WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Health Facility Micro-Planning (Part I)

Reaching Every District (RED) strategy was developed and introduced in 2002 by WHO, UNICEF and other partners to help improve immunization systems. Under RED strategy, Health facility Micro-Planning was developed to identify local problems in the immunization systems. Finding corrective solutions is also an integral part of Health facility Micro-Planning. Health facility Micro-planning can be used (and is being used) very effectively in the Medical Officer of Health (MOH) system in Sri Lanka.

This is the first in a series of three articles on Health facility Micro-Planning

Steps in Micro planning

- Quantitative analysis of local immunization data
- Preparing and reviewing operational maps
- Identifying special activities for the hard-to-reach and problem areas
- Preparing a health facility session plan
- Problem solving using the RED strategy
- Making a work plan for a quarter
- Using a monitoring chart
- Working with the community and tracking defaulters
- Managing supplies
- Making use of the monthly report

Step 1-Quantitative analysis of local immunization data

This can be done by assessing the number of unvaccinated children in the areas concerned (data from a full calendar year should be used for these calculations). Areas which have the highest number of unimmunized children are given the highest priority, e.g. priority number 1. These priority numbers can vary according to the vaccine under consideration (e.g. priority numbers can be different if MMR vaccine is considered instead of the 3rd dose of Pentavalent vaccine). Make sure that the same priority number is not allocated to two areas.

After the prioritizing process, the underlying problem can be analyzed further using coverage rates and drop-out rates as follows.

Coverage =Number of children who received the first vaccine given in the field X 100
Target Population
e.g.=Number of children who received Penta 1 X 100
Infants under care for the given year

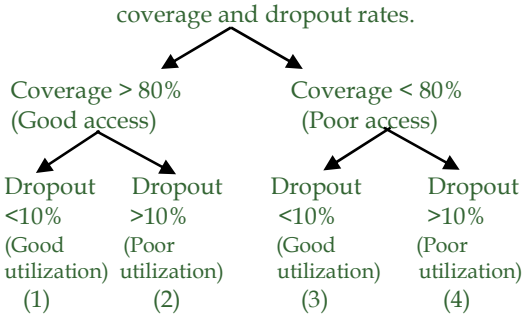
Drop-out =Number of children who received the first vaccine given in the field -Number of children who received a subsequent vaccine given in the field X 100
Number of children who received the first vaccine given in the field
e.g.=Number of children who received Penta 1-Number of children who received MMR- X 100
Number of children who received Penta 1

Usually, 80% coverage and 10% drop out rates are taken as cut-off levels but these figures can be changed if necessary.

Coverage rates provide information about the access and coverage > 80% is considered as good access and coverage < 80% is considered as poor access.

Drop-out rates provide information about utilization and a drop out rate of <10% is considered as good utilization and a drop out rate of >10% is considered as poor utilization.

Four categories can be identified using the above coverage and dropout rates.



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Category 3-Poor access and good Utilization
Category 4-Poor access and poor Utilization

Step 2-Preparing and reviewing operational maps

Making an operational map of the catchment area

Draw a map of the area served by the Health Facility concerned. The map can be simple and hand-drawn and does not have to be drawn according to scale. You may be able to use a map which is already prepared. Mark the following information on the map:

- Each village/area and all other settlements of population
- Total population and target population of each village/ ward
- Hard-to-reach areas (see below)
- Roads and geographical landmarks (rivers, streams, mountains)
- Distance between each village and the health facility (if known)
- Transport frequently used by the health facility to reach each village and the time taken (if known)
- Location of the nomadic populations and their travel/ movement plans (if applicable)
- Identify the areas that have seasonal accessibility (if applicable)

This will show you how the population is spread in the area and decide on the type of session suitable for each village/ ward in the Health Facility area (e.g. fixed, outreach, mobile)

On the map, mark what kind of session will be used to reach each village or area using the letters F (fixed), O (outreach), M (mobile teams). For outreach and mobile clinics, use arrows to show how they will be reached. If possible, identify where it will be held (for each outreach session).

Note-Most of clinics in Sri Lanka are fixed clinics/satellite clinics.

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

To help the analysis, areas can be classified as 'hard-to-reach' and 'problem areas'

Hard-to-reach

Rural hard-to-reach: These are the rural populations which have little regular contact with routine immunization services. They may include:

- People living in areas too far from the health service
- Seasonally mobile populations (e.g. nomadic populations).

Urban hard-to-reach: These are urban populations living in areas not far from services but who do not make contact with the services for a variety of reasons. This group includes slum dwellers and squatter settlements.

Socio-economic hard-to-reach: These are the segments of society that include minority groups which do not use government health services due to

- Social reasons- Reluctance to access health services due to religious and traditional beliefs
- Economic reasons-Daily wage earners lose a day's pay whenever they stand in queues at a health facility
- Areas with conflict-Contact between health staff and the community can be limited due to poor security

Problem areas

Any area that is listed as category 3 or 4 in step 1 can be considered as a problem area. However, there may be other problem areas that do not fall into these categories.

