

COMMUNICATION FOR IMMUNIZATION

E-LEARNING RESOURCES

13 | MONITORING AND SAMPLE INDICATORS

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A monitoring plan with clear indicators can measure if the plan is on track, focus on where to adjust as necessary and will form the basis of reports to programme managers, oversight bodies and donors. A monitoring plan requires thought about objectives, targets and milestones, together with indicators and methods to assess the plan outcomes.

- **As much as possible, integrate monitoring work with the EPI program monitoring team and their tools**
- **Monitoring should track progress against the SMART objectives of the communication plan.**
- **For medium and long term communication plans, monitoring should include interim targets and milestones.**

For example, if the SMART OBJECTIVE is for 100% of health workers to be giving three key messages to every client by the end of year 3, the TARGET for year 1 may be 60%, and year 2 80%. The MILESTONE could be that all health workers have received IPC training by the end of year 1.

- **Set indicators – including input, output/process and outcomes - against which to measure progress.**

QUESTION – are there globally agreed indicators for the GVAP? If so we should include.

Input indicators: track the resources or “inputs” injected into the programme (e.g. staff, volunteers, funds, equipment)

Examples:

- % of staff hired on time
- % of staff trained on time
- % of funds released by the target date
- % of documents produced on time

Output/process indicators: track the activities and materials implemented (e.g. training workshops, community meetings, theatre shows)

Examples:

- % of interpersonal communication training workshops held at district level on time
- % of radio announcements aired on time
- % of IEC packages delivered to health centres on time

Outcome indicators: track the results or changes in the target population as a result of the activity.

Examples:

- % of caretakers who know three key messages about routine immunization
- % of health workers who provide IPC to every client
- % change in vaccine uptake in a formerly vaccine hesitant area

Monitoring indicators require:

- **A baseline** to know the starting point against which to measure progress. This derives from the situation analysis and SMART objectives.
- **Prioritisation:** Don't monitor everything. Pick the areas that are most important and will demonstrate real progress.
- **A source for validation** to know where the monitoring information will be gathered.
For example, from rapid surveys, campaign in-process monitoring, observational surveys, focus group discussion coverage surveys, supervisory reports, regularly collected administrative data.
- **A frequency for validation:** How often will indicators be validated? Quarterly, annually?
- **Ideally, integration with the existing EPI monitoring team and reporting tools** – such as administrative reporting tools, campaign monitoring, or post-introduction evaluations.

For example, in-process campaign monitoring or immunization coverage surveys should include questions about “source of information” that can reveal whether communities are learning about the project through the

channels prioritized in the communication plan, “reasons for accepting vaccination” which can show whether communication played a role and “reasons for non-vaccination” which may uncover the circulation of rumours.

- Staff to conduct, collate and analyse the monitoring. Ideally, the monitoring will be incorporated into EPI structures, but additional communication staffing may be required.
- A reporting format, frequency and audience. Internally, you might

report once a month using a powerpoint presentation, but externally, once per year to donors in a written report.

A Sample Monitoring Plan

SMART objective /target	Activity	Start of Project Baseline	Input Indicator	Validation	Frequency	Output indicator	Validation	Frequency	Outcome Indicator	Validation	Frequency
To ensure 75% of health workers in 10 Districts conduct IPC from June-December 2016	Stepped down health worker training, followed by enhanced supervision	35% of health workers conducting proper IPC (2014 observational survey)	% of funding released in time for training	EPI accounting reports	Once	% of trainings held of the 10 targeted by May 2016	District EPI manager reports	Once	% of health workers conducting IPC	Direct observation study (twice in 3 health clinics per district)	Conduct observational study once.
To reduce community drop-outs in x district by 50% by December 2016.	Community health worker drop-out tracing and referral for immunization	Community drop-outs are 20% (2014 survey) 0 CHWs exist	# of CHWs recruited by 1 Dec 2015	# of signed agreements submitted by district EPI manager	Once	# of CHWs trained AND given a starter kit of materials	Signatures acknowledging receipt and group photo holding kits	Once	% of drop outs in community	Administrative data; CHW reporting of # community members identified	Monthly