SOPs: DISTRICT LEVEL CHECKLIST

Section 1) Programme Implementation

Governance and Accountability

Review Mechanisms at District *(Respondent – District Immunization Officer)*

Question-wise SOPs

1. Enquire from DIO, and indicate number of DTFI meetings held in 2018-19 as per availability of meeting minutes.
2. Enquire from DIO, tick 'Yes' if documented letter on constitution of Urban task force for immunization is available. (Retain one copy). Else 'No'. Tick 'NA' if urban area not identified under NUHM. **If answer is 'NA' skip Q3.**
3. Enquire from DIO/ Urban Coordinator, write the numbers of DTFUI meetings held in 2018-19 as per availability of meeting minutes.
4. Mention number of exclusive quarterly review meeting for RI held in the district with all block officials/MOs and other stakeholders during 2018-19 as per availability of meeting minutes.
5. Confirm from meeting minutes and mention number of exclusive quarterly RI review meetings where ICDS representative has participated. (FY 2018-19)

Fund Utilization/Expenditure *(Respondent - NHM Cell/District Program Management Unit - District Program Manager)*

SOPs for Q.1 to 3

Kindly provide the following details as mentioned in PIP of 2018-19 from District Program Management Unit (DPMU). Calculate percentage as per given formula:

Fund utilized for the individual indicator/Fund allocated for the same indicator*100

1. Mention percentage of the fund utilized for mobilization of children through ASHA in FY 2018-19
2. Mention percentage of the fund utilized for ASHA incentive for children achieved full immunization and complete immunization in FY 2018-19.
3. Mention percentage of the fund utilized for AVD in FY 2018-19.

Inter-Sectoral Coordination *(Respondent – District Immunization Officer)*

Question-wise SOPs

1. Joint concurrent monitoring involves monitoring to be done jointly by government officials and partner agency. Enquire from DIO, tick 'Yes' if documented plan for joint monitoring is available at district. If no monitoring plan available than mention 'No'. Tick 'NA' if no partner available at district level. If answer is 'Yes', mention the name of the partners with which joint monitoring plan is prepared.
2. Enquire from DIO and tick 'Yes' if district has received any directives for AAA (ANM, ASHA, AWW) convergence meeting. Else 'No'.
3. Enquire from DIO and tick 'Yes' if district has issued any directives for AAA convergence meeting to blocks. Else 'No'.

Infrastructure

Infrastructure *(Respondent: Planning cell - nodal person identified by CMO/DIO)*
Mention numbers (no. of health facility in a district) against each question and if information is not available, then mention 'NA'

SOP for Infrastructure
Mention numbers against each indicator.
For subcentre information mention time period (DD/MM/YY) for which information is available.
Total High-Risk Areas includes nomads, Brick Kiln, Slums, Construction sites etc and also settled HRA if any.

Human Resource *(Respondent: Establishment cell - nodal person identified by CMO/DIO)*
Mention numbers against each question and if information is not available then tick accordingly
SOP for Human Resource
1. Tick appropriately based on full time DIO/RCHO assigned in the district with or without additional charge. If DIO/RCHO is looking after only RI/RCH activities then tick 'Yes, without any additional charge'. If he/she is assigned as incharge of any other program as well then tick 'Yes, with additional charges.'   If any other district/block official given additional charge of DIO/RCHO than tick 'No'.   2. Tick 'Yes' if anyone other than DIO/RCHO at the district level is assigned as urban nodal officer for immunization. Else tick 'No'   3. For all health staff - Mention numbers of sanctioned (Regular and contractual) and currently posted staff for rural and urban areas against each health staff cadre.   **If any health cadre is not sanctioned in the district, mention '0'. Don't leave any column of health cadre as blank.**   In any other supervisory cadre column, state owned Immunization Field Volunteers can be mentioned.   4. Mention number of *Mahila Arogya Samitis* expected as per norms and currently formed in the district.   5. If Cold Chain Technician has been assigned for the district, tick accordingly based on his/her location of posting. (district itself, at division/regional level or at state level).   If cold chain maintenance has been outsourced than tick 'No, but outsourced'.   If neither CCT posted nor outsourced mechanism, then tick 'No'.   6. Mention total number of Cold Chain Handlers in district. Primary CCHs and additional CCHs if any assigned at CCPs

