

GUIDEBOOK FOR AREA IN CHARGE

A reference guidebook for Area in Charge



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Introduction

Objective of the guidebook for Area In Charge:

This guide is intended to provide the Area In charge (AIC) with a simple, easy to use reference book that an AIC can refer to during the training of the polio team members. This guide includes the necessary information needed to ensure every vaccinator can reach every child with polio vaccine.

Who will use the guidebook?


This guidebook is for the Area In Charge to use while conducting the polio team members training.

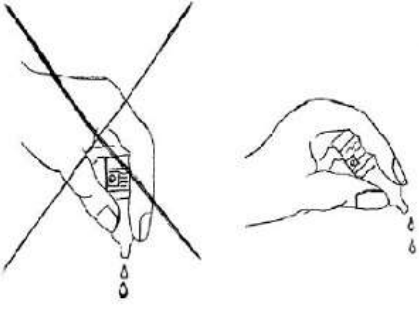
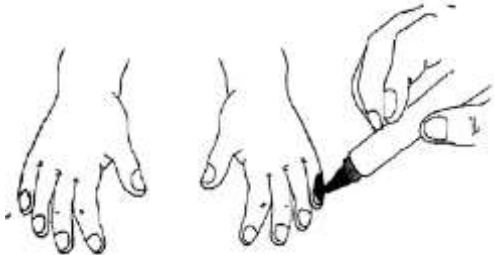
Additional training material to be used with this guide:





- **Comic book:** This is a pictorial representation of all the sessions covered and can be very useful to train team members with low literacy level.
- **Flash cards:** These flash cards should be used to train the team members in an interactive manner. They can also be used as a tool for testing the existing knowledge of the team members.

The flash cards can be used as a question/answer for testing of the knowledge acquired: divide the participants in two teams or pairs and do a competition, the facilitator questions all the participants and each gets a point for correct answer.
- **Training Videos:** Amidst development and will be available before the October campaign. The videos will be available to be installed in mobile phones.

Important steps for polio team members during polio campaigns

AT THE HEALTH CENTRE		
<p>STEP 1: MEETING AND COLLECTING SUPPLIES AT BASIC HEALTH UNIT (BHU) OR TEAM SUPPORT CENTER</p>		<p>Logistic Plan:</p> <p>AIC should communicate the time the team should gather at the BHU or team support center in their area</p> <p>Make sure you are dressed neatly and cleanly. Wash your hands before starting work.</p> <p>Collect materials - badge, markers, chalk, tally sheet, vaccine vials, ice and cooler, brochures and pamphlets (if available).</p>
<p>STEP 2: CHECK THE MICROPLAN</p>		<p>Verify:</p> <p>Updated maps, number of households identified to visit, routes to follow, distribution of the team members.</p>
<p>STEP 3: SECURITY IN THE FIELD</p>		<p>Polio team member should keep the important contact numbers with him/her, dress according to the culture of the area and maintain a low profile behavior.</p>
HOUSEHOLD / AT THE DOORSTEP		
<p>STEP 4: HOUSEHOLD / AT THE DOORSTEP</p>		<p>All the households are visited as per the map.</p>

<p>STEP 5: INSIDE THE HOUSEHOD</p>	<p>Important questions to be asked during at the doorstep.</p> <p>Message to be communicated at the beginning and end of the visit, in addition to the 8 questions to the right, which should be asked at the doorstep.</p> <p>(حضور الف) ضروری امور پیکو میم میں پیچ آہ کے تعاون کے شکر گزار ہیں۔ ہر آٹے ہر مانی ٹوٹ کر ہیں کہ ہم آٹھ ماہ دوبارہ قلم سے پلانز آئیں گے۔ آپ سے درخواست ہے کہ اپنے بچوں کو عمر ہم کی سفوری سے تقاضا محفوظ دینے کے لئے ہم پیچ میں قلم سے حضور پلانز۔ اللہ تعالیٰ آپ کے بچوں کو ہم بیماری اور تکلیف سے محفوظ رکھے۔ آمین</p>	<p>How many married couple are there in the house hold?</p> <p>What is the number of under five year children for every married couple?</p> <p>Are there any under 6 month's old children?</p> <p>What is the number of under 40 day's child in the house hold?</p> <p>Is any less than 5 year old child sleeping child and/or sick?</p> <p>Have children till the age of two completed their EPI schedule?</p> <p>Is there any child away from home (For eg: gone to school). If yes, when will he/she return?</p> <p>Are there any under five year old children of a guest or a servant at home?</p>
<p>STEP 6: ADMINISTERING DROPS</p>		<p>One vial (vaccine) opened at a time.</p> <p>The vial should be administrated at 45 degree angle.</p> <p>Dropper should not touch the lips or tongue of the child.</p> <p>If a child vomits or spits, the 2 drops should be administered again.</p>
<p>AFTER ADMINISTRATING THE VACCINE</p>		
<p>STEP 7: FINGER MARKING</p>		<p>Finger is marked immediately after the drops are administered.</p> <p>Left little finger of the child including the nail should be marked.</p>

<p>STEP 8: FILLING OF TALLY SHEET (INSIDE THE HOUSE)</p>		<p>It is important to fill all parts of the Tally sheet as explained in the training.</p>
<p>STEP 9: DOOR MARKING</p>		<p>After visiting each house, it is necessary to mark the door of the house visited with a chalk in order to keep track of the work done.</p>
<p>BACK IN BASIC HEALTH UNIT</p>		
<p>STEP 10: RETURNING THE TALLY SHEETS (ALL SECTIONS COMPLETELY FILLED) TO THE AIC</p>	 <p style="text-align: center;">→ AIC</p>	<p>Check all the sections of the tally sheet are filled by the polio team members.</p> <p>At the end of the day, the filled tally sheet is returned to the teams AIC.</p>
<p>STEP 11: PAYMENT</p>		<p>DDM card should be complete and properly filled at the last day of the campaign and handed over to the AIC.</p>

AGENDA

Sr.	Topics	Duration
1	Session 1: Introduction	10 minutes
2	Session 2: Protecting children from diseases	30 minutes
3	Session 3: Interpersonal Communication (IPC)	40 minutes
4	Session 4: Vaccine Vial Management	20 minutes
5	Session 5: Cold Chain Management	20 minutes
6	Session 6: Administering Polio Drops	20 minutes
7	Session 7: Finger Marking	10 minutes
8	Session 8: Door Marking	30 minutes
9	Session 9: Tally Sheet	60 minutes
10	Session 10: Micro planning and Team Movement	20 minutes
11	Session 11: Security Briefing	30 minutes
12	Session 12: Direct Disbursement Mechanism (DDM)	20 minutes

Session 1: INTRODUCTION

Time Duration: 10 minutes

Method: Energetic, welcoming speech to the vaccinators, round of names and role of participants

Good morning. Welcome to the Polio Eradication programme! You have one of the most important jobs in your community, because you are helping to protect children from a lifetime of paralysis.

