

## UNICEF suggested additions to the

# Microplanning for Immunization service delivery using the Reaching Every District (RED) strategy

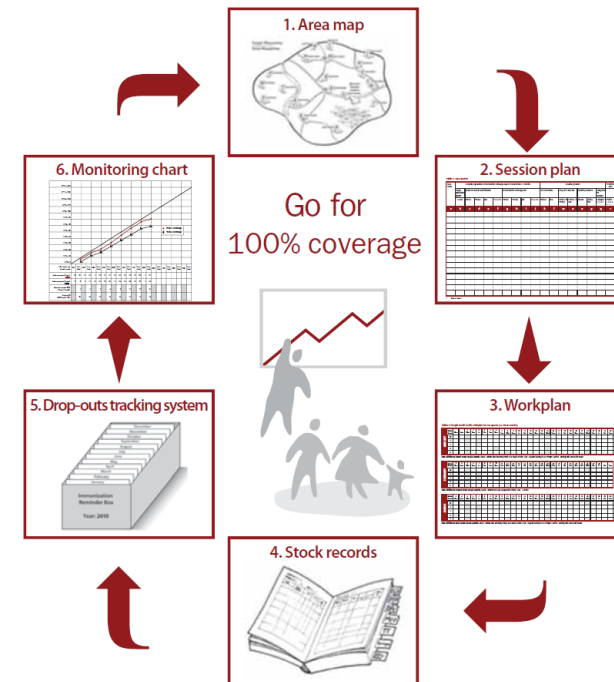
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*To address inequities in immunization*

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Microplanning for immunization service delivery using the Reaching Every District (RED) strategy





#### Acknowledgment

These suggested additions to WHO guidelines “Microplanning for Immunization service delivery using the Reaching Every District (RED) strategy” (Ref: WHO/IVB/09/11) have been drafted based on field work by Dr Julian Bilous. His work on the Reaching Every Community in the Western Pacific Region, especially in Lao People’s Democratic Republic, Cambodia, and VietNam has informed the suggested additions. A team at UNICEF HQ composed of have reviewed the guidelines from Lao People’s Democratic Republic, draft training module on Immunization in Practice and micro-planning guidelines from countries (Nigeria, Madagascar, Uganda).

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## OVERVIEW

### Background

Inequities in immunization are defined as unequal vaccination coverage between population groups, e.g. poorest and richest populations, children of illiterate and educated caregivers; rural and urban settings, administrative divisions in the country (states, provinces, regions, districts) and amongst population groups with special characteristics (e.g. ethnicity, religion, etc.).

While immunization cannot address the root causes of inequities, the program can make immunization services better accessible and acceptable to the groups that are less likely to be vaccinated by addressing the immunization barriers of the underserved populations. The approach is based on the RED strategy, with additions to address inequities in immunization.

RED implementation has led to increase in vaccination coverage to about 80%. Reaching the last 10-20% of the eligible children needs additional steps and efforts by refining the RED approach and addressing barriers to immunization.

While the implementation of RED has not been always adequate and hence have not reached acceptable coverage levels, the earlier guidelines and the guidelines from several countries, use microplanning at *district* level. In many settings the district micro-plans had insufficient inputs from the communities and did not plan the services well and coordinated insufficiently with the communities.

The RED strategy includes microplanning as a key component to plan and monitor immunization services in every district. There have been several revisions of RED manuals at global and regional levels. Countries have adapted the guidelines to their settings. The latest global guideline: “**Microplanning for immunization service delivery using the Reaching Every District (RED) Strategy**” (WHO, 2009) includes community approaches and serves as the basis of the orientations of this guidance note to help UNICEF offices in their technical assistance to governments and partners in addressing the inequities in immunization.

Depending on the coverage in the area to work in, priorities may change. Below are indications on what kind of activities to prioritise:

| Coverage Setting   | Main Issue  | Possible Bottlenecks   | Priorities for action   |
|--------------------|---|--|---|
| Under 50%          | programme availability<br><br><i>example:</i><br>Chad/N Nigeria | -vaccine stock-outs<br>-non-functional cold chain<br>-insufficient or untrained vaccinators<br>-prohibitive distance                           | RED especially ensure supply side is correct:<br>-regular vaccine supply<br>-functional CC<br>-increase number of vaccinators and train (IIP)<br>-accountability framework  |
| Between 50 and 80% | Accessibility<br><br><i>example:</i><br>DRC                     | -insufficient outreach<br>-insufficient coordination with community  | RED:<br>-micro-planning to ensure >80% of eligible population is within 5km of a vaccination session every month;<br>-consider 2-4 PIRI/CHD for remaining 20% of the population;<br>- analyse issues / bottlenecks<br>-ensure <i>regular</i> vaccination sessions and community interaction ('social contract between vaccinator and community')<br>-monitor and mobilise defaulters; |
| Over 80%           | focus on Hard to Reach<br><br><i>example:</i><br>Vietnam        | "hard to reach"<br>-insufficient geographical access<br>-urban slums; migrants; ethnic minorities; religious groups; excluded population, etc. | -RED with additional efforts to reach the underserved.<br>-reaching the final 20% means more effort and more resources.<br>-Micro-planning for priority HC/villages including the special hard to reach populations;<br>-ensure <i>regular</i> sessions ('social contract between vaccinator and community');<br>-monitor and mobilise defaulters;                                    |

The current guide highlights steps to be undertaken to reach the unreached and comes in addition to the WHO guidelines “Microplanning for immunization service delivery using the Reaching Every District (RED) Strategy” (WHO, 2009).

While adequate implementation of the RED approach will likely increase vaccination coverage in settings with coverage under 80%, additional steps may be needed to reach the underserved in settings with coverage of 80% and above. See table below.

|   |   |
|---|---|
| Reaching Every District   | Additions for addressing inequities in immunization:<br>Reaching Every Community  |
| <b>Re-establishment of outreach services</b> <ul style="list-style-type: none"> <li>– regular outreach for communities with poor access</li> </ul>        | <b>Reaching missed children and women</b> <ul style="list-style-type: none"> <li>– review data and analyze bottlenecks to map-out excluded groups</li> <li>– plan regular outreach or mobile sessions in every village or neighborhood with poor access to HF, especially for the excluded groups</li> <li>– develop a package for fixed / outreach / mobile sessions according to village needs and situation</li> </ul> |
| <b>Supportive supervision</b> <ul style="list-style-type: none"> <li>– on-site training by supervisors</li> </ul>   | <b>Problem-solving supervision for service delivery</b> <ul style="list-style-type: none"> <li>– ensure regular supervisory visits to health centers to identify bottlenecks and find solutions for improving access</li> <li>– prioritize support to the health facilities most in need for supervision (communities with large number of under-immunized)</li> </ul>  |
| <b>Community links with service delivery</b> <ul style="list-style-type: none"> <li>– regular meetings between community and health staff</li> </ul>      | <b>Getting to know the underserved communities</b> <ul style="list-style-type: none"> <li>– working with underserved communities to improve their access to services</li> <li>– involvement of village chief in planning, facilitation and feedback</li> <li>– communicate in time with the village/neighborhood chief when sessions will be held and who is eligible</li> </ul>  |
| <b>Monitoring and use of data for action</b> <ul style="list-style-type: none"> <li>– monitoring curve, map population in each health facility</li> </ul> | <b>Mapping the unimmunized and missed</b> <ul style="list-style-type: none"> <li>– use the vaccination register to track eligible children and defaulters</li> <li>– monitor immunization status in underserved community by checking vaccination cards (H2H monitoring)</li> <li>– active health surveillance to identify location of unimmunized children and unreported VPD cases</li> </ul>                           |
| <b>Planning and management of resources</b> <ul style="list-style-type: none"> <li>– better management of human and financial resources</li> </ul>        | <b>Equity for service delivery</b> <ul style="list-style-type: none"> <li>– Adequate resources available at every HC for equity of access to service delivery</li> </ul>  |



### How to use this guide

- This set of tables and explanatory notes is intended to be used as an addition to the WHO guide “***Microplanning for immunization service delivery using the Reaching Every District (RED) Strategy***” (WHO, 2009)
- Countries are advised to review the guide and the additional tables with the explanatory notes and make adjustments according to the needs of the country to develop a country-specific guideline or sets of guidelines.
- The RED guidelines and this set of tables and explanatory notes describe steps for making, managing and monitoring micro plans for the delivery of a basic integrated package of MNCH services, with emphasis on reaching the underserved populations. The initial planning and prioritization steps can be done on an annual basis; the monitoring steps should be done on a monthly or quarterly basis.
- In this document, High risk communities are defined as are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

|   | Essential steps according to the coverage settings |        |      |
|---|--|--------|------|
|   | <50%   | 50-80% | >80% |
| <b>Steps at health facility level</b>   |  |        |      |
| Table 1: <b>Prioritize Health Centers</b> with largest inequities or immunity gaps ( <i>similar criteria as for province</i> )        |  | ✓      | ✓    |
| Table 1a: <b>Health center analysis:</b> performance of every village in the last 12 months to identify priority villages             |  |        | ✓    |
| Table 2a: <b>Map and list all villages</b> /urban dwellings and settlements with estimated population                                 | ✓  | ✓      | ✓    |
| Table 3a: <b>Analysis of accessibility and corrective actions for priority villages</b> to reach the 'high risk communities'          |  |        | ✓    |
| Table 5a: <b>Problem solving</b>  | ✓  | ✓      | ✓    |
| Table 3b: <b>Visits to priority villages to measure immunization status</b> of children & women - house to house                      |  |        | ✓    |
| Table 3c: <b>Priority villages - interviews with mothers</b> about services in priority villages                                      |  |        | ✓    |
| Table 4a: <b>What can be integrated</b> , depending on available staff  | ✓ <i>optional</i>                                  | ✓      | ✓    |
| Table 4b: <b>How many sessions</b> are needed in the village/settlement or neighborhood?  | ✓ <i>optional</i>                                  | ✓      | ✓    |
| Table 6a: <b>Session schedule</b> (fixed, outreach, mobile, transportation means and community contact)                               | ✓  | ✓      | ✓    |
| Table 6b: <b>Budget for outreach</b> and other related activities to ensure reliable immunization (and integrated) services           | ✓  | ✓      | ✓    |
| Table 9a: <b>Stock management</b> - stock card  | ✓  | ✓      | ✓    |
| Table 9b: <b>Forecast</b> - Vaccines, Devices & Other Commodities   | ✓  | ✓      | ✓    |
| Table 9c: <b>Supplies</b> for the outreach session  |  | ✓      | ✓    |
| Table 8a: <b>List eligible children</b> under 2 and women before the session ( <i>due and defaulters</i> )                            | ✓  | ✓      | ✓    |
| <b>Register</b>   | ✓  | ✓      | ✓    |
| Table 8b: <b>List of children</b> under 2 and women <b>that missed the session</b> (compiled after the session)                       |  |        | ✓    |
| Table 7: <b>Monitoring curve</b>  | ✓ <i>at District</i>                               | (✓)    | ✓    |
| Table 7a: <b>Quarterly</b> monitoring of village immunization status for children 18-23 months  |  |        | ✓    |
| <b>Steps at district level</b>  |  |        |      |
| Table 1: <b>Prioritize Health Centers</b> with largest inequities or immunity gaps ( <i>same as table 1 above</i> )                   | ✓  | ✓      | ✓    |
| <b>Map of district with all health facility catchment areas</b>   | ✓  | ✓      | ✓    |
| District Work Plan: supervisory visits, mobile outreach, vaccine and supplies distributions etc.                                      | ✓  | ✓      | ✓    |
| Regular monitoring and review of progress (monitoring charts, quarterly review meetings, supportive supervision visits and follow-up) | ✓  | ✓      | ✓    |
| Resource requirements   | ✓  | ✓      | ✓    |
| Taking action based on review process   | ✓  | ✓      | ✓    |

## **WHO RED Guidelines - “Microplanning for immunization service delivery using the Reaching Every District (RED) Strategy”** (Ref. WHO/IVB/09.11)

The WHO RED Guidelines are divided into two parts - the microplanning at the health facility level (PART 1) and microplanning at the district level (PART 2). A third part is also included which presents frequently asked questions. Breakdown of WHO recommended steps for microplanning at each level is listed below.

