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MINISTRY OF HEALTH - ETHIOPIA
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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

CATCH-UP/ BIG CATCH-UP VACCINATION FIELD LEVEL OPERATIONAL GUIDE

Immunization Service Desk, MoH
May 2024 Addis Ababa

FOREWORD

The Ministry of Health of Ethiopia recognizes the crucial role immunization program plays in reducing child morbidity and mortality and it affirms its responsibility to ensure that every child is protected from vaccine preventable diseases.

The Health Sector Transformation Plan (HSTP), the Comprehensive Multi-Year Plan (CMYP 2021-2025), Big catch-up and Catch-up plans and other initiatives focus on improving quality and equity of immunization agenda. There has been a steady improvement in vaccination coverage in Ethiopia in reaching all children with lifesaving vaccines between the years 2000 and 2018. However, as result of natural and man-made disasters including health emergencies the immunization program showed stagnation and slight decline in coverage and resulted in an increased number of zero dose and under vaccinated children.

Ethiopia and immunization stakeholders currently advocating a catching-up vaccination program for every missed child for recovering and maintaining a life-course immunization approaches. The catch-up vaccination policy is endorsed and now in action across the country. This catch-up vaccination program is planned to be enhanced with the global big catch-up initiative to address zero dose and under vaccinated children in short period.

The Immunization Service Desk in Ministry of Health and its partners have prepared this operational guide for the big catch-up vaccination implementation. The aim of this guide is to support, harmonize and guide all immunization stakeholders mainly implementers; woreda, PHCU and health posts Big catch-up and catch-up vaccination and other immunization activities. This guide can be considered as standard operating procedure (SOP) at the facility and woreda level.

In conclusion, the maternal, child and adolescent health, lead executive office appreciates the role of partner organizations and individuals for their technical and financial support in the development and operationalization of the big catch-up vaccination.

Regards,

Alemayehu Hunduma Higi (PhD)
Maternal, Child and Adolescent Health Service, LEO.
Ministry of Health, Ethiopia

EXPERTS PARTICIPATED AND PREPARED THE SHORT GUIDE

S.no	Name	Organization
1	Melkamu Ayalew	MoH
2	Yohannes Lakew	MoH
3	Mulat Nigus	MoH
4	Mengistu Bogale	MoH
5	Yosef Tariku	MoH
6	Mastewal Kerebih	MoH
7	Tseganesh Gedlu	MoH
8	Sileshi Solomon	MoH
9	Kibrom Abraham	MoH
10	Temesgen Lemma	MoH
11	Dr. Alemayehu Ayele	MoH
12	Dr. Meheret Elias	MoH
13	Jiregna Wirtu	MoH
14	Tekalign Admasu	MoH
15	Mulu Begna	MoH
16	Mengesha Belay	MoH
17	Tekalign Morka	MoH
18	Tewabech Alemu	MoH
19	Hana Alemayehu	MoH
20	Berhanu Bekele	MoH
21	Yeshiwork Eshetu	MoH
22	Tesfaye Bikes	MoH
23	Shiferaw Getachew	MoH
24	Getnet Berhanu	MoH
25	Mesfin Kasaye	MoH
26	Diriba Bedada	PATH
27	Dr. Kumie Alene	CDC
28	Dr. Almea Matanock	CDC
29	Dr. Amare Bayeh	CDC
30	Almaz Merdekios	UNICEF
31	Amsalu Sheferaw	UNICEF
32	Dr. Dereje Belaw	WHO
33	Zinabu Temesgen	JSI/IMM
34	Dr. Dejene Duguma	CHAI
35	Endale Zemene	AFENET/CDC

RATIONALE FOR BIG CATCH-UP FIELD LEVEL OPERATIONAL GUIDE

Ethiopia has more than 4 decades of immunization history, launched EPI program with 6 antigens in 1980 and now reached to 13 antigens including COVID 19 vaccine in the routine program. The program has been expanded in the antigen portfolio as well as target population, becoming life course intervention. Immunization has contributed significantly to the reduction of child and infant morbidity, disability, and mortality in the country. The immunization program coverage has been improved between 2000 to 2018. However, over the past 5 years the coverage is stagnated and even in some place shows significant reduction as result of natural and manmade disasters (conflict, drought and COVID 19 and others). In the year 2022, there are more than 1.1 million estimated unvaccinated and under vaccinated children per cohort of a year. Ethiopia is ranked 2nd in number of zero dose children globally.

As part of the global and national goals and commitments, the ministry of health Ethiopia has planned to conduct catch up vaccination aiming to address the missed targets. The catch-up vaccination will be conducted in two ways (The Big Catch Up and the routine catch up and RI strengthening actives). The Big Catch Up will be conducted to address the backlogs of ZD and UVC while the routine catch up will continue regularly based on the RI catch up policy. Hence, the MoH has prepared catch up and BIG catch-up plans to address backlogs of zero dose and under vaccinated children in the country. Ethiopia committed and planned to reduce significant number of zero dose and underserved children by 2025 GC. Thus, to achieve the goal and execute these big tasks having strong coordination from national to lower level is must.

