



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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Vol. 39 No.30

21<sup>th</sup> – 27<sup>th</sup> July 2012

## Health Facility Micro-Planning (Part II)

**This is the second in a series of three articles on Health Facility Micro-Planning**

### Step 4-Preparing a Health Facility session plan

In this guide, we base the session plan on the workload that the health workers can carry out realistically within the course of a day. The session plan will show the type of session (fixed, outreach etc) and how frequently the sessions will be done.

An estimate of the number of injections that can be given in a session is used as the basis for measuring the workload. Health workers would be able to handle a higher work load at a fixed site than at an outreach site.

An estimated workload is used because the exact number of infants and pregnant women attending any session is unpredictable. By making a session plan based on realistic workload, you will always know in advance how much vaccines, supplies, staff and transport should be available for a session. In this way, the session plan provides a firm basis for making a work plan. You can always adjust the frequency and type of session and the quantity of supplies as needed. Against each village/ward, calculate the number of infants under care for a year. Then, this number has to be multiplied by the total number of vaccines that should be administered per child. In Sri Lanka, a total of 10 vaccines (discounting OPV) are administered per under 5 child (three doses of Penta, 2 doses of MMR, one dose each of JE, DPT, DT and a maximum of 2 doses of tetanus toxoid per pregnant woman). This number has to be divided by 12 to get the number of vaccines which should be administered per month.

e.g. for a clinic which has 96 infants under care,

$96 \times 10 = 960$  (number of vaccines that should be given annually, discounting OPV)

$\frac{960}{12} = 80$  (number of vaccines that should be given monthly, discounting OPV)

The number of vaccines that can be given in a clinic session may vary depending on local conditions, i.e. the number and availability of staff, availability of vaccines and other supplies, distance between the health facility and the clinic centre and the need to provide other health services at the same time (e.g. ANC services etc).

Decide whether an area needs larger less frequent sessions or smaller more frequent sessions.

Other child survival interventions can also be delivered with immunization (e.g. insecticide treated bed nets, Antihelminthics etc).

### Step 5-Problem solving using the RED strategy

In Steps 1 and 3, problems of access and utilization specific to areas were identified. In Step 5 you will have the opportunity to consider general or qualitative problems and solutions that may affect the whole or part of the catchment area. The five operational components of the RED strategy can be used to help structure the problems and solutions. They are,

**1. Re-establishment of outreach services** (where necessary, if fixed clinics are not feasible)

#### 2. Supportive supervision

Do you receive regular supervisory visits? For example, how many visits in the last six months?

Do the supervisors take time to provide some needed information and help solve problems?

Is there a follow-up on findings from previous supervisory visits?

#### 3. Community links with service delivery

Are the communities you serve involved in planning the place and time of sessions?

Are communities always informed in advance about sessions?

Are community volunteers available at immunization sessions?

Do you receive information on newborns from the community?

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Are pregnant women aware of the need for TT/Td immunization and how to receive it?

Are there rumours and concerns about the safety of vaccines?

**4. Monitoring and use of data for action**

Do you have a defaulter tracking system in place?

Does the district hold quarterly meetings to review performance?

Are you able to provide complete and timely monthly reports?

Do you receive a feedback on monthly reports?

Is there a big difference between official denominator and immunization denominator?

**5. Planning and management of resources**

Do you have a session plan and work plan?

Are there vacant staff posts in your health facility?

Have you had recent stock-outs of vaccine, safe-injection equipment, fuel and other supplies?

Activities that will solve the problems identified can be categorized as follows:

1. Activities that you yourself can do at the health facility (with limited resources) such as re-arranging the session plan, working with community volunteers etc.
2. Activities that need resources and assistance from the next level (district or higher) such as providing supplies, equipment, technical support and information on new aspects of the programme.

Activities aimed at solving problems in the Health facility should be allocated to relevant persons and the name of the responsible person and the date of commencement of the activity should be documented. When a progress report is prepared, refer to this list of activities and see which are still outstanding.

**Step 6-Making a Work Plan for a quarter**

To complete the work plan you will need:

Session plan (to list all sessions according to location and date), activities aimed at reaching all hard-to-reach areas and other activities that will be carried out at the health facility.

