	Ras Alain	2	213	05-Oct-2020
	Almabrouka	1	89	16-Mar-2022

The damage caused by stopping immunization services for several years will take many years to rebuild the program and achieve the desired goals.

The Supplementary Immunization Activities (SIAs) in the TARAA:

ACU implemented these activities:

1. **Polio Campaign:** (The operational cost supported by BMGF)

From 24-Oct-20 To 29-Oct-20

Districts	Target	Vaccinated	Coverage	Z.D	Z.D %
Tell Abiad	22,743	28,431	125%	10,605	37%
Ras Al Ain	20,000	16,826	84%	8,851	53%
Total	42,743	45,257	106%	19,456	43%

- 2- **Polio Campaign:** (The vaccine from Turkish health authorities and the operational cost supported by BMGF)

From 24-Jan-21 To 29-Jan-21

Districts	Target	Vaccinated	Coverage	Z.D	Z.D %
Tell Abiad	28,431	30,264	106%	2,465	8.14%
Ras Al Ain	16,826	18,194	108%	1,576	8.66%
Total	45,257	48,458	107%	4,041	8.34%

- 3- **Polio & Albendazol:** (the vaccine from MSF and the operational cost supported by BMGF).

From 16-Dec-21 To 20-Dec-21

Districts	Target	Vaccinated	Coverage	Z.D	Z.D %
Tell Abiad	30,264	28,571	94%	4,833	16.92%
Ras Al Ain	18,194	17,225	95%	3,507	19.28%
Total	48,458	45,796	95%	8,340	18.21%

- 4- **MCV Campaign:** (the vaccine and the operational cost supported by MSF).

From 6-Nov-21 To 21-Nov-21

Districts	Target	Vaccinated	Coverage
Tell Abiad	57,502	44,903	78%
Ras Al Ain	34,853	28,107	81%
Total	92,355	73,010	79%

5- MCV & Penta Campaign: (the vaccine and the operational cost supported by MSF).

From 25-Dec-21 To 10-Jan-22

Districts	Target	Vaccinated	Penta	Coverage
Tell Abiad	57,502	42,914	19,489	75%
Ras Al Ain	34,569	26,055	12,445	75%
Total	92,071	68,969	31,934	75%

6- Multi-antigen Vaccination Campaign: (MSF supports the vaccine and the operational cost).

From: 31-10-2022 to 10-11-2022.

Vaccine used: OPV- PENTA- MMR—target: 45,796 U_5 Y. Vaccinated: 39,730 U_5 Y.

Current EPI and Surveillance CONTEXT and Justification:

- Several outbreaks of Measles, Mumps, etc... happened
- In 2023, EWARN reported these VPDs cases in TARAA: Measles 240, Mumps 5, Tuberculosis 55, Meningitis 158.
- About AFP cases: EWARN reported 35 cases in TARAA in 2023 (17 in Tell Abiad and 18 in Ras Alain). Three AFP cases were zero-dose, and five had only one dose.
- EPI in TARAA is not regular yet due to shortages in vaccine supplies. The coverage until the end of November 2023 (OPV1: 61%, Penta1: 82%, OPV3: 35%, Penta3: 59%)
- The social mobilization teams discovered 1677 zero-dose children (21.6% of the total surveyed children) and retrieved 1400 of them. There are a lot of drop-out and zero-dose children in this area, especially the newly arrived children from the neighboring areas.
- 24% of children get vaccinated in the group aged > 1 years for the first time.
- There are a lot of defaulters, and many children get the first OPV dose after they be 1 years old:

EPI center	OPV1 <1Y	OPV1 [1-2]Y	OPV1 > 2Y
Tell Abiad	80%	11%	9%
Suluk	81%	10%	9%
Ali Bajilyah	75%	11%	14%
Ras Al Ain	73%	17%	10%
Mabruka	71%	19%	10%

Almost 24 % of children in general get the OPV1 dose > 1 Y.

- Regarding this result and the EWARN reports, the TARAA has a high-risk indicator for spreading outbreaks, especially Wild polio or cVDPV.
- Reach zero-dose children and address social, cultural, political, or gender-related barriers to under-immunization to improve equity (leaving no one behind with immunization) in immunization coverage.
- Achieving equity between local and camp children is an attractive point addressed by all global objectives.

Strengths

- The availability of staff (physicians, vaccinators, admin), a considerable number from the teams that worked with us in the previous campaigns, will facilitate the implementation and make the refresher training sessions more accessible.
- The numbers and distribution of the newly established health facilities (at least one center in each sub-district) that can host the vaccination centers.
- There is a high level of coordination between the field staff, local councils, and local authorities.
- There is good coordination between the central level and the Turkish health authorities.
- The coordination and pre-agreements with the NGOs started to be implemented in the area to host the vaccination centers and maintain the optimal level of services.
- ACU/EWARN and vaccination teams are already active in the area and have revitalized the network.
- In collaboration and coordination with the Turkish health authorities, the ability to deliver the needed logistic support and human resources surge from Turkey through the Tell Abiad border gate.
- There is a prequalified cold chain, sufficient storage capacity (a cold room in Tell Abiad Hospital), and stable electricity.
- ACU has 5 EPI centers with 6 EPI teams with significant experience implementing and managing all immunization activities.
- The social mobilization team has gained significant experience during previous campaigns and has good knowledge of the local community and community leaders.

Definitions:

- **Targeted children:** The expected number of children from 1 day to 5 years old in the catchment-targeted area.
- **Vaccinated children:** The number of children in the same targeted age group who get vaccinated by the campaign and EPI teams during the campaign.
- **Coverage percentage:** The percentage of vaccinated children to targeted children.
- **Team achievement:** The average number of children vaccinated by a team daily compared to the assigned target.

Lessons learned from the previous rounds:

- During planning, the supervisors give special attention to the cities because they are most likely to miss or forget the children due to the density and diversity of their population, unlike villages and small communities.
- Particular importance has been given to selecting and training team supervisors in sufficient time before the campaign because they are the most critical part of the campaign structure.
- 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 training and valid during that training.
- Shorten the campaign period to four days, and then an additional one catches up a day.
- Prioritize vaccinating the target group, ensuring it does not exceed the age of 59 months.
- Accurately record age groups to obtain precise statistics about the routine target.
- Benefit from the experience of routine vaccination team members by involving them as supervisors in the campaign.
- Maintain flexibility in determining working hours based on the social situation and customs of the local population.
- Allocate mobile teams to visit agricultural workshops during the cotton harvest season.

Methodology

Supervisors evaluated the accessibility using Areas of control maps all over Syria, especially the TARAA. They depended on the number of vaccinated children under five years in the last OPV campaign (December 2021) and fixed it as the current campaign's target. There were frequent delays in implementation, which made the target inaccurate in some areas due to regular population movement. Statistics were updated while doing the micro-planning after considering the IDP movements between the last polio round and the multi-antigen campaign date. Data and statistics of [the Information Management Unit in ACU](#) were considered the primary information source.

According to the Syria Immunization Group (SIG) policy, in this campaign, each vaccination team consists of two members (vaccinator-register).

Each team will target an average of 90 children per day during the campaign's working days.

The strategy will be (4+1) four working days door-to-door and one catch-up day.

Campaign teams will visit all accessible communities in the two districts.

The Oral Polio Vaccine (bOPV1,3) will be provided for all children U5 during the campaign.

All targeted children will be vaccinated regardless of their previous vaccination status.

Missed children will be catching up at the end of the working day, and if they do not catch up, we will return to revisit them on the last day of the campaign.

All campaign volunteers will adhere to instructions for preventing infection with Covid-19 and cholera.

The teams will ask about the zero-dose children, record them in a remarkable record, and share it with the EPI teams in that area.

Planning

The campaign's planning commenced with a series of meetings to assess the on-ground situation and analyze the challenges and obstacles.

Additionally, data and insights gathered from previous rounds were carefully reviewed to formulate a comprehensive and adaptable plan.

Every phase of the plan adhered to the guidelines provided by the WHO and the Global Polio Eradication Initiative (GPEI), ensuring the implementation of polio campaigns while adhering to infection prevention methods.

All plans for this round were built based on the assumption that the target will be the vaccinated children in the last round in Dec 2021.

The planning for this campaign started in June 2023, but challenging conditions prevented its implementation. The following steps were conducted to implement the campaign plan:

- Specify the number of targeted children and accessible areas.
- Preparing the macro plan by calculating the overall needs (human resources, cold chain, vaccinations, and logistics).
- Preparing training Guidelines, supervision registers, and forms.
- TOT plans to train the central control rooms at the district level.
- The micro plan included calculating the number of required vaccination teams and choosing the vaccination posts for each team during the campaign.
- The logistic plan includes delivering and receiving logistic items' overall levels.
- Waste Management Plan.
- Follow up on the campaign's side effects plan (reporting, monitoring, treatment, and following up) by coordinating the Early Warning Alert and Response Network (EWARN) team.
- Work frame of training at the district level, TSC, team supervisors, and vaccinators.
- Prepare the readiness plans and forms before launching the campaign.



Macro-plan

Based on WHO guidelines, a cumulative Macro-plan was set from field micro-plans to calculate and allocate resources, including target population size, required logistics, vaccine & supplies, transportation, and technical and human resources.

District	Target	Man power				Cold Chain				Transportation			Register		IPC Equipment		
		U5 years	District room	TSC room	Field Supervisor	Team	Refrigerator	Cold box	Vaccine carrier	Ice pack	District	TS C	Team	Supervisor	Team	FM	Masks
Tell Abiad	28,571	5	15	25	79	3	3	110	550	3	6	25	28	88	198	1,980	198
Ras Al Ain	17,225	5	10	16	48	2	2	68	340	3	4	16	18	54	122	1,220	122
Total	45,796	10	25	41	127	5	5	178	890	6	10	41	46	142	320	3,200	320

Human resources

A total of 328 people (254 vaccinators) participated in the campaign, distributed into two districts and five TSCs.

127 teams, each team composed of two persons: vaccinator & recorder with 41 team supervisors, every three teams monitored by a team's supervisor.

Average daily achievement 90 chi/day (25% is the daily coverage).

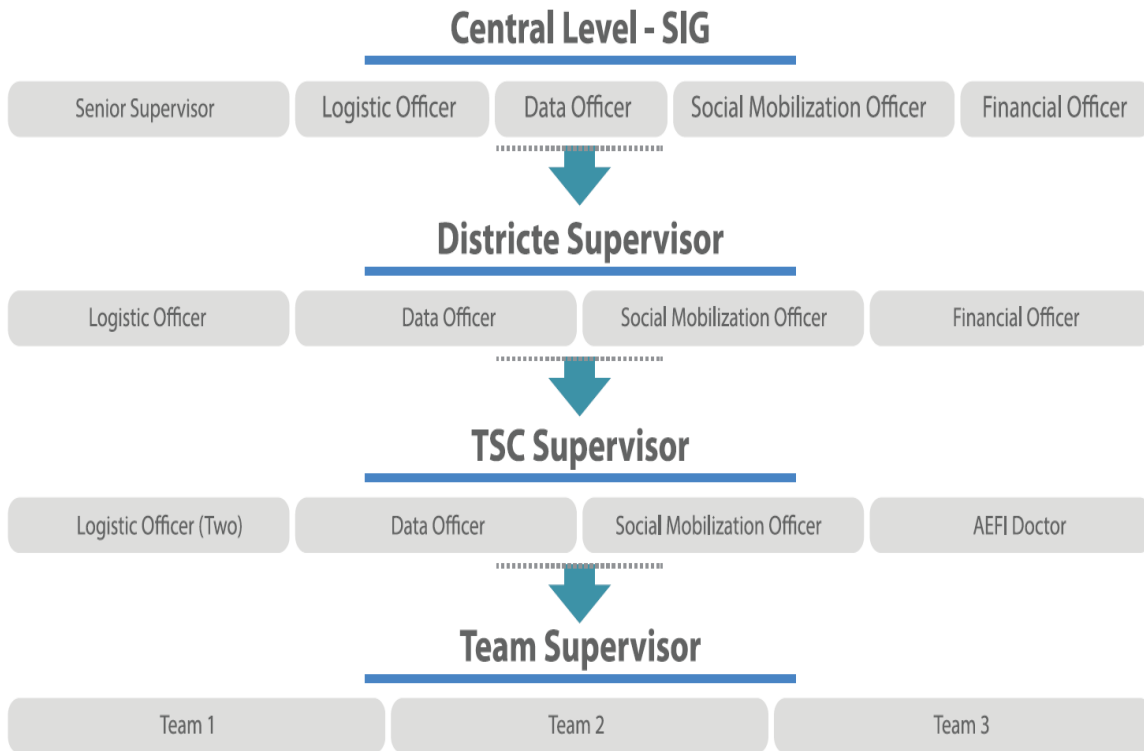
The presence of a female in most vaccination teams was considered during planning to get a greater achievement in the campaign where 49 % of vaccinators were of female, (Structure below).

