

National Primary Health Care Development Agency

DEPARTMENT OF DISEASE CONTROL & IMMUNIZATION



Oral Cholera Vaccination Campaign

Implementation Training



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March 2025



Ground Rules/House keeping

- Clearly fill in the Attendance Sheet and indicate your details clearly
- Always see yourself as being in the classroom
 - Restrict frequent movement
 - Pay attention to training
 - Avoid the urge to converse in the background
 - Move away from noisy environment
- Be respectful of other's opinions: Speak only when recognized
- To speak, click on the raised hand feature and unmute yourself once recognized
- You can be called up to read out or discuss the slide on the screen – Pay full attention
- Turn off or mute other electronic devices during presentations
- Turn off your Video during the presentation for better network
- Use the raise hand icon to indicate you have a contribution to make
- Others?

BEFORE WE START

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#NoExcuse

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- **Inaction against Sexual Misconduct**
- **Any form of retaliation against those who report, or participate in an investigation of, allegations of SM**



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Outline

- Objectives
- Background Information
- Overview of OCV Logistics and Cold Chain
- OCV Mass Vaccination Campaigns
- Daily Implementation Plans Development
- Waste Management
- Advocacy Communication and Social Mobilization (ACSM) during OCV Campaign
- Monitoring and Evaluation Tools



Objectives

- Acquire understanding of key aspects of oral cholera vaccine, safety, protective efficacy, and how to handle and administer it
- Acquire skills and knowledge to properly handle vaccine, maintaining the cold chain and proper waste disposal
- Demonstrate ability to effectively communicate to the public and clients about cholera and vaccine (*prevention & control, why vaccine is being given, safety and AEFI reporting, OCV eligibility*)

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Background Information



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Cholera: Causative Agent

Causative agent

Cholera is a diarrheal disease caused by infection of the intestine with the gram-negative bacteria *Vibrio cholerae*

Communicability

- The infective dose depends upon individual susceptibility
- The reservoir is mainly human: asymptomatic (healthy) carriers and patients carry huge quantities of *vibrio cholerae* in faeces and in vomit; up to 100 million bacteria can be found in 1 ml of cholera liquid
- Cholera is transmitted by the fecal-oral (faeco-oral) route (exclusively by contaminated water or food). A dose of more than one million organisms is usually needed to cause illness



Mode of Transmission

- **Water** may be contaminated at its source. Surface water e.g. water from streams, rivers and water from shallow wells are common sources of infection
- *Vibrio cholerae* can live for years in certain aquatic environments. Water is also frequently contaminated at home when inadequately washed hands come in contact with stored water
- Water can also be contaminated in transit (e.g. water vendors) and during storage at home (e.g. water pots)
- Bathing or washing cooking utensils, in contaminated water can also transmit cholera
- Moist grains, such as rice, millet, or sorghum, when served at room temperature or lightly warmed, are common vehicles for cholera transmission



Mode of Transmission ... 2

- **Moist foods lightly contaminated** after cooking and allowed to remain at room temperature for several hours, provide an excellent environment for the growth of *Vibrio cholerae*
- Other foods which can transmit cholera include **raw or undercooked seafood**, particularly shellfish, and raw fruits and vegetables
- **Corpses** of people who died from cholera are highly infectious through their excreta. Physical contact with the dead body during funeral ceremonies is also a major medium.
- **Cholera Treatment Centres (CTCs)** can become main sources of infection if hygiene and isolation measures are insufficient



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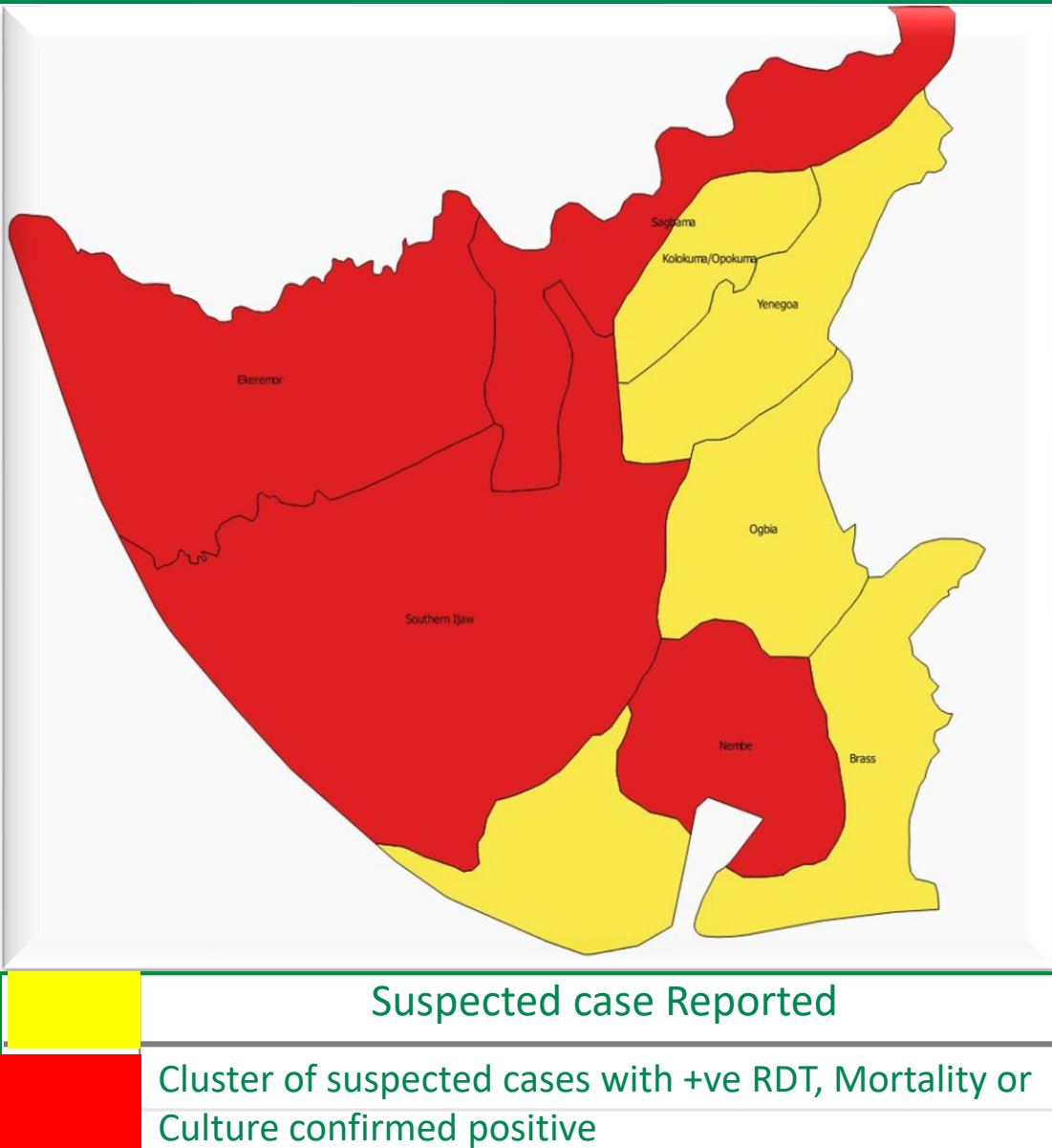
Overview of Current Outbreak



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Bayelsa State Overview of Current Cholera situation: Feb. 2025



