

Template of a national plan of action for maternal and neonatal tetanus elimination



DEPARTMENT OF VACCINES AND BIOLOGICALS



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UNICEF

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Abbreviations

CBAW	child-bearing aged women
DTP	diphtheria–tetanus–pertussis vaccine
MNT	maternal and neonatal tetanus
SIA	supplemental immunization activities
NT	neonatal tetanus
TT2	two doses tetanus toxoid
TT	tetanus toxoid
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

Plan of action for maternal and neonatal tetanus elimination in

Date: ___ / ___ / ___

The following template was created to minimize the work of developing a plan of action for maternal and neonatal tetanus (MNT) elimination, and to ensure standardized baseline information. The template should be completed by following the instructions in italics, modifying (as needed) the statements in quotations, and completing all tables and annexes. It should be incorporated into an overall plan of action for strengthening the immunization system.

Name of MOH focal point for
tetanus toxoid immunization:

Name of MOH focal point for
clean delivery and cord care:

Name of MOH focal point for
MNT monitoring & surveillance:

1. Introduction

Introduce the topic with a paragraph such as the following one, as well as a statement about your country's commitment to eliminate maternal and neonatal tetanus.

“A case of maternal or neonatal tetanus represents a triple failure of public health in terms of routine immunisations, antenatal care, and clean delivery/cord care services. The goal of neonatal tetanus (NT) elimination was adopted by the World Health Organization in 1988 and by the World Summit for Children in 1990. The goal of maternal and neonatal tetanus (MNT) elimination by 2005 was recently declared jointly by UNFPA, UNICEF, and WHO, along with the establishment of a global fund for MNT elimination. All this has resulted in renewed momentum to achieve MNT elimination in the 57 countries which have not yet done so.

NT elimination is defined as the achievement of <1 NT case per 1000 live births (LB) in every district of every country, and is operationally defined by an algorithm assessing four major indicators: the reported incidence of NT, the reliability of NT surveillance, the proportion of women reached with at least two doses of tetanus toxoid (TT2+), and the estimated clean delivery rate.

UNFPA/UNICEF/WHO recommend the following three strategies for achieving MNT elimination.

- 1) Provision of at least two doses of tetanus toxoid (TT) to all pregnant women, and, in high-risk areas, three TT doses to all child-bearing aged women.
- 2) Promotion of clean delivery services to all pregnant women.
- 3) Effective surveillance for MNT.

Although there is no operational definition for the elimination of maternal tetanus (MT) per se, it is assumed that a country has achieved MT elimination when it has achieved NT elimination.

This plan outlines strategies, activities, and resource needs to achieve and sustain MNT elimination. The plan is part of the broader national immunization plan.”

2. Situation analysis

A. Provide some brief information about your country

1. Relevant geographical and demographic information

2. Brief summary of achievements regarding NT elimination to date

3. Major constraints to achieving NT elimination

B. Provide at least 3-5 specific reasons why MNT is not yet eliminated in the country

- 1.

- 2.

- 3.

- 4.

- 5.

C. Information on NT incidence

1. Summarize the results of all community surveys on neonatal tetanus

Geographical area surveyed	Year of survey	Source (i.e. who conducted the survey?)	Sample size	NT incidence rate	NT mortality rate

2. Provide information on reported NT cases nationally during the last three calendar years

Year	Reported number of NT cases	Rate of reported NT cases/1000 live births

3. Complete the following table

Indicator	Value	Year
a. Number of districts with a reported NT rate of >1/1000 live births		
b. Total number of districts in the country		
c. % of districts with a reported NT rate of >1/1000 live births (a/b)		

D. Information on risk/protection

1. Provide the following national information

Indicator	Value	Year	Method*
a. % TT2+ coverage			
i. Among pregnant women			
ii. Among child-bearing aged women			
b. Antenatal care coverage			
c. Delivery by unskilled attendants			

* e.g. administrative method, cluster survey

2. Provide the following summary information on immunization coverage among districts

Coverage level	Year	% of total districts	
		TT2+ among pregnant women	DPT3 among infants
>80%			
50-79%			
<50%			

E. Information on activities

1. Briefly describe any activities implemented in the past five years to achieve NT elimination

- | |
|--|
| <p>a. Immunization</p> <p>b. Clean delivery/cord care</p> <p>c. Surveillance</p> |
|--|

3. Goal

“The goal of this plan is to eliminate maternal and neonatal tetanus as a public health problem by the year _____ (2005 at the latest)”.

