**Interpersonal Communication
For Immunization**
Transforming Immunization
Dialogue

Monitoring & Evaluation Framework

Interpersonal Communication for Immunization Package

©UNICEF/Vilain

unicef
for every child

BILL & MELINDA
GATES foundation

JOHNS HOPKINS
Center for Communication
Programs

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

EMORY
UNIVERSITY

Gavi
The Vaccine Alliance

IPA
International
Pediatric
Association
Every Child · Every Age · Everywhere

JSI
John Snow, Inc.

USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

World Health
Organization

Table of Contents

Introduction to the Interpersonal Communication for Immunization Package

Frontline health workers (FLWs) are among the most influential sources of information that impact vaccine behavior. Health care providers, community health workers, and community-based volunteers are all part of the frontline workforce and serve as a crucial bridge between communities they serve and health systems. FLWs can serve as both barriers and facilitators to communities adopting desired immunization behaviors. FLWs who routinely engage in positive and meaningful interpersonal communication (IPC) with their clients are able to build trusted relationships with individuals and families. The 2016 Exchange of Best Practices on Reaching Every District (RED)/Reaching Every Child (REC) Workshop for East and Southern African countries, organized by WHO, UNICEF, USAID and JSI, recommended empowerment of health workers, IPC, and community engagement, as key opportunities to foster collaboration and build local ownership of immunization objectives. This UNICEF Interpersonal Communication for Immunization Package (IPC/I) aims to improve IPC in FLW interactions with families and caregivers so can better engage, mobilize, and empower communities to adopt preventive behaviors such as immunization.

IPC/I Package Objectives

To increase routine immunization coverage and support caregiver adherence to the WHO-recommended immunization schedule, the IPC/I Package seeks to address the following knowledge, attitudes, and practices among FLWs:

FLW Knowledge:
- Principles of effective interpersonal communication
- How to effectively communicate with clients irrespective of FLW workload or the length of the client interaction
- How to communicate with clients about vaccine safety and how vaccines prevent disease

FLW Attitudes:
- Caregivers and clients are entitled to respect, empathy, and equitable service regardless of religion, ethnicity, national origin, gender, education, or socio-economic status
- FLWs are facilitators of community health
- FLWs feel motivated to ensure every child is vaccinated according to the WHO-recommended schedule
- Vaccines are safe and prevent disease

FLW Practices:

- Communicate effectively and empathetically with caregivers and clients with various attitudes towards vaccines or the health system at-large
- Explain the benefits of various vaccines and possible side effects
- Encourage caregivers to ask questions and provide clear and appropriate responses
- Adherence to and promotion of a rights-based approach to immunization
- Supervisors: Effectively support and monitor the IPC/I work of FLWs, with emphasis on maintaining or improving staff motivation

IPC/I Package Components

The comprehensive IPC/I Package supports IPC aspects of FLWs' immunization work globally. The package contains several core components designed collectively to address FLW's IPC/I skills and improve the ability of supervisors to more effectively support FLWs in providing high quality IPC/I. The table below describes each component of the IPC/I Package.

Item/Product	Brief description	Audience
Adaptation Guidance & Needs Assessment	This document provides an overview of components of the IPC/I Package as well as six key steps and three guiding principles to conduct a needs assessment and adapt the package for individual needs and priorities.	Program Managers
Trainers' Facilitation Guide	This guide is a manual for group training on IPC/I. It is organized into seven modules and can be used for preservice, in-service, or on-the-job training.	Trainers
Participants' Manual	This manual, a companion to the Facilitator's Guide, provides practical content to help improve delivery of IPC/I. Each of the seven modules is filled with activities, reflection questions, and key points.	FLWs; Supervisors
Supportive Supervision	This manual is designed to help supervisors support FLWs to improve IPC in immunization services. It takes into account common supervision practices, obstacles to supervision, and IPC/I-specific needs and information.	Supervisors
Animated videos	A series of short, animated videos illustrating interpersonal communication-based challenges and solutions to improving immunization coverage. The videos are intended to be used a	FLWs

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

	job aids to support FLWs as they address barriers to immunization in their communities. Supportive supervision is also role modeled.	
Audio Job Aids	A series of audio recordings that model effective IPC practices and serve as another channel for FLWs to access key messages that respond to some of the common, difficult questions they may encounter during visits with caregivers. The Audio Job Aids are a quick refresher that FLWs can listen to while on-the-go.	FLWs
Reference Cards	These cards provide easy access to information about vaccines and vaccine-preventable diseases. These cards can be used as self-learning tools, guides for conversations with caregivers and community members, and information resources for education and training.	FLWs, Community
Website	The entire IPC/I Package will be hosted as a digital toolkit on a dedicated IPC/I website. The website will also host curated IPC/I resources.	Program Managers, FLWs
Smartphone Application	Android application developed on open-source platform that hosts abbreviated training content, videos, and audio.	FLWs
Monitoring and Evaluation Framework	A framework to guide monitoring and evaluation to determine the relevance, usage, and effectiveness of the IPC/I Package.	Program Managers

Monitoring & Evaluation for the IPC/I Package

Monitoring and Evaluation (M&E) are important in assessing the implementation, use, learning, and impact of the IPC/I Package at various levels (global, regional, national, subnational, district, facility, and community). Appropriate indicators, data collection systems, and reporting mechanisms inform the decision-making to help guide successful implementation of the Package and structure the learning and opportunities for improvement over various stages of the project. The collection and monitoring of key indicators are especially important in ensuring that data inform decision-making and demonstrate progress toward the objectives, targets, and goals of the IPC/I Package. It should be noted that shifts in outcome and impact indicators, such as vaccination coverage, may not always be directly attributable to the IPC/I intervention efforts like FLW trainings, as there are many other factors play a role in the shifts in these indicators. Nevertheless, where possible, it can be useful to collect outcome and impact indicators in order to understand the broader health context within a region or country around immunization services, and the ways in which the IPC/I Package intervention can lead to impact over time.

Recommended Steps towards Developing M&E for the IPC/I Package[1]

1. **Organizational structures with M&E functions.** Establish and maintain a network of organizations responsible for M&E of the IPC/I Package at the regional, national, sub-national, and service delivery levels.

2. **Existing M&E Systems.** Determine what existing M&E structures and systems might already be in place and how to utilize those existing systems to build on the M&E plan for the IPC/I Package.

3. **Human capacity for M&E.** Ensure adequate skilled human resources at all levels of the M&E system to ensure completion of all tasks defined in the costed M&E workplan. This requires sufficient analytical capacity to use the data and produce relevant reports.

4. **Annual costed M&E workplan.** Develop an annual costed M&E workplan including specific and costed M&E activities of all relevant stakeholders and identified sources of funding. Use this plan for coordination and for assessing the progress of M&E implementation throughout the year.

---

[1] Monitoring and Evaluation Toolkit – 4th Edition, 2011. The Global Fund to Fight AIDS, Tuberculosis and Malaria.
Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

5. **Partnerships to plan, coordinate and manage the M&E system.** Establish and maintain partnerships among in-country, local, and international stakeholders involved in the planning and managing the M&E system.

6. **Multisectoral M&E plan.** Develop and regularly update the M&E plan, including identified data needs, standardized indicators, data collection procedures, and tools as well as roles and responsibilities for implementation of the IPC/I Package.

7. **Advocacy, community, and culture for M&E.** Ensure knowledge of and commitment to M&E and the M&E system among policymakers, program managers, program staff and other stakeholders.

8. **Routine program monitoring.** Plan for and produce timely and high-quality (valid, reliable, and comprehensive) routine program monitoring data.

9. **Surveys and surveillance.** Produce timely, valid and reliable data from surveys and surveillance systems.

10. **Supportive supervision and data auditing.** Monitor data quality periodically and address obstacles to producing high-quality data.

11. **Evaluation and research.** Identify evaluation and research questions, coordinate studies to meet identified needs and enhance the use of evaluation and research findings.

12. **Data dissemination and use.** Disseminate and use data from the M&E system to guide the formulation of policy and the planning and improvement of IPC/I Package programs.

13. **National and subnational databases.** Develop and maintain national and subnational databases that enable stakeholders to access relevant data for formulating policy and for managing and improving IPC/I Package programs.

