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Desk Review Strategy for Health Policy—Uganda

A review of the policy environment for cervical cancer vaccine introduction in Uganda

This component of the study will focus on the following issues in order to generate appropriate information for the Policy Pathway: Assessing Policy Readiness objectives:

- Policy and legislative initiatives relevant to cervical cancer in Uganda. This will include documenting the various policies, national and international, that have been formulated and adopted in the country that are related to reproductive health, cervical cancer, and vaccines and immunization programs.
- Nature and processes of formulation of those policies from getting the problem recognized (initial assessments and data sharing), setting objectives, legislation, adoption of policy, timeline/duration, etc. with a view to draw lessons from this experience to feed into the cervical cancer vaccine introduction plan
- Current policy regulation framework, reviews and protocol, negotiations procedures, and policy evaluation methods
- The process, trends, and experiences of implementation of key health policies/programs that are of direct relevance to cervical cancer vaccines such as Child Days Plus, school health programs, etc. This should involve assessing guidelines developed, strategies developed, values held and targets set, assumptions regarding integration of services, logistics and resources for implementation, budget indications/funding, human resources/capacities, technical support, and management and institutional structures for implementation of the respective policy.
- Participation of different stakeholders and decision-makers in the relevant policymaking, and how different interests were discussed, incorporated, and appeased. This involves analyzing the consultation process, key influential stakeholders in this process, and what made them so. Perceptions on ownership and sustainability of the policy.

Methodological approach

A qualitative approach will be adopted for this component of the study. This approach is proposed in order to allow for in-depth and open discussion with key informants as a way of generating insight and understanding into policy-related issues and processes from the perspectives and experiences of the participants.

Methods of data collection

Two main data collection methods will be employed for this component of the study, namely desk review of documents and key informant interviews.

<u>Desk review</u>

Documents to be reviewed include health policy documents, specific policies relating to women's sexual and reproductive health policies and programs, and other relevant documents on cervical cancer, immunization, and vaccines. Attention will be on the available policy documents, guidelines, strategies and frameworks, communications programs, and program reports. Focus will be paid to the status of the relevant policy and programming inputs, key decision-makers involved in its formulation, implementation, and management. The framework below will guide the process of this review.

Date and name of policy	Level and key decision- makers	Critical issues relevant to cervical cancer prevention	Current implementation status	Gaps in the policy

Important policy relevant to vaccination, reproductive health, and cancer prevention

Documents for review

- National policy documents and guidelines
 - National Constitution 1995
 - Vision 2025
 - National Health Policy of 1993, 1999, 2003
 - Ministry of Health's Health Strategic Strategy Plan I (2000–2004/05), II (2005/06-2009/10)
 - Mid Term Health Strategic Strategy Plan Review Report
 - National Population Policy of 1995, 2000, 2005
 - Health Policy Statement of 2004/2005
 - Annual health sector performance reports 2000–2006
 - International conventions/agreements and protocols: Universal Declaration of Human Rights, Convention on the Rights of the Child, International Conference on Population and Development (ICPD), Millennium Development Goals (MDG)
- Specific policies related to women's sexual and reproductive health programs
 - A strategy to improve reproductive health in Uganda
 - Improving the quality of sexual and reproductive of Ugandan women

- National family planning advocacy strategy
- National adolescent health policy for Uganda
- The National Policy Guidelines and Service Standards for reproductive health services
- Documents on cervical cancer
 - WHO/PATH documents
 - Policy documents
 - Program reports
 - Research reports/articles

Sources of documents/literature to review

- Parliament committees: Social Services Committee
- Ministries: Ministry of Health; Ministry of Gender, Labour and Social Development; and Ministry of Education and Sports
- Government departments: Population Secretariat, Uganda Bureau of Statistics, Uganda National Expanded Program on Immunisation (UNEPI)
- Multilateral development partners: United Nations Population Fund (UNFPA), World Health Organization (WHO), World Bank Group (WB), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF)
- Nongovernmental organizations/Faith-based organizations:
 - o International: PATH, Save the Children
 - Local: United Catholic Medical Bureau, United Protestant Medical Bureau, United Methodist Medical Bureau, Family Planning Association of Uganda, Forum for African Women Educationalist Uganda
- Professional organizations: Association of Obstetricians and Gynaecologists of Uganda
- Health providers:
 - o Public hospitals
 - o Mulago tertiary hospital
 - Regional referral hospitals: Masaka Hospital and Soroti Hospital
 - Private practitioners

Focus Group Discussion Guide with Parents – India

Reporting Format for FGD / Participatory Workshop

(PLEASE COMPLETE ONE FORMAT FOR EACH SESSION OF CONSULTATIVE WORKSHOP)

CODE NUMBER:	R:					
Date of activity						
Name of block						
Name of district						
Composition of group		GOVT/NGO		HEALTH	PARENTS/	GIRLS
			LEADERS	PROFIL	GUARDIANS	10-14
Number of participants	in the group					
Was verbal informed consent administered?			YES		NO	
Name of team leader						
Address of venue of exe	ercise					

Introduction:

Begin by thanking participants for their time, repeat how long the session will last, explain the process and remind participants that they can choose the extent and nature of their participation and are free to leave at any time.

Explain to participants that there is now a safe vaccine to prevent cervical cancer and that to be effective it has to be given to girls aged 10–14 years. Explain that the vaccine is not yet available through the government in India and that the reason for asking them their opinions and suggestions is to gather information on how the government could provide this vaccine in a way that as many girls as possible can benefit.

1) Daily Activity Charts

Steps:

- 1. Begin with an ice-breaker to relax participants and to introduce each other.
- 2. Explain what a daily activity chart is and that it will help us understand when girls aged 10–14 might be free to go for vaccination and other health related activities.
- 3. With chart papers and markers, ask participants to draw a timeline representing the

whole day, from sunrise through to the next sunrise. Ask them to put on the timeline when girls have their meals, when they go to bed, when they get up. They do not have to write, ask them to draw symbols for different activities.

