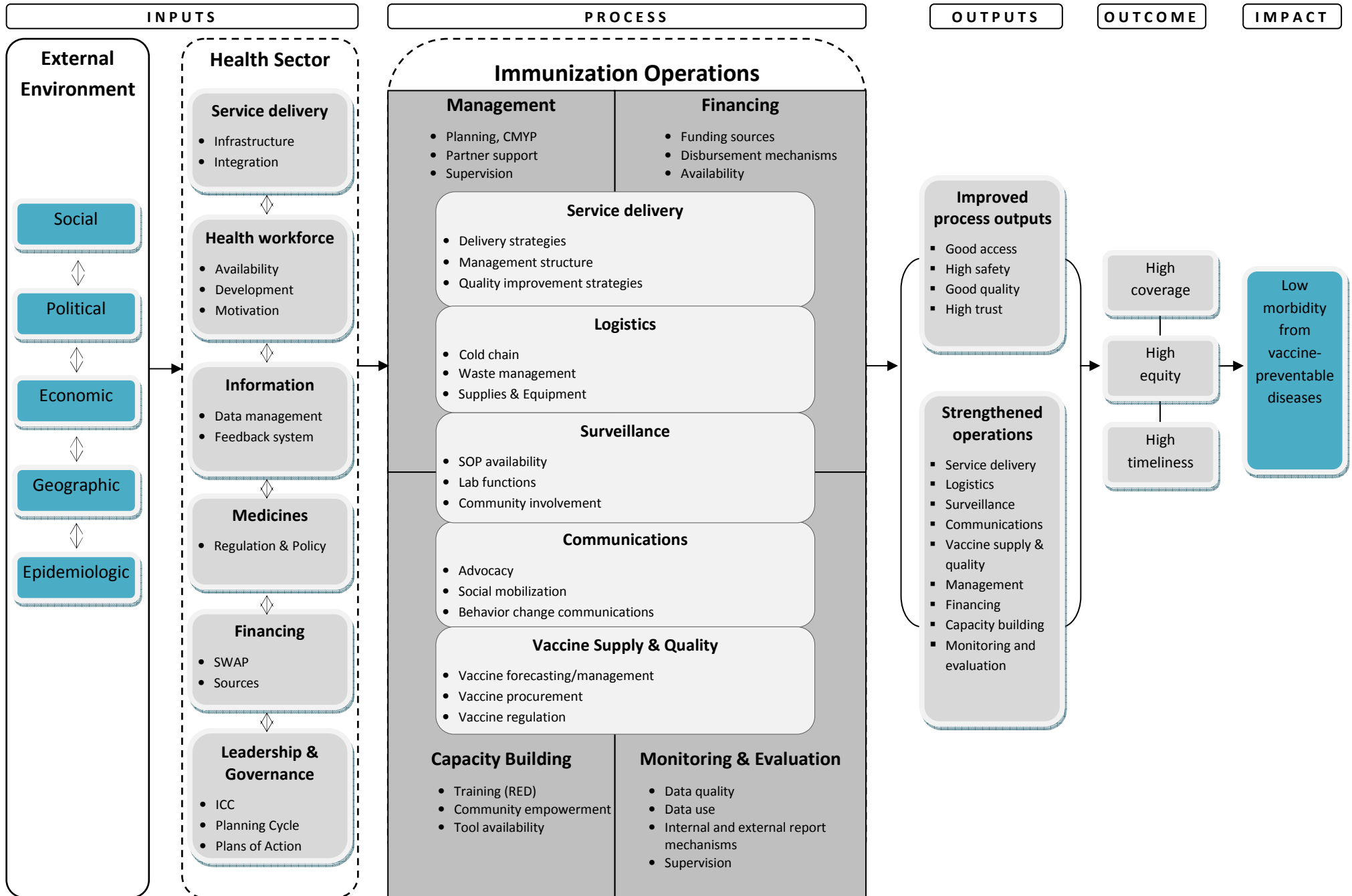


Figure 1: EPI Framework





CHILD HEALTH CARD



MINISTRY OF HEALTH
KENYA EXPANDED PROGRAMME ON IMMUNIZATION (KEPI)

