

INTERVIEW GUIDE FOR THE OPERATIONAL LEVEL

GENERAL INFORMATION	
Date of interview _____/_____/_____	Interviewer's name: _____
Department/province: _____	Municipality/district: _____
Health facility: _____	Type of facility: _____
Facility's hours of operation: _____	Days: _____ Area: Urban _____ Rural _____
Facility's vaccination hours: _____	Days: _____
Population of children under 1 year: _____	Population age 1: _____ Population of pregnant women: _____
Total population of the health area: _____	

Personnel participating in EPI activities. Indicate whether brigades are operating and the number of human resources (brigade members):

PROFESSION	FUNCTIONS IN THE EPI	TIME IN THE POSITION	PERMANENT OR ROTATING FUNCTION IN THE EPI	OTHER FUNCTIONS IN THE HEALTH FACILITY

COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
I. PLANNING AND PROGRAMMING	Verify	1.1 Do you have microprogramming that includes goals, activities, a timetable, and budget?				
	Ask	1.2 Does the assigned target population reflect the reality of the local area?				If not, why?
	Verify	1.3 Are the following guidelines or manuals available:				
		1.3.1 Epidemiological surveillance of vaccine-preventable diseases (VPD)				
		1.3.2 New vaccines				
		1.3.3 EPI technical standards				
	Ask	1.4 Were there any problems with the introduction of new vaccines?				If there were problems, in which components?
		1.4.1 Training				
		1.4.2 Cold chain				
		1.4.3 Logistics				
		1.4.4 Administration of the vaccine				
		1.4.5 Information system				
		1.4.6 Mobilization and mass communication				
		1.4.7 Other				Specify.
	Verify	1.5 Is there any record (list or map) of the communities in their health area/catchment area?				

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COMPONENTS		EVALUATION CRITERIA		RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA		
I. PLANNING AND PROGRAMMING	Ask	1.6 What criteria are used to identify risk areas?					
		1.6.1 Vaccination coverage					
		1.6.2 Marginalized, overcrowded, or remote areas					
		1.6.3 Migrant populations					
		1.6.4 Reports of cases and outbreaks					
		1.6.5 Other					Specify.
	Verify	1.7 Is there an estimate of needs for vaccines, syringes, and supplies for vaccination in the health area/catchment area?					
	Ask	1.8 Have resources been allocated to support programmed activities (transportation, fuel, per diem, paper products, etc.)?					Specify.
	Ask	1.9 Has decentralization/sectorization had any impact (positive or negative) on immunization program management?					
II. ORGANIZATION AND COORDINATION	Observe	2.1 Is there an adequate physical space (exclusive use, clean, organized, with washbasin) for vaccination activities?					It is considered adequate if the EPI shares space with growth and development monitoring.
	Observe	2.2 Can users readily identify vaccination service?					
	Ask	2.3 With which institutions does the facility coordinate?					Ask for examples in each case and note as appropriate.
		2.3.1 Community organizations and leaders					
		2.3.2 Ministry of Education					
		2.3.3 Social security					
		2.3.4 Private sector					
		2.3.5 Church					
		2.3.6 Police, army					
		2.3.7 Others					Specify.
	Ask	2.4 What types of activities are coordinated with other institutions?					
		2.4.1 Vaccination					
		2.4.2 Epidemiological surveillance					
		2.4.3 Training					
		2.4.4 Communication and social mobilization					
		2.4.5 Others					
III. TRAINING	Ask	3.1 When was the last time that you received training in immunization program activities?					Specify.
	Ask	3.2 What topics were covered?					
		3.2.1 Planning and programming					
		3.2.2 Cold chain					
		3.2.3 Vaccine safety					
		3.2.4 Information systems					
		3.2.5 Investigation and management of ESAVI					
		3.2.6 Epidemiological surveillance					
		3.2.7 Coverage monitoring					
		3.2.8 Introduction of new vaccines					Specify the vaccine.
		3.2.9 Others					Specify.
	Evaluate	3.3 Evaluate whether the interviewee is familiar with the country's vaccination schedule					

