



**NATIONAL IMMUNIZATION PROGRAM**  
MANUAL OF OPERATIONS

BOOKLET 7

CHAPTER 8  
**Monitoring, Supportive Supervision,  
and Evaluation**



## Chapter 8

# **MONITORING, SUPPORTIVE SUPERVISION, AND EVALUATION**



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## A. Rationale

Monitoring, supervision and evaluation are essential elements in the effective and efficient NIP implementation and management. These not only provide updates on the status of immunization coverage in the catchment areas but also help identify gaps for better program performance.

## B. Objectives

Chapter 8 focuses on measuring the performance of key components of the immunization service delivery system within your respective jurisdiction. After reading Chapter 8, it is hoped that we are able to:

1. Establish WHAT should be monitored at each level of operations and the corresponding means that can be used;
2. Outline the essential recording and reporting system that each health facility level should put in place and maintain to ensure availability and quality of data for analysis and for improving immunization service coverage; and
3. Present the basic principles of supportive supervision and identify how these can be maximized to benefit local health workers.

## C. Scope and Coverage

Chapter 8 contains the following topics:

- Definition of monitoring, evaluation and supportive supervision in measuring the progress of NIP implementation;
- NIP indicators to be tracked with recommended measurement means;
- Recording and Reporting Guidelines of essential immunization data at the health facility level (passive monitoring) with corresponding forms, guidelines and tools for active monitoring (field monitoring, program implementation reviews and supportive supervision);
- Summary of key indicators that can only be evaluated through special surveys and research addressed to the national government.

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## D. Monitoring, Evaluation and Supportive Supervision for the NIP

### D.1 Importance of Monitoring, Evaluation and Supportive Supervision

The processes of monitoring, evaluation and supportive supervision are important tools to improve the immunization service quality and coverage because they ensure that:

- All targeted population (infants, children, adolescents, pregnant women, elderly, etc.) are immunized;
- Vaccines and safe injection equipment are available all the time in the right quantity and quality;
- Health workers are well trained, motivated and adequately supervised;
- Service delivery networks for immunization services are organized and functioning with the necessary support systems (such as an information system, planning and budgeting, policy formulation, and multi-sectoral involvement);
- The community is confident and satisfied with immunization services they receive from the network of health care providers.

**Monitoring** is the systematic and continuous process of examining data, procedures and practices.

**Supportive Supervision** is a process that promotes sustainable and efficient program management by encouraging two-way communication between health providers and supervisors through a participatory approach in problem-solving and decision-making.

**Evaluation** is the periodic assessment of the relevance, effectiveness and impact of the NIP based on its goals, objectives and strategies. While monitoring is a continuous process, evaluation is conducted at regular intervals.

### D.2 The NIP Monitoring and Evaluation Framework

The 2017-2022 NIP Comprehensive Multi-Year Plan of Action (CMYP) recommends a set of indicators to be measured based on its goal, objectives and targets. These are listed in the NIP Monitoring and Evaluation Framework (M and E) – the reference to be used at various levels of operations. The M and E Framework contains 66 indicators on the different NIP components. It defines each indicator, the data source, the means of data collection, the frequency of data collection and at which level these indicators are needed.

## 1. NIP Components to be Monitored

The indicators in the M and E Framework cover all the components of the NIP, such as Service Delivery, Governance, Financing and Regulation.

## 2. Data Sources

Sources of data identified in the M and E Framework for the set of indicators to be measured include the following:

### 2.1 Routine Reports

There are basically two routine data reporting systems that are currently utilized for the Immunization Program, the Field Health Service Information System (FHSIS) and Philippine health statistics.

### 2.2 Surveillance Data

VPD Surveillance Reports are also sources of information and data.

### 2.3 Administrative Reports

Some Immunization Program indicators cannot be collected routinely through the FHSIS. These include logistics / vaccine management, policy issuances, and budget allocations prepared by local governments, which are collected by DOH regional coordinators or reports from other national government agencies delivering immunization services.

### 2.4 Special Survey/Research Reports

## 3. Levels of Monitoring

The NIP M and E Framework includes indicators measuring the quality of implementation at each level of operation. In most cases, these indicators are applied at the national, regional and local levels. These include immunization service coverage by antigen (FIC, CPAB, service coverage by antigen) at the municipal/ city, provincial, regional and national levels. Input indicators like proportion of NIP Coordinators trained at the national, regional and provincial levels and the proportion of health workers given training on Basic NIP and Cold Chain Management Training at the municipal and city levels are also measured.

## 4. Means of Data Collection and Management

Most of the data needed to measure the indicators are collected through:

- 4.1. **Passive Data Collection.** This is done through regular (monthly) reporting. It implies that regular reports (e.g. monthly) are sent from the periphery to the higher level of health care.
- 4.2. **Active Data Collection.** This refers to collection mechanisms purposively initiated by NIP coordinators and supervisors at various levels. These include: field monitoring visits, supervisory visits, program implementation reviews, special surveys / studies / researches, and commissioned / joint evaluations.

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## E. Data and Report Management

### E.1 Data Management

At the end of every month, all data collected through passive and active reporting are reviewed. The important steps in this process are: (a) Scan incoming reports; (b) Consolidate the data; and, (c) Analyze the data.