District	Supervisor		logistics officer	Data Entry	Social mobilizer	Finance	Team Supervisor	Teams
	District	Center						
2	2	5	12	6	6	2	41	127

TSC	# Teams	# Vaccinators	# Male	# Female
Tell Abiad	25	50	24	22
Suluk	34	68	29	29
Ein Eissa	20	40	14	6
Ras Al Ain_1	30	60	21	29
Ras Al Ain_2	18	36	15	11
TOTAL	127	254	103	97



Structure



Workplan and Timeframe:

ACU immunization team sets the [work plan](#) dependent on the previous experience in the vaccination campaigns in this area. But we did a lot of modifications and delays because of the security unrest.

OPV Vaccination Campaign TARAA Workplan & Timeframe/2023		NOV.2023	DEC.2023					JAN.2024		ACHIEVEMENT (not done-ongoing-done)	COMMENTS	RESPONSIBILITY
ITEM	ACTIVITY	0 week	4 week	1 week	2 week	3 week	4 week	1 week	2 week			
PLANNING AND FUNDING	Complete situation analysis and rationale (data on current and historical disease incidence - data on vaccination coverage - additional data sources)	█										ACU immunization team
	Critical review of lessons learned from previous SAs	█										ACU immunization team
	Undertake a national-level macroplanning (determining : geographical zones - target age group - campaign type - the strategies - duration and timing , human resources)	█										ACU immunization team
	Building a full budget based on the macro-plan	█										Anas Bad
	Prepare and assign MOU with partners (local council & local NGO & education system ..) To receive and facilitate the process of training and movement for all teams and supervisors.	█	█									Safaf
	Ensure that the funds have been received in the field according to the plan in order to start implementing activities	█	█	█								Abou
COLD CHAIN AND VACCINE	Initial data: Microplan (targeted communities, HR, TSCs , vaccination sites , maps, transport , cold chain...)	█										Salem
	Develop and design field guide including data collection forms/tools, training materials and adapt tools to MV Syria situation (e.g. alley sheets , registers , AEFI forms , readiness assessment tools , logistic tools , and supervision checklist ...)	█	█									Salem- Turki
	Review cold-chain capacity and storage volume (e.g. cold rooms , refrigerators, freezers, cold boxes, vaccine carriers and coolant packs) and address the gaps	█	█	█								Salem- al hamed
	Ensure effective maintenance of existing cold-chain equipment and procure / repair needed equipment	█	█	█								Saleh
	Order OPV vaccine and immunization session supplies (by district log)	█	█	█								Salem
	Order PPE (Personal Protective Equipment) that meet IPC measures	█	█	█								Aloush
	receiving orders in Turkey	█	█	█								Aloush
	Transport orders to inside TARAA	█	█	█								Aloush
	Develop detailed vaccine/supplies timely distribution plan at different levels	█	█	█								ACU immunization team
	Develop waste management plans with determine available waste disposal facilities in each subdistrict/district	█	█	█								ACU immunization team
PERSONNEL REQUIRMENTS AND TRAINING	Develop /adapt Contingency plan to deal with any emergency situations or vaccine storage	█	█	█								ACU immunization team
	Review and adapt SOPs at all levels	█	█	█								ACU immunization team
	Selecting the qualified staff at all levels that meet SIG criteria	█	█	█								ACU immunization team
	Preparing the training plan for all key players , developing training materials and job aids	█	█	█								ACU immunization team
SOCIAL MOBILIZATION	TOT master training and workshop for SIG supervisors central team	█	█	█								ACU immunization team
	TOT mid-level training for district and TSC vaccination rooms	█	█	█								SIG central supervisors
	Training for lower level Health workers and volunteers	█	█	█								SIG central supervisors
AEFI monitoring	Develop social mobilization , communication , advocacy and community engagement plans	█	█	█								ACU immunization team
	Prepare and design social mobilization & CMO materials with key messages	█	█	█								Salem
	Printing social mobilization materials and develop plan for distribution	█	█	█								Salem
SUPERVISION AND MONITORING	Initiate social mobilization and advocacy activities	█	█	█								Log
	prepare crisis communication plan for managing AEFI vaccine crisis and rumours at each level	█	█	█								Salem
	Develop / adapt plan for AEFI tracking and reporting in coordination and collaboration with existing AEFI surveillance system in EVARN	█	█	█								Dr. Ahmad Alqosf / EVARN coordinator
TRANSPORTATION CAMPAIGN START	Develop / adapt guidelines and standard forms for AEFI monitoring and management	█	█	█								Dr. Ahmad Alqosf / EVARN coordinator
	Develop supervision plan at all levels with supervision visiting schedule to ensure that critical planning and preparation activities are adequately covered and are of high quality	█	█	█								Dr. Turki Daher
	To service vehicles and fuel to transport bundled vaccines , supplies and staff at all levels before and during campaign	█	█	█								Log Officer
CAMPAIGN START	Finalize and validate microplan	█	█	█								Turki
	Assess campaign readiness at each level according to SA readiness assessment tool	█	█	█								ACU immunization team
	Campaign start	█	█	█								Hiba
	Data flow management and daily reporting	█	█	█								SIG central supervisors
Finalize Final report	█	█	█								ACU immunization team	

Micro plan

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

- Map & list of communities with estimated target children.
- List of high-risk and hard-to-reach areas & population, IDP camps.
- Particular vaccination sites (medical points - kindergartens - schools - public markets - bazaars - crossing points ...).
- Human resources: number of teams, supervisors, social mobilizers, logisticians, data technicians.
- List showing teams and daily target areas to be covered.
- Based on unified standards, the daily team maps were carefully prepared in cooperation between the teams and the team supervisors.
- Prepare Talley sheets and registers at all levels (Team, team supervisor, district & TSCs supervisors).
- ACU/SIG Technical Committee has compiled revised and updated micro-plans.
- These revisions took place in consultation with the peripheral level according to the field situation.

The plan and map were drawn up at each team level by team supervisors and TSCs supervisors and made available on the registers, considering the border areas between teams to ensure that all communities were included in the plan.



Independent Monitor

The presence of an independent monitor for this campaign is vital and considered an additional guarantor to implement the campaign and its success within the certified technical standards by WHO. It is regarded as one of the critical essential factors to develop work strategies during the next rounds by focusing on mistakes and gaps encountered during this work. The independent monitor also gives credibility and reliability to the job achieved.

ACU supported 10 independent monitors to monitor the campaign activities.

The surveillance system (EWARN) was adopted as an external or independent monitor for the campaign, as six field-level officers (FLOs) in the Tal Abyad district and 4 FLOs in the Ras al-Ayn district were trained on monitoring the teams' performance indicators during the campaign and the process of implementing clusters to calculate coverage rates during and after the campaign.

Sincere thanks for contributing to the success of this work.

Social Mobilization plan

- The plan aims to increase awareness among all sections of society/community on the benefits of preventive measures for vaccination during the campaign.

The following objectives have been established for this plan:

- To maximize the effectiveness of the social mobilization plan through a set plan that addresses the following topics/issues:
 - Communication and social mobilization inaccessible and inaccessible areas
 - Strengthen communication channels through community engagement and community ownership
 - Strengthen communication interventions through networking, partnership, and S.S.
- To implement the communication activities, utilize existing resources, and address the knowledge gaps on Polio and EPI.
- To ensure networking and partnerships with CBOs and faith-based institutions on their support in Polio and EPI.

A social mobilization plan has been developed as follows:

- To facilitate the implementation, internal coordination through advocacy meetings with all local authorities at each TSC level with different community groups (Mosque preachers and imams, Famous People, Leaders, health directorates, and Local councils).
- It was agreed with the primary staff during the online training to spread the news about the campaign verbally through education and health directorates, the local council, the mayors, the military sectors, and all the existing institutions; in fact, informal publicity about the campaign was widely spread, and this helped raise the levels of knowledge about the campaign.
- District social mobilizers were selected in cooperation with the local council and were subjected to online communication and social mobilization skills training.
- Social mobilization materials were designed and presented to field supervisors and social mobilizers, and appropriate design was chosen according to the communities' characteristics.
- Communicate with all media channels & use social media (Facebook, WhatsApp, and Telegram.....) to raise awareness about the importance of vaccination through activities directed to the public.
- Many school activities were implemented in cooperation and coordination with the education directorates.

- A unique plan was implemented to contain and deal with rumors or misunderstandings about the campaign.

Timely designed, printed, and distributed IEC materials at all levels.



Logistic and Cold Chain Plan

Before the campaign, a cold chain assessment of capacity and efficiency was conducted at all levels (Central - District – TSCs).

A plan was prepared for:

- Receipt, distribution, and monitoring of vaccines and supplies at all levels.
- Preparing the required logistic forms to document all activities.
- Monitoring temperature and inventory daily before, during, and after the campaign.
- A comprehensive contingency plan to deal with situations that may occur in the cold chain at any level or in security situations.
- Management and Disposal of vaccines and wastes.

Cold Chain

TSC-hosted facilities have been equipped with an adequate supply of high-performing cold chain equipment (CCE) to enable safe and effective vaccine delivery. The CCE package includes a WHO-prequalified Ice lined (I.L.) vaccine refrigerator (127 L in baskets), chest freezers (for mass ice packs production), cold boxes, and a vaccine carrier with double sets of designated water packs. The quality of vaccine storage has been maintained and monitored using a standard electronic temperature logger (log-tag).



Data flow and management

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

- Each team and supervisor will have its register during the campaign days to record the data daily.
- At the end of each day, the team's supervisor receives the records from his team 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, who electronically inserts data into appropriate templates.
- The TSC data entry sends the data electronically to the district data entry officer and then to the district data entry officer.
- After reviewing and cleaning, the district data entry sends the data to the central level.

