

## STUDY CONCEPT PAPER

<b>Date</b>	20/04/2023		
<b>Study details</b>	Please note that if approved by the OCA Research Committee this concept note will be published on the <i>MSF-OCA Research Management and Impact Tool (ReMIT)</i> . Any requests to opt out go to the OCA Research Committee for approval (see <b>Opting out</b> ). Questions about ReMIT? Email <a href="mailto:remit@oca.msf.org">remit@oca.msf.org</a>		
<b>Proposed study title</b>	Vaccination coverage survey after mass vaccination campaign (MVC) against measles in Béré, Daffra and Donomanga districts, Tandjile province, Chad, April-May 2023		
<b>Purpose of study</b>	The purpose of the study is to estimate the status of vaccination in the target population to provide lessons learned for better planning and implementation of prospective vaccination campaigns.		
<b>Research question</b>	What is the measles vaccination coverage in children aged 6 -119 months in the districts Béré, Daffra and Donomanga after the mass vaccination campaign against measles implemented by MSF and MOH ?		
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▪ To estimate VAR vaccination coverage in children aged 6 – 119 months in Béré, Daffra and Donomanga districts following the mass vaccination campaign against measles implemented by MSF and MOH</li> <li>▪ To describe the reasons for non-vaccination during the vaccination campaign</li> <li>▪ To provide recommendations for vaccination strategies and surveillance in this context and similar ones</li> </ul>		
<b>Background/significance</b> <i>1-2 paragraphs</i>	<p>Is the study part of an OCA topical research agenda / strategy document?</p> <p><input checked="" type="checkbox"/> No <span style="margin-left: 150px;"><input type="checkbox"/> Yes, namely:</span></p> <p>A measles outbreak started in Chad in May 2018 and the transmission chain has not been interrupted since. In general, the measles season starts in March (halfway the dry season) and ends usually in June (start of the rainy season). However, in light of the measles outbreak, cases occur across the year.</p> <p>In March 2023, measles epidemics were reported for several provinces of the country: 19/23 (83%) of the provinces have at least one district in alert for measles, according to definition of the Ministry of Health (MoH) . As of week 12, 2023, Tandjile is the second most affected province after N'Djamena (where OCG has a project on vaccination and where OCG and OCP have already conducted mass vaccination campaigns for measles) with 40 cases (11% of all reported cases) reported to IDS in 2023.</p> <p>An investigation conducted by the CERU reported 398 cases of suspected measles, including 22 deaths (case-fatality ratio: 5.5%), between week 1-13 2023. As of week 13, 2023, the most affected districts in Tandjile are Daffra (global attack rate: 183/100,000, source: implemented line-list in health centers), Donomanga (123/100,000) and Béré (46/100,000). Overall, the age group 6-119 months has been most affected with 302 (76%) of all cases reported and an attack rate of 184/100,000 children. Considering this worrying situation, the following actions have been decided:</p> <ul style="list-style-type: none"> <li>• Improve case management by supporting the MOH through capacity building of healthcare staff, and by distributing of free measles case management kits in health centers</li> <li>• Conduct a vaccination campaign targeting children from 6 months to 119 months old (37% of the population) in the districts in Béré from 02-12 May, in Daffra from 14-20 May and in Donomanga from 23 May to 03 June 2023.</li> <li>• Reinforce the surveillance system and outbreak monitoring in the districts through implementing line-lists, reinforcing case definitions, active case finding and sensitizing the community</li> <li>• This study will follow the vaccination campaign to determine post-campaign vaccination coverage.</li> </ul>		
<b>Study topic</b> <i>Check all that apply</i>	<input type="checkbox"/> AMR <input type="checkbox"/> Cholera <input type="checkbox"/> Ebola <input type="checkbox"/> Environmental Health <input type="checkbox"/> Emergency <input type="checkbox"/> HIV <input type="checkbox"/> Leishmaniasis <input type="checkbox"/> Malaria <input type="checkbox"/> Nutrition <input type="checkbox"/> Other disease outbreak If Other or Other disease outbreak, please state:	<input type="checkbox"/> Maternal & women's health <input checked="" type="checkbox"/> Measles <input type="checkbox"/> Meningitis <input type="checkbox"/> Mental health <input type="checkbox"/> Mortality <input type="checkbox"/> NTDs (excluding leishmaniasis) <input type="checkbox"/> Neonatal & child health <input type="checkbox"/> Non-communicable diseases <input type="checkbox"/> Other	<input type="checkbox"/> Upper/lower respiratory tract disease <input type="checkbox"/> Sexual violence <input type="checkbox"/> Surgery <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Vaccination <input type="checkbox"/> VHF (excluding Ebola) <input type="checkbox"/> Violence <input type="checkbox"/> Water & Sanitation