- 4. Ask participants to discuss among themselves and mark on the timeline all the other things that girls do during the day.
- 5. Ask them to make additional timelines above or below the original line for girls in different situations—those in school, those not in school, girls aged 10 to 12, girls aged 13 and 14. Ask them to show how weekends differ from weekdays in terms of activities.
- 6. Ask them then to highlight when girls of this age have free time or are able to attend events in the village. Ask them what sort of events girls of this age are allowed to attend and who gives permission for them to go. Ask them who accompanies them if they need to access health care or attend an event. Ask them to highlight when during the day those people are free.
- 7. Probe any significant seasonal variation in the girls' activities.
- 8. Document the discussion, and after the activity charts are completed, remove the chart papers after participants agree that they have nothing more to add.
- 9. Collect all charts from this exercise, thank participants and move on to the next activity.

2) Girls' Well-Being Spider Diagram

Steps:

- 1. Settle participants with a quick energizer.
- 2. Explain to them what a wellbeing diagram is and that it will help us understand what is needed for the wellbeing of girls aged 10–14 and to look at what stops girls from being well and healthy.
- 3. Ask participants to draw a girl in the middle of the chart paper. Ask them to discuss what is needed for the wellbeing of a girl of this age and to draw or write these things around the drawing of the girl, linking them where appropriate to different parts of the body.
- 4. When they have finished, ask participants to look at each of the wellbeing areas in turn and to mark what people do to ensure wellbeing of girls in this area, who is responsible for ensuring wellbeing, and what factors can help or hinder the wellbeing of girls between 10 and 14 years. Ask about the attitude of adults to the wellbeing of girls and what motivates different people to ensure their wellbeing.
- 5. Now ask what vaccines girls of this age should get and how this can happen. Ask what other health related activities could happen at the same time as vaccinations. Ask what 'package' would be attractive to different people.
- 6. Document the responses and discussion, and after the diagram is completed, remove the chart papers after participants agree that they have nothing more to add.
- 7. Collect all charts, thank participants and move on to the next activity.

3) Immunization Flow Diagram

Steps:

- 1. Settle participants with a quick energizer.
- Explain to them what an immunization flow diagram is and that it will help us understand how to improve the current immunization system and adapt it for girls aged 10–14to access.
- 3. Ask participants to make a flow diagram showing everything that happens (from their perspective) to roll out immunization in the site/block/district/state. This will include how decision making happens, what preparation occurs, the process of implementing and following up. Ask what happens when multiple doses are needed, ask how information is communicated to different stakeholders, what information is communicated, what people think vaccines do, what training is necessary, ask about logistics and cold chain mechanisms etc.
- 4. When they have finished, ask participants to look at the flow chart and say what works well, what works less well and what could help to improve the process. Ask them to mark the critical points (i.e. things or people that will determine whether or not the process is a success or failure).
- 5. Now ask participants to look at the flow chart and show what would need to be changed if the vaccine recipients were girls aged 10–14 years. Ask what would motivate people to maximize uptake of a vaccine for this age group and what other immunizations would be relevant for this age group.
- 6. Ask what the priorities are for immunization in the site/block/district/state. Again ask participants to look at the flow chart and ask what would happen and what would need to be done if an additional vaccine was added to those already being delivered.
- 7. Document the responses and discussion, and after the diagram is completed, remove the chart papers after participants agree that they have nothing more to add.
- 8. Collect all charts, thank participants and move on to the next activity.

4) Cervical Cancer Discussion

Steps:

- 1. Settle participants with a quick energizer.
- 2. Explain to them that the discussion will serve to help us understand what people know about cervical cancer so that communications materials can be developed for training and information on the vaccine that can help protect against cervical cancer.
- 3. Ask participants to draw a picture of an older woman in the middle of the chart paper. Tell them to imagine that this woman has cervical cancer.
- 4. Ask participants what they think cervical cancer is, what can cause cervical cancer, what the symptoms are, how it can be prevented, how it can be treated, where prevention and treatment services are available, and how much it costs. Ask if they have come into contact with women with cervical cancer and if they can share any stories (without naming or otherwise identifying the woman/women in question). Ask how prevalent

they think cervical cancer is in their area and what they think the impact is on families and communities. Ask what the local names are for cervical cancer and what different stakeholders need to know before introducing a vaccine against cervical cancer.

- 5. If the group know nothing about cervical cancer, ask the questions about cancer in general
- 6. Document the responses and discussion, and after the diagram is completed, remove the chart papers after participants agree that they have nothing more to add.

5) Health Education Debriefing and Wrap-Up

Steps:

- 1. As part of our ethical responsibility to the community, provide feedback to reinforce healthy behavior and accurate information and correct any misconceptions or erroneous information that arose during the workshop.
- 2. Provide additional information on HPV and cervical cancer.
- 3. Collect all charts, thank participants for their time.

Tasks for the team after completion of consultative workshops

- 1. Collate all charts, discussion notes and attach them to the reporting format at the end of the session.
- 2. Ensure that the verbal consent log for the session is completed.
- 3. Attach all the documents and charts together before leaving the venue.

Name of Team-leader:

Signature of Team-leader:

Date:

Place:

In-depth Interview Guide With a Health Policymaker—Uganda

In-depth key informant interviews/meetings

Key informant interviews will be conducted with policymakers, planners, implementers, and other influential professionals such as associations of obstetricians and gynecologists from various government departments, private departments at national and district levels, and partners. These will be persons who were previously or are currently involved, or hope to be involved in one way or the other with vaccines, cervical cancer prevention programs, or reproductive health issues.

These interviews/meetings will be face-to-face, and will be used to systematically explore views and to obtain experiences and suggestions of the key stakeholders on policy issues. They also intend to elicit comprehensive and rich material that can be used to qualify and supplement the literature obtained during the desk review.

Institution	Official
Ministry of Health	 Director General, Health Services Director, Health Services, Clinical and Community Services Director, Planning and Research Commissioner, Clinical services Commissioner, Community Services Commissioner, Planning Assistant Commissioner, Reproductive Health Assistant Commissioner, Child Health Assistant Commissioner, Health Promotion and Education Principal Medical Officer, Reproductive Health Program Manager, Uganda National Expanded Program on Immunization (UNEPI) Technical Advisor, Human Resources
Ministry of Education	 Commissioner, Primary Education Director, Technical and Vocational Education Coordinator, Presidential Initiative for Aids Strategy for Communication to the Youth (PIASCY)
Parliament	 Chairperson, Committee on Social Services Member, Committee on Social Services
Ministry of Gender, Labour, and Social Development	Director, Gender
Development partners	 United Nations Children's Fund (UNICEF) World Health Organization (WHO) United Nations Population Fund (UNFPA) Save the Children in Uganda

Officials to interview

The following officials are targeted from the institutions listed below.

