



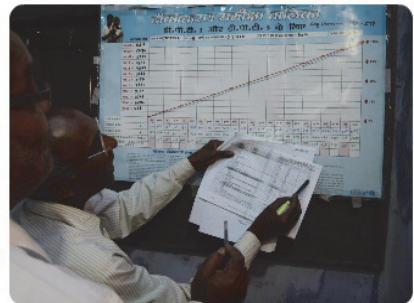
USAID
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Maternal and Child Health
Integrated Program

DEVELOPMENT OF DEMONSTRATION CENTERS

Standard Operating Procedures (SOP) for Establishing Demonstration Center for Immunization



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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.

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Abbreviations

BAM	Block Administrative Manager
BPM	Block Program Manager
CHC	Community Health Center
CMO	Chief Medical Officer (syn: Civil Surgeon)
DF	Deep Freezer
DHEIO	District Health Education & Information Officer
DIO	District Immunization Officer
DPM	District Program Manager
HEO	Health Education Officer (syn. Block Program Manager)
HMIS	Health Management Information System
ICC	Investigator Cum Clerk
ILR	Ice Lined Refrigerator
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MOI/C	Medical Officer In-Charge
NRHM	National Rural Health Mission
PHC	Primary Health Center
RAC	Readiness Assessment Checklist
RAPID	Regular Appraisal of Program Implementation at District
SOP	Standard Operating Procedures
UP	Uttar Pradesh
UIP	Universal Immunization Program

Acknowledgements

Demonstration centers act as centers of excellence for learning through demonstrations. MCHIP developed the Demonstration centers to showcase the correct practices and processes in the facilities of focused districts. The document is prepared with intent to guide program managers, health functionaries to develop centers of excellence which will ultimately lead to improved quality of Immunization services.

The MCHIP/USAID 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.

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Background

Maternal and Child Health Integrated Program (MCHIP) is USAID's flagship program which aims to accelerate progress towards achieving Millennium Development Goals (MDGs) 4 and 5, with a specific goal to scale up evidence-based, high impact maternal, newborn and child health (MNCH) interventions including family planning (FP), toward reductions in maternal and child mortality. Under the child health interventions, MCHIP chose to work in the area of routine immunization because of continuing low rates of immunization coverage that lead to correspondingly high rates of vaccine preventable diseases in many of states of India.

By providing technical support to the Government to strengthen the Universal Immunization Program (UIP) at the National level and 5 focus districts in two states of UP and Jharkhand, MCHIP desired to offer evidence based, replicable, scalable best practices and models. MCHIP builds on the lessons learnt from USAID global technical assistance programs (BASICS and IMMUNIZATIONbasics) to drive for improving the quality coverage in the focus districts and to sustain systems and processes for Routine Immunization (RI) service delivery.

Standard Operating Procedure (SOPs)— Demonstration Center

The present document outlines the processes involved in identifying, developing demonstration centers and organizing cross learning visits in the implementation districts (5 focus districts of UP and Jharkhand). The thematic areas chosen for the purpose are Program Management, Cold Chain & Vaccine Management, Recording & Reporting and Injection Safety, either singly or combined.

For the purpose of this document the following definitions are applied:

Demonstration center: A demonstration center is a block level health facility (CHC or PHC) where immunization thematic area/s related best practices and processes are implemented. These centers serve as a cross learning sites for interactive visualization of correct processes, thereby providing opportunity for building capacity of program managers and functionaries through demonstrations and hands-on experiences.

Best Practice: A best practice is one that has been innovated, demonstrated and validated in multiple contexts to produce results, and is seen as potential solution to operational issues.

Objective: The objectives of establishment of demonstration centers as cross learning sites are:

- To provide a model 'health center of excellence' for replication
- To enable health functionaries to use the center for on-job training
- To use the center as a field practice area for trainings
- To facilitate strengthening of other health facilities in the district/state that ultimately leads to improved and sustained quality immunization coverage.

Purpose of document:

This document is intended to provide a road-map, guidelines and specific instructions to any implementing agency, either Government or Non-Government establishment, for identifying, establishing and operationalizing demonstration centers in selected health centers (Cold chain

facilities at sub district level; e.g.: PHCs/CHCs in context of India). Similar protocols, with necessary modifications, can also be adapted to replicate this intervention in other countries, states or districts, as needed.

Sections in this document:

The document has been designed with different but interrelated sections that deal with details of the processes involved.

- Steps in development of demonstration center
 - Steps in conducting a cross learning activity
 - Example of MCHIP's endeavors in the focused districts.
 - Annexure containing tools used, and Abbreviations
1. **Steps in development of demonstration center:**
 - a) Identification of a block/PHC/HC in a district
 - b) Bench marking the baseline data
 - c) Orientation and capacity building of frontline functionaries and facility staff for implementing the process
 - d) Reviews to observe progress, and mid-course corrections.
 - e) Certifying the center as a demonstration center by the head of the district
 2. **Steps in conducting a cross learning activity:**
 - a) Involving the district officials
 - b) Processes involved in cross learning activity
 - c) Impact evaluation
 - d) Follow-up
 3. **Example of MCHIP's endeavors in the focused districts:**
 - a) Scores for individual cold chain points as generated by the matrix
 - b) Approach MCHIP adopted
 - c) Photographs of demonstration centers
 - d) Cross learning activity in a PHC including the agenda of a briefing meeting
 - e) Results of cross learning activity
 - f) Media coverage
 4. **Annexure:**
 - a) Tools used
 - b) Abbreviations used

It is important to do a proper planning for developing a demonstration center. It is also essential to have patience and to invest sufficient time at each step till the desired results are achieved.

