

Department of Health  
Cordillera Administrative Regional Office  
Baguio City

**SITUATIONAL ANALYSIS: Expanded Program on Immunization**

**I. INTRODUCTION:**

A. Rationale:

The Expanded Program on Immunization (EPI) was established in 1976 to ensure that infants/children and mothers have access to routinely recommended infant/childhood vaccines. Six vaccine-preventable diseases were initially included in the EPI: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles. Vaccines under the EPI are BCG birth dose, Hepatitis B birth dose, Oral Poliovirus Vaccine, Pentavalent Vaccine, Measles Containing Vaccines (Antimeasles Vaccine, Measles, Mumps, Rubella) and Tetanus Toxoid. In 2014, Pneumococcal Conjugate Vaccine 13 was included in the routine immunization of EPI.

This 2016, the Expanded Program on Immunization will transition to become the National Immunization Program. It will include immunizations of other populations such as senior citizen immunization, school-age immunization, and adolescent immunizations.

B. Program Goals:

Over-all Goal: To reduce the morbidity and mortality among children against the most common vaccine-preventable diseases.

Specific Goal:

1. To immunize all infants/children against the most common vaccine-preventable diseases;
2. To sustain polio-free status of the Philippines;
3. To eliminate measles infection;
4. To eliminate maternal and neonatal tetanus;
5. To control diphtheria, pertussis, hepatitis b and German Measles;
6. To prevent extra pulmonary tuberculosis among children.

C. Program Target:

Achieve 95% Fully Immunized Child Coverage.

D. Program Strategies:

1. Conduct of routine immunizations for infants/children/women through Reaching Every Purok Strategy.
  - The Reaching Every Purok Strategy is an innovation of the Reaching every Barangay.

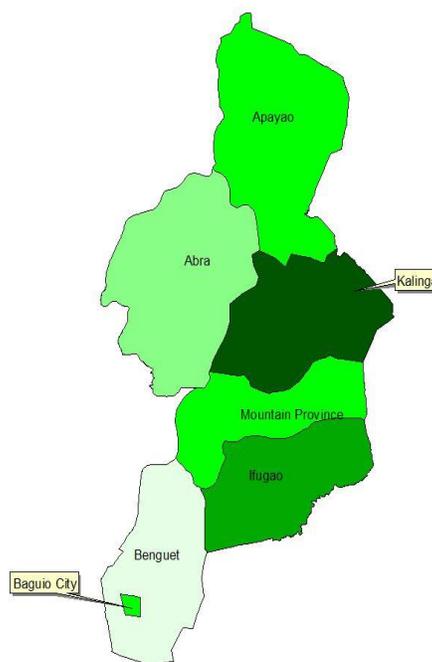
2. Supplemental immunization Activities (SIA)
  - Supplemental immunization activities are conducted to reach children who have not been vaccinated or have not developed enough immunity after previous vaccinations.
3. Vaccine-Preventable Disease Surveillance
  - Surveillance is conducted for all vaccine-preventable diseases most especially for measles cases and indigenous wild poliovirus.

## II. PROGRAM SITUATION

### FULLY IMMUNIZED CHILD COVERAGE and MEASLES CASES

The first semester Fully Immunized Child coverage of CAR is 35% with Kalinga as the only province who has achieved the 50% accomplishment for the first semester of this year.

Province	Color	FIC %
Abra		31
Apayao		33
Benguet		29
Ifugao		36
Kalinga		59
Mt. Prov		32
Baguio		32
CAR		35

