Block level Microplanning Tool is an MS Excel based template, which has been designed to support Block Managers to develop an elaborate block level microplan for Routine Immunization activities.

The template has taken into consideration all issues that are necessary for having comprehensive plan, therewith considering provisions under National Rural Health Mission and newer initiatives like use of Auto Disable Syringes, Hepatitis B and Japanese Encephalitis immunization in selected States and Districts.

In brief major advantages by using this tool are –

- Estimation of target beneficiaries (pregnant women & infants) – annual and monthly
- Assessing available man power
- Estimation of vaccine requirement and other logistics on monthly basis
- Developing detailed ANM Work Plan
- Development of Immunization Calendar, Social Mobilization Plan and Alternate Vaccine Delivery Plan
- Day wise vaccine and logistic distribution plan to assist cold chain handlers
- Preparing Supervisory Plan.

Guidelines for preparing Block RI Microplan have been developed to provide step by step assistance for preparing the complete and comprehensive microplan using this tool, so as to utilize maximum output. This also helps in building capacity and identifying major issues that need to be incorporated in the microplan.

Initial Steps:

- The tool provided to you (in CD or else) is in Template format. Double click over the file till it opens. After this first SAVE it by name of your block in the destination folder in form of WORKBOOK.
- The tool is in English Language and all formats are set accordingly. Don’t try to change the font as it can disturb the settings.

1. **HOME PAGE**

1.1 When you open the file, first sheet that comes on the screen is home page, which appears as given in the figure on right (Similar pictures are given for all instructions in this document, which indicates proper steps to be followed).

1.2 Home page describes objective of the tool and its output.

1.3 Click on ‘ENTER’ with mouse to get on next step.
2. STEPS TO PERFORM

2.1 Next sheet that will come shows various steps that are to be performed for preparing a microplan and indicates what steps (or formats) are to be followed in order.

2.2 This sheet also provides as a Navigation support for skipping any particular format and accessing the next or some other one. For this take mouse to any green square with name of format you want to access and click over it.

2.3 The red squares at the bottom are links for going back to Home Page and Page indicating various formats in the tool. Click on any of these links for reaching respective pages / sheets.

2.4 For the first time users who want to get an idea about the format and entries that are to be made therein, click over ‘FORMATS’.

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3. FORMATS FOR ROUTINE IMMUNIZATION MICROPLANNING

3.1 This sheet highlights list of formats that are present in the tool. There are total of 15 formats, each meant for a different purpose.

3.2 This sheet also indicates quantum of entries that are to be done by the user. For example formats 1, 2 & 3 are to be entered fully by the user as also formats 10 & 15; In Formats 12 & 13 only few entries are to be done by user and rest would be generated or would be filled from entries done in previous sheets. Remaining formats i.e. format 4 to 9, 11 & 14 would be self generated with no form of entry from user.

3.3 This sheet also serves purpose for easy navigation to any of these formats, i.e. if user wants to directly go to any of these formats for entries or review he/she could click over the respective orange box with title of the format.

3.4 If user wants to switch back to ‘INDEX’ or ‘START MICROPLANNING’, he could click over the respective Red Boxes on the top row of sheet.

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4. BLOCK PROFILE

4.1 This is the first step in Microplanning. You can reach to this format either by clicking over ‘BLOCK PROFILE’ box in “Steps to Perform” panel or “START MICROPLANNING” in sheet with list of formats.

4.2 To prevent any wrong action or entry, user can make entries only in the cells that are coloured light blue. Rest all cells are locked for any entry.

4.3 There are red coloured small triangles on upper right corner of cells with description of entries to be made. If you role over your mouse over these triangles, boxes with specific
instructions would appear on the screen. This is to standardize the entries made and to avoid any wrong or un-required entry (See Figure 4.1 and 4.2).

4.4 In the figures given here, you have been shown the entries in one block of Ranchi district, so as to facilitate your entries.