Did you know that polio causes permanent paralysis? Did you also know that Pakistan is one of only 2 countries left in the entire world with polio? Only Afghanistan and Pakistan have polio in their environment. But almost all of the world's polio-affected children now come from Pakistan alone.

With your help, we will reach every child with polio vaccine and protect our community from this terrible and preventable disease.

Today, we will help you to become protector of your community's children. We rely on you to help protect your children's generation from preventable disease, and every other generation to come after them.

Session 2: PROTECTING CHILDREN FROM DISEASE

(Preventable Diseases, Routine Immunization, Vaccination, Polio Basics)

Time Duration: 30 minutes

Training Material Required Training: Comic book (pages 1-5), flashcards (Q4, Q5, Q6, Q7, Q8, Q11, Q13, Q15, and Q27), FAQ brochure and handouts (RI Schedule attached)

Training Methodology: Reference to the comic book. Group discussion on the FAQ brochure provides and also the RI schedule shared.

Group activity using flashcards and FAQs: AIC can ask the questions provided in the flashcards related to RI and polio from the randomly selected participants and provide the right answers (as per the flashcard)

Important Points to Remember and discuss with the participants:

While training the polio team members, the following questions should be asked by the AIC using the flash cards, comic book and FAQ brochure provided. The AIC should ensure that he provides proper answers for each question to the team members so that they are clear about their responses - check page 2-4 of the comic book.

- **What is vaccine?** Vaccine is a substance that is given to prevent people and children from getting disease *(Q 13 of flashcard)*
- **What are vaccine preventable diseases?** Vaccine preventable diseases are the diseases/illnesses which can be prevented by getting proper vaccination against those diseases. *(Refer to page 2 of comic book)*
- **What is polio?** Polio is a preventable disease that attacks the nervous system. It causes permanent paralysis for life. There is no cure for polio. It can only be prevented. *(Q4 of flashcard)*
- **What are the symptoms of polio?** Pain of stiffness in the arm of leg, neck pain or stiffness, vomiting, fatigue, paralysis *(As provided in the FAQ's)*
- **How is polio spread?** Polio is usually spread through polluted water and food. We encourage people to wash hands before cooking, eating and using toilets (rafa-e-hatat) to prevent the spread of disease. Children who are weak (have not had routine immunization) are more vulnerable *(Q7 of flashcard)*
- **Why is IPV being introduced in addition to OPV drops in some places?** IPV is introduced in addition to OPV in areas with intense polio transmission. If IPV is used alongside OPV, it provides maximum protection against the polio virus *(To be added to FAQs)*
- When a polio team member visit the caregiver's household during a campaign or on normal days, he/she should ask the parents whether they have been vaccinated for polio and other

routine immunizations for their children. It is important that the children are immunized against all the 9 preventable diseases which are:

1. Tuberculosis; 2. Diphtheria; 3. Hepatitis; 4. Tetanus; 5. Measles; 6. Polio (poliomyelitis); 7. Pertussis; 8. Hib (Haemophilus Influenza type b); 9. Pneumonia.

- Reinforce the importance of asking about routine immunization to the caregiver's.
- Redirect the caregiver to the nearest Basic Health Unit.
- In case the caregiver's literacy level is low, the polio team member should revisit his/her house and tell the caregiver when the vaccination dates are due.
- Re-visits to a house again and again shows the caregiver that the polio team member cares about the wellbeing of their children.

بچوں کے حفاظتی ٹیکہ جات کا شیڈول

ویکسین دینے کا طریقہ		بچے کی عمر	بیماری	ویکسین	
<p>دائیں بازو کے اوپر اور منہ کے نیچے قطرے</p>		پیدائش کے فوراً بعد	بچوں کی ٹی بی	BCG	1
		پولیو	(Zero) OPV		
<p>دائیں اور بائیں ران کے پٹے میں اور منہ کے نیچے قطرے</p>		6 ہفتے کی عمر میں (تین ماہ)	فتق، کالی کھانسی، سہج کالیر، کان، گردن، توڑ پھڑ پولیو	Pentavalent-I OPV-I PCV-I	2
		10 ہفتے کی عمر میں (چار ماہ)	فتق، کالی کھانسی، سہج کالیر، کان، گردن، توڑ پھڑ پولیو	Pentavalent-II OPV-II PCV-II	
<p>دائیں اور بائیں ران کے پٹے میں اور منہ کے نیچے قطرے</p>		14 ہفتے کی عمر میں (ساتھ ماہ)	فتق، کالی کھانسی، سہج کالیر، کان، گردن، توڑ پھڑ پولیو	Pentavalent-III OPV-III PCV-III	4
		9 ماہ کے فوراً بعد	خسرہ	Measles-I	
<p>بائیں بازو کے اوپر Measles-II</p>	<p>بائیں بازو کے اوپر Measles-I</p>	15 ماہ کے فوراً بعد	خسرہ	Measles-II (Booster)	6

نوٹ: بہت جلد پولیو ویکسین کا تیسرا بھی حفاظتی ٹیکہ جات کے شیڈول میں شامل کیا جا رہا ہے۔

Session 3: INTERPERSONAL COMMUNICATION

(Communication skills, Addressing Refusals)

Time Duration: 40 minutes

Training Material Required: Copies of checklist, copies of visit plan, white board, flip charts, markers, flashcards (Q18, Q19, Q22, Q26, Q28, and Q30) and comic book (Pages 7-9)

Training Methodology: Role play suggested below, group activity using flash cards, discussion using the comic book, decision of correct and incorrect on the table of do's and don'ts (below).

The way the vaccinator interacts and communicate with the caregiver will influence the acceptance or refusal in vaccinating their children. The important points to know are as follows:

What to do "Before" visit to a household?

- Make sure you are dressed cleanly and neatly. Wash your hands with soap before beginning your duties.
- Make sure you have knowledge of the area to visit, through your area map.
- Learn about the polio virus and vaccine to be able to confidently answer the caregiver's questions. This information is included in your package of materials.

Have the appropriate material with you that will help you explain to parents why their children should be vaccinated. This will include

- ✓ A checklist of what you must do once you knock on the door. On the back of this sheet is information that will help you answer frequently asked questions.
- ✓ Your clipboard, with the 8 questions to ask at the doorstep, e the greeting and your good-bye message.
- ✓ Your tally sheet for marking vaccinated and missed children
- ✓ Fatwa booklet to address refusals (in select areas)

What to do "During" a visit?

