

EFFECTIVE VACCINE MANAGEMENT

Training for frontline healthcare workers

10 MODULES

CPD
Accredited





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Modules 1 & 10



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Modules 2 & 3



Dr Mncengeli Sibanda
Modules 5, 6 & 7



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Modules 2 & 9



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Module 8



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Moderator



Aims of EVM training

01

To equip frontline healthcare workers with knowledge and guidance on good EVM practices, in compliance with legislation for vaccine logistics and supply

02

To provide trained frontline healthcare workers with the ability to assess and monitor vaccine supply chains and help improve the supply chain performance

03

To establish high standards of performance to ensure reliability, quality and availability of vaccines and ancillary supplies when and where needed

04

To strengthen quality management practices through the use of SOPs, assessments & development of quality improvement projects

05

To provide frontline healthcare workers with job aids for point of care decision-making

06

To build capacity in terms of EVM training for master trainers

10 Modules





Target Audience

Frontline healthcare workers
(vaccinators, pharmacy staff and depot personnel)
responsible for the management of vaccines
in public and private sectors



Requirements for Online Participants

1. Computer system (desktop, laptop, or tablet) running on a recognised operating system (Windows or Mac OS)
2. Internet access
3. Email address
4. Soundcard with microphone and speakers
5. Minimum computer literacy skills

Data Free



Training modalities

Individual



Individual online self-learning → flexible study hours (distance learning)

Master trainer



On-site training for pre-service and in-service settings



Classroom training



Abbreviations and Acronyms

For Download
from the
Landing Page

ABBREVIATIONS AND ACRONYMS

This section contains the abbreviations and acronyms applicable to all modules of the EVM training.

30DTR	30 day temperature recorder
AEFI	Adverse events following immunisation
AFP	Acute flaccid paralysis
BCG	Bacillus Calmette–Guérin
bOPV	Bivalent oral polio vaccine
CCE	Cold chain equipment
CCEI	Cold chain equipment inventory
CCM	Cold chain monitor
CHCs	Community Health Centres
COVID-19	Coronavirus disease 2019
CPD	Continuing professional development
DDV	Direct delivery
DHIS	District Health Information System
EML	Essential Medicines List
EPI	Expanded Programme on Immunisation
EPI-SA	Expanded Programme on Immunisation in South Africa
EVDS	Electronic Vaccination Data System
EVM	Effective Vaccine Management
FEFO	First-expiry-first-out
FIFO	First-in-first-out
GPP	Good Pharmacy Practice
HCRW	Healthcare risk waste
HepB	Hepatitis B
HCWs	Healthcare workers
Hib	<i>Haemophilus influenzae</i> type b
HPCSA	Health Professions Council of South Africa
HPV	Human papillomavirus
IPC	Infection prevention and control
IPM	Inspection and preventive maintenance
IPV	Inactivated polio vaccine
KPIs	Key performance indicators
MCQs	Multiple choice questions

MDVP	Multi-Dose Vial Policy
MMR	Measles, mumps and rubella
NAGI	National Advisory Group on Immunisation
NCL	National Control Laboratory
NDoH	National Department of Health
NEMLC	National Essential Medicines List Committee
NHI	National Health Insurance
NNT	Neonatal tetanus
NSC	National Surveillance Centre
OPV	Oral polio vaccine
PCM	Phase change material
PCV	Pneumococcal conjugated vaccine
PFMA	Public Finance Management Act
PHPM	Public Health Pharmacy and Management
PQS	Performance, quality, and safety
RTMS	Remote Temperature Monitoring Devices
RTMS	Remote Temperature Monitoring Systems
RV	Rotavirus vaccine
SA	South Africa
SAHPRA	South African Health Products Regulatory Authority
SANCLBP	South African National Control Laboratory for Biological Products
SANC	South African Nursing Council
SAPC	South African Pharmacy Council
SAVIC	South African Vaccination and Immunisation Centre
SIAs	Supplementary immunisation activities
SLA	Service level agreement
SMU	Sefako Makgatho Health Sciences University
SOPs	Standard Operating procedures
SVS	Stock Visibility System
Td	Tetanus and reduced strength of diphtheria vaccine
TT	Tetanus toxoid
UNICEF	United Nations Children's Fund
VPD	Vaccine preventable diseases
VVM	Vaccine Vial Monitor
WHO	World Health Organization
WIC	Walk in cold rooms
WIF	Walk in freezers

Glossary of Terms

For Download from the Landing Page

GLOSSARY OF TERMS

This section contains the glossary of terms applicable to all modules of the EVM training.

Term	Definition
Active cold chain systems	Externally or on-board powered, to maintain a temperature-controlled environment inside an insulated enclosure under thermostatic regulation.
Adverse event following immunisation	Any untoward medical occurrence that may present after immunisation but which does not necessarily have a causal relationship with the usage of the vaccine.
Audit	Is the on-site verification activity, such as inspection or examination, of a process or quality system, to ensure compliance to requirements.
Average consumption	This is the average number of units used over a given period, (usually one month) and determines how much stock should be ordered (3 to 6 months' usage is usually used to calculate average; this is different for seasonal stock like flu vaccine)
Average daily consumption	Average number of vaccines that are issued on a daily basis.
Average monthly consumption	Average number of vaccines used per month, adjusting for stock-outs.
Cold chain	The system of transporting and storing vaccines while maintaining the recommended temperature
Cold chain breach	A cold chain breach occurs when storage temperatures are outside the recommended range (usually +2 °C to + 8 °C) for a specified period.
Cold chain capacity	The temperature-controlled space needed at a vaccine store or service-delivery point, to store or distribute the required volumes of vaccines and diluents.
Cold chain equipment	Equipment used to store and transport temperature-sensitive products at the proper temperature during each stage of the supply chain.
Cold chain equipment inventory	A record of the quantities, types and characteristics of the cold chain equipment deployed in a country or other administrative unit.
Cold chain management	The management of medicines that must be maintained within a specified temperature range from the time of manufacture, through transportation and delivery to health establishments until their administration to clients
Cold life	The empty container is stabilized at +43°C and loaded with icepacks. Cold life is measured from the moment when the container lid is closed until the temperature of the warmest point in the vaccine storage compartment first reaches +10°C, at a constant ambient temperature of +43°C.
Conditioned ice packs	Ice packs that are removed from the freezer and allowed to remain at room temperature until the ice can be heard to "rattle" in the ice pack.

ular monitoring of risks, and implementation of

ness. and recording of the nt of use. This provides and/or downloading the age. Also known as a

ically complying with d with tap water or with

ded with coolant packs of 24 hours. Cool life is er is closed, until the e storage compartment ure of +43°C.

ety and/or performance

om/freezer/refrigerator)

ent from routine use peratures or is beyond from the health facility d be arranged according

tra-low temperatures in cordings for a specified

d personal protective he intention of retrieval,

with international or in-urer. The device records re-set visual alarms to ds of the vaccine being

he strength and other

accine compartment of a the maximum ambient appliance is rated, after e freezers, the holdover

partment remains at

lining surrounding the er coolant. When the e keeps the refrigerator

and -20°C before use. ctionality and prevent tenance.

ds the achievement of formance in terms of to measure impact of

m used for inventory

r a specific objective.

ceipt of the order at the

rs.

th stock levels being ufficient stock until the

d 12 hours.

level of stock at which ure that the demand at

data, procedures, and d guide interventions

tion tool used by the ith to provide visibility equipment and improve

to fulfil various roles in ation, warehousing, or

of vaccine or diluent in ncludes the vaccine or ary packaging material

ive temperature control. old boxes (>4 litres) or

nsner, or tube containing

irectly from a national or

ies aimed at improving

uct or service meets the olves all activities that blished standards. cesses and systems that

o the volume of vaccines calculating the difference t stock level, considering

ts the ordering of an item ility is met, and is also

ordered at each recording 'quantity'.

shment from a supplier. tions, routes, and drivers s and fulfil every order in

delivery of the vaccines. t cost-effective route by to reach a set of planned n transporting vaccines es, with the purpose of

prevent stock outs and is iled by the average lead against major fluctuations s.

ormula to protect against and lead time.

primary container or more vials or vaccine

a service provider that rials or service quality and communication formal agreement.

igned to ensure that a t and uniform manner.

management portal (SVS es, vaccines and other

information between ovement and storage of

ilities, or the time until system.

f to improve their own n a respectful and non-visits as an opportunity

medicine is exposed to orage and/or transport.