4.5 Enter name of State, District, Block or Planning Unit (in some districts, urban areas are included as a separate Planning Unit, so as to facilitate Management & Administration). Enter whether block is Rural, Urban or have a Mixed Population. This is to be followed by entry of complete address of health facility (whether it is CHC/PHC/District Hospital/Sub divisional Hospital or else).

4.6 This is to be followed by entry of Number of Additional / New PHCs’, Urban Health Posts (or equivalent structure to Additional PHC in the urban area which is manned by Medical Officer), Sub centers and Urban Health Units (or equivalent structure to Subcenter in urban areas which is manned by Female Health Worker/ANM). Leave the cell blank if it is not applicable, e.g. if there are no Urban Health Post in predominantly rural block leave the cells for Urban Posts and Units blank.

4.7 Don’t enter the Population (it will automatically get totaled from other format). Enter year for which the microplan is prepared e.g. 2006-2007 or 2006.

4.8 Standard Crude Birth Rate and Infant Mortality Rates are already entered in the respective cells. If user is aware of State or district specific Birth Rate and Infant Mortality Rate, then enter the same or leave them as such. These rates are further utilized in estimation of beneficiaries (Pregnant Women & Infants). Don’t leave these cells blank, otherwise any estimation of beneficiaries and consequently of logistics would be possible.

4.9 Next select the designation of In charge of Health Facility from drop down list (Refer Figure 4.3) and name of In charge in next cell.

4.10 This completes your ‘BLOCK PROFILE’ format, to access next format click on red box with ‘NEXT STEP’ on the top right or go back click on ‘BACK TO INDEX’.

5. BLOCK LEVEL MANPOWER STATUS

5.1 In this format user has to enter information on sanctioned and filled posts from Health sector. Besides information from ICDS sector is also to be entered here. If user does not have this information, collect it from the concerned official at block or district.

5.2 No entry is to be made in blue cells in top 3 rows, which would appear once entry in ‘BLOCK PROFILE’ format is complete.
5.3 You have to make entries only in the white cells of the format (Refer Figure 5.1). Enter number of posts sanctioned for Superintendent / Deputy CMO. Last column in the format is for 'Remarks’, if user wants to give any comment on particular entry, e.g. ‘No such available in the block’.

5.4 Entry of Medical Officers is to done on the basis of their posting, i.e. whether they are posted at Block Headquarter (CHC/PHC/Sub divisional Hospital) or at Additional/New PHCs, or equivalent Health Facilities in Urban areas. Similarly if there are any Medical Officers that have been posted on contractual basis, it is to be entered in separate cells (Refer Figure 5.1).

5.5 There are two columns, one for sanctioned posts and other filled posts. The total of each of these columns and positions vacant would be done automatically in the light blue cells of the sheet.

5.6 Next in the format are entries for Sanctioned and filled posts of Health Inspectors and Health Supervisors (separately for Male and Female supervisors or LHV).

5.7 Entry for Female Health Worker (ANM) is to be done in similar fashion as of Medical Officers on the basis of number posted at different types of Health Facilities and in addition to this on the basis of their appointment (Refer Figure 5.2).

5.8 Complete other entries in the next cells. Next in the row is entry for alternate vaccinators (which are hired vaccinators according to provision under NRHM for vacant sub center areas or urban areas where there are no health workers are posted). Enter the number of such vaccinators required in column for ‘Sanctioned’ and the number actually hired in that of ‘Filled posts’.

5.9 In the section of ‘Mobilizer’ (Refer Figure 5.2), select the type of mobilizer available in the area from the drop down list (which enlists ASHA, Sahiya, Sahyogini and Link worker) and enter the number required (or planned) in ‘Sanctioned’ and number available in cell for ‘Filled Posts’.

5.10 In the next section of the format, user has to fill manpower status of ICDS functionaries (sanctioned and filled posts of) CDPO, ICDS Supervisor and Anganwadi workers (Refer Figure 5.3).

5.11 User has to fill the number of Traditional Birth Attendants, Self Help Groups and NGOs working in the area.

5.12 In the last section fill the name of persons responsible for cold chain maintenance, vaccine distribution, recording and reporting and logistics. The name and designation of In charge would appear by self (on basis of information given in block profile sheet) for signature (Refer Figure 5.3).