### E.2 Using a Computerized Database

Ideally, all data collected from monthly reports and other sources are consolidated into a computer database for easy reference and to generate useful tables and graphs.

### E.3 Storing Data and Reports

Store data at all levels for purposes of verification and also retrieval whenever needed. These are useful for supervisory visits and immunization service reviews. Store data either as hard copies or electronically.

### E.4 Monitoring Timeliness and Completeness of Reports

Prompt and effective response is greater when reports are sent and received on time. Ideally all data should be available and analysed on time so that information on the situation prevailing can be taken into account.



**FORM 1.**

**Sample Form for Recording Timeliness and Completeness of Monthly Reporting From Health Facility to the Municipal/City**

Country: _____ Year: _____						LEGEND:						
District: _____						T = arrived on time				L = arrived late		
						N = reports expected				W = report not received		
Name of health facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total number of reports expected (N)												
Total reports sent on time (T)												
Total reports sent late (L)												
Total number of reports not received (W)												
Timeliness of the reports = $100 * T / N$												
Completeness of reporting = $100 * (N - W) / N$												
<p>NB: Please note that timeliness and completeness are expressed as percentages (%). When the surveillance system is good, the rates for timeliness and completeness should approach 100%. This table allows for monitoring the progress of these two indicators in the district so that action can be taken to improve timeliness for each health facility in the district.</p>												

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## F. Monitoring Through Routine Data Collection in a Health-Facility

The following tools are used for routine recording of immunization-related activities at the service-delivery level.

- Immunization Register – FHSIS Target Client List
- Immunization Card / Mother and Child Book on Immunization Section
- Defaulter Register: REP Masterlist 0-23 months old
- Stock Record
- Refrigerator Temperature Chart

### F.1 Immunization Target Client List (TCL)

The Immunization Register records vaccine doses given to each individual and helps health workers keep track of the immunization services provided to eligible members of the community. It is also a useful tool in tracking individual immunization status with regard to who are due for immunization and defaulters who need to be followed up. The TCL is an integrated recording tool for nutrition and immunization; the recording space for each vaccine is thus narrow. Use the space as needed to clearly note down the important dates for each vaccine.

**FORM 2.**

**Target Client List for the Immunization Program –  
Immunization Register at the Health Facility Level – Part 1**

Date of Registration (mm/dd/yy)  (1)	Date of Birth (mm/dd/yy)  (2)	Family Serial Number  (3)	NHTS*  (4)	Name of Child  (5)	Sex (M/F)  (8)	Complete Name of Mother  (9)	Complete Address  (10)	Child Protected at Birth (CPAB)** (11)	
								TT Status ----- Date	Date As- sessed
								-----	
								-----	
								-----	
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\* **NHTS** - to indicate that the infant belongs to the CCT/NHTS families listed by DSWD.

\*\* **Child Protected at Birth (CPAB)** - refers to a child whose (1) Mother has received 2 doses of TT during this pregnancy, provided TT2 was given at least a month prior to delivery, or (2) Mother has received at least 3 doses of TT anytime prior to pregnancy with this child

**Date Assess** - refers to the month and year the child was classified as CPAB based on the definition.

**FORM 3.**  
**Target Client List for the Immunization Program –**  
**Immunization Register at the Health Facility Level – Part 2**

Date Immunization Received (13)											Date Fully Immunized Child (FIC) *** (14)	Rota Virus Vaccine		Pneumococcal Conjugate Vaccine (PCV)			Remarks
BCG	HEPA B1		PENTAVALENT			OPV			MCV			1	2	1	2	3	
	w/in	More than	1	2	3	1	2	3	MC V1	MC V2							
	24 hrs.	24 hrs.							(AMV)	(MMR)							

\*\*\* **Fully Immunized Child:** is a child who has received all of the following antigens before reaching one year old: a) One (1) dose of bCG at birth or anytime, b) Three (3) doses of OPV, three (3) doses of Pentavalent vaccines; and c) One (1) dose of Measles-containing vaccine (MCV)

## F.2 Immunization Cards

The infant immunization card contains the immunization history and status. This is very important because:

- It serves as a reminder for parents to return to the clinic for the next dose.
- It helps the health worker determine an infant's immunization status
- It is useful when health workers conduct coverage surveys.

**CHILD IMMUNIZATION RECORD**

CHILD'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
 PLACE OF BIRTH \_\_\_\_\_ BIRTH HEIGHT \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SEX  M  F

**BAKUNA** | **DOSES** | **PETSAS NG BAKUNA** | **REMARKS**

BAKUNA	DOSES	PETSAS NG BAKUNA			REMARKS
BCG	1 (pagkapanganak)	1			
HEPATITIS B	1 (pagkapanganak)	1			
PENTAVALENT VACCINE (DPT-HepB-Hib)	3 (1%, 2%, 6, 31; buwan)	1	2	3	
ORAL POLIO VACCINE (OPV)	3 (1%, 2%, 6, 31; buwan)	1	2	3	
INACTIVATED POLIO VACCINE (IPV)	1 (31; buwan)	1			
PNEUMOCOCCAL CONJUGATE VACCINE (PCV)	3 (1%, 2%, 6, 31; buwan)	1	2	3	
MEASLES, MUMPS, RUBELLA (MMR)	2 (9 buwan & 1 taon)	1	2		
IBA PANG MGA BAKUNA					

Sa column ng **Petsa ng Bakuna**, isulat ang petsa ng pagtatagay ng bakuna ayon sa kung pang-ikang dose ito. Sa column ng **Remarks**, isulat ang petsa ng paghahati para sa susunod na dose, sa anumang mahalagang impormasyon na maaring makapagkita sa pagbabakuna ng bata.

