



Operational Guidelines for Permanent Transit Vaccination Strategy

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INTRODUCTION

Background and Rationale

Global Polio eradication has made significant progress reducing the number of the endemic countries to three. But there is strong risk of spread of transmission from endemic or infected countries to the polio free countries having susceptible population. Year 2013 had outbreaks of polio in previously polio free areas i.e. Horn of Africa and Syria.

Many of the areas affected by polio now, whether endemic or in outbreak, have substantial number of under or unvaccinated children due to security and access related challenges.

Population movement from infected or under-immunized areas plays an important role in spreading the polio virus from one area to other. These populations are usually less well vaccinated compared to the stable populations as they do not get as many opportunities and act both by diluting the population immunity as well as acting as a vehicle for carrying the virus from one area to other.

In order to minimize the risk of spread and providing additional vaccination opportunity, it is important that the population in movement should be vaccinated with at least one dose of OPV on entry/ exit from the area of concern. As the phenomenon of population movement is continuous, permanent vaccination teams should be established at all major transit points around the concerned area as well as at major railways stations/ bus stations which is used by the population.

This document outlines the necessary steps for planning and implementation of Permanent Transit Vaccination points.

Strategy Objective:

The aim of permanent transit vaccination strategy is to limit the risk of spread of WPV from infected to non-infected areas and improve the immunity level of the target children from inaccessible areas.

Specific objective of the strategy is to give a dose of OPV to all eligible children in transit to/ from the area of concern.

Population and area of concern:

First step in planning of permanent transit vaccination is to define, identify and map the population and area of concern, their movement pattern including mode, route and timing of movements.

Target age group:

Usually the target age group is children aged 0-59 months. This target age group may be expanded to 10-15 years based on epidemiology.

Type of vaccine:

Type of vaccine to be used could be bOPV, tOPV (before tOPV-bOPV switch), mOPV or IPV depending on epidemiology.

IDENTIFICATION AND TYPES OF PERMANENT TRANSIT VACCINATION POINTS

Permanent transit vaccination teams are necessary where there is a constant flow of persons coming from areas where vaccination is limited or where there is frequent travel causing these children to be missed during other vaccination opportunities and where people are coming to and from Poliovirus reservoir areas including other countries.

We can consider 3 types of Permanent transit vaccination points:

- 1) Permanent (working everyday throughout the year)
- 2) Seasonal (migrations during a specified time of year or an emergency displacement of people)
- 3) Temporary (as during festivals, religious congregations etc)

Permanent transit vaccination teams should be deployed at major routes that are used by people coming from or going to areas of concern. These points should be identified taking information from all available sources including physical verification by a responsible person.

The site selection depends on routes taken by the movement pattern of population of concern and areas where it is possible to get them for vaccination.

Following type of sites should be included in the list:

- Major roads:
 - Border crossings, toll plazas
 - For roads coming from inaccessible areas, the first convenient place in accessible area.
- Bridges / ferry crossing points
- Motorway rest stops and bus stop around the Country, Province, District borders

- Main Bus stand and train station of town
- Major referral health facilities (teaching hospitals, women and children hospitals, Provincial, District hospitals)
- Religious shrines and other places of congregation having possibility of a large amount of people gathering.

These sites identified should be listed and mapped. The list should have following information for planning purpose:

- Name and detailed location (district, UC, city, town, village, area/mohalla, specific location in town)
- The estimated number of people crossing the transit point per day,
- Information on the variation in traffic load, with time of day, week, season etc.
- The origin and destination of population passing through the transit point
- The preferred mode of transport used by the population crossing the transit point
- A detailed spot map of the location of the transit-point

MICRO-PLANNING:

Microplan for permanent transit vaccination points should be prepared in collaboration and support of the authorities in charge of the crossing point. Bus stations and train station managers need to be contacted to ascertain total number of arrivals and departures day and night to determine how many teams necessary in the microplan

Suggested steps for micro-planning are as below:

- Identify and enlist all important transit points as mentioned above
- Transit points should be visited by the person(s) responsible for micro-planning to assess the following:
 - Traffic load/ estimated number of target children passing through transit point & number of entry and exist points
 - Variation in traffic load with time, day and seasonality
 - Most appropriate location for placing vaccination teams
- Micro-plans should be prepared with the following information included:
 - Number of teams deployed at the site

- Name and CNIC number of the permanent transit team members and supervisors deployed.
- Exact location of transit team vaccinators.
- Timings of transit team vaccination activity, including shifts.
- Vaccine and logistic delivery plan
- Supervision plan
- Social mobilization plan
- Training plan for permanent transit team members and supervisors
- Maps that include the transit team details, movements, entry/ exit points and deployment of vaccination teams.
- Security plan

COMPOSITION, SELECTION AND TRAINING OF THE VACCINATORS

Composition of a permanent transit team:

Every permanent transit team should have 2 members who will screen, vaccinate as well as to record the children vaccinated at the site. In places with high traffic load, more than one team may be required.

