
NATIONAL REPORT FOR INTEGRATED EPI SUPPORTIVE SUPERVISION

19th -22nd June, 2012.



1. INTRODUCTION

The EPI Unit with support from USAID Maternal and Child Health Integrated Partnership (MCHIP) conducted supportive supervisory visits from 19th to 22nd June 2012. This was done in all the districts in the country. The supervision was done by national and regional EPI officers and partners.

2. OBJECTIVES

The main objectives of the supportive supervision were to monitor the implementation of immunization activities and provide technical on job assistance to health workers in health centres and districts.

The specific objectives of the supervision were:

- 1) To review the management of routine immunization services.
- 2) To assess the adoption of safe injection practices.
- 3) To assess the cold chain management.
- 4) To assess social mobilization activities.
- 5) Assess the stock levels of vaccines and injection materials at health facilities.

3. METHODOLOGY

The supervision was done in 78 health centre and 28 District health offices. In each district, three facilities and district EPI offices were visited. The criterion used for selecting the facilities was distance. Facilities that were far from the district and not usually visited were selected for the supervision.

The discussions were done with staff involved in immunization, mainly HSAs and clinicians/ nurses for disease surveillance activities. Observations were done on some items and review of documents was done to collect some information. A standardized checklist was used to guide the discussions and collect data.

After the whole exercise feedback on findings and observations was given to the staff at health facilities and specific action points were agreed upon by both teams. Feedback on major findings was given to District Health Management Teams (DHMTs), where possible and written reports were sent to the respective zones, DHOs and health centres.

4. FINDINGS

A. PROGRAMME MANAGEMENT

The management aspects which were assessed were availability of personnel involved in immunization, meetings on immunization, knowledge on calculations and display of key demographic data for the catchment area, availability of under one registers, monitoring charts and performance report forms/books and community mobilization activities.

i. Personnel involved in EPI

Out of 73 facilities visited, 95% have EPI focal persons and almost all HSAs are involved in EPI activities. These HSAs need to have meetings to discuss EPI issues. However, only 30% of the facilities held meetings with emphasis on immunization and some reported to have held the meetings but minutes could not be produced.

ii. Community sensitization

Health talks were done in 39 (47%) of the facilities and only 27% had covered immunization issues. Involvement of local leaders in immunization may help in reducing the number of unimmunized children. It was seen that very few facilities are engaging the leaders in immunization, only 19% of the facilities held meetings with the community leaders and this was a lost opportunity to promote services with the community.

iii. Maps and demographic data for catchment area

From the facilities visited, 51% (42) and 52% had maps of catchment area and surviving infants population figures displayed respectively. Knowledge on calculation of population rates for surviving infants was 54% for most health workers despite displaying the figures. Outreach calendars were displayed in 87% of the facilities. See the table below.

Facility displays

	# Yes	Frequency
Surviving infants calculated and displayed	43	52%
Map of catchment area displayed	42	51%
Women of child bearing age calculated and displayed	53	64%
Live births calculated and displayed	42	51
Monitoring charts updated and displayed	18	22%
Knowledge on calculation of Surviving infants population rates	45	54%
Health Talk schedule with immunization available	22	27%
Outreach calendar displayed	72	87%

iv. Availability of documents

Most of the facilities, 86% and 78%, had RI monthly performance report forms and vaccine & Temperature Monitoring charts for the past 6 months respectively. Under one registers were available in 94%.

Recommendations on Programme management

- a. Some facilities need to identify EPI focal persons who could be coordinating all issues in managing immunizations
- b. Health facilities need to be conducting meetings on EPI so that they share knowledge on how to implement tasks and review performance.
- c. Health education schedules should contain topics on immunization. Most facilities are only having immunization talks in under five sessions and not the other sections e.g. OPD.
- d. Community sensitizations should be intensified in order to reach children who are not immunized.
- e. Knowledge on calculation of demographic rates was seen to be low. There is need for the national and districts to support trainings of HW on these calculations.
- f. Documents/ guidelines were missing in some facilities. This was due to poor documentation; lack of documentation tools e.g. Files and poor storage of books and manuals. Health facilities must improve on documentation of reporting forms, storage of books, guidelines. Districts must distribute files and where possible, procure cabinets to health centres to facilitate safe keeping of documents.
- g. Some facilities need to identify space where displays on important information and monitoring charts could be posted.

