



USAID
FROM THE AMERICAN PEOPLE



Regular Appraisal of Program Implementation in District (RAPID)

A Supportive Supervision Approach for Strengthening Routine Immunization

Guidelines for Program Managers
USAID/MCHIP
May 2014



This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

Table of Contents

ABBREVIATIONS	v
ACKNOWLEDGEMENTS.....	vii
LIST OF CONTRIBUTORS	viii
EXECUTIVE SUMMARY.....	ix
INTRODUCTION.....	1
RAPID COMPONENTS.....	2
RAPID, A SUCCESS IN JHARKHAND STATE.....	15
ANNEXURE 1: LETTER OF COMMUNICATION FROM STATE TO DISTRICT FOR RAPID (IN HINDI).....	18
ANNEXURE 2: LETTER OF COMMUNICATION FROM DISTRICT TO HEALTH FACILITY FOR RAPID (IN HINDI).....	22
ANNEXURE 3: RAPID CHECKLIST FOR HEALTH FACILITIES	24
ANNEXURE 4: RAPID CHECKLIST FOR IMMUNIZATION SESSION SITES	26

LIST OF FIGURES

Figure 1: A sample of filled Excel sheet of analysis tool	11
Figure 2: A sample of graphical results generated by Excel-based RAPID tool.....	11
Figure 3: A sample of graphical results generated by Excel-based RAPID tool.....	12
Figure 4: Overall improvement of facilities through RAPID.....	15
Figure 5: Component wise improvement by RAPID in Jharkhand	16

LIST OF PICTURES

Picture 1: Planning for RAPID at district level	3
Picture 2: Orientation workshop - RAPID, Day 1 (Picture from RAPID at district Saraikella, Jharkhand).....	5
Picture 3: Finalizing field visit plan	6
Picture 4: Supervisors orientation and hands-on training by MCHIP at health facility	9
Picture 5: Outreach visit by supervisors during RAPID activity for supportive supervision	9
Picture 7: Discussing findings, providing feedback	9
Picture 6: Health facility visit by supervisor during RAPID activity for supportive supervision	10
Picture 8: Data Compilation and analysis	10
Picture 9: Debriefing and dissemination meeting	12
Picture 10: Planned and informed on-site visits to demonstrate and orient between the rounds	13
Picture 11: Newspaper clipping from local newspaper (Deoghar) regarding RAPID	16
Picture 12: Cold chain room before intervention	16
Picture 13: Cold chain room after intervention.....	16
Picture 14: Injection safety corner before intervention	16
Picture 15: Injection safety corner after intervention	16
Picture 16: Letter of communication from state to District (in Jharkhand) informing about dates and activities to be planned for conducting RAPID.....	19

Abbreviations

AEFI	Adverse Event Following Immunization
CVP	Community Voluntary Partners
HQ	Headquarters
ICDS	Integrated Child Development Services
IPC	Inter-Personal Communication
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MOIC	Medical Officer In-Charge
NGO	Non-Government Organization
PATH	Program for Appropriate Technology in Health
PHC	Primary Health Center
RAPID	Regular Appraisal of Program Implementation in District
RED	Reaching Every District
RI	Routine Immunization
UIP	Universal Immunization Program
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh
USAID	United States Agency for International Development
VPD	Vaccine Preventable Disease
WHO	World Health Organization

Acknowledgements

With the aim of quality improvement in immunization programs, this document has been prepared to guide program managers to adapt and implement the RAPID supportive-supervision approach. The MCHIP India immunization team would like to acknowledge the support and contributions of the Ministry of Health and Family Welfare, Government of India, State Governments of Jharkhand and Uttar Pradesh, USAID India Mission, MCHIP immunization team at headquarters, colleagues who have been part of the MCHIP immunization team, health officials and frontline workers who have been a part of this endeavor and development partners from CARE, WHO, UNICEF, NIPI and PATH.

List of Contributors

Dr. Rajesh Singh

National Team Leader, RMNCH+A
MCHIP, India

Dr. Vijay Kiran

Senior Consultant, Immunization
MCHIP, India

Dr. Gunjan Taneja

State RMNCH+A Team Leader Jharkhand
MCHIP, India

Dr. Manish Jain

Team Leader Strategic Planning
Uttar Pradesh Technical Support Unit

Dr. Akshat Jain

Strategic Planning Expert
Uttar Pradesh Technical Support Unit

Michael Favin

Senior Technical Advisor, Immunization
MCHIP HQ

Ms. Anjali Vaishnav

Documentation Consultant
MCHIP, India

We would also like to acknowledge contribution of former colleagues-

Dr. Karan Singh Sagar

Former Country Representative
MCHIP, India

Dr. Bhupendra Tripathi

Former Team Leader-Immunization
MCHIP, India

Executive Summary

THE PROJECT

The Maternal and Child Health Integrated Program (MCHIP) is a global USAID-supported technical assistance project. MCHIP in India piloted and scaled up new approaches for improving the immunization system and reach of services. RAPID (Regular Appraisal of Program Implementation in District) is an integrated supportive-supervision model piloted. RAPID achieved encouraging results in five focus districts of Uttar Pradesh (UP) and Jharkhand.

BACKGROUND

Supportive supervision is a key component of successful implementation of any public health intervention. MCHIP developed RAPID to improve the quality of immunization services, which in turn would contribute to improved coverage and reduction of risk of vaccine-preventable diseases. In partnership with the Government and other partners, MCHIP conducts biannual RAPID rounds in its focus districts.

OBJECTIVES

To integrate Reaching Every District (RED) components within one intervention in order to:

- Empower program managers and build capacity
- Improve quality of program management and services
- Ensure sustainability in resource constrained settings
- Explore the feasibility of replication to other health programs

APPROACH

The RAPID approach entails trained supervisors, guided by a checklist, covering critical parameters to assess routine immunization (RI) services at all the sub-district cold chain points (facilities) in a district. Onsite corrections and capacity building are part of the assessment, with data collection being integral component in this exercise. Engagement and training of the facility in-charge and staff make it sustainable. Data are entered into an Excel-based tool to generate scores and graphs. Each facility is categorized as good, average or poor based on the performance.

TOOLS

1. Standard checklists for data collection
2. For health facility (cold chain point)
3. For immunization sessions
4. Standard presentations for orientation of the supervisors
5. Excel-based data compilation and analysis tool

EXPECTED RESULTS

Immediate:

- Improved program management

- Improved practices at facility and outreach immunization sessions

Intermediate: Effective, safe and timely immunization service delivery, leading to improved quality immunization coverage

Long term: Reduction in related mortality, morbidity and disability caused by vaccine-preventable diseases

RATIONALE

As one of the most cost-effective public health interventions, immunization has a significant impact on children’s morbidity and mortality through reducing prevalence of vaccine-preventable diseases (VPDs). However, immunization targets become achievable only when potent vaccines are delivered by ensuring quality services. Quality services, in turn, result in increased utilization by beneficiaries and improved coverage. A robust monitoring system, based on regular collection and analysis of well-defined indicators is, therefore, critical to strengthen the quality of immunization services. In most of the Indian states, the immunization program is beset by:

- Failure to fully and effectively implement the immunization schedule
- Inadequate micro-planning
- Immunization sessions not conducted as per plan
- Poor cold chain management, leading to vaccine wastage
- Poor vaccine and logistics management, leading to frequent stock-outs
- Immunization cards not filled or filed correctly, adversely impacting tracking of beneficiaries
- Lack of monitoring left-outs and drop-outs
- Over reporting by health authorities
- Injection safety measures rarely followed
- Improper waste disposal of immunization materials
- Inadequate reporting of VPDs and AEFIs
- Poor program review mechanisms
- Poor community participation

On-going supervision is an important, but often overlooked or undervalued step to address most of the shortcomings listed above. Supportive supervision, the “process of guiding, supporting and assisting staff to perform well in carrying out their assigned tasks,” is the key to delivering services efficiently. For an immunization program to function effectively, it needs local level planning, regular supplies and quality service delivery. The program also must consistently and routinely reach a large and growing population cohort through healthcare facilities and outreach services. Towards ensuring this, the immunization program requires intensive supervisory support at all levels that addresses micro-planning, service delivery, logistics management, community linkages, data collection and analysis. Adequately addressing the quality of supervision of immunization within these components enhances program efficiency and cost-effectiveness.

Despite its key importance and allied benefits, supervision is accorded insufficient attention. Traditional supervision is often characterized by inspection and fault-finding rather than

problem-solving to improve the performance. Health workers receive little guidance or mentoring to improve their performance. Insufficient numbers of supervisory staff, inadequate resource allocation for supervisory activities, and poor training in supervision leads to supervisors' inability to provide adequate technical guidance to health functionaries.

Introduction

Regular Appraisal of Program Implementation in District (RAPID) is a participatory process that aims at supporting health workers to effectively perform according to program benchmarks. The cornerstone of this model is working with health workers to establish goals, monitor performance, recognize good practices, identify and correct issues. It also provides critical information to managers of immunization services for taking managerial decisions, providing feedback to concerned functionaries, and recommending measures for improvement at appropriate levels. It promotes quality at all levels of the health system by strengthening relationships within the system promoting teamwork and improved communication.

