

*Pan American Sanitary Bureau, Regional Office of the*

WORLD HEALTH ORGANIZATION



Division of Vaccines and Immunization (HVP)



**METHODOLOGY FOR THE  
MULTIDISCIPLINARY EVALUATION OF THE  
EXPANDED PROGRAM ON IMMUNIZATION  
AT THE COUNTRY LEVEL**

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## **Multidisciplinary Evaluation of the Immunization Program at the Country Level**

### **1. Introduction**

This document describes the guidelines of the Pan American Health Organization (PAHO) for evaluating the Expanded Program on Immunization (EPI) at the country level. It is a response to the countries' need to improve the use of their technical and financial resources, to the recommendations of the Technical Advisory Group of the EPI, and to the mandates of the governments of the countries of the Hemisphere themselves.

### **1.1 Background**

Since the 1980s, national evaluations of the EPI in the Americas have been carried out, coordinated, and technically oriented by the EPI/PAHO. Between 1996 and 1999, national evaluations were completed in 11 countries of the Hemisphere. Initially, these concentrated primarily on the epidemiological surveillance system for measles and were carried out in Brazil, Nicaragua, El Salvador, Panama, and Venezuela. Then, when the need for expanding the scope was seen, the evaluations became multidisciplinary; by December 1999 they had been carried out in Mexico, Brazil, Bolivia, Ecuador, the Dominican Republic, Peru, and Paraguay. Through September 2000, evaluations have been done in Haiti, Guyana, Argentina, Costa Rica, and Mexico. It has been proposed that between four and five countries be evaluated per year.

### **1.2 Purpose**

The purpose of evaluating the immunization program at the national level is to determine its current status, especially the conditions that could facilitate or hinder the achievement of its objectives, and to use this information for timely decision-making on behalf of the population. In order to achieve this purpose, data on the activities and their results are obtained and analyzed, and interviews are carried out at the different levels of the health system. These guidelines exist to help those who conduct the review of the program, in which PAHO participates.

The evaluation covers strengths and weaknesses, efficiency and effectiveness, the impact on the diseases, and the capacity of the program to adapt to new demands--those generated by health sector reform and decentralization and those that arise from the population's need for access to the new vaccines.

The difference with other program evaluation models is that the evaluators focus on the specific aspects related to the current status of the immunization program, and the process is completed with the preparation of a five-year plan of action to carry out the recommendations of the evaluation through concrete activities.

### **1.3 Specific Objectives**

1. Characterize the degree of program implementation, its achievements, and the activities carried out during the last five years;
2. Know the priorities assigned, the responsibilities by level, and the financing mechanisms;
3. Describe the managerial and administrative capacities at the national, provincial, state, municipal and district levels (national and subnational levels);
4. Evaluate the epidemiological surveillance and information systems;
5. Evaluate the degree of protection achieved, the level of risk, and the epidemic potential;
6. Determine the ability of the national surveillance system to detect and control the circulation of measles virus on a timely basis;
7. Evaluate the cold chain;
8. Evaluate biosafety practices in the handling and disposal of used syringes and flasks;
9. Determine the achievements in mass communication and the degree of user satisfaction;
10. Recommend the actions necessary for solving the problems found;
11. Prepare a national plan of action, defining the activities that are feasible and applicable in the context of sectoral reform and decentralization.

#### **Expected results at the end of the evaluation**

- a. Description of recent immunization activities (covering the last three years at the very least, including the method of evaluation);
- b. Qualitative and quantitative description of the immunization activities and achievements;
- c. Identification and definition of the problems of the EPI;
- d. Recommendation of the objectives that must be met to solve the problems;
- e. Definition of feasible activities applicable to the country's situation that are needed to carry out the recommendations in a specified time.

In general, the activities for implementing the evaluation model are:

1. Collection and analysis of available data.
2. On-site visit and observation.
3. Personal interviews.

These activities will be carried out at the three levels of the health system: National (central); subnational (provincial/regional/municipal/district), and operational (local/health facility).

The final results will be derived from a comparison of the data obtained with the indicators established by EPI/PAHO for each program component.

#### **1.4 Conceptual Framework**

For the EPI model, evaluation is defined as:

- A set of procedures utilized to assess the program and provide information concerning the objectives, activities, and resources at the different levels of action and of health care.

The objectives established for the EPI are:

- Reduction of morbidity and mortality from diphtheria, whooping cough, tetanus, serious forms of childhood tuberculosis, hepatitis B, *Haemophilus influenzae* b, yellow fever; global eradication of poliomyelitis and measles; elimination of neonatal tetanus; and provision of immunization against those diseases to all the children of the world. The country being evaluated can include other selected diseases to control.
- Promotion of country self-sufficiency in delivering immunization services in the context of general health services.
- Promotion of regional self-sufficiency with respect to the quality control and production of vaccines.

This evaluation makes it possible to analyze the program's development process, adjusting, changing, and/or carrying out the various activities and resources to meet the objectives.

In addition, since the evaluation is also repeated at least every five years, it also has components that make it possible to analyze the impact of the EPI in relation to the coverage achieved and the reduction in morbidity and mortality from the diseases included in the program.

**The evaluation model is defined by:**

- a. **Impact:** The analysis carried out to estimate to what degree the actions taken produced the expected changes (for example: vaccination coverage in relation to morbidity and mortality from vaccine-preventable diseases).
- b. **Process:** Analysis of the action taken to produce the expected changes.
- c. **Operational level:** That level at which immunization services are provided to the community. There are several types of facilities, depending on the complexity and the country—i.e., health centers, health posts, hospitals, and polyclinics.

**The basic characteristics of the model are:**

- **Integration:** This is accomplished through all the components of primary care (maternal and child health, epidemiology, human resources, etc.)
- **Multidisciplinarity:** All members of the health team should participate in its implementation, not only in terms of their professions (nurse, community health worker, physician, etc.), but also their specialties (epidemiologist, nutritionist, administrator, pediatrician, etc.)
- **Participatory nature:** The model is implemented with the collaboration of national and international organizations (PAHO, UNICEF, World Bank). All sectors of these organizations related to primary care at the central, regional, and local levels participate.
- **Group work:** The final product is the result of group dynamic, in which all those involved in the application of the model participate directly. The EPI evaluation model is a technical cooperation instrument that employs the human and financial resources of both the country and PAHO.

## **1.5 Methodology**

The multidisciplinary evaluation of the EPI is aimed at discovering the conditions that are currently influencing the achievement of program objectives, in addition to the societal and public health trends that should be considered in the short and medium terms to guarantee that the objectives of comprehensive health care, the control and eradication of vaccine-preventable diseases, and the strengthening of the health system are met in the time programmed.

To this end, each evaluation should take the following elements into account:

### **1.5.1 Political Decision**

The terms, times, perspectives, scope, and objectives of the evaluation should be clearly specified for the country and the evaluation group, since senior health authorities must frequently make decisions that require technical and, especially, political support on the basis of the findings.

### **1.5.2 Evaluation Group**

PAHO/WHO will establish an external evaluation group consisting of international civil servants in each country, to which will be added national staff or representatives of the international cooperation agencies and nongovernmental organizations that work with the national immunization program (national EPI). There should be sufficient national and international staff in the evaluation group for teams containing representatives from both groups to evaluate in the field a representative sample of what happens in the country.

### **1.5.3 Responsibility**

PAHO/WHO is responsible for providing technical support and the team of international evaluators, sharing the experiences gained in other countries and presenting the material and methods for carrying out the evaluation. It is also responsible for submitting the findings and recommendations to the national authorities and will contribute to the preparation of a plan of action containing feasible applicable activities.

The country being evaluated will provide a national technical team, facilitate the logistics in the field, and, after assuming the preparation of the plan of action as its main responsibility, will then implement it.

The presentation of the report to the authorities, as well as the preparation of the final evaluation report, should be done by the evaluation group as a whole before it concludes its mission. The group should prepare a plan of action that permits the national authorities to understand the activities to be carried out, the time required, and the resources that will be needed for implementation.

### **1.5.4 Evaluation Process**

On the average, a national evaluation should take two weeks, at least 60% to 70% of which should be devoted to field work, with the remaining time distributed between familiarizing the team with the methodology and interview guidelines and planning the activities to be carried out (two days), preparing the plan of action, and presenting it to the authorities (four days).

One week prior to the evaluation period, an international consultant experienced in the application of the methodology will arrive in the country in question to coordinate and organize the evaluation with the national team.

### **1.5.5 Components**

The evaluation of the EPI will target the following areas (components):

- Political priority and legal bases;
- Programming and planning;
- Organization and coordination;
- Execution;
- Human, management, and financial resources;
- Supervision and training;
- Information system, including coverage and risk;
- Epidemiological surveillance;
- Cold chain: logistics and necessary inputs;
- Evaluation and research;
- Mass communication, community participation, and user satisfaction.

### **1.5.6 Interviews**

In conducting the interviews, survey and interview guidelines that make it possible to evaluate each component mentioned in Section 1.5.5 will be used.

#### **1.5.6.1 Guidelines for Collecting Information**

The data should be collected at the national, intermediate (departmental, provincial, or subregional), and local levels, through structured interviews that target the political, managerial, and operational levels of the program. At the local level, information on the users of the EPI should also be collected.

The evaluation group will use interview formats and guidelines that should be adapted to each country. They should answer the following basic questions for each component at each level:

#### **a. NATIONAL (CENTRAL) LEVEL**

- **Political priority assigned to the program and legal bases**
  - What is the political priority assigned to the program?
  - Is the national EPI mentioned spontaneously among the priorities of the country?
  - Is this priority easily identifiable and supported with resources?
  - Are there laws or decrees that support vaccination as a social good?

- Are there laws or decrees that guarantee the allocation of resources in the national budget?

- **Programming and planning**

- Are there annual and five-year plans of action?
- What is the degree of compliance?
- Are the goals, objectives, and priorities clearly defined?
- Is the population database reliable?

- **Organization and coordination**

- Where within the Ministry of Health is the EPI located?
- What is the structure of the EPI?
- Is that structure adequate to meet the goals and objectives?
- Are actions coordinated with laboratories and other health care programs? Are they adequate?
- Are there mechanisms for coordination with other agencies, with other institutions or sectors, with professional associations?

- **Management, human, and financial resources**

- Does the EPI have an adequate technical team at the central level as well as the interior of the country?
- Are the logistical and management resources adequate (vaccines, syringes, transportation equipment, communication, per diem, laboratory resources, etc.)?

- **Supervision and training**

- Are there instruments and a plan for supervision?
- Are there technical standards, instruments, and a training plan?
- Are there biosafety standards for handling and disposing of used syringes and flasks?

- **Information system**

- Is there up-to-date information on coverage and incidence?
- Is the proportion of districts at risk known?
- Has the reliability of the information been determined?
- Has the quality of the system been evaluated?
- Are there mechanisms for handling information and feedback?

- **Epidemiological surveillance**

- Is the weekly reporting network adequate?

- Is there adequate surveillance of measles and acute flaccid paralysis (AFP)?
- Do technical standards exist?
- Have areas of epidemic risk and potential been identified?
- Is up-to-date information available on cases and laboratory results?

- **Cold chain**

- Is there an up-to-date inventory?
- Is it adequate to the needs?
- Is there a plan for the maintenance and replacement of equipment?
- Are resources allocated to this end?

- **Evaluation and research**

- Have annual national evaluations been done?
- Have they served as the a basis for decision-making?
- Has operations research been conducted? What studies?

- **Mass communication, community participation, and user satisfaction**

- Is there a plan for mass communication?
- Is it financed?
- Is mass dissemination carried out for the regular program?
- Is there support for the EPI from private enterprise, social groups, or the community?

**b. INTERMEDIATE LEVEL**

- **Political priority assigned to the program and legal bases**

- What political priority is assigned to the program?
- Is the EPI mentioned spontaneously among the priorities of the department, region, or province?
- Is this priority easily identifiable and is it backed with resources?
- Are there laws or decrees that support vaccination as a social good?
- Are there laws or decrees that guarantee the allocation of resources in the budget?

- **Programming and planning**

- Are there annual and five-year plans of action?
- What is the degree of compliance?
- Are the goals, objectives, and priorities clearly defined?
- Is the population database reliable?

- **Organization and coordination**

- Where is the EPI located?
- How is the EPI structured?
- Is it adequate for achieving the goals and objectives?
- Is there coordination with other health care programs?
- Is there coordination with other institutions or sectors? With professional associations? Is it documented?

- **Management, human, and financial resources**

- Does the EPI have adequate technical and support teams?
- Are the logistical and management resources adequate (vaccines, syringes, transportation equipment, communication, per diem, funds for shipment, or resources for processing samples)?

- **Supervision and training**

- Are there instruments and plans for supervision?
- Are there technical standards, instruments, and a training plan?
- Are reports issued on supervision?
- Are there biosafety standards for handling and disposing of syringes and flasks?

- **Information system**

- Is there up-to-date information on coverage and incidence?
- Is the proportion of districts at risk known?
- Has the reliability of the information been analyzed?
- Has the quality of the system been evaluated?
- Are there information and feedback mechanisms?

- **Epidemiological surveillance**

- Is the weekly report network adequate?
- Is the quality of the negative weekly report confirmed with an active search in the reporting institutions?
- Is there compliance with the surveillance indicators for measles and AFP?
- Are there standards and techniques available? Are they well-known?
- Is there up-to-date information on cases and laboratory results?
- Have areas of risk and epidemic potential been identified?

- **Cold chain**

- Is there an up-to-date inventory?
- Is the cold chain adequate to the needs?
- Is there a plan for the maintenance and replacement of equipment?
- Are resources allocated to this end?

- **Evaluation and research**

- Have evaluations of the EPI been done at least every three months?
- Have they served as the basis for decision-making?
- Have evaluations of the EPI been done?

- **Mass communication, community participation, and user satisfaction**

- Is there a plan for mass communication?
- Is it financed?
- Is it implemented year-round?
- Is there evidence that the community participates in support of the EPI?