To go to next format click on ‘NEXT STEP’ or on ‘PREVIOUS STEP’ for previous format.
6. PRIORITIZATION OF AREAS FORMAT

6.1 This is the most important format in Microplanning and it should be filled carefully and with discretion.

The information entered here would further result in critical issues including village / urban area wise estimation of beneficiaries and logistics and in prioritization of the areas.

User should take care that he/she fills information of each and every village or urban area in the block and that no area is left (missed area). All the columns in this format are to be filled by user.

6.2 Being the most important format, this is fully equipped with guidance at each and every step of filling information. To get information on the format, role your mouse over red box at top right with text ‘HELP ON THIS FORMAT’. This will result in a green window with all details of the format (Refer Figure 6.2).

Besides this, there is a red thick line in Row 9 (Refer Figure 6.3), for any information on entry in that particular column role over your mouse over that area of red line and yellow box will appear to provide you assistance.

6.3 In the first column (Column A) enter the name of Additional / New PHC or Urban Health Post in which particular village or urban area is included. In the next column (Column C) enter the name of Sub center or Urban Health Unit and in next (Column E) the name of village or urban area. Fill the serial numbers in column B & D accordingly.

In front of the name of village / urban area fill the respective population. If user is not sure of population don’t fill wrong population and enquire from appropriate authority which could be Supervisor or Health worker of the area. For this purpose Head count Survey Data from Anganwadi worker or latest Census data could also be used. Correct population will give correct estimate of beneficiaries which would help in improving coverage status.

In next column (Column G), fill the distance of particular village/ urban area from Block Headquarter or where the Block cold chain is situated. If cold chain is not available in the block and vaccines are distributed from adjacent block or other area, give the distance of village/urban area from that particular point. This is important because this would assist in proper planning for Alternate Vaccine Delivery mechanism and besides this distance is an important factor to prioritize the area (point 6.4).
6.4 In the next 3 columns (Column J, L & N) user has to select the priority criteria from the drop down list provided in each of these cells (Refer Figure 6.4). The priority criteria to be JUDGED and entered by user are (1) Type of Area or Terrain, (2) Accessibility and (3) RI coverage for DPT 3rd dose.

Detailed plan for Prioritization and scoring is given in the following table.

<table>
<thead>
<tr>
<th>Population</th>
<th>Score</th>
<th>Distance</th>
<th>Score</th>
<th>Area / Terrain</th>
<th>Score</th>
<th>Accessibility</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1000</td>
<td>1</td>
<td>Less than 5 KM</td>
<td>1</td>
<td>Plain</td>
<td>1</td>
<td>Motorable</td>
<td>1</td>
</tr>
<tr>
<td>1000 to 3000</td>
<td>2</td>
<td>5 to 10 KM</td>
<td>2</td>
<td>Forest</td>
<td>2</td>
<td>Partially Motorable</td>
<td>2</td>
</tr>
<tr>
<td>More than 3000</td>
<td>3</td>
<td>More than 10 KM</td>
<td>3</td>
<td>River / Swamp</td>
<td>3</td>
<td>Mixed</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tribal</td>
<td>4</td>
<td>Only Cycle</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hilly</td>
<td>5</td>
<td>Only Walking</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Urban Slum</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Score : Less than 6 - Low Priority
6 to 10 - Moderate Priority
More than 10 - High Priority

For getting correct prioritization of the village/area, user has to fill correct information. The score will automatically be calculated and priority will appear in last column (Column P) along with the colour coding i.e. Green for low, Orange for Moderate and Red for High (Refer Figure 6.4).

6.5 After completing the entry for one village / urban area in one row, get on next row for that of next village/area. Entries in column A, B & C are to be repeated if it is included under same PHC area and sub center/health unit. You can either retype the names or select the cell and Press CTRL ‘D’ to duplicate the entry.