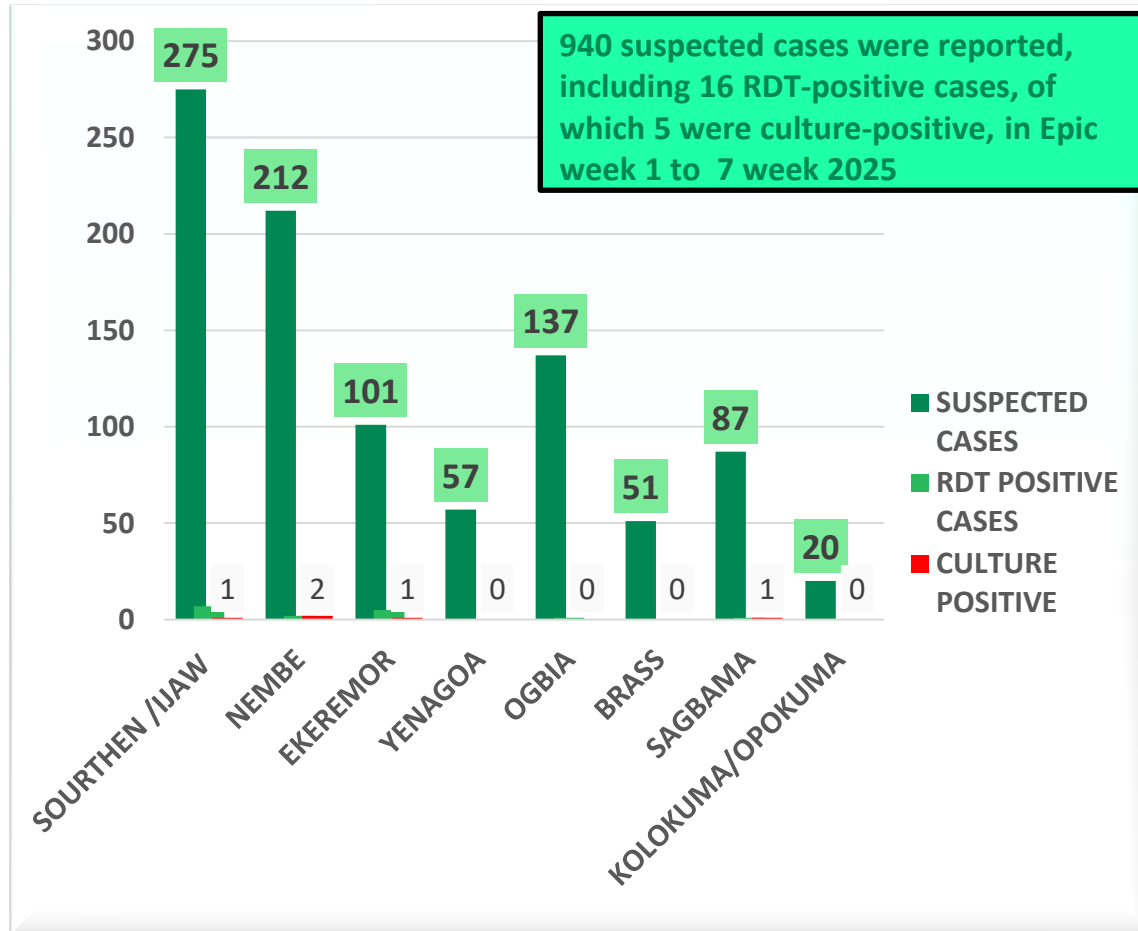
Cholera Situation Update

Total of 940 suspected cholera cases have been reported across 8 LGAs in the state. Five (5) culture-positive cases have been confirmed from 4 LGAs:

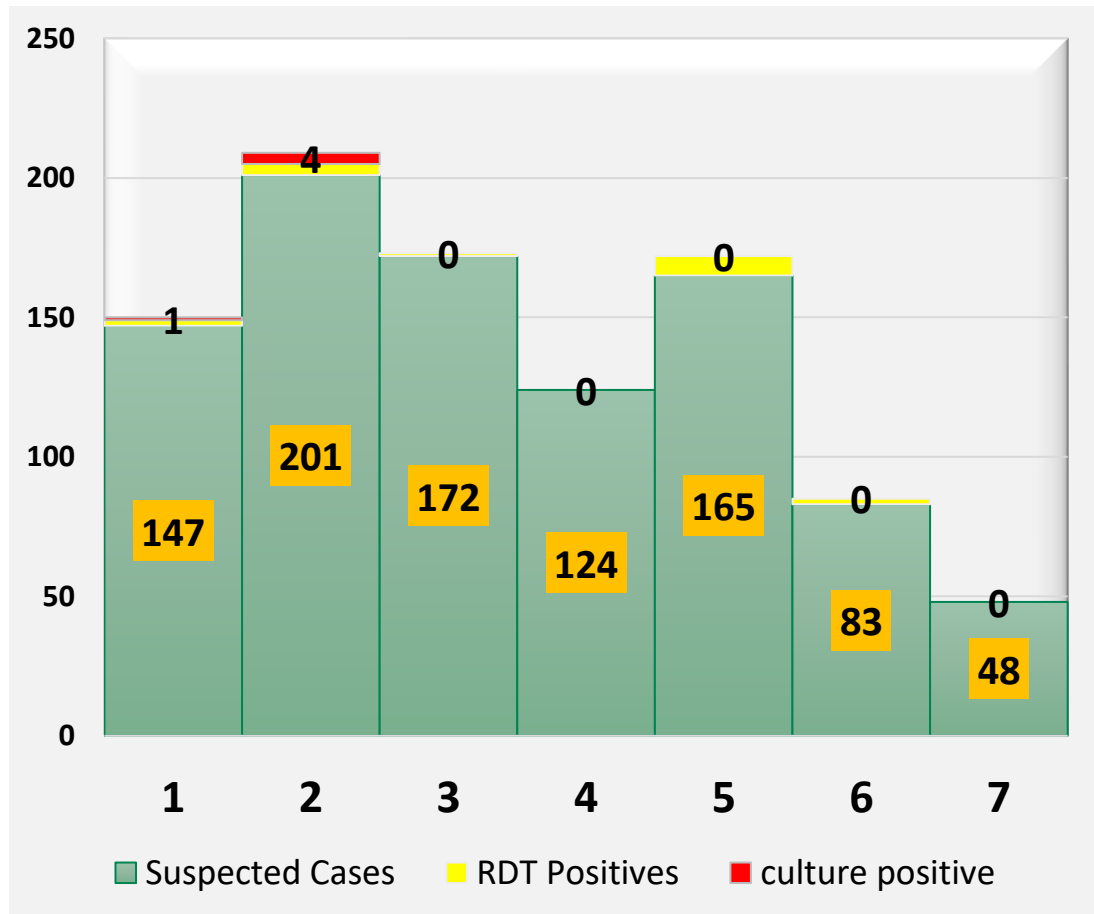
- ✓ **2 cases from Nembe LGA** (high burden area)
- ✓ **1 case from Southern Ijaw LGA** (LGA with the highest suspected cases)
- ✓ **1 case from Sagbama LGA**
- ✓ **1 case from Ekeremor LGA**

Bayelsa State Overview of Current Cholera situation: Feb. 2025..2

Distribution of Cholera Cases Per LGA



Epid. curve of Cholera Cases in Bayelsa State-epid. week 1-7, 2025



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Overview of OCV

OCV Logistics and Cold Chain



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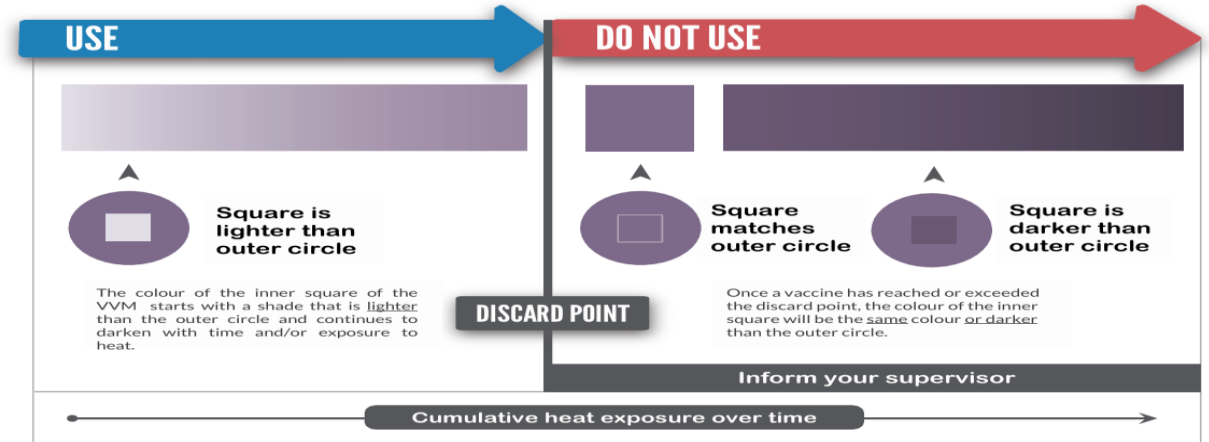


Oral Cholera Vaccine (EUVICHOL-PLUS)



