



NATIONAL IMMUNIZATION PROGRAM
MANUAL OF OPERATIONS

BOOKLET 9

Annexes

ANNEXES

Annex 1

Child Survival Monitoring Checklist (EPI only) for Health Supervisors and Monitors

Section 1

Assessing Health Facility Child Survival Programs: Expanded Program on Immunization (EPI)

The Assessment Checklist

This checklist shall be used in every monitoring or supervisory visit in every health facility for the child health survival programs (EPI). This tool has been divided into three (3) subsections, namely, Interview, Observation and Records Review. It is recommended the team divide the work based on the checklist's subsections.

Subsection 1: Interviews

Instructions: Complete each section as indicated. The interviewer should hold a group interview with the EPI and other child health staff.

1. Availability and Awareness of Selected Demographic Data

Name of Interviewer	
Date of Interview (mm/dd/yy)	
Region	
Region	
Province	
City/Municipality	
Name of Health Facility	
Names and Designation of Respondent(s)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Total No. of Barangays	
Total Number of Health Facilities under supervision of this health facility	Health Centers _____ BHS _____

2. Human Resources: Adequacy, Training and Competence

Instructions: For every health staff involved only in primary health care service delivery, complete each column. Please use the codes below the heading where applicable and indicate percent (%) of time devoted for specific task (Column 3).

Name of Staff	Designation	Specific Tasks/ Responsibilities	Child Health Related Training Received
		1 - Over-all Management 2 - Disease Surveillance 3 - EP Coordinator 4 - Cold Chain Management (CCLM) 5 - IMCI 6 - IYCF 7 - Others, specify	1 - CCLM 2 - REB/Analysis of Data 3 - EPI Disease Surveillance 4 - EPI Basic Skills 5 - IYCF 6 - IMCI 7 - CEmOc 8 - BEmOc 9 - Others, specify 10 - Others, specify
1.			
2.			
3.			
4.			
5.			
6.			

Staffing situation

Total Population (current)	Municipal/District _____ Facility Visited _____
Total No. of Health Workers	Municipal/District _____ Facility Visited _____
Total No. of Barangay Health Workers	Total BHWs _____ Total Serving the HF Visited _____
Population-to-BHW Ratio	
Is the ration above 1,000:1?	Yes _____ No _____
Population-to-HW Ratio	
Is the ration above 5,000:1?	Yes _____ No _____

3. Knowledge on EPI

Vaccine Preventable Diseases	
Ask the respondent to explain the case-definition of Neonatal Tetanus (NT) Any newborn with normal ability to suck and cry during the first 2 days of life and who between three and 28 days cannot suck normally, and becomes and stiff or has convulsion (jerking of the muscles).	Correct Incorrect
Ask the respondent to explain the case-definition of Acute Flaccid Paralysis (AFP) Sudden onset of flaccid or floppy muscle weakness/paralysis in any child less than 15 years old.	Correct Incorrect
Ask the respondent to explain the case-definition of Measles Any generalized maculopapular (blotchy) rash, with 3 or more days fever (38 °C or more or hot to touch), with any of the following: cough, coryza and conjunctivitis.	Correct Incorrect
<p>What are the modes of transmission of hepatitis B? Encircle all responses spontaneously mentioned. NOTE: Breastmilk is an incorrect answer</p> <p>Through contaminated blood 1 From mother to child at birth 2 Person to person by coming in contact with infected body secretions such as saliva, blood from minor wound, etc..... 3 Unsafe Injections..... 4 Breastmilk 5 Unsafe sex 6 Others, Specify..... 7</p>	
About the Vaccines	
<i>Write the response(s) in the space provided.</i>	
What is the right temperature to store most of the vaccines? (+2° to +8 ° C)	
Which vaccines are most sensitive to freezing? (PenTA, Td, Hep B)	
What will you do if you suspect a PENTA/Hep B vaccine vial is frozen? For multiple vials :Do the “shake test” to check if the vaccine can still be used; For only 1 vial,, discard the suspected vial	
Multi-Dose Vial Policy (MDVP)/VVM	
<i>Write the response(s) in the space provided.</i>	
What vaccines does the multi-dose vial policy apply to? Td, Hep B and OPV	
Based on vaccine vial monitor, at what point should you discard the vaccine? Color of the inner square matches that of the outer circle/same with outer circle	
If the vaccine has expired according to the expiry date printed on it, but VVM is still ok, what should you do? Discard the vaccine	