FIGURE 23  
Immunization card

Regardless of the template and format, it is important to complete accurately the information in the Immunization Cards or the Immunization Section of the Mother and Child Book. These include:

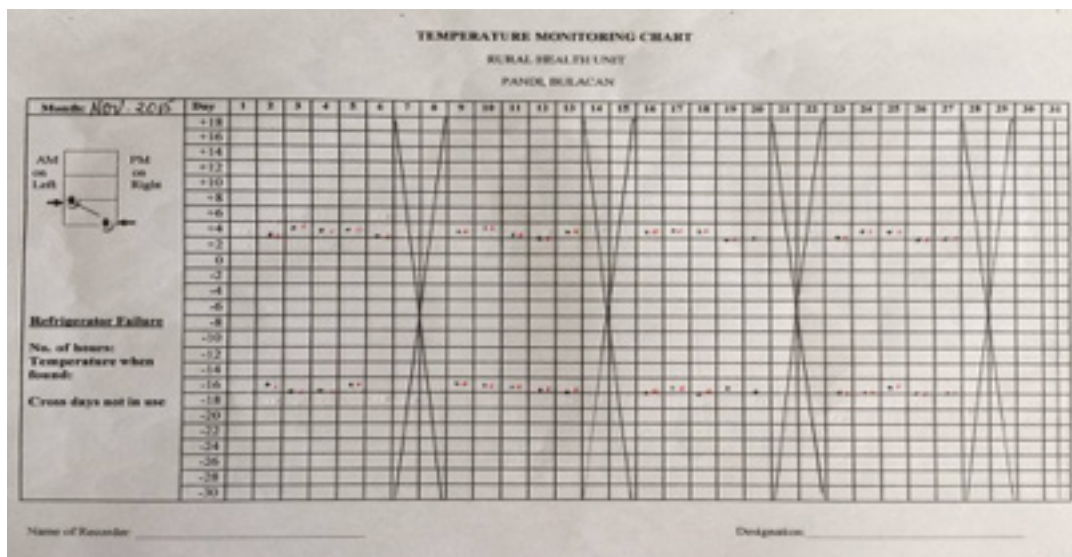
- Specific identification number
- Name of infant
- Infant's birth date
- Infant's sex
- Name and address of mother
- Date of each vaccination by dose and vitamin A supplementation
- TT vaccination provided to the mother' (optional)
- Infant protection at birth from neonatal tetanus (PAB)
- Due date for next immunization

## F.3 Refrigerator Temperature Chart

The Refrigerator Temperature Chart is records the daily temperature readings of every refrigerator and freezer that stores the vaccines, even on weekends and holidays. These data provide information regarding the quality of vaccines, the training of health workers and the availability of equipment (including thermometers) at the facility level.

**FIGURE 24.**  
Temperature  
Monitoring  
Chart

RHU Pandi,  
Bulacan,  
November 2015



## F.4 Other Records

Other records that health facilities must maintain and safekeep as sources of information are:

- Stock records (Refer to the Cold Chain Management Manual)
- Individual Treatment Charts (NOTE: These should be kept as reference for surveys, evaluation or monitoring)
- Copies of policies and resolutions passed by the local government on the Immunization Program
- Copies of annual plans incorporating plans and budget for the Immunization Program
- Records of the results of supervisory visits
- Results of client satisfaction surveys (if available)
- Maintenance report on the cold chain equipment (refrigerator)
- List of NHTS families complying with immunization requirements
- Minutes of staff meetings

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## G. Data Collection-Consolidation at Various Levels of Administration

Consolidate the immunization data collected into a summary form, either manually or electronically, for transmission from the health facility to the next higher administrative level until it reaches the DOH-Central Office. At each level, the data should be analysed and used to improve the program.

Health workers should ensure that the reports prepared are:

- Complete: All sections of the reports have been completed;
- Timely: Reports have been submitted on or before set deadlines. Reports should be submitted to the next level before the deadline.
- Accurate: Before sending the reports, double-check the correctness of the calculations.

### G.1 Key Information to be Reported

#### 1. Number of vaccinations given to infants and women in your area

Data collected from the DOH-FHSIS TCL on the Immunization Program need to be consolidated into a summary form, either manually or electronically, for transmission from the health facility to the next administrative level.

##### 1.1. At the Barangay Health Station (BHS) / Health Center (HC) Level

- a. The BHS/HC midwife collates and summarizes the data recorded in the FHSIS-TCL on immunization using the Summary Table by Barangay on a monthly basis, categorizing each client by the type of immunization given by age and sex.
- b. The midwife is expected to integrate immunization coverage by private lying-in clinics/birthing facilities operating within her catchment area.

##### 1.2. At the Municipal / City Level

The municipal / city nurse supervisor consolidates monthly the same data sets into a municipal / city report with a breakdown per barangay.