4. Objectives

A. Immunization

1st phase: Achieve elimination

“Rapidly eliminate MNT by vaccinating at least 80 % of all child-bearing aged women in high risk areas with three doses of tetanus toxoid through targeted supplemental immunization activities (SIA).”

2nd phase: Maintain elimination

“Strengthen and sustain at least 80% coverage (TT2+, DTP3, measles vaccine) in all districts, particularly those considered at high risk by:

- 1) Reducing the drop-out (from DTP1 to measles vaccine) to less than 15 percentage points in every district.
- 2) Improving access to immunization (i.e. DTP1 coverage of at least 90%) in every district.
- 3) Introducing school-age immunization where appropriate.”

B. Clean delivery

“Strengthen clean delivery and cord care practices by focusing on the “three cleans” and reduction of harmful practices related to deliveries and cord care:

- 1) Ensure training/follow-up of birth attendants and midwives.
- 2) Conduct social mobilization.
- 3) Distribute clean delivery supplies where appropriate.”

C. Surveillance

“Establish and maintain effective surveillance for NT

- 1) Achieve at least 80% NT reporting completeness from designated reporting sites in every district.
- 2) Investigate at least 80% of suspect cases in districts with $\geq 80\%$ TT2+ coverage (N.B. In districts already known to be high risk, the priority is to vaccinate and *not* investigate every case).
- 3) In rural areas with TT2+ coverage $\geq 80\%$ cases and in all urban areas, follow up all detected NT cases with local case response (i.e. immunization) activities.”

5. Strategies and planned activities

Briefly describe the proposed strategies and planned activities

.....

.....

.....

A. Immunization

1st phase: Achieving elimination with targeted supplemental immunization activities (SIAs)

1. *Indicate target age group*

Age range of child-bearing aged women targeted	
--	--

2. *Describe the criteria used for selecting high-risk districts/areas (e.g. NT incidence, clean delivery rate, immunization coverage, rural setting, other surrogate indicators)*

3. *Using the criteria described above, complete the following table*

a. Total number of districts in the country considered at high risk for NT	
b. Total number of women to be targeted for SIAs in these high-risk districts	

4. *Describe the prioritization criteria used to select those districts where SIAs will be carried out first (if all districts cannot be done at once)*

5. Complete the following table describing how SIAs will be carried out over the next _____ years

	Number of districts targeted	Number of CBAW targeted in these districts	Proposed month/year of 1 st round	Proposed month/year of 2 nd round	Proposed month/year of 3 rd round
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					
Total					

6. *Training/micro-planning*

“Every district will make a detailed micro-plan in collaboration with local, regional, and national authorities. The micro-plan will include training, logistics, supervision, safety, and social mobilization. The micro-plan will focus particularly on hard-to-reach, high-risk populations during the SIAs.”

7. *Immunization safety*

“A person will be designated to supervise immunization safety in districts conducting SIAs.” Micro-planning for safety should include the following aspects:

- use of auto-disable syringes;
- use of safety boxes for proper disposal;
- training of immunizers on safe injection practices;
- monitoring of immunization safety;
- supervision of injection safety.”

8. *Social mobilization/advocacy*

Specify activities at the national, subnational and local levels, such as meetings with women’s groups as well as political, religious and other community leaders. Also, specify what will be done locally and pro-actively to prevent false rumours regarding TT immunization.

9. *Use of immunization cards*

“Every woman immunized will receive a lifetime immunization card (see annex 8).”

10. *Distribution plan*

“A distribution plan with details at the national, regional and local levels will ensure timely arrival of supplies, funds, and equipment.

11. *Supervision*

“Supervision will be focused in the most difficult-to-reach areas. A supervisory checklist will be prepared to ensure proper preparation and implementation of SIAs.”

List other supervisory activities:

1.
2.
3.

12. *Monitoring coverage*

“SIAs will be monitored during each round to determine the number of women reached by dose (see Annex 9 for sample monitoring form). These data will then be summarized (see Annex 10 for sample summary form) and reported to both UNICEF and WHO within two months of completing each round.

Evaluation

“a) A preliminary evaluation will be conducted after the first SIA (of three rounds) with the following purposes:

- i) to identify the proportion of “zero-dose” women reached during SIAs;
- ii) to validate reported coverage data.”

