

A practical guide for woredas to implement mobile services for immunization



WHY

Mobile services are an integral part of the strategy to reach every child in Ethiopia with life-saving vaccine, particularly in woredas with limited health infrastructure and pastoralist populations. This brief provides guidance on how to plan and implement mobile services to reach all target populations with immunization services.

WHO THIS GUIDE IS FOR

This guide is aimed at EPI focal persons working at Woreda Health Offices (WoHO) and Primary Health Care Units (PHCUs), who wish to begin implementing mobile services for immunization as part of their overall routine immunization strategy.

WHOM TO INCLUDE

- Include key stakeholders in the microplanning process. This includes the following people:
 - Health staff from all levels of the health system
 - Community Leaders
 - Woreda administration and planning department

WHEN

Mobile services should be planned as part of a comprehensive strategy to reach all target populations during annual EPI microplanning and updated on a quarterly basis.

HOW

Plan for mobile services during microplanning: As part of the planning process, it is important to secure funding for mobile services either through the government system or partner support. Hold a coordination forum to identify how to fund mobile services for the year; this can be done in conjunction with EPI microplanning.

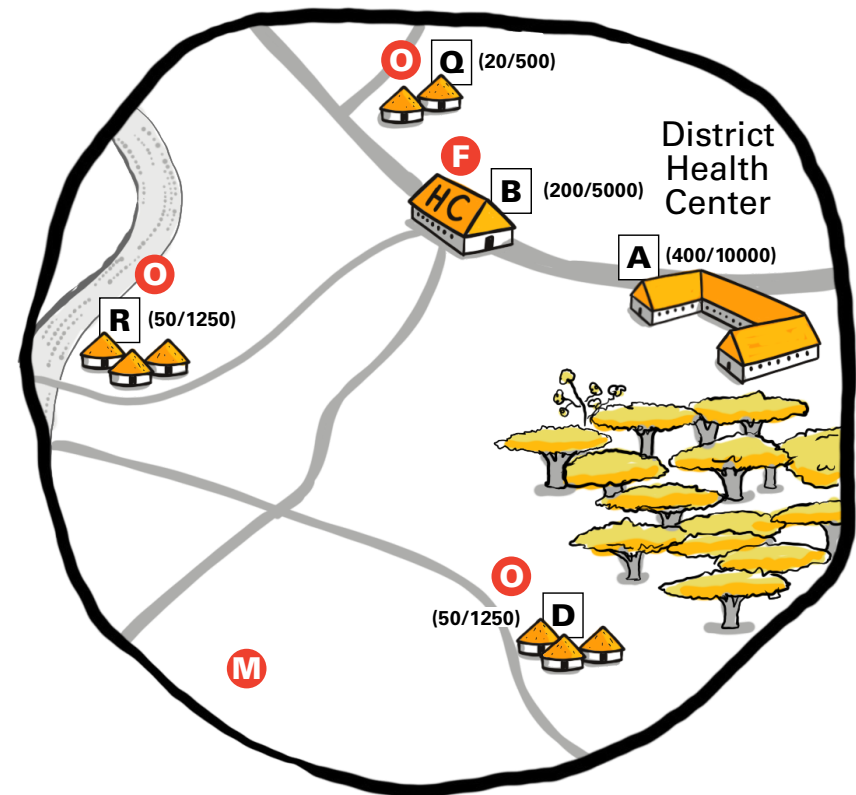
STEP 1

Use the EPI microplanning process to identify, map and target all eligible populations for immunization (0-23 month old children, pregnant women, and 9-13 year old girls for HPV).

- Call a meeting with community leaders to review and update the health post immunization map (see example on the right). Including community leaders in the mapping process is key, since they can identify where their communities are in the map, what travel routes they have (if the population is pastoralist), and can recommend where to set up mobile and outreach sites.
- Make sure that the map includes immunization sites with target population showing road/path access, as well as the distance and travel time from the mobile site to the place from where the personnel/vaccine will come (woreda, PHCU or HP). Map out the sites that will be reached on the mobile circuit(s) and the number of days needed to implement each mobile session.
- Double check that you have identified all hard to reach areas, temporary settlements, and underserved groups.

For mapping in a pastoralist context, consider the following:

- Is the community fixed, semi-mobile or mobile?
- When do communities typically move? (this will determine when mobile programs are conducted)
- What types of geographical barriers exist?
- What is the distance from a community to the closest health facility that provides immunization services?



STEP 2

Use the map together with the Sub-Kebele Session Planning Form to plan how to reach all eligible populations.

List by kebele and sub-kebele, proposed static, outreach and mobile activities with their respective target populations. As available, use head count data for 0-23 month olds to calculate target numbers. Having accurate target population numbers ensures proper planning for logistics and frequency of services to reach every eligible person.