Moving from traditional techniques to the innovative RAPID model requires government buy-in, time, and commitment to change attitudes and practices. In India, CVP/PATH successfully implemented a model for supportive supervision in the state of Andhra Pradesh. USAID's IMMUNIZATION basics project developed and fine-tuned this quality improvement process.

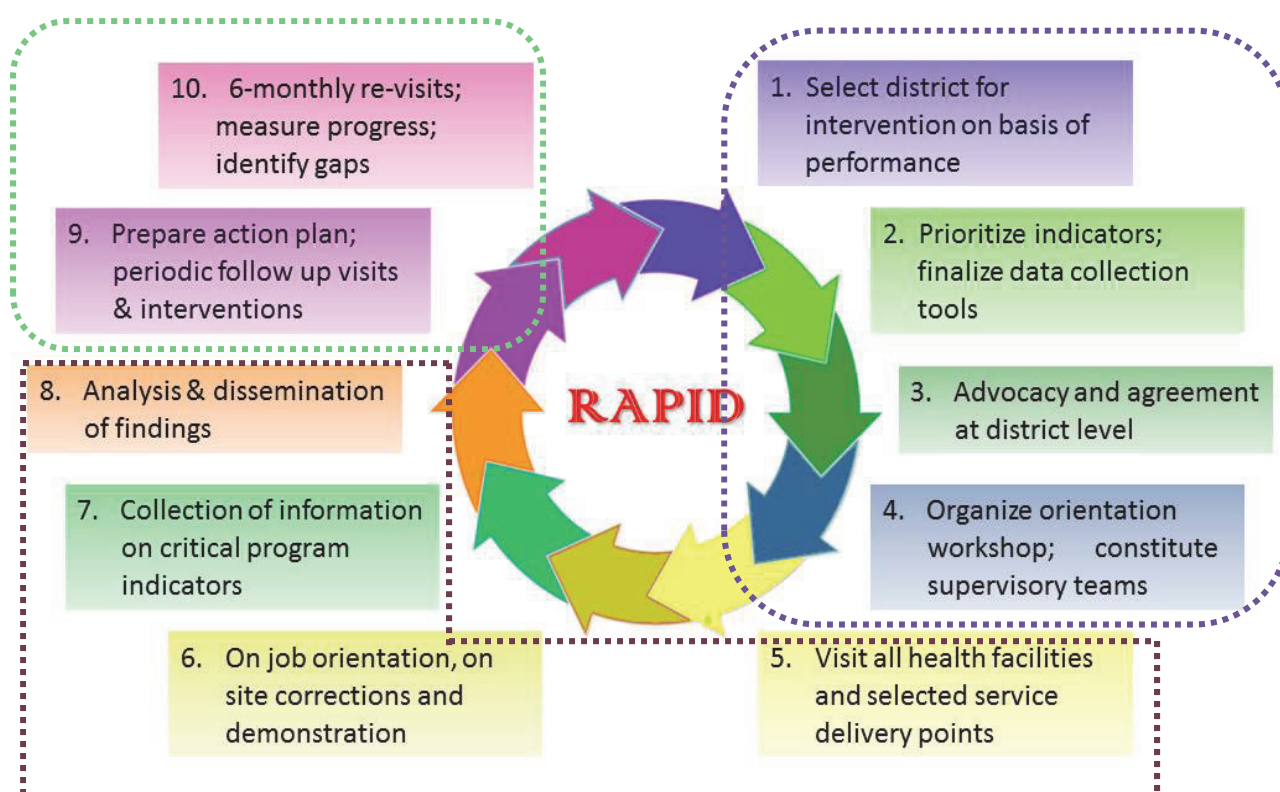
This intervention has been shared by MCHIP in other countries like: Kenya, Tanzania, Madagascar, Uganda and Nigeria.

USAID/MCHIP refined the package further and implemented supportive supervision as RAPID, in collaboration with health departments in the Indian states Jharkhand and Uttar Pradesh. The states of Rajasthan, Orissa, Haryana, Uttarakhand and Madhya Pradesh have shown interest in RAPID. Development partners such as UNICEF and the CARE Norway-India Partnership Initiative have helped the program managers to implement RAPID in their states. Since the RAPID approach is user friendly and flexible, program manager can adapt the package to their local context. The package includes:

- An orientation training package that includes predefined presentations and training films on immunization themes
- Hands-on training on structured supervision checklists for conducting field visits at health facilities and immunization session sites
- Field visits for data collection through structured checklists
- A Microsoft Excel-based tool for entering data and for generating graphical reports
- An action plan for follow-up actions.

The RAPID activity consists of teams of trained supervisors visiting all health facilities in a district and a few randomly selected outreach immunization sessions, in a defined time period (not exceeding 4-6 days), and collecting specific programmatic information through the use of structured checklists. It also involves correction of incorrect practices through on-site demonstration and training of staff members on guidelines and correct processes. The information collected during visits is entered in Excel-based tool, which analyses and auto-generates graphical reports. The findings are then shared with managers at different levels to prepare corrective action plans. The reports also allow ranking of health facilities both on overall performance and on the status of individual parameters. The process is repeated every three to six months depending on the need to assess improvements and identify remaining gaps.

RAPID Components



Thus, the RAPID exercise consists of three stages that are described further in detail in this guideline:

- A. Planning
- B. Implementation
- C. Follow-up

RAPID Process timelines

A	B	C	D	E	F
2-3 weeks before Day 1	1 week before Day 1	Day 1	Day 2	Day 3-4	Day 5
Communication from the state HQ to the district on RAPID	Preparations at district level	Orientation workshop at district	Hands-on training to supervisors	Visit to facilities and session sites	Data analysis and dissemination meeting

A. PLANNING

Obtaining decision makers' buy-in for RAPID and institutionalizing the approach within the government system is the first step. It is possible to increase health and immunization decision-makers' and managers' awareness of the benefits of the model by presenting data on positive

results gained from previous RAPID activity, such as improved performance of health workers, improved quality of immunization parameters and improved coverage.

Planning at state level for selection of districts for RAPID

It is advisable to cover all the districts in a state for implementing RAPID. However, if it is not possible to cover all districts in a state, identify poor performing district/districts based on available baseline survey, or based on the discussions with the state program officer concerned.

The district officials should discuss and finalize proposed dates for the activity. The state HQ should communicate finalized dates to the district officials regarding the RAPID activity in the selected districts. A sample of letter of communication is annexed as *Annexure 1*.

Planning and preparation at district level

A detailed plan should be prepared, including the dates, facilities and session sites to be visited, and participants from the districts. The budget should be prepared.

Planning

- Prepare the list of all facilities having cold chain points in the district.
- Schedule dates and venues for the training.
- Prepare supervisory teams according to the number of cold chain points in the district.
- Plan two days of visits for each team as follows:
 - Day 1- One to two health facilities
 - Day 2- One health facility and two immunization sessions
- Assign a trained supervisor to lead each team.
- Ensure that there is one district-level officer on each team. Ensure participation of the Medical Officer In-charge (MOIC) in the team to fill out the duplicate checklist and for the sustainability.
- Plan for adequate transport for each team (at least one four wheeler).

Communication to the health facilities

Letter to the Facility in-charges:

District health officials should inform all the MOICs of the health facilities regarding the finalized dates and times of visits of the supervisory teams, along with the purpose of the visits (a sample of letter for communication is annexed as *Annexure 2*).

The communication should contain information about the venue, date and time of planned orientation and training, including personnel to be invited and also information on the records and human resource to be made available during the supervisor's visit:

- The following concerned officials and staff members should be invited to participate in the orientation workshop / meeting:
 - MOICs of the health facilities



Picture 1: Planning for RAPID at district level

- Cold chain handlers and supporting staff
- Health workers handling immunization data and documents at facilities
- Representatives from partner agencies working on routine immunization
- Officers from other line departments within the Government system such as Women and Child Development.
- The following records are to be made available during the visit:
 - Micro-plans (immunization action plan) including the maps
 - Vaccine issue registers
 - Stock registers of vaccines and logistics
 - Universal Immunization Program (UIP) reports of the previous three months
 - Immunization registers and due lists at the immunization session site
- The following human resource need to be present during the visit:
 - Medical officer in-charge of immunization
 - Cold chain handler (in some places a pharmacist is assigned the job of cold chain handler)
 - The person who prepares the records and reports.

Orientation workshop requirements

The orientation workshop should be conducted as per the date and venue at district where all the concerned staff members can be accommodated comfortably. Needed resources include:

- An LCD projector
- A public address system with an adequate number of microphones
- A generator for power backup
- Folders containing print outs of checklists, handouts of presentations, important circulars, and the latest guidelines
- Refreshments and lunch

A detailed budget needs to be worked out to conduct RAPID.

A sample budget for a RAPID round is presented below.

LINE ITEMS	UNITCOST	# PERSONS	# DAYS	# ROUNDS	TOTAL
Orientation workshop					
Venue hire					
Honoraria for trainers					
Per diem for participants					
Refreshment and lunch					
Training materials (folders, handouts, etc.)					
Equipment rental (microphone, projector, etc.)					