1. Steps in development of demonstration center

a) Identification of a block/PHC/CHC in a district:

- Advocacy visit to the district officials: Explain the objective, process, expected outcome and impact of the proposed Demonstration centers to the concerned district officials (CMO, ACMO, Deputy CMO, DIO, DHEIO, DPM-NRHM etc. in context of India), and advocate for getting their agreement before starting the process of assessment of blocks/PHCs for feasibility to implement the intervention.
- Advocacy visit to the Facility in-charges: Before attempting to collect required information, explain the objective of your visit to the facility in-charges. Prepare a visit plan and conduct assessment of all the blocks/PHCs and planning units of the district through personal visits and a trained team of observers. The ICC, HEO, cold chain handler also need to be included in this group.
- Two tools are used to get the data before zeroing on a facility that is selected to be developed as a demo-center.
- A matrix specially designed and developed based on the Indian Public Health Standards, and Guidelines issued by Government of India from time to time.
- The scores/results from a recently completed (preferably within last completed month) Supportive Supervisory drive in the district, named as ‘Regular Appraisal of Program Implementation at District level (RAPID)¹’. If RAPID is not done in the district over the last one month, a single round of RAPID needs to be conducted in the district. The objective of this activity is to objectively assess the infrastructure including logistics, available staffing, and practices related to program implementation in all the four thematic areas listed above.
- Commitment and willingness of concerned facility staff for accepting and implementing this process in the selected facility is critical in the entire process. Though measurement of commitment and willingness is subjective, it is essential to gauge this aspect also.

b) Bench marking the Baseline Data:

- On the basis of this assessment and qualitative information collected from across the district, shortlist 2–3 better performing blocks/PHCs and planning units and share the list with district officials (and partners, if available).
- Narrate the major observations made for short-listing these facilities.
- Get an agreement for the block/PHC formally in form of letter from district health office before initiating activities in the selected block/PHC.

c) Orientation and Capacity Building of Frontline Functionaries and Facility Staff for Implementing the Process:

- After selection of block, explain the concept, benefits, phases of implementation and requirements (in terms of staff and logistics) for this intervention, in detail, to facility in-charge, program managers and other concerned staff members in a specific pre-scheduled meeting. It is better that the meeting is conducted under the chairmanship of the DIO, for the ownership purpose. It is advisable to leverage the expenditure for logistics (stationery and refreshments) from the facility level NRHM funds.
- Once the facility in-charge and other concerned staff members understand the process and agree to carry the process, identify a nodal person from among the facility staff, in discussion with them. The identified nodal person will serve as the primary contact point at the facility with the agency implementing, and will

¹RAPID is a supportive supervision model developed by MCHIP/USAID for improvement of quality and coverage of Routine Immunization. For more details please see RAPID guidelines developed by MCHIP.

work under the overall guidance of facility in charge. It is preferable to identify any one out of cold chain handler, ICC, BPM-NRHM or staff member responsible for preparing reports, as the nodal person.

Interest and agreement of facility staff will be indispensable for ensuring sustainability of the activity over a period of time. Moreover it is the team work that is critical for making this successful

d) Reviews for progress appraisal and mid-course corrections:

- The facility needs to be visited at-least every week by a Technical Consultant of the agency providing support during the first two months and once in 15 days subsequently. The concerned officer from the agency needs to assess each thematic area (Program Management, Cold Chain & Vaccine Management, Recording & Reporting and Injection Safety) using a Readiness Assessment Checklists (RACs), along with the nodal person from the facility. If the facility chosen is not strong in all the four thematic areas, two or more facilities need to be identified and developed as demonstration centers. However, it is ideal to develop one facility as a demo facility for all four thematic areas. The facility in-charge needs to be appraised of the progress at-least monthly. Model RACs are provided in the annexure under the tools.
- For programmatic reasons and convenience, each thematic area may be assessed once in a month, thus each of the thematic area will be assessed twice, during the first two months.
- The structural deficiencies need to be rectified with the help of the district authorities using the NRHM funds. The deficiencies of required logistics also need to be indented and procured from the district stores.
- The entire process may take approximately 10 months.

e) Certifying the center as a Documentation center by the head of the district:

- The officer from the implementing agency needs to finally assess the scores of each of the thematic area and once the scores reach the 'Gold standard' needs to inform the same to the DIO.
- Once the DIO is satisfied with the quality of the thematic areas, a cross learning activity is to be planned

2. Steps in conducting a cross learning activity

a) Involving the district officials:

- After being declared as a model routine immunization center a cross learning visit will be organized at the facility.
- The Medical officers and the program officers of the other PHCs of the district will be invited for cross learning activity through a letter from the District head.
- It is advisable to invite a state level officer.

b) Processes involved in cross learning activity:

- The process of cross learning is a day long program and will be chaired by a state level officer and moderated by the DIO of the district.
- Related technical documents and handouts (or flip books) incorporating required processes as per the prevailing guidelines may be distributed during the meeting, and the same will be used during the capacity building sessions of concerned functionaries.
- Following is the agenda of the cross learning activity

Agenda for cross learning visit:

- Inauguration by State level officer
- Welcome address by District Immunization Officer
- Objectives of the cross learning visit by the Program officer of implementing agency
- Sessions on four thematic areas by facilitators
- Feedback and future course of action

Program management:

- Preparation of RI micro-plan, map of catchment area
- Compilation of immunization calendar
- Preparation and use of coverage monitoring charts

Cold chain and vaccine management:

- Arranging cold chain room: correct placement of equipments and stabilizers
- Correct storing of vaccines in ILR, freezing of ice packs in DF
- Conditioning of ice packs
- Packing of vaccine carriers
- Preventive maintenance
- Temperature monitoring and use of thermostat
- Cold chain contingency plan

Recording and reporting:

- Preparation of monthly UIP and HMIS reports
- Use of vaccine and syringe stock registers and vaccine distribution registers
- Use of tickler bags

Injection safety:

- Waste segregation at session site
- Waste disinfection and disposal at facility level

Impact evaluation:

- A pre and post test may be planned for the technical functionaries
- The results could be analyzed and presented at a later date

Follow-up:

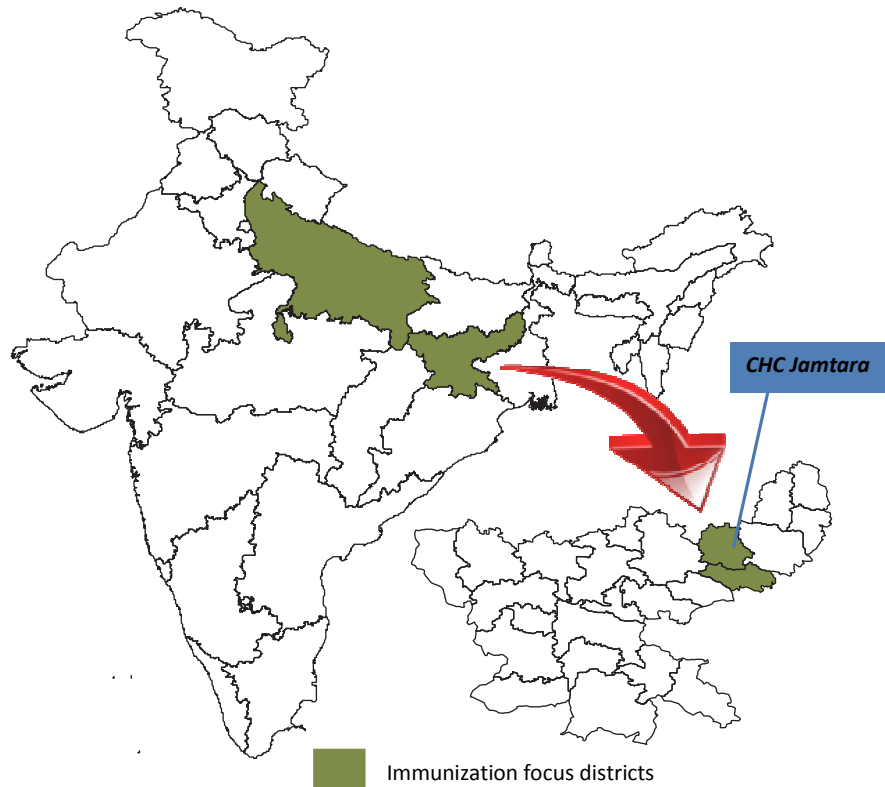
- The scores of the thematic areas need to be assessed at-least once in 6 months to ensure sustainability
- The RACs could be used as self-assessment tools by the facility in-charge

MCHIP developed demonstration centers in all the five focus districts, wherein some were composite demonstration centers including all the four thematic areas and others where only some thematic areas were developed.

Adaptability

The demonstration centers act as center of excellence for cross learning. The concept can be adapted for other public health programs like for newborn care, anganwadi centers and non-public health programs like rainwater harvesting, permaculture etc.

Example of MCHIP's endeavors in the focused district



Development of Demonstration center – CHC Jamtara, Jharkhand

Example of MCHIP’s Endeavors in the Focused Districts

ESTABLISHMENT OF DEMONSTRATION CENTER

The selection of facilities to be developed as demonstration centers was done following a detailed analysis of all the sub district cold chain point in the district. A scoring system was devised to grade the facilities across the following components and a composite score generated for each facility:

- Structural details/infrastructure
- Human resources
- Level of commitment (subjective criteria)
- Equipment and logistics
- Processes for all four thematic areas

Scores for individual indicators were generated as follows:

- 0 – Services/facilities unavailable
- 1 – Minimal facilities/functional
- 2 – Available but less than 30%
- 3 – Available but less than 60%
- 4 – Available but less than 80%
- 5 – 80–100%

Scores generated for the following facilities:

- Jamtara block CHC
- Nala
- Narayanpur
- Kundahit

Table1. Scores for Individual COLD Chain Points as Generated by the Matrix

Particulars	Jamtara Block CHC	Nala	Narayanpur	Kundahit
Structural details				
Availability of Rooms				
Cold Storage Room (3.5m x 3m)	3	4	3	3
Vaccine Logistics Room (3.5m x 3m)	3	0	0	0
Availability of space in Rooms	3	4	2	3
Availability and functional status of Generator	2	4	3	4

Particulars	Jamtara Block CHC	Nala	Narayanpur	Kundahit
Human resource				
MOIC/MO	4	4	4	4
Cold Chain & Vaccine Logistic Assistant	5	5	4	4
Other Support Staff (BAM, BPM, Cleaners)	5	4	4	5
Level of commitment of key personnel (subjective)				
MOIC/MO	5	2	1	1
Cold Chain & Vaccine Logistic Assistant	5	2	1	2
Other Support Staff (BAM, BPM, Cleaners)	5	2	3	1
Equipment/Logistics (Functioning)				
Microplan availability	4	4	3	2
Cold Chain (Equipments Availability & Functionality)	5	4	4	4
Vaccine & Diluents Availability	5	5	5	5
Injection Availability	5	5	5	5
Registers/Records/Reports	5	3	4	3
Disinfection logistics	4	0	0	0
Safety Pit	4	2	3	4
Processes				
Thematic area (Programme Management)	4	3	3	2
Thematic area (Cold chain)	5	3	3	3
Thematic area (Injection Safety)	4	1	2	2
Thematic area (Records & Reports)	4	3	3	3
Total	89	64	60	60

In addition two rounds of RAPID (Regular Assessment of Program Implementation in District)/ Supportive Supervision (SS) had been conducted in the district before finalizing the facility to be developed as demonstration center. Scores from the two rounds were coupled with the scores generated through the matrix and the facility with the best scores was selected to be developed as the demonstration center.

Table 2. RAPID/SS Scores for Sub District Cold Chain Points

CHC/PHC	Round 1		Round 2	
	Points	Grade	Points	Grade
Jamtara	30	Avg	56	Good
Nala	27	Poor	40	Avg
Narayanpur	26	Poor	39	Avg
Kundahit	24	Poor	38	Avg

Based on the above two score sets Jamtara CHC was identified to be developed as a demonstration center for all the four thematic areas (center finalized in December 2010).

During the subsequent months, MCHIP's technical consultant facilitated development of action plan and specific inputs were given at the identified health facilities in line with the objectives therewith utilizing following approaches:

1. Capacity building of concerned staff members through supportive supervision (onsite orientation, handholding and mentoring) and system strengthening through use of available NRHM resources and locally feasible solutions in best possible manner.
2. Implementation of correct practices in an integrated manner with enhanced ownership and active involvement of district and block level health officials.
3. Encouraging implementation of local adaptations and innovations at these centers
4. Regular sharing of feedback on observations, progress and way forward with concerned officials and functionaries and making efforts for issue of necessary instructions and guidelines, mobilization of resources and leveraging of funds from within the existing health system.
5. Development of various need based tools as a part of process for orientation of staff members (in form of job aides), checklists for assessing progress during follow up visits and for assessing readiness of centers for cross learning visits.

