REPUBLIC OF KENYA MINISTRY OF HEALTH DIVISION OF DISEASE SURVEILLANCE & RESPONSE

NATIONAL DAYS OF IMMUNIZATION AGAINST POLIO:

NOV 2013 ROUND

MICROPLAN

| NAME OF DIVISION: | |
|--|--|
| NAME OF SUB COUNTY: NAME OF COUNTY: | |
| Responsible (Name & Tel): | |
| Date: | |

INSTRUCTIONS ON MICROPLANNING FOR POLIO SIAs

This document is designed to collect data from the "bottom up" and from the "top down." Basic data on the location and size of target populations, and other information will be forwarded to the DIVISION level from each LOCATOIN. At the LOCATION level, religious, educational and other community leaders should be included for both information and advocacy purposes. Government workers from migration and animal health/agricultural sectors should also be invited to microplanning workshops, as they can contribute the names and locations of temporary and unofficial crossing points and rest stops for nomadic herders and other travelers.

Tables 1-4 are completed by the LOCATION with reference to the villages. To complete these tables prior to DIVISION workshops, several preparatory steps are required:

a/ An inventory of cold chain equipment should be completed in advance. Each Location should assess the number of working/functional vaccine carriers, cold boxes, functional refrigerators and freezers; this information should be brought to the DIVISION workshop. The gaps and needs will be calculated at the DIVISION level based on available capacity and need in each LOCATION.

b/ Border SUB-COUNTIES will be asked to convene meetings with paired cross-border districts to line list all of the communities within their respective areas.

Tables 5-11 should be completed at the Division level, with data from Tables 1-4. This information, is then aggregated for the Sub-County and then again for County. These data are then checked against the national macro-plan for consistency.

| Table / Page | Completed by | Instructions |
|------------------------|--------------|--|
| 0. Coversheet | Division | Write County, District and Division name, and person responsible for Division Plan and phone number |
| 1. List of all sites | Location | For each location, list every village, estate, seasonal settlement (and whether settled in wet/dry season), hard-to-reach settlement, and the target populationfor each. Where indicated, also list animal health, border post, and health posts as these may be used as temporary fixed posts. If these sites |
| 1. List of all sites | Location | have a target population, list that also. Sometimes a village/location/division will have the same name; be sure you indicate the correct administrative unit.You will need to cross check your village list against other sources of data. (e.g. A list of villages from census at county level; veterinary services, education, fishery may have information on population movement). |
| 2. Location mapping | Location | General tips: Draw in pencil, so you can correct mistakes. As you add features, make adjustments to correct the location, scale, size of features already on the map. Add data until you have as accurate a map as possible. After drawing your map, you may wish to copy it to a clean sheet when you are done. Choose a symbol for each site and use the symbols consistently throughout the map. Make sure there is space on the paper for a "MAP KEY" or "LEGEND". Draw a location map: Draw a location map: I. Draw an outline of the LOCATION. Label all bordering administrative units (e.g., District/County/Country). Label the directions or draw a compass to indicate North, South, East, and West. Draw major landmarks, such as highways, roads, bodies of water, rivers, streams, hills/mountains, tall residential buildings, churches, mosques. Their size and distance apart should be consistent with your scale. Draw a symbol for every village in the appropriate location. Label each with the village name and target population. All villages should be listed in Tool 1, and all villages should be on the map. Use landmarks as reference points to check that the distance between villages is to scale. Draw a symbol for every health post, hospital, schools, market areas, seasonal settlement, hard to reach settlement, animal health post and border points (these should already be listed in Tool 1). Label each one. Identify the health center or location where vaccination teams will be organized daily. Draw major transportation points including roads, airstrips, boat put-ins, railroads, bus stops, train stations, bridges. Add anything not listed above which is significant for this location. Draw najor transportation points including roads, airstrips, boat put-ins, railroads, bus stops, train stations, bridges. Add anything not listed above which is significant for this location. Draw an label a legend or m |
| Table / Page | Completed by | Instructions |

