

“Iligtas sa Tigdas ang Pinas”

A Door-to-Door Measles-Rubella Supplemental Immunization Campaign

Guidelines for Supervisors

Supervision of vaccination teams is essential to ensure that teams perform in a technically appropriate way, help identify and resolve problems, and ensure a high level of vaccination coverage.

What are the key roles of a SUPERVISOR?

A supervisor oversees the pre-identified Vaccination Teams (VTs) of their health center. These VTs are permanently assigned to him/her from the pre-implementation, during and post-implementation phases of the measles immunization campaign. A supervisor may be a doctor or nurse within the health center or any person designated.

Below are the specific activities of a supervisor:

I. PRE-IMPLEMENTATION ACTIVITIES:

a. *Meet with the VTs.*

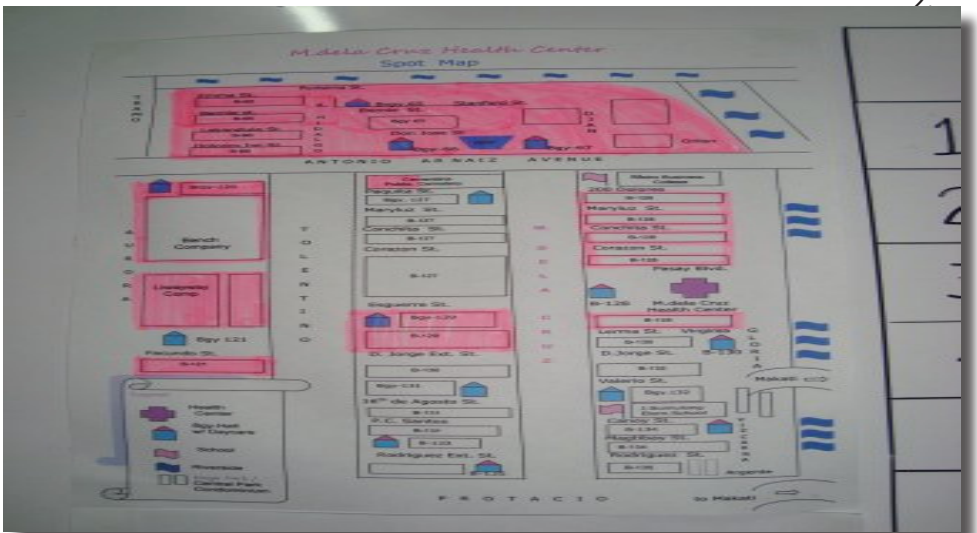
- Review the roles and functions of the VT (refer to the Guidelines for VT).
- Re-calculate the eligible population and required logistics. Ensure that all the logistics are available for the 20-day immunization days.

No. of MR Vaccines	-	$\frac{\text{Eligible Population (TP x 19.58\%)} \times 1.1}{10(\text{doses per vial})}$
No. of AD Syringes	-	Eligible Pop. x 1.1
No. of Mixing Syringes	-	No. of MR Vaccine in vials x 1.1
Safety Collector Boxes	-	$\frac{\text{No. of AD Syringes} + \text{Mixing Syringes}}{100 (\text{acceptable \# of contents per box})}$
House Stickers	-	$\frac{\text{Total Population}}{5 (\text{estimated members per household})}$
Immunization Cards	-	Number of Eligible Children



- Check if there is adequate member of VTs to reach the eligible children in the assigned areas within the 20-working days. Additional volunteers, if necessary, shall be recruited upon inspection of the assigned areas during the community preparation activities.
- Check that the vaccination plan developed contains the following key elements, namely:
 1. Mapping of vaccination areas with clearly defined boundaries to ensure there is no overlapping and no gaps in areas assigned, eligible population of purok/sitio/barangay, assigned VTs and dates of the vaccination are indicated.

2



2. Activities to prepare each barangay transport for the vaccinators and referrals for AEFI (only when needed).
3. Tentative daily vaccination schedule for the first round and schedule for revisits of missed children within 20-day immunization period.
4. Vaccines and other logistics requirement calculated according to the campaign.
5. Referral sites and teams for AEFI.



b. Prepare the Community.

- Refer to the VT plan and schedule the meeting with the barangay officials.
- Conduct a meeting together with the VT to the Barangay captain, other barangay officials and key partners in the community. Discuss the objectives of the campaign, specific date(s) of the actual vaccination, certification criteria for measles-free Barangay and specific assistance the VT requires from the officials such as but not limited to: information dissemination through “bandillos” reaching every household and every eligible child, mobilizing the “tanods” to provide security to the VTs, provision of transportation from one purok to another, etc.
- Ask the barangay official to identify **a focal person** in each purok in every barangay to watch/spot for any transferee or new eligible children in the area and report to the Barangay for a scheduled vaccination. This is to ensure that all eligible children in the Barangay are given a dose of measles vaccine. List names of the **focal persons** identified

II. DURING IMPLEMENTATION:

Close supervision is necessary to ensure that door-to-door (D2D) immunization is strictly followed, safe injection practiced and all children unvaccinated in the first/second/third rounds are revisited.

The following are the recommended activities to ensure the above-mentioned are followed:

a. Randomly assess each vaccination team daily.