In the process a close working relationship was forged with the district and the CHC officials and staff. MCHIP India provided only technical assistance in this process and all funds were leveraged through the Government (Rs 80,000/- [approximately 1500\$] made available through the Saugaat² [The Gift] campaign for development and maintenance of the demonstration center).

Regular inputs by the MCHIP team were provided at the facility over a 10 month period across all four thematic areas. The site was finally declared as a demonstration center following assessment of the facility through readiness assessment checklists. Following this, a cross learning visit for officials and functionaries from other cold chain points in the district was organized at the facility.

Development of the Demonstration Center



²Saugaat is an initiative conceptualized by MCHIP for the 6 poor performing districts of Santhal Paragana division of Jharkhand during 2011-12 and includes programs for Enumerating and tracking of beneficiaries, (0-2 yrs children and pregnant women) incentives to mothers, and support in monitoring and Supportive supervision. This was supported later by Government funds

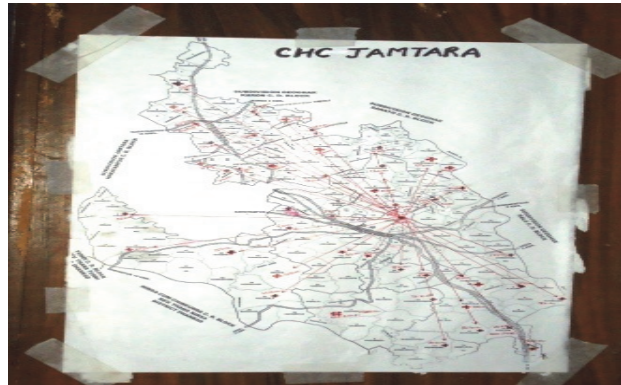
Demonstration Center CHC Jamtara



Picture 1. Arrangement of vaccine carriers

A large, colorful immunization calendar with a grid layout. The calendar is printed on a red background and contains columns for months and rows for dates, with various colored markings indicating vaccination schedules.

Picture 2. Immunization calendar



Picture 3. Block map—CHC Jamtara



Picture 4. Arrangement of returned vaccine vials in ILR



Picture 5. RI coverage monitoring chart



Picture 6. RI Microplan



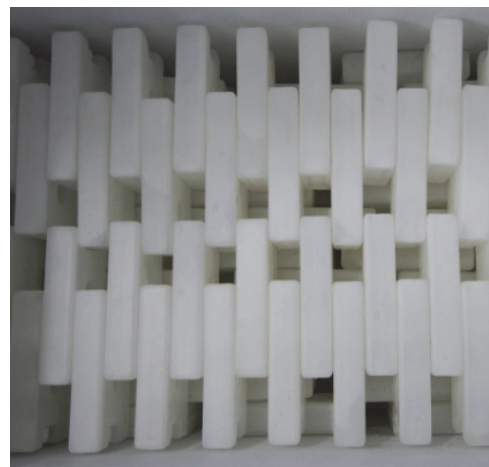
Picture 7. Cold chain room



Picture 8. Placement of voltage stabilizer



Picture 9. Correct storage of vaccines in ILR



Picture 10. preparing ice packs in DF



Picture 11. Reading and recording temperature of DF

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6	H.S.C	P.H.C	-	157	10	-	2060			
7	P.H.C	H.S.C	-	157	-	10	2060			
8	P.H.C	H.S.C	-	157	-	390	1660			
12	P.H.C	H.S.C	-	157	-	330	1030			
18	P.H.C	P.H.C	-	157	40	-	1070			
13	P.H.C	H.S.C	-	157	-	10	1060			
15	R.C.H	P.H.C	14/12	11	1500	-	2560			
14	P.H.C	H.S.C	-	157	-	410	2150			
14	H.S.C	P.H.C	-	157	10	-	2160			
15	P.H.C	H.S.C	-	157	-	470	1570			
19	H.S.C	P.H.C	-	157	20	-	1570			
21	P.H.C	H.S.C	-	157	-	320	1250			
26	P.H.C	H.S.C	-	157	-	580	670			
28	P.H.C	H.S.C	-	157	-	140	530			
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अवशेषित										
जोप धारादार										

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1	20/11/11	10	10	1	10	20	10	10	10	10	20	10	10	20	10	10	20	10	10								
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Picture 12. Appropriately filled vaccine stock and distribution registers



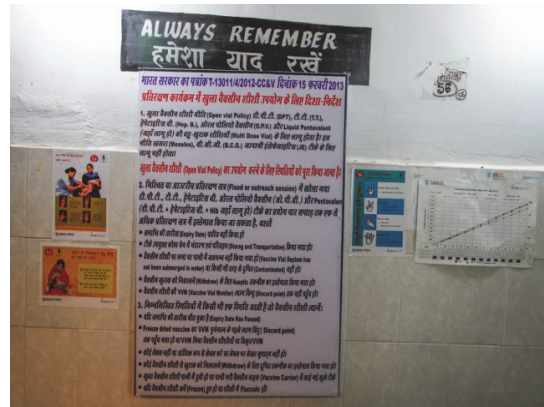
Picture 13. Process of setting up injection safety corner



Picture 14. Sharp disposal pit at demonstration center



Picture 15. Vaccine distribution corner



Picture 16. Technical assistance being provided by the MCHIP team



Picture 17. Technical assistance being provided by the MCHIP team



CROSS LEARNING VISIT AT DEMONSTRATION CENTER (CHC JAMTARA)

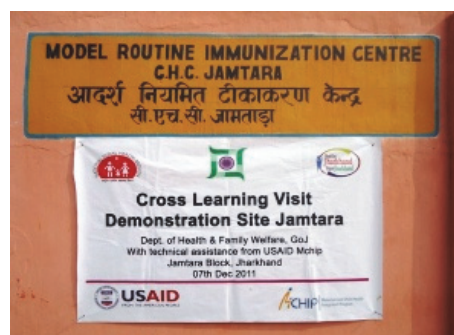
Jamtara district is a part of the Santhal Parganas division in Jharkhand. The district is divided into four blocks and has a population of around 0.8 million. The district has one CHC in each of the blocks. After focused technical assistance for around 10 months Jamtara block CHC was developed as a composite Demonstration center for four thematic areas of programme management, cold chain and vaccine management, recording and reporting and injection safety.