| Table / Page | Completed by | Instructions |
|--------------------|--------------|--|
| | | NOTE: Absorption freezers can freeze only 2 - 8 water/ice packs/24hr; Compression freezer can freeze 20 - 40 water/ice packs /24 hr. |
| | | approximate number of water/ice packs can be stored. |
| | | 5. Check your refrigerator to approximate capacity available considering space requirements for routine (RI) vaccine stocks. Check your freezer to |
| 7. Cold Chain | Division | 4. Calculate the storage capacity required in freezer for water/ice packs by: Total number water/ice packs x 0.6 liters. |
| | | 3. Calculate the storage capacity required in refrigerator for OPV by: Total OPV doses required x 1.1 / 1000 in liters |
| | | 2. From LOCATION /DIVISION Cold Chain inventory, report number of functional vaccine carriers and cold boxes available. |
| | | required. |
| | | bottom of the table indicate any supplemental teams that may provide support from the DIVISION. 1. Using the information from table 4, report for each LOCATION the Total number of teams, OPV needed, vaccine carriers, cold boxes and water/ice packs |
| | | 4. From Table 4 (Team Summary), for each LOCATION, enter the total number of teams, vaccinators, volunteers, drivers and supervisors needed. At the |
| | | 3. Report the number of seasonal camps and border points. |
| 6. Personnel | Division | carrier too.) |
| | | 2. From Table 1, enter the total number of fixed posts, villages and Target Population. (Remember FIXED POST is counted as a team; they need a vaccine |
| | | 1. List all LOCATIONS. |
| | | 2. For each LOCATION, draw the approximate perimeters of each Sub-LOCATION using terrain/geography and landmarks as guides. |
| mapping | | and landmarks as guides. |
| 5. Division | Division | 1. Referring to Table 2, and the official map provided, sketch out the perimeter of the LOCATIONS in the DIVISION using roads/highways, terrain/geography |
| | | This map is to be used for supervisory, general planning and management purposes |
| | | 4. Record the fuel needs, which are based on average of 20 km/liter for motorbike, 7-10 km/liter for vehicle, and 3-5 km/liter for lorry. If transport is hired, indicate the cost |
| | | Box), forms and transport etc. Consider 2 serviettes per team / day for Vitamin A administrator and 1 waste paper bag per team per day. |
| | | supervisor), vaccine carrier (1 per team), coolant packs (1 per Vaccine Carrier for daily teams, 2-4 per Vaccine Carrier for overnight teams, and 16-24 per Cold |
| Teams plan | Location | 3. Enter the number of supply items needed per team: markers (1 per 250-300 children + 1 per supervisor); chalk (2-3 sticks per team per day + 10 per supervisor) varsing carrier (1 per team) contact packs (1 per Varsing Carrier for daily teams, 2.4 per Varsing Carrier for overnight teams, and 15.24 per Cale |
| 4. Summary | Location | 2. Copy the target population and estimated OPV doses from Table 3 for EACH team. |
| | | |
| | | few children (e.g. crossing points) may need only 1 vaccinator. |
| | | volunteers per team. The standard is one per team but for some sites (e.g. markets) may need 2 vaccinators or volunteers whereas some other places with |
| | | 1. For each team number in the LOCATION, please specify the strategy (fixed/outreach/transit/overnight) and enter the number of vaccinators and |
| | | required for the entire 5 days per team. |
| | | 6. For the total row, calculate the totals for columns C, D, E, and H. 7. Columns F and G: these items (for example, a vehicle or vaccine carrier) will be used on multiple days. Therefore only count the individual numbers |
| | | where applicable. |
| | | 5. Indicate whether a cold box is required in addition to vaccine carrier, type of transport if needed for the given day and the hire costs or km to be covered |
| | | 0.8 * 1.15) |
| | | calculate Total Target Pop (TP) of the day, the OPV requirement (TP *1.15) and Vitamin A for both 6 - 11 months (TP * 0.1 * 1.15) and 12 - 59 months (TP * |
| microplan | | 4. For each day, list the names of all sites to be visited, report the Target Pop from the highest of either census data or previous rounds for each site, |
| 3. Indivudual team | Location | 3. Circle whether the team will stay overnight in the field or not, if Yes, for how many nights, and complete all relevant contact information. |
| | | 2. Specify the team number. |
| | | 1. Write the names of the Location, Division, Sub-County, and County in the top section. |
| | | Complete Table 3 specifying data for EACH team in a LOCATION. |
| | | you complete the first team plan for each day of the campaign before you start the 2nd team, and so on. |
| | | public place (e.g. market, station) can vaccinate up to 400-500 children in a day. Indicate the assigned areas on the map for each team by day. It is important |
| | | per day depending on distance, terrain, security etc. For some urban areas, a house-to-house team can vaccinate 150-300 children per day while a team in a |
| | | |