IPC/I Monitoring & Evaluation Framework

The M&E framework shown in Figure 1 provides adaptable, actionable guidance to review, monitor, and measure the implementation, use, learning, and impact of the IPC/I Package and its components. This M&E Framework was presented at the Dakar meeting in 2018 involving UNICEF colleagues, partner organizations, and immunization stakeholders. From right to left, the framework highlights how the training and use of the IPC/I package is expected to translate into knowledge and skills of FLWs and their supervisors, and how those

knowledge and skills will then lead to improvements in IPC around immunization at the workplace. The application of the knowledge and skills and systematization at the workplace is expected to improve the quality of work being performed by FLWs and their supervisors as well as improve the overall immunization outcomes such as better quality of service, improved caregiver-FLW interaction, and increased caregiver willingness to seek immunization services. The M&E systems across the global, regional and country levels are expected to monitor and report on these elements of the M&E framework as appropriate.
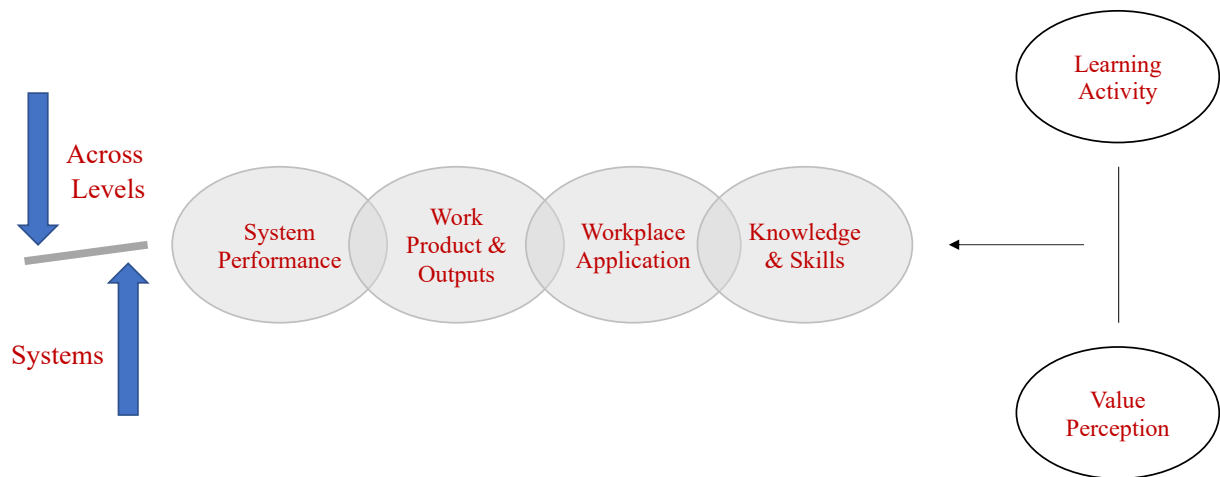
Figure 1: IPC/I Initiative M&E Framework

The above M&E framework (Figure 1) shows the conceptual foundation upon which the project's M&E system should be built. The framework informs the key questions that will guide the monitoring and evaluation of project processes and impact at each level:

- Inputs: How have the resources (materials, financial, and human) been used to implement activities?
- Activities: What actions have been undertaken to generate outputs towards delivering project goals?
- Outputs: What direct tangible products or services has the project delivered?
- Outcomes: What changes have occurred as a result of the outputs and to what extent are these likely to contribute towards the project objectives and desired impact?
- Impact: To what extent has the project contributed towards its long-term goals?

Key M&E Checklists in the IPC/I Package

The IPC/I FLW self-assessment checklist
Supervisor self-assessment checklist
Supportive supervision checklist
EPI supportive supervision checklist

These checklists are made available in Annexes D, E, F and G respectively. They should be utilized to assess the extent to which FLWs are using good IPC skills during immunization sessions, outreach and education, and supervisors are using supportive supervision techniques in their interactions with FLWs. The checklists are also helpful in identifying areas for improvement for both the FLWs and supervisors. The checklists provide key language that should be adapted and used to operationalize indicators within each of the M&E components and to develop relevant data collection tools, such as surveys or interviews. The checklists provide parameters on how to measure FLWs and supervisors using IPC/I and supportive supervision. Please refer to the footnotes of particular indicators below for which specific checklists should be referenced for indicator operationalization and measurement.

Adoption/Adaptation of the IPC/I Package

The IPC/I Package provides a comprehensive array of resources and materials. However, not all of the content, methodologies or tools will be appropriate for every country, training opportunity, or trainee audience. All materials within the package were developed for a global audience and it is recommended that the IPC/I Package be reviewed and adapted to maximize relevance and accessibility to local contexts, immunization projects, and needs of health workers and caregivers. Please refer to the Adaptation Guidance & Needs Assessment component of the IPC/I Package to determine how the global package may be tailored to meet your immunization project needs and priorities.

The following set of indicators illustrate what could be captured at the global, regional or national levels around the adoption and adaption of the IPC/I Package:

Number of government approvals of the IPC/I Package adoption/adaptation
Number of countries adapting IPC/I resources and package elements to reflect country/local needs
Components of the IPC/I Package that were adapted and used
Number of countries institutionalizing the IPC/I training for all FLWs in the country
Number of countries/partners reporting allocation of resources devoted to the implementation of the IPC/I Package

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Number of countries adapting the M&E Framework for reporting

Number of countries conducting program-level needs assessment for IPC/I

Number of countries/partners developing IPC/I integration plans with capacity building as a priority

Please note that this is not necessarily a comprehensive list of indicators; it could be expanded based on programmatic needs.

Possible data sources for the above adoption/adaption indicators could be:

- **Memorandums of Understanding (MOUs**): Implementing partners may develop an MOU for IPC/I Package and these could be used to track where IPC/I Package is being adopted as-is, versus adapted to fit local contexts and needs. MOUs may also capture if the entire IPC/I Package is being adopted or only certain components of the package are.
- **Workplans and Budgets:** Project implementers may develop workplans and budgets around the implementation of the IPC/I Package. These could be used to track IPC/I adaptation/adoption as well as the scale in which projects are implementing the package.
- **National IPC Action Plans:** Countries where the government approvals are required or acquired for the implementation of the IPC/I Package, these approvals or action plans could be used to track buy-ins and adoption/adaptation of the package.

Learning Activity

This component of the M&E framework aims to capture project activities involving the trainings of the FLWs and their supervisors and mentors. The indicators below may be used to capture these activities, as relevant to the IPC/I implementation:

Number of IPC/I training package/components available to trainers

Number/Percentage of FLWs newly trained in the recommended IPC/I techniques

Number/Percentage of FLWs receiving routine refreshers for up-to-date IPC/I training

Number/Percentage of supervisors and mentors trained for supportive supervision of FLWs for IPC/I

A possible data source for the indicators above could be:

- **Project output data:** Examples include number of participating individuals, number of resources distributed, number of reminder messages sent, etc., which can be tracked and maintained through training records and certifications. Monitoring of routine project outputs can be made simple by deciding early what information needs to be monitored and how the data will be collected and maintained.

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Value Perception

The M&E framework aims to follow the pathway from FLWs and their supervisors being trained in IPC/I to improvements in their overall perceived value of a positive caregiver interaction, of their own role and of the importance of immunization in their communities. The following indicators aim to capture this aspect of value perception:

Number of FLWs reporting finding their IPC/I training and resources useful

Number of supervisors reporting being motivated to effectively support their FLWs towards IPC/I[2]

Number of FLWs reporting the value of a positive interaction with caregivers around immunization[3]

Number of FLWs reporting being motivated to ensure every child in their community is vaccinated

Possible data sources for value perception indicators could be:

- **Sample surveys:** A survey based on a random sample taken from FLWs and/or their supervisors can be used to reflect on the project outcomes and effects. Surveys can be laborious and costly but provide objective data. These could include periodic mini-surveys, baseline and endline surveys, exit surveys, phone surveys, SMS-based surveys, pre- and post-tests, etc.
- **Self-assessments:** FLWs and their supervisors could be surveyed to self-assess their own changes in perceptions and motivations since being trained in IPC/I. These could be in the form of quantitative surveys or qualitative interviews. These data would be self-reported by FLWs and their supervisors. Self-assessments can be performed pre- and post-trainings and can also be used for gaining insights on FLW and supervisor shifts in values around immunization in their community. The IPC/I Package package includes self-assessment checklists designed for FLWs and their supervisors that can be adapted for use. Please see Annexes D, E, F and G for the IPC/I FLW self-assessment checklist, supervisor self-assessment checklist, Supportive Supervision Checklist, and the EPI observation checklist respectively.

