

Updating and Monitoring Your Immunization Microplan

GUIDELINES TO SUPPORT WOREDA HEALTH OFFICES
AND THEIR HEALTH FACILITIES TO ROUTINELY UPDATE
AND MONITOR THEIR MICROPLANS

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Purpose

Health interventions, including immunization, depend on good planning, implementation, and monitoring. Microplanning is a powerful tool to help managers and health workers to accomplish all these activities. Once created, microplans should be regularly monitored, reviewed and updated. By maintaining these plans, managers and health workers can correct problems and adjust strategies and frequency of immunization sessions to achieve targets and improve and sustain services.

Up-to-date microplans can be used as advocacy tools for obtaining support from local government, donors, nongovernmental organizations, community-based organizations, and the community.

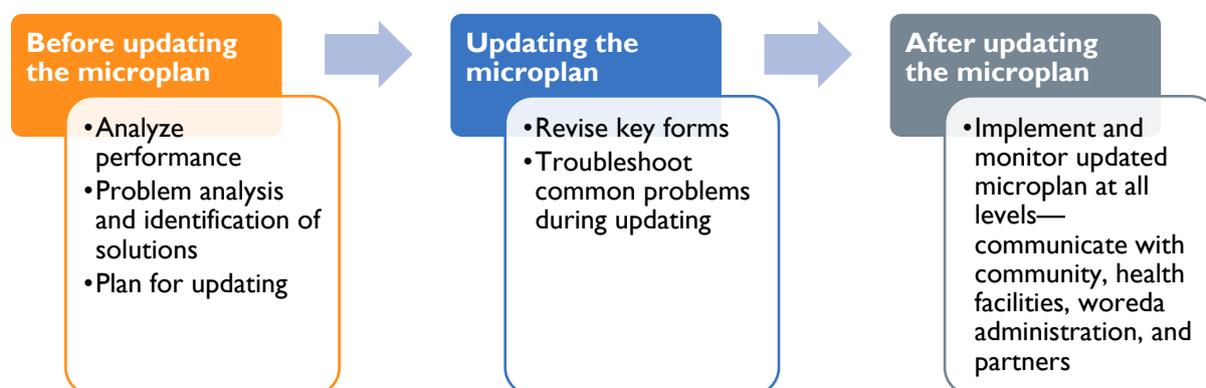
This guidance document is intended to help woreda and Primary Health Care Unit (PHCU) officers review their Expanded Program on Immunization (EPI) performance and provides instructions on how to update their EPI microplan regularly.

Intended Users

- Woreda Health Office and PHCU staff
- Partners supporting the routine immunization program

How to Use This Guide

This guide is split into three sections, with step-by-step instructions for each section.



Use this document to guide your planning process for updating and monitoring the microplan. PHCUs should be updating their microplan every quarter, while woreda-level staff should be updating theirs every six months.

Before Updating the Microplan

I. Analyze performance

I.1. Why review immunization progress and performance?

It is important to analyze your own data. This allows you to critically examine village/community-level performance and identify underperforming health facilities.

When conducting a data review, Woreda Health Offices and PHCUs should examine:

Data Points	What to Examine
Doses administered Immunization coverage Unimmunized children Issues with access and utilization of services using RED categorization tool	<ul style="list-style-type: none">Review overall performance and upward or downward trends, at both woreda and facility levelsIdentify issues with updating target population using head counts¹. Review how to update and register children below two years, newborns, and pregnant women monthly and quarterly
Sessions planned versus sessions conducted Mix of strategies (static, outreach, and mobile) to reach all populations	<ul style="list-style-type: none">Review performance, analyzing number of cancelled/interrupted sessions against planned/target numberReview strategies and check whether there is a pattern of session cancellation or interruption
Functionality of cold chain Availability of vaccines, supplies, and data recording tools	<ul style="list-style-type: none">Review cold chain status/functionality, temperature monitoring issuesReview availability of vaccines, supplies, and data recording tools to identify any persistent supply issues at facilities
Budgeting/resources, particularly for operational costs such as transportation for outreach and mobile sessions	<ul style="list-style-type: none">Review funding availability/use of funds for operational costs such as transportation to identify resource shortfalls

Data sources may include DHIS2 monthly reports, EPI monitoring charts, RED Categorization Tool, supportive supervision data, earlier microplans, etc.