Once all the villages/urban areas of a particular sub center / health unit are entered, enter the name of next sub center / health unit and give information on each village/area included under it. Similar process has to be repeated for all villages / areas.

Ensure that no cell is left blank (Refer Figure 6.4).

Ensure that all villages and urban areas in the block with concerned Additional /New PHCs or Urban Health Posts and Subcenters or Urban Health Units have been appropriately incorporated in the format. Missing any area or skipping any entry would lead to failure of microplanning.

6.6 For taking the print out once the entries are completed for all villages/urban areas, go in ‘VIEW’ on Tool Bar and select ‘Page Break Review’. Once Page Break Review is on draw holding your mouse the blue line at end of sheet till all the entries that are done are included and blank cell are out of printing area. Only after this take the print out (Refer Figure 6.5).

6.7 There is another important feature in the sheet to filter out the specific information required by user or block manager. For this drop down lists are
provided in all columns in Row 10, below the Red Helpline. If you want to see only villages included under particular Additional PHC or Urban Health Post, click on the down arrow key in column A row 10, which will produce the list of all PHCs'/Posts that you have entered. Select the one in which you are interested and click over it. Now only the entries from this PHC/Post will be visible and remaining will hide away. To revert to all villages, again click on same down arrow and select “ALL” on the top of list.

Similar process could be done for viewing villages/areas of particular sub center / health unit and also to look into villages/areas with specific feature with respect to Area/Terrain, Accessibility and RI coverage (Refer Figure 6.6).

By Filtering out the priority areas you can get priority wise list of villages/areas. High Priority areas by this way could be specifically looked into through close monitoring and supervision.

Follow the same steps as described in previous sections to go to the next format after completing entry in this format.

7. ESTIMATION OF BENEFICIARIES AND NUMBER OF IMMUNIZATION SESSIONS

7.1 This is a Self Generated Format i.e. user does not have do any entries to prepare this format. All the information that user has entered in the previous format would appear on this format.

This format describes village & urban area wise number of beneficiaries (Pregnant Women & Infants) on annual & monthly basis. This therefore could help health workers and supervisors to ensure reach to all beneficiaries.

The total number of beneficiaries comes on the top in the orange colour row (Row 11). (Refer Figure 7.1)

7.2 Besides number of beneficiaries, this format also provides the number of immunization sessions that need to be organized (on the basis of population base) so as to ensure reach to all beneficiaries. This could assist Block Managers in planning area wise sessions.

7.3 The Crude Birth Rate and Infant Mortality Rate entered in the format of ‘Block Profile’ is used herein for estimation of beneficiaries. If those cell in Block Profile format are left blank values will not appear here but sign “VALUE#” will appear.

7.4 All other features available in previous format for “Prioritization of Areas’ is also included in this format.

“HELP ON THIS FORMAT” at right upper border to provide assistance on this format.

Red colour triangles on right upper corner of cells to provide information on formulae used for estimation of beneficiaries and number of immunization sessions.

“Drop down keys” in row 11 to select Additional /New PHC or Urban Health Post and even Sub centers /Urban Health Units for display.
7.5 The last column of this format for ‘Comment’ is open for entry and user could give any remark or comment about any particular village/area.

7.6 For printing same procedure given in section on previous format (i.e. point 6.6) is to be followed for this format as well.

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8. **ANTIGEN WISE ESTIMATION OF BENEFICIARIES**

8.1 Similar to previous format, this format is also Self Generated and no entry of any kind is required from user.

8.2 This format provides Antigen wise estimation of beneficiaries, which could again assist Block Manager, Supervisors and Health Workers to plan immunization sessions.

This format also provides priority of particular village and urban areas against the number of beneficiaries for the same purpose as given above.

This format provides information on number of beneficiaries for all primary antigens, boosters and also Hepatitis B (3 doses) and Japanese Encephalitis (single dose). Along with this beneficiary for 9 doses of Vitamin A at six months intervals is given here in last column.

