



# *A Comparative Analysis of Immunization Data Quality Assessment in Gilgit Baltistan: 2016 vs 2019*

**8-13<sup>th</sup> July 2019**

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# 1. Background

Gilgit-Baltistan region, formerly named as Northern Areas, has a unique geographical composition on the globe. Occupying an extraordinarily varied and attractive landscape, Gilgit-Baltistan is meeting point of the world's four famous high altitude mountain ranges i.e. Pamirs, Hindukush, Karakorum and Himalayas. This region, in the opinion of geologists, is the meeting ground of "continents in collision" as the Indo-Pak sub-continental mass emerges to integrate into Eurasian continent of the north-west, leaving behind two main "faults" along the area. Previously known as Federally Administered Northern Areas (FANA), now "Gilgit-Baltistan" is a vital factor in the country's fortunes. The mighty Indus, the longest and largest river and a major source of Pakistan's agricultural strength meanders through Gilgit-Baltistan. With recent administrative changes in this part of the country, its strategic significance has increased more than ever. Gilgit-Baltistan lies in Northern Areas of Pakistan, with border belts of India, China and Afghanistan. The Ministry of Kashmir Affairs and Gilgit-Baltistan, Government of Pakistan looks after the matters pertaining to GB government.

The Health department GB follows National Immunization Policy. Administrative orders have been issued to improve the service delivery coverage through appointment of two vaccinators per union council. Budgetary allocation for immunization services primarily covers salaries and overhead expenses. There is no budget line item for vaccine procurement because vaccines and other related materials are directly supplied by the Federal EPI Cell.

At the Federal level, the National Program Manager – EPI under the MoNHSRC leads Federal EPI, and is mainly responsible for coordination, resource mobilization (internally and externally), policy and planning, technical guidance to the provinces and areas, monitoring and evaluation and vaccine-logistics procurement and distribution. In each federating area, EPI program is headed by Provincial EPI manager/director under the respective Provincial Department of Health within the relevant directorate. At the district level the Executive District Officer (Health) and/or District Health Officer is head of the district health management.

## 2. Expanded Programme on Immunization:

EPI in Pakistan aims to immunize all children, below 23 months of age, against ten vaccine preventable diseases (table 1). It also protects mothers and newborns against Tetanus. To reach the target populations, EPI implements routine immunization strategies that include: fixed vaccination in health centers, outreach and mobile vaccination. The beneficiaries are the children under two years of age and the women of Childbearing age. Immunization service delivery is carried out through fixed site, outreach sessions and mobile teams.

### 3. Immunization Schedule:

The immunization schedule in whole country including GB is given below:

Age	Antigen	Disease Prevented
At Birth	BCG	Childhood Tuberculosis
	OPV-0	Poliomyelitis
	Hepatitis-B	Hepatitis-B
6 weeks	Pentavalent-I	Diphtheria, Tetanus, Pertussis, Haemophilus influenza B, & Hepatitis B
	Pneumococcal - I	Hib Pneumonia & Meningitis
	OPV-I	Poliomyelitis
	Rota-1	Rota diarrhoea
10 weeks	Pentavalent-II	Diphtheria, Tetanus, Pertussis, Haemophilus influenza B, & Hepatitis B
	Pneumococcal - II	Hib Pneumonia & Meningitis
	OPV-II	Poliomyelitis
	Rota-2	Rota diarrhoea
14 weeks	Pentavalent-III	Diphtheria, Tetanus, Pertussis, Haemophilus influenza B, & Hepatitis B
	Pneumococcal- III	Hib Pneumonia & Meningitis
	OPV-III	Poliomyelitis
	IPV	Poliomyelitis
9 months	Measles-I	Measles
15 months	Measles-II	

## 4. Rationale:

Quality of EPI admin data has been questioned for its authenticity in the past and is still seen with skepticism by partners and donors. The doubt in reliability of data stems from huge discrepancies between administrative coverage figures and figures generated through various surveys.

Coverage of certain antigens higher than 100% and high/negative dropout rates, reported coverage of measles first dose higher than Penta-3 coverage are few examples of data discordance that raise questions on quality of data.

Keeping in view the debatable nature of data being generated from Gigit-Baltistan, Federal EPI cell conducted data quality assessment with the support of WHO/EMRO and HQ in all districts of GB in 2016. Based on findings of which, focused improvement plan with strict timelines was designed and implemented in GB. In order to evaluate the effectiveness of interventions done, another Data Quality Assessment exercise was planned and executed by Federal EPI in 2019.

## 5. Objectives:

The objective of Data Quality Assessment were:

1. Calculate quality indicators for different categories of immunization data management and information system at each level (Health facility, District and Province)
2. Assess the completeness and timeliness of data being reported by the program at different tiers
3. Determine the accuracy of data by comparing the congruence between the data recorded from the Health Facilities and the data reported to the districts and province
4. Compare findings of DQA-2016 and DQA-2019
5. To diagnose existing problems in the monitoring and reporting system through determining the accuracy of coverage and surveillance reports
6. Provide information and recommendations to develop and implement an improvement plan for further refinement of data quality
7. Formulate recommendations to improve the quality of the data based on the analysis and identification of the strengths and weaknesses of the EPI system's coverage monitoring

## 6. Methodology:

DQA tools assess not only the quality of data but also quality of the system for monitoring vaccination coverage by reviewing different sources of data, interviews of key informants and field visits to sites selected through random sampling in order to evaluate:

- Quality of the monitoring system: evaluating the registers, reports, archiving, analysis and uses of information, demographic data, and others.
- Accuracy of data: analyzing data consistency between different data sources and levels of the reporting system.
- Completeness and timeliness: evaluating the report

DQA implementation includes the following activities:

- Collect data to determine accuracy of the reported data (quantitative assessment)
- Collect data to determine quality of the monitoring and reporting system (qualitative assessment)
- Analyze the data and formulate report
- Comparative analysis of two rounds of Data quality assessments
- Present the findings of the DQA and agreeing on the recommendations

## 7. Preparation:

Federal EPI conducted the DQA in Gigit Baltistan. Five out of ten districts of GB were selected through random sampling. Six teams, one for provincial office and five for respective district offices were constituted, comprising of a minimum of three members with at least one government personnel, either from Federal EPI or provincial EPI in each team. In each district, data was collected from district EPI office and from two health facilities in each district. The health facilities were also selected through random sampling.

DISTRICTS	HEALTH FACILITIES
Gilgit	Jageer Baseen
	CD Danyor
Hunza	Aliabad
	BHC Gulmit
Diamer	DHQ Challas
	ACD Goharabad
Skardu	CD Sermic
	CD Astana
Ganche	CD Kudus
	BHU Thallay

## 8. Pre-DQA Meeting:

A meeting was conducted at Federal EPI for all EPI and Partner members who were to participate in the DQA exercise. Purpose of the meeting was to review existing tools and acquaint all members with data collection, compilation and interpretation of results.

## 9. Data Collection tools:

Standardized WHO data collection tools were used for the different levels of the reporting system to evaluate quality of the monitoring system. The tools were tailored according to the local needs. The antigens and doses defined to be assessed were Pentavalent-3 and Measles-1.

A combined indicator expressed as Quality Index was calculated by reviewing the quality of the different components of the monitoring system. To calculate the Quality Index, three questionnaires were used (**Annex A**), one for each level (province, district and HF). Each questionnaire included questions specific for each level according to seven ambits. Each question had a score to get quantitative results, assigning its weight (1-3) according to the importance of the item. The questions were categorized in seven domains:

- Demographics
- Registration
- Reporting and archiving
- Data analysis and use
- Supervision and feedback
- Planning and management
- Human resources.

To collect the information needed to calculate the accuracy of data, several forms were used (**Annex B**). The data were collected from different sources of information: daily register at the HF, tabulation of the vaccine doses of Penta-3 and Measles-1 registered in the monthly report at the HF and district and the provincial tabulation.

The data collection tool comprised of the following questionnaires and forms:

### 8.1 Data accuracy form:

It entails a comparison between the number of Penta-3 and Measles-1 doses administered at the lower service delivery level as compared with the number of the same antigen reported to the higher level for the period January-March 2019. The same data accuracy form was completed at all levels from the lowest HF/UC level passing by Tehsil/Taluka, district and provincial levels.