**c. LOCAL LEVEL**

- **Political priority assigned to the program**

- What is the political priority assigned to the program?
- Is the EPI mentioned spontaneously among the priorities of the district or municipality?
- Is this priority easily identifiable and backed with resources?
- Are there laws or decrees that support the EPI in the community?
- Are there laws or decrees that guarantee the allocation of resources in the budget?

- **Programming and planning**

- Is there an annual plan of action?
- What is the level of compliance?
- Are the goals, objectives, and priorities clearly defined?
- Is the population database reliable?
- Do measles eradication and surveillance of AFP have priority?

- **Organization and coordination**

- Is the location of the vaccination center adequate?
- Is there coordination with other health care programs?
- Is there coordination with other institutions or sectors? With professional associations? Is it documented?

- **Management, human, and financial resources**

- Are there sufficient personnel to complete the tasks?
- Are the logistical and management resources (vaccines, syringes, transportation equipment, communication, per diem, funds and equipment for shipment of samples, cold chain, etc.) adequate?

- **Supervision and training**

- Has there been supervision in the last six months?
- Are technical standards available? Are they known and are they applied?
- Are biosafety standards for the handling and disposal of used syringes and flasks applied?

- **Information system**

- Is the information on coverage and incidence up-to-date?
- Are the areas and population at risk known?
- Has the reliability of the information been analyzed?
- Is the bulletin from the EPI or another form of feedback received?

- **Epidemiological surveillance**

- Is the weekly reporting network adequate?
- Are there technical standards available and are they well-known?
- Have areas of risk and epidemic potential been identified?
- Are case definitions and the appropriate action to be taken known for measles and AFP cases?

- **Cold chain**

- Is the inventory up-to-date?
- Is it adequate to the needs?
- Is there a plan for the maintenance and replacement of equipment?
- Are resources allocated to this end?
- Are the standards met?

- **Evaluation and research**

- Are there monthly evaluations of incidence, coverage, and risk?
- Have they served as the basis for decision-making?
- Has operations research been carried out? What has been done?

- **Mass communication, community participation, and user satisfaction**

- Is there a plan for mass communication?
- Is it financed?
- Is it carried out year-round?
- Is there evidence that the community participates in supporting the EPI?
- Has the degree of user satisfaction of the EPI been explored?

**2. How to Organize an Evaluation of the EPI**

**2.1 Conditions for Implementing and Developing the Methodology**

In order to implement and develop the methodology certain conditions must be guaranteed, so that when an evaluation is carried out, no problems arise that would hinder the work. Some prerequisites must be guaranteed:

a. The Ministry of the Health through its competent agencies should make a commitment to PAHO, in advance, ensuring:

- The participation of the different sectors that will actively intervene (health centers, health posts, hospitals, polyclinics, etc.) and those that will provide support (departments, divisions or administrative sections).

- Support throughout the infrastructure: meeting places, means of transportation for field work, hotel reservations, secretaries, photocopiers, computers (laptop), etc.

This infrastructure support will be established jointly with the PAHO/WHO Representative Office in the country.

It is necessary to define:

- the previously established budget, jointly approved by the Ministry of Health and PAHO.
- the local participants.
- the coordinator of the evaluation (Ministry of Health and PAHO).
- implementation, development, and monitoring of the recommendations and proposed activities.

b. The PAHO/ WHO Representative Office in the country.

- active participation in the preparation of data and prior information.

(See the list of data and information that must be collected in "Information for Evaluating the EPI" in the Annexes.)

- A member of the PAHO office staff in the country should participate directly in the review, application of the instruments, and group work.
- At the end of the evaluation, he or she will be responsible for monitoring implementation of the recommendations and proposed activities, jointly with the Ministry of Health.

Provision of the physical and material resources should be coordinated between the Ministry of Health and PAHO. The basic needs are:

- A place for plenary meetings.
- A meeting place for each group.
- Transport for the groups that move around in each geographical area.
- Hotel reservations in each area and for each participant.
- Photocopier.
- Two to four microcomputers (laptop preferred).
- Printer.
- Sufficient paper, diskettes, and other necessary materials.

## **2.2 Organization of the Evaluation Team**

The following is the lowest estimate of the human resources necessary for achieving the expected results in the evaluation:

### **a. Local participants**

Since the methodology is multidisciplinary (in accordance with the conceptual framework), it is necessary that the local participants come from the different

areas of the Ministry of Health, Social Security, and the provincial health bureaus (depending on the nomenclature of the country).

Participants should be selected so that, in some way, they represent the following sectors:

- programming or planning
- maternal and child health
- supervision
- human resources
- epidemiological surveillance
- general administration
- supplies and logistics
- social mobilization, health education, and community participation
- statistics and/or information systems
- medical, primary health, and/or other care, depending on the country
- international cooperation agencies

Depending on the circumstances, the evaluation team should consist of 10 individuals from the country, but never more than 15, one per sector. In field work (visits to the intermediate levels) to evaluate each geographical area, the health workers who operate in that area, such as supervisors, nurses, the head of the health center, and physicians, should participate. The members of the evaluation team should devote all of their time to the evaluation, to the exclusion of other activities.

#### **b. Participants from PAHO**

These will be personnel from the PAHO/WHO Representative Office in the country, observers from other countries, and participants from PAHO Headquarters. With a view to maintaining a balance between national and international participants, it is recommended that there be from five to seven of the latter, depending on the number of geographical areas to be visited.

#### **c. Technical coordination**

The evaluation should be led by two people, working together: one the national authority from the EPI in the Ministry of Health and the other, the evaluator from PAHO Headquarters.

The function of technical coordination is to provide guidelines on the evaluation methodology and to ensure its implementation:

- coordinate plenary meetings.
- coordinate the correct operation of the evaluation groups.

- provide technical support for the groups.

**d. Administrative coordination**

This should be accomplished by a single person.

The function of administrative coordination is to:

- arrange for the meeting places of the groups.
- coordinate the secretaries' work.
- coordinate the printing of the final report.

**e. Other participants**

They should follow the proposed program of activities and the orientations of the technical coordination.

**2.3 Preparation for the Evaluation**

**2.3.1 Program of activities**

The program of activities is divided into three stages:

1. Preparation for the evaluation.
2. Development of the evaluation.
3. Monitoring of the activities proposed for the evaluation and the timetable specified.

### 2.3.2 Timetable for the development of the evaluation

#### Timetable of Activities

| Activity   | Week |   |   |   |   |   |   |   |   |    |    |    |  |
|--|------|---|---|---|---|---|---|---|---|----|----|----|--|
|  | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  |
| With the agreement of the Ministry of Health   |      |   |   |   |   |   |   |   |   |    |    |    |  |
| Preparation of the evaluation:<br>- Collection, organization, and analysis of the information, preliminary selection of the regions. |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Integration of PAHO consultant. Selection of the areas/regions to be evaluated, review of instrument with nationals (one week).    |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Development of the evaluation.   |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Plenary meeting.   |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Evaluation of the regional and local levels.   |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Evaluation of the central level.   |      |   |   |   |   |   |   |   |   |    |    |    |  |
| - Preparation and presentation of the final report.  |      |   |   |   |   |   |   |   |   |    |    |    |  |

#### Detailed Program of Activities:

##### Eight weeks before the evaluation

In accordance with the prerequisites indicated, the Ministry of Health, through the person in charge of the EPI, a PAHO official in the country, and representatives of the departments, divisions, and/or sections that are engaged in EPI activities (for example: maternal and child health, epidemiology/epidemiological surveillance, primary care, and statistics) will collect, organize, and analyze the data on immunization activities in the country, in accordance with the previously distributed materials.

These are:

- Model of the evaluation (guidelines for the evaluation of the EPI at the national level).

- Tables for consolidation of the data and information on the EPI in the country.

At the end of the designated weeks, the tables and a document in which the data and information collected are analyzed should be complete. The data and the information contained in the document must be presented at the first plenary session and delivered to each participant in the evaluation.

During this period the Ministry of Health should draw up a list of local participants who will participate in the evaluation activities. It is desirable that the participants be from different departments and specialties and possess knowledge of the EPI, insofar as possible.

The time and effort of participants should be devoted exclusively to the evaluation.

At this stage, an analysis should begin of the possible regions/provinces/areas to evaluate, following the guidelines in the section entitled "How to Select the Areas/Regions."

### **One week before the evaluation**

A consultant from PAHO will participate in the preparation of the evaluation.

During this week the guidelines, surveys, and sample timetables are delivered so that they can be adapted to the needs and situations of the country to be evaluated.

The following should also take place during this week:

- Selection of the provincial or regional areas in which the evaluation teams should work (see "How to Select the Areas/Regions").
- Collection of data and information in order to estimate costs: for example, remuneration of national personnel assigned to the EPI at all levels; average per diem for supervision; average cost of a regional workshop; unit cost for each vaccine; and, among the other data necessary for estimating costs and consolidating, a budget for each component (see "Format for the Plan of Action" in the Annexes) These data should be obtained from the national manager of the EPI.

## **Development of the Evaluation**

### **First week of the evaluation**

#### **A. Day One (Monday), 8:00 am to 12:00 pm**

Activities:

- Plenary meeting of all participants.
- Opening of the session.
- Statement on the health system in the country, as a frame of reference.
- Presentation on the current status of the EPI in the country, with its objectives, priorities, resources.

In that statement, the data collected and analyzed during the previous eight weeks should be presented.

- Statements from different administrative areas concerning the components and activities of the EPI, such as maternal and child health, training of human resources, epidemiological surveillance, and general storage of vaccines.

These presentations are basic. They give the teams that go to the regional and operational levels an overview of what is occurring or is believed to occur at the central level.

#### **A.1. Continuation of Day One, 1:00 pm to 6:00 pm**

Activities:

- Presentation by the coordinators on the objectives and methodology of the evaluation
- Information on:
  - a. Distribution of the participants in each group
  - b. The areas/regions assigned to each group
  - c. The individuals/authorities who should be interviewed in each area/region
  - d. Type of transportation to use in order to reach and move around in the area assigned
- Reading of the instruments and discussion: Each instrument should be read and analyzed, since there is the possibility of adapting some of the questions to the country. Others may need explaining; there may be printing errors or problems of comprehension, etc. This is a step that cannot be forgotten or shortened, since it is important that each member of the evaluation team know the instrument before it is applied. Although some of the questions may be reworded or excluded, it is necessary to maintain the general structure and the conceptual framework, since otherwise, the evaluation may lose its validity and reliability.

## **A.2. Continuation of the Day One, after 6:00 pm**

Activities:

The groups can travel that same afternoon or at night to the regional level, in accordance with the program. The established evaluation sequence is:

1. evaluation at the intermediate (departmental/provincial/regional level).
2. evaluation at the operational/local level.
3. evaluation at national (central) level.

It is during this first day of the evaluation that the participants are given:

- the objectives of the evaluation;
- timetable of activities;
- guidelines and questionnaires;
- regional and operational indicators;
- Report Form.

## **B. Day Two (Tuesday)**

Activities:

If the groups did not go out the day before, they will this second day.

The tasks are:

- Explanation to the regional area management team of the work to be carried out.
- Application of the instrument at the regional level.
- Final decision on the selection of the centers, posts, and/or hospitals (health facilities) that will be visited in the region.

It is both desirable and important to select units of different complexity. The evaluation group in each region can be subdivided into two or three groups in order to visit the greatest possible number of units (health facilities). The regional personnel, who will exercise evaluation functions jointly with the members of the evaluation group, should participate fully in the visits to the health units (establishments).

At least 10 to 12 units (health facilities, centers, posts, hospitals, and/or polyclinics) should be visited by each group.

Depending on the travel time and accessibility, the estimate time needed to administer the instruments is as follows:

- Interview at the political level: maximum one hour.
- Interview at the managerial level: maximum two hours.
- Interview at the operational level (institutions and personnel that offer vaccination directly): maximum 2 hours for each unit, on average (health center, post, hospital, and/or polyclinic), depending on the level of complexity.
- Interview in agencies, NGOs, financing organizations, or other institutions: maximum 30 minutes.

The group located in the capital should request appointments with the authorities, sector chiefs at the national (central) level, representatives of cooperation agencies, financing organizations, NGOs, and others. These appointments will be recorded and the interviews conducted by members of the group in the capital (two international members).

### **C. Day Three (Wednesday)**

Activities:

The evaluations continue, with application of the interview guidelines in the areas/regions, at the political, managerial, and operational levels, and at the agencies, NGOs, and organizations, in keeping with the program.

It is recommended that at the end of every working day the group meet and prepare a consolidated report of the achievements, problems, and recommendations, by component evaluated (see the Report Form).

### **D. Day Four (Thursday)**

Activities:

The evaluations continue, with application of the interview guidelines in the areas/regions, at the political, managerial, and operational levels, and at the agencies, NGOs, and organizations, in keeping with the program.

### **E. Day Five (Friday), 8:00 am to 3:00 pm**

Activities:

The evaluations continue, with application of the interview guidelines in the areas/regions, at the political, managerial, and operational levels, and at the agencies, NGOs, and organizations, in keeping with the program.

On this day the interviews in the selected areas/regions are concluded.

The group gives a presentation to the region's management team, summarizing the findings and conclusions drawn from the visits made (see the Report Form).

**F. Day Six (Saturday), 8:00 am to 6:00 pm**

Activities:

- Completion of the consolidated report of each evaluation group:

Each group finalizes and consolidates its report by level and by evaluation component, considering achievements, problems, and recommendations (adhering to the format in the Report Form).

The group begins to prepare a consolidated written report, which should be submitted on the first day of the Week Two (Monday).

With proper operation and good team work, preparation of the report should take a maximum of eight hours.

In the afternoon, the return trip.

>Week Two of the evaluation.

**G. Day Eight (Monday), 8:00 am to 6:00 pm**

Activities:

- Presentation by each group of the evaluation made in each area or region and in the national capital or central level. The maximum time per presentation is 20 minutes.