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<p><b>Methods - design</b></p> <p><i>Check one study design</i></p>	<p>Please consult the relevant study reporting guidelines* listed at the end of this concept note.</p> <p> <input checked="" type="checkbox"/> Observational study         <input type="checkbox"/> Mixed methods study       </p> <p> <input type="checkbox"/> Randomised trial         <input type="checkbox"/> Qualitative research       </p> <p> <input type="checkbox"/> Systematic review         <input type="checkbox"/> Quality improvement study       </p> <p> <input type="checkbox"/> Case report         <input type="checkbox"/> Prediction model       </p> <p> <input type="checkbox"/> Diagnostic study         <input type="checkbox"/> Other       </p> <p>If Other, please state:</p>															
<p><b>Methods - setting</b></p>	<p><b>Study location/setting:</b></p> <p>Tandjile is one of Chad's 23 provinces and is located in the south of the Chari River, southeast of Ndjamea without any borders to neighbouring countries. 75% of the population live in rural areas. Each district is divided into health zones. In total, 116,115 children aged 6 months to 9 years live in the three districts, for details see Table 1.</p> <p><i>Table 1 : Health zones and population aged 6-119 months per district</i></p> <table border="1" data-bbox="395 728 1412 943"> <thead> <tr> <th>District</th> <th>Zones</th> <th>Population according to projection</th> </tr> </thead> <tbody> <tr> <td>Béré</td> <td>18</td> <td>47,788</td> </tr> <tr> <td>Dafra</td> <td>7</td> <td>25,666</td> </tr> <tr> <td>Donomanga</td> <td>19</td> <td>42,660</td> </tr> <tr> <td>Total</td> <td>44</td> <td>116,115</td> </tr> </tbody> </table> <p><b>Conflict:</b> Study sites are not currently in conflict-affected areas.</p> <p><b>Context (1 paragraph):</b></p> <p>In March 2023, measles epidemics have been reported for several provinces of the country: 19/23 (83%) of the provinces have at least one district in alert for measles, according to definition of the Ministry of Health (MoH). As of week 12, 2023, Tandjile is the second most affected province after N'Djamena with 40 cases (11% of all cases reported by IDS) in 2023. An investigation conducted by the CERU reported 398 cases of suspected measles, including 22 deaths (case-fatality ratio: 5.5%), between week 1-13 2023. As of week 13, 2023, the most affected districts in Tandjile are Dafra (global attack rate: 183/100,000, source: implemented line-list in health centres), Donomanga (123/100,000) and Béré (46/100,000). Overall, the age group 6-119 months has been most affected with 302 (76%) of all cases reported and an attack rate of 184/100,000 children.</p> <p>MoH plans a periodic intensification of routine immunization (PIRI) targeting children aged 0-23 months in two districts (Dafra and Donomanga) from 01-07 May 2023, including the measles vaccine for children aged 9-23 months. The MSF team, coordination and headquarter carefully considered this situation and agreed to proceed with the planned vaccination campaign. Children aged 9-23 months will be asked if they were vaccinated during the MoH campaign between 01-07 May 2023 before being vaccinated in Dafra and Donomanga.</p> <p>This study will assess vaccination coverage at the end of the campaign in each of the 3 districts to ensure that the expected level of coverage has been achieved.</p>	District	Zones	Population according to projection	Béré	18	47,788	Dafra	7	25,666	Donomanga	19	42,660	Total	44	116,115
District	Zones	Population according to projection														
Béré	18	47,788														
Dafra	7	25,666														
Donomanga	19	42,660														
Total	44	116,115														
<p><b>Methods – participants, procedures, analysis</b></p> <p><i>For retrospective analyses of routine data, if this section is sufficiently complete, this concept note will serve as the study protocol and be shared on the MSF Field Research site. This enables compliance with journal requirements for observational studies. For opt-out requests see <b>Opting out</b></i></p>	<p><b>Study participants:</b></p> <p><b>Sample size for each district:</b></p> <p>The sample size was calculated using ENA SMART software (SMART, 2019) based on the following inputs:</p> <ul style="list-style-type: none"> <li>• Average household size of 5</li> <li>• 36.9% of children aged 6 -119 months</li> <li>• Estimated coverage of 80%</li> <li>• Confidence intervals of 95%</li> <li>• Desired precision of 5%</li> <li>• Design effect of 3</li> <li>• Non-response rate of 10%</li> </ul> <p>This returns a sample size of 803 children in 537 households. We will sample 42 clusters, containing each 13 households for a total number of 546 households. There is the risk that a cluster might not exist, is not identifiable or not accessible, which will be addressed by adding up to 5 clusters in reserve.</p> <p><b>Sampling</b></p>															