##### 1.3. At the Provincial Level

The FHSIS Coordinator in coordination with the Provincial / City Immunization Program Coordinator consolidates the same set of monthly data using the same format, with a breakdown per municipality.

##### 1.4. At the DOH-Regional Level

The DOH Regional Office consolidates the same sets of data with a breakdown per province or city monthly and quarterly, integrating immunization coverage from DOH-retained and private hospitals.

**FORM 3.**

**FHSIS Barangay Summary Table on Immunization Coverage by Antigen by Month/Quarter  
Section on Child Care- Immunization Program**

Indicators	Target	Jan	Feb	Mar	1st Q	Apr	May	Jun	2nd Q	Jul	Aug	Sep	3rd Q	Oct	Nov	Dec	4th Q	Total			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>1. Immunization given &lt;1 yr</b>																					
BCG																					
Hep B	w/in 24 hrs																				
	24 hrs (w/in 7 days)																				
PENTA	1																				
	2																				
	3																				
OPV	1																				
	2																				
	3																				
IPV																					
MCV	MCV1 (AMV)																				
	MCV2 (MMR)																				
ROTA	1																				
	2																				
PCV	1																				
	2																				
	3																				
JE																					
<b>2. Fully Immunized Child</b>																					
<b>3. Completely Immunized Child (12-23 mos)</b>																					
<b>4. Child Protected at Birth (CPAB)</b>																					



**FORM 4.**



**FHSIS Barangay Summary Table on Diseases by Age Group and Sex**

**Section on Morbidity Disease Report for the Month:** \_\_\_\_\_

Name of Disease	ICD Code	By Age Group and By Sex																																			
		Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		≥70		Total			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Acute Watery Diarrhea	A09 (watery)																																				
Acute Bloody Diarrhea	A09 (bloody)																																				
Influenza-like Illness	J11																																				
Influenza	J11																																				
Acute Flaccid Paralysis	G83.9																																				
Acute Lower Respiratory Track Infection	J22																																				
Pneumonia	J18.9																																				
Cholera	A00																																				
Diphtheria	A36																																				
Filarisis	B74																																				
Leprosy	A30																																				
Leptospirosis	A27																																				
Malaria	B50-B54																																				
Measles	B05																																				
Meningococccemia	A39																																				
Neonatal Tetanus	A33																																				
Non-neonatal Tetanus	A35																																				
Paralytic Shellfish Poisoning	T61.2																																				
Rabies	A82																																				
Schistosomiasis	B65																																				
Typhoid and paratyphoid	A01																																				
Viral Encephalitis	A83-86																																				
Acute Viral Hepatitis	B15-B17																																				
Viral Meningitis	A87																																				
Syphilis	A50-A53																																				
Gonorrhea	A54.9																																				
Urethral Discharge	R36																																				
Genital Ulcer	N48.5, N76.5, N76.6																																				

FORM 5.

Summary Table at the Municipal/City Level by Quarter

 		FHSIS REPORT for the QUARTER _____ YEAR: _____				<h1 style="margin: 0;">Q1 RHU</h1>	
		Municipality/City Name: _____					
		Province: _____ Projected Population of the Year: _____					
CHILD CARE							
Indicators	Elig. Pop.	Numbers			%	Interpretation	Recommendation/ Actions Undertaken
		Male	Female	Total			
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Infants given BCG							
Infants given Hepatitis B1	w/in 24 hours						
	24 hrs (w/n 7 days)						
Infants given PENTA	1						
	2						
	3						
Proportion of Infants given OPV	1						
	2						
	3						
Proportion of Infants given IPV							
Proportion of Infants given MCV	MCV1 (AMV)						
	MCV2 (MMR)						
Proportion of Infants given ROTA	1						
	2						
Proportion of Infants given PCV	1						
	2						
	3						
Proportion of Infants given JE							
Proportion of Fully Immunized Child (0-11 mos)							
Proportion of Completely Immunized Child (12-23 mos)							

**FORM 6.**

**NIP Recording and Reporting Tool by Administrative Level - Cumulative Summary Report (Part 1)**

REGION/ PROVINCE CITY	Projected Pop	Eligible Population (<1YO) 2.7%	Eligible Population (PW) 2.7%	BCG		PENTA 1		PENTA 2		PENTA 3		OPV 1		OPV 2		OPV 3		HEPA			ROTA 1		ROTA 2		
				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	w/in 24 hrs.	%	after 24 hrs.	%	No.	%
Philippines																									
NCR																									
CAR																									
1																									
2																									
3																									
4A																									
4B																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
CARAGA																									
ARMM																									

**NIP Recording and Reporting Tool by Administrative Level - Cumulative Summary Report (Part 2)**

REGION/ PROVINCE CITY	Projected Pop	Eligible Population (<1YO) 2.7%	Eligible Population (PW) 2.7%	MV		FC		CIC		PCV 1		PCV 2		PCV 3		TT		TT2+		LIVE BIRTHS		CPAB		
				No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Philippines																								
NCR																								
CAR																								
1																								
2																								
3																								
4A																								
4B																								
5																								
6																								
7																								
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11																								
12																								
CARAGA																								
ARMM																								

## G.3 Displaying Immunization Coverage and Other Information

Every health facility should display current monitoring charts on the wall, where they can be seen by all staff every day. These can show the incidence of VPDs monthly, the number of doses of immunization provided for a given period or the actual coverage compared to the targeted number of clients to be immunized, and determine the drop-out rate from the Immunization Program. These charts can also be used by the higher level of administration to monitor immunization coverage at their level.

