 **INSTRUCTIONS.** *This questionnaire is organized by topic area. It is meant to guide your interview and collect a few standard indicators. Note that the most important part of collecting data is engaging the interviewees, listening, and asking probing questions to get a complete picture. Request hardcopy documents when indicated. Make sure all questions are answered and with one response per question unless otherwise indicated. Use the back of the sheet to make notes or separately in notebook*. The green annotations provide discussion points; notes from these questions do not need to be entered in a database but can be presented during debriefing.

FORM 2. DISTRICT LEVEL QUESTIONNAIRE

**District: Interviewer name: Date (D/M/Y): / /**

 For each person participating in the interview, list their name, role and organization on a new line.

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| **Name** | **Organization** | **Role/Position** |
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| PROGRAM MANAGEMENT and FINANCING Discuss immunization planning, budgeting, and funding. Note major strengths and weaknesses. | | |
|  | Does the district have operational guidelines that includes up-to-date immunization schedule and polices?  Note what needs or improving: | Yes – good guide  Partial – needs updating, improving  No  Don’t know/not seen |
|  | Does the district have an up-to-date immunization schedule?  Note what needs or improving: | Yes – good guide  Partial – needs updating, improving  No  Don’t know/not seen |
|  | Does the district have an up-to-date operational plan (annual work plan) for immunization?  Request a copy  Notes quality and completeness: | Yes  Partial – needs updating, improving  No  🞏 Don’t Know |
|  | Does the district have a budget itemizing all critical activities?  *Verify* Request a copy Notes quality and completeness: | Yes – all covered  Partial – some covered  No  🞏 Don’t Know |
|  | Are there adequate mechanisms for the district to inform national level of budget needs?  Notes mechanisms: | Yes – adequate  Partial – improvement is needed  No – not adequate  🞏 Don’t Know |
|  | Do funds received (government and donor) sufficiently cover EPI functions including to reach hard-to-reach populations?  Notes key underfunded areas: | Sufficient  Partially sufficient  Insufficient  🞏 Don’t Know |
|  | In the past 12months, were any critical immunization program activities cancelled or substantially delayed (by 6months or more) because of lack of funds?  Note anything that has been cancelled or substantially delayed | Yes  No  🞏 Don’t Know |
|  | What role do local governments have in immunization in this district? *Check all that apply.*  Notes on roles, engagement, mechanism, benefit/opportunities for more engagement**:** | Financial  Service Delivery  🞏 Other Role  🞏 No Role |
|  | What role do NGOs have in immunization in this district? *Check all that apply.*  Notes on roles, engagement, who major NGOs are, benefit/opportunities for more engagement**:** | Financial  Service Delivery  🞏 Other Role  🞏 No Role |
|  | What role do other partners have in immunization in this district? *Check all that apply.*  Notes on roles, engagement, who major partners are, benefit/opportunities for more engagement | Financial  Service Delivery  🞏 Other Role  🞏 No Role |
| **Note any other comments about this section** | | |