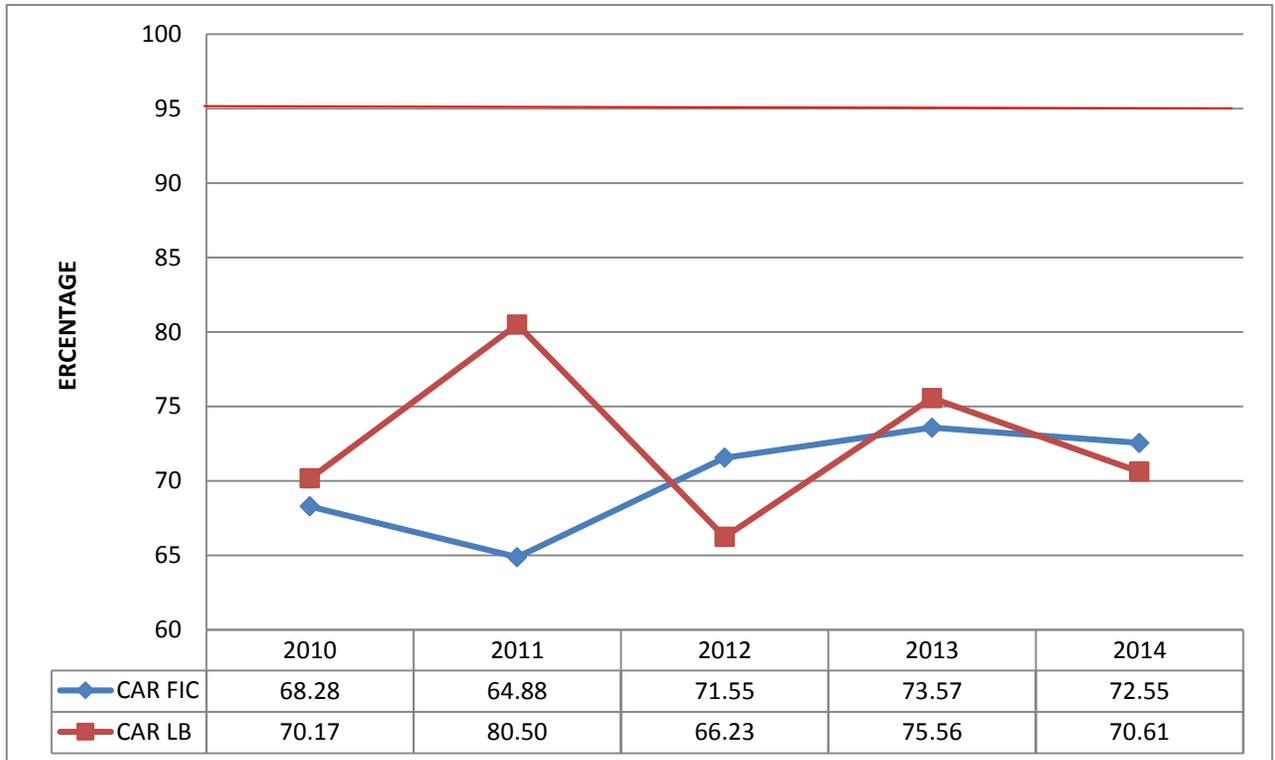


Province	Measles Cases (Morbidity Week 1-26)
Abra	1
Apayao	5
Benguet	1
Ifugao	26
Kalinga	1
Mt. Prov	0
Baguio	1
CAR	35

The distribution of measles cases are as follows:  
 IFUGAO: Lagawe-10, Hingyon-9, Lamut-3, Kiangan-2, Mayoyao-1, and Asipulo- 1; APAYAO: Flora-4, and Pudtol- 1; Kalinga: Tabuk City-1; BENGUET: La Trinidad-1; BAGUIO CITY-1; ABRA: Tayum-1.

Of the 35 cases, 17 are females and 18 are males. Review of records show that 15 of these cases were vaccinated. However, records do not show how many Measles Containing Vaccines (MCV) were received by the individual. At least two (2) doses of MCV are needed to produce 100% protection against measles. 14 of the confirmed cases are unvaccinated and 6 are uncertain if they have received immunization in the past. Ages range from 6 months to 38 years old.