Even though these areas are categorized as hard to reach and problem areas, the activities needed to reach them may be the same.

e.g. If access is poor, see whether there is a clinic within easy reach. If not, a clinic has to be established to serve the area. If the utilization is poor, see whether the service delivery is good (i.e. long waiting time, unfriendly staff etc)

Table 3 : Water Quality Surveillance
Number of microbiological water samples - June / 2012

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	NR
Gampaha	15	90	3
Kalutara	12	72	NR
NHIS	2	12	21
Kandy	23	138	21
Matale	12	72	0
Nuwara Eliya	13	78	12
Galle	19	114	NR
Matara	17	102	0
Hambantota	12	72	17
Jaffna	11	66	37
Kilinochchi	4	24	0
Manner	5	30	12
Vavuniya	4	24	0
Mullatvu	4	24	NR
Batticaloa	14	84	15
Ampara	7	42	NR
Trincomalee	11	66	0
Kurunegala	23	138	63
Puttalam	9	84	NR
Anuradhapura	19	114	8
Polonnaruwa	7	42	0
Badulla	15	90	57
Moneragala	11	66	66
Rathnapura	18	108	NR
Kegalle	11	66	3
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

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***

Table 1: Vaccine-preventable Diseases & AFP

06th – 13th July 2012 (28thWeek)

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	00	00	00	00	00	00	00	01	01	02	45	50	10.0 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	00	00	00	00	00	00	00	00	01	23	83	- 72.3 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	12	- 71.4 %
Whooping Cough	00	00	00	00	00	00	01	00	00	00	00	35	23	+ 52.2 %
Tuberculosis	00	46	10	02	23	00	18	18	00	117	77	4749	4664	+ 01.8 %

Table 2: Newly Introduced Notifiable Disease

06th – 13th July 2012 (28thWeek)

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	07	00	02	00	01	10	40	2288	2587	- 11.5 %
Meningitis	00	00	00	00	00	00	00	00	01 RP=1	01	09	308	489	- 37.0 %
Mumps	01	00	00	00	02	02	10	00	03	18	98	2305	1529	+ 50.8 %
Leishmaniasis	00	00	00	00	00	00	01 PO=1	00	01 KG=1	02	09	335	401	- 16.5 %

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

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

06th – 13th July 2012 (28thWeek)

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	99	3776	2	55	0	5	0	89	0	26	1	70	0	2	0	29	0	2	**15**
Gampaha	35	2324	0	34	0	5	0	33	0	13	0	81	0	7	0	103	0	0	**13**
Kalutara	4	956	0	37	0	2	0	17	1	4	1	106	0	2	0	13	0	1	**15**
Kandy	1	752	0	40	0	1	0	11	0	12	0	28	0	65	0	16	0	0	**4**
Matale	0	194	0	39	0	4	0	7	0	4	0	21	0	2	0	10	0	0	**8**
Nuwara	0	125	0	64	0	1	0	17	0	1	0	14	0	32	0	9	0	1	**0**
Galle	0	462	0	36	0	3	0	6	0	10	0	59	0	21	0	1	0	0	**0**
Hambantot	0	216	0	18	0	1	0	2	0	10	0	28	0	22	0	5	0	0	**0**
Matara	0	580	0	30	0	4	0	9	0	16	0	64	0	36	0	48	0	0	**0**
Jaffna	2	204	1	86	2	8	1	180	0	27	0	2	1	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	**25**
Mannar	0	94	0	45	0	3	0	14	0	14	0	16	0	39	0	2	0	0	**40**
Vavuniya	0	31	0	9	0	19	0	6	0	13	0	15	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	562	7	98	0	2	0	14	0	30	1	6	0	2	0	6	0	3	**43**
Ampara	0	58	0	44	0	0	0	3	0	6	0	17	0	2	0	2	0	0	**0**
Trincomale	0	90	0	80	0	1	0	15	0	2	0	32	0	5	0	2	0	0	**33**
Kurunegala	61	933	3	78	0	9	1	57	0	24	1	95	0	18	2	63	0	2	**52**
Puttalam	0	356	0	23	0	4	0	5	0	1	0	20	0	9	0	1	0	0	**0**
Anuradhap	2	180	0	32	0	2	0	6	0	3	0	53	0	18	0	39	0	1	**21**
Polonnaru	5	127	1	28	0	0	0	1	0	1	2	30	0	2	3	32	0	1	**71**
Badulla	2	99	0	33	0	2	0	24	0	1	0	17	0	25	0	20	0	0	**6**
Monaragal	0	99	0	36	0	4	0	10	0	4	0	47	0	42	0	112	0	1	**0**
Ratnapura	61	1041	2	97	0	23	0	30	0	5	1	132	0	19	0	50	0	1	**17**
Kegalle	39	1357	1	39	1	9	0	15	0	10	4	93	0	34	5	321	0	0	**36**
Kalmune	2	141	1	111	0	1	0	5	0	66	0	2	0	0	0	6	0	1	**23**
SRI LANKA	**314**	**14785**	**18**	**1207**	**03**	**115**	**02**	**598**	**01**	**343**	**11**	**1054**	**01**	**668**	**10**	**899**	**00**	**15**	**17**

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 19thJuly, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 57
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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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.**

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