HEALTH FACILITY NAME: _____
 SERVICE DELIVERY POINT (SDP) No: _____
 CHILD'S NAME: _____
 SEX: MALE FEMALE
 CHILD'S CLINIC No: _____ DATE FIRST SEEN: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: HOME HEALTH FACILITY
 FATHER'S NAME: _____
 MOTHER'S NAME: _____
 PROVINCE: _____
 DISTRICT: _____
 DIVISION: _____
 LOCATION: _____
 ESTATE/VILLAGE: _____
 P.O. Box: _____ Town: _____
 Telephone: _____

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)
 DATE OF AEFI: _____
 DESCRIBE: _____
 ANTIGEN/VACCINE: _____
 BATCH NUMBER: _____
 MANUFACTURE DATE: _____
 EXPIRY DATE: _____
 MANUFACTURER'S NAME: _____

IF YOUR CHILD DEVELOPS ANY ADVERSE EVENTS
 FOLLOWING IMMUNIZATION (AEFI)
 PLEASE REPORT IMMEDIATELY TO THE NEAREST
 HEALTH FACILITY
 Onyeshu kadhi hii kila mara
 uendapo kitiriki ya watoto
SHOW THIS CARD ON EVERY VISIT

IMMUNIZATIONS

PROTECT YOUR CHILD

MOH 806

Sign when child fully immunized (FIC)	Age in Months	Date	Sign

BCG VACCINE: at birth	Date Given	Date of next visit
(Intra-dermal left fore-arm)		
Dose: (0.05mls for child below 1year)		
Dose: (0.1mls for child above 1year)		
BCG- Scar Checked	DATE CHECKED	PRESENT
		ABSENT
	DATE REDONE	

DIPHTHERIA/PERTUSSIS/ TETANUS/ HEPATITIS B/ HAEMOPHILUS INFLUENZA E Type b	Date Given	Date of next visit
Dose: (0.5mls) Intra Muscular outer thigh		
1 st dose at 6 weeks	DPT/HepB + Hib1	
2 nd dose at 10 weeks	DPT/HepB + Hib2	
3 rd dose at 14 weeks	DPT/HepB + Hib3	

ORAL POLIO VACCINE (OPV)	Date Given	Date of next visit
Dose: 2 drops orally		
Birth Dose: at birth or within 2 wks (OPV 0)		
1st Dose at 6 weeks	(OPV 1)	
2nd Dose at 10 weeks	(OPV 2)	
3rd Dose at 14 weeks	(OPV 3)	

MEASLES VACCINE at 9 Months	Date Given
Dose: (0.5 mls) Subcutaneously right upper arm	

YELLOW FEVER VACCINE at 9 Months	Date Given
Dose: (0.5 mls) Intra- Muscular left: upper deltoid	

VITAMIN A CAPSULE: Given orally	Tick age given	Date of next visit
At first contact and/or after 6 months of age		
Dose	Age	
100,000 IU	at 6 months	
200,000 IU	at 12 months (1 Year)	
200,000 IU	at 18 months (1 ½ Years)	
200,000 IU	at 24 months (2 Years)	
200,000 IU	at 30 months (2 ½ Years)	
200,000 IU	at 36 months (3 Years)	
200,000 IU	at 42 months (3 ½ Years)	
200,000 IU	at 48 months (4 Years)	
200,000 IU	at 54 months (4 ½ Years)	
200,000 IU	at 60 months (5 Years)	

Rapid Village Household Survey for Immunization

This questionnaire will assist you to gather feedback about the status of immunization services in the community. It will help you find out: why children (0 to 23 months) and their mothers (for TT immunization) do not complete their immunization schedule; who are the people who are never reached; and why children and women do not go or return for immunization. You will not need much time to do this. It can be carried out in one or two hours. It is an opportunity to discuss these subjects directly with mothers and find out how services could be improved and why they are not used.

The purpose is:

- to investigate reasons why children and mothers are not fully immunized
- to investigate how the community believes that service can be improved
- to investigate the immunization status of children and mothers in the community

Use the tally sheet and the questionnaire presented on the following page for the interviews and to compile data.

Visit about 10 to 20 households in a selected village. The households do not have to be randomly selected and they may be interviewed in any order. Tally each household visited in section A.