### **FIVE-YEAR COMPARISON BETWEEN FULLY IMMUNIZED CHILD VS LIVEBIRTHS**



The chart show that CAR is still far from the FIC national target of 95%. In 2011, around 15% of the live births were not fully immunized. With the introduction of the Reaching Every Barangay in 2012, the gaps were closed and not only were the livebirths vaccinated and declared fully immunized; all trans-in clients were also vaccinated.

### **TRAINING SUPPORT**

There are 4 trainings being conducted under the Immunization Program. One is the Immunization in Practice wherein health workers are trained on the basic principles of immunization. Next is the Cold Chain and Logistics Management Training wherein health workers are trained in logistics management and proper storing of vaccines. Another training is the Reaching Every Barangay Strategy wherein health workers are trained on how to utilize their data and address gaps in the immunization program. Last is the Adverse Events Following Immunization Training under the Epidemiology and Surveillance Unit. Health workers are trained on proper reporting of AEFIs as well as how to properly manage these cases.

### **PROVISION OF LOGISTICS**

Vaccines are provided to Provincial Health Offices on a quarterly basis. Aside from vaccines, vaccination supplies such as auto-disable syringes, safety boxes, mixing syringes, cotton, alcohol, needle removers, vaccine carriers, transport boxes, and AEFI kits are being provided.