LINE ITEMS	UNITCOST	# PERSONS	# DAYS	# ROUNDS	TOTAL
Field visit					
Vehicle hire/ fuel					
Per diem for participants*					
Administrative					
Data entry					
Printing and stationery					
Communication (telephone, fax)					
Total					

*Consultancy fees for external supervisors may have to be budgeted

Orientation Workshop

The orientation workshop needs to be conducted by well-informed and trained supervisors who act as facilitators for various topics related to immunization.

The supervisors themselves may be provided with one or two days of refresher training, depending on their experience and knowledge.

Objectives of orientation workshop:

To orient the supervisors on:

- The process of RAPID
- Technical components of immunization program
- Right attitudes to be adopted during supervision
- How to use the checklists and what data needs to be captured and the data sources.
- How to provide feedback



Picture 2: Orientation workshop - RAPID, Day 1
(Picture from RAPID at district Saraikella, Jharkhand)

A sample agenda for one-day orientation workshop is provided below:

Table 1: Sample agenda for orientation workshop

DAY 1	
Topic	
09:30 – 10:00	Registration of participants
10:00 – 10:05	Welcome Address
10:05 – 10:15	Introduction of participants
10:15 – 10:45	Orientation on RAPID
10:45 – 11:30	National Immunization Schedule
11:30 – 11:45	Tea Break
11:45 – 12:15	Micro-planning for immunization program
12:15 – 01:00	Cold Chain Management
01:00 – 01:30	Injection Safety

DAY 1	
01:30 – 02:00	Lunch Break
02:00 – 02:30	Adverse Events Following Immunization
02:30 – 03:00	Recording and Reporting
03:00 – 04:00	Orientation on checklists: <ul style="list-style-type: none"> ▪ Facility Checklist ▪ Session Checklist
04:00 – 04:15	Tea Break
04:15 – 04:45	Finalization of field visit plan
04:45 PM	Concluding Remarks

A field visit plan has to be prepared during the workshop in consultation with all the health functionaries. This plan will indicate the team leader (supervisor), the district official who will accompany the team, and the medical officer who will be filling the duplicate checklist. It will also include vehicle number and name of driver.



Field visit plan for RAPID (3rd April 2014)							
Sr. No.	Name	Designation	Place of Posting	Place of Visit	Other team member		
1	Dr. S K Jha	ACMO	Seraikella	CHC Chandil			
2	Dr. K K seghal	DRCHO	Seraikella	CHC Ichagarh			
3	Dr. Kiran Chopra	DLO	Seraikella	CHC Rajnagar	Dr. Malay Shah		
4	Dr. Pradeep Kumar	MOIC	Seraikella	CHC Kuchal			
5	Dr. Sangeeta Kerketta	MOIC	CHC Kharsawan	CHC Seraikella			
6	Dr. Vijay Kumar	MOIC	CHC Kuchai	CHC Kharsawan			
7	Dr. Balram Murmu	MOIC	CHC Gamharla	CHC Nimdih			
8	Dr. Renu Bakhla	MOIC	CHC Nimdih	CHC Gamharla	Mr. Surajit		

Picture 3: Finalizing field visit plan

Plan a one-day hands-on orientation for RAPID supervision

Plan for one-day hands-on orientation for all the supervisors in a nearby facility and a village that is not a part of the target area selected for RAPID. This will provide clarity to the supervisors on the checklist and the activities to be done during a field visit.

Remember before you go for field visit!!

- Follow up on recommendations made during previous visits (if this is the successive round of RAPID)
- Collect helpful job aids¹, IEC materials, and supplies for the health facility
- Prepare for updates and/or refresher training that can be given during the visit
- Plan to spend sufficient time (from several hours, to a full day) to conduct the supervisory visit

A. IMPLEMENTATION

After the meticulous planning and preparation, supervisors visit the health facilities and the immunization session sites. A brief introduction of the supervisors should be given to health facility staff, explaining the purpose of the visit, which is to observe activities, assess the skills of the health functionaries, and correct poorly performed tasks in the management of the immunization program. This field visit will also entail on-site training and support as needed.

DAY 2& 3	
Activities	Time
Field visit to one/two health facilities (Day 2)	<ul style="list-style-type: none">▪ 4 to 6 hours at each health facility▪ Around 2 hours for immunization session sites
Field visit to one health facility and two or more immunization sessions (Day 3)	

Supervising the immunization services at cold chain points

Supervision tools:

- a. RAPID checklist- Health facility (*Annexure 3*)
- b. RAPID checklist- Immunization session(*Annexure 4*)

Process of Supervision:

a. Facility Visit:

- Meet the Medical officer in-charge of immunization and request to share the micro-plan along with the map of the area. Check for correctness and also verify whether it is being put to practice.
- Discuss the number of sessions conducted and alternate session planning: Find out the reason if some sessions are not conducted.
- Observe the display of the ANM roster, supervisory plan, and the IEC materials.
- Visit the cold chain room, observe the cleanliness and placement of equipment, and verify the temperature records.
- Count the doses of all the vaccines and logistics to verify adequacy of vaccines.

¹ Job aids prepared by MCHIP

- Observe the quality of vaccines, and also verify if the cold chain handler is aware of the latest guidelines. Check the stock register and verify its completeness and correctness
- Observe the injection safety measures and waste disposal practices.
- Review health facility records, coverage charts, drop-out rates, and log books. Check calculations to make sure if they are correct.
- Fill the appropriate RAPID checklist (for health facility) with observations.
- Provide on-site training and try to facilitate corrections on the spot for issues requiring immediate attention.

b. Session site visit:

- Observe the general cleanliness of the session site and also the condition of the vaccine carrier and status of vaccines and other logistics.
- Observe while health workers are performing screening, and immunizing beneficiaries (infants and pregnant women).
- Observe the health worker if she is giving the four key² messages to the caregivers after vaccinating the beneficiaries.

It is important not to intervene while the health worker is performing the job, unless the activity is dangerous to either the beneficiary or the health worker. Fill the appropriate RAPID checklist (immunization session) with observations. Remember to praise for the activities done correctly and gently provide feedback on incorrect practices. Thank the health worker before leaving.

Always Remember!!

- Go with an open mind. Greet the facility staff, MOICs and care-givers. Talk with health workers individually and provide opportunities for them to evaluate their own performance.
- Learn what they know and what they think about their work. Keep a jovial atmosphere while interacting and observing. Observe health workers performing their regular tasks.
- Observation provides the most accurate information about performance. Note down strengths and weaknesses.
- It is to be remembered that the checklist is only a guide to capture critical indicators. Hence it is recommended to capture other relevant issues and best practices beyond the items mentioned in checklist.
- During the field visit, ask the MOIC to fill the duplicate checklist. If the medical officer is not participating, provide a duplicate of the filled checklist to the MOIC of the health facility.

² Four key messages which a health worker should tell to the caregiver:

1. What vaccine was given and what disease it prevents
2. What are the minor side-effects and how to deal with them
3. When to come for the next visit
4. To keep the immunization card safe and to bring it along for the next visit.



Picture 4: Supervisors orientation and hands-on training by MCHIP at health facility

Discuss findings and provide feedback

- When data collection is completed, return to the nodal health facility (e.g. Block / Primary Health Centre) and bring together all the facility staff for a discussion. A group discussion at this time will raise more solutions to problems and let staff feel you respect their opinions. This is also an opportunity for all health workers, in addition to those visited, to participate.
- Begin the group discussion by acknowledging and appreciating two or three things the health facility staff is doing well. By acknowledging their hard work, their motivation to solve problems is increased.
- Review indicators and performance and ask health facility staff about the problems they feel are most important. Problems can be prioritized, for example:
 - First priority: SAFETY problems (e.g. use of non-sterile syringes)
 - Second priority: QUALITY problems (e.g. improper cold chain management)
 - Third priority: EFFICIENCY problems (e.g. long queues for beneficiaries)
- Agree on the possible causes of problems and determine whether these occur due to lack of skill, knowledge, motivation, directions or resources to perform the task.



Picture 5: Outreach visit by supervisors during RAPID activity for supportive supervision



Picture 6: Discussing findings, providing feedback

Jointly set expectations for performance

- Work with health facility staff and health workers to find solutions to any problems encountered and to develop their own quality improvement plan.
- Determine measurable performance goals in consultation with health facility staff. Make sure that the goals are realistic and attainable.
- Develop job descriptions and expectations with the health facility staff.
- Encourage health facility staff to develop supervision plans that fit their context and are feasible to implement. Advise the staff to conduct regular self-assessments to monitor their own performance.
- Maintain a record, along with the health facility staff, of actionable points for reference during the next visit.



Picture 7: Health facility visit by supervisor during RAPID activity for supportive supervision

Compile and analyze the data

- Enter the data from all completed health facility and immunization session checklists into Excel-based analysis tool. This will generate the overall performance and ranking of each health facility and the status of individual indicators in graphical form.
- Prepare a brief abstract of the findings and share with the district officials.