In places of congregation and busy crossing points should be considered the inclusion of a support person who could mobilize and organize the children for the vaccination.

In areas with security concerns, additional security personnel may be required to accompany the team all along the activity and should be part of the security plan.

Selection of transit team members:

The selection criteria for the teams members are:

- Should belong to the community if possible
- General male, (female where appropriate as in some hospitals) more than 18 years of age, active,
- Courteous, patient, calm and respecting the local customs,
- Familiar with the area and the transit site,
- Accepted by the authorities in charge of the crossing point/ transit site, major health facilities.

Trainings:

Only trained vaccinators and supervisors should be deployed for the permanent transit vaccination activity. The training should focus on:

- Permanent transit strategy and its importance
- OPV basics and vaccine management
- Proactivity in seeking children
- How to approach parents courteously and effectively
- How to convince reluctant parents to accept OPV vaccination
- How to check for vaccinated and unvaccinated children by finger mark
- OPV administration and finger marking
- Recording and reporting (use of tally sheet)

Supervisors should be briefed in a separate session on cold chain, logistic delivery, method of supervision, checklist and daily summary reporting.

SUPERVISORY FRAMEWORK

Normally one supervisor should be assigned for every 5 transit teams. The number of supervisors deployed may vary according to the size of the transit point and number of vaccinators deployed there. For example a large and busy railway or bus station may require more than one supervisor.

The distances traveled by the supervisor to check different transit points should also be taken into account when deciding the number of supervisors to be deployed. In case of transit teams deployed in shifts, supervisory plan should be made to cover all shifts.

The supervisor is expected to ensure that:

- 1) The assigned team members are deployed according the microplan, trained and have valid identification card
- 2) The supplies are provided timely to the assigned teams, in good condition and appropriate in quantity prior the activity.
- 3) Cold chain is properly maintained with use of frozen ice packs in a standard vaccine carrier and no OPV with expired VVM or past expiry date is used.
- 4) OPV vaccine and supplies are always available with the teams and replenished before the stock out
- 5) Tally sheet is filled correctly by each team member for each day and for each shift
- 6) Data of children vaccinated is collected and compiled daily, separately for each transit point

The Supervisor should meet his teams at least three times during the course of their day's activity and should sign the tally sheet at the time of his visit.

Supervisor should always carry a vaccine carrier and supplies with him in order to replenish the team.

Supervisory monitoring format should be used by each area in charge to record findings from the visit and submitted to the district in charge daily at the time of the submission of the summary report .

A supervision plan for district/tehsil/town level officers (health, administration and partners) should also be made in such a way that each PTVP is supervised at least on biweekly basis.

VACCINES, COLD CHAIN AND LOGISTICS

Requirements for the team :

The permanent transit vaccination team should be provided with the following logistics:

- Standard vaccine carrier with 4 frozen ice for every vaccination team member (every day, every shift)
- Finger marker for every team member
- Sufficient number of vaccine vials and droppers (every day, every shift)
- Zip lock plastic bag for each vaccine carrier (one for unused vaccine vials, one for the used one and the third for the vial that is currently open and in use)
- Tally sheet for every vaccination team member (every day and for each shift)
- FAQs in local language for each team member
- Cap, apron, badge for each member wherever possible
- banners and umbrella for visibility of the point

The pen for recording should be taken from home by the team member.

Vaccine and cold chain:

- Vaccine requirement for the team should be calculated on the basis of expected number of children for the first week with 20% buffer. For subsequent weeks the requirement should be adjusted on the basis of experience in first week.
- One week requirement of vaccine and logistics for the activity should be stored at nearest health facility with cold chain. District should have one month requirement and 20% buffer. Vaccines for PTV activity should be clearly earmarked and kept properly.

- Every team member should have 1 vaccine carrier with frozen icepacks as well each supervisor. Bigger transit points with multiple teams can have cold boxes for storage of vaccine.
- Unused vaccines should be returned by the supervisor/team to the storage facility at the end of the day.

Logistics requirement :

- Logistics required for the activity are : Vaccine Vials, Dropper ,Finger Marker, Zip lock, Tally sheet, Reporting format, Communication toolkits, Apron and Banners.
- Suggested formula for calculating requirements is as below:
 - Dropper: 1 per each vaccine vial
 - Zip lock plastic bags: 3 per each vaccine carrier per day per shift
 - Marker pens: 1 marker pen per team member per week
 - Tally sheet: 1 tally sheets per team member per shift per day
 - Reporting format: 2 reporting format per supervisor per day
 - Communication toolkit: 1 per team member
 - Apron, Cap, Badge: 1 per team member
 - Banners: 2 per each permanent transit site
 - Umbrella: 1 per each permanent transit site
- The logistics should be procured for 6 month requirement and distributed to the districts.

