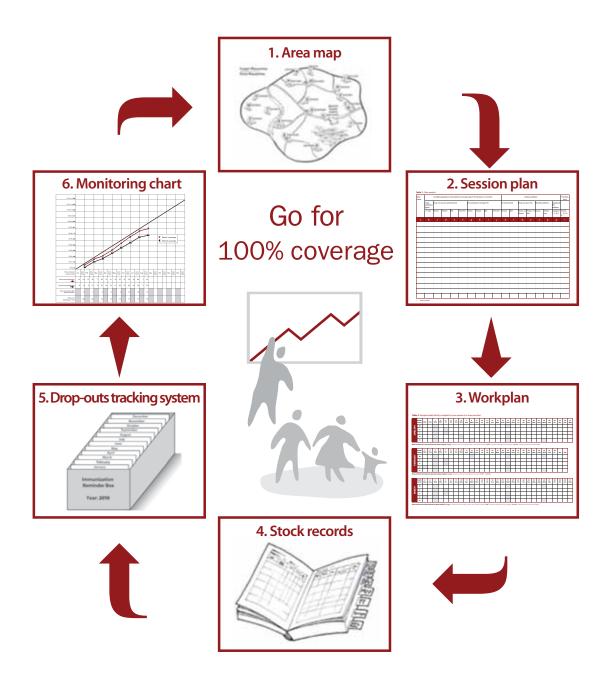
Microplanning for immunization service delivery using the Reaching Every District (RED) strategy







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World Health Organization

Department of Immunization, Vaccines and Biologicals

CH-1211 Geneva 27, Switzerland

• Fax: + 41 22 791 4227 • Email: vaccines@who.int •

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Abbreviations and acronyms

AD	auto-disable (syringe)
AEFI	adverse events following immunization
AFP	acute flaccid paralysis
BCG	bacille Calmette-Guérin (vaccine)
DO	drop-out number
DTP	diphtheria-tetanus-pertussis (vaccine)
DTP-HepB	A combination vaccine containing DTP and hepatitis B vaccines
DTP-HepB+Hib	A combination vaccine containing DTP, HepB and Haemophilus influenzae type b vaccines
FAQs	frequently asked questions
НерВ	hepatitis B (vaccine)
Hib	Haemophilus influenzae type b (vaccine)
HF	health facility
MNT	maternal and neonatal tetanus
NGO	Non-Governmental Organization
NIDs	national immunization days
OPV	oral polio vaccine
Penta	pentavalent vaccine (DTP-HepB+Hib)
RED	Reaching Every District
SIA	supplementary immunization activity/activities
Td	tetanus-diphtheria toxoids
тт	tetanus toxoid
UNICEF	United Nations Children's Fund
VPD	vaccine-preventable disease
VVM	vaccine vial monitor
WHO	World Health Organization
YF	yellow fever

Introduction

Purpose of this guide



The purpose of this guide is to strengthen district and health facility capacity to:

- → produce high quality microplans;
- → increase immunization coverage and reduce drop-outs for infants and pregnant women;
- → identify and target the unreached;
- → regularly use data to monitor and follow up at all levels.

The guide is based on successful country experiences in microplanning, using the Reaching Every District (RED) strategy. The guide uses a 'bottom-up' approach: it starts with health facility (service delivery) microplans which will then be put together to make the district microplan.

There are three parts to this guide.

Part 1: Health facility microplanning Part 2: District level microplanning

Part 3: Microplanning FAQs

Summary of contents

Part 1: Health facility microplanning

Part 1 describes how to make a microplan at the health facility level. The guide is interactive and describes how health facility staff can analyse their own data and identify problems, and find solutions, using the RED strategy as a framework. We recommend that the guide be used during workshops, facilitated by staff from the district and other levels. Various tables and worked examples are provided.

Output: At the end of the workshop, health facility staff will have made a workplan for three months, and will understand how to use the six RED tools: the map, session plan, workplan, stock record, drop-out tracking system, and monitoring chart.

There are 10 steps to making a health facility microplan:

STEP 1: Quantitative analysis of local immunization data

STEP 2: Preparing and reviewing an operational map

STEP 3: Identifying special activities for the hard-to-reach and problem areas

STEP 4: Preparing a health facility session plan

STEP 5: Problem solving using the RED strategy

STEP 6: Making a workplan for one quarter

STEP 7: Using a monitoring chart

STEP 8: Working with the community and tracking defaulters

STEP 9: Managing supplies

STEP 10: Making use of the monthly report

ANNEX 1, 2, 3 and 4

Part 2: District level microplanning

Part 2 uses the 'bottom-up' approach by describing how a district can put together all the health facility microplans to make a district microplan. It also describes how the district can help to do the following:

- → solve service delivery problems
- → make a budget
- → add a system to monitor and follow up on progress.

This guide is interactive and requires district staff to analyse and use their own current immunization data to set priorities.

Output: A district microplan that includes a district map, a calendar of sessions and events, an activity plan, and budget.

There are six steps to making a district microplan by putting together all the health facility microplans:

- STEP 1: Analyses of district level data to identify priority areas
- STEP 2: Making a map to show all health facilities and outreach sites
- STEP 3: Making a district workplan
- STEP 4: Making an estimate of resource requirements
- STEP 5: Conducting regular monitoring and review of progress
- STEP 6: Taking action based on a review of progress

Part 3: Microplanning FAQs

Part 3 contains FAQs on the various aspects of microplanning.

Introduction to the Reaching Every District (RED) strategy

History of the RED strategy

The RED strategy was developed and introduced in 2002 by WHO, UNICEF and other partners to help improve immunization systems. The RED strategy encourages districts and health facilities¹ to make microplans to identify local problems and find corrective solutions, using their own data. Since 2002, several countries worldwide have started implementing RED strategies to varying degrees, and country evaluations in 2005 and 2007 have shown that implementation of the RED strategy results in significantly more infants being reached. An important finding of these evaluations was that service delivery works best when health facilities make their own microplans. In some countries, the RED strategy has been used as the basis for delivering other interventions beyond immunization, to strengthen the health system.

References related to the RED strategy:

Reaching Every District Strategy Implementation in the Africa Region: Evaluation Report. World Health Organization Regional Office for Africa, June 2005. http://www.who.int/immunization_delivery/systems_policy/AFRO-REDevaluationreport_2005.pdf

In-Depth Evaluation of the Reaching Every District Approach in the African Region. World Health Organization Regional Office for Africa, 2007. http://www.afro.who.int/ddc/vpd/routine/red-2007.pdf

Reaching Every District Approach: A Guide for District Health Management Teams http://www.who.int/immunization_delivery/systems_policy/AFRO-RED_ Aug2008.pdf

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