B. COLD CHAIN EQUIPMENT

In cold chain equipment, there was an assessment on type and status of refrigerators and availability of energy source.

95% of the fridges were prequalified. A total of 163 fridges were working and only 53 (33%) were not working due to unavailability of kerosene and break down of refrigerators. However, all refrigerators using gas and solar were functional during the past three months, see the table below.

	Total	Working	Percentage
electricity available for > 16 hours	68	57	84%
Kerosene available past 3 months	6	4	67%
Gas available past 3 months	15	15	100%
Solar fridges working past 3 months	6	6	100%

Cold chain recommendation

- a. Some DHOs are able to procure refrigerators for their health facilities. However, specifications for prequalified fridges are not available at district level. The national level must therefore distribute the specifications to district level so that only prequalified refrigerators are bought. Where these are not available, DHOs must consult the programme when they want to procure refrigerators.
- b. 33% of the refrigerators were not working. Some of these had minor faults e.g. replacement of elements. DHOs must procure and replace the faulty parts so that the refrigerators should be working.
- c. With the challenges of kerosene in the country, there is need for replacing these refrigerators with electrical or solar powered refrigerators.

D. VACCINE MANAGEMENT

This objective looked at recording of vaccine stocks, quality of vaccines in terms of labels, VVM, expiry, freezing, knowledge of HW in terms of MVDP, shake test, VVM, preconditioning of ice packs, availability of thermometers in refrigerators, recording of temperatures, vaccine allocations and stock outs and practices e.g. FEFO. The table below shows the variables on vaccine management.

i. Temperature monitoring

It was noted that 90% of refrigerators had thermometers to monitor temperature. 57% of the refrigerators had the recommended temperature of +2° C to +8° C and records for the past 3 months. The recording of temperature is done twice daily in 54% of the facilities.

ii. Vaccine quality

Most facilities had vaccines in good quality, however, some facilities had frozen vaccines, 4%, VVM stage 3 and 4, 4%, unreadable labels, 16% and 12% had expired vaccines that were still kept in refrigerators.

iii. Vaccine stock out

28% of facilities reported stock out of PCV, 10% Penta and 23% OPV. These stock outs lasted for more days due to lack of transport from the districts to deliver the vaccines, which were mostly available at district level.

	# Yes	Frequency
Daily recording of vaccine stock balances done.	47	57%
Vaccines in VVM stage 3 and 4	3	4%
Frozen vaccines	5	6%
.All vaccines with readable labels	70	84%
Thermometers in every refrigerator	75	90%
Are there any expired vaccines at the facility	10	12%
Temperature recording twice daily	45	54%
Non EPI substances in refrigerator	35	35%
Temperatures between +2°C - +8°C for past 3 months	47	57%
Stock outs of PCV in past 3 months	23	28%
Stock outs of Penta in past 3 months	8	10%
Stock outs of OPV in past 3 months	19	23%

iv. HW knowledge of vaccines quality monitoring terms

The knowledge of HW in indicators and practices of keeping the vaccines in good quality was low in most facilities. Only 44% could explain shake test, 67% interpreted VVM, 33% explained MDVP and 57% explained how to precondition ice packs.

Discrepancies between physical stock levels of Penta and PCV vaccines in the fridge and in vaccine stock books were observed in 57% facilities.

	#Yes	Frequency
Knowledge of performing shake test?	8	44%
Knowledge of reading and interpreting VVM?	12	67%
Knowledge of MDVP?	6	33%
Ice pack conditioning	47	57%

V. Vaccine allocation

There is a push system of vaccine delivery. 40% of the HW knew their allocations which were determined by districts. For some facilities, these allocations were not adequate.