### 8.2 Data timeliness and completeness form:

It entails reviewing the report received at one level, if it is complete and timely reported to the higher level. The same form was completed from Tehsil/Taluka level, District level and Provincial level.

### 8.3 Data Quality form:

It entails reviewing of the quality of data as per the person in charge at each level. The form comprises a number of questions; each question was scored according to its importance tackling different program components.

### 8.4 Community questionnaire:

It is a list of 15 children selected randomly from daily register of every UC and compared with the actual vaccination status of only ten of those children as visited in their houses and comparing their vaccination cards for the registered antigens and vaccination dates. This questionnaire was filled out only at the HF/UC level.

## 10. Data collection & Time:

Each team divided their roles, one person was responsible to collect the qualitative information, and two or three persons collected the quantitative data. At the end of each day, each team verified that all forms were correctly filled. The data collection period from October to December was specified.

## 11. Data entry and analysis:

The data of each questionnaire, after being completed, were transferred to a data entry tool. Federal EPI was responsible for collecting the data collection form (Hard or soft copy) to be entered in the data entry tool on daily basis. When all teams concluded the collection of data, all forms were double-checked for quality control and to identify inconsistencies or missing data to reduce possibility of errors. Data entry verification, double-checking and data cleaning were implemented before generating the final results interpreted in the report.

To calculate the QI excel files were used to enter the data. Each spreadsheet had formulas to calculate the scores of each domain and the overall QI. Entered data will automatically generate a Quality index for each category and an overall Quality index for the assessed level, the evaluated domain as well as for the whole selected district and the whole province accordingly. The results were presented using spider graphs.

An accuracy ratio was also calculated for each level separately and the overall province for both Penta- 3 and Measles-1 for the three assessed months. To calculate the Accuracy Ratio the data were entered in two excel sheets: one to enter the Penta1 data recounted and reported in each HF and the second to enter the data regarding the measles 1 doses. To assess the accuracy of data, a review of reported data at different levels was conducted by comparing the data retrieved from the basic records with the data reported to the higher level.

A quantitative ratio was calculated as follows:

$$\text{Accuracy Ratio} = \frac{\text{Immunizations counted (verified from the 'source')}}{\text{Immunizations reported (found at the 'higher' level)}} \times 100$$



Less than 100%: indicates over-reporting (not all reported vaccinations could be verified)

More than 100%: indicates under-reporting (more vaccinations could be retrieved than was reported)

## 12. Results:

### 11.1 Provincial Quality Index:

Quality index of EPI monitoring system at Provincial level was found to be 59%, which has improved, in comparison to Quality Index of GB in 2016 which was 41%. Scores secured in each ambit are given in the following table along with scores of previous DQA for comparison. Major improvement was brought in registration and human resource areas.

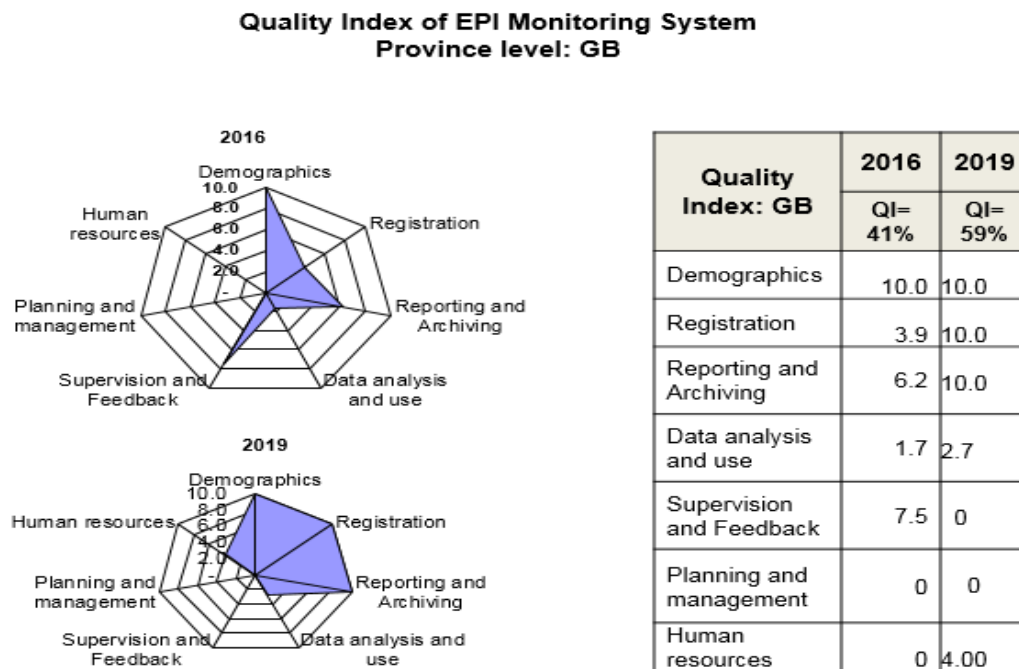


Figure 1: Provincial Quality Index

### 11.2 District Gilgit Quality Index:

Quality Index in district Gilgit improved to 66 % from 31% in 2016. Significant improvement was observed in district Gilgit's Quality Index when compared to 2016 results. All domains showed improvement with maximum improvement in Reporting and Archiving.



Figure 2: Gilgit Quality Index

### 11.3 District Hunza Quality Index:

The quality index of district Hunza was 33%. Some improvement in QI was observed when compared to 2016 results. All domains showed improvement with maximum improvement in Reporting and Archiving. Significant improvement was made in demographics, human resource and planning and management domain. Reporting and archiving score has significantly dropped. Data analysis and supervision and feedback domains were the weakest.

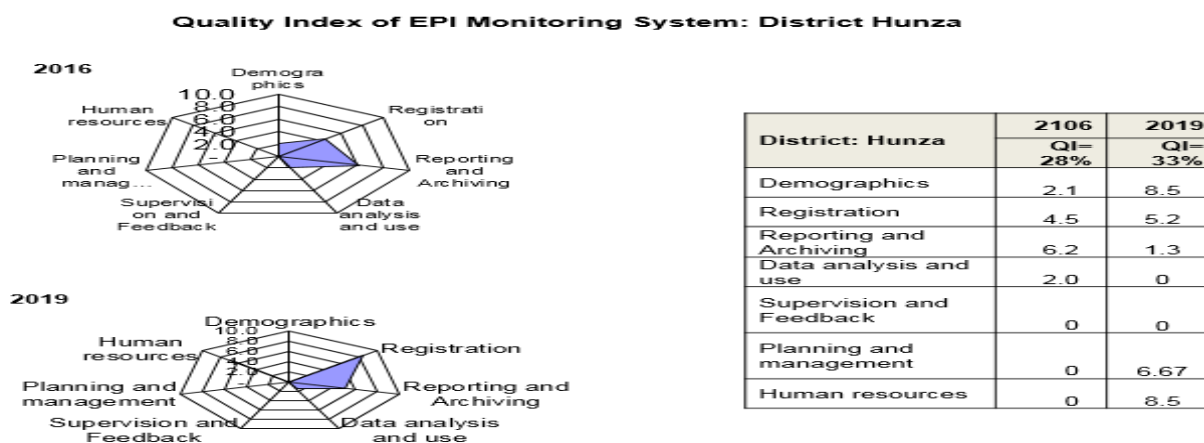
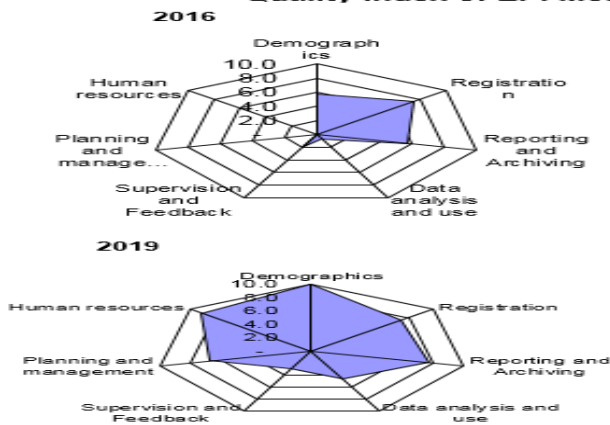


Figure 3: Hunza Quality Index

### 11.4 District Diامر Quality Index:

The quality index of district Diامر was 65%. Significant improvement in QI was observed when compared to 2016 results. All domains showed improvement with maximum improvement in Human Resource and Registration.