Private practitioners and	 President/Secretary, Association of Obstetricians and 	
professional associations	Gynaecologists of Uganda	
	 President, Midwives Association 	
District	 District Health Officer 	
	 Chief Administrative Officer 	
	 LC5 and Secretary Health/Social Services 	
Media	 Directors of UBC, CBS 	

Key informant interview guide for:

• National leaders and program managers

The Child Health and Development Centre, Makerere University, is collaborating with the Association of Obstetricians and Gynaecologists of Uganda on a study to assess the readiness for the introduction of a cervical cancer prevention vaccine in Uganda. Cervical cancer is a preventable disease that affects many women each year. The overall aim of the research is to generate data that will contribute to government decision-making and operational planning related to the introduction of the cervical cancer prevention vaccine.

You have been identified as one of the people who can give useful information for this purpose and discuss related issues that can be used to contribute to this endeavor. Please do not hesitate to raise any issues that may be of concern to you. The views you give will be taken in confidence and will not be identified with you as an individual.

Everything you tell us is confidential. Your anonymity will be ensured during data collection and afterward in the writing up of the findings. The information you give to the researcher will not in any way be used against you or your family. Your participation in this study is voluntary; you are free to refuse to respond to any of the questions that you may not be comfortable with and you are free to withdraw at any time you may wish to do so. However, because of the importance that we attach to your participation, we hope that you will be able to participate and contribute ideas and suggestions regarding the introduction of this new vaccine.

Knowledge and perceptions of cervical cancer

1. Have you heard about cervical cancer? What can you tell us about it? (Further discussion: symptoms, causes, terminologies, etc. If they have not heard about it, give them the following brief explanation.)

<u>Brief cervical cancer explanation</u>: Cervical cancer is one of the cancers that affects only women. In its early stages there are no obvious signs or symptoms but in its late stages there is abnormal vaginal bleeding even after women have stopped menstruating, sometimes bleeding after sexual intercourse, a smelly discharge from the birth canal, and pain in the lower abdomen. This cancer can only be prevented if detected early through regular checkups in health units.

Awareness and perception of introduction of cervical cancer prevention vaccine

2. Have you heard about a vaccine that has been developed to prevent cervical cancer? (If yes, go to Question 3. If no, provide the following narrative.)

<u>Development of a vaccine</u>: A vaccine has been developed for cervical cancer prevention. It is intended for girls 10 to 14 years old and will be given three times during a six-month period—at 0, 1, and 6 months—in order for it to be effective.

- 3. What are your thoughts about this vaccine?
- 4. Do you foresee any difficulties or challenges in introducing this new vaccine? (Further discussion: acceptance, negative attitudes, etc.)
- 5. Which people are likely to oppose the introduction of a vaccine of this nature? How could this problem be dealt with?
- 6. What should be done to ensure that girls complete all three doses?
- 7. Would you allow your 10- to 14-year-old daughter to be vaccinated? (*Further discussion: If yes, why? If no, why not?*)
- 8. As a leader, what would you consider or take in to account before advocating for the cervical cancer vaccine?
- 9. What kind of information would you need about cervical cancer and the vaccine in order to advocate for it effectively?
- 10. How can this information be disseminated most effectively? (Further discussion: medium [channels], forum [places], source [from whom would such information be acceptable], and packaging [delivery]).
- 11. Who would you consider to be the main stakeholders in relation to the introduction of this new vaccine?
- 12. How best should they be approached?
- 13. What do you envisage as your role in the introduction of a new cervical cancer vaccine?
- 14. What would be the best way of informing the community about this new vaccine?
- 15. Are there sections of the community that may be difficult to reach especially with health information? (*Further discussion: Men, children out of school, etc.*)
- 16. How best can they be reached?

Questions, comments, and suggestions

17. Do you have any questions or comments to make?

Thank you very much for your time.

In-depth Interview Guide with a Health Care Provider—Vietnam

INTERVIEW GUIDE FOR HEALTH SERVICE DELIVERY AND SCHOOL HEALTH PROGRAM ASSESSMENT

Informants:

• Vaccinators: Expanded program on immunization staff at commune

Main questions	Follow-up questions	Probes	
Topic 1: Strategies, content, and organization of existing immunization service delivery and school-based programs			
1. Coordination and management	of the Expanded Program on Immunization (EPI)		
This section explores coordination of	and management of EPI.		
How has EPI been coordinated	 Who (health/non-health) is involved in vaccination 		
at the commune level?	activities at your commune?		
	How has EPI been coordinated within your		
	commune health center?		
	 How has EPI of your commune been coordinated with the district level? 		
	• How has EPI been coordinated with other sectors		
	(the community and mass organization)?		
	What do you think EPI could do better in your		
	commune regarding coordination? What support		
	is needed to do better?		
2. Vaccine delivery service			
This section explores how vaccines	are delivered, current status of school health program, ar	nd communication	
program.			
What are forms of delivering	 What is the method for delivering service in 	Health facilities	
vaccination services in your	difficult areas or to hard-to-reach group?		
commune?		Outreach	
		Both	
Describe the current status of	Timing and frequency:		
vaccine delivery system at the			
commune level?	 Is there a fixed day for immunization? What is the 		
	date of immunization conducted at your		
What do you think about the	commune health center, or at outreach?		
current vaccine delivery system?	• If the fixed day falls during the weekend, is there		
	any change? If so, how do you inform the		
What would you recommend to	community about the change?		
improve the current vaccine	• what is the frequency of immunization at your		
delivery system?			
	any):		

Main questions	Follow-up questions	Probes
	Vaccines and logistics management:	
	 How is the process of receiving vaccine? (Who receives, how is frequency?) What mode of transportation is used for receiving vaccines? How is vaccine stored during transportation? If you have a refrigerator at the community health clinic, how do you monitor the temperature? What is the emergency plan (broken, cutting electricity)? Was there any shortage of vaccines or logistics in the last year? If so, what kind of vaccine or logistic? And why? 	
	 Apart from autodisable syringes, do you use any other kinds of syringes for immunization? If so, what cases do you use it? How do you treat with used syringes after immunization (collection and destruction)? 	
	 Disease surveillance and adverse events following immunization: Monitoring and supervision: District-level monitoring and supervision at commune level 	Working modes Contents Frequency Difficulties
	the immunization venues	Advantages
	 Planning: How do you make the annual plan for immunization at your commune? What contents do you plan? Who is involved in making the plan? Is the plan specific for EPI or combined with other health programs of your commune? How do you make a monthly plan for EPI (staff, vaccinated targets, vaccines and logistics)? If an outreach session is done, how do you make a plan for the outreach (schedule, vaccine)? 	