### 1. Immunization Monitoring Chart

- 1.1. The Immunization Monitoring Chart is a simple, effective tool to monitor progress:
  - It graphically shows immunization doses given compared to the number of infants eligible to receive them;
  - It graphically shows dropout rates by comparing the number of infants that started receiving immunizations against the number of infants who received all needed doses of vaccines.
  
- 1.2. Follow these steps in preparing the chart:
  - a. Calculate the annual target population of infants less than one year of age that should receive immunization services. Aim to cover every infant in its catchment area, especially those who are hard to reach.
    - Where possible, use the most accurate and updated existing population figures for infants under one year of age.
    - These data can be provided by your own community (city / municipal / barangay) census.
    - If the actual under-one population census data is not available, estimate by multiplying the total population by 2.7% percent. This document uses 2.7% per cent as the estimated percentage of infants less than one year of age and of pregnant women in any population.  
**Example:** If the annual target under one year is 156, the monthly target is  $156/12 = 13$ . That means each month 13 children should be vaccinated: 13 in January, another 13 in February, another 13 in March, etc.

The 2.7% multiplication factor for calculating the number of eligible population has been used by NIP for the last 10 years. However, this multiplication factor should be constantly reviewed and adjusted based on recent population census data from the Philippine Statistics Authority (PSA). The NIP shall provide further guidance on this new multiplication factor and will clearly indicate when the new factor will be used officially.

Further, both the WHO and UNICEF recommended to always aim for 100% coverage in calculating the annual vaccine requirement for routine immunization because every child has a right to immunization. Any adjustments on the target coverage shall be made only if DOH has a budget constraint in procuring vaccines. In this case, adjusting the target coverage to 95% coverage to achieve the National Objectives for Health is conditionally acceptable.

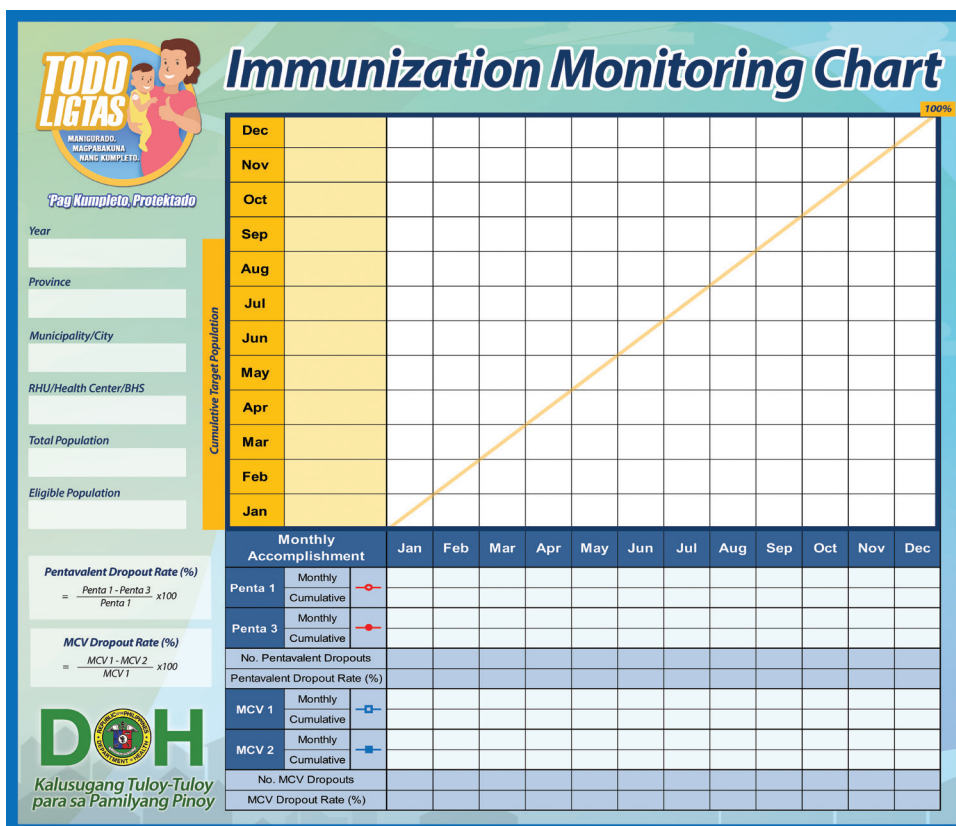
b. Label the chart

- Always ensure that the chart has a title (usually at the very top so it does not obscure the contents of the chart).
- Example: “PENTA1 and PENTA3 doses administered and drop-outs in infants less than one year of age - Bulacan Province, 2015”
- Label the left side of the chart with the ‘cumulative’ monthly target, i.e. the increasing number of children targeted each month.

**Example:** If the monthly target is 13, the cumulative target for January will be 13; for February it will be 26 (13 + 13); for March it will be 39 (13 + 13 + 13); for April it will be 52 (13 + 13 + 13+ 13), etc.

Calculate the cumulative drop-out as below:

$$DO\% = \frac{\text{PENTA1 cumulative total minus PENTA3 cumulative total}}{\text{PENTA1 cumulative total}} \times 100$$



**FIGURE 25.**  
**Immunization Monitoring Chart**

## H. Monitoring Immunization Performance

Collecting and recording data on immunization coverage at each level is important and the information gathered is used to improve program performance.

### Important Note

Data collection is only useful if the data are regularly analysed and used to improve service delivery. Data analysed is the responsibility not only of supervisors, but also of health workers.

### H.1 Compiling, Processing and Analyzing Coverage Data

Refer to the section on *Reaching Every Purok* for the relevant forms and guides in analyzing coverage data.

### H.2 Taking Corrective Action

The compiled data and the priorities assigned in the areas covered serve as inputs for corrective action based on these priorities. Taking corrective action is guided by the steps described below:

#### 1. Identify problems

Problems can usually related either with access or with utilization. A problem may be present in one or more barangays / areas or may apply to the entire municipality, city or province.

##### 1.1. Problems related to poor access to service

Infants and pregnant women do not attend immunization sessions because:

- Sessions are NOT conducted as planned.
- Session sites and times are inconvenient or the target participants have not been informed.
- Cultural, financial, racial, gender or other barriers are present, preventing use of immunization services

##### 1.2. Problems related to poor utilization of services

Parents do not bring infants back to complete the full series of immunizations because:

- They lack information about the complete immunization schedule.
- There is a shortage of supplies.
- Incorrect contraindications are applied by the health workers.
- Health workers experience problems in relating with people in the community.

##### 1.3. Examples of problems and suggestive corrective actions

Examples of problems are listed below. While not an exhaustive list, it includes those commonly encountered.

**TABLE 16.**

**Common Problems Associated with High Drop-Outs, Poor Access and their Solutions**

	Examples of Common Problems	Examples of Solutions (Activities to be included in workplan)
Supply (Quantity)	<b>Stock-outs of vaccine(s), AD syringes, diluents, safety boxes, and immunization cards</b>	<ul style="list-style-type: none"> <li>Request immediate supplies from district level.</li> <li>Review stock recording system.</li> <li>Review vaccine usage, wastage rates and take action.</li> <li>Review method of estimating needs.</li> </ul>
Supply (Quality)	<ul style="list-style-type: none"> <li>Expired vaccine(s) in stock</li> <li>VVMs show that vaccine has reached the discard point</li> <li>Frozen DTP and HepB containing vaccines in refrigerator</li> </ul>	<ul style="list-style-type: none"> <li>Review stock recording system.</li> <li>Review method of estimating needs.</li> <li>Review management of cold chain equipment.</li> </ul>
Staffing (Quality)	<p><b>Some staff have not had recent training</b></p> <p><b>Irregular supervisory visits</b></p>	<ul style="list-style-type: none"> <li>Inform supervisor and select subjects for on-the-job training/supportive supervision, for example, on:               <ul style="list-style-type: none"> <li>Using AD syringes</li> <li>New vaccines</li> <li>Reading Vaccine Vial Monitors (VVM)</li> <li>Implementing the multi-dose vial policy (MDVP)</li> </ul> </li> <li>Include supervisory visits' schedule in district workplan.</li> </ul>
Staffing Quantity	<b>Vacant position of health worker, general staff shortage</b>	<ul style="list-style-type: none"> <li>Inform supervisor and district authorities and initiate recruitment.</li> <li>Request temporary assignment of staff from district level; consider volunteers for some duties.</li> <li>Ensure staff available for each session.</li> </ul>
Service quality and demand	<p><b>Poor attendance at sessions and poor utilization in some areas</b></p> <p><b>Mothers are not able to bring the immunization cards</b></p> <p><b>Parents fear side-effects; misconceptions that Injection practices are not 100% safe</b></p>	<ul style="list-style-type: none"> <li>Meet with community to discuss possible reasons for low attendance and suggested solutions.</li> <li>Consult the community and revise workplan to make sessions more convenient for the community.</li> <li>Check whether all planned sessions have been conducted; aim to improve reliability by conducting all planned sessions.</li> <li>Screen all infants for immunization whenever at each visit to the facility; give all vaccines they are eligible to receive.</li> <li>Review use of true contraindications to ensure that eligible infants are not missed.</li> <li>Set up defaulter tracking system to keep complete records (register, reminder cards) at the health facility; bring these along during outreach sessions.</li> <li>Provide new cards and update from other records. (Do NOT restart schedule because of lost cards)</li> <li>Inform parents about benefits of immunization and reassure them about side-effects.</li> <li>Review safe injection practices: ensure AD syringes supply, use safety boxes, and use safe disposal practices.</li> <li>Meet with community to correct misconceptions.</li> <li>Review information on AEFI and AEFI reporting.</li> </ul>

## 2. Feedback and Feed-Forward

The terms 'feedback' and 'feed-forward' refer to the process of routinely sending results of data analysis to different levels of the monitoring system.