Picture 8: Data Compilation and analysis

Figure 1: A sample of filled excel sheet of analysis tool

	B	C	D	E	F
1	Health Facility	Round 1	Round 2	Round 3	Round 4
2	Crude Birth Rate (CBR) for district/State (e.g.)	26			
3	PHC ID	1	2	3	4
4	Name of Block/Planning Unit	Bano	Bolba	Jaldega	Kurdeg
5	Name of PHC	Bano	Bolba	Jaldega	Kurdeg
6	Population	84,000	30,666	89,852	
7	Round 1				
8	Date	12-Jan-12		31-Jan-12	12-Jan-12
9	Monitor	Dr Jaya		Dr Gunjan	Dr Sachin / Dr Kaustubh
10	PROGRAMME MANAGEMENT				
11	1. Components of the Facility's RI Microplan available				
12	1a. Map of Catchment area	Yes		No	No
13	1b. Estimation of Beneficiaries	Yes		Yes	Yes
14	1c. Estimation of Logistics	Yes		Yes	Yes
15	1d. ANM roster / Immunization Calendar	Yes		Yes	No
16	1e. Day-wise Plan for Supervisor field visits	No		No	No
17	2. ANM Roster / Immunization Calendar displayed at facility	Yes		No	No
18	3. Coverage Monitoring Chart displayed at the facility	No		No	No
19	4. Block meeting conducted	No		No	No
20	5. Supervisory visits	Yes		No	No

Figure 2: A sample of graphical results (for cold chain parameters) generated by Excel-based RAPID tool- Spider graph

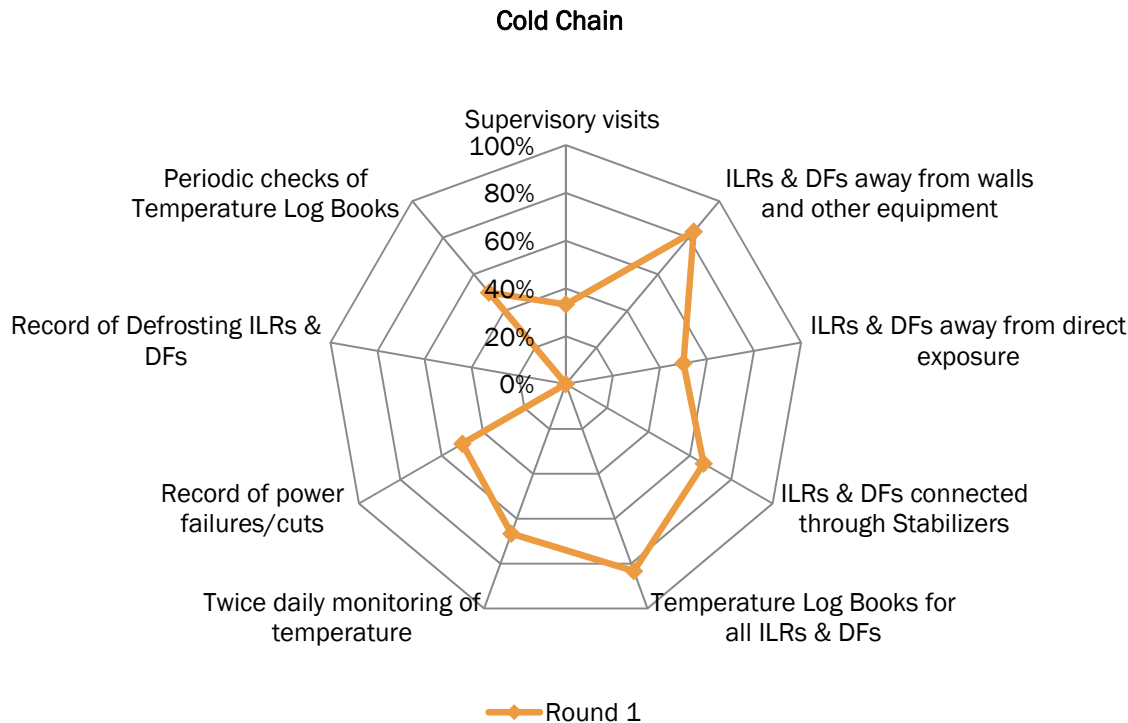
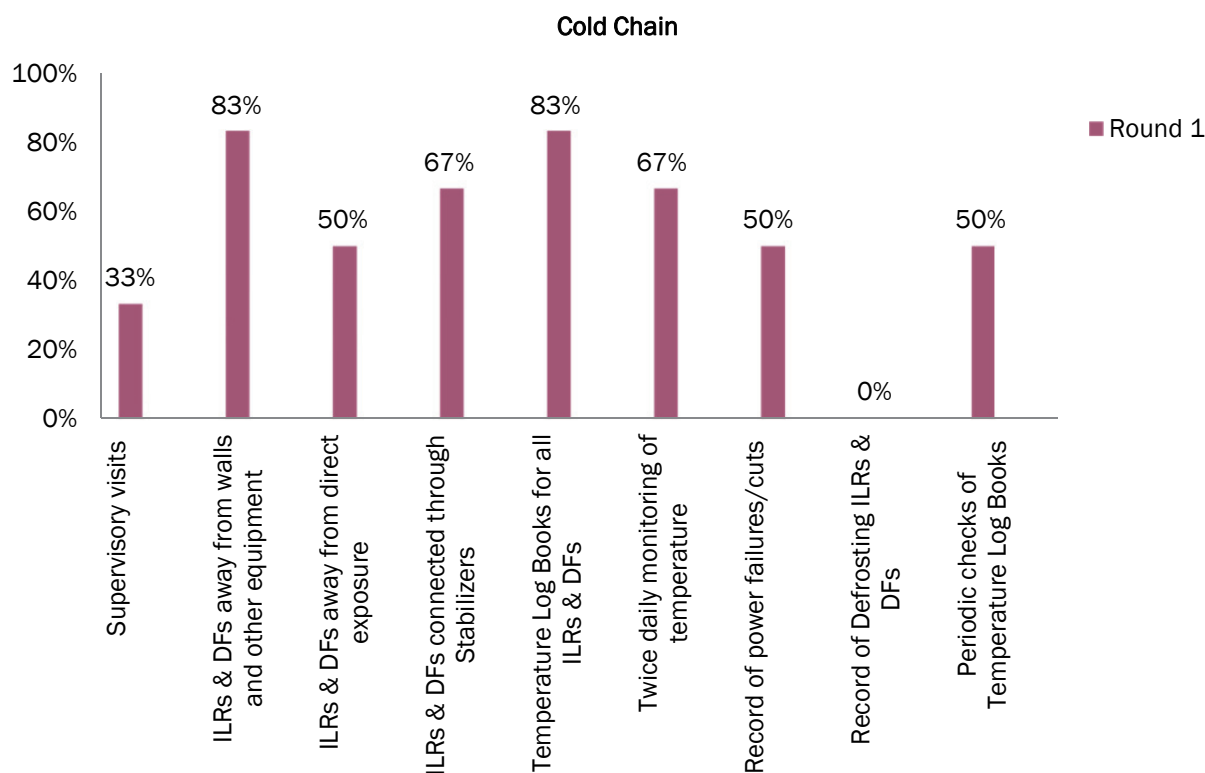


Figure 3: A sample of graphical results (for cold chain parameters) generated by excel based RAPID tool- Bar graph



Debriefing and dissemination meetings

- Plan for a dissemination meeting and share the district-specific findings. Develop quality improvement plans in consultation with the immunization program officers. Discuss solutions for logistics or infrastructure issues (such as equipment, supply chain and renovation issues), which cannot be solved at the health facility level.
- A similar sharing exercise can be planned in a state-level meeting, once district visits are completed. Provide state health and immunization officials with state-wide information, so that they can compare district-wise performance. Provide feedback to the State Immunization Officer for necessary actions. Discuss solutions for critical problems that cannot be solved at the district level.

Provide support and strengthen capacity of health functionaries to meet performance goals

- Identify training needs, in discussion with the health facility staff.
- Provide staff with on-site updates on policies or new recommended practices.



Picture 9: Debriefing and dissemination meeting

- If some issue cannot be solved at the facility level, present the problem to relevant higher levels for action.

B. FOLLOW-UP

Preparing action plan and periodic follow up visits

- After sharing the district-specific feedback, findings, and possible solutions for issues with district and state immunization officials, prepare an action plan.
- Finalize the action plan in discussion with the health staff at district, block level and other concerned health functionaries.
- One nodal officer, either from Government or a Development partners, should be assigned to periodically visit the healthcare facilities and blocks to monitor the progress on quality improvement action plans before the subsequent round of RAPID.
- The person assigned must pay attention to any problems put forth by staff in implementing the action plan for quality improvement.

Re-visit, measure progress and identify gaps

- Conduct another round of RAPID in the same district using the same methodology, after a gap of three to six months, to assess improvement in the indicators, based on the RAPID analysis done in first round. Identify and discuss the remaining gaps.
- If required, modify the checklists and the RAPID analysis template to reflect emerging quality and coverage issues.
- Include continual trainings on the topics where the district is lagging behind to deliver quality services.
- Continually advocate at the state and district levels to maintain the visibility of RAPID as an important intervention in quality immunization service delivery.