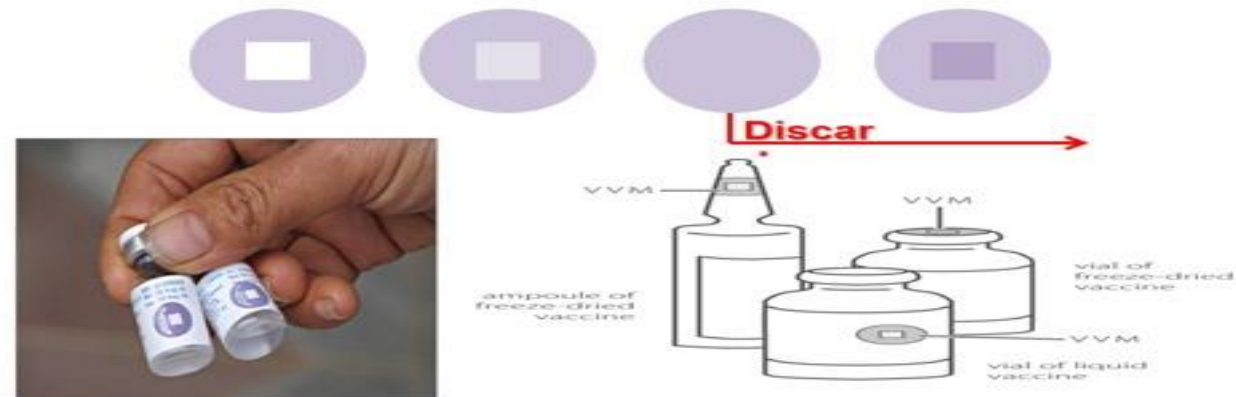
- In Nigeria, we have used Shanchol and Euvichol in past OCV campaigns
- This time around, we will be using Euvichol-plus
- Each Euvichol-plus boxed package contains 50 doses ; 10 strips in a pack with 5 OCV tubes attached to each strip
- Storage temperature = +2 to +8°C
- The vaccine is in the form of suspension

Vaccine Vial Monitor (VVM)



Vaccine Vial Monitors (VVM)

Records cumulative heat exposure from the manufacturer to service point.



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Oral Cholera Vaccine (EUVICHOL-PLUS) ... 2

- **Eligibility criteria; 1 year and above**
- Usually, 2 doses of Cholera vaccines are administered to all individuals 1 year and above with a minimum of 2 weeks between doses. (*However, for this exercise, only one dose was approved due global vaccine shortage*)
- **NOTE!!!**
 - (Vaccination should not disrupt the provision of other high-priority health interventions to control cholera)
 - Vaccines provide immediate, short-term protection that can be implemented while the interventions to improve access to safe water and sanitation are being put into place



OCV – Safety

Contraindications

- Do not administer to persons with either known hypersensitivity to the vaccine, or having shown signs of severe reaction due to the previously taken dose
- Immunization with Euvichol-Plus should be delayed in the presence of any acute illness, including acute gastrointestinal illness or acute febrile illness

NOTE: OCV is safe in pregnancy

AEFI

- After taking the vaccines, during first 7 days, the most frequently reported adverse events are non-serious; may include headache, fever, diarrhea, nausea/vomiting and muscle pain. Serious cases are rare



OCV – Vaccine Received



Total Vaccine Doses received for the OCV campaign is 753,186



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OCV Mass Vaccination Campaign Strategy



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Vaccination Strategy

- Depending on the local context, one or a combination of these could be used;
 - Fixed Post
 - House to House
 - Temporary Fixed Post
- In past campaigns, the combination usually used was;
 - Fixed Post (5%)
 - House to House (70%)
 - Temporary Fixed Post (25%)



Team Composition

Fixed Post/ Temporary Fixed Post: Each team will comprise;

- 1 Vaccinator (health worker) that will **double as the team supervisor**
- 1 Recorder who can read and write
- 1 Crowd controller/ Mobilizer to screener for age & residency - community leader or representative
- 1 Town Announcer/ Mobilizer to make announcements with megaphone



Team Composition ... 2

House to House: Each team will comprise:

- 1 Vaccinator (health worker)
- 1 Recorder who can read and write
- 1 Community leader who will serve as mobilizer



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Role of Supervisor

- Develop a catchment area map together with community leader
- Ensure the community leaders are mature and respected persons selected within the catchment area who can influence change in the community
- Ensure plans are in place and understood by the community
- Ensure the town announcers and social mobilization volunteers and the community leaders conduct house-to-house mobilization daily
- Ensure the availability of cold chain & logistics materials based on the daily implementation plan



Role of Supervisor ... 2

- Ensure screening is done accordingly
- Ensure the vaccination post is functioning according to the vaccination post daily plan
- Monitor, manage and audit all AEFI cases and report to the Ward Focal Person daily
- Conduct daily data collection, collation and submission to the Ward level
- Retrieve all empty vaccine tubes from the fixed post to the ward-designated areas on a daily basis
- Monitor the waste management issues in the out post
- Attend daily ward review meetings



Role of Vaccinators

For children 1 year and above:

- Observe that everyone takes complete dose
- Advice to take water if necessary
- Each vaccinator should tally all vaccines administered (for H2H teams)
- Retrieve all empty tubes for accountability
- Finger-mark all persons vaccinated on the left thumb
- ***INFORM CLIENTS THAT THEY SHOULD KEEP THEIR VACCINATION CARDS SAFE (for future use, PCCS and 2nd dose where applicable)***

For All

- If vomits and looks sick, inform supervisor immediately and DO NOT give another dose
- Only the vaccinator needs to wear a glove
- If glove is contaminated by saliva or looks dirty, change immediately



Role of Vaccinators ... 2

For small children (1 to 5 years):

- Twist the cap of the cholera vaccine tube to open
- Give directly
- Do in friendly way, calmly – do not scare child by rushing
- Tilt head back gently
- Empty the contents in the child's mouth
- If child is refusing, ask mother to give but observe very closely
- Watch neck, to see them swallow
- Tilt head back again gently and look in the mouth (be careful not to lose any vaccine because you can not repeat the dose on the same person)
- Beware children can spit out or let dribble out, when you are not looking
- If child is really upset by bitter taste (look at face) and risk of spitting out, give water
- Throw the empty vial in the small cup/bucket
- Organize for a person to recount the empty vials



Role of Recorders

- Tally each person after the vaccinator has administered the OCV
- Fill in the vaccination card for each vaccine
- Record information for each vaccine in the OCV register
- Vaccinator and recorder for H2H should be female



Role of Crowd Controller/ Screener

The Screener will be expected to:

- Confirm eligibility by age (use method appropriate to the community e.g. reference to special events, check wisdom teeth and use history)
- Issue the Vaccination Card once vaccinated

Therefore, the criteria for a Screener will include:

- Ability to read and write
- Respected person within the community
- Welcome people as they come
- Make people sit in the designated areas to wait for their turn
- Direct people to where the services are



Role of Crowd Controller/ Screener ... 2

- Ensure that the site is well organized
- Control the crowd
- Be firm and polite
- Organize queues




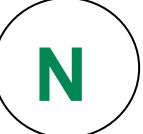


Role of Town Announcer/ Mobilizer

- Make announcement within the settlements to be covered the night before
- Inform the community what disease is being prevented
- Inform the community where the post is situated
- Inform the community on who is to receive the vaccine - target age group
- Inform the community on the dates of the campaign
- Inform the community that the vaccine is free and safe



House Marking

 <p>OCV/MAR 2025/112/7 (7)</p>	<p><u>Completed Household</u> (all eligible persons have been vaccinated)</p>
 <p>OCV/MAR 2025/112/7 (5)</p>	<p><u>Redo or revisit</u> (Not completed, some eligible persons are still missed. Team has to record and re-visit)</p>
 <p>OCV/MAR 2025/112/7 (0)</p>	<p><u>Non compliant household.</u> (Team has to record and report to supervisor for appropriate action to be taken. DO NOT HIDE NON-COMPLIANCE)</p>
 <p>OCV/MAR 2025/112/ (0)</p>	<p><u>Uninhabited house</u> (No one resides here, Team has to validate and record accordingly)</p>
<p>OCV campaign/Month and Year of campaign/Team Code/no. of eligible persons in the household (no. vaccinated)</p>	



Independent Monitoring

- Should have a working understanding of the local environment and knowledge
- Should be trained and assigned area of work daily by LGAF/STF
- Should be assigned **2 settlements a day and should visit 15 households in each**
- Monitoring will be **conducted inside the house only** and the **indicator** will be the **vaccination card**
- Fill in the monitoring form for each settlement. Random selection of houses should be done with an interval of **5 houses in urban/densely populated** areas and **3 houses in rural areas**
- **It is very important for monitors to give accurate information since this information is used to guide the implementation**
- The data should be discussed with the community leader and WFP before leaving the settlement
- All monitors are expected to give report of findings during evening review meetings daily