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	<p>The vaccination coverage survey will use a two-stage cluster sampling methodology.</p> <ul style="list-style-type: none"> <li>• 1st stage: Clusters will be selected based on probability proportional to the population size (PPS), using population data provided by the chef of each health zone. The cluster and reserve clusters are identified by the ENA SMART 2020 software.</li> <li>• 2nd stage: Spatial Sampling or systematic sampling will be used to select 13 households in each of 42 clusters .</li> </ul> <p>All children in the eligible age range in the identified households are included in the survey, including in the final household of a cluster, even if this exceeds the total target of children for the cluster.</p> <p>If multiple households live in the same compound, a household will be randomly selected by numbering them and generating a random number on the tablet.</p> <p>The household head (<math>\geq 18</math> years) will be asked about the age and vaccination status of all children in the household aged 6 months to 119 months.</p> <p>If a selected household will not be available after two visit attempts (morning and afternoon), or is not willing to respond, that household will not be replaced.</p> <p><b>Anticipated dates for data collection</b> are for Béré 15-21 May, for Dafra 24-30 May and for Donomange 05-11 June 2023.</p> <p>The household head will be asked to provide consent for the survey questionnaire, which will collect the information on the data variables for all children aged 6-119 months.</p> <p><b>Data variables (quant):</b></p> <ul style="list-style-type: none"> <li>• Demographics: Total number of household members, number of children aged 6-119 months, age &amp; sex</li> <li>• Measles vaccination status for all persons from 6 months to 9 years of age in the household (using vaccination card history, marked finger during vaccination campaign or oral history when vaccination cards are not available).</li> <li>• Reasons for non-vaccination</li> <li>• History of measles disease</li> </ul> <p><b>Data sources and collection:</b> A standardized pre-piloted questionnaire will be used to collect the following data for each child of the cohort at recruitment. Data collectors will use KoboCollect software on tablets during face-to-face interviews with household heads. Paper questionnaires will be available as backups. To ensure data quality, intense training and close supervision of data collectors will be assured. For data security and integrity, smartphones and paper questionnaires will be kept in a locked box in the field and later in MSF offices (locked), databases will be password protected, and only study research team will have access.</p> <p><b>Data analysis:</b> Data cleaning will be done to check for inconsistencies in data entry and responses. Data analysis will be conducted using R. All indicators (e.g. sex and age of the survey population) will be calculated as proportions with 95% confidence intervals. The indicators will be presented as a total and stratified by other factors (e.g. age group, district and sex).</p>
<p><b>Resources/costs:</b></p>	<ul style="list-style-type: none"> <li>• 12 data collectors (6 teams of 2 data collectors) for each district (total: 18 teams of 2 data collectors; 36 data collectors). <ul style="list-style-type: none"> <li>○ Each team completes 1-2 clusters (13-26 households) per day, depending on travel time.</li> <li>○ 7 days for the data collection for each district</li> <li>○ (2 days training, including pilot study + 7 days survey) x 3 = 27 days</li> </ul> </li> <li>• 8 cars: 6 cars for 6 teams of data collectors + 2 cars for 2 supervisors per district</li> <li>• 8 smartphones (1 smartphone / team + 2 in reserve)</li> <li>• Training materials (office space, projector, flipboard, small notebooks)</li> <li>• Recording materials (pens, paper questionnaires, clipboards, backpacks)</li> <li>• Food &amp; drink for training days</li> <li>• Security materials (visibility, radios)</li> <li>• Phone credit for communication with the teams?</li> </ul>
<p><b>Planned dates</b> <i>List proposed start/end date [mm/yyyy] of each stage and any time restrictions</i></p>	<ul style="list-style-type: none"> <li>• <b>Start date :</b> 24 April 2023</li> <li>• <b>Protocol development:</b> 5 working days from 24-28 April 2023</li> <li>• <b>Ethics review:</b> Not needed</li> <li>• <b>Study preparation:</b> 9 working day from 02-10 May 2023 <ul style="list-style-type: none"> <li>○ questionnaire programming, logistical planning (cars/security), photocopies, recruitment of interviewers, training materials for survey teams</li> </ul> </li> <li>• <b>Data training and pilot in Béré :</b> 2 days from 11-12 May 2023</li> <li>• <b>Data collection in Béré:</b> 7 days from 15-21 May 2023</li> <li>• <b>Data training and pilot in Dafra :</b> 2 days from 22-23 May 2023</li> <li>• <b>Data collection in Dafra :</b> 7 days from 24-30 May 2023</li> <li>• <b>Data training and pilot in Donomanga :</b> 2 days from 01-02 June 2023</li> <li>• <b>Data collection in Donomanga :</b> 7 days from 05-11 June 2023</li> <li>• <b>Data analysis:</b> 5 working days from 14-20 June 2023</li> <li>• <b>Write up (report):</b> 5 working days from 21-27 June 2023</li> </ul>