8.3 For taking the print out same process adopted in previous two formats is to be followed (i.e. Point 6.6).

8.4 Other feature of previous formats like Help on this format, red triangles for description of specific columns and drop down buttons for filtering out specific area (also by priority) are provided here for ease of user.

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9. **SUBCENTER AND VILLAGE/AREA WISE ESTIMATION OF VACCINE VIALS AND OTHER LOGISTICS (MONTH WISE)**

9.1 This is also a Self Generated Format and gives village/urban area wise estimation of

- Vaccine vials for all antigens
- Diluents for BCG & Measles
- AD syringes (both 0.1 ml for BCG & 0.5 ml for other vaccines)
- Reconstitution Syringes for BCG & Measles
- Immunization Cards

9.2 This format could assist block level Immunization Officer or cold chain handlers for finding out their monthly requirement of vaccines and logistics and could therefore timely indent the same from District. This format takes into consideration wastage factor for vaccines & other logistics.

9.3 All other features are same as that in previous formats.
10. LOGISTIC REQUIREMENT SUMMARY SHEET

10.1 This sheet is Summary of Logistic Requirement (including vaccines, AD syringes, Reconstitution syringes and Vitamin A), which is generated automatically on the basis of total requirement revealed in previous sheets.

User does not require doing any entry in this sheet.

10.2 Top rows of the sheet gives basic information of the block including total population and information entered in Block Profile and Manpower Assessment formats.

10.3 Total number of immunization sessions required to serve entire population (from format for estimation of beneficiaries) and actual number of sessions planned (from Health Worker Work Plan format which is the next format to be completed) is also present on the sheet, for providing summarized information to Block Manager (Refer Figure 10.1).

10.4 Row 26 onwards provides information on monthly requirement of vaccine vials, which again is presented in 3 forms for assisting Block Manager (Refer Figure 10.1).

- Monthly requirement as per the estimated targets (This is obtained from sheet on Sub center and Village/area wise Estimation of Vaccine Vials and other Logistics).
- Monthly requirement as per Health Worker Work Plan and Vaccine Distribution Plan (This gets completed once the user makes Health Worker Work Plans and is obtained from sheet on Session Day wise Vaccine and Logistic Distribution Plan).
- Required Monthly Stock (including 25% Buffer) – this is calculated because actual stock available at Block Cold Chain should be 25% more than actual requirement so as to provide safe time for making indent (to ensure that there is no vaccine stock at any moment of time).

10.5 Vitamin A is estimated in 2 sections, one for initial 5 doses and second from 6th to 9th doses (Refer Figure 10.2).

10.6 In the next few rows summarized requirement for Hepatitis B & Japanese Encephalitis are provided which could be useful for States and Districts where these vaccines have been included in the schedule.

11. IMMUNIZATION WORK PLAN FOR HEALTH WORKER AND ALTERNATE VACCINATORS

11.1 This is another one of the most important format, which is to be completely filled by the user. The information to be entered here is to be collected by discussion with Supervisors and Health Workers.

11.2 There is one separate format for one Health Worker and in total there are 50 such formats on this worksheet which could be accessed by scrolling down.
This is immunization work plan for the month and no other activity is to be incorporated in this format.

Total 10 days (maximum) are provided in each format. If Health Worker is planned to conduct lesser number of sessions, then leave entries for the other days blank.

The paging is specifically done that work plan for one health worker comes on one page (Refer print preview in Figure 11.1).

Ensure to fill each and every cell in the format for any health worker since this information is further linked to many other formats in the tool.

11.3 Information that is to be entered in this format and its description is as follows (Refer Figure 11.2):

- In the blue cells on the top enter the name of Health Worker / Alternate Vaccinator; Name of Sub center or Urban Health Unit; Name of Supervisor and total number of sessions that she/he would be conducting in one month.

- Week day: enter the day of the month on which the particular session has been planned, e.g. 1st Wednesday or 3rd Saturday etc.

- Timing’s of session: enter the time during which health worker would be organizing the session. This has to be planned according to local needs and conditions. E.g. 9 AM to 4 PM or 2 PM to 6 PM etc.