To complete the work plan,

1. Try to schedule:
  - Fixed sessions on the same day(s) every week
  - Outreach sessions (if any) on the same day or date every month to make it easier for the community to remember.
2. Identify sessions to be conducted by the district/with the collaboration of other institutes (e.g. nearby hospitals).
3. Include other activities from step 3 and 4 at the bottom of the work plan

Assign dates to:

- Activities identified in the problem-solving exercises
- Other regular activities like training, monitoring etc
- Ensure that there is no conflict in dates.

Make a dynamic work plan! Show all the sessions and other activities, monitor and adapt the plan regularly.

1. In the work plan, list the names of all areas in the health facility catchment area in the same order as in the session plan.
2. In the next column write the number of sessions and type of sessions per month, for example 'village A: 4 fixed sessions', as written in the session plan.
3. Add a column for each month and write the following:
  - The date each session is scheduled

- The date the session was actually held
- The type of transport needed if it is a outreach or mobile session
- The person responsible for conducting the session
- Whether the district needs to provide support/ Need collaboration of the nearby institutes for the session.

4. Under each month write extra activities and other regular activities.

- Add activities for hard-to-reach and problem areas

- Add other activities that need to be carried out on a regular basis, such as monthly conferences, in-service trainings etc.

- Include periodic interventions to be delivered with immunization

(e.g. distribution of antihelminthic tablets).

5. Monitor session implementation.

Under each month note the number of sessions held and the number of sessions planned. If it was not possible to carry out a session as planned, state the reason in the monthly report. Revise the activities according to the situation at least every quarter according to the progress and additional needs.

**Step 7-Using a Monitoring Chart**

You can adapt the monitoring chart to show whatever vaccine doses you wish, for example, Penta1-Penta3, BCG-MMR, etc.

Using the monitoring chart

The monitoring chart has been developed to track the monthly and annual progress towards immunizing infants. It also helps to determine if the target population is completing the series of vaccines (e.g. Penta3) or dropping out.

Calculate the annual and monthly target population to receive immunization services

Annual target population- You should target to reach every infant in the catchment area, especially those who are hard to reach. Using existing population figures for the area, calculate infants under care for the given year.

Monthly target- Divide the number of infants under care by 12. (If, for example, the annual target of infants is 156, the monthly target will be  $156/12 = 13$ .)

Label the chart

Complete the information on the top of the chart, i.e. area and year. Label the left and right side of the chart with the monthly target figures. Label the boxes at the bottom with the name of the vaccine and dose, e.g. Penta1 and MMR or Penta1 and Penta3

Draw a diagonal line from zero to the top right-hand corner to show the ideal rate of progress if every infant is immunized on time.

Plot immunization data on the chart

The chart can be used to monitor doses given and drop-out rates. Use the same time period for each vaccine and dose. The monitoring chart is the best tool for showing progress. Ideally, it should be displayed on the wall of the health facility next to the work plan

**Compiled by Dr Madhava Gunasekera of the Epidemiology Unit**

Source-*Microplanning for Immunization Service Delivery Using the Reaching Every District (RED) Strategy* – available from [www.who.int/entity/immunization/sage/9\\_Final\\_RED\\_280909.pdf](http://www.who.int/entity/immunization/sage/9_Final_RED_280909.pdf)

**Table 1: Vaccine-preventable Diseases & AFP**

14th – 20th July 2012 (29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01	00	00	00	00	00	00	00	01	02	46	50	- 08.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	00	00	00	00	00	00	00	00	01	24	83	- 71.1 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	12	- 58.3 %
Whooping Cough	00	00	00	00	00	00	01	00	00	00	00	36	23	+ 56.5 %
Tuberculosis	00	00	131	33	09	48	00	07	78	306	77	5055	4664	+ 08.4 %

**Table 2: Newly Introduced Notifiable Disease**

14th – 20th July 2012 (29th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	00	00	00	00	04	02	05	00	01	12	40	2321	2587	- 09.9 %
Meningitis	00	00	00	00	00	01 KN=1	02 AP=2	00	00	03	09	321	489	- 34.4 %
Mumps	00	00	00	00	04	02	05	00	01	10	98	2342	1529	+ 53.1 %
Leishmaniasis	00	00	02 HB=2	00	00	00	21 PO=4 AP=17	00	00	23	09	369	401	- 08.0 %