and recording of the nt of use. This provides and/or downloading the

secondary cartons, and is

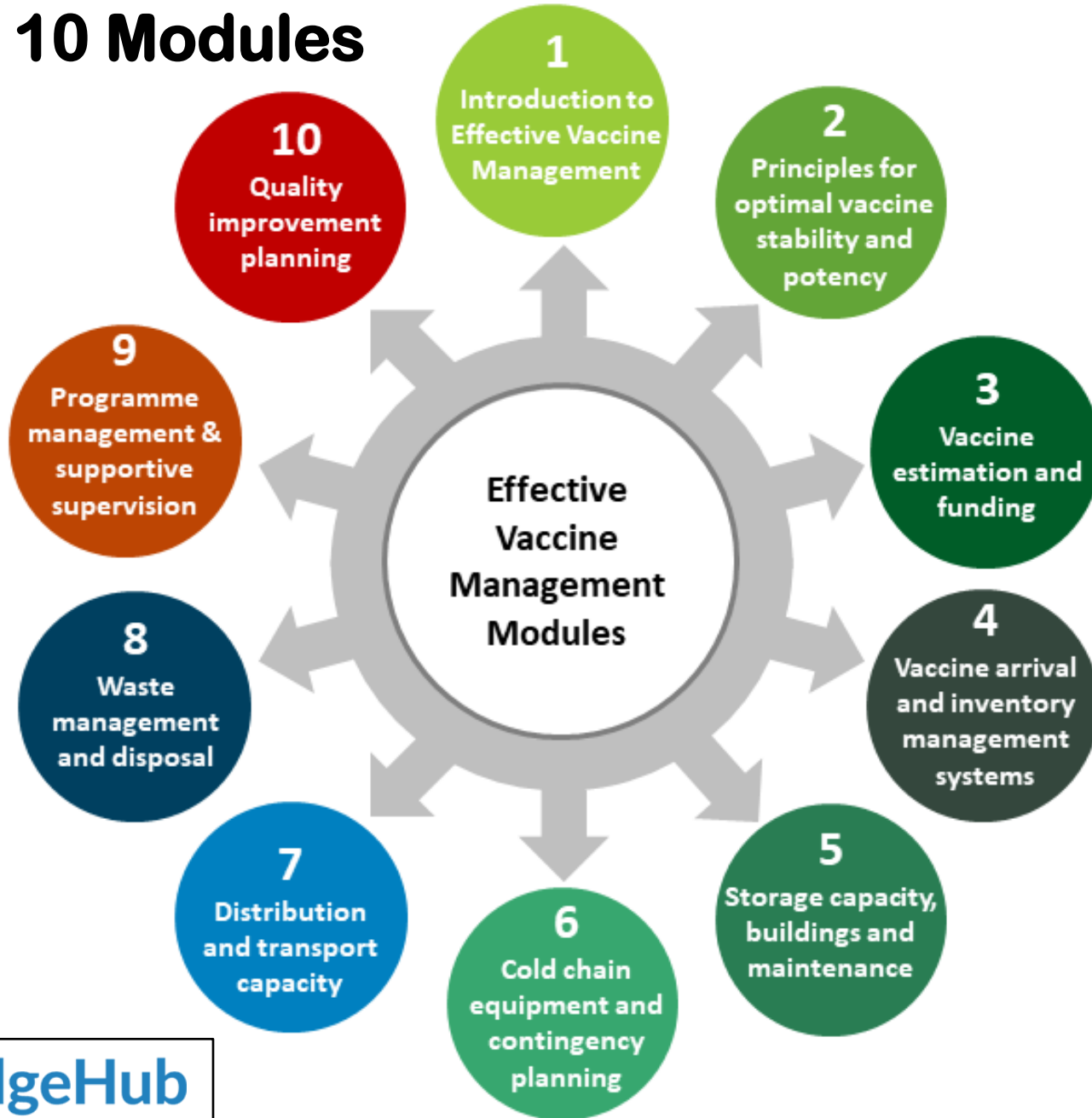
as "all products which nperatures below room n are normally stored

rier: the actual volume d by the equipment ent.

used as a frozen water-back.

Training Materials

10 Modules



Printed EVM
Job Aids
Distributed by
UNICEF

Posters
of key
EVM
concepts

Desk Top
Flip
Charts

Structure of modules

2 hours of learning per module

PART 1


Pre-module quiz: Multiple-choice questions, based on the module content

 ±10 minutes

15 min time limit
One attempt
Score displayed

PART 2

- Lecture video i.e. PowerPoint® slide deck with voice recording
- Transcript, corresponding to voice recording of the lecture video
- Folder with resources and supporting documents in PDF format, videos
- Scenario or case study with questions


±25 minutes
Lecture video and transcript


± 35 minutes
Self-learning based on resources provided


± 30 minutes
Case study with questions

PART 3

Post-module assessment: Multiple-choice questions, based on the module content

 ±10 minutes

No time limit
Multiple attempts
Minimum 80%

PART 4

Module evaluation

 ±10 minutes



CPD Accredited

To qualify for a CPD certificate

1. Successfully complete ALL modules (all learning activities)
2. Obtain a minimum score of 80% for ALL post-module assessments
3. Complete the module evaluation for ALL modules



INTRODUCTION TO EFFECTIVE VACCINE MANAGEMENT

On successful completion of this module, you will be able to:

1. Understand the importance of EVM
2. Describe the minimum standards for management of the entire vaccine supply chain
3. Describe an EVM assessment using a questionnaire based on the EVM assessment criteria
4. Identify challenges within the immunisation supply chain
5. Facilitate equitable distribution of resources to mitigate identified challenges within the immunisation supply chain

Welcome to Module 1



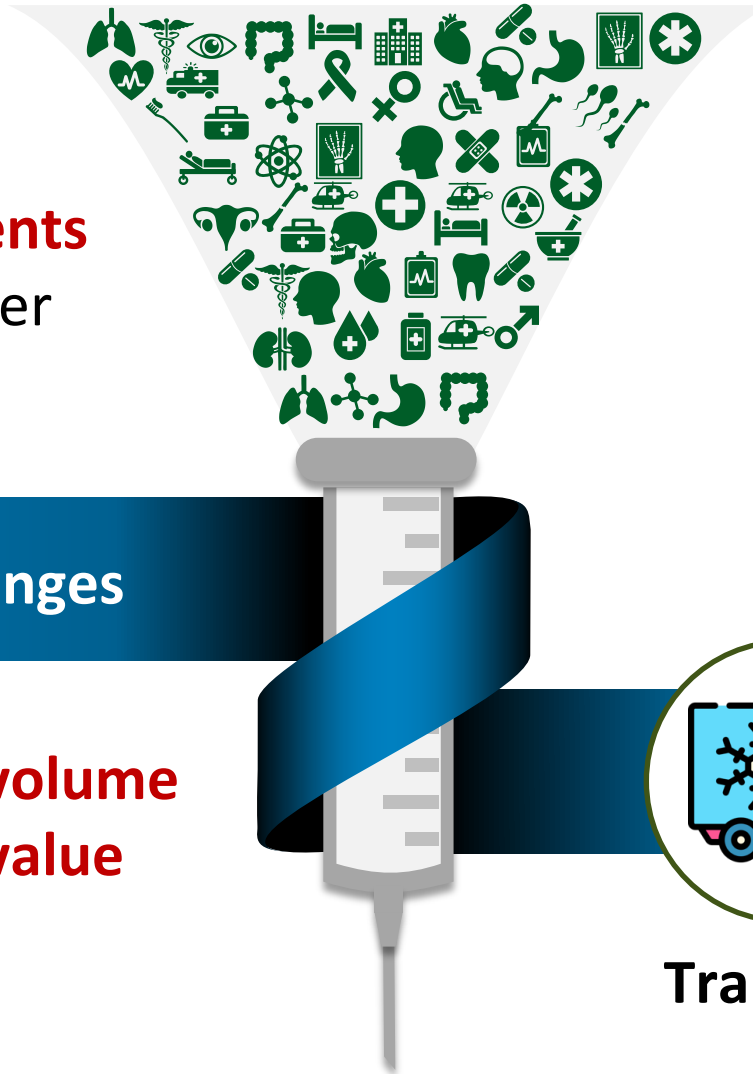
Prof Hannelie Meyer



Need to strengthen immunisation supply chains





Significant **investments** in new vaccines over the last decade

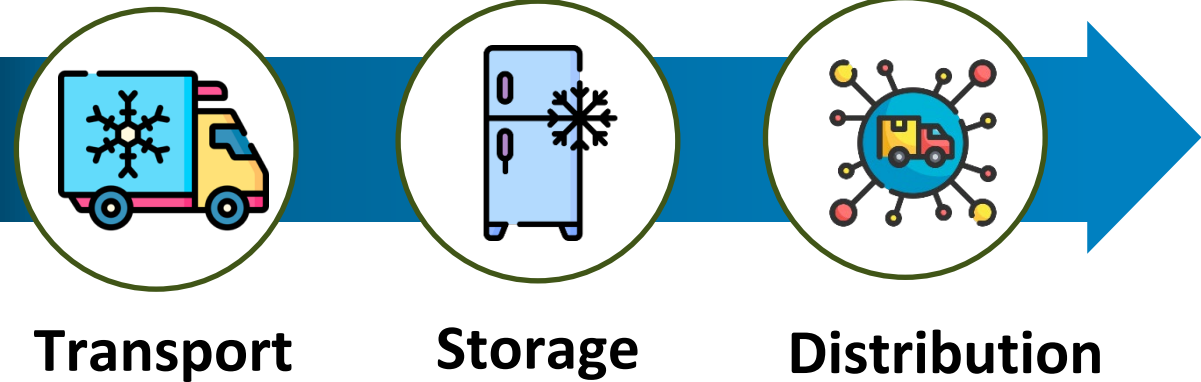


Vaccine supply chains must prepare for increasing:

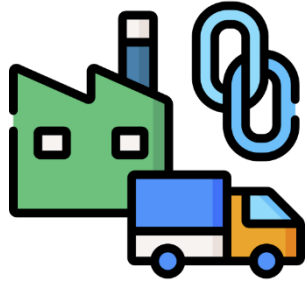
- Complexity
- Storage capacity
- Investment

Inevitable challenges

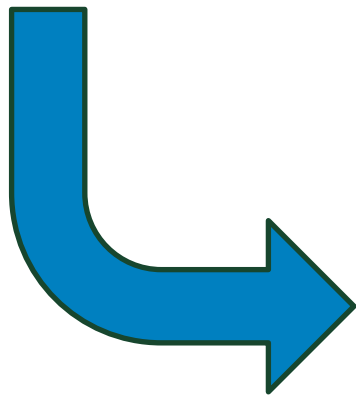
-  Increase in **volume**
-  Increase in **value**



Benefit of strong immunisation supply chains



Strong **immunisation supply chains** enable delivery of life-saving vaccines to every person when needed, no matter where they are



Meet the vision



A world where everyone, everywhere, at every age ... fully benefits from vaccines ... for good health and well-being

EVM assessment framework



CRITERIA

Operational or management functions that health facilities must perform



CATEGORIES

Necessary inputs, outputs and performance of health facilities



REQUIREMENTS

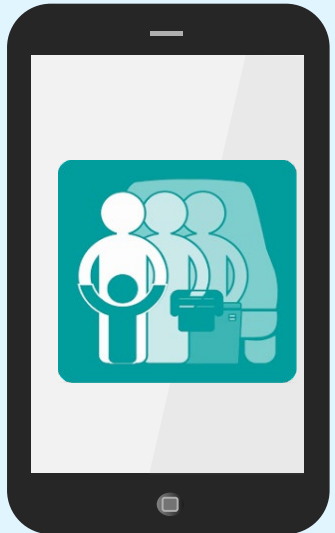
Attributes that a well-functioning immunisation supply chain must have