Analysis of rapid monitoring data (Independent Monitors)

- List the unvaccinated people by age and gender and give the reasons why they were not vaccinated
- For the social mobilization questions, find the percentage of households where the family knew the disease against which the vaccination is for and whether or not the team asked if all the people in the family were vaccinated
- For question "How did the family hear about the campaign", calculate the percentage of households listing each response
- The results of the rapid monitoring tool should be discussed at the LGA daily review meeting and should be included in the final report of the monitor



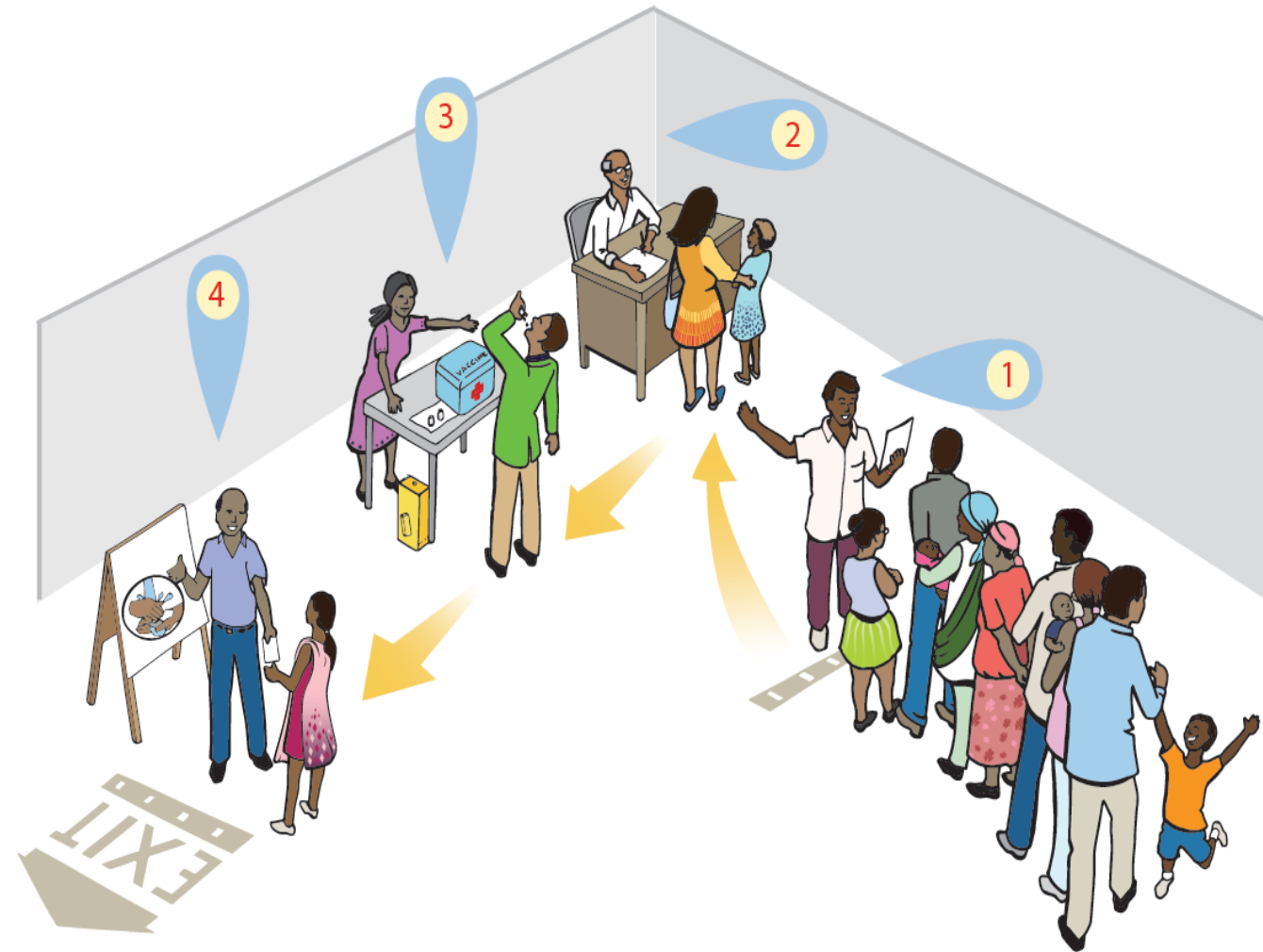
Vaccination site

Designed to ensure efficient client flow, avoiding bottlenecks, excess crowding, long queues and confusion

- must have a designated entry and exit with a one way flow to prevent backtracking through the crowd.
- should be opened from 7am to at least 4 pm (flexibility to a particular site demand should be considered over daily closing time).
- must have good crowd control



Fixed Post Layout



- 1 Crowd control:** Ideal to have the crowd form queues (with priority given to elderly, disabled and pregnant women)
- 2 Registration:** Have table with the OCV cards stacked up there
- 3 Vaccination:** Table for vaccination and adverse effects that might occur right after vaccination
- 4 Tally and Health education:** Have a table for the tally person but the Risk communication or social mobilization personnel can stand-by and offer health education



Materials for Vaccination Post (H2H and Temporary Fixed Post)

- Vaccines
- Tables, Chairs/benches
- Containers with water, basin and soap for hand washing
- Indelible Markers for fingernail (Left thumb)
- Markers, pens
- Vaccination team banner
- Monitoring tools, Vaccination cards
- Daily Implementation Plans (DIPs)



OCV - Storage and Transportation

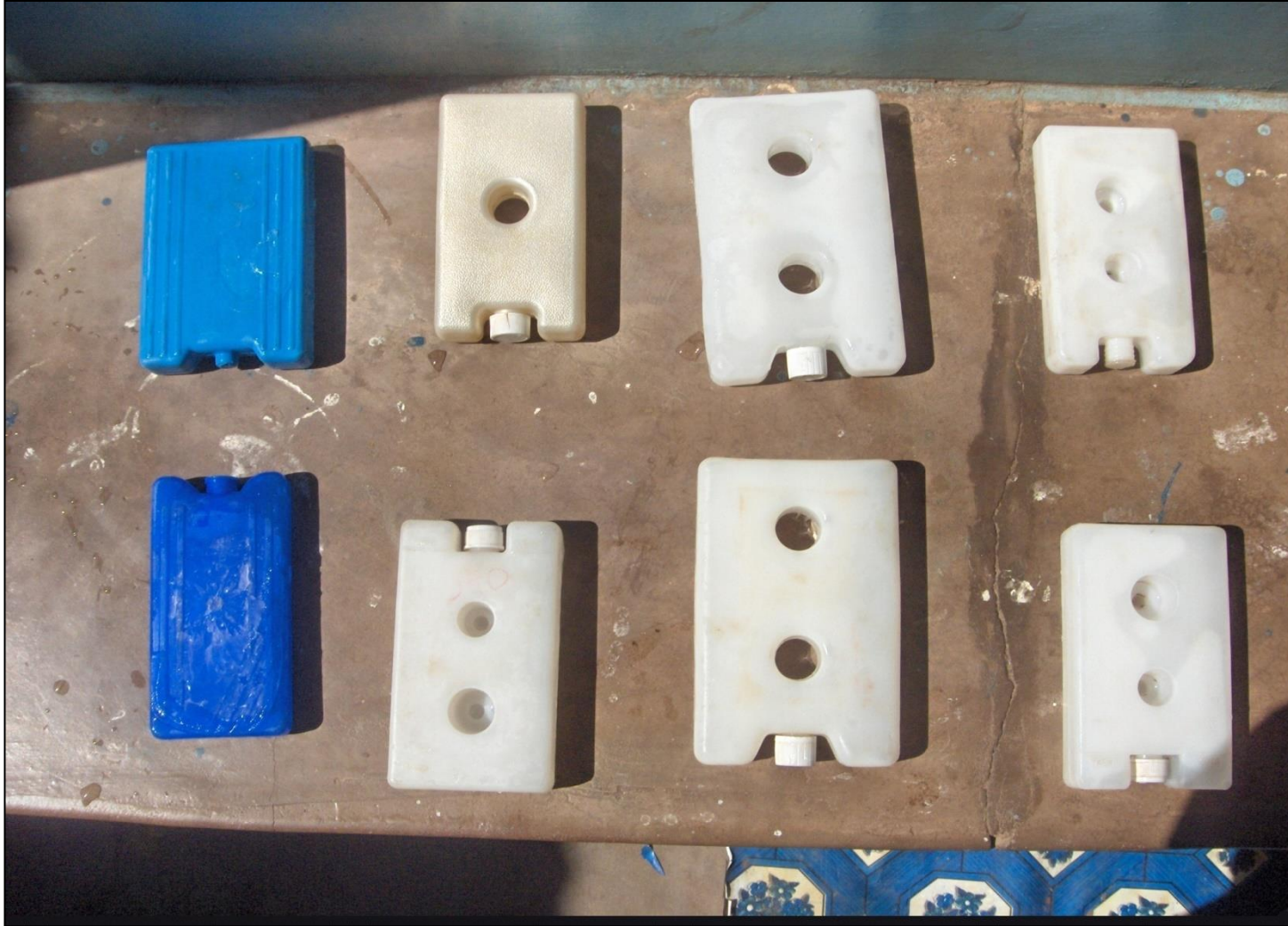
- **Precondition** the icepacks so that the vaccine vials will NOT freeze (OCV is freeze sensitive)
 - ✓ An icepack is adequately conditioned as soon as beads of water cover its surface
 - ✓ Check to determine whether the icepacks have been conditioned by shaking them and listening for water
- Fill the vaccine carrier with the conditioned icepacks
- Take the vaccine vials out of the refrigerator and place them in the vaccine carrier