Main questions	Follow-up questions	Probes
	Reporting and recording:	
	 How do you manage the population targets needing to be vaccinated at your commune? How do you record on the immunization books (draft first or directly)? Apart from recording books provided by the EPI system, do you have any additional recording books? What is the content of these books and why? Have you received the district's feedback for the 	
	report?How do you know about the monthly and annual	
	progress of the immunization?	
	Immunization education/communication and community mobilization:	
	 What were the immunization education and communication activities at your commune last year? What were major contents? Who were the target groups? How were these activities done? How were the activities funded? How and what is the involvement of non-health sectors or mass organization in EPI? What would you recommend to improve the involvement? 	
	 Human resource of EPI: What does your commune arrange staff for immunization session? What do you think whether the number and the quality of staff meet the working requirement? What is refresher training on immunization you are provided every year? What would you recommend to improve the current status of EPI staff? 	
Describe the school-based vaccination program, if any?	 What kind of vaccine is delivered through schools? Who are targets (age, sex, and degree)? How is it scheduled? What is the vaccine frequency? How has it been implemented? What mechanism of coordination has been done to implement the programs? 	

Main questions	Follow-up questions	Probes
	 What were advantages and difficulties of the coordination with schools and education sector have you met to implement those programs? What roles do the schools/education sector play in the programs? What do you recommend to improve the coordination and collaboration with the schools/education sector in the programs? 	
3. Accessibility to vaccine services		
This section explores accessibility to	o vaccine services and how to improve it.	
What costs do the users have to	How much does it cost?	
pay for vaccine services?		
What would you recommend to improve accessibility to vaccine services?	 Which specific target groups have limited access to vaccination? How difficult is it to reach target groups? 	 Vaccine venues Number of vaccinators Transportation Vaccine costs Information, education, and communication
Topic 2: Likely impact of HPV vacc	ine delivery on the current vaccine program	
4. Possible impact on vaccine deliv	very system and inputs needed	
This section explores possible impa	cts of HPV vaccine on the delivery system.	
If HPV vaccine program is added, what are possible advantages and disadvantages of the current vaccine delivery system in your commune?		 Budget Workplan Human resources Facility Cold chain Other equipment
If HPV vaccine is added, what kinds of inputs are needed for the service?	What other inputs are needed to support HPV vaccine delivery?	 Human resources Facility Cold chain Other equipment
What kind of information should be given to (you) vaccinators/health staff if HPV vaccine is added?	 What kind of training should be given to vaccinators/health staff delivering HPV vaccine? 	 Vaccine Cold chain Injection safety Vaccine program management

Main questions	Follow-up questions	Probes
Topic 3: Recommendations for the	design of an appropriate delivery strategy for the HPV	vaccine to be tested in
the demonstration project		
5. Recommendations for demonst	ration project	
(Give some background information	on about HPV vaccine to interviewee before asking ques	tions)
From your experience, what are	 What option is more appropriate? Why? 	At schools
the best strategies for		 At health facilities
delivering this vaccine?		Outreach services
		Private clinics
what are advantages and		
disadvantages if HPV vaccine is		
delivered through school?		
What are advantages and		
disadvantages if HPV vaccine is		
delivered through health		
facility?		
What are opportunities and		
challenges if HPV vaccine is		
delivered through both school		
and health facility?		
Is there any possibility to	What vaccine programs and how should HPV	
integrate effectively HPV vaccine	vaccination be integrated into?	
program into other vaccine	 What are opportunities and challenges of 	
programs?	integration?	

Checklist Used to Collect Data at the Health Facility—Uganda

A. Vaccine storage and cold chain management systems

Does this facility store any vaccines? (Note: keeping vaccines for one to two days only for immediate use is not considered storage). Tick applicable option:

Yes

No

If the response to the above question is Yes, explain what you want to find out about the system for keeping vaccines. Ask to go where vaccines are stored, and proceed to complete questionnaire. Otherwise if it is No, STOP the interview.

Q	Area assessed/questions	Responses/answers	
INO.			
1.	Type of equipment	Equipment Record number seen	1
	What types of equipment do you	a) RCW42 G/E	
	Tick and record number seen for all	b) RCW50 G/E	
	types that apply.	c) Sibir 110 G/E	
		d) Sibir 170 G/E	
		e) Solar refrigerator	
		f) Ice-lined refrigerator	
		g) Gas cylinders	
		h) Other (specify):	
2.	Storage temperature		
	If more than one system/storage equipment is used, select the one where DPT-HB is stored and check the temperature:	a) Record temperature in centigradeºC b) Not observed c) Thermometer not functioning d) No thermometer	

3.	Cold chain equipment for	Equi	pment	Record number seen
	transportation of vaccines	a)	Cold boxes	
	How many of the following cold	b)	Vaccine carriers	
	each unit?	5,	vacenie carriers	
		c)	Ice packs	
		d)	Thermometers	
4.	Syringes			
	What type of injection equipment	a)	Single-use (disposable) syringes
	do you use during routine	b)	Sterilizable syringes	
	immunization sessions at this	c)	Auto-disposable syring	ges
	Tachity!	u)	Other (specify)	
5.	Power supply			
	Have you ever had power outages?	a)	Yes	
		b)	No	
		-)	Leed also delines (also stui	
	If you have ever had a power	a) b)	Load shedding (electri	cal blackout)
	outage, what caused it?	c)	Equipment failure	
		d)	Other (specify)	
		a)	Daily	
	How often do power outages	b)	At least once a week	
	occur?	c)	At least once a month	
	M/hot was the loggest source	a)	Less than four hours	
	what was the longest power	b)	Between four and sixt	een hours
		C)	More than a day	
	What happens to vaccines when	a)	Transferred to alterna	te refrigerator
	power outages occur?	(u ()	No action taken (left in	n original refrigerator)
	What backup plans are in place in	a)	Transfer to vaccine ca	rrier
	case existing equinment breaks	b)	Transfer to cold box	-
	down?	c)	Transfer to alternate r	efrigerator
		d)	No action taken	

