

Republic of Mozambique
Ministry of Health
Expanded Program on Immunization

Guidelines for Mobile Brigades (MB)* (First Draft)

Introduction

Soon after the introduction of the Expanded Program on Immunization (EPI) in 1979, the Ministry of Health realized that with its limited network of health facilities (only around 40% of the population has reasonable access to fixed health services) the fixed vaccination sites would not be capable of reaching a major portion of the population. In order for vaccination to have a significant impact on reducing the incidence of preventable diseases and infant mortality, vaccination coverage must reach a much higher coverage level. Thus, in order to cover the largest possible portion of the population and to increase vaccination coverage, the MOH decided to introduce mobile brigades for vaccination in communities that were situated far from health facilities with fixed vaccination points. This strategy has proven to be very useful and effective in various countries where it has been implemented. However, it does imply additional expenses and new and greater logistical demands, so that it should be considered as an alternative strategy only when there does not appear to be the possibility of opening additional fixed vaccination points closer to more communities.

In February and March 2004, the EPI, in coordination with Project HOPE, carried out a study to analyze the planning and implementation of MB in the country, to identify the practices that contribute to effective functioning, and to disseminate them so that they can be followed throughout the country, thus standardizing and maximizing the efficiency of MB implementation. This study concludes that implementation of the MB is not efficient in many cases, so that much effort and significant expenditures are yielding limited results that could be improved through better planning and management. In the places where it was possible to analyze the contribution of the MB to vaccination coverage, it was found that the average contribution was 20%, which is encouraging for the program, because the MOH considers 15% as a minimum acceptable contribution. In order to overcome the problems identified during this study and to raise all districts' use of MB to the same level of performance and efficiency, the following Guidelines for the Implementation of MB were drafted on the basis of the study findings. [These draft guidelines are now undergoing a thorough vetting within the MOH at the national, provincial, and district levels.]

**In Mozambique, a mobile brigade refers to a team of health workers that travels from a fixed health facility to one or more locations without a fixed facility to provide vaccinations and other services. While many MB fit the definition of outreach in that they go out and return on the same day, other MB stay away from their fixed sites for more than one day at a time.*

Areas of Strong Performance

During the study, five areas of planning and management were found to be associated with strong performance of the MB, namely:

- Adequate planning and record-keeping
- Effective communication with communities
- Feedback to communities regarding program achievements and functioning
- Decision-making based on an analysis of program data
- Strong management of resources

For MB to perform well, it is very important to plan analytically and systematically on the basis of both quantitative and qualitative information. Visits should not be planned simply on the basis of repeatedly visiting the same places. Planning done without analyzing inputs and outputs from previous work may easily result in a missed opportunity to improve the performance of MB.

The following table indicates in detail the procedures that will improve the performance of MB in your district.

Recommendations for Improving the Performance of MB	Explantions of the Recommendations
Adequate Planning and Record-keeping	
<p>The following information should be available before beginnning planning for MB.</p> <ul style="list-style-type: none"> • A map of the area • Distance to each community • Population of each area 	<p>It is important to have a map of the area (district or catchment area of a health center) that is sufficiently detailed to give a clear idea of the location of the different communities and to permit a logical planning of MB itineraries.</p> <p>Knowing the distances to travel to reach each community allows you to anticipate the time needed to travel and to better plan the departure time so that the MB arrives on time and is present during the entire time period agreed with the community.</p> <p>Knowing the population of all communities, particularly the ones visited by the MB, is essential for planning the resources required for each outing (vaccine, syringes, vitamin A, contraceptives, medicine, etc.).</p>