The face to face conversation or verbal communication play an important role in changing mind sets. **During a visit, the polio team member uses all types of communication: written (using pamphlets, brochures etc.), verbal (face to face communication) and non-verbal (body language, attitude and empathy).**

Some important points to note here are:

- **Greet** the caregiver
 - ✓ Smile and introduce yourself. Tell them your name, that you are staff member from Department of Health, and that you would like to speak to the caregiver of the household.

- ✓ Make sure to be polite and warm in your introduction and genuinely ask about how everyone in the household is doing.
 - ✓ Observe the body language of the caregiver towards yourself, their tone of voice and attitude towards yourself.
- **Ask** the IPC questions to identify how many children need to be vaccinated:
 1. **How many married couples are there in the house hold?**
 2. **What is the number of under 5 year children in the house?**
 3. **Are there any under 6 month's old children?**
 4. **What is the number of under 40 day's child in the house hold?**
 5. **Is any child sleeping child and or sick?**
 6. **Is there any child not available at home?**
 7. **Is there any paralyze children in the house hold -15 years of age?**
 8. **Are there any guests at home?**
 - ✓ If the children are not immunized, ask the reason why they have not been immunized.
 - ✓ Ask the caregiver if the children are experiencing any health issues.
 - ✓ If it is a refusal house, ask the household why they have chosen not to immunize their children.
 - ✓ Let the caregiver speak and attentively listen to him/her.
 - ✓ Ask as many open ended questions as possible i.e questions which are not just answered with yes or no-but rather require an explanation and show your concern for their children.
- **Tell** after listening closely and attentively and asking the correct questions:
 - ✓ If a caregivers refuses to vaccinate their children, respond to the reasons of the caregiver's refusal.
 - ✓ Answer the question asked by the caregiver recalling what you learnt during this training, and the materials you carry. In case you do not know how to answer, be honest (do not miscommunicate) and be proactive in searching for solutions to the caregiver questions after the visit. Ask your AIC or an influencer on your micro plan, and return to the house to inform the caregiver.
 - ✓ Ensure that you return and provide the answer as this improves the credibility of the polio team member and shows that he/she care about the caregiver's concerns.
 - ✓ Tell the caregiver the importance of immunizing the child and the reasons for repeated campaigns. The reason of repeated campaigns is because every dose provides additional protection against the polio virus. Without every dose, a child may not be completely protected.
 - ✓ It is very important to be friendly and clear about the answers you are providing hence having a good knowledge of the polio virus and its vaccine is mandatory.

• **Help, Explain, Return:**

- ✓ Read your farewell message thanking the caregiver and informing that you will return in one month. Always remember to thank the caregiver for their time and consideration no matter what the outcome of the visit is and politely conclude the visit.
- ✓ Tell the caregiver where the nearest health facility, fixed/transit site or any clinic/hospital is located in case anyone in their household has missed a vaccination.
- ✓ Remember to give right information, be respectful and answer the questions honestly and appropriately.

Some important points to remember for non-verbal communication are as follows:

Facial Appearance		Clothes & Grooming		Body Language	
Do's	Don'ts	Do's	Don'ts	Do's	Don'ts
Smile	Frown	Dress clean	Use strong perfume	Look Calm	Tap your foot (impatience)
Nod in agreement naturally	Show disagreement	Dress professional	Wear too much makeup	Look attentive and interested	Avoid scratching
Look interested	Look distracted	Culturally sensitive	Wear loud colors	Look organized	Rock back and forth
Appear honest and reliable	Appear intimidating/unapproachable	Grooming (clean hands, hair, nails, teeth)	Oil in the hair	Look neutral	Avoid disagreement

Visit Plan to a Household During a Campaign

Before...	Is the timing of the visit appropriate (as per the culture of the area)?
	What materials are needed for this visit? (Tally sheet, Clip board, markers, chalk, IEC Material-brochure, pamphlets etc.)
	Is there a history of this household or area that the polio team member should know? There could be a security issue or a refusal issue. If there is a security concern, do you know what your plan is? We will discuss this in the next sessions. If there is a refusal concern, do you know the reasons? Are you prepared to address them (either with information or influencers)
	Is the polio team member aware of the area he/she has been assigned to visit?
During...	The Important IPC Questions to Remember
	Greet the family, smile and introduce yourself. Say you are working for the Department of Health and show your badge if necessary. Give the following message
	<p>(حصہ الف) ضروری اعلان</p> <p>پولیو میں ہم آپ کے تعاون کے شکر گزار ہیں۔</p> <p>ہم اٹھے ہیں باقی ٹوٹ کر لیں کہ ہم اگلے ماہ دوبارہ قلم سے</p> <p>پولیو آئیں گے۔ آپ سے درخواست ہے کہ اپنے بچوں</p> <p>کو عمر بھر کی ضروری سے لگاتار محفوظ دینے کے وقت</p> <p>ہم ہمیں قطر سے ضرور پو آئیں۔</p> <p>اللہ تعالیٰ آپ کے بچوں کو یہ بیماری اور تکلیف</p> <p>سے محفوظ رکھے۔ آمین</p>
	How many married couple are there in the house hold?
	What is the number of under five year children for every married couple?
	Are there any under 6 month's old children?
	What is the number of under 40 day's child in the house hold?
	Is any less than 5 year old child sleeping child and/or sick?
	Have children till the age of two completed their EPI schedule?
	Is there any child away from home (For eg: gone to school). If yes, when will he/she return?
Are there any under five year old children of a guest or a servant at home?	
After...	Complete all the sections of the tally sheet and give the tally sheet to the Area In charge at the end of each day.