Conditioning of ice packs for distribution of vaccines

- Lay out ice packs, preferably in single rows but never in more than two rows
- Wait until there is a small amount of liquid water inside the ice packs
- Shake one of the ice packs every few minutes. The ice is conditioned as soon as it begins to move about slightly inside its container
- This may take up to one hour at +20°C and rather less at higher temperatures





Ice packs adequately laid out for conditioning



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DEVELOPMENT OF DAILY IMPLEMENTATION PLANS (DIPs)FOR THE PLANNED OCV Campaign



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QUESTION

- WHAT ARE THE DETERMINANTS OF YOUR DAILY WORK
- DESCRIBE THE VARIOUS WORK LOAD FOR DIFFERENT CAMPAIGNS-YF,MEN A,MSIA, OCV



OUTLINE

- Practical Session
- Objectives
- Definition.
- Why use DIP
- Components of a good DIP
- Steps
- Conclusion





**NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY
FEDERAL MINISTRY OF HEALTH - NIGERIA
Daily Implementation Work plan**



Name of Campaign _____

Ward: _____

Name of Ward Focal Person _____

Name of the Vaccinator 1/Team Supervisor: _____

GSM Number of Team _____

Address _____

Supervisor _____

Name of the Vaccinator 2 _____

Name of the Recorder 1 _____

Name of the Recorder 2 _____

Name of Community leader/screener 1: _____

Name of Community leader/screener 2: _____

Name & Phone number of House to House Mobilizer _____

	Day 1 (Date)-----	Day 2 (date)-----	Day 3 (date)	Day 4 (date)	Day 5 (date)	Day 6 (date)
Vaccination Post Code/ Location						
Name of the Settlement						
Distance/time between take-off point and VP						
Distance/time between VPs						
*Type of Transport Required						
Settlement Profile - Indicate profile of the settlement from the type suggested						
*List of schools /other places to be covered in a day and target population						
Social Events						
Target Population Planned to be Vaccinated						
Vaccine Doses Required						

Signature of the Team Supervisor _____

Signature of the WFP _____

Signature of the STF/LIO _____

Signature of the Ward Head _____

Profile the settlements as urban, rural, scattered, Border Settlement, Nomadic, Fulani, Riverine/desert

List of schools/other places to include Quaranic, Islamic, Nursery, Primary, market/Mosque/Church/Motor park/Playground/Water Point/Private & Government Clinic/ Farms

*Type of Transport Required - Walk, Motorcycle, Keke NAPEP, Jeep, Boat



OBJECTIVES

By the end of this session, participants should know

- Where to develop the DIP ?
- When to develop the DIP ?
- Why the vaccination team should have a DIP developed ?
- Who is responsible for and involved in the process ?



Why do we have to use DIPs?

- It serves as a monitoring tool for implementation during the planned campaign.
- It will help to plan for areas where GIS/ Updated Micro plan has not captured
- For tracking of daily performance
- To ensure that no settlement is missed
- To apply accountability framework



Components of a good DIP

- Catchment area profile
- Team composition designation, name and phone number
- Name of settlements, their target population and settlements to be covered per day (depending on the planned campaign)
- Names of schools, (nursery, primary, secondary and Tertiary institutions) viewing centers, mosques, banks, churches, markets, motor parks and any other place with eligible persons
- Names of border settlements, nomads and hard to reach settlements to be visited
- Vaccines and logistics required per day.
- Catchment Area Map or a hand drawn map

Steps in developing DIP

- Catchment area (cluster of settlements) meeting
 - Reviews list of settlements in catchment area from micro-plan as well as schools and other places where eligible persons are found
 - Identify central location for vaccination post (radius <1km)
 - Take note of special populations, Nomadic, HTR



Steps in developing DIP...2

- Plan to visit Schools, Nurseries, Islamic schools, and places where target population are found
- Record the total target population
- Assign time for each school/ special place
- Agree on the date of vaccination for each post
- Calculate target population for each day
- Approve completed DIP and have a copy of it(tailored to the planned campaign)



A good daily implementation Plan

- Facilitates community mobilization
- Avoid increased workload on vaccination team
- Shows movement pattern of vaccination teams to vaccination posts
- Estimate distance of travel from one settlement to the vaccination post.
- Assist the ward focal person and supervisors on Cold chain and logistics distribution
- Will make monitoring and supervision by supervisors easy for accountability purposes



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Waste Management



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OCV – Waste Disposal

- One major advantage of Euvichol-plus is the lightweight packaging
- This implies that many vials can be held in one 20L polyethylene bag
- To make vaccine accountability easier, pack empty/used vials back in the box so that each box contains 50 empty vials. This way, all that needs to be done is to count the boxes and know how many vials have been used
- All used vials and other medical waste from the campaign should be retrieved and stored at the designated temporary storage point
- The collected waste should be properly discarded either by **incineration** or burn and bury



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Advocacy Communication and Social Mobilization During OCV Campaign



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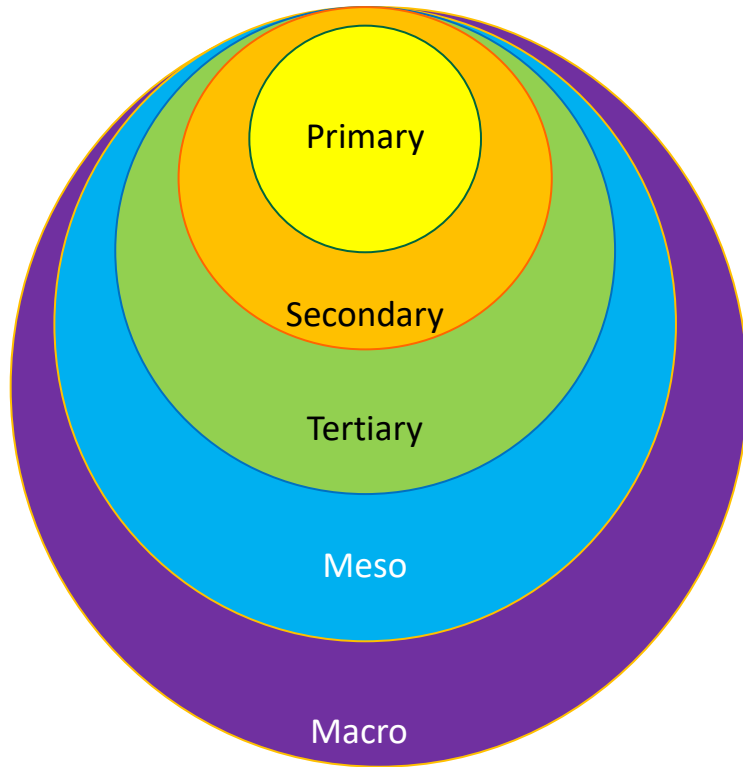
Advocacy, communication, and social mobilization (ACSM)

- Advocacy, communication, and social mobilization (ACSM) form a triad of interdependent resources known as ACSM used simultaneously and complementarily, all of which have the shared goal of bringing about social and behavioral change.

One of the major distinctions between them is the **target audience**.

- **Advocacy** works primarily to change the behavior of public leaders or decision-makers.
- **Communication** targets individuals and small groups.
- **Social mobilization** aims to secure community-based support.
- ACSM is the responsibility of all team members, everyone is involved in some aspect of it, though the State Health Educator(SHE), Social Mobilization officer (depending on the level if implementation) leads the process.