6.	Equipment maintenance		
	Are there maintenance logs? If the response is Yes, ask to see them.	a) b)	Yes No
	When was the last routine maintenance?	a) b) c)	Less than one month ago Between one and three months ago More than three months ago
	Who services the refrigerator?	a) b) c) d)	Cold chain technician at health facility Cold chain technician from district Any technician Other (specify)
B. Colo	I chain during transportation of vacci	nes	
1.	Equipment for vaccines in transit		
	What equipment is used for transporting vaccines from the central district store to this health facility?	a) b) c)	Cool box Vaccine carrier Other (specify)
	How is the cold chain maintained during transportation from the central store to the districts?	a) b) c)	lce packs Foam pads Other (specify)
	How is temperature monitored during transit?	a) b) c)	Thermometer Freeze Watch™ Vaccine vial monitor (VVM)
	Is the same technique used for transportation of vaccines during outreach sessions?	a) b) c)	Yes No Don't know
2.	Means of transport What means is used for transporting vaccines from the central store to this health facility?	a) b) c) d) e)	Motor vehicle Motorcycle Bicycle By foot Other (specify)

	Is the same means used for transporting vaccines to outreach venues? Who owns the means used for transporting vaccines to outreach venues?	a) b) c) a) b) c) d) e)	Yes No Other (specify) Government vehicle Public means (e.g., taxi) Private (hired) Both public/private Other (specify)
C. Vac	cine ordering and delivery		
1.	Is vaccine picked up or delivered from another health facility or vaccine store when immunization sessions are being held?	a) b) c)	Yes, always picked/delivered just before sessions Sometimes delivered just before sessions No, enough vaccines stored at this facility
2.	When was the last time you received routine supply of vaccines?	a) b) c) d) e)	One month ago Two months ago More than two months ago No routine supply Don't know
3.	Who determines this health center's vaccine needs?	a) b) c) d)	I/C immunization at the health center Any staff at the unit Both a) and b) Don't know
4.	Routinely, when you order vaccines, which method best describes the system you use to determine how much to order?	METH a) b) c) d) e)	OD: Review the amount of each vaccine remaining, and order to bring the stock amount to a pre- determined (fixed) amount Order exactly the same quantity each time, regardless of the existing stock Review the amount of each vaccine used since the previous order, and plan based on prior consumption and expected future activity Other (specify) Don't know

5.	Which of the following best	SYST	EM:
	for deciding when to order	a)	Place order whenever stock levels fall to a
	vaccines?		predetermined level
		b)	Have a fixed time that orders are submitted
		c)	Place an order whenever there is believed to be a
			need, regardless of stock level
		d)	Other
		e)	Don't know
6.	During the past six months, how	a)	Monthly
	have you been receiving your	b)	Bi-monthly
	order or the amount of vaccines	c)	Quarterly
	you are supposed to routinely	d)	Other (specify)
	receive?		
7	Have you ever had to return	a)	Yes
	vaccines to the district central	b)	No
	store?	c)	Don't know
		Posso	on vaccine returned:
	Why was vaccine returned?	Neasu	Sir vaccine returneu.
	How was this done? State who	Descr	rintion of how it was done:
	initiated it, how vaccines were	Desci	
	packed, and how		
	documentation was done.		
D. Hu	man resource assessment		
1	In your opinion, can the existing	staff	a) Ves
1.	cone with additional immunization	stall Sn	a) Tes
	workload likely to accrue from	JII	c) Dop't know
	addition of a new vaccine to		
	schedule?		
	schedule:		
F Org	anization of Immunization Session	ns	
L. Org		15	
1.	How have National Immunization	า	a) Strongly contributed
	Days and Child Days Plus contrib	uted	b) Moderately contributed
	to immunization coverage?		c) Little contribution
			d) No contribution at all
			e) Don't know

2.	What strategies in addition to routine vaccination services are implemented in your area, and/or under your control?	
	How are they organized?	
3.	In your opinion, how best can a vaccine like the cervical cancer vaccine, which is given at 0, 1, and 6 months, be integrated into existing expanded program on immunization schedules?	
4.	Can girls in grades 5 to 7 in primary school be effectively reached by outreach/mobile vaccination strategy?	
	What would be the advantages and disadvantages of such a strategy?	
5.	Can girls in grades 5 to 7 in primary school be effectively reached by a house-to-house vaccination strategy? What would be the advantages and disadvantages of such a strategy?	
6.	Can girls in grades 5 to 7 in primary school be effectively reached through Child Days Plus? What would be the advantages and	
	disadvantages of such a strategy?	
7.	What other strategies can be effectively used to reach girls in grades 5 to 7 in primary school?	
	What would be the advantages and disadvantages of each strategy?	

Verbal Consent Form for Parents/Guardians (for child's participation in formative research focus group discussion)—Uganda

The Child Health and Development Centre, Makerere University, is collaborating with the Association of Obstetricians and Gynaecologists of Uganda on a study to assess the readiness for the introduction of a cervical cancer prevention vaccine in Uganda. Cervical cancer is a preventable disease that affects many women each year. The overall aim of the research is to generate data that will contribute to government decision-making and operational planning related to the introduction of the cervical cancer prevention vaccine.

Boys and girls 10 to 14 years old who are in school and out of school have been identified as possible respondents who can give useful information regarding some of the common health problems that they face, their sources of information on health issues, their preferred sources of information, and preferred modes of receiving information on health issues.

We recognize that children are not only a vulnerable population but are also minors and therefore need to be accorded special protection. We are therefore seeking your consent/permission as their parents/guardians or head teachers to discuss with them issues relating to some of their common health problems, their sources of information on health issues, and their preferred sources and modes of communication.

The information that they will give us during the discussions will be treated with utmost confidentiality and used strictly for research purposes. Only the researchers will have access to the information. The researchers will publish the results of the study in reports and journals in a way that prevents people from learning anything personal about your child or your family. No child will be identified by name. In publications or other summaries of the study results, the children's information will be grouped with that of other children so that no individual child can be identified. The information that the children will give will not be used against them or against their families.

The participation of the children in the study will be voluntary; they are free to refuse to respond to any of the questions that they may not be comfortable with and are free to withdraw from the discussion at any time that they may wish to do so. However, because of the importance that we attach to their participation, we hope that they will be able to participate freely and contribute their views and suggestions regarding how information relating to health issues could be most effectively communicated.