Capacity Building
Capacity Building
SOP for Capacity Building Questions
Mention number of total health staff available in the district for the mentioned year, planned to be trained for that mentioned year and total trained in the mentioned year [Information for the last three financial year (2016-17, 2017-18, 2018-19)].   1. Health workers (2 days training on Immunization handbook for health workers)   2. Cold chain handlers (trained in VCCH module 2016)

Supportive Supervision
Supportive Supervision *(Respondent: District Immunization Officer)*
Question-wise SOPs

1. Tick 'Yes' if poor performing blocks have been identified in the district and if yes, mention number of poor performing blocks and also specify the criteria for selection of the same (for e.g. based on concurrent monitoring data, HMIS, overall RCH indicators etc.) Else tick 'No'.
2. Tick 'Yes' if any document on fixed responsibilities of district level officials assigned for poor performing blocks. Else tick 'No'. If no poor performing blocks identified, tick 'Poor performing blocks not identified'.
   Mention the number of poor performing blocks assigned to district officials.
3. Tick 'Yes' if there is evidence of any supervision format exclusive for RI being used in the district. Ask for one copy. Else tick 'No'. **If No, skip Q4.**
4. Mention number of supervisory formats filled for RI in the district by district officials, by block officials, by supervisors and by any other during Jan-Mar 2019.
   Mention the data based on the documentary evidence.
5. If supervisory formats had been filled for RI in the district, ask for existence of any mechanism of collation and compilation of feedback from supervisory formats.
   Tick 'Yes' if it exists, else tick 'No'. If 'No' Skip Q. no. 6 & 7.
6. Tick 'Yes', if any documentation regarding supervisory visit feedback shared with blocks available at district HQ. Else tick 'No'.
7. If supervisory feedback has been documented than tick appropriately based on frequency of sharing feedback.
8. Ask for visit report/ meeting minutes (if held). Mark 'yes', if copy of visit report or meeting minutes available from last 3 months.

AEFI and VPD Surveillance

AEFI and VPD Surveillance

Question-wise SOPs

1. Ask for the official order/memo with revised/latest AEFI committee member list. Encircle 'Within 1 year' if the district AEFI committee members list was updated/revised in last 1 year or else encircle 'More than 1 year'. **Select 'Not constituted yet' if the district AEFI committee is not yet constituted. Select 'not revised' if no revision has been made since constitution of committee.**
2. Mention numbers for district AEFI committee meetings held in last one financial year (2018-19) based on meeting minutes availability.
3. Mention number of serious/severe AEFI cases reported in the district in last three FY (2016-17, 2017-18, 2018-19)
4. Verify from AEFI line list available at district and mark appropriately if any severe/serious AEFI case in which CRF has not been received within 24 hours and PCIF not filled within 10 days of notification in the last FY 2018-19. Tick 'No' if CRF & PCIF for all AEFI cases reported were submitted timely OR if no AEFI cases reported in the above duration.
5. Tick 'Yes' if district has reported any suspected measles case(s) in last three years, else tick 'No'.
6. Mention number of suspected measles outbreak reported and those with completed detailed investigations (in which blood samples have been collected) in the district in last financial year (2018-19).
7. Mention number of laboratory-confirmed measles outbreak in the district in last financial year (2018-19).
8. Mention numbers after cross checking from HMIS report for suspected measles cases reported in **last three months** with at least one-month gap from month of review. (e.g. If data collected in July 2019, then HMIS report to be reviewed for period of March 2019 to May 2019). Cross check IDSP weekly report as well as AFP/Measles surveillance weekly report (VPD-D001) from DIO office for the weeks corresponding to same period.

Section 2) Logistics & Supply Chain

Logistics and Supply Chain

Question-wise SOPs

1. Ask the DIO about his training status of VCCH module 2016 and eVIN (if eVIN state) and tick the appropriate option. (Multiple choice allowed). If not trained on any, tick 'None'.