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<p><b>Ethics - exemption from review by the MSF ERB (Ethics Review Board)</b></p>	<p>1. Is your study a retrospective review of routinely collected data and thus a candidate for exemption from MSF ERB review?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Complete the OCA Ethics Review Exemption Template (see Annex) and submit with this Concept paper.</i></p> <hr/> <p>2. Will your study use an <u>MSF Intersectional Standardised Survey Protocol</u>?</p> <p><input type="checkbox"/> No, continue with question 4 <input checked="" type="checkbox"/> Yes, continue with question 3</p> <p>3. If you used an MSF Intersectional Standardized Survey Protocol, does it meet the <u>MSF ERB Exemption criteria for surveys</u>?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <hr/> <p>4. Do you believe that your study is exempt from ERB review for another reason?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, because:</p> <p><i>Complete the OCA Ethics Review Exemption Template (see Annex) and submit with this concept paper.</i></p>
<p><b>Ethics -- non-exempt studies</b></p> <p><i>Do not complete this section if you have applied for exemption from MSF ERB review.</i></p>	<p><b>Benefits:</b> Measuring vaccination coverage will inform MSF whether the campaign achieved herd immunity or whether additional vaccination activities are needed.</p> <p>Better understanding of reasons why children are not vaccinated can help inform and improve subsequent vaccination campaigns.</p> <p><b>Risks:</b> There is no risk to the survey participants as no identifying data are collected and the GPS coordinates are not retained with the survey data. However, there is some intrusion on the privacy of the household, which some households may find uncomfortable. Our interviewers will be trained to ensure privacy and help people feel comfortable.</p> <p><b>Consent:</b> After a brief description of the study objectives to the head of household, data collectors will ask if the head of household consents to take part in the survey. Consent will therefore be verbal.</p> <p><b>Confidentiality:</b> Privacy and confidentiality of the data collected from the participants will be ensured both during and after the conduct of the survey. Participant names will not be recorded on questionnaires, and individual person records will be linked only to a household number throughout the data entry and analysis process. Any data that could be combined with other data sources to make individual records potentially identifiable will not be distributed outside the survey location or appear in any report or publication.</p> <p><b>National/local review:</b></p> <ol style="list-style-type: none"> <li>Has a protocol been submitted to or approved by National/ Local Ethics Review Committee(s)? <input checked="" type="checkbox"/> No/Not yet <input type="checkbox"/> Yes</li> <li>If not yet submitted, please indicate when and to which committee the protocol will be submitted: Protocol will be shared with national and district (Health Delegate) authorities.</li> <li>If not planned to be submitted to local committees, please note why not</li> </ol>
<p><b>Roles and responsibilities</b></p> <p>If responsibilities are split differently between the roles outlined below or held by other members of the research team, please describe clearly in the sections below. ReMIT responsibility must be held by an MSF staff member.</p>	
<p><b>Primary Investigator (PI)</b></p> <p><i>Responsible for carrying out the study with support and consultation from research team. Will usually lead on all journal correspondence. TOR is <a href="#">here</a></i></p>	<p><b>Name:</b> Emily D. Meyer</p> <p><b>Email address:</b> <a href="mailto:chad-epidem@oca.msf.org">chad-epidem@oca.msf.org</a></p>
<p><b>Study Coordinator (SC)</b></p>	<p><b>Name:</b> Grégoire Falq</p>