After being declared as a model routine immunization center a cross learning visit was organized at the CHC on 7th December 2011. It is to be noted here that once a facility is declared as a demonstration center, it can be visited by the staff from within the district and also from other districts and other states even. For example: the demonstration center at Jamtara in Jharkhand state was visited by the staff from Haryana state.

The cross learning activity was attended by Medical Officer in charge (MOIC) and staff from the other three blocks in the district and was inaugurated by Dr. Vijay Shankar Prasad (Director Medical Services, Government of Jharkhand).

Agenda for cross visit at demonstration center, Jamtara:

- Inauguration by Director Medical Services GoJ
- Welcome address by District Immunization Officer
- Objectives of the cross learning visit SR, MCHIP
- Sessions on four thematic areas by facilitators
- Feedback and future course of action



Topics discussed during the cross learning visit Programme Management:

- Preparation of RI microplan, map of catchment area
- Compilation of immunization calendar
- Preparation and use of coverage monitoring charts

Cold chain and vaccine management:

- Arranging cold chain room: correct placement of equipments and stabilizers
- Correct storing of vaccines in ILR, freezing of ice packs in DF
- Conditioning of ice packs
- Packing of vaccine carriers
- Preventive maintenance
- Temperature monitoring and use of thermostat
- Cold chain contingency plan

Recording and reporting:

- Preparation of monthly UIP and HMIS reports

- Use of vaccine and syringe stock registers and vaccine distribution registers
- Use of tickler bags

Injection safety:

- Waste segregation at session site
- Waste disinfection and disposal at facility level

Pictures from Cross Learning Visit



Picture 18. Orientation session



Picture 19. Ms. Anita Baidya explaining correct way of storing vaccines in ILR (left) and ice packs in deep freezer (right)



Picture 20. Mr. Vinod Kumar (Data management person) explaining use of block level map (left) and coverage monitoring chart (right)



Picture 21. Mr. Durga (BMW handler) explaining waste disinfection and injection safety practices



Picture 22. Dr. Lily Kak, USAID Headquarters felicitating service providers during her visit to Jamtara Block CHC

RESULTS OF CROSS LEARNING ACTIVITY

A total of 61 officials and functionaries were trained through the two cross learning activities. All participants specified that this type of cross visit is important for learning newer guidelines and practices; and that they would like to participate in similar visit again. The participants were highly appreciative of the initiative and MOI/Cs of other blocks was eager to apply similar standards at their own health facilities with continued technical assistance from the MCHIP

team. A unique feature of the cross learning activity was that the facilitators were functionaries from Jamtara block CHC and the MCHIP team was passive participant in the entire process.

Scale-up

MCHIP developed 8 Demonstration centers in focus districts (3 in Jharkhand and 5 in Uttar Pradesh) and 296 health functionaries were trained in correct practices through cross learning activity at demonstration centers.

State level official visited one of the demonstration centers in Uttar Pradesh and requested MCHIP to develop two more Demonstration centers in state capital Lucknow. One of the sites was intended as a field practice site for trainees from State Health Institute for Health and Family Welfare. Similarly Government of Jharkhand requested MCHIP to develop Demonstration center at PHC-Namkum (District- Ranchi) which would serve as a training site for medical officers.

Cost Implications

To develop a demonstration center:

In addition to the staff time, Government of Jharkhand allocated around 20,000 INR in the PIP 2011 to develop a demonstration center. This amount was towards capacity building of the staff and purchase of necessary materials.

For cross learning visit:

State government provided funds as per the norms of NRHM which included travel and per diem expenses. The budget may be calculated on the basis of number and types of participants and number of days of travel and participation.

PRINT MEDIA COVERAGE



Cross Learning Visit - JAMTARA - 7/12/2011

DAINIK JAGAN - 8/12/2011

Annexure: Readiness Assessment Checklists



CHECKLIST FOR ASSESSING READINESS OF DEMONSTRATION SITE FOR PROGRAM MANAGEMENT

(For use by MCHIP technical staff only)