“The evaluation will usually consist of a coverage survey and possibly a lot quality assessment (to assess impact on NT mortality in the community). The evaluation should also assess how to improve the quality and impact of future activities.”

“b) A final evaluation (with external consultants) will take place at the end of the final phase to validate national NT elimination status.”

2nd phase: Sustaining elimination through high levels of routine immunization coverage particularly in high-risk areas

“Every district will make a detailed micro-plan based on an assessment of its situation.

A micro-planning workshop will be held to focus on the following:

- a) Reducing drop out
 - i) Identify the main causes of high drop;
 - ii) Identify the most cost effective means to reduce it;
 - iii) Monitor progress at every level.
- b) Increasing access to immunization services by redesigning outreach, deciding on the minimum package of outreach services appropriate for the local situation, and then closely monitoring progress through DTP1 coverage.
- c) Introducing school-aged immunization where appropriate.”

B. Clean delivery

“Strengthening of clean delivery/cord care practices will be emphasized in high-risk districts. The following activities will be conducted:

- a) Training/supervision of birth attendants and midwives;
- b) Provision of appropriate supplies;
- c) Social mobilization of the community.”

C. NT surveillance/monitoring

“NT surveillance and monitoring will be strengthened through the following activities:

- a) Development of written national standards and policies for NT surveillance (including case definitions, case investigation, case response, making NT a reportable disease, conduct of active surveillance for NT);
- b) Integration with other disease surveillance activities, particularly active surveillance;
- c) Designation, training, and supervision of staff on NT surveillance (reporting procedures and channels), case investigation, and case response;
- d) Ensuring the necessary surveillance logistics (e.g. transport, per diem, availability of investigation forms);
- e) Retraining on tetanus toxoid coverage monitoring (for both routine immunizations and SIAs), including the possible introduction of supplementary methods where appropriate (i.e. community surveillance, protection at birth monitoring).”

6. Workplan

Complete Annex 6 of planned activities over the next 12 months.

7. Estimated needs

Complete Annex 7b of detailed needs for the first year of implementation.

Complete Annex 7a of a summary of needs, both met and unmet, for the next 2 to 5 years.

Annex 1:

Country profile

*Complete this table with the best available data for your country.
If no data are available, indicate by "ND".*

Indicator	Value	Year of information	Source of information
Demographic information			
Total population			
% of the population that is "rural"			
Number of live births			
Number of child-bearing aged women (CBAW)			
Administrative information			
Number of states, governorates, or provinces (i.e. 1st administrative level after the national level)			
Number of districts (or 2nd administrative level)			
General health indicators			
Infant mortality rate			
Neonatal mortality rate			
% of pregnant women receiving antenatal care			
Immunization system indicators			
BCG coverage			
DTP1 coverage			
DTP3 coverage			
Measles coverage			
TT2+ coverage among pregnant women			
TT2+ coverage among CBAW (if data exist)			
Protection at birth coverage (if data exist)			
Clean delivery coverage			
% of clean deliveries (provide definition)			
% of deliveries occurring in a health facility			
% of deliveries by physician, nurse or midwife			
Surveillance for NT			
Neonatal tetanus reportable? (yes, no)			
If yes, number of reporting sites			
If yes, number reporting completeness			
Is zero reporting a policy			
Number of health facilities receiving active surveillance visits (for NT) at least once monthly			
Number of health facilities where annual register review for NT was conducted			
Reported number of NT cases			
National reported NT rate per 1000 live births (LBs)			
Range of reported NT rates (lowest, highest) by district			

Annex 2:

Graph of reported NT incidence and coverage over time

Graph to be provided by country

Annex 3:

Map of country indicating districts that have not achieved NT elimination

(with labels of district names)

Map to be provided by country

Annex 4:

NT elimination status by district

*Complete this table for every district in your country with the best available data.
If no data available for a certain item, indicate by "ND".*

Annex 5:

Planned supplemental immunization activities in high-risk districts

Complete this table with the best available data for countries at high-risk for MNT. Where no data are available, indicate by "ND".

Annex 6:

Workplan

Complete this table by indicating the activities to be completed during the next 12 months.