At the central level:

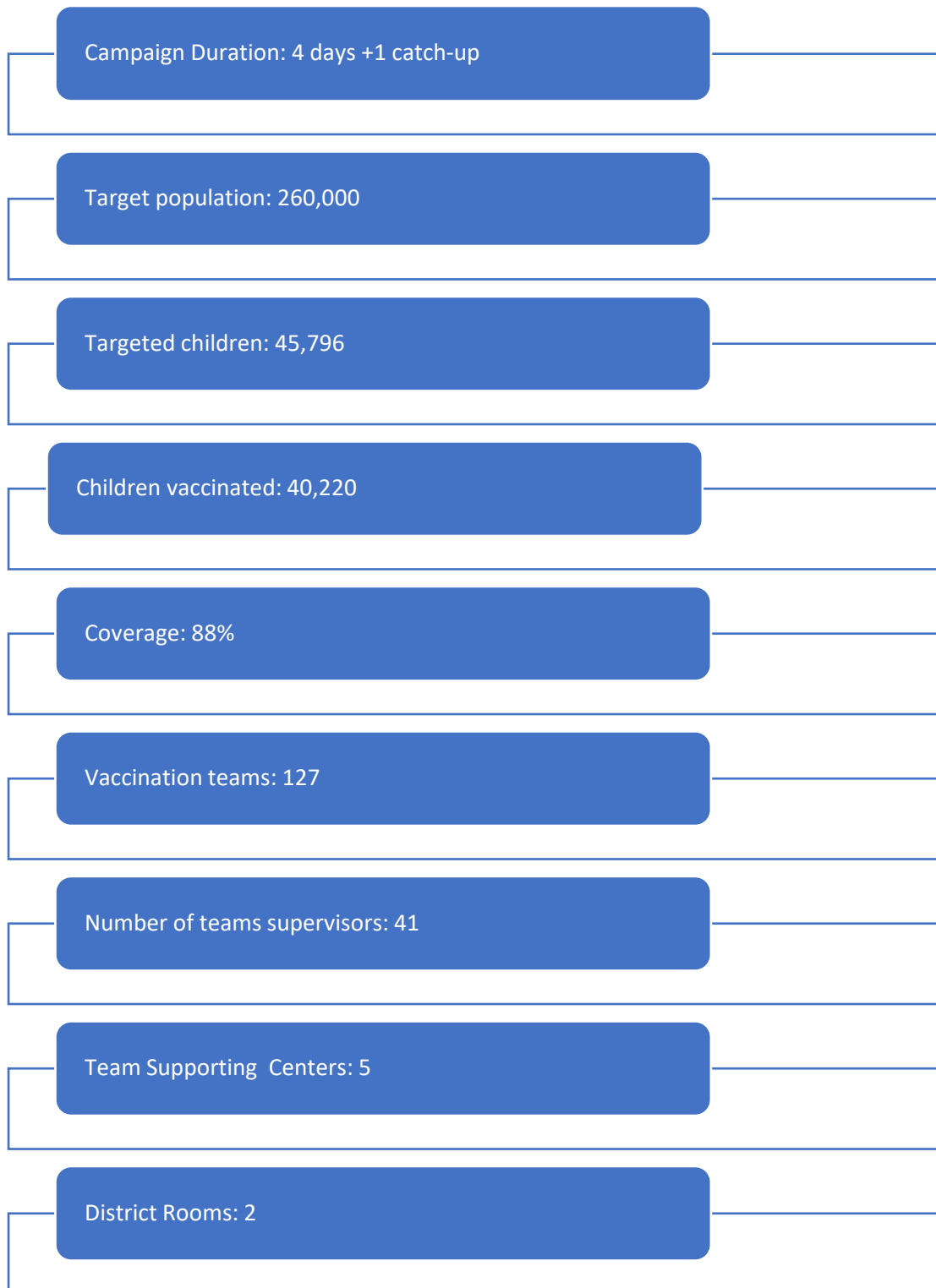
The data team receives all data items and presents them to the ACU technical committee daily through:

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

ACU/SIG technical committee analyzes and interprets all items in parallel with ACU supervisors inside, and then feedback is provided to the vaccination team in the field for corrective action.

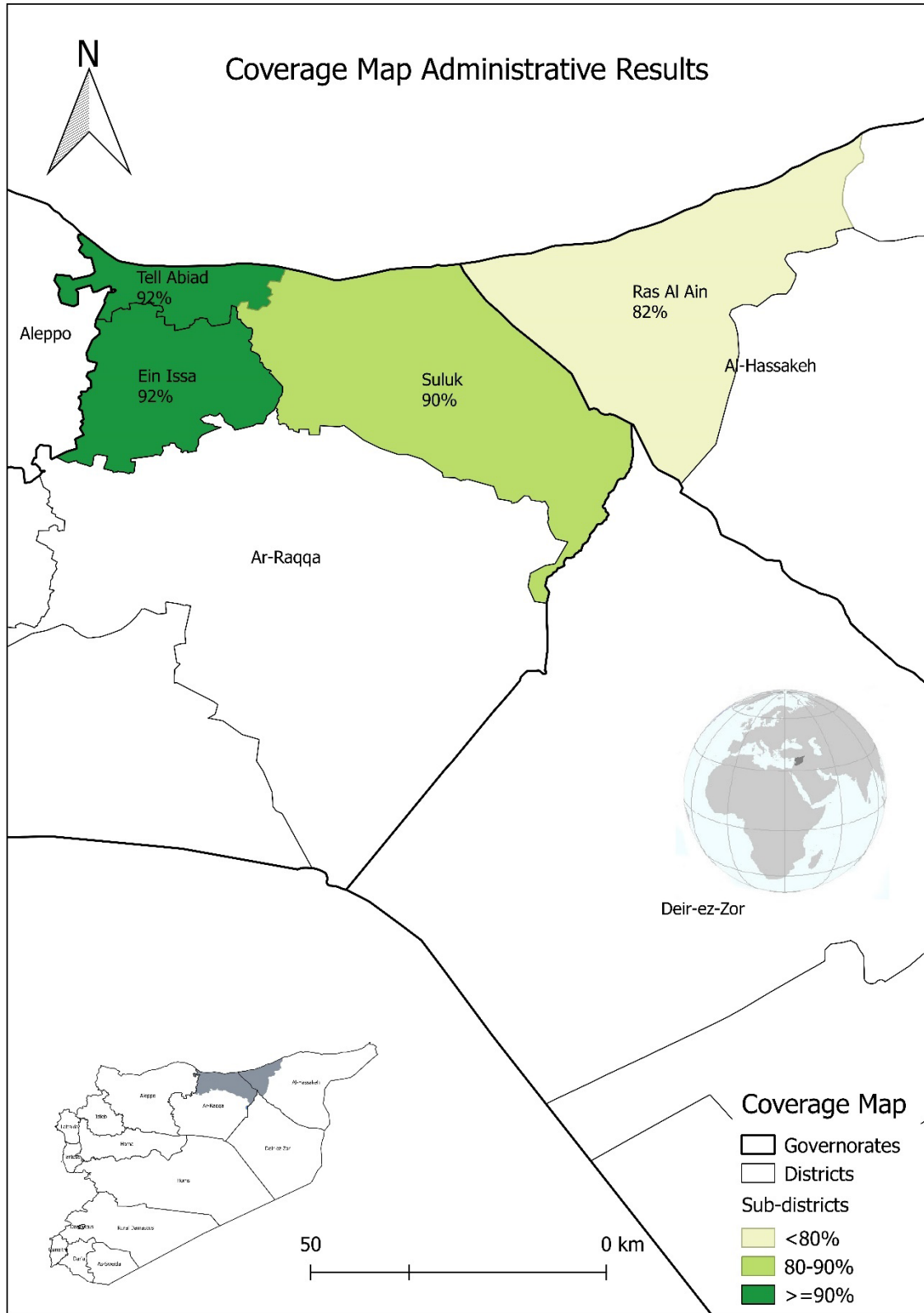
Implementation

General Review



The campaign was launched on December 16 in all TSCs except Tell Abiad TSC, which was launched on the third day of the campaign (December 18) due to security unrest in Tell Abiad city.

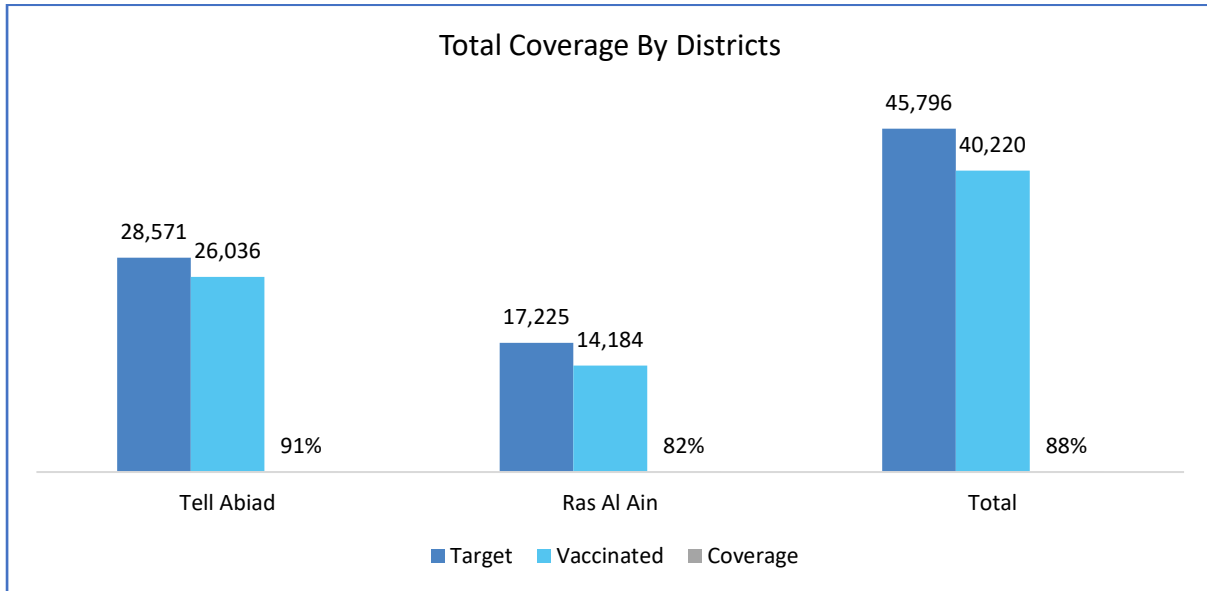
Coverage Map



Total Results

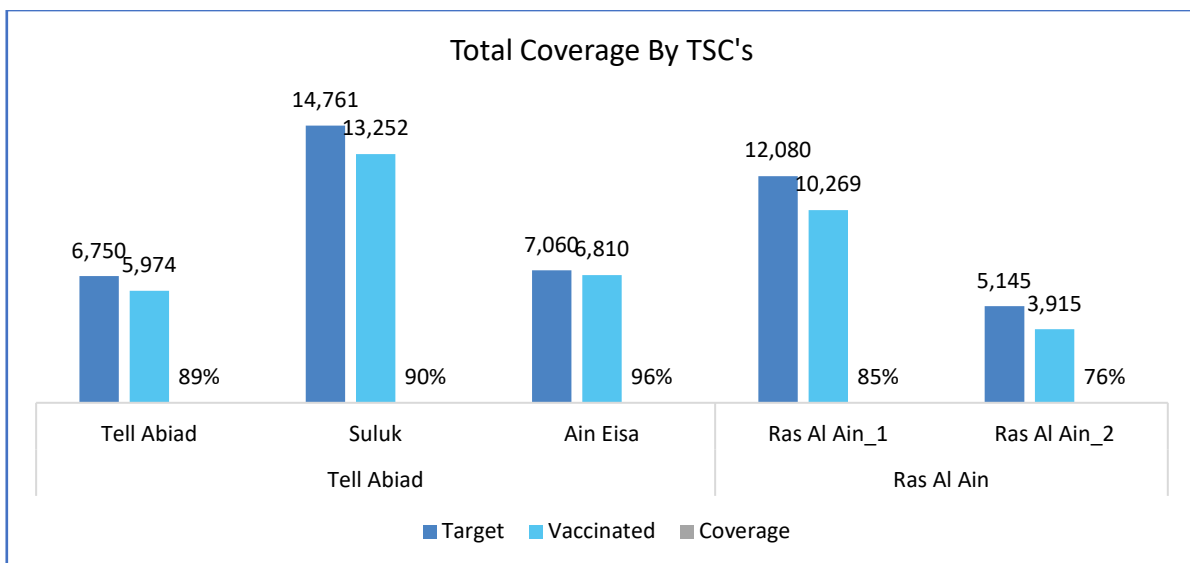
Total Coverage by District

District	Target	Vaccinated	Coverage
Tell Abiad	28,571	26,036	91%
Ras Al Ain	17,225	14,184	82%
Total	45,796	40,220	88%