### **PART 1: Health Facility Microplanning**

- STEP 1 (ref. pages 9 – 13): Quantitative analysis of local immunization data
- STEP 2 (ref. pages 14 – 15): Preparing and reviewing an operational map
- STEP 3 (ref. pages 16 – 18): Identifying special activities for the hard-to-reach and problem areas
- STEP 4 (ref. pages 19 – 22): Preparing a health facility session plan
- STEP 5 (ref. pages 23 – 25): Problem solving using the RED strategy
- STEP 6 (ref. pages 26 – 28): Making a workplan for one quarter
- STEP 7 (ref. pages 29 – 31): Using a monitoring chart
- STEP 8 (ref. pages 32 – 33): Working with the community and tracking defaulters
- STEP 9 (ref. pages 34 – 36): Managing supplies
- STEP 10 (ref. pages 37 – 38): Making use of the monthly report

### **PART 2: District Microplanning**

- STEP 1 (ref. page 53): Analysis of district level data to identify priority areas
- STEP 2 (ref. pages 54-55): Making a map to show all health facilities and outreach sites
- STEP 3 (ref. pages 56-59): Making a district workplan
- STEP 4 (ref. pages 60-62): Making an estimate of resource requirements
- STEP 5 (ref. pages 63-64): Conducting regular monitoring and review of progress
- STEP 6 (ref. pages 65-66): Taking action based on a review of progress

### **PART 3: Frequently Asked Questions**

## Health Facility Microplanning: STEP 1 - Quantitative analysis of local immunization data *(WHO ref. pages 9 – 13)*

### **Explanatory note** *(Excel document, tab = “HF stp1 tbl-1”)*

Refer to the WHO RED Guidelines, pages 9-11 and table 1 for column description and definitions.

#### **Table 1: Prioritize Health Centers with largest inequities or immunity gaps (similar criteria as for province)**

*Ref: WHO table 1 on page 12, with suggested additions reflected below*

#### **Suggested additions:**

- Conduct analysis in a district to prioritise health centers

#### **Purpose:**

To prioritise health centers based on presence of high risk communities, supply side bottlenecks and VDP cases EPI performance.

#### **Instructions:**

- Data analysis should be discussed to identify the weakest health facilities and should not be limited to numerical calculations
- The analysis may reveal that the data are not predicting well - where immunity gaps are due to poor data quality, weak surveillance, etc.
- District and health facility managers’ knowledge on health facility performance may be confirmed by data; ‘local knowledge’ among district managers and provincial managers is critical and may change priorities.
- The number of indicators in the table should be limited and informative (may be adapted as appropriate for the setting)
- Discussion should be focused to prioritize health facilities with largest problems in immunization
- Rank health facilities based on number of unvaccinated children for MCV1 or other problems (if data are of questionable quality)

#### **How to:**

- **Participants:** district manager, EPI focal person; surveillance focal person; district vaccination supervisor; representatives of Health Facilities
- **Frequency:** Quarterly – annually
- **Duration:** ½ a day
- **Location:** at district or comparable
- Possible to do this during review meetings

**Table 1: Prioritize Health Centers with largest inequities or immunity gaps** (similar criteria as for province)

Purpose: to select priority health facilities to start the work in where the immunity gap is largest

Name of District/Zone/Commune: \_\_\_\_\_

Date: \_\_\_\_\_

| SUGGESTED additions with focus on the under-served populations |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
|--|-------------------------------|---------------------------|----------|---|---------------------------------------|---|------------------|--------------------------------|---------------------------------------|-------------------|----|-----------------------|---|---|---|----------------------------|---|---|-----------------|
| Health Centre Name   | Is HCA functional EPI center? | Target population figures |          | Key Supply Bottlenecks                                      |                                       |   |                  |                                | Confirmed VPD cases in last 12 months |                   |    |                       | Analyse performance of last 12 months   |   |   |                            |   |   | Priority / Rank |
|  |                               |                           |          | Presence of high risk community <sup>1</sup> (specify type) | Non Functional Cold chain (# of Days) | Stockouts of Vaccine &/or devices (# of days) | # of vaccinators | Mode of Transport for outreach | Measles                               | Polio WPV or VDPV | NT | diphtheria, pertussis | Number of Doses of vaccine administered |   |   | Number of Unimmunized **** |   |   |                 |
|  |                               | <1 year                   | PW / WRA | *   | **                                    | **  | #                | ***                            | #                                     | #                 | #  | #                     | #                                       | # | # | #                          | # | # |                 |
| text   | Yes / No                      | #                         | #        | *   | **                                    | **  | #                | ***                            | #                                     | #                 | #  | #                     | #                                       | # | # | #                          | # | # | #               |
| a  | b                             | c                         | d        | e   | f                                     | g   | h                | i                              | j                                     | k                 | l  | m                     | n                                       | o | p | q                          | r | s | t               |
| 1  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 2  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 3  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 4  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 5  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 6  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 7  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 8  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 9  |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 10   |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 11   |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |
| 12   |                               |                           |          |   |                                       |   |                  |                                |                                       |                   |    |                       |   |   |   |                            |   |   |                 |

<sup>1</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

\* Remote rural, hard to reach, ethnic group, migrant workers, refugees, religious groups (specify)

\*\* number of days in last 12 months

\*\*\* Bus, bicycle, motorbike, car, boat, walk, ....

\*\*\*\* Unimmunized = Target population – number of doses of vaccine administered (last 12 months)

## Health Facility Microplanning: STEP 1 - Quantitative analysis of local immunization data *(WHO ref. pages 9 – 13)*

Refer to the WHO RED Guidelines, pages 9-11 and table 1 for column description and definitions.

### Explanatory note *(Excel document, tab = “HF stp1 tbl-1a”)*

#### **Table 1a: Health center analysis: performance of every village in the last 12 months to identify priority villages**

*Ref: WHO table 1 on page 12, with suggested additions reflected below*

#### **Suggested additions:**

- List all villages/settlements/neighbourhoods under “area name”
- Identification of high risk communities
- Identification of bottlenecks
- VPD confirmed cases

#### **Purpose:**

The purpose of analyzing local data is to critically look at data at village level and select village(s) with high risk communities (and where to conduct a rapid assessment, if planned to do so).

#### **Instructions:**

- **Identify where the High Risk Communities** are living (i.e. communities representing largest immunity gaps). The analysis of drivers of inequities identifies possible high risk groups that may include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.
- **Prioritise villages with largest immunity gaps**, using a set of indicators as per the columns. Indicators should be used in the discussion to identify the high risk communities and should not be limited to calculation exercise. Cross-checking coverage data with surveillance data and local knowledge is especially important in settings with problems of administrative coverage data (denominator or numerator).
- When the table is complete; use **column w** for **listing the priority villages**. A village becomes a priority, as soon as there is a VPD confirmed case. Make the priority 1, 2, 3, 4 ..., according to the presence of a VPD case, and the greatest number of un-immunized and under-immunized (add number of under-immunized with penta 3, measles and TT2+/Td). You may look at the drop-out rates as well. If the data is of questionable quality you may use local knowledge of the stakeholders to decide on priority villages.

**How to:**

- **Participants:** Person-in-charge of Health Facility, vaccinators, community representative (supervisor of CHW), possibly supported by the district;
- **Frequency:** quarterly/bi-annually;
- **Location:** Health facility
- **Duration:** 2 hours

**Table 1a: Health center analysis: performance of every village last 12 month to identify priority villages**

The purpose is to critically look at data at village level and select the village to conduct rapid assessment

Name of District/Zone/Commune:

Date:

Name of Health facility:

Name of Vaccinator:

Designation: Vaccinator or LHV or Midwife or ....

| S.No | Name of villages / settlements / neighborhoods in health facility catchment area | Hard to Reach<br>Ref: table 3, column C, page 18 RED        | Annual Infant Target Population (<1 year) | Annual Target for TT2+ / Td (PW /WRA) | Doses administered during last 12 months |        |                                       |           | Immunization coverage (%) |        |                                       |           | Under-immunized |                                       |                      | Drop out rates (%) |                         | VPD confirmed cases: Measles / NT / Polio | Identify problem |             | Categorize problem by category 1,2,3,4 | Rank / Prioritize by # of un-immunized |
|------|--|---|---|---------------------------------------|--|--------|---------------------------------------|-----------|---------------------------|--------|---------------------------------------|-----------|-----------------|---------------------------------------|----------------------|--------------------|-------------------------|---|------------------|-------------|--|--|
|      |  | Presence of high risk community (specify type) <sup>1</sup> |   |                                       | Penta1                                   | Penta3 | Measles (MCV1 or MCV2 if in schedule) | TT2+ / Td | Penta1                    | Penta3 | Measles (MCV1 or MCV2 if in schedule) | TT2+ / Td | Penta3          | Measles (MCV1 or MCV2 if in schedule) | TT2+ / Td (PW / WRA) | Penta 1 to Penta 3 | Penta 1 to MCV1 or MCV2 |   | Access           | Utilization |  |  |
| #    | Name   | Specify   | #   | #                                     | #  | #      | #                                     | #         | %                         | %      | %                                     | %         | #               | #                                     | #                    | #                  | #                       | #   | low/high         | low/high    | 1,2,3,4.                               | #                                      |
| a    | b  | c   | d   | e                                     | f  | g      | h                                     | i         | j=f/d                     | k=g/d  | l=h/d                                 | m=i/e     | n=c-g           | o=d-h                                 | p=i-e                | q=(f-g)/f          | r=(f-h)/f               | s   | t                | u           | v                                      | w                                      |
| 1    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 2    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 3    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 4    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 5    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 6    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 7    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 8    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 9    |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |
| 10   |  |   |   |                                       |  |        |                                       |           |                           |        |                                       |           |                 |                                       |                      |                    |                         |   |                  |             |  |  |

<sup>1</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

## Health Facility Microplanning: STEP 2 - Preparing and reviewing an operational map *(WHO ref. pages 14 – 15)*

### Explanatory note *(Excel document, tab = “HF stp2 tbl-2a”)*

#### **Table 2a: Map and list all villages/urban dwellings and settlements with estimated population**

*Ref: WHO Figure 1 on page 15, with suggested additions reflected below*

#### **Suggested additions:**

- Population table with distance of village to health center

#### **Purpose:**

Provide an overview of the distribution of population in the health center catchment area with contact information of village authority.