Activity: Role Play / participants do a simulation on the situations presented

<p>Scenario 1 – Believes polio vaccines are not safe</p> <p>Female Polio Team Member + mother</p> <p>The caregiver refuses to vaccinate her children because she does not think the polio drops are safe. The motivation of the refusal was that she heard on the radio that three children got sick and one eventually died after vaccination.</p> <p>Q1. What type of refusal is presented here?</p> <p>Q2. How should the polio team member respond in this situation?</p> <p>Possible Response: A1: This is a vaccine safety refusal (mistrust and misconception).</p> <p>A2: Appropriate response:</p> <p>The polio team members should politely listen to the caregiver and say something as follows:</p> <p>“I can see how you would feel this way. I’ve felt this way too, with the children in my family. But then I found out that the vaccine is completely safe, and I’ve never seen any child get ill from taking the vaccine. The worst thing that can happen is a slight fever, which is normal and a sign that body is using the vaccine to become immune to polio.</p> <p>We’ve been giving the vaccine for years in this village and all of the children are fine. If you think about it, you already know so many people that take it whenever we come by, and they don’t have any problems. You probably know most of them very well too - your [community leaders] and [religious leaders] have also given their children this exact vaccine and they are perfectly healthy. That’s because we all know that it is completely safe. We’re fortunate that there is such an easy way to prevent this disease.”</p>	<p>Scenario 2 - Repeated Campaigns</p> <p>Male Polio Team Member + father</p> <p>The caregiver does not allow their children to be vaccinated because he does not understand why the polio teams visit the house so frequently and this causes distrust.</p> <p>The polio team member mentions that both his sons had received polio drops at birth at the Basic Health Unit. The caregiver says he is frustrated because the teams come every week and ask for the children.</p> <p>Q1. What type of refusal are we facing here?</p> <p>Q2. How should the polio team member respond in this situation?</p> <p>Possible Response:</p> <p>A1: This is a repeated campaign refusal.</p> <p>A2: The polio team member should empathize with the caregiver and say that he/she understand the caregiver’s frustration.</p> <p>“I can see how you would feel this way. I felt this way too with the children in my own children, but then I found that it’s a good thing that we continue to protect our children against polio together. It turns out that for polio to be stopped entirely, we must continue to protect our children until the virus is no longer detected in local water, where it can live and keep infecting new, unvaccinated children for almost 6 months. That’s why we keep bringing the vaccine. If we all work together to protect each other, we can eliminate the disease entirely! Please help us, and please help your neighbors and family understand this.”</p>
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<p>. If necessary, offer to take some of the vaccine itself, to show that it is only helpful, not harmful.</p>	
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<p>Ask for other possible solutions amongst the participants and if one of them already faced a similar situation. Open space for peer learning and dialogue based on problem solving base and sharing of experiences.</p>
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Session 4: VACCINE VIAL MANAGEMENT (VVM)

Time Duration: 20 minutes

Training Material Required: Vaccine vials to show the participants, flash cards, white board, marker and copies of handout 4.1 for participants

Training Methodology: Practical exercise. AIC should ensure that actual vaccine vials at different stages are available.

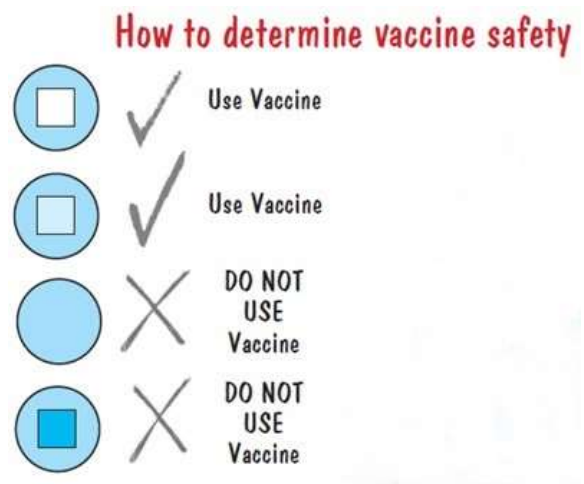
Participants are grouped and are asked to identify the following in the vaccine vials presented to them:

i. What is the stage of the vaccine vial shown to them? ii. Is the vaccine vial usable at that stage?

Important Points to Note and Practice:

The polio team members need to check the vaccine vial before use to ensure that the vial has not expired.

- If the inner square is lighter than the outer circle, the vaccine may be used.
- If the inner square is the same color, or darker than the outer circle, the vaccine must not be used.
- Vaccine should be kept in a plastic pouch inside the vaccine carrier to keep the temperatures controlled.



- The vaccine vial and the vaccine carrier should always be protected from direct sun light.



Session 5: COLD CHAIN MANAGEMENT

Time Duration: 20 minutes

Training Material Required: white board, flip charts, markers, different **vaccine carrier, ice packs, vaccine vial.**

Training Methodology: Discussion and practical demonstration using the vaccine carrier, ice packs and vaccine vials.

What to do at the Health Center

Check the vaccine vial for the following

- Physical appearance.
- Label is intact and not torn.
- Seal and intact and not open.
- VVM condition is valid (stage 1 and stage 2).
- Vial is not wet.
- Vial has a valid expiry date.
- Type of vaccine (bOPV, mOPV, tOPV) as per the plan of the campaign and team type.
 - Fixed Site Team: Always used only tOPV.
 - Mobile Teams: Depends on the type of the campaign being launched.

Steps to do on cold chain management

- As soon as you receive the vial, enter the number of vials collected in tally sheet.
- Make sure vial is in the plastic bag (plastic bag should be provided).
- Avoid sunlight and place the vial in vaccine carrier which already contains ice-packs (conditioned/cold).
- Take as many droppers as the vials collected.
- In case of North/South Waziristan and Khyber agency where security is compromised; the polio team members can carry the vial in a carrier other than the regular vaccine carrier. However; the important point to note here is that they have to ensure that the cold chain is not compromised.

While Using the Vaccine:

- Open the seal of the vaccine, remove stopper and attach the dropper (separate dropper for every vial).
- Administrate the vaccine to the child in the shade.
- Immediately after administering the drops, put the cap on the dropper and place the vial in the vaccine carrier to keep the low temperature of the carrier.
- Drain the water of the melting ice from the carrier regularly.
- Keep vaccine vial dry.
- Avoid placing the vaccine carrier in sunlight and opening the vaccine carrier unnecessarily.
- Keep the vaccine carriers lid closed all the time.

Shake the ice-packs often to ensure they are in good condition and evenly distributed. If you think they need to be replaced, then replenish them.

Note: The AIC should ensure that he practically demonstrated to the participants the right manner of placing the vaccine vials in the vaccine carriers as shown in the pictures below.



Session 6: ADMINISTERING POLIO DROPS

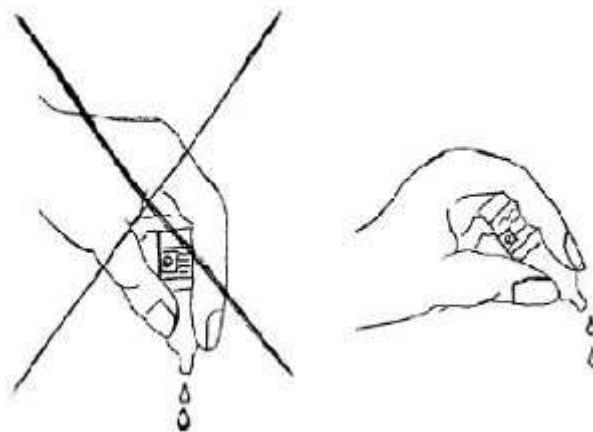
Time Duration: 20 minutes

Training Material Required: Polio vaccine vials (for practical exercise with the participants), droppers, flip charts and markers, flashcard (Q9, Q10, Q14, and Q29)

Training Methodology: Practical exercises using a vaccine vial and a dropper.