Picture 10: Planned and informed on-site visits to demonstrate and orient between the rounds

Note: The experience with RAPID conducted in other states and districts of the country indicates that following three rounds of RAPID activity, there is visible improvement in the immunization program-related practices and processes, leading to quality service delivery for enhanced coverage.

C. EXPECTED ISSUES AND POSSIBLE SOLUTIONS IN RAPID IMPLEMENTATION

EXPECTED ISSUES	POSSIBLE SOLUTION
State does not buy in to the concept	Effective advocacy on the part of partners to ensure State buy in. Highlight results from other rounds.
District not chosen on a priority basis (well-performing district selected instead of poor-performing)	Thorough review of all available data sets to identify the poor-performing district where RAPID should be conducted
District does not have prior information about the upcoming RAPID round	District should be informed well in advance through official communication from the State.
Blocks do not have prior information about RAPID round	Blocks should be informed well in advance through official communication from district.
Paucity of trainers during orientation workshop	Trainers adept with immunizations should be identified well in advance.
Absence of desired participants during orientation workshop	Communication from district to the blocks should have clarity on participation.
Poor quality of training during orientation workshop	Expert technical resources should be mandatory.
Logistics issue during field visits	Planning for logistics, particularly vehicles must be sound: vehicles should be arranged as per teams being formed.
Team composition for field visits not as per guidelines	Planning for teams should be done well in advance; persons on planned field teams must participate in the training.
Debriefing meeting not held immediately following field visits	All relevant data should be made available to the district officials at the end of field visits.
Follow-up plan not prepared	District officials and partners should work together to draw up an action plan during the debriefing meeting itself.
Follow-up plan not followed / implemented	Periodic visits to the facilities should be undertaken by district / state officials / partner agencies between two RAPID rounds to ensure that the follow-up plan is followed.
Lack of response from the State Government	Efforts should be undertaken to ensure participation of the State Immunization Officer / State Immunization Consultant during the entire activity.



“We checked the progress and improvement after every RAPID round on the basis of RAPID checklists & scores. After almost every RAPID round, we have seen improvements in performance and quality of services. MCHIP has been the major contributor in this achievement.” says Dr. Sumant Mishra (Director in Chief, Health Services, Jharkhand)

RAPID, A Success in Jharkhand State

The RAPID approach entailed assessment of routine immunization services at all the sub-district cold chain points (facilities) in focus districts of Jharkhand. Onsite corrections and capacity building have been a part of the assessment, with data collection as an integral component. Data were analyzed to generate scores, graphs and reports. Each facility was categorized as good, average or poor based on the performance. Training and engagement of the facility in-charge and staff made the approach sustainable.

Six RAPID rounds were conducted in two focus districts of Jharkhand (11 cold chain points) over a period of 35 months (February 2010-January 2013). After subsequent rounds of RAPID, facilities graduated from 36% poor, 55% average and only 9% good (during round 1) to 73% good, 27% average, and 0% poor (in the sixth round).

Figure 4: Overall improvement of facilities through RAPID

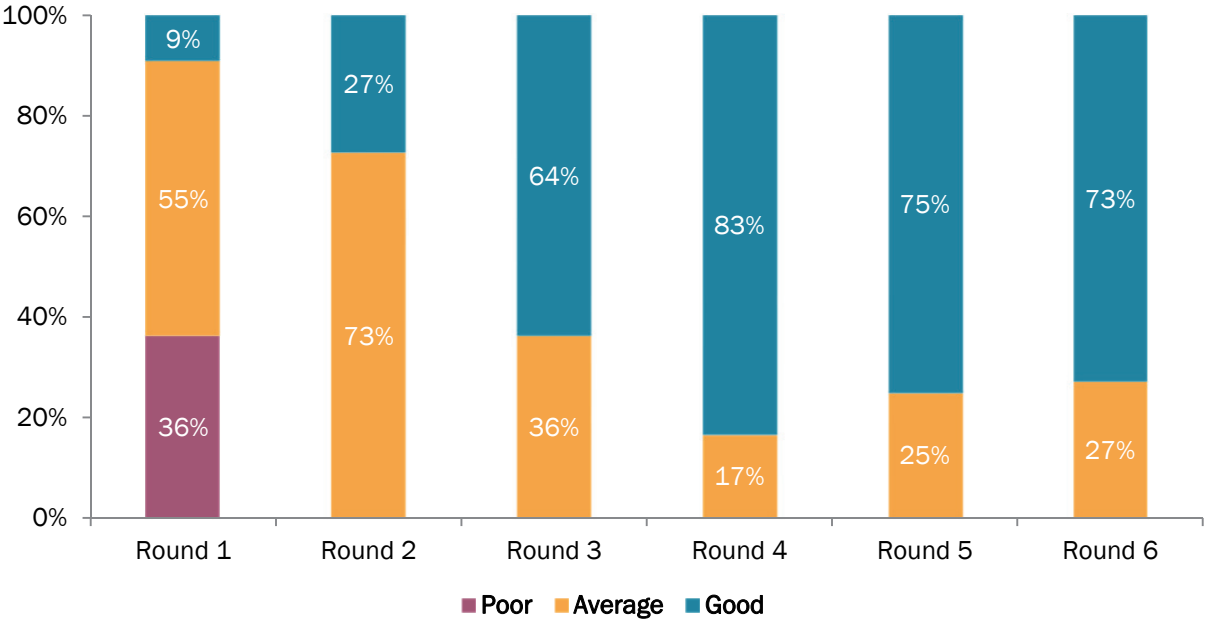
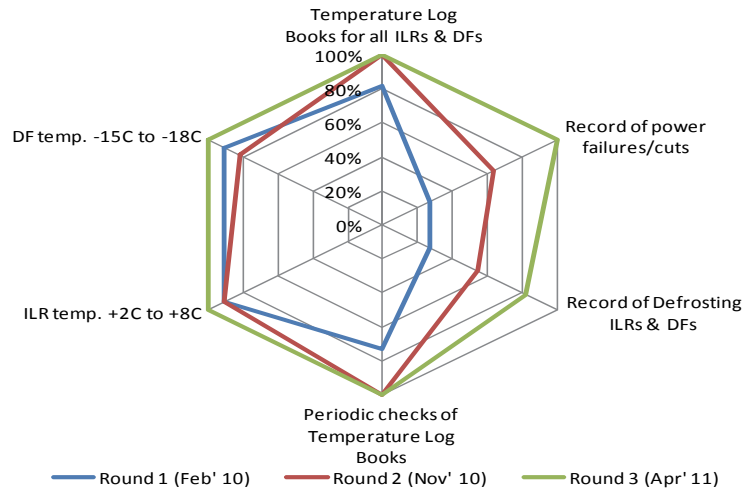


Figure 5: Component wise improvement by RAPID in Jharkhand (n=11)



Picture 11: Newspaper clipping from local newspaper (Deoghar) regarding RAPID

Before RAPID



Picture 12: Cold chain room before intervention

After RAPID



Picture 13: Cold chain room after intervention



Picture 14: Injection safety corner before intervention



Picture 15: Injection safety corner after intervention



The supportive supervision approach was piloted during CVP / PATH in Andhra Pradesh during 2003-2005 yielded good results. As a Country Representative USAID funded IMMUNIZATION basics, I, with help of CARE, implemented this approach in Lohardagga district of Jharkhand. I presented the results to Dr. Shivendu, the then Secretary of Health in Jharkhand, and he appreciated the approach and passed orders to scale-up the same in Snathalparagana (6 districts) of Jharkhand. Based on the effectiveness of this approach, it was coined as RAPID and developed as a model during MCHIP project period. This is a simple yet high impact intervention which is flexible, adaptable and sustainable for quality improvement of any program, not only immunization... **says Dr. Vijay Kiran Mentey, presently Professor and Head Of the Departmentat Malla Reddy Medical College for Women, Hyderabad.**

Various job aids developed by MCHIP for Routine Immunization

Remind parents of 4 key messages ...

- What vaccine was given and what disease it prevents
- When to come for the next visit
- What are the minor side-effects and how to deal with them
- To keep the immunization card safe and to bring it along for the next visit.

Remember: fully immunize each child before its first birthday

Hold your baby correctly for Measles vaccination ...

- 1 The baby's left arm embraces the parent's back and is held under the parent's right arm.
- 2 The parents' hands firmly hold and control the baby's head and the baby's right arm.

Adverse Events Following Immunization (AEFI)

Prevent AEFI

Store only vaccines and diluents

NEVER STORE...

- Other vaccines (not in 500 vials)
- Water & drinks
- Food items & fruits
- Any drug (including antibiotics & insulin)

REMEMBER

- ✓ Check and note expiry date and batch number of every vaccine & diluent distributed
- ✓ Report every serious adverse event occurring after giving vaccination.
- ✓ Complete first investigation report (FIR) within 24 hours.

