

Training Guide

FOR OUTBREAK RESPONSE



Contents

This abridged training guide has been developed to support polio outbreak response, and is based on the GPEI Global Supervisory Training Manual for Health Worker in high risk priority countries. The guide has been designed to be used in trainings with a participatory approach to increase knowledge and retention. It covers critical elements required for planning and executing a high quality outbreak response such as microplans, interpersonal communication skills and how to vaccinate a child. The guide takes into account the limited time one may have to conduct a comprehensive training during an outbreak.

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Cover image:

1 Reviewing Microplan or Daily Itinerary by Team & Supervisors

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART B : 7

Ask

What is a team's microplan or daily itinerary?

Answer

A microplan provides detailed information of the area for vaccination and the target children, of work responsibilities by day and particular of the team members and supervisors. It also includes names of influencers, names of social mobilizers (where available), vaccine and logistics requirements for the team by day. A map is produced based on this information.

Ask

What does the microplan outline?

Answer

A microplan identifies the vaccination team members, social mobilizers, influencers, supervisor, physical location of the daily working areas, and target children, as well as the available resources, vaccine and logistics, etc. to vaccinate all the target children within the given area and days during a campaign.

Ask

What does a microplan help to identify?

Answer:

A microplan helps to identify areas of team work by day, the number of houses or children to cover, any schools, mosques, markets, any special population or families of special attention (refusals), etc. within the team's working area to be covered. Microplans help to identify underserved areas, influential people, institutions, access points, and special populations that need targeting and outreach such as:

- Families living in remote areas, migrant and nomadic populations, marginalized groups, and political and religious groups who may oppose vaccination.
- Appropriate transportation for the team to move from one place to other, especially in the remote and hard to reach areas.

2 Introduction to Communications

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART B : 8

Ask

Why is communication important?

Answer

- Communication is important when we visit a house and speak with parents or caregivers. We want them to understand that it is a good idea for them to vaccinate their children.
- If parents feel confident in the health workers then they will be more likely to allow them to vaccinate all of the children. Communicating well is how we help them to feel confident.

The trainer should now introduce the three main components of communication.

1. Building rapport and creating a caring environment: It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen patiently.
2. Gathering information: Questioning and listening is important because it helps the health workers assess the situation and decide what the most effective way to convince the caregiver is.
3. Counselling and sharing information: Helps parents learn about what they need to do to take care of the child and how to provide good health care.

Ask

What are some of the most important communication skills?

Answer

Invite the whole group to respond and suggest ideas so that this is a conversation of the whole group. Some of the ideas that they may suggest can include:

- Being friendly.
- Greeting people with respect.
- Dressing properly.
- Speaking clearly.
- Listening carefully.
- Using good body language.

**REVIEW TIPS***Review the following tips with the participants***Things to Remember to Do Before you Visit a Household**

- ✓ Make sure you are dressed appropriately in clean and professional attire. Wash your hands with soap before beginning your duty.
- ✓ Review the area you are to visit through your area map and microplan.
- ✓ Review your guiding messages on polio so that you can answer parental queries confidently.
- ✓ Make sure you have all the appropriate tools and materials with you, including your tally sheet.

Facial Appearance**Do**

- ✓ Smile.
- ✓ Nod in agreement (appear neutral).
- ✓ Look interested.
- ✓ Appear honest and reliable.

Don't

- ✗ Frown.
- ✗ Appear as if you disagree.
- ✗ Look distracted.
- ✗ Appear intimidating or unapproachable.

Clothes and Appearance**Do**

- ✓ Dress cleanly.
- ✓ Dress professionally.
- ✓ Be culturally sensitive.
- ✓ Use good self-grooming.

Don't

- ✗ Wear strong perfume / natural oils.
- ✗ Wear too much makeup.
- ✗ Wear excessive jewellery.

Body Language**Do**

- ✓ Look calm.
- ✓ Look attentive.
- ✓ Look organized.
- ✓ Look neutral.

Don't

- ✗ Appear to be impatient.
- ✗ Do multiple things at the same time (focus on the caregiver).