| | | 1. For each LOCATION, report number of Vaccine storage points (e.g. Health facilities or rapid cold chain points) and the number of teams. |
|------------------|----------|---|
| | | 2. Within each of the three column headings for Supply Distribution, Vaccination Teams and Supervision, provide the total number of each type of transport |
| Tuononont | | |
| 3. Transport | Division | required, the estimated mileage, and then quantity of fuel required or funds for transport hire. |
| | | 3. Security costs should be estimated and specified under the other category. |
| | | 4. Calculate the total for each transport type and complete the table at bottom of page. |
| | | 1. List the village heads or equivalent influential persons for village in the Division. |
| | | 2. For each person, provide the following information: |
| | | a. How can that person support the SIA? |
| 9. Social | Division | b. What must be done to get the influential personto support the SIA? |
| Vobilisation | DIVISION | c. What are the required resources? |
| | | d. How will you benefit from their support? |
| | | 3. Do the same for opinion leaders, traditional leaders, religious leaders, head-master/mistress, business persons, and community-based organizations. |
| | | Complete the information as you did above |
| | Division | This table will be used at cross-border meetingsprior to the campaign. |
| | | 1. Complete the section at the top with the place and time of the meeting and the names of the bordering DIVISION/DISTRICT from each participating |
| | | country. |
| | | 2. In the left table, list all villages within your DIVISION/DISTRICT along the country border and the target population of each (these should also be listed in |
| | | Table 1). |
| LO. Cross border | | 3. In collaboration with your border-country counterpart, determine which country will vaccinate a given village based upon local conditions (e.g. accessibility, security, politics, proximity to the closest health facility distributing vaccine). |
| olan | | 4. In the right table, list all the border country villages and their target populations which will be vaccinated by teams from your DIVISION/DISTRICT. Report |
| | | the team number, vaccination date, and estimate the OPV doses (target *1.15), markers and transport type required to reach the cross-border villages. |
| | | |
| | | 5. Ensure the data for these cross-border villages are included on the LOCATION map (table 2) and that the daily team assignments are adjusted to include |
| | | the neighboring villages. |
| | | 6. Update the individual team plans (Table 3) to include the cross-border villages. Include the target population, estimated OPV doses, transport |
| | | requirements, etc. and note the cross-border status in the comments field. |
| L1. Budget | Division | From the Summary in Table 5, calculate the cost for each activity conducted at this level. |
| 1. Contact & | Division | Complete the tables with the information about key persons and supervisors. |
| Supervisors List | Division | |

1. List of Fixed posts, Villages, Markets, Nomadic/Pastoral camps and Border posts by Location

NB: List ALL Fixed posts & villages (2009 census) in each location with their target populations. On the back, list markets, seasonal camps (nomadic, etc.) and any hard to reach areas and borders points.

| ocation | Location | Location | Location | Location |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Health Facility (name) |
| 1 | 11 | 11 | 11 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| Village/Estate (Name/Target Pop) |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 77 | 77 |
| 8 | 88 | 8 | 88 | 88 |
| 9 | 9 | 9 | 9 | 9 |
| 10 | 10 | 10 | 10 | 10 |
| 1 | 11 | 11 | 11 | 11 |
| .2 | 12 | 12 | 12 | 12 |
| 13 | 13 | 13 | 13 | 13 |
| | 14 | 14 | 14 | 14 |
| | 15 | 15 | 15 | 15 |
| .6 | 16 | 16 | 16 | 16 |

| ocation | Location | Location | Location | Location |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Markets (place & day) |
| | 1 | 11 | 11 | 11 |
| | 2 | 2 | 2 | 2 |
| | 3 | 3 | 33 | 3 |
| Seasonal Settlements / Hard-Reach |
| | 1 | 11 | 11 | 11 |
| | 2 | 2 | 2 | 22 |
| | 3 | 3 | 33 | 3 |
| | 4 | 4 | 4 | 44 |
| | 5 | 5 | 55 | 55 |
| | 6 | 66 | 66 | 66 |
| | 77 | 77 | 77 | 77 |
| Animal Health Post |
| | 1 | 11 | 11 | 11 |
| | 2 | 2 | 2 | 22 |
| | 3 | 33 | 33 | 33 |
| Borders Points (if applicable) |
| | 1 | 11 | 11 | 11 |
| | 2 | 22 | 2 | 22 |
| | 3 | 33 | 33 | 33 |
| | 4 | | 4 | 4 |
| | 55 | 5 | 55 | 55 |
| | 6 | 66 | 6 | 6 |