CUT IT RIGHT

- Keep the hub and/or needle away from the mouth during the session.
- Immediately after use, carefully insert the needle and hub of AFI or disposable syringe into the vaccination hub.
- Hold the syringe and use the other hand to clamp the handles till the hub is completely cut. The cut needle and hub will drop into the container.
- Place the plastic part of the cut syringe in the red disposal bag.
- After you finish with and remove the cap, paper seal drop into the container.
- Cut needle and hub - Broken vials and ampoules

STORE IT RIGHT!

...in the Low-Limit Refrigerator (LLR)

- Store all vaccines in LLR.
- Freeze protection in handling vaccines in LLR and maintain temperature between 2-8°C or 32°F to 46°F (never freeze).
- Average temperature (that is between 2°C to 8°C) in LLR should be 4°C. (Average temperature should be 40°F).
- Place vaccines away from direct sunlight and heat.
- Store only LLR and vaccines over the zone of supply in public health facilities.
- Place other vaccines over the zone of supply in public health facilities.
- Place other vaccines over the zone of supply in public health facilities.

IF LLR baskets are full.

IF LLR baskets are unavailable.

Annexure 1: Letter of Communication from State to District for RAPID (in Hindi)

अनुबक्कर सिद्धीख पी०
भा.प्र.से.



अभियान निदेशक
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, झारखण्ड
फोन : 91-651-2261000, 2261002
फैक्स : 91-651-2261856, 2490314

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
झारखण्ड सरकार
राजकीय टीकौपथि संस्थान परिसर
आर.सी.एच. नामकुम, राँची- 834010
ईमेल : nrhmjharkhand@yahoo.com
nrhmjharkhand1@gmail.com

पत्रांक : 9/RCH-60/2011- 1197 (MD)

दिनांक : 15.09.2012

सेवा में,

असैनिक शल्य चिकित्सक सह मुख्य चिकित्सा पदाधिकारी
बोकारो, चतरा, देवघर, धनबाद, दूमका, पूर्वी सिंहभूम, गढ़वा, गिरीडीह, गोड्डा, गुमला,
हजारीबाग, जामताड़ा, खुंटी, कोडरमा, लातेहार, लोहरदगा, पाकुड़, पलामू रामगढ़, राँची,
साहेबगंज, सरायकेला, सिमडेगा, पश्चिमी सिंहभूम
झारखण्ड।

विषय : Regular Appraisal of Programme Implementation in District (RAPID)/Routine
Immunization Supportive Supervision हेतु दिशा निर्देश के संबंध में।

महाशय,

पूर्व विदित है कि जिले में RAPID/ Routine Immunization Supportive Supervision कराने
हेतु ROP 2012-13 में दो चक्र के लिए Rs. 50,000/- राउण्ड (पत्रांक : 1018 (MD) दिनांक :
30.07.2012) के हिसाब से राशि अनुमोदित की गई है।

अतः आपको निदेशित किया जाता है कि चार माह के अंतराल पर RAPID/Supportive
Supervision के दो चक्र जिले में आयोजित किए जाएँ। RAPID/Supportive Supervision
आयोजित करने हेतु दिशा निर्देश इस प्रकार है :

1. पहले दिन नियमित प्रतिरक्षण संबंधित एक दिन की Orientation कार्यशाला का आयोजन
किया जाना है। इसके अंतर्गत नियमित प्रतिरक्षण के विभिन्न तथ्यों जैसे : प्रोग्राम
मैनेजमेंट, कोल्ड चैन एवं वैक्सिन मैनेजमेंट, रिपोर्टिंग एवं रिपोर्टिंग, इंजेक्शन सेफ्टी पर
PowerPoint Presentation के द्वारा जानकारी दी जाएगी (CD संलग्न)। इस कार्यशाला
के प्रशिक्षक नियमित प्रतिरक्षण में प्रशिक्षण प्राप्त किए हुए मेडिकल ऑफिसर रहेंगे। इस
हेतु प्रत्येक प्रखण्ड से प्रभारी चिकित्सा पदाधिकारी, प्रखण्ड कार्यक्रम प्रबंधक, संगनक
एवं कोल्ड चैन हैंडलर (मुख्य एवं सहयोगी) इस प्रशिक्षण में भाग लेंगे।
2. इसके पश्चात दूसरे दिन सभी प्रखण्ड स्तरीय कोल्ड चैन पोइन्ट एवं हर प्रखण्ड के दो
टीकाकरण सत्रों का अनुश्रवण जिला स्तरीय टीम द्वारा किया जाएगा। चेकलिस्ट द्वारा
(कोल्ड चैन पोइन्ट एवं टीकाकरण सत्र) जानकारी सर्वत्र की जाएगी एवं कम्प्यूटर में
Excel Software में भरी जाएगी। इस Software के द्वारा हर ILR Point को Good,
Average एवं Poor की श्रेणी में रखा जाएगा (CD संलग्न)।
3. तत्पश्चात् एक Dissemination कार्यशाला के द्वारा फिल्ड में एकत्रित कि गई जानकारी
PowerPoint Presentation के द्वारा सभी प्रखण्डों को बताई जाएगी।
Dissemination कार्यशाला में भी प्रत्येक प्रखण्ड से प्रभारी चिकित्सा पदाधिकारी, प्रखण्ड
कार्यक्रम प्रबंधक, संगनक एवं कोल्ड चैन हैंडलर (मुख्य एवं सहयोगी) भाग लेंगे।



Picture 16: Letter of communication from state to District (in Jharkhand) informing about dates and activities to be planned for conducting RAPID

आपको निदेश दिया जाता है कि आपके जिले में RAPID/Supportive Supervision चक्र द्वारा नियमित प्रतिरक्षण कार्यक्रम में पाई कमियों पर आप काम करेंगे। इसके उपरान्त चार महिने के अंतराल पर RAPID/Supportive Supervision का दूसरा चक्र आयोजित किया जाएगा, जिसके द्वारा नियमित प्रतिरक्षण कार्यक्रम में हुए सुधार को देखा जाएगा। जिला प्रतिरक्षण पदाधिकारी/जिला आर.सी.एच. पदाधिकारी इस पूरे कार्यक्रम को समन्वित करेंगे। आप इस कार्यक्रम में अपने जिले में नियमित प्रतिरक्षण के क्षेत्र में काम कर रहे Development Partners को शामिल करें एवं उनसे तकनीकी सहयोग प्राप्त करें।

आपके द्वारा RAPID के लिए निर्धारित तिथियों को राज्य आर.आई. सेल को सूचित करें एवं RAPID के Results (Computer Software में एकत्रित की गई जानकारी) को भी राज्य आर. आई. सेल, झारखण्ड को राउण्ड समाप्त होने के पश्चात rijharkhand@gmail.com पर सूचित करें।

अनुलग्नक (सभी CD में soft copy में उपलब्ध) :

1. RAPID/Supportive Supervision Concept Note
2. RAPID Orientation Workshop हेतु PowerPoint Presentation
3. RAPID Orientation Workshop Agenda
4. कोल्ड चैन पोइन्ट एवं टीकाकरण सत्र अनुश्रवण करने हेतु चेकलिस्ट
5. Computer में जानकारी भरने हेतु RAPID Software

विश्वासभाजन

(अबुबक्कर सिद्दीख पी.)
अभियान निदेशक

ज्ञापांक : 1197(MD)

दिनांक : 15-09-2012.

प्रतिलिपि :

1. प्रधान सचिव, स्वास्थ्य एवं प. क. वि. झारखण्ड को सूचनार्थ प्रेषित।
2. निदेशक प्रमुख, स्वास्थ्य सेवाएं, झारखण्ड को सूचनार्थ प्रेषित।
3. डॉ. बी. पी. सिन्हा, राज्य आर. सी. एच. पदाधिकारी को सूचनार्थ प्रेषित।
4. सभी निदेशक/सभी अपर निदेशक/सभी उप निदेशक (स्वास्थ्य सेवाएं)/ राज्य कार्यक्रम प्रबंधक/राज्य प्रशिक्षण परामर्शी को सूचनार्थ प्रेषित।
5. राज्य प्रतिनिधि—UNICEF, WHO, MCHIP, MI (CINI) को सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रेषित।

4

(अबुबक्कर सिद्दीख पी.)
अभियान निदेशक

(Translation)

Aboobacker Siddique P. Ministry of Health & Family Welfare IAS

Government of Jharkhand

Mission Director

Government Vaccine Institute Campus

National Rural Health Mission, Jharkhand

RCH, Namkum, Ranchi - 834010

Phone: 91-651-2261000, 2261002

Fax: 91-651-2261856, 2490314

Letter No: 9/RCH-60/2011 – 1197 (MD)

Date: 15.09.2012



To,

Civil Surgeon

Bokaro, Chatra, Deoghar, Dhanbad, Dumka, PurwiSinghbhum, Gadhwa, Giridih, Godda,

Gumla, Hazaribagh, Jamtara,

Khunti, Koderma, Latehar, Lohardaga, Pakur, Palamu, Ramgadh, Ranchi, Sahebganj,

Saraikela, Simdega, Pashchimi

Singhbhum.

Jharkhand.