3 Polio Basics

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS **PART B : 9****Ask***What is polio?***Answer***Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system.**Poliomyelitis can cause paralysis and even death.***Ask***Who is most at risk of getting polio?***Answer***The polio virus can affect anyone who has not been fully immunized.**However, children under 5 years of age are particularly vulnerable.**It can also affect adolescents and adults.***Ask***How is polio spread?***Answer***The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.**The virus multiplies in the intestines and is passed through faeces.**To protect yourself and your children, it is important to wash your hands with soap and water before cooking, eating, and after using the toilet.**Children who have not had routine immunization including the prescribed doses of OPV and IPV are more likely to contract polio.***Ask***What can happen when someone contracts the polio virus?***Answer***Fever, fatigue, headache, vomiting, stiffness in the neck, pain in the limbs, and weakness in the limbs.***Ask***What are the signs of polio?***Answer***If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then community leaders, supervisors, and health authorities should be informed immediately.*

Ask

Is there a cure for polio?

Answer

No, there is no cure for polio.

Ask

Can polio be prevented?

Answer

Yes, polio can be prevented by immunizing a child with vaccine. The two vaccinations that are used are:

- Oral Polio Vaccine (OPV) – Taken orally as drops and can be easily administered. It does not require a trained health worker. OPV is still the main preventive measure against polio and has been used in the vast majority of countries to eradicate polio.
- Inactivated Polio Vaccine (IPV) – Given through an injection by a trained health worker. IPV does not replace the OPV vaccine, but is used with OPV to strengthen a child's immune system and protect them from polio.
- When a child is born in the health centre, they should be given a dose of OPV at birth.

- We give all children under the age of 5 years old two polio drops in each campaign and during Routine Immunization.
- This is called “oral polio vaccine” (or “OPV”).
- All children should receive two drops of polio vaccine each time it is offered.
- In some countries children are also vaccinated with an injection.

Ask

Is vaccination safe for sick children and newborns?

Answer

Yes. OPV is safe for sick children and newborns. In fact, it is very important that sick children and newborn babies receive the vaccine because their own immunity levels are often lower.

Ask

What is OPV?

Answer

OPV is a polio vaccine that protects people against the polio virus that can cause poliomyelitis.

4 How to Vaccinate

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 1

Ask

What is a Vaccine Vial Monitor (VVM)?

Answer

The Vaccine Vial Monitor tells us if the vaccine is still effective. A vaccine vial monitor (VVM) is a label which is placed on a vaccine vial to register cumulative heat exposure over time. The combined effects of time and temperature cause the inner square of the VVM to darken, gradually and irreversibly. A direct relationship exists between the rate of colour change and temperature:

- The lower the temperature, the slower the colour change.
- The higher the temperature, the faster the colour change.

VVM is used to determine whether the vaccine inside the vial is good to deliver to a child. If the vaccine does not stay cool, it will not protect children.

Basic rules

Rule 1: If the inner square is lighter than the outer circle, and if it is within the expiry date, the vaccine is good to use.

Rule 2: If the inner square is the same colour as, or darker than, the outer circle, the vaccine must not be used.

How to check VVM in the field

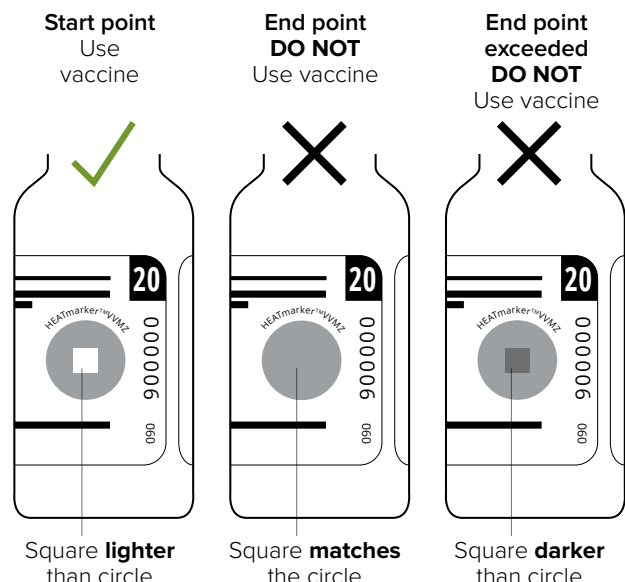
Place the vial towards a light source with the VVM sticker facing the observers. Check the colour of the square inside

the blue circle. If there is no colour difference or the colour in the square is deeper, then the vaccine is not usable.