- **Feedback** (sending information to the peripheral levels) is particularly important for data collectors and providers, so that they can see the value of collecting and reporting information. Feedback also allows them to compare their performance in relation to others at the same level.
- **Feed-forward** (forwarding results of data analysis to higher administrative levels) provides information on accomplishments and highlights areas of concern in order to provide assistance on problems encountered.

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# I. Field Monitoring Visits

Field monitoring is one form of active data collection. Together with the Program Implementation Review (PIR) and supportive supervisory visits, field monitoring is intentional and purposive in gathering information about the Immunization Program.

## I.1 Objectives and Principle of the Field Monitoring Visits

### 1. Purpose and Objectives of Field Monitoring Visits

- 1.1. To collect non-routine data on the Immunization Program, specifically about governance, financing and regulation of immunization services on the ground;
- 1.2. To validate routine reports on immunization coverage submitted from the health facilities and communities;
- 1.3. To get a more detailed picture of implementation in selected regions and localities and to identify interventions and practices that worked well and those that need improvement;
- 1.4. To solicit inputs and recommendations from regional and local stakeholders involved in program implementation;
- 1.5. To assess progress of local innovative initiatives and activities (such as new vaccines, school-based immunization program, immunization for out-of-school youth, among others)



## 2. Key Principles in Field Monitoring

All provinces, cities and municipalities and, especially, barangays CANNOT be covered by field monitoring visits in a year's time. Thus, selecting sites to be monitored is important. To ensure the rational selection of which LGUs to monitor, the following principles should be considered:

- 2.1. **Balanced Representation of Sites.** Different sites, with varying conditions must be visited to obtain an unbiased picture of program implementation.
- 2.2. **Comprehensive but Focused Monitoring.** While field monitoring may cover a wide range of concerns regarding the Immunization Program, each visit must be designed and organized with a clear purpose, defined scope and coverage, and guided by a monitoring tool.
- 2.3. **Monitoring with Technical Assistance.** Tracking, assessment and validation of immunization status is only half the field monitoring activity. The other half is providing technical assistance to health providers to enhance their capacity and address performance gaps.
- 2.4. **Integrated Monitoring.** To maximize efforts and resources, Immunization Program concerns should be integrated with other on-going field monitoring activities.
- 2.5. **Good mix of data collection methodologies.**
- 2.6. **Multi-Sectoral Representation.**
- 2.7. **Giving Feedback.**
- 2.8. **Responsive Action.** Field monitoring is effective only if identified gaps and issues responded to. Thus, recommended actions must be followed through to completion.
- 2.9. **Frequency, Duration and Timing of Monitoring Visits.** These depend largely on the purpose, scope of the visit and the resources available. At the minimum, high-risk areas should be monitored at least once every three months and the low-risk areas at least once a year.

## 3. Monitoring Tool

The DOH has developed an Immunization Service Delivery Monitoring Tool which has been used in several regions, provinces and facilities in the country. This tool was expanded to incorporate new vaccines introduced in recent years. This was also integrated as part of the Integrated MNCHN Monitoring Tool, particularly the Child Survival Module. (Please refer to Annex 2 for the Integrated Child Survival Monitoring Tool. For this Manual, only the relevant sections were retained).

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## J. Program Implementation Review

Program Implementation Review (PIR) is another form of an active monitoring conducted annually to review the status of program implementation. The PIR involves all administrative levels to determine if there has been improvement in immunization coverage across the catchment areas. PIRs also examine factors significantly influencing the immunization coverage to determine what corrective actions to undertake.

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## K. Supportive Supervision Visits

### K.1 Types of Supervision

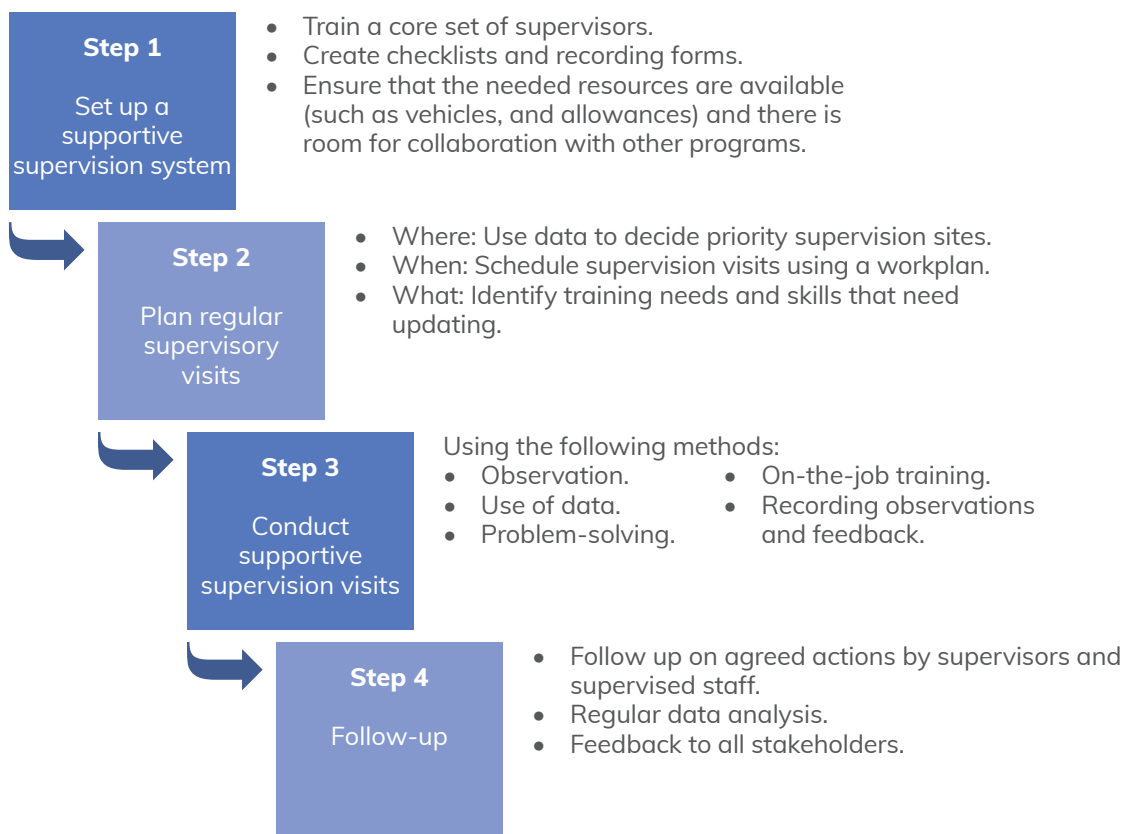
Supportive supervision is a continuing process of helping health staff improve their work performance.