2. Check if DVS has only CCH or both CCH and additional CCH assigned. Depending on the availability of CCH at the DVS (District Vaccine Store), select the appropriate option.

3. All DVS CCHs should be trained on 2 days revised VCCH 2016 module. Tick appropriate option based on training status of one or both CCH and if both are not trained then tick "None".

4. Tick appropriate option if one or both the DVS CCH is trained on the electronic Vaccine Intelligence Network (eVIN) and if both are not trained then tick "None". If eVIN is not introduced in the state, then tick "NA".

5. Mention number of functional and in use Walk in Cooler (WIC) and Walk in freezer (WIF) available at the DVS. If none available then mention 'NA'.

6. Provide number for ILRs at DVS based on condition:
   Functional: ILR which are in functional state (may be in use or not)
   In-use: functional ILR currently in use
   Non- functional: ILR which are not in use and are non-functional but repairable
   Beyond economic repair: ILR which are non-functional and are beyond repair

7. Provide number for DFs at DVS based on condition:
   Functional: DF which are in functional state (may be in use or not)
   In-use: functional DF currently in use
   Non- functional: DF which are not in use and are non-functional but repairable
   Beyond economic repair: DF which are non-functional and are beyond repair

8. Each CCE has to be connected to a separate functional stabilizer. Verify and mention the number of functional (and in use) ILRs & DFs connected with separate functional stabilizer.

9. Temperature should be recorded twice daily on all days including holidays and Sundays throughout the year. Cross check from temperature log book for all functional (in use) CCEs. And tick the appropriate option.

10. The cleaning of ILR and DF and defrostation of DF is to be done regularly when there is deposition of frost on the inside walls / floor of it. This activity is to be documented in the temperature log book as recommended. Check whether records of cleaning /defrosting are mentioned in temperature logbooks and only then mark 'Yes' or 'No' in appropriate box.

11. Vaccines need to be stored as per guideline in ILR. The Hepatitis B and T- Series vaccines are to be kept on the top. If these vaccines are kept on the top and OPV/BCG/MR at the bottom then mark 'Yes', otherwise tick 'No'. The T series vaccines include Pentavalent, DPT, and TT

12. Count (BCG, OPV, Penta and Measles/MR vaccine and diluent for BCG and Measles/MR) & syringes (AD 0.1ml, AD 0.5ml and Reconstitution syringe 5ml). Verify the stock with the stock register for the same day. If it matches, then tick "Yes". Tick "No" in appropriate box, if the actual stock does not match for any vaccines/diluents/syringes with the stock register.

13. Verify from stock register/eVIN (if applicable) for any stock out of vaccines/logistics (BCG, OPV, Measles/MR, Pentavalent, BCG diluent, Measles/MR diluents, AD 0.1 ml syringe, AD 0.5 ml syringe, AD 5 ml syringes) in the past 3 months. Mention the number of stock-out events for each vaccine/logistic in last 3 months (cumulative).

14. Tick "Yes" if there is any functional power backup like generator, invertor etc. available for CCE, else tick 'No'.
15. Check if any contingency plan is available for prolonged electricity failure (more than 8 hours) and malfunctioning of storage equipment (ILR). Check for name and contact number of the person to be contacted in case of an emergency is available. Tick "Yes" accordingly if the contingency plan is available for selected condition, otherwise tick "No plan available". Tick "No plan available" if only emergency contact numbers available
16. Mention number of beyond economic repair (BER) cold chain equipment that have not been condemned within the last 3 years. Verify from supporting document. 'NA' if no Beyond Economic Repair CCE are at DVS
17. Tick "Yes" if CCT is trained in CCE repair in the last 3 years, otherwise tick "No". Tick "NA" if CCT position is vacant and skip next question.
18. A tool kit should be available with the CCT. Tick appropriate option as per the complete or partial availability of tool kit. If no tool kit available with CCT then mention 'No kit available'.
19. Check for availability at DVS for preventive maintenance plan of CCT to visit all cold chain points in the district, if available tick 'Yes' else 'No'.
20. Mention number of supervisory visits done at DVS by DIO in last three months. Cross check from documented evidence available at DVS (either in temperature log book or within register).