Sub-Kebele Session planning form

Region _____ Woreda _____ Health Facility _____ Date filled in _____

Name of the site (F, OR, M) for service delivery	Target Population per year							Distance or time from HP (km or minutes)	# injections per year	Other key MNCH activities for integration (e.g. GMP, screening, IFA)	Session type	Sessions			Responsible Person	
	Live birth	SI	12-23 month	12-59 month	HPV target	PW	NPW				F, OR & M	#per year	#per month	Day of Session	HEW/HW	sub-Kebele Mobile #
Sub-kebele 1	47	44	43	120	42	47	80	0	658	Screening, GMP, IFA, ANC, FP	F	24	2	1st and 3rd Tuesday of the month	Aysha	0900000000
Sub-kebele 2	32	29	29	104	29	32	36	6Km	406	Screening, GMP, IFA,	OR	12	1	2nd Thursday of the month	Temima	0900000001
Sub-kebele 3	13	12	11	98	12	13	29	21Km	168	Screening, GMP, IFA,	M	4		1st Wednesday of Sept, Dec, Mar, Jun	Aysha	0900000031
Sub-kebele 4	16	15	15	71	12	16	35	25Km	210	Screening, GMP, IFA,	M	4		3rd Monday of Sept, Dec, Mar, Jun	Temima	0900000800
Total	103	100	98	393	95	108	180		1512			44	3			

SI = surviving infants | PW = pregnant woman | NPW = non-pregnant women

*How to calculate # of injection per Year: Static: 40 injections per vaccination/day and for outreach/mobile session: 30 injections per vaccination/day

STEP 3


Use the PHCU/HC Microplanning Budget Form to indicate the costs for each service and how each service will be funded (source of budget).

PHCU/HC Microplanning budget and other resource form

Region _____ Woreda _____ PHCU/HC _____ Date filled in _____

Kebele/HP	Number of Sessions per year				Vaccine needed in dose											AD syringe		Mixing syringe	Safety box	Operational costs											Source of budget
	Static	OR	Mobile	Total	BCG	Hep B	Penta	PCV	Rota	OPV	IPV	Measles	HPV	TT	BCG	Others	Allowance for OR			Allowance for Mobile	Supervision	Review Meeting	Training	Transport OR	Transport Mob	Kerosene & other costs	Social mob/IEC	Total			
HP 1	36	0	4	40	314	314	445	471	297	628	157	404	273	523	174	1870	421	20	0	19200	12240	15300	12000	0	20000	1000	8360	58740	WoHO		
HP 2	12	12	4	28	288	288	408	432	272	576	144	371	252	480	160	1716	387	19	12000	19200	15320	10200	7500	2520	20000	950	8360	55690	WoHO/RHB		
HP 3	12	0	4	16	172	172	245	259	163	345	86.2	222	134	287	96	1027	232	11	0	19200	15320	10200	12000	0	20000	1650	8360	56720	WoHO		
HP 4	12	24	4	40	225	225	320	338	213	450	113	290	200	375	125	1343	302	15	24000	19200	15320	10200	131040	840	20000	1550	8360	176600	PHCU		
Total	72	36	16	124	999	999	1418	1499	945	1999	500	1368	859	1665	555	5956	1424	65	36000	76800	58200	45900	162540	3360	80000	5150	33440	346800	Partner		

- NB. 1. Vaccine requirement = Target population.*annual target coverage*wastage factor*number of doses/antigen
 2. AD syringes requirement = Target population.*target coverage for the year(%)*number of doses*wastage factor(1.11)
 3. Mixing syringes requirement = number of (BCG & Measles) vials*Wastage factor(1.11)
 4. Safety boxes requirement = (AD syringes + mixing syringes)/100

 As a minimum, 4 immunization sessions per year should be provided to every sub-kebele – either through static, outreach, or mobile services. Cross-check to ensure that all “hard to reach” communities have access to EPI at least 4 times annually.

INITIATE PLANNING FOR THE MOBILE SESSION

At least one week before the session:

STEP 1

Review the plan and schedule for mobile services as outlined in the EPI microplan

STEP 2

Identify from where personnel and supplies will come (and how); this may include the use of health workers from nearby hospitals if there is a shortage of skilled vaccinators in your woreda.

Short-term solutions to address shortages and skill gaps for trained vaccinators:

- Pair less skilled health workers with more experienced ones during mobile services so that they can work together to vaccinate children; more experienced vaccinators can help train and improve skills of other health workers.
- Strengthen injection and data recording skills through a peer learning program with your HC EPI department. Have less skilled workers practice together for three months before providing immunizations on their own.

STEP 3

Name the team (persons) who will conduct the activity (mobile and outreach) and the responsible organizer/supervisor:

Team member role	Skills needed	Responsibilities
Antigen Administrator (trained service provider; Team Leader)	<ul style="list-style-type: none"> Administer vaccines Provide courteous, correct, high-quality information to caregiver Understands vaccine management and transportation of cold boxes for mobile services Ability to coordinate and manage a team 	<ul style="list-style-type: none"> Administers vaccination Provides the caregiver with Key messages on the immunization session and next steps Ensures cold chain procedures are conducted & VVMs are valid Co-organizes the transport of the cold boxes out to base camp Manages field logistics and the mobile immunization team
Documentation Assistant (may or may not have the skills to administer antigens)	<ul style="list-style-type: none"> Ability to update the EPI register, fill out child health cards, and fill out the tally sheet Ability to review EPI register to determine which children have defaulted or are left-out Ability to provide courteous and correct information to caregiver 	<ul style="list-style-type: none"> Keeps the EPI register updated at the vaccination session Updates or creates new child health cards at the vaccination session Ensures the tally sheet is filled in properly at the vaccination session May inform the community of the immunization session Assists with drop-out and left-out tracing
Community Representative (kebele representative, technical skills not necessary)	<ul style="list-style-type: none"> Leader in the community who can mobilize his/her community members Understands travel routes of the community Knows the names, locations of families in the community Ability to explain and advocate for the importance of receiving timely vaccination services 	<ul style="list-style-type: none"> Act as a liaison between the health workers and the community Understands how to track communities Mobilize the community for the immunization session This person's residence may serve as the base for the mobile immunization team Can collect mothers/children/pregnant women for vaccinations Assists with defaulter and left-out tracing Co-organizes the transport of the vaccines out to base camp
Additional service provider to support a more extensive set of family health services (optional)		

Note: It is critical for the WoHO/PHCU to confirm that the staff selected for the mobile team have the skills necessary to perform their jobs (i.e. they are able to vaccinate, understand the cold chain requirements, understand how to fill out the reporting form, etc.)

STEP 4

Determine who will mobilize the target population at each site and how (this includes communicating ahead of the session with community/clan leaders). Make sure health workers have the mobile numbers of the community leaders in their catchment areas.

STEP 5

Finalize planning for the session, which includes confirming the number of sites reached during the mobile circuit and how many days are required for the session. Determine with the team sleeping arrangements and prepare in advance for meals on the road.

STEP 6

Confirm the date, time, place and number of children, girls (for HPV) and pregnant women (TT) expected with the mobile team so supplies are ready.

STEP 7

Ensure quantities of all supplies required are available and ready:

- Records/reporting: EPI tally sheet(s), EPI register, extra child health cards to distribute as needed, pens
- Materials: vaccines, needles, syringes, safety box, AEFI kit, soap, cotton wool

STEP 8

Review the recording/reporting template and confirm health staff know how to fill out the form. Review immunization data quality guidelines (Annex A), and bring along a copy as a reference.

WORK WITH THE COMMUNITY TO IMPLEMENT MOBILE IMMUNIZATION SERVICES

One day before the session:

STEP 1

Contact community members, such as the Health Development Army (HDAs), the 1-5 network, kebele leaders, and others to mobilize the community. Confirm with the community leader that the community is still in the planned location for immunization services and ready for the immunization session.

STEP 2

Finalize planning for cold chain/logistics

- Ensure there is a foam pad in the vaccine carrier
- Ensure the large cold boxes are functioning properly
- Ensure ice packs are in the freezer the night before the cold boxes leave for the mobile program
 - Have a “back up plan” incase a vaccine team has to be in the field longer than expected
 - ADDITIONAL finances need to be allocated if additional ice packs need to be collected
- Check VVMs before the antigens are put in the vaccine carrier for the mobile program (ensuring all VVMs are valid upon departure date)
- Have a base point for the cold boxes & ice packs to be stored
- Keep antigens only in the vaccine carriers, change out ice packs based upon recommendations
- Antigens should travel to the base point via a vaccine carrier on the day the mobile team leaves for the mobile program
- Check VVMs each morning (if invalid properly discard antigens)
- Keep vaccine carrier closed with foam pad unless being used

MONITOR AND EVALUATE YOUR MOBILE SERVICES

STEP 1

For every mobile session, the tally sheet and EPI register should be filled out. This information should be included in the monthly report that is given to the EPI focal person at woreda level.

STEP 2

At woreda level, the HMIS team should be including information from mobile and outreach visits as part of the monthly immunization reporting. The EPI focal point should cross-check the mobile/outreach report using mobile and outreach targets for the session from the microplan or list of sessions which was created at the beginning of the year or quarter. The EPI focal person should also triangulate the mobile/outreach report with data from the RED categorization tool, looking at doses administered for the same month or period to estimate proportion of doses administered with mobile and/or outreach. If there are data quality issues, such as over reporting, conduct a supervision visit to the site and verify the report.

STEP 3

The woreda EPI focal person should review data each month and prepare a presentation out of the findings during the monthly review meeting at woreda level.

STEP 4

Update the Sub-Kebele Session Planning Form **at least** every quarter

- Update the RI schedule whenever:
 - The WoHO makes changes in the microplan.
 - You need to reschedule because vaccines or vaccinators are not available.
 - The community, PHCU, or WoHO needs the dates to be changed.

- When the form is updated, make sure to:
 - Discuss the changes with the PHCU.
 - Give the PHCU the revised schedule.
 - Communicate the changes to the communities.

STEP 5

WoHO supervisors should monitor the quality of its mobile services by accompanying the mobile team for a session at least once every six months. Supervisors can provide coaching to their staff on how to strengthen the delivery of services as needed. If concerned about data quality, follow-up with health workers and community members to get feedback and confirm that the sessions took place.

Note: The quality of data collected during mobile and outreach is critical. Health workers must be encouraged to report actual data, and this should be monitored during supervision visits. Remember to encourage health workers to be accountable for quality, accurate data.