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| HUMAN RESOURCE MANAGEMENT Discuss district-level human resource for immunization, including supervision and needs for capacity building. Note major strengths and weaknesses. | | |
|  | Is there adequate district level staff (numbers and expertise) to implement all aspects of the program?  Note any gaps in numbers or expertise | Yes  No  Don’t know |
|  | **Does the District currently have staff to sufficiently cover the following tasks (numbers and expertise)?** | |
|  | EPI leadership and management | Suff  Partially Suff  Insuff  Don’t know |
|  | Cold chain | Suff  Partially Suff  Insuff  Don’t know |
|  | Data management and use (ie. HMIS, statistician) | Suff  Partially Suff  Insuff  Don’t know |
|  | Communication, Social Mobilization | Suff  Partially Suff  Insuff  Don’t know |
|  | VPD surveillance / IDSR | Suff  Partially Suff  Insuff  Don’t know |
|  | What are major district -level training needs?  *Check all that apply*  Note why training is needed, how training could be most efficient | HR management skills  Planning (Strategic or work planning)  Immunization practice/new vaccines  Optimizing Service Delivery  Cold chain, Vaccine management  Data management & use  Communication/Demand  Surveillance/AEFI  Other  No training is needed |
|  | Are there written and adequate plan for supportive supervision from district to service delivery level? *Request and review plans. Note frequency of visit and location* | Yes – adequate plan  Partial –needs improvement  No  Don’t know |
|  | In a 6 month period, how often should a health facility receive an immunization-related supervisory visit (ie using the checklist)? | ☐ Less than 1 visit  ☐ 1 visit  ☐ More than 1 visit  ☐ Don’t know |
|  | In the past 6 months, has district been able to conduct supportive supervision according to plan?  *If not, note reasons including if due to funding, staff time, transportation etc* | All  Partial  None  No plan for supervisory visits  Don’t know |
|  | Does this district have an adequate supervisory checklist?  *Request and review.*  *Note any critical areas are missing or aspects to improve* | Yes  Partial  No  Don’t know |
|  | In the last 6 months, is there any evidence that the district has used the supervisory checklist?  *Request and review checklists and discuss how they are used* | Yes – observed  Partial - – reported to be used but not seen  No evidence of use  Don’t know |
|  |  |  |
|  | In the last 6 months, how many times has this district received an immunization-related supervisory visit?  *Verify the date of last visit from a record of the visit* | ☐ No visits  ☐ 1 visit  ☐ More than 1 visit  ☐ Don’t know |
|  | Is there any evidence of supervisory visits to the district that have been received in the last 6months?  *Request and review checklists, visitor books, log books to determine if supervisory visits have taken place* | Yes – evidence observed  Partial – reported but not seen  No evidence in the last 6months  Don’t know |
| **Note any other comments about this section** | | |

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| VACCINE SUPPLY, QUALITY, LOGISTICS Discuss immunization supply chain system in general including human resource capacity to support the system. Note major strengths and weaknesses. | | |
|  | Is the person responsible for vaccine supply and management in place and adequately trained?  *Reflect back on the answers given in the previous HR section; confirm if this person is trained and in place.* | Yes – in place and adequately trained  Partial – in place but not adequately trained  No  Don’t know |
|  | Does district cold store have sufficient equipment (space and function)?  *Note which equipment is not sufficient and reason (new vaccines, equipment breakdown etc..)* | Yes – sufficient space and function  Partial – it functions but needs improvement  No  Don’t know |
|  | Are there sufficient funds to support maintenance of all nationally-supported cold chain equipment? | Yes  Partial  No  Don’t know |
|  | Does the district have a sufficient documented guidance on how to forecast and monitor vaccine usage? *Verify*  Note needed improvements and how they may be achieved. | Sufficient  Partially sufficient – needs improvement  Insufficient – no documentation  🞏 Don’t Know |
|  | Does the district have a sufficient practice on forecasting and monitoring vaccine usage? Review vaccine supply book, vaccine usage/request forms  Note needed improvements and how they may be achieved. | Sufficient  Partially sufficient  Insufficient  🞏 Don’t Know |
|  | Is there a sufficient system for ordering vaccine from the higher level?  Note needed improvements and how they may be achieved. | Sufficient  Partially sufficient  Insufficient  🞏 Don’t Know |
|  | Is there sufficient transport mechanism for vaccines to reach service delivery?  *Discuss this how vaccines reach service delivery, challenges, and possibilities for improvement.* | Sufficient  Partially sufficient  Insufficient  🞏 Don’t Know |
|  | In the past 12 months, has there been a stock out of any vaccine at district level? | Yes  No  Don’t know |
|  | **If there were stock-outs, specify which vaccine/supply has been out of stock and for how long**  Vaccine name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stock-out less than 2 months  2 or more months  Don’t know  Vaccine name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stock-out less than 2 months  2 or more months  Don’t know  Vaccine name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stock-out less than 2 months  2 or more months  Don’t know  Vaccine name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stock-out less than 2 months  2 or more months  Don’t know | |
|  | If there were stock-outs, what were the reasons?  *Can check multiple responses.*  *Note if different reasons for different vaccine stock-outs.* | Higher level stock out  Inaccurate forecasting  More wastage than expected  More demand than expected  Other (specify):  Don’t know |
|  | Does the district have guidance about proper waste management for vaccines and supplies?  *Request copy of guidelines for verification.* | Yes  Partial  No  Don’t know |
|  | Is the current practice of waste management in the district sufficient?  *Ask how vaccine waste is managed at district and health facility level and if the district staff feel this is adequate* | Sufficient  Partially sufficient  Insufficient  🞏 Don’t Know |
|  | OBSERVATION. In the District vaccine supply area (cold store or fridge) do you observe any of the following:  *Tick all issues that are observed*  This District does not have a cold store or refrigerator  Refrigerator not working  Expired vaccine  VVM inner square is same color or darker than the outer circle, ie, should be discarded – on any vaccine  Expiration date not written on vials  Freeze sensitive vaccines frozen or vulnerable to freezing because of placement or temp in the refrigerator  Fridge tag showing alarm  Freeze tag showing alarm  Temp not monitored  Temp out of range in the past 3 months  Non-vaccine items stored with vaccines  Other issue (specify): | |
| **Note any other comments about this section** | | |