12. Contact numbers of key people & Teams' Supersivors at Division level

| Designation | Name | Mobile # |
|--|------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| | | |
| SUPERVISORS FOR TEAMS' SUPERVISI | ON | |
| | | |
| Supervisor (Name) | Mobile No. | Teams' ID |
| Supervisor (Name) | | Teams' ID |
| Supervisor (Name) 1 2 | | Teams' ID |
| Supervisor (Name) 1 2 3 | Mobile No. | Teams' ID |
| Supervisor (Name) 1 2 3 4 | Mobile No. | Teams' ID |
| Supervisor (Name) 1 2 3 4 5 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | Mobile No. | |

| 2. LOCATION MAPPING: | <u>Tool 2</u> | SUMMARY (to be completed at the end) |
|----------------------|---------------|---|
| | | Population & Infrastructure |
| | | Target population (Polio SIAs) |
| | | Hosp./Health Facilities (No.) |
| | | Villages/Estates (No.) |
| | | Seasonal camps / hard to reach areas (No.) |
| | | Human resources planned |
| | | Vaccination teams (No.) |
| | | Vaccinators (No.) |
| | | Volunteers (No.) |
| | | Drivers (No.) |
| | | Supervisors (No.) |
| | | Mobilisers (No.) |
| | | Supplies required |
| | | OPV (doses) |
| | | Indelible markers (No.) |
| | | Chalk (No.) |
| | | Vaccine carriers (No.) |
| | | Vitamin A (blue) 100,000 IU (doses) |
| | | Vitamin A (red) 200,000 IU (doses) |
| | | Scissors (No.) |
| | | Cold boxes (No.) |
| | | Water/Ice packs (No.) |
| | | Tally sheet (No.) |
| | | Summary sheet (daily) |
| | | Supervisory check list |
| | | Transport required |
| | | Vehicles (No.) |
| | | Motorbikes (No.) |
| | | Boat / Other (No.) |
| | | Bordering location only |
| | Villago | es from border country (or sub-county) (No.) |
| | Target p | op of border country (or sub-county) village |

| 3. | INDIVIDUAL | TEAM MICROPLAN | MOVEMENT PLAN AT LOCATION |
|----|------------|----------------|---------------------------|
| | | | |

| Location: | Team ID: | Over night (circle) | Yes / No |
|-----------|-------------|------------------------|----------|
| Division: | Sub County: | # nights | |

County:

Supervisor (Name & mobile no.):

Vaccinator (Name & mobile no.):

| Day No. | Site (e.g. village, estate, school etc.) to be visited by team | Target Pop (Polio S Estimat | IAs) | OPV Required | Markers Required | Vaccine Carrier or Cold Box Required | Vitamin A Capsules (Blue) 100 000 IU | Vitamin A Capsules (Red) 200,000 IU | No. of Scissors | Transport Type If Required | Mileage (Km) or Hire (Ksh) | Comments |
|------------|---|-----------------------------------|-------|-----------------|---------------------|--|--|---|--------------------|-------------------------------|-------------------------------|----------|
| | (names) | per village | total | (doses) | (no.) | (specify) | (doses) | (doses) | (no.) | (specify) | (specify) | |
| | Α | В | С | D | E | F | G | н | I | J | К | L |
| Day 1 | | | | | | | | | | | | |
| Day 2 | | | | | | | | | | | | |
| Day 3 | | | | | | | | | | | | |
| Day 4 | | | | | | | | | | | | |
| Day 5 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | VC (No.): | | | | | Km: | |
| | | | | | | CB (No.): | | | | | Ksh: | |

Tool 3

4. SUMMARY TEAM'S MICROPLAN AT LOCATION

Tool 4

Location:

Sub-county:

Division:

County:

| Staff & Supplies | VACCINATION TEAMS | | | | | | | |
|-----------------------------------|-------------------|----------|----------|----------|----------|----------|-------|---------------------|
| & Transport needs | Team ID: | Team ID: | Team ID: | Team ID: | Team ID: | Team ID: | TOTAL | (at Location level) |
| Fixed, Overnight, | | | | | | | | |
| Vaccinator (No. |) | | | | | | | |
| Volunteer (No. |) | | | | | | | |
| Supervisor (No.) |) | | | | | | | |
| Target Pop Estimated (No.) |) | | | | | | | |
| OPV needs (doses |) | | | | | | | |
| Indelible Marker (No.) |) | | | | | | | |
| Vitamin A (blue) capsules (No.) |) | | | | | | | |
| Vitamin A (red) capsules (No. |) | | | | | | | |
| Scissors (No. |) | | | | | | | |
| Chalk (No. |) | | | | | | | |
| Vaccine Carrier (No.) |) | | | | | | | |
| Cold Box (No. |) | | | | | | | |
| Water/Ice Pack (No. |) | | | | | | | |
| Tally Sheet (No.) |) | | | | | | | |
| Summary Sheet (daily |) | | | | | | | |
| In-Process Monitoring Form (No.) |) | | | | | | | |
| Supervisory Check-List Form (No.) |) | | | | | | | |
| | | | | | | | | |
| Vehicle (No. |) | | | | | | | |
| Motorbike (No.) |) | | | | | | | |
| Other (specify): (No. |) | | | | | | | |
| Fuel (Lt |) | | | | | | | |
| Hire (Ksh) |) | | | | | | | |