Subject: - Regarding Guidelines for Regular Appraisal of Programme Implementation in District (RAPID)/Routine Immunization Supportive Supervision

As informed earlier funds have been approved in ROP 2012-13 for conducting two rounds of RAPID/Routine Immunization Supportive Supervision in districts at the rate of Rs 50000/- per round (Letter No:- 1018 (MD) Dated :- 30.07.12).

Hence, you are directed to conduct two rounds of RAPID/Supportive Supervision in your districts at an interval of four months. The guidelines for conducting RAPID/Supportive Supervision are as follows:

1. On the 1st day a one day orientation workshop regarding routine immunization is to be organized during which information regarding the various components of the universal immunization such as: Program Management, Cold Chain and Vaccine Management, Recording and Reporting and Injection Safety, will be provided through PowerPoint presentations. (CD attached). Medical officers who are trained in Routine Immunization will be the trainers in this workshop. The Medical Officer in Charge, Block Program Manager, Computer Operator and Cold Chain Handlers (chief and assistant) from each block in the district will participate in this workshop.
2. On the second day all block level cold chain points and two session sites from each block will be monitored by district level teams. Information on Cold Chain points & session sites will be collected through checklists and entered in the excel based software in the computer. This software will then categorize each ILR point in Good, Average or Poor categories (CD attached).
3. On the third day, a Dissemination Workshop needs to be organized in which information collected from the field will be disseminated. The Medical Officer in Charge, Block Program Manager, Computer Operator and Cold Chain Handlers (chief and assistant) from each block in the district will be the participants in the Dissemination Workshop.

You are directed to concentrate and work on the gaps identified during RAPID/Supportive Supervision in your district by preparing a block level action plan. Thereafter, a second round of RAPID/Supportive Supervision is to be organized in which the improvements made in the routine immunization program will be reassessed.

District Immunization Officer / District Reproductive Child Health Officer will be responsible for the entire activity. You need to involve and take technical support from the Development Partners working in the field of routine immunization in your district.

You should notify the dates decided by you for conducting RAPID to the State Routine Immunization Cell and mail the results of RAPID (Information in the Computer Software) to the State Routine Immunization Cell at rijarkhand@gmail.com after completion of the RAPID rounds.

Enclosures (Available in CD and Soft Copy):

1. RAPID/Supportive Supervision Concept Note
2. PowerPoint for RAPID Orientation Workshop
3. Agenda for RAPID Orientation Workshop
4. Checklists for monitoring Cold Chain Points and Immunization Sessions
5. RAPID Software for data entry in computer

Yours sincerely,

(Aboobacker Siddique P.)

Mission Director

Memo No: 1197 (MD)

Date: 15.09.2012

Copy to:

1. Principal Secretary, Dept. of Health & Family Welfare, Jharkhand.
2. Director in Chief, Health Services, Jharkhand.
3. Dr. B.P. Sinha, State RCH Officer, Jharkhand.
4. All Directors/ Additional Directors/ Deputy Directors (Health Services)/ State Program Manager/ State Training Advisor.
5. State Representative – UNICEF, WHO, MCHIP, MI (CINI)

(Aboobacker Siddique P.)

Mission Director

Annexure 2: Letter of communication from District to Health facility for RAPID (In Hindi)

Letter of communication from District to health facility informing schedule of activities under RAPID

कार्यालय:
असैनिक शल्य चिकित्सक-सह-मुख्य चिकित्सा पदाधिकारी सरायकेला-खरसावाँ
phone No./Fax No. 06597/234065, E-mail ID-cs.saraikelakharswan@gmail.com

पत्रांक:.....539 / सरायकेला, दिनांक:.....27.3.14

प्रेषक- असैनिक शल्य चिकित्सक
सह मुख्य चिकित्सा पदाधिकारी
सरायकेला-खरसावाँ।

सेवा में
अपर मुख्य चिकित्सा पदाधिकारी सरायकेला-खरसावाँ।
जिला कार्यक्रम प्रबंधक, जिला लेखा प्रबंधक, जिला कार्यक्रम समन्वयक, जिला डाटा प्रबंधक सरायकेला-खरसावाँ।
सभी प्रभारी चिकित्सा पदाधिकारी, BPMs, Cold Chain Handlers, Asst. Cold Chain Handlers
सरायकेला-खरसावाँ।

विषय:- Regular Appraisal of Program implementation in District (RAPID) कार्यक्रम अन्तर्गत आयोजित कार्यशाला, क्षेत्र भ्रमण एवं Dissemination Meeting में भाग लेने के संबंध में।

महाशय
उपरोक्त विषयक सूचित करते हुए कहना है कि दिनांक 01.04.14 को पूर्वाह्न 10 बजे से सिविल सर्जन कार्यालय के सभागार में (RAPID) कार्यक्रम अन्तर्गत Orientation Workshop एवं दिनांक 03.04.14 को सभी सा0 स्वा0 केन्द्र अन्तर्गत क्षेत्र भ्रमण तथा पुनः दिनांक 04.04.14 को पूर्वाह्न 10 बजे से सिविल सर्जन कार्यालय के सभागार में (RAPID) कार्यक्रम अन्तर्गत Dissemination Meeting का आयोजन किया गया है। जिसमें पत्रानुसार वर्णित सभी प्रतिभागियों को भाग लेना है।

अगर किसी सा0 स्वा0 केन्द्र अन्तर्गत BPM कार्यरत नहीं है तो वहां से BAM तथा जहाँ पर Cold Chain Handler, Asst. Cold Chain Handler का काम किसी अन्य पारार्कर्मों द्वारा किया जाता है तो कार्य करने वाले कर्मों इस प्रशिक्षण में भाग लेंगे।

DR
Workshop
27-3-2014
DR
S. K. Mishra

DR
27-3-14
DR

DR
27/3/2014
(डॉ० कलानन्द मिश्र)
असैनिक शल्य चिकित्सक सह
मुख्य चिकित्सा पदाधिकारी
सरायकेला-खरसावाँ।

ज्ञापक539 / सरायकेला, दिनांक27/3/2014
प्रतिलिपि:- DR. GUNJAN Team Leader MCHIP को सूचनार्थ एवं तकनिकि सहायता प्रदान करने हेतु प्रेषित।
प्रतिलिपि:- DR. MOHANTY MCHIP को सूचनार्थ एवं तकनिकि सहायता प्रदान करने हेतु प्रेषित।
प्रतिलिपि:- DR. MALAY (Assist. Project) को सूचनार्थ एवं तकनिकि सहायता प्रदान करने हेतु प्रेषित।
प्रतिलिपि:- जिला आर०सी०एच० पदाधिकारी, सरायकेला-खरसावाँ को सूचनार्थ प्रेषित।
प्रतिलिपि:- प्रशिक्षण सलाहकार NRHM झारखंड, राँची को सूचनार्थ प्रेषित।
प्रतिलिपि:- निदेशक प्रमुख, स्वास्थ्य सेवाएँ, झारखंड, राँची को सूचनार्थ प्रेषित।

DR
27-3-2014
DR
S. K. Mishra

DR
27-3-14
DR

DR
27/3/2014
(डॉ० कलानन्द मिश्र)
असैनिक शल्य चिकित्सक सह
मुख्य चिकित्सा पदाधिकारी
सरायकेला-खरसावाँ।

(Translated Version)

Office of the Civil Surgeon, Saraikela - Kharsawan

Phone No. / Fax No. 06597/234065, E-mail ID-cs.saraikelakharswan@gmail.com

Letter No: 539/Saraikela

Date: 27.03.14

**From - Civil Surgeon
Saraikela-Kharsawan**

To,
Additional Chief Medical Officer, Saraikela-Kharsawan.
District Program Manager, District Accounts Manager, District Program Coordinator, District
Data
Manager, Saraikela-Kharsawan.
All Medical Officer in Charge, BPMs, Cold Chain Handlers, Asst. Cold Chain Handlers,
Saraikela-Kharsawan.

Subject: - Regarding participation in Workshop, Field Visit and Dissemination Workshop for
Regular Appraisal of Program Implementation in District (RAPID).

With reference to the above mentioned subject it is to inform you that an Orientation Workshop
for the RAPID program has been organized on 01.04.14 at 10:00am in the conference hall of the
Civil Surgeon Office, followed by field visits to the CHCs on 03.04.14 and a Dissemination
Meeting at 10:00am on 04.04.14 in the conference hall of the Civil Surgeon office, in which all
participants (as per the letter) need to participate.

If a BPM is not posted in a CHC, the BAM from the CHC needs to participate in the workshop
and in case any other staff is performing the duties of the Cold Chain Handler or Asst. Cold
Chain Handler, the respective staff needs to participate in the workshop.

(Dr. Kalanand Mishra)
Civil Surgeon – SaraikelaKharsawan
Memo No: 539/ Saraikela, Date: 27/3/2014
Copy to:

1. Dr. Gunjan, Team Leader, USAID- MCHIP for information and providing technical support.
2. Dr. Mohanty , USAID- MCHIP for information and providing technical support.
3. Dr. Malay (Assist. Project) for information and providing technical support.
4. District Reproductive and Child Health Officer, Saraikela-Kharsawan for information.
5. Training Advisor NRHM Jharkhand, Ranchi, for information.
6. Director in Chief, Jharkhand, Ranchi, for information.

