



Operational Guidelines
for
Transit Strategy during Polio SIAs

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Operational Guidelines for an effective Transit Strategy for Polio Supplementary Immunization Activities

In most countries, large numbers of children are consistently on the move or in transit with their parents. Young children can be taken to work, the market or to the farm with their parents or to social or cultural events. In some cultures, children start school or nursery when they are very young. In other countries, there are large numbers of children who move regularly as part of their nomadic life. During polio Supplementary Immunization Activities (SIAs), these children can miss the opportunity for vaccination if proper planning and adequate transit strategies are not in place.

Experience has shown that failure to implement effective strategies to reach children in transit during SIAs can significantly delay interruption of polio transmission and may contribute to larger more widespread outbreaks.

This document outlines the necessary steps for planning and implementation of an effective transit strategy for immunizing children with oral polio vaccine (OPV) during SIAs.

Strategy Objective:

- To vaccinate every child, in the target age group, in transit during SIAs

Strategy:

Identification of transit sites where large numbers of children will pass each day.

Deployment of special vaccination teams at identified transit points in appropriate timing and number to vaccinate all unimmunized target age group children passing through the site.

At a minimum, transit teams should be deployed at all railway stations, bus terminals, important road crossings, highway checkpoints, toll booths on highways, important river bridges, ferry crossings and airports.

Guiding principles for planning:

- All important transit points should be identified
- Sufficient numbers of vaccinators should be deployed at the transit points depending upon the size of the transit point and movement of traffic and public.
- Timing of vaccination activity should be suited to the traffic variation at the transit point.
- If the transit point requires vaccination activity for more than 6-8 hours in a day, vaccination teams should be deployed in shifts to avoid fatigue.
- Transit teams should be deployed for all the days of SIA (including the sweep day for coverage of missed children)
- For big transit points with multiple entry/exit points, vaccination teams should be deployed at all exit/entry points.

- Trained and socially acceptable vaccinators should be deployed for transit team activity.
- A supervisor should be deployed for every 5 transit teams

Micro-planning:

Planning for transit team vaccination should be done as part of the standard micro-planning process. The following steps should be taken to ensure this is done.

- Identify and enlist all important transit points such as railway stations, bus terminuses, important road crossings, highway checkpoints, toll booths on highways, important river bridges, ferry crossings, and airports.
- Transit points should be visited by the person 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
 - Most appropriate location for placing vaccination teams
- On the basis of observation at the transit point the person responsible for micro-planning should decide on the number of vaccination teams required, timings of the activity, the most appropriate location for placing a transit vaccination team and whether or not it will be necessary to place transit teams in shifts.
- Micro-plans should be updated with the subsequent information included:
 - Name of the transit team vaccinators deployed.
 - Exact location of transit team vaccinators.
 - Timings of transit team vaccination activity.
 - Maps that detail transit team details including the entry/ exit points and deployment of vaccination teams.

Selection and training of vaccinators:

Selection criteria for transit team vaccinators is important and should be followed to ensure these teams optimally perform their duties. Transit team, vaccinators should be from the community they are working in and should be clearly identified as a polio worker by wearing a programme apron or tee-shirt. Some of the desired characteristics of an effective transit team vaccinator include:

- Energy and commitment to the job

- Politeness and courtesy for the general public
- Prepared to wear a uniform or clothing that clearly marks them as polio vaccinators
- Preferably part of an accountable system with a zeal for social service
- Socially acceptable (age, gender, ethnicity, religion)

All transit point vaccinators should be exclusively trained apart from other vaccinators. Training should cover the following:

- Polio eradication- Current EPI status of infected country, global progress towards polio eradication and core polio eradication strategies
- Transit strategy and its importance
- Vaccine basics and importance of cold chain
- How to approach parents courteously and effectively - IPC
- How to check for vaccinated and unvaccinated children by finger mark
- Recording and reporting
- How to convince parents reluctant to accept vaccination – IPC
- Importance of proactiveness in seeking children

Vaccine and cold chain:

Like all polio vaccination teams it is important that transit teams are properly equipped to safely handle and store OPV.