- Name of Village or Urban area (or name of Health Facility if planned session is a fixed and not outreach).

- Session site (address or landmark): Enter the exact address in the village or urban area where health worker would be organizing the session.

- Estimated Population to be covered by the session: Enter the population which is supposed to be served by a particular session. Like if total population of a village is 2700 and two sessions are to be organized (first on 1st Wednesday and second on 3rd Wednesday), then make entries of these two sessions in different columns separately. Suppose first session serves population of 1300 living in one community cluster and second session population of 1400 then enter the populations in respective cells accordingly. This is important because session wise planning of logistics and vaccines would be done from this population.

- Name of Secretary (Village Health & Family Welfare Committee): these committees are constituted under Panchayat Raj.

- Name of Anganwadi worker: if there is no Anganwadi worker in any area leave this cell blank for that particular session.

- Name of ASHA or Link Worker: enter the name of mobilizer including Sahiya, Sahyogini or other local mobilizer who is supposed to receive honorarium for doing mobilization of beneficiaries (provision under NRHM).

- Mode to be used for vaccine delivery to site: enter the means by which vaccine would be transported e.g. cycle, scooter, hired car or ANM etc.
• Person responsible for vaccine delivery: enter name of person who would hold the responsibility of timely and safe transportation of vaccine and logistics.

• Name of locally active Self Help Group/ Mahila Mandal or Social Group in the village or urban area that could provide assistance in social mobilization and tracking of beneficiaries.

11.4 After completing entry in work plan for one health worker move for entry to the next worker. One copy of this work plan is supposed to be available with health worker, so that she is aware as to when a session has been planned in her/his area.

11.5 For easy navigation to different health workers (like to save time in scrolling if you want to access work plan of 47th worker) a drop down list has been provided in the first column (Column A) top left corner (Refer Figure 11.3).

Select the number of health worker and work plan for that worker would be visible on the screen.

This could also be helpful if you want to take a print out for any particular health worker. Select the number of that worker, which would then be displayed and give Print Command. Only one page work plan for that health worker would be printed and not the other one.

If again you want to see or have plans for all workers, select “ALL” at the top of this drop down list.

To access the next format, click with mouse on “NEXT STEP’ on the top row.

12. IMMUNIZATION CALENDAR (ANM ROSTER)

12.1 This is a Self Generated Format which shows

- Name of Health Worker,
- Name of Supervisor
- Week days
- Villages / urban areas where health worker would be organizing immunization sessions

(Refer Figure 12.1)

User does not require doing any entry in this format.

12.2 Print out of this calendar is to be displayed at health facility and cold chain unit to provide single glance view to workers and even community members (if enlarged copy could be prepared).

13. SOCIAL MOBILIZATION PLAN

13.1 This is a Self Generated Format, created on the basis of information entered by the user in Health Worker Work Plan Format.

No other entry is required in this format.
13.2 This format provides single glance view session day and village/urban area wise list of

- Secretary (Village Health & Family Welfare Committee),
- Anganwadi Worker,
- ASHA or Link Worker and
- locally active Self Help Group/ Mahila Mandal or any NGO

Those are supposed to provide support during the immunization session for mobilization and tracking of beneficiaries (Refer Figure 13.1).

13.3 This format could serve the purpose of Management and Monitoring tool for Block Managers and Supervisors during their supervisory visits and could ensure that concerned workers or groups are providing their support.

13.4 You can filter out the specific information for a particular Health Worker, Sub center or Session day from drop down buttons provided in Row 8 of Columns A to D. This specific information could be printed out. To revert back to all workers and days select “ALL” from drop down list of the same column (Refer Figure 13.2).

14. ALTERNATE VACCINE DELIVERY PLAN

14.1 This is also a Self Generated Format that is created on the basis of information that user has entered in the format for Health Worker Work Plan.