#### **Instructions:**

- Base the estimated total village population on the annual population data from local authorities (adapt as needed, but be consistent)
- Use the standard parameters for calculation of live births through the MoH
- Calculate the age-specific population by multiplying the total population with the factor representing the proportion of the population in that age group
  - e.g. The estimated village infant population (<1 year) is obtained by multiplying the village annual population by the estimated district birth rate. Example: estimated village population is 600, estimated district birth rate is 3%, estimated village annual infant target population is  $600 \times 3\% = 18$
- Distance to HC: distance in km from village or settlement or neighbourhood to health centre
- Village Chief / Representative Name: Name of the contact person for the village that has authority to mobilise the population for immunizations (Ensure that the person is designated by the head of community not selected by the vaccinator for convenience.)
- Village Chief / Representative - Mobile Phone #: his or her phone number

#### **How to:**

- **Participants:** vaccinators
- **Frequency:** annually
- **Location:** at the health facility
- **Duration:** 1 hour



Figure 1: Sample health facility map

Name of Health facility:

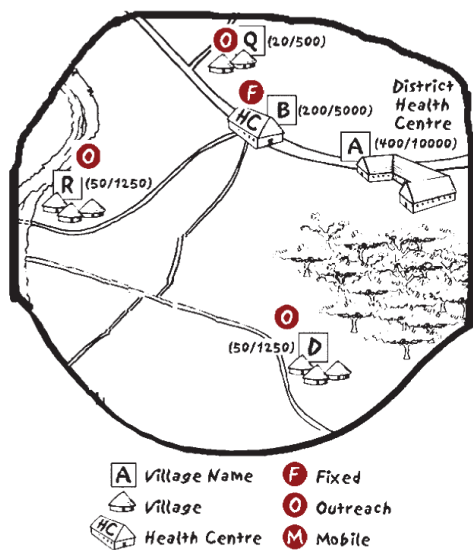


Table 2a: Map and list all villages/urban dwellings and settlements with estimated population

Purpose: Provide an overview of the distribution of population in the health center catchment area with contact information of village authority.

Name of Vaccinator:

Date:

Designation: Vaccinator or LHV or Midwife or ....

| S.No | Village Name | Estimated Total population | Estimated annual target (infants <1yr) | Estimated annual children 12-59 months target | Estimated annual TT target (PW / WRA) | Women in Child Bearing Age (15-49 yr) Target population | Distance to HC (km) | Mode of Service delivery (F, O, M) | Name of Village Chief or Representative | Contact phone # of Village Chief or Representative |
|------|--------------|----------------------------|--|---|---------------------------------------|---|---------------------|------------------------------------|---|--|
| 1    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 2    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 3    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 4    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 5    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 6    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 7    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 8    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 9    |              |                            |  |   |                                       |   |                     |                                    |   |  |
| 10   |              |                            |  |   |                                       |   |                     |                                    |   |  |

## Health Facility Microplanning: STEP 3 - Identifying special activities for the hard-to-reach and problem areas

(WHO ref. pages 16 – 18)

### Explanatory note (Excel document, tab = “HF stp3 tbl-3a”)

#### **Table 3a: Analysis of accessibility and corrective actions for priority villages to reach the 'high risk communities'**

Ref: WHO table 3 on page 18, with suggested additions reflected below

#### **Suggested additions:**

- Specify number of sessions planned and number of sessions conducted by village/settlement/neighbourhood;
- Name and contact information of Village Health Volunteer or Village Chief

#### **Purpose:**

The purpose is to identify High Risk Communities and develop specific activities to reach these.

#### **Instructions:**

- List the villages according to the ranking from table 1a (rank 1 first, etc...). The first ranking village/ settlement/ neighbourhood is expected to have the largest immunity gap. This community likely includes High Risk Communities identified through previous analysis and the analysis of drivers of inequities. These may include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.
- Prioritise villages with largest immunity gaps, using a set of indicators and local knowledge (number of children with missing vaccinations, distance to HF, type of outreach, number of outreaches planned, number of outreaches conducted, high risk groups, VPD cases, child deaths, (table 3). The analysis should bring in other factors than the absolute number of un- or under-immunized children, especially if immunization performance data are of poor quality.
- Retrieve the information on the number of sessions planned and actually conducted in each village / settlement / neighbourhood to identify reasons for missed vaccination. This will provide an indication of possible reasons for missed vaccinations.
- Discuss possible solutions to reach the population at risk and decide what can be done by the health facility staff.
- Decide what needs to be done with help from the district.
- Decide what other interventions can be integrated (see table 4a). This is especially relevant in hard-to-reach and problem areas.

#### **How to:**

- **Participants:** vaccinators and representatives of community
- **Frequency:** annually
- **Location:** health facility
- **Duration:** 1-2 hours

**Table 3a : Analysis of accessibility and corrective actions for priority villages to reach the 'high risk communities'**

The purpose is to critically look at data at village level and select the village to conduct rapid assessment and estimate better the immunity gap

**Name of District/Zone/Commune:**

**Date:**

**Name of Health facility:**

**Name of Vaccinator:**

**Designation:** Vaccinator or LHV or Midwife or ....

| S.No | Name of villages / settlements / neighborhoods in health facility catchment area<br>According to PRIORITY | Category of problem<br>1,2,3,4 | Presence of high risk community ('Hard to Reach')<br>specify type <sup>1</sup> | Number of Sessions planned to this village last 12 months | Number of Sessions done in this village last 12 months | Reason for not conducting sessions | Activities that can be conducted by the health facility level to improve access and utilization | Activities that need support by district and/or high levels | What other interventions can be delivered at the same time as immunization? | Name and contact phone number of Village Health Volunteer or village chief |
|------|---|--------------------------------|--|---|--|------------------------------------|---|---|---|--|
| #    | Name  | #                              | specify  | #   | #  | narrative                          | specify   | specify   | specify   | Name   |
| a    | b   | c                              | d  | e   | f  | g                                  | h   | i   | j   | k  |
| 1    |   |                                |  |   |  |                                    |   |   |   |  |
| 2    |   |                                |  |   |  |                                    |   |   |   |  |
| 3    |   |                                |  |   |  |                                    |   |   |   |  |
| 4    |   |                                |  |   |  |                                    |   |   |   |  |
| 5    |   |                                |  |   |  |                                    |   |   |   |  |
| 6    |   |                                |  |   |  |                                    |   |   |   |  |
| 7    |   |                                |  |   |  |                                    |   |   |   |  |
| 8    |   |                                |  |   |  |                                    |   |   |   |  |

<sup>1</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

## Health Facility Microplanning: STEP 5 - Problem solving using the RED strategy (WHO ref. pages 23 – 25)

### Explanatory note (Excel document, tab = “HF stp5 tbl-5a”)

#### Table 5a: Problem solving

Ref: WHO table 5 on page 25, with suggested additions reflected below

#### Suggested additions:

- Root causes
- Supply side bottlenecks: functioning cold chain, availability of essential commodities (vaccines, injection devices, safety boxes, vaccination cards), transport for outreaches

#### Instructions:

- Each health centre should analyse the main problems by component of RED, find root causes and solutions
- To find the root causes: Use the ‘5 WHYS technique’<sup>1</sup>:
  - Identify the problem or issue that affect an important operational component of RED,
  - Find the deep cause which ignited the chain of events leading to the under-performance, by asking ‘why’.
    - This will enable to explore the cause-and-effect relationships underlying a particular problem.
    - This allows a deep analysis, moving progressively from the effect observed to the underlying cause.
    - This technique helps to avoid the temptation of a quick and superficial analysis limited to the common symptom, instead of the root causes of observed problems.
- To find the solutions prioritising a stepwise approach for the root causes, use a stepwise approach with selected criteria. This can be done successfully in two phases:
  - Brainstorm and record all solutions proposed, which allows to leave room to creativity and out-of-the-box thinking;
  - Rank the proposed solutions according to agreed-upon criteria. Such criteria can be tailored according to the context.
  - Possible criteria: feasibility, cost-effectiveness, acceptability, equity orientation, resilience. Use a score 1-3 for each criteria.
    - e.g. Feasibility: 1: Not feasible, 2: Feasible with some efforts, 3: Readily feasible
  - Add the score for all the criteria and select the solution/s with the highest score for implementation.

#### How to:

- **Participants:** person-in-charge of HF, vaccinators; community representative (supervisor of CHW); possibly supported by the district;
- **Frequency:** quarterly/bi-annually
- **Location:** health facility or district
- **Duration:** 2 hours

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<sup>1</sup> Japanese technique developed by Sakichi Toyoda and used till today as the scientific basis to Toyota Automobile’s approach.

**Table 5a: Problem solving**

Health Facility Name: \_\_\_\_\_

The purpose of this sheet is to analyse the main causes, root causes and activities to address them by level

| Component of RED / REC  | Main Problem | Root Causes | Activities with limited resources at the health center | Activities needing resources and assistance from district | When | Who (person) | Tanahashi Model      |
|---|--------------|-------------|--|---|------|--------------|----------------------|
| Re-establishment of <b>regular sessions</b> (fixed and outreach) in every community |              |             |  |   |      |              | Supply               |
| Cold Chain  |              |             |  |   |      |              |                      |
| Stock-outs (bundled vaccines & cards)   |              |             |  |   |      |              |                      |
| Human resources   |              |             |  |   |      |              |                      |
| Transport   |              |             |  |   |      |              |                      |
| Reaching missed children (migrants, disadvantaged, marginalized,...)                |              |             |  |   |      |              | Supply/Demand        |
| <b>Community links</b> with service delivery  |              |             |  |   |      |              |                      |
| Coordinate with communities to provide service to their needs                       |              |             |  |   |      |              |                      |
| Defaulter tracing (loss to follow-up)   |              |             |  |   |      |              | Demand               |
| <b>Monitoring and use of data for action</b>  |              |             |  |   |      |              |                      |
| Measuring immunity gap in communities   |              |             |  |   |      |              | Quality              |
| <b>Supportive supervision</b> with problem solving                                  |              |             |  |   |      |              |                      |
| <b>Planning and Management of resources</b>   |              |             |  |   |      |              | Enabling Environment |
| Adequate resources available for services for underserved populations               |              |             |  |   |      |              |                      |

## Health Facility Microplanning: STEP 3 - Identifying special activities for the hard-to-reach and problem areas

(WHO ref. pages 16 – 18)

Explanatory note (Excel document, tab = “HF stp3 tbl-3b”) from annex, page 41 of the manual

### **Table 3b: Visits to priority villages to measure immunization status of children & women – house to house**

Ref: Table reflected in Annex of the WHO document, page 41

#### **Suggested additions:**

- none

#### **Purpose:**

The purpose of this step is to understand the reasons why children are not vaccinated and the immunization gap in the community and compare the finding with the register. If discrepancies between the findings and the register exist, the register will be completed and improved.