Total Coverage by TSC's

District	TSC	Target	Vaccinated	Coverage
Tell Abiad	Tell Abiad	6,750	5,974	89%
	Suluk	14,761	13,252	90%
	Ain Eisa	7,060	6,810	96%
Ras Al Ain	Ras Al Ain_1	12,080	10,269	85%
	Ras Al Ain_2	5,145	3,915	76%



There has been a noticeable decline in coverage rates and the number of vaccinated children compared to the last house-to-house campaign implemented in December 2021. Several factors contribute to this decline:

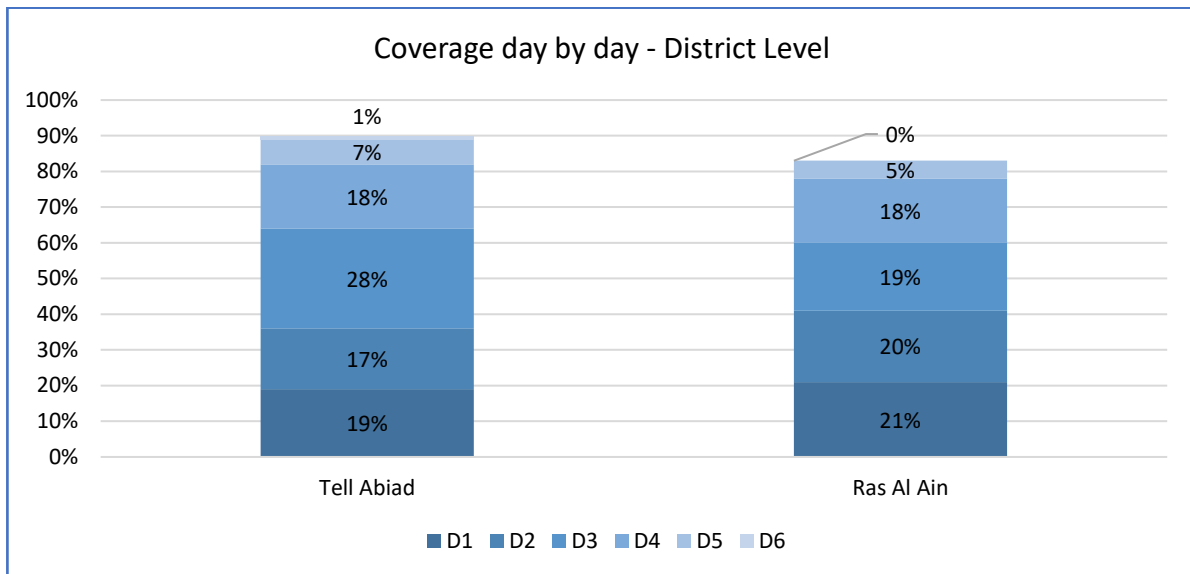
The TARA region is experiencing significant population movements due to security unrest and challenging economic conditions. Consequently, many new children have arrived in the area, but unfortunately, most have not received prior vaccinations (zero-dose children). Simultaneously, we have observed the displacement of several residents from the region to neighboring areas.

Additionally, internal population movements have been observed within the area. Many families have shifted residence to engage in agricultural projects that rely on solar energy systems to pump water to irrigate crops, a recent regional development. This has resulted in variations in the expected number of targeted children in those communities.

The Ras al-Ain district has been further affected, especially rural communities and small southern villages and farms that have suffered from poverty, drought, and many epidemics, such as cholera and leishmaniasis, which have displaced some residents to neighboring areas, where the campaign's supervisors have intensified coverage clusters from all current populations in this region, and the coverage has been high without refusals or low coverage cluster.

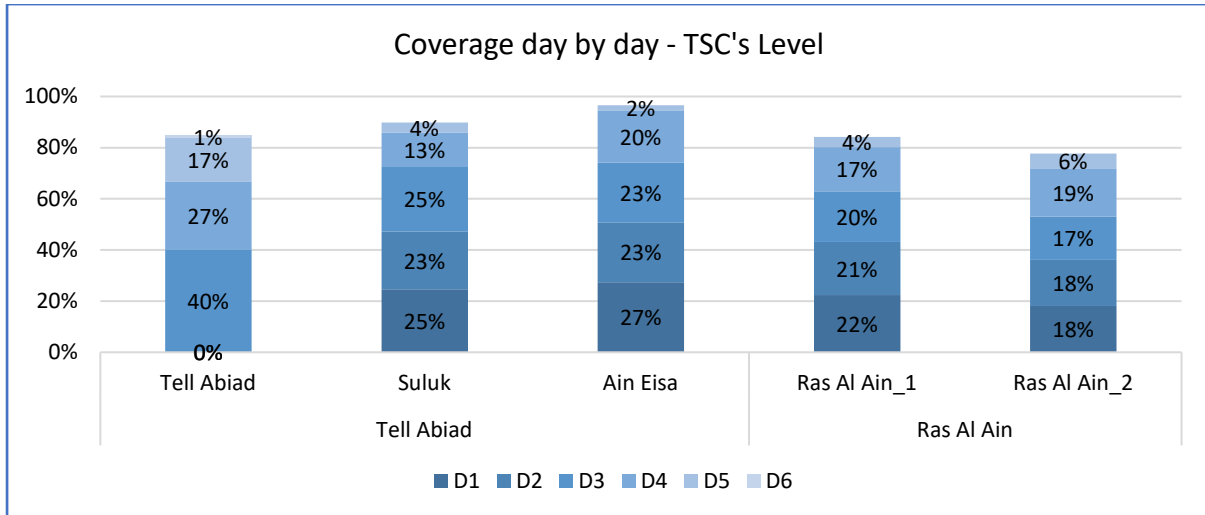
Daily Coverage by District Level

District	D1	D2	D3	D4	D5	D6
Tell Abiad	19%	17%	28%	18%	7%	1%
Ras Al Ain	21%	20%	19%	18%	5%	0%



Daily Coverage by TSC' Level

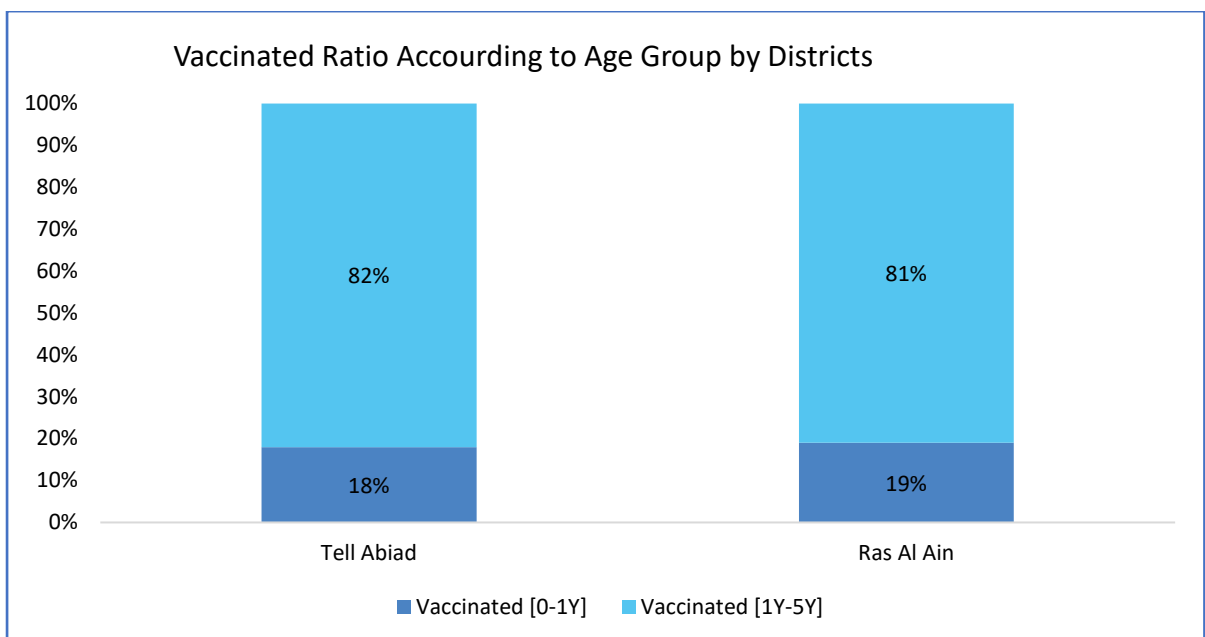
District	TSC's	D1	D2	D3	D4	D5	D6
Tell Abiad	Tell Abiad	0%	0%	40%	27%	17%	1%
	Suluk	25%	23%	25%	13%	4%	
	Ain Eisa	27%	23%	23%	20%	2%	
Ras Al Ain	Ras Al Ain_1	22%	21%	20%	17%	4%	
	Ras Al Ain_2	18%	18%	17%	19%	6%	



The daily coverage results show stability in the initial days, followed by a decline on the catch-up day; this could result from several factors: there was practical guidance and good organization on the initial days, and the teams followed the plan very well, conducting effective awareness and communication activities before and during the campaign. Security challenges in the two initial days of the Tell Abiad TSC affected people's participation. The operating routes and plan at the Tell Abiad TSC have been modified due to security unrest. Consequently, it has been decided to initiate operations on the first day of the campaign at the city center to complete them entirely. Then, the operations will progress to the surrounding villages, taking advantage of the security calm that prevailed during that time.