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| SERVICE DELIVERY Discuss general opinion on whether immunization services are well performing and reach all target populations. Note major strengths and weaknesses. | | |
|  | **Do you give guidance on frequency in which health facilities should have fixed immunization sessions?**  *Guidance based on population/session sizes, accessibility; rationale based on HR, funds?* | Yes – documented  Partial – could be improved  No  Don’t know or not seen |
|  | **Do you give guidance on conducting a high quality fixed site EPI sessions?**  *Guidance covers client flow, wait times, preparation, sequence of interventions, recording, communication etc…* | Yes – documented  Partial – could be improved  No  Don’t know or not seen |
|  | **In this district, what are barriers to having high quality fixed immunization services?** *Tick all that apply* | No barriers – fixed session high quality  Sessions are high quality  Long wait times  Inconvenient schedule for caregivers  Not enough staff  Data recording cumbersome  Frequent stock outs of supplies  Lack of community volunteers  Other (specify);  Don’t know |
|  | **Do you give guidance to HF on the criteria and frequency they should conduct outreach vaccination?**  *Is it based on distance or accessibly, is the frequency reasonable?* | Yes – documented  Partial – could be improved  No  Don’t know or not seen |
|  | **In this district, what do you think are the main barriers to providing high quality outreach/mobile immunization services?** *Tick all that apply* | No barriers – outreach is high quality  Insufficient transport  Not enough staff  Insufficient reimbursement for staff  Poor planning (ie. timing or location)  Frequent stock outs  Other (specify):  Don’t Know |
|  | **Do you give guidance to HF on vaccinating children who are missing doses (late vaccination or “catch up” vaccination)?**  *Note any gaps in direction- upper age limits specified, how to list or follow-up, reach children, record late doses?* | Yes – adequate  Partial – could be improved  No  Don’t know or not seen |
|  | **Is there guidance on how to conduct defaulter tracing?**  *Verify policies and operational guidelines*  *Note any gaps in the policy – are upper age limits specified and sufficient? Discuss barriers to defaulter tracing – HR, registries difficult to use…* | Yes – it is adequate  Yes – but not adequate  No  Don’t know or not seen |
|  | Do private providers deliver government-funded vaccines in this district?  *Discuss approx. proportion, which vaccines, any problems with vaccine management?* | No private providers  Yes – all vaccines  Yes – some vaccines  No  Don’t know |
|  | If private providers use government vaccines to vaccinate, do they report vaccination data (e.g. doses used and wasted) to district level?  *Discuss how they do this or why they don’t do it, ways to improve reporting if needed.* | No private providers use Government vaccines  All private providers report  Some report  None report  Don’t know |
|  | Are any immunization services routinely integrated with other health interventions?  *Discuss which vaccines and health interventions are integrated, advantages and disadvantages to integration, potential for integration.* | Growth monitoring  Vitamin A  Deworming  Bed net distribution  Family planning for caregiver  HIV AIDS services  Malaria preventative treatment  Hea  Other |
| **Note any other comments about this section** | | |

