

2018 OCV campaigns

Panyijar County Unity State

SOUTH SUDAN

The International Rescue Committee

Local Context

- Surrounded by swamps; has several islands that act as stop overs for IDPs and host community members in transit.
- Existing WASH interventions, but open defecation is normal practice.
- Rainy season May-November leads to flooding.
- Dry season, high relocation rate - with population in search of food & security

Where/When

- Working in partnership with the CHD, UNICEF & WHO, IRC led a preventive OCV campaign
- ROUND 1 (MAY 14-19, 2018)
- ROUND 2 (JULY 20 – 27, 2018)
- Target population (TP) for each round was 74,480 (anyone above 1 year of age)
- 11 Payams in Nyal and Ganyiel

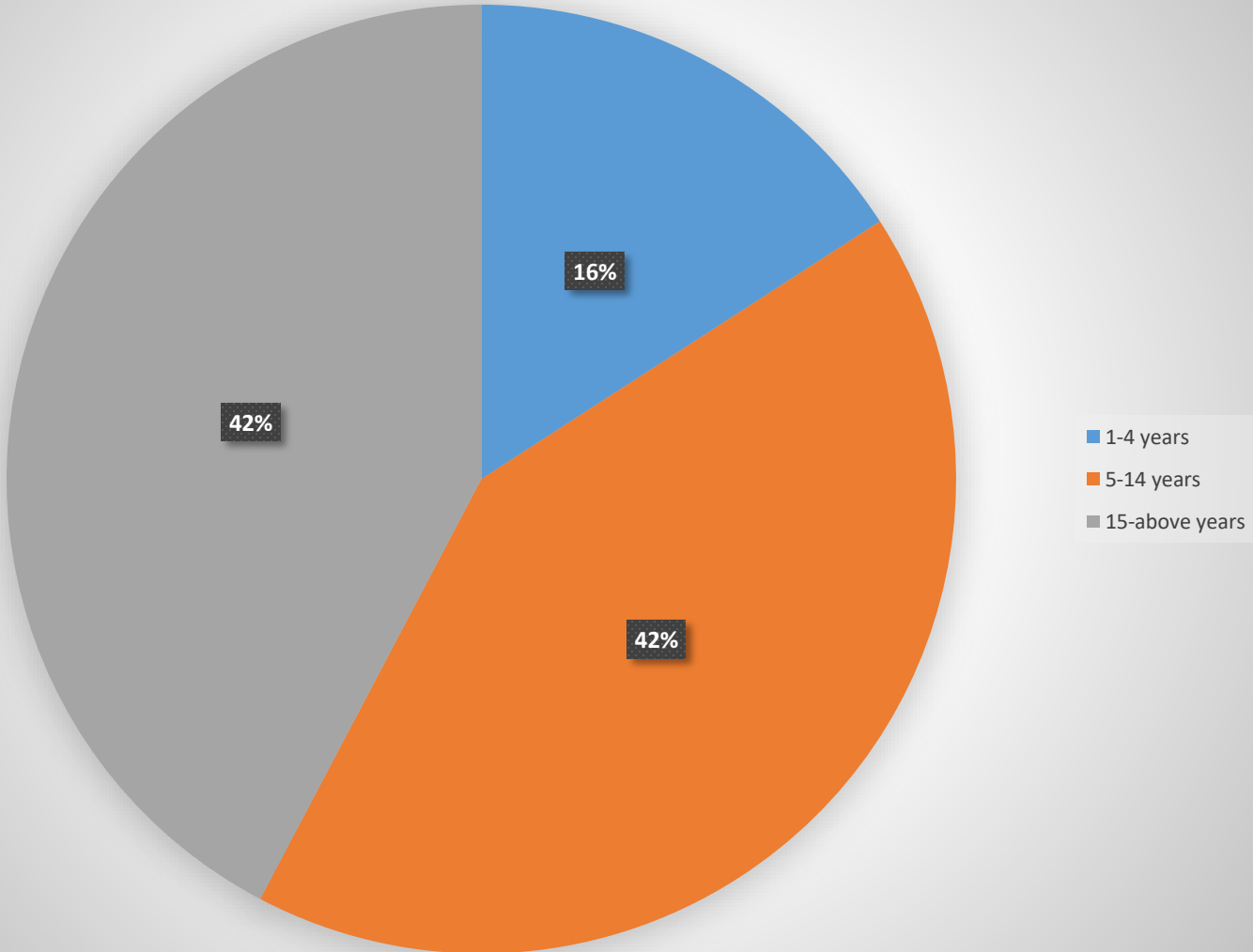
Methods

- 26 **fixed** sites (included health facilities and OTP sites)
- 74 **mobile** sites - schools, churches and other communal gathering structures like cattle camps and weddings.
- House-to-house visits in hard-to-reach areas
- 50 teams (each with team leader, vaccinator, social mobiliser & recorder)