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<p><i>Overall responsible for study, must be MSF HQ staff, usually topic specialist or epi advisor. Responsible for: updating ReMIT, translating findings into impact, appropriately disseminating materials (see later section). TOR is here.</i></p>	<p><b>Email address:</b> <a href="mailto:Gregoire.Falq@london.msf.org">Gregoire.Falq@london.msf.org</a></p> <p>Is the topic specialist / topic holder informed/involved? Yes</p>
<p><b>MSF research team</b></p>	<p><b>Epidemiologist:</b> Emily D. MEYER</p> <p><b>Email address:</b> <a href="mailto:chad-epidem@oca.msf.org">chad-epidem@oca.msf.org</a></p> <p>Responsibilities: Concept paper, Research protocol conception and submission to MSF-OCA Research Director for approval. Selection and training of data collectors and data encoders. Supervision of data collection in the field. Data analysis, interpretation, and survey report writing.</p> <p><b>CERU Project Coordinator Chad:</b> Brunel Camille Margaux Louise MAI</p> <p><b>Email address:</b> <a href="mailto:chad-eru-pc@oca.msf.org">chad-eru-pc@oca.msf.org</a></p> <p><b>Responsibilities:</b> Support of teams during intervention for successful implementation of VCS..</p> <p><b>CERU MTL Chad:</b> Jean-Luc MASHEKA</p> <p><b>Email address:</b> <a href="mailto:chad-eru-mtl@oca.msf.org">chad-eru-mtl@oca.msf.org</a></p> <p>Responsibilities: Support of teams during intervention for successful implementation of VCS.</p> <p><b>CERU data manager Chad:</b> Allafi Bow GAMAOU</p> <p><b>Email address:</b> <a href="mailto:chad-eru-data@oca.msf.org">chad-eru-data@oca.msf.org</a></p> <p><b>Responsibilities:</b> Training of data collectors and data encoders. Supervision of data collection in the field.</p> <p><b>Head of Mission Chad:</b> Khatab MUHY</p> <p><b>Email address :</b> <a href="mailto:Chad-hom@oca.msf.org">Chad-hom@oca.msf.org</a></p> <p><b>Responsibilities:</b> Overall Support teams during intervention for successful implementation of VCS.</p> <p><b>Medical Coordinator Chad:</b> MAIKERE Jacob</p> <p><b>Email address:</b> <a href="mailto:chad-medco@oca.msf.org">chad-medco@oca.msf.org</a></p> <p><b>Responsibilities:</b> Overall Support teams during intervention for successful implementation of VCS. Review of survey report and formulation of recommendations for incoming vaccination activities based on survey results.</p> <p><b>Deputy medical coordinator Chad:</b> Justin M NYARWANGU</p> <p><b>Email address :</b> <a href="mailto:Chad-medco-dep@oca.msf.org">Chad-medco-dep@oca.msf.org</a></p> <p><b>Responsibilities:</b> Overall Support teams during intervention for successful implementation of VCS. Review of survey report and formulation of recommendations for incoming vaccination activities based on survey results.</p> <p><b>Epi Advisor:</b> Gregoire FALQ</p> <p><b>Email address:</b> <a href="mailto:Gregoire.Falq@london.msf.org">Gregoire.Falq@london.msf.org</a></p> <p><b>Responsibilities:</b> Remote support to Epi for survey implementation, data analysis and report writing.</p> <p><b>Vaccine Advisor:</b> Kartini GADROEN</p> <p><b>Email address:</b> <a href="mailto:kartini.gadroen@amsterdam.msf.org">kartini.gadroen@amsterdam.msf.org</a></p> <p>Responsibilities: Review of survey report and formulation of recommendations for incoming vaccination activities based on survey results.</p> <p><b>Health Advisor:</b> Prince ALFANI</p> <p><b>Email address:</b> <a href="mailto:prince.alfani@berlin.msf.org">prince.alfani@berlin.msf.org</a></p> <p><b>Responsibilities:</b> Review of survey report and formulation of recommendations for incoming vaccination activities based on survey results.</p>
<p><b>Field involvement</b></p>	<p>Are national/other field staff informed/included as co-investigators?</p>