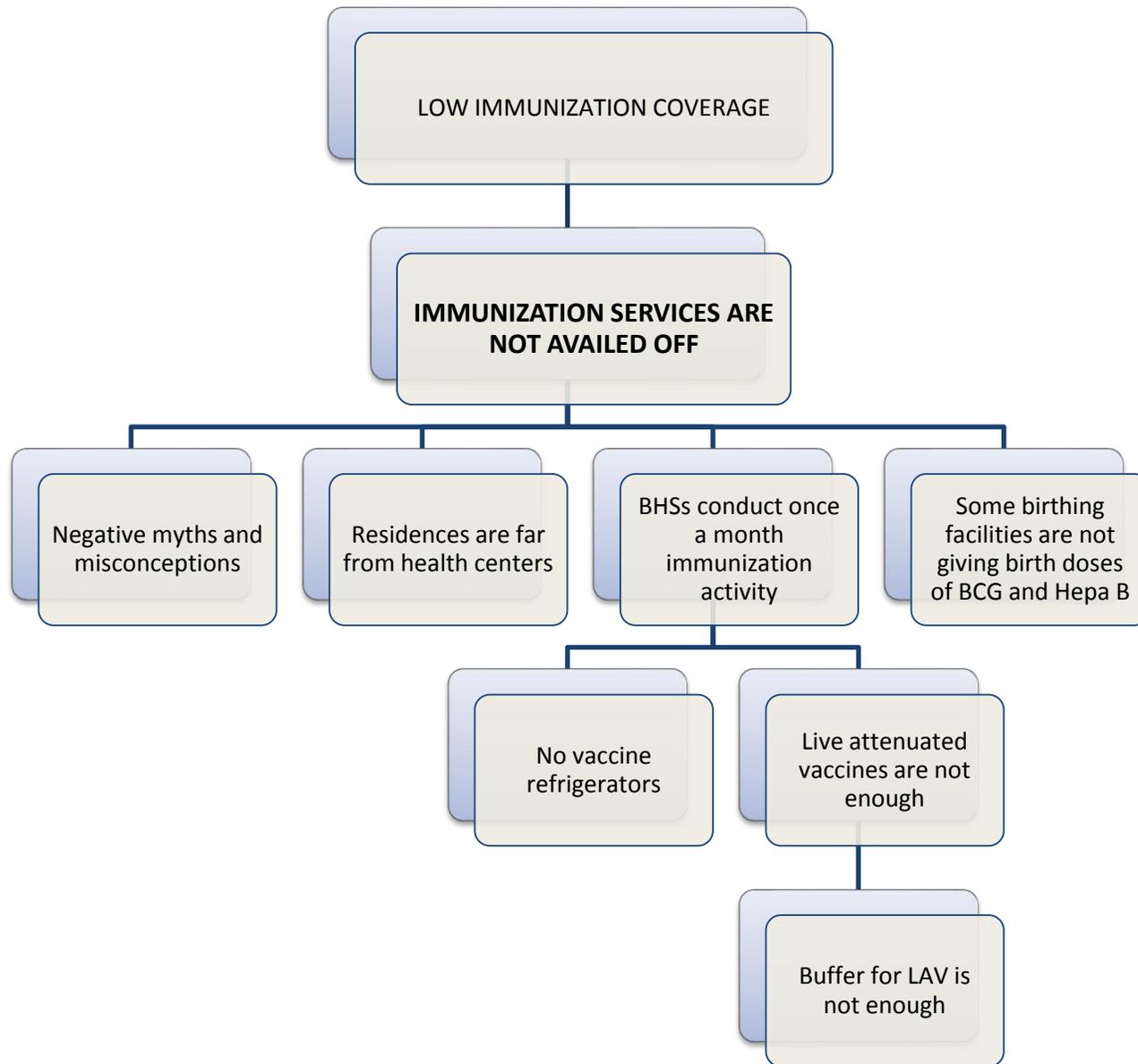
#### **ISSUES AND CONCERNS:**

- Some health workers have no training on Basic EPI Skills and Cold Chain and Logistics Management. These 2 trainings are needed by health workers to effectively deliver the services. Most of the issues observed during on-site monitoring are related to cold chain and logistics management.
- Regional medical and nurse coordinators are also untrained on Basic EPI Skills and Cold Chain Management.
- Immunization is being conducted usually once a month in BHSs. To avoid unnecessary vaccine wastage, health facilities have scheduled their immunization day. Further, most BHSs do not have cold chain equipment to store the vaccines.
- Some birthing facilities are not giving BCG and Hepatitis B birth dose.
- Requests for vaccine refrigerators were not granted because WHO pre-qualified refrigerators are expensive.
- Health workers claim that their actual population is lower than that of the projected population from PSA. This is one of the reasons why they cannot attain a 100% accomplishment.