4. Cold Chain Status and Vaccine/EPI Stock Management

Vaccine Preventable Diseases		
1	How many refrigerator/freezer failures were observed in the last six months?	Never 1 (Skip to Q6) No. of times _____
2	What was the nature of the last failure observed in last six months?	Mechanical failure of the equipment... 1 Power failure 2 Shortage of fuel to operate 3 Others, specify _____
3	How much time was taken to solve the problem due to last failure to make it functional again?	Not resolved till now..... 1 Within one hour 2 With hours 3 Within days 4 Within months..... 5
4	If not resolved until now, Why?	
5	What was done to the vaccine stored in the equipment where problem was observed?	Shifted to another refrigerator 1 Stored in a cold box 2 Nothing 3
6	Was any incidence of vaccine freezing observed last year?	Yes 1 No 2 (Skip to Q8) Do not know 3
7	Write the name of vaccine and number of doses discarded due to freezing last year.	Name of Vaccine Quantity _____ _____
8	Were there any vaccine discarded last year due to expired lots. Write the name of the vaccine and the total vials discarded.	Yes 1 No 2 Do not know 3 Name of Vaccine Quantity _____ _____
9	Did your LGU procure needles and syringes?	Yes 1 No 2 (Skip to Q1.5)
10	What type of syringes and needles?	Auto-disable syringes 1 Conventional disposable 2
11	Was the total annual need for needles and syringes procured by LGU? If NO, how many percent were purchased by LGU?	Yes 1 No 2 _____ %

Subsection 2: Observations

Instructions: Complete the following information.

1. Storage of Vaccines

	Unit 1	Unit 2	Unit 3
Type of cold chain equipment (refrigerator, freezer)			
Model/year acquired			
Temperature monitoring chart posted (Y/N)			
Temperature monitored twice daily including today (Y/N)			
Temperature recorded on weekends? (Y/N)			
Temperature reading during visit both from freezer and refrigerator (If no thermometer, indicate NA) <ul style="list-style-type: none"> • Freezer • Refrigerator 			
Vaccines arranged in First Expiry First Out? (Y/N)			
PENTA, Hep B, TT stored in middle shelf or away from the freezer compartment? (Y/N)			
Do they have pre-filled syringes? (Y/N)			
Do any vials have aspirating needle? (Y/N)			
Space between vaccine boxes/trays allows air circulation? (Y/N)			
Other medical or non-medical supplies stored with vaccines? (Y/N) If YES, please indicate			
If an inventory is available, review it and indicate if there are any stock outs (below the required needs for one immunization session for vaccines)	How many weeks were they stocked out of vaccines?		
BCG			
OPV			
PENTA			
Hepatitis B			
Measles			
TT			
Vitamin A capsules (100,000 IU)			
Vitamin A capsules (200,000 IU)			
If NO inventory, when can the inventory be available/updated?			

2. Comparison of Vaccine/Drug Stocks Records to Physical Count. Please complete the following table for each item listed.

Please complete the following table for each item listed.