The VVM should be checked multiple times: ✓ Once it has been received from the health facility, ✓ before the vial has been opened, and ✓ while administering drops to children.

If a VVM is bad, keep it separately and out of the vaccine carrier, and if possible, mark it with an X and record the time and date.

How to determine vaccine safety





REVIEW TIPS

Review the following tips with the participants

Things to remember to do

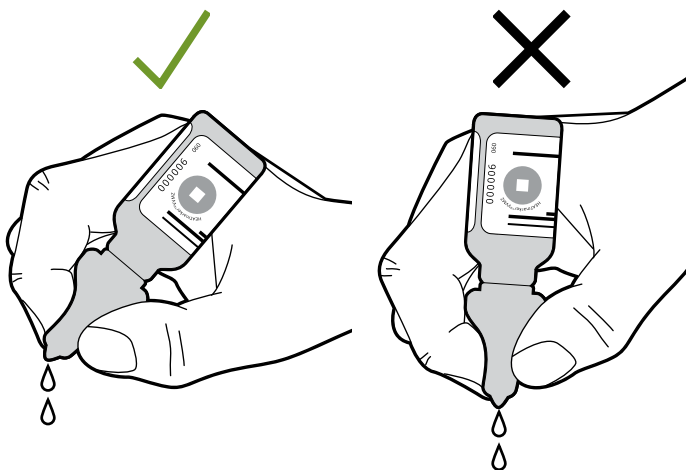
- ✓ Before going to the field, check and ensure that you have received adequate doses of vaccines for the day based on the number of target children in the assigned area. It is always better to take additional doses (20) to vaccinate a number of extra children.
- ✓ The vaccine should be kept inside the vaccine carrier or the recommended portable vaccine container with frozen ice packs. Keep the vials in a cellophane / plastic pouch inside the carrier to prevent them from getting wet.
- ✓ You can use open vials with remaining doses of vaccine on the following day up to 28 days, as long as the VVM remains good, the vial has not been submerged in water inside the carrier and the expiry date not passed.

Things not to do

- ✗ Do not keep the vaccine vial and carrier in direct sunlight.

How to Administer Vaccine Drops

1. Only one vial should be open at a time.
2. A new dropper should be used for each vial.
3. The vial should be held at a 45 degree angle to ensure that two drops are administered to the child correctly.
4. The dropper should be squeezed with little pressure, and the pressure stopped after two drops.
5. Give the drops into the open mouth of the child but do not touch the lips or tongue of the child with the vial. In case this happens, the dropper needs to be replaced before administering OPV to another child.
6. If a child is vomiting or spitting, the 2 drops should be administered again after a brief period, or the next day.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Hold the vaccine vial in a vertical position with the tip of the dropper up and remove the air bubbles if present by pressing the dropper vaccine vial slowly.
- ✓ Hold the vial tilted at about a 45 degree angle with the VVM upwards for eye contact.
- ✓ Bring the vial close to the child's mouth.
- ✓ Press the dropper slowly and allow the vaccine to drop inside the child's mouth.
- ✓ If a drop is missed or the child spits it out, administer the missed drop again.
- ✓ Ensure that the child swallows the given OPV before finger marking.

Things not to do

- ✗ Do not touch the child's lip or mouth with the dropper.

Waste Disposal: What to do with empty vials

1. Keep the empty vial separate in a plastic bag or separate disposable box and send it back to the health facility through your supervisor for proper safe disposal.
2. Do not throw the empty vial into the environment.
3. Follow any other national guidelines from the health facility / supervisor.

How to Assess the Age of a Child

If a parent says that a child is under five years of age, an assessment is not necessary. Take the parents' word and vaccinate the child.

If the parent is not sure of the age of the child, and the child looks to be under five, no assessment is necessary.

If the parent argues about the age of the child ask the child to try and hold their left ear with their right hand bending over the center of their head. If the child is not able to touch their ear, then they are considered to be under five years of age. This method is not always accurate as some children look taller than their age. Therefore, rather than assessing their age, do not waste time, administer the drops to the child and remember your communication skills!

5

Interpersonal Communication (IPC)

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 2

Ask

What is *Interpersonal Communication (IPC)*?

Answer

IPC is *face-to-face communication, speaking one-on-one.*

Ask

What is **one-way** communication?

