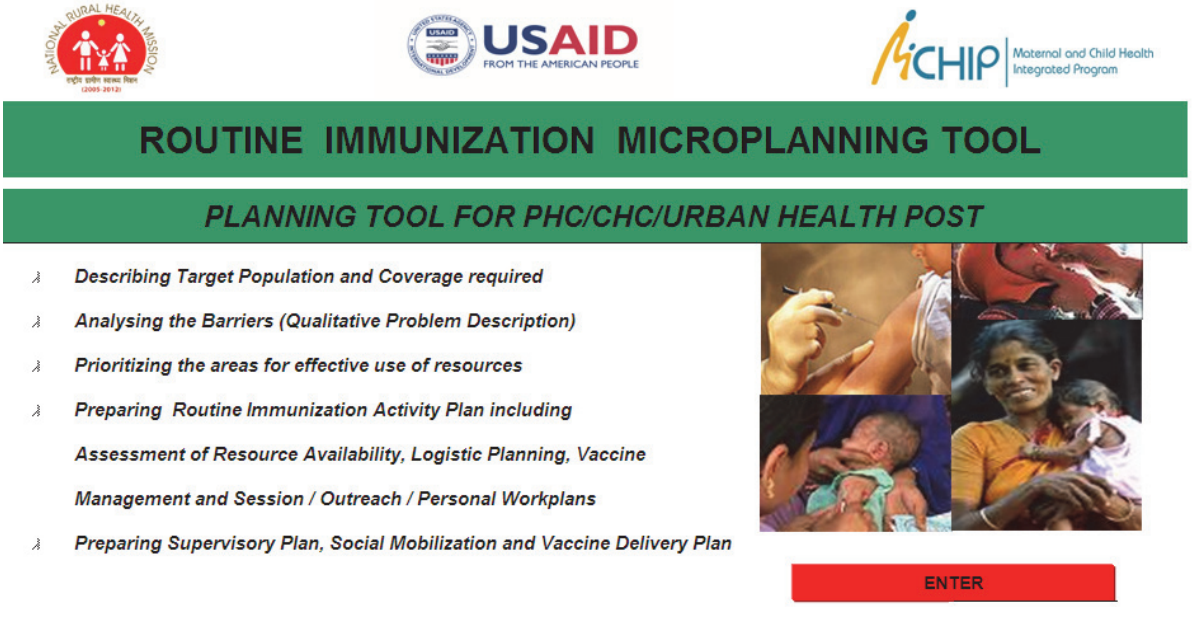
Snapshot: Planning Immunization Resources at the Micro Level

In Uttar Pradesh, a detailed analysis of coverage reports[1] found a large number of children with no or insufficient vaccinations (left-outs and drop-outs). Efforts were made to identify possible issues underlying poor coverage. The issues revealed included inadequate numbers of outreach sessions planned to reach all beneficiaries and inappropriate session site locations to address accessibility for all clusters of community groups. Also, some planned sessions could not be held due to various reasons, and these missed sessions were not organized later. Due to improper planning of sessions, vaccines and logistics were not well-organized, leading to overstocks, stock-outs and increased vaccine wastage.

To address these challenges, MCHIP (the USAID-funded Maternal and Child Health Integrated Program), in consultation with the Ministry of Health and Family Welfare (MOHFW), advocated use of an Excel-based microplanning tool that was developed by the IMMUNIZATIONbasics project in 2009, taking into consideration all the issues related to the immunization service delivery system. The tool was designed with an objective of streamlining routine immunization activities, thus supporting the block managers to develop an elaborate block-level microplan for effective service delivery.



The Routine Immunization Microplanning Tool is a comprehensive package that helps block managers manage vaccine and logistics, estimate target beneficiaries (pregnant women and infants), assess available human resource, develop detailed work plans/supervisory plans, and develop an immunization calendar, social mobilization plan and alternate vaccine delivery plan.

[1] Coverage evaluation survey 2009.

Picture 1: Health staff at CHC Jamtara developing microplan

This user-friendly tool facilitates meticulous planning for each and every aspect of immunization. Entering information in this tool is very simple. User-friendliness of the tool enables block-level health functionaries to utilize it for planning at micro level. The tool provides plans on the basis of information entered by the user and auto-generates some formats that include estimation of beneficiaries and logistics. The tool is being used by the staff in health facilities across all districts in the states of Uttar Pradesh and Jharkhand since 2010.

Based on its user-friendliness and effectiveness, the use of this tool is scaled up in Uttarakhand and Haryana. The project looks to carry forward the use of the microplanning tool to all six USAID-focus states as part of intensification efforts under the national Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) strategy.

With this system in place, block managers are now able to generate effective microplans entailing plan for human resources allocation, vaccine requirements, and detailed schedules for each of the immunization session sites.