TECHNICAL REPORT
Measles Polio and Vitamin A Campaign

Za'atari Camp

13 – 25 April 2013

Acknowledgments

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14. The 125 Syrian health worker volunteers who tirelessly mobilised and undertook crowd control and took part in other the vaccination team activities.
15. IOM for participating in 6 teams
16. ACTED for hosting 2 days training for community nursing teams
17. Save the Children for allowing the use of 15 tents during the campaign.
18. Jordan University of Science and technology students for working on the Lot Quality Assurance Sampling.

World Health Organization

UNHCR

unicef

Dates	The campaign was conducted from13th - 25th April 2013; there was a scheduled break on the 19th and an unscheduled break on the 20th (for security reasons)
Target population	All Syrian refugees aged between 6 months - 30 years in Zaatari camp regardless of previous vaccination status (estimated population at time of campaign was 107,173 persons (based on World Food Programme Distribution figures for second cycle of April). The target population for the campaign was 78, 590 persons based on persons aged 6 months to 30 years estimated at 73% of the total population.
Overall Campaign administrative coverage	60,051 people vaccinated against measles = 76% (in addition 9,023 children vaccinated 3 weeks prior to the campaign by the French team which were not vaccinated during campaign) Revised coverage = 88% Coverage by age group and interventions below: Measles: 6 months to 59 months = 15,497 = 75% coverage 6 months to 14 years = 42,056 = 82% coverage 15 to 30 years= 17995 = 66% Vitamin A = 15,423 (target population 20,684) = 75% Polio 16,152 (Target population = 21472) = 75% This coverage was best for measles in the age group 6 months to 14 years at 82% and fell to 66% for those 15 years and over.
Number of vaccination teams, and supervisory teams	- 25 vaccination teams with each team composed of seven persons (three from Ministry of Health and four from Syrian refugee community). The responsibilities were divided as follows: one person for reconstitution of vaccines; A, one injector; and one person for tallying. Ministry of Health designated a team leader. Ministry of Health staff did the vaccine reconstitution, injection and tallying. MOH, The French Field Hospital and the Moroccan Field hospital provided and

	managed one team themselves - 8 supervisors (MoH) - 1 cold chain controller (MoH) - 2 coordinator supporters (UNHCR and UNICEF) - 1 campaign coordinator (MoH) - 1 LQAS supervisor (WHO)
Number of health workers and volunteers who participated	- 85 health workers from MoH + 12 from IOM for injections, preparation of doses, registration - 125 health workers (Syrian volunteers) for polio/vit A vaccination, crowd control, social mobilization - around 10 volunteers from clinics in the camp (French team, Moroccan doctor) for vaccinations - staff from partners (IRD, Acted, JEN, Save the Children) for community communication and mobilization - 20 students of Jordan University of Science and Technology (JUST) for lot quality assurance survey
Results of other integrated child survival Interventions	- Vitamin A was provided to all children ages between 6 - 59 months - Oral Polio drops to all children ages between 0 – 5 years
Experience regarding pre-campaign and campaign monitoring	- Pre-campaign: A timeline was established and shared with all implementing partners two weeks prior to the campaign. Activities/progress were then reported on daily basis to the technical team. Harmonization and standardization training for MoH and community nursing participants. - During the campaign : - MoH, supported by UNHCR, WHO and UNICEF, visited each vaccination tent every day, to check on organization/supplies/quality/mobilization - supervisor quality checklists were distributed to all partners who could filled it each time they visited a vaccination tent (compiled analysis of the check list is attached)

	- Lot Quality Assurance Sampling started on the 4th day of the campaign the final report of the LQAS is also attached
Comments on vaccine quality, injection safety and any AEFIs observed or Reported	- There were no AEFIs observed or reported for vaccine quality and injection safety please (refer to the attached compiled supervisory checklist).
Comments on the experience with injection safety and Immunization waste management	- MoH teams were well trained on safety injection and waste disposal management. - Medical waste collected everyday by each supervisor and taken to be stored in MoH center in the camp. JHAS collected the medical waste from the MoH center twice per week to dispose of it. - In some tents private corners wer established fro females with support of female community nurse
Estimated vaccine wastage	10%
Some qualifying comments about high-level political commitment	- The campaign was strongly supported by MoH and all other relevant local authorities.
Were any hard-to reach children immunized? Give details of the areas and characteristics of the populations. Explain strategies employed	- Disabled children/adults immunized in their tents; in addition the mobile teams covered all hard-to reach areas in the camp. - During mobilization, mobilizers visited all tents/caravans and could notice who is not able to reach the vaccination sites. They took address, phone and names, then informed their supervisor to send a mobile team to vaccinate - Implementing partners/NGO in the camp (IRD, Acted, JEN, Save the Children Jordan) helped in mobilization and spreading the message about campaign to the community through their activities (hygiene promotion sessions, IYCF sessions, WASH committees, loudspeaker) - Syrian volunteers supported by UNHCR to be part of vaccination teams as social mobilizers - Each site consisted of at least one team (sometimes two to three teams) which were established in community structures e.g. psychosocial