#### **Instructions:**

- Inform the community about the scheduled date of visit and visit the village chief to explain the purpose of visit and discuss list of due and defaulters.
- Go from house to house and check immunization cards of children under 2 and women in reproductive age. In small villages, all available children and women in the age range should be investigated. (In larger villages, investigate at least 10 children under 2 and at least 10 women of child-bearing age)
- Note names of children and women, and vaccination status. Tally fully, partial and not immunized children and women (separately)
- If the mother does not have the card, find out the vaccination status and note that information separately (next to ‘no card’)
- Compare the immunization status from the cards with the information in immunization register for each person
- Add names if missed in register or update register according to the immunization cards
- Investigate why the children and mothers are not or partially vaccinated. List the reasons for missed or delayed vaccination. Additional information on reasons for missed vaccinations and problems with health services may be collected with table 3c.
- Discuss possible solutions with the village chief and the vaccination team. List the solutions in table 3a, and specify whether the health center will need additional resources to overcome the identified barriers

The responses of this questionnaire will give an indication on the immunity gap, but will not give a representative estimate of the vaccination coverage, unless (almost) all children under 2 and women from the village are included in the questionnaire. If all children under 2 and women are included in the questionnaire, the result will be the true coverage of the village, but cannot be extrapolated to other areas.

The questionnaire can be filled by the vaccination supervisor from the district or sub-district or any person interested in the immunization system. The presence of the health facility staff is recommended to enable direct problem solving, discuss the results at the facility and improve the work.

**How to:**

- **Participants:** by vaccination supervisors in presence of area vaccinator; possibly with district support
- **Frequency:** quarterly/annually before microplanning exercise at minimum. Frequency may be adapted as required.
- **Location:** in the community
- **Duration:** 1 hour per village

**Table 3b: visits to priority villages to measure immunization status of children & women - house to house**

The purpose of this step is to understand the reasons why children are not vaccinated and the immunization gap in the community and compare the finding with the register. If discrepancies between the findings and the register are present, the register will be completed and improved.

Village / Area name: \_\_\_\_\_ Distance from Fixed Site: \_\_\_\_\_ km  
 Health facility name: \_\_\_\_\_ Date : \_\_\_\_\_ Name of Team leader: \_\_\_\_\_

Questions about immunization of children under two years of age (0 – 23 months) and mothers (women in child bearing age (15 - 49 years) )

| Response   | Tally   |               |                | Total         |
|--|---|---------------|----------------|---------------|
| <b>A. Tally the number of households visited</b> |   |               |                |               |
| <b>B. Immunization status by card:</b>           | Tally children  | Tally mothers | Total children | Total mothers |
| Not immunized (never immunized)                  |   |               |                |               |
| Partially immunized                              |   |               |                |               |
| Adequately or fully immunized (for their age)    |   |               |                |               |
| No Card available lost card                      |   |               |                |               |
| No Card available Never vaccinated               |   |               |                |               |
| <b>C. Child name</b>                             | <b>Reasons given for being partially or never immunized</b>   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
| <b>D. Mother's name</b>                          | <b>Reasons given for being partially immunized with TT/Td</b> |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
| <b>E. Suggestions for improvement</b>            |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |
|  |   |               |                |               |

If the result of the survey is very different from the data available in the health center, data quality is an issue. If many additional children and women are found, this is very important information and will improve the data quality in the future. If the register does not correspond to the findings on the vaccination cards and is corrected, this will, over time, improve the data quality. In case children and women are vaccinated elsewhere and not registered in the register for that reason, the vaccination should still be registered in the register for that village, because this will enable to fully monitor immunization of the children and women.

*For monitoring purposes, the data collected in this rapid assessment may be used as baseline. The same exercise should then be repeated in the village/settlement/neighbourhood that is best performing (least priority) for comparison.*

## Health Facility Microplanning: STEP 3 - Identifying special activities for the hard-to-reach and problem areas

(WHO ref. pages 16 – 18)

### Explanatory note (Excel document, tab = “HF stp3 tbl-3c”)

#### Table 3c: Priority villages - interviews with mothers about services in priority villages

##### Suggested additions:

This tool for data collection is a [suggested addition to the WHO document](#)

##### Purpose:

To find more background information on issues with the vaccination services and broader health services and to find solutions that can be implemented by the health center to enable more community members using the services.

##### Instructions:

- After checking the immunization status from house to house (table 3b), ask up to five mothers with children that were not vaccinated or partially vaccinated to sit down for a few minutes to talk about the MNCH services to that village.
- Table 3d gives some examples of questions that can be asked to help understand demand and supply of MNCH services to that village.
- After the interviews, make conclusions about how the services to that village can be improved (this may include better timing of the sessions, better information on when sessions are held, or keeping the promise on when sessions are scheduled they are effectively held, etc.)
- You may collect information that need solutions that cannot be implemented by the health center staff, but may need intervention from district, provincial or national level. You may compile these and discuss in the appropriate meetings for the attention of decision makers at higher levels.
- Use one form for each respondent and at least 5 respondents per community / village.

##### How to:

- **Participants:** by vaccination supervisors in presence of area vaccinator, possibly with district support;
- **Frequency:** quarterly/annually before microplanning exercise at minimum. Frequency may be adapted as required
- **Location:** in the community
- **Duration:** 1 hour per village



**Table 3c: Priority villages - interviews with mothers about services in priority villages**

The purpose of this step is to gather information and use the information directly by the health facility to better manage the sessions. It is not intended to compile information for reporting, but rather direct action. Use one form per respondent and have at least 5 respondents per village / community.

|  |                 |                 |
|--|-----------------|-----------------|
| <b>Basic Data:</b>   |                 |                 |
| Name of Health Center  |                 |                 |
| Name of Village  |                 |                 |
| Total population from health center data   |                 |                 |
| Total population from community leaders' information   |                 |                 |
| <b>Results of immunization status questionnaire (from table 3b)</b>  |                 |                 |
| Children 0-23 months and women partially or never immunized  | #               | #               |
| <b>Discussion with mothers/caregivers (done after completing the household survey) – ask the following questions:</b>              |                 |                 |
| <b>Questions</b>   | <b>Response</b> | <b>Comments</b> |
| Distance from health centre - km and time  |                 |                 |
| Where do you get immunizations? (Outreach/HC fixed site/other)   |                 |                 |
| Where was your last child delivered?   |                 |                 |
| If at home, what was your main reason for not using a health facility?   |                 |                 |
| Where do you take sick children?<br>(Traditional healer/HC/District/private/other)   |                 |                 |
| How much does it cost to travel to the HC/District?  |                 |                 |
| Do you have to pay any fees at the facilities?   |                 |                 |
| When was the last outreach visit from the health center to your community?   |                 |                 |
| What do you think the health facility can do to get children fully immunized?  |                 |                 |
| Where do you get clean water for cooking and drinking?   |                 |                 |
| How much time does it take you to collect clean water?   |                 |                 |
| <b>Discussion with community health worker(s) – ask the following questions:</b>   |                 |                 |
| What supplies of medicines do community health workers have in the community? (ORS, antibiotics, paracetamol, antimalarials, etc.) |                 |                 |
| In what health programmes do you work?<br>(for example, ANC, nutrition, EPI, TB, malaria)  |                 |                 |
| Do you have mobile phone #s?   |                 |                 |
| Are you informed in advance of outreach sessions?  |                 |                 |
| If so, how?  |                 |                 |
| When did you last receive any training?  |                 |                 |
| Do you do follow-up defaulters for the immunization programme?   |                 |                 |
| <b>Discussion with community leader(s) – ask the following questions:</b>  |                 |                 |
| What do you see as the main health problems in your community?   |                 |                 |
| How can the health facility improve services for the community?  |                 |                 |
| <b>CONCLUSION: What can the HC or District do to improve the services for children and women in this community?</b>                |                 |                 |
|  |                 |                 |

## Health Facility Microplanning: STEP 4 - Preparing a health facility session plan *(WHO ref. pages 19 – 22)*

### Explanatory note *(Excel document, tab = “HF stp4 tbl-4a”)*

#### **Table 4a: What can be integrated, depending on available staff**

##### **Suggested additions:**

This table is an **addition to the WHO document** to logically review what interventions can be integrated, depending on the available staff.

##### **Purpose:**

Depending on the available staff for outreach at the health center and district level, review what interventions can be integrated. Focus is on preventive interventions that can be scheduled.

##### **Instructions**

- Integrated outreach should be based upon practical feasibility, especially the availability of skilled staff at the Health Center level.
- Regular and reliable outreach services, even with a minimum package, will build trust and confidence in the health service and will increase demand for all services.
- The district should be available to supplement Health Center staff for outreach sessions according to Health Center needs and staff availability.
- Outreach sessions dates should be based upon the Health Center session plan and work plan used for immunization.
- Antenatal Care
  - Health Centers without trained midwives can only give very simple advice without screening or any examination.
  - For physical examinations during antenatal sessions, a skilled midwife should be available, either from the Health Center or the district.
  - Antenatal sessions should be held in houses where women will feel private and comfortable to undergo examination.
- Health Education
  - High quality health education can only be given by trained educators; most Health Center staff will be able to give some information only. The priority should be to provide simple messages to encourage women to use suitable health facilities for delivery and on family key practices (breastfeeding, hygiene, number of visits for complete vaccination series, and birth preparation).
- Supplies
  - Health centers should monitor the levels of their basic supplies *(See Tables 9a, 9b, 9c)* especially those needed for outreach, besides vaccines and devices (i.e. iron tablets, mebendazole, vitamin A, contraceptives, ORS, zinc, etc.)
- Overnight sessions

An overnight session will enable late afternoon, early night or early morning sessions that may be more suitable for poor populations that cannot afford to lose a day to earn the income for the family or go to the field. This will also be an opportunity to meet mothers and children in the evening when they return from the fields, and in the morning before they go out.

