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**Microplanning For**

**Polio Supplementary Immunization Activity**

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Good bottom up microplan is essential for successful implementation of SIAs. Microplan should be made at first implementation level (health Facility) and should include following components:

* Vaccine, logistics and human resource requirement
* Vaccine and logistic distribution plan
* Cold chain status and vaccine storage plan
* List of all towns, villages and settlements including target population
* ***Individual team microplans (with clear description of day wise area to be covered and map)***
* List of high risk areas and plan of coverage
* List of special sites and plan of coverage
* Transit team plan
* Social Mobilization and communication plan
* Border area plan
* Supervision plan
* Reporting plan

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:

1. Survey and enlisting:
	* 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.).
	* Identify high risk and hard to reach areas and population groups.
	* Identify border areas with information on settlement across the border, distance between settlements across border, vaccination plan
2. Calculations:
	* Calculate the number of teams required.
	* Calculate the number of supervisors required.
	* Calculate the quantity of vaccine and logistics required. This depends on target population as well as number of teams and supervisors engaged.
3. Team and Supervisor microplanning:
	* 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
	* Plan for mobile teams for covering special population.
4. Allocate vaccination teams and supervisors
5. Develop vaccine and logistic distribution plan
6. Develop social mobilization and communication plan
7. Develop reporting plan

**Step 1: Enlist all villages, towns and settlements with estimated children in each.**

First step in microplanning is identify and enlist all town, villages and settlements with the estimated number of children in catchment area of planning unit. All the possible source of information should be used for this purpose, this includes information available with health department, administration as well as other services or NGOs. Health workers should also do the survey of area, interacting with community leaders to ensure that all the settlements are included in the list.

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.

Enlist all the major transit points in area including information of pattern of population movement. Information should also be collected on estimated number of children passing through the site and peak timings.

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. Microplanning for these area will need special attention to ensure better coverage.

Some of other example of such populations include:

* Religious minority groups
* Hard to reach populations (such as nomads, people living in remote areas, people in unsecure areas)
* Urban slum dwellers, IDPs and refugees
* Transit population (through official or unofficial crossing points)
* Agricultural community (during farming seasons)
* Cross border population
* People leaving in areas with unclear/disputed borders ( No men’s land)
* People in areas known for refusals during previous campaigns

Identify border areas with information on settlement across the border, distance between settlements across border, vaccination plan.

**Step 2: Calculate the teams, supervisors, vaccines and logistics required.**

Using the national guidelines on the number of children to be immunized per team and per day, calculate the approximate number of house to house teams, supervisors, number and types of means of transport in urban, semi-urban and rural settings.

* On the basis of enlisted areas and rational workload for the teams, calculate the number of teams required. This should be done ensuring rational workload for each team. Suggested workload for the team are as below:
* Urban area: 150 children to be vaccinated per day
* Rural area: 80-100 children to be vaccinated per day
* Pastoral/ nomadic and hard to reach area: 40-60 children to be vaccinated per day
* Calculate the number of supervisors required. This should be done ensuring rational workload for each Supervisor. The numbers below are recommended, based on experience:
* Urban: 1 supervisor for 5 teams
* Rural: 1 supervisor for 2-3 teams

Each supervisor should have a clear TORs, a supervision checklist and a map of the area to be supervised. The supervision plan should appear in the overall work plan.

* Calculate the number of special teams required for vaccinating children in movement, hard to reach areas and other places of congregation. The number of vaccinated children in market places, transit points and fixed site varies depending on local circumstances. Special teams (also known as transit teams) need to be deployed to mass gathering areas such markets, churches, feasts, nursery schools, bus/train stations..etc. Special teams also need to be deployed for nomadic and hard to reach population (special consideration for these teams as they might spend overnights on the field). Fixed posts should also be considered in places with population flows, this include health facilities, kindergartens/schools, houses of community leaders..etc. Teams also need to be deployed to transit and crossing points (either permanent or temporary transit points).

Present the plans with the maps to community leaders and local health officials to discuss and adapt them to the reality. Pay special attention to contentious or unclear areas, areas with difficult access, special local events, seasonal activities, and risk groups mentioned previously. Ensure full understanding and buy-in by local community leaders.

* Calculate the quantity of vaccine and logistics required. This depends on target population as well as number of teams and supervisors engaged.

Vaccine requirement:

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

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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)

**Step 3: Develop detail team and supervisor area coverage plan.**

Define areas to be covered by each house to house vaccination team during the campaign and also day wise. This should be done by the person having knowledge of local area to ensure that it is practical and feasible for team to cover the allocated area. It should be ensured that no area is left out of the microplan.

The ‘team microplan’ should have clear description of the area to be covered by each team every day including starting point, route to be taken, ending point, important landmarks and special sites (schools, hospital etc.) to be focussed by team for coverage. This should also have information on number of houses and children to be covered per day, vaccine requirements, place for collecting and returning vaccine and details of supervisor.

Define special sites to be covered by mobile teams on each day. This should include name of sites, expected number of children to be covered and distance to be travelled.

Develop microplan for transit points/ markets for assigning fixed post vaccination teams. The plan should have information on timings, expected number of children to be vaccinated, vaccine requirement etc. (refer to guideline on transit teams for further details)

Define supervisory area ( 3 teams in rural and 5 in urban area). This should be comprehensive and should include supervision plan i.e. which team will be supervised at which time on which day. Supervisor should be assigned for transit teams (fixed posts) and mobile teams covering special sites.

Backside of individual team microplan and supervision plan should have maps. The maps should be made by catchment area for each vaccination team, supervisors and social mobilizers. The maps should show:

* The catchment area for the day and the itinerary to be followed. The delimitation of the area as well as the start point of one team and the end point of the other should be clear. These should be physical entities, like a road or river rather than left to the team. Teams should know which teams work across the limits of their catchment area.
* Special sites (schools, markets, kindergarten, settlements… etc.)
* In cities and large villages maps should show the streets and major landmarks.
* Maps for rural teams should show their itinerary with special attention to houses or hamlets between the villages, temporary settlements, settlements with identical names or on borders between districts or health centre areas.
* Supervisory map should show the location of fixed vaccination posts.

**Step 4: Allocating vaccinators and supervisors**

Assign vaccinators for every House to House vaccination team, mobile team and transit team. 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)

Assign supervisors, supervisors should be preferably from accountable system and have the knowledge of local area.

**Step 5: Vaccine and logistic distribution plan**

Plan should be developed for vaccine and logistic distribution for first implementation level, the plan should include following:

* Place of distribution of vaccine and logistics
* Person responsible
* Time of distribution
* Day wise, Team wise, supervisor wise quantity of vaccine to be distributed. This should be based on actual need as per the estimated children with 1 buffer vial. Supervisor should have one buffer for each team with him.
* Plan of daily return of unused vial.
* Day wise, Team wise, supervisor wise quantity of logistics to be distributed.

**Step 6: Social mobilization and communication plan**

Develop social mobilization and communication plan, this should include following components:

* Name and deployment of social mobilizer
* Area of responsibility
* Day wise activities to be done
	+ IPC should start two days before campaign
	+ IEC should start four days before campaign
* Quantity of banner, poster and other visibility materials and distribution plan
* Day wise route plan for Megaphones and town criers.
* Schedule of advocacy and community awareness meetings with the person responsible

**Step 7: Reporting plan**

A clear documented plan for reporting should be part of microplan and should include timeline and person responsible for reporting. This should also include information on how, when and where the report will be transmitted.