		Complete the following using the Vaccine Stock Card/Drug Inventory. If expiry dates or lot # are not available in the stock register, then write " NA" in the relevant column			Please write the actual number and other information indicated of the vaccines and other drugs available in the facility			Calculate the number of months of available stock. Divide total vials counted from the calculated monthly or quarterly needs.	
Item	Monthly Needs TP = Total Population	Total vials	Expiry date	Lot #	Status of VVM (1,2,3,4) If multiple stages of VVM status, enter only the worst stage found	Total vials	Expiry date	Lot #	No. of months
BCG	$TP \times 2.7\% \times 2.5/20/12 =$								
PENTA	$TP \times 2.7\% \times 3 \times 1.67/20/12 =$								
OPV	$TP \times 2.7\% \times 3 \times 1.67 /20/12 =$								
Measles	$TP \times 2.7\% \times 2 /10/12 =$								
Hepatitis B	$TP \times 2.7\% \times 3 \times 1.1 /10/12 =$								
TT	$TP \times 3.5\% \times 2 \times 1.67 /20/12 =$								
Syringes	$TP \times 3\% \times 10 \times 1.1 /12 =$								
ORS	$TP \times 0.12 \times 0.2 \times 0.3 \times 2 =$								
Cotri (400/80 mg)	$TP \times 0.12 \times 0.2 \times 0.5 \times 10 =$								
Vit. A (100,000 IU)	$TP \times 1.5\%/12 =$								
Vit. A (200,000 IU)	$TP \times 15\%/12 =$								

3. For Health Facilities:

If THERE IS AN IMMUNIZATION SESSION DURING VISIT, observe the immunization session. Check responses in the appropriate column.

Questions		Yes	No
1	Did the Health Worker (HW) use an insulated carrier with frozen ice/cold dogs to keep the temperature cool?		
2	Did the HW use one sterile reconstituting syringe with needle per vial/ampule?		
3	Does the HW practice the only <u>one sterile syringe & needle per child</u> procedure?		
4	Was an aspirating needle used?		
5	Did the HW use correct diluent in reconstituting vaccine?		
6	Did the HW use pre-cooled diluent before reconstituting the vaccine?		
7	Did the HW use auto-disabled syringe?		
8	Did the HW recap used syringe/needle?		
9	Did the HW immediately dispose used S/N into the collector box?		
10	Did the HW register all vaccinations correctly on the		
	• Tally sheet		
	• Health facility registry (Target Client List)		
	• Infant health card/ECCD Card/GMC		
11	Was the mother told when the next dose should be received?		
12	What kind of collector container was used for used syringes? Write response.		
13	Where was the container disposed? Write response.		

If THERE IS NO IMMUNIZATION SESSION DURING VISIT, ASK the health worker to describe the steps in immunizing an infant aged 9 months old with measles vaccine. (From preparation of the immunization session → transport → vaccination → disposal). Write the practices observed and identify incorrect practices.

	Yes	No
Is it updated ?		
Is it correctly and completely filled-up?		

Subsection 3: Records Review and Analysis

1. Availability of Standards, Policies and Guidelines

Instructions: Ask and physically check for the availability of the materials. Indicate YES if available and seen, NO if none.

List of Policies/Guidelines (Copies of Documents)	Yes (available and seen)	No
EPI policy (Administrative Order No. 39 s.2003)		
Implementing Guidelines on Hepatitis B immunization for infants (AO 2006-0015)		
Guidelines for AFP, Measles, NT Disease Surveillance (Administrative Order No. 95)		
Standard performance indicators for Measles Surveillance & Case Definition of EPI Diseases (Department Circular No.140)		
Cold Chain and Logistics Management Manual		
EPI Manual		
Mid level/REB		
EPI Basic Skills Modules		
EPI Disease Surveillance Manual		
Annual Plan		
Ask for the annual plan for the current year. Is it available?		
Does the annual plan include:		
<ul style="list-style-type: none"> • Analysis of data per area 		
<ul style="list-style-type: none"> • Identification of areas with large un-immunized populations 		
Compare the data analysis you just completed with that of the local staff. Are the top three (3) priority areas the same?		
List of Policies/Guidelines (Copies of Documents)		
A calendar with monthly monitoring to areas with large un-immunized populations		
A calendar with quarterly monitoring/mentoring visits to all areas for which the health facility/office is responsible		
Set coverage targets		
Are there plans to improve updating of Target Client Lists?		
Are there plans to improve tracking of defaulters?		
Are there plans to reduce missed opportunities for children and mothers seeking other health services?		
A calendar with outreach activities for the quarter for areas with large number of un-immunized		
Dates of Semi/Annual Program Implementation Review/ Consultative workshop to be conducted		
Procurement of EPI supplies (N/S) in the work and financial plan		
Is there a plan for maintenance and regular replacement of the cold chain equipment?		