Section 3) Data Recording & Reporting System

Data Recording & Reporting System

Question-wise SOPs

1. Enquire from DIO for availability of any person for data management (including immunization data) or M&E person at district level/DPMU and tick accordingly.
2. Tick 'Yes' if any computer assistant available to support DIO in immunization activities else tick 'No'.
3. Check for availability of VPD-D001 weekly reports for the last completed quarter. VPD-D001 should be prepared and submitted to state on a weekly basis. In a quarter, total 13 weekly reports should be prepared. Count the number of VPD-D001 reports available at district HQ and mention number.
4. There is a box in VPD-D001 report for filling the numbers of serious and severe AEFI cases reported in the district in the particular week.
   Verify from all available VPD-D001 reports of the last quarter for the completeness of the AEFI details mentioned in the box provided.
   It might be either number of AEFI cases reported in the district in that week or 'Nil' reporting if no case reported or mentioned as 'Zero' or '0'. If left as blank consider not filled.
   Mention number of VPD-D001 reports with AEFI box filled out of total available.
5. VPD-H002 reports are to be filled by reporting units and submitted to district on weekly basis. District has to maintain all VPD-H002 reports submitted from reporting units.
   Enquire about the number of reporting units of the district and count the number of weekly VPD-H002 reports submitted from reporting units for the last completed four weeks.
   If all expected weekly VPD-H002 reports are available at district, tick 'Yes'. if any of the VPD-H002 reports is not available, then mention 'No'.
6. Tick appropriately as per the platform/portal used by state/district for name-based tracking of beneficiaries of vaccination. If no platform/portal used tick 'None'.
7. Mention number of villages mapped in RCH/state portal and total number of villages in the district.
8. Mention number of the estimated children (0-1 Year) in the district and number of children registered in the RCH/state portal. Check for last financial year (2018-19).
9. Tick 'Yes' if coverage monitoring chart for relevant antigens (e.g. Penta 1 to Penta 3) coverage and drop-outs updated till last month has been displayed and maintained at DIO office. Else tick 'No'.

10. Cross check from HMIS report of the district for columns of Hepatitis B-1, 2 and 3 coverage reports. If any coverage (in numbers 1 or more) reported in Hepatitis B-1, 2 and 3 columns, tick 'Yes'. If coverage reported as '0' or kept blank, tick 'No'

Section 4) Programme Communication

Programme Communication

Question-wise SOPs

1. Check for the printed/soft copy of the district RI communication plan availability for **Year 2019-20**. Tick 'Yes' if plan is available or else tick 'No'.
2. Standard template of MoHFW includes sections on advocacy, Capacity building, social media and special plan for HRA/vaccine hesitancy areas. Tick appropriately based on availability of sections of the communication plan. Multiple choices allowed.
3. The designation of the District IEC officer would vary across states. If 'Yes', specify designation of the official. If no one assigned for IEC activities at district tick 'No'.
4. Mention number of total blocks/planning units in the district. Also mention number of block/ planning units which have submitted communication plans to district for year 2019-20
5. Cross check from last DTFI meeting minutes. If communication issues have been discussed as per minutes of last DTFI meeting tick 'Yes' else tick 'No'.
6. BRIDGE is a communication training module for ANMs, AWWs and ASHAs for inter personal communication skills for the Frontline workers. If district level ToT has been done for BRIDGE IPC, tick Yes and mention date of ToT. Else tick 'No'. If 'No' than skip next question.
7. Mention total number of ANM (Regular & contractual), ASHA and AWW of the district. Also mention number of total ANMs (Regular & Contractual), ASHAs and AWWs trained on BRIDGE IPC training in the district.
8. Tick 'Yes' if media spokesperson is designated in the district, else tick 'No'. If 'No' skip next question.
9. Tick 'Yes' only if the spokesperson has undergone specific training/ orientation on media facing/ handling during crisis, else tick 'No'.
10. Tick 'Yes' only if media workshops has been organized at the district level exclusively for RI in the year 2018-19.
If media workshop has been done for IMI rounds, new vaccine introduction or expansion, it will not be considered as media workshop for RI, and tick 'No'.