QUESTIONS

Means of ascertaining whether requirements have been met

Organised according to applicability at the supply chain level of health facility being assessed

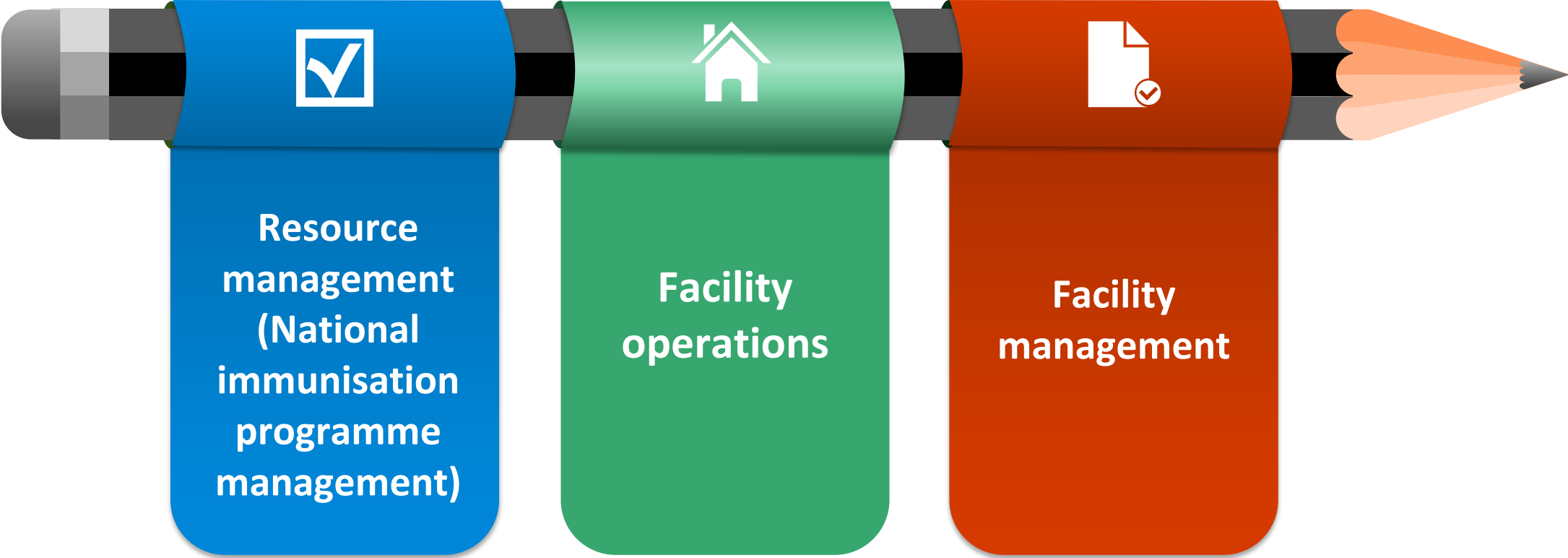


EVM assessment framework defines the way in which vaccine supply chain systems are assessed

Criteria for EVM assessment

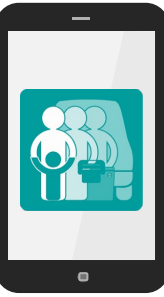


Main components: 19 EVM criteria



Each of the modules will focus on specific EVM facility operations criteria and/or EVM facility management criteria

EVM criteria		Modules									
Facility operations		1	2	3	4	5	6	7	8	9	10
E1	Vaccine arrivals	█		█	█						
E2	Temperature management	█	█	█	█	█	█	█			
E3	Storage and transport capacity	█			█	█	█	█			
E4	Facility infrastructure and equipment	█				█	█		█		
E5	Maintenance	█				█	█				
E6	Stock management	█		█	█						
E7	Distribution of vaccines and dry goods	█		█	█	█		█			
E8	Vaccine management	█	█	█	█			█			
E9	Waste management	█							█		
Facility management		1	2	3	4	5	6	7	8	9	10
M1	Annual needs forecasting	█		█						█	█
M2	Annual work planning	█			█	█	█	█	█	█	█
M3	Supportive supervision	█	█	█	█	█	█	█	█	█	█
M4	iSC performance monitoring	█	█		█	█	█	█	█	█	█

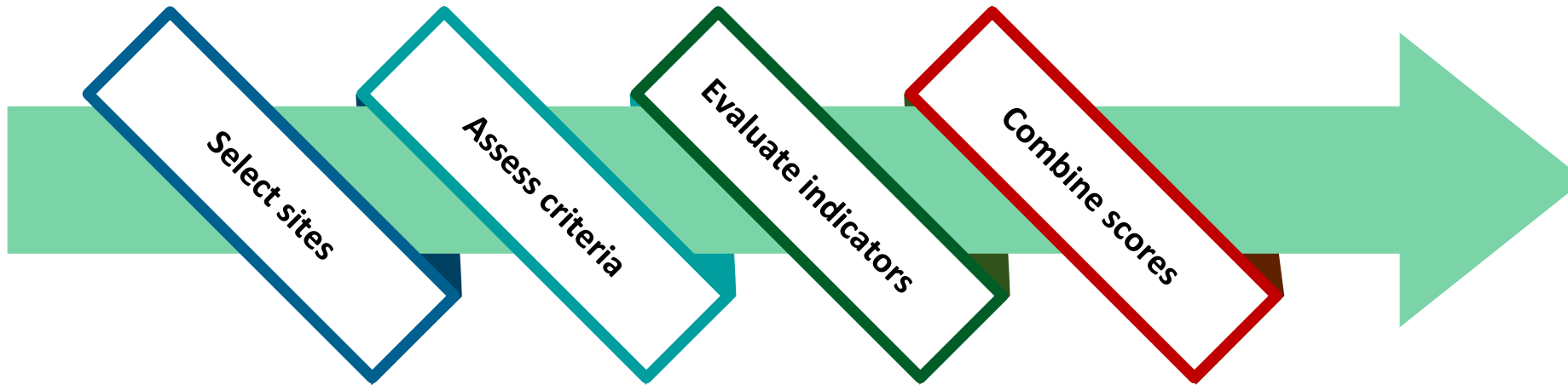


Conducting an EVM assessment by criteria

EVM criteria assessed at each supply chain level

- 😊 Observation
- 😊 Infrastructure
- 😊 Records inspection
- 😊 Staff interviews

Indicator scores are combined to give criteria scores for each area at each level



Select representative sample of sites at each level of the supply chain

Inputs, process and performance indicators are evaluated in each area at each level

An area of vaccine management is considered 'Effective' if its criterion score is greater than or equal to **80%**



Importance of EVM



Important to ensure that **EVM principles are implemented at all levels** of the immunisation supply chain

EVM training will allow vaccine distribution sites and health facilities to **identify shortcomings** in the immunisation supply chain

Improvement plans must be developed to address identified gaps before the next EVM assessment is conducted

PRINCIPLES OF OPTIMAL VACCINE STABILITY AND POTENCY

On successful completion of this module, you will be able to:

1. List the characteristics of vaccines as biological substances
2. Describe thermostability of vaccines and loss of potency
3. Describe the tools to monitor thermostability of vaccines
4. Understand vaccine reconstitution and the use of diluents
5. Understand the multi-dose vial policy

Welcome to Module 2



**Mr Kesentseng
Mahlaba**



Thermostability of vaccines



Thermostability of vaccines refers to their ability to **remain potent** when stored within a given temperature range



Loss of potency due to exposure to heat, freezing conditions or light **is cumulative, permanent, and irreversible**

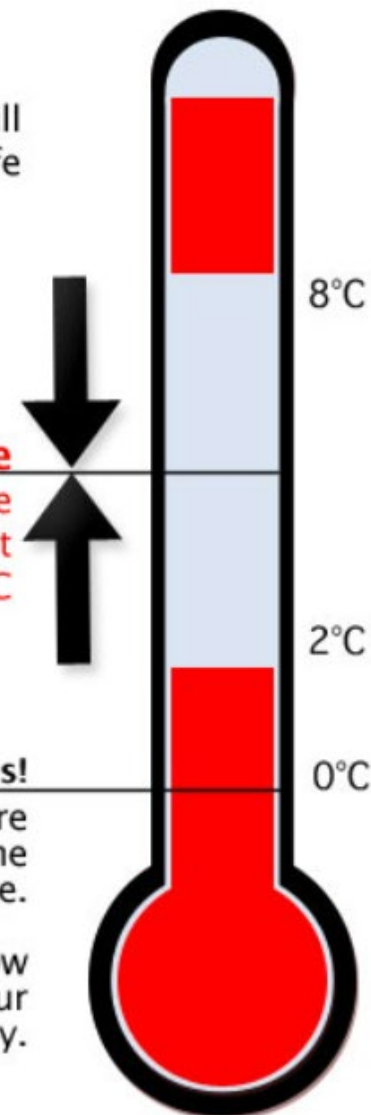
Warming vaccines will shorten their shelf life

5 **Strive for Five**
2°C to 8°C is the required range, but aim for 5°C

Freezing KILLS Vaccines!

If vaccines are frozen, they become ineffective.

If your fridge falls below 0°C, Contact your supplier immediately.