When you are administering polio vaccine to the child, make sure that you are treating the child gently and with concern.

- One vial should be open at a time.
- A new dropper should be used for each OPV vial.
- The vial should be held at 45 degree angle to ensure that 2 drops are administered to the child correctly.
- The dropper should be squeezed with little pressure and stop the pressure after 2 drops.
- Administer the drops in the open mouth of the child and must not touch the lips or tongue of the child. In case this happens, the dropper needs to be replaced before administering OPV to another child.
- If the child is vomiting or spitting, the 2 drops should be administered again.



Session 7: FINGER MARKING

Time Duration: 10 minutes

Training Material Required: White board, markers, flashcards (Q2, Q3 and Q21) and comic book (Page 5)

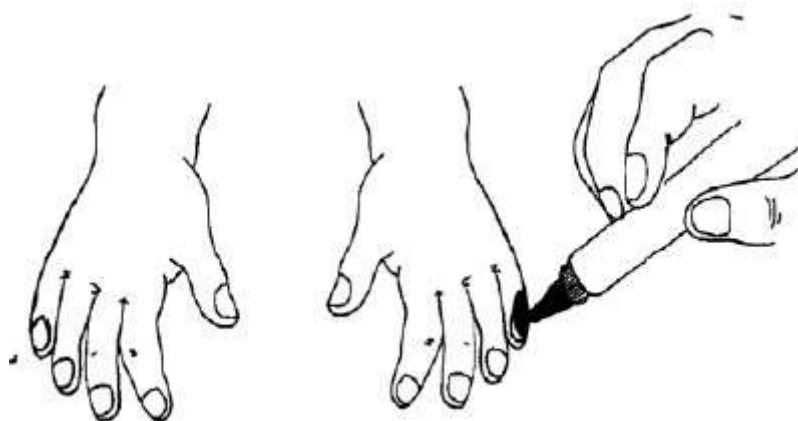
Training Methodology: Review the information points below. Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

For Finger Marking Activity: In pairs, ask the participants to mark the finger of his/her respective group member to ensure proper finger marking technique.

Important Points to Remember and discuss with the participants:

Finger Marking

- The purpose of marking the finger is to identify if a child has been vaccinated or not.
- This is important because during a campaign the neighborhood is often chaotic, and it is difficult to remember if a child has been vaccinated or not.
- We mark the correct finger of the child immediately after (but not before) we give the drops.
- The “best before...” written on the marker means that the marker can be used during the month mentioned on the marker.
- Before applying the marker on the finger, it is necessary to clean the nail of the child before marking the finger and ensure that only the polio finger marker is used.
- Clearly mark the left little finger of the child including the nail, and wait few seconds for the ink to dry.
- It is necessary to put the cap back on the marker after each marking to avoid drying the marker.
- Keep the marker closed and in vertical position (*Upside down*) and do not place the marker in direct sunlight (*it will dry*) or in the vaccine carrier.
-



Session 8: DOOR MARKING

Time Duration: 30 minutes

Training Material Required: White board, markers, flashcards (Q2, Q12 and Q20) and comic book (Page 5)

Training Methodology: Review the information points below. Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

For Door Marking Activity: Provide the door marking scenarios given below to each polio team members and him/her to show proper door marking for that scenario on the white board. The rest of the members will tell whether the marking is correct or not.

After visiting each house, it is necessary to mark the door of the house visited with a piece of chalk. **The door marking gives information about the EPI, date, number of children in each house, how many were vaccinated and how many were not at home, the team that administrated the vaccine and their direction to the next house.**

This helps in keeping track of the houses visited. This way the area in charge and social mobilizers will know if they need to return to the house to vaccinate any missed children or try to convince caregivers who have refused the vaccine.

Door marking is done as follows:

- a. In multiple household compounds, each door should be marked separately;
- b. In multi-story buildings each door should be given separate marking;
- c. Single house with two or more portions including different families should be marked separately;
- d. In a house with two or more entrance doors, only one door should be marked with all the information and the other door(s) should be chalked as double door (DD).

Important tips:

- Use chalk (not the finger marker) to mark the house.
- Choose an appropriate area where the chalk marking will not be erased easily.
- The door marking of locked house should specify the number of children under 5 years of age.

EPI	Date	House Number
Number of children vaccinated	Team Number	Direction

Door marking Scenarios for AIC to use with the polio team members

Sr. No	Examples	Door Marking		
1	EPI Number and date	EPI	12/04/13	
2	House number 6	EPI	12/014/13	H6
3	Children below the age of 5 in the household: Total 3 children and all 3 vaccinated.	EPI 3/3	12/04/13	H6
4	This household has 3 children under 5 and 2 children of the guest.	EPI 3/3+2	12/04/13	H6
5	Out of 3 children under 5 years, one has not been vaccinated	EPI 2/3	12/04/13	H6
6	This household does not have any child under the age of 5	EPI 0/0	12/04/13	H6
7	There are three children age less than 5 in the house but the house is locked.	EPI L/3	12/04/13	H6
8	Parent have refused	EPI R	12/04/13	H6

9	Team 3 has vaccinated	EPI	12/04/13	H6
		3/3	T3	
10	Direction of the team	EPI	12/04/13	H6
		3/3	T3	→

Door marking for double door:

A house having double doors, the main door should be marked as described above and the other side of the house should be marked as double door	(Main Door)		(Double Door)
	EPI	12/04/13	H6
	3/3	T3	→
			← DD 12/4/13

Door markings for multi-story buildings- flats/ compounds:

<p>For Multistory house/flat, the team should start from the top floor.</p> <p>Each door on each floor of the flat should be separately marked and given a separate house number.</p> <p>Also, if one house has two families (with separate kitchens) it should also be given a separate house number.</p> <p>Both the families will be marked separately in the tally sheet.</p>	<table border="1"> <tr> <td>EPI</td> <td>12/04/13</td> <td>H6 + H7</td> </tr> <tr> <td>2/3, 1/1</td> <td>T3</td> <td>→</td> </tr> </table>	EPI	12/04/13	H6 + H7	2/3, 1/1	T3	→
EPI	12/04/13	H6 + H7					
2/3, 1/1	T3	→					
<p>After vaccinating each child of each family on each floor, a consolidated marking can be added on the entrance of the multi-story building/flat. Similarly for door marking of the compound, each door will be marked separately for each family. A consolidated marking (similar to the marking of flat/multistory building) will be made on the main door.</p>	<table border="1"> <tr> <td>EPI</td> <td>12/04/13</td> <td>H1 - H12</td> </tr> <tr> <td>18/18</td> <td>T3</td> <td>→</td> </tr> </table>	EPI	12/04/13	H1 - H12	18/18	T3	→
EPI	12/04/13	H1 - H12					
18/18	T3	→					