Who should we communicate with?



Orbits of Influence
(The society)

- **Primary**: Our main target audience: the persons who should take vaccination
- **Secondary**: Those who have an influence on primary participants at family level
- **Tertiary**: Those who have an influence at the community level: village chief, religious and traditional leaders, local opinion leaders
- **Meso**: Service providers (public, private and NGO), local government , decentralized administration
- **Macro**: Those who are in position to make policies and to liberate resources (financial, human, material), mostly representatives of national institutions

ACSM Strategy

Advocacy

- Advocate to decision makers: political leaders, religious and traditional leaders, for their support

Participation

- Engage the stakeholders to participate in the integrated campaign in all stages (planning, implementation, monitoring & evaluation)

Interpersonal Communication

- Face-to-face/virtual communication to send key messages and raise awareness of target audience.

Mass media Communication

- TV, Radio, IEC material, Social Media to raise public awareness.

LGA & Ward Level ACSM Activities

PRE-CAMPAIGN

1. Draft LGA Communication Plan
2. Map and sensitize community level stakeholders meeting at LGA level – 1 per LGA
3. Conduct education stakeholders meeting – 1 per LGA
4. Production and airing of radio spots – 10 per day x 6 days – 3per LGA

WARD LEVEL

1. Organize community dialogue/ Stakeholders meeting -
2. Identify existing community level engagements (including chief meetings, compound meetings etc) to ride on
3. Identify, train and deploy town announcers, social mobilizers and community leaders at team and community level
4. Draft and deliver letters of announcement to Local authorities, places of worship, market heads and other places with high population
5. Disseminate BCC/IEC materials to the health facilities/ teams & Community Level

INTRA-CAMPAIGN

- Coordinate LGA level ACSM Activities including resolving non-compliance
- Identify and implement 1 – 2 innovative strategy to reach special population within their area (Urban slum, rural poor, nomadic, IDP/Refugee camps)
- Monitor Demand Generation/ ACSM Activities at LGA level, including social mobilizers

POST CAMPAIGN

- Compile LGA ACSM Report
- Collate Reusable ACSM materials (e.g Banners, megaphones) for future use



KEY ACSM MESSAGES

- **The vaccine**
- **The disease it is preventing**
- **Target age**
- **Campaign dates**
- **Vaccination venues**
- **Benefits of the vaccine**
- **Reminders to complete Routine Immunization, as well as opportunities for**
- **What to do if there are reaction**
- **Card Retention – Safe keeping of cards**

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DATA Tools



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Data Tools

- OCV Tally Sheets
- OCV Vaccination Card
- Adverse Events Following Immunization (AEFI) Case Investigation and reporting forms
- Health facility Line listing form for AEFI
- Vaccine accountability forms (State, LGA, wards)
- OCV Call-in data
- OCV Pre-implementation checklist
- OCV implementation checklist
- OCV vaccine distribution template
- OCV Daily Summary Sheets (by post/ team)
- OCV vaccination register
- OCV LGA Daily Summary Sheets (for states implementing in multiple LGAs)
- Attendance List (helps with payment of vaccination personnel and accountability)



OCV Card

Card Serial Number

Vaccination card (Oral Cholera Vaccine)

Name State

Age (Yrs) LGA

Sex

Team code Ward

Vaccine dose	Batch number	Expiry date (dd/mm/yy)	Vaccination Date
1st Dose			
2nd Dose			

Adverse Events Following Immunization

AEFI observed

Date of onset Time of onset

Name of supervisor

- Foldable so the back can capture AEFI information
- Very important to fill out the details clearly and properly
- **NOTE:** The card is for both the 1st and 2nd doses – so tell the recipients to ensure they keep the card safe and bring it during the 2nd round.
- The card will also be useful for coverage survey, so the need to keep safe.

Non-Polio SIA Vaccination Card

Part 1
To be pre-filled by recorder

State: _____ LGA: _____ Ward: _____

Settlement: _____ HF: _____ Name of Vaccinator: _____

LIO's Phone Number: _____ Date of Vaccination: _____

Part 2
To be filled by recorder at vaccination post

Name of Client: _____ Age: _____ Sex: _____

Type of Vaccine: Measles Batch Number: _____ Expiry Date: _____

Type of Vaccine: Men_A Batch Number: _____ Expiry Date: _____

Type of Vaccine: Yellow Fever Batch Number: _____ Expiry Date: _____

Part 3
To be filled by supervisor in case of AEFI

AEFI Observed: _____

Date of Onset: _____ Time of Onset: _____

OCV Tally Sheet

Oral Cholera Vaccine Tally Sheet

Team number _____ State _____ LGA _____

Date _____ Site name _____

Age	Male				Female			
1-4 years	00000	00000	00000	00000	00000	00000	00000	00000
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	00000	00000	00000	00000	00000	00000	00000	00000
Total males (1-4 years) =				Total females (1-4 years) =				
5-14 years	00000	00000	00000	00000	00000	00000	00000	00000
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Total males (5-14 years) =				Total females (5-14 years) =				
≥15 years	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000
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	00000	00000	00000	00000	00000	00000	00000	00000
Total males (≥15 years) =				Total females (≥15 years) =				
Total males (all ages) =				Total females (all ages) =				
Total (all males + all females) =				Signature _____				

- Each age group “box” on the tally sheet contains 400 circles (200 for males, 200 for females)
- It is ideal to place the tally marker after the vaccinators so that only clients who took the vaccines would be tallied - to prevent confusion
- Use tally sheet together with empty vials to help accounting and retiring the daily figures

Daily Evening Review Meeting

- Evening review meetings should be held daily to address challenges such as vaccine hesitancy/non compliance, shortage of vaccines, logistics, adequacy of call-in-data



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AEFI SURVEILLANCE



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Definition of AEFI



- An Adverse Event Following Immunization (AEFI) is any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine
- The adverse event may be any **unfavorable, unintended sign, abnormal laboratory finding, or symptom or disease.**

The causality of AEFIs is determined using scientific processes by an independent team of experts

- In Nigeria, the National Expert Committee on AEFI is responsible for guiding and conducting a causality analysis of AEFI





Classifications of AEFI



There are two broad classifications of AEFI that is:

- The regulatory classification (**Non serious and serious**) and
- The cause specific classification includes five categories:
 - *Vaccine Product related reaction*
 - *Vaccine quality defect related reaction*
 - *Immunization error related.*
 - *Anxiety related reaction &*
 - *Coincidental*





Types of AEFIs



- **Non-Serious AEFIs:** An event that is not 'serious' and does not pose a potential risk to the health of the recipient (occurs within 2hrs of injection, resolves after a short period, poses little danger)
- **Serious AEFIs:** An event causing a potential risk to the health/life of a recipient leading to:
 - Hospitalization or prolongation of existing hospitalization (e.g., encephalopathy, seizures, aseptic meningitis)
 - Persistent or significant disability or incapacity (e.g., paralysis)
 - Life-threatening
 - Congenital Malformations
 - Death





Expectation on AEFI at LGA Level during implementation



- Ensure functional AEFI Committee with available minutes of meetings.
- Identification and designation of a referral HF (General hospital) for management of all serious cases as well as an ambulance services/transportation means for referral of serious cases.
- Designation of a clinician in the LGA referral centre for managing AEFIs and sharing of contact details of the clinician (name, phone no) with all vaccination teams.
- The AEFI kit must be complete, no expired drugs and properly distributed to the teams.
- Distribution of AEFI data tools to the teams.
- Support Detection, Reporting, Investigation, Management and Analysis of AEFI cases.
- Investigation of all serious cases must be initiated by the LGA DSNO with the support of the SEPID and sent to the SEPID.