2. Identify root causes and determine effective solutions

Use root cause analysis to identify underlying problems or reasons for poor access and utilization of immunization services as identified in the data review, and propose actions and actors (people) to

¹ The term “head count” in this document refers broadly to target population estimates obtained by measures other than calculations using a conversion factor. These estimates may be obtained through community census (“head counts”), or may be obtained through a combination of other data sources such as newborn registration systems, immunization campaign data, or others; methods may vary by area, as local areas use their own approaches/contexts to estimate targets.

address these problems. The fishbone analysis is a helpful method for identifying problems, their root causes, and possible solutions (see Annex 1).

Analyze your available data to:

- Identify the main issues that are hindering immunizations services in your woreda.
 - Examples of problems: Numbers of unimmunized children, large dropout rates, and health facilities that have missed planned sessions, stockouts, weak social mobilization, etc.
- Brainstorm reasons for the problem. When you identify a possible cause, try asking “why” 2–5 times to get to the root cause.
- Identify and prioritize follow-on technical support for kebeles and sub-kebeles who have poor performance from the issues listed above. Strategize how to address the identified problems, focusing on system strengthening and reaching the unreached.
- Use your analysis and prioritization to update the microplan forms.

3. Make a plan to update the microplan on a routine basis using minimal resources

- Plan **when** to update your microplan:
 - **Woreda level:** Update on a semiannual basis; align updates with annual core planning and review meetings.
 - **PHCU level:** Update on a quarterly basis; add a few hours to each quarterly review meeting to update the microplan.
- Determine **who** to include in the update:
 - **Woreda level:** EPI focal persons, maternal and child health coordinator, PHCU staff, and woreda administration for coordination and resource mobilization.
 - **PHCU level:** Health Center and Health Post staff (health extension workers, or HEWs), with engagement of the community. Before the update, they should work with performance review teams or quality improvement teams (QITs) and community members to get:
 - Compiled sessions conducted vs. planned
 - Number of children vaccinated
 - Number of children unimmunized
 - Updated headcount of target women and children.
 - Whether mobile and outreach sites, dates, and frequency are still convenient for the community.
- Identifying necessary resources to update your microplan:
 - Updating the microplan does not necessarily require extra resources. It should be integrated with other activities such as supportive supervision visits to health facilities and monthly QIT or review meetings.

Updating the Microplan

As you update your microplan, focus on revising these forms:

HP and PHCU Levels	Woreda Level
<ul style="list-style-type: none">• Update catchment area map• Sub-kebele inventory form• Sub-kebele data analysis• Sub-kebele session planning• Health facility workplan• Cluster health center (HC) inventory form• Cluster HC analysis• Cluster HC planning• Cluster HC resource planning	<ul style="list-style-type: none">• Update catchment area map• Woreda inventory form• Woreda data analysis• Woreda planning• Woreda resource planning• Woreda monitoring form

I. Update PHCU microplanning forms

I.1. Update HP and PHCU map

Every health post within the PHCU first updates the catchment area map with the community members and QITs. Make sure the locations of each village, landmarks, areas previously unreached by services, locations of migrant settlements, new sites, and displaced people are clearly identified and updated. Review service delivery strategies (fixed [F], outreach [OR], and mobile [M]) and target population (based on head count) and make sure that the planned immunization sessions are convenient for the community (location, distance, and date).

Ensure that any revisions to health post maps are also reflected in a revised PHCU map.

I.2. Review and update HP and PHCU microplanning forms

HEWs and health workers should work with the community members and QITs and bring health post data to the PHCU during the review process. One week before meeting, PHCU supervisors should call each HEW to ensure they are prepared with reliable information based on their meetings with community members and QITs.

• Inventory forms

- **Health posts:** Review the previous quarter inventory data and update target population using head count (newborn and pregnant women registration) in each sub-kebele, distance of sub-kebele or immunization site from health facility, cold chain availability and functionality, means of transportation, and skill/training of HEWs and health workers. Engage community members to estimate target population using head count.
- **PHCUs:** Update the actual target population based on head counts from health posts. Review and update type of kebele (urban, rural), type and number of health facilities, vaccination sites, functionality of cold chain, and means of transportation. Confirm which health facilities have HEWs/health workers who are trained on routine immunization.