Answer

When only one person speaks and does not allow the other person to talk. (Not an effective type of communication).

Ask

What is **two-way** communication?

Answer

When two or more people discuss an issue, create dialogue and exchange ideas. You should use your listening skills and ask questions that are open-ended in order to make the parents and caregivers of children want to talk more.

Importance of IPC

- IPC provides a two-way opportunity for exchange of information. One individual can get clarification or additional information from another individual.
- IPC is more persuasive for addressing a strongly-held practice, attitude or belief.
- IPC provides an opportunity to model a recommended practice or behaviour in a realistic setting such as an individual's home or community, showing people like them engaging in desired activities.

Three Components of IPC

The following are the three main components of interpersonal communication that should be used when working with people in the community:

Use the Flip Book or write the following on a white board or flip chart. If you don't have this material, simply ask for feedback from the group: What are the three main components of IPC that should be used when working with community members? Try to group their answers around the components below:

1. Building rapport and creating a caring environment

It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen (remember to use positive body language).

2. Gathering information: questioning and listening

It is important because it helps the health workers assess the situation and decide what the problem is.

3. Counselling and sharing information

Helps parents learn about what they need to do to take care of their children and how to provide access to good health care and healthy practices.

The GATHER Approach

There are six IPC Skills:

Greet

Ask

Tell

Help in the decision-making

Explain

Return

Discuss the following sections concerning what would occur at the different stages of the GATHER approach. Ask for actions at each step and create dialogue with the participants.

Greet

- ✓ Greet each one according to local cultural traditions. Introduce yourself, say what you do, and the purpose of your visit.
- ✓ Tell them you would like to speak to the parents or caregiver of the children.
- ✓ Make sure to smile, be polite and warm.
- ✓ While speaking with the caregiver(s) be sure to watch their body language and listen for their tone in order to assess their attitudes toward yourself and the immunization.

Ask

- ✓ Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- ✓ Ask questions in the household i.e. children's general health, age, vaccination status, number of children in the house from birth – 15 years of age.
- ✓ Take note on the Tally Sheet if any children have had fever, diarrhoea or upper respiratory infection during the last 2 weeks.
- ✓ Listen to them, how they express themselves, encourage them to talk. Keep your body language positive; sit on the same level as them. Keep eye contact. Give time, do not hurry.
- ✓ Ask open-ended questions which will allow people to share more information in detail. Use the what, why, where, when, and how question starters.
- ✓ Respect all opinions at all times. Stay patient.
- ✓ If the answer is 'No, they do not' have any children under 5 then thank them, mark the house, and continue on.

Some important questions to remember to ask are:

1. How many children under-five are living or visiting the house
2. Is any child sleeping or sick in the household?
3. Are there any children born in the household since the last campaign?
4. Is there any child out of the house at the moment?
5. How many households or separate families are living in the dwelling?
6. Are there any paralyzed children in the household under 15 years of age?
7. Are there any guests at the home?

Tell

- ✓ Tell them you are here to vaccinate children in the household who are younger than 5 years for polio.
- ✓ Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.

- ✓ Do not pretend to know everything and if you do not know, tell them you will return with the correct information.

Help

- ✓ In order to change behaviour when people resist vaccination, parents and caregivers need support and encouragement as well as information.

Explain

- ✓ Where possible, use IEC materials (flipbooks, visual cards, SMS platforms) for higher retention.
- ✓ Use local examples, language and stories.

Return

- ✓ Repeated visits win trust and are especially effective during campaigns.

6 Finger Marking

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 3

Ask

Why is a child's finger marked when they receive the vaccine?

Answer

The finger is marked indicating that a child has been vaccinated. This is important, especially during campaigns when children are playing and running around, as proof of vaccination.

Ask

When is the child's finger marked?

Answer

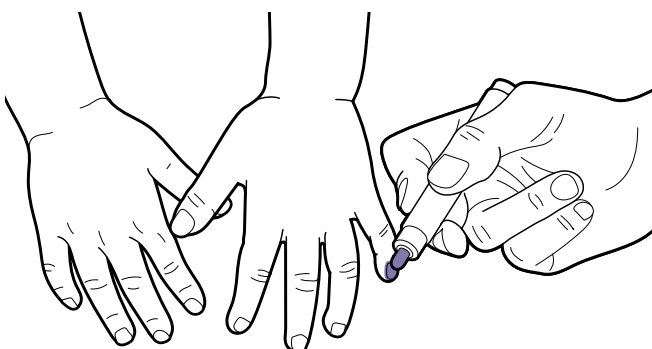
The child's finger is marked immediately after the drops have been administered.