This presentation is coordinated by the administrative coordinators.

The reports presented will be delivered to the technical coordinator, who will deliver them to the administrative coordinator for the production of photocopies for the working groups and for incorporation into the final report.

- Statement and application of the mechanics of the work (work dynamic) for identifying achievements and problems and developing recommendations (adhering to the format of the Report Form).

**H. Day Nine (Tuesday), 8:00 am to 12:00 pm and after 2:00 pm**

Activities:

- Group work to identify achievements (progress) and problems (difficulties) and issue recommendations (solutions), using the format of the Report Form, and to draft the timetables of activities for up to five years, utilizing the Format for the Plan of Action. The groups work on the components of the EPI assigned to them (see Section 2.4).

**I. Day 10 (Wednesday), 8:00 am to 12:00 pm and after 2:00 pm**

Activities:

- Continuation of the working group sessions for the identifying achievements and problems, issuing recommendations (in accordance with the Report Form), and drafting timetables of activities (Plan of Action).

**J. Day 11 (Thursday), 8:00 am to 12:00 pm**

Activities:

- Continued preparation of the Plan of Action.

After 2:00 pm:

- Continued preparation of the final report consolidating the Report Form and the Plan of Action.

- At the end the day the groups, in plenary session, should read the final version of the completed evaluation and the Plan of Action, by component.

**K. Day 12 (Friday), 8:00 am to 12:00 pm**

Activities:

- Presentation of the evaluation with its results to the Minister of the Health (or whoever is designated), the representatives of the administrative and technical units that participated in the evaluation, representatives of the health commission of the national congress, and the representatives of international cooperation agencies.

It would be desirable to invite the personnel who represented the health teams of the areas/regions.

## **Delivering the Methodology**

I. Eight weeks before the evaluation, the individual responsible for the EPI in the Ministry of Health and the person responsible for the EPI at PAHO are sent the following:

- a) Guidelines for evaluating the immunization program at the country level (evaluation model and methodology).
- b) Tables for consolidating the data and information on the EPI in the country.

II. One week before the evaluation, when the PAHO consultant arrives, the following are delivered:

- a) Guidelines and questionnaires (for the political, managerial, and operational levels; laboratories; agencies/financing organizations/NGOs; and users).
- b) Sample timetables that can be adapted to their needs.

III. During the Week One of the evaluation the participants are given:

- a) Objectives of the evaluation.
- b) Timetable of activities.
- c) Guidelines and questionnaires (for the political, managerial, and operational levels; laboratories; agencies/financing organizations/NGOs; and users).
- d) Regional and operational indicators.
- e) Report form.
- f) Format for the plan of action.

During Week Two:

- a) The mechanics and dynamics of the work.

**DEVELOPMENT OF THE EVALUATION OF THE EXPANDED PROGRAM ON IMMUNIZATION**

**TIMETABLE, period from \_\_\_\_\_ to \_\_\_\_\_ year \_\_\_\_\_**  
(proposal to be adjusted to the country)

| <b>Monday__</b>   | <b>Tuesday__</b>   | <b>Wednesday__</b>   | <b>Thursday__</b>   | <b>Friday__</b>   | <b>Saturday__</b>   |
|---|--|--|---|---|---|
| <ul style="list-style-type: none"> <li>- Opening workshop of the international evaluation of the EPI</li> <li>- Distribution of the participants into groups, by region</li> <li>- Lecture</li> <li>- Analysis of the instruments (guidelines)</li> </ul> | <ul style="list-style-type: none"> <li>- Travel to the regions</li> <li>- Presentation to the Regional Office of the Director</li> <li>- Application of instruments at the regional level</li> <li>- Planning of tours of the areas and facilities selected</li> </ul> | <ul style="list-style-type: none"> <li>- Evaluation at the operational/local level</li> <li>- Analysis and preparation of partial reports</li> <li>- Evaluation at the central level (interviews)</li> </ul> | <ul style="list-style-type: none"> <li>- Evaluation at the operational/local level</li> <li>- Analysis and preparation of partial report</li> <li>- Evaluation at the central level (interviews)</li> </ul> | <ul style="list-style-type: none"> <li>- Evaluation at the operational/local level</li> <li>- Analysis and preparation of partial report</li> <li>- Evaluation at the central level (interviews)</li> <li>- Presentation of analysis of the evaluation to the regional directors and members of the team</li> </ul> | <ul style="list-style-type: none"> <li>- Finalization of the consolidated report from the region or level (in the Report Form).</li> <li>- Return travel</li> </ul> |
| <b>Monday __</b>  | <b>Tuesday __</b>  | <b>Wednesday __</b>  | <b>Thursday __</b>  | <b>Friday __</b>  | <b>Saturday __</b>  |
| <ul style="list-style-type: none"> <li>- Presentation by each group of the evaluation in the regions and at the central level</li> <li>- Delivery of the report from each region</li> </ul>   | <ul style="list-style-type: none"> <li>- Preparation of the national report, by component</li> </ul>   | <ul style="list-style-type: none"> <li>- Beginning of the preparation of the five-year Plan of Action</li> </ul>   | <ul style="list-style-type: none"> <li>- Finalization of the five-year Plan of Action</li> <li>- Presentation by each group of its report, by component</li> </ul>  | <ul style="list-style-type: none"> <li>- Presentation of the report on the evaluation to the authorities of the Ministry of Health and to technicians at the central and regional levels</li> </ul>   | <ul style="list-style-type: none"> <li>- Return of the national, provincial and international participants to their places of origin</li> </ul>                     |

**2.4 Work Procedures**

On Day Nine (Tuesday), all participants will be divided into groups (maximum of five groups) and the evaluation components will be distributed among the groups, as follows:

- One group works on the following components: political priority and legal bases, plus programming and planning, organization, and coordination.
- Another group works on human, management, and financial resources, plus supervision and training.
- Another works on information systems, including coverage of risk, plus epidemiological surveillance and evaluation and research.
- Another works on the cold chain plus supplies and logistics.
- Another works on mass communication, community participation, and user satisfaction.

The functions of the groups are:

- To analyze the consolidated reports of the evaluation teams that visited the areas/regions.
- To identify the achievements and problems of the EPI in the country by evaluation component.
- To propose the recommendations, objectives, and activities for the solution of each problem corresponding to each component, in accordance with the objectives of the evaluation.
- To propose the type of financing, the individual responsible for carrying out the activities, and the time estimated for carrying out such activities.
- To request technical support from the technical coordinators, as needed.
- To prepare the final evaluation report.

For proper operation, each group should name a coordinator and a rapporteur.

Administrative support for the groups will be provided by the administrative coordinator.

Work activities:

The groups will begin with the analysis of all the reports that were produced at all the levels evaluated in the areas/regions (political, managerial, and operational), in accordance with the components assigned to them.

Each component (political priority and legal bases; programming and planning; organization and coordination; human, management, and financial resources; supervision and training; information system, including coverage and risk; epidemiological surveillance; cold chain; evaluation and research; and mass communication, community participation, and user satisfaction) will be compared against the indicators, technical standards, and directives recommended by EPI/PAHO.

For example, in the information system component, the technical standards and indicators state that:

- Health workers should know the geographical limits of the area of influence of the health unit (center, post, hospital, etc.) and the size of the target population in the program. They should have a map of that area. If this indicator is found in the partial evaluations completed in the areas/regions, it is an achievement; if it is not, it is a problem. If the indicator is found in more than 50% of the cases, then there is still a problem to solve in the locations where it is not found.

**It is an achievement** if health workers know the geographical limits of the area and have a map.

**It is a problem** if the majority of the health centers have no maps and staff do not know the geographical limits.

In another example, in the cold chain component, the technical standards and the indicators state that:

- All refrigerators and freezers used for vaccines should have a functioning thermometer in good condition. Staff should monitor the temperature and record it twice a day.

As in the previous example, it will be an achievement or a problem depending on whether the technical standard is met and to what degree.

It is an achievement if the majority of the refrigerators have a functioning thermometer.

It is a problem if the temperature is not recorded daily.

Once the component is analyzed and interpreted, the achievements and problems are identified, and recommendations are proposed to solve the problems, the following is begun:

Once the analysis of each component is finalized in written form (consolidated in the Report Form at the national level), it is passed to the technical coordinator, who reviews it and passes it on to the administrative coordinator for final editing and reproduction.

Once the components are categorized as achievements, problems, or recommendations, the next steps are:

- To indicate the appropriate activities for solving, reducing, and overcoming the problems (difficulties, limitations).
- To set a timetable for implementing the specified activities in the given period.

- To identify the sources of financing and the sector responsible for carrying out those activities.
- To define the cost of carrying out the activities.

A timetable should be developed for each component. The activities should be related to the recommendations and defined objectives.

Thus, the Plan of Action indicates the component plus the timetable plus the sector responsible plus the cost (see the Format for the Plan of Action).

In order to clearly establish the terms utilized, we will define:

- Objectives: purposes that are to be achieved. These objectives should be related to the recommendations. All the activities taken together will determine the achievement of the objectives and the recommendations.

All reports (Report Form and Plan of Action) should be passed to the administrative coordinator who will take the necessary action for the final printing of the evaluation document.

## **2.5 Definition of the Institutions and Authorities that Should Receive the Final Evaluation Report.**

The following institutions/organizations and authorities should receive the report containing the results of the evaluation:

| <b>Institutions/Organizations</b>  | <b>Authorities</b>                            |
|--|---|
| - Ministry of Health (MH)  | - Minister/Vice Minister                      |
| - Departments (sectors) of the MH that have participated in the evaluation and/or are related to the EPI | - Responsible individuals/chiefs              |
| - Regional/provincial bureaus  | - Regional/provincial directors of health     |
| - Social Security  | - Director of Social Security                 |
| - PAHO   | - Designated representative and/or technician |
| - UNICEF   | - Designated representative and/or technician |

- Related NGOs that support the EPI
- Interagency committee
- Representatives
- Members of the committee and others identified as necessary

### **3. How to Use the Instruments**

#### **3.1 How to Select the Areas/Regions**

To select the areas/regions the following should be considered:

- . concepts of risk
- . dispersion and representation of the population
- . geographical location
- . migratory movements
- . fulfillment of indicators
- . level of development of the health services and other infrastructure

In general, random selection is considered the best method, but it is necessary to take into account that areas/regions may be selected for which access, travel time, and other factors pose difficulties that make it impossible to adhere to the stipulated programming.

A selected sample can be utilized for the evaluation, consisting of the areas/regions that are accessible and whose health units (center, health post, hospitals, etc.) can be reached in a reasonable amount of time. From all of those selected, a random sample can be chosen for evaluation.

It is believed that the best method for selecting the areas is to take into account the criteria described above and then to directly choose the areas that should be evaluated based on access, preference, and/or need.

Within the selected areas, the health facilities that administer vaccinations (centers, health posts, and hospitals at the operational level) are chosen for evaluation. It is suggested that an area with a well-functioning program be chosen, as well as areas with difficulties and problems.

#### **3.2 People Who Should Be Interviewed**

The interviews will target staff members or individuals representative of the following groups:

**At the national (central) level:**

- > Ministerial cabinet
- > Political level: governors, prefects, mayors, and others who are responsible for or influence decision-making
- > Officials responsible for the management and allocation of resources
- > Managers of the national EPI, chiefs of epidemiology, laboratories, and other health programs with common areas of coordination
- > International organizations, public and private health institutions, as well as NGOs that work with the EPI
- > Public opinionmakers, professional associations, universities, churches, etc.

**At the intermediate (departmental, provincial, or subregional) level:**

- > Political level: governors, prefects, mayors, political/technical authorities in the health services
- > Managers of the EPI and other programs with common areas of coordination, such as epidemiology and the laboratories
- > International organizations, institutions, and NGOs that work with the EPI
- > Political levels that have responsibility for or are involved in decision-making
- > Officials involved in the allocation of resources
- > Public opinionmakers, professional associations, universities, churches, etc.

**At the local level:** (health centers, health posts, hospitals, and others)

- > Political or technical chiefs of health services
- > Health workers involved in the program
- > Institutions and NGOs that work with the EPI
- > Community leaders
- > EPI users

The data will be collected at the national, intermediate, and local levels through structured interviews directed at the political, managerial, and operational levels of the program. At the local level information on EPI users should also be collected.

**3.3 How to Use the Instruments (Interview Guidelines)/How to Obtain the Information**

The instruments for collecting the information needed for the evaluation are the following:

- a. Guidelines for Interviews at the Political Level
- b. Guidelines for Interviews at the Managerial Level
- c. Guidelines for Interviews at the Operational Level
- d. Guidelines for Interviews at Financing Agencies, NGOs, and Other Institutions

e. Guidelines for Interviews in the Laboratories

f. EPI User Survey

a. Interviews at the political level will be with the political decision-makers and those who have responsibilities in decision-making. The interview guidelines will apply at both the national (central) level and the intermediate level; they contain questions pertaining to some of the components considered important at the political level (see the guidelines for the political level in the Annexes).

It should be remembered that these are guidelines, and thus there is no need to follow the sequence of the questions rigidly, one after the other. The interview should be conversational, leaving the interviewee with a certain freedom. It is important to recall that these guidelines should be adapted to the changes that are occurring in the health sector. The responses will be written objectively in summary form to allow consolidation of the information.

b. Interviews at the managerial level will be with managers and those responsible for the program at both the national and intermediate (departmental/ provincial/ district) level. In those guidelines there are questions that cover all the components proposed in the evaluation (see the managerial level guidelines in the Annexes). The responses should be recorded objectively in summary form and the documents or the procedures that the interviewee states that he or she possesses or carries out should be observed or confirmed (the method of participant observation).

c. The operational level interview will be used for personnel in institutions that offer direct vaccination services: specialized hospitals, regional hospitals, health centers, health posts, private clinics, and Social Security clinics. In the guidelines there are questions that cover all the components proposed in the evaluation (see the operational level guidelines in the Annexes). In using those guidelines the responses should be recorded objectively in summary form and the documents, procedures, forms, and activities that the interviewee affirms he or she has carried or is carrying out should be observed or confirmed (the method of participant observation).

d. The interviews in the financing organizations, NGOs, and other institutions, involve some exploration of the relationship of these bodies and institutions with the EPI, such as the organization's cooperation priorities, its cooperation with the EPI, and its perception of the EPI (see the guidelines for the financing agencies, NGOs, and other institutions in the Annexes).

e. In public health laboratories, those responsible for the national and departmental laboratories for the diagnosis of vaccine-preventable diseases will be interviewed. The objective is to explore communication and coordination, in addition to aspects specific to the operation of the laboratory, with the individual responsible for epidemiology.