	facilities, child friendly spaces; the mobilisers would systematically mobilise door to door; after two to three days when the numbers reduced the teams would move to another site. In this way the camp was covered systematically. - WHO conduct the LQAS sampling afterwards and if coverage was not satisfactory a mop-up vaccine team would return to that area.
Was the campaign used to improve measles surveillance	- Yes, every suspect case of measles noticed by mobilizers or health staff in vaccination tent was sent to the clinic. - Measles surveillance has been intensified during and after the campaign as there is an ongoing outbreak; also the signs and symptoms of measles were covered during the training of team members thus raising their awareness. - Routine community based surveillance is now an ongoing activity. Approximately 10 community nursing refugees are surveying each district. - The surveillance tools developed for the campaign as well as the team quality M&E are now used routinely for community based surveillance.
Was the campaign used to improve routine immunization? Explain	The campaign was used to: - Provide refresher training for all involved health workers in immunization practices, injection waste management and logistic and cold chain management - Build trust and awareness with the community on vaccination - Document the preparations, the implementation and the outcomes for future campaigns - All the parents with children under 5 received key messages on routine immunization; as a result the number of children increased in the routine vaccination center in the Za'atari camp - Due to community awareness and request relating to EPI , MoH have agreed to avail EPI routine vaccination at two of the camp health partners (MdM clinic 2 and JHAS/ UNFPA) .

Who were the major national/local partners	- Ministry of Health, Syrian refugees, IRD, Save the Children, Acted + UN agencies. Refugee community and religious leaders also played a significant role in the mobilization during the campaign
Local resource mobilization (in cash and in kind)	- MoH provided staffing, UNICEF provided the vaccines and some cold chain equipment, WHO supported stipends of MoH staff, transport, logistic and LQAS as well as the sub-contracted services of the WHO Collaborating Center at the JUST Faculty of Nursing (Jordan University for Science & Technology), UNHCR supported stipends for community volunteers.
Mop up immunization planned or completed? Give details	- After each result of LQAS, mobile teams were deployed in the "failed areas" and re-vaccinated the failed areas
Coverage evaluation surveys planned/ completed? Briefly give details of methodology and results	- Actual campaign coverage was estimated based on the numbers vaccinated and the estimated target population of refugees at the time of the campaign. Not done yet
Highlight major problems encountered	- People aged 15 to 30 years were difficult to mobilise for vaccination (rumors, misconceptions and other priorities) - Restricted vaccination schedules (from 9.30 to 1.30) - Mobilizers had too quickly the impression that the area was well covered. They needed to be re-motivated every day. - it was not easy to keep orderly queues which may have caused some confusion and possibly led to errors in tallying
Highlight major achievements	- Good communication and mobilization with partners and refugees in the field during pre-campaign - High quality training of health workers before campaign - Very good cooperation work in the field between MoH, vaccination teams, MoH Coordinator, LQAS teams and Unicef/UNHCR field doctors. - Building a very good team spirit during the campaign, leading to good motivation and good results in vaccination coverage - With continued surveillance, and strengthening of routine immunization we expect a significant drop in new cases of measles in

	the short to medium term. - New arrivals vaccination started on arrival at the same time as the campaign this ensuring continued high coverage
Highlight major lessons learnt	- People between 15 and 30 years are much more difficult to convince to get vaccines because of fear of injections, conviction that they had been vaccinated already or didn't need it as adults, rumors about poisonous vaccines and having numerous other priorities in the humanitarian setting - Teams that needed to come back after LQAS results felt de-motivated as soon as the number of patients decreases, so it is better to change vaccination location more often, even if we need to come back, than to stay longer (because the team believes that there is no point to stay in the location, the mobilization decreases and the results are not as good) - Mobile teams are essential to reach hard-to reach people, such as disabled, those reluctant to be vaccinated or people who live far from a vaccination site. - Strategic sites can be used to reach more male from 15 to 30 years old such as market roads or distribution areas - Engagement of other sectors such as education, protection, WASH partners in the communication prior and during the campaign was useful in ensuring consistency and reach of messages and awareness across sectors . - Ink is essential, mostly at school, to be able to know if children have already been vaccinated in their home area or not. It is also essential for the LQAS teams, to be able to know who has been vaccinated or not. - However ink was not well accepted by the refugees as they didn't want to be "marked". We could have use child-friendly animal stamps for the children; they would have accepted it better. For adults we may need to use permanent marker. - Use of Syrian health workers as part of the vaccine teams was essential

	to build trust in the community, allay concerns, address misconceptions and build links between community and the vaccine campaign planning and implementation - Flags to mark the vaccine sites made it easy for supervisors and the community to locate sites. - Use of messages in the mosque, mobilization through the schools, also contributed to reaching more people

Annex 1

VACCINATION Protocol

MEASLES VACCINATION

-Persons aged 6 months to 30 years.

-Subcutaneous deep in the deltoid or top of the anterior side of the thigh if child too small (< 1 year)

POLIO ORAL VACCINATION

-All children less than 59 months

-Oral administration of 2 drops (1 dose)

VITAMIN A

-Blue pods, 100000 IU: child 6 - 11 months

-Red pods, 200000 IU: child 12 - 59 months

CONTRAINDICATIONS:

-known allergy to the vaccines, neomycin, polymyxin

-fever > 38 ° C, diarrhea and or vomiting,

-pregnancy known,

-renal failure severe,

-immunosuppression (leukemia, lymphoma, cancer widespread, corticosteroid therapy)

Child age	Measles	Polio	Vitamin A	
			100 000 IU (BLUE)	200 000 IU (RED)
0-6 months		X		
6-11 months	x	X	x	
12-59 months	x	x		x
59 months-15 years	x			

Attention:

-Do not reuse reconstitution syringes

-Check the indicator on bottles before reconstitution, if a color other than white: do not use

- Vaccinate on the upper 1/3 of the arm (deltoid area) or leg (anterolateral)

-Keep the vaccines in the cooler (maximum: 1 hour at room temperature)

-Discard the unused vaccine at the end of the session