

NIGER - Systematic EPI Communication Indicators

Problems	Input indicators	Output indicators	Result indicators
<p>1. Gaps in planning, funding, implementation and monitoring of the integrated communication plan for EPI</p>	<ul style="list-style-type: none"> • # of districts that have an EPI communication plan/# of districts in the region • # of funded plans/# developed 	<ul style="list-style-type: none"> • # of district communication plans implemented, monitored and assessed/# planned 	<p>% of IHCs/districts that comply with performance standards set out by the RED strategy (Reach Every District)</p>
<p>2. Gaps in data collection and analysis and in terms of feedback</p>	<ul style="list-style-type: none"> • # of IHCs/districts that have mainstreamed feed backing into communication plans/# of IHCs/districts • # of advanced epidemiological and 	<ul style="list-style-type: none"> • # of IHCs/districts that provide complete and timely reports including communication data/# of IHCs/districts in the region • # of feedback meetings held/# planned 	<p>% of IHCs that use data to ensure feed backing</p> <p>% of community leaders involved in decision-making following feedback meetings</p>

	social data collection tools/# planned		
3. Low quality of vaccination service provision	<ul style="list-style-type: none"> • # of IHCs/districts that have integrated in their communication plans the active research of those lost/# of IHCs, districts in the region • # of relays available/# planned 	<ul style="list-style-type: none"> • # of IHCs that have a monthly list of those lost/Total # of district IHCs • # of relays that are actively seeking those lost/# planned • # of home visits carried out/# planned 	<p>% of children lost, then found and vaccinated</p> <p>% of parents that are satisfied with the quality of vaccination services</p>
4. Low involvement of the community and of other sectors in systematic EPI activities	<ul style="list-style-type: none"> • # of community-based organizations involved/# identified • # of schools involved/# identified • # of mosques and churches involved/# existing • # of COGES/COSAN involved/# existing • # of radios involved/# identified 	<ul style="list-style-type: none"> • # of community-based organizations that have taken part in the immunization activities/# planned • # of schools that promote immunization/# planned • # of mosques and churches that have focused sermons on immunization/# identified • # of radios that have broadcast messages on immunization/# identified 	<p>% of local funding by community-based organizations</p> <p>% of parents informed through sermons</p> <p>% of media plans executed</p> <p>% of children completely immunized through twinning</p>

<p>4. Insufficient number and quality of communication/mob/soc activities for the EPI</p>	<ul style="list-style-type: none"> • # of actors involved in implementing communication plans in the districts/IHCs /# identified • # of traditional chiefs involved/# existing • # of administrative authorities and local representatives involved/ # existing 	<ul style="list-style-type: none"> • # of IEC sessions organized in the IHCs/# planned • # of home visits carried out by community relays/# planned • # of trained local actors/# planned 	<p>% of parents that are aware of the calendar and importance of immunization</p>
<p>5. Lack of educational materials for the EPI</p>	<ul style="list-style-type: none"> • # of media produced/# planned 	<ul style="list-style-type: none"> • # of local actors that have EPI educational materials/# planned • # of structures that have EPI educational materials/# planned 	<p>% of local actors that have EPI educational materials</p> <p>% of structures that use EPI educational materials</p> <p>% of parents that have mentioned EPI educational materials as a source of information</p>

NIGER - Polio Communication Indicators

Problems	Input indicators	Output indicators	Result indicators
1. Insufficient involvement of the community in the running of activities	<ul style="list-style-type: none"> # of districts that developed a communication plan with the community/ # of districts in a region. # of community leaders and local associations involved/# identified 	<ul style="list-style-type: none"> # of meetings organized with community leaders/# identified # of community leaders trained/# identified # of meetings organized with local associations/# identified 	<ul style="list-style-type: none"> % sensitization sessions held by community leaders % of parents informed on vaccination by community leaders % of cases of refusal managed with the help of the community
2. Lack or poor quality of monitoring and supervision of COMM and SOCMOB activities	<ul style="list-style-type: none"> # of districts that have integrated a monitoring/supervision plan into their communication plans / Total # of districts # of funded monitoring/supervision missions 	<ul style="list-style-type: none"> # of training sessions held for supervisors/# planned 	<ul style="list-style-type: none"> % of community-based supervision achieved
3. Children that have not been vaccinated during the campaigns	<ul style="list-style-type: none"> # of communication plans taking into account the issue of non-vaccinated children /# of communication plans 	<ul style="list-style-type: none"> # of relay teams and operational vaccinators/# planned # of villages and districts covered/# planned 	<ul style="list-style-type: none"> % of children vaccinated during new visits

	<p>in the region</p> <ul style="list-style-type: none"> • # of IHCs that have carried out a mapping of their zones/total number of IHCs in the region 	<ul style="list-style-type: none"> • # of relay teams and vaccinators that move about with a sketch or itinerary of their zone/ # planned • # of new visits carried out/# of new visits identified 	
4. Persistence of refusal cases	<ul style="list-style-type: none"> • # of refusal areas mapped / # of zones identified 	<ul style="list-style-type: none"> • # of meetings that mainstream the refusal issue / # of meetings planned 	<ul style="list-style-type: none"> • % of refusal cases managed/# reported
5. Lack of qualitative and quantitative communication channels	<ul style="list-style-type: none"> • # of relays available and funded/# existing in the regions • # of funded and functional radios/# of radios available 	<ul style="list-style-type: none"> • # of operational relays/# of trained relays • # of radios that have broadcast messages/# funded • # of focus groups organized/# planned 	<ul style="list-style-type: none"> • % of parents informed by channels of communication used/# of parents surveyed

<p>6. Late and occasional information and mobilization of the population</p>	<ul style="list-style-type: none"> • # of Integrated Health Centers (IHCs)/districts that have scheduled social mobilisation activities at least 2 weeks before the campaigns/# existing in the region • # of structures/IHCs that have mainstreamed communication activities in their PMA/# existing 	<ul style="list-style-type: none"> • # of IHCs/districts that have started activities at least 2 weeks before the campaigns/# existing or planned • # of local actors that have sent messages at least 2 weeks before the campaigns/# planned • # of IEC/Polio sessions held in the IHCs 	<ul style="list-style-type: none"> • % of parents informed at least 2 weeks before the campaigns • % of mothers informed on polio through IEC sessions in the CSI
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