**Quality Index of EPI Monitoring System: District Diamer**



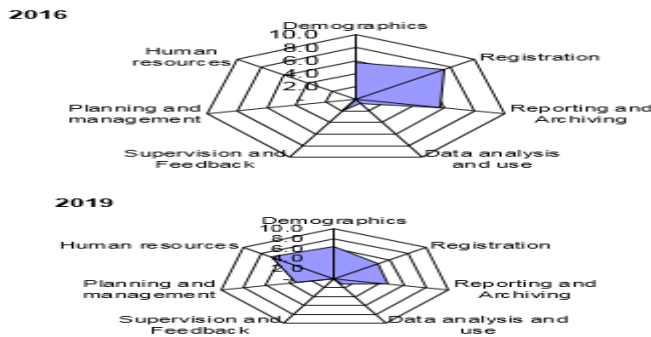
<b>Diamer</b>	<b>2016</b>	<b>2019</b>
	<b>QI= 43%</b>	<b>QI= 65%</b>
Demographics	9.3	10.0
Registration	3.9	7.4
Reporting and Archiving	10.0	7.7
Data analysis and use	1.3	4.7
Supervision and Feedback	4.0	3.0
Planning and management	0	6.67
Human resources	0	9.00

*Figure 4: Diamer Quality Index*

### 11.5 District Ghanche Quality Index:

The quality index of district Diamer was 34% and there is a drop of 5% from the QI of 2016. Major deterioration occurred in reporting and archiving domain. Supervision and feedback and Data analysis were the weakest domains.

**Quality Index of EPI Monitoring System: District Ghanche**



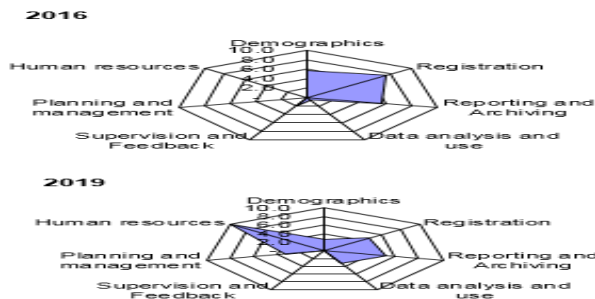
<b>Ghanche</b>	<b>2016</b>	<b>2019</b>
	<b>QI= 39%</b>	<b>QI= 34%</b>
Demographics	6.4	6.4
Registration	3.0	4.8
Reporting and Archiving	7.9	4.6
Data analysis and use	1.3	1.3
Supervision and Feedback	-	-
Planning and management	3.33	3.33
Human resources	6.0	7.00

*Figure 5: Ghanche Quality Index*

### 11.6 District Skardu Quality Index:

The quality index of district Skardu was 43% and there is a drop of 12% from the QI of 2016. Major deterioration occurred in Demographics, Reporting and Archiving and Planning and Management. Weakest area was supervision and feedback and data analysis.

**Quality Index of EPI Monitoring System: District Skardu**



<b>Skardu</b>	<b>2016</b>	<b>2019</b>
	<b>QI= 55%</b>	<b>QI= 43%</b>
Demographics	9.3	2.7
Registration	2.6	4.8
Reporting and Archiving	9.0	5.2
Data analysis and use	3.8	3.3
Supervision and Feedback	5.0	0
Planning and management	6.67	3.33
Human resources	4.0	10.00

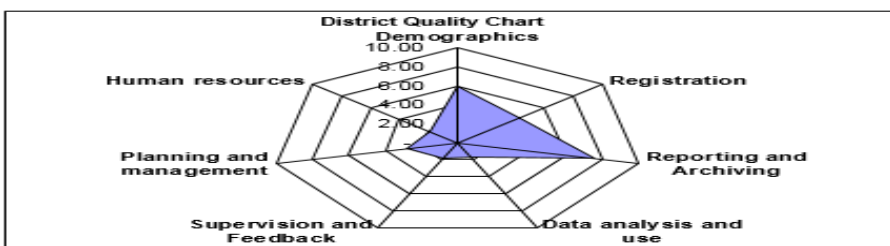
*Figure 6: Skardu Quality Index*

## 11.7 Aggregated Quality Index at district level:

The aggregated quality index of all districts was 48% and there is an improvement of 10% when compared to 2016 results. Weakest areas were Data analysis and use, supervision and feedback and planning and management.

**Quality Aggregated Index of EPI Monitoring System: Districts 2016 & 2019**

All 10 districts	2016
	QI= 38%
Demographics	5.93
Registration	4.25
Reporting and Archiving	7.56
Data analysis and use	1.69
Supervision and Feedback	1.80
Planning and management	2.76
Human resources	1.90



All assessed districts	2019
	QI= 48%
Demographics	5.16
Registration	6.25
Reporting and Archiving	6.62
Data analysis and use	3.03
Supervision and Feedback	1.95
Planning and management	3.33
Human resources	8.57

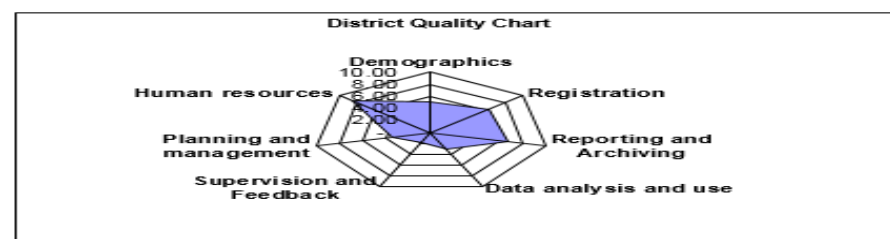


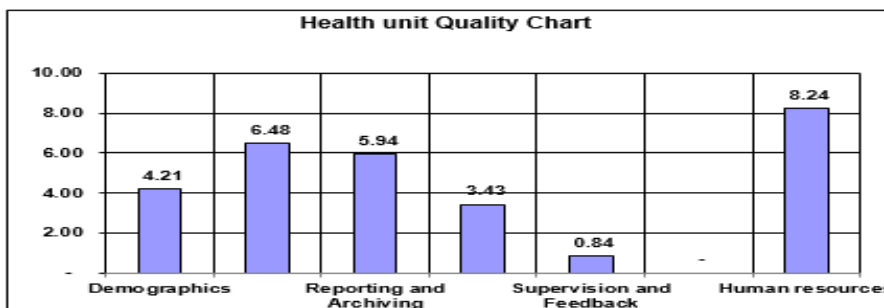
Figure 7: Aggregated Quality Index at district level

## 11.8 Aggregated Quality Index at health facility level:

The aggregated quality index of all health facilities was 56% and there is an improvement of 6% when compared to 2016 results. Weakest areas were supervision and feedback, demographics and data analysis use.

**Quality Aggregated Index of EPI Monitoring System: HF levels**

All selected Health Facilities (HF)	2016
	QI= 50%
Demographics	4.21
Registration	6.48
Reporting and Archiving	5.94
Data analysis and use	3.43
Supervision and Feedback	0.84
Planning and management	-
Human resources	8.24



All selected Health Facilities (HF)	2019
	QI= 56%
Demographics	4.65
Registration	7.12
Reporting and Archiving	6.44
Data analysis and use	4.60
Supervision and Feedback	1.20
Planning and management	-
Human resources	6.00