DISTRICT: _____ BLOCK/PHC: _____ DATE: _____

1.	Catchment area map - map indicating health facilities and sub centres available	Yes (2) / No (0)
2.	- map indicating sub centres displayed at the cold chain room	Yes (2) / No (0)
3.	- distances of sub centres from cold chain point indicated in map	Yes (1) / No (0)
4.	- hard to reach areas and vacant sub centres indicated in map	Yes (2) / No (0)
5.	- vaccine delivery route map with time of delivery prepared	Yes (1) / No (0)
6.	- vaccine delivery route map displayed at cold chain room	Yes (1) / No (0)
7.	Microplan - comprehensive RI microplan prepared for the current year	Yes (1) / No (0)
8.	- printed copy of updated microplan available at the cold chain room	Yes (2) / No (0)
9.	- microplan prepared on basis of RI microplanning tool	Yes (1) / No (0)
10.	- separate action plan for hard to reach areas & vacant sub centres available	Yes (1) / No (0)
11.	- printed "human resource sheet" available	Yes (1) / No (0)
12.	- printed "list of villages/urban areas with population" available	Yes (1) / No (0)
13.	- plan triangulated with other plans for ensuring no missed/under reached area	Yes (1) / No (0)
14.	- microplan includes all villages/habitations/urban areas in the block area	Yes (2) / No (0)
15.	- printed format for "village/area wise estimation of beneficiaries" available	Yes (1) / No (0)
16.	- printed format for "village/area and antigen wise beneficiaries" available	Yes (1) / No (0)
17.	- printed format for "village/area wise estimation of logistics" available	Yes (1) / No (0)
18.	- printed summary sheet for vaccine and logistics requirement available	Yes (2) / No (0)
19.	- printed format for "alternate vaccine delivery plan" available	Yes (1) / No (0)
20.	- printed format for "social mobilization plan" available	Yes (1) / No (0)
21.	- printed format for "day wise vaccine distribution plan" available	Yes (1) / No (0)
22.	- updated ANM roster available at the facility	Yes (2) / No (0)
23.	- ANM roster displayed in the cold chain room	Yes (2) / No (0)
24.	- ANM roster displayed for clients visiting the health facility	Yes (1) / No (0)
25.	- sessions planned rationally (on basis of injection load)	Yes (2) / No (0)
26.	- separate work plans available for all health workers	Yes (2) / No (0)
27.	- work plan sheets are completely and correctly filled for all health workers	Yes (1) / No (0)
28.	Implementation - RI sessions organized as per the roster (<i>see vaccine issue register</i>)	Yes (2) / No (0)
29.	- sessions planned and held >90% for last 3 consecutive months	Yes (2) / No (0)
30.	- missed sessions organized on alternate days	Yes (2) / No (0)
31.	- updated records of sessions organized on alternate days available	Yes (1) / No (0)
32.	- all sessions during last 3 months issued at least one vial of each antigen	Yes (2) / No (0)
33.	- session reports (tally sheets) are submitted by all ANMs on same day	Yes (2) / No (0)
34.	- coverage monitoring chart displayed at the facility	Yes (1) / No (0)
35.	- coverage monitoring chart updated till last reporting month	Yes (2) / No (0)
36.	Reports - monthly report prepared after compilation of day wise coverage from all ANMs	Yes (2) / No (0)
37.	- monthly reports prepared on standard UIP / HMIS format	Yes (1) / No (0)
38.	- all sub centres submit monthly report on standard UIP / HMIS format	Yes (1) / No (0)
39.	- block monthly reporting format is completely filled (<i>for last 3 months</i>)	Yes (2) / No (0)
40.	- DPT 1 coverage >80% against target for last 3 months	Yes (1) / No (0)
41.	- DPT 1 DPT 3 dropout rates <10% for last 3 months	Yes (1) / No (0)

42.	Supervision - supervisory plan for outreach session site visits available at the facility	Yes (2) / No (0)
43.	- supervisory plan based on updated ANM roster for session sites (<i>cross check</i>)	Yes (1) / No (0)
44.	- supervisory plan include all supervisors (including MOs') posted at the facility	Yes (2) / No (0)
45.	- first line supervisors visiting sessions as per supervisory plan (<i>see evidence</i>)	Yes (1) / No (0)
46.	- medical officers visiting sessions as per supervisory plan (at least 2/week)	Yes (2) / No (0)
47.	- filled monitoring formats from MOs submitted at the facility	Yes (1) / No (0)
48.	- CMO visited facility and reviewed RI during last 3 months (<i>see evidence</i>)	Yes (1) / No (0)
49.	- DIO visited the facility for reviewing RI in last 2 months (<i>see evidence</i>)	Yes (2) / No (0)
50.	- DIO visited any session site during last 2 months	Yes (1) / No (0)
51.	- Record of feedback given by DIO during visits available at the facility	Yes (1) / No (0)
52.	- facility in charge supervises cold chain at least once a week (<i>see evidence</i>)	Yes (2) / No (0)
53.	Review - block level meetings with ANMs held at least once a month	Yes (2) / No (0)
54.	- subcenter RI reports reviewed during these meetings	Yes (1) / No (0)
55.	- Meeting register available at the facility	Yes (1) / No (0)
56.	- proceedings and list of participants recorded in the meeting register	Yes (2) / No (0)
57.	- RI review meeting organized for ANM, AWW and ASHA during last 3 months	Yes (1) / No (0)
58.	Trainings - at least one medical officer at facility trained during 3 day training on RI	Yes (1) / No (0)
59.	- >80% ANMs trained during 2 day training on RI (<i>verify</i>)	Yes (1) / No (0)
60.	- >80% LHV and MPW trained during 2 day training on RI (<i>verify</i>)	Yes (1) / No (0)
61.	Contingency plan - contact no. of DIO, MO i/c and CCH displayed at cold chain room	Yes (2) / No (0)
62.	- plan for vaccine storage during contingency displayed at facility	Yes (2) / No (0)
63.	Functional computer system available at the health facility	Yes (1) / No (0)
64.	Dedicated computer operator available	Yes (1) / No (0)
65.	Periodic analysis and review of sub centre wise coverage data done using computer	Yes (1) / No (0)
66.	Weak performing sub centres identified and prioritized using coverage data analysis	Yes (1) / No (0)
67.	Immunization clinic is present at the facility	Yes (1) / No (0)
68.	Immunization services are provided on all working days in clinic at the facility	Yes (2) / No (0)
69.	Immunization schedule displayed for clients coming to the health facility	Yes (2) / No (0)
70.	IEC material related to RI displayed at the facility	Yes (2) / No (0)
TOTAL		
		Mandatory score _____ / 60
		Desirable score _____ / 40

Score: 2 – Mandatory (30 indicators); 1 – Desirable (40 indicators)

All mandatory indicators are necessary for declaring demonstration site readiness for cross visits.

Comments:

CHECKLIST FOR ASSESSING READINESS OF DEMONSTRATION SITE FOR COLD CHAIN MANAGEMENT

(For use by MCHIP technical staff only)