<ul style="list-style-type: none"> • A list of all children in the target age group in each community – prepared by the community leaders • Knowledge of the climate • Knowledge of the funds available for the MB • MB planning forms 	<p>The health staff should use this information for planning and monitoring performance. This information also allows community volunteers, students, or others to make home visits to learn if each child is up to date on its vaccinations.</p> <p>This allows you to avoid planning MB for periods when there are likely to be major access problems due to the weather.</p> <p>Knowing the available funding, as well as the resource needs, allow you to plan only those MB for which there are sufficient resources. Thus, even if there is a need for more MB visits, you should implement only those for which there are sufficient resources, thus avoiding cancellations due to the lack of fuel, per diem, etc.</p> <p>These already-available forms help you to systematize the information required to plan the implementation of MB and then later to monitor the degree to which planned activities were carried out.</p>
<p>To decide <i>where</i> MB should visit:</p>	
<p>Select areas that are more than 5 km from a fixed vaccination post.</p> <p>Give priority to the places with the largest concentrations of population.</p> <p>For smaller communities, select a central point where people from several communities may gather to participate.</p> <p>Health facilities that have cold chain capabilities and some type of transportation, even a motor bike, should analyze, together with the District Health Team, the need to carry out MB and the resources required.</p>	<p>Given that the objective of the MB is to make vaccination available in geographical areas that are distant from fixed vaccination points, it makes no sense to plan MB visits to communities that have a fixed vaccination post or that are close to one.</p> <p>The more children served by each MB visit, the greater the population reached and the greater the benefit to public health. Therefore, you should plan to go to the most populous areas and consider substituting new areas for areas that MB currently visit that have smaller populations.</p> <p>This will help maximize the number of persons served during each visit.</p> <p>This recommendation is simply another instance of the concept of the need to analyze information in order to make good decisions for the benefit of public health.</p>

Always coordinate with community leaders in choosing the place for people to congregate for the MB.

Coordinate with the communities in providing a private place for maternal health consultations.

Normally, the MB team should consist of two persons (1 from EPI, 1 from MCH)

Prioritize the motor bike as the means of transport for MB. Exceptions might be made for cases in which the travel distance is extremely long (use an automobile, if available, in these cases).

Each MB team should visit only one service location in a day.

It makes sense to take advantage of local leaders' knowledge (assuming they represent all major groups in the community).

Privacy is essential for reproductive health consultations for women. Thus, when you give family planning, prenatal and postnatal consultations, always seek to guarantee to respect women's privacy, organizing appropriate places for health workers to examine them.

The MB study noted that in many cases more personnel than necessary go out with the mobile unit. This recommendation is made to reduce the possibility that the MB activities could harm the health facility's ability to provide its normal facility-based services and also to avoid unnecessary costs of fielding people who are not essential.

This recommendation supports the above idea of not using extra people in the MB. It also encourages maximum use of motor bikes where they are available.

Some mobile units visit two or even more communities in the same day. What often happens in such cases is that the MB does not have sufficient time in each community to vaccinate all of the children and women and to provide the other services and health education. Only in unusual circumstances – when it is truly possible to give sufficient attention to each community – should it be acceptable to go to more than one community (never more than two) in a day.

To decide *when* to carry out MB:

Follow an interval of *between two and four months between visits* to the same location. This implies that a MB should visit each location *between 3 and 6 times per year*.

Every infant should receive vaccinations five times in his or her first year of life, and the minimum interval between most of the doses is one month [there is no maximum interval]. The public health objective is to have each child protected as soon as he or she reaches the minimum age for each vaccine. Thus the ideal would be that the MB visit each location monthly. However, there are not sufficient resources for this to happen. On the other hand, there are many communities located far from fixed vaccination posts and that need MB visits. The best compromise, considering all of these factors, is that the MB visit each community in its itinerary each two to four months. Given the lack of