- **Data analysis forms**

- **Sub-kebele data analysis:** Health posts analyze data by sub-kebele and determine category of each sub-kebele using coverage, DOR, and number of unimmunized children. Then categorize the kebele or health post.
- **Cluster HC data analysis:** PHCU summarizes each kebele's data, identifies problems, and prioritizes health posts using the cluster HC data analysis form.

- **Planning forms**

- **Sub-kebele session planning:** Each health post updates this form, which is primarily focused on location of immunization sites (static, outreach and mobile) with target population, distance of sites from the health post, and frequency and dates of sessions with community contact person and responsible HEW/health worker.
- **Cluster HC planning:** Review target population, types of sessions (F, OR, and M) and person responsible for each kebele/HP and then update/complete the planning form.
- **Health facility workplan:** Each health post reviews service delivery site and schedule date. Data analyzed during the data review on sessions planned versus conducted should be used to adjust/update the schedule of sessions, as needed. Make sure that the workplan form is reviewed and updated with input from community members.
- **Cluster health center resource planning:** Update PHCUs' resources based on changes on session sites and distance due to community movement, new sites, etc., that require additional funds.

Note: Any change in the session plan (frequency, change of date, or location) should be done in consultation with the community, and caregivers/mothers should be informed well in advance about the changes.

2. Update woreda microplanning forms

2.1. Update woreda catchment area map

Review your woreda map and make sure it shows actual target population in health facilities and outreach and mobile sites. Highlight areas with high numbers of unimmunized children and high-risk "pocket" areas that require special strategy. Consider the differences between official denominator and head count estimates. Use head count estimates for programmatic decision-making and planning among health facilities. Use head counts from facilities and compare information at woreda and health facility levels with administrative data (conversion factor) to get the most accurate operational population estimate.

2.2. Update woreda microplanning forms

- **Inventory form:** Update the actual target population based on head counts from health facilities. Review and update type of kebele, type and number of health facilities, vaccination sites, cold chain functionality of, and transportation. Confirm which health facilities have HEWs/health workers who are trained on routine immunization.
- **Woreda data analysis form:** Analyze data by health facility/kebele and determine category of each health facility using coverage, DOR, and number of unimmunized children. Prioritize the facilities and identify types of support to provide for performance improvement. Once you have identified lower-performing facilities, prioritize these facilities for the next supportive supervision visit. Make sure to discuss the issues identified through the analysis with HWs.

- **Woreda planning form:** Review and update woreda planning based on the health facilities' planning. These include actual target population, session types and responsible HEW/health worker, and kebele contact person.
- **Woreda resource planning form:** Review operational costs for mobile and outreach sessions, supervision, training and transportation. Determine if activities/costs were implemented and, if not, determine why (e.g., resources, staff shortage/workload, skill gap, vaccine stockouts, etc.). Ensure that sufficient operational costs are allocated to conduct mobile and outreach sessions. Then, update the number of sessions planned for each health facility, the doses needed, and costs based on the updated number of sessions. After completing the update, submit the microplan and discuss with woreda administration (finance, cabinet, etc.) to ensure that there is funding for these activities.
- **Woreda monitoring form:** Identify and add key activities to be tracked on the monitoring form based on the updated microplan for the next six months. All activities needed to monitor implementation of the microplan should be included, and strategies to monitor implementation should be identified as well (e.g., conducting supportive supervision to lower levels). Some of the activities that need monitoring include sessions conducted, vaccine supply, conducting supportive supervision, updating the monitoring chart, holding advocacy meetings with political and community leaders, QIT meetings, timeliness and completeness of reports, etc. Update the responsible party and the implementation level of each activity.

3. Troubleshoot common problems

Sometimes microplan updating may be challenging. The table below lists possible challenges and solutions to these challenges.