**Table 4a: What can be integrated, depending on available staff**

Purpose: To identify feasibility of integrated interventions, using staffing as the deciding factor

| Facility status (availability of human resources)                            | Children <5 years<br>(vaccination <2 years)  | Women of reproductive age, 15-49             | Pregnant women   | Postpartum women   | Health education  | District support   |
|--|--|--|--|--|---|--|
|  |  |  |  |  |   |  |
| HC, 1 staff;<br><b>Health center would have to be closed on outreach day</b> | Child vaccination <2; Vitamin A and deworming (twice a year <5)  | TT<br>Family planning advice and commodities | TT<br>Iron folic acid (60+30 tablets)<br>Deworming (3rd trimester)<br>Birth planning                                     | TT<br>Iron folic acid (42 tablets)<br>Deworming<br>Family planning advice and supplies | Messages on key family practices, including breastfeeding, hygiene and number of visits for complete vaccination series, and birth preparation. | If possible: 1-2 district staff, (including 1 midwife?) to attend all sessions   |
| HC, 2-4 staff, no midwife  | Child vaccination <2; Vitamin A and deworming (twice a year <5)  | TT<br>Family planning advice and commodities | TT<br>Iron folic acid (60+30 tablets)<br>Deworming (3rd trimester)<br>Birth planning                                     | TT<br>Iron folic acid (42 tablets)<br>Deworming<br>Family planning advice and supplies | Messages on key family practices, including breastfeeding, hygiene and number of visits for complete vaccination series, and birth preparation. | If possible, District midwife to attend all outreach   |
| HC > 2 staff, one or more midwife  | Child vaccination <2; Vitamin A and deworming (twice a year <5)  | TT<br>Family planning advice and commodities | TT<br>Iron folic acid (60+30 tablets)<br>Deworming (3rd trimester)<br>Birth planning<br><b>+Physical ANC examination</b> | TT<br>Iron folic acid (42 tablets)<br>Deworming<br>Family planning advice and supplies | Messages on key family practices, including breastfeeding, hygiene and number of visits for complete vaccination series, and birth preparation. | If possible, district or HC midwife to attend all sessions; If HC well-staffed may only need minimum district presence |
| District team, with no HC access   | Child vaccination <2; Vitamin A and deworming (twice a year <5)<br><b>Consultation for sick children</b> | TT<br>Family planning advice and commodities | TT<br>Iron folic acid (60+30 tablets)<br>Deworming (3rd trimester)<br>Birth planning<br><b>+Physical ANC examination</b> | TT<br>Iron folic acid (42 tablets)<br>Deworming<br>Family planning advice and supplies | Messages on key family practices, including breastfeeding, hygiene and number of visits for complete vaccination series, and birth preparation. | Not applicable   |

## Health Facility Microplanning: STEP 4 - Preparing a health facility session plan (*WHO ref. pages 19 – 22*)

Explanatory note (*Excel document, tab = “HF stp4 tbl-4b”*) Suggested simplification to table 4 (page 43): Matrix to decide on frequency of planning

**Table 4b: How many sessions are needed in the village/settlement or neighborhood?** *Ref: WHO table 4 on page 22, with suggested additions*

### Purpose:

To decide on the frequency of sessions based on the size of the total population. The column with the blue bold frequency will give you a manageable number of children for an outreach.

### Instructions:

- The country may decide to have daily sessions at fixed sites, irrespective of the number of children and women expected to avoid missed opportunities
- Session frequency can be planned based on population size. The session frequency should be decided based on the number of injections to be given in each session. This depends on the number of expected children and women per session and the number of injectable vaccines that each fully immunized child is supposed to receive, including the injections given to the women before the child is born.
  - Number of expected children and women will depend on the total population in the village/settlement and the proportion of surviving infants
  - Number of injections for every fully immunized child to be determined according to the vaccination calendar in the country: 2 TT/Td; 1 BCG, 3 Penta or DTP; 1 MCV; 1 Yellow Fever; 3 PCV; 1 or 3 HepB etc.
- The workload for outreach sessions of around 40 injections is well manageable with one vaccinator in the team.
- The following table can be used as guidance, while also using local knowledge and your judgment. Based on a setting where a fully immunized child is achieved after 10 injections (two for the mother during pregnancy and eight for the infant)
  - Three times a week outreach sessions for villages with annual surviving infants of about 600 infants (between 15,000 and 20,000 total population).
  - Twice a week outreach sessions for villages with annual surviving infants of 300 to 600 infants (between 9,000 and 17,000 total population).
  - Weekly outreach sessions for villages/settlements with annual surviving infants of 150 to 300 infants (between 4,000 and 10,000 total population).
  - Every two weeks sessions for villages/settlements with annual surviving infants of 100 to 150 infants (between 2,500 and 5,000 total population).
  - Monthly outreach sessions for villages/settlements with annual surviving infants of 25 to 100 infants (between 600 and 3,000 total population).
  - Every two months sessions for villages/settlements with annual surviving infants of 10 to 25 infants (total populations between 250 and 800).
  - Every three months sessions for villages/settlements with annual surviving infants below 10 infants (total populations below 300).

FIXED SITES SESSIONS: For villages near the HC (usually under 3 or 5 km distance)

- a) If the HC has a refrigerator with a permanent stock of vaccines,
- b) If there is no permanent stock, the village is notified of the day that vaccine will be available so that they can visit the HC
- c) workload: > 80 injections for fixed site

OUTREACH SESSIONS: A minimum of one session per month: the target number of children per session will depend upon the interval between sessions. (Only in very small remote villages: 6 or 4 outreach sessions per year (<25 infants per year per village)) Workload: ~> 40 injections for outreach sessions.

PRIORITY VILLAGES: if monitoring shows that many children and mothers are missed in any village, additional outreach rounds should be made in that village. This will especially be needed in large population villages.

**Table 4b: How many sessions are needed in the village/settlement or neighborhood?**

Purpose: to decide on the frequency of sessions, based on the size of the total population. The column with the blue bold frequency will give you a manageable number of children for an outreach

| Total population         | Annual target population (infants <1 year of age) | Total population         | Annual target population (infants <1 year of age) | Injections per year<br><i>10 injections per infant</i> | Monthly number of injections     | Session type    | Frequency of sessions per month  | Recommended number of sessions |
|--------------------------|---|--------------------------|---|--|----------------------------------|-----------------|--|--------------------------------|
| 3% of total population*) |   | 4% of total population*) |   | annual target population x 10                          | annual number of injections / 12 | type            | <b>Fixed &gt;80</b> injections per session;<br><b>outreach &gt;40</b> injections per session | Review, based on judgment      |
| 3%                       |   | 4%                       |   |  |                                  |                 |  |                                |
| 100,000                  | 3,000   | 75,000                   | 3,000   | 21,000   | 1,750                            | fixed           | 21.9   | daily                          |
| 66,667                   | 2,000   | 50,000                   | 2,000   | 20,000   | 1,667                            | fixed           | 20.8   | 3 times a week or daily        |
| 13,333                   | 400   | 10,000                   | 400   | 4,000  | 333                              | fixed           | 4.2  | weekly or daily                |
| <b>20,000</b>            | 600   | <b>15,000</b>            | 600   | 6,000  | 500                              | <b>outreach</b> | 12.5   | <b>3 times a week</b>          |
| <b>16,667</b>            | 500   | <b>12,500</b>            | 500   | 5,000  | 417                              | <b>outreach</b> | 10.4   | <b>2 times a week</b>          |
| <b>11,667</b>            | 350   | <b>8,750</b>             | 350   | 3,500  | 292                              | <b>outreach</b> | 7.3  | <b>2 times a week</b>          |
| <b>10,000</b>            | 300   | <b>7,500</b>             | 300   | 3,000  | 250                              | <b>outreach</b> | 6.3  | <b>weekly</b>                  |
| <b>6,667</b>             | 200   | <b>5,000</b>             | 200   | 2,000  | 167                              | <b>outreach</b> | 4.2  | <b>weekly</b>                  |
| <b>5,000</b>             | 150   | <b>3,750</b>             | 150   | 1,500  | 125                              | <b>outreach</b> | 3.1  | <b>two-weekly</b>              |
| <b>3,333</b>             | 100   | <b>2,500</b>             | 100   | 1,000  | 83                               | <b>outreach</b> | 2.1  | <b>two-weekly</b>              |
| <b>1,667</b>             | 50  | <b>1,250</b>             | 50  | 500  | 42                               | <b>outreach</b> | 1.0  | <b>monthly</b>                 |
| <b>1,000</b>             | 30  | <b>750</b>               | 30  | 300  | 25                               | <b>outreach</b> | 0.6  | <b>monthly</b>                 |
| <b>833</b>               | 25  | <b>625</b>               | 25  | 250  | 21                               | <b>outreach</b> | 0.5  | <b>every 2 months</b>          |
| <b>500</b>               | 15  | <b>375</b>               | 15  | 150  | 13                               | <b>outreach</b> | 0.3  | <b>every 2 months</b>          |
| <b>333</b>               | 10  | <b>250</b>               | 10  | 100  | 8                                | <b>outreach</b> | 0.2  | <b>every 3 months</b>          |
| <b>167</b>               | 5   | <b>125</b>               | 5   | 50   | 4                                | <b>outreach</b> | 0.1  | <b>every 3 months</b>          |

## Health Facility Microplanning: STEP 6 - Making a work plan for one quarter *(WHO ref. pages 26 – 28)*

### **Explanatory note** *(Excel document, tab = “HF stp6 tbl-6a”)*

#### **Table 6a: Session schedule (fixed, outreach, mobile (specify 'overnight' if required) transportation means and community contact**

*Ref: WHO table 6 on page 28, with suggested additions reflected below*

#### **Suggested additions:**

- Activity to address high risk community ('Hard to Reach')<sup>2</sup>
- Type of session (fixed, outreach, or mobile)
- Name of community contact and mobile phone #
- Extend planning for year

#### **Instructions:**

- All villages/settlements/neighborhoods must be listed on the work plan.
- Frequency of sessions should be determined according to the population (see table 4b). Every village/settlement/neighborhood must have access to a session every month. (Only very small villages would have access at least 4-6 times per year.)
- Determine what interventions can be integrated, based on available staff, as per table 4.
- Determine type of session (fixed, outreach or mobile). If a village is less than 3km to 5km from the HC they can attend a fixed site. The dates of fixed site sessions must be shown on the session plan, and the village people must be notified in advance.
- Session dates should be scheduled to be convenient to the community members; this may include early morning sessions or sessions in the evening. This could imply an overnight for some outreach and mobile sessions, and needs to be planned and budgeted accordingly.
- All villages must be informed in advance of every outreach or mobile session (a few days in advance) by notification letter and by mobile phone.
- Every outreach or mobile session should include every vaccine in the routine schedule plus other interventions in the basic outreach package according to the situation in the HC and district. (See Table 6: integrated outreach)
- Monitor the sessions done and ensure completeness of all sessions in plan.
- Review and revise the work plan every 3 months (quarterly). If some sessions have been missed, additional sessions must be planned and conducted in coordination with the community. You may need to add sessions in poorly covered areas.
- Plan to have sufficient commodities in stock (table 9b) and take all commodities, required for integrated outreach or mobile services (see table 9c)
- Display session schedule.