Ask

Which finger is marked?

Answer

Mark the little finger of the child on the left hand.



Ask

How do we mark?

Answer

First wipe the nail clean, wait a moment, mark, and wait for the mark to dry.

Ask

Do we always only mark the finger?

Answer

No, in some cultures based on the local situation, different fingers or toenails may be marked rather than the little finger nail of the left hand. Ask your supervisor for guidance.

Ask

Is the mark permanent?

Answer

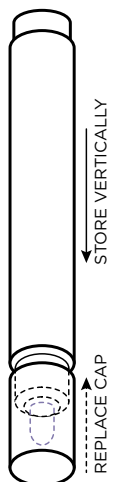
No, the mark is not permanent. It will wear off in a few days.

Ask

How can you protect the marker?

Answer

Keep the marker closed and in vertical position (ink-side down) and do not place the marker in direct sunlight (or it will dry) or in the vaccine carrier. Put the cap on the marker after each use to avoid drying the marker.



7 Tally Sheets

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 4

Ask

Why do we use a tally sheet?

Answer

A mark is made on a tally sheet to keep count of the number of children vaccinated. The total count is conducted at the end of each day to help identify if any children have been missed. It is critical that every child is recorded so that every child can be reached.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Use a pen only.
- ✓ Mark the tally sheets in the field after each child is vaccinated.

Things not to do

- ✗ Do not use a pencil.
- ✗ Do not mark the tally sheet before vaccinating a child.
- ✗ Do not wait until the end of the day to mark your tally sheet.
- ✗ Do not record houses or situations you did not encounter.

8 Door or House Marking

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 5

Ask

Why do we mark the door?

Answer

Marking a house helps to keep track of the houses visited. After visiting each house, it is necessary to mark the door or the outside wall of the house with a piece of chalk.

Ask

What information does a house marking give?

Answer

A house marking gives information about the campaign, date, number of children in each house, how many were vaccinated, how many were not at home, the team that administered the vaccine and the direction they are walking to the next house.

Ask

What additional information is in a house marking?

Answer

Whether a revisit is required, the visit was incomplete and a revisit needs to be planned, a revisit needs to be planned because the house was closed and no information is available, no child is available, and parents refused (this can vary in countries).



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Use chalk to mark the house.
- ✓ Before marking the door or wall, ask the homeowner for permission and make sure they are okay with the location you have selected.
- ✓ Choose an appropriate surface where the chalk marking will not be easily erased.

Things not to do

- ✗ Do NOT use the finger marker to mark the house (it will wear out very quickly).

9

Missed Children / Refusals / Return

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 7

🗨️ Ask

Why are there sometimes missed children?

Answer

Invite the participants to suggest various reasons why there may be missed children.

Here are some reasons they may suggest:

1. Children not at home when we come to the household because they are at school.
2. Children are out playing.
3. Children are visiting relatives or otherwise travelling.
4. Caregivers do not accept the vaccine for the children.
5. Teams do not visit the household.

🗨️ Ask

What should your goal be?

Answer

The goal is to vaccinate every child so all missed children must be reached.

🗨️ Ask

How can we locate missed children?

Answer

Lead a discussion about the various ways one can locate children who are not at home during a house visit. Have the participants suggest techniques to use to locate the missing children.

The following are ideas to discuss with the group.

- Ask the parents or caregivers where the children are.
- Ask other adults in the community.
- Visit schools and talk to the teachers.
- Visit any youth groups or clubs.
- Visit play areas and sports fields.
- Ask children where the other children are.

🗨️ Ask

When we find missed children who are not at home, what do we do?

Answer

If the caregiver or other responsible adult is present, ask for their permission to vaccinate the child. If the caregiver is not present, vaccinate the child.

DISCUSSION: REFUSALS

🗨️ Ask

What is a refusal?

Answer

A refusal is when the caregiver refuses to have their child vaccinated. In this situation, the marking put on the house shows that children are present but vaccination has not been given. Later on, a supervisor will return to the house and try again to persuade the caregiver.