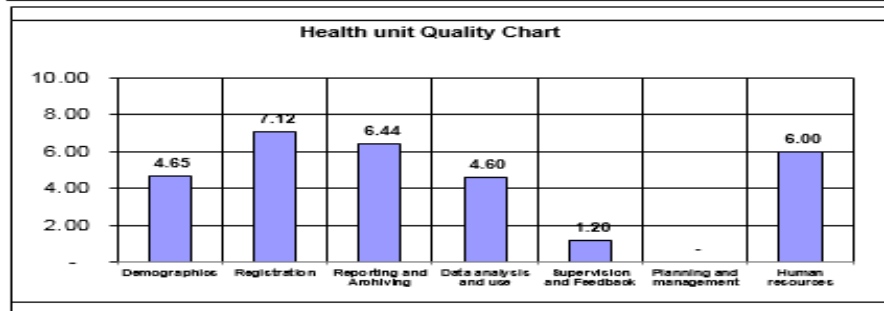


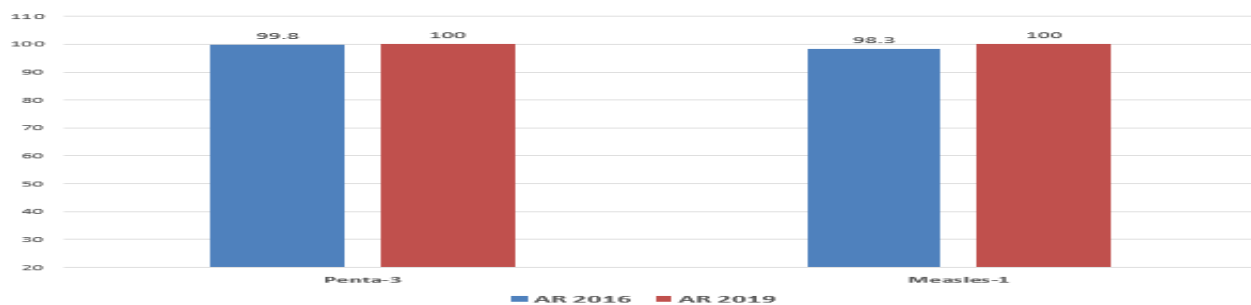
Figure 8: Aggregated Quality Index at health facility level

## 11.9 Accuracy Ratio:

Records were reviewed and verification was done from records that were maintained at levels where it was generated and tallied from the reports that were forwarded to higher tier.

Findings of the exercise are depicted in the following graphs.

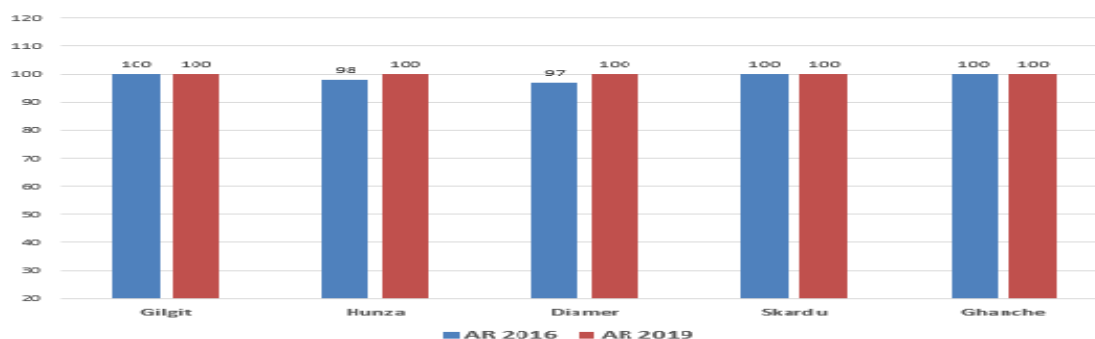
**Accuracy Ratio (%), number of Penta-3 and Measles-1 reported by all the Districts and tabulated at the Provincial EPI Office during 2016- 2019**



**11.10 District wise Accuracy Ratio for Penta-3 and Measles-1:**

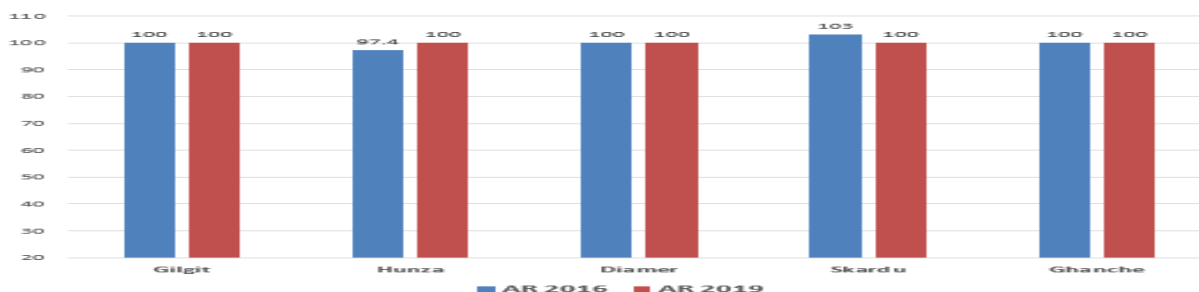
Records were reviewed and verification was done from records that were maintained at levels where it was generated and tallied from the reports that were forwarded to higher tier. Findings of the exercise are depicted in the following graphs.

**Accuracy Ratio (%) of Penta-3 at district level / 2016 -2019**



*Figure 9: District wise Penta-3 Accuracy Ratio*

**Accuracy Ratio (%) of Measles - 1 at district level / 2016-19**



*Figure 10: District wise Measles-1 Accuracy Ratio*

**11.11 Health Facility wise Accuracy Ratio for Penta-3 and Measles-1:**

The following table represents the AR of Penta-3 and Measles-1 at health facility level. There is only one health facility with 100% AR for both antigens. There is one health facility that under reported for Penta-3 and over reported for Measles-1. 70% health facilities over reported for Penta-3 and 80% health facilities over reported for Measles-1.

Health facilities	Accuracy Ratio Penta-3	Interpretation	Accuracy Ratio MCV-1	Interpretation
Jageer Baseen	105.5	Under Reporting	110.0	Under Reporting
CD Danyor	77.0	Over Reporting	62.7	Over Reporting
CH Aliabad	73.3	Over Reporting	98.4	Over Reporting
BHC Gulmit	100.0	Accurate reporting	100.0	Accurate reporting
DHQ Challas	113.1	Under Reporting	84.1	Over Reporting
ACD Goharabad	87.8	Over Reporting	93.6	Over Reporting
CD Sermic	68.4	Over Reporting	86.7	Over Reporting
CD Astana	96.8	Over Reporting	92.2	Over Reporting
CD Kudus	82.9	Over Reporting	72.5	Over Reporting
BHU Thallay	94.4	Over Reporting	93.3	Over Reporting

## 11.12 Completeness and Timeliness of Coverage Reports

Completeness and timeliness of immunization coverage reports is given below. Timeliness and completeness of immunization reports should be enhanced to 100%. The areas in GB are far flung and have internet and cellular connectivity issues. District Skardu had the lowest timeliness followed by Gilgit and Ghanche districts.

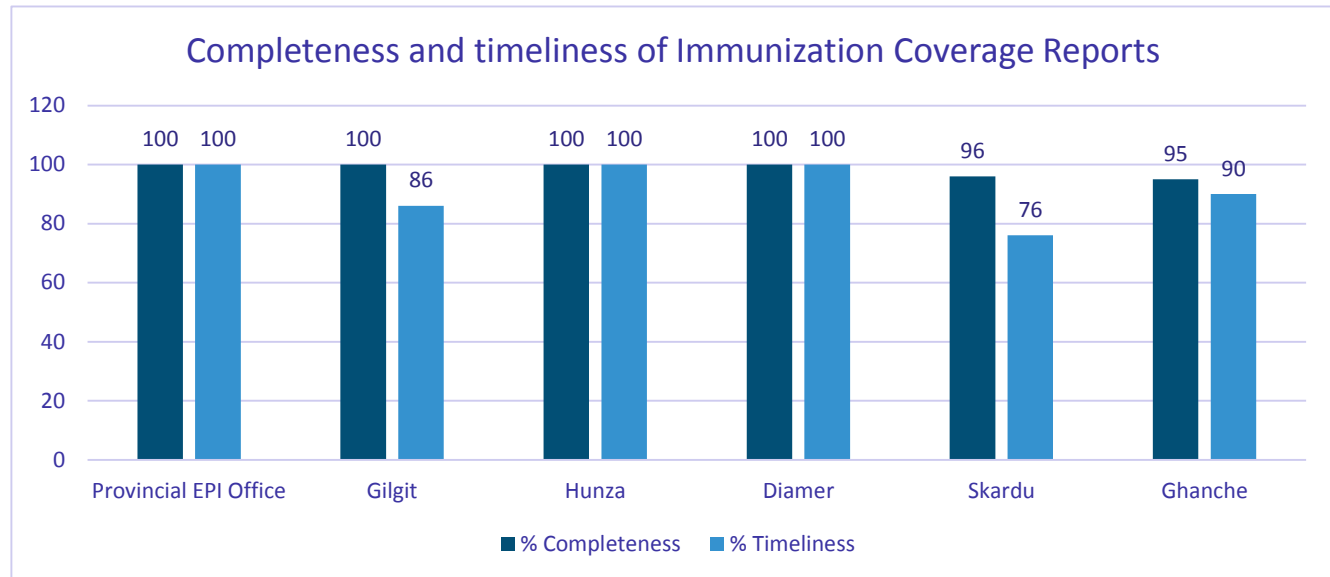


Figure 11: Completeness and timeliness of coverage reports

### 13. RECOMMENDATIONS:

Following efficient data collection and analysis, strengths and weaknesses of the Provincial Program were mapped and focused recommendations were proposed against all ambits.