Knowledge & Skills

One of the key ways the IPC/I Package seeks to improve the capacity of FLWs is through increasing their knowledge and skills around effective interpersonal communication around immunization. Below are some of the indicators that

---

[2] Supportive Supervision Self-Assessment Checklist for Supervisors [Annex E].
[3] IPC/I Self-Assessment Checklist for FLWs [Annex D].

may help capture those improvements in the FLWs' and their supervisors' knowledge and skills:

Number of FLWs with proper knowledge of IPC/I principles
Number of FLWs who are confident in communicating vaccine safety and disease prevention
Number of FLWs and supervisors who think vaccines are safe and prevent disease
Number of FLWs and supervisors with respectful and unbiased attitudes towards their clients[2,3,4]
Number of FLWs with increased capacity to practice IPC/I
Number of FLWs who are confident in their ability to answer difficult questions effectively
Number of trainers reporting increased capacity to train FLWs in effective IPC/I

Possible data sources for capturing improvements in knowledge and skills could be:

- **Sample surveys** (see above)
- **Self-assessments** (see above)
- **Performance monitoring/evaluations**: FLWs and supervisors may be monitored for their performance and provided with feedback for improvements. FLWs could provide feedback on their supervisors and supervisors could monitor their FLWs on their performance. The data from these performance assessments could be utilized to make improvements to the trainings and resources. The IPC/I Package includes checklists designed for FLWs and their supervisors that can be adapted for use.
- **Mystery client surveys**: Trained 'under cover' people (usually a community member or researcher) posing as clients and visiting health facilities for immunization services may be utilized to conduct mystery client surveys of FLW performance of IPC/I. The FLW has no knowledge of the mystery client so this method providers another way of gaining insights on the client's experiences of the FLW-client interaction around IPC/I. This method provides a useful means for program staff to get a picture of how FLWs perform when they are not being directly supervised or knowingly observed.
- **Client exit interviews:** After the IPC/I session/visit, caregivers or clients can be engaged to participate in a short survey or interview to try and understand their experience with the IPC/I FLW-caregiver interaction. Other ways of capturing this data can be through key informant interviews, focus group discussions, mystery clients, and observations of the actual interaction when possible. A sample client exit interview is included in Annex A.

---

[4] Supportive Supervision Checklist [Annex F], EPI Supportive Supervision Checklist [Annex G].
Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Workplace Application

The M&E Framework expects the systematization of the IPC/I training activities and supportive supervision and aims to capture progress made towards the indicators below:

Number of facilities where IPC/I is integrated in pre-services and continuum trainings of service providers
Number of FLWs reporting effective support and monitoring provided by their supervisors
Number of FLWs who are actively using the IPC/I tools and resources to support their work[3,4]
Number of IPC/I supportive supervision visits conducted with FLWs[2,4]

Possible ways to track the above workplace application indicators could be:

- **Sample surveys** (see above)
- **Self-assessments** (see above)
- **Checklist:** A list of items used for validating or inspecting that procedures/steps have been followed, or that expected behaviors are practiced could be utilized to track FLW and supervisor performance. Easily developed and implemented for monitoring, checklists provide a systematic review of specific project components and can be useful in setting benchmark standards and establishing periodic measures of improvement. Examples include supervision monitoring, self-assessment checklists, etc. The IPC/I Package package includes checklists designed for FLWs and their supervisors that can be adapted for use. Please see Annexes D, E, F and G for the IPC/I FLW self-assessment checklist, supervisor self-assessment checklist, Supportive Supervision Checklist, and the EPI observation checklist respectively.

Work Product & Outputs

The IPC/I trainings, improvements in knowledge, skills and supervision, and workplace systems supporting IPC/I are expected to improve the quality of work being performed by FLWs and their supervisors. These improvements could be captured by examining the work being performed by the FLWs and in the assessment of the interaction experienced by caregivers and clients. The following indicators may be used to monitor this component of the M&E Framework:

Number of FLWs and supervisors reporting improved adherence to the WHO-recommended immunization schedule[3]
Number of caregivers and clients reporting positive interactions with FLWs around IPC/I
Number of caregivers and clients reporting trust in FLWs around IPC/I

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Number of caregivers and clients reporting having their specific concerns around vaccinations addressed by FLWs

Number of caregivers and clients being satisfied with FLWs' attitudes and performance during their last interaction around immunization services

Possible ways to capture how the work products and outputs of FLWs and their supervisors have changed:

- **Self-assessments** (see above)
- **Checklist** (see above)
- **Sample surveys** (see above)
- **Client exit interviews** (see above)
- **Mystery client surveys** (see above)

System Performance

The M&E Framework follows the pathway of training activities, workplace systematization, and improved quality of work to lead to overall improvements and efficiency of the system of immunization services. Such outcomes may include better quality of service and improved caregiver-FLW interaction leading to increases in caregiver willingness to seek immunization services, improved vaccination coverage rates and decrease in incidence of vaccine-preventable diseases. These successes of the IPC/I Package implementation may be captured using the indicators below:

Number of caregivers and clients who recall key messages on immunization

Number of caregivers and clients reporting acceptance of the recommended vaccines as a result of FLW's IPC/I counseling

Number of caregivers and clients reporting increased vaccine uptake as a result of FLW's IPC/I counseling

Vaccination coverage rate

Vaccination dropout rate

Percentage of vaccination refusals post-IPC/I counseling provided by FLW

Incidence rate of vaccine-preventable diseases

Vaccine-preventable diseases mortality rate

Possible data sources for system-level performance indicators could be:

- **Client exit interviews** (see above)
- **Mystery client surveys** (see above)
- **Sample surveys** (see above)
- **Secondary Data from National Surveys, Health Facility & Service Statistics:** Sources of secondary data may already exist and could include government planning departments, university or research centers, international agencies, other projects/programs working in the area, and financial institutions. Examples of these include Demographic and Health

Surveys, Multiple Indicator Cluster Survey, Health Resources Availability Monitoring System, and Health Facility Surveys.

Considerations for Adapting IPC/I Package Indicators

Just as the IPC/I Package components may be adopted, contextualized or revised[5] to fit specific needs of immunization programs, the M&E plan must be tailored to capture what is most relevant based on those adaptions of the IPC/I Package. Programs may differ in aspects such as which of the core components they may adapt for use, their frequency of trainings and refreshers, and the adoption of certain resources or tools or the scale in which they are made available. Such adaptations must then inform what the M&E plan for those regions and countries looks like.

Effective indicators are a critical element to a functioning M&E system and it is important to review indicators with local staff to ensure that they are realistic, feasible, and meet the informational needs. As part of developing the M&E system, an indicator matrix must be created that builds on the project's M&E framework and objectives. This indicator matrix is a critical tool for planning and managing data collection, analysis, and use. Annex B provides a template for the development of an indicator matrix for the IPC/I Package and includes an example. The indicator matrix should be adapted by M&E teams to cater to the information requirements of their IPC/I Package project. The indicator matrix should be developed in collaboration with those who will be using the available M&E data – stakeholders, partners, and M&E staff. It identifies key information requirements for each indicator and summarizes the key M&E tasks for the project.

Annex C provides an illustrative list of indicators, possible data sources, and possible levels where data could be collected. While this table includes a variety of indicators, indicators should be chosen, adapted and used based on level of implementation of the IPC/I Package. It is also important to complement collection of these data with the use of qualitative inquiry, such as interviews and focus group discussions, in order to better understand nuances of the integration processes and solicit feedback on the approach.