🗨️ Ask

What are some reasons for refusals?

Answer

Sometimes the problem or objection comes because the caregiver does not understand what a vaccination is. Sometimes the caregiver may wish to vaccinate, but perhaps someone in her family objects. In this case we should help them find ways to convince them.

Some examples of refusals can be:

1. Religion
2. Political views
3. Misconceptions and myths
4. Mistrust of health workers
5. Too many campaigns in a short period of time
6. Concerns for the safety of the vaccine

🗨️ Ask

What if the caregiver says “No”?

Answer

This is called a “refusal,” or “non-compliance.”

Politely discuss with the caregiver and using communications skills, try and convince them to change their mind. Apply the GATHER approach in your communication with resistant families. Listen to their concerns and attempt to respond or find someone who can.

🗨️ Ask

What can you do if the caregiver is not sure?

Answer

This is called a “refusal,” or “non-compliance.”

Politely discuss with the caregiver and using communications skills, try to convince them to change their mind. Review the GATHER HELP and Explain steps of IPC to lead them.

DISCUSSION: RETURN

🗨️ Ask

What is Return?

Answer

A return is when a polio worker or a supervisor comes back to the home to try to persuade the caregiver to accept the vaccine.

Health workers return because the goal is always to have 100% vaccination. The return visit is a useful motivator to the caregiver, and also gives polio workers the chance to think of new ideas to try to address caregiver concerns.

If you are the supervisor who is visiting the household because of a refusal, inquire again as to why the household has chosen not to have their child vaccinated. As you listen to the caregiver, it is very important to understand why.

Often the first objection is not the “real” objection, so there may be hidden or unspoken reasons that were not shared initially. Politely probe and try to understand what is behind the refusal. Use open-ended questions to try to discover the real reasons.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Make sure to let the caregiver speak, and not interrupt them.
- ✓ Ask as many open ended questions as possible to learn the true motivation. Then you can address what the real objections are. Show genuine concern and attentive listening to what the caregiver is saying.
- ✓ If not, record the refusal in your tallysheet and housemarking. Move to the next dwelling.

Missed Children Guidance Chart.

Reasons for missed children	Operational solutions	Communication solutions
<i>Child was absent</i>	Team records the absence and plans to come back in the afternoon or the next day.	Convince parent to notify the team as soon as the child is back. Advise parents of the next campaign date and encourage them to have their child at home during all campaigns.
<i>Child was sick</i>	Vaccinator seeks support from the supervisor or the family health care practitioner to convince the parent to vaccinate.	Convince the parent that the child can still be given the vaccine safely. Recruit appropriate influencers to support the message of safety to reassure parents.
<i>Child was sleeping</i>	Vaccinator seeks support from the supervisor or the family health care practitioner to convince the parent to vaccinate.	Use IPC skills to encourage parent to wake up the child to ensure he/she is fully protected.
<i>Newborn child</i>	Vaccinator seeks support from the supervisor or the family health care practitioner	Convince the parent that the child can still be given the vaccine and no harm will occur.
<i>Team thinks the child is over 5 years of age whereas the child could be under</i>	Follow the procedure of age determination and seek support from the supervisor. If in doubt, give polio drops to the child.	Ask the caregiver what the child's age is. Remind the family that all children under-five must be protected.
<i>Child is not normally a resident of the household</i>	All children under-five-years-old in the households should be vaccinated regardless of their permanent or regular residence.	Convince parent or responsible adult that any unvaccinated child is a risk to all children.
<i>Refusal family</i>	Make sure you have the most appropriate team composition that includes a relevant influencer for the reason given for refusal.	Negotiate through community leaders before the campaign. Recruit social mobilizers and relevant influencers where available to reach out to the family to address their concerns. Inform vaccination teams to prepare for anticipated or known reasons for refusal.
<i>Team did not visit the house</i>	Increase team performance, supervision and workload rationalization.	Encourage all parents to report to the nearest health centre, or if known, to inform local polio team supervisors or coordinating bodies, to report that a polio team did not show up and to seek vaccination.
<i>Team did not revisit the household</i>	Increase team performance, supervision, and workload rationalization. Improve the microplan. Increase training before the next round and review microplan and other operational documents.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The house was out of the working area</i>	Review microplan and adjust accordingly.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The house was difficult to reach or inaccessible</i>	Review microplanning and support with appropriate transportation.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The area is inaccessible due to active fighting / or political reasons</i>	Plan vaccination in between fighting with appropriate manpower and safety measures.	Include social mobilization, and community leader involvement to negotiate access and/or team selection to help facilitate the campaign.