Ambit	Strength	Weakness	Recommendation
<b>Demographics</b>	The targets were found at most of the HFs.	<ol style="list-style-type: none"> <li>1. No maps at all levels</li> <li>2. Weak coverage analysis at district level</li> <li>3. Birth registration system not in place</li> <li>4. 1-2 years target was not available and also the CBAs targets not available in some districts</li> </ol>	<ul style="list-style-type: none"> <li>• Comprehensive computerized maps for Routine EPI should be prepared</li> <li>• All the maps and targets should be displayed</li> <li>• Comprehensive Micro plans for Routine EPI should be prepared for all districts</li> <li>• Establish and strengthen the birth registration process</li> </ul>
<b>Registration</b>	<ul style="list-style-type: none"> <li>• Availability of EPI registration documents at Ucs and districts (tally sheets, daily and permanent registers, vaccine and syringes stock registers, cards, monthly reports...etc.)</li> <li>• All EPI manuals / guidelines were available at provincial office.</li> </ul>	<ol style="list-style-type: none"> <li>1. The vaccine stock register missed information about the batch number and expiry date</li> <li>2. No use of daily tally sheets</li> <li>3. No proper registration for all vaccine and logistics stocks</li> <li>4. vLMIS was not being used at district level</li> </ol>	<ul style="list-style-type: none"> <li>• The vaccine and synergies stock register should be properly filled and updated</li> <li>• Use of vLMIS at district level for vaccine issue and receipt and should replace the manual registers</li> </ul>
<b>Reporting and Archiving</b>	Availability of monthly EPI reports in hard copies at district and UC level	<ol style="list-style-type: none"> <li>1. Archiving was not up to the standard</li> <li>2. No soft copy of the tabulation done by the province and district for the UC reports</li> <li>3. VPD and AEFI surveillance is very weak, reports were not available in all Ucs (they don't know about it)</li> <li>4. At the province there is no proper system of</li> </ol>	<ul style="list-style-type: none"> <li>• Archiving needs to be strengthened by on-job training on proper archiving</li> <li>• Creation of back up files</li> <li>• All hard copies reports should be properly placed, year wise, in a designated place</li> <li>• Timeliness and completeness of all reports should be vigorously followed</li> </ul>

		computerized archiving of reports	
<b>Monitoring, Data Analysis and Use</b>	1. Monthly EPI reports were available at All level.	<ol style="list-style-type: none"> <li>1. No routine EPI Coverage monitoring chart, dropout rates at all levels.</li> <li>2. No Data analysis at Province, District and UC level</li> <li>3. No Proper system for feedback exists</li> <li>4. No monitoring for timeliness and completeness of the monthly reports</li> <li>5. The staff at most of the UC were not able to calculate the coverage, wastage and dropout rates, most of them not using monitoring charts</li> <li>6. Weak monitoring and supportive supervision</li> </ol>	<ul style="list-style-type: none"> <li>• Display the provincial /district coverage tabulation/ chart per month/ quarter.</li> <li>• Province should play their role in technically supporting districts in solving their problems and attend EDO meetings and technically support them in further analysis, discussion of their problems and involved in planning for improvement</li> <li>• Special training on data managements is highly needed for Province, district and UC level</li> <li>• Feedback on data analysis should be provided to all levels through official letters or emails whichever is applicable</li> <li>• Availability of vehicles and POL for monitoring purposes</li> </ul>
<b>Planning and Management</b>	All the tiers for planning and management available at All levels.	1. No comprehensive annual work plan /micro-plan for routine EPI at Provincial and District level	<ul style="list-style-type: none"> <li>• Comprehensive annual work plan / micro-plan for routine EPI(data management, monitoring, evaluation, Supervision, training, logistics) should be prepared at Province and district level.</li> <li>• Micro-plans for routine EPI should be prepared by UCs and keep copies at the district.</li> <li>• Monthly district review meetings should be initiated</li> <li>• Monitoring the implementation of the district micro-plans should be done by the province in monthly bases with documentation.</li> <li>• Monitoring the implementation of the EPI UC micro-plans should be done by the district in monthly basis with documentation.</li> </ul>
<b>Human Resource</b>	Availability of enough HR for EPI at district and UC level	1. No specific full time person for EPI data management (data verification, entry,	<ul style="list-style-type: none"> <li>• Surveillance officer at provincial and district levels</li> <li>• M&amp;E officer at Provincial and district levels</li> </ul>



		analysis) at provincial level 2. No dedicated and trained Surveillance officer at provincial and district levels 3. Poor accountability at all levels 4. No proper / quality training conducted on regular basis for staff (new)	<ul style="list-style-type: none"> <li>• Comprehensive regular good quality capacity building plan should be prepared with basic and refresher training for all staff.</li> <li>• Ensure meaningful accountability at all the levels</li> </ul>
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## 14. Conclusion:

The average data quality index for all levels in GB province is 59% which has improved from 41% in 2016, but it still means a struggling data management system. Data a issues at district and health facility level due to lack of ownership, capacity and frequent turn-over of staff and weak supportive supervision. There is an urgent need for comprehensive training program for capacity building for district and UCs staff on data management.

EPI-Management Information System is being used but only for data entry purposes and not for data analysis. Data, no matter how efficiently generated, remains useless until properly analyzed and utilized for decision making.

The most useful and power tool to solve all the data accuracy issues is the frequent supportive supervision and on job training during the monthly/quarterly review meetings

## 15. Annexure

**MONHSRC, Pakistan**  
**Expanded Programme on Immunization**

**Assessment of the quality of EPI monitoring system at Province levels for the period January-June, 2019**

Province: .....

Name and position of respondent

(s):.....

Name of the interviewer/s:

Date of the visit: ...../...../.....

Serial	Questions	Explanation	Yes/No/NA	Comments
	<b>Demographic data</b>			
1.	Is there a detailed map for the province?	With districts' boundaries		
2.	Are the numbers of the following target groups available for year 2019? <ul style="list-style-type: none"> <li>• Target population 0-11 months</li> <li>• Target population 1-2 years</li> <li>• Target population &lt;5 years</li> </ul>	All the targets should be available (if anyone is missing answer "No")		
3.	Are the numbers of the following target groups available for year 2019? <ul style="list-style-type: none"> <li>• Target population of women in child bearing age</li> <li>• Target population of pregnant women</li> </ul>	All the targets should be available (if anyone is missing answer "No")		
	What is the source of the data related to the target?	Write the source of data (no score)		
	Are these targets for 2019 consistent with the cMYP?	Compare with the provincial cMYP provincial. Check the concordance of sources of information and the number of estimated populations. If copy of the cMYP is not available, indicate in the comment and copy the figures of the targets		
4.	Is the same denominator used for all coverage analysis (tabulations, charts, reports,..)	Check the charts and tables (if anyone is missing answer "No")		
5.	Are these target groups different from previous year?	To see if the target groups are updated. Compare target groups of year 2018 and year 2019		
6.	Is the target < 1 year used at the provincial level the same at national level?	Ask and compare the data from the 2 levels (prior information is required)		