- Observe whether safe injection practices are followed. In case any unsafe injection practice is identified, discretely call the attention of the vaccinator, and correct him/her.
- Check the VT Daily Accomplishment Form 1. Count the number of children vaccinated at the time of your visit,



record date and time of visit and sign your name on the back of Recording Form 1 (VT Daily Accomplishment). An Example is shown below:

Instruction: All supervisors or monitors shall completely fill-up this table

VT ID #	Name of Barangay Visited	Time of Visit	# Given MR	Remarks	Signature
Team 3	Brgy 162	10:30 AM	15	Started at 9 AM; No unsafe injection observed. 5 selected households visited were accurately marked; Recording forms properly filled-up	areyes
Ana		4:45 PM	75	Total 8 missed: 4 with private practitioners; 2 refused because mom not around; 1 on-vacation; and 1 sick	amgonzales

Analyze the progress of the vaccination team. Can the team vaccinate at least **75 children per day**? If not, discuss and agree on the next step to keep track with the expected target children per day. Record again your observations in Reporting Form2: Highlights of Daily Meetings

- Observe whether Door-to Door vaccination is implemented.

Walk around the *boundary* and through the *interior* of the purok/ Barangay declared as “*completed vaccination*”.

Identify the number of houses that has **no** house markings. Knock on this door and ask if there are eligible children residing. Take note of your observation and inform the VT. In areas where house markings indicate complete vaccination of children, randomly select at least five (5) houses from each area (boundary, interior and multi level buildings, etc.). Interview the caregiver to validate if all the eligible children in that household were vaccinated. Check the accuracy of the house marking too. Inform the concerned VT for any inconsistencies.



- Verify whether missed children were revisited.

Obtain from each of the VT, the completed Recording Forms 1 and 2. Check if the Recording Form (List of Household for Revisits), Column 1 (households number) corresponds to the marked "X" in the Recording Form 1. If there is discrepancy, clarify with the concerned vaccination team. Then, ask dates of revisits/follow-ups and number to be revisited per day. Classify the reasons for the missed children (e.g. sick, private, doctors, etc.) Track the revisits daily and document appropriately.

From the Recording Form 2, ask if these missed children were revisited and vaccinated. If yes, randomly select from the list at least 5 children from different households. Revisit these households to validate the vaccination of these children and house markings are accurate. If these children missed the vaccination, identify the reasons and discuss mechanism to reach them. Provide special support to this particular VT.

- Notify the VT of the findings that indicate missed children and where D2D was not employed. Inform the assigned VT to finish the area before proceeding to a new area. Furthermore, alert the team that in other areas where D2D was not done they need to go back and completely use the D2D. This team needs more frequent supervision.

b. Gather the VTs before the start of the day/week vaccination.

- # vaccinated and percentage,
- # eligible to be vaccinated for the week
- Total # of missed children and Reasons
- Total # of missed children for revisits for the day/week etc.
- # of severe Adverse Effect Following the Immunization (AEFI) Reported
- # of unsafe injection practices
- # of serious AEFIs reported



- Discuss the progress of each team according to the VT plans. Check that vaccination areas as mapped are completely covered. In case overlapping and gaps in vaccination areas are identified, adjust plans as necessary and document all discussions and agreements. Inform your monitor for possible discussion with the other supervisors.
- Document daily the issues/concerns identified during the implementation and actions taken in the Reporting Form 2: Highlights of Daily Meetings. Missed children have been the most common issue identified by the VTs. For missed children, identify and categorize the reasons e.g. with private pediatrician/ doctors, child was sick, out for vacation, etc. Include it in the report that has to be submitted to the next administrative level according to the agreed reporting timelines. Example is shown below:

“ILIGTAS SA TIGDAS ANG PINAS”, April 2011

REPORTING FORM 2

Highlights of Daily Meetings

Health Center: San Miguel

Date: April 15, 2011

Instructions: All Supervisors/monitors shall document all the issues identified and recommendations daily.

ISSUES	RECOMMENDATIONS/ACTIONS TAKEN
>With missed children: 35 with the following reasons: parents not around during visit; Sick (with fever, diarrhea); with private doctors	> For revisits: April 16 = 6; April 18 = 10
>Doo-to-door was not implemented: Evidence was when the monitor randomly selected the houses previously visited by VT 3, there were missed houses with no stickers	> Apply the door-to-door; Each door shall have house stickers, inquire from neighbors for houses with no respondents at time of visits. Post an appropriately marked sticker.

Write Good Practices

* VTs informed household residents that the household stickers was/were posted in the certain area of the house.

* Immunization safety observed by VTs.

Name and Signature of Supervisor

Ma. Luisa de Leon, MD
MHO



- Review daily all the VT accomplished forms for accuracy and completeness of recording. Record and report using the Reporting Form 1 for Supervisors: Consolidated Accomplishment Report.
- Accomplish the Reporting Form 1: Consolidated Accomplishment Report before submission to the next administrative level.
- Record and report presence and absence of adverse event following immunization (AEFI) using the Reporting Form 3 Linelist for AEFIs.

c. Closely coordinate with your assigned monitor.

- Provide feedback on the progress of the immunization including the readiness of a barangay for the Rapid Coverage Assessment (RCA) by the evaluators.
- Discuss issue/concerns related to the implementation

d. Provide feedback report to the barangay officials, as necessary.

III. POST IMPLEMENTATION

a. Consolidate the VTs accomplishment report.

- Include the issues/concerns identified during the 20-day vaccination and how these were addressed., categories of reasons for missed children and the summary of the logistics received and utilized.
- Submit the report to the next administrative level based on the agreed dates

b. Re-visit the barangay officials.

- Inform them of the completion of the immunizations and their accomplishment



- Re-iterate the identification of the purok's **focal person** to watch for any transferee or new eligible children and inform the health workers.
- Remind to report “any child/adult with **fever and rash** in the community” to the assigned health worker in their Barangay.

Reminder:

Only logistics delivered for the Measles-Rubella Supplemental Immunization Activity shall be used for the campaign.