Vaccine and logistics delivery:

The district will deliver the vaccine and logistics to the responsible health facility. The supervisor should collect the vaccines and logistics from the health facility and distribute to the transit points accordingly to the teams members. When the team is working in the health facility functioning as team support center, or nearby, the team leader of each team could be responsible for collecting the supplies before starting the activity and to return them back every day at the end of the shift.

IEC/ MOBILIZATION:

For Permanent transit vaccination teams to be successful, it is very important that they are visible and supported by Information, Education and Communication (IEC) tools and products to assist them in their work. It is often more difficult to convince a mother or father to accept immunization services while they travel. They may not be aware of such services or may not have confidence in vaccine services being given away from a health facility or their home.

IEC for the transit strategy should include:

- Posters and Banners – focusing on population in transit.
- Aprons/caps/badges: Vaccinators should also be provided with identification badges, aprons and/or tee-shirts, caps so that parents can easily identify them.
- Flyers, FAQs,: Transit team vaccinators should carry with them to the field IEC materials they can give to parents to read if they have questions about polio vaccination.
- Radio and TV PSAs: Messaging should be developed and shared through appropriate channels to ensure that parents are sensitized to transit teams operating in their areas
- Endorsement and announcement by the controlling authority at the transit point e.g. by railway or bus terminus authorities
- At very busy transit points, mobilizers should be deployed to support vaccination teams in checking and vaccinating children

ACTIVITY AT PERMANENT TRANSIT POINTS

Every vaccinator deployed to a transit point should be proactive - actively looking out for children. Every vaccinator deployed must be independent and should carry vaccine, finger marker, pen and tally sheet.

Vaccination:

- Polio team member must identify parents /caretakers with target children at transit points and politely ask/check for the vaccination status of child.
- Polio team member should check for finger marking of all children on both hands, even when parents claim children have been immunized.
- If unmarked, they should vaccinate the child and mark the nail in the index finger of the left hand.
- On markets, festivals, the teams should regularly sweep the market and the area of the gathering to catch new comers.
- Children of vendors, customers, nomad and beggar children less than 5 years old should be checked if vaccinated.

- If parents refuse vaccination, the team member should politely try to convince them to accept OPV and to explain the importance of the vaccination. If parents are not convinced, the team member should not get into lengthy arguments with them or force them to accept OPV. Instead vaccinator should start looking for other unimmunized children at the transit point.

Finger marking:

- Every child vaccinated should be marked with a permanent finger marker to indicate they have received the OPV drops.
- The site of marking should be different than the finger marking being done by other vaccination teams (house to house etc.) during the SIAs.
- Polio indelible marker should be used for finger marking.

Recording and reporting:

- Tally sheet should be used by the team member(s) to record all children vaccinated. The tally sheet should have provision for recording:
 - Date, place and timing of activity
 - Name of the polio team member and team number
 - Children vaccinated according the age (< 1 Year , >1 Year)
 - ‘Zero dose’ children vaccinated at the site
 - Amount of vaccine vials received, used and returned
 - Signature and time of the supervisor’s visits
- Reports of every day and every shift of the transit team must include total number of children vaccinated segregated by “has received OPV” and “has never received OPV” as well as the total number of vials received, used and returned.
- The daily report (data from the tally sheets from each site) should be transmitted on a daily basis to the district level and from there to province and national level.

Monitoring:

- Permanent transit vaccination points should be regularly monitored. A monitoring plan should be made targeting to monitor every site at least once in a week, timings for monitoring visits should be kept random. Monitors should conduct rapid convenience assessments to observe if the teams are actively covering a transit site
- Components to be monitored include:
 - Planning aspects: Assessing appropriateness of site selection, timing of activities, number of teams deployed etc.
 - Shadow monitoring to assess pro-activeness of the team members: Monitors should observe in a discreet way whether the team member is making adequate efforts to reach out and vaccinate the children. This should be recorded in the terms of number of children passed through the site and number of children checked by the vaccinators.
 - Operational aspects: Monitors should assess whether the team members are polite to the parents, checking the finger marking, doing the correct administration of OPV drops and finger marking, filling the tally sheet properly, managing correctly the OPV vial,etc.

FINANCE

Budgeting for the activity

Budgeting should be done for 3-month or longer depending on duration of activity planned.

Following components should be considered for budgeting of this activity:

- Incentives for the team members, mobilizers and supervisor
- One time organizational expenses for every site
- Transport allowance for supervisor
- Funds for vaccine and logistic delivery
- Funds for ice pack freezing/ cold chain maintenance
- Funds for printing of tally sheets and formats
- Funds for District level Monitors
- Funds for communication toolkit, banners and identification of team members

MANAGEMENT FRAMEWORK:

The permanent transit vaccination activity is a continuous activity and therefore needs a defined management framework. For this purpose every level of the program should identify a focal person to track, supervise and monitor this activity.

A system of (weekly or monthly) review of this activity should be established at the district, province and national level.