Cold chain

Series of coordinated tools and activities directed towards **maintaining vaccine temperatures** within stipulated ranges

Vaccines must generally **not be exposed to freezing conditions**

During **transportation** and **storage**, starting from production to the point of vaccination

Exceptions e.g. OPV which can be stored and distributed between -15 and -25°C

Optimal **storage conditions** and the **expiry date** determined during vaccine development



Cold chain management

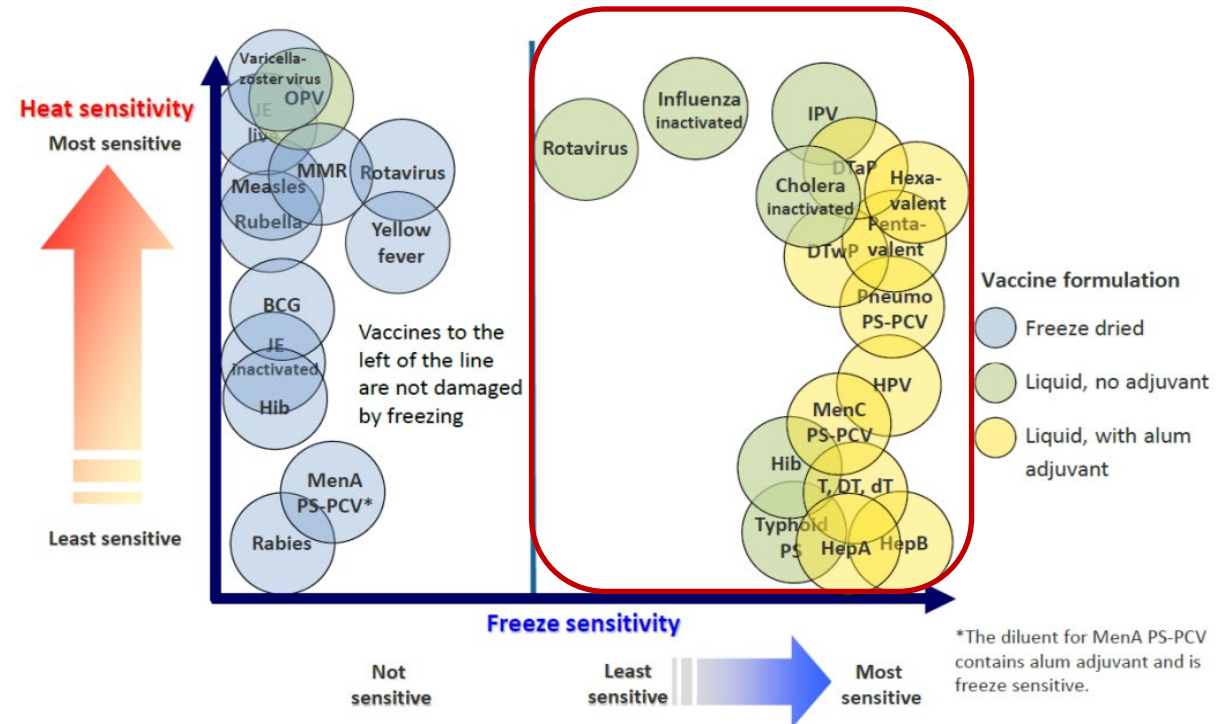
Suspected freezing of vaccines

- If a freeze-sensitive vaccine is **frozen solid**, **discard** it immediately
- If there is **concern** that a freeze-sensitive vaccine
 - may have been **exposed to freezing** conditions; or
 - might have been **frozen**; or
 - there is an **alarm** on the freeze indicator

➔ Conduct a **shake test**

The shake test is **ONLY** applicable to **freeze-sensitive vaccines**

Report evidence of freezing to supervisors



VACCINE ESTIMATION AND FUNDING

On successful completion of this module, you will be able to:

1. Understand all essential information to be captured on the stock management system
2. Ensure availability of adequate quantities of vaccines, diluents and relevant ancillary supplies
3. Avoid stock-outs to ensure uninterrupted immunisation services
4. Avoid overstocking and/or unnecessary expiration of vaccines and ancillary items before utilisation

Welcome to Module 3



**Mr Kesentseng
Mahlaba**



Stock counts



Facilities must **perform stock counts** at least monthly

Before placing vaccine orders, ensure that quantities on hand match balances reflecting on record

Check condition of vaccines: expiry date; vaccine vial monitors; damages

Check type and quantities to order; avoids over- and under-stocking → vaccine wastage and missed vaccination opportunities

An inventory management system is used to **estimate the vaccine needs** of healthcare facilities

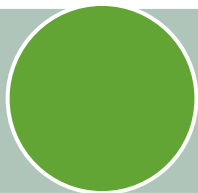
Vaccine estimation and forecasting

Vaccine estimates

Accurate vaccine estimates are essential to **ensure vaccine availability at healthcare facilities** and prevent missed vaccination opportunities

Vaccine forecasting

Vaccine estimates can be calculated using different methods including **the size of the target population**; or historic usage, also known as the **consumption method**; or on the **immunisation session size**



Vaccine wastage monitoring

- Indicates the **cost-effectiveness** of an immunisation programme
- Influenced by various factors that could be specific to the **vaccine** or the **vaccinator**
- Divided into
 - **Unavoidable** wastage in **open** vials
 - **Avoidable** wastage in **unopened** vials



VACCINE ARRIVAL AND INVENTORY MANAGEMENT SYSTEMS

On successful completion of this module, you will be able to:

1. Outline shipping of vaccines by a manufacturer and receipt by the national vaccine store or distributor
2. Describe the process of vaccine transportation to lower levels of distribution
3. Describe the vaccine receipt process at lower levels of distribution
4. Implement the guidelines for vaccine stock inspection and storage upon receipt at a facility
5. Describe vaccine inventory management at lower levels of distribution

Welcome to Module 4



Ms Audrey Chigome



Shipping and receiving of vaccines from a manufacturer



- Every shipment from vaccine manufacturers must reach the receiving store in a **satisfactory condition** and with the **correct paperwork**

- **Process of receiving vaccines** from a manufacturer



- **Critical stages** in the shipping process

- Arrival of a vaccine shipment in South Africa
- Customs clearance
- Transportation to the national store

- Effective **communication** and **strict guidelines** are essential at every step of the process

Recording of received vaccines at lower levels of distribution

Stock recording of incoming and outgoing stock, with details of the quantity and specific characteristics

Accurate records are crucial

!! REMEMBER
Manual stock cards are recommended as a **control** even where an electronic recording system is in place

Accountability

Ensure correct quantities of vaccines are ordered

Good record keeping for vaccines helps to:

- Monitor vaccine movement & consumption
- Monitor stock availability & stock adequacy
- Accurately identify stock on hand
- Avoid stock-outs & overstocking

Vaccine storage capacity for the cold chain

Cold chain storage capacity is important for the immunisation program to operate efficiently



Vaccine storage capacity should be sufficient to accommodate maximum stock requirements

- Routine immunisation
- Supplementary immunisation activities



Enough dry storage capacity for the required ancillary items

Storage and distribution capacity so that required vaccines are kept at recommended temperatures at all levels of vaccine supply chain

