

SUPPLEMENTARY IMMUNIZATION
ACTIVITIES IN A POLIO OUTBREAK

**Training Manual
For First Line
Supervisors**

**Before the training ensure the missing data
for session II are available**

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The following materials are needed for this training:

- Flip chart with markers
- Vaccine vials + vaccine carrier
- Supervisors training manual
- Vaccinators training manual
- Tally sheets House to House, fixed and transit teams
- Missed children sheets, Supervisory check list and Supervisory visits form
- Daily summary sheets
- Writing books and pens/pencils

TRAINER'S INSTRUCTIONS

Before starting the session ensure that all participants are registered.

- Check that the supervisors attending the training are the correct ones.
- Absent supervisors should be reported to the health officer, to ensure they, or their replacements, are trained.

Greet the participants and introduce yourself by mentioning in addition to your name and designation, your role in the outbreak response campaign.

I - 1 -How to use this manual

The supervisors training materials consists of:

- The "Supervisors training manual", which contains specific instructions for the supervisors.
- The "Vaccinators training manual", which contains the instructions for the vaccinators.
- The various forms used during the campaign

The supervisors and vaccinators manuals should be read aloud by the participants.

Exercises can be found throughout the documents.

SESSION II : THE POLIO ERADICATION INITIATIVE

II - 1 - Global update and country situation

☞ **Trainer's instruction:**
Start your session on a positive note by mentioning that polio eradication has reached this stage only through the work of the supervisors and vaccinators.

The following points must be highlighted:

- Transmission of polio is restricted to only 2 continents – Asia and Africa.
- Most of the world including our neighbors like X, Y and Z, has eradicated polio.
- Polio transmission is now limited to the identified high-risk areas as
- The campaign for which this training is organized, is necessary following the occurrence of a case of wild polio in the country after having been absent for several years. The case occurred in(*name of province/district*)
- The detected polio case was infected by a virus that originated from.....
- This is a public health emergency for the country and a threat to the Global Polio Eradication Initiative. It requires a fast and high quality vaccination campaign of several rounds, targeting all children under the age of 5 years.

☞ **Trainer's instruction:**
Discuss in a simple way the problem of the reappearance of polio in the country.

SESSION III : ROLES OF SUPERVISORS

Supervisors play a critical role to achieve high quality campaign rounds:

- Progress in polio eradication is due to the efforts put in by the supervisors and vaccinators.
- Supervisors can encourage teams and correct them before it is too late.
- Supervisors are the eyes and ears of the programme closest to what it is all about: the vaccination of all children under 5 with potent vaccine.
- Experience has shown that low quality campaigns can often be explained by low quality supervision.
- Good quality NID rounds would ensure eradication in the country as well as globally.

☞ **Trainer's instruction:**
ask supervisors to explain what do they understand by a good quality NID round.

In a good quality NID round:

- All children up to 5 years of age, including new-borns, are immunized.
- Immunized children are correctly recorded and marked on their left finger.
- Vaccination teams visit all houses in their assigned areas and mark them as instructed
- No areas are missed

Remember: There has never been a good campaign with bad supervision.

☞ **Trainer's instruction:**
Ask the supervisors to enumerate their roles in the implementation of a good quality campaign round.

III - 1 -Before the round

Assist Medical Officer in reviewing and revising microplans:

Supervisors, with the help of information from previous rounds if available, must give their inputs on:

- Deciding the locations of transit teams
- Area allocation and day wise activity plans for house to house vaccination teams. During the successive days the teams should cover adjacent areas.
- Selection of vaccinators appropriate to the area and the community. At least one team member in each team should come from the team's catchment area. This facilitates access to households and the local team members knows the area. Female team members also facilitate access to houses.
- Assignment of the areas to house-to-house vaccination teams in terms of
 - i. Well defined boundaries.
 - ii. Clear start and end points (with landmarks).
 - iii. Distribution of a reasonable and doable workload.

- iv. Developing maps for teams and supervisors (see the vaccinators training module)
- Appropriate timings for functioning of transit teams and house to house team visits
- Plan for supply of vaccine and logistics for their teams

Remember: vaccinators have to be acceptable for the population in their area and at least one should be local.

Prepare supervisor's maps and help vaccinators in preparing team maps

Supervisor's maps should contains the following elements:

- they should cover the catchment areas of all teams supervised;
- the catchment areas per day and per team should be clearly indicated. Different colours can be used to indicate days 1, 2 and 3;
- borders between catchment area should correspond to a geographical reality, like a road or a river and not be a simple line on the map;
- the map should clearly indicate main roads, landmarks, temporary settlements, big taxi stops, markets, and anything else that is important for the planning of the teams.

Team maps should show in great detail the catchments area and itinerary, including start and end point, of the team per day. For team maps see the appropriate section in the vaccinators training guideline.