Challenge	What should you do?
Updating target population	To improve accuracy of target population estimates, regularly review the targets. Involve community members to complete a head count. These members can register pregnant women and newborns and find unregistered targets in the community.
Not all kebeles complete a head count when updating the target population	Prioritize providing support to kebeles that need to complete their community head count, and ensure ongoing tracking systems are in place (e.g., pregnant woman tracking, birth registration, and registration of children under two years). These head count figures can be included in the next update of the microplan.
Health facilities struggle with updating and submitting their microplan to the PHCU or Woreda Health Office	Include time to review the health facility microplan during supportive supervision visits, and provide technical support to update the plan. Make sure that health facility session plans are combined into woreda session plans.
Health facilities are not requesting vaccines as per the plan developed during the microplan	Make sure to understand why your health facilities are requesting the amount of vaccine and determine if the amount is appropriate. Provide on job training on how to make timely, accurate requests for vaccines as per the microplan.
Inadequate use of routine immunization data for decision-making	Use of data starts from collection of accurate and reliable information. Analyze the most essential information (coverage, DOR, unimmunized children, sessions

Challenge	What should you do?
	<p>conducted, defaulters, etc.) to identify problems and improve program performance.</p> <p>Use a combination of data sources (e.g., coverage, vaccine issues, and supportive supervision data) to make evidence based decisions. Involve community and QITs in monitoring and use of immunization data for decision-making.</p>
Challenges with coordinating with the woreda administration for resource mobilization	<p>Review available financial resources, ensuring that all sessions and resources are included in one microplan.</p> <p>Utilize coordination mechanisms at woreda level using the microplan as an advocacy document for additional resources.</p> <p>Involve woreda administrators during review meetings and share findings with them. This provides a better opportunity to negotiate for resources and other decisions.</p>
Insufficient resources available	<p>Coordinate with partners working within the woreda, reaching out to the Zonal Health Department or the Regional Health Bureau.</p>
Copy of microplan is unavailable at the health facility level	<p>Identify reasons for not having a copy of the microplan.</p> <p>After the woreda administration has approved the final document, the woreda/PHCU is responsible for ensuring that copies of the final microplan are provided to all facilities.</p>
Proposed number of sessions to conduct based on the injection load calculation is not feasible based on the community context (e.g., very low target population, very remote areas)	<p>Consider the distance and travel time to the vaccination site when deciding on the immunization delivery strategy (F, OR, M) and its frequency. Target population size also plays an important role in deciding the frequency/number of sessions.</p> <p>In all cases, community mobilization must be conducted to facilitate well-attended sessions. This ensures the best use of resources as well as timely vaccination of all populations.</p>

After Updating the Microplan

I. Implement and monitor updated microplan at all levels

Congratulations! You have updated your microplan to ensure that the delivery of routine immunization services is well-managed, effective, and reaches every child. Now, take these important steps:

1. Submit your updated microplan to woreda administration and partners to secure and finalize resource mobilization.
2. Once all updated microplan forms are completed and final, make sure a copy of the plan is available at each health post and health center.
 - If there is any change to the strategy, site, session frequency, or schedule, ensure that HWs/HEWs liaise with the community to inform them of any changes.
3. Take steps to regularly monitor the implementation of the updated microplan:
 - **Health facility:** each HF should post the HF workplan form on the wall (place on a visible area). Make sure that the “planned” dates of the form are filled during review and updating of each site (F, OR, M). Then, fill dates of sessions conducted for each site at the end of

each month. Monitor the performance every month with PRT or QIT. If there is any problem such as cancelled session, discuss with team to identify reasons and take corrective action.

- **PHCU:** make sure that all catchment health facilities (HC & HPs) are using HF workplan form consistently to monitor their sessions conducted as per plan. Compile and analyze sessions conducted versus planned and provide feedback to strengthen monitoring of sessions conducted during supportive supervision. Session performance monitoring should be an agenda item during monthly and quarterly meetings.
 - **Woreda:** Use existing opportunities such as supportive supervision and quarterly review meetings to check that health facilities regularly monitor their sessions conducted. Support PHCUs to compile and analyze sessions conducted and provide feedback to health facilities.
4. Plan a supportive supervision visit to follow up on any specific issues identified during the problem analysis phase and provide support to lower-performing facilities, issues with using head counts, etc. When possible, align supportive supervision visits with planned outreach/mobile immunization sessions; this provides an additional opportunity to monitor implementation of the microplan and provide supportive coaching on service delivery.
 5. As needed, inform higher-level staff of larger-scale issues requiring their attention or support.