Door marking for double dwelling house:

<p>For a house with one gate and two/three separate families living in upper, middle and lower story, the door marking will be as follows.</p> <p>All the families will be marked separately in the tally sheet.</p> <p>In case an extended family lives in the other portion of the house and utilizes one kitchen will be considered one and will be represented one in the tally sheet.</p>	EPI	12/04/13	H1 + H2+H3
	1/1, 2/2, L/1	T3	→

Door marking for school / madrassa:

<p>Each team should visit the schools first in their area and record their information.</p> <p>The child's name and details are recorded in the sheet titled "List of children vaccinated at school/madrassa" In the tally sheet, "S" for School and "M" for madrassa will be written in place of the number of married couple, and the total children vaccinated should be included.</p>	EPI	12/04/13	S10/ M10
	23/25	T3	→

Door marking for brick kiln:

<p>The house(s) in the brick kiln area will be marked with the usual door marking i.e. marking each door per family. The door of the brick kiln owner's house will have the consolidated marking of the total children of the brick kiln.</p>	EPI	12/04/13	B9
	23/25	T3	→

Door marking for shops:

Usually shops are not marked during campaigns. If a child is vaccinated accompanied by his/her guardian in the shop the child is added in the section of children vaccinated in the street.

However, if the shop is attached or is part of the house, the house will be marked and not the shop.

Session 9: TALLY SHEET

Time Duration: 60 minutes

Training Material Required: Copies of previous campaign tally sheets, white board, flip charts, markers, flash cards (Q1, Q16, Q17, and Q23) and comic book (Page 6)

Training Methodology: Use comic book (page 5) for pictorial reference. After information, break the group up and use flashcards for practical exercises.

Group work: Divide participants into groups. Give a tally sheet of a previous rounds to each group and ask them to identify the mistakes made by the polio team members in filling of the tally sheet in the previous rounds.

Important Points to Remember and discuss with the participants:

- Identification of the team and the area assigned for the day as per the micro plan. It is very important for the polio team members to fill this section of the tally sheet.

سہارا دن	اندراج شیٹ برائے پولیو کے خاتمے کی مہم	سویاں مہم	
دوسرا دن	_____	کمیٹی نمبر	_____
تیسرا دن	_____	آج کے کام کے علاقے	_____

- Record the number of OPV vials received before leaving the team support center.
- Schools in the area of work should be visited at the beginning of the day and the revisited on the first half of the catch up day.
- Maintain a detailed record of the children missed and the reason: **NA (non-available), sick, asleep, door locked and refusal.**
- Record on the tally sheet for each house visited, the details of the married couples, total number of children under 5 years of age and total number of children vaccinated by the team according to the age (< 12 = 0 - 11 months and 29 days, 12 - 59 months= 12 month to 59 months) at the time of visit.

گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ	گھنٹہ
145	109	73	37	1															
146	110	74	38	2															
147	111	75	39	3															
148	112	76	40	4															
149	113	77	41	5															
150	114	78	42	6															
151	115	79	43	7															
152	116	80	44	8															
153	117	81	45	9															
154	118	82	46	10															
155	119	83	47	11															
156	120	84	48	12															

- Put a tick mark (✓) on the house where the OPV vial has finished.

- Encircle the house number if the household visited belongs to the high risk mobile population (*nomads, people working in brick kiln, daily field laborer, industrial works, afghan population and IDPS – internally displaced people*).
- Vaccinate children playing outside their house, in their streets, found in the shops, or in the lap of the mother passing by. Record their information age wise in the respective columns with the help of a (v).
- Vaccinate children playing outside any house, in the streets or baggers who are nomadic and record their information age wise in the respective columns with the help of a (x).

گھروں سے باہر کھیلنے والے بچوں کو گھر سے باہر لے جانے کے بعد ان کا اندراج اور ان کے خاندانوں میں (ص) سے گریڈ اور گھروں سے باہر لے جانے والے گھر کے آبادی کے بچوں کا اندراج اور ان کے خاندانوں میں (X) سے کریں۔											
۱۲ ماہ سے ۵۹ ماہ تک										۱۲ ماہ سے کم	
= (B1 + B2) B										B1	
B2										B1	
(C + B + A)										(B + A)	
B2 + A2										B1 + A1	
ایسے گھروں کی تعداد جن میں زیادہ سے زیادہ گھروں کی تعداد ہے										ایسے گھروں کی تعداد جن میں زیادہ سے زیادہ گھروں کی تعداد ہے	
گھر کے اندر اور گھر سے باہر										گھر کے اندر اور گھر سے باہر	
= C										= M	

- Fill the column that require the reason for missed children (*N.A, refusal and locked house*).

گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	بچہ	خود راک نہ دینے کی وجہ	انکار کی صورت میں وجہ انکار	واپسی کی تاریخ تاریخ کو بت

- Collect detailed information of the number of children under 5 years of age for locked house (from the neighbors, influencer and any person close by).
- Collect the information of the children under one who has not completed the routine EPI schedule.
- Inquire about any child in the house below the age of 15 years, suffering from paralysis in any part of the body for the last six months.

گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	پتہ	
ہر گھر میں پوچھیں کہ کیا ان کے گھر یا پڑوس میں 15 سال تک کے کسی بچے کو گزشتہ چھ ماہ کے دوران جنم کے کسی حصے میں کمزوری یا قلعہ ہوا ہے اگر ایسا کوئی نہیں ملے تو مندرجہ ذیل معلومات درج کریں۔					
گھر کا نمبر	بچے کا نام	والد کا نام	بچے کی عمر	کمزوری یا قلعہ کب ہوا	تفصیل پتہ

- Revisit on the same day the houses of the missed children.
- Summarize and record the total number of children vaccinated, the number of children converted (*Column C in the tally sheet*), number of vaccine vial used and the remaining balance before submitting the tally sheet to AIC.

