

Cluster approach planning, implementation and monitoring framework

Background

The cluster approach in SR emerges as a strategic operationalization of UNICEF's pull strategy, designed to maintain sharp focus on priority areas by leveraging localized insights and community engagement. This shift is particularly critical in the transition from House-to-House (H2H) to Site-to-Site (S2S) campaign modalities, which demand highly targeted planning and execution due to the localized nature of challenges—ranging from geographic disparities to socio-cultural dynamics and access barriers.

The approach is intended to enhance campaign quality and coverage, especially in the 24 high and very high-risk districts of SR. Within these districts, 928 clusters have been identified to facilitate micro-level planning and monitoring. However, a significant number of these clusters (60% of clusters) have consistently underperformed, falling below the global PCA benchmark of 95% since January 2025.

Given resource constraints, it became imperative to prioritize interventions in clusters with the greatest need. This prioritization hinges on the availability of robust data systems and localized intelligence to guide targeted, evidence-based actions and ensure that resources are deployed where they can have the greatest impact.

The **cluster approach** is a data-driven strategy implemented at the lowest levels of campaign operations. It aims to improve vaccine coverage by combining several key actions:

- **Detailed analysis** of campaign data (both during and after the campaign) to pinpoint areas with high numbers of missed children or refusals.
- **Tailored interventions** to address identified issues, allowing for real-time course correction or refinement of micro-plans.
- **Strategic resource allocation** to areas most in need, ensuring that efforts are focused on where they can have the greatest impact.

This approach strengthens the effectiveness of the S2S modality by ensuring that no child is left behind, even in the most challenging contexts.

This note outlines the methodology used to identify low-performing clusters, the planning process for targeted interventions, and the implementation and monitoring mechanisms that support this approach. It also clearly defines the roles and responsibilities of key stakeholders, ensuring coordinated action and accountability across all levels of the campaign.

Selection process for low-performing clusters

At the end of the campaign, UNICEF and WHO jointly identified low-performing clusters using the following criteria:

Benchmark setting

A benchmark for PCA (Post-Campaign Assessment) coverage is established based on the regional average from the most recent campaign.

Initial Identification

Any cluster with PCA coverage below the regional benchmark was flagged as potentially low performing.

Consistent Underperformance

Clusters were classified as low performing based on two key criteria. First, any cluster that recorded PCA coverage below the regional benchmark for three consecutive rounds was designated as low performing. Second, to capture persistent demand-side challenges, clusters that reported a refusal rate exceeding 10% for three consecutive rounds were also included in the low-performing category. This dual-criteria approach ensures that both coverage gaps and chronic community resistance are addressed in the selection process.

Monitoring and Recalibration

The list of low-performing clusters is dynamic and subject to regular recalibration. New clusters are added based on the latest performance data, while existing ones remain under monitoring until they demonstrate sustained improvement. Specifically, a cluster will [exit the low-performing category only after achieving PCA coverage above the global benchmark of 95% for three consecutive rounds](#). This ensures that improvements are consistent and not one-off, maintaining accountability and focus on sustained performance.

Low performing clusters action plan process

The planning process is coordinated between WHO, UNICEF and EOC to ensure that behavioral and operational issues are well captured and solutions are jointly planned.

Low performing cluster standardized action plan template

Once the list of [low-performing clusters](#) is finalized, UNICEF and WHO design a standardized action plan template, for both Pull and Push strategy, to ensure consistency and improve quality of planning across all targeted clusters

District level analysis and intervention planning

The list of selected clusters is shared with [UNICEF and WHO colleagues at both provincial and district levels](#) to facilitate joint review and the design of tailored action plans for the upcoming campaign.

To deepen the understanding of local challenges, [district and provincial teams \(UNICEF-WHO\)](#) [organize focus group discussions](#) with frontline field teams, including [Social Mobilizers \(SMs\)](#) and [Community Supervisors \(CSs\)](#). These discussions help identify specific behavioral and operational barriers in each cluster and inform them about the design of [targeted interventions, accompanied by a clear accountability framework](#).

The resulting [cluster-level action plans](#) are compiled, reviewed, and validated at the [provincial level](#) by both UNICEF and WHO teams, in consultation with the [Provincial Emergency Operations Centers \(PEOCs\)](#), before being submitted to the regional team.

Regional review and quality assurance

Following submission, the [UNICEF-WHO regional teams](#) conduct a thorough review and analysis of the plans, providing [feedback to provincial teams](#) that highlight key issues and urgent interventions requiring immediate attention.

Finally, a [coordination meeting](#) between regional and provincial teams is held to provide strategic guidance and agree on key priorities for implementation.

Accountability and Supervision

An accountability framework and a detailed supervision plan are agreed upon to ensure effective implementation at all levels.

Cluster level community engagement and social mobilization microplan-implementation and monitoring mechanism

While the low-performing cluster action plan focuses on identifying key bottlenecks and prioritizing corrective actions, the micro-plan provides detailed guidance on community engagement and social mobilization activities at the cluster level. The micro-plan translates that strategy into concrete, day-to-day activities needed to reach children and engage communities.