(Dr. Kalanand Mishra)
Civil Surgeon – SaraikelaKharsawan

Annexure 3: RAPID Checklist for Health Facilities

Facility ID #: _____

Name of Block/Planning Unit : _____ Name of Health Facility : _____

Date of Visit: ___/___/___ Population covered : _____ Name of Monitor/Supervisor : _____

PROGRAMME MANAGEMENT *(Consult Facility in-charge and records)*

1	Components of the Facility's RI Microplan available	
a.	Map of Catchment area (indicating sub-centers and distances from vaccine storage point)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Estimation of Beneficiaries (village/ area wise) for current year	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Estimation of Logistics – Vaccines, Syringes, Immunization Cards etc. (village/area wise)	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	ANM roster / Immunization Calendar	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Day-wise Plan for Supervisor field visits	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	ANM Roster / Immunization Calendar displayed at the facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Coverage Monitoring Chart/Drop out Chart (BCG-Measles or DPT 1-3) displayed at the facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Block meeting conducted with RI component with Health/ICDS/ PRI in last calendar month <i>(verify minutes)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Supervisory visits with RI component by District level Government Health officials in the last calendar month	Yes <input type="checkbox"/> No <input type="checkbox"/>

COLD CHAIN *(Observe in Cold Chain Room)*

6	Correct placement of each ILR and DF	
a.	All ILRs & DFs placed on blocks (e.g. wooden/plastic)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	All ILRs & DFs at least 10 cm away from walls and surrounding equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	All ILRs & DFs away from direct exposure to sunlight, moisture and rain	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	All ILRs & DFs connected through functional Voltage Stabilizers	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Temperature Log Books	
a.	Temperature Log Books available for every ILR and DF	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Twice daily monitoring of temperature in respective log books	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Record of power failures/cuts (if any)	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Record of Defrosting ILRs & DFs	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Periodic checks of Temperature Log Books by Facility in-charge (see evidence of signatures)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Ice Lined Refrigerator (ILR)	
a.	Functional thermometer placed inside every ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Cabinet Temperature of ILRs between +2 to +8OC	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	No frost OR frost less than 5mm on inside walls of every ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	All vaccine vials correctly arranged inside labeled cartons (expiry date, batch)	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	No T-series or Hepatitis B vaccine vials placed in the bottom of ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	No items other than vaccines placed inside ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Vaccines in ILR within expiry dates (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	OPV vials within usable stage of VVM (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Vaccine vials in ILR with labels (check a few vials)	Yes <input type="checkbox"/> No <input type="checkbox"/>
j.	No reconstituted BCG & Measles vials	Yes <input type="checkbox"/> No <input type="checkbox"/>
k.	Diluents placed in ILR, at least 24 hours before distribution (observe and/or consult)	Yes <input type="checkbox"/> No <input type="checkbox"/>

9	Deep Freezer (DF)						
	a.	Functional thermometer placed inside every DF		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	b.	Cabinet Temperature of DFs between -15 to -18OC		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	c.	No frost OR frost less than 5mm on inside walls of every DF		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	d.	Correct placement of ice packs inside DF (in crisscross manner, while freezing)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	e.	No RI vaccines stored inside DFs (including reconstituted vaccines)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
SUPPLIES AND STOCKS (Physically count in cold chain room and then consult stock registers)							
		Actual count	Record	Actual count	Record		
10	a.	DPT vaccine (in vials)		f.	BCG vaccine (in vials)		
	b.	DT vaccine (in vials)		g.	Hepatitis B vaccine (in vials)		
	c.	TT vaccine (in vials)		h.	BCG Diluent (ampoules)		
	d.	OPV vaccine (in vials)		i.	Measles Diluent (ampoules)		
	e.	Measles vaccine (in vials)					
11	Records of vaccines distributed (from vaccine issue register) correlates with Stock Register				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12	All sessions conducted in last calendar month issued at least one vial of each antigen				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13	Records for ADS and Reconstitution syringes available and updated				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IMMUNIZATION SESSIONS (Consult Records)							
14	Immunization Sessions(for last calendar month)	Planned (P) (Consult Microplan)	Conducted (C) (Consult Vaccine Issue Register)	% conducted (C/P X 100)			
	% sessions conducted more than 80%				Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
15	Doses administered (Cumulative for last 3 reporting months)	DPT1 (D1) (Consult MPR in UIP format)	DPT3 (D3) (Consult MPR in UIP format)	% Dropout ((D1-D3)/D1 X 100)			
	Dropout Rates less than 15%				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
REPORTS (Consult MPR in UIP Format)							
16	Any AEFI reported or Zero Report in last 3 calendar months				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
17	Any VPD reported or Zero Report in last 3 calendar months				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IMMUNIZATION SAFETY (Observe)							
18	Disposal pit as per CPCB recommendations available				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19	Immunization waste chemically disinfected				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20	Disposal pit used for disposal of disinfected sharps (cut needles, broken vials & ampoules)				Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

Annexure 4: RAPID Checklist for Immunization Session Sites

Session ID #:

Date of Visit ___/___/___ Monitor _____ PHC ID _____

Name of PHC _____ Location(SC/AWC/OR/UHC) _____

Adherence to Microplan	
1. Session held in the village/mohalla specified in microplan (date AND place)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cold Chain & Logistics	
2. Collection of vaccines on same day by ANM or Courier	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Use of vaccine carrier with 4 ice packs	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Conditioned ice packs (i.e. some ice AND some water) in the vaccine carrier	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. All Vaccine vials and Diluents kept in Zipper bag inside vaccine carrier	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. All vaccines (BCG, DPT, OPV, Measles, DT, TT) along with diluents available at session	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Vitamin A available at session	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Presence of freeze-sensitive vaccines (T series and Hepatitis B) in liquid form	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. VVM stage usable on OPV	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. All vaccines within usable date	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. All vaccines have readable labels	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. One ice pack taken out to place reconstituted BCG & Measles vials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunization Safety	
13. Clean place available for immunization	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Use of correct diluents for BCG (normal saline) and measles (double distilled water)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Use of separate reconstitution syringes for reconstitution of BCG & Measles vaccines	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Reconstituted vaccines used within four hours of reconstitution (time of reconstitution written on vial)	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Use of 0.5 ml AD syringes for all vaccines except BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Use of AD syringes 0.1 ml for BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Correct selection of injection site	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Correct selection of injection route	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Correct dose of vaccine given	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Evidence of maintaining at least 28 days gap between DPT doses <i>Check from immunization card or ask the care-giver</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Correct age of administration of measles vaccine (9 months completed -12 months). <i>Check from immunization card or ask the care-giver</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Needle NOT touched with swab or finger before injection	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Absence of recapping AND bending used syringes	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Hub cutter used for cutting used syringes immediately after use	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Broken ampoules/vials placed inside hub cutter	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
28. Cut syringes placed in red disposal bag	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
29. Cut syringes and remaining vaccines returned back to Health Facility on the same day	Yes <input type="checkbox"/> No <input type="checkbox"/>

Records & reports	
30. New cards and counterfoils being filled and issued for each new beneficiary	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
31. Information about each vaccination being correctly & completely filled in cards and counterfoils	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Information about each vaccination being correctly & completely filled in immunization registers	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Proper filing of counterfoils (including counterfoils from previous sessions at this site) in tracking bags	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tracking Left Outs/ Drop outs and Missed Opportunities	
34. EACH of known pregnancies and births in the AWW catchment area over the past 3 months added to AWW AND ANM register, even if they have not yet come for vaccination.	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. AWW/ Other Mobiliser shared list of children due for vaccinations on that day with ANM	Yes <input type="checkbox"/> No <input type="checkbox"/>
36. Active tracking for dropouts using due list of beneficiaries	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. ANM checking for immunization status of infants brought to session for other ailments	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
38. Infants with minor problems like Fever / Diarrhea being given immunization	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
IPC, Community Mobilization and Supervision	
39. ANM is giving 4 key messages to parent/care taker of beneficiaries <i>(Which Vaccine is administered; When is next vaccination due; Normal and adverse events; Importance of Imm. Card.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
40. Presence of Anganwadi worker in immunization session	Yes <input type="checkbox"/> No <input type="checkbox"/>
41. Presence of ASHA/Link worker/mobilizer in immunization session	
42. IEC/BCC materials displayed at site	Yes <input type="checkbox"/> No <input type="checkbox"/>
43. Supervisory visits by district/block level Medical Officer to ANMs subcenter area in last 3 calendar months	Yes <input type="checkbox"/> No <input type="checkbox"/>

	CORRECT SITE	CORRECT ROUTE	CORRECT DOSE
BCG	Left Upper Arm	Intra-Dermal	(<1=0.05ml: 1+= 0.1ml)
DPT	Outer Part of Mid Thigh	Intramuscular	0.5 ml
Hepatitis B	Outer Part of Mid Thigh	Intramuscular	0.5 ml
OPV	Mouth	Oral	2 drops
Measles	Right Upper Arm	Subcutaneous	0.5 ml
TT	Upper Arm	Intramuscular	0.5 ml