2 EPI Plan

Ask for the most recent supervisory visit reports for EPI, IMCI and IYCF.

Note: this can be a formal report, notes in a visitor’s logbook or other means of documentation.

When is the most recent supervisory report available?
(MM/DD/YY or NA, if none available)

	Yes	No
Does the supervisory report include:		
• Analysis of data per area		
• Validation of data?		
• Observation of the facility (both good practices and improvements needed)?		
• Observation of health service delivery practices?		
• Assessment of cold chain, logistics and inventory issues (as appropriate per program)?		
• Mention of sufficient stock on hand?		
• Problems identified?		
• Agreements and dates of implementation?		
Were problems you identified / noted during this visit in previous supervisory reports?		

3. Data Analysis

Province/City/Municipality: _____

Year: _____

HC/BHS/ Barangay/ Purok Name	Total Population	Target Population < 1 year	Doses of Vaccines Administered			Immunization Coverage (%)			FIC	Unimmunized (No.)		Measles Cases	Drop-out Rates (%)		Identify Problems		Priority area
	No.	No.	PENTA1	PENTA3	MCV1	PENTA1	PENTA3	MCV1	(%)	PENTA3	MCV1	No.	PENTA1 - PENTA3	PENTA- MCV1	Access	Utiliza- tion	Priority
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r
TOTAL																	

4. Validation of Data: From FHSIS Report and Target Client List (TCL)

Instruction: For just this health center/station, obtain the last completed quarterly report and complete the following: (excluding all other BHS)

NB: If health facility reports more than 200 PENTA1 per quarter, then only compare the last completed month report and tally.

	Quarter Reported	Quarter Validated	Discrepancy? (Y/N)	If YES, why?
PENTA1				
PENTA3				
OPV3				
Measles				
Hep 3				
FIC				
TT 1				
TT 2+				
CPAB				
VAC at 6 mos				
EBF 6 mos.				
Initiated BF within 1 hr.				
Deliveries by skilled attendant				
Was Hepatitis B 3 given at the same time as PENTA 3 for the last three children? If no, ask why.				

EBF – Exclusive breastfeeding; CPAB – Child protected at birth; VAC – Vitamin A Capsule

Child Protect at birth (CPAB) is the number of mothers who received either TT2 during the current pregnancy or TT3 at any time during or prior to the current pregnancy divided by 3% of the total population for the health facility multiplied by 100%.

4. Accomplishment Reports

Instruction: Based on your NSO projected population, indicate your accomplishment reports for the following campaigns:

Coverage	6-11 months		12-59 months		60-71 months	
	No.	%	No.	%	No.	%
Vitamin A Supplementary						
Round 1						
Round 2						

5. Mothers'/Caretakers' Interview

Instruction: Use this questionnaire when the mother/ caregiver is already outside of the health center after consultation.

	Questions	Mother Interviewed		
		1	2	3
1	Did you pay for the vaccines/syringes? (Y/N)			
2	How much and for what?			
3	Did you receive either: (A/B) A. At least two (2) injections of tetanus toxoid during your last pregnancy B. At least three (3) injections of tetanus toxoid at anytime during or before your last pregnancy?			
4	Who attended the delivery of your last child?			
5	Are you satisfied with the services given in the health facility? (Y/N)			

Roles and Responsibilities of Key Stakeholders in the NIP

The following summarizes the roles and responsibilities of concerned DOH offices/units at the Central and Regional Levels including the specific involvement and participation of the LGUs, other government agencies, development partners and the private sector in the management and implementation of the NIP.