	<b>EPI monthly report</b>			
7.	Are copies of the provincial monthly reports of EPI data sent to the Federal level available for the period Jan - June 2019?	All the reports (6) should be available If any one of the report not available the answer should be NO. If electronic reporting is used, check the availability of archived e mails		
8.	Are monthly reports received from district level available for the period Jan - June 2019?	All the reports should be available Number of reports =number of months verified X number of districts) If any one of the report not available the answer should be NO. If electronic reporting is used, check the availability of archived e mails (3 e mails)		
9.	Are the copies (hard or electronic) of monthly reports received from the districts available and stamped/duly signed with dates of receiving if they are in paper?	Check the files and if they are hard copies, compare if they have stamp/signature with dates in all reports If electronic reporting is used, the answer is “NA”		
10.	Are copies of the district reports on AEFI reported to the provinces available?	Check the reports		
11.	Are reports on investigation of the most recent severe/serious AEFI available?	Check the reports		
12.	Are tables representing analysis of completeness of monthly reports available?	Table of completeness (number of reports) and timeliness (date of receiving the report) for all districts available.		
13.	Are tables representing analysis of timeliness of monthly reports available?	Table of timeliness (date of receiving the report) for all districts available.		
14.	Does the EPI person responsible for monitoring and evaluation of EPI know the following calculations: (coverage rate – drop-out rate of any 2 doses)	Ask for calculating the 2 rates. If one of them is not correct, the answer should be no		

	<b>Computerized data management system</b>			
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15.	<b>Does the province have computerised data management system/ software?</b>	<b>Check the software and describe it here</b>		
16.	<b>If yes, is the last date of backup within one week?</b>	<b>Check the presence of back-up file on another computer or on external desk and date of creating the file</b>		
17.	<b>Can the official immunization tabulations for the previous year be reproduced from an archived electronic file for the previous year?</b>	<b>Ask the responsible officer to get the previous year's data table, if the system was not computerized in the previous year put NA</b>		
18.	<b>Is there specific staff member assigned for the computerised data management?</b>	<b>Meet him and discuss his work</b>		
19.	<b>Is there back-up staff assigned for computerised data management?</b>	<b>Name of the person</b>		

	<b>Supervision</b>			
20.	<b>Is there current plan for supportive supervision for 2019?</b>	<b>Check the plan (at least quarterly plan should be available)</b>		
21.	<b>Has the provincial EPI team conducted field supportive supervision during the period Jan - June 2019? according to the plan?</b>	<b>Check the no of reports to be consistent with the plan</b>		

	<b>Feedback</b>			
22.	<b>Is there a process of feedback for the monthly report from the provincial level to the districts?</b>	<b>Check documentation of the feedback provided (e.g. written feedback report, minutes of meetings for providing the feedbacks etc...)</b>		
23.	<b>Is there a action taken to deal with late or non-reporting</b>	<b>Provide the action they take</b>		

	<b>Data analysis and data use for action</b>			
24.	<b>Is there updated provincial immunization monitoring chart/ table?</b>	<b>Look for a displayed monitoring chart/table and check if it is updated</b>		
25.	<b>Is dropout rate monitored?</b>	<b>Check availability of monthly analysis of at least one drop-out rate</b>		

26.	Is there any report on any planned activity based on data analysis during the past year?	Look for any documentation (e.g.... report of activities implemented or any plan for activities to address any identified problem based on analyzed data.)		
27.	Are district of low coverage identified based on data analysis?	Check availability of list low performing districts that's based on analysis of coverage data		
28.	Have reasons of high or negative dropout rates been identified?	Check the reports with high (+10%) or negative dropout rates		
29.	Have plans to address reasons of high or negative dropout rates been developed?	Check the reports or discuss to get clear information. If reports or information is not available, the answer is "no"		
30.	Have surveillance and coverage data been triangulated to identify inconsistencies between coverage data and disease incidence?	Check the reports or discuss to get clear information. If reports or information is not available, the answer is "no"		

	<b>Planning and management</b>			
31.	Is there annual work-plan at Provincial level that includes activities related to EPI monitoring and evaluation? (Supervision, training, logistic .....	See the plan		
32.	Are copies of the districts micro-plans of all districts available?	Check availability of districts micro plans for all districts		
33.	Is there at least one senior staff and one assistant responsible for monitoring and evaluation of EPI?	Get information on the staff. If there is no qualified senior staff, the answer is "no"		
34.	Have these staff received specific training course on EPI monitoring and evaluation since they joined this position/during the past 5 years (whichever shorter)	Any type of training course on EPI monitoring and evaluation, including data analysis and interpretation. Ask for the date and name of the course		
35.	Does the province conduct regular periodic EPI review meetings with the districts?	Check meetings' minutes		

	<b>Documents</b>			
36.	Is there EPI guidelines/manual available for EPI staff that includes a section on EPI reporting system and data quality?	See the EPI guidelines/manual		

37.	<p>Is there enough stock of the requirement for at least 3 months of the following:</p> <ul style="list-style-type: none"> <li>• Vaccination cards</li> <li>• Daily/permanent registers</li> <li>• reporting forms</li> </ul>	Observe the stock of each. If any one is absent, the answer will be “no”. if this is the responsibility of the district, the answer is “NA”		
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	<b>Archiving</b>			
38.	Is files keeping & archiving optimum	Arranged & kept according to the years.		
39.	Are files updated?	Up-to-date reports and communication		
40.	<p>Are there separate files/sub files for archiving the different reports for:</p> <ul style="list-style-type: none"> <li>• Monthly data</li> <li>• Supervision (to districts and from national)</li> <li>• Feedback (to districts and from national)</li> </ul>	Check availability, if not for any, the answer should be “No”		

	<b>Cold chain and vaccine management</b>			
41.	Is there registration of temperature twice daily?	See the registration paper. Go to the ware house		
42.	Is there vaccine stock register (arrival, dispatch, lot number, expiry date)?	Check the stock register.		
43.	Is the vaccine stock register updated?	Check if it is updated. If there is no vaccine store, the answer should be ‘NA”		
44.	Is the vaccine batch number registered in the vaccine stock register?	Check the information in the stock register. If there is no vaccine store, the answer should be ‘NA”		
45.	Is there a concordance between the number of measles doses and measles diluent in the registration book and the stock?	Check and calculate.		
46.	Is there stock register for syringes receipt and release?	Review the stock register		

Comments



**Field editor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessment of the quality of the EPI monitoring system at the District levels period January-June, 2019**

**District:** ..... **Province:**..... **Name and position of respondent(s)**.....  
.....  
.....

**Interviewer:** ..... **Date of the visit:** ...../...../.....

Serial	First : Demographic data			Comment
	Questions	Explanation	Yes/No/NA	
47.	Is there a detailed map for the district?	With districts' boundaries and health facilities or services		
48.	Are the numbers of the following target groups available for year 2019? <ul style="list-style-type: none"> <li>• Target population 0-11 months</li> <li>• Target population 1-2 years</li> </ul> Target population <5 years	All the targets should be available (if anyone is missing answer "No")		
49.	Are the numbers of the following target groups available for year 2019? <ul style="list-style-type: none"> <li>• Target population of women in child bearing age</li> </ul> Target population of pregnant women	All the targets should be available (if anyone is missing answer "No")		
	What is the source of the data related to the target?	Descriptive data (no score)		
50.	Is the same figures of target population used for all coverage analysis (tabulations, charts, reports,..)	Check the charts and tables (if anyone is missing answer NO)		
51.	Are these target groups different from previous year?	To see if the target groups are updated		
52.	Is the target < 1 year used at the district level the same at provincial level?	Ask and compare the data from the 2 levels (prior information is required). If the source of this target figures is the province, the answer is "NA"		

	EPI monthly report			
	Questions	Explanation	Yes/No/NA	
53.	Are copies of the District monthly reports of EPI data sent to the provincial level available for the period Jan-June 2019?	All the reports (6) should be available If any one of the report not available the answer should be NO. If electronic reporting is used, check the availability of archived e mails		
54.	Are monthly reports received from HUs/UCs level available for the period Jan-June 2019?	All the reports should be available Number of reports =number of months verified X number of districts) If any one of the report not available the answer should be NO.		