Other Methods for Monitoring and Evaluation

Depending on what M&E systems are already available to IPC/I Package implementers and what their budget allows, other ways of monitoring and evaluating the IPC/I Package may include:

---

[5] Adaptation Guidance and Needs Assessment for Global Interpersonal Communication for Immunization. Interpersonal Communication for Immunization Package.
Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

- **External assessments.** Project implementers and donors sometimes can hire outside experts to evaluate project outputs and outcomes, providing additional insight, technical expertise and a degree of objectivity that is more credible to stakeholders. These external assessments could either be conducted for overall project evaluation or used for collecting monitoring data routinely.

- **Qualitative methods.** The most common methods used in project design and assessment are key informant interviews, focus group discussions, most significant change[6], outcome harvesting, etc. The use of beneficiaries in project evaluation can be empowering; helping to build local ownership, capacity and project sustainability. Participatory assessments can be worthwhile as people are more likely to accept, internalize and act upon findings and recommendations that they identify themselves. Examples of these include community meetings and discussions, and participatory rapid appraisal.

- **Real-time monitoring.** Monitoring platforms such as DHIS2 can be utilized to track and showcase monitoring data in real-time. A combination of data collection methods listed above may be utilized in developing and populating the dashboard of such real-time monitoring systems. This process allows for the adaptive learning, management and improvement of programs as soon as data become available. This type of monitoring may also be standardized to aggregate at various levels: global, national, regional, local, etc.

- **Web Analytics.** For resources, tools and components of the Package that are available online or shared through social media platforms, an array of web-based analytics may be used to support project output monitoring. Monitoring reach and engagement in virtual platforms can be done using a variety of metrics. Website visitation, document downloads, video views, and social media reach can be used to gauge interaction with the IPC/I web-based content. Such analytics can be accessed using various tools such as Google Analytics, Google AdWords, website surveys, social media management software, and email marketing tools.

An important consideration in developing and planning data collection and analysis is to recognize the limitations, biases and threats to accuracy and validity of the data. The data collection and analysis plan should also carefully plan for the data management involved within the M&E system, including the set of procedures, people, skills and equipment needed to systematically store and manage M&E data. Poorly managed data wastes time and resources.

---

[6] Most Significant Change. Evaluation Approaches. Better Evaluation.
https://www.betterevaluation.org/en/plan/approach/most_significant_change
Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Annex A. Sample Client Exit Interview Questionnaire

NO.	QUESTIONS	RESPONSES
LOCATION OF FACILITY:_____ URBAN / RURAL: _____ FACILITY CODE: /__/__/__/ PROVIDER UNIQUE CODE: /__/__/__/__/__/__/ CLIENT'S UNIQUE CODE: /__/__/__/__/__/__/__/__/__/		
POST-VISIT CLIENT INTERVIEW		
101.	Time at start of exit interview USE 24-HOUR SYSTEM	HOUR ..../___/ ___/ MINUTES../__/___/
102.	What is your age? What is the child's age?	_____ _____
103.	What is your current marital status?	CURRENTLY MARRIED [ ] LIVING WITH A MAN AS IF MARRIED [ ] DIVORCED [ ] SEPARATED[ ] WIDOWED [ ] SINGLE, NEVER MARRIED [ ]
104.	What is the highest level of school you completed?	PRIMARY [ ] SECONDARY [ ] HIGHER [ ] NEVER ATTENDED[ ]
105.	Did your provider use any job aids such as a chart to talk about immunization?	YES [ ] NO [ ]
106.	What are the key things your provider discussed around immunization? [Client Recall of Key Immunization Messages—pre-code prior to fieldwork based on the key messages providers are expected to discuss]	_____ _____ _____ _____ _____
107.	Did your provider properly address your concerns and questions around vaccinations?	YES [ ] NO .... [ ]

108.	Was the interaction around immunization services with your provider respectful?	YES [ ] NO [ ]
109.	Did your provider treat you fairly and without discrimination?	YES [ ] NO [ ]
110.	Do you trust your provider to provide you with accurate information and quality care around immunization?	YES [ ] NO [ ]
111.	How did your interaction with your provider around immunization today change your acceptance of the recommended vaccines for your child?	INCREASED ACCEPTANCE OF VACCINES .... [ ] DECREASED ACCEPTANCE OF VACCINES .... [ ] NO CHANGE IN ACCEPTANCE [ ]
112.	How did your interaction with your provider around immunization today influence your decision to get vaccinations for your child?	INCREASED UPTAKE OF VACCINES..................... [ ] DECREASED UPTAKE OF VACCINES.................... [ ] NO CHANGE IN DECISION..................................... [ ]
113.	How would you describe your overall satisfaction with the service you received today?	UNSATISFIED.. [ ] SATISFIED .... [ ] UNCERTAIN .... [ ]
114.	Time exit interview ends USE 24-HOUR SYSTEM	HOUR ..../__/ ___/ MINUTES ..../__/ ___/

Annex B. Template for Indicator Matrix

Please note: The following template presents details for a sub-sample of indicators for illustrative purposes only.

Template for IPC/I Indicators Matrix						Baseline		Endline	
ID	Indicator	Data Source	Frequency	Definition/ Calculation Method	Disaggregation	Date	Target	Date	Target
Adoption/Adaptation									
Example	Percentage of countries adapting the M&E Framework for reporting	Workplans	Semi-annual	Numerator: Number of countries adapting the M&E Framework for reporting Denominator: Number of countries adopting/adapting the IPC/I Package	By country	Nov. 2018	0%	Nov. 2020	100%
Learning Activity									
Example	Percentage of FLWs newly trained in the recommended IPC/I techniques	Training Records	Semi-annual	Numerator: Number of FLWs newly trained in the recommended IPC/I techniques Denominator: Number of active FLWs	By country or region as appropriate	Nov. 2018	0%	Nov. 2020	90%
Value Perception									
Example	Percentage of FLWs finding their IPC/I training and resources useful	FLW survey	Quarterly	Numerator: Number of FLWs finding their IPC/I training and resources useful Denominator: Number of FLWs trained in IPC/I and provided with	By country, region or health facility as appropriate	Nov. 2018	10%	Nov. 2020	90%

				access to IPC/I resources					
Knowledge & Skills									
Example	Percentage of FLWs with proper knowledge of IPC/I principles	FLW survey	Quarterly	Numerator: Number of FLWs scoring 75% or above on IPC/I training post-test Denominator: Number of FLWs trained in IPC/I	By country, region or health facility as appropriate	Nov. 2018	0%	Nov. 2020	90%
Workplace Application									
Example	Percentage of FLWs reporting effective support and monitoring provided by their supervisors	FLW survey	Quarterly	Numerator: Number of FLWs reporting effective support and monitoring provided by their supervisors Denominator: Number of FLWs with supervisors trained in IPC/I supportive supervision	By country, region or health facility as appropriate	Nov. 2018	10%	Nov. 2020	90%
Work Product & Output									
Example	Percentage of caregivers and clients reporting positive interactions with FLWs around IPC/I	Client exit interviews	Quarterly	Numerator: Number of caregivers and clients reporting positive interactions with FLWs around IPC/I Denominator: Number of caregivers and clients surveyed after their IPC/I session with a FLW	By region or health facility as appropriate	Nov. 2018	30%	Nov. 2020	90%

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

System Performance										
Example	Percentage of caregivers and clients reporting increased vaccine uptake as a result of FLW's IPC/I counseling	Client exit interviews	Quarterly	Numerator: Number of caregivers and clients reporting increased vaccine uptake as a result of FLW's IPC/I counseling Denominator: Number of caregivers and clients that received IPC/I counseling from their FLW	By region or health facility as appropriate	Nov. 2018	0%	Nov. 2020	80%