Children who participate in this research will be provided with leaflets and other educational materials relating to their health. The findings from the research itself will contribute to the development of communication strategies and educational materials for children in this age group.

On the basis of the information that we have given you, do you consent to your child participating in this study? Please feel free to ask any questions you may have about your participation in the research process.

Focus Group Discussion Guide With Out-of-School Girls—Peru

Introduction

• Welcome remarks and requesting consent to hold and record the group's discussion.

Topics to be covered

- Ways to work with and give information to schoolchildren:
 - In your school, in which courses or classes do they talk to you about health-related topics?
 - Tell me what they talk about. What is said about the human body? (Explore aspects related to the female reproductive apparatus.)
 - What have they said about sexuality during classes?
 - Who can you talk to about such issues? Who can you not talk to?
 - Since when has it been possible to talk about these issues in class?
 - Who have you been able to talk to about such subjects?
- Identifying prevalent illnesses (use the card pile sorting technique):
 - Which illnesses occur around here? Please select from these illnesses the ones that occur most frequently here.
 - Are there any others that don't appear on these cards?
 - o Which illnesses affect children and which affect adults?
 - Which affect men and which affect women?
 - Which are the most serious? (Explore their characterization of illnesses according to how serious they are.)
 - How do we know that they are serious?
 - Have you heard of the word *virus*?
 - What have you heard about viruses? What do they do?
 - Can you name an illness that is caused by a virus?
 - What viruses can be transmitted during sexual relations?
 - How does this happen? (Explore what they know about infection and the role men play in this.)
 - What could work against viruses?
- Ideas, representations, and experiences about cancer (select the card about cancer):
 - *"Now we're going to talk about cancer in women."* (Use the figure of a woman's body so the child can identify the areas where cancer can occur.)
 - In which parts of her body can a woman get cancer?
 - What name do you give around here to the cancer that affects women's private parts or the uterus?
- Ideas, representations, and experiences about cervical cancer (continue using the card about cancer):
 - *"Now we're going to talk about cervical cancer."* (Use the term given from the previous question.)

- Which women are at risk of getting cervical cancer or cancer in their private parts?
- Who cannot get it? (Explore categories such as age, occupation, and types of behavior. For example, at what age can women be affected?)
- Can girls of your age get it?
- (Just for girls.) Do you think you could get cervical cancer?
- (Just for boys.) Do you think your girl friends could get cervical cancer?
- How do you think someone gets cervical cancer? What can cause it?
- Do you think that having sexual relations could have something to do with developing cancer in one's private parts?
- Can people get this kind of cancer if they have sexual relations with the same partner and it is gentle, not violent or hard?
- What could be transmitted during sexual relations that could lead to cancer?
- How and what can be done to prevent cervical cancer?
- How does a woman know she has cervical cancer?
- How long could she have it without knowing?
- Where can people go to find out if they have cervical cancer?
- What does a woman do when she knows she has cancer?
- Where can she go/turn to?
- Vaccination system. Relate to previous experience with the rubella vaccination:
 - (Use the photo of the girl being vaccinated.)
 - What do you see in the photo? What is the girl like?
 - How does she feel having the vaccination?
 - What do you think she likes/dislikes about the vaccine?
 - What was having the rubella vaccine like for you?
 - Are kids of your age normally given vaccines?
 - Who decided you should have it? Did you want to have it? Did any kids not want to be vaccinated? (Explore what happened if they didn't want to be vaccinated.)
 - What was the attention/service like when they vaccinated in school? What is the service like if you go to the local health facility to be vaccinated?
 - Where else can you go if you want to be vaccinated? (Ask about other private and public alternatives.)
 - What would be for you the ideal way to get vaccinated?
- Ideas and representations about the vaccine:
 - (Use sheets of drawing paper.)
 - What do you think a vaccine does in our bodies? (Probe around the meaning of the word *prevention* to examine this in greater depth.)
 - What is their action similar to?
 - When do you get vaccinated: before or after the illness?
 - What are the similarities and differences between a vaccine and an injection? What is each one used for?

o (Show the news item about the cervical cancer

vaccine.)

- Have you heard this news before?
- What have you heard about this cervical cancer vaccine?
- How do you think this vaccine works?
- What do you think it does in your body?
- What do you think it does to the cancer? (This can be explored by having the child make a drawing and talk around the drawing.)
 - How would you draw cancer?
 - How would you draw the vaccine?
 - What does the vaccine do to the cancer?
 - What does it say to it?
- From what age should this vaccine be given?
- Who would you give this vaccine to? Who would you not give it to?
- Why do you think the vaccine should be given when the person is still a girl?
- What benefits and difficulties could be involved in having the vaccine?
- What would make you decide to be vaccinated? What would discourage you?
- What would your parents think? What would your friends think?
- How would you convince other girls over the age of nine years to have the vaccine? What would you tell them?
- How would you convince their mothers and fathers to get them vaccinated?

What would you tell

them?

- Why do you think it is also said that the vaccine can be given to boys?
- How would you convince other boys to have the vaccine? What would you tell them?
- How would you convince their mothers and fathers to have them vaccinated? What would you tell them?
- "This vaccine has to be given three times during a six-month period to be effective."
 - Do you think that all girls would have all three shots?
 - What difficulties might arise?
 - What could be done to ensure they have all of the shots?
- Perceptions about the introduction of the cervical cancer vaccine:
 - "You can buy the vaccine in pharmacies, but it's expensive. It is still not available in health centers and health posts."
 - What would you think if personnel from the health post came to vaccinate free of charge but only in certain schools or in the neighboring school? What do you think of this?

- What would the parents or people in this area think?
- What would they say for or against such an idea?

Conclusion

• Give the leaflet, explain about cancer and the vaccination, thank the participants, and say goodbye.

Interview Guide With a Health Care Administrator—Peru

RUBELLA VACCINATION SUPPORT MATERIAL

General	Information
General	mormation

	First Name	Last Name
Director of		
[Health	Contact DISA telephone number	Contact cell phone number
Directorate]		
	E-mail address	

THE DR	First Name	Last Name
E OF .		
ION 9	Profession	Time spent in this position
IN CH		
	Contact center telephone number	Contact cell phone number
PER IV		
	E-mail address	

IY PHASE	Are there technical standards for the vaccination campaign?	() YES () NO Origin		
PARATOR	Number of individuals involved in the planning of the campaign?			
NG-PRE	Origin of the individuals involved in the campaign?			
۱۹۸۸	When did the campaign planning begin?			
ON F	Coordination strategies/actors needed to	a) Central level		
IATI	implement the vaccination campaign	b) DGSP [General Directorate of		
CIP		People's Health]		
AC		c) UGEL [Local Educational		
>		Management Unit]		

	d) Other strategies
	e) Regional Gov.
	(e) Other:
Campaign budget	() YES () NO
Campaign budget amount (if available)	
Areas covered under the budget	
Funding sources	

Products: Report detailing the requested data or a filled-out form.