VACCINE MANAGEMENT RECOMMENDATIONS

- A. The recording of temperatures is not done twice daily as recommended in some facilities. It is therefore recommended that facilities should be doing this daily and modalities should be worked out for weekends and holidays.
- B. Some temperature monitoring charts had temperature records outside the range of +2°C - +8°C. However, no action was taken to rectify this problem as some HW lacked knowledge of what to do. HWs need to be trained on action to be taken when the temperatures are outside the recommended range.
- C. The presence of expired vaccines, VVM stage 3 and 4, vaccines without labels shows a risk of administering impotent vaccines to children. HWs need to constantly examine the quality of the vaccines and discard the ones which are not good.
- D. DHOs need to respond immediately to emergency vaccine orders from health facilities. Stock outs were noted at health centre level and yet district vaccine stores had adequate stocks.
- E. The knowledge of HW in quality indicators and practices is low. The national and district levels need to train HW in these aspects.

E. IMMUNIZATION SESSIONS

The issues assessed in immunization sessions were sessions conducted and doses administered.

72, 87% of the facilities had managed to conduct >80% of the scheduled clinics. Most of them were able to reschedule the cancelled clinics. The dropout rate for penta was < 10% in 57% of the facilities. However, some facilities had negative dropout rates, which could be attributed to poor data management.

RECOMMENDATIONS ON IMMUNIZATION SESSIONS

- A. Facilities need to review the quality of data management in order to reduce the negative dropout rates.
- B. The national level to introduce data quality self-assessment in all the districts so that they are able to check the quality of data.

F. INJECTION SAFETY

Under this objective, the following variables were assessed: stock levels of AD & reconstitution syringes, disposal of used syringes and AEFI system.

a. Records of vaccine supplies

Record keeping of vaccine supplies and equipment is poor in most facilities. Only 29% of the facilities had records for vaccine carriers and safety boxes. Most of the facilities reported that they have adequate vaccine carriers and safety boxes.

b. Disposal of filled safety boxes

Most of the facilities use incinerators for disposal of filled boxes and 69% had their incinerators working. 19% of the facilities were using pits for disposal of used syringes.

c. AEFIs

No facility reported any AEFI cases in the last 3 months. Only 36% of the facilities had reporting forms and 76% of HW had knowledge of what to do when they have an AEFI case.

	#Yes	Frequency
Records of vaccine carriers available and updated	40	48%
Vaccine carriers adequate	62	75%
Availability of working incinerator	57	69%
Records of safety boxes available and updated	24	29%
Used syringes disposed in incinerators	45	54%
Used syringes disposed in pits	16	19%
Records of Ads & reconstitution syringes available & updated	16	19%
AEFI cases reported last 3 months	57	69%
AEFI forms available	30	36%
HW knowledge of what to do with AEFI case	63	76%

RECOMMENDATIONS FOR INJECTION SAFETY

1. Facilities need to devise methods of keeping records for vaccine supplies, since this was not done in most facilities.
2. The national should consider supplying vaccine stock ledgers to health facilities since currently they are only available at district level.
3. There is need for the DHOs and national to construct incinerators in most facilities since those without incinerators are using shallow pits which are a hazard to the surrounding communities.
4. The AEFI system doesn't seem to be operational in most facilities. The district and national levels need to revitalize this system by developing protocols, orienting HW and provide the reporting forms.

G. SURVEILLANCE

In surveillance the focus was on training of HW, active search of cases and reporting, knowledge of HW and availability of IDSR books.

a. Availability of guidelines and reporting forms

As shown below, most facilities had the reporting/ investigation forms available. However in some facilities these could not be seen because of poor archiving

	#Yes	Frequency
Measles reporting forms available	63	76%
AFP Investigation Forms available	62	75%
EPI disease surveillance guide	28	34%
NNT Case Investigation Forms available	55	66%

b. HW knowledge on disease surveillance

Only 31% and 37% of HW supervised were able to state the performance indicators and response activities for AFP respectively. For Measles only 61% and 37% of HW were able to state the response activities and indicators for measles respectively.

Only 19% of the facilities had training in disease surveillance and 30% of them reported to have conducted active search in the previous 3 months.