**VILLAGERS MUST BE INFORMED IN ADVANCE OF DATES OF OUTREACH AND FIXED SITE SESSIONS**

**MAKE SESSIONS CONVENIENT TO VILLAGE PEOPLE**

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<sup>2</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups, which may include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

**How to:**

- **Participants:** vaccinator and supervisor
- **Frequency:** annually with quarterly reviews and adaptations
- **Location:** at health facility
- **Duration:** 1-2 hours

**Table 6a: Session schedule (fixed, outreach, mobile (specify 'overnight' if required) transportation means and community contact**

Purpose: to plan for vaccination sessions in each village/settlement/neighborhood in the catchment area of the health facility

| Name of villages/settlements/neighborhoods in health facility catchment area | Activity to address high risk community ('Hard to Reach')<br><i>specify type</i> <sup>1</sup> | type of session (fixed, outreach, or mobile) | Frequency of sessions (weekly, monthly, etc...) | Name of community contact and mobile phone # | Date scheduled and done | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|---|--|---|--|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|  |   |  |   |  |                         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
| Monitoring of session implementation and reporting of problems               |   |  |   |  | Sessions done:          |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | Sessions planned:       |     |     |     |     |     |     |     |     |     |     |     |     |
|  |   |  |   |  | % done                  |     |     |     |     |     |     |     |     |     |     |     |     |
| Other activities and other interventions                                     |   |  |   |  | Date scheduled:         |     |     |     |     |     |     |     |     |     |     |     |     |
| -  |   |  |   |  | Date done:              |     |     |     |     |     |     |     |     |     |     |     |     |
| -  |   |  |   |  |                         |     |     |     |     |     |     |     |     |     |     |     |     |

<sup>1</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

## **Health Facility Microplanning: STEP 6 - Making a work plan for one quarter** (WHO ref. pages 26 – 28)

**Explanatory note** (Excel document, tab = “HF stp6 tbl-6b”)

### **Table 6b: Budget for outreach and other related activities to ensure reliable immunization (and integrated) services**

#### **Suggested additions:**

This table is an [addition to the WHO document](#) to show budget requirements for health facility to implement microplan

#### **How to:**

- **Participants:** vaccinator and supervisor
- **Frequency:** annually
- **Location:** at health facility
- **Duration:** 1-2 hours



**Table 6b: Budget for outreach and other related activities to ensure reliable immunization (and integrated) services**

Purpose: to identify budget needed to conduct the outreaches and other activities needed to reach the unreached.

District: \_\_\_\_\_

Date: \_\_\_\_\_

Health Center: \_\_\_\_\_

| Origin village | Destination | Distance (km) | Time used to travel | Mode of transport (walk, bike, motor, car) | Overnight (Y/N) | Cost of transport (team) | per diem (team) | Total cost outreach | Description cost items (specify) | cost other item | Total cost (outreach and other) |
|----------------|-------------|---------------|---------------------|--|-----------------|--------------------------|-----------------|---------------------|----------------------------------|-----------------|---------------------------------|
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |
|                |             |               |                     |  |                 |                          |                 |                     |                                  |                 |                                 |

UNICEF suggested additions to the WHO RED Guidelines (Ref. WHO/IVB/09.11)

Health Facility Microplanning: STEP 9 - Managing supplies (*WHO ref. pages 34 – 36*)

**Explanatory note** (*Excel document, tab = “HF stp9 tbl-9a”*)

**Table 9a: stock management - stock card**

*Ref: sample form in the WHO document on page 36, with slight modification suggested*

**Purpose:**

To manage stock in the health facilities (one stock card per product)

**How to:**

- **Participants:** vaccinator with store in charge
- **Frequency:** as stock arrive and are issued with monthly verifications
- **Location:** health facility
- **Duration:** 30 minutes

**Table 9a: stock management - stock card**

Purpose: to manage stock in the health facilities (one stock card per product)

**Health Facility:** \_\_\_\_\_ **Minimum stock:** \_\_\_\_\_

**Product:** \_\_\_\_\_ **Maximum stock (minimum stock + quarterly supply):** \_\_\_\_\_

**Quarterly supply:** \_\_\_\_\_

| Date | Received from or issued to | Number of doses (vaccines) or units (devices) |        | Batch # | Expiry date | Status of VVM | Total balance (doses/units) | Comments |
|------|----------------------------|---|--------|---------|-------------|---------------|-----------------------------|----------|
|      |                            | Received                                      | Issued |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |
|      |                            |   |        |         |             |               |                             |          |

## Health Facility Microplanning: STEP 9 - Managing supplies *(WHO ref. pages 34 – 36)*

### Explanatory note *(Excel document, tab = "HF stp9 tbl-9b")*

#### Table 9b: Forecast - Vaccines, Devices & Other Commodities

*Ref. Implementing the RED approach (revised Aug 2008 WHO (tool 4 a, page 51 and 52)*

#### Suggested additions:

- Estimation of all supplies needed for integrated preventive services delivered with immunization (outreach)

#### Purpose:

To ensure sufficient supplies are available at the health centre for integrated vaccination services

#### Instructions:

Buffer stock: 25%

| Corresponding wastage factor with wastage rate: | Wastage factor | Wastage rate |
|---|----------------|--------------|
|   | 2.00           | 50%          |
|   | 1.50           | 30%          |
|   | 1.33           | 25%          |
|   | 1.18           | 15%          |
|   | 1.11           | 10%          |

#### Key:

|            |   |
|------------|---|
| Column "A" | Type of vaccine   |
| Column "B" | Target population: < 1 yr: for BCG, HBV, OPV, Penta, Measles, YF, PCV<br>WCBA (15-49): for TT<br>6-11 mo: vitamin A 100,000 IU<br>12-59mo: vitamin A 200,000 and deworming tablets<br>Pregnant women: Iron folate |
|            | Family planning commodities: according to national protocol   |
|            | Add other commodities as per national standards   |
| Column "C" | National target coverage  |
| Column "D" | No. of doses Polio =4 BCG, Yellow Fever, HBV and Measles =1; Penta and PCV=3; TT =3; Vit A= 2; Deworming= 2; Iron tables= 60, etc.  |
| Column "E" | Number of doses per vial or bottle  |
| Column "F" | Wastage Factor=100/(100-WR) (see above)   |
| Column "G" | Vaccines required=B x C x D x F   |
| Column "H" | Buffer stock=G x 0.25   |
| Column "I" | Annual needs = H + G  |
| Column "J" | Monthly needs = I/12  |
| Column "K" | Monthly needs= ( BxCxDx 1.11x 1.25 )/12   |
| Column "L" | Monthly needs= J/E  |
| Column "M" | Monthly needs= (BxCxDx 1.11x 1.25)/12   |
| Column "N" | Monthly needs= J/E  |
| Column "O" | Monthly needs= {(K + L) x 1.1/100 + (M + N) x 1.1/100 } / 12  |

**How to:**

- **Participants:** store in-charge and health facility in-charge
- **Frequency:** monthly
- **Location:** health facility
- **Duration:** 30 minutes

**Table 9b: Forecast - Vaccines, Devices & Other Commodities**

Purpose: to ensure adequate vaccine availability in the health center of all commodities required for integrated vaccination sessions

| Vaccine   | Annual needs (vaccines) |                 |                          |                          |                |                          |                        |                            |                              | Monthly needs                |   |                             |   |                       |   | Existing stock | Order<br>monthly need, minus, existing stock<br>i=g-h |
|---|-------------------------|-----------------|--------------------------|--------------------------|----------------|--------------------------|------------------------|----------------------------|------------------------------|------------------------------|---|-----------------------------|---|-----------------------|---|----------------|---|
|   | Annual Target Pop       | Target coverage | No. of Doses in schedule | Number of Doses per vial | Wastage factor | Vaccine Required (doses) | Vaccine Buffer (doses) | Annual Requirement (doses) | Monthly Vaccine Need (doses) | AD syringes (0.05ml) (units) | Syringes for reconstitution (2ml) (units) | AD syringes (0.5ml) (units) | Syringes for reconstitution (5ml) (units) | Safety boxes* (units) |   |                |   |
| A   | B                       | C               | D                        | E                        | F              | G                        | H                      | I                          | J                            | K                            | L   | M                           | N   | O                     | h | i=g-h          |   |
| BCG   |                         |                 | 1                        | 20                       | 2              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Polio   |                         |                 | 4                        | 10                       | 1.3            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Pentavalent   |                         |                 | 3                        | 10                       | 1.5            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Measles   |                         |                 | 1                        | 10                       | 1.5            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Tetanus Toxoid / Td   |                         |                 | 3                        | 20                       | 1.3            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Hep B Vaccine   |                         |                 | 1                        |                          | 1.3            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Yellow Fever  |                         |                 | 1                        | 10                       | 1.5            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| PCV   |                         |                 | 3                        | 1                        | 1.5            | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Other   |                         |                 |                          |                          |                | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| <b>Total</b>  |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| AD syringes (0.05ml) (units)                                  |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Syringes for reconstitution (2ml) (units)                     |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| AD syringes (0.5ml) (units)                                   |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Syringes for reconstitution (5ml) (units)                     |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Safety boxes* (units)   |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| <b>Other commodities</b>                                      |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Vit A 100.000 IU (target pop= 6-11 mo per round)              |                         |                 | 1                        |                          | 1              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Vit A 200.000 IU (target pop = 12-59mo per round)             |                         |                 | 2                        |                          | 1              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Deworming tablets (specify) (target pop = 12-59 mo) per round |                         |                 | 2                        |                          | 1              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Iron folic tablets (target pop: pregnant women)               |                         |                 | 60                       |                          | 1              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Family planning commodities (specify)                         |                         |                 | 1                        |                          | 1              | -                        | -                      | -                          | -                            | -                            | -   | -                           | -   | -                     | - | -              |   |
| Other Commodities   |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| <b>Reporting tools</b>  |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Immunization cards (target population infants and women)      |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Tally sheets (1 per vaccination session)                      |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Vaccination Registers (1 per village/ neighborhood)           |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| IEC materials (1 package)                                     |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |
| Other Supplies  |                         |                 |                          |                          |                |                          |                        |                            |                              |                              |   |                             |   |                       |   |                |   |

## Health Facility Microplanning: STEP 9 - Managing supplies *(WHO ref. pages 34 – 36)*

### Explanatory note *(Excel document, tab = “HF stp9 tbl-9c”)*

#### Table 9c: Supplies for the outreach session

This is an **additional table to the WHO document**

#### Purpose:

To ensure sufficient supplies are taken to outreach sessions

#### Instructions:

- Outreach teams should make sure they take enough vaccines and supplies to reach the target for village outreach sessions planned.
- The amount of supplies required depends on the expected number of children and women at the session. The table below gives an estimated number as per number of injections, in a setting with BCG, Pentavalent, PCV, measles and TT vaccines (10 injections for fully immunized child, with two injections for the mother)
- Ensure to take sufficient supplies, but not too much either (that would put vaccines unnecessarily exposed to heat).
- Estimate the number of other supplies, according to the national protocol.
- The table below is a list of vaccines and supplies that should be taken, with an indication of the quantities according to session site.