14.2 This format provides single glance view for session day and village/urban area wise

- Address of session site
- Mode to be used for vaccine delivery
- Name of person responsible for vaccine delivery

14.3 In the last column of the sheet (Column J), user can enter the estimated amount that is to be incurred in vaccine delivery to a particular session site. Total of this amount would appear in the yellow cell on the top of this column (Row 9). (Refer Figure 14.1)

Besides this no other entry is required in this format.

14.4 This format could serve the purpose of Management and Monitoring tool for Block...
Managers in planning out Alternate Vaccine Delivery Mechanism for their block.

14.5 You can filter out the specific information for a particular Health Worker, Sub center or Session day from drop down buttons provided in Row 9 of Columns A to D, similar to the previous format. This specific information could be printed out. To revert back to all workers and days select “ALL” from drop down list of the same column (Refer Figure 14.2).

15. **SESSION DAY WISE VACCINE VIAL AND LOGISTIC DISTRIBUTION PLAN**

15.1 This is a Self Generated Format indicating the number of vaccine vials, Diluents (for BCG & Measles), AD syringes and Reconstitution syringes that are to given to a particular health worker on a particular session day (Refer Figure 15.1).

This is developed on the basis of information entered by user (specifically the population served by a particular session) in Health Worker Work Plan format.

15.2 This format is an important Management Tool because under NRHM there is provision (allotted funds) for transportation of vaccines and other logistics from cold chain to the session site and returning back carrier and logistics at the end of session. Under this situation health worker should not waste her/his time in collecting vaccines from the cold chain. Therefore it is important for cold chain handler to know how much vaccine is required in a particular session so that there is no stock out of vaccine at session site.

15.3 You can filter out the specific information for a particular Health Worker, Sub center or Session day from drop down buttons provided in Row 9 of Columns A to D, similar to the previous format. This specific information could be printed out. To revert back to all workers and days select “ALL” from drop down list of the same column (Refer Figure 15.2)

16. **SUPERVISION PLAN**

16.1 This is the last format in Routine Immunization Microplanning for the block.

This format is to be completely filled by the user.

16.2 The entries that are to be done in this format are as follows (Refer figure 16.1):

- Name and Designation of Supervisor (Supervisors can be Medical Officers, other non medical supervisory staff including Health Inspectors, Health Supervisors (Male & Female), Lady Health Visitors (LHV) or...
even supervisory staff from ICDS or other related Department or Agency)

- Session day wise names of villages and urban areas that are to be visited by respective supervisors. To fill this format Block Manager can take help of Immunization Calendar generated with help of this tool.

E.g. On session day 1, supervisor ABC would be visiting session sites UVW and XYZ

16.3 After completing the entries in this format, user can take a print out and the same could be displayed at the Health Facility.

17. HEPATITIS B AND JAPANESE ENCEPHALITIS IMMUNIZATION MICROPLANS

17.1 If in a particular district or block, Hepatitis B and/or Japanese Encephalitis vaccination is included in Routine Immunization, then Block Manager can also take prints for microplans of either or both of these activities.

Both of these are Self Generated Formats and user does not require any additional entry.

17.2 For accessing these microplans, go back to index or navigation sheet by clicking on ‘BACK TO INDEX’, provided in the top most row in all other sheets.

On Index sheet there are two orange squares with names ‘Hepatitis B Microplan’ and ‘JE Microplan’ at the bottom (Refer Figure 17.1). Click on the plan you require.

17.3 Hepatitis B Microplan (Refer Figure 17.2) contains following information –

- Additional/New PHC or Urban Health Post and Subcenter / Urban Health Unit wise list of Villages and urban areas.
- Estimated Beneficiaries for Hepatitis B immunization
- Estimated Hepatitis B vaccine vials required
- Estimated 0.5 ml AD syringes required

17.4 Japanese Encephalitis Microplan (Refer Figure 17.3) contains following information (similar to point 17.3) –

- Additional/New PHC or Urban Health Post and Subcenter / Urban Health Unit wise list of Villages and urban areas.
- Estimated Beneficiaries
- Estimated JE vaccine vials required
- Estimated 0.5 ml AD syringes required
- Reconstitution Syringes required