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| COVERAGE MONITORING Discuss district approach to data recording, reporting and use as well as coverage monitoring. Note major strengths and weaknesses. | | |
|  | Is the person responsible for data management & use in place and adequately trained?  *Reflect back on the answers given in the previous HR section; confirm if this person is trained and in place.* | Yes – in place and adequately trained  Partial – in place but not adequately trained  No  Don’t know |
|  | **Do any of the data recording and reporting tools need to be updated?**  *Tick all that apply. Tick if there are unclear or missing elements (i.e, new vaccine). Paper and electronic versions should both be reviewed.*  *Note any changes that should be made or considered* | Tally sheets  Immunization register  Monthly report forms  Monitoring chart  Vaccine stock book/form  Other (specify):  Don’t know |
|  | **In the past 12months, has there been a stock out of Government-issued data recording and reporting tools?**  *Tick all that apply*  *Note any challenges with availability of these documents.* | Tally sheets  Immunization register  Monthly report forms  Monitoring chart  Vaccine stock book/form  Other (specify):  Don’t know |
|  | **What is the source of the estimated population of children <1 year of age in this district?**  Verify population source, if possible. | National statistics office (census)  Ministry of Health (incl. EPI program)  Local government  Health facilities (self-reported)  Local headcount by district  Don’t know |
|  | **Do you feel the current estimate of the population of children <1year of age is accurate?** | Too high  About accurate  Too low  Don’t know |
|  | **How many HF that administer vaccines do you have in this district?**  *This is the number of HFs you give vaccines and receive vaccine use and coverage reports.* | \_\_\_\_\_# HF |
|  | **In <x calendar year> how many of monthly (HMIS) reports were completed and submitted to the next level?**  Review monthly reports for the specified year. Note how many were complete and submitted in the answer box. | \_\_\_\_\_ # of HF with all 12 reports  Don’t know or not available |
|  | **In <x calendar year> how many of monthly (HMIS) reports were submitted on-time to the next level?**  *Review monthly reports for the specified year. Note how many were complete and submitted in the answer box.* | \_\_\_\_\_# of HF with 12 on-time reports  Don’t know or not available |
|  | **Based on responses above, if all monthly reports were not submitted OR not timely, what are the reasons?**  *Note other reasons and possible ways for improvement if needed* | Waiting for health facility reports  No staff were available to submit  Computer or software broken  Too busy/not enough time  Other (specify):  Don’t know |
|  | **Does the district have a standard course of action for responding to incomplete, missing or late reports?**  *Note – is the documentation of what should be done or evidence that is being done?* | Yes – all three scenarios  Partial – for some scenarios only  No – no course of action  Don’t know |
|  | **Has the district have accurate and up-to-date DTP3 coverage plotted over the last 12 months (monitoring chart)?**  *Review the coverage estimates – this could be electronic or paper-based.* | Yes – accurate and for all months  Partial - not accurate or missing months  No  Don’t know |
|  | **Does the district disaggregate coverage data by health facility catchment areas so that underperforming areas can be easily spotted?** | Yes  Partial – e.g. old or incomplete  No  Not applicable  Don’t know |
|  | **If the health facility has less than 70% coverage for DTP3, is there any district response to this?**  *Note if there is evidence that action has taken place or that HF has been prioritized.* | Yes – with sufficient response  Partial – yes but response can be improved  No action taken  Don’t know |
|  | **If the HF has more than 10% DTP1-DTP3 drop-out, is there any district response to this?**  *Note if there is evidence that action has taken place or that HF has been prioritized.* | Yes – with sufficient response  Partial – yes but response can be improved  No action taken  Don’t know |
|  | **How often does the district review data reported from health facilities and give them feedback about it?**  *If possible, request documentation and verify.*  *Note and discuss the process and any strengths and weaknesses* | Monthly (when report submitted)  Quarterly  Annually  As needed  Never  Other time period (specify):  Don’t know |
| **Note any other comments about this section** | | |