III - 2 - During the rounds

Supervisors should visit all teams working under him/her twice daily. For all House to House, transit and fixed teams they should pay attention to:

- Vaccination teams have begun their work on time.
- The vaccination team members are the ones that were trained.
- Identify issues like last minute absenteeism of vaccinators and make suitable arrangements for the same, shortage of vaccine and logistics and solves them.
- Ensure that vaccination teams are working as per their microplan.
- Ensures that vaccine and logistics are distributed to vaccination teams as per plan and replenish vaccine in case of shortfalls.
- OPV is given to all target children
- Conduct on the spot training of untrained vaccinators and reorientation of vaccination teams if so required.
- All children are being marked on the finger with marker pen after they have received OPV
- Teams are marking on the tally sheet after each child immunized. (This can be checked by comparing the number of children immunized with the number of empty vials. Normally about 18 children can be immunized from a vial. If wastage is much higher, there is a problem. Try find the cause.)
- Vaccine is kept properly in the vaccine carrier with sufficient icepacks/ice. Only one vial is outside the vaccine carrier and the vaccine carrier is tightly closed.
- Teams know how to read and interpret VVM. Check the VVM of the available vials. Replace vials if VVM shows vaccine is not potent.

- Vaccinators continue working, while checking the VVM, even if ice has melted.
- Teams are giving key messages to the parents about
 - i. The next date of NID/SNID
 - ii. Continuation of routine immunization
- Fill supervisor's tally sheet and submit the district.
- Collects, compiles and analyses data from vaccination teams.
- Meet all teams at the end of the day.
 - i. Collect the tally sheets and review them for the number of missed children. Experience shows that teams should at least report 5% missed children. If this is not the case, try to find out what is going on.
 - ii. No. of OPV vials used vs. No. of children immunized. Normally 17-18 children can be immunized per vial.
 - iii. Discuss any problems faced by the teams in the field and suggest solutions
 - iv. Give feedback to HtH teams based on your visit to randomly selected houses
 - v. Compile information and meet (sub) district coordinator.
 - vi. Plan activity for the next day with all the teams

☞ **Trainer's instruction:**

highlight that supervision is much more than mere inspection or faultfinding, it is to provide support to the teams

☞ **Trainer's instruction:**

ask the supervisors to write down their plan for supervision of activities in their area in a notebook or sheets of paper. This should be thoroughly discussed with the participants.

Specific issues to look at when visiting transit and HC teams:

- Vaccinators are pro active in seeking and immunizing children.
- Teams in taxi stands, bus stations, etc., are actively going towards the taxis/buses and entering buses.
- Teams are clearly visible and identifiable for the public.
- There are no queues at the site. In case there are queues, find out the reason. Ensure the teams are not noting down unnecessary details like name, fathers name, age etc. of children immunized. If required, send an additional worker to such sites.

Specific issues to look at when visiting transit and House to House teams:

- Ensure that all h-t-h teams are clear on the area that they have to visit each day.
- All teams carry a map with their itinerary.
- Visit at least 3 houses along with each h-t-h team to see whether they are
 - i. Making an attempt to enter all houses.
 - ii. Spending time in each house to determine the no. of children under 5 years, especially newborns, toddlers and children sleeping inside the house

- iii. Immunizing all children under 5 in each house.
 - iv. Marking all children immunized.
 - v. Marking all missed children.
 - vi. Marking the house and tally sheet as per the guidelines, before moving to next household.
- Visit the areas already covered by each team and check
 - i. Every 10th house
 - ii. Check in particular houses marked "Empty", "Closed" or "All children immunized"
 - iii. Border areas between the teams are covered.
 - iv. Border areas with the neighboring supervisors are covered
 - Ensure that teams revisit houses to immunize missed children. Houses too far to be revisited by the team should be covered by the supervisor.
 - Visits houses of reluctant parents to convince them about the need to immunize their children. to immunize children

☞ Trainer's instructions:

ask the supervisors what actions they would take if they come across a vaccination team that was:

- a) Not working as per microplan.
- b) Not entering houses.
- c) Not asking relevant questions to gather information on under five children, specially newborns, infants and toddlers.
- d) Missing children without recording them.
- e) Wrong or incorrect tally sheet, house or finger marking.

SESSION IV : THE FORMS

☞ Trainer's instruction:

take the supervisors through the following forms and do some exercises to ensure full understanding.

- Tally sheet for HtH and fixed teams (explained in the Vaccinators training manual)
- Daily summary form
- Missed children form (explained in the Vaccinators training manual)
- Supervisory check list
- Monitoring form (only for National/Regional supervisors, explained in the Monitors training manual)

SESSION V : EQUIPMENT FOR SUPERVISORS

All supervisors should carry the following equipment:

- Identification card
- Vaccine carrier with sufficient OPV
- Extra crayon for house marking
- Extra markers for finger marking
- Pen
- Tally sheets for HtH fixed and transit teams
- Missed children sheet
- Supervisory check list
- Daily summary sheet
- Map with supervisor's catchment area
- Sheet with Questions and Answers

SESSION VI : CONCLUSION

 **Trainer instruction:**

- a) At the end of the session conduct exercises on how to fill supervisor's forms.
- b) Ask if there are any remaining questions about the issues discussed.
- c) Discuss and clarify practical issues, like transport of vaccinators and supervisors, daily debriefings, etc.
- d) Thank the trainees for their participation and remind them of the important role they play in the global initiative of polio eradication.