Community engagement and social mobilization microplan is structured around three key phases—Before, During, and After the campaign—to ensure a continuous cycle of planning, implementation, and learning.

Before the Campaign

Cluster Level Situation Analysis

As part of the CE&SM micro-planning process, teams begin by reviewing recent PCA data, refusal trends, and reports on missed children to identify clusters with persistent challenges. This analysis is complemented by a deeper exploration of behavioral and social barriers—such as misinformation, distrust in health services, or cultural beliefs—that may be contributing to low coverage.

Cluster Level Situation Analysis

As part of the CE&SM micro-planning process, teams begin by reviewing recent PCA data, refusal trends, and reports on missed children to identify clusters with persistent challenges. This analysis is complemented by a deeper exploration of behavioral and social barriers—such as misinformation, distrust in health services, or cultural beliefs—that may be contributing to low coverage.

Community Profiling

Identify key influencers and enablers (e.g., elders, teachers, religious leaders) who can support solving or understanding local issues and barriers, majors and preferred communication channels within the clusters, language spoken and high-risk groups.

Plan Development

Develop tailored Community engagement and social mobilization plans for each cluster, including specific actions, timelines, and responsible actors. In case of any operational issue, adjustment should be made to the microplanning.

Planning Review

Validate Community engagement and social mobilization plans and ensure alignment with identified needs.

Capacity Building

Train social mobilizers, volunteers, and cluster enablers on key messages, interpersonal communication, and refusal handling, where a gap of knowledge has been identified as a key issue, or in case of replacement of underperforming FLW or non-eligible ones.

During the Campaign

Real-Time Monitoring

Track progress using administrative data and intra-campaign monitoring tools by DCO, DC and CS. Participate at daily monitoring meeting at District level to identify or share fields issues and influence action for course adjustment.

Issue Identification

Social Mobilizers and vaccinators identify missed children and community-level challenges communicate with CS, DCO and DC for immediate support.

Rapid Response

Cluster enablers and teams (DCO, DC and CS) support immediate resolution of issues, including refusals and access barriers through implementation of different strategies.

Adaptive Strategy

Adjust Community engagement and social mobilization plans for interventions based on daily findings and field feedback.

After the Campaign

Performance review

Assess campaign implementation, identify missed children's households and reasons, and evaluating CE/SM effectiveness.

Lessons learned

Identify successful interventions and enablers, as well as gaps and failures.

Redressal planning

Develop and implement action plans to address challenges before the next campaign.

Roles and responsibilities in cluster approach Implementation

Actor	Roles and Responsibilities
PCO (Provincial Communication officer) and PC (Provincial coordination)	Coordinate the implementation of Cluster approach and ensure that microplans are well designed, compile report and coordinate with REOC, UNICEF and WHO
District Communication Officer (DCO)	Lead CE/SM microplanning, supervise implementation, compile reports, and coordinate with PCO and PC.
District Coordinator (DC) & Clusters Supervisor (CS)	Extract and analyze administrative and intra-campaign data, support planning, and monitor implementation.
Social Mobilizers (SMs) & Volunteer Vaccinators	Identify missed children and refusals, report issues in real time to team or cluster enablers to support issues resolution
Cluster Enablers /Teams Enablers	Support resolution of missed children's issues, direct engagement with caregivers, and support implement redressal actions.
Community Influencers (CIPs)	Conduct community engagement, address refusals, and support mobilization activities.
Partner Organizations (UNICEF and WHO)	Provide technical support, logistics, and capacity building; participate in monitoring and evaluation.

Additionally, to strengthen oversight of cluster-level interventions, a real-time dashboard will be developed to visualize key performance indicators and progress across all low-performing priority clusters. A standardized set of indicators will be jointly identified at district, provincial, and regional levels. These indicators will be monitored daily to enable timely corrective actions during the campaign. Monitoring efforts will be strategically focused and intensified in underperforming clusters to enhance the overall quality and effectiveness of the campaign.

Cluster approach planning templates

[DOWNLOAD TEMPLATES
IN WORD](#)


Community Engagement, Advocacy and Social Mobilization Cluster Microplan

1. Cluster identification

Province	District	Cluster Name/Code	Target Population (0-59 months)	Number of Households	Number of Missed Children (last round)	Number of Sites	Number of team

2. Cluster Community engagement team

Name	Role	Contact	Language(s) Spoken	Assigned team

3. Cluster Community mapping

Type of Settlement	Number	Key Influencers	Risk Factors (e.g., refusals, insecurity)

4. Cluster key behavioral and operational issues

Identified challenges	Mitigation Measure	Responsible	Timeline

5. Cluster Social mobilization activities

Activity	Date	Location	Target Audience	key message	Responsible Person	Timing	Materials Needed

Supervisor Name	Areas and team to cover	Supervision date	Timing

7. Post campaign review meeting and IBRA planning

Participants name	Participant title	Date	Location	Responsible	Key outcome

Signature of DCO and DC

Signature of the Cluster Supervisor