DOH-Family Health Office (FHO)

- Set overall program direction, establish policies, guidelines and standards on the immunization program
- Develop manuals, technical references and other materials
- Prepare implementing rules and regulations of national laws passed in support of the immunization program
- Design training program with accompanying modules and conduct Training of Trainers (TOT)
- Develop strategic plan/CMYP and annual operational plans
- Identify and establish partnerships with multisectoral stakeholders: other government agencies, development partners, non-government organizations, private sector, business community, among others
- Mobilize resources, both in cash and in kind among local and international partners
- Organize and maintain coordination committees with experts and technical groups, advisory committees
- Forecast and allocate EPI logistics
- Coordinate with other DOH offices for the timely procurement and delivery of vaccines and other logistics for the immunization program
- Conduct regular inventory and updating of vaccine supplies and other EPI logistics
- Design, organize and coordinate EPI-related researches, surveys and special studies
- Represent the DOH to national and international conferences and events related to the immunization program

DOH-Health Promotion and Communication Service (HPCS)

- Develop Health Promotion and Communication Plan
- Develop campaign prototype materials in various formats (TV, radio, print, social media, collaterals)
- Responsible for national media placement
- Social mobilization of all national multi-sectoral partners
- Advocacy to policy makers/decision-makers
- Monitoring, documentation and evaluation of national health communication events/campaigns
- Awarding and recognition of LGUs for NIP performance
- Technical assistance on health promotion and communication matters

DOH-National Epidemiology Bureau (NEB)

- Establish and maintain the VPDS
- Monitor outbreak and mobilize appropriate response from concerned agencies
- Validate, consolidate and disseminate information on EPI performance through the FHSIS
- Provide training and technical assistance to regional and local Epidemiology and Surveillance units
- Coordinate with NSO re annual reporting of VPDS mortalities
- Establish and maintain National Committee on Adverse Events Following Immunization
- Spearhead the National Measles Verification and National Polio Certification Committee

DOH-Procurement Service

- Coordinate with Family Health Office (FHO) re annual procurement plan for vaccines
- Prepare necessary materials/documents for various procurement mechanisms of vaccines and other logistics
- Procure vaccines and other logistics based on needs and recommendations of the FHO
- Coordinate with UNICEF or other agencies involved in the procurement of vaccines

DOH-Material Management Division (MMD)

- Distribute vaccines to ROs and other LGUs based on FHO's allocation list
- Monitor delivery and receipt of vaccines and other logistics

Research Institute for Tropical Medicine (RITM)

- Serves as the national reference laboratory/ confirmatory laboratory for VPDS
- Takes the lead in validation and certification of eradication / elimination of VPDs
- Undertake / participate in the conduct of studies and researches on the cost-effectiveness, efficacy of vaccines
- Assess and select regional hospitals / laboratories as sentinel sites and provide necessary laboratory supplies including transport materials
- Provide training to laboratory personnel of sentinel sites on specimen collection, transport, processing and culture isolation of target
- Sustain Quality Assurance Program
- Maintain proper warehousing / storage of vaccines

PhilHealth

- Work closely with DOH-FHO to review and expand PhilHealth coverage for immunization services
- Promote utilization of PhilHealth benefit packages and accreditation of health facilities

DOH-Regional Office Expanded Program on Immunization (RO-EPI)

- Provide inputs in the development of EPI policies, guidelines and technical references
- Develop annual Work and Financial Plan
- Supervise, monitor and evaluate NIP activities at provincial / city / municipal levels
- Collect, analyze and submit reports on NIP
- Allocate, distribute and monitor utilization of EPI logistics in LGUs and other partners
- Establish coordination / network with other government and private sector partners
- Provide training and other technical support to implement EPI activities
- Takes the lead in the implementation of SIAs within their regions
- Participate in EPI-related survey, research and studies

RO-Health Promotion Officers (HEPOs)

- Develop regional Health Promotion and Communication Plan
- Translate campaign IEC materials into the vernacular
- Coordinate placement of ads in tri-media (TV, Radio, print)
- Lead information dissemination through social media
- Lead the regional launching of EPI related events/products
- Conduct press conferences
- Monitor, document and evaluate program health promotion campaign
- Organize awarding and recognition programs of LGUs on NIP implementation
- Provide technical assistance to LGUs (province/cities) in health promotion and communication on NIP