- Because running out of vaccine is probably the worst that can happen to a transit team, the teams should be given a sufficient number of vaccine vials estimated on the approximate number of children passing through the site. For big markets that can be as much as 1000 doses. An additional 10% of the requirement should be given as a buffer.
- When older age groups are targeted, the number of doses should be adapted accordingly.
- Supervisors should also carry 10% of the vaccination team requirements as a buffer to supply in case of an unexpected increase in the number of children.
- All vials (empty, full or partial) should be returned to the cold store at the end of day. Every vaccination team and supervisor should have a vaccine carrier for storing daily requirement of the vaccine.
- With the VVM teams can implement a more flexible strategy, like splitting up the team to cover 2 buses arriving at the same time. One team member can keep the vaccine carrier for one bus, while the other takes a vial to cover the other bus.

Logistics:

Transit vaccination teams should be provided the following logistics to successfully fulfill their role:

- One vaccine carrier with a minimum of 2 frozen ice packs for every vaccination team
- One finger marking pen for every vaccinator
- Sufficient number of vaccine vials, cutter and droppers
- Tally sheets- at least one for every vaccinator
- Pen for every vaccinator for recording

IEC/ Mobilization:

For transit site 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 – Basic messaging with details of the vaccine and services being offered, target population and dates should help mark and make visible where transit teams are operating.
- Aprons/tee-shirts/badges: Vaccinators should also be provided with identification badges, brightly colored aprons and/or tee-shirts, caps so that parents can easily identify them.
- Flyers, Q&A, Fast Facts: 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

Supervision:

Regular supervision of transit team activities by team supervisors as well as senior programme managers is very important to ensure the quality of work.

As a general principal, there should be one supervisor 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 a supervisor to supervise the activities at 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, every shift should have separate supervisors.

The supervisor should meet his team at least three times during the course of a day's activity. During supervision, supervisors should check whether there are sufficient teams to adequately cover all entry/exit points and whether vaccinators are actively moving around to check and vaccinate children.

A supervision checklist should be used by supervisors to record their findings from the visit.

Working at transit points

- Every vaccinator deployed to a transit point should be proactive - actively looking out for children.
- Vaccinators must identify parents /caretakers with target children at transit points and politely ask/check for the vaccination status of child.
- If unimmunized, they should immunize the child and mark the finger.
- Vaccinators shall not passively sit at one place and wait for children to come to them.
- On markets teams should regularly sweep the market to catch new comers. Teams should not expect parents to come to them, but should seek the children.
- Vaccinators must obtain consent from parents before vaccinating their children. If a child is alone vaccinators should try to locate the child's parents or caretakers to ask for permission before vaccinating the child.
- If parents refuse vaccination, vaccinators should politely try to convince them to accept OPV. If parents are not convinced vaccinators should not get into lengthy arguments with them or force them to accept OPV. Instead vaccinators should start looking for other unimmunized children at the transit point.
- Vaccinators should check for finger marking of all children, even when parents claim children have been immunized.
- Every vaccinator deployed must be independent and should carry vaccine, marker pen and tally sheets.

Finger marking:

- Every child vaccinated should be marked with a permanent pen marker to indicate they have received vaccine.
- The site of marking should be consistent with finger marking being done by other vaccination teams (house to house/ booth etc.) during the SIA.
- Polio indelible marker pen should be used for finger marking

Recording and reporting:

- Tally sheets should be used by the vaccinator to record all children vaccinated. The tally sheet should have provision for recording:
 - Date, place and timing of activity
 - Children checked for vaccination status and children vaccinated
 - Children refusing vaccination
 - Amount of vaccine vials received, spent and returned
- Reporting from transit teams must include total number of children checked, children vaccinated and number of vials consumed. For simplification, team supervisors responsible for reporting transit team activity should integrate reporting with the house to house team activity.
- At the last day of the campaign teams should ask the parents of unimmunized children where they come from. This allows for identification of missed areas.

Monitoring

Monitoring and supervisory plans for all SIA campaigns should also include monitoring of the transit strategy.

Components to be monitored include:

- Planning aspects: Assessing appropriateness of site selection, timing of activities, number of teams deployed etc.
- Shadow monitoring to assess proactiveness of vaccinators: Monitors should observe in a discreet way whether vaccinators are making adequate efforts to reach out and vaccinate 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 vaccinators are polite to the parents, checking the finger markings, doing the correct finger markings, filling the tally sheet properly etc.