- a) In each household having any children under two years of age (0 to 23 months) and their mothers, ask for the **child's and mother's immunization card(s)**.
- b) **Only use cards (not history)** to decide whether the child is
 - Not immunized
 - Partially immunized (overdue for the next vaccine dose)
 - Adequately or fully immunized for their age

Tally each child in section B

- c) If no card is available ask if card lost or never vaccinated. Tally in section B.
If no card and never vaccinated ask and enter one main reason why in section C
- d) If the child and/or mother is not completely immunized, write their names and ask each mother one main reason why. Enter this in section C.
- e) Each woman should also be asked for her suggestions on how to improve the health services: enter this in section D. Also ask leaders and volunteers in the community for their ideas.
- f) Tally A number of households visited and add the total
- g) Tally B children and mothers immunization status and add the total
- h) List C reasons why child or mother not fully immunized. Analyse the data.
- i) List D suggestions for improvement of the service

Tally sheet and questionnaire for village household immunization survey

Infants under two years of age (0 – 23 months) and their mothers for TT

Village name: _____ **Distance from Fixed Site:** _____

Health facility: _____ **Date of questionnaire:** _____

Response	Place tally marks here		Total	
A. Tally the number of households visited				
B. Immunization status:	Tally children (c)	Tally mothers (m)	(c)	(m)
Not immunized				
Partially immunized				
Adequately or fully immunized for their age				
No Card available				
Why? lost				
Never vaccinated				
C. Child name	Reasons given for being partially or not immunized			
1.				
2.				
3.				
4.				
5.				
C. Mother's name	Reasons given for being partially or not immunized with TT			
1.				
2.				
3.				
4.				
5.				
D. Suggestions for improvement from mother or community leaders/volunteers				
1.				
2.				
3.				

Session Monitoring Format for Routine Immunization

Monitors' Name:	Dept./ Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> NPSP <input type="checkbox"/> UNICEF <input type="checkbox"/> Others	Designation:
Date of visit: / /	Time of visit:	Day: <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Other
State	<input type="text"/>	
District	<input type="text"/>	
Block/Planning Unit	<input type="text"/>	
Sub Center / Urban Post	<input type="text"/>	
Name of Area	<input type="text"/>	
Settings: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Urban Slum HRA : <input type="checkbox"/> Yes <input type="checkbox"/> No Session Site: <input type="checkbox"/> Facility <input type="checkbox"/> Sub Centre <input type="checkbox"/> AWC <input type="checkbox"/> Others		