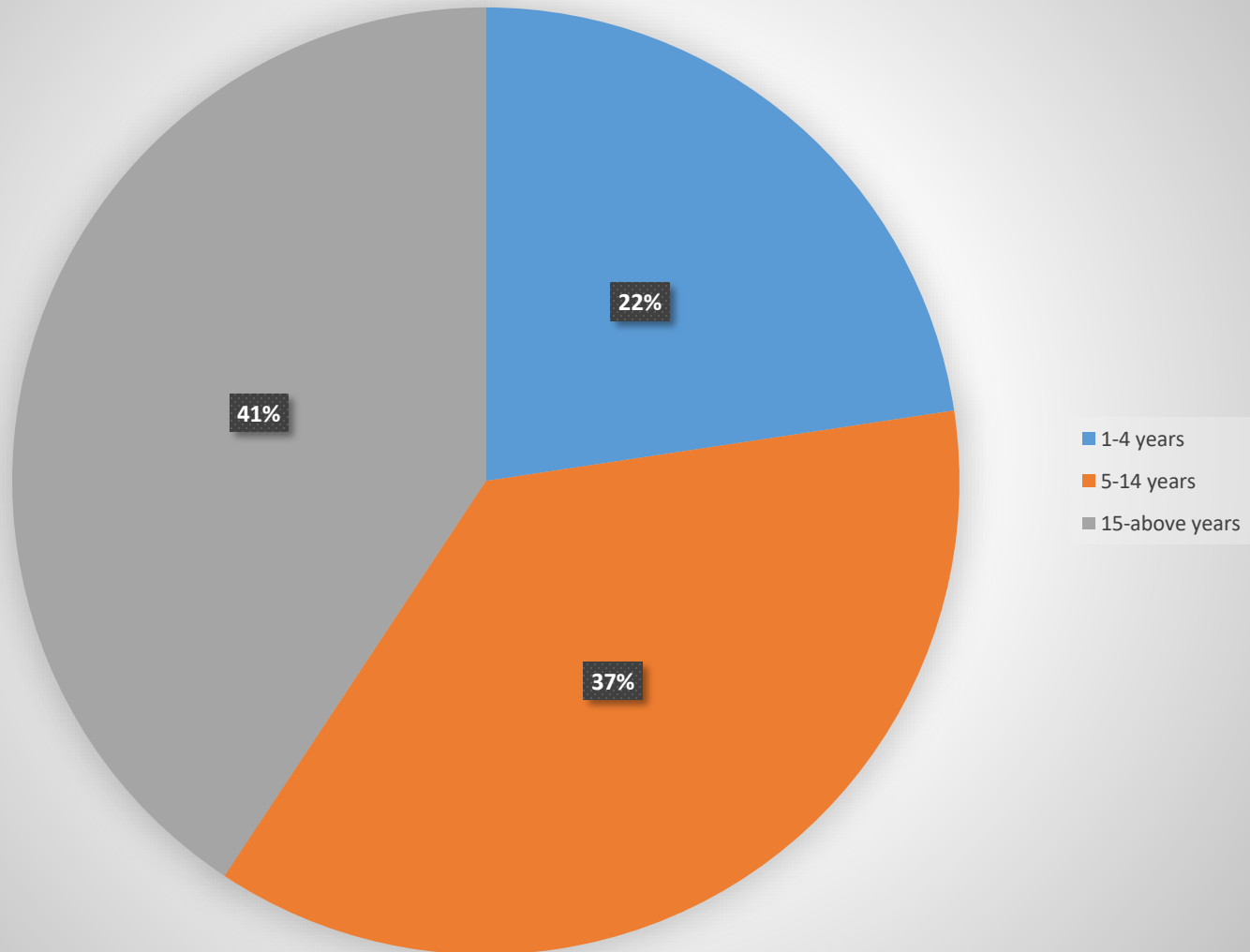
Results

- R1 - Total # 64,576: VC 84% of actual population (AP) and 86% of Target population (TP) in all 11 Payams.
- R2 - Total # 71,378: VC 90% of AP and 96% of TP.
- Increase in uptake between R1 and R2.
- Average coverage in Nyal was 99% versus 76% in Ganyiel (better roads, sandy not muddy)
- # wasted vaccines doses was 4,129 = 2.7 % of vaccines received.

Coverage by age Round 1



Coverage by age Round 2



Reasons for increase in R2

- “Massive & lengthy” awareness campaigns for 4 days prior to vaccination
- Influx of IDPs into Nyal
- “Aggressive community leadership participation”
- Campaign for R2, unlike R1, started from hard-to-reach areas.
- Adequate vaccines and required documents such as OCV patient cards were already in place

Challenges

- Temporary lack of OCV delayed R2
- Access impaired due to mud and floods in R2 (cars/motorbikes replaced with casual porters, canoes)
- Waiting till rain eased as lacked gumboots / rain coats.
- Farming season - changed strategy to mobile instead of static units
- Influx of IDPs – increased workload for same # teams.
- Reports relayed on foot, delay in compilation
- Some participants did not return with R1 “bibs” that would have helped with R2 identification

Lessons/Reccs

- Timely planning & local resource mobilization among partners
- Adequate time for prior community mobilization
- Community and religious leadership involvement critical
- Adequate preparation - supplies and staff training
- Mobile teams - house to house, cattle camps, weddings, and schools.
- Continuous supervision with daily debriefs of team leaders to strategize on improving coverage