As a reference for the interpretation and analysis, each evaluation component of the EPI should, when properly executed, conform to the directives, technical standards, procedures, etc., recommended by PAHO and the Ministry of Health.

### **3.5 How to Prepare the Final Report**

The format of the final report is decided by the technical coordinators and the administrative coordinator. The basic elements proposed are:

1. Introduction
2. Evaluation Objectives
3. Methodology
4. History of the EPI in the country (summary)
5. Modernization of the health sector (decentralization)
6. Consolidation of interviews, by component (national Report Form)
7. Plan of action

|                                |
|--------------------------------|
| Final report<br>Plan of action |
|--------------------------------|

consolidation = achievements, problems, and recommendations + activities timetable

### **3.6 How to Include the Recommendations in the Plan of Action**

The recommendations will be included in the Plan of Action through the defined activities that will be carried out to implement the recommendations.

The Plan of Action should be based on the parameters utilized for estimating the cost of each activity, furnished by the coordinators and management of the national EPI.

## **4. How to Analyze and Interpret the Findings**

### **4.1 Analysis by Component**

The technical references for each component are the standards, directives, minimum indicators, basic conditions for compliance with indicators, and terms of reference prepared and recommended by the EPI/PAHO. These indicate the degree of achievement for the component.

The integrated analysis of those indicators/technical standards will provide an idea of the level of compliance for the component [conclusion of the component].

## **4.2 Comprehensive Interpretation of the Results**

It is necessary to remain alert, since segmentation into components does not completely represent reality. There is often a relationship among the components, with some overlapping.

For example, in evaluating the epidemiological surveillance component at a given level, we may confirm the need for staff trained to properly engage in active case-finding. However, when we evaluate the training component we may find that active case-finding has been omitted from the training program.

## **5. Monitoring the Timetable of the Plan of Action**

The evaluation of the immunization program in a country should be the point of departure for the implementation of the recommendations. Thus, it is essential that a mechanism be set up to monitor the progress made and to program a subsequent evaluation within the next five years at the latest.

Acting jointly with other sectors, the Ministry of Health, through the individual responsible for the EPI, will be responsible for monitoring the activities proposed for meeting the objectives set in the evaluation. In order to obtain that desired result, periodic joint meetings should be held to confirm that the activities are adhering to the dates and terms established in the timetable. Every three months at such a meeting, a report summarizing the action taken to implement the intervention prescribed should be presented. In accordance with the timetable and the period of time stipulated, a new evaluation will be made using the same methodology.

## **6. Annexes**

- 6.1 List of Information for Evaluating the EPI
- 6.2 List of Persons to Be Interviewed
- 6.3 Distribution of Equipment and Cars
- 6.4 Guidelines for Interviews at the Political Level
- 6.5 Guidelines for Interviews at the Managerial Level
- 6.6 Guidelines for Interviews at the Operational Level
- 6.7 Guidelines for Interviews in the Laboratories
- 6.8 Guidelines for Interviews in Financing Agencies, NGOs, and Other Institutions
- 6.9 EPI User Survey
- 6.10 Report Form

6.11 Format for the Plan of Action

6.12 Other Annexes: Summary of Interviews Conducted, by Level and Region Visited

MINISTRY OF PUBLIC HEALTH  
PAN AMERICAN HEALTH ORGANIZATION

6.1 LIST OF INFORMATION FOR EVALUATING THE EXPANDED PROGRAM ON IMMUNIZATION

200\_\_ 200\_\_

| <b>INFORMATION</b>  | <b>YES</b> | <b>NO</b> | <b>Observations</b> |
|---|------------|-----------|---------------------|
| <b>1. Political priority, programming, and planning</b>                       |            |           |                     |
| 1.1. Resolutions, directives  |            |           |                     |
| 1.2. Annual plan of operation   |            |           |                     |
| 1.3. Population database, by province, district, and age (Record the source.) |            |           |                     |
| 1.4. Document showing the mission and objectives of the EPI                   |            |           |                     |
| <b>2. Organization and coordination</b>                                       |            |           |                     |
| 2.1. Organizational chart of the health bureau                                |            |           |                     |
| 2.2. Committee for intersectoral support: proceedings                         |            |           |                     |
| <b>3. Resources of the EPI</b>  |            |           |                     |
| 3.1. Logistical   |            |           |                     |
| a. vehicles   |            |           |                     |
| b. computers  |            |           |                     |
| c. telephones   |            |           |                     |
| d. fax  |            |           |                     |
| e. modem  |            |           |                     |
| 3.2. Personnel  |            |           |                     |
| 3.3. Laboratories (reference and support): fax, computer, telephone, reagents |            |           |                     |
| 3.4. Budget   |            |           |                     |
| a. per diem   |            |           |                     |
| b. vaccines   |            |           |                     |
| c. syringes   |            |           |                     |
| d. operation  |            |           |                     |
| e. operating expenses   |            |           |                     |
| f. transport  |            |           |                     |
| g. maintenance  |            |           |                     |
| <b>4. Supervision and training</b>  |            |           |                     |
| 4.1. Guidelines for supervision   |            |           |                     |
| 4.2. Program standards (vaccination, surveillance, cold chain, biosafety)     |            |           |                     |
| <b>5. Information system</b>  |            |           |                     |
| 5.1. Up-to-date information   |            |           |                     |
| a. population by district and age group                                       |            |           |                     |
| b. demographic data: population pyramid                                       |            |           |                     |
| c. vaccination coverage by district   |            |           |                     |
| d. disease incidence  |            |           |                     |
| e. districts at risk  |            |           |                     |
| • by vaccination coverage   |            |           |                     |
| • by incidence  |            |           |                     |
| • by accumulation of susceptibles   |            |           |                     |

|   |  |  |  |
|---|--|--|--|
| • by epidemiological silence  |  |  |  |
| • by ecological criterion (e.g., river basin, yellow f.)                                |  |  |  |
| • by migration  |  |  |  |
| • % of population urban and rural   |  |  |  |
| • accessibility   |  |  |  |
| • borders   |  |  |  |
| 5.2. Active search (immunopreventable diseases)   |  |  |  |
| 5.3. Structure and flow chart of the information system                                 |  |  |  |
| 5.4. Bulletins, publications, and feedback (EPI, active epid. surveillance)             |  |  |  |
| <b>6. Epidemiological surveillance</b>  |  |  |  |
| 6.1. Structure of the notification network: map   |  |  |  |
| 6.2. Compliance with surveillance indicators for AFP, measles, and NNT                  |  |  |  |
| 6.3. Standards and manuals  |  |  |  |
| 6.4. Areas at risk: epidemiological maps  |  |  |  |
| 6.5. Records of laboratory results for the cases  |  |  |  |
| 6.6. Case information, by laboratory classification                                     |  |  |  |
| <b>7. Cold chain</b>  |  |  |  |
| 7.1. Up-to-date inventory   |  |  |  |
| 7.2. Maps   |  |  |  |
| 7.3. Maintenance plan   |  |  |  |
| 7.4. Resources  |  |  |  |
| a. logistical   |  |  |  |
| b. human  |  |  |  |
| c. financial  |  |  |  |
| <b>8. Evaluation/research</b>   |  |  |  |
| 8.1. Evaluation reports, national and departmental                                      |  |  |  |
| 8.2. Evaluation report for Hib (departments with sentinel hospitals)                    |  |  |  |
| 8.3. Evaluation report for yellow fever (endemic areas)                                 |  |  |  |
| 8.4. Meeting reports, subregional/TAG   |  |  |  |
| 8.5. Operations research on the quality and reliability of the information from the EPI |  |  |  |
| 8.6. Research on risk and poverty   |  |  |  |

## **6.2 LIST OF PERSONS TO BE INTERVIEWED**

### **Political Level**

#### **1. National: High-Level Officials**

Ministers of Health, Education, and Finance  
Vice Ministers of Health and Finance  
Director-General of the Ministry of Health  
Directors-General of Health Services, Health Programs,  
Promotion, Communication, Programming and Evaluation,  
Administration and Finance, Health Surveillance, and Rural Settlements  
Director of Hospitals  
Regional Health Director  
Director of the Central Laboratory of the Ministry of Public Health  
Director-General of the Armed Forces and Police  
Members of the National Health Council  
Technical Secretaries of Planning  
President of the Health Commission of the Senate and Representatives  
President of the IPS  
President of the INDI  
Health Authorities  
Others

#### **2. Departmental: Governors**

Secretaries of health of the government  
President of the departmental board  
Education secretary  
Regional health director  
Regional IPS director  
Education supervisors  
Others

#### **3. Capital District: Managers**

President of the local health council  
Departmental: President of the municipal council  
Others

#### **4. Other Districts: Managers**

President of the local health council  
President of the municipal council  
Others

**Managerial Level:**

1. **National:** Chief, Expanded Program on Immunization  
Chief, epidemiological surveillance department  
Chief, vaccine-preventable disease laboratory  
EPI chief, social welfare institute  
EPI coordinator, military and police health  
Association of private sanatoriums  
Chief of statistics
2. **Departmental:** Regional hospital director  
Chief nurse for the region  
Regional epidemiologist  
Regional EPI officer  
Epidemiological surveillance officer  
Regional educators  
Area public health director  
Regional laboratory chief  
Regional statistician
3. **District:** District hospital director  
Health center director  
Chief nurse

**Operational Level:** Institutions and personnel that offer direct vaccination services.

Specialized hospitals/regional hospitals/health centers/health posts/private clinics/clinics in the social welfare institute.

Laboratory chief  
Laboratory technician  
Nursing auxiliaries  
Statistician  
Nurses  
Obstetric technicians  
Persons in charge of health posts  
Promoters  
Others

**Agencies, Financing Organizations, NGOs, and Other Institutions: National, Departmental, and District**

PAHO  
USAID  
UNICEF  
JICA  
Social Pastorate  
Rotary International  
IDB  
World Bank  
Plan Internacional  
GTZ  
Pediatrics society  
Society of gynecologists and obstetricians  
Society of infectious diseases  
Pediatrics chair  
Episcopal conference, bishops (departmental), and priests (district)  
Nursing school  
National council of physicians (association, circle, committee, or as named in the country)  
School of medicine  
National coordinator of farmers  
Coordinator of Social Pastorate  
Others

### 6.3 Distribution of Equipment and Cars

| PROVINCE/<br>STATE | JURISDICTION | MUNICIPIO | INSTITUTION | UNITS<br>EQUIPMENT<br>(name)                  | CARS<br>(number) |
|--------------------|--------------|-----------|-------------|---|------------------|
|                    |              |           |             | Hosp.____<br>Lab.____<br>C.S.____<br>P.S.____ |                  |
|                    |              |           |             | Hosp.____<br>Lab.____<br>C.S.____<br>P.S.____ |                  |
|                    |              |           |             | Hosp.____<br>Lab.____<br>C.S.____<br>P.S.____ |                  |
|                    |              |           |             |   |                  |

## 6.4 GUIDELINES FOR INTERVIEWS AT THE POLITICAL LEVEL

Level: \_\_\_\_\_  
 (National, intermediate, or local)

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

**Identification**

**District/Municipio** \_\_\_\_\_

Name: \_\_\_\_\_  
 Profession: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Time in the institution: \_\_\_\_\_  
 Time in the position: \_\_\_\_\_

|   | OBSERVATIONS |
|---|--------------|
| <p><b>1. POLITICAL PRIORITY ASSIGNED TO THE PROGRAM AND LEGAL BASES.</b></p> <p>1.1 Does the institution participate in activities related to the health of the population?<br/>                     Yes__ No__</p> <p>1.2 Specify the form of participation in these activities.<br/>                     _____</p> <p>1.3 Specify the health priorities (in your country, state and/or municipio, as appropriate).<br/>                     _____</p> <p>Is political priority assigned to the EPI?<br/>                     Yes__ No__</p> <p>1.4 Does the person interviewed have knowledge of the plan:</p> <ul style="list-style-type: none"> <li>- for eradication of measles? Yes__ No__</li> <li>- for polio eradication? Yes__ No__</li> <li>- for elimination of neonatal tetanus? Yes__ No__</li> </ul> |              |

|   |                            |
|---|----------------------------|
| <p>1.5 Is the EPI mentioned spontaneously among the priorities (country, state/region, district, and/or municipality)?<br/>Yes__ No__</p> <p>1.6 Is the EPI an easily identifiable priority backed with resources?<br/>Yes__ No__</p> <p>1.7 To support the immunization program, are there:<br/>- laws? Yes__ No__<br/>- decrees? Yes__ No__<br/>- resolutions and ordinances? Yes__ No__</p> <p>1.8 Are there laws or decrees that guarantee the allocation of resources in the national budget?<br/>Yes__ No__</p>   | <p><b>OBSERVATIONS</b></p> |
| <p><b>2 PROGRAMMING AND PLANNING</b><br/>(for the health sector, applicable at the regional and district levels)</p> <p>2.1 Are there annual and five-year plans of action?<br/>Yes__ No__</p> <p>2.2 Are there criteria to measure the level of compliance with the plan?<br/>Yes__ No__</p> <p>2.3 Is the information received from the technical level utilized to establish and/or modify priorities of the EPI?<br/>Yes__ No__<br/>Why? _____</p> <p>2.4 Are there criteria for allocation of resources, such as areas with low coverage and/or with cases of measles or neonatal tetanus or with deficient surveillance?<br/>Yes__<br/>No__</p> |                            |
| <p><b>3 ORGANIZATION AND COORDINATION</b><br/>(For the Secretary of Health. Applicable at the national and departmental levels, for the director of health surveillance, the regional director, or the state secretary of health, for example.)</p>   |                            |