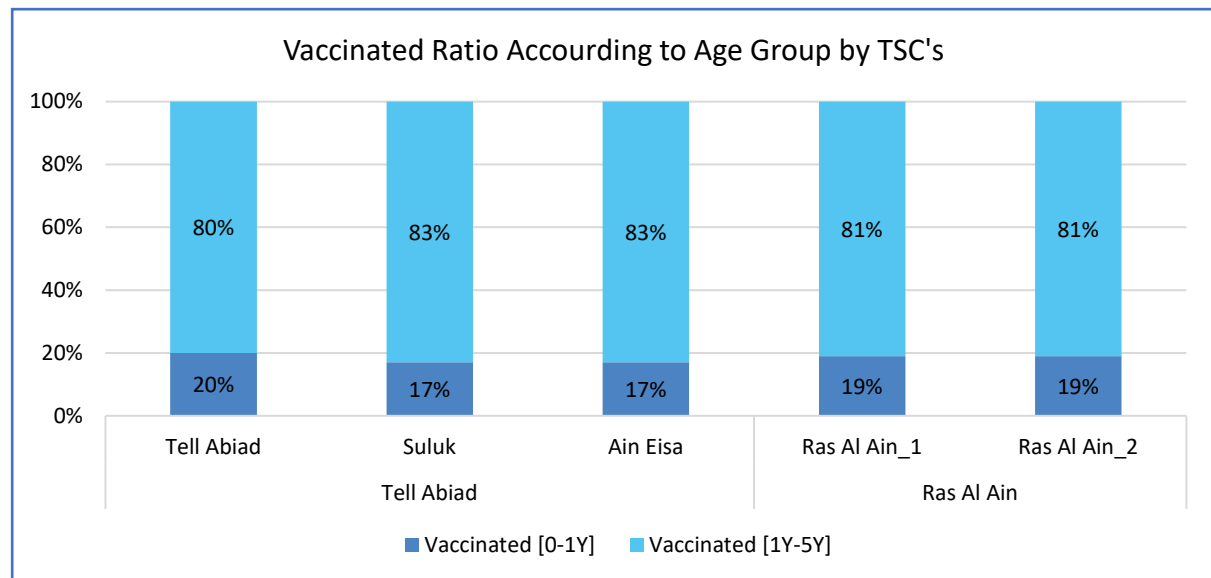
Total Vaccinated According to Age Group by District Level

District	Vaccinated [0-1Y]	Vaccinated [1Y-5Y]
Tell Abiad	4,591 (18%)	21,445 (82%)
Ras Al Ain	2,702 (19%)	11,482 (81%)



Total Vaccinated According to Age Group by TSC's Level

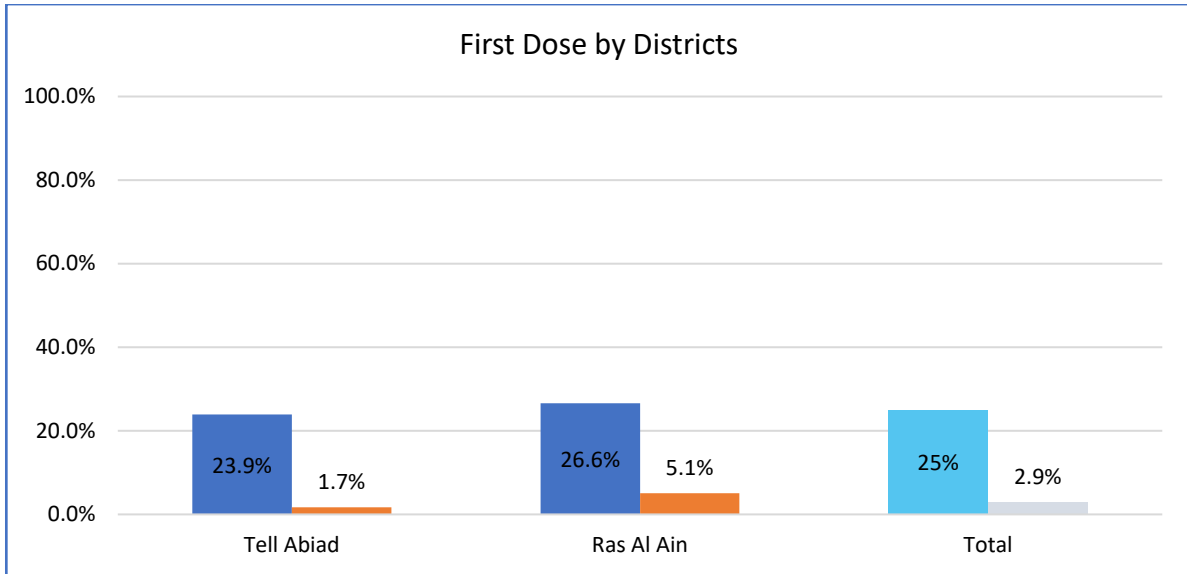
District	TSC	Vaccinated [0-1Y]	Vaccinated [1Y-5Y]
Tell Abiad	Tell Abiad	1,173 (20%)	4,801 (80%)
	Suluk	2,282 (17%)	10,970 (83%)
	Ain Eisa	1,136 (17%)	5,674 (83%)
Ras Al Ain	Ras Al Ain_1	1,949 (19%)	8,320 (81%)
	Ras Al Ain_2	753 (19%)	3,162 (81%)



During the lessons learned from previous campaigns, we emphasized the following key points: Prioritizing the vaccination of the target group, ensuring that it does not exceed the age of 59 months. Additionally, during training and supervision, we repeatedly stressed the importance of accurately registering children according to their age groups. The percentage is very close to reality, especially considering the poverty in the region, the current decline in birth rates, and the family planning programs in the area.

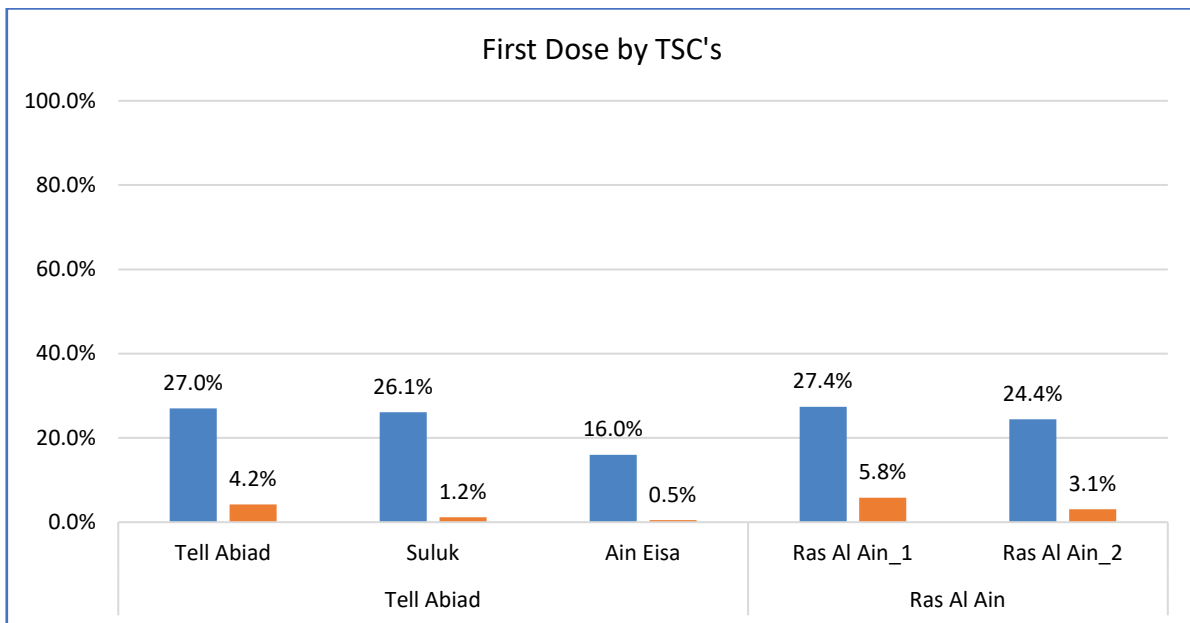
First Dose by District Level

District	First dose [0-1Y]	First dose [1Y-5Y]
Tell Abiad	23.9%	1.7%
Ras Al Ain	26.6%	5.1%
Total	25%	2.9%



First Dose by TSC's Level

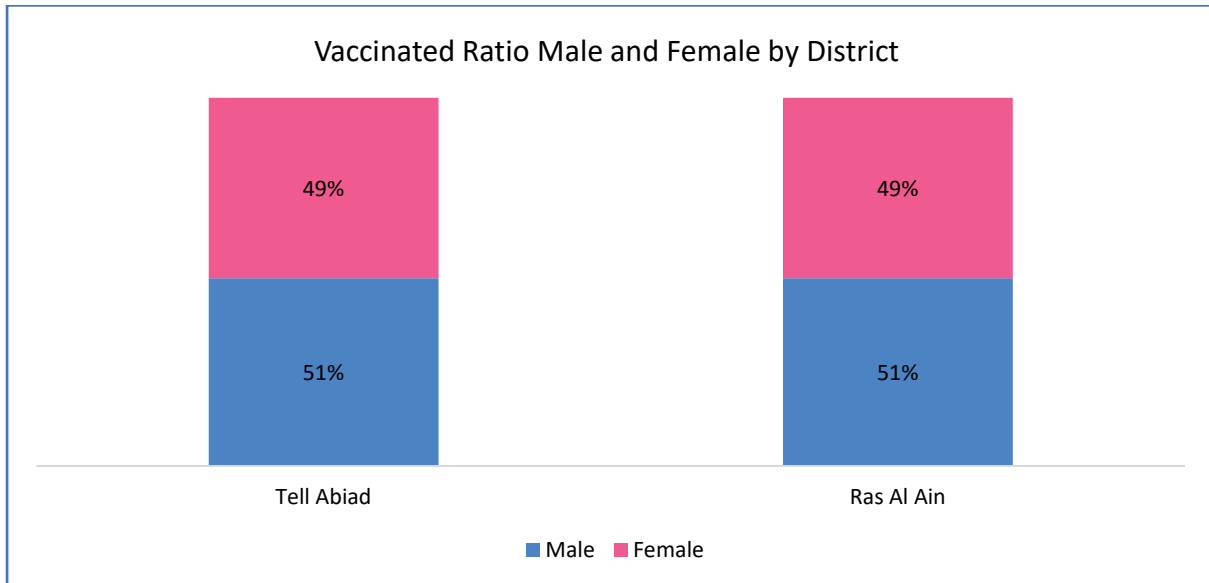
District	TSC's	F.D. [0-1Y]	F.D. [1Y-5Y]
Tell Abiad	Tell Abiad	27.0%	4.2%
	Suluk	26.1%	1.2%
	Ain Eisa	16.0%	0.5%
Ras Al Ain	Ras Al Ain_1	27.4%	5.8%
	Ras Al Ain_2	24.4%	3.1%



The last mobile vaccination campaign conducted door-to-door in the area occurred in December 2021, followed by the fixed campaign in December 2022. This contributed to the increase in the number of children receiving the vaccine for the first time in the age group under one-year-old.

Vaccinated children, Male and Female by District level

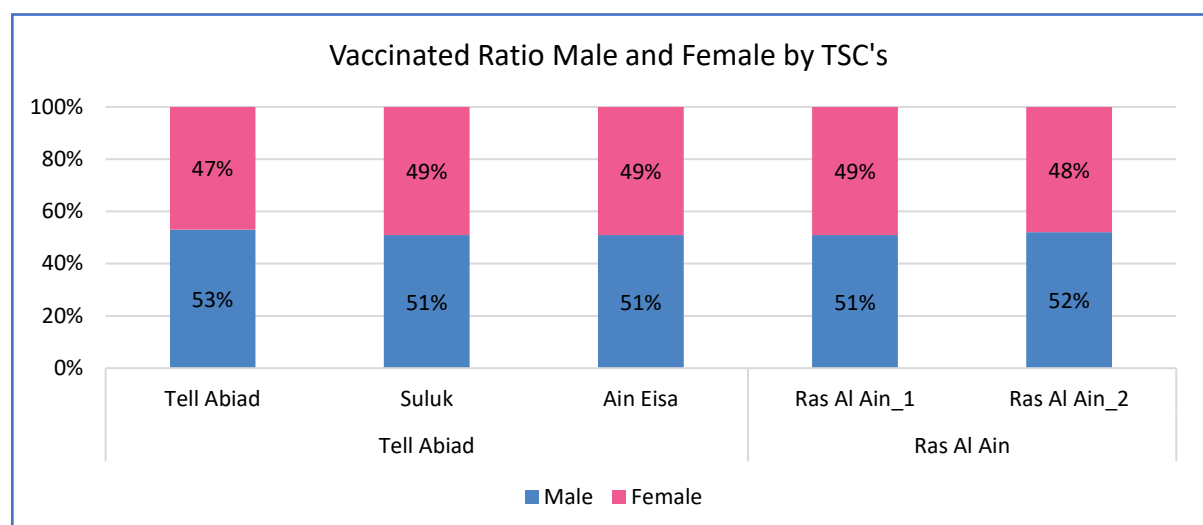
District	Vaccinated [Male]	Vaccinated [Female]
Tell Abiad	13,358	12,678
Ras Al Ain	7,290	6,894



The percentage of male and female children is very close to each other, and it is the same ratio observed in Northwest Syria. This supports the absence of gender barriers to vaccination in northern Syria.