Cognizant to huge task ahead of us on catch -up and big catch up having strong coordination of the vaccination program at woreda and PHCU level is very critical for successful implementation. The evidence indicated that coordination of immunization program at woreda and PHCU levels are relatively good during vaccination campaigns but for the routine program the coordination is weak.

Therefore, this operational guide is prepared to clearly guide all immunization stakeholders how the woreda, PHCU and health posts Big catch-up and catch-up vaccination and other immunization activities is implemented in coordinated manner. The guide will ensure uniform implementation of Big catch up and catch-up vaccination in Ethiopia and clears all the ambiguity in planning, head count, recording, reporting, and monitoring and other issues.

This guide indicated how the coordination and taskforce organized, how the logistics required planned, how to mobilize community for the catch-up vaccination, how to deliver the vaccines, and how to plan sessions, how to record, and report catch up vaccinated children to the higher level.

As a note, this operational guide will not replace existing policy or guide. Rather this is just to give more emphasis and guide on catch-up and big catch-up vaccination implementation.

1. COORDINATION OF WOREDA LEVEL FOR THE BIG CATCH-UP VACCINATION.

At the national, regional, and zonal level the immunization coordinating committee will be revitalized to coordinate the big catch-up activities. At MoH level ICC, EPI taskforce and sub working groups has been coordinating the catch-up and big catch-up. At the regional and zonal level EPI taskforce will coordinate all the catch up and big catch-up activities as main priority agenda.

Role and responsibility at MoH Level

- Prepare guide for the country on how to lead the catch-up vaccination program.
- Mobilize vaccine and finance for the big catch-up vaccination.
- Capacity building
- Guide the subnational on the recording, reporting, and monitoring of the big catch-up and catch-up vaccination program.
- Conduct supportive supervision and monitoring activities.
- Collect reports and updates regularly.
- Coordinate and mobilize partners and stakeholders.
- Update the global stakeholder on the progress of catch-up vaccination.
- Any other related activities.

Role and responsibility at Regional and Zonal level

- Contextualize and cascade catch-up vaccination guide to woreda and PHCU level.
- Follow vaccine request and distribution between EPSS and woredas.
- Mobilize additional finance at regional level and disburse budget to woredas for the big catch-up vaccination.
- Guide the woreda and PHCU level on the recording, reporting, and monitoring of the big catch-up and catch-up vaccination program.
- Conduct supportive supervision and monitoring activities.
- Collect reports and updates regularly.
- Update the MoH on the progress of catch-up vaccination.
- Coordinate and mobilize partners and stakeholders at the regional and subnational level.
- Any other related activities.

At Woreda Health office level planning, monitoring and service delivery technical working group will be activated and the technical working groups will coordinate and lead big catch-up activities. Woreda Health Office Head will chair the technical working group. MCH coordinator, EPI focal person, HEP officer, logistic focal person, AEFI focal person from regulatory team, HMIS focal person, SBCC focal person and PHCU supervisors will be the members of technical working group. The woreda will assign 1 Supervisors to follow 4 teams. The technical working groups will conduct daily base performance review meetings and enter data on google sheet to be visible for the next level.

Woreda taskforce members

- Chair: Woreda health office head
- Secretery: MCH head or EPI expert
- Member: EPI focal, PHEM officer, HEP officer, regulatory, PHCU heads, and NGO/ partners working at the woreda level

Woreda Task force role and responsibility

- The woreda taskforce will review guidance from the higher level and contextualize to fit them and cascade to PHCU and health workers.
- The woreda/Taskforce will guide, coordinate, and deploy supervisors to monitor house to house registration of children and ensure all households are covered.
- The woreda/Taskforce will guide and coordinate microplanning work.
- The woreda/Taskforce will guide, coordinate, and supervise vaccination campaigns or sessions.
- The woreda/Taskforce will guide, and coordinate monitoring and supervision work at the kebele level.
- Engage other sectors who can contribute to reach unreached population.
- The woreda/Taskforce will arrange advocacy for demand creation and mobilize the community.
- The woreda/Taskforce will plan the logistics needed for the woreda and each kebele based on the micro plan.
- The woreda/Taskforce will review the performance and report to a higher structure level.
- The woreda/Taskforce will prepare lessons learned and share to the higher level.
- Ensure all children are reached by vaccination team and get the recommended vaccine for catch up.
- Coordinate logistics, demand creation and service delivery and surveillance work in the woreda.
- Woreda and taskforce is responsible to ensure quality of vaccine, service delivery and others.
- Woreda and taskforce to deploy teams for the vaccination.
- The task force clearly needs to identify what is working good and not well and take corrective action.
- The Taskforce needs to flag/report any challenges beyond the taskforce level to higher level structure for support and guidance.