|  |                            |
|--|----------------------------|
| <p>3.1 Is the EPI well placed in the organizational chart of the Ministry of Health?<br/>Yes__ No__</p> <p>3.2 Is the EPI organized adequately to meet the goals and objectives?<br/>Yes__ No__</p> <p>3.3 Are there coordination mechanisms:<br/>within institutions? _____<br/>between institutions? _____<br/>between agencies? _____<br/>with professional associations? _____</p> <p>3.4 Is vaccination promoted and supported by the:<br/>Institute of Social Welfare? _____<br/>health section of the armed forces? _____<br/>private physicians? _____<br/>others (specify)? _____</p> <p>3.5 Does your institution coordinate the work with some of the aforementioned institutions?<br/>Yes__ No__<br/>Which? _____</p> <p>3.6 Is there coordination of immunization activities and epidemiological surveillance with bordering countries?<br/>Yes__ No__<br/>Which? _____</p> | <p><b>OBSERVATIONS</b></p> |
| <p><b>4 HUMAN, MANAGEMENT, AND FINANCING RESOURCES</b></p> <p>4.1 Does the EPI have an adequate technical team?<br/>Yes__ No__</p> <p>4.2 Does it have adequate logistical and management resources (vaccines, syringes, transportation equipment, communication, per diem, laboratory resources, etc.)?<br/>Yes__ No__</p>  |                            |

|  |  |
|--|--|
| <p>4.3 Does it have a budget for emergency situations, such as an outbreak of vaccine-preventable disease?<br/>Yes__ No__</p> <p>4.4 Does it have a budget for mass communication?<br/>Yes__ No__</p> <p>4.5 Is the impact of health sector reform and decentralization on the EPI:<br/>positive?__ negative?__<br/>Specify. _____</p> <p>4.6 Is there a possibility of finding other sources of financing to support the EPI?<br/>Yes__ No__<br/>What are they? _____</p> | <p style="text-align: center;"><b>OBSERVATIONS</b></p> |
| <p>5 GENERAL OBSERVATIONS</p> <p>5.1 Is the opinion of the EPI:<br/>positive?__ negative?__</p> <p>5.2 Is there a need to add other vaccines at the national level?<br/>Yes__ No__<br/>Which?<br/>Chickenpox? _____<br/>Hepatitis A? _____<br/>Influenza? _____<br/>Meningococcal? _____<br/>Others (specify)? _____</p> <p>5.3 What recommendations do you have for the EPI?</p>  |  |

|  |  |
|--|--|
|  |  |
|--|--|

6.5 GUIDELINES FOR INTERVIEWS AT THE MANAGERIAL LEVEL

**I. Identification**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Number of years in the profession: \_\_\_\_\_

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Time in that position: \_\_\_\_\_

Exclusive dedication? Yes\_\_ No\_\_

What percent of your time do you devote to: the EPI? \_\_\_\_\_  
epidemiological surveillance? \_\_\_\_\_

At what level? National\_\_ Regional\_\_ District\_\_

Type of facility: \_\_\_\_\_

|  | OBSERVATIONS |
|--|--------------|
| <p><b>1. Political priority assigned to the program and legal bases</b></p> <p>1.1 Is political priority assigned to the EPI? Yes__ No__</p> <p>1.2 Is the EPI mentioned spontaneously among the priorities of the department, region, or district? Yes__ No__</p> <p>1.3 Is the vaccination component an easily identifiable priority? Yes__ No__</p> <p>1.4 Is it backed with resources? Yes__ No__</p> <p>1.5 Are there laws or decrees that support vaccination as a social good? Yes__ No__</p> <p>Are there laws or decrees that guarantee the allocation of resources in the budget? (Confirm.) Yes__ No__</p> <p>1.6 Are there pilot experiments on health sector reform and decentralization (at your level)? Yes__ No__</p> <p>1.7 With regard to the EPI, is the health sector reform process: positive?__ negative?__</p> <p>1.8 In the processes of reform and decentralization was there an increase in:</p> <p style="padding-left: 150px;">financial resources?_____</p> <p style="padding-left: 150px;">human resources?_____</p> <p style="padding-left: 150px;">cold chain?_____</p> <p style="padding-left: 150px;">intersectoral work? _____</p> <p style="padding-left: 150px;">others (specify)?_____</p> |              |
| <p><b>2. Programming and planning</b></p> <p>2.1 Are there annual and five-year plans of operation? (Confirm.) Yes__ No__</p> <p>Are the goals, objectives, and priorities clearly defined? Yes__ No__</p> <p>2.2 Is the level of compliance determined (is progress monitored)?</p>   |              |

|   |  |  |
|---|--|--|
|   | Yes__ No__                                     |  |
| 2.3 Is there a reliable population census?  | Yes__ No__                                     |  |
| 2.4 Are there local censuses?   | Yes__ No__                                     |  |
| Do you know the areas of responsibility of your institution?  | Yes__ No__                                     |  |
| 2.5 What criteria are used to program the goals?  |  |  |
|   | Population? _____                              |  |
|   | Demand? _____                                  |  |
|   | Coverage in the previous year? _____           |  |
|   | Local census? _____                            |  |
|   | Others (specify)? _____                        |  |
| 2.6 Are the operational and epidemiological indicators, a product of monitoring and evaluation, utilized to establish and modify the priorities of the vaccination component? | Yes__ No__                                     |  |
| 2.7 Which vaccination strategies and tactics are utilized most?   |  |  |
|   | Campaigns/days? _____                          |  |
|   | Routine/systematic? _____                      |  |
|   | Vaccination in the home? _____                 |  |
|   | Systematic movement from place to place? _____ |  |
|   | Mobile vaccination equipment? _____            |  |
|   | Services for remote areas? _____               |  |
|   | Concentration? _____                           |  |
| Other tactics developed by the country (specify)? _____   |  |  |
| <b>3. Organization and coordination</b>   |  |  |
| 3.1 Is the EPI properly placed in the organizational chart?   | Yes__ No__                                     |  |
| 3.2 Is the structure of the EPI adequate for achieving the goals and objectives (in terms of quantity and function of the human resources)?                                   | Yes__ No__                                     |  |
| 3.3 Are there mechanisms for coordination with other health   |  |  |

|   |  |
|---|--|
| <p>care programs?<br/>health?_____</p> <p style="text-align: center;">Maternal and child</p> <p style="text-align: center;">Health promotion?_____</p> <p style="text-align: center;">Epidemiological surveillance?_____</p> <p style="text-align: center;">Laboratory?_____</p> <p style="text-align: center;">Statistics?_____</p> <p style="text-align: center;">Others (specify)?_____</p> <p>3.4 Is there coordination with other:<br/>institutions?_____ Which?_____</p> <p>sectors?_____ Which?_____</p> <p>professional<br/>associations?_____ Which?_____</p> <p>entities (specify)?_____</p> <p>3.5 Do you feel that the following institutions promote and support vaccination?</p> <p style="text-align: center;">Social security?_____</p> <p style="text-align: center;">Armed forces health dept.? _____</p> <p style="text-align: center;">Police health dept.? _____</p> <p style="text-align: center;">Private physicians?_____</p> <p style="text-align: center;">Others (specify)?_____</p> <p>3.6 Do you receive the monthly EPI reports on the doses administered in clinics and private physicians' offices?<br/>Yes__ No__</p> <p>3.7 Does the EPI carry out supervision of:</p> <p style="text-align: center;">social security? _____</p> <p style="text-align: center;">private physicians' offices? _____</p> <p style="text-align: center;">others (specify)? _____</p> <p>3.8 Is there coordination with neighboring municipios for the following activities (when applicable):</p> <p style="text-align: center;">immunization? _____</p> <p style="text-align: center;">epidemiological surveillance? _____</p> <p>3.9 When applicable:<br/>Are there border meetings this year concerning the following activities:</p> <p style="text-align: center;">immunization? _____</p> <p style="text-align: center;">epidemiological surveillance? _____</p> <p>When applicable:<br/>Is there a plan for joint activities of the EPI and bordering municipios?</p> |  |
|---|--|

|  | Yes__  | No__       |
|--|--|------------|
| <b>4. Financing</b>  |  |            |
| 4.1 Are there sources of financing at the disposal of the EPI (confirm):                               |  |            |
|  | Years  |            |
|  | 200__  | 200__      |
| for fuel?  | Yes__ No__                                     | Yes__ No__ |
| for per diem?  | Yes__ No__                                     | Yes__ No__ |
| for a budget for emergencies?  | Yes__ No__                                     | Yes__ No__ |
| for epidemiological surveillance?  | Yes__ No__                                     | Yes__ No__ |
| for monitoring, supervision, and evaluation?   | Yes__ No__                                     | Yes__ No__ |
| for registration forms and stationery?   | Yes__ No__                                     | Yes__ No__ |
| for training?  | Yes__ No__                                     | Yes__ No__ |
| 4.2 Have the following allocated economic resources for the program in the last five years? (Confirm.) |  |            |
|  | Government? _____                              |            |
|  | Regional health bureaus? _____                 |            |
|  | National hospitals? _____                      |            |
|  | Regional hospitals? _____                      |            |
|  | Other institutions? _____ Which? _____         |            |
|  | This applies only at the national level. _____ |            |
| 4.3 What percentage of funds applied at the national level are from external sources? _____%           |  |            |
| 4.4 Have national and external resources been expended for the following categories?                   |  |            |

|  |  |
|--|--|
| <p>Supervision? ___<br/>Vaccines, safe syringes and needles? ___<br/>Cold chain? ___<br/>Vaccination cards? ___<br/>Syringe destruction? ___<br/>Freight for distribution of vaccines and syringes and shipment of samples? ___<br/>Cost of communication for epidemiological surveillance? ___<br/>Health promotion? ___<br/>Training? ___<br/>Others (specify)? _____</p> <p>4.5 In the event that syringes, vaccination cards, or other inputs were lacking, what action would be taken?<br/>_____</p> <p>4.6 Is the budget increased to correct for annual inflation?<br/>Yes ___ No ___</p> <p>4.7 How do you address emergency situations that affect vaccination activities? Specify.<br/>_____</p> <p>4.8 Are there defined criteria for allocating resources?<br/>Yes ___ No ___<br/>Specify. _____</p> <p>4.9 Compare coverage with funds distributed (confirm).<br/>Do you consider your coverage satisfactory?<br/>Yes ___ No ___<br/>Have available resources impacted the coverage?<br/>Yes ___ No ___</p> <p><b>5. Human and management resources</b></p> <p>5.1 Are there adequate technical support teams for the EPI?<br/>Yes ___ No ___</p> <p>5.2 Are the logistical and management resources adequate?<br/>Yes ___ No ___</p> <p>5.3 Is there recognition of work and commitment to the EPI?<br/>Yes ___ No ___</p> |  |
|--|--|

5.4 For exclusive use of the EPI, is there :  
physical space? Yes\_\_ No\_\_  
telephone? Yes\_\_ No\_\_  
fax? Yes\_\_ No\_\_  
E-mail? Yes\_\_ No\_\_

5.5 Is the coverage indicator utilized in making  
arrangements? Yes\_\_ No\_\_

5.2 Were there sufficient vaccines and syringes during the  
last six months? Yes\_\_ No\_\_  
Which were lacking? \_\_\_\_\_ Time: \_\_\_\_\_

**6. Supervision and training**

6.1 Is there a plan for supervision with:  
instruments (guidelines)? Yes\_\_ No\_\_  
technical standards? Yes\_\_ No\_\_

6.2 Are the technical standards updated?  
Yes\_\_ No\_\_

When was the last time? \_\_\_\_\_

6.3 Have you a current vaccination schedule?  
Yes\_\_ No\_\_  
May I see it? \_\_\_\_\_

Do you have operational difficulties in applying it?  
Yes\_\_ No\_\_  
How have you solved them?  
\_\_\_\_\_

6.4 Are there reports on the supervision provided?  
Yes\_\_ No\_\_  
(Confirm.)

6.5 Is there monitoring to confirm the implementation of the  
recommendations?

|   |            |
|---|------------|
| Why? _____  | Yes__ No__ |
| 6.6 Is there a training plan?   | Yes__ No__ |
| <b>7. Information system</b>  |            |
| 7.1 Are the flow and frequency adequate for information on:             |            |
| a) cases?   | Yes__ No__ |
| b) coverage?  | Yes__ No__ |
| (Confirm.)  |            |
| 7.2 Is information current on:  |            |
| a) incidence of cases?  | Yes__ No__ |
| b) coverage?  | Yes__ No__ |
| (Confirm.)  |            |
| 7.3 Is there an analysis of the information? (Confirm.) Yes__           |            |
| On cases? _____   |            |
| On  |            |
| coverage? _____   |            |
| On epidemiological surveillance? _____                                  |            |
| No __ Why? _____  |            |
| 7.4 Are there municipios at risk? (Confirm.)                            |            |
| Yes__ Criteria for defining   |            |
| them _____  |            |
| _____   |            |
| _____   |            |
| No__  |            |
| 7.5 Is there analysis of the timeliness and quality of the information? |            |

|  |   |
|--|---|
|  | Yes__ No__  |
| Is there active case-finding? __   |   |
| Is there an exchange of information on cases and coverage with different levels? _____   |   |
| Others (specify)? _____  |   |
| 7.6 Are there mechanisms, such as reports and bulletins, for collecting information and feedback? (Confirm.)                                   | Yes__ No__  |
| <b>8. Cold chain and safety in the use of syringes and open flasks</b>   |   |
| 8.1 Is there an updated inventory for the cold chain? (Confirm.)   | Yes__ No__  |
| 8.2 Is there a distribution chart currently available in the operational units that agrees with what is sent from the higher level? (Confirm.) | Yes__ Dates _____   |
| No__   |   |
| 8.3 Are the capacity and quantities of materials distributed in the cold chain adequate to meet the needs?                                     | Yes__ No__  |
| 8.4 Is there a maintenance plan?   | Yes__ No__  |
| Is there a plan for replacement of equipment?  | Yes__ No__  |
| 8.5 Are there resources assigned for maintenance? Yes  |   |
| _____  | Human resources? __<br>Financial resources? __<br>No ____ |
| 8.6 Are the distribution and storage conditions of the vaccines adequate for transport to the lower levels? (Confirm, if possible,             |   |

by asking for a description and demonstration of the way the vaccines are stored.)