Vaccinated children, Male and Female by TSC's level

District	TSC	Vaccinated [Male]	Vaccinated [Female]
Tell Abiad	Tell Abiad	3,155	2,819
	Suluk	6,750	6,502
	Ain Eisa	3,453	3,357
Ras Al Ain	Ras Al Ain_1	5,345	5,024
	Ras Al Ain_2	2,045	1,870



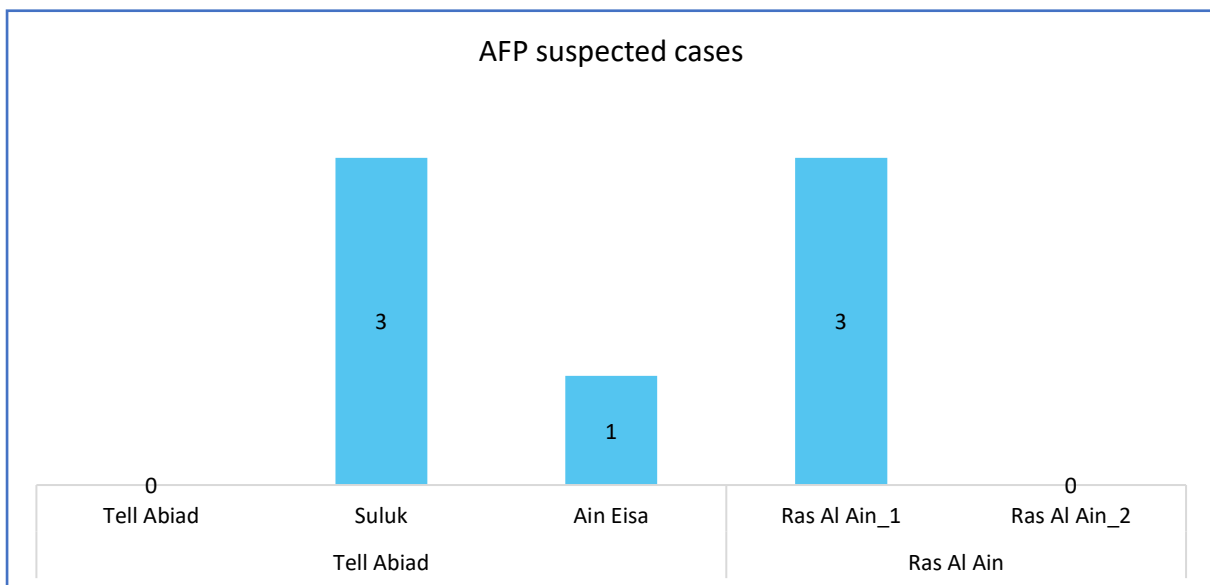
Wastage Percentage

District	TSC	Total Vaccinated	Used Vials	Wastage %
Tell Abiad	Tell Abiad	5,974	384	22%
	Suluk	13,252	807	18%
	Ain Eisa	6,810	404	16%
Total Tell Abiad		36,036	1,595	18%
Ras Al Ain	Ras Al Ain_1	10,269	687	25%
	Ras Al Ain_2	3,915	254	23%
Total Ras Al Ain		14,184	941	25%
Total		40,220	2,536	21%

Despite thorough training and role-playing during exercises, the wastage percentage was high. This can be attributed to the small size of most population communities and the fact that the open vial policy was not followed.

AFP (Suspected Cases)

District	AFP (Suspected Cases)
Tell Abiad	4
Ras Al Ain	3
Total	7



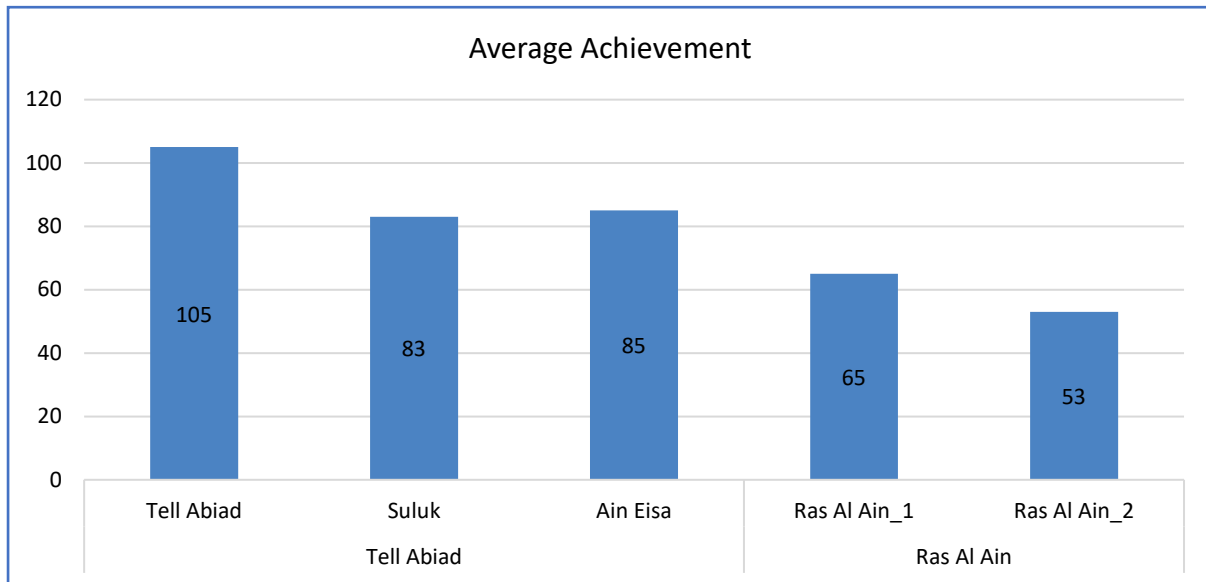
The house-to-house strategy presents a valuable opportunity to inquire about suspected cases of AFP (Acute Flaccid Paralysis), especially in areas categorized as blind spots due to long-term inaccessibility. Consequently, during the training, emphasis was placed on prioritizing the search for AFP cases.

All teams underwent training to inquire about paralysis in individuals under 15 years old. Every case, regardless of whether it was identified as flaccid paralysis or not, was meticulously recorded in registers based on the family's understanding. This approach aimed to avoid excluding or neglecting any potential cases. In this campaign, the teams recorded seven AFP cases: Three cases in Suluk TSC, one in Ain Eisa, and three in Ras Al Ain.

These cases were documented in a line list, and the Surveillance Officers (DLO) in the field were notified for investigation and follow-up.

Average Achievement of Teams

Districts	TSC's	Average Achievement
Tell Abiad	Tell Abiad	105
	Suluk	83
	Ain Eisa	85
Ras Al Ain	Ras Al Ain_1	65
	Ras Al Ain_2	53



The daily achievement rate of the team was very close to the plan, except for a noticeable decline in the Ras Al-Ain TSCs due to population movement and the presence of a significant number of small and scattered communities.

Missed Children

District	Target	Missed Children	Reasons of Unvaccinated			Missed Covered	Still Missed	Percentage of Missed Covered
			N.A	Refused	Other			
Tell Abiad	28,571	919	773	134	12	573	346	62%
Ras Al Ain	17,225	1,052	789	242	21	816	236	78%
Total	45,796	1,971	1,562	376	33	1,389	582	70%

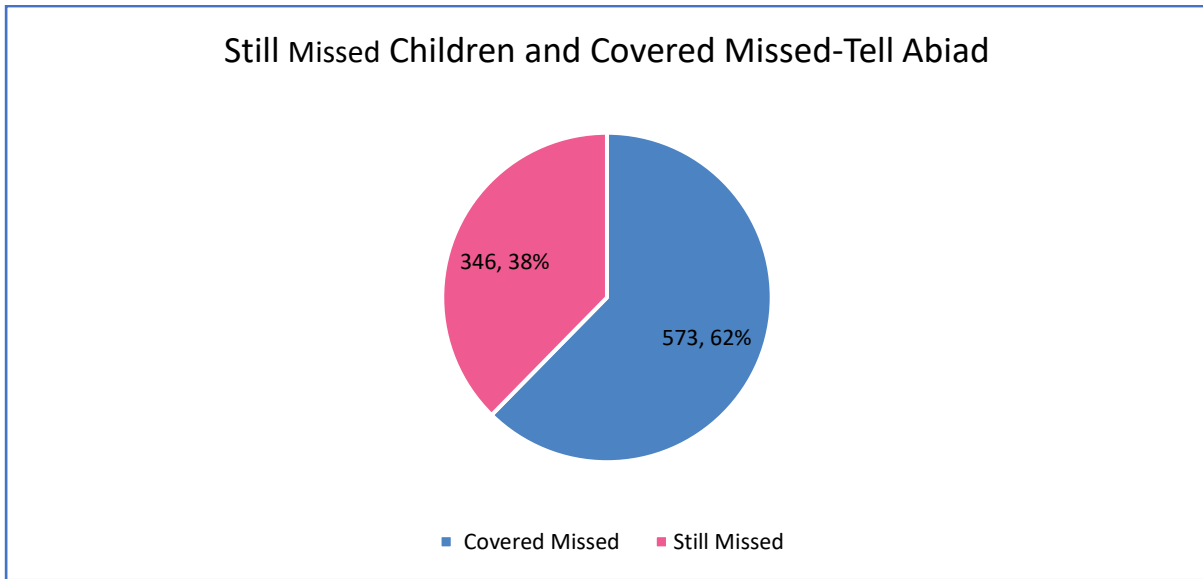
As indicated in the preceding table, the overall retrieving rate of missed children was commendable at 70%.

This achievement can be attributed to the teams' precision in registering all missed children and implementing a catch-up plan to ensure their vaccination by the last day.

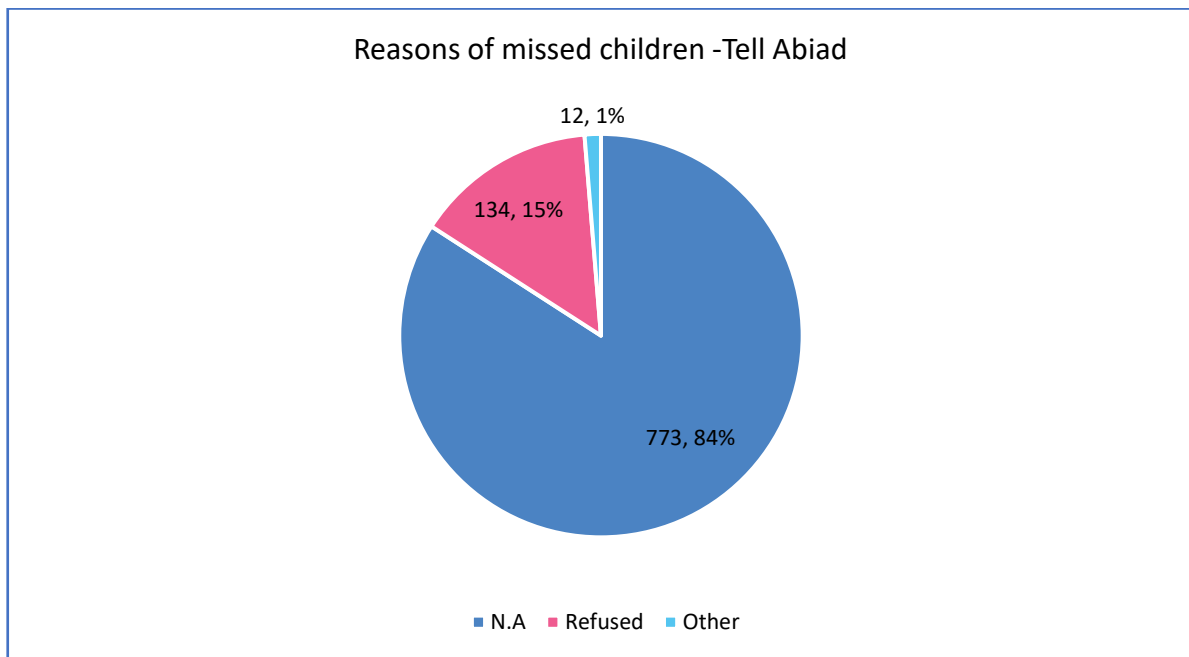
Of the remaining 30% who had not yet been vaccinated, the majority were found to be either absent or refusing the vaccine despite having visited them at least twice.