10 Special Teams (Populations in Transit)

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART C : 8

Comparison of Special Teams

TRANSIT POPULATIONS

🗨️ Ask

What is the meaning of transit populations?

Answer

Transit populations are people who are moving from one place to another using any mode of transportation, including those moving on foot. Transit populations are passing through a public transit point.

Transit populations can represent mobile underserved groups such as nomads, seasonal labourers, and migrants who travel for livelihood or economic opportunities.

🗨️ Ask

Why is it important to discuss transit populations in the context of polio?

Answer

Transit populations are consistently excluded from SIA campaigns because they are often on the move, and are therefore vulnerable to missing routine immunization and campaign OPV vaccination. This makes them potential carriers who can spread the polio virus.

🗨️ Ask

What are some examples of locations where vaccination teams can reach transit populations?

Answer

At bus stops or on the bus, parks, railway stations, border crossings, highway toll plazas, hospitals and airports.

🗨️ Ask

Who is the target audience to be vaccinated in the transit population?

Answer

All traveling children under-five passing through Permanent Transits Posts (PTPs).

All travelling children using any mode of transportation.

All children outside the house on busy streets, markets, and parks during SIAs.

MIGRANT POPULATIONS (HARD-TO-REACH / NOMADIC)

🗨️ Ask

What is a migrant population?

Answer

Migrant populations move from one region / city / district to another in search of seasonal work or based on nomadic traditions.

They can also be displaced people such as IDPs and refugees seeking economic opportunities. Since they can travel widely across a country, they can contribute to the virus movement from one place to another.

🗨️ Ask

Who are the target populations?

Answer

1. All groups of traditional nomads.
2. All groups of seasonal migrants.
3. All groups of economic migrants.
4. Refugees and Internally Displaced Persons (IDPs).

Special Vaccination Teams

FIXED POST VACCINATION TEAM

🗨️ Ask

What is a Fixed Post Vaccination Team?

Answer

A fixed post is an immunization site where parents and caregivers bring children, and where additional health needs are provided when possible. They can include Vitamin A, measles vaccine, IPV, etc.

🗨️ Ask

Where can you find fixed sites?

Answer

Fixed sites can be found in densely populated urban and rural residential and special areas, and can include hospitals and clinics.

🗨️ Ask

What is the difference between a fixed team and house to house team?

Answer

In a fixed post vaccination, the microplan mentions the location of the fixed post and catchment areas. There is no door marking, and no re-visit strategy.

TRANSIT POINT VACCINATION TEAM

🗨️ Ask

What is a Transit Point Vaccination Team?

Answer

Transit Point vaccination teams vaccinate children who are on the move. The teams work at railway and bus stations, seaports, airports, police checks, district and border crossings, and also entrances to large cities.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Stop all passengers, buses and vehicles that have children to administer polio drops.
- ✓ Be active in capturing traveling children. Step out, work quickly and immunize.
- ✓ Learn the schedules of the transportation system (i.e. when buses and trains are arriving).
- ✓ When in need, seek guidance from your supervisor.
- ✓ Vaccinate all children passing through a transit point throughout the year.

MOBILE VACCINATION TEAM (HARD TO REACH / NOMADIC)

Ask

What is a Mobile Vaccination Team?

Answer

Mobile teams work in hard to reach and sometimes insecure areas, and usually vaccinate children from nomadic and migratory families who stay for a short period of time in temporary shelter that can include IDP camps and construction sites.

Ask

What are examples of other locations where you may be able to find these populations?

Answer

At health facilities, health care centres, hotels, picnic spots and play grounds, religious centres, and social festivals.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Vaccinate all migrant children during an SIA. Make sure they are included in your microplan.
- ✓ Identify hard to reach populations with your supervisor using your microplan.
- ✓ Plan how to reach and exit the location.
- ✓ Identify the leaders in the community who can help you reach out to families.