RO-Regional Epidemiology and Surveillance Unit (RESU)

- Provide on-site assistance (technical, logistics, laboratory analysis of samples) as requested to supplement local epidemic investigations and control
- Establish, operate and maintain a regional epidemic preparedness and response plan, including the creation of multidisciplinary / multisectoral teams to respond to events that may constitute a public health emergency of local and international concerns
- Assess reported epidemics of VPDs and immediately report all essential information
- Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals
- Ensure functionality of regional disease surveillance and response system
- Establish Regional Adverse Events Following Immunization Committee in their respective regions

Local Government Units

- Develop EPI Work and Financial Plan
- Conduct inventory and ensure staff complement for the delivery of health services
- Conduct training and updates on the immunization program
- Enhance VPD surveillance and strengthen provincial, city and municipal epidemiology surveillance units (P/C/MESUs)
- Regular monitoring and evaluation of immunization coverage and performance
- Ensure timely collection and submission of complete and accurate reports
- Lead inter-agency coordination and collaboration with other partners
- Equip and maintain health facilities (RHUs/BHS/Health centers) with EPI logistics and equipment
- Conduct social mobilization and information dissemination down to the grassroots level
- Reinforce national EPI policies through local resolutions / ordinances / executive orders to include regulation of EPI practices
- Support national health campaigns through mobilization of manpower and logistics augmentation
- Provide incentives and recognize good / high performing health facilities / LGUs

Provincial, City and Municipal Epidemiology Surveillance Units (P/C/MESU)

- Set up and maintain functional community disease surveillance system equipped with necessary resources and adequate local financial support
- Collect, organize, analyze and interpret surveillance VPD-related data in their respective areas including collection and submission of samples for testing and confirmation of the diseases
- Report all available essential information (such as clinical description, laboratory results, numbers of human cases and deaths, sources and type of risk) immediately to the next higher level
- Implement appropriate epidemic control measures immediately
- Establish, operate and maintain a municipal / city epidemic preparedness and response plan, including the creation of multidisciplinary / multisectoral teams to respond to events that may constitute a public health emergency
- Facilitate submission of weekly notifiable disease reports
- Respond and conduct surveillance of reportable cases in the community and submit reports to the LGU and RESU
- Create AEFI committee
- Monitor and collect reports from Disease Reporting Units or DRUs (hospitals, clinics BHS, ports, airports)
- Provide updates and training to DRUs
- Provide laboratory results to DRUs and follow up cases in the community
- Coordinate with other GOs, NGOs and offices in the conduct of surveillance for reportable VPDs during routine and campaign immunization

Development Partners

- Provide technical assistance in policy formulation, plan development, standards setting, development of reference materials, conduct of researches
- Provide training / capability building support
- Conduct monitoring and evaluation independently or in collaboration with DOH
- Provide funding assistance
- Assist in the procurement of vaccines
- Provide logistics support (such as cold chain facilities, IT / medical equipment)
- Support facility enhancement
- Mobilize resources from co-development partners
- Conduct special studies
- Participate in national EPI Technical Committee meetings
- Provide technical expertise and advice relative to the various activities of the program as needed

Department of Education (DepEd)

- Integrate immunization services in the school health services
- Coordinate with DOH for vaccine supply
- Orient school officials and faculty on immunization services for school children
- Establish and maintain appropriate vaccine storage
- Report to local health offices on immunization coverage of school children

Department of Social Welfare and Development (DSWD)

- Monitoring of CCT families accessing immunization services
- Promote immunization services to members of NHTS-HHs and the elderly
- Assist in identifying out of school youth and promote immunization services

Private Practitioners/Professional Societies

- Advocate private practitioners to follow DOH standards for vaccines
- Coordinate with local health offices for vaccine supply
- Submit immunization coverage report to their local health offices
- Provide training on immunization practice to members of their societies