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| SURVEILLANCE and AEFI monitoring Discuss surveillance systems and capacity at district level. Note major strengths and weaknesses. | | |
|  | Is the person responsible for surveillance activities in place and adequately trained?  *Reflect back on the answers given in the previous HR section; confirm if this person is trained and in place.* | Yes – in place and adequately trained  Partial – in place but not adequately trained  No  Don’t know |
|  | **Are up-to-date operational guidelines for VPD surveillance with case definitions available at the district level?** | Yes  Partial – needs improvement  No  Don’t know/not sighted |
|  | **What is the case definition for the following conditions…….***do not prompt***.** | |
|  | **Acute Flaccid Paralysis** | Correct  Incorrect  Unable to answer |
|  | **Suspected measles** | Correct  Incorrect  Unable to answer |
|  | **Adverse event Following Immunisation (AEFI)** | Correct  Incorrect  Unable to answer |
|  | **Does the district have adequate system to respond to a case or outbreak of a notifiable disease?**  *Ask the district to describe the process* | Yes  Partial  No  Don’t know |
|  | **Do you have all the forms and supplies needed to investigate and report a case of a notifiable disease (e.g. AFP and/or suspected Measles)?** *Verify*  *Note if any inadequate supplies* | Yes  Partial  No  Don’t know |
|  | **In the past 12months, how often has the district received written feedback on VPD surveillance results, including lab results, from the national or provincial level?** | Annually  Quarterly  Monthly  Weekly  Ad hoc(ie. meetings)  Never  Don’t know |
|  | **Does the district have the operational guidelines for conducting AEFI surveillance?**  *Verify.* | Yes – available and sighted  Partial – reported but not sighted  No  Don’t know/not sighted |
|  | **Does the district have AEFI investigation and reporting forms?**  *Verify* | Yes – available and sighted  Partial – reported but not sighted  No  Don’t know/not sighted |
|  | **Ask the district staff to describe what they do if a serious AEFI case is reported?**  *Based on the adequacy of the response, select the most appropriate answer option.* | Yes - adequate response  Partial - somewhat adequate  No -inadequate response  Don’t know |
|  | **In the last 6months, has someone from this district received training on AEFI?** | Yes  No  Don’t know |

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| DEMAND GENERATION Discuss activities and plans related to communication/social mobilization on immunization. Note major strengths and weaknesses | | |
|  | Does the district have a person responsible for communication & social mobilization who is in place and adequately trained?  *Reflect back on the answers given in the previous HR section; confirm if this person is trained and in place.* | Yes – in place and adequately trained  Partial – in place but not adequately trained  No  Don’t know |
|  | Are there significant instances of individual or community-level resistance to vaccination in this district?  *If yes, please describe groups, concerns, approaches to improve. Include discussion of any evidence gathered to date.* | Yes  Partial  No  Don’t know |
|  | Does the district have a communication/social mobilization plan for routine immunization (including supporting HCs and villages)?  *Verify. Plan should be for routine immunization, not campaigns.* | Yes – available and sighted  Partial – reported but not sighted  No  Don’t know/not sighted |
|  | Does district have sufficient human resource capacity implement the communication/social mobilization activities? | Yes  Partial  No  Don’t know |
|  | Does the district have IEC materials targeting any of the following?  *Verify and Tick all that apply*. | Caregivers  Community volunteers  Government health centers  Private health centers  Media  Local authorities  NGOs  Community leaders  Other (specify):  Don’t know |
|  | Does the district have a risk communication strategy (ie. to respond to adverse events following immunization)?  Verify. | Yes – available and sighted  Partial – reported but not sighted  No  Don’t know/not sighted |
|  | Does the district coordinate with local authorities, community leaders and local partners (ie. religious groups) to support advocacy for immunization?  *Describe how and when local authorities and community leaders are engaged about immunization?* | Yes – to a good degree  Partially – sometimes  No – not at all  Don’t know |
| **Note any other comments about this section** | | |

**INTERVIEW IS COMPLETE – Thank you to the interviewees**

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| SUMMARY. This is a summary for the Reviewer to complete based on overall impressions. | | |
|  | **How would you (the reviewer) rate the overall capacity of the immunization programme at this district in the following areas** | |
|  | **EPI program management** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Human resource management** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Vaccine supply and logistics** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Service delivery** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Coverage monitoring** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Surveillance of VPDs and AEFIs** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
|  | **Demand generation** | Sufficient  Somewhat sufficient  Insufficient  Don’t know |
| **What are the main reasons for under-vaccinated children in the district?** | | |
| **Have you identified best practices or innovations in the district to share?** | | |
| **Main suggestions for improving immunization services in this district:** | | |