سامان کی تفصیل۔ چھ روزانہ ریلیف Supply Inventory Summary روزانہ تکمیل کریں اور اندراج شیٹ، غیر استعمال شدہ ویکسین، وٹامن اے اور دیگر اشیاء، سپلے ہاؤسنگ اور دیگر کو واپس کر دیں۔

سامان	وصول کیا	استعمال ہوا	بچا ہوا سامان
ویکسین کی بوتلیں			
وٹامن اے کے نیچے کیپسول			
وٹامن اے کے سرخ کیپسول			
دیگر			

کام مکمل ہونے پر AIC سے ملات سے پہلے
 تنظیم لیڈر
 نام
 دستخط

Session 10: MICROPLANNING AND TEAM MOVEMENT

(Missed Children)

Time Duration: 20 minutes

Training Material Required: Copy of micro plan to show the participants, copy of team maps, comic book (page 10), flashcard (Q25),

Training Methodology: Use comic book (page 10) for pictorial reference. Discuss each point below

Group Work: In groups, polio team members should be asked to update the maps of their area.

Important Points to Remember and discuss with the participants:

Components of a micro plan

- Micro plan summary page/ Profile for area in charge and UC
- Team & area wise daily plan form (with 1st and last households numbers)
- Map of team, area and UC with clear boundaries between UCs, AICs and teams.
- Social mobilization plan
- Supervision plan for area in charge and UC
- Human resources involved in the campaign
- Vaccine daily distribution plan and balance (daily attendance sheet during campaign)
- Schools list and contact
- Influencers list and contact number
- Mosque list and contact
- Training plan for mobile, fixed and transit team
- High risk specific plan with list of list of high risk population and settlements.

the missed children from previous polio round and the reason why they were missed.

- AIC should identify the area for each team and communicate it to the polio team members.
 - Estimated number of houses for each team should be discussed.
 - AIC should ensure that he/she asks the team members whether they are comfortable with the area assigned to them. (This is important because sometimes if the polio team members are not comfortable with the area assigned to them, they either leave the houses or avoid revisiting the houses.
 - AIC should make sure the teams have identified the High Risk Groups (mobile/migrant population, nomads, beggars, IDP's. priority groups) in their area.
 - AIC should ensure that the teams have the influencers list with them.
 - AIC should make team maps with each team to ensure they are clear about their area. The map should consist of the route each team will follow.
 - AIC should discuss the components of the micro plan with the polio team members.
 - AIC should ensure that each team has the data of
- **Logistics:** AIC should discuss the time the teams are supposed to report on the day of the campaign, the venue and the material they will be carrying with them.

Session 11: SECURITY BRIEFING

Time Duration: 30 minutes

Training Material Required: white board, flip charts, markers and comic book (page 11).

Training Methodology: Group discussion. AIC should ask encourage a group discussion by asking the following points presented and getting response from the polio team members.

Inform the team that their safety is the number one priority. Every effort is being taken to ensure all health workers are safe and protected by the Government. If they feel unsafe at any time, they should follow the instructions below. There are ways in which everyone can help increase their own security as well.

1. Basic information polio team members need to have:

- 1.1 Polio Team Members should have the number of the AIC.
- 1.2 Polio Team Members should have the number of the police escort.
- 1.3 Police Escorts should have the number of both the AIC and the polio team members.
- 1.4 Team should maintain visual contact with the police escorts while working in the field.
- 1.5 In the case of an incident, the polio team members should take necessary precautions to ensure their safety and call the police escort if present or else their respective AIC (supervisor).

2. Dressing:

- 2.1 Dress as per the culture of the area you will be working in.
- 2.2 Maintain low Profile.
- 2.3 Dress modestly.
- 2.4 Be clean and presentable.

3. Communication:

- 3.1** At least one member of the team **should have a mobile phone fully charged with sufficient balance**, using network that has **good signals**.
- 3.2** **Female members** if reluctant to share their number, they **should have other team member numbers** with her **including security escort**.
- 3.3** In case the AIC phone is not getting connected, send a **TEXT message**.

4. Conduct while performing your duties

- 4.1** In case a parent refuses the vaccine or becomes aggressive:
 - 4.1.1 **Politely attempt to change their mind**
 - 4.1.2 **Do not be aggressive or persistent**
 - 4.1.3 **Adopt a non-aggressive posture**
 - 4.1.4 **Do not argue or fight**
 - 4.1.5 **Retreat to a safe area**
 - 4.1.6 **Contact your security escort and AIC**
- 4.2** In case a mob gathers or serious threats:
 - 4.2.1 **Move away from the area to a safe area and let police handle the situation**
 - 4.2.2 **Contact your AIC and security escorts**

4.3 Enhancing security measures

4.3.1 **Be aware of the danger posted by strangers on motorcycles.**

4.3.2 **Keep an eye on abandoned bags and packages and inform the police escort and the AIC as soon as possible.**

4.4 You should always try to **choose a safe point** where you can see miscreants approaching and have adequate cover if attacked. It can be the house of an influencer or a community leader.

4.5 People may be curious and wish to ask questions or even request vaccinations. You should **be observant as to how the situation can turn hostile.**

4.6 If you are in danger of **losing control of a situation** (eg. a mob begins to gather) you should immediately:

4.6.1 Retreat to a safe place. Contact police.

Some Additional Measures: Keep Watch for

- **Unattended** vehicles, motorbikes/bicycles
- Where **pillion riding** is banned look for those breaking the ban
- **Suspicious objects** (example shopping/trash bags, cardboard boxes, stray wires, etc.)
- **Suspicious people following you or your moves**
- Be mindful of **landmines.**

Session 12: DIRECT DISBURSEMENT MECHANISM (DDM)

Time Duration: 20 minutes

Training Material Required: Flip chart, markers and a DDM card (or copy)

Training Methodology: Group discussion, lecture approach. Answer questions thoroughly, as this is very important to ensure vaccinators know how to get paid, and that complaints are addressed effectively. **Important Points to Note and Practice:**

Responsibility of a Vaccinator

1. Complete a DDM card during the training with the correct information and provide a copy of CNIC (the CNIC should be valid and your own, relative or husbands/ guardian CNIC will not be accepted).
2. Carry DDM card and CNIC when out vaccinating.
3. Ensure that the AIC signs the card at the end of each working day during the campaign.
4. Submit fully completed and signed card to AIC on last day of the campaign.
5. Collect own payment within 30 days of receiving SMS, OMNI card or XPIN.