Sections and Definitions	
Reference Information	Definition/Guidance
Name of Indicator	The full and complete name of the indicator must be specified. The indicators provide clear statements of the precise information needed to assess whether the proposed changes of the project have occurred. These can be either quantitative (numeric) or qualitative (descriptive observations). M&E team should determine how to phrase indicators based on what they are trying to measure and what data is available or plausible to be collected. For example, regions where total number of FLWs can be tracked over time, percentage being trained every quarter might be possible to measure and report. Regions where that total number of FLWs is unknown and denominator cannot be determined, M&E staff may choose to measure the number of FLWs trained each quarter and report on trends over time.
Data Source	This column identifies sources of information and data collection methods or tools. If data are from third-party sources such as a government ministry or international organization, include the location/link to the source. If data are collected by implementing partners, specify where the partner is getting the data. It is critical that sources be specific and detailed to ensure that data collection is consistent, and verification is possible. Example of data sources include secondary data, regular monitoring or period evaluation, household surveys, baseline or endline surveys,

	focus group discussions, exit interviews, etc. This column should also be specific whether data collection will be done using pre-existing tools or whether new tools will need to be developed. Data collection methods and sources will vary based on the regional or country capacity for data collection and monitoring, available data sources, and data collection/reporting needs.
Reporting/Data Collection Frequency	How often (monthly, quarterly, yearly, etc.) and when data will be reported must be specified. Most common reporting frequencies are quarterly, semiannual, and annual. The reporting frequency must be the same for every instance of the indicator (i.e., individual indicators being reported by multiple sources must not have different reporting frequencies). It is recommended that reporting frequency remain constant throughout the life of the indicator. This column may be defined by donor or grant requirements around reporting but also limited by the regional or country capacity on data collection, monitoring and reporting.
Definition/Calculation Method	Indicator definitions must clearly explain all terms and elements of the indicator to ensure consistent interpretation and that intended measurements are reliably collected. An equation or description of any calculations required to derive the data must be included. If the indicator is a percentage or ratio, there must be a description of the numerator and denominator.
Disaggregated by	List any planned ways of disaggregating the data and note why this disaggregation is necessary and useful. Geography: It is recommended that indicator data be disaggregated by a geographic level that is feasible and useful for management purposes. Other disaggregation may include age, sex, household income, health facility, etc. In the case of which components are adapted and implemented, the indicators could be disaggregated by Package components/tools/resources.
Baseline	The timeframe (month/year) that will serve as the baseline value for the indicator must be stated. If baselines have not been set, identify when and how this will be done. If it is expected that this indicator will have a rolling baseline, the dates when the baselines are expected to take place should be noted.
Endline Targets	Explain the general basis on which targets are set for the indicator (e.g., identify specific trends to make reasonable projections based on anticipated level of effort and resources).

Annex C. Interpersonal Communication for Immunization Package Indicators

Indicator	Data Collection Level, as available and appropriate[7]	Possible Data Source(s)
ADOPTION/ADAPTATION		
Government approval of the IPC/I Package	Global, Regional	Program reports, MOUs, government-issued letters
Countries adapting IPC/I resources and Package elements for use to reflect country/local needs	Global, Regional	Program reports, MOUs
Components of the IPC/I Package that were adapted and used	Global, Regional, National, Sub-national	Program reports, MOUs
Countries institutionalizing IPC/I training for all FLWs in the country	Global, Regional	Program reports, MOUs
Countries/partners reporting allocation of resources devoted to the implementation of IPC/I	Global, Regional, National (partners)	Program reports, MOUs, workplans, budget allocations
Countries adapting the M&E Framework for reporting	Global, Regional	Program reports
Countries conducting program-level needs assessment for IPC/I	Global, Regional	Program reports
Countries/partners developing IPC/I integration plans with capacity building as a priority	Global, Regional, National (partners)	Program reports, workplans
LEARNING ACTIVITY		
IPC/I training package available to trainers	Global, Regional, National, Sub-national, Community	Dissemination records, web analytics
FLWs newly trained in the recommended IPC/I techniques	Community/Health Facility	Training records, project output data
FLWs receiving routine refreshers for up-to-date IPC/I training	Community/Health Facility	Training records, project output data
Supervisors and mentors trained for supportive supervision of FLWs for IPC/I	Community/Health Facility	Training records, project output data
VALUE PERCEPTION		
FLWs reporting finding their IPC/I training and resources useful	Community/Health Facility	FLW self-assessments/ surveys/interviews
FLWs reporting being motivated to ensure every child in their community is vaccinated	Community/Health Facility	FLW self-assessments/ surveys/interviews
FLWs reporting the value of a positive interaction with caregivers around immunization	Community/Health Facility	FLW self-assessments/ surveys/interviews

---

[7] Data collection levels and frequency should be determined by project implementers and M&E staff based on the data collection and reporting capacity of the country or region, as well as on any donor/partner requirements. Project M&E systems could range from real-time monitoring to semi-annual or annual reporting.

FLWs reporting being motivated to ensure every child in their community is vaccinated	Community/Health Facility	FLW self-assessments/ surveys/interviews
KNOWLEDGE & SKILLS		
FLWs with proper knowledge of IPC/I principles	Community/Health Facility	FLW self-assessments/capacity assessments/surveys/interviews
FLWs reporting confidence in communicating vaccine safety and disease prevention	Community/Health Facility	FLW self-assessments/capacity assessments/surveys/interviews
FLWs and supervisors reporting that they think vaccines are safe and prevent disease	Community/Health Facility	FLW & supervisor self-assessments/interviews
FLWs and supervisors with respectful and unbiased attitudes towards caregivers and clients	Community/Health Facility	FLW & supervisor self-assessments/interviews, client exit interviews, client exit interviews, mystery clients
FLWs reporting increased capacity to practice effect IPC/I	Community/Health Facility	FLW self-assessments/capacity assessments
FLWs reporting confidence in being able to answer difficult questions effectively	Community/Health Facility	FLW self-assessments/capacity assessments
Trainers reporting increased capacity to train FLWs in effective IPC towards immunization	Community/Health Facility	Supervision assessments/reporting, FLW capacity assessments
WORKPLACE APPLICATION		
IPC/I integrated in pre-services and continuum trainings of service providers	Global, Regional, National, Sub-national, Community	Program reports, program output data
FLWs reporting effective support and monitoring provided by their supervisors	Community/Health Facility	FLW surveys/interviews
FLWs reporting actively using the IPC/I tools and resources to support their work	Community/Health Facility	FLW self-assessments/surveys/checklists
Supervisory visits where supervisor talks about IPC/I	Community/Health Facility	Supervisor reporting/surveys/checklists
WORK PRODUCT & OUTPUTS		
FLWs and supervisors reporting improved adherence to the WHO-recommended immunization schedule	Community/Health Facility	FLW and supervisor reporting/surveys
IPC/I sessions reported being conducted by FLWs	Community/Health Facility	FLW reporting/surveys, checklists
Caregivers and clients reporting positive interactions with FLWs around IPC/I	Community/Health Facility	Client exit interviews, mystery clients, surveys
Caregivers and clients reporting trust in FLWs around IPC/I	Community/Health Facility	Client exit interviews, surveys
Caregivers and clients reporting having their specific concerns	Community/Health Facility	Client exit interviews, mystery clients, surveys

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

around vaccinations addressed by FLWs		
Caregivers and clients reporting being satisfied with FLWs attitudes and performance during their last interaction around immunization services	Community/Health Facility	Client exit interviews, mystery clients, surveys
SYSTEM PERFORMANCE		
Caregivers and clients who recall key messages on immunization	Community/Health Facility	Client exit interviews, surveys
Caregivers and clients reporting acceptance of the recommended vaccines as a result of FLWs' IPC/I counseling	Community/Health Facility	Client exit interviews, surveys
Caregivers and clients reporting increased vaccine uptake as a result of FLWs' IPC/I counseling	Community/Health Facility	Client exit interviews, surveys
Vaccination coverage	Global, National, Regional, Sub-national, Community/Health Facility	National Surveys, Health Facility & Service Stats, FLW client stats/surveys
Vaccination dropouts	Global, National, Regional, Sub-national, Community/Health Facility	National Surveys, Health Facility & Service Stats, FLW client stats/surveys
Vaccination refusals	Global, National, Regional, Sub-national, Community/Health Facility	National Surveys, Health Facility & Service Stats, FLW client stats/surveys
Incidence of vaccine-preventable diseases	Global, National, Regional, Sub-national, Community/Health Facility	National Surveys, Health Facility & Service Stats, FLW client stats/surveys
Vaccine-preventable diseases mortality rate	Global, National, Regional, Sub-national, Community/Health Facility	National Surveys, Health Facility & Service Stats, FLW client stats/surveys

Annex D. IPC/I Self-Assessment Checklist for FLWs

Purpose

This checklist is designed to help you:
- Honestly assess how often you are using good interpersonal communication skills during immunization sessions and outreach/education
- Identify areas for improvement
- Set goals and develop plans for improving your use of effective IPC skills

How to use this checklist

Use this checklist periodically (perhaps daily at first, then weekly or monthly. Your supervisor might choose to make this checklist part of the formal supportive supervision process. In this case, you would, for example, share a monthly or quarterly self-assessment with the supervisor. Whether part of the formal supportive supervision process or not, you can share all or parts of your findings with supervisors to make them aware of your improvements, to seek help in setting goals, and to get on-the-job coaching or training.

