

## EPI MONITORING & SUPERVISION CHECKLIST

<b>1.0</b>	<b>Basic Information</b>		
1.1	Date of Visit:	1.2	Province:
1.3	District:	1.4	Taluka:
1.5	Union Council:	1.6	Health Facility:
1.6.1	Type of Health Facility: Teaching: <input type="checkbox"/> PHC: <input type="checkbox"/> SHC: <input type="checkbox"/>	1.6.2	If Hospital, type: Teaching: <input type="checkbox"/> DHQ: <input type="checkbox"/> THQ: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____
1.6.3	If PHC facility, type: RHC: <input type="checkbox"/> BHU: <input type="checkbox"/> Dispensary: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____		
1.7	Number of EPI staff assigned to this facility: _____	1.8	Number of EPI staff present: _____
1.9	Number of community volunteers involved in immunization _____		
<b>2.0</b>	<b>Logistics, Record Keeping and Planning</b>		
<b>2.1</b>	<b>Vaccine and Supply Stock Availability</b>		
	<b>Was there shortage of the following vaccines supplies?</b>	<b>Was the shortage reported?</b>	<b>Reason for shortage</b>
2.1.1	<b>BCG</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.2	<b>Penta</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.3	<b>OPV</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.4	<b>Measles</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.5	<b>PCV-10</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.6	<b>HBV</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.7	<b>TT</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.8	<b>Vaccine syringes</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.1.8.a	Are these <b>Auto Disable (AD)</b> syringes?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

2.1.9	<b>Sharps safety box</b> Currently: <input type="checkbox"/> Last month: <input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
2.1.10	Is there a <b>burn and bury facility</b> available on the premises?		Available: <input type="checkbox"/>		Maintained: <input type="checkbox"/>
2.1.11	<b>Daily EPI Register</b>		Available: <input type="checkbox"/>		Maintained: <input type="checkbox"/>
2.1.12	<b>Permanent EPI Register</b>		Available: <input type="checkbox"/>		Maintained: <input type="checkbox"/>
2.1.13	<b>EPI Cards</b>		Available: <input type="checkbox"/>		Maintained: <input type="checkbox"/>
<b>2.2</b>	<b>Vaccine Stock Condition (Sample 1 vial for every 10 of each vaccine type)</b>				
	<b>Vaccine</b>	<b>Kept at proper temperature</b>	<b>Frozen</b>	<b>Expired</b>	<b>VVM color changed</b>
2.2.1	<b>BCG</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2	<b>Penta</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3	<b>OPV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4	<b>Measles</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.5	<b>PCV-10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.6	<b>HBV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.7	<b>TT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.3</b>	<b>Cold Chain (CC) Status</b>				
2.3.1	Is there enough equipment to hold the cold vaccine supply?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
2.3.1.a	<i>If no, why:</i>				
2.3.2	Type of CC equipment: Refrigerator <input type="checkbox"/> Cold Box <input type="checkbox"/> Ice-lined Freezer <input type="checkbox"/>				
2.3.3	Is all CC Equipment in use functioning?			None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>	
2.3.3.a	<i>If "none" or "some", why:</i>				
2.3.4	Is an updated temperature chart / log displayed?			Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>	
2.3.5	Is equipment clean?			Inside: <input type="checkbox"/> Outside: <input type="checkbox"/>	
2.3.6	Is a <b>Voltage Stabilizer</b> functioning for all equipment?			None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>	

2.3.7	Is a <b>thermostat</b> functioning for all equipment?	None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>
2.3.8	Is a functioning <b>dial thermometer</b> inside each unit?	None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>
2.3.9	Is any <b>ice accumulation</b> on inner wall of ILR not more than 5 mm thick?	None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>
2.3.10	Are the <b>tubes in the inner wall of the ILR</b> filled / not empty?	None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>
2.3.11	Is BCG diluent stored with BCG vaccine?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.3.12	Is Measles diluent stored with Measles vaccine?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.3.13	Are there items other than routine EPI supplies (such as antigens, icepacks, and diluents) stored in the CC equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.3.13.a	<i>If yes, what non-EPI items are stored (such as water bottles, soda etc):</i>	
<b>2.4</b>	<b>Immunization Coverage</b>	
2.4.1	Is an updated vaccination monitoring chart displayed at the health facility?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.1.a	<i>If no, why:</i>	
2.4.2	Is a map of the catchment area displayed in the health facility?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.3	Is a spot map of measles displayed?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.4	Is a spot map of numbers needed to treat (NNT) displayed?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.5	Are immunization information posters displayed?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.6	Are children screened for current immunizations during HF visits?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.4.7	Are pregnant women counseled on immunization during HF visits?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.4.8	Check whether total number of doses of one of the antigens from the Permanent Register for the last month match with the monthly report sent to EDO Health Office.	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.4.8.a	<i>If no, why:</i>	
<b>2.5</b>	<b>Planning of EPI Activities</b>	