Children were listed with their addresses and telephone numbers for cases of refusal. They will be subsequently visited and vaccinated by routine vaccination teams.

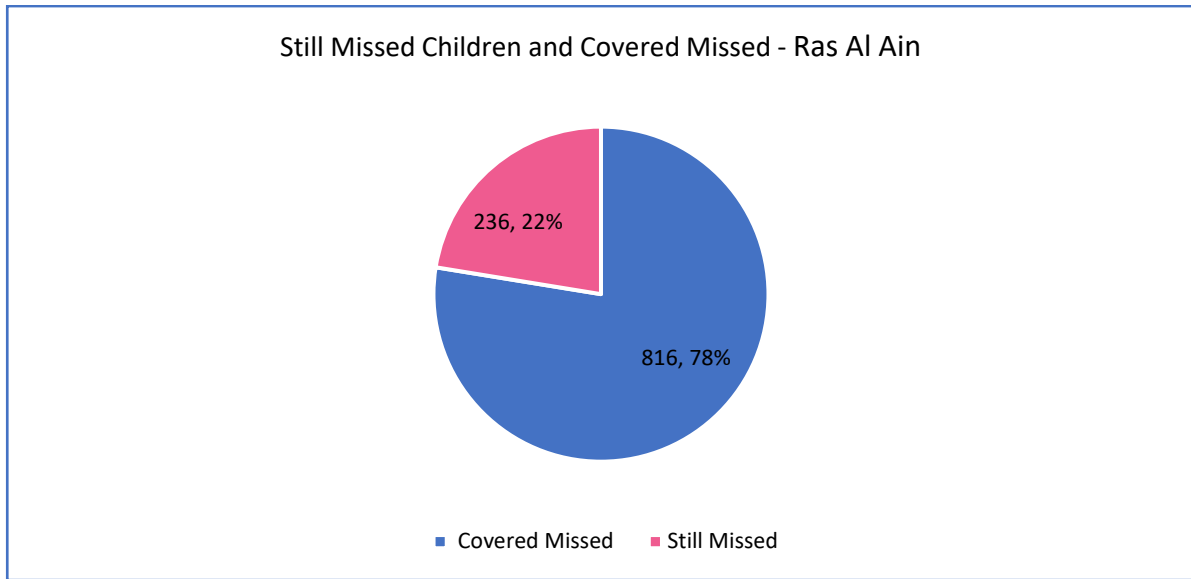
Total Percent of still missed children and covered missed – Tell Abiad



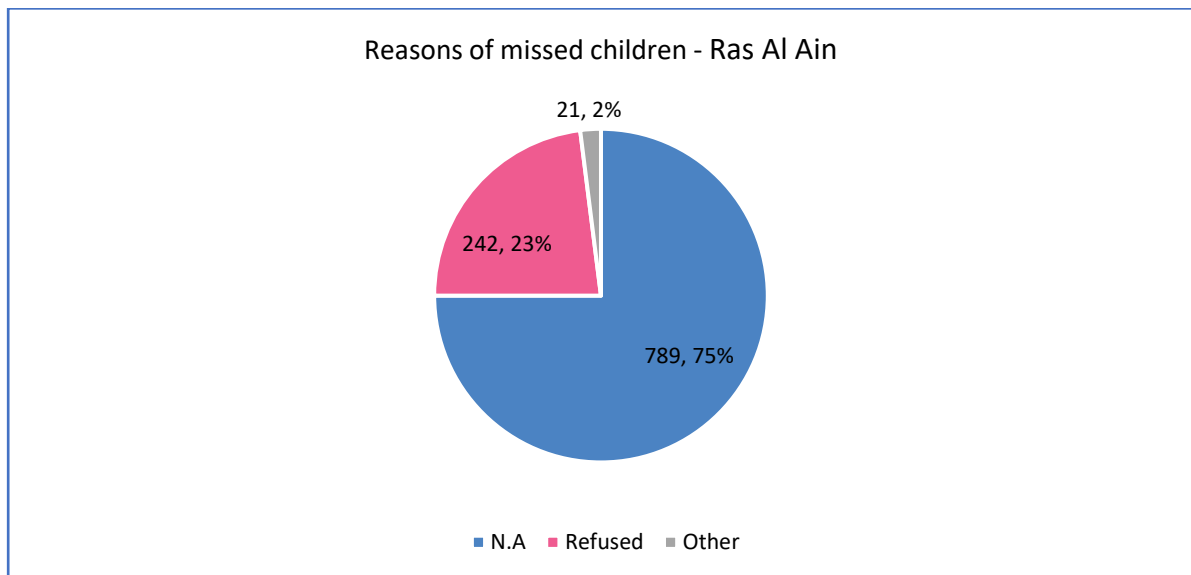
Reasons of still missed children.



Total Percent of still missed children and covered missed – Ras Al Ain



Reasons of still missed children – Ras Al Ain



Zero Dose:

Districts	TSC's	Zero dose
Tell Abiad	Tell Abiad	374
	Suluk	516
	Ain Eisa	79
Total Tell Abiad		969
Ras Al Ain	Ras Al Ain_1	782
	Ras Al Ain_2	178
Total ras Al Ain		960
Grand Total		1929

The presence of a significant number of zero-dose children (those who have never received the PENTA1 dose) in the area remains a major health concern. It has been decided to introduce an additional EPI center and implement various social mobilization activities and behavior change initiatives to increase access to people and reduce the issue's magnitude.

All zero-dose children will be closely monitored and visited by EPI teams, as they have been included in a priority list. The real reasons for not receiving vaccinations will be identified to address the issue and prevent its recurrence.

UNICEF has recently decided to support the region with an adequate quantity of vaccines, and this decision is expected to have a positive impact on reducing the number and percentage of zero-dose children. It is advised to review coverage rates in neighboring areas (in NES), especially considering that most of the new arrival children from NES were zero-dose) to ensure the efforts' effectiveness.

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 (Central, 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.

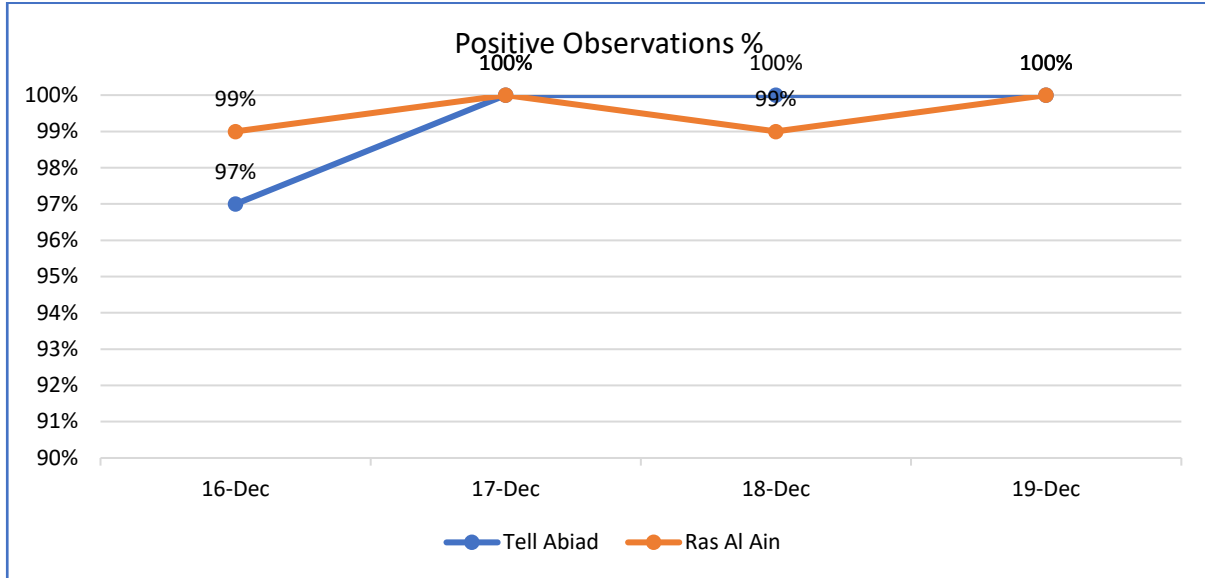
- Five central supervisors, who are members of the SIG Technical Committee, actively followed and supervised the campaign on the ground.
- WhatsApp groups were established to monitor work progress and facilitate communication among campaign supervisors at all levels.
- Evening meetings were conducted at the central, district, and TSC levels to review daily work results and address any challenges hindering the campaign's progress.
- Telephone conferences were organized with the SIG technical committee to track the campaign's progress and implement necessary corrective measures.

The campaign supervision consists of two components:

- **Monitoring team performance** using specific indicators related to vaccination methods, registration processes, and adherence to daily plans. Immediate correction of errors is ensured through on-the-job training.
- **Conducting surveys** and obtaining samples from households in vaccinating-completed communities to assess vaccine coverage levels, identify unvaccinated children, understand the reasons for their non-vaccination, and subsequently implement appropriate corrective actions.

Positive Observations:

District	16-Dec	17-Dec	18-Dec	19-Dec
Tell Abiad	97%	100%	100%	100%
Ras Al Ain	99%	100%	99%	100%



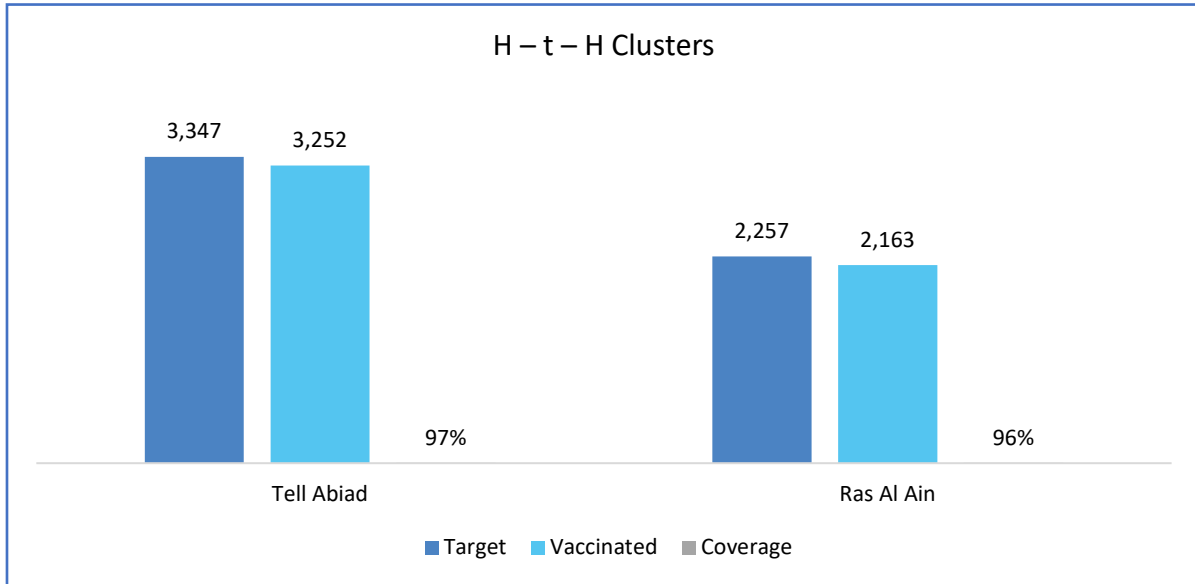
According to the supervision data, the most frequent errors were as follows:

1. Teams recorded missed children with unclear addresses
2. Teams recorded AFP and ZDC cases with unclear addresses
3. Team supervisors' observations were not documented.