| Population & Infrastructure Targe population (Polio SIA) Locations (No.) Vilage/Easter (No.) Vilage/Easter (No.) Sessonal compufared consent (No.) Vacination team (No.) Vacination team (No.) Volunteers (No.) Volunteers (No.) Drivers (No.) Supplies required Vacination team (No.) Volunteers (No.) Drivers (No.) Supplies required Mobilisers (No.) Supplies required OPV (does) Vitamin A (plus) capsulas (does) | 5. DIVISION MAPPING: | <u>Tool 5</u> | SUMMARY (to be completed at the end) |
|--|----------------------|---------------|--------------------------------------|
| Locations (No) Hosp.Health Feallites (No) Vilage/Estates (No) Seasonal carges/Hard-ko-Read: (No) Human rosources planned Vaccination (teams (No) Vaccinations (No) Vaccinations (No) Vaccinations (No) Drives (No) Drives (No) Drives (No) Supprisons (No) Drives (No) Supprisons (No) OV (doess) Vitamin A (red) capsules (teass) Vitamin A (red) capsules (teass) Subset (te | | | Population & Infrastructure |
| Hosp.Health Facilities (No.) Uillage/Estates (No.) Fuman resources planned Veccination teams (No.) Veccination teams (No.) Veccination teams (No.) Veccination (No.) Uolunteers (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doess) Vitamin A (Hol) capsules (doess) Vitamin A (Hol) capsules (doess) Vitamin A (Hol) capsules (doess) Vitamin A (Hol) capsules (doess) Substrates (No.) Cabli (No.) Cabli (No.) Cabli (No.) Supervisors (No.) Divisional Supervisors (No.) Cabli (No. | | | Target population (Polio SIAs) |
| Villages/Estato (No.) Seasonal campa/Hard o-Reach (No.) Human resources planted Vaccination teams (No.) Vaccination teams (No.) Vaccination (No.) Vaccination (No.) Vaccination (No.) Vaccination (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doses) Vitamin A (bule) capsules (doses) Solido boxes (no.) Solido boxes (no.) Bule) Summary shear (dos) Solido boxes (no.) | | | Locations (No.) |
| Seasonal campa/Hard-to-Reach (No.) Human resources planned Veccinaton teams (No.) Voccinaton teams (No.) Vocuntors (No.) Uitaional Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doess) Vitamin A (bio) capsules (doese) Vitamin A (bio) capsules (doese) Vitamin A (bio) capsules (doese) Chaik (No.) Cold boxes (No.) Daily Summary sheet (No.) Daily Summary sheet (No.) Cold boxes (No | | | Hosp./Health Facilities (No.) |
| Human resources planned Vaccination teams (No.) Vaccination teams (No.) Volunteers (No.) Drivers (No.) Team Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doss) Vitamin A (toble) capsules (doss) Vitamin A (toble) capsules (doss) Vitamin A (cold capsules (doss) Vaccine carriers (No.) Cold boxes (No.) Scissors (No.) Tally sheet (No.) Daily Sumary shot (No.) Supervisory check list (No.) Supervisory check list (No.) Supervisory check list (No.) Kohcrities (No.) Mobilies (No.) Kohcrities (No.) | | | Villages/Estates (No.) |
| Vaccination teams (No.) Vaccination (No.) Violuniters (No.) Divrisor (No.) Taam Supervisors (No.) Divrisonal Supervisors (No.) Divrisonal Supervisors (No.) Supplies required OPV (doses) Vitamin A (ted) capsules (doses) Vitamin A (ted) capsules (doses) Vitamin A (ted) capsules (doses) Notamin A (ted) capsules (doses) Chaik (No.) Chaik (No.) Coid boxes (No.) Coid boxes (No.) Taily sheet (No.) Daily Summary sheet (No.) Supervisory check list (No.) Transport required Violnicies (No.) Supervisory check list (No.) Transport required Violnicies (No.) Divrisory check list (No.) | | | Seasonal camps/Hard-to-Reach (No.) |
| Vacinators (No.) Volunteors (No.) Drives (No.) Team Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doses) Vitamin A (red) capsules (doses) Vitamin | | | Human resources planned |
| Volunteers (No.) Drivers (No.) Team Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Collisers (No.) Supplies required OPV (doese) Vitamin A (blue) capsules (doese) Vitamin A (red) capsules (doese) Vitami | | | Vaccination teams (No.) |
| Drivers (No.) Team Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Vitamin A (red) capsules (doses) Vitamin A (red) capsules (doses) Chalk (No.) Chalk (No.) Chalk (No.) Cold boxes (No.) Cold boxes (No.) Supervisory (No.) Daily Summary sheet (No.) Daily Summary sheet (No.) Supervisory check list (No.) Supervisory check list (No.) Supervisory check list (No.) Supervisory check list (No.) Chiches (No.) Notorbikes (No.) Supervisory check list (No.) Supervisory check list (No.) Supervisory check list (No.) Supervisory check list (No.) Chiches (No.) Supervisory check list | | | Vaccinators (No.) |
| Team Supervisors (No.) Divisional Supervisors (No.) Divisional Supervisors (No.) Supplies required OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Indelible markers (No.) Chalk (No.) Cold boxes (No.) Cold boxes (No.) Cold boxes (No.) Cold boxes (No.) Suissors (No.) Taily sheet (No.) Daily Sumary sheet (No.) Daily Sumary sheet (No.) Supervisory check list (No.) | | | Volunteers (No.) |
| Divisional Supervisors (No.) Mobilisers (No.) Supplies required OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Vitamin A (red) capsules (doses) Lindelible markers (No.) Chalk (No.) Cacib boxes (No.) Cacib boxes (No.) Cacib boxes (No.) Cacib boxes (No.) Cacib boxes (No.) Daily Summary sheet (No.] Daily Summary sheet (No.] Daily Summary sheet (No.] Supervisory check list (Ne.) Transport required Vehicles (No.] Chalk (No.] Cacib boxes (No.) Supervisory check list (No.] Cacib boxes (No.) Supervisory check list (No.] Cacib boxes (No.) Supervisory check list (No.] Cacib boxes (No.) Cacib boxes (No.) | | | Drivers (No.) |
| Mobilisers (No.) Supplies required OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Indelible markers (No.) Chalk (No.) Cold boxes (No.) Cold boxe | | | Team Supervisors (No.) |
| Supplies required OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Indelible markers (No.) Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Cold boxes (No.) Cold boxes (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | Divisional Supervisors (No.) |
| OPV (doses) Vitamin A (blue) capsules (doses) Vitamin A (red) capsules (doses) Indelibie markers (No.) Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Cold boxes (No.) Cold boxes (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Notorbikes (No.) Boats (No.) | | | Mobilisers (No.) |
| Vitamin A (blue) capsules (doses Vitamin A (red) capsules (doses Indelible markers (No.) Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Cold boxes (No.) Cold boxes (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Vitamin A (red) capsules (doses Indelible markers (No.) Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Cold boxes (No.) Water/Ice packs (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | OPV (doses) |
| Indelible markers (No.) Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Water/lce packs (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Boats (No.) | | | |
| Chalk (No.) Vaccine carriers (No.) Cold boxes (No.) Water/lce packs (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Boats (No.) | | | |
| Vaccine carriers (No.) Cold boxes (No.) Water/lce packs (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Cold boxes (No.) Water/lce packs (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Water/Ice packs (No.) Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | Vaccine carriers (No.) |
| Scissors (No.) Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | Cold boxes (No.) |
| Tally sheet (No.) Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | Water/Ice packs (No.) |
| Daily Summary sheet (No.) In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| In-Process Monitoring Forms (No.) Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Supervisory check list (No.) Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Transport required Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Vehicles (No.) Motorbikes (No.) Boats (No.) | | | |
| Motorbikes (No.) Boats (No.) | | | |
| Boats (No.) | | | |
| | | | |
| | | | |
| Bordering location only | | | |
| Villages from border country or sub-county (No.) | | Villa | |
| Target pop of border country or sub-county villages | | | |

6. POPULATION & HUMAN RESOURCES

Complete this TOOL with the information collected in other TOOLS

| Location (Names) | Fixed posts No. (Tool 1) | Village, Estate, Site (No.) (Tool 1) | Target Population Polio SIAs (Tool 4) | Seasonal Camps Hard to Reach areas No. (Tool 1) | Border Points if applicable. No. (Tool 10) | Teams No. (Tool 4) | Vaccinators No. (Tool 4) | Volunteers No. (Tool 4) | Drivers No. | Supervisors No. (Tool 4) | Mobilisers No. (Tool 9) |
|-----------------------------|--------------------------------|---|---|--|--|-----------------------|-----------------------------|----------------------------|-------------|-----------------------------|----------------------------|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| Division level/office | | | | | | | | | | | |
| Total (for the Division) | | | | | | | | | | | |

7. COLD CHAIN AT SUB COUNTY LEVEL

| | | 00000 | ۷ | /accine Carrie | rs | | Cold Box | | Water/Ice packs | Sto in Re | rage Capacity frigerator (for | (Lt) OPV) | Sto in Fr | rage Capacity eezer (for ice- | (Lt) pack) |
|---------------------------|--------------------|----------------------|----------------------|----------------|-----------|----------------------|-----------|-----------|----------------------|--------------|----------------------------------|--------------|--------------|----------------------------------|---------------|
| Location (Names) | Number of Teams | OPV Needs (Doses) | Required (Tool 4) | Available | Shortfall | Required (Tool 4) | Available | Shortfall | Required (Tool 4) | Required | Available | Shortfall | Required | Available | Shortfall |
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| Sub County level | | | | | | | | | | | | | | | |
| Total Sub County level | | | | | | | | | | | | | | | |

8. TRANSPORT AT SUB COUNTY LEVEL

| Location | Health Facility / | | upply Distribution | 1 | | accination Team's (Tool 4) | 3 | | Supervision (Tools 4 & 5) | |
|-------------------------|----------------------|---------------------------|--------------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|------------------------------|---------------------------|
| (Names) | Storage Points (No.) | Transport Required (#) | Mileage (km) | Fuel (Lt) / Rental (KHS) | Transport if Required (#) | Mileage (Km) | Fuel (Lt) / Rental (KHS) | Transport Required (No.) | Mileage (Km) | Fuel (Lt) / Hire (Ksh) |
| | | Vehicle: | | | , | | | | | |
| | | Motorbike: | | | | | | | | |
| 1. | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle: | | | | | | | | |
| | | Motorbike: | | | | | | | | |
| 2. | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle: | | | | | | | | |
| | | Motorbike: | | | | | | | | |
| 3. | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle: | | | | | | | | |
| 4. | | Motorbike: | | | | | | | | |
| | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle: | | | | | | | | |
| | | Motorbike: | | | | | | | | |
| 5. | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle: | | | | | | | | |
| | | Motorbike: | | | | | | | | |
| Division level / Office | | Boat: | | | | | | | | |
| | | Other (specify) | | | | | | | | |
| | | Vehicle | Motorbike | Boat | Other: | Mileage | Fuel (Lt) | Hire (Ksh) | Com | ments |
| Total | Supply distribution | | | | | | | | | |
| (for the Division) | Vaccination team's | | | | | | | | | |
| | Supervision | | | | | | | | | |

9. COMMUNICATION & SOCIAL MOBILISATION

Complete for each Division

Communication Micro Planning Matrix

| No | 1. To whom do you want to pass the message- Target (list all) | 3. What information/ messages does the target require (Key Messages) | 4. How do you reach the target (channel of communication) | 5. Who can support in reaching this target | 6. Resources Required | 7. Responsible person |
|----|--|--|--|---|--------------------------|-----------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |

Tool 9

10. INTERNATIONAL CROSS BORDER PLAN

Transborder meeting place:

Bordering country(ies):

Date:

Bordering location/districts:

| | KENYA | | Border country Name: | | | | | | | | | | | |
|---------------------------------|---|------------------------------------|---------------------------------|---|----------------------------|----------------|------------------------|-------------------------|---------------------------------------|---------------------------------------|----------------|---------------------------|-------------------------------|----------|
| Kenyan villages along border | Target Pop. (Polio SIAs) | Country covering | Date of vaccination | Border country's villages to be covered by Kenyan teams | Target Pop (Polio SIAs) | Kenyan Team ID | Date of vaccination | OPV required (doses) | Vitamin A 100,000 IU (capsules) | Vitamin A 200,000 IU (capsules) | Scissors (no.) | Markers required (no.) | Transport type if required | Comments |
| 1. | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | |
| Total | Kenyan villages co Kenya's microplan border country's r | Other villages | an teams are in s will be in | | | | | | | | | | | |

11. BUDGET

Please use exchange rate of 1 US\$ =

85 Ksh

| Supplies | | | | TOTAL | |
|-------------------------|--------------|------------------|--|-------|--------|
| Items | Quantity (#) | Unit cost (Ksh) | | (Ksh) | (US\$) |
| Chalk | | | | | |
| Scissors | | | | | |
| Printing of tools/Forms | | | | | |
| Printing of guidelines | | | | | |
| Photocopies | | | | | |
| Sub total | | | | | |
| Distribution | Fuel (Lt) | Rental/Allowance | | (Ksh) | (US\$) |
| Vaccine distribution | | | | | |
| Material distribution | | | | | |
| Drivers | | | | | |
| Sub total | | | | | |

| Personnel | | | | TO | TAL |
|---------------------------|--------|--------|-----------------|-------|--------|
| | Number | # Days | Daily allowance | (Ksh) | (US\$) |
| Vaccinators | | | | | |
| Vaccinators (overnight) | | | | | |
| Volunteers | | | | | |
| Teams' driver | | | | | |
| Teams' driver (overnight) | | | | | |
| Drivers (supervisors) | | | | | |
| Supervisors (teams) | | | | | |
| Supervisors (upper level) | | | | | |
| Mobilisers | | | | | |
| Sub total | | | | | |

| Transport | | | то | TAL |
|----------------------|---------------|--------------|-------|--------|
| | Quantity (Lt) | Rental (Ksh) | (Ksh) | (US\$) |
| Fuel for vaccination | | | | |
| Hire for vaccination | | | | |
| Fuel for supervision | | | | |
| Hire for supervision | | | | |
| Fuel for Soc Mob | | | | |
| Hire Soc Mob | | | | |
| Sub total | | | | |

| Planning & Training | | | | TOTAL | | |
|--------------------------|----------------|--------|-----------|-------|--------|--|
| | # participants | # days | Allowance | (Ksh) | (US\$) | |
| Microplanning (exercise) | | | | | | |
| Micro plan (compilation) | | | | | | |
| Training vaccinators | | | | | | |
| Training volunteers | | | | | | |
| Training supervisors | | | | | | |
| Training of Mobilisers | | | | | | |
| Printing material | | | | | | |
| Sub total | | | | | | |

| Social Mobilisation | | | TO | TAL |
|---------------------|--------------|-----------------|-------|--------|
| | Quantity (#) | Unit cost (Ksh) | (Ksh) | (US\$) |
| Town criers | | | | |
| Banners | | | | |
| Flyers | | | | |
| Meetings | | | | |
| | | | | |
| | | | | |
| Sub total | | | | |
| 505 10101 | | | | |

| TOTAL OPERATIONAL CO | OSTS | | TOTAL | | |
|----------------------|------|--|-------|--------|--|
| | | | (Ksh) | (US\$) | |
| Supplies | | | | | |
| Supply distribution | | | | | |
| Personnel | | | | | |
| Transport | | | | | |
| Planning & Training | | | | | |
| Social Mobilisation | | | | | |
| τοται | | | | | |

12. Contact numbers of key people & Teams' Supersivors at Division level

| Designation | Name | Mobile # |
|--|------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| | | |
| SUPERVISORS FOR TEAMS' SUPERVISI | ON | |
| | | |
| Supervisor (Name) | Mobile No. | Teams' ID |
| Supervisor (Name) | | Teams' ID |
| Supervisor (Name) 1 2 | | Teams' ID |
| Supervisor (Name) 1 2 3 | Mobile No. | Teams' ID |
| Supervisor (Name) 1 2 3 4 | Mobile No. | Teams' ID |
| Supervisor (Name) 1 2 3 4 5 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 | Mobile No. | |
| Supervisor (Name) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | Mobile No. | |