		<b>If electronic reporting is used, check the completeness of archived e mails</b>		
55.	<b>Are monthly reports received from the private units available for the period Jan-June 2019?</b>	<b>All the reports should be available. Number of reports=Number of private unit X 6 If one of the report not available, the answer should be no. If electronic reporting is used, check completeness as above If private sector is not active/shouldn't report to this level, the answer is "NA"</b>		
56.	<b>Are tables representing analysis of completeness of monthly reports available?</b>	<b>Table of completeness (number of reports) and timeliness (date of receiving the report) for all districts available.</b>		
57.	<b>Are tables representing analysis of timeliness of monthly reports available?</b>	<b>Table of timeliness (date of receiving the report) for all districts available.</b>		
58.	<b>Does the responsible person know the following calculations: (coverage rate – drop-out rate of any 2 doses)</b>	<b>Ask for calculating the 2 rates. If one of them is not correct, the answer should be no</b>		
59.	<b>Are copies of the district reports on AEFI reported to the provinces available?</b>	<b>Check the reports</b>		
60.	<b>Are reports on investigation of the most recent severe/serious AEFI available?</b>	<b>Check the reports</b>		

	<b>Computerized data management system</b>			
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
61.	<b>Does the District have computerised data management system/software?</b>	<b>Check the system and describe it here</b>		
62.	<b>If yes, is the last date of backup within one week?</b>	<b>Check the back-up file and date of creating the file</b>		
63.	<b>Can the official immunization tabulations for the previous year be reproduced from an archived electronic file for the previous year?</b>	<b>Ask the responsible officer to get the previous year's data table, if the system was not computerized in the previous year put NA</b>		

64.	Is there specific staff member assigned for the computerised data management?	Meet him and discuss his work		
65.	Is there back-up staff assigned for computerised data management?			

<b>Supervision</b>				
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
66.	Is there a current plan for supportive supervision?	Check the plan (at least quarterly)		
67.	Has the District EPI team conducted field supportive supervision to the lower level during the period Jan-June 2019 according to the plan?	Check the no of reports to be consistent with the plan		
68.	Are the recommendations of supervisory visits followed up?	Check availability of any documentation		
<b>Feedback</b>				
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
69.	Is there a process of feedback for the monthly report from the district level to the health facilities?	Check documentation of the feedback provided (e.g. written feedback report, minutes of meetings for providing the feedbacks etc...)		
70.	Is there a system or mechanism for dealing with late or non-reporting	Check documentation of related action		
<b>Data analysis and data use for action</b>				
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
71.	Is there updated District immunization monitoring chart/table?	Look for a displayed monitoring chart/table		
72.	Is dropout rate monitored?	Check availability of monthly analysis of at least one drop-out rate		
73.	Is there any report on any planned activity based on data analysis during the past year?	Look for any documentation (e.g.... report of activities implemented or any plan for activities to address any identified problem based on analyzed data.)		
74.	Are HUs of low coverage identified based on data analysis	Check availability of list low performing districts that's based on analysis of coverage data		
75.	Have reasons of high or negative dropout rate been identified?	Check the reports		
76.	Have plans to address reasons of high or negative dropout rates been developed?	Check the reports		

77.	Have surveillance and coverage data been triangulated to identify inconsistencies between coverage data and disease incidence?	Check reports		
78.	Is there a table or graph showing the number of reported VPDs by HU or Hospital?	Check graph or table		
79.	Was action taken based on VPDs data analysis?	Check documentation of action taken		
80.	Is there any monitoring of vaccine wastage per HU and action taken?	Check monitoring and action taken for vaccine wastage		
81.	Is there a monitoring of HU vaccine stock out?	Check monitoring and action taken for Vaccine stock out		

Planning and management				
	Questions	Explanation	Yes/No/NA	
82.	Is there annual work-plan at District level that includes activities related to EPI monitoring and evaluation? (Supervision, training, logistic .....)	See the plan		
83.	Are copies of the micro-plans of all HUs/UCs available?	Check availability of HU micro plans		
84.	Is there at least one senior staff and one assistant responsible for monitoring and evaluation of EPI?	Get information on the staff		
85.	Have these staff received specific training course on EPI monitoring and evaluation since they joined this position/ during the past 5 years (whichever shorter)	Training course on EPI monitoring and evaluation, including data analysis and interpretation		
86.	Does the District conduct regular periodic EPI review meetings with the HUs?	Check meetings' minutes		

Documents				
	Questions	Explanation	Yes/No/NA	
87.	Is there EPI guidelines/manual available for EPI staff that includes a section on EPI reporting system and data quality?	See the EPI guidelines/manual		
88.	Is there enough stock of the requirement for 6 months of the following: <ul style="list-style-type: none"> <li>• Vaccination cards</li> <li>• registers,</li> <li>• reporting forms</li> </ul>	Observe the stock of each. If anyone is absent, the answer will be “no”		

<b>Archiving</b>				
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
89.	<b>Is Files keeping &amp; archiving optimum</b>	<b>Arranged &amp; kept according to the years.</b>		
90.	<b>Are Files updated?</b>	<b>Up-to-date reports and communication</b>		
91.	<b>Are there separate files/sub files for archiving the different reports for:</b> <ul style="list-style-type: none"> <li>• <b>Monthly data</b></li> <li>• <b>Supervision (to districts and from national)</b></li> <li>• <b>Feedback (to districts and from national)</b></li> </ul>	<b>Check availability, if not for any, the answer should be “No”</b>		

<b>Cold chain and vaccine management</b>				
	<b>Questions</b>	<b>Explanation</b>	<b>Yes/No/NA</b>	
92.	<b>Is there registration of temperature twice daily seven days a week?</b>	<b>See the registration paper. If there is no vaccine store, the answer should be ‘NA”</b>		
93.	<b>Is there registration for vaccine stock register (arrival, dispatch, lot number, expiry date)?</b>	<b>Check the registry book. If there is no vaccine store, the answer should be ‘NA”</b>		
94.	<b>Is the vaccine batch number registered in the vaccine stock registry?</b>	<b>Check the information in the registry book. If there is no vaccine store, the answer should be ‘NA”</b>		
95.	<b>Is the vaccine stock register book updated?</b>	<b>Check if it is updated. If there is no vaccine store, the answer should be ‘NA”</b>		
96.	<b>Is there a concordance between the number of measles doses and measles diluent in the registration book and the refrigerator stock?</b>	<b>Check and calculate. If there is no vaccine store, the answer should be ‘NA”</b>		
97.	<b>Is there stock register for syringes receipt and release?</b>	<b>Review the stock register</b>		

<b><u>Comments</u></b>	
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**Assessment of the Quality of EPI monitoring system at the health unit level for the period January – June 2019**

Health unit.....UC: .....Tehsil.....District.....Province:.....HU

Type:.....

Name/s and position/s of respondent/s:

.....  
 .....  
 .....

Name of the

interviewer/s.....

.....

Date of the visit:...../...../.....

Serial	Questions	Explanation	Yes/No/NA	Comments
	Demographic data			
1.	<b>Is there a map for the catchment area of this health unit?</b>	<b>Map with the catchment area boundaries</b>		
2.	<b>If the map is available, dose the map include all the household /villages related to the area (if applicable; hard to reach areas, and special population link to this area).</b>			
3.	<b>Does the map include a target by type of strategy: fixed/outreach/mobile, with outreach villages?</b>			
4.	<b>Are the numbers of the following target groups available for year 2019?</b>	<b>All the targets should be available (if anyone is missing answer “No”)</b>		