	#Yes	Frequency
HW training in Disease Surveillance done in the last 6 months?	16	19%
HF conducted active search for AFP, NNT, SMC	25	30%
HW knowledge of measles indicators	31	37%
HW knowledge of response to SMC	51	61%
HW knowledge of AFP performance indicators	26	31%
HW knowledge of response to AFP case	31	37%

RECOMMENDATIONS ON DISEASE SURVEILLANCE

- a. Facilities need to improve on storage of disease surveillance forms and guidelines so that they are able to use them whenever required.
- b. The knowledge of disease surveillance by HW is very low and recently there has been no trainings done. The national and district levels need to conduct these trainings in order to improve the HW knowledge.
- c. District and facilities need to conduct active searches of cases according to their levels of priority.

H. SUPPORTIVE SUPERVISION

In supportive supervision, issues of documentation and feedback were assessed. It was found that 64% of the facilities were supervised but written feedback/reports were found in 55% of the visited facilities.

RECOMMENDATIONS ON SUPERVISION

- 1. The district and national levels should intensify supportive supervision that could offer support to the lower levels by providing on the job training.
- 2. Supervisors must provide written feedback after supervisory visits.

3. Districts must devise supervision log books for documentation of supervision discussions/ recommendations during supervision.

CONCLUSION

This supervision exercise was successful since it covered all the districts in the country. Despite the less number of facilities visited per district, the findings from this supervision has provided a reflection of EPI activities in the country. The supervision has also revealed some shortfall in service delivery which can be solved by DHOs and national EPI programme and its partners.

During the supervision the supervisors offered on the job training which helped in improving the knowledge of most HW since formal EPI trainings are not taking place in most facilities.

The national level needs to plan and mobilize for more resources to enable it to frequently conduct supportive supervision to lower levels in order to improve the delivery of EPI services.

LIST OF FACILITIES VISITED

ZONE	DISTRICT	FACILITIES
North	Chitipa	Chitipa DHO, Ifumbo, Kapenda
North	Karonga	Karonga DHO, Wiliro, Iponga
North	Mzimba North	Mzimba DHO N, Mzuzu, Luzi, NKhuyu
North	Mzimba South	Mzimba DHO S, Manyamula, Kamteteke
North	NkhataBay	NkhataBay DHO, Mpamba, Maula
North	Rumphi	Rumphi DHO, Mzokoto, Mhuju
Central East	Salima	Salima DHO, Chipoka, Lifuwu, Chitala, Khombedza
Central East	Nkhotakota	Nkhotakota DHO, Mwansambo, Alinafe, Msenjere, Matiki, St.Annes
Central East	Dowa	Dowa DHO, Chezi
Central East	Kasungu	Kasungu DHO, Kamboni, Kawamba
Central East	Ntchisi	Ntchisi DHO, Khuwi,
Central West	Ntcheu	Ntcheu DHO, Nsiyaludzu, Mphepozinayi
Central West	Dedza	Dedza DHO, Bembeke, Chikuse
Central West	Mchinji	Mchinji DHO, Kapanga, Mikundi
Central West	Lilongwe	Lilongwe DHO, Mlale, Malingunde
South East	Mulanje	Mulanje DHO, Chisitu, Mulomba,
South East	Mangochi	Mangochi DHO, Kukalanga
South East	Machinga	Machinga DHO, Mangamba, Namandanje
South East	Zomba	Zomba DHO, Bimbi, Naisi

South East	Balaka	Balaka DHO, Phimbi, Utale 1
South West	Chiradzulu	Chiradzulu DHO, Ndunde, Nkalo
South West	Phalombe	Phalombe DHO, Mpasas, Sukasanje
South West	Thyolo	Thyolo DHO, Mangunda, Chisoka
South West	Nsanje	Nsanje DHO, Nyamithuthu, Kanyimbi,
South West	Chikwawa	Chikwawa DHO, Makhwira, Mfela
South West	Neno	Neno DHO, Neno Parish
South West	Mwanza	Mwanza DHO, Tulonghundo
South West	Blantyre	Blantyre DHO, Lirangwe, Lundu