<input checked="" type="checkbox"/> Tick whichever is applicable			
1.	Whether Session held	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'No', Reason for session not held (<i>See bottom of the format</i>) ^Δ	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D.....
	If 'Yes', whether the session being held as per Microplan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Beneficiaries are being mobilized to session site by *	<input type="checkbox"/> ICDS worker	<input type="checkbox"/> ASHA <input type="checkbox"/> Others <input type="checkbox"/> None
3.	How Vaccines & logistics were brought to session site from PHC/Block	<input type="checkbox"/> AVD [#]	<input type="checkbox"/> ANM <input type="checkbox"/> Supervisor <input type="checkbox"/> Others
4.	Whether all available vaccines & diluents are placed in zipper bag in vaccine carrier having 4 Ice-Packs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Which of the vaccines are available at session site ²	<input type="checkbox"/> BCG	<input type="checkbox"/> BCG Diluent
		<input type="checkbox"/> Measles	<input type="checkbox"/> Measles Diluent
		<input type="checkbox"/> tOPV	<input type="checkbox"/> mOPV
		<input type="checkbox"/> DPT	<input type="checkbox"/> JE
		<input type="checkbox"/> DT	<input type="checkbox"/> JE Diluent
		<input type="checkbox"/> TT	<input type="checkbox"/> Hepatitis B
6.	Whether any of the vaccine vial is/are found without VVM*	<input type="checkbox"/> BCG	<input type="checkbox"/> DPT
		<input type="checkbox"/> Measles	<input type="checkbox"/> DT
		<input type="checkbox"/> OPV	<input type="checkbox"/> Hep-B
		<input type="checkbox"/> TT	<input type="checkbox"/> JE
7.	Whether any vaccine vial is found in the mentioned condition, if 'Yes', Tick <input checked="" type="checkbox"/> and record the vaccine*	<input type="checkbox"/> Without label / Unreadable label	
		<input type="checkbox"/> VVM Stage III or IV	
		<input type="checkbox"/> Expired Vaccine Vial	
		<input type="checkbox"/> Frozen Vaccine (DPT, TT, DT, Hepatitis -B)	
8.	Which of the mentioned Logistics are available at session site*	<input type="checkbox"/> AD (0.1ml) Syringes	<input type="checkbox"/> Vitamin-A Solution
		<input type="checkbox"/> AD (0.5 ml) Syringes	<input type="checkbox"/> Plastic Spoon for Vitamin-A
		<input type="checkbox"/> Functional Hub Cutter	<input type="checkbox"/> Due list of Beneficiaries
		<input type="checkbox"/> Blank RI Card	<input type="checkbox"/> Counterfoils of previous session
		<input type="checkbox"/> Red & Black Bag	<input type="checkbox"/> ORS Packet
		<input type="checkbox"/> IFA Tablet	<input type="checkbox"/> Paracetamol
		<input type="checkbox"/> Weighing machine	<input type="checkbox"/> B P Apparatus
9.	Whether adequate quantity of 5ml Disposable Syringes for reconstitution are available at session site (=BCG + Measles +JE vials)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Available
10.	Whether Time of reconstitution written on reconstituted BCG/Measles/JE vials	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11.	Whether AD syringe is used for injectable vaccines	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12.	Whether DPT vaccine given on outer (anterolateral) aspect of mid thigh	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
13.	Whether ANM is touching any part of the needle while giving injection	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
14.	Whether each used syringe being cut with hub cutter immediately after use	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
15.	Whether Session Tally Sheet is being filled for each child vaccinated	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
16.	Whether all counterfoils are being updated following each vaccination today	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
17.	Whether Four Key Messages are being given to the parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Δ **A=Both ANM/vaccinator as well as vaccines/logistics are not available B=ANM/vaccinator present but vaccine/logistics not available C=Vaccine/logistics available but ANM/vaccinator absent, D- Others (specify)**

* Multiple responses may be applicable

AVD=Alternate Vaccine Delivery

====*=====

SECRETARIAT GENERAL

Region: Coadjo District: Bartira

Total population 320582 Children 0-11 months: 13918

Women child bearing age (CBW): 75373 Pregnant women: 16529

Year 2009 Month: Sept

Monthly Vaccination Report

Vaccines	Infants			TT	Women		
	0-11m	1year+	Total		pregnant	CBW	Total
BCG	179	3	182	TT 1	686	99	785
Polio 0	232	11	243	TT 2	497	84	581
Polio 1	931	64	995	TT 3	17	80	170
Polio 2	802	39	841	TT 4	26	14	40
Polio 3	740	77	817	TT 5	11	13	44
DTP 1	938	70	1008	Women completely vaccinated			NA
DTP 2	813	36	849				
DTP 3	747	83	830				
Measles	549	297	846				
Yellow Fever	332	128	460				
children completely vaccinated before 12 m			NA				

* Completely vaccinated = received BCG, DTP1-3 measles, and yellow fever before 12 m of age

Activity Report

Outreach activities during the month		Health talks during the month	
planned	done	planned	done
ND	ND	ND	ND

Management of stocks of vaccines and injection materials

ANTIGENES	Stock begin month	Received during month	Given up or returned	Lost during month	Stock end month
BCG	0	0	0	0	0
DTP	1000	1450	0	40	0
OPV	1110	3800	0	0	920
Measles	720	3000	0	0	1340
Yellow Fever	0	0	0	0	0
TT	150	500	0	0	0
Syringes BCG	75	0	0	0	0
Syringes 0.5ml	0	14200	0	0	9290
Syringes dilution	0	80000	0	0	2000
Security boxes	542	0	0	0	522

* Amount given to another health facility for redistribution or returned to higher level