2.5.1	Does the health center have a monthly outreach activity or micro-plan duly approved and signed by the Medical Officer or Health Facility In-charge?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.5.1.a	<i>If no, why:</i>	
2.5.2	Were outreach activities last month conducted according to the field plan?	None: <input type="checkbox"/> Some: <input type="checkbox"/> All: <input type="checkbox"/>
2.5.2.a	<i>If no, why:</i>	
2.5.3	Is there a schedule of community meetings available?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.5.4	Is there a vaccinator present at the time of this supervision visit?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.5.4.a	<i>If no, why:</i>	
2.5.5	<i>If no, is there a replacement vaccinator available for this facility?</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.5.5.a	<i>If no, why:</i>	
2.5.6	Is there an updated list of defaulters available with the vaccinator?	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
2.5.6.a	<i>If no, why:</i>	
2.5.6.b	<i>If yes, is it used for tracking defaulters?</i>	Yes (please verify) : <input type="checkbox"/> No: <input type="checkbox"/>
<i>Ask vaccinator if present, or interviewee if he conducts vaccinations. If not, skip to 3.0</i>		
2.5.7	Do vaccinators get POL support from the district?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.5.8	Does the district convene vaccinators for monthly review meetings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>3.0</b>	<b>Monitoring of Vaccination Activity</b>	
3.1.1	Was any supervisory visit carried out in the health facility during last 30 days?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.1.1.a	What was the date when the visit conducted?	__ / __ / 20__ DD / MM / 20YY
3.1.1.b	Who conducted that visit?	
3.1.2	Is a vaccination session being conducted at the time of this current visit?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.1.3	Who is currently conducting vaccinations?	Vaccinator: <input type="checkbox"/> LHV: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____



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**5. Overall comments & feedback given to staff at Health Facility:**

Overall Observations/Comments & Recommendations

\*\*\*\*END\*\*\*\*

**Name & Designation of the Monitor:** \_\_\_\_\_

**Date & Signatures:**

**6. Categories in Routine Immunization Coverage**

**Category-1:**

Penta 3 Coverage is more than 80% of targeted children and Penta 1 to Penta 3 dropout rate is less than 10%..... Means: Good access and good utilization

**Category-11:**

Penta 3 Coverage is more than 80% of targeted children and Penta 1 to Penta 3 dropout rate is more than 10%.....Means: Good access but poor utilization

**Category-111:**

Penta 3 Coverage is less than 80% of targeted children and Penta 1 to Penta 3 dropout rate is less than 10%.....Means: Poor access but good utilization

**Category-1V:**

Penta 3 Coverage is less than 80% of targeted children and Penta 1 to Penta 3 dropout rate is more than 10%.....Means: Poor access and poor utilization

## User Guide for Checklist for EPI Activities Checklist

### 1. Basic Information

No special instructions

### 2. Logistics, Record Keeping and Planning

#### 2.1 Vaccine/Syringes Stock Status

**2.1.1-9:** Note whether there is a shortage of supplies according to the checklist currently and / or for the last month, if both apply. Report if any shortage was reported. Ask and note the reason for the shortage.

**2.1.10-13:** Check the incineration and burying area and if they are being used. Note if the EPI recording and reporting supplies/registers are available, and if so, maintained with current data.

#### 2.2: Vaccine Stock Condition

Physically verify the condition of each vaccine by looking and feeling inside the refrigerator whether the vaccines are kept according to the EPI guidelines. Check the box to indicate the condition of each vaccine.

**SAMPLING:** For every 10 vials of one vaccine type, select 1 vial to determine the condition of the lot. (Lot Quality Assurance Sampling (LQAS)). Record the condition of that 1 vial, and note any other findings in Section 5: Overall Observations / Comments.

#### 2.3 Cold Chain Status

**2.3.1** Check to ensure that there is enough equipment to hold the vaccine supply. Check for Ice lined Refrigerator (ILR) with required temperature range (+2 to +8), backup supply (i.e., generator) should be available and functional with availability of POL and trained staff to run the generator in case of load shedding. A functional dial thermometer should be available in ILR.

**2.3.4:** Check the updated temperature chart to see whether it is being filled regularly and also cross check it with dial thermometer present inside the ILR. If no then write the reason.

**2.3.5.** Cleanliness of equipment: Tick “inside” if it’s acceptably clean, and outside if the exterior is acceptably clean.

**2.3.6-12** No special instructions.

#### 2.4 Immunization Coverage

**2.4.1** Check the updated monitoring chart to see whether all the entries have been made properly.

**2.4.2-5** If total number of doses of the antigens from the permanent register for the last month does not match with the monthly report of last month sent to EDO Health Office then note the reason of wastage of antigens.