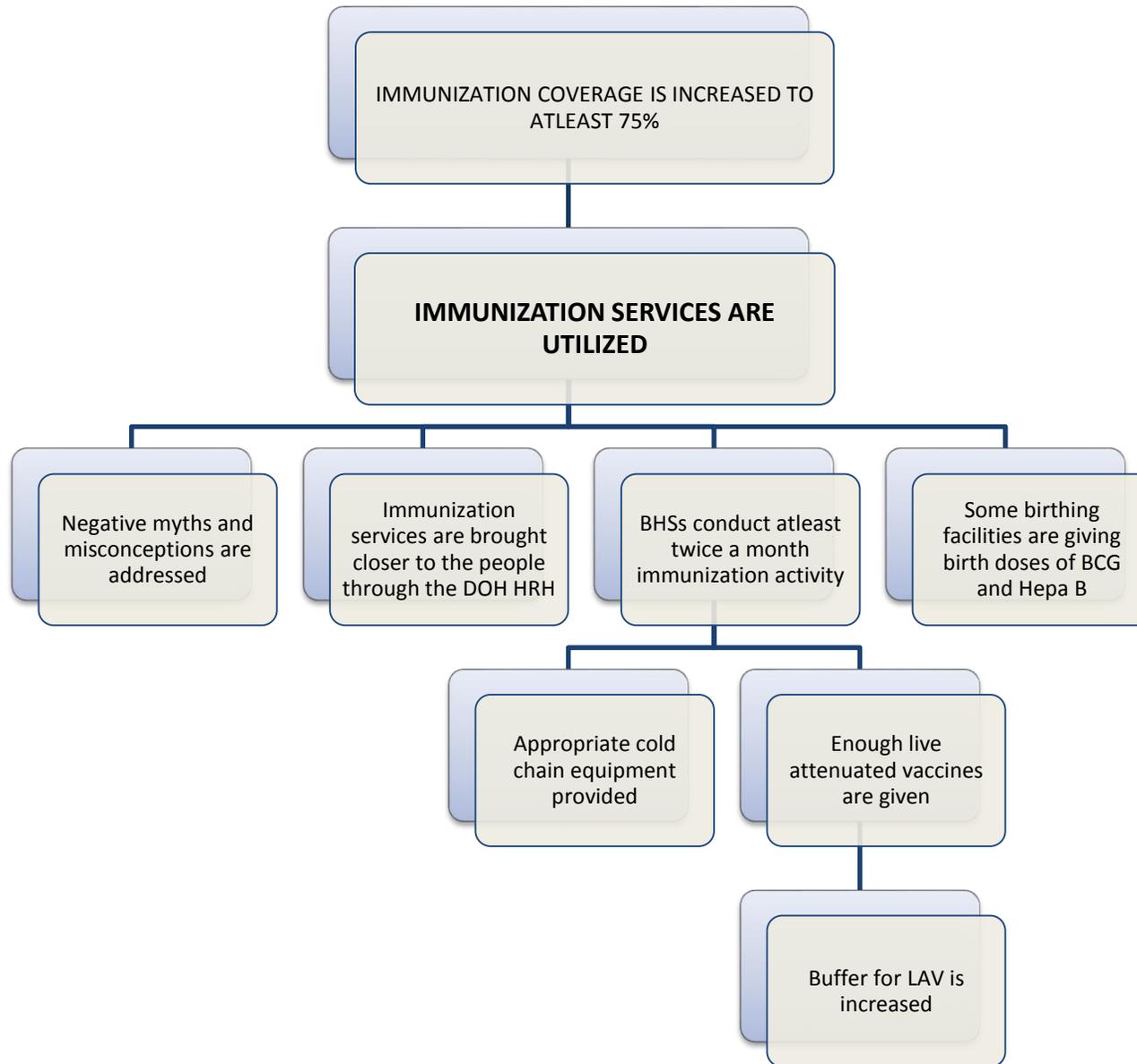
#### **\*ANNEXES**

- Problem Tree
- Objective Tree
- GANTT Chart
- Logical Framework

**A. Problem Tree-**



## B. Objective Tree-





## E. LOGICAL FRAMEWORK

	<b>Intervention Logic</b>	<b>Objectively Verifiable Indicators of achievement</b>	<b>Source and means of verification</b>	<b>Assumptions</b>
<b>Overall Objective</b>	To contribute to the improvement of under 5 and infant health and the attainment of program objectives	Current IMR and U5MR is sustained or further decreased to 10% of latest IMR and U5MR	FHSIS Report	
<b>Specific Objective</b>	To increase immunization coverage per antigen	<i>All antigen coverage is increased to atleast 75%</i>	FHSIS Reports, SBI Report, Senior Citizen Immunization Report	-There is an increase in the FIC coverage.
	To reduce incidence of vaccine preventable disease transmission among other age groups	<i>95% immunization coverage</i>		Incidence of vaccine preventable disease among other age groups is stopped or minimized
<b>Expected Results</b>	- To reduce incidence of positive measles cases -To close the gap between MCV1 and MCV2	<i>-The cycle of measles transmission is halted and no other positive cases are detected</i>	<i>Reportable Diseases/Morbidity week report</i>	<i>-Confirmed positive measles cases are limited to less than 1 case per 1000 population.</i>
<b>Activities</b>	1. Conduct consultative workshop with partner agencies	No. of trainings conducted; No. of pax trained; No. of trainings days delivered	WFP, QOP/QOPM	
	2. Provision of logistics to LGUs for target population	No. of vaccines and vaccination supplies (cotton, AD syringes, mixing syringe, safety boxes, needle removers) allocated	Allocation Lists, IRPs	
	3. Profiling of infants and senior citizens	No. of infants and senior citizens profiled	Summary of profiling	
	4. Conduct of on-site visits	No. of facilities visited	AAR	

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