Calculation of vaccine storage volume for a combination or front opening fridge

Step 1

Calculate **gross fridge** volume

$$= l \times w \times h$$

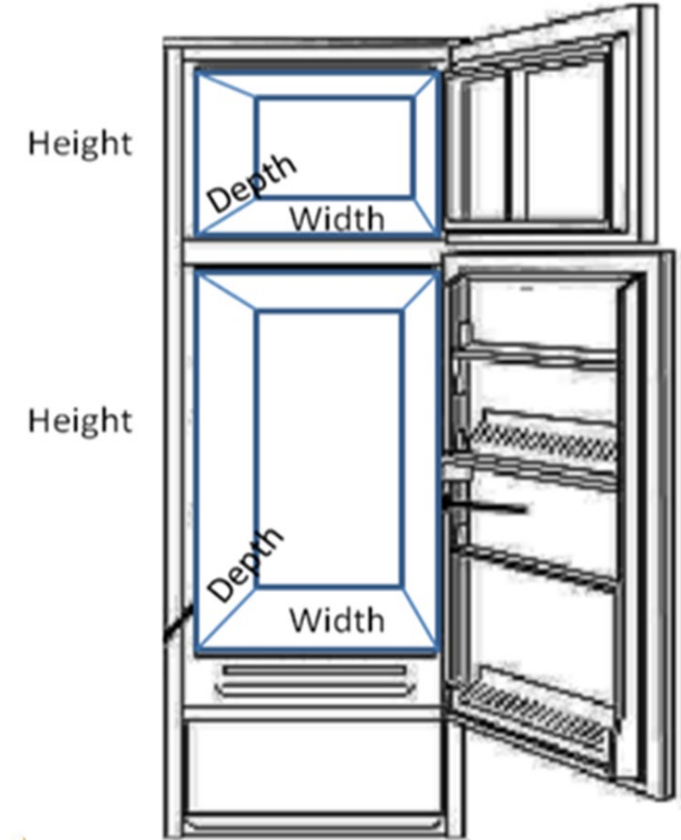
Step 2

Calculate **gross freezer** volume

$$= l \times w \times h$$

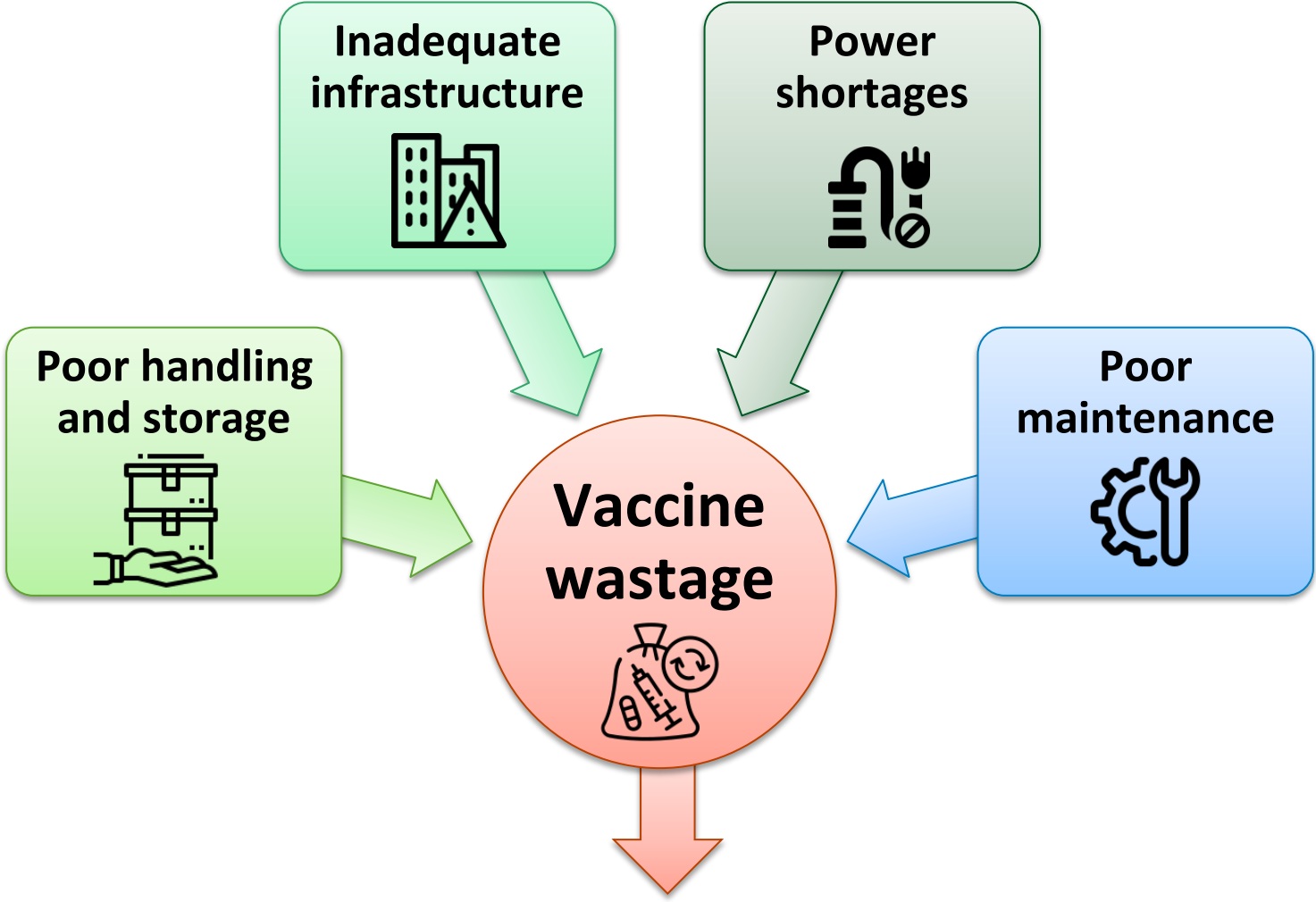
Step 3

Calculate **net volume**
 $= \text{Gross volume} \times 0.67$
(*utilisation factor*)



- To determine **nett vaccine storage capacity**, convert to the nett volume into liter (fridge)
- To determine **nett vaccine or ice pack storage capacity**, convert to the nett volume into liter (freezer)

Maintenance of buildings, equipment and transport

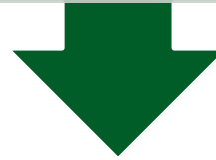


Maintenance of buildings, equipment and distribution vehicles is IMPORTANT

Cold chain equipment

All equipment that **maintain the required temperature** during storage and distribution of thermolabile products including vaccines

To **preserve** their quality from the site of manufacture until their administration



An **essential component** of an effective immunisation supply chain and logistics system



Cold chain equipment must be **reliable, well maintained and cost-effective**

To **ensure adequate and sustainable storage capacity** for current and planned vaccines and supplies

To **reduce maintenance requirements and running costs**

Active and passive systems

Active cold chain systems are externally or on-board powered, to maintain a temperature-controlled environment inside an insulated enclosure

under
thermostatic
regulation

E.g., fridges, freezers,
cold rooms and
temperature-controlled
trucks

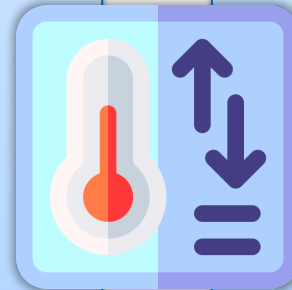


Passive cold chain systems maintain a temperature-controlled environment inside an insulated enclosure

without
thermostatic
regulation

Using the required number
of correctly prepared
coolant packs

- Conditioned or frozen ice packs
 - Phase change materials
 - Dry ice or others



Vaccine distribution levels



Different levels within the national cold chain system require different types of equipment for transporting and storing vaccines and diluents within the required temperature range

Cold-chain equipment required at each level is dependent on the capacity required

Primary level

Sub-national level

Lowest distribution level

Walk-in cold or freezer rooms and/or freezers, fridges, passive containers, and in some cases, insulated unrefrigerated or refrigerated trucks are used

Throughout all levels, temperature monitoring devices and tools must be used

Service point level

Fridges with or without freezing compartments, freezers and passive containers are needed

Efficient vaccine distribution



It is important to understand the heat and freeze sensitivity of every vaccine



A Standard operating procedure (SOP) for vaccine packing, distribution and training staff must be developed



Plan for and record the duration of the journeys and transport temperature profiles of all routes



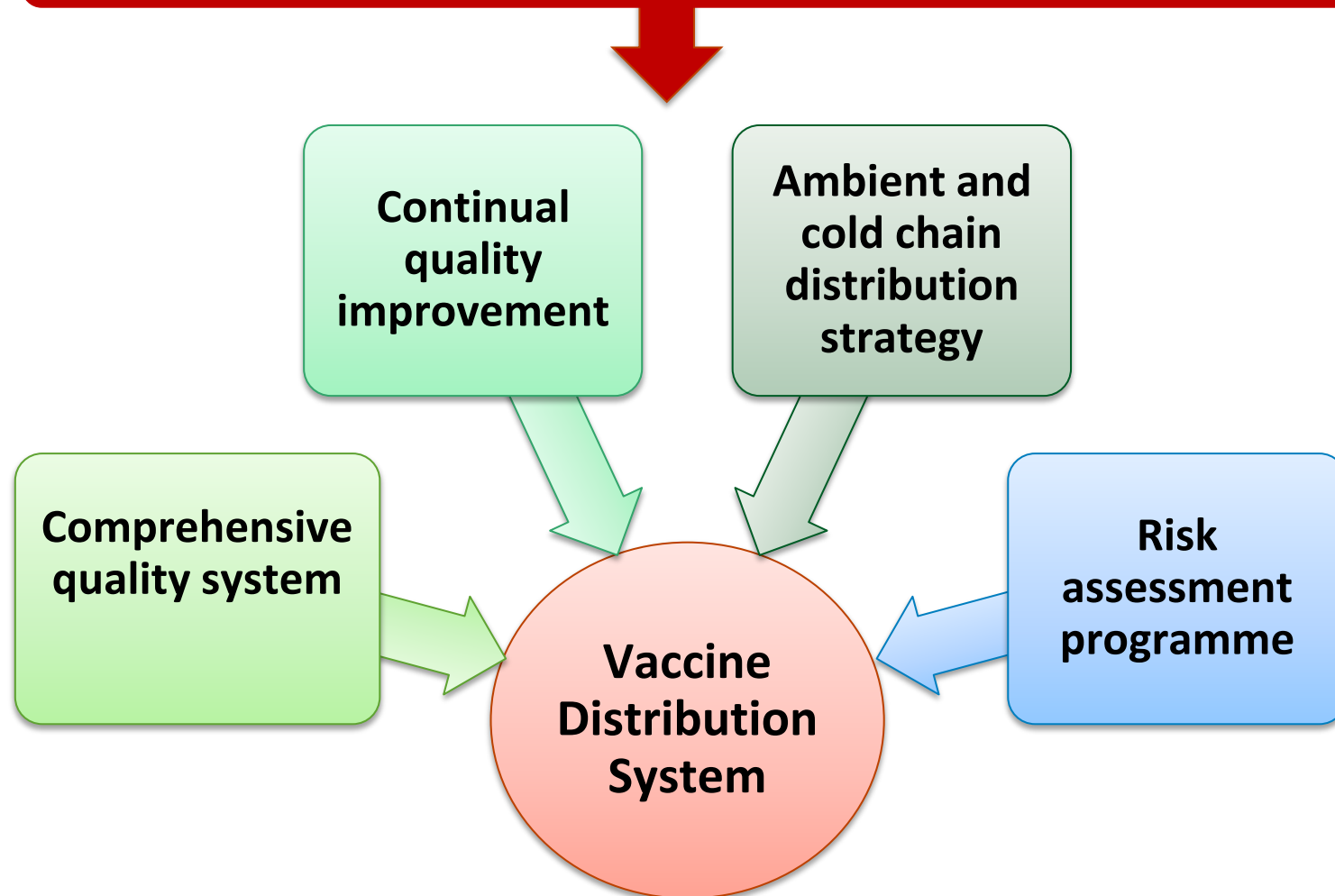
In-country distribution of vaccines is a key supply chain link but often the weakest one

Distribution between each level in the supply chain is not always efficient

To avoid loss of potency, vaccines must be protected from exposure to excessively high or low temperatures during transport

Efficient vaccine distribution (2)

According to the South African Pharmacy Council's (SAPC) Good Pharmacy Practice: Minimum requirements for procurement, storage and distribution of thermolabile products



Vaccines **MUST** be distributed in such a way that they are:

- Secure
- Not subjected to unacceptable degrees of heat / cold
- Maintained to product specifications

Efficient vaccine distribution (3)

The transportation mode must have **sufficient capacity** to allow for orderly storage of vaccines during transportation



The temperature of the loaded area should be monitored with a continuous temperature monitoring device that meets **WHO specifications**



The passive container **MUST** contain a continuous temperature monitoring device to monitor temperature inside the passive container during distribution



Planned vaccine distribution system



A planned vaccine distribution system is essential for achieving three of the six “rights” of a supply chain:

- Right place**
- Right time**
- Right condition**

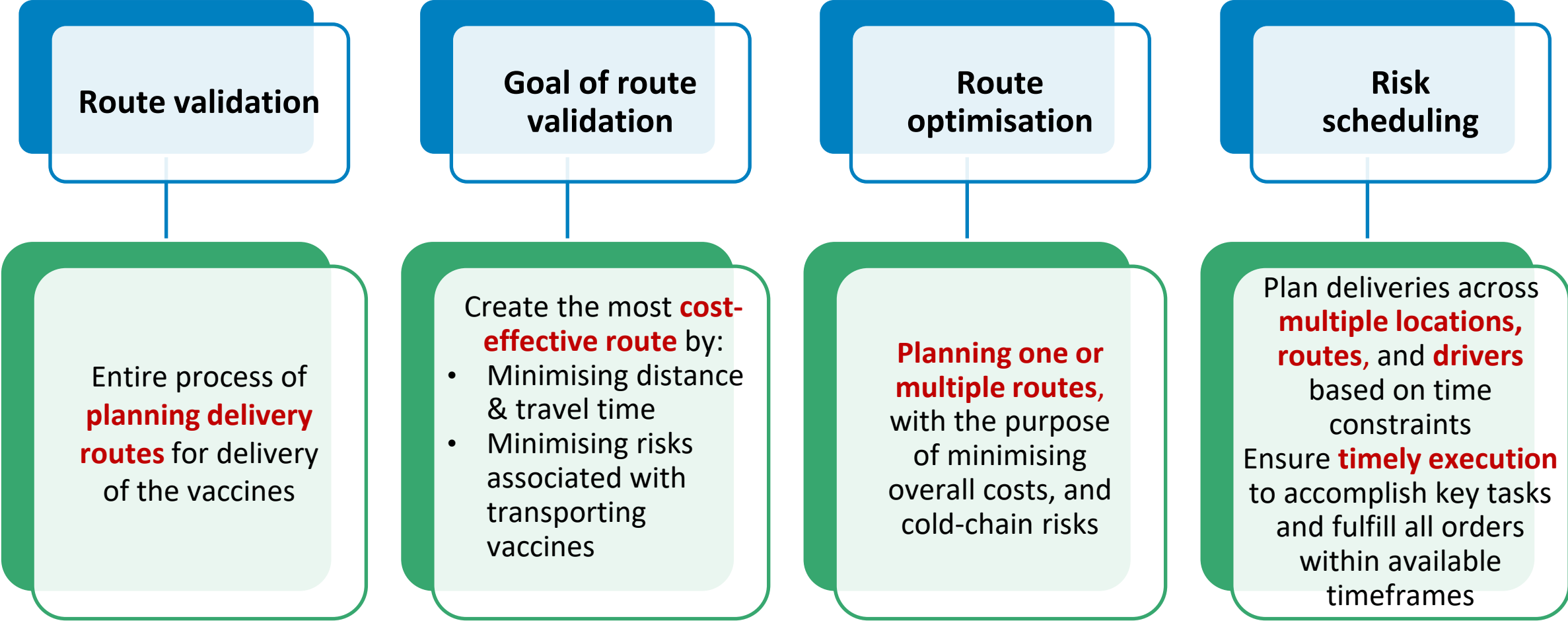
All vaccines stored in the vaccine supply chain need:

- ✓ A distribution plan based on efficient route or delivery circuit planning
- ✓ A distribution schedule that is respected and monitored
- ✓ To ensure the distribution plan is followed as closely as possible

Distribution plan and delivery schedule is based on the knowledge of:

- ✓ When vaccines will arrive in the store and when they will leave
- ✓ How many vaccines will arrive in the store and how much will leave

Route validation



All distribution points including depots should have a planned distribution schedule, and adherence to the plan MUST be monitored by comparing actual deliveries to planned deliveries

WASTE MANAGEMENT AND DISPOSAL

On successful completion of this module, you will be able to:

1. Identify the types of waste generated during vaccination services and their hazards
2. Demonstrate the safe collection of vaccination waste
3. Describe prescribed storage conditions for collected vaccine waste
4. Understand the requirements for the safe transportation of collected waste
5. Understand the requirements for the safe disposal of collected waste

Welcome to Module 8



Dr Sophy Moloko

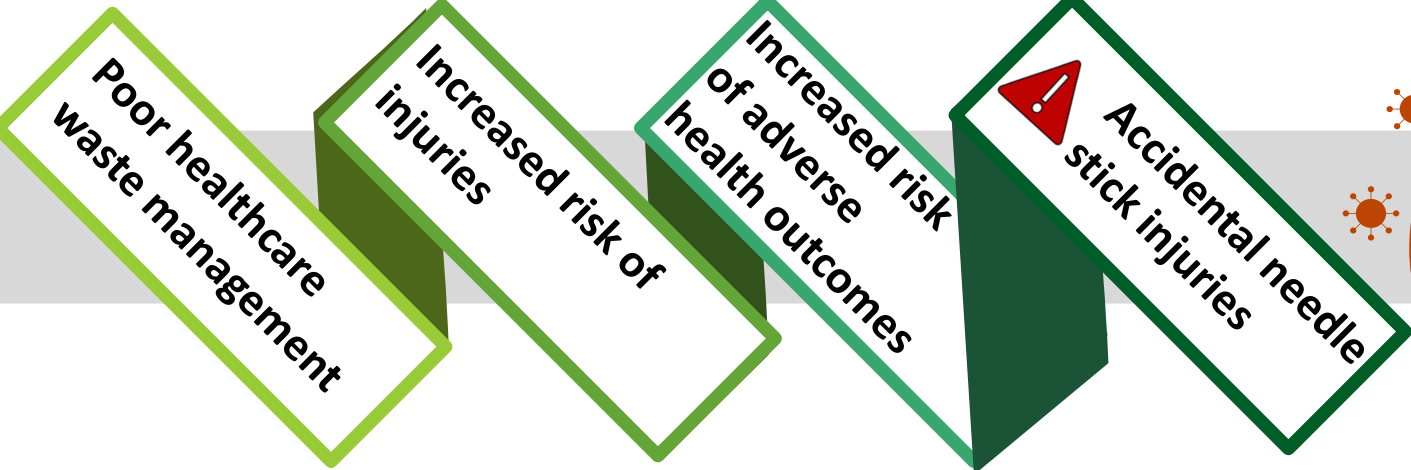


Vaccine waste hazards



CALL TO ACTION!

"Community needle stick injury guidelines"



Children's Health Queensland Hospital and Health Service

<https://www.med-technews.com/news/latest-medtech-news/technology-developed-to-reduce-needlestick-injuries/>
https://www.huffpost.com/archive/au/entry/the-rare-but-terrifying-times-students-were-pricked-by-syringes_au_5cd35bc9e4b0ce845d7fc1c9

Vaccine waste segregation

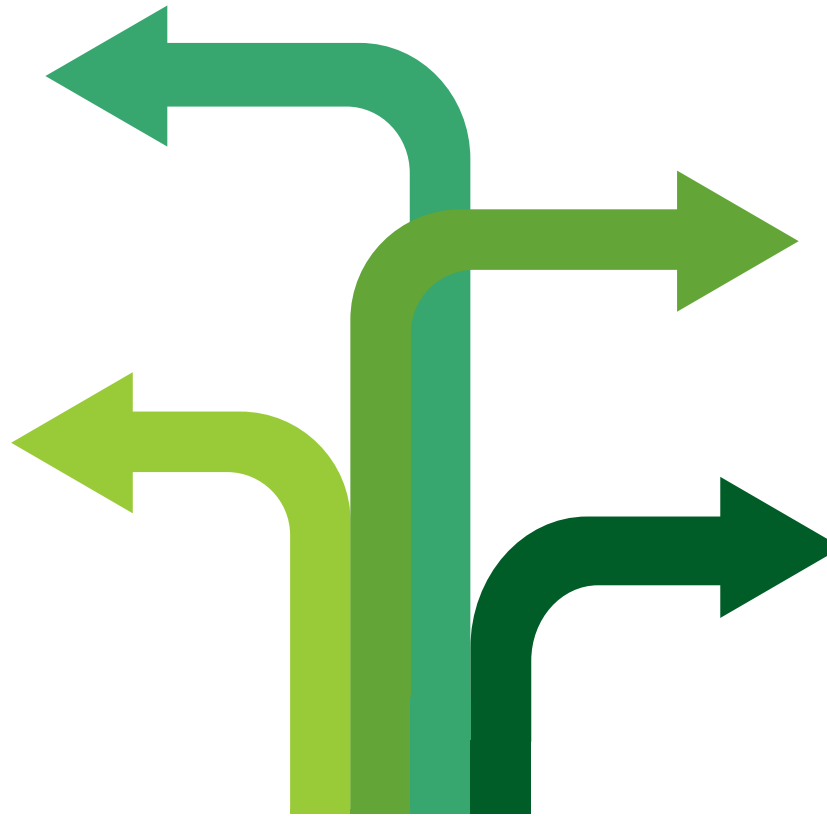
Minimises the **quantity** of infectious waste that needs **special handling** and **treatment**

Prevents the **mixture** of medical waste with general municipal waste

Reduces the chance of **spreading infection** and/or causing **injuries**

Reduces the risks of **exposure** to **hazardous healthcare waste** for workers

Vaccination waste must be **segregated by category** into appropriate colour bags/boxes or pharmaceutical bins at point of generation



Estimating volumes of used sharps



Important!
Each vaccination station should have a safety box

Catchment Population	Number of 5-litre safety boxes per month for 100% immunisation coverage					
	Crude Birth Rate					
	10	15	20	25	30	35
1,000 – 5,000	1	1	1	1	1	1
6,000 – 10,000	1	1	2	2	3	3
11,000 – 15,000	1	2	3	3	4	5
16,000 – 20,000	2	3	4	5	6	6
21,000 – 25,000	2	3	5	6	7	8
26,000 – 30,000	3	4	6	7	8	10

Therefore, for a catchment of 10,000 & and a crude birth rate of 20

We will need = 2 x 5-litre boxes

PROGRAMME MANAGEMENT AND SUPPORTIVE SUPERVISION

On successful completion of this module, you will be able to:

1. Identify and describe tools used to provide supportive supervision for immunisation programmes
2. Describe good practices for programme management of vaccines at different service levels
3. Describe the monitoring and evaluation processes for immunisation programmes
4. Develop and review standard operating procedures (SOPs) used in immunisation programmes
5. Understand the role of SOPs in quality management and employee training
6. Understand the importance of good record keeping and recording in immunisation programmes

Welcome to Module 9



Ms Audrey Chigome

Enhancing performance through supportive supervision

When gaps are identified
Constructive feedback
Collaborative solutions

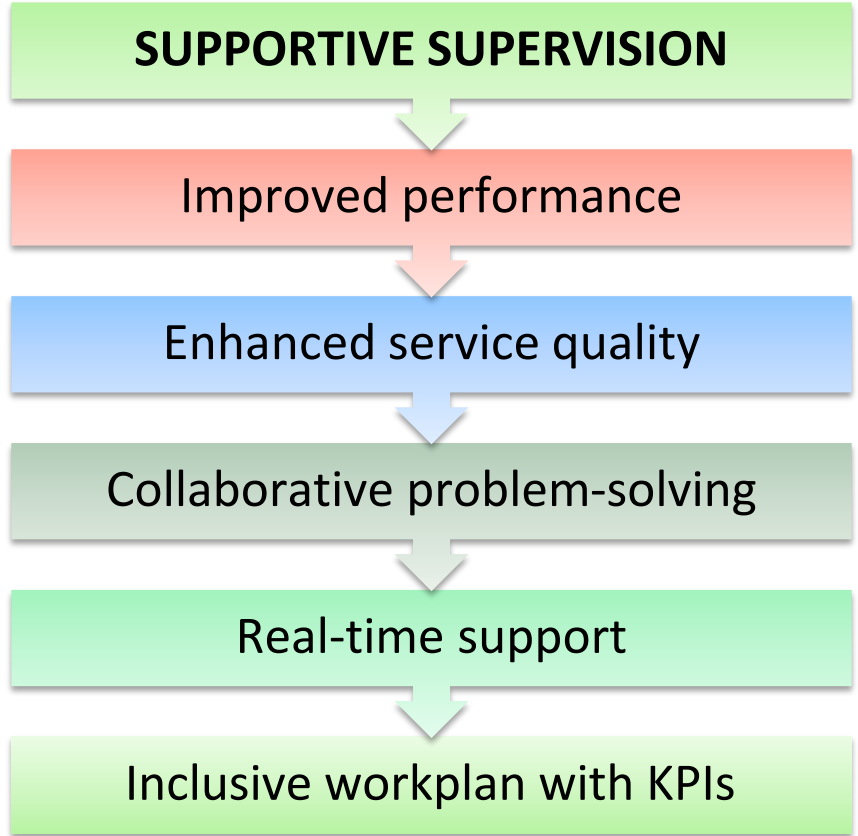


Key performance indicators (KPIs) in workplans
Effective performance management

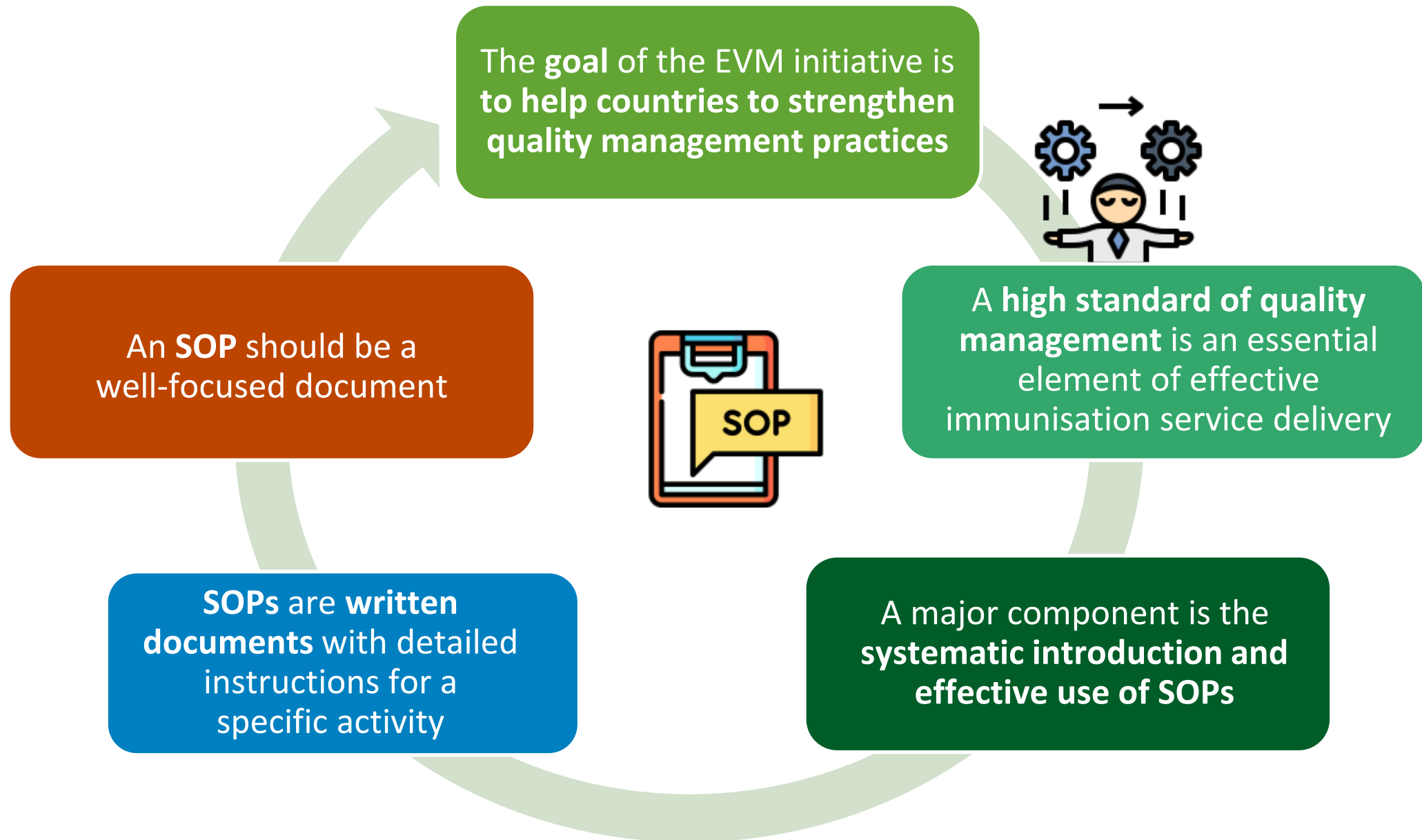
Continuous support



Quality monitoring and service delivery
Reasons for unimmunised / under-immunised
Interventions → improved service delivery



Standard Operating Procedures (SOPs)



QUALITY IMPROVEMENT PLANNING

On successful completion of this module, you will be able to:

1. List the pillars of a quality management system
2. Use a Challenge Model to identify challenges and achieve a desired measurable result
3. Conduct a root cause analysis
4. Develop a quality improvement plan (QIP)
5. Monitor progress towards achieving a desired measurable result for quality improvement



Prof Hannelie Meyer

Welcome to Module 10



What is a quality improvement plan (QIP)?

Purpose of immunisation supply chain QIP

- Build an evidence-based case for national immunisation supply chain investments
- Develop an improvement plan that engages stakeholders
- Setting immunisation programme on a path to success



EVM
Setting a standard for the
vaccine supply chain

- Strategic and including wide set of stakeholders
- Designed to reveal root causes of supply chain problems
- Mobilise human and financial resources to address them
- QIP is based on evidence and programming logic