Recommended schedule for woreda taskforce meeting

- Every week the woreda task force must review the activities.
- During the house-to-house head count time the taskforce must review the performance daily.
- During the vaccination campaign time the taskforce must review the performance daily.

2. IDENTIFICATION AND MICROPLANNING OF ZERO DOSE AND UNDER VACCINATED CHILDREN

Identification of zero dose and under vaccinated children is very important to to plan and reach timely vaccinated and invalid doses.

Timely vaccination or timely administered dose: It is a vaccine dose administered according to the national routine immunization schedule.

Delayed dose: It is a vaccine dose given "late" or passing the window of timeliness set for that vaccine in the national routine immunization schedule (within 1 year of age for most of the vaccine except MCV2).

Dropouts: it is child who started routine vaccination but have not completed all doses according to the national immunization schedule, which usually calculates that children are those who have not received Pent 3 at 1st year of age. Dropout can be calculated in different ways Penta dropout, measles dropout and others.

Invalid dose: It is a dose administered earlier than the minimum age recommended or earlier than the minimum interval since the previous dose in the vaccine series.

Zero-dose: A child who has not received the Penta1 vaccination in the 1st year of age is defined as zero dose. Eg-1. A child with age of 1 and year 3 months who is not vaccinated for Penta 1 is considered as zero dose. Eg-2. A child with age of 9 months who is not vaccinated and identified in house-to-house head counting is delayed for Penta 1 and can get the vaccines, but we cannot call a child zero dose rather we call it delayed or late vaccinated.

Under-immunized: a child who has not reached Penta 3 vaccination (this includes zero dose and drop out) in the 1st year of age is considered under-immunization.

How to estimate Zero dose number in the woredas/kebele/PHCU?

If the woreda is confident (which is reliable and accurate) with denominator and DHIS 2 admin data, the woreda can easily estimate the zero dose and under vaccinated children by calculating from penta1, penta3 and using surviving infant data. But if the woreda is not confident with target denominator and DHIS 2, it is good to use survey data to estimate zero dose children. However, estimation is dependent on the accuracy of denominator or surviving infants.

Anyhow, as we have old census, it is must to do house to house head count and registration of children and identify those unvaccinated children. It is highly recommended to use head count data.

Team members	Role
Supervisors or EPI focal or expert from woreda	• Properly plan how to conduct headcount with clear target and date including who will be engaged • Deploy team of head count in discussion with PHCU and Zone, • Follow daily head count performance and quality to finalize as early as possible, • Supervise the head count at kebele level, • Compile final head count report and ready for Micro plan work, • Submit report to zone or region,
PHCU head	• Deploy team of head count in discussion with woreda, • Follow daily head count performance and quality, • Supervise the head count at kebele level, • Compile final head count report and ready for Micro plan work, • Submit report to woreda,
One team leader from PHCU (PHCU focal, Surveillance focal, EPI focal, HC head or high performing health worker	• Lead the head count team, • Avail head count form, • Ensure each household is enumerated. • Check completeness of information, • Report to PHCU head every day, • Submit final head count report at the end of the head count work
Health extension workers	• Conduct house to house head count with kebele focal using paper based or digital tool. • Fill the head count form appropriately, • Report daily head count data, • Confirm all household enumeration,
Two Kebele focal (Kebele administrator, health volunteer, religious leader or HDA, or WDA, teachers or Agriculture DA or others).	• Indicate each household for health worker, • Confirm all households are addressed with head count, • If health extension not capable to do it because of different reasons PHCU or Woreda can replace with other health worker or volunteer health workers for the head count work

How to identify child whether vaccinated or zero dose?

Identification would be very simple if the health workers clearly understand the above definitions very well. To identify the zero dose children in the woreda or kebele level there are known methods to identify zero-dose children.

Identification should be:

1. Ask the mother/care giver to give you vaccination card and see the vaccination status or for those who lost or don't have vaccination card ask the care giver by history and make sure that the care giver recalls.

Note: During vaccination time it is recommended that mother/care giver to come with immunization card and for those who lost the card double check by history or check on the facility registry. For the zero dose provide the vaccination and give the vaccination cards.

Modalities of head count

- House to house head count is golden to identify children who are vaccinated, zero dose, dropouts, invalid doses, and why they missed vaccination. The head count registration form is annexed below. The head count recommended including all children from 0 to 59 months.
- Digital head count, using tablet or mobile app.
- Checking a child in school enrollment at kindergarten
- Check whether a child has a birth certificate.
- Checking a child vaccination status in the child health programs (IMNCI unit, Nutrition service unit, MCH service points and other areas.
- Checking a child vaccination status in the productive safety net program (PSNP).

How to map zero dose children?

- The zero dose children should be identified by child name, age, vaccination status, vaccine types, doses received, mother or fathers name, got name, kebele name on the house-to- house head count form is very important to map.
- In addition, if GIS app is applied during head count it is important to take GIS coordinate of child's house.
- Map special population area (IDP, marginalized community, urban slum, geographic hard to reach areas and others)
- Doing RCS (rapid community survey) is very important to identify, map and reach zero dose and under vaccinated children. Do RCS on regular basis in the kebele on regular basis.