DISTRICT: _____ BLOCK/PHC: _____ DATE: _____

1.	Dedicated cold chain handler available	Yes (2) / No (0)
2.	Cold chain assistant available	Yes (1) / No (0)
3.	Cold chain room – dedicated room available	Yes (2) / No (0)
4.	- room as per IPHS standards (3.5 meter X 3 meter)	Yes (1) / No (0)
5.	- not being used for other functions at the health facility	Yes (1) / No (0)
6.	- table & chair for cold chain handler available	Yes (1) / No (0)
7.	- key should be available at facility if cold chain handler is not present	Yes (1) / No (0)
8.	- no disinfection or non immunization related stock is stored	Yes (1) / No (0)
9.	A separate room (dry space) for storing vaccine carriers, cold boxes and syringes	Yes (1) / No (0)
10.	5 KVA generator for cold chain maintenance available	Yes (2) / No (0)
11.	Separate 3-point plugs available for each equipment	Yes (1) / No (0)
12.	No open wiring or casing for any equipment	Yes (1) / No (0)
13.	Functional earth connection available for every equipment	Yes (1) / No (0)
14.	Cold chain room - well ventilated (preferably with one ceiling fan and one exhaust fan)	Yes (1) / No (0)
15.	- free from moisture, termite, rodents, birds	Yes (2) / No (0)
16.	- updated ANM roster displayed	Yes (2) / No (0)
17.	- RI related posters or IEC material displayed	Yes (1) / No (0)
18.	- maintained general cleanliness	Yes (1) / No (0)
19.	- subcenter map with individual distances and AVD route plan displayed	Yes (2) / No (0)
20.	All ILR & DF – present in cold chain room are functional	Yes (2) / No (0)
21.	- are placed on wooden blocks (3-4 inch from ground)	Yes (2) / No (0)
22.	- are properly levelled	Yes (2) / No (0)
23.	- are placed 10 cm away from walls and surrounding equipment	Yes (2) / No (0)
24.	- are placed away from direct exposure to sunlight and rain water	Yes (2) / No (0)
25.	- are connected through separate functional voltage stabilizers	Yes (1) / No (0)
26.	- have relevant job aids pasted on lids	Yes (1) / No (0)
27.	- have properly closing lids without keeping weight on them	Yes (2) / No (0)
28.	- have separate temperature log books tied to their handles	Yes (1) / No (0)
29.	- have separate functional thermometers kept inside appropriately	Yes (2) / No (0)
30.	All stabilizers kept correctly (10 cm away from equipment, or on platforms at eye level)	Yes (2) / No (0)
31.	Temp. log books – twice daily monitoring of temperature being noted down	Yes (2) / No (0)
32.	- temperature also monitored and recorded on holidays	Yes (2) / No (0)
33.	- Record of defrosting noted down	Yes (1) / No (0)
34.	- have record of power failure (in hours)	Yes (1) / No (0)
35.	- have record of number of ice packs frozen	Yes (1) / No (0)
36.	- checked by facility in charge at least once every week	Yes (1) / No (0)
37.	- prepared on standard format (or as supplied by state)	Yes (1) / No (0)
38.	Vaccine storage in ILR – two layers of empty ice packs placed at bottom and platform	Yes (1) / No (0)
39.	- all vaccines arranged correctly from bottom to top	Yes (2) / No (0)
40.	- no open vials stored inside ILR or DF	Yes (2) / No (0)

42.	- fresh hypochlorite solution (1%) prepared each time for disinfection	Yes (2) / No (0)
43.	- sharp and non sharp waste disinfected separately	Yes (1) / No (0)
44.	- twin bucket used for disinfecting sharp and infectious waste	Yes (2) / No (0)
45.	- contact period of 30 minutes ensured for disinfection before disposal	Yes (1) / No (0)
46.	- sharp waste disposed in sharp disposal pit using a funnel	Yes (1) / No (0)
47.	- other waste (non sharp/biological) not disposed in sharp disposal pit	Yes (2) / No (0)
48.	- sharp and infectious waste disinfected within 48 hours	Yes (1) / No (0)
49.	AEFI management - AEFI or zero reporting done at facility in monthly HMIS/UIP reports	Yes (2) / No (0)
50.	- AEFI treatment kit available at facility (medicines within expiry date)	Yes (2) / No (0)
51.	- copies of FIR, PIR and DIR forms available	Yes (1) / No (0)
52.	- ANMs mention time of reconstitution on vials (<i>see evidence</i>)	Yes (2) / No (0)
53.	Records - batch number, expiry date and VVM status of vaccines recorded in stock register	Yes (2) / No (0)
54.	- batch number, expiry date and VVM status recorded in vaccine issue register	Yes (1) / No (0)
55.	- record of waste disposed (as per CPCB guidelines) maintained at facility	Yes (1) / No (0)
56.	- updated record of diluents available in stock register	Yes (2) / No (0)
57.	- updated record of AD (0.1 & 0.5 ml) and reconstitution syringes available	Yes (1) / No (0)
58.	- record of logistics damaged/expired/returned 3times, maintained	Yes (2) / No (0)
59.	Knowledge - copy of CPCB waste disposal guidelines available at the facility	Yes (1) / No (0)
60.	- copy of AEFI operational guidelines available at the facility	Yes (1) / No (0)
61.	- facility in charge aware of waste disposal guidelines	Yes (1) / No (0)
62.	- cold chain handler aware of waste disposal guidelines	Yes (1) / No (0)
63.	- facility in charge aware of do's and don'ts about injection techniques	Yes (2) / No (0)
64.	- facility in charge aware of AEFI case management and reporting mechanism	Yes (2) / No (0)
65.	- job aids on injection safety displayed at facility and cold chain point	Yes (1) / No (0)
66.	- job aids on dos' and don'ts about injection techniques displayed at facility	Yes (1) / No (0)
67.	- job aids on waste disposal procedure displayed at facility and cold chain point	Yes (1) / No (0)
68.	- job aids on AEFI displayed at appropriate locations in the facility	Yes (1) / No (0)
69.	- all health workers sensitized about AEFI and referral/reporting procedures	Yes (1) / No (0)
70.	- contact no. of district officials, in charge, CCH and ANMs displayed at facility	Yes (2) / No (0)
TOTAL		
Mandatory score		_____ / 60
Desirable score		_____ / 40

Score: 2 – Mandatory (30 indicators); 1 – Desirable (40 indicators)

All mandatory indicators are necessary for declaring demonstration site readiness for cross visits.