	<b>Target populations:</b> <ul style="list-style-type: none"> <li>• Target population 0-11 months</li> <li>• Target population 1-2 years</li> </ul> <b>Target population &lt;5 years</b>			
5.	<b>Are the numbers of the following target populations available for year 2019?</b> <ul style="list-style-type: none"> <li>• Target population of women in child bearing age</li> <li>• Target population of pregnant women</li> </ul>	<b>All the targets should be available (if anyone is missing answer “No”)</b>		
6.	<b>Is the same figures of the target population used for all coverage analysis (charts, reports,..)</b>	<b>Check the charts and reports</b>		
7.	<b>Does the HU have a system/mechanism which allow the collection of information about new births in the community?</b>	<b>This may include community health workers, LHW, traditional birth attendants, outreach clinics etc. A system/mechanism means (a) organized way to collect the information in every village/community and (b) a written track available at the HU.</b>		
	Monthly reports of EPI			
8.	<b>Do you have copies of the monthly reports sent from the HU to the UC/district for Jan- June 2019?</b>	<b>All reports (6 reports) should be available). If there is any missing report, the answer should be “No”.</b>		
9.	<b>Do you have copies of the vaccine wastage reports for Jan- June 2019?</b>	<b>All reports (6 reports) should be available). If there is any missing report, the answer should be “No”</b>		
10.	<b>Do you have copies of the severe AEFIs reports for Jan- June 2019?</b>	<b>All reports (6 reports) should be available). If there is any missing report, the answer should be “No”</b>		
11.	<b>Are the HU reports correctly filled in?</b>	<b>Select a number of fields to be checked in all HU reports and check whether these have been filled in correctly.</b>		
12.	<b>Are the monthly reports for the period Jan- June 2019? signed by the person</b>	<b>Check, if 2/3 reports are signed score “Yes”</b>		

	authorized to submit the HU report??			
13.	Does the authorized person for preparing the immunization data know how to calculate vaccination coverage, dropout rate, and wastage?	At least he/she should know correctly how to calculate vaccination coverage to answer “Yes”		
	How many health staff are providing immunization at this facility?	Write the number of all health staff assigned to provide vaccination service at this HU for both fixed service and outreach (no score)		
14.	Has the EPI staff at this HU received formal training on EPI monitoring and evaluation, including data quality improvement, during the past 2 years? Any type of training that include EPI data recording, reporting, archiving, data analysis and using data for action) (basic or refresher, NV.....etc.)	Check documentation (e.g. certificate, training materials), or get training details e.g. the type of training, duration, content, who conduct it, when.... etc. Ask for the date and name of the course		
	Using data for action			
15.	Is the vaccination coverage data analyzed monthly?	Look for tables or graphs		
16.	Is the coverage data used for action?	Ask about examples of using the data for action like tracing defaulters by phone/letter/ home visit, increasing outreach/mobile team, conducting campaigns, etc.		
	Supervision			
17.	Is there any documentation of the supervisory visits by the governmental/ Partners staff (if there are supervisory visits) in the period Jan- June 2019?	If there is supervisory book with technical comments/recommendation or technical report, the answer is “yes”. If there was no documentation of the visit, the answer is “no”. if there was no supervisory		

		visit, the answer is “not applicable”		
18.	<b>Is there any follow up for implementation of recommendation of the supervisory visits?</b>	<b>Look for any documentation of the implemented recommendation in the next visits. If there is no documentation, the answer is “no”. if there was no supervisory visit, the answer is “NA”</b>		
	Feed-back			
19.	<b>Is there feedback from the upper level to this health unit regarding the reported data (coverage, drop out, wastage,..)</b>	<b>Check availability of documented feedback. If copies of the feedback are not retained, the answer is “No” If the officer indicated that no written feedback was received, the answer is “NA”</b>		
	Cold chain and vaccine management			
20.	<b>Is there a vaccine stock register for vaccine and supply registration?</b>	<b>Check availability of the stock register</b>		
21.	<b>Is the vaccine register up to date?</b>	<b>Compare the amount one vaccine available and amount registered in the stock record</b>		
22.	<b>Is the batch number and expiry date of each vaccine registered?</b>	<b>Check the stock register</b>		
23.	<b>Is there a stock register for receipt/issuing of syringes (AD/ disposal/reconstitution syringes)?</b>	<b>Check the stock register</b>		
24.	<b>Is the cold chain temperature monitoring chart completed twice daily seven days a week? Please comment on how they solve the problem during the weekend and official holidays?</b>	<b>Check the charts for the period Jan- June 2019? if one is not complete answer “No”</b>		
	Registration			



25.	<b>Are registers used for recording individual information about child immunizations?</b>	<b>Each health center should have a book or register where each immunization history can be registered and traced back. (Permanent register, Daily register,)</b>		
26.	<b>Can a child's vaccination history be easily and rapidly retrieved in the permanent registers for the period Jan- June 2019?</b>	<b>A new dose should not be entered as a complete new entry but entered in the location where previous doses have been entered.</b>		
27.	<b>Are registers used for recording individual information about women's TT immunizations?</b>	<b>There may be registers or health cards if cards kept in HU.</b>		
	Observe at least five vaccinations and answer the following			
28.	<b>Is the vaccination card well filled out?</b>	<b>All records should be filled in</b>		
29.	<b>Does the vaccinator record each vaccination dose in the daily register immediately?</b>	<b>Check the daily records</b>		
30.	<b>Were all vaccinations well registered on the tally sheet?</b>	<b>Check the daily tally sheet</b>		
	Defaulters tracing			
31.	<b>Is there form/sheet for listing defaulters?</b>	<b>Check availability of defaulter list (tool)</b>		
32.	<b>Are the defaulters identified at least monthly?</b>	<b>Check the date of list of defaulters</b>		
33.	<b>Is there a defined system for reaching defaulters? Please describe the system?</b>	<b>Home visits, phone call, letter</b>		
34.	<b>Were action taken to cover defaulters?</b>	<b>Check action taken and the notes on how many defaulters were covered/ vaccinated?</b>		
	Printed materials			
35.	<b>Is there EPI manual?</b>	<b>Check availability of the immunization manual</b>		
36.	<b>Is there enough stock of tally sheets?</b>	<b>Check availability for at least 3 months</b>		
37.	<b>Is there enough stock of daily register?</b>	<b>Check availability for at least 3 months</b>		

38.	<b>Is there enough stock of permanent register?</b>	<b>Check availability for at least 3 months</b>		
39.	<b>Is there enough stock of child immunization card?</b>	<b>Check availability for at least 3 months</b>		
40.	<b>Is there stock of Temperature recording sheets?</b>	<b>Check availability for at least 3 months</b>		
41.	<b>Is there enough stock of monthly reporting forms?</b>	<b>Check availability for at least 3 months</b>		
	Archiving			
42.	<b>Are all the reports /records related to monitoring and evaluation of the period Jan- December 2018? well archived?</b>	<b>Filed and arranged in order (by year or month) and in save and clean place</b>		
43.	<b>Is there one location where the immunization reports and recording forms for the period Jan- December 2018 are stored?</b>	<b>Inside the HU. If any record/register is missing, the answer is “no”</b>		
44.	<b>Can all tally sheets / reports/ registers covering child immunization for the period Jan-Dec 2018 be found easily?</b>	<b>Check archiving</b>		
45.	<b>Are registers for TT vaccinations to pregnant women available for the period Jan-Dec 2018?</b>	<b>Should be well archived</b>		

Field editor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Accuracy Sheet

Data collection sheet for accuracy of vaccination data for children 0-11 months for the period January-June, 2019

Verification of Penta3 and Measles1 vaccination for children at the health unit

Health unit:..... UC: ..... District:..... Province: ..... Date of the visit:../...../.....

Respondent/responsible officer: ..... Data collected by: .....

Questions	Name of health facilities included under the UC	Age group	Jan	Feb	Mar	Apr	May	June	Comments
1	Number of children vaccinated with <u>Penta 3</u> recounted from daily register	All ages							
		0-11 months							
2	Number of children vaccinated with <u>Measles 1</u> recounted from daily register	All ages							
		0-11 months							
3	Number of children	All ages							

	vaccinated with <u>Penta 3</u> as reported in the monthly report sent to the district level		0-11 months							
4	Number of children vaccinated with <u>Measles 1</u> as reported in the monthly report sent to the district level		All ages							
			0-11 months							
5	Target children aged less than 1 year. If this is not known, please get number of pental vaccinations provided to children aged less than 1 year.									

- In case of missing information/reports, record the missed information and reason in the comments

### From the register to the community

Health unit:.....

UC: .....

District:.....

Province:.....

Date of the visit: / . / . . .

Data collected by:

Ser.	Data collected from the HU records							Data verified in the community					Comments	
	Child's Name	Father's name	Date of birth			Address	Child vaccination registration No.	Date of vaccination	Penta3 Vaccinated		Date of vaccination	Source of data		
			D	M	Y				Yes	No		Vaccination card		History
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														





<b>Total</b>							
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- Please use additional sheets if the number of rows is not sufficient for the number of HU/UCs
- Please ask about the age group of the data collected: Total children vaccinated ( ) 0-11 months ( )  
If electronic data is available, please get electronic copy and no need to copy the data on the hard copy