How the woreda/kebele/PHCU will conduct the Microplanning?

- Micro planning depends on clear data of coverage, zero dose, under vaccinated and other data should be ready before we go to microplanning exercise as woreda/ kebele or PHCU.
- The target children for the catch-up and Big catch-up will depend on the policy of the catch-up and Big catch-up guidance provided by the ministry of health.
- The micro plan should be prepared for the under-five children.
- Invite all stakeholders (HEW, PHCU heads, PHCU EPI focal, kebele administrators, WDA, volunteers, and key community influencer and others
- Use RED/REC micro plan form to plan.
- Fill all the accurate data required on the RED/REC micro plan form,
- If digital micro plan forms available at the woreda level, and the MoH encourages to use digital micro plan tool as well.
- Clearly discuss on the session plans especially on service delivery methods (Static, outreach and mobile vaccination and hit and run) to reach zero dose and under vaccinated children.
- Clearly indicate place of outreach site, static, mobile team vaccination points on the catchment area map. Map special population area (IDP, marginalized community, urban slum, geographic hard to reach areas and others)
- The PHCU or Woreda need to post the catchment area map in the wall for visibility.

Note: Separate circular letter will be provided or sent from Ministry of health on the age of children for the BIG catch up. Routine catch-up vaccination will continue according to the catch up policy.

The micro plan needs to consider the tailored service delivery approaches to reach the zero dose and under vaccinated children in the woreda/ Kebele/ PHCU. The following service delivery modality/approachs is recommended to be used.

i. Static/ fixed site vaccination: this is conducted in health facility when there is good demand from the community and care givers come for the vaccination services. But one challenge observed; at the health facilities are not implementing vaccination sessions in daily manner from Monday to Friday time 2:30-11:30. So, it is important to change this mal-practice at the health facility and provide the vaccination sessions all every working day and the whole working hours. For the Big catch up and catch up using the opportunity of service integration in the nutrition, child health and under five years outpatient department and other service platform to assess and vaccinate those children not received recommended doses.

ii. Outreach vaccination: this is recommended for the health facility to consider when the community is far from health center (more than 5 KM), IDP, urban slum, conflict affected areas, geographically hard to reach areas, marginalized community, and others. During catch up and big catch-up campaign outreach vaccination is the most recommended strategy to reach zero dose and under vaccinated children.

iii. Mobile vaccination team: this is strategy is recommended for mobile community, IDP, conflict affected areas, marginalized community, geographically hard to reach areas.

iv. Hit and run vaccination approach: this approach is applied to vaccinate using mobile time in conflict affected areas, this needs support from security body to get access, vaccinate.

v. House to house vaccination: for OPV vaccination house to house can be possible but injection is not provided in the house-to-house vaccination. This vaccination strategy may be done only during polio vaccination campaign.

Note:

- ***An updated micro plan (MP) ensures all boundaries of the catchment area are identified; complete maps are in place to ensure that all personnel are aware of their areas and that no villages or high-risk population pockets have been left out; and all beneficiaries have been identified and information is available on who must be vaccinated and with which antigen.***
- ***The routine immunization (RI) micro plan is a dynamic tool that requires regular reviews and surveys to be effective. These activities provide opportunities for planning units, districts, primary health care unites and health facilities serving as vaccination delivery points to modify RI MP based on real-time manpower availability, movement of beneficiaries and respond to important coverage and monitoring indicators.***
- ***Implementation of immunization activities should be based on the planned RED/REC micro plan to successfully reach zero dose and under vaccinated children.***

3. LOGISTICS PLANNING, REQUEST AND WASTE MANAGEMENT FOR THE BIG CATCH UP.

Woreda health office and health facilities play a pivotal role in the effective implementation of the big catch-up campaign by maintaining an efficient cold chain system for vaccines. To ensure readiness for a Big Catch-up Campaign, woreda health offices and health facilities must conduct a comprehensive Cold Chain Capacity assessment to identify and repair/replace non-functional refrigerators promptly.

For the catch-up vaccination campaign, woreda or Health facilities should estimate their vaccines & related supplies based on the RED/REC micro plan or head count target. For zero dose children request all antigens selected for big catchup using VRF. For under vaccinated Children request the sum of all antigens required for single doses and request the remaining doses with routine vaccines by adding it to the doses required for routine vaccination, the template is annexed below.

How to calculate vaccines?

For example, assume that the PHCU has 1000 children between 1 to 5 years old children. Among these 800 children vaccinated with Penta 1, 750 children received Penta 2 and 600 vaccinated Penta 3. This means there are 400 children who missed vaccines totally or partially among these 200 zero doses and 250 missed second dose, and 400 missed the third dose.

About 200 Zero doses require three doses (200*3 doses) plus 250 -200= 50 doses require two doses and 400-250 =150 require one dose doses). Therefore, 600 + 50 + 150 = 850 doses of Penta are required.

Upon receiving the vaccines and related supplies from the EPSS:

- Check the quantity, Batch number, Expiry date and VVM Stages and fridge tag reading.
- Segregate the vaccines based on the heat sensitive and freeze sensitive and store accordingly.
- Place the fridge tag between the Vaccines.
- Update ledger book.

Dose auditing:

After the implementation of the big catch-up vaccination, it is very important to daily audit dose remaining, dose on hands, how many doses utilized and so on. So, for this it is important to report with daily reporting form of the catch-up vaccination data.

Distribution of Vaccines and Related supplies for Health Facilities/Health Post:
During the distribution of Vaccines and related supplies to service delivery points Consider the following points

- The distribution will be based on their targets (Zero dose and under Vaccinated)
- Ensure bundling of all items (Vaccines, AD Syringe, Safety box, droppers)
- Use first in first out (FIFO and the 2nd stage VVM.
- Update the ledger book immediately.
- Prepare conditioned ice packs for Cold Box or Vaccines carriers.

Multidose Vial Policy (MDVP):

Any vial of the applicable vaccines opened/used in a session (fixed or outreach) can be used at more than one immunization session up to 4 weeks (28 days) provided that:

- The expiry date has not passed.
- The vaccines are stored under appropriate cold-chain conditions both during transportation and storage in cold-chain storage point.
- The vaccine vial septum has not been submerged in water or contaminated in any way.
- The VVM has not reached/crossed the discard point.
- Date and time are written on opened vials.
- In our Country the MDVP applies for b-OPV, Pentavalent & IPV Vaccines

General Principles and Guidelines:

- Maintain temperature of Refrigerators between +2°C and +8°C for storage of vaccines and diluents.
- Monitor temperature twice daily regularly including on Saturday, Sundays/holidays.
- Record the name of the manufacturer, batch number and expiry date of the vaccine and diluent in the stock register.
- Ensure proper recording and reporting of vaccine distribution and usage.
- Keep stock up to date, do not over-stock or under-stock vaccines and diluents.
- Keep the “returned, partially used” vials in a separate box and label these accordingly.
- Observe early expiry first out (EEFO) policy for issuing vaccines. If the vaccines are of same expiry date, the partially used vaccine vials should be re-issued. The vial opened earlier, as recorded on the label of the vial, should be issued first.
- Contingency plans must be in place in case of any emergency like power failure, equipment breakdown, etc.
- Inspect vaccine vials for visible contamination, i.e. check for any change in the appearance of vaccine, any floating particles, or breaches of integrity such as cracks and leaks. If found DO NOT USE.

- All vaccine vials must be marked with date and time of opening at first use.
- For Top Opening Refrigerator Store Measles, BCG, and OPV in the bottom basket, HPV, IPV, Rota and Covid 19 in the Middle basket and Td, HepBD, Penta, PCV Vaccines in the top basket
- For front Opening Refrigerator Store Measles, BCG, OPV, yellow fever at top shelf and Td, Penta, PCV, IPV, HPV, Rota Vaccines middle/Lower shelf
- Keep diluents in 2-8 0c for 24 hours before vaccination session.
- Do not store any other drugs/non-vaccines in the vaccine refrigerators.

Waste Management:

Waste generated at vaccination centers should be segregated in the most economical and environmentally friendly manner. Much of the waste from vaccination can be avoided, minimized, or recycled.

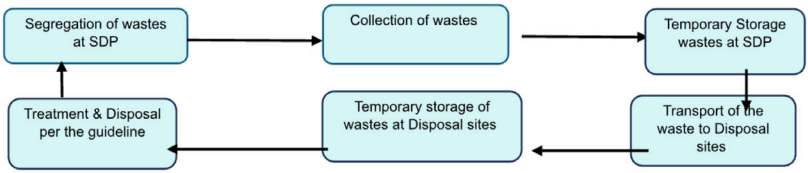

Figure1: waste management procedures and steps

4. HUMAN RESOURCE AND TEAM DEPLOYMENT FOR BIG CATCH-UP VACCINATION

The routine catch-up vaccination has been going on as part of routine program with existing human resource deployment and no need to arrange team, it can be managed with routine immunization vaccination team. However, the big catch-up vaccination is sort of campaign mode and needs additional human resource mobilization and deployment.

The Woreda health office and zonal health department should conduct capacity building training and supportive supervision on catch up vaccination and provide guidance on implementation of the catch-up campaign, including planning vaccine and logistics supply.

Accordingly, the Zonal health department and/or Woreda health office should coordinate catch-up vaccination campaigns by assigning two zonal and Woreda coordinators for each and 1 team supervisor will be assigned for four vaccination teams.

Actual team composition at the vaccination site should have 6 team members. Two vaccinators (one for RI and One for COVID-19 Vaccination, both vaccinators can vaccinate RI and C-19 vaccines based on client flow to reduce crowds at vaccination sites), one social mobilizer, one crowd controller and two recorders (one for RI and One for COVID19).

One team should vaccinate a minimum of 25 and 35 zero dose and under vaccinated children per day in addition to integrated service during catch up vaccination campaigns in pastoralist and agrarian regions respectively.

Teams	Role and responsibility
Vaccinator	• Coordinate the overall activities at vaccination post. • Organize the vaccination post and make sure all required supplies and materials are in place each day of the campaign. • Provide service based on the recommended guide. • Calculates daily service coverage and wastage rate. • Discard waste appropriately in the safety box make sure that it is disposedproperly. • Provide information on routine immunization and other integrated servicesif any. • Answer questions from the waiting clients. • Provide advice and monitor for AEFIs. • Link to other services and/or appoint when to return to the routine service

Recorder	• Thank the caretaker for bringing the child to the vaccination post. • Checks the child is in the target age group. • Informs the caretaker of what the child will receive. • Reminds the caretaker that the child should still receive the remaining vaccine doses. • Provide a card and advise the caregiver to safely keep it so that it will be used during coverage survey. • Record on vaccination card, registration books and tally sheet
Social mobilizer	• Seeks out eligible children in the community and directs them to the vaccination post. • Mobilizes caretakers (preferably from house to house), day care, school teachers, and children to direct zero dose unvaccinated children to the post. • Pays particular attention to identified high risk and hard to reach populations. • Displays posters for routine immunizations and other messages visible at each vaccination post
Team supervisors	• Supervisors support teams and ensure they are clear on their roles, and the processes of the campaign. • Ensures the post is well organized. • Observe services are being provided based on the recommended standard. • Ensures that recording and reporting tools are complete at the end of the session. • Ensures cold chain is maintained. • Ensures all equipment, tally sheets and balance of vaccines are returned to the distribution center. • Ensures used safety boxes are transported to designated disposal sites. • Identify gaps timely and provide on-site feedback, communicate/ report to the higher level on the progress of the campaign
Woreda/PHCU coordinator	• Coordinate the overall activities of the campaign. • Ensure all teams and supervisors are deployed to their respective areas. • Ensure all supplies and materials are distributed to vaccination centers. • Ensure all data is collected and reported to the next level. • Enter all reported data to google sheet (woreda level) • Identify any challenges, issues and problems and report to the coordination team. • Ensure all identified challenges are solved timely etc.
Crowd controller	• Maintains orderly flow of clients. • Making sure children and/or vaccinated individuals waits for 15 minutes after vaccination. • Maintaining the vaccination area is clean and net, protected from sunlight and disturbing sounds.

5. MOBILIZATION AND DEMAND CREATION

The below strategies should be implemented at each level to improve/strengthen the community mobilization and demand creation/promotion activities for the big catch-up implementation.

At woreda level

- Conduct advocacy workshop: Advocacy helps to encourage politicians, legislators, religious leaders, and community leaders to participate in the big catch-up vaccination campaigns and will be held at the national, zonal, and woreda levels.
- Provide orientation for mobilizers and health workers on the vaccine demand creation.
- Mobilization of local media agencies and others (including community radio, audio mounted vehicle, montarbo, megaphone for town announcers), local NGO, faith based organizations, civil societies, private sectors, and community based organizations, religious and community leaders

At Health facility and health worker's level

- Conduct interpersonal communication for care givers: health workers need to provide clear key immunization messages for the care givers.
- Health education at health facility and anywhere: Health center need to plan regular health education program at patient waiting areas on vaccine and immunization, zero dose and under vaccinated children, service provision modalities and others.
- Distribute IEC materials to communities whenever necessary.
- Mobilization of local media agencies and others (including community radio, audio mounted vehicle, montarbo, megaphone for town announcers), local NGO, faith based organizations, civil societies, private sectors, and community based organizations, religious and community leaders
- Aware and engage community level platforms like HDA, WDA, Edir and others to support immunization program.

At community and Volunteer level:

- Community mobilization for the vaccination: the volunteer needs to provide house to house community mobilization for zero dose vaccination, dropouts, and others to get vaccine.
- Identify zero dose and defaulter: the volunteer needs to provide the importance of vaccine and link zero dose and defaulters with health facility, inform the community the outreach site, mobile team vaccination sites and static vaccination sites.
- Distribute IEC materials to communities whenever necessary.
- Aware and engage community level platforms like HDA, WDA, Edir and others to support immunization program.

Note: Key Messages for care givers

1. Brief the benefit vaccines provided and type disease prevented.
2. Brief the schedule and total visits needed to fully vaccinate the child.
3. Brief possible adverse events and action to be taken.
4. Inform keep cards appropriately and to come with cards for the next appointment.
5. Brief the next appointment.
6. Check the care giver's understanding on the above key messages.