**Key to Table 1 & 2**

**Provinces:** W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.  
**DPDHS Divisions:** CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

**Data Sources:**

**Weekly Return of Communicable Diseases:** Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

**Special Surveillance:** Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

**Dengue Prevention and Control Health Messages**

**Thoroughly clean the water collecting tanks bird baths, vases and other utensils once a week to prevent dengue mosquito breeding.**

**Table 4: Selected notifiable diseases reported by Medical Officers of Health**  
14<sup>th</sup> - 20<sup>th</sup> July 2012 (29<sup>th</sup>Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	0	3988	0	56	0	5	0	93	0	27	0	71	0	2	0	30	0	2	0
Gampaha	42	2366	1	35	0	5	0	33	0	13	0	81	0	7	1	104	0	0	13
Kalutara	8	967	1	38	0	2	0	17	0	4	0	106	0	2	0	13	0	1	8
Kandy	0	752	0	40	0	1	0	11	0	12	0	28	0	65	0	16	0	0	0
Matale	2	196	0	39	0	4	0	7	0	4	0	21	0	2	0	10	0	0	8
Nuwara	0	125	1	65	0	1	0	17	0	1	0	14	0	32	0	9	0	1	8
Galle	0	462	0	36	0	3	0	6	0	10	0	59	0	21	0	1	0	0	0
Hambantota	0	227	0	18	0	1	0	2	0	15	0	28	0	24	0	5	0	0	8
Matara	2	587	0	30	0	4	0	9	0	16	0	65	0	36	0	49	0	0	6
Jaffna	1	205	0	86	1	9	1	181	0	27	0	2	0	237	0	4	0	0	17
Kilinochchi	0	20	0	6	0	1	0	18	0	39	0	4	0	26	0	4	0	1	0
Mannar	0	95	0	49	0	3	0	15	0	14	0	16	0	39	0	2	0	0	0
Vavuniya	0	31	0	9	0	19	0	6	0	13	1	16	0	0	0	1	0	0	25
Mullaitivu	0	8	0	9	0	1	0	4	0	1	0	2	0	5	0	0	0	0	0
Batticaloa	1	565	1	99	0	2	0	14	14	44	0	7	0	0	0	6	0	3	36
Ampara	0	60	0	45	0	0	0	3	0	6	0	17	0	0	0	2	0	0	0
Trincomalee	0	90	0	80	0	1	0	15	0	2	0	32	1	6	0	2	0	0	25
Kurunegala	46	1008	2	82	1	10	1	58	1	25	0	96	0	18	1	67	0	2	42
Puttalam	0	356	0	23	0	4	0	5	0	1	0	20	0	9	0	1	0	0	0
Anuradhapu	1	181	1	33	0	2	0	7	0	3	0	53	0	18	1	40	0	1	26
Polonnaruw	5	142	0	28	0	0	0	1	0	1	1	35	0	2	0	33	0	1	71
Badulla	0	99	0	33	0	1	1	25	0	1	0	17	0	25	0	20	0	0	12
Monaragala	6	109	1	38	0	4	1	11	0	4	1	48	1	43	0	115	0	1	27
Ratnapura	9	1057	0	97	0	23	1	31	0	5	3	135	0	20	2	55	0	1	17
Kegalle	33	1499	0	41	0	9	0	15	0	10	2	97	0	35	2	339	0	0	36
Kalmune	1	142	0	111	0	1	0	5	0	66	0	2	0	0	0	6	0	1	15
<b>SRI LANKA</b>	<b>157</b>	<b>15337</b>	<b>08</b>	<b>1226</b>	<b>02</b>	<b>117</b>	<b>05</b>	<b>609</b>	<b>15</b>	<b>364</b>	<b>08</b>	<b>1072</b>	<b>02</b>	<b>674</b>	<b>07</b>	<b>934</b>	<b>00</b>	<b>15</b>	<b>16</b>

Source: Weekly Returns of Communicable Diseases WRCD).

\*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

\*\*Timely refers to returns received on or before 20<sup>th</sup> July, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 53

A = Cases reported during the current week. B = Cumulative cases for the year.

**PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).**

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to [chepid@sltnet.lk](mailto:chepid@sltnet.lk).

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