Interview Guide With Immunization Program Coordinators—Peru

List of questions by component (promotion)

<u>Key:</u>

Level: R = Regional; O = Operative (within the network, micro-network, or establishment)

Methods: A = Analysis, i.e., the processing of information that has been collected in order to try to derive results and conclusions from it, I = Interview; D = Review of documents, a reading of studies, reports, laws, regulations, etc. F = Review of figures, tables, charts, and other quantitative data; DC = Data from primary sources or collected directly from a source via observations, interviews, questionnaires, or other tools.

Objective: Describe the various elements, applications, and processes involved in the development of the campaign from within the institutional regional health context to the area's educational institutions

Component	Interview sources	Level	Methods	Questions suggested by the support staff member	Recording informatio n
Process used for planning, scheduling, and decision- making	Immunization strategy coordinator at the DISA [Health Directorate], heads of networks, micro-networks, immunization strategy coordinators at networks, micro-networks	R, O	I, D	Is someone in charge of the communication/promotional part of the campaign? Is there a promotional plan for the campaign? Are there individuals involved in the promotional aspects of the vaccination campaign? What activities have been planned to promote the campaign? Is there a budget for promotional activities? What does it consist of and what are	
Means used for promotion	Same as above	Same as above	I, D, DC	the sources of funding? Describe the resources used for promotional activities (radio, television, information- education-communication materials, loudspeakers, informative chats, etc.) Record information about each medium Which messages emphasize the importance of vaccination? For which key players are the messages intended?	

Undertaking of promotional activities	Same as above	Same as above	Same as above	Identify messages and record them (if possible, collect examples of leaflets, posters, newspaper clippings, etc.) Plans for the undertaking of promotional activities? Who is involved in these promotional activities? Is there a plan for the undertaking of promotional activities? If so, what does it consist of? (if possible, please	
	Como os obovo	Como	Sama ac	attach a copy)	
and	Same as above	as	above	and/or supervisory activities	
supervision		above		for the promotion of the	
				vaccination campaign?	
				what do these follow-up and supervisory activities consist	
				of?	
				Are follow-up and supervisory	
				records kept for the	
				promotion component of the	
				campaign? (describe use and	
				enclose copies of the relevant	
				Are there indicators for the	
				promotion component?	
				(record them)	
				How is information regarding	
				these indicators collected?	
				Who is responsible for	
				handling it and how is it	
				reported?	
				How is information resulting	
				rom tollow-up and/or	
				supervisory activities used?	

In-depth Interview Guide for Planning and Coordinating Vaccine Activities in Educational Settings—Peru

COORDINATION ACTIVITIES WITHIN AND BETWEEN INSTITUTIONS

Objective: Describe the various elements, applications, and processes involved in the development of the campaign from within the institutional regional health context to the area's educational institutions

Methodology: Follow-up on actions concerning the immunization sector (within DIRESA [Regional Health Directorate] and within a network and micro-network), followed by connections with other sectors, out to the educational sector at the UGEL [local educational management unit] level and educational institutions, at least in two of them (one elementary school and one high school). Direct observation or references may be used via chance interviews.

Topics to consider:

Campaign managers:

- Sectors involved
- Individuals involved (formally and informally)
- Information sources involved (documents, team conversations, interpersonal interactions, etc.),
- Timeline: How long do coordination activities take?
- Types and which tasks or activities they are responsible for
- How are tasks distributed (does the director assign tasks, is task distribution determined by consensus, is it simply left undefined, etc.)?

Developing the coordination activities:

- What types of activities are planned?
- How are recommendations issued from the central level considered or reintroduced with regard to development activities? Are those recommendations widely known?
- How are planned activities developed: how much time at work and outside of work does it take? Whom does it involve

Development of coordination activities with education:

- Regulatory aspects in place
- Awareness aspects and coordination activities previously in place
- Specific coordination activities: discussion forums, formal and informal channels, coordination times or opportunities, results (which agreements are reached, which responsibilities are assigned, which deadlines are handled, doubt and conflict management [what was presented and what was tackled and resolved])

Deliverable:

 A report detailing each required topic and point, recording names of sectors and individuals involved, times and dates, and, if possible, also including word-for-word quotes from conversations

INITIATING AND DEVELOPING WORK-RELATED ACTIVITIES IN EDUCATIONAL INSTITUTIONS

Objective: Identify and describe the processes, applications, and individuals involved in developing a vaccination campaign in educational institutions.

Methodology:

Select an urban elementary school and high school and a rural elementary and high school as case studies within the aforementioned network and micro-network jurisdictions. In each school, observe and record daily activities and conversations, and carry out short, focused interviews with key participants.

Topics to consider:

Previous experience working in the health care sector:

- Specifically topics concerning adolescence, health care, etc.
- Times and opportunities
- Mechanisms set up to coordinate and develop projects
- Among whom and to whom are they known
- Recognition of prior experience

Work as a director and evaluators or heads of relevant sectors:

- (e.g., primary education, secondary education, student guidance and wellness, etc.)
- Knowledge regarding the campaign
- Knowledge of regulations
- Previous coordination activities with UGEL
- Experience promoting the campaign

Description of the vaccination day:

- Starting time for recruitment or other specific contact
- Mechanisms for entering the high school
- Previous coordination activities
- Location of the vaccination site or vaccination points
- Organization of health care staff members at these points, support by teaching staff members during the campaign: describe attendance, roles, or functions, times, activities
- Organization of student support at vaccination points: managers, activities, times, notification mechanisms, flow back and forth. How do teachers and support staff members participate in various parts of the day (do they get vaccinated? do they address students?, etc.)
- Existence of notices, promotions, public information for students (formal or informal)
- Describe monitoring actions developed during the course of the day, starting with health and with the high school itself (who comes to watch how the vaccine is administered; what do they observe, what do they ask, how do they respond?)
- Describe how the vaccination points are closed (who, what do they do, how do the teachers or support staff collaborate, etc.)
- Feedback: describe whether final coordination activities are carried out, whether the results are disclosed