6. RECORDING AND REPORTING TOOLS

The Ethiopian immunization recording and reporting tools includes Tally sheet, Register, Child health card, monitoring chart, and monthly reporting format which HWs at health facility use on daily basis. In addition, HWs use house to house registration, microplanning tools for planning purposes. There needs to be a mechanism to record, and report catch up vaccination doses in the tally sheet, register and monthly reporting.

House to house registration: every year HEWs identify eligible children for vaccination during the house-to-house registration. The tool annexed in document, help to register eligible children under five age children for catch up vaccination doses. For catch-up vaccination children 12-59 month will be targeted to identify zero dose and under vaccinated. The MoH encourages house to house registration of zero dose to include Behavioral and social drivers (BeSD). The head count form is annexed below.

Tally sheet: Health workers should use the EPI tally sheet to capture all catch up immunization doses. Given the expanded age eligibility, the tally sheet has been updated to have two columns that divide age categories: vaccine doses administered 12-23 month and vaccine dose administered 24-59 month. Health workers will tally doses in one of these two columns depending on the age of the child. So, MoH recommends Tallying zero dose children from back side of tally sheet form and under one child from front side to make separate and easy reporting. The tally sheet form is annexed below.

EPI register: Health facilities should use existing EPI register to register vaccination doses given, including catch-up doses. If a child comes needing catch-up and there is no historical record of previous doses easily found in the EPI register, HWs should record doses given on a new row in the register.

Note: To identify zero dose and others it is important to separately register or put something to identify easily. Unless it is difficult to report separately. So, MoH recommends registering zero dose children from back side of register and under one child from front side of register to make a separate and easy reporting.

Child health card: if child have RI vaccination card, register all catch up doses on the date provided. If the child loss or don't have any card provided immunization passport and record eligible doses provided during the Cath up vaccination sessions.

Monthly reporting: Zero dose reporting is the same as the routine form like under one age children, but for the catch up and big catch up google sheet arranged for the woreda and health facilities to submit the report. So, MoH designed google sheet form to report zero dose children who are vaccinated. Health center and health post should send two types of report to woreda using paper-based report.

The reporting form is annexed below.

1) regular EPI performance report for under-one' children
2) Zero dose children vaccinated performance report with same form.
The woreda will send under-one vaccinated data through DHIS 2 and catchup vaccination (12 to 59 month) report through Google sheet form.

7. MONITORING AND DOCUMENTATION OF LESSONS LEARNED.

Monitoring of the RI, catch-up and big catch-up vaccination is a must to activity at all levels of program management, unless we can not determine our achievement, and status of vaccination. The following are the known EPI monitoring mechanisms, and we need to implement them accordingly to the standards.

EPI monitoring chart: To monitor the performance of catch-up vaccination activities, HWs should regularly calculate coverage by calculating proportion of zero dose or under vaccinated children reached from the eligible identified during HH registration or estimate.

Supportive Supervision: supportive supervision checklist should be revised to include catch up vaccination activities, supervisors at regional, zonal, woreda and PHCU level should be oriented on the supervision tools. Based on the supervision finding feedback to health facilities and Woredas will be provided to minimize Zero dose and under vaccinated children in areas affected with conflict, IDP and marginalized, urban slum, hard to reach and remote rural communities.

Rapid convenience/community survey (RCS): In addition to supportive supervision the MoH guides the woreda and supervisors to conduct rapid convenience survey (RCS) at the community level to assure no child is missed. The MoH guides woreda to use existing RSC tool, no need to develop other tool.

PHCU review meeting: At PHCU level, every month catchment meeting should be conducted with the HPs under PHCU to review the performance of routine immunization and catch-up vaccination activities, other RMNCH-N and essential health services for program improvement. HEWs and community representatives should be part of the review to identify challenges and look for local solutions.

Woreda Review meeting: Woreda level review meeting should be conducted every quarter to review the performance of PHCUs. The review meeting will be organized integrated with other programs. During the woreda review meeting, performance of catch-up vaccination, challenges and solutions will be discussed.

Documentation: Documentation of catchup vaccination lesson, and best practices should be conducted in all steps of catch-up vaccination activities. During vaccination session, HWs and supervisors will document reports, pictures of the event. Furthermore, assessment surveys and implementation/ operational research are recommended to capture and share lesson and experiences of catch-up vaccination. The lessons will be further shared to woreda, zone, region, national and global level.

8. INTEGRATION OF OTHER HEALTH SERVICES WITH CATCH UP AND BIG CATCH-UP ACTIVITIES.

The MoH recommends potential service integration during the catch up and big catch-up activities like:

- Vaccine preventable disease surveillance activities
- Child and Nutrition service (vit A, deworming, nutrition screening and treatment and others)
- Maternal and reproductive health service (ANC, PNC, nutrition screening and others
- Club foot, cleft palate and fistula case searching.
- ITN distribution
- Health education and sensitization of the community for the others service program Others

Note: during integration make sure that the primary objective (The EPI service) should not be

9. SUMMARY

The operationalization of catch-up and big catch-up requires concerted effort of stakeholders from federal to kebele actors including the community platforms and NGOs. The below summary table shows the workflow from identification to final monitoring.