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	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Will protocol development include field team input? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Please describe any planned capacity building activities for national staff: Training for data collectors and data encoders
<b>Health Advisor (HA)</b> <i>Responsible for facilitating study operationally, ensuring desk/field have agreed to study and feeding back to PI/SC.</i>	Name of relevant HA(s): <b>Prince ALFANI</b> Is/are the HA(s) supporting the study on behalf of the countries they manage? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>External partners/MoH</b> <i>Name, position, role of external collaborators.</i>	<b>International:</b> None <b>Local:</b> Chad MoH via Béré, Daffra and Donomanga Districts <b>Community:</b> None Have <b>resource agreements</b> , e.g. Open Access publication costs been reached? <input type="checkbox"/> No <input type="checkbox"/> Yes, namely:
<b>Competing interests</b>	Members of the research team declare no competing interests
<b>Data management and sharing</b> <i>Contact details of those responsible for ensuring data are managed and shared in accordance with MSF's Health Data Protection Policy and GDPR</i>	<b>Name:</b> Emily D. MEYER <b>Email address:</b> <a href="mailto:chad-epidem@oca.msf.org">chad-epidem@oca.msf.org</a> <b>Data management plan:</b> Data will be entered into smart phones using KoBo questionnaires. CSV files will be password protected and exported for analysis into R software. After the survey is completed, the questionnaires (paper versions) and the electronic database will be stored at the MSF Headquarters or country management level for 5 years after the survey. Will data be shared with an external partner such as an academic institution? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, namely: <i>Complete the OCA Data Sharing Agreement and submit for Medical Director signature.</i>
<b>Opting out</b> <i>All concept papers and/or (ERB approved) protocols are made available on ReMIT and the MSF Field Research website.</i>	This concept paper and/or accompanying protocol <u>cannot</u> be made available on: <input type="checkbox"/> ReMIT; because: <input type="checkbox"/> MSF Field research website; because:
<b>Implementation/ impact and dissemination</b> Responsibility of the Study Coordinator (unless otherwise noted in roles/responsibilities section)	
<b>Implementation/impact</b>	Finding from this survey will help MSF Chad mission and well as other MSF projects in similar settings to better plan and implement vaccination campaigns. In addition, these survey results could be used for advocacy in favour of vaccination campaigns.
<b>Dissemination</b> <i>Note on journal publication -MSF has an Open Access (OA) journal publication policy. Fee reduction must be requested at article submission. See guidance on publication – authorship, how to apply for fee reduction, funding, conflict of interest, and response to journal data deposition requests.</i>	<b>Dissemination of findings:</b> <i>Dissemination survey finding will be mainly through the survey report.</i> MSF – project, mission, headquarters: Survey report Participants: Not applicable Community: Not applicable In country partners (including MoH): International dissemination (including WHO and other agencies, scientific publication): <b>Agreements</b> Authorship: <i>list possible authors (at least 1st and last):</i> Has the dissemination plan the support of the Health Advisor (HA)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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<i>Internal reports remain on Sharepoint, not ReMIT.</i>	<i>Research outputs must be sent in parallel, before wider distribution, to the OCA Research Committee for quality review and to the HA, who will have 1 week to raise any context concerns with the Committee. Context concerns arising since Concept paper approval or quality of output likely the main reasons to postpone outputs.</i>