<p>The visits to any one location should be equally spaced throughout the year [although compromises may need to be made because of weather and road conditions]. Always consider predictable weather factors in planning the MB visits (e.g. rains that cause impassible roads and flooding).</p>	<p>resources, this will give the most protection to the greatest number of children.</p> <p>This minimizes the time in which children are left without access to any vaccination services. The MB study found that many MB do not follow this recommendation.</p> <p>If this factor were taken into consideration during planning, the cancellation of MB might be avoided. This implies that the visits to the locations with the most difficult access should not be programmed for the middle of the rainy season; however, they should be planned for just before and just after the rainy reason.</p>
<p>Estimate carefully the necessary material resources for planned MB. Ensure that these resources are available and adjust your desired MB plans or find more resources if they are not.</p>	
<p>These resources include:</p> <ul style="list-style-type: none"> - Vaccines, needles, syringes, vaccine diluent, safety boxes, child health cards, planning and registration forms - Vitamin A - Materials for maternal health consultations - Essential medicines - Vehicles - Fuel - Per diem (it is recommended that a nationally standard per diem be paid to participants, regardless of their professional rank) 	<p>Although it may be evident that plans should ensure sufficient personnel as well as essential materials, these concerns are rarely taken sufficiently into account at present. Clearly, MB cannot reach their objectives if they lack essential resources of any type.</p> <p>Health staff have many complains about their per diem – mainly the lack of uniformity in the amounts paid and delays in receiving payment. This discontent may casuse the cancelation of MB.</p>
<p>Utilize the appropriate forms for planning the MB.</p>	<p>The study found that few health staff utilize the appropriate forms for planning their MB. The reason is not clear, but this constitutes a lost opportunity to improve the planning and impact of the MB.</p>
<p>Utilize the appropriate forms to record the completed MB activities.</p>	<p>The study found that data are not consistently collected and that the small amount collected is not analyzed in a way to help make decisions that could improve the program. It is not clear if the cause is lack of time, of skills, or of motivation, but the result is the same – another lost opportunity. Supervisors should insist on the collection and appropriate use of information.</p>
<p>To decide <i>what to do</i> in the MB:</p>	
<p>All MB should include certain basic activities: vaccination, vitamina A, growth monitoring. If the team has an MCH nurse and sufficient material resources, it should also of maternal health services: family planning, prenatal, and postpartum consultations.</p>	<p>This recommendation has two parts: (1) to be worthwhile, each MB should include certain basic activities, and (2) it is fine to add additional activities as long as there is a need and sufficient material and human resources.</p>

Effective communication with communities	
Coordinate the dates for MB visits with the communities.	Managers should try to program the MB visits for the convenience of the communities as well as of the health staff. Although communication with communities may be difficult in rural areas, it is absolutely essential during planning and also in case a visit must be cancelled or rescheduled.
Disseminate information on the MB via the community leaders, community health volunteers, teachers, students, and other appropriate groups.	
Work with community members to have them arrange a locally effective way to alert families as soon as the MB has arrived in their community.	
Always inform the community with sufficient notice when a visit must be canceled or rescheduled.	
Take advantage of all opportunities to communicate information on health and vaccination: meetings, talks, schools, religious groups, home visits, etc.	
Feedback to communities regarding program achievements and functioning	
Update communities on the MB.	It is very important to take advantage of the opportunity during community visits to invite and respond to questions and to advise community members on their individual health problems.
Inform the leaders and other persons interested in the MB activities about: <ul style="list-style-type: none"> - Level of participation – is it satisfactory? If not, what are the causes? Make appropriate changes as needed. - Demand for other services? - Achievements in relation to defined objectives - Report on the impact of the program in the community - Suggestions for improving the program 	The MB's contribution to public health depends on good planning and implementation by the local health staff and on the collaboration of the communities involved. Health staff can not always offer all that the community wants, but it is very important to try to do what is possible. On the other hand, the communities potentially have much to contribute. They can help plan the visits, mobilize the population, provide meals for health staff, organize mothers and children for the activities, record information of the activities completed, etc.
Decision-making based on an analysis of program data	
Collect, analyze and use information to make good decisions during planning and implementation. For example: <ul style="list-style-type: none"> - In a sparsely populated area, if there is poor participation in two or more MB, the managers should substitute a new location. - In a densely populated area, if there is poor participation in 	In many cases, the health staff make an annual plan for MB based on last year's plan. The new plan is fairly fixed – it may not be modified even when the facts or data indicate the need for changes. This recommendation urges flexibility during the implementation of a plan. Make the changes required when reality indicates the need to do so.

<p>two or more MB, the managers should negotiate with the communities to understand the reasons for the poor attendance and try to correct the situation.</p>	
<p>Strong management of resources</p>	
<p>Plan the MB in accordance with available resources.</p>	<p>Every year, program managers prepare plans and budgets for the next year of program operation. However, as is known, many times the budget available is not even close enough to being sufficient to cover the planned activities. Thus, program managers need to take the money available seriously, in order to plan activities in accordance with <i>resources really available</i>.</p> <p>This recommendation seems logical but is not always so simple to follow because, according to the study findings, many persons responsible for planning the MB do not know their budget for MB.</p>