**broken, expired, missing, etc

Date: 9/21/2009

Name & Signature of Responsible Party



Date of Visit ___/___/___ Monitor _____ PHC ID _____

Session ID #: _____

Name of Primary Health Center (PHC) _____ Location(Health Clinic /Outreach) _____

Adherence to Microplan	
1. Session held in the village specified in microplan (date AND place)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cold Chain & Logistics	
2. Collection of vaccine on same day by vaccinator or Courier	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Use of vaccine carrier with 4 ice packs	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Conditioned ice packs (i.e. some ice AND some water) in the vaccine carrier	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. All Vaccine vials and Diluents kept in Zipper bag inside vaccine carrier	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. All vaccines (BCG, DPT, OPV, Measles, DT, TT) along with diluents available at session	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Vitamin A available at session	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Presence of freeze-sensitive vaccines (T series and Hepatitis B) in liquid form	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. VVM stage usable on OPV	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. All vaccines within usable date	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. All vaccines have readable labels	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. One ice pack taken out to place reconstituted BCG & Measles vials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Immunization Safety	
13. Clean place available for immunization	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Use of correct diluents for BCG (normal saline) and measles (double distilled water)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Use of separate reconstitution syringes for reconstitution of BCG & Measles vaccines	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Reconstituted vaccines used within four hours of reconstitution (time of reconstitution written on vial)	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Use of 0.5 ml AD syringes for all vaccines except BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Use of AD syringes 0.1 ml for BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Correct selection of injection site	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Correct selection of injection route	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Correct dose of vaccine given	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Evidence of maintaining at least 28 days gap between DPT doses <i>Check from immunization card or ask the care-giver</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Correct age of administration of measles vaccine (9 months completed -12 months). <i>Check from immunization card or ask the care-giver</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Needle NOT touched with swab or finger before injection	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Absence of recapping AND bending used syringes	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Hub cutter used for cutting used syringes immediately after use	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Broken ampoules/vials placed inside hub cutter	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
28. Cut syringes placed in red disposal bag	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
29. Cut syringes and remaining vaccines returned back to Health Facility on the same day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Records & reports	
30. New cards and counterfoils being filled and issued for each new beneficiary	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
31. Information about each vaccination being correctly & completely filled in cards and counterfoils	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Information about each vaccination being correctly & completely filled in immunization registers	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Proper filing of counterfoils (including counterfoils from previous sessions at this site) in tracking bags	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tracking Left Outs/ Drop outs and Missed Opportunities	
34. EACH of known pregnancies and births in the village worker/mobilizer catchment area over the past 3 months added to village worker AND vaccinator register, even if they have not yet come for vaccination.	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. Village worker/ Other Mobiliser shared list of children due for vaccinations on that day with vaccinator	Yes <input type="checkbox"/> No <input type="checkbox"/>
36. Active tracking for dropouts using due list of beneficiaries	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. vaccinator checking for immunization status of infants brought to session for other ailments	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
38. Infants with minor problems like Fever / Diarrhea being given immunization	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
IPC, Community Mobilization and Supervision	
39. vaccinator is giving 4 key messages to parent/care taker of beneficiaries <i>(Which Vaccine is administered; When is next vaccination due; Normal and adverse events; Importance of Imm. Card.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
40. Presence of Village worker in immunization session	Yes <input type="checkbox"/> No <input type="checkbox"/>
41. Presence of Village worker/mobilizer in immunization session	Yes <input type="checkbox"/> No <input type="checkbox"/>
42. IEC/BCC materials displayed at site	Yes <input type="checkbox"/> No <input type="checkbox"/>
43. Supervisory visits by district/block level Medical Officer to vaccinators subcenter area in last 3 calendar months	Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH FACILITY

PLEASE TICK EACH VACCINE GIVEN IN PROPER ANTIGEN AND COLUMN	DATE	VITAMIN A		BCG		ORAL POLIO						
		6-11M 100,000IU	11-59M 200,000IU	0-11M	12-23M	0-11M				12 - 23M		
						0	1ST	2ND	3RD	1ST	2ND	3RD
	2/1/1996	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
		00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000

Example Routine Immunization Tally Sheet from Nigeria.