Deliverable:

• A report detailing each required topic and point, recording names of sectors and individuals involved, times and dates, and, if possible, also including word-for-word quotes from conversations

Checklist Used to Collect Cold Chain Data at the Health Facility—Peru

At the regional level:

Visit to the regional warehouse

Name:

Address:

Person in charge and/or contact person

Describe the number and professions of the staff members

1 who are working at the warehouse

	Profession or		Hours/m
Staff members (Name)	trade	Position	onth
а			
b			
с			
d			
e			
f			

2 Request an approximate description of:

2.a. Warehouse capacity within the region (number and type of refrigerators)

Based on prior studies, the following refrigerator capacities have been noted:

	Volume	No. of
	(lt)	refrigerators
Refrigerator	63	
Refrigerator	45	
Refrigerator	20	
Other (please describe)		
Cold packs?		
Thermal containers?		

2.b. Existence of vaccines at the time of the visit

	Presentation	Number/	Acceptable	Observ
		dose	waste %	е
				temper
				ature
BCG				
DPT				0ºC to
тт				8ºC
TD				

Td					
Haemophilus (Hib)					
Hepatitis B					
Measles					
Yellow fever					-15ºC
Polio					to -
Measles/Rubella					25ºC
Measles, Mumps and Rubella					
Record observations: Conditions and	operation	al status of t	the thermome	ters:	

2.c. Volume of vaccines received in relation to the campaign Measles/Rubella

3 Describe the process used to receive the vaccines and to distribute them within the region (please refer to information on how the networks are organized)



4 Request copies of the regular forms for sending and receiving vaccines (kardex)

5	Checklist (self-assessed)		Yes	No	Record the document name, date
	5.a. Do staff members have the standards and				
	recommendations issued for the cold chain				
	5.b. Is there an inventory for 2005?				
	5.c. Does the warehouse include logistics for syringes?				
	5.d. Is there any information on the costs of runn	ing the Cold			
	Chain?				
	5.e. Is there a Plan of Action or a document that p	provides a basis			
	for maintenance and replacement measures?				

Checklist for a team's cold chain and logistical aspects At the local level:

Visit to the local warehouse (hospital, center or post) Name:

Address:

Person in charge and/or contact person

Describe the number and professions of the staff members

1 who are working

Staff members (Name)	Profession or trade	Position	Hours/month
а			
•			
b			
•			
c			
•			
d			
•			
e			
•			
f			

Describe the infrastructure of

2 the warehouse or cold chain point

Request an approximate

3 description of:

3.a. Warehouse capacity within the region

Based on prior studies, the following refrigerator capacities have been noted

		No. of
	Volume (lt)	refrigerators
Refrigerator		
Refrigerator		
Refrigerator		
Type of thermal container		
Type of thermal container		
Type of thermal container		
Other (please describe)		

	Presentation	Number/	acceptable	Observ
		dose	waste %	е
				temper
				ature
BCG				
DPT				
TT				000 to
TD				
Td				ŏ≚C
Haemophilus (Hib)				
Hepatitis B				
Measles				
Yellow fever				-15ºC
Polio				to -
Measles/Rubella				25ºC
Measles, Mumps and Rubella				
Record observations: Condition	ns and operational status	of the thermo	meters:	

3.b. Existence of vaccines at the time of the visit

3.c. Volume of vaccines received in relation to the campaign

		Number	
	Presentation	/dose	Date
Measles/Rubella			

Describe the process used to receive the vaccines and to distribute them within the region (please refer to information on how the networks are organized)

5 Request copies of the regular forms for sending and receiving vaccines (kardex)

6	Checklist (self-assessed)	Yes	No	Document /date
	6.a. Do staff members have the standards and			
	recommendations issued for the cold chain			
	6.b. Is there an inventory for 2005?			
	6.c. Does the warehouse include logistics for syringes?			
	6.d. Is there any information on the costs of running the Cold			
	Chain?			
	6.e. Is there a Plan of Action or a document that provides a basis			
	for maintenance and replacement measures?			

Checklist for a team's cold chain and logistical aspects

Visit to a receiving establishment Name: Address: Person in charge and/or contact person: Number of teams per micro-network: Vaccination team:

How is the vaccination team structured?

Staff members:	No. Individuals	Hours/school	Record
Nurse practitioner			"0" if
Nurse technician			the
Assistant for registering			team
individuals who have received			does not
the vaccine			consist
Assistant for loading thermal			of the
containers			types of
Driver			staff
(Driver/assistant for loading			member
thermal containers)			S
			describe
Other:			d above
Vaccines and other materials	Unit	Quantity	
Number of vaccines per			
school	bottle or dose		
Quantity of cotton	grams		
Quantity of liquid soap	lt		
Other material(s) (please			
specify)			
	Description/make/		
Team	model	Quantity	

Describe the team that it carries	
Type of thermal container	
Number of thermal containers	
Cold packs	
Other (please describe)	
Other resources for the operation	
Transportation per person	
Light refreshments per person	
Gasoline?	
Travel allowance, incentive	
payments??	
Other team expenses	

Production information (observation of a team's workday)

	Starting time	Finishing time
Team's one-day work		
schedule		
	Minimum	Maximum
Number of high schools		
visited		
At the observed high school		
or elementary school:		
Number of doses taken		
Total number of individuals		
receiving the vaccine		
High school students (high		
school grades 1-5)		
Elementary school students		
(elementary school grades 1-		
5)		
Number of girls in elementary		
school grade 5		
Number of boys in		
elementary school grade 5		

Productivity:

Can some measure of productivity be derived from the data that have been collected?		
		more at
		the
		same
		n
		in direct
		relation
Can some measure of productivity be derived from the data that have been		to the
collected?		number
		students
Number of hours worked at a		
single high school?		
Number of doses applied at		
the high school		
Number of doses per hour (on		
average)		
Number of doses taken		
Number of doses used for		
vaccinations		
Number of doses discarded		

What is done with the waste?

Observe and note how the needles and	
syringes are discarded	
Ask what ultimately happens to the gallon	
jugs used for immediate deposits	

Supervision, Monitoring, and Evaluation (please describe the activities outlined for these tasks)