SUPPORTIVE SUPERVISION AND ODK



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Definition of and Objectives of Supervision

Supervision is a process that involves observing, collecting data and making decisions to guide and support personnel for quality implementation of any programme (and in this case, outbreak response)

Supportive supervision focuses on the improvement and/or the enhancement of the skills of the supervisee to ensure provision of quality services. It usually includes on-the-job training

- To promote quality outcomes by feedback, focusing on problem-solving
- To correct and improve performance so that activities become more focused, more effective and efficient
- To facilitate teamwork and provide leadership and support to empower the teams improve their own performance

Phases of supervision in OCV Campaign

1. Pre-implementation phase

- Training
- Team Selection
- Microplanning
- Development of DIPs
- Cold Chain Management and Logistics
- ACSM Activities

1. Implementation phase

(The goal is to ensure conduct of quality planned activities)

- Supervision of Teams
- Resolution of Non-Compliance Cases
- Active **ATTENDANCE AND PARTICIPATION** at Evening Review Meetings
- Supporting and Ensuring seamless data management at the LGA and Ward Levels

1. Post implementation phase

(The goal is to evaluate work done for the purpose of future decision making)

- Supervision of Mop-Up Activities
- Report Writing

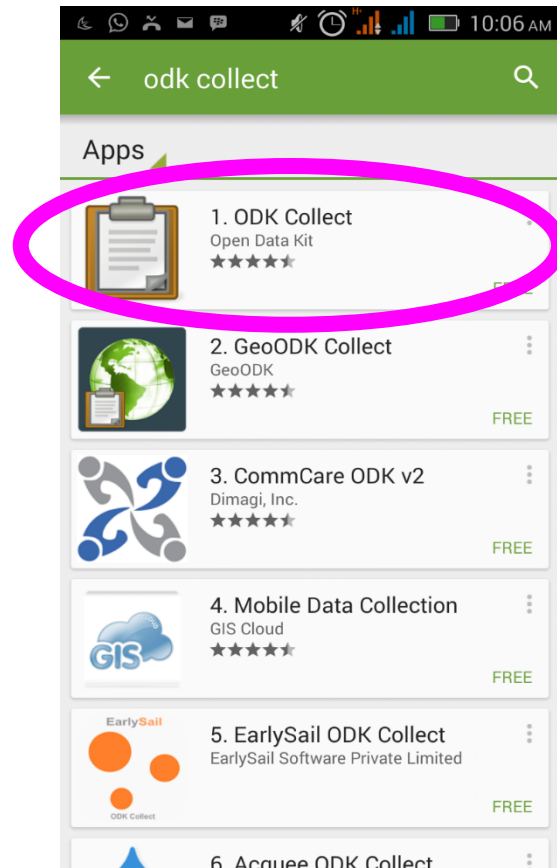



ODK App Installation on Android Mobile Devices

- **This applies to those who DO NOT have ODK App already installed on the mobile device**
- **No need to redownload, if you already have ODK App installed on your mobile device**



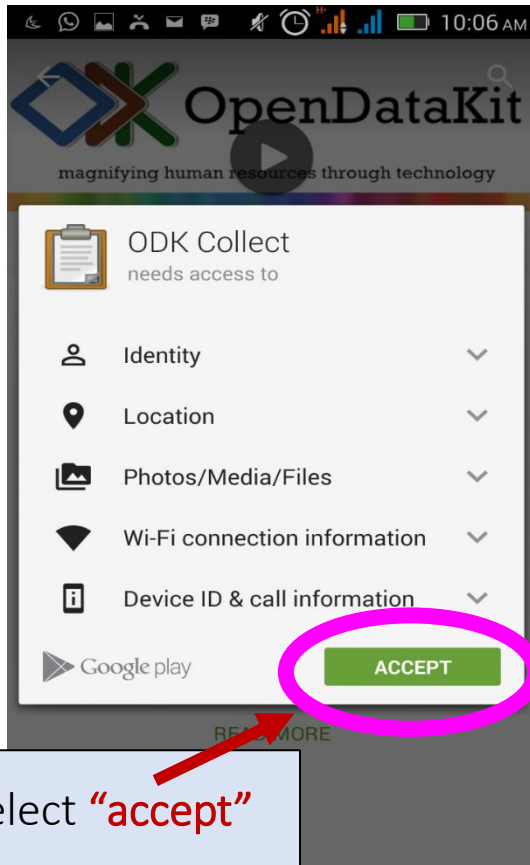
Search “ODK Collect” from Google Play Store



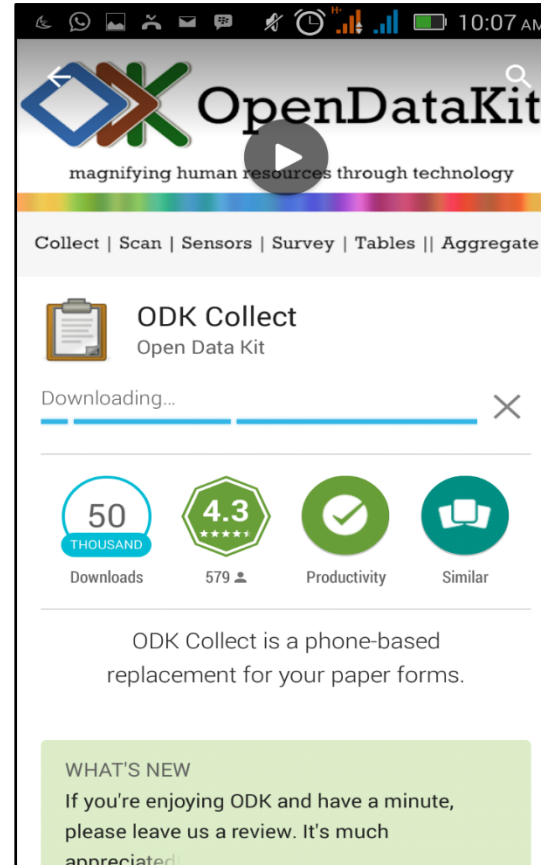
- Ensure **availability of internet connection**
- From the home screen of applications on your mobile device, click **“Play Store”**
- Once the **“Play Store”** screen is displayed,
 - click on the search icon and type **“ODK Collect”**
→ ODK Collect will appear
 - Double click on the **“ODK Collect icon”** → 
→ The screen with details of the application will be displayed
 - Click on **install**



Installing ODK collect on Android



Select "accept"



- Wait till download is complete
- Once installation is complete,
 - the **ODK Collect App icon** as shown below will be available on your mobile device home screen where applications are for use



Download the ODK App has instructed here in readiness for the full training tomorrow



Settings Configuration (Server and Automatic Updates)



Configuring the Server

1. Click Option on ODK

ODK Collect v1.13.2
Data collection made easier...

- Fill Blank Form
- Edit Saved Form (16)
- Send Finalized Form
- View Sent Form (49)
- Get Blank Form
- Delete Saved Form

2. Select General Settings

- General Settings
- Admin Settings

3. Select General Settings

General Settings

- Server
- User interface
- Form management
- User and device identity



Configuring the Server (Credentials)