Give yourself credit for any improvement, no matter how small, and for maintaining good IPC practices despite challenges you face. Also give yourself credit for recognizing areas where you need to improve. These are important steps to making good IPC as routine as any of your immunization activities.

Consider sharing all or parts of your findings with colleagues to get encouragement, advice, or support, or even to help them make similar changes.

Instructions for use

Date of this assessment: Date of next assessment: Date of next supportive supervision visit:

My Goals for this period were to:
1.
2.

25

3.

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/Seldom	Often		
IPC Process				
Welcome the caregiver				
Sincerely praise caregivers for bringing their babies for immunization				
Ask the appropriate routine immunization questions				
Use relevant supporting materials, including health card, to explain to caregivers				
Communicate the key immunization messages:				
o The vaccines being given during the visit				
o The possible side effects and what to do				
o To safeguard and return with the health card				
o The day and time for the child's next doses				
Check caregivers' understanding by asking them to repeat what was covered				
Ask caregivers for any immunization questions or concerns they may have				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Respond truthfully, understandingly, and reassuringly to caregivers' questions and concerns				
Ask caregivers to repeat what they need to do				
Encourage caregivers				
Summarize key information, including the key immunization messages				
IPC Skills				
Avoid judging or scolding the caregivers				
Avoid rushing the caregivers (exercise patience)				
Show respect by listening attentively				
Show respect through tone of voice				
Give credible, evidence-based vaccine and disease information				
Use simple language the caregivers understand				
Avoid overloading caregivers with information				
Make eye contact (if appropriate) while listening and talking				
Show empathy nonverbally and by reflecting caregivers' feelings				
Reflect back caregiver statements and feelings to show or check understanding and encourage dialogue				
Use open-ended questions to seek more information about concerns or practices as needed				
Use gestures and short responses to encourage dialogue				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Sit or stand at the same level as caregivers				
Ensure there are no physical barriers (such as a desk) between yourself and caregivers				
Discuss and try to correct caregivers' immunization misconceptions or rumours				
Other:				
IPC in Immunization Group Discussions				
Before the session, find out what participants likely know, think, and do about the proposed topic				
Opening				
Begin on time				
Greet participants warmly				
Introduce yourself				
If appropriate, have participants introduce themselves				
Clearly state the purpose of the session				
Say how long you expect the session to last				
Facilitation				
Put the participants at ease				
Ask participants what they already know about the topic				
Seek participant input early and often				
Communicate information in a lively fashion				
Use visual aids, including props				
Ask participants what they see in the visual aids				
Use appropriate language and relatable concepts				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Encourage the exchange of ideas among participants				
Reassure caregivers				
Respond to caregivers' questions, concerns, barriers				
Highlight links between the topic and issues of concern to caregivers				
Include ample time for questions and answers				
Include positive reinforcement of immunization behaviours				
Solicit group consensus				
Manage challenging behaviours well				
Content				
Use story, video, interactive exercises				
Invite participants to share what they already know				
Engage participants in discussion of immunization key benefits such as: • Saves millions of lives every year • Prevents serious illness and permanent damage • Saves time and money (clinic visits, medicines, hospitalization) • Protects those who cannot be immunized for health reasons • Is safe, effective, free • Where and when immunization is available • Complete in first year of life for best protection				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Provide information that is easily understandable and relevant for the entire group				
Seek positive examples from participants				
Use positive examples from community				
Engage participants in discussion of key immunization messages: • Vaccines and the diseases they prevent • Possible side effects and what to do • Importance of safeguarding, referring to, and returning with the health card • The immunization schedule (number and timing of visits)				
Encourage full participation				
Ask participants for examples				
Encourage participants to respond to each other as appropriate				
Ask participants to restate what you said in their own words or language (if session is in a different language)				
Solve a problem together (e.g., how to keep track of the health card)				
Do not scold or embarrass participants				
Balance eye contact around the group when speaking				
Ask shy participants easy questions, then praise them				
Reinforce participation with verbal and nonverbal communication				
Sing a song together, preferably related to the topic				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Closing				
Summarize key points from the discussion				
Have participants summarize key points				
Suggest or review actions agreed upon by participants				
Ask participants to raise their hands to show they commit to the full immunization of their children				
Thank and encourage participants for their efforts to protect their children				
Thank and praise participants for their participation				
Inform participants about the next session				
Ask participants for feedback on the session				
Other IPC/I Activities				
Review the IPC/I participant handbook				
Review the IPC/I FAQs				
Identify or create useful materials and visual aids				
Conduct community meetings				
Conduct home visits				
Reach out to community leaders and encourage them to support immunization				
Follow-up with caregivers who had questions or concerns				
Follow-up with caregivers whose children have missed a scheduled immunization				
Help caregivers overcome obstacles to complete and timely immunization				
Problem-solve alone				
Problem-solve with colleagues				

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Seek the guidance of a supervisor to overcome a challenge				
Share successful practices with colleagues				

How using good IPC skills is affecting my work:

How using good IPC skills is affecting caregivers/my clients:

How using good IPC skills is affecting my life/outlook:

Other:

Things/challenges that made it difficult to practice good IPC:

Ideas for overcoming these challenges:

I will try to implement the following ideas:

Challenges to practicing effective IPC	What would solve the problem	Whose help I need	Timeframe

My IPC goals for the next month/quarter (circle one):

1.

2.

3.

Annex E. Supportive Supervision Self-Assessment Checklist for Supervisors

Use this checklist to better understand your supervision style. It is not a test. It is a tool to help you reflect on your way of supervising. Carefully read each statement and respond honestly. Completing this self-assessment can help you identify areas you need to strengthen.

Instructions: Place a tick mark in the appropriate column next to each statement below, according to how often you hold the attitude or perform the behavior. Then add the total score for each column.			
Statement	Frequently	Sometimes	Never
Job Expectations			
1. I discuss work expectations with each FLW I supervise.			
2. I discuss the FLW job description with the FLWs I supervise.			
3. I ensure that FLWs have current immunization program information and standards.			
Performance Feedback			
4. I provide FLWs with constructive feedback on their performance, focus on solutions to problems, and offer help.			
5. I believe in helping improve rather than criticizing.			
6. I work with the FLWs to ensure that they have ways to receive feedback from caregivers and the community.			
7. I practice active listening and other good communication skills when supervising and providing feedback.			
Motivation			
8. I ask FLWs what encourages them, and I use this information to motivate them.			
9. I listen to specific challenges they face and try to resolve these promptly, if possible.			
10. I recognize good FLW performance by telling them personally.			
11. I treat FLWs with respect, and I encourage FLWs to treat others respectfully.			
Tools and Information			

12. I make sure the FLWs I supervise have the necessary materials, equipment, supplies, tools, and information to provide quality immunization services.			
13. I make sure that the necessary materials are being used or distributed as intended.			
Knowledge and Skills			
14. I help the FLWs I supervise to assess their skill level and learning needs.			
15. I provide FLWs with the information they need to do their jobs well.			
16. I provide on-the-job training to FLWs when appropriate.			
17. I provide information on FLW training needs to the appropriate district, regional, and/or national management structure with training decision-making authority, and to the onsite manager if I am a district or regional supervisor.			
18. I provide opportunities for FLWs to practice their skills and get feedback from me or others in a position to provide it.			
Organizational Support			
19. I see myself as part of the immunization team.			
20. I visit all the FLWs I supervise at least once every 3 months.			
21. My primary objective is to improve the quality of services.			
22. I create a relationship based on trust and openness so that the FLWs feel free to discuss any problems with me.			
23. I encourage and help FLWs to identify their own solutions to the problems they face.			
24. I have a plan for my supervision activities.			
25. I use a supervision checklist that encourages me to give feedback and work with the FLWs to analyze problems and plan solutions.			
Total			

Annex F. Sample IPC/I Supportive Supervision Checklist

Before, during, and after the supervision visit

To best support FLWs and health services, plan regular supervision visits for times when you can observe the FLW at work in the health facility (preferably performing routine immunization tasks, including group discussion and vaccination) and in the community (home visit, mobile services, community meeting). Since it won't always be possible to observe all of these functions in a single visit, try to schedule visits where, over the course of a year, for example, you have observed each at least once or twice.