Yes\_\_ No\_\_

8.7 Is there a proper procedure for destruction of used syringes?

Yes\_\_ No\_\_

8.8 Is the length of time open flasks are used correct (in accordance with EPI/PAHO recommendations)?

Yes\_\_ No\_\_

What is it? \_\_\_\_\_

### 9. Evaluation and research

9.1 Have evaluations of the EPI been carried out?

Yes\_\_ Frequency \_\_\_\_\_

Type \_\_\_\_\_

Date of most recent \_\_\_\_\_

No\_\_

9.2 Have the evaluations served as the basis for decision-making?

Yes\_\_ No\_\_

9.3 Has operations research been carried out during the last two years?

Yes\_\_ No\_\_

What was done?

### 10. Mass communication, community participation, and user satisfaction

10.1 Is there a permanent plan for information, education, and communication (IEC)?

Yes\_\_ No\_\_

Does it have financing? Yes\_\_ No\_\_

10.2 Does the community participate in the activities of the EPI?

Yes\_\_ No\_\_

### 11. Epidemiological surveillance

11.1 Is there a table showing the number of existing health services?

Yes\_\_ No\_\_

|  |  |
|--|--|
| <p>How many units report? (Confirm.)<br/>                 Yes__ No__</p> <p>Is there a consolidated weekly report?<br/>                 (Confirm.)<br/>                 Yes__ No__</p> <p>11.2 Is there verification of the quality of negative<br/>                 weekly reports through the active search in:<br/>                 notifying institutions?__<br/>                 the community?_____<br/>                 other places<br/>                 (specify)?_____</p> <p>11.3 Are there epidemiological surveillance indicators for:<br/>                 measles? __<br/>                 AFP? __<br/>                 neonatal tetanus? __</p> <p>Are the indicators known? Yes__ No__<br/>                 Are the indicators observed?<br/>                 Yes__ No__</p> <p>11.4 Are technical surveillance standards available?<br/>                 (Confirm.) Yes__<br/>                 No__</p> <p>11.5 Is case information up to date? Yes__ No__<br/>                 Are laboratory results included? Yes__<br/>                 No__</p> <p>11.6 Are areas of risk identified? (Confirm.)<br/>                 Yes__ No__</p> <p>Are the criteria adequate? (Confirm.)<br/>                 Yes__<br/>                 No__</p> <p>What are they?_____</p> <p>Is the epidemic potential identified?<br/>                 Yes__ No__</p> <p>11.7 Has health sector reform as it relates to surveillance been:<br/>                 positive? __<br/>                 negative? __</p> <p>Why?_____</p> <p>11.8 Have the available financial resources</p> |  |
|--|--|

|  |  |
|--|--|
| <p>been sufficient in the last two years?<br/>                 Yes__ No__</p> <p>Are the amounts designated:<br/>                 by strategy?__<br/>                 by source?__<br/>                 for emergencies?__</p> <p>for other categories (specify)?_____</p> <p>11.9 Is there coordination between the EPI and the office of epidemiological surveillance?<br/>                 Yes__ No__</p> <p>11.10 Is there exchange of data between the EPI and epidemiological surveillance?<br/>                 Yes__ No__</p> <p>11.11 Are there designated individuals responsible for epidemiological surveillance of the vaccine-preventable diseases?<br/>                 Yes__ No__</p> <p>11.12 Is there adequate definition of the:<br/>                 structure? Yes__ No__<br/>                 flow of information? Yes__ No__<br/>                 format for case reports, by level? Yes__ No__</p> <p>11.13 Is there a state public health laboratory with diagnostic services for vaccine-preventable diseases?<br/>                 Yes__ Which diseases?_____<br/>                 No__</p> <p>Can it meet the demand for diagnostic testing if the number of samples increases?<br/>                 Yes__ No__</p> <p>11.14 Is there coordination of the activities of epidemiological surveillance with:<br/>                 private clinics? __<br/>                 private physicians? __<br/>                 health sector institutions? __<br/>                 others (specify)? _____</p> <p>11.15 Do personnel from epidemiological surveillance participate in meetings on vaccination?</p> |  |
|--|--|

|   |                |
|---|----------------|
|   | Yes__ No__     |
| 11.16 Are morbidity and mortality data still not included in the EPI for:   |                |
|   | chickenpox?__  |
|   | influenza?__   |
|   | hepatitis A?__ |
| other diseases (specify)? _____   |                |
| 11.17 Are reports or bulletins with data obtained through the epidemiological surveillance system published? (Confirm.) |                |
| Yes__ To whom are they distributed? _____   |                |
|   | No_____        |
| <b>12. Opinions of the interviewee</b>  |                |
| 12.1 What impression do you have of the immunization program?   |                |
| (Classify in accordance with the response.)   |                |
|   | Excellent__    |
|   | Good__         |
|   | Fair__         |
|   | Poor__         |
| 12.2 What impression do you have of epidemiological surveillance?   |                |
| (Classify in accordance with the response.)   |                |
|   | Excellent__    |
|   | Good__         |
|   | Fair__         |
|   | Poor__         |
| 12.3 What significant problems hinder the operation of the:   |                |
| immunization program? _____   |                |
| _____   |                |
| epidemiological surveillance? _____   |                |
| _____   |                |
| 12.4 What solutions do you suggest for the problems of:   |                |
| the immunization program? _____   |                |
| _____   |                |
| epidemiological surveillance? _____   |                |
| _____   |                |

|  |  |
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|  |  |
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**6.6 GUIDELINES FOR INTERVIEWS AT THE OPERATIONAL LEVEL**

**1. Identification**

Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Number of years in the profession: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Position: \_\_\_\_\_  
Locality: \_\_\_\_\_  
Length of time in the position: \_\_\_\_\_  
Exclusive dedication: Yes \_\_\_\_\_ No \_\_\_\_\_  
Percentage of time devoted to the EPI:  
    Vaccination component \_\_\_\_\_  
    Epidemiological surveillance \_\_\_\_\_  
Type of facility: \_\_\_\_\_

**2. Programming and Planning**

Observations

2.1 Is there an annual work plan? Yes \_\_\_ No\_\_\_  
2.2 Does it have an objective, goals, and priorities defined? Yes \_\_\_ No\_\_\_  
2.3 What is your opinion of the degree of compliance with the above requirements?  
    Positive\_\_\_\_\_ Negative\_\_\_\_\_

2.4 How is the population determined in your area of influence?

2.5 Do you consider this way of calculating population adequate? Yes \_\_\_ No\_\_\_

2.6 Does the unit have a target population? Yes \_\_\_ No\_\_\_

2.7 Is there a map or sketch showing the geographical limits and operational units in the area of influence?

Yes \_\_\_ No \_\_\_

2.8 Vaccination goals for the year (Confirm.)

| Vaccine        | < 1 year |    | 1 year |    | 2 to 4 years |    | 15 to 49 years |    | Population at risk |    |
|----------------|----------|----|--------|----|--------------|----|----------------|----|--------------------|----|
|                | Yes      | No | Yes    | No | Yes          | No | Yes            | No | Yes                | No |
| DPT            |          |    |        |    |              |    |                |    |                    |    |
| Sabin          |          |    |        |    |              |    |                |    |                    |    |
| BCG            |          |    |        |    |              |    |                |    |                    |    |
| MMR            |          |    |        |    |              |    |                |    |                    |    |
| DPT+HB+<br>Hib |          |    |        |    |              |    |                |    |                    |    |
| AFP            |          |    |        |    |              |    |                |    |                    |    |
| Td             |          |    |        |    |              |    |                |    |                    |    |

2.9 Are the goals in agreement with the recommendations of the EPI?

Yes \_\_\_ No \_\_\_

2.10 What do you think of the decentralization of the health services?

2.11 What is the impact of decentralization on the vaccination services?

Positive \_\_\_\_\_ Negative \_\_\_\_\_ NA \_\_\_\_\_

### 3. Organization and Coordination

3.1 Is the placement of the vaccination site adequate?

Yes \_\_\_ No \_\_\_

3.2 Is the vaccination schedule adequate?

Yes \_\_\_ No \_\_\_

3.3 Is the coordination with other health care programs adequate?

Yes \_\_\_ No \_\_\_

3.4 Is coordination with other institutions or sectors adequate and documented?

Yes \_\_\_ No \_\_\_

Coordination activities with sectors:

Observations

| Organization         | Yes | No |
|----------------------|-----|----|
| Education            |     |    |
| Church(es)           |     |    |
| Organized community  |     |    |
| Other (specify)_____ |     |    |

3.5 Is there coordination with the private sector (physicians' offices, clinics)?  
 Yes \_\_\_ No \_\_\_

3.6 Vaccination strategies and tactics most utilized

| Tactics                                 | Yes | No |
|---|-----|----|
| Routine/systematic vaccination          |     |    |
| Campaigns/days                          |     |    |
| Vaccination in homes                    |     |    |
| Systematic movement from place to place |     |    |
| Mobile vaccination team                 |     |    |
| Semifixed posts (Concentration)         |     |    |
| Other (specify)_____                    |     |    |

3.7 Request (from the interviewee and confirm) the identification and location of unvaccinated or incompletely vaccinated children by source:

Card file \_\_\_\_\_  
 Registry book \_\_\_\_\_  
 Others (specify)\_\_\_\_\_

3.8 What was the date of the last campaign or mop up used as a vaccination strategy and which vaccines were used?

Date \_\_\_/\_\_\_/\_\_\_      Vaccines \_\_\_\_\_

3.9 Is there coordination with neighboring or border municipalities?

Yes \_\_\_ No \_\_\_

3.9.1. Does it cover vaccination activities?

Yes \_\_\_ No \_\_\_

3.9.2. Does it cover epidemiological surveillance activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions 3.10 and 3.11 are applicable only to border municipalities.**

3.10 Have you attended border meetings for:  
 immunization activities? Yes\_\_ No\_\_  
 epidemiological surveillance? Yes\_\_ No\_\_

3.11 Does your municipio have a joint vaccination activity plan with other, neighboring border municipios?  
 Yes\_\_ No\_\_

**4. Human, Management, and Financial Resources**

4.1 Are there sufficient personnel to carry out the tasks?

| Personnel   | Number | % of time devoted to the vaccination component |
|-------------|--------|--|
| Nurses      |        |  |
| Auxiliaries |        |  |
| Promoters   |        |  |
| Vaccinators |        |  |
| Others_     |        |  |

4.2 Is there physical space devoted exclusively to vaccination activities?  
 Yes\_\_ No\_\_

Is it easily accessible to users?  
 Yes\_\_ No\_\_

Is it easy to identify the vaccination room?  
 Yes\_\_ No\_\_

4.3 Are logistical and management resources adequate?

| Resource  | Yes | No | Not applicable |
|---|-----|----|----------------|
| Vaccines  |     |    |                |
| Syringes  |     |    |                |
| Vehicles (car, motor scooter)                         |     |    |                |
| Thermos   |     |    |                |
| Communication   |     |    |                |
| Per diem  |     |    |                |
| Economic resources and equipment for shipping samples |     |    |                |
| Cold chain  |     |    |                |
| Registry and card stationery                          |     |    |                |
| Equipment maintenance                                 |     |    |                |
| Others (specify) _____                                |     |    |                |

4.4 Would you consider the decentralization of the health sector:  
 positive? \_\_\_\_\_ negative? \_\_\_\_\_

Why? -----

**Questions 4.5 and 4.6 apply only to the regional and district levels.**

4.5 The budget for vaccination includes funds for:

Year

|                    | 200_       | 200_       | Sufficient |
|--------------------|------------|------------|------------|
| Fuel               | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Per diem           | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Outbreak control   | Yes__ No__ | Yes__ No__ | Yes__ No__ |
| Mass communication | Yes__ No__ | Yes__ No__ | Yes__ No__ |

4.6 Is there a local contribution of funds from other institutions?  
 Yes \_\_\_ No \_\_\_

**5. Supervision and Training**

5.1 Have you received supervision in the last six months?  
Yes \_\_\_ No \_\_\_

Educational supervision?  
Yes \_\_\_ No \_\_\_

With a report? (Confirm.)  
Yes \_\_\_ No \_\_\_

5.2 Are there technical standards available?  
Yes \_\_\_ No \_\_\_

Do you know the standards? Yes \_\_\_ No \_\_\_

Do you apply the standards? Yes \_\_\_ No \_\_\_

Are there biosafety standards for handling and disposing of used syringes and flasks?  
 (Confirm.)  
Yes \_\_\_ No \_\_\_

5.3 Do you have the written manuals for the EPI?  
Yes \_\_\_ No \_\_\_

Which? \_\_\_\_\_

5.5. Do you know the content?

Yes \_\_\_ No \_\_\_

5.6 What was the date of the last training? \_\_\_\_\_  
What was the date in the component? \_\_\_\_\_

**6. Information System**

6.1 Is there a flow of information on cases and coverage?  
(Confirm what information.)

Yes \_\_\_ No \_\_\_

6.2 For your district or area of responsibility is there up-to-date information on:  
coverage? Yes \_\_\_ No \_\_\_  
incidence of vaccine-preventable diseases? Yes \_\_\_ No \_\_\_