Annex 7a:

Detailed budget for first year

Strategy	Budget category	Budget item	Unit cost	Quantity	Currency used	Net cost	Freight cost	Total cost including freight	Total cost including freight in USD	Met need in USD	Unmet need in USD	Comment	
Immunization (S/As)	Supplies & equipment	Td or TT vaccine											
		AD syringes											
		Disposal materials											
		Cold chain											
		Cards/forms											
		Other, specify											
	Training & micro-planning	Workshops											
		Other, specify											
		Supervision											
		Consultant support											
	Staff allowances	Other, specify											
		Publicity costs											
		Clinician advocacy											
	Social mobilization & advocacy	Local meetings											
Other, specify													
Operations	Petrol												
	Other, specify												
Subtotal (immunization)													

Strategy	Budget category	Budget item	Unit cost	Quantity	Currency used	Net cost	Freight cost	Total cost including freight	Total cost including freight in USD	Met need in USD	Unmet need in USD	Comment	
Surveillance (N.B. NT surveillance costs should be integrated with ongoing surveillance activities; therefore most costs should already be covered)	Supplies & equipment	Forms/supplies											
		Other, specify											
	Training & micro-planning	Workshops											
		Other, specify											
	Staff allowances	Per diem											
		Other, specify											
	Social mobilization & advocacy	Local meetings											
		Other, specify											
	Operations	Reports/feedback											
		Other, specify											
Subtotal (surveillance)													

Strategy	Budget category	Budget item	Unit cost	Quantity	Currency used	Net cost	Freight cost	Total cost including freight	Total cost including freight in USD	Met need in USD	Unmet need in USD	Comment	
Clean delivery and cord care	Supplies & equipment	Supplies											
		Other, specify											
	Training & micro-planning	Workshops											
		Other, specify											
		Supervision											
		Other, specify											
	Staff allowances	Local meetings											
		Clinician advocacy											
		Other, specify											
	Operations	Petrol											
Other, specify													
Subtotal (clean delivery)													
Other	Operation research, evaluation	Sociologic/epidemiologic studies											
		Evaluation											
		Other, specify											
Subtotal (other)													
Total (immunization + surveillance + clean delivery + other)													
Total No. of CBAW (to be reached for this amount)													
Total cost per CBAW to be reached													

Annex 7b:

Budget summary

Complete this table by indicating the needs, both met and unmet, to eliminate MNT over the next five years.

Strategy	Year 1	Year 2	Year 3	Year 4	Year 5	Total needs	Amount already met	Amount unmet	Comment
Immunization (S/As)									
Surveillance									
Clean delivery & cord care									
Other									
Total cost									
Total CBAW to be reached									
Cost per CBAW to be reached									

Annex 8:

Sample tally sheet for monitoring routine TT coverage and protection at birth (not for SIAs)

Dose	Pregnant women		Total for pregnant women	Non-pregnant women		Total for non-pregnant women
TT1	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	
TT2	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	
TT3	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	
TT4	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	
TT5	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	
Protected & non-eligible by documentation	00000 00000	00000 00000		00000 00000	00000 00000	
	00000 00000	00000 00000		00000 00000	00000 00000	

Annex 9:

Sample SIA monitoring form

Tally sheet for round 1 of SIAs										
Indicate total number of women targeted: _____										
TT dose	# of TT doses administered to target women									Total
TT1 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Protected & non-eligible by documentation	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	

Tally sheet for round 2 of SIAs										
Indicate total number of women targeted: _____										
TT dose	# of TT doses administered to target women									Total
TT1 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
TT2 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Protected & non-eligible by documentation	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	

Tally sheet for round 3 of SIAs										
Indicate total number of women targeted: _____										
TT dose	# of TT doses administered to target women									Total
TT1 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
TT2 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
TT3 (only by SIA*)	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	
Protected & non-eligible by documentation	00000	00000	00000	00000	00000	00000	00000	00000	00000	
	00000	00000	00000	00000	00000	00000	00000	00000	00000	

* Does not include doses received through routine immunization services

Annex 10:

Sample SIA summary form

(to be submitted to WHO/UNICEF following each round)

Indicate total number of women targeted: _____

TT dose	No. during round 1 (A)	No. during round 2 (B)	No. during round 3 (C)	% overall coverage (A+B+C) / No. targeted
TT1 (only by SIA*)				
TT2 (only by SIA*)				
TT3 (only by SIA*)				
Protected & non-eligible by documentation				

* Does not include doses received through routine immunization services