If for any reason a supportive supervision is cancelled, inform those to be visited as soon as possible, as a courtesy and to allow them to adjust their plans if needed. This can go a long way toward improving FLW-supervisor relationships.

Here is a detailed checklist of what supportive supervision of IPC/I should entail. Use this checklist as you prepare for your visit, look at it during the visit as needed to ensure you are doing everything you planned, review it at the end of visit, and return to it as needed after the visit and while planning the next visit.

Exercise: If you are an onsite supervisor, review the IPC/I supervision checklist below. Then adapt it to use monthly with immunization FLWs.

FLWs to be visited: _____ Expected Date of Visit: _____

Item	Done
Part 1. Before the visit	
1. Schedule a time for your visit with the FLWs in advance.	
2. Ensure all of the logistics required (notifications up and down the hierarchy, transportation, fuel, per diem, anticipating scheduling conflicts, etc.) to reduce the chances of cancellation.	
3. Review the FLWs' records and activities conducted since your last supervision visit.	
4. Set visit objectives and tell the FLWs what you want to achieve during the visit.	
5. If appropriate, gather and transport supplies and materials that the FLWs need (registers, health cards, support materials, etc.)	
6. Provide those to be visited with an expected time of arrival. Text updates as needed.	
Part 2. Once on site	
1. Follow up on action items and recommendations from the previous supervision visit.	

2. Ask how the FLWs feel about their work: What is going well? Are they experiencing any difficulties? Praise what is going well.	
3. Observe immunization IPC activities (caregiver-FLW interactions during immunization, health talk on immunization, home visits, or other outreach). For each encounter, ask the FLW to introduce you to the caregiver(s) and explain briefly why you are there. Then ask permission from the caregiver(s) to observe. Explain that you will record no names and that all personal information will remain confidential.	
4. Sit so that you can observe the FLW and caregiver, but not distract either.	
5. As the FLW talks with the caregiver, make notes on the Observation Checklist so that you can provide feedback to the FLW once the session has ended and the caregiver has left. (You will not have to complete the checklist nor submit it to anyone; rather, it is for your guidance in observing and mentoring the FLW).	

Note: In any one immunization session, there will not be an opportunity for the FLW to use all of the skills in the checklist; therefore, make brief notes to help you remember the skills that were used, and just as importantly, those that were not used when there was an appropriate opportunity. If you are observing more than one FLW, make additional copies of this checklist.

Part 3. Basic IPC/I Skills Observation

FLW _____ Facility/Site _____

Supervisor _____ Date_____

Below are key elements supervisors should observe to assess an FLW's strengths in communicating effectively and appropriately with caregivers during an immunization encounter. Use this checklist when observing FLWs during supportive supervision visits, especially when the focus of the supervision visit is IPC/I.

Insert a tick mark indicating whether the FLW exhibited the skill sufficiently or not. Use the Comments/Notes column for examples, specific kudos or concerns, and anything else you as the supervisor will find helpful when you review the completed checklist with the FLW.

IPC/I Skill	Sufficiently	Insufficiently	Comments/Notes
Showed concern/care for the child and caregiver			
Demonstrated empathy and respect			
Listened actively (nonverbal, reflecting back, open-ended questions, gestures and short responses)			
Communicated the key immunization messages • Vaccines given to the child that day • Possible side effects and how to manage them • When to return for next doses			

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

• Importance of bringing health card • (Other key messages depending on the context)			
If a group discussion or general session with caregiver, communicated about the following: • Benefits of immunization such as protects children from vaccine preventable diseases • Importance of completing immunization in first year of life for best protection • Safety and effectiveness of immnization, and free availability at government health facilities Where and when available			
Used support materials, including the health card, to the caregiver's benefit (including providing or referring for other needed services)			
Responded to caregiver/community questions with correct information			
Verified the caregiver's/community's understanding			

Item	Done
Part 4. End of immunization session, group discussion, or community/home visit	
1. If an FLW gives wrong information or fails to correct misinformation provided by a caregiver, find a way to present the correct information to the caregiver without offending the FLW and without making the FLW lose credibility in their role in the community.	
2. Seek feedback from caregivers who attend the immunization session or a group discussion and from community members.	
3. After you have observed the FLW and most (if not all) caregivers have left with their children, discuss your observations with the FLW, acknowledge what the FLW is doing well, and what might be strengthened, using positive references to the FLW's own work, experience or training.	
4. Ask each FLW to self-assess their IPC/I (and other Routine Immunization aspects as appropriate). If FLWs have completed IPC/I self-assessment checklists since the last supervision visit, ask if they would like to share and discuss them (privately or as a group).	
5. Assist with problem-solving as needed.	

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

6. Provide immediate on-the-job training, if appropriate, demonstrating and having the FLWs practice skills needing improvement.	
7. With each FLW, decide on at least one change – a 'small, do-able action' – that the FLW can improve before the next supervision visit. Work with them to develop an achievable individual and team performance improvement plan, putting the shared plan into writing for all parties. Note agreed follow-up actions in a FLW supervision notebook.	
8. Gather monitoring data. A supervision visit may be an opportunity for the supportive supervisor to talk with caregivers about their experiences around immunization, and to periodically collect data from a small number of caregivers to help track progress toward results.	
9. End the visit by going over any action items with both the FLWs and their onsite manager/supervisor	
10. Remind FLWs and onsite manger/supervisor of the timing of next supervision visit.	
Part 5. After the supervision visit	
1. Follow up as needed and agreed.	
2. Plan and schedule new or refresher training as needed.	
3. Share non-confidential findings with other supervisors/managers during monthly/quarterly review meetings and consult the health facility manager on issues needing resolution. (Note: Results collected systematically over time from multiple facilities will enable the supervisory team to assess overall progress against goals and to identify any sites or practices in need of strengthening and corrective action.)	
4. Support problem solving as needed.	
5. Follow up by phone, text, and email as appropriate. This conveys interest and can encourage FLWs to stay on track with their performance improvement plans.	

Questions for Reflection

- How can you ensure that IPC/I becomes an important component of every supervision visit?
- Why are planning and follow-up so important to supportive supervision of immunization?

Exercise: Write down practical ways you can improve your planning, conduct, and follow-up of supervision visits.

-
-
-

Annex G. Sample EPI Supportive Supervision Checklist

Brief Instructions

The purpose of supportive supervision is to help public health workers provide the best quality services possible and to follow technical guidance in ways that benefit clients, so they are informed and more likely to return for needed preventive and curative services. Share this instrument with the staff to be supervised.

Fill in this form as best you can, without interfering with the health workers or persons being served. If you observe a health worker making a mistake that can cause immediate harm to himself/herself or the person being vaccinated, ask the worker to step aside and explain the situation in private.

At the end of the day, or when there are no more clients waiting to be attended, discuss your observations and other findings with all of the staff. Begin with the positive findings, then discuss the items that need attention. Immediately explain and teach practices that are easy to improve. Jointly develop a plan with the staff to address other areas. Leave a copy of this checklist with the health facility and take a copy with you to share with the district team and to bring on the next supervision visit. In district-level discussions, avoid referring to errors of specific staff unless it is unavoidable. Emphasize how different levels of the health system must contribute to address many of the areas needing improvement.