<b>*Study Reporting Guidelines</b> To assist authors in writing up their studies to meet scientific journal criteria	
Observational studies – <u>STROBE</u> (& extensions) Randomised trials – <u>CONSORT</u> (& extensions) Systematic reviews – <u>PRISMA</u> (& extensions) Case reports – <u>CARE</u>	Qualitative research – <u>SRQR</u> (& extensions) Diagnostic studies – <u>STARD</u> Quality improvement studies – <u>SQUIRE</u> Prediction model studies - <u>BMJ</u>

### Annex 1. OCA Ethics Review Exemption Template

<p><b>Research exemption proposal</b></p> <p>Template to be filled out and submitted to OCA Research Committee along with a concept paper when requesting exemption from ERB review. See <u>MSF ERB guidance on exemption criteria</u>. Please use the <u>MSF Research Ethics Framework – Guidance document</u> to answer the questions below.</p>
<p><b>Title (same as for Concept paper):</b> <i>Vaccination coverage survey after mass vaccination campaign (MVC) against measles in Béré, Daffra and Donomanga districts, Tandjile province, Chad, April-May 2023</i></p>
<p><b>Name of Primary Investigator (PI):</b> Emily D. MEYER (Epidemiologist)</p>
<p><b>Has a protocol been submitted to or approved by National/ Local Ethics Review Committee(s)?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>If not yet submitted, please indicate when and to which committee the protocol will be submitted:</b> Protocol will not be submitted to any ethical review board.</p> <p><b>If not planned to be submitted to local committees, please note why:</b> The authorization for the intervention in Béré, Daffra and Donomanga districts provided by MoH to MSF-OCA includes mention of a measles vaccination coverage survey to be carried out by MSF-OCA after the mass vaccination campaign.</p>
<p><b>1. Exemption Criteria</b></p>
<p>(1.1) Is the study based on routinely-collected clinical data from pre-existing, established programmes?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>(1.2) Is the study descriptive/evaluative or a targeted evaluation?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>(1.3) Explain here how confidentiality is respected – how you will ensure that no individual patient identifiers are revealed or used?</p> <p>Privacy and confidentiality in the data collected from the participants will be ensured both during and after the survey. Participant names will not be recorded, and individual records will be linked only to a household number throughout the data entry and analysis process. We will not be recording any data that could be combined with other data sources to make individual records potentially identifiable.</p>
<p>(1.4) What are anticipated harms? Ensure you acknowledge any that are relevant or state ‘no harms anticipated’. Can these be kept minimal?</p> <p>Minor risk to communities of breach of confidentiality and/or stigmatisation. Using local staff and careful training on interview-techniques can mitigate this.</p>
<p>(1.5) Describe potential benefits to the programme, community, and if publication is the goal, to a wider audience:</p>

## STUDY CONCEPT PAPER

A better understanding of the vaccination coverage ratios and causes of non-vaccination in the area will allow more tailored programming and more efficient resource use. Accurate data on vaccination status are of tremendous importance for advocacy on a national and international level.

(1.6) Describe any collaborative involvement and, if applicable, authorship from a local authority or partner (Ministry of Health, DHO, other NGO); if relevant and applicable, describe consultation with a body representing the community:

None

### **2. Ethics Statement**

Once exemption has been granted by the OCA Research Committee, the authors can insert into their article the following statement that has been approved by the MSF ERB:

*“This research fulfilled the exemption criteria set by the Médecins Sans Frontières Ethics Review Board for a posteriori analyses of routinely collected clinical data and thus did not require MSF ERB review. It was conducted with permission from (Medical Director, Operational Centre) Médecins Sans Frontières.”*