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COMPONENTS		EVALUATION CRITERIA		RESPONSE			COMMENTS - OBSERVATIONS
				Yes	No	NA	
III. TRAINING	Evaluate	3.4	Evaluate whether the interviewee is familiar with the concept of drop-out or default rate.				Request that s/he explain the drop-out rate for Penta1/ Penta3 and evaluate whether the response is correct.
	Evaluate	3.5	Evaluate whether the interviewee knows how to manage the following cases:				
		3.5.1	Which vaccine would you administer to a 7-month-old who has had one dose of BCG, one of penta, and one of OPV, and the doses of penta and OPV were administered five weeks ago?				The correct response is "the second dose of Penta and OPV." Other vaccines in the evaluated country's vaccination schedule should be taken into account.
		3.5.2	Which vaccines would you administer to a 15-month-old child who has never been vaccinated?				The correct response is "BCG, Penta, OPV and MMR." It is important to take into account that some countries do not apply the BCG after age one and to verify the country's recommendation for vaccination against yellow fever and pneumococcus.
IV. SUPPLY OF VACCINES, SYRINGES, AND SUPPLIES	Verify	4.1	Is there an up-to-date inventory system for the movement of biologicals?				
	Verify	4.2	Is there an up-to-date inventory system for the movement of syringes and supplies?				
	Verify	4.3	Is the inventory filled out correctly (number of doses, intake and departure date, batch number, syringe type, expiration date, supplier)?				
	Verify	4.4	Is there a supplies request form for vaccination?				
	Verify	4.5	Is the inventory (stock) of vaccines, syringes, and biohazard boxes adequate and sufficient?				
	Verify	4.6	Is there any control mechanism to monitor the wastage of vaccine doses?				Verify.
	Verify	4.7	Are doses delivered for extramural activities or to other institutions tracked (number of doses delivered, administered, and returned)?				Verify with inventory log used to record the movement of biological products.
	Observe	4.8	Are UNUSED syringes properly stored (in closed boxes, protected from the sun and moisture, etc.)?				
V. COLD CHAIN NETWORK	Ask	5.1	Is there a designated refrigerator for vaccine storage?				If the response is no, go to question 5.4.
	Observe	5.2	Is the refrigerator correctly installed (15 to 20 cm from the wall, level, with nothing beside or on top of it, and shielded from the sun)?				
	Observe	5.3	Are the vaccines properly stored inside it (on trays and at the proper level), according to the country's standards, and have capped water bottles been placed there according to capacity?				
	Verify	5.4	Are all vaccines and diluents correctly labeled?				
	Verify	5.5	Is the date the vials were opened recorded?				
	Verify	5.6	Are there any expired vaccines at the time of the visit?				Examine randomly selected vaccine vials.
	Observe	5.7	Does the refrigerator contain anything other than EPI vaccines?				Specify.
	Verify	5.8	Is there a visible and current daily temperature log?				
	Observe	5.9	Is the vaccines refrigerator in proper working order? Check the location and temperature of the internal thermometer, the door seal, and for excessive frost.				If it is not in proper working order, ask how long it has had defects.
	Verify	5.10	Is there a written emergency plan in a visible location with responsibilities assigned for maintaining the cold chain?				

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COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
V. RED CADENA DE FRÍO	Verify	5.11 Does the facility have enough coolers, thermoses, and ice packs in good condition for vaccination activities?				
	Observe	5.12 Is the vaccine thermos organized properly (adequate ice packs, frost-free, and with vaccine vials protected from contact with water)?				
	Ask	5.13 Were any vaccines discarded this year due to improper handling or power outages affecting refrigeration equipment?				
	Ask	5.14 Do you know what vaccines are damaged by freezing?				
VI. SAFE VACCINATION	Ask	6.1 What are the contraindications of the BCG vaccine?				The correct response is: children weighing less than 2,500 g and children with suspicion or confirmation of HIV infection.
	Ask	6.2 Should the rotavirus vaccine be administered to a child with a history of intestinal invagination?				
	Observe	6.3 Does the interviewee meet safe injection standards (administration site, route, and technique for each vaccine)?				If no vaccination activity is taking place at the time of the interview, ask the interviewee to explain why not.
	Observe	6.4 Does the interviewee correctly dispose of used syringes (does not re-cover the needles, does not separate the needle from the syringe, and immediately disposes of it in an appropriate container)?				Confirm by looking in the waste container.
	Ask	6.5 Has there been any accidental needlestick?				If so, explain how it was handled.
	Observe	6.6. What containers are used to dispose of used syringes and needles?				Confirm if they are used in the appropriate way.
		6.6.1 Biohazard boxes				
		6.6.2 Plastic containers				
		6.6.3 Other				Specify.
	Ask	6.7 What methods are used for final disposal of used syringes and needles?				Mark as appropriate.
		6.7.1 They are incinerated.				
		6.7.2 They are collected by a biological waste company.				
		6.7.3 They are burned.				
		6.7.4 They are buried.				
		6.7.5 They are taken to the municipal dump.				
		6.7.6 Other				Specify.
	Ask	6.8 Do you know how long opened multidose vaccine vials can be used in the health facility?				Vaccines that are discarded after 6 hours (lyophilized vaccines). Vaccines that are discarded after 4 weeks (liquid vaccines that contain preservative).
	Ask	6.9 Are you familiar with the open vial policy for vaccines used in extramural vaccination?				Ask what they do with the open vials in the field.
	Observe	6.10 Are possible reactions to the vaccines explained to the parents? Listen to the indications that are given when vaccinating a child.				If vaccination is not taking place at the time of the interview, ask what information is given when administering BCG and Penta, and evaluate the response.
	Verify	6.11 Is there a form for reporting ESAVI?				
	Ask	6.12 Are you familiar with the ESAVI reporting procedures (what to report and to whom)?				Request that s/he explain and evaluate the response.
	Ask	6.13 If you reported an ESAVI this year, did you receive feedback?				Specify the number of cases.