- It is carried out in a respectful and non-authoritarian way, using supervisory visits as an opportunity to improve the knowledge and skills of health staff.
- It encourages open, two-way communication, and building team approaches that facilitate problem-solving.
- It focuses on monitoring performance toward goals, and using data for decision-making; it depends on regular follow-up with staff to ensure that new tasks are being implemented correctly.
- Traditionally, supervision is an authoritarian, inspection or control process based on the thinking that health workers are unmotivated and need forceful outside control to perform correctly. However, it has been shown that a supportive approach where supervisors and health workers work together to solve problems and improve performance delivers improved results.

#### **Important**

Supportive supervision is helping make things work, rather than checking to see what is wrong.

## K.2 Steps in Supportive Supervision



**FORM 7.**

**Sample Supervisory Checklist**

Name of Health Center: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Component	What to check	What to look for	Enter Yes/No	Comment
SERVICE DELIVERY	Check TCL	<ul style="list-style-type: none"> <li>• TCL updated and complete</li> <li>• TCL showing unimmunized gaps</li> <li>• Lists of names for follow up doses</li> </ul>		
	Map	<ul style="list-style-type: none"> <li>• Health center maps showing barangays</li> </ul>		
	Lists of population	<ul style="list-style-type: none"> <li>• Barangays listed with population of each</li> <li>• Names of puroks listed</li> <li>• High Risk Puroks identified</li> </ul>		
	Session Plan	<ul style="list-style-type: none"> <li>• Outreach sessions planned and monitored</li> </ul>		
MONITORING	Monitoring Chart	<ul style="list-style-type: none"> <li>• Chart up to date</li> <li>• Magnitude of drop outs displayed</li> </ul>		
	Card Checking in HR puroks	<ul style="list-style-type: none"> <li>• Quarterly card checking planned and monitored</li> <li>• Results of card check documented</li> </ul>		
	Low performing Barangays	<ul style="list-style-type: none"> <li>• Coverage by Barangay recorded</li> <li>• Low performers investigated by review of TCL</li> </ul>		
SURVEILLANCE	Reports of suspected VPDs	<ul style="list-style-type: none"> <li>• Suspected cases reported and investigated on time</li> </ul>		
	Case Investigation	<ul style="list-style-type: none"> <li>• Case investigation forms available in the health center</li> </ul>		
COLD CHAIN, LOGISTICS AND SUPPLY	Check Refrigerator	<ul style="list-style-type: none"> <li>• Refrigerator functioning, if not has report been made and follow up</li> </ul>		
	Temperature monitoring	<ul style="list-style-type: none"> <li>• Temperature record twice per day</li> </ul>		
	Check vaccine supply	<ul style="list-style-type: none"> <li>• Vaccine log book in use</li> <li>• Any stock out/over stock</li> </ul>		
AEFI	Immunization Safety	<ul style="list-style-type: none"> <li>• Any prefilling or re-capping of syringes</li> </ul>		
COMMUNICATION	Poster with national schedule	<ul style="list-style-type: none"> <li>• Immunization Schedule Poster displayed</li> </ul>		
	Mothers knowledge	<ul style="list-style-type: none"> <li>• Mothers correctly informed about next dose/visit</li> </ul>		
	Names and phone numbers of BHWs	<ul style="list-style-type: none"> <li>• Directory of BHWs names and phone numbers</li> </ul>		
	Session plan displayed	<ul style="list-style-type: none"> <li>• Fixed and outreach sessions schedule displayed for public</li> </ul>		
PLANNING AND SUPERVISION	Microplan available	<ul style="list-style-type: none"> <li>• Microplan shows activities for high risk puroks</li> </ul>		
	Supervisory plan	<ul style="list-style-type: none"> <li>• Schedule of supervisory visits</li> </ul>		
	Supervisory log book	<ul style="list-style-type: none"> <li>• Action taken from previous visits</li> </ul>		