6.3 Do you know the areas and populations at risk? Yes \_\_\_ No \_\_\_

6.4 Do you have criteria for the reliability of the information system?  
Yes\_\_\_ Specify. \_\_\_\_\_  
No\_\_\_ Specify. \_\_\_\_\_

6.5 What information do you receive periodically in the form of publications?  
EPI Bulletin? Yes\_\_\_ No\_\_\_  
Others? Yes \_\_\_\_\_ Specify. \_\_\_\_\_ No\_\_\_

6.6 Are there individuals charged with responsibility for the information system?  
Yes\_\_\_ No\_\_\_

Is there a computer available to process information? Yes \_\_\_ No \_\_\_

Is a telephone or fax machine available? Yes\_\_\_No\_\_\_

6.7 Are there written manuals on the EPI information system? (Confirm.)  
Yes\_\_\_ No\_\_\_

6.8 What are the programming population data for 200\_\_? (Confirm.)

Total number of inhabitants in the area \_\_\_\_\_  
Children under 1 year \_\_\_\_\_  
    1 year \_\_\_\_\_  
    2 to 4 years \_\_\_\_\_  
    5 to 14 years \_\_\_\_\_  
Females 15 to 49 years \_\_\_\_\_

Pregnant women \_\_\_\_\_

6.9 Are there cards for recording the doses administered?

Yes\_\_ No\_\_ Why? \_\_\_\_\_

6.10 Are there cards to register the vaccination of women who are of child-bearing age or pregnant?

Yes\_\_ No\_\_ Why? \_\_\_\_\_

6.11 Are the cards available in sufficient quantity?

Yes\_\_ No\_\_

6.12 Do you maintain a registry of the individuals vaccinated?

Yes\_\_ No\_\_

Type of registry used:

Card file \_\_\_\_\_

Copy of the card \_\_\_\_\_

Record book \_\_\_\_\_

Other (specify) \_\_\_\_\_

6.13 Are there data from the last two years on the doses administered, by type of biological and by age? (Confirm.)

Yes\_\_ No\_\_

6.14 Do you calculate the coverage?

Yes\_\_ No\_\_

How do you calculate the coverage?

\_\_\_\_\_

Do you consider that you carry out this calculation correctly?

Yes\_\_ No\_\_

6.15 Do you receive information on the doses administered by other institutions? (Social Security, armed forces, NGO, etc.)

Yes\_\_ No\_\_

---

6.16 Do you evaluate the progress of the program with the pertinent indicators?

Coverage?

Yes\_\_ With what frequency? \_\_\_\_\_ No\_\_

Percentage of incomplete schedules?

Yes\_\_ With what frequency? \_\_\_\_\_ No\_\_

---

6.17 Is the graph of the monitoring of coverage up-to-date and visible?  
(Confirm.)

Yes\_\_ No\_\_

### 7. Epidemiological Surveillance

7.1 Is there someone in charge of epidemiological surveillance of vaccine-preventable diseases?

Yes\_\_ Who?\_\_\_\_\_ No\_\_ Why?\_\_\_\_\_

7.2 Are there manuals or written standards for epidemiological surveillance in the health unit?

Yes\_\_ Year of the edition?\_\_\_\_\_ No\_\_

7.3 Are there disease research files?

Yes\_\_ No\_\_

Which?\_\_\_\_\_

Who is given the information?\_\_\_\_\_

7.4 Does the health unit participate in the negative weekly report?

Yes\_\_ No\_\_

Why?\_\_\_\_\_

Method of notification \_\_\_\_\_ Frequency \_\_\_\_\_

7.5 Is systematic birth control provided by the health unit?

---

Yes\_\_ No\_\_ Why?\_\_\_\_\_

Doses administered: Yes\_\_ No\_\_ Why?\_\_\_\_\_

---

Is vaccination coverage monitored by biological?

Yes\_\_ No\_\_ Why?\_\_\_\_\_

How frequently?

Monthly\_\_

Quarterly\_\_

Semiannually\_\_

Other\_\_\_\_\_

Is morbidity monitored?

Yes\_\_ No\_\_ Why?\_\_\_\_\_

Is mortality monitored?

Yes\_\_ No\_\_ Why?\_\_\_\_\_

EVALUATOR: The following question is not asked at the first level.

7.6 Is the aggregate number of cases of vaccine-preventable diseases reported and investigated in the last two years available? (Confirm.)

Yes\_\_ No\_\_

7.7 Is there an active search for suspected cases of:

Last Date

measles? Yes\_\_ No\_\_ \_\_\_\_\_  
AFP? Yes\_\_ No\_\_ \_\_\_\_\_  
neonatal tetanus? Yes\_\_ No\_\_ \_\_\_\_\_

in: schools? \_\_\_\_\_  
barracks? \_\_\_\_\_  
prisons? \_\_\_\_\_  
businesses? \_\_\_\_\_  
neighborhoods or companies? \_\_\_\_\_  
other locations (specify)? \_\_\_\_\_

7.8 Is there an epidemiological file for each case investigated? (Confirm the cases investigated.)

Yes\_\_ No\_\_

Why? \_\_\_\_\_

7.9 Is research conducted by:

nurses? \_\_\_\_  
physicians? \_\_\_\_  
auxiliaries? \_\_\_\_  
community agents? \_\_\_\_  
others (specify)? \_\_\_\_

7.10 Do you receive information from other institutions or health professionals on vaccine-preventable diseases?

Yes\_\_ Explain. \_\_\_\_\_

No\_\_ Why? \_\_\_\_\_

7.11 Do you receive consolidated reports or bulletins at following levels:

national? regional? district?  
Yes\_\_ No\_\_ Yes\_\_ No\_\_ Yes\_\_ No\_\_

(Ask to be shown the reports, bulletins, or journals that the interviewee receives periodically.)

7.12 What do you do when there is a temporary adverse event associated with the vaccination?

Explain. \_\_\_\_\_

7.13 Do you know the epidemiological surveillance indicators for:

AFP? Yes\_\_ No\_\_ Why? \_\_\_\_\_

measles/rubella? Yes\_\_ No\_\_ Why? \_\_\_\_\_

neonatal tetanus? Yes\_\_ No\_\_ Why? \_\_\_\_\_

Do you know the definition of a suspected case of measles, as specified by the EPI/PAHO? Yes\_\_ No\_\_

7.14 Do you take the proper actions (in accordance with recommendations of the EPI), when a suspected case of measles is presented?

Yes\_\_ No\_\_

7.15 Do you make a home visit?

Yes\_\_ No\_\_

Do you make a list of the inhabitants of the house and their contacts?

Yes\_\_ No\_\_

Do you use the form for house calls?

Yes\_\_ No\_\_

7.16 Do you take samples of:

blood? \_\_\_\_\_

urine? \_\_\_\_\_

nasal discharge? \_\_\_\_\_

7.17 How many times in the week do you send samples to the laboratory? \_\_\_\_\_

7.18 Do you receive the laboratory results? Yes\_\_ No\_\_

After how many days? \_\_\_\_\_

## 8. Cold Chain

Observations

8.1 Is there an up-to-date inventory? Yes\_\_ No\_\_

8.2 Is the equipment adequate for the needs? Yes\_\_ No\_\_

8.3 Is there a schedule for preventive maintenance of the refrigerator and replacement of equipment?

Yes\_\_ No\_\_

Are resources allocated for this? Yes\_\_ No\_\_

8.4 Are the cold chain standards applied? Yes\_\_ No\_\_

8.5 Does the unit have a refrigerator exclusively for vaccines?

Yes\_\_ No\_\_

Why? \_\_\_\_\_

Is it in good operating condition? Yes\_\_ No\_\_ Why? \_\_\_\_\_

Is the refrigerator 15 cm from the wall? (MEASURE IT.)

Yes\_\_ No\_\_

Does it have a thermometer?

Yes\_\_ Specify type. \_\_\_\_\_ No\_\_

Is there a permanent energy supply?

Yes\_\_ No\_\_

How many hours per day? \_\_\_\_\_

Type of energy utilized? Gas \_\_ Electric \_\_ Solar \_\_

8.6 Was the energy supply cut during the last 30 days?

Yes\_\_ How many times? \_\_\_\_\_ For how long? \_\_\_\_\_

No\_\_

Do you know what actions to take or the written emergency plan in case of an energy supply cut?

Yes\_\_

No\_\_

Does not know \_\_

What are the measures to be taken when the energy supply is cut?

Explain. \_\_\_\_\_

8.7 Has the refrigerator malfunctioned in the last six months?

Yes\_\_ For how long? \_\_\_\_\_ No\_\_

Has the daily temperature been recorded? (Confirm.)

Yes \_\_ No\_\_ How many times? \_\_\_\_\_

Has a refrigerator temperature over 8°C or under 2°C been recorded in the last month?

Yes\_\_ No\_\_

How many times? \_\_\_\_\_ How many degrees (over or under)? \_\_\_\_\_

8.8 Does the refrigerator contain:

Observations

foods, beverages, or other material; drugs?  
Yes\_\_ No\_\_

bottles of water sufficient to conserve the temperature?  
Yes\_\_ No\_\_

vaccines organized in adequate trays?  
Yes\_\_ No\_\_

Are the open flasks marked?  
Yes\_\_ How?\_\_\_\_\_ No\_\_ Why?\_\_\_\_\_

8.9 Is the supply of thermoses and coolers (for transport) sufficient?  
Yes\_\_ No\_\_

What type of thermos is utilized for vaccines in the establishment?  
\_\_\_\_\_

What type of thermos is utilized for house-to-house vaccination?  
\_\_\_\_\_

8.10 Are the vaccines stored properly in the thermos (with a thermometer and packages of ice)?

Yes\_\_ No\_\_

How many hours are the vaccines kept in the thermos?  
(Record.) \_\_\_\_\_ hours

8.11 Do you receive the vaccines in good condition (packing intact, proper temperature on arrival)?

Yes\_\_ No\_\_

Is the type of transport adequate?  
Yes\_\_ No\_\_

From where do the vaccines for this unit come? \_\_\_\_\_

Are the open vaccine flasks properly handled:  
in the service? Yes\_\_ No\_\_  
in field vaccinations?

Yes\_\_ No\_\_

### Biosafety

8.12 Are needles inserted in the stoppers of flasks in use  
(for DPT; Td; MMR, etc.)? Yes\_\_ No\_\_

After use do you separate the syringe from the needle?

Yes\_\_ No\_\_

Is there a medical waste box (specific container) for used needles and syringes?

Yes\_\_ No\_\_

Are the contents of the medical waste box:

buried?\_\_

burned?\_\_

discarded with the hospital refuse?\_\_

combined with the common refuse?\_\_

otherwise disposed of (specify)?\_\_\_\_\_

### Service quality

Are there open flasks of vaccine (MMR, BCG, yellow fever) from the previous day?

Yes\_\_ No\_\_

How long are the open flasks (DPT, Td; Sabin) kept? \_\_\_\_\_

### 9. Supplies

Observations

9.1 Is the procedure for requesting vaccines, syringes, and other supplies adequate?

Yes\_\_ No\_\_

Is the frequency of the orders adequate?

Yes\_\_ No\_\_

Do you have forms to order supplies for vaccination? (Confirm.)

Yes\_\_ No\_\_

Why?\_\_\_\_\_

Who prepares the order?\_\_\_\_\_

Is the frequency with which supplies are received or collected adequate?

Yes\_\_ No\_\_

Is the request presented to the:

person in charge of the EPI?\_\_

area authority? \_\_

other (specify)? \_\_\_\_\_

Who calculates the necessary quantity of those supplies?

Observations

Specify. \_\_\_\_\_

9.2 Is the calculation of the needs based on:  
demand? Yes\_\_ No\_\_  
goal? Yes\_\_ No\_\_  
something else (specify)? \_\_\_\_\_

9.3 Does the facility have enough vaccines? Yes\_\_ No\_\_  
Which are lacking? \_\_\_\_\_ How long? \_\_\_\_\_  
Why? \_\_\_\_\_

9.4 Does the refrigerator contain vaccines other than those for the EPI?  
Yes\_\_ Which? \_\_\_\_\_ Why? \_\_\_\_\_ No\_\_

9.5 Has there been a lack of disposable syringes for vaccination?  
Yes\_\_  
What measures were taken to administer the vaccine? \_\_\_\_\_  
No\_\_

9.6 In the previous year and/or in the last six months has there been a shortage of vaccines?  
Yes\_\_ Which vaccines? \_\_\_\_\_ How long? \_\_\_\_\_  
What was done to solve the problem? \_\_\_\_\_  
No\_\_

## 10. Evaluation and Research

10.1 Are there monthly evaluations of:  
incidence?\_\_  
coverage?\_\_  
  
risk?\_\_

10.2 Have they served as a basis for decision-making?

Yes\_\_ No\_\_

10.3 Have you participated in the meeting for evaluation of the program? Yes\_\_ No\_\_

What was the date of the last evaluation meeting?\_\_\_\_\_

10.4 Were the recommendations from the meeting implemented?

Yes\_\_ No\_\_

10.5 Has operations research been carried out?

Yes\_\_ What?\_\_\_\_\_ No\_\_

### **11. Mass Communication, Community Participation, and User Satisfaction**

11.1 Is the mass communication plan adequate for the characteristics of the local culture?

Yes\_\_ No\_\_

11.2 Is this plan financed?

Yes\_\_ By whom?\_\_\_\_\_

No\_\_

11.3 Is mass communication used throughout the year?

Yes\_\_ No\_\_

11.4 Does the community support the EPI?

Yes\_\_ No\_\_

11.5 Have you explored the degree of satisfaction of the users of the EPI?

Yes\_\_ No\_\_

### **12. Observations of the Health Unit Personnel**

12.1 What impression do you have of the immunization program?

(Classify the response.)