II INTERVIEW GUIDE FOR THE OPERATIONAL LEVEL (CONTINUED)

COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
	Ask	6.14 How many reported ESAVI were classified as programmatic errors?				Specify.
	Verify	6.15 What vaccines have you received as a health worker?				Request the vaccination card and review the schedule.
VII. EXECUTION	Ask	7.1 Is there any vaccine that is not administered daily in the health facility?				Specify the reason and the vaccine.
	Ask	7.2 What strategies are used to provide vaccination services?				
		7.2.1 Institutional (in the health facility)				
		7.2.2 House to house				
		7.2.3 Referrals				
		7.2.4 Fixed or mobile posts (extramural)				
		7.2.5 Other				Specify.
	Verify	7.3 Is the timetable for off-site vaccination followed?				If not, why?
	Ask	7.4 Are new vaccines administered during extramural activities?				If not, why?
VIII. INFORMATION SYSTEM	Ask	7.5 Have there been any interruptions in the administration of a particular vaccine this year?				Which vaccine, why and how often?
	Ask	7.6 Are there strategies for following up on individuals who have dropped out of the vaccination schedule?				Specify.
	Verify	8.1 Is there a nominal registry for child vaccination histories?				Consult the official system of the country.
	Verify	8.2 Are daily tallies/registries available?				Consult the official registries of the country.
	Verify	8.3 Are aggregate reports available?				
	Verify	8.4 Are the daily tallies/registries filled out correctly?				
	Verify	8.5 Are the aggregated vaccination reports filled out correctly?				
	Verify	8.6 Is the information recorded by the user's place of residence?				Consult the official registries of the country.
	Verify	8.7 Is there a filing system for daily tallies/registries and aggregate reports?				
	Verify	8.8 When a vaccine is administered, is it recorded in all the information system's instruments (vaccination card, daily tally/registry, aggregate report, Tickler, etc.)?				
	Verify	8.9 Are there enough vaccination cards, daily tallies/registries, aggregate reports, Tickler, etc.?				Specify.
	Ask	8.10 Does the facility comply with the requirements and schedule for reporting to the next highest level?				
IX. EPIDEMIOLOGICAL SURVEILLANCE	Verify	9.1 Is this facility a unit that submits weekly negative reports?				If it is not, go to question 9.3.
	Ask	9.2 Does it receive weekly reports on VPDs from other providers (social security, private, others)?				
	Ask	9.3 Is it equipped with means of communication to report VPDs (radio, telephone, cell phone, fax), whether its own or in the community, such as in precincts, schools, etc.?				
	Ask	9.4 Can you correctly describe the suspected case definitions for:				
		9.4.1 Measles/rubella?				
		9.4.2 Acute flaccid paralysis?				
		9.4.3 Neonatal tetanus?				