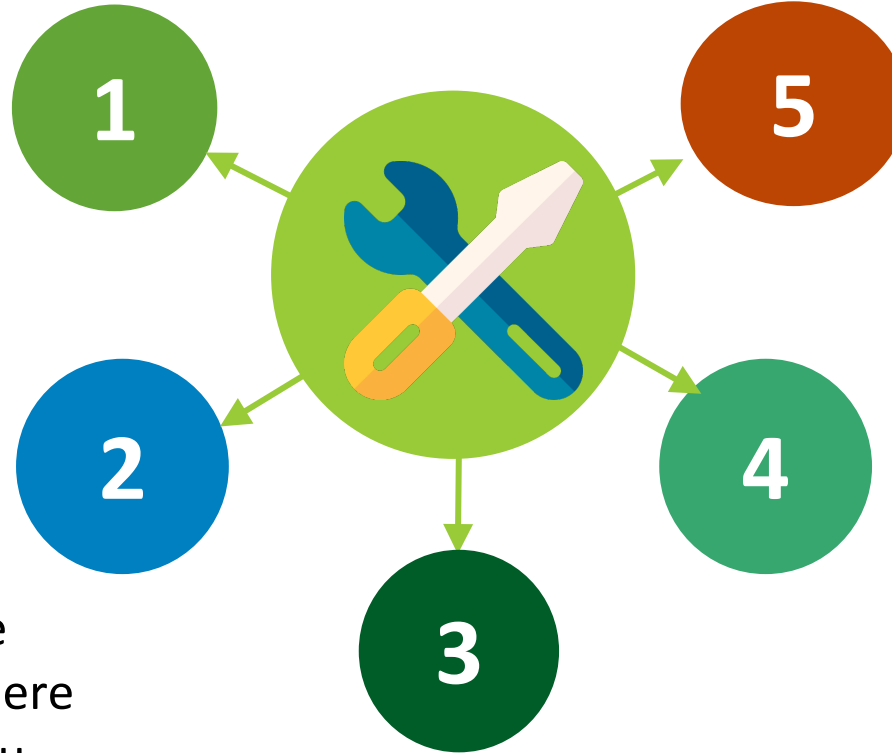
EVM QIP approach

Quality improvement tools used in cIP



Process mapping

Also known as flow diagram
Useful for analysing the system
and identifying gaps



**Plan-Do-Study-Act (PDSA) or
Plan-Do-Check-Act (PDCA)**
Improvement cycle to try out, test,
and implement improvements

Assess, Plan, Implement & Monitor
EVM model's cIP

Challenge Model

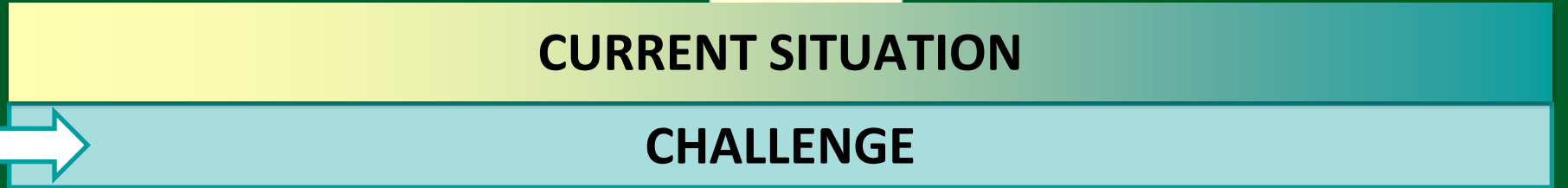
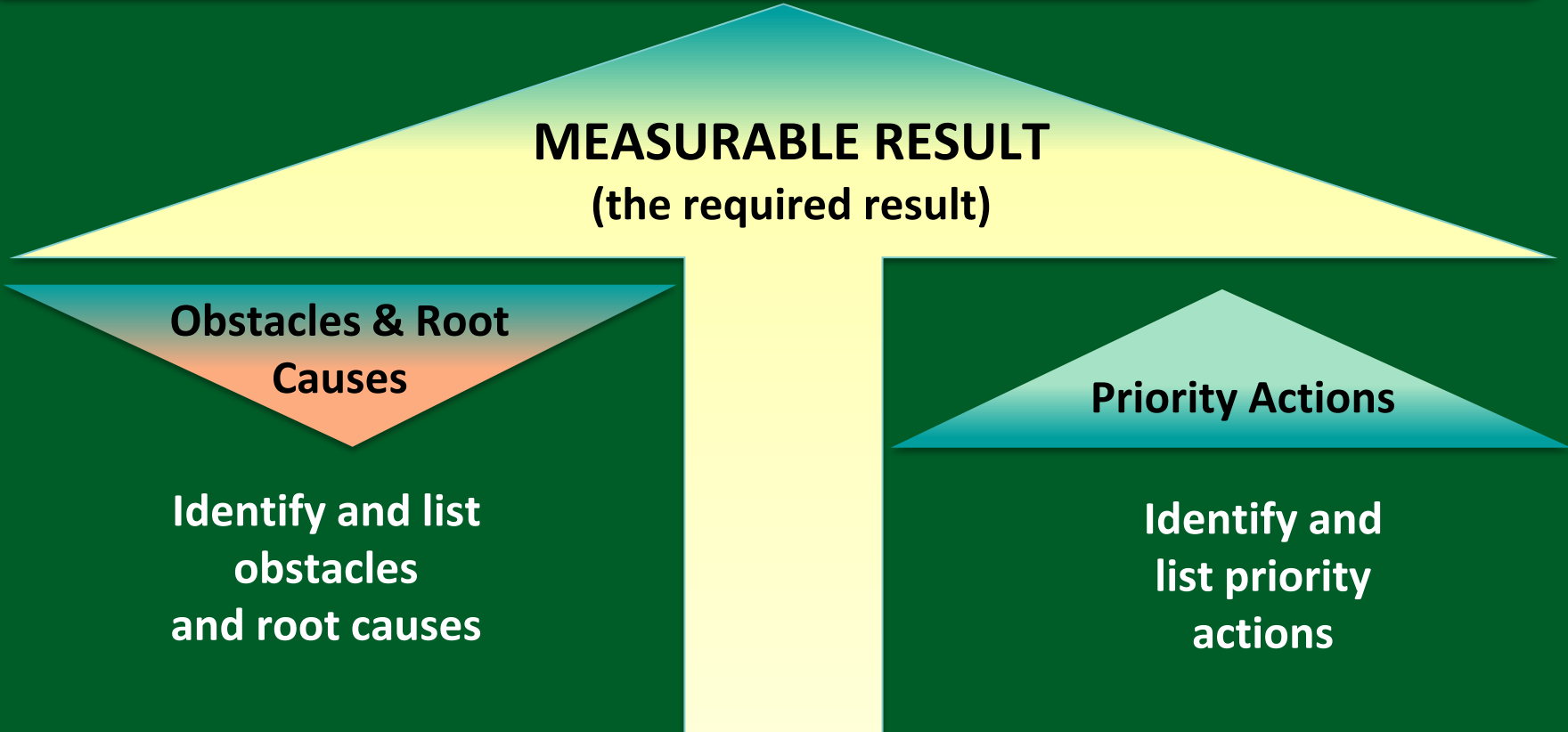
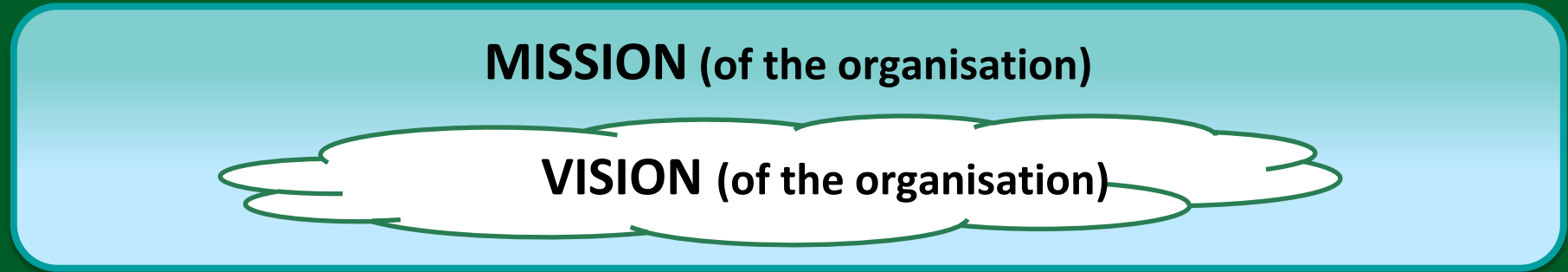
Helps to carefully diagnose
where you want to go and where
you currently are before you
decide on a plan of action

**Cause-and-effect or
Fishbone analysis**
May assist in analysing
possible causes

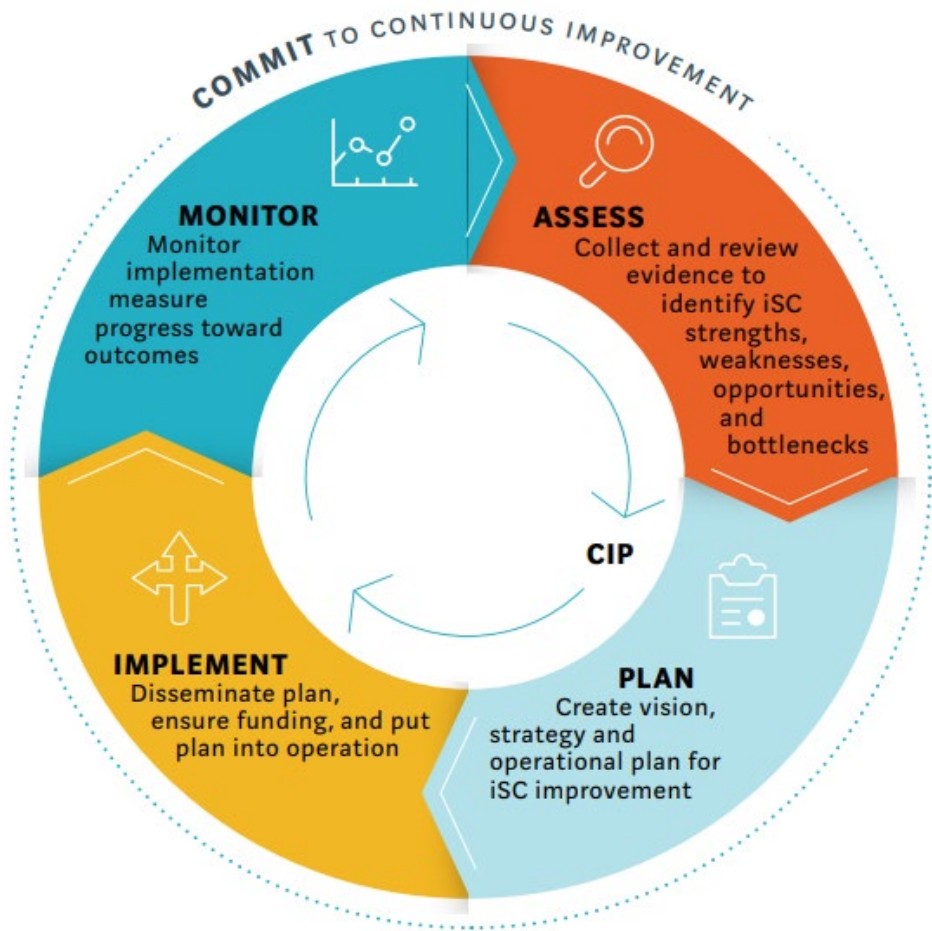
5 Whys

Approach to analyse
and identify possible causes
of the problem

The Challenge Model



Continuous improvement plan: UNICEF tool



- WHO-UNICEF EVM assessment process = similar approach to PDSA cycle of quality improvement
- During the **EVM assessment**, critical areas that need to be improved are identified, if the required **score of 80% is not obtained**
- Facility can identify the **areas** within the immunisation supply chain that need to be **improved** to ensure safe and effective vaccines are available
- Facility can then develop a **QIP** to address the identified shortcomings
- **Commitment to continuous improvement** within the immunisation supply chain is required

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