ODK Collect

ODK AGGREGATE SETTINGS

URL
https://opendatakit.appspot.com

Username

Password

1. Click “URL” and change the URL to
https://api.whonghub.org/partners

2. Enter the following details
accordingly

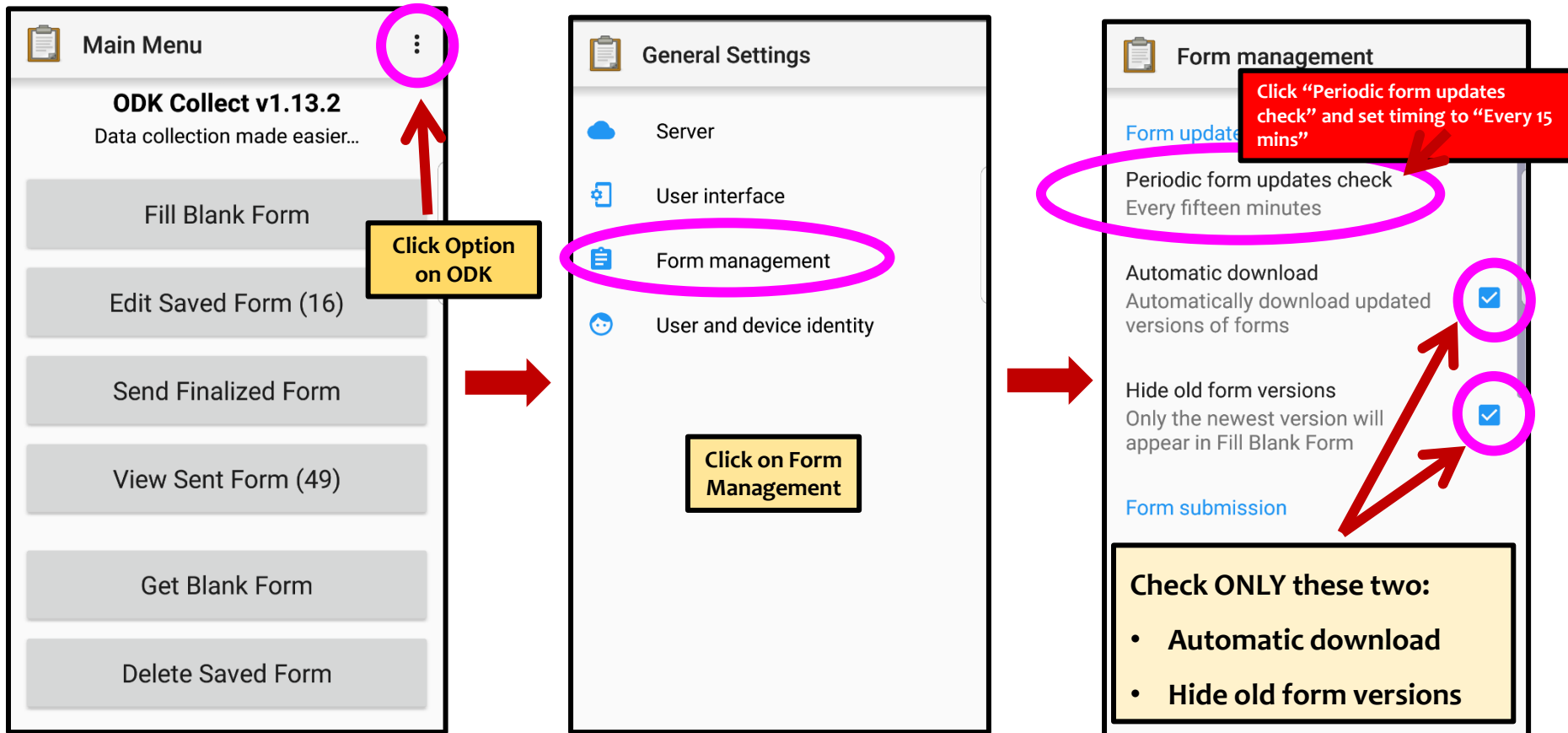
Username : partners

Password: partners

Press back on phone to go to ODK Menu Page when done



Automatic Update of ODK Checklists





KEY FORMS ON ODK FOR USE DURING OCV CAMPAIGN



PRE-CAMPAIGN CHECKLISTS:

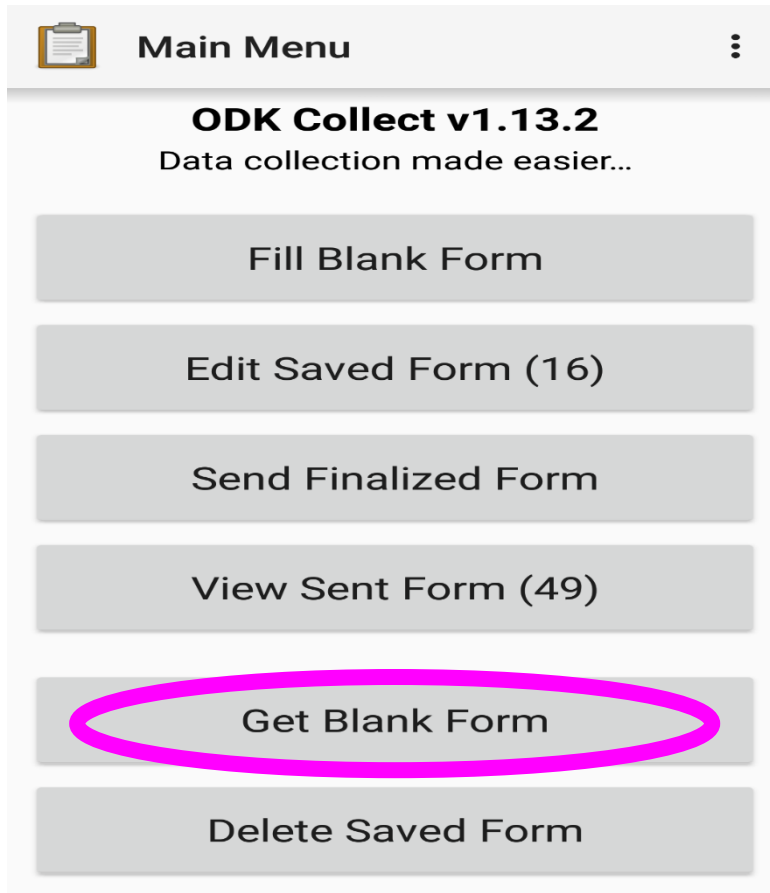
1. Integrated SIAs Pre-Implementation Checklist

INTRA-CAMPAIGN CHECKLISTS:

2. Integrated SIAs Implementation Checklist
3. Integrated SIAs RCM Checklist



Downloading the ODK based checklists for Polio SIA Supervision

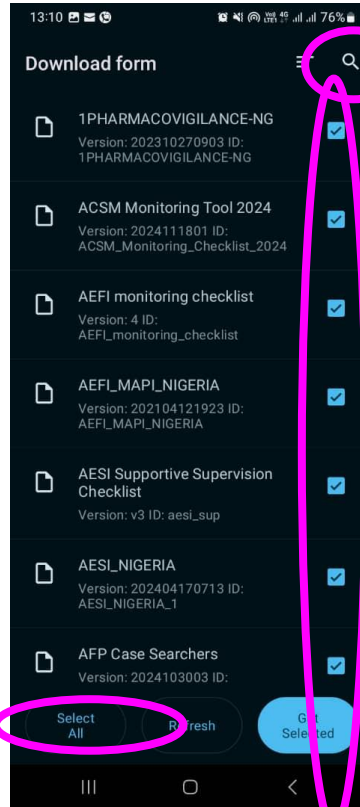


- Ensure there is internet connectivity
- Select **GET BLANK FORM**
- The application will connect to the server

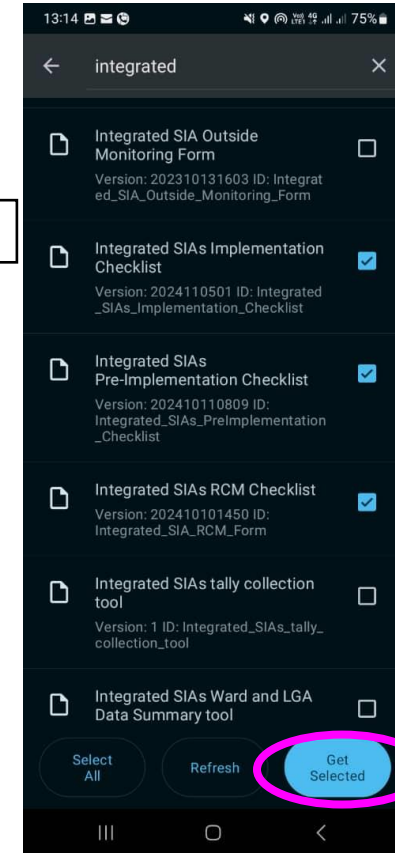


Selecting ODK based Checklist for Polio SIA supervision

- From the resulting screen, click **“Clear All”** to remove all blue marks, (you may need to double click **“Select All”** to alternatively see **“Clear All”**)
- Search for the respective checklists, at least:
 - **Integrated SIA Implementation Checklist**
- Select and click **“Get selected”** at the bottom right
- It will connect to the server to download the checklist and it will be in the **“Fill Blank Form”** section, if successful



Search icon



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NEXT STEPS



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Expectation following State Level Training



Item	Dates	Responsible Persons
Virtual Orientation of WFPs on DIPs	8 th March 2025	State and LGA Team
Development of DIPs	8 th March 2025 – 10 th March 2025	WFPs and Team Supervisor
Validation of DIPs	10 th March 2025 – 11 th March 2025	State and LGA Team
LGA Level Training	10 th March 2025 – 11 th March 2025	State and LGA Team
Submission of Participants list with details and developed Logistics template	9 th - 10 th March 2025	LIOs
LGA level training of WFPs & Team supervisors on OCV Campaign exercise	10 th March 2025	LGA team, State supervisors, STF & Partners
Ward level training on OCV Campaign exercise	11 th - 12 th March 2025	WFPs, LGA team, STF & Partners
Production of Ice Packs	12 th of March 2025	State & LGA CCOs
Cold chain inventory & distribution plan for OCV	13 th of March 2025	State CCO
Distribution of Data tools, Vaccines & AEFI kits	13 th of March 2025	State & LGA CCOs
Flag off exercise	15 th of March 2025	LGA DPHCs
Implementation of OCV exercise (Supervision, daily call-in data submission and evening review meeting)	15 th - 19 th March 2025	LGA, State team & Partners
Mop Up	20 th March 2025	LGA, State team & Partners
Data collation and Final submission	25 th March 2025	STF, State Operations room, WHO



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