Work- Flow of Big catch Up			
Key activities	**RI**	**Catch-up**	**Remark**
Identification	Head count	Head count should be done by local context	
	When child come to health facility for vaccination or other health service	Miss opportunity check by HW or HEW When child come to health facility for vaccination or other health service	
	eCHIS	eCHIS by HEW	
Micro plan	RED/REC	RED/REC	
Vaccine supply request	VRF based on RED/REC microplay	VRF based on RED/REC micro plan	
		Special request if needed	
Vaccination Session	static	static	
	Intensified Outreach	Intensified Outreach	
	PIRI	PIRI	
	Mobile team	Mobile team	
	Hit and run	Hit and run	
	Integration with SIAs	Integration with SIAs	
		Campaign	
Recording	Tally sheet 0-11, and 12-23 for 2YL	Tally sheet (0-11, 12-23 and 24-59)	
	EPI register at front side	EPI register at back side	
	eCHIS in Paper free model woredas	Other paper-based registration	
	Child passport	Child passport	
Reporting	Monthly reporting summary routine	Monthly reporting summary catch up	
	DHIS 2	Google sheet monthly	
Monitoring, Evaluation, Learning and documentation	SS	SS	
	RSC	RSC	
	Feed back	Feed back	
	Review meeting	Review meeting	
	Survey	Survey	
	Best practice/Lesson learnt	Best practice/Lesson learnt	

10. REFERENCES

1. Final Catch up vaccination guide of Ethiopia, 2022
2. Accelerated plan to address ZD children in Ethiopia, 2023.
3. National-Implementation-Guidline-for-Expanded-Program-on-Immunization of Ethiopia, 2021
4. Monitoring the Big Catch-Up Interim Guidance 31 January 2024
5. Gavi FPP proposals, application documents.

11. ANNEXES

Annex: 1 Head count registration form (Note: the digital form is has more variables than this paper form)

Head Count Registration Template

Region ---------- Zone----------Woreda----------PHCU----------Kebele----------

characterize Got by Yes or No (Hard to reach , conflict, drought, IDP and other) Got health volunteer name: _____and Phone number _____

Name of HCW----------Name and signature of Supervisor

Demographic									Vaccination status of the child by card or history if card is lost							
S/N	Name of the child	Sex(M/F)	Age (in Month)	Village/Got	Name of the Care giver or Mother	# Household family member	Mother pregnant at the visit (Yes or No)	Child Health Card Observed (Yes/No)	Penta 1 (Yes, No,NA)	Penta 3 (Yes, No, NA)	MCV1(Yes, No,NA)	MCV2 (Yes, No,NA)	Vit A (Yes, No, NA)	Deworming (Yes, No, NA)	MUAC Screening	Remark
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
13																
14																
15																
Total (The sum of all "NO" Responses																

Annex 2: catch up vaccination tally sheet form for the big catch vaccination.

Catch up vaccination- Tally sheet

Region_____ **Woreda**_____ **Kebele Name**_____

Health Facility name_____

Month_____, **Year**_____

Session Type: Static_____ **Out reach**_____**Mobile**_____

S.N	Antigen	Age 12-23 months		Age 24-59 months		Total	Remark
		Tally	count	Tally	count		
1	Pent 1						
2	Pent 2						
3	Pent3						
4	IPV 1						
5	IPV2						
6	PCV1						Only 1 dose is recommended for children 24-59 month
7	PCV2						
8	PCV3						
9	ROTA1						
10	ROTA2						
11	ROTA 3						
12	MCV1						
13	MCV2						
14	Fully Immunized						

Annex 3: Big Catch-up vaccination reporting form.

Big- catch up vaccination health facility level reporting template

Region_____ Zone_____Woreda_____ Kebele_____ PHCU_____

Name of vaccination team_____ Name of HWs reporting _____ Reporting date_____

		Number of vaccinated children													
		Age 12-23 months						Age 12-59 months						Age 24-59 months	
S/N	Name of HF	PCV1	PCV2	PCV3	Rota 1	Rota 2	Rota 3	Pent 1	Pent 2	Pent 3	IPV1	IPV2	MCV1	PCV	MCV2
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

Note: For children 24-59 months it is one dose and MCV2 catch up report is expected age 24-59 months

Annex 4: Catch up vaccination vaccine request form

Vaccines Selected for Big Catch up	# Zero dose	#2nd dose	# 3rd dose	Total	Vaccines doses required considering WR	AD Syringes	Mixing syringe	Safety box
	A	B	C	D				
	Sum from Head Count			sum of all	E=D*WR	F=D*WR	G=D/doses per Vial	H=(F+G)/100*WF
Penta								
PCV								
Measles								
Rota								
IPV								
Sum								

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