H – t – H Clusters (Intracampaign)

District	# Clusters	# Houses	Target	Vaccinated	Coverage	Simple Size
Tell Abiad	140	1,764	3,347	3,252	97%	7.31%
Ras Al Ain	86	1,204	2,257	2,163	96%	4.93%



Independent Monitoring:

To ensure the quality of work and verify the actual coverage achieved in the OPV campaign, a third party was engaged to collect samples from communities in various areas both during and after the campaign. External staff with experience in field monitoring were trained on the methodology of selecting clusters and households for assessment during and post the campaign.

A dedicated survey form was designed to capture data, including the number of children under five observed in households and their vaccination status, obtained through verbal confirmation by parents and visual confirmation via finger marks. The form also documented reasons for non-vaccination, if applicable, along with details such as the child's name and address.

Monitoring teams participated in campaign training sessions to understand campaign plans, enabling the development of a proportional plan to visit completed communities to fill out vaccination status forms. Subsequently, these forms were sent to the central team for analysis, and corrective actions were taken as needed.

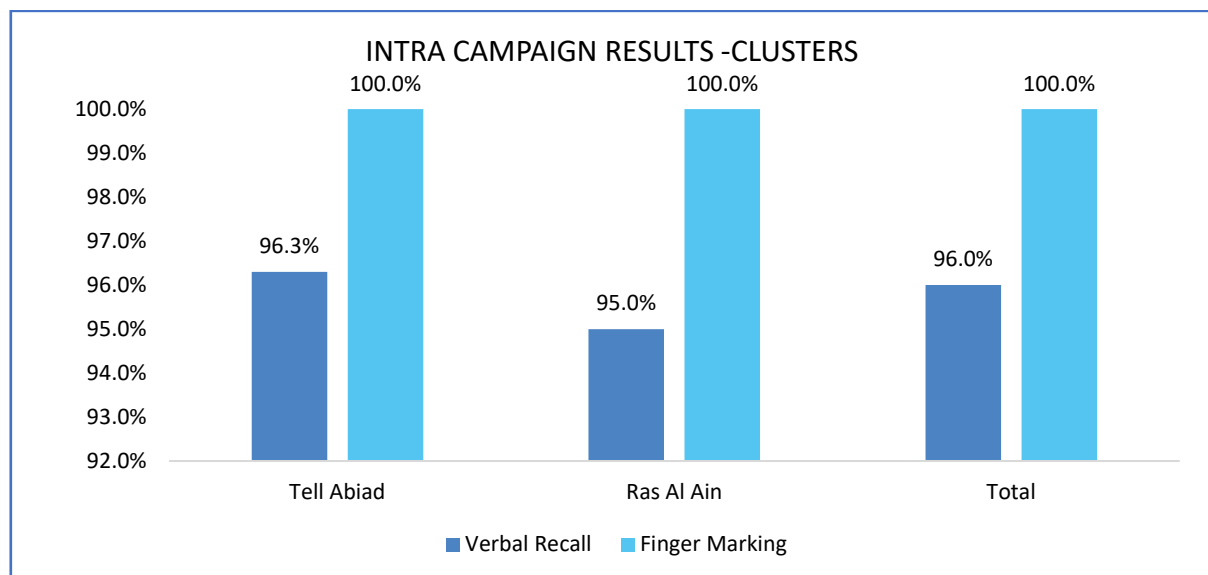
TPM Results:

During the intra-campaign period, 47 clusters comprising 705 houses were visited. Post-campaign, 123 clusters with 1,845 houses and 3,408 children under 5 were sampled, representing 7.4% of the target. The vaccination status results are detailed below.

Intra Campaign

Clusters 47

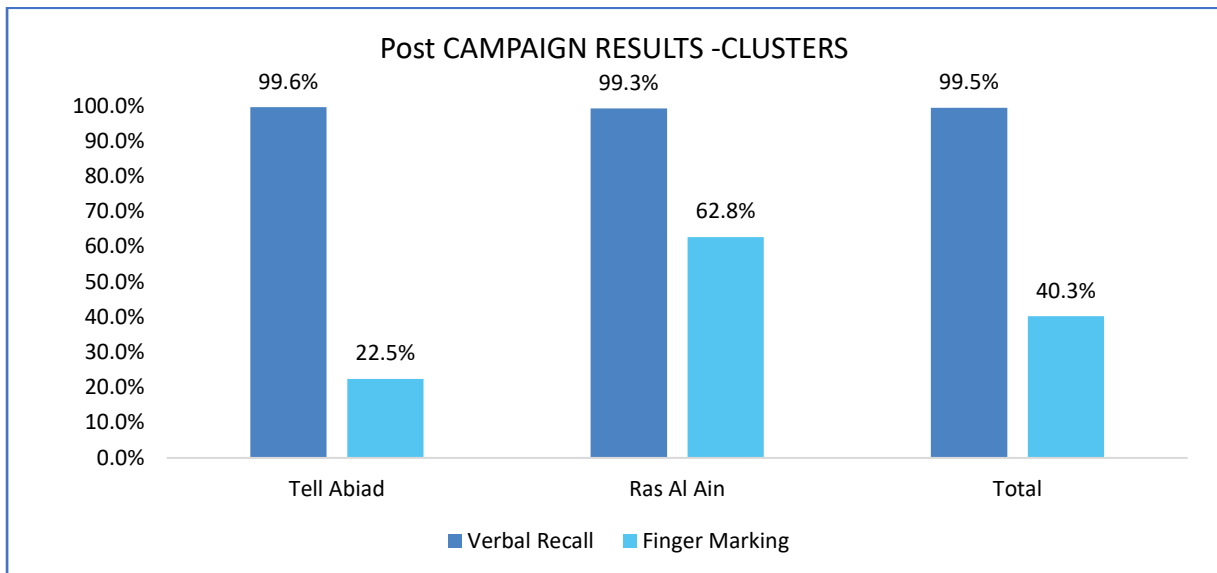
Districts	Verbal Recall	Finger Marking
Tell Abiad	96.3%	100.0%
Ras Al Ain	95.0%	100.0%
Total	96.0%	100.0%



Post Campaign:

Clusters 123

Districts	Verbal Recall	Finger Marking
Tell Abiad	99.6%	22.5%
Ras Al Ain	99.3%	62.8%
Total	99.5%	40.3%



As we notice there is low finger marking rate is due to the use of a relatively old type of marking pen, in addition to the delay in implementing the home clusters, 4-5 days after the end of the campaign.



Challenges and Management

Target population

One of the most important difficulties is the absence of a realistic target at the beginning of the planning because there is no accurate knowledge of the demographic and geographical situation in the area; therefore, based on the available sources, especially local councils, of the Information Management Unit in ACU, and the last OPV campaign (in Dec 2021), the macro plan was developed than the estimated target. A micro plan was placed during the preparation and training on the ground.

Geographic obstacles

Harsh geographic nature in some centers like Suluk and Ras Alain 2, where there are a lot of small-scattered gatherings, which is very tiring for the team because of the rugged dirt roads and long distances that connect them, and that takes a long time for the teams to achieve their targets, and to manage this problem the teams are forced to use special transport means such as Motorcycles for speed and easy access. In addition, a number of residents moved to live in new scattered farms, and this required additional effort to find the targeted children.

Human resources

We depended on the staff who worked with us during previous campaigns, most of whom worked in Ras Al-Ain and Tell Abiad hospitals or previously participated in campaigns implemented by MSF in this area. We coordinate with the hospital administration and the health directorates in the TARAA to select qualified medical staff from the local communities. We did comprehensive training before the campaign, close supervision, and follow-up with ACU/SIG supervisors (there was one ACU/SIG supervisor in each TSC).

House marking

There was no house marking due to lack of approval, which made it very difficult for supervisors to follow the teams; it takes a long time to find them, so this was addressed by following tight itineraries and detailed and accurate team maps, making considerable additional efforts by supervisors to track the teams in the field.

The security situation

Some communities near the conflict lines, especially near the M4 line, where some villages are in contact with other natural areas, and the presence of some gatherings is not safe because of landmines or remnants of explosives. The teams dealt with this situation in many ways, like calling the target population to a safe place and vaccinating their children) This happened in some communities in the centers of Ain Issa and Ras Al Ain 2), and by using someone of the locals or authors, the team was guided by using a motorcycle (This happened in some communities in the Suluk center).

Advantages

- The readiness file was prepared two weeks before the campaign and was sent to the central level daily to follow up on all activities with the field team.

- One crucial thing is that teams were selected according to SIG criteria which contributed to access to all communities.
- High-quality online and physical training conducted insufficient time at all levels.
- Teams adhere to the daily plans that were prepared before the campaign.
- Harmony and continuous coordination between supervisors at all levels.
- High demand and excellent response to the vaccination service by the people. This facilitated the work of the teams and helped them achieve their targets.
- Teams reached 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 daily and take appropriate corrective actions.
- Continuous daily communication by ACU/SIG at the central level with ACU/SIG supervisors in all TSCs to discuss and interpret all findings & results.
- The presence of a sense of responsibility for everyone who contributed to the campaign.

Waste Management Plan

Waste Management's post-campaign plan at the district level includes damaging empty vaccination vials and unconsumed vials at the district level. After counting, vaccine vials are collected from all TSCs, then damaged according to required standards in standard acrimonies. This procedure is performed under the supervision of the district supervisor and district logistics officer with a formal recording of the Waste Management Plan.

There is an incinerator with approved standard specifications in Tell Abiad Hospital and Ras Al-Ain Hospital.

We were agreed with hospital managers and the use of incinerators to destroy empty vials.

Recommendations:

- 1- Ensure the sustainability and stability of immunization activities in TARAA.
- 2- Implementation of three multiantigen campaigns with (OPV& IPV & PENTA & MR) in TARAA.
- 3- Implementation of two OPV door-to-door campaigns.
- 4- Update the EPI plan in TARAA regarding the new number of vaccinated children in each community.
- 5- Effective coordination with all actors in society and engaging the community in planning and implementing vaccination campaigns.
- 6- Establishing a special tasks team from community leaders and health workers in TARAA to deal with stubborn cases of Refusal.
- 7- Reaching all zero-dose children and addressing social, cultural, political, or gender-related barriers to under-immunization to improve equity (leaving no one behind with immunization) in immunization coverage.
- 8- Strengthening the surveillance system of vaccine-preventable diseases to enhance rapid detection, response, and control of vaccine-preventable diseases.

Conclusion

Finally, we would like to appreciate the care givers of the children and all the staff 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 obstacles and Indeed, the lessons learned from the previous campaigns have been taken into consideration to reach all children in all communities, even





OPV Vaccination Campaign

16-21 December -2023



ACU