**2.4.6-7** Ask the HF worker to report on these, there is no written verification.

**2.4.8** Ask to see the Permanent Register (PR) and the monthly report. Pick an antigen (BCG for example) and count the entries in the PR and compare to the report submitted for the last month.

#### 2.5 Planning of Activities

2.5.1 Check the monthly outreach activity plan approved and signed by the MO or HF/IC. If it is not available then record why it could not be prepared.

**2.5.2** Ask about the number of planned outreach activities that took place during the last month. Compare if these activities the same number as were in the plan, and note “some” if one or more were accomplished, but not all – or if different activities occurred than planned. If there was a different activity type, note it in the Section 5 Comments.

2.5.3 Check if the vaccinator is on duty when the visit is made and if he is on leave has he taken permission prior to going on leave so that his absence can be substituted to avoid disruption in the performance of immunization activities.

**2.5.4** the updated list of defaulters (NA, refusal) whether it is available or not. If it is not available then ask the reason for non-availability.

2.5.5 Check If updated list of defaulters is available, then see whether it is being used for covering defaulters. If not then ask the reasons why the children recorded in the defaulter list are not being covered.

2.5.6 Ask the vaccinator & also verify from the record that he get POL support from District or not.

2.5.7 Ask & verify from the record that district office convene monthly review meetings with vaccinators or not.

### **3 Monitoring of Vaccination Activity**

3.1.1. Check whether any supervisory visit was carried out in HF during last 30 days.

**3.1.1.a** Record the date of the last visit, even if it was not in the last 30 days

**3.1.1.b** Record the name and / or position of the person who conducted the last visit even if it was not in the last 30 days

3.1.2 Check/observe whether vaccination session is being conducted during your current visit.

3.1.3 If the vaccination session is in progress, then note whether vaccinator, LHV or any other person is conducting the session.

**3.1.4-5** Note whether the official conducting the vaccination session is also doing the counseling with the caretakers of the children before & after the vaccination.

**3.1.4-6** Ask which method of transportation used by vaccinators for performing outreach activities.

#### **3.1.7-12 Skills / knowledge assessment:**

Ask the vaccinator, if present, or the HF person being interviewed if they give vaccines. If they help manage vaccine stock but do not give injections, omit Q3.1.12.

Rate the health worker's responses. Note brief remarks as needed or N/A if not applicable to the person's skill set in the facility.

Poor = non-response or mostly incorrect

Fair = some knowledge demonstrated but key item(s) omitted or incorrect

Good= Mostly to completely correct knowledge

### **Vaccine Vial Monitoring (VVM)**



A vaccine vial monitor (VVM) is a label containing a heat sensitive material which is placed on a vaccine vial to register cumulative heat exposure over time. The combined effects of time and temperature cause the inner square of the VVM to darken gradually and irreversibly. A direct relationship exists between the rate of color change and temperature. The lower the temperature, the slower the color changes while the higher the temperature, the faster the color changes.

VVM shows the condition of the vaccine. For example, VVM has four stages in polio vaccine. The vaccine can be used up to the second stage.

### Shake Test

The shake test is carried out to determine whether vaccine has been frozen. Penta and Tetanus Toxoid vaccines can be damaged by freezing. You can find out whether this has occurred by using the shake test.

1. Take two Penta vials, one that you think might have been frozen and another from the same manufacturer, which you KNOW has never been frozen.
2. Shake both vials.
3. Look at the vaccine inside the two vials.
4. Let the sediment settle for 15-30 minutes.
5. Again look at the vaccine inside the two vials, for the following:

Vaccine Never Frozen	Vaccine Frozen and Thawed
Smooth and cloudy	Not smooth (granular particles visible)
30 minutes after shaking	
Starting to clear with no sediment	Almost clear with thick sediment
Use this vaccine	Do not use this vaccine and DISCARD

## 4 Household Survey to Access Routine EPI Coverage:

This tool is to verify the health facility report by interviewing household members in the houses for the vaccination status of the children to verify the reported coverage. Monitor will first check the record of reported coverage of that HF to get the details of children vaccinated, then randomly check the houses for the vaccination status of the children to verify the reported coverage.

**SAMPLING:** For every 10 household addresses in the EPI register, select 1 household at random.

## 5 Overall Comments & Feedback given to Staff at Health Facility:

Discuss your observations and issues with staff of HF and will guide them for actions to be taken to improve the quality of immunization services.

### Sample data entry:

Observations	The performance, in terms of coverage, of so & so (Name) EPI vaccinator
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	hired by government, falls into category no. 4
<b>Issues</b>	Refrigerator is not working properly due to low voltage of electricity, No Monthly tour plan is prepared, defaulter list is not found and coverage chart is not updated.
<b>Actions</b>	The concerned officials need to be informed to manage cold chain nearby EPI Center. In addition the vaccinator has to make monthly plan, update defaulter list and coverage chart work accordingly. Feedback has also to be given to DSV and DFP.