Excellent\_\_ Good\_\_ Fair\_\_ Poor\_\_

12.2 What impression do you have of epidemiological surveillance?

(Classify the response.)

Excellent\_\_ Good\_\_ Fair\_\_ Poor\_\_

12.3 What are the most important problems that hinder the operation of:  
the immunization program?\_\_\_\_\_

epidemiological surveillance?\_\_\_\_\_

12.4 What are solutions for the problems with:

the immunization program? \_\_\_\_\_

epidemiological surveillance? \_\_\_\_\_

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## 6.7 Guidelines for Interviews in the Laboratories

### Identification

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Time in the profession: \_\_\_\_\_

Institution: \_\_\_\_\_

Position: \_\_\_\_\_

Time in that position: \_\_\_\_\_

Exclusive dedication to vaccine-preventable diseases: Yes\_\_ No\_\_

### 1. Diagnostic tests for epidemiological surveillance of the diseases covered by the EPT:

measles (specify)? \_\_\_\_\_

poliomyelitis (specify)? \_\_\_\_\_

tuberculosis (specify)? \_\_\_\_\_

diphtheria (specify)? \_\_\_\_\_

whooping cough (specify)? \_\_\_\_\_

hepatitis B (specify)? \_\_\_\_\_

*Haemophilus influenzae* b (specify)? \_\_\_\_\_

yellow fever (specify)? \_\_\_\_\_

others (specify)? \_\_\_\_\_

1.1 Do you collaborate by shipping clinical samples  
(in cases for which you do not carry out diagnostic tests)?

Yes\_\_ How? \_\_\_\_\_

No\_\_

1.2 Do you believe that your laboratory would be able to perform diagnostic tests?

Yes\_\_ No\_\_

2. With whom do you coordinate the shipment of the samples? \_\_\_\_\_

3. Where are the samples sent? \_\_\_\_\_ Observations

4. Are the financial resources sufficient for the following activities:

training? Yes\_\_ No\_\_

supervision? Yes\_\_ No\_\_

shipment of samples? Yes\_\_ No\_\_

others (specify)? \_\_\_\_\_

Are there sufficient human resources? Yes\_\_ No\_\_

Are there sufficient quantities of the following:

|                   |       |      |
|-------------------|-------|------|
| reagents?         | Yes__ | No__ |
| supplies?         | Yes__ | No__ |
| telephones?       | Yes__ | No__ |
| faxes?            | Yes__ | No__ |
| others (specify)? | Yes__ | No__ |

5. Do samples arrive with a research file? (Confirm.)

Yes\_\_ How complete is it? \_\_\_\_%

No\_\_

## 6. For Use in the Central Laboratory

6.1. Once the samples are received, in how many days are they tested for:

measles? \_\_\_\_\_  
poliomyelitis? \_\_\_\_\_  
diphtheria? \_\_\_\_\_  
tuberculosis? \_\_\_\_\_  
whooping cough? \_\_\_\_\_  
hepatitis B? \_\_\_\_\_  
*Haemophilus influenzae*? \_\_\_\_\_  
yellow fever? \_\_\_\_\_  
rubella? \_\_\_\_\_  
others (specify)? \_\_\_\_\_

6.2. How much time does it take to report the results to the institution that sent the sample?

Number of days\_\_\_\_ Why?\_\_\_\_\_

6.3. Is the format for reporting results used? (Confirm.)

Yes\_\_ No\_\_

## 7. To be used in the laboratory at the intermediary (provincial/district) level

7.1 How much time does it take to receive the report of the results from the institution to whom the sample was sent?

Number of days\_\_\_\_ Why?\_\_\_\_\_

7.2 Do you inform other levels?

Yes\_\_ Which?\_\_\_\_\_

No\_\_

## 8. To be used at the local/area level

8.1. How are the reports of the results received?

Directly (on a form for reporting results) \_\_\_  
Indirectly (specify) \_\_\_\_\_

8.2. Are standards and manuals available for the handling and shipment of samples? (Confirm.)

Yes\_\_ No\_\_

**9. For use in the intermediary level (provincial/district) laboratory**

9.1 Did you receive supervisory visits: Observations  
in the last year?\_\_\_ How many? \_\_\_\_  
in the current year?\_\_\_ How many? \_\_\_\_

9.2 Did the supervisor leave a written report?

Yes\_\_ No\_\_

9.3 Were the reports useful?

Yes\_\_ No\_\_

**10. Difficulties encountered**

10.1 Central laboratory

Do the samples arrive in the correct manner?

Yes\_\_ No\_\_ Explain. \_\_\_\_\_

10.2 Intermediary level (provincial/district) laboratory

Are there difficulties in shipping samples?

Yes\_\_ Explain. \_\_\_\_\_

No\_\_

10.3 Central laboratory

Do the samples arrive in good condition?

Yes\_\_ No\_\_ Explain. \_\_\_\_\_

Is the system for shipping samples adequate?

Yes\_\_ No\_\_ Explain. \_\_\_\_\_

**11. Participation in EPI evaluation meetings**

Do you participate in:

meetings to analyze information? Yes\_\_ No\_\_  
coordination meetings? Yes\_\_ No\_\_  
other meetings? (Specify.) \_\_\_\_\_

**12. For use in the intermediary level (provincial/district) laboratory**

12.1 How do you receive the information on the results?

Directly \_\_\_\_  
On a form for reporting results \_\_\_\_  
Fax/telephone \_\_\_\_  
Through a third party (specify) \_\_\_\_\_

12.2 Are standards and manuals for handling and shipping samples available? (Confirm.)

Yes\_\_ No\_\_

12.3 Have you received supervisory visits:

last year? \_\_\_\_ How many?\_\_\_\_  
in the current year? \_\_\_\_ How many?\_\_\_\_

Did the supervisor leave a written report? (Confirm.) Yes\_\_ No\_\_

Was it useful? Yes\_\_ No\_\_

**6.8 Guidelines for Interviews at Financing Agencies, NGOs, and Other Institutions**

Level: \_\_\_\_\_  
Identification  
Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Position: \_\_\_\_\_  
Time in that position: \_\_\_\_\_

---



## 6.9 EPI USER SURVEY

Instructions for the interviewer: Interview at least three women who are in the health unit and three outside the health unit (market, residence, elsewhere), each of whom has responsibility for a boy or girl under 5.

Date \_\_\_\_\_

Region \_\_\_\_\_

District \_\_\_\_\_ Locality \_\_\_\_\_

Where was the survey conducted? \_\_\_\_\_

Ask the following questions and mark the appropriate response:

1. What do you think of the vaccines for children?

(Interviewer: Classify the response according to the degree of importance given to the vaccines.) High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

2. Have you heard or seen messages about vaccination in the last month?

Yes \_\_\_\_\_ No \_\_\_\_\_

2.1. Where? (Mark those that she mentions.) Radio \_\_\_\_\_ Television \_\_\_\_\_

Loudspeaker \_\_\_\_\_ Public notices \_\_\_\_\_ Health unit \_\_\_\_\_

Newspapers \_\_\_\_\_ Others \_\_\_\_\_

3. Of what use are vaccines?

Correct \_\_\_\_\_ Incorrect \_\_\_\_\_

3.1. What diseases do they prevent? (Mark those which she mentions.)

Polio \_\_\_\_\_ Measles \_\_\_\_\_ Tetanus \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Yellow fever

\_\_\_\_\_ Hepatitis B \_\_\_\_\_ *Haemophilus influenzae* b \_\_\_\_\_

Others \_\_\_\_\_

4. Do you have your child's vaccination card? Yes \_\_\_ No \_\_\_\_\_

Is the vaccination series complete for the age? Yes \_\_\_ No \_\_\_\_\_

5. Do you have your card and that of your child? Yes \_\_\_ No \_\_\_

6. Of what use is the card?

---

Correct ( ) Incorrect ( )

Specify. \_\_\_\_\_

7. Where do you have your child vaccinated?

Health facility \_\_\_\_\_ Private \_\_\_\_\_

IPS \_\_\_\_\_ Other \_\_\_\_\_

Would you wait to vaccinate your child in a vaccination or mop up campaign?  
Yes \_\_\_\_\_ No \_\_\_\_\_

9. The last time that you took your child to the health facility for vaccination, was he or she vaccinated? Yes \_\_\_\_\_ No \_\_\_\_\_

9.1. If they did not vaccinate him/her, why?

- a. There were no vaccines/syringes. \_\_\_\_\_
- b. It was not a day for vaccination. \_\_\_\_\_
- c. No service that day. \_\_\_\_\_
- d. Someone said the child could not be vaccinated because he or she was sick.
- e. The health unit was closed. \_\_\_\_\_
- f. Other (explain). \_\_\_\_\_

10. If the child was vaccinated:

- a. Did you have to wait a long time? Yes \_\_\_\_\_  
How much time? Hours \_\_\_\_\_ Minutes \_\_\_\_  
No \_\_\_\_\_
- b. Are you happy with care received?  
Yes Specify: \_\_\_\_\_  
No Specify: \_\_\_\_\_
- c. Did you receive information on the vaccines? Yes\_\_\_\_No\_\_\_\_
- d. Did you receive an explanation of the reactions that the vaccine might produce after it was administered?  
Yes \_\_\_\_\_No\_\_\_\_\_
- e. What would you do if reactions to the vaccine did appear?  
\_\_\_\_\_  
Correct \_\_ Incorrect \_\_

11. The last time that you went to the health facility with your child for some reason other than vaccination, was the vaccination card reviewed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did anyone speak to you about vaccines? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the child vaccinated? Yes \_\_\_\_\_ No \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

6.10

**REPORT FORM**

DEPARTMENT \_\_\_\_\_

LEVEL \_\_\_\_\_

| COMPONENT                     | ACHIEVEMENTS | PROBLEMS | RECOMMENDATIONS | OBSERVATIONS |
|-------------------------------|--------------|----------|-----------------|--------------|
| 1. Organization               |              |          |                 |              |
| 2. Coordination               |              |          |                 |              |
| 3. Programming                |              |          |                 |              |
| 4. Execution                  |              |          |                 |              |
| 5. Human resources            |              |          |                 |              |
| 6. Physical resources         |              |          |                 |              |
| 7. Budget/financial resources |              |          |                 |              |

**REPORT FORM**

DEPARTMENT \_\_\_\_\_

LEVEL \_\_\_\_\_

| COMPONENT                          | ACHIEVEMENTS | PROBLEMS | RECOMMENDATIONS | OBSERVATIONS |
|------------------------------------|--------------|----------|-----------------|--------------|
| 8. Cold chain inputs and logistics |              |          |                 |              |
| 9. Training                        |              |          |                 |              |
| 10. Supervision                    |              |          |                 |              |
| 11. Epidemiological surveillance   |              |          |                 |              |
| 12. Information system             |              |          |                 |              |
| 13. Mass communication             |              |          |                 |              |

**REPORT FORM**

DEPARTMENT \_\_\_\_\_

LEVEL \_\_\_\_\_

| COMPONENT                   | ACHIEVEMENTS | PROBLEMS | RECOMMENDATIONS | OBSERVATIONS |
|-----------------------------|--------------|----------|-----------------|--------------|
| 14. Community participation |              |          |                 |              |
| 15. Research                |              |          |                 |              |
| 16. Evaluation              |              |          |                 |              |

| COMPONENT                      | ACHIEVEMENTS | PROBLEMS | RECOMMENDATIONS | OBSERVATIONS |
|--------------------------------|--------------|----------|-----------------|--------------|
| 1. Priority of the cooperation |              |          |                 |              |
| 2. Cooperation with the EPI    |              |          |                 |              |
| 3. Perception of the EPI       |              |          |                 |              |

## National Report Form

**COMPONENT:**

|                     |                        |
|---------------------|------------------------|
| <b>ACHIEVEMENTS</b> |                        |
| <b>PROBLEMS</b>     | <b>RECOMMENDATIONS</b> |

6.11 Format for the Plan of Action

COMPONENT

| ACTIVITIES | TIMETABLE |     |      | INDIVIDUAL RESPONSIBLE | COST | OBSERVATIONS |
|------------|-----------|-----|------|------------------------|------|--------------|
|            | 200       | 200 | 200_ |                        |      |              |
|            | 1 2 3 4   | -   |      |                        |      |              |
|            |           |     |      |                        |      |              |

## 6.12 Other Annexes: Summary of Interviews Carried Out, by Level and by Region Visited

### NUMBER OF INTERVIEWS CARRIED OUT, BY LEVEL AND BY REGION/PROVINCE VISITED

|   | National Level | Capital | Province | Province | Province | Province | Province | Province | Total |
|---|----------------|---------|----------|----------|----------|----------|----------|----------|-------|
| No. of interviewees   |                |         |          |          |          |          |          |          |       |
| No. of evaluators   |                |         |          |          |          |          |          |          |       |
| No. of regions visited  |                |         |          |          |          |          |          |          |       |
| No. of political interviews   |                |         |          |          |          |          |          |          |       |
| No. of managerial interviews  |                |         |          |          |          |          |          |          |       |
| No. of operational interviews                                       |                |         |          |          |          |          |          |          |       |
| No. of interviews of users  |                |         |          |          |          |          |          |          |       |
| No. of hospitals visited  |                |         |          |          |          |          |          |          |       |
| No. of health centers visited                                       |                |         |          |          |          |          |          |          |       |
| Laboratory  |                |         |          |          |          |          |          |          |       |
| No. of cooperation agencies/ scientific societies/ NGOs interviewed |                |         |          |          |          |          |          |          |       |
| Total population of provinces visited                               |                |         |          |          |          |          |          |          |       |
| Total of population of districts/zones/areas visited                |                |         |          |          |          |          |          |          |       |
| Percentage of the district population, by province                  |                |         |          |          |          |          |          |          |       |

## **7. References**

OPS. Metodología par la Evaluación Multidisciplinaria-HPM-PAI; February, 1984 (draft).

PAHO. Miscellaneous materials produced in the EPI evaluations.