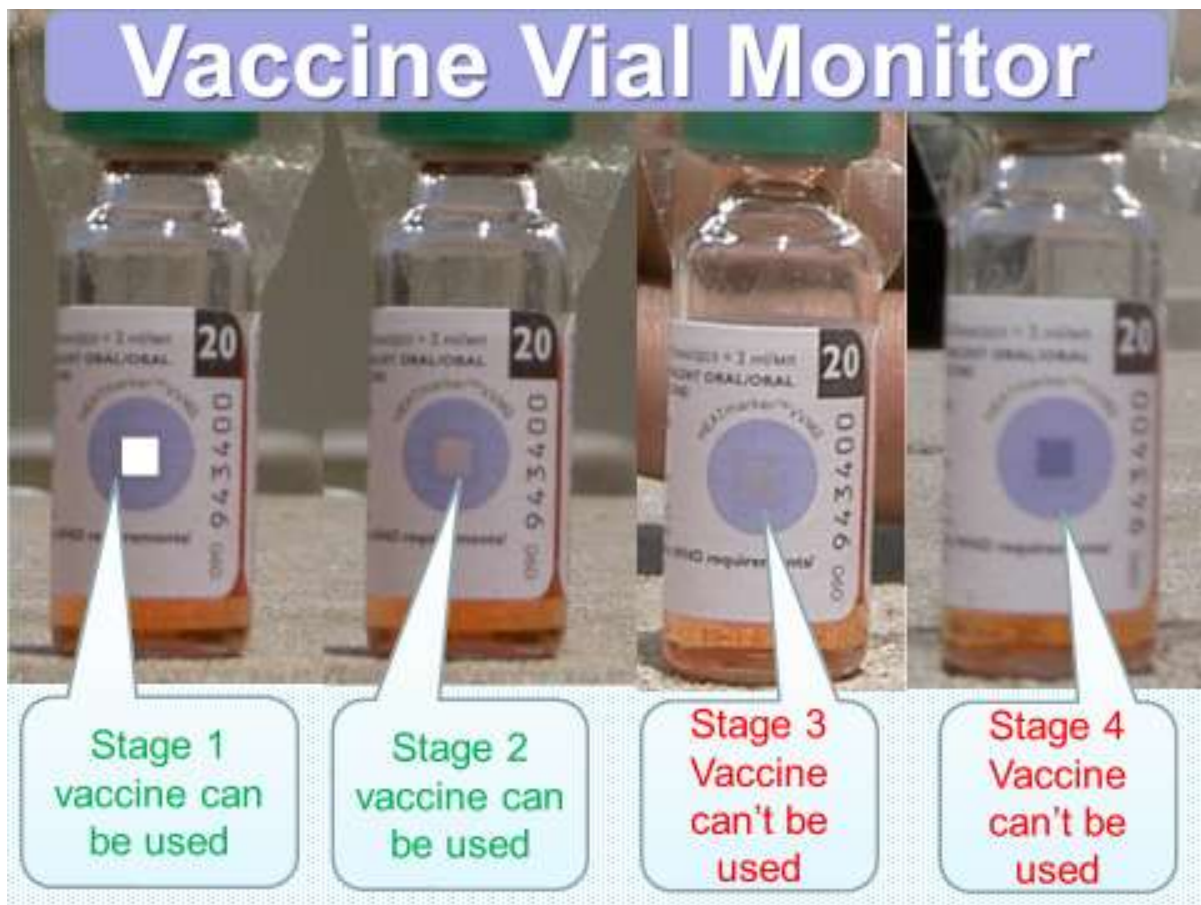
- **Step 1** - Federal distributes DDM cards to EDO and line district according to the approved micro-plan and budget before each campaign. District will distribute to the UCMOs
- **Step 2** - UCMO/AIC to distribute DDM cards to vaccinators during the training and ensure that they are completed correctly.
- **Step 3** - Vaccinators/AIC/UCMO keep own card during the campaign and ensure that supervisor signs at the end of each day of the campaign.
- **Step 4** - Vaccinators to submit fully completed cards to the AIC on the last day of the campaign
- **Step 5** - AIC submits to UCMO who approves and submits to PEO.
- **Step 6** - DPHMT to verify all the cards for the entire district and ensure that data is correctly entered in the DDM data base. To ensure that soft files and original cards are sent to the WHO Provincial Finance team to verify cards and validate data, and forwards data to Federal Office for payment.
- **Step 7** - DDM Federal Team to verify data and process payment with respective bank.
- **Step 8** – Bank to send SMS to beneficiaries for OMNI payments and issue XPIN for MCB payments
- **Step 9** - Federal Team to send payment confirmation and XPIN to Provincial Office, Provincial Office to send confirmation and XPIN to DPHMT, DPHMT to inform UCMO, AIC and Vaccinator to collect their payments from the Bank/collection centers.

Appendix 1: ROUTINE IMMUNIZATION SCHEDULE

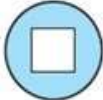
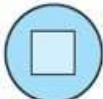
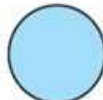
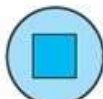
بچوں کے حفاظتی ٹیکہ جات کا شیڈول

ویکسین دینے کا طریقہ	بچے کی عمر	بیماری	ویکسین		
 <p>دائیں بازو کے اوپر اور سارے ذریعے قطرے</p>	<p>پندرہ ماہ کے فوراً بعد</p>	<p>بچوں کی ٹی بی پولیو</p>	BCG	1	
			(Zero) OPV		
 <p>دائیں اور بائیں ہاتھ کے پٹے میں اور سارے ذریعے قطرے</p>	<p>6 ماہ کی عمر میں (نہایت پہلے)</p>	<p>خفقان، کان کی کھانسی، سنج کالار کان، گردن توڑ پٹار پولیو</p>	Pentavalent-I	2	
			OPV-I		PCV-I
 <p>دائیں اور بائیں ہاتھ کے پٹے میں اور سارے ذریعے قطرے</p>	<p>10 ماہ کی عمر میں (دوبارہ)</p>	<p>خفقان، کان کی کھانسی، سنج کالار کان، گردن توڑ پٹار پولیو</p>	Pentavalent-II	3	
			OPV-II		PCV-II
 <p>دائیں اور بائیں ہاتھ کے پٹے میں اور سارے ذریعے قطرے</p>	<p>14 ماہ کی عمر میں (سارے چھ ماہ)</p>	<p>خفقان، کان کی کھانسی، سنج کالار کان، گردن توڑ پٹار پولیو کے قطرے اور ٹیکہ</p>	Pentavalent-III	4	
			PCV-III		OPV-III
<p>Measles-II</p>  <p>بائیں بازو کے اوپر</p>	<p>Measles-I</p>  <p>بائیں بازو کے اوپر</p>	<p>9 ماہ کے فوراً بعد</p>	<p>خسرہ</p>	<p>Measles-I</p>	5
<p>Measles-II (Booster)</p>  <p>بائیں بازو کے اوپر</p>	<p>15 ماہ کے فوراً بعد</p>	<p>خسرہ</p>	<p>Measles-II (Booster)</p>		

Appendix 2: VACCINE VIAL STAGES



How to determine vaccine safety

- | | | |
|---|---|--------------------|
|  | ✓ | Use Vaccine |
|  | ✓ | Use Vaccine |
|  | ✗ | DO NOT USE Vaccine |
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