#### How to:

- **Participants:** Vaccinator (with store in charge)
- **Frequency:** Before every outreach session
- **Location:** Health Facility

|                  |   |           | Outreach with 40 injections                               |              |                     | Outreach with 60 injections                               |              |                     |
|------------------|---|-----------|---|--------------|---------------------|---|--------------|---------------------|
| vaccine type     | # of injections needed per vaccine type | Recipient | # of injections for vaccine type, times 40, divided by 10 | Vials Needed |                     | # of injections for vaccine type, times 40, divided by 10 | Vials Needed |                     |
| BCG              | 1                                       | kids      | 4   | 1            | vial (20 dose vial) | 6   | 1            | vial (20 dose vial) |
| penta            | 3                                       | kids      | 12  | 2            | vial (10 dose)      | 18  | 3            | vial (10 dose)      |
| mea              | 1                                       | kids      | 4   | 1            | vial (10 dose)      | 6   | 1            | vial (10 dose)      |
| TT/Td            | 2                                       | mothers   | 8   | 2            | vial (10 dose vial) | 12  | 2            | vial (10 dose vial) |
| PCV              | 3                                       | kids      | 12  | 15           | vial (1 dose vials) | 18  | 25           | vial (1 dose vials) |
| Full Vaccination | 10                                      |           |   |              |                     |   |              |                     |

**Table 9c: Supplies for the outreach session**

Purpose: to ensure sufficient supplies are taken to outreach sessions

| Supply                                       | SUPPLY REQUIRED FOR:                 |                                      |                                      | Comments |
|--|--------------------------------------|--------------------------------------|--------------------------------------|----------|
|  | session with estimated 40 injections | session with estimated 60 injections | session with estimated 80 injections |          |
| Rotavirus – single dose tube                 |                                      |                                      |                                      |          |
| Oral polio – 10 dose vial + dropper          |                                      |                                      |                                      |          |
| BCG - 20 dose vial + diluent                 | 1                                    | 1                                    | 1                                    |          |
| Pentavalent – 10 dose vial                   | 2                                    | 3                                    | 3                                    |          |
| Pentavalent – single dose vial               | 20                                   | 25                                   | 30                                   |          |
| Measles - 10 dose vial + diluent             | 1                                    | 1                                    | 2                                    |          |
| TT (10 dose                                  | 2                                    | 2                                    | 2                                    |          |
| Pneumococcal conjugate – single dose vial    | 20                                   | 25                                   | 30                                   |          |
| AD syringe – 0.5ml                           | 100                                  | 70                                   | 100                                  |          |
| BGC AD syringe (0.05ml)                      | 20                                   | 10                                   | 15                                   |          |
| Reconstitution syringe – 5ml + needle        | 1                                    | 1                                    | 2                                    |          |
| Reconstitution syringe – 2ml + needle        | 1                                    | 1                                    | 1                                    |          |
| Safety box                                   | 1                                    | 1                                    | 1                                    |          |
| Other interventions:                         |                                      |                                      |                                      |          |
| <i>Vit A</i>                                 |                                      |                                      |                                      |          |
| <i>Deworming</i>                             |                                      |                                      |                                      |          |
| <i>Bednets</i>                               |                                      |                                      |                                      |          |
| <i>Iron folate tablets</i>                   |                                      |                                      |                                      |          |
| <i>Family Planning commodities (specify)</i> |                                      |                                      |                                      |          |
| <i>Birthplanning commodities</i>             |                                      |                                      |                                      |          |
| <i>FP</i>                                    |                                      |                                      |                                      |          |

## Health Facility Microplanning: STEP 8 - Working with the community and tracking defaulters *(WHO ref. pages 32 – 33)*

### Explanatory note *(Excel document, tab = “HF stp8 tbl-8a”)*

#### **Table 8a: List eligible children under 2 and women before the session (due and defaulters)**

##### **Suggested addition:**

This table is an **addition to the WHO document and has a** structured list of defaulters

##### **Purpose:**

Ensure that the community is informed before the session and eligible children and women will be present for the vaccination session

##### **Instructions:**

- Before visiting a village for an outreach session, make a list of the names of children (under 2) and mothers who need to be followed up to get full immunization. Use the register to find the names (remember to use the HC and the village register to find all the names and doses).
  - Note: tracking of eligible children and women and defaulters is facilitated with vaccination registers by village/settlement.
  - If a child or woman is vaccinated in the health center, the dose should be registered in the village register, to enable defaulter tracking.
- If there is information on new births in the village, these names can be added to this list and to the register. This may be information that is only available in the village and the newborns or new comers should be added as soon as the information is available to the health worker.
- Send notification letter to the village volunteer or village chief at least one week before the session and attach the list of eligible children and women: to call upon all children under 2 and women in reproductive age (15-45 years) to come to the vaccination session so that the children and mothers can be ready for the session.
- Verify whether notification has reached the village chief and whether he has announced the session to the population in time.

##### **How to:**

- **Participants:** vaccinator;
- **Frequency:** before each session
- **Location:** health facility
- **Duration:** 30 minutes



**Table 8a: list eligible children under 2 and women before the session (due and defaulters)**

Purpose: ensure that the community is informed before the session and eligible children and women will be present for the vaccination session

**LISTS FOR FOLLOW-UP CHILDREN AND MOTHERS BEFORE IMMUNIZATION SESSION**

**Child Follow-up list**

Health Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

Village Name: \_\_\_\_\_

|     | Child's name | Mother's name | Age in Months | Remarks |
|-----|--------------|---------------|---------------|---------|
| 1   |              |               |               |         |
| 2   |              |               |               |         |
| 3   |              |               |               |         |
| 4   |              |               |               |         |
| 5   |              |               |               |         |
| 6   |              |               |               |         |
| 7   |              |               |               |         |
| 8   |              |               |               |         |
| 9   |              |               |               |         |
| 10  |              |               |               |         |
| etc |              |               |               |         |

**Woman's TT doses Follow-up List**

Health Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

Village Name: \_\_\_\_\_

|     | Woman's name | TT Vaccination Status | Remarks |
|-----|--------------|-----------------------|---------|
| 1   |              |                       |         |
| 2   |              |                       |         |
| 3   |              |                       |         |
| 4   |              |                       |         |
| 5   |              |                       |         |
| 6   |              |                       |         |
| 7   |              |                       |         |
| 8   |              |                       |         |
| 9   |              |                       |         |
| 10  |              |                       |         |
| etc |              |                       |         |

## Health Facility Microplanning: Use vaccination register

### Explanatory note (Excel document, tab = Register)

### Use vaccination register

This is an **additional table to the WHO document**

#### Instructions:

- Use one register for each village
- Use one register for the HC for children and women living in the area who are to be served by the HC fixed site
- Update the village register with doses given at the HC
- One line per child or woman
- Bring the register during outreach sessions
- Enter the names of all new births since the last session
- Enter the names of children who have been missed at previous sessions
- Follow-up with all the doses until the child is fully immunized, even if more than one year old.

#### How to:

- **Participants:** Vaccinator
- **Frequency:** During each session, including outreach session
- **Location:** At health facility and outreach site

| N° | NOMS ET POST-NOMS    | N° CARTE DE VACC. | DATE DE NAISSANCE JJ/MM/AA | ADRESSE COMPLETE (RUE, N°, QUARTIER/VILLAGE, COMMUNE) | AS/ HAS/ HZ | VACCINS    |            |            |            |            |            |            |            |            |            | OBSERVATIONS |
|----|----------------------|-------------------|----------------------------|---|-------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
|    |                      |                   |                            |   |             | BCG        | VPO        |            |            | DTC        |            |            | VAR        | VAA        |            |              |
|    |                      |                   |                            |   |             |            | 0          | 1          | 2          | 3          | 1          | 2          |            |            | 3          |              |
| 73 | JEAN BATAJAKO-BONHAK | 73                | 27.05.2009                 | YALOKOMBE   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 74 | LOKENYACLAUXE        | 74                | 28.05.2009                 | "   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 75 | BOLAU-ERLIE          | 75                | 28.05.2009                 | YABOYA II   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 76 | BAKIA II             | 76                | 25.05.2009                 | "   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 77 | MALIA-BEYANAYE       | 77                | 27.05.2009                 | YATOLUKA  | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 78 | BEUNEMBALE-FUNGA     | 78                | 07.04.2009                 | YALOKOMBE   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 79 | AYA BEYEYE           | 80                | 28.04.2009                 | LOMBA/YABOYA II                                       | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 80 | LIFUMA-BIKAU         | 81                | 01.03.2009                 | YALOKOMBE   | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 81 | SENGA-CHABOY         | 82                | 18.02.2009                 | LIANGA  | AS          | 28.05.2009 | 28.05.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 82 | TABU-BONYANGA        | 83                | 16.12.2008                 | "   | AS          | 23.06.2009 | 23.06.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 83 | KITOKO BAYOMBE       | 84                | 04.06.2009                 | YALOKOMBE   | AS          | 23.06.2009 | 23.06.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |
| 84 | BAELO-NGANBI         | 85                | 10.10.2009                 | "   | AS          | 23.06.2009 | 23.06.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 04.08.2009 | 15.09.2009 | 20.10.2009 | 23.09.2009 | 23.09.2009 | ECV          |

*Instructions :*

- Pour la date de naissance : remplissez chaque élément en deux chiffres. Ex : 03/05/04
- Pour la colonne AS/HAS/HZ, remplissez par un seul élément, soit AS, soit HAS, soit HZ
- Pour les sous colonnes des différents vaccins, remplissez en mettant la date du jour où l'enfant est vacciné.
- Pour la colonne observation : mettez soit ECV si l'enfant a complété son calendrier vaccinal, ou ABD si l'enfant est perdu de vue et a plus de 11 mois ou toute autre mention nécessaire

Vaccination Register for Children

| Card # | Name of Child | Last Name or Fathers name | Complete address (with contact #) | Date of Birth / Age | Was child protected at Birth (Yes/No) | DATE OF VACCINATION |       |   |   |   |             |   |   |              |   |   |         |   |  | Comments / Fully Immunized Child (FIC) |  |  |
|--------|---------------|---------------------------|-----------------------------------|---------------------|---------------------------------------|---------------------|-------|---|---|---|-------------|---|---|--------------|---|---|---------|---|--|--|--|--|
|        |               |                           |                                   |                     |                                       | BCG                 | POLIO |   |   |   | PENTAVALENT |   |   | PNEUMOCOCCAL |   |   | MEASLES |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     | 0     | 1 | 2 | 3 | 1           | 2 | 3 | 1            | 2 | 3 | 1       | 2 |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |
|        |               |                           |                                   |                     |                                       |                     |       |   |   |   |             |   |   |              |   |   |         |   |  |  |  |  |

## Health Facility Microplanning: STEP 8 - Working with the community and tracking defaulters (WHO ref. pages 32 – 33)

### Explanatory note (Excel document, tab = “HF stp8 tbl-8b”)

#### **Table 8b: List of children under 2 and women that missed the session (compiled after the session)**

##### **Suggested addition:**

This table is an [addition to the WHO document](#) and has a structured list of defaulters

##### **Purpose:**

To follow-up with the village chief for all children and mothers that were missed during the previous session ([after the session](#))

##### **Instructions:**

- After completing any session, the health worker should compile a list of all children under 2 and women that should have received vaccinations but did not show up.
- The list should be obtained from the updated register that should be updated directly after the session.
- List the names of children and mothers who are in the register but did not attend this session and will be expected for the next session.
- Separately add the names of any children, pregnant women and others who were not in the register but should attend the next session.
- Communicate the content of this list to the community leader for feedback and follow-up directly after the session (or within 3 days of session).

##### **How to:**

- **Participants:** vaccinator;
- **Frequency:** after each session
- **Location:** health facility
- **Duration:** 30 minutes

**Table 8b: list of children under 2 and women that missed the session (compiled after the session)**

Purpose: ensure that children and women that missed the vaccination session are followed up.