IIINTERVIEW GUIDE FOR THE OPERATIONAL LEVEL (CONTINUED)

COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
IX. EPIDEMIOLOGICAL SURVEILLANCE	Ask	9.5 Does this facility conduct active institutional searches for cases of VPD?				Select some vaccination services/stations as references and conduct a quality control check on diagnoses over the last 30 days.
	Ask	9.6 Does it carry out active community searches for cases of VPD?				
	Ask	9.7 If it does conduct active searches, on what basis?				
		9.7.1 Routine				
		9.7.2 Investigation of suspected cases				
		9.7.3 Investigation of outbreaks				
		9.7.4 Other				
	Verify	9.8 Does the facility have forms for the investigation of the following VPDs?				
		9.8.1 Measles/rubella				
		9.8.2 Acute flaccid paralysis				
		9.8.3 Neonatal tetanus				
		9.8.4 Tetanus in other age groups				
		9.8.5 Diphtheria				
		9.8.6 Whooping cough				
		9.8.7 Others				Specify.
	Ask	9.9 Are health workers trained in taking blood and stool samples, and testing for other VPDs in this facility?				
	Verify	9.10 Does the facility have enough vials to take blood and stool samples and for viral transport?				If any of these are missing, specify which ones.
	Ask	9.11 Does the facility have guaranteed resources to ship the samples?				If it does not, explain how it sends them.
	Ask	9.12 Are you familiar with the procedure for shipping acute flaccid paralysis and measles/rubella samples?				
	Verify	9.13 Have any suspected cases of VPD been reported this year?				Specify.
	Ask	9.14 What are the applicable prevention and control measures for suspected cases of VPD?				Indicate how many measures are mentioned correctly.
		9.14.1 Immediate reporting within the first 24 hours				
		9.14.2 Filling out an epidemiological investigation form				
		9.14.3 Home visit within the first 48 hours				
		9.14.4 Active case-finding, both institutional and in the community				
		9.14.5 Sample taking and shipment				
		9.14.6 Identification and census of contacts				
		9.14.7 Monitoring of contacts				
		9.14.8 Vaccination of vulnerable groups				
		9.14.9 Rapid coverage monitoring (RCM)				
	Ask	9.15 Does the facility receive reports or bulletins with consolidated information on VPD surveillance?				Indicate how often.
X. MONITORING	Observe	10.1 Does the facility have an up-to-date coverage map?				
	Verify	10.2 How does the facility monitor the achievement of program targets?				
		10.2.1 Vaccination coverage				
		10.2.2 Access (Penta1 coverage)				
		10.2.3 Drop-out or default rate				
		10.2.4 Other				Specify.

INTERVIEW GUIDE FOR THE OPERATIONAL LEVEL (CONTINUED)

COMPONENTS		EVALUATION CRITERIA	RESPONSE			COMMENTS - OBSERVATIONS
			Yes	No	NA	
X. MONITORING	Ask	10.3 Do you participate in periodic EPI evaluation meetings?				Specify.
	Ask	10.4 Evaluate whether the interviewee is familiar with the RCM methodology.				Request that s/he explains the methodology and evaluate the response.
	Verify	10.5 Is there a standard form for rapid coverage monitoring?				
	Ask	10.6 In what situations is rapid coverage monitoring carried out?				Routine, campaign, or case investigation.
XI. SUPERVISION	Ask	11.1 How often does this facility receive supervisory visits from the higher level?				Specify.
	Verify	11.2 Have you received written recommendations?				Ask to see the recommendations and verify them.
	Verify	11.3 Have you implemented the recommendations?				Ask to see the recommendations and verify them.
XII. COMMUNICATION AND SOCIAL MOBILIZATION	Ask	12.1 What types of information, education, and communication activities are carried out?				
		12.1.1 Educational talks				
		12.1.2 Publicity using a loudspeaker				
		12.1.3 Radio/television interviews or announcements				
		12.1.4 Posters, signs				
		12.1.5 Health fairs				
		12.1.6 School-based activities				
		12.1.7 Other				Specify.
	Ask	12.3 How does the community participate in immunization program activities?				Specify.
XIII. EVALUATION	Verify	13.1 For which vaccines did the facility achieve coverage levels equal to or greater than 95% in the past year?				
		13.1.1 Penta 3				Record the coverage achieved.
		13.1.2 MMR				Record the coverage achieved.
		13.1.3 Rotavirus 2 or rotavirus 3				Based on the national schedule.
	Ask	13.2 Do you think that the coverage achieved reflects the actual situation in your facility's area of responsibility/catchment area?				Explain why.
	Ask	13.3 When was the last time that you participated in immunization evaluations at the national, provincial, departmental, or municipal level?				Indicate how frequently.
	Ask	13.4 Have you implemented any changes or improvements as a result of the evaluations?				Describe them.

INTERVIEW GUIDE FOR THE OPERATIONAL LEVEL (CONTINUED)

CONCLUSIONS AND RECOMMENDATIONS

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