Comments:

CHECKLIST FOR ASSESSING READINESS OF DEMONSTRATION SITE FOR RECORDING & REPORTING

(For use by MCHIP technical staff only)

DISTRICT: _____ BLOCK/PHC: _____ DATE: _____

1.	Vaccine stock register - available with cold chain handler	Yes (2) / No (0)
2.	- is maintained in standard format	Yes (2) / No (0)
3.	- is updated till last session day or last receipt (whichever is latest)	Yes (2) / No (0)
4.	- have record of session day wise distribution of individual antigens	Yes (2) / No (0)
5.	- is updated at the end of each immunization session day	Yes (1) / No (0)
6.	- matches with available stock	Yes (1) / No (0)
7.	- have record of diluents	Yes (2) / No (0)
8.	- have record of 0.1 ml and 0.5 ml AD syringes	Yes (2) / No (0)
9.	- have record of reconstitution syringes	Yes (1) / No (0)
10.	- have record of batch, VVM status and expiry date of vaccines	Yes (2) / No (0)
11.	- is checked by facility in charge on periodic basis	Yes (1) / No (0)
12.	- have details of unusable vials (breakage, unusable VVM, expired)	Yes (2) / No (0)
13.	Vaccine distribution register - available with cold chain handler	Yes (1) / No (0)
14.	- is maintained in standard format	Yes (2) / No (0)
15.	- is updated till date	Yes (1) / No (0)
16.	- have record of ANM wise distribution of vaccines	Yes (2) / No (0)
17.	- have record of unused unopened returned vials	Yes (1) / No (0)
18.	- is updated on each immunization session day	Yes (1) / No (0)
19.	- matches with entries in stock register	Yes (1) / No (0)
20.	- have record of batch & expiry date of vaccines distributed	Yes (2) / No (0)
21.	- have record of diluents distributed & returned back	Yes (1) / No (0)
22.	- have separate record of distribution to alternate day session	Yes (2) / No (0)
23.	- have separate record of vaccine given to delivery room	Yes (1) / No (0)
24.	- have signature of person receiving the vaccine	Yes (1) / No (0)
25.	- mentions name of sub-centre/village/ANM for each session	Yes (1) / No (0)
26.	- have record of time at which vaccine is collected	Yes (1) / No (0)
27.	- have record of time at which vaccine/report is returned back	Yes (2) / No (0)
28.	- have record of syringes & RI cards distributed to ANMs'	Yes (1) / No (0)
29.	- is checked by facility in charge after each session day	Yes (1) / No (0)
30.	- have compilation of vaccine vials consumed on a session day	Yes (2) / No (0)
31.	- minimum one vial of each antigen is distributed to sessions	Yes (2) / No (0)
32.	Monthly UIP reports – Standard UIP format is used for preparing monthly report (MPR)	Yes (1) / No (0)
33.	- MPR has correct information regarding sessions planned & held	Yes (2) / No (0)
34.	- information in MPR is filled after compilation of subcenter reports	Yes (1) / No (0)
35.	- Standard UIP format is used for receiving subcenter reports	Yes (2) / No (0)
36.	- MPR is completely filled with respect to antigen coverage	Yes (2) / No (0)
37.	- MPR is correctly filled with respect to VPD (including zero report)	Yes (1) / No (0)
38.	- MPR is correctly filled with respect to AEFI (including zero report)	Yes (1) / No (0)
39.	- MPR has correct information on vaccine supply, as per stock register	Yes (1) / No (0)
40.	- sub-centre reports are compiled on monthly basis	Yes (1) / No (0)
41.	- sub-centre reports are reviewed during monthly ANM meeting	Yes (1) / No (0)

42.	Tally sheets – available at the block in adequate number (at least for a month)	Yes (2) / No (0)
43.	- available with all ANMs for use at session sites	Yes (1) / No (0)
44.	- being used at the sessions for daily reporting	Yes (2) / No (0)
45.	- one copy is returned back to the facility by all ANMs at the end of session	Yes (1) / No (0)
46.	- one copy is retained by ANM for updating her beneficiary register	Yes (1) / No (0)
47.	Tally sheets – are being filed session day wise by all ANMs for compilation of coverage data	Yes (2) / No (0)
48.	- are being used for preparing day wise coverage report after compilation	Yes (1) / No (0)
49.	- have information about reason for non-vaccination of beneficiaries	Yes (2) / No (0)
50.	Vaccine indent form – used for sending indent are in standard format	Yes (2) / No (0)
51.	- are being used for sending request every time	Yes (1) / No (0)
52.	- a copy is retained and properly filed as a record at the facility	Yes (2) / No (0)
53.	Vaccine indent - being done as per the requirement mentioned in microplan	Yes (2) / No (0)
54.	- is done as soon as stock of any vaccine reaches to 50% of requirement	Yes (1) / No (0)
55.	- additional 25% stock being maintained as buffer at the facility	Yes (1) / No (0)
56.	- no vaccine stock out in last 3 month period (due to delay at facility level)	Yes (2) / No (0)
57.	Dedicated Data Entry Operator (DEO) is posted at the health facility	Yes (1) / No (0)
58.	Functional computer (with accessories) is available at the facility	Yes (2) / No (0)
59.	MCH tracking registers – are available with all ANMs for all villages in their subcenter area	Yes (1) / No (0)
60.	- are updated since August 2010	Yes (1) / No (0)
61.	DEO is computerizing data from MCH tracking registers	Yes (1) / No (0)
62.	Meeting register - available at the facility for noting down proceedings of the meetings	Yes (1) / No (0)
63.	- have details of RI review meetings & list of participants for last 3 months	Yes (2) / No (0)
64.	Immunization register for institutional deliveries separately maintained at the facility	Yes (2) / No (0)
65.	It has updated information of all vaccinations (BCG & OPV 0) of newborns in last 3 months	Yes (1) / No (0)
66.	All newborns delivered at institution have - received vaccination before leaving the facility	Yes (1) / No (0)
67.	- been issued immunization card	Yes (1) / No (0)
68.	Counterfoils of newborns delivered at institution given to concerned ANM for follow up	Yes (1) / No (0)
69.	Adequate number of immunization cards are available at facility (one month requirement)	Yes (1) / No (0)
70.	Counterfoils of cards issued at facility (MCH clinic) are provided to concerned ANM	Yes (2) / No (0)
TOTAL		
Mandatory score		_____ / 60
Desirable score		_____ / 40

Score: 2 – Mandatory (30 indicators); 1 – Desirable (40 indicators)

All mandatory indicators are necessary for declaring demonstration site readiness for cross visits.

Comments:
