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**Supplementary Immunization Activity**

**TOOL KIT**

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**This SIAs tool kit aims to improve SIAS implementation and monitoring; it’s composed of the following components:**

1. **Planning steps**
2. **Logistic Planning forms**
3. **Microplanning steps**
4. **SIAs chronogram**
5. **Supervision checklist**
6. **Training manuals: Vaccinators, Supervisors and Independent monitors**

1. **SIAs PLANNING STEPS**

**❶ Set up the coordination structure**

* National steering committee
* Technical subcommittees at national and sub national levels

**❹ Mapping and microplanning**

* Enlist all villages, towns and settlements with estimated children in each.
* Enlist all major transit points, mobile population groups
* Allocate supervisory and vaccination team day areas, ensuring rational workload for each team i.e. 80-120 children/ 8 working hours
* Make or update maps of catchment areas for each team
* Make logistic distribution and communication plan

**❸ Identify all the needs for SIAs**

* Vaccine, human resources, supplies and transportation using bottom up planning approach. Use the attached logistic planning forms to collect the required information
* Ensure timely availability of supplies
* Identify the costing for each component
* Make a distribution plan up to the operational level
* Use the attached logistic planning forms as guidance

**❷ Make a work plan for the SIAs planning, implementation and monitoring**

* work plan at the operational level (subnational)
* Work plan for national and intermediate levels
* Use the attached work plan template for guidance

**❻ Training**

* Train all teams’ categories as per the pre developed training modules (vaccinators, mobilizers and supervisors). Training modules attached
* Consider refresh training for experienced teams

**❺ Selection of teams**

* Ensure local recruitment of vaccinators, team supervisors and house to house social mobilizers
* -Consider age, gender and acceptance within the community

❶ **Coordination:** Set up a coordination structure in terms of persons, responsibilities, meeting schedule and operations room. The coordination structure is in charge of following up on SIAs on all components of SIAs preparation and implementation.

Setting up a coordination structure comprises of the following elements:

* Immediate formation of a task force/steering committee at all levels (National and sub national) with representative of Government, partners and social society.
* The task force should assign technical committees to deal with all campaign components (Logistics, social mobilization, funding…etc)
* Regular meetings of the task force and the technical sub committees

***Table 1: Type of coordination structure and responsibilities***

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| **Type of coordination structure** | **Responsibilities** | **Meeting schedule** |
| **National level** | | |
| National steering committee | Overall monitoring of SIAs planning, implementation and evaluation: SIAs plan, responsibilities, progress and obstacles | Monthly  Weekly 1 month before SIAs |
| Technical subcommittee | Follow up on technical aspects of the SIAs: National work plan, target population, age groups, IM, assess adequacy of training modules for vaccinators, mobilizers, supervisors and monitors. | Weekly  Daily 2 weeks before SIAs |
| Logistics sub committee | Ensure availability of vaccines, adequate cold chain, transportation and supplies  Develop and implement the logistical distribution plan | Weekly  Daily 2 weeks before SIAs |
| Social mobilization sub committee | Ensure the accuracy of the social mobilisation planning and implementation: Social mobilisation plan, C4D material | Weekly  Daily 2 weeks before SIAs |
| Finance sub committee | Ensure the availability of funds and timely release to all levels as well as the post campaign financial report | Weekly  Daily 2 weeks before SIAs |
| **Subnational level** | | |
| Subnational steering committee | Follow up on planning, implementation and evaluation at subnational level and supervise the tasks of the subnational sub committees | Monthly  Weekly 1 month before SIAs |
| Subnational technical committee | Develop the work plan of the subnational level  Assess the quality of micro plan  Ensure and monitor the training of teams  Post campaign evaluation | Weekly  Daily 2 weeks before SIAs |
| Logistics sub committee | Ensure availability of vaccines, adequate cold chain, transportation and supplies at subnational level  Develop and implement the distribution plan to coordination areas  Ensure adequate cold chain at sub national level  Ensure vaccine provision during the campaign | Weekly  Daily 2 weeks before SIAs |
| Social mobilization sub committee | Ensure availability of social mobilization plan at subnational level  Ensure adequate training and deployment of social mobilizers  Supervision of social mobilization activities | Weekly  Daily 2 weeks before SIAs |
| Finance sub committee | Ensure timely release of funds to coordination areas  Ensure payment of teams as per the work plan  Gathering of financial reports after the campaign | Weekly  Daily 2 weeks before SIAs |

❷ **Work plan of the sub national level: The work plan should** lay out clearly the activities that need to take place with deadlines and responsibilities for each campaign component (coordination, logistics, microplanning, social mobilization, training, supervision, monitoring and evaluation). Ensure community involvement in the micro planning process. SIA can only be of high quality if micro plans are based on local capabilities and constraints. Bottom up planning is critical for a successful campaign.

*Use the attached work plan can be used as guidance.*

**❸Make sure the availability of vaccines, supplies and establish a distribution plan:**

Vaccine, human resources, supplies and transportation should be estimated using bottom up planning approach. The attached logistic planning forms should be used to collect the required information

Vaccine required at national and sub-national level should be calculated taking a wastage multiplier of 1.20 (wastage rate 17%). As guidance the following formula could be used to estimate the quantity of vaccine needed, but planning should be based on experience from previous SIAs and expected number of children to be vaccinated.

Total OPV doses required each round = estimated < 5 children x 1.20

OPV vials required each round = Total OPV doses required each round

20

Equipment and logistics:

Apart from ensuring the vaccine; the micro plan should also insure the availability of the below supplies as well as a detailed distribution plan. All supplies should reach the operational level at least one day prior to the SIAs start date:

* Vaccine carrier (locally purchased carriers can be used) and Icepacks
* Cool boxes -where cold chain not available- to be located in distribution areas (adequate storing of vaccines for 7 days)
* Tally sheets (to calculated on the number of expected number of children to vaccinated by team)
* Daily reporting forms to consolidate the number of vaccinated children and logistical information by the end of each day (team, area, district, and province)
* Supervisory check list
* One vial opener per house to house team (if glass vial supplied)
* 10 to 20 chalk pieces for house marking per team
* 2 arm bands/ identity card per team; T-shirts and cups are being used in some countries
* 5% G.V. or permanent marker pens (one for each team/day)
* Social mobilization material (posters, flyers...etc)
* Speakers (for social mobilization)
* Availability of transportation means (vehicles, boats, bicycles, donkeys, camels…etc)

***Use the attached template –Table 2-to estimate the quantity of vaccines and supplies***

Develop a vaccine and logistic distribution plan with aim to ensure availability of all required vaccine and logistics at lowest operational level at least two days before start of campaign. The plan should have mode and route of shipments as well as timeline and person responsible.

**❹Microplanning:**

Microplanning should be done at the lowest implementation level with involvement of local community and all possible source of information on local areas.

Steps in microplanning are:

* Enlist all villages, towns and settlements with estimated children in each.
* Enlist all major transit points
* Obtain maps of the area and indicate distances, population spread, landmarks, borders, population movements, seasonal particularities (floods, etc.). Maps can be simple road maps or can be provided by veterinary services, ministries, etc. Satellite maps to be obtained from Google, or other sources. After each round, maps should be regularly updated.
* Identify high risk and hard to reach areas and population groups. These are the areas/ population which has higher probability of getting missed, has poor coverage, has history of transmission or is vulnerable for polio transmission.
* Identify border areas with information on settlement across the border, distance between settlements across border, vaccination plan
* Calculate the number of teams required. This should be done ensuring rational workload for each team (e.g. number of children to vaccinated per day in urban area: 150, Rural area: 80-100 and Pastoral/ nomadic hard to reach area: 40-60)
* Calculate the number of supervisors required. This should be done ensuring rational workload for each Supervisor (Urban areas: 5 teams per supervisor, Rural area: 2-3 teams per supervisor)
* Calculate the quantity of vaccine and logistics required. This depends on target population as well as number of teams and supervisors engaged.
* Define vaccination team day areas and supervisory areas with clear geographical demarcation. Develop maps for individual team and supervisor.
* Plan for deploying vaccination teams at major transit points and mobile teams for covering special population.
* Allocate vaccination teams and supervisors
* Develop social mobilization and communication plan

❺**Selection of vaccination teams:** Every vaccination team should have two members. For the selection of the vaccination teams, ensure they are acceptable in terms of gender, age, religion and other locally specific requirements. At least one team member should always come from the area to be vaccinated also as far as possible at least one vaccinator should be from accountable system (e.g. health worker)

❻**Training of teams:** Training modules and easy hand outs should be prepared for each human resource category in local language (vaccinators, social mobilizers and supervisors).

* Trainings should be given for first campaign and then every alternate campaigns
* Refresh training are important even when teams are experienced with immunization campaigns.
* The training component should appear clearly in the overall work plan (Who, When and Where)
* Cascade training model should be used, good trainers should be identified and trained at national level to do the cascade training.
* Separate training sessions should be planned for different category of human resources e.g. Supervisors should have a separate training and not combined with vaccinators.
* Training should include practical sessions, demonstrations and case scenarios. Training for vaccinators should cover microplan, cold chain and VVM, entering the house, asking the questions, vaccinations, finger marking, house marking, recording in tally sheet and IPC. Training for supervisor should include all component of vaccinator training and supervision technique.

❼**Recording, reporting and data flow:** Clear protocol for recording and report should be developed. The recording and reporting templates to be used at lower implementation levels should be simple, easy to understand and in local language. The attached sample templates for recording and reporting can be used.

The reporting protocol should include the timeline of data flow. Supervisors should collect and compile reports from each vaccination team on daily basis and transmit to first implementation level in the evening.

The first implementation level should compile reports from all supervisors and transmit to intermediate level by the next day afternoon. At the end of campaign a final report should be compile by each supervisor and submitted to first implementation level which will compile the final end of campaign report and transmit to intermediate and national level.

❽**Review meeting:** Plan should be made for ‘in campaign’ and ‘end campaign’ review meetings. ‘In campaign’ review meetings should be held at all levels (first implementation level to national level) during the period of campaign to review the activity of the day, challenges faced and corrective action. End campaign review meeting should be held at district level, province level and national level.

❾**Monitoring plan:** Plan should be developed for monitoring of campaign. This includes

* Campaign monitoring by senior health and administration staff and partners.
* Monitoring by Independent Monitors and LQAS