Instructions for use: every child that has been vaccinated must be tallied in the tally sheet by the vaccinator immediately. After vaccinating the client, the vaccinator crosses out one zero in the row and column that corresponds to the date of immunization session and the vaccine and dose administered.

Region Direction : Eastern
 Health District : Wala land
 Health Facility : Nubeish
 Village / Sector / Site : Sector A

Tally Sheet

VACCINES	VACCINATION OF CHILDREN			Number of vials opened
	0 - 11 months	12 - 23 months	Total	
BCG/OPV0	 		80	5
DTP/OPV 1	 		100	
DTP/OPV 2	 		80	
DTP/OPV 3	 		64	
Measles	 		70	7
Yellow Fever			28	4
Completely vaccinated				

	VACCINATION OF WOMEN			Number of vials opened
	pregnant	CBW	Total	
TT1	 		33	
YY2			23	
TT3			16	
TT4				
TT5				
Completely vaccinated				

Adverse Events follow Immunization		
Vaccine	Number minor AEF	Number Major AEFI
N/A	0	0

Name of vaccinators _____
 Signature: _____ Date: _____

Critical Routine Immunization Data Sources, Reference Manuals and other useful EPI Links

Title	Web link	Source
Immunization Data Sources		
WHO main Immunization Data webpage	http://www.who.int/immunization_monitoring/data/data_subject/en/index.html	WHO
WHO database of country multi-year plans for EPI (CMYPs)	http://www.who.int/immunization_financing/countries/en/	WHO
GAVI Alliance Country Data (CMYP, FSP, Annual Reports)	http://www.gavialliance.org/country/	GAVI Alliance
Immunization Campaigns Calendar	http://apps.who.int/immunization_monitoring/en/globalsummary/siacalendar/padvancedsia.cfm	WHO
Immunization Indicators Database	http://www.who.int/immunization_monitoring/en/globalsummary/indicatorselect.cfm	WHO
Vaccination schedules per country	http://www.who.int/immunization_monitoring/en/globalsummary/scheduleselect.cfm	WHO
Polio Case Count Data	http://apps.who.int/immunization_monitoring/en/diseases/poliomyelitis/case_count.cfm	WHO
Vaccine Preventable Disease Incidence data	http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tsincidenceip.htm	WHO
WHO Global Burden of Disease Database	http://www.who.int/healthinfo/global_burden_disease/estimates_regional/en	WHO
WHO/UNICEF Immunization Coverage Estimates Database	http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tswucoveredtp3.htm	WHO/UNICEF
WHO/UNICEF Immunization Coverage Estimates sheet	http://www.who.int/entity/immunization_monitoring/data/coverage_estimates_series.xls	WHO/UNICEF
MICS compiler (all MICS data)	http://www.micscompiler.org	
DHS STATcompiler (all DHS data)	http://www.statcompiler.com/	Measure DHS
Immunization Manuals/Guides		
Immunization Essentials Guide	http://pdf.usaid.gov/pdf_docs/PNACU960.pdf	USAID
Immunization in Practice Guide	http://www.who.int/vaccines-documents/DoxTrng/h4iip.htm	WHO
Increasing EPI Coverage at the Health Facility Level Guide	http://www.who.int/entity/immunization_delivery/systems_policy/www721.pdf	WHO
Mid-level Managers Training Modules for EPI	http://www.who.int/immunization_delivery/systems_policy/training/en/index1.html	WHO
Reaching Every District (RED) 2008 Guidelines	http://www.who.int/immunization_delivery/systems_policy/AFRO-RED-guide_2008.pdf	WHO
State of the World's Vaccines and immunization, 2010	http://www.who.int/immunization/sowvi/en/	WHO/UNICEF
WHO Vaccine Position Papers	http://www.who.int/immunization/documents/positionpapers_intro/en/	WHO
WHO Data Quality Self-Assessment Manual	http://www.who.int/entity/immunization_monitoring/routine/DQS_tool.pdf	WHO
Global Immunization Vision & Strategy (GIVS) 2006-2015	http://whqlibdoc.who.int/hq/2005/WHO_IVB_05.05.pdf	WHO/UNICEF
Other Useful websites		
Aaron's links to immunization data, manuals, guides etc	http://epi.swala.org	Personal