Complete this form at each facility

Name of health facility:	
Type of health facility:	
District:	Region/Province:
Date of supervision visit:	
Name and position of supervisor/supervision team members:	

1. Organization of EPI services			
1.1 Is the waiting area comfortable (with seats)?	Yes___	No___	N/A___
1.2 Is there a table and chair for the health worker?	Yes __	No___	N/A___
1.3 Is there a trash can within reach of the vaccinator?	Yes __	No___	N/A___
1.4 Is the current vaccination schedule on the wall?	Yes __	No___	N/A___
1.5 Is there an immunization monitoring chart on the desk or wall?	Yes __	No___	N/A___

1.6 Is there a map of the catchment area on the wall?	Yes __	No___	N/A___
1.7 Is there a contingency plan for power outages?	Yes __	No___	N/A___
1.8 Is there a system to follow up children who are behind in their vaccinations?	Yes ___	No___	N/A___

2. Health staff trained in EPI			
Type of health staff	Number of staff	Number trained in EPI in the last year	Number of vacancies
2.1 Preventive Medicine Technician			
2.2 Preventive Medicine Agent			
2.3 Maternal Child Health Nurse			
2.4 Other ( )			

3. Observations during vaccination contacts (observe 3-5 patients) DID THE PROVIDER…			
3.1 Demonstrate respect towards the caregivers?	Yes___	No___	N/A___
3.2 Explain what vaccines are being given that day?	Yes __	No___	N/A___
3.3 Warn about possible side effects?	Yes __	No___	N/A___
3.4 Indicate when to return and write down the date (in the child's card)?	Yes __	No___	N/A___
3.5 Advise the caregiver to always bring the child's health card?	Yes __	No___	N/A___
3.6 Invite the caregiver to ask questions?	Yes __	No___	N/A___
3.7 Make correct decisions on which vaccines the child should get that day?	Yes __	No___	N/A___
3.8 Assess if the child is due for vitamin A?	Yes___	No___	N/A___
3.9 Use the correct diluent at an appropriate temperature to prepare measles and bacille Calmette–Guérin (BCG) vaccinations?	Yes __	No___	N/A___
3.10 Administer BCG correctly (subcutaneously)?	Yes___	No___	N/A___
3.11 Administer pentavalent vaccine correctly (intramuscularly)?	Yes __	No___	N/A___
3.12 Administer measles vaccine correctly (subcutaneously)?	Yes __	No___	N/A___
3.13 Administer oral polio vaccine (OPV) correctly?	Yes __	No___	N/A___
3.14 Administer rotavirus vaccine correctly?	Yes __	No___	N/A___
3.15 Correctly follow the contraindication policy?	Yes __	No___	N/A___

3.16 Avoid delaying any vaccinations that should have been given that day?	Yes __	No___	N/A___
3.17 Check and follow the vaccine vial monitor status correctly?	Yes___	No___	N/A___
3.18 Correctly implement the multi-dose vial policy?	Yes __	No___	N/A___
3.19 Provide or refer for other service(s) based on health card review, caregiver complaint, or observation of symptoms?	Yes __	No___	N/A___

4. Observations of the refrigerator DID THE PROVIDER…			
4.1 Place the vaccine in correct places in the refrigerator?	Yes___	No___	N/A___
4.2 Avoid storing any vaccine that had passed its expiry date?	Yes___	No___	N/A___
4.3 Store diluents for measles and BCG vaccines at the recommended temperatures?	Yes___	No___	N/A___
4.4 Correctly use the ice packs?	Yes___	No___	N/A___
4.5 Correctly place the ice packs in the cold boxes?	Yes___	No___	N/A___
4.6 Verify and record storage temperatures twice daily?	Yes___	No___	N/A___
4.7 Know how and when to do the shake test?	Yes___	No___	N/A___
Other observations:	Yes___	No___	N/A___
4.8 Is the distance between the refrigerator and wall 10 cm or more?	Yes___	No___	N/A___
4.9 Is the ice on the refrigerator door 5cm thick or less?	Yes___	No___	N/A___
4.10 Is the rubber door seal loose or dirty?	Yes___	No___	N/A___

5 Prevention of infections DID THE PROVIDER…			
5.1 Always use auto-disposable syringes to vaccinate?	Yes___	No___	N/A___
5.2 Avoid recapping needles?	Yes __	No___	N/A___
5.3 Put needles or syringes directly in a safety box (or similar receptacle)?	Yes __	No___	N/A___
5.4 Avoid filling the safety box more than three-quarters full?	Yes___	No___	N/A___
5.5 Are the safety boxes burned daily after each vaccination session?	Yes___	No___	N/A___
5.6 Wash his/her hands with soap and water correctly before the session and on returning from breaks?	Yes __	No___	N/A___

6. Immunization group discussion DID THE FACILITATOR…			
6.1 Introduce her/himself and the discussion purpose or topic?	Yes___	No___	N/A___
6.2 Ask participants what they already know about immunization?	Yes___	No___	N/A___
6.3 Allow participants (caregivers) to speak at least 30% of the time?	Yes___	No___	N/A___
6.4 Promote immunization by discussing the key benefits?	Yes___	No___	N/A___
6.5 Mention the vaccines, side effects and their management, importance of completing schedule on time, and importance of health card?	Yes___	No___	N/A___
6.6 Engage participants in resolving their barriers to immunization?	Yes___	No___	N/A___
6.7 Invite and respond appropriately to participants' questions?	Yes___	No___	N/A___
6.8 Assess participants' understanding of the content discussed?	Yes___	No___	N/A___
6.9 summarize the key points of the discussion?			

7. Micro-planning			
7.1 Is there a micro-plan for the current year?	Yes___	No___	N/A___
7.2 Did community members participate in drafting the plan?	Yes___	No___	N/A___
7.3 Do the health staff review and make needed adjustments to the plan at least quarterly?	Yes___	No___	N/A___
7.4 Is the schedule for mobile brigades appropriate, considering the population and access of various communities?	Yes___	No___	N/A___
7.5 Has the health staff identified locations and types of families that are not well vaccinated?	Yes___	No___	N/A___
7.6 Is the facility making special efforts to reach these locations and families?	Yes___	No___	N/A___
7.7 Do the health staff participate in monthly reviews of service and coverage data at the district level?	Yes___	No___	N/A___

8. Community engagement			
8.1 Does the health facility follow a plan of community meetings intended to share information and invite feedback on immunization services?	Yes___	No___	N/A___
8.2 Do health facility staff work with community members on planning, monitoring, delivery, and evaluating services?	Yes___	No___	N/A___

8.3 Do community members play appropriate roles in planning, mobilizing for, and implementing mobile brigades?	Yes __	No__	N/A__
8.4 Are there community members who inform families about vaccination services and who are capable of responding to families' questions and concerns about immunization?	Yes __	No__	N/A__

9. Supplies

Is there an up-to-date stock register?		Yes___	No___	N/A___

Types of materials	Check if the material is present	Check if there is at least a 1-month supply
Child health cards		
Tetanus cards		
Register book (MOD.SIS.A01-A)		
Register book (MOD.SIS.A01)		
Register book (MOD.SIS.A02)		
Register book (MOD.SIS.A02-A)		
Register book (MOD.SIS.A03-A)		
Register book (MOD.SIS.A03-B)		
Tally sheets		
0.05 ml syringes		
0.5 ml syringes		
2 ml syringes		
5 ml syringes		
Incinerator box		
Safety boxes		
BCG		
OPV		
Inactivated polio vaccine (IPV)		
Pentavalent (DPT-HepB-Hib)		
Pneumococcus (PCV 10)		
Rotavirus		
Measles		
Tetanus		
Vitamin A		

10. Supervision

Does the health facility have a copy of the last supervisory report? Yes ___ No ___ If yes, date and supervisor:
Progress made since the last supervision visit:

Monitoring & Evaluation Framework
Interpersonal Communication for Immunization Package

Issues that have made progress difficult:
Summary of today's visit
Principal actions to be taken to improve services and safety:
Actions taken TODAY to address findings:

Measures that the vaccinator or health facility agrees to take:	Measures that the supervisor or district officials agree to take:

Minimal period before the next supportive supervision visit:

©UNICEF/Pietrasik

**Interpersonal Communication
For Immunization**
Transforming Immunization
Dialogue