11 Routine Immunization

ADAPTED FROM THE TRAINING MANUAL FOR HEALTHWORKER SUPERVISORS PART D : 1

Ask

What is routine immunization?

Answer

Routine immunization (RI) is a schedule of immunizations for infants and young children that protects them against common diseases such as measles, Poliomyelitis, Diphtheria, Pertussis (whooping cough), Tetanus, and childhood Tuberculosis (T.B.). Most immunization programs are free.

Ask

When should an infant's immunization begin?

Answer

As an example the following vaccinations and times are recommended for children:

When	Vaccinations recommended		
At birth	BCG	Polio	HepB1
At 6 weeks	Polio 1	DPT1, HepB2	Penta1
At 10 weeks	Polio 2	DPT2	Penta2
At 14 weeks	Polio 3	DPT3 HepB3	Penta3
At 9 months	Measles	Yellow Fever	Vitamin A

The trainer should mention the following points:

Mention the number of visits to a health centre that are required to fully vaccinate each child in the first year.

After an injection, the child might have some pain at the site of the injection or may even develop a slight fever. After the measles vaccination, the child might develop a slight rash. This is normal.

The relevant country vaccination schedules should be referred to, and if possible, shared with participants. Where applicable, also mention IPV, Rotavirus and PCV.

In all cases (outbreak or regular campaigns), use the local names of the preventable diseases covered by RI in your country, and discuss the performances and the drop out rate. Explain the importance of RI for child survival.

Ask

What should you do if a baby's vaccinations were not started at birth?

Answer

It is always best to follow the ideal vaccination schedule. Even if the schedule has not been started in time, begin immediately. The baby will not be denied vaccinations. Try to 'catch-up' and finish the full immunization set before the baby is one year of age.

WASH Key Messages

This session will be conducted in a question and dialogue session to discuss the meaning of 'water', 'safe water', 'safe sanitation', 'bad hygiene', and 'good hygiene'.

Ask

How can unsafe water and bad hygiene cause disease, malnutrition, and death?

Answer

Let the group discuss and understand that disease, malnutrition, and deaths among children are caused by:

- Lack of safe and adequate drinking water. Unclean water can contain germs that make people ill.
- Lack of safe sanitation and a safe environment.
- Lack of good personal hygiene (if you do not wash your hands before breastfeeding, or preparing food).

Let the group think of examples where community practices can lead to poor sanitation.

Examples include:

- Open defecation can get into water sources where people drink.
- In some communities, safe water sources are not separated from unsafe sources.
- Some communities allow stagnant water to stay, which creates a breeding ground for mosquitoes that can transmit diseases.

Ask

What can you do to practice good hygiene?

Answer

Take care of your body to make sure it stays clean.

- Keep your area, both inside and out, as clean as possible.
- Protect your water and keep it safe to drink.
- Make sure that the area you prepare your food in is clean.
- Wash your hands many times throughout the day with soap and clean water.
- Wash your hands before cooking food, feeding a baby or children, or eating.
- Wash your hands after using the toilet, cleaning a baby or child, or disposing of a child's faeces.
- Treat your drinking water to kill any germs.
- Store your water in a safe and clean place.
- Defecate in a toilet or pit latrine, not in the open.
- Be aware of germs. Dirty food and drinks contain germs that breed and multiply fast in many foods especially meat, milk, fish, and cooked foods. Germs are also found in dirty water, dirty environments, and utensils and can give a child diarrhoea.

Ask

How is polio spread?

Answer

- The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.
- The virus multiplies in the intestines and is passed through faeces.
- To protect yourself and your children, it is important to wash your hands with soap and water before cooking, eating, and after using the toilet.
- Children who are under-immunized, weak or do not have a good diet are more likely to contract polio.
- Children who have not had routine immunization are more likely to contract polio.

Ask

Why is it important to encourage the hand washing?

Answer

Washing your hands is good hygiene and it helps prevent illness such as diarrhoea.

Explain: Clean Water

Clean water should be used for preparing food. Keep the water safe by covering it. It is also important to use clean utensils to feed babies and children. Children should wash their hands with soap and water before they eat.

Action

Remind the participants about the message they are taking home:

- Keep foods away from dust and flies.
- Keep all dishes and utensils that you use for your child very clean.
- When possible, use clean boiled water for your baby's food.
- Keep water in clean and covered containers.