**LISTS FOR FOLLOW-UP CHILDREN AND MOTHERS AFTER IMMUNIZATION SESSION**

**Child Follow-up list**

Health Center Name:

Date:

Village Name:

|     | Child's name | Mother's name | Age in Months | Other Information |
|-----|--------------|---------------|---------------|-------------------|
| 1   |              |               |               |                   |
| 2   |              |               |               |                   |
| 3   |              |               |               |                   |
| 4   |              |               |               |                   |
| 5   |              |               |               |                   |
| 6   |              |               |               |                   |
| 7   |              |               |               |                   |
| 8   |              |               |               |                   |
| 9   |              |               |               |                   |
| 10  |              |               |               |                   |
| etc |              |               |               |                   |

**Woman's TT doses Follow-up List**

Health Center Name:

Date:

Village Name:

|     | Woman's name | TT Vaccination Status | Other Information |
|-----|--------------|-----------------------|-------------------|
| 1   |              |                       |                   |
| 2   |              |                       |                   |
| 3   |              |                       |                   |
| 4   |              |                       |                   |
| 5   |              |                       |                   |
| 6   |              |                       |                   |
| 7   |              |                       |                   |
| 8   |              |                       |                   |
| 9   |              |                       |                   |
| 10  |              |                       |                   |
| etc |              |                       |                   |

## Health Facility Microplanning: STEP 7 - Using a monitoring chart *(WHO ref. pages 29 – 31)*

**Explanatory note** *(Excel document, tab = “HF stp7 tbl-7”)*

See explanation in WHO document; page 29 – 31

### **How to:**

- **Participants:** vaccinator with health facility person-in-charge;
- **Frequency:** to be filled after each month
- **Location:** at health facility
- **Duration:** 30 minutes

**Table 7: Monitoring curve**

Purpose: to monitor whether the health facility is on track to achieve the targets in immunization

| HEALTH CENTER :                   |     | Year:            |     | Total Population : |     | Total ANNUAL population : |     | Total MONTHLY population : |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
|-----------------------------------|-----|------------------|-----|--------------------|-----|---------------------------|-----|----------------------------|-----|------------------|-----|------------------|-----|------------------|-----|------------------|-----|------------------|-----|------------------|-----|------------------|-----|------------------|
| Mx12=.....                        |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx11=.....                        |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx10=.....                        |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx9=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx8=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx7=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx6=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx5=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx4=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx3=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx2=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Mx1=.....                         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Complete at the end of each month | Jan | total cumulative | Feb | total cumulative   | Mar | total cumulative          | Apr | total cumulative           | May | total cumulative | Jun | total cumulative | Jul | total cumulative | Aug | total cumulative | Sep | total cumulative | Oct | total cumulative | Nov | total cumulative | Dec | total cumulative |
| A= Administered Doses .....(1)    |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| B= Administered Doses .....(3)    |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Number Drop out , C=(A-B)         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |
| Drop out rate % = C/Ax100         |     |                  |     |                    |     |                           |     |                            |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |     |                  |

## Health Facility Microplanning: STEP 7 – Monitoring in the hard-to-reach and problem areas *(WHO ref. pages 16 – 18)*

### Explanatory note *(Excel document, tab = “HF stp7 tbl-7a”)*

**Table 7a:** Quarterly monitoring of village immunization status for children 18 to 23 months

#### **Suggested additions:**

Table is a suggested [addition to the WHO document](#)

#### **Purpose:**

The purpose of this step is to compile the data from table 3c, for monitoring purposes of the immunization gap in priority villages.

#### **Instructions:**

- List the priority villages where the rapid assessment of the immunity gap is identified using table 3b
- Compile the data by quarter
- Act upon problems, by finding out how to improve serving the community better
- Identify villages with large number of unimmunized, according to the objectives of the program. (For measles elimination, >95% of two doses of measles vaccination is required.)

#### **How to:**

- **Participants:** vaccinator
- **Frequency:** quarterly
- **Location:** at health facility
- **Duration:** 30 minutes



**Table 7a: Quarterly monitoring of village immunization status for children 18 to 23 months**

The purpose of this sheet is to summarize the quarterly monitoring data by village/settlement in the health center, prioritizing the villages and health centers with the largest gaps. This will enable corrective action in the most needed communities.

Village Name: \_\_\_\_\_ Health Center Name: \_\_\_\_\_

|    | Village/<br>settlement/<br>neighborhood | Quarter 1 |         |      |         | Quarter 2 |         |      |         | Quarter 3 |         |      |         | Quarter 4 |         |      |         | Total for the year |         |      |         | Large number<br>of missed<br>children<br><br>High/Low |  |
|----|---|-----------|---------|------|---------|-----------|---------|------|---------|-----------|---------|------|---------|-----------|---------|------|---------|--------------------|---------|------|---------|---|--|
|    |   | Full      | Partial | None | No card | Full      | Partial | None | No card | Full      | Partial | None | No card | Full      | Partial | None | No card | Full               | Partial | None | No card |   |  |
| 1  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 2  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 3  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 4  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 5  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 6  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 7  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 8  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 9  |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |
| 10 |   |           |         |      |         |           |         |      |         |           |         |      |         |           |         |      |         |                    |         |      |         |   |  |

## Health Facility Microplanning: STEP 10 - Making use of the monthly report *(WHO ref. pages 37 – 38)*

### Instructions:

#### Use national reporting format for monthly report on performance of EPI and other interventions

- Analyse data and adjust strategies if needed.
- Use intermediate results for monitoring progress on resolving bottlenecks:
  - Functioning cold chain
  - Absence of stock-outs of any vaccines or injection devices
  - Proportion of planned sessions held
- Fill out the monitoring curve (table 7). If coverage is lower than the objective, review the steps in table 1a ‘prioritizing villages’, table 3a ‘high risk villages’, table 3b, 3c ‘monitor immunization status’, table 3d ‘interview mothers on services’, table 5a ‘problem solving’, and adjust the microplans according to the findings to better serve the communities. Make sure communities are informed about the sessions in advance and that they will be available for the outreach services.

### How to:

- **Participants:** vaccinator and health facility in charge
- **Frequency:** monthly
- **Location:** at health facility
- **Duration:** 30 minutes

## Monthly report

## District Microplanning: STEP 1 to 6: explanatory note

### Prioritizing districts to start work in areas where the immunity gap is likely to be largest

Prioritize districts by a selection of indicators, such as:

- Number of under-immunized children that have not received full vaccination for diphtheria, pertussis and tetanus (DTP3) and Measles (MCV);
- Vaccine-preventable diseases (VPD) outbreaks
- High Risk Communities<sup>3</sup>
- Cold chain functionality
- Stock-outs
- Health staff
- Province/District managers (Stakeholders) knowledge on the performance of the district.

**Data analysis should be discussed** to identify the weakest districts and **should not be limited to numerical calculations**. The analysis may reveal that the data are not predicting well where immunity gaps are, due to poor data quality, weak surveillance, etc.; therefore **'local knowledge' among district managers and provincial managers is critical**. Province/District managers' knowledge on district performance may be confirmed by available data. The number of **indicators should be limited and informative for the purpose of the table** and **discussion should be focused on the purpose of the activity**.

### Make plan and monitoring plan as outlined in RED guidelines pages 51 – 66

- Map
- Workplan with
  - o supervisory visits to all facilities, but priority health facilities more often,
  - o vaccination activities that need district support
  - o vaccine and supply delivery dates to all health facilities
  - o Additional activities to reach the hard to reach to be undertaken by the district team
- Resource requirements
- Regular monitoring and review of progress (monitoring charts, quarterly review meetings, supportive supervision visits and follow-up)
- Take action based on review progress

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<sup>3</sup> High Risk Communities are the communities representing largest immunity gaps. The analysis of drivers of inequities identifies possible high risk groups. May include urban dwellers (urban poor), remote populations, migrant workers, refugees, special ethnic groups, religious groups, etc.

**How to:**

- **Participants:** State/Regional/Provincial manager, EPI focal person; surveillance focal person; State/Regional/Provincial vaccination supervisor; District EPI focal points
- **Frequency:** quarterly – annually
- **Duration:** ½ a day (half a day)
- **Location:** at district or comparable location
- Possible to do this during review meetings

# REACHING EVERY COMMUNITY

ANALYSIS LAST 12 MONTHS DATA TO IDENTIFY PRIORITY HEALTH CENTERS, PROBLEMS AND ACTION *Table 1*

PRIORITISE COMMUNITIES WITH LARGEST IMMUNITY GAP  
HEALTH CENTER ANALYSIS *Table 1a*

MAP MAKE A SIMPLE MAP SHOWING EVERY COMMUNITY IN HC CATCHMENT AREA *Table 2a*

COMMUNITY POPULATION MAKE A LIST OF INFANT POPULATIONS BY COMMUNITY IN THE HC CATCHMENT AREA *Table 2a*

IDENTIFY HIGH RISK COMMUNITIES *Table 3a*

PROBLEM SOLVING *Table 5a*

VISIT COMMUNITIES & MEASURE IMMUNITY GAP IN PRIORITY COMMUNITIES (CARD CHECK) *Table 3b*

ASK MOTHERS WHY THEY DO AND DON'T VACCINATE CHILDREN IN PRIORITY COMMUNITIES *Table 3c*

ORGANIZE MEETING WITH COMMUNITY LEADERS (VILLAGE CHIEFS/VOLUNTEERS) / MANAGE VILLAGE VOLUNTEERS to enhance coordination with communities and increase turnout at sessions

## SESSION PLANNING

**WHAT CAN BE INTEGRATED?**  
Review what can be integrated in sessions (fixed / outreach) depending on infrastructure and staff available. *Tables 4a*

**HOW OFTEN DOES EVERY VILLAGE NEED TO BE VISITED?**  
Plan sessions to reach every community regularly (at least 4 times a year). *Table 4b*

**SESSION PLAN:**  
Plan date and location of every fixed and outreach session *Table 6a*

**BUDGET** to implement microplan to ensure reaching priority villages *Table 6b*

**STOCK MANAGEMENT**  
Monitoring supply levels in HC and outreach needs *Table 9a*

**FORECASTING** supply needs *Table 9b*

**SUPPLY LIST FOR OUTREACH SESSIONS**  
Ensuring vaccines and supplies needed for integrated interventions *Table 9c*

**LIST ELIGIBLE CHILDREN AND MOTHERS** in advance and before each session *table 8a*

**SEND NOTIFICATION LETTER TO VILLAGE CHIEF** at least 3 days in advance of the sessions (all children under 2 and women 15-49 y), attach list of eligible children and women. *Table 8a*

CONDUCT SESSIONS AND UPDATE REGISTER

DEFAULTER TRACING: LIST CHILDREN AND MOTHERS who missed the session, after each session *Table 8b*

MONITOR PERFORMANCE BY HEALTH FACILITY AND BY VILLAGE monitoring number of children vaccinated *Table 7 & 7a*

MONITOR LOW PERFORMING VILLAGES/HR VILLAGES by visiting villages & checking cards **REPEAT Steps In Tables 3b&3c**

TAKE ACTION and REPORT TO DISTRICT

ANALYSIS OF PROBLEM

MAP

WORK PLAN

RESOURCE REQUIREMENTS

SUPERVISORY ACTION Plan regular technical supervision visits to **PRIORITY HEALTH CENTRES** *Table 15*

Annual / Quarterly Planning

Implementation

Monitoring

DISTRICT